Alameda CalAIM PATH Collaborative

March 27, 2026

BluePath HEALTH

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Please introduce yourself in the chat!

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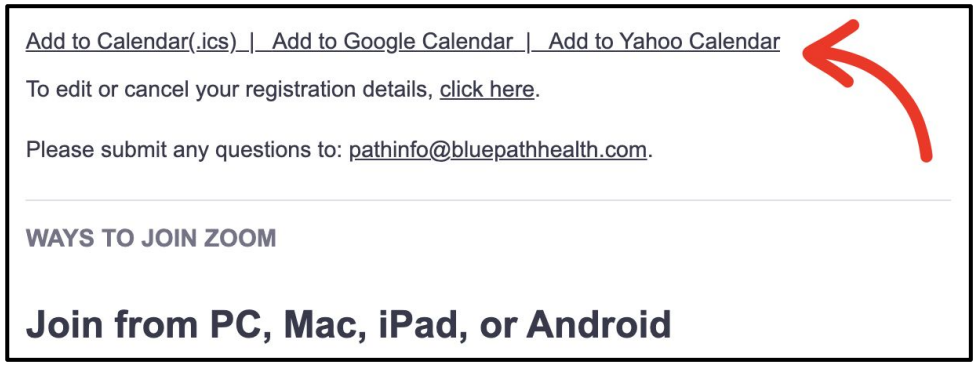
How to Add Your Organization to Your Zoom Name

- Click on the “Participants” icon at the bottom of the window.
- Hover over your name in the “Participants” list on the right side of the Zoom window and click “More.”
- Select “Rename” from the drop-down menu.
- Enter your name and add your organization as you would like it to appear.
    - For example: Elicica Morris – BluePath Health

2026 Scheduling

Join us on Fridays in 2026!

Register to add the 2026 meetings to your calendar!



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*

Alameda 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 networking into formal and informal partnerships through quarterly in-person meetings**

2. **Prepare for implementation changes through regular policy updates and summaries**

3. **Strengthen capacity through trainings and co-development of tools and resources**

Today's Agenda

Time	Agenda Item	Presenter
10:00-10:05am	Welcome and Introductions	BluePath Health
10:05-10:15am	February In-Person Meeting Recap	BluePath Health
10:15-10:25am	Local CalAIM Success Story	Bay Area Community Services
10:25-10:50am	Behavioral Health Services Act (BHSA) Implementation in Alameda County	Alameda County Behavioral Health
10:50-11:00am	Announcements and Closing	BluePath Health

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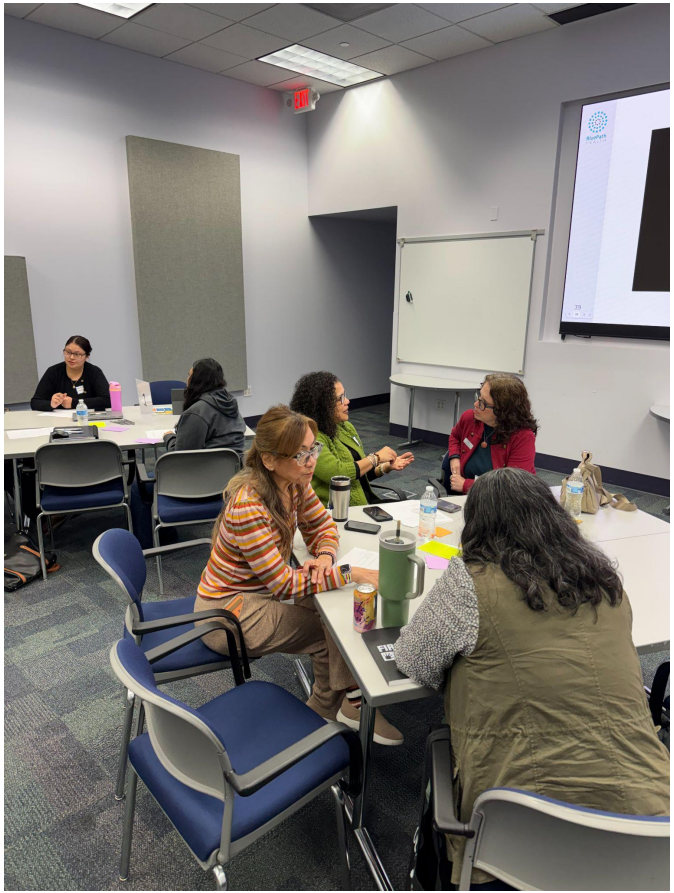
February In-Person Meeting Recap

Thank you for joining us in-person in February!

