



## Behavioral Health Partnership Oversight Council

### **Child/Adolescent Quality, Access & Policy Committee**

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**[www.cga.ct.gov/ph/BHPOC](http://www.cga.ct.gov/ph/BHPOC)**

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*Co-Chairs: Steve Girelli, Jeff Vanderploeg & Hal Gibber*

**Meeting Summary**  
**Wednesday, February 17, 2016**  
**2:00 – 4:00 p.m.**  
**Beacon Health Options**  
**Rocky Hill, CT**

**Next Meeting: March 22, 2016 @ 2:00 PM**  
**at Beacon Health Options, Rocky Hill**

**Attendees:** *Steve Girelli (Co-Chair), Jeff Vanderploeg (Co-Chair), Karen Andersson (DCF), Dr. Kathleen Balestracci, Dr. Eliot Brenner, Lanssa Cabral, Rick Calvert, Erin Eikenhorst-Frean (VO), Elizabeth Garrigan, Dr. Irvin Jennings, Erin Joudrey Sarah Lockery, Dan Lyga, Joan Narad, Kim Nelson, Joan Neveski, Ann Phelan (Beacon), Donyale Pina, Dr. Bert Plant (Beacon), Heidi Pugliese (Beacon), Kathy Schiessl, Sherrie Sharp (Beacon), and Martha Stacheli*

### **Introductions:**

Jeff Vandeploeg convened the meeting at 2:05 PM and introductions were made.

### **Results of the Intensive Outpatient Treatment (IOP) Study- Bert Plant, Ph.D., Beacon Health Options**



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- Evaluation and model development recommendations for Intensive Outpatient Program (IOP). Beacon conducted a literature review; examined utilization data; conducted site visits with 12 of the state's 27 child IOPs
- IOPs provide a minimum of 3 hours of treatment/day and youth can participate multiple days per week. There is variability between programs in structure and services. There is not much research literature and no widely accepted evidence-based model of IOP. Consensus is that IOPs ease transition from and reduce admissions to higher levels of care and divert youth from hospitalization.
- There are EBPs that could be integrated into IOP programming: components of Trauma Focused CBT (TF-CBT); Multi-Family Groups; Attachment, Self-Regulation and Competency (ARC); Interpersonal Psychotherapy for Depression; Dialectical Behavioral Therapy (DBT).

- There is an opportunity to better integrate substance use screening and intervention.
- In terms of racial/ethnic representation in IOPs compared to all Medicaid-enrolled youth, Caucasian youth were over-represented; African-American, Asian, and Hispanic youth were under-represented
- Mood Disorder NOS and Depressive Disorders NOS are most prevalent diagnoses
- Average length of stay is 45 days; average of 2.85 sessions per week
- About 66% of all participating youth attended 9 -35 sessions (“minimally adequate dose”) and 13% got the “targeted dose” of 36+ sessions. About 21% received 0-8 sessions.
- The overall connect to care rate following an IOP episode of care was 29%, seven days post discharge with rates increasing at fourteen days and thirty days post-discharge.
- Girls, and youth receiving 8 or fewer IOP sessions, were more likely to be re-admitted to IOP within 180 days after discharge.
- Summary of key findings from IOP site visits:
  - Strengths of programs included documentation, assessment process, comprehensive service array, engagement of external supports, and collaboration/coordination.
  - Challenges included inconsistent standardized screening practices (including for substance use), treatment plans lacked measurable goals or documentation of progress, and limited connection to peer support services.
- Questions:
  - Is service capacity sufficient to address need for this service? Dr. Plant and other members indicated that it is unclear because we don’t have a process for documenting the demand for the IOP service, or others in the service array.

## **Updates and Development of Child QAP Goals**

### **Child QAP Co-Chairs: Steve Girelli, Jeff Vanderploeg**

Each of the subcommittees of the Behavioral Health Partnership has been charged with developing goals for their subcommittee. Members discussed a number of ideas and themes related to the charge of the Child QAP. It was decided that these ideas would be reviewed by the subcommittee Co-Chairs, formulated into proposed goals, electronically distributed to Child QAP members for further input, and ultimately submitted to the BHP Oversight Council for approval.

## **New Business and Announcements**

Co-Chair Jeff Vanderploeg asked for any new business or announcements. Hearing none, he adjourned the meeting at 3:54 PM.

**NOTE: DATE CHANGE: Next Meeting: Tuesday, March 22, 2016 @ 2:00 PM  
3rd Floor, Hartford Conference Room, Beacon Health Options in Rocky Hill**