

# Acknowledgements

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With tremendous appreciation, the Quality Institute acknowledges the contributions of the Children’s Mental Health Mapping Advisory Committee. Committee members met monthly to provide expertise and feedback to inform this report.<sup>121</sup> They are:

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<sup>121</sup> Advisory Committee members may be employed by, affiliated with, or contracted to organizations and programs referenced in this report. They did create the recommendations and their participation does not imply endorsement of specific recommendations.



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# Glossary

**ADHD:** Attention deficit hyperactivity disorder

**ASD:** Autism spectrum disorder

**Behavioral Assistance (BA):** Services are used to help a youth and family develop and practice healthy coping strategies to improve functioning in the home and community. Interventions are designed to target specific behaviors that are identified through an individualized assessment process.

**CCIS:** Children’s Crisis Intervention Service

**CIACC:** Children’s InterAgency Coordinating Council, (pronounced “kayak”)

**CSA:** Contracted system administrator – CSOC’s CSA is PerformCare

**CSC:** Coordinated Specialty Care

**CSOC:** Children’s System of Care

**CMO:** Care Management Organization

**DCF:** NJ Department of Children and Families

**DCPP:** NJ Division of Child Protection and Permanency, also known as DCP&P. Formerly known as the Division of Youth and Family Services (DYFS)

**DDD:** NJ Division of Developmental Disabilities

**DMAHS:** NJ Division of Medical Assistance and Health Services (Medicaid)

**DMHAS:** NJ Division of Mental Health and Addiction Services

**DOBI:** NJ Department of Banking and Insurance, (pronounced “dough-bee”)

**EIS:** Early Intervention Services

**FSO:** Family Support Organization

**I/DD:** Intellectual and Developmental Disorders

**IEP:** Individualized Education Program

**IIC:** Intensive In-Community services, PerformCare-authorized CSOC clinical services typically delivered in the home.

**IIH:** Intensive In-Home services, PerformCare-authorized CSOC clinical services specifically for I/DD youth typically delivered in the home.

**IOP:** Intensive Outpatient Program

**JJC:** NJ Juvenile Justice Commission, former name of the current Youth Justice Commission (YJC)

**MCO:** Managed Care Organization

**Mobile Response:** Commonly referring to CSOC’s mobile response stabilization services, also known as MRSS

**MRSS:** CSOC’s mobile response stabilization services, also known as “mobile response”

**NJ FamilyCare:** New Jersey’s publicly funded health insurance program administered by the Department of Human Services, Division of Medical Assistance and Health Services.

**OOH:** Out-of-home

**PerformCare:** Contracted system administrator for CSOC

**PSS:** Psychiatric Emergency Screening Service, state designated emergency screening services

**PHP:** Partial Hospitalization Program

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**Respite Care:** Temporary, short-term care provided to support individuals with intensive needs and to give their primary caregivers relief from ongoing caregiving responsibilities.

**RTC:** Residential Treatment Centers

**SPAN:** Statewide Parent Advocacy Network

**Wraparound care/services:** A family-centered, strengths-based, team-driven care planning process that coordinates individualized services and natural supports across systems to help children with complex behavioral health or social needs remain successfully in their homes, schools, and communities.

**YJC:** NJ Youth Justice Commission, formerly known as the Juvenile Justice Commission (JJC)

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# State Agency Reference Guide

## NJ State Government Agencies Involved in Children's Mental Health

- **NJ Governor's Office:** Sets statewide policy priorities, proposes the state budget shaping department funding, and oversees all agencies and departments providing interagency coordination.
- **Attorney General's Office:** Oversees legal and law enforcement functions including juvenile justice, child safety, consumer protection, and provider licensing.
  - **Division of Consumer Affairs:** Regulates licensure and professional standards for clinical and mental health providers.
  - **Youth Justice Commission (YJC):** Oversees the state's youth justice system, providing custody, rehabilitation, and reentry services for justice-involved youth.
- **Department of Banking & Insurance (DOBI):** Regulates health benefits insurers to protect consumers and ensure the stability of insurance markets. Oversees health insurance compliance with coverage requirements, network adequacy, and parity enforcement, affecting reimbursement and service availability in New Jersey regulated insurance markets.
- **Department for Children and Families (DCF):** Leads NJ's efforts to support the safety, permanency, and well-being of children and families through prevention, protection, and treatment services.
  - **Children's System of Care (CSOC):** Coordinates and funds mental health, intellectual and developmental disability (I/DD), and substance use services for children and youth ages 0-20.
  - **Department for Child Protection and Permanency (DCPP):** Investigates allegations of child abuse and neglect and provides services to ensure child safety, permanency, and family stability.
- **Department of Education (DOE):** Shapes youth mental health through school-based services, special education, and early identification and intervention efforts.
- **Department of Health (DOH):** Protects and promotes public health by regulating health care facilities (including hospital pediatric psychiatric beds), monitoring population health, and administering public health programs.
  - **Division of Family Health Services (FHS):** Oversees maternal, child, and family health programs that promote early childhood development, prevention, and access to mental health services including Early Intervention Services.
  - **Office of Youth Online Mental Health Safety and Awareness:** Coordinates state efforts to protect children from online harms, such as excessive social media use and algorithmic-driven content.
- **Department of Human Services (DHS):** Administers a broad range of social service programs supporting low-income individuals and adults with mental health or disability-related needs.
  - **Division of Developmental Disabilities (DDD):** Supports adults ages 21+ with intellectual and developmental disabilities. While CSOC provides all services for youth ages 0-21, DDD is responsible for authorizing eligibility applications for older youth ages 18-21.
  - **Division of Medical Assistance & Health Services (DMAHS):** Administers state Medicaid and CHIP programs through NJ FamilyCare, determining eligibility and overseeing health care benefits for enrolled populations.
  - **Division of Mental Health and Addiction Services (DMHAS):** Oversees and funds mental health and substance use disorder community-based services for adults and a limited number of programs that serve both adults and youth (e.g., Coordinated Specialty Care programs for psychosis). At age 21, youth receiving CSOC community-based services may be eligible to transition into DMHAS' programs.

# New Jersey Youth Insurance Coverage by Type

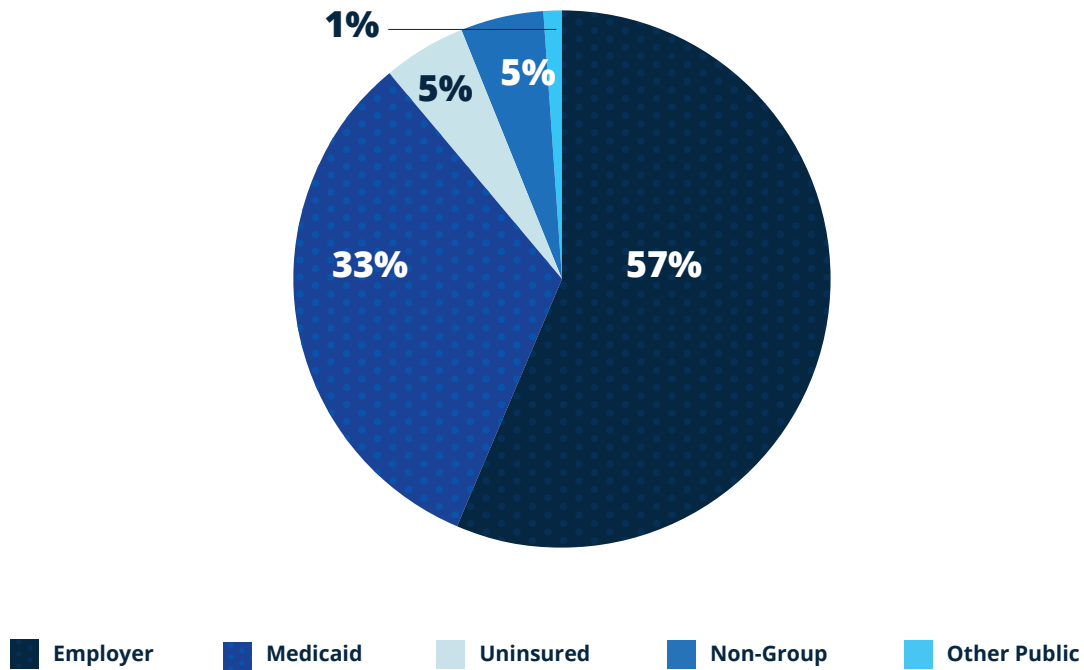
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Table D1

NJ Health Insurance Coverage for Children Ages 0-18 (2024)		
Employer	1,214,600	57%
Medicaid	688,700	33%
Uninsured	97,200	5%
Non-Group	96,900	5%
Other Public	22,400	1%
<b>Total</b>	<b>2,119,900</b>	<b>100%</b>

Figure D2

### NJ Health Insurance Coverage for Children Ages 0-18 (2024)



**Source:** KFF State Health Facts (<https://www.kff.org/state-category/health-coverage-uninsured/health-insurance-status/>), estimates based on the 2008-2024 American Community Survey, 1-year estimates.

The ACS asks respondents about their health insurance coverage throughout the previous calendar year. Respondents may report having more than one type of coverage. In this analysis, individuals are sorted into only one category of insurance coverage using the following hierarchy:

**Medicaid:** Includes those covered by Medicaid, Medical Assistance, Children’s Health Insurance Plan (CHIP) or any kind of government-assistance plan for those with low incomes or a disability, as well as those who have both Medicaid and another type of coverage, such as dual eligibles who are also covered by Medicare.

**Employer:** Includes those covered through a current or former employer or union, either as policyholder or as dependent.

**Other Public:** Includes Medicare enrollees ages 0-18 as well as those covered under the military or Veterans Administration.

**Non-Group:** Includes those covered by a policy purchased directly from an insurance company, either as policyholder or as dependent.

**Uninsured:** Includes those without health insurance and those who have coverage under the Indian Health Service only.



# Medicaid - Enrollment and Behavioral Health Provider Participation

Table E1

New Jersey Youth Medicaid Enrollment by County			
County	January 2026 Enrollment <sup>1</sup> (Ages 0-18)	Population Estimate of Children <sup>2</sup> (Ages 0-17)	Estimated Percentage of Children Enrolled in Medicaid <sup>3</sup>
Atlantic	29,134	56,729	51%
Bergen	49,597	201,694	25%
Burlington	29,382	96,272	31%
Camden	56,574	119,827	47%
Cape May	6,633	15,647	42%
Cumberland	24,013	37,710	64%
Essex	101,832	205,811	49%
Gloucester	20,164	65,160	31%
Hudson	71,968	141,223	51%
Hunterdon	4,310	24,967	17%
Mercer	39,075	86,317	45%
Middlesex	65,165	187,435	35%
Monmouth	35,244	132,733	27%
Morris	19,164	106,446	18%
Ocean	97,652	166,276	59%
Passaic	68,865	123,669	56%
Salem	6,613	14,449	46%
Somerset	16,223	73,710	22%
Sussex	6,200	28,630	22%
Union	59,180	139,069	43%
Warren	7,043	21,209	33%
Other <sup>4</sup>	628	-	-
<b>NJ Total</b>	<b>814,659</b>	<b>2,044,983</b>	<b>40%</b>

Source: NJ DMAHS Website, U.S. Census Bureau.

<sup>1</sup> Includes individuals enrolled at any point in January 2026.

<sup>2</sup> U.S. Census Bureau population estimates for July 1, 2024.

<sup>3</sup> Due to varying time frames and different age cut offs defining youth, the estimated percentage of youth on Medicaid is an estimate.

<sup>4</sup> Other county undefined in public data.



**Table E2**

**Medicaid Behavioral Health Service Patients by Count and Type of Service**  
(Number of Unique Individuals, age 0-17 at time of service)

	2024	2025	Total of 2024 - 2025 <sup>8</sup>
<b>Children 0-17 Enrolled in Medicaid<sup>1</sup></b>	1,092,321	831,677	
<b>Psychotherapy Service</b>	12,744	17,150	24,584
<b>Outpatient (OP) Hospital Service<sup>2</sup></b>	7,881	6,587	12,007
<b>OP Hospital Behavioral Health (BH) Diagnostic Evaluation<sup>3</sup></b>	2,761	1,570	4,181
<b>OP Hospital BH Therapy Service<sup>4</sup></b>	6,622	4,842	9,254
<b>Intensive In-Community (IIC) Service<sup>5</sup></b>	37,466	37,325	57,563
<b>Partial Care Program</b>			4,410
<b>Hospital-Based (PHP)</b>	1,980	1,796	2,954
<b>Clinic Care</b>	962	943	1,681
<b>Substance Use Disorder (SUD) Program</b>			7,991
<b>SUD IOP<sup>6</sup></b>	4	34	36
<b>SUD Residential Treatment<sup>7</sup></b>	4,759	3,512	7,960

**Source:** NJ DHS DMAHS Data Request.

<sup>1</sup> Medicaid enrollment defined as at least one active day enrolled.

<sup>2</sup> OP Hospital Services include: Claim Revenue Codes 900, 901, 914, 915, and 916.

<sup>3</sup> OP Hospital Behavioral Health Diagnostic Evaluation include the following Claim Procedure Names: "PSYCH DIAGNOSTIC EVALUATION" and "PSYCH DIAG EVAL W/MED SRVCS".

<sup>4</sup> OP Hospital Behavioral Health Therapy Service include the following Claim Revenue Codes: 914-916.

<sup>5</sup> IIC services are represented by the following codes: H0036TJU1, TJU2, TJU3, TJHQ, H0036U1UN, and U1UP.

<sup>6</sup> SUD IOP is referenced as the following claim codes: H0010HF, H0018HF, H0019HF, and H0015HF.

<sup>7</sup> SUD Intensive Outpatient Program (IOP) is referenced as the following claim codes: H0010HF, H0018HF, H0019HF, and H0015HF.

<sup>8</sup> The total of 2024 and 2025 does not equal the sum of 2024 and 2025 as there were youth who received services in both 2024 and 2025.



**Table E3**

**Medicaid Count of Youth Served and Claims for Behavioral Health (BH) Services for Children in DCP  
Out-of-Home Placement**

	<b>2024</b>	<b>2025</b>
<b>Total Number of Youth<sup>1</sup></b>	15,133	14,385
<b>BH Screening<sup>2</sup></b>	2,973	2,940
<b>BH Evaluation<sup>3</sup></b>	1,937	1,982
<b>Psychotherapy or Outpatient BH Service</b>	1,506	1,613
<b>Residential Treatment Center Admission<sup>4</sup></b>	349	360
<b>BH Inpatient Hospital Service<sup>5</sup></b>	38	35
<b>Alcohol/Drug Service<sup>6</sup></b>	28	44
<b>Total Number of BH Claims Submitted<sup>7</sup></b>	10,347	14,482
<b>BH Screening<sup>2</sup></b>	3,936	3,598
<b>BH Evaluation<sup>3</sup></b>	2,749	2,756

**Source:** NJ DHS DMAHS Data Request.

The DCP out-of-home placement population includes all youth removed from their homes, including, but not limited to, those placed in out-of-home treatment programs for behavioral health.

<sup>1</sup> This includes all youth (ages 0-17) at the time of service who are covered by Medicaid and have an open home removal DCP case at the time of service (indicated through a PSC of 600 or 620).

<sup>2</sup> Behavioral health (BH) screening include the following Claim Provider Specialty Codes: 96127,96160,96161,96136-96139.

<sup>3</sup> Behavioral health (BH) evaluation include the following Claim Provider Specialty Codes: 90791/90792.

<sup>4</sup> Residential Treatment Center (RTC) defined as the category of service for RTCs).

<sup>5</sup> Behavioral health (BH) inpatient hospital service include diagnosis F01-F09 and F20-F99 as primary diagnosis.

<sup>6</sup> Alcohol/Drug Services include claims including E/M visit, H0015 with F10-F1999.

<sup>7</sup> CPT Codes include: 96127, 0345U, 1000F, 1220F, 3725F, 4004F, 80320, 80345, 80348, 80353, 80354, 80358, 80365, 80377, 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90846, 96130, 96131, 96136, 96137, 96138, 96139, 96146, 96156, 96158, 96159, 96167, 96168, 96170, 96171, 97129, 97130, 97153, 97155, 97156, 99492, 99494, D9920, D9993, G0447, G8431, G8432, G9903, H0001, H0002, H0003, H0007, H0015, H0017, H0018, H0019, H0023, H0025, H0046, H2011, H2014, H2019, H2020, H2027, OP912, OP913, S9484, T1016, T1041, T2022, T2034, Y9533, and Y9534.



