



County of Los Angeles
Department of Mental Health



CALL FOR PAPERS
Transition Age Youth (TAY) Conference
May 18, 2015

Location: Center for Healthy Communities
The California Endowment
1000 N. Alameda Street
Los Angeles, CA 90012

This conference will promote hope, wellness, and self-sufficiency in the TAY population ages 16 –25. The goal of this conference is to provide participants with the tools and knowledge to effectively and competently deliver mental health services and to support TAY who are experiencing emotional, behavioral, and/or co-occurring substance abuse challenges.

We are seeking 90-minute workshops that focus on: **Best Practice Strategies, Community Partnership, Special Populations, and Innovative Approaches to Working with TAY.**

BEST PRACTICE STRATEGIES	COMMUNITY PARTNERSHIP	SPECIAL POPULATIONS	INNOVATIVE APPROACHES TO WORKING WITH TAY
Best Practices and Lessons Learned	*Supporting TAY in Higher Education	Sexual Exploitation Human Trafficking	Disproportional, Disparity & Discrimination (Anti-Stigma Awareness)
*Community Defined Practices for Prevention & Early Intervention	Gangs, Trauma, Domestic and Family Violence	*Faith-Based Organizations Veterans	Peer to Peer Strategies Engaging Parents and Caregivers of SED/SPMI TAY
*First Psychotic Break and Early Onset	Jobs/Employment SSI vs. Employment Strategies to help TAY maintain employment	*Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)	TAY and Arts (Music and Art Therapies)
Substance Abuse	Outreach & Engagement Strategies	Juvenile Justice	*Advocacy
*Suicide Prevention	Housing Strategies for TAY with Severely Emotionally Disturbed (SED)/Severe and Persistent Mental Illness (SPMI)	Immigrant TAY Community	Permanent Supportive Housing

If you are interested in presenting, please complete and email the attached form to:
DMHTAYConference2015@DMH.LACOUNTY.GOV

* Specifically looking for workshops on these topics.



**County of Los Angeles Department of Mental Health
TRANSITION AGE YOUTH (TAY) CONFERENCE 2015
CALL FOR PAPERS APPLICATION FORM**



Name:	
Title:	
Agency/Organization	
Mailing Address:	
Email:	
Phone/Cell Number:	

PLEASE PROVIDE A BRIEF SUMMARY OF YOUR PRESENTATION

Name of Workshop:	
Targeted Audience:	
Brief Summary of Presentation:	
 	

**Building Healthy Communities Through...
Engagement, Advocacy, and Empowerment**

If you wish to present, please email:

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DEADLINE MARCH 13, 2015