

THE IDEAS CENTER

Department of Child & Adolescent Psychiatry, NYU Langone Medical Center (NYULMC)

The Director's Corner



IDEAS National Policy Research Network Meeting Brings Together Experts to Guide IDEAS Research

Future Needs: Quality Indicators in Children's Behavioral Health

The IDEAS Center National Policy Research Network (NPRN), comprised of national experts in children's mental health services research, former state and federal policymakers, and health economists, met in April 2013 to discuss future directions for IDEAS research. Modeled after the MacArthur Foundation networks, the purpose of the NPRN is to generate suggestions for cutting-edge studies to be conducted by IDEAS researchers, beyond those already planned.

At the April 2013 NPRN, meeting held at the IDEAS offices at New York University, Network members reviewed current IDEAS studies, and made

suggestions regarding study direction and data collection.

In addition to these study-specific discussions, Network members proposed that IDEAS researchers expand their work developing quality indicators for children's mental health. With the changes in behavioral healthcare in New York State and nationally -- the emergence of behavioral healthcare organizations and the integration of mental and physical healthcare, states and organizations will seek out quality indicators as a tool to both improve care and manage costs.

(continued pg. 2)

We are often better served by connecting our ideas than we are by protecting them. So says Steven Johnson in *A History of Innovation*. This issue of our newsletter describes how our formalized 'connections' - our partnerships with New York State mental health providers, family peer advocates, and researchers across the country' - are helping us co-construct a new knowledge-base on the implementation of evidence-based mental health care for children and families.

At the IDEAS Center, we are committed to testing innovative new models for implementation and dissemination that go beyond the traditional research paradigm. We know that innovation is the result of collective efforts and the fluidity of ideas among many partners. And that is why you will find us knee-deep in collaboration with both physical and mental healthcare agency providers, directors, and the families they serve, so that together, we can develop and test ways to put effective services in place for children and improve their outcomes.

And, of course, to share what we are learning, as we are learning.

Sincerely,

Kimberly Hoagwood, PhD,
Director, The IDEAS Center

The IDEAS National Policy Research Network

IDEAS researchers, led by center Director Hoagwood, are currently developing quality indicators for improving the screening of adolescent depression as part of a larger, **national collaborative effort** funded by the Agency for Healthcare Research and Quality (AHRQ). The goal of this national project is to improve outcomes for children and their families by developing and demonstrating, in real-world settings, a new and improved set of tools for monitoring and improving the quality of care for children.

Network members suggested expanding IDEAS research on quality indicators to include:

- maternal depression;
- hospital readmission rates;
- anti-psychotic drug use in young children; and
- early screening indicators of mental health problems;

Network members noted that the IDEAS Center, as the only state-policy focused center with a national reach *and the* ability to integrate expert clinical data, is ideally situated to conduct research on quality indicators. The IDEAS team is already working in most these areas, including maternal depression (Acri & Horwitz), reducing hospital readmission rates (via family peer advocates; Hoagwood & Olin), and reducing inappropriate antipsychotic drug use in young children (Finnerty).

The Network also recommended that the IDEAS team expand their research beyond New York State. This comparative research would provide much-needed information on mental health outcomes related to

other innovative models of behavioral healthcare provision. For example, Ohio is an important state to study as they work to identify and test new care delivery and payment models at Ohio's Nationwide Children's Hospital (NCH) and Akron Children's Hospital. The hospitals' are rolling-out innovative quality improvement programs, under the auspices of a recently-awarded Center for Medicaid Services 'innovation grant,' in an effort to to manage the health and mental healthcare outcomes (and costs) of over 500,000 youth that receive care in (and out of) their networks.

IDEAS researchers are currently partnering with NCH and ACH to reduce behavioral healthcare readmissions and emergency room visits, and improve child and family outcomes by training and pairing family peer advocates with parents and children seeking hospital crisis psychiatric services.

The family peer advocates, called Parent Partners at NCH and ACH, were trained in a modified Parent Empowerment Program model (a model developed and tested by IDEAS researchers), and currently work as integrated members of both NCH and ACH crisis teams. For more information about this project, please visit:

www.theparentpartnerinitiative.org

NPRN Advisory Board

The IDEAS National Policy Research Network (NPRN) Advisory Board is chaired by Howard Goldman, PhD, MD. Many thanks to the Advisory Board for all of their input.

