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Psychiatric Hospital

Recommendations addressing the Children's Mental Health Crisis

*Joint Recommendations from Connecticut Children's
Medical Center and Yale New Haven Health*

July 12, 2021

As Connecticut's two leading providers of pediatric care, Connecticut Children's and Yale New Haven Children's Hospital are acutely aware of the mental health crisis facing children and their families. And, as members of the Children's Hospital Association, we know from our colleagues that the challenges we are facing are reflective of a broader national problem. The COVID-19 pandemic has shone a bright light on the inadequacy of children's behavioral health care. The system is clogged and it is clear that available resources do not match the severity of need of the children who present to medical emergency departments for behavioral health. Discharges for children in inpatient and emergency care settings are delayed, for some by weeks or months, because the next level of needed care is not available, whether community based (Intensive Outpatient/Partial Hospitalization) or residential (inpatient/PRTF).

This summer, we are not experiencing the typical seasonal decline, and in anticipation of schools opening in the fall, we need a sense of urgency, leadership and boldness in and making investments into a system that does not adequately address the behavioral health needs of our children and their families. We have a unique opportunity to begin this important work through American Rescue Plan Act (ARPA) funding, and we have identified priorities outlined below

- Intensive Outpatient and Partial Hospitalization Programs—Current wait times for these programs average 3-8 weeks, creating significant discharge delays for children from ED and acute inpatient psychiatric settings. Existing IOP/PHP providers should be surveyed to assess what it would take for them to expand services if financial resources were made available. Survey results should inform an immediate plan for program expansion.
- Urgent care—While it is unclear what services the Governor’s urgent care center will offer, we must ensure the new service provides children and families with immediate access to necessary care, and not serve as a stopover on the way to medical emergency departments. We are participating in the model design process through the DCF workgroup to help identify the service needs and current gaps we are experiencing in the care of children and families in crisis.
- Inpatient care—State-operated psychiatric inpatient and Psychiatric Rehabilitation Treatment Facility (PRTF) beds must be expanded, with an ability to flex to meet the needs of children who reside in our EDs and acute inpatient psychiatric units awaiting a bed after having been approved for this level of care, for weeks and sometimes months.
- Workforce development— To help meet the behavioral health needs of children, the State must begin to:
 - invest in workforce development in mental health disciplines including pediatric and family counselors, social workers and care coordinators; and child and adolescent psychiatrists, psychiatric nurses, psychologists, advanced practice nurses and physician assistants, through loan forgiveness and scholarship programs;
 - provide support for continuing education of child-facing professionals in the community including, law enforcement, school teachers and staff, day care providers and coaches; and
 - Acknowledge the link between reimbursement and workforce capacity, especially for outpatient services, since expanding access will necessitate changing the payment model regardless of the payer group, to increase the number of outpatient providers willing to care for children.
- Primary care—The Governor’s ARPA recommendations seek to “create additional mental health consultative capacity for primary care”. Implementation of this recommendation should be an immediate investment in Access Mental Health