



Coordinated Adolescent- and Family-Centered Services, As Needed

“Adolescents enter health and social service systems in many ways and at different stages. Integrated and coordinated services can help ensure better health outcomes and support healthy development for adolescents. Unfortunately, the systems for providing services and supports to adolescents are often fragmented, spread across government agencies, nonprofit organizations, health care providers, businesses, and faith-based organizations. A more coherent, integrated approach to fostering health and healthy development would benefit all teens.”¹

Adolescent Health: Think, Act, Grow® (TAG) Research Reviews highlight research, evaluation reports, and other publications that inform the field about key issues in, and effective practices for, fostering improved health, reducing risky behavior, and improving engagement and healthy development in young people. This Research Review focuses on Coordinated, Adolescent- and Family-Centered Services, one of TAG’s Five Essentials for Healthy Adolescence.

Bringing adolescents into substance abuse treatment through community outreach and engagement: The Hartford Youth Project.²

In 2005, the National Household Survey of Drug Use and Health found that almost one-fifth (16.5%) of 12 to 17-year-old youth were current alcohol users and one of out of 10 (9.9%) reported use of marijuana. Overall, 8.0% of youth aged 12 to 17 met the criteria for substance abuse or dependence; however, less than one in ten (8.6%) received substance abuse treatment at a specialty facility, indicating the large gap between treatment need and service use. The Hartford Youth Project (HYP) was funded by the Center for Substance Abuse Treatment (CSAT) as a pilot for Connecticut’s adolescent substance abuse treatment system using a system of care approach to identify substance abusing adolescents and to bring them into appropriate community-based treatment. Outreach and engagement served as the core of the HYP to keep adolescents in community-based substance abuse treatment and out of the criminal justice or residential health systems. [Read more](#)

Differences in mental health service sector utilization among African American and Caucasian youth entering systems of care programs.³

Multiple community-based studies have found that African Americans in general, and African American youth in particular, are less likely to use mental health services, more likely to suffer from untreated mental health problems, more likely to drop out of treatment earlier, and more likely to have unmet need compared to Caucasian youth. This study examines differences in multiple types of mental health services among African American and Caucasian youth entering federally funded community-based systems of care programs. The authors found that, in the past year, African American youth were significantly less likely to have used mental health services compared to Caucasian youth and were less likely to utilize school-based and residential mental health services. This research highlights the important of understanding family, individual, and community factors in mental health service utilization among youth. [Read more](#)

Evaluation of Raising Adolescent Families Together program: A medical home for adolescent mothers and their children.⁴

Adolescent mothers are at risk for depression and low self-esteem, and face significant health and socioeconomic risks and their children face significant long-term risks, with increased rates of adolescent pregnancy, school failure, and behavioral problems. This study examined the Raising Adolescent Families Together Program, a medical home that delivers comprehensive health and social support services to adolescents and their children through: 1) optimum health care with case management; 2) low rate of subsequent pregnancies; and 3) life skills and transition to independence. The medical home demonstrates an effective model of care for high-risk adolescent parents and their children, including both improved medical and reproductive health care and significantly increased child immunization rates. [Read more](#)

Integrating wraparound into a schoolwide system of positive behavior supports.⁵

Compared to their peers, students with emotional and behavioral disabilities (EBD) have traditionally experienced some of the worst academic and quality of life outcomes of any group of students during their school years and beyond, including higher dropout rates, lower academic achievement, and unusually high rates of involvement in the juvenile justice system. The fields of mental health and child welfare have used wraparound services for youth with and at-risk of EBD and their families. Wraparound is a team-based, collaborative process for developing and implementing individualized care plans for EBD youth, bringing together a team of family members, natural supports (e.g., extended family, friends, mentors), and school and community professionals. Current and prior research has consistency demonstrated that when students receive intensive school-based wraparound services for a period of 6 or more months, significant gains are noted in the areas of educational, behavioral, social, and emotional functioning. [Read more](#)

Need and unmet need for care coordination among children with mental health conditions.⁶

Through the Patient Protection and Affordable Care Act, state Medicaid programs and providers may establish “health homes” for individuals, including youth, which have shown to be cost-effective models of inter-professional collaboration for individuals with chronic physical and mental health conditions. Using data from the 2007 National Survey of Children’s Health, almost 8,000 children ages 2 to 17 years were identified with at least one mental health condition (attention-deficit/hyperactivity disorder, anxiety disorder, conduct disorder, or depression) who had received at least two types of preventive or subspecialty health services in the past year. The authors examined the prevalence of need for care coordination, and the prevalence of unmet need for care coordination in those with a need. Approximately 40% of parents of children with mental health conditions who reported a need for care coordination also reported that their need was unmet. Delivery of family-centered care and enhancing family supports may help to reduce unmet need for care coordination in this vulnerable population. [Read more](#)

