

# From Data to Practice Change: Bringing Youth ADHD Evidence-Based Practice to Scale



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH



DBHDD



CENTER OF EXCELLENCE FOR  
CHILDREN'S BEHAVIORAL HEALTH  
integrating research, policy, and practice



## WORKSHOP

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OCTOBER 2016

# Georgia Interagency Directors Team (IDT)



# Georgia Interagency Directors Team (IDT)

## Current composition:

Department of Behavioral Health & Developmental Disabilities  
Department of Community Health  
Department of Education  
Department of Human Services – DFCS  
Department of Juvenile Justice  
Department of Public Health  
Georgia Parent Support Network  
Center for Leadership in Disability  
Georgia Alliance of Therapeutic Services for Families and Children  
Get Georgia Reading - Campaign for Grade Level Reading  
The Carter Center  
The Center of Excellence for Children's Behavioral Health, GSU  
Together Georgia  
Voices for Georgia's Children

*\*Federal Consultant – Center for Disease Control*

The IDT is a workgroup of the Behavioral Health Coordinating Council

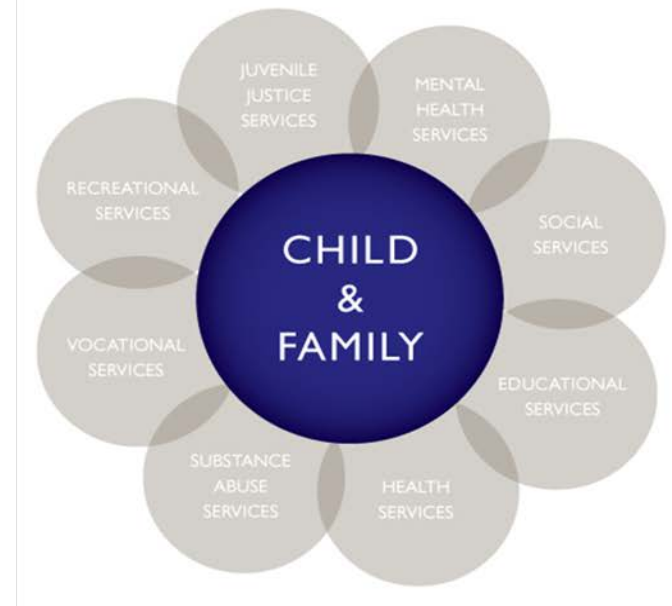


# Georgia Interagency Directors Team (IDT)

- Better child and adolescent behavioral health in Georgia
- Design, manage, facilitate, and implement an integrated approach
- Use System of Care model
- Inform policy and practice
- Integrate resources / funding

# Georgia Interagency Directors Team (IDT): *Reflecting a System of Care*

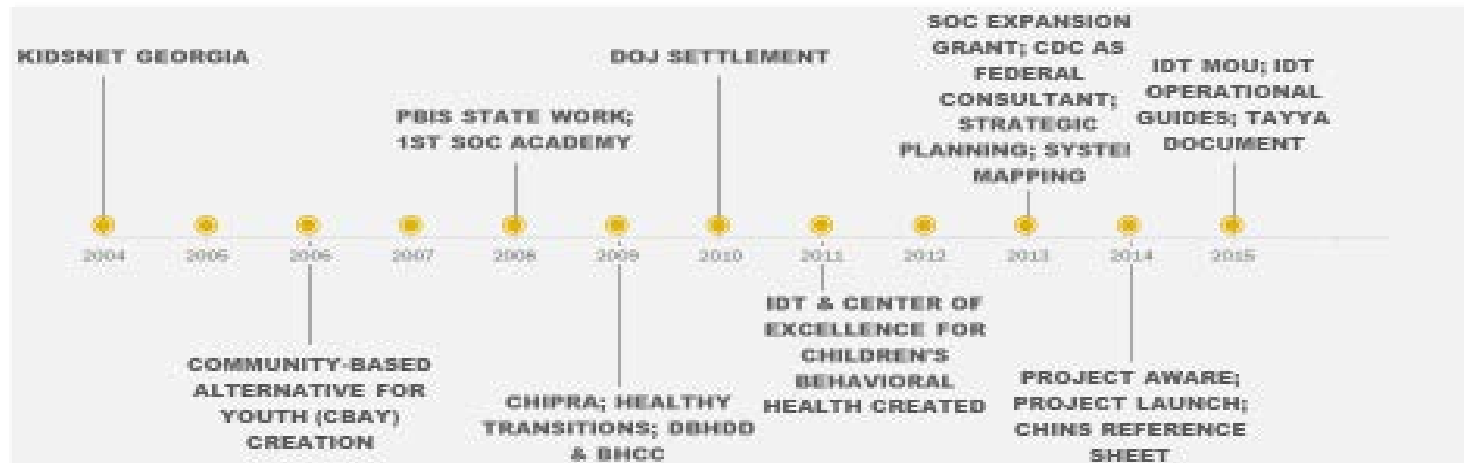
**“A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.”<sup>1</sup>**



<sup>1</sup>Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children’s Mental Health.

# Georgia Interagency Directors Team (IDT)

## IDT TIMELINE (2004-2015)



# Georgia Interagency Directors Team (IDT)

## COE's Role with the IDT

- Facilitation of interagency framework with memoranda of understandings and operating guidelines for collaborative development and sustainability
- Strategic planning and facilitation of monthly meetings and progress toward System of Care goals
- Promotion of and support for interagency data sharing
- Qualitative and quantitative data compilation and analysis relevant to yearly strategic System of Care goals in areas such as:
  - Juvenile justice reform and children in need of services
  - Services and supports for emerging adults
  - Appropriate diagnosis and treatment of attention deficit hyperactivity disorder among young children
- Dissemination of annual report and informational materials related to strategic Georgia System of Care topics and collaborative work.

# Georgia Interagency Directors Team (IDT)

## Collective Impact

There are Five Conditions for Collective Success





# Georgia Interagency Directors Team (IDT)

## Collective Impact and the IDT

There are Five Conditions for Collective Success

### Common Agenda

- To better child and adolescent behavioral health in Georgia
- Design, manage, and facilitate and implement integrated approach

### Shared Measurement

- Data sharing between agencies
- The COE (backbone organization) can serve as a "data hub"

### Mutually Reinforcing Activities

- Juvenile Justice Reform
- Project AWARE
- Project LAUNCH

### Continuous Communication

- Monthly face-to-face meetings
- Listserv

### Backbone Organizations

- The COE provides meeting facilitation, support for strategic planning, and research and evaluation activities for the collaborative
- Data drivers for strategic planning

# Prevalence of ADHD among School-Aged Youth

- **National Population Estimates**
  - 6.4 million youth 4-17 years diagnosed as of 2011-2012
    - ❖ 2 million more than in 2003
  - 5.1 million with a current ADHD diagnosis
- **National Prevalence Rate (%)**
  - 11% of youth 4-17 years of age ever diagnosed
    - ❖ Up from 7.8% in 2003-2004; a 42% increase
  - 8.8% with a current diagnosis

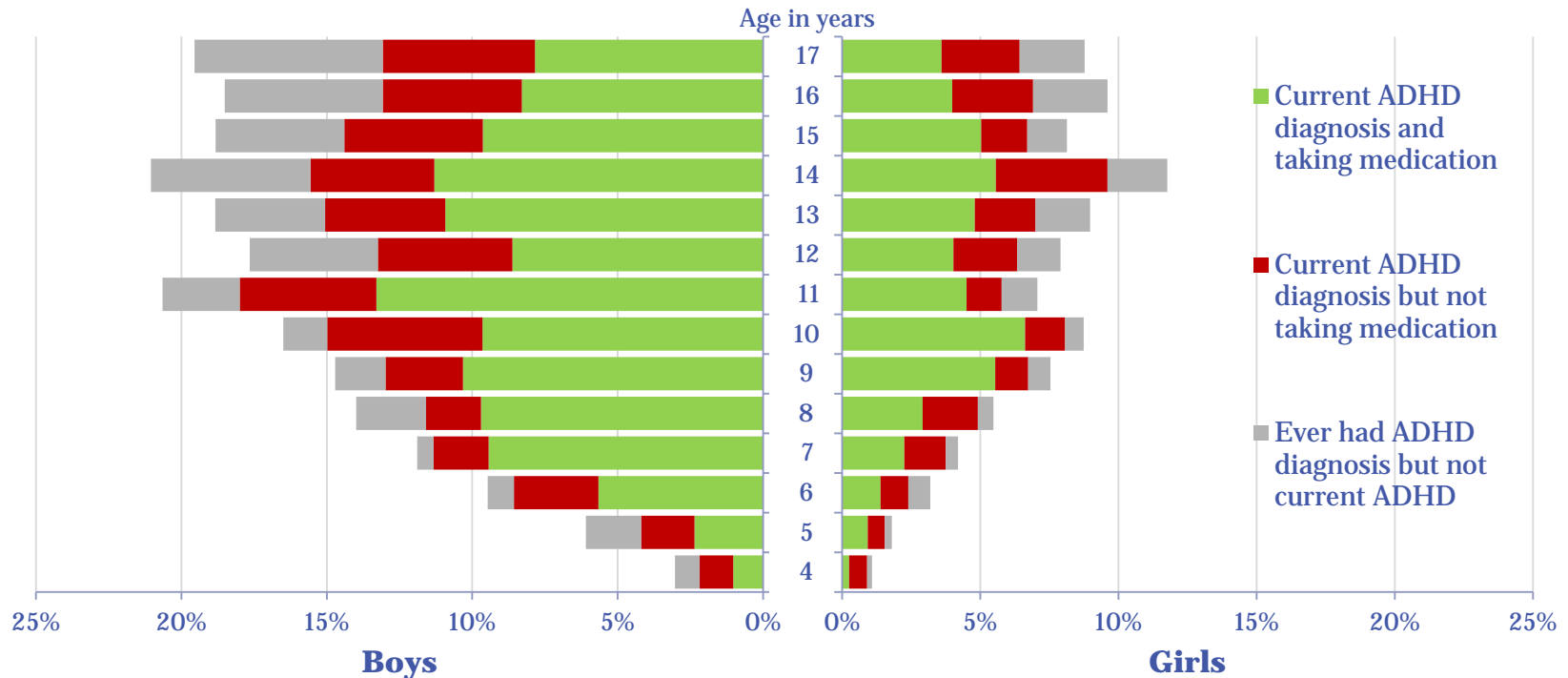
- Visser, S. N., Danielson, M. L., Bitsko, R. H., Holbrook, J. R., Kogan, M. D., Ghandour, R. M., . . . Blumberg, S. J. (2014). Trends in the Parent-Report of Health Care Provider-Diagnosed and Medicated Attention-Deficit/Hyperactivity Disorder: United States, 2003–2011. *Journal of the American Academy of Child and Adolescent Psychiatry*, 53(1), 34-46.e32.

