

# THE IDEAS CENTER

Department of Child & Adolescent Psychiatry, NYU Langone Medical Center

## DIRECTOR'S CORNER

### **The Difference our IDEAS**

**Data Makes.** Recently, Joyner et al (JAMA, 2016) penned a provocative piece, "What Happens When Underperforming Big Ideas in Research Become Entrenched?" Their argument: a core set of research priorities—largely focused on **basic science genomics**—has become the prevailing medical narrative, dominating biomedical funding and driving NIH investments.

Joyner et al point to the **failure of this narrative to yield findings that benefit the public**, and propose a wholesale reevaluation of the way in which biomedical research priorities are selected. This means developing criteria to guide **de-investments in big ideas found to be unscalable**. These criteria should include the public health benefit achieved by research initiatives—and not the criteria generally used in schools of medicine, such as ours, which include publication output, citations, prizes, and recognition; these are often irrelevant and self-rewarding artifacts of the biomedical establishment. The most important criterion should be whether these **big ideas** have improved **quality of life and life expectancy**, by how much, for how many, and for whom. As I think about our work at the IDEAS Center, I ask myself repeatedly whether the research projects

we are undertaking are focused on big ideas likely to make a difference. It is a constant recurring question. I often begin my conversations with the New York State Office of Mental Health (OMH), our close partner, by asking—**what keeps you up at night these days?** Through that lens, it is easier to see what kind of **difference our data may be able to make.**

And our data does make a difference. For example, at the **state level**, through our research collaboration with the NYS-funded Community Technical Assistance Center (CTAC), we assessed the uptake of evidence-based training by state clinics. The resulting data allows NYS policymakers to create more tailored, more efficient EBP rollout strategies, saving money while sharpening clinicians' skill sets. We also studied youth/family access to needed mental health care in NYS-funded systems, data that can be used to get more kids into care. These studies, ultimately, **improve the quality of life for children and families seeking and utilizing mental health care in NYS.**

At the **national level**, we are partnering with a federal collaborative to develop a **toolkit of measures** to assess child mental health services. These **new benchmarks** will help set standards to measure the behavioral health care services provided to children and families.

We are also taking our research findings **global**; in sub-Saharan Africa, we are partnering with researchers to adapt evidence-based family-strengthening services and working to reduce the **gap** between child mental health **services** and **research**.

### **Behavioral health disorders can affect anyone.**

From sub-Saharan Africa to affluent nations like ours, behavioral health disorders have no ethnic, racial, socioeconomic, or geographic boundaries—and neither does our work. Our research teams incorporate the expertise of many different voices—youth and their families, parent advocates, national or state policymakers, payors that pay for these services, and front-line providers—to maximize our research impact. From our global partnerships to our national collaborations, and closer to home in our state-level work, our research is conducted, hand-in-hand, with those who are most affected. And our best ideas come from these collaborations.

Read about our research—and how our big ideas are making a difference for children and families—in this issue

of our  
newsletter.



Kimberly  
Hoagwood,  
PhD,  
IDEAS Center  
Director, and

Vice Chair for Research, NYU  
Langone Medical Center,  
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**IDEAS Global Impact:** Lessons Learned from IDEAS Center taken to sub-Saharan Africa  
*Dr. Hoagwood Travels to Kampala, Uganda to Kick-Off New African Center on Children's Mental Health*

**The Global Impact of IDEAS**

**Research.** The IDEAS Center is disseminating lessons learned here in New York State about scaling of evidence-based practices (EBPs) to sub-Saharan Africa to help children and families affected by behavioral health disorders. This past July, Dr. Hoagwood traveled to Kampala, Uganda, for the first annual Conference on Child Behavioral Health in Sub-Saharan Africa, titled "Innovative Research and Interdisciplinary Partnerships to Scale Up Evidence-Based Practice in Uganda, Ghana, and Kenya."

This conference launched the new NIMH-funded Strengthening Mental Health and Research Training (SMART) Center in Africa. Dr. Hoagwood is a co-investigator on this new cooperative research grant (U19 MH110001-01) which establishes a global, trans-disciplinary center aimed at reducing the gap between child mental health service and research in Uganda, Ghana, and Kenya.

