

***Vital Signs* Town Hall Teleconference  
Expanding Access to Effective Programs for Young Children with ADHD  
May 10, 2016  
2:00 pm ET**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the question-and-answer session, please press Star-1 if you would like to ask a question.

Today's conference is being recorded. If you have any objections you may disconnect at this time.

I will now turn the meeting over to your speaker, Mr. Matthew Penn. Sir, you may begin.

Matthew Penn: Thank you so much. Good afternoon, everyone. My name is Matthew Penn. I'm the director of the Public Health Law Program in CDC's Office for State, Tribal, Local and Territorial Support. I'm so happy you could join us today, and we're going to be discussing the latest *Vital Signs* report on attention-deficit/hyperactivity disorder in young children.

Before we get started on that and before I introduce the speakers, let's go over just a few housekeeping details.

First, you can go online and download today's PowerPoint presentation so you can follow along with the presenters. And I think folks will be saying slide numbers as they go. The web address is [www.cdc.gov/stltpublichealth](http://www.cdc.gov/stltpublichealth). That's S-T-L-T public health, all one word. Look on the far right side of the page for the *Vital Signs* teleconferences link, or you can Google CDC *Vital Signs* town hall and click on the top link that should get you there to access the slides.

On the same web page you can access bios for today's presenters and audio recording and transcript which will be available next week.

There will be time for questions after today's presentations, but you can get in the queue at any time to ask a question. Just press Star-1 and say your name when prompted.

So back to our topic for today, expanding access to effective programs for young children with ADHD.

We're going to hear from three of our colleagues today.

First we're going to hear from Georgina Peacock, the Director of the Division of Human Development and Disability at CDC's National Center on Birth Defects and Developmental Disabilities. She's going to talk about the findings from this month's *Vital Signs* report.

After that we will hear from Lee Ann Cook. She is the Assistant Director for the Evidence-based Prevention and Intervention Support Center (or EPISCenter) at Pennsylvania State University. Lee Ann will discuss the Incredible Years, an intervention model that promotes positive parent-teacher-child relationships.

After that we will hear from Jim Martin, the director of the Office of Child and Family Services at the Maine Department of Health and Human Services. And he's going to be talking about Maine's Enhanced Parenting Project.

So, without further ado, I'll turn the call over to Dr. Georgina Peacock.

Dr. Georgina Peacock: Thank you.

Hello. Thank you for joining us for today's town hall. I'm Dr. Georgina Peacock, the director of the Division of Human Development and Disability at CDC. And today, as you heard, we're going to discuss our recently released *Vital Signs* report which urges healthcare providers to first refer parents of young children aged 2 to 5 years with attention-deficit/hyperactivity disorder or ADHD for training in behavior therapy before prescribing medicine.

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ADHD is a biologic 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. Children who are diagnosed early often have the most severe symptoms.

The American Academy of Pediatrics or AAP recommends healthcare providers first refer parents of young children with ADHD for training in behavior therapy before trying medicine. Behavior therapy gives parents skills and strategies to help their child. It strengthens the relationship between the parent and child and gives parents more effective tools for helping their child learn positive behaviors. Behavior therapy is an effective treatment that improves ADHD symptoms without the side effects of medicine.

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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 eight or more sessions with a therapist. These sessions may involve groups or individual families. When trained in behavior therapy, parents learn positive communication, positive reinforcement, structure and discipline. Between sessions, parents practice using the skills they've learned from the therapist.

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Just to share a little information about the study, the study used healthcare claims data including 5 to 7 million young children 2 to 5 years of age each year insured by Medicaid from 2008 to 2011. And in addition, it included 1 million young children each year insured through employer sponsored insurance -- the most common form of private insurance. This was information available in the MarketScan commercial database from 2008 to 2014.

The 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.

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We found that only one in two young children with ADHD received psychological services and about three in four young children with ADHD

received medicine. In other words, behavior therapy -- the recommended first treatment for young children with ADHD -- is underused.

Next slide.

This graphic shows the percentage of insured children aged 2 to 5 years receiving clinical care for ADHD with one or more claims for ADHD medication and one or more claims for psychological services by type of insurance.

As you can see, about 75% or more of young children with ADHD received ADHD medicine for treatment regardless of insurance type. No more than 55% received psychological services, although the percentage receiving these services was consistently higher in Medicaid than among those with employer sponsored insurance.

