[Slide Image Description: This cover slide introduces the title of this webinar. It contains the logos for Health Management Associates.]

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Disclosures

Faculty	Nature of Commercial Interest
Charles Robbins, MBA	Mr. Robbins discloses that he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
Rachel Johnson-Yates, MA, LMHC, LAC	Ms. Johnson-Yates discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
Jeanene Smith, MD, MPH, CME Reviewer	Dr. Smith discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.

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2

[Slide Image Description: This slide shows Continuing Education disclosures.]

- Charles Robbins, MBA: Mr. Robbins discloses that he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
- Rachel Johnson-Yates, MA, LMHC, LAC: Ms. Johnson-Yates discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
- Jeanene Smith, MD, MPH: Dr. Smith discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.

Presenters

Charles Robbins, MBA
Principal
Health Management Associates
(HMA)

Rachel Johnson-Yates, MA, LMHC, LAC
Associate Principal
Health Management Associates
(HMA)

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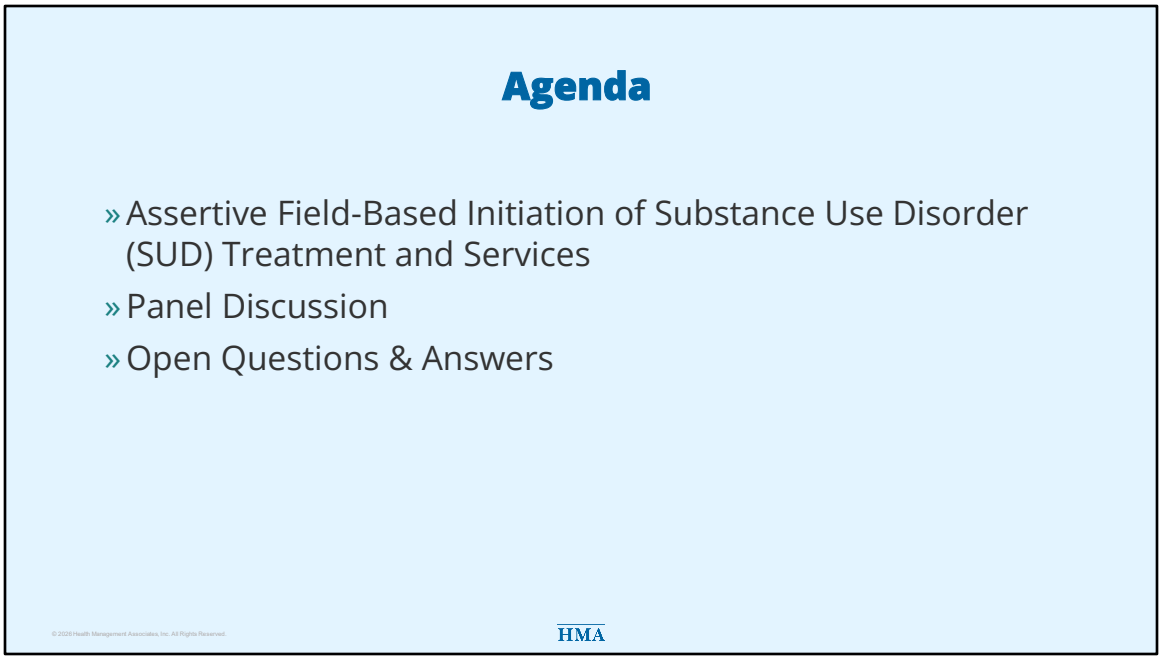
[Slide Image Description: This slide includes images of the presenters of this webinar on a light blue background.]

Charles Robbins has been transforming communities for the past three decades. His extensive community-based organization career spans healthcare, child welfare, housing and homelessness, mental health, suicide prevention, harm reduction, and substance use disorder, with a forte in advocacy, strategic planning, organizational development, leadership development, and capacity building.

Rachel Johnson-Yates, from Health Management Associates, is a licensed mental health and addiction counselor, public speaker, and educator with a demonstrated track record of developing innovative programs that focus on mental and behavioral health. She has dedicated her career to increasing access to care through approaching her work from an equity-focused and trauma-informed framework. Ms. Johnson-Yates has extensive experience designing, launching, and replicating complex programs to meet the disparate needs of the clients she serves, including low barrier and harm reduction shelter expansion for people with serious

