MHASF
MENTAL HEALTH ASSOCIATION OF SAN FRANCISCO

The mission of MHASF is to cultivate peer leadership, build community, and advance social justice in mental health.

May 22, 2026

The Honorable Gavin Newsom
Governor, State of California
State Capitol, Room 1173
Sacramento, CA 95814

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

The Honorable John Laird (Chair)
Senate Budget and Fiscal Review Committee
1020 N. Street, Room 502
Sacramento, CA 95814

The Honorable Caroline Menjivar (Chair)
Senate Budget Subcommittee #3 – Health
and Human Services
1021 O Street, Suite 6630
Sacramento, CA 95814

The Honorable Dawn Addis (Chair)
Assembly Budget Subcommittee #1 – Health
1021 O Street, Suite 4120
Sacramento, CA 95814

RE: Community Support for $6.5 Million in BHSA Funding for the California Peer-Run Warm Line

Dear Governor Newsom, Senators Laird and Menjivar, and Assemblymembers Gabriel and Addis:

We, the undersigned organizations, service providers, and community members, write in strong support of the request made by Senator Scott Wiener, Assemblymember Matt Haney, and fifteen legislative colleagues for **$6.5 million in ongoing BHSA funding** to restore the California Peer-Run Warm Line and CalHOPE Warm Line — collectively, the Warm Line. We urge you to include this appropriation in the FY 2026–27 State Budget and to establish it as a protected, ongoing line within the BHSA prevention framework.

<u>What the Warm Line Does — and Why It Cannot Be Replaced</u>

The Warm Line is California's only statewide peer-staffed prevention service operating before crisis hits. It is recognized in the AB 988 Five-Year Implementation Plan[i] and CDPH's BHSA Population-Based Prevention Program Final Plan[ii] as part of the integrated continuum of care — filling the gap between everyday struggle and the 988-crisis line. Warm Line counselors are Medi-Cal Peer Specialist Certified individuals with lived mental health experience, offering something 988, 911, and county crisis teams cannot: pre-crisis, **peer support at roughly $60 per contact**, compared to $82 for a 988 call[iii,iv] and an estimated $1,100 to $1,300 per emergency room visit. [v,vi,vii]

In FY 2024–25, the Warm Line answered over 250,000 calls. Among those, 8,000 involved callers expressing suicidal concerns — yet fewer than 1% required transfer to 988 or 911. That is prevention working: reaching people at the edge without deploying the most expensive and traumatic interventions the system offers. With

36% of callers connecting in Spanish, the Warm Line is also one of the few behavioral health services in California reaching monolingual Spanish-speaking communities at meaningful scale.

The Numbers Make the Case

The geographic reach of the Warm Line reveals something important: the highest per-capita utilization is not in San Francisco or Los Angeles. It is in Colusa County, where cumulative calls since 2019 equal 8% of the county population — nearly 1 in 12 residents. In Siskiyou, Tuolumne, and Shasta, the figure is 3%, with drive times to the nearest behavioral health clinic measured in hours. For these communities, the Warm Line is not a supplement — it is the system.

The fiscal arithmetic is straightforward. If just 15% of callers who cannot get through instead seek emergency care — consistent with documented rates among warm line users — that produces 30,600 to 36,000 additional ER visits annually, at a system cost of $36.7 million to $43.2 million. The $6.5 million investment being requested would cost less than one-fifth of what its absence will cost. **Peer-based interventions are associated with up to a 40% reduction in ER visits**[viii,ix,x], and **early mental health intervention reduces the lifetime burden of serious mental illness by $73,000 per patient.**[xi] These are not projections — they are the documented consequences of allowing this service to operate at 20% of its former capacity.

What Underfunding Has Already Cost

At peak capacity in FY 2024–25, the CA Warm Line handled over 25,000 contacts per month. Following the Governor's $5 million allocation — less than half of prior funding and one-third of what was requested — only 5,000 to 8,000 contacts are now answered each month. Three out of four callers cannot get through.

The Spanish-language line has been shut down. Infrastructure supporting warm lines serving Chinese, Ukrainian, Russian, and Black communities has been cut.[xii] More than 100 Certified Peer Specialists — people who turned their own recovery into a living wage and a vocation — have been laid off, many of them former Warm Line callers themselves.

MHASF CEO Mark Salazar put the question plainly when the layoffs began:

> "We shouldn't be cutting back any type of service. We should actually invest in more. Where do those 20,000 to 30,000 calls go? We don't have an answer."

Voices from the Line

Lori Padilla, a Central Valley resident who worked as a Warm Line peer counselor for more than two years, described what the service meant to her before she was on the other end of the phone:

> "I actually called the warm line a couple of times and went to the support groups at MHASF. The two together really changed my life… It was just so refreshing to have someone on the other end of the phone that cared and actually listened."

Kalyn Jones, a counselor in Shasta County who has worked the line since 2021, explained the geography of the problem:

> "The accessibility of the Warm Line is something that is just vital, especially when navigating mental health resources. Folks sometimes are coming from a smaller community — there's not a lot of resources in the environment."

A caller described the difference the line made at a moment of acute risk:

> "My local warm line was closed, but you were available. I was at risk of my suicidal thoughts becoming a crisis, and thanks to your 24/7 service, I was able to avoid it."

A Central Valley peer specialist who asked to be identified only as Ann reflected on why she chose to stay:

> "I had received so much and still do — it was important for me to be able to give back. Nothing compares to the service… We have created trust, and trust has been established. Without that, I'm concerned for people and where they're going to turn."

