



## REMOVING BARRIERS, EXPANDING AND STRENGTHENING CALIFORNIA'S SUBSTANCE USE DISORDER WORKFORCE

### CAADPE Recommendations October 2021

The SUD workforce shortage, combined with the growing demand for SUD services, is creating a barrier to access to treatment for people seeking help with their substance use. This is also a potential violation of the Timely Access requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) and federal parity laws.

The current workforce crisis in California is exacerbated by the inability of the non-governmental certifying boards to meet the current and growing demand for SUD certified professionals and to timely process new registration/certification applications and/or process renewal certifications of SUD professionals working in California. In addition, other state laws and policies continue to inhibit SUD providers from recruiting and strengthening their workforce.

CAADPE, whose members constitute the largest employers of SUD professionals in California, is providing both short term and long-term recommendations to address the shortages. Some of the recommendations are as simple as rescinding outdated state policy while other recommendations require focused attention and cross sector collaborations. This document is divided in the Short Term and Long-Term Policy Recommendations. The Short-Term recommendations are intended to be adopted quickly through administrative actions or through legislation. The Long-Term Policy Recommendations require reaching stakeholder and administrative consensus.

### POLICY ISSUES /SHORT TERM

- Exempt Students from state Requirement to Register as Counselors. CAADPE is recommending the following (highlighted in red) be added to the Health and Safety Code:

H&S Code Section 11833 (b) (1) Except for licensed professionals, and associates registered with the BBS and under supervision as defined by the department, *and undergraduate and graduate students/interns participating in unpaid/paid supervised internships who are completing their supervised internship hours working in a program described in subdivision (a)*, the department shall require that an individual providing counseling services working within a program described in subdivision (a) be registered with or certified by a certifying organization approved by the department to register and certify counselors.

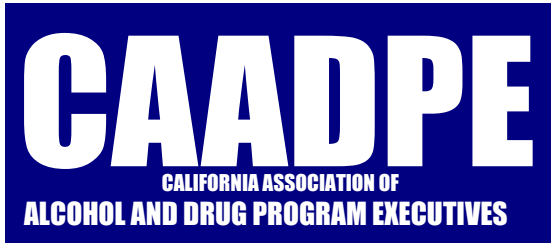
- Modify or Rescind the 30% Rule  
State regulations require that 30% of SUD providers' workforce be certified counselors. This regulation was adopted over 20 years ago to assure that qualified counselors were providing SUD treatment. The policy was adopted when the SUD field was fledgling, and the certification system was not adopted at the state level. This policy is now outdated, obsolete, and needs to be rescinded or be significantly updated to reflect improvements in SUD workforce training and certification and state oversight to include recognition of the workforce crisis and the barriers and hardships this regulation imposes on providers, meeting patient service demand and the workforce overall



Commercial insurance and other health care providers are not subject to this 30% rule, which sets a different, more restrictive standard for SUD providers. The policy needs to be updated to conform with other health care providers and to adhere to the provisions of the state and federal parity laws.

CAADPE is recommending several policy changes:

1. Rescind the 30% rule policy.
  2. Until the 30% is rescinded adopt a policy for hardship waiver of the 30% rule for providers.
  3. Until the 30% is rescinded, the 30% rule should apply to the legal entity as a whole rather than to each specific service site of legal entity.
- Review, Revise and Adopt Counselor Certification Regulations: CAADPE, certifying bodies and other stakeholders worked with DHCS on improvements to the counselor certification regulations. To date the regulations have not been promulgated. It has been more than 5 years and, according to DHCS, the department has not announced any publication or is nowhere near ready for publication for public comment.
  - State Reciprocity: Adopt a state policy of counselor certification reciprocity with other states.
  - Provisional Approval: Provide provisional certification for one year for out of state counselors. Issuing a provisional certification will enable SUD agencies to recruit nationwide to fill the ever-growing number of SUD professional vacancies.
  - County Reciprocity: California should adopt a policy of county reciprocity so that a certified SUD counselor who is credentialed in one county is credentialed in all counties without any additional county requirements. There should also be standardization of credentialing so that all counties adhere to the same standards. Counselor certification reciprocity must conform to the recently adopted Peer Support Specialist Certification, which does specify county-to-county transportability of the certification.
  - Telehealth: California should adopt a policy whereby a registered/certified SUD counselor can provide services via telehealth to a patient regardless of the county in which the patient resides.
  - DHCS needs to create and set of performance standards for approved SUD counselor certifying bodies. Certification organizations should be held to a set of standards for processing new registrations and renewal certifications within 3 working days and process new certification applications within 7 working days. The current system without any such standards is creating significant hardship on applicants and the provider employers. Past efforts to impact the large delays have been unsuccessful. By DHCS setting performance standards and holding the certifying bodies accountable to meet such standards; significant workforce delays and barriers can be corrected and avoided from reoccurring. Finally, DHCS should not allow certifying bodies to cap education to 8 hours in a given day and not allow them to reject earned hours in excess of 8 hours in a given day. In today's world putting in more than 8 hours is easy and often necessary.
  - Updating the counselor certification legislation is needed. The statute has not been updated since its initial passage. It is dated and no longer reflects today's workforce needs. It stands in the way of needed improvements through regulation that can only occur if the statute is updated to include providing DHCS more oversight authority of the certifying bodies.



