



Health and Human Services Policy Committee Meeting
CSAC 131st Annual Meeting
Thursday, December 4, 9:45 AM – 11:45 AM
San Jose McEnery Convention Center, LL 20A
150 W San Carlos Street, San Jose, CA 95113

Supervisor Holly Mitchell, Los Angeles County, Chair
Supervisor Lynda Salcido, Mono County, Vice Chair
Supervisor Rosemarie Smallcombe, Mariposa County, Vice Chair

Note: This policy committee meeting is an in-person meeting only and is being held as part of the CSAC 2025 Annual Conference.

Agenda

- 9:45 a.m. I. Welcome and Introductions**
Supervisor Holly Mitchell, Los Angeles County, Chair
Supervisor Lynda Salcido, Mono County, Vice Chair
Supervisor Rosemarie Smallcombe, Mariposa County, Vice Chair
- 9:45 a.m. II. Navigating H.R. 1 Impacts and the Future of Medi-Cal**
Michelle Baass, Director, California Department of Health Care Services (DHCS)
- 10:15 a.m. III. County Indigent Care: Past, Present, and Future**
Kari Brownstein, Executive Director, County Medical Services Program (CMSP)
Timothy Lutz, Director of Health Services, Sacramento County
Haleigh Mager-Mardeusz, Director of Policy, California Association of Public Hospitals & Health Systems (CAPH)
- 11:00 a.m. IV. Child Care Working Group Report**
Supervisor Chuck Washington, Riverside County, Child Care Working Group Chair
Supervisor Kent Boes, Colusa County, Child Care Working Group Vice Chair
Supervisor Susan Ellenberg, Santa Clara County, Child Care Working Group Vice Chair
- 11:20 a.m. V. Homelessness: Preparing for HHAP Round 7**
Roxanne Wilson, Monterey County, County Homeless Services Director
- 11:40 a.m. VI. 2026 HHS Advocacy Priorities – ACTION ITEM**
CSAC HHS Team
- 11:45 a.m. VII. Closing Comments and Adjournment**

Informational Item: 2025 Legislative Year in Review



Full meeting materials linked here

December 4, 2025

To: Health and Human Services Policy Committee

From: Justin Garrett, CSAC HHS Senior Legislative Advocate
Danielle Bradley, CSAC HHS Legislative Analyst

RE: Navigating H.R. 1 Impacts and the Future of Medi-Cal

Introduction. In July, President Donald Trump signed [H.R. 1](#), which makes sweeping changes to eligibility, financing, and administration of Medi-Cal and CalFresh. Specifically, H.R. 1 expands work requirements for CalFresh, creates new work requirements for Medi-Cal, and increases the frequency and complexity of eligibility verifications. It also reduces federal contributions for program administration and emergency services. Increased workload alone will cost counties hundreds of millions of dollars annually and require additional staff resources, training, and technology updates. Additionally, an estimated 3.4 million Californians may lose health care coverage, resulting in higher long-term costs for uncompensated care and additional pressures on an already strained safety net system.

Prior CSAC HHS Policy Committee on H.R. 1

On August 11, 2025, the CSAC Health and Human Services Policy Committee convened for a virtual meeting to discuss the upcoming impacts to county health and human service programs. While California Department of Social Services (CDSS) Director Jennifer Troia was able to join the meeting and provide an [overview of CalFresh impacts](#), California Department of Health Care Services (DHCS) Director Michelle Baass had a scheduling conflict but requested to meet with the policy committee at a later date. We are grateful to be joined by Director Baass at our Annual Meeting, where she will speak on how California is preparing to implement H.R. 1 and the projected impacts to Medi-Cal.

Speaker Bio. Michelle Baass was appointed Director of the California Department of Health Care Services (DHCS) by Governor Gavin Newsom on September 10, 2021. DHCS supports the health of about 14 million Californians on Medi-Cal, the state's Medicaid program. Ms. Baass leads a team of more than 4,800 individuals at DHCS.

Before her appointment to DHCS, Ms. Baass served as Undersecretary of the California Health and Human Services Agency (Agency) since 2018 and Deputy Secretary of the Office of Program and Fiscal Affairs at Agency from 2017 to 2018. Prior to joining Agency, she worked for the California Legislature for 13 years, including in positions at the Senate Committee on Budget and Fiscal Review, Senate Office of Research, and Legislative Analyst's Office.

