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DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Behavioral Health Services Act Requirements: Overview of Assertive Field-Based SUD Services

AFBSS Webinar Series: February 17, 2026

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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.
Helen DuPlessis, MD	Dr. DuPlessis 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. She is also a board member of Ascendiun and the Blue Shield of CA Health Plan.
Nai Kasick, MPH	Ms. Kasick 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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Common Acronyms Used in this Presentation

- **ACT** – Assertive Community Treatment
- **BHSA** – Behavioral Health Services Act
- **BHOATR** – Behavioral Health Outcomes, Accountability, and Transparency Report
- **BHSOAC** – Behavioral Health Oversight and Accountability Commission
- **CalHHS** – California Health and Human Services Agency
- **CDA** – California Department of Aging
- **CDPH** – California Department of Public Health
- **CDSS** – California Department of Social Services
- **CDCR** – California Department of Corrections and Rehabilitations
- **CFTN** – Capital Facilities and Technological Needs
- **CSS** – Community Services and Supports
- **DHCS** – Department of Health Care Services
- **DMHC** – Department of Managed Health Care
- **DOR** – Department of Rehabilitation
- **EBP** – Evidence Based Practices
- **FACT** – Forensic ACT
- **FSP** – Full Service Partnerships
- **HFW** – High Fidelity Wraparound
- **INN** - Innovation
- **IPS** – Individual Placement and Support
- **ICM** – Intensive Case Management
- **OSG** – Office of the Surgeon General
- **PEI** – Prevention and Early Intervention
- **SUD** – Substance Use Disorder
- **WET** – Workforce and Education Training

Presenters

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Agenda

- History and recent timeline of behavioral health initiatives in California
- Comparison of MHSA and BHSA components and resource allocation
- Full-Service Partnership
- Assertive Field-Based Initiation of SUD Treatment and Services
- Upcoming Webinars and Training
- Q&A

Learning Objectives

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

- Explain the relationships between the Mental Health Services Act (MHSA) and Behavioral Health Services Act (BHSA) and the significant transition in how key funding resources are reassessed in BHSA.
- Describe the intention behind Full Service Partnerships (FSP).
- List at least three required components of all FSP programs.
- List the three areas for which counties are required to deliver Assertive Field-based Initiation of SUD Treatment and Services.

History and Recent Timeline of Behavioral Health Initiatives in California

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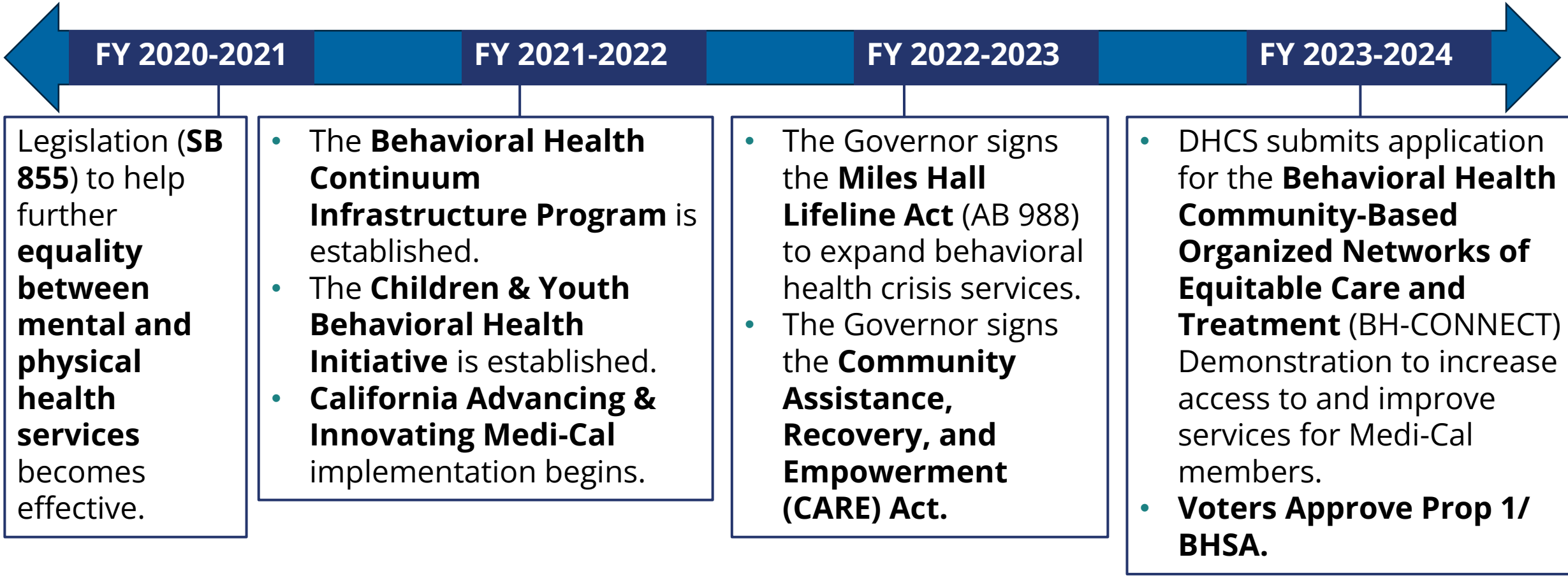
CalHHS Timeline of State Behavioral Health Initiatives



