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



GEORGIA DEPARTMENT OF COMMUNITY HEALTH



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

WORKSHOP

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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

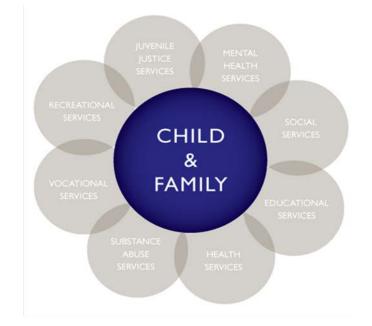
Conversion Andrew Vision Sciences Automatic Sciences

Georgia Health Policy Center

- 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

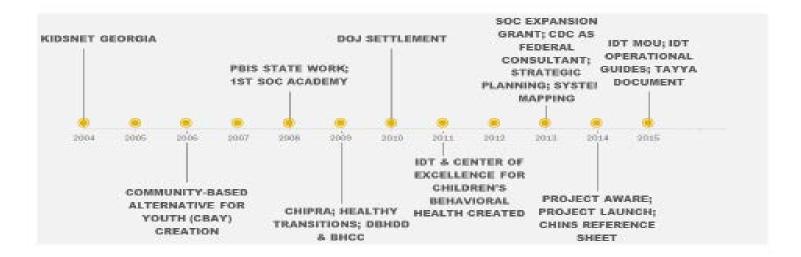
Georgia Interagency Directors Team (IDT): *Reflecting a System of Care*

"A spectrum of effective, communitybased 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."¹



¹Stroul, 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.

IDT TIMELINE (2004-2015)



Georgia Department of Behavioral Health and Developmental Disabilities

fth Policy Center

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

Gregos State Annaew Young School

 Dissemination of annual report and informational materials related to strategic Georgia System of Care topics and collaborative work.

Georgia Department of Behavioral Health and Developmental Disabilities

Georgia Health Policy

Collective Impact

There are Five Conditions for Collective Success

Common Agenda	 A shared vision for change. One that includes a common understanding of the problem and a joint approach to solving it based on agreed upon actions 	
Shared Measurement	 Collecting data and measuring results consistently not only ensures that all efforts remain aligned, it also enables participants to hold each other accountable 	
Mutually Reinforcing Activities	 Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action 	
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives and appreciate common motivation	
Backbone Organizations	 Creating and managing collective impact requires a separate organization with staff and a specific set of skills to serve as the backbone for the entire initiative and to coordinate participating organizations 	

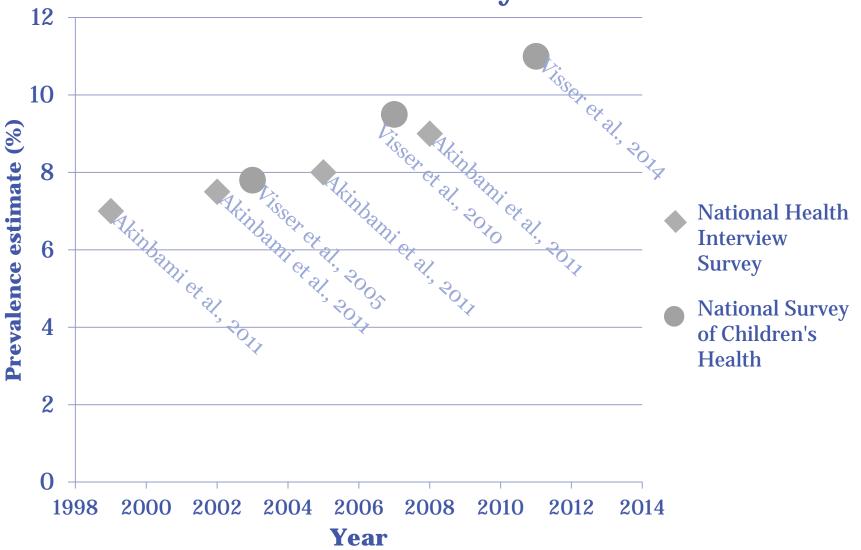
Collective Impact and the IDT There are Five Conditions for Collective Success

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	 Juvenille 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
 - o 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 diagosis
- 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

Age in years 17 Current ADHD 16 diagnosis and 15 taking medication 14 13 12 Current ADHD 11 diagnosis but not taking medication 10 9 8 Ever had ADHD 7 diagnosis but not 6 current ADHD 5 25% 20% 15% 10% 5% 0% 0% 5% 10% 15% 20% 25% **Boys** Girls

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

2011-2012

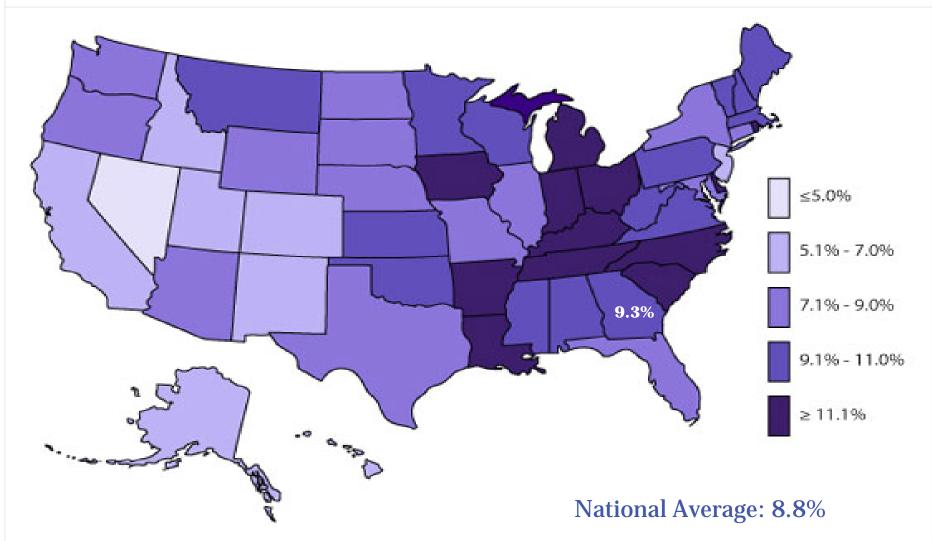
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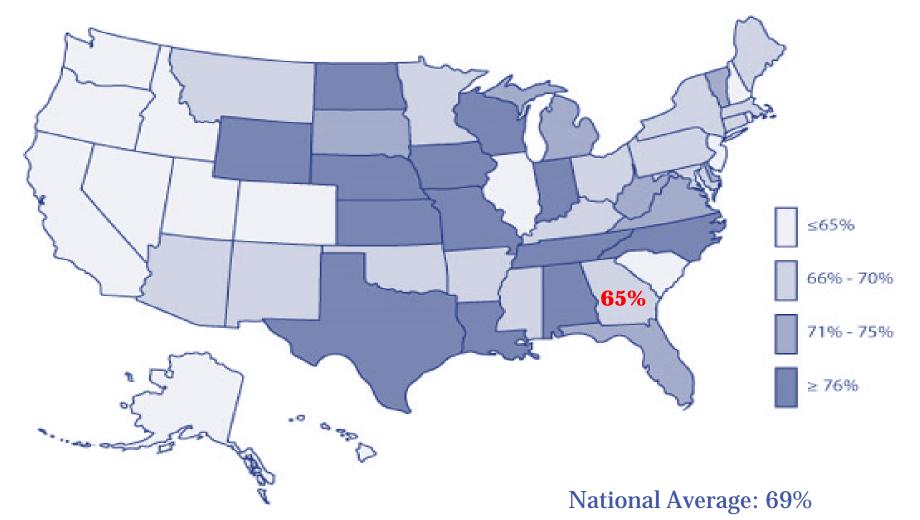