We reviewed the referral process including:

- An overview of the CalAIM referral process
- A presentation by the Alameda County Community Food Bank highlighting referral partnerships in action
- An interactive provider partnership activity



Provider Voices: Referral Partnership Best Practices & Challenges

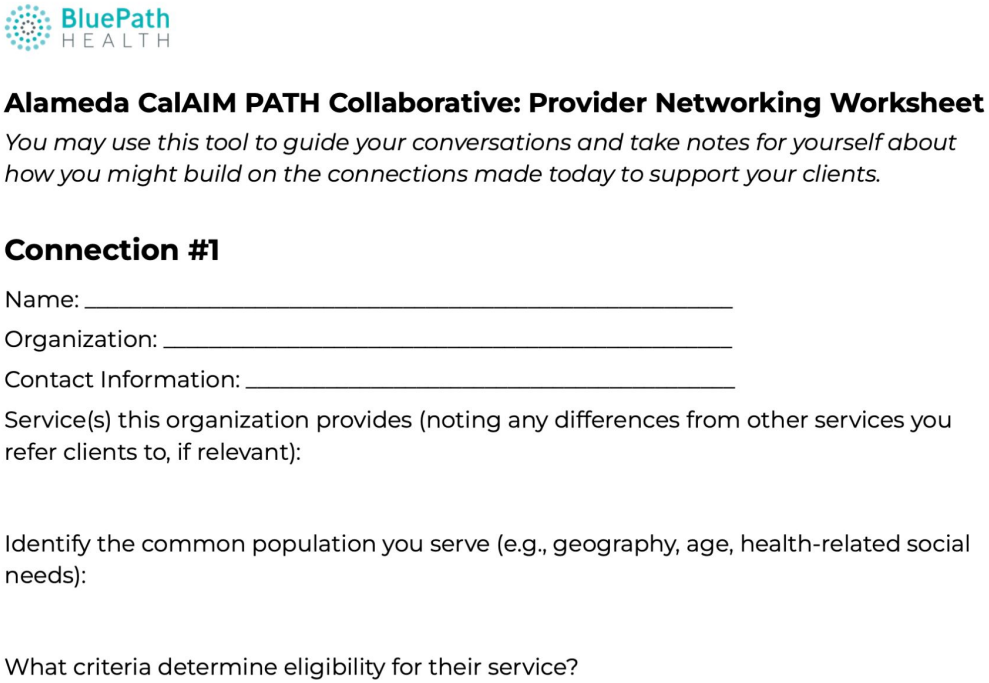
Best Practices

- **Relationship-building, trust, and rapport with members**
- **Consistent outreach and follow-up across multiple avenues**
- **In-person visits and street outreach**
- Designate one primary referral contact per organization
- Warm hand-offs with a designated partner contact
- Housing First approach; meet members where they are
- Materials in threshold languages; embed referral contacts in assessments

Challenges

- **Funding gaps and difficulty securing contracts**
- **Limited cross-organizational communication**
- **Difficulty reaching and maintaining contact with members**
- Limited housing resources and long waitlists
- Changing program eligibility criteria creates confusion
- High caseloads; referral process out is a struggle for most
- Language barriers and lack of accessible cultural services

Referral Partnership Resource



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Alameda CalAIM PATH Collaborative: Provider Networking Worksheet

You may use this tool to guide your conversations and take notes for yourself about how you might build on the connections made today to support your clients.

Connection #1

Name: _____

Organization: _____

Contact Information: _____

Service(s) this organization provides (noting any differences from other services you refer clients to, if relevant):

Identify the common population you serve (e.g., geography, age, health-related social needs):

What criteria determine eligibility for their service?

This guide was used to support speed networking conversations, capturing contact information, shared populations, referral processes, and concrete next steps for building referral partnerships!

Post-Meeting Materials

- Meeting Slides
- Provider Networking Worksheet

Post-Meeting Materials

Alameda PATH Resource Center

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Local CalAIM Success Story

BACS
Bay Area Community Services

BACS FSP & ICM Programs

Matthew Young, AD FSPs & ICM

BACS
Bay Area Community Services

FSPs At BACS

Each Program has a specified population of service access

- Circa 60 FSP → Older Adults with SMI (over 60 years old)
- HEAT FSP → Adults with SMI who are chronically/high risk homeless
- LIFT FSP → Adults with SMI with criminal justice system involvement
- PAIGE FSP → TAY (18-26) with SMI in South County (Fremont, Newark, Union City) & East County (Dublin, Livermore, Pleasanton, Sunol)
- RISE FSP → TAY (18-24) with SMI with criminal justice system involvement

What Do FSP Services Include?

- ACT Model: Assertive Community Treatment
  - Evidence Based Practice
  - ACT Planning Meeting held daily 10am-11am with the team to review client care needs, appointments, and delegation support to manage any emerging crisis
- Community Based & “Whatever it Takes” approach
  - Meet clients “Where they are at” in the community at their home, board & care, encampment, library or office if preferred;
- Team Development Meetings (TDM) & Wraparound Philosophy of Care
  - Engage natural supports and enhance community through identifying needs collaboratively
- Staff on shift 8:00am-6:30pm 7 days a week + holidays
- Crisis Warmline for after-hours triage support

What Do FSP Services Include?

