



MENTAL
HEALTH
FIRST AID®

FUNDING PROPOSAL DEVELOPMENT GUIDE

ABOUT THE GUIDE

The *Mental Health First Aid® USA Funding Proposal Development Guide* assists organizations and individuals interested in initiating or expanding local training programs in their communities. It serves as a grant template and a Mental Health First Aid and Youth Mental Health First Aid-specific resource to pursue funding. The document outlines program history and provides sample language and implementation models to support proposal development.

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Although the required elements in federal, state and private foundation requests for proposals vary, this guide includes the components found in most funding opportunities. Each section includes an introductory statement describing the content funding seekers should consider, including information specific to Mental Health First Aid USA and/or examples for that specific content area. In some sections, the National Council for Behavioral Health is the primary example, in others, a fictitious non-profit organization, *ABC Organization*, is referenced.

EXECUTIVE SUMMARY

Mental disorders are more common than heart disease and cancer combined. However, for too long, mental illnesses and substance use disorders have been treated as separate and tangential to our overall health and well-being. Because of this, accessing mental health services is not as simple as making an appointment with your family doctor. The stigma surrounding mental illness and substance use disorders often prevents people from seeking treatment, and those who do want help are not sure where to turn.

The National Council for Behavioral Health operates Mental Health First Aid® USA, an innovative public education model that is addressing this pervasive and persistent challenge in communities across the United States. Mental Health First Aid is an evidence-based, in-person training program with proven ability

IN THIS SECTION

Highlight the key components of the proposal summarizing the rationale and scope of the request.

Identify a quote(s) from an organizational administrator, local official, course participant (if applicable) or other key partner to include in this section.

to teach individuals how to recognize and respond to the warning signs of mental illness and substance use disorders and link people with appropriate treatment. Mental Health First Aid increases the understanding that mental illnesses are real, common and treatable.

The National Council's goal is to make Mental Health First Aid as common as CPR. Originating in Australia in 2001, Mental Health First Aid has expanded to more than 23 countries. Since the program was introduced in the United States in 2008, more than 10,000 instructors have been certified to teach the program and hundreds of thousands of Americans have been trained as "Mental Health First Aiders."

The *ABC Organization* requests your consideration of a grant in the amount of *[enter amount]* to support Mental Health First Aid *[or Youth Mental Health First Aid]* in our community.

Mental Health First Aid is a low-cost, high-impact program that generates tremendous community awareness and support, and enables thousands of individuals to be trained for a small investment.

Mental Health First Aid is truly a population-based health initiative. The response we have gotten to this program has been tremendous. We are very excited about this initiative and the impact that we believe it will have on community health. We see this initiative as an important component of our public health approach to behavioral health issues. It's been one of the best things to happen to the field.

Arthur Evans, Ph.D., Commissioner, Philadelphia's Department of Behavioral Health and Intellectual Disability Services

MENTAL HEALTH FIRST AID RESOURCES

Unfamiliar with Mental Health First Aid and don't know where to start? Review the [Quick Start Guide](#) and [How to Start a Local Program](#) for general information. Additional quotes are available in the [News](#) and [Success Stories](#) sections of the Mental Health First Aid USA [website](#).

ORGANIZATIONAL CAPACITY AND ADMINISTRATION

The National Council for Behavioral Health (National Council) is a not-for-profit 501(c)(3) association that acts as the unifying voice of America's mental health and addictions treatment organizations.

Together with 2,800 member organizations, serving 10 million adults, children and families living with mental illnesses and addictions, the National Council is committed to all Americans having access to comprehensive, high-quality care that affords every opportunity for recovery. The National Council was instrumental in bringing

Mental Health First Aid to the USA and, to date, more than 700,000 individuals have been trained. In 2014, the National Council merged with the State Associations of Addiction Services (SAAS).

The National Council advocates for public policies in mental and behavioral health that ensure access to comprehensive health care services. We offer state-of-the-science education and practice improvement resources so that services are efficient and effective. These services are offered to state and local governments, as well as health and human services organizations. The National Council provides training, technical assistance, consultation and public education to address organizational leadership and strategy, workforce development, systems change, best practices implementation and outcomes measurement as well as foster community understanding and support.