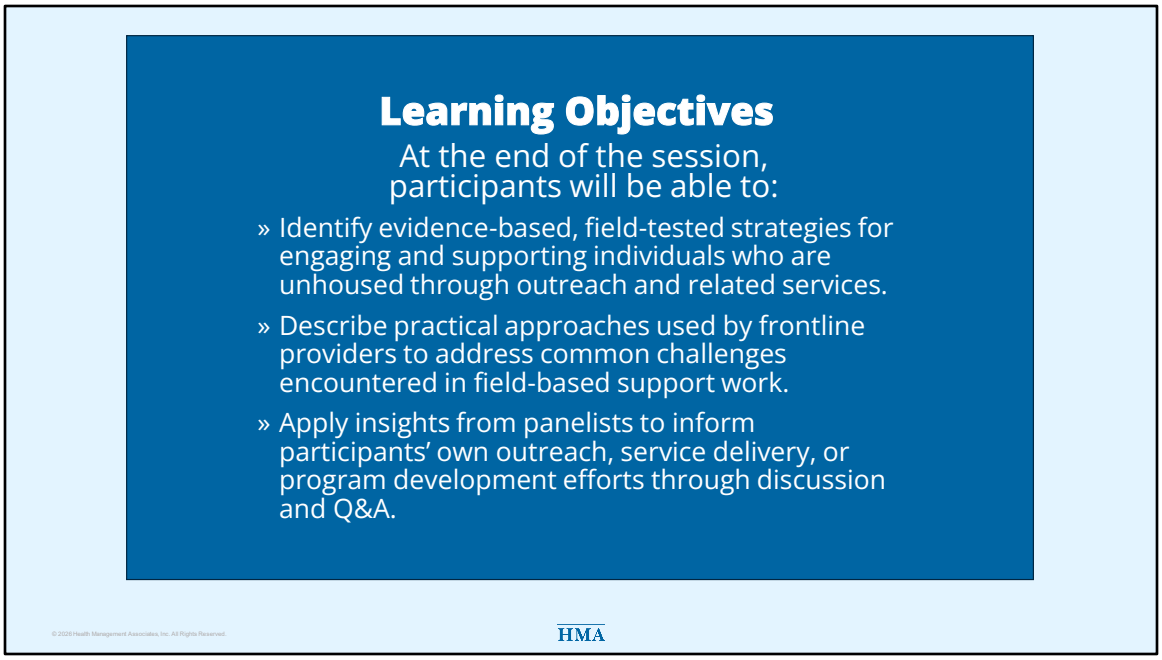
mental illness/substance use disorder and experiencing homelessness. She also has led the design and development of a safe haven model for unhoused veterans, in which she facilitated stakeholder engagement, educated the community, developed strong connections between supporting agencies, and implemented wrap-around treatment and case management services for populations with complex needs, including those with serious mental illness. She held significant leadership roles in outpatient behavioral health, state government, criminal justice, inpatient psychiatric care, low barrier shelters for veterans, higher education, and residential substance use disorder treatment.



[Slide Image Description: This slide shows the major sections of this webinar on a light blue background.]

Agenda:

- Assertive Field-Based Initiation of Substance Use Disorder (SUD) Treatment and Services
- Panel Discussion
- Open Questions & Answers



[Slide Image Description: This slide shows the learning objectives for this webinar with a light blue background.]

At the end of the session, participants will be able to:

- Identify evidence-based, field-tested strategies for engaging and supporting individuals who are unhoused through outreach and related services.
- Describe practical approaches used by frontline providers to address common challenges encountered in field-based support work.
- Apply insights from panelists to inform participants' own outreach, service delivery, or program development efforts through discussion and Q&A.

[Slide Image Description: This is a section divider slide to indicate a major section of this webinar.]

This first section will provide an overview of Assertive Field-Based Initiation of SUD Treatment and Services.

Proposition 1

1. **Authorizes a $6.38 billion Behavioral Health Infrastructure Bond (AB 531)**
   - Funding behavioral health (BH) treatment beds, supportive housing, and community sites
   - Funding for housing for veterans with BH needs and persons experiencing homelessness

2. **Amends the MHSA (SB 326)**
   - Renames Mental Health Services Act (MHSA) (passed by proposition in 2004) the **"Behavioral Health Services Act"** (BHSA); adds Substance Use Disorder (SUD) so it's both Mental Health (MH) and SUD
   - Modifies how MHSA funds are allocated
   - Changes eligible population
   - Changes to oversight, accountability, and the community planning process

SOURCE(S): DHCS, 2026.

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[Slide Image Description: This slide shows an overview of DHCS Proposition 1, with an image of a government building.]

This slide overviews DHCS Proposition 1 – Behavioral Health Transformation.

First, Proposition 1 authorizes a $6.38 billion Behavioral Health Infrastructure Bond (AB 531). This provides funding for behavioral health (BH) treatment beds, supportive housing, and community sites, as well as funding for housing for veterans with BH needs and persons experiencing homelessness.

