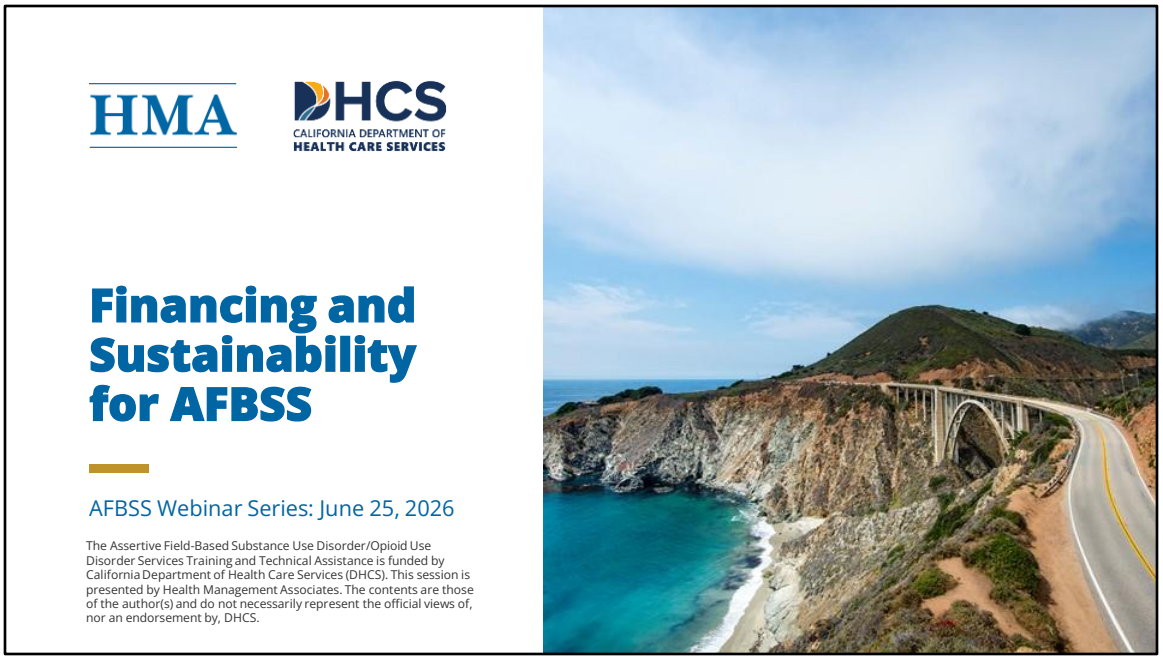

[Slide Image Description: This cover slide introduces the title of this webinar. It contains the logos for Health Management Associates.]

Disclaimer: This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.

Disclosures

Faculty	Nature of Commercial Interest
Elise Jones, MA	Ms. Jones discloses that she is an employee of Lake County Behavioral Health.
Glenda Aguilar, LMFT	Ms. Aguilar discloses that she is an employee of Orange County Health Care Agency.
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.
Mark Lawrenz, LCSW	Mr. Lawrenz discloses that he is an employee of Orange County Health Care Agency.
Phebe Bell	Ms. Bell discloses that she is an employee of California Mental Health Services Authority (CalMHSA).
Ryan Caceres, MBA	Mr. Caceres discloses that he is an employee of California Mental Health Services Authority (CalMHSA).
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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- [Slide Image Description: This slide shows Continuing Education disclosures.]

- Elise Jones, MA: Ms. Jones discloses that she is an employee of Lake County Behavioral Health.
- Glenda Aguilar, LMFT: Ms. Aguilar discloses that she is an employee of Orange County Health Care Services.
- 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.
- Mark Lawrenz, LCSW: Mr. Lawrenz discloses that he is an employee of Orange County Health Care Agency.
- Phebe Bell: Ms. Bell discloses that she is an employee of California Mental Health Services Authority (CalMHSA).
- Ryan Caceres, MBA: Mr. Caceres discloses that he is an employee of California Mental Health Services Authority (CalMHSA).
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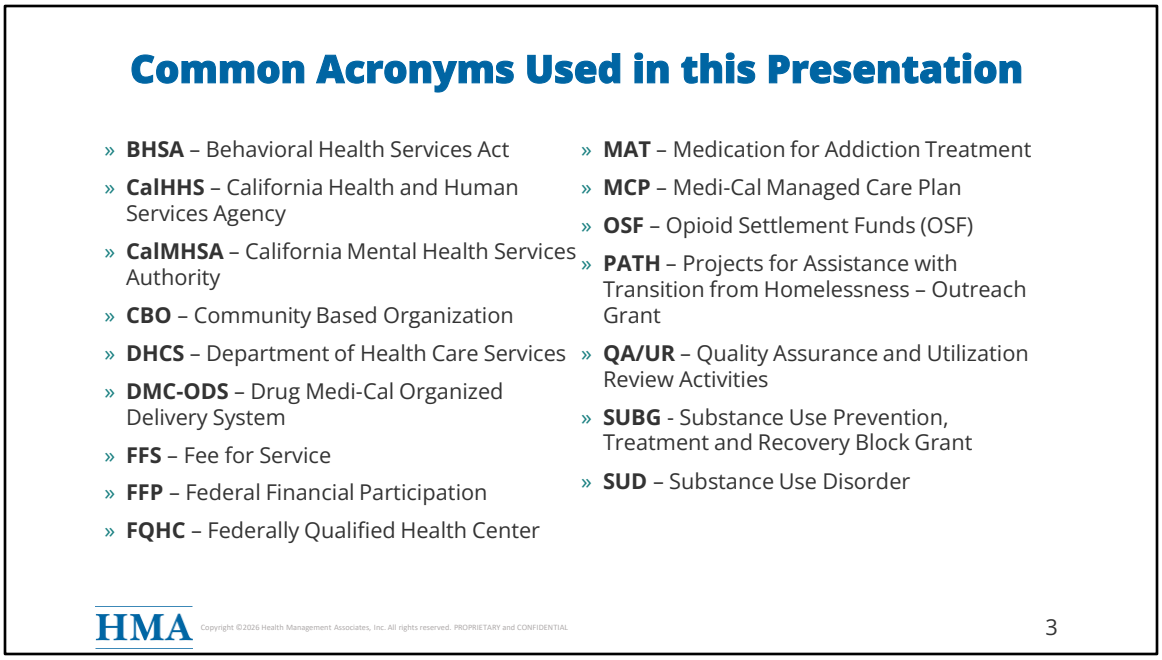


[Slide Image Description: This slide includes a list of common acronyms used in this presentation.]

Please note that these acronyms will be used throughout the webinar.

Common Acronyms Used in this Presentation:

- BHSA – Behavioral Health Services Act
- CalHHS – California Health and Human Services Agency
- CalMHSA – California Mental Health Services Authority
- CBO – Community Based Organization
- DHCS – Department of Health Care Services
- DMC-ODS – Drug Medi-Cal Organized Delivery System
- FFS – Fee for Service
- FFP – Federal Financial Participation
- FQHC – Federally Qualified Health Center
- MAT – Medication for Addiction Treatment
- MCP – Medi-Cal Managed Care Plan
- OSF – Opioid Settlement Funds (OSF)
- PATH – Projects for Assistance with Transition from Homelessness – Outreach Grant
- QA/UR – Quality Assurance and Utilization Review Activities
- SUBG - Substance Use Prevention, Treatment and Recovery Block Grant
- SUD – Substance Use Disorder

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

Elise Jones serves as the Director for the Lake County Behavioral Health Services Department. She was born and raised in Mendocino County and has a deep appreciation for rural communities. Director Jones attended Humboldt State University, earning a bachelor's degree in 2009 and a master's degree in 2011 in Psychology. Director Jones is honored to serve the communities of Lake County and proud to work alongside the many dedicated staff of the Behavioral Health Services Department.

