Virtual Forum

Hospital-Based Child and Adolescent Psychiatric Care in the Setting of the COVID-19 Pandemic

April 25, 12:00-2:00pm EDT

Sponsored by:
American Academy of Child and Adolescent Psychiatry
Emergency Child Psychiatry Committee
Inpatient and Partial Hospitalization Committee
Physically Ill Child Committee

*Our moderators and our panel of speakers have no conflicts of interest to disclose
Moderators:

Patrick Kelly, MD
Co-Director of the Child and Adolescent Psychiatric Emergency Unit, Co-Director, Child and Adolescent Consultation / Liaison Services, Division of Child and Adolescent Psychiatry, Department of Psychiatry, Harbor-UCLA Medical Center

Maryland Pao, MD
Clinical & Deputy Scientific Director, National Institutes of Mental Health
National Institutes of Health Bethesda, Maryland
Objectives:

- Reflect upon current and past experiences at several health systems in the administrative, clinical, education and staff-related stress response activities in response to the COVID-19 pandemic
- Review innovations in care, training and support to health system workflow and wellness in the setting of the current health crisis
- Understand the potential impacts of the COVID-19 response among health systems to current and future mental health practice in pediatric hospital-based settings
- Discuss anticipated and unanticipated challenges in the pediatric hospital-based response to COVID-19 as well as lessons learned that will inform continued and future response to this pandemic
Outline

- Introduction of Forum and Speakers
- Address from AACAP President, Dr. Gabrielle Carlson
- Review of Hospital-Based Care Along Four Domains:
  - Administrative Issues and Staffing
  - Clinical Service Delivery
  - Training and Education
  - Staff Stress Response and Psychological Trauma

Each domain will include a brief presentation and time for questions and discussion.
Virtual Forum Logistics

Go to Webinar:

• All participants will be silenced during the forum

• **Questions will be shared through the Q&A function and shared by the moderator at the end of each Domain discussed**
  • We will not be using the hand-raising functioning

• Due to time limitations, not all questions may be answered but we will try to answer as many as is feasible

• Slides will be posted, along with webinar recording, to [www.aacap.org/virtual_forum](http://www.aacap.org/virtual_forum) on Monday, 4/27
President’s Address

Gabrielle A. Carlson MD
Professor of Psychiatry and Pediatrics
Renaissance School of Medicine at Stony Brook University
What Corona Virus Has Smashed

- Visiting people in hospitals
- Getting together with loved ones
- Concerts, Plays
- Restaurants, Sports
- Jobs
- Weddings and Funerals
- Shopping
- Drop by conversations
- Stock Market
- Travel
- Going to school/college
What AACAP is Doing to Help

Virtual Forum
Online Education
Advocacy
Resources
Mentorship
Professional Home
SCREENSIDE CHATS
ROCAPs and Listservs
Administration and Systems of Care

Matthew B. Perkins, MD, MBA, MPH
Medical Director, Children and Family Services
New York State Office of Mental Health

Nasuh Malas, MD, MPH
Director, Pediatric Consultation-Liaison Psychiatry
Assistant Professor, Division of Child and Adolescent Psychiatry, Department of Psychiatry, Department of Pediatrics, C.S. Mott Children's Hospital, University of Michigan Health System
New York State Office of Mental Health

- Licenses MH programs in NY State
- Operates MH programs (inpatient, day treatment, clinic)
  - 22 state-operated Psychiatric Centers (PCs)
  - 10 PCs with C&Y Inpatient (4 dedicated Children’s PCs)
  - 329 child beds (2997 adult and forensic beds)
  - Mix of indirect admissions from acute psychiatric inpatient and direct admissions from ED
Planning and Preparation for COVID-19

- Medical system overwhelmed
- Staff shortages
- Access to services
- Continuation of Operations Plan
  - Infection Control: testing, PPE, decreasing density (patients/staff), quarantine and isolation
  - Screening: admissions, patients, staff, visitors, vendors
  - Staffing
- Guidance
Coordination and Communication