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Ms. Baass earned a Master's of Public Policy and Administration degree from California State University, Sacramento, and a Bachelor of Arts degree in Government and German from the University of Notre Dame.

Resources:

- [Summary of H.R. 1](#) by Paragon Government Relations
- [Safety Net Provisions Timeline](#) by Paragon Government Relations
- [The Big Shift: An Analyst of the Local Cost of Federal Cuts](#) by the National Association of Counties (NACo)
- [Navigating Federal Cuts: A Presentation with CalHHS](#) CalHHS Webinar Slides from July 21, 2025
- [County Coalition Letter on Implementation of H.R. 1](#) August 29, 2025
- [How Federal Policy Changes are Impacting a Healthy California for All](#) CalHHS Slides from October 27, 2025 Webinar
- [Considering Medi-Cal in the Midst of a Changing Fiscal and Policy Landscape](#) by the Legislative Analyst's Office, October 2025

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December 4, 2025

To: Health and Human Services Policy Committee

From: Justin Garrett, CSAC HHS Senior Legislative Advocate
Danielle Bradley, CSAC HHS Legislative Analyst

RE: Indigent Care: Past, Present, and Future

Background. Under California's [Welfare and Institutions Code \(WIC\) 17000](#), counties are legally obligated to provide basic, medically necessary health care to medically indigent, lawful residents. In short, WIC 17000 requires counties to be the medical care providers of last resort. However, each county has some discretion to set their own standards of aid and care.

Over the last fifteen years, the number of Californians without health care coverage has significantly declined due to the federal passage of the Patient Protection and Affordable Care Act (ACA), and multiple phases of Medi-Cal expansions. As the number of medically indigent residents has declined, counties have significantly ramped down their medical indigent care programs. Additionally, state realignment funds that counties historically relied on to fund indigent care programs were redirected through AB 85 (Chapter 24, Statutes of 2013) to fund the California Work Opportunity and Responsibility to Kids (CalWORKs) program with the 2014 ACA expansion shifting most low-income adults onto Medi-Cal.

The [California Budget & Policy Center](#) estimates as many as 3.4 million Californians may lose Medi-Cal coverage as a result of H.R. 1. In addition, Covered California estimates as many of [400,000 Covered California enrollees](#) may be priced out of the coverage they have today due to [increased premiums](#) resulting from the expiration of the enhanced premium tax credits at the end of the year. In addition, [state policy changes](#) made through the 2025 budget freezes enrollment for full-scope (state-only) Medi-Cal for undocumented individuals ages 19 years and older, beginning January 1, 2026, and establishes a \$30 per month Medi-Cal premium for individuals age 19 to 59 with unsatisfactory immigration status (UIS) effective July 1, 2027. While the exact impacts are unknown, it is certain that there will be a large increase in the number of Californians without health care coverage, and counties will be [unable to restore](#) pre-ACA indigent care programs without significant financial resources.

The policy committee is joined by three speakers who will discuss pre-ACA indigent care programs, current indigent care programs, and the impacts, challenges, and decisions counties are facing as a result of these upcoming coverage losses.

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Speaker Bios.

Kari Brownstein, Executive Director, County Medical Services Program (CMSP): Kari has been at CMSP since 2006, previously serving as the Director of Finance and Administration and Finance Director. Kari has over thirty years of experience in the healthcare sector, including healthcare administration, consulting, finance, accounting, and auditing. Prior to joining CMSP, Kari held positions at the Catholic Healthcare Audit Network serving Dignity Health, Sutter Health, PricewaterhouseCoopers and United Healthcare. Kari has a Master's Degree in Healthcare Administration, a Bachelor's Degree in Accounting, and is a Certified Public Accountant (CPA).

