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**SB-964 Behavioral health.** (2021-2022)

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ENROLLED AUGUST 24, 2022  
PASSED IN SENATE AUGUST 22, 2022  
PASSED IN ASSEMBLY AUGUST 18, 2022  
AMENDED IN ASSEMBLY AUGUST 15, 2022  
AMENDED IN ASSEMBLY JUNE 23, 2022  
AMENDED IN ASSEMBLY JUNE 06, 2022  
AMENDED IN SENATE MAY 19, 2022  
AMENDED IN SENATE APRIL 18, 2022  
AMENDED IN SENATE APRIL 04, 2022

CALIFORNIA LEGISLATURE— 2021–2022 REGULAR SESSION

**SENATE BILL**

**NO. 964**

**Introduced by Senator Wiener**  
**(Principal coauthors: Senators Caballero and Stern)**  
**(Coauthors: Senators Dodd and Rubio)**  
**(Coauthors: Assembly Members Bauer-Kahan, Gipson, Gray, Lackey, Levine, and Waldron)**

**February 09, 2022**

An act to add and repeal Chapter 1 (commencing with Section 127815) of Part 3 of Division 107 of the Health and Safety Code, relating to behavioral health.

**LEGISLATIVE COUNSEL'S DIGEST**

SB 964, Wiener. Behavioral health.

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 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.

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

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

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

### **CHAPTER 1. Behavioral Health Workforce**

**127815.** (a) The department shall commission consultants 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. The department shall also 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. The report shall be delivered to the Legislature on or before January 1, 2024, and shall include all of the following:

(1) 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.

(2) 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.

(3) 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 substance use disorder or that of a family member, and disability status. Information regarding health history shall be treated as confidential and shall only be collected on a voluntary basis. Only deidentified and aggregated health information shall be included in the report.

(4) 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.

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

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

(8) 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. Recommendations may include, but are not limited to, requiring competency exams, continuing education requirements, or other competency demonstrations.

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

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