

Future of California Workforce and Surge – Behavioral Health (FOCWS-BH) Budget Proposals

The magnitude of the behavioral health workforce shortage is nearly beyond comprehension. While needs for greater access to and higher quality care exist across the entire health care system and state, FOCWS-BH prioritizes limited resources on those Californians most in need of care in the public behavioral health system and traditionally underserved communities. To do so, this proposal is rooted in five goals:

1. **Grow by one third the public behavioral health workforce**, its contracted providers, and other settings and Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, and Rural Health Clinics where behavioral health services, particularly in regions with longstanding provider shortages. Growing the public behavioral health workforce by this margin is essential to support initiatives including CalAIM, the Youth Behavioral Health Initiative, the 988 mental behavioral health crisis line, and civil court reforms.
2. **Better prepare the behavioral health workforce to serve high-acuity clients** and provide community-based services, and support implementation of the CalAIM Initiative.
3. The behavioral health workforce **will better reflect the diversity** (i.e., cultural and linguistic background, race/ethnicity, sexual orientation, gender identity, and other historically underserved populations) of all Californians.
4. The behavioral health workforce **will include a substance use disorder workforce on parity with the mental health workforce**. This workforce will reflect the holistic meaning of "behavioral health."
5. **Robust career pathways will feed into the behavioral health system**, from high school through licensure. These pathways will support underserved communities and provide multiple points of entry and re-entry to licensed and non-licensed positions alike.

Table 1. Diversity Initiatives (These initiatives & their allocations are included in the other tables.)

Initiative Type	Budget/Policy Proposal
Non-Licensed Provider Initiatives	<ul style="list-style-type: none"> • See Table 2: Non-licensed providers represent a diverse group of individuals and therefore, all initiatives that increase the number of non-licensed providers will help address diversity.
Secondary & Post-Secondary Pipeline Development	<ul style="list-style-type: none"> • \$100 million to create a public behavioral health pipeline that reflects the diversity of California’s low-income and underserved communities through establishing partnerships between the public behavioral health delivery system with high schools and community colleges.
DEI Training	<ul style="list-style-type: none"> • \$1 million one-time competitive grant to conduct a statewide LGBTQ affirming training for behavioral health providers serving the Medi-Cal population, including licensed and certified alcohol and drug treatment programs. The LGBTQ population is disproportionately impacted by SUD. Overdose and homeless for LGBTQ transition aged youth is extremely high in comparison to non-LGBTQ peers.

Specialized Training for Providers with Limited English Proficiency	<ul style="list-style-type: none"> • \$5 million (\$1 million per year for 5 years) to provide specialized training for non-native English speakers to improve charting and documentation skills.
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Table 2. Non-Licensed Provider Initiatives

Position Type	Budget/Policy Proposal
Peer Support Specialists	<ul style="list-style-type: none"> • \$3.2 million for 2 years to establish the statewide certifying entity and \$3.2 million ongoing with \$3.2 million federal matching funds for peer support services. The fees will cover the ongoing costs of the certifying entity. Require statewide certification for peer support specialists & amend the Medicaid state plan to include a certified peer support specialist as a covered provider type. • \$10 million to certify 5,000 peer support specialists by covering the costs of certification as well as management training for both certified peers and SUD counselors, creating a career ladder for these professionals.
SUD Counselors and Coaches	<ul style="list-style-type: none"> • \$3.6 million to add 1,200 SUD counselors through tuition assistance and test preparation. • \$20 million for 200 paid internships and supervision of interns and supporting a pathway to licensure as a licensed advanced alcohol drug counselor. Internships would be within the public behavioral health delivery system, including its contracted network. • \$3.25 million to support scholarships for training at least 500 health and wellness coaches. Graduates will become SUD/behavioral health-informed coaches and National Board-eligible in Health and Wellness Coaching. • \$1 million over two years to fund stipends to cover costs related to testing and portfolio review for 3,000 registered alcohol drug technicians who are seeking registration or certification.
\$44.25 M one-time \$3.2 M ongoing	