WHAT DO WE KNOW ABOUT ADHD DIAGNOSIS AND TREATMENT IN GEORGIA?

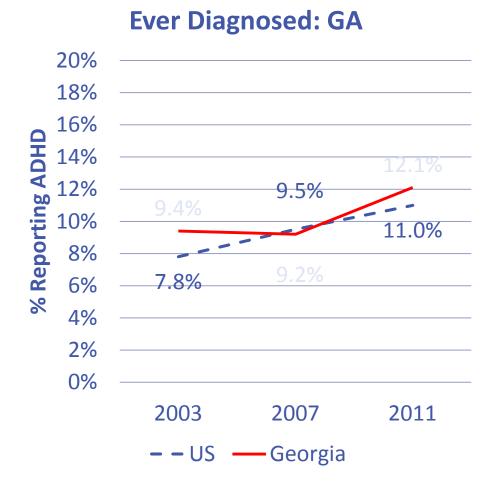
Current ADHD Diagnosis: United States, 2011-12



Current ADHD Medication Treatment: United States, 2011-12



Diagnosed and Medicated ADHD in GA



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

Among all US states, GA ranked 25th highest.

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



IDT COLLABORATION

GA MEDICAID DATA ANALYSES



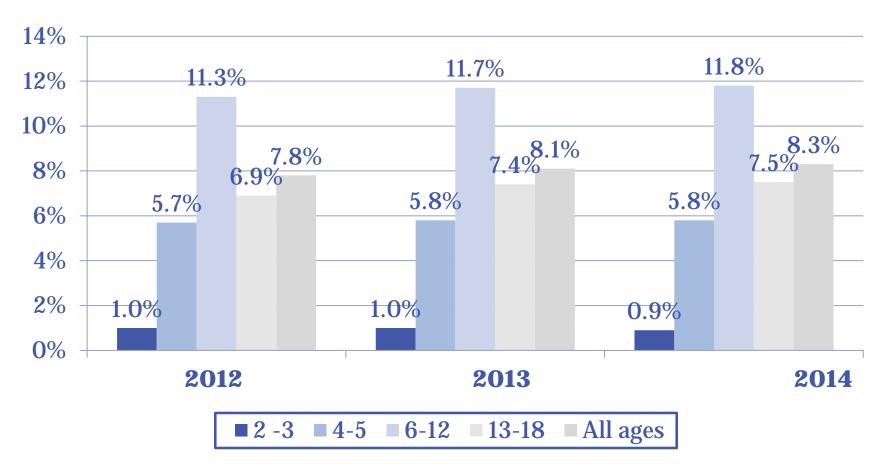
- Medically managed ADHD (2012-2014)
 - # of GA children (2-18 years) enrolled in Medicaid with >= 1 ADHD Dx codes by year
 - o % of children in Medicaid who had medically managed ADHD by year
- Medicated ADHD (2012-2014)
 - # of GA children (2-18 years) enrolled in Medicaid with >= 1 ADHD Dx code and >= 1 ADHD medication claim, using National Drug Codes for medications FDA-approved for pediatric ADHD treatment*
 - $\circ~\%$ 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
 - $\circ~\%$ 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

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

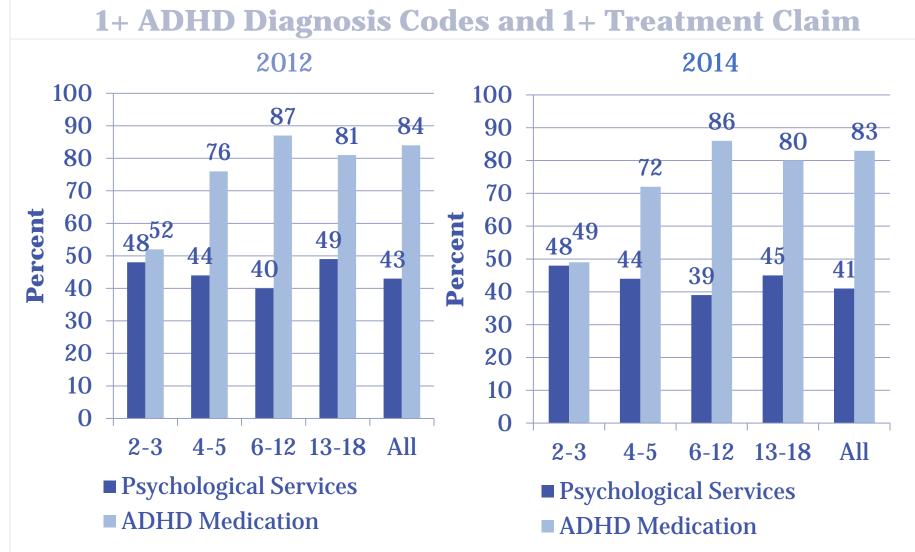
% of GA Children in Medicaid with 1+ ADHD Diagnosis Codes, by age: 2012 - 2014



