Cataloguing Federal Programs for Serious Mental Illness and Serious Emotional Disturbance

ISMICC federal officials are conducting a government-wide inventory of programs, services, surveillance efforts, and research related to serious mental illness (SMI) and to serious emotional disturbance (SED). This is a broad undertaking to catalogue more than 160 federal programs across eight federal departments.

A significant catalyst to the congressional authorization of the Interdepartmental Serious Mental Illness Coordinating Committee was the conclusion of a 2014 Government Accounting Office (GAO) report on federal coordination of programs that address SMI in their purviews. GAO found 112 programs across those eight departments totaling about $5.7 billion in programs devoted to serving people who have SMI. In that report, GAO recommended that HHS establish a mechanism to facilitate intra- and interagency coordination, including actions that would assist with identifying the programs, resources, and potential gaps in federal efforts to support people who have SMI.

Programs That Can Support Individuals with Serious Mental Illness Identified by Eight Federal Agencies in Fiscal 2013

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		4
SSA		1	2				1		4
VA			1			9	1		11
Total	**13**	**3**	**35**	**1**	**5**	**16**	**27**	**12**	**112**

In September 2017, ISMICC compiled a list of 168 federal programs based on the input from ISMICC federal designees, on information from the 2014 GAO Report, and on a review of federal agency websites. Table 3.1 of the 2017 ISMICC Report to Congress (https://www.samhsa.gov/ismicc) created an index of federal programs and led to the design of the inventory that we are undertaking.

> *Recommendation 1.3 – Create a comprehensive inventory of federal activities that affect the provision of services for people with SMI and SED. – ISMICC 2017 Report to Congress*

As the ISMICC Report to Congress underscored, all federal sources account for nearly half of all spending on mental and substance use disorders. ISMICC members recognized the needs to increase understanding of the scale and scope of existing federal department programs and to inform interdepartmental coordination. Such a detailed inventory will equip the ISMICC implementation workgroups to better coordinate efforts and to better enable ISMICC to conduct the mandated evaluation of the federal effort by the end of the advisory council's five-year tenure. Most important, a detailed inventory will help clarify strengths and gaps across services for people who have SMI or SED, with the aim of improving services for those with greatest need.

This spring, ISMICC's Data Implementation Workgroup (IW1) designed a set of spreadsheets to collect information for the inventory. The design had to account for differences in each department's mission, population of focus, authorization and appropriation, and the performance metrics. To do so, we organized spreadsheets according to four program types:

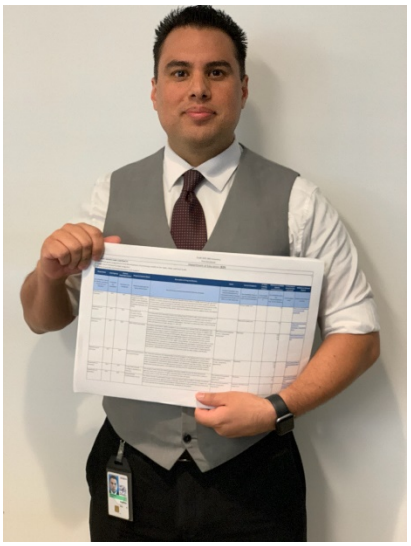
> *It will be critical to identify gaps that occur either through the absence of essential policies or programs, or through programs that fail to reach all of those in need.*
> *– ISMICC 2017 Report to Congress*

1. **Service Delivery or Payment**: What are the federal supports for SMI and SED around housing, income assistance, primary health care, behavioral health care including mental and substance abuse treatment, reducing justice involvement, case management, employment, and education? Examples include Veterans Health Administration (VHA), DoD health care facilities, Indian Health Service, TRICARE, Medicare, Medicaid and the Children's Health Insurance Program (CHIP), Social Security disability programs, and Housing Assistance programs.

2. **Program Grants**: How does the federal government support service delivery and accelerate the implementation of effective practices? Examples include time-limited grant programs to fund development of promising models at the state, tribal, and local levels; longer-term, formula-funded programs; and grants to provide technical assistance and support.

3. **Data Collection**: What federal data are collected on incidence, prevalence, and distribution of behavioral health disorders within departments? What federal data are available on access, quality, and affordability of behavioral health care? Examples include surveys and other surveillance programs that provide information on the incidence, prevalence, and distribution of disorders; and quality measurement and reporting.

4. **Research and Evaluation**: How does the federal government measure the impact of its programs on people who have SMI and SED; on their families; and on communities? Examples include basic and applied research that help us better understand the course of a disorder and the means to prevent, cure, or lessen its impact; demonstrations and evaluations of prevention, treatment, and support models that can improve the lives of people who have SMI and SED.



The ISMICC reviewed the plan at their June 6, 2018 meeting and staff finalized the design over the remainder of the summer. Juan Martinez, MD, (interning in public health at SAMHSA) took the initial step to populate the cells of the inventory with as much information as he could find – using a combination of information from the first ISMICC report to Congress, from the GAO report, and from ISMICC member-departments' public-facing websites. A department-specific spreadsheet was then sent to each of the ISMICC designees for them to review, to correct and to edit the spreadsheet by the beginning of December. We are hoping to receive the completed spreadsheets by the middle of November and to report findings as they are available.