

CPAG Summer Meeting

July 15, 2025

9am-12pm



Alameda County Health

Agenda

- Welcome / Housekeeping
- AC Health System Initiatives
- Federal / State Policy Updates
- Q&A
- Break
- Breakout Groups
- Public Comment
- Closing

Welcome

Supervisor Nate Miley

Interim Director, Aneeka Chaudhry

Introductions

Name, Organization

Use the QR code to answer

What are you hoping to get out of today?



CPAG Charge

- **Objectives**

- Develop shared understanding of evolving safety net policies and landscape
- Align cross-sector priorities to support health and wellbeing of our communities
- Identify system strengths and opportunities

- **2024 Deliverables**

- Guiding principles for CPAG meetings
- System priorities to support planning and future investments

CPAG did not discuss program-specific funding to avoid future conflict of interest

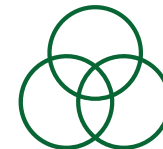
Guiding Principles



Keep a systemwide perspective



Prioritize equitable care



Identify shared goals and coordination

CPAG ideas to advance system priorities (from 2024)

1. Develop a **multi-sector effort committed to eliminating specific health disparities** (ex: homelessness, SUD, chronic disease, with focus on African American/Black health)
2. Create systems and processes to enable easy **cross-sector referrals** for clients
3. Implement countywide strategies to **support workforce recruitment and retention**, including increasing wages, insurance subsidies, wellness incentives, and opportunities for training and advancement
4. Leverage **shared infrastructure and cross-system applications** to streamline data entry, Medi-Cal billing, care coordination, and protect client privacy
5. Develop more **streamlined reporting and contract coordination** across Alameda County Health

From Oct 2024 meeting: What does our ideal system look like in the next 3-5 years?



Meeting Objectives

- Provide updates on major AC Health-led systemwide initiatives
- Focus on changes in Medi-Cal and impacts on the safety net system
- Discuss strategies to coordinate and collaborate to manage changes and ensure disparities don't get worse

Updates on AC Health System Initiatives

Behavioral Health System Initiatives & Priorities

★ Priority/
Time Sensitive

- California Advancing and Innovating Medi-Cal (CalAIM) ★
- BHSA Implementation (Proposition 1) ★
- CARE Court Planning & System Coordination ★
- Opioid Settlement Planning System Coordination
- Departmental Strategic Planning ★
- Electronic Health Records (EPIC) & SmartCare Billing Implementation ★
- Child & Youth Service Coordination and Regulatory Change Initiatives
- Peer Certification (SB 803)
- Lanterman-Petris-Short (LPS) Legislative Change (SB 43) ★
- Community Services Planning and Capital Expansion (BHCIP)
- Forensic Services System Redesign
- Health Equity Initiatives
- Alameda County Settlement Implementation ★

System Transformation: Behavioral Health Services Act (BHSA) & Beyond

MHSA

- Through June 30, 2026
- FY 25-26



BHSA

- July 1, 2026
- FY 26-27

Next Steps: The next Six (6) Months...

 Continuing analysis of MHSA spending and tracking of BHSA revenue information.

