

NCTSN Unaccompanied Alien Children (UAC) Supplement Funding

OVERVIEW OF FY 2019 SUPPLEMENT GRANTEE ACTIVITIES



About the National Child Traumatic Stress Network

The National Child Traumatic Stress Network (NCTSN) was created by Congress in 2000 to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. This national network of frontline service providers, researchers, clinicians, family members, and partners is committed to improving child trauma care and moving scientific gains quickly into practice across the U.S. The NCTSN is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and coordinated and led by the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS).

In 2021, the NCTSN has 116 funded grantees and nearly 170 affiliate (formerly funded) centers and members, working in hospitals, universities, and community-based programs in 43 states and the District of Columbia. NCTSN members and partners collaborate to provide clinical services, develop and disseminate new interventions and resource materials, offer education and training, collaborate with established child-serving systems of care, engage in data collection and evaluation, and inform public policy and awareness efforts.

FY 2019 NCTSN Supplement Funding to Serve Unaccompanied Alien Children

In recent years, the number of unaccompanied and separated immigrant children entering the U.S. surged to a record high. The majority of these children arrived from countries in Latin America, primarily El Salvador, Guatemala, and Honduras, after fleeing a variety of economic, political, and social challenges. Many arrived in the U.S. with significant trauma histories from their experiences in their home countries, and abuse and exploitation experienced during their migration journeys. Furthermore, children may have been separated from parents and caregivers for long periods of time, or may have experienced forcible separation upon arrival in the U.S. These traumatic experiences pose significant risk to the physical and mental health of immigrant children and families, and the traumatic impacts of these events can have long-lasting consequences.

In December 2018, the U.S. Congress allocated \$4 million in supplement funding for FY 2019 to the NCTSN to be used for mental health services for Unaccompanied Alien Children (UACs) and children separated from their parents and caregivers. SAMHSA awarded supplement grants to 13 currently funded NCTSN grantees located in eleven states, including **California, Florida, Illinois (2), Massachusetts, New Jersey, New Mexico, New York (2), Pennsylvania, Rhode Island, Texas, and Utah.**

This report presents FY 2019 survey data collected by the National Center for Child Traumatic Stress in October 2020, as well as information gleaned from qualitative interviews with grantees and ongoing grantee support calls through the NCTSN Unaccompanied Children Task Force.

Acknowledgements

Funding for this work was provided by SAMHSA. This report was prepared by the NCCTS Policy Program, in collaboration with the following NCTSN grantees who served unaccompanied children.

La Clinica De La Raza, Inc.
Oakland, CA

Kristi House, Inc.
Miami, FL

**Heartland Alliance International,
The Kovler Center Child Trauma
Program (KCCTP)**
Chicago, IL

SGA Youth and Family Services
Chicago, IL

**Alliance for Inclusion
and Prevention, Inc.**
Boston, MA

**Family and Children's
Services, Inc., NJ**
Elizabeth, NJ

**Las Cumbres Community
Services, Inc.**
Española, NM

Family Center, Inc.
Brooklyn, NY

**University of Rochester,
Mt. Hope Family Center**
Rochester, NY

**Philadelphia Alliance for Child
Trauma Services (FACTS)**
Philadelphia, PA

**Providence Children and
Youth Cabinet, Brown University**
Providence, RI

**Serving Children and Adults
in Need, Inc. (S.C.A.N.)**
Laredo, TX

**The Family Place: Child and Family
Support Center of Cache County**
Logan, UT

Children & Families Served

Grantees collected a variety of data to document the reach and impact of their services. Based on these data, we are able to better understand the population of children and families served through the FY 2019 supplement, including their immigration status, country of origin, age, and primary language spoken. **The majority of children served met the definition of a UAC, were separated from a parent or caregiver at the border, or were seeking legal asylum in the U.S.** A smaller number of children were characterized as refugees, new immigrants, or DACA recipients. It is important to note; however, that a child's immigration status was not always defined, particularly in school-based settings where students' immigration status is not documented by school systems.



