



FIRST REPORT

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

Final Report
Submitted on March 23, 2026

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INTRODUCTION

This report represents the First Report of 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”), and is included as Attachment A.

The purpose of this Settlement Agreement is to implement the 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 first of five Reports 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.

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," and 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. During the production of this report, the County was responsive to requests for additional information and documents.

Pursuant to the Agreement, the parties were provided an opportunity to review and provide feedback on a draft of this Report before it became final. The parties were encouraged to offer additional information, documentation, or clarification to be considered for inclusion in the Final Report. All feedback will be given consideration but ultimately 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.

Going forward, a Report will be issued every six months. The Fifth and 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 and Final Report.

The next site visit is anticipated for late May or early June 2025, with the draft of the Second Report due to be delivered to the Parties in late July 2025.

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." 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. Obtaining some of the data in the Settlement Agreement also aligns with existing DHCS requirements such as with the Hospital Emergency

Departments (relevant to two HEDIS measures¹). Thus far the County has provided data that is available in its EHR but has not implemented updated data collection methods to inform other key areas of the Settlement Agreement.

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 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.

Development of Performance Indicators

The Expert Reviewer has developed Key Performance Indicators (KPI) and outcome Goals, as required by Section D.2.d of the Agreement. The KPIs will be used to measure outcomes related to compliance with one or more Settlement Agreement requirements. 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.

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).

The KPIs were calculated by the Expert Reviewer utilizing baseline data and information 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. Thus, 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 represent, state or national standards.

It is also important to note that the Expert Reviewer may update some of the analysis and interpretation related to the KPIs if warranted based on review of additional information. The Expert Reviewer continues to work with the County to fully understand its specific systems and operations, including how data is entered into the EHR and by whom, under what circumstances, how things are locally defined, etc. Accurate interpretation of service data requires an in-depth understanding of service delivery, and how workflow and specifics of services have implications for the data provided. Additionally, further analysis may reveal nuances to data definitions that may need to be further explored. For these reasons, with feedback from the Parties, there may be additional need to amend EHR reports – and additional analysis conducted – so that the data is a valid reflection of the facts and that the KPIs reasonably measure progress throughout the entire term of the Settlement Agreement.

In the KPI chart below, CY 2024 is considered the baseline year upon which future progress will be compared. This year's work is represented by CY 2025, roughly aligning with the February 24, 2025, Effective Date.² For each KPI, the definitions of the numerator and denominator are included in **Attachment A**. Similarly, **Attachment B** includes the numbers that form the rates as numerators and

¹ Currently MHPs are expected to meet minimum performance levels in FUA (follow-up after ED visit for SUD) and FUM (follow-up after ED visit for MH) <https://www.dhcs.ca.gov/dataandstats/reports/Documents/Behavioral-Health-Accountability-MY-2026-RY-2027.pdf>

² One set of crisis service data reflects January through October 2025, due to time limitations to redo the analysis after the Power BI report was updated in December. Some of the numbers have been updated, and others will at a minimum be updated for accurate trend information in the Second Report.

denominators for the baseline year and 2024. There are additional measures where breakdown by program is displayed in **Attachment C**.

List of Key Performance Indicators

	Key Performance Indicators	Baseline CY 2024	CY 2025	Goal
1	Crisis Call Center Calls Answered Timely	NR ³	NR	95%
2	Timely MCRT Response	81.8%	81.1%	95%
3	Sequential or Co-Response with LEA	17.7%	15.7%	15-20% ⁴
4	MCRT Resolved at Scene	80.7%	76.8%	80%
5	Successful 72-hour Follow-Up	63.7%	55.7%	75%
6	MCRT Care Coordination	11.24%	10.84%	60%
7	MCRT (New) Clients Receiving Assessment within 30 Days	17.6%	16.6%	80%
8	MCRT Clients Receiving any Outpatient Service within 30 days	33.0%	59.6%	75%
9	FSP/ACT Clients Received Crisis Intervention from FSP/ACT Team	20.7%	30.1%	50%
10	CRT Admission Referral Source was MCRT	9.9%	9.5%	50%
11	Timely Access to CRT	NR	NR	80%
12	Timely Contact for FSP/ACT Referrals	NR	NR	80%
13	FSP/ACT Client Engagement (4 services)	91.8%	88.6%	90%
14A	Timely initial FSP/ACT service (within 10 business days)	65.7%	69.5%	80%
14B	Timely second FSP/ACT service (within 10 business days)	80.7%	86.2%	80%
15	FSP/ACT Clients Receiving PSS Services	N/A ⁵	18.2%	50%
16	FSP/ACT Service Contacts Delivered in the Field	25.5%	29.2%	75%
17	Successful Discharge from FSP/ACT Services	18.2%	12.7%	40%
18	Unhoused FSP/ACT Clients Move into Housing	NR	NR	75%
19	FSP/ACT clients receiving supported employment from team	N/A	N/A	-
20	FSP/ACT clients receiving SUD support from team	N/A	N/A	-
21	Timely Access to Care for Youth	63.2%	77.9%	80%
22	Post-MCRT Intake Assessment Occurred Within 30 Days	43.9%	52.6%	80%
23	Youth Connected to MHP after MCRT Service	45.2%	45.2%	60%
24	Youth Outpatient Episodes Closed Due to Lack of Engagement	47.2%	37.9%	25%
25	Youth Placed in Group Home/STRTP (Unduplicated count of youth)	46	39	TBD
26	Successful Discharge from WRAP/TBS Services	19.3%	31.0%	50%
27	Clients Referred to Outreach and Engagement Services	177	414	TBD
28	Clients Received Outreach and Engagement Services	1.13%	1.21%	75%
29	Outreach and Engagement Led to Outpatient Services	NR	NR	75%
30	5150 Holds lasting longer than 72 hours without placement	85	33	Reduce
31	5250 Hearing Held in ED if Hold lasted longer than 72 hours	37.7%	42.4%	75%

³ In this Report, NR refers to “Not Reported.” The data may be not collected or not currently available.

⁴ A target range is identified as the goal in order to prevent unintended consequences associated with staff and client safety that could occur by not involving law enforcement when appropriate or necessary.

⁵ In this Report, N/A indicates that this is Not Applicable in the time frame reported.

	Key Performance Indicators	Baseline CY 2024	CY 2025	Goal
32	Follow-up after ED visit ⁶	NR	NR	MPL ⁷
33	7-Day Follow-up after Hospitalization	46.8%	48.4%	MPL ⁸
34	Engagement in Peer Support During or after Inpatient Hospitalization (and/or incarceration)	N/A	N/A	TBD
35	Kaweah Inpatient Admissions Longer than 60 Days	4	4	Reduce
36	LPS Conservatorship Initiated and Placed in MHRC/IMD	12	23	12
37	New Clients Discharging from Jail/Juv Hall Receive Timely Services ⁹	NR	NR	80%
38	ROI Results in Care Coordination While in Jail/Juv Hall	N/A	N/A	TBD

KPIs are pending development for the Crisis Treatment Programs that have not been implemented yet (Peer Respite and BH Urgent Care), and the Youth CSU which was recently opened. In addition, analysis of equitable access across demographic groups is not included in this report because those KPIs are also pending finalization. This is a more comprehensive analysis that will examine any differences in the KPIs by demographic groups and will be an important aspect of the Settlement Agreement and will be emphasized throughout all future reports.

In addition to the KPIs, the Expert Reviewer has included data analysis throughout the Report where helpful to provide context or understanding regarding the rating of a Service Commitment. Those analyses are identified generally as “Metrics” to distinguish them from the KPIs and do not include goals.

⁶ This measure, among others, is tracked by DHCS annually. This data element was not requested from Tulare County prior to this report. The Behavioral Health Accountability Set: <https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerFEAS.aspx>

⁷ Pending identification of DHCS’s Minimum Performance Level (MPL), which is based upon the prior year’s national HEDIS median from the prior year.

⁸ Pending identification of DHCS’s Minimum Performance Level (MPL), which is based upon the prior year’s national HEDIS median from the prior year.

⁹ 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.

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, conducted over the year, though predominantly in the last few months.

1. **Meetings with HHSa BH DRC Coordinator (“DRC Coordinator”)**, which 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 either being provided or necessary. Three different Administrative Specialists served in this role between February and November 2025.
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. **Initial Discussions with Key Leaders in BH:**
 - a. Crisis Services Administrator
 - b. Populations of Focus Division Manager
 - c. Forensic Unit Manager
 - d. Chief Forensic Psychologist
 - e. QI/EHR Division Manager
 - f. Family Advocate Manager
 - g. Patients’ Rights Advocate
 - h. Inpatient Unit Clinical Supervisor
 - i. Porterville Clinical Services Manager (also serves as the Ethnic Services Manager)
 - j. Visalia Clinical Services Manager
 - k. ACT Clinical Services Manager
4. **Observation** of monthly Behavioral Health Board meetings and some Adult/Child System Quality Improvement Committee (SQIC) meetings.
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 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** of individuals receiving mobile crisis services, adult FSP/ACT, youth FSP, and other service programs. There were some technological challenges with access to these documents that delayed this review, and in particular, the child/youth charts were only provided with a cursory review.
9. **A four-day site visit** on December 1-4, 2025. The Reviewer was unable to conduct the final day of the site review in person due to illness. Those visits were instead conducted as video meetings and are indicated as such below.

The Reviewer is very appreciative of the time invested by the DRC Coordinator and the time shared by numerous staff and clients during the site visit. The visit included the following:

- a. Kings View Field Based program – site tour, meeting with program director, and general observation.
- b. Kings View Crisis Call Center – observation of triage and data collection for the Access Line and mobile crisis services, and meeting with program director.
- c. Kings View Mobile Crisis – observation of mobile crisis services provided by one of the County’s mobile crisis response teams (MCRT) in Porterville, at a client’s home and at a skilled nursing facility, and a follow-up attempt to a client’s home.
- d. Site visit at the Visalia Adult Clinic, where several of the discussions were held:
 - i. Clinical Services Managers over the Forensic and Inpatient services.
 - ii. Patients’ Rights Advocate and Family Advocate Manager.
 - iii. Tulare County Public Guardian and Deputy Public Guardian.
- e. Held at the Visalia Adult Clinic, a focus group of 12 adult clients, primarily those receiving FSP/ACT services.
- f. Kings View Wellness Center in Visalia – an unannounced visit as the program invites clients to drop-in for enrollment in their program. A Peer Support Specialist provided detailed tour of the program and an introduction to the program manager.
- g. Discussion with the supervisor of the Tulare County Office of Education (TCOE) mobile crisis service team (this was intended to include observation).
- h. Discussion with the program director of the Jackson House CRT (this was intended to be a site visit and discussion with clients).

Site Visit Components Not Held:

The Reviewer and DRC Coordinator should begin scheduling for the next site visit well in advance in order to include components that were not included in this site visit:

1. A site visit at Kaweah Hospital Emergency Department was requested to include meeting with social work staff who are conducting mental health evaluations. This was not available during the site visit, but a video discussion was arranged following the site visit, held with key ED staff, including social work staff who conduct mental health evaluations in the ED. At this time, this does not need to be rescheduled.

2. A site visit at the Kaweah mental health inpatient unit, with an opportunity to talk with the Kaweah staff who provide the discharge planning, and either a focus group or informal discussion with inpatient clients. This should be included in the next site visit.
3. A field visit with the Visalia Adult Clinic's Outreach and Engagement staff was requested but not available. This should also be included in the next site visit.
4. Due to Reviewer illness, a scheduled site visit of Jackson House CRT did not occur; this visit and client focus group should also be held at the next visit.

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 below¹⁰:

- **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.

There is no expectation of significant Substantial Compliance early on in this implementation, as the County needs time to implement and demonstrate the ability to also sustain the implementation.