# Diagnosed ADHD Prevalence Estimates: National Survey Data



# Weighted Prevalence Estimates (%) of Attention-Deficit/Hyperactivity Disorder (ADHD) Diagnosis by a Health Care Provider among U.S. Children, by Age and Medication Status

Parent-Reported Data from the National Survey of Children's Health



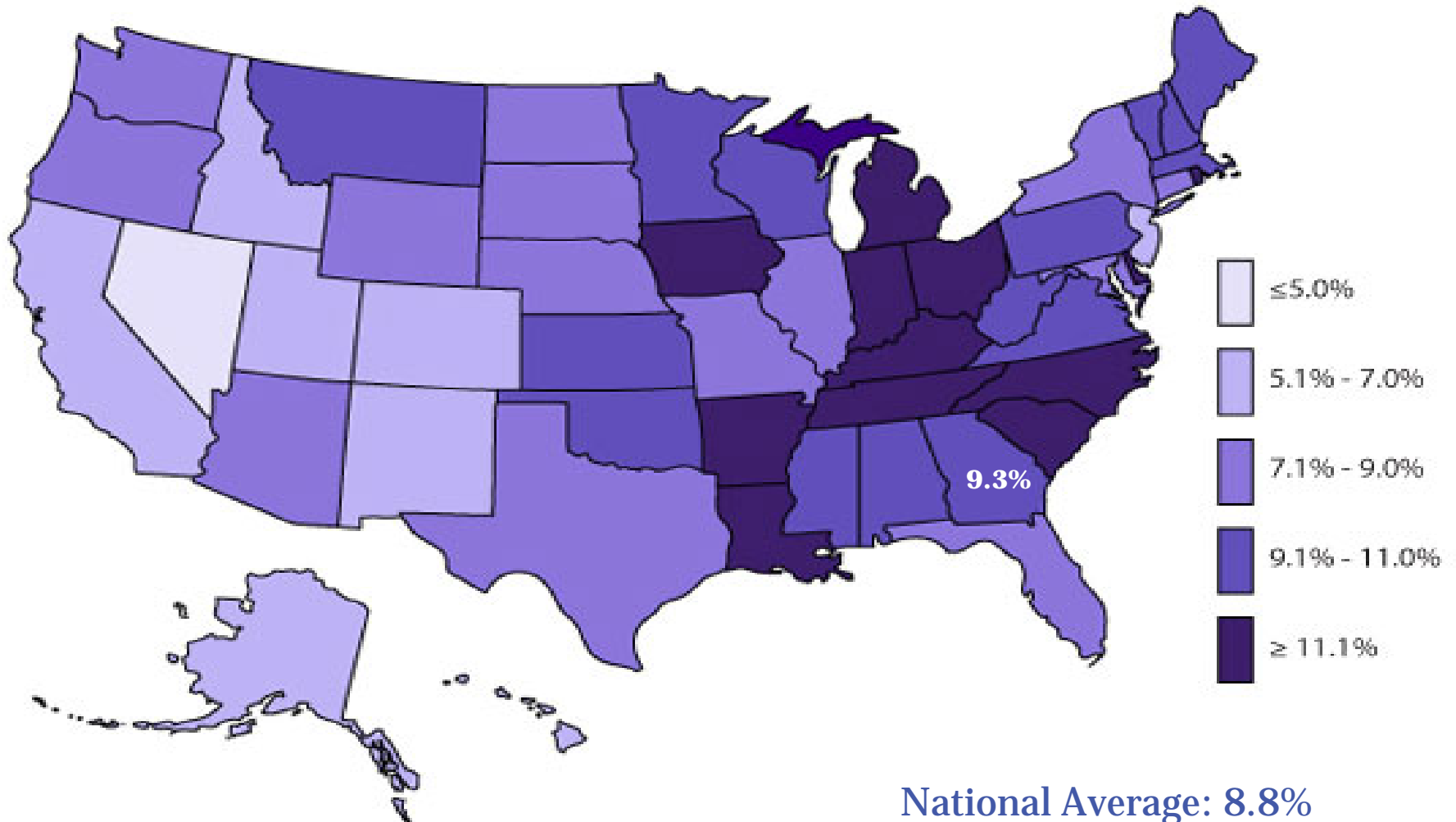
2011-2012

Visser, S. N., Danielson, M. L., Bitsko, R. H., Holbrook, J. R., Kogan, M. D., Ghandour, R. M., . . . Blumberg, S. J. (2014). Trends in the Parent-Report of Health Care Provider-Diagnosed and Medicated Attention-Deficit/Hyperactivity Disorder: United States, 2003–2011. *Journal of the American Academy of Child and Adolescent Psychiatry*, 53(1), 34-46.e32.

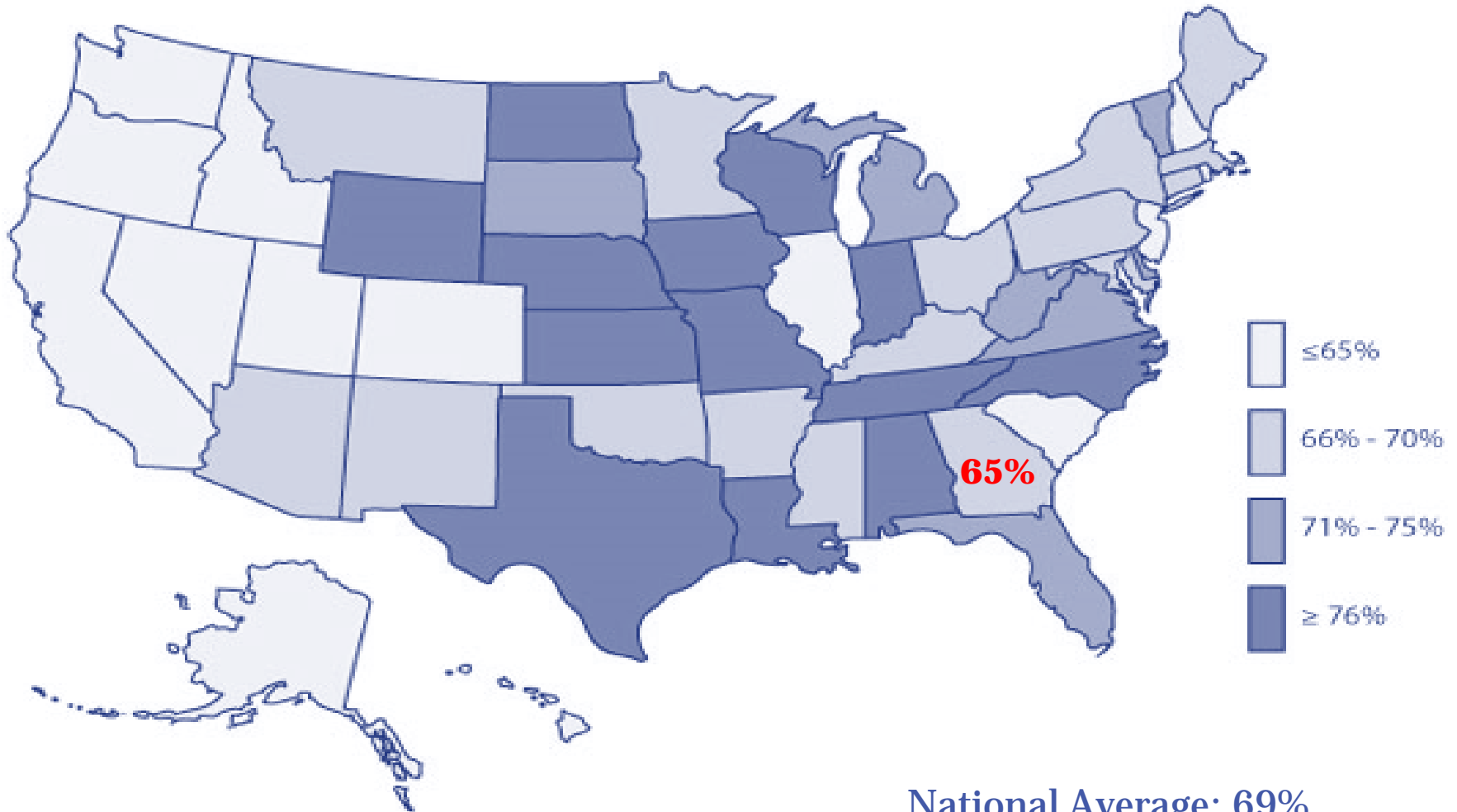


# **WHAT DO WE KNOW ABOUT ADHD DIAGNOSIS AND TREATMENT IN GEORGIA?**

# Current ADHD Diagnosis: United States, 2011-12

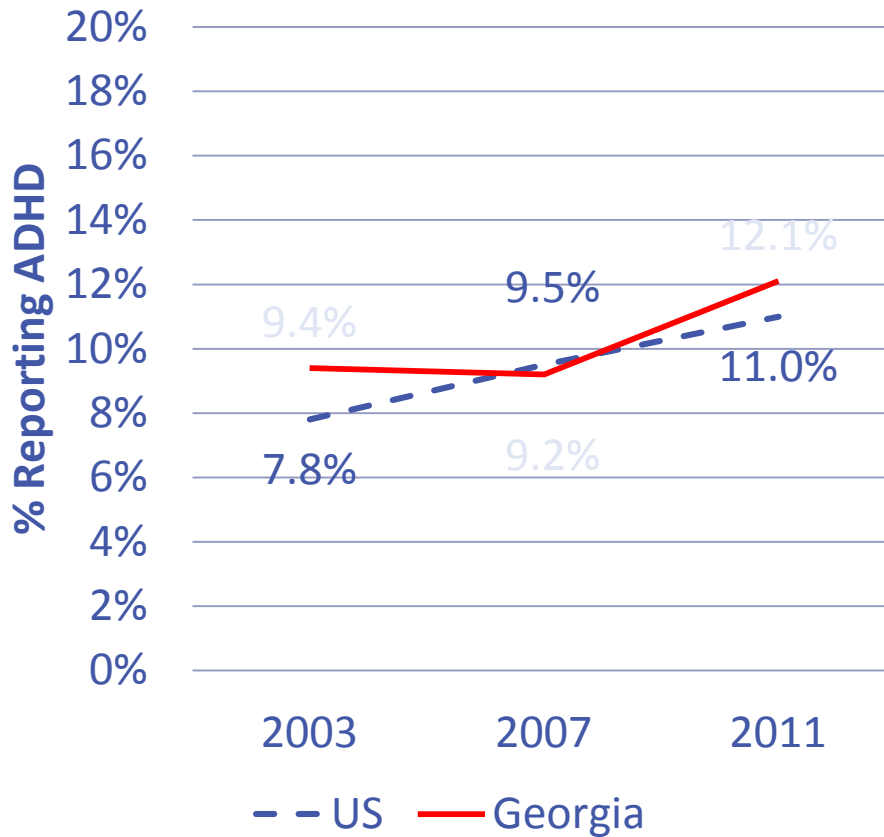


# Current ADHD Medication Treatment: United States, 2011-12

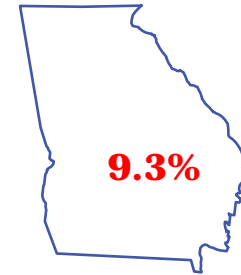


# Diagnosed and Medicated ADHD in GA

## Ever Diagnosed: GA

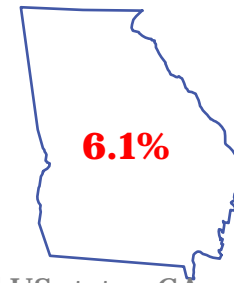


In 2011, 8.8% of US children and 9.3% of children in GA had **current** ADHD, by parent report.



Among all US states, GA ranked 25<sup>th</sup> highest.

In 2011, 6.1% of US children and 6.1% of children in GA were taking medication for ADHD.



Among all US states, GA ranked 30<sup>th</sup> highest.