Mental Health First Aid is the National Council's premier public education program and benefits from the active participation of senior leadership and staff. National Council President and CEO Linda Rosenberg

IN THIS SECTION

Provide an organizational mission, history and overview of key activities here. It is helpful to include examples of organizational success. An example for the National Council is included.

is personally involved in extending the program's reach and working to make it as well known and widely used as regular first aid and CPR.

National Council's legislative advocacy efforts have achieved tangible results for Mental Health First Aid. Congress appropriated \$15 million to the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2014 and 2015 to train teachers, school personnel and youth-serving community-based organizations in Youth Mental Health First Aid. The Mental Health First Aid Act (H.R. 1877) has broad bi-partisan support and, when passed, will authorize \$15 million annually to train the American public. Additionally, 15 states have made Mental Health First Aid a priority by appropriating state funds. Texas has allocated \$5 million.

The National Council is staffed and resourced to offer multiple instructor and community trainings in response to growing demand, develop curriculum and offer strong support to the instructor network to deliver local training.

NEEDS ASSESSMENT

- It is more likely that one will be in contact with someone having an emotional or mental crisis than someone having a heart attack.ⁱ
- A 2013 federal survey reveals that one in five Americans — 43.8 million adults aged 18 or older — experience mental illness in a given year.ⁱⁱ
- An estimated 9.3 million American adults had serious thoughts of suicide in the past year – 2.7 million of them made suicide plans and 1.3 million attempted suicide.²
- Half of all mental health problems begin by age 14 and suicide is now the second leading cause of death for adolescents ages 15-19.^{iii,iv}
- Less than half of adults (44.7 percent) and fewer than one third of youth who experienced a mental illness in 2013 received mental health services during that period.^{2,v} If left unacknowledged and untreated, mental illnesses can result in disability, substance abuse, suicide, lost productivity and family discord.
- According to the World Health Organization, mental illness accounts for more disability in developed countries than any other group of illnesses, including cancer and heart disease.^{vi}
- The economic impact of mental illness in the United States is substantial — more than \$400 billion annually.^{vii,viii}
- Mental illness and substance use often co-exists with other health problems, such as cardiovascular disease, diabetes and obesity. Treatment can reduce the negative effects of these disorders.²

IN THIS SECTION

Describe the impact and prevalence of mental illness and substance use disorders in the community and/or population of focus. Include local or state statistics in addition to some of the general statistics provided in this guide. A minimum of five key points is recommended.

Outline the needs of those impacted by health disparities in prevalence, treatment access or delivery where applicable.

MENTAL HEALTH FIRST AID RESOURCES

The Mental Health First Aid and Youth Mental Health First Aid participant manuals include helpful resources and additional statistics.

The [ALGEE-ometer](#) maps the number of First Aiders and instructors across the US and displays percentage of the population trained in each state.

NEED MORE HELP?

The [Centers for Disease Control and Prevention](#), [Substance Abuse and Mental Health Services Administration](#), [National Institute of Mental Health](#) and [Office of Minority Health](#) are great resources for additional population-specific mental health and substance use statistics.

For state and local mental health data, consider SAMHSA's [Behavioral Health Barometer](#), the [Data Resource Center for Child and Adolescent Health](#) and state mental health plans on State Mental Health Authority websites.

PROGRAM OVERVIEW

ABC Organization has been involved with Mental Health First Aid [*or Youth Mental Health First Aid*] in our community since 20___. We currently have [*enter number*] certified instructors and have trained [*enter number*] Mental Health First Aiders to date.

The National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene and the Missouri Department of Mental Health founded Mental Health First Aid USA, building the curriculum on the foundation of the evidence-based Mental Health First Aid training and research program in Australia. The Australian program was developed using the consensus of international expert panels involving mental health consumers, caregivers and professionals.

The Mental Health First Aid course provides everyday people the skills to help someone who is experiencing a mental health crisis or intervene early to potentially prevent a crisis from occurring. The program is based on the principle that early intervention may prevent crises from becoming more severe as encouraging people to seek help early can improve recovery outcomes^{ix}. Mental Health First Aid teaches people how to connect a person in need with the appropriate professional, peer or self-help care.

