

By age 16, two-thirds of children in the US are exposed to a potentially traumatic event. For many children, these traumatic events can be associated with serious and life-long medical and mental health problems,^{1,2} such as depression,^{3,4} suicidal ideation,^{5,6} alcohol and substance use,^{7,4} obesity,⁸ aggression,^{9,10} lower occupational attainment,¹¹ increased use of social services,¹² and increased medical costs.¹³ Furthermore, social determinants of health,¹⁴ defined as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks,” have become a major focus in healthcare. Recent research has demonstrated that social determinants of health can be associated with chronic stress, trauma, long-term physical and behavioral health, and social difficulties.^{15,16}



Failure to prevent or adequately address the physical and psychosocial effects of childhood trauma, social determinants of health, and adversity carries great cost to children, families, and society. The Centers for Disease Control and Prevention recently reported that the total lifetime estimated cost associated with just one year of confirmed cases of child maltreatment alone is approximately \$124 billion.¹⁷ Early identification, intervention, and support in key child-serving settings can help children recover and thrive following exposure to traumatic events.

Children and adolescents with mental health problems, including those associated with trauma exposure, are more likely to be seen in medical settings than in specialty mental health clinics.¹⁸ It is also a feature of medical settings, where medical events and treatments occur, that children may undergo experiences that can themselves be traumatic. Thus, medical settings are ideal locations for fully integrating trauma-informed mental health care to promote physical and mental health recovery and resilience in children and families who have experienced trauma.

What Is Trauma-Informed Integrated Healthcare for Children and Families?

Child trauma-informed integrated healthcare is the prevention, recognition, and response to trauma-related difficulties through collaboration of physical and mental health professionals with the child and family. This can be achieved by co-location of medical treatment, mental health care, and social services in health care settings; stream-lined communications between providers, and full partnerships regarding treatment decisions among providers, the child, and caregivers. Healthcare systems can infuse and sustain trauma awareness, knowledge, and skills in their organizational cultures, practices, and policies and use the best available science to facilitate and support the recovery and resilience of the child and family. Such systems can then support staff awareness and procedures that help them respond to the impact of trauma and address the social determinants of health. They also can recognize the potentially traumatic aspects of medical experiences and work to mitigate the effects on children and families. The trauma-informed integrated care approach is intended to be a cost-effective method of providing improved coordination of care that is also more responsive to the specific needs of patients and their families.

What Are the Benefits of Integrated Care for Children and Families in Healthcare Settings?

Evidence suggests that integrating mental health services into medical settings can enhance patient access to services, improve the quality of care, and lower overall health-care costs.^{19,20,21} A recent study in pediatric settings demonstrated that integrating care for mental health problems (e.g., depression, anxiety, and behavior) into primary medical care for children and adolescents can lead to significant improvements in mental and physical health.²² Further, families may feel less stigma in receiving mental and physical health care in a routine medical setting.²³ When relationships with medical providers are long-standing, trusted partnerships, families who experience trauma may be more open to mental health care, trauma-informed interventions, and referrals to mental health providers and community resources.^{18,24,25,26,27}

How Are Integrated Healthcare Services for Children and Families Funded?

A variety of funding sources are used to support integrated healthcare, many of which center on public financing by Medicaid and the state Children’s Health Insurance Program (CHIP). Furthermore, these funds sometimes can be combined with resources from other systems, such as child welfare funding, SAMHSA Systems of Care and other federal discretionary grants, local funds and state innovation grants, and private insurance. Funding for Accountable Care Organizations, mental health block grant funds, and SAMHSA National Child Traumatic Stress Network (NCTSN) grants also can aid in trauma-informed integrated healthcare initiatives.

What Are the Barriers to Trauma-Informed Integrated Healthcare for Children and Families?

Several barriers exist that discourage the provision of trauma-informed integrated healthcare for children and families. Examples of specific types of barriers are provided below.

