PUBLIC HEARING AGENDA
Friday, September 18, 2026, 9:30 a.m.
1545 River Park Drive, Suite 435-A, Sacramento CA 95815

Members of the public can attend the public hearing in person or virtually via Zoom. The meeting will be live streamed online at: https://us06web.zoom.us/j/88259035030?pwd=t6rIFZawQeoQksZCAmnrmg1wkRjM03.1, meeting number 882 5903 5030 and password 2026. To listen to the live stream via telephone, call 1-669-444-9171, enter the meeting number 882 5903 5030 and password 2026.

Pursuant to Government Code section 54953(b), the following CMSP Governing Board Members will be attending the meeting via teleconference from the location set forth below:

Brent Houser, 1215 O Street, Floor 11, Sacramento, CA 95814

Elizabeth Kelly, 251 E. Webster Street, Colusa, CA 95932

Deborah Martinez, 1626 Sunrise Avenue, Office D201, Madera, CA 93638

Jennifer Yasumoto, 2751 Napa Valley Corporate Drive, Bldg. B, Room 201-02, Napa, CA 94559

Mike Ziegenmeyer, 1160 Civic Center Blvd., Suite A, Yuba City, CA 95993

Each teleconferencing location will be accessible to the public, and members of the public may address the CMSP Governing Board from any teleconference location or via Zoom.

PUBLIC HEARING
Public and CMSP Governing Board Members
1545 River Park Drive, Suite 435-A
Sacramento, CA 95815
9:30 a.m.

Public comment will be accepted during agenda items II, III and IV. Written comments received by 4:00 p.m. Pacific time on Thursday, September 17, 2026 will be provided to the Governing Board in advance of the hearing. Members of the public that wish to speak may do so in person or by joining the virtual meeting by using the Zoom link or telephone number above during the meeting. Speakers will be given 2 minutes to comment and will be alerted when they have 30 seconds remaining. When their time limit is reached, no further comments will be permitted for that speaker regarding that agenda item. Members of the public are expected to comply with reasonable and lawful meeting procedures. Conduct that disrupts, disturbs,

impedes, or renders infeasible the orderly conduct of the meeting may result in removal in accordance with Government Code section 54957.95.

I. Welcome and Introductions

II. Proposed Suspension of the Connect to Care Benefit Program – **DISCUSSION**

III. Proposed Changes to CMSP Program Eligibility Requirements – **DISCUSSION**
   A. Reduce CMSP eligibility to 200% of the Federal Poverty Level
   B. Reinstate full monthly share of cost for all applicants with no reduction in payment amount
   C. Establish no share of cost for individuals up to 100% of the Federal Poverty Level
   D. Reinstate the requirement that CMSP eligible applicants who may be otherwise eligible for Covered California apply during its open enrollment
   E. Set the asset limit to $10,000 individual / $20,000 couple, exclusive of a primary residence and vehicle, and apply the asset limit to all CMSP applicants

IV. Proposed Changes to CMSP Program Benefits – **DISCUSSION**
   A. Reinstate emergency services only CMSP coverage for undocumented immigrants
   B. Reinstate monthly share of cost requirements for primary care services
   C. Discontinue chiropractic services as a CMSP covered benefit
   D. Discontinue coverage for outpatient substance use disorder treatment services and expanded mental health services
   E. Discontinue coverage for specified vision, audiology, and selective dental services

V. Comments from the Board

VI. Adjournment

The next CMSP Public Hearing will be on October 5, 2026, at 9:30 a.m.

If you require a disability-related modification or accommodation to participate in this meeting, please contact info@cmspcounties.org as soon as possible before the meeting so that CMSP may make reasonable arrangements to ensure accessibility.

COUNTY MEDICAL SERVICE PROGRAM
STAFF REPORT
PROPOSED PROGRAM SUSPENSION AND REDUCTION IN ELIGIBILITY & SERVICES

TO: County Medical Services Program Governing Board

FROM: Kari Brownstein, Executive Director
Alison Kellen, Senior Director - Programs
Lee Kemper, Policy & Planning Consultant

SUBJECT: Proposed Suspension of Connect to Care and Enrollment
Proposed Revised CMSP Asset, Income and Share of Cost Requirements
Proposed Reduction or Elimination of Specified CMSP Benefits

Recommendation

Staff recommends that the Governing Board consider the proposed changes set forth below to suspend operation of the Connect to Care Program and associated enrollment; revise asset, income and share of cost requirements for CMSP eligibility; and reduce or eliminate specified CMSP benefits.