- **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.
- **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

¹⁰ Future reports will compare the current review period's rating to the rating in the prior Report.

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.

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, narrative information, and/or recommendations, 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 their numbering from the Settlement Agreement for reference.

Recommendations

Recommendations regarding how the County could implement actions toward more 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, and additional changes based upon feedback.

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.

FINDINGS

Summary of Ratings

Because this is still a relatively early point in the Settlement Agreement process, there are seven categories that are Not Ratable because there are deadlines that have not occurred yet: Crisis Service System (pending implementation of crisis treatment services), Crisis Treatment Services (Peer Respite, Urgent Care, and Youth CSU), Conservatees at Kaweah Hospital, Culturally Responsive Services, and Trainings for the Settlement Agreement. Most of these elements will be rated in the Second Report (18 months), and nearly all service commitments apply for the Third Report (24 months).

When a rating of Not Compliant or Not Ratable/Not Rated could be applied, the Not Rated category is generally selected for this First Report. Items that have been rated Not Compliant are associated with deadlines of 6 and 12 months from the execution of the Settlement Agreement, and should therefore have been implemented before this Report is due.

The Service Commitments outlined in the Settlement Agreement are briefly described below, along with the rating for this review period. The full language is listed in the relevant section. Future reports will include the rating for the current and prior review periods.

Rating	Number
Substantially Compliant (SC)	15
Partially Compliant (PC)	43
Not Compliant (NC)	12
Not Rated (NR)	119
Total Settlement Agreement Items	198

Overview of Ratings by Service Commitment

All of the Service Commitments are listed briefly on the pages that follow, along with the rating for this period.

When the Service Commitment includes an applicable corresponding KPI, that KPI goal is a necessary measure for achieving a rating of SC. Some Service Commitments have multiple KPIs. The KPIs are numbered according to their display on pages 6-7. Additional available data may also be used to support compliance of any Service Commitment.

Provision	Service Commitment Requirement	KPI	Rating
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
C.1.b.ii.	Timely and accessible, without removing from the community when possible.		NR
C.1.b.iii.	Employ age-appropriate, Person-Centered, Trauma-Informed, Culturally Responsive, and Gender-Affirming practices.		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

Provision	Service Commitment Requirement	KPI	Rating
C.1.b.v.	Coordinate care with open MHP program or refer to appropriate services		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
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
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
C.2.b.	Crisis Call Center will be available to all County residents 24 hours per day, seven days per week.	1	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
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
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
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 HHS website.		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
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
C.3.b.ii.	Be dispatched to provide Crisis Intervention Services in a community setting to the greatest extent possible.	2	SC
C.3.b.iii.	Provide services in lieu of law enforcement, including co-response teams, to the greatest extent possible.	3	SC
C.3.b.iv.	Be able to respond to individuals 24 hours per day, seven days per week.	2	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
C.3.b.vi.	Comply with staffing requirements established by DHCS for the Medi-Cal Mobile Crisis benefit.		SC

Provision	Service Commitment Requirement	KPI	Rating
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
C.3.b.viii.	Provide appropriate crisis intervention services until the crisis subsides.		PC
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
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
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
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
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
C.4. Crisis Treatment Services: Crisis Residential Treatment			
C.4.a.i.	Have capacity to serve adults, children and youth.		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
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	10	NR
C.4.a.iv.	Be provided in non-hospital, non-congregate environments that are therapeutic, calming.		NR
C.4.a.v.	Provide individuals with their own room, consistent with individual needs.		PC
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.		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
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
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
C.4.a.x.	Have sufficient capacity to provide SUD Services for people with co-occurring MH disabilities and SUD.		SC
C.4.a.xi.	Be physically accessible as needed to meet individual needs.		NR
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		NR

Provision	Service Commitment Requirement	KPI	Rating
	Tulare County. The County shall contract with one or more peer-led community providers to staff and operate the Peer Respite Home.		
C.4.a.i.	Have capacity to serve adults, children and youth.		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
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	TBD	NR
C.4.a.iv.	Be provided in non-hospital, non-congregate environments that are therapeutic, calming.		NR
C.4.a.v.	Provide individuals with their own room, consistent with individual needs.		NR
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.		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
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
C.4.a.ix.	Accept admissions directly from the County's Mobile Crisis Teams, treatment teams, and on a walk-in basis.	TBD	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
C.4.a.xi.	Be physically accessible as needed to meet individual needs.		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
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
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	TBD	NR
C.4.a.iv.	Be provided in non-hospital, non-congregate environments that are therapeutic, calming.		NR
C.4.a.v.	Provide individuals with their own room, consistent with individual needs.		NR
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.		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
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
C.4.a.ix.	Accept admissions directly from the County's Mobile Crisis Teams, treatment teams, and on a walk-in basis.	TBD	NR

Provision	Service Commitment Requirement	KPI	Rating
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
C.4.a.xi.	Be physically accessible as needed to meet individual needs.		NR
C.4. Crisis Treatment Services: Youth CSU – Not Rated For This Report			
C.4.a.i.	Have capacity to serve adults, children and youth.		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
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	TBD	NR
C.4.a.iv.	Be provided in non-hospital, non-congregate environments that are therapeutic, calming.		NR
C.4.a.v.	Provide individuals with their own room, consistent with individual needs.		NR
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.		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
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
C.4.a.ix.	Accept admissions directly from the County’s Mobile Crisis Teams, treatment teams, and on a walk-in basis.	TBD	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
C.4.a.xi.	Be physically accessible as needed to meet individual needs.		NR
C.5. Full Service Partnership and Assertive Community Treatment			
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
C.5.a.i.	SMHS: SMHS appointments shall follow the timely access standards set forth by DHCS.	14A 14B	NR
C.5.a.ii.	FSP: Referred individuals will be contacted within three (3) business days of referral to begin FSP services.	12	NR
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
C.5.b.	FSP services include intensive case management and behavioral health, Crisis Intervention, Peer Specialist, Substance Use Disorder, and Supported	15 19 20	NR

Provision	Service Commitment Requirement	KPI	Rating
	Employment services, as appropriate to the individual and in accordance with the individual's Individual Services and Supports Plan ("ISSP").		
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
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
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
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
C.5.d.v.	Apply for one hundred 100 new traditional Section 8 Housing Vouchers or Mainstream Section 811 Housing Vouchers.		NR
C.5.e.	FSP and ACT services will reduce, to the greatest extent possible, interactions with law enforcement during a health crisis.		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
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
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
C.5.f.iv.	Diligently seek funding to expand ACT capacity to meet the identified need based upon the ACT Needs Assessment.		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
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

Provision	Service Commitment Requirement	KPI	Rating
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
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
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
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
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
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
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
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
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
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
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
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
C.7.b.iii.	Track Outreach and Engagement contacts, including tracking progress in connecting individuals to needed services.	29	NC
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

Provision	Service Commitment Requirement	KPI	Rating
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
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
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
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
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
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
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
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
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
C.9. County Conservatees at Kaweah Health Mental Health Hospital – Not Rated For This Report			
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
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
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

Provision	Service Commitment Requirement	KPI	Rating
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
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
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
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
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
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
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
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
C.10.a.iii.	Is age-appropriate, Trauma-Informed, Culturally Responsive, and Gender - Affirming.		NR
C.10.a.iv.	Involves Peer Specialists as part of the discharge planning and transition team to the greatest extent possible.	34	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
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
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
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
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

Provision	Service Commitment Requirement	KPI	Rating
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
C.10.a.iii.	Is age-appropriate, Trauma-Informed, Culturally Responsive, and Gender - Affirming.		NR
C.10.a.iv.	Involves Peer Specialists as part of the discharge planning and transition team to the greatest extent possible.	34	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 for, ACT, FSP, or Youth Services, the provider shall immediately notify the County.		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
C.10.a.vii	Ensures effective care coordination and prompt connection to relevant County agencies and community-based services.	37 38	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
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.	37 38	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
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
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
10.b.iv.	Follow-up appointments with providers are scheduled and communicated to the individual in writing.		NR
10.b.v.	Individuals have been screened for and, if eligible, enrolled/re-enrolled in Medi-Cal.		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
C.11. Culturally Responsive Services – Not Rated For This Report			
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

Provision	Service Commitment Requirement	KPI	Rating
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
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
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
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
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
C.12.b.ii.	Data on the County's Outreach and Engagement efforts under Section C.7 of this Agreement.		PC
C.12.b.iii.	Data on implementation of the County's Discharge Planning obligations under Section C.10 of this Agreement.		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
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
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
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

Provision	Service Commitment Requirement	KPI	Rating
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
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
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
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
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
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
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
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
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
C.13.b.	Maintain up-to-date information on the HHSA website about opportunities for public and stakeholder comment.		NR
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
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		PC

Provision	Service Commitment Requirement	KPI	Rating
	shall provide information on the HHSA website about how to request services in a specific language.		
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
C.14. Training Related to Settlement Agreement – Not Rated For This Report			
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
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
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
14.b.iii.	Iatrogenic Harm and the harms of involuntary institutionalization and incarceration.		NR
14.b.iv.	Effective provision of Crisis Services within the broader behavioral health system, including effective care coordination with system providers.		NR
14.b.v.	Effective provision of Person-Centered, Trauma-Informed, Culturally Responsive, and Gender-Affirming services.		NR
14.b.vi.	Engaging, supporting, and partnering with parents/family members/significant others.		NR
14.c.	Conducted upon hire and at least annually thereafter.		NR
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

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.

Because this section includes Crisis Treatment Services that are not implemented until 18-24 months from the signing of the Settlement Agreement, this section is Not Rated. However, within the specific service components that follow, similar criteria are rated.

Assessment of Service Commitments

Crisis Service System		
Provision	Requirement	Rating
C.1.b.i.	Be available 24 hours per day, seven days per week, throughout Tulare County.	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
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
C.1.b.iii.	Employ age-appropriate, Person-Centered, Trauma-Informed, Culturally Responsive, and Gender-Affirming practices.	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
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
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
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

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.

Documents Provided by Tulare County

- 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

Reports Available

- Calls to Crisis Call Center
- Request for Crisis Response

Data Not Available

- Wait time on hold
- Call abandonment

Crisis Call Center KPIs					
#	KPI	CY 2024	CY 2025	% Change	Goal
1	Crisis Center Calls Answered Timely	NR	NR	N/A	TBD
6	MCRT Care Coordination	11.24%	10.84%	28.7%	75%

Assessment of Service Commitments

Crisis Call Center			
Provision	Requirement	KPI	Rating
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

Crisis Call Center				
#	Metric	CY 2024	CY 2025	% Change
1	Calls to Crisis Center	3,065	2,541	N/A
2	Crisis Calls Handled by Phone Intervention	58.3%	23.0%	60.6%

The Metric above shows that, in CY 2024, more crisis calls were de-escalated telephonically (58.3%) than in-person. This is probably because until MCRT implementation in July 2024, in-person crisis intervention services were referred to the County’s Psychiatric Emergency Team (PET) at the hospital emergency departments (ED). So, if referral to the ED was not appropriate to the situation, the calls were by necessity handled over the phone.

For each crisis call, Call Center staff fill out a written form and then enter the information into the SmartCare EHR at the conclusion of the call. During the site visit, the phone was answered in a timely manner, in a response that was professional and with a warm and supportive tone, while documenting key information.

While this process appeared to work smoothly, there were no documented Policies and Procedures available to ensure proper training and consistency across operations, and this term is therefore rated PC.

Crisis Call Center			
Provision	Requirement	KPI	Rating
C.2.b.	The Crisis Call Center will be available to all County residents 24 hours per day, seven days per week.	1	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 Call Center report indicated that calls were answered at all times of day and night. The staff indicated that someone always answers the phone and that callers do not reach voice mail. On a County holiday, available staff may answer as many as 200 calls total. At the time of the site review, the program was planning to hire two to three more staff to answer the phone lines.