- Mental Health Services (Individual & Group Therapy, Rehab)
- Case Management, Brokerage, & Advocacy (linkage to appropriate community referrals)
- Crisis Intervention & Medication Support
- Individual Placement and Support (IPS) Supported Employment
- ACBH Substitute Payee Program & Client Support Expenditures Restorative
- Justice & Harm Reduction Orientation
- In-reach in institutional settings to engage participants to reduce falling through the cracks

Multidisciplinary Team Approach

Team comprised of a variety of staff with varying specializations and educational backgrounds

Program Leadership

- Program Manager
- Program Supervisor(s) – provide some direct service to support clinical oversight

Direct Service Staff

- Clinical Care Coordinator -BBS registered Master's level Clinical staff
- Care Coordinators – can have specialties, noted below
  - SUD specialists
  - Family Advocates
  - Housing
  - Specialists Peer
  - Counselors
- Employment Coordinator (IPS)
- Nursing Coordinator
- Prescriber

1:10 staff to client ratio

Full Service Partnerships

To be considered for FSP basic criteria need to be met:

- Primary Severe Mental Illness Diagnosis (SMI) established
- 18 years of age or older to be opened to the team for services
  - May be referred prior to 18th birthday, however will not be able to open and provide services until 18
- Inability to be held successfully at a lower level of care due to SMI diagnosis & symptoms
- High level recidivism: contact with crisis/emergency services and risk of institutionalization
  - including mobile crisis, PES/CSU, inpatient, incarceration, CRT
- Other high risk factors including:
  - homelessness or high risk of homelessness
  - Involvement in criminal justice system
  - Co-occurring substance use and/or physical health disorders

Full Service Partnerships

Additional eligibility, per contract:

- Alameda County residents and/or Alameda County Medi-cal beneficiaries
- Have, as a result of SMI, significant functional impairment in one or more major areas of life functioning (ex-interpersonal relations, emotional, vocation, educational, self-care)

Keep in Mind: FSPs are meant to serve the highest need participants, who without our services would struggle with repeated institutionalization and accessing services

Before referring, please consider if they will benefit from meeting 2+ times per week, or if it would get in the way of their functioning, such as:

- High functioning without interpersonal challenges
- stably housed without support
- holding full-time employment or attending school full-time without support

How to Refer – ACCESS Only

Referrals can be Emailed to: ACCESSreferrals@ac.gov or faxed to: 510-346-1083 For Questions or for Client to Call to Request MH Services: 1-800-491-9099

ACCESS is the ***access*** point for all specialized Mental Health services in the county

Meds Only Programs

Level 1 Case Management Teams (like ICM)

Full Service Partnerships (PAIGE, RISE, HEAT, Circa 60, LIFT)

There are many OTHER agencies that also offer these levels of service (and MORE!) outside of BACS. If your partner doesn't fit into a BACS program, don't be afraid to reach out and refer!

Feel Free to Consult with program Leadership if you have a coordination or criteria clarifications!

Success Stories

Partner #1

- Partner was opened to the LIFT forensic FSP program in 2022 upon outreach to John George following incarceration experiencing schizoaffective disorder, cooccurring substance use disorder, and frequent homelessness and incarceration.
- His stated goals included maintain sobriety, employment, and housing.
- Partner spent the next two years intermittently struggling with frequent relapse, symptoms of psychosis, depression, and mania, housing loss, and frequent incarceration, while receiving intensive case management and mental health services and groups through LIFT and sometimes participating in residential treatment programs.
- Partner is now 16 months sober, maintains employment as a security guard, and has been hired as an assistant supervisor at his SLE.

Success Stories

Partner #2

- Partner was referred to BACS in 2021 but was discharged shortly thereafter due to non-engagement and inability of treatment team to successfully outreach. He struggled with severed substance use disorder, schizoaffective disorder, bipolar type, chronic homelessness, and frequent hospitalization.

- He re-opened to services in 2023. Since that time, he has remained consistently engaged in treatment, including psychiatric services, residential services at his SLE, IPS and case management services.

- He is currently taking classes at Chabot College, has been sober for over 2 years, and has maintained his housing placement at SLE without a single arrest or hospitalization during that time.

