CPAG Meeting

October 30, 2025

10AM – 12:30PM

Alameda County Health

Agenda

1. Welcome / Housekeeping
2. Introductions
3. Highlights from Last Meeting
4. Meeting Objectives
5. Medi-Cal Impacts
   - Alameda County Health presentation
   - Alameda Alliance for Health presentation
6. Breakout Groups
7. BHSA Update
8. Public Comment
9. Closing

Alameda County Health

Introductions

Name, Organization

What was one takeaway from the last meeting that stuck out to you?

Highlights from Last Meeting

- Important to quantify and build shared understanding of impacts of changing policies, across sectors
- Sharing strategies to manage financial gaps
  - Medi-Cal enrollment is critical
- Prioritize activities to support system as a whole:
  - Keeping people enrolled in Medi-Cal and CalFresh
  - Assisting clients with demonstrating work requirements
  - Leveraging CHWs, Doulas, Promotoras

Today's Meeting Objectives

Strategizing approaches to optimizing Medicaid enrollment and funding

Sharing updates and status on key County initiatives

Alameda County Health

County Update:
Impact and Near-term Actions

Aneeka Chaudhry, Interim Director

Upcoming Medi-Cal Changes (H.R. 1 & State Budget)

2025

- 1-year ban on payments to abortion providers such as Planned Parenthood*
- Prohibition on new or increased provider taxes
- End of Biden eligibility and enrollment rule
- State applications for $50 billion Rural Health Transformation Program

2026

- Freeze on new Medi-Cal enrollments + 3-mo renewal window for Unsatisfactory Immigration Status (UIS) individuals ages 19+
- Reinstate the Medi-Cal asset limit at $130,000 for individuals and $65,000 for each additional household member
- Eliminate enhanced Medi-Cal rate to community clinics that provide care to patients with UIS
- End of full-scope dental coverage for adult UIS Medi-Cal populations
- Reduction of enhanced FMAP for emergency services provided to immigrant populations
- Change of eligibility definition for “qualified alien”

2027

- Work requirements for able-bodied adults, aged 19 to 64, without dependents (expansion population)
- Eligibility redeterminations frequency increased to once every six months
- $30/month Medi-Cal premium begins for UIS individuals between ages 19-59

2028

- Reduction of existing provider taxes begins for Medicaid expansion states at rate of -0.5% per year until they reach 3.5%
- Reduction of state-directed payments by 10% each year until they reach 100% of Medicare rates
- States to enact cost-sharing for individuals in the expansion population with incomes greater than 100% of the federal poverty level (FPL)

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CalFresh

MAJOR POLICY CHANGE	EFFECTIVE DATE
Restricts updates to the Thrifty Food Plan to account only for food inflation, cutting future SNAP benefits	October 1, 2025 with no updates until October 1, 2027
Eliminates SNAP Eligibility for people granted refugee, asylum, or certain other immigration statuses.	Upon Enactment*
Ends Funding for SNAP-Ed	October 1, 2025
Expands SNAP's work requirement to include adults with children 14 and older, older adults 55-64, veterans, people experiencing homelessness, and young people who recently aged out of foster care	Upon Enactment*
Requires states to pay 75% of SNAP administrative costs instead of 50% - counties will be responsible for 22.5% of the total cost.	October 1, 2026
Most states will be required to pay between 5% and 15% of SNAP food benefit costs, based on either the 2025 or 2026 payment error rate.	October 1, 2027 (may be postponed to FFY 2029 or 2030)
* Awaiting FNS guidance	

Medicaid

MAJOR POLICY CHANGE	EFFECTIVE DATE
Streamlining and Eligibility Final Rule Moratorium	Effective Immediately
Prohibition on new/increased provider taxes; new limits on state directed payment rates; prohibition on Medicaid funds for entities that provide abortions for one years.	July 4, 2025
Restricts federal funding for Medicaid and CHIP coverage to most categories of immigrants.	October 1, 2026
Work requirements for expansion enrollees (states may seek approval to implement sooner, or a good faith exception to delay implementation by no more than two years.	January 1, 2027
Redeterminations every six months; reducing duplicate enrollment (address standards); deceased member verification; and reduced retroactive Medi-Cal timeframes	January 1, 2027
Mandatory cost-sharing for certain adults	October 1, 2028
Reducing Duplicate Enrollment: Federal Database	October 1, 2029

Alameda County Impacts to Health System

- **Phased, significant coverage losses:**
  - State Medi-Cal enrollment freezes and new federal work requirements
- **System-wide strain:**
  - ***HealthPAC*** costs increase 3-4x, as provider networks lose Medi-Cal enrollees and revenue
  - ***AHS*** estimated impact: $5M-$15M in 2026, $40M-$70M in 2027, $70M-$120M in 2028
  - ***CHCN*** estimates losing $27M in 2026, growing to $40M/year in 2027
  - ACBHD ***Prop 1*** funding shifts, requiring ~$75M in adjustments to programming

Alameda County Health

LOCAL IMPACTS

Modifications to ABAWD Work Requirements

An estimated 13,000 individuals are at risk of losing benefits if unable to comply with work requirements.

Over 9,000 residents previously exempt will now be subject to the three-month time limit and at risk of losing benefits.

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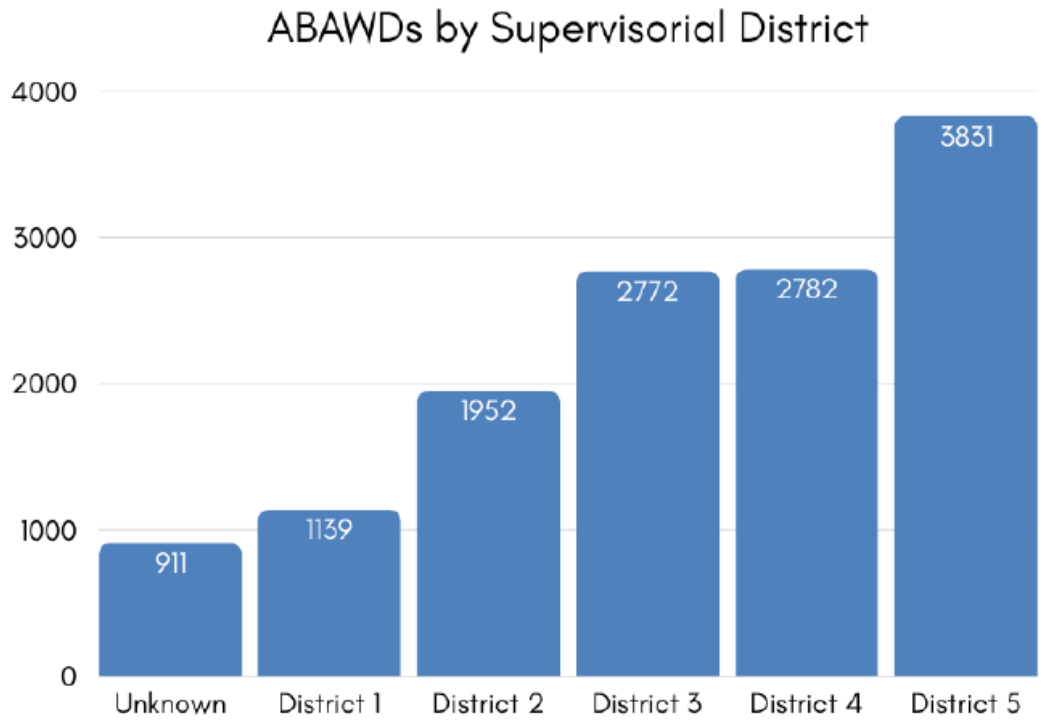


Local Impacts (cont.)