However, a lack of data regarding wait times if on hold or rates of call abandonment limit the conclusions that can be drawn regarding the ease of access at all times of day/night and on weekdays/weekends, and this term is therefore rated PC.

Crisis Call Center			
Provision	Requirement	KPI	Rating
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

Observation during the site visit demonstrated that calls are appropriately triaged by a trained Peer Support Specialist (PSS) who answers the line 24/7. The client is asked to identify if they are in crisis or seeking BH services. Callers requesting mental health services are screened using the DHCS Screening Tool¹¹, and calls for crisis services are triaged using DHCS’s MCRT Triage Tool.¹² 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.

Crisis Call Center and MCRT staff shifts overlap mid-day to provide more coverage for both the phones and MCRT response during the peak afternoon times. When necessary, the program director will answer

¹¹ 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>

¹² MCRT Screening, Assessment, and Safety Planning Tools required by DHCS: <https://camobilecrisis.org/m-tac-standardized-tools/>

phones or provide mobile crisis services to ensure that timely response is provided. Any additional calls that come in while the staff is responding to a call are routed to other staff who are at their desks and available to answer and triage accordingly.

Crisis Call Center			
Provision	Requirement	KPI	Rating
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

The initial screening tool includes questions relevant to suicide risk assessment. During their initial onboarding period, Call Center staff complete the DHCS training for mobile crisis. Otherwise, most of the initial crisis intervention training occurs through shadowing and on the job.

Embedded in its assessment tool, MCRT staff use the Columbia Suicide Severity Rating Scale (C-SSRS),¹³ endorsed by the NSPL. This is a brief tool which may be a useful tool the PSS staff to use if clinical staff are not readily available to receive transfer of a caller in crisis.

Call Center staff immediately inquire whether the caller is in crisis and obtain identifying information (if the caller is willing) to identify whether the individual has a record in the Tulare County electronic health record (EHR). (Services are still provided if the caller does not want to provide identifying information and there are many calls in which the caller interacts anonymously).

Initial review of the EHR by the PSS answering the phone provides for the capability to effectively coordinate care for existing MHP clients in real time, though this is reported not to be part of the routine practice prior to dispatching MCRT. This could be an opportunity to obtain relevant collateral information from treating providers. The MCRT would benefit from a review of recent progress notes by other providers, as well as previous MCRT interventions. Because the MCRT prioritizes timely dispatch of the clinical team, this practice could introduce challenges to timely response, but ideally both goals could be accomplished.

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. This information may have been received by treating providers, but it appeared to be rarely documented in the EHR. Representing under 11% of the MCRT cases with and open MHP case, a measure of care coordination was counted if a Plan Development or TCM/ICC service was documented as the next service provided, and it occurred on the same or next day from the MCRT service (KPI #6). If a different outpatient service occurred prior to the Plan Development or TCM/ICC service the following day, this would not have been captured in the current report.

¹³ C-SSRS Tool: <https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/>

Crisis Call Center		
Provision	Requirement	Rating
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

There is a monthly meeting between the County and local law enforcement agencies (LEA). Only two of the local jurisdictions attend the meeting routinely. These are also the LEAs that tend to contact the Call Center for BH for co-response (or potentially to defer calls to BH staff). The other local LEAs have not made any referrals to the Call Center when callers deemed primarily BH in need contact emergency dispatch. There are no minutes available from these meetings, which would be useful for the participants and agencies that did not attend the meeting. Overall, it is unclear the extent to which any of the local dispatches actually defer appropriate calls to MCRT versus co-response.

Crisis Call Center		
Provision	Requirement	Rating
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

A Google search for “Tulare + mental health” and “Tulare + crisis” pulled up the Tulare HHSA Behavioral Health website which has the Crisis/Access Lines prominently posted on its home page as it is on all other BH pages.

This information was not readily apparent in the lobby Visalia Adult Clinic, nor in the Visalia Wellness Center. The Visalia Adult Clinic had a variety of information posted on the walls, both required by DHCS and local information, including resource material that included with it the 988 and MCRT information. The Access Line number was posted, but it was not clear that this was also the Crisis Line/Mobile Crisis phone number.

A recently executed contract with Collaborative Strategies Institute 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.

Crisis Call Center		
Provision	Requirement	Rating
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	NR

Crisis Call Center		
Provision	Requirement	Rating
	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.	

The management at Tulare County HHS and the management of Kings View each report utilizing a KPI dashboard to monitor service utilization. This information is not available to the crisis staff. These dashboards were not available for the Expert Reviewer’s review.

Recommendations

- Determine the viability of implementing an online chat or text functionality for potential callers to connect with the Access/Crisis Call Center.
- Identify reports available from the Call Center’s system to include number of rings before call is answered, wait time on hold, and/or call abandonment to evaluate the reliability of 24/7 access.
- Investigate opportunities to implement real-time care coordination for clients in crisis.
- 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; include Crisis Treatment Services programs as they are implemented.
- Investigate the extent to which ongoing providers are receiving information from MCRT clinicians, including reviewing the MCRT documentation.
- Work with Kings View to implement a consistent protocol, if one does not exist already, for MCRT that includes brief review of recent chart notes for clients with a historical record prior to response.
- 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.”

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 group, and discussions and observations during the site visit at Kings View.

Documents Provided by Tulare County

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

Reports Available

- Calls to Crisis Centers
- Request for Crisis Response
- Mobile Crisis Follow-up

Data Not Available

- While the 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.
- Newly implemented tracking of 5150/5585 holds administered by County/contract staff is in the EHR. However, it does not track whether the hold was lifted, and if so, when. This report does not reflect the circumstances in which the client was not placed within the 72-hour period, though this data was obtained based upon requests for 5250 hearings in hospital emergency departments.

Mobile Crisis Response Teams KPIs					
#	Indicator	CY 2024	CY 2025	% Change	Goal
2	Timely MCRT Response	81.8%	81.1%	0.9%	95%
3	Sequential or Co-Response with LEA	17.7%	15.7%	10.9%	15-20% ¹⁴
4	MCRT Resolved at Scene	80.7%	76.8%	4.8%	80%
5	Successful 72-hour follow-up	63.7%	55.7%	21.2%	75%
7	MCRT (new) Clients Receiving Assessment within 30 Days	17.6%	16.6%	5.7%	80%
8	MCRT Clients Receiving any Outpatient service within 30 days	33.0%	59.6%	80.9%	75%
9	FSP/ACT Clients Received Crisis Intervention from FSP/ACT Team	20.7%	30.1%	45.4%	50%

¹⁴ A target range is identified as the goal in order to prevent unintended consequences associated with staff and client safety that could occur by not involving law enforcement when appropriate or necessary.

Assessment of Service Commitments

Mobile Crisis Teams			
Provision	Requirement	KPI	Rating
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
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

Practices for the MCRT appear to prioritize service at the least restrictive level of care. Ten randomly selected MCRT charts were reviewed and all showed appropriate triaging, intervention, safety planning, and dispositions based upon documentation of clinical and environmental factors. There are no documented P&Ps that memorialize this, but this appeared to be supported based upon chart review and live observation during the site review.

KPI #4 indicates that 75-80% of interventions do not result in application of a 5150/5585, suggesting that involuntary treatment is being 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	Rating
C.3.b.ii.	Be dispatched to provide Crisis Intervention Services in a community setting to the greatest extent possible.	2	SC

The MCRT services are responsive to any location in the county where the client crisis occurs. The field response is most often client homes, but response also occurs to schools, outpatient programs, residential facilities, room and boards, and any other community location. The MCRT does not respond to the hospital ED or inpatient facilities. This is further evidenced in the Request to Crisis Response report as well as through discussion with MCRT and Call Center staff.

This writer participated in an MCRT intervention that was on a rural dirt road with mobile homes, with addresses difficult to locate. The team persisted in efforts to locate the client while assuring safety from what appeared to be multiple stray dogs throughout the area.

KPI #2 reflects the wait time to respond to the location of the crisis, described later in this section.

Mobile Crisis Teams			
Provision	Requirement	KPI	Rating
C.3.b.iii.	Provide services in lieu of law enforcement, including co-response teams, to the greatest extent possible.	3	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.	3	PC

The DHCS mobile crisis model is intended to minimize law enforcement response to behavioral health crises.¹⁵ MCRT coordinates when a LEAs requests co-response, though staff indicate that this occurs infrequently.

More commonly, staff indicated that co-response is requested by the MCRT staff for legitimate safety purposes (for example when a weapon is involved), as is indicated by the DHCS Triage Tool. This tool is intended to ensure that LEA are dispatched only when necessary, specifying the criteria by which LEA should secure the scene and identify when it is safe for MCRT intervention or when a co-response is warranted.

In 2024, KPI #3 shows that 17.7% of MCRT services were delivered either in co-response or sequential response with law enforcement. This number went down to 15.7% in 2025, which is within the KPI Goal. The Expert Reviewer will continue to monitor this trend. Some degree of LEA response is anticipated as Tulare County has a high prevalence of illegal firearms and large rural and/or remote areas where immediate LEA backup assistance is not available.¹⁶ In fact, during one of the MCRT visits observed, although the caller indicated during the triage that guns were locked in a gun safe, during the intervention it was revealed that one gun was held outside of the safe for purposes of home protection.

Further analysis of the referral source in the Request to Crisis Response report will be done for the next report to identify when a LEA is the referring party for the MCRT intervention. Chart review can add additional context on this issue.

Neither the County nor Kings View have written P&Ps or MOUs with law enforcement to ensure appropriate coordination and minimal LEA involvement, and C.3.b.x is therefore rated PC.

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

¹⁵ <https://www.dhcs.ca.gov/CalAIM/Documents/Mobile-Crisis-Fact-Sheet.pdf>

¹⁶ See Cal. Department of Justice, Crime Guns in California (2023), <https://oag.ca.gov/system/files/attachments/press-docs/AB%201191%20Crime%20Gun%20Report.pdf>

The Request to Crisis Response Report indicates the time of the call and the time that the MCRT dispatched from the office or prior client location. Just over 80% of calls (KPI #2) were responded to within the 60/120 minute time frames, resulting in the Partially Compliant rating. This may be due to the available teams being on another field response, which is allowable per DHCS standards. Because MCRT staffing is not available as context to the report, it is difficult to determine if the response times indicate a need for more staffing at peak times.

The MCRT is dispatched generally within minutes of the phone call to the Crisis Center. One-third of calls in 2025 were dispatched within 15 minutes of contacting the Call Center. Several of the calls that showed long wait times for response were delivered in partnership with LEA, and the delay may have been due to an initial response by LE. This may have been necessary or directed by the LEA for purposes of ensuring safety of staff and clients.

For purposes of this Settlement Agreement, the timely response KPI Goal is set to 95%, and calls requiring a delay due to “sequential LEA response” (a reported category) should be excluded from this denominator when it introduces delay.¹⁷ (“Other” responses in this data category also introduce possible error.) The Request to Crisis Response report shows dispatch at all hours of the day and night.

The MCRT staff and the team supervisor were observed to maintain contact during field response in order for the supervisor to determine which staff may be available to respond to the next or a pending field response.

Mobile Crisis Teams		
Provision	Requirement	Rating
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

The MCRT staffing complies with the DHCS requirements. MCRT response teams deliver services in pairs, a clinician and a Peer Support Specialist (PSS). If for some reason a PSS is not available for a team response, another staff person participates in that role so that no intervention is provided by a single staff member. The PSS and Clinician were observed to work collaboratively, which was beneficial for one staff to talk with the client and the other to concurrently talk with family, confer facility staff, and arrange transportation.

The Request for Crisis Response report shows that 5.9% of the MCRT response services had an SUD treatment program (inpatient or outpatient) open at the time of the service, indicating that this service

¹⁷ This data will be updated prior to production of the next report to exclude LEA involvement from timely response calculations.

is available to individuals with SUD. There is no screening process that would eliminate response to individuals with SUD issues.

