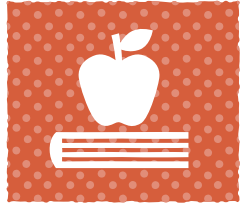


# Care Paths

The following scenarios illustrate how youth and families may navigate the children’s mental health system in New Jersey. While fictional, the stories are based on common themes identified through interviews. The three stories represent different time lengths and clinical pathways: short-term community-based services (Taylor), crisis-driven care navigation (Jacob), and long-term system involvement for a youth with autism (Jordan).



# Taylor



(14-year-old with Medicaid coverage)

1

Taylor begins to exhibit behavioral issues at their new high school. After making threatening remarks at school, the school administration requires a psychiatric clearance before Taylor can return to school.

TWO PATHS:



 <b>Emergency Department visit</b>	 <b>Pediatric screening center</b>
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2

After missing a day of school to be evaluated, Taylor can return to school. The school meets with Taylor and Taylor's mother to discuss support for Taylor. The school counselor refers Taylor's mother to the PerformCare access line to inquire about future services.

TWO PATHS:



<p> <b>Taylor's mother calls the PerformCare access line and is denied services from the Children's System of Care (CSOC) because Taylor didn't meet required acuity levels. Taylor's mother is referred to find a community-based provider for outpatient therapy. (SKIP STEP 3 AND GO TO STEP 4.)</b></p>	<p> <b>The school counselor helps Taylor's mother describe Taylor's needs in a way that aligns with eligibility criteria and she is authorized to receive services through CSOC.</b></p>
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3

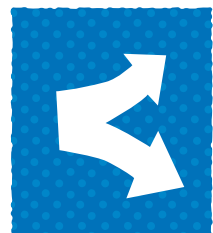
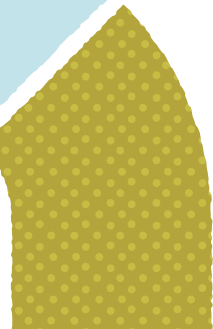
After connecting to PerformCare, Taylor received a biopsychosocial assessment which confirms their eligibility to receive further services. Taylor is enrolled with their local Care Management Organization (CMO) and joins a waitlist to receive at-home therapy. After 6 weeks, a therapist visits Taylor at their house to begin treatment.

TWO PATHS:

 <b>Taylor relates well with their therapist, leading to successful sessions.</b>	 <b>Taylor does not relate to their therapist well and the family requests a new therapist, leading to delays.</b>
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Through therapy, Taylor experiences fewer behavioral issues. After two months, short-term IIC services end.



**4** The family is referred to outpatient therapy.

**TWO PATHS:**

**+** Taylor's mother finds a psychotherapist and Taylor receives services.

**📞** After calling several psychotherapy providers to find care with no availability, the family decides to stop searching for care as Taylor's symptoms have temporarily improved. (SKIP STEP 5.)

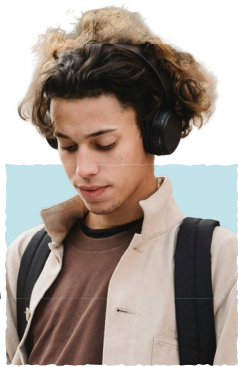
**5** Taylor connects with an outpatient therapist.

**TWO PATHS:**

**♥** After a few months working with the outpatient therapist, all therapeutic goals are achieved, and Taylor is discharged from care.

**🚗** Transportation barriers make it difficult for the family to continue services and services cease against the clinician's recommendation after a few weeks.


# Jacob




(16-year-old with commercial insurance)

**1** Jacob's family becomes concerned about his behavior. His father tries to find a therapist in their commercial insurance network.


TWO PATHS:


 Jacob's father checks their health insurance plan's network directory, calls multiple providers, and leaves messages for a return call to schedule an appointment. He puts Jacob on a wait list for an in-person appointment.

