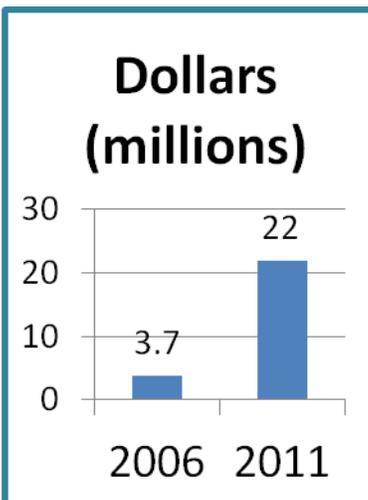
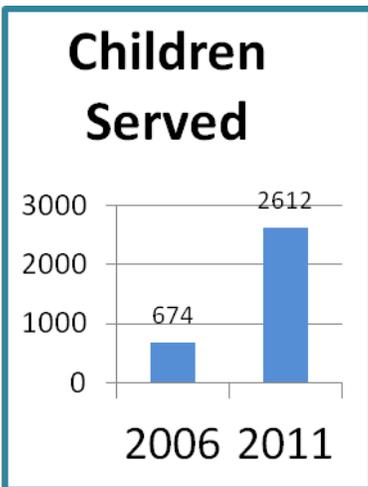
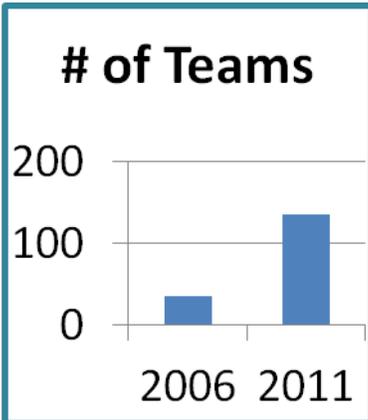




*Prepared by Value Options CT in conjunction with Yale University and our State Partners; the Department of Social Services, the Department of Children and Families, and the Department of Mental Health and Addiction Services*

## IICAPS GROWTH



## Background & Context

Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) is one of the **intensive, home-based services** provided in Connecticut (CT). Developed at Yale over the last 15 years, IICAPS serves youth 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.

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.

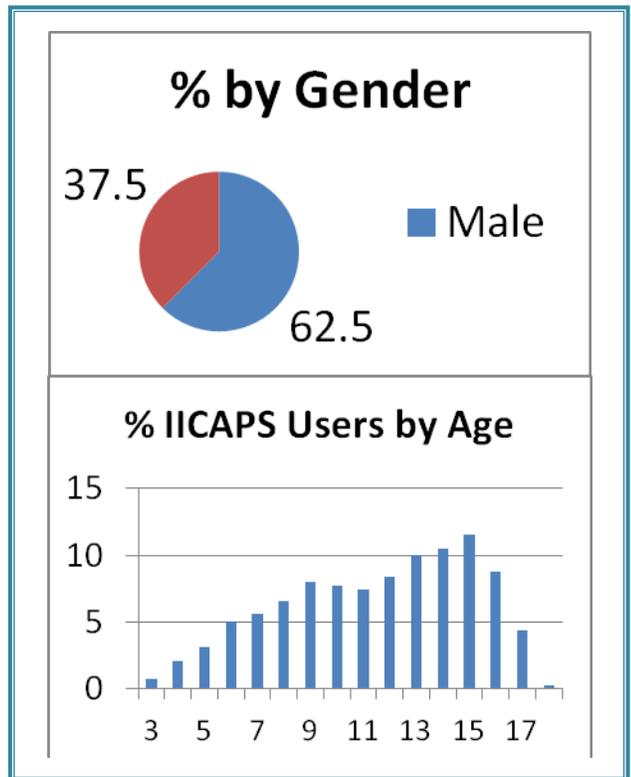
Yale is currently conducting a randomized control trial to obtain more information on effectiveness. This evaluation aimed to **examine who uses IICAPS, how the service is delivered, and whether there is evidence that it produces lasting change.**

## How Much IICAPS Service Was Delivered?

As depicted in the charts to the left, IICAPS grew considerably to meet demand between 2006 and 2011.