Background

CMSP and Connect to Care provide health care coverage to low-income uninsured adults in 35 California counties. The Governing Board provides policy direction for CMSP and Connect to Care. As part of its responsibility, the Governing Board sets beneficiary eligibility requirements, determines the scope of covered health care benefits and establishes the payment rates paid to health care providers participating in CMSP and Connect to Care.

The federal Affordable Care Act (ACA) took effect January 1, 2014, and expanded Medi-Cal coverage to low-income adults with incomes up to 138% of the Federal Poverty Level (FPL) and expanded marketplace coverage through Covered California to populations with incomes above 138% FPL. Prior to the ACA, CMSP monthly enrollment was over 80,000 members. Following the ACA, most CMSP members became eligible for Medi-Cal and CMSP enrollment dropped significantly.

Since 2014, the Governing Board has enacted many program changes designed to reach more of the remaining uninsured. These included the creation of primary care benefit programs, Path to Health and Connect to Care. Additionally, since that time a wide range of changes were made to expand CMSP eligibility and benefits despite the suspension of ongoing funding by the State for CMSP.

Reasons for Proposals

Under California law (Welfare and Institutions Code Section 17000) counties are required to "relieve and support all incompetent, poor, indigent persons, and those incapacitated by age, disease, or accident, lawfully resident therein, when such persons are not supported and relieved by their relatives or friends, by their own means, or by state hospitals or other state or private institutions." Under this state law, counties provide medical services to the indigent poor. The CMSP program assists the CMSP counties in fulfilling this responsibility.

The proposed suspension of the Connect to Care program, the proposed eligibility changes for the CMSP program, and the proposed reduction of CMSP benefits are necessitated by the Federal passage of House of Representatives 1 (H.R. 1), which established new Medicaid (Medi-Cal in California) enrollment and eligibility requirements. The estimated number of CMSP county residents who will disenroll from Medi-Cal due to H.R. 1 requirements and become uninsured is up to 124,000. Estimated annual costs to provide CMSP benefits for these uninsured individuals, under current CMSP eligibility requirements and benefit levels, is up to $943 million.

In consideration of Welfare and Institutions Code 17000, the Governing Board's current fund balance, and in consideration of the absence of reliable and sufficient future revenue for CMSP, the Governing Board proposes the following program changes to provide an orderly transition to higher levels of CMSP enrollment beginning in 2027, when major components of H.R. 1 begin to take effect.

Proposals

The following are proposed eligibility and services to be considered for termination, reduction or elimination and the projected savings expected for each termination, elimination or reduction.

1. Proposed Suspension of the Connect to Care Benefit Program

Connect to Care (in Spanish "Conexión a la Salud de CMSP") is a limited scope benefit program that was launched by the CMSP Governing Board in December 2020 to provide specified primary or specialty care benefits to documented or undocumented individuals who are CMSP county residents, not pregnant, aged 21-64, with income levels above 138% and up to 300% of the Federal Poverty Level, who have assets not exceeding $20,000 individual/$30,000 couple, and who have no other health coverage.

It is proposed that the Connect to Care program be suspended and that individuals enrolled in Connect to Care as of December 31, 2026 be provided with the opportunity to apply for CMSP in accordance with CMSP eligibility requirements and benefit coverage in effect as of January 1, 2027.

PROJECTED ANNUAL SAVINGS: Up to $5 million
PERSONS AFFECTED: 1,300 Individuals
PROPOSED EFFECTIVE: January 1, 2027

2. Proposed Changes to CMSP Program Eligibility Requirements

A. Reduce CMSP eligibility to 200% of the Federal Poverty Level

In May 2016, the Board approved increasing the upper income limit for CMSP eligibility from 200% FPL to 300% FPL. It is proposed the upper limit of 200% FPL be reinstated.

