

# IICAPS: Fulfilling the Promise

Presentation to the BHP Child/Adolescent  
Quality, Access and Policy Meeting

February 21, 2014

# IICAPS Purpose

Reduce or prevent days spent in psychiatric hospitals for children and adolescents with severe emotional disturbances

Reduce utilization of hospital emergency rooms for assessment and management of behavioral crises amongst children and adolescents

# Eligibility for Referral

- All children between the ages of 4-18, who have serious and persistent behavioral and emotional disturbances and meet medical necessity criteria established by the BHP

- Have previous psychiatric history

- Display behaviors that are dangerous to self & others

- At high risk for requiring psychiatric hospitalization or Residential care

- Have co-morbidities on Axes I, II, III

# IICAPS Strategy

- IICAPS services are provided to children, adolescents and their families in their own homes and communities

IICAPS teams, composed of 2 well-trained clinicians, (1 can be a mental health counselor) provide 4-5 hours of intervention for 5-6 months.

All authorized services are paid for by the BHP

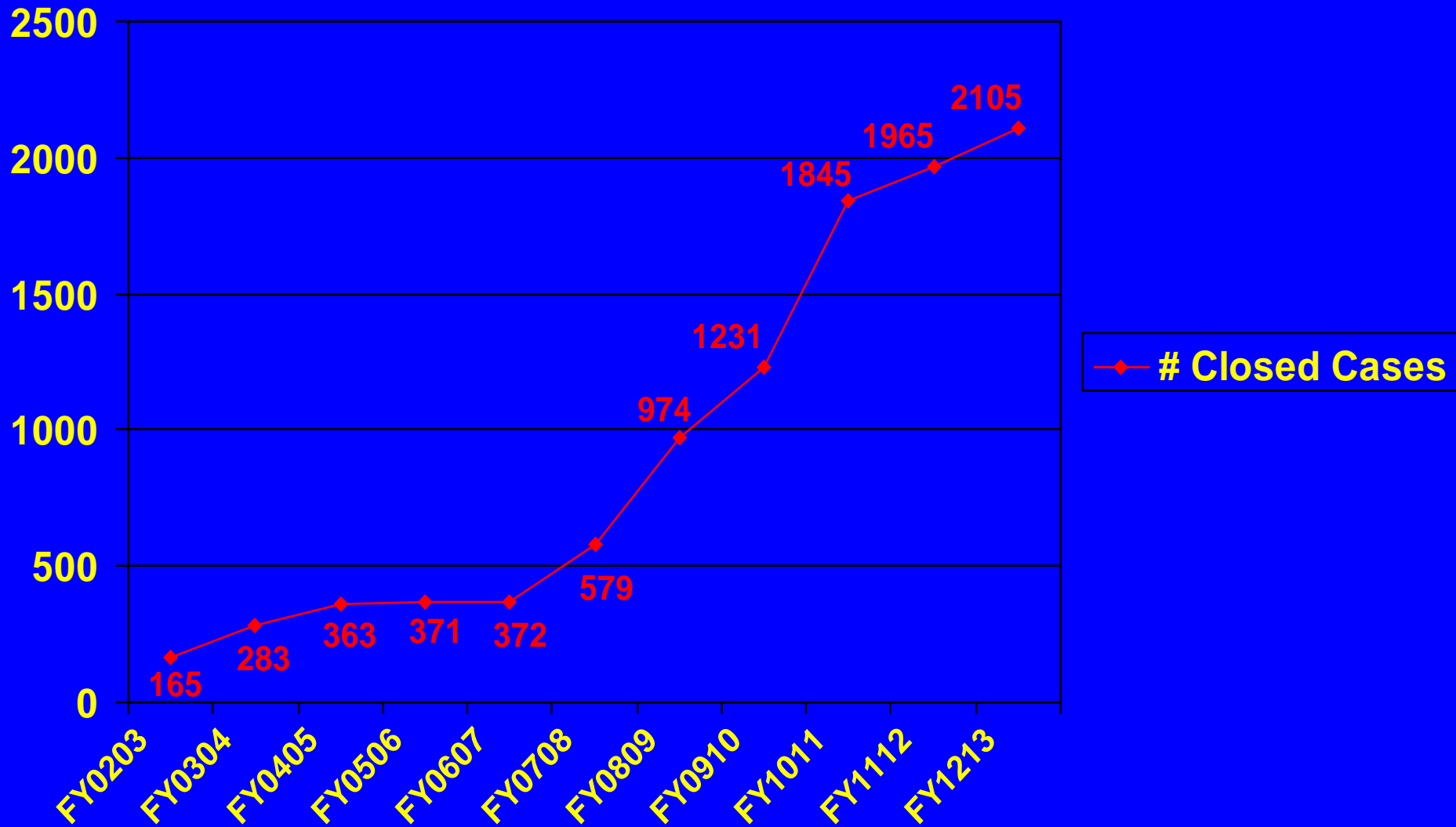
# IICAPS Treatment Components

- Individual child & family assessment and psychotherapy
  - Ongoing engagement with and involvement of child, parents and siblings in the service improving the child's functioning
  - Utilization of problem solving and parent management training techniques
  - Psychopharmacology. evaluation & medication management prn
- Crisis care management
- 24/7 Availability

# IICAPS Treatment Components

- Team and family co-construct goals and action steps addressing 4 domains: child, family, school and community
- Services are provided wherever indicated to maximize engagement & improvement in microsystem functioning
- Documentation structures are Medicaid compliant