Second, Proposition 1 amends the MHSA (SB 326), by renaming the Mental Health Services Act (MHSA) (passed by proposition in 2004) the "Behavioral Health Services Act" (BHSA). Proposition 1 also adds Substance Use Disorder (SUD), so the act includes both Mental Health (MH) and SUD. Proposition 1 in turn modifies how MHSA funds are allocated, changes the eligible population, and includes changes to oversight, accountability, and the community planning process.

SOURCE(S): DHCS, 2026.

BHSA: Purpose and Goals

» Purpose
- Reform, modernize, and expand the MHSA to address homelessness, substance use disorder, and systemic gaps.

» Core Goals
- Improve access to integrated behavioral health care.
- Expand housing interventions for vulnerable populations.
- Enhance transparency and equity in outcomes.

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8

[Slide Image Description: This slide shows the purpose and goals of the BHSA, with an image of people walking along a spiral staircase.]

The BHSA's purpose is to reform, modernize, and expand the MHSA to address homelessness, substance use disorder, and systemic gaps. The BHSA is part of a larger effort to "modernize" behavioral health.

The BHSA's core goals include:
- Improving access to integrated behavioral health care.
- Expanding housing interventions for vulnerable populations.
- Enhancing transparency and equity in outcomes.

Full Service Partnership (FSP)

What it is:

» FSP programs provide individualized, team-based care to individuals living with significant behavioral health needs through a "whatever it takes" approach.

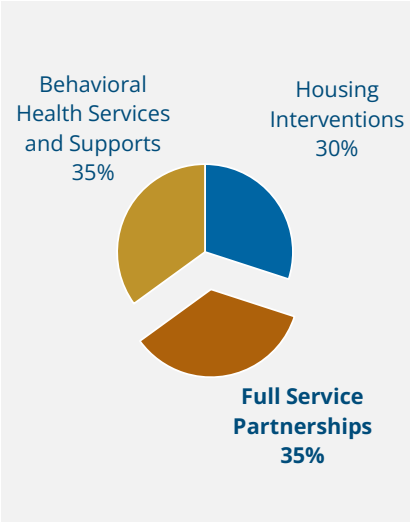
Key Features:

» 35% of county BHSA funding.

» FSP programs must make the full FSP continuum available.

» Integration of SUD treatment.

» Initiation of Assertive Field-Based SUD Services



SOURCE(S): DHCS, 2026 BHSA PM v1.3.2.2.

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9

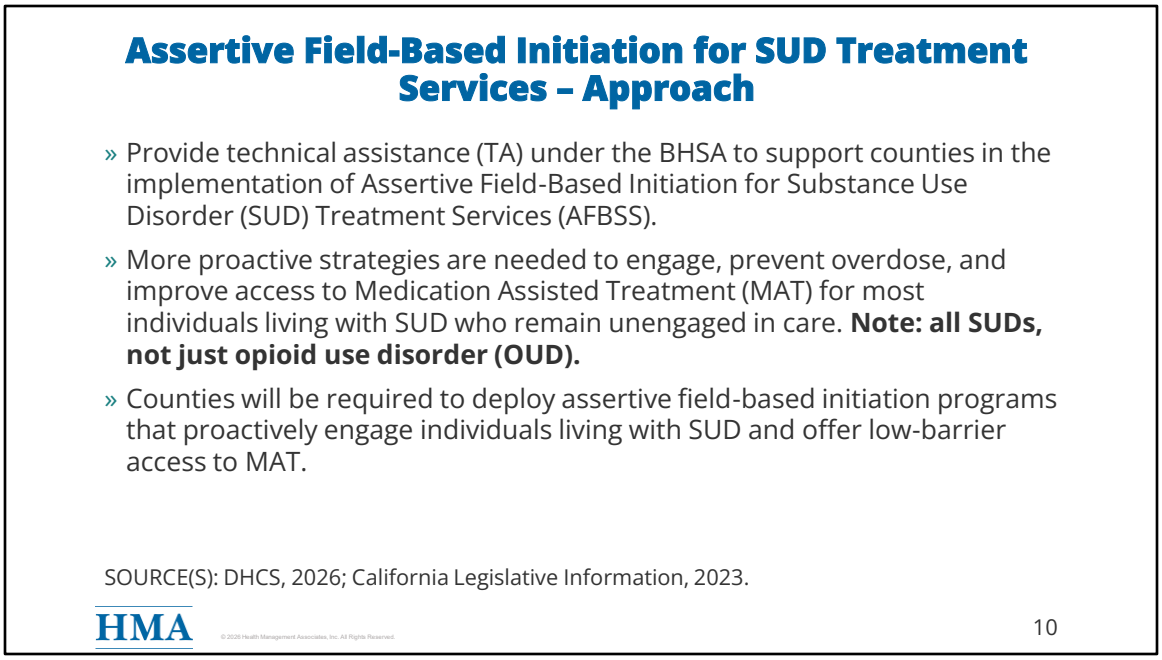
[Slide Image Description: This slide describes Full Service Partnerships, with a pie chart representing funding.]

