

GAO Highlights

Highlights of GAO-15-405, a report to the Subcommittee on Oversight and Investigations, Committee on Energy and Commerce, House of Representatives

Why GAO Did This Study

In 2013, SAMHSA estimated 43.8 million—or 18.5 percent—of adults in the United States suffered from a mental illness. SAMHSA, an agency within HHS, has various programs that aim to reduce the impact of mental illness through CMHS grants awarded to grantees that include states, territories, and nonprofit organizations.

GAO was asked to provide information on CMHS's oversight of mental health grant programs. This report identifies (1) CMHS's criteria for awarding grants to grantees, and how CMHS documents the application of these criteria; (2) the types of information CMHS uses to oversee its grantees; and (3) the steps CMHS takes to demonstrate how its grant programs further the achievement of SAMHSA's goals. GAO reviewed information related to CMHS grants management; reviewed grant documentation from fiscal years 2012 and 2013 for a nongeneralizable selection of 16 grantees within 5 grant programs: the MHBG, PAIMI, and 3 selected discretionary grant programs that GAO selected based on factors such as size of award and type of grantee; and interviewed SAMHSA officials.

What GAO Recommends

GAO recommends that the Administrator of SAMHSA direct CMHS to take steps, such as developing additional program-specific guidance, to ensure that it consistently and completely documents both the application of criteria when awarding grants to grantees, and its ongoing oversight of grantees once grants are awarded. HHS concurred with this recommendation.

View GAO-15-405. For more information, contact Linda T. Kohn at (202) 512-7114 or kohnl@gao.gov.

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MENTAL HEALTH

Better Documentation Needed to Oversee Substance Abuse and Mental Health Services Administration Grantees

What GAO Found

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) established criteria for the five grant programs covered by GAO's review that varied by program, but GAO found that CMHS did not document its application of criteria for about a third of the 16 grantees GAO reviewed. An example of how criteria varied by program is that one of the five grant programs required its grantees to state that they will use evidence-based practices to treat individuals with mental illness while the others did not. In addition, CMHS did not document its application of the criteria it used to award grants to 6 of the 16 grantees GAO reviewed. For example, for fiscal year 2012, CMHS did not clearly document the application of most criteria for any of the four Community Mental Health Services Block Grant (MHBG) grantees GAO reviewed. The Department of Health and Human Services' (HHS) grants manual, which CMHS officials told GAO they follow, states that CMHS must maintain appropriate documentation to support funding decisions. GAO found a variety of reasons why CMHS did not adequately document the application of criteria, including a lack of program-specific guidance.

CMHS officials said they use various types of information to oversee grantees, but the documentation of this information was often missing or not readily available during the period GAO reviewed. For each grantee GAO reviewed, there was at least one instance in which the documentation used to oversee grantees was either missing or not readily available—meaning it was either missing entirely, stored outside of the systems designated for storing the information, or was not readily available to all officials involved in the oversight of grant documentation. For example, GAO found that CMHS could not produce documentation of its review of required annual program performance reports covering fiscal year 2012 data for any of the four Protection and Advocacy for Individuals with Mental Illness (PAIMI) grantees GAO reviewed. The grants manual states that CMHS must create and maintain files that allow a third party, such as an auditor, to “follow the paper trail” from program initiation through closeout of individual awards. GAO found a variety of reasons why grant documentation was missing or not readily available, including a lack of program-specific guidance. Without proper documentation of information used to oversee grantees that is readily available, CMHS runs the risk that it does not have complete and accurate information needed to provide sufficient oversight of its grant programs.

CMHS officials told GAO that they take a variety of steps when reviewing grantees' performance measure data to demonstrate how CMHS's grant programs furthered the achievement of SAMHSA's goals. For example, CMHS produces summaries by grant program that are included as part of its budget justification. In addition, CMHS is working to ensure that the performance measure data it collects can be analyzed with performance measure data collected from other grantees awarded through programs across SAMHSA. According to SAMHSA, this analysis can be helpful when demonstrating how CMHS's grant programs further the achievement of SAMHSA's goals.