

Welcome

Office for State, Tribal, Local and Territorial Support
presents . . .

CDC Vital Signs

Expanding Access to Effective Programs for Young Children with ADHD

May 10, 2016

2:00–3:00 pm (EDT)



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support



Agenda

2:00 pm	Welcome & Introductions	Matthew Penn, JD Director, Public Health Law Program, Office for State, Tribal, Local and Territorial Support, CDC
2:04 pm	Overview	Georgina Peacock, MD, MPH, FAAP Director, Division of Human Development and Disability, National Center on Birth Defects and Developmental Disabilities, CDC
2:10 pm	Presentations	Lee Ann Cook, MSS Assistant Director, Evidence-based Prevention and Intervention Support Center, Pennsylvania State University Jim Martin, LMSW Director, Office of Child and Family Services, Maine Department of Health and Human Services
2:30 pm	Q&A and Discussion	Matthew Penn, JD
2:55 pm	Wrap-up	
3:00 pm	End of Call	



CDC *Vital*signs™ Teleconference

to support STLT efforts and build momentum around the monthly release of CDC *Vital Signs*



CDC *Vital Signs* Town Hall

ADHD in Young Children

Georgina Peacock, MD, MPH, FAAP

Director
Division of Human Development and Disability

May 10, 2016

National Center on Birth Defects and Developmental Disabilities

Division of Human Development and Disability



Young Children with ADHD

- ❑ **Attention-deficit/hyperactivity disorder (ADHD) is a biological disorder that causes hyperactivity, impulsiveness, and attention problems**
- ❑ **About 2 million of the more than 6 million children diagnosed with ADHD were diagnosed as young children aged 2–5 years**
- ❑ **The American Academy of Pediatrics (AAP) recommends healthcare providers first refer parents of young children with ADHD for training in behavior therapy before trying medicine**
 - Behavior therapy is an effective treatment that improves ADHD symptoms without the side effects of medicine

Visser SN, Zablotsky B, Holbrook JR, et al. Diagnostic experiences of children with attention-deficit/hyperactivity disorder. *National Health Statistics Reports*. 2015;81.

AAP Clinical Practice Guidelines: <http://bit.ly/1nCUenn>

Parent Training in Behavior Therapy

- ❑ With the support of healthcare providers and therapists, parents can learn skills to improve their child's behavior, leading to improved functioning at school, home, and in relationships
- ❑ Parents typically attend 8 or more sessions with a therapist
 - Sessions may involve groups or individual families
 - Between sessions, parents practice using the skills they've learned from the therapist

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^{CDC}signs™
www.cdc.gov/vitalsigns/adhd



