07/21/22 03:09 PM RN 22 17650 PAGE 1 Substantive

AMENDMENTS TO SENATE BILL NO. 964 AS AMENDED IN ASSEMBLY JUNE 23, 2022

Amendment 1

In the title, in line 1, strike out "to add Section 66024.3 to the Education Code, to amend", strike out lines 2 to 4, inclusive, and in line 5, strike out "107 of, and"

Amendment 2 In the title, in line 6, strike out "of," and insert:

of

Amendment 3

In the title, in line 6, strike out the second "and", strike out lines 7 and 8 and in line 9, strike out "Welfare and Institutions Code,"

Amendment 4

On page 5, strike out lines 1 to 7, inclusive, and strike out page 6, on page 7, strike out lines 1 and 2, in line 3, strike out "SEC. 2." and insert:

SECTION 1.

Amendment 5

On page 7, in line 9, strike out "from relevant branches of the University of California"

Amendment 6

On page 8, strike out lines 38 to 40, inclusive, and strike out pages 9 to 24, inclusive



PROPOSED AMENDMENTS TO SENATE BILL NO. 964 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

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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, 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.

Amendment 1

Amendments 2 & 3

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(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.

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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.

Existing law establishes various health professions development programs, within the Department of Health Care Access and Information, for the promotion of education and training of health professionals to address workforce shortage and distribution needs.

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 expand 2 accelerated programs of study related to degrees in social work. The bill would 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. The bill would, to the extent



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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 retaining and expanding the current licensed, certified, and registered elinical 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. In addition to and separate from the fund, the bill would also require the department to establish a stipend program for students pursuing a master's degree in social work with a specialized focus on public behavioral 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

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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 eertification 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:

Page 5	1	SECTION 1. Section 66024.3 is added to the Education Code,	Amendment 4
U	2	to read:	
	3	66024.3. (a) As resources allow, the California Community	
	4	Colleges and the California State University shall, and the	
	5	University of California is requested to, expand both of the	
	6	following accelerated programs of study related to degrees in social	
	7	work:	
Page 6	16	(1) Advanced standing master's of social work programs that	
C	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.	
		-	

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Page 6	21	(2) Associate Degree for Transfer programs between the	I SUBSIA
rage 0	$\frac{21}{22}$	California Community Colleges and the California State University,	
	22	and pathway programs between the California Community Colleges	
	23 24	and the University of California, designed specifically to recruit	
	25	and support students seeking pathways into bachelor's of social	
	26	work programs and who have experience as peer support	
	20 27	specialists, registered or certified alcohol or drug counselors,	
	$\frac{27}{28}$	community health workers, psychiatric technicians, and other	
	29	nonlicensed behavioral health professionals.	
	30	(b) To the extent that accreditation standards by the Council on	
	31	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.	
Page 7	1	(c) For purposes of this section, "behavioral health" refers to	
	2	both mental health and substance use disorder.	
	3	SEC. 2.	
	+	SECTION 1. Chapter 1 (commencing with Section 127815) is	
	4	added to Part 3 of Division 107 of the Health and Safety Code, to	
	5	read:	
	6		
	+	Chapter 1. Behavioral Health Workforce	
	+		
	8	127815. (a) The department shall commission consultants	
	9	from relevant branches of the University of California to prepare	Amendment 5
	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 14	behavioral health workforce shortage. The department shall also	
	14	convene a stakeholder group, including representatives of relevant 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	
	10	derivered to the Degislature on or before January 1, 2024, and shall	

19 include all of the following:

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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 professions and services, workforce turnover and exit rates, health 24 25 plan and insurer employment of providers and rate setting for contractors, and market failures and other impediments to attracting 26 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 family member, and disability status. Information regarding health 1 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.

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

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Page 7

07/21/22 03:08 PM **SB 964** <u>-8</u>_ SUBSTANTIVE Page 8 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 professionals to licensing and training requirements in other states 24 and make recommendations. 25 (8) An analysis of requirements for renewing the license of a 26 27 behavioral health professional who has an expired license, including, but not limited to, an individual on extended parental, 28 family, or medical leave, or a retiree. Recommendations may 29 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. (c) This chapter shall remain in effect only until January 1, 2028, 36 and as of that date is repealed. 37 38 SEC. 3. Chapter 1.6 (commencing with Section 127826) is Amendment 6 39 added to Part 3 of Division 107 of the Health and Safety Code, to 40 read: Page 9 1 CHAPTER 1.6. FUTURE OF CALIFORNIA'S WORKFORCE AND +SURGE IN BEHAVIORAL HEALTH 2 +4 127826. (a) This chapter shall be known as the Future of California's Workforce and Surge in Behavioral Health 5 (FOCWS-BH). 6 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 workforce by one-third with the following priorities: 11 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 high-need areas. 16

(3) Supporting existing vulnerable communities and new initiatives, including CalAIM, the Children and Youth Behavioral

