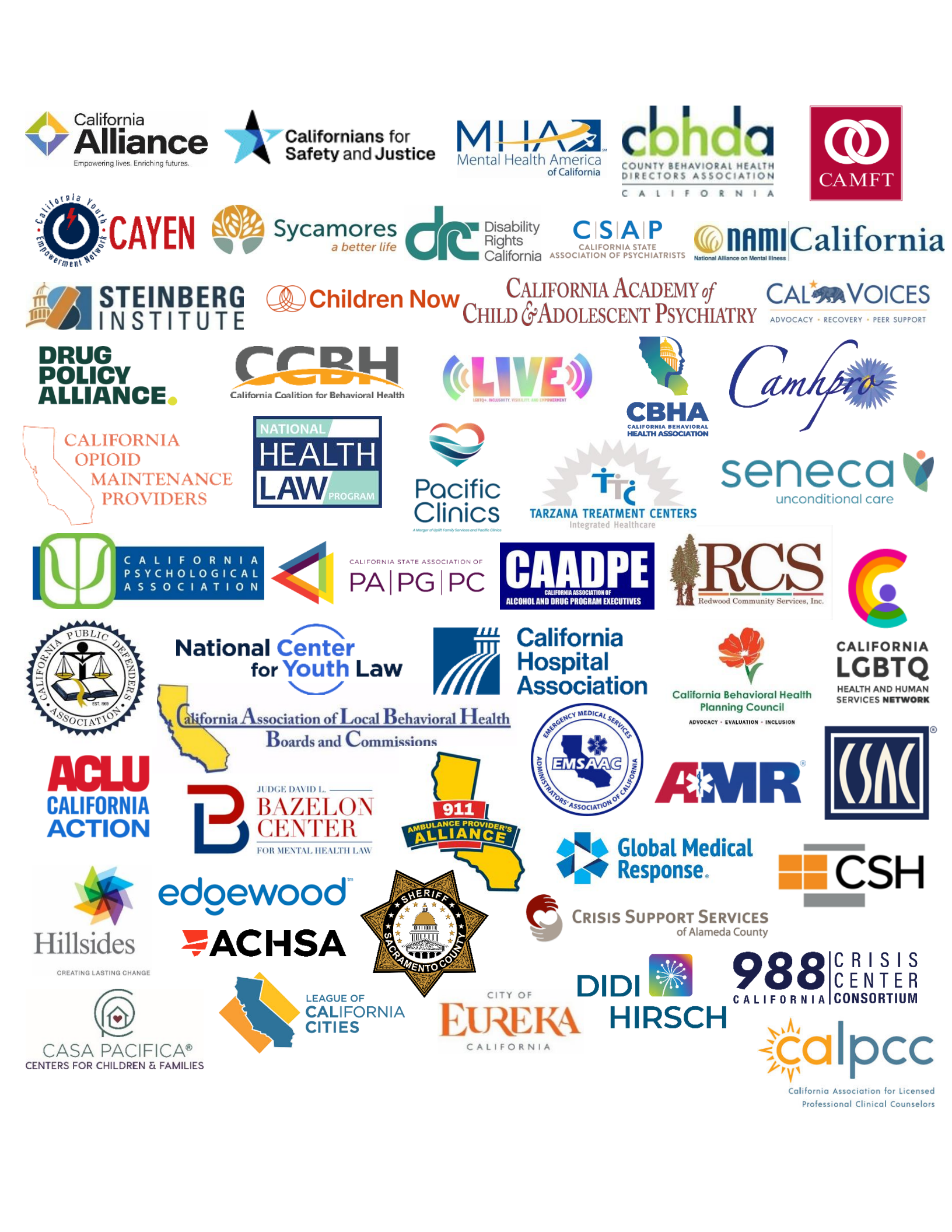
California Alliance
Empowering lives. Enriching futures.
Californians for Safety and Justice
MHA Mental Health America of California
cbhda
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION
CALIFORNIA
CAMFT
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Disability Rights California
CSAP
CALIFORNIA STATE ASSOCIATION OF PSYCHIATRISTS
NAMI California
National Alliance on Mental Illness
STEINBERG INSTITUTE
Children Now
CALIFORNIA ACADEMY of CHILD & ADOLESCENT PSYCHIATRY
CAL VOICES
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CCBH
California Coalition for Behavioral Health
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A Merger of Uplift Family Services and Pacific Clinics
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CAADPE
CALIFORNIA ASSOCIATION OF ALCOHOL AND DRUG PROGRAM EXECUTIVES
RCS
Redwood Community Services, Inc.
CALIFORNIA PUBLIC DEFENDERS ASSOCIATION
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California Hospital Association
California Association of Local Behavioral Health Boards and Commissions
California Behavioral Health Planning Council
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ACLU CALIFORNIA ACTION
JUDGE DAVID L. BAZELON CENTER FOR MENTAL HEALTH LAW
911 AMBULANCE PROVIDER'S ALLIANCE
EMERGENCY MEDICAL SERVICES ADMINISTRATORS' ASSOCIATION OF CALIFORNIA
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LEAGUE OF CALIFORNIA CITIES
CITY OF EUREKA CALIFORNIA
calpcc
California Association for Licensed Professional Clinical Counselors

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

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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]

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[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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Senior Vice President of Public Policy & Strategy
California Alliance of Child and Family Services

Michelle Cabrera
Executive Director
County Behavioral Health Directors Association

And the undersigned organizations:

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President
911 Ambulance Provider Alliance

Narges Zohoury Dillon
President
988 California: Crisis Center Consortium

Alicia Benavidez
Director of Legislative Affairs

Jodi Kurata
Chief Executive Officer

ACLU California Action

Thomas Wagner
President, National Operations
American Medical Response

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California Association of Licensed Professional Clinical Counselors

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National Health Law Program

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Pacific Clinics

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Sheriff
Sacramento County Sheriff's Office

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Director of Government Affairs
Steinberg Institute

Albert M. Senella
President/ Chief Executive Officer
Tarzana Treatment Centers

Victoria Kelly
Chief Executive Officer
Redwood Community Services

Leticia Galyean
Chief Executive Officer
Seneca

Jana Lord
Chief Operating Officer
Sycamores

CC:

Honorable Roger Niello, Vice Chair Senate Budget Committee
Scott Ogus, Senate Budget Subcommittee #3
Patrick Le, Assembly Budget Subcommittee #1
Anthony Archie, Senate Budget Republican Caucus
Eric Dietz, Assembly Republican Caucus
Richard Figueroa, Deputy Cabinet Secretary, Governor's Office
Joe Stephenshaw, Director, Department of Finance
Erika Li, Chief Deputy Director, Budgets, Department of Finance
Guadalupe Manriquez, Program Budget Manager, Health, Department of Finance
Kim Johnson, Secretary, California Health and Human Services Agency
Corrin Buchanan, Undersecretary, California Health and Human Services Agency
Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency
Brent Houser, Assistant Secretary, California Health and Human Services Agency
Michelle Baass, Director, Department of Health Care Services
Tyler Sadwith, Medicaid Director, Department of Health Care Services
Paula Wilhelm, Deputy Director, Behavioral Health, Department of Health Care Services