Full Service Partnerships (FSP) include intensive, community-based services for individuals with severe mental illness or severe emotional disturbance, and co-occurring disorder. FSP leverages a "whatever it takes" approach, including counseling, crisis support, and other supports.

FSP makes up 35% of county BHSA funding. New Requirements:
- Evidence-Based Models: ACT, ICM, or other DHCS-approved practices.
- Standardized Levels of Care: Tailored to acuity (e.g., high-need justice-involved individuals).
- Focus Populations: Homelessness, institutionalization risk, SUDs.

MHSA FSP was flexible; BHSA mandates specific delivery models according to standardized "tiers".

SOURCE(S): DHCS, 2026 BHSA PM v1.3.2.2.

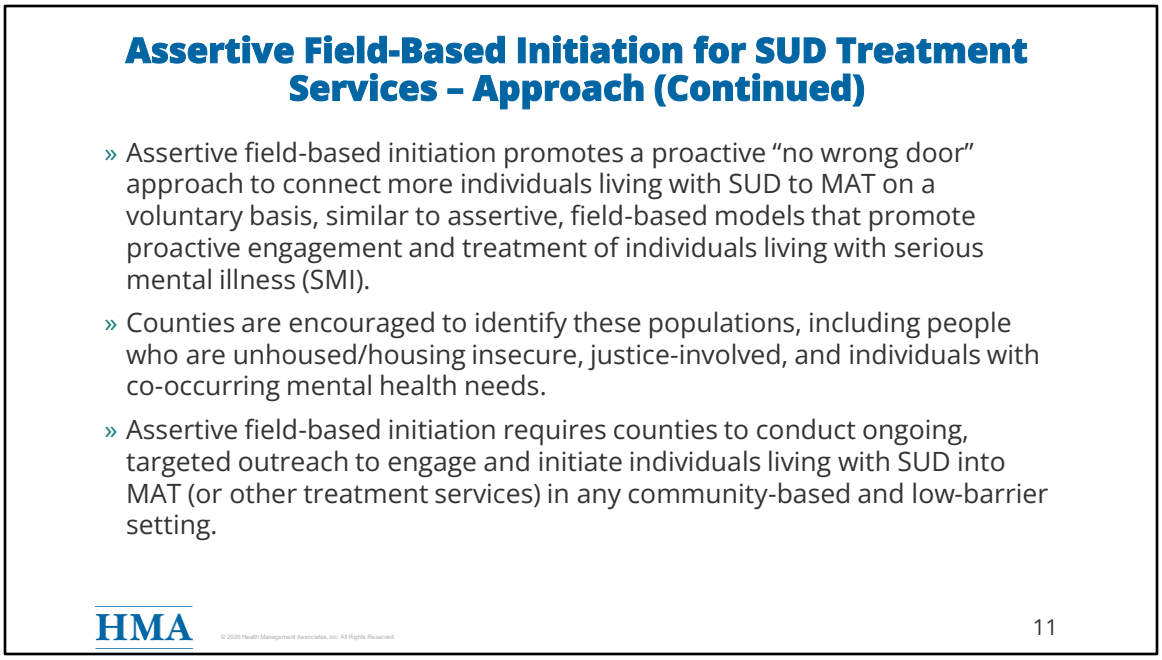


[Slide Image Description: This slide lists the AFBSS approach.]

Assertive Field-Based Initiation for SUD Treatment Services (AFBSS) Approach:

- Provide technical assistance (TA) under the Behavioral Health Services Act (BHSA) to support counties in the implementation of Assertive Field-Based Initiation for Substance Use Disorder (SUD) Treatment Services (AFBSS).
- More proactive strategies are needed to engage, prevent overdose, and improve access to MAT for most individuals living with SUD who remain unengaged in care. Note: all SUDs, not just OUD.
- Pursuant to the BHSA and in accordance with W&I Code section 5887(a)(3), counties will be required to deploy assertive field-based initiation programs that proactively engage individuals living with SUD and offer low-barrier access to MAT.

SOURCE(S): DHCS, 2026; California Legislative Information, 2023.



[Slide Image Description: This slide lists the AFBSS approach.]

Assertive field-based initiation promotes a proactive "no wrong door" approach to connect more individuals living with SUD to MAT on a voluntary basis, similar to assertive, field-based models that promote proactive engagement and treatment of individuals living with serious mental illness (SMI).