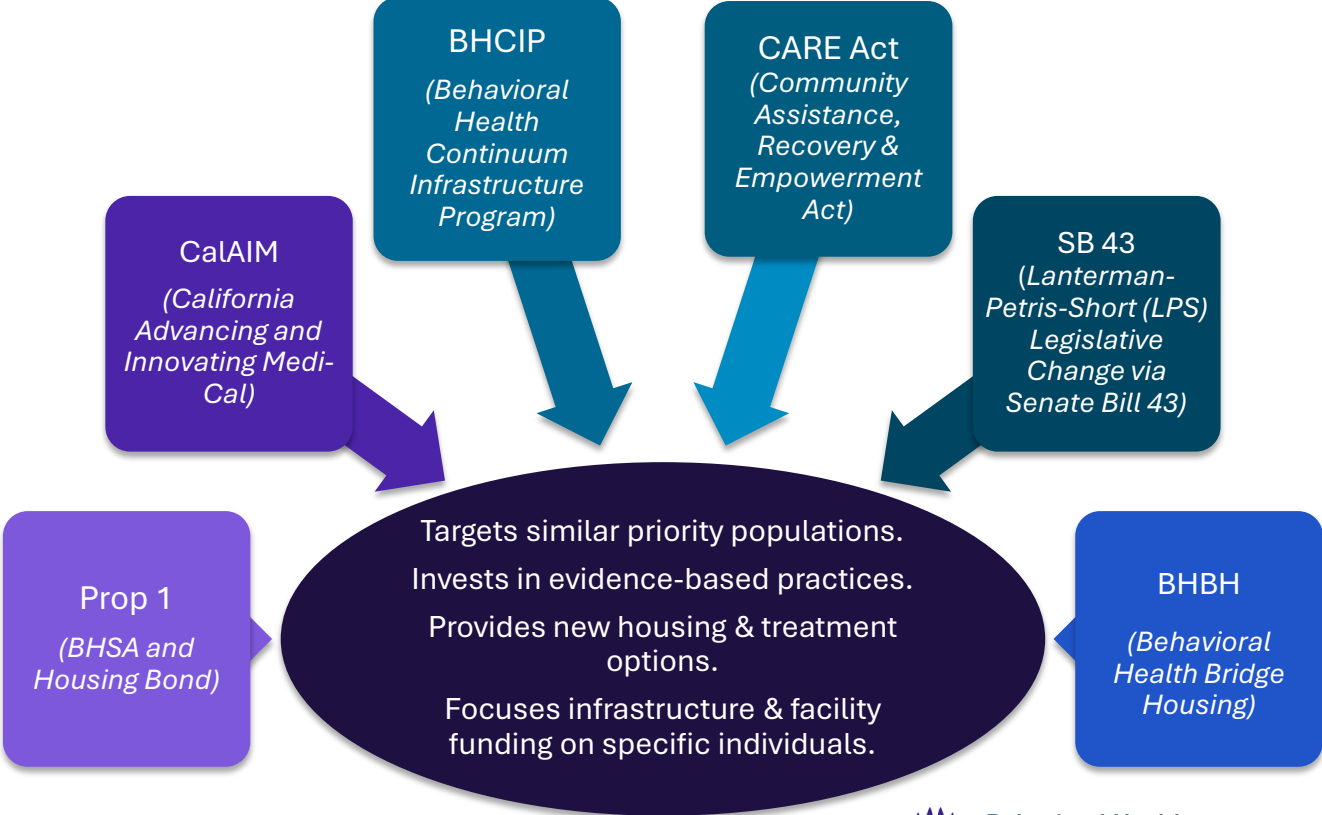
 Integration of input and Decision-Making on programs to be funded under BHSA in Fiscal Year (FY) 2026 – 2027.

 Launching Cohort of providers transitioning from PEI model to a Specialty Mental Health Early Intervention model.

 Approval and Initiation of final MHSA Plan for FY 25-26.

 Tracking and collection of BHSA required program and fiscal data for the first Three-Year Integrated Plan (FY 26/27 – FY 28/29).

 Ongoing communication to ACBHD stakeholders, staff, and provider community.