- Limits to non-citizen eligibility: an unknown number of immigrants will lose eligibility
- An unknown number of individuals will lose eligibility for the Standard Utility Allowance
- All 175,000 individuals enrolled in CalFresh (May 2025) will be impacted by the limits on benefit allotments base don the Thrifty Food Plan. As food costs increase, the gap between CalFresh benefits and the real costs of food will grow.
- Administrative Cost Sharing: counties will be responsible for the 22.5% of total administrative costs (up from 15% currently). Alameda County may see an $8.8M increase in costs, totaling $24.9M (up from $16.1M)
- Benefits cost sharing: if the state's PER remains above 10%, California would be forced to pay nearly $2B in FFY 2028, It is unclear if the state will choose to pass on any of those costs to counties that contributed to the PER
- Loss of $1.6M in annual federal funds due to elimination of SNAP-Ed

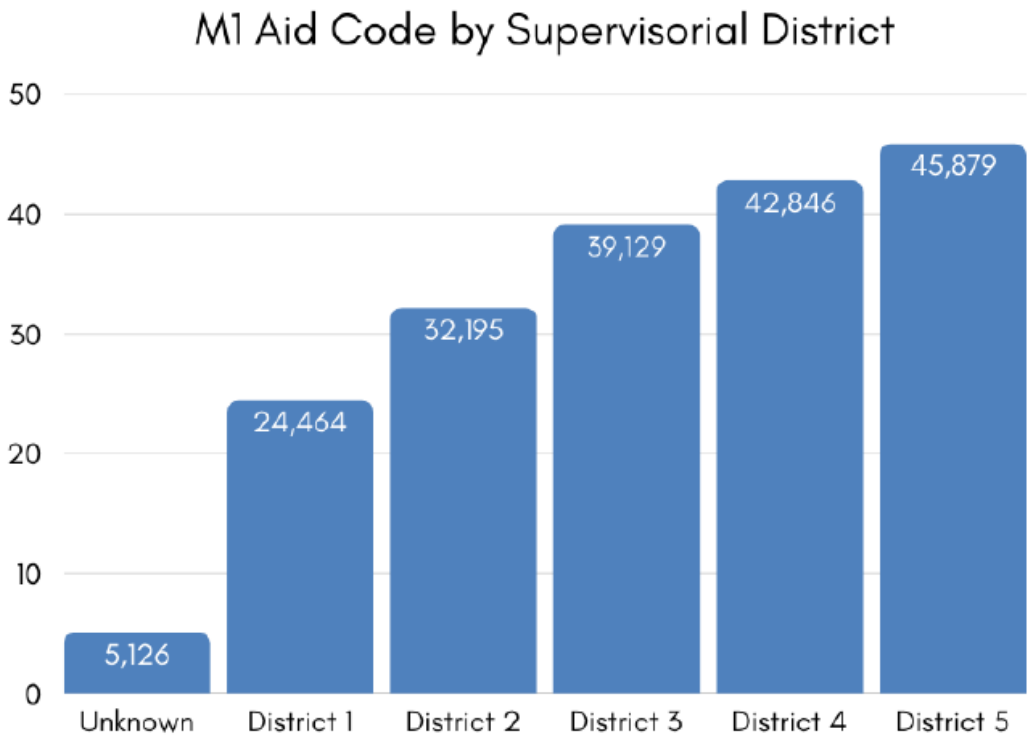
LOCAL IMPACTS

Medi-Cal Work Requirements and Biannual Redeterminations

Work Requirements ⟶ An estimated 183,105 Alameda County residents will be subject to work requirements *and* biannual redeterminations (per M1 Aid Code).

M1 Aid Code:

- Individuals ages age 19 through 65 years old who became eligible as part of the Affordable Care Act



County Plan to Coordinate Medicaid Response

- **SSA + AC Health Backbone Team** under development
  - Tracks work across existing tables and reduces duplication
  - Convenes and coordinates safety net partners (AAH, CHCN/FQHCs, AHS, other providers)
  - Coordinates with BOS offices to ensure policy alignment
  - Initial focus: Data needs, policy and regulatory analysis, impacts assessment, urgent response
  - Longer term focus: coordinated and unified response to state and federal impacts

- Regular **Joint Health and Social Services** committee meetings in 2026
  - Backbone team supports agenda development with BOS offices

- D5 **Medi-Cal Working Group** continues work on urgent/emergent issues, supported by Backbone Team to ensure alignment

- **CPAG** continues to meet quarterly, and Backbone Team ensures cross-pollination of ideas/developments
  - Backbone supports provider convenings as needed for deeper dives into issues brought up at CPAG or Joint Health/SS meetings
  - All BOS offices encouraged to attend

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Recent BOS Investments from Measure W Essential Services Fund

- $2.5M for Medi-Cal Outreach and Enrollment
  - $1.5M: Social Services Agency contract augmentation
  - $1M: AC Health for broader messaging and trusted messengers
- $1.5M for LGBTQI+ supports
- $4M for Prop 1 transition impacts
- $16.5M for food programs
- $7M+ for Immigrant and Refugee supports

Alameda County Health

Oct 17th Clinical Provider Roundtable: Communications for Navigating Federal Changes

- Key Takeaways:
  - **Language matters**—clear, plain language is best, and access to resources who can talk through complex situations is important
  - **Trusted messengers** are reaching patients, and more is needed in this space to cover diversity of community need
  - Dec 31, 2025 is just one deadline – Medi-Cal changes will continue to impact people as they near renewal, and **messaging will need to evolve**
- Current Priority Messages:
  - Your health is important—don't delay care
  - If you're eligible for Medi-Cal, please enroll or stay enrolled
  - Keep information up to date with Medi-Cal

AC Health Medi-Cal Outreach Campaign

- Anticipated to run November 5, 2025 – December 31, 2025
- Focus:
  - Inform individuals with Unsatisfactory Immigration Status (IUS) to enroll by December 31, 2025
  - Encourage eligible residents to enroll/re-enroll in Medi-Cal or check their status
  - Inform Alameda County residents about available resources
- Scope to include media campaign and development of outreach materials
- Will coordinate with system partners to amplify
- Languages: English, Spanish, Chinese, Vietnamese, Arabic, and possibly Tagalog, Hindi, Tigrinya, Amharic and Korean

Alameda County Health

HealthPAC: Health Insurance Enrollment Unit

- The Health Insurance Enrollment Unit consists of **8 Health Insurance Technicians (HITs)** housed at AC Health