GA Medicaid Files ADHD ICD Codes: 314.XX

ADHD Treatment Rates among GA Children in Medicaid

with



Unpublished data; released in collaboration with Georgia Inter-Agency Directors Team

Data Source: GA Medicaid Files

ADHD Treatment among GA Toddlers

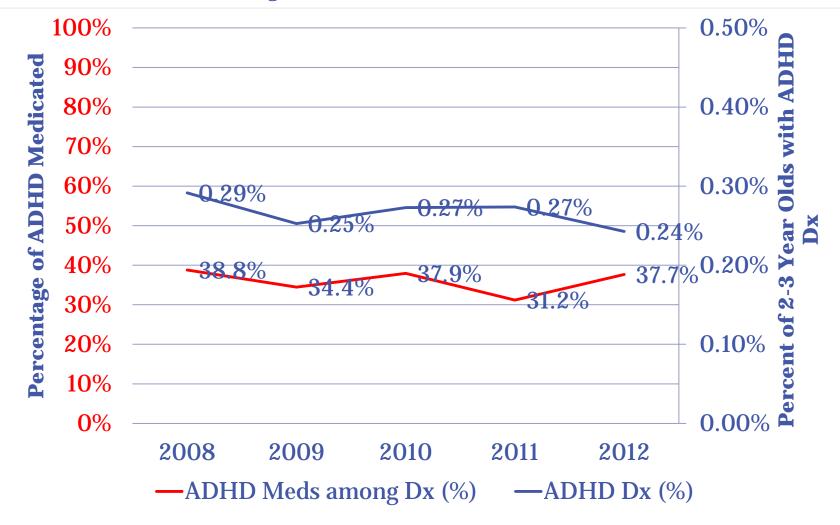
THERE ARE NO CURRENT GUIDELINES THAT GUIDE THE DIAGNOSIS AND TREATMENT OF ADHD AMONG CHILDREN UNDER 4 YEARS OF AGE

- 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





Use recommended treatment first

Attention-deficit/hyperactivity disorder (ADHD) is a biological disorder that causes hyperactivity, impulsiveness, and attention problems. Parents do not cause ADHD, but parents can play a key role in treatment. Behavior therapy is an effective treatment that improves ADHD symptoms without the side effects of medicine. It is an important first step for young children with ADHD and most effective when delivered by parents. With the support of healthcare providers and therapists, parents can learn specific ways to improve their child's behavior and keep their relationships strong. Clinical guidelines for ADHD treatment recommend that healthcare providers first refer parents of young children for training in behavior therapy before prescribing ADHD medicine. However, more young children are taking medicine for ADHD than receiving psychological services, which may include behavior therapy. Most families will benefit from behavior therapy and there are instances where medicine may be appropriate. Healthcare providers and families can work together to make sure children with ADHD are receiving the most appropriate treatment.

Healthcare providers can:

- · Follow the clinical guidelines for diagnosis and treatment of ADHD in young children. http://bit.ly/InCUenn. http://bit.ly/IUYug28
- · Discuss with parents the benefits of behavior therapy and why they should consider getting training.
- · Identify parent training providers in their area and refer parents of young children with ADHD for training in behavior therapy before prescribing medicine.

10

No of 0







Positive Communication

MAY 2016

15% *Psychological services may include behavior therapy training for parents.



Positive Reinforcement

*Clinical practice guidelines for primary care: http://bitle/Irf0Jang Clinical practice guidelines for child psychiatry: http://bitle/II/lag28 **In areas where behavioral treatments proven to work are not available, the healthcare provider should weigh the risks of starting medic early age against the harm of delaying diagnosis and treatment, as recommended in the American Academy of Pediatrics practice guide

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ced stress.

Structure and Discipline

their young child with ADHD.

 Learn and use these strategies to support their young child with ADHD.

http://ww.cdc.gov/vitalsigns/adhd/



Centers for Disease **Control and Prevention** National Center on Birth Defects and Developmental Disabilities

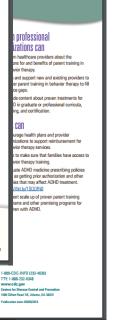


Table A. KQ1: Effectiveness of interventions for ADHD and DBD in children younger than 6 years of age

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.
Medication (MPH Only)	SOE: Low SMD: -0.83 (95% CI, -1.21 to -0.44)	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.

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. AHRQ, 2011

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.



The therapist meets regularly with the family to monitor progress and provide support.



Between sessions, parents practice using the skills they've learned from the therapist.

#VitalSigns

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

CDC

What parents learn when trained in behavior therapyImage: Structure and DisciplineImage: 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



Vitalsigns™ 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

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.
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and School or Daycare- Based Interventions		Where there is no socioeconomic burden, multicomponent interventions work as well as a structured parent education program in several domains.
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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

