RBA REPORT CARD
Program Level

DCF INTENSIVE IN-HOME CHILD AND ADOLESCENT PSYCHIATRIC SERVICES (IICAPS)
• IICAPS teams employed by contracted agencies provide home-based, family-focused, time-limited mental health services to children with severe emotional disturbances who are at risk of institutionalization • Teams are composed of two mental health professionals (master's level clinician and bachelor's level counselor) and supervised by senior level mental health staff including a child psychiatrist • Services are available statewide through 14 providers in 18 sites; DCF contracts with Yale University, the developer of the treatment model, for provider credentialing, training and technical assistance, and other quality assurance as well as program evaluation and reporting
Contribution: ***Connecticut children grow up safe, healthy, and ready to lead successful lives.***
IICAPS improves the behavioral health of children with serious psychiatric problems while helping them to safely remain in or return to their homes from institutional care, which is key to future success in life.

Key Program Performance Measures

	Progress	*FY 09 Data (Estimates)*	*DCF Has Data and Regularly Analyzes*	*PRI Staff Analyzed*
I. How *Much* Did We Do?				
1. Cases Served		1,595 total cases served, 143% more than FY 07	Yes	✓
2. Resources (DCF & Medicaid Funds)		$25.3 million, 7 times FY 05 funding level (before services were made Medicaid eligible)	Collected (by BHP); Not Analyzed	✓
II. How *Well* Did We Do It?				
3. Meeting Demand	⇔	200 average monthly wait list; 37% higher than FY 07 despite expanded capacity	Yes	✓
4. Completing Services (Planned Discharges)	-?	64% of closed cases, lower than in past but may be partly due to better data coding; wide variation across providers	Yes	✓
5. Meeting Program Standards				
a. Providers Credentialed	+	All 18 provider sites including one previously on probation meet criteria	Yes	✓
b. Fidelity to Model	+	Fidelity scores across providers have stabilized over past year; majority showing strong adherence to the service model	Yes	✓
c. Data Integrity Good	+	Data integrity scores high for all providers and average rating has risen since FY 07	Yes	✓
d. Average Service Duration of 6 Months	+	Small increase in average duration to 6.1 (5.6 in FY 07), with providers ranging from 4.5 to 7.9	Collected; analyzed for this study	✓
e. Minimum Service Intensity 5 Hours Weekly	+ -	Steady increase to average 4.4 hours since FY 07 but still below standard and varies by provider (2.8 to 6.5)	Collected; analyzed for this study	✓
6. Satisfying Clients	⇔	Parents satisfied with services across all providers every year but at slightly lower levels in FY 09 than FY 07	Collected; analyzed for this study	✓
7. Managing Provider Performance With Data	+	All provider sites meeting credentialing standards, technical assistance provided when areas in need of improvement; average fidelity and data integrity scores improving over time	Yes	✓
8. Managing Cost Per Client	?	FY 09 average Medicaid cost per case $11,585, almost double FY 07 average but are some accounting issues; much variation by provider	Not collected by DCF	✓
III. Is Anyone *Better Off*?				
9. Children Have Reduced Use of Institutional Care	+	Decreases in inpatient admissions (-37.6%), inpatient days (-45%) and ED visits (-29.4%) compared to pre-service but at smaller rates than in past; more providers with positive outcomes	Yes	✓

		on each measure in FY 09 than in FY 07		
10. Children Have Improved Functioning/ Decreased Severity	+	Increased functioning and decreased problem severity at every provider site every year (FY 07-09); performance slightly better in FY 09	Yes	✓
11. Family Functioning Has Improved	+	Improvements in average ratings better over time but variation across providers	Yes	✓
12. Children Are Free from Maltreatment	?	Analysis possible through LINK	Not collected	
13. Children Are Not Removed from Home Due to Maltreatment	?	Analysis possible through LINK	Not collected	
14. The Service is Cost-Effective	?	Cannot determine; research required	Some necessary data not available	

Story Behind Program Performance

- Making IICAPS Medicaid reimbursable greatly expanded program access, yet wait lists remain long; many area offices report waits of two weeks or more. At present there is no mechanism to centrally monitor wait times.
- Interagency partnerships with CSSD and DSS also contribute to improved access and consistent service quality for IICAPS clients. The DCF behavioral health bureau and CSSD have developed a collaborative arrangement for sharing the IICAPS service network.
- Quality assurance provided through contract with Yale appears effective, with good progress on most performance and outcome measures and strong provider accountability; significant resources (about $500,000 annually) are used to achieve this level of oversight and continuous quality improvement.
- IICAPS produces positive behavioral health results and is likely cost-effective although formal research is needed to ascertain longer term client outcomes and fiscal implications of the relationship between IICAPS and inpatient service utilization. Reasons for performance variation among providers are not clear and need to be better understood. The relationship between program fidelity and results for clients has not been fully examined to date
- While program primarily focuses on psychiatric issues, and not all clients are DCF-involved, more attention to child welfare outcomes (maltreatment, out-of-home placements due to abuse/neglect) also is needed.
- Longitudinal research could also shed light on the extent of readmissions to the program and the possible need for more supports after discharge, for example, "step down" services as some area office staff and providers suggested in PRI survey responses.
- The IICAPS program was widely praised by many providers, DCF staff, and CSSD personnel. While area office comments were generally positive, concerns were raised about quality of some teams and that newer staff seem to be lacking the experience and skills required to work successfully with DCF-involved clients.
- Providers during a PRI focus group meeting indicated it can be difficult to find treatment team personnel with the skills needed for intensive in-home services and to retain them, as the work can be quite demanding.

Actions to Turn the Curve: DCF Efforts Underway and PRI Staff Recommendations

Currently Being Undertaken by DCF:

- Arrangements have been made with DSS to share Medicaid claim data that will permit longitudinal (post discharge) analysis of behavioral health outcomes for IICAPS clients

PRI Staff Recommendations: DCF should –

1. **Require Yale to obtain feedback on provider quality from area office staff** as part of the credentialing process; ensure area office IICAPS liaisons attend program "Rounds" meetings as often as possible
2. **Calculate and track total case costs** (Medicaid, DCF, and other funding sources) to permit analysis of any trends by provider, type of client (e.g., voluntary services, juvenile justice, DCF-involved) or case severity
3. **Assist providers in recruiting and maintaining qualified IICAPS teams** through: statewide public information/education efforts (to increase awareness of the home-based team model and related employment opportunities); working directly with higher education institutions to increase the supply of trained behavioral health professionals; and continued participation in the Connecticut Workforce Collaborative on Behavioral Health
4. **Consider requiring providers to offer routine (non emergency) services on at least one weekend day a month** to increase access and better meet needs of working families

Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS): Data Development and Research Agenda
1. Collect and analyze data on readmissions; also establish a mechansim to track wait times. 2. Track child welfare outcomes (abuse/neglect reports, out-of-home placements due to maltreatment) during and following completion of treatment services for all IICAPS cases. 3. Annually review, with the assistance of Yale, variations in performance across provider sites, particularly in terms of program standards (e.g., completion rates, duration, average hours), client satisfaction, and key outcome measures to identify and share best practices; examine relationship between adherence to model and results for clients. 4. As part of longitudinal research project, develop information on supports and services children and families need to maintain improved functioning following discharge/program completion.