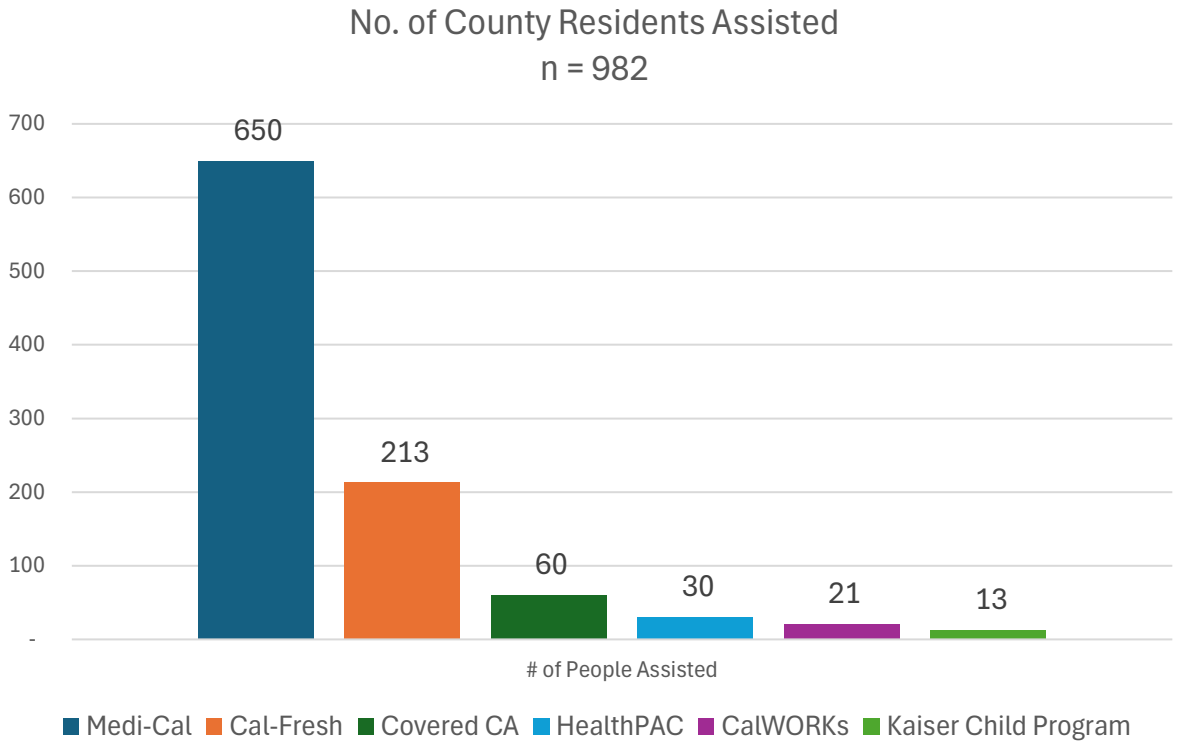
- Client-centric and has the unique ability to serve the whole family, regardless of program eligibility

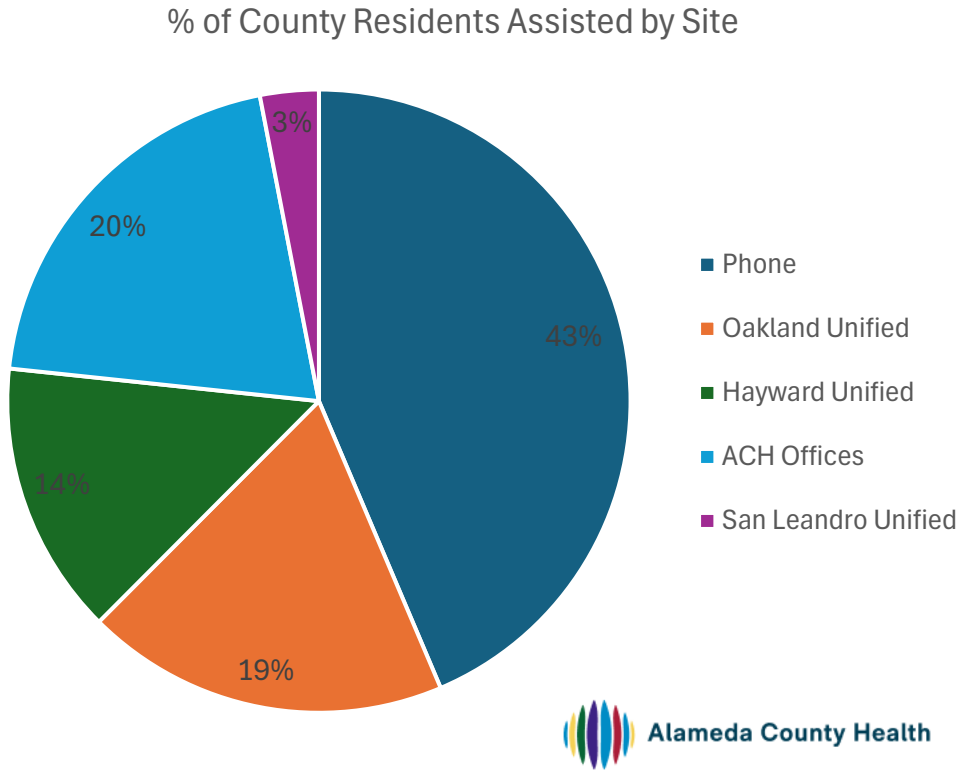
- Provides Alameda County residents with information, screening, referrals, and application assistance in-person or over the phone related to the following public benefit programs:
  - Medi-Cal
  - Covered California
  - HealthPAC
  - Kaiser Child Health Program
  - CalFresh
  - CalWORKS

Alameda County Health

Clients Served by HITS (Q1 FY25-26)

- From Jul 2025 – Sep 2025, the HIT Unit provided application assistance to 982 county residents
  - 52% (650) of residents received help applying for Medi-Cal
  - 57% (560) of residents received help at AC Health offices or school district offices
  - 43% (426) of residents received help via phone





Alameda County Health

State and Federal Actions: Strategies for Medi-Cal Program

Alameda County Community Provider Advisory Group

October 30, 2025

ALAMEDA Alliance FOR HEALTH

Alliance Mission, Vision & Values

- Our Mission: Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.

- Our Vision: All residents of Alameda County will achieve optimal health and well-being at every stage of life.

- Our Values:
  - Teamwork
  - Respect
  - Accountability
  - Commitment & Compassion
  - Knowledge & Innovation

Fiscal Year Impact to Date

- Fiscal year end enrollment for FY2026 (July 2025-June 2026) expected to be 40K lower than June 2025 enrollment.
- First four months of the fiscal year have averaged 2,500-member decline month over month. (50% of decline is optional expansion)
- Both the Child and Adult categories of aid have seen small consistent declines since February 2025.
- Optional Expansion enrollment is at risk of significant decline with the passage of H.R.1.
- UIS member enrollment is at risk of significant decline with the passage of the California State Budget and H.R.1.

