

AMHCA E-Newsletter: Coronavirus Edition: Number 3 May 28, 2020

In This Issue

[Letter from AMHCA Executive Director and CEO, Joel E. Miller](#)
[Medicare Call to Action](#)
[Coronavirus News](#)

- Researchers Warn of Long-Term Mental Health Impact of Novel Coronavirus Infections
- 76 Members of Congress Send Letter to Leadership Calling on Congress to Include \$38 Billion for Behavioral Health Organizations (BHOs) in Next Stimulus
- FEMA Administrator Approves 30 States for Crisis Counseling Assistance and Training Program to Help Residents Struggling with COVID-Related Anxiety
- Federal Communications Commission Approves COVID-19 Telehealth Program
- New Survey Shows Majority of People Reporting Struggling with Mental Health Due to Covid-19
- Survey of Children in Wuhan, China Show 1 in 5 Children Reporting Depressive Symptoms
- New "Well Being Trust" Report Shows Covid-19 Could Result in 75K Deaths of Despair
- Latest Article: Suicide Risk Might Increase Because Of Stigma Toward Individuals With COVID-19 and Their Families, While Depression, Anxiety, And Post-Traumatic Stress Might Increase Among The General Population
- COLORADO: Mental Health and Financial Security are Two of the Top Concerns among Coloradans during the COVID-19 Pandemic
- NEW YORK: New York Expanding Mental Health Services for Coronavirus Frontline Workers
- Members in the News

Telehealth

- Updates on Licensure Portability

Education

- Telehealth Certification Institute
- AMHCA 2020 Now a Virtual Event

Advocacy

- Call to Action
- AMHCA Letters
- Summaries of Recent Legislation
- Resources for Chapter Leaders

AMHCA Resources

- Latest Shared Resources
- Member Discussion Threads

Letter from AMHCA CEO

Dear AMHCA Members and Friends:

I hope you and your loved ones are all doing well during this difficult time. This communication will be the first of regular updates on how AMHCA is responding to the COVID-19 pandemic on behalf of the members.

I worked for associations during the aftermath of the 9-11 terrorist attacks in 2001, and during the Great Recession period in 2007-09.

Those were incredibly tough times for our country where both crises had significant economic and social impacts on many Americans.

I learned several important lessons on how organizations operate and manage during those periods and how to lead.

The COVID-19 pandemic and the economic and related stresses it is causing – and will likely cause into the future – will emphasize one key element once again: Associations play a key role in the life of their members as they provide stability and solid organizational structures to act and inform internally and externally about the profession's needs and challenges.

Stability means having a long-term vision, transparent structures, and the ability to adjust quickly to new situations. Our business models fit to address the needs of the members and promote their interests. In this context of this terrible coronavirus outbreak, stability and reliability are significant strengths of AMHCA – and for that matter all associations. In times of uncertainty like now, structures and procedures allow us to be normally fully operational. Our virtual operation and the standard operating procedures we have in place have allowed us not to miss a beat during this period. And to prepare for times like this, you need to have the right team in place. We are fortunate to have such a team that is dedicated to addressing the needs of members – the Governing Board, Committees and Staff.

For example, one such structure we have is a strong committee infrastructure in place that can take on the Learning/Credentialing, Clinical, Ethical, Policy, Financial, and Chapter related aspects to provide value to the members and address challenges of the current pandemic, and charting strategic pathways going forward.

The AMHCA Staff is going the extra mile at this critical time to address the needs of the members. Melissa McShepard on providing mental health services and activities and financial acumen, Whitney Meyerhoeffer on providing timely and credible information on COVID-19 through all of our communication platforms, Rebecca Gibson on providing new virtual events and programs on COVID-19 issues and other professional development content, and Gray Otis for coordinating several key projects and work of our committees and special task forces.

For AMHCA It is not just about stability, but reliability.

Reliable information and trust are the ingredients to develop reputation, and allow for the long-term relationships we hope to establish with our members and strategic positioning as a profession and toward policy-makers and other stakeholders.

