



April 27, 2026

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

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

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

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

Subject: Opposition to 2026-27 Governor’s January Budget Proposal to Eliminate the Statewide Medi-Cal Mobile Crisis Benefit

Dear Senators Laird and Menjivar, and Assemblymembers Gabriel and Addis

The undersigned organizations share a common mission of improving the behavioral health of Californians. As such, we write to express our strong opposition to the proposed elimination of the statewide Medi-Cal Community-Based Mobile Crisis Intervention Services benefit (referred to as the Mobile Crisis Benefit). The proposal to shift this benefit from a statewide mandatory Medi-Cal benefit to an optional, county-funded, benefit poses significant risks to maintaining California’s progress in ensuring all Californians have access to a comprehensive behavioral health crisis response system.

Since its implementation, the Medi-Cal Mobile Crisis benefit has provided timely, coordinated, and clinically appropriate behavioral health crisis support throughout the state. While this benefit was established to serve the Medi-Cal population, mobile crisis teams are structured to respond regardless of insurance status. In practice, these teams serve not only individuals enrolled in the Medi-Cal program, but also those served through commercial insurance or those who lack insurance. Mobile crisis teams have successfully diverted individuals experiencing behavioral health crises from emergency departments and reduced law enforcement involvement. Mobile crisis teams have also contributed to a significant reduction in Lanterman-Petris-Short (LPS) 5150 involuntary psychiatric holds, which can be traumatic and have lasting negative impacts on individuals and their families and have connected individuals to ongoing behavioral health services. Mobile crisis teams are also essential to local responses to address homelessness, substance use conditions, as well as the youth mental health crisis. Notably, 44% of adults who utilized a mobile crisis team were connected to mental health services within 30 days of these services.¹

¹ Kim, S. Kim, H. Determinants of the use of community-based mental health services after mobile crisis team services: An empirical approach using the Cox proportional hazard model. *J Community Psychol.* 2017;45:877–887: <https://doi.org/10.1002/jcop.21899>

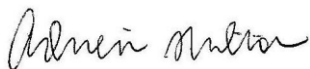
Making this an optional benefit could result in increased county costs of \$169 million annually to cover the non-federal share of costs, based on current utilization of the benefit. In addition, the implementation of the Behavioral Health Services Act (BHSA), which restructures county funding by shifting resources from mental health services to housing, combined with the impacts of House Resolution 1 (H.R. 1), will further strain county resources. Under the Governor’s Budget proposal, counties would be forced to make difficult decisions within existing fiscal constraints, potentially reducing the scope of mobile crisis services or eliminating this benefit entirely, leaving too many vulnerable individuals without access to essential community-based crisis response.

Over the course of the last few years, both State and County have made substantial investments to build out the infrastructure, workforce capacity, and systems coordination necessary to deliver this benefit effectively and meet its stringent federal and state requirements. Scaling back coverage of this benefit would risk undermining these investments and lead to gaps in access to crisis services and lead to negative outcomes for individuals with behavioral health crisis needs.

Furthermore, under the federal Medicaid’s Early and Periodic Screening Diagnostic and Treatment (EPSDT) mandate, counties will still need to provide mobile crisis response to children and youth on Medicaid under the age of 21. A system in which children’s mobile crisis services are mandatory while adult mobile crisis services are optional creates more confusion and harm for vulnerable individuals, providers, and counties.

For these reasons, we respectfully urge the Legislature to reject the January budget proposal to change the Medi-Cal Mobile Crisis benefit into an optional county benefit, and to maintain and extend the benefit as a statewide, mandatory Medi-Cal benefit. Doing so would ensure equitable access to behavioral health crisis services throughout the state and preserve the significant number of investments already made in the behavioral health crisis continuum.

Sincerely,



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And the undersigned organizations:

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