

Date of Hearing: June 21, 2022

ASSEMBLY COMMITTEE ON HIGHER EDUCATION

Jose Medina, Chair

SB 964 (Wiener) – As Amended June 6, 2022

SENATE VOTE: 37-0

SUBJECT: Behavioral health

SUMMARY: Requires the California Community Colleges (CCC) and California State University (CSU), and requests the University of California (UC), to develop accelerated study programs for social work programs. Requires the Department of Health Care Access and Information (HCAI) to commission a report providing a landscape analysis of the current behavioral health workforce and the state’s behavioral health workforce needs, to convene a stakeholder group, and to make recommendations on how to address the state’s behavioral health workforce shortage. Establishes the Future of California’s Workforce and Surge in Behavioral Health (FOCWS-BS) within HCAI to expand and retain the behavioral health workforce and administer numerous new stipend, grant, and tuition reimbursement programs. Deletes the authority for counties to establish a county and federally funded Medi-Cal peer support specialist benefit through county mental health plans (MHPs) as a demonstration or pilot project, and instead requires the Department of Health Care Services (DHCS) to include peer support specialist services as a distinct service type which may be provided to eligible Medi-Cal beneficiaries who are enrolled in either a Medi-Cal managed care (MCMC) plan or a MHP. Specifically, **this bill:**

- 1) Requires the CCC and the CSU, and requests the UC to develop both of the following accelerated programs of study related to degrees in social work:
 - a) A concurrent bachelor’s and master’s of social work program that will allow students to combine their last one or two years of undergraduate study in social work with their graduate study in social work in order to complete both programs at an accelerated rate. Requires the program 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; and,
 - b) An accelerated academic program in which students with experience as peer support specialists, registered or certified alcohol or other drug counselors, community health workers, or psychiatric technicians may receive their associate’s degree, bachelor’s and master’s degree in social work. Requires the program 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. Requires the program to be designed to be completed by a student who is working full-time and may include online, part-time, and night class options.
- 2) States that, for purposes of 1) above, “behavioral health” refers to both mental health (MH) and substance use disorders (SUD).

Health and Safety Code & Welfare and Institutions Code provisions previously analyzed by the Assembly Committee on Health

Behavioral Health Workforce

- 3) Requires HCAI to commission consultants from the UC to prepare a report providing 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. Requires HCAI to convene a stakeholder group, including representatives of relevant professional associations as well as labor unions representing both private and public sector behavioral health clinicians, to participate in the development and drafting of the report. Requires the report to be delivered to the Legislature on or before January 1, 2024, and to include all of the following:
 - a) An analysis of the public, private, and nonprofit behavioral health labor market, including, but not limited to, employment status and reliance on independent providers, remuneration levels and reimbursement rates by payor type and relative to other health professions and services, workforce turnover and exit rates, health plan and insurer employment of providers and rate setting for contractors, and market failures and other impediments to attracting and maintaining a stable and experienced workforce statewide, as well as in each of California's geographic regions;
 - b) An analysis that includes both licensed and nonlicensed behavioral health workers, including but not limited to, psychiatrists, clinical psychologists, psychologists, licensed marriage and family therapists, licensed professional clinical counselors, licensed clinical social workers, psychiatric mental health clinical nurse specialists, psychiatric technicians, peer support specialists, registered or certified drug counselors, and community health workers;
 - c) A demographic analysis of the workforce, including information on race, ethnicity, sexual orientation, gender identity, age, geographic location, languages spoken, lived experience with one's own mental illness or SUD or that of a family member, and disability status. Requires information regarding health history to be treated as confidential and only be collected on a voluntary basis. Requires only de-identified and aggregated health information to be included in the report;
 - d) An analysis of the number, type, and location of workers needed to meet California's behavioral health care needs, including needs for workers to provide culturally and linguistically appropriate care, and care for specific diagnoses that specialized training is necessary to treat;
 - e) Short-, medium-, and long-term recommendations on how to increase the state's behavioral health workforce to meet the current and growing demand;
 - f) 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. Requires recommendations to 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;

- g) An analysis of license requirements, including out-of-state license application requirements, and clinical training requirements for behavioral health professionals. Requires the analysis to compare the state's license and training requirements for behavioral health professionals to licensing and training requirements in other states and make recommendations; and,
 - h) An analysis of requirements for renewing the license of a behavioral health professional who has an expired license, including, but not limited to, an individual on extended parental, family, or medical leave, or a retiree. Authorizes the recommendations to include, but not be limited to, requiring competency exams, continuing education requirements, or other competency demonstrations.
- 4) Makes the requirements in 3) above effective only until January 1, 2028, and as of that date, repealed.

