

Alameda CalAIM PATH Collaborative

January 23, 2026



**Please introduce
yourself in the
chat!**

Welcome to the Alameda CalAIM PATH Collaborative

PATH Collaborative Planning and Implementation (CPI) groups are composed of stakeholders in a region that **work together to identify, discuss, and resolve topical implementation issues related to CalAIM.**

BluePath Health is contracted with DHCS as the Alameda facilitator: **responsible for convening the Collaborative monthly** and supporting local ECM and Community Supports stakeholders.

Collaborative Participants include:

- ECM Providers
- Community Supports Providers
- Community-Based Organizations
- Clinics and Health Systems
- Managed Care Plans
- County Agencies

2026 Scheduling

Join us on Fridays in 2026!



Register to add the
2026 meetings to
your calendar!

[Add to Calendar\(.ics\)_](#) | [Add to Google Calendar](#) | [Add to Yahoo Calendar](#)

To edit or cancel your registration details, [click here](#).

Please submit any questions to: pathinfo@bluepathhealth.com.



WAYS TO JOIN ZOOM

Join from PC, Mac, iPad, or Android

Meeting Calendar

January 23

February 27 (In-person)

March 27

April 24

May 29 (In-person) *fifth Friday*

June 26

July 24

August 28 (In-person)

September 25

October 24

November 13 (In-person) *second Friday*

December 18 *third Friday*

Join us in person next month!

***Please join us in Downtown Oakland
on Friday, February 27th!***

Participants will:

- Foster connections with fellow providers
- Build referral partnerships
- Connect and share best practices

Lunch provided!

**Register
Here!**



Thank you for joining us in December!

We discussed Housing Community Supports, including:

- A 2026 Policy Overview
- 2026 ECM Updates including Transitional Rent and D-SNP
- Transitional Rent and Flexible Housing Subsidy Pool Overview