The NPRN Advisory Board Members include, in alphabetical order:

Howard Goldman, MD, PhD. Dr. Goldman is Professor of Psychiatry at the University of Maryland School of Medicine. He served as Senior Scientific Editor of the Surgeon General's Report on Mental Health and consultant to the President's New Freedom Commission on Mental Health. His expertise is in evaluating mental health services and financing programs and policies.

Richard G. Frank, PhD. Dr. Frank is the Margaret T. Morris Professor of Health Economics in the Department of Health Care Policy at Harvard Medical School, and former Deputy Assistant Secretary for Planning and Evaluation at DHHS, directing the office of Disability, Aging, and Long-Term Care Policy. His research is focused on the economics of mental health and substance abuse care and disability, and long-term care financing policy.

Michael Hogan, PhD. Dr. Hogan is the former Commissioner, New York State Office of Mental Health and Chairman, President's New Freedom Commission on Mental Health. His research interests are focused on developing state and national policies directed toward the prevention, identification, and treatment of mental health disorders.

Kelly Kelleher, MD. Dr. Kelleher, Director of the Center for Innovation in Pediatric Practice and Vice President of Health Services Research at The Research Institute at Nationwide Children's Hospital, is a pediatrician whose research interests focus on the accessibility, effectiveness, and quality of health and mental healthcare services for children and their families.

John Landsverk, PhD. Dr. Landsverk is the CASRC Director and Professor Emeritus, San Diego State University School of Social Work and Senior Scholar at The George Warren Brown School of Social Work, Washington University in St. Louis. His research interests include child maltreatment, children's mental health services, EBP implementation and sustainability, and parent-mediated interventions in child welfare settings.

Study Finds Active Ingredients of Quality Improvement Collaboratives Elusive

Testing a QIC Strategy to Improve EBP Implementation

As an integral part of its mission, the IDEAS Center conducts research geared toward helping states provide the most effective mental healthcare for children and their families in the most efficient manner. As such, IDEAS researchers, led by Erum Nadeem, PhD, are studying a popular and growing approach to rolling-out EBP's in states and large organizations: the use of quality improvement collaboratives (QICs) to improve provider practices and patient outcomes.

With the publication of the 2001 Institute of Medicine report on the quality of healthcare in the U.S., many public and private organizations have redoubled their efforts to improve the care they deliver. For example, today, approximately 35 states are utilizing this QIC approach, which is broadly defined as an organized, structured group learning initiative designed to improve the provision of care.

To date, there are very few detailed, published manuals on the elements of QICs, or evidence-based descriptions of how to conduct a quality improvement collaborative. In short, there is a lack of evidence on how QICs work to improve provider practice and patient outcomes as they roll-out evidence-based practices.

The recently-published article by IDEAS researchers, 'Understanding Components of Quality Improvement Collaboratives: A Systematic Literature Review,' (*The Milbank Quarterly*, Vol 91, 2) characterizes QICs and explores the potential relationships between QIC components and provider practices and patient-level outcomes. Researchers found significant differences in the type, focus, and design of the QICs conducted in the healthcare arena: more recently-conducted collaboratives were shorter in duration, and utilized

electronic support more frequently (i.e. web-based or email support), were more focused on measuring provider-level outcomes, and were more likely to be randomized controlled trials than earlier QIC studies.

Of the studies included in this review that assessed *provider* outcomes, nine reported mixed positive outcomes and nine reported significant positive outcomes. In regard to *patient-level* outcomes, six of the 13 studies reported mixed positive outcomes with three reporting positive outcomes.

The most commonly-reported components of QICs included: in-person learning sessions (20 out of 20), PDSAs (15 out of 20), a multi-disciplinary QI team (14 out of 20), and data collection as part of the QI process (15 out of 20). However, little detailed information (with the exception of a few recent studies) was available on the ways in which the components were delivered.

"Given the inconsistency in reporting on the QIC components used in each collaborative, and few details as to the extent to which each component was used, it was not possible to determine if particular components were predictive of study outcomes. In essence, we were not able to determine any 'active ingredients' of the QICs," said Dr. Nadeem, who led the QIC review.