Future of California's Workforce and Surge in Behavioral Health (FOCWS-BH)

- 5) Establishes the FOCWS-BH within HCAI, in collaboration with other state departments, as applicable and states that the FOCWS-BH seeks to grow the behavioral health workforce by one-third with the following priorities:
- a) Growing the public behavioral health workforce, its contracted providers, and other settings where behavioral health services are provided to low-income communities;
 - b) Targeting regions with longstanding provider shortages as high-need areas;
 - c) Supporting existing vulnerable communities and new initiatives, including CalAIM, the Children and Youth Behavioral Health Initiative, the 988 mental health and substance use crisis line, and court reforms;
 - d) Ensuring that the behavioral health workforce will be better prepared to serve high-acuity clients and provide community-based services;
 - e) Ensuring that the behavioral health workforce better reflects the diversity of all Californians, including cultural, linguistic, race and ethnicity, sexual orientation, gender identity, and other characteristics of historically underserved populations;
 - f) Ensuring that the growth of the behavioral health workforce includes professionals to treat SUD on parity with mental health (MH) professionals; and,
 - g) Ensuring that robust career pathways will feed into the behavioral health system, from high school through licensure, and that these pathways will support underserved communities and provide multiple points of entry and reentry to licensed and nonlicensed positions alike.
- 6) Requires, subject to an appropriation by the Legislature for this purpose, the FOCWS-BH to include all of the following components:

- a) Behavioral health diversity workforce initiatives designed to increase culturally congruent care as specified;
 - b) Behavioral health initiatives focused on increasing the numbers of nonlicensed providers;
 - c) Behavioral health initiatives focused on increasing the numbers of licensed providers, as specified. States that California has a historic shortage of psychiatrists as well as physicians with addiction medicine specialties, and that entities serving low-income populations, including county behavioral health agencies, identified licensed clinical social workers, licensed marriage and family therapists, and licensed professional clinical counselors are the hardest professionals to both recruit and retain because of existing shortages; and,
 - d) Behavioral health workforce initiatives focused on partnerships with educational institutions to establish a workforce pipeline beginning at the high school level and to expand the number of educational slots needed to address existing health professional shortages, as described 1) above.
- 7) Defines, for purposes of this bill, “behavioral health” as referring to both MH and SUD.
 - 8) Finds that the lesbian, gay, bisexual, transgender, queer or questioning, asexual, intersex, or gender nonconforming population is disproportionately experiencing trauma leading to MH conditions and SUDs.
 - 9) Requires HCAI to enter into a contract or multiple contracts, if appropriate, with a training entity to provide an evidence-based cultural competency training for licensed and nonlicensed SUD providers and MH providers, pertinent to the treatment of individuals who identify as lesbian, gay, bisexual, transgender, queer or questioning, asexual, intersex, or gender nonconforming.
 - 10) Authorizes an evidence-based cultural competency training implemented pursuant to 9) above, to include both of the following:
 - a) Information about the effects, including, but not limited to, ongoing personal effects, of historical and contemporary exclusion and oppression of transgender, gender nonconforming, or intersex (TGI) communities; and,
 - b) Information about communicating more effectively across gender identities, including TGI-inclusive terminology, using people’s correct names and pronouns, even when they are not reflected in records or legal documents, avoiding language, whether verbal or nonverbal, that demeans, ridicules, or condemns TGI individuals, and avoiding making assumptions about gender identity by using gender-neutral language and avoiding language that presumes all individuals are heterosexual, cisgender, gender conforming, or nonintersex.
 - 11) Creates, as a component of the FOCWS-BH initiative, and subject to an appropriation from the Legislature, the Nonlicensed Behavioral Health Service Provider Education Program within HCAI.