The SMART Center will address critical implementation policy, research, and service gaps by applying a comprehensive, regional capacity- building approach to scale-up child behavioral health services in diverse community settings. This grant gathers a group of U.S.-based researchers to share lessons learned here with colleagues in sub-saharan African countries to provide better mental health care for children and families there.



The SMART Center has four primary aims, including:

1. To **establish and engage a research consortium** of academics working in a range of disciplines, as well as government, non-government organizations (NGOs), community, and cultural stakeholders in Uganda, Ghana, Kenya, and South Africa to focus on addressing child mental health burden, EBP implementation, scale-up, and service gaps;
2. To build child mental health implementation **research capacity**, including developing monitoring systems and conducting small-scale implementation studies in Ghana and Kenya;
3. To conduct an **EBP scale-up research study** in Uganda, which will examine the influence of government, NGOs, families, schools, and communities on the uptake, implementation,

effectiveness, and sustainability of EBPs that address serious child disruptive behavioral disorders.

4. To **disseminate timely and pragmatic findings** to government officials and consortium partners to optimize roll-outs of EBPs and scale-up processes, via an African Policy Research Advisory Board, consisting of an expanded network of scientists, NGOs and government officials.

During the three-day conference, SMART co-investigators shared lessons learned from their U.S. efforts to close the gap between research and practice, and visited clinics and agencies in the field, meeting with mental health providers and policymakers.

(continued next page)

## IDEAS **Global Impact** (continued from page 2)



At the conference, Dr. Hoagwood presented important lessons learned in building a stronger mental health workforce, developing quality measures to insure the delivery of high-quality services, and shared implementation strategies for scaling EBPs, such as the use of parent partners to improve engagement in mental health services.

Behavioral health disorders affect **almost 20% of children** in sub-Saharan Africa—who represent **about 50% of the total population**.

The primary focus of her talk was on the use of parent peer partners (PPPs) and the provision of family-centered services. PPP's are increasingly being used in the U.S. to assist parents to navigate multiple child-serving systems, improve engagement, promote family-centered decision-making and

support effective parenting for children and youth with complex health, behavioral health, and developmental needs. PPP's are trained, 'veteran' parents with lived-experience. The use of PPP's is particularly relevant in low-resourced countries, given that IDEAS research now shows that:

- Training programs, certification standards, and quality metrics have been developed to strengthen skills & competencies
- These programs and tools are practical and feasible
- They address the interface of research, policy, and practice
- Quality indicators for services provided by parent peer partners are highly related to organizational social context.

Dr. Hoagwood outlined implementation strategies to improve organizational social context (and thus improve child and family outcomes), and highlighted the importance of building bridges with policymakers to accelerate the use of research findings.

“There is an **ethical imperative to move quickly and scientifically**

and take our lessons learned here in the U.S. to help our colleagues in Sub-Saharan Africa build an evidence-based, effective set of services for children and families.”

Kimberly Hoagwood, PhD,  
SMART Co-Investigator

### **SMART at-a-Glance**

#### **Principal Investigator**

- Mary McKay, Dean, Brown School of Social Work, Washington University, St. Louis

#### **Co-Investigators**

- Kimberly Hoagwood, Vice Chair of Research, NYU Langone Medical Center, Child & Adolescent Psychiatry, IDEAS Director;
- Keng-Yen Huang, and Olugbenga G. Ogedegbe, NYU School of Medicine and College of Global Public Health;
- Fred Ssewamala, Columbia U. School of Social Work and International Center for Child Health and Asset Development;
- Arvin Bhana and Inge Petersen of U. of KwaZulu-Natal in South Africa;
- Anne Wanjiro Mbwaiyo, U of Nairobi in Kenya;
- Richard Adanu, MB ChB, FWACS, MPH, U of Ghana School of Public Health;
- Edward Kirumira, PhD of Makerere U in Uganda



## IDEAS National Impact: Developing Quality Measures to Improve MH Services

We are amidst a sea change in the selection and delivery of child mental health services in state systems. Public mental health authorities, including New York State and other state programs nationwide, are grappling with how to operate in a new environment of accountability that features a laser-like focus on **quality** and **outcomes** to guide decisions about state-provided services to improve youth mental health.

