

July 2009

HURRICANE KATRINA

Barriers to Mental Health Services for Children Persist in Greater New Orleans, Although Federal Grants Are Helping to Address Them



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Highlights of [GAO-09-563](#), a report to congressional requesters

Why GAO Did This Study

The greater New Orleans area—Jefferson, Orleans, Plaquemines, and St. Bernard parishes—has yet to fully recover from the effects of Hurricane Katrina. As a result of the hurricane and its aftermath, many children experienced psychological trauma, which can have long-lasting effects. Experts have previously identified barriers to providing and obtaining mental health services for children. The Department of Health and Human Services (HHS) and other federal agencies have supported mental health services for children in greater New Orleans through various programs, including grant programs initiated in response to Hurricane Katrina. GAO was asked to study the federal role in addressing barriers to these services in greater New Orleans. In this report, GAO (1) identifies barriers to providing and to obtaining mental health services for children in greater New Orleans, and (2) describes how federal programs, including grant programs, address such barriers.

To do this work, GAO used a structured interview and a written data collection instrument to gather views on barriers from 18 state and local stakeholder organizations selected on the basis of experts' referrals and the organizations' roles in children's mental health. To learn how federal programs address these barriers, GAO reviewed documents from and interviewed federal, state, and local officials involved in providing mental health services to children. GAO's work included a site visit to greater New Orleans.

View [GAO-09-563](#) or [key components](#). For more information, contact Cynthia A. Bascetta, (202) 512-7114, bascettac@gao.gov.

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Barriers to Mental Health Services for Children Persist in Greater New Orleans, Although Federal Grants Are Helping to Address Them

What GAO Found

Stakeholder organizations most frequently identified a lack of mental health providers and sustainability of funding as barriers to providing mental health services to children in the greater New Orleans area; they most frequently identified a lack of transportation, competing family priorities, and concern regarding stigma as barriers to families' obtaining services for children. Fifteen of the 18 organizations identified a lack of mental health providers—including challenges recruiting and retaining child psychiatrists and psychologists—as a barrier to providing services to children. Thirteen organizations identified sustainability of funding, including difficulty securing reliable funding sources, as a barrier to providing services. A lack of transportation was most frequently identified—by 12 organizations—as a barrier to families' ability to obtain services for their children. The two second most frequently identified barriers to obtaining services were competing family priorities, such as housing problems and financial concerns, and concern regarding the stigma associated with receiving mental health services.

A range of federal programs, including grant programs, address some of the most frequently identified barriers to providing and obtaining mental health services for children, but much of the funding they have supplied is temporary. Several federal programs support state and local efforts to hire or train mental health providers. For example, HHS's Professional Workforce Supply Grant has resulted in recruitment and retention incentives to mental health providers in the greater New Orleans area. Several HHS programs allow funding to be used to transport children to mental health services, including Medicaid and the 2006 Social Services Block Grant (SSBG) supplemental funding provided to Louisiana. However, much of the funding, including that from the Professional Workforce Supply Grant and the supplemental SSBG, is hurricane-related and will no longer be available after 2010. School-based health centers (SBHC) have emerged as a key approach in the area to address barriers to obtaining mental health services for children, and although there is no federal program whose specific purpose is to support SBHCs, state programs have used various federal funding sources to support them. For example, a Louisiana official told us funds from HHS's Maternal and Child Health Services Block Grant and Community Mental Health Services Block Grant support SBHCs in greater New Orleans. SBHCs address the transportation barrier because they are located on school grounds, and they help families by reducing the need for a parent to take time off from work to take a child to appointments. In addition, because SBHCs provide both mental health and other primary care services, the type of service a child receives is not apparent to an observer, which may reduce concern about stigma.

In commenting on a draft of this report, HHS provided additional information on mental health services provided in schools other than through SBHCs and emphasized the effect of a lack of stable housing on children's mental health. HHS also provided technical comments. GAO incorporated HHS's comments as appropriate.

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Abbreviations

| | |
|--------|--|
| ACF | Administration for Children and Families |
| ARF | Area Resource File |
| CCP | Crisis Counseling Assistance and Training Program |
| CHIP | State Children's Health Insurance Program |
| CMS | Centers for Medicare & Medicaid Services |
| DCI | data collection instrument |
| DOJ | Department of Justice |
| FEMA | Federal Emergency Management Agency |
| HHS | Department of Health and Human Services |
| HPSA | health professional shortage area |
| HRSA | Health Resources and Services Administration |
| HUD | Department of Housing and Urban Development |
| LaCHIP | Louisiana Children's Health Insurance Program |
| LDHH | Louisiana Department of Health and Hospitals |
| LSU | Louisiana State University |
| PCASG | Primary Care Access and Stabilization Grant |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SBHC | school-based health center |
| SSBG | Social Services Block Grant |

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United States Government Accountability Office
Washington, DC 20548

July 13, 2009

The Honorable Joseph I. Lieberman
Chairman
Committee on Homeland Security and Governmental Affairs
United States Senate

The Honorable Mary L. Landrieu
Chairman
Ad Hoc Subcommittee on Disaster Recovery
Committee on Homeland Security and Governmental Affairs
United States Senate

The greater New Orleans area has yet to fully recover from the effects of Hurricane Katrina, which made landfall on August 29, 2005.¹ One issue of concern with regard to the rebuilding effort is the availability of mental health services for children.² We estimate that in 2008 about 187,000 children were living in the greater New Orleans area—which we defined as Jefferson, Orleans, Plaquemines, and St. Bernard parishes.³ Many of these children experienced psychological trauma as a result of Hurricane Katrina and its aftermath, and studies have shown that such trauma can have long-lasting behavioral, psychological, and emotional effects on children. Experts have found increases in the incidence of depression, post-traumatic stress disorder symptoms, risk-taking behavior, and somatic and psychosomatic conditions in children who experienced the effects of Hurricane Katrina. In addition, children in the greater New Orleans area may continue to experience psychological trauma because of the slow recovery of stable housing and other factors, such as the recurring threat of hurricanes. Data collected by Louisiana State University (LSU) Health Sciences Center researchers have indicated that a

¹Parts of the area were further affected by Hurricane Rita, which struck the Gulf Coast on September 24, 2005.

²In this report, such services include inpatient and outpatient counseling or mental health treatment; related ancillary services like transportation, translation, and case management; mental health education and prevention services; and substance abuse prevention and treatment services.

³We arrived at this estimate for children through age 17 by combining public and private school enrollment data with an estimate of children younger than school age, for which we used data on births in recent years. See app. I for details regarding our computation.

substantial number of these children may need referrals for mental health services.

Hurricane Katrina devastated the health care system in the greater New Orleans area, resulting in the closure of many area hospitals and clinics, including Charity and University hospitals, which provided outpatient services through clinics in addition to inpatient services.⁴ These hospitals, which were part of the statewide LSU public hospital system, had been the main points of entry for many low-income and uninsured children and families to gain access to health care services. In November 2006, LSU reopened University Hospital under its new, temporary name, Interim LSU Public Hospital, which is operating at a lower capacity than Charity's and University's pre-Katrina capacity; Charity Hospital remained closed as of June 2009.

Experts have previously identified barriers both to providing and to obtaining mental health services for children,⁵ such as a lack of providers or concerns regarding the stigma often associated with mental health services.⁶ The current state of the health care system in greater New Orleans may have exacerbated some of these barriers. Since Hurricane Katrina, the federal government has directed over \$400 million toward restoring health services, including mental health services for children, in Louisiana and the greater New Orleans area. Other federal funding, not targeted to Katrina recovery, also supports the delivery of children's mental health services. For example, the Department of Health and Human Services (HHS), Department of Education (Education), and Department of Justice (DOJ) have programs, including grant programs, that support mental health services for children in the greater New Orleans area. These programs provide funding through annual formula grants—noncompetitive awards based on a predetermined formula—to Louisiana and through various discretionary grants to state and local agencies and nongovernmental organizations.

⁴Charity and University hospitals together were known as the Medical Center of Louisiana at New Orleans.

⁵In this report, barriers to providing services are those that affect the ability of health care organizations to provide mental health services for children; barriers to obtaining services are those that affect the ability of families to gain access to mental health services for children.

⁶See, for example, the President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America* (Rockville, Md., 2003).

You asked us to study the federal role in addressing barriers to mental health services for children in the greater New Orleans area. In this report, we (1) identify barriers to providing and barriers to obtaining mental health services for children in the greater New Orleans area, and (2) describe how federal programs, including grant programs, address barriers to providing and to obtaining mental health services for children.

To describe the barriers to providing and the barriers to obtaining mental health services for children in the greater New Orleans area, we developed structured interview questions and a written data collection instrument (DCI) to use in obtaining views of state and local stakeholder organizations. To develop these tools, we reviewed relevant data and literature and conducted interviews with subject-matter experts knowledgeable about mental health services for children in the greater New Orleans area to identify known barriers to mental health services for children. We selected 18 state and local stakeholder organizations to participate in our structured interviews and DCI based on referrals from subject-matter experts and knowledge of the organizations' roles related to children's mental health services in greater New Orleans. Each represented at least one of the following types of organizations: state government agency; local government agency; school district; mental health provider organization; nonprofit organization, including faith-based organizations; and social service or juvenile justice organization.

In our structured interviews, we asked open-ended questions to gather the 18 stakeholder organizations' views concerning barriers, using a combination of in-person and telephone contacts with representatives from each organization. Specifically, we asked the representatives of each organization, as a group, to identify the three greatest barriers to providing and the three greatest barriers to obtaining mental health services for children. At the conclusion of each structured interview, we administered the DCI to collect the views of each representative about the current barriers to mental health services for children in a standardized way, using a scale to assess whether the barriers had increased or decreased since Hurricane Katrina. In our analysis of the DCI, we aggregated the representatives' responses to develop an overall response for each organization. Because the 18 organizations were not selected by random sample, their views cannot be generalized to all organizations or individuals working in the field of children's mental health services in the greater New Orleans area.

We obtained data from HHS's Health Resources and Services Administration (HRSA) and the Greater New Orleans Community Data Center to provide context for the information we collected on barriers. We used parish-level data and national comparison data on the pre- and post-Katrina numbers of pediatricians and psychiatrists from the Area Resource File (ARF), which is maintained by HRSA. The ARF is a county-based health resources database that contains data from many sources, including the U.S. Census Bureau and the American Medical Association. To assess the reliability of the ARF data elements that we used in our analysis, we performed checks, such as examining the data for missing values, and reviewed related documentation. In addition to the ARF data, we used education and housing data maintained by the Greater New Orleans Community Data Center, a nonprofit organization that compiles data from sources such as the Department of Housing and Urban Development (HUD) and the Louisiana Department of Education. We interviewed knowledgeable Community Data Center officials about the steps they took to ensure the quality of their data. We determined that both the ARF data and the Community Data Center data were sufficiently reliable for our purposes.

