

ONE HUNDRED FOURTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**  
 COMMITTEE ON ENERGY AND COMMERCE  
 2125 RAYBURN HOUSE OFFICE BUILDING  
 WASHINGTON, DC 20515-6115

Majority (202) 225-2927  
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**MEMORANDUM**

**February 9, 2015**

**To: Subcommittee on Oversight and Investigations Democratic Members and Staff**

**Fr: Committee on Energy and Commerce Democratic Staff**

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

On Wednesday, February 11, 2015, at 10:00 a.m. in room 2123 of the Rayburn House Office Building, the Subcommittee on Oversight and Investigations will hold a hearing titled “Federal Efforts on Mental Health: Why Greater HHS Leadership is Needed.” The majority has indicated that the hearing will focus on a GAO report regarding how federal departments and agencies support, coordinate, and evaluate programs for individuals with serious mental illness.

**I. BACKGROUND**

Serious mental illnesses (SMI) include medical conditions such as major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, and borderline personality disorder.<sup>1</sup> These conditions are described as severe when they have a significant and persistent manifestation. Approximately 10 million adults, or 4.2% of all U.S. adults, live with a serious mental illness each year.<sup>2</sup> The National Survey on Drug Use and Health found that serious mental illness is more common among females than males and is especially prevalent among American Indian/Alaskan Native populations.<sup>3</sup>

Individuals with SMI can be treated and treated effectively. A 2014 report from the

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<sup>1</sup> National Alliance on Mental Illness, *Mental Health Conditions* (online at [www.nami.org/template.cfm?section=about\\_mental\\_illness](http://www.nami.org/template.cfm?section=about_mental_illness)).

<sup>2</sup> Substance Abuse and Mental Health Services Administration, *Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings* (Nov. 2014).

<sup>3</sup> National Institute of Mental Health, *Serious Mental Illness (SMI) Among U.S. adults* (online at [www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml](http://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml)).

Substance Abuse and Mental Health Services Administration (SAMHSA) found that 68.5% of adults with SMI received mental health services in 2013.<sup>4</sup> Of those insured, 73.5% received treatment; among those uninsured, only 50.6% received treatment. According to the National Alliance on Mental Illness, a combination of treatments, services, and supports often works best to help those with serious mental illness.<sup>5</sup> However, there are significant barriers to receiving treatment, including a shortage of treatment facilities and beds and the stigma associated with SMI and treatment.

Federal programs and recently-enacted laws play a key role in the provision of mental health treatment. The Medicaid program is the single largest payer of treatment for those with mental illnesses; the Affordable Care Act is providing health care coverage – including mental health treatment – for tens of millions of Americans who would otherwise be uninsured; and the Mental Health Parity Act provides important private insurance coverage for individuals with serious mental illnesses.

SAMHSA is a 20-year-old federal agency directed by Congress to provide services to prevent, treat, and help patients recover from mental health and substance abuse disorders.<sup>6</sup> SAMHSA administers a number of funding streams, including competitive, formula, and block grant programs. It also collects data on mental illness, behavioral health, and substance abuse. SAMSHA executes its work through four centers. The Center for Mental Health Services seeks to prevent and treat mental illness. The Center for Substance Abuse Prevention is focused on the prevention and reduction of the abuse of illegal drugs, alcohol, and tobacco. The Center for Substance Abuse Treatment has primary responsibility for the provision of effective substance abuse treatment and recovery services. Finally, the Center for Behavioral Health Statistics and Quality collects, analyzes, and disseminates behavioral health data.

The National Institute of Mental Health (NIMH) is the lead federal agency for research on mental disorders.<sup>7</sup> NIMH funds basic and clinical research to better understand and treat mental illness. NIMH also supports training for scientists to carry out mental health research.

A number of other federal agencies also offer programs to support those with serious mental illness. The Department of Defense (DOD) and the Veterans Administration (VA) provide mental health prevention and treatment services for members of the military and

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<sup>4</sup> Substance Abuse and Mental Health Services Administration, *Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings* (Nov. 2014).

<sup>5</sup> National Alliance on Mental Illness, *Treatments & Services* (online at [http://www2.nami.org/Content/NavigationMenu/Inform\\_Yourself/About\\_Mental\\_Illness/About\\_Treatments\\_and\\_Supports/Treatment\\_and\\_Services.htm](http://www2.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Treatments_and_Supports/Treatment_and_Services.htm)).

<sup>6</sup> Substance Abuse and Mental Health Services Administration, *About the Agency* (online at [www.samhsa.gov/about/](http://www.samhsa.gov/about/)).

<sup>7</sup> National Institute of Mental Health, *About NIMH* (online at [www.nimh.nih.gov/health/publications/about-nimh/index.shtml](http://www.nimh.nih.gov/health/publications/about-nimh/index.shtml)).

veterans.<sup>8</sup> The Department of Justice (DOJ) offers programs for inmates and mentally ill criminal offenders through the Bureau of Prisons. The Department of Education offers additional programs for those with SMI through the Office of Special Education and Rehabilitative Services.

