## AMENDED IN ASSEMBLY APRIL 5, 2021 AMENDED IN ASSEMBLY MARCH 11, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

## ASSEMBLY BILL

No. 666

Introduced by Assembly Member Chiu (Coauthors: Assembly Members Quirk-Silva, Stone, Ting, Villapudua, and Waldron)

(Coauthor: Senator Wiener)

February 12, 2021

An act to-amend Section 11755 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.

## LEGISLATIVE COUNSEL'S DIGEST

AB 666, as amended, Chiu. Substance abuse programs. 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 issuing an annual report that portrays the drugs abused, populations affected, user characteristics, crime-related costs, socioeconomic costs, and other related information deemed necessary in providing a problem profile of alcohol and other drug abuse in the

AB 666 — 2 —

state. licensing and regulating alcoholism or drug abuse recovery or treatment facilities.

This bill would require that report to be issued on or before March 1 of each year.

This bill would also state the intent of the Legislature to enact legislation to expand the substance use disorder treatment workforce in California to aid in the treatment of alcohol and drug abuse and to reduce the number of opioid overdoses and deaths in California.

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, 2022, 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 require the department, as soon as possible, but no later than January 1, 2024, and taking into consideration the needs assessment report, to create and implement an SUD workforce development program that supports a career ladder for the SUD workforce, and that, at a minimum, provides a number of program elements, including fee waivers 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 require the department to annually report to the Legislature regarding the progress of the implementation of the SUD workforce development program, as specified, and would make related findings and declarations.

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

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

- 1 SECTION 1. This act shall be known, and may be cited, as the
- 2 Combating the Overdose and Addiction Epidemic by Building the
- 3 Substance Use Disorder Workforce (CODE W) Act.
- 4 SEC. 2. (a) The Legislature finds and declares all of the
- 5 following:
- 6 (1) Although the addiction treatment field is growing due to
- 7 increases in insurance coverage for behavioral health services,
- 8 which includes mental health and substance use services, and the

\_3\_ AB 666

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 to 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

AB 666 —4—

1 2

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

\_5\_ AB 666

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. For purposes of this chapter, "substance use disorder professional" or "SUD professional" means an individual registered with, or certified by, a certifying organization approved by the State Department of Health Care Services pursuant to Section 11833.
- 11794.6. (a) (1) On or before July 1, 2022, 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 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.
- 33 (b) Taking into consideration the needs assessment report 34 described in subdivision (a), the department, as soon as possible, 35 but no later than January 1, 2024, shall create and implement an 36 SUD workforce development program that supports a career ladder 37 for the SUD workforce, and that, at a minimum, provides all of 38 the following elements:

 $\mathbf{AB}\ \mathbf{666} \qquad \qquad -\mathbf{6} -$ 

 (1) Paid tuition for at least 1,000 students attending vocational education programs related to substance use disorders approved by the Bureau for Private Postsecondary Education.

- (2) Fee waivers to cover costs related to testing, registration, and certification for at least 1,000 individuals who are seeking registration and certification with a certifying organization approved by the department pursuant to Section 11833.
- (3) Fee waivers to cover costs of portfolio review for at least 1,000 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 community behavioral health organizations to recruit and train individuals representing vulnerable populations.
- (c) The department may prioritize the implementation of the program elements specified in subdivision (b) based on which program elements may be implemented at the earliest possible date.
- 11794.7. The department may enter into an interagency agreement with the Office of Statewide Health Planning Development to implement the program elements described in paragraphs (4) and (5) of subdivision (b) of Section 11794.6.
- 11794.8. It is the intent of the Legislature that the implementation of this chapter be funded first by funds awarded to the state from the settlement agreement and related documents entered into on February 4, 2021, by the state and McKinsey & Company, Inc. and then with moneys from the General Fund in a total amount from both fund sources that does not exceed nine million dollars (\$9,000,000).
- 11794.9. (a) The department shall annually report to the Legislature regarding the progress of the implementation of the SUD workforce development program, including, but not limited to, the number of new SUD professionals entering the profession, demographic data about the workforce, and any remaining funding.
- (b) A report to be submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.

-7- AB 666

SECTION 1. It is the intent of the Legislature to enact legislation to expand the substance use disorder treatment workforce in California to aid in the treatment of alcohol and drug abuse and to reduce the number of opioid overdoses and deaths in California.

