

SECOND REPORT

**SETTLEMENT AGREEMENT OF
TULARE COUNTY
&
DISABILITY RIGHTS OF CALIFORNIA
(DRC)**

Final Report

Submitted on September 23, 2026

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INTRODUCTION

This report represents the Second Expert Reviewer Report under the Settlement Agreement entered into between Disability Rights California (DRC) and Tulare County Health and Human Services (HHSA), the “Parties.” The Agreement resolves claims by DRC against the County relating to violations of Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12131 *et seq.*, as interpreted by the United States Supreme Court in *Olmstead v. L.C.*, 527 U.S. 581 (1999); Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §§ 794 *et seq.*; the Medicaid Act, 42 U.S.C. § 1396a *et seq.*; California Government Code § 11135; and related laws and regulations, as set forth in the Structured Negotiations Agreement agreed by the Parties on February 7, 2023. The Settlement Agreement was executed on February 24, 2025 (the “Effective Date”).

The purpose of this Settlement Agreement is to monitor and support implementation of Tulare County’s specialty mental health services (SMHS) in the most integrated and appropriate setting to meet individual needs, and to prevent the outcomes of unnecessary institutionalization or incarceration. The Parties intend to achieve the goals of community integration and client self-determination. Strengthening the crisis systems of care and community-based service delivery, including early and preventive services for youth, are necessary to promote positive outcomes for individuals served. Additionally, these services are expected to be delivered equitably across the County’s various communities, including historically underserved communities.

This represents the second of five reports (potentially six, if extended) to be issued by the Expert Reviewer. The Expert Reviewer is responsible for monitoring the County’s progress and compliance with the specific terms and intent of the Agreement.

Components of the Settlement Agreement

The Settlement Agreement emphasizes services associated with the Crisis System of Care, including those services that can be used pre- and post-crisis to prevent the need for services that are involuntary and at restrictive levels of care. Service principles prioritize delivering SMHS and related supports that are community-based, client-driven, culturally responsive, and individually tailored. The Agreement also includes commitments regarding delivery of services, improved practices within those programs, and documentation and training that support and evidence improved practices. Some provisions include agreed-upon deadlines; for those terms that do not specify a deadline, the Settlement Agreement stipulates 18 months, unless another timeframe is agreed upon by the Parties.

In summary, this Report describes and rates the status of the 14 areas of Service Commitments, each with multiple detailed specifications described fully throughout the Report. The County is responsible for identifying and providing documentation that demonstrates evidence in the following areas:

1. **Crisis Service System** – 24-hour access to crisis services and crisis treatment services.
2. **Crisis Call Center** – 24-hour telephone line for County residents to access crisis intervention services.

3. **Mobile Crisis Teams** – provide in-person crisis intervention services 24-hours a day, 7-days a week, in the community, in accordance with State of California Department of Health Care Services (DHCS) requirements for the Medi-Cal mobile crisis benefit.
4. **Crisis Treatment Services** – programs that provide intensive crisis services, namely, a crisis residential treatment (CRT), a peer respite home, a behavioral health urgent care clinic, and a youth crisis stabilization unit (CSU).
5. **Full-Service Partnerships (FSP) and Assertive Community Treatment (ACT)** – timely access to intensive services designed for the Medi-Cal members with the highest service needs who are living in community settings.
6. **Children and Youth Services** – timely access to outpatient youth services that are community-based and coordinated across systems and agencies.
7. **Outreach and Engagement** – proactive engagement of youth and adults with severe mental illness who are at risk of institutionalization, hospitalization, incarceration, and/or homelessness.
8. **WIC 5150/5585 Policies and Practices** – ensuring that involuntary treatment is the “intervention of last resort,” and that evaluations are conducted in the least restrictive setting possible.
9. **County Conservatees at Kaweah Mental Health Hospital** – ensuring that individuals are transitioned to community-based settings most appropriate to their needs and preferences. This includes discharge planning that enlists the appropriate and least restrictive mental health services and housing options.
10. **Discharge Planning** – ensuring that discharge planning from carceral settings, inpatient hospitals, and hospital emergency departments is collaborative and proactively providing linkages to behavioral health care. This section is divided into three sections: 1) Discharge Planning from Hospitals and Emergency Departments, 2) Discharge Planning from Jail and Juvenile Hall, 3) Behavioral Health Services Provided in Jail/Juvenile Hall
11. **Culturally Responsive Services** – all services under the Agreement are expected to be accessible to individuals from diverse racial, ethnic, cultural, and linguistic groups, and specifically, the Black/African American group. This also includes obtaining community stakeholder and provider input.
12. **Data Collection and Quality Assurance** – data collection and reporting are central to the evaluation of compliance throughout the Agreement. This has required and will continue to warrant new efforts to collect and analyze data elements that have historically not been available for analysis. This section also includes Community Stakeholder Input, which is called out separately in the report.
13. **HHSA Website Content and Accessibility** – the HHSA website is expected to have a current, comprehensive description of services as well as stakeholder input opportunities. All information should be available in both English and Spanish and accessible to individuals with disabilities.
14. **Training** – trainings for staff should be revised to align with the implementation of the provisions of the Agreement, provided upon hire and at least annually thereafter.

METHODOLOGY

The County developed an Implementation Plan that included key dates and deliverables associated with the Agreement. This was an iterative process and included feedback from DRC and the Expert Reviewer.

To assess compliance with the Agreement, the Expert Reviewer is expected to have reasonable access to documents, data, records, and County and contracted staff, programs, and facilities. Evaluation of the County's compliance with the Agreement requires access to relevant data, documents, staff, and clients. To enable sharing of data and documents, the County developed a Microsoft Teams/SharePoint site, where they could upload documents that are relevant to the Implementation Plan. These documents are accessible to both the Expert Reviewer and DRC. Documents that were emailed to the Reviewer were subsequently uploaded to the shared site in the folder labeled "IP Evidence," in one of the subject sub-folders. Documents can be uploaded to the site at any time by the County but are expected to be generally complete 60 days prior to the due date of the Draft Report. The County provided documents relevant to this report between May and August 2026.

During the production of this report, the County was responsive to requests for additional information and documents. A number of documents were both requested and provided in the week or two prior to issuing the Draft Report. Some questions were necessary absence of information in the Implementation Plan for some of the components.

Pursuant to the Agreement, the parties will be provided an opportunity to review and provide feedback on a draft of this Report before it becomes final. The parties are encouraged to offer additional information, documentation, or clarification to be considered for inclusion in the Final Report. All feedback will be given consideration but may not necessarily be included as Findings.

Thirty days after receipt of the Final Report, the Parties have agreed to meet to review and discuss the Findings and Recommendations. Then, within 45 days of receipt of the Final Report, the County is expected to update its documentation – the Implementation Plan in its current or an alternate format – to specify activities and timelines that will be conducted to move toward Substantial Compliance. The Expert Reviewer and DRC will have 30 days to meet and confer regarding the County's plans for remediation and may provide feedback on the County's plans for improvement. The County is encouraged to consider that feedback and make relevant revisions to its plans.

Recommendations are offered in this report as potential pathways to achieving compliance. There may be other methods to achieve compliance as well. Ultimately, the path forward should be memorialized in the Implementation Plan or other documentation.

This is the Second Report Draft, issued at 18 months into the Settlement Agreement. A Report will be issued every six months, the Fifth/Final Report is expected on February 24, 2028. The Settlement Agreement is expected to be terminated three months thereafter, unless the Fifth Report finds noncompliance, in which case the Settlement Agreement extends for an additional six-month review period and a Sixth/Final Report.

The next site visit is anticipated in December 2026, with the draft of the Third Report due to be delivered to the Parties in draft January 2027 and in final form on February 24, 2027.

Data Provided by Tulare County

The County is expected to establish a process for providing data to support the analysis of compliance. This is referred to in the Settlement Agreement as “updated data collection strategies,” for completion within the first six months of this Agreement. Within 12 months, the County “shall implement a system for tracking information collected under this Agreement on an ongoing basis.” The Settlement Agreement recognizes that developing a comprehensive data collection methodology is an ongoing process, and there are a number of data elements that are needed for evaluation for several Service Commitments that require new data collection methodologies and/or data exchange.

The County is expected to update data and reports 60 days in advance of the Draft Report. The County developed several reports in Power BI that are current and accessible to the Reviewer at any time. Creating these reports has been an iterative process and reflected a commitment of staff expertise and resources to develop. Thus far the County has largely provided data that is available in its EHR. This review period also included data submitted to the County by contracted agencies as their KPIs. However, there are a number of areas in which it does not appear that progress has been made in expanding the data collection. This is particularly reflected in Power BI reports that have headers for originally requested data, but that data does not exist in a manner that can be brought into the Power BI report.

The vast majority of the data reports for this report were run on July 6, 2026. The FSP/ACT service data was re-run on August 21, 2026, as the initial data appeared to be incomplete such that it significantly impacted one of the KPIs (the updated data showed better performance). It is important to note that the data is to some extent incomplete for the time frame, particularly for contracted providers that deliver services and do not document directly in the County’s EHR when the service is delivered. This is especially true for inpatient hospitals other than Kaweah. Most measures displayed in this report utilize refreshed CY 2025 data if the data in the First Report had been originally run on January 10, 2026. Reports that were run in March 2026 after the first Draft Report and before the Final Report were not refreshed as they were likely substantially complete.

Key Performance Indicators

As required by Section D.2.d of the Agreement, Key Performance Indicators (KPIs) will be used to measure outcomes related to compliance with measurable components of the Settlement Agreement. The Expert Reviewer calculated the KPIs presented in this report from data provided by Tulare County. The KPIs are intended to measure meaningful improvements in the County’s community-services system and de-institutionalization and decarceration efforts. They are designed to measure improvements over the County’s current baseline numbers that are achievable within the specific timeframes set by the Agreement. Meeting the Goal for a given KPI is necessary to rate a service commitment in Substantial Compliance under Section D.3.4 of the Agreement, but in itself may not be sufficient to meet a requirement (e.g., if the Settlement Agreement calls for additional specific actions not necessarily reflected in the KPI).

The KPIs and Goals are specific to this Agreement and may not be appropriate for measuring other systems of care. They may incorporate but do not necessarily represent state or national standards.

A list of all KPIs and corresponding outcome Goals is outlined below, with analysis of specific KPIs/Goals included in the relevant section(s) of this Report.

Ensuring that the KPIs reflect the intended metric may require updates as the Reviewer gains a deeper understanding of the underlying data source and the available data. Accurate interpretation of service data requires an in-depth understanding of service delivery, data collection methods, and how workflow and specifics of services have implications for the data provided. For these reasons, with feedback from the Parties, there may be additional need to amend EHR reports – and additional analysis conducted – so the data is a valid reflection of the facts and the KPIs reasonably measure progress throughout the entire term of the Settlement Agreement. Some but not all of the requests for updated EHR reports were completed for this report.

Some of the definitions are updated for improved specificity. If a change in definition results in a change in the data presented in the prior report, then this is discussed in the relevant section of the report. For each KPI, the definitions of the numerator and denominator are outlined in **Attachment A**. In some cases, recent input from Tulare County suggests alternate data sources for the KPI data, and in those cases data that was included in the First Report may not be represented in this report.

Attachment B includes the numbers that form the rates as numerators and denominators for the three time frames displayed.

It is important to note that the most recent period is 6 months and prior periods were 12 months. This should be viewed as somewhat preliminary until the next report which will include the entire year of CY 2026. The time frame (January through June 2026), is reflected as “2026 Q1-Q2” in this report.¹ Due to the differing time frame of the data reflected in this report, there are no comparisons to the baseline in the table displays of this report. Comparisons to either the baseline year or 2025 may be included in the narrative.

KPIs not reported were indicated as NR in the First Report. However, because the Settlement Agreement defines Not Rated (NR) for the service commitments, the KPIs that do not have available data are indicated as “ND” for “no data.” This may indicate that the data is not readily available to the County or is not collected. It is expected that over time fewer measures are cited as ND.

In this report NA refers to Not Applicable. This applies, for example, to the youth CSU measures in CY 2024 and CY 2025, when the program had not yet been implemented. Similarly, this applies to some of the ACT/FSP measures associated with specialties of team members, as Tulare has not implemented this aspect of ACT/FSP (i.e., an SUD specialist, housing specialist, and vocational specialist as ACT/FSP team members).

Any changes to Goals are indicated here with a footnote. Any footnotes regarding the data itself are included and detailed later in the report when the KPI is presented in relation to the service commitments.

Attachment C introduces analysis for several measures comparing service use by race/ethnicity demographics as reported in the EHR. It should be noted that these are comparisons and do not imply a particular causation. Furthermore, other factors such as variation in client need could not be accounted

¹ Some of the numbers have been updated from the prior report based upon identifying improved methodology (e.g., removing duplicate entries, removing outpatient episodes with 0 days length of stay, reporting an unduplicated rather than a duplicated client count, etc.)

for. That said, differences between groups warrants review and consideration of implications. This includes several tables and charts to compare: utilization of outpatient, MCRT, FSP/ACT, and inpatient services; inpatient average length of stay (ALOS); and follow-up in outpatient services after inpatient discharge. Additional measures can be added to this analysis to the extent that the data is available.

List of Key Performance Indicators

KPI #	Key Performance Indicators	Baseline CY 2024	CY 2025	2026 Q1 Q2	Goal
1A	Calls to Call Center on hold longer than 3 minutes	ND	44 ²	18	Reduce
1B	Call Center Calls Directly Answered or Hold Time Less than 1 minute	ND	95.7%	97.8%	98%
2	Timely MCRT Response	85.1%	93.7%	76.9%	95%
3A	Sequential or Co-Response with LEA	17.7%	13.7%	18.0%	-- ³
3B	MCRT Requests LEA involvement	ND	9.2%	11.4%	TBD ⁴
4	MCRT Resolved at Scene	80.7%	66.0%	69.1%	80%
5	Successful 72-hour Follow-Up	63.7%	55.7%	96.5%	75%
6	MCRT Care Coordination Evidenced by Outpatient Program	11.2%	10.8%	8.9%	60%
7	MCRT (New) Clients Receiving Assessment within 30 Days	17.6%	16.6%	28.1%	60% ⁵
8	MCRT Clients Receiving any Outpatient Service within 30 days	33.0%	59.6%	49.4%	75%
9	FSP/ACT Clients Received Crisis Intervention from FSP/ACT Team	20.7%	30.1%	47.9%	50%
10	CRT Admission Referral Source was MCRT ⁶	ND	ND	ND	50%
11	Timely Access to CRT	ND	ND	ND	80%
12	Timely Contact for FSP/ACT Referrals	ND	ND	ND	80%
13	FSP/ACT Client Engagement (4 services)	90.8%	91.8%	81.8%	90%
14A	Timely initial FSP/ACT service (within 10 business days) ⁷	65.7%	69.5%	81.3%	80%
14B	Timely second FSP/ACT service (within 10 business days)	80.7%	86.2%	89.9%	80%
15	FSP/ACT Clients Receiving PSS Services	NA ⁸	18.2%	18.1%	50%
16	FSP/ACT Service Contacts Delivered in the Field	32.4%	31.7%	44.4%	75%
17	Successful Discharge from FSP/ACT Services	18.2%	12.7%	12.0%	40%
18	Unhoused FSP/ACT Clients Move into Housing	ND	ND	ND	75%
19	FSP/ACT clients receiving supported employment from team	ND	ND	ND	TBD

² This data was provided for July – December 2025. The entire CY 2025 is needed.

³ It has become apparent since production of the First Report that this data represents the initial call-out. The County has no control over this number as it is based upon LEA requests for assistance or referral from their dispatch for MCRT response. A higher percentage would indicate that LEA is involving MCRT in its responses, which is considered positive compared to LEA-only response for mental health conditions.

⁴ Pending development based upon new definition of measure.

⁵ Goal reduced to align with KPI #23, recognizing that some of the individuals served by MCRT have private insurance and would not follow-up with the County MHP for services.

⁶ Data previously displayed for this measure was based upon a CRT admission occurring within 10 days of an MCRT service. Because this is not a true reflection of MCRT referrals to CRT, the County will provide data collected from

⁷ This measure's data source may be updated for the next report.

⁸ This service was not delivered in 2024.

KPI #	Key Performance Indicators	Baseline CY 2024	CY 2025	2026 Q1 Q2	Goal
20	FSP/ACT clients receiving SUD support from team	ND	ND	ND	TBD
21	Timely Access to Care for Youth	63.2%	77.9%	80.5%	80%
22	Post-MCRT Youth Intake Assessment Occurred Within 30 Days	43.9%	52.6%	21.5%	80%
23	Youth with Timely MHP Service after MCRT Service	45.2%	45.2%	55.4%	60%
24	Youth Outpatient Episodes Closed Due to Lack of Engagement	47.2%	37.9%	23.7%	< 25%
25	Youth Placed in Group Home/STRTP (unduplicated count of youth)	38	33	15	Reduce
26	Successful Discharge from WRAP/TBS Services	19.3%	31.0%	23.7%	50%
27	Clients Referred to Outreach and Engagement Services	161	280	127	Increase
28	Clients Received Outreach and Engagement Services	ND	ND	ND	75%
29	Outreach Resulted in Successful Engagement in Services	ND	ND	ND	-
30	5150 Holds lasting longer than 72 hours without placement	85	33	23	Reduce
31	5250 Hearing Held in ED if Hold lasted longer than 72 hours	37.7%	42.4%	17.4%	75%
32	Follow-up within 30 days after ED visit for mental illness ⁹	53.2%	61.5%	TBD	57.1% ¹⁰
33	Follow-up within 7 days after Psychiatric Hospitalization Discharge	46.8%	48.4%	58.7%	55%
34	Received Peer Support Services during Inpatient Hospitalization (and/or Incarceration)	ND	ND	ND	25%
35	Kaweah Inpatient Admissions Longer than 60 Days	4	4	1	Reduce
36	LPS Conservatorship Initiated and Placed in MHRC/IMD	12	23	12	12
37	New Clients Discharging from Jail/Juvenile Hall Receive Timely Services ¹¹	ND	ND	ND	80%
38	ROI Results in Care Coordination While in Jail/Juvenile Hall	ND	ND	ND	TBD
39	Youth CSU Discharges within 24 hours of Admission	NA	NA	87.9%	90%
40	Youth CSU Diversion from Inpatient vs Inpatient Admissions ¹²	NA	NA	NR	75%
41	Youth CSU Admissions within one day of MCRT Service	NA	NA	19.3%	TBD

⁹ This measure, among others, is tracked by DHCS annually.

<https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerFEAS.aspx> It is published for the County MHP staff to download, along with demographic information, in DHCS's Medi-Cal Connect database.

<https://www.dhcs.ca.gov/medi-cal-connect/>

¹⁰ DHCS's Minimum Performance Level (MPL) is based upon the prior year's national median for the HEDIS measures.

¹¹ Clients referred by Criminal Justice in TADT Reporting is a subset of those discharging from a carceral setting who are eligible for MHP services, but it would represent a useful measure to start. DHCS requires tracking this effective October 2026 under the DHCS CalAIM Justice Initiative: <https://www.dhcs.ca.gov/calaim-transforming-medi-cal/justice-involved-reentry-initiative/>

¹² This KPI was added to measure impact of the newly implemented Youth CSU. The data available through the Youth Service Caseload Report does not include specificity of the discharge status to determine the diversion rate. This was not specifically requested of the County prior to this report.

Review Activities Conducted

The content in this report is based upon the totality of information available to the Reviewer, which included meetings, documents published by the County and State Department of Health Care Services (DHCS) – which oversees the County’s Mental Health Plan (MHP) contract to serve Medi-Cal members – as well as documents provided by the County, onsite observations, online information, medical record review, and data analysis. This represents roughly the period of January through June 2026.

1. **Meetings with HHSA BH DRC Coordinator (“DRC Coordinator”)**, who is responsible for coordination relating to the Settlement Agreement. The Expert Reviewer worked with the DRC Coordinator to develop plans and mutually clarify areas of review and evidence provided.
2. **Meetings with HHSA BH DRC Implementation Team** which included the DRC Coordinator and Clinical counterpart who oversee the implementation, along with other executive leaders (including Deputy Director of Clinical Services), Administrative Specialists, and EHR team members as needed.
3. **Review of the updated Implementation Plan (IP)** which is the primary document for communicating progress and planned activities. In accordance with the Settlement Agreement, of the updates were added on or before June 22, 2026, after review of the First Report. There were a number of areas of the IP associated with August 2026 deadlines in which the County stated: “Findings and recommendations will be taken into consideration as we approach the deadline for this service commitment,” but did not include information regarding progress or planned actions.
4. **Observation** of Behavioral Health Board meetings – these meetings were previously held monthly. Beginning 2026, the BH Board meetings are scheduled quarterly. Meeting Agendas are posted but meeting Minutes are not.
5. **Review of Website information** and documents available on the Tulare County HHSA website.
6. **Review of documents** provided by the County as evidence. These documents include Policies and Procedures, meeting minutes, reports, contracts, Memoranda of Understanding (MOUs), and training documents. Additional relevant documents were requested through the DRC Coordinator or may have been obtained online.
7. **Review and analysis of data** based primarily on reports from the electronic health record (EHR) provided by the County. These reports formed the basis of additional analysis conducted and the development of performance indicators (rates or client counts) used for quantitative evaluation of the County’s implementation. Some measures already represent reasonable performance and will be monitored in case of change.
8. **Review of clinical records:**
 - a. MCRT services:
 - i. Identified as 911 Transfer: 4 charts
 - ii. Identified as LEA Co-Response: 5 charts
 - iii. Clinical service was less than 50 minutes in duration: 11 charts
 - b. FSP/ACT clients that had services delivered after inpatient discharge: 8 charts

- c. Jackson House CRT cases that were discharged as AWOL or AMA: 10 charts
 - d. Outreach and Engagement referrals: 12 charts
9. **The site visit** was split into 2.5 days onsite followed by several video meetings. The onsite review occurred June 2-4, 2026. In the following weeks the video meetings occurred.
- a. **Site Visits**
 - i. **Youth Crisis Stabilization Unit (CSU)** tour of site and discussion with program director, psychiatrist, and other key staff
 - ii. **Kaweah Mental Health Hospital** tour of site and discussion with program leadership and tour
 - iii. **Jackson House Crisis Residential Treatment (CRT)** tour of site and discussion with program director
 - iv. **Client Focus Groups**
 - 1. **Clients receiving ACT/FSP services**, held at Visalia Adult Integrated Clinic
 - 2. **Clients at the Jackson House CRT**
 - 3. **Informal discussion with clients at the Kaweah Hospital**
 - b. **Onsite Meetings**
 - i. **Public Guardian and Deputy Public Guardian**
 - ii. **Discussion with Health staff at Adult and Juvenile Hall facilities**
 - c. **Video Meetings in lieu of onsite discussion** – The participants were gracious and flexible as some of the sessions had to be rescheduled due to Reviewer illness.
 - i. **Cultural Competence Committee** representatives including the Ethnic Services Manager
 - ii. **ACT/FSP Managers and Supervisors** – though requested, this group did not include representatives from the various existing programs but included the two supervisors and the manager from the former Visalia ACT team, now converting to the FSP ICM team.
 - iii. **ACT/FSP line staff** – though requested, this group also did not include broad program representation and was primarily several staff from the former Visalia ACT team, now converting to the FSP ICM team, as well as one staff from the Visalia Adult FSP program.
 - iv. **Youth Clinical Line Staff** who conduct assessments in outpatient programs.
 - v. **Peer Support Specialists**, which included PSS staff from the Wellness Center, Kings View One Stop, and Visalia Adult Integrated Clinic.

d. **Site Visit Components Not Held:**

- i. **Observation of Outreach and Engagement activities** – the County indicates that this function was in transition and field observation would not be beneficial.
- ii. **Youth Clinical Line Staff who conduct QI Assessments for STRTP programs** – these staff were not included in the Youth Clinical Line staff meeting. This was discussed and will be included in the next site review.
- iii. **Interviews with FSP/ACT Staff were limited in scope:**
 1. **FSP/ACT Direct Service Staff** – this session requested multiple programs both county and contract for FSP and ACT. It included only County staff, mostly staff who were transitioning out of ACT roles into FSP-ICM roles, and one Visalia FSP staff.
 2. **FSP/ACT Leadership** – this session requested Supervisors or Managers (one person representing a program, either a manager or a supervisor) but only included representation of the former Visalia ACT team, its two supervisors and manager.

Compliance Ratings

This report will describe its Findings organized by the above 14 categories and each element within those categories is provided with a rating. The elements are expected to be in Substantial Compliance by the end of the three-year period, or at a minimum, on a clear trajectory toward Substantial Compliance.

The ratings for each review period are based upon analysis of data, documentation, and observations. The full definition of each Compliance Rating is set forth in Section D.4 of the Agreement. The ratings are summarized below.

- **Substantial Compliance (SC)** indicates that the County has achieved compliance with most or all components of the relevant provision of the Agreement for both the quantitative (e.g., achieving the Performance Indicators identified in the Implementation Plan) and qualitative (e.g., consistent with the larger purpose of the Agreement) measures. Noncompliance due to minor and infrequent violations that are not systemic, or due to an isolated or temporary failure to comply during a period of otherwise sustained Substantial Compliance, will not on its own constitute a failure to satisfy Substantial Compliance.

The Expert will track progress towards the KPIs in each Report and as part of determining whether the County achieved Substantial Compliance. If an individual compliance measure necessitates either a lower or higher percentage to achieve substantial compliance, it will be so noted by the Expert. Substantial Compliance must be sustained for a period of at least twelve (12) months in order for monitoring of that indicator to conclude as the outcome would be considered met, subject to Section D.4.a.(v). In tracking progress towards the KPI Goals, the Expert will take into account factors that are outside the County's control.

- **Partial Compliance (PC)** indicates that compliance has been achieved in some components of the relevant provision, but significant work remains. Activities may be in a planning phase or early implementation.

- **Non-Compliance (NC)** indicates that most or all the components of the relevant provision have not been addressed. Unless the item stipulates a due date beyond 18 months (August 2026), any item without demonstrated evidence of implementation receives this rating.
- **Unratable/Not Rated (NR)** indicates that the Expert Reviewer was not provided with the necessary material to assess the implementation of the provision. This also includes factual circumstances such as planned timelines that make it impossible to review or expect implementation at the present time.
- **Monitoring Suspended (MS) Based on Previous Findings of Compliance** may be used where two previous successive Reports have found that the provision has been Substantial Compliance, for a total of twelve (12) months. This rating may apply at the time of the Third Report.

This report displays the rating from the First Report (R1) and the current rating for the Second Report (R2).

Recommendations

Recommendations regarding implementation activities that the County could take to move toward substantial compliance are included at the end of each Service Commitment category. These are offered through quality improvement lens and suggest a continuous improvement approach, where results are best achieved through detailed planning, implementing in incremental steps, collaboration in the evaluation, and additional changes based upon feedback.

Recommendations are separated into those presented in the First Report (or substantially similar) and New Recommendations. The recommendations from the First Report are included when there does not appear to have been substantive progress associated with the related component; or there may have been progress, but the recommendation still applies. New recommendations may be offered based upon new information in the reporting period – informed by the data, documents, or the site visit.

Recommendations may be amended, or additional Recommendations may be added, upon review of any additional information put forth by the County after review of the Draft Report when the report is finalized. The County is invited to propose alternate activities, and the recommendations can be adjusted based upon planned activities.

Under the Agreement, the County is required to outline its implementation activities and strategies , including through updates to its Implementation Plan. These Implementation Plan updates should demonstrate how the County’s planned activities will lead to compliance with the Agreement terms, along with the identified evidence to be provided.

FINDINGS

Summary of Ratings

The Service Commitments outlined in the Settlement Agreement are outlined below (sometimes with abbreviated language), along with the rating for this review period and the prior review period, so that progress can be appreciated. The full language and details regarding the implemented are described in the relevant section of this report.

The vast majority of areas of the Settlement Agreement warrant review at 18 months in this report. The areas not yet assessed are: overall evaluation of the Crisis Service System (pending implementation of all Crisis Treatment Services) and two of the planned Crisis Treatment Services (Peer Respite, Urgent Care). The FSP/ACT services, Youth CSU, Conservatees at Kaweah Hospital, Culturally Responsive Services, and Trainings for the Settlement Agreement are largely newly rated in this report.

Unless the Settlement Agreement specified a due date beyond 18 months, a component that is not implemented at all may be rated as NC. There are a few items that specify implementation by 24 months; those items remain NR. Additionally, a few components were not rated for reasons that can be attributed to the Reviewer not identifying requests for relevant information or other circumstances described are also rated NR for this report.

When the Service Commitment includes an applicable corresponding KPI, that KPI goal is a necessary but may not be sufficient for achieving a rating of SC. Some Service Commitments have multiple KPIs. The KPIs are numbered according to their display on pages 7-8. Additional available data may also be used to support compliance of any Service Commitment and is generally offered in table form within the report section.

It should also be noted that these ratings are considered draft and may change in either direction based upon feedback or additional information from the Parties.

Rating	Prior Ratings (R1)	Current Ratings (R2)
Substantially Compliant (SC)	14	33
Partially Compliant (PC)	39	60
Not Compliant (NC)	18	31
Not Rated (NR)	109	56
Total Settlement Agreement Items	180	180

Overview of Ratings by Service Commitment

Each Service Commitment shows the ratings for both review periods as well as the required KPI, if applicable.

Each section of Findings introduces the Service Commitments and applicable performance indicators, followed by a description of the above findings. Where the individual elements of the Service Commitments are related and have similar ratings, performance indicators, and/or narrative information, they are grouped together to reduce duplication of information. In some cases, this changes the order of

display of the components within the Service Commitment category, but they retain the numbering associated with the provision in the Settlement Agreement, listed below.