Timothy Lutz, Department of Health Services, Sacramento County: Timothy Lutz is a dedicated public servant with extensive experience in leading county departments and teams, especially in the fields of health and human services and county administration. His passions include public finance, service delivery improvement, and governmental transparency. Currently serving as the Director of Health Services for Sacramento County, Timothy oversees a department that includes Behavioral Health, Primary Care, and Public Health programs, with approximately 1,500 employees and a \$1.05 billion budget. Before joining Sacramento County, Timothy was the Agency Director for the Tulare County Health & Human Services Agency and the County Administrative Officer for Calaveras County. He prides himself on his commitment to improving public services and developing lasting partnerships with the community to achieve sustainable outcomes. Timothy also serves on the Executive Committee of the County Health Executives Association of California (CHEAC).

Haleigh Mager-Mardeusz, Director of Policy, California Association of Public Hospitals & Health Systems (CAPH): Haleigh Mager-Mardeusz joined CAPH in 2017. Mager-Mardeusz's work focuses on developing, shaping, and advancing policies that aim to strengthen public health care systems' ability to deliver equitable high-quality care, including policies related to Federally Qualified Health Centers, telehealth, pharmacy, workforce, health information exchange, and other areas. Prior to her role on the policy team, she worked as the Senior Government Affairs Analyst, responsible for implementing advocacy and government affairs efforts at the state and federal level. Previously, Mager-Mardeusz worked for the UCLA Center for Health Policy Research, specializing in public health insurance programs and spent a summer working for the U.S. Senate Committee on Health, Education, Labor and Pensions, where she analyzed federal financing reform options for long-term services and supports. Mager-Mardeusz holds a Master of Public Health in Health Policy from the UCLA Fielding School of Public Health, Delta Omega, and a Bachelor of Science in Public Health, Minor in Developmental Disabilities, Magna Cum Laude, from the California State University, Los Angeles.

About CMSP: Established in 1983, the [County Medical Services Program \(CMSP\)](#) provides health coverage for uninsured low-income, indigent adults who are not otherwise eligible for other publicly funded health care programs. Counties with a population of 300,000 or fewer

may contract with CMSP to provide indigent medical care on behalf of the county. There are currently 35 counties participating in CMSP: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba.

About CHEAC: The [County Health Executives Association of California \(CHEAC\)](#) is a statewide organization of county and city health department and agency directors, who are responsible for the administration, oversight, and delivery of a broad range of local public health and indigent health care services. Members represent a variety of administrative and health professional disciplines. CHEAC is dedicated to the promotion, protection, and improvement of the health of all Californians while addressing the unique health needs of our local communities.

About CAPH: The [California Association of Public Hospitals and Health Systems \(CAPH\)](#) represents California's 17 public health care systems, which include county-owned or affiliated systems and the five University of California academic medical centers. As a trade association, CAPH works to advance policy and advocacy efforts that strengthen the capacity of its members to ensure access to comprehensive, high quality, equitable health care services for all Californians, regardless of insurance status, immigration status, ability to pay, or other circumstance. The counties with public hospitals or health care system are: Alameda, Contra Costa, Kern, Los Angeles, Monterey, Riverside, San Bernardino, San Francisco, San Joaquin, San Mateo, Santa Clara, and Ventura.

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December 4, 2025

To: Health and Human Services Policy Committee

From: Justin Garrett, CSAC HHS Senior Legislative Advocate
Danielle Bradley, CSAC HHS Legislative Analyst

RE: Child Care Working Group Report

Introduction. In recent years, county supervisors from all corners of the state have expressed interest in exploring California's child care landscape and its impact on communities and local economies. Counties play a critical role in administering California's safety net services, with a strong focus on ensuring that children and families have access to health, behavioral health, and social services. However, recognizing the connection between child care access and overall family and economic stability, CSAC members expressed interest in taking a broader look at California's child care system, encompassing both subsidized and market rate care.

In response, the CSAC Child Care Working Group was established with the following goals:

- Develop a comprehensive understanding of California's subsidized and market rate child care systems, including unmet needs and the ways that limited access directly and indirectly impacts counties.
- Strengthen relationships with stakeholders in the child care space and identify potential partnerships for counties.
- Identify advocacy and other opportunities for CSAC and counties to engage on child care issues, including information and resource sharing about county programs and initiatives related to child care.

The report linked below provides a summary of the Working Group's efforts in 2025, including key findings and next steps for continued county engagement. The report also includes an appendix of resources to support further local action and collaboration.

