

AMENDED IN ASSEMBLY APRIL 10, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

**ASSEMBLY BILL**

**No. 348**

---

---

**Introduced by Assembly Member Krell**

January 29, 2025

---

---

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

LEGISLATIVE COUNSEL'S DIGEST

AB 348, as amended, Krell. ~~Full-service~~ *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 exceed full-service partnership funding. *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.*

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

*The people of the State of California do enact as follows:*

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

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

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

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

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

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

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

23 5887. (a) Each county shall establish and administer a  
24 full-service partnership program that include the following services:

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

27 (2) Assertive Community Treatment and Forensic Assertive  
28 Community Treatment fidelity, Individual Placement and Support

1 model of Supported Employment, high fidelity wraparound, or  
2 other evidence-based services and treatment models, as specified  
3 by the State Department of Health Care Services. Counties with  
4 a population of less than 200,000 may request an exemption from  
5 these requirements. Exemption requests shall be subject to approval  
6 by the State Department of Health Care Services. The State  
7 Department of Health Care Services shall collaborate with the  
8 California State Association of Counties and the County Behavioral  
9 Health Directors Association of California on reasonable criteria  
10 for those requests and a timely and efficient exemption process.

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

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

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

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

24 (7) The service planning process pursuant to Sections 5806 or  
25 5868 and all services identified during the applicable process.

26 (8) Housing interventions pursuant to Section 5830.

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

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

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

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

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

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

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

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

14 (ii) Is transitioning to the community after six months or more  
15 in a secured treatment or residential setting, including, but not  
16 limited to, a mental health rehabilitation center, institution for  
17 mental disease, secured skilled nursing facility, or out-of-county  
18 placement.

19 (iii) Has experienced two or more emergency department visits  
20 related to a serious mental illness or a psychiatric event in the last  
21 six months.

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

24 (v) Has experienced two or more arrests in the last six months.

25 (B) A county is not required to enroll an individual who meets  
26 the presumptive eligibility criteria in subparagraph (A) if doing  
27 so would exceed full-service partnership funding pursuant to  
28 Section 5892.

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

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

39 (f) All behavioral health services, as defined in subdivision (k)  
40 of Section 5892, and supportive services provided to a client

1 enrolled in a full-service partnership shall be paid from the funds  
2 allocated pursuant to paragraph (2) of subdivision (a) of Section  
3 5892, subject to Section 5891.

4 (g) (1) The clinical record of each client participating in a ~~full~~  
5 ~~service~~ *full-service* partnership program shall describe all services  
6 identified during the service planning process pursuant to Sections  
7 5806 and 5868 that are provided to the client pursuant to this  
8 section.

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

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

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

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

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

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

38 (i) This section shall be implemented only to the extent that  
39 funds are provided from the Behavioral Health Services Fund for  
40 purposes of this section. This section does not obligate the counties

1 to use funds from any other source for services pursuant to this  
2 section.

O