

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: SB 964 **VERSION:** AMENDED JUNE 23, 2022

AUTHOR: WIENER **SPONSOR:** STEINBERG INSTITUTE

PREVIOUS POSITION: SUPPORT

SUBJECT: BEHAVIORAL HEALTH

Overview: This bill takes a number of steps to address the current behavioral health workforce shortage, including the following:

- Tasks the Department of Health Care Access and Information (HCAI) with commissioning consultants from the University of California system to prepare a landscape analysis of the current behavioral health workforce and the state's workforce needs, and also to make recommendations regarding addressing the state's behavioral health workforce shortage.
- Takes steps toward expanding accelerated degree programs in social work at the state's public postsecondary education institutions.
- Establishes the Future of California's Workforce and Surge in Behavioral Health (FOCWS-BH) under HCAI, with a goal of growing the behavioral health workforce by 1/3 while prioritizing low income communities, regions with provider shortages, diversity, and increasing the pipeline of providers.
- Creates the Nonlicensed Behavioral Health Service Provider Education Program under HCAI to provide grants for tuition, test preparation, educational loans, paid internships and other costs for individuals who provide direct patient care in a publicly funded facility or a mental health professional shortage area.
- Establishes two stipend programs under HCAI: one for students pursuing a master's degree in social work focusing on public behavioral health, and one for non-social work students pursuing master's and doctoral degrees in behavioral health fields. Recipients would need to complete 2 years of full time employment with a public behavioral health agency or contracted provider.
- Expands the grants provided under the existing Licensed Behavioral Health Service Provider Education Program, so that grant funds can be used not only to reimburse educational loans, but could also be used to support paid field internships.

- Establishes the Behavioral Health Education Partnership Program under HCAI to strengthen and expand collaborations between HCAI and behavioral health educational institutions.
- Requires the Department of Health Care Services to establish a certifying body and provide for a statewide certification for peer support specialists.

Existing Law:

- 1) Requires clinical social worker licensees and registrants to possess a master's degree from a school of social work accredited by the Commission on Accreditation of the Council on Social Work Education. (Business and Professions Code (BPC) §§4991.2, 4996.2, 4996.18)
- 2) Creates the Licensed Mental Health Service Provider Education Program within the Department of Health Care Access and Information. This program provides grants to certain qualifying licensed mental health service providers who provide direct patient care in a publicly funded facility or a mental health professional shortage area, to reimburse their educational loans. (Health and Safety Code (HSC) §128454)
- 3) Establishes the Peer Support Specialist Certification Program. (Welfare and Institutions Code (WIC) Article 1.4, §§14045.10-14045.21)
- 4) Requires the State Department of Health Care Services (DHCS), by July 1, 2022, to establish statewide requirements for counties, or an agency representing counties, to use in developing certification programs for peer support specialists, including qualifications, curriculum, range of responsibilities, practice guidelines, supervision standards, and a code of ethics. (WIC §14045.13)
- 5) Permits, subject to DHCS approval, a county or its representing agency to develop, oversee, and enforce a peer support specialist certification program in accordance with DHCS requirements. (WIC§14045.14)

This Bill:

- 1) As resources allow, requires California community and state and requests UC colleges, to expand two types of accelerated programs of study related to degrees in social work (Education Code (EC) §66024.3):
 - Advanced master's of social work programs that allow students with a bachelor's in social work received in the last 5 years to waive some or all foundational coursework in order to complete graduate study in 30 units or one year; and

- Associate Degree for Transfer programs between community colleges and CSU/UC schools designed for students seeking pathways into bachelor's of social work programs who have experience as peer support specialists, certified alcohol or drug counselors, community health workers, psychiatric technicians, and other nonlicensed behavioral health professionals.
- 2) Requires the Department of Health Care Access (HCAI) to commission consultants from the University of California to prepare a landscape analysis of the current behavioral health workforce and the state's workforce needs. The report must also make recommendations about how to address the state's behavioral health workforce shortage. A stakeholder group consisting of specified representatives must be convened to participate in the development and drafting of the report. (HSC §127815)
- 3) The report must be submitted to the Legislature by July 1, 2024 and must include the following (HSC §127815):
- An analysis of the public, private, and nonprofit behavioral health labor market including employment status, reimbursement rates by payor type, workforce turnover and exit rates, and impediments to attracting and maintaining a stable and experienced workforce statewide and in each of the state's geographic regions.
 - An analysis that includes both licensed and non-licensed behavioral health workers.
 - A demographic analysis of the workforce, including information on race, ethnicity, sexual orientation, gender identity, age, geographic location, languages spoken, disability status, and lived experience with mental illness or substance use disorder.
 - An analysis of the number, type, and location of behavioral health care workers needed to meet the state's needs, including needs for culturally and linguistically appropriate care and care for specific diagnoses that require specialized training.
 - Recommendations on how to increase the state's behavioral health workforce in the short, medium, and long term to meet demand.
 - An analysis of the educational theories and scope of practice laws for behavioral health workers, and also health plan hiring guidelines and state guidelines and practices for different behavioral health certification and license types. Recommendations made are to ensure that an individual receiving a certification or license is able to practice to their full potential while maintaining a high quality of care regardless of payer type.

- An analysis of license requirements, including out-of-state application requirements and clinical training requirements, for behavioral health professionals. The resulting analysis is to compare this state's license and training requirements to those in other states and make recommendations.
 - Requirements for renewing an expired license. This shall include an individual on extended parental or family leave, extended medical leave, or a retiree. Recommendations may include requiring competency exams, continuing education, or other competency demonstrations.
- 4) Establishes the Future of California's Workforce and Surge in Behavioral Health (FOCWS-BH) to be administered by HCAI. (HSC §127826)
- 5) Establishes the goal of the FOCWS-BH to grow the behavioral health workforce by 1/3 and sets the following priorities (HSC §127826(c)):
- Growing the workforce, providers, and settings to low-income communities.
 - Targeting regions with longstanding provider shortages as high-need areas.
 - Supporting vulnerable communities and new initiatives.
 - Ensuring the behavioral health workforce will be better prepared to serve high-acuity clients and provide community-based services.
 - Ensuring the behavioral health workforce better reflects the diversity of all Californians.
 - Ensuring the growth of the behavioral health workforce includes professionals to treat substance use disorder on parity with mental health professionals.
 - Ensuring robust career pathways feed into the behavioral health system from high school through licensure.
- 6) Includes the following components in the FOCWS-BH, subject to appropriation by the Legislature (HSC §127826(d)):
- Behavioral health diversity workforce initiatives designed to increase culturally congruent care.
 - Behavioral health initiatives focused on increasing the numbers of nonlicensed and licensed providers.
 - Behavioral health workforce initiatives focused on partnerships with educational institutions to expand the workforce pipeline and the number of educational slots.