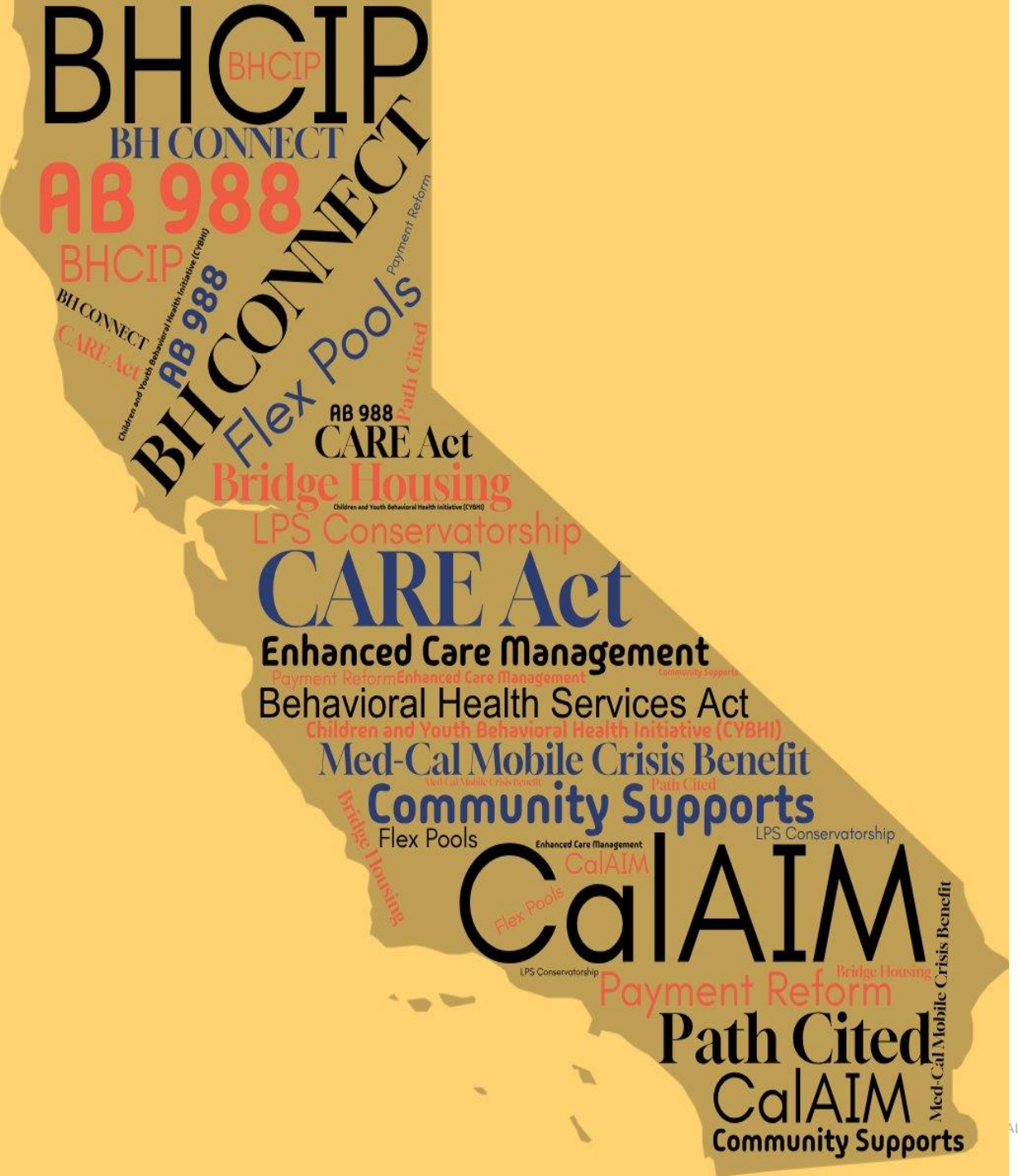
SOURCE: DHCS Behavioral Health Services Act Webinar, 2024.