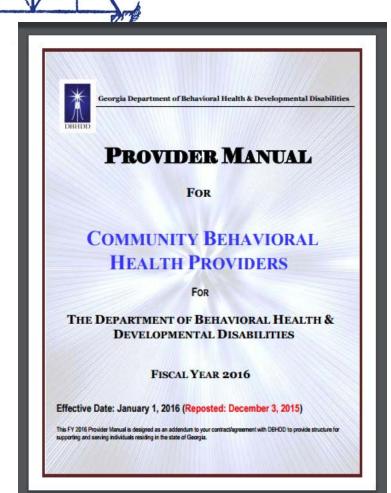
Incredible Years Parenting Program

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

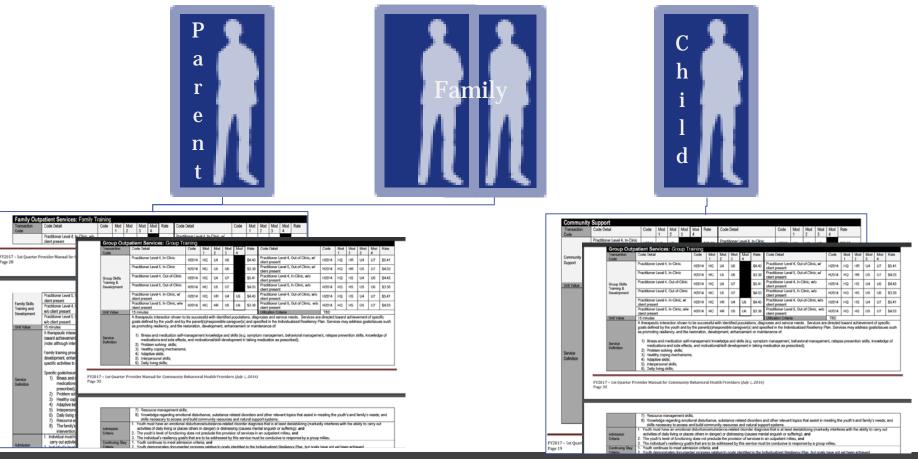
- how to play with children,
- social, emotional, academic and persistence skills coaching,
- effective praise and use of incentives,
- establishing predictable routines and rules and promoting responsibility,
- effective limit-setting,
- strategies to manage behavior,
- teaching children to problem 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.



Incredible Years Parenting Program







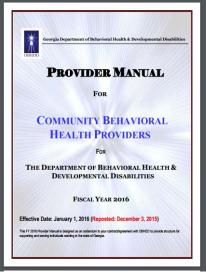
COMMUNITY SUPPORTS: Skills Development; Skills Acquisition for Managing Behavior; Skills/Strategies for personal development, school performance, work performance, and functioning; Enhancing social and coping skills; etc.

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.



Incredible Years Parenting Program



Parent Child Interaction Therapy

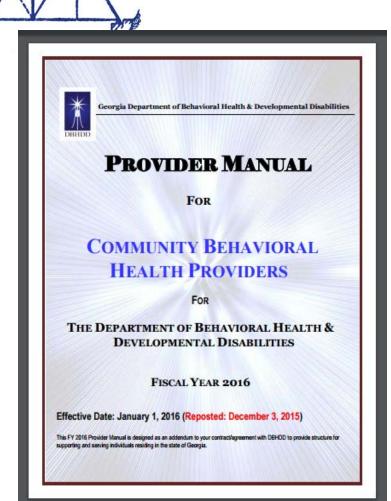
- An evidence-based treatment for young children with emotional and behavioral disorders
- Places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.

Parent Child Interaction Therapy

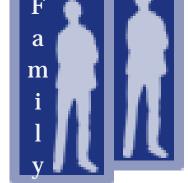
APPROACH:

- 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-theear" 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







Transaction Code	Code Detail	Code	Mod	Mod	Mod	Mod	Rate	Code Detail	Code	Mod	Mod	Mod	Mod	R
		0000	1	2	3	4	1.00	Code Detail	0000	1	2	3	4	1"
	Practitioner Level 4, In-Clinic, w/o client present	H2014	HS	U4	U6		\$20.30	Practitioner Level 4, In-Clinic, w/ client present	H2014	HR	U4	U6		\$
- Ist Quarter (Provider Manual for Community I		arrea		inder 5	0.00	.2010)		_	_	_	_	_	
Family Skills	Practitioner Level 5, In-Clinic, w/o client present	H2014	HS	U5	U6		\$15.13	Practitioner Level 5, In-Clinic, w/ client present	H2014	HR	US	U6		\$
Family Skills Training and Development	Practitioner Level 4, Out-of-Clinic, w/o client present	H2014	нs	U4	U7		\$24.36	Practitioner Level 4, Out-of-Clinic, w/ client present	H2014	HR	U4	U7		\$
	Practitioner Level 5, Out-of-Clinic, w/o client present	H2014	HS	U5	U7		\$18.15	Practitioner Level 5, Out-of-Clinic, w/ client present	H2014	HR	US	U7		\$
Unit Value	15 minutes							Utilization Criteria diagnoses and service needs, provi	TBD				_	_
Service Definition	(note: although interventions may Family training provides systemat development, enhancement or m specific activities to enhance fami Specific goals/issues to be addree 1) illness and medication sei	involve th ic interact intenanci ly roles; n ised throu if-manage cts, and n ticing func ms; kills; nagemeni	te famili tions be e of fun elations ugh the iment k notivati ctional : t skills;	y, the fo tween the ctioning thips, co se servic nowledg onal/skill support; and	cus or p he ident of the i mmunit ces may pe and s I develo	primary tified in identifie cation a y includ skills (e spment	r beneficia dividual, a di individ, and functi le the rest .g. sympt in taking	rem(ty/responsible caregiver(s) and rem(ty/responsible caregiver(s) and runst always be the tataf and the individual's tamby ment addramly unt. The may include sup oning that promote the realisency of to conston, development, exhancement on management, behavioral manage medication as prescribed/helping a f area. The steos necessary to facilitate	e individua port of the he individu or mainte pment, reli amily men	if). I family, Jalifam nance apse pi nber to	ard the , as we ily unit. of: reventic take m	restoral I as trai on skills edicatic	tion, ining ar , knowl n as	nd