Glenda Aguilar serves as a Senior Health Services Manager within the Orange County Health Care Agency Behavioral Health Services. She is an experienced behavioral health manager with over 20 years of clinical, administrative, and program management experience across mental health and substance use disorder systems. Glenda is skilled in overseeing countywide service delivery, managing large multidisciplinary teams, directing complex contract portfolios, and implementing systemwide initiatives. She is known for strong collaboration, transparent

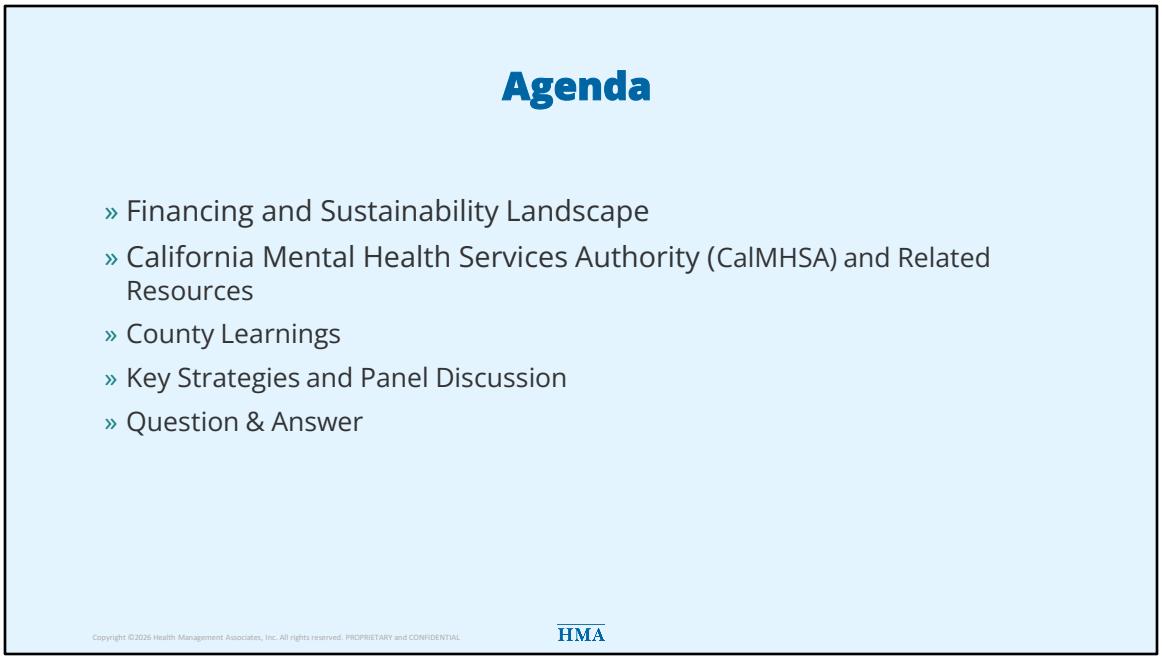
communication, and servant-leadership practices that advance program quality, equity, and access. Glenda is adept at leading policy implementation, payment reform, regulatory compliance, performance improvement, and cross-agency partnerships. She is highly effective in guiding organizational change, improving operational workflows, and strengthening community-based SUD and mental health services for diverse populations.

Dr. Helen DuPlessis is an accomplished physician executive who brings extensive leadership experience and a wealth of in-depth knowledge about public sector health programs to HMA. She has a rich history of involvement in healthcare administration for a variety of organizations, expertise in program and policy development, practice transformation, public health, maternal, and child health policy, community systems development, performance improvement, and managed care. With a proven track record in understanding and implementing innovative and effective health programs and performance improvement activities, she has served as an advocate of community capacity-building, staff and professional development.

Mark Lawrenz is the Assistant Deputy Director over Substance Use Disorders Behavioral Health Services (BHS) at the Orange County Health Care Agency. Over the last 26 years, Mark has been employed in the Agency in several capacities, including as Program and Division Manager over Prevention and Intervention; as a Service Chief over behavioral health clinics operations and then over the Quality Improvement Review Team over substance use treatment programs; and as a behavioral health clinician for the Drug Court and DUI Court programs. He has been licensed as a Clinical Social Worker since 2004.

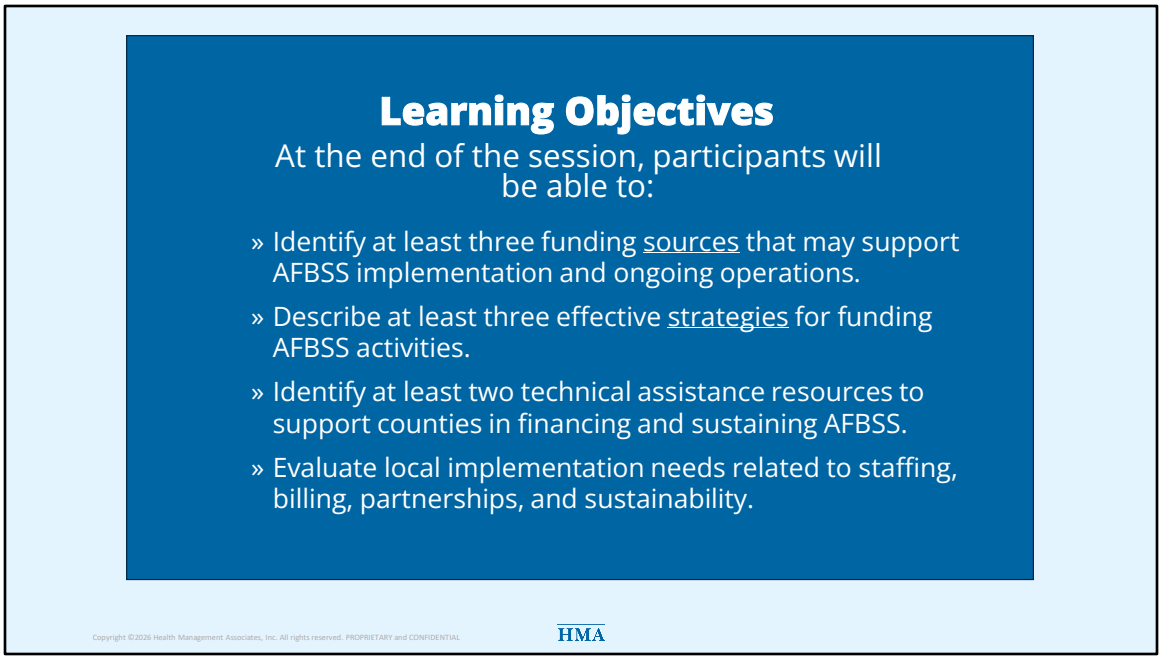
Phebe Bell serves as the Senior Director of Housing Solutions for CalMHSA, leading initiatives that expand housing access and improve behavioral health outcomes across California. Previously, Phebe held leadership roles in county behavioral health services, where she successfully guided programs through major state reforms, strengthened fiscal sustainability, and supported providers during the COVID-19 pandemic. As Director of Behavioral Health, she expanded residential treatment services, secured funding for homelessness resource centers, and significantly increased housing capacity for individuals experiencing homelessness. Phebe also helped establish the HOME Team, a medically focused homeless outreach and engagement program.