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: DHCS, 2026.



BHSA In Context

- **California Advancing and Innovating Medi-Cal (CalAIM) Initiative:**
  - Finance Reform
  - Enhanced Care Management (ECM)/Community Support (CS)
- **BH CONNECT Initiative:**
  - Designed to increase access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs. (EBPs, incentives, workforce)
- **Other Initiatives:**
  - Children and Youth Behavioral Health Initiative (CYBHI), CARE Act, Behavioral Health Bridge Housing, Medi-Cal Mobile Crisis, Drug Medi-Cal (DMC), BH and Housing Infrastructure (e.g., BHCIP, HOME KEY, PATH JI), Housing and homelessness Incentive Program (HHIP)

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.

Comparison of MHSA and BHSA Components and Resource Allocation

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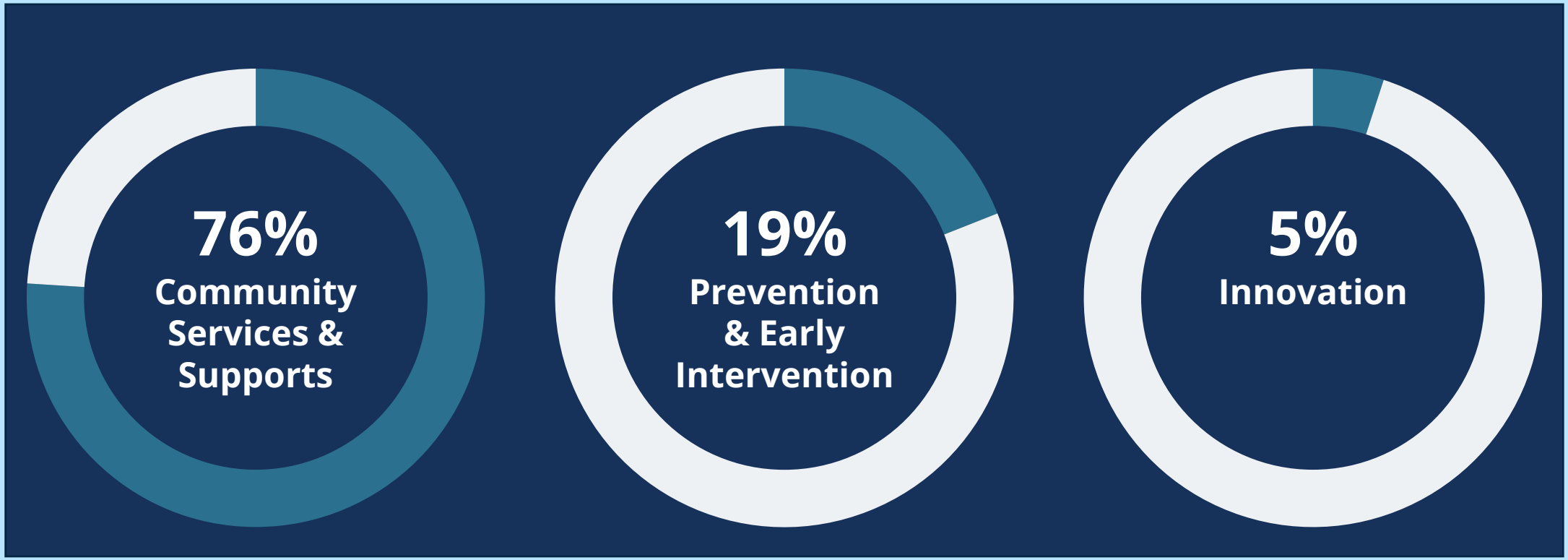
High Level Overview of Changes

