Moving Forward

Vision(s) for the Yale Child Study Center

Linda C. Mayes, M.D.

January 6, 2015
What We Will Consider

- State of the Child Mental Health Professions
- Opportunities and Challenges Before us
- Reimagining our Future
- Ultimate Concerns
- Timeline for Next Steps
Wherefore these Ideas?

- Full Time Faculty
- Staff
- Child Psychiatry, Social Work, Psychology Fellows and Interns
- Community Faculty
- Postdocs and Postgraduate Fellows
- YNHH and YMG
- Partner Departments (Pediatrics, Psychiatry…EPH, Ob, Medicine)
- Community Agencies
- Partner Institutions (Austen Riggs, WNEIP, AFC)
- Past Jobs and Experience (AFC, Dean)
What We Will Consider

- State of the Child Mental Health Professions
  - Opportunities and Challenges Before us
  - Reimagining our Future
  - Ultimate Concerns
  - Timeline for Our Next Steps
The more you understand about the past, the better prepared you are for the future

……Theodore Roosevelt
Social recognition of childhood as special phase of life with its own developmental stages, starting with the neonate extending through adolescence.
Child Mental Health Timeline (1850’s-1920’s)

Mid-19\textsuperscript{th} Century: Pediatrics as speciality of medicine develops

1883: Kraepelin’s psychiatric taxonomy ignores disorders in children

1900: 18 percent of all American workers were under the age of 16 (1.75 million children ages 10 to 15 in labor force)

1909: Jane Addams opens first child guidance clinic in Chicago (Institute for Juvenile Research)

1912: Federal Children’s Bureau established

1853: New York Infirmary for Indigent Women and Children established by Dr. Elizabeth Blackwell

1889: Jane Addams opens Hull House for immigrant families

1904: National Child Labor Committee organized but all attempts to regulate child labor fail until 1938.

1909: White House Conference on Child Dependency

1920’s: Piaget begins his work
CSC’s ROLE IN THIS HISTORY

Gesell publishes Mental Growth of Preschool child in 1925

Gesell publishes Atlas of Human Development in 1935

Beyond Best Interests of Child published in 1973 with Anna Freud/Al Solnit

Provence publishes Infants in Institutions in 1963

Milton Senn directs Center 1945 to 1966

Al Solnit directs Center from 1966 to 1983

Ed Zigler advises on Head Start founding
Contemporary Child Mental Health

- 1970’s-80’s: Community Mental Health and increase in child guidance clinics, better integrated child protective services, and rise in inpatient services for children
  - For Center, under Al Solnit’s leadership, community mental health efforts flourished
- 1980’s- Increase in understanding of biological basis of various developmental/child psychiatric disorders
  - With Donald Cohen, Center moves toward better integration of biological models of specific disorders such as autism, TS, OCD
- 1990’s- Refinement in psychopharmacology for children with more drugs available
  - Center develops new programs in childhood trauma in collaboration with community
- 2000- present: Increasingly refined understanding of neural circuits and function in child psychiatric disorders with improved functional imaging techniques
Minding the Gaps in Child Mental Health

**PROGRESS**

- Specific Professional Identities
- Improved diagnostic nosology for children
- Developmentally informed behavioral treatments & psychopharmacology
- Increased focus on genetic origins for some disorders
- Refined, child specific inpatient services
- Refined child protective services
- Field of developmental psychopathology
- Increased public awareness

**GAPS**

- While recognizing need for child services, inadvertently led to decoupling from adult services and life-span perspectives
- Major gaps in access to services
- Diagnostic Nosology in flux
- Need for more refined behavioral treatments
- Need for better understanding of mechanisms of disorders and expression across lifespan

Yale School of Medicine
Child Study Center
Returning to Conversations

- Where are we going?
- How do we speak about and participate in our future?
- What is our mission(s)?
- How do we sustain our future?
- Who are we serving?
Opportunities and Challenges Before Us

1. Sustaining and Growing our Mission(s)
2. Communication, Governance, and Participation
3. Clinical Integration
4. Fiscal Health

What kind of place/organization do we want to cultivate?
Opportunity #1: Sustaining and Growing our Mission
Where are we currently expending our efforts?