Methods

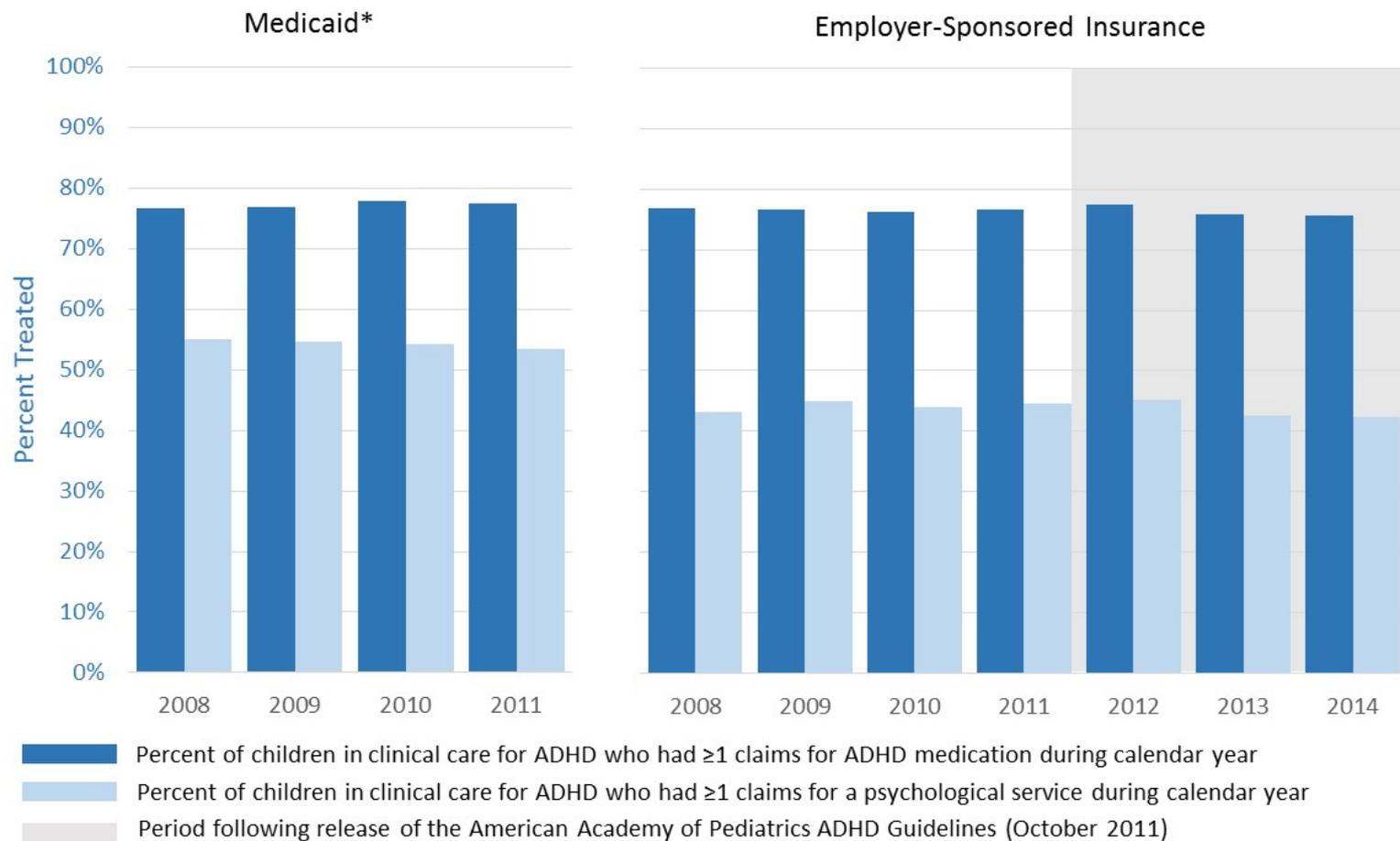
- ❑ **This study used healthcare claims data**
 - 5–7 million young children 2–5 years of age insured by Medicaid (2008–2011)
 - About 1 million young children insured through Employer Sponsored Insurance (most common form of private insurance)
 - Available in the MarketScan Commercial (2008–2014) database
- ❑ **Data were used to derive estimates for children receiving clinical care for ADHD, and among them the percentages of children receiving medication treatment for ADHD or receiving psychological services**

Findings

- ❑ Only about 1 in 2 young children with ADHD received psychological services
- ❑ About 75% of young children with ADHD received medication
- ❑ Behavior therapy, the recommended first treatment for young children with ADHD, is underused
 - More young children are taking medicine for ADHD



Percentage of insured children aged 2–5 years receiving clinical care for attention deficit/hyperactivity disorder (ADHD) with one or more claims for ADHD medication and one or more claims for psychological services, by type of insurance*— United States, 2008–2014



What Healthcare Providers Can Do

- ❑ Follow the clinical guidelines for diagnosis and treatment of ADHD in young children <http://bit.ly/1nCUenn>, <http://bit.ly/1UYugZ8>
- ❑ Discuss with parents the benefits of behavior therapy and why they should consider getting training
- ❑ Identify parent training providers in your area and refer parents of young children with ADHD for training in behavior therapy before prescribing medicine

What States Can Do

- ❑ Encourage health plans and provider organizations to support reimbursement for behavior therapy service
- ❑ Work to make sure that families have access to behavior therapy training
- ❑ Evaluate ADHD medicine prescribing policies such as getting prior authorization and other policies that may affect ADHD treatment
<http://bit.ly/1SQQfN0>
- ❑ Support scale up of proven parent training programs and other promising programs for children with ADHD

Thank You!