Those structures form the backbone of AMHCA but are carefully adapted to new situations like the one we find ourselves in today. Those structures provide the necessary continuity, but they also have to adapt to the fact that we live in a world of constant change like the COVID-19 outbreak.

What I also learned from past crises is the need for Adapting Structures.

Adapting structures is more important than ever. That is where our Executive Board can oversee decision-making processes on behalf of the Board in times of crises and where speed of action is of essence.

I am very pleased that we have established several new platforms and forums where our members can find relevant information and exchange views and share content on best practices, tools, methods, and strategies to thrive in today's environment. I appreciate the full scope and advantages of our on-line discussion groups and communities and other communication vehicles. In a way we have set up informal "virtual support teams" "roundtables" and "cross-segment working groups" by the very nature of these platforms that have expertise in specific areas, and can be accessed by all members to provide problem-solving information and experience. These platforms will become even more valuable to exchange information not only on practice and advocacy initiatives, but on societal and economic developments we will need to anticipate over the coming months and years.

The platforms we have established over the last three years have created a strong sense of community. And especially at this time, we will continue to leverage new technologies in the digital meeting environment to bring timely, credible information to our members. Our job – and why we ultimately exist – is to create a strong sense of community, to inform, and to inspire. We will need to build more virtual spaces that are purpose-driven and can replicate aspects on information-sharing, behavioral health marketplace learning, and peer connections.

In order for AMHCA to respond quickly to the current situation and going forward where other unforeseen circumstances will likely occur, we should consider setting up additional ad-hoc working groups and task forces that have the ability to be more nimble, where nimbleness is a virtue and a priority.

To demonstrate that we do care about the health and welfare of our members and in the current mental health counseling profession, we need to show we have the solid structures in place they expect, that we are reliable, and that we are nimble to reassess those structures for programs we offer.

Moreover, estimating and calculating financial and organizational risks for AMHCA and its members will be critically important.

We are here for you and we have the structures in place to address your needs and promote your interests.

On the advocacy front we will work with policymakers and stakeholder groups to make sure to align the clinical mental health counseling profession with the current crisis and on-going threats. It is critically important during this time to pass legislation that will allow clinical mental health counselors to receive recognition under the Medicare program. Otherwise, we will have another crisis on our hands: Less access to care for Medicare beneficiaries with mental health conditions that we have already witnessed over the last 20 years, as we see the number of cases increase due to the pandemic.

Decision-makers will know that CMHCA are on the front-lines at all times as Primary Mental Health Providers. I believe due to this crisis, our overall health care system is going to dramatically change. What will the post COVID-19 environment look like? AMHCA and the clinical mental health counseling profession will be there to help pave the way to a better health care system where mental well-being is a front and center.

I believe this crisis is an opportunity as a moment of service to take AMHCA and the members to new heights – and a foundational goal of associations is to improve society. It is a moment to build long-lasting trust and promote our value proposition and provide extraordinary value to the members.

A Look Ahead Near Term and Beyond -- Being the Go-to-Place

Of course these are uncertain times. Based on research, associations that stay active in the marketplace in bad times and during economic turmoil, are among the first to emerge when the economy improves – based on authorities from the Harvard Business Review, Fortune Magazine, and McGraw Hill Research.

According to experts, now is the time for AMHCA to redouble our efforts with messaging and offerings that support, enhance, and enable our members to meet the challenges that they are facing. It is a time to take advantage of our competitors' disarray or silence by gaining share of mind and share of wallet.

It is the time to tell member prospects how AMHCA and its benefits and products can help them through these tough and uncertain times and help them when everything settles down – and it will. Homebound prospects still need to stay informed and still need education along with opportunities for engagement that AMHCA provides.

It will be incredibly important and essential that membership acquisition, renewal, and reinstatement programs go uninterrupted. In fact, special emphasis will be on ensuring our prospects (and current members) recognize that AMHCA is the go-to-source for information in the field.