MCRT staff also undergo the DHCS-required online training. DHCS offers the following online trainings: required core training, required enhanced training, and recommended supplemental trainings.¹⁸

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

Mobile Crisis Teams – Length of Service			
Metric	CY 2024	CY 2025	% Change
Median length of MCRT response	50 min	50 min	0%
Average length of MCRT response	55 min	54 min	0%
MCRT interventions longer than 90 min	8.2%	10.0%	22.1%

The average length of MCRT response is 54-55 minutes with a median of 50 minutes, indicating that there are not a lot of outliers driving the average. There is a degree of efficiency in the provision of MCRT services. It is difficult to measure whether the MCRT services were provided “until the crisis subsided.” As a proxy measure, the percentage of MCRT interventions that were greater than 90 minutes is offered, to infer that when a longer service is necessary, it is provided. This represented 8.21% of the MCRT services in 2024 and 10.0% in 2025. Only four interventions in 2025 were longer than three hours; there was only one such intervention in the six months MCRT operated in 2024. Overall, interventions that were resolved in the community versus resulted in referral to the hospital showed no difference in average length of time.

In 2025 (through October), there were 303 MCRT interventions that were less than 30 minutes in duration, and the majority were resolved at the scene. Half of those interventions were provided to individuals who received more than one MCRT service in the year, and only a few occurred within a day of another MCRT service.

The Tulare County Office of Education provides a mobile intervention team through a Mental Health Student Services Act grant. The TCOE mobile crisis is available to serve all school district areas in the county. Their services averaged 110 minutes in 2025 (through October) and 121 minutes in 2024. The TCOE mobile crisis delivers a small percentage of the overall mobile crisis services (617 crisis evaluations since July 2023).

Future chart review of MCRT cases will focus on examining some of the interventions that were completed quickly to ensure that quality intervention is not sacrificed for efficiency. For this reason, this provision is rated Partially Compliant, pending further review. Future chart review will focus on examining some of the interventions that were completed quickly to ensure that the interventions are “appropriate” and that quality services are not sacrificed for efficiency. For this reason, this provision is rated Partially Compliant, pending further review.

¹⁸ Mobile Crisis Training and TA Center: <https://camobilecrisis.org/>

Mobile Crisis Teams			
Provision	Requirement	KPI	Rating
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 7 8	PC

Most MCRT services were resolved at the scene (KPI #4, 76.8% in 2025, a decrease from 80.7% in 2024). For clients who are deemed to require inpatient care, the clinician consults with the program director prior to initiating a 5150 hold. (The MCRT team observed by the Expert Reviewer demonstrated good teamwork, with the PSS arranging the ambulance while the clinician completed time-sensitive documentation). Clients on holds (23.8% in 2025) are transported via ambulance to the nearest hospital ED.

There are no direct admissions available to psychiatric inpatient units; most psychiatric hospitals require medical clearance through the ED. Of the 23.8% of clients who were referred to the hospital ED in 2025 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. Therefore, at this time, there is no true metric for the percentage of cases that resulted in inpatient admission, only that a 5150/5585 was initiated by MCRT. This indicates a need for increased coordination between the County and hospitals, which the County has noted. The Expert Reviewer will continue to monitor and work with the County in this area.

The MCRT had very few cases that were transitioned directly to Jackson House CRT. While Jackson House reports that they do not track referrals by referral source, this calculation was produced by counting admissions to the CRT that occurred within 10 days of the MCRT service. The County can use the CRT and other community resources to more proactively decrease inpatient admissions.

Outpatient follow-up data (KPI #7) showed that 16.6% of clients that did not have an open MHP episode at the time of the MCRT service received an assessment within 30 days. (This does not account for whether those clients were actually referred to the MHP.) For all clients who received MCRT services (KPI #8), 59.6% received an outpatient MHP service within 30 days of the MCRT service. This KPI could be improved by including payor source and eliminating inclusion of individuals with private insurance, or another mechanism to exclude individuals who were not referred to the MHP for ongoing care.

Mobile Crisis Teams			
Provision	Requirement	KPI	Rating
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. 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.	5 7	PC

Mobile Crisis Teams			
Provision	Requirement	KPI	Rating
	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. KPI #5 shows a rate of 55.7% successfully connecting with the client. Kings View is strengthening this function by identifying staff who will primarily serve as follow-up providers and intend to perform this service in-person whenever possible. During the site visit, the MCRT team attempted to do a follow-up visit with a client seen the day prior who lived not far from the site of a MCRT intervention. This client was not at home, but the MCRT clinician reached the client by phone and asked appropriate questions regarding the client’s safety plan. DHCS also requires that follow-up calls are made to clients who were referred to inpatient admission. Those individuals would be difficult to reach by phone.

The MCRT staff indicated that they do not have access to program calendars in order to confirm when their outpatient appointments to support stronger linkages to outpatient care. Therefore, as a practice, they do not provide reminders to follow-up appointments or assist in arranging for transportation. Despite this, in 2025, nearly 60% of MCRT clients served received an outpatient service within 30 days of the MCRT service, a significant increase over 2024 (KPI #7).

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.

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 program or a process to make this referral. This would be valuable for clients for whom follow-up contact is not successful, despite three attempts, as well as for clients who appear to have a more urgent need for services and have not yet obtained an appointment.

Mobile Crisis Teams			
Provision	Requirement	KPI	Rating
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

Mobile Crisis Teams – Serving FSP/ACT Clients			
Metric	CY 2024	CY 2025	% Change
FSP/ACT Clients Received Any MCRT or Crisis Intervention	30.0%	22.9%	23.8%
FSP/ACT Clients Who Received Crisis Services Received them from MCRT (and PET in 2024)	84.6%	50.0%	38.8%

Most FSP/ACT clients did not require any crisis intervention (only 22.9% in 2025). Service teams respond to client crises when contacted directly by the client; the service teams also refer to MCRT for response. However, if the client calls the Crisis/Access Line requesting crisis intervention, there is no existing workflow to triage them to their existing service team, if appropriate. This would be challenging to implement, because the timely MCRT response may be sacrificed while trying to connect with a client’s service team.

In 2025, a relatively small percentage of FSP/ACT clients received any crisis intervention (22.9%). When they did, half of the clients received a crisis services from MCRT (and PET in 2024). The rate of FSP/ACT team participation in delivering crisis services (KPI #9) increased from 20.7% of the crisis services delivered to 30.1% in 2025. Some clients received crisis services from the FSP/ACT team and another program, MCRT, PES, or another outpatient program.

Mobile Crisis Teams		
Provision	Requirement	Rating
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

The County fully implemented the mobile crisis benefit on July 1, 2024. They simultaneously ceased operation of the PET. To do so, they also 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

- Conduct a review of the accuracy of date/time of call and MCRT dispatch. Anecdotal discussion from County staff previously reported a higher rate of timely response when compared to the data in the Request for Crisis Response report.
- Reasons for delayed MCRT response (e.g., teams are busy in the field) should be tracked for review of staffing needs.
- 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.
- Identify and troubleshoot issues that may be impacting referrals to Jackson House CRT. Consider having Jackson House leadership and staff attend an MCRT staff meeting to review the referral

criteria, process, and information regarding the program. Photos of the facility and written information regarding the program be useful to MCRT staff in helping potential clients consider admission.

- The FSP/ACT model prioritizes the clinical team's response to client crises, and it may be useful for Kings View to pilot triaging the subset of ACT client crises to the ACT teams. As the County moves toward FSP fidelity, this will need to be more fully developed.
- Identify a process to refer high-risk clients from MCRT – potentially after the follow-up service – to for Outreach and Engagement. This can help ensure connection for assessment and outpatient services. A KPI using those clients who could not be reached for follow-up and qualify for SMHS as a denominator could reflect an eligible population for referral, and/or those who were reached for follow-up but also present with risk factors associated with potential lack of follow-up care.
- Consider delegating crisis calls for youth at schools – and potentially other locations serving youth during school hours – to the TCOE mobile crisis team. This program appears to have additional service capacity. This could prove valuable when Kings View is impacted by multiple requests for service.

Crisis Treatment Services: Crisis Residential Treatment

This section on CRT is informed by documentation available, information available online, interview with Progress Foundation (a long-term provider of several CRT programs in California), and interview with the CRT Program Director (with another staff person in the room that also contributed). No CRT charts were reviewed.

Documents Provided by Tulare County

- BH-TC OPCO, LLC, DBA Jackson House Tulare FY 2025-26 Contract #32362
- Jackson House Admission Agreement

Reports Available

- Crisis Residential Treatment

Data Not Available

- Referring party (for all referrals)
- Timely response to referrals
- Wait time to admission

Crisis Residential Treatment KPIs					
#	KPI	CY 2024	CY 2025	% Change	Goal
10	Admissions to CRT from MCRT Referral	9.9%	9.5%	51.8%	50%
11	Timely Access to CRT	NR	NR	N/A	TBD

Assessment of Service Commitments

Crisis Residential Treatment		
Provision	Requirement	Rating
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

Tulare County has implemented a Crisis Residential Treatment Program, Jackson House.

Crisis Residential Treatment		
Provision	Requirement	Rating
C.4.a.i.	Have capacity to serve adults, children and youth. ¹⁹	SC

As is required by licensing, a single CRT facility can serve only adults or youth. This is an adult CRT.

Crisis Residential Treatment			
Provision	Requirement	KPI	Rating
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

Relatively few admissions to CRT came from MCRT (less than 10% of admissions, KPI #10). On the other hand, referrals from inpatient psychiatric hospitals increased in 2025. KPI data maintained by Jackson House shows similar numbers. For this reason, the rating for the above item is Partially Compliant. MCRT would be expected to be a significant source of referrals for this level of care, and the target is set that 50% of CRT admissions have MCRT as the referral source.

Crisis Residential Treatment			
Provision	Requirement	KPI	Rating
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	10	PC

Crisis Residential Treatment – Follow-up Care			
Metric	CY 2024	CY 2025	% Change
Outpatient Services Same or Next Day After Discharge	23.4%	44.7%	91.0%
Outpatient Services Within 7 Days After Discharge	60.5%	75.3%	24.6%
7-day outpatient service was at an SUD treatment provider	24.0%	17.7%	34.1%
Outpatient services within 30 days after discharge	71.0%	88.0%	24%

Discharge Planning appears to be a strength of this program. The majority of clients discharged received an outpatient service within 7 days, and in fact roughly half of those occurred the same day or next day after discharge. Many of the timely follow-up services were at SUD treatment providers. Providing that connection as close as possible to the discharge from CRT is more likely to result in a successful connection to SUD treatment, especially when that treatment is SUD residential. This requires good planning and coordination on the part of the CRT staff and strong relationships built with the clients.

The rate of outpatient follow-up is likely even higher than the numbers represent. The Crisis Residential Treatment report is pulling in MCRT and inpatient services into this field (will require amending the

¹⁹ The criteria in the Settlement Agreement are the same for all Crisis Treatment Services. Residential programs are precluded by Community Care Licensing to mix adult and youth populations. This is an adult CRT.

report). Additionally, clients may be following up with both SUD and MH treatment providers, but the report as requested by design is only pulling the first outpatient follow-up which could be in either system. Revision to this report to pull the next SUD and next MH service may impart useful information. Additionally, including diagnosis will identify those clients who have an SUD treatment need in addition to apparent MH needs. This can be further explored for ongoing reporting.

The CRT also provides aftercare for 60 days following discharge. This information was garnered from documentation review after the interview with the Jackson House program director. Details of this service were not obtained, but this is a positive offering that is not typically offered after CRT discharge.