During this time of change, the IDEAS team has participated in the development of state and national quality measures for youth behavioral health disorders, in partnership with the National Collaborative for Innovation in Quality Measurement (NCINQ). NCINQ is a consortium of academic experts and leading healthcare organizations whose goal is to advance knowledge about quality measures that improve child health outcomes.

Funded by the Agency for Healthcare Research and Quality and The Center for Medicare and Medicaid Services (CMMS) under a cooperative research agreement (U18HS020503, PI Sarah Scholle), this effort brings together national experts to address the development of these quality indicators (see Zima et al 2014). Under the aegis of The National Committee for Quality Assurance (NCQA), IDEAS collaborated with PI Scholle to develop and test measures for improving: (1) access to care for youth with mental

health disorders (Olin et al 2016); (2) care coordination across healthcare and state systems (Scholle et al 2013); (3) medication management for antipsychotics (Kealey et al 2014); (4) adolescent depression care (O'Connor et al 2016); and (5) adolescent preventive care (Lewandowski et al 2016).

**IMPACT.** The measures we developed with NCQA have been endorsed by **national** healthcare entities (HEDIS®), and incorporated into CMMS' core set of indicators (Byron et al 2016); see our publications section on pg. 10 for more information on the publications cited above.

“We know that **what gets measured— gets changed.** Better services are critical for children and families who bear the burden of seeking good care for youth behavioral health disorders.”

Kimberly Hoagwood, PhD,  
IDEAS Center Director

**NCINQ II.** A second-phase of NCINQ, funded in September 2016, is focused on demonstrating **collaborative** and **reproducible approaches** to improving the quality of care for youth with behavioral health problems, **enhancing measures** for **depression** and **antipsychotic medication**

**management**, and **disseminating findings and lessons learned** via the extensive NCINQ network of states, plans, provider groups and youth/family advocates.

This follow-on effort will convene learning collaboratives, which will integrate youth and family perspectives and integrate youth voices (via YOUTH MOVE, a youth mental health advocacy group), as well as state officials, advisors, and pediatric leaders.

This second phase also includes the development of innovative methods for incorporating digital health and electronic data sources into quality measurement and improvement. The goal: refined quality measures for adolescent depression and antipsychotic medication management, guidance for successful approaches to quality improvement, reports on successes and challenges of quality measurement and improvement, and recommendations to guide policy decisions on measure reporting/accountability.

IDEAS role in this second phase of NCINQ includes refining the adolescent depression and antipsychotic medication management measures, as well as serving as the academic/content experts in developing tools and strategies to improve outcomes related to quality improvement efforts focused on these areas.

## IDEAS National Impact: EBP & QI Lessons Learned Shared at ABCT Pre-Conference

### ABCT Pre-Conference Held at IDEAS Center

The Association of Behavioral and Cognitive Therapy's (ABCT) Dissemination and Implementation Special Interest Group— known as DIS SIG— and the IDEAS Center co-hosted an ABCT pre-conference seminar on October 27 at the NYU Child Study Center.

The theme of the 2016 pre-conference seminar was "Scaling Up Evidence-Based Practice: From Small Trials to Large Rollouts."

The IDEAS Center, in an effort led by Erum Nadeem, PhD, helped to plan and organize the pre-conference content, which included a discussion of the collaborative research projects underway at the IDEAS Center, focused on strategies for improving care.

The pre-conference program:

—Highlighted the need for a **new paradigm for evidence-based, policy-relevant research**, particularly given the dramatic changes in the health system and a new set of drivers that are shaping mental health services and their delivery;

—Described **limitations of traditional EBP scaling approaches**, and discussed alternative scientifically-informed models and methods; and



—Described a **new paradigm** that focuses not on EBP program implementation, but rather on **methods, metrics, and the scaling of quality indicators** to improve the standards of care for children, youth, and families.