- 7)** Requires HCAI to enter into contracts with a training entity to provide an evidence-based cultural competency training for licensed and nonlicensed substance use disorder providers and mental health providers pertaining to treatment of individuals who identify as lesbian, gay, bisexual, transgender, queer or questioning, asexual, intersex, or gender nonconforming. The training may include information about the effects of historical and contemporary exclusion and oppression of these communities, and information about communicating more effectively across gender identities. (HSC §127826.1(b))
- 8)** Creates the Nonlicensed Behavioral Health Service Provider Education Program under HCAI intended for registered and certified substance use disorder counselors, certified peer support specialists, and those seeking these certifications. The program would provide grants for tuition, test preparation, certification fees, educational loans, management training, paid internships, and supervision costs for these individuals who provide direct patient care in a publicly funded facility or a mental health professional shortage area. (HSC §127826.2)
- 9)** Creates the FOCWS-BH Preservation and Restoration Fund, to be administered by HCAI. The purpose of the fund is to retain and expand the current licensed, certified, and registered clinical behavioral health workforce serving patients of public sector providers, Medi-Cal plans, and their contractors. Funds may be used to provide hiring/performance based bonuses, salary augmentation, overtime or hazard pay, or benefit enhancements to licensed, certified, or registered professionals working in the behavioral health sector. (HSC §127827)
- 10)** Establishes a stipend program under HCAI for students pursuing a master's degree in social work with a specialized focus on public behavioral health. The program would provide qualifying students with a stipend of \$18,500 for up to two years if they complete 2 years of continuous full-time employment with a public behavioral health agency or a contracted provider. Priority would be given to those working in areas of the state with the most severe shortage of social workers. (HSC §127828)
- 11)** Establishes a grant and stipend program under HCAI for master's students and dual master's and doctoral students pursuing degrees in fields associated with behavioral health, excluding social workers. Recipients would be required to complete 2 years of continuous full-time employment with a public behavioral health agency or a contracted provider. Priority would be given to those working in areas of the state with the most severe shortage of behavioral health care providers. (HSC §127829)
- 12)** Requires HCAI to establish a program for tuition reimbursement and stipends to encourage licensed mental health and medical professionals to complete substance use disorder specific courses focused on care for individuals with

cooccurring mental health conditions and substance use disorders. (HSC §127830)

- 13)** Renames the existing “Licensed Mental Health Service Provider Education Program” the “Licensed Behavioral Health Service Provider Education Program.” (HSC §128454)
- 14)** Expands the grants provided under the Licensed Behavioral Health Service Provider Education Program. Currently, the grants can be used to reimburse educational loans. Under the bill, they could also be used to support paid field internships for pre-licensurees. Funds for paid field internship placement opportunities may be target areas of significant shortages, such as the San Joaquin Valley. (HSC §128454)
- 15)** Establishes the Behavioral Health Education Partnership Program under HCAI to strengthen and expand collaborations between the HCAI and behavioral health educational institutions. It includes the following (HSC §128560):
 - The CalMedForce Program – to fund psychiatry graduate medical education programs.
 - The Addiction Psychiatry and Addiction Medicine Fellowship Program.
 - The Behavioral Health Professional Expansion Program.
 - The PCP Training and Education in Addiction Medicine Program.
 - The Public Behavioral Health Pipeline Program.
 - The Public Behavioral Health Curriculum Program.
 - The Stanislaus and Merced Educational Partnership Program.
- 16)** Specifies that the purpose of the Behavioral Health Professional Expansion Program is to increase the number of licensed behavioral health professionals through grants to college training programs. College programs in areas with the greatest shortage of licensed providers will be prioritized for the grants. (HSC §128560)
- 17)** Specifies that the purpose of the Public Behavioral Health Pipeline Program is to create a public behavioral health pipeline that reflects the diversity of California’s low-income and underserved communities through establishing partnerships between the public behavioral health delivery system, high schools, and community colleges. (HSC §128560)

- 18)** Specifies that the purpose of the Public Behavioral Health Curriculum Program is to fund colleges with high enrollment of students from unrepresentative communities. It seeks to develop a specialized curriculum focused on working in the public behavioral health delivery system and focused on substance use disorders, to prepare professionals to serve justice and system-involved clients. (HSC §128560)
- 19)** Specifies that the purpose of the Stanislaus and Merced Educational Partnership Program is to fund additional master's degrees in social work, marriage and family therapist, and licensed professional clinical counselor program slots at California State University, Stanislaus, and also to form partnerships between Stanislaus and Merced Counties and CSU Stanislaus for internship placement opportunities for these students. (HSC §128560)
- 20)** By July 1, 2023, requires DHCS to establish a certifying body to provide for certification of peer support specialists. (WIC §14045.13)

Comments:

1) Intent of This Bill

According to the author, this bill employs multiple strategies to retain and expand California's struggling mental health workforce. One key to better mental health and addiction care is investing in our mental health workforce. With healthcare workers resigning in droves and mental health needs skyrocketing as a result of the COVID-19 pandemic, the behavioral health workforce shortage is a challenge that will become a crisis. Without essential workers to provide care, people with mild symptoms are falling into severe mental illness. The author states that a revitalized, diversified, and expanded workforce is critical to ensure all Californians get the care they deserve, and this bill prioritizes this revitalization by: establishing funds aimed at preserving our existing workforce, recreating and expanding programs that have proven to be effective in bolstering our behavioral health workforce, and conducting thorough analyses of issues impacting our current workforce. The author concludes that this bill addresses the immediate behavioral health workforce crisis and develops solutions that build a sustainable and equitable behavioral health workforce.

2) Previous Legislation

SB 803 (Chapter 150, Statutes of 2020) requires DHCS to establish statewide requirements for counties to use in developing certification programs for the certification of peer support specialists, by July 1, 2022. The bill authorizes a county, or an agency that represents a county, to develop a peer support specialist certification program and certification fee schedule, both of which would be subject to DHCS approval. The bill requires the department to seek any federal waivers it deems necessary to establish a demonstration or pilot project for the provision of peer support services in a county that agrees to participate in and fund the project.

The demonstration or pilot project shall include peer support specialists as a Medi-Cal provider type.

- 3) **Previous Position.** The Board previously took a “support” position on this bill at its May 6, 2022 meeting. However, significant amendments were made to the bill since that time.

4) **Support and Opposition**

Support

Steinberg Institute (sponsor)
Aspiranet
Board of Behavioral Sciences
CA Association of Alcohol and Drug Executives, INC
CA Council of Community Behavioral Health Agencies
California Alliance of Child and Family Services
California Association of Social Rehabilitation Agencies
California Coalition for Youth
California Consortium of Addiction Programs and Professionals
Central City Association of Los Angeles
County Behavioral Health Directors Association
Los Angeles County
National Alliance on Mental Illness (NAMI-CA)
National Association of Social Workers, California Chapter
Payments4placements at San Diego State University
Seneca Family of Agencies

Oppose

None at this time.

5) **History**

2022

06/23/22 Read second time and amended. Re-referred to Com. on APPR.
06/22/22 From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 12. Noes 0.) (June 21).
06/15/22 From committee: Do pass and re-refer to Com. on HIGHER ED. (Ayes 13. Noes 0.) (June 14). Re-referred to Com. on HIGHER ED.
06/06/22 From committee with author’s amendments. Read second time and amended. Re-referred to Com. on HEALTH.
05/27/22 Referred to Coms. on HEALTH and HIGHER ED.
05/25/22 In Assembly. Read first time. Held at Desk.
05/24/22 Read third time. Passed. (Ayes 37. Noes 0.) Ordered to the Assembly.
05/23/22 Read second time. Ordered to third reading.
05/19/22 Read second time and amended. Ordered to second reading.

05/19/22 From committee: Do pass as amended. (Ayes 6. Noes 0.) (May 19).

05/13/22 Set for hearing May 19.

05/09/22 May 9 hearing: Placed on APPR suspense file.

04/29/22 Set for hearing May 9.

04/27/22 From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0. Page 3539.) (April 27). Re-referred to Com. on APPR.