Photo Credit: Diego Mesones

On average, each awardee served **92 children** in FY 2019 (minimum number served was 20; maximum was 220). **In total, awardees served 1,195 children across the 13 supplement grantees.** Children served ranged in age from infants to adolescents. The majority were 13-17 years of age (55%), followed by 10-12 years (22%), 18-24 years (15%), 5-9 years (6%), and 0-4 years (2%).

Age	Percent of Total Served
0-4	2%
5-9	6%
10-12	22%
13-17	55%
18-24	15%

In total, awardees served **1,195 children** across the 11 states.

Children and families spoke **16 languages**, most commonly Spanish. A complete list of languages spoken is included in the figure below. **The primary countries of origin for children and families were El Salvador, Guatemala, Honduras, and Mexico.** Fifteen percent of respondents also reported serving children from a variety of other countries including other Latin American, African, Middle Eastern, and Asian countries.

Languages spoken by children and families served:

Bengali English Farsi French K'iche' Lingala Mam Mandarin Maya Portuguese Romanian Russian Somali Spanish Swahili Triginya

In addition to demographic information, some awardees collected client level outcomes, such as pre- and post-assessment scores, and training and education outcomes. These data were collected through surveys, questionnaires, interviews, and clinical record reviews.

Direct Services Provided

The primary goal of the UAC supplement funding was to provide direct services to children and families who experienced migration-related family separation. These direct services encompassed a variety of activities, most commonly providing evidence-based treatments and interventions. **Ninety-two percent of awardees reported offering evidence-based treatments** to children and families, including, for example, Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). **Sixty-two percent of awardees offered direct trauma-informed promising or emerging practices**, which were characterized as therapies that have not yet undergone the extensive clinical trials to be deemed evidence-based treatments; however, research has demonstrated their effectiveness.

The majority of awardees also served the target population by offering **screening and assessment services (85%); improved access to care (85%); outreach and case management (77%); and referrals for clinical (77%) and legal services (62%)**. These services were provided in a range of settings, predominantly community-based clinics; however, grantees also offered services in schools, in-home, government-funded facilities, post-release settings, and non-clinical community-based settings.

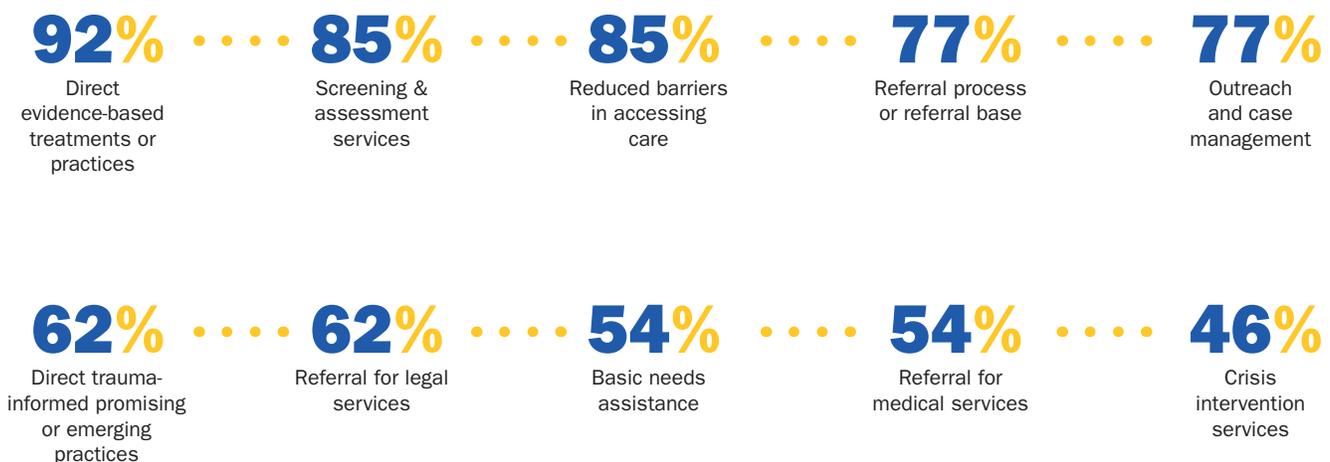
Nearly half of grantees (46%) offered crisis intervention services to children and families. The UAC supplement funding allowed awardees to establish themselves as trusted resources in the community and thus were called upon to help in events of mass violence, natural disasters, and community crises. For example, one awardee was able to offer immediate crisis intervention to children and families impacted by the August 2019 bias-motivated shooting at a Walmart in El Paso, Texas.