- **Financial:** billing codes and policies that reduce access to behavioral health care in collaborative settings; limiting scope of individual fee-for-service billing
- **Organizational or Service System:** inadequate billable time to appropriately screen for and address trauma exposure and associated conditions in children; limited ability to share information across disciplines; and lack of coordination with services that address core social needs (housing, food, financial stability)
- **Research:** limited research on efficacy and effectiveness of evidence-based interventions and implementation models for children within various healthcare settings to help inform policy and reimbursement models; need for additional research on indicators and key physical and mental health outcomes for children and families who have experienced trauma
- **Education and Training:** limited trauma-related education and training opportunities for healthcare providers working with children and families

What Can Be Done to Support Trauma-Informed Integrated Healthcare for Children and Families?

The success of trauma-informed integrated healthcare for children and families requires both clinical and fiscal sustainability. Policymakers at the local, state, and federal levels can play an important role in supporting critical policies related to trauma-informed integrated healthcare for children and families. Below are recommendations related to specific financial, organizational, service system, research, educational, and training elements needed to help support trauma-informed integrated healthcare for children and families.

Financial

- Support for sustainable financing models for integrated healthcare with children and families who have experienced trauma
- Appropriate billing codes that allow for flexibility with regards to time, multiple diagnoses, types of health professionals, and support for family-focused services
- Defining current best practices to include trauma-informed integrated healthcare as part of the insurance system

Organizational or Service System

- Support for primary care and behavioral health co-location and the medical/health home model for children and their families
- Increased access to evidence-based and culturally appropriate assessments and trauma-informed treatments for children and families to mitigate the effects of trauma on health outcomes and reduce health disparities
- Inclusion of youth and families in the development and implementation of trauma-informed integrated healthcare models
- Within the requirements of HIPAA, support for streamlining consent for health information-sharing across disciplines to facilitate referral, coordination, and shared treatment planning

Research

- Research on evidence-based clinical interventions, implementation processes, child and caregiver preferences and perceptions, relevant and replicable outcome measures, and potential policy changes
- Research on the impact of traumatic life events on a person's chronic physical health conditions, overall health and wellness, utilization of services, and capacity for self-management

Education and Training

- Training for health professionals and staff in providing trauma-informed pediatric healthcare
- Support for evidence-based trauma-informed resources for workforce development and retention, guidance for using core competencies in trauma-informed practice, and development of a trauma-informed integrated care curricula for healthcare settings



How Does the NCTSN Serve as a Resource?

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 US. The broad mission of the NCTSN includes assessment, treatment and intervention development, training, data analysis, program evaluation, policy analysis and education, systems change, and the integration of trauma-informed and evidence-based practices in all child-serving systems. The UCLA-Duke University National Center for Child Traumatic Stress (NCCTS) coordinates the work of the NCTSN, a national network of 100 funded and over 150 affiliate members, and hundreds of national and local partners.

The NCTSN has developed several resources related to integrated care and child trauma, including the NCTSN Pediatric Medical Traumatic Stress Toolkit, which is a comprehensive guide for health care professionals on reducing the impact of potentially traumatic medical events (injury, illness, pain, treatment experiences) for children and families. The more recent Pediatric Integrated Care Collaborative Toolkit provides resources for health care providers and parents focusing on such topics as: (1) developing a trauma-informed office; (2) involving families; (3) collaboration and coordination of mental and physical health services; (4) preventing trauma and promoting resilience; (5) assessing trauma-related health issues; and (6) addressing trauma-related health and mental health issues.²⁸ Further, a series of NCTSN webinars on trauma-informed integrated healthcare, chronic health conditions and trauma, and child trauma and integrated care policy challenges and solutions are available at <https://learn.nctsn.org>. The NCTSN has ongoing partnerships on integrated care and child trauma with the American Academy of Pediatrics and the National Health Collaborative on Violence and Abuse.

For more information about child trauma and the NCTSN, visit www.nctsn.org or contact the NCCTS Policy Program at policy@nctsn.org.

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