The percentage of children receiving psychological services did not increase over time in either group. In fact there is actually a small decrease in the percentage receiving psychological services over time.

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There are actions that individuals can take to ensure that young children with ADHD are getting the most appropriate treatment. Healthcare providers can do the following. They can follow the clinical guidelines for diagnosis and treatment of ADHD in young children. They can discuss with parents the benefits of behavior therapy and why they should consider getting training. And they can also identify parent training providers in their area and refer parents of young children with ADHD for training and behavior therapy before prescribing medicine.

Additionally, there are things that states can do. They can ensure health plans and provider organizations to support reimbursement for behavior therapy service and work to make sure that families have access to behavior therapy training. They can evaluate ADHD medicine prescribing policies such as getting prior authorization and other policies that may affect ADHD treatment, and they can also support the scale up of proven parent training programs and other promising programs for children with ADHD.

Thank you. And now I will turn it over to Lee Ann Cook.

Lee Ann Cook: Thanks, Georgina.

Hi, everyone. My name is Lee Ann Cook. I'm one of the assistant directors here at the EPISCenter. I also have with me today listening in one of our new prevention coordinators. She's going to be taking the lead with our Incredible Years Program, Jordan Joyce.

Jordan Joyce: Hello, everyone.

Lee Ann Cook: We're going to tell you a little bit about our work with the Incredible Years -- which is one of the behavioral programs -- that Georgina was talking about -- that has been proven to be effective in reducing conduct disorder symptoms including ADHD. Also of note is that the Incredible Years is rated as a promising program on the Blueprints for Healthy Youth Development Web site and is rated as a 1 - Well Supported by Research Evidence on the California Evidence-based Clearinghouse for Child Welfare.

So this is a program with a strong research background. And I will share the Web site of the program developer as well as the EPISCenter Web site during

the presentation for anybody who'd like to get more information on the research background.

Let's go to the next slide. That would be Slide 14, I believe, in the presentation.

Before we dig in to the Incredible Years, I wanted to tell you a little bit about the EPISCenter structure and our initiatives.

We're a project of the Bennett Pierce Prevention Research Center in the College of Health and Human Development at the Penn State University and we're funded by the Pennsylvania Commission on Crime and Delinquency and the Pennsylvania Department of Human Services.

We're overseen by various partners from these organization as well as stakeholders from other key state government entities including the Department of Drug and Alcohol Programs, Department of Education, and Juvenile Court Judges' Commission.

Our mission is to connect all of the good work that's being done by researchers in the field of prevention with the policymakers and provider the organizations who can apply it in real world settings. And our ultimate long term goal is to reduce the number of youth entering the juvenile justice system.

There's three main ways that we strive to accomplish this goal represented by those three middle rectangles in this diagram.

The first represented by the left rectangle is our support to community prevention coalitions. We build on something called the Communities that

Care Model developed by Hawkins and Catalano which is an evidence-based process for teaching communities to use data to develop strategic prevention plan.

Over on the right that rectangle represents our support to improving local innovative programs and practices. This work is built on Mark Lipsey's research and utilizes something called the Standardized Program Evaluation Protocol to improve services to youth who are involved in the juvenile justice system. This is actually a key part of Pennsylvania's Juvenile Justice System Enhancement Strategy.

Last but not least is the middle rectangle which represents the work we do in providing technical assistance to scale up evidence-based programs, one of which is the Incredible Years. I should note there are 16 other programs on that list.

Across all of those three focus areas we work to broaden the dissemination, maintain and improve the quality of implementation, assess the impact of the work, and sustain the use of programs and practices beyond seed funding and initial training.

So, going on to the next slide -- Slide 15 -- let's talk a little bit more about the Incredible Years.

From 2010 to 2014 the Pennsylvania Commission on Crime and Delinquency has invested almost \$4 million in training and scale up of the Incredible Years Program. This has been invested in both a 14 week prevention model and a 22 week intervention model, both of which have been shown to be effective in reducing conduct problems including ADHD symptoms. Of note is that the

effectiveness of these programs really do hinge on the parent component of the program.

Part of the work that the EPISCenter has done has involved collaborating with the Incredible Years Program developer, Dr. Carolyn Webster-Stratton, to create resources to support a high-quality scale up and impact assessment for the model.