# Growth of the IICAPS Network: 2002-2013

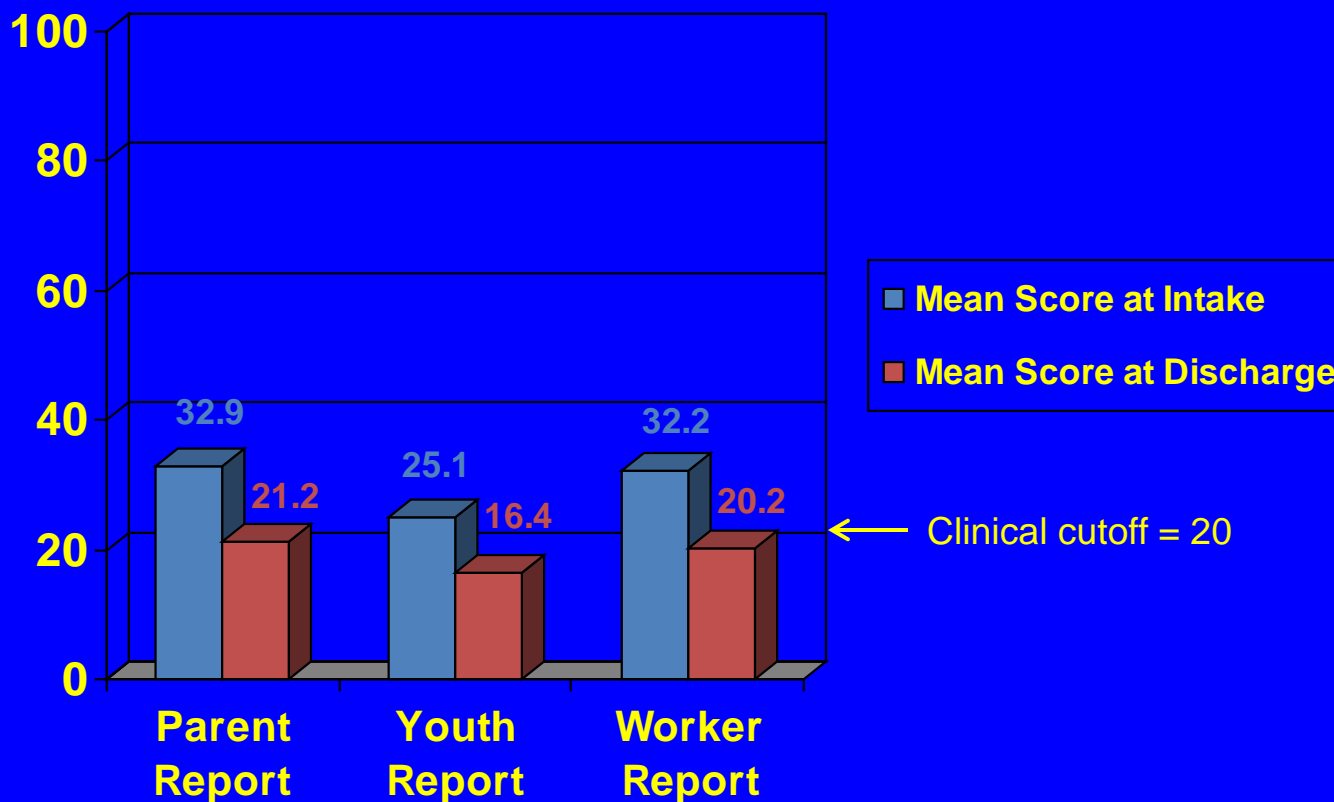


# IICAPS Network: Evaluation Data for July 2011 thru June 2013

- N = 4070 closed cases
- Treatment Completion = 2814 (69.1%)
- Positive outcomes consistent with years of evaluation data