Notable H.R. 1 Provisions Impacting Medi-Cal

	2025	2026	2027	2028	2029
H.R. 1	• Prohibits implementation of any new Medicaid provider taxes and increasing existing tax rates (7/4/2025) • Caps future SDPs at 100% of Medicare levels (7/4/2025) • Bars Medicaid participation by certain providers of abortion services (7/4/2025 – 7/4/2026)	• Provides regular FMAP for emergency Medi-Cal (10/1/2026) • Ends availability of federal Medicaid and CHIP funding for refugees, asylees, and other noncitizens (10/1/2026)	• Implements mandatory work requirements for Medicaid expansion adults (1/1/2027) • Redetermine eligibility for expansion adults once every 6 months (1/1/2027) • Shortens Medicaid retroactive coverage (1/1/2027) • Ramp-down of provider tax cap begins until the threshold hits 3.5% in 2032 (10/1/2027)	• Requires states with existing SDPs above Medicare rates to reduce until they are no greater than 100% of Medicare (1/1/2028) • Imposes copayments on most services for expansion adults with incomes above 100% FPL (10/1/2028)	• Eliminates CMS authority to waive states' disallowance of federal funds regarding improper payments (10/1/2029)

Notable State Budget Provisions Impacting Medi-Cal

	2025	2026	2027
2025-26 CA State Budget	• The Budget highlights MCO tax revenue of $9B in 2024-25, $4.2B in 2025-26, and $2.8B in 2026-27 to support existing and increased costs in the Medi-Cal program	• Enrollment freeze for full-scope Medi-Cal expansion to UIS adult Californians (1/1/2026) • Elimination of PPS rates to clinics for state-only funded services provided to UIS individuals (7/1/2026) • Elimination of Dental Benefits for UIS Adults (7/1/2026) • Reinstatement of the Medi-Cal asset limit at $130,000 for an individual and $65,000 for each additional household member (1/1/2026) • Implementation of prior authorization for hospice services (7/1/2026)	• Implementation of state-only $30 monthly premiums for UIS adult individuals (7/1/2027)

2026-28 Strategic Plan Guiding Principles

1. Maintain a first order focus on fulfilling core responsibilities for members and ensuring organizational stability in tumultuous times.
2. Prioritize cost effective, efficient and high-performing operations.
3. Leverage community and network partner strengths to meet our shared goals.
4. Be a visible and engaged Alameda community partner.
5. Maintain flexibility and adaptability in uncertain times.
6. Use crisis as an opportunity for creativity and innovation.

Strategic Priorities & Upcoming Federal/State Changes

- In anticipation of potential shift in single party control, the Alliance will be collaborating on designing policy ideas, strengthening relationships with policymakers and regulators, and developing strategies to shape possible changes/delays in H.R.1 implemented policies.
- Prioritize financial and operational stability
- **Collaborate with Board of Supervisors, County and Healthcare Partners on Medi-Cal outreach, enrollment and redeterminations.**
- **Timely and culturally/linguistically appropriate communication with Alliance members to ensure they understand upcoming changes in eligibility and enrollment.**

Eligibility Outreach

- Proactive engagement with Alliance members to minimize coverage losses and maximize presumptive eligibility.
- Media Campaign
  - Social Media outreach to begin in November with “Keep Your Coverage” messaging.
  - Billboards
  - Ethnic radio ads
  - Alliance website
- Postcards to be sent to all Alliance Medi-Cal members 60 and 30 days ahead of their redetermination/renewal dates beginning in mid-November.

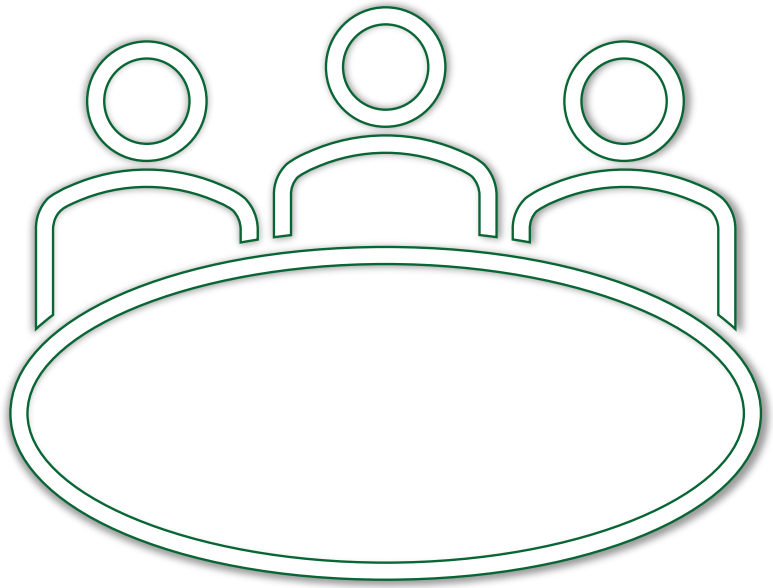
Eligibility Outreach & Coordination

- Data sharing 60 days ahead of redetermination of Alliance members with healthcare partners (CHCN/AHS) for additional outreach.
- Alignment of core/key messages with Alameda County Health and Alameda County SSA.
- Messaging in threshold languages
  - English
  - Chinese
  - Farsi
  - Spanish
  - Vietnamese

Q&A

Breakout Discussion – 20 minutes

- 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?



Alameda County Health

Discussion Debrief

Alameda County Behavioral Health Department

Behavioral Health Services Act (BHSA) Planning Update for Fiscal Year (FY) 2026-2027

Behavioral Health Department
Alameda County Health

Overview

- Proposition 1: Behavioral Health Services Act (BHSA) Review
- Components & Requirements Update
- Program, Budget, & Fiscal Impacts and Critical Decision Points
- Timeline, Resources, & Next Steps
- Q&A Discussion

Behavioral Health Department
Alameda County Health

Webinar Purpose:

