

# Accessing the Continuum of Care:

IN-HOME SERVICES



# SPEAKERS



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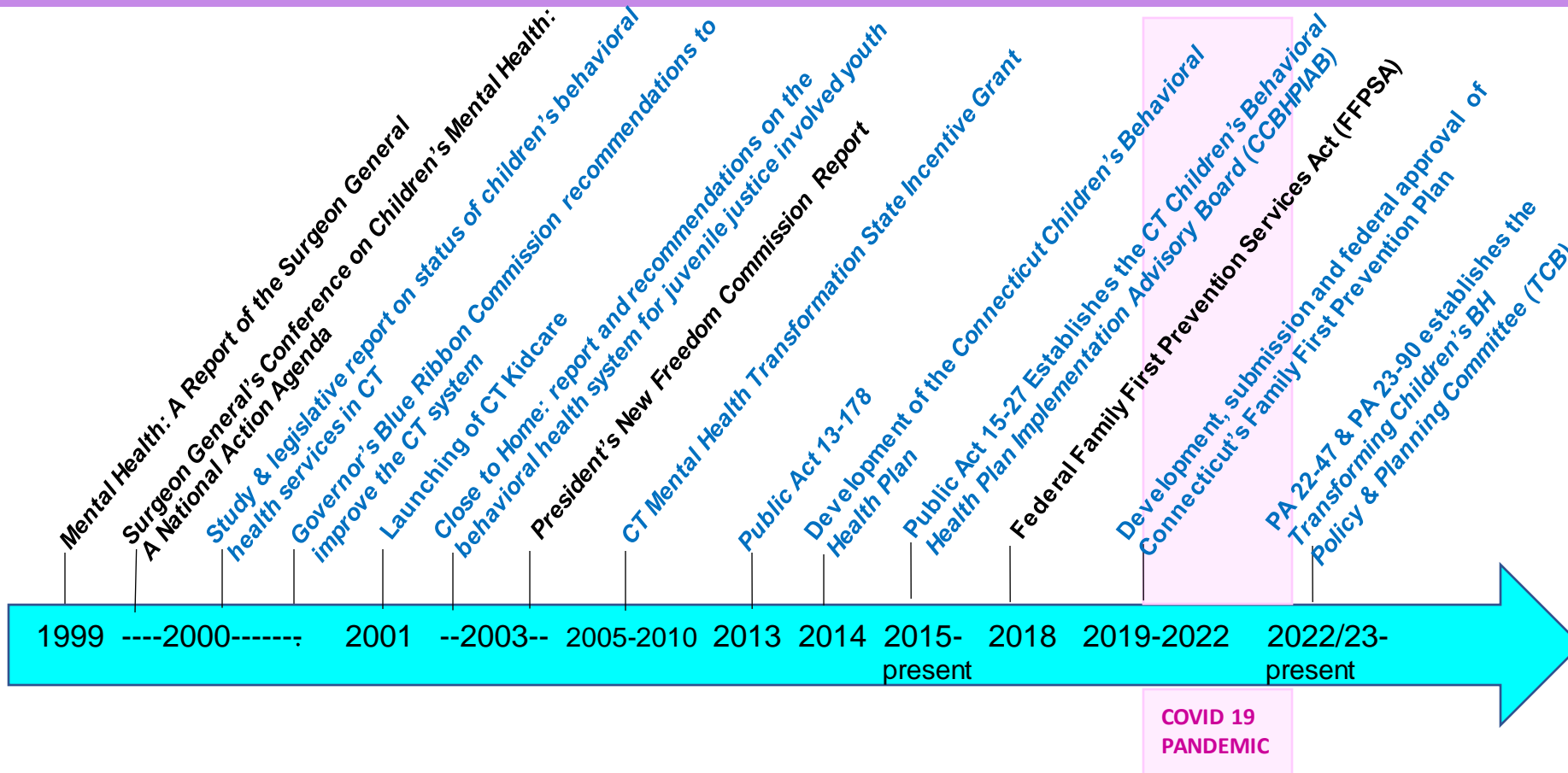
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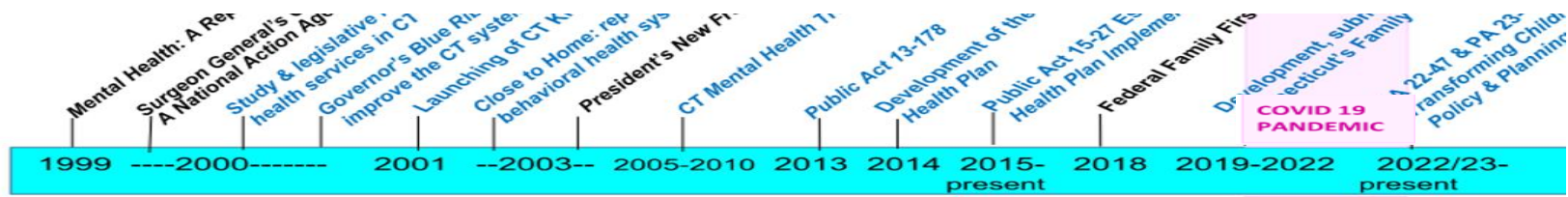
Carelon Behavioral Health

# Parent Story



# HISTORY: SINCE 1999: AN ONGOING MOVEMENT IN CONNECTICUT (AND NATIONALLY) TO IMPROVE THE BEHAVIORAL HEALTH TREATMENT SYSTEM FOR CHILDREN & FAMILIES