Eamily Outpat	ient Services: Family (Courses	ina											
Transaction Code	Code Detail	Code	Mod	Mod	Mod	Mod	Rate	Code Detail	Code	Mod	Mod	Mod	Mod	Rate
			1	2	3	4				1	2	3	4	
5	Practitioner Level 2. In-Clinic	H0004	HS	U2	U6		\$38.97	Practitioner Level 2, Out-of-Clinic	H0004	HS	U2	U7		\$46.
Family – BH	Practitioner Level 3, In-Clinic	H0004	HS	U3	U6		\$30.01	Practitioner Level 3, Out-of-Clinic	H0004	HS	U3	U7		\$36.
counseling/ therapy (w/o client present)	Practitioner Level 4. In-Clinic	H0004	HS	U4	U6		\$20.30	Practitioner Level 4, Out-of-Clinic	H0004	HS	U4	U7		\$24
(w/o client present)	Practitioner Level 5, In-Clinic	H0004	HS	U5	U6		\$15.13	Practitioner Level 5, Out-of-Clinic	H0004	HS	U5	U7		\$18
Family - BH	Practitioner Level 2, In-Clinic	H0004	HR	U2	U6		\$38.97	Practitioner Level 2, Out-of-Clinic	H0004	HR	U2	U7		\$46.
counseling/ therapy	Practitioner Level 3, In-Clinic	H0004	HR	U3	U6		\$30.01	Practitioner Level 3, Out-of-Clinic	H0004	HR	U3	U7		\$36.
(with client present)	Practitioner Level 4, In-Clinic	H0004	HR	U4	U6		\$20.30	Practitioner Level 4, Out-of-Clinic	H0004	HR	U4	U7		\$24
(with client hiesend)	Practitioner Level 5, In-Clinic	H0004	HR	U5	U6		\$15.13	Practitioner Level 5, Out-of-Clinic	H0004	HR	U5	U7		\$18.
Family Psycho-	Practitioner Level 2, In-Clinic	90846	U2	U6			\$38.97	Practitioner Level 2, Out-of-Clinic	90846	U2	U7			\$46.
therapy w/o the	Practitioner Level 3, In-Clinic	90846	U3	U6			\$30.01	Practitioner Level 3, Out-of-Clinic	90846	U3	U7			\$36
patient present	Practitioner Level 4, In-Clinic	90846	U4	U6			\$20.30	Practitioner Level 4, Out-of-Clinic	90846	U4	U7			\$24
(appropriate license required)	Practitioner Level 5, In-Clinic	90846	U5	U6			\$15.13	Practitioner Level 5, Out-of-Clinic	90846	U5	U7			\$18
Conjoint	Practitioner Level 2, In-Clinic	90847	U2	U6			\$38.97	Practitioner Level 2, Out-of-Clinic	90847	U2	U7			\$46.
Family Psycho-	Practitioner Level 3. In-Clinic	90847	U3	U6			\$30.01	Practitioner Level 3, Out-of-Clinic	90847	U3	U7			\$36.
therapy w/ the	Practitioner Level 4, In-Clinic	90847	U4	U6			\$20.30	Practitioner Level 4, Out-of-Clinic	90847	U4	U7			\$24
patient present a portion or the entire session (appropriate license required)	Practitioner Level 5, In-Clinic	90847	U5	U6			\$15.13	Practitioner Level 5, Out-of-Clinic	90847	U5	U7			\$18
Unit Value	15 minutes		-			_		Utilization Criteria	TBD	-		_		
Service Definition	clinician or practitioner. Serv specified in the Individualized always provided for the bene Family counseling provides s restoration, development, en therapeutic interventions/acti	ices are o I Recover fit of the in ystematic hancement vities to e	firected y Plan. ndividua interac nt or ma nhance	toward a The foo al and ma tions bell intenance family ro	achieven cus of fa ay or ma tween th ce of fun oles, rela	nent of s mily cou ry not in e identif ctioning stionship	specific goo inseling is clude the in clude the individ of the iden is, commu	tified family populations, diagnoses als defined with/by the individual an the family or subsystems within the ndividual's participation as indicated ual, staff and the individual's identifi- tified individual/family unit. This inc inciation and functioning that promot overlopment, or main	d targeted family, e.i by the C ed family fudes sup e the reco	to the g. the p PT code member sport of overy of	individi arental e. rs direi the far	couple couple	tified fa The si and the specifi	mily a ervice e ic

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 <page-header><text><section-header><text><text><text><text><text><text><text><text>

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)

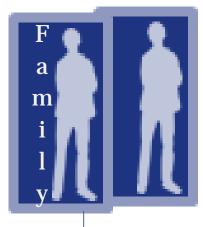
WHAT HAPPENS DURING THE INTERVENTION?

- 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.





New Forest Parenting Programme





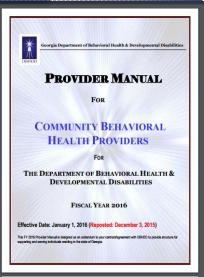
Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
	Practitioner Level 4, In-Clinic, w/o client present	H2014	HS	U4	U6		\$20.30	Practitioner Level 4, In-Clinic, w/ client present	H2014	HR	U4	U6		\$20.3
7 – 1st Quarter 8	Provider Manual for Community I	Behavior	al Hea	lth Prov	viders	(July 1,	. 2016)			_	_	_	_	_
Family Skills	Practitioner Level 5, In-Clinic, w/o client present	H2014	HS	U5	U6		\$15.13	Practitioner Level 5, In-Clinic, w/ client present	H2014	HR	US	US		\$15.1
Family Skills Training and Development	Practitioner Level 4, Out-of-Clinic, w/o client present	H2014	HS	U4	U7		\$24.36	Practitioner Level 4, Out-of-Clinic, w/ client present	H2014	HR	U4	U7		\$24.3
Unit Value	Practitioner Level 5, Out-of-Clinic, w/o client present	H2014	HS	U5	U7		\$18.15	Practitioner Level 5, Out-of-Clinic, w/ client present Utilization Criteria	H2014	HR	US	U7		\$18.
		involve th	e famil					ry of intervention must always be the						
Service Definition	Family training provides systemat development, enhancement or m specific activities to enhance family specific activities to enhance family medications and medications and medications and side effe prescribed); 2) Problem solving and prac medications and side effe prescribed); 3) Healty coging mechanis; 4) Adaptive behaviors and si 5) Interpresental skills; 7) Resource access and me	intenance ly roles; in ised throu if-manage cts, and in ticing func- ms; kills; nagement	e of fun slations ugh ther ment k notivati ctional :	ctioning hips, co se servic nowledg onal/skill support; and	of the i mmunii ces may je and t I develo	identifie cation a y includ skills (e spment	d individi, ind functi g. sympt in taking	taff and the individual's tamily ment alifamily unit. This may include say uning that promote the realiency of 8 oration, development, enhancement on management, behavioral manage medication as prescribed/hejoing a 5 arrs, the steos necessary to facilitate	port of the he individ or mainte ment, rel amily mer	family, Jal/fami nance (apse pr nber to	, as we iy unit. of: eventic take m	II as trai on skills edicatic	ining an , knowle n as	