Table E4

**Behavioral Health Providers Enrolled as a Medicaid Provider and Billing for Services Provided**

	2023	2024	2025
<b>All Medicaid Enrolled BH Providers</b>	6,568	7,450	8,074
<b>Licensed Clinical Social Worker (LCSW)</b>	2,856	3,379	3,459
<b>Licensed Marriage and Family Therapist (LMFT)</b>	-	8	59
<b>Licensed Professional Counselor (LPC)</b>	1	24	176
<b>Nurse Practitioner (NP) Psychiatric Mental Health</b>	1,214	1,446	1,793
<b>Psychiatry</b>	2,226	2,319	2,290
<b>Psychiatry; Neurology</b>	319	396	484
<b>Psychologists</b>	963	1,176	1,219
<b>Medicaid Enrolled BH Providers Billing for Youth (0-17)</b>	870	936	1,535
<b>Percent of Total Medicaid Enrolled BH Providers</b>	13%	13%	19%
<b>Licensed Clinical Social Worker (LCSW)</b>	95	93	462
<b>Licensed Marriage and Family Therapist (LMFT)</b>	-	-	4
<b>Licensed Professional Counselor (LPC)</b>	-	1	14
<b>NP Psychiatric Mental Health</b>	280	344	507
<b>Psychiatry</b>	377	392	426
<b>Psychiatry; Neurology</b>	78	94	129
<b>Psychologists</b>	147	197	265
<b>Medicaid Enrolled BH Providers Billing for All Ages</b>	3,001	3,106	3,849
<b>Percent of Total Medicaid Enrolled BH Providers</b>	46%	42%	48%
<b>Licensed Clinical Social Worker (ACA)</b>	862	867	1,269
<b>Licensed Marriage and Family Therapist (LMFT)</b>	-	1	19
<b>Licensed Professional Counselor (LPC)</b>	1	5	57
<b>NP Psychiatric Mental Health</b>	750	857	1,101
<b>Psychiatry</b>	1,072	1,054	1,064
<b>Psychiatry; Neurology</b>	187	219	289
<b>Psychologists</b>	477	517	575

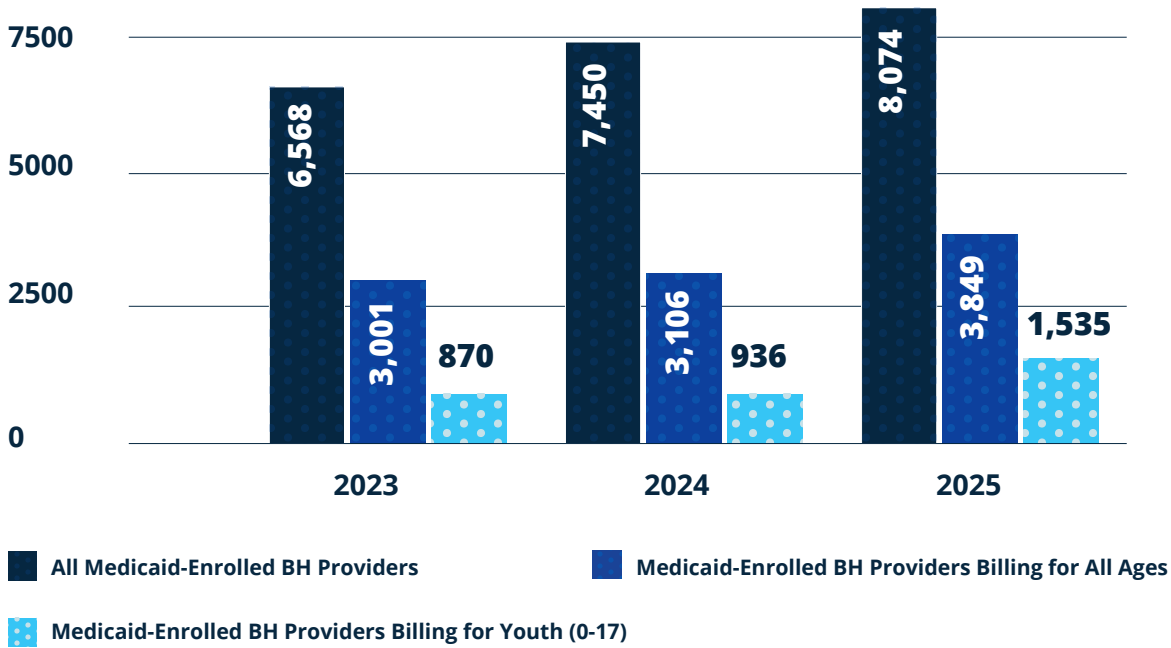
Source: NJ DHS DMAHS Data Request

Billing Providers refers to providers who have been successfully paid by March 2026 when data was accessed. Most providers (~95%) bill as individually, with less than 5% practices with multiple providers.



Figure E5

### Behavioral Health (BH) Providers Enrolled as a Medicaid Provider



Source: NJ DHS DMAHS Data Request  
Billing Providers refers to providers who have been successfully paid by March 2026 when data was accessed.

Map E6

### Behavioral Health Providers Enrolled as a Medicaid Provider and Billing for Services Provided to Youth (0-17)

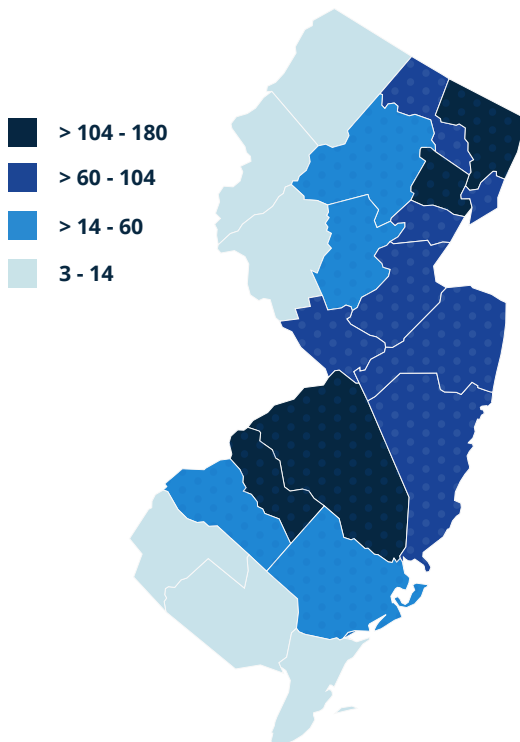


Table E7

**Behavioral Health Providers Enrolled as a Medicaid Provider and  
Billing for Services Provided to Youth (0-17)**

County	Number of Unique Providers
Atlantic	45
Bergen	143
Burlington	179
Camden	145
Cape May	3
Cumberland	11
Essex	180
Gloucester	59
Hudson	73
Hunterdon	9
Mercer	70
Middlesex	104
Monmouth	90
Morris	51
Ocean	130
Passaic	75
Salem	4
Somerset	60
Sussex	14
Union	81
Warren	9
<b>NJ Total</b>	<b>1,535</b>

Source: NJ DHS DMAHS Data Request.

Billing providers refers to providers who have been successfully paid by March 2026 when data was accessed. Most providers (~95%) bill individually, with less than 5% practices with multiple providers.



# Children’s System of Care Program and Utilization Data

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**Table F1**

<b>Youth Receiving CSOC Services - Monthly Average</b>			
	<b>2023</b>	<b>2024</b>	<b>2025</b>
<b>Youth<sup>1</sup> Receiving Services</b>	32,102	31,448	31,180
<b>Insurance Coverage<sup>2</sup></b>			
<b>Medicaid - NJ FamilyCare</b>	14,021	12,319	10,023
<b>Medicaid - Look-Alike (3560)</b>	6,752	6,424	6,752
<b>Medicaid - Supplemental Security Income (SSI)<sup>3</sup></b>	3,223	3,055	3,060
<b>Private Insurance</b>	2,139	1,863	1,778

**Source:** DCF CIACC Reports  
 Data is missing for November 2024 - January 2025 and November 2025. Reported statistics reflect PerformCare service authorizations, including services that were authorized but later declined.

<sup>1</sup> Inclusive of all youth receiving services, typically ages 5-20.

<sup>2</sup> These numbers are duplicated and incomplete as a single youth may have more than one type of insurance/eligibility and reporting is voluntary.

<sup>3</sup> SSI is a Medicaid only coverage for youth determined disabled and receiving Supplemental Security Income (SSI).

Table F2

PerformCare Service Authorizations - Monthly Average

	2023	2024	2025
<b>Youth<sup>1</sup> Receiving Services</b>	32,102	31,448	31,180
<b>PerformCare Access Line</b>			
Caregiver/Youth PerformCare Access Line Calls	8,960	8,262	7,901
Unique Youth with PerformCare Access Line Call Activity	7,462	7,095	6,641
Newly Registered Youth <sup>2</sup>	2,844	2,517	2,313
<b>CSOC Services</b>			
Biopsychosocial Assessment (BPS)	1,547	1,362	995
Mobile Response Initial	3,228	2,822	3,130
Mobile Response Stabilization	7,259	6,311	6,962
Care Management Organization (CMO)	20,556	20,908	20,334
Intensive in Community (IIC)	28,259	28,747	28,816
Behavioral Assistance	6,162	6,608	7,273
<b>CSOC SUD Services</b>			
Substance Use Treatment	52	16	30
Unique Youth with a Substance Use Indicator <sup>3</sup>	1,786	901	1,296
<b>CSOC I/DD Services</b>			
Intensive In Home (IIH)	1,575	1,433	1,249
Family Support Services	5,117	5,748	6,444
Respite Care <sup>4</sup>	3,666	3,986	4,530
Assistive Technology	76	113	95
DD Eligibility Applications Received	191	189	214
DD Eligibility Applications Approved	137	140	151
Percentage Approved	72%	74%	71%
Currently DD Eligible Youth	13,521	13,827	14,288
DD Youth Engaged with PerformCare Care Management Entity <sup>5</sup>	2,950	2,907	2,910
<b>CSOC Justice-Involved Youth</b>			
Family Functional or Multi-Systemic Therapy	70	77	89



Source: DCF CIACC Reports.

Data is missing for November 2024 - January 2025 and November 2025. Reported statistics reflect PerformCare service authorizations, including services that were authorized but later declined.

<sup>1</sup> Inclusive of all youth receiving services, typically ages 5-20.

<sup>2</sup> Indicating the first contact that the youth ever had with PerformCare.

<sup>3</sup> Count represents the unique youth with at least one of the 6 types of indicators:

1. A call with an SU Reason or Resolution Code entered in the report period.
2. An open SU Tracking Element active at anytime in the report period.
3. An Active SU Authorization or SU related Wrap Flex Authorization active at anytime in the report period.
4. An indication via a Strength & Needs Assessment created in the report period (score of 1, 2 or 3 in Risk Behaviors).
5. An indication as the result of a Clinical Triage completed in the report period.
6. An OOH Referral indication or Transitional Joint Care Review (TJCR) indication completed in the report period.

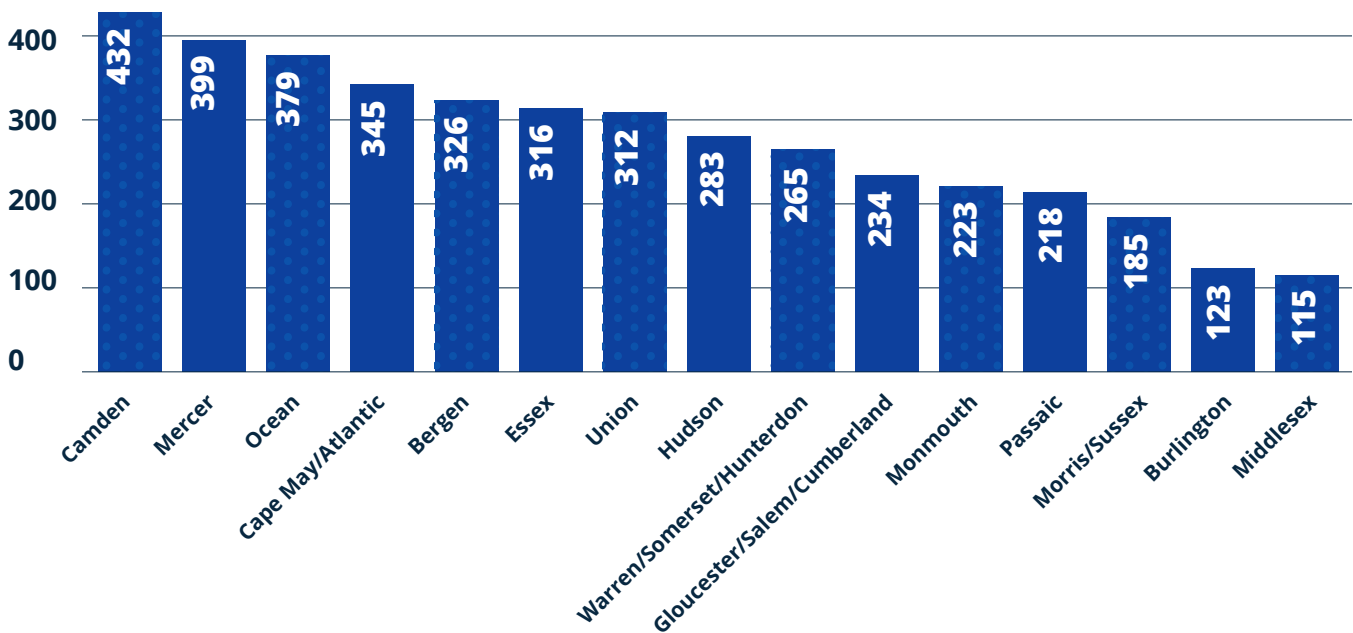
<sup>4</sup> Respite care total includes: After School Respite, Agency Respite, Overnight Respite, Self Hired Respite, and Weekend Recreation.

<sup>5</sup> PerformCare Care Management Entities include Care Management Organizations and Mobile Response Stabilization Services.

**Figure F3**

**Families Actively Served by CSOC Family Support Organizations**

July 31, 2025



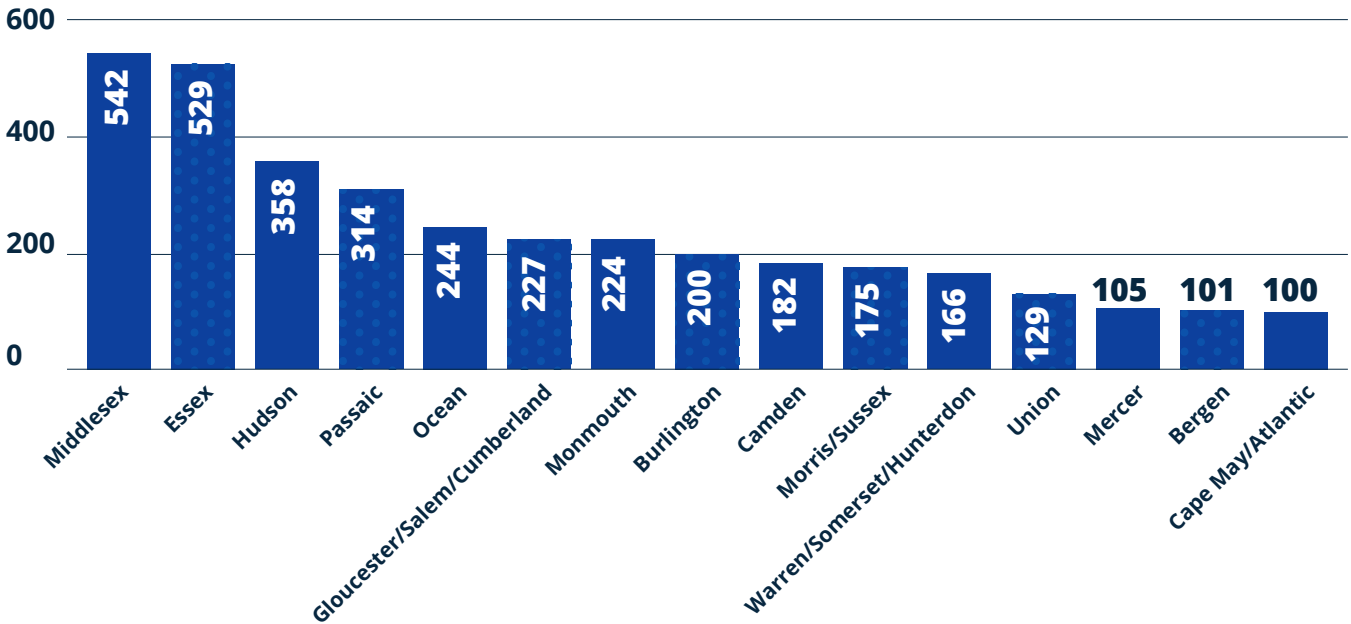
**Source:** DCF Data Request. Point-in-time count on July 31, 2025.

Family Support Organizations (FSO) participation may vary throughout the year, especially in non-academic summer months.



Figure F4

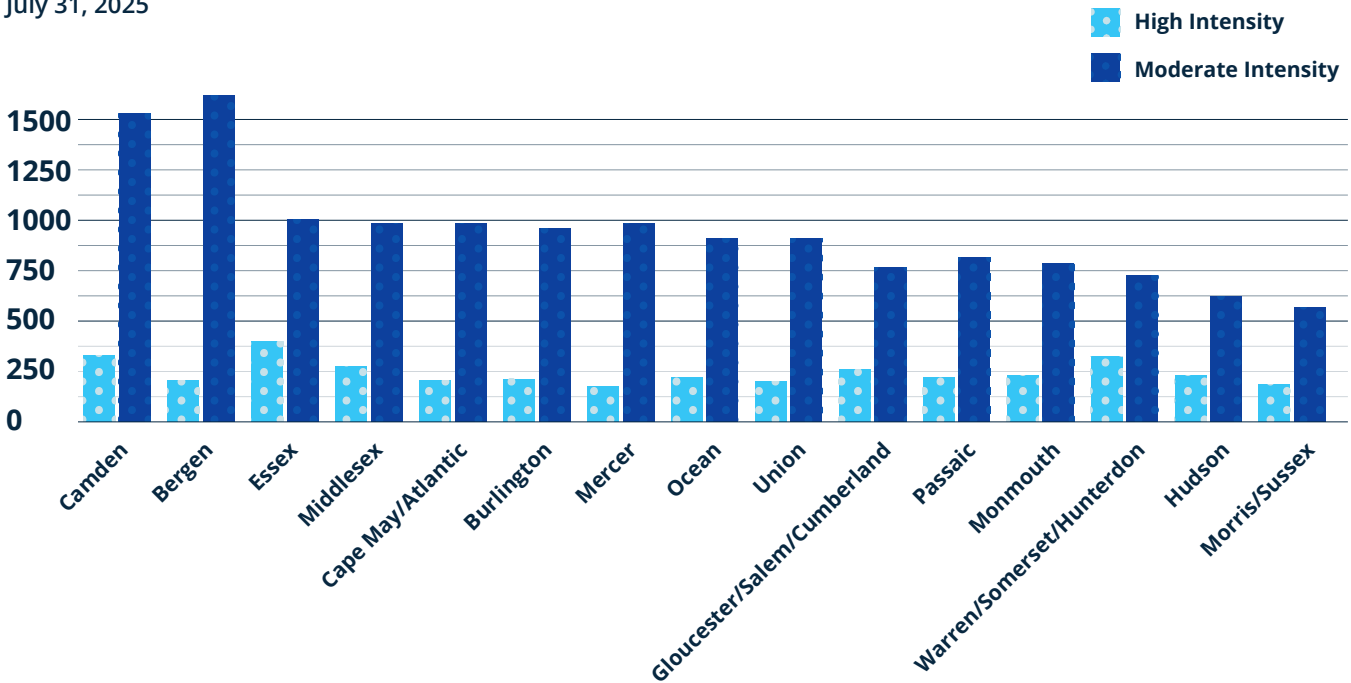
**Youth Actively Served by CSOC Mobile Response Agencies**  
July 31, 2025



Source: DCF Data Request. Point-in-time count on July 31, 2025. Mobile Response participation may vary throughout the year, especially in non-academic summer months.