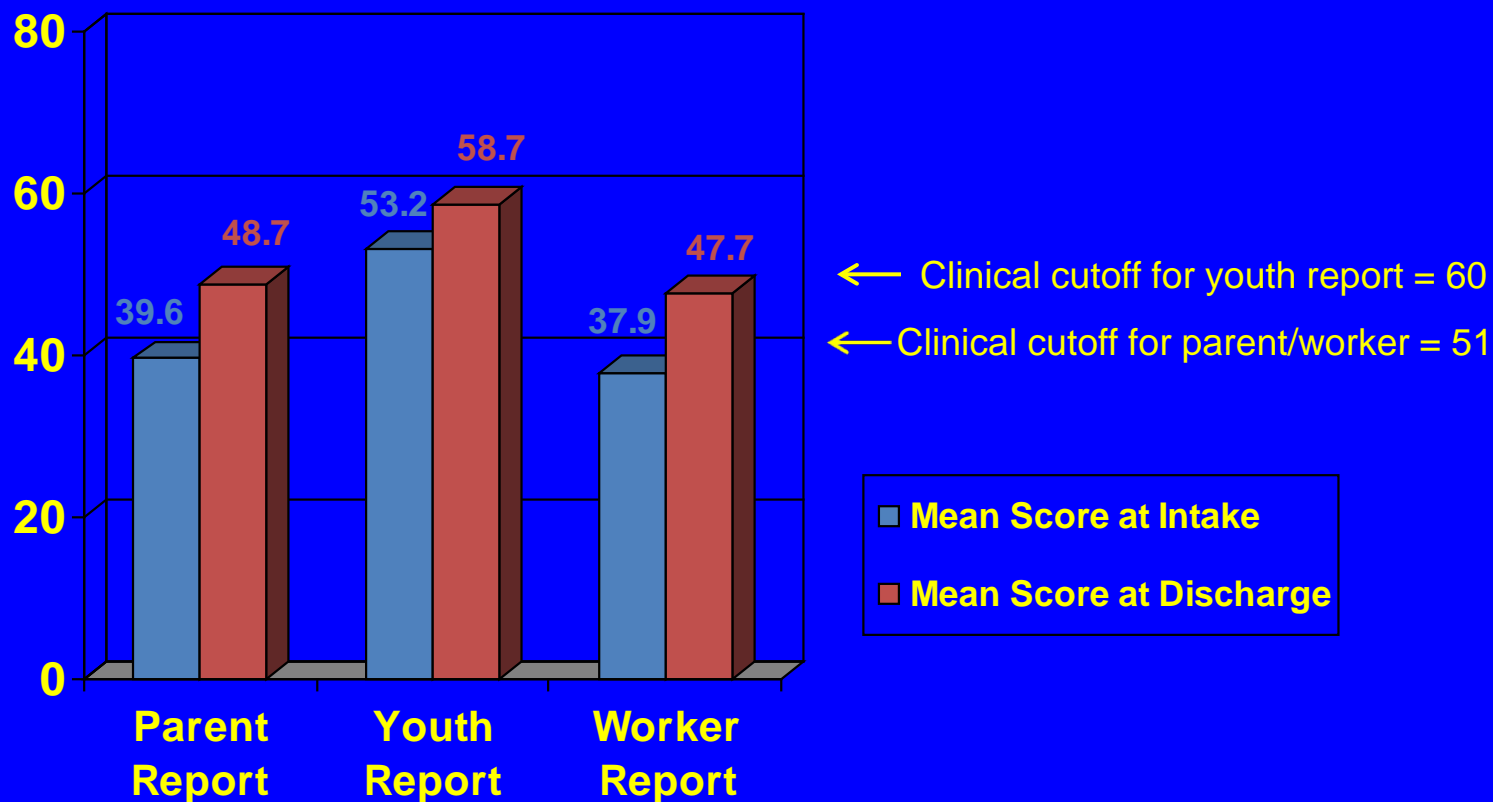


# Ohio Scales Problem Severity: Paired T-test, IICAPS Intake and Discharge (Treatment Completers, FY1112 – FY1213)



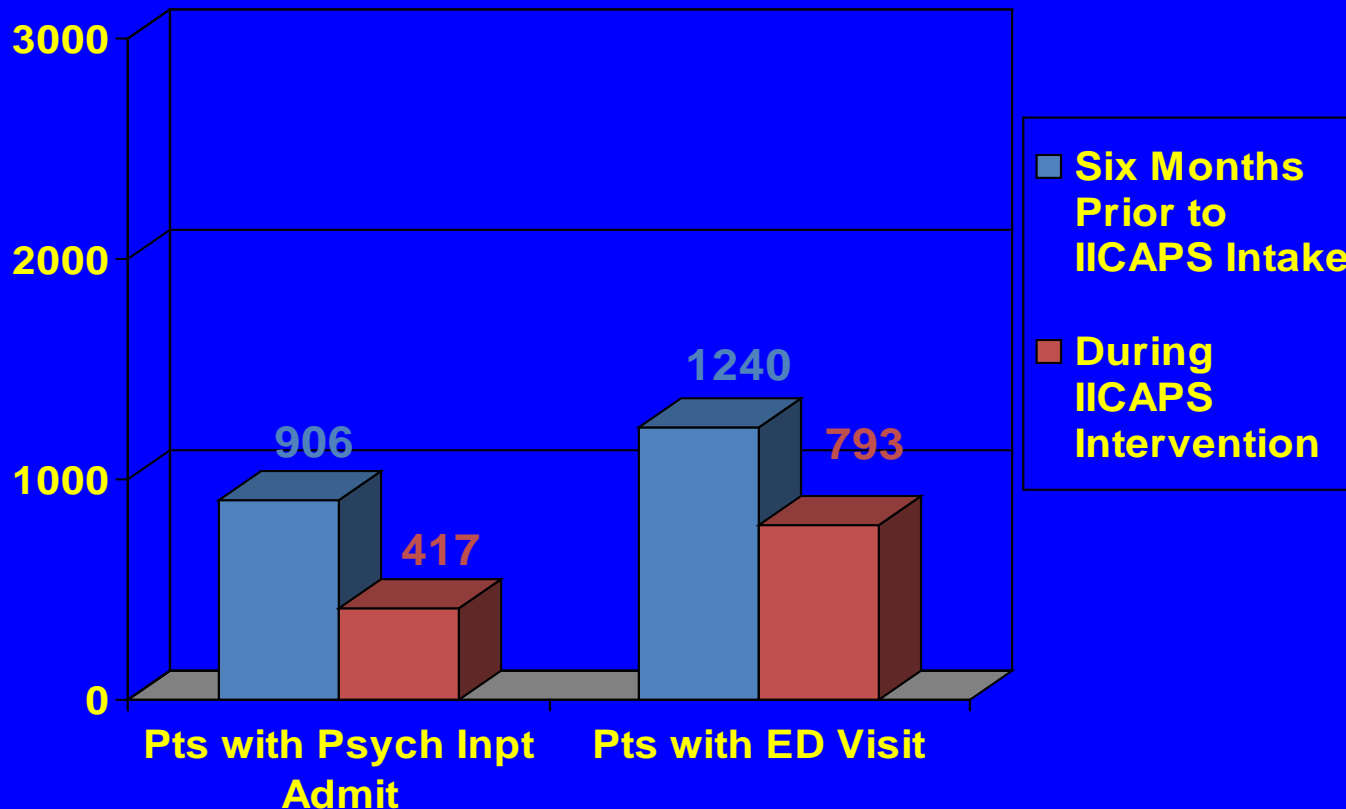
Proportional Decrease, Parent Report:	11.7% ( $p < .0001$ )
Proportional Decrease, Youth Report:	8.7% ( $p < .0001$ )
Proportional Decrease, Worker Report:	11.9% ( $p < .0001$ )

