

# IICAPS

## Update on Evaluation and Performance Improvement Activities

Connecticut Medicaid Behavioral Health Services



### 2013 PT

How effective is IICAPS?  
How do IICAPS recipients connect to care after discharge?

### 2014 PT

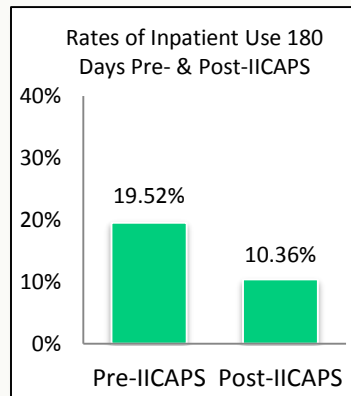
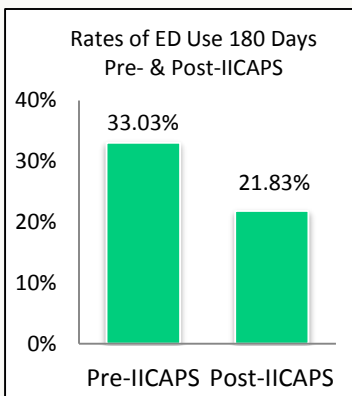
Who is likely to complete IICAPS treatment?  
How to improve performance?

### 2015 PT

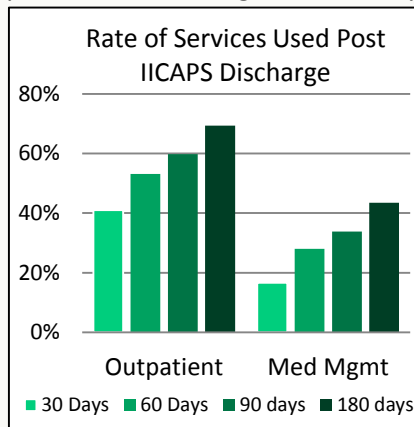
Launch of IICAPS Provider Analysis and Reporting (PAR) Program

### Significant Findings from 2013 Report

A previous study submitted in 2013 analyzed youth who received IICAPS treatment during 2011. The study demonstrated further effectiveness of IICAPS treatment. The charts below show the reduction in Emergency Department (ED) and Inpatient Psychiatric use 6 months post IICAPS.



Additionally, Outpatient treatment was the most commonly received aftercare service post-IICAPS discharge, followed by medication management. Thirty days after discharge, 41% of IICAPS recipients connected with an outpatient provider (see chart right). This increased to 70% within 6 months after discharge. A more rapid connection to care is expected to improve long-term outcomes.



### Overview from 2014 Study

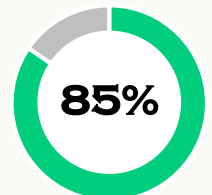


IICAPS stands for Intensive In-Home Child and Adolescent Psychiatric Service and was developed by Yale University/Yale Child Study Center.

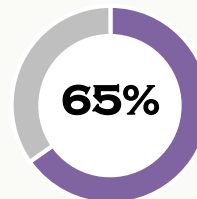


Data collected from 6633 individual Medicaid youth who received IICAPS services in 2010-2013.

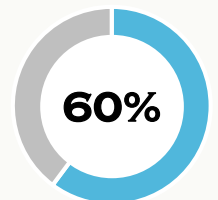
85% of youth had only one IICAPS episode (5599 youth).



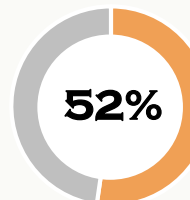
Most youth (65%) successfully completed the treatment episode (4326 youth).



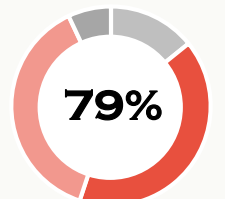
The majority (60%) of youth in IICAPS treatment were male.



Only slightly more than half (52%) of youth in treatment were ages 3-12. The other 48% were adolescents ages 13-18.



