

Bill Text: CA AB348 | 2025-2026 | Regular Session | Chaptered California Assembly Bill 348

Bill Title: Full-service partnerships.

Sponsorship: Partisan Bill (Democrat 2)

Status: (*Passed*) 2025-10-13 - Chaptered by Secretary of State - Chapter 688, Statutes of 2025. [AB348 Detail]

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Assembly Bill No. 348

CHAPTER 688

An act to amend, repeal, and add Section 5887 of the Welfare and Institutions Code, relating to behavioral health.

[Approved by Governor October 13, 2025. Filed with Secretary of State October 13, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

AB 348, Krell. Full-service partnerships.

Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The MHSA establishes the Mental Health Services Fund, a continuously appropriated fund, which is administered by the State Department of Health Care Services (department), to fund specified county mental health programs. Existing law, the Behavioral Health Services Act (BHSA), a legislative act amending the MHSA that was approved by the voters as Proposition 1 at the March 5, 2024, statewide primary election, recast the MHSA by, among other things, renaming the fund to the Behavioral Health Services Fund and reallocating how moneys from that fund may be spent. The BHSA requires each county to establish and administer a full-service partnership program that includes, among other things, outpatient behavioral health services, as specified, and housing interventions.

This bill would establish criteria for an individual with a serious mental illness to be presumptively eligible for a full-service partnership, including, among other things, the person is transitioning to the community after 6 months or more in the state prison or county jail. The bill would specify that a county is not required to enroll an individual who meets that presumptive eligibility criteria if doing so would conflict with contractual Medi-Cal obligations or court orders, or exceed full-service partnership capacity or funding, as specified. The bill would make enrollment of a presumptively eligible individual contingent upon the individual meeting specified criteria and receiving a recommendation for enrollment by a licensed behavioral health clinician, as specified. The bill would prohibit deeming an individual with a serious mental illness ineligible for enrollment in a full-service partnership solely because their primary diagnosis is a substance use disorder. The bill would make these provisions operative on January 1, 2027.

Digest Key

Vote: majority Appropriation: no Fiscal Committee: no Local Program: no

Bill Text

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

(a) Individuals with serious mental illness face significant barriers to accessing necessary services, which results in adverse health outcomes and system inefficiencies.

(b) High-risk individuals with serious mental illness, including individuals experiencing homelessness, frequent ~~Assertive~~ crises, or recent transitions from incarceration or institutional settings, are disproportionately affected by gaps in care, which leads to repeated hospitalizations, emergency room visits, and interactions with the criminal justice system.

(c) Full-service partnerships have been shown to improve outcomes for individuals with serious mental illness by providing comprehensive, coordinated care tailored to individual needs.

(d) Establishing presumptive eligibility for high-risk individuals ensures timely access to critical services, which reduces delays that exacerbate mental health crises and system costs.

(e) Presumptive eligibility aligns with California's goals to improve behavioral health equity, reduce health disparities, and advance whole-person care for individuals with complex needs.

SEC. 2. Section 5887 of the Welfare and Institutions Code is amended to read:

5887. (a) Each county shall establish and administer a full-service partnership program that include the following services:

(1) Mental health services, supportive services, and substance use disorder treatment services.

(2) Assertive Community Treatment and Forensic Assertive Community Treatment fidelity, Individual Placement and Support model of Supported Employment, high fidelity wraparound, or other evidence-based services and treatment models, as specified by the State Department of Health Care Services. Counties with a population of less than 200,000 may request an exemption from these requirements. Exemption requests shall be subject to approval by the State Department of Health Care Services. The State Department of Health Care Services shall collaborate with the California State Association of Counties and the County Behavioral Health Directors Association of California on reasonable criteria for those requests and a timely and efficient exemption process.

(3) Assertive field-based initiation for substance use disorder treatment services, including the provision of medications for addiction treatment, as specified by the State Department of Health Care Services.

(4) Outpatient behavioral health services, either clinic or field based, necessary for the ongoing evaluation and stabilization of an enrolled individual.

(5) Ongoing engagement services necessary to maintain enrolled individuals in their treatment plan inclusive of clinical and nonclinical services, including services to support maintaining housing.

(6) Other evidence-based services and treatment models, as specified by the State Department of Health Care Services.

(7) The service planning process pursuant to Sections 5806 or 5868 and all services identified during the applicable process.

(8) Housing interventions pursuant to Section 5830.

