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December 2014

MENTAL HEALTH

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

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GAO-15-113

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GAO Highlights

Highlights of GAO-15-113, a report to the Subcommittee on Oversight and Investigations, Committee on Energy and Commerce, House of Representatives

Why GAO Did This Study

In 2013, about 10 million adults in the United States had a serious mental illness. The U.S. mental health care system includes a range of federal programs—across multiple agencies—for those with mental illness. Past efforts to develop a list of federal programs supporting individuals with serious mental illness have highlighted the difficulty of identifying such programs.

GAO was asked to provide information on federal programs that support individuals with serious mental illness. This report identifies (1) the federal programs that support individuals with serious mental illness; (2) the extent to which federal agencies coordinate these programs; and (3) the extent to which federal agencies evaluate such programs. GAO developed and administered a web-based questionnaire to eight federal agencies regarding program goals, target populations, services offered, evaluations, and coordination. GAO also interviewed agency officials.

What GAO Recommends

GAO recommends that HHS establish a mechanism to facilitate interagency coordination across programs that support individuals with serious mental illness. GAO also recommends that DOD, HHS, DOJ, and VA document which programs targeting individuals with serious mental illness should be evaluated and how often such evaluations should be completed. HHS disagreed with both recommendations. DOD, DOJ, and VA agreed with the second recommendation. GAO continues to believe the recommendations are valid as discussed in the report.

View GAO-15-113. For more information, contact Linda Kohn at (202) 512-7114 or kohnl@gao.gov.

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.

Contents

Tables

Figures

Abbreviations

BHCC	Behavioral Health Coordinating Council
DOD	Department of Defense
DOJ	Department of Justice
DOL	Department of Labor
DSM	Diagnostic and Statistical Manual of Mental Disorders
Education	Department of Education
GPRA	Government Performance and Results Act of 1993
HHS	Department of Health and Human Services
HUD	Department of Housing and Urban Development
OMB	Office of Management and Budget
PAIMI	Protection and Advocacy for Individuals with Mental Illness
PTSD	post-traumatic stress disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
SSA	Social Security Administration
VA	Department of Veterans Affairs

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December 18, 2014

The Honorable Tim Murphy
Chairman
The Honorable Diana DeGette
Ranking Member
Subcommittee on Oversight and Investigations
Committee on Energy and Commerce
House of Representatives

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.[1] Among those, about 10 million—or 4.2 percent—of adults in the United States suffered from a serious mental illness, which generally includes conditions such as schizophrenia, bipolar disorder, major depression, and severe post-traumatic stress disorder (PTSD).[2] Children also suffer from mental health issues. In 2013, approximately 10.7 percent of children—an estimated

[1]Data are from the 2013 National Survey on Drug Use and Health, a national survey administered by SAMHSA.

[2]For the purposes of this report, 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 report, 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.

2.6 million—aged 12 to 17 years old experienced a period of major depression.[3]

The U.S. mental health care system includes a range of programs for those with a mental illness, including programs addressing broad social issues, such as homelessness, that can generally support individuals with mental illness as well as other programs that are specifically targeting people with mental illness. The federal government provides a range of programs to support the needs of individuals with serious mental illness. There have been efforts in the past to develop a list of the federal programs and resources that are devoted to supporting and treating individuals with serious mental illness, and some have highlighted the difficulty of identifying all of the programs. For example, in 2013, the Office of Management and Budget (OMB) collected information on the federal activities and services that support individuals with mental illness; however, OMB acknowledged that the information gathered did not include a number of federal programs that address mental health as part of broader activities and that there are also services or benefits provided to individuals with mental illness that are not provided exclusively on the basis of an individual's mental illness.[4]

Because of the size of the population affected and the complexity of treating those with mental illness, coordinating and evaluating programs that support these individuals is particularly important for meeting the needs of this vulnerable population. Both Congress and the executive branch have recognized the need for improved collaboration across the federal government, and many of the meaningful results that the federal government seeks to achieve require the coordinated efforts of government agencies. Our prior work has highlighted some of the approaches and key considerations for implementing interagency collaborative mechanisms, such as defining outcomes; measuring performance and ensuring accountability; and establishing leadership

[3]Data are from the 2013 National Survey on Drug Use and Health, a national survey administered by SAMHSA.

[4]OMB, *Letter from OMB Director Burwell to Chairman Murphy and Ranking Member DeGette, Subcommittee on Oversight and Investigations, House Energy and Commerce Committee,* November 7, 2013. Accessed October 21, 2014, http://energycommerce.house.gov/sites/republicans.energycommerce.house.gov/files/letters/MentalHealth/20131107OMB-MH-Inventory-Response.pdf.

approaches, among other things.[5] Furthermore, evaluation can play a key role in agency strategic planning and in program management, providing important feedback on both program design and execution.

You asked us to provide information on how federal agencies support programs for individuals with serious mental illness and ensure these programs are meeting the needs of this population. This report identifies (1) the 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.

To identify federal programs supporting those with serious mental illness, the extent to which federal agencies are coordinating, and the extent to which federal agencies evaluate or monitor programs, we developed a web-based questionnaire.[6] The web-based questionnaire asked questions about program goals, target populations, services offered, performance information and evaluations, coordination, and funding in fiscal year 2013. To determine which federal departments, agencies, and other federal entities administer programs that support individuals with serious mental illness, we reviewed existing documentation and reports and interviewed advocacy groups and agency officials.[7] Based on this review and our interviews, we identified eight agencies frequently cited as having relevant programs supporting individuals with serious mental illness and administered the questionnaire to those agencies.[8] We supplemented the questionnaire responses with follow-up interviews and

[5]GAO, *Managing for Results: Implementation Approaches Used to Enhance Collaboration in Interagency Groups,* GAO-14-220 (Washington, D.C.: Feb. 14, 2014).

[6]We defined a federal program as a program, activity, or initiative that may include, but is not limited to, (1) grants to state, local, tribal, nonprofit, or research entities, (2) contracts with service providers, or (3) services directly provided to beneficiaries by the federal agency itself. We excluded health benefit programs—such as Medicaid, Medicare, or TRICARE—that may reimburse for various mental health services.

[7]For the purposes of this report, we refer to those federal departments, agencies, and other federal entities included in our scope as "agencies."

[8]The eight federal agencies selected for the web-based questionnaire were Department of Defense, Department of Education, HHS, Department of Housing and Urban Development, Department of Justice, Department of Labor, Social Security Administration, and Department of Veterans Affairs.

questions to each of the agencies to obtain any additional information. To assess the reliability of the information we received, we performed internal reliability checks and conducted follow-up as necessary with agency officials. As a result, we determined that the data used in our report were sufficiently reliable for our purposes. See appendix I for more information on our scope and methodology.

We conducted this performance audit from December 2013 to December 2014 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Mental Illness

Mental illness is generally defined as a health condition that changes a person's thinking, feelings, or behavior and causes the person distress and difficulty in functioning.[9] The symptoms associated with a given type of mental illness can vary in frequency and severity across individuals and for each individual over time. Mental illnesses with particularly severe symptoms can have a dramatic impact on an individual's ability to function in everyday life. The fatigue experienced by an individual with major depressive disorder can be so severe that it is difficult to summon the energy to work every day. The delusions associated with paranoid schizophrenia can make it impossible to maintain stable personal relationships with spouses, co-workers, or friends. Certain other mental illnesses are known for the unpredictable and episodic nature of their symptoms and the harmful effect this has on the ability to function consistently over time. For example, individuals with bipolar disorder can

[9]Mental disorders are diagnosed using criteria in the Diagnostic and Statistical Manual of Mental Disorders—Fifth Edition (DSM-V). Each diagnosis, such as generalized anxiety disorder, major depressive disorder, or schizophrenia, is based on a specific set of symptoms reported over a given period of time. For example, major depressive disorder can be diagnosed if an individual reports experiencing five or more of nine specified symptoms, such as fatigue, feelings of worthlessness or excessive or inappropriate guilt, and a diminished ability to concentrate, over a minimum of 2 weeks.

alternate between periods of mania, relative normalcy, and profound depression.

Mental Health Care System

The services provided by the public mental health care system to individuals with serious mental illness have changed over time. Historically, state-run public mental health hospitals were the principal treatment option available to them. By the 1960s, the reliance on inpatient care was viewed as ineffective and inadequate because of patient overcrowding, staff shortages, and other factors. At the same time, improved medications and other interventions were reducing some of the symptoms of mental illness and increasing the potential for more of these individuals to live successfully in the community. A recovery-oriented, community-based approach to mental health treatment has since emerged. Under this approach, individuals are to receive services and supports uniquely designed to help them manage their mental illness and to maximize their potential to live independently in the community. These services and supports are multidimensional—intended to address not only mental illness but also employment, housing, and other issues. When feasible, these multidimensional services are provided in what is referred to as a "wrap-around" manner—that is, they are uniquely targeted to the nature and extent of each individual's needs. When services are provided by multiple agencies, those agencies are to coordinate their activities and funding so that the individual experiences the services and supports seamlessly—as if from one system, not many.

Federal Mental Health Care Programs

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 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 the program is targeting homeless veterans rather than individuals with serious mental illness.

SAMHSA, an agency within HHS, leads the federal government's public health efforts related to behavioral health, which includes mental health.[10] Specifically, SAMHSA administers behavioral health programs, disseminates policies, information and data, and awards contracts and grants to states, tribes, local governments, and other organizations, including those that support individuals with serious mental illness.[11]

Agency Coordination and Program Evaluation

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 also reported on the importance of coordination between federal agencies on issues of national significance as a way to avoid fragmentation.[12] 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. Our past work has identified a range of mechanisms that the federal government uses to lead and implement interagency coordination, including interagency groups sometimes referred to as task forces, working groups, councils, or committees.[13]

In addition, for many years, we have reported that more frequent evaluations of performance and results were needed for multiple federal programs and activities.[14] A program evaluation is an individual, systematic study to assess how well a program or programs are working.

[10]Substance Abuse and Mental Health Services Administration, *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014*, HHS Publication No. (SMA) 11-4629 (Rockville, Md.: 2011).

[11]We are currently examining SAMHSA's Center for Mental Health Service's oversight of selected mental health grant programs.

[12]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.

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

[14]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).

Evaluations answer specific questions about program performance and may focus on assessing program operations or results. Evaluation can play a key role in agency strategic planning and in program management, providing important feedback on both program design and execution.[15] Program evaluation is closely related to performance measurement and reporting. Performance measurement is the systematic ongoing monitoring and reporting of program accomplishments, particularly progress toward established goals or standards. The Government Performance and Results Act of 1993 (GPRA), as expanded by the GPRA Modernization Act of 2010, encourages federal agencies to conduct evaluations by requiring them to include a schedule of future program evaluations in their strategic plans and summarize their evaluation findings when reporting on their performance goals, among other things.[16]

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

[16]Pub. L. No. 103-62, 107 Stat. 285 (Aug. 3, 1993), as expanded by Pub. L. No. 111-352, 124 Stat. 3866 (Jan. 4, 2011).

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 Programs That Can Support Individuals with Serious Mental Illness, 30 of Which Specifically Target This Population

Agencies identified 112 federal programs in fiscal year 2013—across eight federal agencies—that can support individuals with serious mental illness. 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. See appendix II for a list of the 112 federal programs identified as supporting individuals with serious mental illness in fiscal year 2013.[17]

The number and purpose of programs identified by agencies through our questionnaire varied widely.[18] DOD reported the largest number, a total of 34 programs, and HHS identified 33. Together, the agencies accounted for more than half of the 112 programs.[19] DOJ and VA also each reported

[17]One of HUD's programs, HUD-VA Supportive Housing, is co-administered by VA, which also submitted the program through the questionnaire. To avoid double-counting, this program is included only once in the overall total, but is listed twice in app. II, which details the programs.