# Ohio Scales Functioning: Paired T-test, IICAPS Intake and Discharge (Treatment Completers, FY1112 – FY1213)



Proportional Decrease, Parent Report:	11.3% (p<.0001)
Proportional Decrease, Youth Report:	7.0% (p<.0001)
Proportional Decrease, Worker Report:	12.4% (p<.0001)

# Service Utilization: # of Patients w/Treatment Event (Treatment Completers, FY1112 – FY1213)

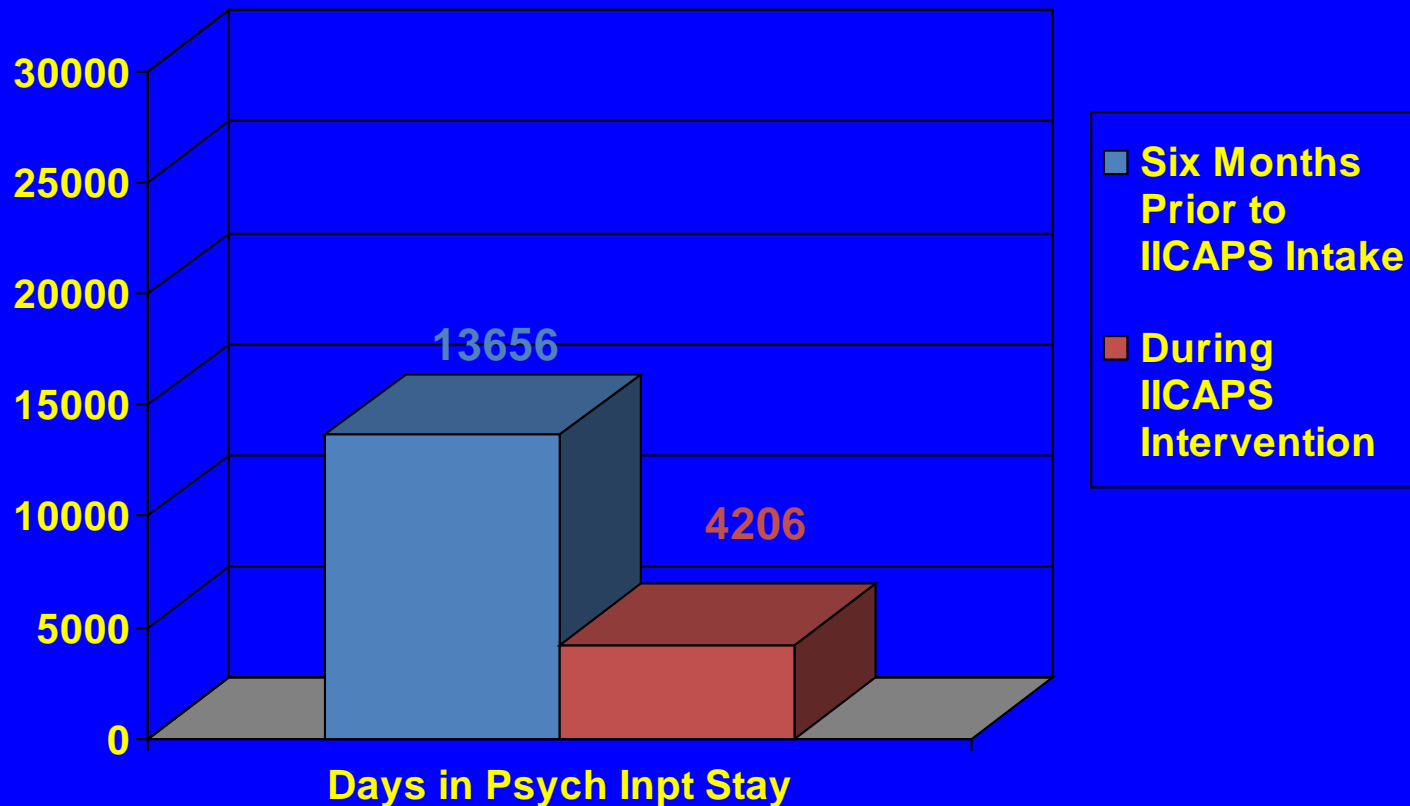


Proportional Decrease, Patients w/Psychiatric Inpatient Admission: 54.0%

Proportional Decrease, Patients w/ED Visit: 36.0%

# Service Utilization: Total Days, Psychiatric Inpt Stay

(Treatment Completers, FY1112 – FY1213)



**Proportional Decrease, Days in Psychiatric Inpatient Stay: 69.2%**

# IICAPS Summary:

## Evaluation Results in Last 2 Years

- Statistically significant improvements in:
  - Symptom severity
  - Functioning
  - Main problem severity
- Statistically significant decreases in:
  - Psychiatric hospitalization admissions and days
  - ED visits for psychiatric reasons

# Randomized Controlled Trials

- Gold standard for evaluating the effectiveness of clinical services
- Hallmark: randomization of subjects to one or another treatment arm to determine which is the more effective
- The same data are collected on participants in the groups being compared, to minimize the differences between groups beyond the specifics of the particular treatments under study
- Randomization minimizes selection bias and balances known and unknown predictive factors, in order to ensure the validity of the study results