Counties are encouraged to identify these populations, including people who are unhoused/housing insecure, justice-involved, and individuals with co-occurring mental health needs.

Assertive field-based initiation requires counties to conduct ongoing, targeted outreach to engage and initiate individuals living with SUD into MAT (or other treatment services) in any community-based and low-barrier setting.

Assertive Field-Based Initiation for SUD Treatment Services – Approach (Continued)

- Community-based low-barrier settings include:
  - The street
  - Shelters
  - Homeless encampments
  - Consumer-operated wellness centers
  - Drop-in centers
  - Syringe service programs
  - Medication and mobile narcotic treatment programs
  - Other easily accessed locations to reach people where they are

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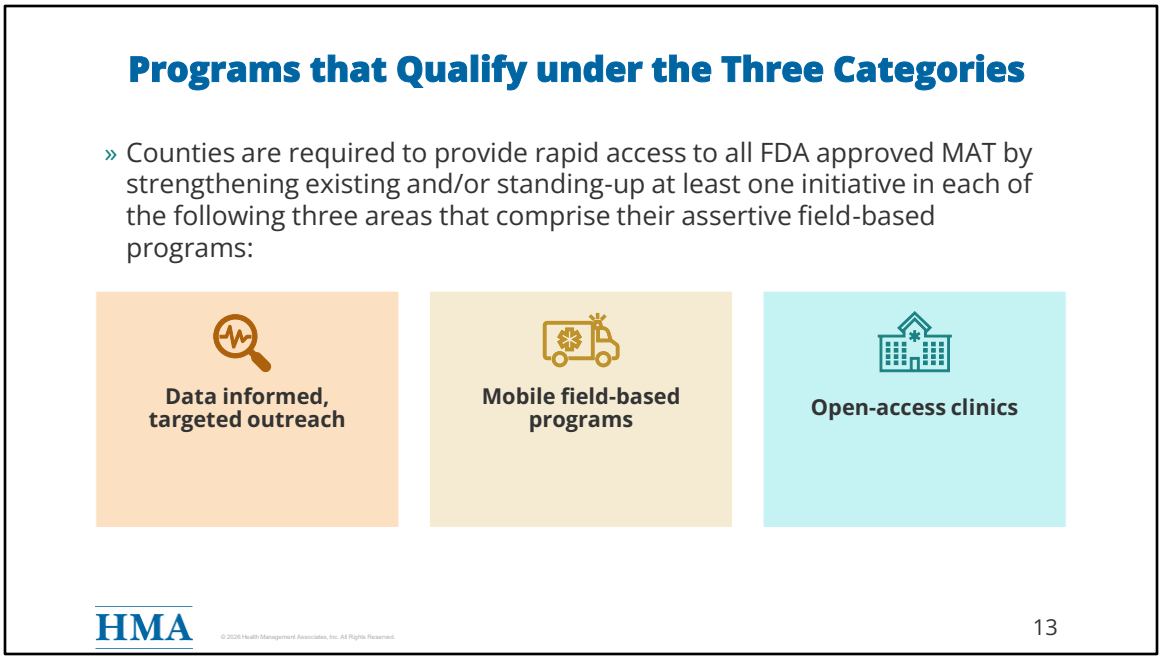
[Slide Image Description: This slide lists the AFBSS approach.]

Community-based low-barrier settings include the street, shelters, homeless encampments, consumer-operated wellness centers, drop-in centers, syringe service programs, medication and mobile narcotic treatment programs, and other easily accessed locations to reach people where they are.



[Slide Image Description: This slide lists programs that qualify under the three categories, with three colorful boxes and icons.]

As previously stated, counties are required to provide rapid access to all FDA-approved MAT by strengthening existing and/or standing-up at least one initiative in each of the following three areas that comprise their assertive field-based programs:

1. Data-informed, targeted outreach on an ongoing basis to BHSA-eligible individuals with SUD needs to engage them in SUD services, including MAT, if needed
2. Mobile field-based programs.
3. Open-access clinics.

Counties' assertive field-based programs are required to serve BHSA-eligible individuals living with SUD treatment needs and prioritize those who are at higher risk of overdose, including those known to have experienced overdose reversals, or who are experiencing homelessness and/or justice-involvement.

Since counties are required to conduct ongoing targeted outreach, DHCS is encouraging counties to collaborate with various partners (like EMS, MCPs, FQHC/RHS, etc.) to obtain data on their regions and populations with the highest rates of overdose, overdose reversals, drug-related arrests, and other relevant statistics. This is where the data-informed piece comes in—and where DHCS sees some TA also coming in to aid counties in connecting with these partners, understanding the data, and using it effectively.

[Slide Image Description: This is a section divider slide to indicate a major section of this webinar.]