Provision	Service Commitment Requirement	KPI	R1	R2
C.1. Crisis Service System – Not Rated For This Report				
C.1.b.i.	Be available 24 hours per day, seven days per week, throughout Tulare County.		NR	NR
C.1.b.ii.	Timely and accessible, without removing from the community when possible.		NR	NR
C.1.b.iii.	Employ age-appropriate, Person-Centered, Trauma-Informed, Culturally Responsive, and Gender-Affirming practices.		NR	NR
C.1.b.iv.	Provide interventions to prevent and divert away from emergency departments and/or psychiatric hospitalizations, interactions with law enforcement, and/or incarceration to the greatest extent possible.		NR	NR
C.1.b.v.	Coordinate care with open MHP program or refer to appropriate services		NR	NR
C.1.b.vi.	Arrange for or provide transportation to a person's home, place of residence, or an appropriate Crisis Treatment Services setting.		NR	NR
C.1.c.	Implement written policies regarding Crisis Services, consistent with state and federal law and this Agreement. This Agreement shall apply to County and County-contracted providers.		NR	NR
C.2. Crisis Call Center				
C.2.a.	Maintain a telephonic service (with text and online chat capability available with 988) with capacity and training to de-escalate crises over the phone or through text/chat.	1	PC	SC
C.2.b.	Crisis Call Center will be available to all County residents 24 hours per day, seven days per week.	1	PC	PC
C.2.c.	Crisis Call Center staff will be available to triage calls, provide Crisis Intervention Services, and deploy County Mobile Crisis Teams when an in-person response is appropriate.	1	SC	SC
C.2.d.	Staff the Crisis Call Center with behavioral health professionals trained in Crisis Intervention and National Suicide Prevention Lifeline ("NSPL") standards for risk assessment and engagement of individuals at risk of suicide. Have the ability to coordinate care in real time.	6	PC	PC
C.2.e.	The County shall coordinate with agencies responsible for managing urgent and emergency care response lines, including but not limited to local and regional 911 and 988 lines, to ensure there is "no wrong door" for accessing Crisis Services.		PC	PC
C.2.f.	Ensure that the availability of the Crisis Call Center and its phone number are widely disseminated to County residents, including but not limited to by posting such information on the HHSA website.		PC	PC
C.2.g.	Maintain a data dashboard tracking crisis calls in real time, which the County will use to optimize crisis-system functioning.		NR	PC
C.3. Mobile Crisis Teams				
C.3.b.i.	Provide community-based crisis de-escalation, safety planning, and connection to community resources. A WIC 5150/5585 evaluation service shall only be provided as an intervention of last resort.	4	SC	SC

Provision	Service Commitment Requirement	KPI	R1	R2
C.3.b.ii.	Be dispatched to provide Crisis Intervention Services in a community setting to the greatest extent possible.	2	SC	SC
C.3.b.iii.	Provide services in lieu of law enforcement, including co-response teams, to the greatest extent possible.	3	SC	SC
C.3.b.iv.	Be able to respond to individuals 24 hours per day, seven days per week.	2	SC	SC
C.3.b.v.	Have team members stationed with the ability to respond within 60 minutes of being contacted for urban/suburban areas, and within 120 minutes of being contacted for rural areas.	2	PC	PC
C.3.b.vi.	Comply with staffing requirements established by DHCS for the Medi-Cal Mobile Crisis benefit.		SC	SC
C.3.b.vii.	Meet individuals face-to-face onsite in their homes or other community settings in order to de-escalate crises without removing the individual from their home and/or community.	4	SC	SC
C.3.b.viii.	Provide appropriate crisis intervention services until the crisis subsides.		PC	SC
C.3.b.ix.	Connect individuals with community-based BH services as appropriate to meet individual needs in the least restrictive and most integrated setting.	4 7 8	PC	PC
C.3.b.x.	Coordinate with law enforcement personnel and have policies and procedures in place ... with the goal of reducing or eliminating law enforcement involvement in crisis response.	3	PC	PC
C.3.c.	Mobile Crisis Teams shall follow-up with individuals receiving Mobile Crisis Team services within seventy-two (72) hours of the initial mobile crisis response to support continued resolution of the crisis.	5 7	PC	SC
C.3.d.	For individuals served by an FSP, ACT, or Youth Services team, such team will respond to these individuals' crises whenever possible and will function as the Mobile Crisis Team for these individuals.	9	PC	PC
C.3.e.	As of January 1, 2024, or as soon as a new vendor is contracted to provide comprehensive Mobile Crisis Team services under Section C.3.a. above, the County will cease providing crisis services through the Psychiatric Emergency Team ("PET").		SC	SC
C.4. Crisis Treatment Services: Crisis Residential Treatment				
C.4.a.	The County will maintain an appropriate number and mix of six (6) or more community-based adult Crisis Treatment Service beds that allow individuals to stay short-term in a residence other than their home or program, as needed to avert or resolve a behavioral health crisis, consistent with the standards for Crisis Treatment Services below. The County may operate its Crisis Treatment Services through County-contracted providers.		SC	SC
C.4.a.i.	Have capacity to serve adults, children and youth.		SC	SC
C.4.a.ii.	Be available to individuals experiencing or recovering from a crisis for short-term stays and provide support to avoid escalation of a crisis.	10	PC	PC
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	10	PC	PC

Provision	Service Commitment Requirement	KPI	R1	R2
C.4.a.iv.	Be provided in non-hospital, non-congregate environments that are therapeutic, calming.		NR	SC
C.4.a.v.	Provide individuals with their own room, consistent with individual needs.		PC	PC
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.		PC	PC
C.4.a.vii.	Have capacity to accommodate stays ranging from a few hours to several days. Stays should ordinarily last no more than seven (7) days.		SC	SC
C.4.a.viii.	Be operated with sufficient clinical support and oversight. Trained staff will be onsite at all times. Staff shall include Peer Specialists to the greatest extent possible.		NR	SC
C.4.a.ix.	Accept admissions directly from the County's Mobile Crisis Teams, treatment teams, and on a walk-in basis.	10 11	PC	PC
C.4.a.x.	Have sufficient capacity to provide SUD Services for people with co-occurring MH disabilities and SUD.		SC	SC
C.4.a.xi.	Be physically accessible as needed to meet individual needs.		NR	SC
C.4. Crisis Treatment Services: Peer Respite Home – Not Rated For This Report				
C.4.a.	Within twenty-four (24) months of the date of this Agreement, the County shall identify and fund acquisition of property for use as a Peer-Respite Home within Tulare County. The County shall contract with one or more peer-led community providers to staff and operate the Peer Respite Home.		NR	NR
C.4.a.i.	Have capacity to serve adults, children and youth.		NR	NR
C.4.a.ii.	Be available to individuals experiencing or recovering from a crisis due to their mental health disability for short-term stays and provide support to avoid escalation of a crisis.	TBD	NR	NR
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	TBD	NR	NR
C.4.a.iv.	Be provided in non-hospital, non-congregate environments that are therapeutic, calming.		NR	NR
C.4.a.v.	Provide individuals with their own room, consistent with individual needs.		NR	NR
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.		NR	NR
C.4.a.vii.	Have capacity to accommodate stays ranging from a few hours to several days. Stays should ordinarily last no more than seven (7) days.	TBD	NR	NR
C.4.a.viii.	Be operated with sufficient clinical support and oversight. Trained staff will be onsite at all times. Staff shall include Peer Specialists to the greatest extent possible.		NR	NR
C.4.a.ix.	Accept admissions directly from the County's Mobile Crisis Teams, treatment teams, and on a walk-in basis.	TBD	NR	NR
C.4.a.x.	Have sufficient capacity to provide Substance Use Disorder Services for people with co-occurring mental health disabilities and Substance Use Disorders.	TBD	NR	NR
C.4.a.xi.	Be physically accessible as needed to meet individual needs.		NR	NR
C.4. Crisis Treatment Services: BH Urgent Care – Not Rated For This Report				
C.4.a.i.	Have capacity to serve adults, children and youth.		NR	NR

Provision	Service Commitment Requirement	KPI	R1	R2
C.4.a.ii.	Be available to individuals experiencing or recovering from a crisis due to their mental health disability for short-term stays and provide support to avoid escalation of a crisis.	TBD	NR	NR
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	TBD	NR	NR
C.4.a.iv.	Be provided in non-hospital, non-congregate environments that are therapeutic, calming.		NR	NR
C.4.a.v.	Provide individuals with their own room, consistent with individual needs.		NR	NR
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.		NR	NR
C.4.a.vii.	Have capacity to accommodate stays ranging from a few hours to several days. Stays should ordinarily last no more than seven (7) days.	TBD	NR	NR
C.4.a.viii.	Be operated with sufficient clinical support and oversight. Trained staff will be onsite at all times. Staff shall include Peer Specialists to the greatest extent possible.		NR	NR
C.4.a.ix.	Accept admissions directly from the County's Mobile Crisis Teams, treatment teams, and on a walk-in basis.	TBD	NR	NR
C.4.a.x.	Have sufficient capacity to provide Substance Use Disorder Services for people with co-occurring mental health disabilities and Substance Use Disorders.	TBD	NR	NR
C.4.a.xi.	Be physically accessible as needed to meet individual needs.		NR	NR
C.4. Crisis Treatment Services: Youth CSU				
C.4.a.i.	Have capacity to serve adults, children and youth.		NR	SC
C.4.a.ii.	Be available to individuals experiencing or recovering from a crisis due to their mental health disability for short-term stays and provide support to avoid escalation of a crisis.		NR	SC
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	40	NR	PC
C.4.a.iv.	Be provided in non-hospital, non-congregate environments that are therapeutic, calming.		NR	PC
C.4.a.v.	Provide individuals with their own room, consistent with individual needs.		NR	SC
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.		NR	PC
C.4.a.vii.	Have capacity to accommodate stays ranging from a few hours to several days. Stays should ordinarily last no more than seven (7) days.	39	NR	PC
C.4.a.viii.	Be operated with sufficient clinical support and oversight. Trained staff will be onsite at all times. Staff shall include Peer Specialists to the greatest extent possible.		NR	SC
C.4.a.ix.	Accept admissions directly from the County's Mobile Crisis Teams, treatment teams, and on a walk-in basis.	41	NR	SC
C.4.a.x.	Have sufficient capacity to provide Substance Use Disorder Services for people with co-occurring mental health disabilities and Substance Use Disorders.		NR	NR
C.4.a.xi.	Be physically accessible as needed to meet individual needs.		NR	SC
C.5. Full Service Partnership and Assertive Community Treatment				

Provision	Service Commitment Requirement	KPI	R1	R2
C.5.a.	In the course of providing Crisis Services, and before such services end, the County or a County-contracted provider shall screen individuals for access to Specialty Mental Health Services ("SMHS"), including Full Service Partnership ("FSP") and Assertive Community Treatment ("ACT") services. Refer screened individuals to an MHP provider for a comprehensive assessment as needed. The MHP provider will complete a comprehensive assessment for appropriate outpatient services within fourteen (14) days of the Crisis Services screening and referral.	14A	NR	PC
C.5.a.i.	SMHS: SMHS appointments shall follow the timely access standards set forth by DHCS.	14A 14B	NR	PC
C.5.a.ii.	FSP: Referred individuals will be contacted within three (3) business days of referral to begin FSP services.	12	NR	NC
C.5.a.iii.	ACT: The ACT team will contact referred individuals, who it has determined it can serve, within one (1) business day of referral to begin ACT services.	12	NR	NC
C.5.b.	FSP services include intensive case management and behavioral health, Crisis Intervention, Peer Specialist, Substance Use Disorder, and Supported Employment services, as appropriate to the individual and in accordance with the individual's Individual Services and Supports Plan ("ISSP").	15 19 20	NR	PC
C.5.c.	FSP/ACT services will be available to participants 24 hours per day, seven days per week on-site in their homes and in other preferred community settings, comprehensive and trauma informed.	13 16 17	NR	NR
C.5.d.ii.	FSP and ACT participants will be assessed for housing needs. Beginning no later than six (6) months from the date of this Agreement, ensure that each FSP and ACT participant receives support and assistance to secure and maintain affordable temporary and permanent housing.		PC	PC
C.5.d.iii.	Beginning no later than six (6) months from the date of this Agreement, ensure that, if an FSP or ACT participant is waiting for permanent housing, the FSP/ ACT team will, as needed, promptly provide or secure temporary housing for the participant until permanent housing is secured.	18	PC	PC
C.5.d.iv.	Work with affordable housing developers to explore new opportunities for developing permanent supportive housing for behavioral health consumers. At minimum, the County shall (1) fund at least twenty (20) new units of permanent supportive housing for County behavioral health consumers within five (5) years from the date of this Agreement;		NR	NR
C.5.d.v.	Apply for one hundred 100 new traditional Section 8 Housing Vouchers or Mainstream Section 811 Housing Vouchers.		NR	NR
C.5.e.	FSP and ACT services will reduce, to the greatest extent possible, interactions with law enforcement during a health crisis.		NR	SC
C.5.f.i.	Conduct an ACT Needs Assessment within 24 months, assessing the needs and gaps in the ACT program for individuals receiving crisis services.		NR	NR
C.5.f.ii.	The ACT Needs Assessment will appropriately take into account consumer, community, and stakeholder input; and all necessary data and information sufficient to assess need, including data on service utilization by underserved communities.		NR	NR

Provision	Service Commitment Requirement	KPI	R1	R2
C.5.f.iii.	The County will provide a draft of the proposed plan for conducting the ACT Needs Assessment to DRC for review, feedback, and comment The assessment and conclusions will promptly be made available to the public.		NR	NR
C.5.f.iv.	Diligently seek funding to expand ACT capacity to meet the identified need based upon the ACT Needs Assessment.		NR	NR
C.6. Child and Youth Services				
C.6.a.	In the course of providing Crisis Services, and before such services end, the County or a County-contracted provider shall screen all children and youth for access to Youth Services, including Specialty Mental Health Services ("SMHS") and Full Service Partnership ("FSP") The MHP provider will complete a comprehensive assessment for appropriate services within thirty (30) days.	21 22	PC	PC
C.6.a.i.	Children/youth who are not Medicaid eligible will be referred and linked to other mental health, social, and/or community services. The Crisis Services in this Agreement are available to all children and youth, regardless of eligibility for Youth Services.		PC	SC
C.6.a.ii.	The County's assessments shall begin with the presumption that with sufficient behavioral health supports and services, children and youth can live in a home-based setting.	25 26	PC	PC
C.6.a.iii.	Assess all Medicaid eligible children and youth for Youth Services to determine the least restrictive environment and most integrated setting to meet the child's/youth's needs.	25 26	PC	PC
C.6.a.iv.	Children/youth and families may self-refer by requesting an assessment for Youth Services. All requests for a Youth Services assessment will be honored regardless of referral source.		PC	SC
C.6.b.	Youth Services shall be comprehensive, individualized, and flexible, and shall employ an age-appropriate, Person-Centered, Trauma-Informed, Culturally Responsive, and Gender-Affirming approach to care.	24	NR	PC
C.6.c.	Such services will be available to participants 24 hours per day, seven days per week, onsite in home and in other preferred community settings and provided as necessary to children/youth on Medi-Cal, consistent with EPSDT and timely access standards.		NR	PC
C.6.c.i.	Provide training and information to schools about alternatives to, and the harms resulting from, law enforcement referrals for children/youth for behavioral-health-related behavior.		NR	NC
C.6.c.ii.	Coordinate with school districts to ensure that referrals of children and youth for mental-health-related behavior receive an appropriate behavioral health response, including school-based interventions or, if appropriate, by dispatching Mobile Crisis Teams or Youth Services in lieu of law enforcement.		NR	PC
C.6.d.	Within twelve (12) months of the date of this Agreement, the County shall update all relevant policies and agreements with child-serving systems.		NC	NC
C.7. Outreach and Engagement				
C.7.a.	Ensure that individuals experiencing homelessness and/or individuals with co-occurring Substance Use Disorder can access and receive the services in this Agreement.		NR	PC

Provision	Service Commitment Requirement	KPI	R1	R2
C.7.b.	Implement a system to identify and provide proactive outreach and engagement to children, youth, and adults with serious mental illness who are, for reasons related to their serious mental illness, at risk of institutionalization, hospitalization, incarceration, and/or homelessness.	27 28	NR	PC
C.7.b.i.	Ensure that individuals are promptly and meaningfully connected to appropriate behavioral health providers and assessed for Specialty Mental Health Services, including ACT, FSP, Youth Services, and/or other community-based services, consistent with Section C.5.a, above.	29	NR	PC
C.7.b.ii.	Outreach and engagement will include frequent in-person contact in the field in locations convenient to the person. The County shall incorporate Peer Specialists into outreach teams to the greatest extent possible.		NR	NC
C.7.b.iii.	Track Outreach and Engagement contacts, including tracking progress in connecting individuals to needed services.	29	NC	PC
C.7.c.	Provide information and education to County-contracted mental health providers about available community-based services that provide alternatives to institutionalization and hospitalization and reduce risk of law enforcement contact		NR	SC
C.7.d-e.	Establish and implement written policies regarding Outreach and Engagement, consistent with the terms of this Agreement, and establish and implement Outreach and Engagement services within 12 months of the date of this Agreement.		NC	SC
C.8. 5150/5585 Policies and Practices				
C.8.b.	The County shall update all relevant policies, agreements, and MOUs, including but not limited to, pertaining to PET, emergency departments, Kaweah Health MH Hospital, and relevant contracted providers to:		PC	PC
C.8.b.i.	Require that WIC 5150/5585 evaluations be conducted in the least restrictive setting, including at a person's home or other preferred community setting whenever possible.		SC	SC
C.8.b.ii.	Require that the duration of all WIC 5150/5585 holds be calculated from the time that the person was first detained, in accordance with WIC § 5151.		SC	SC
C.8.b.iii.	Require that individuals be offered treatment on a voluntary basis before a WIC 5150/5585 hold is written. If a person accepts treatment on a voluntary basis, treatment shall be provided voluntarily without a WIC 5150/5585 hold.		PC	PC
C.8.b.iv.	Require that, if an individual placed on a 5150/5585 hold is not admitted to an LPS-designated facility, HHSA shall be notified. If the alternative placement is deemed appropriate, the individual will be released from the involuntary hold. If an LPS-designated facility or alternative placement has not been identified within seventy-two (72) hours, the County's HHSA staff Patient Rights Advocate shall be notified.	30	PC	PC
C.8.b.v.	Require that individuals placed on a WIC 5150/5585 hold are held for a period not to exceed seventy-two (72) hours, consistent with WIC 5150 and 5151. Prior to expiration of seventy-two (72) hours from the time a WIC 5150/5585 hold is written, the person on the hold shall be discharged; offered voluntary services in the least restrictive location appropriate; or timely provided with all rights and processes under WIC § 5250 et seq.	31	PC	PC

Provision	Service Commitment Requirement	KPI	R1	R2
C.8.b.vi.	Within six (6) months of the date of this Agreement, the County shall revise all relevant WIC 5150/5585 policies and training material in accordance with WIC §§ 5150, 5151, and 5250 and this Agreement.		NC	NC
C.8.b.vii.	The County shall ensure that all relevant County, County-contracted, and hospital staff receive trainings upon hire and at least annually thereafter to ensure compliance with WIC §§ 5150, 5151, and 5250 and County policies.		PC	PC
C.9. County Conservatees at Kaweah Health Mental Health Hospital				
C.9.a.	The County shall request that Kaweah Health Mental Health Hospital conduct a clinical case assessment of each County conservatee held at Kaweah Health Mental Health Hospital to determine whether the person may be transferred to a less restrictive location. The assessment shall begin with the presumption that with sufficient supports and services, County conservatees can live in an integrated community setting.	35 36	NR	PC
C.9.a.i.	The assessment shall include a patient survey that asks each person questions about: (1) where the person wants to live and with whom ... The County shall request the assessment be completed within ninety (90) days of receipt of DRC's feedback of the patient survey.	35 36	NR	NC
C.9.b.	Based on the assessment and patient survey, the County shall coordinate with Kaweah Health to identify appropriate community-based housing and services to assist the person in discharging to the most integrated setting appropriate to meet their needs.		NR	NC
C.9.c.	Ensure that a person with expertise in the full range of community-based housing and service options participates in discharge planning	33	NR	PC
C.9.d.	Ensure that eligible patients receive appropriate wrap-around services to support the person in the community in a timely manner.	33	NR	PC
C.9.e.	Identify stable and affordable housing options, as appropriate to support the person in the most integrated setting appropriate to meet the patient's needs and preferences.		NR	NR
C.9.e.i.	Coordinate with relevant Kaweah Health staff to ensure that County conservatees are promptly and safely transferred to appropriate housing, taking the patient's preferences into account as appropriate.		NR	NR
C.9.f.	Engage Peer Specialists who have utilized supports similar to those recommended for the person to help prepare the patient for the transition to the community.	34	NR	NC
C.9.g.	Any person who remains in Kaweah Health Mental Health Hospital after the assessment process will be assessed for transition to more integrated settings every ten (10) days and more frequently upon request.		NR	SC
C.9.h.	Ensure that assessments, patient survey, and discharge planning are promptly provided on an ongoing basis to each County conservatee upon admission to Kaweah Health Mental Health Hospital.		NR	PC
C.10.a. Discharge Planning from EDs and Hospitals				
C.10.a.i.	Begins upon admission to an emergency department or psychiatric hospital and upon incarceration in jail or juvenile hall.		PC	PC

C.10.a.ii.	Is based on each individual's needs and implemented through a Person Centered planning process in which the individual has a primary role, including in treatment service options and discharge planning.		NR	PC
C.10.a.iii.	Is age-appropriate, Trauma-Informed, Culturally Responsive, and Gender - Affirming.		NR	PC
C.10.a.iv.	Involves Peer Specialists as part of the discharge planning and transition team to the greatest extent possible.	34	NC	NC
C.10.a.v.	Promptly notifies and involves any ACT, FSP, or Youth Services to which the person has been assigned. If the person is not enrolled in, but may be eligible for, ACT, FSP, or Youth Services, the provider shall immediately notify the County.		PC	PC
C.10.a.vi.	Results in an effective written plan that sets forth in reasonable detail the services and supports that the individual will need upon discharge or release, including a plan for stable and affordable housing with appropriate wraparound services to support the person in the community.		PC	PC
C.10.a.vii.	Ensures effective care coordination and prompt connection to relevant County agencies and community-based services so that the person may receive services in Section C. I O upon discharge or release, including Culturally Responsive and/or Gender-Affirming services, as appropriate to meet individual needs.	32 33	PC	PC
C.10.c.	Within twelve (12) months of the date of this Agreement, the County shall update all relevant policies and agreements with emergency departments and hospitals relating to discharge planning, in accordance with this Agreement.		NC	NC
C.10.a. Discharge Planning from Jail and Juvenile Hall				
C.10.a.i.	Begins upon admission to an emergency department or psychiatric hospital and upon incarceration in jail or juvenile hall.		NR	SC
C.10.a.ii.	Is based on each individual's needs and implemented through a Person Centered planning process in which the individual has a primary role, including in treatment service options and discharge planning.		NR	NR
C.10.a.iii.	Is age-appropriate, Trauma-Informed, Culturally Responsive, and Gender - Affirming.		NR	NR
C.10.a.iv.	Involves Peer Specialists as part of the discharge planning and transition team to the greatest extent possible.	34	NR	NC
C.10.a.v.	Promptly notifies and involves any ACT, FSP, or Youth Services to which the person has been assigned. If the person is not enrolled in, but may be eligible for, ACT, FSP, or Youth Services, the provider shall immediately notify the County.		NR	NR
C.10.a.vi.	Results in an effective written plan that sets forth in reasonable detail the services and supports that the individual will need upon discharge or release, including a plan for stable and affordable housing with appropriate wraparound services to support the person in the community.		NR	NR
C.10.a.vii.	Ensures effective care coordination and prompt connection to relevant County agencies and community-based services.	37 38	NR	NR
C.10.c.	Within twelve (12) months of the date of this Agreement, the County shall update all relevant policies and agreements with the Jail's/juvenile hall's behavioral health providers relating to discharge planning, in accordance with this Agreement.		NC	NC
C.10.b. Individuals with BH Needs at Jail or Juvenile Hall				

10.b.	For individuals with BH needs at the Jail or Juvenile Hall, the County shall ensure that the BH provider effectively coordinates and shares information with HHSA and relevant community-based providers to ensure that, prior to release:		NR	NR
10.b.i.	The Jail/juvenile hall promptly notifies HHSA and relevant community-based providers about an individual's court and/or release dates.	37	NR	NR
10.b.ii.	With the individual's consent, HIPAA releases are obtained to allow the Jail/juvenile hall to share treatment information with HHSA and relevant community-based providers.	38	NR	NR
10.b.iii.	Individuals taking prescribed psychiatric medications have an appropriate supply of medication upon release and a follow-up appointment scheduled with a community-based psychiatrist to ensure effective coordination of care.		NR	NR
10.b.iv.	Follow-up appointments with providers are scheduled and communicated to the individual in writing.		NR	NR
10.b.v.	Individuals have been screened for and, if eligible, enrolled/re-enrolled in Medi-Cal.		NR	NR
10.b.vi.	Individuals receive assistance in securing appropriate identification before release, if applicable. Such assistance may be provided by the jail-based provider or other appropriate County agency.		NR	NR
C.11. Culturally Responsive Services				
C.11.a.	Ensure that all services provided under this Agreement are Culturally Responsive and accessible to individuals from diverse racial, ethnic, cultural, and linguistic groups.		NR	NR
C.11.b.	Identify and implement community-defined, Culturally Responsive, and Gender-Affirming strategies and practices to address behavioral health disparities across racial, ethnic, cultural, and linguistic groups.		NR	NR
C.11.c.	Within twenty-four (24) months of the date of this Agreement, contract with one (1) or more community-based providers to provide Culturally Responsive behavioral-health oriented services and/or support to Tulare County residents, including Black/ African American residents, on an ongoing basis.		NR	NR
C.11.d.	The Cultural Competence Committee ("CCC") shall develop recommendations to HHSA to fund and expand Culturally Responsive mental health services. The CCC shall solicit input from community-based organizations to inform its recommendations. The CCC shall also consider the most recent demographic information from the American Community Survey to inform its recommendations.		NR	PC
C.11.e.	Utilize recruitment efforts designed to expand the number of HHSA staff and Peer Specialists with diverse cultural backgrounds and lived experiences. Such efforts shall include posting a policy statement on its employment opportunities platforms.		NR	NC
C.12. Data Collection and Quality Assurance				
C.12.b.i.	Data on individual crisis contacts and disposition, collected by the Crisis Call Center and Mobile Crisis Teams pursuant to Section C.2.g, above, and other relevant County and County-contracted agencies. At a minimum, Crisis data should identify the following, subject to the individual's consent where applicable.		PC	PC

C.12.b.ii.	Data on the County's Outreach and Engagement efforts under Section C.7 of this Agreement.	PC	PC
C.12.b.iii.	Data on implementation of the County's Discharge Planning obligations under Section C.10 of this Agreement.	PC	PC
C.12.b.iv.	Gaps in the continuum of community-based services that may contribute to WIC 5150/5585 evaluations, hospitalization or incarceration, including an assessment of available affordable and supportive housing and steps to increase housing availability for individuals with mental health disabilities.	NC	NC
C.12. b.v.	Self-reporting by individuals who have been subject to WIC 5150/5585 holds about their subjective experiences and what services were needed to resolve the crisis, including self-reporting by individuals from Underserved Communities.	NC	NC
C.12.b.vi.	Youth-related data, including (1) the number of youth in juvenile detention facilities with mental health disabilities; (2) the number of school referrals for mental health evaluations or threat assessments to the County Sheriff, and other law enforcement agencies to the extent the County is aware of such referrals, (3) the number of school referrals to County mental health service; and (4) the number of referrals of foster youth to County mental health services.	NC	NC
C.12.b.vii .	Disparities in service utilization, including disparities in utilization of inpatient versus outpatient services and gaps in Culturally Responsive and Gender-Affirming community services among Underserved Communities; and solutions for overcoming barriers to services for Underserved Communities...	NR	NR
C.12.c.	Within 12 months of the date of this Agreement, the County shall implement a system for tracking the information collected under this Agreement on an ongoing basis. The County shall make key findings and data collected publicly available and updated at least every six months.	NC	NC
C.12.d.	Partner with relevant entities involved in crisis care to collect relevant data ... County shall ensure timely and effective data-sharing across relevant agencies as allowable under Federal and State regulations and in accordance with Californias HHS Data Exchange Framework in order to ensure effective coordination of care and provision of services under this Agreement.	NC	NC
C.12.b.viii. Community Stakeholder Input			
C.12.b.vii i.1.	Host a public community stakeholder meeting at least biannually (twice a year) for the first two (2) years after execution of this Agreement, and annually thereafter, in order to present key findings from the County's data collection and to receive community feedback on such findings.	NC	NC
C.12.b.vii i.2.	Engage Leaders from Underserved Communities to gather community feedback regarding gaps and improvements in County mental health services, including Culturally Responsive services. Request that such community Leaders gather feedback using methods tailored to the needs of the communities they serve.	NC	NC
C.12.b.vii i.2a.	Make available data relevant to utilization of County services by Underserved Communities (including data collected under Section C.12.b), and current and planned efforts to enhance services for such individuals.	NC	NC
C.12.b.vii i.2b.	At the request of a community Leader selected to facilitate this process, the HHSA Ethnic Services Manager shall attend a event, but not Lead the event.	NC	NC

C.12.b.vii i.2c.	In collaboration with Leaders from the Underserved Communities, the HHSA Ethnic Services Manager shall review and analyze community feedback, and shall present and discuss data, key findings, and recommendations.	NC	NC
C.12.b.vii i.3.	Appropriately take into account feedback and respond to the recommendations presented during the biannual stakeholder meetings within thirty (30) days of each meeting.	NC	NC
C.13. HHSA Website Content and Accessibility			
C.13.a.	Ensure that Behavioral Health Services Act ("BHSA") Plans, BHSA Updates, Annual Cultural Competency Plans and Policies, Mental Health Plan Beneficiary Handbook, and lists of Culturally Responsive and Gender Affirming service providers are timely posted and maintained on the HHSA website.	PC	PC
C.13.b.	Maintain up-to-date information on the HHSA website about opportunities for public and stakeholder comment.	NR	PC
C.13.c.	Maintain up-to-date information on the HHSA website about Specialty Mental Health Services, including FSP, ACT, Youth Services, and other services referenced in this Agreement. The County shall maintain information about what each service provides, the eligibility criteria, how to request the service, and the grievance and appeal processes.	PC	PC
C.13.d.	The HHSA website shall be provided in English and Spanish at minimum, and any other language that the County determines is necessary to ensure that the information is accessible to non-English-speaking County residents. ... The County shall provide information on the HHSA website about how to request services in a specific language.	PC	PC
C.13.e.	Ensure that all HHSA web pages and content are accessible to individuals with disabilities. To ensure website accessibility, the County or a County contractor will conduct annual audits of website content that includes stakeholder review and user testing by individuals with disabilities.	PC	PC
C.14. Training Related to Settlement Agreement			
14.a.	Develop or revise trainings in accordance with this Agreement. The County shall ensure that all relevant staff receive trainings in accordance with this Agreement.	NR	NC
14.b.i.	Ensure that all staff providing or overseeing a service in this Agreement are trained in and practice the following core competencies to ensure adequate services:	NR	NC
14.b.ii.	Crisis Intervention, including tools for relieving and de-escalating crises in the community as the primary intervention tool, with evaluation for an involuntary hold held in reserve as an intervention of last resort.	NR	PC
14.b.iii.	Iatrogenic Harm and the harms of involuntary institutionalization and incarceration.	NR	NC
14.b.iv.	Effective provision of Crisis Services within the broader behavioral health system, including effective care coordination with system providers.	NR	PC
14.b.v.	Effective provision of Person-Centered, Trauma-Informed, Culturally Responsive, and Gender-Affirming services.	NR	NC
14.b.vi.	Engaging, supporting, and partnering with parents/family members/significant others.	NR	NC
14.c.	Conducted upon hire and at least annually thereafter.	NR	PC

14.d.	Provide a copy of all applicable training materials to DRC for review and comment. The County shall review and take into account all DRC feedback and shall revise trainings as needed and consistent with the provisions of this Agreement.	NR	NC
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Crisis Service System

This section of the Agreement sets systems-level expectations regarding the array of services necessary for a strong crisis system of care. This necessitates timely crisis intervention 24/7 and connections to appropriate crisis treatment services and outpatient services to ameliorate the crisis.

This is a system section and is deferred until the 24 month point and will be rated in the Third Report. There are aspects of the crisis service system that are not due for implementation yet, and this section refers to the system crisis overall. However, within the specific service components that follow, similar criteria are rated.

Assessment of Service Commitments

Crisis Service System			
Provision	Requirement	R1	R2
C.1.b.i.	Be available 24 hours per day, seven days per week, throughout Tulare County.	NR	NR
C.1.b.ii.	Provide timely and accessible services to those who are experiencing a behavioral health crisis, including those with co-occurring substance use disorders experiencing a crisis due to substance use, by offering voluntary crisis assessment, treatment, and support designed to promptly resolve the crisis without removing the individual from the community.	NR	NR
C.1.b.ii.	Provide timely and accessible services to those who are experiencing a behavioral health crisis, including those with co-occurring substance use disorders experiencing a crisis due to substance use, by offering voluntary crisis assessment, treatment, and support designed to promptly resolve the crisis without removing the individual from the community.	NR	NR
C.1.b.iii.	Employ age-appropriate, Person-Centered, Trauma-Informed, Culturally Responsive, and Gender-Affirming practices.	NR	NR
C.1.b.iv.	Provide interventions to prevent and divert away from emergency departments and/or psychiatric hospitalizations, interactions with law enforcement, and/or incarceration to the greatest extent possible.	NR	NR
C.1.b.v.	Identify if an individual is a current client of the Tulare County Mental Health Plan ("MHP") and, if so, engage with and coordinate follow-up care with the client's treatment team, including any FSP, ACT, or Youth Services team, during the crisis in order to ensure effective provision of services under this Agreement. For individuals who are not a current client of the MHP, initiate the process described in Section C.5.a, below, in order to connect individuals to appropriate ongoing mental health and/or substance use disorder treatment, community-based supports, social services, and/or other supports to help mitigate the risk of future crises.	NR	NR
C.1.b.vi.	When needed, and consistent with the individual's preferences, arrange for or provide transportation to a person's home, place of residence, or an appropriate Crisis Treatment Services setting.	NR	NR

Crisis Service System			
Provision	Requirement	R1	R2
C.1.c.	The County shall implement written policies regarding Crisis Services, consistent with state and federal law and this Agreement. This Agreement shall apply to County and County-contracted providers.	NR	NR

Crisis Call Centers

The ratings in this section on Crisis Call Centers are based on documentation, data reviewed, and discussions and observations during the site visit at Kings View, the Crisis Call Center provider (site visit conducted prior to the First Report).

