



HOW STATES CAN UTILIZE AMERICAN RESCUE PLAN FUNDS:

Mental Health

The promotion of good mental health is critical in maintaining an individual's overall wellbeing. According to the [Centers for Disease Control and Prevention \(CDC\)](#), more than 50 percent of people will be diagnosed with mental illness at some stage of life, which stresses the need for proper mental health care. Poor mental health can negatively impact physical health through strokes, heart disease, and other chronic conditions. With the rise of depression, anxiety, and isolation throughout the pandemic, states can make a difference in healing and recovery by allocating funding for quality mental health services.



States can leverage The American Rescue Plan (ARP) Act funds to invest in mental health.

The American Rescue Plan (ARP) Act allocates almost \$12.4 billion directly to mental health and addiction resources for states, with an additional \$130 billion eligible to be used to support mental health in schools as states prepare to reopen in-person classes. Funds can be utilized to improve mental health access, education, and service delivery through multiple avenues, including:

- Federal grants
- Provider relief
- Workforce education and training
- Suicide prevention
- Public education campaigns
- Increased Medicaid funding
- School-based or community-based initiatives

ARP funding for mental health includes:

- \$1.5 billion to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Abuse Prevention and Treatment block grant
- \$1.5 billion for SAMHSA's Community Mental Health Services block grant
- \$420 million to SAMHSA's Certified Community Behavioral Health Clinics Expansion Grants
- Over \$450 million in additional funding for SAMHSA and Health Resources and Services Administration (HRSA) programming
- \$8.5 billion to the Provider Relief Fund for providers serving rural communities

States can use the above [block grants](#) to supplement Medicaid funds for prevention, treatment, and recovery services to expand their ability to provide mental health care and addiction treatment to citizens. State allocations of these block grants can be found in the table at the end of this brief.

The ARP includes additional provisions for funding programs such as the National Child Traumatic Stress Network, Project AWARE (Advancing Wellness and Resiliency in Education), and youth suicide prevention.

In addition to the provisions mentioned above, the ARP includes potential funding opportunities for:

- The Dr. Lorna Breen Health Care Provider Protection Act¹
- Expanded eligibility for premium assistance for individuals under the Affordable Care Act
- Medicaid
- Pediatric mental health care access grants
- Community behavioral health services

This additional information illustrates the ample room given to states to pursue the best use of resources to achieve their unique goals related to mental health.

¹ The Dr. Lorna Breen Health Care Provider Protection Act includes funding for training, educational programs, and other initiatives designed to promote mental and behavioral wellness of health care workers.



State leaders can learn how to successfully invest in mental health by looking to other states.

States can fund Mobile Crisis Outreach Teams.

Increased Medicaid funding includes resources for mobile crisis services and other community behavioral health support. States may wish to consider using this option to fund Mobile Crisis Outreach Teams, or MCOTs,² an innovative solution to expand access to mental health services while reducing costs to the criminal justice system. These mobile units are part of the recommendations made by CSG's [Healthy States](#) National Task Force urging states to consider tailored methods of crisis response. There is substantial evidence that such approaches are cost-effective and well-received by communities. **Utah's** MCOTs consisting of trained professionals – and in some cases, [a peer liaison](#) as well – respond to a person experiencing a behavioral health crisis rather than relying on traditional, and more costly, emergency services that may not be prepared to assist with the situation. Florida, Georgia, New Jersey, New York, and Texas are among the states utilizing mobile crisis outreach services.

States can promote mental health services in schools.

The ARP also provides \$130 billion to help schools safely reopen. According to the [White House website](#), school districts must ensure these funds are used “to not only reopen schools, but also to meet students’ academic, mental health and social, and emotional needs in response to COVID-19.” States may use these funds to promote mental health services in schools in accordance with the recommendations made by CSG’s Healthy States National Task Force by, for example, hiring more counselors to help students adjust to new learning models and to cope with life challenges before, during, and after the pandemic. States can look to **North Carolina** for inspiration as it used [CARES funding](#) in 2020 to hire more school nurses, counselors, social workers, and psychologists.

States can address workforce needs.

