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In memoriam
Dale Shimizu

December 13, 2021

Mark Ghaly, MD, MPH
Secretary, California Health and Human Services Agency
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Michelle Baass
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Elizabeth Landsberg
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Michelle Doty Cabrera
Executive Director, County Behavioral Health Directors Association
2125 19th Street, 2nd Floor
Sacramento, CA 95818

Dear Secretary Ghaly, Director Baass, Director Landsberg, and Director Cabrera:

Subject: Immediate Needs to Address Substance Use Disorder Workforce amidst
Opioid and Overdose Crisis

On behalf of the California Association of Alcohol and Drug Program Executives (CAADPE), which represents substance use disorder treatment employers across California, we fully embrace and in fact have helped to drive higher standards and a more qualified workforce for many years and continue to believe and support this need to ensure quality care for those we serve. Our requests that follow do not in any way diminish this fact.

We are respectfully requesting key legislative and regulatory relief to address immediate needs for the SUD workforce. Impacts of the COVID-19 pandemic have exacerbated the need for SUD services, evidenced by skyrocketing overdose death rates, while facing a workforce crisis that has now reached emergency levels. Providers are reporting vacancy levels for counselor positions alone at upwards of 30% or more. This does not include the variety of other staff needed to include LPHA's, nursing and management.



Most recent data, publicized in numerous articles on November 17th, 2021, show that nationally there were more than 100,000 Americans who died by overdose from May 2020 to April 2021. 64,178 of these deaths were a result of synthetic opioids/ fentanyl. This is a crisis at new heights. Data from the Centers for Disease Control and Prevention (CDC) show that more than half a million people were seen for a suspected drug overdose in emergency rooms across the US between January and September 2020.

While we appreciate and applaud the efforts of the Governor, California Health and Human Services Agency (CalHHS), Department of Health Care Services (DHCS), Department of Health Care Access and Information (HCAI) and Legislature to assist healthcare providers during COVID-19 and dedication of billions towards behavioral health in the Fiscal Year 2020/21—it will take time for the efforts of the Administration and Legislature to trickle down to impact providers and the individuals we serve. We need immediate fixes and relief now to help mitigate the workforce shortages that today create serious barriers to care for those knocking at our doors and to further aid in addressing the opioid epidemic. Caseloads are full, individuals in need are going unserved and providers are struggling to keep up with increased capacity needs without the necessary workforce.

From the County Behavioral Health Directors Association work with UC, San Francisco on a public behavioral health workforce plan the top barriers to recruiting and retaining workforce include: 1) inability to offer competitive pay; 2) extensive documentation; 3) burn out; and 4) lengthy hiring process. Additionally, between the three SUD counselor certifying organizations—they have noted that California lost 200 counselors in November 2021 who for one reason or another decided to not renew their counselor certification. Eligible candidates do not enter the field over some of the requirements and leave the field because of them as well. Providers have large numbers of vacancies as referenced above and efforts to date to recruit and retain workers in the public system have not been successful even with costly advertising efforts. CAADPE respectfully requests the following immediate relief and consideration of issues:

Immediately Exempt Student Interns from Requirement to Register with SUD Counselor Certifying Bodies.

Health and Safety Code Section 11833 (b) requires that individuals providing counseling services, except for licensed professionals, within alcoholism or drug abuse recovery and treatment programs licensed, certified, or funded by DHCS to be registered or certified by an approved certified organization.

While the intention of the language is good in creating quality standards for individuals providing services within an SUD treatment program, this creates a barrier for recruiting and training interns in supervised internships. These individuals are on a career path to become licensed clinicians and during their internship period are under the direct supervision of a licensed person. They often have more education than SUD counselors. The requirement to also register to become an SUD counselor becomes a hardship and creates barriers too many to come into the SUD field or to remain in it.

CAADPE requests through an Executive Order or as a secondary option urgent legislation to exempt undergraduate and graduate students and interns participating in both unpaid and paid supervised internships from the requirement to register with a SUD counselor certifying organization.



Institute A Temporary Blanket Hardship Waiver for the 30 Percent Requirement for Certified Counselors in SUD Treatment Programs Permitting Providers to Hire More Registered Counseling Staff.

California Code of Regulations (CCR) Title 9 § 13010 requires at least thirty percent of staff providing counseling services in SUD programs be licensed or certified. This regulation was adopted in 2005 to assure that qualified counselors were providing SUD treatment. It was imposed at a time when there were few licensed staff in the SUD field and counselors often delivered care without licensed oversight. This is no longer the reality. While the intention was good to assure that qualified workforce provides counseling services and was and is supported as a long-term goal by CAADPE it does not reflect current reality where there are significant shortages of certified counselors. We must remember the overwhelming majority of registered and certified counselors are individuals with significant lived experience that proves to be essential in the SUD work they do. Registered counselors are not unskilled in the SUD field. CAADPE has heard as referenced above that across the three certifying organizations in California that just last month the state has lost 200 certified counselors who for one reason or another did not renew their certification. The thirty percent rule hampers otherwise qualified programs during this workforce crisis.

