



## Tapping COVID Relief Funds to Improve Youth Behavioral Health

We have no history to tell us what the long-term consequences will be for adolescents and young adults of their past year living under the restrictions COVID-19 necessitated. However, we do know that youth mental health is worsening significantly. Adolescents and young adults are experiencing increased [trauma, toxic stress, depression and anxiety](#) – further elevating their risk for substance misuse and suicide – with [youth of color](#), [low-income youth](#), and [LGBTQ+ youth](#) disproportionately harmed.

As schools reopen their classrooms, students need more support. The federal government is giving states funding to address gaps in substance use and mental health prevention, treatment and recovery, including services for adolescents and young adults. This investment will bring some immediate relief. Advocates can help ensure it does more than that – by working to direct funds to address racial, gender, income and other inequities and ensure more young people receive the care and services they need. Because the funding comes from both health and education streams, advocates need to work together across sectors to have the greatest influence. Initial funding deadlines are approaching for influencing state and local use of these new funds, so advocates must act swiftly. In addition, there will be continuing opportunities to monitor the impact of the funding and advocate for course corrections.

This resource offers advocates information about available funding streams, decision makers on a state and local level, and advocacy strategies to influence them. It aims to help advocates leverage these opportunities to strengthen substance use and mental health systems and invest in young people.

This resource will be updated periodically with new funding opportunities and advocacy strategies. Please reach out to us with questions and to share your experiences. Dusan Stojicic, Community Catalyst, [dstojicic@communitycatalyst.org](mailto:dstojicic@communitycatalyst.org)

## The Funding Streams for Substance Use + Mental Health Services

### *Elementary and Secondary School Emergency Relief Fund (ESSER III)*

The U.S. Department of Education is awarding COVID relief grants to state education agencies, which will keep 10 percent and distribute 90 percent to local education agencies (typically school districts or counties), based on the Title I [formula](#). Districts must use at least 20 percent of the funds to address learning loss, but are allowed to use the remainder for other purposes including mental health services and supports. For instance, districts could use these funds to begin implementing [full-service community schools](#) and hiring counselors. Districts receiving funds must create a plan for safe return to in-person classes, seek public comment and post the plans on their website.

#### Quick Facts

- **Total Federal Allocation:** \$122 billion
- **State Allocations:** [ESSER III funds state allocation table](#)
- **Timeline:** to be spent by September 2024

### *Community Mental Health Services (CMHS) Block Grant*

The block grant to states supports mental illness prevention, treatment, and rehabilitation services (more details available [here](#)). This money is targeted to start-up efforts, but it can also fund services over the long term as long as they are not covered by other means. The Substance Abuse and Mental Health Services Administration (SAMHSA) allocates the funds to states according to a statutory [formula](#) based on annual state plans. About half of the money must be directed to essential services at community mental health centers. A portion of the other half, administered by state officials, is earmarked: 10 percent to address early serious mental illness and 5 percent for crisis care, including mobile crisis units. In addition, federal law recommends much of the funds be used for children under 18 with serious emotional disturbances. Some states are already using block grant funds to improve mental health services in schools. Block grant funds may not be used to replace other state funding for existing services. SAMHSA [encourages states to collaborate with stakeholders](#) in planning how to use the funds.

#### Quick Facts

- **Total New Federal Allocation:** about \$3 billion (from two streams of COVID relief, one signed into law in December 2020 and one in March 2021)
- **State Allocations:** [December supplemental COVID-19 relief](#); [American Rescue Plan Act](#)
- **Timeline:** December relief to available until March 2023; ARPA funding available until September 2025

### ***Substance Abuse Prevention and Treatment (SAPT) Block Grant***

The major purpose is to fund prevention, treatment and support services for individuals without insurance, or services not covered by Medicaid, Medicare or private insurance for low-income people, including adolescents and young adults (more details available [here](#)). The bulk of these funds are awarded to states by [formula](#). Some of the money is earmarked: a minimum of 20 percent for primary prevention of either alcohol or drug misuse and five percent for state administration of the grants. Other small earmarks target special populations, such as services for pregnant and postpartum women and their substance-exposed infants, and, in certain states, HIV screening.

#### Quick facts

- **Total Federal Allocation:** \$3.15 billion + general FY appropriation (from two streams of COVID relief)
- **State Allocations:** [December supplemental COVID-19 relief](#); [American Rescue Plan Act funding](#)
- **Timeline:** December relief available through March 2023; ARPA funding available through September 2025

## **Influencing the Spending: State-Level Decision Makers + Advocacy Strategies**

### ***Elementary and Secondary School Emergency Relief Fund***

Under ESSER III funds, local education agencies (school districts or counties) will need to develop two documents: (1) ESSER III application/budget plan and; (2) return to in-person school plan. In developing the plans, districts must consult with stakeholders and take into account public input. Districts must post the final plans on their website. The [Elementary and Secondary School Emergency Relief Fund Tracker](#) includes links to state-specific information on spending priorities and dates for public input.