Documents Provided by Tulare County

Provided for the First Report

- Kings View Contract #31746
- P&P 04-003 24-hour Access Line – effective 11/21/24
- P&P 04-034 Access to Services – effective 10/14/25
- P&P 04-026 Timely Access – effective 1/21/25

Provided for this Report

- Mobile Crisis Workflow
- Summary of progress from Collaborative Strategies contract

Reports Available

- Calls to Crisis Call Center in Power BI
- Request for Crisis Response in Power BI
- KPI data from Kings View, including hold times for calls to the Call Center

Crisis Call Center KPIs					
#	KPI	Goal	CY 2024	CY 2025	CY 2026 Q1-Q2
1A	Call Center Calls on Hold Longer than 3 minutes	TBD	ND	18	44
1B	Call Center Calls Answered Directly or Wait on Hold Less than One minute	98%	ND	95.7%	97.8%
6	MCRT Care Coordination Evidenced by Outpatient Program	75%	11.24%	10.84%	8.88%

Assessment of Service Commitments

Crisis Call Center				
Provision	Requirement	KPI	R1	R2
C.2.a.	The County will maintain a telephonic service (with text and online chat capability available with 988) with capacity and training to de-escalate crises over the phone or through text/chat.	1	PC	SC

The Access Line operated by Kings View answers approximately 12,000 calls per year. The Crisis Call Center calls are answered by the same staff who answer the Access Line. Relatively few calls wait on hold before being answered, though the data does not readily avail itself to determining whether the calls were for Crisis Response or Access for County Behavioral Health Services.

It is unclear whether either of the Parties involved expected the addition of text or chat capability through the Call Center, or this Service Commitment referenced interfacing with 988 crisis lines. The Call Center does receive warm transfers from 988 crisis lines. The County does not intend to pursue text or chat functioning for its Call Center. In light of other more pressing priorities, the Reviewer does not deem this as a critical element at this time.

The County provided a Mobile Crisis Workflow which begins with the initial call dispatch. It focuses on the data entry in the Inquiry screen used by the Call Center. This is not a detailed training or desk guide; addressing that need is recommended.

Crisis Call Center – Additional Metrics				
#	Metric	CY 2024	CY 2025	CY 2026 Q1-Q2
1	Number of Calls to Crisis Center ¹³	1,516 ¹⁴	2,114	1,476
2	Crisis Calls Handled by Phone Intervention	58.0% ¹⁵	21.5%	28.6%

Crisis Call Center					
Provision	Requirement	KPI	R1	R2	
C.2.b.	The Crisis Call Center will be available to all County residents 24 hours per day, seven days per week.	1	PC	PC	

The Access/Crisis Line and Mobile Crisis Response Team (MCRT) services are provided 24/7 from Kings View's office in the City of Tulare. The same toll-free number is used for the State-mandated toll-free Access Line and for Crisis Calls.

The overall set of Call Center Calls are reported by Kings View to average 10 to 12 seconds until answered – very responsive – reported as a monthly KPI to the County. The Kings View Hold Times Report was provided for July 2025 through April 2026, which appears to represent the length of time on hold, for those clients who were placed on hold. Over 95% of calls were either directly answered or on hold for less than one minute. Relatively few calls (KPI #1A) were on hold longer than three minutes. Calls were dealt with quite efficiently, with the length of call averaging three to six minutes, depending upon the month.

¹³ Multiple reports show the number of crisis calls. There are small discrepancies depending upon the data source.

¹⁴ Updated from prior report which included CY 2024 to reflect July through December 2024 to correspond with time frame when MCRT was implemented.

¹⁵ Ibid.

The monthly call abandonment data was provided for FY 25-26 through January 2026. Only one month's data was included for the time period of this report. For the seven months provided, Kings View KPI data reported a monthly call abandonment rate rating from 5% to 9%. The abandonment rate and/or wait times specifically for Crisis Calls would be beneficial, or at a minimum, maintaining an abandonment rate more steadily at 5% (as demonstrated in one month) or less would result in a SC rating. Data to complete CY 2025 is still needed.

Crisis Call Center				
Provision	Requirement	KPI	R1	R2
C.2.c.	Crisis Call Center staff will be available to triage calls, provide Crisis Intervention Services, and deploy County Mobile Crisis Teams when an in-person response is appropriate.	1	SC	SC

As required, Access Line calls are triaged using the DHCS Screening Tool¹⁶, and calls for crisis services are triaged using DHCS's MCRT Triage Tool.¹⁷ If the call requires mobile crisis response, the Triage Tool is passed on to the MCRT supervisor for assignment to a response pair of clinician and PSS.

Based upon interviews, data and medical record review, this requirement remains rated SC. If compliant for the next six-month period, it may transition to MS status in the Third Report.

Crisis Call Center				
Provision	Requirement	KPI	R1	R2
C.2.d.	The Crisis Call Center shall be staffed by behavioral health professionals trained in Crisis Intervention and National Suicide Prevention Lifeline ("NSPL") standards for risk assessment and engagement of individuals at risk of suicide. Staff shall have the training and capability to effectively coordinate care in real time.	6	PC	SC

As indicated in the First Report, Call Center staff complete the DHCS training for mobile crisis as well as the CalMHSA training for 5150 certification. Otherwise, most of the initial crisis intervention training occurs through shadowing and on the job. The County provided a Mobile Crisis Workflow document which assists the staff person in navigating the EHR when the call comes in, and the documentation associated with the mobile crisis encounter. Clinical documentation evidences good clinical risk assessment regarding suicidal ideation, plan, and intent. When written, the 5150 hold accurately describes the behavioral criteria. Therefore, this item is rated SC.

For clients who are open to MHP system, MCRT's reported practice is to notify a client's primary provider at the conclusion of the MCRT service regarding the disposition (either via voice mail or email). The EHR also provides a "widget" that informs involved providers when a client has been seen by MCRT.

¹⁶ DHCS Mental Health Screening Tool determines whether a client warrants County-level specialty MH services (SMHS) or non-specialty MH services (NSMHS) from the Medi-Cal Managed Care Plan:

<https://www.dhcs.ca.gov/Pages/Screening-and-Transition-of-Care-Tools-for-Medi-Cal-Mental-Health-Services.aspx>

¹⁷ MCRT Screening, Assessment, and Safety Planning Tools required by DHCS: <https://camobilecrisis.org/m-tac-standardized-tools/>

Crisis Call Center			
Provision	Requirement	R1	R2
C.2.e.	The County shall coordinate with agencies responsible for managing urgent and emergency care response lines, including but not limited to local and regional 911 and 988 lines, to ensure there is “no wrong door” for accessing Crisis Services. The County shall implement protocols for dispatch of County Crisis Services for behavioral-health-related calls to 911, in order to facilitate an appropriate behavioral health response to crises.	PC	PC

It is clear from the MCRT data that Visalia Police and Tulare Sheriff contact MCRT for response or for co-response for mental health calls that are received by 911. Efforts to develop an MOU and/or evidence of referral pattern that prioritizes MCRT response over law enforcement from at least the Porterville Police Department is recommended for earning SC. While the County has indicated efforts to coordinate with other LEAs, it is not clear from any documented evidence what efforts or progress has been made. The County indicated the beginning of discussions with the Visalia Police Department to develop an MOU.

Crisis Call Center			
Provision	Requirement	R1	R2
C.2.f.	The County shall ensure that the availability of the Crisis Call Center and its phone number are widely disseminated to County residents, including but not limited to by posting such information on the HHSA website, at all adult and juvenile detention facilities, by all County and County-contracted behavioral health and substance use disorder providers, in the public reception areas of County offices, and in schools. Such notices shall inform residents that the Call Center is an alternative to 911 for behavioral health crises.	PC	PC

The County entered a contract with Collaborative Strategies Institute (CSI) which includes in its scope a Crisis Call Center Awareness Campaign to produce up to three 30-second public service videos in English and Spanish, as well as materials to distribute through partner agencies, community-based organizations, schools, and clinics. CSI reported that they completed a “campaign messaging strategy focused on positioning the Crisis Call Center as an alternative response pathway to 911 for behavioral health crises.” This was informed by two rounds of County feedback and stakeholder input. However, the implementation of the campaign and dissemination of related information was reportedly suspended at the direction of the County.

The County indicated in its Implementation Plan the development of marketing materials, but examples were not provided. Based upon the CSI update, the materials may not have been produced.

The Crisis Call Center number is available on the HHSA BH website, though it could be more prominent and on more of the pages.

Crisis Call Center			
Provision	Requirement	R1	R2
C.2.g.	The Crisis Call Center will maintain a data dashboard tracking crisis calls in real time, which the County will use to optimize crisis-system functioning. The dashboard shall track, subject to the individual's consent where applicable, demographic information, including the address and/or zip code, race/ethnicity, language, and age of the caller; the reason for the call; services provided; whether law enforcement was involved; and disposition, including whether Mobile Crisis Teams were dispatched, whether a WIC 5150/5585 was written, and whether the person was transferred to another location. County Mobile Crisis Teams, Crisis Treatment staff, and other relevant staff shall have access to the dashboard and shall add information as necessary to create a complete log of each crisis contact and its resolution.	NR	PC

The management at Tulare County HHSA and the management of Kings View each report utilizing a KPI dashboard to monitor service utilization of MCRT services. This information is not available to the crisis staff and other crisis treatment program staff. This functionality should be further identified for implementation across the crisis service system. This may also be a way for the MCRT to identify the final disposition of the client after referred to a hospital ED.

Recommendations

First Report Recommendations that Apply

- Ensure that MCRT conducts a brief chart review or consults with existing providers when this collaboration would be beneficial to the MCRT intervention.
- Develop Agreements with local LEAs that address protocols for calls to 911 that could be best served by MCRT co-response or referral to MCRT. Work to elicit more participation by LEAs in the monthly meeting. Provide evidence regarding progress in this area.
- Identify an ongoing plan for identifying applicable waiting rooms and lobbies and a record of materials provided. This could be in the form of a spreadsheet that includes each location and dates upon which materials were checked or provided, and possibly the contact information of key individual(s) who can provide information or reach out when materials are needed.
- Examine whether the existing Power BI dashboard in place or other available functionality meets the commitment described in the Settlement Agreement for a “data dashboard tracking crisis calls in real time.”

New Recommendations

- Ensure that the Access and Crisis Line numbers are prominently displayed on many of the Tulare County Behavioral Health website pages.

Mobile Crisis Response Teams

The ratings in this section on MCRT are based on documentation available, data reviewed, medical record review, input from the client focus groups, and discussions and observations during the site visit at Kings View (the site visit was conducted prior to the First Report).

Documents Provided by Tulare County

Documents Provided for the First Report

- Kings View contract #31746
- P&P 04-007 Involuntary Commitment and Treatment – effective 1/15/24

Documents Provided for This Report

- KPI data reported by Kings View to the County on a monthly basis
- Mobile Crisis Workflow – largely focused on navigating data entry into the EHR
- DHCS Mobile Crisis Reporting Manual

Reports Available

- Calls to Crisis Centers in Power BI
- Request for Crisis Response in Power BI
- Mobile Crisis Follow-up in Power BI

Data Not Available

- While the MCRT data provided indicates if a 5150 was written and the client is transported via ambulance to one of two hospital emergency departments in the county, whether the client was ultimately hospitalized or an alternate disposition was achieved, is not known. This data would need to be matched with inpatient data.
- The report that shows 5150/5585 holds administered by County/contract staff is in the EHR beginning December 2025. This appears to be more complete than when reviewed for the First Report. Some of the holds show the corresponding inpatient admission. In January 2026, 48 5150 holds are indicated and associated with 18 admissions. It is apparent that the data is incomplete. This report (or any other report) does not indicate whether or when an LPS conservatorship was initiated, nor does it identify admissions that converted from voluntary to involuntary status. In addition, the report does not track whether the hold was subsequently lifted or, if so, the date on which it was lifted.

Mobile Crisis Response Teams KPIs ¹⁸					
#	Indicator	Goal	CY 2024	CY 2025	CY 2026 Q1-Q2
2	Timely MCRT Response	95%	85.2%	93.7%	76.9%

¹⁸ All prior MCRT data are updated. There were duplicate entries in the Request to Crisis Response Report that were not noticed previously and are now removed. The duplicate entries appeared to be caused by an individual calling

Mobile Crisis Response Teams KPIs ¹⁸					
#	Indicator	Goal	CY 2024	CY 2025	CY 2026 Q1-Q2
3A	MCRT Sequential or Co-Response with LEA ¹⁹	NA	17.7%	13.7%	17.9%
3B	MCRT Requests for LEA involvement ²⁰	TBD ²¹	ND	5.3%	6.5%
4	MCRT Resolved at Scene	80%	80.7%	66.0%	69.1%
5	MCRT Successful 72-hour follow-up	75%	63.7%	55.7%	98.5%
7	MCRT (new) Clients Receiving Assessment within 30 Days	60%	17.6%	16.6%	28.1%
8	MCRT Clients Receiving any Outpatient service within 30 days	75%	33.0%	59.6%	49.4%
9	FSP/ACT Clients Received Crisis Intervention from FSP/ACT Team	50%	20.7%	30.1%	48.0%

Assessment of Service Commitments

Mobile Crisis Teams				
Provision	Requirement	KPI	R1	R2
C.3.b.i.	Provide in-person Crisis Intervention Services, including community-based crisis de-escalation, safety planning, and connection to community resources. A WIC 5150/5585 evaluation service shall only be provided as an intervention of last resort when community-based Crisis Intervention and de-escalation services do not address the active crisis and current safety of the individual.	4	SC	SC
C.3.b.vii.	Meet individuals face-to-face onsite in their homes or other community settings in order to de-escalate crises without removing the individual from their home and/or community.	4	SC	SC

As indicated in the First Report, practices for the MCRT appear to prioritize service at the least restrictive level of care. Charts reviewed this period also support this impression. KPI #4 indicates that 75-80% of interventions do not result in application of a 5150/5585, indicating that involuntary treatment is being

twice or more but MCRT being dispatched once. The same dispatch time was listed for one or more calls. In revising the data, the first call (often reflecting a very long wait time) was removed as an MCRT response, indicating instead that MCRT was not dispatched for that call, but was dispatched based upon a later call from that individual. Therefore, the timely response rate has improved compared to the First Report.

¹⁹ It has become apparent since production of the First Report that this data appears to represent the initial call-out, and may not include MCRT requests for Co-Response. The County has no control over this number as it is based upon LEA requests for assistance or referral from their dispatch. A higher percentage would indicate that LEA is involving MCRT in its responses, which is considered positive compared to LEA-only response for mental health conditions. If MCRT requests for Co-Response are included, then this KPI should be recalculated.

²⁰ Requests for LEA involvement data are calculated from the KPIs provided by Kings View to Tulare County, which included July 2025 through June 2026. More complete historical data (back to July 2024) has been requested.

²¹ A goal is pending additional review of cases that were referred for LEA involvement. Some necessary involvement of LEA is expected, but reducing unnecessary involvement of LEA is a priority in the DHCS guidance.

used as an intervention of last resort. To ensure ongoing adherence to a model which prioritizes involuntary treatment as a clinically necessitated last resort, this should be documented in program P&Ps.

Mobile Crisis Teams				
Provision	Requirement	KPI	R1	R2
C.3.b.ii.	Be dispatched to provide Crisis Intervention Services in a community setting to the greatest extent possible.	2	SC	SC

This component remains rated SC as indicated in the First Report. All MCRT responses are in the community, including homes, schools, and other sites. MCRT does not respond to hospital EDs.

Mobile Crisis Teams				
Provision	Requirement	KPI	R1	R2
C.3.b.iii.	Provide services in lieu of law enforcement, including co-response teams, to the greatest extent possible.	3A 3B	SC	SC
C.3.b.x.	Coordinate with law enforcement personnel and have policies and procedures in place to respond to individuals in mental health crisis who come into contact with law enforcement, including law enforcement co-response teams, with the goal of reducing or eliminating law enforcement involvement in crisis response.	3A 3B	PC	PC

The DHCS mobile crisis model is intended to minimize law enforcement response to behavioral health crises.²² KPI #3A indicates when MCRT responds with or subsequent to LEA dispatch – either based upon referral from 911 dispatch or the DHCS Screening Tool directing co-response based upon risk factors. Responding with law enforcement as opposed to the LEA responding alone is a beneficial mental health response. The County does not directly impact whether the LEA dispatch refers to MCRT.

In the first six months of 2026, Kings View's KPI reporting to the County indicated that 11.3% of MCRT calls resulted in requests by MCRT for LEA response. Some degree of MCRT calls for LEA involvement is to be expected where there are legitimate, documented safety concerns for staff, clients, and/or community. This KPI will be monitored for trend development. Additionally, neither the County nor Kings View have written P&Ps or MOUs with law enforcement to ensure appropriate coordination and minimal but appropriate LEA involvement, and C.3.b.x is therefore rated PC. The County indicated that it has begun discussions with the Visalia Police Department to initiate MOUs.

Mobile Crisis Teams				
Provision	Requirement	KPI	R1	R2
C.3.b.iv.	Be able to respond to individuals 24 hours per day, seven days per week.	2	SC	SC

²² <https://www.dhcs.ca.gov/CalAIM/Documents/Mobile-Crisis-Fact-Sheet.pdf>

Mobile Crisis Teams				
Provision	Requirement	KPI	R1	R2
C.3.b.v.	Have team members stationed with the ability to respond within 60 minutes of being contacted for urban/suburban areas, and within 120 minutes of being contacted for rural areas.	2	PC	PC

When the data was updated to remove duplicates and mismatch of dispositions on clients who called once or twice before actually being dispatched, the timely response rate was nearly 95% for responses in CY 2025 – the goal identified for this indicator – in 2024 and 2025. The timeliness of response decreased so far in 2026.

Median wait time for MCRT response in 2026 was 45 min with an 89-minute average, indicating that there are longer wait outliers driving the average wait time. This is much improved over an average wait time of 60 minutes in 2024, but not as timely as the 38 minutes demonstrated on average in 2025. In addition, in 2025, approximately one-third of calls were dispatched within 15 minutes of contacting the Call Center. This dropped to about 10% in the first half of 2026.

It is important to note that so far in 2026 there has been a significant increase in MCRT service demand. In 2025, the monthly average was 138 MCRT encounters. In 2026, this increased to 176 monthly, representing 27% more service demand. It is unknown whether increased staffing was needed or provided. Certainly, the increased demand may have contributed to a less timely response. In light of this increase, the County has done quite well.

Mobile Crisis Teams			
Provision	Requirement	R1	R2
C.3.b.vi.	Comply with staffing requirements established by DHCS for the Medi-Cal Mobile Crisis benefit. Consistent with those requirements, Mobile Crisis Teams shall not include law enforcement personnel. Mobile Crisis Teams shall include or have access to a Licensed Mental Health Professional or a Licensed Practitioner of the Healing Arts (“LPHA”) as defined in the “SUD Treatment Services” or “Expanded SUD Treatment Services” section of the State Plan. Consistent with DHCS requirements and national best practice, trained Peer Support Specialists shall be part of the County’s Crisis Services and shall staff Mobile Crisis Team to the greatest extent possible.	SC	SC

The MCRT staffing complies with the DHCS requirements. MCRT response teams deliver services in pairs, individuals with SUD issues are not excluded from response. From chart review, there were a number of clients who may have benefitted from referral to SUD detox, residential, or outpatient care. Such a referral was not apparent in the documentation provided – it could be entered elsewhere, or possibly referrals that are declined are not being recorded.

Mobile Crisis Teams			
Provision	Requirement	R1	R2
C.3.b.viii.	Provide appropriate crisis intervention services until the crisis subsides.	PC	SC

Mobile Crisis Teams – Length of Service			
Metric	CY 2024	CY 2025	CY 2026 Q1-Q2
Median length of MCRT response	50 min	50 min	40 min
Average length of MCRT response	55 min	54 min	44 min
MCRT interventions longer than 90 min	8.2%	10.0%	4.0%

There is a degree of efficiency necessary in the provision of MCRT services in order to provide timely response around the clock. In measuring if intervention services are provided “until the crisis subsides,” the length of service is examined as a proxy measure – particularly for identifying charts for review of clinical interventions and outcomes. While service duration does not directly correspond with the sufficiency of the intervention, services longer than 90 minutes might suggest that when a longer service is necessary for de-escalation, that is provided. Comparatively fewer services greater than 90 minutes were provided in 2026. Additionally, the average and median length of MCRT service decreased by 20% in 2026. In fact, one-third of the services delivered were 30 minutes or less. This brings some concerns about potentially rushing through the intervention – which could risk missing red flags – or being able to truly intervene and de-escalate crisis situations, rather than only “assess and refer.” That said, review of charts did not suggest inappropriate dispositions; proper assessment was conducted, and the support system and strengths were documented.

This did not include any analysis of those clients who had repeat services within a day or two of each other, which could suggest that first intervention might have benefitted from additional time. Cases with MCRT services provided within 24 hours of the prior service would be informative to review for the next report.

This is rated SC for this review period, but the overall pattern of length of service deserves ongoing attention. The shorter duration of services may also be a result of a greater volume of service demand.

Mobile Crisis Teams				
Provision	Requirement	KPI	R1	R2
C.3.b.ix.	Connect individuals with community-based behavioral health services as appropriate to meet individual needs in the least restrictive and most integrated setting.	4	PC	PC
		7		
		8		

The rate of resolution at the scene decreased in 2025, but then increased slightly in 2026, indicating that more clients were transferred to the ED for intended inpatient admission. The highest rate of resolution in the community was in 2024. This measure combined with shorter intervention time warrants continued observation.

There are no direct admissions available to psychiatric inpatient units; and most psychiatric hospitals require medical clearance through the ED. Of the 31% of clients who were referred to the hospital ED in 2026 for referral for inpatient care, it is unknown which clients were admitted or released prior to admission. Kaweah staff indicated that sometimes the holds are released, and there is no notification of inpatient placement to Kings View or the County. The County is notified through the inpatient facility's concurrent review as required by DHCS for payment. This indicates a need for increased coordination between the County and hospitals, which the County has noted previously. The Response to Crisis Report could be updated to include the next inpatient episode to see if it corresponds with the time frame of the MCRT disposition – or another mechanism to identify the ultimate disposition.

As before, MCRT had very few cases that were transitioned directly to Jackson House CRT. There were five cases admitted to CRT within one to two days of the MCRT intervention in 2026, indicating a high probability that those cases were referred by MCRT.

The County indicated that the time frame associated with the screening and intake process makes it less conducive for disposition from MCRT to use the CRT to more proactively decrease inpatient admissions. The pace for MCRT is fast, and the staff do not have time to wait while the client is screened and pending assessment – and so other dispositions are implemented. This is a critical issue as one would expect the MCRT to be a major source of referrals for CRT. Because clients are only sent to the ED if they are on a 5150 hold, they may be referred to CRT if the hold is ultimately released. This is not a desirable pathway to get to CRT after crisis intervention. Referral and wait list information from Jackson House was requested in order to review wait times from referral to screening to intake to admission. The County indicated seeking this information but had not yet obtained it. Using CRT as a MCRT disposition could support more diversion from inpatient care.

KPI #7 shows that more clients (28.1%) who were previously not connected to the MHP went on to have an assessment within 30 days of the MCRT service than in the prior years. While short of the target, this is a substantive improvement over 2024 and 2025. It is relevant to note that all clients seen by MCRT are not referred to the MHP for services; the actual referral data is not known.

For all clients who received MCRT services (KPI #8), 49.4% received an outpatient MHP service within 30 days of the MCRT service – this is a decrease from 2025, but still a strong finding. Again, this does not reflect actual referrals made, and a decrease in eligibility could impact this KPI. As indicated in the First Report, adding insurance status to the MCRT report would enable excluding clients that would not have been referred to the MHP due to possession of private insurance. This measure would be more accurate if the EHR collected the actual referral made. The MCRT Power BI report lists many referrals which appear to reflect other open episodes rather than referrals provided.

Mobile Crisis Teams				
Provision	Requirement	KPI	R1	R2
C.3.c.	Mobile Crisis Teams shall follow-up with individuals receiving Mobile Crisis Team services within seventy-two (72) hours of the initial mobile crisis response to support continued resolution of the crisis, as appropriate, and may include updates to the individual's crisis plan or additional resources as needed.	5 7	PC	SC

Mobile Crisis Teams				
Provision	Requirement	KPI	R1	R2
	If a person was connected to ongoing supports during the initial mobile crisis response, the Mobile Crisis Team will check on the status of appointments, provide continued scheduling support, arrange for transportation, and provide reminders as needed. The Mobile Crisis Teams shall document the services provided and any instances in which the individual could not be engaged for follow-up, consistent with Section C.2.g, above. If necessary to meet individual needs, Mobile Crisis Teams may refer individuals for Outreach and Engagement services consistent with Section C.7, below.			

The MCRT conducts follow-up contact calls or visits to clients within 72 hours of the mobile crisis response. The rate of successful follow-up in 2026 is incredibly high at 98.5%. There is some question regarding how this was achieved, given that 20-30% of MCRT interventions resulted in inpatient admissions. However, very strong performance could be related to the in-person follow-up that was implemented this review period. This earns a rating of SC.

Kings View also conducts a process separate from the Follow-up Call to survey clients on their satisfaction with their MCRT service. This is a valuable activity and client satisfaction results would be a meaningful inclusion to the next report if this data is made available.

There is no reported process for MCRT to identify clients who would benefit from a referral to the adult County clinic's Outreach and Engagement services or a process to make this referral. This would be valuable for clients identified as potentially needing more support to keep their outpatient appointment and represents a potential "at risk" population.

Mobile Crisis Teams				
Provision	Requirement	KPI	R1	R2
C.3.d.	For individuals served by an FSP, ACT, or Youth Services team, such team will respond to these individuals' crises whenever possible and will function as the Mobile Crisis Team for these individuals, consistent with the standards for Mobile Crisis Teams and Crisis Intervention Services described in this Agreement. If the FSP, ACT, or Youth Services team is unable to respond, the person shall be connected to the Mobile Crisis Team who will provide Crisis Intervention Services consistent with this Agreement.	9	PC	PC

Mobile Crisis Teams – Serving FSP/ACT Clients			
Metric	CY 2024	CY 2025	CY 2026 Q1-Q2
FSP/ACT Clients Received Any MCRT or Crisis Intervention	30.0%	22.9%	29.0%
FSP/ACT Clients Who Received Crisis Services Received them from MCRT (and PET in 2024)	84.6%	50.0%	38.7%

In 2026, almost one-third of FSP/ACT clients received crisis intervention and/or MCRT intervention. Fewer of them received crisis services from MCRT, indicating that more received their crisis intervention from their service team or other outpatient service team. This is a positive shift to the service teams.

Mobile Crisis Teams			
Provision	Requirement	R1	R2
C.3.e.	As of January 1, 2024, or as soon as a new vendor is contracted to provide comprehensive Mobile Crisis Team services under Section C.3.a. above, the County will cease providing crisis services through the Psychiatric Emergency Team (“PET”).	SC	SC

The County fully implemented the mobile crisis benefit on July 1, 2024. They simultaneously ceased operation of the PET. To do so, they authorized social work staff in the local hospital EDs to conduct evaluations for 5150/5585 as well as to release holds when appropriate. Hospital staff take the CalMHSA training that the MCRT staff and other authorized staff must take and pass.

Recommendations

Recommendations from the First Report that Apply

- Conduct periodic live supervision to ensure that the crisis intervention is not overly focused on evaluation for 5150/5585 and includes clinical interventions intended to de-escalate and provide support. *(This is particularly relevant as the interventions have become shorter.)*
- The FSP/ACT model prioritizes the clinical team’s response to client crises, and it may be useful for Kings View to pilot triaging calls of clients associated with one or two ACT teams. As the County moves toward ACT fidelity, this will need to be more fully developed.
- Identify a process to refer high-risk clients from MCRT – potentially during the follow-up service – to Outreach and Engagement. This can help ensure connection for assessment and outpatient services.

New Recommendations

- Identify and troubleshoot issues that impact MCRT referrals to Jackson House CRT. Examine time frames associated with the referral process and the wait list.
- Develop a process for MCRT to make referrals for clients eligible for FSP/ACT services.

- Document referrals provided, including referrals that were offered but declined. Based upon chart review, several of the clients would have benefitted from admission to SUD detox or residential treatment. It is unclear if MCRT has a direct referral pathway to these resources. These referrals may have been offered, but it was not apparent from the documentation available. This should be investigated.

Crisis Treatment Services: Crisis Residential Treatment

This section on CRT services is informed by documentation available, data analysis, site visit, chart review, and a focus group with clients at the CRT.

Documents Provided by Tulare County

- BH-TC OPCO, LLC, DBA Jackson House Tulare FY 2025-26 Contract #32362
- Jackson House Admission Agreement
- Jackson House monthly KPI data submitted to Tulare County

Reports Available

- Crisis Residential Treatment Power BI Report

Data Not Available

- Referral and wait list information

Crisis Residential Treatment KPIs					
#	KPI	Goal	CY 2024	CY 2025	CY 2026 Q1-Q2
10	Admissions to CRT from MCRT Referral	50%	NR	NR	NR
11	Timely Access to CRT	TBD	NR	NR	NR

Assessment of Service Commitments

Crisis Residential Treatment			
Provision	Requirement	R1	R2
C.4.a.	The County will maintain an appropriate number and mix of six (6) or more community-based adult Crisis Treatment Service beds that allow individuals to stay short-term in a residence other than their home or program, as needed to avert or resolve a behavioral health crisis, consistent with the standards for Crisis Treatment Services below. The County may operate its Crisis Treatment Services through County-contracted providers.	SC	SC
C.4.a.i.	Have capacity to serve adults, children and youth.	SC	SC

Tulare County has implemented a Crisis Residential Treatment Program, Jackson House, which is licensed to serve adults.

Crisis Residential Treatment				
Provision	Requirement	KPI	R1	R2
C.4.a.ii.	Be available to individuals experiencing or recovering from a crisis due to their mental health disability for short-term stays and provide support to avoid escalation of a crisis.	10	PC	PC
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	10	PC	PC
C.4.a.ix.	Accept admissions directly from the County's Mobile Crisis Teams, treatment teams, and on a walk-in basis. Crisis Treatment Services shall not accept admissions from a psychiatric hospital. Individuals shall not be required to have housing as a condition of admission to Crisis Treatment Services.	10 11	PC	PC

Jackson House data reports one referral/admission from crisis services in December 2025. Historical data and more current data are needed. The apparent lack of MCRT transfers directly to the CRT limits access to this valuable resource. It is unknown whether there were additional referrals from MCRT that did not result in admission. Jackson House's wait list information would provide insight to this. The above related requirements remain PC as the CRT does not appear to be a viable resource for MCRT, based upon its utilization.

Chart review indicates that neither lack of housing nor an active substance use disorder seems to impact the potential for admission to CRT, as these were common characteristics among the charts reviewed.

Crisis Residential Treatment – Follow-up Care			
Metric	CY 2024	CY 2025	CY 2026 Q1-Q2
Outpatient Services Same or Next Day After Discharge	23.4%	44.7%	45.3%
Outpatient Services Within 7 Days After Discharge	60.5%	75.3%	80.3%
7-day outpatient service was at an SUD provider	24.0%	17.7%	16.4%
Outpatient services within 30 days after discharge	71.0%	88.0%	97.3%

Discharge Planning appears to be a great strength of this program. This requires good planning and coordination on the part of the CRT staff and strong relationships built with the clients. Many times the follow-up appointments were scheduled even when the client discharged early (and against advice). If the client initiated an unplanned discharge on the weekend, this was not possible, but staff often obtained appointments for the client the next business day.