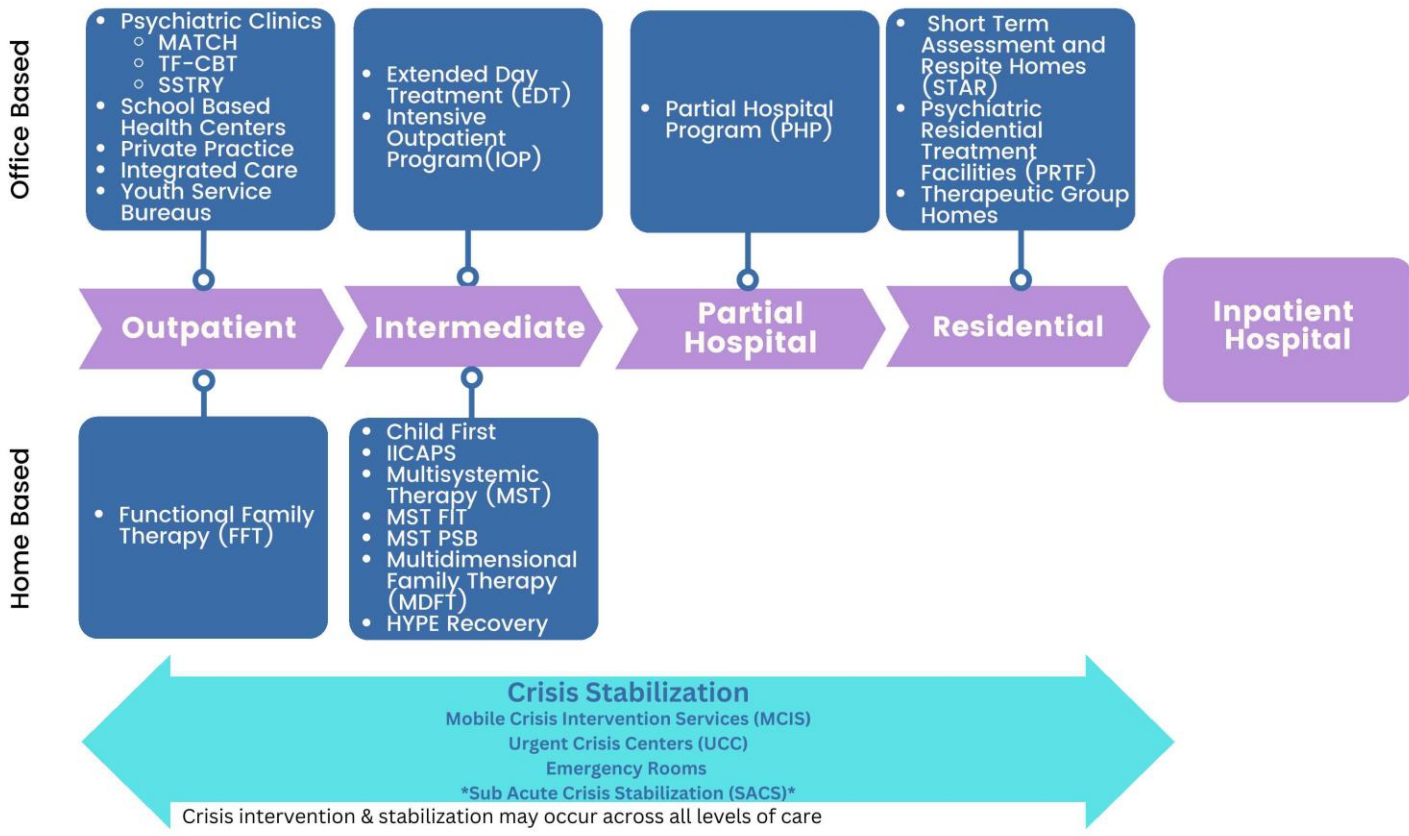
### Nationally:

- Facilitate detection and connection to address children’s BH
- Care must be consumer and family driven
- Advance Evidence-Based Practices (EBPs) using dissemination and demonstration projects and create public-private partnership to guide their implementation
- Improve & expand the workforce providing Evidence-Based BH services and supports
- Focus on strengthening families through EBPs to address child & parent BH

### Connecticut:

- Keep children in their homes and communities by expanding effective community-based treatments for diverse behavioral health needs
  - Started with Kidcare and launching of Mobile Emergency Psychiatric Services, care coordination and intensive in-home treatments
  - Expanding with recognition of the BH treatment needs of JJ-involved youth
  - Continuing to promote access to services *before* system involvement
- Families
  - as the focus of treatment
  - full members on treatment teams
  - Partners in system development
- Invest in implementation and development of research supported treatment, continued system development and partnerships
  - Ongoing support to infrastructure necessary to maintain fidelity of treatment implementation & outcomes
  - Partnerships with model developers, providers and researchers to develop strong programs to address identified needs (practice innovation)
  - Partnerships with higher ed to promote workforce readiness
  - Partnerships to expand community awareness and promote connection of families
  - Updating the roadmap of continued system development to promote child & family wellbeing through extensive input from all stakeholders (CT Children’s Behavioral Health Plan, CT Family First Plan)
- Connecticut recognized as a leader in a comprehensive service system and as a partner to research and expand effective treatment for diverse needs

# LEVELS OF CARE



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 January 2024

# Multi- Dimensional Family Therapy

MDFT



# Multi Dimensional Family Therapy (MDFT)

## **Family intervention for youth who are demonstrating high level of difficulty:**

- Substance use and/or
- Disruptive behavior at home, in school and/or community
- Age 9 - 18
- Living at home or returning home
- Other psychiatric issues may be present, but concerns about substance use and/or disruptive behavior are primary



# Approach: MDFT

- **2-3 sessions per week for 4-6 months**
  - Parent(s) alone
  - Youth alone
  - Family together
- **Services provided by: Therapist (masters level) and Therapist Assistant (BA level)**
- **Case management support to:**
  - Identify and access needed resources
  - Strengthen family's collaboration with other systems that may be involved (school , probation , DCF, etc.)
  - Involve youth in positive activities with positive peers
- **Drug testing**
- **24/7 crisis availability**

# Extensive Research Support : MDFT

## REDUCED:

- Substance Use (41-66% reduction)
- Arrests
- Involvement with negative peers

## IMPROVED:

- Psychological functioning
- Family relationships
- Parenting effectiveness
- School and/or job performance

## COMPARED TO EVIDENCE- BASED GROUP TREATMENT

- Greater reduction of substance use over the long-term
- Better success at keeping youth and families in treatment to completion
- Better family functioning

# Highlights MDFT Outcomes in CT - FY 2023

## **At discharge from treatment, across all 12 standard MDFT programs:**

- 88% of youth were living at home ·
- 92% had no new arrests ·
- 75% were participating in an educational program or employed ·
- 95% of youth were not using hard drugs (drugs other than marijuana or alcohol)
- 87% had stable mental health functioning ·
- 95% of families were not resorting to violence to address their problem

## MDFT Providers:

- Boys & Girls Village
- Child and Family Agency of Southeastern CT
- Community Health Resources
- Community Mental Health Affiliates
- United Community & Family Services
- Wheeler

## CURRENT FUNDING:

- DCF Grants
- Medicaid
- Anthem (commercial insurance)