And we will not forget to look at our non-dues revenue selling opportunities. We will make an effort to promote non-dues revenue generators such as certification programs, store merchandise, and on-line education offerings. Running "Spring Special" discounts and premiums will help drive traffic to our site.

We will do everything we can to engage prospects so when their budgets allow, they will remember us. We want to be first-in-line when the virus subsides and when things return to normalcy.

We will use this time to continue to look for collaborative opportunities with other professional associations.

We will use this time to make the profession more strategically integrated in the health care system and AMHCA a stronger organization.

We will do everything possible to make AMHCA an essential part of our member's lives during this period and beyond.

Thank you for all you do for AMHCA, and on the front-lines during this critically important time for our nation!

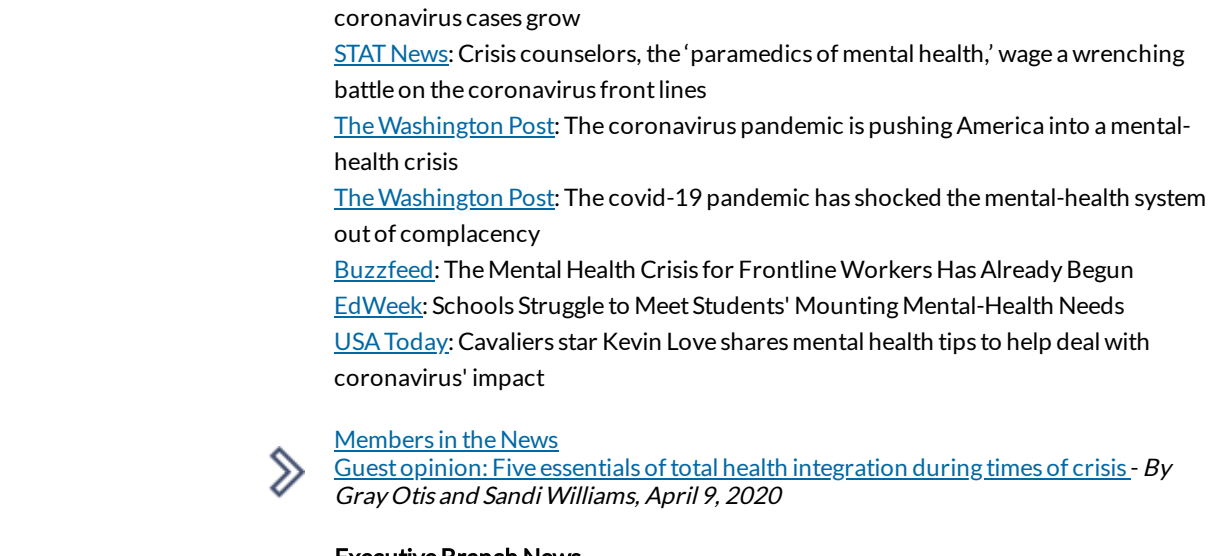
Best,
Joel

Joel E. Miller

Executive Director and CEO

American Mental Health Counselors Association (AMHCA)

Medicare Advocacy Shifts to Senate



May 18, 2020

The House released its fifth COVID-19 relief package on Tuesday and congressional Medicare language was not included. While this is a setback, we still have the opportunity to pass our legislation. At the direction of our congressional champions, AMHCA is now shifting our grassroots advocacy to the Senate. We are urging counselors to take up the charge and contact your Senator to add S. 286 into its COVID-19 package. The Senate timeline is unclear, but they appear on a slower track than the House so there remains time to influence the process.

We will not be included in the Senate COVID legislation if U.S. Senators don't hear from you about the importance of S. 286. We urge you to contact your two Senators and ask them to include our Medicare bill in their stimulus package.