Ryan Caceres currently serves as the Director of Behavioral Health Financing for CalMHSA, a Joint Powers Authority (JPA) formed in 2009 by counties throughout California to lead collaborative, multi-county initiatives that improve behavioral health care for all Californians. Prior to CalMHSA, Ryan was the Administrative Specialist at Tulare County Health & Human Services Agency, where he administered budgets and financing strategies for Specialty Mental Health Services (SMHS) and programs serving Medi-Cal beneficiaries and uninsured county residents. He also developed fiscal narratives and prepares budgets in response to grant funding opportunity announcements, helping secure resources that strengthen and expand community behavioral health services throughout California. With extensive expertise in the complex financing structures of the Medi-Cal system, Ryan excels at leveraging local, state, and federal revenue sources through a braided funding approach tailored to the unique needs of existing programs and special projects. He is highly skilled in monitoring the financial health and long-term sustainability of operations, including evaluating emerging opportunities funded through one-time grants.



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

Agenda
- Financing and Sustainability Landscape
- California Mental Health Services Authority (CalMHSA) and Related Resources
- County Learnings
- Key Strategies and Panel Discussion
- Question & Answer



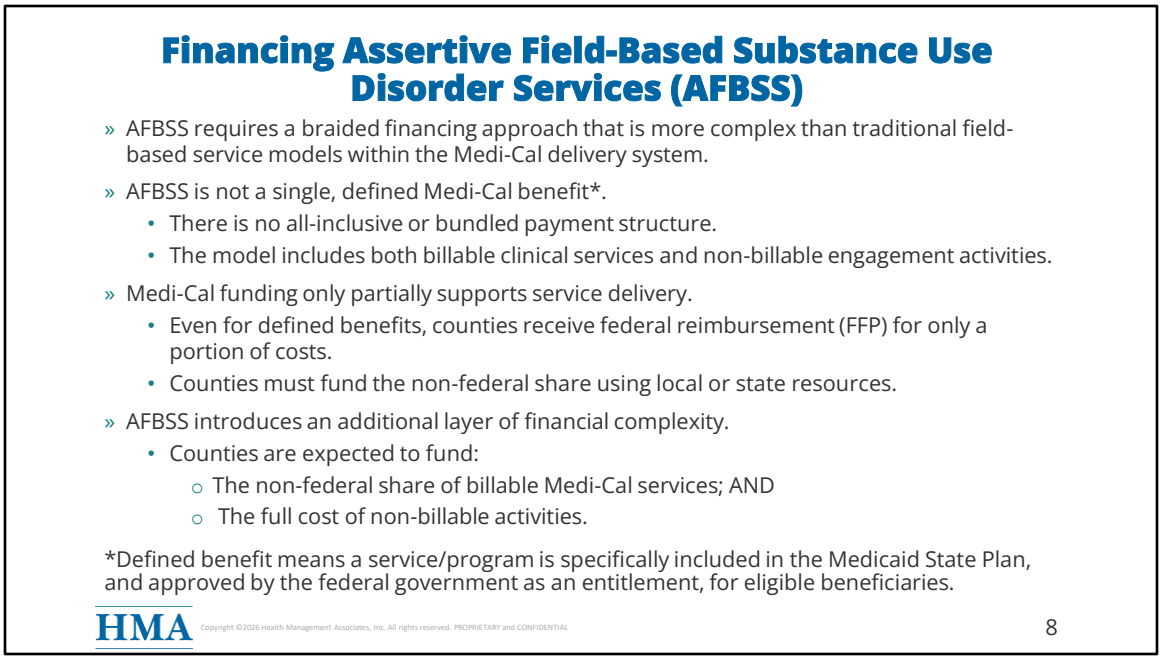
[Slide Image Description: This slide shows the learning objectives for this webinar with a light blue background.]

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

- Identify at least three funding sources that may support AFBSS implementation and ongoing operations.
- Describe at least three effective strategies for funding AFBSS activities.
- Identify at least two technical assistance resources to support counties in financing and sustaining AFBSS.
- Evaluate local implementation needs related to staffing, billing, partnerships, and sustainability.

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

This first section will overview the financing and sustainability landscape.

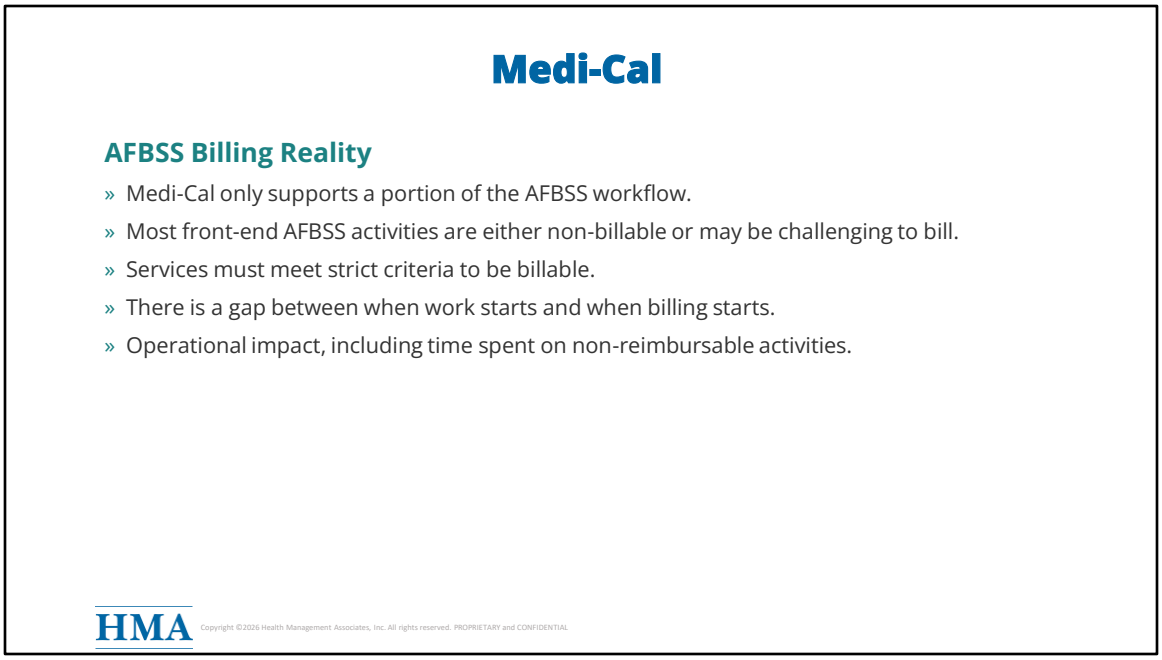


[Slide Image Description: This slide shows financing for AFBSS information.]

Assertive Field-Based Substance Use Disorder Services (AFBSS) requires a braided financing approach that is more complex than traditional field-based service models within the Medi-Cal delivery system.

- AFBSS is not a single defined Medi-Cal benefit.
    - There is no all-inclusive or bundled payment structure.
    - The model includes both billable clinical services and non-billable engagement activities.
- Medi-Cal funding only partially supports service delivery.
    - Even under defined benefits, counties receive federal reimbursement (FFP) for only a portion of costs.
    - Counties must fund the non-federal share using local or state resources.
- AFBSS introduces an additional layer of financial complexity.
    - Counties are expected to fund:
        - The non-federal share of billable Medi-Cal services; AND
        - The full cost of non-billable activities (e.g., outreach, engagement, field-based initiation).

Next, we'll review a few core funding streams the county should consider for financing AFBSS.



[Slide Image Description: This slide shows an overview of Medi-Cal and AFBSS Billing Reality.]

Medi-Cal and the AFBSS billing reality:

- Medi-Cal only supports a portion of the AFBSS workflow.
    - Billing begins after structured clinical services are delivered.
- Most front-end AFBSS activities are either non-billable or may be challenging to bill.
    - Outreach, engagement, and informal triage occur outside the scope of Medi-Cal services.
- Services must meet strict criteria to be billable.
    - Must be structured, medically necessary, and documented.
    - Screening is only billable when it transitions into a clinical service.
- There is a gap between when work starts and when billing starts.
    - The majority of effort required to initiate treatment occurs before revenue is generated.
- Operational impact:
    - Field staff spend significant time on activities that cannot be reimbursed.
    - Claimable services represent only a subset of total program effort.