- State level: [https://omh.ny.gov/omhweb/guidance/](https://omh.ny.gov/omhweb/guidance/)
- Hospital level
- Dissemination and frequency
  - Huddles and Emails
- Response time
  - Email virtual warmline
  - 24-hour Physician Hotline
  - Updates (Hub)
- Tracking
Coordination and Communication

Balancing Guidance and Fatigue
### OMH Communications Relevant to State-Operated Programs

**Admissions**
- COVID-19 SCREENING FORM For Admission to NYS OMH Adult, Forensic, and Child Psychiatric Center’s Inpatient Services (April 6, 2020)
- Adult and Child/Adolescent Admissions to Psychiatric Centers and COVID-19 (April 2, 2020)
- For Downstate NYC-area PCs (Rockland, Pilgrim, Creedmoor, Kingsboro, Bronx, Manhattan, South Beach);
  - Admissions to NYS OMH Downstate Adult Psychiatric Centers from NYC Area Article 28/31 Hospitals during the COVID-19 Emergency (April 7, 2020)
  - Direct Referral Form to NYS OMH Psychiatric Centers 3-2020 (April 7, 2020)
  - Admissions to NYS OMH Downstate Adult Psychiatric Centers from NYC Article 28/31 Facilities (April 2, 2020)
- Procedures for Screening for Novel Coronavirus (COVID-19) for Reviewing Admission to New York State Office of Mental Health Psychiatric Centers (March 18, 2020)

**Personnel / Infection Control**
- Message from the Commissioner on Governor’s Executive Order 202.16 (April 16, 2020)
- REVISED: COVID-19 Infection Control Guidance for OMH Residential and Site-Based Programs (April 13, 2020)
- NYSDOH COVID-19 Infection Prevention and Control (IPC) preparedness checklist (April 12, 2020)
- NYSDOH Health Advisory: COVID-19 Updated Guidance for Hospital Operators Regarding Visitation (April 12, 2020)
- Updated Guidance Regarding Personal Protective Equipment (PPE) for Psychiatric Center Staff (April 10, 2020)
- OMH COVID Guidance on Limiting Transmission for PCs (March 22, 2020)
- Administering injectable medications in clients’ places of residence (March 23, 2020)
- Addendum to visitor, volunteer and student restrictions at Psychiatric Centers with focus on visitors to child and adolescent patients (March 18, 2020)
- Patient Pass Restrictions at Psychiatric Centers during Novel Coronavirus (COVID-19) Emergency (March 18, 2020)
- Visitor, volunteer, and student restrictions at Psychiatric Centers (March 14, 2020)

**Provision of Treatment**
- OMH Children’s Day Treatment Program and Billing Guidance regarding Emergency Response to COVID-19 (April 13, 2020)
- OMH ACT Program and Billing Guidance regarding Emergency Response to COVID-19 (April 13, 2020)
- OMH COVID Guidance - Adult and Children’s Residential Documentation (March 13, 2020)
- OMH COVID Guidance – Reducing Density in State PC’s (April 6, 2020)
  - Telemental Health from Home (April 6, 2020)
  - Remote-Based Network Access “How To” Documents (April 6, 2020)
  - Psychotherapy-Complex Care Note (updated April 14, 2020)
  - Evaluation and Management Note (April 6, 2020)
- Update in Policy for State-Operated Clinic Staffing (Telemental Health at Home) (April 2, 2020)
- Treatment planning and documentation standards for state-operated psychiatric hospitals during emergency period. (March 30, 2020)
- Administering injectable medications in clients’ places of residence (March 23, 2020)
- Addendum to visitor, volunteer and student restrictions at Psychiatric Centers with focus on visitors to child and adolescent patients (March 18, 2020)

**Building**
- COVID-19 General Building Cleaning Guidance (March 10, 2020)

**Medical**
- Update: clozapine blood test monitoring recommendations (April 16, 2020)
- CPR precautions for COVID-19 patients in State Psychiatric Centers (March 30, 2020)
- Instructions for testing Psychiatric Center patients for COVID-19 (March 22, 2020)
- Clozapine and blood test monitoring (March 21, 2020)