Dr. Hoagwood led off the panel, encouraging everyone to think differently about EBP scaling. Dr. Andrew Cleek, Executive Officer-McSilver Institute for Poverty, Policy, and Research, and Co-Director of the Community Technical Assistance Center (CTAC), and Priscilla Shorter, BA, Project Coordinator/Parent Partner at the IDEAS Center, described the context in which IDEAS research is conducted, and the role of parent partners in these clinics and agencies.

Sally Horwitz, PhD, IDEAS faculty, discussed the development of quality

indicators in pediatric behavioral health, detailing the IDEAS Study, Adolescent Screening for Depression in Healthcare Settings.

Serene Olin, PhD, Deputy Director of the IDEAS Center, discussed new methods to improve the measurement of healthcare quality from the consumer's perspective, and outlined the center's "Mystery Shopper" study that analyzed access to mental health care services for adolescent depression across a state system.

Finally, IDEAS collaborator Marc Atkins, PhD, Director of the Dissemination and Implementation Research and Policy Program Department of Psychiatry at the University of Illinois at Chicago, College of Medicine, presented Beyond EBP Scaling: Can We Get There From Here.

## IDEAS National and State Impact:

Articles, Textbook Chapter, PEP Training all Disseminate IDEAS Lessons Learned

### IDEAS Research Published in Premier Mental Health Text

IDEAS research is included in the soon-to-be published third edition of Evidence-Based Psychotherapies for Children and Adolescents (May 2017). This volume, widely-regarded as a premier text and clinical resource and utilized in many social work, psychiatry, and medical schools nationwide, presents evidence-based treatment approaches for a broad range of social, emotional, and behavioral problems in children and adolescents.

In this third edition, Hoagwood et al., in their chapter, "Implementing Evidence-Based Psychotherapies for Children and Adolescents within Complex Mental Health Systems," describe the background for the unprecedented changes in the delivery of mental health care services in state systems, as well as the conceptual and theoretical models that underpin the new science of dissemination and implementation in state health and human service systems.

**IMPACT:** The chapter provides specific examples, from IDEAS experiences in New York state, on tested strategies to improve implementation of evidence-based psychotherapies (EBPs) for children, adolescents, and their families, and outlines a research agenda to advance the science of dissemination and implementation.

### Parent Empowerment Program Training to be Revised in 2017

The Parent Empowerment Program (PEP) is a training program that provides Family Peer Advocates (FPA) with skills training and content knowledge to effectively **engage** and **empower** the parents with whom they work.



The PEP program, developed in collaboration with IDEAS Center researchers and family peer advocates, is a standardized approach to training this paraprofessional workforce.

PEP training, offered by Families Together in New York State, has been used in New York State to train over **780 FPAs** who work in community organizations or clinics.

IDEAS researchers and collaborators are currently working on developing a revised PEP training program, slated to launch in 2017. The new approach will include 20+ online modules, which will complement in-person training and follow-up telephone coaching.

"With this new more flexible, modular PEP training approach, we are **broadening the reach** of this state-sanctioned training program. Adding more trained and credentialed FPAs to the workforce will be important for **improving access to and the quality of mental health care for** children and their families."

Anne Kuppinger,  
Senior Research Coordinator

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### IDEAS Research on EBP's Published in January 2017 APA Monitor

IDEAS research was published in the American Psychological Association's *Monitor* (Jan 2017), APA's national magazine for psychologists. Serene Olin, PhD, summarized how states are using evidence-based practices to help meet the new demand for accountability (see <http://www.apa.org/monitor/2017/01/care-kids.aspx>). "Care in the real world is so much driven by who pays for what and what you're being held accountable for," she said. In the article, Dr. Olin outlined how this shift toward more accountability is forcing the NYS mental health department to focus on outcomes—and how to train providers in these evidence-based treatments as efficiently and effectively as possible.