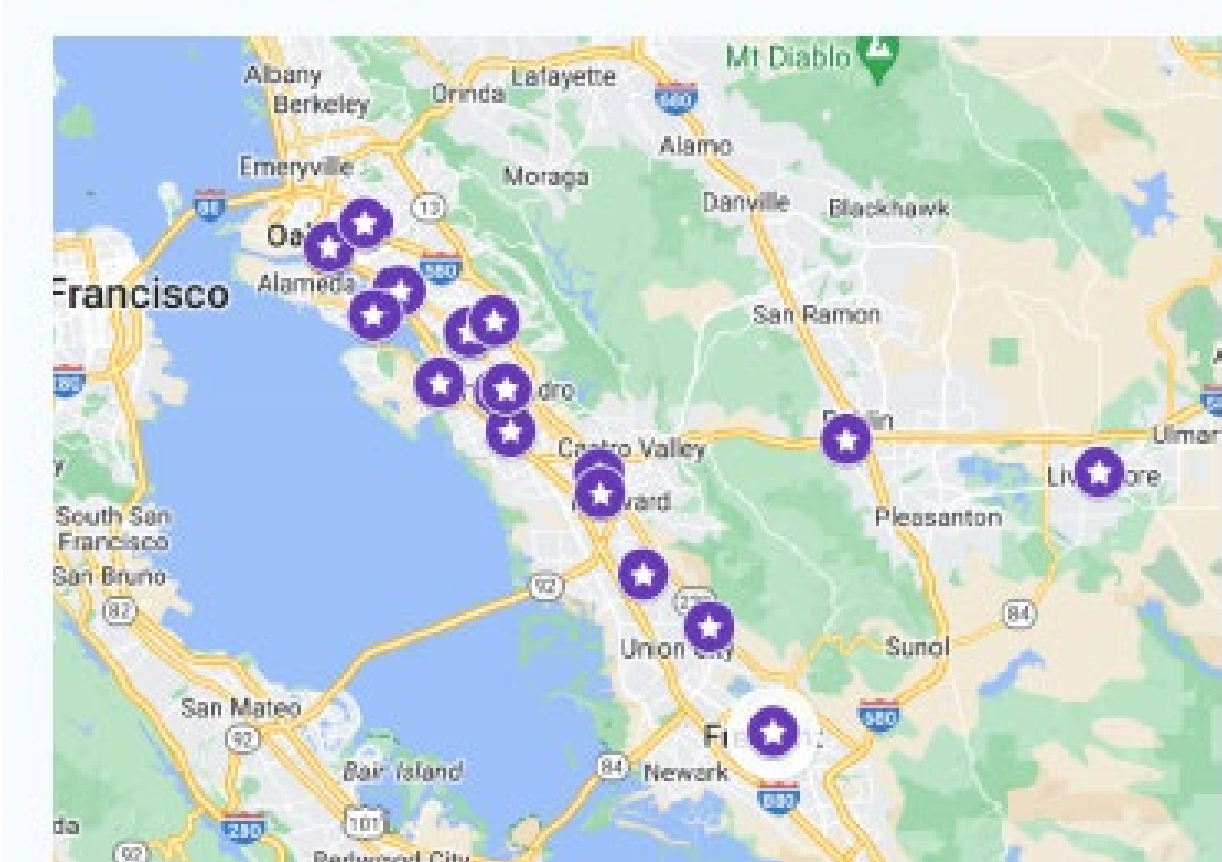


Community Health Assessment & Community Health Improvement Update

Carolina Guzman, QI Manager

Community Input

- 83 discussions across the county
- 7 languages
- Over 300 community members and 100 community health providers
- **Polled** on the most pressing health needs



HAYWARD
OAKLAND
CHERRYLAND
SAN LEANDRO
LIVERMORE
ALAMEDA
UNION CITY
FREMONT

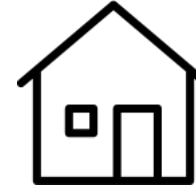
Alameda County Community's Top Priorities



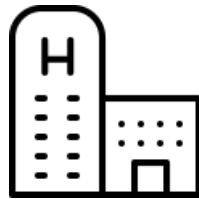
1: ECONOMIC
SECURITY



2: BEHAVIORAL
HEALTH



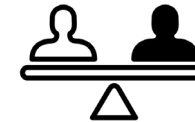
3: HOUSING



4: HEALTHCARE
ACCESS &
DELIVERY



5: COMMUNITY
& FAMILY
SAFETY



6: RACISM/
DISCRIMINATION

Upcoming Activities 2025-2026

Fall 2025 Complete the CHA

- Top community priorities from group discussions

Fall/Winter 25-26 Select Key Priorities

- Over 200 data points
- Several health reports
- Looked at data by race/ethnicity, city

March 2026 Launch CHIP

- Combined all data & information
- Found final list of 4 broad health needs
- Check back with community about the list