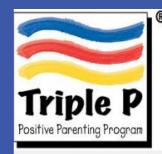
Transaction Code	Code Detail	Code	Mod	Mod	Mod	Mod	Rate	Code Detail	Code	Mod	Mod	Mod	Mod	Rate
			1	2	3	4				1	2	3	4	
Family – BH	Practitioner Level 2, In-Clinic	H0004	HS	U2	U6		\$38.97	Practitioner Level 2, Out-of-Clinic	H0004	HS	U2	U7		\$46.7
counseling/ therapy	Practitioner Level 3, In-Clinic	H0004	HS	U3	U6		\$30.01	Practitioner Level 3, Out-of-Clinic	H0004	HS	U3	U7		\$36.6
(w/o client present)	Practitioner Level 4, In-Clinic	H0004	HS	U4	U6		\$20.30	Practitioner Level 4, Out-of-Clinic	H0004	HS	U4	U7		\$24.3
(and even becomend	Practitioner Level 5, In-Clinic	H0004	HS	U5	U6		\$15.13	Practitioner Level 5, Out-of-Clinic	H0004	HS	U5	U7		\$18.1
Family – BH	Practitioner Level 2, In-Clinic	H0004	HR	U2	U6		\$38.97	Practitioner Level 2, Out-of-Clinic	H0004	HR	U2	U7		\$46.7
counseling/ therapy	Practitioner Level 3, In-Clinic	H0004	HR	U3	U6		\$30.01	Practitioner Level 3, Out-of-Clinic	H0004	HR	U3	U7		\$36.6
(with client present)	Practitioner Level 4, In-Clinic	H0004	HR	U4	U6		\$20.30	Practitioner Level 4, Out-of-Clinic	H0004	HR	U4	U7		\$24.3
	Practitioner Level 5, In-Clinic	H0004	HR	U5	U6		\$15.13	Practitioner Level 5, Out-of-Clinic	H0004	HR	U5	U7		\$18.
Family Psycho-	Practitioner Level 2, In-Clinic	90846	U2	U6			\$38.97	Practitioner Level 2, Out-of-Clinic	90846	U2	U7			\$46.3
therapy w/o the	Practitioner Level 3, In-Clinic	90846	U3	U6			\$30.01	Practitioner Level 3, Out-of-Clinic	90846	U3	U7			\$36.6
patient present	Practitioner Level 4, In-Clinic	90846	U4	U6			\$20.30	Practitioner Level 4, Out-of-Clinic	90846	U4	U7			\$24.3
(appropriate license required)	Practitioner Level 5, In-Clinic	90846	U5	U6			\$15.13	Practitioner Level 5, Out-of-Clinic	90846	U5	U7			\$18.
Conjoint	Practitioner Level 2, In-Clinic	90847	U2	U6			\$38.97	Practitioner Level 2, Out-of-Clinic	90847	U2	U7			\$46.
amily Psycho-	Practitioner Level 3, In-Clinic	90847	U3	U6			\$30.01	Practitioner Level 3, Out-of-Clinic	90847	U3	U7	1		\$36.6
therapy w/ the	Practitioner Level 4, In-Clinic	90847	U4	U6			\$20.30	Practitioner Level 4, Out-of-Clinic	90847	U4	U7			\$24.3
patient present a portion or the entire session (appropriate license required)	Practitioner Level 5, In-Clinic	90847	U5	U6			\$15.13	Practitioner Level 5, Out-of-Clinic	90847	U5	U7			\$18.1
Unit Value	15 minutes					_		Utilization Criteria	TBD	-				
Service Definition	clinician or practitioner. Serv specified in the Individualized always provided for the bene Family counseling provides a restoration, development, en therapeutic interventions/acti	ices are o I Recover fit of the in ystematic hancement vities to e	firected y Plan. ndividua interaci nt or mai nhance	toward a The foo I and ma fions bet intenanc family ro	achieven cus of far ay or ma tween th ce of fun oles, rela	ent of s nily cou y not in tioning tionship	specific gos inseling is clude the in lied individ of the ider is, commu	tified family populations, diagnoses als defined with/by the individual an the family or subsystems within the ndividual's participation as indicated ual, staff and the individual's identifi tified individual/tamily unit. This into inciation and functioning that promot development, enhancement or main	d targeted family, e.i I by the C ed family cludes sup cludes sup to the reco	to the g. the p PT code member sport of overy of	individi arental e. rs direi the far	couple couple sted tow	tified fa The si and the specifi	imily a ervice e ic

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.

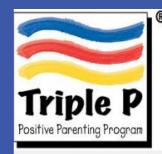
FAMILY TRAINING: development of methods of intervention, interaction and mutual support the family can use to assist their family member; symptom management; behavioral management; Adaptive behaviors and skills; Interpersonal skills, etc.

New Forest Parenting Programme

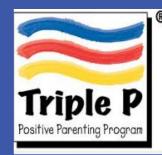




Levels	Modality
1	Public Health Approach
2	Direct Family Intervention
3	Direct Family Intervention
4	Direct Family Intervention
5	Direct Family Intervention

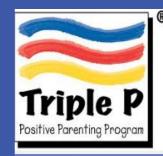


Levels	Modality
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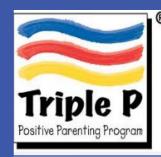
Levels	Modality
1	Public Health Approach
2	Direct Family Intervention
3	Direct Family Intervention
4	Direct Family Intervention
5	Direct Family Intervention

- "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



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

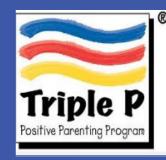
- Targeted counseling for parents of a child with mild to moderate behavioral difficulties
- Deal with a specific problem behavior or issue
 - One-on-One Modality: Brief face-to-face or telephone intervention
 - Group Modality: Two-hour small group sessions, targeting a specific problem behavior or issue.



• For parents of children with more behavioral difficulties

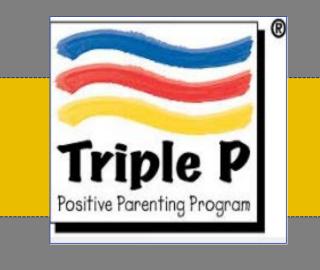
Levels	Modality
1	Public Health Approach
2	Direct Family Intervention
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4	Direct Family Intervention
5	Direct Family Intervention

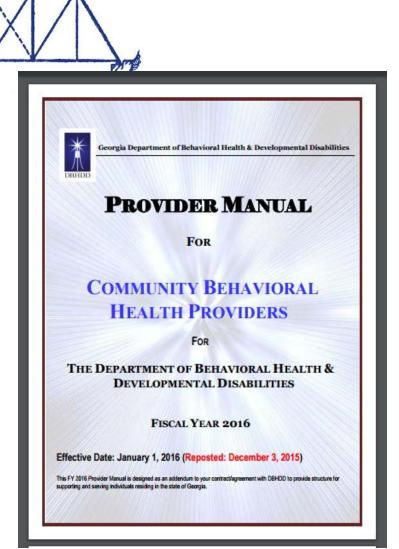
- Promotes core positive parenting skills that can be adapted to a wide range of parenting situations.
- Variety of service delivery modalities:
 - **Group** Groups of no more than 12 parents attend five sessions and supported with three phone counseling/catch-up sessions at home.
 - Individual counseling- 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.