To describe how federal programs, including grant programs, address barriers to providing and to obtaining mental health services for children in the greater New Orleans area, we gathered information from various sources, using the barriers most frequently identified by organizations in our structured interviews as our basis. We obtained documents from and interviewed federal, state, and local officials and grant recipients involved in the provision of mental health services to children. We also visited New Orleans and Baton Rouge to speak with state and local officials and grant recipients. To identify relevant federal programs, we reviewed the Catalog of Federal Domestic Assistance and interviewed agency officials, including representatives from HHS's Substance Abuse and Mental Health Services Administration (SAMHSA), HRSA, Centers for Medicare & Medicaid Services (CMS), and Administration for Children and Families (ACF); Education; and DOJ. We determined through interviews and reviews of documents such as grant applications and program reports whether the programs we identified funded mental health services in the greater New Orleans area. We also met with state and local officials, including officials from the Louisiana Department of Health and Hospitals (LDHH) and the

regional human services districts in the greater New Orleans area, to learn how federal funding was used.⁷

The federal programs we included in the scope of our work are (1) key programs intended to support mental health services in general and (2) programs that address at least one identified barrier to providing or obtaining mental health services for children. It was not possible for us to calculate a total amount of federal funding allocated or spent to support mental health services for children in the greater New Orleans area or the total number of children served through federal programs because of a lack of comparable data among federal and state agencies and individual programs.⁸

We conducted our work from April 2008 through June 2009 in accordance with all sections of GAO's Quality Assurance Framework that are relevant to our objectives. The framework requires that we plan and perform the engagement to obtain sufficient and appropriate evidence to meet our stated objectives and to discuss any limitations in our work. We believe that the information and data obtained, and the analysis conducted, provide a reasonable basis for any findings and conclusions in this product.

Background

Almost 4 years after Hurricane Katrina, the children living in the greater New Orleans area may be at particular risk for needing mental health services, but certain barriers may impede the delivery of such care. Since Hurricane Katrina, there has been increasing emphasis on providing community-based, rather than hospital-based, mental health services for low-income and uninsured children in the greater New Orleans area. Multiple federal agencies support the provision of mental health and related services for these children through various programs.

⁷LDHH's Office of Mental Health, Office of Addictive Disorders, and Office for Citizens with Developmental Disabilities give funding to regional human services districts to provide services in certain areas of the state.

⁸A few programs were able to provide parish-level data on the number of children receiving mental health services and the amount of federal funding used to provide those services. However, many of the programs, especially those with a broad scope of which mental health services was only one component, were not able to disaggregate their data to tell us how many children received mental health services specifically, or how much of their total federal funding was used for such services. In addition, some programs were able to provide only state-level data.

Mental Health Status of Children in the Greater New Orleans Area

Children in the greater New Orleans area may be at particular risk for needing mental health services. Researchers at LSU Health Sciences Center have conducted semiannual mental health screenings in selected schools in the greater New Orleans area since Hurricane Katrina. One of the lead LSU Health Sciences Center researchers told us that they had screened about 12,000 area children as of January 2008;⁹ of the children screened in January 2008, 30 percent met the threshold for a possible mental health referral. Although this was a decrease from the 49 percent level during the 2005-06 school year screening, the rate of decline was slower than experts had expected. The LSU Health Sciences Center lead researcher we spoke with interpreted this slower-than-expected decline as indicating that the mental health needs of children in the greater New Orleans area continue to be significant. The effects of a traumatic event can persist for years. For example, a 2006 study on the use of counseling services by people affected by the 2001 World Trade Center attack found that some people first sought counseling services more than 2 years after the event.¹⁰

Research has shown that children who grow up in poverty as well as those who are exposed to violence during or after a catastrophic disaster are at risk for the development of mental health disorders.¹¹ In 2007 the poverty rate for each of the four parishes in the greater New Orleans area was higher than the national average, and in Orleans and St. Bernard parishes, the rate was at least twice the national average. People who have experienced or witnessed certain incidents, including serious physical injury, during or after a catastrophic disaster can face an array of

⁹Children were screened using the Hurricane Assessment and Referral Tool for Children and Adolescents, which was developed by SAMHSA's National Child Traumatic Stress Network—a collaboration of academic- and community-based service centers focused on raising the standard of care and increasing access to services for traumatized children and their families—and asks about children's experiences and feelings related to a particular hurricane.

¹⁰N.H. Covell et al., "Use of Project Liberty Counseling Services Over Time by Individuals in Various Risk Categories," *Psychiatric Services*, vol. 57, no. 9 (2006), 1268-1270, cited in GAO, *Catastrophic Disasters: Federal Efforts Help States Prepare for and Respond to Psychological Consequences, but FEMA's Crisis Counseling Program Needs Improvements*, [GAO-08-22](#) (Washington, D.C.: Feb. 29, 2008).

¹¹See [GAO-08-22](#); V. Murali and F. Oyeboode, "Poverty, Social Inequality and Mental Health," *Advances in Psychiatric Treatment*, vol. 10 (2004), 216-224; and K.A.S. Wickrama et al., "Family Antecedents and Consequences of Trajectories of Depressive Symptoms from Adolescence to Young Adulthood: A Life Course Investigation," *Journal of Health and Social Behavior*, vol. 49, no. 4 (2008), 468-483.

psychological consequences.¹² The LSU Health Sciences Center lead researcher we spoke with told us that January 2008 data showed that 16 to 21 percent of children screened had a family member who had been injured in Hurricane Katrina, and 13 to 18 percent of children screened had a family member who had been killed in the hurricane.

Barriers to Mental Health Services

The President's 2003 New Freedom Commission on Mental Health determined that many barriers can impede delivery of services for people with mental illness.¹³ The commission specifically identified stigma, cost, not knowing where or how to obtain services, unavailable services, workforce shortages, and a fragmented mental health delivery system as barriers. The stigma surrounding mental illness—negative attitudes and beliefs about mental illness that can deter people from seeking treatment—was described as a pervasive barrier preventing Americans from understanding the importance of mental health. The commission also noted that there was a national shortage of mental health providers and a lack of providers trained in evidence-based practices.¹⁴ The commission recommended early intervention, education, and screening in low-stigma settings—such as primary care and school settings—as ways to prevent mental health problems in children from worsening.

Delivery System for Mental Health Services for Low-Income and Uninsured Children and Families in the Greater New Orleans Area

Before Hurricane Katrina, health care services for low-income and uninsured children and families in the greater New Orleans area were primarily hospital-based. These individuals had access to mental health services through Charity and University hospitals, which were a major source of psychiatric care for the area. About half of the patients served by these hospitals were uninsured, and about one-third were covered by Medicaid.¹⁵

¹²See [GAO-08-22](#).

¹³See the President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*, 16.

¹⁴Evidence-based practices are a range of treatments and services for which effectiveness is well documented.

¹⁵Medicaid is a federal-state health insurance program for certain low-income individuals.

Since Hurricane Katrina and the subsequent reduction in hospital capacity, according to state and local officials, there has been an increasing emphasis on providing community-based mental health services, including through school-based health centers (SBHC) and other programs that provide mental health services in schools. In general, SBHCs are located in schools or on school grounds and provide a comprehensive range of primary care services to children. Louisiana's SBHCs provide mental health services in addition to other primary care services.¹⁶ The LDHH Office of Public Health operates the Adolescent School Health Initiative, which facilitates the establishment of SBHCs in Louisiana, establishes standards for SBHCs, and monitors their quality of care. Each SBHC is administered by a sponsor organization, such as a hospital or school, and is required to have a mental health provider on staff. A parent or guardian must sign a written consent form for a student to receive services at an SBHC.

Some children can gain access to mental health services through the regional human services districts, to which LDHH's Office of Mental Health, Office for Addictive Disorders, and Office for Citizens with Developmental Disabilities give funding to provide services in certain areas of the state. The regional human services districts operate and manage community-based programs and services, including mental health services.¹⁷ In the greater New Orleans area, the Jefferson Parish Human Services Authority serves Jefferson Parish, and the Metropolitan Human Services District serves Orleans, Plaquemines, and St. Bernard parishes.

Federal Agencies with Responsibilities Related to Mental Health Services for Children

Multiple federal agencies support the provision of mental health and related services for children in the greater New Orleans area through various programs, including grant programs. (See app. II for information on selected federal programs that support mental health and related services for children. See app. III for information on selected services provided to children by these programs.)

¹⁶During the 2007-08 school year, there were 62 SBHCs operating throughout Louisiana.

¹⁷The human services districts allow for local control, involvement, and plans based on the unique needs in each region.

HHS supports the provision of mental health services for children in the greater New Orleans area through several of its agencies, including SAMHSA, HRSA, CMS, and ACF. SAMHSA, which has the primary federal responsibility for children's mental health services, works to improve the availability of effective mental health services, substance abuse prevention and treatment services, and related services through formula grant programs—such as the Community Mental Health Services Block Grant—and discretionary grant programs—such as the National Child Traumatic Stress Initiative and the Child Mental Health Initiative.

HRSA works to improve health care systems and access to health care for uninsured and medically vulnerable populations. Its Health Center Program supports health centers in the greater New Orleans area that provide primary care services, including mental health services, to adults and children. In addition, HRSA supports the provision of mental health services to children through formula and discretionary grant programs, such as the Maternal and Child Health Services Block Grant and the Bureau of Clinician Recruitment and Service's National Health Service Corps Scholarship Program and Loan Repayment Program.

CMS provides funding for health care coverage for its programs' beneficiaries and administers certain additional grant programs related to Hurricane Katrina. CMS administers Medicaid and the State Children's Health Insurance Program (CHIP), and the programs are jointly financed by the federal government and the states.¹⁸ Medicaid and CHIP represent a significant federal funding source for health services, including mental health services, for children in Louisiana. For example, in state fiscal year 2008, the Louisiana Medicaid and LaCHIP¹⁹ programs reimbursed almost \$9.4 million to providers for over 66,000 claims for mental health services for children in the greater New Orleans area.²⁰ Over 110,000 children in the greater New Orleans area were enrolled in these two programs as of August 2008. The programs cover inpatient psychiatric services,

¹⁸CHIP is a federal-state health insurance program for certain low-income, uninsured children under age 19 whose family income is too high for Medicaid eligibility.

¹⁹LaCHIP is the program name that Louisiana uses for its State Children's Health Insurance Program.

²⁰These figures include data from the Louisiana Medicaid and LaCHIP programs, and include both the state and federal share. The figures do not include claims from the LaCHIP Affordable Plan, which is available to children in families with incomes too high for the LaCHIP program and is administered by a separate state office.

psychological and behavioral services provided by licensed psychologists, physician psychiatric services, and services of licensed clinical social workers when provided in certain settings. CMS also administers additional grant programs related to Hurricane Katrina, including the Primary Care Access and Stabilization Grant (PCASG), a program intended to assist in the restoration and expansion of outpatient primary care services, including mental health services, in the greater New Orleans area;²¹ the Professional Workforce Supply Grant, intended to address shortages in the professional health care workforce; and the Provider Stabilization Grants, a program intended to assist health care facilities that participate in Medicare to recruit and retain staff.²²

ACF administers programs that promote the economic and social well-being of children, families, and communities. It supports counseling and treatment services, education, prevention initiatives, and ancillary services such as transportation through programs such as the Child Care and Development Fund and the Head Start program. In addition, in 2006 ACF distributed emergency supplemental Social Services Block Grant (SSBG) funding to Louisiana that in part supported mental health services.²³

In addition to the HHS agencies, other federal agencies also support the provision of mental health and related services to children in the greater New Orleans area. Education supports mental health services for children through school violence prevention and substance abuse prevention

²¹For additional information about the PCASG and the Professional Workforce Supply Grant, see GAO, *Hurricane Katrina: Federal Grants Have Helped Health Care Organizations Provide Primary Care, but Challenges Remain*, [GAO-09-588](#) (Washington, D.C.: July 13, 2009).

