

Using Higher Education Emergency Relief Fund (HEERF) Institutional Portion Grant Funds to Meet the Mental Health and Substance Use Disorder Needs of Students^{1,2}

Frequently Asked Questions (FAQ)

May 19, 2022

Addressing the mental health needs of students has long been a challenge for institutions of higher education (institutions) that has been exacerbated by the COVID-19 pandemic. It is during college that many students experience the first onset of chronic mental health and substance use problems or an exacerbation of their symptoms. In a September 2021 survey of college presidents, 73 percent of respondents indicated that the mental health of students was a pressing concern on their campus, up from 41 percent in April 2020.³ At the same time that the pandemic has created a larger demand for a broader variety of mental health support, a shortage of mental health professionals and burnout across the profession has caused colleges to struggle to meet the rising need for counseling services on campus. The U.S. Department of Education (Department) understands the importance of combating the rise in suicides and the growing rate of depression and anxiety among children, young adults, and college students.

The Department strongly encourages colleges to use available HEERF grants to address student, faculty, and staff mental health. Although HEERF grants are a one-time infusion of funds, initial investments in high-impact mental health projects can be made now, with ongoing support after initial success of these programs provided through philanthropic efforts, local partnerships, or other funding sources. To support these efforts, the Department recently extended the performance period of HEERF grants through June 30, 2023.

These FAQs are intended to provide answers and examples of allowable uses of HEERF Institutional Portion grant funds for supporting students' mental health and substance use disorder needs. These examples are not exhaustive, but they are intended to illustrate a wide range of evidence-based best practices for meeting the growing and diverse mental health needs of today's students. In addition, mental health conditions can be considered disabilities under Federal civil rights laws, including when they substantially limit an individual's ability to

¹ Other than statutory and regulatory requirements included in the document, the contents of this guidance do not have the force and effect of law and are not meant to bind the public. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

² This document contains references to information created and maintained by other public and/or private organizations. Note that this information is provided for information purposes and for the reader's convenience. The U.S. Department of Education does not control or guarantee the accuracy, relevance, timeliness, or completeness of this outside information. Further, references to this external information does not reflect their importance, and their inclusion should not be construed as an endorsement of any kind of the proffered views, products, or services by either the U.S. Department of Education or the Federal government.

³ Melidona, Danielle, et al. American Council on Education, 2021, 2021 Fall Term Pulse Point Survey of College and University Presidents, <https://www.acenet.edu/Documents/Pulse-Point-Survey-Fall2021.pdf>.

meaningfully participate in work or school. These students have a right to reasonable accommodations that help ensure an equal opportunity to participate in higher education.⁴

For additional ideas on how institutions might help meet the mental health needs of students, faculty, and staff please refer to [Basic Needs Guidance, ED COVID-19 Handbook, Volume 3](#), and [Best Practices Clearinghouse](#) and [guidance](#) on accommodations for students with disabilities.

Question 1: Can institutions use HEERF grants to provide mental health services and substance use disorder services and supports for students, faculty, and staff?

Answer: Yes. Institutions can use HEERF grants for mental health services and substance use disorder services and supports for students, faculty, and staff affected by the pandemic, including for students, faculty, and staff who were experiencing struggles prior to the pandemic. Allowable uses of the HEERF grant include initial investments in mental health resources and services that will continue to provide long-term support to students, faculty, and staff after HEERF grant funding expires, as discussed throughout this document.

Question 2: How can HEERF grants be used to strengthen mental health and substance use disorder resources at my institution?

Answer: Generally, grantees have broad flexibility to use HEERF grants to better support mental health and substance use disorder needs as part of assisting students, faculty, and staff through pandemic recovery. The funding can support initial investments in high-impact mental health projects related to the pandemic and also to establish the groundwork for long-term mental health resources. These efforts can mitigate long lasting impacts on the mental health of students, faculty, and staff who experienced the struggle, isolation, and uncertainty caused by the pandemic.

In-person mental health professionals: The pandemic has led to increased demands for mental health professionals. While additional funding is required to maintain long-term services, HEERF grants can be used by institutions in the short-term to hire new counselors, social workers, and other mental health staff to provide support to students, faculty, and staff.