Contact your Senators today! Use the link below to find your Senator with email and phone numbers:

[Find my Senator](#) (top left corner)

Sample message for call or email [please fill in bracketed sections]:

I am a mental health counselor and I am currently under development. This legislation authorizes licensed mental health counselors to provide mental health and addiction services to Medicare beneficiaries. Research shows the COVID-19 pandemic is likely to create a behavioral health crisis and there are not enough mental health professionals to meet the needs of the Medicare population. I urge Senator [] to increase the availability of behavioral health services by including S. 286 in the COVID-19 relief bill. Thank you for your consideration.

Regards,
David Bergman
Principal
Bergman Strategies, LLC

Coronavirus News

Researchers Warn of Long-Term Mental Health Impact of Novel Coronavirus Infections

According to a new analysis short-term mental health symptoms stemming from a coronavirus infection may continue for a long time after hospitalization.

Researchers found that around 30% of patients hospitalized for SARS and MERS, and almost 70% of the most serious and sometimes 100% experienced symptoms of delirium – general mental disturbance and sometimes hallucinations.

Although there isn't yet data on the long-term mental health effects of Covid-19, studies that looked at data from SARS and MERS patients showed that many of the most severely ill patients experienced depression, anxiety, fatigue, and PTSD for months or even years following their hospitalization.

The authors of the study warn that the studies assessing long-term mental health in SARS and MERS patients didn't have high-quality data – including the lack of a control group in some cases.

76 Members of Congress Send Letter to Leadership Calling on Congress to Include \$38 Billion for Behavioral Health Organizations (BHOs) in Next Stimulus

Seventy-six lawmakers from both chambers of Congress are lobbying leadership to include funding for mental health in the next coronavirus stimulus package.

[A letter](#) led by Sen. Elizabeth Warren (D-MA), the lawmakers called for the next coronavirus stimulus to include at least \$38.5 billion for BHOs, which they say are at risk of being shuttered as part of the pandemic's economic fallout.

The lawmakers added that a "significant portion" of the funds should be allocated to BHOs that are "enrolled in Medicaid and provide care to underserved groups, or those who otherwise lack coverage for needed behavioral and mental health care."

The 76 members said BHOs have not been "sufficiently included" in past economic relief packages, which combined for a total of roughly \$3 billion, and noted that mental health services will be even more important as families grapple with the hardships related to the coronavirus.

FEMA Administrator Approves 30 States for Crisis Counseling Assistance and Training Program to Help Residents Struggling with COVID-Related Anxiety

On May 2, the Federal Emergency Management Agency (FEMA) announced approval of 30 states and the District of Columbia for its Crisis Counseling Assistance and Training program. The program helps fund state-provided crisis counseling services to residents struggling with stress and anxiety as a result of the coronavirus (COVID-19) pandemic.

The May 2 approvals were for: Alabama, Arizona, Arkansas, Connecticut, Colorado, Delaware, Georgia, Idaho, Indiana, Iowa, Kansas, Maryland, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Wisconsin and D.C.

FEMA's Crisis Counseling program helps people and communities recover from the effects of natural or man-made disasters through short-term interventions that provide emotional support, crisis counseling, and connection to familial and community support systems. Due to the COVID-19 nationwide emergency and the need to protect the safety and health of all Americans, crisis counseling services will be delivered by phone, internet and social media.

Help is also available to all residents through the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services' Disaster Distress Helpline by calling 1-800-985-5990 or texting TalkWithUs to 66746.

Federal Communications Commission COVID-19 Telehealth Program

The COVID-19 Telehealth Program [provides](#) \$200 million in funding, appropriated by Congress as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, to help health care providers provide connected care services to patients at their homes or mobile locations in response to the novel Coronavirus 2019 disease (COVID-19) pandemic.

The Program will provide immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunication services, information services, crisis counseling, and connection to familial and community support systems. Due to the COVID-19 nationwide emergency and the need to protect the safety and health of all Americans, crisis counseling services will be delivered by phone, internet and social media.

Help is also available to all residents through the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services' Disaster Distress Helpline by calling 1-800-985-5990 or texting TalkWithUs to 66746.