In addition to the clinical services provided, **five of the 13 grantees reported that provision of basic needs assistance was an important element of their service model.** Basic needs assistance encompassed a wide range of essential products and services, including hygiene products, food, clothing, household items, access to a person who speaks your language, housing, legal services, and communication with loved ones. Upon arrival in the U.S. and after release from government custody, children and families faced many unmet practical needs, and **grantees specifically highlighted the importance of offering basic needs assistance and community referrals as a first step in gaining client trust before offering trauma-specific services to children and families.** Awardees leveraged new and existing partnerships to assist children and families with these basic needs, including partnering with local food pantries and in some cases pursued additional funding for the provision of practical assistance. For example, one awardee received additional (non-SAMHSA) funding to offer rental assistance to newcomer families.

An overview of all direct services provided is outlined below.

“As a former Unaccompanied Minor, I didn’t even understand the concept of mental health. Now, through the NCTSN, I have the opportunity to help provide group treatment to other Unaccompanied Minors, something I wish I could have experienced, myself, as a newcomer. It has been an amazing experience that has helped me to heal and to grow.”

–Dorys, Cultural Broker with Alliance for Inclusion and Prevention, Boston, MA



Training & Education

Training was a priority activity for grantees who trained a variety of audience types covering a range of child trauma topics. **Ninety-one percent of grantees reported offering trainings as part of their supplement work.** In total, **112 trainings were offered to 1,985 trainees** with grantees offering between four and 18 trainings each. Key training topics covered in FY2019 included:

- Evidence-based or promising treatments and sustainability
- Cultural adaptations of evidence-based or promising treatments
- Systematic approaches to understanding childhood trauma

Participants trained included mental health professionals, paraprofessionals, community members, parents, and Office of Refugee Resettlement (ORR) staff and contractors. **Nearly half of awardees also offered parent/caregiver support, including support groups and targeted resource development. Thirty-eight percent of awardees offered parent education classes,** some of which were focused on training for foster parents. In total, **824 parents and caregivers received training and services through the supplement funded work.**

Resource Development & Adaptation

Given the unique needs and experiences of the UAC population, awardees recognized the importance of adapting resources to more effectively reach children and families, service providers, and other community members. **Twenty percent of awardees reported translating products or resources for their target population.** Other resource development achievements included:

- Developing adaptations of child trauma evidence-based treatments specifically for the target population (18%)
- Creating new resources/products (15%)
- Culturally adapting existing resources/products (18%)
- Contributing to NCTSN products (e.g., webinars, fact sheets, policy briefs, podcasts, etc.) (15%)

Two grantees developed innovative multi-media products, including videos, to document their work and disseminate information about trauma-informed treatment. These products were also used as marketing tools to communicate the significant trauma-related needs of the UAC population to key stakeholders, and seek additional funding to ensure program sustainability.

Grantees were highly adaptable to the changing social and policy landscapes that affected their work and the populations they were serving. **Sixty percent of awardees reported expanding their activities related to trauma types other than migration-related trauma and family separation.** These additional activities were related to human rights, social justice, immigration laws and policies, traumatic separation, cultural brokering and family navigation, policy advocacy, poverty, and intergenerational trauma.