The majority of clients discharged received an outpatient service within 7 days, and nearly half of those occurred the same day or next day after discharge. Many of the timely follow-up services were at SUD treatment providers, though it appears that most of the time the clients were already engaged with an SUD outpatient provider. It is outstanding that nearly all of the clients discharged in 2026 received an outpatient service within 30 days of the CRT discharge.

Crisis Residential Treatment			
Provision	Requirement	R1	R2
C.4.a.v.	Provide individuals with their own room, consistent with individual needs.	PC	PC

The program is designed for double occupancy per bedroom. While they may be able to accommodate single-room needs, staff indicated that this would depend upon the census. Given that there is a wait list, it is unclear how viable a single room is, should it be needed. Criteria should be developed for when this will be provided.

There is no data available regarding wait list details, particularly the percentage of clients who are admitted once they have been on the wait list or how long their wait was. This is important to measure when wait lists are in place, as well as determining whether there is a method of prioritizing individuals with higher needs or simply based upon the date of the referral. This is included as a KPI for which no data is currently available but should be measurable. This is also an important consideration in light of DHCS requirements for timely access to appropriate care for Medi-Cal members.

The program has a simple to use one-page Referral Form and does not require large “packets” of information that CRT programs sometimes require, much to their credit. The ease of referral may contribute to the large volume of referrals the program receives. Clients or treatment providers can refer; there is no “gatekeeping” pre-referral process by the County. Individuals are screened over the phone at any time by Jackson House clinical staff. They are then referred for an intake over the telephone, which reportedly usually occurs within three days, by staff at the corporate office between the hours of 8am and 8pm. There is no tracking of the time between referral, screening, intake, and admission, though anecdotally the screening occurs within an hour, and the admission can often occur the same day. The Admissions Coordinator arranges transportation through Uber. Again, wait time information is absent but needed (KPI #11). As noted earlier, the wait times for multiple steps makes this a less feasible disposition for MCRT services.

This program serves Medi-Cal clients under the County contract and also serves individuals who have private insurance. Due to a lack of insight into the privately insured client data, it is unclear how this impacts County Medi-Cal members’ admission to the program and the overall wait list. While this is a 16-bed facility, the contract does not specify how many County clients should be served on a daily or annual basis. Using that calculation, the County FY 2025-26 contract amount funds an average daily census of 5.5 clients. The wait list makes it difficult to evaluate the actual demand for this service. Comparatively fewer County clients were served at CRT in the first half of 2026, with an average daily census of 5 County clients in 2026, down from 7.5 County clients in 2025. It is unclear how the program takes into account insurance status at the time of referral.

Crisis Residential Treatment			
Provision	Requirement	R1	R2
C.4.a.x.	Have sufficient capacity to provide Substance Use Disorder Services for people with co-occurring mental health disabilities and Substance Use Disorders.	SC	SC

Being unhoused or having a co-occurring substance use disorder do not appear to be contra-indications for CRT admission, either or both were evidenced in most of the charts reviewed. There were a couple of

clients who might have been better served by residential detox or residential SUD treatment. It is possible that they either refused or would have refused referral to SUD residential treatment. It is a credit to the facility that it accepts these complex co-occurring clients. Strong linkages with SUD treatment programs are necessary for serving these clients. It is not uncommon for CRT programs to have low rates of admission for clients with severe co-occurring conditions, which is clearly not occurring here.

Crisis Residential Treatment			
Provision	Requirement	R1	R2
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.	PC	PC

While the program is voluntary, the program’s Admission Agreement indicates that “24-hour supervision is provided by staff.” This is described to mean that once admitted, clients are not allowed to leave the program site for any reason except for the weekly shopping trip with staff for snacks. During this shopping trip, the group is expected to stay together and within the accompanying staff’s line of sight. Further, clients in the focus group were all in agreement that this is a “locked facility.” The outside door is locked, though it would be unlocked if someone wanted to leave against advice. Clients indicated that if they had a job interview, dental appointment, or another legitimate reason to be offsite, they would need to discharge from the program if they wanted to keep those offsite appointments. They appreciated that if a number of participants wanted to take a walk or go to the park that staff would consider the request and often would chaperone such an outing.

This is a highly unusual, restrictive practice for a voluntary CRT and inconsistent with the social rehabilitation model that tends to guide CRT. Because of the voluntary nature of the program, and being community-based, clients in CRT settings are generally encouraged to leave the facility to the extent they want or need to – to look for work or housing, attend work or school, visit family or friends, or attend medical appointment, etc. Typically, residents are expected to communicate their plans to staff and indicate when they expect to return. Some programs require a “Sign-out/Sign-in” record for communication purposes, and some require staying onsite for the first 24-hours for a settling in period. Jackson House functions more like a locked facility from which individuals can discharge if they want to leave.

The program is not available on a walk-in basis, though this is not unusual and is not counted in the assessment of this service provision. Other Crisis Treatment Services such as CSU and Urgent Care are anticipated to accept walk-in admissions.

Crisis Residential Treatment			
Provision	Requirement	R1	R2
C.4.a.vii.	Have capacity to accommodate stays ranging from a few hours ²³ to several days. Stays should ordinarily last no more than seven (7) days.	SC	SC

²³ The same criteria from the Settlement Agreement are listed for all Crisis Treatment Services. CRT services are provided by days; an admission for a few hours is generally not appropriate for the setting.

Crisis Residential Treatment – Length of Stay (LOS)				
Metric	CY 2024	CY 2025	CY 2026 Q1 Q2	% Change
LOS between 3-30 days	69.4%	81.2%	73.3%	9.7%
LOS 7 days or less	37.1%	32.7%	37.3%	NC
LOS greater than 30 days	10.5%	16.0%	5.3%	33.1%
Average LOS in days	15.5	18.2	11.9	34.6%
Median LOS in days	12.5	14.0	10	28.6%
Successful Completion	54.1%	61.0%	56.0%	0%

The LOS of 3-30 days was selected as a measure of initial engagement in the program followed by discharge within the CRT targeted timeframe. The LOS greater than 30 days defines less common durations, and the data reflects that long admissions are not typical at Jackson House (only 4 admissions so far in 2026). The average LOS decreased in 2026, by nearly a week. The Settlement Agreement indicates a goal that stays should ordinarily last 7 days or less, and 32-37% of stays satisfy that goal. Two weeks or more is typical for an average LOS at CRT.

The discharge reason was listed as “discharged against medical advice” for 40% of admissions in 2026 (higher than the 30% in 2025). The average LOS for individuals with this discharge reason was 4 days, much shorter than the 17.6 days averaged for those who discharged with a “successful completion.”

Given the increase in unplanned discharges, including diagnoses in the CRT Power BI report in this report could provide relevant information, particularly the degree to which clients have identified SUD diagnoses.

Crisis Residential Treatment			
Provision	Requirement	R1	R2
C.4.a.iv.	Be provided in non-hospital, non-congregate environments that are therapeutic, calming, and designed to be comforting to those experiencing crisis, including but not limited to by providing quiet spaces, calming colors and music, and accommodating the sensory needs of individual clients.	NR	SC
C.4.a.viii.	Be operated with sufficient clinical support and oversight. Trained staff will be onsite at all times. Staff shall include Peer Specialists to the greatest extent possible.	NR	SC
C.4.a.xi.	Be physically accessible as needed to meet individual needs.	NR	SC

A detailed tour of the facility was provided by program leadership. The space has a nicely functional layout to accommodate multiple activities simultaneously; it was designed for the CRT. It is filled with supplies, and is clean, organized, and engaging. The atmosphere is active and welcoming.

There were several staff onsite, including nursing and peer staff. Clients expressed appreciation for the care and input provided by all staff, especially by the peer staff with lived experience. The clients in the focus group felt that they received excellent services at the facility, and some had been there more than once. They felt that the staff were caring and responsive, and that the activities and interactions supported their wellness. They had no complaints about the program nor desires to make suggestions for improvement.

Recommendations

Recommendations from the First Report that Apply

- Update the Crisis Residential Treatment report to include the next outpatient SUD service and the next outpatient MH service so that engagement in both systems can be recognized.
- The existing Jackson House Admission Agreement protocol does not appear to be within the spirit of the Settlement Agreement or standard of practice for CRTs, operating as if a true locked facility. Further evaluation should be conducted regarding the needs of the clients and service system.
- For denials of admission, the CRT sends the required DHCS documentation to the client and the County. The contract monitor should aggregate this data for analysis as well as review referrals and reasons for denials periodically for concurrence. (This would be useful for the Reviewer.)
- Work with Jackson House to begin tracking referring party and dates/times for screening, intake, and admission to evaluate access to care, as well as wait list data. This is important for evaluating access to care as well as whether there is sufficient service capacity available.

New Recommendations

- Add client race/ethnicity fields to the CRT Power BI report to enable additional analysis of access to this service.
- Investigate whether the CRT staff are well-trained in motivational interviewing. This is important given the high rate of SUD in its residents, and can provide meaningful intervention when individuals are considering leaving against advice.
- Consider adding a discharge reason “left AMA, but having met some goals.” Charts reviewed from 2025 admissions showed high participation, medication changes, improved mood, and new coping skills among many clients who ultimately discharged earlier than planned. Their discharge reason of AMA or AWOL compared to Successful Discharge under-represents the clinical successes that were obtained during the admission. It may be useful for the CRT to consider both short-term and long-term goals for the admission when doing treatment planning with clients in order to acknowledge those successes at discharge.
- Clarify the difference for the staff between AWOL and AMA as a discharge status, as they appeared to be used interchangeably.

Crisis Treatment Services: Peer Respite Home

This section is Not Ratable as the service is not expected to be implemented yet. The County has committed to identifying a site and funding by February 2027. This section will be rated in the next report.

Documents Submitted for Second Report

- Peer Respite RFA
- Letter of Intent to Apply for Peer Respite – The Source

Assessment of Service Commitments

Peer Respite Home Within 24 months				
Provision	Requirement	KPI	R1	R2
C.4.a.	Within twenty-four (24) months of the date of this Agreement, the County shall identify and fund acquisition of property for use as a Peer-Respite Home within Tulare County. The County shall contract with one or more peer-led community providers to staff and operate the Peer Respite Home, consistent with the standards for Crisis Treatment Services below. The County shall make reasonable efforts to ensure that the Peer-Respite Home maintains six (6) or more Peer-Respite beds. The Peer-Respite Home beds shall be in addition to the Crisis Treatment beds referenced in Section C.4.a.		NR	NR
C.4.a.i.	Have capacity to serve adults, children and youth.		NR	NR
C.4.a.ii.	Be available to individuals experiencing or recovering from a crisis due to their mental health disability for short-term stays and provide support to avoid escalation of a crisis.	TBD	NR	NR
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	TBD	NR	NR
C.4.a.iv.	Be provided in non-hospital, non-congregate environments that are therapeutic, calming, and designed to be comforting to those experiencing crisis, including but not limited to by providing quiet spaces, calming colors and music, and accommodating the sensory needs of individual clients.		NR	NR
C.4.a.v.	Provide individuals with their own room, consistent with individual needs.		NR	NR
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.		NR	NR
C.4.a.vii.	Have capacity to accommodate stays ranging from a few hours to several days. Stays should ordinarily last no more than seven (7) days.		NR	NR

**Peer Respite Home
Within 24 months**

Provision	Requirement	KPI	R1	R2
C.4.a.viii.	Be operated with sufficient clinical support and oversight. Trained staff will be onsite at all times. Staff shall include Peer Specialists to the greatest extent possible.		NR	NR
C.4.a.ix.	Accept admissions directly from the County's Mobile Crisis Teams, treatment teams, and on a walk-in basis. Crisis Treatment Services shall not accept admissions from a psychiatric hospital. Individuals shall not be required to have housing as a condition of admission to Crisis Treatment Services.	TBD	NR	NR
C.4.a.x.	Have sufficient capacity to provide Substance Use Disorder Services for people with co-occurring mental health disabilities and Substance Use Disorders.	TBD	NR	NR
C.4.a.xi.	Be physically accessible as needed to meet individual needs.		NR	NR

Crisis Treatment Services: BH Urgent Care in City of Tulare

This section is Not Ratable as this adult urgent care clinic has not been developed or implemented yet.

The County's website shared a press release on October 30, 2025, representing the groundbreaking event for this service.²⁴ The project will be funded through the BH Continuum Infrastructure Program (BHCIP) grant in the amount of \$10.7 million. It had been expected to be completed and operational in 2026.

While this component has an 18-month time frame for rating, the County is making progress toward implementation. Therefore, rating this section is deferred until the next report. The RFP is scheduled to close on August 18, 2026, though it may be extended if there are fewer applicants than desired.

Assessment of Service Commitments

Behavioral Health Urgent Care in City of Tulare Within 18 months				
Provision	Requirement	KPI	R1	R2
C.4.a.	The County shall contract with one or more community-based providers to operate a Behavioral Health Urgent Care in the City of Tulare, consistent with the standards for Crisis Treatment Services below. The Behavioral Health Urgent Care shall be voluntary, unlocked, and available on a walk-in basis. The Behavioral Health Urgent Care shall provide assessments and meaningful connections to ongoing Specialty Mental Health Services, including FSP, ACT, and Youth Services.		NR	NR
C.4.a.i.	Have capacity to serve adults, children and youth.		NR	NR
C.4.a.ii.	Be available to individuals experiencing or recovering from a crisis due to their mental health disability for short-term stays and provide support to avoid escalation of a crisis.	TBD	NR	NR
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	TBD	NR	NR
C.4.a.iv.	Be provided in non-hospital, non-congregate environments that are therapeutic, calming, and designed to be comforting to those experiencing crisis, including but not limited to by providing quiet spaces, calming colors and music, and accommodating the sensory needs of individual clients.		NR	NR
C.4.a.v.	Provide individuals with their own room, consistent with individual needs;		NR	NR
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.		NR	NR

²⁴ <https://tchhsa.org/new-behavioral-health-urgent-care-coming-tulare-county>

Behavioral Health Urgent Care in City of Tulare Within 18 months				
Provision	Requirement	KPI	R1	R2
C.4.a.vii.	Have capacity to accommodate stays ranging from a few hours to several days. Stays should ordinarily last no more than seven (7) days. ²⁵	TBD	NR	NR
C.4.a.viii.	Be operated with sufficient clinical support and oversight. Trained staff will be onsite at all times. Staff shall include Peer Specialists to the greatest extent possible.		NR	NR
C.4.a.ix.	Accept admissions directly from the County's Mobile Crisis Teams, treatment teams, and on a walk-in basis. Crisis Treatment Services shall not accept admissions from a psychiatric hospital. Individuals shall not be required to have housing as a condition of admission to Crisis Treatment Services.	TBD	NR	NR
C.4.a.x.	Have sufficient capacity to provide Substance Use Disorder Services for people with co-occurring mental health disabilities and Substance Use Disorders. At minimum, the County shall provide Sobering Services at its Behavioral Health Urgent Care and youth CSU. The County shall continue to expand Sobering Services through collaboration with community-based partners and County contracts, as necessary to meet the needs of individuals receiving services under this Agreement.	TBD	NR	NR
C.4.a.xi.	Be physically accessible as needed to meet individual needs.		NR	NR

²⁵ The same criteria from the Settlement Agreement are listed for all Crisis Treatment Services. Urgent care admissions are usually a few hours rather than days, similar to or shorter than a CSU stay. Urgent care clinics can operate as a CSU or a walk-in outpatient clinic.

Crisis Treatment Services: Youth CSU

This section is informed by documentation available, data analysis, and the site visit.

Documents Provided by Tulare County

- Kaweah Youth CSU Contract #31747

Reports Available

- Youth Services Caseload – extracted CSU admissions and discharges
- MCRT for referrals to the CSU

Data Not Available

- At the time of the site visit, because the program is still relatively new, Tulare County had not begun requiring the contractor to submit monthly KPI data. This was to begin in July 2026. Discharge dispositions would be important information to collect as well as reasons for over-stay (pending discharge to community, pending transfer to ED, pending acceptance to inpatient facility, etc).

Youth CSU KPIs					
#	KPI	Goal	CY 2024	CY 2025	CY 2026 Q1-Q2
39	Youth CSU discharges within 24 hours of admission ²⁶	90%	NA	NA	87.9%
40	Youth CSU diversion from inpatient admission vs Inpatient	75%	NA	NA	ND
41	Youth CSU Admissions within one day of MCRT Service ²⁷	TBD	NA	NA	19.3%

These KPIs have not been discussed with the Tulare team prior to this report and, upon receiving input, may warrant amendment either prior to the Final Report or for the Third Report, or both.

²⁶ This was calculated using the Youth Services Caseload report, based upon admission and discharge date/time.

²⁷ This is designed as a proxy measure to indicate referrals from MCRT. Some may have not have been direct transfers from MCRT if, for example, the MCRT intervention occurred and later that day or the next day the client presented to the CSU. The goal for this measure is flexible as the CSU should receive referrals from MCRT and other sources.

Assessment of Service Commitments

Youth Crisis Stabilization Unit Within 18 months				
Provision	Requirement	KPI	R1	R2
C.4.a.	The County is collaborating with Kaweah Health to implement a twelve (12) bed Crisis Stabilization Unit (“CSU”) for children and youth, which the County expects to complete within eighteen (18) months of the date of this Agreement. The CSU shall provide Crisis Intervention Services for up to 24-hours to children and youth who need to receive services in a location other than their home or program, as necessary to avert or resolve a mental health crisis. The CSU shall provide assessments and meaningful connections to ongoing Specialty Mental Health Services.		NR	SC
C.4.a.i.	Have capacity to serve adults, children and youth. ²⁸		NR	SC
C.4.a.ii.	Be available to individuals experiencing or recovering from a crisis due to their mental health disability for short-term stays and provide support to avoid escalation of a crisis.		NR	SC
C.4.a.v.	Provide individuals with their own room, consistent with individual needs.		NR	SC
C.4.a.ix.	Accept admissions directly from the County’s Mobile Crisis Teams, treatment teams, and on a walk-in basis. Crisis Treatment Services shall not accept admissions from a psychiatric hospital. Individuals shall not be required to have housing as a condition of admission to Crisis Treatment Services.	41	NR	SC
C.4.a.xi.	Be physically accessible as needed to meet individual needs.		NR	SC

The basic requirements associated with the operations of a CSU described above are all rated SC. Along with Tulare County Administrative Specialist who monitors the CSU contract and the DRC Coordinator, the Youth CSU site was toured on June 3, 2026. The facility is operated by Kaweah Hospital staff and therefore referrals to and from Kaweah ED can be made with ease.

Individuals are primarily in reclining chairs in a group setting, as is most common for CSU programs. There are distinct spaces for youth under 18 and youth aged 18-21, and the rooms are separated by secure doors to ensure that young adults do not mix with minors. While the space is not designed for individualized rooms for overnight sleep, the rooms are spacious. The volume of clients served so far is such that there would not be a “crowded” feeling, and there are private spaces for one-on-one conversations or quiet time. The facility did not appear to have any barriers to its physical accessibility, and the floor plan was logically laid out in alignment with its workflow.

Based upon the available data, admissions occurred at all times of the day and night, demonstrating a good degree of accessibility. There is evidence that referrals from MCRT have been made and accepted from MCRT. Youth were referred from the hospital ED, other agencies, and self/family referral. The program appears well staffed to provide support during a crisis.

²⁸ This CSU is intended to serve youth up to age 21.

The first half of 2026 showed an average of 2.6 admissions per day. Staff indicated that the Kaweah ED usually has one or two youth mental health admissions on any given day. It seems unlikely that the facility will have demands that reach its 12-bed capacity. As the program ramps up, the fluctuations in census can be accommodated by the shared staffing from the Kaweah inpatient unit or ED.

Over 18% of admissions in 2026 were for youth who had already previously had an admission this same year at the CSU. One youth was admitted 12 times and several were admitted between 5 and 8 times. These cases may warrant case conferencing with Tulare County to plan and align interventions.

Youth Crisis Stabilization Unit				
Provision	Requirement	KPI	R1	R2
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	40	NR	PC

This element appears to be largely met based upon staff description of operations. It is rated PC pending the ability to obtain discharge disposition data to calculate the rate for which youth are admitted to inpatient facilities or returned to the community., especially once the facility is LPS designated and they begin to directly hospitalize clients.

Only seven youth were identified as having been transferred to a higher LOC at discharge. These were likely ED transfers, but this appears to be a low number for that. There is likely some inconsistency among staff in selection of the discharge reason. “Successful completion” was identified for 95% of the admissions. Discharge definitions need to be documented.

The County’s KPI form is expected to collect data beginning July 2026 and includes a monthly rate for percentage discharged to the community. When collected, this information can inform KPI #40.

Youth Crisis Stabilization Unit			
Provision	Requirement	R1	R2
C.4.a.iv.	Be provided in non-hospital, non-congregate environments that are therapeutic, calming, and designed to be comforting to those experiencing crisis, including but not limited to by providing quiet spaces, calming colors and music, and accommodating the sensory needs of individual clients.	NR	PC

The facility is new and appears clean, organized, and safe for the services being provided. The unit was thoughtfully designed in terms of its layout for client admission, flow, and intervention. There is onsite security that responds to requests at the door, and a secure lobby outside of the secured treatment area.

This item is rated PC as it does have somewhat of an institutional feel. The addition of painted walls, posters, or other home-like (but safe) décor could easily make it feel much less like a hospital and more youth friendly.

Youth Crisis Stabilization Unit			
Provision	Requirement	R1	R2
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.	NR	PC

Typical of CSU settings, the program is locked and is designed for both voluntary and involuntary treatment. This setting is much preferable to the youth being served in the ED setting. Walk-ins are available and the program has received a number of voluntary referrals/transfers from MCRT. Though locked, patients can leave if they wish, primarily because at this time the CSU does not serve youth on a 5150/5585 hold.

The site has not yet received LPS designation from DHCS. This process is much more complex based upon the new Interim Regulations for LPS Facility Designation issued on February 24, 2026.²⁹ Pending this designation, the staff are not initiating 5150/5585 holds from the site and are transferring youth to the Kaweah ED if they require an inpatient admission. This practice does not seem necessary as LPS-designated staff may initiate holds in any location within the boundaries of the county. Upon receipt of LPS designation, the facility will allow for LEA to drop-off youth on holds; it is common practice (though not entirely so) for individuals to be brought by LEA to LPS-designated facilities.

This requirement is rated PC pending analysis of service patterns once it receives its LPS designation. At that point, it is anticipated that the program would serve a mix of voluntary and involuntary clients. The capacity to provide voluntary care in this setting aligns with the Settlement Agreement.

Youth Crisis Stabilization Unit				
Provision	Requirement	KPI	R1	R2
C.4.a.vii.	Have capacity to accommodate stays ranging from a few hours to several days. Stays should ordinarily last no more than seven (7) days. ³⁰ (For the youth CSU, it should accommodate stays up to 24 hours.)	39	NR	PC

A CSU is licensed for stays under 24 hours. The average admission was 15.3 hours, with a median LOS of 18.5 hours. Just over 20% of the admissions were less than two hours, some half an hour. Those clinical or administrative circumstances are unclear and warrant examination by chart review..

Of the 13% of admissions that exceeded the 24-hour maximum (KPI #39), most were less than 26 hours in total. While not technically allowable, it is not uncommon in CSU facilities to have stays longer than 24 hours, sometimes even several days (as occurs in hospital EDs when clients are pending placement). When the facility begins writing 5150 holds and placing youth in inpatient settings, the LOS will become more of a challenge. It is very difficult to assess, provide intervention, determine the need for hospitalization, and transfer to an LPS facility within 24 hours. This is impacted greatly by the search time to find a bed and waiting to hear if the facility is accepting transfer – especially for youth under 18, for which there are fewer facilities in the state. There may be a need to hold 5250 hearings at the facility if a hold exceeds 72 hours. However, to prevent this, the program may elect to transfer youth to the ED

²⁹ <https://www.dhcs.ca.gov/wp-content/uploads/2026/05/BHIN-26-009.pdf>

³⁰ The same criteria from the Settlement Agreement are listed for all Crisis Treatment Services. CSU services are provided by hours (less than 24) rather than days.

when they are nearing 24 hours without disposition. Tulare appears to largely hospitalize its youth at River Vista Behavioral Health in Madera County. With one major partnering facility, locating an inpatient bed in a timely manner may not be as much of a barrier. Pending the impact of LPS designation on the LOS, this item is rated PC.

Youth Crisis Stabilization Unit			
Provision	Requirement	R1	R2
C.4.a.viii.	Be operated with sufficient clinical support and oversight. Trained staff will be onsite at all times. Staff shall include Peer Specialists to the greatest extent possible.	NR	SC

The staffing appears to have sufficient professional staff onsite, along with an in-person psychiatrist. Often psychiatrists are only available via telehealth for similar programs, and so the on-site presence of psychiatrists who rotate to provide daily coverage is a plus. There are no Peer Specialists, but this is not surprising given the relatively low census and the age of focus. Adding to the staff a younger adult Peer Specialist or a Parent Partner could be clinically valuable and might be economically viable if the program becomes busier. Having a Parent Partner to engage and provide intervention to a youth's parent can contribute greatly to a positive clinical outcome. This is rated SC at this time.

Youth Crisis Stabilization Unit			
Provision	Requirement	R1	R2
C.4.a.x.	Have sufficient capacity to provide Substance Use Disorder Services for people with co-occurring mental health disabilities and Substance Use Disorders. At minimum, the County shall provide Sobering Services at its Behavioral Health Urgent Care and youth CSU. The County shall continue to expand Sobering Services through collaboration with community-based partners and County contracts, as necessary to meet the needs of individuals receiving services under this Agreement.	NR	NR

Not enough information was available nor specifically requested by the Reviewer to rate this item. Admission diagnoses or evidence of coordination with SUD treatment programs would help inform this requirement. Staff, however, indicated that they serve youth with co-occurring SUD disorders.

Recommendations

- Coordinate with Reviewer on developing a Power BI report to begin to monitor service utilization and identify performance indicators and relevant goals. This should include demographics, admission and discharge dates/times, disposition (inpatient versus other dispositions), and follow-up outpatient care. The Crisis Residential Treatment report can serve as an initial model.
- Continue with efforts to advertise the service availability, including with Child Welfare Services and school districts.
- Ensure that the Access Line and/or outpatient programs coordinate with the CSU to offer appointments within the urgent service time frames.

- Consider outreach and engagement for clients served at the Youth CSU but do not connect to outpatient care afterward.
- Ensure that training materials and P&Ps address relevant components of the Settlement Agreement, particularly once the site becomes LPS designated.

FSP and ACT Services

This section on FSP/ACT services is informed by documentation available, data analysis, site visit discussions, chart review, and input from clients served.

Documents Provided by Tulare County

Submitted for the First Report

- Kings View Contract #31746
- Turning Point Contract #32562
- P&P 20-03 Flex Funding – effective 5/1/23
- P&P 20-02 FSP Program – effective 1/15/18

Submitted for This Report

- Letter to Child/Youth providers regarding gap in youth FSP
- Letter to Adult providers regarding FSP-ICM implementation
- QI Bulletin regarding FSP changes
- Kings View CARE Court contract
- Tulare Exhibit A contract template for ACT/FACT (draft)
- Coordinated Entry Process
- Data regarding fiscal housing transactions

Reports Available

- Referrals to FSP and ACT Services
- FSP and ACT Service Caseload

Data Not Available

- Log tracking referral and contact dates
- Key events during FSP/ACT care that are reported to DHCS: arrests or incarceration, 5150, housing status and referrals offered, ED admissions

FSP/ACT Services KPIs					
#	KPI	Goal	CY 2024	CY 2025	CY 2026 Q1-Q2
12	Timely Response to FSP/ACT Referral	80%	ND	ND	ND
13	FSP/ACT Engagement (4 services)	90%	91.8%	88.6%	81.8%
14A	Timely initial FSP/ACT service (within 10 business days)	80%	65.7%	69.5%	81.3%
14B	Timely second FSP/ACT service (within 10 business days)	80%	80.7%	86.2%	89.9%

FSP/ACT Services KPIs					
#	KPI	Goal	CY 2024	CY 2025	CY 2026 Q1-Q2
15	FSP/ACT Clients Receiving PSS Services	50%	NA	18.2%	18.1%
16	Service Contacts Delivered in the Field ³¹	75%	32.4%	31.7%	44.4%
17	Successful Discharge from FSP/ACT Services	40%	18.2%	12.7%	12.0% ³²
18	Unhoused FSP/ACT Clients Move into Housing	75%	ND	ND	ND
19	FSP/ACT clients receiving supported employment from team ³³	TBD	ND	ND	ND
20	FSP/ACT clients receiving SUD support from team ³⁴	TBD	ND	ND	ND

Assessment of Service Commitments

FSP and ACT				
Provision	Requirement	KPI	R1	R2
C.5.a.	In the course of providing Crisis Services, and before such services end, the County or a County-contracted provider shall screen individuals for access to Specialty Mental Health Services ("SMHS"), including Full Service Partnership ("FSP") and Assertive Community Treatment ("ACT") services. The County will refer screened individuals to an MHP provider for a comprehensive assessment as needed. The MHP provider will complete a comprehensive assessment for appropriate outpatient services within fourteen (14) days of the Crisis Services screening and referral.	14A	NR	PC

The PC rating is assigned as MCRT refers to the Access Line for SMHS, but not for FSP/ACT specifically. This is a specified requirement in the Settlement Agreement. There are also no clearly defined criteria for FSP/ACT eligibility, although the County indicates that they are in the process of implementing the LOCUS which will aid in level of care assignment.

³¹ The data are updated from the prior report to include "telehealth – client at home" as a field based/non-office service.

³² This is impacted to some extent by administrative discharges due to changes in program offerings described later in this section of the report.

³³ Though specified in the Settlement Agreement, the current model of care does not offer supported employment as an FSP service. This appears to be planned among contract agency ACT/FACT teams.

³⁴ Though specified in the Settlement Agreement, the current model of care does not offer SUD support as an FSP service. This appears to be planned among contract agency ACT/FACT teams.

FSP and ACT				
Provision	Requirement	KPI	R1	R2
C.5.a.ii.	FSP: Referred individuals will be contacted within three (3) business days of referral to begin FSP services.	12	NR	NC
C.5.a.iii.	ACT: The ACT team will contact referred individuals, who it has determined it can serve, within one (1) business day of referral to begin ACT services. If the ACT team determines it cannot serve the individual due to eligibility or capacity, the individual will be contacted within three (3) business days to begin FSP services.	12	NR	NC

The dates of referral, eligibility determination, and client contact are not systematically tracked and recorded to measure timely response. This is a necessary element for the above two service commitments.

It needs to be determined whether the FSP-ICM LOC will be included within the KPI data and the FSP/ACT requirements.

FSP and ACT				
Provision	Requirement	KPI	R1	R2
C.5.a.i.	SMHS: SMHS appointments shall follow the timely access standards set forth by DHCS.	14A 14B	NR	PC

FSP/ACT Services – Service Initiation				
Metric	CY 2024	CY 2025	CY 2026 Q1-Q2	% Change
FSP/ACT Initiation (Received 1 service after Referral)	87.5%	85.1%	73.9%	13.1%

Fewer FSP/ACT clients (73.9%) were engaged for their first service in 2026. However, the service was delivered more timely for those who received a service (KPI #14A, 81.3%). The second service was also more timely than the prior reporting periods (KPI #14B, 89.9%).

The item is rated PC pending determination of accurate tracking of the date of referral to FSP/ACT.

FSP and ACT				
Provision	Requirement	KPI	R1	R2
C.5.b.	FSP services include intensive case management and behavioral health, Crisis Intervention, Peer Specialist, Substance Use Disorder, and Supported Employment services, as appropriate to the individual and in accordance with the individual's Individual Services and Supports Plan ("ISSP"). Consistent with	15 19 20	NR	PC

FSP and ACT				
Provision	Requirement	KPI	R1	R2
	9 C.C.R. § 3620(a),(g), and (h), each recipient will have an ISSP that is developed with the person and includes the person's individualized goals and the full spectrum of community services necessary to attain those goals. Each recipient will receive the services identified in their ISSP, when appropriate for the individual. ISSPs shall include the frequency and intensity level of services needed to attain client goals.			