The policy committee is joined by the Chair and Vice Chairs of the Child Care Working Group who will provide an overview of the report, share key takeaways from their time on the Working Group, and discuss opportunities for county supervisors interested in engaging in the child care space.

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Child Care Working Group Membership:

Chair:

- Supervisor Chuck Washington, Riverside County

Vice Chairs:

- Supervisor Kent Boes, Colusa County
- Supervisor Susan Ellenberg, Santa Clara County

Members:

- Supervisor Lucas Frerichs, Yolo County
- Supervisor Mani Grewal, Stanislaus County
- Supervisor Chris Howard, Del Norte County
- Supervisor Cassandra James, Solano County
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- Supervisor Belia Ramos, Napa County
- Supervisor Bruno Sabatier, Lake County
- Supervisor Scott Silveira, Merced County
- Supervisor Rosemarie Smallcombe, Mariposa County

Attachments:

[Child Care: Building Blocks of a Thriving Economy and Strong Community - A Report by the CSAC Child Care Working Group](#)

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December 4, 2025

To: Health and Human Services Policy Committee

From: Justin Garrett, CSAC HHS Senior Legislative Advocate
Danielle Bradley, CSAC HHS Legislative Analyst

RE: Homelessness: Preparing for HHAP Round 7

Introduction. CSAC has continued to advocate for homelessness funding and policy changes in alignment with the [AT HOME plan](#). In 2025, the state's budget situation made it challenging to secure additional funding for the Homeless Housing, Assistance and Prevention (HHAP) program. Ultimately, the 2025 Budget Act did not include any funding for HHAP in 2025-26, but a budget trailer bill, SB 131 (Chapter 24, Statutes of 2025), included a \$500 million appropriation for HHAP Round 7 for 2026-27. An additional budget trailer bill, SB 158 (Chapter 650, Statutes of 2025), in the end of session budget package established a goal for this funding to be distributed no later than September 1, 2026.

This Round 7 funding is essential for counties to be able to sustain the progress that counties are achieving in reducing homelessness around the state. It's important for counties to take steps now to be prepared to meet the new requirements outlined for Round 7 and be ready for the potential disbursement on September 1, 2026. The policy committee will be joined by Roxanne Wilson, the Homeless Services Director for Monterey County and Co-Chair of the Cal ICH Advisory Committee, to share a county perspective.

HHAP Round 7 Details. SB 131 identified several conditions that must be met before the \$500 million in HHAP Round 7 funding can be allocated and disbursed. This includes the enactment of additional legislation that specifies the parameters for a Round 7 of the program. The future HHAP Round 7 legislation would need to address the following conditions:

1. Having a compliant housing element
2. Having a local encampment policy consistent with administration guidance
3. Having a prohousing designation
4. Leveraging local resources to scale state investments
5. Demonstrating progress on key housing performance metrics
6. Demonstrating urgency and measurable results in housing and homelessness prevention

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Prior to the funding being disbursed to counties, cities, tribes, and continuums of care (CoC), the Director of the Department of Housing and Community Development (HCD), in consultation with the Director of the Department of Finance, must make two declarations related to Round 6 funding. These declarations are – (1) HCD has substantially completed the initial disbursement of Round 6 funding and (2) The county, city, tribe, or CoC has obligated at least 50 percent of its total Round 6 award.

CSAC and partner organizations advocated for the inclusion of [coalition priorities](#) in an end of session budget trailer bill. Ultimately, CSAC was successful in securing the goal disbursement of Round 7 funding within 60 days of the new fiscal year in SB 158. Additional legislation will still need to be enacted in 2026 to establish the parameters for Round 7. CSAC will continue to advocate consistent with the earlier coalition priorities.

Cal ICH Advisory Committee Background. The California Interagency Council on Homelessness (Cal ICH) has an Advisory Committee that supports the work of the Cal ICH. [The Council](#) is co-chaired by Business, Consumer Services, and Housing Agency Secretary Tomiquia Moss and Health and Human Services Agency Secretary Kim Johnson. The [membership of the Advisory Committee](#) was recently revised and CSAC is represented by Graham Knaus, CEO. The purpose of the Advisory Committee is to serve as a strategic advisor to the Council, review documents and policies, serve as a subject matter expert group, and be a thought partner to Cal ICH staff.

