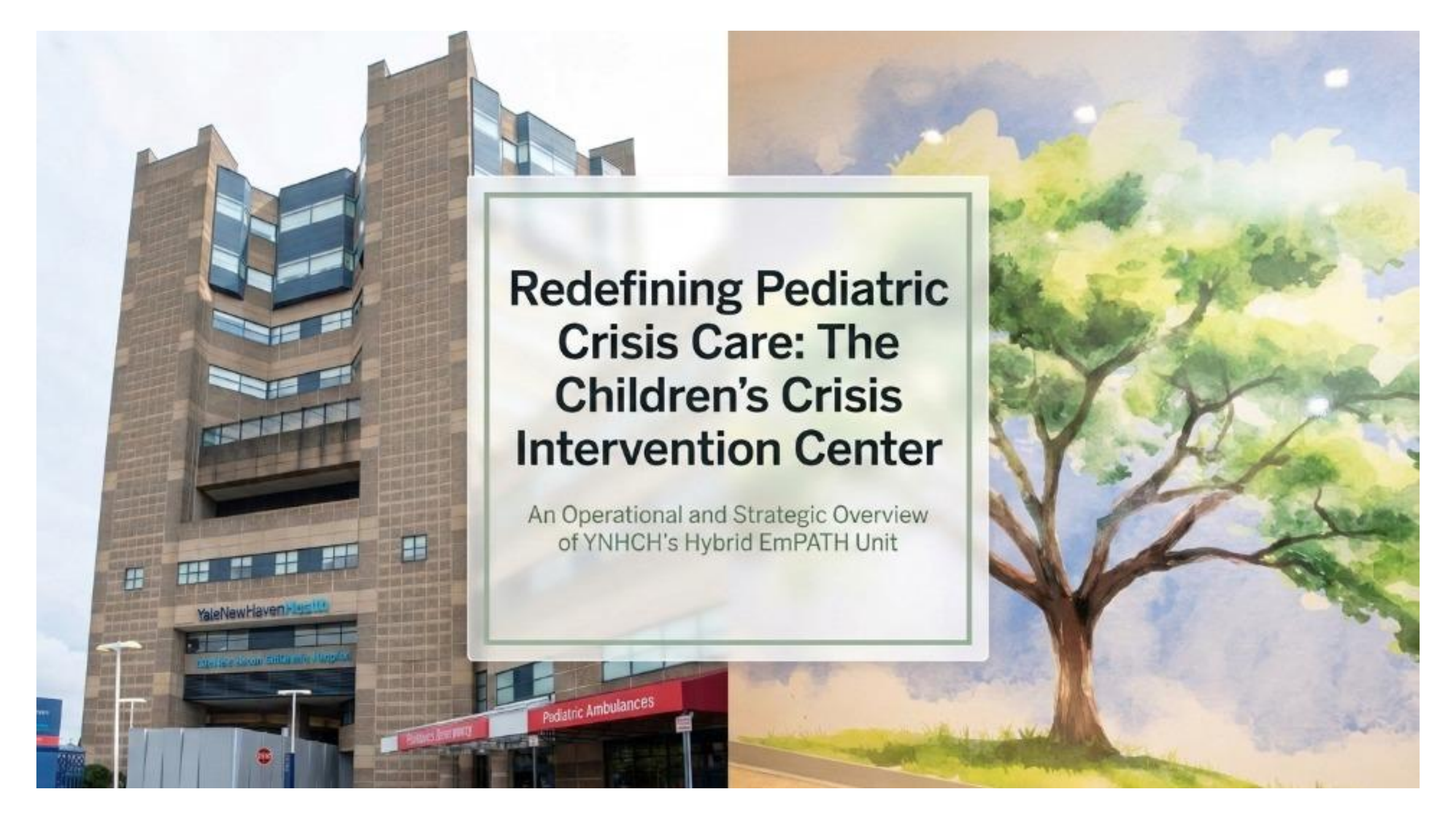




Redefining Pediatric Crisis Care: The Children's Crisis Intervention Center

An Operational and Strategic Overview
of YNHCH's Hybrid EmPATH Unit

Agenda

- Information about CIC
 - Unit layout/staffing
 - Ages of children served
 - Process of admissions
 - Billing/insurance acceptance
(this is part of ED for billing)
- Intention for Marketing
 - Marketing for EmPATH

A perspective drawing of a hallway. On the left wall, there is a door with a small, rectangular window. A light fixture is mounted on the wall above the door. The hallway leads into the distance, with a ceiling light visible at the end. The text "A New Chapter in Pediatric Mental Health" is overlaid in blue.

A New Chapter in Pediatric Mental Health

CPEP Model

Comprehensive Psychiatric
Emergency Program



Secure Infrastructure: Locked psychiatric EDs utilizing high-acuity safety protocols (e.g., metal detectors, secured belongings).



Extended Assessment: Utilization of Extended Observation Beds (EOB) for up to 72 hours of evaluation prior to disposition.



Broad Continuum: Hub-and-spoke integration with mobile crisis outreach, crisis residencies, and specialized child/adolescent/adult inpatient pathways.

The Hybrid Model



Trauma-Informed Foundation: Integrating SAMHSA's 4 R's (Realize, Recognize, Respond, Resist re-traumatization) as universal precautions during acute triage.



