



White Paper

# Advancing Mental Health Care

The Critical Role and Effectiveness of PHP and IOP Programs

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# Executive Summary

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Compass Health Center is a beacon of innovative and effective treatment as the United States grapples with a mounting mental health crisis. Our Partial Hospitalization (PHP) and Intensive Outpatient (IOP) Programs—delivered both on-site and virtually—are supported by robust data analysis and have consistently demonstrated significant positive clinical outcomes. These programs offer a critical, cost-effective alternative to emergency room visits, inpatient hospitalization, and residential care, relieving acute symptoms and addressing provider shortages and unmet mental health needs.

This white paper underscores the stark reality: without PHPs and IOPs, many individuals remain untreated or under-treated and their conditions deteriorate to the point where emergency room visits and/or inpatient care becomes unavoidable. Our programs provide the much-needed intermediate levels of care, helping to reduce the need for higher levels of care such as the emergency room, inpatient units, and residential treatment. Compass Health Center's continuum of care model is designed to optimize patient outcomes. Our model represents an evidence-based, innovative, multidisciplinary, seamless, and data-driven approach to the highest-quality mental health care by overcoming barriers to access and coordinating care across multiple treatment levels.

The mental health crisis in the United States demands urgent, informed, and impactful interventions. A key contributing factor to this crisis is the lack of available and effective resources, leaving patients trapped in a cycle of inadequate care and worsening mental health symptoms. Shockingly, over half of all adults and youth diagnosed with major depression receive no therapeutic intervention. This troubling scenario is further exacerbated by a 30% decline in residential treatment and inpatient facilities for children since 2012 (Mental Health America, Annual State of Mental Health Report, 2023).

The critical shortage of mental health providers, particularly psychiatrists, further strains our healthcare system, emphasizing the necessity for accessible PHP and IOP programs as preemptive measures to manage mental health challenges before they necessitate emergency or inpatient care.

PHP and IOP programs provide the crucial intermediate levels of treatment, bridging the gap between standard outpatient services and full inpatient care. This white paper advocates for the expansion and accessibility of these programs, urging health plans, and policymakers to recognize and prioritize their vital role in addressing the current mental health crisis.

We aim to enhance access to these programs and promote a data-driven approach to standardization and expansion. A key part of this initiative is to address provider shortages, proximity challenges, and other barriers to care, ensuring every patient has access to the appropriate level of care. By expanding awareness and access to these programs, we can significantly improve the quality of life for those battling mental health issues, paving the way for a brighter future for mental health care and patients. **Compass Health Center's model should not be seen as merely an option, but as an integral and foundational component in resolving the current mental health crisis.**

# Introduction

The escalating prevalence of mental health disorders and the associated burden on healthcare systems, necessitate reevaluating our approach to mental health care. PHPs and IOPs have emerged as pivotal components in the treatment continuum, offering comprehensive, cost-effective care that bridges the gap between inpatient hospitalization and outpatient therapy. This white paper seeks to elucidate the roles and benefits of PHP and IOP programs, providing evidence-based insights and recommendations to optimize their effectiveness and accessibility.

## Defining PHP and IOP Programs

PHP and IOP programs represent distinct levels of care within the mental health treatment continuum. These group-based therapeutic programs are designed to offer comprehensive treatment options for individuals grappling with complex symptoms of various mental health disorders that significantly impede daily functioning. PHP and IOP programs bring together multiple treatment modalities and theoretical models, provided in one location, by a collaborative, specialized team of clinicians. The treatment teams are comprised of psychiatrists, psychiatric nurse practitioners, individual, family, and group therapists, nurses, educators, and others.

A PHP is a structured, intensive, multidisciplinary program tailored for individuals battling moderate to severe mental health and/or substance use disorders. It serves several functions, including facilitating a smooth transition from inpatient hospitalization or residential treatment, escalating treatment from outpatient therapy or outpatient psychiatry, acting as an effective crisis management tool, and preventing the need for higher, more costly, and restrictive levels of care.

IOP programs represent a smooth and incremental step down from PHP on the mental health treatment continuum and can also serve as a step up from outpatient supports. While IOPs offer the same types of treatment as PHP programs, the amount of time a patient spends in treatment and the frequency with which they attend are comparatively lower. It is important to note, that both PHP and IOP levels of care do not require a person to have engaged in previous treatment and to benefit from these levels of care.

