



Overview of Services and Legislative Recommendations for Connecticut's Response to the Child Behavioral Health Crisis

March 2023

Yale Child Study Center & Yale New Haven Children's Hospital State Legislative Agenda

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The Yale Child Study Center (YCSC) and Yale New Haven Children's Hospital (YNHCH) are dedicated to treating children at all stages of their journey to adulthood and offering specialized services for a range of developmental disabilities, trauma, anxiety, depression, oppositional and obsessive-compulsive disorders, and more. As the Department of Child Psychiatry for the Yale School of Medicine and YNHCH, the YCSC serves as an outpatient provider with many clinical services in clinic and community settings as well as in homes and pediatric practices. Educational efforts include training for professionals in child psychiatry, social work, and child psychology as well as training in research, specific intervention and prevention approaches, and in special areas of children's mental health.

Services

- **More than 3,000 unique families are served annually** and that number is steadily increasing. The YCSC has the capacity to serve approximately **1,400 families** at any given time.
- **More than 112,300 visits have been scheduled since the beginning of the pandemic**, reaching families virtually, at home, in the emergency department, in pediatric offices, in schools, and in the clinic.
- **60% of behavioral health care services for children, adolescents, and families were transitioned to telehealth due to COVID-19**, with the continuation of in-person services as clinically indicated.
- **Nearly two-thirds of families served are enrolled in Medicaid**. While the majority are from New Haven County, we also serve families from across the state.
- The YCSC serves as the **coordinating site for southern Connecticut for Access Mental Health**, the state-supported program that provides pediatricians with access to behavioral health clinicians and psychiatrists for consultation.
- The YCSC and YNHCH jointly serve children and families through the following programs:
 - Children's Day Hospital (IOP) reaching between **1,600 and 2,000 patient contacts annually**
 - Inpatient Child (16 beds) and Adolescent (23 beds) behavioral health units discharging **1,000 patients annually**
 - Pediatric Emergency Department caring for **2,000 behavioral health patients (53,000 care hours) annually**
 - Pediatric Specialty Care Clinics with embedded YCSC psychology resources to support medical & surgical clinics
 - Pediatric Primary Care Clinics with embedded YCSC psychology resources

Legislative Recommendations

In response to the crisis in child behavioral health, we recommend a multipronged approach that supports a continuum of behavioral health care. We urge the General Assembly and Administration to continue to:

1. **Focus efforts on reimbursement rates for Medicaid and commercial payers to cover the true cost of care.**
2. For grant programs, **peg cost of living adjustments to inflation** and/or put a mechanism in place to determine COLA to keep pace with the cost of care.
3. **Increase reimbursement and stabilize support for outpatient services.** These above issues are matters of access rather than parity alone.
4. Develop strategies to **address the workforce shortage** including an increase in opportunities such as the Roberta Willis Scholarship Program, license flexibility, loan repayment, and support of internships.
5. Ensure the continued **adequate funding and availability of Intensive In-Home Child & Adolescent Psychiatric Service (IICAPS)** across the state.
6. Ensure the continued and adequate funding of **extended-day treatment centers, intensive outpatient programs, and partial hospital programming.**
7. Continue **telehealth availability** to ensure access for all, considering situations including but not limited to clinical appropriateness, patient/family preference, parent illness, crisis, inclement weather, workforce availability.
8. Ensure continued funding for **Access Mental Health.**
9. Improve **emergency room and inpatient boarding, and decrease discharge delays** by fiscally supporting Urgent Care Centers (UCCs) and subacute centers in the short-term and long-term; using a model built on a funding stream aside from American Rescue Plan (ARPA) funds alone, which will sunset.
10. Ensure support for **211-Emergency Mobile Psychiatric Services (EMPS)** to deliver 24/7 care.
11. Support **behavioral health services in schools** by expanding models and services within school settings.