Speaker Bio. Roxanne Wilson is the Homeless Services Director for Monterey County and serves as the Co-Chair of the Cal ICH Advisory Committee. She previously worked for Community Homeless Solutions, Central Coast HIV/AIDS Services, Catholic Charities, and the Coalition of Homeless Services Providers, which is the Monterey and San Benito County Continuum of Care (CoC) lead agency. Roxanne has a track record of success on local homelessness initiatives, has been a key advisor on statewide efforts, and has served as a valuable resource for CSAC on homelessness efforts.

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December 4, 2025

To: Health and Human Services Policy Committee

From: Justin Garrett, CSAC HHS Senior Legislative Advocate
Danielle Bradley, CSAC HHS Legislative Analyst**RE: 2026 Health and Human Services Advocacy Priorities – ACTION ITEM**

Summary: Staff recommend the committee adopt the following advocacy priorities for the Health and Human Services team in 2026.

Proposed 2026 Health and Human Services Advocacy Priorities***Protecting Safety Net Programs***

The passage of H.R. 1 will result in significant and direct impacts on the low-income and vulnerable children, youth, families, and older adults that counties serve. There will also be dramatic cost impacts to counties related to (1) increased county workload; (2) direct cost shifts; (3) indirect impacts and strain on the safety net; and (4) health care financing restrictions. CSAC will lead county coalition efforts that include HHS affiliate partners. This advocacy will encompass policy and budget priorities related to indigent care, CalFresh and other social services programs, Medi-Cal, public hospitals, and other directly or indirectly impacted county programs. At the federal level, CSAC will look for opportunities to mitigate and ultimately reverse the harmful cuts to Medicaid and the Supplemental Nutrition Assistance Program (SNAP) that were enacted as part of H.R. 1, as well as continue to work to protect other county administered safety net programs that support vulnerable populations.

Homelessness Funding and Responsibilities

A primary focus in 2026 will be implementation of Round 7 of the Homeless Housing, Assistance and Prevention (HHAP) program. Additional legislation is required in order to effectuate the new requirements for the \$500 million in Round 7 funding in 2026-27. CSAC will advocate for the application to be kept simple, no additional requirements added, and pathways to show progress on meeting requirements to be established. More broadly, the AT HOME plan will continue to guide CSAC's advocacy efforts related to any budget proposals or legislation to address the state's homelessness crisis. CSAC will pursue opportunities to establish a comprehensive homelessness response system, which includes clearly defined roles for all levels of government (state, counties, and cities), accountability, and ongoing funding. CSAC also will work to protect and enhance funding for key housing and homelessness programs administered by the U.S. Department of Housing and Urban

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Development and call for the reestablishment of the United States Interagency Council on Homelessness, which played an important role in coordinating the federal response to homelessness.

Implementation of Behavioral Health Initiatives

Over the past several years, California's behavioral health system has undergone substantial change through initiatives such as Proposition 1 and the Behavioral Health Services Act (BHSA), the Community Assistance, Recovery, and Empowerment (CARE) Act, and the expansion of the Lanterman-Petris-Short (LPS) Act, among others. Additionally, several key implementation milestones begin in 2026, including the statewide expansion of criteria for involuntary detention and conservatorship pursuant to [SB 43 \(Chapter 637, Statutes of 2023\)](#) effective January 1; the expansion of the population eligible for CARE pursuant to [SB 27 \(Chapter 528, Statutes of 2025\)](#) effective January 1; and the submission of new three-year County Integrated Plans pursuant to BHSA next summer. While the state has made significant one-time investments to support these reforms, counties will need sustained and adequate funding to help realize the transformative goals envisioned for California's behavioral health system. CSAC will continue to advocate for the necessary county resources, funding, and technical assistance to effectively implement these multi-year initiatives. Additionally, CSAC will advocate for maximum local flexibility and oppose county sanctions or unreasonable withholding of funds, particularly for issues that fall outside of a county's control.

In-Home Supportive Services (IHSS) Collective Bargaining

In 2025, there were many notable developments related to transitioning IHSS statewide bargaining from the counties to the state and this advocacy will remain a key priority in 2026. CSAC was able to successfully negotiate amendments to AB 283 (Haney) related to county cost protections, scope of representation, and county input that allowed CSAC to take a support position. Ultimately, the legislation stalled and became a two-year bill. As the Administration engages on possible amendments to this bill, CSAC will continue to advocate in a manner that protects county fiscal, programmatic, and administrative responsibilities for any possible transition of collective bargaining to the state level.