## PEER SUPPORT SPECIALIST

- DHCS should seek a waiver on the requirement for a high school diploma or GED. This requirement is projected to eliminate 40% to 50 % of the eligible workforce available to deliver peer support services.

## FISCAL ISSUES - SHORT TERM

One of the major barriers to building the SUD workforce is financial support. There have been no significant state resources to help support SUD workforce development. The workforce development funding in the recently enacted federal American Rescue Plan (ARP) should be designated for SUD workforce development.

Also, of critical importance, the ***CBO who provides training and intern opportunities needs financial resources*** to help effectively support and expand these training programs. With such assistance providers can better assist in the efforts to grow the SUD workforce.

Workforce Development and Training Recommendations:

- Trainees for Infrastructure and Workforce Recovery.  
Dedicate California's share of the American Rescue Plan funds to SUD workforce Development (estimated \$10 million of the federal allocation under Sec. 2711. of \$100 million nationally for behavioral health workforce education and training) and match this amount with an addition \$40 million dollars for a total of \$50 million onetime funds in FY 2021/22 for purpose of conducting:
  - Apprentice/Learn and Earn and tuition financial support
  - Pay students/interns
  - Target recruitment to individuals transitioning from incarceration, young adults (18-25 yrs.), low Social Economic Status (SES), and/or those who are bilingual (particularly Spanish/English) to bolster the SUD services workforce.
  - Provide stipends to cover registration, full tuition, and certification fees; such assistant is known to increase access to the needed education and actual certification issuance. This is one of the fastest ways to increase the counselor workforce.
  - Expand stipends to cover other tuition costs for behavioral health education pathways
  - Launch a public media campaign to encourage those impacted by criminal justice, young adults (18-25 yrs), low Social Economic Status (SES), and/or those who are bilingual (particularly Spanish/English) youth to pursue a career in substance use and mental health service fields.
  - Launch an in-reach program that specifically engages high school youth, including alternative school youth, in learning more about SUD services as a career pathway.
- Providers
  - Provide subsidies to providers to hire under Learn and Earn and for delivery of on-site training which includes covering administrative function expenses and those for hiring and providing supervision.
  - Increase Provider rates to pay for Earn/Learn/ Students/Interns



## **POLICY ISSUES - LONG TERM**

- Counselor Certification should be under authority of a single state agency
  - Inefficiency of three boards cannot keep up with the workforce thus creating an access/barrier to services.
  - Remove the appearance of conflict of interest. Certifying organizations should be educational bodies only. The State authority should assume the responsibility for certification, discipline, and quality standards.
  - The authority for certifying bodies should be in the community college system. Community colleges are better equipped to work with the State as a certifying body. They are often more likely to work with those who have life experience and can serve as the educational partners in a comprehensive statewide training design. In addition, community colleges can serve as an integral part of an individual's career path by providing the smooth transition from community college to more advanced study and degree/licensure in the behavioral health field.
  
- Enhance Licensee's knowledge, competencies and learning about SUD services through incorporation into State Board of Behavioral Sciences (BBS) CEU program. The State BBS requires licensees to complete a specified number of continuing education hours per each licensure period. However, there is no requirement that any of that CE include education specifically related to SUD services. In order for licensees to be adequately prepared and competent to address SUD issues, education on SUD services should be incorporated into the BBS continuing education requirements.