

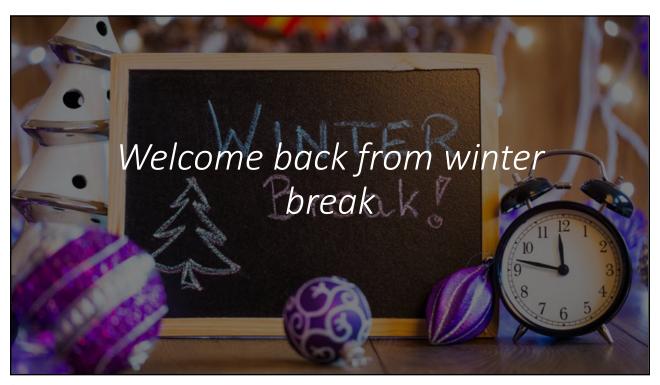
Looking Ahead to 2024

January 9, 2024

Yale Medicine

Yale school of medicine

1



Reflections on the Winter Solstice.....

Darkness into light year after year



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Balancing Realism & Hope... **NICHOLAS KRISTOF** This Was a Terrible Year, and Also Maybe the Best One Yet for Humanity Reductions in.... Dec. 30, 2023 https://www.nytimes.com/2023/12/30/opinion/2023humanity-poverty-growth.html?searchResultPosition=1 Children Infant Living in Mortality Poverty Debilitating Infections Life-Altering New Vaccines and Treatments for Chronic Conditions (e.g., Sickle Cell)

Department Snapshots

Faculty
Finances
ABC's of Fund Raising

What's happened since September?
Systemic & local changes
What holds us together?
Returning to our theme for this academic year, staying grounded



A Closer Look at Promotion Progress **Professors** (15)**Associate Professors** Assistant (11)**Professors** Senior (39)Research Research Scientist (5) Scientist (7) Associate Research **Assistant Clinical** Scientist (25) **Professor** (social Instructor work) (34) (social work) (11)



Total Operating Results (actual FY23)

\$52.2m Revenue (includes restricted gifts & endowments, and faculty special use funds)
\$59.8m Expenditures

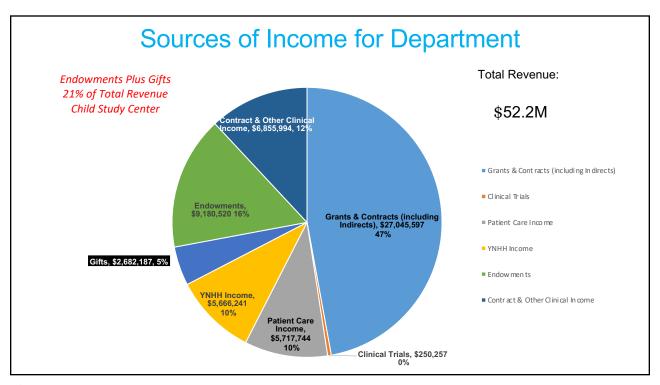
Grants & Contracts

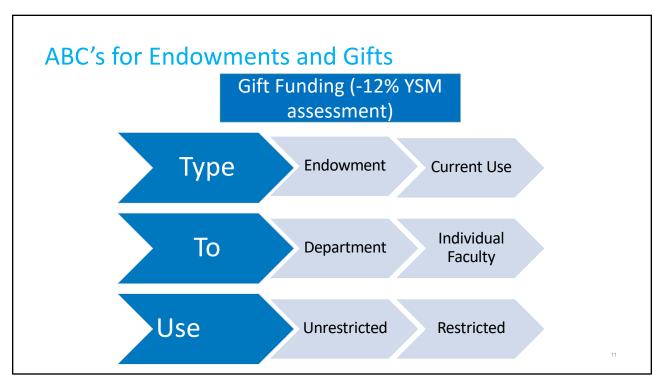
Direct Expenditures \$27.0m Indirect Expenditures \$5.2m Total Expenditures \$32.2m Number of Grant Proposals 169 Number of Active Awards. 142