# **IDT COLLABORATION**

## **GA MEDICAID DATA ANALYSES**



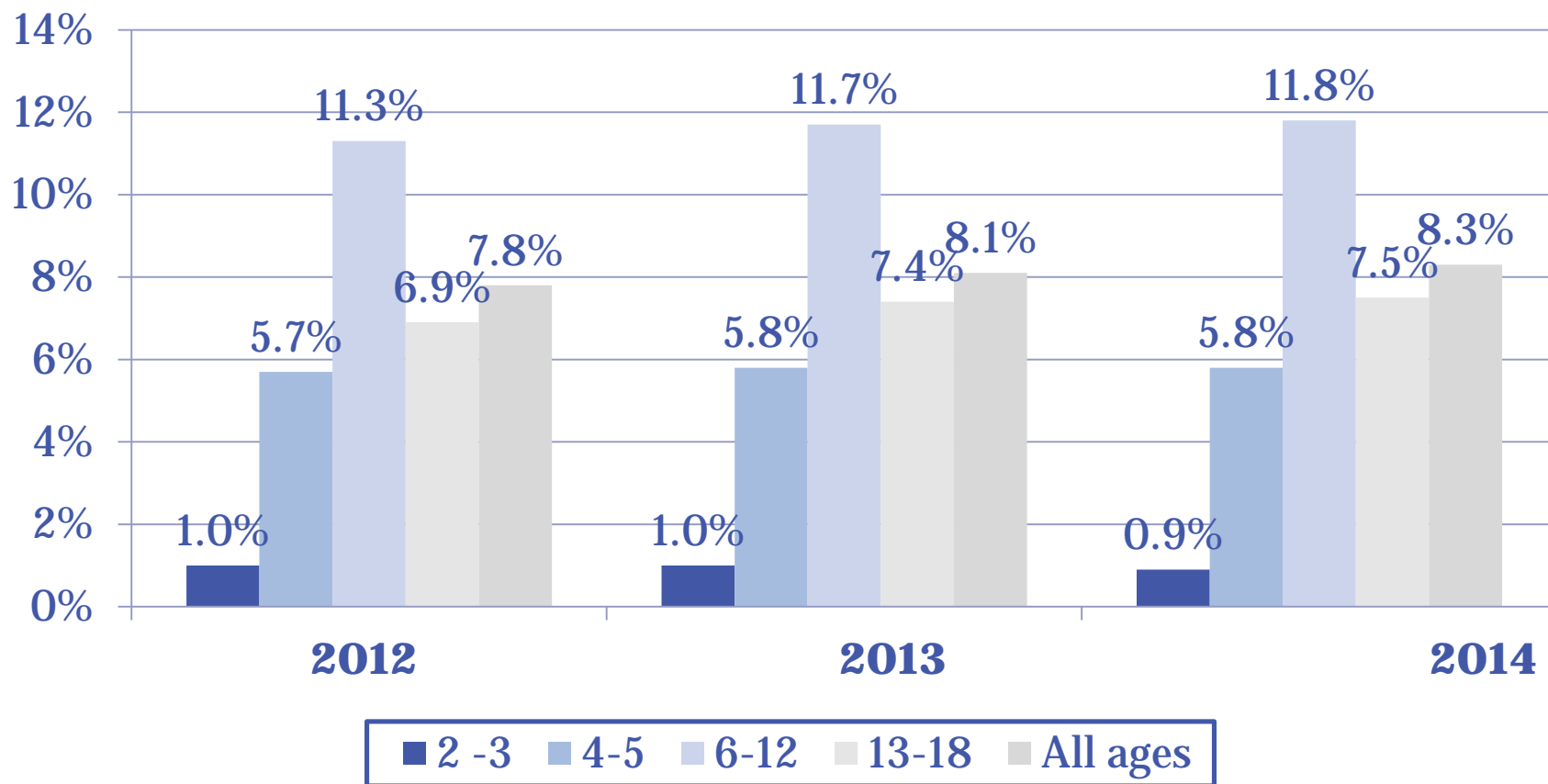
- **Medically managed ADHD (2012-2014)**
  - # of GA children (2-18 years) enrolled in Medicaid with  $\geq 1$  ADHD Dx codes by year
  - % of children in Medicaid who had medically managed ADHD by year
- **Medicated ADHD (2012-2014)**
  - # of GA children (2-18 years) enrolled in Medicaid with  $\geq 1$  ADHD Dx code and  $\geq 1$  ADHD medication claim, using National Drug Codes for medications FDA-approved for pediatric ADHD treatment\*
  - % of children in Medicaid with ADHD who received medication by year
- **Behavioral Treatment (2012-2014)**
  - # of GA children (2-18 years) enrolled in Medicaid who have received behavioral treatment or psychological services by year
  - % of children in Medicaid with ADHD receiving behavioral therapy by year

\* AAP Subcommittee on Attention-Deficit/Hyperactivity Disorder Steering Committee on Quality Improvement and Management, Wolraich M, Brown L, et al. ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics*. 2011; 128(5):1007-1022.

# List of FDA-approved ADHD medications used in the abstraction of medication claims for ADHD among children in Medicaid

<b>Medication</b>	<b>Drug Class</b>
<b>Adderall</b>	Central nervous system stimulant (CNS Stimulant)
<b>Atomoxetine</b>	Selective norepinephrine reuptake inhibitor (SNRI)
<b>Concerta</b>	CNS Stimulant
<b>Daytrana Patch</b>	CNS Stimulant
<b>Dexedrine</b>	CNS Stimulant
<b>Dextrostat</b>	CNS Stimulant
<b>Dextro-Amphetamine</b>	CNS Stimulant
<b>Dexmethylphenidate</b>	CNS Stimulant
<b>Focalin</b>	CNS Stimulant
<b>Guanfacine</b>	Centrally acting alpha-adrenergic receptor agonist
<b>Intuniv</b>	Centrally acting alpha-adrenergic receptor agonist
<b>Kapvay</b>	Central alpha-2 agonist
<b>Metadate</b>	CNS Stimulant
<b>Methylin</b>	CNS Stimulant
<b>Methylphenidate</b>	CNS Stimulant
<b>Ritalin</b>	CNS Stimulant
<b>Strattera</b>	SNRI
<b>Tenex</b>	Centrally acting alpha-adrenergic receptor agonist
<b>Vyvanse</b>	CNS Stimulant

