



California Behavioral Health Planning Council

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CHAIRPERSON
Tony Vartan

January 16, 2026

EXECUTIVE OFFICER
Jenny Bayardo

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

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

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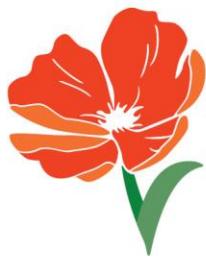
Dear Assemblymember Gabriel:

On behalf of the California Behavioral Health Planning Council (CBHPC), I am writing to express our opposition to the proposed change to the Medi-Cal Community-Based Mobile Crisis Intervention Services benefit (referred to as the Mobile Crisis Benefit), included in the Governor's 2026-2027 January Budget.

The CBHPC serves as an advisory body to the Legislature and the Administration on behavioral health policies and priorities, as outlined in Welfare and Institutions Code §§ 5771 and 5772. Our diverse membership includes individuals with lived experience of serious mental illness and substance use disorders, family members, service providers, professionals, and representatives from state departments whose work intersects with California's behavioral health system. Their perspectives are essential in our evaluation of the public behavioral health system and shape the Council's recommendations.

The proposal to shift the Mobile Crisis Benefit from a statewide mandatory Medi-Cal benefit to a county-optional benefit poses significant risks to maintaining California's progress in ensuring all Californians have access to a comprehensive behavioral health crisis response system.

Mobile Crisis teams play a crucial role in de-escalating crises and connecting individuals with appropriate community-based services, rather



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than defaulting to hospitalization or law enforcement involvement. Research¹ shows that 44 percent of adults who engaged with a mobile crisis team connected with mental health services within **30 days**, demonstrating their effectiveness in facilitating care. Mobile crisis teams help reduce emergency room visits and hospital admissions, as early intervention prevents unnecessary hospitalization.

With the implementation of the Behavioral Health Services Act (BHSA), which restructures funding by shifting resources from mental health services to housing, counties may face difficult decisions to reduce the scope of services or eliminate this benefit entirely, potentially leaving vulnerable individuals without access to essential, life-saving community-based crisis response.

Amid the increasing behavioral health needs of Californians, it is more critical than ever to preserve funding to ensure adequate supports and services are available for individuals living with a serious mental illness and substance use disorder.

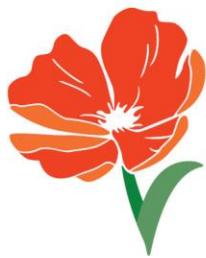
The California Behavioral Health Planning Council respectfully urges the Legislature to reject the January budget proposal to change the Medi-Cal Mobile Crisis benefit into an optional county benefit, and to maintain and extend the benefit as a statewide, mandatory Medi-Cal benefit.

If you have any questions, please contact Jenny Bayardo, Executive Officer, at (916) 750-3778 or via e-mail at Jenny.Bayardo@cbhpc.dhcs.ca.gov.

Sincerely,

Tony Vartan
Chairperson

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>



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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
Paula Wilhelm, Deputy Director, Behavioral Health, Department of
Health Care Services
Erika Cristo, Assistant Deputy Director, Behavioral Health,
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