



## Testimony

Before the Subcommittee on Oversight  
and Investigations, Committee on  
Energy and Commerce, House of  
Representatives

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# MENTAL HEALTH

## HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness

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Chairman Murphy, Ranking Member DeGette, and Members of the Subcommittee:

I am pleased to be here today to discuss our recent report on federal programs supporting individuals with serious mental illness.<sup>1</sup> As you know, mental illness is widespread in the United States. According to figures from the Substance Abuse and Mental Health Services Administration (SAMHSA)—an agency within the Department of Health and Human Services (HHS)—an estimated 43.8 million—or 18.5 percent—of adults in the United States suffered from a mental illness in 2013. Among those, about 10 million—or 4.2 percent—of adults in the United States suffered from a serious mental illness.<sup>2</sup>

Today, the federal government provides a range of programs to support the needs of individuals with serious mental illness, such as funding block grants to community mental health organizations and providing supportive housing programs for individuals with mental illness. The responsibility for the administration and evaluation of these programs falls upon multiple agencies, including the Department of Defense (DOD), Department of Education (Education), HHS, Department of Housing and Urban Development (HUD), Department of Justice (DOJ), Department of Labor (DOL), Department of Veterans Affairs (VA), and Social Security Administration (SSA). Programs supporting individuals with serious mental illness may or may not be specifically targeting that population. For example, a program providing housing for homeless veterans may provide support to individuals with serious mental illness because these individuals make up a portion of the population of homeless veterans, but

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<sup>1</sup>GAO, *Mental Health: HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness*, [GAO-15-113](#) (Washington, D.C.: Dec. 18, 2014).

<sup>2</sup>Data are from the 2013 National Survey on Drug Use and Health, a national survey administered by SAMHSA.

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the program is targeting homeless veterans rather than individuals with serious mental illness.<sup>3</sup>

Our prior work has noted the importance of coordinating and evaluating programs. This is particularly important in the case of federal efforts to support serious mental illness, given the size of the population affected and the complexity of treatment. We have reported on the importance of coordination between federal agencies on issues of national significance as a way to avoid fragmentation.<sup>4</sup> Many of the meaningful results that the federal government seeks to achieve require the coordinated efforts of more than one federal agency and often more than one sector and level of government. In addition, for many years, we have reported that more frequent evaluations of performance and results were needed for multiple federal programs and activities.<sup>5</sup>

In this context, my statement today discusses the findings from our recent December 2014 report on federal programs supporting individuals with serious mental illness. Accordingly, this statement addresses (1) the

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<sup>3</sup>For the purposes of this statement and our December 2014 report ([GAO-15-113](#)), we define individuals with serious mental illness as adults who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet certain diagnostic criteria, as specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM), that resulted in serious functional impairment, substantially interfering with or limiting one or more major life activities. Individuals with serious mental illness may also include those with a specific diagnosis; for example, individuals diagnosed with schizophrenia, schizoaffective disorder, bipolar disorder, or major depression. In addition, we defined individuals with serious emotional disturbance as children and adolescents from birth up to age 18 who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Throughout this statement, when we refer to programs generally supporting or specifically targeting individuals with serious mental illness, we are referring to programs supporting or targeting individuals with either serious mental illness or serious emotional disturbance.

<sup>4</sup>We define coordination as any joint effort that is intended to produce more public value than could be produced when organizations act alone. Fragmentation refers to those circumstances in which more than one federal agency is involved in the same broad area of national need and opportunities exist to improve service delivery.

<sup>5</sup>GAO, *Government Efficiency and Effectiveness: Opportunities to Reduce Fragmentation, Overlap, and Duplication through Enhanced Performance Management and Oversight*, [GAO-13-590T](#) (Washington, D.C.: May 22, 2013).