# Adaptation of MDFT: Helping Youth & Parents Enter Recovery (HYPE-Recovery)

- For youth with **Opioid Use Disorder**:
- Full MDFT intervention
- Adds **Medically Assisted Treatment (MAT)**
- Adds **Recovery Management Check-up Support (RCMS)** as aftercare
- Expands to age 21

# Multisystemic Therapy MST



# Multisystemic Therapy (MST)

**Family intervention for teens ages 12- 18 demonstrating serious disruptive behaviors (at home, in school and/or in the community)**

- Often with juvenile justice involvement
- At-risk of out-of-home placement or incarceration
- Youth may also be misusing substances or at risk for substance misuse

# Approach: MST

- **3 session per week for 3-5 months**
  - Strong emphasis on support and guidance to parent(s)
    - Setting and following through with clear expectations
    - Increased monitoring of youth
    - Recognizing and rewarding positive behavior
    - Identifying supports for parenting success
  - Family Sessions to improve interactions
- **Case management support to:**
  - Identify and access needed resources
  - Promote home-school link
  - Help to build positive collaboration with other systems
  - Connect youth successfully to positive activities
- **Services provided by a therapist (masters level)**
- **Drug testing**
- **24/7 Crisis availability**



# Extensive Research Support : MST

## **As of January 2023, 96 published studies:**

- 69 conducted by independent researchers
- 28 Randomized control group studies (gold standard in research)
- Over 70,000 families included across this research
- Follow-ups as far out as 22 years post-treatment showing better outcomes!

## **In comparison to “treatment as usual” MST:**

- Reduces behavioral and mental health problems
- Reduces rates of out-of-home placement
- Improves family relationships
- Decreases rates of adolescent substance use
- Decreases long-term rates of criminal re-offending (of referred youth, siblings and parents)
- Yields significant cost savings
- Has high family satisfaction with services

# CT Data: MST Ultimate Outcomes 2020 -2023

	<b># SERVED</b>	<b>AT HOME</b>	<b>IN SCHOOL</b>	<b>NOT ARRESTED</b>
<b>Total population served (combined)</b>	626	94%	84%	90%
White (Non-Hispanic)	272	94.5%	86.4	93%
Hispanic/Latinx	165	96.36%	83.64%	89.70%
Black or African Heritage	144	84.72%	77.78%	85.42%
Multiracial	35	97.14%	91.43%	91.43%
Asian	6	66.67%	83.33%	83.33%
Native Hawaiian or Pacific Islander	1	100.00%	100.00%	100.00%
Other	3	100.00%	100.00%	100.00%

## CONNECTICUT MST PROVIDERS (Standard MST)

- Connecticut Junior Republic (CJR)
- North American Family Institute (NAFI)
- Village for Families & Children
- Wheeler

## CURRENT FUNDING:

- DCF grants
- Medicaid
- Anthem (commercial insurance)

# MST Adaptations for Youth:

- **MST for Problem Sexual Behavior (MST-PSB)**
  - Youth 10-18 whose primary acting out is sexual (e.g. forcing sexual contact or taking advantage of others sexually; repeated engagement in risky sexual behaviors; receiving money or goods for sex, etc.)
- **MST for Emerging Adults (MST-EA)**
  - 17–20-year-olds with diagnosed serious or chronic mental health condition
  - Recent criminal history
  - Living in stable housing in the community
  - Helping these youth transition successfully to adulthood and independence
- **MST Family Integrated Transitions (MST-FIT)**
  - Youth court-ordered to residential placement who are now returning home
  - Who have had Dialectical Behavior Therapy (DBT) while in placement
  - Begins family work 30 days *before* the youth is released

# Intensive In-Home Child & Adolescent Psychiatric Services

IICAPS



# Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)

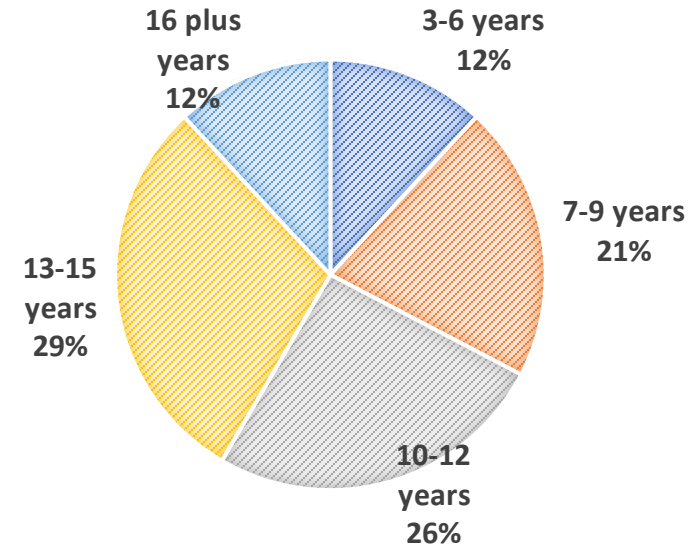
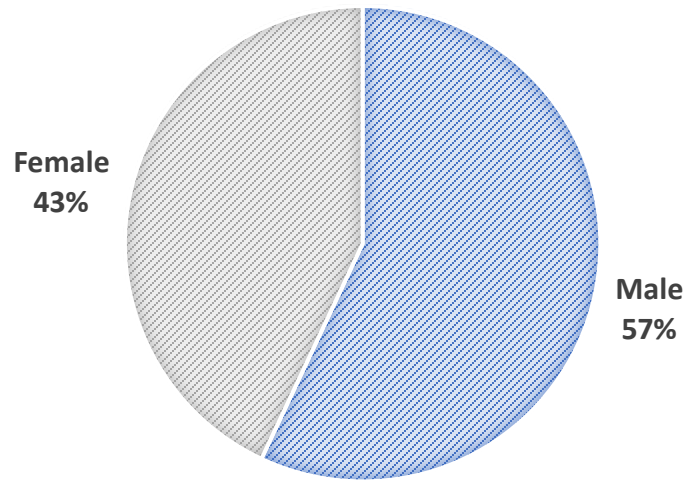
- 4-6 hours of support weekly including parent, child, and family sessions
- Two-person team – MHC and Masters Level Clinician
- Attachment and multigenerational complex-trauma informed
- Addresses both child AND parent mental health
- Clinical work in 4 domains: Child, Family, School, Community
- Referrals from Inpatient units, Emergency Departments, EMPS, Child Protective Services, IOP/PHP, PRTF, Schools, Child Guidance Clinics

