



CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE

November 5, 2015

S. 1893
Mental Health Awareness and Improvement Act of 2015

*As reported by the Senate Committee on Health, Education, Labor, and Pensions
on October 1, 2015*

SUMMARY

S. 1893 would reauthorize and make several changes to grant programs administered by the Substance Abuse and Mental Health Services Agency (SAMHSA) related to awareness, identification, and prevention of substance abuse and mental illness. The bill would also promote the expansion of a reporting system on violent deaths.

CBO estimates that implementing S. 1893 would cost \$574 million over the 2016-2020 period, assuming appropriation of the specified and necessary amounts. Enacting S. 1893 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply to the bill.

CBO estimates that enacting S. 1893 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2026.

S. 1893 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 effect of S. 1893 is shown in the following table. The costs of this legislation fall primarily within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					2016- 2020
	2016	2017	2018	2019	2020	
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Suicide Prevention and Early Intervention						
Authorization Level	36	36	36	36	36	180
Estimated Outlays	13	31	35	36	36	150
Mental Health Awareness						
Authorization Level	15	15	15	15	15	75
Estimated Outlays	5	13	15	15	15	62
National Child Traumatic Stress Initiative						
Authorization Level	46	46	46	46	46	230
Estimated Outlays	16	39	45	46	46	191
Education and Awareness of Treatments for Opioid Use						
Estimated Authorization Level	35	36	36	37	38	182
Estimated Outlays	12	30	35	36	37	150
Evidence-Based Practices for Older Adults						
Estimated Authorization Level	2	2	2	2	2	8
Estimated Outlays	1	1	1	2	2	6
National Violent Death Reporting System						
Estimated Authorization Level	12	0	0	0	0	12
Estimated Outlays	4	6	2	1	*	12
Reports on Mental Health and Substance Use Disorders						
Estimated Authorization Level	2	0	0	0	0	2
Estimated Outlays	1	*	0	0	0	2
Total Changes						
Estimated Authorization Level	147	134	135	136	137	689
Estimated Outlays	52	120	132	134	136	574

Notes: * = less than \$500,000.

Numbers may not add up to totals because of rounding.

BASIS OF ESTIMATE

SAMHSA administers grant and educational programs to: increase awareness and understanding of mental and substance use disorders; prevent substance abuse and mental illness; and increase access to effective treatments. S. 1893 would reauthorize grants for

suicide prevention, training for mental health awareness, and the National Child Traumatic Stress Initiative (NCTSI). In 2015, approximately \$97 million was appropriated for similar activities. S. 1893 also would promote continued education and awareness training for opioid use disorders and the expansion of a reporting system on violent deaths. About \$11 million was appropriated for that reporting system in 2015.

For this estimate, CBO assumes that the legislation will be enacted near the beginning of fiscal year 2016, that the authorized amounts will be appropriated each year, and that spending will follow historical patterns for the authorized programs. CBO estimates that implementing S. 1893 would cost \$574 million over the 2016-2020 period, assuming appropriation of the specified and authorized amounts.

Suicide Prevention and Early Intervention

Section 2 of the bill would reauthorize the Garrett Lee Smith Memorial Act, which authorizes three grant programs related to suicide prevention and training for mental health and substance abuse awareness on academic campuses. The bill would authorize the appropriation of \$36 million for fiscal years 2016 through 2020 for those activities. The authority for these grant programs at SAMHSA expired in 2007. However, the Congress has continued to appropriate funds each year. In 2015, the Congress appropriated \$36 million for those activities (an additional \$12 million was also allocated from the Prevention and Public Health Fund for these activities). CBO estimates that implementing section 2 would cost \$150 million over the 2016 to 2020 period.

Mental Health Awareness

Section 3 of the bill would reauthorize grants to certain state and local entities to train school and emergency personnel to recognize the signs and symptoms of mental illness, and safely respond to crisis situations involving individuals with a mental illness. The grants would also be available to educate those personnel about resources available in the community for individuals with a mental illness. S. 1893 would authorize the appropriation of \$15 million for each year through 2020 for those grants. The authority for those grant programs at SAMHSA expired in 2003. However, CBO estimates that about \$15 million was appropriated for similar activities in 2015. CBO estimates that implementing section 3 would cost \$62 million over the 2016 to 2020 period.

National Child Traumatic Stress Initiative

Section 4 of the bill would reauthorize the NCTSI, which supports a network of child trauma centers, and authorize the appropriation of \$46 million annually through 2020 for the initiative. The authority for this grant program at SAMHSA expired in 2006. However, since then the Congress has appropriated funds in each year. In 2015, about \$46 million

was appropriated for such activities. CBO estimates that implementing section 4 would cost \$191 million over the 2016 to 2020 period.

Education and Awareness of Treatments for Opioid Use

Section 6 of the bill would direct SAMHSA to advance the education and awareness of providers, patients, and other stakeholders regarding FDA-approved products to treat opioid use disorders. The bill would also require SAMHSA to produce a report on such activities. SAMHSA performs similar activities under current law through various programs funded through its current appropriations. Based on information from SAMHSA's fiscal year 2016 budget justification, CBO estimates expanding existing programs to focus on opioid use disorders would cost \$12 million in fiscal year 2016 and \$150 million over the 2016 to 2020 period.

Evidence Based Practices for Older Adults

Section 8 would require the Secretary to provide technical assistance to grantees regarding evidence-based practices for prevention and treatment of mental health disorders in older adults. The legislation would also require the Secretary to disseminate information about such evidence-based practices to states and grantees. Based on spending for similar activities, CBO estimates those activities would cost \$6 million over the 2016 to 2020 period.

National Violent Death Reporting System

Section 9 would promote an expansion of the National Violent Death Reporting System (NVDRS) to include additional states. The NVDRS is operated by the Centers for Disease Control and Prevention (CDC) and is a voluntary, state-based surveillance system that pools data about violent deaths. Based on information from CDC's Fiscal Year 2016 Congressional Justification, CBO estimates that expanding to additional states would cost \$12 million over the 2016-2020 period. CBO expects that about 20 additional states would participate in NVDRS, bringing total participation to 50 states and the District of Columbia.

Reports on Mental Health and Substance Use Disorders

S. 1893 would require the Government Accountability Office to submit three reports related to mental health. CBO estimates those reports would cost about \$2 million over the 2016 to 2020 period.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INCREASE IN LONG TERM DIRECT SPENDING AND DEFICITS

CBO estimates that enacting S. 1893 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2026.

ESTIMATED IMPACT ON STATE, LOCAL, AND TRIBAL GOVERNMENTS

S. 1893 contains no intergovernmental 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 mental health services, those entities could incur additional costs. However, those costs would be incurred voluntarily as a condition of receiving federal assistance.

ESTIMATED IMPACT ON THE PRIVATE SECTOR

This bill contains no private-sector mandates as defined in UMRA.

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