Referral Pathways

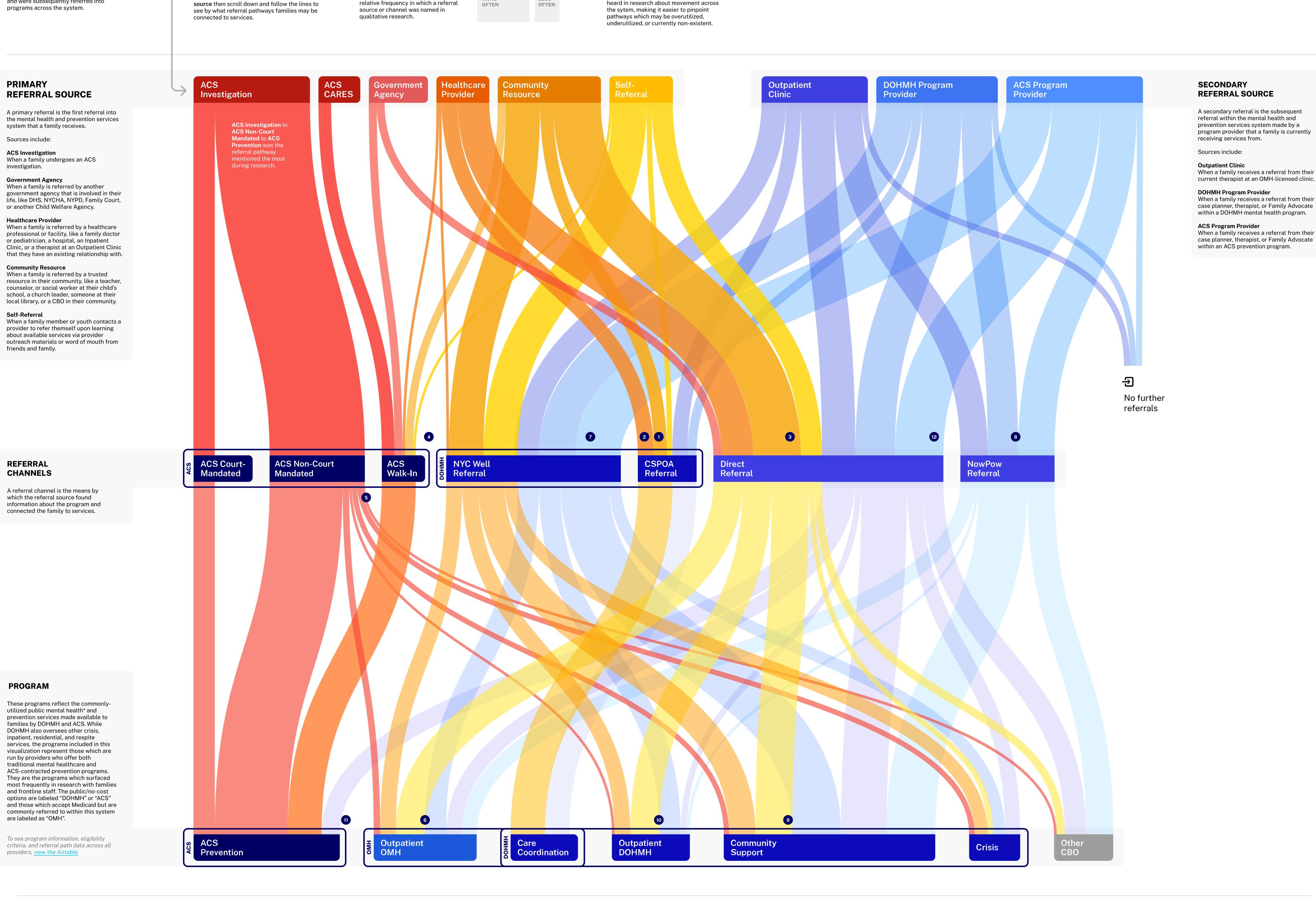
This system flow visualization illustrates how NYC families are referred into programs across the public mental health and prevention system. It represents common referral sources and channels for both primary referrals into the system and secondary referrals to additional services.*

HOW TO NAVIGATE

These pathways demonstrate how families became aware of services and were subsequently referred into

HOW TO READ Start in the top-left with the primary referral source then scroll down and follow the lines to

LINE WIDTH The width of each line represents the relative frequency in which a referral



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

RC: CSPOA REFERRAL

RS: HEALTHCARE PROVIDER

In order to be referred to care coordination services (Health Home Care Management, Non-Medicaid Care

services a child is seeking.

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

RS: ACS INVESTIGATION 2 **RC: CSPOA REFERRAL**

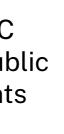
Currently, zero referrals come from ACS, although care coordination may be a viable and appropriate program for families who are not otherwise mandated to receive ACS Prevention services. CSPOA recently gave a training to ACS CPS and CCT workers to make sure they are aware of the voluntary care management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

RS: COMMUNITY RESOURCE RC: DIRECT REFERRAL 3 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

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.

community members.



*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.

WHAT AM I LEARNING?

LESS

MORE

The flow diagram visualizes what was

- **RC: ACS VOLUNTARY** 5 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.
- **RC: DIRECT REFERRAL** 6 T: 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
- RS: DOHMH PROGRAM PROVIDER CS PROGRAM PROVID **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.
- RS: DOHMH PROGRAM PROVIDER + OUTPATIENT CLINIC **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
- 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.
- RC: DIRECT REFERRAL PT: OUTPATIENT OMH 10 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.





- RS: DOHMH PROGRAM PROVIDER + 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.