Patient Care

Annual Billings \$12.1m
Inpatient (\$1.36m)
Outpatient (\$10.74m)
Annual Collections \$5.68m
Inpatient (\$.36m)
Outpatient (\$5.32m)
Shared Services-YNHH \$5.67m
Clinical Trial \$0.25m

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Balances in Current Use & Endowment Returns (Why We Fund Raise!)

| Under Control of: | FY21 | FY22 | FY23 (% Restricted)* |
|-------------------|------------|------------|-------------------------|
| Department | 1,108,708 | 1,739,294 | 1,609,717 (94%)** |
| Faculty*** | 18,228,283 | 21.668.448 | 21,492,298 (31%) |

- * Restricted—can be used only for specific guidelines/purposes
- ** Department unrestricted funds supporting research & education
- *** Also includes special use funds ((always unrestricted) coming to faculty from consults, fee for service contracts, incentives, extra wk

Unrestricted gifts to faculty or the department give the \underline{most} flexibility

Reminders & Progress from September 2023 Opening

- Goals for the Academic Yr
 - Climate and Culture
 - Research
 - Education & Professional Development
 - Operations & Communication
 - Clinical Services

https://medicine.yale.edu/childstudy/media-player/ycsc-welcome-back-state-of-the-department/

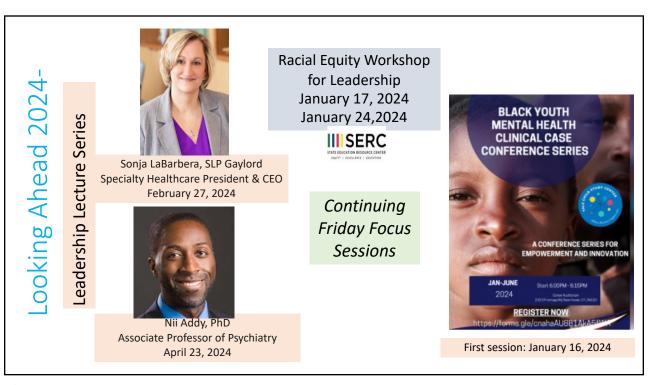
Theme for the 2023-24 Academic Yr Staying Grounded.



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Be Aware of the Growing Pressures Nationally

U.S.

Texas Lawmakers Pass Ban on D.E.I. Programs at State Universities

It's the latest state to defund diversity, equity and inclusion initiatives.

By Audra D. S. Burch

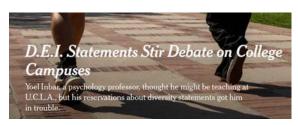
University D.E.I. Programs: Do They Help or Harm Education?

LEIIERS

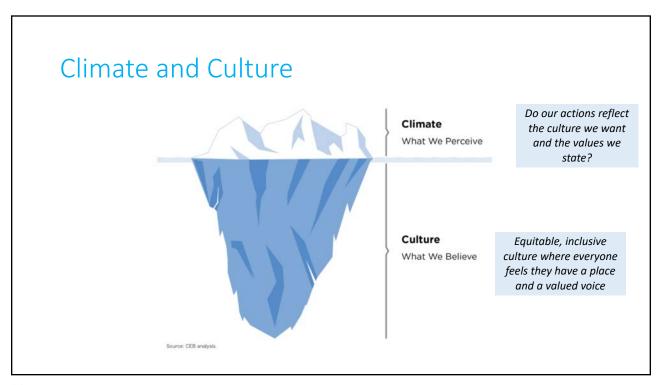
OPINION GUEST ESSAY

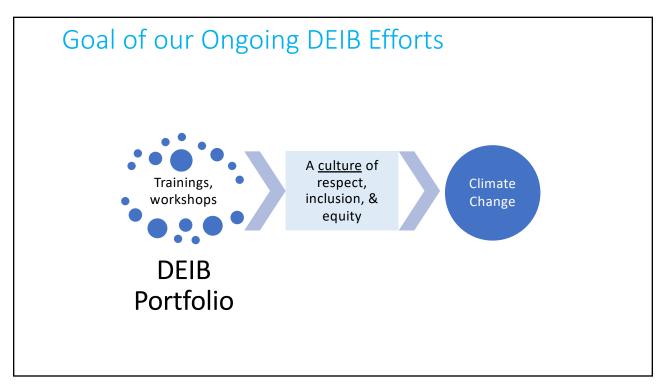
D.E.I. Programs Are Getting in the Way of Liberal Education