04/18/22 From committee with author's amendments. Read second time and amended. Re-referred to Com. on ED.

04/08/22 Set for hearing April 27.

04/06/22 April 20 hearing postponed by committee.

04/06/22 Set for hearing April 20.

04/04/22 Read second time and amended. Re-referred to Com. on ED.

03/31/22 From committee: Do pass as amended and re-refer to Com. on ED. (Ayes 11. Noes 0. Page 3273.) (March 30).

03/16/22 Set for hearing March 30.

02/16/22 Referred to Coms. on HEALTH and ED.

02/10/22 From printer.

02/09/22 Article IV Section 8(a) of the Constitution and Joint Rule 55 dispensed with February 7, 2022, suspending the 30 calendar day requirement.

02/09/22 Introduced. Read first time. To Com. on RLS. for assignment. To print.

AMENDED IN ASSEMBLY JUNE 23, 2022

AMENDED IN ASSEMBLY JUNE 6, 2022

AMENDED IN SENATE MAY 19, 2022

AMENDED IN SENATE APRIL 18, 2022

AMENDED IN SENATE APRIL 4, 2022

SENATE BILL

No. 964

Introduced by Senator Wiener

(Principal coauthors: Senators Caballero and Stern)

(Coauthors: Senators Dodd and Rubio)

(Coauthors: Assembly Members Bauer-Kahan, Gipson, Gray, Lackey,
Levine, and Waldron)

February 9, 2022

An act to add Section 66024.3 to the Education Code, to amend Sections 127940 and 128454 of, to add Article 6 (commencing with Section 128560) to Chapter 5 of Part 3 of Division 107 of, to add Chapter 1.6 (commencing with Section 127826) to Part 3 of Division 107 of, and to add and repeal Chapter 1 (commencing with Section 127815) of Part 3 of Division 107 of, the Health and Safety Code, and to amend Sections 14045.12 and 14045.13 of, to repeal Section 14045.14 of, and to repeal and add Sections 14045.18 and 14045.19 of, the Welfare and Institutions Code, relating to behavioral health.

legislative counsel's digest

SB 964, as amended, Wiener. Behavioral health.

(1) Existing law establishes various health professions education programs within the Department of Health Care Access and Information, through which scholarships, loan repayment grants, recruitment or

training services, or other benefits are provided to certain health professionals, including mental health service providers, physicians, registered nurses, and vocational nurses, if they meet specified criteria. Existing law authorizes the department to award competitive grants to expand the supply of certain behavioral health professionals serving children and youth, as specified. Existing law also establishes the Licensed Mental Health Service Provider Education Program within the department, to provide grants to specified licensed behavioral health service providers, as defined, who provide direct care in a publicly funded behavioral health facility or a mental health professional shortage area, for reimbursement of educational loans related to a career as a licensed behavioral health service provider.

This bill would establish the Future of California's Workforce and Surge in Behavioral Health (FOCWS-BH), which would be administered by the department, in collaboration with other departments, as applicable. The bill would set forth specified priorities for the purpose of growing the behavioral health workforce by $\frac{1}{3}$ under the FOCWS-BH, including, but not limited to, growing the public behavioral health workforce, targeting regions with longstanding provider shortages as high-need areas, and ensuring that the behavioral health workforce will be better prepared to serve high-acuity clients and provide community-based services. The bill would require the FOCWS-BH, subject to an appropriation by the Legislature, to include specified initiatives, including, but not limited to, behavioral health diversity workforce initiatives designed to increase culturally congruent care.

The bill would revise the name of the Licensed Mental Health Service Provider Education Program to the Licensed Behavioral Health Service Provider Education Program, and would additionally authorize the department to provide grants to support paid field internships for prelicensees related to a career as a licensed behavioral health service provider. The bill would establish the Nonlicensed Behavioral Health Service Provider Education Program, authorizing the department to provide similar grants to specified nonlicensed behavioral health service workers, as defined, for costs, including, but not limited to, tuition assistance, certification fees, and educational loans related to a career as a nonlicensed behavioral health provider.

The bill would establish the Behavioral Health Education Partnership Program within the department, consisting of 7 targeted programs, to strengthen and expand collaborations between the department and behavioral health educational institutions. *The bill would require the*

department to report to the Legislature annually on the effectiveness of the programs, including the number of applicants, a regional breakdown of applicants, and average award amount.

The bill would require the department to commission consultants from the University of California, as specified, to prepare a report for the Legislature, on or before January 1, 2024, that provides a landscape analysis of the current behavioral health workforce and the state's behavioral health workforce needs, and to make recommendations on how to address the state's behavioral health workforce shortage.

(2) Existing law, the Donahoe Higher Education Act, sets forth the missions and functions of the 3 segments comprising the state's public postsecondary education system. These segments are the University of California, administered by the Regents of the University of California, the California State University, administered by the Trustees of the California State University, and the California Community Colleges, administered by the Board of Governors of the California Community Colleges. Provisions of the act apply to the University of California only to the extent that the regents act, by resolution, to make the provisions applicable.

This bill would amend the act to require the California Community Colleges and the California State University, and to request the University of California, to ~~develop~~ *expand 2* accelerated programs of study related to degrees in social work. The bill would ~~require one program to offer a concurrent bachelor's and master's of social work program that would allow students to combine their last one or 2 years of undergraduate study in social work with their graduate study in social work in order to complete both programs at an accelerated rate. The bill would require the 2nd program to offer an accelerated academic program in which students with~~ *expand one program offering advanced master's of social work programs that would allow students with an accredited bachelor's of social work degree received within the last 5 years to waive some or all of the foundational coursework in order to complete their graduate study in 30 units or one year. The bill would expand the 2nd program designed specifically to recruit and support students seeking pathways into bachelor's of social work programs and who have experience as peer support specialists, registered or certified alcohol or other drug counselors, community health workers, or psychiatric technicians could receive their associate's degree, as well as a bachelor's and master's degree in social work. The bill would require both programs to require a student to take a course on working*

~~with the severely mentally ill, with a focus on working in the public behavioral health system. technicians. The bill would, to the extent allowed by accreditation standards, require all California State University master's of social work programs, and request all University of California master's of social work programs, to require a student with a concentration in behavioral health to complete core competencies on working with the severely mentally ill.~~

(3) Existing law establishes the Department of Health Care Access and Information and authorizes the department, among other things, to award competitive grants to entities and individuals it deems qualified to expand the supply of behavioral health counselors, coaches, peer supports, and other allied health care providers serving children and youth.

This bill would establish the FOCWS-BH Preservation and Restoration Fund as a fund in the State Treasury, to be administered by the department, for the purpose of ~~stabilizing~~ *retaining and expanding* the current licensed, certified, ~~or~~ *and* registered clinical behavioral health workforce. The bill would authorize moneys from the fund to be used, upon appropriation by the Legislature, to provide hiring or performance-based bonuses, salary augmentation, overtime pay, or hazard pay to licensed, certified, or registered professionals working in the behavioral health sector. The bill would require moneys from the fund to go only to entities that execute a Memorandum of Agreement with the department, as specified, and would authorize the department to inspect relevant payroll and personnel records of facilities receiving moneys from the fund to ensure that salary, wage, benefit, and staffing increases have been implemented, as specified. ~~The~~ *In addition to and separate from the fund, the bill would also require the department to establish a stipend program, in addition to and separate from the fund, program* for students pursuing a master's degree in social work with a specialized focus on public behavioral ~~health.~~ *health and to establish a program to provide grants and stipends to master's-level and doctoral-level students seeking degrees in fields associated with behavioral health, excluding social work.* Under the bill, a student *in the stipend program* would be eligible for a stipend of \$18,500 per year for up to 2 calendar years if specified conditions are met. *The bill would require the department to report to the Legislature annually on the effectiveness of both program, including the number of applicants and the average award amount.*

(4) Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including behavioral and mental health services that are rendered by Medi-Cal enrolled providers.