The Patient Bill of Rights: Operationalizing the fundamental right to physical/psychological safety, respect, and **Choice** whenever reasonable and possible.



Self-Guided Agency: Putting patients in the driver's seat via **Healing** roadmaps, collaborative safety planning (CAMS-Care), and personalized coping skill inventories.



Holistic Design: Merging 24/7 psychiatric security with **Trauma-Informed**, sensory-soothing architecture to foster deep psychological safety.

EmPATH Model

Emergency Psychiatry
Assessment, Treatment
and Healing



Therapeutic Milieu: Open-space, calming environments utilizing comfortable recliners over standard hospital beds to reduce sensory overstimulation.



Rapid Stabilization: Goal-oriented 23-hour model successfully turning emergencies into outpatient care (75% discharge rate).



Coercion-Free Care: Drastic reduction in involuntary interventions, historically requiring physical restraints in <1% of settings.

When the security of CPEP meets the empathy of EmPATH, the patient stops being a subject of the ED, and becomes an active participant in their own healing.

Mission Statement of CLC

The YNHCH Crisis Intervention Center is committed to providing a calm and supportive space alongside the Emergency Department where youth in crisis receive immediate, trauma-informed and patient-centered mental health assessments, grounded in compassion, collaboration, healing and safety.



Map of the CIC



Patient's Bill of Rights

1. You have the right to be safe. 🛡️
2. You have the right to your basic needs. 🍏
3. You have the right to be heard. 🗣️
4. You have the right to be treated with respect. ❤️
5. You have the right to choices, when reasonable and possible. ✅
6. You have the right to know what is happening. 🔍
7. You have the right to be part of your care 🤝
8. You have the right to confidential care. 🔒
9. You have the right to hope and healing. 🌟



The Multidisciplinary Staffing Model



Continuous Care: Because the CIC operates 24/7, crisis evaluations, dispositional planning, and therapeutic groups run continuously, requiring a deeply integrated, multi-disciplinary team.

Staffing details



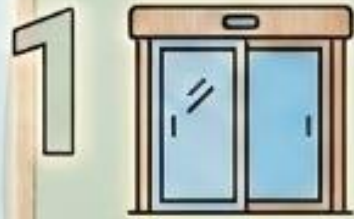
- Nursing: 1 nurse for up to 5 patients; increases to 2 at 6 patients; increases to 3 nurses at 9 patients
- SW: 1-4 social workers on during the day
- Milieu counselors: up to 3 at a time;
- Observation associates: 1-2 during a shift

Patients we serve

- Patients up to age 16
- Typically, youth between 5-15 years old
- All Mental health crises



The Admissions & Triage Process



1

Arrival

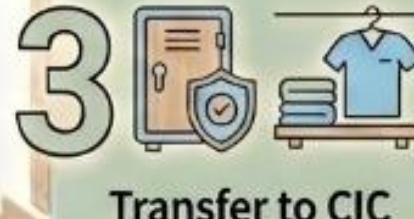
Patient and family arrive directly via the main Children's ED entrance located at 1 Park Street.



2

Medical Clearance

Triage will begin the process of medical clearance and once that is complete, the patient will be transferred to the CIC.



3

Transfer to CIC & Orientation

Upon transfer to the CIC, belongings are secured, electronics, valuables, and safety hazards/sharps are removed to establish a safe milieu. The patient is provided with comfortable, hospital-approved clothing and assigned a safe space, shifting focus to dignity and comfort.



4

Placement Decision

Based on specific clinical criteria and behavioral indicators, a triage decision guides the patient to either an open EmPATH bay or a structured, private bed.

How CIC is reimbursed

- Hospital-based fees
- CIC is treated as an extension/care area of the Emergency Department
 - ED level of care;
- Exploring both standard and psychiatric specific observation status for our patients while they are in CIC



Marketing

- Audience: Community partners, referring providers, general public, patients, families
- On unit: Visual Schedules & Orientation Pamphlets: Provides structured daily schedules and orientation forms to reduce anxiety and give families agency during a crisis.



Yale is actively marketing and promoting the new Children's Crisis Intervention Center (EmPATH unit) across multiple media and professional platforms:

- Grand Opening & Media Events: Hosted a prominent ribbon-cutting ceremony on July 21, 2026, featuring YNHHS executive leadership (Acting CEO Pamela Sutton-Wallace, YNHH President Dr. Katherine Heilpern, SVP Beth Heinz, YCSC Director Dr. Linda Mayes) and state officials (Comptroller Sean Scanlon).
- Official Press Releases & Hospital News: Published press releases and featured articles across system platforms (YNHHS Press Releases, YNHH Perspectives, and Yale School of Medicine News) detailing its sensory-friendly architecture, and the EmPATH framework.
- Targeted Promotional Materials: Distributed official Referring Providers Flyers and draft Patient/Family Welcome Brochures to drive community awareness.
- National Summit Presentations: Promoted the unit's hybrid model nationally at healthcare conferences, including the EmPATH Summit 2025 presentation titled "Scaling the EmPATH Framework within a Hybrid Pediatric Crisis Intervention Center". Will be submitting for 2026 as well.