²²The full names of these grants are the Hurricane Katrina Healthcare Related Professional Workforce Supply Grant, and the Hurricane Katrina Healthcare Related Provider Stabilization Grant. In this report, we refer to these grants as the Professional Workforce Supply Grant and the Provider Stabilization Grant. These awards were made under a provision of the Deficit Reduction Act of 2005 authorizing payments to restore access to health care in communities affected by Hurricane Katrina, Pub. L. 109-171, §6201(a)(4), 120 Stat. 4, 133 (2006).

²³SSBG supplemental funds were appropriated to ACF for allocation to states for expenses related to the 2005 hurricanes under the Department of Defense, Emergency Supplemental Appropriations to Address Hurricanes in the Gulf of Mexico, and Pandemic Influenza Act, 2006, Pub. L. No. 109-148, div. B, title I, ch. 6, 119 Stat. 2680, 2768 (2005). Additional SSBG supplemental funding was allocated to Louisiana in January 2009 and is available through September 2009 from an appropriation made by the Consolidated Security, Disaster Assistance, and Continuing Appropriations Act, 2009, Pub. L. No. 110-329, div. B, title I, ch. 7, 122 Stat. 3574, 3594-95 (2008).

programs, such as the Safe and Drug-Free Schools and Communities State Education Agency and Governors' Grants. DOJ supports mental health services for children who have been victims of crime through its Crime Victim Assistance program.

Some programs are the shared responsibility of multiple agencies. The Department of Homeland Security's Federal Emergency Management Agency (FEMA) and SAMHSA are partners in administering the Crisis Counseling Assistance and Training Program (CCP), which provides crisis counseling services after events for which a presidential disaster declaration has been made.²⁴ The CCP provided funding to LDHH's Office of Mental Health, the state CCP grantee, for crisis counseling services in the greater New Orleans area after Hurricanes Katrina and Rita.²⁵ FEMA also supported case management services for victims of Hurricanes Katrina and Rita through the Disaster Housing Assistance Program, which is administered by HUD.

In addition to federal programs, state funding and donations also support mental health and related services to children in the greater New Orleans area. For example, a grant from the W.K. Kellogg Foundation is helping to support SBHCs in New Orleans. Louisiana must provide matching funds as a requirement of its receipt of some federal grants, so federal funding may represent only a portion of the total funding. For example, both HRSA's Maternal and Child Health Services Block Grant and SAMHSA's Child Mental Health Initiative require the state to match federal grant funds.

²⁴FEMA administers CCP through an annual interagency agreement with SAMHSA.

²⁵Louisiana received additional funding to continue CCP services in response to Hurricane Gustav, which made landfall near New Orleans on September 1, 2008.

Lack of Providers Was Most Frequently Identified Barrier to Providing Children’s Mental Health Services, and Lack of Transportation Was Most Frequently Identified Barrier to Obtaining Services

Stakeholder organizations that participated in our structured interviews and responded to our DCI most frequently identified lack of mental health providers and sustainability of funding as barriers to providing mental health services to children in the greater New Orleans area. These organizations most frequently identified a lack of transportation, competing family priorities, and concern regarding stigma as barriers to families’ obtaining mental health services for children.

Lack of Mental Health Providers and Sustainability of Funding Were Most Frequently Identified Barriers to Providing Services

A lack of mental health providers in the greater New Orleans area was the most frequently identified barrier to providing services to children among the stakeholder organizations that participated in our structured interviews. (See table 1.) Fifteen of the 18 organizations identified a lack of mental health providers—including challenges recruiting and retaining child psychiatrists, psychologists, and nurses—as a barrier.²⁶ Several organizations specifically described challenges in recruiting and retaining staff with particular training, such as in evidence-based practices or treatment of children and adolescents. One organization said that while a nationwide shortage of trained mental health providers contributed to recruitment difficulties before Hurricane Katrina, the hurricane exacerbated the situation because many providers left the greater New Orleans area. In their responses to the DCI, 14 of the 15 organizations reported that recruitment was more challenging now than before Hurricane Katrina, and 12 of the 15 reported that retention was more challenging now than before Hurricane Katrina.

²⁶The representatives of the 18 state and local stakeholder organizations we interviewed were asked, as a group, to identify the three greatest barriers to providing and to obtaining mental health services for children in the greater New Orleans area.

Table 1: Most Frequently Identified Barriers to Providing Mental Health Services for Children in the Greater New Orleans Area

| Barrier | Number of organizations identifying barrier |
|--|---|
| Lack of mental health providers | 15 |
| Sustainability of funding | 13 |
| Availability of referral services | 5 |
| Lack of coordination between mental health providers or other providers serving children | 3 |
| Availability of physical space for programs | 2 |

Source: GAO.

Note: Data are from analysis of structured interview data collected from September through November 2008. Each of 18 stakeholder organizations was interviewed and asked to identify the three greatest barriers to providing mental health services for children. In some cases, organizations offered fewer than three barriers. Barriers named by only 1 organization were omitted from this table.

Other developments underscore the lack of mental health providers as a barrier. For example, HRSA designated the parishes in the greater New Orleans area as health professional shortage areas (HPSA) for mental health in late 2005 and early 2006;²⁷ before Hurricane Katrina, none of the parishes had this designation for mental health. HRSA’s ARF data also indicate that the greater New Orleans area has experienced more of a decrease in mental health providers than some other parts of the country. For example, the ARF data documented a 21 percent decrease in the number of psychiatrists in the greater New Orleans area from 2004 to 2006, during which time there was a 1 percent decrease in Wayne County, Michigan (which includes Detroit and which had pre-Katrina poverty and demographic characteristics similar to those of the greater New Orleans area) and a 3 percent increase in counties nationwide. Furthermore, LDHH data showed a 25 percent decrease in the number of mental health providers in the greater New Orleans area—including psychiatrists and licensed clinical social workers—who participated in Medicaid and LaCHIP from state fiscal year 2004 to state fiscal year 2008.

²⁷HPSAs are used to identify geographic areas, population groups, or facilities facing a shortage of primary care, dental, or mental health providers. HPSA geographic area designation for mental health is based on the ratio of population to mental health professionals, as well as other factors, including an unusually high need for mental health services.

Sustainability of funding—including difficulty securing reliable funding sources and limitations on reimbursement for services—was the second most frequently identified barrier to providing services for children. Thirteen of the 18 organizations identified sustainability of funding as a barrier. One organization stated that there was a need to secure sustainable funding from public and private sources because individuals and organizations that had provided funding before Hurricane Katrina were no longer donating because they were leaving the greater New Orleans area. Two organizations said that the ability to obtain reimbursement for mental health services provided outside of traditional clinic settings, such as in schools, would allow some of these services to be sustained over the long term.

Organizations that participated in the structured interviews identified several additional barriers to providing services for children. Availability of referral services—including the limited availability of space at inpatient psychiatric hospitals and other types of treatment facilities—was identified as a barrier by five organizations.²⁸ One organization noted that in order to place children in residential treatment for mental illness, it had to compete for beds in Shreveport—located 5 hours outside the greater New Orleans area—or potentially send children out of state. In either case, regular family involvement in treatment, which experts say is important for treatment success, would be limited. Three organizations identified a lack of coordination between mental health providers or other providers serving children as a barrier. A 2006 review of the mental health system in Louisiana found that children with mental health problems could receive services through multiple systems—such as primary health care, schools, and social services—and that the lack of coordination and communication among these systems could result in providers not providing services to children who need them or providing duplicated services.²⁹ Finally, two organizations identified availability of physical space in which to house programs as a barrier. One organization said that more than 3 years after Hurricane Katrina, providers still had difficulty locating physical space.

²⁸For more information on the availability of inpatient psychiatric beds and other hospital-based services in the greater New Orleans area after Hurricane Katrina, see GAO, *Hurricane Katrina: Status of Hospital Inpatient and Emergency Departments in the Greater New Orleans Area*, [GAO-06-1003](#) (Washington, D.C.: Sept. 29, 2006).

²⁹Behavioral Health Policy Collaborative and Technical Assistance Collaborative, *A Roadmap for Change: Bringing the Hope of Recovery to Louisianans with Mental Health Conditions: Recommendations for Transformation Based on Findings from a Review of Mental Health Systems and Services* (Alexandria, Va., and Boston, Mass., June 2006).

Lack of Transportation, Competing Family Priorities, and Concern Regarding Stigma Were Most Frequently Identified Barriers to Obtaining Services for Children

A lack of transportation in the greater New Orleans area was the most frequently identified barrier to obtaining mental health services for children among the stakeholder organizations that participated in our structured interviews. (See table 2.) Twelve of the 18 organizations identified a lack of transportation as a barrier. For example, 1 organization told us that it was difficult for children and families to travel to clinics to obtain services because the bus system was not running at full capacity and high gas prices in 2008 made travel by car more expensive. Another organization mentioned that more families had cars before Hurricane Katrina, but many of these vehicles were destroyed in the flooding. Furthermore, in their DCI responses, 10 of the 12 organizations reported that transportation was more challenging now than before Hurricane Katrina.

Table 2: Most Frequently Identified Barriers to Obtaining Mental Health Services for Children in the Greater New Orleans Area

| Barrier | Number of organizations identifying barrier |
|--|--|
| Lack of transportation | 12 |
| Competing family priorities | 11 |
| Concern regarding stigma | 11 |
| Lack of available services | 8 |
| Not knowing where to go to obtain services | 3 |
| Lack of health insurance | 2 |

Source: GAO.

Note: Data are from analysis of structured interview data collected from September through November 2008. Each of 18 stakeholder organizations was interviewed and asked to identify the three greatest barriers to obtaining mental health services for children. Barriers named by only 1 organization were omitted from this table.

Competing family priorities—including dealing with housing problems, unemployment, and financial concerns—was tied as the second most frequently identified barrier to obtaining services for children. Competing family priorities was identified as a barrier by 11 of the 18 organizations, and in their DCI responses, 10 of the 11 organizations reported that family stress was more challenging now than before Hurricane Katrina. One organization told us that families were focused on issues such as rebuilding their homes and reestablishing their lives and that mental health concerns were seen as a low priority. The organization added that in the greater New Orleans area the cost of living, such as for rent and

food, had risen. For example, the average fair market rent in the New Orleans Metropolitan Statistical Area³⁰ for a two-bedroom unit rose about 40 percent—from \$676 to \$949 per month—from fiscal year 2005 to fiscal year 2009,³¹ exceeding the estimated affordable monthly rent for a resident earning the average income of about \$37,000 a year.³²

Concern regarding the stigma that is associated with receiving mental health services was the other barrier to obtaining services for children that was identified second most frequently—by 11 organizations. One organization said that a perception existed that a parent, by seeking out mental health services for his or her child, was labeling that child as “crazy.” In their DCI responses, 7 of the 11 organizations reported that concern regarding stigma was as challenging now as it was before Hurricane Katrina. Several organizations, however, told us that although individuals may continue to have concern about stigma if their own child is identified as needing mental health services, they have also observed more acceptance of the idea of mental health services in general.