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federal programs that support individuals with serious mental illness; (2) the extent to which federal agencies coordinate programs for individuals with serious mental illness; and (3) the extent to which federal agencies evaluate or monitor programs for individuals with serious mental illness. In addition, I will highlight key actions that we recommended in our report that federal agencies can take to better understand the full breadth of federal programs supporting those with serious mental illness, the scope of federal resources expended on those programs, and the effectiveness of the programs.

To conduct this work, we developed a web-based questionnaire with questions about program goals, target populations, services offered, performance information and evaluations, coordination, and funding in fiscal year 2013. We administered the questionnaire to eight agencies frequently cited as having relevant programs supporting individuals with serious mental illness, as based on a review of existing documentation and interviews with agency officials and advocacy groups. We supplemented the questionnaire responses with follow-up interviews and questions to each of the agencies to obtain any additional information. Our December 2014 report includes a detailed explanation of the methods used to conduct our work. We conducted the work on which this statement is based in accordance with generally accepted government auditing standards.

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## **Eight Agencies Reported over 100 Programs That Can Support Individuals with Serious Mental Illness, but It Is Unlikely All Programs Were Identified**

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 individuals suffering from homelessness, which can include individuals with serious mental illness. The programs were spread across eight federal agencies: DOD, DOJ, DOL, Education, HHS, HUD, SSA, and VA. These 112 programs conducted activities that can generally support individuals with serious mental illness. For example, HUD's Continuum of Care program provided funding to nonprofit providers and state and local governments to quickly find housing for homeless individuals and families, among other services. The number and purpose of the programs identified by the agencies through our questionnaire varied widely. DOD reported the largest number, a total of 34 programs, and HHS identified 33. Although some programs may serve more than one purpose, overall, many of the programs focused on the provision of support services and a few programs focused on research or surveillance.

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A subset of the 112 programs—30 programs, or 27 percent—were identified by the agencies as specifically targeting individuals with serious mental illness. These targeted programs were administered by five agencies—DOD, DOJ, HHS, SSA, and VA—and the primary purpose for them varied. Half of the targeted programs provided support services such as case management. The other half of the targeted programs served a mix of purposes, including prevention, research, technical assistance, and treatment.

It is unlikely that agencies identified all programs for individuals with serious mental illness. Agencies had difficulty identifying all of their 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. For example, the Disability Employment Initiative administered by DOL is intended to serve all people with disabilities, including individuals with serious mental illness, but it was unclear how many individuals with serious mental illness were served by this program. Agencies also varied in which programs they identified because they had different definitions of what such a program might be. For example, DOD officials identified all of their suicide prevention programs as those that support individuals with serious mental illness, but SAMHSA officials did not initially include any of their suicide prevention programs, explaining that these programs were not limited only to individuals with serious mental illness and served a broader population. Subsequently, after further discussion with us, SAMHSA included the agency's suicide prevention programs among those that can support individuals with serious mental illness.

The inability of agencies to identify a comprehensive list or inventory of programs for individuals with serious mental illness is problematic. The Government Performance and Results Modernization Act of 2010 requires the Office of Management and Budget to compile a comprehensive list of all federal programs identified by agencies, and to include the purposes of each program, how it contributes to the agency's mission, and recent funding information.<sup>6</sup> This information could help assist executive branch and congressional efforts to identify and address fragmentation, overlap, and duplication.

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<sup>6</sup>Pub. L. No. 11-352, § 7, 124 Stat. 3866, 3876 (Jan. 4, 2011).

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## Interagency Coordination of Programs Supporting People with Serious Mental Illness Is Lacking

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 SAMHSA 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 are broad in scope and did not target individuals with serious mental illness. For example, HHS officials reported that the U.S. Interagency Council on Homelessness—formed to coordinate the federal response to homelessness—has worked to improve access to behavioral health services in an effort to address chronic and veteran homelessness. Accordingly, the work of this committee might affect individuals with serious mental illness, but the committee did not specifically focus on the unique needs of this population.