Strengthening Early Childhood Efforts

CSAC will continue to look for ways to engage on advocacy related to early childhood and child care issues. In 2025, the CSAC Child Care Workgroup conducted a comprehensive analysis of the state's child care system that identified key findings around access, funding, economic impacts, and partnership opportunities. CSAC's advocacy on this issue will support increased access to child care, particularly as it relates to programs that serve county clients accessing safety net services.

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December 4, 2025

To: Health and Human Services Policy Committee

From: Justin Garrett, CSAC HHS Senior Legislative Advocate
Danielle Bradley, CSAC HHS Legislative Analyst

RE: 2025 Health and Human Services Year in Review

Legislative Outcomes:

AB 283 (Haney) In-Home Supportive Services Employer-Employee Relations Act. Two-Year Bill. This measure would transition IHSS collective bargaining from counties to the state. After months of negotiations, CSAC [secured amendments](#) to the bill to address county concerns, and provide clarity that counties would not be responsible for the increased costs that the state agrees to in statewide bargaining. Ultimately, the author made AB 283 a two-year bill to allow more time for discussions with the Administration.

AB 346 (Nguyen) In-home supportive services: licensed health care professional certification. Held in Appropriations Committee. This measure would have streamlined the process for IHSS clients to receive paramedical services by expanding the types of health care providers authorized to sign paramedical forms and reducing administrative burdens that currently delay access to services. [CSAC supported AB 346.](#)

AB 416 (Krell) Involuntary commitment. Signed. This measure requires a county behavioral health director to include emergency physicians as a practice discipline to be designated by the county when it develops procedures for designating and training professionals to initiate involuntary detentions. CSAC opposed a previous version of this measure, but [CSAC removed opposition to AB 416](#) after amendments were taken to clarify that this change does not affect the designation revocation process.

AB 543 (Gonzalez) Medi-Cal: field medicine. Signed. This measure requires Medi-Cal managed care plans who elect to contract with field medicine providers to allow Medi-Cal recipients experiencing homelessness to receive services from a contracted, in-network field provider regardless of the recipients' network assignment. The measure also authorizes field medicine providers to make direct referrals for Medi-Cal covered services within the managed care network, ensuring clients experiencing homelessness have access to necessary medications, diagnostic services, and durable medical equipment. Finally, this measure requires DHCS, by January 1, 2027, to include an optional question for applicants

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to California's insurance affordability programs to indicate if they are experiencing homelessness at the time of application. [CSAC supported AB 543](#).

[AB 607 \(C. Rodriguez\)](#) CalWORKs: Home Visiting Program. *Signed*. This measure extends the allowable duration time for participation in the CalWORKs Home Visiting Program to allow for completion of the applicable home visiting model. [CSAC supported AB 607](#).

[AB 689 \(B. Rubio\)](#) Foster youth: disaster aid assistance. *Vetoed*. This measure would have established a statewide Child Welfare Disaster Response Program to provide funding to support the immediate needs of foster children and youth and their caregivers in disaster-impacted communities. [CSAC supported AB 689](#).

[AB 804 \(Wicks\)](#) Medi-Cal: housing support services. *Held in Appropriations Committee*. This measure would have, subject to an appropriation by the Legislature and federal approval, added housing support services as a covered Medi-Cal benefit for beneficiaries experiencing or at risk of experiencing homelessness. [CSAC supported AB 804](#).

[AB 870 \(Hadwick\)](#) California Children's Services Program: county designation. *Signed*. This measure authorizes counties with a total population under 2,000 persons (Alpine County) to designate another county to administer the California Children's Services (CCS) Program if the other county agrees, and if neither county is a Whole Child Model county. [CSAC supported AB 870](#).

[AB 896 \(Elhawary\)](#) Foster care: placement transition planning. *Signed*. This measure requires CDSS to issue guidance on best practices and strategies for supporting foster children who are transitioning between placement settings, as well as requires each county child welfare agency to adopt placement transition policies. [CSAC supported AB 896](#).