# Target Population

**Children and adolescents (4-18) with severe emotional/psychiatric disturbance (Axis I) who are:**

- Unable to be discharged successfully/safely from institutional treatment due to a lack of home/community resources
- At risk for psychiatric institutional-based treatment
- “Gravely disabled” and unresponsive to clinic-based service

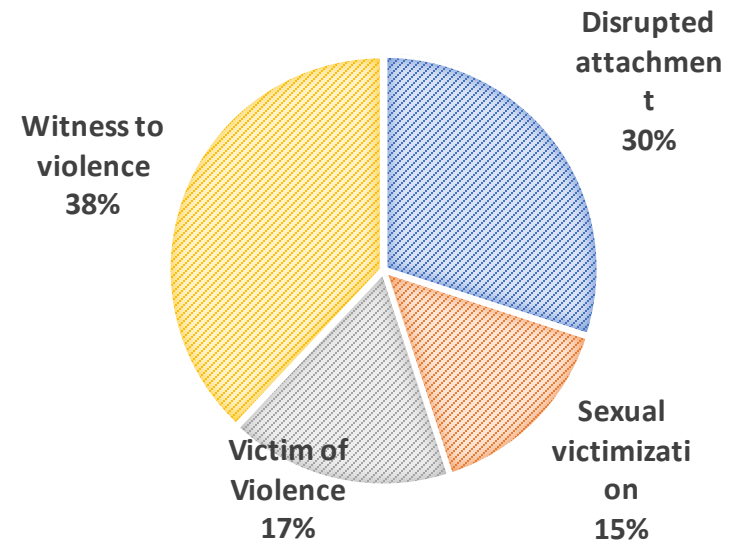
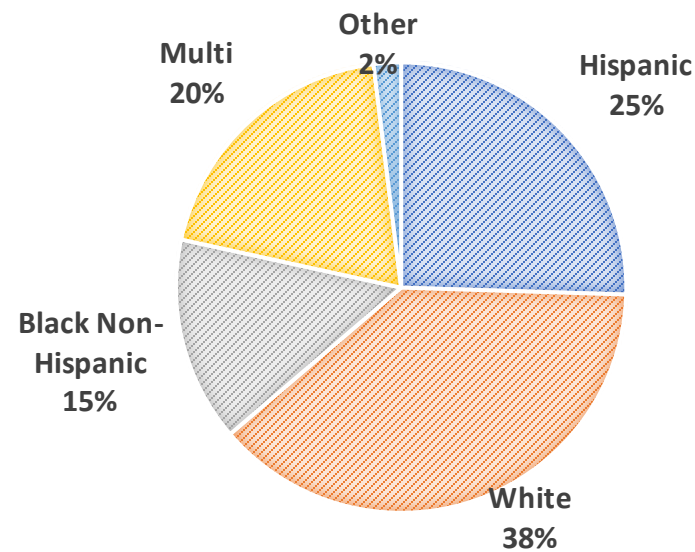
# Sex and Age (2014-2019 = 12,602)



\* Beginning to collect and analyze data about gender variance and hope to present this soon



# Race and Complex Trauma (2014 - 2019 =12,602 )



- Disproportionately serves racial/ethnic minority groups
- 67% of children and adolescents report one or more experiences of complex trauma
- Diagnosis data is extremely variable, and many kids have multiple diagnosis
- Roughly half of IICAPS parents endorse 4+ adverse childhood experiences

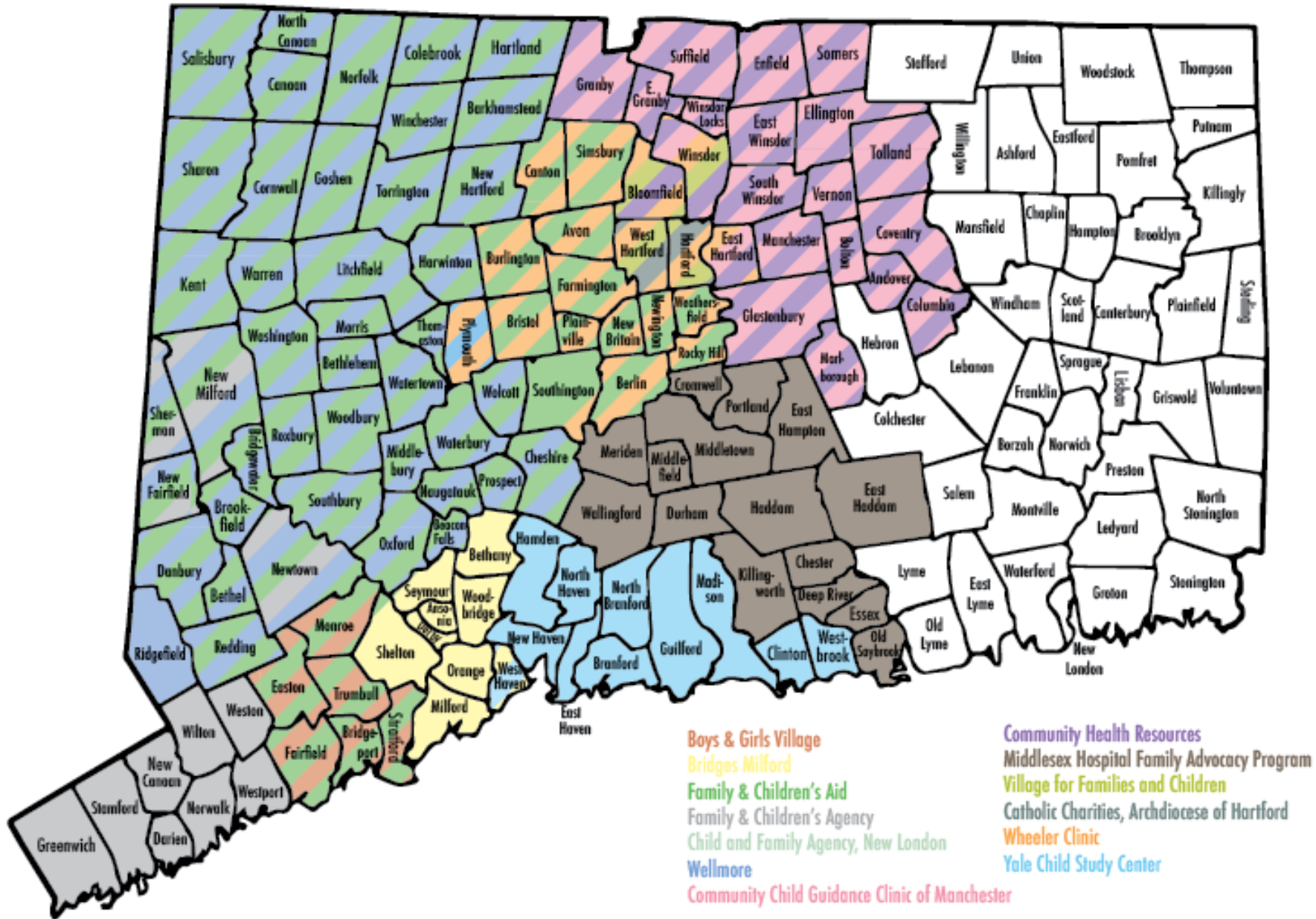
# Outcomes (2014-2019 = 12,602)