As the ARP provides flexibility for states to decide how to best utilize funding to improve mental health service delivery, states may wish to consider addressing workforce needs in the health care sector. For example, [throughout 2020](#), multiple states took steps to address different issues – many enacted legislation to provide funding for rural health care facilities and services, such as **Arkansas** which passed legislation to create a student loan and scholarship program for rural medical practices. In 2019, **Missouri** established a task force on licensure for radiologic technologists. These examples illustrate the creativity of states who seek to address health care workforce shortages and may inspire state leaders to do the same with ARP funding for mental health.

Additional Resources

Estimated state allocations of ARP mental health funding can be accessed through Federal Funds Information for States at [ffis.org](#).

To read the full text of the American Rescue Plan Act of 2021, please [CLICK HERE](#).

Read the full text of CSG’s Healthy States National Task Force to learn more about the national policy recommendations regarding behavioral health, please [CLICK HERE](#).

To read an overview of the ARP for mental health and substance use disorder providers prepared by the National Council for Behavioral Health, please [CLICK HERE](#).

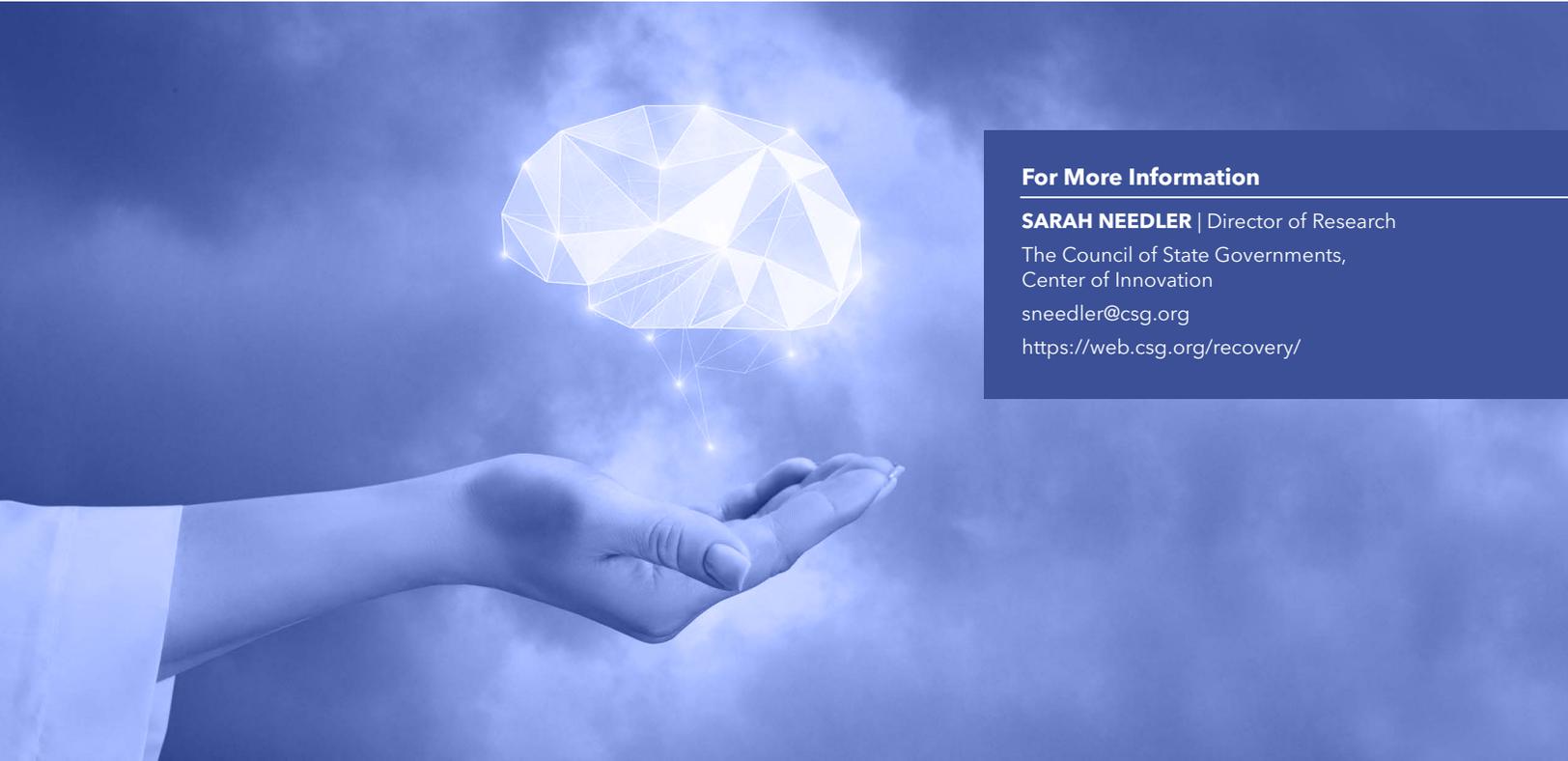
² Mobile Crisis Outreach Teams are units consisting of trained professionals (and potentially peer liaisons) that respond to a person experiencing a behavioral health crisis rather than relying on traditional emergency services.