**General Guidance**
- Feeling Stressed About Coronavirus (COVID-19)? Managing Anxiety in an Anxiety-Provoking Situation (March 16, 2020)

**Office of Financial Management**
- COVID Fiscal and Procurement Guidelines (April 13, 2020)
  - COVID-19 Revised Coding for NPS (April 13, 2020)
  - Supply Category Codes List (April 13, 2020)
- Facility PS Memo (April 13, 2020)
  - Regular Time Coding (April 13, 2020)
  - Over-Time Coding (April 13, 2020)
- Personal Protective Equipment Ordering and Distribution (April 5, 2020)
- PESP Policy Amendment MEMO (April 3, 2020)
Regulatory Adjustments

- Telemental health
  - Attestation
  - Two-way videoconferencing or telephone
  - Ryan Haight
  - HIPAA (HHS OCR)
  - Involuntary retention Physician evaluation
Regulatory Adjustments

- Documentation
  - Verbal consent, treatment planning, notes
- Discharge
- Restraint and seclusion
- Billing
- Clozapine monitoring
Support

OMH Emotional Support Helpline: 1-844-863-9314

Tips for Mental Wellness


#OMHCopesWithCOVID
10 TIPS FOR
Mental Wellness for Essential Workers

When I was a boy and I would see scary things in the news, my mother would say to me, “Look for the helpers. You will always find people who are helping.”
—Fred Rogers

Thank you for being one of the helpers.

NYS Emotional Support Helpline
1-844-863-9314

NEW YORK STATE
COVID-19 EMOTIONAL SUPPORT HELPLINE
1-844-863-9314
8 AM - 10 PM, 7 days a week

If you are overwhelmed with COVID-19 you are not alone.
Connect to support right here in NY.

Governor Andrew M. Cuomo announced a new helpline for people who are experiencing anxiety, stress and depression during the coronavirus emergency.
Call now for free and confidential support.
Staffing Models

Principles of Care Delivery

- Promote Safety
- Provide High Quality Care
- Preserve Personal Protective Equipment
Staffing Models

During times of distress or crisis, challenges and gaps get amplified and strengths grow!
Staffing Coverage

**Week One**
- **Physician A**: General Hospital Milieu
- **Physician B**: Consultation-Liaison
  - Hospital Sub-Unit
- **Back Up Coverage**: Physician C
  - Physician Ambulatory
  - Physician D

**Week Two**
- **Physician C**: General Hospital Milieu
- **Physician D**: Consultation-Liaison
  - Hospital Sub-Unit
- **Backup Coverage**: Physician A
  - Physician Ambulatory
  - Physician B

**Week Three**
- **Physician A**: General Hospital Milieu
- **Physician B**: Consultation-Liaison
  - Hospital Sub-Unit
- **Back Up Coverage**: Physician D
  - Physician Ambulatory
  - Physician C

Physician A: Hospital
Physician B: Consultation-Liaison
Physician C: Hospital
Mental Health Delivery Across the Children’s Hospital

- Supporting clinical workflow
- Access to mental health services
- Physical Space
- Communication
- Crisis Management
- Regular Engagement
Implications on Future Resource Utilization

- Fiscal
- Staffing
- Professional Development
- Growth and Expansion
- Innovation
- Virtual Care Delivery
Clinical Service Delivery

Beau Carubia, MD
Medical Director Consultative Division, Pediatric Mental Health Institute, Children’s Hospital Colorado, Associate Program Director Child and Adolescent Psychiatry Fellowship Program, Assistant Professor, Department of Psychiatry, University of Colorado School of Medicine

Nasuh Malas, MD, MPH
Director, Pediatric Consultation-Liaison Psychiatry
Assistant Professor, Division of Child and Adolescent Psychiatry, Department of Psychiatry, Department of Pediatrics, C.S. Mott Children's Hospital, University of Michigan Health System
Environmental Infection Control

- Staff PPE
- Family visitation
- Shared Spaces
- Group Therapy
- Direct Clinical Care
- Interdisciplinary Team Care
Workflow Adjustments