Who To Contact for Consult

Team	Staff	Role	Days	Hours	Contact
FSP &ICM	Shaun Orrante	Director of Programs: ICM/FSP	Monday - Friday	8:30-6:30	510-365-8302 sorrante@bayareacs.org
FSPs	Matt Young	Associate Director of Programs: LIFT/TAY	Tuesday – Saturday	9:00-5:30	510-640-5229 myoung@bayareacs.org
LIFT	Aleisha Lander Rajni Dutt	Program Manager Program Supervisor	Monday – Friday Sunday – Thursday	9:00-5:30 8:00-4:30	510-459-0026 Alander@bayareacs.org 510-804-7865 rudutt@bayareacs.org
CIRCA	Ryan Balestrery Bill Bradley	Program Manager Program Supervisor	Monday – Friday Tuesday -- Saturday	9:00-5:30 9:00-5:30	510-850-6859 rbalestrery@bayareacs.org 510-850-7410 bbradley@bayareacs.org
HEAT	Lorena Marquez Paige Iverson	Program Manager Program Supervisor	Sunday – Thursday Monday-Friday	9:00 – 5:30 9:00 – 5:30	510-944-9599 lmarquez@bayareacs.org 510-883-4237 Piverson@bayareacs.org
PAIGE & RISE	Sarah Hines Nicole Avshalomov	Program Manager Program Supervisor	Monday – Friday Sunday – Thursday	9:00-5:30	510-993-9458 Shines@bayareacs.org 510-916-8290 navshalomov@bayareacs.org
ICM	Hilary Davis	Program Manager	Monday-Friday	9:00-5:30	510-993-7188 hdavis@bayareacs.org

Feel Free to Consult

with program leadership if you have a coordination or criteria clarifications!

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BHSA Implementation in Alameda County

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Alameda County Behavioral Health Department

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

Alameda Cal AIM PATH Collaborative Meeting

March 27, 2026

Behavioral Health Department
Alameda County Health

Vanessa Baker, LMFT, Deputy Director, Plan Administration
Tracy Hazelton, MPH BHSA Division Director

OVERVIEW

Behavioral Health Department
Alameda County Health

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

Proposition 1:
Behavioral Health Services Act (BHSA)

Quick Review

What is Changing?

- The Mental Health Services Act (MHSA) funding components will change under Behavioral Health Services Act (BHSA) effective 7/1/26.
- *Philosophical shift* from prevention, intervention, and treatment across the mental health spectrum to focus on the **most severely mentally ill individuals, substance use services, housing and homelessness**.
- There are specific requirements for how these funds can be used.

MHSA vs BHSA

There are six key changes the Behavioral Health Services Act (BHSA) made to the Mental Health Services Act (MHSA) that reshape how California's behavioral health system works — from who can receive care to how counties must deliver and track it.

Feature	MHSA	BHSA
Eligible Populations	Mental illness	Mental illness + substance use disorder
State Funding Share	Up to 5% for administration	~10% for state programs & oversight
County Funding Share	~95% distributed to counties	~90% distributed to counties
County Funding Components	Community Services and Supports (76%) Prevention & Early Intervention (19) Innovation (5%)	Full Service Partnerships (35%) Behavioral Health & Services (35%) Housing Interventions (30%)
Accountability	Limited, county-driven, focused on utilization metrics	Increased emphasis on outcome metrics, more standardized statewide oversight
Focus Areas	Prevention, community programs	Housing, treatment, measurable outcomes