Commercial insurance and other health care providers are not subject to this thirty percent rule, which sets a different, more restrictive standard for SUD treatment providers contracting with the public sector and disadvantages such providers in their recruitment efforts. Providers under the public sector are found in violation by DHCS or by counties who contract for services related to this 30 percent requirement.

An immediate temporary waiver of the 30% rule will permit providers to hire registered counselors under professional supervision to help meet the pressing demand for services.

CAADPE requests an immediate temporary suspension of the 30% certified counselor rule through executive order or as a secondary option emergency legislation.

Institute State and County Reciprocity.

CAADPE recommends reducing redundancy and complicated processes by developing statewide policies which allow for the reciprocity of licensed, certified or registered professionals.

- **County Reciprocity:** Amend the uniform credentialing requirements for DMC providers to allow the credentialed approval status issued by the primary county in which the provider delivers services, be accepted by other counties where a provider may be providing services without requiring re-credentialing. Additional amendments should outline one standardized process for all counties to follow, including a limit placed on an approval time not to exceed more than 14 days. Lastly, providers shall be given the discretion to choose whether to self-credential their employees according to guidance issued by the Department, or choose to follow the process developed by the County.
- **State Reciprocity:** Require the Counselor Certification Organizations to develop an emergency credential allowing for the portability of licensed, certified, or registration status of professionals working in the SUD field from other States.



In addition, CAADPE is requesting all counties to temporarily suspend additional county workforce requirements that exceed that which is required by DHCS. This includes extra education requirements, mandatory trainings and mandated minimum work experience levels.

Workforce Emergency Taskforce.

CAADPE requests an emergency taskforce convened of representatives of CalHHS, DHCS, HCAI, the Legislature, counties, providers, and certifying organizations to identify unnecessary additional burdens that remove limited providers away from direct patient care and could be temporarily suspended or modified during this moment of workforce crisis.

CAADPE previously shared in October 2021 workforce recommendations we recommend for consideration by this taskforce including provisional certification, authorizing counselor telehealth, and expediting certifying organization new and renewal certification applications through enhanced oversight and performance standards of certifying organizations.

Workforce Recruitment, Retention, and Development Funding.

At this same time CAADPE requests the Department of Health Care Access and Information expedite approval and distribution of the \$448 million for Broad Behavioral Health Workforce Capacity approved in the FY 2020-21 State Budget. While CAADPE appreciates and values a stakeholder process to develop a multi-year plan to build the SUD workforce, the needs are here and now and we request in the short-run: 1) funding to providers for recruitment agency finder fees and retention bonuses; 2) funding in order to pay for recruitment efforts; 3) funding for paid internship programs in SUD programs including to cover administrative and supervision costs; and 4) Educational campaign to generate a pipeline into the workforce.

In the longer term we believe that these additional items within workforce should be considered:

- 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.
- Target recruitment to individuals transitioning from incarceration, transition age youth (18-25 yrs.), low Socioeconomic Status, and/or those who are bilingual (particularly Spanish/English) to bolster the SUD services workforce.
- Increase provider rates to pay for Earn/Learn/ Students/Interns
- Increase provider competency and specialization to treat LGBTQ+ populations including recruitment of providers that are a member of the LGBTQ+ population.

CAADPE looks forward to engaging with DHCS, the administration, counties, and others in the CalAIM implementation process on payment reform, documentation reform, and coding changes with an eye towards ways that reduce documentation burden, improve provider time directly serving patients, increase pay for a skilled workforce, and attract more individuals into the critically needed field of substance use disorder care. The need for high-quality specialized substance use disorder care is out there evidenced by the opioid and overdose crisis.



Thank you for your consideration of our requests and we look forward to thoughtful conversation on how to meet the needs of the moment expanding and retaining the limited capacity of our SUD workforce while ensuring that quality care is provided to individuals in need.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tyler Rinde".

Tyler Rinde
Executive Director
CAADPE

A handwritten signature in blue ink, appearing to read "Albert Senella".

Albert Senella
President, CAADPE
President and CEO, Tarzana Treatment Centers, Inc

Cc: Richard Figueroa, Office of Governor Newsom
Tam Ma, Office of Governor Newsom
Marko Mijic, Undersecretary, CalHHS
Stephanie Welch, Deputy Secretary, Behavioral Health, CalHHS
Jacey Cooper, Chief Deputy Director and State Medicaid Director, DHCS
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Marjorie Swartz, Office of Senate President pro Tempore Atkins
Agnes Lee, Office of Assembly Speaker Rendon
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