New Survey Shows Majority of People Report Struggling with Mental Health Due to COVID-19

A [small, new survey](#) from finance research and analysis website ValuePenguin finds that more than half of respondents are struggling with their mental health.

Here's more from the nearly 1,200 people surveyed said their mental health is suffering due to the Covid-19 outbreak. This was especially the case with millennial respondents, nearly two-thirds of whom reported struggling with their mental health.

Loneliness: 47% of respondents said they're feeling more lonely than usual. Although half said they spoke to loved ones daily, around 126% of respondents said that video or phone chats exacerbated their feelings of isolation.

Resources: Nearly 60% said they don't know how to access mental health resources from home. More than 20% want to access a virtual therapist, but are unsure if insurance will cover the service.

Survey of Children in Wuhan, China Show 1 in 5 Children Reporting Depressive Symptoms

A [new survey](#) of children who were quarantined in the Chinese province of Hubei – whose capital is Wuhan – finds that more than a fifth of them reported symptoms consistent with depression.

Here's more:

- The findings: Researchers analyzed responses from more than 1,700 children in grades 2-4 in the cities of Wuhan and Huangshi. The children had been subject to home confinement due to the pandemic for at least two months.
- The findings: Almost 23% of students reported depressive symptoms, while nearly 20% reported symptoms of anxiety. Those in Wuhan, the epicenter of the outbreak, were more likely to report these symptoms than children in Huangshi.
- The implications: The lack of outdoor activities and social interactions may have influenced the rates of mental distress reported by the children, and future research will have to consider the long-term mental health effects of restrictive measures, the authors suggest.

New "Well Being Trust" Report Shows Covid-19 Could Result in 75K Deaths of Despair

According to a [new report](#) the negative effects of the Covid-19 pandemic could result in as many as 75,000 "Deaths of despair," or those from suicide or alcohol and other substance abuse.

Unemployment is a risk factor for suicide and substance abuse, and so researchers at the Well Being Trust and the Robert Graham Center looked at projected rates of unemployment for 2020-2029 and combined it with the number of deaths of despair from 2018 as a baseline.

Depending on how steep the unemployment figures could be, the projection for deaths of despair ranged from around 27,000 if the economy recovered quickly to more than 154,000 if the economic downturn lasted for a long time, with 75,000 deaths being the most likely scenario.

To avoid this, policymakers should focus on providing meaningful work to those who are unemployed as a result of Covid-19 – such as by employing them as contact tracers – and should make accessing mental health care easier, the report concludes.

Latest Article: Suicide Risk Might Increase Because Of Stigma Toward Individuals With COVID-19 and Their Families, While Depression, Anxiety, And Post-Traumatic Stress Might Increase Among The General Population

The mental health effects of the coronavirus disease pandemic might be profound and there are suggestions that suicide rates will rise, although this is not inevitable.

Suicide is likely to become a more pressing concern as the pandemic spreads and has longer-term effects on the general population, the economy, and vulnerable groups. Preventing suicide therefore needs urgent consideration.

The response must capitalize on, but extend beyond, general mental health policies and practices.

NEW YORK: New York Expanding Mental Health Services for Coronavirus Frontline Workers

New York is expanding its efforts to provide mental health services to frontline workers amid the coronavirus pandemic.

The services, which will be free of cost, are being offered in conjunction with Kate Spade New York Foundation and includes a 24/7 hotline available to workers.

In addition, Co-pays, deductibles and any other out-of-pocket costs for mental health services for frontline pandemic workers will be waived by state insurance regulators.

COLORADO: Mental Health and Financial Security are Two of the Top Concerns among Coloradans during the COVID-19 Pandemic

Healthier Colorado and The Colorado Health Foundation on Thursday released new results from a statewide survey about the coronavirus outbreak. The survey looks at the concerns, needs, experiences and attitudes of Coloradans as they navigate through this unprecedented time. Nearly half (43%) said they believed the worst was yet to come.