ARP Mental Health Block Grant Allocations (FY 2021)

Funding Recipient	Substance Abuse Treatment and Prevention Block Grants	Community Mental Health Block Grants
Alabama	\$21,641,962	\$11,944,986
Alaska	\$5,519,877	\$1,869,289
American Samoa	\$324,795	\$162,398
Arizona	\$37,892,228	\$22,711,565
Arkansas	\$12,676,621	\$7,229,333
California	\$238,465,012	\$108,247,196
Colorado	\$27,102,042	\$16,240,446
Connecticut	\$17,070,466	\$8,012,502
Delaware	\$6,530,972	\$1,925,871
District of Columbia	\$6,530,972	\$1,956,394
Federated States of Micronesia	\$662,313	\$331,157
Florida	\$104,396,719	\$54,888,469
Georgia	\$53,569,236	\$26,439,839
Guam	\$1,072,119	\$536,059
Hawaii	\$8,044,183	\$4,161,536
Idaho	\$8,000,710	\$4,873,385
Illinois	\$63,404,936	\$29,073,007
Indiana	\$30,224,518	\$14,807,647
Iowa	\$12,272,501	\$6,483,317
Kansas	\$11,153,650	\$6,035,542
Kentucky	\$19,100,815	\$10,734,798
Louisiana	\$23,457,477	\$11,975,406
Maine	\$6,530,972	\$3,241,688
Marshall Islands	\$483,646	\$241,823
Maryland	\$31,943,446	\$16,100,385
Massachusetts	\$37,347,121	\$16,551,534
Michigan	\$52,538,794	\$24,265,829
Minnesota	\$22,591,036	\$12,518,067
Mississippi	\$12,938,191	\$7,556,583
Missouri	\$24,884,101	\$13,913,837
Montana	\$6,530,972	\$2,531,162
Nebraska	\$7,162,196	\$3,795,400
Nevada	\$15,937,418	\$8,743,742
New Hampshire	\$6,530,972	\$2,912,959
New Jersey	\$45,050,958	\$22,649,212
New Mexico	\$8,965,458	\$5,026,824
New York	\$104,819,223	\$46,339,285
North Carolina	\$42,171,280	\$24,046,721
North Dakota	\$6,123,948	\$1,435,102

Funding Recipient	Substance Abuse Treatment and Prevention Block Grants	Community Mental Health Block Grants
Northern Mariana Islands	\$332,259	\$166,129
Ohio	\$60,489,869	\$25,773,140
Oklahoma	\$16,074,216	\$9,094,136
Oregon	\$19,288,251	\$13,107,788
Palau	\$137,494	\$68,747
Pennsylvania	\$55,395,098	\$27,119,409
Puerto Rico	\$21,053,755	\$10,526,878
Red Lake Band of Chippewa Indians	\$556,786	
Rhode Island	\$7,122,113	\$3,069,963
South Carolina	\$22,230,862	\$12,436,240
South Dakota	\$5,662,944	\$1,782,520
Tennessee	\$29,973,471	\$15,793,941
Texas	\$135,636,613	\$74,580,936
Utah	\$15,548,611	\$7,459,411
Vermont	\$6,054,892	\$1,415,844
Virgin Islands	\$683,619	\$341,809
Virginia	\$39,348,104	\$20,718,461
Washington	\$35,415,872	\$19,222,372
West Virginia	\$7,904,019	\$4,503,493
Wisconsin	\$25,492,891	\$14,259,851
Wyoming	\$3,934,405	\$1,048,637

Source: [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)



For More Information

SARAH NEEDLER | Director of Research
 The Council of State Governments,
 Center of Innovation
sneedler@csg.org
<https://web.csg.org/recovery/>