Contact Information:

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





The Incredible Years in Pennsylvania

A summary of the reach and impact of the Pennsylvania Commission on Crime and Delinquency's investment from 2012-2015

Lee Ann Cook, MSS



EPISCenter Structure & Initiatives

Multi-agency Steering Committee
(Justice, Welfare, Education, Health)

Intermediary and State-level Prevention Support System



Support to
Community
Prevention Coalitions

Support to Evidence-
based Prevention &
Intervention Programs

Improve Quality of
Local Innovative
Programs and
Practices

Broad-scale Dissemination

High-quality Implementation

Valid Impact Assessment

Long-term Sustainability



The Incredible Years (IY) Intervention Model: Process and Outcomes Measures

All EPIS resources created in collaboration with IY Developer, Dr. Carolyn Webster-Stratton <http://incredibleyears.com/>

Data is collected and reported to Pennsylvania Commission on Crime and Delinquency using excel tools developed by the EPISCenter

IY Basic

- Parenting Practices Inventory Pre/Post
- Parent Group Leader Checklist

IY Small Group Therapy

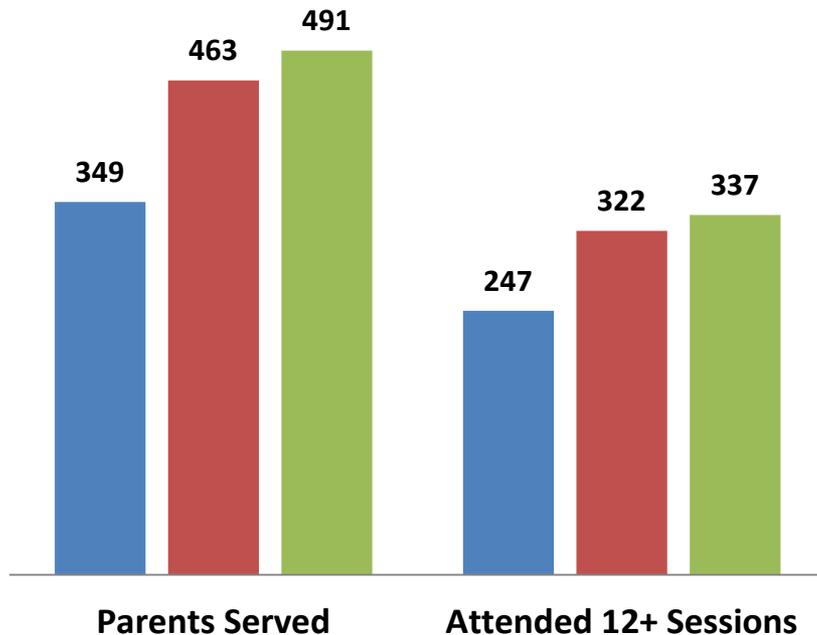
- Teacher or Parent Observation of Children's Behaviors
- Small Group Leader Checklist