This element refers to the typical composition of an FSP or ACT team operating to fidelity (or near fidelity).³⁵ Currently the FSP and ACT teams (at least those operated by the County; contracted programs were not interviewed) do not have staff assigned to housing and vocational specialist roles, except for those teams that have PSS staff. A PC rating is assigned as the chart review demonstrated that most had individualized treatment plans that included client specific goals, including goals in the client's own words. The frequency of intended services is included in the service plans.

Overall, a steady 18% of FSP/ACT clients received PSS services (KPI #15). Several programs have not incorporated PSS into their service delivery models – or are not billing them as such.

A client focus group was held with members of the Kings View Field Based Services FSP. The clients who attended the focus group had very positive experiences with their FSP providers and seemed to experience a team-based approach. They discussed receiving support with housing (many had a history of being homeless), transportation, and accessing medical care. Some were working on getting a job and others hoped to work toward that goal, especially those who had an employment history. For some, FSP assistance with housing incentivized them to enroll in the FSP, and they since benefitted from the other supports available. They were aware that they could reach out between scheduled visits, that the Kings View team was available on-call after hours and that they could reach out to them or to MCRT in a crisis. However, the group was not aware of Jackson House CRT. A couple of individuals came to the group despite having enrolled in the FSP recently and expressed positive impressions so far. They were aware of PSS staff and several hoped to become a certified PSS to help others like they have been helped.

FSP and ACT				
Provision	Requirement	KPI	R1	R2
C.5.c.	FSP and ACT services shall be comprehensive, individualized, and flexible and shall employ an age-appropriate, Person-Centered, Trauma-Informed, Culturally Responsive, and Gender-Affirming approach to care. Such services will be available to participants 24 hours per day, seven days per week on-site in their homes and in other preferred community settings. After-hour care and services may also be provided by the County's Mobile Crisis Team.	13 16 17	NR	NR

The measure of engagement (KPI #13) is a proxy measure for quality of services and is based upon the percentage of clients who received one service and were retained for four or more services. This rate

³⁵ CCR Title 9, Section 3620 - FSP: <https://www.law.cornell.edu/regulations/california/9-CCR-3620>

dropped from 91.8% in 2024 to 81.8% in 2026. There could be some claims lag impacting this measure, though the data was re-run on August 21, 2026.

This element is not rated primarily because the FSP/ACT programming was in transition at the time of this report. The Visalia ACT team transitioned in July to an FSP-ICM service. The contracted FSP programs are expected to implement ACT and FACT in accordance with BHSA.³⁶ This transition may be responsible for some of the decreased performance in FSP/ACT measures. The lower rate of successful discharges from FSP/ACT may be an artifact of administrative discharges due to changes in programming. Many cases were re-opened in July 2026, and so this will need to be taken into account in analyses that include this time frame.

County Memos to staff and contracted agencies describe the following changes to the FSP programs:

- All adults and TAY in the current FSP programs must be reviewed and transitioned to the most appropriate LOC effective July 1, 2026. In order to transition to the FSP-ICM LOC, the client must meet SMHS access criteria AND have a moderate or severe SUD diagnosis AND be homeless (or at risk of), involved in the criminal justice system (or at risk of), or at risk of conservatorship or institutionalization (or CWS involvement for TAY)
- DHCS is requiring that youth FSP programs must be High Fidelity Wraparound (HFW) programs.³⁷ A June 1, 2026 Memo to Child/Youth System of Care Providers indicated that Tulare County does not have a HFW at this time. Providers were instructed to transition youth served by FSP programs to other SMHS, which may include Wraparound. The Memo did not indicate how many youth could be accommodated in the Wraparound program or when the County anticipated implementing HFW.

It is relevant to recognize that DHCS has contributed to counties being delayed in the July 1, 2026, implementation of HFW. At the time of this report, DHCS still had not released the bundled rates for this service. This causes challenges especially for counties like Tulare that provide this service through contracted providers. DHCS has encouraged counties to pay providers and then settle on the new rates afterward, but this is not a practical solution.

FSP and ACT			
Provision	Requirement	R1	R2
C.5.d.ii.	FSP and ACT participants will be assessed for housing needs. Beginning no later than six (6) months from the date of this Agreement, the County shall ensure that each FSP and ACT participant receives support and assistance to secure and maintain affordable temporary and permanent housing as necessary to meet individual need and consistent with FSP regulations.	PC	PC

³⁶ While Tulare County is not participating in the optional BH-CONNECT project, DHCS's Draft BH-CONNECT document discusses BHSA Program Fidelity, which is required: <https://www.dhcs.ca.gov/Documents/BH-CONNECT-EBP-Training-and-Fidelity-Manual.pdf>

³⁷ <https://www.dhcs.ca.gov/calaim-transforming-medi-cal/children-and-youth-evidence-based-practices>

FSP and ACT				
Provision	Requirement		R1	R2
C.5.d.iii.	Beginning no later than six (6) months from the date of this Agreement, the County shall ensure that, if an FSP or ACT participant is waiting for permanent housing, the FSP/ ACT team will, as needed, promptly provide or secure temporary housing for the participant until permanent housing is secured. Temporary housing provided under this Agreement shall be stable and shall not be at a congregate shelter, except on an emergency basis.	18	PC	PC

A spreadsheet of individuals for whom the County funded rent dating back to 2024 was provided. For the clients served by FSP/ACT in 2026, it appears that roughly 25% received financial assistance in 2026 for their housing. The County also provided a list of 264 individuals who were identified as chronically homeless or at risk of homelessness. This only had 20% overlap with the clients enrolled in FSP. About one-third of those FSP/ACT clients received County-funded housing assistance in 2026. This information shows that housing status is tracked to some extent, but comprehensive tracking for FSP/ACT clients is absent. FSP/ACT clients who did not receive financial assistance as included in the records could be either unhoused or housed through other funding mechanisms (e.g., other programs or client payment). This item remains rated PC.

Additionally, the County indicated that an RFP was issued in April 2026 to engage Room and Board operators for BHSA housing services. This is expected to expand housing opportunities and strengthen the associated data tracking.

The County also provided written information regarding Coordinated Entry housing resources.³⁸ The Coordinated Entry Written Standards was last updated in May 2021. This document is required by HUD to document how resources are prioritized within the community.

There is a single, easy to read, flyer applicable to all of the local MCPs that describes the workflow to access housing resources through Coordinated Entry, which includes various County housing programs and the community support housing benefit through the MCPs.³⁹ The MCP resources for transitional housing (for those who are eligible) are expected to coordinate with BHSA housing. Further, BHSA funds cannot be used for clients who are eligible for six months of transitional rent through their MCP.⁴⁰

FSP/ACT – Key Event Tracking			
Metrics	CY 2024	CY 2025	CY 2026 Q1 Q2
Clients reported as homeless at FSP/ACT Admission	13.2%	26.6%	16.4%

³⁸ [KTHA — Kings Tulare Homeless Alliance](#)

³⁹ <https://www.chcs.org/media/KTHA-CES-Process-Map.pdf>

⁴⁰ <https://www.dhcs.ca.gov/wp-content/uploads/2025/10/DHCS-Community-Supports-Policy-Guide-Volume-2.pdf>
Page 12 describes how transitional rent and BHSA housing would be coordinated.

FSP and ACT			
Provision	Requirement	R1	R2
C.5.e.	FSP and ACT services will reduce, to the greatest extent possible, interactions with law enforcement during a health crisis.	NR	SC

More FSP/ACT services were provided in the field as opposed to office settings, in fact 40% more than in 2025, representing a significant increase and apparent change in practice. Interviews with staff, clients, and chart review suggest that there is little if any reliance upon law enforcement to respond to mental health crises.

The following Service Commitments have future deadlines and are not yet rated.

FSP and ACT			
Provision	Requirement	R1	R2
C.5.d.iv.	In order to ensure that the County has sufficient permanent affordable housing units to meet the needs of FSP and ACT participants, the County shall work with affordable housing developers to explore new opportunities for developing permanent supportive housing for behavioral health consumers. At minimum, the County shall (1) fund at least twenty (20) new units of permanent supportive housing for County behavioral health consumers within five (5) years from the date of this Agreement;	NR	NR
C.5.d.v.	In order to ensure that the County has sufficient permanent affordable housing units to meet the needs of FSP and ACT participants, the County shall work with affordable housing developers to explore new opportunities for developing permanent supportive housing for behavioral health consumers. At minimum, the County shall ... (2) apply for one hundred 100 new traditional Section 8 Housing Vouchers or Mainstream Section 811 Housing Vouchers, to be administered by the Housing Authority of Tulare County.	NR	NR
C.5.f.i.	Conduct an ACT Needs Assessment within 24 months , assessing the needs and gaps in the ACT program for individuals receiving crisis services.	NR	NR
C.5.f.ii.	The ACT Needs Assessment will appropriately take into account consumer, community, and stakeholder input; and all necessary data and information sufficient to assess need, including data on service utilization by underserved communities.	NR	NR
C.5.f.iii.	The County will provide a draft of the proposed plan for conducting the ACT Needs Assessment to DRC for review, feedback, and comment; and will appropriately take into account such feedback and comment before proceeding with the assessment. The assessment and conclusions will promptly be made available to the public.	NR	NR
C.5.f.iv.	Based on the County's ACT Needs Assessment, the County will diligently seek funding to expand ACT capacity to meet the identified need.	NR	NR

Recommendations

Recommendations from the First Report that Apply

- Review the data elements required for this section and implement a plan to collect that information. This should include FSP/ACT referral dates, client contact dates, and eligibility determination. Identify whether contracted FSP programs are maintaining this data and can provide it for their referrals.
- Identify a mechanism to collect housing status data, along with the other key event tracking that occurs for FSP programs – whether this is in the EHR or separately.
- Review the Flex Funding P&P with FSP/ACT staff who need to access those funds on behalf of clients. (If there is a County Purchasing Card P&P, that should be included.) Determine whether there are process barriers that can be eliminated while maintaining compliance with County/State/Federal requirements. Lower dollar amount transactions could be reasonably approved at lower levels of the MHP.
- Review staff understanding of Discharge Reasons; this may require updating written documentation or providing additional training. “Transferred to a different program” is not very descriptive when there are “transfer to higher/lower” options. “Transferred to a different program” might be best used when transferring to the same LOC at a different location. Additional staff training and consistent application of definitions may give results that show more positive discharge reasons and outcomes of care.

New Recommendations

- Provide an update regarding ACT/FACT and HFW implementation, including milestones and anticipated dates, and their impact on the FSP/ACT requirements in the Settlement Agreement.
- Identify individuals who were discharged from FSP/ACT to lower LOC due to system changes to ensure that they remain in services as clinically necessary and were not lost to follow-up.
- If not already in progress, begin the ACT Needs Assessment. The Reviewer can assist with this if requested.
- Explore the impact of the FSP-ICM implementation on the existing data reports and the overall Settlement Agreement. Update data reports to include FSP-ICM, though both Parties should indicate whether, from their perspective, the FSP/ACT elements of the Settlement Agreement apply to this new LOC.

Child and Youth Services

This section on Child and Youth services is informed by documentation available, data analysis, interviews with clinical staff, and chart review.

Documents Provided by Tulare County

- Hope Horizon Contract #32512
- Kaweah Youth CSU Contract #31747

Reports Available

- Youth Services
- Youth Service Caseload
- Referrals to Youth Services
- FSP and ACT Services
- FSP and ACT Service Caseloads
- Calls to Access Line
- Request for Crisis Response
- Mobile crisis data provided by TCOE

Data Not Available

- Referring party for new referrals – this should be available in the Access Line records as it is reported to DHCS in the Timely Access Data Tool (TADT)
- Law enforcement related data from schools

Child and Youth Services KPIs					
#	KPI	Goal	CY 2024	CY 2025	CY 2026 Q1 Q2
21	Timely Access to Care for Youth	80%	63.2%	77.9%	80.5%
22	Post-MCRT Youth Intake Assessment Occurred Within 30 Days (for those youth who were assessed after MCRT)	80%	43.9%	74.2%	21.5%
23	Youth Connected to MHP Within 14 days After MCRT Service	60% ⁴¹	45.2%	45.2%	55.4%
24	Youth Outpatient Episodes Closed due to Lack of Engagement ⁴²	< 25%	47.2%	37.9%	24.1%

⁴¹ A goal of 60% is set to account for the probability of youth not connected to the MHP being not Medi-Cal eligible. If this data included only Medi-Cal eligibles in the denominator, this goal would be set to 80%. This adjustment to the report to eliminate privately insured youth from the denominator will be explored.

⁴² Lack of engagement defined as discharge reasons: administrative discharge, discharged against medical advice, disengaged from services, and never engaged in services.

Child and Youth Services KPIs					
#	KPI	Goal	CY 2024	CY 2025	CY 2026 Q1 Q2
25	Youth Placed in Group Home/STRTP (unduplicated youth) ⁴³	Reduce	38	33	15
26	Successful Discharge from WRAP/TBS Services	40%	19.3%	31.3%	23.7%

Assessment of Service Commitments

Child and Youth Services				
Provision	Requirement	KPI	R1	R2
C.6.a.	In the course of providing Crisis Services, and before such services end, the County or a County-contracted provider shall screen all children and youth for access to Youth Services, including Specialty Mental Health Services ("SMHS") and Full Service Partnership ("FSP"). The County will refer screened individuals to an MHP provider for a comprehensive assessment as needed. The MHP provider will complete a comprehensive assessment for appropriate services within thirty (30) days of the Crisis Services screening and referral. The County will refer individuals to appropriate services, following the timelines set forth under Section C.5.a, above.	21 22	PC	PC

Child and Youth Services Assessments			
Metric	CY 2024	CY 2025	CY 2026 Q1 Q2
Assessment Completed within 30 days for all New Youth Episodes	83.8%	81.5%	81.7%
Assessments Completed within 30 Days for Youth who had Prior MCRT response or Crisis Intervention	72.2%	71.9%	48.9%
Post-Call to Crisis Center Engagement in MHP	66.6%	48.4%	37.9%

As indicated in the FSP/ACT section of this report, the MCRT staff refer to the Access Line for a SMHS referral and appointment. They do not refer directly to FSP in particular, which is specified in the Settlement Agreement.

The Request for Crisis Response Report is used for KPI #22. It reflects that 52.6% of assessments that followed an MCRT service occurred within 30 days after MCRT, for youth who were not already engaged in the MHP. Performance on this measure dropped significantly in 2026.

Youth new to the MHP who received an assessment within 30 days was just over 80% consistently since 2024. When focusing on the new youth who also had a prior MCRT service prior to their assessment, the

⁴³ These numbers are revised from the First Report as there was duplication of clients across years. These numbers represent new placements. In 2025, three of the youth discharged and were readmitted to an STRTP 6-8 weeks later.

performance decreased, more so in 2026 than in prior years. This number also drops when including the youth/families who contacted the Crisis Call Center but did not receive an MCRT response. This suggests that there may need to be more efforts for early engagement of youth who had received crisis services; they are a higher risk population and appear less likely to engage with MHP services.

Child and Youth Services			
Provision	Requirement	R1	R2
C.6.a.i.	Children/youth who are not Medicaid eligible will be referred and linked to other mental health, social, and/or community services. The Crisis Services in this Agreement are available to all children and youth, regardless of eligibility for Youth Services.	PC	SC

Crisis services through MCRT or the Youth CSU are available to youth regardless of their insurance status, resulting in a rating of SC.

Children and Youth Services				
Provision	Requirement	KPI	R1	R2
C.6.a.ii.	The County's assessments shall begin with the presumption that with sufficient behavioral health supports and services, children and youth can live in a home-based setting.	25 26	PC	PC
C.6.a.iii.	The County shall assess all Medicaid eligible children and youth for Youth Services to determine the least restrictive environment and most integrated setting to meet the child's/youth's needs.	25 26	PC	PC

For out of home placement, KPI #25 shows fewer youth admitted to a Short Term Residential Treatment Program (STRTP), formerly licensed group homes, in 2025 (n=33) compared to 2024 (n=38). Referrals in 2026 are on track to be slightly below 2025. As of June 30, 2026, there were 32 youth in STRTP placements (there were 35 episodes open, but when a youth was moved from one STRTP to another, some of the prior episodes were not closed).

As described in the First Report, there are numerous statewide initiatives that impact the delivery of care to children and families, intended to promote youth living in the least restrictive setting, particularly those youth involved in the Child Welfare, Probation, and Behavioral Health systems: The Families First Prevention Services Act (FFPSA), California's Continuum of Care Reform (CCR), and System of Care Reform (SB 2083).⁴⁴ The full breadth of these California Department of Social Services (CDSS) system requirements and overhauls are well beyond the scope of this Settlement Agreement, but it is noted that CDSS also prioritizes strengthening the community supports that can prevent the need for youth placement outside of a home-based setting.

KPI #26 shows that 23.7% of youth successfully discharged from TBS and/or Wraparound. This was a decrease in performance from 2025 but still higher than the 2024 baseline. Successful discharges from

⁴⁴ CDSS [California's Five-Year State Prevention Plan \(March 2023\)](#)

TBS decreased but increased significantly for youth discharged from Wraparound. The discharge data may be impacted by administrative discharges, and so this number should be viewed with caution.

These components remain rated PC pending improvement reflected in KPI #25 and #26 and implementation of HFW. Additionally, the next site visit is expected to include a meeting with clinicians who assess youth for STRTP placement. Additionally, these charts will be selected for review.

The number of youth initiating Wraparound and TBS are shown below, breaking out Wraparound and TBS from the totality expressed in KPI #26.

Child and Youth Services Assessments			
Metric	CY 2024	CY 2025	CY 2026 Q1 Q2
Youth initiating Wraparound	30	36	20
Successful Discharges from Wraparound	10% ⁴⁵	35.7%	66.7%
Youth initiating TBS	120	105	55
Successful Discharges from TBS	29.7%	26.7%	19.6%

Child and Youth Services			
Provision	Requirement	R1	R2
C.6.a.iv.	Children/youth and families may self-refer by requesting an assessment for Youth Services. All requests for a Youth Services assessment will be honored regardless of referral source, so long as the youth or the youth's guardian consents, per applicable law, to the assessment.	PC	SC

Child and Youth Services – Initial Service			
Metric	CY 2024	CY 2025	CY 2026 Q1 Q2
Initial Youth Service Delivered within 14 days of Date of Referral ⁴⁶	50.2%	62.4%	78.3%
Youth Episodes in Less than 30 Days and not needing treatment reason for discharge	16.5%	17.4%	13.4%

There are no indications of barriers to access for youth. Services were more timely so far in 2026. The Tulare MHP provided services to approximately 5,000 youth annually in 2024 and 2025. So far in 2026 there were 3,382 admissions to youth programs representing 2,877 youth. Over the time frames

⁴⁵ Most discharges in 2024 did not include the reason for discharge (19/30); Successful Discharges represented may be much lower than what is measured.

⁴⁶ It is unclear if the Date of Referral in Referrals to Youth Report is the date the client/family requested the service. The same date tended to be included for different points in the process.

displayed, 13-17% of youth episodes were closed within 30 days for the reason “services no longer needed,” implying high access for initial assessments and determination of need.

The Access Line report shows 540 requests in 2026 for service for youth under age 18, of which 39% were requested by the youth or family member. Referrals for youth also came from other mental health providers, criminal justice, schools, psychiatric inpatient facilities, and social services providers. The comparatively small number of new youth clients who sought care through the Access Line suggests easy direct access to clinics or providers. It would be beneficial to track all points of access, however, in order to have a full picture of the timeliness of initial access to care. (These other points of entry may be available in the County’s TADT submission.)

Children and Youth Services				
Provision	Requirement	KPI	R1	R2
C.6.b.	Youth Services shall be comprehensive, individualized, and flexible, and shall employ an age-appropriate, Person-Centered, Trauma-Informed, Culturally Responsive, and Gender-Affirming approach to care. Such services will be available to participants 24 hours per day, seven days per week, onsite in home and in other preferred community settings and provided as necessary to children/youth on Medi-Cal, consistent with EPSDT and timely access standards.	24	NR	PC
C.6.c.	Such services will be available to participants 24 hours per day, seven days per week, onsite in home and in other preferred community settings and provided as necessary to children/youth on Medi-Cal, consistent with EPSDT and timely access standards.	21	NR	PC

In 2026, 18 youth were served by an FSP program (one by Turning Point Visalia Youth FSP and the balance through the Hope Horizon Youth FSP). Given the number of youth served in the Tulare system, this is an unusually small number of youth at the FSP level. The capacity to provide FSP/HFW warrants some consideration.

KPI #24 shows the youth discharged due to lack of engagement, which is presented as a proxy measure for whether the care is individualized and person-centered. In 2026, this rate was just under 25%, much improved over prior years and meets the goal of <25%. There is still room for improvement, but paired with the timely entry to care in KPI #21, this is a positive reflection of the services for youth. Because services to youth are in transition, these two components are rated PC.

Children and Youth Services			
Provision	Requirement	R1	R2
C.6.c.i.	The County shall provide training and information to schools about alternatives to, and the harms resulting from, law enforcement referrals for children/youth for behavioral-health-related behavior.	NR	NC

The County did not provide any information regarding training and information provided to schools.

Children and Youth Services			
Provision	Requirement	R1	R2
C.6.c.ii.	The County shall coordinate with school districts to ensure that referrals of children and youth for mental-health-related behavior receive an appropriate behavioral health response, including school-based interventions or, if appropriate, by dispatching Mobile Crisis Teams or Youth Services in lieu of law enforcement.	NR	PC

The MCRT Response report showed evidence of schools contacting MCRT services to youth sites for intervention. In 2026, there have been nine MCRT responses to schools, either by referral from school or family and the school. Most of these youth were referred to the Youth CSU. Additionally, the Tulare County Office of Education (TCOE) operates a crisis response team as well.

It is undetermined the extent to which schools rely upon law enforcement interventions. Review of TCOE charts for the next report may support an SC rating.

Children and Youth Services			
Provision	Requirement	R1	R2
C.6.d.	Within twelve (12) months of the date of this Agreement, the County shall update all relevant policies and agreements with child-serving systems, including child welfare system, school districts, juvenile probation, drug and alcohol and other health and human services agencies or legal systems, to ensure cross-agency collaboration and coordination of care, including data-sharing as appropriate and allowable under federal and state regulations, for children/youth receiving Crisis and/or Youth Services.	NC	NC

There was no evidence of updating any relevant policies or Agreements with child-serving systems. There is no apparent data exchange in place. The County provided examples of its contracts with mental health agencies serving youth.

Recommendations

Recommendations from the First Report that Apply

- Prioritize youth who have been seen by MCRT for assessment within outpatient programs. Identifying those youth as “urgent” service requests would help prioritize them, as well as warrant an offered appointment with 48 hours under DHCS requirements.
- Review existing contracts and MOUs for inclusion of material from the Settlement Agreement. MOUs should be in place in accordance with SB 2083 requirements; these efforts should apply here.
- Identify where MOUs still need to be developed with partnering agencies to better coordinate care for youth and exchange data where relevant and feasible.

New Recommendations

- Provide updates regarding HFW implementation and other services available to youth with high or complex needs.
- In the FSP/ACT Needs Assessment, pay particular attention to whether there is sufficient capacity to serve high need/risk youth.

Outreach and Engagement

Documents Provided by Tulare County

- Kings View Mobile Services contract
- P&P 20-04 Outreach and Engagement
- O&E Meeting Agenda Format

Reports Available

- Referred to Outreach and Engagement
- FSP/ACT Services Report – includes Outreach and Targeted Outreach procedure codes

Data Not Available

- The report as constructed does not provide actionable information in that it does not show who received outreach and engagement services and whether those services resulted in receiving ongoing MH services. KPI #28 and #29 are pending operationalization.

Outreach and Engagement KPIs						
#	KPI	Goal	CY 2024	CY 2025	CY 2026 Q1 Q2	% Change
27	Clients Referred to Outreach and Engagement Services ⁴⁷	TBD	161	280	127	NA
28	Clients Received Outreach and Engagement Services	75%	-	-	-	-
29	Outreach and Engagement Led to Outpatient Services	75%	-	-		-

Assessment of Service Commitments

Outreach and Engagement			
Provision	Requirement	R1	R2
C.7.d-e.	The County shall establish and implement written policies regarding Outreach and Engagement, consistent with the terms of this Agreement, and establish and implement Outreach and Engagement services within 12 months of the date of this Agreement.	NC	SC

The County provided Policy 20-04 Outreach and Engagement. It identifies the un-served or under-served populations for outreach and engagement activities:

- Un/underserved individuals and their families, when appropriate.

⁴⁷ CY 2024 was reported as 177 in the prior report and CY 2025 was reported as 414. These numbers are corrected removing duplication of clients.

- Un/underserved Individuals who are at risk of homelessness, institutionalization, incarceration, out-of-home placement, or other serious consequences.
- Individuals who are un/underserved due to ethnic/racial disparities, including limited language access and/or lack of culturally competent services.
- Un/underserved individuals in rural or geographically isolated communities including Native American Rancherias and/or reservations.
- Any population identified as being un/underserved.
- Tulare County MHP will prioritize individuals who are not currently receiving services through the MHP and who are admitted to, or being discharged from, an acute psychiatric hospital for outreach and engagement services.

The document describes offering engagement until the individual is established in supportive services, declines to participate, or cannot be located after several attempts. This is aligned with the expectations of the Settlement Agreement and BHSA.

There is a lack of data to represent these outreach and activities that are being provided. The present limitation is the County's ability to comprehensively report the population and resulting outreach rather than evidence that the County is not providing outreach to individuals at risk of institutionalization, hospitalization, incarceration, or homelessness.

Outreach and Engagement				
Provision	Requirement	KPI	R1	R2
C.7.b.	The County shall implement a system to identify and provide proactive outreach and engagement to children, youth, and adults with serious mental illness who are, for reasons related to their serious mental illness, at risk of institutionalization, hospitalization, incarceration, and/or homelessness.	28 29	NR	PC

Outreach and Engagement Client Risk Factors			
Metrics	CY 2024	CY 2025	CY 2026 Q1 Q2
Reported to be Homeless	13	55	61
Co-Occurring Indicated by SUD Episode ⁴⁸	12	19	10

The Outreach and Engagement report identified homelessness and SUD issues in the population displayed in the report, with nearly half of the individuals referred in 2026 recorded as homeless. Additionally, the County provided a list of individuals identified as homeless or at risk of homelessness based upon EHR tracking. There may be other populations identified as the County implements BHSA's services to these same priority populations.

⁴⁸ CY 2024 and CY 2025 data are updated from the prior report to be an unduplicated client count.

Counties often have direct access to FSPs for homeless individuals who clearly qualify for SMHS. This could be a way to demonstrate compliance with this requirement.

Outreach and Engagement			
Provision	Requirement	R1	R2
C.7.a.	The County shall ensure that individuals experiencing homelessness and/or individuals with co-occurring Substance Use Disorder can access and receive the services in this Agreement.	NR	SC

The variety of services reviewed through charts, focus groups, and data analysis suggest that individuals who are homeless or with a co-occurring SUD issue receive the services referenced in the Settlement Agreement. There do not appear to be any limitations to access to care for these populations, at least when they are referred to and accept care, across all of the programs reviewed.

Outreach and Engagement				
Provision	Requirement	KPI	R1	R2
C.7.b.i.	The County shall ensure that individuals are promptly and meaningfully connected to appropriate behavioral health providers and assessed for Specialty Mental Health Services, including ACT, FSP, Youth Services, and/or other community-based services, consistent with Section C.5.a, above.	30	NR	PC
C.7.b.iii.	Track Outreach and Engagement contacts, including tracking progress in connecting individuals to needed services.	29	NC	PC

The outreach and engagement reflected in the Power BI report do not appear to be the type of services referenced in the Policy 20-04, which speaks to engagement activities in order to receive mental health services. The Policy indicates that the service should be documented and claimed for open cases and for cases that are not open, summarized when a case opens subsequent to outreach and engagement. When this data becomes available, it will be possible to evaluate the delivery and outcomes of the outreach services. The outreach activities performed by the Kings View Field Based Services is an example of outreach and engagement conducted to individuals who should be engaged for services. FSP/ACT programs that do outreach to clients prior to enrollment provide this function as well. This is likely occurring to a greater extent than the data has been able to show.

Outreach and engagement contacts that are claimed as “targeted outreach” are tracked as a billed service. The services represented in the current Power BI report are all billed services to open cases. Though there could be variation in how engaged a client is, from the charts reviewed, it did not appear to be a function associated with clients who are in an early “engagement phase” of care. For the most part it was a home visit that required some form of linkage or follow-up. One client was connected to MCRT and another was provided a crisis intervention and then the case was closed. Others reflected home visits in established cases, assisting with purchases at a store, bringing the client to the pharmacy

to pick up medications, and checking in after no-shows with psychiatry. Only 2 or 3 of the 12 charts reviewed seemed minimally engaged to the program they were being served in.

BHSA refers to these functions as “broad engagement of unserved and underserved populations in the behavioral health system.”⁴⁹ It can also include outreach outside of the behavioral health systems to natural gathering places, senior centers, housing agencies, faith-based organizations, primary care providers, and more. With the new BHSA Integrated Plan, it will require that these activities be tracked within the various service/funding categories. The County notes that the new Individual Service Level Reporting (ISL) required shortly for BHSA will shed more light into outreach and engagement of clients not open to the system.

Ultimately, the goal would be to identify high risk individuals who are not connected to services, provide outreach and engagement, and measure if they became enrolled and engaged in care. The County provided data from Kings View Field Based Services outreach events at various community locations. In 20 events, staff interfaced with 481 individuals; they report that 11 were referred for services and 7 actually engaged in services. This is a good example of outreach tracking but is not comprehensive of all of the County’s efforts.

Outreach and Engagement			
Provision	Requirement	R1	R2
C.7.b.ii.	The County's Outreach and Engagement shall employ an age-appropriate, Person-Centered, Trauma-Informed, Culturally Responsive, and Gender Affirming approach that builds on the person's strengths and goals and seeks to address the individual's concerns regarding treatment (including service refusals). Outreach and engagement will include frequent in-person contact in the field in locations convenient to the person. The County shall incorporate Peer Specialists into outreach teams to the greatest extent possible.	NR	NC

This is currently rated NC due to the lack of comprehensive tracking regarding the outreach and engagement activities and their outcomes. Clients currently receiving the outreach and engagement services are already connected to specific SMHS programs. This should be remedied with the implementation of ISL and the ability to identify clients who were not engaged and then become engaged after receiving outreach services.

Outreach and Engagement			
Provision	Requirement	R1	R2
C.7.c.	The County will provide information and education to County-contracted mental health providers about available community-based services that provide alternatives to institutionalization and hospitalization and reduce risk	NR	SC

⁴⁹ <https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.2.0/7-bhsa-components-and-requirements>

Outreach and Engagement			
Provision	Requirement	R1	R2
	of law enforcement contact, and will coordinate with these entities to connect individuals to appropriate services in a timely manner.		

The County provided evidence of SB 43 training that emphasized the least restrictive level of care.

A spreadsheet that outlines the required training for staff includes all of the compliance-related training typical of onboarding in a County environment. It now includes the Transgender Inclusive training to be completed within 30 days of hire and every two years, though it indicates that executive management are excluded from this training requirement. There is also a required 30-minute annual Cultural Awareness and Humility training for all staff.

There are a set of trainings for Certified Employment Support Professionals (CESP), which would include staff functioning as a job coach or developer. This may be relevant to the IPS supported employment model required to be included in ACT/FACT programs.

There is a 45-minute training on data collection associated with County and HHSA policies. No further information is available.

A list of the staff who attended a Safety Planning Workshop was provided, but a syllabus or training materials were not made available to determine if the Settlement Agreement topics are included. Safety planning for individuals remaining in the community is an activity that aligns well with the Settlement Agreement, however.

Recommendations

Recommendations from the First Report that Apply

- Confer with Reviewer regarding current workflows associated with Outreach and Engagement so that a data report can be designed to more accurately reflect the services offered. Identify whether all FSP/ACT programs are using outreach service codes prior to formal enrollment for these activities.

