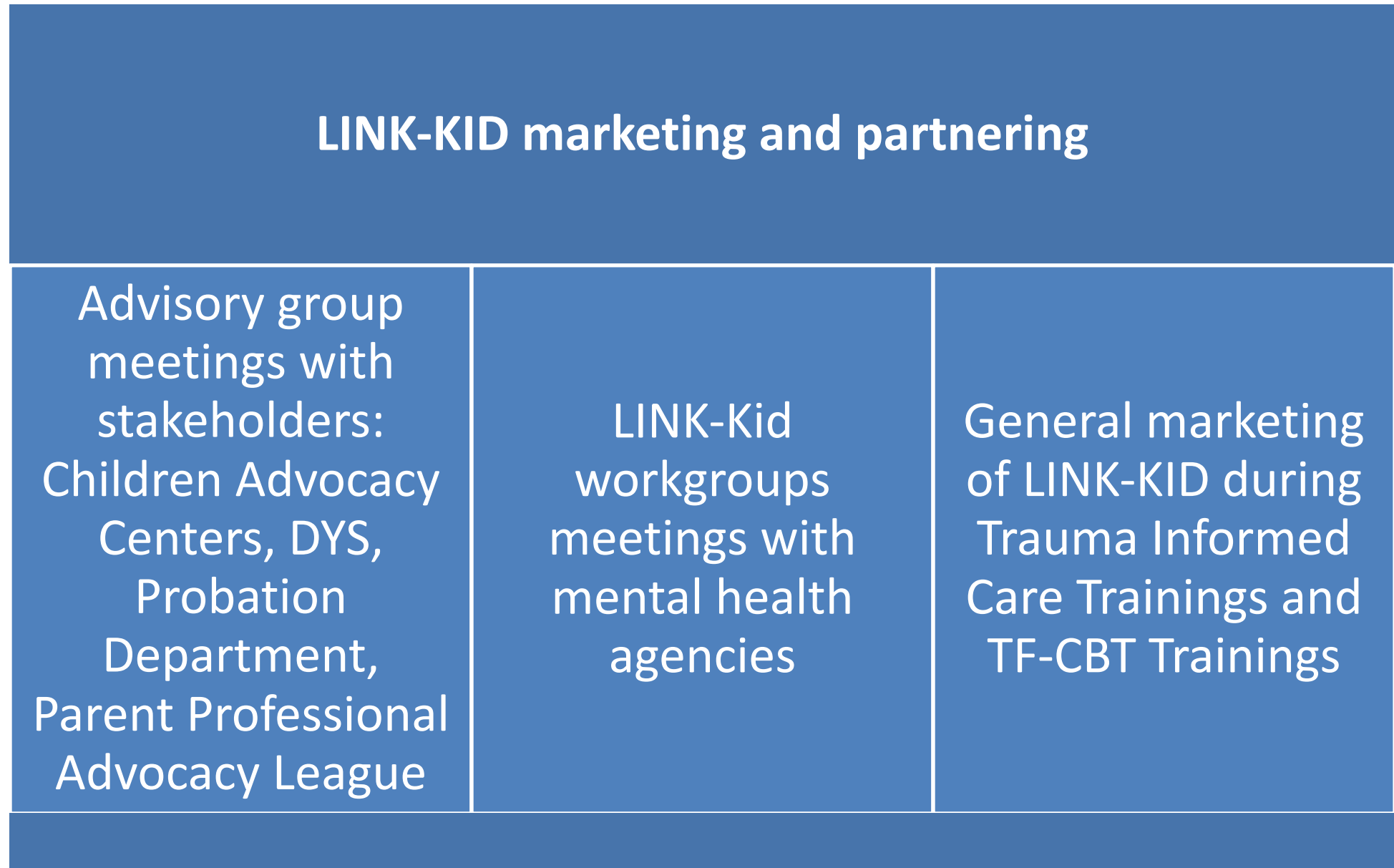


An evidence-based referral system for children and youth with trauma: insights from an implementation study

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, 2011). 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.