Mental Health First Aid is included in the Substance Abuse and Mental Health Services' (SAMHSA) National Registry of Evidence-based Programs and Practices, has been rigorously evaluated and is proven to improve mental health literacy and reduce the stigma surrounding mental illness and substance use disorders. The core message of Mental Health First Aid is communicated through a 5-step action plan, called ALGEE, which encompasses the skills, resources and knowledge to help connect an individual in crisis with appropriate professional, peer, social and self-help care.

The program maintains its fidelity by utilizing a core group of approximately 30 national experts who provide 32 hours of training to individuals who, in turn, become certified instructors around the country. These instructors teach in-person courses in local communities to individuals who become certified Mental Health First

IN THIS SECTION

Include specific information on Mental Health First Aid's presence and presentation in the target organization or community. Also, provide a summary of the history, development and scope of the national program.

MENTAL HEALTH FIRST AID RESOURCES

Download the [syllabus](#) for Mental Health First Aid and Youth Mental Health First Aid to provide additional information and an overview of the course content.

[One-page overviews](#) of the instructor training process, adult curriculum supplements and the Spanish curricula are also available.

MENTAL HEALTH FIRST AID ACTION PLAN

- A**ssess for risk of suicide or harm
- L**isten nonjudgmentally
- G**ive reassurance and information
- E**ncourage appropriate professional help
- E**ncourage self-help and other support strategies

Aiders.

The program has been field-tested through community training and updated based upon participant feedback. While the core adult model has broad applications with a diverse range of audiences, a youth version of Mental Health First Aid, for adults who work with youth ages 12-18, was introduced in the fall of 2012. In addition, audience-specific modules that align with the adult Mental Health First Aid course have been created for public safety and law enforcement personnel, veterans, active members of the military and their families, higher education settings and for those working with older adults. Culturally and linguistically appropriate Spanish adaptations are also available for both the adult and youth curricula.

METHODOLOGY

ABC Organization: Sample Implementation Models

There are several methods for organizations and individuals wishing to expand or initiate Mental Health First Aid training in their community:

- A. Engage the existing instructor network.
Compensate existing local instructors to complete Mental Health First Aid or Youth Mental Health First Aid training through the proposed initiative.
- B. Support selected staff in obtaining instructor certification.
Identify qualified staff members with experience training or teaching adult learners within the organization and send a pair or small group to an instructor certification training.
- C. Host an onsite instructor training.
Assemble a large cohort of up to 30 qualified participants and contract with National Council to bring the instructor certification training to an identified local venue

IN THIS SECTION

Provide an overview of the proposed process for delivering trainings to the community.

Outline the proposed or current audiences for Mental Health First Aid or Youth Mental Health First Aid training delivery including current number of instructors, the number of courses typically offered, etc.

MENTAL HEALTH FIRST AID RESOURCES

Need additional information on the delivery of CEU's for Mental Health First Aid or Youth Mental Health First Aid? Visit [Continuing Education](#) for more details.

The National Council for Behavioral Health trains, certifies and supports instructors. Instructors serve as ambassadors for the program in their communities — generating awareness and demand — in addition to teaching the course and providing local resources for treatment and help.

Mental Health First Aid participants in our community typically include **[enter audiences or select from the following list: law enforcement and corrections officers; emergency first responders; human resources professionals; nurses and other primary health care workers; secondary education and university faculty, staff and student leadership; library personnel; corporate human resource managers; faith community leaders; veterans, national guard and military families; mental health and substance use patients and family members and other caring community members]**.

Once certified, a Mental Health First Aid instructor is required to teach at least three community trainings per year to maintain certification. Ideal class size for a community training is 15-25 people. Instructors often offer the program to the community free-of-charge or at a nominal fee, however program expenses — instructor time, participant manuals, venue and audio-visual costs, etc. — are valued nationally at \$170 per person. Frequently, courses are subsidized by the instructor's place of employment, grant or

foundation funding. Instructors are often able to work with regional and local certifying bodies to award continuing education credits to multiple groups of professionals who take the Mental Health First Aid course.