- Example: Montclair State University used HEERF grants to support their University Health Services and Office of Health Promotion including hiring two additional mental health counselors.
- Example: University of California, Riverside used HEERF grants to increase mental health and wellness supports, including 24/7 crisis support, for staff who

⁴ National Council on Disability Report: Mental Health on College Campuses: Investments, Accommodations Needed to Address Student Needs - https://ncd.gov/sites/default/files/NCD_Mental_Health_Report_508_0.pdf.

had to remain on campus during the pandemic or who experienced significant burdens while maintaining the functions of campus.

- Example: Sinclair Community College hired a social worker to provide case management to more than 380 students in Fall 2021 alone.

Telehealth: Telehealth options can also expand access to health professionals to support the mental health of students, faculty, and staff, including in rural areas. These options include therapy provided through an online platform by campus-hired counselors, 24/7 on-call counselors either provided by an external service or campus hires, and text-based counseling support.

- Example: University of Texas at San Antonio provides 24/7 online mental health counseling services to students to ensure they have access to counseling resources, regardless of time of day.
- Example: Lac Courte Oreilles Ojibwe College partners with a mental health platform to allow all students and faculty on-demand, 24/7 access to counselors.

Wellness Activities: Physical activity as well as breathing exercises and other wellness activities can be part of a holistic approach to providing mental health support and stress reduction as part of a broader package of mental health services and supports. These programs extend beyond counseling to also address emotional wellness and teach coping strategies. Other examples of wellness activities may include healthy eating, walking, and stretching.

- Example: Albany State University hosts annual Wellness Days where they offer cooking demonstrations for nutritious foods and exercise classes.

Question 3: How can my institution use HEERF grants to connect students, faculty, and staff to the long-term mental health and substance use care they need?

Answer: The pandemic increased stress and challenges for students, faculty, and staff who may need additional care to recover. Even when care is available, there are often barriers that students, faculty, and staff may face when reaching out for help. HEERF can be used to make care more accessible to the institution's community in support of pandemic-related recovery.

Gatekeeper training/suicide prevention training: These are programs that help the campus community to identify students in need of mental health supports or who may be at risk of suicide to help guide them toward helpful and effective resources. Institutions can use HEERF grants to fund these initiatives to ensure that members from campus activities (e.g., Residence Assistants (RAs), dining staff, professors, and students themselves) are

trained in suicide and crisis intervention. A train-the-trainer model can provide long-term sustainability of these efforts and maximize the number of people trained.

- Example: Davidson-Davie Community College used HEERF grants to provide Mental Health First Aid classes and materials to over 30 faculty and staff so they could improve their mental health literacy, increase their intentions to help, and avoid unintentional outcomes for students with mental disorder and substance use symptoms.
- Example: Denison University trained all “front-line” staff in dining services and facilities staff in gatekeeping approaches and trained over 300 students and over 200 faculty and staff in suicide prevention. Institutions have multiple training program options they may choose from to meet their needs.

Peer Support Programs: Some students feel more comfortable speaking with their peers than with a licensed practitioner. HEERF grants can be used for student training and certification in peer support practices.

- Example: Boston College offers peer support programs with students trained in providing assistance to other students and connecting those at-risk with the counseling center and crisis hotlines.

Call/Text Hotline: HEERF grants can be used to set up a support and crisis phone line staffed by either professionals or trained students. A student staffed hotline built through a train-the-trainer model has the potential to provide a sustainable solution to long-term, peer-led suicide prevention efforts.

- Example: The State University of New York (SUNY) at Albany runs the Middle Earth Peer Assistance Program where students are trained to be hotline assistants. Trained student volunteers staff a hotline for others to call when they are having mental health concerns or need to talk.

Screening, Brief Intervention, and Referral to Treatment (SBIRT): SBIRT trainings are the process of early intervention and treatment to those with substance use disorders and those at risk of developing these disorders. SBIRT assesses the severity of the substance use, provides brief interventions for individuals who report a risky level of use, even if it does not meet the clinical definition of a disorder and supports referral to treatment for those identified as needing treatment for substance use.

