



May 23, 2024

The Honorable Scott Wiener, Chair
Senate Committee on Budget and Fiscal
Review
1020 N Street, Room 502
Sacramento, CA 95814

The Honorable Jesse Gabriel, Chair
Assembly Budget Committee
1021 O Street, Suite 8230
Sacramento, CA 95814

The Honorable Caroline Menjivar, Chair
Senate Subcommittee No. 3 on Health and
Human Services
1020 N Street, Room 502
Sacramento, CA 95814

The Honorable Akilah Weber, Chair
Assembly Subcommittee No. 1 on Health
1021 O Street, Suite 8230
Sacramento, CA 95814

Re: Opposition to May Revision Proposed Behavioral Health Care Workforce Reductions

Dear Chairs Wiener, Gabriel, Menjivar, and Weber:

The behavioral health organizations below must respectfully oppose the proposed health care workforce reductions for behavioral health care workers included in the May Revision. While difficult decisions lie ahead to address the budget problem, we must ensure that the decisions we make today don't set us so far behind that when we inevitably emerge from this deficit that we aren't able to recover. We respectfully request you to reject the proposed cuts to behavioral health care workforce funding.

In recent years, the Legislature and the Administration have partnered to invest more in the modernization of our behavioral health system than any other state in the country. In so doing, you have continuously reaffirmed the importance of mental health in achieving a thriving state. As a result of these efforts, California is in the midst of a historic transformation of our behavioral health system that has the potential to ensure everyone gets the care they need and deserve.

The success of this transformation depends on having a strong workforce to carry out these ambitious initiatives. Unfortunately, California is already facing a devastating behavioral health workforce shortage. **A study conducted by the Steinberg Institute estimates that California will need to add approximately 375,000 behavioral health providers in the next 10 years to meet the current and future demand for services.**

Given the behavioral health workforce shortage and the tremendous work that lies ahead to carry out the statewide transformation of California's behavioral health system, we are concerned about the proposed elimination of over \$500 million in behavioral health workforce funding. These dollars fund pipeline and recruitment programs that will take years to fully impact the workforce. Cutting them now will have a lasting impact that will put us a decade behind in closing the behavioral health workforce shortage and completing the state's behavioral health transformation.

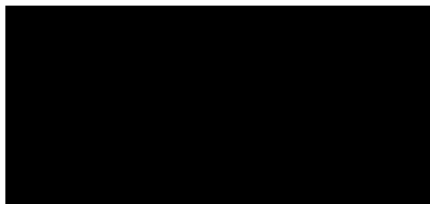
Specifically, we are concerned about the following proposed reductions:

1. Community Health Workers - A proposed decrease of \$188.9 million in FY 2024-25 and \$57.5 million in FY 2025-26 that currently supports workforce development programs for community health workers.
2. Social Work Initiative - A proposed decrease of \$121.995 million in FY 2025-26 that currently supports workforce development initiatives to expand the number of social workers in California.
3. Addiction Psychiatry and Medicine Fellowships - a decrease of \$48.5 million in FY 2025-26 that currently supports addiction psychiatry and addiction medicine fellowships.
4. University and College Grants for Behavioral Health Professionals - A decrease of \$52 million in FY 2025-26 that currently supports the expansion of grants for behavioral health professionals.
5. Expansion of Masters in Social Work Slots at Public University and College - A decrease of \$30 million in FY 2025- 26 that currently supports expansion of slots for Masters in Social Work in California colleges and universities.
6. Psychiatry Local Behavioral Health Program - A decrease of \$7 million in FY 2025-26 that currently supports loan repayment programs for psychiatrists who agree to a term of service at a local behavioral health department.

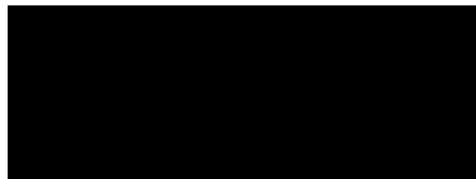
While, under the new changes authorized by Proposition 1, the Behavioral Health Services Act will include some funding for the behavioral health workforce, the scale of the current behavioral health workforce shortage demands additional investment. We are concerned that the relying on the workforce funding authorized under the Behavioral Health Services Act will fall woefully short of our needs.

We urge the Legislature to restore these proposed cuts to ensure California has the behavioral health workforce capacity able to meet the growing and urgent needs of Californians living with mental health and substance use care needs. Should you have any questions, please feel free to reach out to Tara Gamboa-Eastman with the Steinberg Institute at tara@steinberginstitute.org.


Sincerely,




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Director of Government Affairs
The Steinberg Institute



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