**IMPACT:** Dr. Olin explained that who attends training, how much, and what type of training they attend is critical to know, particularly because most EBP training is an extensive (3+ days) and expensive state investment (see More Effective & Efficient State EBP Rollouts, next page).

## IDEAS National and State Impact: More Effective & Efficient State EBP Rollouts

### Predicting Clinician Dropout from MAP Training Program

The Managing and Adapting Practice (MAP) decision support tool was rolled-out to NYS clinics serving children and their families beginning in the Spring of 2013, at no-cost to clinicians or agencies.

The MAP tool helps clinicians in the selection, adaptation, conceptualization and construction of treatments -- based on the latest scientific findings—to match particular child characteristics. Developed by Drs. Bruce Chorpita and Eric Daleiden, MAP has been implemented in regions across the country, including Los Angeles County.

A study by IDEAS researchers of **clinician dropout from MAP training** utilized several types of data to predict dropout. The five sets of data analyzed included: (1) MAP study survey measures (e.g. clinician demographics, practice characteristics, perceptions of their clinic program's climate and work attitudes); (2) clinician attendance at training, number of MAP cases and portfolio submission; (3) additional attendance dataset from the Community Technical Assistance Center (CTAC) on prior EBP adoption behavior of the clinics for which the participating clinicians worked; (4) "snapshot" on client

populations served by the OMH-licensed clinics; (5) federally-available county demographic data.

### Factors Predictive of Dropout

This study is different in that rather than focusing on clinicians who *complete* EBP training, this study examined factors associated with dropout.

Surprisingly, only *clinician age* and *clinic location* predicted clinician dropout from training.

—**Older clinicians** were **more likely to dropout** than younger clinicians, perhaps reflecting their greater sense of self-efficacy, influence, and perceived self-competence. Age likely served as a proxy for other clinician practice characteristics, such as comfort with computer software (in this case, MAP's Excel-based dashboards).

**IMPACT:** Because older clinicians are disproportionately represented in OMH facilities, significant effort should be made to tailor training to older clinicians to insure the uptake of EBPs. Also, because training older workers is challenging—**most practice how they were trained**—efforts should be made at the policy level to include the most current EBP training in university social work and psychiatric curriculums.

—**Clinicians in upstate-rural regions** were **less likely to dropout** compared to

clinicians from urban areas (both up- and down-state). This is likely because clinicians from rural clinics are likely to have fewer opportunities to engage in trainings (and hence more motivated to complete training), and because they tended to be from more innovative clinics (i.e., adopters of new practices) open to EBPs.

**IMPACT:** Know where your clinicians are from and whether their clinics lean toward more innovative, adopters of new practices, and tailor training accordingly.

This first-ever study to focus on the multilevel predictors of *dropouts* from system-wide EBP trainings shows that **clinician characteristics and the context they work in**—matters for EBP uptake.

**STATE IMPACT.** States continue to feel the pressure to create systems that will be more cost-effective, accountable, and outcome-oriented. Findings like these help tailor and re-tool the provision of state-sponsored trainings. These findings have been used by our partner, the NYS Office of Mental Health (OMH), to reshape future plans for MAP trainings, and reinforce the importance of continual monitoring of attendance at training to course-correct if need be.

For more information on **2017 MAP trainings**, please visit our website:

[www.ideas4kidsmentalhealth.org/map-decision-support-tool.html](http://www.ideas4kidsmentalhealth.org/map-decision-support-tool.html)



## IDEAS News and Notes: IDEAS Welcomes New Staff, Kicks Off the New Year!



IDEAS Staff enjoying their Holiday Party January 2017

### Welcome to IDEAS!

#### IDEAS

Welcomes Kristen Lewis, B.S., Research Assistant, to the Center.



Kristen currently works on the STRONG MOM Study, which aims to implement screening and management of postpartum depression within pediatric primary care settings. Kristen graduated from NYU in 2016 with a B.S. in Applied Psychology, and a concentration in Child and Adolescent Mental Health. While at NYU, she worked on a research team focusing on the

immigrant paradox, as well as personal and social factors that influence attitudes towards mental illness in Turkish populations. She also volunteered at the NYU Child Study Center as a behavior coach for the Program for the Education and Enrichment of Relational Skills.