PROJECTED ANNUAL SAVINGS: Indeterminable but expected to be significant
PERSONS AFFECTED: Indeterminable but expected to be significant
PROPOSED EFFECTIVE: January 1, 2027

B. Reinstate full monthly share of cost (SOC) for all applicants with no reduction in payment amount

In May 2016, the Board approved applying a 75% reduction to the monthly SOC amount due from CMSP members with incomes above 138% FPL to 300% FPL. It is proposed the 75% reduction no longer be applied and the full monthly share of cost be the responsibility of the eligible CMSP member with a share of cost.

PROJECTED ANNUAL SAVINGS: Indeterminable but expected to be significant
PERSONS AFFECTED: Indeterminable but expected to be significant
PROPOSED EFFECTIVE: January 1, 2027

C. Establish no share of cost for individuals up to 100% of the Federal Poverty Level

In May 2016, the Board authorized the removal of the monthly SOC requirement for CMSP members with incomes up to 138% FPL. Prior to this time the SOC requirement was applied for CMSP members with incomes up to 67% FPL. It is proposed that CMSP members with incomes up to 100% FPL have no share of cost.

PROJECTED ANNUAL SAVINGS: Indeterminable but expected to be limited
PERSONS AFFECTED: Indeterminable but expected to be limited
PROPOSED EFFECTIVE: January 1, 2027

D. Reinstate the requirement that CMSP eligible applicants who may be otherwise eligible for Covered California apply during its open enrollment

Following enactment of the ACA, the Board established a requirement that CMSP applicants who may be otherwise eligible for Covered California apply for Covered California during its open enrollment period. In October 2023, the Board approved removal of this requirement, and instead required such applicants be provided with information about applying for Covered California. It is proposed that the requirement

that CMSP applicants who may be otherwise eligible for Covered California apply for Covered California during its open enrollment period be reinstated.

PROJECTED ANNUAL SAVINGS: Indeterminable but expected to be limited
PERSONS AFFECTED: Indeterminable but expected to be limited
PROPOSED EFFECTIVE: January 1, 2027

E. Set the asset limit to $10,000 individual / $20,000 couple, exclusive of a primary residence and vehicle, and apply the asset limit to all CMSP applicants

In May 2016, the Board approved increasing the asset limit for CMSP applicants with incomes above 138% up to 300% FPL from $2,000 individual / $3,000 couple to $20,000 individual / $30,000 couple. The Board also approved removal of the asset limit for CMSP applicants with incomes up to 138% FPL. It is proposed that the asset limit for all CMSP applicants be set at $10,000 individual / $20,000 couple, exclusive of a primary residence and vehicle.

PROJECTED ANNUAL SAVINGS: Indeterminable but expected to be limited
PERSONS AFFECTED: Indeterminable but expected to be limited
PROPOSED EFFECTIVE: January 1, 2027

3. Proposed Changes to CMSP Program Benefits

A. Reinstate emergency services only CMSP coverage for undocumented immigrants

In July 2023, the Board implemented full scope coverage to undocumented immigrants. Previously, the Board piloted primary care services for undocumented immigrants (May 2016) and expanded primary care services (September 2018). Prior to the ACA, undocumented immigrants eligible for CMSP received emergency services only coverage. It is proposed that CMSP benefit coverage for eligible undocumented immigrants be reinstated to emergency services only coverage.

PROJECTED ANNUAL SAVINGS: Indeterminable, but expected to be significant
PERSONS AFFECTED: Indeterminable, but expected to be significant
PROPOSED EFFECTIVE: January 1, 2027

B. Reinstate monthly share of cost requirements for primary care services

In September 2018, the Board approved providing coverage for selected primary care and pharmacy services without CMSP members having to meet their monthly SOC amount. Prior to this time, the SOC requirement applied to all CMSP benefits. It is proposed that the share of cost requirement apply to all CMSP benefits.

PROJECTED ANNUAL SAVINGS: Indeterminable, but expected to be significant
PERSONS AFFECTED: Indeterminable, but expected to be significant
PROPOSED EFFECTIVE: January 1, 2027

C. Discontinue chiropractic services as a CMSP covered benefit

In July 2021, the Board expanded the CMSP full-scope benefit coverage to include chiropractic services. Prior to this time, chiropractic services were not covered. It is proposed that chiropractic services be eliminated from CMSP benefit coverage.

