



May 21, 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: Continued Opposition to Governor’s 2026-27 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 mandatory statewide Medi-Cal benefit to an optional, county-funded benefit poses significant risks to ensuring that 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. Although the benefit was established to serve the Medi-Cal population, mobile crisis teams are designed to respond regardless of insurance status. In practice, these teams serve not only individuals enrolled in the Medi-Cal program, but also individuals 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 unnecessary law enforcement involvement. Mobile crisis teams have also contributed to significant reductions 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 helped connect individuals to ongoing behavioral health services. In addition, mobile crisis teams are essential to local efforts 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>

This proposal was first introduced in the Governor's January budget and remains unchanged in the May Revision despite the harmful consequences that eliminating this benefit would have on California's most vulnerable individuals. While the May Revision includes a \$20.1 million General Fund offset from the Behavioral Health Services Fund in 2026-27 to support Qualifying Community-Based Mobile Crisis Services, this funding is intended only to cover the state's share of the current benefit through March 31, 2027, in lieu of the 988 funding proposed in the Governor's Budget. Under the Governor's Budget proposal, DHCS proposes to recast mobile crisis response services as an optional Medi-Cal benefit available only in counties that elect to participate, effective April 1, 2027,

Making this an optional benefit could result in increased county costs of approximately \$169 million annually to cover the non-federal share of costs, based on current utilization of the benefit. This proposal also comes at a time when counties are implementing the Behavioral Health Services Act (BHSA), updated by Proposition 1 and which becomes effective July 1, 2026. The BHSA in part restructures permissible uses of county funding by shifting resources from mental health services to housing. Combined with the impacts of House Resolution 1 (H.R. 1), these changes will place ever greater strain on county resources. Counties are already forced to make difficult decisions within existing fiscal constraints, and their ability to utilize existing local funding sources is limited. Therefore, **counties may be forced to reduce the scope of mobile crisis services or eliminate this benefit entirely**, leaving too many vulnerable individuals without access to essential community-based crisis response.

Over the last several years, both the State and counties have made substantial investments to build out the infrastructure, workforce capacity, and systems coordination necessary to deliver this benefit effectively. Scaling back coverage of this benefit now would undermine those investments, creating gaps in access to crisis services, and thus lead to negative outcomes for children and adults with behavioral health crisis needs.

Furthermore, under the federal Medicaid Early and Periodic Screening Diagnostic and Treatment (EPSDT) mandate, counties will still be required to provide mobile crisis response to Medicaid-enrolled children and youth 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 thank the Assemblymembers and Senators who have already voiced their opposition to this budget proposal. We respectfully urge the Legislature to include in its budget plan a rejection of the proposal to eliminate the Medi-Cal Mobile Crisis benefit. Maintaining mobile crisis services as a mandatory statewide Medi-Cal benefit, will ensure equitable access to behavioral health crisis services throughout the state and preserve the significant number of investments already made in the state's behavioral health crisis continuum.

Sincerely,



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