Infection Control
- Universal precautions
- Social distancing
- Preserving PPE

Maintaining quality and engagement
- Interpersonal dynamics
- Social aspects of care
- Ethical Concerns
Team Meetings

- All meetings held virtually
- Removing non-essential meetings
- Coordination is key!
- Addressing technical difficulties early
- Inclusive and collaborative
Care Logistics

Consistency

Transparency

Regular Debriefings

Clear Message
Data Sharing
Guiding Principles
Continual Reflection
Broad Engagement
Proactive

To those on the front lines
HAIL

American Academy of Child & Adolescent Psychiatry
WWW.AACAP.ORG
Clinical Services Delivery

- Changes in Volumes and Patient Mix
  - Many Psych ED and CL systems have seen 30-80% decrease in census*
    - *COVID bed utilization within hospital setting seems to correlate
    - Hospitals with higher utilization for “COVID Units” and overflow/surge have seen dramatic decrease in volumes
  - Some centers have reported increased CL volumes (ingestions, somatic complaints)
  - Why?
    - Fear
    - Messaging to community
    - Adult vs Pediatric use
    - Screening/Testing
Clinical Services Delivery

- Screening and Testing for COVID: How this impacts practice?

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</table>
| Screen:  
  • None | Screen:  
  • Only symptomatic patients with +COVID contact or travel hx | Screen:  
  • Symptomatic patients and/or staff regardless of contacts/travel | Screen:  
  • Asymptomatic patients and/or staff |
| Testing:  
  • None | Testing:  
  • Limited supply, hospitalized patients | Testing:  
  • Symptomatic patients and/or staff | Testing:  
  • Asymptomatic patients and/or staff |
Clinical Services Delivery

- Use of Virtual Health
  - Delivery Platforms
    - Integrated EMR video services
    - Vidyo, Zoom, Skype, FaceTime, BlueJean, Doxy.me, Healow, Webex, Microsoft Teams
  - Schedule/Timing
    - Peak hours with “bandwidth issues”
    - Evenings, weekends, early mornings
    - Increased administrative and training burdens
Clinical Services Delivery

• Use of Virtual Health
  • Documentation
    • Consent for telehealth services
    • Location of patient and provider
    • Description of technology type (audio, audio/visual, etc.)
  • Templates, smart texts
Clinical Services Delivery

- Use of Virtual Health
  - Billing
    - Impact of loss of facility fees
    - Emergency waivers allowing telehealth care via telephone
    - Location of provider/clinician providing telehealth services (home vs. clinical site)
  - Professional Fee charges; modifiers (GT)
  - Relaxation of Tele and HIPAA rules state by state
- How impacts future hospital based mental health
Training and Education

Anik Jhonsa, MD
Medical Director of Emergency Psychiatric Services, Children's Hospital of Philadelphia
Assistant Training Director, Child and Adolescent Psychiatry Fellowship Program
Clinical Associate Professor, Department of Psychiatry Perelman School of Medicine,
University of Pennsylvania
Balance to ensure safety from this......
Doesn’t lead to this
ACGME

- Work Hour requirements unchanged
- Changes such as redeployments of >4 weeks need to be reported
- Trainees should be fully trained in treatment and infection control procedures
- Self-study visits cancelled
- Tele-medicine supervision allowed
- Resident and Faculty surveys discontinued
- Review meetings to continue virtually
Feedback from our Fellows

“I never would have imagined being so protected and looked out for by a program”
Changes in the COVID Era

• All Didactics being done virtually
• Virtual supervision (phone or video)
• Regular wellness checks
• Rapid training and certification for fellows to be able to work via telemedicine
• Reduction of in-house and transit time has allowed for greater focus on QI, research and other scholarly activities
Outpatient Trainee Clinics

• Initially all non-urgent visits cancelled to reduce exposure and preserve PPE
• Fellows successfully transitioned case loads to telemedicine
• New patient visits being via telehealth with direct real time supervision
• Ability for supervisors to join video visits to provide supervision
  • Fellows can also contact supervisors if unexpected issues such as significant safety concerns arise and have them enter video visit
Consults in a Pediatric Hospital