The National Council trains and manages the national instructor network; consults on program implementation, growth and marketing; analyzes evaluations from community courses; continuously enhances and updates the curriculum and provides continuing education for instructors. Technical assistance visits take place nationwide to ensure fidelity to the core program model. In addition, the National Council staff delivers the course nationally to high profile organizations, opinion leaders and key influencers.

GOALS AND OBJECTIVES

The National Council believes that Mental Health First Aid can change the way America thinks about mental illness — that this simple yet powerful program holds the key to increasing mental health literacy and understanding, promoting health and connecting people to care.

Goal: Prevent mental health-related crises because the general public understands strategies to intervene early and access appropriate treatment.

Process Objective: Facilitate the training and certification of an additional 4 million people throughout the United States, for a total of more than 5 million individuals trained since 2008.

Outcome Objective: By 2020, approximately 5 million Americans will be trained in Mental Health First Aid and will be better equipped to handle mental health issues.

ABC Organization: Sample Implementation Models

A. Existing Instructors—System-wide Dissemination

Goal: Youth in foster care are emotionally healthy and connected to mental health and addiction supports as appropriate.

Process Objective: Partner with existing certified instructors in the community to expand Youth Mental Health First Aid training delivery to child welfare workers in three high-need zip codes across the county.

Outcome Objective: In 12 months, at least 300 child welfare workers will be trained to recognize signs and symptoms of emotional and substance use problems representing more than 8,000 youth across the county.¹⁰

B. New Instructors—Targeted Population

Goal: Local law enforcement will improve communication by developing shared language and increased awareness of mental health and substance use challenges.

Process Objective: Selected officers will obtain Mental Health First Aid instructor certification and disseminate the training throughout the city police and fire academies.

IN THIS SECTION

Propose organizational goal(s), and expected objectives here. An example for National Council, in addition to implementation models for *ABC Organization* are included.

Incorporate a clear plan for sustainability after requested funds are exhausted.

MENTAL HEALTH FIRST AID RESOURCES

Mental Health First Aid USA created a [State Policy Toolkit](#) for organizations interested in disseminating the training program through advocacy and legislative appropriations.

Outcome Objective: All current academy staff and incoming police and fire cadets will receive Mental Health First Aid for Public Safety training, resulting in 1,000 Mental Health First Aiders trained over the next five years.

C. Hosted Training—Collaboration and Population-Based Penetration

Goal: Decreased stigma associated with mental illness and substance use problems through improved engagement and awareness.

Process Objective: Sponsor onsite instructor certification trainings by partnering with the local hospital system, school board and business community to pool resources and roll out an initiative across the state.

Outcome Objective: One-half percent of the state’s population trained in the next three years.

ACTION PLAN AND TIMELINE

Quarter 1

Invite applications from instructors for financial support for local program delivery, establish selection criteria (population target, instructor experience and financial needs and ability to provide/raise matching funds) and complete selection process.

Quarter 2

Select instructors, schedule community courses, engage local partners in audience outreach and marketing and organize all training logistics. Provide marketing/PR and technical assistance as needed by instructors.

Quarter 3

Deliver community courses, monitor course completion and feedback through reported evaluations, provide ongoing marketing/PR and technical assistance support.

Quarter 4

Complete delivery of community courses, confirm number of new Mental Health First Aiders and review all course feedback to develop final grant report.

IN THIS SECTION

Provide an organizational timeline based on goals and objectives stated in the previous section. An example for the National Council is included.

MENTAL HEALTH FIRST AID RESOURCES

A minimum of 60-90 days lead-time for planning purposes is suggested for all on-site Mental Health First Aid and Youth Mental Health First Aid instructor trainings.

Organizations may want to host monthly/quarterly meetups among local Mental Health First Aid and Youth Mental Health First Aid instructors to share lessons learned, identify opportunities and support adherence to fidelity.

ABC Organization: Sample Implementation Models

A. Existing Instructors—System-wide Dissemination

Outcome Indicators: Number of Mental Health First Aiders trained in the child welfare system and number of youth in foster care who self-report feeling supported by their case manager three months post-training measured by response to anonymous survey compared to baseline survey data.

