

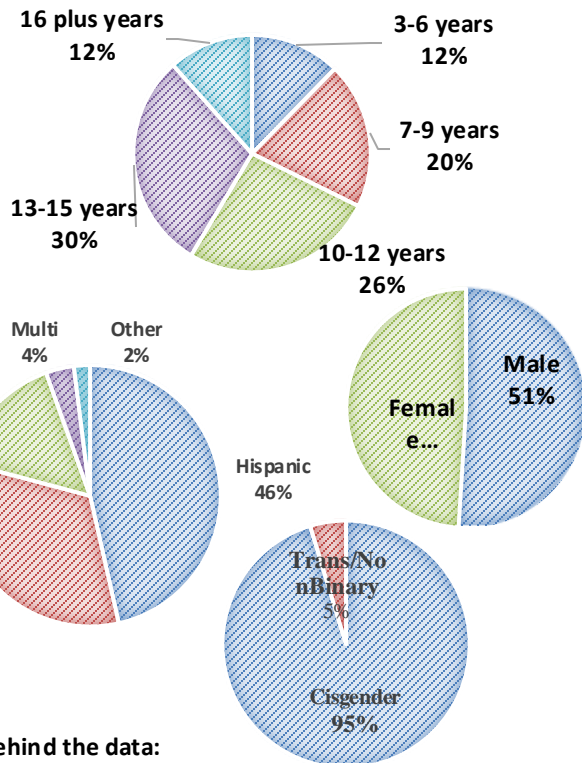
# IICAPS: Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)

**Improving Quality of Life:** Children and adolescents experiencing serious emotional disturbance have and will continue to have a decrease in the utilization of psychiatric hospitalization days, fewer Emergency Department visits, fewer Psychiatric Residential Treatment Facility stays, improved functioning and decreased problem severity.

**Our Approach:** IICAPS is an intensive multi-generational complex trauma and attachment informed in-home treatment model. IICAPS is a level of care across CT. This means that we are offered to all families receiving Medicaid who are experiencing chronic and acute psychiatric crisis. Data has consistently shown that IICAPS families (both parents and children) struggle with histories of significant and often chronic developmental stress, adversity, and trauma which impacts parenting practices and child and family mental health.

**Our Evidence Base:** IICAPS considers itself Practice Based Research which refers to evidence that is collected in real world scenarios rather than tightly controlled environments. This better reflects the actual work teams do with families with multiple complex comorbidities, financial stressors, and structural inequalities. Our model is flexible and responsive to research and best practices. We use quarterly quality assurance and quality improvement data to demonstrate effectiveness and inform ongoing model development.

## Who are the families who need IICAPS (2023-2024)?



### Story behind the data:

- When compared to the state, IICAPS disproportionately serves families of minority racial/ethnic groups.
- Diagnosis data is extremely variable, and many youth have multiple diagnosis.
- IICAPS primarily serves youth eligible for Medicaid.

## How well does it work (2023-2024)?

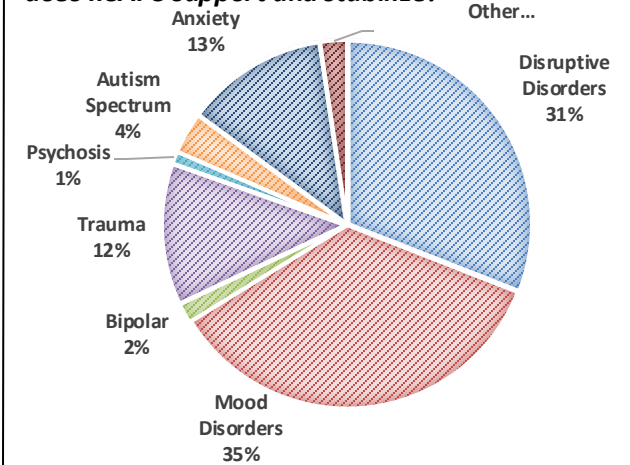
Significant reduction in service utilization for treatment completers.

- > 58.2% reduction in hospital admissions
- >72.9% reduction in inpatient days,
- 47.1% reduction in ED visits

Significant reduction in Ohio scale symptom severity and improvement in Ohio scale functioning for treatment completers.

- For the Fiscal Year, Ohio scores also showed statistically significant improvements on all scale subdomains: Ohio Scales Problem Severity scores decreased on average by 10.9 points per parent report, 7.4 points per youth report, and 9.5 points per worker report, and Functioning scores increased by an average of 8.2 points by parent report, 4.1 per youth report, and an average of 8.5 points per worker report.
- Treatment completion rate: 75%
- As the intervention has evolved to become more complex trauma-informed, there has been an increase in treatment completion.
- For the families who discharge having successfully completed treatment, these gains have been shown to maintain 6 months after discharge.