New Recommendations

- Begin development of a report from as ISL data become available, including validation of the applicable outreach and engagement fields, to identify individuals who are high risk but not open to the BH system (and if they become engaged).
- Refer clients served in the crisis system (MCRT, youth CSU, inpatient, CRT) who are not already engaged in outpatient care, as this may be a good way to identify individuals who are at risk of institutionalization.
- Provide training materials relevant to the Settlement Agreement, especially if any trainings were updated as a result of the Settlement Agreement.

WIC 5150/5585 Policies and Practices

Documents Provided by Tulare County

- P&P 01-004 Designation to Authorize 5150/5585
- P&P 04-007 Involuntary Commitment and Treatment effective 1/15/2024
- Kaweah Hospital P&Ps:
 - Psychiatric Emergencies: Assessment, Management and Referral
 - Mental Health Assessment and Triage
 - Application for 72-hour Hold for Evaluation and Treatment (5150 Application)
- CalMHSA Online 5150 Training

Reports Available

- 5150/5585 Report
- BH Inpatient Hospitalizations Report
- Excel spreadsheet of monthly 5250 hearings provided in hospital EDs

Data Not Available

- Numbers of 5150/5585 holds written. This is a requirement to be provided to DHCS and would be applicable to this section.⁵⁰ Review of the 5150 data on the DHCS website (2023) shows numbers that are well below the number of clients hospitalized annually; this appears to represent an under-reporting to DHCS.⁵¹
- The Excel spreadsheet of 5250 hearings provided in hospital EDs indicates the number of hearings that were requested and those that did not occur because the patient was discharged. It is unknown whether those patients transferred to inpatient facilities or were discharged home, and when that occurred.

5150/5585 Policies and Practices KPIs					
#	KPIs	Goal	CY 2024	CY 2025	CY2026 Q1 Q2
30	5150 Holds lasting longer than 72 hours without placement	Reduce	85	33	23
31	5250 Hearing Held in ED if Hold lasted longer than 72 hours	TBD	37.7%	42.4%	17.4%

⁵⁰ LPS Reporting Requirements were updated by DHCS: <https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-25-030-LPS-Act-SB-929-Phase-IV.pdf>

⁵¹ <https://data.chhs.ca.gov/dataset/1060e598-a5d4-4219-aff9-343e9a16b66b/resource/c8360118-c08e-4d01-a622-2797d3966622/download/lps-odp-template-070225.csv>

Assessment of Service Commitments

WIC 5150/5585 Policies and Practices			
Provision	Requirement	R1	R2
C.8.b.	The County shall update all relevant policies, agreements, and MOUs, including but not limited to, pertaining to PET, emergency departments, Kaweah Health MH Hospital, and relevant contracted providers to:	PC	PC

There does not appear to be a P&P requiring that the evaluations be conducted in the least restrictive setting, though this is the practice of the MCRT. Updates to other related documents were not provided.

One of Kaweah's P&Ps reviewed for the First Report retained reference to the former County-operated PET. No update was provided for review for this report.

WIC 5150/5585 Policies and Practices			
Provision	Requirement	R1	R2
C.8.b.i.	Require that WIC 5150/5585 evaluations be conducted in the least restrictive setting, including at a person's home or other preferred community setting whenever possible.	SC	SC

It is apparent that the County requires its MCRT to conduct, and that the MCRT is in fact conducting, their 5150/5585 evaluations in the community setting, and this term is therefore rated SC.

WIC 5150/5585 Policies and Practices			
Provision	Requirement	R1	R2
C.8.b.ii.	Require that the duration of all WIC 5150/5585 holds be calculated from the time that the person was first detained, in accordance with WIC § 5151.	SC	SC

The provisions outlined above are described in P&P 04-007 Involuntary Commitment and Treatment. The 72-hour period begins at the time the individual was first detained, described in P&P 04-007. The P&Ps provided by Kaweah Health do not address the time frames, but the practice was affirmed by ED staff interviewed.

WIC 5150/5585 Policies and Practices			
Provision	Requirement	R1	R2
C.8.b.iii.	Require that individuals be offered treatment on a voluntary basis before a WIC 5150/5585 hold is written. If a person accepts treatment on a voluntary basis, treatment shall be provided voluntarily without a WIC 5150/5585 hold.	PC	PC

This section remains substantially similar as written in the First Report.

This appeared to be the practice in observation of MCRT, and the fairly high rate of resolution in the community supports this impression.

There is a lack of insight into the service provision at the hospital EDs, however. More data is needed to understand the extent to which hospital ED staff are initiating holds and hospitalizing clients. They are referring to CRT, which is a positive indicator. However, Tulare is not directly notified of inpatient admissions from the EDs. They learn of the admission through the concurrent review process, which is delegated through CalMHSA.

Multiple sources indicated that the County collects copies of 5150/5585 forms completed and provides feedback to them on the quality of the hold as written. This information was not available – it is unclear who keeps this information – but it is applicable to the Settlement Agreement, particularly in assessing whether voluntary services are offered before a hold is written.

It is noted that the Kaweah Health P&P for “Psychiatric Emergencies: Assessment, Management, and Referral” refers to a “strict no-cell-phone policy for patients under treatment in the Kaweah Health ED.” This also applies to staff working in the same area of the ED. No visitors are permitted except for parents of minors 16 and younger or for family members “granted temporary access to the bedside for the sole purpose of participating in a family conference as specifically instructed by the attending physician.” At the same time, the policy indicates that they are served in an environment that is “least restrictive on the patient’s freedom to move, allows a patient to participate in decisions affecting his or her care, and provides as much dignity as possible.” This seems overly restrictive as a general policy, though it may be very necessary under certain conditions. The DHCS Handbook of “Rights for Individuals in Mental Health Facilities, Admitted under the LPS Act” does not appear to apply to the Emergency Department of a General Acute Care Hospital, but it does specify applying to the Psychiatric Unit.⁵² That said, Kaweah Health’s practice in the ED may warrant consideration for flexibility when doing so does not jeopardize the safety of the patient or others; further, there may be times where flexibility may be an appropriate intervention to help de-escalate a mental health crisis.

WIC 5150/5585 Policies and Practices				
Provision	Requirement	KPI	R1	R2
C.8.b.iv.	Require that, if an individual placed on a 5150/5585 hold is not admitted to an LPS-designated facility, HHSA shall be notified. HHSA shall coordinate with hospital staff to consider alternative locations, such as Crisis Treatment Services, supported housing, family residences, or other community locations for temporary placement on a voluntary basis. Mobile Crisis Teams or other County or County-contracted behavioral health staff shall be deployed as appropriate to support the individual in the alternative location. If the alternative placement is deemed appropriate, the individual will be released from the involuntary hold. If an LPS-designated facility or alternative placement has not been identified within seventy-two (72) hours, the County's HHSA staff Patient Rights Advocate shall be notified.	30	PC	PC

⁵² https://www.dhcs.ca.gov/services/Documents/DHCS_Handbook_English.pdf

WIC 5150/5585 Policies and Practices				
Provision	Requirement	KPI	R1	R2
C.8.b.v.	Require that individuals placed on a WIC 5150/5585 hold are held for a period not to exceed seventy-two (72) hours, consistent with WIC 5150 and 5151. Prior to expiration of seventy-two (72) hours from the time a WIC 5150/5585 hold is written, the person on the hold shall be discharged; offered voluntary services in the least restrictive location appropriate; or timely provided with all rights and processes under WIC § 5250 et seq., including written notice of the reasons for the hold, a Certification Review Hearing, and assistance from a Patients' Rights Advocate.	31	PC	PC

Holds that exceed 72 hours prior to inpatient placement reduced significantly from 2024 to 2025 (KPI #30), but in the first half of 2026 there have already been 23 cases compared to 33 in 2025. Additionally, the percentage receiving a timely 5250 hearing dropped significantly, from 42.4% to 17.4%. The reasons for the lack of a hearing

The data is not collected to indicate when the client was discharged from the ED (between 3 and 7 days) and whether that was a discharge home or placement inpatient. This indicates that most individuals are discharged from the ED prior to their 5250 hearing, but it is unknown when those discharges occurred, as it could have been anywhere between three and seven days from initiation of the hold. Additionally, it is unknown whether they were discharged home or placed in an inpatient facility prior to the hearing. This data is important to collect.

WIC 5150/5585 Policies and Practices			
Provision	Requirement	R1	R2
C.8.b.vi.	Within six (6) months of the date of this Agreement, the County shall revise all relevant WIC 5150/5585 policies and training material in accordance with WIC §§ 5150, 5151, and 5250 and this Agreement.	NC	NC

No revised policies were revised on this subject.

WIC 5150/5585 Policies and Practices			
Provision	Requirement	R1	R2
C.8.b.vii.	The County shall ensure that all relevant County, County-contracted, and hospital staff receive trainings upon hire and at least annually thereafter to ensure compliance with WIC §§ 5150, 5151, and 5250 and County policies.	PC	PC

As many counties do, Tulare County utilizes the CalMHSA 5150/5585 training to authorize its staff and contractors who intend to initiate 5150/5585 in Tulare County. The Policy requires that staff who are not an LPHA initiate holds in consultation with a Psychiatrist or LPHA who is also authorized under this policy.

Kaweah staff indicated that they take this training and, if not licensed, consult with a licensed colleague prior to initiating a 5150/5585.

While the Settlement Agreement stipulates annual training, the County Policy authorizes staff for a period of two years. It does not appear that this Policy has been updated.

As included in the First Report, the County developed a strong eight-module comprehensive training for implementation of SB 43, which expands the definition of grave disability to include severe SUD as a basis for involuntary detention and conservatorship. Tulare County implemented the new criteria effective January 1, 2026. The training includes trauma-informed material. The training begins and ends with, *"No one should be left without care, and no one should lose their rights without our best effort."* This philosophy aligns with the spirit of the Settlement Agreement.

Similarly, a training course and written material regarding SB 43 were developed for Tulare County law enforcement. This material is well within the spirit of the Settlement Agreement and could be used to develop materials that meet other aspects of this section.

Recommendations

Recommendations from the First Report that Apply

- When it becomes clear that a 72-hour hold is going to expire prior to placement in an inpatient facility, examine the feasibility of conducting the hearing sooner than the 7-day requirement. Holding a hearing 7 days into an ED admission, with minimal to no psychiatric care, is a different experience than 7 days into an inpatient admission at an LPS facility. Additionally, for individuals who are discharged from the ED prior to hearing, collect data as to whether they were admitted inpatient or discharged.
- Identify where the 5150 data reported is housed internally and whether the required DHCS reporting is occurring.⁵³ This should include the 5250 hearings in the ED.
- Identify and develop tracking of feedback provided to staff who wrote 72-hour holds.
- Examine Kaweah Emergency Department P&Ps for consistency with the Settlement Agreement and applicable law.
- Align 5150 Training frequency with the annual requirement included in the Settlement Agreement.
- Utilize the SB43 training materials as a basis for materials that would meet other Settlement Agreement requirements to provide education and training that emphasize community-based care and involuntary holds as a last resort.

New Recommendations

None

⁵³ The County BH Director may assign a designee to submit the data and the Director's attestation:
<https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-24-035.pdf>

County Conservatees at Kaweah Health Mental Health Hospital

This section on Kaweah Mental Health Hospital is informed by documentation available, data analysis, site visit and discussions with leadership and staff, and input from clients served at Kaweah.

Documents Provided by Tulare County

- CalMHSA LOS Report
- CalMHSA Concurrent Review reports starting July 2024

Reports Available

- BH Inpatient Hospitalizations

County Conservatees at Kaweah KPIs					
#	KPI	Goal	CY 2024	CY 2025	CY 2026 Q1 Q2
33	7-Day Follow-up after Hospitalization	55%	46.8%	48.4%	58.7%
34	Engagement in Peer Support During or After Inpatient	TBD	NA	NA	NA
35	Kaweah Inpatient Admissions Longer than 60 Days	Reduce	4	4	1
36	LPS Conservatorship Initiated and Placed in MHRC/IMD (estimated)	12	12	23	12

Assessment of Service Commitments

County Conservatees at Kaweah Health Mental Health Hospital				
Provision	Requirement	KPI	R1	R2
C.9.a.	The County shall request that Kaweah Health Mental Health Hospital conduct a clinical case assessment of each County conservatee held at Kaweah Health Mental Health Hospital to determine whether the person may be transferred to a less restrictive location. The assessment shall begin with the presumption that with sufficient supports and services, County conservatees can live in an integrated community setting.	35 36	NR	PC

CY 2025 showed nearly double the number of conservatorships initiated (KPI #36), followed by placement in an MHRC/IMD. So far 2026 is following the pattern of 2025. However, it appears that four of the cases received an outpatient service after the inpatient discharge. It is unclear if the conservatorship was not granted or if the client was conserved and placed in the community. Formalized tracking of conservatorships is needed.

A Licensed Psychologist who works for the MHP conducts the conservatorship investigation for initiation of LPS conservatorship. This ensures that a knowledgeable person conducts a comprehensive assessment of an individual's ability or inability to function in the community.

This item is rated PC due to the lack of data collection. As stated in the First Report, the number of clients where an LPS conservatorship is initiated is not tracked. The Public Guardian cannot obtain a report for a prior time frame, only the current caseload. Additionally, the number of referrals from inpatient hospitals to locked, longer-term settings at Mental Health Rehabilitation Centers is not tracked. As a reflection of conservatorship initiation and placement in a locked setting, the BH Inpatient Report identified those clients who did not have a Conservatorship episode open at the time of inpatient admission, but had one open at the time of discharge, and did not get an outpatient follow-up service – or had an inpatient admission longer than 47 days and no outpatient follow-up service – were likely placed on conservatorship in an MHRC.

While historically Tulare had an issue with very long inpatient admissions waiting for placement, there were only four each in 2024 and 2025 with admissions longer than 60 days (the longest in 2024 was 118 days and in 2025 was 112 days). So far in 2026 there has only been one admission longer than 60 days. This is significant progress for a relatively large hospital (63 beds). The goal as stated is to reduce the number of admissions longer than 60 days, but reducing the total number of inpatient days for the population hospitalized longer than 60 days would be acceptable as well.

County Conservatees at Kaweah Health Mental Health Hospital			
Provision	Requirement	R1	R2
C.9.a.i.	The assessment shall include a patient survey that asks each person questions about: (1) where the person wants to live and with whom; (2) what type of services and supports the person needs to live successfully in their preferred location; and (3) whether the person wants to work and, if so, what type of work they prefer. The County shall provide a draft of the patient survey to DRC for review and comment, and shall consider DRC's comments before proceeding with the survey. The County shall request the assessment be completed within ninety (90) days of receipt of DRC's feedback of the patient survey.	NR	NC
C.9.b.	Based on the assessment and patient survey, the County shall coordinate with Kaweah Health to identify appropriate community-based housing and services to assist the person in discharging to the most integrated setting appropriate to meet their needs.	NR	NC

The County has drafted a patient survey that includes the three questions stipulated in the Settlement Agreement. While the Settlement Agreement states that the survey should include these three questions, it does not limit it to three questions. The County should consider other meaningful information that might be gathered through this mechanism. If this is the finalized draft, it should be provided to DRC for review and comment. Staff training also be provided prior to implementation.

County Conservatees at Kaweah Health Mental Health Hospital				
Provision	Requirement	KPI	R1	R2
C.9.c.	The County shall ensure that a person with expertise in the full range of community based housing and service options participates in discharge planning. This person shall recommend services to meet the patient's needs and preferences. If appropriate and consistent with the patient's preferences, the County shall also seek input from other relevant providers, such as the Department of Rehabilitation and/or a social worker from the Public Defender's office.	33	NR	PC
C.9.d.	If appropriate and consistent with the patient's preferences, the County shall ensure that eligible patients receive appropriate wrap-around services to support the person in the community in a timely manner, including FSP or ACT Services as appropriate to meet the person's needs.	33	NR	PC

Discharge Planning is primarily completed by one of Kaweah's seven social work staff, but they work collaboratively with County staff. The robust social work staffing of 7 FTE for 63 inpatient beds supports these activities. The increasing 7-day follow-up rate suggests that the discharge planning that occurs is effective.

Hospital staff reportedly do not have access to referring to FSP/ACT, but they collaborate with County staff to make referrals to obtain appointments for after discharge. Tracking new referrals to FSP/ACT from inpatient care would support these requirements.

County Conservatees at Kaweah Health Mental Health Hospital			
Provision	Requirement	R1	R2
C.9.g.	Any person who remains in Kaweah Health Mental Health Hospital after the assessment process will be assessed for transition to more integrated settings every ten (10) days and more frequently upon request or when there is a change in condition.	NR	SC

Ongoing assessment is standard practice within inpatient settings, and this does not appear to be an exception in Kaweah. A good measure though for this would be tracking 5270 or T-Conservatorships that do not convert to LPS Conservatorship. This would show that although a more restrictive setting was initially considered, improvement in condition resulted in discharge to a more integrated setting.

County Conservatees at Kaweah Health Mental Health Hospital			
Provision	Requirement	R1	R2
C.9.e.	The County will identify stable and affordable housing options, as appropriate to support the person in the most integrated setting appropriate to meet the patient's needs and preferences.	NR	NR
C.9.e.i.	The County shall coordinate with relevant Kaweah Health staff to ensure that County conservatees are promptly and safely transferred to appropriate housing, taking the patient's preferences into account as appropriate.	NR	NR

Housing referrals from inpatient care was not sufficiently examined by this Reviewer in order to provide an informed rating. This will be rated in the next report.

County Conservatees at Kaweah Health Mental Health Hospital				
Provision	Requirement	KPI	R1	R2
C.9.f.	To the greatest extent possible, the County shall engage Peer Specialists who have utilized supports similar to those recommended for the person to help prepare the patient for the transition to the community.	34	NR	NC

Peer Specialists have not been utilized in the inpatient setting. This could be most readily implemented through the FSP/ACT programs that have PSS staff. Additionally, SMHS Medi-Cal billing is allowable for PSS services provided inpatient⁵⁴ – in addition to any discharge planning services 30 days prior to discharge.

County Conservatees at Kaweah Health Mental Health Hospital			
Provision	Requirement	R1	R2
C.9.h.	The County shall ensure that the assessments, patient survey, and discharge planning are promptly provided on an ongoing basis to each County conservatee upon admission to Kaweah Health Mental Health Hospital.	NR	PC

The patient survey has not been initiated. Informal discussion with clients in the hospital suggested that they are involved in their processes of care and informed regarding discharge plans.

Recommendations

Recommendations from the First Report that Apply

- Develop a tracking mechanism regarding LPS conservatorship initiation and length of stay on conservatorship in locked versus unlocked settings. Demonstrating the LOS on conservatorship, and possibly shorter LOS, would support efforts of the Settlement Agreement. This is a possible outcome of the additional supportive housing that the County is development.

New Recommendations

- Begin developing the client assessment survey referenced in the Settlement Agreement. Provide training to staff on its use before implementation.
- Explore opportunities for providing Peer Specialist services to clients hospitalized at Kaweah.
- Track referrals from the inpatient setting to FSP/ACT to ensure that there is a clear referral pathway to this level of care.

⁵⁴ <https://www.dhcs.ca.gov/wp-content/uploads/2025/10/Updated-BHIN-25-010-MediCal-Peer-Support-Program-Standards.pdf>

Discharge Planning

The Settlement Agreement refers to Discharge Planning requirements as they apply to “discharging from emergency rooms, hospitals, and jails/juvenile hall.” Because the processes from hospitals and carceral settings are different types of settings requiring different strategies to appropriately plan for discharges, this report separates hospitals from carceral settings so that they can be adequately reviewed – and the County can be credited for work in one setting without completing it in both settings.

This section is informed by documentation, data analysis, and discussions held with staff and clients at the site visit.

Documents Provided by Tulare County

- Example Discharge Plan from Kaweah
- Workflow for CDCR Referrals
- Juvenile Hall contract with Turning Point for MH services
- Juvenile Hall contract with Champions Recovery Alternative Programs for SUD services
- Juvenile Hall Procedures for MH screening and referral
- Juvenile Hall Release Procedures
- Juvenile Hall P&P Communication of Patients’ Health Needs
- Juvenile Hall P&P Information on Health Services
- Juvenile Hall P&P Mental Health Services
- Juvenile Justice Realignment Block Grant Annual Plan that outlines services provided in custody
- Sheriff Office summary of process for Medi-Cal enrollment in custody
- Sheriff office P&P for MH screening and referral
- Public Health audit reports of medical records in custody
- Jail and Juvenile Hall medical chart audit results

Reports Available

- 5150/5585 Report
- BH Inpatient Hospitalization Report

Reports Not Available

- Emergency Department utilization and discharge planning
- Data regarding coordination of care while in custody or releases from custody

This section of the Settlement Agreement refers to Discharge Planning from Emergency Departments, Hospitals, Jail, and Juvenile Hall. For clarity in evaluation of progress, this section is divided into two sections: ED/Hospitals and Jail/Juvenile Hall.

Discharge Planning from Emergency Departments and Hospitals

Hospital Discharge Planning KPIs					
#	KPI	Goal	CY 2024	CY 2025	CY2026 Q1 Q2
32	Follow-up within 30 days after ED visit for mental illness (FUM) ⁵⁵	57.1%	53.2%	61.5%	NR
33	Follow-up within 7 days after Psychiatric Hospitalization Discharge	55%	46.8%	48.40%	58.72%
34	Engagement in Peer Support During or After Inpatient	25%	NA	NA	NA

Assessment of Service Commitments

Discharge Planning from Emergency Departments, Psychiatric Hospitals			
Provision	Requirement	R1	R2
C.10.a.i.	Begins upon admission to an emergency department or psychiatric hospital.	PC	PC

This appears to be the practice for County staff, as the MHP has staff who work directly with the inpatient discharge planners. However, there are no written documents associated with these activities.

Review of discharge planning notes will be conducted for the next report in order to substantiate a SC rating.

Discharge Planning from Emergency Departments, Psychiatric Hospitals			
Provision	Requirement	R1	R2
C.10.a.ii.	Is based on each individual's needs and implemented through a Person Centered planning process in which the individual has a primary role, including in treatment service options and discharge planning.	NR	PC
C.10.a.iii.	Is age-appropriate, Trauma-Informed, Culturally Responsive, and Gender - Affirming.	NR	PC

The increase in 7-day follow-up service engagement is evidence of meaningful discharge planning. Data available in the BH Inpatient Hospitalizations Report showed an increase in this measure compared to prior years. Additionally, the Medi-Cal Connect database shows a very high rate of 75.81% for this measure based upon the 30-day metric for 2025 – placing the county in the 90th percentile. The data is not available for 2026 yet.

⁵⁵ The FUM HEDIS measure data was obtained by the County from the DHCS Medi-Cal Connect database. It is important to note that Medi-Cal Connect data for FUM and FUH include services delivered by the MHP and MCP service systems, part of a “shared accountability” approach by DHCS. <https://www.dhcs.ca.gov/wp-content/uploads/2025/10/BHAS-MY-2025-RY-2026.pdf>

This is rated PC in light of available data, recognizing that if the strong performance reflected in the DHCS database continues into 2026, it would support a SC rating.

Discharge Planning from Emergency Departments, Psychiatric Hospitals				
Provision	Requirement	KPI	R1	R2
C.10.a.iv.	Involves Peer Specialists as part of the discharge planning and transition team to the greatest extent possible.	34	NC	NC

KPI #34 is a necessary component for this requirement. The County has employed Peer Specialists that could be a part of the discharge planning or engagement upon discharge. These interventions can have very positive impacts. It is unclear if the County has begun exploring how to address this requirement.

Discharge Planning from Emergency Departments, Psychiatric Hospitals			
Provision	Requirement	R1	R2
C.10.a.vi.	Results in an effective written plan that sets forth in reasonable detail the services and supports that the individual will need upon discharge or release, including a plan for stable and affordable housing with appropriate wrap-around services to support the person in the community.	NR	PC

A sample discharge plan from Kaweah was provided. It is typical of discharge plans associated with inpatient discharge. It clearly outlines new medications and discontinued medications as well as the diagnoses associated with the admission. It includes the outpatient follow-up information (provider, address, date and time), as well as any future lab orders. It also includes the numbers of local crisis lines and a useful statement: *“Reduce potential lethal means. Family/friends should assist in securing or removing from the house or car all means of committing suicide impulsively.”*

The discharge plan does not include detail regarding stable and affordable housing. This is a critical aspect of this provision and is necessary for a SC rating.

Discharge Planning from Emergency Departments, Psychiatric Hospitals				
Provision	Requirement	KPI	R1	R2
C.10.a.vii.	Ensures effective care coordination and prompt connection to relevant County agencies and community-based services so that the person may receive services in Section C. upon discharge or release, including Culturally Responsive and/or Gender-Affirming services, as appropriate to meet individual needs.	32	PC	PC
		33		

Discharge planning processes appear strong, and the resulting KPI data for #32 and #33 show positive results, reflecting whether an outpatient appointment is kept after discharge from an ED (KPI #32) or an inpatient hospital (KPI #33). This component is rated PC but will be rated SC if the positive trend remains in the next available data set.

The County's rate for #32 in 2025 61.5% receiving outpatient care within 30 days of the ED visit compares favorably with other counties. Data for 2026 is not yet available from DHCS. Data exchange initiatives supported by DHCS encourage obtaining this data from the MCP. It is unknown if Tulare has been able to do this.

Data associated with the HEDIS measures associated with these KPIs for Behavioral Health Plans are available to the County staff through Medi-Cal Connect,⁵⁶ the State's newly implemented database of all healthcare services delivered through Medi-Cal. Individual client level data is also available through Medi-Cal Connect, enabling better care coordination between SMHS and physical healthcare.

Hospital Discharge Planning			
Metric	CY 2024	CY 2025	CY 2026 Q1 Q2
Inpatient Readmission within 30 Days	15.2%	15.9	15.6%
Inpatient Average LOS	10.8	10.9	9.4

The inpatient readmission rate is viewed as a reflection the success of the initial inpatient hospitalization and the coordination and follow-up with outpatient care. Tulare shows a relatively low inpatient readmission rate, steadily under 16%, typically around 20% or more nationally.

The average LOS in the hospital is similar to other counties. The inpatient ALOS is within the range of many county MHP averages at 10 days. So far the LOS in 2026 is shorter, but this does not include clients who were not yet discharged and any other data associated with claims lag.

With more housing available, utilization of CRT, and possibly more FSP/ACT slots, hospitalizations could ultimately be further reduced and shortened.

Discharge Planning from Emergency Departments, Psychiatric Hospitals			
Provision	Requirement	R1	R2
C.10.a.v.	Promptly notifies and involves any ACT, FSP, or Youth Services to which the person has been assigned. If the person is not enrolled in, but may be eligible for, ACT, FSP, or Youth Services, the provider shall immediately notify the County. Upon such notice, the County shall immediately commence the process in Section C.5.a to evaluate the individual for Specialty Mental Health Services, including FSP, ACT or Youth Services, with the goal of commencing services before or upon the individual's discharge;	PC	PC

Hospital Discharge Planning				
Metric	CY 2024	CY 2025	CY 2026 Q1 Q2	% Change
7-Day Follow-Up Service is a new FSP/ACT referral	37.8%	60.2%	15.1%	75.0%

⁵⁶ Medi-Cal Connect: <https://www.dhcs.ca.gov/Medi-Cal-Connect/Pages/Home.aspx>

Inpatient connection to FSP/ACT programs dropped significantly so far in 2026. This may be associated with anticipation of the FSP transition occurring at the turn of the fiscal year.

This remains PC due to the lack of specific eligibility protocol and formalized referral and tracking, as well as the decreased performance for the first half of 2026.

Discharge Planning from Emergency Departments, Psychiatric Hospitals			
Provision	Requirement	R1	R2
10.c.	Within twelve (12) months of the date of this Agreement, the County shall update all relevant policies and agreements with [the Jail's/juvenile hall's behavioral health providers,] emergency departments, and hospitals relating to discharge planning, in accordance with this Agreement.	NC	NC

No Agreements with hospitals or emergency departments were provided. It is undetermined if they need to be developed or updated.

Recommendations

Recommendations from the First Report that Apply

- Develop tracking for conservatorship initiation and subsequent placement, tracking the length of time on conservatorship and whether in a locked or unlocked setting.
- Develop tracking for discharge planning for clients upon discharge, particularly to ensure connection of eligible clients to FSP/ACT programs.

New Recommendations

- For new ACT/FACT referrals, consider a protocol which has the PSS meet the client during their hospitalization. This would be a good way to begin addressing the C.10.a.iv requirement.

Discharge Planning from Jail and Juvenile Hall

This section is informed by documentation and discussions with staff at the site visit.

Additionally, the County provided evidence of charts audited which demonstrated the provision of appropriate mental health services in custody. These charts could not provide insight into the discharge planning process, as they did not audit the time frame nearing discharge.

Jail/Juvenile Hall Discharge Planning KPIs					
#	KPI	Goal	CY 2024	CY 2025	CY 2026 Q1 Q2
37	New Clients Discharging from Jail/Juvenile Hall Receive Timely Services ⁵⁷	80%	ND	ND	ND
38	ROI Results in Care Coordination While in Jail/Juvenile Hall	TBD	ND	ND	ND

Assessment of Service Commitments

Although this aspect of the Settlement Agreement stipulates implementation at this time, because Tulare is on the cusp of implementing the CalAIM Justice Initiative (JI), the Reviewer is deferring rating a number of the associated requirements. JI implementation should include written documentation and data collection that will inform evaluation of the Settlement Agreement implementation.

Discharge Planning from Jail and Juvenile Hall			
Provision	Requirement	R1	R2
C.10.a.i.	Begins upon incarceration in jail or juvenile hall.	NR	SC

Documentation from the Sheriff and Probation (Juvenile Hall) indicate that a mental health screening is completed when first incarcerated. In discussion with the Jail medical staff, they appear to have good processes in place for identifying MH needs and establishing patterns of routine care for those who need them. Written procedures support this.

Discharge Planning from Jail and Juvenile Hall			
Provision	Requirement	R1	R2
C.10.a.ii.	Is based on each individual's needs and implemented through a Person Centered planning process in which the individual has a primary role, including in treatment service options and discharge planning.	NR	NR
C.10.a.iii.	Is age-appropriate, Trauma-Informed, Culturally Responsive, and Gender - Affirming.	NR	NR
C.10.a.v.	Promptly notifies and involves any ACT, FSP, or Youth Services to which the person has been assigned. If the person is not enrolled in, but may be eligible	NR	NR

⁵⁷ Clients referred by Criminal Justice in TADT Reporting are a subset of those discharging from a carceral setting who are eligible for MHP services, but it would represent a useful measure to start.

	for, ACT, FSP, or Youth Services, the provider shall immediately notify the County. Upon such notice, the County shall immediately commence the process in Section C.5.a to evaluate the individual for Specialty Mental Health Services, including FSP, ACT or Youth Services, with the goal of commencing services before or upon the individual's discharge.		
C.10.a.vi.	Results in an effective written plan that sets forth in reasonable detail the services and supports that the individual will need upon discharge or release, including a plan for stable and affordable housing with appropriate wrap-around services to support the person in the community.	NR	NR
C.10.a.vii.	Ensures effective care coordination and prompt connection to relevant County agencies and community-based services so that the person may receive services in Section C. I O upon discharge or release, including Culturally Responsive and/or Gender-Affirming services, as appropriate to meet individual needs.	37 38	NR NR

Under the CalAIM Justice Involved (JI) initiative,⁵⁸ counties will be required to offer targeted “pre-release services” in carceral settings for up to 90 days prior to release. According to DHCS’s website,⁵⁹ Tulare County was slated to implement this initiative on July 1, 2026. At the time of the site visit, the custody programs were piloting processes.

In preparation for this, HHSA should be entering into agreements to be able to obtain data regarding its clients who are incarcerated and those who are incarcerated who have behavioral health needs. The information that is collected for this required State initiative correlates well with the Settlement Agreement. Additionally, the information available may inform changes to the KPIs proposed for this section.

Discharge Planning from Jail and Juvenile Hall				
Provision	Requirement	KPI	R1	R2
C.10.a.iv.	Involves Peer Specialists as part of the discharge planning and transition team to the greatest extent possible.	34	NR	NC

There are no PSS staff involved in the in-reach or discharge planning from custody. This should be explored, though it may not be practical in custody.