Organizations identified several additional barriers to obtaining children’s mental health services in the greater New Orleans area. A lack of service availability—including the availability of translation services and the ability to easily obtain an appointment—was identified as a barrier by eight organizations. For example, one organization told us that one parish’s high schools had students from up to 50 different ethnic groups, including a larger number of non-English-speaking students than before

³⁰The New Orleans Metropolitan Statistical Area includes the parishes of Orleans, Jefferson, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, and St. Tammany. Fair market rents, developed annually by HUD’s Office of Policy Development and Research for 530 metropolitan areas, generally represent the dollar amount below which 40 percent of the standard-quality rental housing units are rented.

³¹U.S. Department of Housing and Urban Development, Office of Policy Development and Research, “2005 FMR Summary for New Orleans, LA MSA,” *Fair Market Rent Documentation System* (Washington, D.C.: U.S. Department of Housing and Urban Development, September 2007), <http://www.huduser.org/datasets/fmr.html> (accessed June 19, 2009); and U.S. Department of Housing and Urban Development, Office of Policy Development and Research, “The Final FY 2009 New Orleans-Metairie-Kenner, LA MSA FMRs for All Bedroom Sizes,” *Final FY 2009 Fair Market Rent Documentation System* (Washington, D.C.: U.S. Department of Housing and Urban Development, April 2009), <http://www.huduser.org/datasets/fmr.html> (accessed June 21, 2009).

³²The Brookings Institution Metropolitan Policy Program & Greater New Orleans Community Data Center, *The New Orleans Index* (New Orleans, La.: January 2009). Estimated affordable monthly rent data are from 2007, the most recent year available for Occupational Employment and Wage Estimates from the Bureau of Labor Statistics.

Hurricane Katrina. Although the children were learning English, the teachers and administrators were challenged in trying to communicate with the parents and to preserve confidentiality when using an interpreter. In addition, five of the eight organizations reported in their DCI responses that the availability of translation and interpretation services was more challenging now than before Hurricane Katrina. Three organizations identified not knowing where to go to obtain services as a barrier. For example, one organization said that before the hurricane many people knew mental health services were available at Charity Hospital, but that following its closing fewer people were aware of alternate locations offering such services. All three organizations reported in their DCI responses that not knowing where to go for services was a more challenging barrier now than before Hurricane Katrina. Finally, the lack of health insurance was identified as a barrier by two organizations. One organization said that many parents were overwhelmed by the process of signing up their children for LaCHIP, especially because living in multiple states complicated the process.

Federal Programs Address Barriers by Supporting State and Local Efforts to Hire Providers; Assist Families; and Deliver Care through School-Based Health Centers

A range of federal programs address the most frequently identified barriers to providing and obtaining mental health services for children, but much of the funding for these programs is temporary. Since Hurricane Katrina, SBHCs have emerged as a key approach to addressing barriers to obtaining services, and state agencies have used federal funding to support these clinics.

Federal Programs Provide Funding to Hire Providers, Supply Transportation, Assist Families, and Reduce Stigma, but Much Funding Is Temporary

We found that the federal programs in our review provided funding that addresses four of the five most frequently identified barriers but that much of it was temporary and did not fully address the remaining barrier in this group, sustainability of funding. (See app. II and app. III, respectively, for additional information on the federal programs in our review and selected services supported by these programs.)

Lack of mental health providers. After Hurricane Katrina, the greater New Orleans area received funding from CMS and HRSA programs to address a general lack of providers, including children’s mental health providers. For example, as of May 2008, CMS’s Professional Workforce Supply Grant, created with the intent to recruit and retain health professionals in the greater New Orleans area, was used to provide financial incentives to 82 mental health providers who agreed to either take a new position or continue in a position in the greater New Orleans area and to serve for at least 3 years. This funding will be available through September 2009. About two-thirds of the provider organizations receiving PCASG funds told us they used some of the funding to hire mental health providers; these funds will be available through September 2010. In addition, through CMS’s Provider Stabilization Grants, awarded to Louisiana to help health care facilities hire and retain providers, \$52,001 was provided in June 2007 to community mental health centers in Orleans Parish that serve children.³³ As of October 2008, HRSA’s Bureau of Clinician Recruitment and Service, which provides student loan repayment and scholarships to providers serving in designated HPSAs, was supporting 7 mental health professionals in the greater New Orleans area—4 social workers, 2 psychologists, and 1 child psychiatrist.

A few federal programs support training of children’s mental health providers, which helps address a lack of providers trained in children’s mental health, which was identified as a barrier in our structured interviews. SAMHSA’s National Child Traumatic Stress Initiative awarded two grants in October 2008 to providers in the greater New Orleans area to provide training on, implement, and evaluate trauma-focused treatment for children.³⁴ For example, providers in the greater New Orleans area were trained on various trauma-related interventions, which included evidence-based practices that are delivered in schools. In addition, the Children’s Health Fund Community Support and Resiliency Program, whose funding from SAMHSA expires in September 2009, provides comprehensive training and technical assistance on the assessment and treatment of trauma in children for medical, mental health, education, and child care professionals in the greater New Orleans area.

³³Under federal regulations, community mental health centers must provide certain mental health services, including outpatient services to children, in order to receive certain types of Medicare reimbursement.

³⁴These grants may be awarded annually for up to 4 years. Annual continuation awards depend on the availability of funds and grantee progress.

Lack of transportation. Although none of the federal programs included in our review are designed solely to provide transportation for children obtaining mental health services, officials we interviewed told us that funding from several federal programs has been used in that way. For example, Louisiana designated \$150,000 in the fiscal year 2009 Community Mental Health Services Block Grant state plan for transportation for children in the greater New Orleans area, and funding from ACF's 2006 SSBG supplemental grant and SAMHSA's Child Mental Health Initiative has also been used to supply transportation to mental health appointments for children.³⁵ Louisiana Medicaid officials told us that the Louisiana Medicaid program provides reimbursement for nonemergency, previously authorized transportation for enrolled children for any Medicaid-covered service and for medical emergencies, including transportation to inpatient mental health facilities. Louisiana Medicaid also provides reimbursement to family or friends who provide medically necessary transportation for Medicaid enrollees and provides reimbursement for home- or community-based treatment, which can reduce the need for transportation to provider offices. SAMHSA's National Child Traumatic Stress Initiative has two grantees in the greater New Orleans area that provide trauma-focused mental health services to children in schools, which can also reduce the need for transportation to provider offices. For example, an official from one grantee told us they have provided mental health services to children who live in the more rural sections of the greater New Orleans area, for whom travel time to services could be a significant barrier to obtaining care.

Competing family priorities. Federal programs provide funding that is used to alleviate conditions that create competing family priorities—including dealing with housing problems, unemployment, and financial concerns—to help families more easily obtain children's mental health services. Federal programs address competing priorities, in part, by providing case management, information, and referral services,³⁶ which

³⁵SAMHSA's Child Mental Health Initiative is a program that assists states and other eligible applicants in developing integrated home- and community-based services and supports for children and youth with serious emotional disturbances. Grantees can receive annual grants for a project period of up to 6 years. The grant was awarded to LDHH's Louisiana Youth Enhanced Services program in 2004.

³⁶For more information on case management services provided after Hurricane Katrina, see GAO, *Disaster Assistance: Greater Coordination and an Evaluation of Programs' Outcomes Could Improve Disaster Case Management*, [GAO-09-561](#) (Washington, D.C.: July 8, 2009).

can help families identify and obtain services such as health care, housing assistance, and employment assistance. For example, the 2006 SSBG supplemental funding supported over 25,000 case management services to children in Louisiana from July 2006 through September 2008.³⁷ In addition, officials from a local organization that received funding from ACF's Head Start told us that the program had provided families with information and referrals for mental health services. HUD's and FEMA's Disaster Housing Assistance Program provided case management services, which included social services such as job training and referrals for mental health services, in addition to rental assistance to certain families displaced by Hurricanes Katrina and Rita.³⁸ The program ended on March 1, 2009, but program clients in Louisiana will continue to receive services through a transitional program through August 31, 2009.³⁹

Federal programs also address competing family priorities by providing direct financial assistance, which may help alleviate family stress and make it easier for families to devote resources and effort to obtaining mental health services for their children. For example, the Metropolitan Human Services District uses federal funding from the Community Mental Health Services Block Grant to give financial assistance for utilities, rent, and school uniforms to families of children who have certain mental health disorders, or to provide family stabilization services to help keep these children in their homes. In addition, the Louisiana state program that uses the SAMHSA Child Mental Health Initiative grant provides time-limited funding for tutoring, school uniforms, and other expenses when they are a part of an individualized service plan for children with diagnosed mental health disorders.

Concern regarding stigma. An official from one of the National Child Traumatic Stress Initiative grantees in the greater New Orleans area told us that because school systems they have worked with have integrated the delivery of mental health services into the schools, the stigma associated

³⁷Data specific to the greater New Orleans area were not reported.

³⁸Families displaced by Hurricanes Gustav and Ike were eligible to participate in a separate Disaster Housing Assistance Program that also provides case management services and rental assistance. This program will end in March 2010.

³⁹HUD has implemented a transition program that will continue to provide rental benefits through August 2009. In addition, HUD officials said they signed an agreement in March 2009 with the Louisiana Recovery Authority to provide case management to clients in the transition program.

with mental health services has decreased. In addition, some federal programs support the provision of education services, which the President's New Freedom Commission on Mental health reported can reduce stigma associated with mental health services.⁴⁰ For example, in 2008 FEMA's and SAMHSA's CCP program provided information about counseling services through a media campaign that included billboards, television commercials, and print and radio advertisements. SAMHSA's State/Tribal Youth Suicide Prevention Grants provided suicide prevention and education services through a 2007 media campaign that included busboards, radio public service announcements, and print advertisements throughout the greater New Orleans area.