- Significant reduction in Ohio scale symptom severity and improvement in Ohio scale functioning for treatment completers.
- 50% of cases on average showed clinically reliable changes
- Treatment completion rate: 73% trending upwards
- Significant reduction in service utilization for treatment completers.
- **> 60% reduction in hospital admissions**
- **>50% reduction in inpatient days,**
- **40% reduction in ED visits**
- For the 73% of families who discharge having successfully completed treatment, these improvements have been shown to be maintained 6 months after discharge.

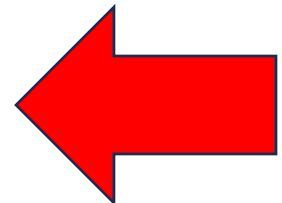
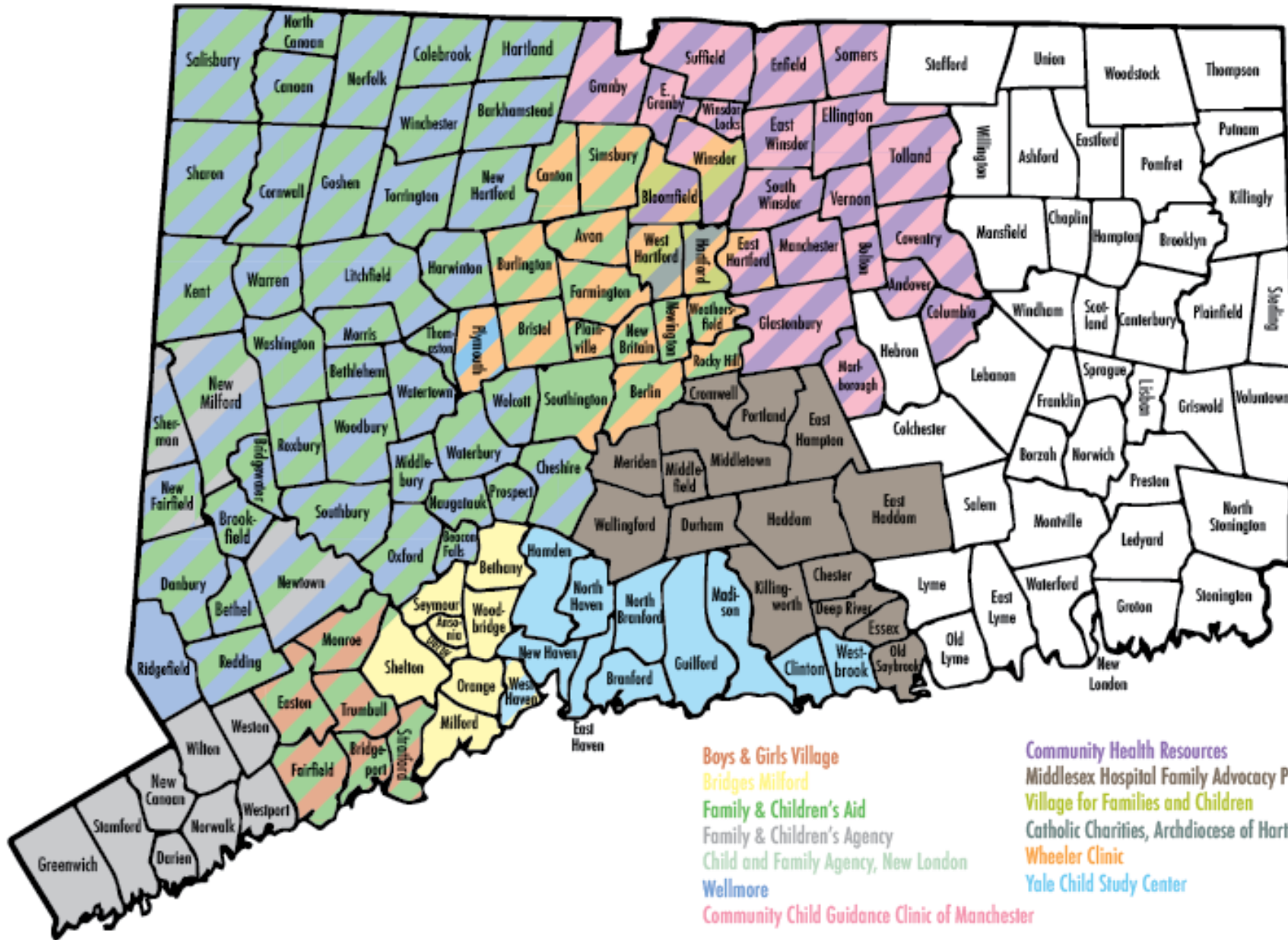
# Funding Mechanisms

- Fee-For-Service through Connecticut Behavioral Health Partnership
- Medicaid and some Private Insurance
- IICAPS Model Development and Operations funded through DCF grant

# IICAPS Network 2023 = 16 sites



# IICAPS Network 2023 = 16 sites



# Functional Family Therapy

FFT

The Child and Family Guidance  
Center

Child & Family Agency

Community Health Resources

Clifford Beers

Wellmore Behavioral Health

[FFTLLC.COM](http://FFTLLC.COM)

# FFT Target Population & Program Summary

## Target Population

- The program is for at-risk youths ages 11 to 18 and has been applied in a variety of multiethnic, multicultural contexts to treat a range of youths and their families. FFT can be used to treat Depression or Anxiety, in or at risk of foster care placement, justice-involved, substance use, or behavioral problems such as Conduct Disorder and Oppositional Defiant Disorder.