[18]The questionnaire asked agencies to identify those programs that may support individuals with serious mental illness, with a question asking them to identify—within the supportive programs—those specific programs that are targeted for individuals with serious mental illness. For the purposes of the questionnaire, we defined a federal program as any program, activity, or initiative that may include, but is not limited to, (1) grants to state, local, tribal, nonprofit, or research entities, (2) contracts with service providers, or (3) services directly provided to beneficiaries by the federal agency itself.

[19]SAMHSA officials completed the questionnaire for 13 programs they administer. Subsequently, SAMHSA officials provided the names of an additional 12 programs that can offer general support to individuals with serious mental illness.

over 10 programs. Overall, many of the programs focused on the provision of support services and a few programs focused on research or surveillance. Programs that provided support services included those that provided case management services such as SAMHSA's Criminal and Juvenile Justice Programs. These programs sought to divert individuals with serious mental illness from the criminal justice system by providing support services that connect the individual to behavioral health, housing, and job placement services. DOD was the only agency that reported prevention programs (13 programs) through the questionnaire, and three agencies—DOD, HHS, and VA—reported treatment programs (16 programs). About a quarter of the programs—27 programs—were identified as serving other purposes. For example, the Department of Education included its Personnel Development program that awarded grants to assist in ensuring adequate numbers of highly qualified special education teachers and fully certified personnel to serve children with disabilities, including children with serious emotional disturbance who may have a serious mental illness. Table 1 provides the number of these programs, by primary program purpose, within the eight federal agencies.

Table 1: Programs That Can Support Individuals with Serious Mental Illness Identified by Eight Federal Agencies in Fiscal Year 2013, by Primary Program Purpose

	Number of programs, by primary program purpose								
Agency	**Prevention**	**Research**	**Support services**	**Surveillance**	**Technical assistance**	**Treatment**	**Other**	**Not identified**	**Total**
DOD	13		11	1		4	5		**34**
DOJ			7				4		**11**
DOL			1		1		6		**8**
Education		1			1		5		**7**
HHS		1	13		3	3	1	12	**33**
HUD							4[a]		**4**
SSA		1	2				1		**4**
VA			1			9	1		**11**
Total	**13**	**3**	**35**	**1**	**5**	**16**	**27**	**12**[b]	**112**

Source: GAO analysis of questionnaire responses and interviews with eight federal agencies. | GAO-15-113

Legend:

DOD	Department of Defense
DOJ	Department of Justice
DOL	Department of Labor
Education	Department of Education
HHS	Department of Health and Human Services
HUD	Department of Housing and Urban Development
SSA	Social Security Administration
VA	Department of Veterans Affairs

Note: The scope of this report did not include health benefit programs—such as Medicaid, Medicare, and TRICARE—that reimburse providers for various mental health services.

[a]HUD submitted five programs with the primary purpose "other." One of the programs, HUD-VA Supportive Housing, was also submitted by VA. To avoid double-counting we included this program under VA.

[b]In addition to completing the questionnaire for 13 programs they administer that are targeted to individuals with serious mental illness, Substance Abuse and Mental Health Services Administration (SAMHSA) officials also provided the names of 12 programs that can offer general support to individuals with serious mental illness. SAMHSA officials did not identify the primary purpose for these programs.

In addition to serving a variety of purposes the 112 programs that support individuals with serious mental illness, served a variety of subpopulations, ranging from children to homeless veterans. For example, DOJ administered a program—the Second Chance Act Reentry Program—that focused on adults and youth with co-occurring substance abuse and mental health disorders during their confinement or court supervision. In addition, DOL administered the Homeless Veterans Reintegration

program, which worked to meet the needs of homeless veterans by reintegrating them into the workforce.

A subset of the 112 programs—30 programs, or 27 percent—were identified by agencies as specifically targeting individuals with serious mental illness.[20] These targeted programs were administered by five agencies: DOD, DOJ, HHS, SSA, and VA. The primary purpose of the 30 targeted programs varied. Half of the targeted programs (15 programs) provided support services, such as case management, to individuals with serious mental illness. Ten of those programs were within HHS. Seven of the targeted programs provided treatment services, with 6 of those programs—administered by VA—providing treatment services to veterans with serious mental illness. All targeted programs reported by HHS were within SAMHSA, and focused on providing support services and technical assistance.[21] Table 2 provides the number of these programs, by primary program purpose, within the five federal agencies that identified programs specifically targeted towards individuals with serious mental illness.

[20]Agency officials told us that, in general, they did not target their programs to individuals with specific serious mental illnesses, such as schizophrenia or bipolar disorder.

[21]Although agencies reported a single primary purpose for their programs, it is possible that some programs provide more than one service. For example, according to HHS officials the Community Mental Health Services Block Grant program provides funding to states for support and treatment services.

Table 2: Programs That Specifically Target Individuals with Serious Mental Illness Administered by Eight Federal Agencies in Fiscal Year 2013, by Primary Program Purpose

	Number of programs, by primary program purpose							
Agency	**Prevention**	**Research**	**Support services**	**Surveillance**	**Technical assistance**	**Treatment**	**Other**	**Total**
DOD	3		1			1		**5**
DOJ			3					**3**
HHS			10		3			**13**
SSA		1						**1**
VA			1			6	1	**8**
Total	**3**	**1**	**15**		**3**	**7**	**1**	**30**

Source: GAO analysis of questionnaire responses from five federal agencies. | GAO-15-113

Legend:

DOD Department of Defense
DOJ Department of Justice
HHS Department of Health and Human Services
SSA Social Security Administration
VA Department of Veterans Affairs

In addition to serving a variety of purposes, the 30 programs that specifically target individuals with serious mental illness, served a variety of subpopulations, ranging from children and families to homeless veterans. Over half of the targeted programs (16 programs) were administered by three agencies—DOD, DOJ, and VA—and served specific subpopulations; servicemembers, incarcerated or previously incarcerated individuals, and veterans, respectively. Three of the targeted programs (all within HHS) served children and/or families. The remaining programs served adults.

Based on agency-reported information from the questionnaire, about $5.7 billion was obligated for the 30 targeted programs in fiscal year 2013.[22] The majority of these funds—84 percent—was obligated by DOD and VA for treatment and support services (among other things) for

[22]This number only includes the reported obligated amounts for the 30 targeted programs and does not include other programs that individuals with serious mental illness may access, such as some homeless service programs, which are not specifically targeted for individuals with serious mental illness.

servicemembers, veterans and their families.[23] HHS's SAMHSA obligations represented about 13 percent of total obligations for the 30 targeted programs.[24] HHS officials noted that Medicaid is the largest payer for services for individuals with serious mental illness and that Medicare is also a significant payer for services for that population.[25] The remaining funds were obligated for programs within DOJ.[26] See appendix III for more information on the 30 targeted programs.

It Is Unlikely That Agencies Identified All Programs for Individuals with Serious Mental Illness

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 the population served by the program. During follow-up interviews, officials from several agencies indicated that they were unsure how many individuals with serious mental illness were served by various programs. Specifically, some agencies noted that they administered broad federal programs focusing on individuals with disabilities that could serve individuals with serious mental illness. For example, Education officials indicated that individuals with serious mental illness could have been among individuals eligible to receive services under their Centers for Independent Living program that provided financial assistance to community-based centers for independent living.[27]

[23]This amount does not include health benefit programs—such as TRICARE—that may reimburse providers for various mental health services.

[24]SAMSHA officials only provided the obligated amount for the grants, not the full obligated amount for the program.

[25]The scope of this report did not include programs that may reimburse providers for mental health services, such as Medicaid and Medicare. OMB reported that, for fiscal year 2012, the federal spending on mental health services through Medicaid—a joint federal and state health care program—and Medicare was approximately $40 billion.

[26]DOJ could not provide the obligated funding specific to the three targeted programs. The obligated amount in this estimate included all services and programs offered through DOJ's Psychology Services departments. DOJ's Psychology Services departments provide routine mental health screening, evaluation, grief counseling, individual therapy, group therapy, and crisis intervention. DOJ's Psychology Services departments also provide specialty programming for specific populations.

[27]The Workforce Innovation and Opportunity Act, enacted on July 22, 2014, provides for the transfer of the functions related to the Centers for Independent Living program, State Independent Living program, and National Institute on Disability, Independent Living, and Rehabilitation Research from the Department of Education to the Administration for Community Living at the Department of Health and Human Services, envisioning an orderly transition period to effectuate the transferred authorities. Pub. L. No. 113-128, tit. IV, §§ 491, 503(e), 506(d), 128 Stat. 1425, 1695, 1701-1705 (July 22, 2014).

However, Education officials were unsure the extent to which the program served individuals with serious mental illness because that was not the focus of the program and because individuals self-identify their disability, which may include a serious mental illness. Similarly, the Disability Employment Initiative administered by DOL served 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. Officials from agencies within HHS also noted that it is possible that all of their programs could 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 GPRA Modernization Act of 2010 requires OMB 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.[28] However, as we reported earlier this year, our initial review of these lists identified concerns about the usefulness of the information being developed and the extent to which it might be able to assist executive branch and congressional efforts to identify and address fragmentation, overlap, and duplication.[29] The lack of such a list makes it more difficult for executive branch agencies and Congress to determine whether proposed or existing programs are duplicative.

In addition to difficulties in identifying a comprehensive inventory of programs for individuals with serious mental illness, some agencies also had difficulty identifying how much funding was obligated for programs supporting individuals with serious mental illness. For example, HHS's National Institutes of Health identified all of its activities, including its mental health activities as one program, Scientific Research. Officials said they were able to identify funding amounts for individual research studies related to certain illnesses that may be considered serious mental illnesses, such as depression or schizophrenia.[30] They noted that they

[28]Pub. L. No. 111-352, § 7, 124 Stat. 3866, 3876 (Jan. 4, 2011).

[29]GAO, *Government Efficiency and Effectiveness: Views on the Progress and Plans for Addressing Government-wide Management Challenges*, GAO-14-436T (Washington, D.C.: Mar. 12, 2014).

[30]National Institutes of Health officials told us that grants included in the Scientific Research program are publically reported on their website, see http://report.nih.gov.

were currently developing a method to categorize all research grants that were related to serious mental illness. Similarly, DOJ's Bureau of Prisons identified three programs targeting individuals with serious mental illness but could not provide the obligated funding amounts for the programs, providing instead an amount that included all psychology services programs, which included all of the Bureau of Prisons' substance abuse and mental health programs.

In addition, the number and scope of programs agencies identified is likely incomplete and difficult to compare across agencies for a variety of other reasons. Agencies varied widely in how they counted their programs, resulting in inconsistencies among agencies, thus limiting the potential comparability across programs.[31] Some agencies identified broad programs that included many activities; other agencies counted each of these underlying activities as a separate program. For example, within DOD, the Army included one program, the Behavioral Health System of Care, which included a broad array of mental health and substance abuse activities for servicemembers and their families. In contrast, the Navy chose to list each comparable behavioral health activity as a separate program. Furthermore, NIH identified only one program, its Scientific Research program, which encompassed all of its internal and external research project grants on topics ranging from cardiovascular health to those grants related to mental illness.[32]

Agencies also varied in how they defined their programs and in which programs they chose to include.[33] 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

[31]For the purposes of the questionnaire, we defined a federal program as a program, activity, or initiative that may include, but is not limited to, (1) grants to state, local, tribal, nonprofit, or research entities, (2) contracts with service providers, or (3) services directly provided to beneficiaries by the federal agency itself.

