



U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON ENERGY AND COMMERCE

February 9, 2015

TO: Members, Subcommittee on Oversight and Investigations

FROM: Committee Majority Staff

RE: Hearing on “Federal Efforts on Mental Health: Why Greater HHS Leadership is Needed”

On Wednesday, February 11, 2015, at 10:00 a.m. in 2123 Rayburn House Office Building, the Subcommittee on Oversight and Investigations will hold a hearing entitled “Federal Efforts on Mental Health: Why Greater HHS Leadership is Needed.” This hearing is part of the Subcommittee’s examination, ongoing since January 2013, of mental health programs and resources with the aim of ensuring that Federal dollars devoted to mental health are reaching the over 11 million American adults with serious mental illness (SMI) and helping them to obtain the most effective care. In particular, this hearing will examine the findings of a recent report of the U.S. Government Accountability Office (GAO), “Mental Health: HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness,” GAO-15-113.¹

I. WITNESSES

- Linda T. Kohn, Ph.D., Director, Health Care, U.S. Government Accountability Office;
- Richard G. Frank, Ph.D., Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services
Accompanied by Pamela S. Hyde, J.D.
Administrator, Substance Abuse and Mental Health Services Administration

II. BACKGROUND

In June 2013, the Committee, in a bipartisan request, asked that GAO compile information on how key Federal departments and agencies support programs for individuals with SMI and take steps to ensure their programs meet the needs of this population. Specifically, GAO was asked to identify (1) the Federal programs that support individuals with SMI; (2) the extent to which Federal agencies coordinate these programs; and (3) the extent to which Federal agencies evaluate such programs.

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

GAO, through its survey of Federal agencies, identified 112 Federal programs that generally supported individuals with SMI in fiscal year 2013.² The majority of these programs addressed broad issues, such as homelessness, that can include individuals with SMI. These programs were spread across eight Federal agencies, including Department of Health and Human Services (HHS) as well as Department of Defense (DOD), Department of Education, Department of Housing and Urban Development, Department of Justice (DOJ), Department of Labor, Department of Veterans Affairs (VA), and the Social Security Administration. GAO found that only thirty of the 112 programs were identified by agencies as specifically targeting individuals with SMI and that four agencies – HHS, DOD, DOJ, and VA – reported obligating about \$5.7 billion in fiscal year 2013 for these thirty programs.

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 (SAMHSA) is required by its enabling legislation, as amended, to promote coordination of programs relating to mental illness throughout the Federal government. However, GAO found that interagency coordination for Federal programs supporting individuals with SMI is lacking. What agency-level committees existed did not focus on, and took little action specific to SMI, GAO noted. While agencies reported some coordination by staff at the program level, GAO referenced its prior work demonstrating the value of interagency coordination, when it is supported by agency leadership, in minimizing the potential for duplication and overlap that can reduce the efficiency of Federal programs.³

GAO noted that meaningful program coordination and evaluation are particularly important in the case of Federal efforts to support SMI, given the size of the population affected and the complexity of treatment. GAO’s prior work showed the significance of both performance monitoring activities and program evaluations, noting the particular importance of formal program evaluation to inform program managers about the overall design and operation of the program.⁴ Here, however, GAO found that agencies completed few evaluations of the programs specifically targeting individuals with SMI. Citing the practices of SAMHSA in particular, GAO emphasized that ongoing monitoring and reporting of program accomplishments, while essential to performance management, cannot take the place of a formal program evaluation.

² GAO acknowledged the difficulty agencies experienced in trying to define the scope of such programs and determining whether individuals with SMI were among those served by the various programs. As no compilation of federal programs related to mental health was publicly available at the onset of the Committee’s investigation, earlier, on April 10, 2013, the Committee [requested](#) that the Office of Management and Budget (OMB) produce a comprehensive inventory of federal programs supporting mental health research, prevention, and treatment. On November 7, 2013, OMB supplied the Committee with a [response](#), disclosing that in fiscal year 2012, \$130 billion in federal funds were directed to mental health surveillance, research, prevention, and treatment activities, as well as income support and other social services for individuals with mental illness. At the time, OMB also acknowledged the difficulty associated with identifying all such programs across the federal government.

³ See GAO, *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, [GAO-12-1022](#) (Washington, D.C.: Sept. 27, 2012).

⁴ See 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) and GAO, *Designing Evaluations: 2012 Revision*, [GAO-12-208G](#) (Washington, D.C.: January 2012).

At the conclusion of the report, GAO offered two recommendations:

(1) the first recommendation called on the Secretary of HHS to 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 SMI. HHS disagreed with this recommendation. It noted that funding for SAMHSA is allocated largely to specific programs by Congress, and thus, improving coordination should include coordination at the Congressional level. HHS affirmed that, in its view, existing program-level coordination was sufficient;

(2) the second recommendation directed the Secretaries of DOD, DOJ, VA, and HHS to document which of their programs targeted for individuals with SMI should be evaluated and how often such evaluations should be completed. HHS disagreed with this recommendation, unlike DOD, DOJ, and VA, which agreed with it. HHS argued that program evaluation is only one method of measurement to which, in the present report, GAO has attached undue importance.

Despite HHS's non-concurrence on both recommendations, GAO continues to believe that its recommendations are valid.

III. ISSUES

The following issues may be examined at the hearing:

- What Federal programs support – or specifically target – individuals with SMI, and who administers them?
- What is the statutory role of HHS, or SAMHSA, in promoting coordination across the Federal government regarding SMI?
- What is the state of interagency coordination concerning Federal programs related to SMI and how is it impacting program reach and effectiveness?
- What is the state of program evaluations for Federal programs related to SMI and how, if at all, can the evaluation process be improved?
- What actions, if any, do HHS or SAMHSA plan to take to address GAO's recommendations in this report?

IV. STAFF CONTACTS

If you have any questions regarding this hearing, please contact Sam Spector of the Committee staff at (202) 225-2927.