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

The program is designed for double occupancy per bedroom. While they may be able to accommodate single-room needs, this would depend upon the census. Given that a waiting list is established, it seems unlikely that this could be accommodated.

Crisis Residential Treatment			
Provision	Requirement	KPI	Rating
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

The CRT staff acknowledged that they have received very few referrals from MCRT and are unsure why that is. The Kaweah Hospital social workers affirmed that they have facilitated admissions to CRT, diverting from inpatient admission.

Individuals are not required to have housing as a condition of admission. The CRT also reports working closely with the County housing programs and refer to FSP for access to housing funds if engaged in FSP services. The Navigation Center/shelter is reportedly a resource of last resort but ensures that clients are not discharged unhoused.

While the Agreement requires that Crisis Treatment Services are not to accept admissions from a psychiatric hospital, it is typical for CRT programs to be used for hospital diversion (referral after crisis intervention) as well as hospital step-down (transition from inpatient care). The inpatient discharge planners were a major source of Jackson House’s referrals. Jackson House staff indicated that the referring party is recorded in the intake narrative and not for reporting purposes. It is however reported by category to the County monthly as a KPI – referrals from crisis, outpatient, hospitals. Hospitals are said to include inpatient and ED discharges. The monthly totals of referral categories do not add up to the monthly admissions, so the referral source for the other admissions is unclear.

Jackson House receives many more referrals per month than they have capacity to admit. Because the referral category is only tracked for admissions, it is difficult to draw conclusions regarding those cases

that were referred but not admitted. KPI reporting to the County indicates a very low percentage of referrals accepted. The data provided (July 2025 to November 2025) reported monthly acceptance rates ranging from 8% to 41% per month, and a high of 111 referrals in a single month. It is unclear if the number of referrals suggests need that exceeds the existing capacity, if referrals received were regarding clients seeking admission for themselves or other referring parties.

There is reportedly often a wait list; there is no data available regarding 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 achievable. 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 Referral Form and does not require large “packets” of information that CRT programs sometimes require. The ease of referral may contribute to the large volume of referrals the program receives. Clients or treatment providers can refer. 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).

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. The program is reimbursed at a daily rate and separately for services provided at outpatient rates. The rate quoted to a MCRT client during the site visit was \$1500/day, inclusive of all services. Using that calculation, the County FY 2025-26 contract funds an average daily census of 5.5 clients. Utilization shows an average daily census was 7.5 County clients in 2025 and 5.1 County clients in 2024.

Crisis Residential Treatment		
Provision	Requirement	Rating
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

Being unhoused or having a co-occurring substance use disorder do not appear to be contra-indications for CRT admission. County staff come onsite to provide SUD treatment during the CRT admission. The large number of clients discharged who followed up with an outpatient SUD program suggests that the capacity to serve this co-occurring population is strong. It is clear that having a co-occurring diagnosis does not result in elimination from admission to the program. This is a strength of the program.

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

While the program is voluntary and unlocked, the program’s Admission Agreement indicates that “24-hour supervision is provided by staff.” The program director explained that this means 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. This is a highly unusual, restrictive practice for a voluntary CRT and inconsistent with the social rehabilitation model; several CRT programs were queried about this protocol. (Please also refer to California Association of Social Rehabilitation Agencies [CASRA]. The social rehabilitation model common to CRT programs describe the right to self-determination as a civil right and emphasize choice and collaboration with service providers who guide rather than direct treatment.²⁰ Because of the voluntary nature of the program, 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.

The program is not available on a walk-in basis; 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 be walk-in services, though.

Crisis Residential Treatment		
Provision	Requirement	Rating
C.4.a.vii.	Have capacity to accommodate stays ranging from a few hours ²¹ to several days. Stays should ordinarily last no more than seven (7) days.	SC

Crisis Residential Treatment – Length of Stay (LOS)			
Metric	CY 2024	CY 2025	% Change
LOS between 3-30 days	69.4%	81.2%	17.1%
LOS 7 days or less	37.1%	32.7%	N/A
LOS greater than 30 days	10.5%	16.0%	52.6%
Average LOS	15.5 days	18.2 days	17.3%
Median LOS	12.5 days	14.0 days	12.0%

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

²⁰ <https://casra.org/home-social-rehabilitation-agency.html>

²¹ The same criteria from the Settlement Agreement are listed for all Crisis Treatment Services. CRT services are provided by days and admission for a few hours is generally not appropriate for the setting.

durations, and the data reflects that long admissions are not typical at Jackson House. The average LOS increased from 2024 to 2025 by 2.7 days, but it remains in the realm of typical CRT treatment duration.

The Settlement Agreement indicates a goal that stays should ordinarily last 7 days or less, and 32-37% of stays satisfy that goal. The CRT average LOS of 18.2 days is typical for this level of care. Because the average duration of stay is within the industry standard and general expectation of CRT, this item is rated at Substantial Compliance.

Crisis Residential Treatment		
Provision	Requirement	Rating
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
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
C.4.a.xi.	Be physically accessible as needed to meet individual needs.	NR

The elements above will be rated after the next site visit.

Recommendations

- Update 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 and standard of practice due to the restrictions on leaving and returning from the setting. 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.
- Seek clarity with Jackson House regarding how County referrals versus privately insured referrals are triaged, prioritized, and wait listed.
- 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.

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.

For the next reporting period, the County should report on progress in this area to demonstrate an ability to meet the timeline for acquiring and funding this project.

KPIs are pending development will be reviewed with Tulare County prior to development of the next report.

Assessment of Service Commitments

Peer Respite Home Within 24 months			
Provision	Requirement	KPI	Rating
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
C.4.a.i.	Have capacity to serve adults, children and youth.		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
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	TBD	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
C.4.a.v.	Provide individuals with their own room, consistent with individual needs.		NR
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.		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
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

Peer Respite Home Within 24 months			
Provision	Requirement	KPI	Rating
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
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
C.4.a.xi.	Be physically accessible as needed to meet individual needs.		NR

Recommendations

- Provide a report of progress for the Second Report.

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.²² The project will be funded through the BH Continuum Infrastructure Program (BHCIP) grant in the amount of \$10.7 million. It is expected to be completed and operational in 2026.

KPIs are pending development will be reviewed with Tulare County prior to development of the next report.

Assessment of Service Commitments

Behavioral Health Urgent Care in City of Tulare Within 18 months			
Provision	Requirement	KPI	Rating
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
C.4.a.i.	Have capacity to serve adults, children and youth.		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
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	TBD	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
C.4.a.v.	Provide individuals with their own room, consistent with individual needs;		NR
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.		NR
C.4.a.vii.	Have capacity to accommodate stays ranging from a few hours to several days.	TBD	NR

²² <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	Rating
	Stays should ordinarily last no more than seven (7) days. ²³		
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
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
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
C.4.a.xi.	Be physically accessible as needed to meet individual needs.		NR

Recommendations

- Provide a report of progress for the Second Report.

²³ 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 Not Ratable as the 12-bed youth CSU due to timing. The CSU already opened recently (December 2, 2025). While the program opened during the week of the site visit, observing the unit during its initial days would not have been a fair representation of the services available. New programs often have implementation challenges and take some time to train staff in the milieu and operate as intended.

The program will serve youth up to age 21, with those who are 18-21 physically separated from the youth under age 18.

The program is featured on Kaweah Health’s website²⁴ and the HHSA website’s press release on December 23, 2025.²⁵ It is advertised on Kaweah Health’s social media. The local newspaper featured an article on December 4, 2025.²⁶

Key Performance Indicators are pending development and should be reviewed shortly in order to ensure that necessary data is being collected. A visit should be planned for the next site visit.

Assessment of Service Commitments

Youth Crisis Stabilization Unit Within 18 months			
Provision	Requirement	KPI	Rating
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
C.4.a.i.	Have capacity to serve adults, children and youth.		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
C.4.a.iii.	Be designed to prevent emergency department admissions, psychiatric hospitalization, hospitalization, law enforcement interactions, and incarceration.	TBD	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
C.4.a.v.	Provide individuals with their own room, consistent with individual needs.		NR

²⁴ <https://www.kaweahhealth.org/our-services/crisis-stabilization-unit>

²⁵ <https://tchhsa.org/now-open-kaweah-health-youth-crisis-stabilization-unit>

²⁶ <https://www.yourcentralvalley.com/news/local-news/kaweah-health-youth-services/>

Youth Crisis Stabilization Unit Within 18 months			
Provision	Requirement	KPI	Rating
C.4.a.vi.	Be voluntary, unlocked, and available on a walk-in basis.		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. ²⁷	TBD	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
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
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
C.4.a.xi.	Be physically accessible as needed to meet individual needs.		NR

Recommendations

- Ensure that training materials and P&Ps address relevant components of the Settlement Agreement.
- 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.

²⁷ 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.

FSP and ACT Services

This section on FSP/ACT services is informed by documentation available, data analysis, interview with the Program Manager, chart review, and input from clients served.

Documents Provided by Tulare County

- 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

Reports Available

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

Data Not Available

- Date of FSP/ACT referral and Referring Party
- Determination of acceptance to ACT or FSP; Reason if declined
- Date of response to the client regarding referral
- Key events during FSP care: arrests or incarceration, 5150, housing status and referrals offered, ED admissions

FSP/ACT Services KPIs					
#	KPI	CY 2024	CY 2025	% Change	Goal
12	Timely Response to FSP/ACT Referral	NR	NR	N/A	80%
13	FSP/ACT Engagement (4 services)	91.8%	88.6%	3.5%	90%
14A	Timely initial FSP/ACT service (within 10 business days)	65.7%	69.5%	5.7%	80%
14B	Timely second FSP/ACT service (within 10 business days)	80.7%	86.2%	6.8%	80%
15	FSP/ACT Clients Receiving PSS Services	N/A	18.2%	N/A	50%
16	Service Contacts Delivered in the Field	25.5%	29.2%	14.7%	75%
17	Successful Discharge from FSP/ACT Services	18.2%	12.7%	30.3%	40%
18	Unhoused FSP/ACT Clients Move into Housing	NR	NR	N/A	75%
19	FSP/ACT clients receiving supported employment from team ²⁸	N/A	N/A	N/A	TBD

²⁸ Though specified in the Settlement Agreement, the current model of care does offer supported employment as an FSP service.

FSP/ACT Services KPIs					
#	KPI	CY 2024	CY 2025	% Change	Goal
20	FSP/ACT clients receiving SUD support from team ²⁹	N/A	N/A	N/A	TBD

Assessment of Service Commitments

FSP and ACT			
Provision	Requirement	KPI	Rating
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
C.5.a.i.	SMHS: SMHS appointments shall follow the timely access standards set forth by DHCS.	14A 14B	NR
C.5.a.ii.	FSP: Referred individuals will be contacted within three (3) business days of referral to begin FSP services.	12	NR
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

In the course of delivering crisis services, the providers do not screen for access to FSP or ACT. Additionally, there are no clearly defined criteria for FSP/ACT eligibility. For accessing SMHS, they refer to the Access Line for screening and triage.

If all FSP/ACT referrals are included in the Referrals to FSP/ACT report, then over 85% of cases referred to FSP/ACT received at least one service. In 2024, there were 287 referrals, and in 2025, there were 316 referrals.

FSP/ACT Services – Service Initiation			
Metric	CY 2024	CY 2025	% Change
FSP/ACT Initiation (Received 1 service after Referral)	87.5%	85.1%	2.7%

²⁹ Though specified in the Settlement Agreement, the current model of care does offer SUD support as an FSP service.

The Referrals to FSP/ACT Report does not appear to have accurate information regarding the dates of referral, the dates of screening, and date of initial client contact (they are generally all reported as the same date). Therefore, data for KPI #12 is not reported.

If the report data is accurate, KPI #14A indicates the wait time from the reported date of referral to the first claimed FSP/ACT service – 69.5% receiving this service within 10 business days of the referral. The second service was more timely (KPI #14B, 86.2% had the second service within 10 business days of the first).