This white paper aims to equip healthcare providers, policymakers, patients, and their families with the necessary knowledge and tools to effectively navigate, advocate for, and contribute to the evolution of PHP and IOP programs. **The overarching goal is to ensure that these crucial levels of treatment are readily accessible to those who need them and to reduce the need for the most restrictive and costly levels of mental health care.**



# The Evolution of Mental Health Care in America and Current Challenges

The deinstitutionalization movement of the mid-20th century, which intended to integrate individuals with mental disorders into communities, inadvertently left an already insufficient treatment network even less able to meet the needs of those with acute symptoms. Since then, the stressors impacting people and the degree to which they are being impacted has increased exponentially. According to a 2023 Surgeon General advisory, research underscores the significant impact of social media use on youth mental health. Adolescents who engage with social media for more than three hours per day are twice as likely to suffer from poor mental health outcomes, including symptoms of depression and anxiety (U.S. Department of Health and Human Services, 2023). Additionally, due to advances in technology, people of all ages are inundated with uncensored, real-time exposure to the 24/7 news cycle and social media, underscoring the need to fill the gap that currently exists with innovative, efficient and effective mental health care solutions. Table 1 shows how Compass Health Center's model replaces the traditional, chaotic path to mental health care with a streamlined, continuum of care. As treatment evolves, it is important to remain evidence-based and data driven in addressing the complex challenges that are contributing to the current mental health crisis.

## Current Challenges

The mental health system in the U.S. is grappling with significant barriers that exacerbate the existing crisis. These challenges are multifaceted, including stigma, long-wait times and boarding in the emergency department, financial constraints, clinician shortages, fragmented systems, and limited access to effective treatments and best practices. There is also a concerning treatment gap for patients who require more help than traditional outpatient therapy or psychiatry can provide, but do not require inpatient care. This leads to an inefficient and ineffective cycle wherein a person's condition deteriorates to the point of needing the most restrictive and costly levels of care.

Being treated at the right level of care is crucial. Over-treatment can lead to unnecessary interventions and increased healthcare costs, while under-treatment can worsen a patient's condition and quality of life. Below is an overview of some of the complex challenges impacting care:

### Stigma

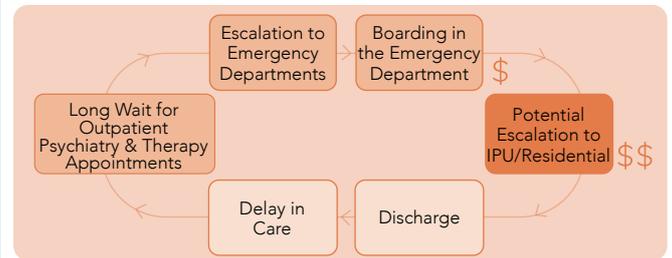
The stigma surrounding mental health inhibits individuals from seeking timely and necessary care. This stigma can lead to social isolation, discriminatory practices, and reduced funding for mental health research and treatment programs. Improving access to care and raising awareness can help alleviate the stigma associated with acute mental health treatment. Allowing patients to participate in care within their communities increases the visibility of those seeking care and normalizes the need for mental health treatment.

### Financial Burden and Inefficiency of Mental Health Care

The financial strain and inefficiency of mental health care affects providers, patients, and health plans alike. Many individuals cannot afford essential therapeutic services, medications, and other necessary treatments, increasing healthcare disparities. Many providers find it financially unviable to treat patients with complex needs due to insufficient reimbursement rates, leading them to prefer private practice models that do not cater to acute, complex patients. Lastly, health plans have been slow to recognize the cost reductions that PHP and IOP programs offer, as compared with higher levels of care. This decision ultimately increases costs due to high readmission rates, over-reliance on emergency departments and inpatient treatment models, and ineffective treatment.

## The Cycle of Mismatched Care

The current state of behavioral health care is a chaotic path characterized by long wait times, symptom escalation, and suboptimal patient experiences



## Breaking the Cycle and Replacing it with a Continuum of Mental Health Care

Compass Health Center's Model Provides Immediate Access to Specialized, Multidisciplinary Mental Health Care

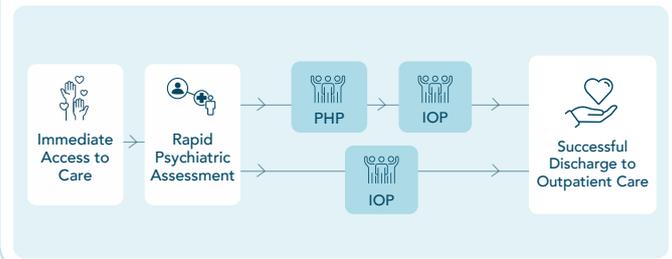


Table 1: Traditional Mental Health Care Model vs. Compass Health Center's Effective & Efficient Model