Incredible Years Basic Reach

Parents Served

IY BASIC Parenting

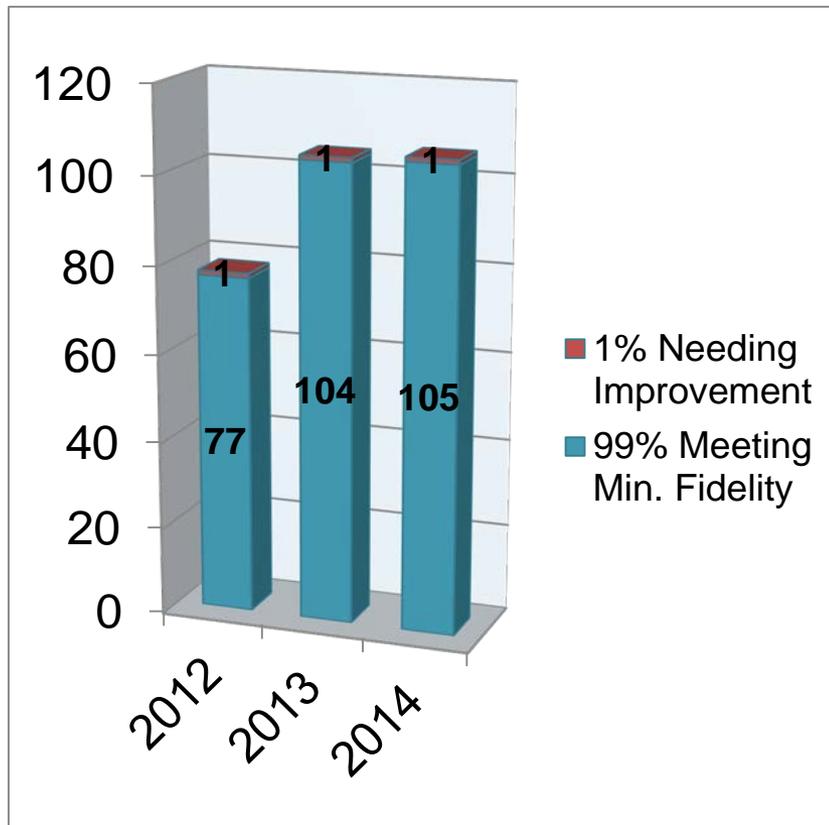
■ 2012 ■ 2013 ■ 2014



Population Characteristics: The Pennsylvania Commission on Crime and Delinquency provided funds to support **eight Incredible Years Providers** from 2012–2015. The program was implemented in fourteen counties; Adams, Allegheny, Bedford, Cambria, Chester, Dauphin, Delaware, Fulton, Lackawanna, Lancaster, Luzerne, Somerset, Washington, and Westmoreland.