Home Together 2026 Report and 2030 Refresh Updates

Jonathan Russell, Director, AC Health Housing & Homelessness Services

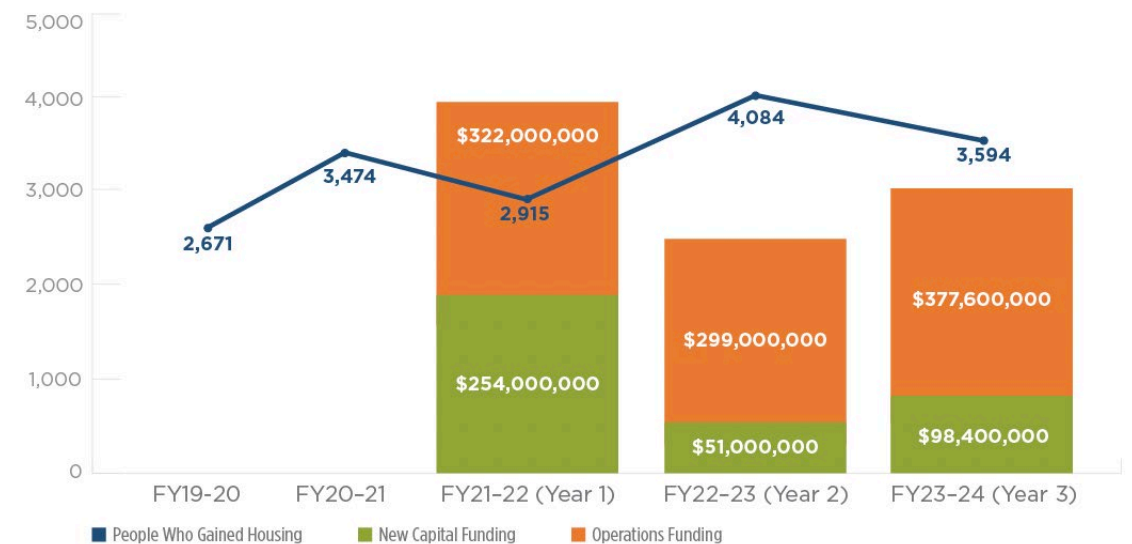
- *Home Together 2026 Year 3 (FY 2023-2024) report released*

- A reduction in the number of people who gained housing is consistent with reduced investment in prior year (FY22-23).
- Increased and reduced housing outcomes directly correlate with delayed effects of new homelessness housing investments

- *Home Together 2030 Refresh Update*

- **Jan – Aug 2025:** Task Force launched and System Modeling + Racial Equity Technical Working Groups underway
- **Sept – Dec 2025:** Technical Working Groups present and Task Force synthesizes recommendations, identifying responsive strategies and priorities
- **Jan – Feb 2026:** H&H compiles and begins HT 2030 Plan Draft for feedback

Figure 4 | Countywide Investments and Outcomes by Year



Home Together and Measure W Priority Investment Areas



Prevention



Shelter



Housing



Access & Coordinate



One-time Capital*

- Emergency rental assistance
- Housing related financial assistance
- Housing problem solving
- Short-term housing stabilization services
- Shallow subsidies

- Emergency Shelter
- Safe Parking
- Navigation Centers
- Non-Congregate Interim Housing
- Medical Respite
- Shelter stabilization funding
- Shelter Health
- Nursing/Caregiving services

- Permanent Supportive and Dedicated Affordable Housing subsidies
- Flexible Housing Subsidy Pool
- Operating Subsidies
- Rapid Rehousing
- Capitalized Operating Subsidy Reserves
- Tenancy Sustaining Services

- Housing Navigation
- Flex funds to support housing access
- Street Health
- Outreach Services
- Housing Access Points
- Coordinated Entry
- Workforce Development
- Capacity Building

- Permanent Housing development (acquisition/rehab and new)
- Shelter and Medical Respite development (acquisition/rehab and new)
- Capital for other homeless serving housing settings
- New health clinic development

*Represents investment areas that are not annualized as other program areas, but one-time allocations