## Breakdown in Coordination of Care

The lack of integration and coordination between mental and physical healthcare systems in the U.S. results in inefficient and insufficient care. This fragmentation exists between mental health care providers and physical care providers, and within the often-siloed mental healthcare system itself. As a result, patients often experience missed diagnoses, suboptimal treatment, reduced quality of care, and clinical outcomes.



## Clinician Shortages

The shortage of behavioral health clinicians is a multifaceted problem contributing to the ongoing mental health crisis. The education and training required to become a mental health clinician is time-consuming and expensive, discouraging many potential candidates. Low reimbursement rates for mental health services make it financially unviable for many clinicians to provide care, especially for complex cases. In addition, the high stress and emotional toll associated with working in mental health can lead to high rates of burnout, causing many clinicians to leave the profession.

Geographic disparities also play a crucial role, with a significant maldistribution of mental health clinicians across the United States. Rural areas are particularly underserved due to lower salaries, fewer professional development opportunities, and a lack of necessary resources and infrastructure. Furthermore, there is a lack of racial and ethnic diversity among mental health clinicians, creating barriers to access for minority populations.

Addressing these challenges will require a comprehensive approach that includes increasing funding for mental health education and training, providing better support for clinicians to prevent burnout, improving reimbursement rates, and creating incentives for clinicians to work in underserved areas. **Geographic, physical, mental health or other barriers that make it difficult or impossible to access care in person.**

# Compass Health Center's Comprehensive Model

To address the above-mentioned barriers, Compass Health Center has introduced a unique model of on-site and virtual PHP and IOP programs. Our approach accounts for a range of mental health complexities, including mood and anxiety disorders, trauma, OCD, bipolar disorder, school refusal and anxiety, child dysregulation, chronic pain and illness, substance use, and co-occurring disorders. At Compass Health Center, we understand that behind every diagnosis is a person in need of support, and our evidence-based practices, grounded in compassion and science, are the compass by which we support their mental health journey. Table 2 delineates the multi-faceted approach to treatment, detailing the components from comprehensive assessments to therapy modalities, and the inclusion of education services and experiential activities.

## Comprehensive Model

### Comprehensive Assessments

Initial Assessment within 24 hours of Inquiry

Psychiatric Evaluation within 24-48 hours of starting program

Specialty assessment based on unique symptoms and diagnoses to tailor individual treatment to maximize patient outcomes

### Group Therapy

Groups are carefully designed to foster connections and utilize numerous evidence-based therapy modalities

Specialty groups are tailored to unique diagnoses including OCD, Trauma, Mental Health & Substance Use, and Mental Health, Chronic Pain, & Illness

### Individual Therapy

Our Primary Therapists are uniquely trained and experienced in treating the specific patient populations they serve

Evidence-based therapy modalities include CBT, DBT, ACT, CPT, and ERP

### Family Therapy

Including the family system is an integral part of our treatment model

Our Family Therapists are fully dedicated to incorporating families and their loved ones into treatment

### Psychiatry

Regardless of program, each patient meets regularly with a psychiatrist or psychiatric nurse practitioner for individualized evaluation and medication management

Patient safety is regularly assessed with 24/7 access to psychiatrists and psychiatric nurse practitioners

### Experiential & Educational

Art therapy, yoga, mindfulness, pet therapy, and/or other experiential therapies are included in each patient's treatment

School-aged patients work closely with an Educational Specialist

Adult patients receive mentorship support with life skills and job skills from dedicated resource therapists

Table 2: Overview of Compass Health Center's Comprehensive Treatment Model

# Key Components of Compass Health Center's Model



## Immediate Access

To prevent the further escalation of symptoms and to avoid the need for the most restrictive and costly levels of care, it is necessary to provide assessments and services when needed and for those assessments and services to be easily accessible. Compass's model includes availability for assessments and intakes 7 days a week from morning through evening within 24 hours of inquiry, and psychiatric evaluations within 24-48 hours of starting the program. Intakes can be completed in person or virtually and a person can begin a treatment program the same or the next day after the intake assessment.