## Program Summary

- Functional Family Therapy (FFT) is an evidence-based intervention for youth and families. This high quality, strength-focused family counseling model is designed primarily for at-risk youth who have been referred by the juvenile justice, mental health, school, or child welfare systems. Services are short-term and conducted primarily in the home.
  - Typically, one session per week (or twice a week at beginning of treatment)
  - 8-24 sessions over a 4–6-month period
  - All household family members participate in all sessions

# Connecticut FFT Outcomes

- 2022-23: Statewide Results

- 65% completion rate
- 47% noted a lot of improvement.
- 95% noted some improvement or greater.

- 2022-23: Treatment Completers

- 100% of youth/caregivers remained in the home/community
- 94% showed no intensification of referral problem
- 91% were attending school or working
- 98% had no new law violations
- 96% reported no new safety-related incidents for any family member

## FFT: Well Trained, Well Studied & Well Supported

- **Well Researched, Evidence Based Practice**

>Recognized as effective by the US Dept. of Justice, The Center for Disease Control, The American Academy of Child and Adolescent Psychiatry, and hundreds of scholarly articles found at [fftllc.com](http://fftllc.com)

Youth Policy Forum and hundreds of

- **CT FFT Meets All FFT National Standards for Program Fidelity**

>Model experts train all therapists.

- **FFT is a Federally Approved “Well Supported” Family First\* Program.**

> \*The Family First Prevention Services Act (FFPSA) allows states to use federal funds on child welfare prevention programs that are supported by The Title IV-E

Prevention Services Clearinghouse.



# FFT Utilization In Connecticut FY 22

- The Statewide utilization of FFT at year-end was 60% as approximately 147/244 FFT slots were utilized by the close of 2022. This is an increase of 22% from 2021.
- One agency began its FFT program in May 2022.
- There was an 11% increase in the number of referrals to FFT in 2022 as compared to 2021 (428 vs. 380).
- 3 of 6 teams in Connecticut meet the FFT national standard of 70% utilization. Only one team is below a 65% utilization rate.

## Who FFT Serves in Connecticut

- Of the 391 youths who closed in 2022, the majority were White/Caucasian (41%), followed by Latinx (14%), Black (10%), Bi-racial (9%). Approximately 16% were Unknown. The remainder were and European (3%), with Other, African, Caribbean, Chinese, Korean, Middle Eastern/North African, and Other Latin American all under 1%.

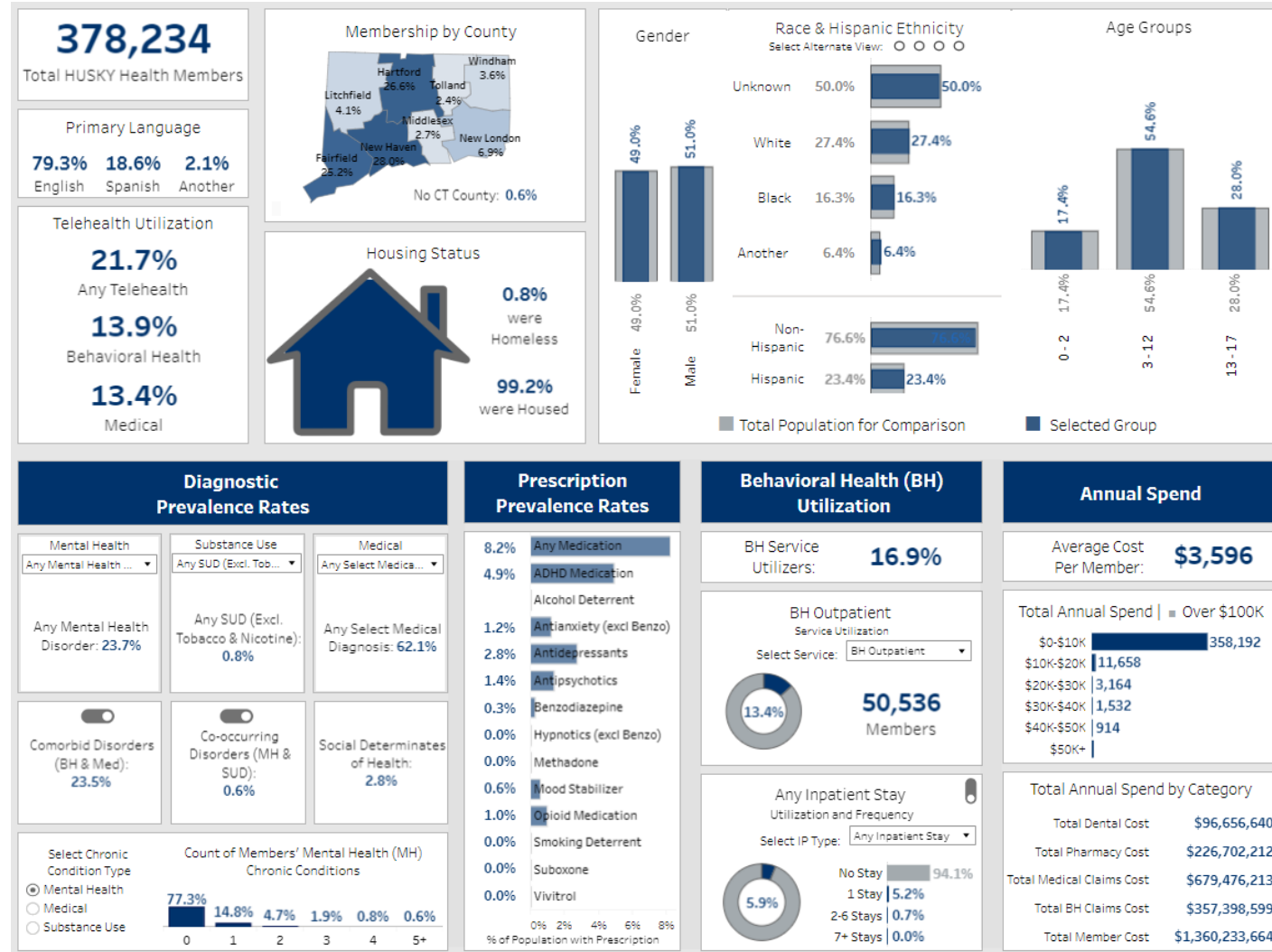
# The Connecticut Behavioral Health Partnership (CT BHP)