This is actually a really big part of the technical assistance we provide. It really focuses on supporting a standardized data collection across communities and providers. We utilize pre-post measures that have been approved by the program developer and we've developed Excel data reporting and analysis tools that allows standardized reporting of this data.

For IY basic we utilize something called the parenting practices inventory as a pre/post measure, and for the small group therapy component we use a teacher or parent observation of children's behavior pre/post measure.

So now I want to go into the next slide -- Slide 16 -- and tell you a little bit about what we're seeing in our data.

Over the past three years we've seen increased reach for parents. We had the Incredible Years scaled up in 14 counties and we see that each years we've increased the number of parents we reached. And we've also increased the number of parents who received at least 12 sessions of the program which is considered the minimum dose for achieving that change that we want to see in children's conduct disorder problems.

If we go into the next slide, Slide 17 shows us a little bit about Incredible Years basic parenting program fidelity. We use a standard fidelity observation

tool that's approved by Dr. Webster-Stratton to assess 20% of the sessions that are taught by our providers that we work with.

And as you can see, across all three years we're seeing incredibly high levels of fidelity. And we define fidelity - minimum fidelity as having the provider implement at least 75% of the program as it was designed. This is really important if we want to see the program have the impact that it had in the research.

If we click on to the next slide -- Slide 18 -- we can actually see the information from the pre/post measures that our providers implemented. And we're sure to see that we do have some evidence that we are seeing the impact that our program had in research. I want to really emphasize, however, that this analysis represents a very simple analysis that's utilized by providers in this field.

We're not at this point analyzing pre/post measures using statistical significance. We're really just counting positive change from pre to post in a very simple way, keeping in mind that this data is designed to be used by this field to inform their work and improve the quality of their implementation.

So, nevertheless, what we're seeing is that across the past three years we've seen about 70 to 88 percent of parents with decreased harsh discipline. Similar high levels of parents with decreased inconsistent discipline, increased appropriate discipline, increased positive parenting, and increased clear expectations.

What we know is that these behavioral changes that we see in parenting translate directly to positive changes in children's behavior. So this is really crucial component how the Incredible Years works.

Clicking into the next slide -- Slide 19 -- we can explore some of the data that we're seeing from the Incredible Years small group component.

This is the program that focuses on children not on parents. And it is designed to be implemented in conjunction with the parent component. So, really should not be delivered as a standalone program, but should be delivered in conjunction with the parent piece.

What we see is that we've had a little bit of an up and down in terms of how many children that we're serving, but that we're having a nice percentage of youth receive the recommended dose of 18 or more sessions. But click into Slide 20 we'll see again those nice high levels of minimum fidelity. So at least 75% of the majority of implementation of sessions observed are hitting that minimum level of fidelity.

If we click in to Slide 21 we'll see that on these pre/post measures we are in fact seeing the majority of youth who complete pre/post measures having decreased antisocial behavior, improved concentration and attention, and increased emotional competence.

So, clicking into Slide 22 I wanted to share a little bit with you about the infrastructure that we've developed in Pennsylvania to support the Incredible Years.

We have regular meetings with our project directors to review the fidelity and impact data, talk about what our training needs are, and share sustainability successes and barriers. We also host an annual facilitators retreat for Incredible Years facilitator where we also review fidelity and impact data.

And we host model specific breakout sessions to help them discuss their successes, barriers, and improve their practice. And typically we bring in training from a model expert via Skype. This keeps our costs low and allows us to have these events hosted generally for free, you know, or for very little cost.

And then we encourage all of the providers that we work with to schedule regular consultation calls with the Incredible Years experts and participate in the developers recommended certification process for the program.

Additionally, one of our big focuses this year has been looking at funding for the Incredible Years. The Pennsylvania Commission on Crime and Delinquency is a huge funder of Incredible Years. As I said they've invested almost \$4 million in the past five years, but these grants are really geared towards training and start up or sometimes expansion. They are not necessarily designed to sustain this program ongoing.

We do have some providers who are billing medical assistance for small group therapy. We only have one provider in our state who's been able to bill for the parent group.

We do have some funding available in our state for something called "our county needs-based budget" that does allow for some providers to sustain the program, but competition for those dollars is fierce.

What we would like to see happen in our state - and this is an action step that was developed by that group of providers so this is their action step, not necessarily mine or the EPISCenter, that they would like to see a mechanism for billing medical assistance for the parent component. Currently there is not a code for billing for the parent component at this time.