B. New Instructors—Targeted Population

Outcome Indicators: Number of cadets certified in police and fire academies and staff who completed training, significant change in Mental Health First Aid Opinions quiz participant responses pre- and post-test, cadet self-reported use of learned skills at 3, 6 and 12 months post-training based on response to anonymous survey and compared to baseline survey data.

C. Hosted Training—Collaboration and Population-based Penetration

Outcome Indicators: Number of instructors from original cohort who remain in good standing annually

(training a minimum of three courses a year), number of Mental Health First Aiders trained (tracked quarterly), change in attitudes on Mental Health First Aid Opinions quiz participant responses pre- and post-test or alternate tool measuring social distance delivered to community members at baseline.

EVALUATION

Outcome indicators are based upon the total number of people trained and certified in Mental Health First Aid.

Instructors are required to register individuals for subsidized courses through a national web-based information management system (WIMS) that tracks program delivery. Upon course completion, instructors also must submit standardized evaluations completed by each participant through the WIMS. The National Council will use WIMS data to track and confirm the number of Mental Health First Aiders certified through grant-subsidized programs.

The evaluation and data collection instruments are based on a review conducted by the University of Maryland, as part of an independent national fidelity study of Mental Health First Aid USA.

The National Council also will conduct a limited number of technical assistance visits to ensure fidelity to the core program model. Qualitative and anecdotal data about the impact of Mental Health First Aid will be gathered through national online communities and forums of instructors and Mental Health First Aiders.

BUDGET NARRATIVE

A [enter amount] grant will provide the resources to accelerate the growth of the Mental Health First Aid program, allowing the National Council to fund the delivery of courses across the country.

- Local communities will receive a grant, not to exceed \$5,000 based upon their training capacity. Local sites will compete through a request for proposal (RFP) process. The National Council Mental Health First Aid team will establish and implement the selection criteria.
- The amount of funding per site will depend upon the communities' local financial needs. The costs per training include facilities, manuals, staff time and supplies.

ABC Organization: Sample Implementation Models

A. Existing Instructors—System-wide Dissemination

Budget: Local instructors will be compensated \$250 per course plus travel expenses (*up to four courses total*) to deliver Mental Health First Aid and/or Youth Mental Health First Aid courses to a minimum of 60

IN THIS SECTION

List all outcome indicators the organization will use to assess progress and achievement of goals, and explain how this will be accomplished

ADDITIONAL CONSIDERATIONS

Engage a local university as an evaluation partner during the planning phase of the initiative.

Add questions relevant to targeted population to the standardized Mental Health First Aid or Youth Mental Health First Aid evaluation tool.

IN THIS SECTION

Update based on specific grant or proposal requirements and needs describing how the potential funding will be used and what expenses will be incurred. Examples for the National Council and ABC Organization are included.

participants. Total amount of funding required per course includes facilities, manuals, staff time and supplies.

B. New Instructors—Targeted Population

Budget: Four officers (two police, two fire) will attend a National Council-hosted Mental Health First Aid training in Washington, DC. Manual costs are covered through the annual training budget. Requested funding to support instructor candidates is \$2,000 per person tuition, travel costs and \$50 per person Public Safety Curriculum Supplement fee.

C. Hosted Training—Collaboration and Population-based Penetration

Budget: Three instructor trainings will be hosted for a flat fee of \$35,000 per course, inclusive of all trainer fees, travel and per diem costs, as well as all training and participant materials. This will result in 90 instructors trained (assuming all instructors pass the certification process). Manual costs for participants are an additional expense. Space and technology are being provided in-kind by a community partner.

PERSONNEL

- Executive Sponsor
- Project Manager/Coordinator
- Administrative Support
- Mental Health First Aid/Youth Mental Health First Aid Instructors

MENTAL HEALTH FIRST AID RESOURCES

Download a [sample budget](#) for the 8-hour Adult and Youth Mental Health First Aid course.

For information about costs associated with hosting an on-site instructor certification course please contact info@MentalHealthFirstAid.org.