# % of GA Children in Medicaid with 1+ ADHD Diagnosis Codes, by age: 2012 - 2014



GA Medicaid Files

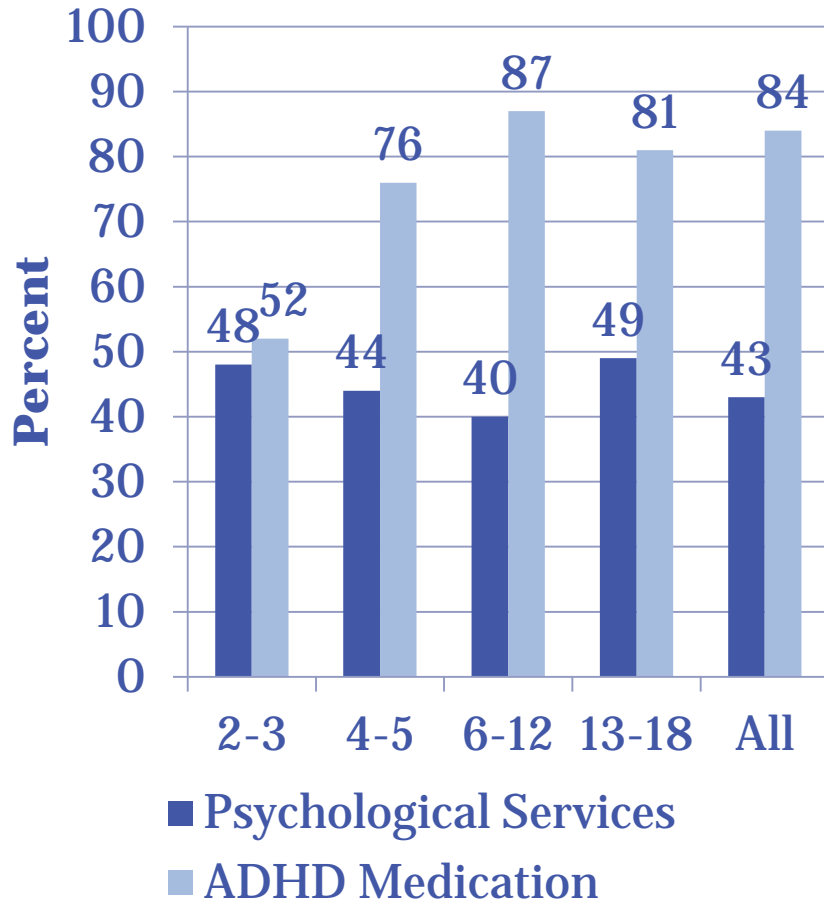
ADHD ICD Codes: 314.XX

# ADHD Treatment Rates among GA Children in Medicaid

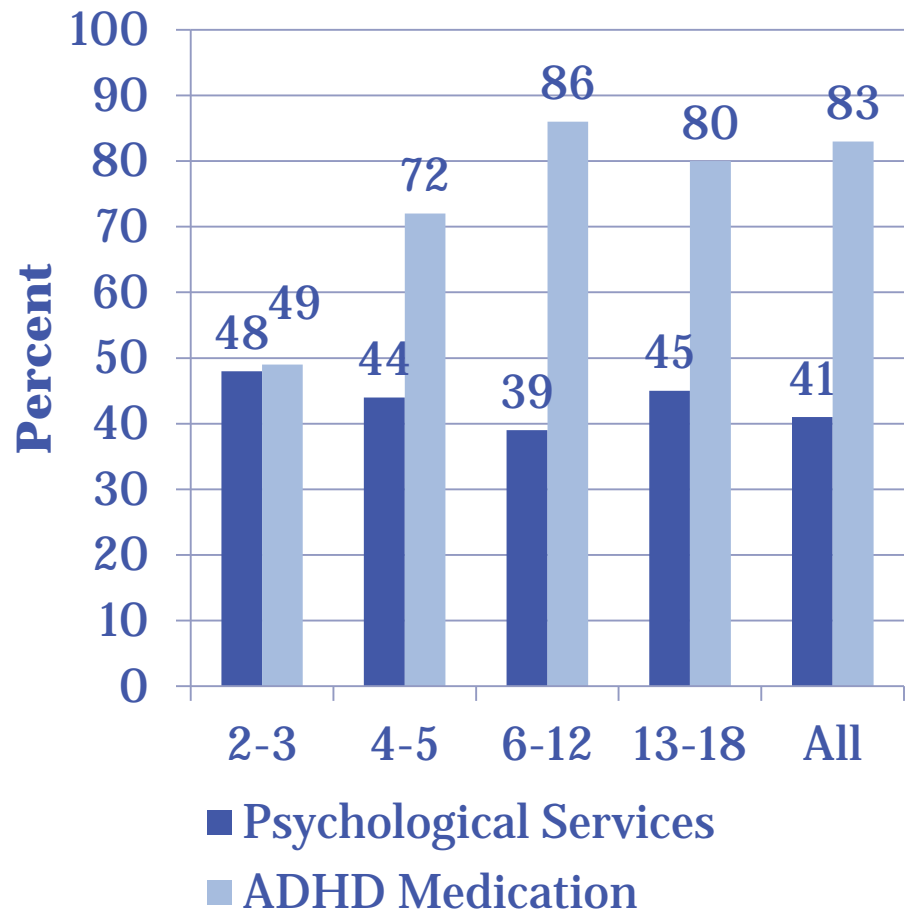
with

## 1+ ADHD Diagnosis Codes and 1+ Treatment Claim

2012



2014



# ADHD Treatment among GA Toddlers

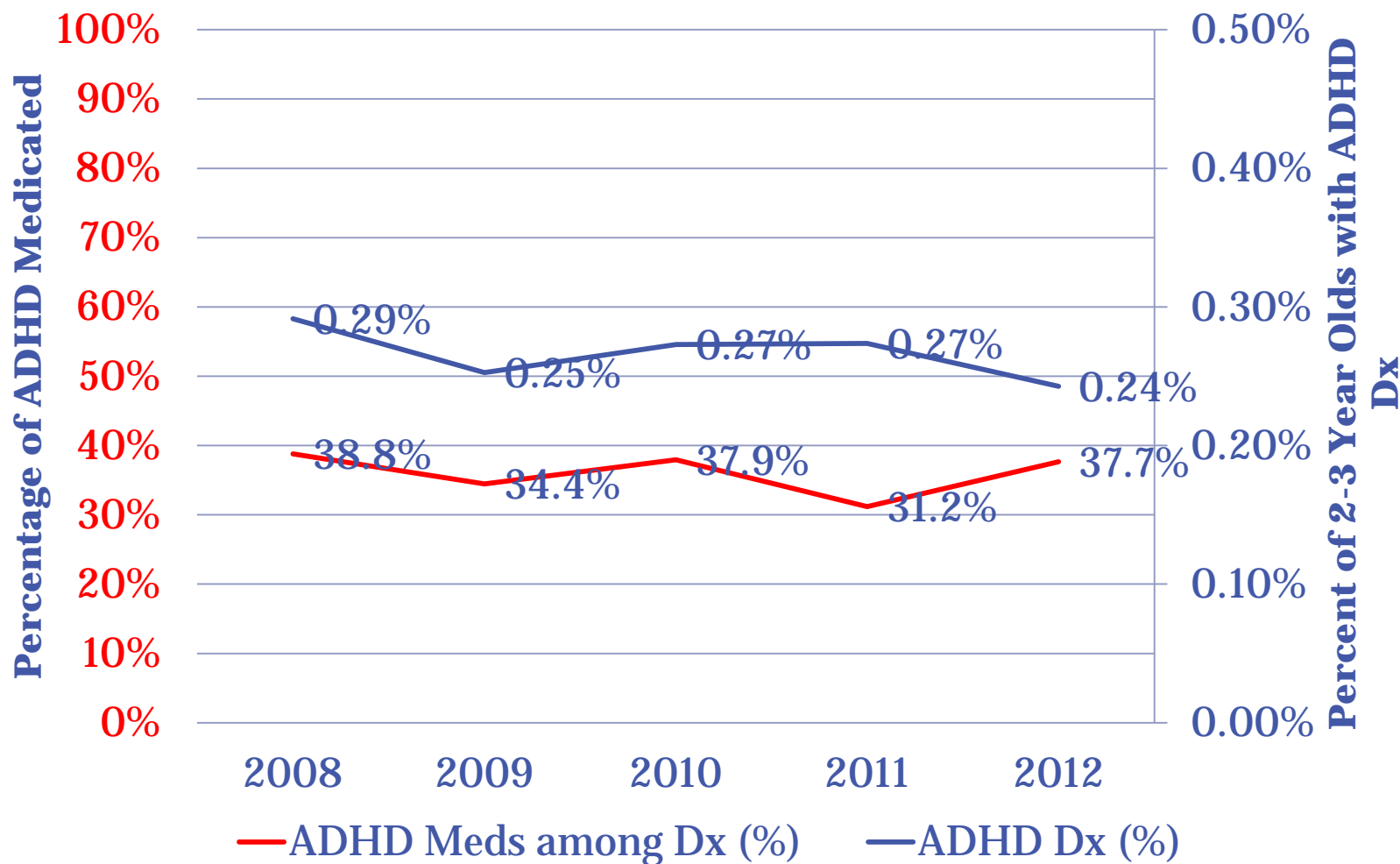
## **THERE ARE NO CURRENT GUIDELINES THAT GUIDE THE DIAGNOSIS AND TREATMENT OF ADHD AMONG CHILDREN UNDER 4 YEARS OF AGE**

- In GA, about 1% of 2-3 year olds in Medicaid had an ADHD diagnosis code
- 48% had a behavioral therapy claim, while 52% had a medication claim in 2012
- Only amphetamine and d-amphetamine is FDA-approved for ADHD treatment for children as young as 3 years of age
- Valid diagnosis of ADHD in a toddler is not supported by evidence.

## **THESE MEDICATION TREATMENT PATTERNS ARE NOT UNIQUE TO GEORGIA**

# National MarketScan Database: Pathways

US: ADHD Diagnosis and Medication Treatment  
among 2-3 Year Olds (Private Claims)



\* Among a MarketScan sample of 10,000,000 individuals

# Implications

- ❑ In 2012, approximately 1,660 toddlers in GA were being medically managed for ADHD in GA and about 760 of these had a claim for ADHD medication (class II controlled substances)
- ❑ Only about 43% of all children 2-18 with an ADHD Dx code had a behavioral therapy/psych claim in 2012
- ❑ Data suggest areas for quality improvement in GA and beyond, particularly among toddlers and preschoolers
- ❑ Additional research and investigation is needed
  - Education about AAP best practices
  - Investigation of coding practices
  - Investigation of the infrastructure for the provision of behavioral therapy



# Participant Interaction 1

**MUCH LIKE THE IDT CONSIDERED...**

**...seeing this data, what  
are challenges?**

# Participant Interaction 1

**SHARE**





**Table A. KQ1: Effectiveness of interventions for ADHD and DBD in children younger than 6 years of age**

Intervention	Level of Evidence	Conclusion
Parent Behavior Training	SOE: High SMD: -0.88 (95% CI, -0.88 to -0.47)	<p>Parent behavioral interventions are an efficacious treatment option for preschoolers with DBD and show benefit for ADHD symptoms.</p> <p>These studies support the long-term effectiveness of parent interventions for preschoolers with DBD, including ADHD symptoms, with evidence that benefits are maintained for up to 2 years. There also appears to be a dose-response effect.</p>
Multicomponent Home and School or Daycare-Based Interventions	SOE: Insufficient	<p>Evidence is drawn from few reports.</p> <p>Where there is no socioeconomic burden, multicomponent interventions work as well as a structured parent education program in several domains.</p> <p>Where there is socioeconomic burden, the treatment classroom appears to be the primary beneficial intervention, and this appears to be related to lack of parent engagement and attendance at PBT sessions. Relative benefits of the school-based intervention diminished over 2 years.</p>
Medication (MPH Only)	SOE: Low SMD: -0.83 (95% CI, -1.21 to -0.44)	<p>With evidence drawn primarily from the PATS study, MPH (e.g., short-acting, immediate-release MPH) is both efficacious and generally safe for treatment of ADHD symptoms, but there has been no long-term followup in preschoolers.</p>

**Note:** ADHD = attention deficit hyperactivity disorder; CI = confidence interval; DBD = disruptive behavior disorder; KQ = Key Question; MPH = methylphenidate; PATS = Preschool ADHD Treatment Study; PBT = parent behavior training; SMD = standardized mean difference; SOE = strength of evidence.

# Refer parents of young children with ADHD for training in behavior therapy before prescribing medicine (CDC-Vital Signs and AAP)

## Steps for healthcare providers

1. Assess a young child with ADHD symptoms using clinical practice guidelines (CDC)
  - Evaluate anyone with academic or behavioral problems and symptoms of inattention, hyperactivity, or impulsivity [AAP]
  - Determine whether DSM criteria have been met (Ruling out other causes, based on reports from parents and other supportive sources, etc.) [AAP]
  - Assess comorbidities [AAP]
  - Recognize ADHD as a chronic condition [AAP]

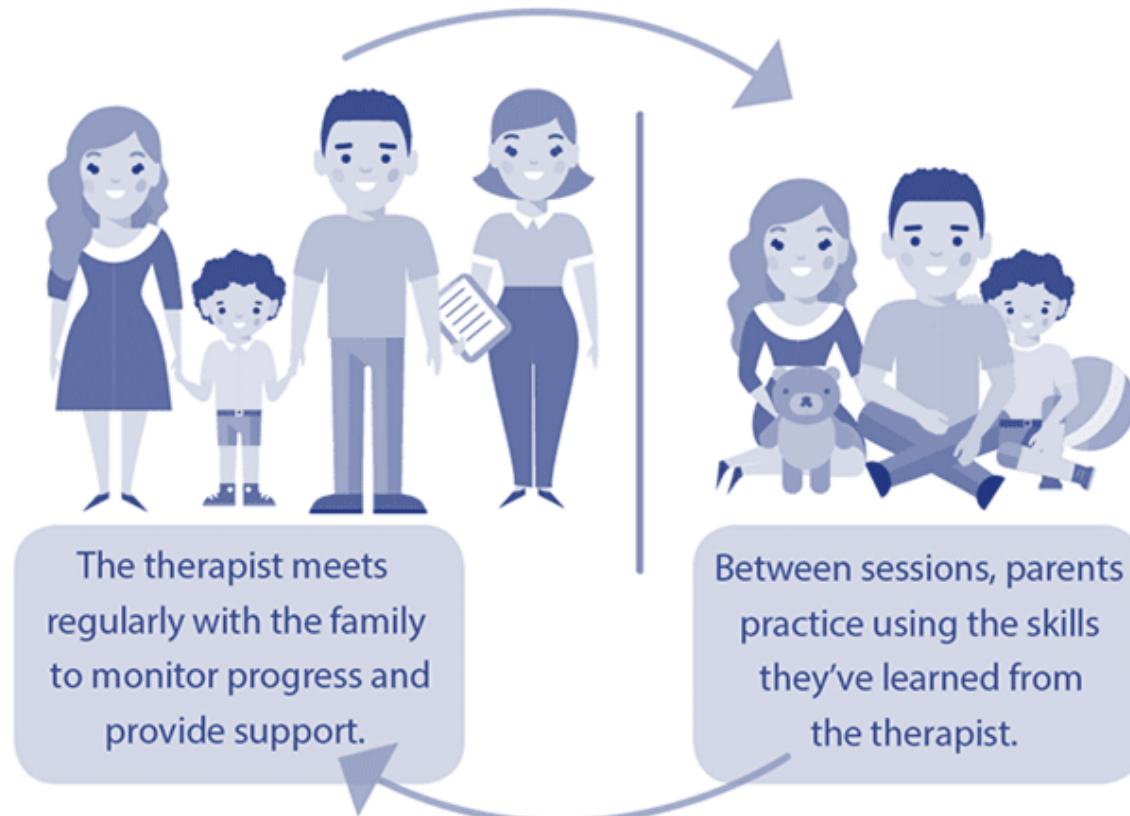
# Refer parents of young children with ADHD for training in behavior therapy before prescribing medicine (CDC, Vital Signs)

## Steps for healthcare providers

2. Talk with parents about ADHD treatment and explain the benefits of behavior therapy as the ***first line of treatment*** [CDC, AAP]
  - a. Improved behavior, self-control, and self-esteem for children.
  - b. Better relationships and reduced stress for families.
  - c. Benefits are lifelong for children and families.

# What parents can expect in behavior therapy

Parents typically attend 8-16 sessions with a therapist and learn strategies to help their child. Sessions may involve groups or individual families.



