



## 7/15/25 CPAG Meeting - Notes

### **Attendees:**

#### CPAG Members

- Aaron Ortiz (La Familia)
- Ana Rasquiza (RCD)
- Andie Martinez Patterson (CHCN)
- Aneeka Chaudhry (AC Health, Co-Chair)
- Cristi Ritschel (SAHA)
- Donald Frazier (BOSS)
- Dr. Kathleen Clanon (AC Health)
- Kimi Watkins-Tartt (AC Health)
- Jonathan Russell (AC Health)
- Lisa Ryan (CalPEP)
- 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 Baker (Delegate for Dr. Karyn Tribble, AC Health)
- Vanessa Davis (Kaiser Permanente)

#### Other Participants

- Aliza Kazmi (BOS District 5)
- Daniel Johnson (via Zoom)
- Elizabeth Taing (AC Health)
- Erin Armstrong (BOS District 4)
- Jeannette Rodriguez (AC Health)
- Kerry Landry (Facilitator)
- Kimia Pakdaman (AC Health)
- Kimberley Tsang (AC Health)
- Kristel Acasio (AC Health)
- Lisa Erickson (AC Health)
- Noah Gallo (AC Health via Zoom)
- Brian Godwin (AC Health via Zoom)
- Sequoia Hall (Roots)
- Stacy Hill (AC Health)
- Toni Panetta (Alameda Health Consortium via Zoom)
- Vanessa Baker (AC Health)
- Yuliana Wisner-Leon (Eden United Church)

## Summary Notes

### Opening Remarks

- Supervisor Miley kicked off the meeting with the following remarks:
  - Thank you everyone, for attending another CPAG meeting in hopes of facilitating discussion to plan for a better future. I want to share my appreciation to Aneeka and the team for their contributions to helping the county. There are many unanticipated challenges this year, such as the Federal administration and Medicaid.
- Interim Director Aneeka Chaudhry added:
  - Our last CPAG was the day before the election. Since then, numerous pressures have surrounded Medicaid and immigration communities. By means, we want to keep an open mind in conversations and maintain honest candor. Hoping to continue to collaborate through this discussion today.

### CPAG 2024, Charge, Priorities, Visioning

- A reminder of our purpose and objective in creating CPAG
  - Ability for departments to present their community engagement processes and understand how we can integrate efforts between each other.
  - Main objectives are to develop shared understanding, align priorities, and identify strengths that can be leveraged and create partnerships.
- The Board of Supervisors has requested CPAG to develop a plan for navigating the next 3-5 years.
- Priorities instill multi-sector efforts committed to eliminating specific health disparities, cross-sector referrals, supporting workforce recruitment and retention, shared infrastructure, and for the County to streamline contracting with partnerships.

### Meeting Objectives

- During today's meeting, we will:
  - Begin with updates from AC Health. BHD, PHD, and H&H will share their current progress with CPAG members, who will have time to discuss any concerns or questions.
  - Dive into details on the upcoming Medicaid changes. CPAG members will be provided with updates on the Medicaid changes associated with the HR 1 bill. There will be a Q&A session for members.
  - Following a breakout session. CPAG members will break into three groups to discuss strategies/plans on how Alameda County can prepare for the future.

### AC Health Updates/Next Steps

- Behavioral Health Department (BHD) Updates
  - Deputy Director, Vanessa Baker, presented on the intensive process of behavioral health. One distinguished goal was focusing on the ability to support community providers is to support the community beneficiaries.
  - Asking how to mitigate negative impacts.
  - Updates were provided on Care Courts, Opioid Settlements, forensic services, progress on the electronic health record (EHR) system, child/youth service coordination, peer certification, BCHIP funding, and health equity initiatives.



