Behavioral Health Services Act

FULL SERVICE PARTNERSHIP

Behavioral Health Services Act (BHSA) Funding

The Behavioral Health Services Act (BHSA) keeps a 1% tax on people who earn more than $1 million a year. This is called the "millionaire's tax."

The money collected from this tax is given to counties based on their population size. Counties use these funds to improve and strengthen public behavioral health services, especially for people who have Medi-Cal or do not have health insurance.

Under BHSA, 35% of the funding must go to Full Service Partnership (FSP) programs.

What is an FSP?

FSPs are sometimes called "hospitals without walls" because they provide intensive, ongoing support in the community instead of in a hospital setting.

These programs serve people with serious mental health or substance use challenges who need a higher level of care. They focus on individuals who are underserved and may be experiencing homelessness, involved in the justice system, leaving incarceration, involved in child welfare, at risk of hospitalization, or frequently hospitalized.

FSP services are provided by a team of professionals who work closely with the individual and, when appropriate, their family or other trusted supports. The program follows a "whatever it takes" approach, meaning services are personalized and centered on each person's needs, goals, and recovery.

In addition to mental health and substance use treatment and intensive case management, FSP programs offer peer support, help with education and employment, and connections to housing. Services are provided frequently and often take place in the community, including in a person's home.

Overall, FSP programs provide comprehensive, team-based support to help people achieve stability, recovery, and long-term well-being.

FSP programs are now required to:	
Utilize	Evidence-Based Practices (EBPs) and Community-Defined Evidence Practices (CDEPs)
Conduct	The American Society of Addiction Medicine (ASAM) screening during the assessment
Offer	Medications for addiction treatment (MAT) or have an effective referral process in place
Coordinate	With a Full Service Partnership (FSP) participant's primary care provider as appropriate
Provide	Ongoing engagement services to include peer support services, transportation and services to support maintaining housing

Level of Intensity Based on Consumer's Individual Need

Under the BHSA, the state has created two required levels of care (LOC) for FSP programs. Each level must use specific EBPs, which are service approaches that have been proven to be effective.

Counties must begin using these required practices by July 1, 2026. However, they have until June 30, 2029, to fully meet all the detailed requirements of these models.

Other Required EBPs

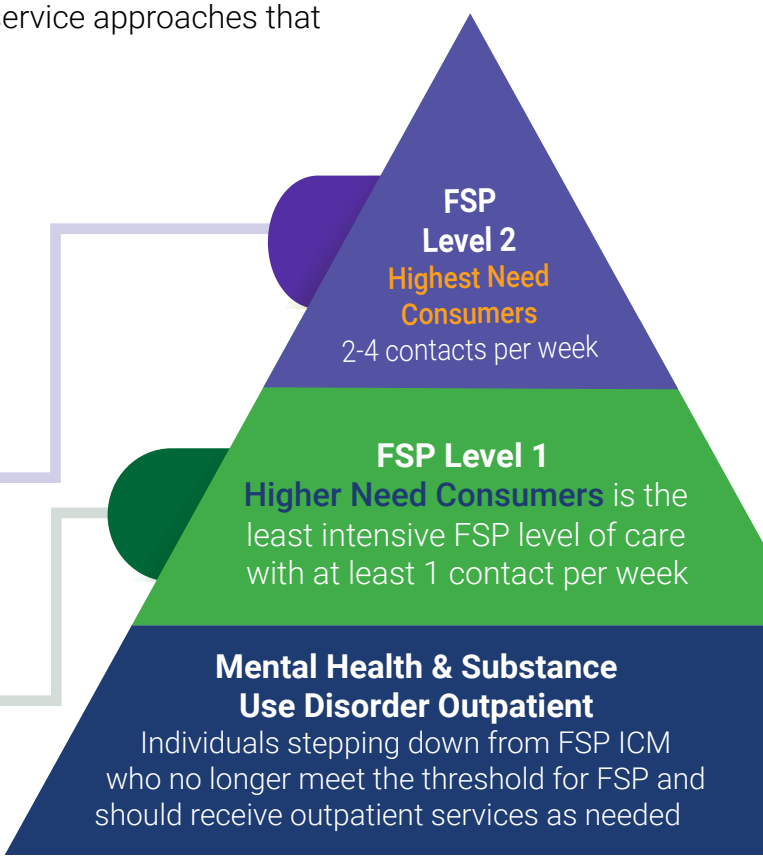
- IPS-Supportive Employment
- Assertive Field-Based SUD Outreach
- Medication Assisted Treatment (MAT)

Level 2 Required EBPs

- Assertive Community Treatment (ACT)
- Forensic Assertive Community Treatment (FACT)
- High Fidelity Wraparound (HFW)

Level 1 Required EBP

- Intensive Case Management (ICM)



Prior FSP Programs

Under the Mental Health Services Act (MHSA), the County had developed robust FSP programming serving high need consumers of all ages including the implementation of programs to address unique cultural and priority populations in Orange County.

Children/Youth FSPs
Children & Youth Services (CYS) Program for Assertive Community Treatment (PACT)
Project HEALTH Co-Occurring Medical FSP
Collaborative Court FSP
Project Renew Children's FSP
Support Transitional Age Youth (STAY) TAY FSP
Youthful Offender Wraparound Juvenile Justice-Involved FSP
Project FOCUS Asian American Pacific Islander (AAPI) FSP
Young Adult Court

Adult/Older Adult FSPs
Adult & Older Adult Full Service Partnership (FSP)
Opportunity Knocks Criminal Justice FSP
Adult Program for Assertive Community Treatment (PACT)
Project Shine-OC Vietnamese Speaking FSP
Transitional Age Youth PACT
Pacific Asian PACT Unit
Older Adult PACT Unit
STEPS Enhanced Recovery FSP
Assisted Outpatient Treatment (AOT) Civil Court
CARE Court
Military, Veterans and Family Collaborative Courts
FSP for Intensive Case Management

FSP Identified Gaps & Needs

The County will maintain the FSP programs and services under the BHSA, and will focus on addressing identified gaps per new FSP requirements which include:

- Use the required EBPs as designed, including meeting the required staff-to-client ratios.
- Clearly define the criteria for each FSP LOC.
- Create clear referral pathways between the two state-defined FSP LOC and outpatient services.
- Strengthen the use of field-based services (meeting people where they are) and ensure quick access to MAT.
- Use the required ASAM screening tool to check for substance use disorders when people enter FSP services.
- Fully integrate substance use disorder (SUD) treatment into FSP services.





Planned Program Implementation or Expansion for FSP

In alignment with BHSA requirements, current FSP programming, and service gaps identified through the Community Program Planning (CPP) process and the BHSA FSP Workgroup, the below FSP program implementations and expansions are planned. To see how FSPs for children, transitional aged youth (TAY), adults and older adults will be funded and included in the new Behavioral Health Integrated Plan (BHIP) Fiscal Years 2026/27-2028/29, click here.

- Utilization of EBPs
- Development of differing LOC
- Expansion of assertive field-based strategies for the initiation of SUD treatment and rapid access to MAT
- Expansion of the IPS employment model
- This investment is estimated to support 4,600 individuals