

FACTS FOR POLICYMAKERS

The Need for an Integrated System of Care for Youth with Traumatic Stress & Substance Use Disorders

BACKGROUND

National Child Traumatic Stress Network

Authorized by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a federally-funded child mental health service initiative designed to raise the standard of care and increase access to services for traumatized children and their families across the United States.

The NCTSN is an interdisciplinary network comprised of community-, university-, and hospital-based practice and research centers. The NCTSN addresses a broad range of trauma types and serves all age groups ranging from early childhood to early adulthood (0 to 21 years). The centers provide trauma-informed, evidence-based mental health treatment and other services to children in diverse settings, including child mental health, child welfare, schools, primary care, and juvenile justice systems.

An integral part of the mission of the NCTSN is to collect, analyze, and disseminate clinical data relating to the needs and effective treatment of trauma-exposed youth and families.

STUDY RESULTS

High rates of trauma exposure and substance abuse among adolescents are a major public health concern.

- Two-thirds of youth (66%) report at least one traumatic event by age 16 (Copeland et al., 2007).
- Many more youth will be at risk for exposure to multiple traumatic events over the course of their lifetimes (Finkelhor, Turner, Ormrod, & Hamby, 2009).
- 43.5% of adolescents in the United States report alcohol use and almost one quarter of youth report drug use (National Institute on Drug Abuse; NIDA, 2010).
- Adolescents with a history of substance use disorder and trauma exposure are more likely to have difficulties at school, experience health problems, exhibit risk-taking behaviors, become involved with the criminal justice and child-welfare systems, and die accidentally (Latimer & Zur, 2010; Lomba et al., 2009; Howard et al., 2010; Vaughn et al., 2010).

Recommendations for Developing a Youth-Oriented Integrated System of Care

1. Community programs and services should provide early identification and support for at-risk youth, giving attention to existing gender differences in the rates of trauma exposure and substance use.
2. Youth should have access to a wide range of treatment options and services that can accommodate the need for higher levels of care.
3. Resources should be allocated to facilitate linkages and connections among providers, leading to more integrated service sectors.
4. Cross-training should emphasize system of care principles and foster increased understanding of assessment and treatment services specific to both trauma and substance use.

Unfortunately, there is minimal coordination across the mental health and substance use disorder treatment service settings, leading to less integrated and comprehensive care for youth with co-occurring conditions.

Thus, individuals with co-occurring disorders may not receive the full extent of needed services when they enter either the mental health or substance

use disorder service systems, because frequently clinicians are not dually trained in identifying, assessing, or treating these co-occurring disorders.

To address this problem, a youth-oriented integrated system of care should be developed that addresses the complex needs of youth with traumatic exposure and co-occurring substance use disorders.

INTEGRATED SYSTEMS OF CARE

As illustrated by Figure 1, the components of a youth-oriented integrated system of care should include services and supports that address physical, emotional, and social well-being.

The coordinated system should also include mental health, substance use, and primary care services as well as important community programs.

Desired outcomes resulting from an integrated system include environmental stability and improved social and academic functioning.