Here are some of the key findings from the survey: A majority of Coloradans say the stress and worry from the coronavirus outbreak has impacted their mental health.

More Coloradans are worried about paying for necessities of daily living like housing, food, utilities and prescription drugs. Coloradans overexaggeratingly feel the government should do more to make health care more affordable, support individuals who cannot afford food and housing, and provide paid sick and family leave.

Most people feel there are significant changes ahead to the way we live, socialize and work, even after the coronavirus outbreak is under control. More than half of those surveyed, about 53%, reported that their mental health has worsened due to stress and anxiety over the pandemic.

Recent Media Articles on COVID-19 and Impact on Mental Health

[The Atlantic](#): The Coming Mental Health Crisis
[The New York Times](#): Coronavirus Lockdown May Spur Surge in Mental Illness, U.N. Warns

[Time Magazine](#): Could COVID-19 Finally Destigmatize Mental Illness?

[CNBC](#): How Covid-19 is impacting the mental health of millennial moms
[Forbes](#): Supporting Youth Mental Health: Let's Seize The Day
[Route Fifty](#): Fear, Isolation, Depression: The Mental Health Fallout of a Worldwide Pandemic

[Realize Health](#): Mental Health and the Post-Covid-19 World

[Los Angeles Times](#): Coronavirus Pandemic Threatens to Deepen Mental Health Crisis
[The Huffington Post](#): The Long-Term Effects Social Distancing May Have on Mental Health

[Business Insider](#): The "loneliest generation" gets lonelier: How millennials are dealing with the anxieties of isolation and the uncertainties of life after quarantine
[Foreign Policy](#): The Next Pandemic Crisis Is Mental Health

[PBS](#): The ominous consequences of COVID-19 for American mental health
[CNN](#): All employees face mental health risks now. Here's how managers can help
[USA Today](#): "Death is our greeter": Doctors, nurses struggle with mental health as coronavirus cases grow

[STAT News](#): Crisis counselors, the "paramedics of mental health," wage a wrenching battle on the coronavirus front lines
[The Washington Post](#): The coronavirus pandemic is pushing America into a mental-health crisis

[The Washington Post](#): The covid-19 pandemic has shocked the mental-health system out of complacency
[Buzzfeed](#): The Mental Health Crisis for Frontline Workers Has Already Begun

[EdWeb](#): Schools Struggle to Meet Students' Mental Health Needs
[USA Today](#): Cavaliers star Kevin Love shares mounting mental health tips to help deal with coronavirus' impact

Members in the News

[Guest opinion: Five essentials of total health integration during times of crisis](#) - By Gray Otis and Sandi Williams, April 9, 2020

Executive Branch News

[Centers for Disease Control Releases Reopening Protocol Guidance](#)

The CDC posted six new one-page toolkits on Thursday that advise [guidance on reopening schools and bars](#), [schools](#), [campus](#), [child care centers](#), and [public transit systems](#) on how to safely reopen during the coronavirus pandemic.

SAHMSA Releases Guidance Document on Combating Racial Disparities

The guidance is titled "Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S."

The report highlights the impacts COVID-19 has had on communities of color and discusses policy proposals to help limit disparity impacts moving forward. You can view the guidance [here](#).

SAHMSA Assistant Secretary McCance-Katz Addresses White House Cabinet Meeting

SAHMSA Asst. Secretary Elise McCance-Katz made an appearance at Tuesday's White House Cabinet meeting, where she argued that in her capacity as a psychiatrist who also happens to hold a PhD in infectious disease epidemiology, she's worried about the shutdown driving economic trauma that boosts addiction and substance use.

Asst. Sec. McCance-Katz also shared comments that she had recently made to governors: "Virus containment cannot be our only goal, no matter the cost to Americans." McCance-Katz said, adding that "I fully agree the reality of the enormous mental health drain we've put on our citizens... I'm saddened but certain that the next major public health crisis of our time will be that of mental and substance use disorders, and it's not far behind."

