



10/30/25 CPAG Meeting - Notes

Attendees:

<p>CPAG Members</p>	<ul style="list-style-type: none"> • Aaron Ortiz (La Familia) • Ana Rasquiza (RCD) • Andie Martinez Patterson (CHCN) • Aneeka Chaudhry (AC Health, Co-Chair) • Dr. Kathleen Clanon (AC Health) • Dr. Karyn Tribble (AC Health) • Jonathan Russell (AC Health) • Lisa Ryan (CalPEP) • Jamie Almanza (BACS) • Joe Greaves (Alameda-Contra Costa Medical Association) • Kathy Young (TriValley Non Profit Alliance) 	<ul style="list-style-type: none"> • Matthew Maddaus (BH Collaborative) • Matthew Woodruff (AAH) • Narges Dillon (Crisis Support Services) • Nate Miley (BOS District 4, Co-Chair) • Dr. Noha Aboelata (Roots) • Rebecca Rozen (Hospital Council) • Vanessa Davis (Kaiser Permanente)
<p>Other Participants</p>	<ul style="list-style-type: none"> • Aliza Kazmi (BOS District 5) • Daniel Johnson (via Zoom) • Elizabeth Taing (AC Health) • Erin Armstrong (BOS District 4) • Evette Brandon (AC Health) • Jeannette Rodriguez (AC Health) • Kerry Landry (Facilitator) • Kimberley Tsang (AC Health) 	<ul style="list-style-type: none"> • Lisa Erickson (AC Health) • Moiser Hang (SAHA) • Noah Gallo (AC Health via Zoom) • Ryan Hughes (BOS District 3) • Sequoia Hall (Roots) • Stacy Hill (AC Health) • Toni Panetta (Alameda Health Consortium via Zoom) • Vanessa Baker (AC Health)

Summary Notes

Agenda Item	Notes
Opening Remarks	<p>Supervisor Miley kicked off the meeting with the following remarks:</p> <ul style="list-style-type: none"> • Hello everyone – it must feel overwhelming given the ongoing policy shifts and day-to-day operations from the federal administration. But we must focus on keeping things positive as a framework to remain forward-thinking. There will be light at the end of the tunnel. The conversations we will have today will focus on the best ways to address the challenges that are before us, particularly around Medicaid. Our Social Services Agency (SSA) director is joining us today, which will be imperative for our discussions. Thank you, everyone, for taking the time to join today’s meeting. Thank you AC Health’s Interim Director Aneeka Chaudhry and my office’s Director of Policy and Strategic Initiatives Erin Armstrong for helping bring us all together.
Highlights from last meeting	<ul style="list-style-type: none"> • Common themes from last meeting <ul style="list-style-type: none"> ○ Quantifying and building shared understanding of impacts towards changing policies across sectors ○ Sharing strategies to manage financial gaps ○ Prioritizing activities to support system as a whole ○ Solidarity with each other ○ Prioritizing enrollment in Medi-Cal to avoid loss in coverage and funding
Meeting Objectives	<ul style="list-style-type: none"> • During today’s meeting, we will: <ul style="list-style-type: none"> ○ AC Health and Alameda Alliance for Health will outline their approaches to recent changes to Medi-Cal, focusing on re-enrollment and enrollment efforts. ○ Then, CPAG members will break into four groups to discuss strategies/plans on Medi-Cal enrollment and other federal administration changes. ○ AC Health’s Behavioral Health Department will provide a deep dive into the Behavioral Health Service Act (BHSA).
AC Health Medi-Cal Impacts	<p>Aneeka Chaudhry, Interim Agency Director of Alameda County Health presented:</p> <ul style="list-style-type: none"> • Upcoming Medi-Cal Changes beginning 2025 – 2028 based on H.R. 1 bill and the State budget • Overview of major policy changes in CalFresh and Medi-Cal • We expect the health system to be required to cover losses with higher barriers to enrollment and re-enrollment in Medi-Cal. • Recent BOS investments from Measure W Essential Services:



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	<ul style="list-style-type: none"> ○ \$2.5 million for Medi-Cal Outreach and Enrollment, split between Social Services Agency and AC Health. ○ \$1.5 million for LGBTQI+ supports ○ \$4 million for Prop 1 transition impacts ○ \$16.5 million for food programs ○ \$7 million for immigrant and refugee supports ● On 10/17, AC Health hosted a provider roundtable to understand how organizations are communicating the benefit changes to their clients. <ul style="list-style-type: none"> ○ Key takeaways included using clear and simple language, utilizing trusted messengers, and a need to iterate messaging as time goes on. ○ Priority messages were identified: <ul style="list-style-type: none"> ▪ Your health is important, don't delay care ▪ If you're eligible for Medi-Cal, enroll or stay enrolled ▪ Keep your information up to date with Medi-Cal ● Highlighted HealthPAC's Health Insurance Enrollment Unit and their Health Insurance Technicians (HITs) ● Next steps: <ul style="list-style-type: none"> ○ SSA and AC Health are working together to: <ul style="list-style-type: none"> ▪ Track work across existing groups to reduce duplication ▪ Coordinating safety net partners and the BOS to ensure policy alignment ▪ Fon shared priorities ▪ Develop a unified response to state and federal impacts ○ There will be regular Joint Health Social Services committee meetings in 2026 ○ D5 Medi-Cal working group will continue to work in urgent/emergent issues, supported by the Backbone Team to ensure alignment ○ CPAG will continue to meet quarterly and Backbone Team to ensure cross-pollination of ideas/developments ○ AC Health Medi-Cal Outreach Campaign anticipated to run Nov. 5 – Dec. 31 2025 to prioritize informing individuals with UIS to enroll by Dec. 31, encourage eligible residents to enroll/re-enroll in Medi-Cal or check their status, and inform Alameda County residents about available resources.
AAH Medi-Cal Impacts	Matt Woodruff, CEO of Alameda Alliance for Health presented:

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	<ul style="list-style-type: none"> • Fiscal year impact to date – AAH expects to lose approximately \$22 million next year and more fiscal losses will come in years to come • AAH’s Board of Governors is currently undergoing 3-year strategic plan • Anticipation of potential shift in a single party control from upcoming federal/state changes, AAH will be collaborating on designing policy ideas, strengthening relationships, and developing strategies to shape possible changes/delays in H.R. 1 • Eligibility outreach efforts in proactive engagement and media campaign in the following threshold languages for the alliance: English, Chinese, Farsi, Spanish, Vietnamese
Breakout groups	<p>The CPAG members were asked to discuss the below questions in small groups:</p> <ul style="list-style-type: none"> • What are your enrollment and outreach strategies? • What tactics do you think are the most important at this time? • Are you doing anything new compared to what you were doing before? • What are we missing as a system? <p>Here are the high level themes and highlights from those conversations.</p> <ul style="list-style-type: none"> • Trust, Equity, and Community Engagement: <ul style="list-style-type: none"> ○ Success relies on trusted messengers (CHWs, <i>promotoras</i>, peers, CBOs) who deliver culturally and linguistically appropriate information. ○ Outreach must be culturally responsive and inclusive, addressing fear, immigration status, and differing experiences of homelessness. ○ Building trust through repetition and visibility—via radio, posters, community events, and consistent messaging—is critical. • Unified Messaging and System Coordination <ul style="list-style-type: none"> ○ Participants called for a single source of truth: centralized FAQs, unified toolkits, and shared templates to prevent misinformation. ○ Need for coordinated communications infrastructure—with clear liaison roles, designated communication leads, and cross-sector consistency. ○ Larger agencies can create materials while smaller partners amplify and localize them for community use. • Workforce Development and Capacity <ul style="list-style-type: none"> ○ Staffing shortages and turnover remain a major challenge; investment in recruitment, training, and retention is essential.



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	<ul style="list-style-type: none">○ Opportunities to deputize existing staff (schools, clinics, food banks) as eligibility workers and embed enrollment support where people already go.○ Calls to build sustainable workforce pipelines, including roles for peers and pathways for people with lived experience.● Data, Privacy, and Technology<ul style="list-style-type: none">○ Need for integrated data systems to improve coordination and inform decision-making while protecting privacy.○ Technology and AI can enhance efficiency but must be deployed carefully to avoid mistrust, inequity, or digital exclusion.○ Tech should support—not replace—human connection, ensuring accessibility for populations with limited digital access.● Funding, Policy Alignment, and System Sustainability<ul style="list-style-type: none">○ Declines in Medi-Cal enrollment directly impact local funding and service sustainability; local sources (e.g., Measure W) must fill gaps.○ The system needs better alignment between state and federal policies to reduce confusion and administrative burden.○ Ongoing policy advocacy and planning are needed to anticipate changes like work requirements and CalAIM timelines.● Lessons from COVID and Emerging Practices<ul style="list-style-type: none">○ Many organizations are reviving pandemic-tested strategies—rapid response structures, flexible funding for IDs/paperwork, and multi-channel outreach.○ Expanding virtual and technology-enabled engagement, while maintaining personal touchpoints.○ Building a “command center” coordination model for faster, more unified system response to evolving needs.● Questions for future discussion/planning<ul style="list-style-type: none">○ Short-term capacity for enrollment: What is the current/existing plan or strategy regarding how we are addressing this issue?○ How can we get ahead of things? Can we also be thinking about items impending, such as work requirements?○ How to navigate the space to retain trust with vulnerable communities, especially those who are multilingual?

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BHSA Update	<p>Dr. Karyn Tribble, Director of AC Health Behavioral Health Department presented:</p> <ul style="list-style-type: none"> • BHSA’s focus shifts from previous upstream interventions to downstream interventions. Some services will be eliminated as a result. • Housing dollars from Behavioral Health funding are changing. Substance use is now included in BHSA, but there are no new dollars allocated to it. • The state claims they will need to be more productive as they are working on billing potential to help with early intervention. Some programs may continue to function the same, some may be closing, and others may have reduced budget allocations. Programs will restructure the early intervention model. • Expecting planning reductions in program areas that do not receive BHSA funding due to county system impacts. Other counties have already begun their program reductions. • Next steps: Willfully maximizing revenue based on a realistic lens for providers, needing to true-up provider contracts with MHSA dollars, looking at non-essential programs to pull those who have not yet started or are at the mid-way point.
Public Comment	<ul style="list-style-type: none"> • No public comments
Closing and Next Steps	<p>Supervisor Miley provided the following closing remarks:</p> <ul style="list-style-type: none"> • The Board is working with the County Administrator, SSA, and AC Health to determine where funding will have the biggest impact. If it can’t meet critical needs, we will be looking at the different pots of reserve. Please continue to inform your clients of the importance in taking care of themselves and helping the community. Thank you all for coming. <p>Interim Director Aneeka Chaudhry provided the following closing remarks:</p> <ul style="list-style-type: none"> • Thank you all for attending and participating in our discussions. Materials and follow-ups will be sent out to attendees from CPAG.