Figure F5

**Youth Actively Served by CSOC Care Management Organizations**  
July 31, 2025



Source: DCF Data Request. Point-in-time count on July 31, 2025. Care Management Organization (CMO) participation may vary throughout the year, especially in non-academic summer months.



**Table F6**

<b>Youth Served Through CSOC</b> July 31, 2024 - July 31, 2025	
<b>Youth enrolled in CSOC between 7/31/24-7/31/25</b>	<b>298,096</b>
<b>Youth with no CSOC services between 7/31/24-7/31/25, but a history of services</b>	<b>164,013</b>
<b>Youth who never received CSOC services, only a PerformCare access line intervention</b>	<b>70,304</b>
<b>Youth with CSOC services between 7/31/24-7/31/25</b>	<b>63,779</b>
<b>Youth with an open episode as of 7/31/25</b>	<b>34,410</b>
<b>Newly enrolled in the last year with a first authorization</b>	<b>23,874</b>

**Source:** DCF Data Request. Accessed on July 31, 2025.  
Youth include individuals under 21 years of age.



**Table F7**

<b>DCPP Out-of-Home Population - Comprehensive Medical Examinations and Mental Health Assessments</b>		
<b>Comprehensive Medical Examinations (CME)</b>	<b>FY 24</b>	<b>FY 25</b>
Children Requiring CMEs	1,410	1,455
CMEs completed	1,318	1,382
Percentage Received	93%	95%
<b>Comprehensive Mental Health Assessments (CMHA)</b>		
CMHAs completed	487	446

**Source:** DCF Data Request  
The DCPP out-of-home placement population includes all youth removed from their homes, including, but not limited to, those placed in out-of-home treatment programs for behavioral health. All youth are to receive a Comprehensive Medical Examination (CME) within 30 days of entering DCPP custody. CMEs are completed at the child medical home with their pediatrician or at a NJ Regional Diagnostic Treatment Center (RDTC). At a RDTC, the youth may receive Comprehensive Mental Health Assessments (CMHA) when verbal capacity allows (generally based on the age of the child).

Table F8

**NJ Licensed Children Partial Care and Partial Hospitalization Programs**

County	Licensed Capacity
Atlantic	70
Bergen	129
Burlington	160
Camden	42
Cape May	15
Cumberland	0
Essex	130
Gloucester	55
Hudson	75
Hunterdon	15
Mercer	130
Middlesex	163
Monmouth	125
Morris	105
Ocean	87
Passaic	162
Salem	20
Somerset	125
Sussex	0
Union	40
Warren	0
<b>NJ Total</b>	<b>1,648</b>

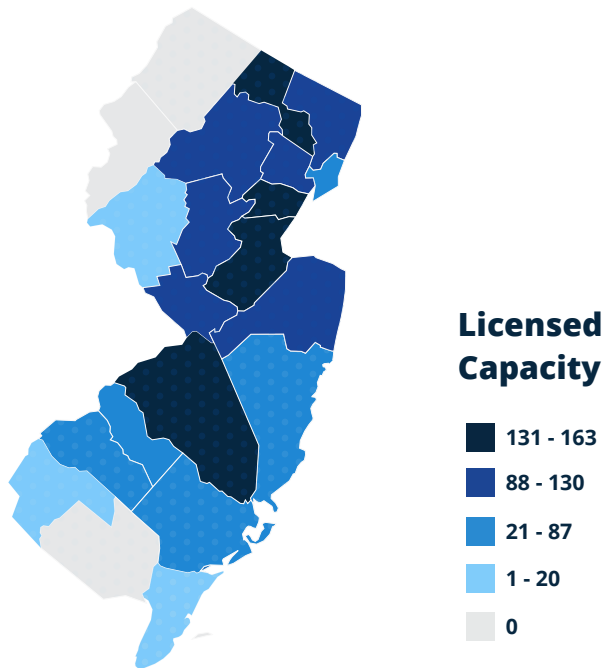


Source: DCF Data Request

Licensed capacity reflect the maximum number of individuals a program is authorized to operate with under its state license. Licensed capacity often is higher than the actual number of slots available to youth due to constraints including staff, space, and resources available. License directory updated June 9, 2025.

**Map F9**

**Capacity of Partial Care and Partial Hospitalization Programs (by county)  
Licensed by DCF**



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**Table F10**

<b>CSOC Mobile Response Dispatches</b>				
	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
<b>All Mobile Response Dispatches</b>	34,024	31,998	28,340	NA
<b>Statewide Telehealth Dispatches</b>	15,283	12,386	5,851	4,172
<b>Telehealth as a Percentage of All Mobile Response Dispatches</b>	45%	39%	21%	NA
<b>Youth Referred to Law Enforcement or PECS</b>	154	119	32	18
<b>Crisis Stabilized</b>	15,138	12,274	5,823	4,154
<b>Audio/Visual Response<sup>1</sup></b>	12,465	10,504	5,149	3,720
<b>Audio Only Response<sup>1</sup></b>	2,673	1,770	674	434
<b>Percentage Audio Only<sup>1</sup></b>	18%	14%	12%	10%

**Source:** DCF Data Request

<sup>1</sup> Telehealth dispatch type (audio only or audio visual) data unavailable if youth was referred to law enforcement or Psychiatric Emergency Screening Services (PESS).

# Primary Care Provider Types and Specializations

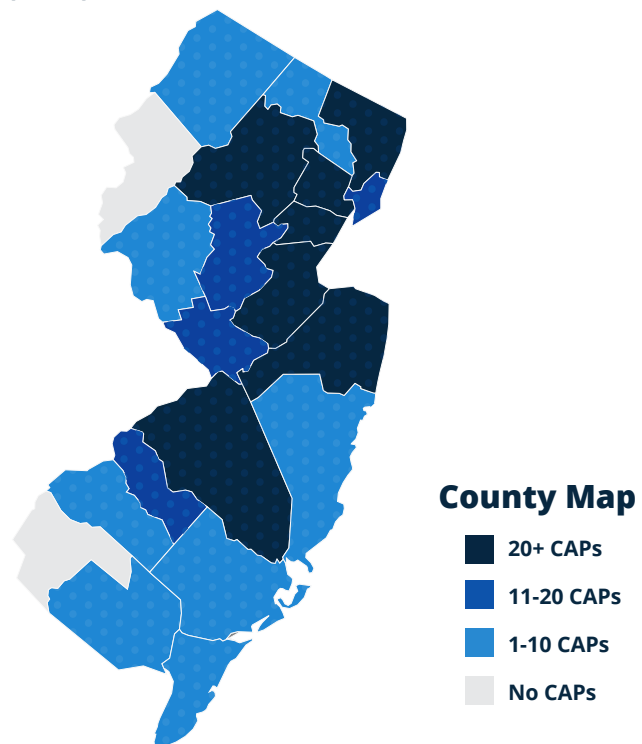
While some clinicians treat youth from birth through late adolescents, others specialize in specific age groups. Although primary care providers are clinically trained to treat youth, their training is more generalized, not specifically focused on mental health.



- **Pediatricians:** Doctors specializing in children and adolescents.
- **Family Medicine Physicians:** Doctors specializing in generalized medicine and trained to treat patients of all ages including youth.
- **Child Developmental Pediatricians:** Specialized pediatricians that have received additional training in developmental behavioral disorders including diagnosing and treating intellectual and developmental disabilities (I/DD).
- **Child and Adolescent Psychiatrists:** Doctors trained in mental health for children and adolescents, including related medications. Some may also provide mental health therapy services. Adult psychiatrists may also treat youth, especially older adolescents, at their own discretion but do not have pediatric-specific training.
- **Advanced Practice Nurses (APNs):** APNs (also called advanced practice registered nurses (APRN) are registered nurses (RNs) who have completed graduate-level education in an advanced nursing specialty.
- **Nurse Practitioners (NPs):** NPs are a type of APN who receive advanced training focused on a specific patient population (e.g., family, pediatric, or psychiatric-mental health).
- **Physician Assistants (PA):** PAs complete an accredited graduate-level PA program and work directly under the supervision of a physician.

Figure G1

NJ Practicing Child and Adolescent Psychiatrists (CAPs)



Source: American Academy of Child & Adolescent Psychiatry (AACAP) - [https://www.aacap.org/aacap/Advocacy/Federal\\_and\\_State\\_Initiatives/Workforce\\_Maps/Home.aspx](https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx). Accessed April 2, 2026. "American Medical Association (AMA) is the source for the raw physician data; statistics, tables or tabulations were prepared by the American Academy of Child and Adolescent Psychiatry (AACAP) using AMA Masterfile data received January 2024.

# Understanding Mental Health Provider Credentials

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The following types of professional licensees provide mental health services to youth<sup>122</sup> and are overseen by the NJ Office of the Attorney General (OAG), Division of Consumer Affairs (Div.CA). Each profession has a board which requires specific education, examinations, supervised hours, and imposes other ongoing oversight. These professionals are not allowed to prescribe medication.



- Licensed Clinical Social Workers (LCSW):** LCSWs complete a master's degree in social work and 3,000 supervised hours. Licensed Social Workers (LSW) have completed their master's degree but must work under supervision.
- Licensed Marriage and Family Therapists (LMFT):** LMFTs complete a master's degree in marriage and family therapy (or related major) and 4,500 supervised hours. Licensed Associate Marriage and Family Therapists (LAMFT) have completed their master's degree but must work under supervision.
- Licensed Professional Counselors (LPC):** LPCs complete a master's degree in counseling (or related major) and 3,000-4,500 supervised hours. Licensed Associate Counselors (LAC) have completed their master's degree but must work under supervision.
- Psychologists:** Psychologists complete a doctoral degree, either a PhD or a PsyD, typically completing 5-8 or 4-6 years of schooling respectively, and 3,500 supervised hours. Additional postdoctoral training may be required depending on the program.<sup>123</sup>

**Note:** See section "[Provision of Applied Behavior Analysis \(ABA\) Services](#)" for information about Applied Behavior Analysts.

<sup>122</sup> Claibourne Counseling. (n.d.). *What do all those letters mean (LPC, LCSW, LMFT, PsyD)?*  
<https://claibournecounseling.com/what-do-all-those-letters-mean-lpc-lcsw-lmft-psyd/>

<sup>123</sup> <https://www.psychology.org/degrees/phd/>

**Table H1**

Psychotherapy Providers Actively Licensed in New Jersey	
License Type	Number of Individuals
Practicing Psychologist	3,499
Psychologist (Three-Year Permit)*	174
Marriage and Family Therapist	653
Associate Marriage and Family Therapist*	374
Professional Counselor	7,215
Associate Counselor*	2,963
Licensed Clinical Social Worker	12,256
Licensed Social Worker*	9,552
<b>Provider Without Required Supervision</b>	<b>23,623</b>
<b>Provider With Required Supervision*</b>	<b>13,063</b>
<b>Total</b>	<b>36,686</b>

**Source:** NJ Div. CA License Directory. Accessed March 28, 2026.

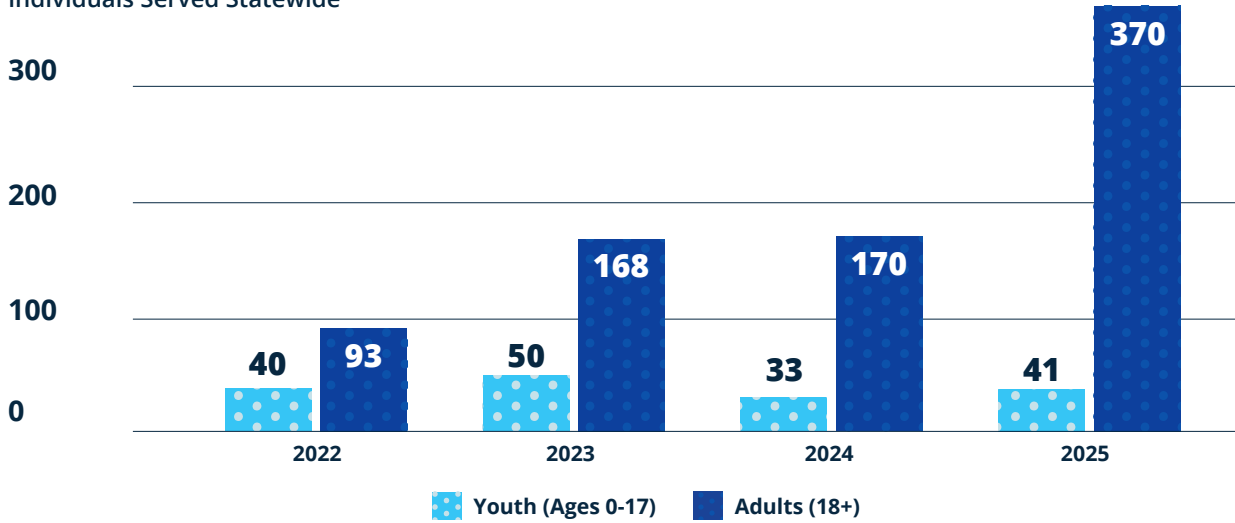
Providers without asterisks are licensed to practice without supervision while providers with asterisks are need to practice under supervision. Number of individuals includes only those with an active license and a New Jersey address on file. Individuals who reported New Jersey residency but listed addresses clearly located outside the United States were excluded; addresses were not otherwise fully verified. Some listed addresses include P.O. boxes and may not reflect the individual's primary residence or practice location in New Jersey. Although all individuals included are licensed to provide services, not all may provide psychotherapy.



# Department of Mental Health and Addiction Services Program Data

Figure I1

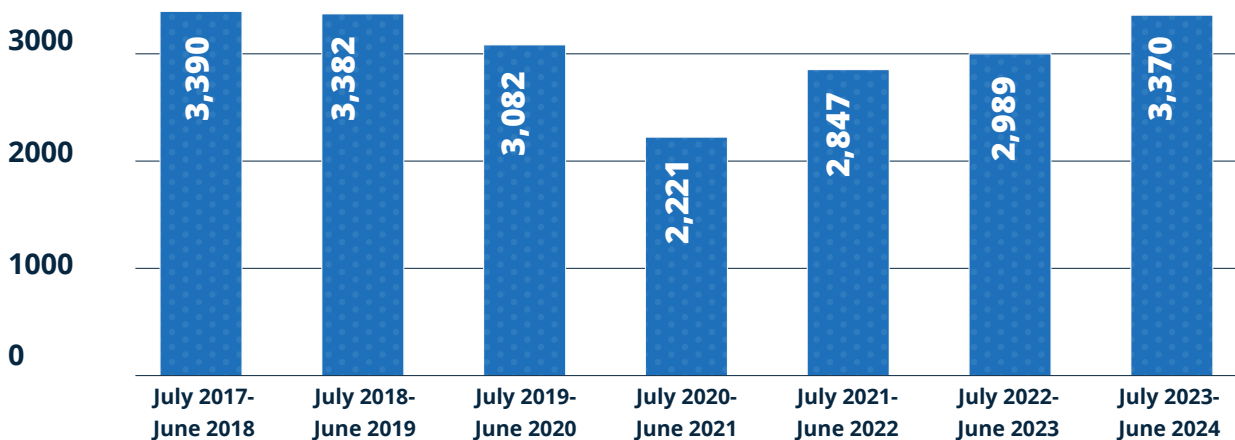
## Coordinated Specialty Care Individuals Served Statewide



Source: NJ DMHAS Data Request

Figure I2

## NJ Certified Community Behavioral Health Clinics State Fiscal Year



Source: NJ DMHAS Data Request  
Data collection was discontinued as of July 2024.

