

Referral Pathways

This system flow visualization illustrates how NYC families are referred into programs across the public mental health and prevention system. It represents common referral sources and channels for both primary referrals into the system and secondary referrals to additional services.*

*The diagram draws from qualitative research conducted with members of the public, frontline service providers, ACS Prevention, and DOHMH. What is shown below in relative quantitative value is based on what was heard in interviews and is not representative of utilization across the system at large.

DRAFT



HOW TO NAVIGATE

These pathways demonstrate how families became aware of services and were subsequently referred into programs across the system.

HOW TO READ

Start in the top-left with the primary referral source then scroll down and follow the lines to see by what referral pathways families may be connected to services.

LINE WIDTH

The width of each line represents the relative frequency in which a referral source or channel was named in qualitative research.



WHAT AM I LEARNING?

The flow diagram visualizes what was heard in research about movement across the system, making it easier to pinpoint pathways which may be overutilized, underutilized, or currently non-existent.

PRIMARY REFERRAL SOURCE

A primary referral is the first referral into the mental health and prevention services system that a family receives.

Sources include:

ACS Investigation

When a family undergoes an ACS investigation.

Government Agency

When a family is referred by another government agency that is involved in their life, like DHS, NYCHA, NYPD, Family Court, or another Child Welfare Agency.

Healthcare Provider

When a family is referred by a healthcare professional or facility, like a family doctor or pediatrician, a hospital, an Inpatient Clinic, or a therapist at an Outpatient Clinic that they have an existing relationship with.

Community Resource

When a family is referred by a trusted resource in their community, like a teacher, counselor, or social worker at their child's school, a church leader, someone at their local library, or a CBO in their community.

Self-Referral

When a family member or youth contacts a provider to refer themselves upon learning about available services via provider outreach materials or word of mouth from friends and family.

REFERRAL CHANNELS

A referral channel is the means by which the referral source found information about the program and connected the family to services.

PROGRAM

These programs reflect the commonly-utilized public mental health* and prevention services made available to families by DOHMH and ACS. While DOHMH also oversees other crisis, inpatient, residential, and respite services, the programs included in this visualization represent those which are run by providers who offer both traditional mental healthcare and ACS-contracted prevention programs. They are the programs which surfaced most frequently in research with families and frontline staff. The public/no-cost options are labeled "DOHMH" or "ACS" and those which accept Medicaid but are commonly referred to within this system are labeled as "OMH".

To see program information, eligibility criteria, and referral path data across all providers, [view the Airtable](#).

OBSERVATIONS

The numbered circles throughout the diagram serve to add further detail and specific observations regarding what was heard in the research.

LEGEND

RS: Referral Source
RC: Referral Channel
PT: Program Type

PRIMARY REFERRAL SOURCES

1 RS: HEALTHCARE PROVIDER RC: CSPOA REFERRAL

In order to be referred to care coordination services (Health Home Care Management, Non-Medicaid Care Coordination, and High Fidelity Wraparound), a universal referral form must be submitted to CSPOA. Although technically a referral can come from anywhere, referrals predominantly come from healthcare professionals (doctors and existing mental healthcare providers) and school counselors, as the submission requires detailed information about a child's mental health diagnosis and symptoms, as well as the services a child is seeking.

2 RS: ACS INVESTIGATION
RC: CSPOA REFERRAL
PT: ACS PREVENTION
Currently, zero referrals come from ACS, although care coordination may be a viable and appropriate program for families who are not otherwise mandated to receive ACS Prevention services. CSPOA recently gave a training to ACS CPS and CCT workers to make sure they are aware of the voluntary care management options that are routed through CSPOA.

3 RS: COMMUNITY RESOURCE RC: DIRECT REFERRAL

The majority of direct referrals into mental healthcare programs come from resources in a family's community - primarily staff at schools and local community-based organizations. This appears to be a result of both community outreach and informal partnership-building on behalf of providers, as well as a familiarity with the service landscape amongst these community members.