Admin FFP (via DHCS 5312) only supports activities tied to Medi-Cal services and does not fund the overall administration or supervision of the AFBSS model.

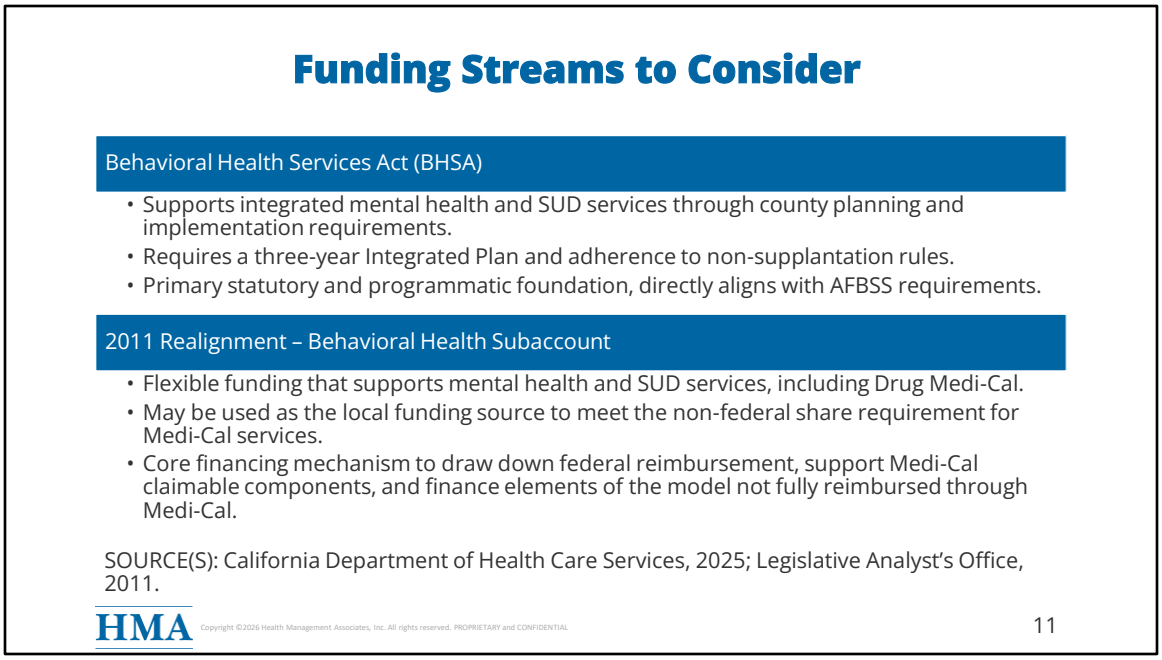
AFBSS Service Component	Medi-Cal Claimability	Billing Consideration
Outreach	***Limited***	Billing during outreach may be limited until sufficient information is collected to document a billable service.
Engagement / rapport building	☒	Does not meet medical necessity or service definition
Initial triage (informal)	☒	Not structured; not tied to a billable code
Structured screening (DAST, AUDIT)	☑	Must be documented and use validated tools
Brief intervention (following screening)	☑	Time-based; tied to screening and clinical decision-making
Full SUD assessment (ASAM)	☑	Covered Drug Medi-Cal assessment service
MAT initiation / medication services	☑	Covered medication / treatment service under Drug Medi-Cal
Individual / Group Counseling	☑	Core treatment service covered under Drug Medi-Cal
Care Coordination (within service context)	☑	Must be tied to treatment
Recovery / peer services	☑	When delivered within Medi-Cal program requirements
Navigation without service linkage	☒	Not recognized as a billable service
Program admin / supervision	***Limited***	Only for qualifying administrative activities

[Slide Image Description: This slide shows a chart outlining AFBSS Service components, Medi-Cal Claimability, and Billing Consideration.]

AFBSS Service Component:

- Outreach:
    - Limited Medi-Cal Claimability
    - Billing Consideration: Billing during outreach may be limited until sufficient information is collected to document a billable service.
- Engagement / rapport building:
    - No Medi-Cal Claimability
    - Billing Consideration: Does not meet medical necessity or service definition
- Initial triage (informal):
    - No Medi-Cal Claimability
    - Billing Consideration: Not structured; not tied to a billable code
- Structured screening (DAST, AUDIT):
    - Medi-Cal Claimability
    - Billing Consideration: Must be documented and use validated tools

- Brief intervention (following screening)
    - Medi-Cal Claimability
    - Billing Consideration: Time-based; tied to screening and clinical decision-making
- Full SUD assessment (ASAM)
    - Medi-Cal Claimability
    - Billing Consideration: Covered Drug Medi-Cal assessment service
- MAT initiation / medication services
    - Medi-Cal Claimability
    - Billing Consideration: Covered medication / treatment service under Drug Medi-Cal
- Individual / Group Counseling
    - Medi-Cal Claimability
    - Billing Consideration: Core treatment service covered under Drug Medi-Cal
- Care Coordination (within service context)
    - Medi-Cal Claimability
    - Billing Consideration: Must be tied to treatment
- Recovery / peer services
    - Medi-Cal Claimability
    - Billing Consideration: When delivered within Medi-Cal program requirements
- Navigation without service linkage
    - No Medi-Cal Claimability
    - Billing Consideration: Not recognized as a billable service
- Program admin / supervision
    - Limited Medi-Cal Claimability
    - Billing Consideration: Only for qualifying administrative activities

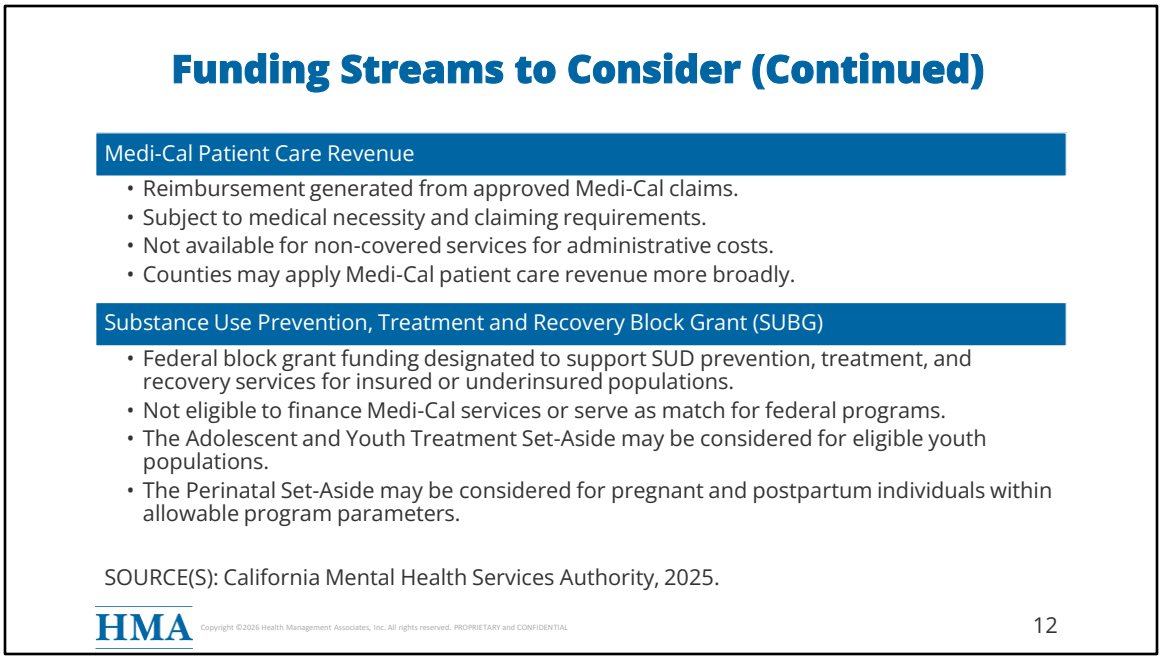


[Slide Image Description: This slide shows an overview of Funding Streams to Consider.]

