

2024 DATA BRIEF

Intensive In-Home Behavioral Health Treatment

This data brief provides highlights from the 2024 IIBHT Annual Report and was prepared by Oregon Health & Science University's Data Evaluation and Technical Assistance (DAETA) Team. Data was collected through a collaborative partnership among the DAETA Team, Oregon Health Authority, and IIBHT providers. For more information, please visit our website (www.ohsu.edu/DAETA) or email the team (DAETA@ohsu.edu).

What is IIBHT?

Intensive In-Home Behavioral Health Treatment (IIBHT) is a Medicaid level of care for youth ages 0-20 with intensive behavioral health needs. The program offers a variety of in-home and community-based services, including:

- ✓

Case Management
- ✓

Skills Training
- ✓

Therapy
- ✓

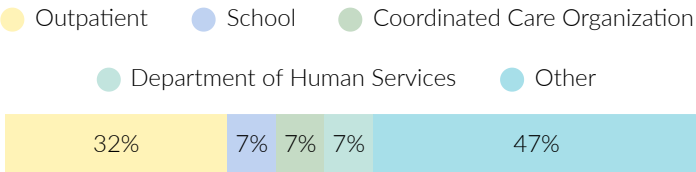
Peer Support
- ✓

Psychiatric Care
- ✓

Crisis Support

The program can be accessed through a variety of settings. The average wait for services is 33 days. For more information about program eligibility, visit [OHA's website](#).

Referral Source

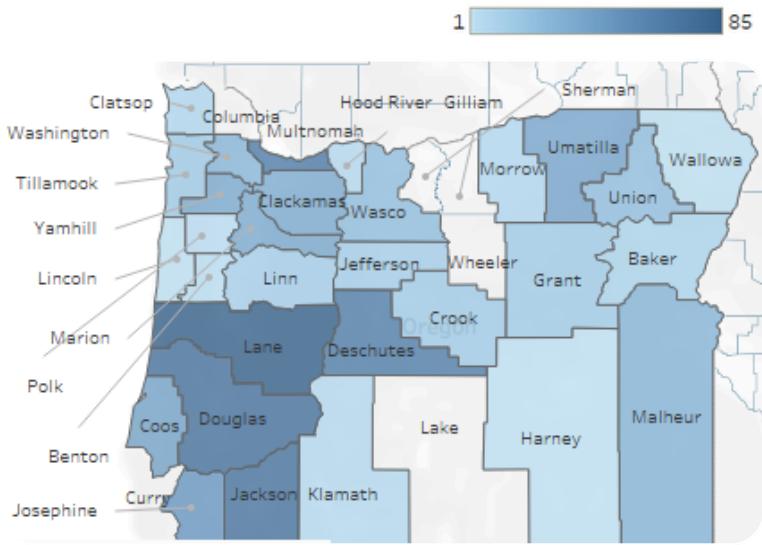


23
active programs

32
counties

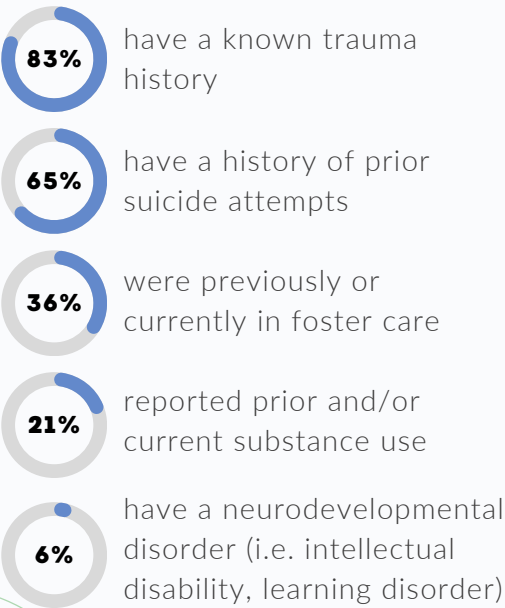
275
youth enrolled

Enrollment Volume by County (2020-2024)

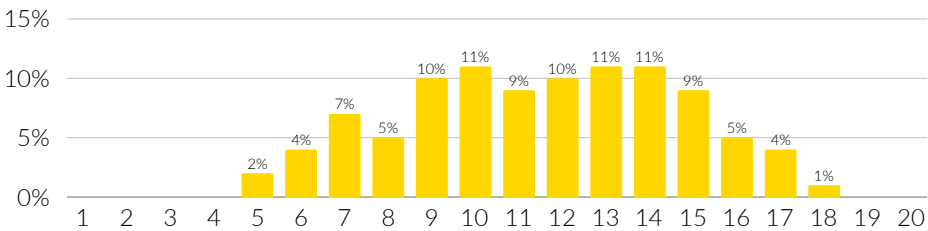


Who is being served?