**After therapy ends, families continue to experience improved behavior and reduced stress.**

#VitalSigns

CDC

## What parents learn when trained in behavior therapy



Positive Communication



Positive Reinforcement



Structure and Discipline

Behavior therapy, given by parents, teaches children to better control their own behavior, leading to improved functioning at school, home and in relationships. Learning and practicing behavior therapy requires time and effort, but it has lasting benefits for the child.

#VitalSigns

**Vital**<sup>CDC</sup>signs™

[www.cdc.gov/vitalsigns/adhd](http://www.cdc.gov/vitalsigns/adhd)





# Refer parents of young children with ADHD for training in behavior therapy before prescribing medicine (CDC, Vital Signs)

## Steps for healthcare providers

3. Refer parents to a therapist before prescribing medicine. Find a therapist who:
  - a. Teaches parents to better manage their child's behavior and strengthen parent-child relationship.
  - b. Encourages parents to practice between sessions, regularly monitors progress, and adjusts strategies as needed.

# **Refer parents of young children with ADHD for training in behavior therapy before prescribing medicine (CDC, Vital Signs)**

## Steps for healthcare providers

4. Follow up with the family during and after treatment to confirm progress.

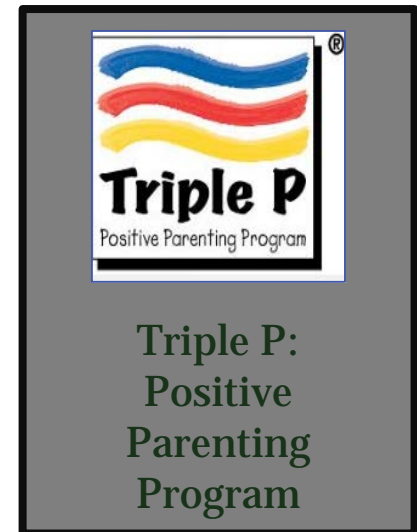
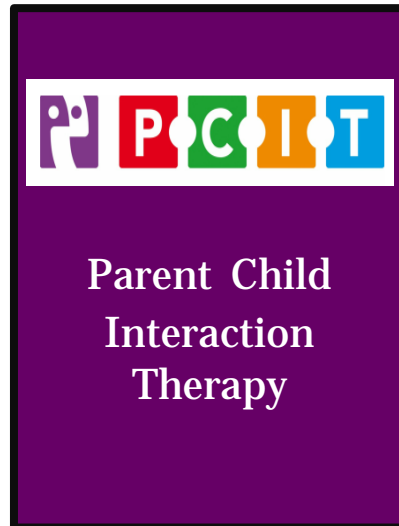
# MODELS

**Table A. KQ1: Effectiveness of interventions for ADHD and DBD in children younger than 6 years of age**

Intervention	Level of Evidence	Conclusion
Parent Behavior Training	SOE: High SMD: -0.68 (95% CI, -0.88 to -0.47)	Parent behavioral interventions are an efficacious treatment option for preschoolers with DBD and show benefit for ADHD symptoms.  These studies support the long-term effectiveness of parent interventions for preschoolers with DBD, including ADHD symptoms, with evidence that benefits are maintained for up to 2 years. There also appears to be a dose-response effect.
Multicomponent Home and School or Daycare-Based Interventions	SOE: Insufficient	Evidence is drawn from few reports.  Where there is no socioeconomic burden, multicomponent interventions work as well as a structured parent education program in several domains.  Where there is socioeconomic burden, the treatment classroom appears to be the primary beneficial intervention, and this appears to be related to lack of parent engagement and attendance at PBT sessions. Relative benefits of the school-based intervention diminished over 2 years.
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# MODELS



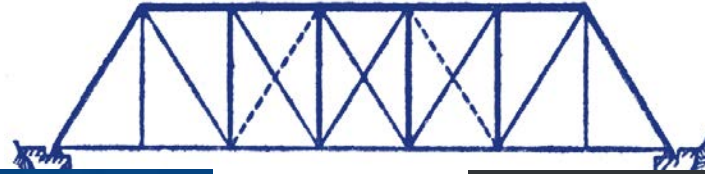
# Incredible Years Parenting Program


- Trains parents **various strategies** to help children regulate their emotions, improve their social skills, and do better academically.
- **Parents** are given opportunities to collectively and individually develop new strategies for managing their children and working together in collaborative partnerships.
- **Children** receive training in how to follow rules and cooperate, express emotions, problem-solve, manage anger, and make good friends.
- Group and Individual modes of delivery

# Incredible Years Parenting Program


**Emphasizes parenting skills known to promote children's social competence and reduce behavior problems such as:**

- how to play with children,
- social, emotional , academic and persistence skills coaching,
- effective praise and use of incentives,
- establishing predictable routines and rules and promoting responsibility,
- effective limit-setting,
- strategies to manage behavior,
- teaching children to problem solve.
- effective communication skills,
- anger and depression management,
- problem-solving between adults,
- ways to give and get support
- approaches designed to promote children's academic skills.



**The Incredible Years<sup>®</sup>**   
Parents, teachers, and children training series

**Incredible Years  
Parenting Program**

 Georgia Department of Behavioral Health & Developmental Disabilities

**PROVIDER MANUAL**

FOR

**COMMUNITY BEHAVIORAL  
HEALTH PROVIDERS**

FOR

**THE DEPARTMENT OF BEHAVIORAL HEALTH &  
DEVELOPMENTAL DISABILITIES**

**FISCAL YEAR 2016**

Effective Date: January 1, 2016 (Reposted: December 3, 2015)

This FY 2016 Provider Manual is designed as an addendum to your contract/agreement with DBHDD to provide structure for supporting and serving individuals residing in the state of Georgia.







**COMMUNITY SUPPORTS:** Skills Development; Skills Acquisition for Managing Behavior; Skills/Strategies for personal development, school performance, work performance, and functioning; Enhancing social and coping skills; etc.

**FAMILY TRAINING:** development of methods of intervention, interaction and mutual support the family can use to assist their family member; symptom management; behavioral management; Adaptive behaviors and skills; Interpersonal skills, etc.

**GROUP TRAINING:** development of methods of intervention, interaction and mutual support the family can use to assist their family member; symptom management; behavioral management; Adaptive skills; Interpersonal skills, etc.



**The Incredible Years**  
Parents, teachers, and children training series



**Incredible Years  
Parenting Program**



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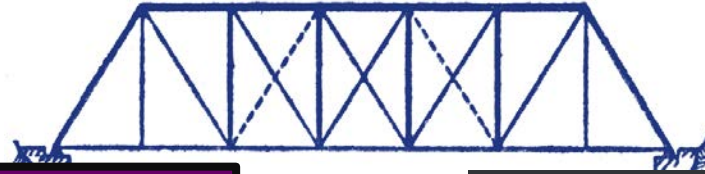
# Parent Child Interaction Therapy

- An evidence-based treatment for young children with emotional and behavioral disorders
- Places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.

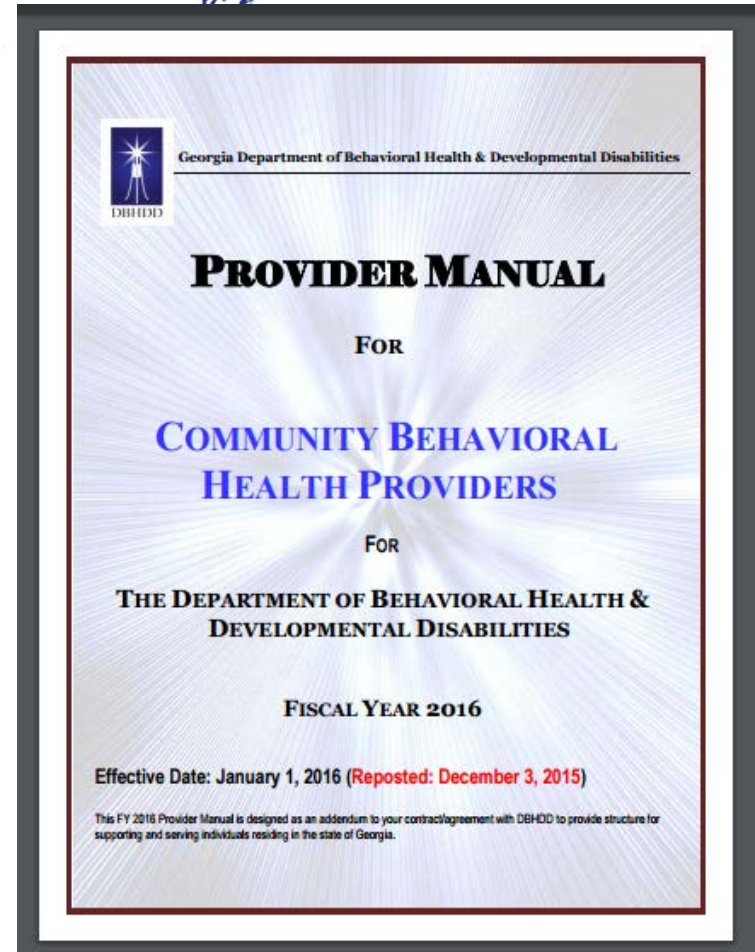
# Parent Child Interaction Therapy

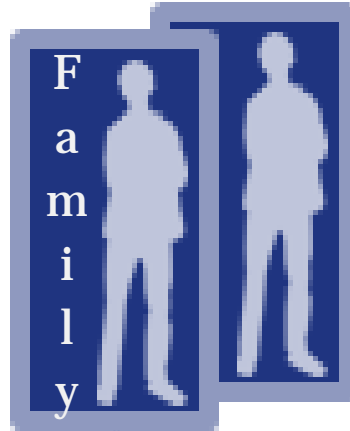
## APPROACH:

- Children and their caregivers are seen together in PCIT.
- Most of the session time is spent coaching caregivers in the application of specific therapeutic skills.
- Therapists typically coach from an observation room with a one-way mirror into the playroom, using a “bug-in-the-ear” system for communicating to the parents as they play with their child.
- Concluding each session, therapist and caregiver together decide which skill to focus on most during daily 5-minute home practice sessions the following week.