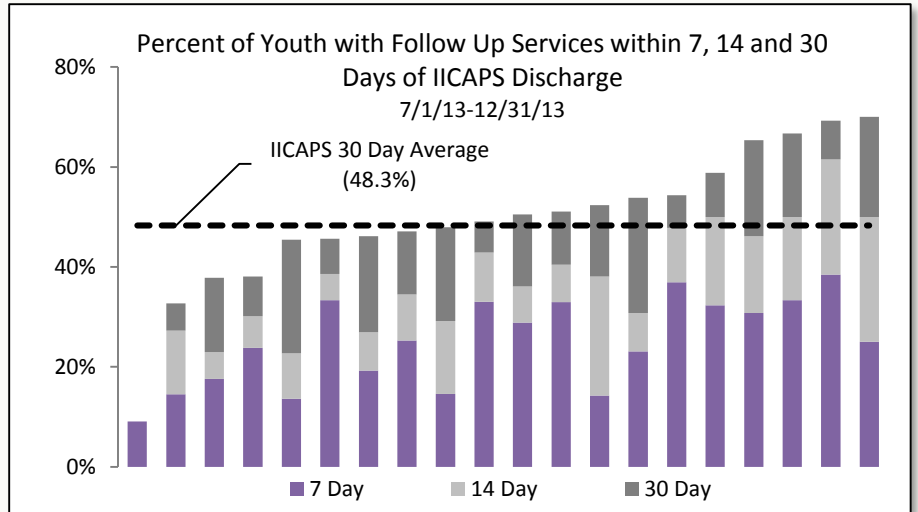
Caucasian and Hispanic youth together accounted for 79% of the youth in IICAPS. There were fewer African Americans (14.2%) and Other Race/Multi-Racial youth (7.0%).



## Connect-to-Care Post IICAPS

While the 2013 study found that IICAPS appears to be effective at reducing subsequent utilization of the ED and hospital inpatient admissions post IICAPS treatment, there are still opportunities for improvement in connect to care (C2C) and outcome measures post IICAPS discharge.

C2C measures were developed in conjunction with Yale Child Study and the IICAPS provider network. A youth could have connected to a variety of community-based services. The chart to the right shows three C2C measures for the 14 statewide providers (20 sites, blinded in chart) during a 6-month measurement period of July 2013-December 2013. There was wide variability between the IICAPS providers. The statewide 30 day C2C average was 48% and the 7 and 14 day C2C rates were obviously lower. The further out post IICAPS, the greater the C2C rates. These rates continue to increase 90 and 180 days post discharge.



## Prevention of Inpatient Admissions

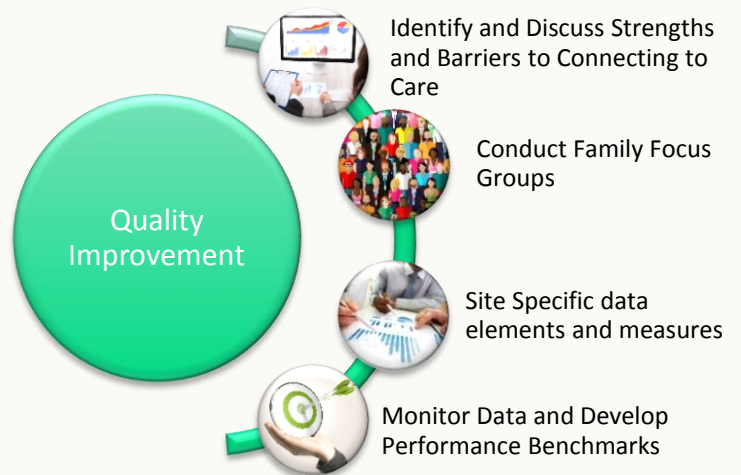
Over 96% of youth statewide did not admit to an inpatient psychiatric facility within 60 days post discharge. The individual provider sites had rates that ranged from 92.7% to 100%, all quite successful. In fact, over the past three years (6 analyzed measurement periods), this rate has remained consistent around 96% without any variability. Going forward these rates will be calculated for both 90 and 180 days post IICAPS discharge to see if youth continue to remain in the community.



**9.6 out of 10 youth do not require inpatient treatment within the two months after IICAPS and remain in the community.**

## Next Steps

The IICAPS PAR program, initiated in 2015, uses data in conjunction with provider feedback to understand the unique needs and challenges of IICAPS service users. Gaps, barriers, and best practices within the service system are identified and, ultimately, recommendations are made and performance improvement processes are implemented. Beacon will continue to meet bi-annually with the IICAPS provider network statewide to accomplish the following objectives:



This document summarizes the key points of a more extensive report submitted in 2014 and was made possible through the collaborative effort of the Connecticut Behavioral Health Partnership. This analysis utilized IICAPS episode data and DSS claims data from calendar year 2010-2013 for youth ages 3-18 who were Medicaid eligible during the study period. There was a total of 6633 Medicaid youth included in the final analyzed data set. 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@beaconhealthoptions.com](mailto:Robert.Plant@beaconhealthoptions.com).