- 12) Defines “nonlicensed behavioral health service provider” to mean a registered and certified SUD counselor, certified peer support specialist, and those individuals seeking to become registered and certified.
- 13) Authorizes any nonlicensed behavioral health service provider, including a behavioral health service provider who is employed at a publicly funded behavioral health facility or a public or nonprofit private behavioral health facility that contracts with a county behavioral health entity or facility to provide behavioral health services, who provides direct patient care in a publicly funded facility or a MH professional shortage area to apply for grants under the program to pay for tuition assistance and test preparation to become certified, certification fees, or their educational loans related to a career as a nonlicensed behavioral health service provider. Authorizes grants under the program to also pay for management or supervision training, paid internships, and the costs of supervision to create career pathways for nonlicensed behavioral health providers, including pathways towards licensure as advanced alcohol drug counselors.
- 14) Requires HCAI to adopt all of the following:
 - a) A standard contractual agreement to be signed by the director and any nonlicensed behavioral health service provider who is serving in a publicly funded facility or a MH professional shortage area that would require the nonlicensed behavioral health service provider who receives a grant under the program to work in the publicly funded facility or a MH professional shortage area for at least one year.
 - b) The maximum allowable total grant amount per individual nonlicensed behavioral health service provider; and,
 - c) The maximum allowable annual grant amount per individual nonlicensed behavioral health service provider.
- 15) Requires HCAI to develop the program, which must comply with all of the following requirements:
 - a) The total amount of grants under the program per individual nonlicensed behavioral health service provider must not exceed the amount of educational expenses related to a career as a nonlicensed behavioral health service provider incurred by that provider;
 - b) A grant may be provided in installments proportionate to the amount of the service obligation that has been completed; and,
 - c) The number of persons who may be considered for the program must be limited by the funds appropriated by the Legislature for this purpose.
- 16) Authorizes HCAI, in collaboration with DHCS, to award a multiyear grant to a training entity HCAI deems qualified to provide specialized training for nonnative English speakers to improve behavioral health charting and documentation skills to support participation in the Medi-Cal program while increasing the linguistic capacity of Medi-Cal behavioral health providers. Requires the training to target registered and certified SUD counselors and certified peer support specialists.

- 17) Requires HCAI, in collaboration with DHCS, to assess the effectiveness of the training in expanding the capacity to provide Medi-Cal SUD and peer support services to nonnative English-speaking beneficiaries.
- 18) Authorizes HCAI to award grants to support scholarships for training SUD and behavioral health-informed coaches that are national and board-eligible in health and wellness coaching.

The FOCWS-BH Preservation and Restoration Fund

- 19) Establishes the FOCWS-BH Preservation and Restoration Fund (Fund) in the State Treasury, administered by HCAI, for the purpose of retaining and expanding the current licensed, certified, and registered clinical behavioral health workforce serving patients of public sector providers, Medi-Cal plans, and their contractors.
- 20) Authorizes moneys from the fund to be used, upon appropriation by the Legislature, to provide hiring or performance-based bonuses, salary augmentation, overtime pay, hazard pay, or benefit enhancements to licensed, certified, or registered professionals working in the behavioral health sector, as well as to increase staffing of these positions in order to reduce these professional's workloads and expand patients' access to care. Requires funding to be prioritized to retain or recruit licensed and nonlicensed staff for facilities and programs at risk of closure due to a shortage of licensed and nonlicensed staff. Requires grant applicants to also be prioritized based upon both of the following:
 - a) The engagement of their incumbent behavioral health clinicians in developing proposed workforce development plans; and,
 - b) Proposals that seek other workforce funding sources, leverage multiple funding sources for workforce investments, or provide matching funds.
- 21) Requires moneys from the fund to go only to entities that execute a Memorandum of Agreement with HCAI affirming that they are in compliance with all applicable state and federal laws or are successfully implementing plans of correction for any violations thereof, setting forth a description of the specific needs to be met with grant funds and the specific plans to meet them, committing to maintain their prior level of expenditures for the provision of behavioral health services, with any grant funds supplementing rather than supplanting these expenditures, and agreeing to submit to an audit by HCAI or its designee to ensure compliance with these provisions, on pain of clawback.
- 22) Requires any finalized audit finding by HCAI or its designee that a grantee has misspent moneys from the fund to weigh against consideration of any applications by that grantee for further grants under the provisions of this bill.
- 23) Prohibits moneys provided from the fund from being used for any salary, wage, benefit, or staffing increases that were committed to by an applicant prior to July 1, 2022, or for any salaries, wages, benefits, or staffing for which a grantee would have paid without the fund.
- 24) Requires the baseline from which any salaries, wages, benefits, and staffing levels to be increased to satisfy commitments made in the Memorandum of Agreement to be the

