

Connecticut Medicaid Youth IICAPS Utilization Data Brief

Review of Medicaid Claims and Yale's IICAPS Service Data from 2011

This report was made possible through the collaborative effort of the Connecticut Behavioral Health Partnership and Yale University/Child Study Center. Multiple data sets and complex statistical analyses were used to provide a comprehensive summary of the characteristics of youth with Husky A and B who utilized Intensive In-home Child and Adolescent Psychiatric Services (IICAPS) and the outcomes of treatment.



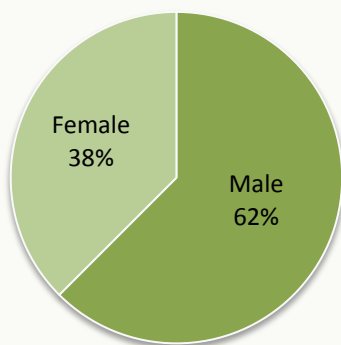
Background and Context

Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) is one of the intensive, home-based services provided in Connecticut (CT). The program, developed at Yale University, has served youth over the last 15 years that are often at imminent risk of hospitalization or placement out of their home due to the seriousness of their mental health issues. A primary purpose of IICAPS is to assist children to improve functioning so they can remain at home, in their community, and with a reduced reliance on care provided in a hospital inpatient unit or emergency department (ED). The Yale Child Study Center has been collecting data on IICAPS for many years and has provided data supporting improvement in functioning, reductions in problem severity, and reductions in use of the ED and hospital care during an IICAPS episode. Yale is currently conducting a randomized control trial to obtain more information on effectiveness. This evaluation is aimed to examine who uses IICAPS, how the service is delivered, and whether there is evidence that it produces lasting change.

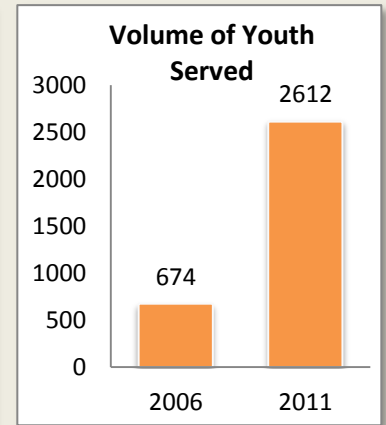
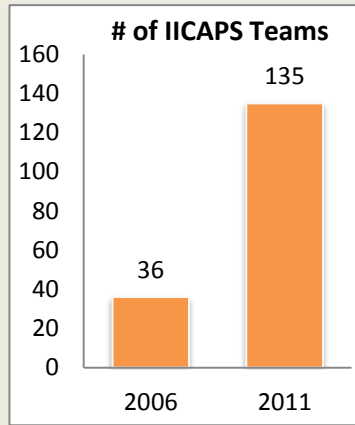
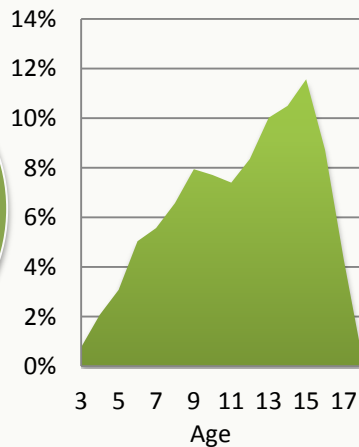
IICAPS Utilization – How Much?

As depicted in the charts to the right, IICAPS grew considerably to meet the demand between 2006 and 2011. There are currently 14 IICAPS providers across the state with the combined ability to serve 2400 to 2800 youth per year. More boys than girls utilize IICAPS services and youth tend to be older adolescents with the modal age being 15. Based on the study's methodology, there were 1,687 youth identified that utilized IICAPS services and discharged in 2011.