FSP and ACT			
Provision	Requirement	KPI	Rating
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 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.	15 19 20	NR

This element refers to the typical composition of an FSP or ACT team operating to fidelity (or near fidelity).³⁰ Currently the FSP and ACT teams (at least those operated by the County; contracted programs were not interviewed) do not have staff assigned to specialist roles, except for those that have PSS staff. The Cultural Competence Plan indicates that 66 PSS staff are employed throughout the BH system – 22 of whom are associated with MCRT and 10 with the County’s Warm Line. Most others are with the County’s FSP/ACT teams.

Overall, 18.2% 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. Program level data is also included in Attachment C, Table 1. Clients served by the Visalia Adult ACT (41%) and Adult HOPE ACT (37%) teams most frequently received PSS services. KPI #19 and #20 are not applicable at this time as these services are not yet provided by Tulare’s FSP/ACT teams.

Staff reported that ISSPs are not developed separately but are embedded as the Care Plan in the clients’ progress notes. Care Plans reviewed as part of the medical record review were not typical of client-directed ISSPs, as most were written from the perspective of the clinical staff who identified the types of services and interventions being offered, but not necessarily tied to personal goals of the individual client. Some, however, included client-specific goals that were more recovery-oriented, such as participating in social activities, getting along with others, coping better with anxiety and depression. A wellness-focused ISSP is more aligned with the FSP/ACT service model.

³⁰ CCR Title 9, Section 3620 - FSP: <https://www.law.cornell.edu/regulations/california/9-CCR-3620>

The FSP/ACT clients who attended the focus group during the lunch hour were highly appreciative of the services that they received and felt that services were meeting their needs. The majority of the participants were at the clinic that day to receive a long-acting injectable medication and were happy to share their experience as a member of an FSP or ACT team. Many referenced sobriety that they have achieved as a result of program participation. Several participants attended the Wellness Center and encouraged others to do so as well. They shared resource information with each other and offered suggestions in the course of the focus group.

FSP and ACT			
Provision	Requirement	KPI	Rating
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

The measure of engagement (KPI #13) is based upon the percentage of clients who received one service and went on to receive four or more services. The FSP/ACT programs show high engagement (88.6%) once an initial service is delivered.

County programs do not have FSP/ACT staff on-call after-hours, and so after-hour care would be provided by MCRT. This is also related to program fidelity which the County will need to address as part of the Behavioral Health Services Act (BHSA).³¹

Core to the FSP/ACT and its “whatever it takes” approach is providing the vast majority of services in the “field” – at the clients’ home and elsewhere in the community. Most of Tulare’s FSP/ACT services are provided in the office (KPI #16, 29.2% field-based services). However, there is variation across programs, detailed in Attachment C, Table 4. It is notable though that more services and units of service were delivered in 2025, and there were also more field services provided, even though the percentage of services they represented went down a little in 2025. When looking at units of service rather than contacts, the percentage of field-based units was slightly higher at 31.4% in 2025.

For those FSP/ACT clients who received crisis services (208 in 2025), 30.1% of them received crisis services from their FSP/ACT team. This is an increase over the prior year’s 20.7% who received crisis services from their service team (KPI #9).

Based upon chart review, several clients were routinely referred to the clinic crisis worker or the treatment team during business hours and 988 after hours. It is unclear why the MCRT number was not provided to these clients, especially after business hours. This was also noted by members of the focus group. The 988 line is not able to dispatch MCRT, but it is likely that they would make a referral to the County’s Access Line, which is also the MCRT line.

³¹ While Tulare County is not participating in the optional BH-CONNECT project, DHCS’s Draft BH-CONNECT document discusses BHSA Program Fidelity: <https://www.dhcs.ca.gov/Documents/BH-CONNECT-EBP-Training-and-Fidelity-Manual.pdf>

Review of FSP/ACT records and the FSP Flex Funding Policy suggest that there may be barriers to appropriately accessing these funds. The P&P indicates that a decision to approve or deny a request will be made within five business days. It does not state that there is a procedure for urgent exceptions. It is unclear whether FSP/ACT staff have access to the referenced MHSA credit card for these situations.

Approximately 25 adult FSP/ACT charts were reviewed (29 were requested but some did not have progress notes). There were several examples of client situations where use of flex funding would have been appropriate but did not appear to have been sought:

- A client had lost their antipsychotic medication, and since Medi-Cal would not pay for an early refill, they were unable to obtain the medication as it would have cost several hundred dollars out of pocket.
- A client’s EBT card was stolen; the client was brought to a church to access a hot meal (they were not serving that day, so they made a plan to go another day). Obtaining some groceries for the interim period while a new EBT card was issued would have been appropriate.
- A client needed standard toiletry supplies but went through it quickly (or had given it away, it is unknown why), and they could not be provided another one until the first of the following month; it seemed that this client lived in a room and board and did not have toilet paper.
- A client who did not have clothing for cold weather was provided with a donated coat and was encouraged to stay inside when it is cold. Purchasing some additional clothing would have been appropriate.

As a measure of client outcomes for complex clients served in the community (KPI #17), the vast majority of clients do not get discharged from FSP/ACT having met their goals. Successful discharge categories (services no longer needed, successful completion, or transfer to lower level of care) accounted for 12.7% of discharges in 2025 and 18.2% in 2024. “Transferred to a different program” accounted for many discharges, and it is undetermined if these were to higher or lower levels of care. Program level data will be included in the Final Report in Attachment C.

FSP and ACT		KPI	Rating
Provision	Requirement		
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
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

Current housing status is hampered by lack of data collection or entry into the EHR. At admission, however, the proportion of clients reported as homeless doubled from 2024 (13.2%) to 2025 (26.6%).

This may be more attention to data collection and/or prioritizing the unhoused population for FSP/ACT services. Multiple staff and clients reported that clients are referred to the FSP/ACT teams to access funds for housing; this appears to be a significant reason for FSP referral. Specific referral criteria are not outlined, and so other factors associated with necessity for this level of care are not clear.

Clients in the focus group conducted all indicated that they had housing that seemed to have been made available through FSP/ACT participation. However, the County has not developed a mechanism to track and report on the housing status of the FSP/ACT clients and when they access housing. Therefore, it is difficult to assess the potential unmet need for housing and the extent to which the clients in the focus group reflect the overall FSP/ACT client experience with housing. While there is not sufficient tracking, it was reported by multiple informants and through chart review that FSP/ACT programs prioritize housing needs; therefore, these two elements are rated Partially Compliant.

FSP/ACT – Key Event Tracking			
Metrics	CY 2024	CY 2025	% Change
Clients reported as homeless at FSP/ACT Admission	13.2%	26.6%	102%
Change in housing status	NR	NR	N/A
FSP/ACT clients arrested or incarcerated	NR	NR	N/A
FSP/ACT clients placed on 5150	NR	NR	N/A
FSP/ACT clients seen at hospital ED	NR	NR	N/A

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

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

FSP and ACT		
Provision	Requirement	Rating
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
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
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

Recommendations

- 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.
- Develop materials for FSP/ACT clients showing that the MCRT number is available 24/7, as well as the phone number(s) to access their treatment team, in addition to 988.
- Develop triaging workflow specific to when FSP/ACT clients are in crisis, and whether they contact their program team or MCRT during business hours.
- 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. “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 may result in results that show more positive discharge reasons.
- Work with the FSP/ACT teams to develop Care Plans that include recovery-oriented goals from the clients’ perspective, rather than emphasize the types of MH services and interventions that are to be provided.
- As outlined in the Settlement Agreement and required by DHCS,³² begin planning toward FSP/ACT fidelity to enhance client outcomes; increasing services delivered in the community would be a meaningful step in that direction. Develop dates associated with milestones in the implementation. Similarly, Update Implementation Plan materials when progress is made (and in any other areas of the Settlement Agreement). Incremental progress is necessary to demonstrate the ability to ultimately reach the agreed upon goals.

³² <https://www.dhcs.ca.gov/BHT/Documents/FSP-Adult-Levels-of-Care-Comparison-Chart.pdf>

- 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. As the County begins to implement data exchange with the Health Plans, this is an opportunity to obtain hospital ED admission data at a minimum for FSP/ACT clients, if not the entire population relevant to the HEDIS measures noted earlier.
- Develop or update MOUs with the County Jail and Juvenile Hall to facilitate data exchange to identify the outcomes for FSP/ACT clients, as well as for the Discharge Planning components of the Settlement Agreement. Beginning with this client population may help to develop and pilot processes that can be expanded.

Child and Youth Services

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	CY 2024	CY 2025	% Change	Goal
21	Timely Access to Care for Youth	63.2%	77.9%	23.2%	80%
22	Post-MCRT Youth Intake Assessment Occurred Within 30 Days (for those youth who were assessed after MCRT)	43.9%	52.6%	19.9%	80%
23	Youth Connected to MHP after MCRT Service	45.2%	45.2%	0	60% ³³
24	Youth Outpatient Episodes Closed due to Lack of Engagement ³⁴	47.2%	37.9%	19.8%	≤ 25%
25	Youth Placed in Group Home/STRTP (unduplicated youth)	46	39	15.2%	TBD
26	Successful Discharge from WRAP/TBS Services	19.3%	31.3%	60.8%	40%

³³ 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.

³⁴ Lack of engagement defined as discharge reasons: administrative discharge, discharged against medical advice, disengaged from services, and never engaged in services.

Assessment of Service Commitments

Child and Youth Services			
Provision	Requirement	KPI	Rating
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

The MCRT staff are not conducting screenings for ongoing care, nor for FSP in particular, but refer youth and families to the Access Line or directly to programs for intake assessment.

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.³⁵ This is much improved over 2024 (43.9%).

This analysis identifies some concern to the integrity of the Disposition for MCRT services. Several of these youth had a disposition of "Resolved in the Community, No Referrals Needed," but they went on shortly thereafter to engage with the MHP, likely due to MCRT referral.

Child and Youth Services Assessments			
Metric	CY 2024	CY 2025	% Change
Assessment Completed within 30 days for all New Youth Episodes	83.8%	81.5%	2.7%
Assessments Completed within 30 Days for Youth who had Prior MCRT response	72.2%	71.9%	0.4%
Post-Call to Crisis Center Engagement in MHP	66.6%	48.4%	27.4%

Youth new to the MHP who received an assessment within 30 days was just over 80% in 2024 and 2025. When focusing on the new youth who also had a prior MCRT service prior to their assessment, the performance decreased. 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.

³⁵ Data is through October 31, 2025.

Child and Youth Services		
Provision	Requirement	Rating
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

Current reports do not distinguish the youth who were Medi-Cal eligible from those who were not. Insurance does not appear to be a factor involved in dispatching MCRT response, but it would impact whether they were referred to the County for behavioral health services or to their insurance provider. For those youth who were not connected to the MHP at the time of their MCRT service, less than half went on to be served by the MHP.

Children and Youth Services			
Provision	Requirement	KPI	Rating
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
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

These components are rated Partially Compliant pending improvement reflected in KPI #25 and #26.

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 Program (FFPSA), It builds upon California's Continuum of Care Reform (CCR), followed by System of Care Reform (SB 2083).³⁶ 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.

High fidelity Wraparound³⁷ services are being implemented as part of Behavioral Health Transformation (BHT) associated with Behavioral Health Services Act (BHSA).³⁸ Wraparound is considered the "gold standard for preventing out of home placement for youth"³⁹ Tulare County delivers Wraparound services through a contracted provider. Therapeutic Behavioral Services (TBS) are also beneficial for this youth population. In 2025, more youth were referred to WRAP and slightly fewer were referred to TBS – though more youth are served through TBS than WRAP. KPI #26 shows that 31.3% of youth successfully discharged from TBS and/or WRAP. This was improved over the prior year's rate (19.3%). The KPI combines WRAP and TBS, but the separate program data is included below.

