

# ▶▶ Full-Service Partnership (FSP)

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LOS ANGELES COUNTY  
**DEPARTMENT OF  
MENTAL HEALTH**  
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# ▶▶ Program Description

- Full-Service Partnership (FSP) programs provide individualized, team-based care to individuals living with significant behavioral health needs. Participants benefit from a community-based, whole-person approach that is trauma-informed, recovery-focused, age-appropriate, and delivered in partnership with families or an individual's natural supports. FSP serves individuals who have a diagnosis consistent with Severe Emotional Disturbance (SED), Severe Mental Illness (SMI) or co-occurring SMI and substance use disorder (SUD) with significant functional impairment. The focal population criteria are:
  - Chronically homeless or experiencing homelessness or are at risk of homelessness
  - High risk or a recent history of being involved in the criminal justice system
  - High use or at risk of psychiatric hospitalization/psychiatric emergency services
- Under BHSA, effective July 1, 2026, services will include:
  - Mental health services, supportive services, and substance use disorder (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) JB1
  - Assertive field-based initiation for Substance Use Disorder (SUD)
  - Outpatient behavioral health services for evaluation and stabilization
  - Ongoing engagement services
  - Service Planning
  - Housing Interventions (funded under the Housing Interventions category)

## Slide 2

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**JB1** Is this included or only if we opt into BH CONNECT IMD waiver?  
Jaclyn Baucum, 2025-09-12T02:14:44.081

**KG1 0** No it's mandated part of FSP  
Kalene Gilbert, 2025-09-12T03:04:31.778

## ▶▶ Program Description

- FSP teams are required to provide services that are culturally and linguistically appropriate to ensure there are no barriers to accessing services due to ethnicity, race, language, age, country of origin, level of acculturation, gender, gender identity, socioeconomic class, disabilities, religious/spiritual beliefs, and/or sexual orientation. Programs are expected to consider the cultural and language needs of their communities within the hiring process.
- Our FSP teams have historically and currently provide essential services to our communities, for example:
  - ◁ We have specialization among some of our FSP providers to support the older adult community
  - ◁ The Asian Pacific Islander (API) community – we have FSP providers with clinicians who have multi-lingual capabilities speaking languages such as Cantonese, Mandarin, Korean, Tagalog, Khmer, and Vietnamese
  - ◁ The Black, Indigenous, and People of Color (BIPOC) community
  - ◁ Immigrant communities
  - ◁ Transitional Age Youth (TAY)
  - ◁ The LGTBQIA+ community
  - ◁ Children and their families
  - ◁ Individuals with Co-Occurring disorders

# ▶▶ Program Description

- The estimated\* BHSA allocation for FSP is \$\_\_\_\_\_ JB1
- Allocation of services by service area is determined by multiple factors including but not limited to:
  - ◁ Client population by service area
  - ◁ Homeless count data
  - ◁ Justice Involved population FSP referral data
  - ◁ Office of Diversion and Re-entry (ODR) housing placement data
- Within each service area, providers are expected to make every effort to hire and serve according to community needs, including cultural and language needs.

Note: \*Subject to change

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**JB1** Since this number will change, is it better to say 35% ?

Jaclyn Baucum, 2025-09-12T02:15:30.956

**KG1 0** I think we need to give an estimate - we are all using Mike Gueiss's numbers so it's not a guess, and should have agreement as long as we note this is a number that will likely be updated more than once since we don't know our fill receipts until the end of the year.. We will get an updated number on October 2nd.

Kalene Gilbert, 2025-09-12T03:06:49.691

## ▶▶ Full-Service Partnership: Details

Item	Response
Level of Service	Intensive Outpatient Services
Will the program be funded by the Behavioral Health Services Act (BHSA)? (If yes, indicate BHSA funding type)	Yes, BHSA-FSP
Will the program grow, shrink or stay the same? (Please explain, if its growing or shrinking, will the program expand/decrease services in directly operated, contracted?)	<p>The Department will expand FSP programming under BHSA with the ACT/FACT level of care and a step-down program called FSP Intensive Case Management (FSP-ICM). Due to expanded criteria, the Department expects more individuals will qualify for FSP services</p> <p>The ACT/FACT program will focus on delivering services to individuals with complex and significant functional impairment while FSP-ICM will focus on clients with less acuity (moderate to significant functional impairment). We are working to increase the capacity of FSP by creating this continuum of care and expanding the number of teams for each program countywide for both directly operated and contracted providers.</p> <p>Under BHSA, the Department will be enhancing services for individuals with co-occurring disorders.</p>

## ▶▶ Priority Goal #1: Access to Care Goal for Improvement

The timely and appropriate use of health services to achieve the best possible health outcomes, inclusive of all modalities. Improving Californians' access to care is necessary for improving outcomes.