Category	MHSA	BHSA
Scope	Mental health only	**MH + SUDs** (no co-occurrence required)
Funding	Five components (PEI, INN, WET, CSS, CFTN)	**Three components**: FSP (35%), BHSS (35%), Housing (30%)
Expenditure Reporting	Annual expenditure reports	**Annual BHOATR:** Reporting on **ALL** county BH funding sources, not just BHSA, as well as relevant outcomes and measures
Equity	General equity language	**Mandated disparity reduction** using stratified data and aligned to population level health goals

SOURCE: DHCS, n.d.

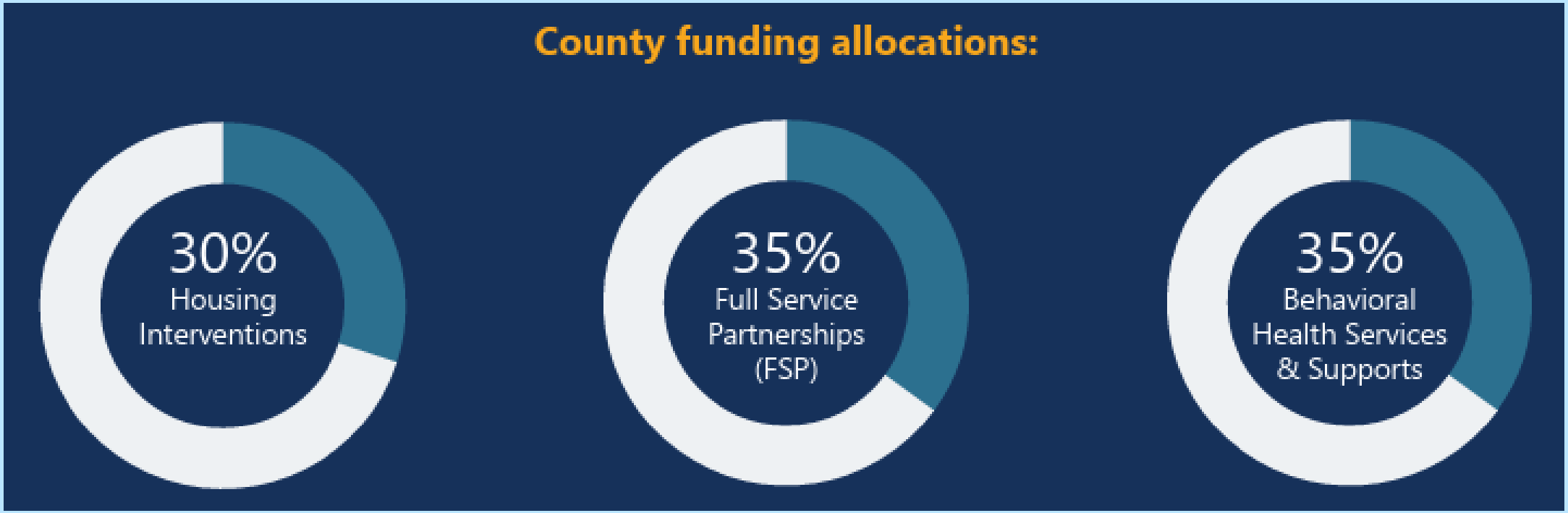
Three Key Former MHSA Funding Buckets



SOURCE: California Legislative Information, 2026.

Three Key BHSA Funding Buckets

BHSA updates MHSA funding allocations to focus funds where they are most needed, giving counties some flexibility to move funding between categories based on local needs, if approved by local stakeholders and DHCS.



SOURCE: DHCS, n.d.