# Out-of-Home (OOH) Treatment Types and Utilization

**Behavioral Health OOH Treatments include the following Intensity of Service (IOS) levels of care:**

- Detention Alternative (DAP)
- Emergency Diagnostic Residential Unit (EDRU)
- Intensive Residential Treatment Service (IRTS)
- Group Home (GH)
- Psychiatric Comm Home (PCH)
- Residential Treatment Center (RTC)
- Specialty Bed (SPEC)
- Treatment Home (TH)

**I/DD OOH Treatments include the following Intensity of Service (IOS) levels of care:**

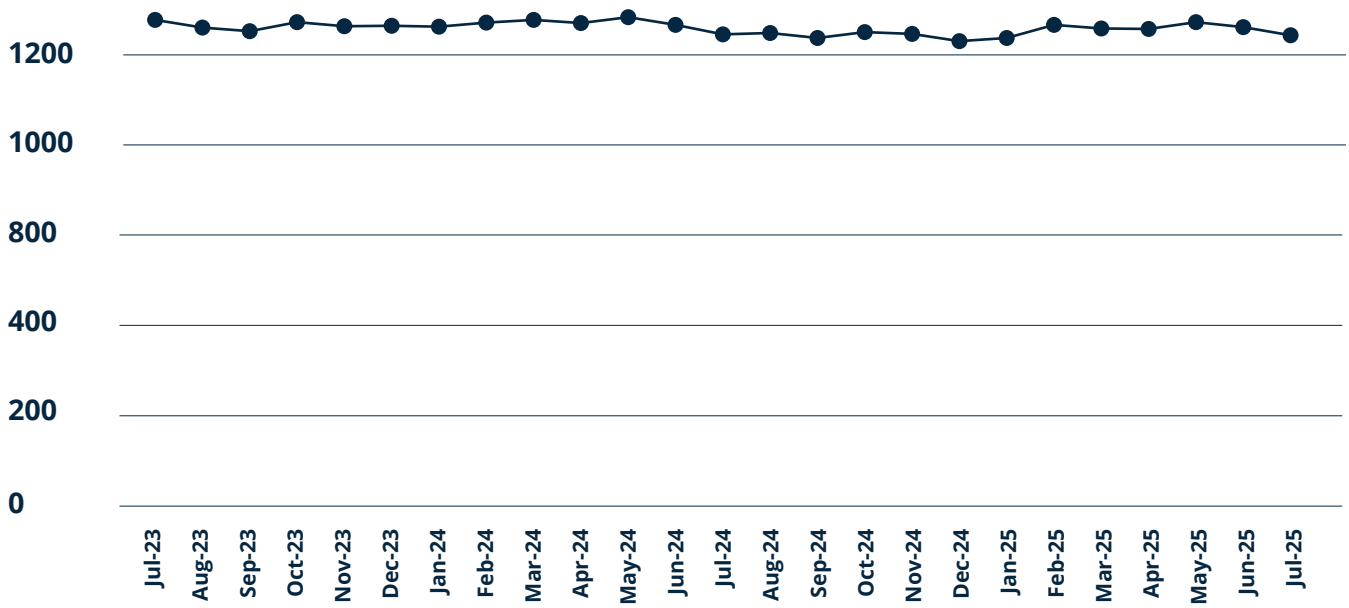
- Crisis Stabilization and Assessment for I/DD (CSAP-IDD)
- Group Home/Level 1 for I/DD (GH 1-IDD)
- Group Home/Level 2 for I/DD (GH 2-IDD)
- Intensive I/DD (INT-IDD)
- Intensive PCH for I/DD (IPCH-IDD)
- Out of State Residential for I/DD (ORT-IDD)
- Psychiatric Community Homes for I/DD (PCH-IDD)
- OOH IDD Respite (RESP-IDD)
- Residential Treatment Center - Co-Occurring BH/DD (RTC-BH/DD)
- Special Skill Homes for I/DD (SSH-IDD)

**Substance Use OOH Treatments include the following Intensity of Service (IOS) levels of care:**

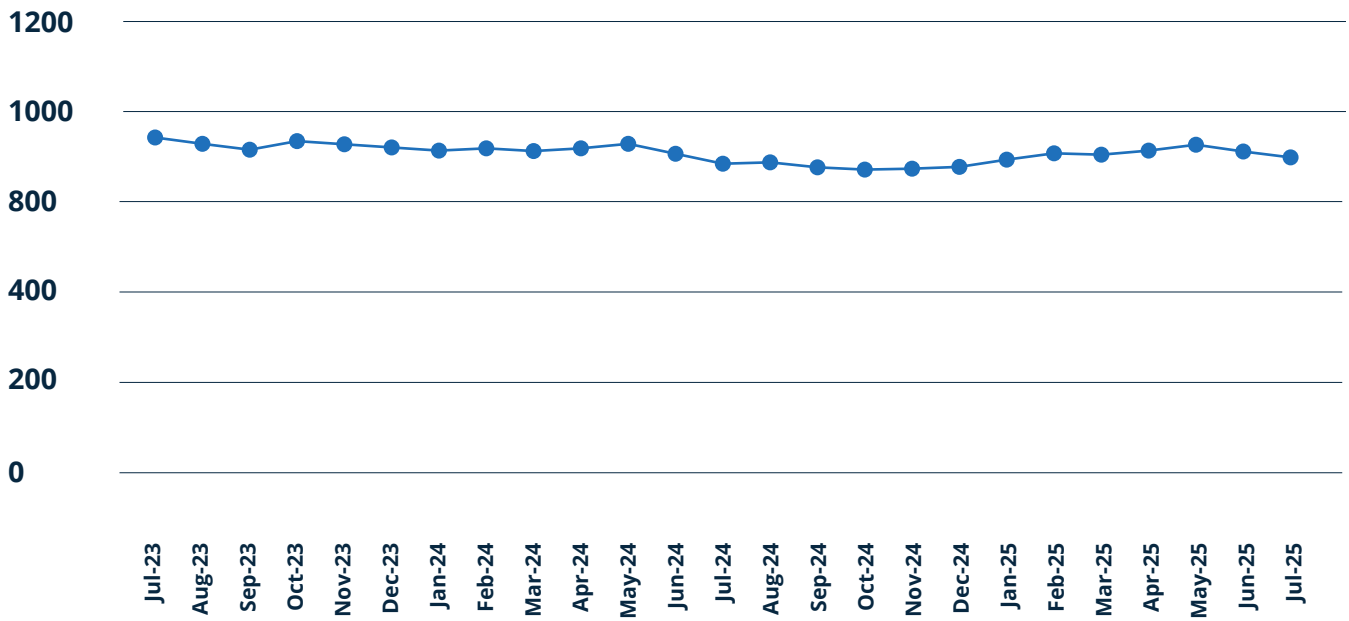
- Detox
- Residential Treatment Center - Co-Occurring BH/SU (RTC-BH/SU)
- Residential Treatment-Short Term SU (RTC-ST-SA)
- Residential Treatment-Short Term SJI (RTC-ST-SJI)

Figure J1

### Youth in a CSOC Out-of-Home Treatment

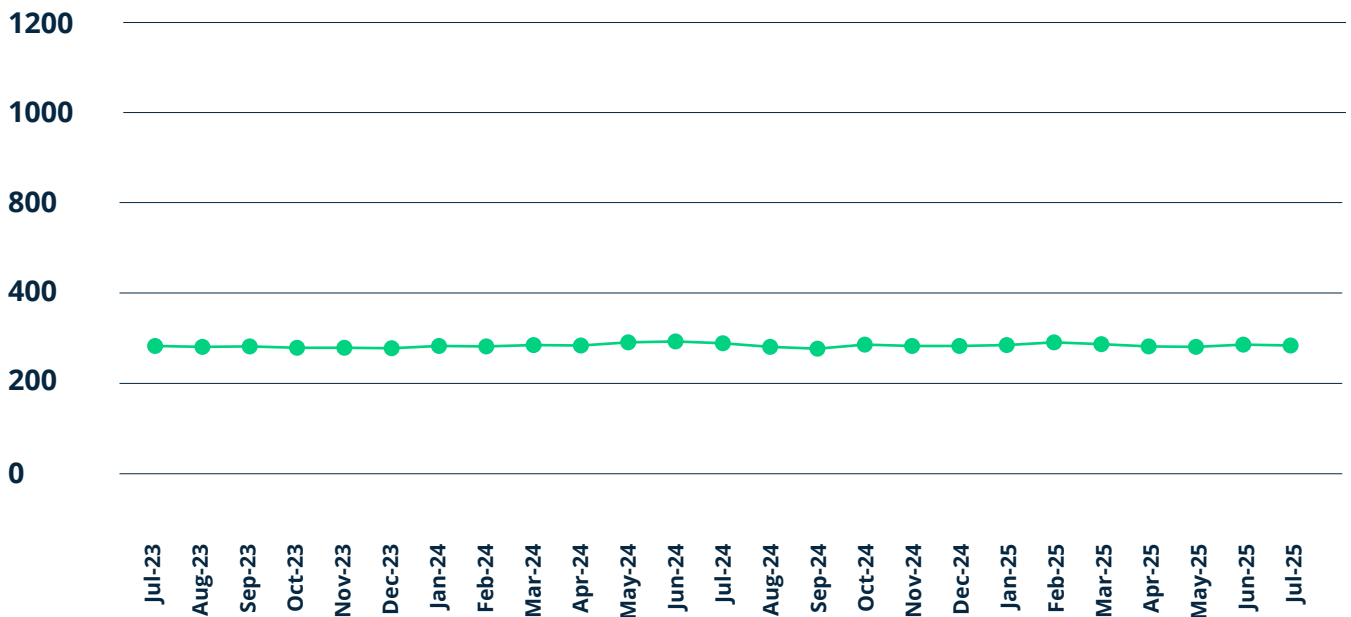


All OOH Placements

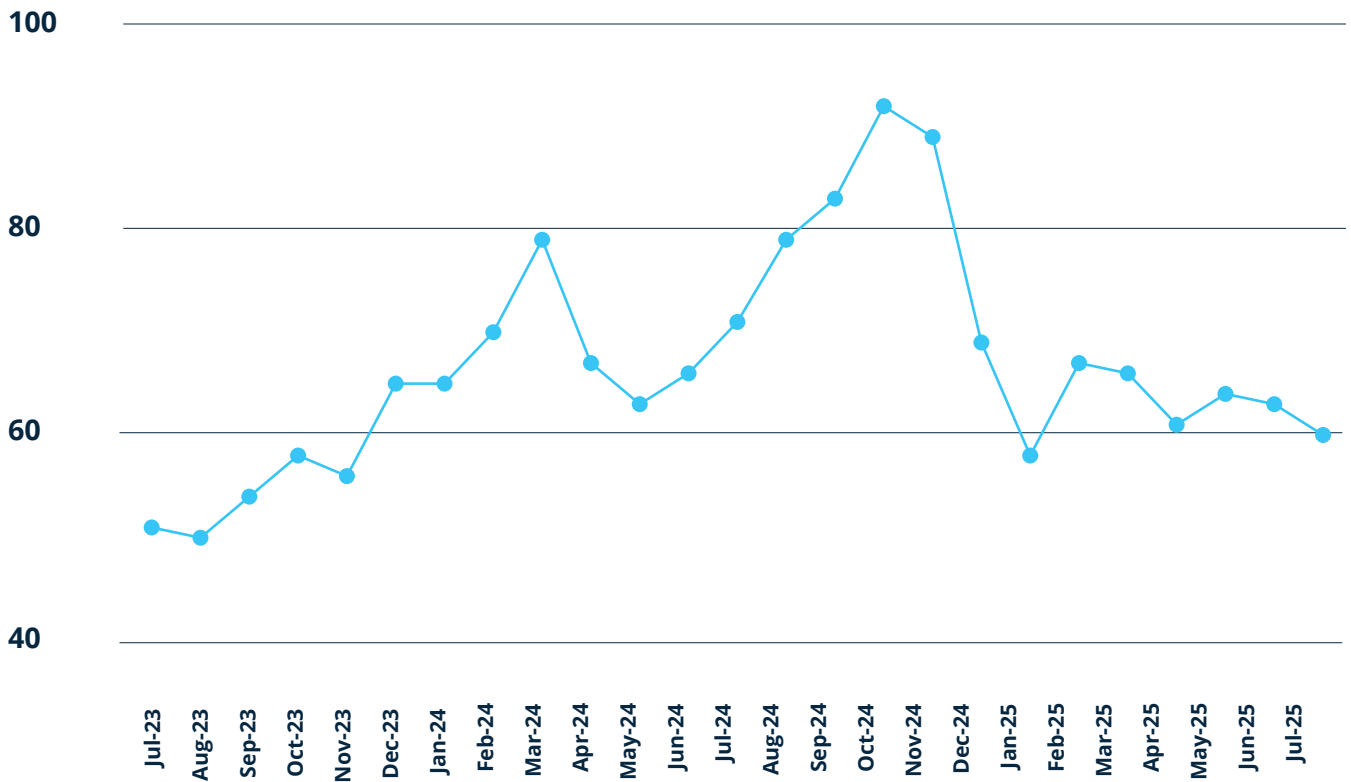


Behavioral Health Placements





I/DD Placements



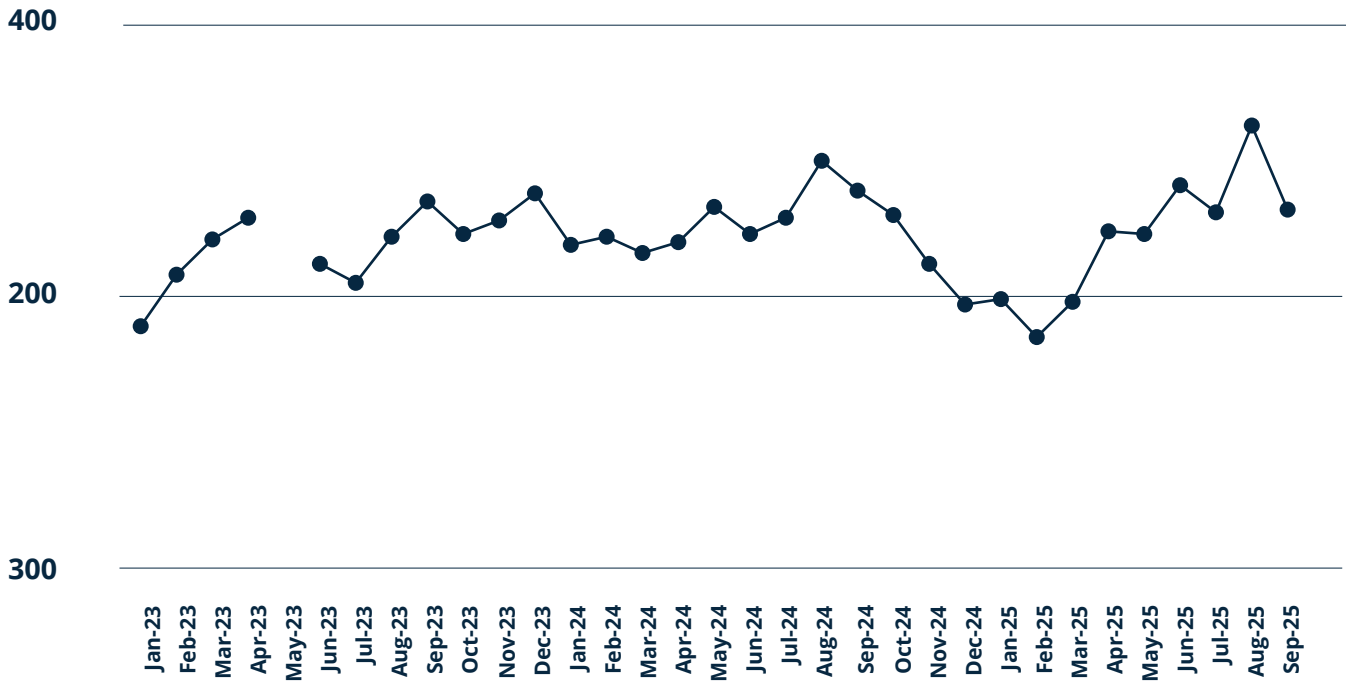
Substance Use Placements

Source: NJ DCF Data Request  
 Data was collected via monthly point-in-time counts. Youth defined as ages 0-20.