Facilitators

Awardees were asked to report factors that facilitated their success in serving the UAC population. Given the challenges of accessing this population, **the majority of grantees cited strategic partnerships as a key facilitator in understanding, accessing, and serving unaccompanied children and their families.** Among these partnerships, the NCTSN/NCCTS was the most cited partnership that awardees said played an important role in supporting their work and brokering connections that were a major contributor to their success in FY 2019. Several NCTSN grantees who did not receive the supplement funding, but who had significant expertise in immigrant and refugee trauma, offered pro bono consultation and collaboration to supplement grantees. Further, the NCCTS fostered networking among awardees in a variety of ways. First, the NCCTS established an NCTSN Unaccompanied Children Task Force comprised of grantees who received UAC



Photo Credit: Diego Mesones

supplement funding to facilitate resource sharing between sites, support and develop training and service delivery, collect data related to work with unaccompanied children, and develop materials and resources. The NCCTS also organized an in-person meeting of UAC supplement awardees in Washington, D.C. in May 2019. Grantees reported that this in-person meeting strengthened relationships between sites and allowed for sharing of challenges, lessons learned, strategies, and support. During this in-person meeting, awardees also had the opportunity to meet with federal agency representatives from ORR and stakeholders from national organizations working on behalf of immigrant children and families. The NCCTS also maintained an open dialogue with the ORR UAC program and organizations with relevant expertise, and facilitated referrals and consultation calls with these agencies and organizations. NCCTS staff also made site visits to ORR facilities and relevant stakeholder organizations, including along the U.S.-Mexico border with one of the NCTSN awardees.

Grantees also attributed success to partnerships and collaborations with a variety of other organizations (e.g., food pantries, Child Protective Services, immigration attorneys/legal aid) and governmental agencies (e.g., foreign consulates). **Nearly all grantees reported forming new partnerships as a result of the FY 2019 supplement funding**, the majority of which were with organizations outside of the NCCTS/NCTSN. However, a third of grantees also reported expanding and strengthening existing partnerships. The most commonly reported partnerships were with schools, public health, mental health, healthcare, post-release services, attorneys/legal aid, government, and faith-based organizations. Specifically, several sites noted that **relationships with ORR contractors and facilities enabled them to access children in ORR custody and provide services to children who were previously inaccessible.**

Strong staff support, including bilingual and bicultural staff members who were members of the communities being served, facilitated partnerships and trust among children and families.

This included the use of cultural brokers/liaisons, and family navigators to connect with children and families. One awardee hired a former UAC as a cultural broker, which proved to be a successful strategy for meaningful engagement with youth in a trauma-informed school-based program.



NCTSN UAC Supplement Awardees

Barriers

Grantees reported barriers to accessing children in ORR facilities, hiring bilingual and culturally-responsive staff who were qualified to offer therapeutic services, and building trust among the UAC population who experienced significant trauma and were fearful of disclosing personal information in therapy due to possible legal ramifications, including deportation. In general, many grantees noted that national tensions around immigration policy contributed to difficulties building trust and ultimately providing services to children and families.

Many grantees encountered unexpected situations related to **the unique experiences and needs of the UAC population that resulted in additional time needed to connect with the children and families** they aimed to serve. This increased start-up time for program launch and constricted the timeline for provision of therapeutic services. **Grantees also reported struggling to find culturally and linguistically appropriate assessment tools to gauge children's traumatic exposure and symptoms.** The need to adjust therapeutic interventions to be culturally and linguistically responsive was also noted as a barrier, including finding the appropriate terminology to convey emotional concepts across the range of native languages spoken by children. **Hiring interpreters for some indigenous languages and regional dialects also proved challenging.**

Many NCTSN grantees reported not having sufficient funding to support all children and families in need of services. Five grantees applied for additional (non-SAMHSA) funding to support their work with the UAC population, and of those who sought additional funding, 100% received it. These additional funds were used to expand services, hire staff, and provide basic needs assistance to children and families. Grantees noted that the costs of serving this population exceeded expectations, particularly due to costly translation services and support needed for families to access services, such as transportation and phone access for telehealth.