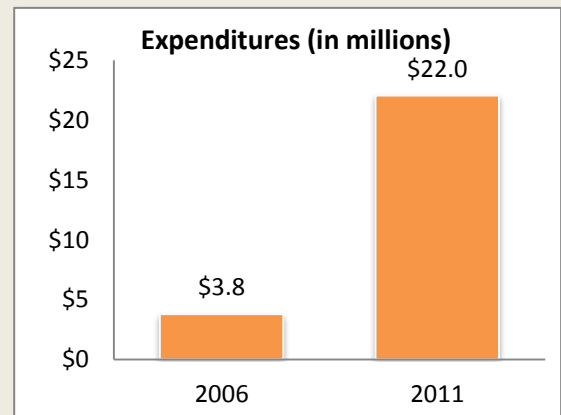
2011 Cohort Utilization by Gender



% IICAPS Users by Age



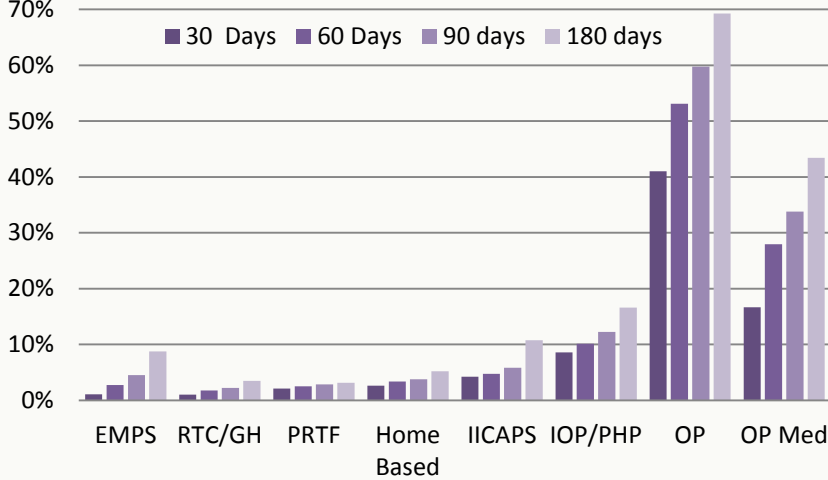
IICAPS Growth – How Much?



How Well Were IICAPS Services Delivered?

Yale promotes IICAPS provider performance through standardized training, data reviews, site visits, and other performance improvement activities. The chart below shows that outpatient treatment and medication management are the two most frequently accessed services following an IICAPS episode but that many children don't access these services until well after the IICAPS service has ended. Outcomes may improve with a greater emphasis on connecting children and families to continuing care and exploring methods of improving medication adherence. The chart also shows that more intensive community services are utilized but at relatively low rates.

Rate of Services Used Post IICAPS Discharge



Provider (Blinded)	Episode duration Mean # days	a	b	c	d	e
1	129.75				de	
2	135.30				e	
3	138.54			cde		
4	144.23		bcde			
5	146.94		bcde			
6	147.11		bcde			
7	150.43		bcde			
8	153.05		bcd			
9	153.61		bcd			
10	154.88		bcd			
11	158.58		bc			
12	162.20		b			
13	164.13	ab				
14	183.31	a				

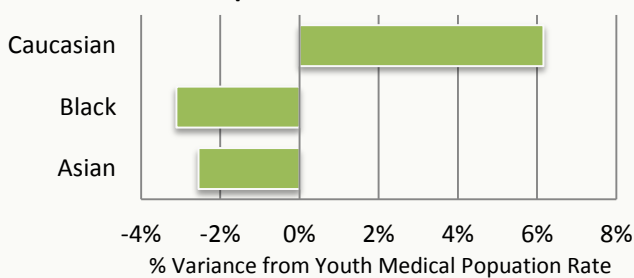
Note: Post hoc paired comparisons of episode duration between providers were evaluated using the Duncan test. Means with the same letter (a, b, c, etc.) within column are not significantly different than one another. Means that do not share the same letter are significantly different.

The chart above also shows the pattern of episode duration across providers (rows that share the same color/letter are not different from each other). There are a few outlier providers, but overall practice is generally consistent across providers.

Who Received Treatment?

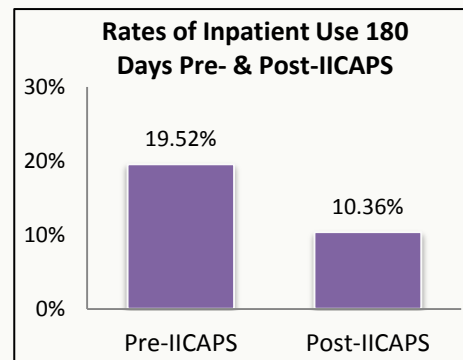
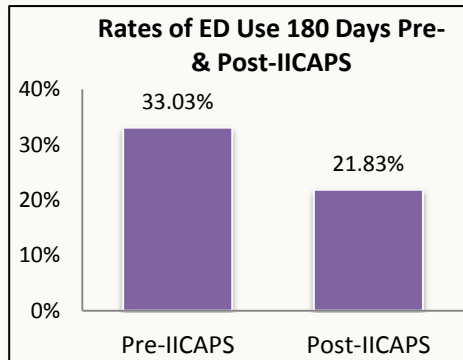
Caucasians utilize IICAPS at rates higher than would be predicted based on their prevalence in the Medicaid population. African Americans and Asians utilize IICAPS at rates lower than would be expected based on their base rate in Medicaid. Similar disparities in access to care are evident across primary and specialty healthcare, behavioral health care, child welfare, juvenile justice and other systems. Further study of disparities across other levels of care and behavioral health outcomes is recommended. Linking with other agencies, projects and initiatives aimed at reducing or eliminating such disparities may also be helpful.

Racial Disparities in IICAPS Utilization



The "All Others" and "Hispanic" categories were not graphed as their IICAPS utilization was at rates almost identical to the population rate so there was no variance.

Are Youth Better Off?



When comparing the 180 days prior to IICAPS to the 180 days following an IICAPS episode, 37% fewer IICAPS users visited the ED and 47% fewer were admitted to the hospital after completing IICAPS treatment. To further test and expand upon these findings, it will be important to compare these results with those of a randomized-control trial (RCT) and a further analysis comparing those that complete IICAPS treatment versus those that do not. Both of these studies are currently underway.

This data brief summarizes the key points of a more extensive report. If you are interested in further information on this topic or are interested in a presentation to your group, committee, or agency, please contact Dr. Bert Plant, Ph.D at Robert.Plant@valueoptions.com.