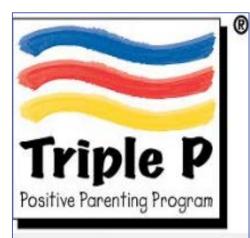


Levels	Modality
1	Public Health Approach
2	Direct Family Intervention
3	Direct Family Intervention
4	Direct Family Intervention
5	Direct Family Intervention

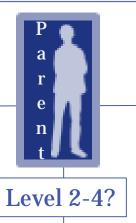
- Intensive support for families with complex concerns
- Modalities: Group/Individual
- Targets:
 - For parents whose family situation is complicated by problems such as partner conflict, stress or mental health issues; OR
 - For parents at risk of child maltreatment. Covers anger management and other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







eiert 17 - 1st Quarter Provider 17 - 1st Quarter Provider 18 Formity Dalls Training and Development Development Unit Value 15 m	Manual for Community I Manual for Community I Manual for Community I present from Lovel 5, In Choic, who present from Lovel 4, Oat-d-Chric, large present form Lovel 5, Oat-d-Chric, for a new 5, Oat-d-Chric, large present	H2014 Behavior H2014 H2014	на	2 U4 alth Pro-	Mod 3 U6 viders	4		Practitioner Level 5. In Clinic, w/	H2014	1 HR	2	3 U6	4	\$
eiert 17 - 1st Quarter Provider 17 - 1st Quarter Provider 18 Formity Dalls Training and Development Development Unit Visue 15 m	Present Manual for Community I Boner Level 5, In Clinic, who present four Level 5, Out-of-Clinic, teet present four-level 4, Out-of-Clinic,	Rehavior	al Hea	alth Pro	viders	(July I	. 2016)	client present						
Family Skills Training and Development Unit Value 15m	Boner Level 5, In-Clinic, w/o prosent Boner Level 4, Out-of-Clinic, lieft protent Boner Level 5, Out-of-Clinic,	12014	на			(July I		Bentlement and 6 to Mark at					_	
Family Skills Training and Development Unit Value 15 mi	present tioner Level 4, Out-of-Clinic, lent present tioner Level 5, Out-of-Clinic,			US	UG	_		Destingent and 5 to Onic of			_	_	_	-
Training and Development Practi Wig cl Practi Wig cl Unit Value 15 mil	lient present lioner Level 5, Out-of-Clinic,	H2014					\$15.13	client present	10/014	HR	US	UG		\$
Unit Value 15 mil			HS	U4	U7		\$24.36	Practitioner Level 4, Out-of-Clinic, w/ client present	H2014	HR	U4	U7		\$
		H2014	HS	U6	U7		\$18.15	Practitioner Level 5, Out-of-Clinic, w/ client present	H2014	HR	U5	U7		\$
								Utilization Criteria diagnoses and service needs, provid						-
(note Family spect Service Definition 2) 3) 4) 5) 0) 7) 7) 8)	a although interventions may by training provides systemat the activities to enhance term for activities to enhance term for activities to be address lines and medication and side effe prescribed): Problem solving and pract Healtry coping mechanis Daily hving aktis, Daily hving aktis, Daily hving aktis, thereare a second and a second The family understands	involve th internect internect y roles; ri sed throu f-manage cts, and n ticing func ns; idls; nggement g of mets d mutball	te famili ions be e of fun elations ugh the ment k notivati ctional : t skills; al iline suppo	ily, the fo obwoon th nctioning ships, co se servic invalled; ional/skil support: and ss and s st the fai	ubstan	primary tified in identifie cation a y includ skills (e opmont ce relation s use to	beneficia dividual, s el individu in functio e the rest g, symph in taking ad disorde assist th	verrich/inequalities caregiver(s) and optimization mutakings to the Mutaking to the Staff and the individuality taking the Mutaking sharing that it periodicality in victable seg- pands that provide the realities(s) of the carear, development, behavioral management, behavioral management, behavioral management medication as prescribedheiping a for any management, behavioral management with any second second second second second second second second second second with the states mechanism to the second second with the states mechanism to the second second with the states mechanism to the second seco	a individua port of the he individu or mainte ement, rel amily mon	ed tow tamily aufam nance spse pr bor to bor to esilience	ard the , as well ity unit. of: toko m toko m	restora Il as trai on skills edicatic	tion, ining ar , knowl n as	nd led;