aggregate salaries, wages, benefits, and staffing levels for the period of July 1, 2021, to June 30, 2022, inclusive, plus any increases in these levels committed prior to July 1, 2022, but scheduled to take effect after that date.

- 25) Authorizes HCAI to inspect relevant payroll and personnel records of facilities receiving moneys from the fund in order to ensure that the salary, wage, benefit, and staffing increases that were committed in the Memorandum of Agreement have been implemented.

New HCAI stipend, grant, and tuition reimbursement programs

- 26) Requires HCAI to establish a stipend program for students pursuing a master's degree in social work with a specialized focus on public behavioral health. Requires, under the program, a student to be eligible for a stipend of eighteen thousand five hundred dollars (\$18,500) per year for up to two calendar years. Requires a stipend recipient to complete two calendar years of continuous and satisfactory full-time employment with a public behavioral health agency or a contracted provider. Requires priority to be given to students who commit to completing the employment requirement in the San Joaquin Valley or the Inland Empire until the behavioral health provider shortages experienced in these regions are similar to the shortages in other regions.
- 27) Requires HCAI to establish a program to provide grants and stipends to master's-level and dual master's- and doctoral-level students seeking degrees in fields associated with behavioral health, excluding social workers. Requires a grant or stipend recipient to complete two calendar years of continuous and satisfactory full-time employment with a public behavioral health agency or a contracted provider. Requires priority to be given to students who commit to completing the employment requirement in the San Joaquin Valley or the Inland Empire until the behavioral health provider shortages experienced in these regions are similar to the shortages in other regions.
- 28) Requires HCAI to establish a program for tuition reimbursement and stipends to encourage licensed MH and medical professionals to complete SUD-specific courses. Requires courses to support MH and medical professionals to care for individuals with co-occurring MH conditions and SUDs.

State Loan Repayment Program (SLRP)

- 29) Authorizes the Legislature to appropriate funds to increase the number of awards granted to eligible behavioral health providers and primary care awardees providing behavioral health services within their scope of practice under the existing SLRP.

Licensed Mental Health Service Provider Education Program (LMHSPE Program) changes

- 30) Renames the LMHSPE Program as the Licensed Behavioral Health Service Provider Education Program (Program), and authorizes the Program, in addition to providing grants to work in publicly funded facilities, to provide educational loans and to support paid field internships for prelicensees related to a career as a licensed behavioral health service provider. Requires the number of persons considered for the paid field internships to be limited by the amount of funds appropriated by the Legislature for this purpose, and

authorizes those funds to be targeted to areas of significant shortages, such as the San Joaquin Valley.

FOCWS-BH Behavioral Health Education Partnership (BHEP) Program

- 31) Establishes the BHEP Program, as part of FOCWS-BH within HCAI. Requires HCAI, subject to an appropriation by the Legislature, to establish and operate the following programs:
 - a) The CalMedForce Program to fund psychiatry graduate medical education (GME) programs;
 - b) The Addiction Psychiatry and Addiction Medicine Fellowship Program;
 - c) The Behavioral Health Professional Expansion Program;
 - d) The PCP Training and Education in Addiction Medicine Program;
 - e) The Public Behavioral Health Pipeline Program;
 - f) The Public Behavioral Health Curriculum Program; and,
 - g) The Stanislaus and Merced Educational Partnership Program.
- 32) Requires the CalMedForce Program to establish a competitive grant to fund psychiatry GME programs that prioritize serving medically underserved populations and areas.
- 33) Requires the Addiction Psychiatry and Addiction Medicine Fellowship Program to fund educational institutions that expand the number of fellowships in addiction psychiatry and addiction medicine. Requires professionals placed in the expanded fellowships to commit to a service obligation with the public behavioral health delivery system.
- 34) Requires the Behavioral Health Professional Expansion Program to increase the number of licensed behavioral health professionals through grants to university and college training programs. Requires grants to require collaboration with the public behavioral health delivery system to facilitate placements. Prioritizes university and college training programs in areas with the greatest shortage of licensed behavioral health providers, such as the Central Valley, to receive grants.
- 35) Requires the PCP Training and Education in Addiction Medicine Program to fund scholarships for a new workforce training program creating a one-year fellowship at the University of California in Irvine.
- 36) Requires the Public Behavioral Health Pipeline Program to help 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 with high schools and community colleges.