And establish an ongoing funding for a prevention model of the Incredible Years Program because keeping in mind that billing may really requires the child to have a diagnosis. And we know that kids can often be showing behavior signs of ADHD prior to having an official diagnosis and parents would like to be able to participate in the prevention model of the program, but there is not good sustainability funding for that model.

So, clicking to the last slide -- Slide 24, I think we're on now -- we just want to say thank you. Please reach out to us if you have any questions. Our Web site is on the slide.

And I'm going to turn it over to Jim from Maine.

Jim Martin: Great. Thank you very much. And it sounds like a wonderful project.

So as was introduced in the beginning of the town hall call my name is Jim Martin and I am the director of the Office of Child and Family Services within the Maine Department of Health and Human Services.

I am presenting to you today an exciting project here in our state titled the Maine Enhanced Parenting Project, that was specifically chosen to help parents develop increased knowledge, skill, and confidence in parenting their children and reducing the prevalence of mental health, emotional and behavioral health problems in their youth.

I am very excited - let me say before I jump in that I know I am going to be covering this project pretty quickly today and I want to extend an offer -- if anyone is interested of any additional information outside of this presentation

-- please feel free to reach out to me and I'd be happy to schedule time and offer additional information as necessary.

So I'm on Slide 26.

Just quickly, the Office of Child and Family Services within Maine DHHS is responsible for three primary program areas -- the early education and childhood system, the children's behavioral health system, and the child welfare or the child protective division here in the state.

The initiative that I'm going to talk to you about was born out of the child welfare and child protective division that I oversee within this agency. And I want to make sure that I'm clear about that. The exciting part about this initiative is that while we have a focus on the child welfare aspects of the work that we do with these youth and families, there was another benefit that we are closely monitoring which is the overlap in the population and youth that also have a diagnosis with ADHD.

Again, although this initiative comes from child welfare there is another benefit that we are evaluating looking at hence (sort) of the applicability to this call.

The next slide -- Slide 27.

Just quickly, as an organization our primary responsibility and mission is to keep youth and families safe. In addition to that it is our focus on sustainable stabilization of families through the creation of a host of different services and supports that we administer and that we work with a number of contracted agencies to administer across the state.

Next slide.

The Maine Enhanced Parenting Project is an opportunity that we have leveraged under the Title IV-E federal funding source through HHS that is available to child welfare agencies across the country. The administration on children's and families invited states to come forward with a proposal to pilot innovative programs using IV-E money to support children and families differently than the traditional model and use of that funding source.

For Maine we have come forward with a project that uses two evidence-based programs -- one being the Positive Parenting Program or PPP and the second being the Matrix Model Intensive Outpatient Program together. And I'll share with you in just a moment what that means to combine those two services.

We launched this pilot project in April of 2016 so it is still very new. The project is being evaluated over a two-year period and we're hoping to serve approximately 200 families.

And our target population are families that are involved with the child welfare system and have children removed from their custody. The children must be between the ages of 0 to 5. This will make sense in a moment as I explain the objectives in the outcomes that we are evaluating as this project moves forward.

The next slide -- Slide 29.

We selected this project in Maine not only because of the federal opportunity and invitation to use the funding differently, but because there were several data points that we were concerned about that we were seeing in the families that we serve. So in 55% of the families who have been substantiated or have

a child abuse finding here in Maine, 55% of them have substance abuse as a risk factor. In addition to that 56% have mental health as a risk factor. And last -- but certainly not least -- 45% have family violence as a risk factor. And each of those apply to that 0 to 5 population that I mentioned as our target a minute ago.

So those numbers and data points really force the team to look at the way that we were delivering services in the state and whether we were seeing the outcomes that we desired or not. And truth be told we wanted an improvement on the outcomes that we were seeing. So this project gave us that opportunity to reflect on what we were seeing for trends associated to risk and danger for youth and the child welfare system and to innovate and to pilot something different.

Slide 30.

So the Maine Enhanced Parenting Project is the combination of two evidence-based practices into a single service offered concurrently at the same site with the same provider.

As I mentioned a moment ago we are using the intensive outpatient substance abuse treatment called - in the evidence-based model is Matrix Model IOP. In addition to that we are using PPP as the parenting education modality. And we are integrating those two models hoping that it will lead to teaching support and skills to help parents with their sobriety and to help them become better, healthy, effective parents.