(b) (1) (A) Full-service partnership services shall be provided pursuant to a whole-person approach that is trauma informed, age appropriate, and in partnership with families or an individual's natural supports.

(B) These services shall be provided in a streamlined and coordinated manner so as to reduce any barriers to services.

(2) Full-service partnership services shall support the individual in the recovery process, reduce health disparities, and be provided for the length of time identified during the service planning process pursuant to Sections 5806 and 5868.

(c) Full-service partnership programs shall employ community-defined evidence practices, as specified by the State Department of Health Care Services.

(d) (1) Full-service partnership programs shall enroll eligible adults and older adults, as defined in Section 5892, who meet the priority population criteria specified in subdivision (d) of Section 5892 and other criteria, as specified by the State Department of Health Care Services.

(2) Full-service partnership programs shall enroll eligible children and youth, as defined in Section 5892.

(e) Full-service partnership programs shall have an established standard of care with levels based on an individual's acuity and criteria for step-down into the least intensive level of care, as specified by the State Department of Health Care Services, in consultation with the Behavioral Health Services Oversight and Accountability Commission, counties, providers, and other stakeholders.

(f) All behavioral health services, as defined in subdivision (k) of Section 5892, and supportive services provided to a client enrolled in a full-service partnership shall be paid from the funds allocated pursuant to paragraph (2) of subdivision (a) of Section 5892, subject to Section 5891.

(g) (1) The clinical record of each client participating in a full-service partnership program shall describe all services identified during the service planning process pursuant to Sections 5806 and 5868 that are provided to the client pursuant to this section.

(2) The State Department of Health Care Services may develop and revise documentation standards for service planning to be consistent with the standards developed pursuant to paragraph (3) of subdivision (h) of Section 14184.402.

(3) Documentation of the service planning process in the client's clinical record pursuant to paragraph (1) may fulfill the documentation requirements for both the Medi-Cal program and this section.

(1) "Community-defined evidence practices" means an alternative or complement to evidence-based practices that offer culturally anchored interventions that reflect the values, practices, histories, and lived-experiences of the communities they serve. These practices come from the community and the organizations that serve them and are found to yield positive results as determined by community consensus over time.

(2) "Substance use disorder treatment services" means those services as defined in subdivision (c) of Section 5891.5.

(3) "Supportive services" means those services necessary to support clients' recovery and wellness, including, but not limited to, food, clothing, linkages to needed social services, linkages to programs administered by the federal Social Security Administration, vocational and education-related services, employment assistance, including supported employment, psychosocial rehabilitation, family engagement, psychoeducation, transportation assistance, occupational therapy provided by an occupational therapist, and group and individual activities that promote a sense of purpose and community participation.

(i) This section shall be implemented only to the extent that funds are provided from the Behavioral Health Services Fund for purposes of this section. This section does not obligate the counties to use funds from any other source for services pursuant to this section.

(j) This section shall remain in effect only until January 1, 2027, and as of that date is repealed.

SEC. 3. Section 5887 is added to the Welfare and Institutions Code, to read:

5887. (a) Each county shall establish and administer a full-service partnership program that include the following services:

(1) Mental health services, supportive services, and substance use disorder treatment services.

(2) Assertive Community Treatment and Forensic Assertive Community Treatment fidelity, Individual Placement and Support model of Supported Employment, high fidelity wraparound, or other evidence-based services and treatment models, as specified by the State Department of Health Care Services. Counties with a population of less than 200,000 may request an exemption from these requirements. Exemption requests shall be subject to approval by the State Department of Health Care Services. The State Department of Health Care Services shall collaborate with the California State Association of Counties and the County Behavioral Health Directors Association of California on reasonable criteria for those requests and a timely and efficient exemption process.

(3) Assertive field-based initiation for substance use disorder treatment services, including the provision of medications for addiction treatment, as specified by the State Department of Health Care Services.

(4) Outpatient behavioral health services, either clinic or field based, necessary for the ongoing evaluation and stabilization of an enrolled individual.

(5) Ongoing engagement services necessary to maintain enrolled individuals in their treatment plan inclusive of clinical and nonclinical services, including services to support maintaining housing.

(6) Other evidence-based services and treatment models, as specified by the State Department of Health Care Services.

(7) The service planning process pursuant to Sections 5806 or 5868 and all services identified during the applicable process.