Now we'll turn to the panel discussion.

Panelists

Brett Feldman, MSPAS, PA-C
Director and Co-Founder
USC Street Medicine
Associate Professor of Family Medicine
Keck School of Medicine of USC

Katie Quijada, MPH, CHES, CHW
Connect Navigator
CA Bridge

Shayan Rab, MD
Chief of Psychiatry
Los Angeles County Department of Mental Health

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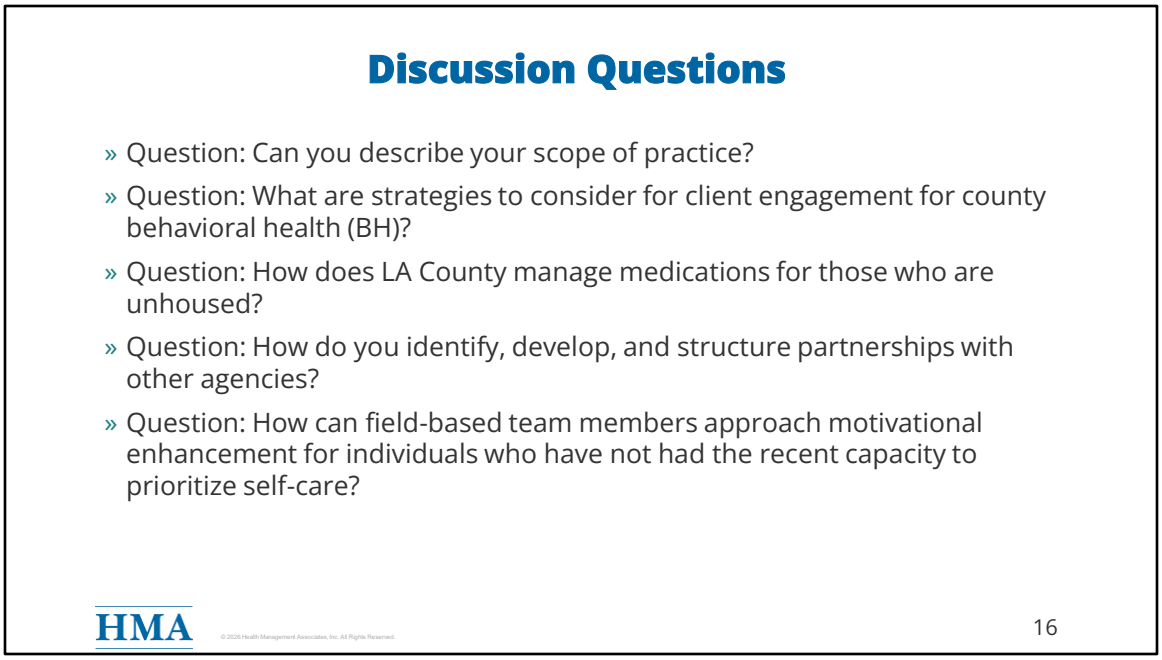
15

[Slide Image Description: This slide includes images of the panelists of this webinar on a light blue background.]

Brett J. Feldman, MSPAS, PA-C, is the Director and co-founder of USC Street Medicine and is an Associate Professor of Family Medicine. Mr. Feldman is the outgoing Vice Chair of the Street Medicine Institute and has practiced street medicine since 2007. In Mr. Feldman's role with USC and the Street Medicine Institute, he participated in the establishment or expansion of over 200 street medicine programs internationally. He has led advocacy efforts to integrate street medicine into mainstream healthcare while keeping its values and philosophy intact.

Katie Quijada, MPH, CHES, CHW, is the navigator behind the CA Bridge Connect service. She joins CA Bridge with seven years of frontline experience working with people who use drugs in harm reduction programs, street medicine outreach, and emergency departments across California. Katie was drawn to CA Bridge because their mission and ethos are congruent with her passion for harm reduction, sexual and reproductive health, LGBTQ+ health, and dismantling systemic barriers for marginalized populations. She holds a Bachelor of Science degree in Health Science from California State University, Sacramento, a Master of Public Health degree in Maternal and Child Health from University of Minnesota-Twin Cities, and is a Certified Health Education Specialist and Community Health Worker.