[32]National Institutes of Health is made up of 27 institutes and centers, one of which is the National Institute of Mental Health. Officials indicated that mental health research activities may be supported by various institutes and centers.

[33]We asked agencies to identify programs targeted specifically for individuals with serious mental illness as well as programs that may support that population, though not exclusively. For example, we asked agencies to include programs such as those that target the homeless population, as many of those individuals may suffer from serious mental illness.

their suicide prevention programs. They explained that these services were not limited only to individuals with serious mental illness and served a broader population. Subsequently, after further discussion with us, SAMHSA included their suicide prevention programs among those that can support individuals with serious mental illness. In another instance, HUD and VA jointly administered the HUD-VA Supportive Housing program, a specialized program aimed at providing housing and other services to disabled veterans. VA officials indicated that this program was targeting individuals with serious mental illness while HUD maintained that the program was not targeting this population. Similar to these challenges in identifying programs supporting individuals with serious mental illness, our prior work has also found that agencies took various approaches to defining their programs. This variation in definitions across agencies can limit comparability among similar programs.[34]

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

Agency-level committees that officials said allowed them to coordinate efforts regarding mental health did not focus on, and took little action specific to, serious mental illness. However, program staff for the majority of the programs targeting serious mental illness reported taking steps to coordinate with other program-level staff.

Committees Have Been Established for Interagency Coordination, but They Did Not Focus on, and Took Little Action Specific to, Serious Mental Illness

Interagency coordination for programs for individuals with serious mental illness is lacking because agency-level committees do not focus specifically on, and have taken little action regarding, serious mental illness. While DOD, DOJ, HHS, SSA, and VA officials reported establishing committees that they said allow them to coordinate efforts regarding mental health across agencies, none of these committees were focused specifically on serious mental illness.[35] In 2003, the President's New Freedom Commission on Mental Health produced a report on the

[34]GAO-14-436T.

[35]Our previous work has identified the establishment of interagency groups as a mechanism for implementing coordination efforts. See GAO, *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, GAO-12-1022 (Washington, D.C.: Sept. 27, 2012). In this report we refer to these groups as committees.

fragmentation among programs for individuals with serious mental illness and made recommendations to the federal government to better coordinate services. In response, the Federal Executive Steering Committee for Mental Health—led by HHS—was formed with high-level representatives from DOD, DOJ, DOL, Education, HUD, SSA, VA, the Department of Agriculture, and the Department of Transportation. In 2008, we reported that the committee had taken steps to coordinate federal efforts by promoting access to employment services for young adults with serious mental illness.[36] 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 Secretary of HHS established the BHCC in 2010 to bring together members from agencies within HHS to focus on behavioral health issues, but the council did not include officials from other federal agencies. Moreover, the BHCC has focused mainly on substance use issues, rather than mental health.[37]

There are several other interagency committees according to agency officials, but these committees were generally broader in scope and did not specifically focus on individuals with serious mental illness. (See table 3 for several examples of such committees that are currently operational.) For example, DOD, HHS, and VA lead the Interagency Task Force on Military and Veterans Mental Health to provide support to veterans, servicemembers, and their families.[38] Agency officials told us the Interagency Task Force has undertaken efforts that were broadly related to mental health such as expanding capacity for mental health treatment, but have taken few actions specifically targeting serious mental illness. Similarly, 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

[36]GAO, *Young Adults With Serious Mental Illness: Some States and Federal Agencies Are Taking Steps to Address Their Transition Challenges,* GAO-08-678 (Washington, D.C.: June 23, 2008).

[37]The BHCC had six subcommittees that addressed selected topics, and three of these subcommittees specifically address substance use. One of the six subcommittees has done work that was related to serious mental illness, based on information HHS provided on recent actions taken by the BHCC.

[38]The Interagency Task Force was established by executive order. Improving Access to Mental Health Services for Veterans, Servicemembers, and Military Families, Executive Order No. 13625, 77 Fed. Reg. 54783 (Aug. 31, 2012).

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. Only one of the identified committees—HHS's BHCC—had plans to establish a subcommittee devoted to addressing serious mental illness. It is also important to note that the formation of this subcommittee was only recently announced during the course of our work. SAMHSA officials said that the new subcommittee under the BHCC will have an explicit focus on addressing serious mental illness, and that they expected this group to have an initial meeting in early 2015 to establish a direction for its forthcoming efforts. However, consistent with the BHCC, the subcommittee is only expected to coordinate within HHS, not across federal agencies.

Table 3: Examples of Current Interagency Committees Related to Mental Health, Identified by Agency Officials

Committee name	Year established	Meeting schedule	Target population	Goal	Member agencies							
					DOD	DOJ	DOL	Ed	HHS	HUD	SSA	VA
Behavioral Health Coordinating Council	2010	Quarterly	Individuals with behavioral health issues	Share information and ensure that all behavioral health issues are being handled collaboratively and without duplication of effort across the agency					✓			
Interagency Task Force on Military and Veterans Mental Health[a]	2012	Quarterly	Veterans, servicemembers, and their families with behavioral health issues	Coordinate and review agency efforts to enhance veteran and military mental health and substance abuse services and develop recommendations on strategies to improve mental health and substance abuse treatment services	✓			✓	✓			✓
United States Interagency Council on Homelessness[a]	1987	Quarterly	Individuals experiencing homelessness	Coordinate the federal response to homelessness and create a national partnership to reduce and end homelessness while maximizing the effectiveness of the federal government	✓	✓	✓	✓	✓	✓	✓	✓

Source: GAO analysis of agency information. | GAO-15-113

Legend:

DOD Department of Defense
DOJ Department of Justice
DOL Department of Labor
Ed Department of Education
HHS Department of Health and Human Services

HUD	Department of Housing and Urban Development
SSA	Social Security Administration
VA	Department of Veterans Affairs

Note: Agency officials identified additional interagency committees that can support coordination but none were focused specifically on serious mental illness: the Coordinating Council on Juvenile Justice and Delinquency Prevention (DOD, DOJ, DOL, Education, HHS, HUD), the Curb Cuts to the Middle Class Initiative (DOJ, DOL, Education, HHS, SSA, VA), the DOD/VA Psychological Health and Traumatic Brain Injury Workgroup (DOD, VA), the Federal Interagency Reentry Council (DOJ, DOL, Education, HHS, HUD, SSA, VA), the Federal Working Group on Suicide Prevention (DOD, Education, HHS, VA), the Interagency Committee on Disability Research (Education, HHS, VA), the Now Is the Time Interagency Implementation Group (DOJ, Education, HHS), and the VA/Indian Health Service Post-Traumatic Stress Disorder Workgroup (HHS, VA). Some of these committees include additional agencies and/or organizations, not identified in this table.

[a]This committee includes additional agencies and/or organizations not identified in this table.

Agency officials cited few specific actions taken by the coordination committees to address the needs of individuals with serious mental illness. For example, according to agency officials, the Psychological Health and Traumatic Brain Injury committee, co-chaired by DOD and VA, worked to implement the Integrated Mental Health Strategy, which the agencies jointly developed to address the mental health needs of servicemembers and veterans. However, VA officials said that none of the elements of this strategy or actions the committee has taken were specific to serious mental illness.

Although SAMHSA is charged with promoting coordination across the federal government regarding mental illness, its efforts to lead coordination—specifically on serious mental illness—across agencies have been lacking. According to SAMHSA's enabling legislation, as amended, it is required to promote coordination of programs relating to mental illness throughout the federal government.[39] In addition, SAMHSA's 2011-2014 strategic plan acknowledges the need for coordination, noting that no single program, either within HHS or anywhere else in the federal government, can solve the problems of homelessness, joblessness, educational challenges, and community cohesion for people with mental illness, including those with serious mental illness.[40] Despite SAMHSA's recognition of the need to

[39]42 U.S.C. § 290aa(d)(18).

[40]Substance Abuse and Mental Health Services Administration, *Leading Change*. SAMHSA has also released their strategic plan for 2015-2018: Substance Abuse and Mental Health Services Administration, *Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018,* HHS Publication No. (PEP) 14-LEADCHANGE2, 2014 (Rockville, Md.: 2014).

coordinate, such coordination related to serious mental illness has been largely absent across the federal government. Further, our previous work has demonstrated the value of interagency coordination when it is supported by agency leadership. Without such coordination and support, agencies do not have the necessary information to assess the reach and effectiveness of their programs or to determine whether or where there may be gaps or overlap in services for individuals with serious mental illness.

Staff of Most Programs Specifically Targeting Individuals with Serious Mental Illness Reported Some Coordination

Although coordination specific to serious mental illness was lacking among interagency committees, staff who completed questionnaires regarding individual programs reported that they coordinate with their counterparts in other programs both within and across agencies.[41] Specifically, staff from 90 percent of the programs targeting serious mental illness (27 of 30 programs) reported coordinating with their counterparts in other programs.

Program staff reported via the questionnaire and in follow-up responses that they coordinated with other programs in the same agency. For example, according to SAMHSA officials, program staff from the mental health homelessness programs in SAMHSA's Center for Mental Health Services coordinated with staff in SAMHSA's Center for Substance Abuse Treatment in order to conduct a national evaluation of SAMHSA's homeless programs. This evaluation is a coordinated effort within SAMSHA to compare effectiveness of programs and models of service delivery such as those used by the Projects for Assistance in Transition from Homelessness program, which funded services in both community mental health and co-occurring alcohol and drug treatment. In another example, program staff from SAMHSA's Primary and Behavioral Health Care Integration program—a program that addresses the primary care needs of individuals with serious mental illness in an integrated community mental health center setting—reported collaborating with HHS's Health Resources and Services Administration to jointly fund a training and technical assistance center. According to staff for this program, the cooperative agreement targeted both the Primary and Behavioral Health Care Integration program grantees and the Health

[41]In addition to the responses received via the questionnaire, we obtained further details via follow-up questions.

Resources and Services Administration's community health centers and has supported trainings, curricula development, and webinars.

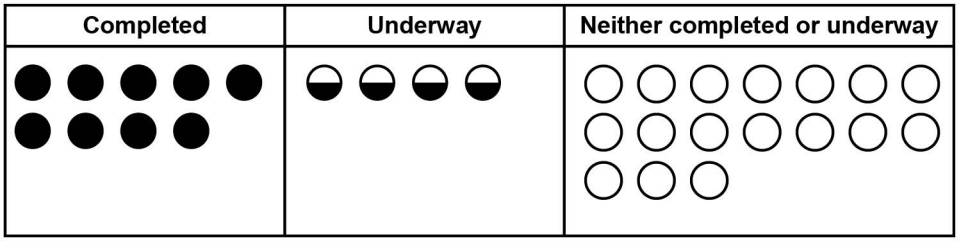
In addition, program staff reported via the questionnaire and in follow-up responses that they have coordinated with programs in other agencies. Program staff from SAMHSA's Criminal and Juvenile Justice programs, for example, told us that they met quarterly with program staff for DOJ's Bureau of Justice Assistance Justice and Mental Health Collaboration program. They said that they strategized the use of resources at these meetings. While coordination at the program level is important to ensure that program staff are aware of the efforts of staff for other programs, it does not take the place of, or achieve the level of leadership, that we have noted in past work is key to successful coordination. Where programs to address an issue are spread across multiple agencies—as we have found they are in the case of serious mental illness—interagency coordination at the agency level can minimize the potential for duplication and overlap that could reduce the efficiency of federal programs. See appendix IV for more information on the coordination mechanisms and activities reported by program staff.