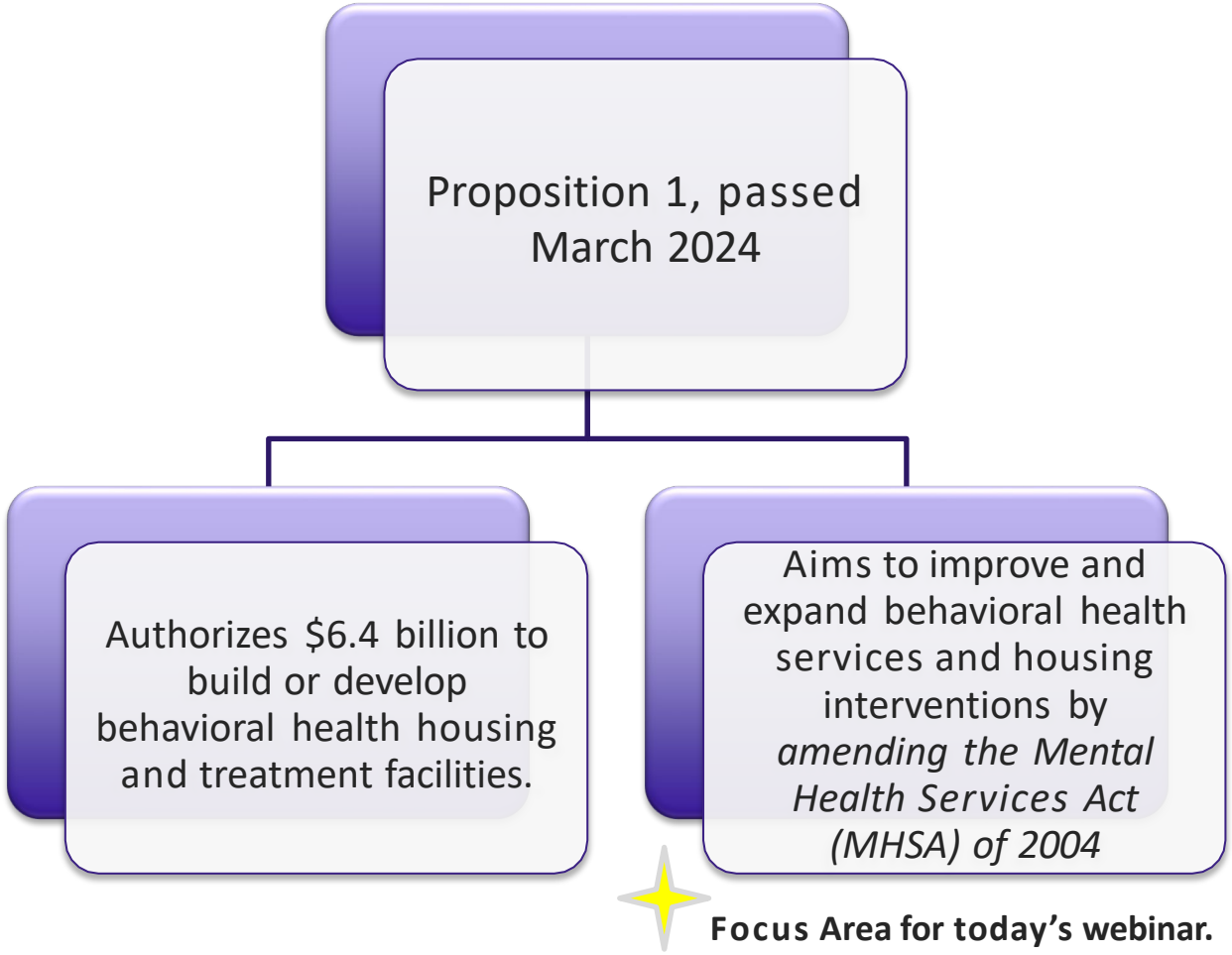
- **To provide a forum to communicate critical updates** regarding the transition from the Mental Health Service Act (MHSA) to the Behavioral Health Services Act (BHSA) in Alameda County effective July 1, 2026.

- **To discuss (Q&A) departmental planning strategies**, key considerations for decision-making, budget and system updates related to the MHSA to BHSA transition.

- **To allow for an exchange of ideas and feedback** regarding strategies employed by ACBHD to date.

Proposition 1: High Level Summary Review

- Part of the State's Behavioral Health Transformation Agenda.
- Philosophical shift from prevention, intervention, and treatment across the mental health spectrum to focus on the most severely mentally ill individuals.
- Inclusion of eligible programming for those with substance use conditions.
- Services and supports primarily focused on
- housing.



Proposition 1: Service Impacts

Upstream & Across the Spectrum

DOWNSTREAM & More severe

Severe Mental Illness, or those with Mental Illness who are at risk for becoming more SEVERELY mentally ill, including due to Substance Use

Current State & MHSA Services

As of **July 1, 2026**

BHSA System Transformation

Targets individuals with the most **SEVERE** mental illness.

Focuses supports on **HOUSING** Resources, Navigation, & Subsidies

Population-Based → Mild/Moderate → Severe

Housing & Resources for those with **SEVERE** mental illness, substance abuse, & Veterans

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Proposition 1: Behavioral Health Services Act (BHSA)

Current Landscape: Components & Service Level Requirements

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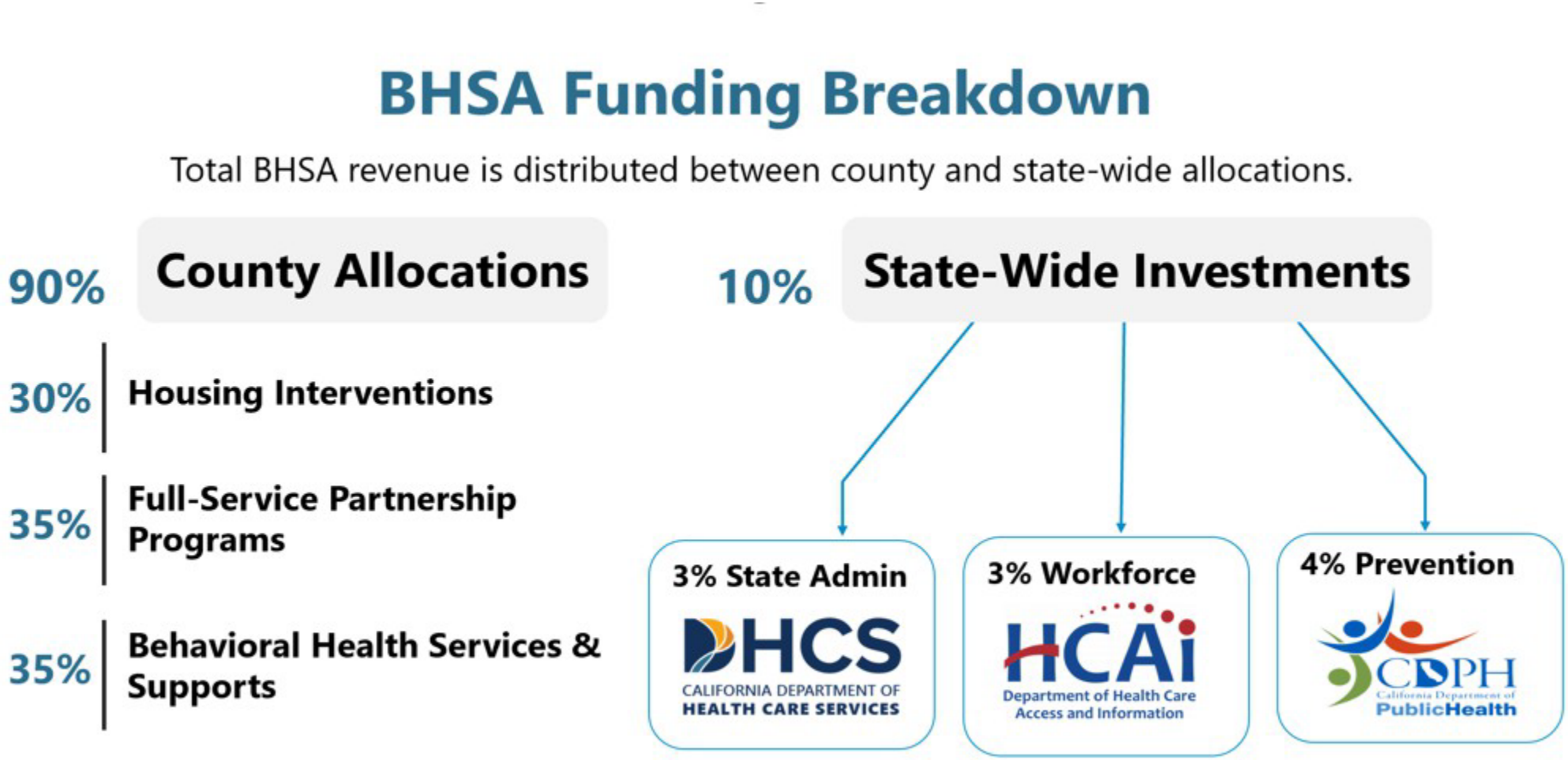
Proposition 1: System Change



