

Why GAO Did This Study

The National Defense Authorization Act for Fiscal Year 2008 established the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE) in January 2008 to develop excellence in prevention, outreach, and care for service members with psychological health (PH) conditions and traumatic brain injury (TBI). DCOE consists of six directorates and five component centers that carry out a range of PH- and TBI-related functions. GAO was asked to report on (1) DCOE's budget formulation process; and (2) availability of information to Congress on DCOE.

GAO reviewed budget guidance, budget requests and performance data. GAO reviewed Department of Defense (DOD) reports submitted to Congress on PH and TBI and interviewed DOD officials.

What GAO Recommends

To enhance visibility and improve accountability, GAO recommends that the Secretary of Defense direct the Director of TRICARE Management Activity (TMA) work with the Director of DCOE to develop and use additional narrative in budget justifications, to regularly collect and review data on funding and obligations, and expand its review and analysis process. DOD concurred with GAO's recommendations. GAO understands that the expanded review and analysis process would not include realigned component centers. GAO agrees that ensuring entities external to TMA comply with regular collections of funding and obligations data could be a limitation.

View [GAO-11-611](#) or key components. For more information, contact Denise M. Fantone at (202) 512-6806 or fantoned@gao.gov.

DEFENSE CENTERS OF EXCELLENCE

Limited Budget and Performance Information on the Center for Psychological Health and Traumatic Brain Injury

What GAO Found

DCOE's role in the DOD budget formulation process is limited. For fiscal year 2012, DCOE's role in budget formulation was limited to consolidating component center budget requests and providing budget requests to TMA. Further, the budget requests DCOE provided to TMA did not have complete narrative justifications. Office of Management and Budget Circular A-11 specifies that the basic requirements for a justification include a description of the means and strategies used to achieve performance goals. At the time of GAO's review, prior-year funding and obligations data and funding received by component centers from sources external to DCOE were not readily available. The absence of these data indicates that TMA and DCOE did not have benefit of this data to inform budget formulation decisions. Also, quarterly reviews conducted by DCOE that collect data on performance and resources do not include component centers. Expansion of reviews and greater access to performance information could provide DCOE an opportunity to collect information that links component center performance with resources and better informs budget decision making.

DCOE's mission and funding have not been clearly defined to Congress. At a congressional hearing, Members expressed differing visions of DCOE's mission and voiced concern about the amount of time needed to establish DCOE and achieve results. Moreover, in four congressional subcommittee testimonies, DCOE's first director and the Assistant Secretary of Defense for Health Affairs characterized DCOE as DOD's "open front door for all concerns related to PH and TBI." These statements suggest a divergent understanding of DCOE's role and bolster the importance of clear communication on DCOE's mission, funding, and activities.

Because DCOE is a relatively small entity primarily funded through the larger Defense Health Program appropriation, it falls below the most detailed level that is presented in congressional budget presentation materials. In addition, at Congress's request DOD provides mandated and ad hoc reports on PH and TBI expenditures. While these reports present information on activities and accomplishments for PH and TBI, DOD does not—and is not required to—report separately on DCOE.