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

Agencies completed few evaluations of the 30 programs that specifically targeted individuals with serious mental illness. Specifically, as of September 2014, 9 programs had a completed program evaluation, 4 programs had an evaluation underway, and 17 programs had no evaluation.[42] (See fig. 1.)

[42]We define program evaluation to be an individual, systematic study to assess how well a program or programs are working.

Figure 1: Evaluation Status of 30 Federal Programs Targeting Individuals with Serious Mental Illness, as of September 2014



Source: GAO analysis of questionnaire responses from five federal agencies. | GAO-15-113

Of the 9 completed program evaluations, 7 were completed by SAMHSA and 2 were completed by DOD. DOJ, SSA, and VA had not completed any evaluations for their targeted programs. Evaluations for both targeted DOD programs and two of the targeted SAMHSA programs were completed in 2013. Of the remaining 5, all of which are HHS's SAMHSA programs, 1 was completed in 2010, 2 were completed in 2011, and 2 were completed in 2014.

We found that these completed evaluations gave an overall assessment of the program, examined its strengths and weaknesses, and provided recommendations for improvement. For example, SAMHSA contracted with the Human Services Research Institute—a consulting and research firm—to conduct an evaluation of the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program. Human Services Research Institute's 2011 evaluation report found that the program was successful in giving those with psychiatric disabilities a voice in the exercise of their rights, among other things. However, the report also found deficiencies in the program, such as insufficient training for federal program and contract officials regarding PAIMI requirements and frequent difficulties gaining access to at-risk individuals in residential settings. SAMHSA provided us with information about how the agency has addressed the deficiencies outlined in the PAIMI evaluation.

In addition, the Army Deputy Chief of Staff conducted an evaluation of the Army National Guard Psychological Health program in 2013. The evaluation recommended that the program demonstrate that the services delivered were responding to a specific need of its target population—Army National Guard and Army Reservists—and noted that it is unclear whether the program is reaching Reservists. The evaluation also found that the program adhered to its quality standards and effectively solicited customer feedback.

Four of the 30 programs targeting individuals with serious mental illness reported having evaluations underway that were scheduled for completion after September 2014. The SSA Homeless with Schizophrenia Presumptive Disability program is scheduled for completion in December 2014, the SAMHSA Projects for Assistance with the Transition from Homelessness program and Mental Health Homelessness Prevention programs are scheduled for completion in 2016, and the DOD Air Force Air National Guard Psychological Health program is scheduled for completion in 2017.

The remaining 17 programs targeting individuals with serious mental illness had not completed a program evaluation. This included all 3 DOJ programs, all 8 VA programs, 2 DOD programs, and 4 HHS programs. (See table 4.) Our prior work has shown that program evaluations address specific questions about program performance and may focus on assessing program operations or results. These evaluations can play a key role in agency strategic planning and in program management, providing important feedback on both program design and execution.[43] 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.[44] See appendix V for a complete list of the 30 programs and their evaluation status.

[43]GAO-12-208G.

[44]For example, we previously reported on a government-wide survey that we conducted in 2013. It showed that only 37 percent of all federal managers reported that, for the programs with which they had been involved, an evaluation had been completed within the last 5 years. We also found that 80 percent of managers surveyed whose programs did have evaluations reported that they contributed to a moderate or greater extent to improving program management or performance and to assessing program effectiveness or value. See GAO, *Program Evaluation: Strategies to Facilitate Agencies' Use of Evaluation in Program Management and Policy Making*, GAO-13-570 (Washington, D.C.: June 26, 2013); *Managing for Results: 2013 Federal Managers Survey on Organizational Performance and Management Issues*, GAO-13-519SP (Washington, D.C.: June 26, 2013); and GAO-12-208G.

Table 4: Evaluation Status of 30 Federal Programs Targeting Individuals with Serious Mental Illness, as of September 2014

Agency	Completed	Underway	None	Total
DOD	2	1	2	**5**
DOJ			3	**3**
HHS	7	2	4	**13**
SSA		1		**1**
VA			8	**8**
Total	**9**	**4**	**17**	**30**

Source: GAO analysis of questionnaire responses from five federal agencies. | GAO-15-113

Legend:

DOD Department of Defense

DOJ Department of Justice

HHS Department of Health and Human Services

SSA Social Security Administration

VA Department of Veterans Affairs

In some instances, agency officials provided explanations for the lack of completed program evaluations. For example, DOJ officials indicated that the Dual Diagnosis Residential Drug Abuse Program had not been evaluated because the number of participants was small; however, these officials told us that they would consider analyzing program effectiveness once a sufficient number of participants had been reached. SAMHSA officials noted that they considered a formal evaluation of the State and Community Partnerships to Integrate Services program but concluded that an evaluation could not be justified due to the high cost of such an evaluation relative to the size of the program. SAMHSA officials added, however, that the agency is conducting a consolidated evaluation of four of its homeless programs, including the Projects for Assistance with the Transition from Homelessness and Mental Health Homelessness Prevention programs. SAMHSA officials told us that in 2013, they established an evaluation team responsible for ensuring a centralized evaluation strategy and conducting evaluations of certain SAMHSA programs.

Agency officials also said they drew on evidence in the published literature to help ensure the effectiveness of their programs specifically targeting individuals with serious mental illness. Officials from several agencies told us they reviewed evidence-based articles in medical and scientific journals when considering treatment and services to provide to individuals with serious mental illness. For example, VA officials told us

they consulted published literature and reviewed VA-generated data to help ensure program effectiveness in supporting those with serious mental illness. VA officials cited the agency's use of a specific drug for schizophrenic patients who have not responded to other antipsychotic medications; agency officials said they began using this treatment after reviewing published results of clinical trials using the drug in community settings. DOD officials said they followed a "hierarchy of reliable evidence" in determining interventions for individuals with mental health disorders and that clinical studies that contain scientifically valid data and are published in medical and scientific literature meet the requirements of reliable evidence. Finally, DOJ officials told us that they routinely reviewed the professional literature in peer-reviewed journals and consulted with experts to identify potential programs and services for individuals with serious mental illness.

In addition to relying on published research to help design programs that were effective, agency officials cited the use of ongoing monitoring and assessment activities for several of their programs targeting people with serious mental illness. For example, for the Specialized PTSD program, VA said they collected data from clinicians and program sites as veterans were admitted, treated, and discharged from services. The data were reviewed and aggregated and used to evaluate mandated reporting, workload, veteran characteristics and demographics, and the delivery of psychotherapy. In another example, HHS officials indicated they monitored program effectiveness by requiring recipients of grant and cooperative agreement programs to report program performance data. SAMHSA's strategic plan included specific performance and outcomes targets, including reductions in the percentage of individuals from ages 12 to 17 reporting major depression episodes in the past year and in the number of suicide attempts and deaths by suicide among high-risk populations.[45] While ongoing monitoring and reporting of program accomplishments, particularly progress toward established goals or standards, are essential to performance management, it cannot take the place of a formal program evaluation. We have reported previously on the importance of conducting program evaluations to inform program managers on the overall design and operation of the program.[46]

[45]Substance Abuse and Mental Health Services Administration, *Leading Change*, and *Leading Change 2.0*. The new strategic plan also includes these targets.

[46]GAO-12-208G.

DOD officials also noted that in response to 2012 Executive Order 13625 on improving access to mental health services for veterans, servicemembers, and military families, they were reviewing all their mental health and substance use prevention, education, and outreach programs to identify the practices that produce the greatest impact on quality and outcomes and ranking the programs using metrics to assess their effectiveness. One document that DOD produced in January 2014 as a result of that review noted that, as a result of the Air Force Baseline Psychological Testing for Recruits program, trainees who stated during interviews that they were thinking of harming themselves or others were referred to a hospital emergency room for evaluation. The document suggested that these referrals may help reduce the number of suicides, but program officials also stated that the program's impact in this area cannot be measured because it is impossible to know if a trainee would have attempted suicide if they had not been referred.

Conclusions

Individuals with serious mental illness can face significant challenges getting the services they need. Agencies identified a wide range of federal programs—across multiple agencies—that can support individuals with serious mental illness. Although staff in programs targeting serious mental illness reported taking steps to coordinate their individual programs, coordination efforts among agency leadership to address serious mental illness are lacking. The absence of this high-level coordination hinders the federal government's ability to develop an overarching perspective of its programs supporting and targeting individuals with serious mental illness. Although SAMHSA—the agency within HHS that is required to promote coordination of programs relating to mental illness throughout the federal government—has made some effort to coordinate on mental health broadly, it has shown little leadership in coordinating federal efforts on behalf of those with serious mental illness. Without stronger leadership from HHS to coordinate an integrated, interagency approach, it is difficult to attain the type of high-level perspective needed to determine whether there are gaps in services. For example, federal agencies reported difficulty even identifying which programs can support this vulnerable population. Stronger HHS leadership can also help ensure that agencies have the necessary information to assess the reach and effectiveness of their programs for individuals with serious mental illness. The new subcommittee within HHS's BHCC may provide a useful starting point to facilitate this coordination around serious mental illness; however, the subcommittee is new and the BHCC is limited to HHS and is not an interagency committee.

We have also reported many times on the importance of conducting formal program evaluations to inform program managers on the overall design and operation of the program and ensure that the program's objectives are being met. Although about $5.7 billion was obligated by 4 agencies—DOD, HHS, DOJ, and VA—to support federal programs specifically targeting individuals with serious mental illnesses, less than one-third had a completed program evaluation. 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.

Recommendations

To understand the full breadth of federal programs and the scope of federal resources expended on programs supporting those with serious mental illness, we recommend that the Secretary of 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.

To help determine if programs are effective at supporting those individuals with serious mental illness, we recommend that the Secretaries of Defense, Health and Human Services, Veterans Affairs, and the Attorney General—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.

Agency Comments

We provided a draft of this report to DOD, DOJ, DOL, Education, HHS, HUD, SSA, and VA for review and comment. DOD, HHS, SSA, and VA provided written comments, which are reprinted in appendixes VI, VII, VIII, and IX. DOJ, Education, HHS, and HUD provided technical comments on this report that we incorporated as appropriate. Although our report does not include recommendations directed to SSA, it said it agreed with our report. DOL had no comments on the report.

Our first recommendation was directed to HHS exclusively. HHS did not concur with this recommendation, which calls for the agency to establish a mechanism to facilitate intra- and interagency coordination. HHS noted that funding for SAMHSA is largely allocated to specific programs by

Congress and thus improving coordination should include coordination at the Congressional level. HHS also stated that the recommendation was not supported because coordination was already occurring at the program level and there was not a specific need identified by agencies, stakeholders, or individuals with serious mental illness that more coordination was necessary.