Understanding these 'active ingredients' is critical as states continue to invest heavily in QIC strategies to improve care. Future studies should include more information on: (1) the dosage of individual QIC components; (2) teaching strategies / approach to fostering cross-site collaboration; (3) use of data to guide QI processes; (4) fidelity to the QIC model; (5) degree of engagement among participating sites; and sustainability of QI activities.

In a new study launching this spring, IDEAS researchers are evaluating the use of a quality improvement collaborative (QIC) strategy for rolling-out a clinical training and decision support system, called Managing and Adapting Practice (MAP). IDEAS researchers are working collaboratively with The New York State Office of Mental Health (OMH) in their roll-out of the MAP system to NYS child-serving mental health clinics, beginning in Spring / Summer 2013.

IDEAS researchers will test the relative effectiveness of a Learning Collaborative approach (vs. state implementation as usual), on clinic uptake and implementation of MAP. The aims of the study include:

Aim 1: To develop a Learning Collaborative (LC) approach for MAP implementation to improve clinical practice and child outcomes;

Aim 2: To pilot test a MAP LC vs. implementation using typical State methods (State Implementation as Usual) to examine differences in MAP implementation outcomes (e.g. acceptability, adoption, feasibility, acceptability, penetration; sustainability) as well as client outcomes; and

Aim 3: To assess differences in the feasibility and acceptability of MAP among clinic staff in both groups using qualitative methods.

Innovation Adoption: A Review of Theories and Constructs

In New York state and nationally, policymakers are eager to implement evidence-based practices (EBP) in both child and adult mental health care in an effort to improve the quality of care while controlling costs (see www.ctacny.com as an example). As such, there is a need for more information on clinic/agency decision-making processes in order to create interventions to improve adoption, thereby increasing the likelihood and efficiency of state EBP implementation.

IDEAS researchers, led by Jennifer Wisdom, PhD, MPH, recently reviewed 20 theoretical frameworks on the factors related to the adoption of innovations to identify potentially modifiable elements that might be used to improve EBP adoption. This review was recently published in *Administration and Policy in Mental Health* (April 3 2013, epub).

The overall goal of the review was “to understand what it is about adoption innovation that works in organizations, as well as when adoption works, under what circumstances, and how and why the identified mechanisms promote adoption,” said Dr. Wisdom, the lead author of the study.

Researchers identified 20 theoretical frameworks, and assigned them into categories: (1) those that studied adoption as a *standalone* process, and (2) those that studied adoption in the *broader context* of implementation, diffusion, dissemination, and/or sustainability.

The researchers discovered that for theories placing adoption in a *broader context*, innovation characteristics themselves were more central to adoption and were more focused on long-term implementation and sustainability; *adoption-specific* theories were focused on the front-end features of adoption, including leadership, attitudes toward adoption and organizational size and structure.

Analysis of the data also revealed that a more interactive, multi-level understanding of adoption is needed, that change occurs in stages (e.g. pre-adoption and adoption), and finally, that there is a considerable overlap of constructs across these frameworks - specific to the adoption phase.

Researchers found that across the contexts (external systems, organizations, innovation, and individuals), several mechanisms for change emerged, and merit further study for their impact on adoption: leadership, innovation fit with norms and values, and attitudes/motivation toward innovation. However, researchers note that there is little consistency in the measurement of these mechanisms for change, and little to no empirical data collected to test previous adoption hypotheses. In addition, few theories considered the patient perspective.

These lessons learned will be applied by IDEAS researchers as they continue to investigate the drivers of adoption (see the box at right), develop interventions to improve state EBP adoption, and thus, pave the way for successful EBP implementation efforts.

Who Adopts QI's and Why?

IDEAS researchers have launched a new study, The Adoption of Innovations, to characterize agency/clinic uptake of the quality improvement (QI) initiatives offered by the Clinic Technical Assistance Center (CTAC). CTAC, funded by the NYSOMH, offers all child and adult-serving mental health clinics in the state a variety of trainings to improve both clinical and business practices.

The IDEAS research team, using data from multiple sources -- including county-level variables, clinic, patient, and provider data -- is analyzing the factors that serve as facilitators or barriers to adoption of these CTAC-offered initiatives.

IDEAS researchers recently operationalized clinic adoption patterns, characterizing clinics into adopter categories to discern how adopting clinics are different from non-adopting clinics, and how the patterns of adoption vary geographically and by type and intensity of the QI initiatives they adopt.

Using this data, the research team is developing models to predict clinic adoption patterns, with the goal of increasing the efficiency of EBP implementation.

