Children and adolescents are experiencing increased emotional distress in response to current events. Early mental health intervention is crucial. However, many families today are finding it difficult to access care. As a result, symptoms worsen, leading to poor outcomes and more intense and expensive treatment. This includes increased rates of school dropout, substance use, involvement in the juvenile justice system and increased suicide.

Our communities are in crisis. We need to fundamentally change the way we address patient care. As psychiatrists, we are in a unique position to lead the discussion on the transformation of healthcare delivery. Research supports the collaborative care model as a method of improving access to care.

The New Jersey Psychiatric Association (NJPA) has represented its members as a key stakeholder in bringing the NJ Pediatric Psychiatry Collaborative (NJPPC), a patient and family-centered care model, to New Jersey. The research indicates that collaborative care works, but only if psychiatrists are an integral part of this team-based approach. The NJPA now invites its members to join the initiative.

**Make a Difference**

Help More Children Get Access to Mental Health Care!

**About the NJ Pediatric Psychiatry Collaborative**

The NJPPC is a state funded grant program where Hackensack Meridian Health, Cooper University Health Care, and the Atlantic Health System partner to provide support, evaluations, and referrals for children with behavioral and emotional health issues. The program is available for children up to age 18 or older if the patient is still seeing their pediatrician who is registered with the NJPPC.

Services are regionalized through statewide hubs.

The NJPPC provides quick access to psychiatric consultation and facilitates referrals for accessing ongoing behavioral health care. Pediatricians are encouraged to integrate behavioral health resources into their practices and work with child and adolescent psychiatrists as well as other behavioral health providers.

**How the NJ Pediatric Psychiatry Collaborative Works**

The NJPPC is a regionalized system of psychiatric and behavioral consultation teams to assist pediatricians in managing their patient’s mental health needs. It brings pediatricians into the fold in a collaborative partnership with child and adolescent psychiatrists to broaden children’s access to evidence-based mental health care. The NJPPC is designed to educate pediatricians on mental health care, help them screen for and identify mental health concerns, and get timely access to a consultation with a child and adolescent psychiatrist.

The NJPPC gives more patients access to mental health care sooner. It offers a triaged approach to delivering care based on the severity of the child’s needs. Participating pediatricians can—

1. Consult with the NJPPC child and adolescent psychiatrist and behavioral health staff
2. Refer patients to the NJPPC staff for intake and referral to services in their community
3. Access psychiatry evaluation services via telehealth

**NJPPC Team**

- **Pediatrician**
- **Clinical Navigator**
- **Patient**
- **Child and Adolescent Psychiatrist**
**Pediatric Provider Survey**
83.7% reported improved skills for screening patients for mental health concerns.

**Reasons for Referral**
Behavioral health treatment consult remains the most common reason a patient is referred to a HUB.

70.5% (n=2,248)

**Pediatric Provider Survey**
83.7% reported improved skills for screening patients for mental health concerns.

**Referrals have been made**
18,050

**Pediatric providers have been recruited to join the NJPPC**
655

**Psychiatric Services**
Telepsychiatry referrals to the NJPPC Child and Adolescent Psychiatrists (CAPs) was the most frequently utilized service throughout the year.

13.9% (n=445)

HUB CAPs also provided guidance and curbside consultation regarding initiating treatment, medications and psychoeducation. Curbside consults by CAPs was identified as a program strength.

**3,190 referrals were received from the 9 NJPPC hubs in Fiscal Year 21-22.**

**Percentage of referrals that were for patients 11 and older**
72%

**Percentage of patients who identified as female**
57.1%

**Percentage of patients who were insured by Medicaid**
38.8%

**Percentage of patients who identified as communities of color**
36.6%

**Addressing Urgent Mental Health Needs**

**Percentage of patients who experienced suicidal ideation**
12.5%

**Percentage of patients who presented with anxiety as a referral symptom**
57.8%