The report acknowledges that coordination at a program level is important but notes that it cannot take the place of coordination at higher levels that would provide the perspective needed to assess the reach and effectiveness of all of the federal government's programs targeting individuals with serious mental illness. In addition, as we note in the report, SAMHSA's own enabling legislation, as amended, includes a requirement to promote coordination of programs relating to mental illness throughout the federal government, and its own strategic plan recognizes the need for coordination as well. In addition, our past work has highlighted the importance of interagency coordination supported by agency leadership. In light of these other sources demonstrating the importance of interagency coordination beyond the program staff level to the agency level, we believe our recommendation is appropriate and well-supported.

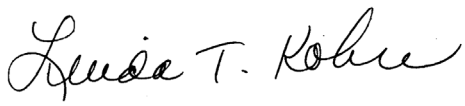
In addition, HHS expressed concern that we excluded Medicare and Medicaid from our scope, stating that this omission was unexplained and that it created inconsistencies in our findings because we included treatment and support services funded by DOD and VA. However, as we stated explicitly throughout the report, we excluded health benefit programs including Medicare, Medicaid, and TRICARE. The purpose of this report was to provide information on programs supporting individuals with serious mental illness beyond those of reimbursement. As a result, we do not believe it creates the inconsistencies stated by HHS. However, the draft included an estimate of spending on mental health services by Medicaid and Medicare to help address HHS's concern.

Our second recommendation on conducting program evaluations was directed to DOD, DOJ, HHS, and VA. HHS did not concur with this recommendation, while DOD, DOJ, and VA agreed. While HHS said that performance measurement is important, it stated that program evaluation is only one method of measurement and suggested that the report places undue importance on program evaluations in particular. In the report we acknowledge that there are other efforts to monitor performance and program effectiveness, including the performance and outcomes targets in SAMHSA's strategic plan, but as the report states, this type of ongoing

monitoring cannot take the place of a program evaluation. In addition, HHS expressed concern that the report focused on completed evaluations, noting that some program evaluations provide interim results while still underway. In the report we acknowledge 2 HHS programs that have program evaluations underway. Therefore, we believe we have appropriately characterized the current status of the agency's program evaluations.

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 to the Secretary of Health and Human Services, the Secretary of the Department of Defense, the Secretary of the Department of Education, the Secretary of the Department of Housing and Urban Development, the Attorney General of the United States, the Secretary of the Department of Labor, the Commissioner of Social Security, the Secretary of the Department of Veterans Affairs, and to other interested parties. In addition, the report will be available at no charge on the GAO website at http://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7114, or kohnl@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of our report. Key contributors to this report are listed in appendix X.



Linda T. Kohn
Director, Health Care

Appendix I: Scope and Methodology

This appendix describes the methodology for developing, administering, and analyzing a web questionnaire for eight federal departments, agencies, and other entities to gather information on programs supporting individuals with serious mental illness or serious emotional disturbance, including any evaluation and coordination efforts undertaken related to those programs.[1]

Identification of Federal Agencies

To identify federal agencies that may have programs supporting individuals with serious mental illness or serious emotional disturbance, we reviewed the programs and agencies highlighted in the President's New Freedom Commission on Mental Health "Major Federal Programs Supporting and Financing Mental Health Care," reviewed our prior reports, other documents, such as reports from the Bazelon Center for Mental Health Law, and interviewed advocacy groups and agency officials.[2] Based on this review and our interviews, there were eight agencies that were cited frequently as having programs supporting individuals with serious mental illness, and we included those agencies in our review:

- Department of Defense (DOD)
- Department of Education (Education)
- Department of Health and Human Services (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).

[1]For the purposes of the report, we refer to those federal departments, agencies, and other entities included in our scope as "agencies." In addition, 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.

[2]The President's New Freedom Commission on Mental Health, *Major Federal Programs Supporting and Financing Mental Health Care*. (Rockville, Md.: January 2003).

Identification of Programs

To identify federal programs that support individuals with serious mental illness or serious emotional disturbance, we developed definitions to provide some clarity on the programs that should be included in our review. To develop these definitions, we examined applicable federal requirements, our prior work, and interviewed advocacy groups and federal officials. We defined the key terms as follows:

- **Program**: A federal program, activity, or initiative may include, but is not limited to, (1) grants to state, local, tribal, nonprofit, or research entities, (2) contracts with service providers, or (3) services directly provided to beneficiaries by the federal agency itself. This does not include health benefit programs—such as Medicaid, Medicare, or TRICARE—that reimburse providers for various mental health services.
- **Serious mental illness**: Adults who currently have, or at any time in the past year 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 (DSM), that resulted in serious functional impairment, substantially interfering with or limiting one or more major life activities. Serious mental illness may also include individuals with a specific diagnosis, for example, individuals diagnosed with schizophrenia, schizoaffective disorder, bipolar disorder, or major depression.
- **Serious emotional disturbance**: Children and adolescents from birth up to age 18 who currently or at any time during the past year had, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Serious emotional disturbance may also be a condition exhibiting one or more characteristics—such as a general pervasive mood of unhappiness or depression—over a long period of time and to a marked degree that adversely affects a child's educational performance as defined in the Individuals with Disabilities Education Act implementing regulations.[3]

[3]See 34 C.F.R. § 300.8(a)(4).

We adopted these definitions to focus our review on programs that either directly administer or fund programs for the seriously mentally ill, as well as programs that may support a broader population likely to include those with serious mental illness. Given the wide range of programs included in this review, we relied on the federal agencies to identify the programs that met the criteria above. When necessary, we discussed these criteria with the agencies. For example, SAMHSA officials did not initially include any of their suicide prevention programs, submitting instead only those programs that were specifically targeted for individuals with serious mental illness. After several discussions, SAMHSA officials provided the names of 12 additional programs, including their suicide prevention programs that can provide general support to individuals with serious mental illness. However, SAMHSA officials did not identify the primary purpose or provide additional information on these more broadly focused programs.

We received requests from several agencies to eliminate some of their programs from our review for various reasons. For example, Navy and Marine Corps program staff included their substance abuse programs in their responses to the questionnaire. After discussions with DOD, we determined that since these programs focus on substance abuse rather than mental health they should be removed. We ultimately determined that it was appropriate to remove 13 programs from our review. In total, 112 programs were included in our final analysis.

Developing and Administering the Web-Based Questionnaire

We developed a web-based questionnaire to collect detailed information on federal programs that support individuals with serious mental illness or serious emotional disturbance for fiscal year 2013. It included questions on program goals, target groups served, evaluations conducted, and coordination activities with other federal agencies. In addition, the questionnaire asked agencies to identify which of these programs were specifically targeted for individuals with serious mental illness. We then verified this information through follow-ups with the agencies. Finally, the questionnaire also collected data on program obligations—defined as definite commitments that create a legal liability of the government for the payment of goods and services ordered or received—for fiscal year 2013. In some cases, we could not obtain data on funds obligated for these programs because agency officials told us that they did not report budgetary data at this level, among other reasons.

To minimize errors arising from differences in how questions may be interpreted, we conducted pretests with HHS and Education in February 2014. We made appropriate revisions and our final questionnaire was sent to several knowledgeable agency officials within each of the eight agencies. These officials were responsible for coordinating with the appropriate program staff to ensure we received completed questionnaires for these programs. Within the eight agencies, we received responses from program staff that were operating programs relevant to our purposes. The questionnaire was available from March 2014 to June 2014. In total, we received 44 completed questionnaires from program staff within the eight agencies. All eight agencies responded, for a 100 percent response rate.[4] We also made telephone calls to officials and sent them follow-up e-mail messages, as necessary, to clarify their responses or obtain additional information.

We used standard descriptive statistics to analyze responses to the questionnaire. Because this was not a sample survey, there were no sampling errors. To minimize other types of errors, commonly referred to as nonsampling errors, and to enhance data quality, we employed survey design practices in the development of the questionnaire and in the collection, processing, and analysis of the questionnaire data.

To reduce nonresponse, another source of nonsampling error, we sent out e-mail reminder messages and phone calls to encourage officials to complete the questionnaire. In reviewing the questionnaire data, we performed checks to identify inappropriate answers. We further reviewed the data for missing or ambiguous responses and followed up with agency officials when necessary to clarify their responses. As a result, we determined that the data used in this report were sufficiently reliable for our purposes.

Determining the Extent of Coordination

To assess coordination efforts among the higher levels of agency leadership, we reviewed information gathered through the questionnaire and interviewed agency officials from the agencies represented among the 30 programs—that is, those identified as targeting individuals with serious mental illness—regarding interagency committees established to

[4]After some discussion with the National Institutes of Health, it was determined that it would provide information on its mental health project grants through interviews and other documentation rather than the web-based questionnaire.

facilitate coordination and collaboration. To determine the organizational structure, mission, and the actions taken by these committees, we also reviewed relevant interagency committee documents such as membership rosters, meeting agendas, and meeting minutes.

To assess coordination efforts at the program level, we used information gathered through the questionnaire to identify which of the 112 programs at the eight agencies included in our review had coordinated with other programs in an official capacity. Finally, we interviewed agency officials and reviewed relevant documentation related to the reported program-level coordination.

Assessing Evaluations

We used information gathered through the questionnaire to determine whether the eight agencies included in our review had begun or completed evaluations for any of their 112 programs. For the 30 programs that the agencies identified as targeting those with serious mental illness, we asked the agencies for copies of the most recent completed program evaluations. We reviewed the information provided to us to determine whether it met our definition of a program evaluation and, for each completed program evaluation, we reviewed its objectives and scope. Furthermore, we interviewed agency officials about factors affecting the lack of program evaluation. We also reviewed agency documents and interviewed agency officials to identify whether the agencies took other steps to help ensure that their programs are effective, such as whether the agencies used other methods—such as collecting outcome measures—to monitor their programs.

Appendix II: List of Programs That Can Support Individuals with Serious Mental Illness Identified by Eight Federal Agencies

Agency	Program name
Department of Defense[a]	InTransition
	National Intrepid Center of Excellence
	Non-medical counseling
	Patient-Centered Medical Home Behavioral Health
Air Force	Baseline Psychological Testing for Recruits
	Exceptional Family Member - Family Support
	Family Advocacy
	Suicide Prevention
	Tele-Behavioral Health
	Virtual Reality Exposure Therapy
	Wounded Warrior
Air National Guard	Psychological Health
Army	Behavioral Health System of Care
	Deployment Health Assessment
	Suicide Prevention
	Warrior Care and Transition
Army National Guard	Family Assistance Centers
	Psychological Health
	Suicide Prevention
Marine Corps[b]	Community Counseling
	Exceptional Family Member
	Family Advocacy
	Family Readiness
	Operational Stress Control and Readiness
	Suicide Prevention
	Wounded Warrior Regiment Call Center
	Wounded Warrior Regiment Medical Cell
Navy[b]	Back on Track
	Behavioral Health Needs Assessment Survey
	Families OverComing Under Stress
	Medical Case Management
	Overcoming Adversity and Stress Injury Support
	Special Psychiatric Response Intervention Team
	Suicide Prevention