Proposition 1: System Change

FY 25/26 MHSA Budget: $206.16M

***FY 26/27 BHSA Estimated Revenue: $124M**

This is a *decrease* from our previous estimate of $127.5M

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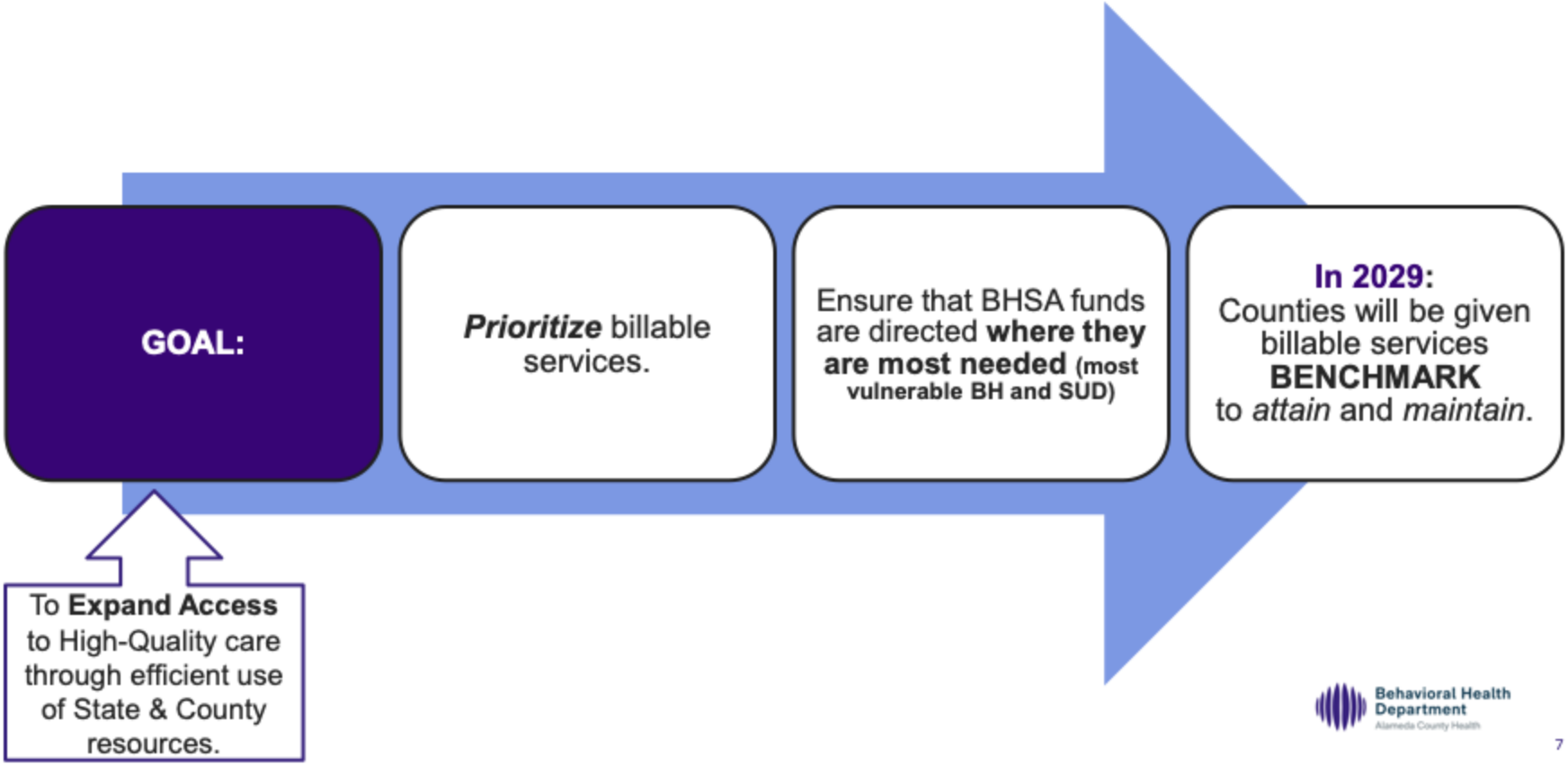
*as of 2/5/2026

BHSA Prioritization of Medi-Cal Billable Services



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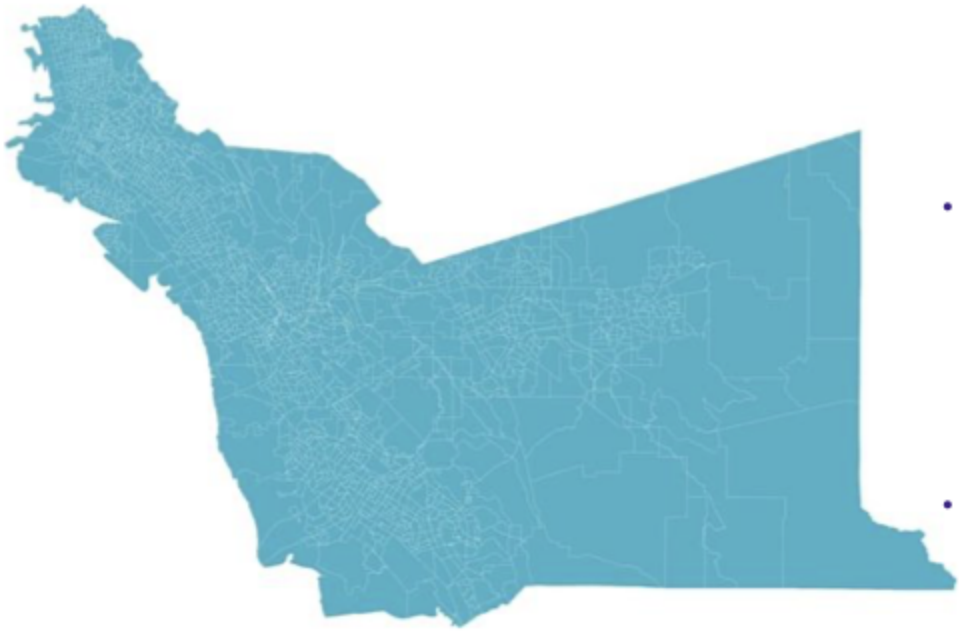
Alameda County Impacts



- **Significant Funding Reduction:** Alameda County projects a substantial net reduction in behavioral health funding once the full implementation of BHSA begins in Fiscal Year 2026 -2027 (FY 2026-2027).
- An approximate decrease of between **$63 million in MHSA funds** while receiving an estimated allocation of $124 million under the BHSA in FY 2026-2027, a nearly 45% difference from the FY 2025-2026 MHSA Plan budget of $227 million.
- **Alameda is not alone** in this level of reductions. Other large counties, including Orange, San Diego and Santa Clara County are all facing similar reductions, if not larger.