- Trainees handling pager remotely
- Seeing Consults and Follow-Ups via Tele
- Staffing cases with attending by having attending join end of video visit
Changes to Call

- Fellows no longer rounding with attendings on weekends
  - Check in following rounds to provide opportunity to teach and discuss cases
- All ED consults switched to telemedicine
- Non urgent consults being deferred
- Fellows no longer required to be in person on weeknights (attendings have assumed this responsibility)
Changes to Inpatient Experiences

- Adequate PPE and hand sanitizer procured for trainees
- Reduction of days in person to 2 to reduce exposure
- Increased utilization of fellows in family meetings, presentations, obtaining collaterals during off campus days
Feedback from Fellows

“I have found it reassuring that we are able to continue to provide effective patient care in spite of the challenges that come with a rapidly evolving scenario while also feeling that our own physical and mental well-being has been taken into consideration and prioritized”

“I was personally impressed by and grateful for was the prioritization of fellow safety during this time”

“I believe giving the sense of being part of a community during this tough time has felt like an extra source of support.”
Feedback from Fellows

- Balancing fellows' health and education as priority, which a privilege made possible because of our attendings
- Continued communication and transparency regarding evolving protocols
- Fellows' involvement and feedback in new protocols (e.g., telehealth)
- Regular reminders and resources for self-care during this stressful time
Tips from the Education Front Line

• With high levels of anxiety excessive communication is a plus
  • Both with trainees and clinical service directors
• Get creative
  • How you used to do it likely doesn’t work right now
• Great time to re-imagine experiences your trainees have and find ways to focus on their strengths to continue providing strong educational experiences
Considerations for the Future

- Virtual Graduation
  - Goodbye videos from staff
  - Gifts mailed/ emailed to graduates
- Virtual Orientation (July 1\textsuperscript{st} is 67 days away!)
  - Team building exercises that can be done remotely
  - Opportunities for using rising chiefs to be involved in creation of
  - Utilizing outgoing graduates to establish/update job aids for COVID
  - Reorganizing schedule to cluster in person days of orientation (tours/picking up pagers)
Considerations for the Future

Virtual interview season

- October 7, 2020: Match Opens
- November 4, 2020: Rank order list entry opens
- December 2, 2020: Quota change deadline
- December 16, 2020: Rank Order List Certification Deadline
- January 6, 2021: Match Day
Thanks!
Stress Response and Psychological Trauma

**Vera Feuer, MD**
Director, Pediatric Emergency Psychiatry and Behavioral Health Urgent Care, Cohen Children's Medical Center, Associate Professor, Psychiatry and Emergency Medicine, Hofstra-Northwell School of Medicine

**Khyati Brahmbhatt, MD**
Director- Child and Adolescent Psychiatry Consultation-Liaison Service (PPACT)
Associate Clinical Professor, Department of Psychiatry & Langley Porter Psychiatric Institute, Weill Institute for Neurosciences, Benioff Children's Hospital, University of California, SF
Hierarchy of Resource Need

- **Physical needs**
  - Sleep, Exercise, Relaxation and Meditation
  - Apps/Videos/Routines

- **Emotional needs**
  - Peer Support and Relationships

- **Belonging**
  - Concise Compassionate Communication from leadership

- **Meaning**
Universal Support
- Apps
- Webinars
- Websites
- Daily mindfulness
- Employee Discounts
- Financial Support
- Mini-Marts in cafeterias
- Grocery delivery
- Social Connectedness
- Recognition program

Supplemental Support
- Peer Support: Individual/Groups
- Spiritual Care Services
- Palliative Care
- Community Partnerships
- 24/7 Emotional support hotline
- EAP- short term counseling

Intensified Support
- Department of Psychiatry/Faculty and Student Support services
  - Therapy
  - Medication management
  - COPE program
Universal Support


Program a 5-T session
Monday – Saturday
Reset & Stretch (5-7am)
Aer., 10am, 3pm, 5pm, 7pm
Mindfulness Exercise (20-Minutes)
11:30am, 2:30pm, 3:30pm

Home-delivered groceries coming to you!
As you continue to care for our patients, remember to prioritize the well-being of you and your family.