[AB 898 \(Bryan\)](#) The Family Urgent Response System. *Signed*. This measure permits county-based mobile response teams to dispatch teams without requiring a state-level dispatch when the teams are not responding to calls placed through the statewide Family Urgent Response System (FURS) hotline. This measure also permits counties to utilize their FURS teams to support families who are receiving family preservation and voluntary or court-ordered family maintenance services. [CSAC supported AB 898](#).

[AB 933 \(Ávila Farías\)](#) Organized residential camps: organized day camps. *Two-Year Bill*. This measure sought to make changes to the to the definition, oversight and regulation of organized day camps for youth, and would vastly expand the responsibility of local health departments beyond the scope of their current expertise. The bill would require every local health officer to also enforce within their jurisdiction the building standards published in the State Building Standards Code relating to organized day camps. Further, AB 933 would circumvent the stakeholder process enacted through AB 262 (Holden, 2024) that was designed to bring entities with specialized expertise together to develop a workable

regulatory framework. CSAC is part of a coalition of counties and organizations [in opposition to AB 933](#), which is now a two year bill.

[AB 1288 \(Addis\)](#) Registered environmental health specialists. *Signed.* This measure extends the amount of time a local health department may employ a registered environmental health specialist (REHS) training from three years to five years and makes additional changes to expand the REHS workforce. [CSAC supported AB 1288](#).

[AB 1400 \(Soria\)](#) Community colleges: Baccalaureate Degree in Nursing Pilot Program. *Vetoed.* This measure would have required the Chancellor of the California Community Colleges to develop a pilot program to allow up to 10 community college districts to offer a Bachelor of Science in Nursing degree. [CSAC supported AB 1400](#).

[SB 16 \(Blakespear\)](#) Ending Street Homelessness Act. *Two-Year Bill.* This measure would have created several requirements for a Round 7 of the Homeless Housing, Assistance, and Prevention (HHAP) program. Under SB 16, counties would be required to identify goals for reaching functional zero homelessness and sign an MOU committing to certain responsibilities. CSAC had concerns that the responsibilities were overly broad, some were not county functions, and that there was no funding provided to meet the MOU requirements and functional zero goals. CSAC has an [Oppose Unless Amended](#) position on SB 16. Prior to being heard in the Assembly Housing and Community Development Committee, the author announced that SB 16 would not move forward this year.

[SB 27 \(Umberg\)](#) Community Assistance, Recovery, and Empowerment (CARE) Court Program. *Signed.* This measure makes numerous changes to the CARE Act, including changes to program eligibility, how respondents are referred, and the CARE Act court hearing process. Notably, the measure expands the eligibility criteria to qualify for CARE to include those with bipolar I disorder with psychotic features, except for psychosis related to current intoxication. While CSAC did not have a formal position on the bill, we engaged with the author and administration throughout the year and were grateful to see the removal of the urgency clause.

[SB 331 \(Menjivar\)](#) Substance abuse. *Two-Year Bill.* Among other provisions, this measure proposes to define “mental health disorder” for the purposes of the Lanterman-Petris-Short (LPS) Act as any condition included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders. CSAC joined a coalition of groups, including the County Behavioral Health Directors Association (CBHDA) and the California Association of Public Administrators, Public Guardians, and Public Conservators, [opposed to the bill](#) because it would significantly expand the reach of who may qualify for an LPS hold or conservatorship. The author decided to make the measure a two year bill, and CSAC will continue to engage with the author’s office on this measure in 2026.

SB 367 (Allen) Mental health. *Held in Appropriations Committee.* This measure would have made substantial changes to the process for Lanterman-Petris-Short (LPS) Act conservatorships, including: changed the 5150 assessment criteria; expanded the reasons an individual may be recommended for conservatorship; broadened the referral sources for conservatorship; and restricted the ability of counties to lift conservatorships in certain circumstances. Importantly, SB 367 did not include any funding or resources to accompany the expanded activities and impacted caseload. CSAC, along with a coalition including the County Behavioral Health Directors Association of California (CBHDA), California State Association of Public Administrators, Public Guardians, Public Conservators (CAPAPGPC), Urban Counties of California (UCC) and Rural Counties Representatives of California (RCRC) [opposed SB 367](#).