Full Service Partnership

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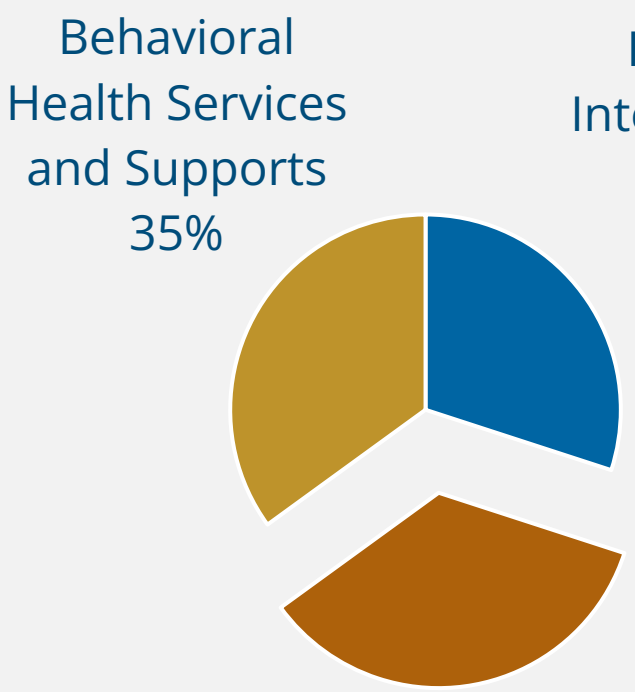
Full Service Partnership (FSP)

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 (see next slide).
- Integration of SUD treatment.
- Initiation of Assertive Field-Based SUD Services



SOURCE: DHCS, 2026 BHSA PM v1.3.2.2

FSP Continuum

- Mental health services, supportive services, and SUD services
- Assertive Community Treatment (ACT)
- Forensic ACT (FACT)
- FSP Intensive Case Management (ICM)
- Individual Placement and Support (IPS) model of Supported Employment
- High Fidelity Wraparound (HFW)

- **Assertive Field-Based SUD Services (AFBSS)**
- Outpatient behavioral health services for evaluation and stabilization
- Ongoing engagement services
- Service planning
- Housing interventions (funded under the Housing Interventions category)

Assertive Field-Based Initiation of SUD Treatment and Services

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Assertive Field-Based Initiation for SUD Treatment Services – Approach

- Provide technical assistance (TA) under the 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 Medication Assisted Treatment (MAT) for most individuals living with SUD who remain unengaged in care. **Note: all SUDs, not just OUD.**
- 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.

SOURCES: DHCS, 2026; California Legislative Information, 2023.

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

- 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

Programs that Qualify under the Three Categories

» 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:

Data informed, targeted outreach

Mobile field-based programs

Open-access clinics

Ideas in Action

- List any current activities that your county is providing that would demonstrate:
  - Targeted data informed outreach
  - Mobile field-based programs
  - Open-access clinics

Three Areas for BHSA AFBSS Implementation: Targeted Outreach

1. Data-informed, ongoing, targeted outreach to BHSA-eligible individuals with SUD needs

- Conduct ongoing, targeted outreach to connect individuals with SUD services, including MAT, in accordance with California Welfare and Institutions Code section 5806(a)(2). Mobile field-based programs, open-access clinics, or other providers (e.g., Full Service Partnership) can conduct ongoing targeted outreach to priority populations.
- Ongoing, targeted outreach services may be performed by new or existing mobile field- based teams or may be delivered through other models, such as a case management team embedded within a clinic that conducts outreach services, or case management teams supporting individuals living in interim housing and/or permanent supportive housing.

Three Areas for BHSA AFBSS Implementation: Targeted Outreach (Continued)

1. Data-informed, ongoing, targeted outreach to BHSA-eligible individuals with SUD needs

- To identify the highest-need outreach locations, counties are encouraged to collaborate with:
  - Emergency Medical Services (EMS)
  - Law enforcement
  - Managed care plans (MCPs)
  - Health systems and hospitals
  - Federally Qualified Health Centers (FQHC)
  - Rural Health Clinics (RHCs)
  - Individuals with living or lived experience
  - Other partners to obtain data on regions and populations with high rates of overdose, overdose reversals, drug-related arrests, and other relevant statistics on a regular basis.

