Fact Sheet: Provision of Mental Health Services to Children

National Commission on Children and Disasters

Long-Term Disaster Recovery Workshop

February 1, 2010

Issue Statement

What is and what should be the role of the Federal government and its partners in support of the delivery of long-term disaster mental health services to children in congregate care facilities, including schools, child care, Head Start, juvenile justice facilities, etc.?

Specifically:

1. *What are some of the limitations of the current Federal funding mechanisms and programs that can be used after a disaster to support the delivery of long-term mental health services in schools and other congregate care settings and what changes might be proposed to enhance and expand the delivery of these services?*

2. *What are other innovative solutions to support the delivery of mental health services to children in congregate care settings in long-term recovery?*

Desired State

During and following a disaster, congregate care facilities are in position to reach a large population of children for the delivery of basic supportive or counseling services. Using congregate care settings such as schools and child care facilities as delivery points for the provision of these services to large groups of children can alleviate many of the challenges limiting the ability of children to access mental health care following a disaster. These challenges include shortage of mental health providers, lack of transportation to service centers, and the social stigma associated with seeking mental health care, as perceived by families and communities. However, according to the Commission, using the existing resources of a congregate care facility as a point of delivery for formalized services requires a greater investment by the Federal government and its partners. The following Commission recommendations contribute to the desired state of these services:

- Enhance pediatric disaster mental and behavioral health training for professionals and paraprofessionals, including psychological first aid, cognitive-behavioral interventions, social support interventions and bereavement counseling and support.
- Enhance the ability of school personnel to support children who are traumatized, grieving or otherwise recovering from a disaster.
- Encourage initiatives that support and promote training of teachers and other school staff in basic skills in providing support to grieving students and students in crisis through requirements for accreditation, licensure, and recertification/license renewal.
- Ensure access to physical and mental health services for all children during recovery from disasters.
- Integrate mental and behavioral health for children into all public health and medical preparedness and response activities.

Challenges to the Desired State

Challenges to the desired state include:

- ***Funding limitations*:** Child congregate care facilities, including schools, child care and juvenile justice facilities often do not have the funding or mental health practitioners necessary to provide formal services. Schools often rely on school nurses and guidance counselors who generally lack the training and skill set to identify symptoms and adequately support children who have experienced a disaster. A few Federal programs exist that could be utilized to provide services in congregate care settings following a disaster; however, funding is provided to states by grants with difficult deadlines and re-application requirements. Additionally, discretionary funds are not consistently available from year to year.
- ***Lack of training for professional staff working with children***: Training to address the needs of children in disasters is not a routine part of curricula or professional training for jobs in education, child care, and social services.
- ***Planning Needed Prior to Disaster***: Schools and other child congregate care administrators may be unfamiliar with or unaware of services that can be provided by external mental health providers. Coordinated planning for the provision of these services in recovery needs to occur before an event in order to build relationships and design effective programs.

Current State

Programs

The following programs are related to the delivery of mental health services in congregate care facilities following a disaster:

- ***FEMA/SAMSHA Crisis Counseling Assistance and Training Program (CCP):*** This program is funded by FEMA through the Stafford Act with technical assistance provided by SAMSHA. Following a Federally declared disaster, crisis counseling services can be provided through the program to disaster survivors, including specific at-risk groups like children and their caregivers. CCP does not support long term, formal mental health services such as medications, office-based therapy, diagnostic services, psychiatric treatment or substance abuse treatment. The goals of the CCP are to alleviate survivor distress through the provision of psychological first aid, emotional support, linkage to services, and connection to social support groups. Crisis counselors may provide services in schools, child care facilities, community centers and other places children congregate.
    - ***Authority:*** Following a Presidentially declared disaster, Section 416 of the Stafford Act authorizes FEMA to provide financial assistance to State or local agencies or private mental health organizations to provide professional counseling services. It also authorizes FEMA to fund the training of disaster workers. [42 USC §§5121-5207][1]