Although the supplement funding period ended before the COVID-19 outbreak in the U.S., many grantees used carryover funds to extend their work into 2020 and attributed challenges to the pandemic. For example, grantees noted barriers to providing services virtually, including a general lack of technology access among UACs that precluded them from participating in telehealth. Many children and families were also living in cramped conditions that made it difficult to find private

spaces to engage confidentially in therapeutic services. Grantees also reported that in-person programs were postponed or transitioned to virtual platforms, which led to new challenges with engagement and retention. Specifically, grantees reported challenges with implementing school-based programs because they were unable to identify and recruit students to participate while school was held virtually. Many children did not attend school remotely and instead worked to support their families financially due to the increased economic challenges caused by the pandemic. Overall, children and families who were served in the early months of the pandemic also experienced increased stress and needed support with basic needs in addition to migration-related trauma services. **Adjustments to accommodate for pandemic conditions will continue to impact the services that awardees are able to provide.**

Future Work

In FY 2020, the U.S. Congress allocated additional funding to support the continued work of NCTSN UAC supplement grantees. On June 30, 2020, SAMHSA awarded 12 of the original 13 UAC awardees additional funding to continue their work with the UAC population. The NCCTS continues to coordinate and support this work in a variety of ways, including through convening monthly NCTSN Unaccompanied Children Task Force meetings to facilitate resource sharing between grantees, support communication with government agencies and national organizations, provide trainings, facilitate referrals, and develop materials and resources. The NCCTS also continues to support and raise awareness of this population through the development of special products including NCTSN webinars, policy briefs, and podcasts.

Summary of Lessons Learned

- The UAC population served through the supplement funding experienced and witnessed significant child trauma in their home country, during their migration journey, and upon resettlement.
- Many providers across UAC service systems had limited prior education and training about child trauma.
- Immigrant children and families faced a range of needs, including assistance with basic living needs related to health, housing, and safety, many of which were exacerbated by the COVID-19 pandemic. Holistic support for children and families is an essential first step in building trust and opening the doors for engagement in trauma-focused services.
- Strong local and national partnerships were essential for reaching and earning trust among the UAC population, including partnerships with local food banks and legal organizations.
- Cultural and linguistic considerations were essential, including working with members of the diverse communities served to adapt treatments, interventions, and resources.
- Engaging community members, such as former UACs, as cultural brokers/liasons and family navigators was an effective strategy for building trust and engaging the UAC population in services.
- Providing clinical services and supports to this population was rewarding but was associated with secondary traumatic stress among some providers.
- Awardees were better able to respond, collaborate, and share resources with the coordination and support provided by the NCCTS.
- Awardees continued to adjust their services in response to the COVID-19 pandemic, with special emphasis on overcoming barriers to telehealth and provision of basic living needs (e.g., food, housing, healthcare).

“This particular grant, more than any other that has been awarded our organization, has mobilized an unprecedented level of inspiration within our team, and a community response to our work. This funding has provided the capacity for us to develop and initiate an entire program dedicated to immigrant children impacted by traumatic separation. This includes a mobile team that travels 400 miles from home for a week out of every month to reach the borderland and bring critical mental health resources to the heart of the crisis. Our hearts and lives are forever changed by this work. It is an incredible privilege, an honor, and a responsibility that has brought out the best in us as professionals and as human beings.”

- Stacey Frymier, Director, Las Cumbres Community Services, Inc., Española, New Mexico

For more information on NCTSN supplement work with unaccompanied and separated children, please contact Dr. Diane Elmore Borbon, NCCTS Policy Director at diane.elmore@duke.edu. NCTSN resources related to immigrant and refugee youth and families, including resource guides, fact sheets, webinars, and podcasts are available at: <https://www.nctsn.org/resources/nctsn-resources-related-traumatic-separation-and-refugee-and-immigrant-trauma>.