DEPARTMENTAL ADMINISTRATION & GOVERNANCE

RESEARCH
TRAINING
CLINICAL
POLICY
COMMUNITY

Support Staff and Physical Infrastructure
MULTIPLE FACES OF CSC

To Medical School:
Clinical and Basic Neurodevelopmental and Neurogenetic Studies & Pediatric Clinical Trials

To YNHH:
Department of Child Psychiatry & Professional Training

To Community:
Community Mental Health & Child Guidance Services
OUR PORTFOLIO
CSC Currently: Our Training Efforts

- **Professional Training**
  - Social Work (masters and pre-masters level)
  - Child Psychology
  - Child Psychiatry (Traditional and Integrated/Solnit fellows)
  - Developmental Pediatrics (in collaboration with Pediatrics Department)
- **T32** in neuropsychiatric disorders
- **Yale-UCL** masters program in developmental psychopathology and neuroscience
- **Program specific trainings** (examples)
  - Minding the Baby -- Infant Mental Health
  - TFCBT -- Early Childhood Education
  - Anxiety -- Carl Program with Native Americans
  - Autism -- Zigler program in China & Abu Dhabi
  - Comer Program -- Postdocs and Predocs in Rsch
CSC Currently:
Our Outpatient Clinical Efforts

- Academic Skills
- Anxiety Services
- Autism clinics
- General Child Mental Health Service
- Early Childhood
- Faculty Practice
- FBR
- ICAPS, MDFT
- Long term Rx
- Psychopharmacology

- Minding the Baby
- Consultation to pediatric services (Lead, diabetes, newborn)
- Pediatric Co-location
- Psych Assessment
- Trauma Services
- TS/OCD
- York Str Family Practice
CSC Currently: Our Inpatient/Consultative Clinical Efforts

<table>
<thead>
<tr>
<th>Winchester One</th>
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<tbody>
<tr>
<td>Consultation to YNHH</td>
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<td>Pediatric neurosurgery</td>
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<td>Riverview/ Solnit Campus</td>
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<td>Interactions with St. Raphael’s Campus</td>
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CSC Currently:
Our Community Efforts

NEW HAVEN AND STATE CT

• IICAPS
• Family Based Recovery
• Intensive Family Preservation
• Multi-dimensional Family Therapy
• Positive Intervention for Families with HIV/AIDS
• Minding the Baby
• School Development Program
• Child Development/Community Policing
• MOMS
• MOMBA

NATIONAL/INTERNATIONAL

• Carl Program for Native Americans
• Center for Disaster Response and Recovery
• SDP
• School of 21st Century
• Mutt-i-grees
• Early Childhood Training in Abu Dhabi
• Early Childhood Peace Consortium
CSC Currently:
Our Policy Efforts

Zigler Center for Social Policy

Collaboration with Child Health and Development Institute

Early Childhood Peace Consortium

International Child Development and Social Policy
Assessment of CSC Currently

**STRENGTHS**
- Diverse clinical and research portfolio with national/international reputation
- Translational, “bench to bedside” work
- Wide array of intervention services
- Broad array of professional trainings
- Strong contributions to programs for at-risk families
- Spirit of inquiry regarding all activities in Center

**INNOVATION OPPORTUNITIES**
- Address being ‘siloed’ across our various endeavors
- More dimensional versus categorical approach and focus on common mechanisms
- Incorporate a two-generation perspective and lifespan developmental approach
- Build focus on plasticity and repair
- Build focus on prevention
- Attention to systems of care and disparity in access to care
INTEGRATED VERSUS SILOED?

OR

DEPARTMENTAL ADMINISTRATION & GOVERNANCE

Support Staff and Physical Infrastructure

Research

Training

Policy

Community

Clinical

Administration

Community
IMPACT OF SILOS

- Impedes communication
- Pulls for individual teams
- Limits sharing of resources and expertise
- Limits new syntheses or imagining new collaborations
- Limits shared vision/mission
- Antithesis of translational
A PROPOSAL

• Organize our efforts around functional themes that:
  – Build on one another
  – Break down artificial ‘walls’ across programs and efforts
  – Are inherently multidisciplinary
  – Facilitate shared clinical, training, and research perspectives for each theme
  – Bridge readily to other departments
  – Bring a two-generational approach with focus on adults as parents as well as children
  – Allow for focus on normative development and prevention
  – Facilitate studies of mechanism from cellular/genetic to biological and community system functionality
Prevention & Intervention Approaches

• Emphasizes developing an evidence base across all prevention/intervention efforts

• Expertise of clinical trials & evidence base practice unit

• Family and parent as well as child directed

• Prevention through work with family & adult as parent

Implementation Science

• Most intervention efforts developed under controlled conditions do not fare well when taken into community samples

• Focuses on studying the process of implementation

• Allows for training in community based implementation

• Gives community partners the skills to adapt to their context
Plasticity, Repair, & Growth