PROJECTED ANNUAL SAVINGS:	Indeterminable, but expected to be limited
PERSONS AFFECTED:	Indeterminable, but expected to be limited
PROPOSED EFFECTIVE:	January 1, 2027

D. Discontinue coverage for outpatient substance use disorder treatment services and expanded mental health services

In July 2023, the Board expanded CMSP benefit coverage to include outpatient substance use disorder treatment services and services for mild to moderate mental health conditions. These services included individual counseling for alcohol and/or drug abuse treatment services; group counseling or alcohol and/or drug abuse treatment services; individual and group mental health evaluation and treatment (psychotherapy); psychological testing; and outpatient services for the purpose of monitoring medication therapy as CMSP covered benefits. It is proposed that these mental health and substance use disorder services be eliminated from CMSP benefit coverage.

PROJECTED ANNUAL SAVINGS:	Indeterminable, but expected to be limited
PERSONS AFFECTED:	Indeterminable, but expected to be limited
PROPOSED EFFECTIVE:	January 1, 2027

E. Discontinue coverage for specified vision, audiology, and selective dental services

In July 2023, the Board expanded the types of vision, audiology, and dental services covered under CMSP. It is proposed to discontinue these expanded services which included routine eye exams; contact lens testing; low vision testing; prescription glasses; artificial eye services and materials; audiometry assessments; tympanometry assessments; hearing aid evaluations; evoked response testing; electronystagmography; cochlear implants; immediate and partial dentures and repairs; periodontal scaling and procedures; advanced oral/facial imaging and x-rays; dental counseling for disease prevention; fluoride varnish; resin crowns; implants; maxillofacial prosthetics; advanced oral and maxillofacial surgeries; and tele-dentistry as CMSP covered benefits. It is proposed that these specified vision, audiology, and selective dental services be eliminated from CMSP benefit coverage.

PROJECTED ANNUAL SAVINGS:	Indeterminable, but expected to be limited
PERSONS AFFECTED:	Indeterminable, but expected to be limited
PROPOSED EFFECTIVE:	January 1, 2027

Environmental Review

Adoption of the proposed program, eligibility, and benefit changes would be exempt from the requirements of the California Environmental Quality Act (CEQA) pursuant to CEQA Guidelines Section 15061(b)(3). There is no possibility that the proposed changes may have a significant effect on the environment.

Proposed Action

Following conclusion of the two public hearings, with the second hearing scheduled for October 5, 2026, staff recommends the Governing Board take those actions considered necessary and appropriate to align CMSP eligibility requirements and benefit coverage with the future projected fiscal condition of CMSP.

Attachments

Attached are the Public Hearing Notice and a listing of all newspapers in California where notice of the public hearings was published.

NOTICE OF PUBLIC HEARINGS
COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

NOTICE IS HEREBY GIVEN that the County Medical Services Program Governing Board (Governing Board) will hold two public hearings to consider proposed program changes that will result in the suspension of the Governing Board's Connect to Care program; modification and elimination of eligibility for County Medical Services Program (CMSP) services for certain individuals; elimination and reduction of certain health care benefits currently provided by CMSP; and consideration of all evidence and testimony for or against the approval and adoption of the proposed program, eligibility, and benefit changes.

At the day, hour, and place of the hearing, any and all persons having any comments on or objections to the proposed changes may appear before the Governing Board and be heard. These public hearings will be held at the following dates, times and location:

Friday, September 18, 2026 9:30 AM PST
CMSP Governing Board Conference Room
1545 River Park Drive, Suite 435
Sacramento, CA 95815
Virtual attendance information is available at https://cmspcounties.org/publichearings/.

Monday, October 5, 2026 9:30 AM PST
CMSP Governing Board Conference Room
1545 River Park Drive, Suite 435
Sacramento, CA 95815
Virtual attendance information is available at https://cmspcounties.org/publichearings/.

CMSP and Connect to Care currently provide health coverage to low-income uninsured adults in thirty-five California counties. These counties include 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. The Governing Board provides policy direction for these programs. As a part of this responsibility, the Governing Board sets program eligibility requirements and determines the scope of covered health care benefits. These public hearings by the Governing Board are being conducted to consider evidence and testimony regarding proposed changes.