- 37) Requires the Public Behavioral Health Curriculum Program to fund colleges and universities with high enrollment of students from underrepresented communities to develop a specialized curriculum focused on working in the public behavioral health delivery system, including a focus on SUDs. Requires the specialized curriculum to enhance training and prepare professionals to serve justice and system-involved clients.
- 38) Requires the Stanislaus and Merced Educational Partnership Program to fund both of the following:
- a) Additional master's degree in social work, marriage and family therapist, and licensed professional clinical counselor program slots at California State University, Stanislaus; and,
 - b) Partnerships between the Counties of Stanislaus and Merced and the California State University, Stanislaus Departments of Social Work, Psychology, and Counselor Educational programs for internship placement opportunities for program students.

Medi-Cal Peer Support Specialists

- 39) Deletes the requirement that DHCS seek any federal waivers it deems necessary to establish a Medi-Cal demonstration or pilot project for the provision of peer support services in counties that agree to participate and that provide the necessary nonfederal share funding for the demonstration or pilot project.
- 40) Deletes the requirement that DHCS establishment statewide requirements for counties (or any agency representing counties) to use in developing certification programs for the certification of peer support specialists, by July 1, 2022.
- 41) Deletes the existing authority for a county to establish a peer support specialist certification program in accordance with existing law and any standards established by DHCS.
- 42) Requires DHCS to amend its Medicaid state plan to do both of the following:
- a) Include a peer support specialist who is certified as a provider type; and,
 - b) Include peer support specialist services as a distinct service type which may be provided to eligible Medi-Cal beneficiaries who are enrolled in either a MCMC plan or MHP.
- 43) Permits DHCS to seek any federal waivers or other state plan amendments as necessary to implement the certification program.
- 44) Repeals the prohibition against General Fund (GF) moneys being used to fund the nonfederal share of any expenditures made pursuant to a peer support demonstration or pilot project.

EXISTING LAW:

- 1) Establishes HCAI, (formerly the Office of Statewide Health Planning and Development [OSHPD]) to, among other functions, collect, analyze, and publish data about healthcare workforce and health professional training, identify areas of health workforce shortages, and

provide scholarships, loan repayments, and grants to students, graduates, and institutions providing direct patient care in areas of unmet need. Authorizes HCAI 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.

- 2) Requires HCAI, in coordination with the California Behavioral Health Planning Council, to identify the total statewide needs for each professional and other occupational category utilizing county needs assessment information and to develop a five-year education and training development plan. Such plans should include loan forgiveness, scholarships, and stipends for MH professionals and plans to expand postsecondary education to address identified MH shortages.
- 3) Establishes the Medi-Cal program, administered by DHCS, under which qualified low-income individuals receive health care services.
- 4) Requires DHCS, by July 1, 2022, to establish requirements for counties to use in the development of certification programs for peer support specialists and to seek a federal waiver to allow counties that choose to participate to establish peer support demonstration pilots. Allows counties to develop peer support specialist certification programs and fee schedules pursuant to DHCS requirements and approval.
- 5) Requires DHCS to make Medi-Cal payments to designated public hospitals in recognition of MCMC share of GME costs. The payments consist of specified components, including direct GME payments made in recognition and support of the direct costs incurred in the operation of GME programs, including costs incurred for interns and residents in medicine, osteopathy, dentistry, podiatry, nursing, and allied health and paramedical programs.