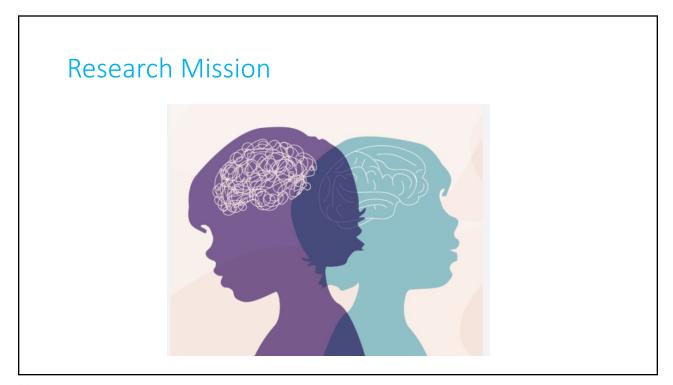
July 27 202



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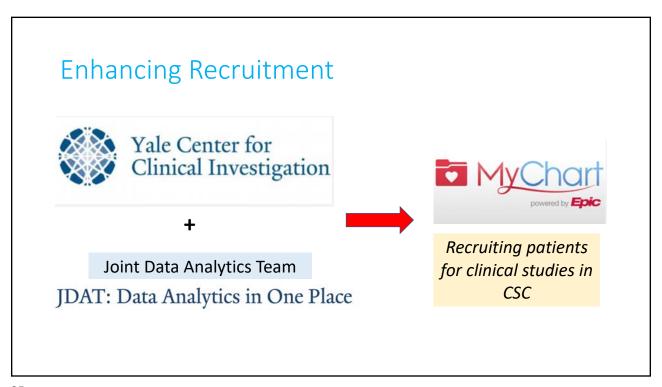


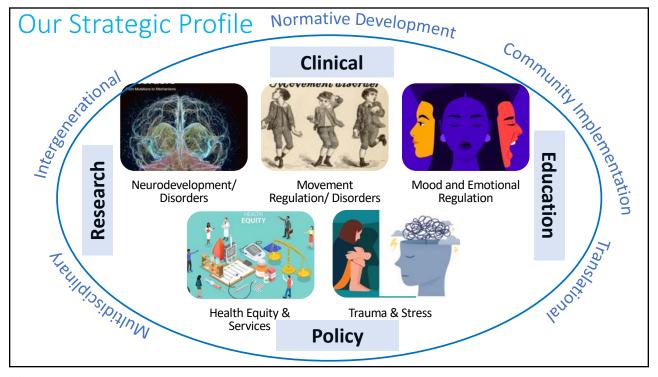






Research Missions Goals 2023-2024 erstanding NIH Ca elopment "K" Awa Yale Center for Work collaboratively with YCCI to increase Implement a subject Clarify guidelines for applying for K awards pediatric behavioral recruitment plan Mentoring Program shared across labs health enrollment in clinical trials RESEARCH PROGRESS Set strategic goals for and/or training research Strengthen CSC clinicalgrants (coordinating Research in Progress growth/enhancement research interface Sessions with other medical (gaps and opportunities) school departments)









Goals for Education (and Professional Development) for 2023-2024

TBN
New Vice-Chair
Role in
Professional
Development

Improve Educational "Climate" for our training programs

- Attend to impact of heavy clinical demands & ensure education always present
- Rebuild "learning community" after distancing impact of pandemic