Although coordination specific to serious mental illness was lacking among interagency committees, staff for the majority of the programs targeting serious mental illness reported taking steps to coordinate with staff in other agencies. For example, program staff from SAMHSA's Criminal and Juvenile Justice programs told us that they met quarterly with program staff for DOJ's Bureau of Justice Assistance Justice and Mental Health Collaboration program. While coordination at the program level is important, it does not take the place of, or achieve the level of, leadership that we have previously found to be key to successful coordination. We have also found that coordination at the leadership level 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. In our December 2014 report, we recommended that HHS establish a mechanism to facilitate intra- and interagency coordination, including actions that would assist with identifying the programs, resources, and potential gaps in federal efforts to support individuals with serious mental illness. HHS did not agree with our recommendation. HHS stated that because funding for SAMHSA is largely allocated to specific programs by Congress, improving coordination should include coordination at the Congressional level. HHS also said that coordination was already occurring at the program level. Based on the results of our review, we continue to believe that action is needed by HHS to address our recommendation. Coordination at the

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program level is important but cannot take the place of coordination at higher levels that would provide the perspective needed to assess the reach and effectiveness of all the federal government's programs targeting individuals with serious mental illness.

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## Agencies Have Evaluated Less than One-Third of the 30 Programs Targeted for People with Serious Mental Illness

Agencies completed few evaluations of the programs specifically targeting individuals with serious mental illness. As of September 2014, of the 30 programs specifically targeting individuals with serious mental illness, 9 programs had a completed program evaluation—7 by SAMHSA and 2 by DOD. In addition, 4 programs had an evaluation underway, and 17 programs had no evaluation completed and none planned. In some instances, agency officials provided explanations for the lack of completed program evaluations, citing—for example—the cost of conducting evaluations, especially for small programs.

Agency officials said they engaged in other efforts—such as drawing on evidence in published literature—to ensure their programs were effective. Agency officials also cited the use of ongoing monitoring and assessment activities for several of their programs targeting people with serious mental illness. Our 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. Although our past work has found that some program evaluations can be expensive, the relatively few evaluations completed among programs targeted for individuals with mental illness is a concern because without meaningful and timely evaluations, agencies may lose opportunities to identify improvements in federal government efficiency and effectiveness, and because comprehensive evaluations can be key to coordinating and streamlining federal programs.<sup>7</sup> In our December 2014 report, we recommended that DOD, DOJ, HHS, and VA—which oversee programs targeting individuals with serious mental illness—document which of their programs targeted for individuals with serious mental illness should be evaluated and how often such evaluations should be completed. DOD, DOJ, and VA agreed with our recommendation. Although HHS acknowledged that performance measurement is important, it did not

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<sup>7</sup>GAO, *Grants Management: Enhancing Performance Accountability Provisions Could Lead to Better Results*, [GAO-06-1046](#) (Washington, D.C.: Sept. 29, 2006).

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agree with our recommendation and suggested that our report places undue importance on program evaluations. We disagree with HHS's characterization and believe that actions to address our recommendations are needed by all relevant agencies.

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In conclusion, individuals with serious mental illness can face significant challenges getting the services they need. The public health, social, and economic impact of serious mental illness, coupled with the constrained fiscal environment of recent years, highlights the need to ensure that federal programs efficiently and effectively use their resources to support the complex needs of individuals with serious mental illness.

Chairman Murphy, Ranking Member DeGette, and Members of the Subcommittee, this concludes my prepared statement. I would be pleased to answer any questions that you may have at this time.

If you or your staff members have any questions concerning this statement, please contact me at (202) 512-7114 or [kohnl@gao.gov](mailto:kohnl@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. Other individuals who made key contributions to this statement include Tom Conahan, Assistant Director; Carolyn Fitzgerald; Cathy Hamann; Jacquelyn Hamilton; Mollie Hertel; Hannah Marston Minter; Vikki Porter; Michael Rose; and Joanna Wu.



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