What GAO Found

Agencies identified 112 federal programs that generally supported individuals with serious mental illness in fiscal year 2013. The majority of these programs addressed broad issues, such as homelessness, that can include individuals with serious mental illness. The programs were spread across eight federal agencies: Department of Defense (DOD), Department of Education, Department of Health and Human Services (HHS), Department of Housing and Urban Development, Department of Justice (DOJ), Department of Labor, Department of Veterans Affairs (VA), and the Social Security Administration. Thirty of the 112 programs were identified by the agencies as specifically targeting individuals with serious mental illness. Four agencies—DOD, HHS, DOJ, and VA—reported that they obligated about $5.7 billion for programs that specifically targeted individuals with serious mental illness in fiscal year 2013. Agencies had difficulty identifying all programs supporting individuals with serious mental illness because they did not always track whether or not such individuals were among those served by the program. Agencies also varied in which programs they identified because they had different definitions of what such a program might be. Such inconsistency limits the potential comparability across programs.

Interagency coordination for programs supporting individuals with serious mental illness is lacking. HHS is charged with leading the federal government’s public health efforts related to mental health, and the Substance Abuse and Mental Health Services Administration is required to promote coordination of programs relating to mental illness throughout the federal government. In the past, HHS led the Federal Executive Steering Committee for Mental Health, with members from across the federal government. However, the steering committee has not met since 2009. HHS officials told us that the Behavioral Health Coordinating Council (BHCC) performs some functions previously carried out by the steering committee. The BHCC, however, is limited to HHS and is not an interagency committee. Other interagency committees were broad in scope and did not target individuals with serious mental illness. Staff for the majority of the programs targeting serious mental illness reported taking steps to coordinate with staff in other agencies. While coordination at the program level is important, it does not take the place of, or achieve the level of, leadership that GAO has previously found to be key to successful coordination and that is essential to identifying whether there are gaps in services and if agencies have the necessary information to assess the reach and effectiveness of their programs.

Agencies completed few evaluations of the programs specifically targeting individuals with serious mental illness. Of the 30 programs specifically targeting individuals with serious mental illness, 9 programs had a completed program evaluation, 4 programs had an evaluation underway, and 17 programs had no evaluation completed and none planned. However, agency officials said they engaged in other efforts—such as drawing on evidence in published literature—to ensure their programs were effective. GAO’s prior work has shown the significance of both performance monitoring activities and program evaluations and noted the importance of formal program evaluations to inform program managers about the overall design and operation of the program.