Break

We will be back at 10:30am

Medicaid Updates

Kerry Landry

California State Budget

- Governor Newsom signed the FY25-26 Budget on June 27th
- Notable Medi-Cal Impacts:
 - Restores asset limit at \$130K for non-MAGI (non-ACA Expansion)
 - Approves additional \$1B for loan payment delay (in addition to \$3.4B)
 - State-only expansion for people with unsatisfactory immigration status (UIS)
 - New enrollments freeze starting Jan 2026
 - \$30 monthly premium for people under 60 years old starting in July 2027
 - Eliminates of dental benefits starting July 2026
 - Adjusts drug rebate aggregator for increased savings
 - Delays reductions in payments to FQHCs and Rural Health Clinics
 - Delays elimination of Prop 56 supplemental payments for dental, family planning and women's health providers
 - Approves exclusion of specialty drug coverage for weight loss drugs

One Big Beautiful Bill Act (OBBBA) – HR 1

| Medicaid Provisions Related to Eligibility | Timeline |
|---|----------------|
| Requires redeterminations every 6 months for ACA Expansion | Dec 31, 2026 |
| Retroactive Eligibility from 3 months to 1 month for ACA Expansion, 2 months non-ACA Expansion | Dec 31, 2026 |
| Restrictions on definition for “qualified” immigrants | Oct 1, 2026 |
| Remove Presumptive Eligibility FMAP Unless Immigration Status is Certified | Oct 1, 2026 |
| Work Requirement: 80 hours per month | Dec 31, 2026 |
| Cost-sharing for Certain ACA Expansion Individuals | Oct 1, 2028 |
| Allows States to Establish 1915(c) Waivers for People Who Do Not Need Institutional Level of Care | July 1, 2028 |
| Prohibits implementation and enforcement of the Eligibility & Enrollment Final Rule | Upon enactment |

One Big Beautiful Bill Act (OBBBA) – HR 1 (cont.)

| Medicaid Provisions Related to Financing | Timeline |
|---|----------------|
| No New Provider Taxes and reduction in Safe Harbor Limit for Expansion States | Upon enactment |
| New Requirements for MCO Taxes | Upon enactment |
| Limits on Directed Payments | Upon enactment |
| 1115 Waiver Budget Neutrality | Upon enactment |
| Reduce FMAP for Emergency Medicaid for ACA Expansion to non-ACA Expansion | Oct 1, 2026 |
| Prohibited Entities | Upon enactment |

Other Federal Changes

- ACA/exchanges
 - Restricts access to tax credits and cost sharing outside of Special Enrollment Periods (SEPs)
 - Makes individuals who are disenrolled from Medicaid due to not meeting work requirements ineligible for subsidies in the Marketplace
- Medicare
 - Limits Medicare eligibility based on immigration status and terminates benefits for people who are no longer eligible (those with temporary protected status, refugees, asylees)
- July 10 HHS guidance re: Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)
 - Reclassifies HHS-funded programs as 'federal public benefits' aimed at restricting eligibility to those with qualifying immigration status

What's Next?

- Potential for additional federal budget bills still coming...
- Federal Guidance from CMS: defining requirements for states
 - Secretary must issue guidance within 180 days re: redeterminations every 6 months for expansion population
 - What provisions have flexibilities – opportunities to delay, waive requirements
- State Guidance
 - DHCS to issue a summary of federal changes anticipated later this month
 - All Plan Letter guidance to MCPs (e.g. [HOUSE RESOLUTION \(H.R.\) 1 – Federal Payments To Prohibited Entities](#))
 - Medi-Cal Provider Bulletins for FFS Providers
 - Likely to receive additional updates from other state agencies
 - Potential changes to State budget
- Start planning
 - Develop scenarios to forecast changes in Medi-Cal enrollment
 - Evaluate system capabilities for opportunities with new administrative requirements – redeterminations, work requirements, etc.

Q&A

Breakout Groups

- What steps are you planning (or already taking) to mitigate challenges?
- What might you do differently over the next few years?
- What strategies do you have for ensuring that we still can aim for equitable outcomes and ensure disparities don't get worse?
- How can this group support you?

Public Comment

Next Steps & Closing