## Multi-Platform

Our adaptable model embraces both on-site and virtual platforms for intakes and treatment, offering flexibility and continuity of care bridging gaps in the mental health care system. Virtual behavioral health allows for patients who cannot otherwise access higher levels of care due to physical, geographical, treatment-related or other barriers to receive care.



## Age-Based and Specialized Care

Our programs are tailored to the developmental stages and specific mental health conditions of our patients, including children, teens, young adults, and adults. By cohorting patients by age, treatment content and provision can be tailored to the developmental needs of each patient by clinicians who are experts in working with different age groups. Age-based programming also allows for maximum group cohesion which, in turn, enhances patient experience, outcomes and offers the opportunity for peer support and community. In addition to differentiating programs by age, our model is specialized by treatment needs. Our specialties are selected in response to the needs of the community and include mood and anxiety disorders, trauma, OCD, bipolar disorder, school refusal and anxiety, child dysregulation, chronic pain and illness, substance use, and co-occurring disorders.

### Age-Specific Programs

Young Child (ages 5-10)	Child (ages 8-13)	Adolescent (ages 13-18)
Young Adult (ages 18-23)		Adult (ages 23+)

### Compass's Specialty Programs

Anxiety	Mood Disorders
OCD	Mental Health & Substance Use
School Anxiety & Refusal	Trauma & PTSD
Child Dysregulation	Mental Health, Chronic Pain, & Illness

Table 3: Compass Health Center's age ranges and specialties



## Integrated, Collaborative and Comprehensive Care

The coordination of care amongst and between treatment providers is essential for maximizing clinical outcomes in the shortest period possible. Additionally, it cannot and should not be expected that a person experiencing a mental health crisis be able to navigate and coordinate amongst multiple treatment providers. Compass's model solves this in two crucial ways. First, by providing multiple treatment modalities under one roof within a multi-disciplinary team, mental health treatment is optimized. Second, our model ensures that the mental health treatment team at Compass coordinates care with all mental and physical health treatment providers a person has outside of Compass. This is particularly crucial when treating a patient with co-occurring and complex diagnoses. Our multidisciplinary teams and the foundation of our care model, deliver comprehensive services within one system, optimizing patient convenience and care coordination.



## Evidence-Based

Compass Health Center is committed to evidence-based practices, ensuring that our treatment modalities are grounded in scientific research and our interventions are data-driven. Our therapeutic approaches include Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT) Exposure and Response Prevention (ERP), and Cognitive Processing Therapy (CPT). These modalities are selected and tailored to meet the individual needs of our patients, with a focus on achieving the best possible outcomes. By adhering to these proven strategies, we aim to provide our patients with the skills and tools necessary for managing their conditions and improving their quality of life.



## Data-Driven

Compass prioritizes utilizing data in order to prescribe treatment, including dose, to maximize service delivery, patient experience, and outcomes. This scientific approach empowers our patients with the knowledge and certainty that they are receiving the right dose of treatment that will lead to the best possible outcomes.

# Beyond Traditional Treatment:

## The Impact of PHP and IOP on Long-Term Mental Health Outcomes

Since its inception in 2011, Compass Health Center has been evaluating the enduring effects of PHP and IOP programs on patient outcomes, readmission rates, and cost reductions in healthcare. This commitment is realized through rigorous data gathering and analysis in collaboration with our health plan partners.

The data collected from our PHP and IOP programs underscores their effectiveness in alleviating symptoms of mood and anxiety disorders as well as many other diagnoses. Our findings highlight the distinct value and efficacy of PHP and IOP programs in managing moderate to severe symptoms, enhancing the durability of mental health outcomes, increasing access, and minimizing overall healthcare costs.

We are committed to determining the optimal number of treatment days in each each level of care that leads to significant symptom alleviation, stabilization, and decreased readmission rates.

### Reduction in Symptoms of Depression

To measure the severity of depressive symptoms in adolescent and adult patients, Compass utilizes the Patient Health Questionnaire 9 (PHQ-9), a research-supported diagnostic instrument and a measure of symptom severity (Kroenke et al., 2001).

Patients struggling with depressive disorders who present safety concerns or significant functional impairment leading to potential severe psychosocial outcomes are advised to enroll in Compass’s PHP and then to transition to the IOP level of care upon completion. In 2023, Compass treated 2,381 that discharged from our adolescent, young adult, or adult programs after completing both PHP and IOP levels of care as well as a PHQ-9 upon admission and at discharge.