- CT BHP is a partnership that consists of the Department of Social Services (DSS), the Department of Children and Families (DCF), and the Department of Mental Health and Addiction Services (DMHAS). Carelon Behavioral Health Connecticut serves as the Partnership's Administrative Services Organization (ASO). There is a legislatively mandated oversight council (Behavioral Health Partnership Oversight Council).
- The Partnership's goal is to provide access to a more complete, coordinated, equitable, and effective system of community based behavioral health services and support. This goal is achieved by making enhancements to the current system of care to:
  - Support recovery and access to community services, ensuring the delivery of quality services to prevent unnecessary care in the most restrictive settings
  - Enhance communication and collaboration within the behavioral health delivery system and with the medical community, thereby improving coordination of care
  - Improve network access and quality
  - Recruit and retain traditional and non-traditional providers
- For more comprehensive information/reports, please visit [www.ctbhp.com/reports](http://www.ctbhp.com/reports)

# Medicaid Youth Population Profile - 2022

- **16.9%** ( $n = 64,060$ ) of all Medicaid Youth utilized a behavioral health service in 2022, an increase from 2021 (16.3%,  $n = 59,913$ ).
- **0.7%** ( $n = 2,637$ ) of the Medicaid Youth population utilized a behavioral health in-home service in 2022.
  - In-home services include Intensive In-Home Child & Adolescent Psychiatric Services (IICAPS), Functional Family Therapy (FFT), Multidimensional Family Therapy (MDFT), and Multisystemic Therapy (MST).
- **IICAPS** was utilized by 0.5% ( $n = 1,770$ ) of the overall Medicaid Youth population, a decrease from 2021 (0.6%,  $n = 2,128$ )
  - 51% ages 3-12
  - 49% ages 13-17
- **0.3%** ( $n = 998$ ) of all Medicaid Youth utilized **another home-based service** in 2022, a decrease from 2021 (0.3%,  $n = 1,235$ )
  - 26% ages 3-13
  - 74% ages 13-17

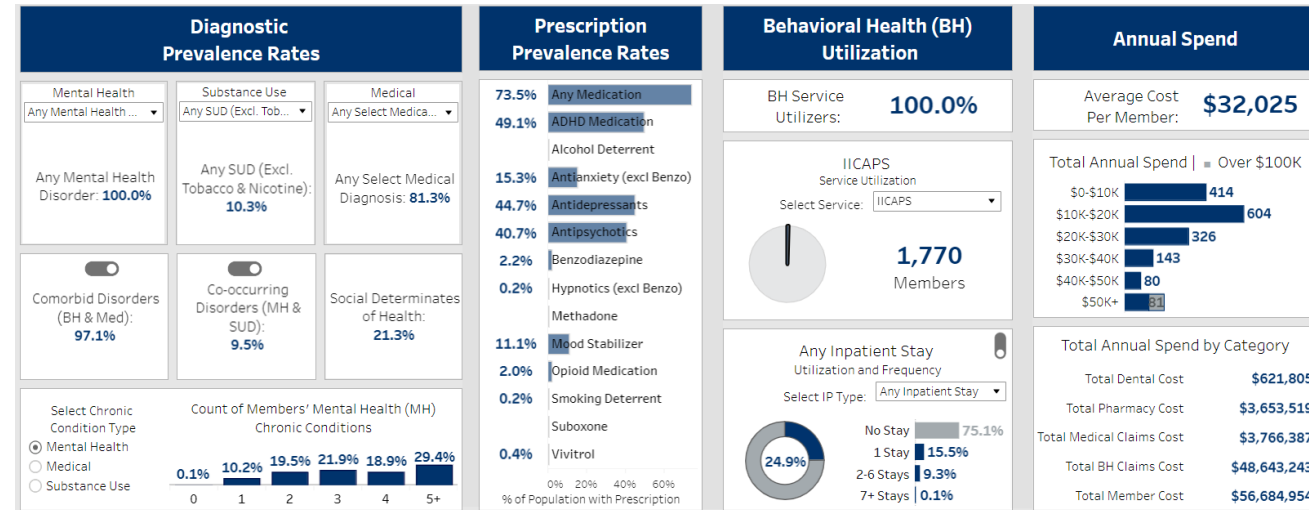
## Overall Medicaid Youth Population - 2022



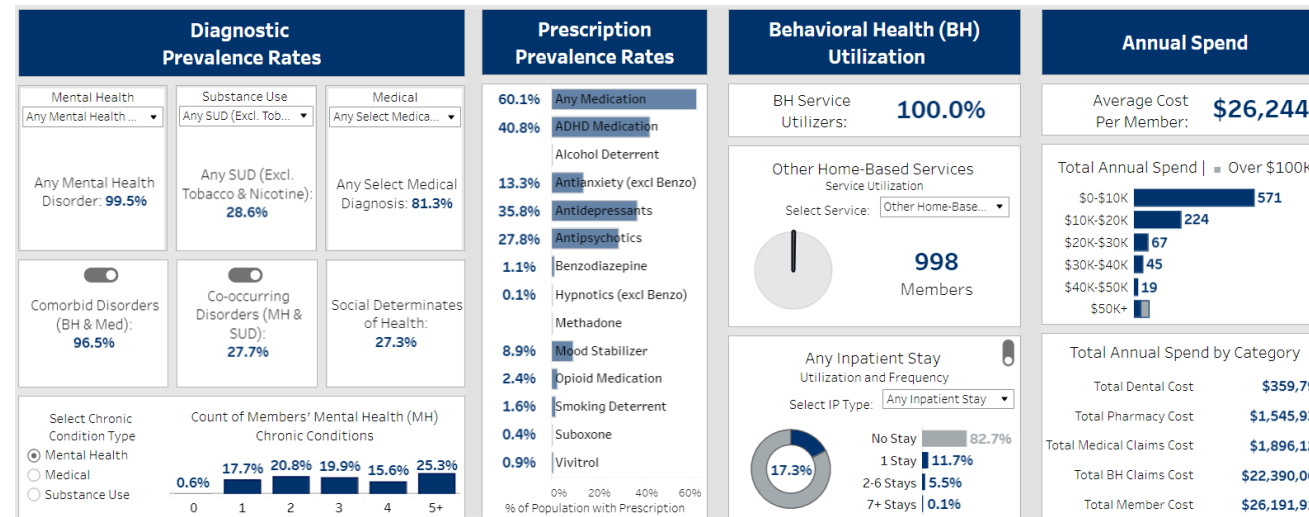
# Youth In-Home Service Utilization 2022