Dr. Shayan (Shy) Rab is the Chief of Psychiatry for Countywide Engagement and Field-Based Services at the Los Angeles County Department of Mental Health (DMH). He currently also serves as a Supervising Psychiatrist for the Homeless Outreach & Mobile Engagement (HOME) Team Program. He completed medical school at USC and then trained at the UCLA-Olive View Psychiatry Residency Program where he also served as Chief Resident of Education in his final year. Currently he is double board-certified in Psychiatry and Addiction Medicine. Dr. Rab began his street psychiatry career in 2019 when he became the first full-time street psychiatrist for DMH. Dr. Rab's pioneering work on HOME Team, laid the foundation for the program's innovative model of care which has been featured on several media outlets including the LA Times, New York Times, and CBS National News. In addition to his clinical duties at DMH, Dr. Rab is also an Assistant Clinical Professor at UCLA. In this academic capacity, he has developed street psychiatry rotations for several residency programs in Los Angeles where he trains the future generation of psychiatrists on how to better serve unhoused individuals.

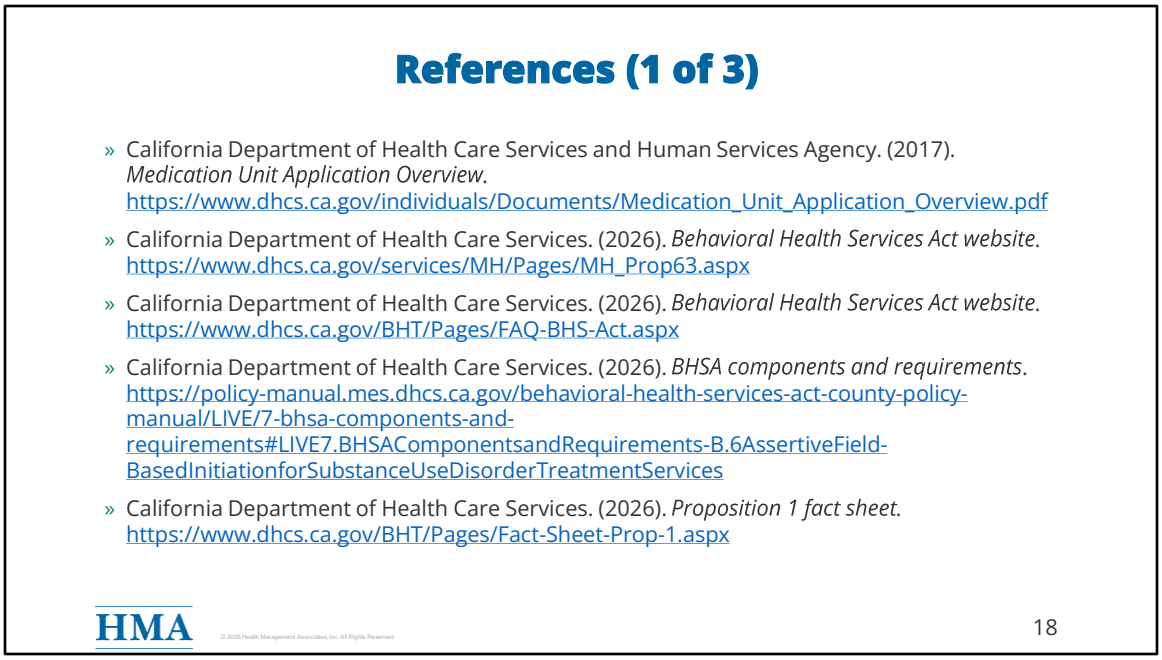


[Slide Image Description: This slide lists discussion questions.]

- Question: Can you describe your scope of practice?
    - In the field (MAT, inductions)
- Question: What are strategies to consider for client engagement for county behavioral health (BH)?
    - Define population/patients
    - Engagement in ER/elsewhere
    - Engagement on the street
    - Continuity in navigating the rest of the system
- Question: Dr. Rab, how does LA County manage medications for those who are unhoused?
- Question: How do you identify, develop, and structure partnerships with other agencies?
    - Partnering with street medicine teams and getting referrals from street medicine/primary care
    - Referrals can be bi-directional
    - CA Bridge Connect partnerships
- Question: How can field-based team members approach motivational enhancement for individuals who have not had the recent capacity to prioritize self-care?

[Slide Image Description: This slide shows the AFBSS email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing AFBSS. Our email address is **info@afbsstraining.org**.



[Slide Image Description: This slide lists webinar references.]