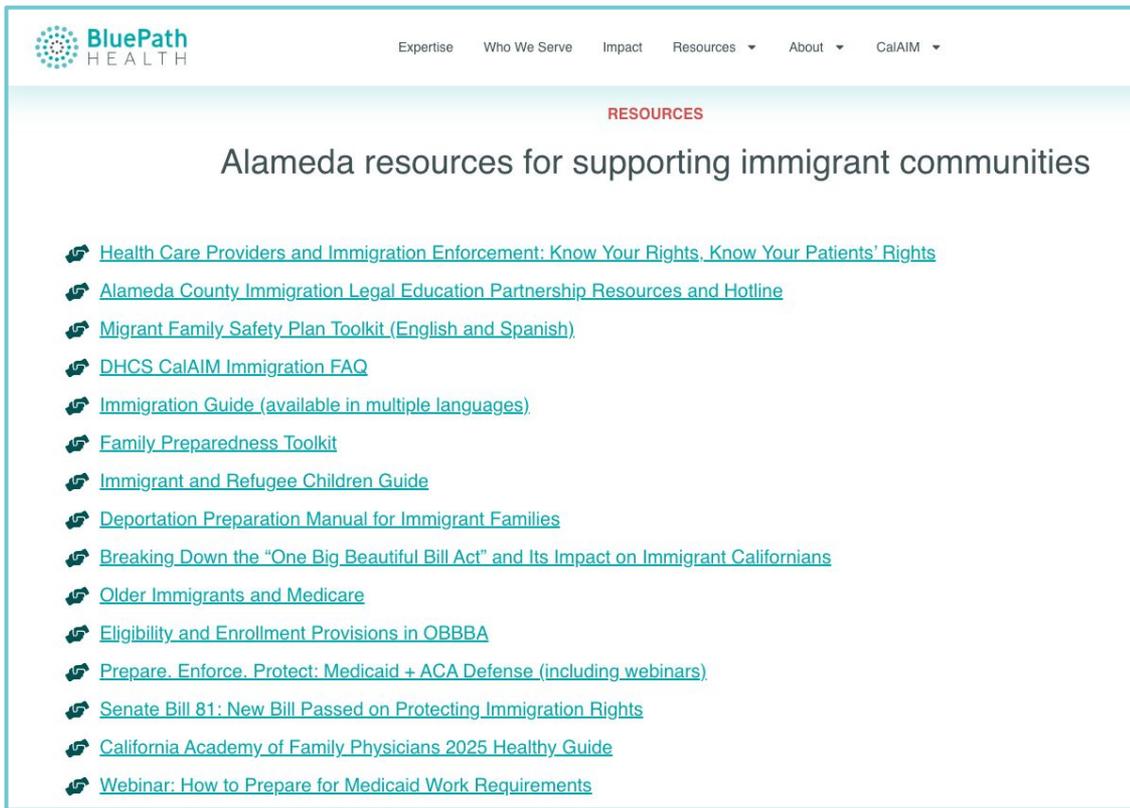


Today's Agenda

Time	Agenda Item	Presenter
10:00-10:05am	Welcome and Introductions	BluePath Health
10:05-10:15am	Immigration Resources and Policy Update	BluePath Health
10:15-10:30am	Overview of Behavioral Health Initiatives	BluePath Health
10:30-10:40am	Local CalAIM Success Story	Native American Health Center
10:40-10:55am	2026 Aim Statement Voting and Planning	BluePath Health
10:55-11:00am	Announcements and Closing	BluePath Health

Supporting Immigrant Communities

Resources for Supporting Immigrant Communities



The screenshot shows the BluePath HEALTH website's 'RESOURCES' page. The page title is 'Alameda resources for supporting immigrant communities'. It features a list of 15 resource links, each preceded by a hand icon. The navigation menu at the top includes 'Expertise', 'Who We Serve', 'Impact', 'Resources', 'About', and 'CalAIM'.

BluePath HEALTH

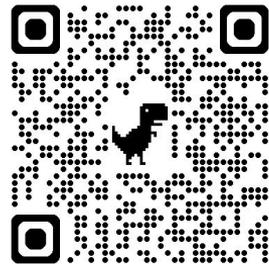
Expertise Who We Serve Impact Resources About CalAIM

RESOURCES

Alameda resources for supporting immigrant communities

- [Health Care Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights](#)
- [Alameda County Immigration Legal Education Partnership Resources and Hotline](#)
- [Migrant Family Safety Plan Toolkit \(English and Spanish\)](#)
- [DHCS CalAIM Immigration FAQ](#)
- [Immigration Guide \(available in multiple languages\)](#)
- [Family Preparedness Toolkit](#)
- [Immigrant and Refugee Children Guide](#)
- [Deportation Preparation Manual for Immigrant Families](#)
- [Breaking Down the "One Big Beautiful Bill Act" and Its Impact on Immigrant Californians](#)
- [Older Immigrants and Medicare](#)
- [Eligibility and Enrollment Provisions in OBBBA](#)
- [Prepare, Enforce, Protect: Medicaid + ACA Defense \(including webinars\)](#)
- [Senate Bill 81: New Bill Passed on Protecting Immigration Rights](#)
- [California Academy of Family Physicians 2025 Healthy Guide](#)
- [Webinar: How to Prepare for Medicaid Work Requirements](#)

Visit:





Alcance comunitario,
educación y
capacitación //
**Community Outreach,
Education & Training**

Línea de
respuesta
rápida //
**Rapid
Response
Hotline**

Servicios legales
de emergencia y
urgencia //
**Emergency &
Urgent Legal
Services**



Línea de respuesta rápida: 510-241-4011
Rapid Response Hotline: 510-241-4011





Medi-Cal Eligibility Remains the Same for Some Groups and Services

All Californians (regardless of immigration status)

- Eligible for emergency Medi-Cal, such as treatment for serious medical emergencies that require immediate care
- Eligible for emergency dental care, such as treatment for severe pain, infection or tooth removal

Children (age 0 to 18)

- Eligible for full coverage Medi-Cal, regardless of immigration status

Pregnant and Postpartum People

- Eligible for full coverage Medi-Cal during pregnancy and for one year after the birth outcome, including miscarriage or abortion, regardless of immigration status

**Medi-Cal is NOT considered in a public charge determination. The only exception is if you are entering the U.S. or applying for lawful permanent residence (LPR) status and you are receiving nursing home or other long-term institutionalized care.*



Medi-Cal Eligibility Changes for Undocumented Adults

- Starting **January 1, 2026**, adults who do not have Satisfactory Immigration Status (SIS) will no longer be able to enroll in full Medi-Cal. Regular, timely renewals are required to maintain coverage.
- Starting **July 1, 2026**, Medi-Cal dental benefits will no longer be available for adults who do not have Satisfactory Immigration Status (SIS).
- Starting **July 1, 2027**, adults who do not have Satisfactory Immigration Status (SIS) and remain in full coverage Medi-Cal will be required to pay a monthly \$30 premium to keep their coverage.