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Areas Considered 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

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Proposition 1:
Behavioral Health Services Act (BHSA)

Current Landscape: Budget & Service Impacts Update

Factors Impacting BHSA Revenues (October – March)

The MHSA/BHSA created a 1% tax on income in excess of $1 million to expand mental health services

Approximately 120,000 tax returns (0.7%) paid the MHSA/BHSA tax in calendar year 2023

- BHSA Revenue Updates
- Calculation & Methodology Review & Updates
- Additional BHSA Guidance
- Internal Validation

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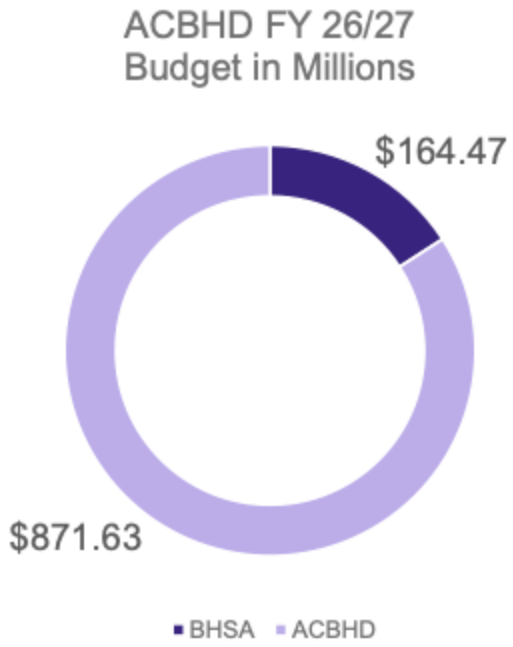
FY 26/27 Budget & Revenue Information



- BHSA Budget FY 26/27: $164.47M
  - 27% reduction from FY 25/26 Plan Budget of $227.63M
- BHSA funding is 20% of ACBHD Budget
- FY 26/27 BHSA Estimated Revenue: 124.35M
- 1x MHSA Estimated carryover: $65.32M
  - Carryover will be used over the three-year IP period to cover the gap between budget vs revenue.
  - Does not include 11M in encumbered INN funds.
- FY 27/28 Estimate BHSA Revenue:139.12M
- FY 28/29 Estimate BHSA Revenue: 147.41M

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Types of Programs Impacted by MHSA → BHSA Reductions

MHSA Service Categories	Revenue Required to Sustain Programming ($ Millions)
Prevention Services (No longer eligible under BHSA)	$6.20
Wellness Centers	$4.76
Integrative Care or Services involving Hospitals, Federally Qualified Health Centers, or other Health Care services	$4.57
Crisis Services	$4.88
Outreach Services	$1.25
Treatment Services including those impacting individuals with severe mental illness	$2.47
Workforce, Education, & Training (including Loan Assumption & Workforce Initiatives)	$2.99
Client Support Services, linkage services, including community education, or client/family/ patient services	$5.27
Services to Underrepresented communities, including those from linguistically diverse communities	$2.11
School Based Services (Prevention or Consultation)	$0.83
Innovative Projects or Pilot Programs specific to Alameda County	$2.0
Age-Specific Services (Early Childhood, Child/Youth, Transition Age Youth, Adult, & Older Adult)	$13.88
Discretionary Services, Consultation, and/or Anti-Stigma Campaigns	$1.49

***NOTE: This list is NOT an exhaustive example list. Programs described above have been provided for discussion only.

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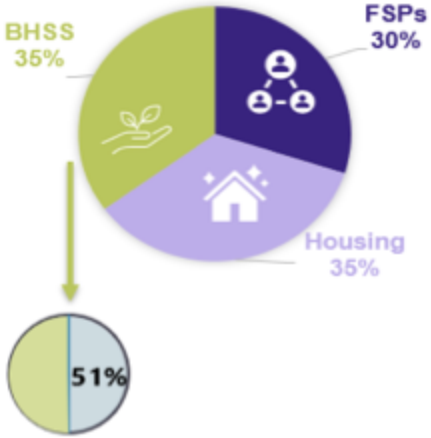
Proposition 1:
Behavioral Health Services Act (BHSA)

Early Intervention – Alameda County Implementation Model

Early Intervention Model under BHSA



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

- 51% of the Behavioral Health Services and Supports Component must be allocated to Early Intervention programming.
- Per BHSA regulations: 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.**
- County Early Intervention programs must include culturally responsive and linguistically appropriate interventions.
  - These interventions must be able to reach underserved cultural populations and address specific barriers related to racial, ethnic, cultural, language, gender, sexual orientation, gender identity, religion, age, economic, or other disparities in mental health and substance use disorder treatment services access, quality, and outcomes.