³⁶ CDSS [California's Five-Year State Prevention Plan \(March 2023\)](#)

³⁷ DHCS High Fidelity Wraparound: <https://www.dhcs.ca.gov/Documents/Medi-Cal-HFW-Concept-Paper.pdf>

³⁸ DHCS BHT and BHSA: <https://www.dhcs.ca.gov/BHT/Pages/home.aspx>

³⁹ <https://www.dhcs.ca.gov/Documents/Medi-Cal-HFW-Concept-Paper.pdf>

Child and Youth Services Assessments			
Metric	CY 2024	CY 2025	% Change
Youth referred to WRAP	30	36	20.0%
Successful Discharges from WRAP	10% ⁴⁰	35.7%	257%
Youth referred to TBS	120	105	12.5%
Successful Discharges from TBS	29.7%	26.7%	10%
Placements in GH/STRTP (duplicated youth)	49	52	6.1%
Youth Placed with QI Assessment Evidenced	76.1%	82.1%	7.8%

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=46) compared to 2024 (n=39). However, there were more STRTP placements due to youth discharging and admitting to different facilities. As of December 31, 2025, Tulare’s data reflected 53 youth residing in licensed STRTPs.

Referral to an STRTP requires referral by an Interagency team and an FFPSA “Qualified Individual” (mental health clinician with required training) Assessment. This assessment is to be completed prior to placement or within 30 days of an emergency placement to ensure that the placement is the least restrictive setting that meets the youth’s needs. Slightly more youth appeared to receive the FFPSA QI Assessment. However, it is unknown to this writer if these assessments could have been provided within another open MHP episode. All youth placed in an STRTP should have a QI Assessment prior to or shortly after placement at an STRTP, and every six months thereafter.

It is unknown whether Tulare placing agencies utilize other non-STRTP unlicensed group homes – which must occur with special Court and State approvals – but there are no SMHS episodes that seem to reflect that.

Child and Youth Services		
Provision	Requirement	Rating
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

Child and Youth Services Assessments			
Metric	CY 2024	CY 2025	% Change
Youth Episodes Discharged “Not Appropriate for Treatment” Same Year as Admission	8.6%	11.3%	31.0%

The Access Call Center uses the DHCS Screening Tool to identify youth who qualify for SMHS. Additionally, if a Medi-Cal member requests an assessment, “No Wrong Door” implies that the MHP would conduct the assessment and then refer to the NSMH system if they do not meet SMHS criteria.

⁴⁰ Most discharges did not include the reason for discharge (19/30); Successful Discharges represented may be much lower than what occurred.

Episodes discharged for “not appropriate for treatment” may suggest that an assessment was completed and the youth was referred instead to non-specialty mental health (NSMHS). It would be beneficial to understand whether these youth screened into SMHS initially or if they presented directly to a program and requested an assessment. Further data review is needed to confirm conclusions from this data; for this reason, this item is rated Partially Compliant. (Future analysis will identify the length of time open after the assessment for this measure. The current reports do not link clients with an assessment date and discharge.)

While Referral Source is tracked at the Access Line and is included in the reporting to DHCS in its Timely Access Data Tool (TADT), several of the reports (including the Referrals to Youth Services) include the Referral Source. While this information was not fully available for analysis within the reports provided, a Partially Compliant rating is credited based upon the process apparent for the TADT data.

Children and Youth Services			
Provision	Requirement	KPI	Rating
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

Child and Youth Services – Initial Service			
Metric	CY 2024	CY 2025	% Change
Initial Youth Service Delivered within 14 days of Date of Referral ⁴¹	50.2%	62.4%	24.3%

This element is not rated at this time. KPI #24 shows the youth discharged due to lack of engagement at 37.9%, which is presented as a proxy measure for whether the care is individualized and person-centered. This data, combined with additional chart and site review, will be rated for the next report.

DHCS timely access standards require an initial appointment (any type of appointment, including but not exclusively assessment) to be “offered” a time within 10 business days. This data should be available in the Tulare MHP TADT. Available data does not have the offered appointment but shows the timeliness of an actual service delivery.

Children and Youth Services			
Provision	Requirement	KPI	Rating
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

⁴¹ It is unclear if the Date of Referral in Referrals to Youth Report is the date the client/family requested the service.

Children and Youth Services		
Provision	Requirement	Rating
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
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

The above service commitments are Not Rated as no related documentation has been provided by Tulare County. TCOE is a TBS and outpatient SMHS provider, and this suggests that they may be more equipped than some school districts in dealing with behavioral health response. Further review is necessary.

Children and Youth Services		
Provision	Requirement	Rating
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

There was no evidence of updating any relevant policies or Agreements with child-serving systems.

Recommendations

- Add Insurance Type to Request for Crisis Call Center and Request for Crisis Response reports so that clients privately insured (both youth and adults) can be excluded from the denominator of certain measures. (This had not previously been requested of the County.)
- Prioritize youth who have been seen by MCRT for assessment within outpatient programs. Identifying those youth as “urgent” service requests would help prioritize them.
- Identify existing processes for tracking completion of the initial FFPSA QI Assessment and subsequent six-month assessments. If existing reporting is not capturing all of the relevant QI Assessments, determine whether there is a report that can be updated or if there is separate internal tracking occurring.
- 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.

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. This will require more attention in the next review period to create a report that aligns with the workflows.

Outreach and Engagement KPIs					
#	KPI	CY 2024	CY 2025	% Change	Goal
27	Clients Referred to Outreach and Engagement Services	177	414	134%	TBD
28	Clients Received Outreach and Engagement Services	1.13%	1.21%	6.9%	75%
29	Outreach and Engagement Led to Outpatient Services	-	-	-	75%

Tulare County's Current Outreach and Engagement Report

Field Name	Field Description
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.
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
Ethnicity	Client's Ethnicity
Foster Youth status	Client has a special indicator flag for Foster Care
Gender identity	Client's innate sense of their gender
Housing status/type	Client's current living arrangement
If co-occurring SUD	SUD Program Name/s, if clients is enrolled in a SUD Program
If homeless	If client has been indicated Homeless on the Problem List in SmartCare.
If LGBTQ+ (Sexual Orientation)	Client's identity in relation to the gender or genders to which they are sexually attracted
MRN	Client Identification Number tracked in the Electronic Health Records (EHR) System SmartCare
Name of MHP program case opened	Name of Program providing Targeted Outreach Service
Primary Language	The language used most frequently to communicate
Race	Client's Race
Receiving Program	Name of Outreach and Engagement Program, If client is enrolled in an Outreach and Engagement Program after the Date of Service.
Referrals to MHP programs (including FSP, ACT, Youth Services)	Program Name/s of Programs, If client enrolled in Program on after Date of Service.
Referring Program	Name of Program providing Targeted Outreach Service

The screen shot above shows the elements of the Outreach and Engagement Report. The data elements available in Smart Care may not well align with the intended events. In particular, the Receiving Program opening date was often prior to the Date of Referral to Outreach and Engagement, so it was not opened as a result of the intervention. Additional information follows in this section.

This function was implemented in 2024, and the data report does not yet reflect how the service is utilized – only a few clients show having received services under this model. (This report was re-run on March 1, 2026, and there does not appear to be additional service data.)

Assessment of Service Commitments

Outreach and Engagement			
Provision	Requirement	KPI	Rating
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
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

Outreach and Engagement Client Risk Factors			
Metrics	CY 2024	CY 2025	% Change
Reported to be Homeless	13	55	323%
Co-Occurring Indicated by SUD Episode	21	33	57.1%

The Outreach and Engagement Report shows three clients in 2025 and two clients in 2024 that were referred by SUD treatment programs and subsequently opened by the same SUD program. In these cases, the referrals had generally been open for several months before the referral date to Outreach and Engagement. It is difficult to determine the course of events. The increase in clients referred who are identified as homeless and/or co-occurring suggests that the referrals to Outreach and Engagement have begun to emphasize these risk factors.

Because so many of the individuals referred to Outreach and Engagement had already been served by the MHP, it is difficult to determine whether this reflects proactive outreach to individuals at risk of the poor outcomes indicated in the requirement. This may benefit from chart review in the next review period if there is not a better way to capture this data. KPI #29 indicates whether an episode of outpatient care has an opening date after the date of referral to Outreach and Engagement.

Outreach and Engagement			
Provision	Requirement	KPI	Rating
C.7.b.i.	The County shall ensure that individuals are promptly and meaningfully connected to appropriate behavioral health providers and assessed for	30	NR

Outreach and Engagement			
Provision	Requirement	KPI	Rating
	Specialty Mental Health Services, including ACT, FSP, Youth Services, and/or other community-based services, consistent with Section C.5.a, above.		
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

Outreach and Engagement Episodes			
Metrics	CY 2024	CY 2025	% Change
No Episode Open at Time of Referral	92	141	53.3%
Episode Subsequently Opened within 180 Days of Referral	14	60	328%

KPI #30 is not possible to calculate because there is no number that shows how many clients received this service and then became linked to a program. Many cases were already open at the time of the Outreach and Engagement referral; some episodes were opened over five years prior. In 2025, more cases did not have episodes open at the time of referral, and more subsequently had an episode opened in the 180 days after the referral. However, it is difficult to assign a causal relationship to Outreach and Engagement since it is unknown who actually received that service. Additionally, in all cases the episode that was subsequently opened was to the program that was reported to have made the referral. Therefore, it is difficult to determine if they were referred to the program that best met their needs or only to the program that made the referral.

The County has identified that the Outreach and Engagement function is primarily associated with the Tulare and Porterville Adult Clinics, primarily for clients who do not show for their intake appointments. It appears that other programs are referring for this function – and perhaps delivering it.

Outreach and Engagement			
Provision	Requirement	KPI	Rating
C.7.b.iii.	Track Outreach and Engagement contacts, including tracking progress in connecting individuals to needed services.	29	NC

As indicated, there is limited documentation available regarding the delivery of these services.

BHSA refers to these functions as “broad engagement of unserved and underserved populations in the behavioral health system.”⁴² It can also include outreach outside of the behavioral health systems to natural gathering places, senior centers, housing agencies, faith-based organizations, primary care

⁴² <https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.2.0/7-bhsa-components-and-requirements>

providers, and more. With the new BHSI Integrated Plan (which should be in process at the time of this report) it will require that these activities be tracked within the various service/funding categories.

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

The County did not provide any evidence of education and training to mental health providers on this topic.

Outreach and Engagement		
Provision	Requirement	Rating
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

There are no detailed policies that describe the functions, referral criteria, and documentation required.

Recommendations

- The spirit of the Settlement Agreement refers to Outreach and Engagement as a broader function designed to connect individuals with various services in order to ameliorate risk of institutionalization, hospitalization, incarceration, and/or homelessness. Therefore, other outreach and engagement activities, such as those conducted by FSP/ACT teams, and perhaps programs that connect with homeless populations, should be included in evaluation of this function.
- Update the Implementation Plan to more accurately reflect outreach and engagement as will be described in the BHSI Integrated Plan. The purpose of BHSI's outreach and engagement and the Settlement Agreement appear to be well aligned.
- 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 FSPs are using outreach service codes for similar activities to include in this analysis.
- Develop relevant Policies and Procedures, and provide relevant training to MHP providers who may be appropriate referral sources.

WIC 5150/5585 Policies and Practices

This section was informed by the documents and data described and review of various DHCS requirements and posted data sets.

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.⁴³ Review of the 5150 data on the DHCS website (2023) shows numbers that are well below the number of clients hospitalized annually.⁴⁴
- 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.