The clinical data of patients completing PHP and IOP programs at Compass in 2023 (N=6,272) revealed a significant difference between their admission and discharge PHQ-9 scores. The observed effect size ( $d=1.15$ ) underscores a dramatic decrease in depressive symptoms due to their treatment.

### Reduction in Symptoms of Anxiety

Compass employs the Generalized Anxiety Disorder 7 (GAD-7) to measure the severity of anxiety symptoms for adolescent and adult patients. GAD-7 has been recognized in research as both a diagnostic tool and a measure of symptom severity (Spitzer et al., 2006).

Patients with significant functional impairment due to anxiety meet the criteria for Compass’ PHP and typically step down to the IOP level of care. Patients completing the PHP and then IOP programs at Compass in 2023 who completed the GAD-7 at both admission and discharge (N=2,381) showed a significant difference between their admission and discharge scores, with the observed effect size ( $d=1.13$ ), indicating a substantial decrease in anxiety symptoms due to their treatment.

Our analysis shows that the impact of combined PHP and IOP treatments for symptoms of depression and anxiety is more significant than that of PHP or IOP alone. However, it should be noted that the IOP level of care is an appropriate recommendation for patients whose symptoms do not meet the criteria for a PHP level of care as the acuity upon admission differs significantly between patients admitted for the entire continuum of care and those directly admitted to the IOP due to the admission criteria.

### Change Score in Depression Symptom Reduction

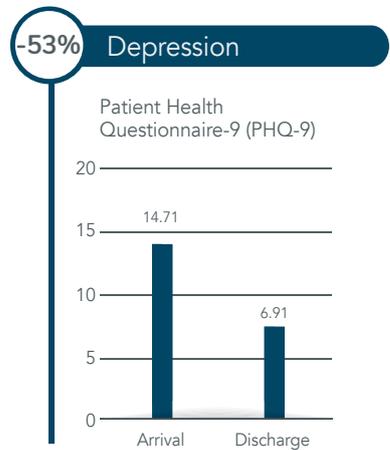


Table 5: Clinical Efficacy in Depression Treatment  
This table presents a quantitative analysis of symptom reduction in patients, as measured by the Patient Health Questionnaire-9 (PHQ-9) scores upon arrival and at discharge in 2023

### Change Score in Anxiety Symptom Reduction

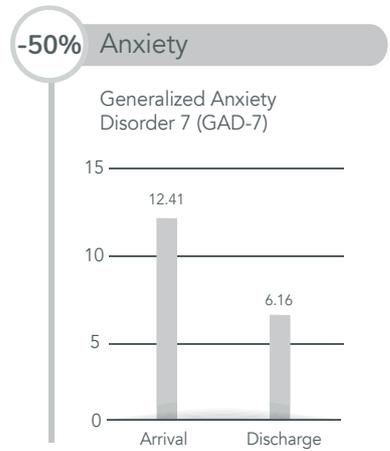


Table 6: Clinical Efficacy in Anxiety Treatment  
This table presents a quantitative analysis of symptom reduction in patients, as measured by the Generalized Anxiety Disorder 7 (GAD-7) scores upon arrival and at discharge in 2023

Our IOP is designed to be flexible—it can function as an independent program or be integrated into a wider treatment plan, as a step down from PHP. This integrated approach not only supports a continuum of care but also reinforces the importance of our Optimal Treatment Dosing, which we will elaborate on in the next section of this paper. By tailoring treatment lengths, we aim to deliver care that aligns with the personal journey of each individual we serve.



### Data Conclusion

The finding above reinforce the importance of integrated, comprehensive care models that include PHP and IOP in managing moderate to severe mental health symptoms. **By offering a continuum of care that caters to varying acuity levels, Compass can ensure that patients are neither under-treated or over-treated, ultimately leading to improved mental health outcomes and reduced healthcare costs.**

## Optimal Outcomes Lead to Optimal Dose Prescription

Faced with a mounting mental health crisis, the imperative for Compass Health Center to provide immediate and evidence-based care has never been greater. This white paper reflects our dedication to using data-driven insights to elevate mental health treatment as a scientific endeavor equal to that of other forms of health care. Our data not only informs but compels us to establish benchmarks and guidance for the most effective patient care.

Rooted in our history of developing programs that respond to the needs of our community, we have taken the data a step further. Through aggregating and synthesizing the data from over 2300 patients, we’ve gained a clearer picture of what contributes to successful treatment, including correlation between length of stay and patient outcomes for both PHP and IOP levels of care.