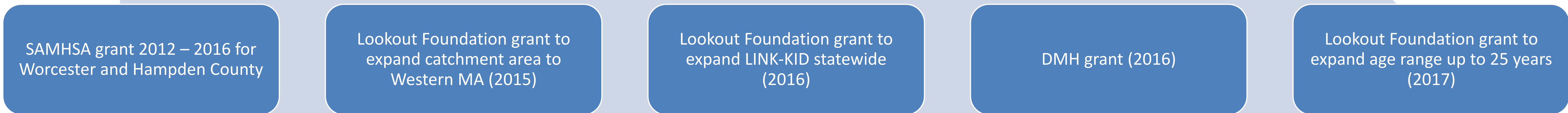


CHILD TRAUMA TRAINING CENTER
CTTC has 3 services they offer to the commonwealth:
• Trauma Informed Care and Trauma Responsive Trainings
• **LINK-KID**
• Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) training

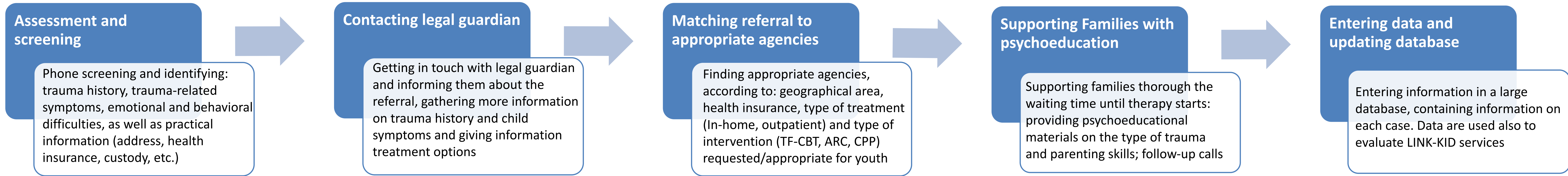
GOALS OF LINK-KID

- Improving barriers to access to Evidence Based Treatments (EBTs) for childhood trauma
- Implementing network of providers and agencies with training in EBTs, statewide
- Shortening the wait times for youth receiving trauma-focused EBTs
- Increasing engagement of children and families through increased support during the waiting period
- Building sustainable capacity for LINK-KID post funding
- Increasing the number of youth who successfully complete treatment

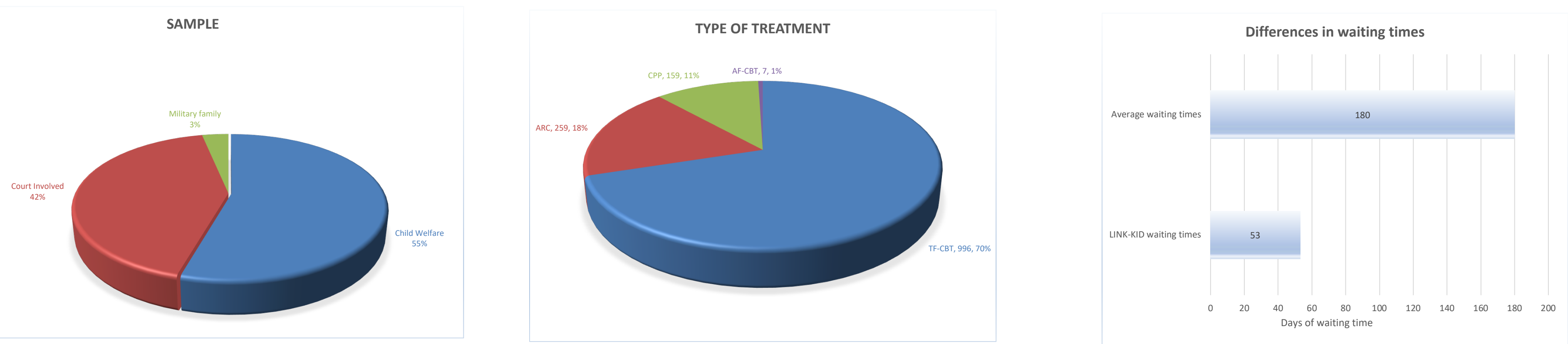
History of LINK-KID



LINK-KID Referral Process



PRELIMINARY RESULTS



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.

ACKNOWLEDGMENTS
We are grateful for the funding and support from the Substance Abuse and Mental Health Services Administrations (SAMHSA) and the National Child Traumatic Stress Network (NCTSN).