# Parent Child Interaction Therapy






Family Outpatient Services: Family Training														
Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
	Practitioner Level 4, In-Clinic, w/ client present	H0014	HS	U4	U5	U6	\$20.30	Practitioner Level 4, In-Clinic, w/ client present	H0014	HR	U4	U5	U6	\$20.30

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Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
	Practitioner Level 5, In-Clinic, w/ client present	H0014	HS	U5	U6	U7	\$15.13	Practitioner Level 5, In-Clinic, w/ client present	H0014	HR	U5	U6	U7	\$15.13
	Practitioner Level 4, Out-of-Clinic, w/ client present	H0014	HS	U4	U7		\$24.36	Practitioner Level 4, Out-of-Clinic, w/ client present	H0014	HR	U4	U7		\$24.36
	Practitioner Level 5, Out-of-Clinic, w/ client present	H0014	HS	U5	U7		\$18.15	Practitioner Level 5, Out-of-Clinic, w/ client present	H0014	HR	U5	U7		\$18.15
Unit Value	15 minutes													
Service Definition	<p>A therapeutic interaction shown to be successful with identified family populations, diagnoses and service needs, provided by qualified staff. Services are directed toward achievement of specific goals defined by the individual youth and by the parent(s)/responsible caregiver(s) and specified in the Individualized Resiliency Plan (note: although interventions may involve the family, the focus or primary beneficiary of intervention must always be the individual).</p> <p>Family training provides systematic interactions between the identified individual, staff and the individual's family members directed toward the restoration, development, enhancement or maintenance of functioning of the identified individual/family unit. This may include support of the family, as well as training and specific activities to enhance family roles, relationships, communication and functioning that promote the resiliency of the individual/family unit.</p> <p>Specific goals/issues to be addressed through these services may include the restoration, development, enhancement or maintenance of:</p> <ol style="list-style-type: none"> <li>1) illness and medication self-management knowledge and skills (e.g. symptom management, behavioral management, relapse prevention skills, knowledge of medications and side effects, and motivational/skill development in taking medication as prescribed/when prescribed);</li> <li>2) problem solving and practicing functional support;</li> <li>3) healthy coping mechanisms;</li> <li>4) adaptive behaviors and skills;</li> <li>5) interpersonal skills;</li> <li>6) daily living skills;</li> <li>7) resource access and management skills; and</li> <li>8) the family's understanding of mental illness and substance related disorders, the steps necessary to facilitate recovery/resiliency, and methods of intervention, interaction and mutual support the family can use to assist their family member.</li> </ol> <p>Admission</p> <ol style="list-style-type: none"> <li>1. Individual must have an emotional disturbance and/or substance-related disorder diagnosis that is at least destabilizing (markedly interferes with the ability to carry out activities of daily living or places others in danger) or distressing (causes mental anguish or suffering); and</li> <li>2. Individual must be at a sufficient level of functioning to benefit from the services of a professional in the out-patient setting; and</li> </ol>													

Family Outpatient Services: Family Counseling														
Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
Family - BH counseling/therapy (w/ client present)	Practitioner Level 2, In-Clinic	H0004	HS	U2	U6		\$38.97	Practitioner Level 2, Out-of-Clinic	H0004	HS	U2	U7		\$46.76
	Practitioner Level 3, In-Clinic	H0004	HS	U3	U6		\$30.01	Practitioner Level 3, Out-of-Clinic	H0004	HS	U3	U7		\$36.68
	Practitioner Level 4, In-Clinic	H0004	HS	U4	U6		\$20.30	Practitioner Level 4, Out-of-Clinic	H0004	HS	U4	U7		\$24.36
	Practitioner Level 5, In-Clinic	H0004	HS	U5	U6		\$15.13	Practitioner Level 5, Out-of-Clinic	H0004	HS	U5	U7		\$18.15
Family - BH counseling/therapy (w/ client present)	Practitioner Level 2, In-Clinic	H0004	HR	U2	U6		\$38.97	Practitioner Level 2, Out-of-Clinic	H0004	HR	U2	U7		\$46.76
	Practitioner Level 3, In-Clinic	H0004	HR	U3	U6		\$30.01	Practitioner Level 3, Out-of-Clinic	H0004	HR	U3	U7		\$36.68
	Practitioner Level 4, In-Clinic	H0004	HR	U4	U6		\$20.30	Practitioner Level 4, Out-of-Clinic	H0004	HR	U4	U7		\$24.36
	Practitioner Level 5, In-Clinic	H0004	HR	U5	U6		\$15.13	Practitioner Level 5, Out-of-Clinic	H0004	HR	U5	U7		\$18.15
Family Psycho-therapy w/ the patient present (appropriate license required)	Practitioner Level 2, In-Clinic	90846	U2	U6			\$38.97	Practitioner Level 2, Out-of-Clinic	90846	U2	U7		\$46.76	
	Practitioner Level 3, In-Clinic	90846	U3	U6			\$30.01	Practitioner Level 3, Out-of-Clinic	90846	U3	U7		\$36.68	
	Practitioner Level 4, In-Clinic	90846	U4	U6			\$20.30	Practitioner Level 4, Out-of-Clinic	90846	U4	U7		\$24.36	
	Practitioner Level 5, In-Clinic	90846	U5	U6			\$15.13	Practitioner Level 5, Out-of-Clinic	90846	U5	U7		\$18.15	
Conjoint Family Psycho-therapy w/ the patient present a portion of the entire session (appropriate license required)	Practitioner Level 2, In-Clinic	90847	U2	U6			\$38.97	Practitioner Level 2, Out-of-Clinic	90847	U2	U7		\$46.76	
	Practitioner Level 3, In-Clinic	90847	U3	U6			\$30.01	Practitioner Level 3, Out-of-Clinic	90847	U3	U7		\$36.68	
	Practitioner Level 4, In-Clinic	90847	U4	U6			\$20.30	Practitioner Level 4, Out-of-Clinic	90847	U4	U7		\$24.36	
	Practitioner Level 5, In-Clinic	90847	U5	U6			\$15.13	Practitioner Level 5, Out-of-Clinic	90847	U5	U7		\$18.15	
Unit Value	15 minutes													
Service Definition	<p>A therapeutic intervention or counseling service shown to be successful with identified family populations, diagnoses and service needs, provided by a qualified clinician or practitioner. Services are directed toward achievement of specific goals defined with/by the individual and targeted to the individual-identified family and specified in the Individualized Recovery Plan. The focus of family counseling is the family or subsystems within the family, e.g. the parental couple. The service is always provided for the benefit of the individual and may or may not include the individual's participation as indicated by the CPT code.</p> <p>Family counseling provides systematic interactions between the identified individual, staff and the individual's identified family members directed toward the restoration, development, enhancement or maintenance of functioning of the identified individual/family unit. This includes support of the family and specific therapeutic interventions/activities to enhance family roles, relationships, communication and functioning that promote the recovery of the individual. Specific goals/issues to be addressed through these services may include the restoration, development, enhancement or maintenance of:</p> <ol style="list-style-type: none"> <li>1) processing skills;</li> </ol>													



**FAMILY THERAPY:** systematic interactions between the identified individual, staff and the individual's identified family members, restoration, development, enhancement or maintenance of functioning of the identified individual/family unit, includes: Cognitive processing skills; Healthy coping mechanisms; Adaptive behaviors and skills; Interpersonal skills; Family roles and relationships; family's methods of intervention, interaction and mutual support the family can use to assist their family member therapeutic goals.

**FAMILY TRAINING:** development of methods of intervention, interaction and mutual support the family can use to assist their family member; symptom management; behavioral management; Adaptive behaviors and skills; Interpersonal skills, etc.



## Parent Child Interaction Therapy



Georgia Department of Behavioral Health & Developmental Disabilities

### **PROVIDER MANUAL**

FOR

### **COMMUNITY BEHAVIORAL HEALTH PROVIDERS**

FOR

**THE DEPARTMENT OF BEHAVIORAL HEALTH &  
DEVELOPMENTAL DISABILITIES**

**FISCAL YEAR 2016**

Effective Date: January 1, 2016 (Reposted: December 3, 2015)

This FY 2016 Provider Manual is designed as an addendum to your contract/agreement with DBHDC to provide structure for supporting and serving individuals residing in the state of Georgia.

# New Forest Parenting Programme (NFPP)

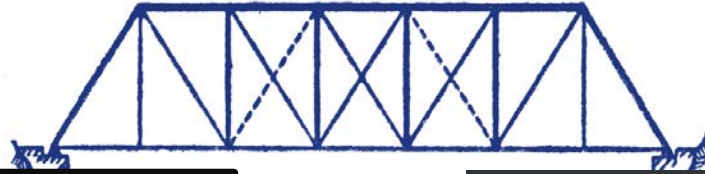
- Targets youth ages 3-11 with moderate to severe symptoms of ADHD
- Takes place in the family's home through eight weekly visits.
  - Each session lasts two hours and is either for the parent only (four sessions) or the parent and child together.
  - Single Practitioner Intervention
  - During these visits, parents learn strategies for managing their children's behavior and difficulties with attention.

# New Forest Parenting Programme (NFPP)

## WHAT HAPPENS DURING THE INTERVENTION?


- Parents learn about the nature of ADHD and how to manage their child's behavior through games that engage children's attention, encourage their patience and increase their concentration.
- The practitioner observes the parent and child playing the game together and provides feedback on the quality of their interaction.





EARLY INTERVENTION FOUNDATION

# New Forest Parenting Programme



Georgia Department of Behavioral Health & Developmental Disabilities

## PROVIDER MANUAL

FOR

### COMMUNITY BEHAVIORAL HEALTH PROVIDERS

FOR

#### THE DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES

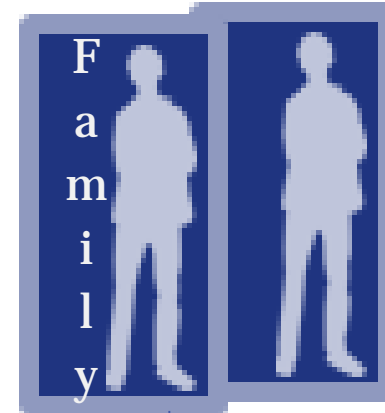
FISCAL YEAR 2016

Effective Date: January 1, 2016 (Reposted: December 3, 2015)

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# New Forest Parenting Programme



Family Outpatient Services: Family Training														
Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
	Practitioner Level 4, In-Clinic, w/ client present	H0014	HS	U4	U5		\$20.30	Practitioner Level 4, In-Clinic, w/ client present	H0014	HR	U4	U5		\$20.30

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Family Skills Training and Development	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
	Practitioner Level 5, In-Clinic, w/ client present	H0014	HS	U5	U6		\$15.13	Practitioner Level 5, In-Clinic, w/ client present	H0014	HR	U5	U6		\$15.13
	Practitioner Level 4, Out-of-Clinic, w/ client present	H0014	HS	U4	U7		\$24.36	Practitioner Level 4, Out-of-Clinic, w/ client present	H0014	HR	U4	U7		\$24.36
	Practitioner Level 5, Out-of-Clinic, w/ client present	H0014	HS	U5	U7		\$18.15	Practitioner Level 5, Out-of-Clinic, w/ client present	H0014	HR	U5	U7		\$18.15

Unit Value: 15 minutes

Utilization Criteria: TBD

A therapeutic interaction shown to be successful with identified family populations, diagnoses and service needs, provided by qualified staff. Services are directed toward achievement of specific goals defined by the individual youth and by the parent(s)/responsible caregiver(s) and specified in the Individualized Resiliency Plan (note: although interventions may involve the family, the focus or primary beneficiary of intervention must always be the individual).

Family training provides systematic interactions between the identified individual, staff and the individual's family members directed toward the restoration, development, enhancement or maintenance of functioning of the identified individual/family unit. This may include support of the family, as well as training and specific activities to enhance family roles, relationships, communication and functioning that promote the resiliency of the individual/family unit.

Service Definition: Specific goals/issues to be addressed through these services may include the restoration, development, enhancement or maintenance of:

- 1) illness and medication self-management knowledge and skills (e.g. symptom management, behavioral management, relapse prevention skills, knowledge of medications and side effects, and motivational/skill development in taking medication as prescribed/helping a family member to take medication as prescribed);
- 2) Problem solving and practicing functional support;
- 3) Healthy coping mechanisms;
- 4) Adaptive behaviors and skills;
- 5) Interpersonal skills;
- 6) Daily living skills;
- 7) Resource access and management skills; and
- 8) The family's understanding of mental illness and substance related disorders, the steps necessary to facilitate recovery/resiliency, and methods of intervention, interaction and mutual support the family can use to assist their family member.

Admission: 1. Individual must have an emotional disturbance and/or substance-related disorder diagnosis that is at least destabilizing (markedly interferes with the ability to carry out activities of daily living or places others in danger) or distressing (causes mental anguish or suffering); and  
2. Individual must be at a sufficient level of functioning to participate in the service.