### IDEAS Staff Seek PhD's

Congratulations to former IDEAS research associates Lizzie Glaeser, B.S., and Emma Whitmyre, B.A., who are seeking PhDs; Emma in Clinical Psychology at George Mason University, and Lizzie in Counseling Psychology at Columbia University's Teachers College—we wish you the best!

### Welcome Dr. Pincus!

Dr. Harold Pincus spoke at the Big IDEAS Meeting in December. He outlined the issues in quality measurement in children's mental health, beginning with the fact that the behavioral health system, is, in and of itself, separate from the U.S. healthcare system, and largely lacks the infrastructure and workforce for quality measurement efforts.

IDEAS researchers have developed quality measures for adolescent and postpartum depression and for the use of antipsychotics in children under 5 years old (see pg. 4). Dr. Pincus is at Columbia University/ New York Presbyterian and a Senior Scientist at the RAND Corporation.



## IDEAS Center Selected Publications and Presentations (2016)

\*Note: Bold are IDEAS Faculty/Staff/Consultants; references have been abbreviated due to space limitations.

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Garner A, **Storfer-Isser A**, Szilagyi M, Stein REK, Green CM, **Kerker BD, O'Connor KG, Hoagwood KE, Horwitz SM**. Promoting Early Brain and Child Development: Perceived Barriers and the Utilization of Resources to Address Those Barriers. *J Dev Behav Ped*. 2016; E-pub Nov 24.

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Saxe G, **Acri M.** Democratizing implementation and innovation in mental health care. *Adm Policy Ment Health*. 2016; E-pub ahead of print January 6.

Stein REK, ...**Kerker B... Horwitz SM.** For better or worse? Change in service use by children investigated by child welfare over a decade. *Acad Pediatr*. 2016; 16(3): 240-246.

Stein REK, **Storfer-Isser A, Kerker BD, et al. ... Hoagwood KE... Horwitz SM.** Beyond ADHD: How well are we doing? *Acad Pediatr*. 2016; 16(2): 115-121.

Stein RE, **Storfer-Isser A, Kerker BD**, Garner A, Szilagyi M, **Hoagwood KE**, O'Connor KG, Green CM, **McCue Horwitz S**. Does length of developmental pediatrics training matter? *Acad Pediatr*. 2016; E-pub July 29.

Szilagy M, **Kerker BD, Storfer-Isser A**, Stein RE, Garner A, O'Connor KG, **Hoagwood KE, McCue Horwitz S**. Factors associated with whether pediatricians inquire about parents' adverse childhood experiences. *Acad Pediatr*. 2016; 16(7): 668-675.

Van Meter A...**Horwitz SM**, ... Diagnostic efficiency of caregiver report on the SCARED for identifying youth anxiety disorders in outpatient settings. *J Clin Child Adol Psy*. 2016; E-pub Aug 2:1-15.

Young AS, **Horwitz S**, ... Parents' perceived treatment match and treatment retention over 12 months among youths in the LAMS study. *Psychiatr Serv*. 2016; 67(3): 310-315.

#### **2016 Selected Presentations**

**Acri M**, ... **McKay M**. *The Impact of Caregiver Treatment Satisfaction upon Child and Parent Outcomes*. 2016 IASWG International Symposium, Co-sponsored by the NYU Silver School of Social Work, New York, NY.

**Branson CE** (2016, June). *Creating Trauma-informed Juvenile Justice Systems: Core Elements, Specific Strategies, & How to get Started*. Invited keynote presentation at the annual Psychological Trauma and Juvenile Justice Conference. Des Moines, IA.

**Branson CE** (2016, June). *Creating Trauma-informed Juvenile Justice Systems*. Intl Association of Forensic Mental Health Services, NY, NY.

**Branson CE** (2016, August). *Implementing Trauma-informed care in Juvenile Facilities*. Invited webinar presentation for the Council of Juvenile Corrections Administrators.