Proposition 1: System Change

Mental health Services Act

- Community Services & Supports (CSS)
- Prevention & Early Intervention (PEI)
- Innovation (INN)
- Workforce, Education & Training (WET)
- Capital Facilities/Technological Needs (CFTN)

Behavioral Health Services Act

- Housing: 30%
- Full-Serve Partnerships: 35%
- Behavioral Health Services & Supports: 35%
- State Administrative Funds: 10%

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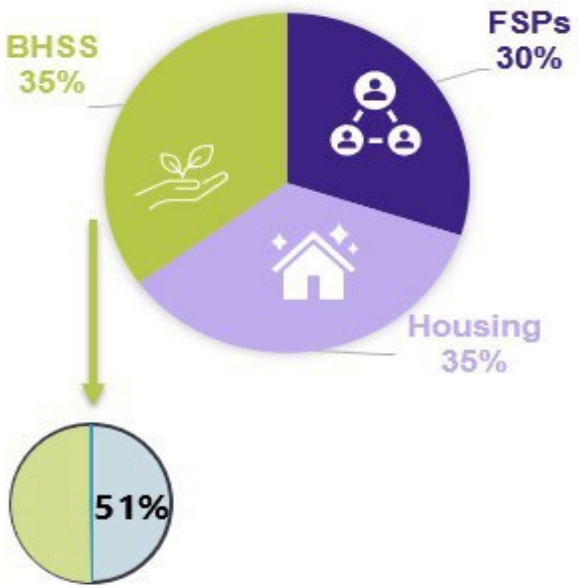
BHSS Component: Early Intervention Requirements



↑ **51%** of Early Intervention funds must be used for **children and youth 25 years of age or younger.**

- Each county shall establish and administer an early intervention program that is designed to prevent mental illnesses and substance use disorders from becoming severe and disabling and to reduce disparities in behavioral health.***
- An Early Intervention program shall include the following three components:
  - Outreach
  - Access and Linkage to Care:
    - Screening
    - Mental Health Consultation (must be connected to a Client)
    - Cultural Supports
  - Mental Health Early Treatment Services and Supports:
- Mental Health Treatment/Counseling Services
- Case Management/Brokerage
- Crisis Intervention
- Peer Support
- Services may include First Episode Psychosis programming and services that prevent, respond, or treat a behavioral health crisis or activities that decrease the impacts of suicide.

**See SB 326 SEC 50. Section 5840

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Alameda County Health

BHSS Component: Early Intervention Requirements

- Population: 90% of the population served must have MediCal or be MediCal eligible.

- Productivity: ACBHD maintains a standard of 60% productivity. The following expectations will apply to the Early Intervention (EI) Specialty Mental Health Services (SMHS) program:
  - 30-40% for Outreach and Linkage; and
  - 20-30% for EI Treatment Services.

- Billing: EI providers will be expected to bill using both the MediCal Administrative Activities (MAA) codes and SMHS MediCal codes.

- Technical Assistance and Support: ACBHD staff will be available to support providers in this transition.

- More information forthcoming in the Fall of 2025 to the identified Early Intervention providers.

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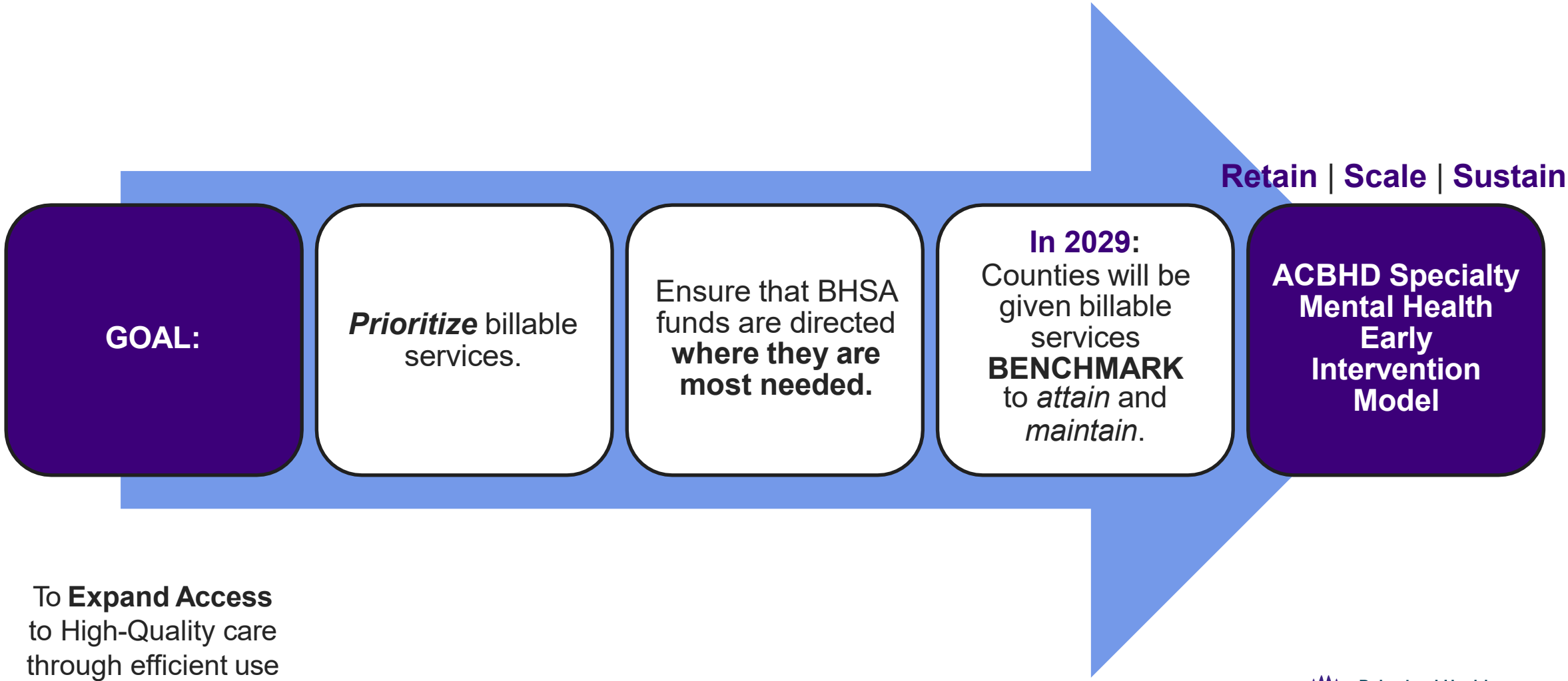
BHSA Prioritization of MediCal Billable Services



To **Expand Access** to High-Quality care through efficient use of State & County resources.