Discharge Planning from Jail and Juvenile Hall			
Provision	Requirement	R1	R2
10.c.	Within twelve (12) months of the date of this Agreement, the County shall update all relevant policies and agreements with the Jail's/Juvenile hall's behavioral health providers , [emergency departments, and hospitals] relating to discharge planning, in accordance with this Agreement.	NC	NC

⁵⁸ <https://www.dhcs.ca.gov/CalAIM/Justice-Involved-Initiative/Pages/home.aspx>

⁵⁹ <https://www.dhcs.ca.gov/CalAIM/Justice-Involved-Initiative/Pages/County-readiness-status.aspx>

These agreements were not provided for review. It is undetermined if they need to be developed or updated. The County provided policies from the Jail and Juvenile Hall, but there were no policies specific to the MHP's staff and their procedures for coordinating care during incarceration or upon release.

Documents provided described mental health service provision while in Juvenile Hall but did not specifically address discharge planning with the MHP. It is anticipated that these are in development in support of the CalAIM Justice Involved (JI) initiative, and so additional progress should be available for the next report.

Individuals with BH Needs at the Jail or Juvenile Hall

Although this aspect of the Settlement Agreement stipulates implementation at this time, because Tulare is on the cusp of implementing the CalAIM Justice Initiative (JI), the Reviewer is deferring rating a number of the associated requirements. JI implementation should include written documentation and data collection that will inform evaluation of the Settlement Agreement implementation.

Additionally, the County provided evidence of charts audited which demonstrated the provision of appropriate mental health services in custody.

Individuals with BH Needs at the Jail or Juvenile Hall KPIs					
#	KPI	Goal	CY 2024	CY 2025	CY 2026 Q1 Q2
37	New Clients Discharging from Jail/Juvenile Hall Receive Timely Services	80%	ND	ND	ND
38	ROI Results in Care Coordination While in Jail/Juvenile Hall	TBD	ND	ND	ND

Assessment of Service Commitments

Although this aspect of the Settlement Agreement stipulates implementation at this time, because Tulare is on the cusp of implementing the JI, the Reviewer is deferring rating a number of the associated requirements. JI implementation should include written documentation and data collection that will inform evaluation of the Settlement Agreement implementation.

Individuals with BH Needs at the Jail or Juvenile Hall				
Provision	Requirement	KPI	R1	R2
10.b.	For individuals with BH needs at the Jail or Juvenile Hall, the County shall ensure that the BH provider effectively coordinates and shares information with HHSA and relevant community-based providers to ensure that, prior to release:	37 38	NR	NR
10.b.i.	The Jail/juvenile hall promptly notifies HHSA and relevant community-based providers about an individual's court and/or release dates.		NR	NR
10.b.ii.	With the individual's consent, HIPAA releases are obtained to allow the Jail/juvenile hall to share treatment information with HHSA and relevant community-based providers.	37	NR	NR

Individuals with BH Needs at the Jail or Juvenile Hall				
Provision	Requirement	KPI	R1	R2
10.b.iv.	Follow-up appointments with providers are scheduled and communicated to the individual in writing.		NR	NR

Documentation from the Sheriff and Probation (Juvenile Hall) indicate that a mental health screening is completed when first incarcerated. In discussion with the Jail medical staff, they appear to have good processes in place for identifying MH needs and establishing patterns of routine care for those who need them. Written procedures support this. The written practice includes coordination of care with existing treatment providers as well as linking to providers at release. There is anecdotal report from custody providers and MHP providers that the linkage to services occurs at release. Custody staff inform MHP staff through email communications.

Individuals with BH Needs at the Jail or Juvenile Hall				
Provision	Requirement		R1	R2
10.b.v.	Individuals have been screened for and, if eligible, enrolled/re-enrolled in Medi-Cal.		NR	NR
10.b.iii.	Individuals taking prescribed psychiatric medications have an appropriate supply of medication upon release and a follow-up appointment scheduled with a community-based psychiatrist to ensure effective coordination of care.		NR	NR
10.b.vi.	Individuals receive assistance in securing appropriate identification before release, if applicable. Such assistance may be provided by the jail-based provider or other appropriate County agency.		NR	NR

These elements are key to the JI initiative. Jail providers indicate that this process is already being piloted in order to promote successful implementation upon launch. This will allow for activation of Medi-Cal 90 days prior to release. It will also support discharge with 30 days of medication provided to the individual.

Recommendations

Recommendations from the First Report that Apply

- Assess progress and necessary activities needed for successful CalAIM JI implementation. Identify if there are any areas where JI requirements do not meet all of the Settlement Agreement commitments and plan accordingly.
- Coordinate with the Jail system's medical and mental health contracted providers to formalize an Agreement and implement the practices outlined in the Settlement Agreement.

New Recommendations

- Provide data and documentation associated with the County's JI implementation conducted in collaboration with custody staff and treatment providers.

Culturally Responsive Services

Documents Provided by Tulare County

Documents Provided for the First Report

- Cultural Competence Plan FY 2025-26
- MHSA Three-Year Plan
- Cultural Competence Committee Meeting (CCC) agendas and minutes

Documents Provided for the Second Report

- BHSA Integrated Plan
- Cultural Competence Committee Meeting (CCC) agendas and minutes
- Flyer for recruiting CCC participants
- Cultural Humility Survey and Results
- FY 2024-25 Service Data and Demographics

Reports Available

- Most reports provided include demographic data. Analysis by demographics is included for several measures in Attachment C of this report.

Assessment of Service Commitments

Culturally Responsive Services			
Provision	Requirement	R1	R2
C.11.a.	The County shall ensure that all services provided under this Agreement are Culturally Responsive and accessible to individuals from diverse racial, ethnic, cultural, and linguistic groups.	NR	NR
C.11.b.	The County shall identify and implement community-defined, Culturally Responsive, and Gender-Affirming strategies and practices to address behavioral health disparities across racial, ethnic, cultural, and linguistic groups.	NR	NR

The Reviewer is electing to rate the above elements in the Third Report when year over year demographic data is available for analysis. Analysis that includes the first half of 2026 for a number of services is included as Attachment C.

Culturally Responsive Services			
Provision	Requirement	R1	R2
C.11.c.	Within twenty-four (24) months of the date of this Agreement, the County shall contract with one (1) or more community-based providers to provide Culturally Responsive behavioral-health oriented services and/or support to Tulare County residents, including Black/ African American residents, on an ongoing basis. The purpose of such services is to ensure that residents have access to culturally	NR	NR

Culturally Responsive Services			
Provision	Requirement	R1	R2
	appropriate and accessible mental health services, support, and housing in order to prevent homelessness, law enforcement interaction, hospitalization and/or incarceration. The County shall work with the community-based provider(s) to develop an appropriate service array, and shall explore funding and provision of the following services: i. Outreach and Engagement ii. Referral and linkage to appropriate MH service providers iii. Gather community feedback regarding gaps in County services iv. Culturally responsive therapy services v. Peer Specialist services vi. Case management services		

The above component will be rated in the Third Report at the 24-month point.

Culturally Responsive Services			
Provision	Requirement	R1	R2
C.11.d.	The Cultural Competence Committee ("CCC") shall develop recommendations to HHSA to fund and expand Culturally Responsive mental health services. The CCC shall solicit input from community-based organizations to inform its recommendations. The CCC shall also consider the most recent demographic information from the American Community Survey to inform its recommendations.	NR	PC

While it does not appear that the CCC has worked toward developing recommendations for the system, there are related, revised committee goals:

1. To provide access to care to insure culturally and linguistically appropriate, integrated, behavioral health services for persons from various race/ethnicity groups; across all ages; veterans and their families; individuals who are Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+); persons released from jail and their families; and other diverse cultures.
2. To create a system of care where consumers and staff experience cultural humility, dignity, and respect.
3. To deliver innovative, evidence based, trauma-informed, wellness and recovery based, culturally-relevant behavioral health services in collaboration with other community organizations and co-locate services whenever possible, including in diverse community settings (e.g., schools, organizational providers, senior centers, churches, and other community locations) to promote health and wellness.
4. To develop outreach and education activities focused on disseminating information about behavioral health services for groups and organizations including those that serve culturally diverse groups within the community. This will include, but not be limited to, persons from various race and ethnicity cultures; persons who are monolingual other than English; all age groups; LGBTQ+; and families.

5. To collect and produce accurate and reliable demographic, service-level, and outcome data to understand and evaluate the impact of services on health equity, cost-effectiveness, and outcomes.

The County has sought to broaden participation in the committee, which was a recommendation in the First Report. They developed an attractive one-page flyer that invites providers, clients, or community members to the table. It includes information regarding the purpose of the committee and acknowledgement that services should be culturally sensitive, respectful, and inclusive. This flyer was provided to the Reviewer but could not be located online, either on the “Get Involved” or “Cultural Competence” pages for Tulare County HHSA BH. This would be appropriate in both locations. The meeting agendas and minutes would be relevant to post on the Cultural Competence page which only includes official policies associated with cultural competency standards and the committee. Compliance with federal and state rules and regulations and details regarding Protected Health Information are located on the same page.⁶⁰

Broad distribution of the flyer may enlist more participation. Meetings had between 6 and 12 participants in attendance. It does not appear that there is consistent participation from the broad range of members described in the CCP:

- TCBH Administration and clinical staff
- The Source LGBT+ Center
- Owens Valley Career Development Center (Native American)
- Visalia Wellness Center (peers)
- Lindsay Healthy Start Family Resource
- Treatment service providers (adult and children/youth providers, mental health and substance use disorder treatment providers)
- Turning Point of Central California
- Visalia Unified School District
- New Life Ministries of Tulare County (African American faith-based program)

The Cultural Competence Plan (CCP) FY 2025-26⁶¹ referenced in the First Report is the current Plan. DHCS will no longer require a separate CCP but rather embed components in the BHSA Integrated Plan. This Plan was due to DHCS by June 30, 2026. The Plan was somewhat challenging to locate online because it was not posted along with other plans but on the “Public Notices” page.⁶²

The County improved its collection of sexual orientation and gender identity (SOGI) data in the SmartCare EHR. The Plan reports that in the prior three FYs, a similar number of individuals served annually along with breakdown by age group, and a slight increase in the number and percentage of Hispanic/Latino and Unknown individuals. In FY 2024-25, 2.9% of individuals served identified as something other than male/female, which is represented predominantly by Unknown (1.7%). Additionally, 4.4% of the clients served identified as lesbian, gay, bisexual, or questioning.

⁶⁰ <https://tchhsa.org/eng/behavioral-health/cultural-competency-compliance>

⁶¹ Tulare Cultural Competence posted materials: <https://tc-web.widen.net/s/8rqgrmdxps/hhsa-behavioralhealthfy202526updateculturalcompetence-plan20251216>

⁶² <https://tchhsa.org/eng/behavioral-health/public-notice1>

Culturally Responsive Services			
Provision	Requirement	R1	R2
C.11.e.	The County shall utilize recruitment efforts designed to expand the number of HHSA staff and Peer Specialists with diverse cultural backgrounds and lived experiences. Such efforts shall include posting a policy statement on its employment opportunities platforms regarding HHSA's objective to grow and retain a workforce with diverse cultural backgrounds and lived experiences; incorporating related language into relevant employment specifications; and incorporating consideration of diverse cultural backgrounds and lived experience into recruiting, interviewing, and hiring criteria.	NR	NC

Review of the County Human Resources and the HHSA page for Recruitment Videos and Flyers⁶³ did not include reference to workforce retention, lived experience, or cultural backgrounds. The introductory statement could be amended to include a policy statement described in the service requirement, even if not in the official County job description posted by Human Resources. The HHSA recruitment page currently reads as follows (the width of the page does not allow for a screenshot that is legible within the boundaries of the page):

Career Opportunities at Tulare County HHSA

Welcome to the Tulare County Health & Human Services Agency (HHSA) recruitment portal. Here, you can explore current career opportunities across Behavioral Health, Human Services, and Public Health branches through our informational videos and job flyers. Whether you are a licensed professional or looking to start a career in public service, these resources provide insight into our culture and the impactful work we do for our community.

Application & Language Information

Please note that all recruitment materials, job descriptions, and official applications are provided in English only. To ensure a successful evaluation of your qualifications, the online application process must be completed in English.

Recruitment & Spotlight Videos

Watch the videos below to learn more about our team, our mission, and the rewarding career paths available within the Tulare County HHSA. These spotlights provide a closer look at the impact our employees have on the community every day.

The flyers which included postings for Behavioral Health Case Manager and Behavioral Health Clinician could not be opened in either Microsoft Edge or Google Chrome:

⁶³ <https://tchhsa.org/eng/jobs/recruitment-videos-and-flyers>

Behavioral Health Case Manager I, II, III Flyer (PDF)

Coordinates patient care and connects individuals with mental health resources.

Behavioral Health Clinician Unlicensed/Licensed Flyer (PDF)

Provides mental health assessments, therapy, and crisis intervention.

Recommendations

Recommendations From the First Report that Apply

- For the CCC, include attachments of any handouts provided during the meetings. Incorporate commitments from the Settlement Agreement into the activities of the CCC.
- As referenced in the Settlement Agreement, the CCC should utilize recent demographic information from the American Community Survey to inform its recommendations.

New Recommendations

- Ensure that the flyer for recruitment to the CCC is posted in clinic lobbies and other sites as well as online in effort to achieve increased engagement.

Data Collection and Quality Assurance

Details regarding available data are included in the corresponding sections of this report.

Assessment of Service Commitments

Data Collection and Quality Assurance			
Provision	Requirement	R1	R2
12.b.i.	Data on individual crisis contacts and disposition, collected by the Crisis Call Center and Mobile Crisis Teams pursuant to Section C.2.g, above, and other relevant County and County-contracted agencies. At a minimum, Crisis data should identify the following, subject to the individual's consent where applicable: - Geographic location - Race/ethnicity - Gender identity - If LGBTQ+ - Age - Primary language - Referral source - Responding agencies - Location of each crisis response - Whether services were provided on a voluntary basis - Coordination of care, including any follow-up appointments, connections to services, and collaboration between service teams or providers - Number of 5150/5585 holds and ED admissions for ACT/FSP/Youth Services clients	PC	PC

The County has produced several reports with useful data based upon data available in the EHR. However, there remains no additional progress identified in collecting data elements that require other data sources – either that need to be collected or that may already be collected and need to be included in the available reporting.

The Reports Catalog which previously identified the definitions and sources for the data included in the Power BI reports no longer functions. Upon developing a greater understanding of the data available, there are some data elements where the definition does not seem to match the data that is included in the report. Some additional troubleshooting may need to be done to align the data that is extracted with the data definitions.

Behavioral Health

DRC - Referred to Outreach and Engagement
DRC - Referrals to Youth
DRC - Referrals to FSP and ACT Programs
DRC - LPS Conserved Caseload in In-patient housing
DRC - FSP&ACT Services
DRC - FSP and ACT Service Caseloads
DRC - Calls to Access line_Original
DRC - Calls to Crisis Call Centers
DRC - Calls to Access line
DRC - BH Inpatient Hospitalization
DRC - Calls to Crisis Call Centers_Original
DRC - Crisis Resident Treatment
DRC - Mobile Crisis Follow-up Reconciliation
DRC - Reports Catalog
DRC-Request to Crisis Response Report - Summarized
DRC - Reports Catalog (PDF)

DRC - Reports Catalog
(Updated August 20th, 2026)

Report Name
☐ DRC - 51505585
☐ DRC - BH Inpatient Hospitalization
☐ DRC - Calls to Access Line
☐ DRC - Calls to Crisis Call Centers
☐ DRC - Crisis Residential Treatment
☐ DRC - FSP & ACT Services
☐ DRC - FSP and ACT Service Caseloads
☐ DRC - LPS Conserved Caseload in In-Patient Housing
☐ DRC - Referrals to FSP and ACT Programs
☐ DRC - Referrals to Youth
☒ **DRC - Referred to Outreach and Engagement**
☐ DRC - Request for Crisis Response
☐ DRC - Youth Service Caseloads
☐ DRC - Youth Services

The DRC Catalog - Please select a report to display the Field Name and Definition for each of the DRC Reports.

Please contact EHRTeam@tularecounty.ca.gov for changes and updates.

DRC - Referred to Outreach and Engagement

A Report of any client receiving Target Outreach Services in SmartCare within the date period selected. All Targeted Outreach Services within a date range with program, service and client data associated to the Targeted Outreach Service.

Field Name	Field Description
Primary Language	The language used most frequently to communicate
If co-occurring SUD	SUD Program Name/s, if clients is enrolled in a SUD Program
Referrals to MHP programs (including FSP, ACT, Youth Services)	Program Name/s of Programs, If client enrolled in Program on after Date of Service.
Name of MHP program case opened	Name of Program providing Targeted Outreach Service
Referring Program	Name of Program providing Targeted Outreach Service
Receiving Program	Name of Outreach and Engagement Program, if client is enrolled in an Outreach and Engagement Program after the Date of Service.
If homeless	If client has been indicated Homeless on the Problem List in SmartCare.
Date of MHP program case opened	Enrollment Date of the Program in which the Targeted Outreach Service was provided.
Date of Referral	Date of Service for Targeted Outreach in SmartCare
Dates of contacts by O&E	Date Client is Enrolled in Outreach Program in SmartCare
Race	Client's Race
Ethnicity	Client's Ethnicity
Age	Client's Age, at the time the report is created. Individuals with blank records is for client's served in which their DOB was not able to be collected have a 1/1/1905 Date of Birth in SmartCare.
Gender Identity	Client's innate sense of their gender
If LGBTQ+ (Sexual Orientation)	Client's identity in relation to the gender or genders to which they are sexually attracted
Housing status/type	Client's current living arrangement
MRN	Client Identification Number tracked in the Electronic Health Records (EHR) System SmartCare
Foster Youth status	Client has a special indicator flag for Foster Care

Data Collection and Quality Assurance			
Provision	Requirement	R1	R2
12.b.ii.	Data on the County's Outreach and Engagement efforts under Section C.7 of this Agreement.	PC	PC

Limitations of the Outreach and Engagement data available are described earlier in this report.

Data Collection and Quality Assurance			
Provision	Requirement	R1	R2
12.b.iii.	Data on implementation of the County's Discharge Planning obligations under Section C.10 of this Agreement.	PC	PC

Currently there are no data available regarding discharges from carceral settings, though discharge and referral procedures are established. Hospital inpatient discharge data is available, and results in the Partially Compliant rating.

The following five elements have not been addressed:

Data Collection and Quality Assurance			
Provision	Requirement	R1	R2
12.b.iv.	Gaps in the continuum of community-based services that may contribute to WIC 5150/5585 evaluations, hospitalization or incarceration, including an assessment of available affordable and supportive housing and steps to increase housing availability for individuals with mental health disabilities.	NC	NC
12.b.v.	Self-reporting by individuals who have been subject to WIC 5150/5585 holds about their subjective experiences and what services were needed to resolve	NC	NC

Data Collection and Quality Assurance			
Provision	Requirement	R1	R2
	the crisis, including self-reporting by individuals from Underserved Communities.		
12.b.vi.	Youth-related data, including (1) the number of youth in juvenile detention facilities with mental health disabilities; (2) the number of school referrals for mental health evaluations or threat assessments to the County Sheriff, and other law enforcement agencies to the extent the County is aware of such referrals, (3) the number of school referrals to County mental health service; and (4) the number of referrals of foster youth to County mental health services.	NC	NC
12.c.	Within 12 months of the date of this Agreement, the County shall implement a system for tracking the information collected under this Agreement on an ongoing basis. The County shall make key findings and data collected publicly available and updated at least every six months.	NC	NC
12.d.	In developing these systems, the County will partner with relevant entities involved in crisis care to collect relevant data, including but not limited to relevant County agencies, County-contracted agencies, and criminal and legal system agencies. The County shall ensure timely and effective data-sharing across relevant agencies as allowable under Federal and State regulations and in accordance with Californias HHS Data Exchange Framework in order to ensure effective coordination of care and provision of services under this Agreement.	NC	PC

With the exception of provision of reports from Kings View and Jackson House, data gaps remain as indicated for several of the KPI measures.

The First Report for this Settlement Agreement (specifically the data included) was not located online.

Data Collection and Quality Assurance			
Provision	Requirement	R1	R2
12.b.vii.	Disparities in service utilization, including disparities in utilization of inpatient versus outpatient services and gaps in Culturally Responsive and Gender-Affirming community services among Underserved Communities; and solutions for overcoming barriers to services for Underserved Communities, including but not limited to barriers relating to County hiring, contracting, and/or funding of community-based providers.	NR	NR

Demographic data is introduced in this report. This element will be rated in the next report.

Recommendations

Recommendations from the First Report that Apply

- Identify if entering into MOUs with other County departments will enable access to data needed for the Settlement Agreement.

- Develop a plan for obtaining data for as many of the missing data elements as possible, in collaboration with partner agencies where appropriate.
- Identify existing informal methods of data exchange and client linkage that can be formalized (e.g., jail discharges).
- Identify the model for posting the data related to this Settlement Agreement.

New Recommendations

None

Community Stakeholder and Provider Input

In the Settlement Agreement, this section is embedded in the Data and Quality Assurance Section. It is separated in this report for emphasis and clarity.

Documents Provided by Tulare County

First Report Submissions

- Tulare County contract with Collaborative Strategies Institute FY 2025-26, executed 9/22/2025

Second Report Submissions

- Website Accessibility and Content Audit Project
- Collaborative Strategies Progress Report (May 2026)

Assessment of Service Commitments

Community Stakeholder Input			
Provision	Requirement	R1	R2
12.b.viii.1.	Host a public community stakeholder meeting at least biannually (twice a year) for the first two (2) years after execution of this Agreement, and annually thereafter, in order to present key findings from the County's data collection and to receive community feedback on such findings.	NC	NC
12.b.viii.2.	Engage Leaders from Underserved Communities to gather community feedback regarding gaps and improvements in County mental health services, including Culturally Responsive services. The County shall request that such community Leaders gather feedback using methods tailored to the needs of the communities they serve, which may include listening sessions, surveys, town halls, or one-on-one meetings, among other methods. The County shall provide the community Leaders with resources and funding to support this work.	NC	NC
12.b.viii.2a.	To ensure meaningful feedback, the County shall make available data relevant to utilization of County services by Underserved Communities (including data collected under Section C.12.b), and current and planned efforts to enhance services for such individuals.	NC	NC
12.b.viii.2b.	At the request of a community Leader selected to facilitate this process, the HHSA Ethnic Services Manager shall attend a community feedback event, but shall not Lead the event. The Ethnic Services Manager may provide input about what information would be useful to the County, but shall take into account all feedback provided.	NC	NC
12.b.viii.2c.	In collaboration with Leaders from the Underserved Communities, the HHSA Ethnic Services Manager shall review and analyze community feedback, and shall present and discuss data, key findings, and recommendations based on	NC	NC

Community Stakeholder Input			
Provision	Requirement	R1	R2
	the feedback during the stakeholder meetings described in Section C.12.b.viii., above.		
12.b.viii.3.	The County and HHSA will appropriately take into account feedback and respond to the recommendations presented during the biannual stakeholder meetings within thirty (30) days of each meeting.	NC	NC

At 18 months into the Settlement Agreement, the County was expected to have held at least two to three community input events (two per year for the first two years). These activities have not been implemented, and details were not provided regarding the related planning indicated by the contractor, CSI. The status report from CSI indicates that this item is “Pending County Direction.” They indicated that two preliminary meetings were held with County staff to discuss project activities and planning.

Recommendations

Recommendations from the First Report that Apply

- Document in the Implementation Plan (or alternate format) any progress as planning and activities occur to help to ensure completion by stated deadlines.

New Recommendations

- Provide an update regarding whether the contract with CSI will continue to pursue all of the deliverables outlined in their contract or if the items relevant to the Settlement Agreement will be achieved through a different mechanism.

HHSA Website Content and Accessibility

Documents Provided by Tulare County

First Report Submissions

- Tulare County contract with Collaborative Strategies Institute FY 2025-26, executed 9/22/2025
- BH Website Audit Compliance tracker dated 12/4/2025.

Second Report Submissions

- Website Accessibility and Content Audit Project
- Collaborative Strategies Progress Report (May 2026)

Assessment of Service Commitments

HHSA Website Content and Accessibility			
Provision	Requirement	R1	R2
C.13.a.	The County shall ensure that its Behavioral Health Services Act ("BHSA") Plans, BHSA Updates, Annual Cultural Competency Plans and Policies, Mental Health Plan Beneficiary Handbook, and lists of Culturally Responsive and Gender Affirming service providers are timely posted and maintained on the HHSA website.	PC	PC

As indicated in the First Report, the BH website includes the following:

- As is required by DHCS the BH Member Handbook is posted in both English⁶⁴ and Spanish⁶⁵, as is the Provider Directory.^{66 67} The Provider Directory had been updated within the prior 30 days. There are several providers that identify working with particular cultural groups and LGBTQ+.
- The MHSA Plans and Updates page⁶⁸ of the HHSA website show the MHSA Three-Year Plan⁶⁹ and the FY 2024-25 Annual Plan Update⁷⁰ - the links to these reports were fixed since the publication of the First Report.
- P&P Cultural and Linguistic Competency⁷¹ – effective 9/13/2012 – defines cultural and linguistic competency as principles to be incorporated “throughout policy making, administration, and service delivery.” It is broadly written and does not speak to staff composition, expectations, or training.

⁶⁴ <https://tc-web.widen.net/s/xmzsps9wdp/hhsa-behavioralhealthmemberhandbookenglish-202507>

⁶⁵ <https://tc-web.widen.net/s/qt9lijfbgn/hhsa-behavioralhealthmemberhandbookspanish-202507>

⁶⁶ <https://tc-web.widen.net/s/zmftcrxhql/hhsa-behavioralhealthproviderdirectoryenglish202512>

⁶⁷ <https://tc-web.widen.net/s/htnkfmvbt/hhsa-behavioralhealthproviderdirectoryspanish202512>

⁶⁸ <https://tchhsa.org/eng/behavioral-health/plans-reports-dashboards1/mhsa-plans-updates>

⁶⁹ <http://publicdocs.co.tulare.ca.us/Questys.CMx.HHSAWebdocs/File.ashx?id=6079>

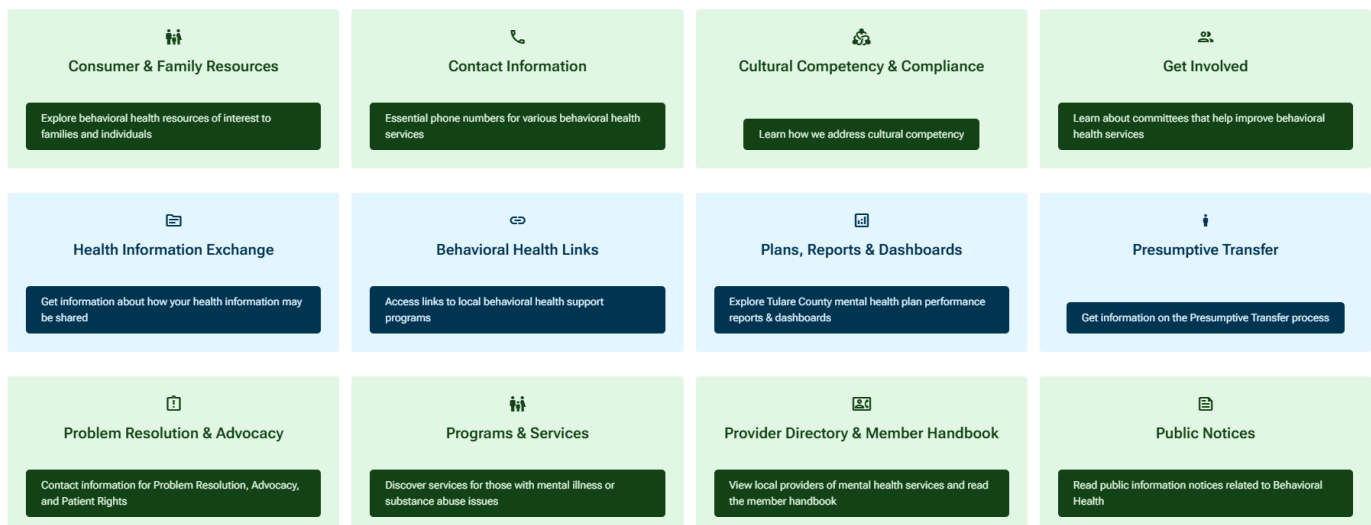
⁷⁰ <http://publicdocs.co.tulare.ca.us/Questys.CMx.HHSAWebdocs/File.ashx?id=6501>

⁷¹ <http://publicdocs.co.tulare.ca.us/Questys.CMx.HHSAWebdocs/File.ashx?id=4714>

- P&P 05-02 MH Cultural Competency Committee (CCC)⁷² – effective 2/15/2018 – “specifies the structure, role, and responsibilities of the CCC,” led by the Ethnic Services Manager who works with the CCC “to achieve the goals, objectives, and responsibilities of the CCC.”

HHSA Website Content and Accessibility			
Provision	Requirement	R1	R2
C.13.b.	The County shall maintain up-to-date information on the HHSA website about opportunities for public and stakeholder comment. The County shall post the dates, locations, and videoconference information of all public and stakeholder meetings, focus groups, and planning activities on the HHSA website at least thirty (30) days before the event occurs. The County shall post the agenda and related documents, such as reports or presentations, for such events at least three (3) days before the event occurs. The County shall post the minutes of such events no later than fifteen days after the event occurs.	NR	PC

The County’s HHSA Behavioral Health website has an easy to navigate landing page with many topic links available:



The Behavioral Health “Get Involved” website does not offer many opportunities to do so, however. It includes information regarding three System Improvement Committees that are open to the public. While the website includes a statement that the committees are open to the public, one must email the County to get the video link to join. No agendas or meeting minutes are published, the content of which could elicit public interest.

The “Get Involved” site includes a link to the Behavioral Health Board page which invites participation. The website includes announcements for two vacant seats. The link for vacancy Seat 13 did not work, but Seat 15 did. (This was remedied by the time of the Final Report.)

⁷² <http://publicdocs.co.tulare.ca.us/Questys.CMx.HHSAWebdocs/File.ashx?id=4715>

In 2025, Behavioral Health Board meetings were held monthly except for July. The 2026 calendar changed the meetings from monthly to quarterly, with meetings held in February, May, and August. Additionally, Special Meetings were held in January and April for public hearings for the MHSA Innovation Plans and the BHSA Integrated Plan, respectively. These meetings launched the 30-day public posting period. The last scheduled meeting was held on August 4, 2026. It is unclear if the November meeting has been cancelled or if it just is not posted.

Special Meetings would benefit from posting directly on the Public Notices and Get Involved pages. There was evidence of the BHSA public hearing and the Integrated Plan being posted on Instagram.

HHSA Website Content and Accessibility			
Provision	Requirement	R1	R2
C.13.c.	The County shall maintain up-to-date information on the HHSA website about Specialty Mental Health Services, including FSP, ACT, Youth Services, and other services referenced in this Agreement. The County shall maintain information about what each service provides, the eligibility criteria, how to request the service, and the grievance and appeal processes.	PC	PC

General information about SMHS are available on the website, as are the Access/Crisis Lines. The required Grievance and Appeal Form is posted on the Problem Resolution page. Telephone numbers are also included for contacting the Problem Resolution Coordinator, Patients Rights Advocate, and Family Advocate.

As was reported in the First Report, complaints to the advocates are not necessarily recorded as grievances if the advocate is able to immediately resolve the matter. This practice appears inconsistent with the DHCS requirements, where the BHIN on this subject states that a grievance is to “express dissatisfaction about any matter other than an Adverse Benefit Determination ... There is no distinction between an informal and formal grievance ... A member need not use the term ‘grievance’ for a complaint to be captured as an expression of dissatisfaction and processed as a grievance by the BHP. Even if a member expressly declines to file a grievance, the BHP shall process their complaint as a grievance.”⁷³

The BH page for Unhoused Programs and Services contains information regarding housing programs and links to 14 other related websites.