**See SB 326 SEC 50. Section 5840

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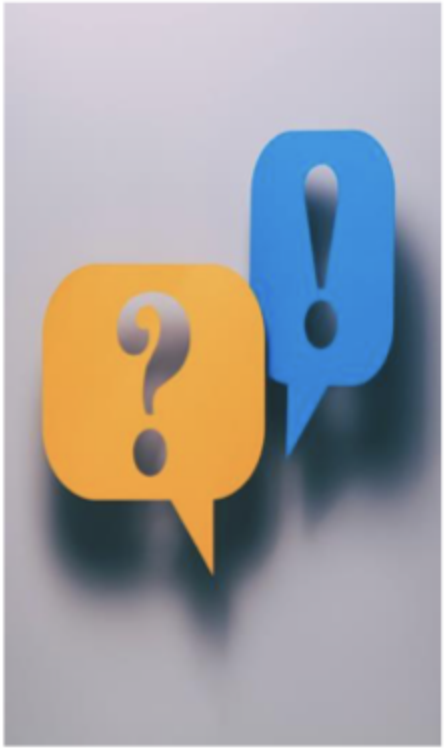
Early Intervention – Fiscal Year 2026 - 2027 Updates



- The upcoming BHSA shift will realign prevention services from county to State responsibility. To stay updated go to: CDPH Website or register for email updates.

- **Per the requirements of BHSA**, to retain, scale and sustain early intervention services that are eligible, ACBHD has facilitated an **Opt-In** opportunity for PEI providers that currently provide early intervention program components (as defined by the State) so that they may fully transition to Early Intervention Medi-Cal programs.
  - This Opt-in period is now closed. If there are increased revenue estimates and capacity needs in the future ACBHD will notify the provider community regarding any new opportunities.

- **All Early Intervention Programs** will be required to adhere to BHSA requirements.

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Early Intervention Pathways to Services and Treatment Continuum

- Some of these services will be billed to MAA and others to Specialty Mental Health Services (SMHS).
- There is some overlap between services that are provided under **Access and Linkage to Care** and those covered under **Mental Health Early Treatment Services and Supports** (Mental Health Treatment Services, Case Management/Brokerage, Crisis Intervention, Peer Support).
- Once a case is opened, most of the services provided can be billed to SMHS Medi-Cal.

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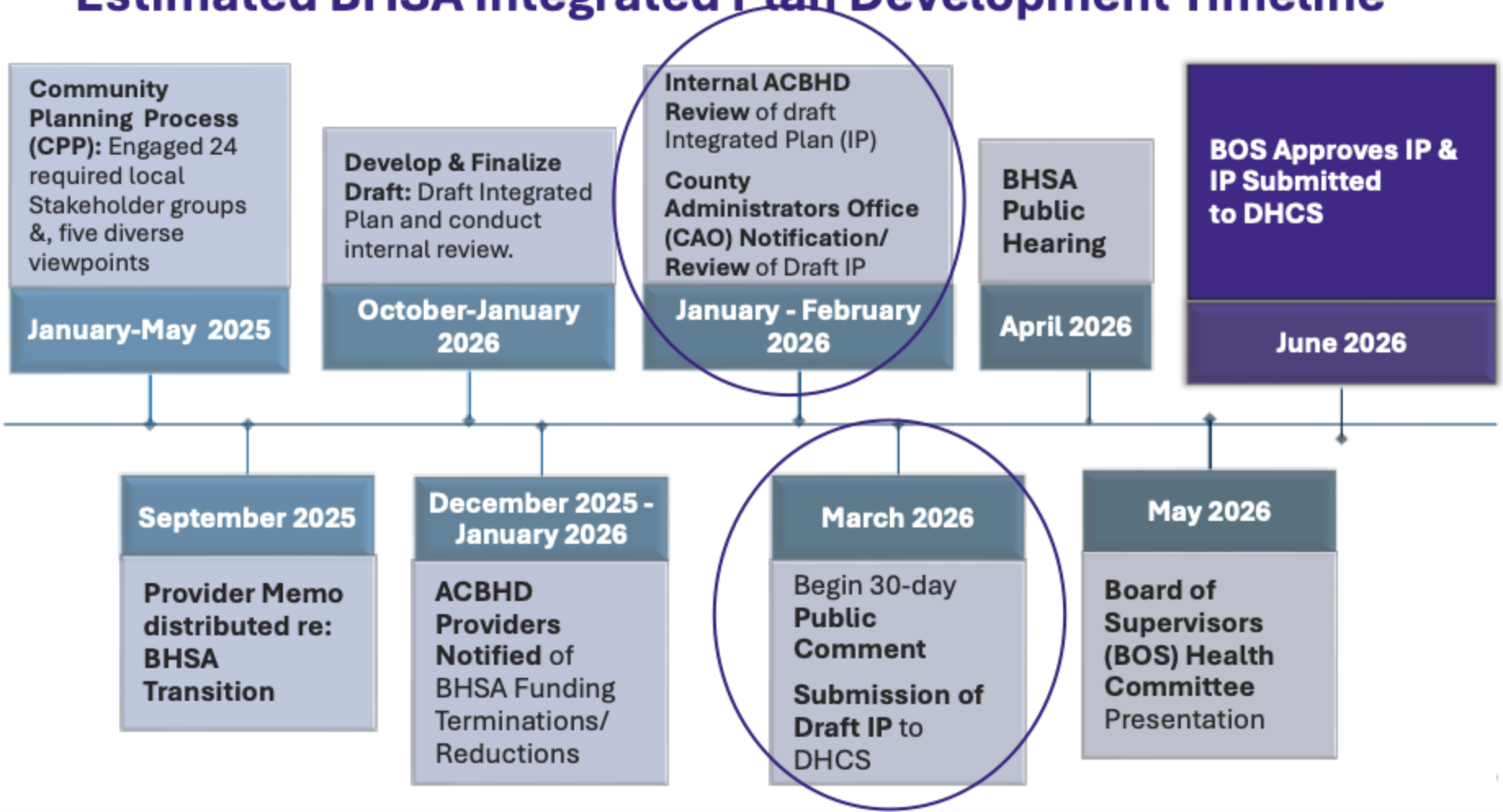
Proposition 1:
Behavioral Health Services Act (BHSA)