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Proposition 1: Behavioral Health Services Act (BHSA)

Planning: Program, Budget, and Fiscal Impacts

Proposition 1: System Change

Mental health Services Act

- Community Services & Supports (CSS)
- Prevention & Early Intervention (PEI)
- Innovation (INN)
- Workforce, Education & Training (WET)
- Capital Facilities/Technological Needs (CFTN)

FY 25/26 MHSA Budget: $206.16M

Behavioral Health Services Act

- Housing: 30%
- Full-Serve Partnerships: 35%
- Behavioral Health Services & Supports: 35%
- State Administrative Funds: 10%

FY 26/27 BHSA Estimated Revenue: $127.5M

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Areas of Consideration for BHSA Planning:

- Revenue Estimates
- Unexpended Funding/ Carryover Estimates
- BHSA Components & Required Revenue Allocation %'s
- Mandatory Programming
  - Evidence-Based Programs (EBPs)
  - Mandates (Federal, State, Local, and/or Legal)
- Alignment with ACBHD System Priorities
- Fiscal Accountability
- Community Needs/ System Gaps
  - Language Access
  - Demographic Disparities
  - Peer and Family Programming
  - Network Adequacy

Proposition 1: Estimated Financial Impacts – Updated (October 6, 2025)***

Housing Interventions – 30%		Full-Service Partnership FSP – 35%		Behavioral Health Services & Supports BHSS – 35%	
Budget	**Estimated Revenue**	Budget	**Estimated Revenue**	Budget	**Estimated Revenue**
FY 25/26	**FY 26/27**	FY 25/26	**FY 26/27**	FY 25/26	**FY 26/27**
$38,237,080	**$38,237,080**	47,840,357	**$44,609,927**	$120,091,203	**$44,609,927**
delta	**$0**		**($3,230,430)**		**($75,481,276)**

Target Area

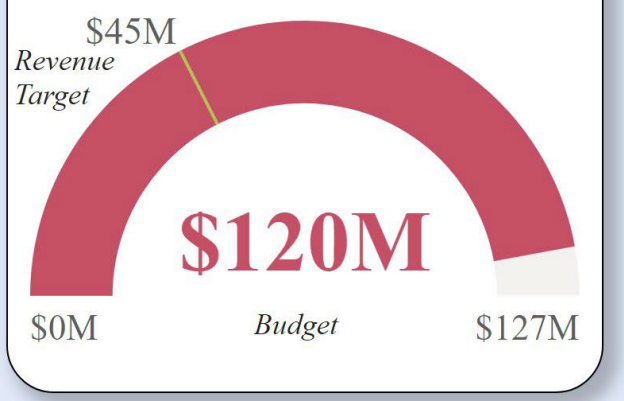
***Additional Considerations:**
* Unspent Funds at Year-End Reconciliation to be carried over to FY 26/27
* Annual Adjustment
* DHCS/ Governor's Budget Updates

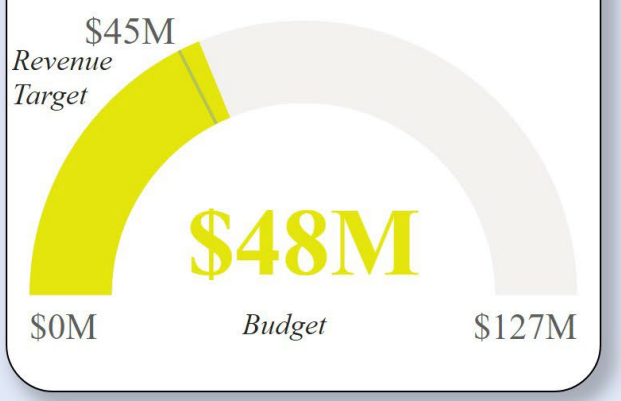
Behavioral Health Department
Alameda County Health

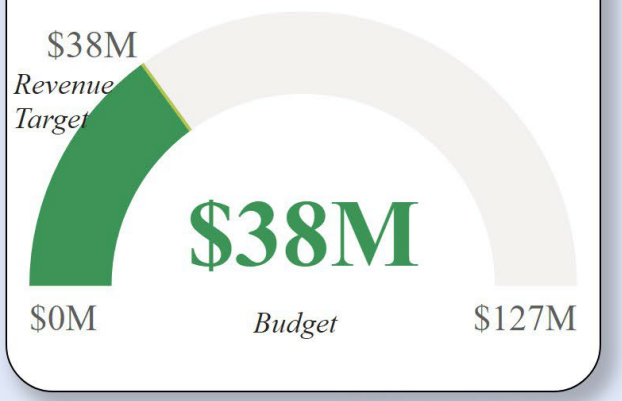
BHSA Fiscal Year Estimates (MHSA Comparisons)

Total MHSA Budget FY 25/26	BHSS Budget FY 25/26	FSP Budget FY 25/26	Housing Budget FY 25/26
$206M	$120M	$48M	$38M

Total BHSA Revenue FY26/27	Est. BHSS Revenue Threshold	Est. FSP Revenue Threshold	Est. Housing Intervention Revenue Threshold
$127M	$45M	$45M	$38M







Housing Component Allocation Update: Overview

Housing Interventions – 30%

Budget	**Estimated Revenue**
FY 25/26	**FY 26/27**
$38,237,080	**$38,237,080**
	**$0**

Estimated BHSA Housing Component Revenue	**Revenue Required to Sustain Programming**
7% Outreach (Outreach is a subset of total Housing Component)	$2,676,596
HOUSING Capacity	**BUDGET**
Current Housing Programming	$20,927,021
$5M Additional Housing Support to A Health H&H (Flex Pool-Permanent Supportive Housing Units)	$5,000,000
Outreach	$2,450,000
Two (2) Adult Residential Facilities (ARF's)	$2,057,235
Two (2) Peer Respites (Sally's Place & Safe Harbor)	$2,850,743
Two (2) Substance Use Recovery Residences	$234,300
Unallocated Capacity for future housing Needs to meet Network Adequacy Requirements	$4,491,186
TOTAL*	**$38,237,080**

Housing Component Allocation Update:

Housing Interventions – 30%

Budget	**Estimated Revenue**
FY 25/26	**FY 26/27**
$38,237,080	**$38,237,080**
Δ→	**$0**

Estimated BHSA Housing Component Revenue

7% Outreach
(Outreach is a subset of total Housing Component)

HOUSING Capacity

Current Housing Programming

- Thirteen (13) Full-Time Equivalent Positions
- (AC Health – H&H & Healthcare for the Homeless)
- Board and Care Programs
- Shelters
- Multiple Rental Assistance Programs

Revenue Required to Sustain Programming

$2,676,596

BUDGET

$20,927,021

(Other Programs)

TOTAL* **$38,237,080**

Preliminary Analysis: Program Areas without BHSA Funding

Full-Service Partnership FSP – 35%

Budget	Estimated Revenue
FY 25/26	**FY 26/27**
47,840,357	**$44,609,927**
	($3,230,430)

Program Type:	**Revenue Required to Sustain Programming (Millions)**
Full-Service Partnership (FSP) Programs	
TOTAL*	**($3.23M)**

***NOTE:** The $45.53M equates to 104 programs. Additionally, this total *does not include* program areas identified for reduction or program restructuring for Early Intervention services.