- Does your program help to increase your county's level of access to care? Yes JB1
- FSP increases the county's level of access to care for high acuity and vulnerable individuals by incorporating a "no wrong door" policy and coordinating services to address client needs instead of redirecting them to other departments or programs.
- BHSA FSP funding will increase; therefore, the FSP program will expand countywide, and the FSP criteria is much broader which will increase the number of eligible individuals.
  - ◁ This will be reviewed by monitoring penetration rates annually.
- The Department expanded access to FSP with the creation of the Universal Entry Referral form and portal for referrals from the greater community including Metro and other street outreach workers.

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**JB1** Is this supposed to be here?  
Jaclyn Baucum, 2025-09-12T02:17:23.037

**KG1 0** Yes, this is the literal question and answer from the IP.  
Kalene Gilbert, 2025-09-12T03:07:25.709

## ▶▶ Priority Goal #2: Homelessness Goal for Reduction

**People who are homeless or at risk of homelessness. Addressing the increase in statewide homelessness is crucial to ensuring unhoused individuals living with significant behavioral health needs receive regular access to behavioral health treatment and safe and stable housing where they can recover.**

- Does your program help to reduce your county's level of homelessness? Yes. JB1
- FSP is specifically designed to address the needs of individuals with SMI who are homeless or at risk of being homeless. FSP teams assist individuals in all steps needed to obtain temporary shelter and ultimately permanent housing. FSP providers link individuals to bridge housing, facilitate access to housing programs/permanent housing, provide move-in support, and work diligently to help individuals maintain and sustain their housing. FSP providers partner with community agencies to link individuals to housing programs.
- Reductions in homeless will continuously be monitored through outcomes data. The outcomes data has demonstrated that participation in LAC-DMH FSP programs reduces homelessness (LAC-DMH MHSA Annual Update Fiscal Year 2023-24).
- FSP funding will no longer cover rental assistance. This support will be available through multiple resources, including but not limited to, the Medi-Cal Community Supports benefit and the Housing component of BHSA.

JB2

## Slide 7

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**JB1** Same Q here  
Jaclyn Baucum, 2025-09-12T02:18:06.945

**JB2** This should just say Medi-Cal Community Supports Benefit  
Jaclyn Baucum, 2025-09-12T02:18:58.509

**KG2 0** Agreed. I made the change  
Kalene Gilbert, 2025-09-12T03:08:29.212

## ▶▶ Priority Goal #3: Institutionalization Goal for Reduction

**People who are homeless or at risk of homelessness. Addressing the increase in statewide homelessness is crucial to ensuring unhoused individuals living with significant behavioral health needs receive regular access to behavioral health treatment and safe and stable housing where they can recover.**

- Does your program help to reduce your county's rate of institutionalization? Yes.
- FSP is specifically designed to address the needs of individuals with SMI who are high utilizers of psychiatric hospitalization/emergency services and those at risk. FSP teams provide intensive community-based services which include assessment, psychotherapy, rehabilitation services (e.g., life skills and Activities of Daily Living), peer services, and medication support services to promote recovery with the goal of decreasing and preventing future psychiatric hospitalizations.
- Reductions in psychiatric hospitalizations will continuously be monitored through outcomes data. Outcomes data has demonstrated that participation in LAC-DMH FSP programs reduces psychiatric hospitalizations and increases independent living (LAC-DMH MHSA Annual Update Fiscal Year 2023-24). JB1

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**JB1** How do FSP teams tie into hospital liaisons?

Jaclyn Baucum, 2025-09-12T02:19:58.197

**KG1 0** I think the liaisons make referrals. But I haven't looked at workflow in a while.

Kalene Gilbert, 2025-09-12T03:18:20.677

## ▶▶ Priority Goal #4: Justice Involvement Goal for Reduction

**Reducing adults and youth living with behavioral health needs who are involved in the justice system - including those who have been arrested, are living in, who are under community supervision, or who have transitioned from a state prison, county jail, youth correctional facility, or other state, local, or federal carcel settings where they have been in custody of law enforcement authorities.**

Does your program help to reduce your county's level of justice-involvement for those living with behavioral health needs? Yes.

- FSP is specifically designed to address the needs of individuals with SMI who are justice-involved or at risk. FSP teams provide intensive community-based mental health services including peer services to promote recovery and help individuals achieve community re-integration and maintain family and social supports.
- The Department partnered with DHS Office of Diversion and Re-Entry for their DREAM program to create a direct pathway to FSP services for the Justice Involved (JI) population. The program links individuals leaving the jail setting to FSP programs.
- Reductions in justice involvement will continuously be monitored through outcomes data. Outcomes data has demonstrated that participation in LAC-DMH FSP programs reduces justice involvement (LAC-DMH MHSA Annual Update Fiscal Year 2023-24). JB1
- Under BSHA, the Department will be implementing the FACT program – Forensic Assertive Community Treatment. FACT addresses the complex needs of individuals living with significant behavioral health needs who are also involved with the criminal justice system.

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**JB1** Will this still be funded? For some reason I thought it might not be.

Jaclyn Baucum, 2025-09-12T02:20:35.904

**KG1 0** Good question, we've been funding the housing, DMH pays for the FSP, even if we stop funding the housing, we would continue to take referrals into FSP.

Kalene Gilbert, 2025-09-12T03:17:43.083

# Questions?



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