All course participants require a manual. The one-time cost of \$14.95 per adult manual and \$16.95 per youth manual is currently being supplemented by \$1 million in funding from the National Council as a part of the [Be 1 in a Million](#) campaign and is available to all instructors for \$8 each through December 2016.

IN THIS SECTION

Provide the names, titles and descriptions of the individuals who manage the Mental Health First Aid program and any instructors who will teach the course using the proposed funding.

MENTAL HEALTH FIRST AID RESOURCES

Consider outreach to existing certified instructors through the [Find a Course](#) feature on the Mental Health First Aid website to support new training initiatives.

APPENDICIES

- 501 (c)(3) IRS documentation
- Board of Directors
- Marketing Materials
 - List of media articles
 - One-pager of community quotes
- Organizational Budget

IN THIS SECTION

Include the appendices required in the foundation or grant proposal guidelines provided or include those listed.

MENTAL HEALTH FIRST AID RESOURCES

A variety of [marketing materials](#) and templates, sample quotes and other resources are available on the Mental Health First Aid USA Instructor Portal.

NEED MORE HELP?

- Search the news section of the national Mental Health First Aid website for past stories relevant to your population of focus.
- Follow Mental Health First Aid national and local social media accounts.
- Reach out to certified local instructors who may have quotes and relevant personal experiences.

RESOURCES

DATA SOURCES FOR THE NEEDS ASSESSMENT

COMMUNITY HEALTH NEEDS ASSESSMENT

Community Commons

<http://www.communitycommons.org/maps-data/>

GENERAL FUNDING SEARCH AND PROPOSAL STRUCTURE

Foundation Directory Online

The Foundation Center

<https://fconline.foundationcenter.org/>

The Community Tool Box: 14. Writing a Grant Application for Funding

University of Kansas

<http://ctb.ku.edu/en/writing-grant-application>

Anatomy of a Grant Proposal

GuideStar

<https://www.guidestar.org/Articles.aspx?path=/rxa/news/articles/2011/anatomy-of-a-grant-proposal.aspx>

General Proposal Guidance

University of North Carolina Writing Center

<http://writingcenter.unc.edu/handouts/grant-proposals-or-give-me-the-money/>

NEED MORE HELP?

Mental Health First Aid USA has resources available to support organizations and individuals as they prepare funding proposals. We would be happy to explore options with you. Feel free to forward additional questions or requests for information to info@MentalHealthFirstAid.org.

- i Mozzafarian D, Benjamin EJ, Go AS, et al. on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2016 update: a report from the American Heart Association. *Circulation*. 2016;133:e38-e360.
- ii Substance Abuse and Mental Health Services Administration. Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49, HHS Publication No. (SMA) 14-4887. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- iii Heron M. (2016). Deaths: Leading causes for 2013. *National vital statistics reports*; vol 65 no 2. Hyattsville, MD: National Center for Health Statistics.
- iv Merikangas, K.R. et al. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(10):980-9.
- v Costello, E. J., He, J. P., Sampson, N. A., Kessler, R. C., & Merikangas, K. R. (2013). Services for adolescents with psychiatric disorders: 12-month data from the National Comorbidity Survey-Adolescent. *Psychiatric Services*, 65(3), 459.
- vi US Burden of Disease Collaborators. The State of US Health, 1990-2010: Burden of Diseases, Injuries, and Risk Factors, *JAMA*, 2013; 310(6):591-606.
- vii Centers for Disease Control. Mental Illness Surveillance Among Adults in the United States Supplements. *Morbidity and Mortality Weekly Report*, 2011; 60(03):1-32. Retrieved from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm>.
- viii Insel TR Assessing the economic costs of serious mental illness *Am J Psychiatry*. 2008 Jun;165(6):663-5doi: 10.1176/appi.ajp.2008.08030366.
- ix Marshall, M., Lewis, S., Lockwood, A., Drake, R., Jones, P. and Croudace, T. (2005). Association between duration of untreated psychosis and outcome in cohorts of first episode patients: a systematic review. *Archives of General Psychiatry*, 62, 975-983.
- 10 Average caseload for child welfare workers is 24-31 children. U.S. General Accounting Office. (2003). *Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff*. Retrieved from: <http://www.gao.gov/new.items/d03357.pdf>.