

Mental Health Funding in the Bipartisan Safer Communities Act

July 20, 2022

On June 25, 2022, the Bipartisan Safer Communities Act (BSCA; P.L. 117-159) was signed into law. In addition to provisions addressing firearms, education, and Medicaid, the act included appropriations for several existing mental health-related grant programs. Division B, Title II of the act appropriated \$800 million to the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (HHS)—the federal agency primarily responsible for supporting community or school-based mental health treatment and prevention services. SAMHSA provides funding to states, local communities, and service providers through block grants and other formula and competitive grants. For more information on SAMHSA, see CRS Report R46426, *Substance Abuse and Mental Health Services Administration (SAMHSA): Overview of the Agency and Major Programs*.

SAMHSA Grant Funding in the BSCA

Division B, Title II of the BSCA appropriated funding to several existing mental health-related grant programs administered by SAMHSA. The BSCA specified amounts to remain available for each of FY2022 through FY2025. Information on eligibility for these grant programs can be found on [SAMHSA's grants webpage](#). Prior grant awards can be found on [SAMHSA's grant archive](#). SAMHSA also publishes [a map of grant awards by state](#).

Community Mental Health Services Block Grant

The [Community Mental Health Services Block Grant \(MHBG\)](#) is one of SAMHSA's largest grant programs. Authorized under Title XIX of the Public Health Service Act (PHSA; [42 U.S.C. 300x](#)), the MHBG supports community mental health services for adults and children. SAMHSA distributes MHBG funds to states (including the District of Columbia and certain territories) according to a formula specified in statute. Each state may distribute MHBG funds to local government entities and nongovernmental organizations to provide community mental health services for adults and children in accordance with the state's plan. States have flexibility in the use of MHBG funds within the framework of the state plan and

Congressional Research Service

<https://crsreports.congress.gov>

IN11970

federal requirements. More information on SAMHSA's MHBG, including amounts provided to each state annually, can be found on [SAMHSA's block grant webpage](#).

- The BSCA appropriated \$250 million for the MHBG.

National Child Traumatic Stress Network

The [National Child Traumatic Stress Network](#) was established in 2000 as part of the [National Child Traumatic Stress Initiative](#) to improve behavioral health services for children exposed to traumatic events. Authorized under Title V of the PHSA ([42 U.S.C. 290hh-1](#)), the grant program supports the development and promotion of effective trauma-informed practices, mostly through information and trainings provided by a network of centers.

- The BSCA appropriated \$40 million for the National Traumatic Stress Network.

Project AWARE

[Project AWARE](#) (Advancing Wellness and Resilience in Education) provides competitive grants designed to identify children and youth in need of mental health services, increase access to mental health treatment, and promote mental health literacy among teachers and school personnel. The grants are available to states and other eligible entities.

Project AWARE State grantees use funds to train teachers and other school personnel on mental health awareness and how to connect school-aged youth to needed services. Other activities may include school-based mental health and wellness programs and implementation of evidence-based mental health interventions, among others.

The [ReCAST \(Resiliency in Communities After Stress and Trauma\) program](#) within Project AWARE consists of competitive grants for communities that have recently faced civil unrest or trauma. The purpose of the ReCAST program is to assist high-risk youth and families by promoting resilience through evidence-based violence prevention and youth engagement programs, as well as through linkages to trauma-informed behavioral health services.

Project AWARE is carried out under SAMHSA's general authorities in Title V of the PHSA ([42 U.S.C. 290bb-32](#)). For more information on federal programs that support school safety and security, see CRS Report R46872, *Federal Support for School Safety and Security*.

- The BSCA appropriated \$240 million for Project AWARE, including \$28 million specifically for activities authorized in Section 7134 of the SUPPORT for Patients and Communities Act (P.L. 115-271).

Mental Health Awareness Training

The [Mental Health Awareness Training \(MHAT\) program](#) provides training to school personnel and other professionals on how to recognize a mental illness, provide initial help in a mental health crisis, and connect students to appropriate care. The MHAT training program—known as Mental Health First Aid—is structured similarly to standard first aid training: an eight-hour course that instructs participants in how to identify, understand, and respond to the signs of a mental health crisis. SAMHSA partners with the National Council for Mental Wellbeing to administer the MHAT grants. Originally part of Project AWARE, the MHAT program received its own authorization in Section 9010 of The 21st Century Cures Act (P.L. 114-255; [42 U.S.C. 290bb-41](#)).

- The BSCA appropriated \$120 million for the MHAT program.

-

National Suicide Prevention Lifeline

The [National Suicide Prevention Lifeline](#) (now known as the [988 Suicide & Crisis Lifeline](#)) is a national hotline providing immediate crisis counseling and referral services for individuals experiencing suicidal thoughts or other mental distress. Individuals experiencing a mental health crisis or suicidal ideation who call the Lifeline are routed to local call centers staffed by trained crisis workers. Call center staff are equipped to counsel callers, provide local referrals for follow-up treatment, or access resources to dispatch local emergency personnel. In operation since 2005, the Lifeline is partially supported through federal funding administered by SAMHSA, with call centers relying on state funding and other sources for operational costs. The Lifeline is authorized in Section 520E-3 of the Public Health Service Act ([42 U.S.C. 290bb-36c](#)).

On July 16, 2022, the National Suicide Lifeline [transitioned](#) from a 10-digit number (1-800-273-8255) to the 3-digit 9-8-8 hotline. In [anticipation of increased call volume](#) after the transition to 988, Congress [appropriated additional funds](#) for suicide prevention and [the Lifeline](#) to increase call center capacity and improve call response rates.

- The BSCA appropriated \$150 million for the National Suicide Prevention Lifeline for FY2022.

Author Information

Johnathan H. Duff
Analyst in Health Policy

Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.