Researchers are now completing data analysis and developing several manuscripts dedicated to characterizing the QI adoption patterns of the clinics -- key to developing tailored tools to improve uptake -- and a paper on the use of multivariate models to predict clinic adoption patterns.

New Faculty Members at The IDEAS Center

Sally Horwitz, PhD, and Bonnie Kerker, PhD, MPH



A warm welcome to both Sarah Horwitz, PhD, and Bonnie Kerker, PhD, MPH, who recently joined the IDEAS faculty.

Dr. Horwitz joined the IDEAS Center faculty, arriving last fall from Stanford University. She was welcomed to the IDEAS Center and NYU's Child Study Center at an October 2012 reception (see photo below).

At the IDEAS Center, Dr. Horwitz carries on her three decades of work dedicated to improving the mental health of children and their families. Her research at the IDEAS Center is focused on designing strategies to improve the effectiveness and efficiency of state roll-outs of evidence-based care.

As the Co-Principal Investigator (Co-PI) of the Adoption of Innovations study, she is currently working with the research team to better understand the factors that serve as facilitators and barriers to clinic adoption of quality improvement initiatives and EBPs (see pg 4). She is also the Co-PI of the IDEAS study evaluating the use of a learning collaborative strategy in



Dr. Havens, Dr. Horwitz, Dr. Hoagwood, and Dr. Saxe.

the statewide rollout of a clinical and decision support system, called Managing and Adapting Practice (see page 3 for study details).

IDEAS studies such as these, indicate Dr. Horwitz, are moving the field of

implementation science forward: they will allow for the development of innovative strategies to get 'science to service.'

For example, by testing specific strategies in clinics, says Dr. Horwitz, (e.g. the use of Learning Collaboratives), we can provide states with much-needed tools that can contribute to a systematic approach to investing scarce state resources in EBP implementation.

In the past decade, Dr. Horwitz notes, we have gained some traction. "We understand now that EBP implementation requires attention to multiple levels (systems, agencies, providers and patients) affecting state EBP implementation" (see Aarons et al 2011). "The task ahead: better understanding the active ingredients of adoption that lead to successful implementation."

Bonnie Kerker, PhD, MPH

A warm welcome to Dr. Bonnie Kerker, who joined our IDEAS faculty this spring. Dr. Kerker will work with researchers from NYU's Child Study Center (CSC) and The IDEAS Center at New York University Langone Medical Center.

"I am looking forward to working hand-in-hand with NYU researchers who are generating important data about what works to improve children's mental health, and analyzing data to help inform policymakers about services that improve child and family outcomes," said Dr. Kerker.

Dr. Kerker will work with colleagues to analyze complex large datasets, many of which were built for

administrative and not epidemiological purposes, adding to the challenge of examining the links between mental health services and child and family outcomes.

Dr. Kerker, who has training in health policy and epidemiology, worked for the last decade at the New York City Department of Health and Mental Hygiene, first as the Assistant Commissioner of Epidemiology Services, and more recently, as a Senior Epidemiology and Policy Advisor.



"We are thrilled to have Dr. Kerker join our IDEAS faculty, where she will be an invaluable asset in bridging the research-to-practice-to-policy divide," said Kimberly Hoagwood, IDEAS Center Director and Vice Chair for Research in the Department of Child and Adolescent Psychiatry.

Dr. Kerker has also conducted research on the child welfare system, and over the next year, she will be collaborating with CSC colleagues to conduct evaluations of the Trauma Systems Therapy (TST) model of care for traumatized children which addresses the individual child's emotional needs as well as his/her social environment.

Dr. Kerker received her MPH and PhD in health policy and epidemiology from Yale University.

Selected IDEAS Center Publications, 2012-2013



Selected Publications (2012-13)

Aarons, G., Glisson, C., Green, P., **Hoagwood, K.**, Kelleher, K., & Landsverk, J. (2012). The organizational social context of mental health services and clinician attitudes toward evidence-based practice: a United States national study. *Implementation Science*, 7(1), 1-15.

Acri, M., Olin, S. S., Burton, G., Herman, R. J., & Hoagwood, K. E. (2013). Innovations in the Identification and Referral of Mothers at Risk for Depression: Development of a Peer-to-Peer Model. *Journal of Child and Family Studies*, 1-7. Published online February 23, 2013.