- Central to perspectives on resilience
- Part of understanding basic stress biology and impact of adversity
- Emerging basic science not represented in Center
- Reappraise notion of critical periods

Community Based Participatory Research

- Engages with community as partners
- Driven by what community perceives as needs
- Co-created, assessed, and presented with community partners
- Next step in our community efforts?
Communication science focuses on how messages are or are not heard as intended

- Systematic way to understand translation of basic science into policy
- Also systematic way to understand how better to speak with families about complex clinical problems
- Augments ongoing policy efforts
- Active collaboration with Frameworks Institute

- Area already impacting our clinical and training efforts
- Bring a scholarly focus to studying impact of disparity and approaches to complex problem
- Address different models for delivering mental health services outside clinic or inpatient setting
  - Co-location
  - Schools
  - Others?
INTERCONNECTIONS

Center for Translational Neuroscience

- Communication, Framing, Policy
- Systems of Care/Health Care Disparity
- Implementation Science
- Community Based Participatory Research
- Prevention & Intervention Approaches
- Plasticity, Repair, & Growth
- Adversity, Damage, & Compensation
- Genetics and Epigenetics
- Developmental Psychopathology
INTERCONNECTIONS

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Anxiety
Bridges to Other Departments/Schools

- Pediatrics
- Psychiatry
- Neurobiology
- Public Health
- Obstetrics
- Internal Medicine
- Genetics
- Psychology
- School of Nursing
- SOM/Economics
Bridges to Other Institutions

- Child Health and Development Institute
- Austen Riggs
- Anna Freud Centre/UCL
- Haskins Laboratories
- Western New England Psychoanalytic Institute
- Frameworks Institute (Washington, DC)
- Our international networks
Two Organizational Structures

- Communication, Framing, Policy
- Systems of Care/Health Care Disparity
- Implementation Science
- Community Based Participatory Research
- Prevention & Intervention Approaches
- Plasticity, Repair, & Growth
- Adversity, Damage, & Compensation
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- Developmental Psychopathology

Support Staff and Physical Infrastructure

DEPARTMENTAL ADMINISTRATION & GOVERNANCE

Research, Training, Clinical, Policy, Community
WHAT WE NEED TO DO

• Re-evaluate our portfolio of work and critically appraise the gaps
• Choose directions also aligned with local, national, & global needs
• Better integrate clinical/service, research, and training
• Nurture our ‘faculties’ and purposefully recruit to fill new areas/gaps

• Bridge to other departments & institutions
• Develop a time line for our growth and “sustainability plan”
Opportunities and Challenges Before Us

1. Sustaining and Growing our Mission(s)

2. Communication, Governance, and Participation

What kind of place/organization do we want to cultivate?

3. Clinical Integration

4. Fiscal Health
Opportunity #2: Communication, Governance, and Participation

Rethinking our departmental governance structure

Address perception/history of top-down decision making without engaging in full discussion

Build opportunities and forum for open communication

Recognizing & engaging talent/leadership skills across department

Engaging faculty, staff, and trainees in setting goals for department and in participating in day to day management of Center’s activities
Current Departmental Structure

Director

Executive Committee

Advisory Faculty

Full Faculty

Community Faculty

Staff

Fellows

Postdoctoral and Predoctoral Resch Fellows
FUNCTIONAL CHALLENGES IN CURRENT STRUCTURE

- Representation on Executive (and role of Executive)
- Communication from Executive to Faculty, etc.
- Role of Advisory
- Setting of Agendas for Department
- Voting “rights” for departmental decisions
- Participation in discussions informing decisions
BIDIRECTIONAL NEED FOR INFORMATION FLOW

Director (To fully advocate for needs of department)

Faculty, Staff, Fellows (To feel valued, essential citizens of department)
Possible Revisions to Current Structure--One

Regular (weekly) communication of executive committee agenda to advisory faculty

Reconsider structure/representation of executive including term limits, more members, rotating membership from working committees

Define task based working committees with specific projects and time lines

- Afford opportunity for departmental ‘citizenship’ and learning leadership skills
- Gives opportunity for participation across all constituencies
Possible Revisions to Current Structure--Two

Define standing oversight committees with specific focus (e.g., space, community relations, schools)

| Representation across all constituencies | Consider consultants from other departments for some committees |

Provide opportunities for learning, participation and leadership development/training across faculty and staff

Timeline for initiating changes – mid-February

| Evaluation of effectiveness by early summer with flexibility to revise | Ongoing discussion of effectiveness at all levels |
Effective Communication

