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AB-666 Substance use disorder workforce development. (2021-2022)

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Assembly Bill No. 666

CHAPTER 7

An act to add Chapter 3.6 (commencing with Section 11794.5) to Part 2 of Division 10.5 of the Health and Safety Code, relating to substance abuse.

[Approved by Governor March 09, 2022. Filed with Secretary of State March 09, 2022.]

LEGISLATIVE COUNSEL'S DIGEST

AB 666, Quirk-Silva. Substance use disorder workforce development.

Existing law imposes various requirements on the State Department of Health Care Services relating to the administration of alcohol and drug programs, including, but not limited to, providing funds to counties for planning and implementing local programs to alleviate problems related to alcohol and other drug use, reviewing and certifying alcohol and other drug programs that meet state standards, developing and maintaining a centralized data collection system to gather and obtain information on the status of the alcohol and other drug abuse problems in the state, and licensing and regulating alcoholism or drug abuse recovery or treatment facilities.

This bill, the Combating the Overdose and Addiction Epidemic by Building the Substance Use Disorder Workforce (CODE W) Act, would require the department, on or before July 1, 2023, to issue a statewide substance use disorder (SUD) workforce needs assessment report that evaluates the current state of the SUD workforce, determines barriers to entry into the SUD workforce, and assesses the state's systems for regulating and supporting the SUD workforce. The bill would authorize the Department of Health Care Access and Information to implement SUD workforce development programming that includes a number of program elements, including 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. The bill would make implementation of the SUD workforce development programming contingent upon an appropriation by the Legislature for that purpose, as specified.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. This act shall be known, and may be cited, as the Combating the Overdose and Addiction Epidemic by Building the Substance Use Disorder Workforce (CODE W) Act.

SEC. 2. (a) The Legislature finds and declares all of the following:

(1) Although the addiction treatment field is growing due to increases in insurance coverage for behavioral health services, which includes mental health and substance use services, and the rising rate of military veterans seeking behavioral health services, serious workforce shortages exist for the substance use disorder (SUD) workforce in California.

(2) There are 2.7 million individuals, or about 10 percent of all Californians, who had an SUD in the past year, yet only 1 in 10 of those individuals received treatment.

(3) California lags the nation in its percentage of SUD providers. There are less than 20,000 SUD providers currently certified in California, and fewer than 700 of the nearly 140,000 physicians licensed to practice medicine in California maintain an addiction specialty certification. Addiction treatment programs have cited the lack of qualified staff as a primary reason that they are unable to expand provision of services to clients.

(4) The California Mental Health and Substance Use Needs Assessment submitted to the State Department of Health Care Services in 2012 reports that, nationally, approximately 8.9 million adults have a cooccurring disorder, but only 7.4 percent of those adults receive treatment for both conditions and almost 56 percent receive no treatment at all.

(5) Treatment disparity is due in part to the imbalance in financial resources for the treatment of mental health versus the treatment of substance use disorders in the state, as there is no specific allotment for the SUD workforce in the Office of Statewide Health Planning and Development's yearly budget for the behavioral health workforce.

(6) Factors contributing to workforce shortages include all of the following:

(A) The SUD workforce is older, on average, than that of other health care areas.

(B) SUD treatment workers experience empathy fatigue leading to frequent turnover.

(C) The average salary for SUD counselors in California is \$38,571, which is 18 percent below the national average.

(7) The State Department of Health Care Services' "White Paper on California Substance Use Disorder Treatment Workforce Development" set workforce goals for the SUD profession, including that the department and providers of SUD services across California should make a concerted effort to recruit young individuals, males, and racial or ethnic minorities into the SUD workforce because fewer members of these groups are represented in the workforce, and generally it is preferable for clients to receive treatment from individuals who are of similar age, gender, and racial or ethnic background.