Our Request

We support Assemblymember Haney's request for **$6.5 million in ongoing annual BHSA funding** for the CA Peer-Run Warm Line and CalHOPE, beginning in the 2026–27 budget. This would restore 24/7, bilingual, statewide operations — answering an estimated 125,000 contacts annually — at a cost-per-contact lower than any other point on the behavioral health continuum.

Seventeen Senate and Assembly Members have already written to their respective Budget Committees documenting that this funding is necessary to preserve a service that answered 8,000 calls involving suicidal concerns in a single year, with fewer than 1% requiring emergency escalation. That record should not be allowed to disappear because of a budget line.

When the Behavioral Health Services Act was passed, California said prevention matters. The Warm Line is where that commitment meets a real person at 2 in the morning with nowhere else to turn.

We ask you to fund it.

Respectfully submitted,

Mark Salazar, CEO, Mental Health Association of San Francisco on behalf of the undersigned coalition.

Alliant International University – California School of Professional Psychology
CA Youth Crisis Line
California Alliance of Child and Family Services
California Association of Local Behavioral Health Boards and Commissions
California Association of Mental Health Peer-Run Organizations (CAMHPRO)
California Association of Peer Supporters Academy
California Coalition for Behavioral Health
California Consortium for Urban Indian Health
California Peer Watch
California Youth Empowerment Network
Call Blackline
CalVoices
Code Tenderloin
Curry Senior Center
Disability Rights of California
Family Caregiver Alliance
Hearing Voices Network Bay Area
Hugspace
Kelechi Ubozoh Consulting
LIVE
Mental Health America National
Mental Health Association of Alameda County
Mental Health America of California
Mental Health Association for Chinese Communities
National Alliance on Mental Illness San Francisco

Painted Brain
Senior and Disability Action
St. Mark's Square
The Healing Well

CC:
Honorable Scott Wiener, Senate District 11
Honorable Matt Haney, Assembly District 17
Honorable Robert Rivas, Speaker of the Assembly
Honorable Monique Limón, Senate President pro Tempore
Scott Ogus, Senate Budget Subcommittee #3
Patrick Le, Assembly Budget Subcommittee #1
Honorable Sabrina Cervantes, Chair, Senate Appropriations Committee
Honorable Buffy Wicks, Chair, Assembly Appropriations Committee
Kim Johnson, Secretary, California Health & Human Services Agency
Corrin Buchanan, Undersecretary, California Health and Human Services Agency
Richard Figueroa, Deputy Cabinet Secretary, Governor's Office
Stephanie N. Welch, Deputy Secretary of Behavioral Health, California Health & Human Services Agency

Dr. Erica Pan, Director and State Public Health Officer, Department of Public Health
Dr. Rita Nguyen, Assistant Public Health Officer, Department of Public Health
Michelle Baass, Director, Department of Health Care Services
Paula Wilhelm, Deputy Director, Behavioral Health, Department of Health Care Services
Joe Stephenshaw, Director, Department of Finance
Erika Li, Chief Deputy Director, Budgets, Department of Finance
Guadalupe Manriquez, Program Budget Manager, Health, Department of Finance

Notes

[i] Building California's Comprehensive 988-Crisis System: A Strategic Blueprint, December 2024, https://www.chhs.ca.gov/wp-content/uploads/2025/01/AB-988-Five-Year-Implementation-Plan-Final-ADA-Compliant.pdf
[ii] CDPH BHSA Population-Based Prevention Program Final Plan, March 2026, https://www.cdph.ca.gov/Programs/OPP/CDPH%20Document%20Library/CDPH-BHSA-Population-Based-Prevention-Final-Plan.pdf
[iii] SAMHSA, *988 Appropriations Report*, December 2021 https://www.samhsa.gov/sites/default/files/988-appropriations-report.pdf
[iv] Naslund et al., *International Journal of Mental Health Systems*, 2023 — "Implementation of the 988 Suicide & Crisis Lifeline at the State-Level", PMC full text: https://pmc.ncbi.nlm.nih.gov/articles/PMC10758993/
[v] AJMC (American Journal of Managed Care), 2022: https://www.ajmc.com/view/reducing-avoidable-ed-visits-for-mental-health-could-cut-billions-in-costs-improve-patient-outcomes
[vi] HCUP Statistical Brief #257, AHRQ (2020) — Costs of ED Visits for Mental and Substance Use Disorders, 2017 https://hcup-us.ahrq.gov/reports/statbriefs/sb257-ED-Costs-Mental-Substance-Use-Disorders-2017.jsp *(This is the best national dataset — use this to establish a credible range)*
[vii] HCAI California Behavioral Health ED & Inpatient Data https://hcai.ca.gov/visualizations/inpatient-hospitalizations-and-emergency-department-visits-for-patients-with-a-behavioral-health-diagnosis-in-california-patient-demographics/
[viii] Peer-based interventions reduce ED visits by up to 40%. https://psychiatryonline.org/doi/10.1176/appi.ps.72102
[ix] JMIR Mental Health, 2020 — Peer Support in Mental Health: Literature Review. https://pmc.ncbi.nlm.nih.gov/articles/PMC7312261/
[x] ASPE/HHS Report — Innovative Models of Peer Support to Reduce Preventable Acute Hospitalization. https://aspe.hhs.gov/reports/assessment-innovative-models-peer-support-services-behavioral-health-reduce-preventable-acute-0
[xi] Health Affairs, April 2019 — "Measuring the Lifetime Costs of Serious Mental Illness and the Mitigating Effects of Educational Attainment" https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2018.05246
[xii] Telemental Health & Emotional Support Coalition of California, https://www.mentalhealthsf.org/warm-line-federation