- 131 (5%) youth utilized both IICAPS and another in-home service.
- 22.9% (n = 405) of IICAPS-involved youth had at least one inpatient psychiatric (IPF) hospitalization as compared to 0.5% (n = 1,809) of the entire Medicaid Youth population.
- 15.2% (n = 152) of youth that utilized other in-home services had at least one IPF hospitalization.
- 43.2% (n = 765) of IICAPS-involved youth had at least one behavioral health emergency department (BH ED) visit as compared to 2.2% (n = 8,328) of the overall Medicaid Youth population
  - IICAPS-involved youth made up 9.1% of all Medicaid youth that had a BH ED visit in 2022.
  - 21.2% (n = 375) of IICAPS-involved youth had 2-6 BH ED visits, an increase from 2021 (10.7%, n = 228).
- 39.6% (n = 395) of youth that utilized other in-home services had at least one BH ED visit

## IICAPS Utilization CY 2022



## Other Home-Based Service Utilization CY 2022

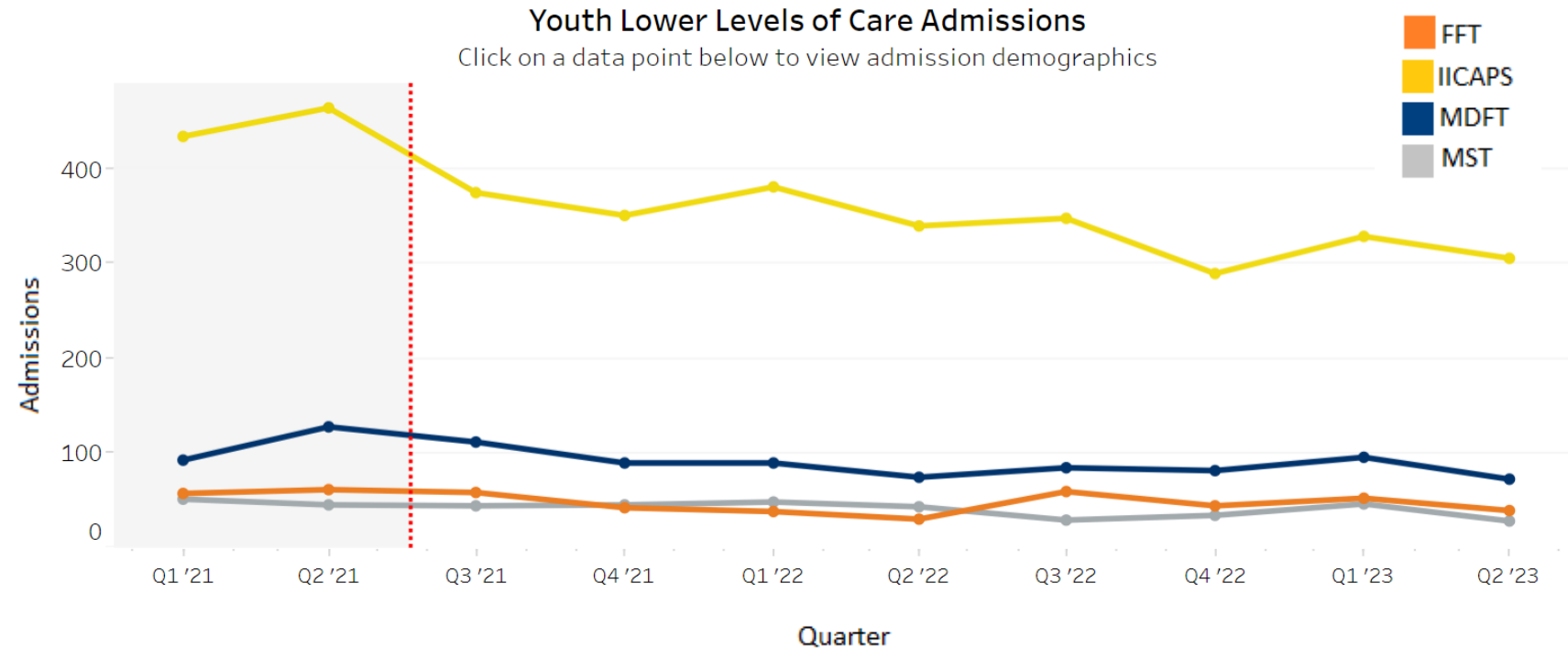


# Youth In-Home Service Utilization

## Q2 2023

- Out of 443 in-home service admissions in Q2 '23, **IICAPS** was the most utilized (68.6%).
  - IICAPS admissions decreased 29.6% from 432 in Q1 '21 to 304 in Q2 '23 while other in-home service admissions remained stable.
- Workforce challenges have impacted IICAPS programs, compounded by high demand as seen in long waitlists.
- The second-most utilized in-home service was **MDFT** (16.3%).

### Admissions Q1 2021 to Q2 2023\*



# The Cascading Child Mental Health Crisis & Its Effect Upon CT's In-Home Family Therapy Workforce.

- Children have increased rates of Depression & Anxiety.
- More intense child symptom profiles suggest higher acuity with more complex treatment needs in individual children.
- Increased demands upon services & workforce migration to telehealth modalities have caused shortages in CT's highly trained In-Home Therapy workforce.
- Lower staff retention causes increased training costs and decreased overall clinical skill.
- Less staffing capacity has resulted in decreased access to treatment.
- Our most vulnerable at-risk youth served by these programs who are most affected by this widening service gap experience further decompensation and wind up in the ED's of hospitals.
- Without legislative support CT's children's mental health system will continue to unravel at the seam of the safety net where these effective programs are positioned.

# Preserving Quality, Preventing Catastrophe & The Path Forward

1. Stagnant Medicaid reimbursement rates must be adjusted to raise salaries & provide incentives to migrating clinicians, enabling agencies to compete for and retain skilled clinicians.
2. Increased or restored grant funding will improve the operational efficiency and service capacity of these overworked & understaffed programs.
3. Compel commercial insurance carriers to add in-home family therapy programs to their list of reimbursable services ensuring equitable care for all CT children who need this service.
4. These measures will preserve CT's nationally respected continuum of child mental health services by strengthening a system gap where both the most vulnerable children and the most stressed & clinically trained workforce intersect.

Q & A