Slide 31.

To give you more information about what those two evidence-based practices are - and I would encourage you to look at these two models. On the web there are a number of research materials that support the effectiveness and evidence-base of these two programs. The Matrix Model IOP is an intensive outpatient treatment that includes early recovery groups, relapse prevention groups, family education groups, individual sessions, social support groups, and some of the traditional pieces of the 12 step meetings process.

The program lasts about 16 weeks. And that is a critical piece of moving forward with this evidence-based IOP practice -- is that 16 week time frame.

The PPP Parenting Program 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, how to nurture them, and how to use positive discipline. It particularly focuses on helping parents change negative attributions about their child and to create effective coping strategies for how to deal with their own needs and what can be perceived as their own anger associated to their child's behavior.

Slide 32.

As I mentioned in the beginning, the initiative for us in Maine really stems from the child welfare and child protective division, however, we are closely monitoring and evaluating its effectiveness for that dual population and that overlap between the child welfare family and the children that also have a diagnosis of ADHD.

Families come in to this service by screening through the child protective services division. We are conducting comprehensive assessments for

eligibility and after that families are receiving the services concurrently through community providers.

What we did within the Office of Child and Family Services is we created this innovative project in partnership with the Administration on Children and Families, and then we contracted the service out to mental health providers in the state who have the competency and the infrastructure in order to offer these two services concurrently.

We are evaluating the competencies of parents. And I'm going to share more with you in a minute, but ultimately we are looking for increased reunification rates. Again, being that this project sort of stemmed out of child welfare initially.

Slide 33.

The outcomes that we are looking at - and the goals of the project, again, are the increase of the parental functioning by reducing substance abuse and by increasing the parental capacity to raise their own children. We are closely looking at the reduction in out of home placements, reduction in length of out of home placements and the reduction of repeat abuse and the sustainability of the stability of that family unit once we're able to engage with families and give them the skills and the competencies that they need.

Slide 34.

Part of what is essential for this project in terms of its success is the philosophy and the value that we are bringing to the table as an agency and that the contracted agencies are bringing to the initiative itself. And the overwriting theme of this work is really the fact that parents have the right and

responsibility to raise their own children and we want to give them those tools. And I think that's why it's so important that we think about this work not only in the scope of how it's currently defined.

But as we see the success of this, as we evaluate it, really the applicability of this model and the use of behavioral therapy and parenting education programs for other populations and really supporting parents to be able to raise their own children and to understand how to deal with the behaviors that come about as you're raising your children.

I wanted to address two things quickly that I know are important pieces of any project or any innovative initiative that's coming up. One is around sustainability and the other is around funding.

So, again, the primary funding source for this initiative is coming from flexibility under our federal IV-E grants out of the Administration of Children and Families. The state has also made an additional investment into this program leveraging state general fund resources to help offset some of the training costs associated to the initiative and to include more families into the pilot project and what we are able to do initially.

In terms of sustainability we have also leveraged funding opportunities under the Medicaid program here in Maine that pay for existing intensive outpatient treatment programs. So there are providers -- and I'm sure these providers exist across the country -- that bill Medicaid program and offer various forms of IOP. And the Matrix Model IOP has been approved here in Maine to fit under the definition of that Medicaid service within our state plan.

So we are excited about the fact that as this project moves forward and if we see the outcomes that we're evaluating, there is already an inherent

sustainability plan in the sense that providers can continue to bill Medicaid for the IOP service and then we as a state agency can help support them with the training cost associated to the two evidence-based models through the proprietors.

So to a high level that's the project happening in Maine. Again, as I mentioned, the initiative was launched in April of 2016. We are actively working with families today to get them enrolled into the program and to start the services. The evaluation project is underway and we're excited to see the outcomes that are produced.

I would encourage anybody to reach out to me if you want more information. I know that that was a high level. They appreciate the opportunity to give you this information and to share, hopefully, a change in practice from the way that we have been engaging with families and youth across the country.

So without further ado I will turn it back over to the operator.

Coordinator: Thank you.

If you'd like to ask a question, please press Star 1. Please unmute your phone and record your name when prompted. It is required to introduce your question. Once again that's Star 1 if you have any questions.