## Alameda County Health

- SB 43 will be launching in January 2026.
- The department has been working on a multi-year strategic plan that is underway and a settlement agreement with the DOJ.
- Next Steps: BHD is in their final year of the Mental Health Services ACT (MHSA), as it ends on June 30, 2026, and will transition to launch as the Behavioral Health Services Act (BHSA) as of July 2026.
- The department will be taking on a more holistic purpose initiative approach on targeting priority populations, most severe issues, and a high focus on evidence-based practices. They will continue tracking MHSA spending and the BHSA required program and fiscal data.
- Public Health Department (PHD) Updates
  - Carolina Guzman, Quality Improvement Manager, shared that maintenance of accreditation for PHD requires regular Community Health Assessments (CHA) and Children's Health Insurance Programs (CHIP).
  - PHD currently partnership with Alameda Alliance for Health (AAH) and Kaiser which have been invaluable in their insight and partnership.
  - Seen opportunities through CHA in venturing out in facilitating discussions with community members on their health issues, pressing needs, etc. Able to contextualize what staff members have identified from qualitative and population data.
  - Top priorities that emerged:
    - Economic security,
    - Behavioral health – youth, adolescents, fear, and trauma from LGBTQ+ members,
    - Housing – overcrowding and affordability
    - Healthcare access/delivery – shortage of healthcare staff, especially those who resemble communities served, use of doulas/CHW, and pipelines.
    - Community safety- violence from the media/news
  - Next steps: PHD has completed assessments in the fall and facilitated 5 community forums to share back data and ask members what is missing. They are also working on developing a report that will become publicly available and convene the next cycle of the community health improvement plan.
- Housing & Homelessness Services Updates
  - Jonathan Russell, Director of Housing and Homelessness Services, updated members of the Home Together plan, entering its 5<sup>th</sup> year. The release of the Year 3 report is scheduled for next week, marking the start of Home Together 2030.
  - Charts illustrated outcomes from the past 5 years for folks who gained housing, new housing capital, and aggregated data within the County.
  - Next Steps: Housing and Homelessness are doing a refresh, having three different groups to help with system modeling and racial equity. They hope to begin drafting in the late summer, early fall.
- Discussion Themes
  - Common Challenges: Restrictions towards funding, integration, and working through barriers such as policy. Agencies are being centrally split.



## Alameda County Health

- Solutions: Building/maintaining solid relationships by constantly talking and working together to overcome barriers. Looking at potential partnerships and working on how to serve populations together.

### Medicaid Updates and Q&A

- State Budget
  - State budget was signed before federal bill (HR 1) passed, so the State's budget may need to change
  - There are more limitations on immigrants (specifically unsatisfactory immigrant status (UIS) immigrants) receiving Medi-Cal
  - CA doesn't have all the money needed to pay for the costs of Medicaid, which will pose challenges
- One Big Beautiful Bill Act (OBBBA) or House Resolution 1 (HR 1)
  - Goal of HR 1 is to reduce costs
  - Themes:
    - Restricting eligibility
    - Work requirements
    - Cut states' federal match
- What can we start planning?
  - Numbers/dollars impacted
  - Scenario planning
  - Lists of services impacted: homelessness, SUD, HeadStart, FQHCs, etc
- Q&A
  - Discussion on Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and its impacts on Alameda County's clinics: They are forbidden from using federal money to take care of people who are undocumented.

### Breakout groups

- Breakout group 1
  - Themes:
    - Prioritization of services and infrastructure
    - Supporting the informal (human) safety net
    - Communication and education
    - Opportunities to develop workforce, increase employer sponsored coverage
  - Comment
    - What do we consider to be realistic under these administrative and funding constraints?
    - Prioritize services that are the most important to maintain. Bring structure so we can do those things for broadest network of people.
    - How can we support the network around people when the system falls apart.
    - Training in mental health first aid for informal care givers
- Breakout group 2
  - Themes:
    - Prioritization of services and infrastructure
    - We must develop a new mindset or framework for this work