UPCOMING AND PREVIOUS WEBINARS

<table>
<thead>
<tr>
<th>DATE</th>
<th>SPEAKER(S)</th>
<th>TOPIC</th>
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<tbody>
<tr>
<td>April 2</td>
<td>Eve Elman, PhD, MSW, Elissa Epel, PhD, Daniel J. Siegel, MD</td>
<td>Psychological Strategies for Acute Stress</td>
<td>Archived video</td>
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<td>April 9</td>
<td>Lisa Fortuna, MD, MPH, MDiv, Bruce Perry, MD, Robert Rodriguez, MD</td>
<td>Psychological First Aid Strategies to Deal With Acute Stress</td>
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<td>April 16</td>
<td>Rashi Joan Halifax, PhD</td>
<td>Healing Moral Distress, Moral Outrage, and Reducing Burnout</td>
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<td>April 30</td>
<td>Daniel J. Siegel, MD</td>
<td>Supporting Our Youth: How to Survive and Thrive</td>
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<td>May 7</td>
<td>Wim Hof, Ashley Mason, PhD</td>
<td>Making Stress Work for You: Restoration Through Hormetic Stressors and Wim Hof Breathing</td>
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<td>May 14</td>
<td>Thupten Jinpa, PhD</td>
<td>On the Front Lines: Compassion-Based Strategies</td>
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<td>May 21</td>
<td>Bessie van der Koij, MD</td>
<td>Resilience to Traumatic Stress: When the Body Keeps the Score</td>
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<td>May 28</td>
<td>Esther Perel, PhD</td>
<td>Relationships Under Shelter: Transforming Conflict to Harmony</td>
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Online Class Offerings

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Supporting Care Teams and Patient Through COVID-19 Program
Frequently Asked Questions
Supplemental Support

Team Lavender

Emotional Support Resource Center
provides assistance and reassurance to you and your loved ones during the COVID-19 pandemic

Employee and Family Assistance Program (EAP)

Schedule a Heart to Heart phone conversation with a Chaplain
Intensified Support

- Psychological First Aid
- Stress First Aid
- Expediting therapy and psychiatry services for employees
- Extensive and updated community resources/linkages being made
- COPE Program
Mental Health Responses to COVID-19 & Social Isolation

Level 1: Resilient Group

Level 2: Worried well group

Level 3: New mental health symptoms

Level 4: Exacerbation group

Level 5: Imminent Risk Group

Andrew Solomon NYT 4/9/20
Special Challenges of the Pandemic for Healthcare Workers

- Lack of information (about how this virus behaves, testing, effective treatments, recurrence, risk factors, etc.)
- Lack of resources
- Enormity of the problem
- Patient safety and staff safety including staff family are in conflict
- Usual coping mechanisms may not work
- Scale of grief
- Duration of uncertainty and unpredictability
- Rapid changes to healthcare delivery
Spectrum of Mental Health Coverage Needs During COVID-19 Pandemic

For patients and staff:

Wellbeing  Burnout  Mental Health Symptoms  Psychopathology  Acute Needs

Needs will evolve:

Initial/Acute  Intermediate/Chronic  Post-Disaster Recovery
Staying Connected - AACAP Listservs

Emergency Child Psychiatry Committee: 150+ members
Inpatient and Partial Hospitalization Committee: 100+ members
Physically Child Committee: 300+ members

Email qbernhard@aacap.org to join.
Looking Forward

If you have ideas for future Virtual Forum topics, please email covidforum@aacap.org
Thanks!

- To AACAP and Dr. Carlson for hosting this Virtual Forum
- Quentin Bernhard III and all those at AACAP who made this possible
- The Emergency Child Psychiatry, Inpatient and Partial Hospitalization, and Physically Ill Child Committees for sponsoring this forum
- All the participants for your interest and care to improve the lives of our patients, staff, and trainees.