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Preliminary Analysis: Program Areas without BHSA Funding

Behavioral Health Services & Supports BHSS – 35%

Budget	**Estimated Revenue**
FY 25/26	**FY 26/27**
$120,091,203	**$44,609,927**
	($75,481,276)

Target Area

General Program Types:

	Revenue Required to Sustain Programming (Millions)
Wellness Centers	$4.76M
Integrative Care	$6.57M
Crisis Services	$3.15M
Prevention Services (**Non**-Early Intervention)	$8.52M
Outreach Services	$1.25M
Treatment Services	$1.59M
Workforce Education & Training	$2.99M
Client Support Services	$5.27M
Other Unsustainable Programs (Possibly Eligible for other local funding sources)	$11.43M
TOTAL*	**$45.53**

***NOTE:** The $45.53M equates to 104 programs. Additionally, this total *does not include* program areas identified for reduction or program restructuring for Early Intervention services.

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Budget Planning Summary

- Target Component Area for Reduction: BHSS **($75,481,276)**

($75,481,276) + Program Savings $45,530,000 = ($29,951,276)

Next Steps – Remaining ($29.95M):

- **Contract Reductions – Primary Methodology for reaching target.**
- **Revenue Maximization**
- **Limit Non-Essential Planned Expansion**
- **True-up One-Time Programming (Discontinue Multi-Year Spending)**
- **Local Measures**
- **Other Funding Sources (1X Carryover, Federal Block Grants, etc.)**

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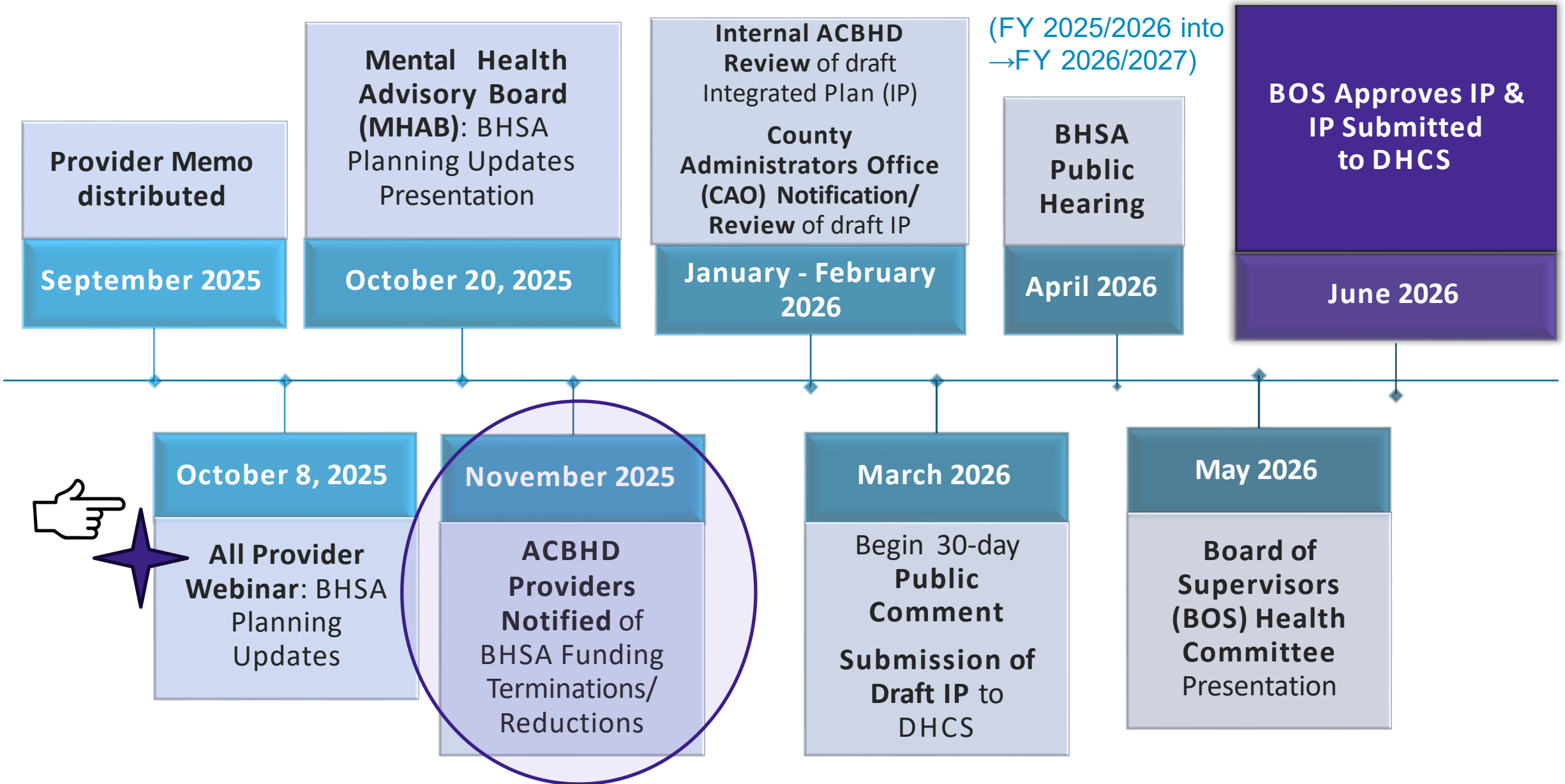
Estimated MHSA to BHSA Transition: TIMELINE (Tentative)



Resources:

Alameda County MHSA/BHSA Website

Department of Health Care Services (DHCS) Policy Manual

DHCS Behavioral Health Transformation Website

For additional Questions Email our Department: BHSATransition@acgov.org

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Next Steps

- **Resume Revenue Contingency Planning**
  (Targeted Reductions or Program Analyses)
- **Coordination with State**
  (Requirement or Estimate Changes)
- **Strategy Alignment & Review with County Leadership**
- **Provider Engagement & Program Level Details**

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Question, Comments, & Open Discussion:

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Public Comment

1 minute per comment

Next Steps & Closing

- Meeting materials will be sent out and posted on https://health.alamedacountyca.gov/community-provider-advisory-group/
- 2026 In-Person CPAG Meetings
  - Wednesday, February 4, 2026 | 10am-12:30pm
  - Wednesday, June 3, 2026 | 10-12:30pm
  - Wednesday, October 21, 2026 | 10am-12:30pm