(8) There are additional vulnerable populations that could benefit from a more diverse workforce, including people who identify as lesbian, gay, bisexual, or transgender (LGBT), people who have been diagnosed with hepatitis C or human immunodeficiency virus (HIV), and those who have been involved in the criminal justice system who often face social stigma, discrimination, harassment, and other challenges not encountered by people who do not identify with these categories.

(9) California's existing behavioral health workforce fails to represent the diverse linguistic and cultural backgrounds of the state's population struggling with an SUD. The 2010 United States Census indicates that almost 38 percent of the population of California is of Hispanic or Latino origin, while 15 percent of the population are Asian American. In the County of Los Angeles alone, it is reported that 36 percent of residents were born outside of the United States, and 57 percent speak a language other than English. California's behavioral health workforce remains predominately White and English speaking.

(10) A lack of a behavioral health professional curriculum in multiple languages discourages non-English speakers from entering the profession, and fails to encourage English language development for SUD providers who are unable to successfully pass competency examinations. This contributes to a workforce that does not reflect the diversity of those they provide treatment to.

(b) Therefore, it is the intent of the Legislature to provide resources to the State Department of Health Care Services, in order to achieve all of the following through the administration of this act:

(1) California can better assess the number and quality of SUD providers, including, but not limited to, peer and licensed professionals and paraprofessionals, with specialized training in SUD.

(2) The number of qualified SUD providers can be expanded to meet the demands of California's SUD treatment system's needs.

(3) Individuals with a professional license whose scope includes the treatment of individuals with an SUD and who seek to improve their knowledge and competency in treating SUDs may be provided resources to pursue this professional goal.

(4) Language and racial disparities in the health care workforce can be addressed by recruiting, educating, and training a more diverse pool of applicants for certification and licensure to treat SUDs.

(5) Employers can adequately review staffing and treatment protocols to ensure that racially diverse and LGBTQ individuals feel safe and confident that their needs will be met in treatment.

SEC. 3. Chapter 3.6 (commencing with Section 11794.5) is added to Part 2 of Division 10.5 of the Health and Safety Code, to read:

CHAPTER 3.6. Substance Use Disorder Workforce Development

11794.5. (a) (1) On or before July 1, 2023, the State Department of Health Care Services shall develop a statewide substance use disorder (SUD) workforce needs assessment report that evaluates the current state of the SUD workforce, determines barriers to entry into the SUD workforce, and assesses the state's systems for regulating and supporting the SUD workforce. The evaluation shall include an assessment of existing tuition, scholarship, and grant programs available to students, with a particular focus on those students who represent vulnerable populations, and provide recommendations for expanding these programs. The department shall submit this report to the Legislature and post the report on its internet website.

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

(b) (1) The department may contract with a qualified individual, organization, or entity to implement subdivision (a).

(2) Contracts entered into or amended pursuant to this section may be entered into on a noncompetitive bid basis, and are exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, the State Administrative Manual, and from the review or approval of any division of the Department of General Services.

11794.6. (a) The Department of Health Care Access and Information may implement SUD workforce development programming, including, but not limited to, any of the following elements:

(1) Paid tuition for students attending vocational education programs related to substance use disorders approved by the Bureau for Private Postsecondary Education.

(2) Stipends to cover costs related to testing, registration, and certification for individuals who are seeking registration and certification with a certifying organization approved by the department pursuant to Section 11833.

(3) Stipends to cover costs of portfolio review for individuals who are seeking registration and certification with a certifying organization approved by the department pursuant to Section 11833.

(4) Tuition reimbursement for undergraduate and graduate students who complete coursework in programs related to SUDs.

(5) Tuition reimbursement for licensed mental health and medical professionals to complete SUD-specific courses.

(6) Grants for behavioral health organizations to recruit and train individuals representing vulnerable populations.

(b) This section shall become operative only upon appropriation. Upon an appropriation by the Legislature for these purposes, the department shall make reasonable efforts to implement the program elements specified in subdivision (a), so that SUD services can be expanded to meet the needs of those individuals seeking those services.