 Jacob's father searches the internet and calls providers who advertise that they work with youth. He leaves messages and often does not receive a call back. Sometimes the therapist calls back but is out-of-network with their health plan or does not participate with any insurers. The father decides to pay out-of-pocket and book an appointment.

**2** Jacob connects with a therapist, however after Jacob shares symptoms of suicidal ideation, the therapist determines Jacob needs a higher level of care and suggests that Jacob's parents find an intensive outpatient program (IOP). The therapist continues to provide weekly therapy for Jacob while his father locates an IOP.

TWO PATHS:

 Jacob's therapist provides names of IOPs that can support Jacob that are in-network with the family's health insurance plan. (SKIP STEP 3 AND GO TO STEP 4.)

 Jacob's therapist does not have any IOP recommendations.

**3**

Jacob's father searches for IOP programs. He contacts his health insurance plan and asks for a list of providers that offer IOPs for youth. He contacts many of the providers but the program hours or location are not convenient for the family or the program has a lengthy waitlist.

**TWO PATHS:**



Jacob's father opts to wait for an opening with the in-network IOP provider and joins their waitlist.



Jacob's father finds an appropriate out-of-network IOP that offers sliding scale fees and is accessible for their family. He decides to pay out-of-pocket for the out-of-network IOP provider with a specialty in treatment of suicidal ideation.

**4**

Jacob's IOP care team helps Jacob's family connect to a psychiatrist for a medication evaluation. Jacob's symptoms improve with IOP treatment and he completes the program after three months.

**5**

Jacob has a crisis that leads to emergency services. Jacob is admitted to a hospital for stabilization for four days. He returns home and his father receives a list of referrals to call for further outpatient services.



Jacob's father calls PerformCare. PerformCare refers Jacob's father to his commercial insurance provider directory for further services because Jacob's symptoms do not meet clinical criteria. Jacob is stable and already connected to therapy services and psychiatry services.

**6**

Jacob continues to cycle through attempts to find more intensive community-based services. He returns to the emergency department within a year for a second crisis, cycling between hospitalization and outpatient therapy.



# Jordan

(17-year-old with commercial insurance)

- 1** **Age 5:** Jordan's elementary school requests Jordan be evaluated for autism. Jordan's mother schedules an appointment with their pediatrician, who refers them to a child developmental pediatrician. The family joins a waitlist and after one year, Jordan is diagnosed with autism. With an autism diagnosis, Jordan is eligible for supportive school services and an Individualized Education Program (IEP) is established at school.
- 2** **Age 13:** Jordan begins to present with anxiety symptoms including school refusal. Jordan's parents call providers in their insurance network directory but cannot find an outpatient therapist that is specialized in or willing to work with Jordan because of Jordan's autism diagnosis. Jordan does not receive mental health care.
- 3** **Age 14:** After a medical crisis leads to an emergency department visit, Jordan has an aggressive behavioral episode in the hospital, punching a hole in the wall. The incident is documented in Jordan's medical record, which limits treatment options.
- 4** **Age 15:** As Jordan gets older, frequent behavioral health crises become more aggressive and harder to manage at home because of Jordan's age and size. After a crisis in which a family member is injured, Jordan's family calls PerformCare to seek services and is referred to a CMO through CSOC.
- 5** **Age 16:** After a year of CMO services, Jordan's family begins searching for an out-of-home treatment bed for Jordan as intensive community-based services are not sufficient. Jordan's family waits a year for an appropriate out-of-home treatment bed. The family receives respite services and check-ins from CSOC services but Jordan's behavior continues to escalate while awaiting treatment.
- 6** **Age 17:** Jordan is successfully placed in a high-acuity group home setting specializing in intellectual and developmental disability (I/DD) care. After meeting treatment goals in the first year, Jordan's behavior has improved and stabilized, and he is clinically ready for an out-of-home treatment bed at a lower acuity. Jordan remains in the current setting while waiting for a new community setting because no beds are available.