Existing law requires the department, by July 1, 2022, to establish statewide requirements for counties to use in developing certification programs for the certification of peer support specialists, as specified. Existing law authorizes a county, or an agency that represents a county, to develop a peer support specialist certification program and certification fee schedule, both of which are subject to department approval.

This bill would repeal those provisions authorizing a county to develop a peer support specialist certification program and instead would require the department, by July 1, 2023, to provide for a statewide certification for peer support specialists. The bill would require the department to amend the Medicaid state plan to include a certified peer support specialist as a provider type for purposes of the Medi-Cal program and to include peer support specialist services as a distinct service type under the Medi-Cal program. The bill would require Medi-Cal reimbursement for peer support specialist services to be implemented only if, and to the extent that, federal financial participation is available and the department obtains all necessary federal approvals.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 66024.3 is added to the Education Code,
- 2 to read:
- 3 66024.3. (a) ~~The~~ *As resources allow, the California*
- 4 *Community Colleges and the California State University shall,*
- 5 *and the University of California is requested to, ~~develop~~ expand*
- 6 *both of the following accelerated programs of study related to*
- 7 *degrees in social work:*
- 8 (1) ~~A concurrent bachelor's and master's of social work program~~
- 9 ~~that will allow students to combine their last one or two years of~~

1 ~~undergraduate study in social work with their graduate study in~~
2 ~~social work in order to complete both programs at an accelerated~~
3 ~~rate. The program shall require a student to take a course on~~
4 ~~working with the severely mentally ill, with a focus on working~~
5 ~~in the public behavioral health system.~~

6 ~~(2) An accelerated academic program in which students with~~
7 ~~experience as peer support specialists, registered or certified alcohol~~
8 ~~or other drug counselors, community health workers, or psychiatric~~
9 ~~technicians may receive their associate's degree, as well as a~~
10 ~~bachelor's and master's degree in social work. The program shall~~
11 ~~require a student to take a course on working with the severely~~
12 ~~mentally ill, with a focus on working in the public behavioral health~~
13 ~~system. The program shall be designed to be completed by a~~
14 ~~student who is working full-time and may include online, part-time,~~
15 ~~and night class options.~~

16 *(1) Advanced standing master's of social work programs that*
17 *will allow students with an accredited bachelor's of social work*
18 *degree received in the last five years to waive some or all of the*
19 *foundational coursework in order to complete their graduate study*
20 *in 30 units or one year.*

21 *(2) Associate Degree for Transfer programs between the*
22 *California Community Colleges and the California State*
23 *University, and pathway programs between the California*
24 *Community Colleges and the University of California, designed*
25 *specifically to recruit and support students seeking pathways into*
26 *bachelor's of social work programs and who have experience as*
27 *peer support specialists, registered or certified alcohol or drug*
28 *counselors, community health workers, psychiatric technicians,*
29 *and other nonlicensed behavioral health professionals.*

30 *(b) To the extent that accreditation standards by the Council*
31 *on Social Work Education allows, all California State University*
32 *master's of social work programs shall, and all University of*
33 *California master's of social work programs are requested to,*
34 *require a student with a concentration in behavioral health to*
35 *complete core competencies on working with the severely mentally*
36 *ill, with a focus on working in the public behavioral health system.*
37 *Core competencies shall be determined by respective California*
38 *State University or University of California faculty from campus*
39 *social work departments.*

40 ~~(b)~~

1 (c) For purposes of this section, “behavioral health” refers to
2 both mental health and substance use disorder.

3 SEC. 2. Chapter 1 (commencing with Section 127815) is added
4 to Part 3 of Division 107 of the Health and Safety Code, to read:

5
6 **Chapter 1. Behavioral Health Workforce**
7

8 127815. (a) The department shall commission consultants
9 from relevant branches of the University of California to prepare
10 a report providing a landscape analysis of the current behavioral
11 health workforce and the state’s behavioral health workforce needs,
12 and to make recommendations on how to address the state’s
13 behavioral health workforce shortage. The department shall also
14 convene a stakeholder group, including representatives of relevant
15 professional associations as well as labor unions representing both
16 private and public sector behavioral health clinicians, to participate
17 in the development and drafting of the report. The report shall be
18 delivered to the Legislature on or before January 1, 2024, and shall
19 include all of the following:

20 (1) An analysis of the public, private, and nonprofit behavioral
21 health labor market, including, but not limited to, employment
22 status and reliance on independent providers, remuneration levels
23 and reimbursement rates by payor type and relative to other health
24 professions and services, workforce turnover and exit rates, health
25 plan and insurer employment of providers and rate setting for
26 contractors, and market failures and other impediments to attracting
27 and maintaining a stable and experienced workforce statewide, as
28 well as in each of California’s geographic regions.

29 (2) An analysis that includes both licensed and nonlicensed
30 behavioral health workers, including but not limited to,
31 psychiatrists, clinical psychologists, psychologists, licensed
32 marriage and family therapists, licensed professional clinical
33 counselors, licensed clinical social workers, psychiatric mental
34 health clinical nurse specialists, psychiatric technicians, peer
35 support specialists, registered or certified drug counselors, and
36 community health workers.

37 (3) A demographic analysis of the workforce, including
38 information on race, ethnicity, sexual orientation, gender identity,
39 age, geographic location, languages spoken, lived experience with
40 one’s own mental illness or substance use disorder or that of a

1 family member, and disability status. Information regarding health
2 history shall be treated as confidential and shall only be collected
3 on a voluntary basis. Only deidentified and aggregated health
4 information shall be included in the report.

5 (4) An analysis of the number, type, and location of workers
6 needed to meet California's behavioral health care needs, including
7 needs for workers to provide culturally and linguistically
8 appropriate care, and care for specific diagnoses that specialized
9 training is necessary to treat.

10 (5) Short-, medium-, and long-term recommendations on how
11 to increase the state's behavioral health workforce to meet the
12 current and growing demand.

13 (6) An analysis of the educational theories and scope of practice
14 laws for behavioral health workers, as well as health plan hiring
15 and state guidelines and practices for different behavioral health
16 certification and license types. Recommendations shall aim to
17 ensure that an individual receiving a behavioral health certification
18 or license is able to practice up to their full potential while
19 maintaining a high quality of care regardless of payer type.

20 (7) An analysis of license requirements, including out-of-state
21 license application requirements, and clinical training requirements
22 for behavioral health professionals. The analysis shall compare
23 the state's license and training requirements for behavioral health
24 professionals to licensing and training requirements in other states
25 and make recommendations.

26 (8) An analysis of requirements for renewing the license of a
27 behavioral health professional who has an expired license,
28 including, but not limited to, an individual on extended parental,
29 family, or medical leave, or a retiree. Recommendations may
30 include, but are not limited to, requiring competency exams,
31 continuing education requirements, or other competency
32 demonstrations.