Incredible Years Basic Fidelity

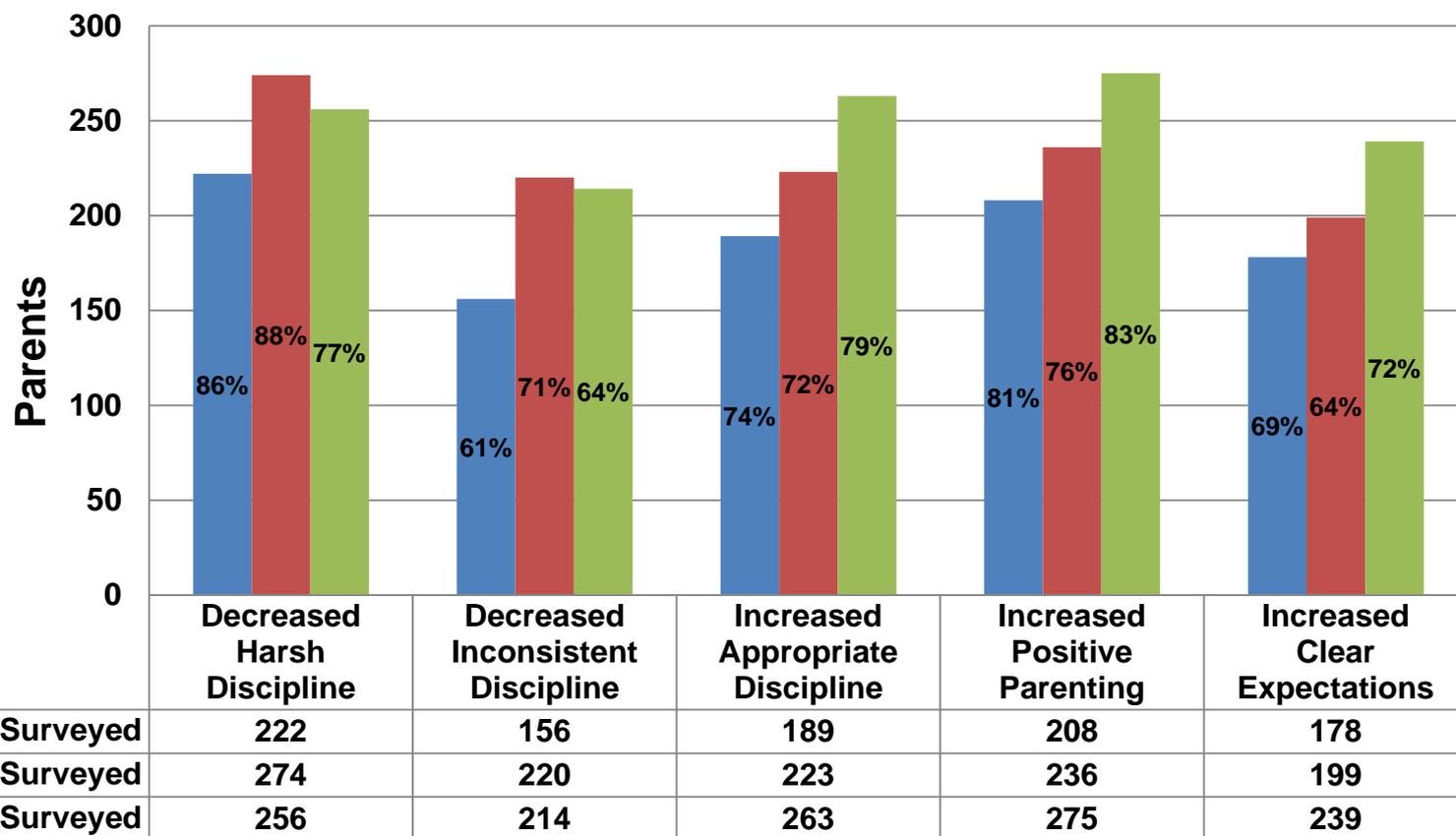
IY Fidelity Observations



Model Fidelity

The goal is to observe 20 percent of the sessions taught to assess model fidelity. For the Incredible Years “Minimum Fidelity” is defined as having conducted at least 75 percent of the program as designed by the developer.

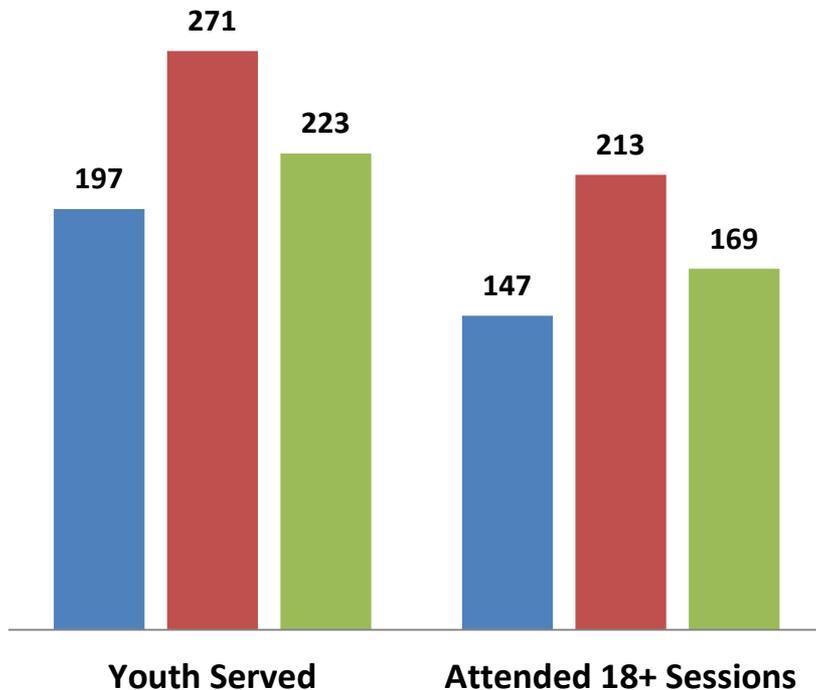
Incredible Years Basic Impact



IY Small Group Reach

Youth Served

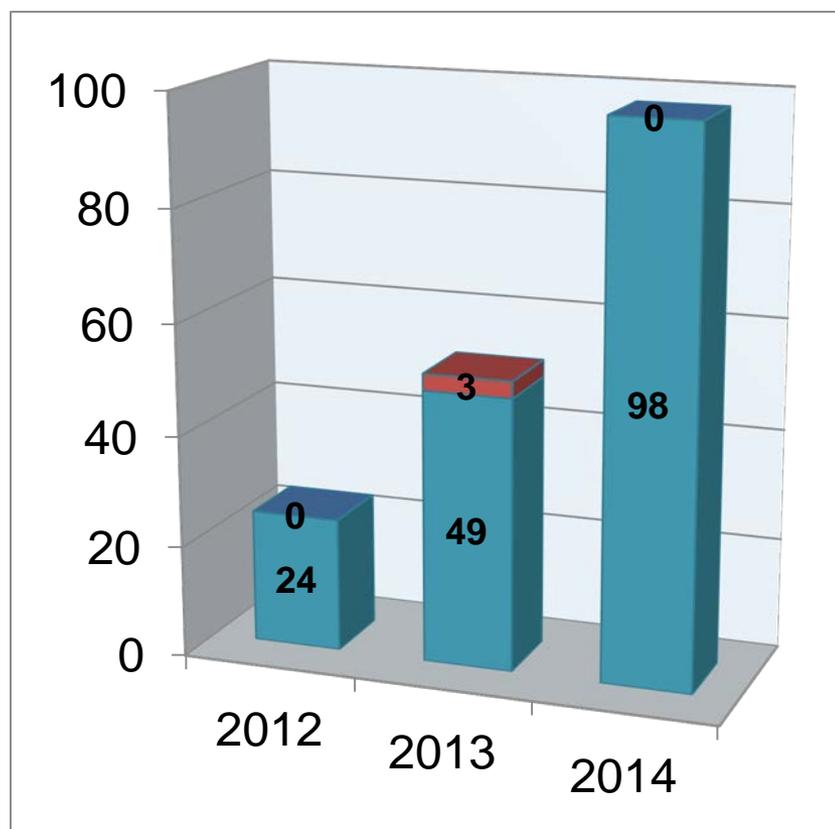
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IY Small Group Therapy Fidelity