- Example: Fairfield University identified services available to assist students who were dealing with substance use problems, and students can request to receive bystander training.

Question 4: How can my institution use HEERF grants to create long-lasting mental health and substance use support for students, faculty, and staff?

Answer: Mental health is a campus-wide issue that can affect all students, faculty, and staff. The responsibility for campus mental health does not just lie with the institution’s counseling center, resources should reach all aspects of campus life to create a culture of care on campus. HEERF grants can be used to provide short-term supports for students as an initial investment, as well as for long-term planning, where these efforts are part of the institution’s response to supporting its community in response to the effects of the pandemic. Examples include, but are not limited to:

Suicide Prevention Coordinating Committee: A suicide prevention coordinating committee is a public health model that tasks a committee with developing a comprehensive suicide prevention, intervention, and postvention effort. The effort typically includes a response protocol for mental health professionals and other campus members to follow when working with students who are experiencing serious thoughts of suicide. An institution can use HEERF grants to establish a coordinating committee that may last past the expiration of HEERF grant awards. Additional suicide prevention resources are available from the [Suicide Prevention Resource Center](#).

- Example: North Carolina Central University created a suicide prevention coordinating committee. The committee has worked to develop on-campus resources and a suicide response plan.

Task force: Although HEERF grants are a one-time infusion of funds, initial investments in high-impact mental health projects can be made now. Ongoing support after initial success with HEERF grants will be provided through philanthropic efforts, local partnerships, or other funding sources. For example, HEERF grants can be used to pay for staff or contractor work to coordinate, plan, or implement services that continue to support student, faculty, and staff mental health throughout the pandemic and beyond. Such uses may include identifying and filling gaps in existing services, conducting needs assessment surveys, coordinating a cross-institution task force to better serve community’s needs, developing a long-term plan to establish a counseling center and training and hiring long-term staff focused on supporting mental health and substance use disorders.

- Example: University System of Georgia created a systemwide task force to develop a comprehensive plan for long-term solutions to address mental health challenges and provide mental health services at their institutions.

Special Interest Populations and Group Resources: Students from underserved or marginalized groups and communities without exposure to those with similar backgrounds may face additional challenges, including exposure to students with similar backgrounds who lack support or connection from those who do not have their

shared lived experiences. Recognizing that students have similar and different life experiences is an important way for students to feel supported. HEERF grants can be used to establish centers open to all students on campus that are designed to support these students, as well as hire and train campus professionals who will assist students and provide long-term support systems for resilience.

- Example: University of Alabama provides centers for students from underserved or marginalized groups and communities, open for all students, including a Safe Zone for LGBTQ+ students, a Collegiate Recovery and Intervention Services Center for students with substance use disorders, and a Women and Gender Resource Center for students who are survivors of violence.

Question 5: Can institutions use HEERF grants to invest in basic needs support?

Answer: Yes. Lack of basic needs is a major contributing factor to poor mental health. Grantees can use HEERF grants to provide for basic needs, such as childcare, food, housing, transportation, and health care, where these have been affected by the COVID-19 pandemic. Greater support services can help underserved students navigate the pandemic. For more guidance, please see the [Basic Needs FAQ](#).

Question 6: How do grantees report using HEERF grants for mental health resources?

Answer: As grantees may already be doing, grantees should report their use of HEERF grants for mental health and substance use disorders in quarterly and annual reports in the appropriate section of the Quarterly Budget and Expenditure Reporting Form, which may be found [here](#). The form's existing budget categories cover an array of possible uses, but if there is no clear section under which to record a particular use of funds, please use the section "Other uses of (a)(1) Institutional Portion funds," and enter information regarding how your institution is helping to meet the mental health and substance use disorders needs of students, faculty, and staff.

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If you need suicide or mental health-related crisis support, or are worried about someone else, please call or text [1-800-273-8255](tel:1-800-273-8255) or visit the [National Suicide Prevention Lifeline's chat](#) to connect with a trained crisis counselor. After July 16, 2022, you may simply dial or text 988.