Funding Streams to Consider:

- Behavioral Health Services Act (BHSA): Supports integrated mental health and substance use disorder services through county planning and implementation requirements and requires a three-year Integrated Plan and adherence to non-supplantation rules. BHSA's Full Service Partnership funding framework is the primary statutory and programmatic foundation for AFBSS, as it directly aligns with the requirement to deliver assertive, field-based initiation of SUD services.
- 2011 Realignment – Behavioral Health Subaccount: Flexible funding that supports mental health and substance use disorder services, including Drug Medi-Cal, and may be used as the local funding source to meet the non-federal share requirement for Title XIX (Medi-Cal) services. As such, it serves as a core financing mechanism to draw down federal reimbursement, and may be considered both to support Medi-Cal claimable components of AFBSS and to finance elements of the model not fully reimbursed through Medi-Cal.

SOURCE(S): California Department of Health Care Services, 2025; Legislative Analyst's Office, 2011.



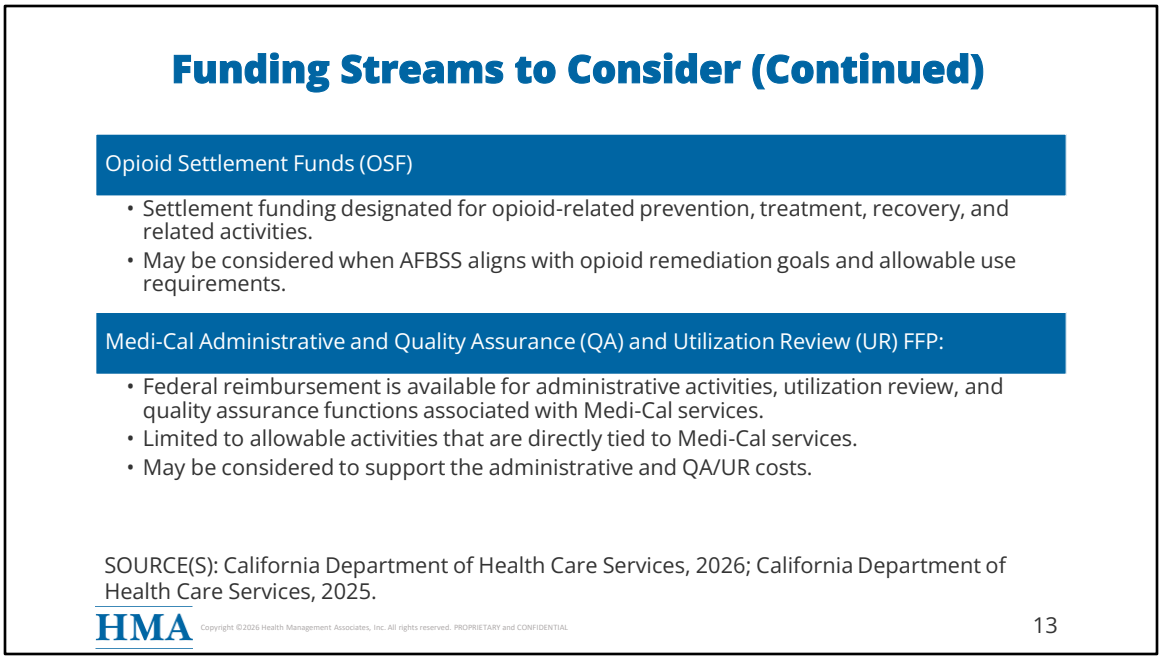
[Slide Image Description: This slide shows an overview of Funding Streams to Consider (Continued).]

Funding Streams to Consider:

- Medi-Cal Patient Care Revenue: Reimbursement generated from approved Medi-Cal claims, subject to medical necessity and claiming requirements, and not available for non-covered services for administrative costs. Counties may apply Medi-Cal patient care revenue more broadly in accordance with allowable uses under Welfare & Institutions Code 14184.40(c), including to support the overall delivery model associated with services rendered. As such, it may be considered as part of the financing approach for AFBSS where counties are leveraging and reinvesting Medi-Cal revenues.
- Substance Use Prevention, Treatment and Recovery Block Grant (SUBG): Federal block grant funding designated to support substance use disorder prevention, treatment, and recovery services for insured or underinsured populations, and not eligible to finance Title XIX (Medi-Cal) services or serve as match for federal programs. The Discretionary Base may be considered where AFBSS includes populations or activities not

financed through Medi-Cal. The Adolescent and Youth Treatment Set-Aside may be considered where AFBSS includes eligible youth populations. The Perinatal Set-Aside may be considered where AFBSS includes pregnant and postpartum individuals within allowable program parameters.

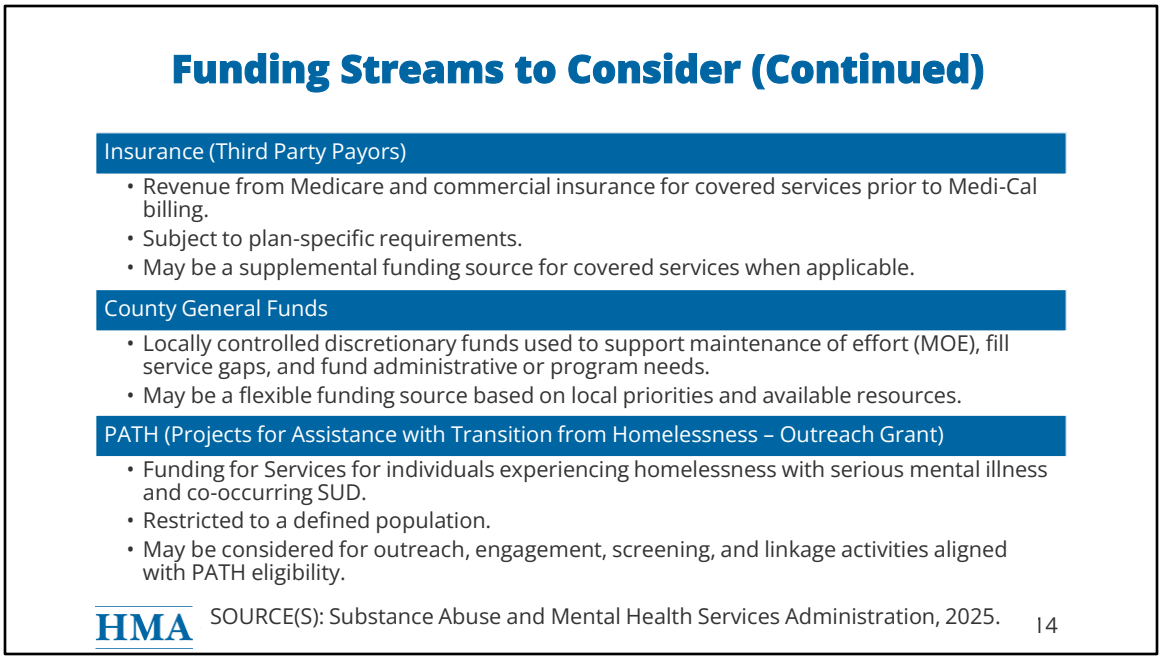
SOURCE(S): California Mental Health Services Authority, 2025.



[Slide Image Description: This slide shows an overview of Funding Streams to Consider (Continued).]