(8) Housing interventions pursuant to Section 5830.

(b) (1) (A) Full-service partnership services shall be provided pursuant to a whole-person approach that is trauma informed, age appropriate, and in partnership with families or an individual's natural supports.

(B) These services shall be provided in a streamlined and coordinated manner so as to reduce any barriers to services.

(2) Full-service partnership services shall support the individual in the recovery process, reduce health disparities, and be provided for the length of time identified during the service planning process pursuant to Sections 5806 and 5868.

(c) Full-service partnership programs shall employ community-defined evidence practices, as specified by the State Department of Health Care Services.

(d) (1) (A) Full-service partnership programs shall enroll eligible adults and older adults, as defined in Section 5892, who meet the priority population criteria specified in subdivision (d) of Section 5892 and other criteria, as specified by the State Department of Health Care Services.

(B) Full-service partnership programs shall enroll eligible children and youth, as defined in Section 5892.

(2) (A) An individual with a serious mental illness is presumptively eligible for a full-service partnership if they meet one or more of the following criteria:

(i) Is currently experiencing unsheltered homelessness as described in Section 91.5 of Title 24 of the Code of Federal Regulations.

(ii) Is transitioning to the community after six months or more in a secured treatment or residential setting, including, but not limited to, a mental health rehabilitation center, institution for mental disease, or secured skilled nursing facility.

(iii) Has been detained five or more times pursuant to Section 5150 over the last five years.

(iv) Is transitioning to the community after six months or more in the state prison or county jail.

Attachment M

(B) A county is not required to enroll an individual who meets the presumptive eligibility criteria in subparagraph (A) if doing so would conflict with contractual Medi-Cal obligations or court orders, or exceed full-service partnership capacity or funding pursuant to Section 5892.

(C) Enrollment of a presumptively eligible individual pursuant to subparagraph (A) shall be contingent upon both of the following:

(i) The individual meets the criteria established pursuant to subdivision (e).

(ii) The individual receives a recommendation by a licensed behavioral health clinician who, after assessing the individual's mental health needs, finds enrollment appropriate. This recommendation shall be documented in the individual's clinical record.

(3) An individual with a serious mental illness shall not be deemed ineligible for enrollment in a full-service partnership solely because their primary diagnosis is a substance use disorder.

(e) Full-service partnership programs shall have an established standard of care with levels based on an individual's acuity and criteria for step-down into the least intensive level of care, as specified by the State Department of Health Care Services, in consultation with the Behavioral Health Services Oversight and Accountability Commission, counties, providers, and other stakeholders.

(f) All behavioral health services, as defined in subdivision (k) of Section 5892, and supportive services provided to a client enrolled in a full-service partnership shall be paid from the funds allocated pursuant to paragraph (2) of subdivision (a) of Section 5892, subject to Section 5891.

(g) (1) The clinical record of each client participating in a full-service partnership program shall describe all services identified during the service planning process pursuant to Sections 5806 and 5868 that are provided to the client pursuant to this section.

(2) The State Department of Health Care Services may develop and revise documentation standards for service planning to be consistent with the standards developed pursuant to paragraph (3) of subdivision (h) of Section 14184.402.

(3) Documentation of the service planning process in the client's clinical record pursuant to paragraph (1) may fulfill the documentation requirements for both the Medi-Cal program and this section.

(h) For purposes of this part, the following definitions shall apply:

(1) "Community-defined evidence practices" means an alternative or complement to evidence-based practices that offer culturally anchored interventions that reflect the values, practices, histories, and lived-experiences of the communities they serve. These practices come from the community and the organizations that serve them and are found to yield positive results as determined by community consensus over time.

(2) "Substance use disorder treatment services" means those services as defined in subdivision (c) of Section 5891.5.

(3) "Supportive services" means those services necessary to support clients' recovery and wellness, including, but not limited to, food, clothing, linkages to needed social services, linkages to programs administered by the federal Social Security Administration, vocational and education-related services, employment assistance, including supported employment, psychosocial rehabilitation, family engagement, psychoeducation, transportation assistance, occupational therapy provided by an occupational therapist, and group and individual activities that promote a sense of purpose and community participation.

(i) This section shall be implemented only to the extent that funds are provided from the Behavioral Health Services Fund for purposes of this section. This section does not obligate the counties to use funds from any other source for services pursuant to this section.

(j) This section shall become operative on January 1, 2027.