Table 3. Licensed Provider Initiatives

Position Type	Budget/Policy Proposal
MSW Students and other Masters Students	<ul style="list-style-type: none"> • \$100 million in grants and stipends to Masters-level and dual Masters & Doctoral-level students seeking degrees in fields associated with BH, excluding social workers. <hr/> <ul style="list-style-type: none"> • \$120 million to establish a stipend program for MSW students with a specialized focus on behavioral health. Students shall be eligible for \$18,500 per year up to two years. Stipend includes a two-year PBHS service obligation. The program shall be designed to support students from under-represented communities. <ul style="list-style-type: none"> ○ \$74 million to support 2,000 students who commit to completing their service requirement within the San Joaquin Valley and Inland Empire. ○ \$37 million to support 1,000 students who complete their service requirement in the general public behavioral health delivery system. ○ \$9 million for administration of the program. <hr/> <ul style="list-style-type: none"> • \$13.2 million to fund scholarships for a new workforce training program: Primary Care Providers Training and Education in Addiction Medicine (PC-TEAM), a one-year fellowship at UC Irvine.
Pre-Licensed and Licensed BH Providers	<ul style="list-style-type: none"> • \$250 million to non-profits/public sector to support paid field internships and increase slots for pre-licensurees obtaining their clinical hours for licensure in the form of grants or direct payments. • \$10.6 million for the CA State Loan Repayment Program to increase the number of awards granted to primary care providing behavioral health services or working in a team-based care setting and behavioral health providers. • Internship placement opportunities between Merced and Stanislaus Counties and CSU-Stanislaus Dept. of Social Work, Dept. of Psychology, and Counselor Education programs. • \$10 million over 5 years for tuition reimbursement and stipends for licensed mental health and medical professionals to complete SUD-specific courses. • \$600 million to establish the Behavioral Health Workforce Preservation and Restoration Fund to provide hiring or performance-based bonuses, salary augmentation, overtime pay, or hazard pay to professionals working in the public behavioral health delivery system, its contracted providers, and Medi-Cal enrolled behavioral health providers. \$100 million shall be specifically set aside for licensed professionals and shall be prioritized to retain or recruit licensed staff for facilities and programs at risk of closure due to a shortage of licensed staff.
\$1.09 B one-time	

Table 4. Partnerships with Educational Institutions

Initiative Type	Budget/Policy Proposal
<p>Academic Pipeline Programs</p>	<ul style="list-style-type: none"> • \$100 million to create a public behavioral health pipeline that reflects the diversity of California’s low-income and underserved communities through establishing partnerships between the public behavioral health delivery system with high schools and community colleges. • \$1 million to support planning and partnership development for the following accelerated academic programs to grow the public behavioral health workforce pipeline: <ul style="list-style-type: none"> ○ A concurrent B/MSW program that will allow students to complete both programs at an accelerated rate. The program shall require a student to take a course on working with people with severe mental illness, or substance use disorder with a focus on working in the public behavioral health system. ○ An accelerated academic program in which students with experience as peer support specialists, mental health/behavioral health workers, community health workers, or psychiatric technicians may receive their associate degree, as well as a bachelor’s and master’s degree in social work. The program shall require a student to take a course on working with people with severe mental illness or substance use disorder, with a focus on working in the public behavioral health system, including its contracted providers, and Medi-Cal enrolled behavioral health providers.
<p>Build Educational Slots</p>	<ul style="list-style-type: none"> • \$10 million for CalMedForce to fund psychiatry graduate medical education programs. The funding will be distributed via competitive grants to psychiatry GME programs that prioritize serving California’s medically underserved populations and areas. • \$100 million for additional slots for Addiction Psychiatry and Addiction Medicine fellowship programs. Fellowships should include PBHS service obligation. • \$52 million to add 4,350 licensed behavioral health professionals through grants to existing university/college training programs. Grants should include partnerships with the public sector. • \$7.3 million to increase MSW, MFT & LPCC slots at CSU-Stanislaus. • \$13.2 million to fund scholarships for a new workforce training program: Primary Care Providers Training and Education in Addiction Medicine (PC-TEAM), a one-year fellowship at UC Irvine.
<p>Build Specialized Curriculum</p>	<ul style="list-style-type: none"> • \$50 million to fund 60-100 colleges/universities with high enrollment of students from underrepresented communities to develop a specialized curriculum focused on working in the public behavioral health delivery system, including a focus on substance use disorders. The specialized curriculum should enhance training and prepare professionals to serve justice and system-involved clients.

Research

- \$3 million for the University of California 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 analysis will also include an evaluation of scope of practice laws, hiring guidelines, and licensing practices including state and international reciprocity agreements and relicensing workers interested in re-entering the field.

\$336.5 M one-time

TOTAL PROPOSAL BUDGET REQUEST	
One-time	\$1.47 B
Ongoing	\$3.2 M

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