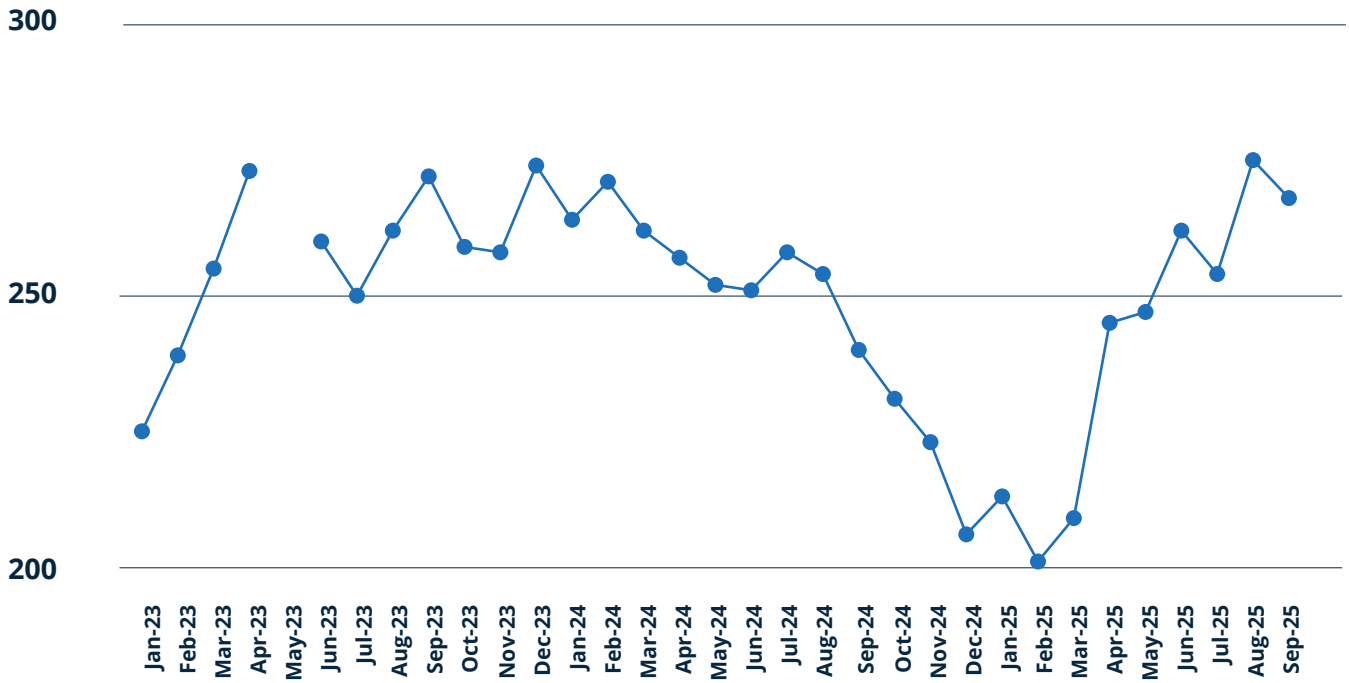


Figure J2

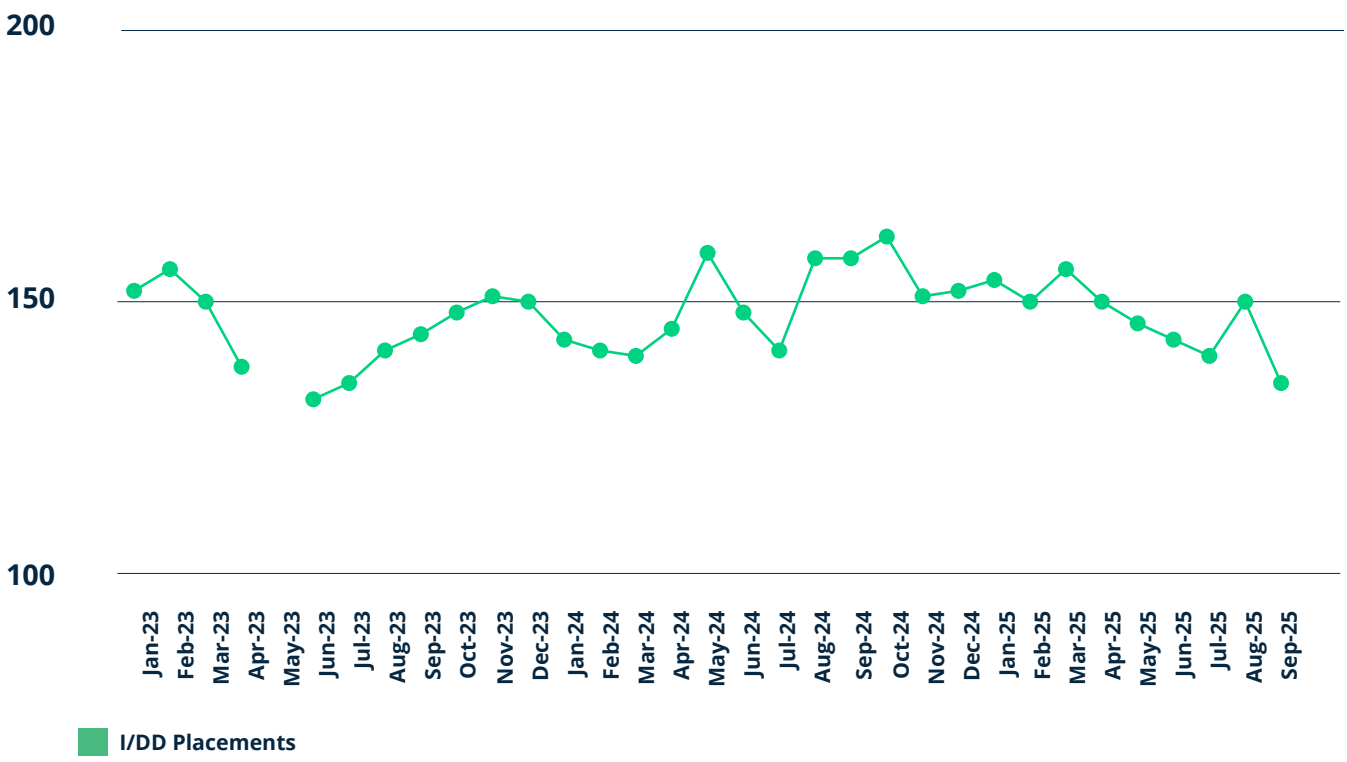
Youth on a Waiting List for CSOC OOH Treatment



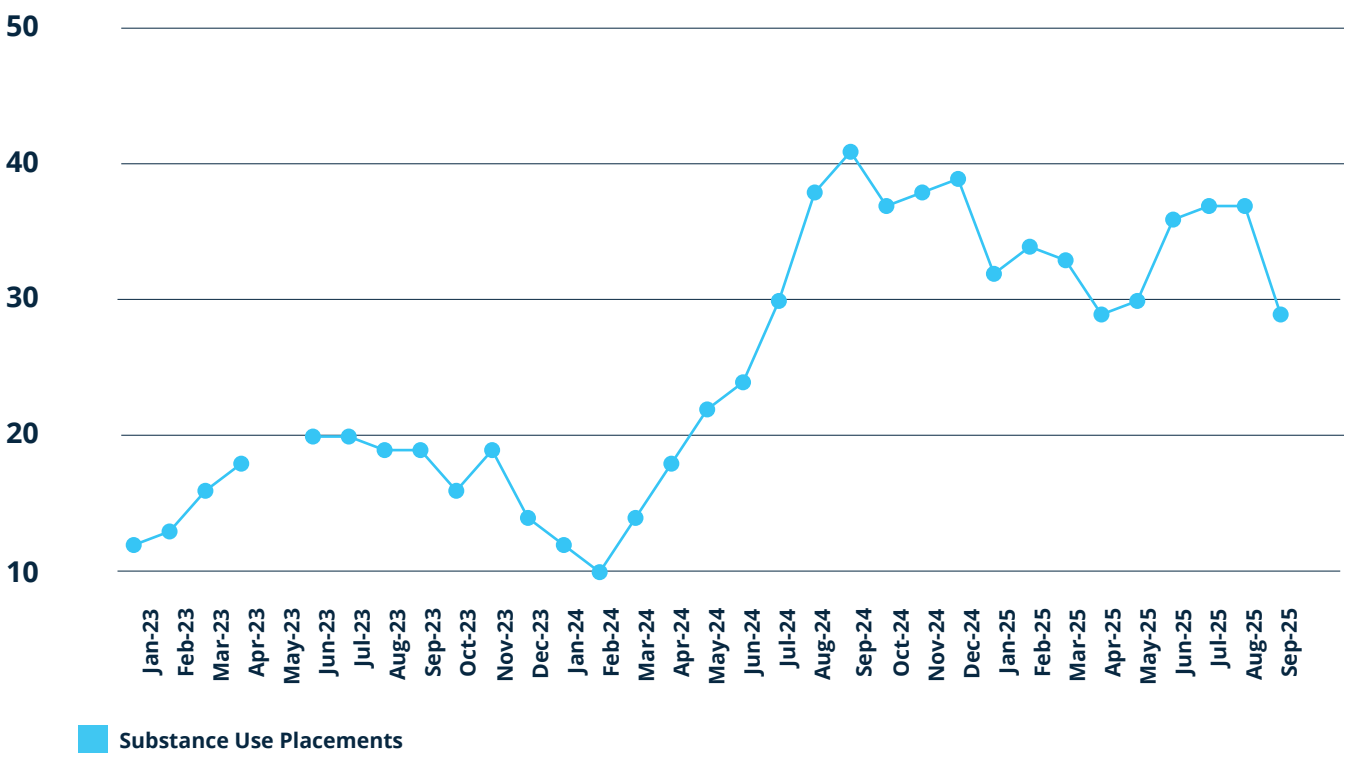
All OOH Placements



Behavioral Health Placements



I/DD Placements



Substance Use Placements

Source: NJ DCF Data Request  
 Data was collected via monthly point-in-time counts. Youth defined as ages 0-20.  
 Totals exclude the following levels of care:

Behavioral Health Treatments - Detention Alternative (DAP). I/DD Health Treatments - OOH IDD Respite. Substance Use Treatments - Detox, Residential Treatment-Short Term Substance Use, Residential Treatment-Short Term South Jersey Initiative (SJI).

Table J3

CSOC OOH Treatments by Level of Care

License Type	Contracted Beds	Admitted Youth	Admitted Youth - Average Days on Waitlist	Youth on Waiting List	Average Days on Waitlist	Maximum Days on Waitlist
<b>Behavioral Health</b>						
Emergency Diagnostic Residential Unit	20	15	-	-	-	-
Intensive Residential Treatment Services	55	38	-	-	-	-
Group Home	62	51	67	19	75	217
Psychiatric Community Home	176	132	98	70	111	554
Residential Treatment Center	231	174	86	84	67	430
Specialty Bed	212	172	72	59	74	385
Treatment Home	542	117	53	43	99	557
<b>Totals</b>	<b>1,298</b>	<b>699</b>	<b>-</b>	<b>275</b>	<b>-</b>	<b>-</b>
<b>I/DD</b>						
Group Home/Level 1 for I/DD	79	65	259	20	241	819
Group Home/Level 2 for I/DD	60	42	183	10	57	171
Intensive PCH for I/DD	15	14	352	7	426	822
Psychiatric Community Homes for I/DD	68	51	233	39	223	1,645
Special Skill Homes for I/DD	37	6	93	2	909	1,256
Special Programs for I/DD	0	0	0	1	506	506
CSAP-IDD	42	30	120	37	191	737
Intensive-IDD	15	13	223	16	233	821
Residential Treatment Center for BH/DD	15	14	279	15	187	829
Out-of-State Residential for I/DD	73	49	-	-	-	-
<b>Totals</b>	<b>404</b>	<b>284</b>	<b>-</b>	<b>147</b>	<b>-</b>	<b>-</b>



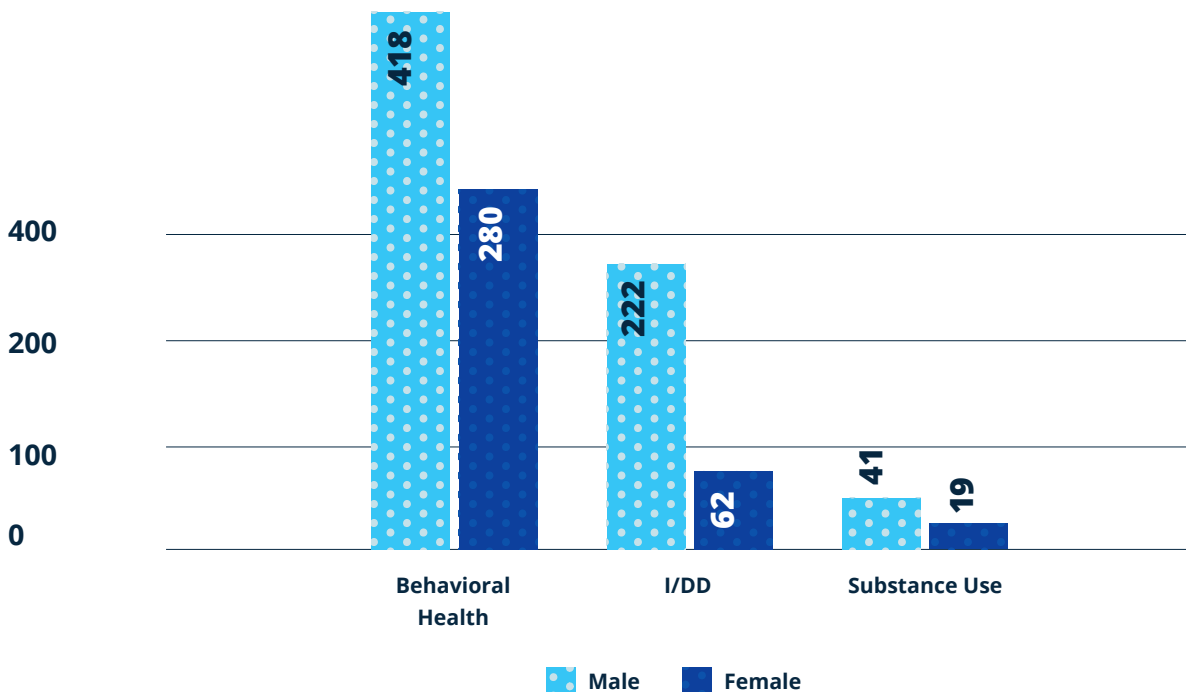
Substance Use						
Detox	4	2	-	-	-	-
Residential Treatment Center Behavioral Health/Substance Use	44	38	-	-	-	-
Residential Treatment-Short Term South Jersey Initiative	3	2	-	-	-	-
Residential Treatment-Short Term Substance Abuse	19	18	-	-	-	-
<b>Totals</b>	<b>70</b>	<b>60</b>	-	-	-	-
<b>All OOH Treatment Beds</b>	<b>1,772</b>	<b>1,043</b>				

Source: NJ DCF Data Request.

Data was accessed on July 31, 2025 capturing a point-in-time count. EDRU and IRIS are emergency services with no waitlist. Waitlists for Out-of-State Residential for I/DD and Substance Use placements were not reported. Special Programs for I/DD IOS level of care is no longer offered. Youth defined as ages 0-20.

Figure J4

CSOC OOH Treatments by Gender

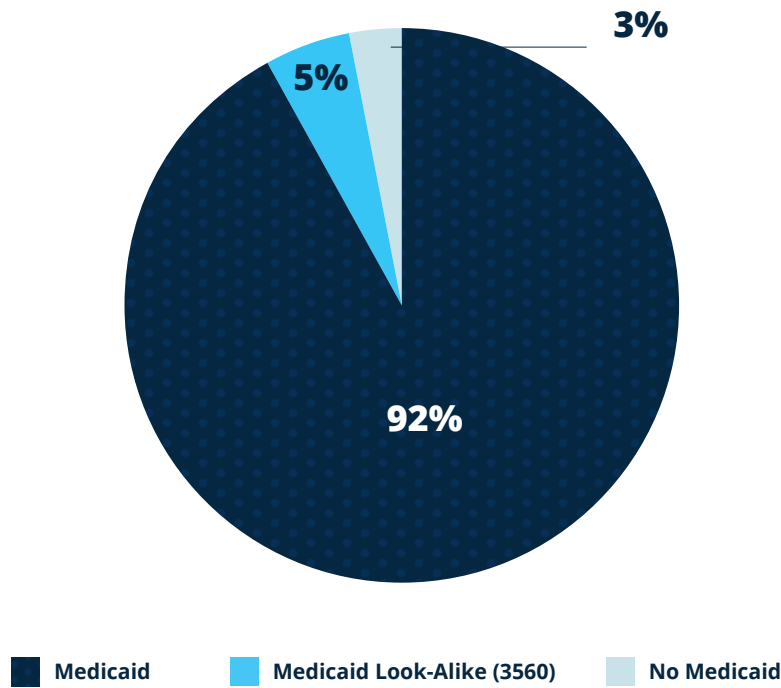


Source: NJ DCF Data Request.

Data was accessed on July 31, 2025 capturing a point-in-time count. For this report, gender is reported as a binary option of male or female. One youth's gender was unavailable. Youth defined as ages 0-20.

Figure J5

CSOC OOH Treatments by Payor

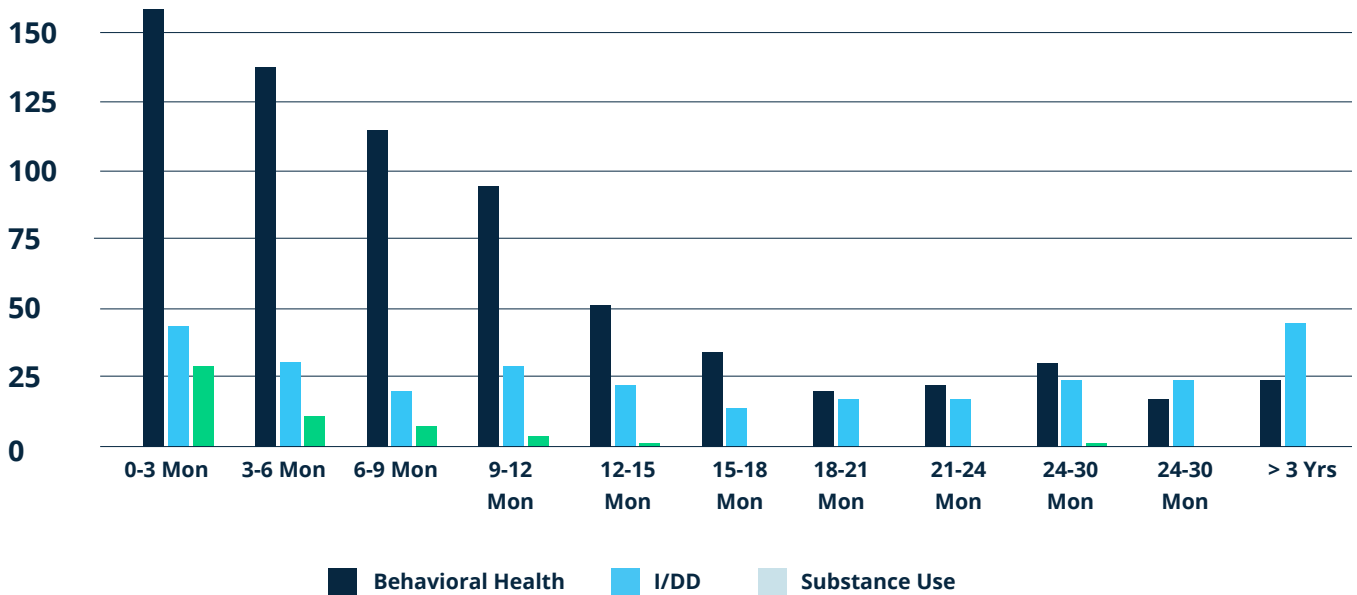


Source: NJ DCF Data Request.