Sustainability of funding. Although most of the federal programs we identified were not established as a direct result of Hurricane Katrina, the programs that are hurricane-related have been an important source of support for mental health services for children in the greater New Orleans area. However, much of this funding is temporary. For example, three hurricane-related grant programs—CMS's PCASG and Professional Workforce Supply Grant and ACF's 2006 SSBG supplemental funding—will no longer be available to grantees after 2010. Although the PCASG was created with the expectation that providing short-term financial relief would significantly increase the likelihood of the PCASG fund recipients' sustainability, and PCASG recipients were required to prepare sustainability strategies as part of their application, it is too early to know whether these organizations will achieve sustainability.⁴¹

Louisiana Has Used Federal Programs to Help Support School-Based Health Centers, Which Have Emerged as a Key Approach to Addressing Transportation and Other Barriers

Since Hurricane Katrina, the number of SBHCs in the greater New Orleans area has increased. At the start of the 2005-06 school year, there were seven SBHCs providing mental health and other primary care services to children in the greater New Orleans area. Most of these SBHCs were closed as a result of damage from Hurricanes Katrina and Rita, and the ones that remained open had also sustained damage. During the 2007-08 school year, there were nine SBHCs in the greater New Orleans area, and state officials told us in February 2009 that at least four more SBHCs were in the planning stages for this area.

⁴⁰The President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*, 23.

⁴¹For additional information about the PCASG fund recipients' sustainability plans, see [GAO-09-588](#).

Louisiana's SBHCs receive their funding from several sources. The LDHH Office of Public Health, which oversees SBHCs in the state, provides some state funding.⁴² There is no federal program whose specific purpose is to support SBHCs, but LDHH and local providers have used funding from various federal sources to support SBHCs. For example, a state official told us that the Office of Public Health has used a small portion of LDHH's annual Maternal and Child Health Services Block Grant from HRSA to support SBHCs. Some organizations that support SBHCs in the greater New Orleans area have also received temporary funding, such as from the PCASG and the hurricane-related SSBG supplemental funding. In addition, the Jefferson Parish Human Services Authority, which provides mental health services at SBHCs, has received funding allocated by LDHH's Office of Mental Health from SAMHSA's Community Mental Health Services Block Grant. Furthermore, providers at some SBHCs told us they could receive Medicaid reimbursement for some mental health services, including those related to psychiatric care.⁴³ State officials told us that although CMS permitted the reimbursement of social work services provided at SBHCs, the Louisiana Medicaid program had not provided reimbursement for social work services because of state funding constraints. Some SBHCs may also obtain funding from nonprofit organizations. For example, grant funding from the W.K. Kellogg Foundation was significant in the rebuilding and expansion of SBHCs after Hurricane Katrina.

Because Louisiana requires SBHCs to have mental health staff on-site, SBHCs can be an access point for children who need mental health services in the greater New Orleans area. Furthermore, some SBHCs in the area have a psychiatrist on staff on a part-time basis. During the 2007-08 school year, the need for mental health services was the primary reason for almost one-quarter of students' visits to SBHCs in the greater New Orleans area.⁴⁴ In addition, SBHC health care providers told us that students who visited the SBHCs for other reasons may have also received mental health services.

⁴²Each SBHC receiving state funding must provide a match of 20 percent of the state's contribution.

⁴³SBHCs may also receive reimbursement from LaCHIP for some mental health services.

⁴⁴This information is based on data from the seven of nine SBHCs that reported such information.

SBHCs in the greater New Orleans area have emerged as a key approach to addressing the top three barriers to obtaining services identified in our structured interviews—a lack of transportation, competing family priorities, and concern regarding stigma. SBHCs are generally located in schools or on school grounds, which reduces students’ need for transportation to obtain care. The SBHCs in Jefferson Parish serve students on multiple school campuses, and students in schools not colocated with an SBHC can be transported when necessary. SBHC services may be provided at low or no cost to the patient, which lessens the financial burden on the family. The location of SBHCs in schools or on school grounds also reduces the need for a parent to take time off from work to accompany a child to appointments. In addition, collocation of mental health and other primary care services may reduce concern regarding stigma because the type of service the child is receiving at the SBHC is generally not apparent to an observer. One SBHC provider told us that offering mental health services in the same location as other primary care services “demystifies” mental health services and eliminates the perception that they are separate from primary care services.

Officials at SBHCs told us they were working to obtain additional funding to help achieve long-term sustainability of the clinics. Officials from the Metropolitan Human Services District told us that it would not be possible for every school to have an SBHC, but that they were working on an initiative with other local organizations and school districts to develop a “hub” system to deliver health care services, including mental health services, to children in the greater New Orleans area. Under the planned pilot program, individual SBHCs or other community clinics would become hub clinics that would serve 10 feeder schools, 6 of which would be served by 2 mental health providers funded by the Metropolitan Human Services District, and 4 of which would be served by mental health providers funded by other organizations. Children needing services beyond those provided by their school mental health provider or nurse could be referred to the hub clinic. Officials planned to begin hiring school nurses and mental health providers for the feeder schools by July 2009.

Agency Comments and Our Evaluation

We provided a draft of this report to HHS and Education for their review. HHS provided comments on two key issues. HHS’s comments are reprinted in appendix IV and discussed below. In addition, both HHS and Education provided technical comments. We incorporated HHS and Education comments as appropriate.

In its comments, HHS stated that our draft report focused too heavily on SBHCs, to the exclusion of other models of care. HHS noted that the school systems in the greater New Orleans area have been very receptive to the direct provision of mental health services in schools, because of the psychological difficulties experienced by school children due to distress related to Hurricane Katrina. HHS supplied additional information on SAMHSA's National Child Traumatic Stress Initiative's two grantees in the greater New Orleans area, which provide mental health services in schools. We highlighted SBHCs in our draft report because they have emerged as a key approach to serving children in the greater New Orleans area, due in part to the state's use of federal funds to support this model of care. Our discussion of SBHCs in the greater New Orleans area is not intended to imply that they are the only model for providing school-based mental health services to children, and we have added additional information to our report on the National Child Traumatic Stress Initiative grantees. HHS also commented that many SBHCs do not provide mental health services, and that those that do provide them may not have staff who can provide more intensive services. However, as our draft indicated, all SBHCs in Louisiana are required to have a mental health provider on staff and therefore can be a valuable resource for children seeking mental health services. We have also added information to the report indicating that some SBHCs in the greater New Orleans area have a psychiatrist on staff on a part-time basis.

HHS commented that our draft report minimized housing problems faced by children and families in the greater New Orleans area in our discussion of barriers to obtaining mental health services; HHS also stated that the lack of stable housing in the area is one of the greatest barriers to children's mental health recovery. We disagree that the draft report minimized the role of housing problems. Our findings were based on barriers identified by stakeholders, who described what they believed to be the greatest barriers to families obtaining mental health services for children. The draft report included information related to housing problems in greater New Orleans in our discussion of competing family priorities, which tied as the second most frequently identified barrier to obtaining mental health services for children. However, we added information to the report to emphasize that housing problems may affect children's mental health.

In its comments, HHS also provided additional information on SAMHSA's Child Mental Health Initiative, which we have incorporated as appropriate. We also expanded our description of FEMA's and SAMHSA's CCP in our appendix on federal programs in response to HHS's comments.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies of this report to the Secretary of Health and Human Services, the Secretary of Education, and appropriate congressional committees. The report also will be available at no charge on GAO's Web site at <http://www.gao.gov>.

If you or your staffs have any questions about this report, please contact me at (202) 512-7114 or bascettac@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff members who made major contributions to this report are listed in appendix V.



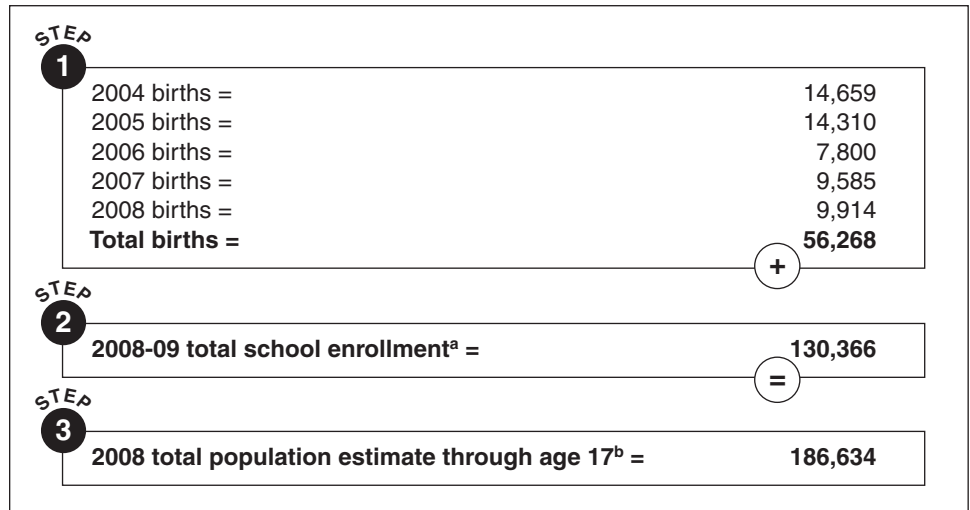
Cynthia A. Bascetta
Director, Health Care

Appendix I: Child Population Estimate for the Greater New Orleans Area

We have estimated that about 187,000 children through age 17 were living in the greater New Orleans area during 2008. To arrive at this estimate, we calculated the total enrollment for all public and private schools in the greater New Orleans area by adding the number of public school students as of fall 2008 (89,178) to the number of private school students reported for the 2008-09 school year (41,188). About 130,366 children were enrolled in public and private schools in the greater New Orleans area for the 2008-09 school year,¹ which was 70 percent of pre-Katrina enrollment (186,530 in the 2004-05 school year). However, school enrollment data underestimate the total child population, as they do not include all children younger than school age. Therefore, we generated our estimate by adding the total enrollment data to birth data for 2004 through 2008. (See fig. 1.)

¹Total enrollment includes a small number of students aged 4 or younger or 18 through 21 because the Louisiana Department of Education public school enrollment data include students of those ages who are receiving special education services. Private school enrollment data are reported in the fall of the given school year and therefore do not account for midyear enrollment changes.

Figure 1: Estimated Population of Children through Age 17 in the Greater New Orleans Area during 2008



Source: GAO analysis of data from the U.S. Census Bureau and the Greater New Orleans Community Data Center.

Note: Birth data are from the U.S. Census Bureau Population Division: County population, population change and estimated components of population change, April 1, 2000, to July 1, 2008. School enrollment data are from the Brookings Institution Metropolitan Policy Program & Greater New Orleans Community Data Center, *The New Orleans Index* (New Orleans, La., January 2009).

^aWe calculated total enrollment for the greater New Orleans area by adding the number of public school students in October 2008 (89,178) to the number of private school students reported for the 2008-09 school year (41,188). Total enrollment includes a small number of students aged 4 or younger or 18 through 21 because the Louisiana Department of Education public school enrollment data include students of those ages who are receiving special education services. Private school enrollment data are reported in the fall semester of the given school year and therefore do not account for midyear enrollment changes.

^bThis total represents the number of children estimated to live in the greater New Orleans area at some point in 2008 and does not represent all the children who lived there throughout the year. This number likely underestimates the total number of children through age 17 because children who are younger than school age and moved into the greater New Orleans area are not included.

