June 17, 2026 BHP Child/Adolescent Quality, Access & Quality Committee Zoom Meeting

Meeting summary

Quick recap

The meeting focused on a presentation by Victoria Stob from Yale regarding the status of the IICAPS (Intensive In-Home Child and Adolescent Psychiatric Services) network and a proposed recommendation to adjust the level of care guidelines. Victoria presented data showing that IICAPS had dramatically reduced capacity during the pandemic, serving around 700 families annually compared to 2,000+ pre-pandemic, but has since recovered with significant investments from Medicaid, DSS, and DCF. She recommended removing the lower age restriction from Connecticut's IICAPS level of care guidelines to allow preschool-age children access to the program, noting that young children can present with severe psychiatric and relational disturbance despite not meeting traditional crisis markers. The presentation included current outcomes data showing treatment completion rates of nearly 77%, significant reductions in hospital admissions and emergency department visits, and high family satisfaction rates. Participants raised questions about the reasons for capacity decline, satisfaction survey methodology, differences between IICAPS and Child First programs, and coverage issues with commercial insurance providers.

Next steps

Victoria Stob

- Send the presentation slides to David for posting online.
- Reach out to Tanja and connect her with providers who have had success in contracting with commercial payers for ICAPS services.

Collaboration

- Dr. Stephney Springer-DCF (and relevant state agencies): Meet with IICAPS team to discuss the proposed change to the IICAPS level of care guidelines (removal of lower age restriction) and report back to the committee on progress within the next month or two.

Summary

IICAPS Network Guidelines Update

Victoria Stob presented on the status of the IICAPS network, highlighting its recovery post-pandemic with significant investments from Medicaid, DSS, and DCF, which restored capacity and staffing. She proposed updating Connecticut's IICAPS level of care guidelines to remove the lower age restriction and clarify that chronological age alone should not be a basis for admission or exclusion. The presentation included current data on ICAPS outcomes, such as treatment completion rates and

reductions in hospital admissions and emergency department visits and provided clinical rationale for serving preschool-age children based on their severe psychiatric and relational disturbances.

IICAPS Services Decline Discussion

Brenetta Henry asked about the decline in IICAPS services, and Victoria explained it was due to the pandemic, with staff safety concerns, home-based work challenges, and growing waitlists reaching 650. Victoria also addressed concerns about family satisfaction surveys, noting that while some families may be hesitant to provide feedback due to potential retaliation, parents do contact leadership when they have issues, and parental mental health and stress are factors limiting engagement. Co-Chair Hector Glynn clarified that DSS made major rate increases and DCF provided supportive grants to help stabilize the network. David requested that Victoria send him the slides to post online.

IiCAPS Model Evolution Update

Maureen O'Neill Davis thanked Victoria for the presentation on the IICAPS model, which has evolved from a behavioral approach to a mentalization-based attachment and complex trauma-informed approach since 2018. Victoria explained that completion rates have improved from the high 60s to nearly 80%, and most families who repeat treatment do so only once, with their conditions generally not worsening. The model now focuses on the impact of early attachment disruption on brain development across the lifespan, particularly during specific developmental periods from ages 3 to 18.

IICAPs vs Child First Programs

The group discussed the differences between IICAPs and Child First programs, focusing on how they differentiate based on acuity, severity, and complexity of cases. Victoria and Heather Bonitz Moore explained that Child First typically serves younger children with attachment issues between parents and babies, while IICAPs handle more neurodivergent and aggressive cases requiring higher intensity services. Heather noted that Child First teams have been referring more acute cases to IICAPs in recent years, particularly for children with significant mental health needs and relational trauma. The discussion also touched on data challenges from 2019 to the first quarter of the current year, with Victoria indicating that a retrospective analysis covering 2023 to 2026 would provide more comprehensive data on program performance.

IICAP Waitlist and Staffing Updates

Dr. Springer asked Victoria about the 500-person waitlist for ICAP schemes, confirming it represents unduplicated youth. Victoria explained that wait times vary by coverage area, with Hartford having shorter waitlists around two months due to higher coverage, while areas like the Quiet Corner have longer wait times due to limited team presence. Victoria noted that Medicaid rate increases,

supplemental grant funding from DCF, and improved training curriculum have helped stabilize staff and reduce turnover over the past year.

Connecticut IICAPS Guidelines Discussion

The meeting focused on Connecticut's level of care guidelines for IICAPS services, with Paulo Correa (Carelon) explaining that these guidelines are publicly available and clearly define the age range for covered services. The group discussed potential changes to the age ranges in the guidelines, with Dr. Springer and state agencies agreeing to meet with IICAPS to review these recommendations. Victoria committed to connecting Tanja Larsen with other providers who have successfully secured commercial insurance coverage for IICAPS services, while also planning to share presentation slides with David.