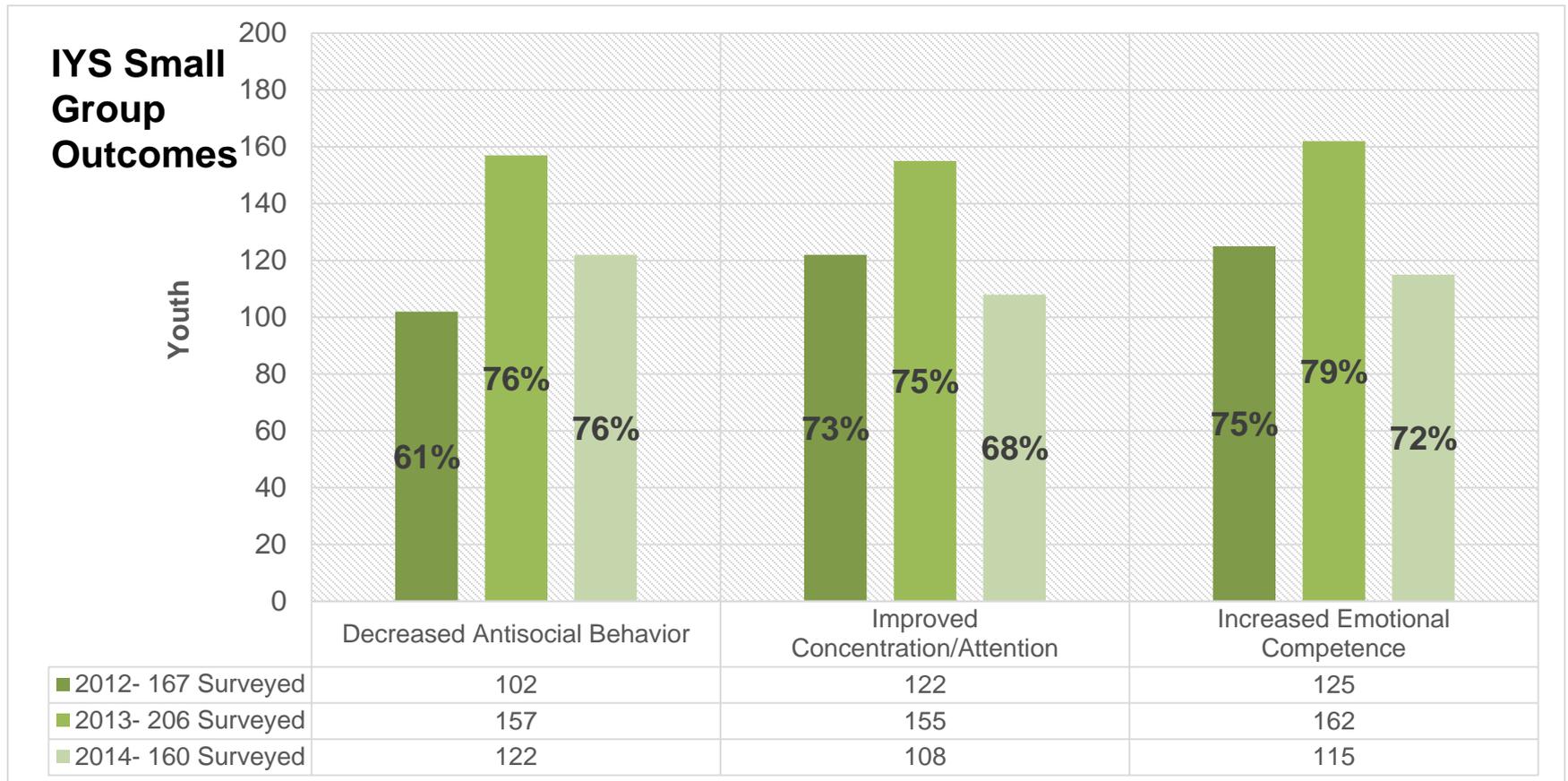
IY Fidelity Observations



Model Fidelity

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Incredible Years Small Group Impact