Appendix II: Selected Federal Programs That Have Supported the Provision of Mental Health Services in Greater New Orleans

Table 3 is a list of the federal programs in our review that have been used to support the provision of mental health or related services to children in the greater New Orleans area. The list includes 9 formula grant programs that support the provision of mental health services through noncompetitive awards to the state based on a predetermined formula, and 13 discretionary grant programs that support services that address at least one of the identified barriers to providing and obtaining mental health services for children. It was not possible for us to calculate a total amount of federal funding allocated or spent to support mental health services to children in the greater New Orleans area or the total number of children served through federal programs because of a lack of comparable data among federal and state agencies and individual programs.¹

¹A few programs were able to provide parish-level data on the number of children receiving mental health services and the amount of federal funding used to provide those services. However, many of the programs, especially those with a broad scope of which mental health services was only one component, were not able to provide data specifically on how many children received mental health services, or how much of their total federal funding was used for such services. In addition, some programs were able to provide only state-level data.

**Appendix II: Selected Federal Programs That
Have Supported the Provision of Mental
Health Services in Greater New Orleans**

Table 3: Available Information on Selected Federal Programs That Have Supported the Provision of Mental Health Services to Children in the Greater New Orleans Area, by Federal Agency, during the Period FY 2004-2008

| Department | Agency and program | Program description | Available information on program funding for mental health services for children in the greater New Orleans area | Available information on the number of children receiving mental health services in FY 2008 in the greater New Orleans area through the program |
|--|---|---|---|---|
| Department of Health and Human Services | Substance Abuse and Mental Health Services Administration (SAMHSA) | | | |
| | Formula grant programs | | | |
| | Community Mental Health Services Block Grant | This grant, awarded to the Louisiana Department of Health and Hospitals (LDHH) Office of Mental Health, supports the establishment or expansion of a community-based system for providing mental health services to adults with serious mental illness and children with a serious emotional disturbance. | Amounts provided to the greater New Orleans area in each state fiscal year: ^a 2004: \$184,284 2005: \$184,284 2006: \$282,600 2007: \$354,558 2008: \$401,941 | 1,797 children (0-17) were served in the greater New Orleans area by the two regional human services districts, which receive this funding. |
| Substance Abuse Prevention and Treatment Block Grant | This grant, awarded to LDHH's Office for Addictive Disorders, supports a range of prevention and treatment services to ensure that each state offers a comprehensive system for preventing substance abuse and increasing the availability of clinical treatment and recovery support services. | Total federal funding LDHH budgeted for the grant in the greater New Orleans area, by state fiscal year: 2004: \$3,096,619 2005: \$3,039,578 2006: \$4,116,653 2007: \$5,526,224 2008: \$5,605,024 | 2,540 children were served statewide in state fiscal year 2007. | |

**Appendix II: Selected Federal Programs That
Have Supported the Provision of Mental
Health Services in Greater New Orleans**

| Department | Agency and program | Program description | Available information on program funding for mental health services for children in the greater New Orleans area | Available information on the number of children receiving mental health services in FY 2008 in the greater New Orleans area through the program |
|-------------------------------------|---|---|--|---|
| <i>Discretionary grant programs</i> | | | | |
| | Children's Health Fund Community Support and Resiliency Program | This grant, awarded to the Children's Health Fund, will support the New Orleans Children's Health Project's comprehensive training and technical assistance program for medical, mental health, education, and child care professionals. This grant program was initiated in response to Hurricane Katrina. | Total federal program funding for the grant: 9/15/08–9/14/09: \$387,167 | Not available ^b |
| | Community Mental Health Services for Children and Their Families Program (Child Mental Health Initiative) | This cooperative agreement, awarded to LDHH and administered by the Office of Mental Health, supports the development of integrated home- and community-based services for children and youth with serious emotional disturbances and their families by encouraging the development of systems of care. Cooperative agreements were awarded annually for a 6-year project period and are scheduled to end in 2009, but the state plans to apply for a 2-year no-cost extension. | Amounts LDHH provided to the greater New Orleans area by state fiscal year: 2004: \$315,003 2005: \$690,833 2006: \$632,249 2007: \$309,358 2008: \$36,078 | 225 |
| | Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention (State/Tribal Youth Prevention Grants) | This cooperative agreement, entered into by LDHH and administered by its Office of Mental Health, builds on the foundation of prior suicide prevention efforts to support the development and implementation of statewide or tribal youth suicide prevention and early intervention strategies, grounded in public/private collaboration. The state applied for this cooperative agreement in response to Hurricane Katrina for use in seven parishes. | Total funding for the seven parishes, including Orleans, Jefferson, Plaquemines, and St. Bernard, and evacuees living in East Baton Rouge Parish: 2006: \$400,000 2007: \$400,000 2008: \$400,000 | Not available ^b |

**Appendix II: Selected Federal Programs That
Have Supported the Provision of Mental
Health Services in Greater New Orleans**

| Department | Agency and program | Program description | Available information on program funding for mental health services for children in the greater New Orleans area | Available information on the number of children receiving mental health services in FY 2008 in the greater New Orleans area through the program |
|------------|---|---|---|--|
| | National Child Traumatic Stress Initiative | This program, which provides grants, cooperative agreements, and contracts, has two grantees in the greater New Orleans area. Its mission is to raise the standard of care and increase access to services for traumatized children and their families. The two grantees in the greater New Orleans area provide trauma-focused mental health services to children in schools and training on trauma-focused treatment. The 2008 grant announcement placed priority on needs in the Gulf States related to the 2005 hurricanes. | <p>There was one grantee in 2004, 2005, and 2006. There were no grantees in 2007, and two grantees in 2008. Amounts awarded to the greater New Orleans area:</p> <p>2004: \$399,323 2005: \$398,357 2006: \$399,281 2008: \$699,977</p> | One of the grantees, which first received funding in 2008, will provide services to 750 children per year in the greater New Orleans area. Information on the other grantee was not available. |
| | Health Resources and Services Administration | | | |
| | Formula grant programs | | | |
| | Maternal and Child Health Services Block Grant | This grant, awarded to LDHH and administered by LDHH's Section of Maternal and Child Health within the Office of Public Health, supports core public health functions like resource development, public education, and provider training to provide access to quality maternal and child health services. The program also funds services for children with special health care needs, prenatal health services, and preventive health care to children. | <p>Federal funding for the grant to the state of Louisiana:</p> <p>2004: \$15,337,635 (expended) 2005: \$14,179,477 (expended) 2006: \$10,803,400 (expended) 2007: \$9,185,490 (expended) 2008: \$13,565,030 (budgeted)</p> | 6,852 children were served by programs that support mental health services in Orleans, Jefferson, and St. Bernard parishes. |

**Appendix II: Selected Federal Programs That
Have Supported the Provision of Mental
Health Services in Greater New Orleans**

| Department | Agency and program | Program description | Available information on program funding for mental health services for children in the greater New Orleans area | Available information on the number of children receiving mental health services in FY 2008 in the greater New Orleans area through the program |
|--|--|---|---|---|
| <i>Discretionary grant programs</i> | | | | |
| | National Health Service Corps Scholarship Program and Loan Repayment Program | These programs offer school loan repayment and scholarships to providers who serve in underserved areas. Awards are made to providers in health professional shortage area (HPSA)-designated areas. Prior to the 2005 hurricanes, the greater New Orleans area was not a mental health HPSA. The four parishes were declared mental health HPSAs in late 2005 and early 2006. | Awards to providers who serve children in the greater New Orleans area: In 2008 the program supported 2 psychologists (\$25,000 each per year for 2 years), 1 child psychiatrist (\$75,000 per year), and 4 social workers (\$25,000 each per year for 2 years). | Not available ^b |
| | Health Center Program | This program funds health centers that are community-based organizations that serve medically underserved populations. These include low-income populations, the uninsured, those with limited English proficiency, migrant and seasonal farmworkers, individuals and families experiencing homelessness, and those living in public housing. | Total grant amounts awarded to individual grantee organizations with sites located in the greater New Orleans area: EXCELth, Inc.: 12/1/03–11/30/04: \$2,098,767 12/1/04–11/30/06: \$4,315,866 12/1/06–11/30/07: \$3,466,935 12/01/07–11/30/08: \$2,850,223 | Not available ^c |

**Appendix II: Selected Federal Programs That
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Health Services in Greater New Orleans**

| Department | Agency and program | Program description | Available information on program funding for mental health services for children in the greater New Orleans area | Available information on the number of children receiving mental health services in FY 2008 in the greater New Orleans area through the program |
|------------|--------------------|---------------------|--|---|
| | | | <p>Jefferson Community Health Care Centers, Inc.</p> <p>3/31/06–2/28/07: \$521,468</p> <p>3/1/08–2/28/09: \$1,196,337</p> | |
| | | | <p>New Orleans Health Department:</p> <p>11/1/03–10/31/04: \$1,502,929</p> <p>11/1/04–10/31/06: \$2,397,443</p> <p>11/01/06–10/31/07: \$1,537,576</p> <p>11/01/07–10/31/08: \$1,563,545</p> | |
| | | | <p>St. Charles Community Health Center:</p> <p>Unknown (Only one site of the St. Charles Community Health Center is located in the greater New Orleans area. HRSA was unable to provide funding data for individual sites.)</p> | |

**Appendix II: Selected Federal Programs That
Have Supported the Provision of Mental
Health Services in Greater New Orleans**

| Department | Agency and program | Program description | Available information on program funding for mental health services for children in the greater New Orleans area | Available information on the number of children receiving mental health services in FY 2008 in the greater New Orleans area through the program |
|------------|--|--|---|---|
| | Centers for Medicare & Medicaid Services | | | |
| | <i>Formula grant programs</i> | | | |
| | Medicaid and the State Children's Health Insurance Program (CHIP) ^d | Medicaid is a federal-state health insurance program for certain low-income individuals, and CHIP is a federal-state health insurance program for certain low-income, uninsured children under age 19 whose family income is too high for Medicaid eligibility; the Louisiana CHIP program is called LaCHIP. Louisiana's Medicaid program and LaCHIP are administered by LDHH. | <p>Medicaid and LaCHIP reimbursement, including the state and federal share, for claims for mental health services provided to children (0-21 for children enrolled in Medicaid, and 0-19 for children enrolled in LaCHIP), in the greater New Orleans area, by state fiscal year:</p> <p>2004: \$13,436,189 2005: \$16,888,025 2006: \$5,944,835 2007: \$6,729,330 2008: \$9,375,233</p> | There were 66,547 claims for mental health services for children in the greater New Orleans in state fiscal year 2008. |
| | <i>Discretionary grant programs</i> | | | |
| | Professional Workforce Supply Grant ^e | The grant, awarded to LDHH, supports the recruitment and retention of health care professionals in the greater New Orleans area. LDHH used the grant to create and fund the Greater New Orleans Health Service Corps, which provides recruitment and retention incentives to health care professionals willing to serve in the area for at least 3 years. This program was initiated in response to Hurricane Katrina. | \$50 million was awarded in 2007. As of May 2008, the Greater New Orleans Health Service Corps provided recruitment and retention incentives to 82 mental health providers. The grant funding is available through 9/30/09, unless all grant funds are obligated before that date. | Not available ^b |