Senate News

[Senate Passes](#) By Unanimous Consent the National Suicide Hotline Designation Act On Wednesday, [The National Suicide Hotline Designation Act](#) passed the Senate via Unanimous Consent.

The bill would designate "988" as the National Suicide Hotline number and provide other resources to suicide prevention.

The House counterpart legislation was introduced within the HEROES Act, but the Senate legislation will need to be taken up separately in the House to ensure its passage.

Senate HELP Committee Hosts Virtual Hearing on Coronavirus Response On May 12, lawmakers virtually questioned four top federal officials overseeing the Trump administration's coronavirus response.

Appearing with FDA chief Stephen Hahn, CDC Director Robert Redfield, and HHS assistant health secretary Brett Giroir, NIH's Anthony Fauci said that he's worried Dr. Fauci warned that the U.S. COVID-19 deaths – which he surmised 80,000 – are likely undercounted. "Most of us feel that the number of deaths are likely higher than that number."

House News

House Passes Stimulus 4.0 Legislation, HEROES Act, which Includes Mental Health Resources

The House passed the HEROES Act on May 15th, which is the \$3 trillion dollar stimulus package in response to the Covid-19 outbreak.

There are links to more information on the legislation: the text, and section by section summary.

In addition to including \$1 trillion dollars in aid to states and localities for lost revenues the bill included funding and various provisions around mental health care, Substance Abuse and Mental Health Services Administration – \$3 billion to increase mental health support during this challenging time, to support substance abuse treatment, and to offer increased outreach, including:

- o \$15.5 billion for the Substance Abuse Prevention and Treatment Block Grant;
- o \$1 billion for the Community Mental Health Services Block Grant;
- o \$100 million for services to homeless individuals;
- o \$100 million for Project AWARE to identify students and connect them with mental health services;
- o \$10 million for the National Child Traumatic Stress Network;
- o \$265 million for emergency response planning for and address immediate behavioral health needs as a result of COVID-19;
- o \$25 million for the Suicide Hotline and Disaster Distress Helpline; and
- o Not less than \$150 million for tribes, tribal organizations, and rural health care organizations, or health service providers to tribes across a variety of programs.

\$90 billion for a State Fiscal Stabilization Fund for grants to States to support statewide and local funding for elementary and secondary schools and public postsecondary institutions.

This flexible funding can support: providing school-based supports for impacted students, families, and staff, including counseling, mental health services, family engagement efforts, and the coordination of physical health services.

Includes National Suicide Hotline Improvement Act
o Sec. 601. Includes findings related to suicide and mental health crisis counseling and the importance of designating a three-digit code for the National Suicide Prevention Hotline.

o Sec. 602. Universal Telephone Number for National Suicide Prevention and Mental Health Crisis Hotline System: Designates 9-8-8 as the universal dialing code for the National Suicide Prevention Hotline.

o Sec. 603. State Authority Over Fees: Allows states to impose a fee or charge on voice service subscribers' bills for the support or implementation of 9-8-8 services for the support of the National Suicide Prevention Hotline.

o Sec. 604. Location Identification Report: Requires the FCC to evaluate and submit a report to Congress on the feasibility and cost of automatically providing the dispatchable location of calls to 9-8-8.

o Sec. 605. Report on Certain Training Programs: Requires the Assistant Secretary for Mental Health and Substance Use to submit a report to Congress that details a strategy for offering support or providing technical assistance for training programs for National Suicide Prevention Hotline counselors to increase competency in serving LGBTQ youth.

Section 30018. Research on the mental health impact of COVID-19: Directs the NIH's National Institute of Mental Health to support research on the mental health consequences of COVID-19, including the impact on health care providers.

Section 30019. Emergency mental health and substance use training and technical assistance center: Establishes a center to provide substance use training and technical assistance to state health departments, state health care systems, and state mental health and substance use professionals seeking to establish or expand access to mental health and substance use services associated with the COVID-19 public health emergency.

Section 30033. Grants to address