33 (b) The report required to be submitted to the Legislature
34 pursuant to this section shall be submitted in compliance with
35 Section 9795 of the Government Code.

36 (c) This chapter shall remain in effect only until January 1, 2028,
37 and as of that date is repealed.

38 SEC. 3. Chapter 1.6 (commencing with Section 127826) is
39 added to Part 3 of Division 107 of the Health and Safety Code, to
40 read:

1 Chapter 1.6. Future of California’s Workforce and
2 Surge in Behavioral Health
3

4 127826. (a) This chapter shall be known as the Future of
5 California’s Workforce and Surge in Behavioral Health
6 (FOCWS-BH).

7 (b) The FOCWS-BH shall be administered by the Department
8 of Health Care Access and Information, in collaboration with other
9 departments, as applicable.

10 (c) The FOCWS-BH seeks to grow the behavioral health
11 workforce by one-third with the following priorities:

12 (1) Growing the public behavioral health workforce, its
13 contracted providers, and other settings where behavioral health
14 services are provided to low-income communities.

15 (2) Targeting regions with longstanding provider shortages as
16 high-need areas.

17 (3) Supporting existing vulnerable communities and new
18 initiatives, including CalAIM, the Children and Youth Behavioral
19 Health Initiative, the 988 mental health and substance use crisis
20 line, and court reforms.

21 (4) Ensuring that the behavioral health workforce will be better
22 prepared to serve high-acuity clients and provide community-based
23 services.

24 (5) Ensuring that the behavioral health workforce better reflects
25 the diversity of all Californians, including cultural, linguistic, race
26 and ethnicity, sexual orientation, gender identity, and other
27 characteristics of historically underserved populations.

28 (6) Ensuring that the growth of the behavioral health workforce
29 includes professionals to treat substance use disorder on parity
30 with mental health professionals.

31 (7) Ensuring that robust career pathways will feed into the
32 behavioral health system, from high school through licensure.
33 These pathways will support underserved communities and provide
34 multiple points of entry and reentry to licensed and nonlicensed
35 positions alike.

36 (d) Subject to an appropriation by the Legislature for this
37 purpose, the FOCWS-BH shall include all of the following
38 components:

1 (1) Behavioral health diversity workforce initiatives designed
2 to increase culturally congruent care, as described in Sections
3 127826.1, 127826.3, and 128560.

4 (2) Behavioral health initiatives focused on increasing the
5 numbers of nonlicensed providers, as described in Sections
6 127826.2, 127826.3, 127826.4, and 127827. Nonlicensed providers
7 comprise a significant percentage of the public behavioral health
8 workforce and already reflect the diversity of Californians with
9 behavioral health needs.

10 (3) Behavioral health initiatives focused on increasing the
11 numbers of licensed providers, as described in Sections 127827,
12 127828, and 127829. California has a historic shortage of
13 psychiatrists as well as physicians with addiction medicine
14 specialties. Entities serving low-income populations, including
15 county behavioral health agencies, identified licensed clinical
16 social workers, licensed marriage and family therapists, and
17 licensed professional clinical counselors are the hardest
18 professionals to both recruit and retain because of existing
19 shortages.

20 (4) Behavioral health workforce initiatives focused on
21 partnerships with educational institutions to establish a workforce
22 pipeline beginning at the high school level and to expand the
23 number of educational slots needed to address existing health
24 professional shortages, as described Section 66024.3 of the
25 Education Code and in Sections 127815 and 127826.

26 (e) For purposes of this chapter, “behavioral health” refers to
27 both mental health and substance use disorder.

28 127826.1. (a) The Legislature finds that the lesbian, gay,
29 bisexual, transgender, queer or questioning, asexual, intersex, or
30 gender nonconforming population is disproportionately
31 experiencing trauma leading to mental health conditions and
32 substance use disorders.

33 (b) (1) The department shall enter into a contract or multiple
34 contracts, if appropriate, with a training entity to provide an
35 evidence-based cultural competency training for licensed and
36 nonlicensed substance use disorder providers and mental health
37 providers, pertinent to the treatment of individuals who identify
38 as lesbian, gay, bisexual, transgender, queer or questioning,
39 asexual, intersex, or gender nonconforming.

1 (2) An evidence-based cultural competency training
2 implemented pursuant to this subdivision may include both of the
3 following:

4 (A) Information about the effects, including, but not limited to,
5 ongoing personal effects, of historical and contemporary exclusion
6 and oppression of transgender, gender nonconforming, or intersex
7 (TGI) communities.

8 (B) Information about communicating more effectively across
9 gender identities, including TGI-inclusive terminology, using
10 people’s correct names and pronouns, even when they are not
11 reflected in records or legal documents, avoiding language, whether
12 verbal or nonverbal, that demeans, ridicules, or condemns TGI
13 individuals, and avoiding making assumptions about gender
14 identity by using gender-neutral language and avoiding language
15 that presumes all individuals are heterosexual, cisgender, gender
16 conforming, or nonintersex.

17 127826.2. (a) As a component of the FOCWS-BH initiative
18 established pursuant to this chapter, and subject to an appropriation
19 from the Legislature, there is hereby created the Nonlicensed
20 Behavioral Health Service Provider Education Program within the
21 Department of Health Care Access and Information.

22 (b) For purposes of this section, “nonlicensed behavioral health
23 service provider” means a registered and certified substance use
24 disorder counselor, certified peer support specialist, and those
25 individuals seeking to become registered and certified.

26 (c) Any nonlicensed behavioral health service provider,
27 including a behavioral health service provider who is employed
28 at a publicly funded behavioral health facility or a public or
29 nonprofit private behavioral health facility that contracts with a
30 county behavioral health entity or facility to provide behavioral
31 health services, who provides direct patient care in a publicly
32 funded facility or a mental health professional shortage area may
33 apply for grants under the program to pay for tuition assistance
34 and test preparation to become certified, certification fees, or their
35 educational loans related to a career as a nonlicensed behavioral
36 health service provider. Grants under the program may also pay
37 for management or supervision training, paid internships, and the
38 costs of supervision to create career pathways for nonlicensed
39 behavioral health providers, including pathways towards licensure
40 as advanced alcohol drug counselors.

1 (d) The department shall adopt all of the following:

2 (1) A standard contractual agreement to be signed by the director
3 and any nonlicensed behavioral health service provider who is
4 serving in a publicly funded facility or a mental health professional
5 shortage area that would require the nonlicensed behavioral health
6 service provider who receives a grant under the program to work
7 in the publicly funded facility or a mental health professional
8 shortage area for at least one year.

9 (2) The maximum allowable total grant amount per individual
10 nonlicensed behavioral health service provider.

11 (3) The maximum allowable annual grant amount per individual
12 nonlicensed behavioral health service provider.

13 (e) The department shall develop the program, which shall
14 comply with all of the following requirements:

15 (1) The total amount of grants under the program per individual
16 nonlicensed behavioral health service provider shall not exceed
17 the amount of educational expenses related to a career as a
18 nonlicensed behavioral health service provider incurred by that
19 provider.

20 (2) A grant may be provided in installments proportionate to
21 the amount of the service obligation that has been completed.

22 (3) The number of persons who may be considered for the
23 program shall be limited by the funds appropriated by the
24 Legislature for this purpose.

