

## Appropriate Referrals

Children and adolescents who are referred to IICAPS are those with serious emotional disturbance, who are living in complicated psychosocial families and communities, whose behaviors place them at risk for psychiatric hospitalization or placement in a higher level of psychiatric care (like residential treatment).

**At Risk** – Child’s behavioral, emotional, family issues are such that the child is at risk of hospitalization, detention, or removal from the home and out-patient services doesn’t meet the current level of need.

**SED Criteria – *Serious Emotional Disturbances*** includes children and adolescents with psychiatric diagnoses, substance abuse issues, and behavioral challenges that co-occur with their mental health problems.

**CSSD Criteria** – Priority will be given to cases that are part of ***Court Support Services Division***. This includes teens with FWSN – ***Family With Service Needs***.

**Step-Down** - The goal of treatment is to keep the child in the home. IICAPS is appropriate for hospital, partial hospitalization Program (PHP), intensive outpatient program (IOP), residential, and detention discharges.

**Funding** – Services are paid for by the Connecticut Behavioral Health Program, (CT-BHP) or CSSD.

## IICAPS History

The program was developed in 1996 by a team of psychiatrists, psychologists, social workers, and mental health providers at Yale University to meet the growing needs of families with children with persistent psychiatric disorders. The objective is to keep children at home and reduce the frequency of out-of-home placements or hospitalizations.

The model stresses ***collaboration*** with the families and utilizes a ***formulated structure*** to track progress. Interaction, problem solving, understanding of strengths and vulnerabilities help the team, family and child to meet the treatment goals they establish.

Typically, the program lasts **6-months with 2-3 meetings per week in the home**. Coordination with other service providers and overlapping longer term treatment is essential to quality of care.

**IICAPS** is a natural extension of the other services offered by **Natchaug Hospital**. The Norwich based IICAPS program is one of 18 IICAPS sites run by other agencies around the state, all participating in training and quality assurance processes with IICAPS Services at the Yale University Child Study Center.



Intensive In-Home  
Child & Adolescent  
Psychiatric Services

*Helping children with  
psychiatric disorders,  
and their families,  
within the child's home*



Information for  
Families

Natchaug  
Hospital   
A Hartford HealthCare Partner

## Expectations

- 1) Family is willing to **actively participate in the construction** of the treatment for themselves and their child.
- 2) Family is willing to meet with service providers **4—6 hours per week in home.**

Team will follow the **IICAPS model of “co-construction”** in developing goals, strategies, and treatment to support the family.

- 3) Engagement in the treatment process is shown through attendance at and active participation within all IICAPS sessions. If problems with attendance develop, the team will work actively to problem solve around the barriers to treatment with the family.
- 4) **Mandated Reporting** – Team will collaborate with families should a report to DCF be required, *unless to do so would put someone in serious danger.*

## Questions you may have

**Q: Can my child continue to see their outpatient therapist or doctor at the same time as IICAPS?**

A: **Yes** - It is a collaborative program.

**Q: Can the IICAPS team go to a school meeting or to court with us?**

A: **Yes** - That is an expected part of treatment.

**Q: Do I as a parent have to be involved in treatment?**

A: **Yes** - this is a family strengths model, meeting only with the child isn't how the program operates. The IICAPS team will need to work with you in creating ways to better support your child

**Q: Can we meet less than 4—6 hours per week?**

A: **No** – IICAPS is an intensive level of service. Families are expected to work actively with the team to create change within their family system. Meeting with 2 staff concurrently counts as 2 hours. Usually, 4—6 hours of time with IICAPS means that they are coming to your house 2 – 3 times per week.

**Q: Do you provide recreational respite?**

A: **No** - We do engaging activities with children and families but these activities are treatment driven.

**Q: Do you have a doctor on staff?**

A: **Yes** - We have a psychiatrist who reviews cases weekly with the teams and also can meet with families during the time the child is in IICAPS. Often the doctor is a "bridge" between hospitalization and seeing a provider in the community. If you have a psychiatrist in the community, we encourage this relationship to be maintained and will work collaboratively with that provider in your child's care.

[www.natchaug.org](http://www.natchaug.org)

## Help Line

For families who have a child or teen involved with IICAPS, there is a 24 hour On-Call telephone support line. This can help families de-escalate situations before a crisis emerges.

***In times of immediate danger, call 911 first and then call IICAPS***

Call IICAPS When:

- Your child is a risk of hurting him/herself or others.
- Your child is out of control and you don't know what to do.
- You are feeling so overwhelmed that you don't know what to do.

*If you are calling after hours, ask the operator to contact the on-call worker from the Thames Valley IICAPS team. If you do not receive a return call within 30 minutes, call again!*

## Referral Process

Call Program Coordinator,

**Nancy L. Himmel** at **860-886-4850** extension **315** to discuss the appropriateness of referral and length of wait list, if any.

Natchaug Hospital's IICAPS program in New London County is based at the **THAMES VALLEY Clinical Day Treatment Program and Joshua Center**

1 Ohio Avenue, Norwich, CT 06360

Phone: 860-886-4850

FAX: 860-886-6567