Agency	Program name
Department of Education	
Office of Special Education and Rehabilitative Services	Centers for Independent Living[c]
	Individuals with Disabilities Education Act (IDEA) Part B
	IDEA Personnel Development
	IDEA Technical Assistance and Dissemination
	National Institute on Disability and Rehabilitation Research[c]
	State Independent Living Services[c]
	Vocational Rehabilitation Services
Department of Health and Human Services	
Administration for Community Living	Aging and Disability Resource Centers
	Alzheimer's Disease Supportive Services
	Home and Community-Based Supportive Services
Health Resources and Services Administration	Health Center Program
	National Health Service Corps
	Ryan White HIV/AIDS Program
Indian Health Service	Mental Health/Social Services
National Institutes of Health	Scientific Research
Substance Abuse and Mental Health Services Administration[d]	American Indian/Alaska Native Suicide Prevention Initiative
	Children and Family Programs
	Community Mental Health Services Block Grant
	Consumer and Consumer Support Technical Assistance
	Criminal and Juvenile Justice Programs
	Disaster Response
	Garrett Lee Smith Youth Suicide Prevention – States
	Garrett Lee Smith Youth Suicide Prevention – Campus
	HIV/AIDS Education
	Mental Health Homelessness Prevention
	Mental Health Transformation Grant
	Minority HIV/AIDS
	Practice Improvement and Training
	Primary and Behavioral Health Care Integration
	Project LAUNCH
	Projects for Assistance in Transition from Homelessness

Agency	Program name
	Protection and Advocacy for Individuals with Mental Illness
	Seclusion and Restraint and Trauma
	State and Community Partnerships to Integrate Services
	Statewide Consumer Network
	Statewide Family Network
	Suicide Lifeline
	Suicide Prevention Resource
	System of Care Expansion Implementation Cooperative
	Youth Violence Prevention
Department of Housing and Urban Development	
Office of Community Planning and Development	Continuum of Care
	Emergency Solutions Grant
	Housing Opportunities for Person with AIDS
Office of Housing	Section 811 Supportive Housing for Person with Disabilities
Office of Public and Indian Housing	HUD-VA Supportive Housing
Department of Justice	
Bureau of Justice Assistance	Justice and Mental Health Collaboration
	Second Chance Act Reentry
Bureau of Prisons	Mental Health Step Down Unit
	Dual Diagnosis Residential Drug Abuse
	Resolve
	Steps Toward Awareness, Growth, and Emotional Strength
	Skills Program
Office of Juvenile Justice and Delinquency Prevention	Family Juvenile Drug Court
	Formula Grant
	Juvenile Accountability Block Grant
	Second Chance Act Reentry

Agency	Program name
Department of Labor	
Employment and Training Administration	Disability Employment Initiative
	Reintegration of Ex-Offenders
	Workforce Investment Act Youth Activities
	YouthBuild
Office of Disability Employment Policy	Disability.gov
	Job Accommodation Network
	Workforce Recruitment Program
Veterans' Employment and Training Service	Homeless Veterans Reintegration Program
Social Security Administration	
Office of Retirement and Disability Policy	Homeless with Schizophrenia Presumptive Disability
	Military Casualties/Wounded Warriors
	Protection and Advocacy
	Work Incentives Planning and Assistance
Department of Veterans Affairs	
Veterans Health Administration	General Outpatient Mental Health Services
	Inpatient Mental Health
	Intensive Community Mental Health Recovery
	Mental Health Residential Rehabilitation Treatment
	Primary Care Mental Health Integration
	Psychosocial Rehabilitation and Recovery Center
	Re-Engaging Veterans with Serious Mental Illness
	Specialized Homeless Services[e]
	Specialized Post-Traumatic Stress Disorder
	Substance Use Disorder Treatment
	Therapeutic and Supported Employment Services

Source: GAO analysis of questionnaire responses and interviews with eight federal agencies. | GAO-15-113

Notes: The scope of this report did not include health benefit programs—such as Medicaid, Medicare, and TRICARE—that reimburse providers for various mental health services.

[a]DOD officials said they experienced difficulty in identifying all the programs that may generally support individuals with serious mental illness and acknowledged that there could be other programs that support this population but are not included in this list.

[b]In addition to the programs listed in this table, the Marine Corps and the Navy each initially included in their questionnaire responses their substance abuse and rehabilitation programs, which officials described as providing treatment for, among other things, co-occurring conditions, which may include serious mental illness. However, DOD officials informed us that the Army had a similar program that was not included in their questionnaire responses, and asked us to remove the Marine Corps and Navy programs to ensure consistency in the programs identified across the services.

[c]The Workforce Innovation and Opportunity Act, enacted on July 22, 2014, provides for the transfer of the functions related to the Centers for Independent Living program, State Independent Living program, and National Institute on Disability, Independent Living, and Rehabilitation Research from

the Department of Education to the Administration for Community Living at the Department of Health and Human Services, envisioning an orderly transition period to effectuate the transferred authorities. Pub. L. No. 113-128, tit. IV, §§ 491, 503(e), 506(d), 128 Stat. 1425, 1695, 1701-1705 (July 22, 2014).

[d]In addition to completing the questionnaire for 13 programs SAMHSA administers that are targeted to individuals with serious mental illness, SAMHSA officials also provided the names of 12 programs that can offer general support to individuals with serious mental illness.

[e]This program includes the jointly administered Department of Housing and Urban Development's and Department of Veterans Affair's Supportive Housing Program, among others.

Appendix III: List of Programs Specifically Targeting Individuals with Serious Mental Illness Identified by Eight Federal Agencies

Agency	Program name	Program description	Population served	Fiscal year 2013 obligations
Department of Defense				
Air Force	Baseline Psychological Testing for Recruits	A screening program completed during basic military training at Joint Base San Antonio to identify mental health and behavioral problems.	Servicemembers	$800,000[a]
	Virtual Reality Exposure Therapy	Selected Air Force medical treatment facilities are outfitted with interactive virtual reality systems for use in enhanced exposure therapy between behavioral health providers and patients suffering from conditions such as post-traumatic stress disorder (PTSD), mild traumatic brain injury, addictions, phobias, and anger management issues.	Servicemembers	280,000
Air National Guard	Psychological Health Program	Provides assessment services, ensures continuity and engagement in treatment, and prevents servicemembers from falling through the cracks. This program does not provide direct treatment services.	Servicemembers and their families	14,460,000
Army National Guard	Psychological Health Program	Provides assessment services, ensures continuity and engagement in treatment, and prevents servicemembers from falling through the cracks. This program does not provide direct treatment services.	Servicemembers and their families	14,400,000
Navy	Overcoming Adversity and Stress Injury Support	This is a 10-week comprehensive residential treatment program for Active Duty members with combat related stress disorders, including PTSD. Includes evidence-based treatment such as cognitive processing therapy, along with psychopharmacological interventions and complementary alternative treatments.	Servicemembers	1,132,630

Agency	Program name	Program description	Population served	Fiscal year 2013 obligations
Department of Health and Human Services				
Substance Abuse and Mental Health Services Administration	Community Mental Health Services Block Grant	Distributes funding to eligible states and territories for a variety of mental health prevention and treatment services; planning; administration; and educational activities under the state plan for comprehensive community-based mental health services for children with serious emotional disturbance and adults with serious mental illness.	Children and youth (birth to age 17), adults (age 18-64)	463,808,709[b]
	Consumer and Consumer Support Technical Assistance	Provides support for technical assistance to facilitate the restructuring of the mental health system by promoting consumer directed approaches for adults with serious mental illness.	Adults	1,775,174[b]
	Criminal and Juvenile Justice	Diverts individuals with serious mental illness from the criminal justice system by providing support services that connect the individual to behavioral health, housing, and job placement services.	Incarcerated or previously incarcerated individuals, veterans	4,753,521[b]
	Mental Health Homelessness Prevention	Provides comprehensive services focusing on outreach, engagement, intensive case management, mental health services, substance abuse treatment, benefits support, and linkage to permanent housing.	Chronically homeless individuals, families	23,017,648[b]
	Mental Health Transformation Grant	Supports state and local governments creation or capacity expansion of evidence-based practices addressing the prevention of mental illness; trauma-informed care; screening, treatment and support services for military personnel; and housing and employment support.	Homeless individuals, Incarcerated or previously incarcerated, persons with HIV/AIDS, veterans	8,550,921[b]
	Minority HIV/AIDS	Expands behavioral health services to individuals who are at risk for or have serious mental illness and/or co-occurring substance use disorder and are at risk or living with HIV/AIDS. Supports programs that develop or expand behavioral health and primary care networks in order to reduce the impact of behavioral health problems, HIV risk and HIV-related health disparities.	Individuals with HIV/AIDS	7,340,027[b]

Agency	Program name	Program description	Population served	Fiscal year 2013 obligations
	Primary and Behavioral Health Care Integration	Funds the coordination and integration of primary care services into publicly-funded community behavioral health settings. The program encourages grantees to engage in necessary partnerships, expand infrastructure and increase the availability of primary health care and wellness services to individuals with mental illness.	Adults, elderly (age 65 or older)	28,857,978[b]
	Projects for Assistance in Transition from Homelessness	Supports services and resources to people with serious mental illness, including those with co-occurring substance use disorder, who are experiencing homelessness or at risk for homelessness. Provides funds for community-based outreach, case management, screening and diagnostic treatment, alcohol or drug treatment, and a limited set of housing services.	Homeless individuals, Individuals at-risk of homelessness	61,405,176[b]
	Protection and Advocacy for Individuals with Mental Illness	Provides grant awards to support protection and advocacy systems designated by the governor of each state or mayor of the District of Columbia. These systems monitor compliance with the Constitution and federal and state laws within public and private residential care, treatment facilities, and non-medical community-based facilities for individuals with serious mental illness, children, and youth.	Children and youth, adults	33,571,479[b]
	State and Community Partnerships to Integrate Services	Supports the creation of developmentally appropriate local systems of care to improve outcomes of youth and young adults with serious mental health conditions. The grants fund integration of local systems with state, tribal, or territorial levels in areas such as education, employment, housing, mental health and co-occurring disorders, and decrease contacts with the juvenile and criminal system.	Young adults (ages 16-25)	2,929,027[b]

Agency	Program name	Program description	Population served	Fiscal year 2013 obligations
	Statewide Consumer Network	Provides funding to consumer-driven organizations to enhance statewide service system capacity. Promotes skill development, business management, and partnership building as part of the recovery process for mental health consumers.	Adults	2,093,606[b]
	Statewide Family Network	Provides information, referrals, and support at the state and local level to families who have a child with a serious emotional disturbance.	Children and youth, families	2,810,000[b]
	System of Care Expansion Implementation Cooperative	Supports broad-scale operation, expansion and integration of systems of care to improve behavioral outcomes of children and youth with serious emotional disturbances and their families.	Children and youth, families	92,084,766[b]
Department of Justice				164,200,000[c]
Bureau of Prisons	Dual Diagnosis Residential Drug Abuse Program	An intensive residential substance abuse treatment program providing services for inmates with co-occurring substance use disorders and serious mental illnesses. The program is 9-months, unit-based, and offers cognitive-behavioral interventions in a modified therapeutic community setting.	Incarcerated adults	[c]
	Mental Health Step Down Unit	Offers an intermediate level of care for inmates with serious mental illness who do not require inpatient treatment, but lack the skills to function independently in a general population prison. Programs operate as modified therapeutic communities and utilize cognitive behavioral treatments, cognitive rehabilitation, and skills training.	Incarcerated adults	[c]
	Steps Toward Awareness, Growth, and Emotional Strength	A unit-based residential psychology treatment program that focuses on inmates with serious mental illness and a primary diagnosis of Borderline Personality Disorder. Uses evidence-based treatments to increase time between disruptive behaviors and increase pro-social skills, and aims to prepare inmates for transition to less secure prison settings or promote successful reentry to society.	Incarcerated adults	[c]