The proposed suspension of the Connect to Care program, the proposed eligibility changes for the CMSP program, and the proposed reduction of CMSP benefits are necessitated by the passage of H.R. 1 which establishes new Medi-Cal enrollment and eligibility requirements. The estimated number of CMSP county residents who will disenroll from Medi-Cal due to H.R. 1 requirements ranges up to 124,000. Estimated costs to provide CMSP benefits for these individuals, under current eligibility requirements and benefit levels, range up to $943 million.

In consideration of the Board's current fund balance, and in consideration of the absence of reliable and sufficient future revenue for CMSP, the CMSP Governing Board proposes the following program changes to provide an orderly transition to higher levels of CMSP enrollment beginning in 2027, when major components of H.R. 1 begin to take effect.

Proposed Program Changes Effective on January 1, 2027

(1) Suspension of Connect to Care Benefit Program

Connect to Care (in Spanish "Conexión a la Salud de CMSP") is a limited scope benefit program that was launched by the CMSP Governing Board in December 2020 to provide specified primary or specialty care benefits to documented or undocumented individuals who are CMSP county residents, not pregnant, aged 21-64, with income levels above 138% and up to 300% of the Federal Poverty Level, who have assets not exceeding $20,000 individual/$30,000 couple, and who have no other health coverage. It is proposed that the Connect to Care program be suspended effective January 1, 2027. Additionally, it is proposed that individuals enrolled in Connect to Care as of December 31, 2026 be provided with the opportunity to apply for CMSP in accordance with CMSP eligibility requirements and benefit coverage in effect as of January 1, 2027.

The Governing Board estimates that this proposed change will affect up to 1,300 individuals enrolled in Connect to Care. It is estimated that up to $5 million in county funds will be saved annually as a result of this change. This proposed change will take effect on January 1, 2027.

(2) Change CMSP Program Eligibility Requirements

CMSP is a full scope health benefit program serving eligible residents of the 35 CMSP member counties. CMSP clients are documented or undocumented individuals who are CMSP county residents, not pregnant, aged 21-64, with income levels up to 300% of the Federal Poverty Level, who have assets not exceeding $20,000 individual/$30,000 couple exclusive of a primary residence and one vehicle. Due to the expected influx of residents requiring health care in CMSP counties, it is proposed that the following program eligibility requirement changes be made:

(a) Reduce CMSP eligibility to 200% of the Federal Poverty Level. Currently individuals with incomes up to 300% of the Federal Poverty Level may be eligible for CMSP. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable but are expected to be significant.

(b) Reinstate full monthly share of cost for all applicants with no reduction in payment amount. Currently CMSP members receive a 75% reduction in the calculated share of cost. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable but are expected to be significant.

(c) Establish no share of cost for individuals up to 100% of the Federal Poverty Level. Currently individuals with incomes up to 138% of the Federal Poverty Level may be eligible for CMSP without a share of cost. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable but are expected to be limited.

(d) Reinstate the requirement that CMSP eligible applicants who may be otherwise eligible for Covered California apply during its open enrollment. Currently, CMSP eligible applicants are not required to apply for Covered California during its open enrollment period. The estimated

cumulative cost savings and number of individuals affected by this proposed change are indeterminable but are expected to be limited.

(e) Set the asset limit to $10,000 individual/$20,000 couple, exclusive of a primary residence and vehicle, and apply the asset limit to all CMSP applicants. Currently, CMSP applicants may possess assets of up to $20,000 individual/$30,000 couple, exclusive of a primary residence and vehicle, and households with incomes up to 138% of the Federal Poverty Level are exempt from the asset limit requirement. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable but are expected to be limited.

The proposed CMSP Program Eligibility Requirement Changes 2(a)-(e), above, will take effect on January 1, 2027.

(3) CMSP Program Benefit Changes

CMSP is a full scope health benefit program serving eligible residents of the 35 CMSP member counties. Benefit coverage includes specified primary care, specialty care, mental health, substance use disorder, pharmacy, and emergency services. Due to the expected influx of residents seeking health care services in CMSP counties, it is proposed that the following program benefit changes be made:

(a) Approve reinstatement of emergency services only CMSP coverage for undocumented immigrants. Currently undocumented immigrants may receive full scope CMSP coverage. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable but are expected to be significant.