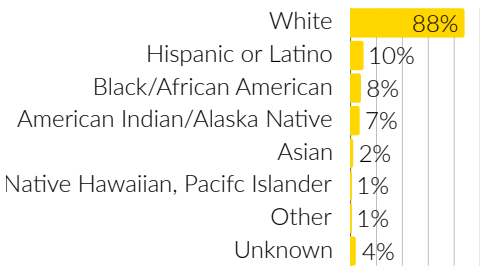
IIBHT Youth Quick Stats



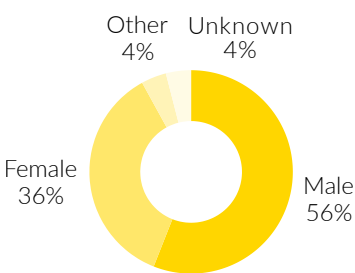
Age



Race & Ethnicity



Gender

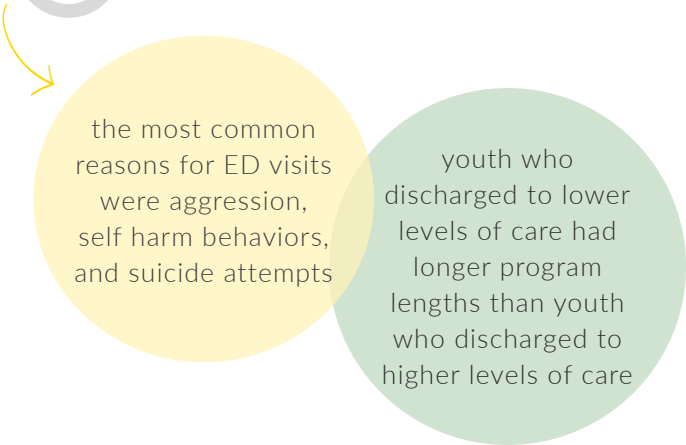




Intensive In-Home Behavioral Health Treatment

What are IIBHT's outcomes?

- 78%** of youth were connected to the clinically recommended care at IIBHT discharge
- 47%** of youth discharged from IIBHT to a lower level of care (like standard outpatient)
- 13%** of youth discharged from IIBHT to a higher level of care (like residential treatment)
- 21%** of cases resulted in the family and program discontinuing services prior to discharge
- 19%** of youth had an emergency department visit for mental health reasons during the program

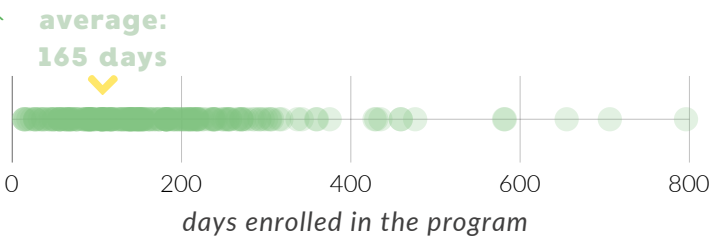


Pre- and Post- Scales

The Ohio Scales are a tool that can help measure change and show IIBHT's impact on youths' well-being. The scales are completed by the clinician, the youth, and the guardian. Scores from enrollment and discharge show that:

- 92% of youth experienced decreased behavioral health symptom severity from program enrollment to discharge**
- 92% of youth showed improvement in functional strengths from program enrollment to discharge**

Length of Program




Medicaid Claims Data Analysis: Emergency Department Visits and Psychiatric Inpatient Admissions after IIBHT Discharge

Insurance claims data for youth who were in IIBHT during 2022 and 2023 were used to evaluate how many youth went to emergency departments or were admitted to inpatient units in the 6 months *after* IIBHT discharge. The results show that less than half of youth recommended for a higher level of care after IIBHT discharge actually received their recommended services in the 6-months after IIBHT discharge. This is noteworthy because difficulty connecting youth to their recommended care might contribute to repeat emergency department visits, inpatient admissions, and staff burnout.

 **13% had a behavioral health emergency department visit**
>> the average length of time between IIBHT discharge and the ED visit was 71 days

 **5% had a psychiatric inpatient admission**
>> the average length of time between IIBHT discharge and inpatient admission was 58 days

 **Risk factors:** youth at higher risk of having emergency department visits or inpatient admissions after IIBHT were those who were over 13 years old; identified as non-cisgender, transgender, or queer; had a history of suicide attempts or self harm behaviors; and/or had prior psychiatric inpatient admissions