# Family Health and Development Project (FHDP)

- Randomized controlled trial:
  - IICAPS vs. Home-based Child Treatment Coordination, each a 6-7 month delivery of service
- 12-month study:
  - Study treatment provided for 6 – 7 months
  - In-person research interviews with parent/legal guardian at baseline, study treatment discharge, & 12 months
  - Brief phone interviews monthly between in-person interviews
- Funded internally by Yale Child Study Center

# FHDP (cont.)

- Two primary outcomes, measured monthly:
  - Institutional service utilization  
*(measured with the Service Utilization Questionnaire, SUQ)*
  - Out-of-control behavior  
*(measured with the Retrospective Modified Overt Aggression Scale, R-MOAS)*
- Other foci:
  - child symptoms & behavior
  - parent psychiatric symptoms, parenting behavior, parental problem solving, & parental perception of the child



# FHDP (cont.)

- Additional Data Sources:
  - School
    - Suspensions, Expulsions, Days missed, Child Misconduct
  - Teacher
    - Teacher Report Form of the CBCL
  - Hospital Discharge Data
    - Following a psychiatric inpatient stay
  - Department of Social Services
    - Claims data to supplement parent-report service utilization data

# FHDP (cont.)

- Enrollment closing in June 2014
  - Goal = 100 subjects
  - Enrolled to date = 95 subjects
- Study End Date = June 2015, Data Analysis completed December 2015
- Completion to date: 55 participants have finished the study