Data was accessed on July 31, 2025 capturing a point-in-time count. One youth's Medicaid status was unavailable. No longer offered. Youth defined as ages 0-20.

Figure J6

CSOC OOH Treatments by Length of Stay



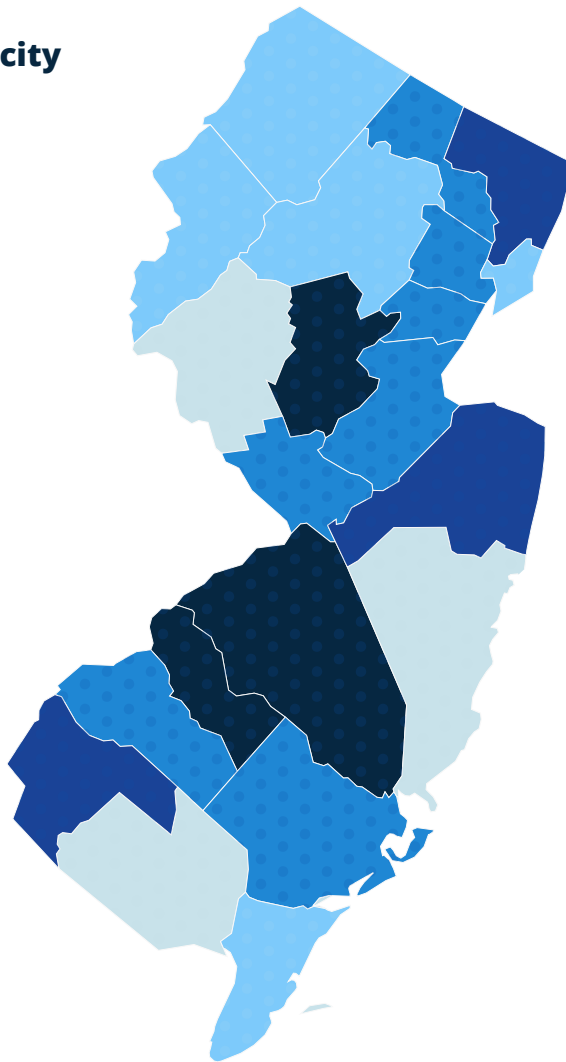
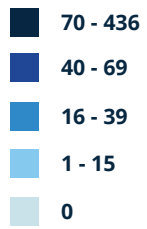
Source: NJ DCF Data Request.

Data includes youth with OOH placement activity between 7/1/2025 and 7/31/2025. Youth defined as ages 0-20.

Map J7

Children's System of Care Out-of-Home Treatment Contracted Beds

**Contracted Bed Capacity**



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Table J8

**Children’s System of Care Out-of-Home Treatment Contracted Beds**

County	Contracted Capacity
Atlantic	23
Bergen	69
Burlington	436
Camden	280
Cape May	5
Cumberland	0
Essex	32
Gloucester	35
Hudson	5
Hunterdon	0
Mercer	39
Middlesex	26
Monmouth	59
Morris	15
Ocean	0
Passaic	35
Salem	55
Somerset	267
Sussex	5
Union	20
Warren	5
<b>Total</b>	<b>1,411</b>

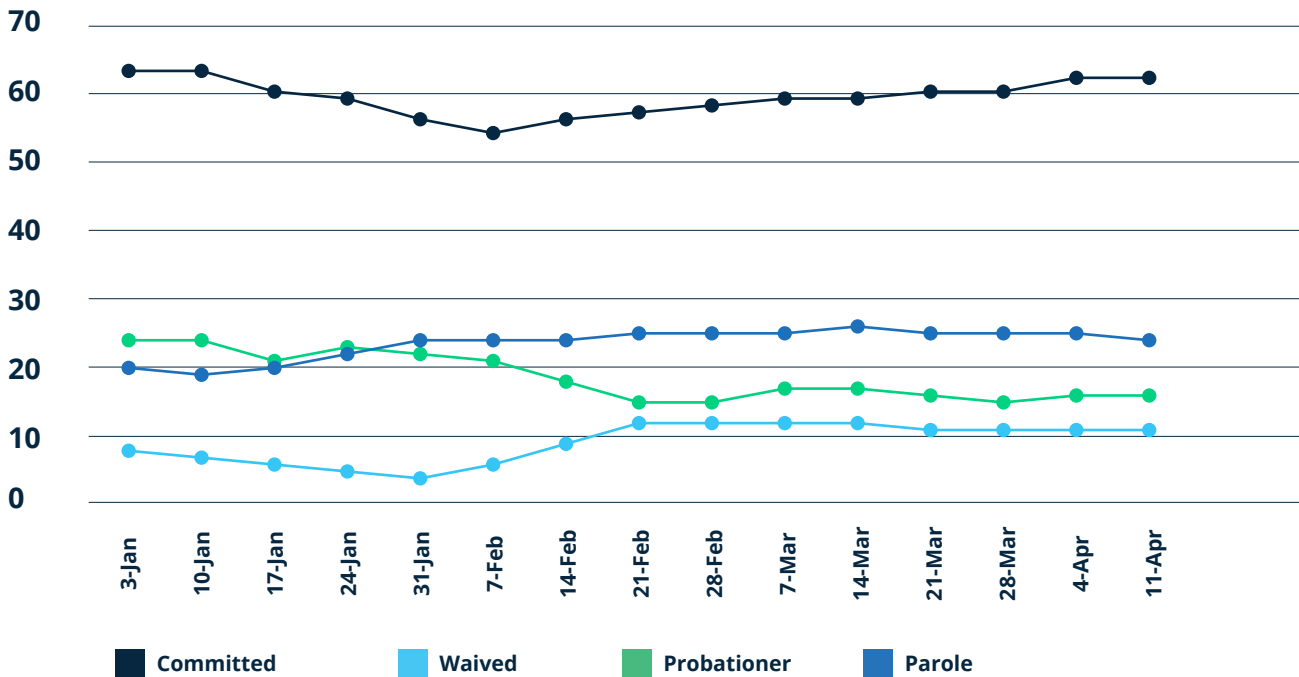
Source: DCF. Last Updated on January 5, 2026.

Children's System of Care (CSOC) contracted out-of-home (OOH) treatment beds. Contracted capacity may be higher than the actual number of beds available to youth due to constraints including staff, space, and resources available. Includes the following Intensity of Service (IOS) levels: Group Home/Level 1 for I/DD, Residential Treatment-Short Term South Jersey Initiative, Detox, Psychiatric Community Homes for I/DD, Psychiatric Community Home, Group Home/Level 2 for I/DD, Residential Treatment Center, Residential Treatment Center Behavioral Health/Substance Use, Group Home, Specialty Program, Residential Treatment Center for BH/DD, Treatment Home, Intensive PCH for I/DD, Intensive-IDD, Special Skill Homes for I/DD, and Residential Treatment-Short Term Substance Abuse.



# Youth Justice Commission Data

**Figure K1**  
**2025 Youth Justice Commission Statistics**  
 Youth Ages 0-17



Source: NJ Office of the Attorney General Juvenile Justice Commission. Accessed April 6, 2026. 2025 data unavailable past April 11, 2025.

# Hospital Volume and Utilization Data

Table L1

## NJ Hospitals ED and Inpatient Admissions For Youth Ages 0-17<sup>1</sup> with a Mental Health Diagnosis

	2023	2024
<b>North Jersey<sup>2</sup></b>		
Emergency Department - Primary Diagnosis <sup>3</sup>	8,978	7,679
Emergency Department - Any Diagnosis <sup>4</sup>	18,528	19,462
Inpatient Admission - Primary Diagnosis <sup>3</sup>	1,965	1,978
Inpatient Admission - Any Diagnosis <sup>4</sup>	3,675	3,838
<b>Central Jersey<sup>2</sup></b>		
Emergency Department - Primary Diagnosis <sup>3</sup>	4,797	4,560
Emergency Department - Any Diagnosis <sup>4</sup>	10,001	10,828
Inpatient Admission - Primary Diagnosis <sup>3</sup>	630	580
Inpatient Admission - Any Diagnosis <sup>4</sup>	1,718	1,778
<b>South Jersey<sup>2</sup></b>		
Emergency Department - Primary Diagnosis <sup>3</sup>	3,306	3,550
Emergency Department - Any Diagnosis <sup>4</sup>	5,710	6,065
Inpatient Admission - Primary Diagnosis <sup>3</sup>	836	920
Inpatient Admission - Any Diagnosis <sup>4</sup>	1,312	1,411
<b>Jersey Shore<sup>2</sup></b>		
Emergency Department - Primary Diagnosis <sup>3</sup>	4,167	3,443
Emergency Department - Any Diagnosis <sup>4</sup>	9,496	9,375
Inpatient Admission - Primary Diagnosis <sup>3</sup>	740	705
Inpatient Admission - Any Diagnosis <sup>4</sup>	1,384	1,377
<b>Statewide</b>		
Emergency Department - Primary Diagnosis <sup>3</sup>	21,248	19,232
Emergency Department - Any Diagnosis <sup>4</sup>	43,735	45,730
Inpatient Admission - Primary Diagnosis <sup>3</sup>	4,171	4,183
Inpatient Admission - Any Diagnosis <sup>4</sup>	8,089	8,404



Source: NJ DOH - New Jersey State Health Assessment Data. Accessed April 9, 2026.

<sup>1</sup> Youth is defined as 0-17 years of age at time of service.

<sup>2</sup> The county that service was provided in.

North Jersey Counties: Bergen, Essex, Hudson, Morris, Passaic, Sussex, Warren

Central Jersey Counties: Hunterdon, Mercer, Middlesex, Somerset, Union

South Jersey Counties: Burlington, Camden, Cumberland, Gloucester, Salem,

Jersey Shore Counties: Atlantic, Cape May, Monmouth, Ocean

<sup>3</sup> Primary diagnosis of mental and behavioral disorders (by ICD-10-CM Chapter).

<sup>4</sup> Any youth encounter with any DX code starting with F. The presence of a mental or behavioral health diagnosis in the record may vary across providers and hospital settings. Clinicians may differ in whether they document behavioral health conditions when those conditions are not central to the presenting complaint, and documentation may also depend on whether the condition is known to the provider or disclosed by the patient or family. As a result, the data may inconsistently capture mental and behavioral health comorbidity across otherwise similar encounters. These factors limit the precision of the measure and mean that reported counts should be interpreted as a broader indicator of hospital utilization among youth with documented mental or behavioral health conditions, rather than as a direct measure of visits primarily attributable to a behavioral health emergency.

**Table L2**

**NJ Hospitals Service Volume**  
Unique Youth (Ages 0-17)<sup>1</sup>

	2023	2024	2025
<b>North Jersey<sup>2</sup></b>			
Mental Health Outpatient <sup>3</sup> (excluding PHP and IOP)	19,172	18,892	16,767
Mental Health PHP or IOP program <sup>4</sup>	10,933	9,534	9,078
Eating Disorder Diagnosis <sup>5</sup>	125	147	185
I/DD Diagnosis <sup>6</sup>	119	165	170
Substance Use Disorder Diagnosis <sup>7</sup>	538	511	586
<b>Central Jersey<sup>2</sup></b>			
Mental Health Outpatient <sup>3</sup> (excluding PHP and IOP)	30,104	28,212	18,808
Mental Health PHP or IOP program <sup>4</sup>	698	464	5,439
Eating Disorder Diagnosis <sup>5</sup>	1,120	646	931
I/DD Diagnosis <sup>6</sup>	35	59	52
Substance Use Disorder Diagnosis <sup>7</sup>	559	764	755
<b>South Jersey<sup>2</sup></b>			
Mental Health Outpatient <sup>3</sup> (excluding PHP and IOP)	278	251	221
Mental Health PHP or IOP program <sup>4</sup>	125	114	118
Eating Disorder Diagnosis <sup>5</sup>	3	3	1
I/DD Diagnosis <sup>6</sup>	0	0	0
Substance Use Disorder Diagnosis <sup>7</sup>	53	86	80



	2023	2024	2025
<b>Jersey Shore<sup>2</sup></b>			
Mental Health Outpatient <sup>3</sup> (excluding PHP and IOP)	2,591	3,359	3,834
Mental Health PHP or IOP program <sup>4</sup>	276	286	281
Eating Disorder Diagnosis <sup>5</sup>	38	42	58
I/DD Diagnosis <sup>6</sup>	13	34	34
Substance Use Disorder Diagnosis <sup>7</sup>	282	342	401
<b>Statewide</b>			
Mental Health Outpatient <sup>3</sup> (excluding PHP and IOP)	52,145	50,714	39,630
Mental Health PHP or IOP program <sup>4</sup>	12,032	10,398	14,916
Eating Disorder Diagnosis <sup>5</sup>	1,286	838	1,175
I/DD Diagnosis <sup>6</sup>	167	258	256
Substance Use Disorder Diagnosis <sup>7</sup>	1,432	1,703	1,822

**Source:** Hospital Data Request. Data is not representative of all hospitals in NJ; only those that shared data.

<sup>1</sup> Youth is defined as 0-17 years of age at time of service.

<sup>2</sup> The county that service was provided in.  
 North Jersey Counties: Bergen, Essex, Hudson, Morris, Passaic, Sussex, Warren  
 Central Jersey Counties: Hunterdon, Mercer, Middlesex, Somerset, Union  
 South Jersey Counties: Burlington, Camden, Cumberland, Gloucester, Salem  
 Jersey Shore Counties: Atlantic, Cape May, Monmouth, Ocean

<sup>3</sup> Mental health outpatient services defined as the following CPT codes: 90791-90792, 90832-90834, 90836-90839, 90846, 90847, 90853, 90870, 90887, 99202-99205, 99211-99215, H0014, H0023, H0038, Rev Code 901, Rev Code 914-916, and Rev Code 919.

<sup>4</sup> Mental health Partial Hospitalization Program (PHP) or Intensive Outpatient Program (IOP) defined as the following CPT codes: Rev Code 912-913, H0035, A0120, Z0330, A0425, H0015, and H2036.

<sup>5</sup> Youth receiving any hospital care with a documented DX code F50, including any variation of the code groups listed (e.g., F50.XX).

<sup>6</sup> Youth receiving any hospital care with a documented DX code F70-79, including any variation of the code groups listed (e.g., F70.XX).

<sup>7</sup> Youth receiving any hospital care with a documented DX code F10-F19, including any variation of the code groups listed (e.g., F10.XX).

The presence of an eating disorder, I/DD, or substance use disorder diagnosis in the record may vary across providers and hospital settings. Clinicians may differ in whether they document behavioral health conditions when those conditions are not central to the presenting complaint, and documentation may also depend on whether the condition is known to the provider or disclosed by the patient or family. As a result, the data may inconsistently capture mental and behavioral health comorbidity across otherwise similar encounters. These factors limit the precision of the measure and mean that reported counts should be interpreted as a broader indicator of hospital utilization among youth with documented mental or behavioral health conditions, rather than as a direct measure of services primarily attributable to the diagnosis.

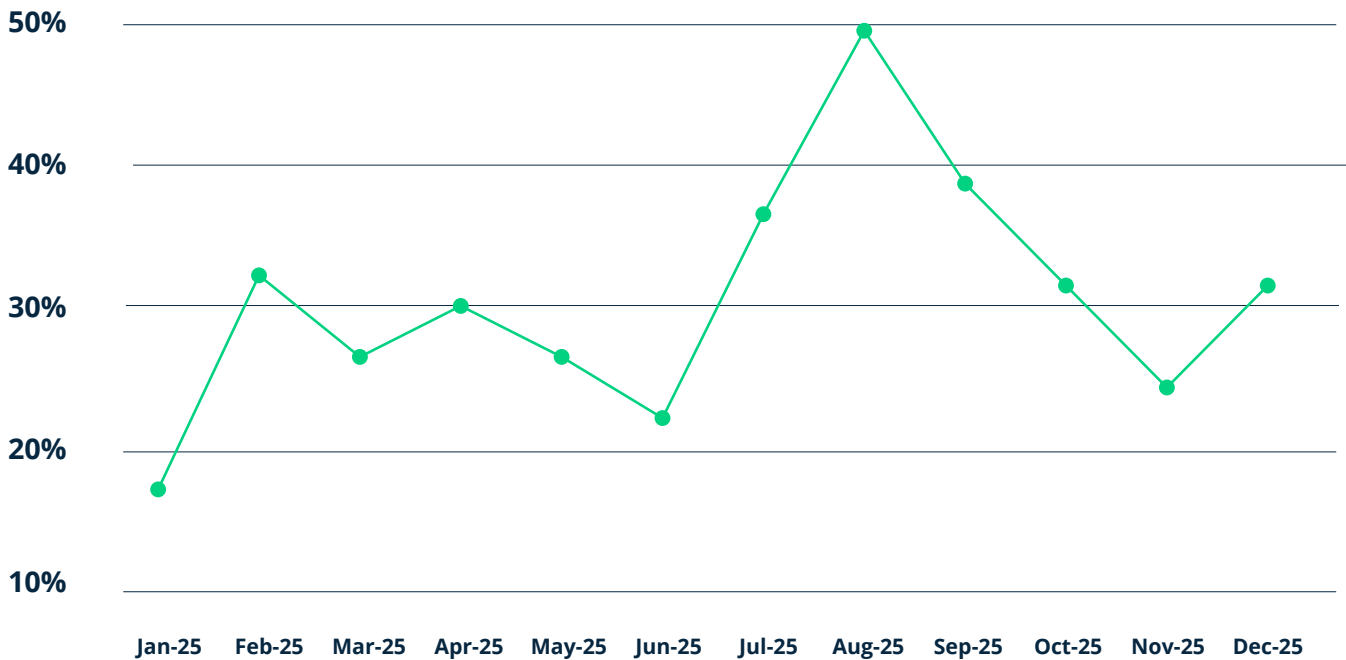
Table L3

2025 NJ Pediatric Psychiatric Bed Capacity - Licensed vs. Actual Availability	
	% of Licensed Beds Actually Available (on average)
North Jersey	26%
Central Jersey	23%
South Jersey and Jersey Shore	50%
Number of hospitals reporting no availability at point-in-time counts	2



Figure L4

Percentage of Licensed Pediatric Psychiatry Beds Available for Admission - by Month



**Source:** Hospital Data Request. Data was collected via monthly point-in-time counts throughout 2025. Data is not representative of all hospital in NJ; only those that shared data.