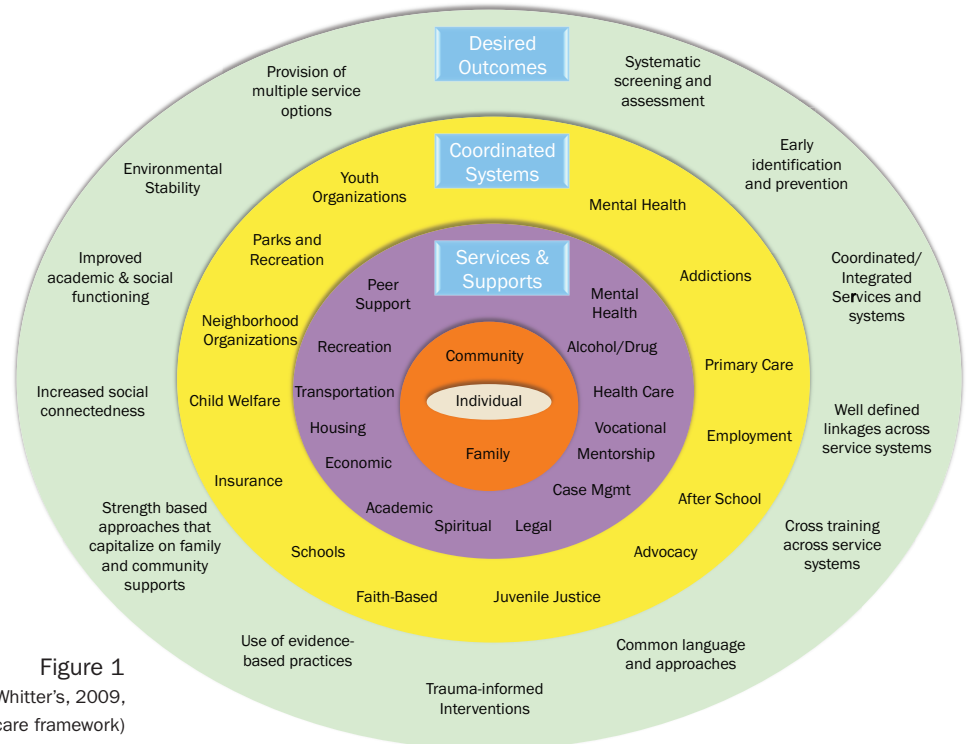


Figure 1

(Adapted from Sheedy and Whitter's, 2009, recovery-oriented systems of care framework)

RECOMMENDATIONS FOR DEVELOPING A YOUTH-ORIENTED INTEGRATED SYSTEM OF CARE

1. Community programs and services should provide early identification and support for at-risk youth, giving attention to existing gender differences in the rates of trauma exposure and substance use.

- Comprehensive assessments ensure that services address the unique needs of youth and their families, based on the level of clinical severity, stability in the home environment, safety, culture, and supports available within the community.
- Ongoing assessment ensures services and progress are monitored over time.

2. Youth should have access to a wide range of treatment options and services that can accommodate the need for higher levels of care.

- Individuals and families will often have complex and long-term needs. Integrated systems of care using chronic care strategies and comprehensive after-care services should be promoted (Sheedy & Whitter, 2009):
 - Home-based services and crisis supports to increase safety and stability in the home and community environments
 - Services and supports for parents experiencing physical, emotional, or social problems

- School advocacy, access to safe recreational activities, and access to quality mentorship to improve academic and social functioning
- Integrated systems of care utilizing community programs and services that target at-risk youth to decrease the likelihood of further trauma exposure and progression into substance use and abuse
- Development of formal and informal partnerships among agencies or providers
- Memoranda of agreement
- Regular use of multi-disciplinary and multi-agency team meetings to address the individual needs of youth and their families
- Case management services should be provided to assist youth and families as they navigate various service systems, agencies, and policies within their communities.

3. Systems of care that allocate resources to facilitate linkages and connections among providers will lead to more integrated service sectors.

- In order for services to be truly integrated, changes need to be implemented across the entire mental health care system, not just within individual programs. The goal is coordination between mental health and substance abuse treatment settings (Minkoff & Cline, 2004).
- Sites and programs implementing systems of care practices should allocate resources to develop initiatives that emphasize the provision of a continuum of coordinated treatment services. This should involve a team approach that crosses agencies, disciplines, and service systems.
- Examples of activities and resources to bridge existing gaps may include the following:

4. Cross-training should emphasize systems of care principles and foster increased understanding and integration of assessment and treatment services specific to both trauma and substance use.

- Rather than treating one problem first before moving on to the other, there should be early emphasis on managing and reducing both substance use disorders and trauma related/ PTSD symptoms in one setting (Back et al., 2000; Giaconia et al., 2003; Oimette & Brown, 2003).
- While fully integrated services may not readily be available, cross-training can facilitate the provision of trauma-informed substance use disorder services as well as substance use disorder-informed trauma/mental health services.

CONCLUSION

There is overwhelming evidence documenting the range and severity of problems experienced by adolescents with co-occurring traumatic stress and substance use problems. Addressing these problems frequently entails involvement with multiple service systems. Creating a coordinated treatment system of care for adolescents requires interagency collaboration, family and youth involvement, cultural competence, and accountability. Despite the long-term nature of the proposed process, it is critical that we begin to create systemic changes, especially for those youth at increased risk for trajectories marked by high rates of morbidity and mortality.

Treatment, service, and insurance reimbursement policies should accommodate the need for greater integration, cross-training, resource allocation, and program development to fully meet the needs of youth with co-occurring trauma and substance use disorders.

Creating a coordinated treatment system of care for adolescents requires interagency collaboration, family and youth involvement, cultural competence, and accountability.

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