Finnerty, M ... **Hoagwood K** (2016, October). Quality of US Child Mental Health Care: National Trends and Target Areas for Improvement. American Academy of Child & Adolescent Psychiatry, New York, NY.

**Gopalan G ... Acri M**, ... (2016, January). *Utilization of Peers in Services for Youth with Emotional and Behavioral Challenges*. 20th Annual Conference Anniversary Celebration of the Society for Social Work and Research, Washington, DC.

**Hoagwood K** (2016, January). *Implementation Science Framework: Applying it to Community-partnered Transformation Initiatives*. Presentation at The RAND Corporation.

**Hoagwood, K**, Crystal S, Bilder S, Zima BT, Perrin JH, Kelleher KJ (2016, October). National Trends in Attention-Deficit/Hyperactivity Disorder Care. Symposium presented at the Annual Meeting of the American Academy of Child & Adolescent Psychiatry, NY, NY.

**Hoagwood K** (2016, October). Dissemination and Implementation Developing and Fostering Community-Academic Partnerships: Partnering With Agencies, Communities, and Systems in the Implementation of Evidence-Based Practice. ABCT Annual Meeting, NY, NY.

**Hoagwood K** (2016, October). Enhancing Implementation of Youth Mental Health Interventions: Real-Time Adaptations, Workforce Expansions, and Staging. ABCT Annual Meeting, NY, NY.

**Kerker BD, Storfer-Isser A**, Garner A, Szilagyi M, O'Connor K, **Hoagwood KE**, Stein REK, **Horwitz SM** (2016, April). *Identifying Adverse Childhood Experiences (ACEs) in Pediatric Primary Care*. Pediatric Academic Societies (PAS) Annual Meeting. Baltimore, MD.

**Kerker BD, Storfer-Isser A**, Garner A, Szilagyi M, O'Connor K, **Hoagwood KE**, Stein REK, **Horwitz SM** (2016, April). *Barriers to Identifying/Managing Child/adolescent mental health problems: changes over a decade*. *Pediatric*

Academic Societies Annual Meeting, Baltimore, MD.

**Kerker BD, Storfer-Isser A**, Garner A, Szilagyi M, O'Connor K, **Hoagwood KE**, Stein REK, **Horwitz SM** (2016, April). *Identifying Maternal Depression in Pediatric Primary Care*. Pediatric Academic Societies Annual Meeting, Baltimore, MD.

**Kerker BD, Storfer-Isser A**, Garner A, Szilagyi M, O'Connor K, **Hoagwood KE**, Stein REK, **Horwitz SM** (2016, April). Beyond ADHD: Are Current Clinical Practice Patterns Better Than a Decade Ago? Pediatric Academic Societies Annual Meeting. Baltimore, MD.

**Kuppinger, AD**, Burger ST, **Burton G, Shorter P, Olin SS, and Hoagwood KE** (2016, November). *Training and Credentialing the Family Peer Advocate Workforce in New York State*. Poster presentation at The National Academies of Sciences, Engineering and Medicine, Forum on Promoting Children's Cognitive, Affective, and Behavioral Health, Washington, D.C.

**Olin S, Hoagwood K, Horwitz S** (2016, December). *Access to Care for Youth in a State Mental Health System: A Simulated Patient Approach*. The 9<sup>th</sup> Annual Dissemination and Implementation Conference, Washington, DC.

Ong M...**Horwitz SM** ... Findling RL (2016, August). *Role of CASI-4R and PGBI-10M in Differentiating Bipolar Spectrum Disorders from Youth Mood Disorders*. The American Psychological Association, Denver, CO.

**Vardanian MM, Storfer-Isser A, Wang N, Gleacher AA, Hoagwood KE, Horwitz SM, Olin SS** (2016, October). *A Second Look at Dropout Rates from State-Sponsored MAP Trainings: Can Targeted Adaptations Increase Retention in EBP Trainings? The Association for Behavioral and Cognitive Therapy Conference*, New York, NY.



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