Develop a professional development program in child and family behavioral health

- For pediatricians becoming a REACH training site
- Reinvigorate consultative relationships with schools (and other community organizations)

Consistent communication about department trainings and development opportunities

- Engaging both our internal and external communities
- Developing a unified professional development "brand"

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Phase One Learning Ins and Outs of Peer Coaching Daryn David, Ph.D. Phase Two Individual Coaching Sessions





For Pediatricians



Becoming a training site for REACH; two trainings in fall 2023; ongoing in 2024



December 2023

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Becoming a Framing Hub

WORKS Changing the

social issues

Upcoming Sessions:

conversation on

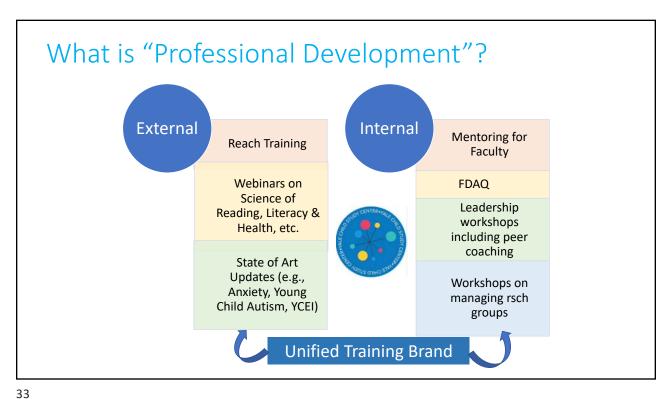
January 30, 2024 February 22, 2024 Framing Resource

Changing the **Narrative Together: Three Effective** Strategies for Talking about Youth Mental Health

> The Story We're **Telling About Youth Mental Health is Hurting Our Kids**

Can Frames Make Change? Using Communications **Science to Translate** the Science of Child **Mental Health**

> **Framing Fundamentals for** Multigenerational Approaches to **Mental Health**









Clarifying organizational structure for department governance



Clarifying job responsibilities across department (and lines of accountability)

- Workshops in January
 and February
- Integrated with FDAQ process
 - Completed by new academic year and reviewed annually



Series of leadership presentations and regular blog on leadership development





Continuing to introduce concept of service leadership

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Communications Progress Since September

Regularly updated comms-related guidance on intranet

Easier Intranet
Access
Visit the YCSC
Intranet
Paulin and universe can access
the intranet universe can access

Monthly comms open office hour

On-going news stories & announcements via Beatrix

Monthly IBO & admin staff spotlights

Updated comprehensive list of committees & groups

Improved information flow via comms ambassadors

Quarterly CSC Insider focused on people in community

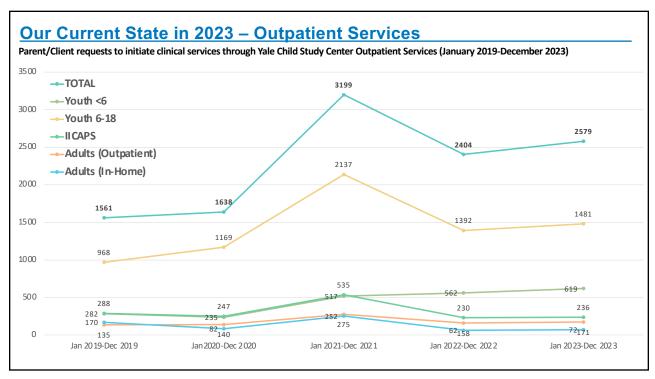
Other Suggestions?