- SEC. 2. Section 11755 of the Health and Safety Code is amended to read:
  - 11755. The department shall do all of the following:

- (a) Adopt regulations pursuant to Section 11152 of the Government Code.
- (b) Employ administrative, technical, and other personnel as may be necessary for the performance of its powers and duties.
- (c) Do or perform any of the acts that may be necessary, desirable, or proper to carry out the purpose of this division.
- (d) Provide funds to counties for the planning and implementation of local programs to alleviate problems related to alcohol and other drug use.
- (e) Review and execute contracts for drug and alcohol services submitted for funds allocated or administered by the department.
- (f) Provide for technical assistance and training to local alcohol and other drug programs to assist in the planning and implementation of quality services.
- (g) Review research in, and serve as a resource to provide information relating to, alcohol and other drug programs.
- (h) In cooperation with the Department of Human Resources, encourage training in other state agencies to assist the agencies to recognize employee problems relating to alcohol and other drug use that affects job performance and encourage the employees to seek appropriate services.
- (i) Assist and cooperate with the Office of Statewide Health Planning and Development in the drafting and adoption of the state health plan to ensure inclusion of appropriate provisions relating to alcohol and other drug problems.
- (j) In the same manner and subject to the same conditions as other state agencies, develop and submit annually to the Department of Finance a program budget for the alcohol and other drug programs, which budget shall include expenditures proposed to be made under this division, and may include expenditures proposed to be made by any other state agency relating to alcohol

AB 666 —8—

1 and other drug problems, pursuant to an interagency agreement 2 with the department.

- (k) Review and certify alcohol and other drug programs meeting state standards pursuant to Chapter 7 (commencing with Section 11830) and Chapter 13 (commencing with Section 11847) of Part 2.
- (1) Develop standards for ensuring minimal statewide levels of service quality provided by alcohol and other drug programs.
  - (m) Review and license narcotic treatment programs.
- (n) Develop and implement, in partnership with the counties, alcohol and other drug prevention strategies especially designed for youth.
- (o) Develop and maintain a centralized alcohol and drug abuse indicator data collection system that shall gather and obtain information on the status of the alcohol and other drug abuse problems in the state. This information shall include, but not be limited to, all of the following:
- (1) The number and characteristics of persons receiving recovery or treatment services from alcohol and other drug programs providing publicly funded services or services licensed by the state.
  - (2) The location and types of services offered by these programs.
- (3) The number of admissions to hospitals on both an emergency room and inpatient basis for treatment related to alcohol and other drugs.
  - (4) The number of arrests for alcohol and other drug violations.
- (5) The number of Department of Corrections and Rehabilitation, Division of Juvenile Facilities, commitments for drug violations.
- (6) The number of Department of Corrections and Rehabilitation commitments for drug violations.
- (7) The number or percentage of persons having alcohol or other drug problems as determined by survey information.
- (8) The amounts of illicit drugs confiscated by law enforcement in the state.
- (9) The statewide alcohol and other drug program distribution and the fiscal impact of alcohol and other drug problems upon the state.
- (p) Providers of publicly funded services or services licensed by the department to clients-participants shall report the data

-9- AB 666

described in subdivision (o) in a manner, in a format, and under a schedule prescribed by the department.

- (q) Issue an annual report, on or before March 1 of each year, that portrays the drugs abused, populations affected, user characteristics, crime-related costs, socioeconomic costs, and other related information deemed necessary in providing a problem profile of alcohol and other drug abuse in the state.
- (r) (1) Require any individual, public or private organization, or government agency, receiving federal grant funds, to comply with all federal statutes, regulations, guidelines, and terms and conditions of the grants. The failure of the individual, public or private organization, or government agency, to comply with the statutes, regulations, guidelines, and terms and conditions of grants received may result in the department's disallowing noncompliant costs, or the suspension or termination of the contract or grant award allocating the grant funds.
- (2) Adopt regulations implementing this subdivision in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. For the purposes of the Administrative Procedure Act, the adoption of the regulations shall be deemed necessary for the preservation of the public peace, health and safety, or general welfare. Subsequent amendments to the adoption of emergency regulations shall be deemed an emergency only if those amendments are adopted in direct response to a change in federal statutes, regulations, guidelines, or the terms and conditions of federal grants. Nothing in this paragraph shall be interpreted as prohibiting the department from adopting subsequent amendments on a nonemergency basis or as emergency regulations in accordance with the standards set forth in Section 11346.1 of the Government Code.

**REVISIONS:** 

34 Heading—Line 2.