EXECUTIVE SUMMARY | FEBRUARY 2024

Intermediate Levels of Care for Children with Behavioral Health Needs

This report identifies best practices in intermediate levels of care for children (ILC), reviews the landscape of ILC implementation in Connecticut, and provides recommendations for implementing and strengthening intermediate levels of care in Connecticut

Connecticut's behavioral health system for children includes multiple levels of care intended to meet the needs of children with a wide range of presenting concerns, diagnoses, and acuity. This continuum of care ranges from outpatient care for children with mild or moderate acuity to inpatient hospitalization for children with very high acuity or risk for harm to themselves or others. Intermediate levels of care (ILC) serve youth who do not require inpatient hospitalization but who need more intensive and frequent support than outpatient treatment provides. The term ILC has been defined and used in different ways, sometimes including a broader range of in-home and center-based programs. This report focuses on center-based ILC treatment programs.

ILC services offer a "step-up" for children whose symptoms are more acute than can be treated effectively by outpatient care and a "step-down" for children ready to be discharged from inpatient hospitalization or residential placements. ILC services, therefore, play a crucial role in system throughput. If there are waitlists for ILC programs, there can be delays in care at both the lower and higher levels of care while children await appropriate placement. For families needing help with their child's behavioral health, accessing the right level of care and giving providers the flexibility to move a child "up" or "down" a level as conditions worsen or improve is important to achieving positive outcomes.

Intermediate Levels of Care for Children with Behavioral Health Needs

Connecticut's system of care for children has many strengths on which to build, including a comparatively robust continuum of services, a specific focus on the child and youth population, a dedicated network of providers, and good access to evidence-based practices. However, children and families needing intermediate levels of care are not always able to access these services. Expanding the state's capacity to meet the growing need for effective ILC services will further strengthen Connecticut's system of care for children, youth, and families.

In recognition of the critical role ILC offers in the broader behavioral health continuum of care for children and families and recent workgroup recommendations about strengthening ILC from the Children's Behavioral Health Plan Implementation Advisory Board (CBHPIAB), the Connecticut Department of Children and Families (DCF) contracted with the Child Health and Development Institute (CHDI) to develop recommendations for strengthening implementation of these services. **DCF requested that CHDI identify ILC implementation best practices, current practices of ILC programs within Connecticut, and make recommendations as to how the state can strengthenthis level of care for children.**

Abbreviations at a Glance

ILC = Intermediate Levels of Care
IOP = Intensive Outpatient Program
PHP = Partial Hospitalization Program
EDT = Extended Day Treatment
PRTF = Psychiatric Residential Treatment Facility

ILC services play a crucial role in the children's behavioral health continuum of care. For the purposes of this report, only center-based ILC programs are included; specifically intensive outpatient programs (IOP), partial hospitalization programs (PHP), extended day treatment (EDT), and psychiatric residential treatment facilities (PRTF).

METHODOLOGY

In preparing this report, CHDI conducted a comprehensive review of ILC literature and Connecticut-based programs inclusive of the following methods:

- A literature review of ILC best practices for children and youth
- A survey of ILC programs in Connecticut regarding implementation practices
- A survey of program staff working in ILC programs in Connecticut regarding their experience implementing services in these levels of care, their job satisfaction, and training needs
- A review of EDT data collected in DCF's Provide Information Exchange database
- A focus group with ILC staff

Report Findings Demonstrate Many Strengths as Well as Opportunities to Expand and Improve Implementation

The report findings were drawn from an assessment of the following ILC practices: program structure, populations served, use of evidence-based treatments (EBTs) and milieu models, and workforce development. Limited information was available from the PRTF programs, and therefore, most findings reflect IOP, PHP, and/or EDT programs.

Findings include:

Demand for ILC services is increasing. Nationally, the use of ILC services by children with behavioral health needs is increasing. Within Connecticut, ILC programs are in high demand and maintain waitlists of children in need of their services. There is consensus about the need to expand the availability of ILC programs for children in the state.

State ILC programs align with care guidelines. The state's ILC programs appear to generally provide services that align with the program structures found in the broader literature regarding intervention types, dosage, and length of stay.

Data on racial and ethnic disparities related to ILC services is mixed. There is little information in the literature regarding equity in access or outcomes across race and ethnicity, gender, or sexual orientation. Based on data from Connecticut programs, it appears that Medicaid-covered children of color may be receiving care in PHPs, IOPs, and PRTFs at disproportionately lower rates than their White peers. Based upon DCF data, however, EDT services appear to serve higher rates of Black and Hispanic children than in the general statewide child population.

EBTs and measurement-based care are not consistently used across Connecticut ILC programs. There was some promising research on the successful use of EBTs in these settings; however, not enough to indicate that one particular EBT would be most effective across settings, and there was almost no research on the use of milieu models. Within Connecticut, EBTs seem to be more commonly used within EDTs than in other ILC service types but did not appear to be consistently implemented across providers and children. Measurement-based care was not consistently used to inform or improve treatment for any of the service types.

ILC programs are experiencing staffing shortages. The program and staff survey responses identified multiple training priorities for ILC programs and demonstrated interest among staff to increase their knowledge and skills. Similar to the rest of the behavioral health field, most programs are experiencing staffing shortages, with an average of one in three positions being vacant.

Recommendations to Strengthen ILC Services for Children in Connecticut

Growing and strengthening intermediate levels of care requires a coordinated effort and sustained commitment from policymakers, payers, behavioral health system administrators, and providers. Connecticut is resourceful and can apply the following system and program solutions to increase families' access to ILC services and improve the quality of ILC programs in Connecticut. The result is a stronger and healthier future for our state.

System Recommendations:

1. Address the Workforce Shortage
2. Increase Capacity and Availability of Intermediate Levels of Care for Children
3. Improve Data Collection, Reporting, and Continuous Quality Improvement

Program Recommendations:

4. Expand Training on Evidence-Based Treatments and Milieu Models and Implement as Standard Programming
5. Implement Measurement-Based Care
6. Pilot Implementation of a Standardized Model
7. Expand Other Training Opportunities
8. Intentionally Diversify Program Leadership, Staff, and Children Served
9. Continue Review of Psychiatric Residential Treatment Facility Program Implementation

EDT-Specific Recommendations:

10. Ensure Access to Full Diagnostic Evaluations
11. Continue and Expand Equity-Focused Quality Improvement Efforts
12. Address Staff Wellness and Job Satisfaction

ACKNOWLEDGMENTS

This report was developed by the Child Health and Development Institute for and with funding from the Connecticut Department of Children and Families (DCF). The authors are grateful to staff from DCF and Carelon Behavioral Health, who provided data and helped distribute surveys to program staff, as well as to the staff working in intermediate levels of care who responded to surveys or participated in the focus group; their input greatly informed the content of this report. The authors also thank the following individuals whose contributions strengthened the content and design of the report: Elisabeth Cannata, PhD (Wheeler), Alyssa Korell, PhD (CHDI), Julie Tacinelli (CHDI), and Jeffrey Vanderploeg, PhD (CHDI).

AUTHORS:

Aleece Kelly, MPP
Child Health and Development Institute

Amber W. Childs, PhD
Yale University School of Medicine, Department of Psychiatry

Jason Lang, PhD
Child Health and Development Institute

SCAN QR CODE TO VIEW FULL REPORT