Community surveys on expertise and funding needs Upcoming second annual "year in review" special newsletter





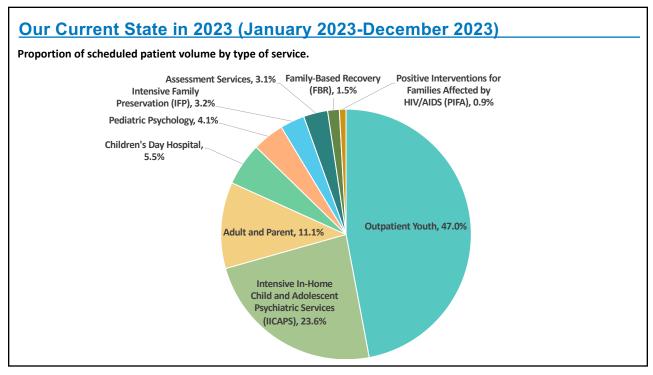
Our Current State 2023 Outpatient Services (January -December 2023) 16,500+ 58,000+ >3,000 7% 个 Scheduled Scheduled Youth and Increase in Video Visits in Appointments **Families Served** referrals from from Jan 2023 from Jan 2023 -Dec 2023 Dec 2023 46%** 52% 11.7 Of clients hold Of clients a racial identify years old identify as that has been historically Client Age marginalized *Data include all 350 George Services, Children's Day Hospital, In-Home Services, and Pediatric Psychology.

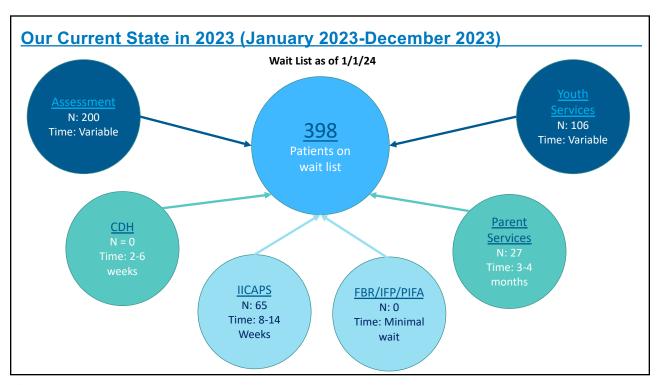


Our Current State in 2023 (January 2023-December 2023)

Hospital-Based Services: Children's Behavioral Health ED, Child Psychiatric Inpatient Service, and Consultation Liaison

| | | FY19 | FY20 | FY21 | FY22 | FY23 |
|--|--------------------|-------|-------|--------|--------|--------------|
| Children's Behavioral Health ED | Total Visits | 1,967 | 1,635 | 1,817 | 2,006 | 1,851 |
| | Boarder hours | 4,104 | 9,118 | 30,505 | 32,654 | Pending data |
| Child Psychiatric Inpatient Service (CPIS) | Discharges | 463 | 388 | 366 | 356 | 360 |
| | Average LOS (days) | 11.9 | 13.1 | 17.4 | 15.7 | 14.9 |
| Consultation Liaison (CL) | New Consults | 132 | 154 | 125 | 107 | 118 |