## Alameda County Health

- Prioritize relationship building
- Comments:
  - Worried about 43% cuts to HUD—would be devastating to homelessness projects
    - More than half of homelessness funding streams are state and federal, which used to be consistent and is no longer
  - We need to try to mitigate risk where they can (e.g. emergency housing vouchers)
  - Major concern is the redetermination and work requirements:
    - How do we band together as a county to make employment/engagement in ongoing eligibility as much of a clinical discussion as possible?
    - How do we collect and share this data to reduce the number of people dropping off?
      - Good to leverage current technology to share information and reduce redundancies.
  - Map system to understand opportunities and vulnerabilities
- Breakout group 3
  - Themes:
    - Prioritize patient advocacy
    - Coordination – strong communication, partnership building, shared understanding
  - Comments
    - Partnerships are important to understand our landscape and to be more efficient
    - Would prefer communication being clear about the potential impacts of services going away, rather than just being positive
    - Some CBOs are considering merging to save themselves
    - We're seeing the impact of these federal and state changes in multiple areas:
      - Loss of trust
      - Poorer health outcomes in the future
      - Increase SUD
      - Income disparities
      - More expensive services
    - Can we receive interim funds until federal impacts are reversed?
    - Can we create a convening of philanthropist/foundations to help create a stopgap for this time?
    - Can we all pay proportionately into a centralized resource pool to save money on certain things, like administration, billing, etc.?
    - What can the County do to help in this time?
      - Demonstrate integrated models
      - Identify restricted funds vs more flexible funds
      - Utilize local tax measures in a more holistic way to fund the whole system rather than parts



- Invite all cities / providers to look at the impacts in their jurisdictions and have it feed up into a data dashboard
  - Prioritize patient advocacy, especially Doulas or CHWs
  - National Crisis Line will no longer have an option for callers to self-identify as LGBTQ+ and we know there are many people under the age of 25 in CA utilizing that option. They may think they can't use this resource anymore.

### Breakout Groups Debrief

- Group 1
  - It would be good to come up with a tiered planning approach to approach what we know vs what we don't know.
  - Leverage current assets to invest in informal networks when the institutional safety net is pulled apart (e.g. neighbors, sports teams, etc.)
  - Systemic way of communicating to the community about services that are ending
  - CA labor laws are quite strict – would be great to ask decision-makers to make this easier by giving us guidance on how to approach the new work requirements
  - The county can create a dashboard to demonstrate the impact on the people being harmed – similar to the COVID dashboard.
- Group 2
  - Measures to take now: increase the number of CHWs/Doulas to navigate new requirements, leverage technology to reduce administrative work, and use telehealth to allow people to avoid coming in person.
  - Must capture managed care dollars where available and utilize what we can with state dollars.
  - Changing our mental models/breaking silos, such as asking coalitions to meet and turn into operational partnerships.
- Group 3
  - Agreed on presenting concise short-term tasks to help in this current period
  - Express the possibility of helping Alameda County by finding flexible and existing funding streams.
  - Alameda County Health isn't the only county entity that will be impacted – Social Services Agency and Housing Community Development should also be part of planning.
- How can this group (CPAG) support you?
  - Members agreed that they would like to meet more regularly (e.g. once a month either remotely or in-person)
  - Want to see lay out all the different plans from the departments and see how they all align with each other.
  - Continue to share and discuss on Medi-Medi, Measure W, and BHS

### Public Comment

- No public comments

### Closing and Next Steps

- Supervisor Miley provided the following closing remarks:



## Alameda County Health

- Thank you for your feedback. How do we address this as a crisis that affects us all? We are committed to identifying how we can add value to this planning process, which will span 2, 3, or 4 years. Even if we get a new administration, it will take time to undo all this. How do we sustain? What are the unintended consequences? Will there be more crime? We should get together more frequently. We are in crisis.
- Interim Director Aneeka Chaudhry provided the following closing remarks:
  - Thank you all for attending and participating in our discussions. As we regroup with the planning team, we will put together a survey on availability, and what do you want from the group. Materials and follow-ups will be sent out to attendees from CPAG.