(b) Reinstate monthly share of cost requirements for primary care services. Under proposed eligibility changes 2(b) and 2(c), above, primary care service share of cost would apply to individuals with incomes above 100% and up to 200% of the Federal Poverty Level. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable but are expected to be significant.

(c) Discontinue chiropractic services as a CMSP covered benefit. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable and are expected to be limited.

(d) Discontinue coverage for outpatient substance use disorder treatment services and expanded mental health services as follows. Discontinue individual counseling for alcohol and/or drug abuse treatment services; group counseling or alcohol and/or drug abuse treatment services; individual and group mental health evaluation and treatment (psychotherapy); psychological testing; and outpatient services for the purpose of monitoring medication therapy as CMSP covered benefits. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable and are expected to be limited.

(e) Discontinue coverage for vision, audiology, and selective dental services as follows. Discontinue eye exams; contact lens testing; low vision testing; prescription glasses; artificial eye services and materials; audiometry assessments; tympanometry assessments; hearing aid evaluations; evoked response testing; electronystagmography; cochlear implants; immediate and

partial dentures and repairs; periodontal scaling and procedures; advanced oral/facial imaging and x-rays; dental counseling for disease prevention; fluoride varnish; resin crowns; implants; maxillofacial prosthetics; advanced oral and maxillofacial surgeries; and teledentistry as CMSP covered benefits. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable and are expected to be limited.

The proposed CMSP Program Benefit Changes 3(a)-(e), above, will take effect on January 1, 2027.

Interested parties may submit written testimony to the CMSP Governing Board by email at info@cmspcounties.org or by U.S. mail to the Governing Board's office at 1545 River Park Drive, Suite 435, Sacramento, California, 95815. Written testimony received by 4:00 PM Pacific Time on the business day preceding a hearing will be provided to the Governing Board in advance of that hearing. Written testimony also may be submitted at the hearing before the close of public comment and will be included in the record.

PUBLICATION OF NOTICE OF PUBLIC HEARINGS

The Notice of Public Hearings was published in the newspapers below:

CMSP COUNTY	NEWSPAPER	PUBLICATION DATE
Alpine	Tahoe Daily Tribune	8/14/2026
Amador	Amador Ledger Dispatch	8/14/2026
Butte	Mercury-Register	8/14/2026
Calaveras	Calaveras Enterprise	8/13/2026
Colusa	Colusa Sun-Herald	8/12/2026
Del Norte	Mad River Union	8/12/2026
El Dorado	Tahoe Daily Tribune	8/14/2026
Glenn	Glenn County Transcript	8/12/2026
Humboldt	Mad River Union	8/12/2026
Imperial	Imperial Valley Press	8/14/2026
Inyo	Inyo Register	8/13/2026
Kings	Hanford Sentinel	8/12/2026
Lake	Lake County Record Bee	8/14/2026
Lassen	The Intermountain News	8/12/2026
Madera	Madera Tribune	8/12/2026
Marin	Marin Independent Journal	8/14/2026
Mariposa	Mariposa Gazette	8/13/2026
Mendocino	Ukiah Daily Journal	8/14/2026
Modoc	Modoc County Record	8/13/2026
Mono	Mammoth Times	8/13/2026
Napa	Napa Valley Register	8/13/2026
Nevada	The Union	8/14/2026
Plumas	Mountain Messenger	8/13/2026
San Benito	Free Lance	8/14/2026
Shasta	The Intermountain News	8/12/2026
Sierra	Mountain Messenger	8/13/2026
Siskiyou	Siskiyou Daily News	8/12/2026
Solano	Times-Herald	8/14/2026
Sonoma	The Press Democrat	8/14/2026
Sutter	Appeal-Democrat	8/14/2026
Tehama	Daily News (Red Bluff)	8/14/2026
Trinity	Trinity Journal	8/12/2026
Tuolumne	The Union Democrat	8/14/2026
Yolo	Daily Democrat	8/14/2026
Yuba	Appeal-Democrat	8/14/2026