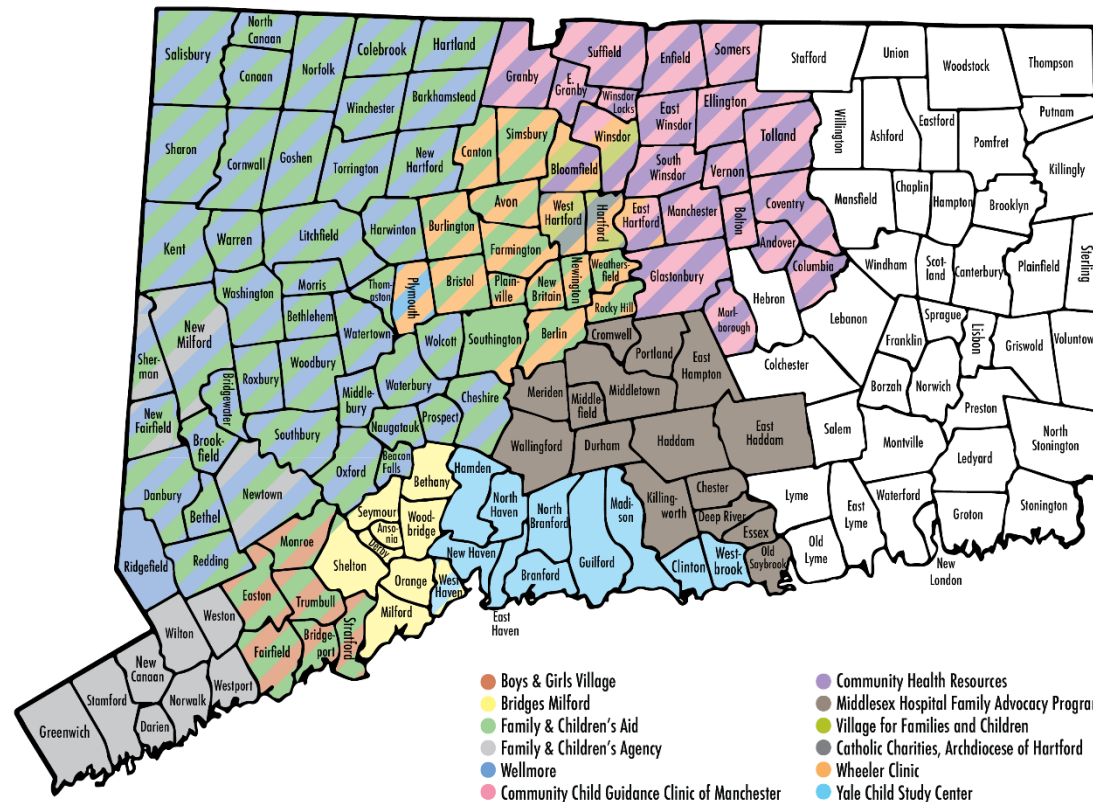
## What types of adolescent psychiatric diagnoses does IICAPS support and stabilize?



- Most children and adolescents have more than one diagnosis
- 71% of children and adolescents report one or more experiences of complex trauma.
- Roughly half of IICAPS parents endorse 4+ adverse childhood experiences
- The majority of IICAPS patients (82%) will require only one episode of care to maintain stability.
- For those who require a second episode of care, they don't return as acute, and they make increased gains. The likelihood of requiring more than three episodes of IICAPS is extremely rare and is only used for youth with persistent and severe symptoms.

# What is the overall impact?

## IICAPS Network Coverage:



UPDATE ON THE NETWORK

### Our Partners:

- IICAPS is covered by Medicaid and reimbursed on a fee-for-service basis.
- IICAPS Model Development and Operations through the Yale Child Study Center, provides ongoing training, consultation, and support for 16 sites at 12 distinct agencies across the state of CT and is funded by a grant through the Department of Children and Families.

Wheeler clinic and Community Health Resources remained in network due to Medicaid rate increases and ARPA funds allocated. CFA New London expressed interest in providing coverage for New London County

ARPA funds have been dispersed to some sites, with other sites awaiting contracts. Sites report the wording of the contracts are confusing and state that funds are for "provision to non-Medicaid eligible children who lack any other form of insurance and for non-Medicaid billable operational costs." Sites requested funding to support staffing stability and retention.

State-wide waitlist is at 544 families as of 12/16/24.

## IICAPS In Summary:

- Completion rate is high for this complex population.
- Quality assurance data show clinically meaningful reductions in parent, child, and clinician rated symptom child severity and improvements in child functioning.
- Home-based modality reduces barriers to accessing treatment.
- Model allows time and flexibility to build trusting relationships with family members.
- Model provides multi-generational complex-trauma informed psychotherapy for parents, child, and family.
- Positive long-term relationship with home-based providers translates into greater institutional trust – connect to care, referrals for psychiatric evaluation, collaboration with schools, DCF, hospitals.
- Significant cost-savings for the state due to reductions in service utilization.

**To make this level of care sustainable we are requesting:**

- Ongoing review of Medicaid rate.
- Increased funding (\$870,000.00) for IICAPS Model Development and Operations through our DCF contract to onboard new sites, ensure adequate training, clinical support, quality assurance, model development and other enhancements.
- \$600,000 in supplemental grant funding to onboard 3 sites in unserved and underserved areas.