Family Outpatient Services: Family Counseling														
Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
Family – BH counseling/therapy (w/ client present)	Practitioner Level 2, In-Clinic	H0004	HS	U2	U6		\$38.97	Practitioner Level 2, Out-of-Clinic	H0004	HS	U2	U7		\$46.76
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	Practitioner Level 4, In-Clinic	H0004	HS	U4	U6		\$20.30	Practitioner Level 4, Out-of-Clinic	H0004	HS	U4	U7		\$24.36
	Practitioner Level 5, In-Clinic	H0004	HS	U5	U6		\$15.13	Practitioner Level 5, Out-of-Clinic	H0004	HS	U5	U7		\$18.15
Family – BH counseling/therapy (with client present)	Practitioner Level 2, In-Clinic	H0004	HR	U2	U6		\$38.97	Practitioner Level 2, Out-of-Clinic	H0004	HR	U2	U7		\$46.76
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Family Psychotherapy w/ the patient present (appropriate license required)	Practitioner Level 2, In-Clinic	90846	U2	U6			\$38.97	Practitioner Level 2, Out-of-Clinic	90846	U2	U7		\$46.76	
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	Practitioner Level 3, In-Clinic	90847	U3	U6			\$30.01	Practitioner Level 3, Out-of-Clinic	90847	U3	U7		\$36.68	
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	Practitioner Level 5, In-Clinic	90847	U5	U6			\$15.13	Practitioner Level 5, Out-of-Clinic	90847	U5	U7		\$18.15	

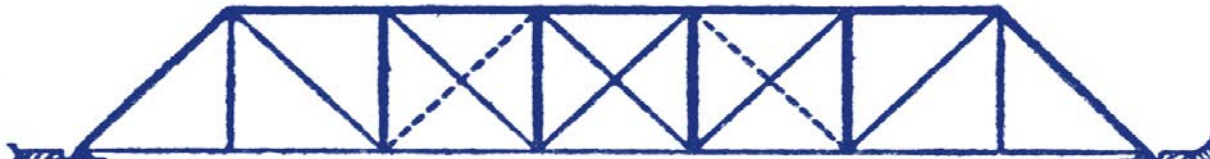
Unit Value: 15 minutes

Utilization Criteria: TBD

A therapeutic intervention or counseling service shown to be successful with identified family populations, diagnoses and service needs, provided by a qualified clinician or practitioner. Services are directed toward achievement of specific goals defined within the individual and targeted to the individual-identified family and specified in the Individualized Recovery Plan. The focus of family counseling is the family or subsystems within the family, e.g. the parental couple. The service is always provided for the benefit of the individual and may or may not include the individual's participation as indicated by the OPT code.

Service Definition: Family counseling provides systematic interactions between the identified individual, staff and the individual's identified family members directed toward the restoration, development, enhancement or maintenance of functioning of the identified individual/family unit. This includes support of the family and specific therapeutic interventions/activities to enhance family roles, relationships, communication and functioning that promote the recovery of the individual. Specific goals/issues to be addressed through these services may include the restoration, development, enhancement or maintenance of:

- 1) processing skills;



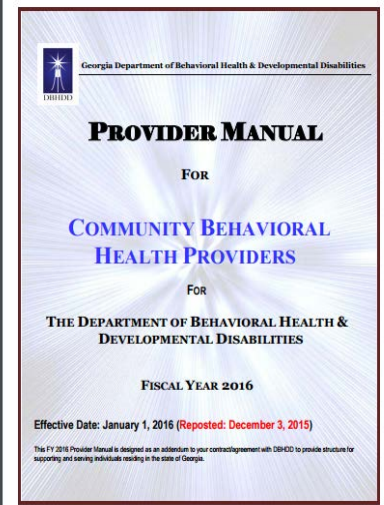
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**FAMILY TRAINING:** development of methods of intervention, interaction and mutual support the family can use to assist their family member; symptom management; behavioral management; Adaptive behaviors and skills; Interpersonal skills, etc.



EARLY INTERVENTION FOUNDATION

New Forest Parenting Programme



Georgia Department of Behavioral Health & Developmental Disabilities

**PROVIDER MANUAL**

FOR

**COMMUNITY BEHAVIORAL HEALTH PROVIDERS**

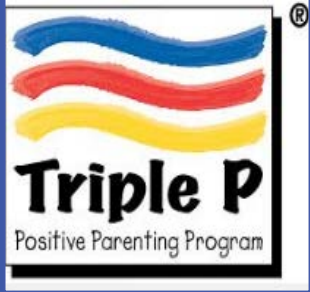
FOR

THE DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES

FISCAL YEAR 2016

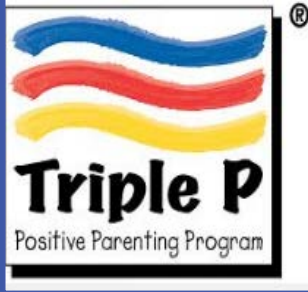
Effective Date: January 1, 2016 (Reposted: December 3, 2015)

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# Triple P: Positive Parenting Program

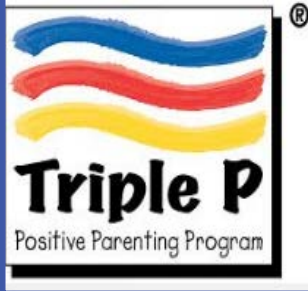
<b>Levels</b>	<b>Modality</b>
1	Public Health Approach
2	Direct Family Intervention
3	Direct Family Intervention
4	Direct Family Intervention
5	Direct Family Intervention



# Triple P: Positive Parenting Program

Levels	Modality
1	Public Health Approach
2	Direct Family Intervention
3	Direct Family Intervention
4	Direct Family Intervention
5	Direct Family Intervention

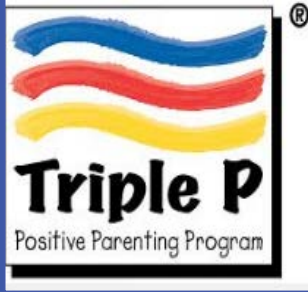
“Stay Positive”



# Triple P: Positive Parenting Program

Levels	Modality
1	Public Health Approach
2	Direct Family Intervention
3	Direct Family Intervention
4	Direct Family Intervention
5	Direct Family Intervention

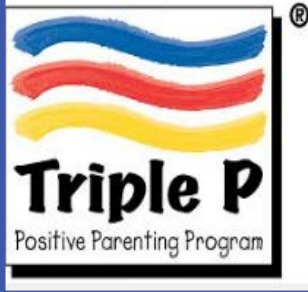
- "light touch" intervention
- provides one-time assistance to parents who are generally coping well but have 1-2 concerns with their child's behavior or development
- Seminar or brief consultation



# Triple P: Positive Parenting Program

Levels	Modality
1	Public Health Approach
2	Direct Family Intervention
3	Direct Family Intervention
4	Direct Family Intervention
5	Direct Family Intervention

- Targeted counseling for parents of a child with mild to moderate behavioral difficulties
- Deal with a specific problem behavior or issue
  - One-on-One Modality: Brief face-to-face or telephone intervention
  - Group Modality: Two-hour small group sessions, targeting a specific problem behavior or issue.

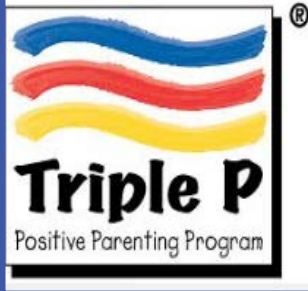


# Triple P: Positive Parenting Program

Levels	Modality
1	Public Health Approach
2	Direct Family Intervention
3	Direct Family Intervention
4	Direct Family Intervention
5	Direct Family Intervention

- For parents of children with more behavioral difficulties
- Promotes core positive parenting skills that can be adapted to a wide range of parenting situations.
- Variety of service delivery modalities:
  - **Group**– Groups of no more than 12 parents attend five sessions and supported with three phone counseling/catch-up sessions at home.
  - **Individual counseling**- Delivered over ten (1 hour) sessions.
  - **Online** – Eight-session web-based program that guides parents through Triple P's 17 core parenting skills
  - **Self-directed**– A ten week workbook self-help program, Parents who need additional support can receive weekly 15–30 minute telephone consultations.

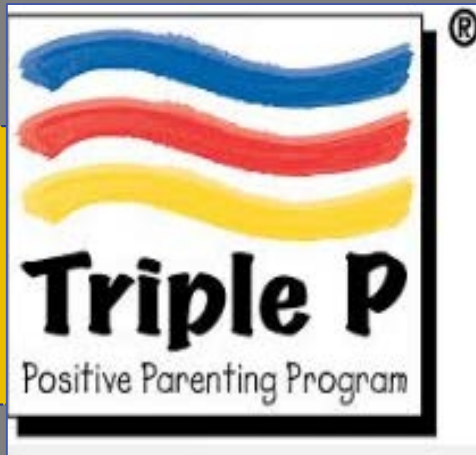
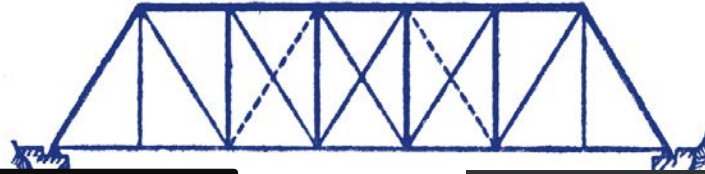




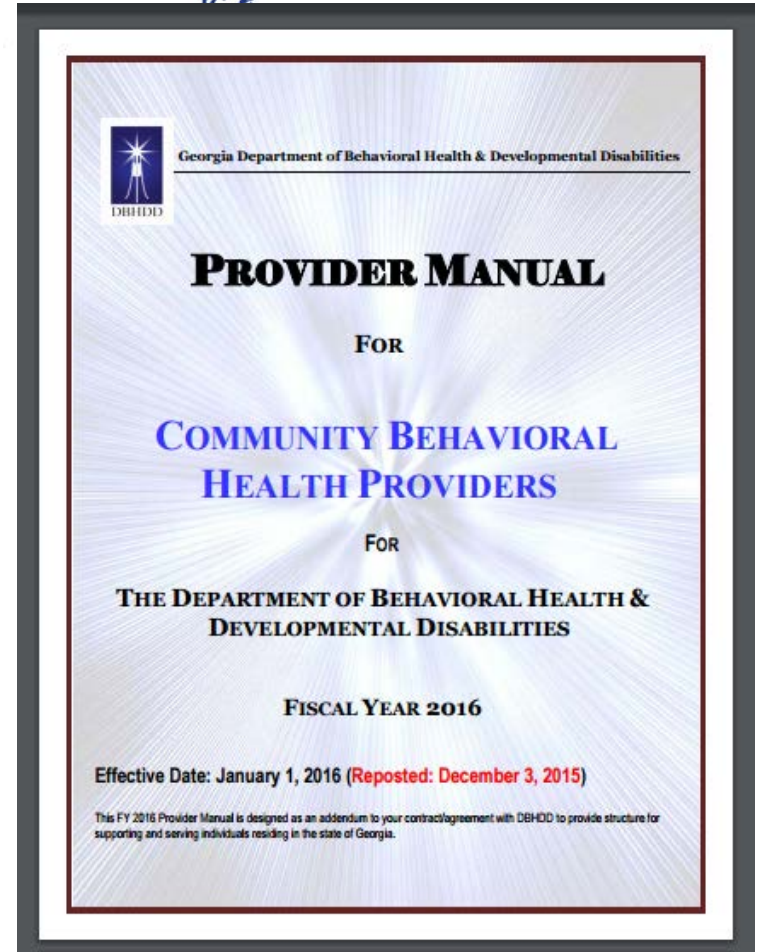
# Triple P: Positive Parenting Program

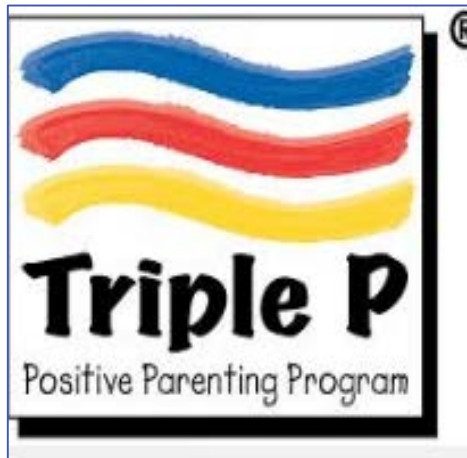
Levels	Modality
1	Public Health Approach
2	Direct Family Intervention
3	Direct Family Intervention
4	Direct Family Intervention
5	Direct Family Intervention

- Intensive support for families with complex concerns
- Modalities: Group/Individual
- Targets:
  - For parents whose family situation is complicated by problems such as partner conflict, stress or mental health issues; OR
  - For parents at risk of child maltreatment. Covers anger management and other behavioral strategies to improve a parent's ability to cope with raising children.