FISCAL EFFECT:

According to the Senate Appropriations Committee:

- 1) *University of California*. Unknown, low hundreds of thousands for the landscape analysis report for the University to develop two types of accelerated programs of social work. Staff notes unknown, significant cost pressures for the UC to develop the accelerated program, with workload similar to the other segments.
- 2) *California Community Colleges*. \$915,000-\$1.4 million (Proposition 98 GF), assuming the acceleration and course requirement is placed at the lower division level.
- 3) *California State University*. Unknown, significant costs for faculty work to develop additional accelerated programs beyond the existing nine of 18 Masters of Social Work programs. Workload would include program updates, course curriculum development, faculty recruitment, and coordination with the masters of social work (MSW) accrediting body on implementation.
- 4) *HCAI*. Staff notes unknown, significant, ongoing state operations costs to establish a stipend program for students pursuing a master's degree in social work, which would include staffing needs for grant management and compliance. In addition, staff anticipates unknown costs for

HCAI to develop the online job board, identify and update postings. There would also be unknown, one-time contract costs between HCAI and the UC on a legislative report of the current behavioral health workforce and the state's behavioral health workforce needs. Lastly, staff anticipates unknown, potentially significant cost pressures related to funding the report recommendations on how to address the state's behavioral health workforce shortage. (GF, special fund)

The most recent amendments to this bill have not been analyzed by a fiscal Committee.

COMMENTS: *Double-referral.* SB 964 was heard in the Assembly Committee on Health, where it passed with a 13-0 vote on June 14, 2022. Issues in the jurisdiction of the Committee on Health are covered in the Health Committee analysis.

Purpose. According to the author, his bill employs multiple strategies to retain and expand California's struggling MH workforce. One key to better MH and addiction care is investing in our MH workforce. With healthcare workers resigning in droves and MH 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.

Skyrocketing demand for behavioral health. According to the U.S. Substance Abuse and Mental Health Services Administration, 8.4% of adults and 17% of adolescents aged 12 to 17 had a major depressive episode in 2020 (roughly 25 million people nationally). The COVID-19 pandemic appears to be exacerbating the need for behavioral health services. In 2021, the Kaiser Family Foundation (KFF) reported that 32% of Californians reported "experiencing symptoms of anxiety and/or depressive disorder during the majority of the past seven days."

According to a March 2018 California Health Care Foundation Almanac, "Mental Health in California: For Too Many, Care Not There," nearly one in six California adults has a MH need, and approximately one in 24 suffers from a serious mental illness that makes it difficult to carry out major life activities. About two-thirds of California adults with MH needs, and two-thirds of adolescents with major depressive episodes did not get treatment in the last year. Additionally, multiple studies, including the above referenced KFF report show that SUDs are also on the rise. In September 2020, 15.1% of U.S. adults reported new or increased substance use due to pandemic-related stress. Deaths due to drug overdose also increased from over 72,000 deaths nationally in 2019 to over 93,000 deaths in 2020.

Budget actions. The Governor's 2022 Budget includes a one-time \$1.7 billion investment over three years in care economy workforce development across both the Labor and Workforce Development Agency (Labor Agency) and California Health and Human Services Agency (CHHSA) that will create more innovative and accessible opportunities to recruit, train, hire, and advance an ethnically and culturally inclusive health and human services workforce, with improved diversity, wages, and health equity outcomes. These economy investments will be

jointly coordinated by the Labor Agency and CHHSA through the CHHSA and the HCAI Health Workforce Education and Training Council. The Legislature approved the Governor's \$1.7 billion workforce package, which includes the social work stipend program that is similar to the language in this bill.

Academic freedom. The faculty (via the academic senates) of the CCC, CSU, and UC are responsible for the curriculum because they have the disciplinary and curricular expertise and experience to best judge the knowledge and skills needed in a college or university degree. At the core of academic freedom is the establishment of faculty members' right to remain true to their pedagogical, philosophical, and intellectual commitments; it preserves the intellectual integrity of our higher education systems. Additionally, academic freedom means that the political, religious, or philosophical beliefs of politicians, administrators, and members of the public cannot be imposed on faculty or students.

This bill requires the CCC and the CSU, and requests the UC, to develop two accelerated programs of study related to degrees in social work. The Committee may wish to consider the precedent that would be set with this bill and determine whether it infringes on academic freedom and whether the decisions on curricula should remain the responsibility of faculty and administrators.