Sustainability: Multi Level Learning Community

Project directors meet face to face twice per year

- Review fidelity and impact data
- Identify training needs
- Share sustainability successes and barriers

IY Facilitators meet once per year for annual retreat

- Review fidelity and impact data
- Model specific breakout sessions to discuss successes and barriers
- Training from model expert- typically via skype

Consultation calls and days with IY experts scheduled periodically as budgets allow and based on developer recommendations



Sustainability: Funding

- Pennsylvania Commission on Crime and Delinquency Grants for training and start up, or expansion
- Eligible providers are billing medical assistance for small group therapy, only one billing for parent group
- Incentives for counties to utilize “needs based budget” funds for EBPs
- **Need to establish mechanism for billing MA for parent component- no code for this in PA at this time**
- **Need to establish ongoing funding for prevention model of IY Basic**



Thank you!

The EPISCenter is a collaborative partnership between the Pennsylvania Commission on Crime and Delinquency (PCCD), the Pennsylvania Department of Human Services (DHS), and the Bennett Pierce Prevention Research Center, College of Health and Human Development, Penn State University. The EPISCenter is funded by DHS and PCCD. This resource was developed by the EPISCenter through PCCD grant VP-ST-24368.



/EPISCenterPSU



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Maine Department of Health and Human Services



