



CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE

April 17, 2013

S. 689

Mental Health Awareness and Improvement Act of 2013

*As ordered reported by the Senate Committee on Health, Education, Labor, and Pensions
on April 10, 2013*

SUMMARY

S. 689 would amend the Elementary and Secondary Education Act of 1965 (the ESEA, commonly referred to, in its most recently authorized form, as the No Child Left Behind Act) to support school-based mental health programs and other activities. CBO estimates that implementing those amendments would require appropriations of about \$100 million a year. The bill also would amend the Public Health Service Act to authorize the appropriation of \$105 million for each of fiscal years 2014 through 2018 for suicide prevention and mental health services.

CBO estimates that implementing the bill would cost \$44 million in 2014 and about \$800 million over the 2014-2018 period, assuming appropriation of the authorized and estimated amounts. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

S. 689 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of S. 689 is shown in the following table. The costs of this legislation fall within budget functions 500 (education, training, employment, and social services) and 550 (health).

	By Fiscal Year, in Millions of Dollars					2014- 2018
	2014	2015	2016	2017	2018	
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Title I –Education Programs						
Estimated Authorization Level	100	102	104	106	108	521
Estimated Outlays	2	66	93	103	105	370
Title II –Health Programs						
Authorization Level	105	105	105	105	105	525
Estimated Outlays	42	89	102	104	105	442
Total Changes						
Estimated Authorization Level	205	207	209	211	213	1,046
Estimated Outlays	44	155	195	207	210	812

Note: Components may not sum to totals because of rounding.

BASIS OF ESTIMATE

In total, CBO estimates that implementing S. 689 would have a discretionary cost of about \$800 million over the 2014-2018 period, assuming appropriation of the necessary amounts. For this estimate, CBO assumes that S. 689 will be enacted in fiscal year 2013. Gross funding levels for fiscal year 2013 are provided below for comparison, but those amounts do not reflect the 5.0 percent reductions from the recently ordered sequestration of 2013 funding.

Title I—Education Programs

S. 689 would amend several titles of the ESEA to expand possible uses of funding to include support for school-based mental health programs and other activities. The underlying authorizations for all programs in the ESEA have expired, although many have received annual appropriations since their authorizations expired.

Based on current funding levels for the Department of Education and proposed funding levels for similar programs at the Department of Health and Human Services (HHS), CBO estimates that title I of S. 689 would authorize the appropriation of \$521 million over the 2014-2018 period. Based on historical spending patterns, implementing those provisions would cost \$370 million over the 2014-2018 period, CBO estimates.

- The bill would make multiple changes to a program that provides grants to local educational agencies to support the disadvantaged. For example, the bill would expand schoolwide programs to include school-based mental health programs and the implementation of positive behavioral interventions. CBO estimates those changes would effectively increase the authorization of appropriations for such grants by about \$35 million in 2014. The Congress provided \$14 billion in fiscal year 2013 for those grants.
- S. 689 also would expand a program that provides grants to states for teacher training to support in-service training for school personnel related to children with trauma histories, and children with, or at risk of, mental illness. CBO estimates this would effectively increase the authorization of appropriations for grants for teacher training by \$50 million in 2014. The Congress provided about \$2.5 billion in fiscal year 2013 for those grants.
- Additionally, the bill would expand national activities for safe and drug-free schools and communities to include the development and implementation of school-based mental health services and assistance to states and school districts in developing emergency management plans. CBO estimates this provision would effectively increase the authorization of appropriations for grants for national activities by \$15 million in 2014. The Congress provided \$65 million in fiscal year 2013 for those grants.

Title II—Health Programs

Title II of S. 689 would modify several programs of the Substance Abuse and Mental Health Services Administration (SAMHSA) that provide suicide prevention and mental health services. Authorization of those programs has expired, though many of them have received appropriations since their authorizations expired.

S. 689 would authorize annual appropriations for five programs administered by SAMHSA for the 2014-2018 period. Based on historical patterns of spending for suicide prevention and mental health services, CBO estimates that implementing the health portions of S. 689 would cost about \$440 million over the 2014-2018 period, assuming appropriation of the specified amounts. The bill would specifically authorize the appropriation of:

- Approximately \$5 million annually for the Suicide Prevention Technical Assistance Center program. The bill also would expand the target population of this program to all ages, rather than only youth. In fiscal year 2013 this program, previously titled the Youth Interagency Research, Training, and Technical Assistance Centers, received an appropriation of nearly \$5 million.

- Approximately \$30 million annually for Youth Suicide Early Intervention and Prevention Strategies. In fiscal year 2013, the Congress provided roughly \$30 million for the program.
- Approximately \$5 million annually for the Mental Health and Substance Use Disorder Services on Campus program, previously titled the Mental and Behavioral Health Services on Campus program, which received \$5 million in fiscal year 2013.
- \$20 million annually for Mental Health Awareness Training Grants, formerly titled Mental Health Training Grants. This program has not received an appropriation since the authorization expired in fiscal year 2003.
- Approximately \$46 million annually for the National Child Traumatic Stress Initiative (NCTSI). The bill also would expand the activities of the program to encompass training of NCTSI grantees and disseminating data on the outcomes of those grants. In fiscal year 2013, the program received roughly \$46 million.

S. 689 would allow SAMHSA to increase, through existing programs, education and awareness of treatments for opioid use disorders. If the Secretary of HHS undertakes this initiative, the Secretary would be required to submit a report to the Congress on the impact of the initiative. In addition, the bill also would require the Government Accountability Office to submit two reports to the Congress, including one on integrating the treatment of mental health and substance use disorders into primary care. Based on the costs of similar activities, CBO estimates that those reports would cost less than \$500,000 over the 2014-2018 period. Any such costs would be subject to the availability of appropriated funds.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 689 contains no intergovernmental or private-sector mandates as defined in UMRA. Programs and activities authorized in the bill would benefit state, local, and tribal agencies that provide services for the treatment of mental health and substance use disorders. To the extent that state and local educational agencies are required to update their plans and activities to align objectives and goals to support positive behavioral interventions, early intervening services, and mental health services, those entities could incur additional costs. However, those costs would be incurred voluntarily as a condition of receiving federal assistance.

ESTIMATE PREPARED BY:

Federal Costs: Justin Humphrey (education) and Julia Mitchell (health)

Impact on State, Local, and Tribal Governments: J’Nell Blanco (education) and
Lisa Ramirez-Branum (health)

Impact on the Private Sector: Vi Nguyen (education) and Alexia Diorio (health)

ESTIMATE APPROVED BY:

Peter H. Fontaine
Assistant Director for Budget Analysis