Available capacity represents beds that are available to accept patients - unoccupied, operational, and fully staffed (not merely licensed or physically open). Averages are calculated among participating hospitals' licensed capacity. Participating hospitals represented 47% of statewide licensed capacity. To protect data anonymity, the Shore and South Jersey regions are combined, and intermediate and acute levels of care are also reported in aggregate. Reports of no availability at the monthly point-in-time count excludes licensed but inactive pediatric psychiatric units.

North Jersey Counties: Bergen, Essex, Hudson, Morris, Passaic, Sussex, Warren

Central Jersey Counties: Hunterdon, Mercer, Middlesex, Somerset, Union

South Jersey and Jersey Shore Counties: Burlington, Camden, Cumberland, Gloucester, Salem, Atlantic, Cape May, Monmouth, Ocean

Table L5

**Behavioral Health Care by Service Type at Children’s Hospital of Philadelphia (CHOP)**  
 Unique Patients Served with Primary NJ Address at Time of Encounter  
 (January 2024-December 2025)

County	ED	Inpatient	Outpatient	PHP/IOP	Total
Atlantic	17	86	622	195	920
Bergen	1	20	120	0	141
Burlington	48	165	1,497	15	1,725
Camden	44	225	1,707	20	1,996
Cape May	6	26	183	29	244
Cumberland	5	26	188	0	219
Essex	0	32	116	0	148
Gloucester	33	108	828	8	977
Hudson	0	9	46	0	55
Hunterdon	4	16	96	0	116
Mercer	4	84	643	2	733
Middlesex	5	70	341	0	416
Monmouth	7	71	443	1	522
Morris	0	27	116	1	144
Ocean	6	129	484	6	625
Passaic	0	17	51	0	68
Salem	2	13	72	0	87
Somerset	2	25	181	2	210
Sussex	0	9	29	0	38
Union	1	41	129	1	172
Warren	1	12	37	0	50
Unknown County/Other	1	4	44	0	49
<b>Total</b>	<b>187</b>	<b>1,215</b>	<b>7,973</b>	<b>280</b>	<b>9,655</b>



Source: Children’s Hospital of Philadelphia (CHOP) Data Request

Table L6

**Behavioral Health Care by Diagnosis at Children’s Hospital of Philadelphia**  
 Unique Patients Served with Primary NJ Address at Time of Encounter  
 (January 2024-December 2025)

County	Eating Disorder	I/DD	Substance Use Disorder	Other Categories	Total
Atlantic	30	20	6	862	918
Bergen	3	5	0	134	142
Burlington	86	35	16	1,628	1,765
Camden	109	43	30	1,879	2,061
Cape May	19	3	6	229	257
Cumberland	7	5	3	205	220
Essex	0	4	2	141	147
Gloucester	57	20	17	912	1,006
Hudson	1	0	0	53	54
Hunterdon	5	4	1	113	123
Mercer	41	20	7	709	777
Middlesex	16	6	4	398	424
Monmouth	17	16	3	494	530
Morris	9	2	0	137	148
Ocean	39	9	4	590	642
Passaic	2	1	0	64	67
Salem	6	2	2	84	94
Somerset	14	4	0	200	218
Sussex	1	2	1	36	40
Union	10	2	1	155	168
Warren	2	3	1	47	53
Unknown County/Other	3	1	0	49	53
<b>Total</b>	<b>477</b>	<b>207</b>	<b>104</b>	<b>9,119</b>	<b>9,907</b>



Source: Children’s Hospital of Philadelphia (CHOP) Data Request

**Table L7**

**Children’s Hospital of Philadelphia - Distance Traveled for Behavioral Health Care**  
Unique Patients Served with Primary NJ Address at Time of Encounter  
(January 2024-December 2025)

	<b>NJ Patients</b>	<b>Percentage of NJ Patients</b>
<b>30 miles</b>	4,788	52%
<b>50 miles</b>	2,664	29%
<b>75 miles</b>	424	5%
<b>Total Youth with Zip Code Data</b>	9,189	

**Source:** Children’s Hospital of Philadelphia (CHOP) Data Request

Geospatial analysis was based on patient ZIP code of residence rather than exact address and may therefore underestimate actual travel distance, particularly in more rural or larger ZIP Code Tabulation Areas. Distance was calculated between CHOP’s main building (3401 Civic Center Boulevard Philadelphia, PA, 19104) to patient address.



# Secret Shopper Study - Commercial Insurance Network Adequacy

## A Secret Shopper Review of a Commercial Insurance Network Directory Listings for Youth Mental Health Providers

In the absence of government oversight and independent audits to review, the Quality Institute created a secret shopper survey of commercial insurance networks to assess functional network access to youth mental health care. The Quality Institute engaged the Eagleton Center for Public Interest Polling at Rutgers University (Rutgers) to conduct the secret shopper calls and other checks of the Horizon Blue Cross Blue Shield NJ (Horizon BCBSNJ) OMNIA network, with advance notice to Horizon BCBSNJ. Horizon Omnia was selected as the Horizon product for review because it is a widely utilized commercial plan in New Jersey with broad provider participation and availability in the individual and employer markets. Initially, the commercial secret shopper methodology intended to include both Horizon and Aetna plans, as both insurers administer coverage through the State Health Benefits Program (SHBP) and maintain significant commercial market presence in New Jersey. However, due to legal language included in Aetna provider directory materials prohibiting use of the directory data for certain external review purposes and the inability to access directory data in a machine-readable format suitable for research use, the study ultimately proceeded with the Horizon commercial network analysis only.<sup>124</sup>

The secret shopper survey was designed to evaluate real-world access by assessing whether providers listed in the network directory could be reached, whether they were

accurately represented as participating providers, and whether an adolescent with low-acuity mental health needs could obtain an in-person appointment within two weeks.

### METHODOLOGY

The Quality Institute used a secret shopper methodology to evaluate Horizon BCBSNJ's Omnia commercial network for certain types of outpatient mental health providers for adolescents. This approach provides a more meaningful assessment of both directory accuracy and access than a review of provider listings alone. The calls were conducted between March 16 and March 27, 2026, by Rutgers on behalf of the Quality Institute.

The sample frame included all 881 therapy providers listed in the Horizon BCBSNJ Omnia directory who met the study criteria. Directory searches were limited to Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Counselor (LPCs), Psychologists, and Social Workers with NJ addresses. Additional filters restricted results to providers reported as accepting new patients, serving youth (13-17), and offering in-person care. This resulting sample included 881 providers across all 21 counties. Nearly half offered scheduling through the Headway, LLC platform, while the remaining providers required scheduling by telephone.

<sup>124</sup> The Aetna Terms of Use contains the following warning language: "By using Provider Search, you acknowledge and agree that Provider Search and all of the data contained in Provider Search belongs exclusively to Aetna Inc. and is protected by copyright and other law. Provider Search is provided solely for the personal, non-commercial use of current and prospective Aetna members and providers. Use of any robot, spider or other intelligent agent to copy content from Provider Search, extract any portion of it or otherwise cause Provider Search to be burdened with unwarranted high access or transaction activity is strictly prohibited. Aetna reserves all rights to take appropriate civil, criminal or injunctive action to enforce these terms of use."

Aetna. (n.d.). *Print a provider directory*. [Data query system]. [https://www.aetna.com/docfind/home.do?site\\_id=docfind&langpref=en&tabKey=tab5&fromDse=fromDse](https://www.aetna.com/docfind/home.do?site_id=docfind&langpref=en&tabKey=tab5&fromDse=fromDse)



- 881 Total Providers
  - 428 (49%) scheduled via Headway platform
  - 453 (51%) scheduled via telephone

To ensure representation across the state, this provider list was stratified by county. In counties with ten or fewer listed providers, all providers were included, with a random sample selected from counties with more than ten providers to select approximately 26% of the total list for the study sample.

- 231 Sampled Providers (26% of Total Providers)
  - 119 (52%) sampled via phone
  - 112 (48%) sampled via Headway online platform

For the providers who scheduled via telephone, researchers posed as a caregiver seeking an in-person mental health appointment for an adolescent (providers were asked to accept a 14-year old youth with low-acuity mental health needs) covered by Horizon BCBSNJ Omnia. Callers used a standardized script and asked whether:

- The provider accepted Horizon Omnia insurance
- The provider was currently practicing at the listed location

- The provider treated adolescents
- The provider was accepting new patients
- An in-person appointment was available within two weeks

Researchers contacted single-practice and small multi-provider practices by telephone. If no one answered a phone call, a voicemail message was left and any follow-up information/call-back was recorded by the researcher. Providers associated with Headway, LLC, were assessed on the same criteria as telephone calls, using the online scheduling platform. Providers who could not be located through Headway’s website search tool were also searched for through Google and included if found.

Directory accuracy was defined as whether the provider could be reached and whether the listed information, including phone number, location, insurance participation, and specialty (ages served), was correct. Network adequacy was defined as whether an adolescent could obtain an in-person appointment within two weeks from an in-network provider.

## Secret Shopper Findings

**The secret shopper analysis found substantial gaps between the number of providers listed in Horizon BCBSNJ’s Omnia directory and the number of providers who were available to deliver timely care to a 14-year-old youth. Of the 881 providers who met the study criteria, 231 were sampled. Among sampled providers, only 14.7% were able to offer in-network, in-person appointments within two weeks.**

First, directory accuracy was a significant challenge. A notable share of listed providers could not be reached because phone numbers were disconnected or providers could not be identified through the directory or website. Approximately 15% of sampled provider phone calls failed due to a non-working number, incorrect number, or because the voicemail had not been set up. For providers associated with Headway, an online scheduling platform, information could not be located for 9% of providers.

Second, many providers listed in the directory did not accurately list the services they provide or their availability. Some providers did not see youth, some were not accepting new patients, some only offered virtual care, and some did not participate in the Horizon Omnia network.

Finally, of those that were in-network, treated youth, and were reachable, only a limited subset offered in-person appointments within two weeks. Although the directory suggested that almost 900 providers are available across New Jersey to accept new adolescent patients in-person, the number of providers who met all of these criteria was substantially smaller. As a result, families attempting to use the Horizon Omnia directory may experience significant delays, repeated calls, and difficulty finding timely in-network care.

The extent to which directory and appointment information could be confirmed varied across providers for several reasons. In some cases, the calls ended before all information could be collected; in others, the providers required intake forms that prevented reception staff from discussing availability; and, in some, the Headway provider pages were missing address information.

**Among the 170 providers in the sample that were successfully contacted<sup>125</sup>:**

- Network participation was reviewed for **140** providers:
  - In-Network – **132** (94%)
  - Out-of-Network – **8** (6%)
- Directory address accuracy was reviewed for 134 providers:
  - Correct Address – **88** (66%)
  - Incorrect Address – **46** (34%)
- Availability of in-person appointments was reviewed for 154 providers:
  - In-person availability within 2 weeks – **36** (23%)
  - No in-person availability within 2 weeks – **118** (77%)

Many in-person appointments could not be scheduled because some providers offered only telehealth services (a telehealth appointment within two weeks may have been available) or because the provider served only specific populations (e.g., adults over the age of 18).

- Offered telehealth appointments only – **62**
  - Phone calls – **19** (35% of all phone calls)
  - Headway searches<sup>126</sup> – **43** (43% of all Headway providers)
- Population Restrictions (e.g., age) – **12** (8%)

Overall, the findings suggest that the Horizon BCBSNJ Omnia directory overstates the practical availability of adolescent mental health services. The network may appear adequate on paper, but the real-world experience of families indicates meaningful deficiencies in both directory accuracy and timely access. The findings support the need for stronger standards for directory maintenance, regular verification of provider information, network adequacy requirements that measure whether adolescents can obtain an in-person appointment within a reasonable timeframe, and regulatory oversight and enforcement by DOBI.



<sup>125</sup> 61 providers were unable to be contacted due to unreturned voicemails or directory accuracy issues.

<sup>126</sup> Headway websites varied in reporting telehealth only availability, suggesting that telehealth-only offerings may be underestimated.

Table M1

**Commercial Insurance Network Adequacy**  
Secret Shopper Results

	N	Percentage
<b>Total NJ Providers on Horizon Omnia List</b>	881	
Providers Scheduling via Headway	428	49%
Providers Scheduling via Telephone	453	51%
Male	179	20%
Female	702	80%
Social Worker	428	49%
Licensed Professional Counselor	358	41%
Psychologist	62	7%
Licensed Marriage and Family Therapist	24	3%
Multi-credentialed	9	1%
<b>Total NJ Providers Sampled</b>	231	26%
Headway Lookups	112	26%
Phone Calls	119	26%
Male	53	23%
Female	175	77%
Social Worker	115	50%
Licensed Professional Counselor	86	37%
Psychologist	15	6%
Licensed Marriage and Family Therapist	8	3%
Multi-credentialed	4	2%
<b>Phone Calls</b>	119	
Left Voicemails	43	
No Contact Made: Provider Did Not Call Back	32	74%
Provider Called Back and Left A Voicemail	11	26%
In-person Appointment Available	2	
In-Network	2	
Out-of-Network	0	
Network Not Confirmed	0	



Correct Address	1	
Incorrect Address	0	
Address Not Confirmed	1	
In-person Appointment Not Available	6	
In-Network	5	
Out-of-Network	0	
Network Not Confirmed	1	
Correct Address	3	
Incorrect Address	1	
Address Not Confirmed	2	
Telehealth Only <sup>1</sup>	3	
Not Accepting New Patients	3	
No Information Given	3	
Unable to Confirm	29	
No Contact Made: Non-working telephone/Incorrect Phone Number/No Voicemail Set Up	18	
No Contact Made: Call Blocked	1	
Contact Made: Administrative Barrier (e.g., practice reserved for patients with a specific PCP provider, intake required before discussing availability or insurance, etc.)	10	
In-Network	1	
Out-of-Network	0	
Network Not Confirmed	9	
Correct Address	0	
Incorrect Address	1	
Address Not Confirmed	9	
Contact Made: In-person Appointment Available	4	
In-Network	4	
Out-of-Network	0	
Network Not Confirmed	0	
Correct Address	2	
Incorrect Address	2	
Address Not Confirmed	0	

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Contact Made: Provider Unavailable	43	
In-Network	28	
Out-of-Network	1	
Network Not Confirmed	14	
Incorrect Address	5	
Correct Address	18	
Address Not Confirmed	20	
Telehealth Only <sup>1</sup>	16	
Specific Population Exclusion (e.g., Adults Only)	5	
Not Accepting New Patients	16	
Provider No Longer Practicing at Listed Organization (Left practice, supervisory role, etc.)	6	
<b>Headway Look Ups</b>	109	25%
Provider Listed with Headway - No Listing	10	9%
Provider Listed with Headway - Listing	99	91%
In-Network	92	93%
Out-of-Network	7	7%
Network Not Confirmed	0	0%
Correct Address	64	65%
Incorrect Address	22	22%
Address Not Listed	13	13%
In-person appointment available within 2 weeks	30	30%
In-person appointment not available within 2 weeks	69	70%
Telehealth Only <sup>1</sup>	43	
Did Not Accept Adolescents	7	
<b>Total Sample (Phone Calls and Headway)</b>		
Network Participation Confirmed	140	
In-Network	132	94%
Out-of-Network	8	6%
Directory Address Confirmed	134	
Correct Address	88	66%
Incorrect Address	46	34%
In-person Appointment Availability Confirmed	154	
In-person apt. available within 2 weeks	36	23%

In-person apt. NOT available within 2 weeks	118	77%
Telehealth Only <sup>1</sup>	62	
Phone Calls	19	
Headway <sup>2</sup>	43	
Age or Specific Population Restrictions <sup>3</sup>	12	
<b>In Network, In-person apt. available within 2 weeks</b>	34	15%

**Source:** Data collection conducted by Eagleton Center for Public Interest Polling at Rutgers University on behalf of the Quality Institute.

<sup>1</sup> Telehealth appointments within 2 weeks may have been available.

<sup>2</sup> Headway websites varied in reporting telehealth-only availability, suggesting that telehealth-only offerings may be underestimated.

<sup>3</sup> Providers were asked to accept a 14-year old youth with low-acuity mental health needs.