SB 483 (Stern) Mental health diversion. *Held in Appropriations Committee.* Originally, this measure would have required additional court approval for pretrial diversion plans for an individual who is already eligible for diversion under current law. CSAC, along with UCC, RCRC, and CAPAPGPC [opposed the previous version of the bill](#), as it would have complicated the process and placement of individuals seeking treatment by way of diversion. Additionally, SB 483 would have allowed the courts to bypass the clinical judgement of county behavioral health agencies. Following amendments taken to the bill, [the coalition removed opposition](#), but the bill was ultimately held under submission in Assembly Appropriations Committee.

SB 802 (Ashby) Housing finance and development: Sacramento Area Housing and Homelessness Agency: Multifamily Housing Program: Homekey: Homeless Housing, Assistance, and Prevention program. *Two-Year Bill.* This measure would require the formation of a new Joint Powers Authority (JPA) and consolidate homelessness and housing funding and entities in the Sacramento region. CSAC expressed [concerns to SB 802](#), as it would have mandated a new governance structure in one region that differs from the rest of the state, created legal uncertainties and jeopardized state and federal homelessness funding. The author decided to make the measure a two-year bill.

Budget Outcomes:

CalFresh Funding to Mitigate H.R. 1 Impacts.

CSAC led a [county coalition](#) highlighting the significant county cost increases that will result from the implementation of federal H.R. 1 and the need for state action to help counties preserve safety net programs. CSAC also supported a specific request for CalFresh funding at the end of session. The September Budget Package includes up to \$40 million (\$20 million GF) for counties to address increased workload for implementation of expanded work requirements for CalFresh. It also provides funding and outlines multiyear activities for the California Department of Social Services to work with counties and other stakeholders to lower the state's CalFresh error rate. This effort is intended to reduce the share of cost for CalFresh benefits that the state will face once that provision of H.R. 1 is implemented.

Homelessness.

The [2025 Budget Act](#) appropriated \$500 million for Round 7 of the Homeless Housing, Assistance and Prevention (HHAP) program in 2026-27. SB 158, one of the budget trailer bills included in the [September Budget Package](#), would require the Housing and Community Development Department to begin work to administer Round 7 of the HHAP program with the goal to disburse funding beginning September 1, 2026. CSAC coordinated efforts and pushed strongly for this Round 7 funding to be distributed as quickly as possible including a [specific request](#) for the September 1 date.

In-Home Supportive Services (IHSS).

The human services budget trailer bill, AB 118, shifts the costs of certain IHSS late assessment penalties from the state to counties. These penalties relate to the Community First Choice Option (CFCO) component of IHSS that provides an enhanced federal match. AB 118 requires the state and counties to split the cost of these penalties in 2025-26, and for counties to pay the full cost starting in 2026-27. The May Revision would have shifted the full cost to counties starting in 2025-26, and CSAC opposed that proposal. The trailer bill outlines that counties will owe this amount separate from the maintenance of effort, pay for the months in which the enhanced payment is not received, and that guidance on implementation of this process will be developed in consultation with CWDA.

In addition, the labor budget trailer bill, SB 156, contained several IHSS provisions related to overtime hours requirements, allowing alternate payroll and deduction processing methods, and shortening timeframes within the collective bargaining mediation and factfinding process. [CSAC opposed the changes](#) to the mediation and fact-finding process.

Public Health Funding.

The Budget preserved the Future of Public Health investment, which provides approximately \$276 million General Fund annually, with roughly \$188 million dedicated to local public health. Originally appropriated through the 2022 Budget Act, the Future of Public Health funding has been a critical investment in California's public health readiness and response to existing and emerging public health threats. Local health departments have hired more than 1,100 staff positions using these funds, leading to strengthened local programs, services, and partnerships to reduce health disparities.

The final Budget also included approximately \$31.5 million one-time funding to support the maintenance and operations for the California Vaccine Management System, also known as myCAvax. Without this funding, health care providers, the state, and local health departments would have had to return to using spreadsheets and manual calls to track vaccination distribution and records management. CSAC, alongside county partners, [advocated to maintain](#) critical Future of Public Health Funding and formally requested restoration of funding for the myCAvax system.

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