Funding Streams to Consider:

- Opioid Settlement Funds (OSF): Settlement funding designated for opioid-related prevention, treatment, recovery, and related activities. May be considered when AFBSS aligns with opioid remediation goals and allowable use requirements.
- Medi-Cal Administration and QA/UR FFP: Federal reimbursement is available for administrative activities (e.g., planning, program support, training) and for utilization review and quality assurance functions associated with Medi-Cal services. These claiming pathways are limited to allowable activities that are directly tied to Medi-Cal services. DMC-ODS programs may claim both administrative FFP and QA/UR FFP, whereas DMC State Plan programs are limited to administrative FFP and are not generally eligible to claim QA/UR FFP. These funding streams may be considered to support the admin and QA/UR costs.

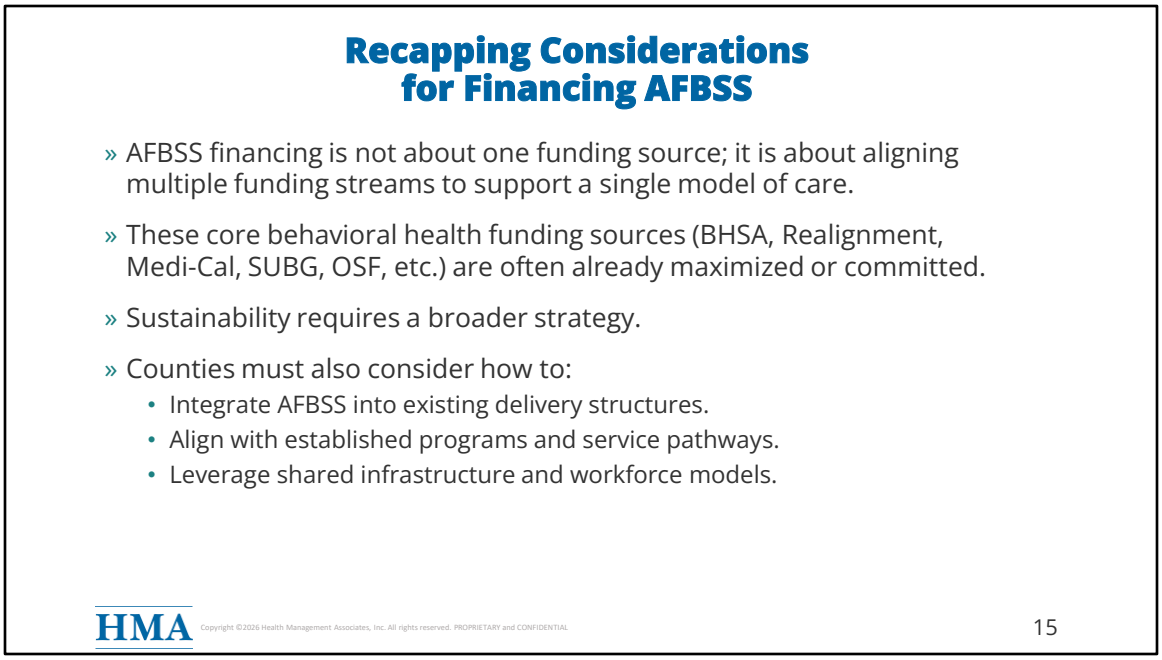


[Slide Image Description: This slide shows Funding Streams to Consider (Continued).]

Funding Streams to Consider:

- Insurance (Third Party Payors): Revenue from Medicare and commercial insurance for covered services prior to Medi-Cal billing, subject to plan-specific requirements. May be considered as a supplemental funding source for covered services when applicable.
- County General Funds: Locally controlled discretionary funds used to support MOE, fill service gaps, and fund administrative or program needs. May be considered as a flexible funding source based on local priorities and available resources.
- PATH (Homeless Outreach Grant): Funding for Services for individuals experiencing homelessness with serious mental illness and co-occurring SUD, restricted to a defined population; may be considered for AFBSS outreach, engagement, screening, and linkage activities aligned with PATH eligibility, but is not suitable for broad AFBSS operations due to its narrow scope.

SOURCE(S): Substance Abuse and Mental Health Services Administration, 2025.



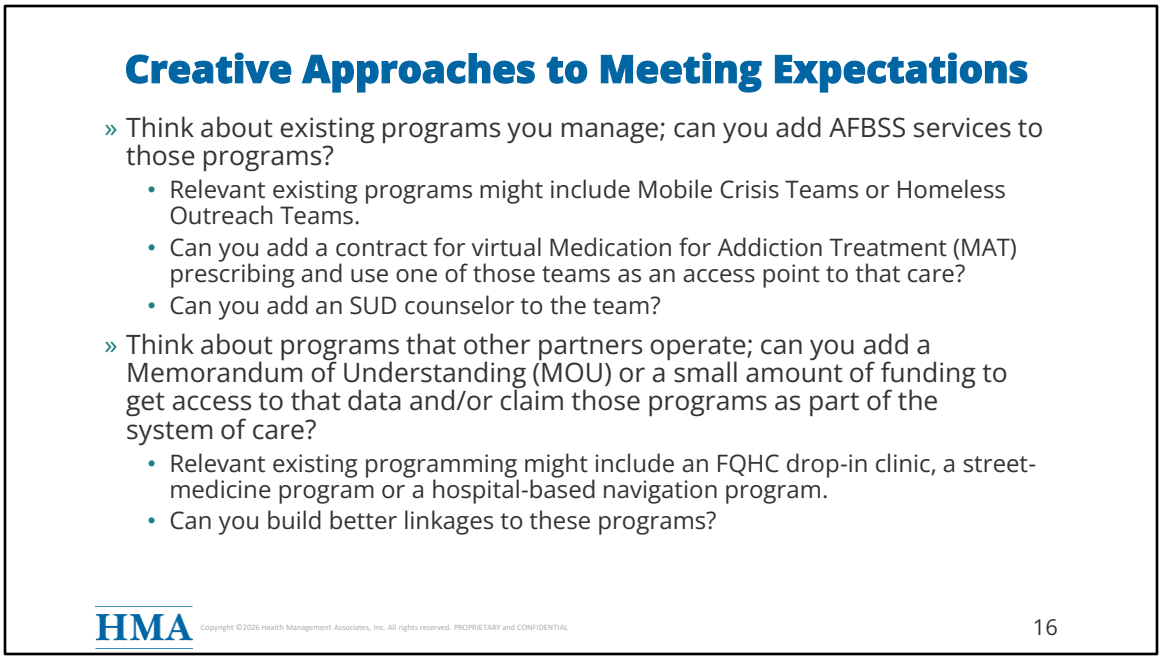
[Slide Image Description: This slide recaps considerations for financing AFBSS.]

AFBSS financing is not about one funding source; it is about aligning multiple funding streams to support a single model of care.

These core behavioral health funding sources (BHSA, Realignment, Medi-Cal, SUBG, OSF, etc.) are often already maximized or committed.

Sustainability requires a broader strategy.

Counties must also consider how to:
- Integrate AFBSS into existing delivery structures.
- Align with established programs and service pathways.
- Leverage shared infrastructure and workforce models.



[Slide Image Description: This slide shows Creative Approaches to Meeting Expectations.]

Creative approaches to meeting expectations:

- Think about existing programs you manage; can you add AFBSS services to those programs?
    - Relevant existing programs might include Mobile Crisis Teams or Homeless Outreach Teams.
    - Can you add a contract for virtual MAT prescribing and use one of those teams as an access point to that care?
    - Can you add an SUD counselor to the team?
- Think about programs that other partners run; can you add an MOU or a small amount of funding to get access to that data and/or claim those programs as part of the system of care?
    - Relevant existing programming might include an FQHC drop-in clinic or a hospital-based navigation program.
    - Can you build better linkages to these programs?