25 127826.3. (a) The department, in collaboration with the State
26 Department of Health Care Services, is hereby authorized to award
27 a multiyear grant to a training entity the department deems qualified
28 to provide specialized training for nonnative English speakers to
29 improve behavioral health charting and documentation skills to
30 support participation in the Medi-Cal program while increasing
31 the linguistic capacity of Medi-Cal behavioral health providers.
32 The training shall target registered and certified substance use
33 disorder counselors and certified peer support specialists.

34 (b) The department, in collaboration with the State Department
35 of Health Care Services, shall assess the effectiveness of the
36 training in expanding the capacity to provide Medi-Cal substance
37 use disorder and peer support services to nonnative
38 English-speaking beneficiaries.

39 127826.4. The department is hereby authorized to award grants
40 to support scholarships for training substance use disorder and

1 behavioral health-informed coaches that are national and
2 board-eligible in health and wellness coaching.

3 127827. (a) The FOCWS-BH Preservation and Restoration
4 Fund is hereby established as a fund in the State Treasury, to be
5 administered by the department, for the purpose of retaining and
6 expanding the current licensed, certified, and registered clinical
7 behavioral health workforce serving patients of public sector
8 providers, Medi-Cal plans, and their contractors.

9 (b) Moneys from the fund may be used, upon appropriation by
10 the Legislature, to provide hiring or performance-based bonuses,
11 salary augmentation, overtime pay, hazard pay, or benefit
12 enhancements to licensed, certified, or registered professionals
13 working in the behavioral health sector, as well as to increase
14 staffing of these positions in order to reduce these professional's
15 workloads and expand patients' access to care. Funding shall be
16 prioritized to retain or recruit licensed and nonlicensed staff for
17 facilities and programs at risk of closure due to a shortage of
18 licensed and nonlicensed staff. Grant applicants shall also be
19 prioritized based upon both of the following:

20 (1) The engagement of their incumbent behavioral health
21 clinicians in developing proposed workforce development plans.

22 (2) Proposals that seek other workforce funding sources,
23 leverage multiple funding sources for workforce investments, or
24 provide matching funds.

25 (c) Moneys from the fund shall go only to entities that execute
26 a Memorandum of Agreement with the department affirming that
27 they are in compliance with all applicable state and federal laws
28 or are successfully implementing plans of correction for any
29 violations thereof, setting forth a description of the specific needs
30 to be met with grant funds and the specific plans to meet them,
31 committing to maintain their prior level of expenditures for the
32 provision of behavioral health services, with any grant funds
33 supplementing rather than supplanting these expenditures, and
34 agreeing to submit to an audit by the department or its designee
35 to ensure compliance with these provisions, on pain of clawback.

36 (d) Any finalized audit finding by the department or its designee
37 that a grantee has misspent moneys from the fund shall weigh
38 against consideration of any applications by that grantee for further
39 grants under the provisions of this section.

1 (e) Moneys provided from the fund may not be used for any
2 salary, wage, benefit, or staffing increases that were committed to
3 by an applicant prior to July 1, 2022, nor may they be used for any
4 salaries, wages, benefits, or staffing for which a grantee would
5 have paid without the fund.

6 (f) The baseline from which any salaries, wages, benefits, and
7 staffing levels shall be increased to satisfy commitments made in
8 the Memorandum of Agreement shall be the aggregate salaries,
9 wages, benefits, and staffing levels for the period of July 1, 2021,
10 to June 30, 2022, inclusive, plus any increases in these levels
11 committed prior to July 1, 2022, but scheduled to take effect after
12 that date.

13 (g) The department may inspect relevant payroll and personnel
14 records of facilities receiving moneys from the fund in order to
15 ensure that the salary, wage, benefit, and staffing increases that
16 were committed in the Memorandum of Agreement have been
17 implemented.

18 127828. (a) The department shall establish a stipend program
19 for students pursuing a master's degree in social work with a
20 specialized focus on public behavioral health.

21 (b) Under the program, a student shall be eligible for a stipend
22 of eighteen thousand five hundred dollars (\$18,500) per year for
23 up to two calendar years. A stipend recipient shall be required to
24 complete two calendar years of continuous and satisfactory
25 full-time employment with a public behavioral health agency or
26 a contracted provider. ~~Priority shall be given to students who~~
27 ~~commit to completing the employment requirement in the San~~
28 ~~Joaquin Valley or the Inland Empire until the behavioral health~~
29 ~~provider shortages experienced in these regions are similar to the~~
30 ~~shortages in other regions. The department shall prioritize~~
31 ~~awarding stipends to recipients who work in areas of the state~~
32 ~~with the most severe shortage of social workers.~~

33 (c) (1) *The department shall report to the Legislature annually*
34 *on the effectiveness of the program in this section. The reports*
35 *shall include, but are not limited to:*

- 36 (A) *The number of applicants.*
37 (B) *A regional breakdown of applicants.*
38 (C) *The number of awardees.*
39 (D) *A regional breakdown of awardees.*
40 (E) *The amount of total funding awarded.*

1 (F) *The average award amount.*

2 (G) *The distribution of awards among various settings and*
3 *responsibilities.*

4 (H) *The number of awardees who do not fulfill their service*
5 *obligation and the amount of funds repaid to the state as a result,*
6 *if applicable.*

7 (2) *A report to be submitted pursuant to paragraph (1) shall be*
8 *submitted in compliance with Section 9795 of the Government*
9 *Code.*

10 127829. (a) The department shall establish a program to
11 provide grants and stipends to master's-level and dual master's-
12 and doctoral-level students seeking degrees in fields associated
13 with behavioral health, excluding social workers.

14 (b) A grant or stipend recipient shall be required to complete
15 two calendar years of continuous and satisfactory full-time
16 employment with a public behavioral health agency or a contracted
17 provider. ~~Priority shall be given to students who commit to~~
18 ~~completing the employment requirement in the San Joaquin Valley~~
19 ~~or the Inland Empire until the behavioral health provider shortages~~
20 ~~experienced in these regions are similar to the shortages in other~~
21 ~~regions. The department shall prioritize awarding recipients who~~
22 ~~work in areas of the state with the most severe shortages of~~
23 ~~behavioral health care providers.~~

24 (c) (1) *The department shall report to the Legislature annually*
25 *on the effectiveness of the program in this section. The reports*
26 *shall include, but are not limited to:*

27 (A) *The number of applicants.*

28 (B) *A regional breakdown of applicants.*

29 (C) *The number of awardees.*

30 (D) *A regional breakdown of awardees.*

31 (E) *The amount of total funding awarded.*

32 (F) *The average award amount.*

33 (G) *The distribution of awards among various settings and*
34 *responsibilities.*

35 (H) *The number of awardees who do not fulfill their service*
36 *obligation and the amount of funds repaid to the state as a result,*
37 *if applicable.*

38 (2) *A report to be submitted pursuant to paragraph (1) shall be*
39 *submitted in compliance with Section 9795 of the Government*
40 *Code.*

1 127830. The department shall establish a program for tuition
2 reimbursement and stipends to encourage licensed mental health
3 and medical professionals to complete substance use
4 disorder-specific courses. Courses shall support mental health and
5 medical professionals to care for individuals with cooccurring
6 mental health conditions and substance use disorders.

7 SEC. 4. Section 127940 of the Health and Safety Code is
8 amended to read:

9 127940. (a) In administering the National Health Service Corps
10 State Loan Repayment Program in accordance with Section 254q-1
11 of Title 42 of the United States Code and related federal
12 regulations, the Department of Health Care Access and Information
13 shall strive, whenever feasible, to equitably distribute loan
14 repayment awards between eligible urban and rural program sites,
15 after taking into account the availability of health care services in
16 the communities to be served and the number of individuals to be
17 served in each program site.