Agency	Program name	Program description	Population served	Fiscal year 2013 obligations
Social Security Administration				
Office of Retirement and Disability Policy	Homeless with Schizophrenia Presumptive Disability	Aims to remove barriers to supplemental security income for individuals who have been diagnosed with schizophrenia or schizoaffective disorder who are known to be homeless by helping them through the application process and providing presumptive disability payments.	Homeless adults	N/A[d]
Department of Veterans Affairs (VA)				
Veterans Health Administration	Intensive Community Mental Health Recovery	Provides veterans with serious mental illness intensive recovery-oriented mental health services in their home and community that enable them to live in the community of their choosing. Connects veterans with a team that may include peer specialists, social workers, psychologists and physicians.	Veterans	142,532,724
	Mental Health Residential Rehabilitation Treatment	Provides residential rehabilitation and treatment services for veterans with mental health and substance use disorders, medical conditions and psychosocial needs, such as homelessness and unemployment. The program addresses the goals of rehabilitation, recovery, and community integration. It provides specific treatment for mental health, substance use disorders and medical conditions.	Veterans	858,119,000
	Psychosocial Rehabilitation and Recovery Center	Supports recovery and integration into the community for veterans with serious mental illness and severe functional impairment. Includes individual assessment and curriculum planning, skills training classes, family education programs, psychiatric services, compensated work therapy, and case management services.	Veterans	77,307,206

Agency	Program name	Program description	Population served	Fiscal year 2013 obligations
	Re-Engaging Veterans with Serious Mental Illness	Identifies veterans with schizophrenia or bipolar disorder who have received care but have been lost to follow-up (no outpatient visits and no inpatient visits of more than 2 days) for at least 1 year. Contact information of identified veterans are sent to a social worker or psychologist at VA medical centers and community outpatient clinics who make efforts to locate, contact, assess the needs, and invite the veterans to return to care.	Veterans	[e]
	Specialized PTSD	Provides a range of inpatient and outpatient treatments for veterans diagnosed with military-based PTSD. These services use psychotherapies and psychopharmacology. Examples of specialty PTSD inpatient treatment are: Domiciliary PTSD, Women's Trauma Recovery Program. Specialty PTSD outpatient treatment includes Substance Use PTSD and Women's Stress Disorder Treatment Team.	Veterans	372,364,000
	Therapeutic and Supported Employment Services	A continuum of recovery-oriented vocational rehabilitation programs that help veterans with mental health disabilities (including individuals with co-occurring physical disabilities) and a history of occupational dysfunction overcome barriers to employment and return to the workforce.	Veterans	133,747,000
	VA Specialized Homeless Services	A continuum of care designed to assist eligible homeless veterans and veterans at risk for homelessness. Services include homelessness prevention and rapid re-housing; assistance to veterans involved with the justice system; community case management; and employment assistance.	Homeless adults, veterans	1,404,890,000

Agency	Program name	Program description	Population served	Fiscal year 2013 obligations
	Inpatient Mental Health	Provides services to veterans with acute and severe emotional and/or behavioral symptoms that may cause a safety risk to the self or others, and/or may result in severely compromised functional status, including veterans with serious mental illness. Programs provide a range of intensive clinical services (e.g., close safety monitoring, close medication management) and frequent group therapy and psychoeducation.	Veterans	1,766,716,000

Source: GAO analysis of questionnaire responses. | GAO-15-113

Legend:

HUD Department of Housing and Urban Development

PTSD post-traumatic stress disorder

VA Department of Veterans Affairs

Notes:

[a]This amount only includes the analytic component. The amount for the clinical component is unknown.

[b]This amount only includes the obligated funds for the grants, not the obligated amount for the overall program.

[c]This amount includes all services and programs offered through Department of Justice's Psychology Services departments. These departments provide routine mental health screening, evaluation, brief counseling, individual therapy, group therapy, and crisis intervention. Psychology Services departments also provide specialty programming for specific populations.

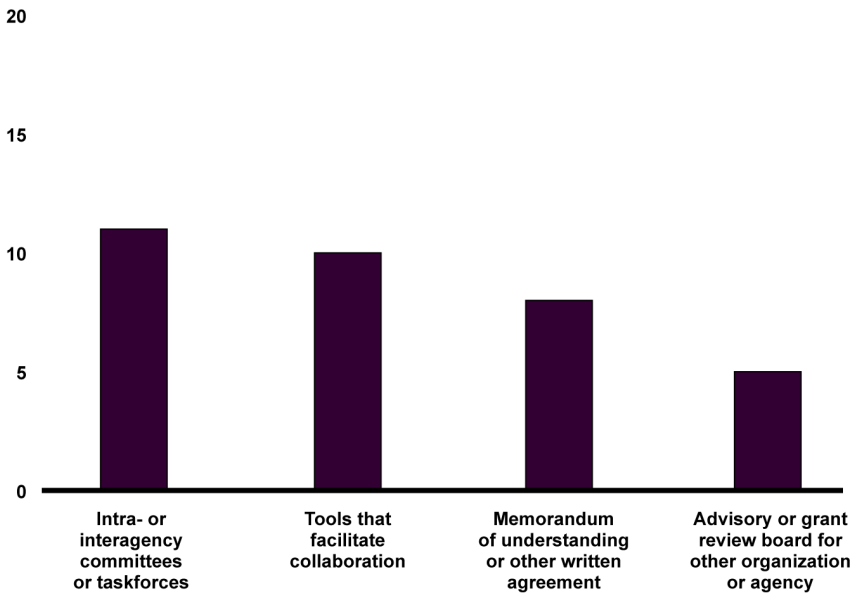
[d]This was a pilot program designed and operated internally by Social Security Administration staff, with assistance from partner agencies in the involved communities. There was no obligated funding for this program in fiscal year 2013.

[e]Case identification was through the Serious Mental Illness Treatment Resource and Evaluation Center. Subsequently, targeted outreach was conducted at local medical centers and clinics as part of the overall program of care for veterans with serious mental illness.

Appendix IV: Questionnaire Responses on Coordination for Programs Targeting Individuals with Serious Mental Illness

Program staff in the 30 programs targeting individuals with serious mental illness reported using a variety of coordination mechanisms and activities when working with other programs both within and across agencies.[1] As reported by program staff, the most frequent program-level coordinating mechanisms used were participating in an intra- or interagency committee or taskforce (11 programs) or developing or sharing tools that facilitate collaboration—for example, shared databases (10 programs). (See fig. 2.)

Figure 2: Mechanisms Used When Coordinating in an Official Capacity in Fiscal Year 2013, as Reported by Program Staff



Source: GAO analysis of questionnaire responses from five federal agencies. | GAO-15-113

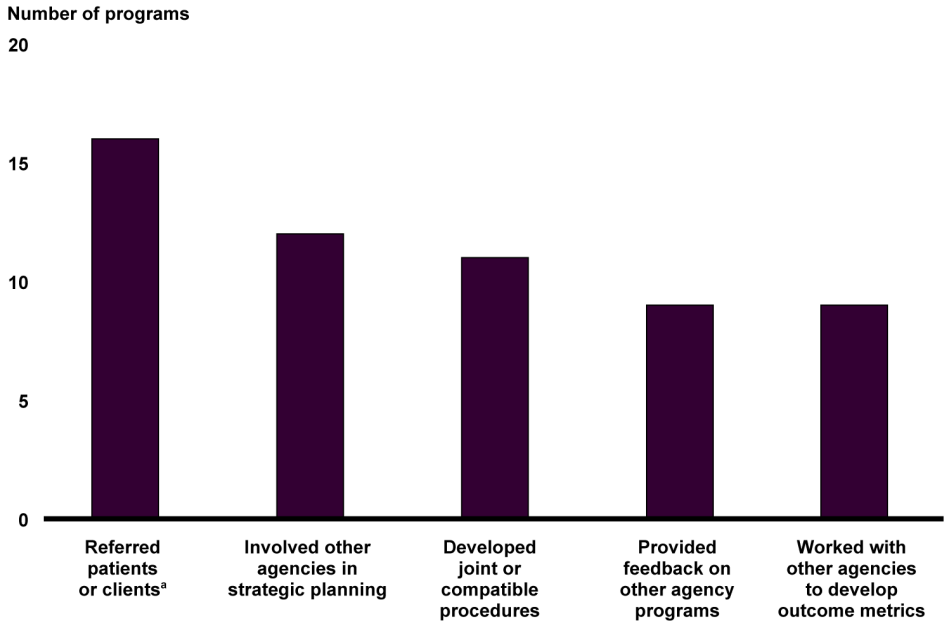
Note: Tools that facilitate collaboration include, for example, shared databases and web portals.

Referral of patients or clients was the most frequently cited coordination activity for programs targeting individuals with serious mental illness (see fig. 3). For example, program staff for the Department of Justice's Bureau of Prisons' Dual Diagnosis Residential Drug Abuse Program received referrals after inmates have been pre-screened by Bureau of Prisons'

[1]Our past work has identified a range of mechanisms or strategies that the federal government uses to lead and implement interagency coordination, including interagency groups.

Designations and Sentence Computations Center. Involving other agencies in strategic planning was the second most commonly reported coordination activity by program staff (12 programs).

Figure 3: Coordination Activities Program Staff Participated in an Official Capacity in Fiscal Year 2013, as Reported by Program Staff



Source: GAO analysis of questionnaire responses from five federal agencies. | GAO-15-113

[a]Substance Abuse and Mental Health Services Administration officials noted that they do not directly make referrals but fund grantees that may provide these services.

Appendix V: Status of Evaluations of Federal Programs Targeting Individuals with Serious Mental Illness, as of September 2014

Agency	Program name	Completed or underway evaluation (Y/N)	Year completed or scheduled completion
Department of Defense			
Air Force	Baseline Psychological Testing for Recruits	Y	2013
	Virtual Reality Exposure Therapy	N	
Air National Guard	Psychological Health Program	Y	2017
Army National Guard	Psychological Health Program	Y	2013
Navy	Overcoming Adversity and Stress Injury Support	N[a]	
Department of Health and Human Services			
Substance Abuse and Mental Health Service Administration	Community Mental Health Services Block Grant	Y	2010
	Consumer and Consumer Support Technical Assistance	N	
	Criminal and Juvenile Justice	Y	2014
	Mental Health Homelessness Prevention	Y	2016
	Mental Health Transformation Grant	Y	2011
	Minority HIV/AIDS	Y	2014
	Primary and Behavioral Health Care Integration	Y	2013
	Projects for Assistance in Transition from Homeless	Y	2016
	Protection and Advocacy for Individuals with Mental Illness	Y	2011
	State and Community Partnerships to Integrate Services	N	
	Statewide Consumer Network	N	
	Statewide Family Network	N	
	System of Care Expansion Implementation Cooperative	Y	2013
Department of Justice			
Bureau of Prisons	Mental Health Step Down Unit	N	
	Dual Diagnosis Residential Drug Abuse	N	
	Steps Toward Awareness, Growth, and Emotional Strength	N	
Social Security Administration			
Office of Retirement and Disability Policy	Homeless with Schizophrenia Presumptive Disability	Y	2014

Agency	Program name	Completed or underway evaluation (Y/N)	Year completed or scheduled completion
Department of Veterans Affairs			
Veterans Health Administration	Intensive Community Mental Health Recovery	N	
	Mental Health Residential Rehabilitation Treatment	N	
	Psychosocial Rehabilitation and Recovery Center	N	
	Re-Engaging Veterans with Serious Mental Illness	N	
	Specialized PTSD	N	
	Therapeutic and Supported Employment Services	N	
	Specialized Homeless Services	N	
	Inpatient Mental Health	N	

Source: GAO analysis of questionnaire responses from five federal agencies. | GAO-15-113

Note:

[a]Navy staff noted that they conducted an internal review of this program completed in June 2014; however, they did not provide any documentation related to this review.