# Triple P: Positive Parenting Program





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Level 2-4?

Family Outpatient Services: Family Training														
Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
	Practitioner Level 4, In-Clinic, w/ client present	H2014	HS	UA	US		\$20.30	Practitioner Level 4, In-Clinic, w/ client present	H2014	HR	UA	US		\$20.30

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Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
	Practitioner Level 5, In-Clinic, w/ client present	H2014	HS	US	US		\$15.15	Practitioner Level 5, In-Clinic, w/ client present	H2014	HR	US	US		\$15.15
	Practitioner Level 4, Out-of-Clinic, w/ client present	H2014	HS	UA	U7		\$24.36	Practitioner Level 4, Out-of-Clinic, w/ client present	H2014	HR	UA	U7		\$24.36
	Practitioner Level 5, Out-of-Clinic, w/ client present	H2014	HS	US	U7		\$18.15	Practitioner Level 5, Out-of-Clinic, w/ client present	H2014	HR	US	U7		\$18.15

**Unit Value** 15 minutes **Utilization Criteria** TBD

A therapeutic interaction shown to be successful with identified family populations, diagnoses and service needs, provided by qualified staff. Services are directed toward achievement of specific goals defined by the individual youth and by the parent(s)/responsible caregiver(s) and specified in the Individualized Resiliency Plan (note: although interventions may involve the family, the focus or primary beneficiary of intervention must always be the individual).

Family training provides systematic interactions between the identified individual, staff and the individual's family members directed toward the restoration, development, enhancement or maintenance of functioning of the identified individual/family unit. This may include support of the family, as well as training and specific activities to enhance family roles, relationships, communication and functioning that promote the resiliency of the individual/family unit.

**Service Definition**

Specific goals/issues to be addressed through these services may include the restoration, development, enhancement or maintenance of:

- 1) illness and medication self-management knowledge and skills (e.g. symptom management, behavioral management, relapse prevention skills, knowledge of medications and side effects, and motivational/skill development in taking medication as prescribed/helping a family member to take medication as prescribed);
- 2) Problem solving and practicing functional support;
- 3) Healthy coping mechanisms;
- 4) Adaptive behaviors and skills;
- 5) Interpersonal skills;
- 6) Daily living skills;
- 7) Resource access and management skills; and
- 8) The family's understanding of mental illness and substance related disorders, the steps necessary to facilitate recovery/resiliency, and methods of intervention, interaction and mutual support the family can use to assist their family member.

**Admission Criteria**

1. Individual must have an emotional disturbance and/or substance-related disorder diagnosis that is at least destabilizing (markedly interferes with the ability to carry out activities of daily living or places others in danger) or distressing (causes mental anguish or suffering); and
2. Individual's level of functioning does not preclude the provision of services in an outpatient setting.

Family Outpatient Services: Family Counseling															
Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	
	Practitioner Level 2, In-Clinic	H2004	HS	U2	US		\$38.07	Practitioner Level 2, Out-of-Clinic	H2004	HS	U2	U7		\$46.76	
	Practitioner Level 3, In-Clinic	H2004	HS	U3	US		\$30.01	Practitioner Level 3, Out-of-Clinic	H2004	HS	U3	U7		\$36.68	
	Practitioner Level 4, In-Clinic	H2004	HS	U4	US		\$20.30	Practitioner Level 4, Out-of-Clinic	H2004	HS	U4	U7		\$24.36	
	Practitioner Level 5, In-Clinic	H2004	HS	U5	US		\$15.13	Practitioner Level 5, Out-of-Clinic	H2004	HS	U5	U7		\$18.15	
	Practitioner Level 2, In-Clinic	H2004	HR	U2	US		\$38.07	Practitioner Level 2, Out-of-Clinic	H2004	HR	U2	U7		\$46.76	
	Practitioner Level 3, In-Clinic	H2004	HR	U3	US		\$30.01	Practitioner Level 3, Out-of-Clinic	H2004	HR	U3	U7		\$36.68	
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	Practitioner Level 5, In-Clinic	H2004	HR	U5	US		\$15.13	Practitioner Level 5, Out-of-Clinic	H2004	HR	U5	U7		\$18.15	
	Practitioner Level 2, In-Clinic	92846	U2	U6			\$38.07	Practitioner Level 2, Out-of-Clinic	92846	U2	U7		\$46.76		
	Practitioner Level 3, In-Clinic	92846	U3	U6			\$30.01	Practitioner Level 3, Out-of-Clinic	92846	U3	U7		\$36.68		
	Practitioner Level 4, In-Clinic	92846	U4	U6			\$20.30	Practitioner Level 4, Out-of-Clinic	92846	U4	U7		\$24.36		
	Practitioner Level 5, In-Clinic	92846	U5	U6			\$15.13	Practitioner Level 5, Out-of-Clinic	92846	U5	U7		\$18.15		
	Practitioner Level 2, In-Clinic	92847	U2	U6			\$38.07	Practitioner Level 2, Out-of-Clinic	92847	U2	U7		\$46.76		
	Practitioner Level 3, In-Clinic	92847	U3	U6			\$30.01	Practitioner Level 3, Out-of-Clinic	92847	U3	U7		\$36.68		
	Practitioner Level 4, In-Clinic	92847	U4	U6			\$20.30	Practitioner Level 4, Out-of-Clinic	92847	U4	U7		\$24.36		
	Practitioner Level 5, In-Clinic	92847	U5	U6			\$15.13	Practitioner Level 5, Out-of-Clinic	92847	U5	U7		\$18.15		

**Unit Value** 15 minutes **Utilization Criteria** TBD

A therapeutic intervention or counseling service shown to be successful with identified family populations, diagnoses and service needs, provided by a qualified clinician or practitioner. Services are directed toward achievement of specific goals defined by the individual and targeted to the individual identified family and specified in the Individualized Resiliency Plan. The focus of family counseling is the family or subsystems within the family, e.g. the parent/couple. The service is always provided for the benefit of the individual and may or may not include the individual's participation as indicated by the CPT code.

**Service Definition**

Family counseling provides systematic interactions between the identified individual, staff and the individual's identified family members directed toward the restoration, development, enhancement or maintenance of functioning of the identified individual/family unit. This includes support of the family and specific therapeutic interventions/activities to enhance family roles, relationships, communication and functioning that promote the recovery of the individual. Specific goals/issues to be addressed through these services may include the restoration, development, enhancement or maintenance of:

- 1) processing skills;

Group Outpatient Services: Group Training														
Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
	Practitioner Level 4, In-Clinic	H2014	HQ	UA	US		\$4.43	Practitioner Level 4, Out-of-Clinic, w/ client present	H2014	HQ	UA	U7		\$5.4
	Practitioner Level 5, In-Clinic	H2014	HQ	US	US		\$3.30	Practitioner Level 5, Out-of-Clinic, w/ client present	H2014	HQ	US	U7		\$4.0
	Practitioner Level 4, Out-of-Clinic	H2014	HQ	UA	U7		\$5.41	Practitioner Level 4, In-Clinic, w/ client present	H2014	HQ	US	US		\$4.43
	Practitioner Level 5, Out-of-Clinic	H2014	HQ	US	U7		\$4.03	Practitioner Level 5, In-Clinic, w/ client present	H2014	HQ	HS	US	US	\$3.30
	Practitioner Level 4, In-Clinic, w/ client present	H2014	HQ	HR	UA	US	\$4.43	Practitioner Level 4, Out-of-Clinic, w/ client present	H2014	HQ	HS	UA	U7	\$5.4
	Practitioner Level 5, In-Clinic, w/ client present	H2014	HQ	HR	US	US	\$3.30	Practitioner Level 5, Out-of-Clinic, w/ client present	H2014	HQ	HS	US	U7	\$4.0

**Unit Value** 15 minutes **Utilization Criteria** TBD

A therapeutic interaction shown to be successful with identified populations, diagnoses and service needs. Services are directed toward achievement of specific goals defined by the youth and by the parent(s)/responsible caregiver(s) and specified in the Individualized Resiliency Plan. Services may address goals/issues such as promoting resiliency, and the restoration, development, enhancement or maintenance of:

- 1) illness and medication self-management knowledge and skills (e.g. symptom management, behavioral management, relapse prevention skills, knowledge of medications and side effects, and motivational/skill development in taking medication as prescribed);
- 2) Problem solving skills;
- 3) Healthy coping mechanisms;
- 4) Adaptive skills;
- 5) Interpersonal skills;
- 6) Daily living skills;
- 7) Resource management skills;
- 8) Knowledge regarding emotional disturbance, substance related disorders and other relevant topics that assist in meeting the youth's and family's needs, and skills necessary to access and build community resources and natural support systems.

**Admission Criteria**

1. Youth must have an emotional disturbance/substance-related disorder diagnosis that is at least destabilizing (markedly interferes with the ability to carry out activities of daily living or places others in danger) or distressing (causes mental anguish or suffering); and
2. The youth's level of functioning does not preclude the provision of services in an outpatient setting.

**Continuing Stay Criteria**

1. Youth continues to meet admission criteria; and
2. Youth demonstrates documented progress relative to goals identified in the Individualized Resiliency Plan, but goals have not yet been achieved.

# Trends

## **COMMON ELEMENTS?**

## Participant Interaction 2

**BASED ON THIS  
INFORMATION, WHAT ARE 3  
CHANGES THAT YOU  
PROPOSE TO MAKE IN YOUR  
UNIQUE SETTING?**

# Participant Interaction 2

**SHARE**



## Participant Interaction 3

**WHAT ARE TWO WAYS TO  
GET BUY-IN FROM YOUR  
AGENCY LEADERSHIP ON  
ACCOMPLISHING YOUR  
NAMED GOALS?**

# Participant Interaction 3

**SHARE**





# Next Steps

- **Consideration Of Alternative ADHD Strategies (UR Analysis, PBM Controls, Etc.)**
- **Statewide Practitioner Survey**
- **CEU Webinars**
- **Provider/Practitioner Registry**

# Resources and References

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