The County’s Prior Authorization report is posted for 2025. It shows the number of prior authorization requests for SMHS that require this. Prior authorization did not appear to slow access to care, as the median was reported to be zero days and the average was 3.5 days.

⁷³ DHCS BHIN 25-014 Grievances and Appeals: <https://www.dhcs.ca.gov/Documents/BHIN-25-014-Mental-Health-Plan-and-Drug-Medi-Cal-Organized-Delivery-System-Plan-Grievance-and-Appeal-Requirements-with-Revised-Member-Notice-Templates.pdf>

HHSA Website Content and Accessibility			
Provision	Requirement	R1	R2
C.13.d.	All information on the HHSA website shall be provided in English and Spanish at minimum, and any other language that the County determines is necessary to ensure that the information is accessible to non-English-speaking County residents. The County is responsible for providing services in a person's spoken language. The County shall provide information on the HHSA website about how to request services in a specific language.	PC	PC

The website can be viewed in English, Spanish, Tagalog, and Portuguese. The Crisis and Access Line page specifically stated “This service is confidential. Services are available in English and Spanish. The AT&T Language Line will be used to provide services in other languages.” Additionally, “All calls will be triaged and individuals in crisis will be connected to the Psychiatric Emergency Team for further evaluation.” This should be updated to specify MCRT and that this may include crisis intervention in their own home.

HHSA Website Content and Accessibility			
Provision	Requirement	R1	R2
C.13.e.	The County shall ensure that all HHSA web pages and content are accessible to individuals with disabilities. To ensure website accessibility, the County or a County contractor will conduct annual audits of website content that includes stakeholder review and user testing by individuals with disabilities. If such review identifies barriers to accessibility for individuals with disabilities, the County shall take appropriate steps to remove those barriers, including through updating and retesting web content.	PC	PC

The County’s contract with CSI resulted in the production of a document describing website audit findings and recommendations. This was the second audit which built on the initial audit findings from late 2025. It assesses compliance with the Settlement Agreement, Web Content Accessibility Guidelines (WCAG), and the ADA. The first audit produced 13 findings, and by the second audit, 5 items were fixed, 4 were partially fixed, and 4 were not fixed. The issues were quite technical but describe progress toward compliance. This item will be rated SC when the identified issues have been addressed and resolved.

Recommendations

Recommendations from the First Report that Apply

- Examine the process associated with calls to the Family or Patients Rights Advocates that may be in contradiction with DHCS requirements for processing client complaints.
- Ensure that public meetings have current date/time information, links for joining, meeting agendas, and minutes from prior meetings.

New Recommendations

None

Training Regarding the Settlement Agreement

Documents Provided by Tulare County

- BH and CWS Collaboration Presentation
- Interpreter Training attendance
- Relias training courses available (County and contract)
- Safety Planning training attendance
- Transgender, Gender Diverse, or Intersex (TGI) training attendance (County and contract)
- List of Required Training Modules (County and contract)

Assessment of Service Commitments

Training Regarding the Settlement Agreement			
Provision	Requirement	R1	R2
14.a.	The County shall develop or revise its trainings in accordance with this Agreement. The County shall ensure that all relevant staff receive trainings in accordance with this Agreement.	NR	NC
14.b.i.	The County shall ensure that all staff providing or overseeing a service in this Agreement are trained in and practice the following core competencies to ensure adequate services:	NR	NC
14.b.ii.	Crisis Intervention, including tools for relieving and de-escalating crises in the community as the primary intervention tool, with evaluation for an involuntary hold held in reserve as an intervention of last resort.	NR	PC
14.b.iii.	Iatrogenic Harm and the harms of involuntary institutionalization and incarceration.	NR	NC
14.b.iv.	Effective provision of Crisis Services within the broader behavioral health system, including effective care coordination with system providers.	NR	PC
14.b.v.	Effective provision of Person-Centered, Trauma-Informed, Culturally Responsive, and Gender-Affirming services.	NR	NC
14.b.vi.	Engaging, supporting, and partnering with parents/family members/significant others.	NR	NC
14.c.	Trainings shall be conducted upon hire and at least annually thereafter.	NR	PC
14.d.	The County shall provide a copy of all applicable training materials to DRC for review and comment. The County shall review and take into account all DRC feedback and shall revise trainings as needed and consistent with the provisions of this Agreement.	NR	NC

The County provided a spreadsheet which included required trainings for staff at hire and the frequency for repeat (some are annual and some are every two years).

The component 14.b.ii. is credited as PC in alignment with the information stated in that section of the report.

Just under 60% of County and contract staff had completed the required TGI training when the report was produced on July 2, 2026.

It is not apparent whether any of the trainings include material associated with the Settlement Agreement and if any trainings were updated as a result of the Settlement Agreement.

Recommendations

Recommendations from the First Report that Apply

- Develop a list of which trainings are expected to be updated versus developed, and a timeline for doing so, ensuring the timeline for DRC and the Reviewer to review the training materials.

New Recommendations

- Develop a training for County and contract provider staff that covers the key topics of the Settlement Agreement.

ATTACHMENT A: KPI DATA DEFINITIONS

KPI #	Description	Numerator	Denominator
1	Crisis Call Center calls answered timely	Calls answered within # Rings or Calls Directly Answered without being on hold	Total Calls to Crisis Call Center
2	Timely MCRT Response	MCRT dispatched within 60/120 min	Total MCRT Field Responses
3A	Sequential or Co-Response with LEA	Sequential or Co-Response with LEA	Total MCRT Field Responses
3B	MCRT Requests for LEA Response	MCRT calls to LEA	Total MCRT Field Responses
4	MCRT Resolved at Scene	Resolved at Scene Disposition	Total MCRT Field Responses
5	Successful 72-hour follow-up	Contact made to MCRT client within 72-hours and up to 3 attempts	Total MCRT Field Responses
6	MCRT Care Coordination	Plan Development or TCM billed by outpatient program same or next day as MCRT service	MCRT Responses to cases with an outpatient episode open at the time
7	MCRT (new) Clients Receiving Assessment within 30 Days	Assessment completed within 30 days of MCRT service	MCRT Responses with no outpatient episode open at the time of the MCRT Response
8	MCRT Clients Receiving any Outpatient service within 30 days	Any outpatient service claimed within 30 days of MCRT service	Total MCRT Field Responses
9	FSP/ACT Clients Received Crisis Intervention from FSP/ACT Team	Crisis intervention delivered by FSP/ACT team	FSP/ACT clients who received crisis intervention or MCRT
10	Admissions to CRT from MCRT Referral	Admission to CRT made by MCRT Referral	Total CRT Admissions in CRT Report
11	Timely Access to CRT	Admission to CRT within 24 hours of referral	Total CRT Admissions in CRT Report
12	Timely Contact for FSP/ACT Referrals	Clients contacted within 1 day (ACT) or 3 days (FSP)	Total FSP/ACT Referrals
13	FSP/ACT Client Engagement (4 services)	FSP/ACT Clients Received 4 or more Services	FSP/ACT Clients Receiving one or more FSP/ACT Service
14A	Timely initial FSP/ACT service (within 10 business days)	Initial Service within 10 business days of referral	Total FSP/ACT clients admitted
14B	Timely second FSP/ACT service (within 10 business days)	Second Service within 10 business days of first service	Total clients receiving first and second FSP/ACT service

KPI #	Description	Numerator	Denominator
15	FSP/ACT Clients Receiving PSS Services FSP/ACT Clients Received a Billed PSS Service	FSP/ACT Clients Received a Billed PSS Service in FSP/ACT Episode	Total FSP/ACT clients served in Caseload Report
16	Service Contacts Delivered in the Field	Sum of Units of Service Delivered in Non-office Settings	Sum of Units of Service Delivered in FSP/ACT Services Report
17	Successful Discharge from FSP/ACT Services	Discharge Reasons: No longer needs treatment, Completed treatment, Moved to lower LOC	FSP/ACT Discharges in FSP/ACT Caseload Report
18	Unhoused FSP/ACT Clients Move into Housing	FSP/ACT Clients provided with housing	Total FSP/ACT Clients with Housing Need
19	FSP/ACT clients receiving supported employment from team	FSP/ACT Clients Received a Billed Supported Employment Service in FSP/ACT Episode	Total FSP/ACT clients served in Caseload Report
20	FSP/ACT clients receiving SUD support from team	FSP/ACT Clients Received a Billed SUD supportive service in FSP/ACT Episode	Total FSP/ACT clients served in Caseload Report
21	Timely Access to Services for Youth	Youth receiving initial service within 10 business days	Total Admissions in Youth Caseload Report
22	Post-MCRT Youth Intake Assessment Occurred Within 30 Days	Assessment signed within 30 days of MCRT service	MCRT Responses for youth with no outpatient episode open at the time of the MCRT Response and went on to receive an MHP assessment
23	Youth with Timely MHP Service after MCRT Service	Youth receiving initial service within 10 business days	MCRT Responses for youth without an outpatient episode open at the time
24	Youth Outpatient Episodes Closed Due to Lack of Engagement	Discharge Reasons: admin discharge, disengaged, never engaged, discharged AMA	Youth Discharges in Youth Caseload Report
25	Youth Placed in Group Home/STRTP	Number of Unduplicated Youth with new STRTP Admission	
26	Successful Discharge from WRAP/TBS Services	Discharge Reasons: No longer needs treatment, Completed treatment, Moved to lower LOC	Youth Discharges from WRAP/TBS in Youth Caseload Report
27	Clients Referred to Outreach and Engagement Services	Clients referred to Outreach and Engagement	
28	Clients Receiving Outreach and Engagement Services	Clients receiving Outreach and Engagement	Clients in #27
29	Outreach and Engagement Led to Outpatient Services	Outpatient episode opened after Outreach/Engagement Service(s) Delivered	Numerator from KPI #28
30	5150 Holds lasting longer than 72 hours without placement	Number of 5150 holds reported as lasting longer than 72 hours without placement	

KPI #	Description	Numerator	Denominator
31	5250 Hearing Held in ED if Hold lasted longer than 72 hours	5250 Hearings Reported by PRA as held in the ED	Number from KPI #30
32	Follow-up within 30 days after ED visit	Clients receiving an MHP service within 30 days of ED service	Clients with MH needs seen at ED
33	Follow-up within 7 days after Psychiatric Hospitalization Discharge	Clients receiving an MHP service within 7 days of inpatient discharge	Clients discharged from inpatient hospital (excluding IMD)
34	Engages in Peer Support during or after Inpatient (and/or Incarceration)	PSS service claimed during or within 30 days in inpatient discharge	Clients admitted to inpatient hospital
35	Kaweah Inpatient Admissions Longer than 60 Days	Number of clients with Kaweah inpatient admissions longer than 60 days	
36	LPS Conservatorship Initiated and Placed in MHRC/IMD	Clients placed in MHRC/IMD for clients who were not conserved prior to inpatient admission	
37	New clients discharging from Jail/Juv Hall receive timely services	Timely Access to care (within 10 business days) from discharge from carceral setting	Clients referred to MHP from carceral setting
38	ROI Results in Care Coordination While in Jail/Juv Hall	Care coordination with MHP During Incarceration	Number of Releases of Information obtained while in carceral settings
39	Youth CSU Discharges within 24 hours of Admission	Number of discharges in less than 24 hours	Total number of Youth CSU discharges
40	Youth CSU Diversion from Inpatient vs Inpatient Admissions	Number of referrals to inpatient care	Total number of Youth CSU discharges
41	Youth CSU Admissions from MCRT Referrals	Number of referrals to CSU from MCRT	Total number of Youth CSU admissions

ATTACHMENT B: KPI DATA

KPI #	Description	Baseline 2024			CY 2025			CY 2026 Q1-Q2		
		Num	Denom	# or %	Num	Denom	# or %	Num	Denom	# or %
1	Crisis Call Center calls	-	1,516	-	-	2,114	-			
2	Timely MCRT Response	637	749	85.05%	1,556	1,660	93.73%	810	1,053	76.92%
3A	Sequential or Co-Response with LEA	123	749	17.66%	228	1,660	13.73%	189	1,053	17.95%
3B	MCRT Requests LEA Assistance – calculated from monthly KPI, total annual numbers not available	-	-	-	-	-	-	-	-	-
4	MCRT Resolved at Scene	420	749	80.72%	1,095	1,660	65.96%	728	1,053	69.14%
5	Successful 72-hour follow-up	512	804	63.68%	971	1,744	55.68%	1015	1,052	96.48%
6	MCRT Care Coordination Evidenced by Outpatient Program	29	258	11.24%	80	738	10.84%	43	483	8.90%
7	MCRT (new) Clients Receiving Assessment within 30 Days	96	546	17.58%	138	832	16.59%	160	570	28.07%
8	MCRT Clients Receiving any Outpatient service within 30 days	265	804	32.96%	936	1,570	59.62%	521	1,054	49.43%
9	FSP/ACT Clients Received Crisis Intervention from FSP/ACT	43	208	20.67%	46	153	30.07%	46	96	47.92%
10	Admissions to CRT from MCRT Referral	-	-	-	-	-	-	-	-	-
11	Timely Access to CRT (within 24 hours of referral)	-	99		-	113			75	
12	Timely Contact for FSP/ACT Referrals	196	243	80.66%	224	260	86.15%	120	120	100.00%
13	FSP/ACT Client Engagement (4 services)	224	244	91.80%	233	263	88.59%	144	176	81.82%
14A	Timely initial FSP/ACT service (within 10 business days)	165	251	65.74%	187	269	69.52%	143	176	81.25%
14B	Timely second FSP/ACT service (within 10 business days)	196	243	80.66%	224	260	86.15%	134	149	89.9%
15	FSP/ACT Clients Receiving PSS Services FSP/ACT	0	693	0%	122	669	18.24%	110	607	18.12%
16	FSP/ACT Service Contacts Delivered in the Field	8,759	27,025	32.41%	9,728	30,651	31.74%	7786	17,540	44.39%
17	Successful Discharge from FSP/ACT Services	55	302	18.21%	41	323	12.69%	42	350	12.00%
18	Unhoused FSP/ACT Clients Move into Housing	-	-	-	-	-	-	-	-	-

KPI #	Description	Baseline 2024			CY 2025			CY 2026 Q1-Q2		
		Num	Denom	# or %	Num	Denom	# or %	Num	Denom	# or %
19	FSP/ACT clients receiving supported employment from team	-	-	-	-	-	-	-	-	-
20	FSP/ACT clients receiving SUD support from team	-	-	-	-	-	-	-	-	-
21	Timely Access to Services for Youth	2,699	4,269	63.22%	3,744	4,805	77.92%	2,019	2,509	80.47%
22	Post-MCRT Youth Intake Assessment Occurred Within 30 Days (For those who received an Assessment)	18	41	43.90%	49	66	74.24%	20	93	21.51%
23	Youth Connected to MHP after MCRT Service	10	122	8.20%	20	171	11.70%	62	112	55.36%
24	Youth Outpatient Episodes Closed Due to Lack of Engagement	2,602	5,509	47.23%	1,978	5,225	37.86%	411	1,703	24.13%
25	Youth Placed in Group Home/STRTP	-	-	38	-	-	33			15
26	Successful Discharge from WRAP/TBS Services	15	111	19.30%	23	81	31.03%	22	93	23.66%
27	Clients Referred to Outreach and Engagement Services			161			280			127
28	Clients Receiving Outreach and Engagement Services	-	-	-	-	-	-	-	-	-
29	Outreach and Engagement Led to Outpatient Services	-	236	-	-	414	-	-	144	-
30	5150 Holds lasting longer than 72 hours without placement			85			33		23	
31	5250 Hearing Held in ED if Hold lasted longer than 72 hours	32	85	37.65%	14	33	42.42%	4	23	17.39%
32	Follow-up within 30 days after ED visit for mental illness	729	1,370	53.21%	2,192	3,564	61.50%	-	-	-
33	Follow-up within 7 days after Psychiatric Inpatient Hospitalization	701	1,485	47.21%	818	1,709	47.86%	458	780	58.72%
34	Received Peer Support Services during Inpatient Hospitalization (and/or Incarceration)	-	1,492	-	-	1732	-	-	808	-
35	Kaweah Inpatient Admissions Longer than 60 Days			4			4			1
36	LPS Conservatorship Initiated and Placed in MHRC/IMD			12			23			12
37	New clients discharging from Jail/Juv Hall receive timely services	-	-	-	-	-	-	-	-	-
38	ROI Results in Care Coordination While in Jail/Juv Hall	-	-	-	-	-	-	-	-	-

KPI #	Description	Baseline 2024			CY 2025			CY 2026 Q1-Q2		
		Num	Denom	# or %	Num	Denom	# or %	Num	Denom	# or %
39	Youth CSU Discharges within 24 hours of Admission	-	-	-	-	-	-	414	471	87.9%
40	Youth CSU Diversion from Inpatient vs Inpatient Admissions	-	-	-	-	-	-	-	-	-
41	Youth CSU Admissions from MCRT Referrals	-	-	-	-	-	-	91	471	19.32%

ATTACHMENT C: EQUITY ANALYSIS

Outpatient Services by Race/Ethnicity

The County provided the following data for FY 2024-25 regarding the delivery of outpatient services. This is then juxtaposed with the MCRT and inpatient service data for CY 2026 as a preliminary analysis. The time frames are not aligned and are the best available data for comparison. Outpatient service patterns for this large number of clients are likely to be fairly similar between the two periods.

Race/Ethnicity	# Served Outpatient	% of Outpatient Clients
American Native	178	1.29%
Asian/Pacific Islander	228	1.66%
Black/African American	416	3.02%
Hispanic or Latino	8,589	62.45%
Other	140	1.02%
Unknown	998	7.26%
White	3204	23.30%
Unduplicated Clients	13,753	100%

The relative composition of the outpatient clients is fairly comparable to the county population as a whole, with Hispanic/Latino and Asian/Pacific Islander slightly under-represented and Black/African. The “Unknown” population presents limitations to the analysis (e.g., if they are predominantly Hispanic/Latino, then the Hispanic/Latino group is not under-represented).

To compare a representation in a service population, a ratio is offered below that compares the proportion of clients served in one modality compared to another. The above tables show ratios of Inpatient/Outpatient, MCRT/Outpatient, and Inpatient/MCRT.

Understanding the Ratios

1.0 = the proportion represented in the two services is equivalent

> 1.0 = the population is over-represented in the first service compared to the second service.

< 1.0 = the population is under-represented in the first service compared to the second service

MCRT Services by Race/Ethnicity 2026 Q1-Q2

Race/Ethnicity	# Admissions	Unduplicated Client Count	% of MCRT Clients	Average # Admissions/ Client	Ratio MCRT to Outpatient
American Native	23	17	2.30%	1.35	1.78
Asian/Pacific Islander	36	12	1.63%	3.00	0.98
Black/African American	49	31	4.20%	1.58	1.39
Hispanic/Latino	382	267	36.18%	1.43	0.58

Race/Ethnicity	# Admissions	Unduplicated Client Count	% of MCRT Clients	Average # Admissions/ Client	Ratio MCRT to Outpatient
Other	9	7	0.95%	1.29	0.93
Unknown	226	191	25.88%	1.18	3.56
White	328	213	28.86%	1.54	1.24
Overall	1053	738	100 %	1.43	1.00

The large percentage of MCRT clients who are categorized as “Unknown” adds a greater degree of uncertainty to comparisons associated with MCRT. It seems likely that this may not be using the same source as other reports, but this needs clarification.

Small numbers were served for American Natives, Asian/Pacific Islanders, and Black/African Americans – changes by one or two people would have a significant impact on the percentages, so conclusions for these populations cannot be drawn. Even with the limitations of this data, it appears that the Hispanic/Latino group is under-represented in the MCRT services (36.18% MCRT to 62.45% outpatient = ratio of 0.58). The White group is slightly over-represented in MCRT data, but by a margin that could be offset by the Unknown individuals.

There do not appear to be significant differences between the groups in the likelihood to be seen by MCRT more than once in a given year (average admissions/client). This is overall 1.43 admissions per client. Differences across groups are either minimal or impacted by small numbers served.

Inpatient Clients by Race/Ethnicity 2026 Q1-Q2

Race/Ethnicity	# Admissions	Unduplicated Client Count	% of Inpatient Clients	Admissions/ Client	Ratio Inpatient to Outpatient
American Native	30	19	3.01%	1.58	2.88
Asian/Pacific Islander	14	13	2.06%	1.08	1.04
Black/African American	46	30	4.75%	1.53	1.88
Hispanic/Latino	349	272	43.04%	1.28	0.69
Other	8	5	0.79%	1.60	0.97
Unknown	77	66	10.44%	1.17	1.31
White	284	227	35.92%	1.25	1.51
Overall	808	632	100%	1.28	1.00

The Unknown population represented in inpatient care is more in line with the outpatient data, again suggesting that the MCRT data may be coming from another source in the EHR. Comparing inpatient to outpatient, American Native, Black, White, (and Unknown) clients appear over-represented in inpatient compared to outpatient care – again, the small numbers served adds significant caution to this interpretation. As with MCRT, the Hispanic/Latino population is much less represented in inpatient than outpatient care; this group is not impacted by small numbers.

In 2026 so far, several of the American Native and Black/African American clients who were hospitalized had more than one (between two and four) admissions in that time frame. These clients are more likely

to have multiple hospitalizations than others. This pattern was also apparent in 2024 and 2025, shown below. Additionally, in prior years, the Hispanic/Latino population also was more likely to have multiple admissions in the same year; this appears less so the case in 2026.

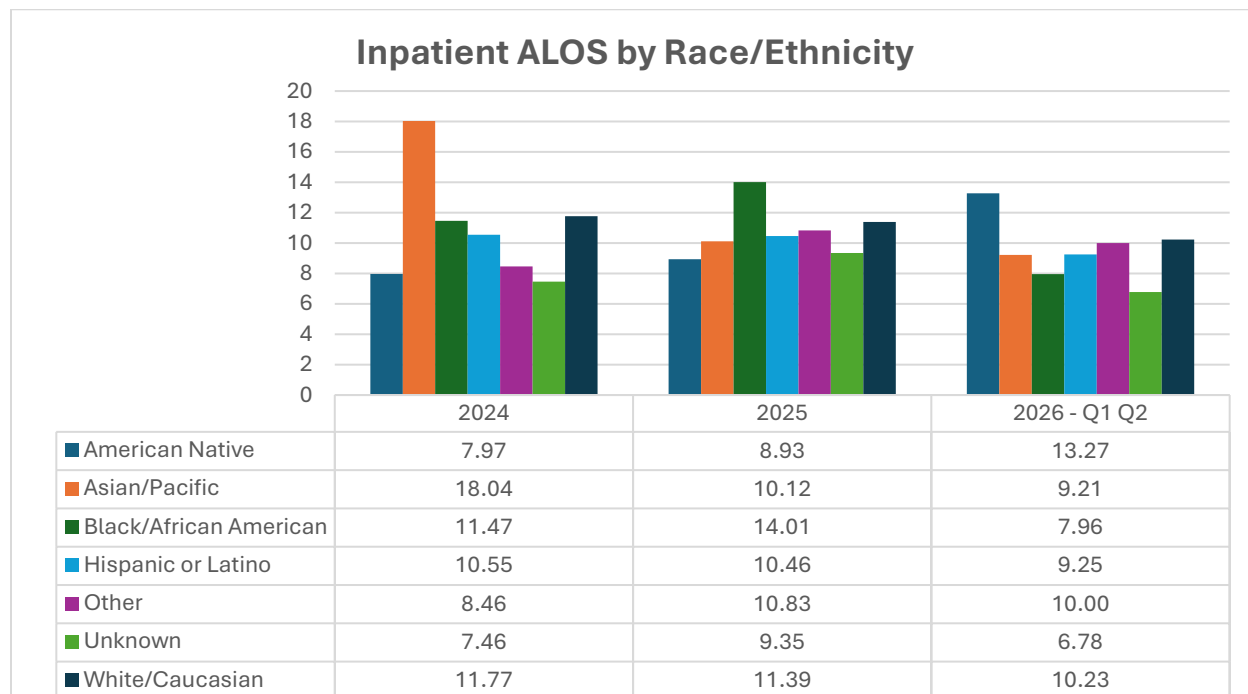
Inpatient data is particularly susceptible to claims lag so differences in 2026 compared to the prior years are not highlighted.

Inpatient Clients Served by Race/Ethnicity (2024 – 2025)

Hospitalizations	CY 2024			CY 2025		
	# Admissions	Unduplicated Client Count	Admissions/Client	# Admissions	Unduplicated Client Count	Admissions/Client
American Native	60	38	1.58	58	34	1.71
Asian/Pacific Islander	28	21	1.33	34	29	1.17
Black/African American	75	48	1.56	88	57	1.54
Hispanic/Latino	655	445	1.47	714	485	1.47
Other	24	18	1.33	24	21	1.14
Unknown	109	101	1.08	142	115	1.23
White/Caucasian	541	398	1.36	672	466	1.44
Total Admissions	1492	1069	1.40	1732	1207	1.43

Inpatient Length of Stay by Race/Ethnicity 2024-2026

The average length of stay (LOS) is shown below across all three time frames. Again, the averages can be impacted by small numbers of American Native, Asian/Pacific Islander, and Black/African American clients served.



Within each year, the longer ALOS appear to be driven by a few clients with much longer stays driving the average numbers, rather than hospitalizations that are typically longer. For example, in 2025, one Black/African American client was admitted for about nine months pending locked placement. When that admission is not included, the overall average for this population was much less extreme, almost one day longer than the overall average (11.8 days compared to 10.9 days). Similarly, the long LOS shown by Asian/Pacific Islanders in 2024 is driven by two very long admissions. Otherwise, the average for other patients was not significantly different from prior years.

In 2026, the American Native average was 40% longer than the overall average. These numbers are impacted by relatively small number of clients and several admissions that were greater than 20 days, including two admissions longer than 70 days. When those two admissions are excluded, the ALOS is about a day longer for the Native population.

Each year the ALOS for Hispanic/Latino and White clients approximated the overall average. The shortest admissions appear to be for the “Unknown” population. As noted earlier, the “Unknown” is over-represented in inpatient services.

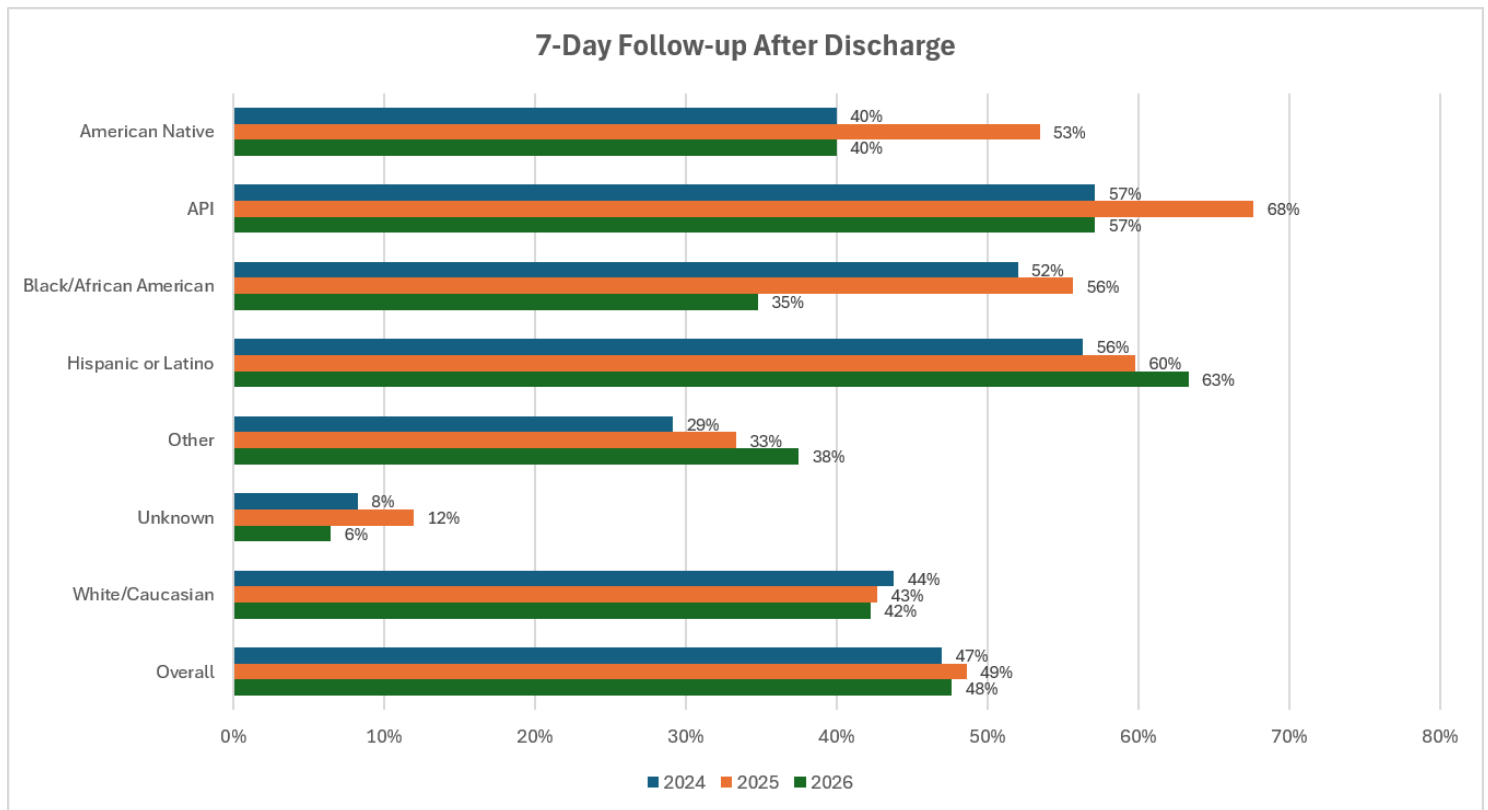
Number of Inpatient Admissions and Unduplicated Client Counts

The number of inpatient admissions across the three time frames are presented in the table below:

Hospitalizations	CY 2024		CY 2025		CY 2026 Q1 Q2	
	# Admissions	Client Count	# Admissions	Client Count	# Admissions	Client Count
American Native	60	38	58	34	30	19
Asian/Pacific Islander	28	21	34	29	14	13
Black/African American	75	48	88	57	46	30
Hispanic or Latino	655	445	714	485	349	272
Other	24	18	24	21	8	5
Unknown	109	101	142	115	77	66
White/Caucasian	541	398	672	466	284	227
Total Admissions	1492	1069	1732	1207	808	632

7-Day Outpatient Follow-up After Inpatient Discharge

The following chart shows the rate in which a client received a service within seven days of discharge from the hospital, for comparison across demographic groups and over the three time periods displayed.



The “Other” and “Unknown” groups showed the lowest rates of 7-day follow-up. So far in 2026, the Black/African American population is showing a much lower rate of outpatient engagement than in prior years. The rate for the Hispanic/Latino population has increased each year and has been above the overall rate. The White population shows a slightly lower follow-up rate than the overall rate.

Referrals to FSP/ACT Programs by Race/Ethnicity in 2026

Race/Ethnicity	# Unduplicated Clients	% of FSP/ACT Clients	Ratio FSP/ACT to Outpatient	Ratio FSP/ACT to Inpatient
American Native	60	3.72%	2.89	1.24
Asian/Pacific Islander	28	2.98%	1.79	1.45
Black/African American	75	6.89%	2.28	1.45
Hispanic or Latino	655	39.11%	0.63	0.91
Other	24	0.56%	0.55	0.71
Unknown	109	0.93%	0.13	0.09
White	541	45.81%	1.97	1.28
Total Admissions	1492	100%	1.00	1.00

The Black/African American population shows a high rate of referral to FSP/ACT programs, including when compared to their proportion in outpatient and inpatient services. The Hispanic/Latino population is less likely to be in an FSP/ACT program compared to their proportion in outpatient services, however it is not as significant when comparing to the inpatient utilization. This data for 2024 and 2025 will be included in the final version of this report.

Adding the Race/Ethnicity fields to the FSP and ACT Caseloads report would enable comparison of discharge reasons to examine differences in rates of successful discharge.