#### Good to know

School districts must incorporate public input in their planning for re-opening schools and spending these funds.

**Decision makers:** Centers for Disease Control and Prevention (CDC), state education agency, local education agencies

### **Timeline and Important Dates**

- School districts must publish online a plan for safe return to in-person instruction and continuity of services that includes public input by the **end of the June 2021** (exact date varies by state)
- School districts must publish online their ESSER III application and budget that includes public input by the **end of the August 2021** (exact date varies by state)
- School districts must review and revise the return-to-in-person plan **every six months** at a minimum until September 2024
- State education agencies are seeking input from the public and education stakeholders to inform the development of the state plan for ESSER III. **Deadline varies by state**, with some allowing input until all funds are spent.

## Key Advocacy Strategies

### Past Actions

More than 50 organizations, including Community Catalyst, signed a [letter to urge the U.S. Department of Education](#) to issue reopening guidance directing schools to use a portion of this money on mental health supports and social-emotional learning.

### Federal Level

1. Partner with Community Catalyst to encourage the Biden Administration [to issue guidance](#) on how schools can combine ARPA investments, education funds and Medicaid to expand behavioral health supports for students. (See memo [here](#).)

### State Level

1. Engage adolescents and young adults in identifying the most pressing needs for mental health and substance use issues in your community (e.g., establish youth advisory board, engage students to provide public comment)
2. Work with education and other health advocates and stakeholders to highlight youth needs and make a case for targeted funding to address those needs
3. Take advantage of the comment period – for example, Massachusetts has an open comment period for ESSER III funds until September 2024 (see [ESSER III Statewide Stakeholder Outreach](#))
4. Encourage and facilitate partnerships among your state education agency, health department and Medicaid agency to discuss maximizing school-based substance use and mental health services by ensuring sustainability once COVID relief funds are spent. (For example, using existing [Medicaid and Every Student Succeeds Act \(ESSA\)](#) funds)

### Local Level

1. Build relationships and engage in conversation with school districts to make sure they are using a portion of available funds to address mental health and substance use challenges
2. Take advantage of any comment period available (see timeline and important dates section above). Remember that this is an ongoing effort: At least every six months, school districts will need to review and revise return-to-in-person-school plans.

## Substance Abuse Prevention and Treatment (SAPT) Block Grant and Community Mental Health Services (CMHS) Block Grant

Each state's lead official for substance use disorders and mental health must submit a [state plan to SAMHSA](#) on how they will use the block grants (typically states submit one plan covering both block grants). Who is involved in the planning and decision-making processes laid out in that plan varies from state to state. However, SAMHSA requires states to provide an opportunity for public input both during the plan development (including any revisions) and after submitting the plan to SAMHSA. This provides a continuing opportunity for advocacy.

### Quick facts

- **Decision-makers:** Single State Authority (state substance use and/or mental health agency; State Mental Health Planni and Advisory Council)
- **Timeline and Important Dates:** State proposals for ARPA block grant money are due **July 2, 2021**

**Community Catalyst** is a leading non-profit national health advocacy organization dedicated to advancing a movement for health equity and justice. We partner with local, state and national advocates to leverage and build power so all people can influence decisions that affect their health. [www.communitycatalyst.org](http://www.communitycatalyst.org)

### Key Advocacy Strategies

1. Engage adolescents and young adults in identifying the most pressing needs for mental health and substance use issues in your community (e.g., establish youth advisory board, meet with students where they gather, support youth in speaking to decision makers)
2. Work with other advocates and stakeholders to highlight youth needs and make a case for targeted funding to address those needs
3. Review your state's existing block grant plans to see how those reflect community needs – each state plan is available [here](#) or on the website of the substance use or mental health agency (see example [here](#) from West Virginia)
4. Build a relationship with state authorities – use this directory of [single state agencies](#) to reach out to the person responsible for plan submission.
5. Seek a seat on the advisory council to influence block grant spending. Alternatively, advocates can meet with council members to highlight community needs.
6. Take advantage of the comment period – SAMHSA requires states to provide an opportunity for public comment on the state block grant plans both during the plan development (including any revisions) and after submitting the plan to SAMHSA.

#### *Good to know*

Stakeholders already receiving block grant funds often fiercely protect that spending. These new funds expand the money available, so elevating new priorities may be easier. Still, it's important to build allies.

#### ***Good to know:***

**Mental Health Planning and Advisory Council** - This state planning council provides input on the mental health plan submitted to SAMHSA. With ongoing integration of substance use and mental health services, many state mental health authorities are transitioning from mental health planning councils to behavioral health planning councils. A council can foster collaboration among state agencies and facilitate community input into a state's health services and activities. Policy requires that at least 51 percent of a state's planning council be comprised of consumer and family members. (See [this example](#) of a joint council in Arizona.) Advocates can help ensure this community engagement requirement is met and is meaningful.