An evidence-based referral system for children and youth with trauma: insights from an implementation study

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**INTRODUCTION**
Every year, more than one million young people in the U.S. experience violence, trauma and maltreatment (U.S. Department of Health and Human Services, 2013). Despite various statewide efforts to train clinicians in the available evidence-based treatments, traumatized youth have typically faced long waiting periods to receive these treatments, with average waiting times at some larger mental health agencies ranging from 6 to 12 months, or longer. At the University of Massachusetts Medical School's (UMMS) Child Trauma Training Center (CTTC), we developed a Centralized Referral System, known as LINK-KID (1-855-LINK-KID), to streamline the link between children in need of Evidence-Based Treatment (EBT) for trauma and EBT-trained mental health providers as well as to support youth and families during the waiting period. We highlight the process of implementation of the referral system as well as primary outcomes of LINK-KID, specifically the significant decrease in waiting times for treatment.

**LINK-KID marketing and partnering**
- **Advisory group meetings with stakeholders:** Children Advocacy Centers, DYS, Probation Department, Parent Professional Advocacy League
- **LINK-Kid workgroups meetings with mental health agencies**
- **General marketing of LINK-KID during Trauma Informed Care Trainings and TF-CBT Trainings**

**History of LINK-KID**
- **SAMHSA grant 2012 – 2016 for Worcester and Hampden County**
- **Lookout Foundation grant to expand catchment area to Western MA (2015)**
- **Lookout Foundation grant to expand LINK-KID statewide (2016)**
- **DMH grant (2016)**
- **Lookout Foundation grant to expand age range up to 25 years (2017)**

**LINK-KID Referral Process**
1. **Assessment and screening**
   - Phone screening and identifying: trauma history, trauma-related symptoms, emotional and behavioral difficulties, as well as practical information (address, health insurance, custody, etc.)
2. **Contacting legal guardian**
   - Getting in touch with legal guardian and informing them about the referral, gathering more information on trauma history and child symptoms and giving information treatment options
3. **Matching referral to appropriate agencies**
   - Finding appropriate agencies, according to: geographical area, health insurance, type of treatment (in-home, outpatient) and type of intervention (TF-CBT, ARC, CPP) requested/appropriate for youth
4. **Supporting Families with psychoeducation**
   - Supporting families thorough the waiting time until therapy starts: providing psychoeducational materials on the type of trauma and parenting skills, follow-up calls
5. **Entering data and updating database**
   - Entering information in a large database, containing information on each case. Data are used also to evaluate LINK-KID services

**Preliminary Results**
- **SAMPLE**
  - 1,411 youth referred from 2012-2016
  - 899 were involved with child welfare, 697 youth were court-involved, 54 were part of a military family, and the average age was 10 (M=9.7; SD=4.4)
- **996 were referred to Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), 259 to Attachment, Self-Regulation and Competency (ARC), 159 to Child Parent Psychotherapy (CPP), and 7 to Alternatives for Families (AF-CBT)**
- **Of the 343 youth who have had their first intake, the mean wait-time was 53 days (M=52.5, SD=38.2), compared to average wait times in our region and state prior to LINK-KID, averaging 6 to 12 months (180-360 days)**

**CONCLUSIONS AND PRACTICAL IMPLICATIONS**
- LINK-KID is a powerful tool to improve access to EBTs to children and families with history of trauma
- During the 2012-2016 award cohort, LINK-KID referred 1,411 youth to treatment
- Through LINK-KID we established a network of 500+ EBT providers and agencies in MA
- The neutrality of our referral system prioritize the care of trauma affected children by distributing them equally to all the agencies in the state who provide trauma informed EBTs
- Waiting lists for therapy have been reduced from 6/12 months to a medium of 53 days
- Centralized Referral Systems such as LINK-KID can be a vital route to improving provision for EBTs, especially if designed and used in conjunction with a neutral network of agencies with training in evidence-based trauma treatment.

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