- Communication(s) include ideas, opinions, perceptions, feelings, demands, orders
- Essential to rebuilding a shared sense of purpose, a team and opportunity for all to participate
- Need a climate of transparency, respect, trust, safety to facilitate participation
- Need to nourish constructive dissent
MOVING TOWARD EFFECTIVE COMMUNICATION

Continue conversation forums within and across constituencies

Develop from those discussions action items that feedback to working committees

Website provided for confidential communication

https://docs.google.com/forms/d/1m-DOiHmfOdaJE2XdRearwqhLACYIANY_dwgXFw3S7w/edit?usp=sharing

Open office hours

Monday & Thursday

Yale SCHOOL OF MEDICINE
Child Study Center
Other Faces of Communication

UPDATING OUR WEB & SOCIAL MEDIA PRESENCE

Yale Child Study Center

Child Study Center

Yale School of Medicine

Education  Patient Care  Research  People

Home  About Us  Clinical Care  Community Service  Research  Training  International  Faculty  News

Timeline  About

- Our History
- Giving To The Yale Study Center
- Main Phone Numbers
- Annual Reports
- Intranet
- Grand Rounds
- Resources in Education

Yale Child Study Center

The Child Study Center is a department at Yale University School of Medicine which brings together multiple disciplines to further the understanding of the problems of children and families. Among the many disciplines are child psychiatry, pediatrics, genetics, neurobiology, epidemiology, psychology, nursing, social work and social policy. The Mission of the Yale Child Study Center is to improve the mental health of children and families, advance understanding of their psychological and developmental needs, and treat and prevent childhood mental illness through the integration of research, clinical practice, and professional training. The Child Study
Other Faces of Communication: Our Role in the Community

- Understand and Address Perceptions of CSC in Community

- Engage Community Leaders in Discussing How CSC Can Respond to Community Needs

- Initiate Regular Community Forums
Opportunities and Challenges Before Us

1. Sustaining and Growing our Mission(s)
2. Communication, Governance, and Participation
3. Clinical Integration
4. Fiscal Health

What kind of place/organization do we want to cultivate?
Opportunity #3: Clinical Integration

- Improve experience for families coming to the Center
- Bring together different outpatient programs with shared clinical infrastructure
- Facilitate collaboration across clinical programs to coordinate addressing family’s needs and allow for a shared database across clinical program
- Allow for clinical growth and innovation in current fiscal climate
Ongoing Clinical Integration Effort

CSC OUTPATIENT SERVICES

- Includes representatives from outpt services with responsibilities for setting policy, overseeing budget, etc.

Yale SCHOOL OF MEDICINE
Child Study Center
Clinical Integration

IMPLICATIONS

• Centralized business support
• Centralized case/chart review for compliance
• Centralized intake, registration, and assessment
• Better communication across range of outpatient services
• Build new models of integrated care
• Potential positive financial implications as decrease duplication

NEXT STEPS

• On-site consultation with YMG about to begin including observing each clinical service for uniqueness as well as overlap
• Working with YMG about clinical space
• Project management offered by YMG
• Bring together financial models for effectiveness of this integration
Inpatient Clinical Services

Reassess with YNHH the interface of our different inpatient campuses and collaborations with psychiatry

Consider the interface of our outpatient clinical integration with our inpatient services
Essential Integration Step:
EPIC GO-LIVE in March
Opportunity #4: Fiscal Responsibility and Innovation
FY15 Budget

• FY15 annual budget: $33,579,087
  • 75% salaries & fringe; 25% non-personnel costs

• Main Sources of Income
  – Clinical services (including YNHH)
  – Grants
  – Philanthropy
  – Departmental Endowment/discretionary funds

• FY15 uncovered expenses: $588,231

• Use all department reserve/discretionary funds ($3,513,077) to cover most of unfunded expenses
GRANTS FY09-FY14 (AND EFFORT)

FY10 Submitted 77 / Awarded 47
FY11 Submitted 85 / Awarded 41
FY12 Submitted 119 / Awarded 42
FY13 Submitted 118 / Awarded 55
FY14 Submitted 132 / Awarded 45
Gifts and Donations FY09-FY14

FY10 and FY13 reflect completion of large gift pledges
OUR DILEMMA

INCOME

- Reduction in endowment yield
- Reduction in NIH with reduction in GA
- Reduction in donors

EXPENSES

- Increase in Fringe Rate
- Higher Research Costs
- Higher costs for operating in institution
- Higher infrastructure costs