MAINE'S ENHANCED PARENTING PROJECT

OFFICE OF CHILD AND FAMILY SERVICES

JIM MARTIN, DIRECTOR

OCFS Overview



Early Childhood Services

**Children's Behavioral Health
Services**

Child Protection Services

OCFS Overview



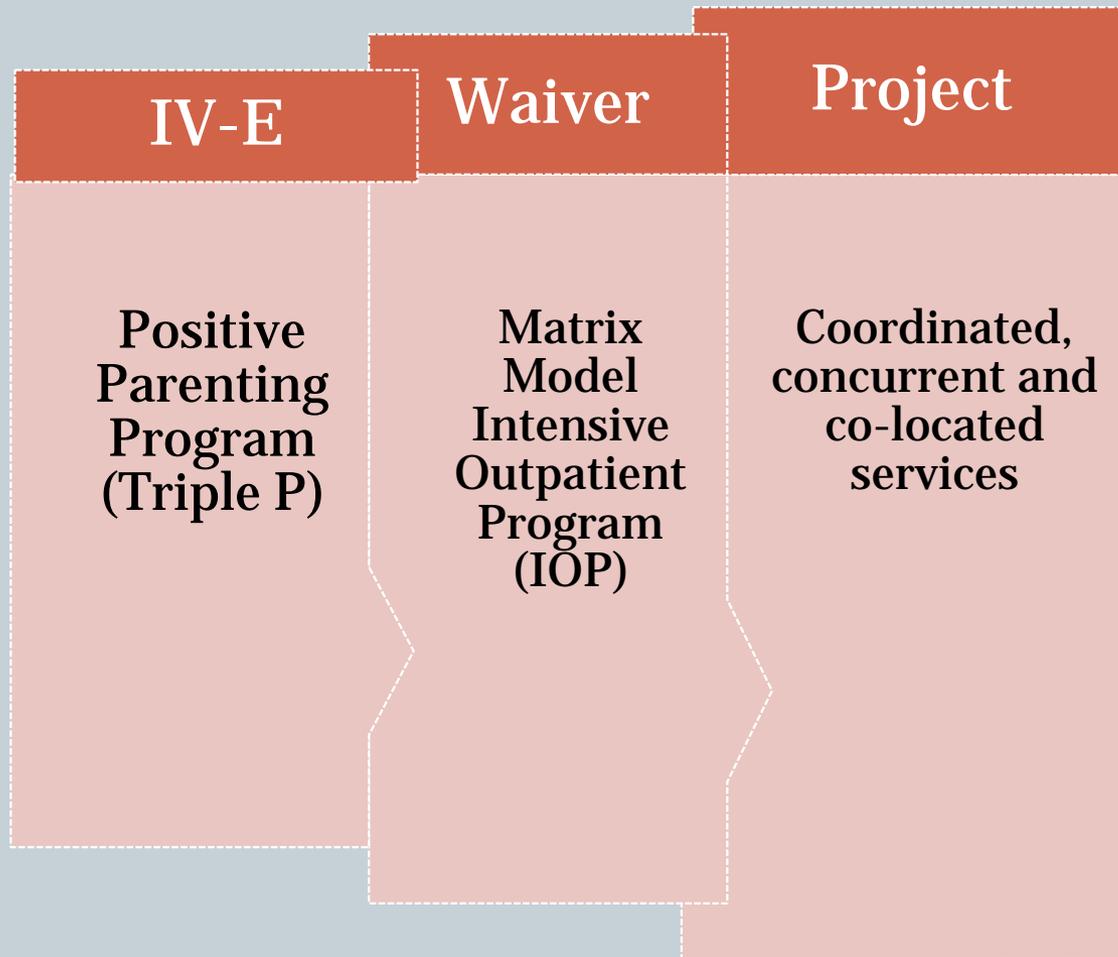
Mission

Ensuring the safety of all Maine youth is our top priority. In addition, we empower families to help prepare youth for transition to adulthood and to access services that keep their family safe.

Vision

All youth in Maine will grow up to be productive community members. We achieve this by keeping youth safe, structuring services and supports to help create a successful transition to adulthood and by finding stable and permanent homes.

Maine's Enhanced Parenting Project



What We Know



- Substance abuse was a risk factor in 55% of the homes of victims of substantiated abuse or neglect between the ages of 0–5.
- Mental health was a risk factor in 56% of the homes of victims of substantiated abuse or neglect between the ages of 0–5.
- Family violence was a risk factor in 45% of the homes of victims of substantiated abuse or neglect between the ages of 0–5.

Intervention Strategy



- The combination of two Evidenced-Based Practices into a **Single Service** offered at the **same site**.
- Intensive Outpatient Substance Abuse Treatment Using **Matrix Model IOP**
- **Evidenced base** practice to teach a new concepts, skills and tools in recovery.
- Parenting Education Using the **Triple P Parenting Model**

Integrating two Models will lead to teaching and supporting of skills necessary for sobriety and effective, healthy parenting.

Service Descriptions



- **Intensive Outpatient** is a structured group therapy. It is also used as before or aftercare for residential treatment programs. Matrix Model is an evidence based practice that includes early recovery groups, relapse prevention groups, family education groups, individual sessions, social support groups, and 12 step meetings. The program last 16 weeks.
- **Triple P** is an evidence based parenting education program intended to help parents develop appropriate expectations of their children while learning how to treat them with empathy, to nurture them and to use positive discipline. Additionally, it focused on helping parents change negative attributions about their children and creating effective coping strategies for dealing with parental anger.

Process & Objectives

Theory of Change

Families will be screened for risk factors for referral to the demonstration project during the Child Protection Assessment,

SO THAT

At-risk Families will be identified as early as possible,

SO THAT

Comprehensive substance abuse assessments are conducted when specific risk factors are identified,

AND

Families assessed as meeting the criteria for Matrix Model Intensive Outpatient Program substance abuse services will receive Triple P parenting classes concurrently and at the same location as their IOP,

SO THAT

Families receive appropriate substance abuse treatment and parent education as early as possible in their intervention,

SO THAT

Families improve their competence in managing their child(ren)'s behavior, reduce their parental stress, and better address their substance abuse and recovery choices,

SO THAT

Families reduce the signs of risk and danger,

SO THAT

Children can remain safely in their homes or reduce lengths of stay in care.

Goals & Outcomes



- Increase parental functioning by reducing substance use/ abuse and by increasing parental capacity.
 - Reduction in out of home placements
 - Reduction in the length of out of home placements
 - Reduction in rates of repeat maltreatment

Investing In Our Core Beliefs



- Child safety is first and foremost
- Parents have the right and responsibility to raise their children
- Children deserve to live in a safe and nurturing family
- All children deserve a permanent family
- How we do our work is as important as the work we do

CONTACT US



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Provide feedback on this teleconference:

OSTLTSFeedback@cdc.gov



Please mark your calendars for the next
Vital Signs Town Hall Teleconference

June 14, 2016

2:00–3:00 pm (EDT)

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