### Optimal Treatment Dosing

As the mental health field evolves, determining the right treatment duration is essential. In our pursuit to find the appropriate dose that avoids both over and under treatment, our findings confirm that we can prescribe an optimal treatment dose for each individual patient. In order to identify the optimal treatment dose, we must factor in symptom severity, personal history, individual patient goals, and other factors, that are based in science and tailored to their individual clinical presentation. As illustrated in Table 7, we observe the distinction between optimal and average outcomes for PHQ-9 scores.

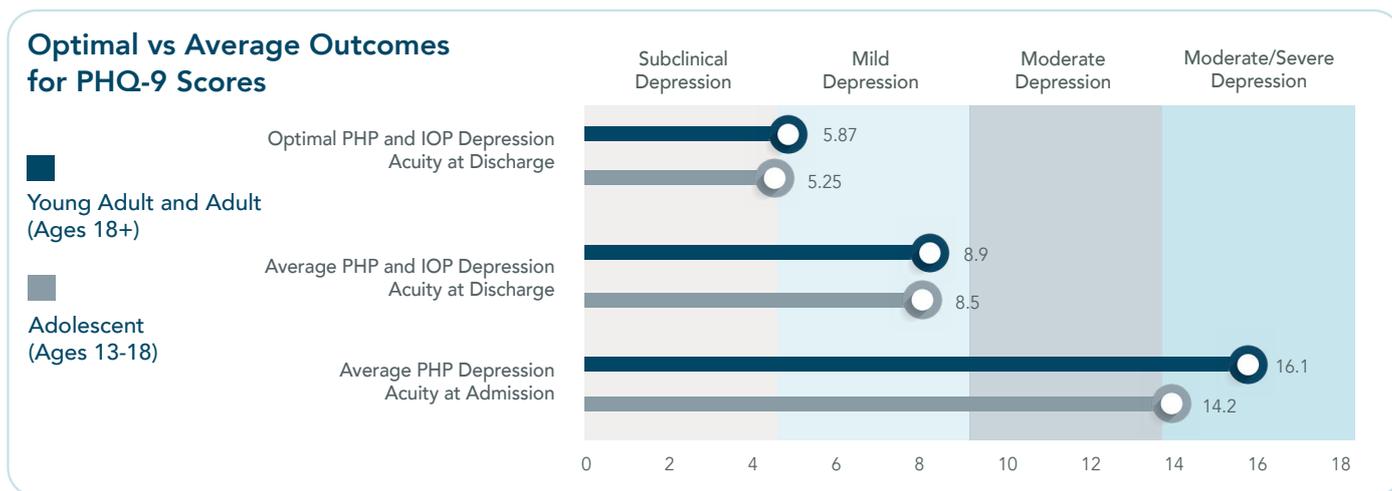


Table 7: Comparison of PHQ-9 Scores Across PHP and IOP Programs

This personalized and evidence-driven approach is further enhanced by Compass’s ongoing research into the connection between the Average Length of Stay (ALOS) in treatment programs and the likelihood of readmission. The chart in Table 8 derived from Compass Health Center research, outlines ALOS of the initial treatment episode for patients who subsequently returned to Compass 30, 90, and 365 days after initial discharge. These ALOS are then compared with the ALOS of patients who did not return to Compass within one year of discharge. A review of our data allows us to postulate that an inversely proportional relationship exists between the likelihood of readmission and ALOS, wherein longer lengths of stay up to an optimal point tend to result in a lower likelihood of subsequent readmission.

Our ongoing research aims to refine this optimal ALOS, providing a benchmark for the most effective treatment duration in PHP and IOP programs. This crucial insight influences immediate patient outcomes and promotes long-term stability and wellness. By determining the optimal ALOS at each program level, we can gauge our treatment programs' effectiveness, thereby profoundly impacting mental health care. Table 8 highlights the correlation between the average "length" of stay and post-treatment readmission rates. It is important to note that while a general trend is observed, treatment plans are individualized, some patients may deviate from the trend due to their unique recovery needs, goals, and other circumstances.

Exploring the ideal dose at each level of care is a particularly useful aspect of our research as it allows for the optimization and tailoring of treatment based on individual needs and progress. Our specialized programming has demonstrated remarkable efficacy in reducing symptoms and improving functioning.