18 (b) The department shall set a reasonable deadline for when all
19 applications are required to be received.

20 (c) All eligible applications shall be given consideration before
21 any award is granted.

22 (d) The department shall include all federally qualified health
23 centers located in California in the program's certified eligible site
24 list.

25 (e) As part of a program applicant's initial application, program
26 sites shall agree to provide matching funds.

27 (f) The Legislature may appropriate funds to increase the number
28 of awards granted to eligible behavioral health providers and
29 primary care awardees providing behavioral health services within
30 their scope of practice.

31 SEC. 5. Section 128454 of the Health and Safety Code is
32 amended to read:

33 128454. (a) There is hereby created the Licensed Behavioral
34 Health Service Provider Education Program within the Department
35 of Health Care Access and Information.

36 (b) For purposes of this article, the following definitions shall
37 apply:

38 (1) "Licensed behavioral health service provider" means a
39 psychologist licensed by the Board of Psychology, registered
40 psychologist, postdoctoral psychological assistant, postdoctoral

1 psychology trainee employed in an exempt setting pursuant to
2 Section 2910 of the Business and Professions Code or employed
3 pursuant to a State Department of Health Care Services waiver
4 pursuant to Section 5751.2 of the Welfare and Institutions Code,
5 marriage and family therapist, associate marriage and family
6 therapist, licensed clinical social worker, associate clinical social
7 worker, licensed professional clinical counselor, and associate
8 professional clinical counselor.

9 (2) “Mental health professional shortage area” means an area
10 designated as such by the Health Resources and Services
11 Administration (HRSA) of the United States Department of Health
12 and Human Services.

13 (c) Commencing January 1, 2005, any licensed behavioral health
14 service provider, including a behavioral health service provider
15 who is employed at a publicly funded behavioral health facility or
16 a public or nonprofit private behavioral health facility that contracts
17 with a county behavioral health entity or facility to provide
18 behavioral health services, who provides direct patient care in a
19 publicly funded facility or a mental health professional shortage
20 area may apply for grants under the program to reimburse their
21 educational loans and to support paid field internships for
22 prelicensees related to a career as a licensed behavioral health
23 service provider.

24 (d) The department shall adopt all of the following:

25 (1) A standard contractual agreement for educational loans to
26 be signed by the director and any licensed behavioral health service
27 provider who is serving in a publicly funded facility or a mental
28 health professional shortage area that would require the licensed
29 behavioral health service provider who receives a grant under the
30 program to work in the publicly funded facility or a mental health
31 professional shortage area for at least one year.

32 (2) The maximum allowable total grant amount per individual
33 licensed behavioral health service provider.

34 (3) The maximum allowable annual grant amount per individual
35 licensed behavioral health service provider.

36 (e) The department shall develop the program for educational
37 loans, which shall comply with all of the following requirements:

38 (1) The total amount of grants under the program per individual
39 licensed behavioral health service provider shall not exceed the

1 amount of educational loans related to a career as a licensed
2 behavioral health service provider incurred by that provider.

3 (2) The program shall keep the fees from the different licensed
4 providers separate to ensure that all grants are funded by those
5 fees collected from the corresponding licensed provider groups.

6 (3) A loan forgiveness grant may be provided in installments
7 proportionate to the amount of the service obligation that has been
8 completed.

9 (4) The number of persons who may be considered for the
10 program shall be limited by the funds made available pursuant to
11 Section 128458.

12 (f) (1) The number of persons who may be considered for the
13 paid field internships shall be limited by the funds appropriated
14 by the Legislature for this purpose.

15 (2) Funds may be appropriated by the Legislature for paid field
16 internship placement opportunities targeting areas of significant
17 shortages, such as the San Joaquin Valley.

18 SEC. 6. Article 6 (commencing with Section 128560) is added
19 to Chapter 5 of Part 3 of Division 107 of the Health and Safety
20 Code, to read:

21

22 Article 6. Behavioral Health Education Partnership Program

23

24 128560. (a) As part of the Future of California's Workforce
25 and Surge in Behavioral Health (FOCWS-BH) (Chapter 1.6
26 (commencing with Section 127826)), there is hereby established
27 within the Department of Health Care Access and Information the
28 Behavioral Health Education Partnership Program to strengthen
29 and expand collaborations between the department and behavioral
30 health educational institutions.

31 (b) Subject to an appropriation by the Legislature for this
32 purpose, the following programs shall be established as part of the
33 Behavioral Health Education Partnership Program within the
34 department and operated pursuant to this article:

35 (1) The CalMedForce Program to fund psychiatry graduate
36 medical education programs.

37 (2) The Addiction Psychiatry and Addiction Medicine
38 Fellowship Program.

39 (3) The Behavioral Health Professional Expansion Program.

1 (4) The PCP Training and Education in Addiction Medicine
2 Program.

3 (5) The Public Behavioral Health Pipeline Program.

4 (6) The Public Behavioral Health Curriculum Program.

5 (7) The Stanislaus and Merced Educational Partnership Program.

6 (c) The CalMedForce Program shall establish a competitive
7 grant to fund psychiatry graduate medical education (GME)
8 programs that prioritize serving medically underserved populations
9 and areas.

10 (d) The Addiction Psychiatry and Addiction Medicine
11 Fellowship Program shall fund educational institutions that expand
12 the number of fellowships in addiction psychiatry and addiction
13 medicine. Professionals placed in the expanded fellowships shall
14 commit to a service obligation with the public behavioral health
15 ~~delivery system.~~ *system for a minimum of three years.*

16 (e) The Behavioral Health Professional Expansion Program
17 shall increase the number of licensed behavioral health
18 professionals through grants to university and college training
19 programs. Grants shall require collaboration with the public
20 behavioral health delivery system to facilitate placements.
21 University and college training programs in areas with the greatest
22 shortage of licensed behavioral health providers, such as the Central
23 Valley, shall be prioritized to receive grants.

24 (f) The PCP Training and Education in Addiction Medicine
25 Program shall fund scholarships for a new workforce training
26 program creating a one-year fellowship at the University of
27 California in Irvine.

28 (g) The Public Behavioral Health Pipeline Program shall help
29 create a public behavioral health pipeline that reflects the diversity
30 of California's low-income and underserved communities through
31 establishing partnerships between the public behavioral health
32 delivery system with high schools and community colleges.

33 (h) The Public Behavioral Health Curriculum Program shall
34 fund colleges and universities with high enrollment of students
35 from underrepresented communities to develop a specialized
36 curriculum focused on working in the public behavioral health
37 delivery system, including a focus on substance use disorders. The
38 specialized curriculum shall enhance training and prepare
39 professionals to serve justice and system-involved clients.

1 (i) The Stanislaus and Merced Educational Partnership Program
2 shall fund both of the following:

3 (1) Additional master’s degree in social work, marriage and
4 family therapist, and licensed professional clinical counselor
5 program slots at California State University, Stanislaus.

6 (2) Partnerships between the Counties of Stanislaus and Merced
7 and the California State University, Stanislaus Departments of
8 Social Work, Psychology, and Counselor Educational programs
9 for internship placement opportunities for program students.