Federal Policy Changes

Under H.R. 1 (The One Big Beautiful Bill Act), October 1, 2026, some lawfully present immigrants will lose Medicaid, CHIP, and Medicare coverage:

No longer eligible:

- Refugees, asylees, and people granted withholding of removal (based on fear of persecution)
- Trafficking survivors
- Survivors of domestic violence who have filed a self-petition under the Violence Against Women Act
- Persons granted humanitarian parole for a period of at least one year

Still eligible:

- Lawful Permanent Residents (after the five-year waiting period)
- Cuban/Haitian entrants
- Compact of Free Association (COFA) migrants
- Lawfully residing children and pregnant individuals

Timeline of Selected Changes to Medi-Cal Eligibility

January 1, 2026

- Adults without Satisfactory Immigration Status can no longer enroll in Medi-Cal.
- Adults who have already enrolled keep their coverage given timely renewal

October 1, 2026

- Some lawfully present immigrants lose Satisfactory Immigration Status for Medicaid under H.R. 1

July 1, 2027

- Adults without Satisfactory Immigration Status who are still enrolled in Medi-Cal are required to pay a \$30 monthly premium to keep their coverage

July 1, 2026

- Adults without Satisfactory Immigration Status are no longer eligible for Medi-Cal dental benefits

January 1, 2027

- Work requirements apply for some adults aged 19-64
- Eligibility redetermination required twice per year instead of once

Overview of Behavioral Health Initiatives

Behavioral Health Initiatives

CaAIM

CaAIM supports individuals living with mental health and SUD needs through Enhanced Care Management (ECM) to connect members with lead care management to support care coordination.

Medi-Cal

BH-CONNECT

BH-CONNECT is a five-year Medicaid demonstration intended to expand access to community-based behavioral health care for Medi-Cal members. It aims to reduce reliance on inpatient and institutional care.

Medi-Cal

BHSA

The Behavioral Health Services Act (BHSA) is a component of Proposition 1, passed by CA voters in 2024. It reforms how BH funding is distributed to counties to prioritize individuals with the most significant mental health and SUD needs.

Statewide

Behavioral Health Initiatives



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Statewide

ECM Eligibility Criteria: Adults

1. **Diagnosed with SMI or SUD** as defined by eligibility for participation in SMHS, DMC-ODS, or the DMC program
2. Experiencing at least **one complex social factor** influencing their health
3. One of the following:
 - a. At high risk of institutionalization, overdose, or suicide
 - b. Use crisis services, EDs, urgent care, or inpatient stays as the primary source of care
 - c. Experienced two or more ED visits or two or more hospitalizations due to serious mental health or SUD in the past 12 months

ECM Eligibility Criteria: Children & Youth

1. **Diagnosed with SMI or SUD** as defined by eligibility for participation in SMHS, DMC-ODS, or the DMC program

ECM Enrollment Statistics

694

Adults enrolled in the
SMI/SUD PoF in Alameda
County in Q2 2025

415

Children & Youth enrolled
in the SMI/SUD PoF in
Alameda County in Q2
2025

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Statewide

Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)



Expand the continuum of community-based EBPs for children, youth and adults



Strengthen family-based services and supports for children and youth



Strengthen the workforce needed to deliver community-based behavioral services and EBPs



Improve stability for members going through vulnerable periods through Transitional Rent

Populations of Focus Include:

- Individuals experiencing or at risk of homelessness
- Justice-involved individuals
- Children & youth in child welfare

BH-CONNECT: Evidence-Based Practices (EBPs)

Evidence-Based Practices are designed to support Medi-Cal members living with significant behavioral health needs.

Adults

- Assertive Community Treatment (ACT)
- Forensic ACT (FACT)
- Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
- Individual Placement and Support (IPS) Supported Employment
- Enhanced Community Health Worker (CHW) Services
- Clubhouse Services

Children and Youth*

- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Parent-Child Interaction Therapy (PCIT)
- High-Fidelity Wraparound (HFW)

*These services must already be provided to children and youth under 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit

Behavioral Health Initiatives

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Statewide

Behavioral Health Services Act (BHSA) Overview

The BHSA aims to modernize the behavioral health delivery system, improve accountability and increase transparency, and expand the capacity of behavioral health care facilities.

Populations of Focus Include

Adults and children with or at-risk of SMI and SUD:

- Experiencing homelessness
- At risk of incarceration
- Reentering the community from a justice-involved setting
- At risk of conservatorship, in foster care, or at-risk of institutionalization

BHSA County Requirements

BHSA County Funding Allocations
<ul style="list-style-type: none">• 30% - Housing Interventions• 35% - Full Service Partnership (FSP) Programs• 35% - Behavioral Health Services and Supports

Each County is required to submit an Integrated Plan by June 30, 2026.

It is a three-year plan that combines all behavioral health funding sources, outlining spending, services, collaboration strategies, and community stakeholder engagement to meet statewide and local needs and outcomes. Counties must regularly update this plan and ensure transparency and cross-system alignment.