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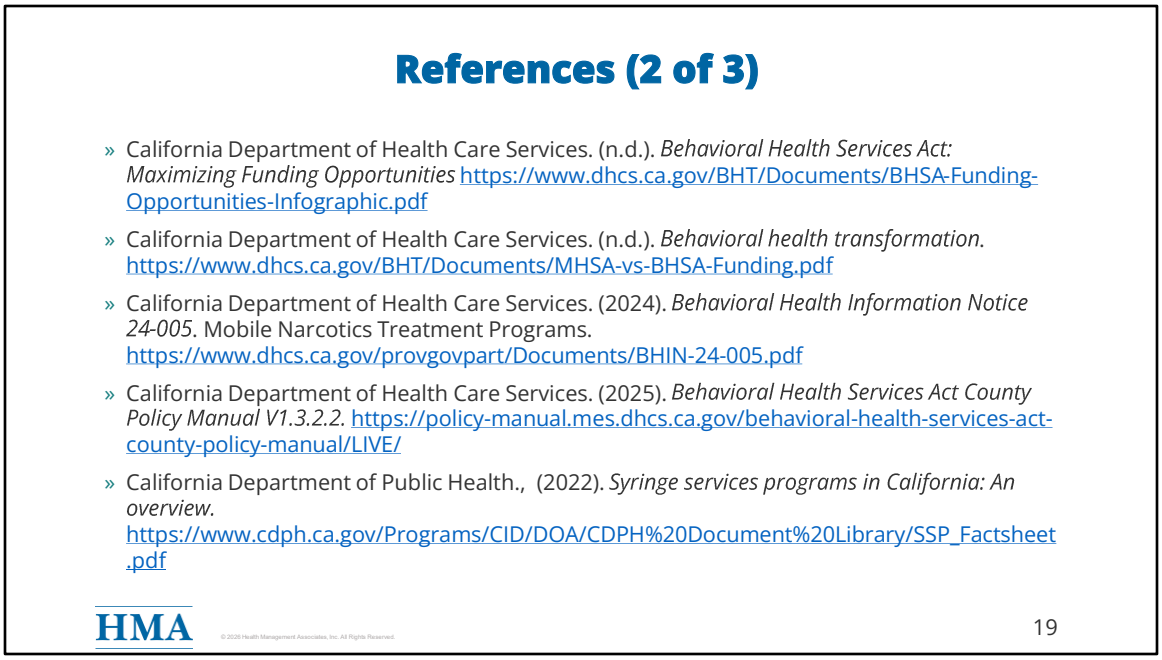

[Slide Image Description: This slide lists webinar references.]

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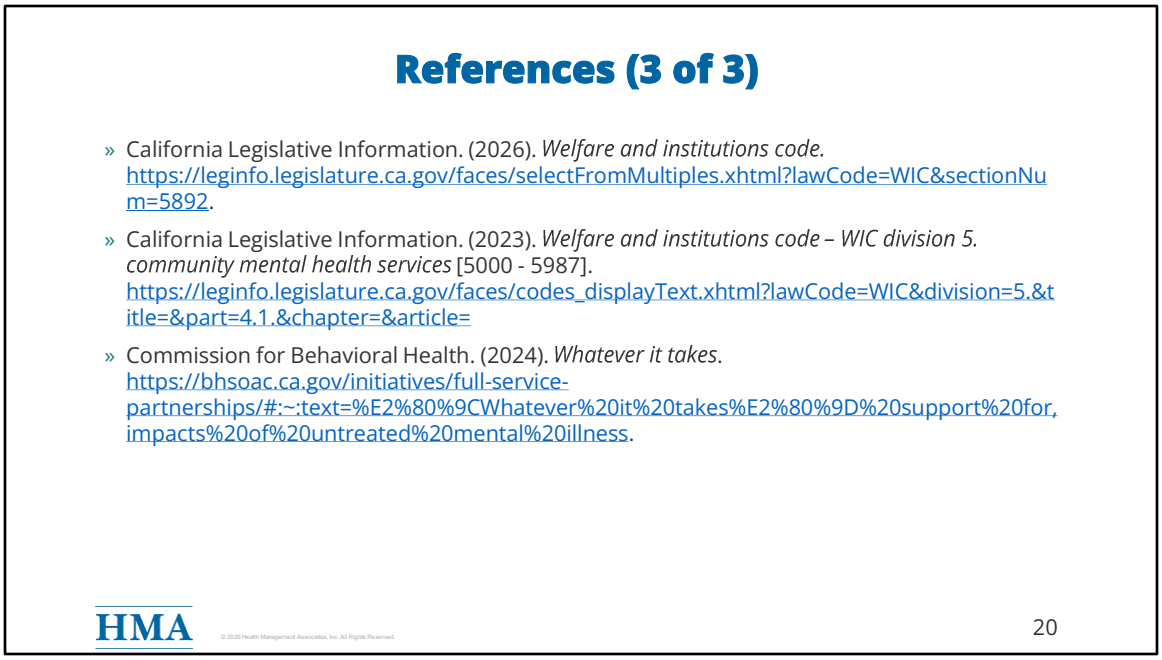

[Slide Image Description: This slide lists webinar references.]

References:

- California Legislative Information. (2026). *Welfare and institutions code.* https://leginfo.legislature.ca.gov/faces/selectFromMultiples.xhtml?lawCode=WIC&sectionNum=5892.
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