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# Qualitative Interview Protocols

## 1 Stakeholder Interview Questions for Quality Institute (QI) and Central Jersey Family Health Consortium (CJFHC)

### PROVIDER STAKEHOLDERS

1. What organization are you representing?
2. Describe the types of services your organization offers for youth and families.
3. What age group do you serve?
4. How does a child get referred to your services?
5. What are the options for treatment and services?
6. What organizations/services do you typically refer out to?
7. What is going well with the services you provide?
8. What are the most significant barriers and/or challenges you face in serving families?
9. What are the most significant gaps in services for the families you serve?
10. Have there been situations where children or families were denied services? If so, why?
11. Are there children or families you are unable to serve even after referral? What are the reasons?
12. From your perspective, how would you describe the overall quality of services available in your area?

### COMMUNITY ORGANIZATION STAKEHOLDERS

1. What organization are you representing?
2. Describe the types of supports and services your organization offers for children and youth to mental/behavioral health.
3. What age groups do you primarily serve?
4. How do children typically connect with your organization or get referred to your services?
5. When a family comes to you with mental/behavioral health needs for their child, what kinds of services or resources are you most often connecting them to?
6. What mental/behavioral health organizations or services do you typically refer children out to?
7. From your perspective, what mental/behavioral health needs are you hearing about most often from families about their children in your community?
8. What aspects of your work supporting children's mental/behavioral health are going well?
9. What are the most significant barriers or challenges you face in helping children access mental/behavioral health services?
10. What do you see as the most significant gaps in mental/behavioral health services for the children you work with?

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11. Have there been situations where children were unable to access the mental/behavioral health services they needed, even after referral? If so, why?
12. From your perspective, how would you describe the overall accessibility and quality of children's mental/behavioral health services available in your area?
13. Who else should we include in this conversation?

## **FAMILIES WITH LIVED EXPERIENCE STAKEHOLDERS**

1. Where have you received mental health services?
2. Describe the types of services you have received (inpatient, outpatient, case management, medication management etc.)
3. Describe the process that led you to these services.
4. What went well when you were receiving services?
5. Was there anything that you wish had gone differently when you were receiving services?
6. Did you get all of the services you and your family needed?
7. Was there a time when you tried to get help but couldn't? What made it hard to get help?
8. Were you ever told you could not get a service you asked for? If so, what happened?
9. What, if anything, made it hard to get help?
10. How would you describe the quality of the services you received?
11. Is there anything else you'd like to share about your experience accessing mental health services?

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## 2 Stakeholder Interview Questions for Social Emotional Learning for New Jersey (SEL4NJ)

### School District Staff Interview Protocol

#### ORGANIZATIONAL CONTEXT (INTERNAL SUPPORTS)

1. What are the mental health needs of your school and students?
  - a. [if needed] what are the mental health needs of your staff?
2. What types of internal supports are students accessing within your schools (Probe: PBIS, CST, Tier 1/2/3/ supports, specific programs, Rutgers Center for Emotional Wellness etc. - LEVEL: elementary, middle school, high school).
3. What staff have a direct role in offering mental wellbeing services and supports to students? (i.e. social workers, school counselors, SEL specialists, anti-bullying specialist or anti-bullying coordinator etc.)
4. What is the caseload for your counselors/social workers/SEL specialist, etc.?

#### PARTNERS AND COLLABORATION (EXTERNAL SUPPORTS)

1. What types of external youth mental health supports are students accessing within your schools? (Probe: SBYS, NJ4S, NJ Schools of Character - LEVEL: elementary, middle school, high school)
2. What community-based resources or personnel provide mental health supports in your schools?
3. In what ways do those supports meet the needs of your students?

#### FINANCIAL CONSIDERATIONS

1. How are your mental health supports funded (local, county, state, federal, private)
2. What kinds of funding streams have you used in the past?
3. How has funding changed over the last 5 years?
4. Do you anticipate your funding changing?
5. What are your funding needs moving forward?

#### COMMUNICATION

1. How do you communicate with external partners or referral agencies?
  - a. What kinds of formal connections do you have with external agencies? (MOU, agreements, etc.)
  - b. What kinds of informal connections do you have with external agencies?
2. Who do you typically communicate with at those agencies?

#### EFFECTIVENESS, DATA, IMPACT

1. What data do you collect related to your students' mental health needs?
2. How is that data used/reported?
3. How do you measure success?
4. What does success look like to you?
5. What impacts do you see as a result of this work?

#### CHALLENGES, GAPS, NEEDS

1. What types of challenges do you see in meeting the mental health needs of your students?
2. What types of supports do you need in your school to respond to student needs?
3. What groups of students or families that you see that need additional support? (race, age, language, ethnicity, religion, transportation, SES, etc.)
  - a. What are the typical barriers for those groups?

#### FUTURE

1. What are your priorities related to school mental health for the next year?
2. What do you need in order to be successful supporting the mental health needs of school communities?
3. If you could do anything to meet the mental health needs of your school community, what would you do?

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4. Is there anything I didn't ask you that you think is important for me to know about your work with schools related to youth mental health services?

## State System and Community Organization Interview Protocol

### ORGANIZATIONAL CONTEXT

1. Can you describe, in-general, the ways that you provide mental health services to kids in schools?
  - a. Do you have staff based in schools, or is the work coordinated externally?
2. Describe [an example program]:
  - a. How do schools connect with your services?
    - i. How do schools self-select into [programming discussed]?
    - ii. [if relevant] How do you define or identify high-need schools?
  - b. What is the process for referral or intake related to school involvement?
  - c. How is follow-up handled once a referral is made?
  - d. What age groups are served with this service?

### COMMUNICATION

1. How do you communicate and interact with schools?
  - a. What kinds of agreements are in place to support the relationship? (i.e. MOU, formal agreement)
  - b. What kinds of informal connections exist? (are there relationships developed where questions can be asked informally?)
2. Who in schools do you typically communicate with?
  - a. What are the designated points of contact or roles that are most important?

### PARTNERS AND COLLABORATION

1. Who are your primary partners in supporting youth mental health services in schools? (i.e. government agencies, community-based organizations, professional associations, philanthropic organizations, etc.)
2. Who informs and steers this work (is there an advisory board, administrative board, or something else that governs the direction of this work?)

- a. Who is involved and what roles do they play?
3. What are the opportunities for networking or professional development across organizations involved in school-based mental health services?

### EFFECTIVENESS, DATA, IMPACT

1. What data do you collect related to your school-based work?
  - a. How is that data used/reported?
2. How do you measure success?
  - b. What does success look like to you?
3. What impacts do you see as a result of this work?

### CHALLENGES, GAPS, NEEDS

1. What is going well with your work in schools?
2. What challenges are you experiencing?
3. What would you like to improve?
4. What gaps do you see in school-based youth mental health services?
5. What groups of kids or families that you see that need additional support? (race, age, language, ethnicity, religion, transportation, SES, etc.)
  - a. What are the typical barriers for those groups?

### FUTURE

1. What do you need in order to be successful supporting the mental health needs of school communities?
2. What are your priorities for the next year?
3. Is there anything I didn't ask you that you think is important for me to know about your work with schools related to youth mental health services?



## Caregiver Interview Protocol

### EXPERIENCES WITH MENTAL HEALTH SERVICES

1. Can you tell me about how you first interacted with youth mental health services for your child?
  - a. What organizations/providers did you access?
  - b. What role did your child's school play in that process?
2. Overall, was that a positive experience for you and your child?
  - a. What went well? What could be improved?

### SCHOOL INVOLVEMENT

1. How were your child's needs first identified or referred?
2. What was the referral process like for you as a caregiver?
3. How supported did you feel by the school during this process?
  - a. Did anyone at the school guide you through what to expect?
4. How was follow-up handled after referral?
5. How was/is the school involved in supports for your child?

### NAVIGATING THE SYSTEM

1. What was your experience navigating the mental health system overall?
  - a. What was easy or helpful?
  - b. What was difficult or confusing?
2. Did you interact with external partners like CSOC, DCF, NJ4S, or others?
  - a. How did that experience connect (or not connect) back to the school?
3. If you could change something to improve how the system works for families what would it be?

### FINANCIAL AND ACCESS CONSIDERATIONS

1. How did you pay for services?
  - a. Insurance, out-of-pocket, other sources?
  - b. How would you describe that process? (i.e. was it easy or were there some challenges? What were they?)
2. Were financial factors ever a challenge or barrier to accessing care?

### CHALLENGES, GAPS, NEEDS

1. Looking back, what kinds of challenges or barriers do/ did you face in trying to get mental health support for your child?
  - a. Do you feel like you received appropriate supports from the school?
2. What gaps do you see in the mental health supports available for students and families?
3. What do you think schools and providers could do differently to better meet the needs of students and families?

### ASSETS AND SUCCESSES

1. What went well for you and your child in this process?
2. Were there people, resources, or practices that made things easier or more supportive?
3. Are there examples you would want others to learn from or build on?
4. Is there anyone in your experience who was an asset for you through this process? What was their role?

### FUTURE

1. What do you think families like yours need most to better support youth mental health?
2. Is there anything you would like to share about your experience that I did not ask?

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# Department of Banking and Insurance Network Adequacy Reports

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Table O1

Provider Directory Compliance with DOBI Regulations Insurers in the Fully Insured Market				
	Percentage of Plans Compliant in All Counties <sup>1</sup>	Percentage of Plans Non-Compliant <sup>2</sup> (all counties satisfying 0 of 2 requirements)	Percentage of Plans Partially Compliant <sup>3</sup> (satisfying 1 of 2 requirements)	Average Number of Counties with Compliance Gaps (Among Partially or Non - Compliant Reports)
<b>10 Network Plans (Across 20 Reports)<sup>4</sup></b>				
Board Certified Behavior Analyst (BCBA) <sup>5</sup>	35%	35%	30%	12.7
Psychiatric - Mental Health Nurse (PMHN)	55%	30%	15%	14.8
Alcohol and Drug Counselor	65%	0%	35%	4.1
Social Worker (LCSW, LSW, CSW)	90%	0%	10%	2.5
<b>All 20 Network Plans (Across 40 Reports)</b>				
Pediatrics	13%	0%	88%	1.6
Residential Substance Abuse Treatment Center	60%	8%	33%	10.5
Inpatient Pediatric Psychiatric Facility	68%	0%	33%	1.7
Psychologist	75%	0%	25%	5.3
Primary Care Physicians	93%	8%	0%	1.0
Inpatient Substance Abuse Treatment Facility	93%	0%	8%	2.0
Outpatient Substance Abuse Treatment Facility	95%	0%	5%	1.5
Psychiatrist	95%	0%	5%	6.5

**Source:** NJ Department of Banking and Insurance (DOBI) Data Request.

The Quality Institute reviewed reports for insurers in the fully insured market (20 network plans) for Quarter 4 of 2024 and 2025 (a total of 40 reports) and an aggregate analysis of county-level compliance. DOBI monitors network directories quarterly to review whether insurers meet regulatory requirements based on listed providers. Carriers submit their provider network data to a third-party contractor retained by DOBI, which uses software and a sampling methodology to evaluate and monitor whether the network (on paper) satisfies network adequacy requirements. It does not assess whether directory information is accurate or whether providers are accepting new patients or have appointment availability. DOBI does not rely solely on the Quest Analytics reports to determine network adequacy, as there are limitations in the sampling and collection of that data. Results from DOBI's additional network adequacy verification checks, including to determine if providers are available in a particular region, and any internal agency corrections to the Quest Analytics reports, were not included in the analysis.

Insurers were analyzed on their performance on two required measures: a.) Minimum number of providers available within a county by specialty; and b.) Meeting the 90% time and distance access standard.

<sup>1</sup> Full compliance is defined as satisfying 2 of the 2 required measures in all serviced counties.

<sup>2</sup> Partial compliance is defined as meeting at least 1 of 2 required measures in some counties.

<sup>3</sup> Non-compliance is defined as satisfying 0 of the 2 required measures in all serviced counties.

<sup>4</sup> Ten of the twenty networks lease the following specialists from organized delivery systems (ODS), rather than contracting directly with the practitioners. Compliance data are not available for these specialists.

<sup>5</sup> Some BCBA's may offer in-home services, requiring the provider, rather than the family, to travel.

## Department of Health Program and License Data

Table P1

NJ Licensed Pediatric Psychiatric Beds							
	County	Region	Acute Beds (Unspecified)	Acute Beds (Closed)	Acute Beds (Open)	Intermediate Beds	Total
Hackensack Meridian Health Carrier Clinic	Somerset	Central		30	6	6	36
Summit Oaks Hospital	Union	Central					22
Trinitas Regional Medical Center	Union	Central		13			40
University Behavioral Health Care	Middlesex	Central			30	30	40
Bergen New Bridge Medical Center	Bergen	North		17			17
Hoboken University Hospital	Hudson	North	19				19
Newark Beth Israel Medical Center	Essex	North		18			18
Saint Clare's Hospital - Boonton	Morris	North		28			28
St Joseph's University Medical Center Inc*	Passaic	North		10			10
Monmouth Medical Center	Monmouth	Shore		19			19
Hampton Hospital	Burlington	South		15			15
Inspira Medical Center Vineland	Cumberland	South		14			26
Jefferson Cherry Hill Hospital	Camden	South		14			14
<b>Total</b>			<b>19</b>	<b>178</b>	<b>36</b>	<b>36</b>	<b>304</b>

Source: NJ Department of Health, Accessed March 2026.



Closed units refer to units that are secure and/or locked and open units refer to units that are less restrictive environments.

Licensed beds reflect the maximum number of beds a hospital is authorized to operate under its state license as issued by DOH. Licensed capacity often is higher than the actual number of beds available to patients because hospitals can only use beds when they have the necessary staff, space, and resources available. The pediatric psychiatric unit at St. Joseph's University Medical Center and all intermediate beds at University Behavioral Health Care are licensed but inactive; additional licensed beds may also be inactive, but this could not be confirmed.

NJ regions are defined as:

North Jersey Counties: Bergen, Essex, Hudson, Morris, Passaic, Sussex, Warren; Central Jersey Counties: Hunterdon, Mercer, Somerset, Union; South Jersey Counties: Burlington, Camden, Cumberland, Gloucester, Salem; Jersey Shore Counties: Atlantic, Cape May, Monmouth, Ocean.



# Licensed Board-Certified Behavior Analysts

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Board Certified Behavior Analysts (BCBA) are graduate-degree professionals certified in behavior analysis.<sup>127</sup> In 2020, New Jersey established the State Board of Applied Behavior Analyst Examiners, which requires state licensure under the oversight of the Division of Consumer Affairs. Licensure is available for both Applied Behavior Analysts, who must hold a graduate degree and BCBA certification, and Assistant Applied Behavior Analysts, who must hold a bachelor's degree and Board-Certified Assistant Behavior Analyst (BCaBA) certification, each requiring renewal after two years. As of March 28, 2026, the NJ Division of Consumer Affairs reported 3,539 Applied Behavior Analysts and 30 Assistant Applied Behavior Analysts with active licenses.

Table Q1

NJ Board-Certified Behavior Analysts Active Licenses	
License	Number of Individuals
Applied Behavior Analyst	3,538
Assistant Applied Behavior Analyst	30
<b>Total</b>	<b>3,568</b>

Source: NJ Div CA License Directory. Accessed March 28, 2026.

Assistant Applied Behavior Analyst must practice under supervision.

<sup>127</sup> Quinn, N. R. (2026, March 12). BCBA certification vs. ABA certification: What's the difference? AppliedBehaviorAnalysisEdu.org. <https://www.appliedbehavioranalysisedu.org/bcba-vs-aba-certifications/>

# Monmouth County's Children's System Review Committee

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## Children's System Review Committee (CSRC)

### PROGRAM DESCRIPTION

The Monmouth County Department of Health and Human Services, Division of Child and Youth Services runs the Children's System Review Committee (CSRC) which is a quarterly closed meeting specific to hospital crisis units. This Committee has shifted data collection to reflect the most useful information to identify gaps, trends, barriers etc. Data is submitted monthly by each crisis unit to the Division of Child and Youth Services Director, CSRC Chair and PESS Director; the data is maintained by the Division Director. The CSRC provides the opportunity to recognize and discuss children's crisis system issues for improvement, which may be brought to youth-related planning bodies to strategize solutions and areas for advocacy.

**Table R1**

**Monthly Reporting Data Collection**

**I. VOLUME INDICATORS:**

**Total Volume (Adults & Children)**

**Total Youth Assessed**

Age 0 to 4

Age 5 to 10

Age 11 to 15

Age 16 to 17

**II. SERVICE INDICATORS:**

a. Alcohol/Substance

b. Developmental Disability

c. Suicidal Ideation

d. Homicidal Ideation

**III. HOLDS GREATER THAN 24 HOURS:**

a. Waiting for CCIS Bed<sup>1</sup>

b. Held for Further Observation and stabilization

c. Held for Specialized Service, DDD<sup>2</sup>

**TOTAL HOLDS greater than 24 Hours**

**IV. YOUTH ADMISSIONS DISCHARGED TO:**

a. MMC CCIS<sup>1,3</sup>

b. Other CCIS<sup>1</sup>

**TOTAL Psychiatric Hospitalizations (Items IVa. - IVc.)**

**V. TOTAL DISCHARGED TO COMMUNITY:**

**IV. REFERRAL SOURCES:**

a. Parent/Guardian/Family Member

b. School District

c. Treatment Provider

d. Police

c. Other

**Source:** Monmouth County Department of Health and Human Services, Division of Child and Youth Services Data Request.

<sup>1</sup> CCIS refers to Children's Crisis Intervention Services.

<sup>2</sup> DDD refers to NJ Division of Developmental Disabilities.

<sup>3</sup> MMC refers to Monmouth Medical Center.