**Appendix II: Selected Federal Programs That
Have Supported the Provision of Mental
Health Services in Greater New Orleans**

| Department | Agency and program | Program description | Available information on program funding for mental health services for children in the greater New Orleans area | Available information on the number of children receiving mental health services in FY 2008 in the greater New Orleans area through the program |
|------------|--|--|---|--|
| | Provider Stabilization Grant ^e | This grant was awarded to LDHH to assist certain Medicare-participating facilities to hire and retain qualified staff because of the financial pressure resulting from increased wage rates in affected communities. This program was initiated in response to Hurricane Katrina. | \$52,001 of the grant was provided to community mental health centers in Orleans Parish on 6/27/07. ^f | Not available ^b |
| | Primary Care Access and Stabilization Grant ^g (PCASG) | This grant, awarded to LDHH in July 2007, assists in the restoration and expansion of outpatient primary care services, including mental health services, and other supportive services. This program was initiated in response to Hurricane Katrina. | \$100 million was awarded in 2007. As of December 2008, LDHH provided \$62.3 million to 25 outpatient provider organizations. The grant funding is available through 9/30/10. | There were 23,434 mental health care encounters with children (0-17) from 9/21/07 through 3/20/08. |
| | Administration for Children and Families | | | |
| | Formula grant programs | | | |
| | 2006 Supplemental Social Services Block Grant Appropriation ^h | These funds were awarded to the Louisiana Department of Social Services for expenses related to the consequences of the 2005 hurricanes. These supplemental funds may be used for health care assistance, including providing mental health services. Supplemental grants were awarded in response to Hurricane Katrina. | \$3 million for mental health services for children and adolescents and \$2.5 million for substance abuse prevention and treatment had been expended by the regional human services districts in the greater New Orleans area as of 3/3/09. | 5,294 children received mental health services and 397 children received substance abuse services statewide from July 2006 through September 2008. |

**Appendix II: Selected Federal Programs That
Have Supported the Provision of Mental
Health Services in Greater New Orleans**

| Department | Agency and program | Program description | Available information on program funding for mental health services for children in the greater New Orleans area | Available information on the number of children receiving mental health services in FY 2008 in the greater New Orleans area through the program |
|--|---------------------------------|---|--|---|
| | Child Care and Development Fund | The grant, awarded to the Louisiana Department of Social Services, provides assistance for low-income parents in need of child care so that they may work, attend job training, or attend an educational program. Four percent of the state's grant must be set aside for quality improvement efforts; Louisiana has used some of this funding to provide mental health consultations to child care providers serving children affected by Hurricane Katrina. | <p>Four percent of total federal funding for the grant awarded to the state of Louisiana (any funding for mental health consultations would come from this amount):</p> <p>2004: \$3,427,900 2005: \$3,433,571 2006: \$3,496,464 2007: \$3,426,797 2008: \$3,249,790</p> | Not available ^b |
| <i>Discretionary grant programs</i> | | | | |
| | Head Start | Head Start grants, awarded to local organizations, provide funding for a full range of comprehensive services, including education, health, dental, nutrition, and mental health services, to primarily low-income children and families to ensure children are ready to start school. In response to Hurricane Katrina, mental health professionals now rotate among all Head Start centers in Orleans Parish to conduct observations and support the staff. | <p>Total federal funding awarded to the greater New Orleans area:</p> <p>2004: \$29,568,544 2005: \$29,862,747 2006: \$29,567,495 2007: \$30,005,944 2008: \$24,070,675</p> | 2,464 children were enrolled in the program as of the beginning of the 2008-09 school year. |

**Appendix II: Selected Federal Programs That
Have Supported the Provision of Mental
Health Services in Greater New Orleans**

| Department | Agency and program | Program description | Available information on program funding for mental health services for children in the greater New Orleans area | Available information on the number of children receiving mental health services in FY 2008 in the greater New Orleans area through the program |
|-------------------------|-------------------------------|--|---|---|
| Department of Education | Formula grant programs | These grants, awarded to state education agencies and governors' offices, support a variety of activities designed to prevent school violence and youth drug use. Governors' grants give priority to drug-abuse- and violence-prevention activities that serve children not normally served by the state education agency, or populations that need special resources. | <p>State Education Agency Grants:</p> <p>Total federal funding for the grant provided to the greater New Orleans area:</p> <p>2004: \$1,489,154 2005: \$1,484,867 2006: \$996,448 2007: \$683,128 2008: \$583,136</p> <p>Governors' Grants:</p> <p>Total federal funding for the grant provided to the greater New Orleans area:</p> <p>2004: \$440,882 2005: \$481,910 2006: \$441,981 2007: \$335,000 2008: \$337,750</p> | Not available ^b |

**Appendix II: Selected Federal Programs That
Have Supported the Provision of Mental
Health Services in Greater New Orleans**

| Department | Agency and program | Program description | Available information on program funding for mental health services for children in the greater New Orleans area | Available information on the number of children receiving mental health services in FY 2008 in the greater New Orleans area through the program |
|--|--|---|---|---|
| <i>Discretionary grant programs</i> | | | | |
| | Project School Emergency Response to Violence (Project SERV) | Project SERV provides resources for schools after traumatic events. This program funds short-term and long-term education-related services for local education agencies, state education agencies, and institutions of higher education to help them recover from a violent or traumatic event in which the learning environment has been disrupted. Funds were used in the greater New Orleans area to train teachers about mental health and to implement related mental health activities and services. This grant was awarded in response to Hurricane Katrina. | The state of Louisiana was awarded \$2.75 million on 9/30/05. Of this amount, \$200,000 was provided to local education agencies in the greater New Orleans area for mental health activities and services. This funding was available for use until 6/30/08. | Not available ^b |
| Department of Justice | | | | |
| <i>Formula grant programs</i> | | | | |
| | Crime Victim Assistance | This grant, awarded to the Louisiana Commission on Law Enforcement, supports state victim assistance programs that help pay for mental health treatment needed by crime victims. These programs provide funds to community agencies that assist crime victims through crisis intervention, counseling, emergency shelter, and criminal justice advocacy. | Total federal funding from the grant provided to the greater New Orleans area: 2004: \$1,482,669 (expended) 2005: \$1,513,717 (expended) 2006: \$1,634,713 (awarded) 2007: \$1,527,689 (awarded) 2008: \$1,214,873 (awarded) | 14,118 child victims of physical or sexual abuse were served statewide in 2007. An additional 62,487 victims of other crimes were served in programs not limited to adults. |

**Appendix II: Selected Federal Programs That
Have Supported the Provision of Mental
Health Services in Greater New Orleans**

| Department | Agency and program | Program description | Available information on program funding for mental health services for children in the greater New Orleans area | Available information on the number of children receiving mental health services in FY 2008 in the greater New Orleans area through the program |
|-----------------------------|---|---|--|---|
| Multiagency Programs | Federal Emergency Management Agency (FEMA) and the Department of Housing and Urban Development | | | |
| | <i>Discretionary grant programs</i> | | | |
| | Disaster Housing Assistance Program | The program, administered through public housing agencies, provides temporary long-term housing rental assistance and case management to certain individuals and households displaced by Hurricane Katrina. Case managers can provide referrals for mental health services. This program was established in response to Hurricane Katrina. | Case management services are provided at a monthly contractual rate of \$78.20 per family, per month. | Case managers provided mental health referrals to 2 children in the greater New Orleans area in 2008. |
| | FEMA and SAMHSA | | | |
| | <i>Discretionary grant programs</i> | | | |
| | Crisis Counseling Assistance and Training Program (CCP) | The CCP was designed to meet the short-term mental health needs of people affected by disasters through outreach that involves education, individual and group counseling, and referral for other services. The main focus is to promote individual, family, and community recovery. This grant was awarded to LDHH's Office of Mental Health in response to Hurricane Katrina. The Louisiana CCP was called LA Spirit. | From 2005 through 2008, \$20,697,492 has been expended on CCP activities in the greater New Orleans area. | 51,703 children received crisis counseling or group services in the greater New Orleans area. |

Source: GAO analysis of federal, state, and local agency information, including data from the Catalog of Federal Domestic Assistance.

Notes: This table includes (1) key programs that support mental health services in general; and (2) programs that address at least one barrier to providing or obtaining mental health services for children that was identified in this report. In this report, services include inpatient and outpatient counseling or mental health treatment; related ancillary services such as transportation, translation, and case management; mental health education and prevention services; and substance abuse prevention and treatment services. Funding represents only federal contributions unless otherwise noted. Fiscal year is federal fiscal year unless otherwise noted.

^aLouisiana's state fiscal year is July 1 through June 30.

**Appendix II: Selected Federal Programs That
Have Supported the Provision of Mental
Health Services in Greater New Orleans**

^bSome programs that do not support direct provision of services to children, but instead support services like awareness campaigns or infrastructure development, did not provide the number of children served by the program.

^cHRSA does not collect information from individual health center grantees on the provision of types of services by patient age.

^dLouisiana's CHIP program, which is called LaCHIP, is not a separate program. It uses CHIP funds to expand Medicaid coverage to certain children whose family income is too high for Medicaid eligibility.

^eThe full names of these grant programs are, respectively, the Hurricane Katrina Healthcare Related Professional Workforce Supply Grant and the Hurricane Katrina Healthcare Related Provider Stabilization Grant. In this report, we refer to these grant programs as the Professional Workforce Supply Grant and the Provider Stabilization Grant. These awards were made under a provision of the Deficit Reduction Act of 2005 authorizing payments to restore access to health care in communities affected by Hurricane Katrina, Pub. L. No. 109-171, §6201(a)(4), 120 Stat. 4, 133 (2006).

^fUnder federal regulations, community mental health centers must provide certain mental health services, including outpatient services to children, in order to receive certain types of Medicare reimbursement.

^gFunding for this grant came from the Deficit Reduction Act of 2005.

^hSSBG supplemental funds were appropriated to ACF for allocation to states for expenses related to the 2005 hurricanes under the Department of Defense, Emergency Supplemental Appropriations to Address Hurricanes in the Gulf of Mexico, and Pandemic Influenza Act, 2006, Pub. L. No. 109-148, div. B, title I, ch. 6, 119 Stat. 2680, 2768 (2005). Additional SSBG supplemental funding was allocated to Louisiana in January 2009 and is available through September 2009 from an appropriation made by the Consolidated Security, Disaster Assistance, and Continuing Appropriations Act, 2009, Pub. L. No. 110-329, div. B, title I, ch. 7, 122 Stat. 3574, 3594-95 (2008).

Appendix III: Mental Health Services Provided to Children in Greater New Orleans Supported by Selected Federal Programs

Figure 2 is a list of selected services supported by the federal programs in our review for children in the greater New Orleans area.