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

This second section highlights CalMHSA and related resources.

CalMHSA Behavioral Health Fiscal Academy (BHFA)

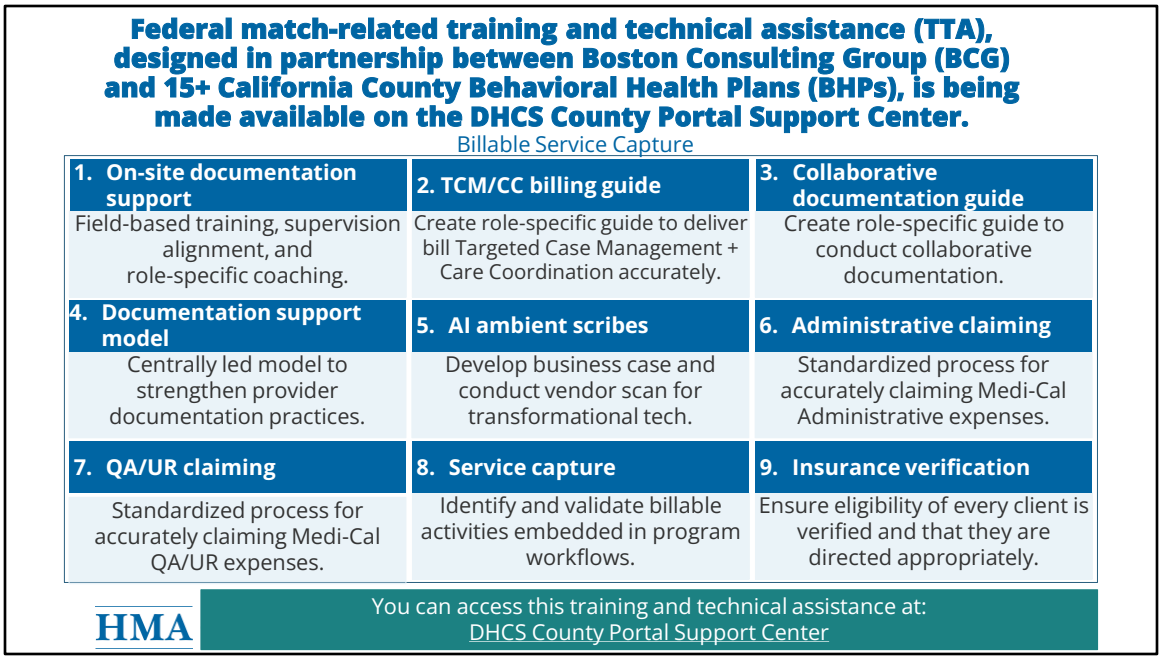
- The BHFA is a CalMHSA training series that equips county finance teams with practical tools to manage Medi-Cal funding, braided financing, and fiscal compliance.
- Helps counties understand and operationalize complex funding models, including Medicaid reimbursement, local match, and sustainability strategies, through real-world application.
- Covers core topics such as Medi-Cal claiming, BHSA budgeting, revenue forecasting, and realignment to align financing with delivery models like AFBSS.

SOURCE(S): California Mental Health Services Authority (CalMHSA), 2026.

[Slide Image Description: This slide shows CalMHSA Behavioral Health Fiscal Academy (BHFA).]

CalMHSA Behavioral Health Fiscal Academy (BHFA):
- BHFA is a CalMHSA training series that equips county finance teams with practical tools to manage Medi-Cal funding, braided financing, and fiscal compliance.
- Helps counties understand and operationalize complex funding models, including Medicaid reimbursement, local match, and sustainability strategies, through real-world application.
- Covers core topics such as Medi-Cal claiming, BHSA budgeting, revenue forecasting, and realignment to align financing with delivery models like AFBSS.

SOURCE(S): California Mental Health Services Authority (CalMHSA), 2026.



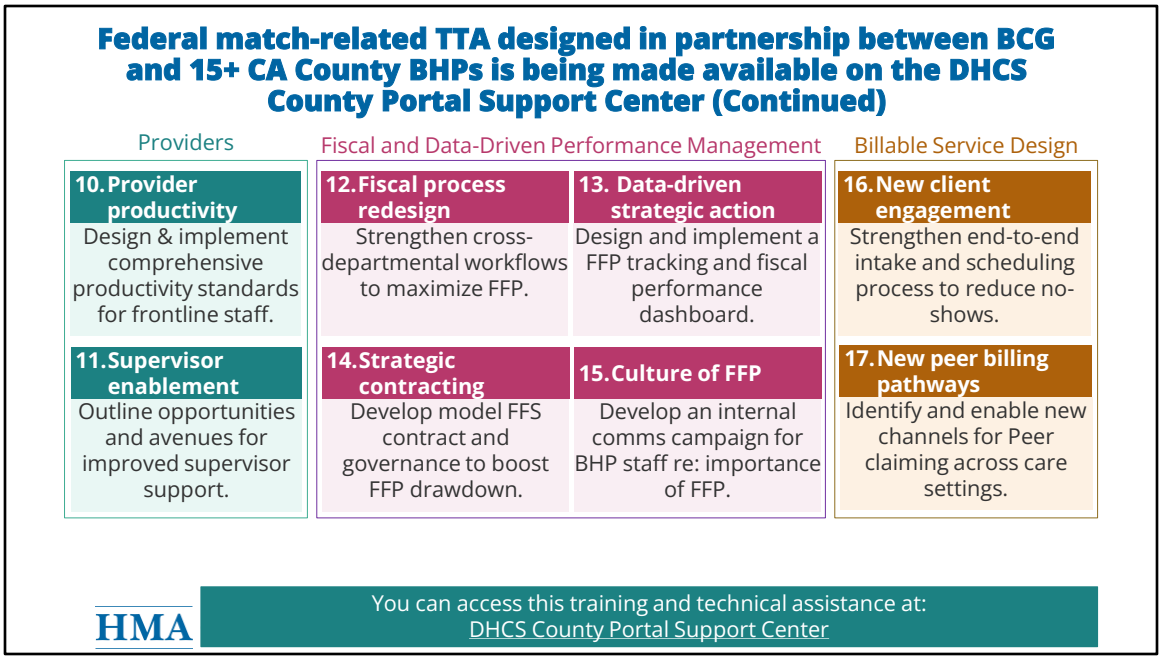
[Slide Image Description: This slide shows a table of Federal match-related TTA designed in partnership between BCG and 15+ CA County BHPs is being made available on the DHCS County Portal Support Center.]

Billable Service Capture:

- On-site documentation support: Field-based training, supervision alignment, and role-specific coaching.
- TCM/CC billing guide: Create role-specific guide to deliver & bill Targeted Case Management + Care Coordination accurately.
- Collaborative documentation guide: Create role-specific guide to conduct collaborative documentation.
- Documentation support model: Centrally led model to strengthen provider documentation practices.
- AI ambient scribes: Develop business case and conduct vendor scan for transformational tech.
- Administrative claiming: Standardized process for accurately claiming Medi-Cal Administrative expenses.
- QA/UR claiming: Standardized process for accurately claiming Medi-Cal QA/UR expenses.

- Service capture: Identify and validate billable activities embedded in program workflows.
- Insurance verification: Ensure eligibility of every client is verified and that they are directed appropriately.

SOURCE(S): DHCS, 2026.



[Slide Image Description: This slide shows a table of Federal match-related TTA designed in partnership between BCG and 15+ CA County BHPs is being made available on the DHCS County Portal Support Center.]

Providers:

- Provider productivity: Design and implement comprehensive product standards for frontline staff.
- Supervisor enablement: Outline opportunities and avenues for improved supervisor support.