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		<u>-9</u> SB 964	4
Page 9	19	Health Initiative, the 988 mental health and substance use crisi	5
U	20	line, and court reforms.	
	21	(4) Ensuring that the behavioral health workforce will be bette	Ŧ
	22	prepared to serve high-acuity clients and provide community-base	
	23	services.	
	24	(5) Ensuring that the behavioral health workforce better reflect	5
	25	the diversity of all Californians, including cultural, linguistic, rac	
	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 workfore	e
	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 th	e
	32	behavioral health system, from high school through licensure	
	33	These pathways will support underserved communities and provid	
	34	multiple points of entry and reentry to licensed and nonlicensed	
	35	positions alike.	
	36	(d) Subject to an appropriation by the Legislature for thi	s
	37	purpose, the FOCWS-BH shall include all of the followin	
	38	components:	-
Page 10	1	(1) Behavioral health diversity workforce initiatives designed	d
	2	to increase culturally congruent care, as described in Section	S
	3	127826.1, 127826.3, and 128560.	
	4	(2) Behavioral health initiatives focused on increasing th	e
	5	numbers of nonlicensed providers, as described in Section	5
	6	127826.2, 127826.3, 127826.4, and 127827. Nonlicensed provider	S
	7	comprise a significant percentage of the public behavioral health	n
	8	workforce and already reflect the diversity of Californians with	f
	9	behavioral health needs.	
	10	(3) Behavioral health initiatives focused on increasing th	e
	11	numbers of licensed providers, as described in Sections 127827	
	12	127828, and 127829. California has a historic shortage o	f
	13	psychiatrists as well as physicians with addiction medicin	
	14	specialties. Entities serving low-income populations, including	
	15	county behavioral health agencies, identified licensed clinica	
	16	social workers, licensed marriage and family therapists, an	
	17	licensed professional clinical counselors are the hardes	
	18	professionals to both recruit and retain because of existing	g
	19	shortages.	

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- Page 10 20 (4) Behavioral health workforce initiatives focused on
 - partnerships with educational institutions to establish a workforce 21 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.
 - (c) For purposes of this chapter, "behavioral health" refers to 26 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
 - experiencing trauma leading to mental health conditions and 31
 - 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.

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- 1 (2) An evidence-based cultural competency training implemented pursuant to this subdivision may include both of the 2 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
- reflected in records or legal documents, avoiding language, whether 11
- 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
- that presumes all individuals are heterosexual, eisgender, gender 15
- 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

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Page 1120Behavioral Health Service Provider Education Program within the
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

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.

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(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.

(c) The department shall develop the program, which shall
 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.

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$\mathbf{P}_{0,\alpha,\alpha}$ 12	20	(2) A grant may be provided in installments propertionate to
Page 12	20	(2) A grant may be provided in installments proportionate to 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
	23	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
Page 13	1	behavioral health-informed coaches that are national and
U	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 elinical
	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:

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Page 13 20 (1) The engagement of their incumbent behavioral health 21 elinicians 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. Page 14 1 (e) Moneys provided from the fund may not be used for any salary, wage, benefit, or staffing increases that were committed to 2 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 committed prior to July 1, 2022, but scheduled to take effect after 11 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 ensure that the salary, wage, benefit, and staffing increases that 15 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.

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- Page 1421(b) Under the program, a student shall be eligible for a stipend
 - of eighteen thousand five hundred dollars (\$18,500) per year for
 up to two calendar years. A stipend recipient shall be required to
 - 23 up to two calendar years. A superior recipient shart be required to 24 complete two calendar years of continuous and satisfactory
 - 24 complete two calendar years of continuous and satisfactory 25 full-time employment with a public behavioral health agency or
 - 26 a contracted provider. The department shall prioritize awarding
 - 30 stipends to recipients who work in areas of the state with the most
 - 31 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 awardces.
 - 39 (D) A regional breakdown of awardees.
 - 40 (E) The amount of total funding awarded.
- Page 15 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. 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
 - on the effectiveness of the program in this section. The reports
 shall include, but are not limited to:
 - 27 (A) The number of applicants.
 - 28 (B) A regional breakdown of applicants.

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Page 15 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. (H) The number of awardees who do not fulfill their service 35 obligation and the amount of funds repaid to the state as a result, 36 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. Page 16 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 mental health conditions and substance use disorders. 6 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 State Loan Repayment Program in accordance with Section 254q-1 10 of Title 42 of the United States Code and related federal 11 12 regulations, the Department of Health Care Access and Information 13 shall strive, whenever feasible, to equitably distribute loan repayment awards between eligible urban and rural program sites, 14 15 after taking into account the availability of health care services in the communities to be served and the number of individuals to be 16 17 served in each program site. 18 (b) The department shall set a reasonable deadline for when all applications are required to be received. 19 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 eenters located in California in the program's certified eligible site 23 24 list. 25 (c) 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

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Page 16	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
Page 17	1	psychology traince 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 elinical social worker, associate elinical 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

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Page 17 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 (c) 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
 Page 18 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

paid field internships shall be limited by the funds appropriated
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

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

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Page 18	29	and expand collaborations between the department and behavioral
U	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.
Page 19	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 for a minimum of three years.
	16	(c) 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

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Page 19 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.
- (i) The Stanislaus and Merced Educational Partnership Program
 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 awardces.
 - 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:
 - 14045.12. For purposes of this article, the following definitions
 apply:

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Page 20	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.
Page 21	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	(c) "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	eross-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	eross-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.
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Page 21 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:

Page 22

(a) Establish a certifying body, either through contract or through
 an interagency agreement, to provide for the certification activities
 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,
- and related notable experts in the field as a basis for development
 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
- include, at a minimum, training related to all of the following
 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.

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PROPOSED AMENDMENTS

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- Page 22 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.
- Page 23 1 (16) Confidentiality.

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- (c) 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.
- (h) Determine the process for initial certification issuance and
 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 (i) Determine a process for an individual em
- (j) Determine a process for an individual employed as a peer
 support specialist on January 1, 2023, to obtain certification under
- 17 this article.
- (k) Determine requirements for peer support specialist
 certification for peer support specialists from out of state.
- 20 (1) 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.
- SEC. 9. Section 14045.14 of the Welfare and Institutions Code
 is repealed.
- 28 SEC. 10. Section 14045.18 of the Welfare and Institutions
- 29 Code is repealed.

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PROPOSED AMENDMENTS

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- Page 2330SEC. 11.Section14045.18is added to the Welfare and31Institutions 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.
- Page 24 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.

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