## **II. GAO REPORT: “HHS LEADERSHIP NEEDED TO COORDINATE FEDERAL EFFORTS RELATED TO SERIOUS MENTAL ILLNESS”**

Following a request letter from Chairman Murphy and Ranking Member DeGette in June 2013, the Government Accountability Office (GAO) undertook an analysis of the federal government’s efforts to support those with serious mental illness.<sup>9</sup> Their study focused on coordination and evaluation of mental health programs across numerous agencies of the federal government.

The report found that there were 112 federal programs across eight federal agencies in fiscal year 2013 that generally supported individuals with serious mental illness, excluding programs that reimburse providers for mental health services, like Medicare and Medicaid. The agencies identified 30 programs, among the total 112, that specifically targeted individuals with serious mental illness. These 30 programs were administered by five agencies: the DOD, the DOJ, the Department of Health and Human Services (HHS), the Social Security Administration (SSA), and the VA. Ten of those 30 programs are housed within HHS. The agencies reported that about \$5.7 billion was obligated for these 30 programs in FY 2013.

In the report, GAO explained that it is unlikely that it identified all federal government programs that support and assist individuals with serious mental illness. The agencies, in the process of self-reporting, noted that for broadly administered programs, they did not always track whether individuals with SMI were among the population targeted.

The GAO report found that less than one-third of the 30 programs they identified completed program evaluations. By September 2014, nine programs had completed evaluations, including seven by SAMHSA and two by DOD. There were four additional ongoing program evaluations at the conclusion of the report, but 17 programs had not undergone any evaluation in recent years.

The final report offers two recommendations. First, GAO recommended that “HHS establish a mechanism to facilitate interagency coordination across programs that support individuals with serious mental illness.” GAO found that past efforts by agency-level coordination committees had not focused on programs that address the needs of those with SMI, but they did find that “staff from 90% of the programs targeting serious mental illness reported coordinating with their counterparts in other programs.” The report suggests that greater interagency coordination led by HHS would assist in determining gaps or duplication in services.

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<sup>8</sup> Letter from Sylvia Burwell, Secretary, Office of Management and Budget, to Chairman Tim Murphy and Ranking Member Diana DeGette (Nov. 7, 2013).

<sup>9</sup> Government Accountability Office, *HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness* (Dec. 2014) (GAO-15-113).

Second, GAO recommended 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.” The report notes the need for evaluating federal programs to ensure the efficient and effective use of resources.

### **III. FY 2016 BUDGET FOR MENTAL HEALTH**

Within the federal government, SAMHSA leads public health efforts related to behavioral health, including mental health. In its recently submitted budget request, SAMHSA requested \$3.7 billion for FY 2016, an increase of \$44.6 million from the 2015 enacted budget, of which \$1.1 billion would support SAMHSA’s mental health activities.<sup>10</sup> In FY 2016, SAMHSA is prioritizing its public health leadership role in several areas, including strengthening crisis systems, the behavioral health workforce, and fostering tribal behavioral health. SAMHSA’s budget request notes that, “these priorities stem from identified gaps and emerging priorities within the nation’s health promotion, treatment, and recovery systems.”

The FY 2016 budget request notes significant increases for several programs, including \$10 million for a new crisis systems program. By coordinating effective crisis response with ongoing outpatient services and supports, the new program will help mitigate the demand for inpatient beds by those with SMI and substance use disorders. The budget also includes a request for an additional \$31 million for training and education programs for behavioral health professionals.

The total HHS budget request further includes an increase of \$58 million for both the Centers for Disease Control and Prevention (CDC) and SAMHSA to support the President’s *Now is the Time* initiative.<sup>11</sup> The initiative seeks to help youth get treatment for mental health issues, to provide data to better understand how and when firearms are used in violent deaths, and to inform future research and prevention strategies.

The National Institute of Mental Health FY 2016 budget request reflects an increase of nearly \$56 million over the 2015 enacted levels. Nearly 65% of the requested funds are designated for research project grants.

### **IV. WITNESSES**

**Linda Kohn**  
Director  
Health Care  
Government Accountability Office

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<sup>10</sup> Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Justification of Estimates for Appropriations Committees: Fiscal Year 2016* (online at [www.samhsa.gov/budget/fy-2016-budget](http://www.samhsa.gov/budget/fy-2016-budget)).

<sup>11</sup> Department of Health and Human Services, *Highlights of the President's HHS FY 2016 Budget* (online at [www.hhs.gov/budget/fy2016-budget-factsheet.html#\\_Improving\\_Access\\_to](http://www.hhs.gov/budget/fy2016-budget-factsheet.html#_Improving_Access_to)).

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