**Appendix III: Mental Health Services
Provided to Children in Greater New Orleans
Supported by Selected Federal Programs**

Figure 2: Mental Health Services Provided to Children in the Greater New Orleans Area Supported by Selected Federal Programs That Were Funded during the Period 2004-2008

| Department, agency, and program | Formula or discretionary grant program | Treatment or counseling | Substance abuse prevention or treatment | Education or prevention for children, families, educators, or the community | Referrals | Case management | Transportation | Translation | Cash assistance | Training for mental health professionals | Infrastructure or systems development |
|---|--|-------------------------|---|---|-----------|-----------------|----------------|-------------|-----------------|--|---------------------------------------|
| Department of Health and Human Services | | | | | | | | | | | |
| Substance Abuse and Mental Health Services Administration (SAMHSA) | | | | | | | | | | | |
| Community Mental Health Services Block Grant | F | ● | | | | | ● | | | | |
| Substance Abuse Prevention and Treatment Block Grant | F | | ● | | ● | ● | ● | | | | |
| Children's Health Fund Community Support and Resiliency Program | D | | | ● | | ● | | | | ● | |
| Community Mental Health Services for Children and Their Families Program (Child Mental Health Initiative) | D | ● | | ● | ● | ● | ● | | ● | ● | ● |
| Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention (State/Tribal Youth Suicide Prevention Grants) | D | ● | ● | ● | ● | | | | | ● | |
| National Child Traumatic Stress Initiative | D | ● | ● | ● | ● | | | | | ● | |
| Health Resources and Services Administration | | | | | | | | | | | |
| Maternal and Child Health Services Block Grant | F | ● | | ● | ● | ● | | | | | |
| National Health Service Corps Scholarship Program and Loan Repayment Program | D | ● | | | | | | | | ● | |
| Health Center Program | D | ● | ● | ● | ● | ● | ● | ● | | | |
| Centers for Medicare & Medicaid Services | | | | | | | | | | | |
| Medicaid and the State Children's Health Insurance Program | F | ● | | | ● | | ● | ● | | | |
| Professional Workforce Supply Grant | D | ● | | | | | | | | | |
| Provider Stabilization Grant | D | ● | | | | | | | | | |
| Primary Care Access and Stabilization Grant | D | ● | ● | ● | ● | ● | ● | ● | | | |
| Administration for Children and Families | | | | | | | | | | | |
| 2006 Supplemental Social Services Block Grant | F | ● | ● | | | ● | ● | | | | |
| Child Care and Development Fund | F | | | ● | | | | | | | |
| Head Start | D | ● | | ● | ● | | ● | | | | |
| Department of Education | | | | | | | | | | | |
| Safe and Drug-Free Schools and Communities: State Education Agency Grants and Governors' Grants | F | | ● | | | | | | | | |
| Project School Emergency Response to Violence (Project SERV) | D | | | ● | | | | | | | |
| Department of Justice | | | | | | | | | | | |
| Crime Victim Assistance | F | ● | | | ● | ● | ● | | | | |
| Multiagency programs | | | | | | | | | | | |
| Federal Emergency Management Agency (FEMA) and the Department of Housing and Urban Development | | | | | | | | | | | |
| Disaster Housing Assistance Program | D | | | | ● | ● | | | | | |
| FEMA and SAMHSA | | | | | | | | | | | |
| Crisis Counseling Assistance and Training Program (CCP) | D | ● | | ● | ● | | | | | | |

● = Service provided in the greater New Orleans area F = Formula grant D = Discretionary grant

Source: GAO analysis of federal, state, and local agency information, including data from the Catalog of Federal Domestic Assistance.

**Appendix III: Mental Health Services
Provided to Children in Greater New Orleans
Supported by Selected Federal Programs**

Notes: This figure includes (1) key programs intended to support mental health services in general; and (2) programs that address at least one barrier to providing or obtaining mental health services for children that was identified in this report. This figure reflects services provided in the greater New Orleans area that we were able to confirm were supported with or provided by these programs. In this report, such services include inpatient and outpatient counseling or mental health treatment, related ancillary services like transportation and translation, mental health education and prevention services, and substance abuse prevention and treatment services.

Appendix IV: Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

JUN 2 2009

Cynthia A. Bascetta
Director, Health Care
U.S. Government Accountability Office
441 G Street N.W.
Washington, DC 20548

Dear Ms. Bascetta:

Enclosed are comments on the U.S. Government Accountability Office's (GAO) report entitled: "HURRICANE KATRINA: Barriers to mental Health Services for Children Persist in Greater New Orleans, Although Federal Grants Are Helping to Address Them" (GAO-09-563).

The Department appreciates the opportunity to review this report before its publication.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Pisaro Clark".

Barbara Pisaro Clark
Acting Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED, "HURRICANE KATRINA: BARRIERS TO MENTAL HEALTH SERVICES FOR CHILDREN PERSIST IN GREATER NEW ORLEANS, ALTHOUGH FEDERAL GRANTS ARE HELPING TO ADDRESS THEM" (GAO-09-563)

The Department appreciates the opportunity to review the Government Accountability Office's (GAO) draft report entitled, "Hurricane Katrina: Barriers to Mental Health Services for Children Persist in Greater New Orleans, Although Federal Grants are Helping to Address Them." We offer the following comments.

Trauma

School-Based Health Centers is one model for the delivery of school-based mental health services but it is not the only one. Thus, the report focuses too much on using School-Based Health Centers (SBHC) as an avenue for providing mental health services in the New Orleans area while ignoring other avenues. Moreover, this model has some significant disadvantages as a primary means for delivering school-based mental health services, including (1) a relatively small proportion of schools have SBHCs, (2) SBHCs often place much greater priority on physical health issues than on mental health problems; many of these do not provide mental health services at all or do not have the necessary staff expertise to provide more intensive mental health services, and (3) many SBHCs that provide mental health services provide only psycho-educational programs and very generic counseling rather than more specialized effective treatment approaches that have been developed for specific mental health problems, such as adolescent depression and for trauma.

Additionally, the two National Child Traumatic Stress Initiative grant programs currently funded in the New Orleans area, LSU Medical School and Project Fleur-de-lis, have both been providing trauma-focused mental health services in schools in the New Orleans area since Hurricane Katrina and continue to do so by working directly with school systems. The school systems in the New Orleans area have been unusually receptive to implementing mental health services directly in schools because of the significant psychological difficulties evident in school children resulting from the hurricanes and subsequent community, family, and individual distress. These programs both focus on training and working with existing service providers in schools and the community, screening and identifying children in school with significant trauma-related mental health issues, and providing training in effective trauma-focused treatments to their school and community partners. These two programs have already provided treatment to hundreds of children through the school systems and represent a far-more effective intervention strategy than exclusive use of SBHCs.

GENERAL COMMENTS OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED, "HURRICANE KATRINA: BARRIERS TO MENTAL HEALTH SERVICES FOR CHILDREN PERSIST IN GREATER NEW ORLEANS, ALTHOUGH FEDERAL GRANTS ARE HELPING TO ADDRESS THEM" (GAO-09-563)

Children's Mental Health Initiative (CMHI)

On page 21 of the draft report, GAO states "The Louisiana state program that uses the SAMHSA Child Mental Health Initiative grant provides funding for tutoring, school uniforms, and other expenses that may be a burden to families seeking services for

children in the program." Although this statement addresses the flexible funds in CMHI and suggests these funds are available to everyone, however, there is no link identified to the mental health need. It also does not adequately describe CMHI, which is a larger significant program that provides the wrap-around process described above.

Furthermore, the Comprehensive Community Mental Health Services for Children and Their Families Program or the short title, Children's Mental Health Initiative, provides cooperative agreements to communities to develop integrated, home and community-based services and supports for children and youth with serious emotional disturbances and their families by supporting the development of effective "systems of care." A "system of care" is an organizational philosophy and framework that involves collaboration across agencies, families and youth for the purpose of improving access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with a serious emotional disturbance and their families. New Orleans received a cooperative agreement under this program in 2003; the system of care is known as LA-Y.E.S. Services are delivered through a wraparound process in which an individualized service plan is developed for the identified youth and family. A wraparound approach incorporates a child and family team that identifies services and supports that are developed based on the unique needs of each child, youth and family and includes traditional services (e.g., individual and family therapy) as well as other services (e.g., therapeutic recreation, respite care, vocational training, and art and music therapy).

Flexible funds are time limited and must be clearly linked to the individualized service plan. Examples of uses of flexible funds include tutoring, school uniforms, sports equipment, or other items that will help the youth attain the goal of improved mental health. Flex funds are but one component of the large Children's Mental Health Initiative that supports LA-YES, the children's system of care in New Orleans. Flex funds are used to provide informal supports when they are a part of the individualized service plans for children with identified mental health disorders.

GENERAL COMMENTS OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED, "HURRICANE KATRINA: BARRIERS TO MENTAL HEALTH SERVICES FOR CHILDREN PERSIST IN GREATER NEW ORLEANS, ALTHOUGH FEDERAL GRANTS ARE HELPING TO ADDRESS THEM" (GAO-09-563)

Crisis Counseling Assistance and Training Program

The program description in the Crisis Counseling Assistance and Training Program Section on page 35 should be changed to include additional beneficial aspects of program. It currently states, "The main focus is to help..." and should be changed to read "The main focus is to educate, inform and teach skills that promote individual, family, and community recovery."

Lack of Housing Stability

SAMHSA's Center for Mental Health Services (CMHS) is in frequent contact with the FEMA New Orleans region. CMHS concludes that one of the greatest barriers to "children's mental health recovery in the New Orleans area" is the lack of stable housing. The draft GAO report refers to the third barrier as "competing family priorities" which minimizes the housing problems rather than accentuate it.

We note that by the end of this month, the plan for Louisiana is to evacuate thousands of families from FEMA supported housing. In the absence of affordable, stable housing options, CMHS anticipates that a significant number of children will experience or re-experience symptoms associated with distress, trauma, and severe anxiety and depression. This is a major challenge that requires the steadfast cooperation and attention of Federal and state partners to address. For more information on the evacuation from the FEMA website see http://www.fema.gov/media/fact_sheets/temp_housing_kat_ending.shtm.

In addition to the general comments, we are attaching specific technical comments to include in the report.

Appendix V: GAO Contact and Staff Acknowledgments

GAO Contact

Cynthia A. Bascetta, (202) 512-7114 or bascettac@gao.gov

Acknowledgments

In addition to the contact named above, Helene F. Toiv, Assistant Director; Elan Martin; Roseanne Price; Julie L. Thomas; Laurie F. Thurber; Jennifer Whitworth; Malissa G. Winograd; and Suzanne Worth made key contributions to this report.

Related GAO Products

Hurricane Katrina: Federal Grants Have Helped Health Care Organizations Provide Primary Care, but Challenges Remain. [GAO-09-588](#). Washington, D.C.: July 13, 2009.

Disaster Assistance: Greater Coordination and an Evaluation of Programs' Outcomes Could Improve Disaster Case Management. [GAO-09-561](#). Washington, D.C.: July 8, 2009.

Disaster Assistance: Federal Efforts to Assist Group Site Residents with Employment, Services for Families with Children, and Transportation. [GAO-09-81](#). Washington, D.C.: December 11, 2008.

Catastrophic Disasters: Federal Efforts Help States Prepare for and Respond to Psychological Consequences, but FEMA's Crisis Counseling Program Needs Improvements. [GAO-08-22](#). Washington, D.C.: February 29, 2008.

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