4 RS: SELF-REFERRAL RC: ACS WALK-IN + DIRECT REFERRAL PT: ACS PREVENTION

Few families make self-referrals to ACS or directly into ACS provider programs, largely out of fear and perceived stigma. The low number may be exacerbated by the fact that many prevention program providers do not engage in extensive community outreach, citing that they're operating at capacity with incoming referrals from ACS.

5 RC: ACS VOLUNTARY PT: COMMUNITY SUPPORT + OUTPATIENT DOHMH + CRISIS + OUTPATIENT OMH

While most ACS voluntary enrollment referrals place families in an ACS prevention program, there is some cross-agency referring into DOHMH/OMH programs at the time of assessment - into crisis services, community support programs, and mental health or substance abuse clinics.

6 RC: DIRECT REFERRAL PT: OUTPATIENT OMH

Direct referrals are frequently made into OMH-licensed clinics, despite reported waitlists. This research didn't engage providers of Outpatient clinics that didn't also provide DOHMH or ACS-contracted services, but it is reasonable to assume that the proportion of direct referrals into Outpatient clinics is likely much higher, given the comparative number of clinic locations throughout the city.

SECONDARY REFERRAL SOURCES

7 RS: DOHMH PROGRAM PROVIDER PT: COMMUNITY SUPPORT RC: NYC WELL REFERRAL

Frontline staff across providers commonly use NYC Well as a primary tool for finding mental health services, community support programs, and clinics for families.

8 RS: DOHMH PROGRAM PROVIDER PT: OUTPATIENT CLINIC + ACS PROGRAM PROVIDER RC: NOWPOW REFERRAL

Frontline staff across providers additionally use NowPow, a network-based community referral platform and care coordination tool, for locating a variety of local community resources to support families. It is used by Family Advocates and case planners to make secondary referrals if a family is already receiving services, is nearing the end of their treatment program, or is in need of CBO support to address food and housing insecurities. Because there are tiered subscription fees, it is unclear to what extent each provider is able to utilize its care coordination products and features.

9 RC: DIRECT REFERRAL PT: COMMUNITY SUPPORT RC: NYC WELL REFERRAL

Many secondary referrals into DOHMH community support programs, like Family Resource Centers and Adolescent Skill Centers, come directly from a family's current provider, indicating that these are common enough referrals that frontline staff have the information at the ready.

ACS and DOHMH program providers often refer families to OMH-licensed clinics for evaluation even if a clinical diagnosis is not required for treatment as a means to make up for spotty mental health records and mitigate future risk. Many providers have clinics within their organization to whom they refer to almost exclusively. Frontline staff may use NYC Well or NowPow to locate a clinic for a family if their organization does not have one or if the family has specific mental health or substance abuse issues which the provider agency cannot support.

11 RS: DOHMH PROGRAM PROVIDER PT: OUTPATIENT CLINIC RC: DIRECT REFERRAL PT: ACS PREVENTION

Occasionally, but uncommonly, mental health providers will refer families into ACS-contracted prevention programs. This typically occurs as a direct referral to a program run by the same provider agency where program directors are known one another and can discuss the potential risks and benefits to the family before involving ACS.

12 RS: ACS PROGRAM PROVIDER RC: DIRECT REFERRAL PT: COMMUNITY SUPPORT + CRISIS + OUTPATIENT OMH

Common cross-agency referrals from ACS prevention providers into mental health services include short-term crisis intervention, ongoing therapeutic mental health or substance abuse treatment at an outpatient clinic, and parenting or other family support classes offered at Family Resource Centers.

SECONDARY REFERRAL SOURCE

A secondary referral is the subsequent referral within the mental health and prevention services system made by a program provider that a family is currently receiving services from.

Sources include:

Outpatient Clinic

When a family receives a referral from their current therapist at an OMH-licensed clinic.

DOHMH Program Provider

When a family receives a referral from their case planner, therapist, or Family Advocate within a DOHMH mental health program.

ACS Program Provider

When a family receives a referral from their case planner, therapist, or Family Advocate within an ACS prevention program.

No further referrals