For adults and young adults who are admitted to Compass Health Center with significant depressive symptoms, current data indicates an optimal treatment dose of 16 treatment days at the PHP level of care followed by approximately 30 treatment days at the IOP level of care. The data indicated that this treatment dose resulted in a 10.2 point reduction in depressive symptoms reported on the PHQ-9 which has a maximum score of 27 points. In other words, patients' depressive symptoms decreased from "moderate/severe" to "subclinical/mild" after completing the optimal treatment dose of PHP and IOP at Compass Health Center. For adolescents at Compass, data suggests an optimal treatment dose of approximately 16 PHP treatment days followed by 16 IOP treatment days. Depressive symptoms decrease from moderate/severe to subclinical/mild for adolescents just as they did for adults. Adhering to the optimal length of stay, as evidenced by our data, is key in leading to a decrease in readmissions and hospitalizations.

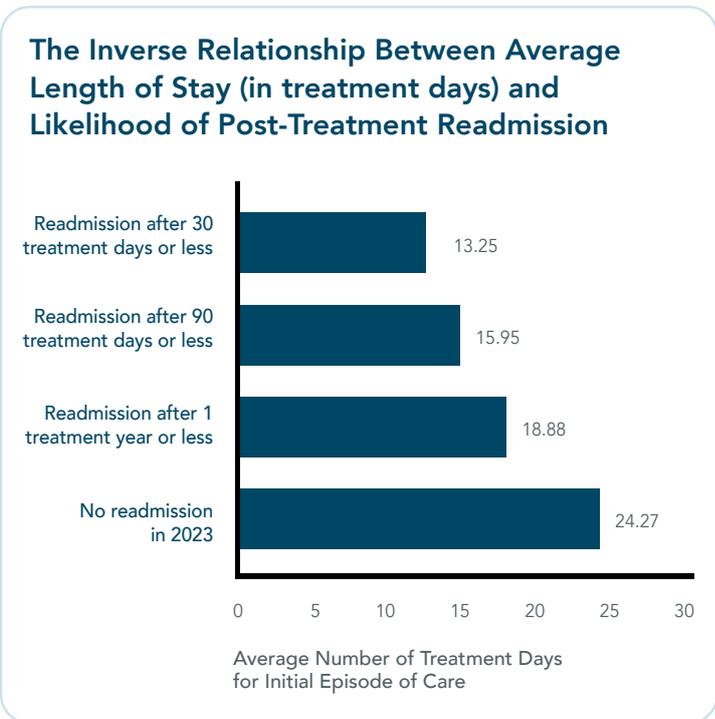


Table 8: Average Length of Stay and Its Impact on Readmission Rates

## Summary and Conclusion:

### The Future of Data-driven, Comprehensive PHP and IOP Programs

Our research findings underscore the profound impact of PHP and IOP programs. Driven by robust data insights, these programs have demonstrated significant reductions in symptoms of depression and anxiety. Coupled with lower readmission rates and decreased healthcare costs, it is clear that these interventions hold immense promise for reshaping our mental health landscape.

The importance of data-driven and collaborative efforts cannot be overstated. Engaging consumers, providers, health plans, and policymakers in data-centric dialogues and fostering robust partnerships can significantly reshape care strategies and further improve outcomes. Furthermore, this approach drives innovation and supports destigmatization and mental health parity. With shared insights and unified objectives, we move closer to our collective goal of delivering optimal patient outcomes and improving lives.

In conclusion, Compass Health Center's research on PHP and IOP programs is timely and addresses the current treatment gap in the mental health care continuum. We firmly advocate for broader adoption of these programs and our model rooted in ongoing research and data analysis. Through such dedicated efforts, we can not only save lives, but pave the way for a brighter, healthier future for individuals grappling with acute mental health challenges.



## Compass Health Center's Mission:

*With a foundation in compassion and science, we are breaking down barriers and accelerating access to mental health care in pursuit of optimal patient experiences and outcomes.*

## About Us

Compass Health Center provides immediate access to Partial Hospitalization (PHP) and Intensive Outpatient (IOP) programs both in-person and virtually. Compass's programs provide a vital solution for those in crisis offering specialized care without the need for emergency room visits or inpatient hospitalizations including anxiety, OCD, trauma, depression, school refusal, screen dependency, mental health and chronic pain, and substance use disorders. Our multidisciplinary approach includes psychiatry, group, family, and individual therapy, medication management, effectively addressing a wide range of mental health symptoms and diagnoses.

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