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
amily - BH	Practitioner Level 2, In-Clinic	H0004	HS	U2	U6		\$38.97	Practitioner Level 2, Out-of-Clinic	H0004	HS	U2	Ų7		\$46.76
counseling/ therapy	Practitioner Level 3, In-Clinic	H0004	HS	U3	US		\$30.01	Practitioner Level 3, Out-of-Clinic	H0004	HS	U3	U7		\$36.68
w/p client present)	Practitioner Level 4, In-Clinic	H0004	HS	U4	U6		\$20.30	Practitioner Level 4, Out-of-Clinic	H0004	HS	U4	U7		\$24.36
WY GIGIT Property	Practitioner Level 5, In-Clinic	H0004	HS	U5	U6		\$15.13	Practitioner Level 5, Out-of-Clinic	H0004	HS	U5	U7		\$18.15
amily - BH	Practitioner Level 2, In-Clinic	H0004	HR	U2	U6		\$38.97	Practitioner Level 2, Out-of-Clinic	H0004	HR	U2	U7		\$46.76
counseling/ therapy	Practitioner Level 3, In-Clinic	H0004	HR	U3	U6		\$30.01	Practitioner Level 3, Out-of-Clinic	H0004	HR	U3	U7		\$36.68
with client present)	Practitioner Level 4, In-Clinic	H0004	HR	U4	U6		\$20.30	Practitioner Level 4, Out-ol-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
amily Psycho-	Practitioner Level 2, In-Clinic	90846	112	U6			\$38.97	Practitioner Level 2, Out-of-Clinic	90846	U2	U7			\$46.76
herapy w/o the	Practitioner Level 3, In-Clinic	90846	U3	U6			\$30.01	Practitioner Level 3, Out-of-Clinic	90846	U3	U7			\$36.68
atient present	Practitioner Level 4, In-Clinic	90846	U4	U6			\$20.30	Practitioner Level 4, Out-of-Clinic	90846	U4	U7			\$24.38
appropriate license equired)	Practitioner Level 5, In-Clinic	90846	US	U6			\$15.13	Practitioner Level 5, Out-of-Clinic	90846	U5	U7			\$18.15
Conjoint	Practitioner Level 2, In-Clinic	90847	U2	U6			\$38.97	Practitioner Level 2, Out-of-Clinic	90847	U2	U7			\$46.76
amily Psycho-	Practitioner Level 3. In-Clinic	90847	U3	U6			\$30.01	Practitioner Level 3. Out-of-Clinic	90847	U3	U7			\$36.68
herapy w/ the vatient present a	Practitioner Level 4, In-Clinic	90847	U4	U6			\$20.30	Practitioner Level 4, Out of Clinic	90847	U4	U7			\$24.36
contion or the entire contion (appropriate conse required)	Practitioner Level 5, In-Clinic	90847	US	U6			\$15.13	Practitioner Level 5, Out-of-Clinic	90847	US	U7			\$18.15
Jnit Value	15 minutes					_		Utilization Criteria	TBD					
	A therapeutic intervention or	counselin	g servio	e shown	to be su	ccessf	I with ider	tified family populations, diagnoses	and servi	ice nee	ds, pro	vided by	y a quai	ified
	clinician or practitioner. Servi	ices are d	frected	toward a	chieven	ent of a	ipecific go	als defined with/by the individual an the family or subsystems within the	d targeted	to the	individ,	al-iden	tified fa	mily an

enice Definition Family course

Family counseling provides systematic interactions between the identified individual, staff and the individual's identified family members directed toward the restantion, development, enhancement or maintenance of the directing of the directified individual's identified family and specific throughout enterworksitetists to tertworks, communication and functioning that promote the recovery of the individual's specifications to be addressed through these services may include the restoration, development, enhancement or maintenance of 11 processes table.

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
Group Skills Training & Development	Practitioner Level 4, In-Clinic	H2014	HQ	U4	U6		\$4.43	Practitioner Level 4, Out-of-Clinic, w/ client present	H2014	HQ	HR	U4	U7	\$5.4
	Practitioner Level 5, In-Clinic	H2014	HQ	US	US		\$3.30	Practitioner Level 5, Out-of-Clinic, w/ client present	H2014	но	HR	US	U7	\$4.0 3
	Practitioner Level 4, Out-of-Clinic	H2014	HQ	U4	U7		\$5.41	Practitioner Level 4, In-Clinic, w/o client present	H2014	нο	HS	U4	US	54.4 3
	Practitioner Level 5, Out-of-Clinic	H2014	HQ	U5	U7		\$4.03	Practitioner Level 5, In-Clinic, w/o client present	H2014	ΗQ	HS	U5	U6	\$3.3
	Practitioner Level 4, In-Clinic, w/ client present	H2014	HQ	HR	U4	U6	\$4.43	Practitioner Level 4, Out-of-Clinic, w/o client present	H2014	HQ	HS	U4	U7	\$5.4
	Practitioner Level 5, In-Clinic, w/w client present	H2014	HQ	HR	US	U6	\$3.30	Practitioner Level 5, Out-of-Clinic, w/o client present	H2014	HQ	HS	US	U7	\$4.0 3
Unit Value	15 minutes					_	-	Ublization Criteria	TBD					-
	such as promoting resiliency, and	the restor	ation, i	sponsiti develop	le care ment, e	giver(s) enhanci	and sp ement o		tan. Servi	ces ma	iy addiri	xes goa	ls/ssu	16
	such as promoting resiliency, and 1) liness and medication soft- medications and side effects, 2) Problem solving skills; 3) Healthy coping mechanisms; 4) Adaptive skills; 5) Linterpersonal skills; 6) Dally living skills; 7) Resource management skills 6) Knowledge regarding emotion	the restor anageme and moti-	ation, in nt know vational	sponsit develop wledge á/skill d	ie care ment, e and ski evelopr	giver(s) inhano lls (e.g. ment in) and sp ement o sympto taking n	colled in the Individualized Realiency P management, behavioral managemen redication as prescribed); nd other relevant topics that assist in m	tan. Servi	ces ma a preve	iy addir	oss goa cills, kn	de fésur owledg	e of
Service Definition Admission Criteria Continuing Stay	such as promoting realismore, and 1) liness and medication self- medications and side effects. 2) Problem solving skills, 3) Healthy coping mechanisms; 4) Adagitive skills, 5) linkt pressure amangement skills 6) Knowledge regarding emotion skills necessary to access an 1. Yourh must have an emotion activities of daily killing or plas 2. The youth is level of function	the reator anageme and moti al disturb d build co al disturb se others g does n al's that a	ation, of nt know vational vational ance, mmuni ance/sc in dan of prec re to b	substar by reso by reso by reso bstanc gar) or iude th e addre	ie care ment, e and ski evelopr nce rela urces a e-relation distres e provie	giver(s) inhano lls (e.g. ment in nd natu ind disor sing (ca sion of s) and sp ement o sympto taking n orders a stal supp der diag autes m services	colided in the Moldkalabed Realisency P maintenance of the Moldkalabed Realisency P management, behavioral management decation as prescribed); and other nelevant lopics that assist in m of systems. nosis that is at least distabilizing (mark rol angular or utiling); and	tan. Servi nt, relapsi eeting the adly inter	oes ma e preve	ry addre ntion si s and fo	amily's r	isisu owledg	e of and

Georgia Department	of Behavioral Health and De	evelopmental Disabilities



COMMON ELEMENTS?

Georgia Department of Behavioral Health and Developmental Disabilities

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

SHARE



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

SHARE



Next Steps

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

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