Amendments. The Committee recommends, and the author has accepted, amendments that will address concerns raised by stakeholders. These amendments:

- 1) Specify that, as resources allow, the CCC and the CSU will, and the UC is requested to, expand both of the following accelerated programs of study related to degrees in social work:
 - a) Advanced standing master's of social work programs that will allow students with an accredited bachelor's of social work degree received within the past five years to waive some or all of the foundational coursework in order to complete their graduate study in 30 units or one year; and,
 - b) Associate Degree for Transfer (ADT) programs between the CCC and the CSU, and pathway programs between the CCC and the UC, 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 drug counselors, community health workers, psychiatric technicians and other non-licensed behavioral health professionals.
- 2) Specifies that, to the extent that accreditation standards by the Council on Social Work Education allows, all California State University master's of social work programs shall, and all University of California master's of social work programs are requested to, require a student with a concentration in behavioral health to complete core competencies on working with the severely mentally ill, with a focus on working in the public behavioral health system. Core competencies shall be determined by respective CSU or UC faculty from campus social work departments.

Related legislation. AB 2666 (Salas) establishes a grant program administered by HCAI to distribute stipends to students in behavioral health fields who have internships or are completing

licensure hours through unpaid positions at federally qualified health centers. AB 2666 is pending hearing in Senate Health Committee.

Previous legislation. AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, requires all California state boards that regulate healing arts licensees or registrants to request workforce data from their respective licensees and registrants for future workforce planning at least biennially.

AB 1306 (Arambula) of 2021 would have authorized HCAI to address identified barriers to entry in the health professions for students from underrepresented and low-income backgrounds by funding internships and fellowships and by establishing pilot programs at UC, CSU, CCC, and private university campuses to serve 4,800 students. AB 1306 was held on the Senate Appropriations Committee suspense file.

SB 803 (Beall) Chapter 150, Statutes of 2020, requires DHCS, by July 2022, to establish requirements for counties to use in the development of certification programs for peer support specialists (PSS) and to seek a federal waiver to allow counties that choose to participate to establish peer support demonstration pilots. Allows counties to develop peer support specialist certification programs and fee schedules pursuant to DHCS requirements and approval.

SB 10 (Beall of 2019), SB 906 (Beall of 2018), and SB 614 (Leno of 2015) were substantially similar to SB 803. SB 10 was vetoed by Governor Newsom who stated that counties may currently opt to use PSS for the delivery of Medicaid SMHS and as the state works to transform the behavioral health care delivery system, we have an opportunity to more comprehensively include PSS in these transformation plans. SB 906 was vetoed by Governor Brown who stated PSS are currently used as providers in Medi-Cal without a state certificate, and SB 906 would have imposed a costly new program, which would have permitted some individuals to continue providing services but shut others out. Governor Brown urged stakeholders and DHCS to improve upon the existing framework while allowing all PSS to continue to work. SB 614 was amended on August 18, 2016, on the Assembly Floor to a new purpose.

AB 666 (Quirk-Silva) Chapter 7, Statutes of 2021, requires DHCS to issue a statewide SUD workforce needs assessment report by July 1, 2023 and authorizes HCAI to implement SUD workforce development programming that includes stipends to cover costs related to testing, registration, and certification for specified individuals, and tuition reimbursements for undergraduate and graduate students who complete coursework in programs related to SUDs if funded by an appropriation.

SB 539 (Caballero) of 2019 would have created the Mental Health Services Workforce Education and Training Account, as specified, to be continuously appropriated to OSHPD (now HCAI) for the purpose of funding the WET five-year plan. SB 539 was held on the Senate Appropriations Committee suspense file.

REGISTERED SUPPORT / OPPOSITION:

Support

CA Association of Alcohol and Drug Executives
California Consortium of Addiction Programs and Professionals
Central City Association of Los Angeles

National Alliance on Mental Illness (NAMI-CA)
National Association of Social Workers, California Chapter
Seneca Family of Agencies
Steinberg Institute
The California Association of Local Behavioral Health Boards and Commissions

Opposition

None on file

Analysis Prepared by: Kevin J. Powers / HIGHER ED. / (916) 319-3960