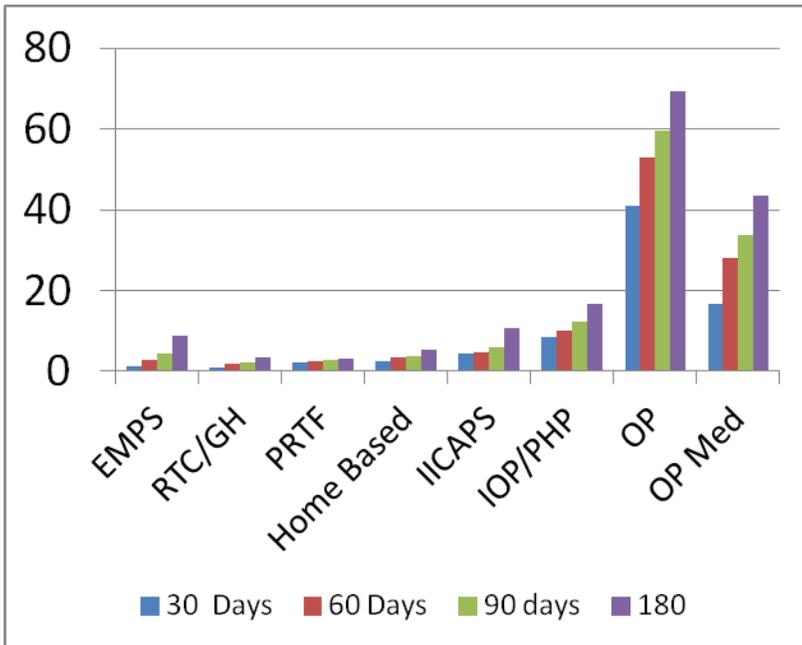
There are currently 14 IICAPS Providers across the state with the ability to serve 2400 to 2800 youth per year.

More boys than girls access IICAPS services and youth tend to be "older" with the modal age being 15.



# How Well Were IICAPS Services Delivered?

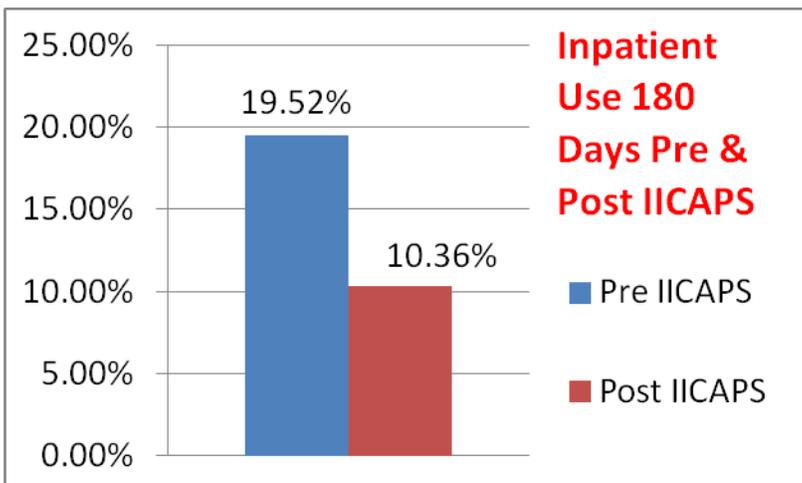
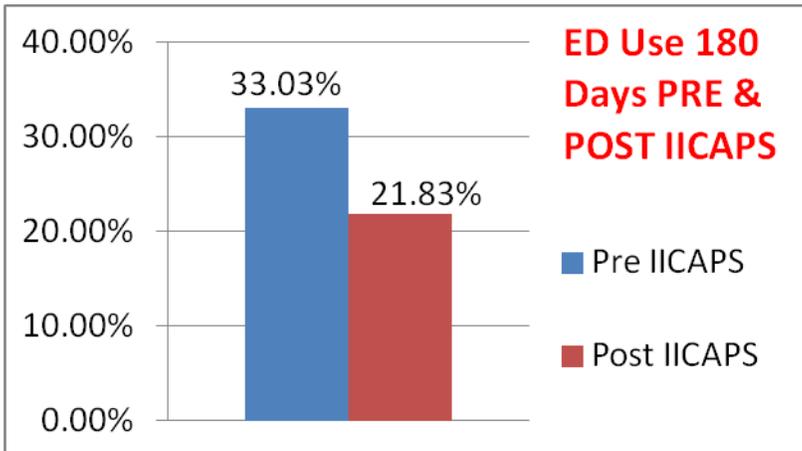
% of Service Users 30, 60, 90, and 180 Days Post IICAPS



Yale promotes IICAPS provider performance through standardized training, data reviews, site visits, and other performance improvement activities. This study looked at consistency of service delivery and the nature of services accessed after families have completed IICAPS.

The chart to the left shows that **outpatient treatment and medication management are the two most frequently accessed services following an IICAPS episode**. More intensive community services are also utilized but at relatively low rates. The chart below also shows the pattern of episode duration across providers (rows that share the same color/letter are not different from each other). There is some variation but there is also a degree of consistency across providers

## Is Anyone Better Off?



Episode duration: Mean # days	a	b	c	d
129.75 de				
135.30 de				
138.54 cde				
144.23 bcde				
146.94 bcde				
147.11 bcde				
150.43 bcde				
153.05 bcd				
153.61 bcd				
154.88 bcd				
158.58 bc				
162.20 b				
164.13 ab				
183.31 a				

When comparing the 180 days prior to IICAPS vs. the 180 days following an IICAPS episode, the two charts to the left illustrate;

- **37% fewer IICAPS users visited the ED**
- **and 47% fewer were admitted to the hospital**