[1] Stafford Act, available at http://www.fema.gov/pdf/about/stafford_act.pdf

- ***Grant Process***: Funding for crisis counseling is available to State Mental Health Authorities (SMHA) through two grant mechanisms: (1) the Immediate Services Program (ISP) which provides funds for up to 60 days of services immediately following a disaster declaration; and (2) the Regular Services Program (RSP) which provides funds for up to nine months following a disaster declaration. Application requirements for the program require the SMHA to complete an initial needs assessment and to submit the ISP application within 14 days of the declaration. The RSP application is due 60 days after the declaration.
- ***CCP in Iowa***: Following the 2008 floods, $2.6 million in CCP grant funds were allocated to the Iowa Department of Human Services who established Project Recovery Iowa, a post-disaster counseling program assisting affected individuals and families. Nearly 11,000 Iowans received one-on-one counseling with professional mental health care providers, including 1,096 children age 17 and under. An additional 1,367 children received counseling in group sessions and 353 sessions were provided in schools. While the CCP program provided counseling services to students in several school systems, some affected districts did not utilize the services.
- ***Limits of the Crisis Counseling Assistance and Training Program (CCP):*** The CCP is designed to focus only on education, outreach and the provision of non-therapeutic counseling services. It provides referrals, but does not cover treatment. Although CCP does allow for outreach and educational sessions with teachers and school staff, CCP training is a standardized, mandatory training package provided by SAMHSA and does not include specific training for how to support affected children. In addition, the program's maximum duration is 18 months. Officials in Iowa reported being unable to adequately project resource allocation and budget within the required timelines. They also reported significant delays in the approval of their RSP grant application, which caused them to rely on the 60-day ISP grant for seven months.

- ***Project SERV:*** This DoEd program administered by the Office of Safe and Drug Free Schools funds short-term and long-term education-related services for local educational agencies and institutions of higher education to help them recover from a violent or traumatic event in which the learning environment has been disrupted. Although the program guidance asserts that natural disasters are not considered events eligible for funding, DoEd has made exceptions, awarding significant grants to districts affected by Hurricanes Katrina and Rita. This program did not receive any funding for FY 2010; there is ~ $6 million remaining in the program's budget.
- ***Head Start:*** The Head Start program, administered by the HHS Administration for Children and Families, provides grants to local public and private agencies to provide comprehensive child development services, including the provision of mental health services, to economically disadvantaged young children. On average, programs reported spending 3.5% of their Federal Head Start budgets on mental health services, including mental health coordinator salary, screeners or assessments, trainings, and contracted consultation hours.

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Continued

- ***School Health Programs:*** The majority of schools offer some type of mental health or social service support to students, with 20% of all students receiving some type of school-supported mental health service. The most common administrative arrangement for the delivery of school mental health services is for schools to hire their own staff to provide mental health services and to augment these services through contracts with local community mental health providers. About half of all schools have a contract with a local provider to supply mental health services in the school.
    - ***School-Based Health Centers***: School-based health centers blend medical care with preventive and psychosocial services as well as organize broader school-based and community-based health promotion efforts. Typically staffed with nurse practitioners and health aides, they increasingly include mental health professionals. About one in ten schools and 25% of school districts have a school-based health center that offers mental health and social services to students. With support from primary care providers, nearly 80% of school-based health centers provide crisis intervention services.
- ***The National Child Traumatic Stress Initiative*:** Funded by Congressional appropriations through SAMHSA, this initiative is designed to address child trauma issues by creating a national network of centers —the National Child Traumatic Stress Network (NCTSN)—that work collaboratively to develop and promote effective community practices for children exposed to a wide array of traumatic events, including natural and man-made disasters. The NCTSN implements and evaluates trauma-focused and trauma-informed treatment and services in community settings and in youth-serving service systems such as schools, child welfare, juvenile justice, health and mental health systems. For example, network resources include training for school-based cognitive behavioral interventions.
- ***State Disaster Behavioral Health Coordinators (DBHC)***: The State DBHC is an individual identified by the State Mental or Behavioral Health Authority, or other arm of State government, to serve as a point-of-contact for Federal, State, and other partners regarding disaster behavioral health issues. The State DBHC typically has a key role in State disaster behavioral health preparedness and response. Some States choose to have one individual responsible for disaster behavioral health, while some States have separate disaster mental health and disaster substance abuse coordinators.