BH CONNECT & BHSA Key 2026 Dates

January 1, 2026

Transitional Rent Go-Live Date

- Medi-Cal Community Support covering short-term housing costs for members experiencing or at risk of homelessness during their transition to stable housing

July 1, 2026

BHSA Reforms Go-Live

- Counties operate under the new BHSA rules: funding allocations are recalibrated and new requirements kick in

June 30, 2026

County Integrated Plans Due

- Counties must submit integrated plans that align Medi-Cal, realignment, BHSA, and other behavioral health funding streams

Discussion

1. Based on today's overview, what specific questions do you have about Alameda County's BHSA implementation strategy?
2. Which aspects of these Behavioral Health initiatives would you like to learn more about at future meetings?

Local CalAIM Success Story



**NATIVE AMERICAN
HEALTH CENTER**
Serving the community since 1972
a california *health+* center



NATIVE AMERICAN HEALTH CENTER



VISIT **US** www.nativehealth.org

Follow **US** @7Gen1D      

OUR MISSION

Native American Health Center's mission is to provide comprehensive services to improve the health and well-being of American Indians, Alaska Natives, and residents of the surrounding communities, with respect for cultural and linguistic differences.



OUR STORY

Founded in San Francisco's Mission District in 1972

Response to the unmet health and social needs of Bay Area urban American Indians.

In addition to primary medical, dental, and behavioral health care services, our community relies on us for essential interracial, intertribal social/cultural connection.





SERVICES

Medical

Dental

Behavioral Health

School-Based Health Care

Social Services

(Community Wellness)

ECM at NAHC



Alameda County

Transitioned from WP/HH program at start of ECM in the state. Currently consists of 7 Care Coordinators supporting patient panels of up to 40 enrolled members.



San Francisco

Began providing services in 2024. Currently consists of 3 Care Coordinators (in process of hiring one more) supporting panels of up to 30 enrolled members.

Member Success

- Recent enrollment into ECM. Prior to enrollment, member had difficulty keeping consistent with medical and behavioral health appointments and had frequent ED visits.
- Care coordinator working closely with member, PCP, and LCSW regarding care.
- Member currently engaging successfully with medication management for Alcohol Use Disorder, engagement with specialists, increasing regularity with PCP and therapist, utilizing transportation support to attend appointments, and picking up medications from pharmacy and taking them more consistently due to psychoeducation provided by team.

Member Success

- ECM Member with limited mobility and needing support navigating transportation in order to receive the most appropriate form to meet her needs. Member was also needing support with getting a motorized scooter to support mobility.
- With ECM support member was able to get her motorized scooter and appropriate wheelchair accessible transportation. Member is now able to leave her home allowing her independence and ability to take her son to school and attend both of their medical appointments regularly.

2026 Aim Statement Voting and Planning

2025 Collaborative Aims and Drivers



By December 2025, the Collaborative will build provider capacity to deliver high-quality CalAIM services to eligible members, as evidenced by an increased proportion of enrollees with high-quality care plans in place and an increase in care coordination among CalAIM providers.

1 **Ensure delivery of high quality CalAIM services through education and training on CalAIM policies and program design**

2 **Enhance available resources and supports to help providers deliver CalAIM services to underutilizing Populations of Focus, including children and youth**

3 **Strengthen relationships between providers, plans, & referral partners to enable efficient, high-quality referrals and strong care coordination**

In our December meeting, we heard...

“Housing and coordination of new Transitional Rent benefit”

“More sharing about any gaps in services and barriers accessing services that ECM providers are identifying”

“Greater networking with my peers”

“A clear understanding of changes with Medi-Cal”

“Would love to have more events for Community Supports providers to connect”

“More community resources”

Proposed 2026 Aim Statement and Drivers

By December 2026, the Collaborative will strengthen provider capacity through sustainable provider partnerships and readiness for future Medi-Cal policy changes.

1

**Transform
in-person
networking into
formalized
partnerships**

2

**Prepare providers
for policy changes
through
education and
implementation
support**

3

**Enact shared
strategies to
document
success and
enhance
sustainability**

Announcements and Closing

We would love to spotlight your organization in 2026!

**If you are a contracted ECM or
Community Supports provider,**
we invite you to provide an
organizational overview and 1-2
anonymized client success
stories based on the services you
provide under CalAIM.

**Fill out a brief
form here:**



Join us in person next month!

*Please join us in Downtown Oakland
on Friday, February 27th!*

Participants will:

- Foster connections with fellow providers
- Build referral partnerships
- Connect and share best practices

Lunch provided!

**Register
Here!**



Thank you for joining and see you next month!

Questions? Please email pathinfo@bluepathhealth.com.

Appendix