Appendix VI: Comments from Social Security Administration

SOCIAL SECURITY
Office of the Commissioner

November 17, 2014

Ms. Linda T. Kohn, Director
Health Care
United States Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Kohn,

Thank you for the opportunity to review the draft report, "MENTAL HEALTH: HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness" (GAO-15-113). We agree with the report and have no comments to offer.

If you have any questions, please contact me at (410) 966-9014. Your staff may contact Gary S. Hatcher, Senior Advisor for Records Management and Audit Liaison Staff, at (410) 965-0680.

Sincerely,

Katherine Thornton
Deputy Chief of Staff

SOCIAL SECURITY ADMINISTRATION BALTIMORE, MD 21235-0001

Appendix VII: Comments from the Department of Defense

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

NOV 14 2014

Ms. Linda T. Kohn
Director, Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington DC 20548

Dear Ms. Kohn:

This is the Department of Defense response to the Government Accountability Office (GAO) Draft Report GAO-15-113, "MENTAL HEALTH: HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness," dated October 28, 2014 (GAO Code 291175). Thank you for the opportunity to review and comment on the draft report.

The Department concurs with the recommendation which is attached. Please direct any questions to the points of contact on this matter, Ms Dori Rogut, Functional, and Mr. Gunther Zimmerman, Audit Liaison. Ms. Rogut may be reached at (703) 681-7183, or Dori.Rogut@dha.mil. Mr. Zimmerman may be reached at (703) 681-4360, or Gunther.Zimmerman@dha.mil.

Sincerely,

Jonathan Woodson, M.D.

Enclosure:
As stated

GAO DRAFT REPORT DATED OCTOBER 28, 2014

GAO-15-113 (GAO CODE 291175)

"MENTAL HEALTH: HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness"

DEPARTMENT OF DEFENSE COMMENTS TO THE GAO RECOMMENDATION

RECOMMENDATION: To help determine if programs are effective at supporting those individuals with serious mental illness, we recommend that the Secretaries of Defense, Health and Human Services, Veterans Affairs, and the Attorney General – which oversee programs targeting individuals with serious mental illness – document which programs targeted for individuals with serious mental illness should be evaluated and how often such evaluations should be completed.

DoD RESPONSE

Concur. While the Department of Defense does not oversee programs specifically targeting individuals with serious mental illness, the Department of Defense has broad, population-based psychological health programs for military members and other Military Health System beneficiaries.

The Department concurs with the part of the recommendation to engage in program evaluation of the Department of Defense psychological health programs at designated time intervals. This is already well underway as it is required under the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013, Section 739. NDAA FY 2013, Section 739 requires the Secretary of Defense to submit a plan to improve the coordination and integration of the programs of the Department of Defense that address traumatic brain injury and the psychological health of members of the Armed Forces.

Appendix VIII: Comments from the Department of Veterans Affairs

DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON DC 20420

November 21, 2014

Ms. Linda T. Kohn
Director, Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Kohn:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office's (GAO) draft report, ***"MENTAL HEALTH: HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness"*** (GAO-15-113). With the exception of GAO's views on the evaluation status of VA's programs targeting individuals with serious mental illness, VA generally agrees with GAO's conclusions. It is VA's view that sufficient evaluations are being conducted for these programs. Thus, VA concurs in principle with GAO's recommendation to the Department.

The enclosure specifically addresses GAO's recommendation in the draft report. VA appreciates the opportunity to comment on your draft report.

Sincerely,

Jose D. Riojas
Chief of Staff

Enclosure

Enclosure

Department of Veterans Affairs (VA) Response to
Government Accountability Office (GAO) Draft Report
"MENTAL HEALTH: HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness"
(GAO-15-113)

GAO Recommendation: To help determine if programs are effective at supporting those individuals with serious mental illness, GAO recommends that the Secretary of Veterans Affairs—which oversees programs targeting individuals with serious mental illness—document which programs targeted for individuals with serious mental illness should be evaluated and how often such evaluations should be completed.

VA Comments: Concur in principle: The Veterans Health Administration (VHA) performs program evaluations for implementation and effectiveness early in program deployment and throughout implementation. Findings from program evaluations inform strategic planning, corrective actions, and continuous performance improvement in those programs.

To improve our current program evaluation processes VHA will identify which programs targeted for individuals with serious mental illness need more rigorous evaluation processes and will make recommendations for improving those processes to the program directors; recommendations will include how frequently such evaluations should be completed. Target completion date for program evaluation recommendations is April 30, 2015.

Appendix IX: 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

NOV 25 2014

Linda T. Kohn
Director, Health Care
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Kohen:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "Mental Health: HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness" (GAO 15-113).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Jim R. Esquea
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED: MENTAL HEALTH: HHS LEADERSHIP NEEDED TO COORDINATE FEDERAL EFFORTS RELATED TO SERIOUS MENTAL ILLNESS (GAO-15-113)

The U.S. Department of Health and Human Services (HHS) appreciates the opportunity to review and comment on this draft report.

The report criticizes HHS for the need to do a better job coordinating federal efforts to address the needs of individuals with serious mental illness. It is important to note that most of Substance Abuse and Mental Health Services Administration (SAMHSA's) funding is allocated to specific programs by Congress. For example, 64% of SAMHSA's budget in FY 2013 was directed to the two large block grants it administers, the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant. In addition, SAMHSA administers a number of large grant programs that receive specific appropriations from Congress. Most likely, funding for mental health programs provided by the other Departments included in this report are similarly dictated by Congress. Thus, it seems that efforts to improve coordination among federal programs to address the needs of individuals with serious mental illness must include coordination at the Congressional level, particularly among members of the Appropriations Committees.

Another concern is that the importance of coordination at the staff level seems undervalued. The report does not present a balanced assessment of coordination that gives adequate weight to staff level coordination. As described on page 18, coordination at the staff level is quite good. There is more detail on staff-level coordination on page 41 in the Appendix; these details might be useful to discuss in the body of the report, since examples of staff-level coordination are actionable and useful.

Please note HHS's responses below to the recommendations to this report.

GAO Recommendation 1
Secretary of 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 Response 1
HHS non-concurs with this recommendation. This report concludes that HHS should establish a mechanism to facilitate interagency coordination across programs that support individuals with Serious Mental Illness (SMI); the recommendation is not supported by a specific need identified by the agencies, stakeholders or individuals with SMI. This report does not include the full extent of Federal leadership efforts – including HHS's - to assist persons with SMI. Such collaboration includes joint management and funding of grant programs with other Federal departments and agencies for people with SMI – some of which has been occurring for over 30 years.

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The report notes that the Government Accountability Office (GAO) has identified that there is "a range of mechanisms that the Federal government uses to lead and implement interagency coordination" (page 7). The report's findings also cite that there is "a variety of coordination mechanisms and activities" being used to support people with SMI (Appendix IV). This data also reveal that "the most frequent coordinating mechanisms used were participating in an intra- and interagency committee or task force" (Appendix IV). These findings directly contradict the overall conclusion (which is based on the absence of one interdepartmental committee) and demonstrate, in fact, that Federal leadership is being employed in a variety of ways.

For the past 30 years, SAMHSA has provided leadership by jointly funding with the U.S. Department of Education the Research and Rehabilitation Training Centers for people with serious mental illnesses. Additionally, SAMHSA co-manages the Suicide Prevention Lifeline with the U.S. Department of Veterans Affairs (VA) which last year responded to over 1 million calls from people in crises including those with SMI. We've coordinated by having both agencies advertise the national line and if a veteran (or military person or family member) calls and wants to talk to a specialist for vets/military, they can just push 1 and get to the veterans crisis line.

SAMHSA also co-funds with the Health Resources and Services Administration the Center for Integrated Health Solutions to address the whole health treatment needs of people with SMI. This is specifically about bi-directional integrated care to assure in part that the physical health needs of persons with serious mental illness are addressed in programs that serve such individuals. SAMHSA provides leadership by coordinating with the U.S. Department of Housing and Urban Development, the U.S. Department of Justice, the Centers for Medicare and Medicaid Services (CMS), the U.S. Department of Labor and many other Federal agencies on promoting community integration of people with SMI to facilitate state compliance with the U.S. Supreme Court Olmstead decision. This gets supportive housing and places to live for persons coming out of institutional settings and helps prevent homelessness and helps to assure people get the community-based care they need.

The omission of CMS from the methodology of the report is also concerning. As the report points out – in a footnote – Medicaid and Medicare spending on mental health services for FY 2012 totaled approximately $40 billion. In fact, Medicaid is the single largest source of funding for mental health services in the United States. While Medicaid covers around 27% of all mental health spending, and private insurance covers 26%, Medicare is the third largest spender on mental health services, funding 13% of total mental health expenditures – far more than the 5% allocated to the other federal programs that are the focus of this GAO analysis.[1] The exclusion of these HHS programs is not explained and does not seem to be dictated by the Congressional request for this GAO analysis which the report indicates called for information on "how federal agencies support

[1] See SAMHSA. National Expenditures for Mental Health Services and Substance Abuse Treatment, 1986-2005.DHHS Pub. No. (SMA) 10-4612.Rockville, MD: Center for Mental Health Services and Center for Substance Abuse Treatment, SAMHSA, 2010, p. 18.

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programs for individuals with serious mental illness and ensure these programs are meeting the needs of this population." Moreover, the exclusion of Medicaid and Medicare creates internal inconsistencies in the findings since the report does include the U.S. Department of Defense (DOD) and the VA programs that fund treatment and support services. The report even acknowledges that 84% of the $5.7 billion total for all the programs included in their analysis is comprised of funding obligated by DOD and VA for their treatment programs. Therefore, the omission of CMS compromises the validity of the report's findings.

GAO Recommendation 2

Secretaries of Defense, Health and Human Services, Veterans Affairs, and the Attorney General – which oversee programs targeting individuals with serious mental illness – document which programs for individuals with serious mental illness should be evaluated and how often such evaluations should be completed.

HHS Response 2

HHS non-concurs with this recommendation. There is an unwarranted emphasis on "program evaluation" versus other performance measurement and monitoring activities in this report. HHS agrees that program evaluation is very important. However, program evaluation is just one way for performance measurement to guide program implementation. Given the Government Performance and Results Act and the budgeting process, agencies are engaging in a myriad of performance measurement activities that are useful, but might not fit the strict definition of "program evaluation." The report does mention this, at the end, but the assessment does not seem balanced.

Also, the report seems to focus on completed evaluations, which is not appropriate for programs that are underway. In contrast to the traditional model of program evaluation where summative results from the evaluation activities are only available at the end of the evaluation period, many modern program evaluations also provide 'rapid-cycle,' formative results that are used to guide program implementation. Thus, it is possible that useful findings have been made and put into practice, even from program evaluations that are still underway.

We thank GAO for their efforts regarding this complex issue.

Appendix X: GAO Contact and Staff Acknowledgments

GAO Contact

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Staff Acknowledgments

In addition to the contact above, Tom Conahan, Assistant Director; Carolyn Fitzgerald; Cathy Hamann; Jacquelyn Hamilton; Mollie Hertel; Hannah Marston Minter; Vikki Porter; Michael Rose; and Joanna Wu made key contributions to this report.