Planning: Timeline & Resources

Estimated BHSA Integrated Plan Development Timeline



30-Day Public Comment: March 19, 2026 – April 20, 2026

Scan or click here
to leave Public Comment

Community Feedback Session

Meeting Date: April 8, 2026 • Time: 6:00PM PST

Click Here to Join the Zoom

Meeting Phone: +1408-961-3927

Meeting ID: 627 868 1319 • Passcode: 040361

Please visit the ACMHSA website to view the plan or provide a public comment: ACMHSA.org

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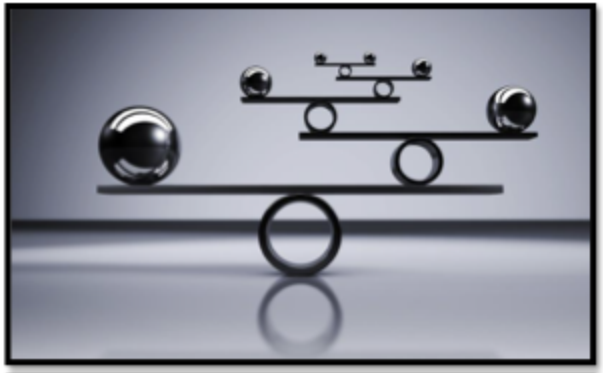
Key Takeaways



- Alameda County's **entire system** will be impacted by these transitions.
- **Providers who are NOT funded by MHSA will be impacted** given the intersectionality of the overall health care and behavioral health system.
- **Partnerships and other collaborative activities are encouraged.**
- **We are committed to communication and transparency** as this transition continues over the next six months and into FY 2026-2027.
- ACBHD **will continue to monitor system impacts** through data analysis, qualitative review, provider input, community feedback, and operational changes.

Resources:

- Alameda County MHSA/BHSA Website
- Department of Health Care Services (DHCS) Policy Manual
- DHCS Behavioral Health Transformation Website
- CALMHSA Medi-Cal Provider Training
- For additional Questions Email our Department: BHSATransition@acgov.org

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Announcements and Closing

DHCS requests your feedback

This statewide PATH Collaborative survey measures:

- The impact of participation in the collaborative
- The value of partnerships across organizations
- The sustainability of our progress

Technical Assistance Marketplace (TAM) Update

Eligibility Criteria

Projects will be approved for **NEW TA Recipients only** (except for transitional rent support or as determined by DHCS)

There is a limit of **ONE project per TA Recipient**

TA projects may **not exceed $150k**, must be **within 12 months**, should be **at least 4 weeks in length** and should **start at least 4-6 weeks after submission**

TA Recipients not yet contracted with an MCP for ECM and/or Community Supports will be **required to provide a rationale** for how their proposed TA project will support their contracting efforts

Impact on Alameda Providers

Providers are encouraged to **apply for funding at earliest convenience** as approval is not guaranteed

It is not necessary to be a contracted provider, however a **letter of attestation** and intent to contract will be required

https://www.ca-path.com/ta-marketplace

Best Practices Webinar

Providing Access & Transforming Health

Accelerating Improvement with the CalAIM CPI Best Practices and Sustainability Toolkits

Friday, April 17, 2026
10 to 11 a.m. PDT
Advance registration required

The webinar will:

- Describe Best Practices Toolkits, how they were developed, and how they work with the Sustainability Toolkit.
- Show how the toolkits can support local partnerships, improve workflows, strengthen referrals, and build stronger service networks.
- Outline clear next steps organizations can take right away to use the toolkits effectively and support long-term sustainability after PATH.

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Thank you for joining and see you next month!

Questions? Please email pathinfo@bluepathhealth.com.

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Appendix