Three Areas for BHSA AFBSS Implementation: Mobile Field-Based Programs

2. Mobile Field-Based Programs

- Teams to conduct “on the ground” field-based outreach to provide engagement, harm reduction support, trust building, motivational interviewing, and directly provide or facilitate rapid access to MAT and other SUD services. At a minimum, the mobile field-based teams must guarantee quick access to FDA-approved MAT, by embedding MAT prescribers or referring individuals to prescribers, including Narcotic Treatment Programs (NTPs) to ensure access to methadone.
  - Street Medicine Providers
  - Street Outreach Programs with MAT Prescribers
  - Mobile NTPs

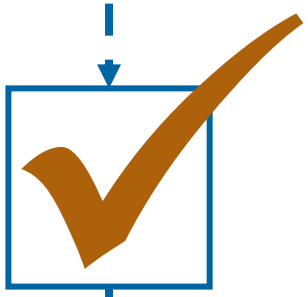
Three Areas for BHSA AFBSS Implementation: Open Access Clinics

3. Open-Access Clinics

- Counties can support open-access clinics, which are outpatient settings providing low barrier, low-threshold rapid access to MAT. Counties can leverage existing or stand-up new “brick and mortar” programs within their catchment areas to provide rapid access to MAT.
  - Syringe Services Programs with Drop-in Clinic Services
  - Medication Units
  - Drop-in Outpatient Clinics with Open-Access Scheduling

Ideas in Action

» Based on the definitions, list activities you foresee in your BHSA initiative for:



Data informed, targeted outreach

Mobile field-based programs

Open-access clinics

Questions?

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References (1 of 3)

- California Department of Health Care Services and Human Services Agency. (2017). *Medication Unit Application Overview*. https://www.dhcs.ca.gov/individuals/Documents/Medication_Unit_Application_Overview.pdf
- California Department of Health Care Services. (2026). *Behavioral Health Services Act website*. https://www.dhcs.ca.gov/services/MH/Pages/MH_Prop63.aspx
- California Department of Health Care Services. (2026). *Behavioral Health Services Act website*. https://www.dhcs.ca.gov/BHT/Pages/FAQ-BHS-Act.aspx
- California Department of Health Care Services. (2026). *BHSA components and requirements*. https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/LIVE/7-bhsa-components-and-requirements#LIVE7.BHSAComponentsandRequirements-B.6AssertiveField-BasedInitiationforSubstanceUseDisorderTreatmentServices
- California Department of Health Care Services. (2026). *Proposition 1 fact sheet*. https://www.dhcs.ca.gov/BHT/Pages/Fact-Sheet-Prop-1.aspx

References (2 of 3)

- California Department of Health Care Services. (n.d.). *Behavioral Health Services Act: Maximizing Funding Opportunities* https://www.dhcs.ca.gov/BHT/Documents/BHSA-Funding-Opportunities-Infographic.pdf
- California Department of Health Care Services. (n.d.). *Behavioral health transformation*. https://www.dhcs.ca.gov/BHT/Documents/MHSA-vs-BHSA-Funding.pdf
- California Department of Health Care Services. (2024). *Behavioral Health Information Notice 24-005*. Mobile Narcotics Treatment Programs. https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-24-005.pdf
- California Department of Health Care Services. (2025). *Behavioral Health Services Act County Policy Manual V1.3.2.2.* https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/LIVE/
- California Department of Public Health., et al. (2022). *Syringe services programs in California: An overview.* https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/SSP_Factsheet.pdf

References (3 of 3)

- California Legislative Information. (2026). *Welfare and institutions code.* https://leginfo.legislature.ca.gov/faces/selectFromMultiples.xhtml?lawCode=WIC&sectionNum=5892.
- California Legislative Information. (2023). *Welfare and institutions code – WIC division 5. community mental health services* [5000 - 5987]. https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=5.&title=&part=4.1.&chapter=&article=
- Commission for Behavioral Health. (2024). *Whatever it takes*. https://bhsoac.ca.gov/initiatives/full-service-partnerships/#:~:text=%E2%80%9CWhatever%20it%20takes%E2%80%9D%20support%20for,impacts%20of%20untreated%20mental%20illness.