Acri, M. C., Palinkas, L., **Hoagwood, K. E.**, Shen, S., Schoonover, D., Reutz, J. R., & Landsverk, J. (2012). Interorganizational Relationships Among Family Support Organizations and Child Mental Health Agencies. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-8. Published online August 3, 2012.

Alegria, M., Lin, J., Chen, C. N., **Duan, N.**, Cook, B., & Meng, X. L. (2012). The Impact of Insurance Coverage in Diminishing Racial and Ethnic Disparities in Behavioral Health Services. *Health Services Research*, 47(3pt2), 1322-1344.

Almirall, D., Compton, S. N., Kerker, M., **Duan, N.**, & Murphy, S. A. (2012). Designing a pilot sequential multiple assignment randomized trial for developing an adaptive treatment strategy. *Statistics in Medicine*, 31(17), 1887-1902.

Arnold, L. E., Mount, K., Frazier, T., Demeter, C., Youngstrom, E. A.,

Fristad, M. A., Birmaher, B., **Horwitz, S.**, Findling, R.L., Kowatch, R., & Axelson, D. (2012). Pediatric bipolar disorder and ADHD: Family history comparison in the LAMS clinical sample. *Journal of Affective Disorders*, 141, 382-389.

Baker-Ericzen M., Connelly C.D., Duenas C., Hazen A., Landsverk J., **Horwitz S.M.** (2012). A collaborative care telemedicine intervention to overcome treatment barriers for Latina women with depression during the perinatal period. *Families, Systems and Health*, 30(3), 224-240.

Brecht, C. J., Shaw, R. J., St John, N. H., & **Horwitz, S. M.** (2012).

Effectiveness of therapeutic and behavioral interventions for parents of low-birth-weight premature infants: A review. *Infant Mental Health Journal*, 33(6), 651-665.

Cavaleri, M. A., Wisdom, J. P., Olin, S. S., Eyberg, S. & Hoagwood, K. E (in press). Parent-Child Interaction Therapy: Systematic review. [Technical Report]. *Substance Abuse and Mental Health Services Administration for Assessing the Evidence Base: Review Series*.

Chor, K. H. B., McClelland, G. M., Weiner, D. A., Jordan, N., & Lyons, J. S. (2012). Predicting outcomes of children in residential treatment: A comparison of a decision support algorithm and a multidisciplinary team decision model. *Child and Youth Services Review*, 34(12), 2345-2352.

Gee, L., Peebles, R., Golden, N. H., Storfer-Isser, A., Heinberg, L. J., & **Horwitz, S. M.** (2012). Language Spoken at Home and Parental Birthplace Moderate the Association of Race/Ethnicity and Distorted

Weight Perception. *Clinical Pediatrics*, 51(12), 1155-1163.

Gleacher, A., Wisdom, J.P., Olin, S.S., Burns, B., & Hoagwood, K. E. (in press). Residential mental health treatment for youth: Systematic review. [Technical Report]. *Substance Abuse and Mental Health Services Administration for Assessing the Evidence Base: Review Series*.

Goldhaber-Fiebert, J. D., Bailey, S. L., Hurlburt, M. S., Zhang, J., Snowden, L. R., Wulczyn, F., **Horwitz, S. M.** (2012). Evaluating child welfare policies with decision-analytic simulation models. *Administration and Policy in Mental Health and Mental Health Services Research*, 39(6), 466-477.

Gopalan, G., Bannon, W., Dean-Assael, K., Fuss, A., Gardner, L., LaBarbera, B., & **McKay, M.** (2011). Multiple Family Groups: An Engaging Intervention for Child Welfare-Involved Families. *Child Welfare*, 90(4), 135-156.

Green, C. A., **Wisdom, J. P.**, Wolfe, L., & Firemark, A. (2012). Engaging Youths With Serious Mental Illnesses in Treatment. *Psychiatric Rehabilitation Journal*, 35(5), 360-368.

Gudiño, O. G., **Nadeem, E.**, Kataoka, S. H., & Lau, A. S. (2012).

Reinforcement sensitivity and risk for psychopathology following exposure to violence: a vulnerability-specificity model in Latino youth. *Child Psychiatry & Human Development*, 43(2), 306-321.