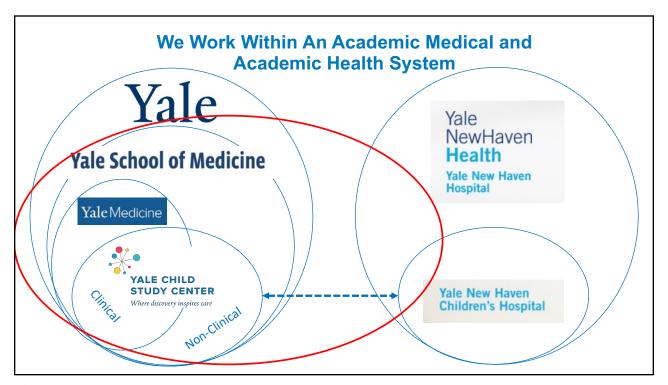


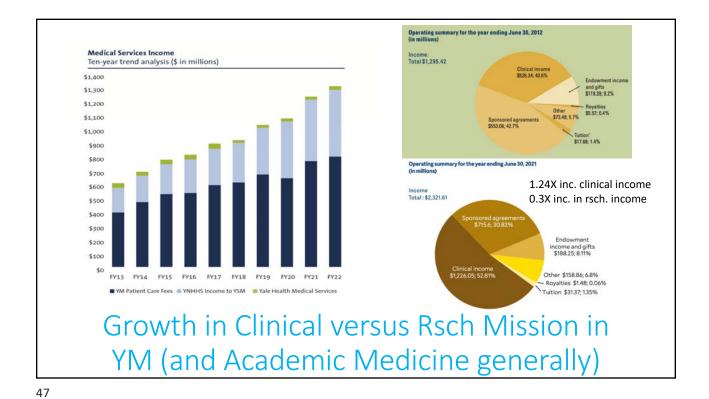


Clinical Goals for 2023-2024 Short-term Workplace Evidence Develop centered around Self-Pay Comprehensive respect and Based Referral Services Assessments Partnerships inclusion **Treatments** PEDIATRIC PSYCHOLOGY Continuing Improve **Embed** Enhanced Professional to embed measurementdevelopmental/ Telehealth & Development psychology based care in behavioral Digital **Funds** in peds outpatient services pediatrics in CSC Interventions Growing Partnership with Dept. Pediatrics

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Academic Medical Centers no longer only providers of expert care-- a competitive "market" Fifty-eight percent of 50% of consumers consumers surveyed said HRI surveyed said they would not pay more to they are likely to choose a receive specialty medical community hospital that is care at an AMC. affiliated with an AMC. 49% would not pay https://www.pwc.com/us/en/industries/as sets/pwc-psof-amc-report.pdf Community Partnerships

Resulting Major Changes to YM's Clinical Mission

Closer Alignment with YNHH health system

Integrating clinical networks within and outside medical center into one clinically integrated network

New approach to how funding flows from health system to school to support clinical care

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https://ynhhs.yale.edu

Yale New Haven Health
System and Yale School
of Medicine Alignment

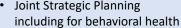
Joint Strategic Planning

y H in ⊠ ÷

Working Together

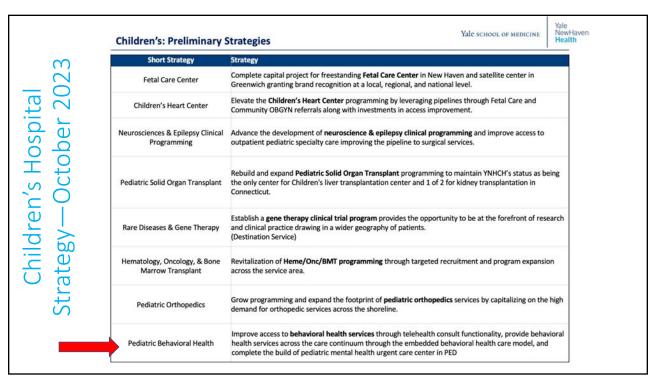
For nearly 60 years, Yale New Haven Health System (YNHHS) and Yale School of Medicine (YSM) have affiliated with one another to provide the highest quality care to people in the Northeast region and around the world.

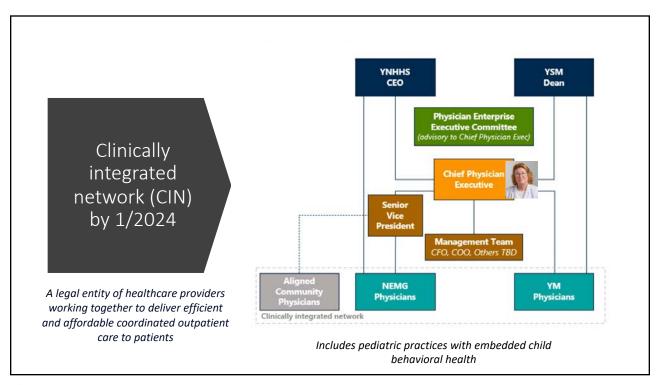
Both organizations have grown significantly, advancing our knowledge, innovation, and capabilities along the way. With advancement comes opportunity to do even more for the communities we serve by closely aligning our operations, care delivery, and strategic investments. An enhanced partnership will allow us to grow more effectively and flourish in today's constantly changing and challenging health care environment.