10 (j) (1) *The department shall report to the Legislature annually*
11 *on the effectiveness of the programs in this section. The reports*
12 *shall include, but are not limited to:*

- 13 (A) *The number of applicants.*
- 14 (B) *A regional breakdown of applicants.*
- 15 (C) *The number of awardees.*
- 16 (D) *A regional breakdown of awardees.*
- 17 (E) *The amount of total funding awarded.*
- 18 (F) *The average award amount.*
- 19 (G) *The distribution of awards among various settings and*
20 *responsibilities.*

21 (H) *The number of awardees who do not fulfill their service*
22 *obligation and the amount of funds repaid to the state as a result,*
23 *if applicable.*

24 (2) *A report to be submitted pursuant to paragraph (1) shall be*
25 *submitted in compliance with Section 9795 of the Government*
26 *Code.*

27 SEC. 7. Section 14045.12 of the Welfare and Institutions Code
28 is amended to read:

29 14045.12. For purposes of this article, the following definitions
30 apply:

31 (a) “Certification” means the activities related to the verification
32 that an individual has met all of the requirements under this article
33 and that the individual may provide peer support specialist services
34 pursuant to this article.

35 (b) “Certified” means all federal and state requirements have
36 been satisfied by an individual who is seeking designation under
37 this article, including completion of curriculum and training
38 requirements, testing, and agreement to uphold and abide by the
39 code of ethics.

1 (c) “Code of ethics” means the standards to which a peer support
2 specialist is required to adhere.

3 (d) “Core competencies” means the foundational and essential
4 knowledge, skills, and abilities required for peer specialists.

5 (e) “Cultural competence” means a set of congruent behaviors,
6 attitudes, and policies that come together in a system or agency
7 that enables that system or agency to work effectively in
8 cross-cultural situations. A culturally competent system of care
9 acknowledges and incorporates, at all levels, the importance of
10 language and culture, intersecting identities, assessment of
11 cross-cultural relations, knowledge and acceptance of dynamics
12 of cultural differences, expansion of cultural knowledge, and
13 adaptation of services to meet culturally unique needs to provide
14 services in a culturally competent manner.

15 (f) “Department” means the State Department of Health Care
16 Services.

17 (g) “Peer support specialist” means an individual who is 18
18 years of age or older, who has self-identified as having lived
19 experience with the process of recovery from mental illness,
20 substance use disorder, or both, either as a consumer of these
21 services or as the parent or family member of the consumer, and
22 who has been granted certification as a peer support specialist
23 pursuant to this article.

24 (h) “Peer support specialist services” means culturally competent
25 services that promote engagement, socialization, recovery,
26 self-sufficiency, self-advocacy, development of natural supports,
27 and identification of strengths. Peer support specialist services
28 include, but are not limited to, prevention services, support,
29 coaching, facilitation, or education that is individualized and is
30 conducted by a certified peer support specialist.

31 (i) “Recovery” means a process of change through which an
32 individual improves their health and wellness, lives a self-directed
33 life, and strives to reach their full potential. This process of change
34 recognizes cultural diversity and inclusion, and honors the different
35 routes to resilience and recovery based on the individual and their
36 cultural community.

37 SEC. 8. Section 14045.13 of the Welfare and Institutions Code
38 is amended to read:

39 14045.13. By July 1, 2023, the department shall do all of the
40 following:

1 (a) Establish a certifying body, either through contract or through
2 an interagency agreement, to provide for the certification activities
3 described in this article.

4 (b) Provide for a statewide certification for peer support
5 specialists, as contained in federal guidance in State Medicaid
6 Director Letter No. 07-011, issued by the federal Centers for
7 Medicare and Medicaid Services on August 15, 2007.

8 (c) Define the qualifications, range of responsibilities, practice
9 guidelines, and supervision standards for peer support specialists.
10 The department may utilize best practice materials published by
11 the federal Substance Abuse and Mental Health Services
12 Administration, the United States Department of Veterans Affairs,
13 and related notable experts in the field as a basis for development
14 of these definitions.

15 (d) Determine curriculum and core competencies required for
16 certification of an individual as a peer support specialist, including
17 curriculum that may be offered in areas of specialization, including,
18 but not limited to, transition-age youth, veterans, gender identity,
19 sexual orientation, and any other areas of specialization identified
20 by the department. Core-competencies-based curriculum shall
21 include, at a minimum, training related to all of the following
22 elements:

- 23 (1) The concepts of hope, recovery, and wellness.
- 24 (2) The role of advocacy.
- 25 (3) The role of consumers and family members.
- 26 (4) Psychiatric rehabilitation skills and service delivery, and
27 addiction recovery principles, including defined practices.
- 28 (5) Cultural competence training.
- 29 (6) Trauma-informed care.
- 30 (7) Group facilitation skills.
- 31 (8) Self-awareness and self-care.
- 32 (9) Cooccurring disorders of mental health and substance use.
- 33 (10) Conflict resolution.
- 34 (11) Professional boundaries and ethics.
- 35 (12) Preparation for employment opportunities, including study
36 and test-taking skills, application and résumé preparation,
37 interviewing, and other potential requirements for employment.
- 38 (13) Safety and crisis planning.
- 39 (14) Navigation of, and referral to, other services.
- 40 (15) Documentation skills and standards.

1 (16) Confidentiality.

2 (e) Specify peer support specialist employment training
3 requirements, including core-competencies-based training and
4 specialized training necessary to become certified under this article,
5 and require training to include people with lived experience as
6 consumers and family members.

7 (f) Establish a code of ethics.

8 (g) Determine continuing education requirements for biennial
9 certification renewal.

10 (h) Determine the process for initial certification issuance and
11 biennial certification renewal.

12 (i) Determine a process for investigation of complaints and
13 corrective action, including suspension and revocation of
14 certification and appeals.

15 (j) Determine a process for an individual employed as a peer
16 support specialist on January 1, 2023, to obtain certification under
17 this article.

18 (k) Determine requirements for peer support specialist
19 certification for peer support specialists from out of state.

20 (l) Seek any federal approvals, related to the statewide
21 certification standards, that it deems necessary to implement this
22 article. For any federal approvals that the department deems
23 necessary related to the statewide certification standards, this article
24 shall be implemented only if and to the extent that the department
25 obtains those federal approvals.

26 SEC. 9. Section 14045.14 of the Welfare and Institutions Code
27 is repealed.

28 SEC. 10. Section 14045.18 of the Welfare and Institutions
29 Code is repealed.

30 SEC. 11. Section 14045.18 is added to the Welfare and
31 Institutions Code, to read:

32 14045.18. (a) The department shall amend its Medicaid state
33 plan to do both of the following:

34 (1) Include a peer support specialist certified pursuant to this
35 article as a provider type for purposes of this chapter.

36 (2) Include peer support specialist services as a distinct service
37 type for purposes of this chapter, which may be provided to eligible
38 Medi-Cal beneficiaries who are enrolled in either a Medi-Cal
39 managed care plan or a mental health plan.

1 (b) The department may seek any federal waivers or other state
2 plan amendments as necessary to implement the certification
3 program provided for under this article.

4 SEC. 12. Section 14045.19 of the Welfare and Institutions
5 Code is repealed.

6 SEC. 13. Section 14045.19 is added to the Welfare and
7 Institutions Code, to read:

8 14045.19. Medi-Cal reimbursement for peer support specialist
9 services shall be implemented only if, and to the extent that, federal
10 financial participation under Title XIX of the federal Social
11 Security Act (42 U.S.C. Sec. 1396 et seq.) is available and all
12 necessary federal approvals have been obtained.