

The American Rescue Plan Act of 2021 ([H.R. 1319](#)) was signed into law on March 11, 2021. The bill provides additional relief to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses. In addition to the **Child Tax Credit**, a number of provisions relate to health care delivery and financing for children, youth, young adults, and their families. They are as follows.

Grants

- \$1.5 billion for the Secretary of Health and Human Services for carrying out subpart I of part B of title XIX of the Public Health Service Act for **mental health services**. States must spend the funds by September 30, 2025.
- \$1.5 billion for the Secretary of Health and Human Services for carrying out subpart II of part B of title XIX of the Public Health Service Act for **substance use disorder** services. States must spend the funds by September 30, 2025.
- \$80 million to the Health Resources and Services Administration to award grants or contracts to health professions schools, academic health centers, state or local governments, Indian tribes and tribal organizations, or other appropriate public or private nonprofit entities to **plan, develop, operate, or participate in health professions and nursing training activities** for health care students, residents, professionals, paraprofessionals, trainees, and public safety officers, and employers of such individuals, **in evidence-informed strategies for reducing and addressing suicide, burnout, mental health conditions, and substance use disorders among health care professionals**.
- \$20 million to the Director of the Centers for Disease Control and Prevention and in consultation with the medical professional community to carry out a **national evidence-based education and awareness campaign directed at health care professionals and first responders** (such as emergency medical service providers), and employers of such professionals and first responders **to encourage primary prevention of mental health conditions and substance use disorders** and secondary and tertiary prevention by encouraging health care professionals to seek support and treatment for their own mental health and substance use concerns.
- \$40 million for the Administrator of the Health Resources and Services Administration to award grants or contracts to entities providing health care, including health care providers associations and Federally qualified health centers, to **establish, enhance, or expand evidence-informed programs or protocols to promote mental health** among their providers, other personnel, and members.

- \$30 million for the Assistant Secretary for Mental Health and Substance Use and in consultation with the Director of the Centers for Disease Control and Prevention to support states; local, tribal, and territorial governments; tribal organizations; nonprofit community-based organizations; and primary and behavioral health organizations to **support community-based overdose prevention programs, syringe services programs, and other harm reduction services**. Grant funds awarded must be used for preventing and controlling the spread of infectious diseases and the consequences of such diseases for individuals with substance use disorder, distributing opioid overdose reversal medication to individuals at risk of overdose, connecting individuals at risk for, or with, a substance use disorder to overdose education, counseling, and health education, and encouraging such individuals to take steps to reduce the negative personal and public health impacts of substance use or misuse.
- \$50 million for Assistant Secretary for Mental Health and Substance Use to support state, local, tribal, and territorial governments, tribal organizations, nonprofit community-based entities, and primary care and behavioral health organizations to **address increased community behavioral health needs worsened by the COVID-19 public health emergency**. Grant funds awarded must be used for promoting care coordination among local entities; training the mental and behavioral health workforce, relevant stakeholders, and community members; expanding evidence-based integrated models of care; addressing surge capacity for mental and behavioral health needs; providing mental and behavioral health services to individuals with mental health needs (including co-occurring substance use disorders) as delivered by behavioral and mental health professionals utilizing telehealth services; and supporting, enhancing, or expanding mental and behavioral health preventive and crisis intervention services.
- \$10 million for the National Child Traumatic Stress Network to **address the needs of high-risk or medically underserved persons who experience violence-related stress**.
- \$30 million for **Project Aware** to advance wellness and resiliency in education.
- \$20 million for **youth suicide prevention**.
- \$100 million for **funding for behavioral health workforce education and training**.
- \$80 million for **funding for pediatric mental health care access**.
- \$420 million for **funding expansion grants for Certified Community Behavioral Health Clinics**.

Children in Foster and Kinship Care

- \$10 million, to remain available through September 30, 2025, for the Secretary of Health and Human Services, acting through the Administrator of

the Administration for Community Living, to establish a **National Technical Assistance Center on Grandfamilies and Kinship Families** to provide training, technical assistance, and resources for government programs, nonprofit and other community-based organizations, tribes, tribal organizations, and urban Indian organizations, that serve grandfamilies and kinship families to support the health and well-being of members of grandfamilies and kinship families, including caregivers, children, and their parents. The Center shall focus primarily on serving grandfamilies and kinship families in which the primary caregiver is an adult age 55 or older, or the child has one or more disabilities.

- Among other activities, the Center must engage experts to stimulate the development of new and identify existing evidence-based, evidence-informed, and exemplary practices or programs related to health promotion (including mental health and substance use disorder treatment), education, nutrition, housing, financial needs, legal issues, disability self-determination, caregiver support, and other issues to help serve caregivers, children, and their parents in grandfamilies and kinship families.

Home Visiting

- \$150 million, to remain available through September 30, 2022, for emergency assistance to families through home visiting programs, including prepaid grocery cards to families participating in maternal, infant, and early childhood home visiting programs.

Medicaid

- Permits states to provide full coverage to a pregnant individual during pregnancy and through the 12-month post-partum period through Medicaid or CHIP for five years beginning on the 1st day of the 1st fiscal year quarter that begins one year after enactment.
- Permits states to cover community-based mobile crisis intervention services outside of a hospital or other facility setting for individuals experiencing a mental health or substance use disorder crisis. The mobile crisis team must include at least one behavioral health care professional who is capable of conducting an assessment of the individual and other professionals or paraprofessionals with appropriate expertise in behavioral health or mental health crisis response, including nurses, social workers, peer support specialists with training in trauma-informed care, de-escalation strategies, and harm reduction. Such services must be available 24 hours a day, seven days a week.
 - Provides an enhanced federal match of 85% for mobile crisis services for 12 fiscal quarters beginning on the 1st day of the 1st fiscal year quarter one year after enactment.

- Provides \$15 million to the Secretary of Health and Human Services for purposes of implementing, administering, and making planning grants to States as soon as practicable for purposes of developing a State plan amendment or section 1115, 1915(b), or 1915(c) waiver request provide qualifying community-based mobile crisis intervention services.
- Increases the federal Medicaid match to 100% for the eight (8) fiscal year quarters beginning with the first fiscal year quarter after enactment for services delivered by an **Indian or tribal health or Native Hawaiian Health Center**.
- Increases the federal Medicaid match by 10 percentage points for **home and community-based services** beginning on April 1, 2021 and ending on March 31, 2022. The enhanced match applies to home health care services; personal care services; PACE services; home and community-based services authorized under subsections (b), (c), (i), (j), and (k) of section 1915; case management; and **rehabilitative services, including those related to behavioral health**.