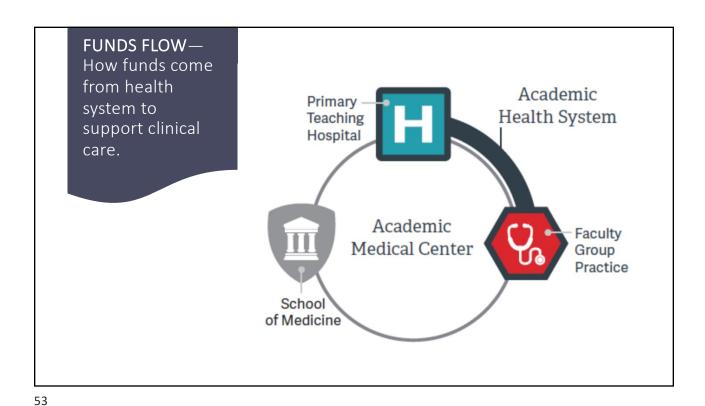


- Joint Infrastructure (e.g., IRB, credentialing)
- · Joint Clinical Programming
- · More Transparent Funds Flow







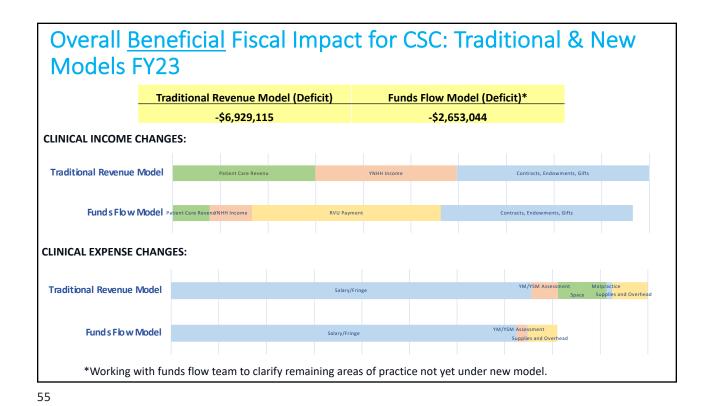


Important Changes Under New Funds Flow Model (in place since July 2023)

| | Traditional/Past Revenue Model | Funds Flow Model | |
|----------------------------------|---|--|--|
| Space | On Department budget | Moved to central budget | |
| Malpractice | On Department budget | Moved to central budget | |
| YM/YSM Assessments | On Department budget | Moved to central budget | |
| Clinical Income (to Child Study) | Based on clinical revenue paid by insurance carrier | Based on \$/RVU* paid by health system** | |

^{*}RVU-Relative Value Unit set nationally, linked to billing codes, and based on the extent of clinician work and expertise required to deliver the service

^{**}Some services such as hospital-based medical directors or pediatric psychologists embedded in medical settings supported by direct payment for salary (staffing model)



What Does Funds Flow Mean For Individual Clinicians?

| | Traditional/Past Revenue Model | Funds Flow Model |
|-------------------------|---|---|
| Clinical Capacity | Measured by clinical hours/cases | Measured by clinical hours/cases |
| Clinical Activity | Measured by clinical hours/RVUs | Measured by clinical hours/RVUs |
| Clinical Faculty Salary | Based on 50 th percentile of AAMC where available. Based on regional/health system benchmarks. | Based on 50 th percentile of AAMC where available. Based on regional/health system benchmarks. |
| Clinical Incentives | Assessed based on clinical hours | Assessed based on clinical hours |

The changes are at the Department/Practice level:

| | Traditional/Past Revenue Model | Funds Flow Model |
|----------------------------------|--|---|
| Clinical Income (to Child Study) | Based on <u>clinical revenue</u> paid by insurance carrier | Based on <u>\$/RVU</u> paid by health system |
| Expenses | Space, Assessments, Malpractice paid by Department | Space, Assessments, Malpractice covered centrally |