Hoagwood, K. E., Jensen, P. S., **Acri, M. C., Lewandowski, E., & Herman, R. J.** (2012). Outcome domains in child mental health research since 1996: have they changed and why does it matter? *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(12), 1241-1260.

Selected IDEAS Center Publications (continued)



- Hoagwood, K., Olin, S., & Cleek, A.** (2013). Beyond Context to the Skyline: Thinking in 3D. *Administration and Policy in Mental Health and Mental Health Services Research*, 40(1), 23-28.
- Hoagwood, K. E.** (2013). Don't Mourn: Organize. Reviving Mental Health Services Research for Healthcare Quality Improvement. *Clinical Psychology: Science and Practice*, 20(1), 120-126.
- Horwitz, S.M.,** Hurlburt, M. S., Heneghan, A., Zhang, J., Rolls-Reutz, J., Fisher, E., ... & Stein, R. E. (2012). Mental health problems in young children investigated by US child welfare agencies. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(6):572-81.
- Horwitz, S. M.,** Demeter, C., Hayden, M., Storfer-Isser, A., Frazier, T. W., Fristad, M. A., ... & Findling, R. L. (2012). Parents' Perceptions of Benefit of Children's Mental Health Treatment and Continued Use of Services. *Psychiatric Services* (Washington, DC), 63(8), 793-801.
- Horwitz, S. M.,** Hurlburt, M. S., Goldhaber-Fiebert, J. D., Heneghan, A. M., Zhang, J., Rolls-Reutz, J., ... & Stein, R. E. (2012). Mental health services use by children investigated by child welfare agencies. *Pediatrics*, 130(5), 861-869.
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- Lu, B., & **Marcus, S.** (2012). Evaluating long-term effects of a psychiatric treatment using instrumental variable and matching approaches. *Health Services and Outcomes Research Methodology*, 12(4), 288-301.
- Marcus, S. M.,** Stuart, E. A., Wang, P., Shadish, W. R., & Steiner, P. M. (2012). Estimating the causal effect of randomization versus treatment preference in a doubly randomized preference trial. **Psychological Methods**, 17(2), 244-254.
- Nadeem, E.** (in press). Multi-Dimensional Family Therapy: Systematic review. [Technical Report]. *Substance Abuse and Mental Health Services Administration for Assessing the Evidence Base: Review Series*.
- Nadeem E, Olin S,** Campbell Hill L, **Hoagwood KE, Horwitz S.** (in press). Understanding the Components of Quality Improvement Collaboratives: Systematic Literature Review. *Milbank Quarterly*.
- Olin, S.S.,** Kutash, K., **Pollock, M., Burns, B.J.,** Kuppinger, A., Craig, N., Purdy, F., **Armusewicz, K., Wisdom, J.P., & Hoagwood, K.E.** (in press). Developing quality indicators for family support services in community team-based mental health care. *Administration and Policy in Mental Health and Mental Health Services Research*.
- Olin, S.S.,** Williams, N., **Pollock, M., Armusewicz, K.,** Kutash, K., Glisson, C., & **Hoagwood, K.E.** (in press). Quality indicators for family support services and their relationship to organizational social context. *Administration and Policy in Mental Health and Mental Health Services Research*.
- Rodriguez, J., **Hoagwood, K. E.,** Gopalan, G., **Olin, S., McKay, M. M., Marcus, S. M.,** ... & Legerski, J. (2013). Engagement in trauma-specific CBT for youth post-9/11. *Journal of Emotional and Behavioral Disorders*, 21(1), 53-65.
- Shaw, R. J., Bernard, R. S., Storfer-Isser, A., Rhine, W., & **Horwitz, S. M.** (2012). Parental Coping in the Neonatal Intensive Care Unit. *Journal of Clinical Psychology in Medical Settings*, 1-8.
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- Wisdom, J. P., Chor, K. H. B., Hoagwood, K. E., & Horwitz, S. M.** (2013). Innovation Adoption: A Review of Theories and Constructs. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-23.
- Wisdom, J. P.,** Knapik, S., Holley, M. W., Van Bramer, J., Sederer, L. I., & Essock, S. M. (2012). Best Practices: New York's Outpatient Mental Health Clinic Licensing Reform: Using Tracer Methodology to Improve Service Quality. *Psychiatric Services*, 63(5), 418-420.
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The IDEAS Center staff 'goes red' to support women's heart health month in February.

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