- No discretionary funds left for bridging, start-ups, or innovation
- Microcosm of medical school as need to shift from dependence on using rsch $ to cover clinical & training costs
A Wicked Problem

Critical Problem
- Urgent but evident solution and plan of action
  - Power failure, Flooding basement, No coverage for ER

Tame Problem
- Complicated but resolvable; puzzle with an answer
  - Timetabling program development, Writing/administering new grant or contract

Wicked Problem
- Complex, entangled challenges, often requires collective ideas
  - Global warming, national health system, disparity in mental health access, paying for mental health services

(Rittel & Webber, 1973)
Wicked Problems, Uncertainty, Collective Ideas, & Asking ‘New’ Questions

- Greater Ambiguity and Uncertainty about solution
- Wicked
- Tame
- Critical
- Clear questions, clear answers
- Clear Procedures
- Rational; planful with elegant solutions
- Effective Management
- Collective ideas
- Reframe the question and sometimes a ‘clumsy’ but innovative solution
- Increasing need for collaboration

Yale School of Medicine
Child Study Center
Time for a Wicked Question

Instead of asking “how do we cut costs & balance the budget….”

ask with “new eyes”

What opposing-yet-complementary strategies do we need to pursue simultaneously in order to be successful?

Or more specifically

How do we grow and at the same time contain our costs so that the Center will be open to opportunities for innovation?
Growth and Containment Next Steps

- Engaging the Center as a whole in understanding our financial profile
- Building a sense of shared responsibility for our fiscal solvency
- Engaging outside consultation about models for managing mental health service delivery with training and research components
- Revitalize our donor base with different approaches to convening donors and ways of approaching donors including crowdfunding (and other ideas….)
- Focused sessions to work collectively on our wicked financial question and the inherent tensions between our real circumstances and standard strategies
Other Wicked Problems (and Questions)

• Many wicked problems in our field:
  - Up to 80% of children with mental health problems with no access to mental health services
  - Poverty & the long-term mental & physical health impacts
  - The long-term link between childhood mental health and adult physical health and chronic disease

• And our own wicked question:
  - What kind of place/organization do we want to cultivate?
Overarching Commitment: Staying True to Our Mission

- **Our mission statement:** For over 100 years – optimizing the developmental potential of children and families through research, practice, and training.
All Working at Center

Next Generation

Children & Families Seeking Care & Joining Our Research

Belong to your place by knowledge of the others who are Your neighbors in it: the old man, sick and poor....

(Wendell Berry, Leavings, 2011)
Present Personal Ultimate Concern(s)

Two Places, Two Communities
What’s Next (January –March, 2015)?

• Reappraise our organizational structure and institute changes by February-March

• Convene web/social media working group with goal to revise website and social media site by March

• Collaborate with YMG around evaluation of clinical services and models for integration (winter/spring)

• Engage with other departments for possible collaborative opportunities
  – Pediatric “collaborative” lunches and teas

• Begin discussions about new thematic focus and future directions (January-February)
Closing/Opening Thoughts

Change is challenging .......... (but change we must in order to flourish).

Building effective, sustainable process takes time.....

Perfect consensus never possible but nearly total engagement in process is......

Sustainability is not just doing what has worked....

Need to confront (and play with) those wicked questions.....
“How wonderful that we have met with a paradox. Now we have some hope of making progress.” – Niels Bohr

......Hope
Then to belong to your place by your own knowledge
Of what it is that no other place is, and by your caring for it as you care for no other place.....

(Wendell Berry, Leavings, 2011)
CSC’s ROLE IN THIS HISTORY

- CSC Established by Arnold Gesell in 1911

- 1853: New York Infirmary for Indigent Women and Children established by Dr. Elizabeth Blackwell
- 1889: Jane Addams opens Hull House for immigrant families
- 1883: Kraepelin's psychiatric taxonomy ignores disorders in children
- 1900: 18 percent of all American workers were under the age of 16 (1.75 million children ages 10 to 15 in labor force)
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- 1909: White House Conference on Child Dependency
- 1920’s: Piaget begins his work
INTERCONNECTIONS

- Communication, Framing, Policy
- Systems of Care/Health Care Disparity
- Implementation Science
- Community Based Participatory Research
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- Adversity, Damage, & Compensation
- Genetics and Epigenetics
- Developmental Psychopathology

Infant Autism Studies
GRANTS FY09-FY14

<table>
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<tr>
<th>Type of funding</th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
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<sup>1</sup>Includes other R series, training grants, Program projects, K awards

<sup>2</sup>Also includes Dept. Education, Clinical Trials, Corporate Trials