Fiscal and Data-Driven Performance Management:

- Fiscal process redesign: Strengthen cross-departmental workflows to maximize FFP.
- Data-driven strategic action: Design and implement a FFP tracking and fiscal performance dashboard.
- Strategic contracting: Develop model FFS contract and governance to boost FFP drawdown.
- Culture of FFP: Develop an internal comms campaign for BHP staff re: importance of FFP.

Billable Service Design:

- New client engagement: Strengthen end-to-end intake and scheduling process to reduce no-shows.
- New peer billing pathways: Identify and enable new channels for Peer claiming across care settings.

SOURCE(S): DHCS, 2026.

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

This section reviews county learnings from Lake County and Orange County.

Lake County

- Building AFBSS on existing Lake County field-based infrastructure: Mobile Crisis, DMC-ODS care coordination, peer support, MAT linkage, and post-crisis/post-overdose follow-up.
- Using a braided funding model: Medi-Cal/DMC-ODS and Mobile Crisis for billable services; BHSA, OSF, Realignment, and managed care plan community reinvestment for start-up, outreach, and non-billable engagement.
- Partnering with County Public Health to activate an unused, fully outfitted mobile medical clinic as a shared platform for AFBSS and public health services, with proposed MCP Community Reinvestment Funds support.
- Addressing rural sustainability realities by minimizing new start-up costs, repurposing existing assets, strengthening partnerships, and acknowledging that workforce/provider capacity is the most significant implementation challenge.

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[Slide Image Description: This slide show a descriptions of Lake County. It contains an image of the state of California.]

- Building on existing field-based infrastructure: Lake County is approaching AFBSS as an extension of existing field-based behavioral health capacity, including Mobile Crisis, DMC-ODS care coordination, outreach, peer support, MAT linkage, and post-crisis/post-overdose follow-up.
- Braided funding model: Sustainability will require Medi-Cal maximization for billable DMC-ODS and Mobile Crisis services, paired with flexible funding sources such as BHSA, Opioid Settlement Funds, Realignment, and managed care/community reinvestment dollars for start-up costs, outreach, engagement, and other non-billable activities.
- Public Health partnership and mobile access strategy: Lake County Behavioral Health is collaborating with County Public Health, which has a fully outfitted mobile medical clinic that is not currently in use. Together, we are planning to submit a proposal for Managed Care Plan Community Reinvestment funding to support start-up costs and activate the mobile unit as a shared platform for AFBSS and public health services.

- Rural workforce and provider capacity realities: The most significant sustainability challenge is workforce and provider capacity. In a small rural county, one vacancy or limited prescriber access can destabilize an entire service model, making partnership, cross-training, telehealth, and shared infrastructure essential.
- Minimizing start-up costs: Rather than building a new standalone program, Lake County is focusing on repurposing existing assets, aligning with current county teams, leveraging Public Health infrastructure, partnering with managed care and community providers, and using flexible funds to bridge the gap until billable services can be generated.
- Core sustainability principle: Mobile Crisis responds to the acute event; AFBSS helps prevent the next one. The services should be operationally integrated while remaining fiscally and clinically distinct for documentation, claiming, and sustainability purposes.

Orange County

- Building AFBSS on existing Orange County infrastructure:
  - Enhancing existing outreach efforts to ensure data driven approach (e.g., examining heat maps and overdose data, coordinating with field engagement plans).
  - Expanding the capacity of County SUD outpatient clinics to serve as rapid-entry points for treatment, aligning workflows and referral pathways, and ensuring no wrong door approach.
  - Integrating mobile Narcotic Treatment Program (NTP) units as an extension of the broader SUD treatment continuum.
- Utilizing braided funding streams: Medi-Cal/DMC-ODS, SUBG, Realignment, County General Fund, and BHSA.
- Partnering with SUD providers, MCPs, FQHCs, and CBOs to support coordinated system development.

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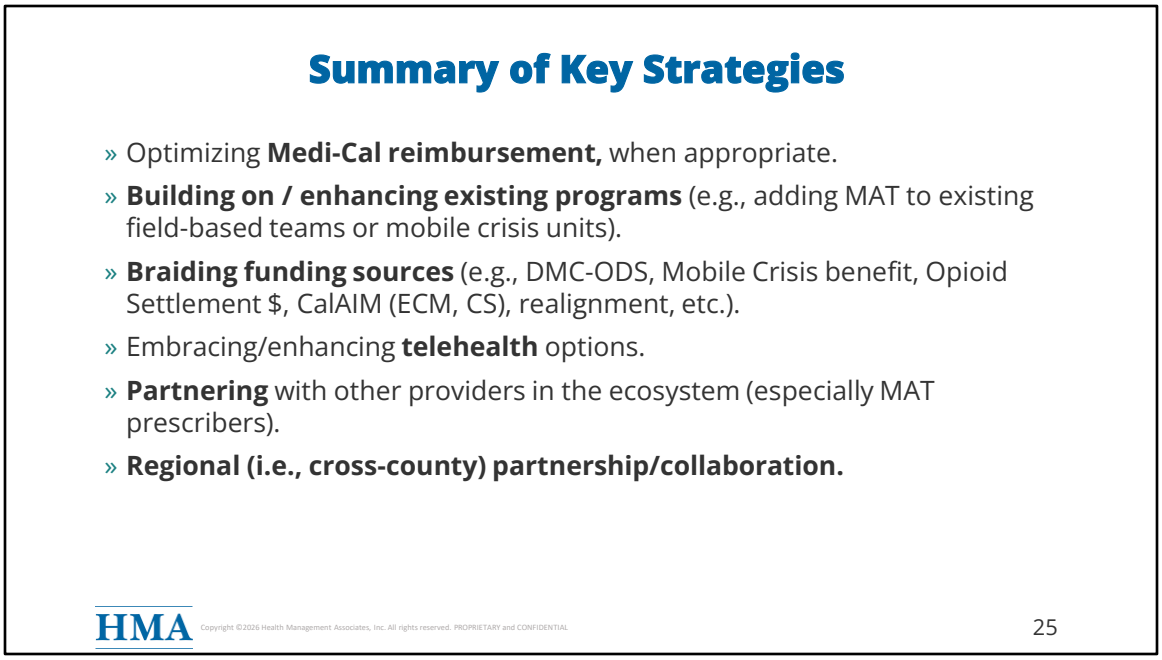
[Slide Image Description: This slide show a descriptions of Orange County. It contains an image of the state of California.]

- Building on existing infrastructure: Building AFBSS by enhancing, expanding, and integrating existing Orange County infrastructure, including:
  - Enhancing existing outreach efforts to ensure a data driven approach, such as examining heat maps and overdose data, and coordinating with field engagement plans.
  - Expanding the capacity of County Substance Use Disorder (SUD) outpatient clinics to serve as rapid-entry points for treatment, aligning workflows and referral pathways, and ensuring no wrong door approach.
  - Integrating mobile Narcotic Treatment Program (NTP) units as an extension of the broader SUD treatment continuum.
- Braided funding model: Utilizing braided funding streams, including Medi-Cal/DMC-ODS, SUBG, Realignment, County General Fund, and BHSA.
- Coordinated partnership: Partnering with SUD providers, MCPs, FQHCs, and CBOs to support coordinated system development.

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

This last section summarizes key strategies.



[Slide Image Description: This slide show a descriptions Summary of Key Strategies.]

- Optimize Medi-Cal reimbursement.
- Building on / enhancing existing programs (e.g., adding MAT to existing field-based teams or mobile crisis units).
- Braid funding sources (e.g., DMC-ODS, Mobile Crisis benefit, Opioid Settlement $, CalAIM (ECM, CS), realignment, etc.).
- Embrace/enhance telehealth options.
- Partnering with other providers in the ecosystem (especially MAT prescribers).
- Regional (i.e., cross-county) partnership/collaboration.

[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**.

References (1 of 2)

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