Review of CY 2013 Evaluation of IICAPS

Participants: Yale Child Study Center (Model Developers)
ValueOptions, CT
DCF and DSS

Sample: All HUSKY members discharged from IICAPS during CY 2011

Methodology: Descriptive statistics, bivariate and multiple regression
analyses based on Medicaid Claims, DCF and IICAPS Service
Data

Results Based
Accountability: How much did we do? (growth in IICAPS network/description of
IICAPS users)
Well did we do it? (consistency of practice between providers)
Are IICAPS users better off? (ED utilization, inpatient
admissions/stays, service expenditures

Some Key Findings

a. IICAPS appears to be effective at reducing subsequent psychiatric hospitalization and ED utilization post intervention
b. Outpatient and Medication Management are the most frequently utilized services post IICAPS
c. IICAPS users are more likely to be white boys, 11+ years old
d. IICAPS users are more likely to suffer with Asthma and Diabetes
e. Users with intellectual challenges use ED services more often post IICAPS
f. Users with an autism diagnosis receive inpatient care more often post IICAPS
g. Users with autism incur greater behavioral health costs post IICAPS
h. There is some inconsistency across the provider network related to diagnosis, duration, intensity, gaps in care, billing and service delivery practice
i. 30% of IICAPS users are non-completers of the intervention