Social supports for youth and families.⁷

Social supports, such as extended family, friends, neighbors, temple, or church, for youth and families receiving mental health services are important for family success and sustainability of systems of care. This study examined the types of help and support families and youth receive and from whom they receive it. Youth and families enrolled in community wraparound care coordination were surveyed to determine the kinds of help and support the parent/caregiver and youth received from people in the past 6 months, and the kinds of people who

helped the parent/caregiver and youth in the past 6 months. Results indicated that social support networks were weak for both family and youth, supporting previous literature indicating that families facing serious emotional and behavioral challenges also face difficulties maintaining supportive relationships. [Read more](#)

Supporting the need for an integrated system of care for youth with co-occurring traumatic stress and substance abuse problems.⁸

The 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, which may include physical abuse, sexual abuse, emotional abuse, neglect and/or domestic and community violence. This study examined the need for integrated systems of care for youth with and without co-occurring trauma and substance use disorders with the assumption that youth with co-occurring traumatic stress and substance abuse would exhibit greater clinical severity, functional impairment, and service utilization, compared to youth with only one of the conditions. This study provided evidence supporting an integrated system of care for the complex symptom patterns of traumatic stress and substance abuse. The authors recommend comprehensive, multi-system interventions and treatment services, involving the child, parent, school, community, and health care systems are to successfully treat adolescents with co-occurring traumatic stress and substance abuse problems. [Read more](#)

The wraparound process for youth with severe emotional behavioural disorders.⁹

Over the past decade, there has been a sharp increase in the number of youth or adolescents diagnosed with severe emotional disorders (SED) in the United States. Research shows that approximately 4.5–6.3 million youth have severe emotional disorders, but a small number of these youth disorders receive mental health treatment or receive very restrictive treatment (in a residential or correctional setting, for example). As a result, there has been a growing need for alternative and less restrictive approaches for youth with serious emotional disorders. One such approach that has recently emerged is the systems of care (SOS) model, which is a wraparound process aimed to help youth with severe emotional disorders in their respective communities while providing a coordinated set of services. This article provides a literature synthesis on the wraparound process, including providing historical context on wraparound services and the effectiveness of this approach in treating emotional and behavior disorders. [Read more](#)

Using systems of care to reduce incarceration of youth with serious mental illness.¹⁰

The National Institute of Mental Health classifies serious mental illnesses as brain disorders, just like epilepsy and autism, and are distinguished from other mental disorders such as anxiety, adjustment, attention, or conduct disorders by the amount of impairment they cause, including cognitive impairment. Without access to proper diagnosis and treatment many children's serious mental illnesses go unrecognized and instead these children and adolescents are labeled as delinquent or defiant. As a result, youth with serious mental illness come into contact with juvenile justice more than 3 times as often as other youth; however, with proper treatment, these youth could remain in the community for a fraction of the cost of incarceration. Systems of care represent a useful model for creating systems change to reduce incarceration of these youth. This paper identifies the factors that contribute to the inappropriate incarceration of youth with serious mental illness, and describes the progress of ongoing efforts to address this problem including wraparound and diversion programs and others utilizing elements of systems of care. [Read more](#)

Vulnerable populations and the transition to adulthood.¹¹

Children and adolescents involved in social service and justice systems often face a difficult transition to adulthood because these youth are often involved in multiple systems, including the mental health, foster care, juvenile justice, and criminal justice systems, and special education. The services these vulnerable populations receive from these systems as children and adolescents often end abruptly as they transition to adulthood, even though the need for them continues. The authors reviewed current public policies toward vulnerable youth in transition and found challenges in four primary areas: lack of funding for transition services, eligibility criteria that excludes youth from services that might benefit them, lack of coordination across multiple service systems, and lack of training for service professionals around issues specific to vulnerable youth in transition from child to adulthood. The authors specifically note the Fostering Connections Act of 2008 as an example a U.S. social policy toward an inclusive approach to a vulnerable population of youth in transition. The law allows states, at their discretion, to care for and support foster youth until the age of twenty-one provided that the youth are engaged in one of four activities: completing high school or an equivalency program, attending postsecondary or vocational school, participating in a vocational program, working for at least eighty hours a month—or are incapable of these activities because of a medical condition. [Read more](#)

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