5150/5585 Policies and Practices KPIs					
#	KPIs	CY 2024	CY 2025	% Change	Goal
30	5150 Holds lasting longer than 72 hours without placement	85	33	61.2%	Reduce
31	5250 Hearing Held in ED if Hold lasted longer than 72 hours	37.7%	42.4%	12.7%	TBD

⁴³ LPS Reporting Requirements were updated by DHCS: <https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-25-030-LPS-Act-SB-929-Phase-IV.pdf>

⁴⁴ <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	Rating
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

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. One of Kaweah's P&Ps retains reference to the former County-operated PET.

WIC 5150/5585 Policies and Practices		
Provision	Requirement	Rating
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

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.

It is unclear the extent to which this is happening for clients in MH crisis who contact 911 and are brought to the ED by law enforcement agencies outside the County's control. There is no available data, and very few referrals directly from 911 dispatch. This presents an opportunity for increased coordination with 911 and LEAs.

WIC 5150/5585 Policies and Practices		
Provision	Requirement	Rating
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

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.

A newly developed report in SmartCare shows the start time of holds beginning when it was written. This includes only those holds written by MHP staff who have access to SmartCare. It does not show when holds were lifted, as all holds were indicated as expiring 72 hours after it was written.

WIC 5150/5585 Policies and Practices		
Provision	Requirement	Rating
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

This appeared to be the practice in observation of MCRT, and the 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 5150/5885 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 potentially 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.⁴⁵ 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	Rating
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	30	PC

⁴⁵ https://www.dhcs.ca.gov/services/Documents/DHCS_Handbook_English.pdf

WIC 5150/5585 Policies and Practices			
Provision	Requirement	KPI	Rating
	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.		
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

Holds that exceed 72 hours prior to inpatient placement reduced significantly from 2024 to 2025 (KPI #30). The percentage receiving a timely 5250 hearing increased slightly during that timeframe.

Because the 5250 hearing may be held up to 7 days from the date/time the hold was initiated, by the time of the hearing, the client may have been discharged or placed inpatient (KPI #31); only 42.4% of the clients held beyond 72 hours were provided a hearing.

Higher performance on KPI #30 is needed for a SC rating. Additionally, there is no data available regarding whether they were placed or released. The PRA only knows that the hearing was no longer needed because the client was no longer in the ED – whether they were placed or discharged should be collected so that the disposition for clients held longer than 72 hours is apparent. Trying to conduct the hearings sooner would be beneficial, as the usual time frames for a 5250 hearing are associated with placement in a treating LPS facility.

WIC 5150/5585 Policies and Practices		
Provision	Requirement	Rating
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

The County provided its P&P updated 9/10/2024. It does not appear to have been updated to refer to the content of the Settlement Agreement. The policy identifies those staff and contractors eligible to become authorized to initiate a 5150/5585 detention in Tulare County.

WIC 5150/5585 Policies and Practices		
Provision	Requirement	Rating
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

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 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 P&P authorizes staff for a period of two years.

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 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

- 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 in an LPS facility.
- Identify where the 5150 data reported is housed internally and whether the required DHCS reporting is occurring.⁴⁶ Data regarding 5250 hearings in the ED had not previously been provided to QM, and that is likely where the data is collected for reporting.
- 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.

⁴⁶ 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>

- 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.

County Conservatees at Kaweah Health Mental Health Hospital

This category of commitments is Not Rated as it sets deadlines for August 24, 2026.

There are several components that will need to be implemented sequentially, so it is important that the County begins demonstration of progress toward these goals.

County Conservatees at Kaweah KPIs					
#	KPI	CY 2024	CY 2025	% Change	Goal
33	7-Day Follow-up after Hospitalization	46.8%	48.40%	3.4%	MPL ⁴⁷
34	Engagement in Peer Support During or After Inpatient	N/A	N/A	N/A	TBD
35	Kaweah Inpatient Admissions Longer than 60 Days	4	4	0%	Reduce
36	LPS Conservatorship Initiated and Placed in MHRC/IMD	12	23	91.7%	12

Assessment of Service Commitments

County Conservatees at Kaweah Health Mental Health Hospital			
Within 18 months			
Provision	Requirement	KPI	Rating
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	NR
		36	

CY 2025 showed nearly double the number of conservatorships initiated (KPI #36), followed by placement in an MHRC/IMD. Additionally, in 2025, it does not appear that any conservatorships from the inpatient hospital resulted in placement in an unlocked, augmented board and care – there were four such cases in 2024.

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 year with admissions longer than 60 days (the longest in 2024 was 118 days and in 2025 was 112 days). The goal will be to either reduce the number of admissions longer than 60 days or the total number of inpatient days for the population hospitalized longer than 60 days.

⁴⁷ The DHCS Minimum Performance Level (MPL) is pending posting by DHCS.

County Conservatees at Kaweah Health Mental Health Hospital			
Provision	Requirement		Rating
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
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
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
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
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
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
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
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
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

Recommendations

- Provide a report of progress well before the Second Report so that timelines can be met, particularly with regard to the client survey.

- Develop a tracking mechanism regarding LPS conservatorship initiation and length of stay on conservatorship in locked versus unlocked settings.

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. There are several components that will need to be implemented sequentially, so it is important that the County begins demonstration of progress toward these goals.

Documents Provided by Tulare County

- None specific to this area

Reports Available

- 5150/5585 Report
- BH Inpatient Hospitalization Report

Reports Not Available

- Emergency Department utilization and discharge planning
- Any data associated with Jail/Juvenile Hall

Discharge Planning from Emergency Departments and Hospitals

Hospital Discharge Planning KPIs					
#	KPI	CY 2024	CY 2025	% Change	Goal
32	Follow-up after ED visit ⁴⁸	NR	NR	N/A	MPL ⁴⁹
33	7-Day Follow-up after Hospitalization	46.8%	48.40%	3.4%	MPL ⁵⁰
34	Engagement in Peer Support During or After Inpatient	N/A	N/A	N/A	TBD

Assessment of Service Commitments

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

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

⁴⁸ This is identified as Not Reported but this data was not previously requested of the County.

⁴⁹ The DHCS Minimum Performance Level (MPL) which is pending posting by DHCS.

⁵⁰ The DHCS Minimum Performance Level (MPL) which is pending posting by DHCS.

Review of practices of the inpatient discharge planning staff is necessary to consider this element SC. This is anticipated at the next site visit.

Discharge Planning from Emergency Departments, Psychiatric Hospitals		
Provision	Requirement	Rating
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
C.10.a.iii.	Is age-appropriate, Trauma-Informed, Culturally Responsive, and Gender Affirming.	NR

Development of the patient survey noted in the Settlement Agreement will assist the County in evidencing the above requirements.

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

Discharge Planning from Emergency Departments, Psychiatric Hospitals		
Provision	Requirement	Rating
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

The hospital discharge plan was not requested or reviewed for this report. This will be addressed in the next report.

Discharge Planning from Emergency Departments, Psychiatric Hospitals			
Provision	Requirement	KPI	Rating
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 33	PC

KPI #32 and #33 are necessary components of this requirement, reflecting whether an outpatient appointment is kept after discharge from an ED (KPI #32) or an inpatient hospital (KPI #33). The County's rate for #32 at 48.4% compares favorably with other counties, but the actual statewide and national comparison rates have not yet been made available by DHCS.

It is noted that DHCS-published data shows that in FY 2022-23 the rate of follow-up after inpatient discharge (KPI #33) for adults was 63.5% and youth was 72.4%. Tulare’s data on this dashboard was much higher than the statewide rate, but the denominator indicates that the State’s data included about half of Tulare’s inpatient data (and also an earlier time frame, but statewide data does not tend to change significantly year to year). This Reviewer will check with DHCS for more current data, as recent HEDIS results were calculated and provided to Counties but not publicly posted yet.

Data associated with the HEDIS measures for Behavioral Health Plans are also available to the County staff through Medi-Cal Connect,⁵¹ 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	% Change
Inpatient Readmission within 30 Days	14.7%	14.5%	-1.3%
Inpatient Average LOS	10.75	10.0	-7%

The inpatient readmission rate can be a reflection of the success of the inpatient hospitalization and the outpatient care coordination. Tulare shows a low inpatient readmission rate. 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. With more housing available, utilization of CRT, and possibly more FSP/ACT slots, this time frame could be reduced.

Discharge Planning from Emergency Departments, Psychiatric Hospitals		
Provision	Requirement	Rating
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

The data suggests that FSP/ACT clients have timely follow-up after inpatient care. Additionally, the increase in the rate of FSP/ACT follow-up services that appear to be due to new referrals reflects that referrals to FSP/ACT are occurring.

The lack of specific eligibility protocol and formalized referral and tracking rates this as Partially Compliant.

Hospital Discharge Planning			
Metric	CY 2024	CY 2025	% Change
7-Day Follow-Up Service is a new FSP/ACT referral	37.8%	60.2%	59.0%

⁵¹ Medi-Cal Connect: <https://www.dhcs.ca.gov/Medi-Cal-Connect/Pages/Home.aspx>

Discharge Planning from Emergency Departments, Psychiatric Hospitals		
Provision	Requirement	Rating
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

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

Recommendations

- Develop tracking for conservatorship initiation and subsequent placement.
- Develop tracking for discharge planning for clients upon discharge, particularly to ensure connection of clients to FSP/ACT programs.

Discharge Planning from Jail and Juvenile Hall

Jail/Juvenile Hall Discharge Planning KPIs					
#	KPI	CY 2024	CY 2025	% Change	Goal
37	New Clients Discharging from Jail/Juvenile Hall Receive Timely Services ⁵²	NR	NR	N/A	80%
38	ROI Results in Care Coordination While in Jail/Juvenile Hall	N/A	N/A	N/A	TBD

Assessment of Service Commitments

Discharge Planning from Jail and Juvenile Hall			
Provision	Requirement	KPI	Rating
C.10.a.i.	Begins upon incarceration in jail or juvenile hall.		NR
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
C.10.a.iii.	Is age-appropriate, Trauma-Informed, Culturally Responsive, and Gender Affirming.		NR
C.10.a.iv.	Involves Peer Specialists as part of the discharge planning and transition team to the greatest extent possible.	34	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 for, ACT, FSP, or Youth Services, the provider shall immediately notify the County. Upon such		NR

⁵² 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.

Discharge Planning from Jail and Juvenile Hall			
Provision	Requirement	KPI	Rating
	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 wraparound services to support the person in the community.		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

The above items are not rated for this report and will be rated in the next report.

Discharge Planning from Jail and Juvenile Hall		
Provision	Requirement	Rating
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

These agreements were not provided for review. It is undetermined if they need to be developed or updated.

Individuals with BH Needs at the Jail or Juvenile Hall

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

Assessment of Service Commitments

Individuals with BH Needs at the Jail or Juvenile Hall			
Provision	Requirement	KPI	Rating
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
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

The County has informal procedures to facilitate discharge planning for community re-entry from Jail and Juvenile Hall, but nothing that is written and agreed upon with those departments. This item would benefit from a formalized Agreement and tracking of cases.

Individuals with BH Needs at the Jail or Juvenile Hall			
Provision	Requirement	KPI	Rating
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
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
10.b.iv.	Follow-up appointments with providers are scheduled and communicated to the individual in writing.		NR
10.b.v.	Individuals have been screened for and, if eligible, enrolled/re-enrolled in Medi-Cal.		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

The Implementation Plan indicated a timeline for internal discussions and meetings with Jail/Juvenile Hall in September and December 2025. The County did not offer evidence of progress in this area.

Under the CalAIM PATH Justice Involved initiative,⁵³ counties will be required to offer targeted services in carceral settings for up to “pre-release services” 90 days prior to release. According to DHCS’s website,⁵⁴ Tulare County is slated to implement this initiative on July 1, 2026. 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.

⁵³ <https://www.dhcs.ca.gov/CalAIM/Justice-Involved-Initiative/Pages/home.aspx>

⁵⁴ <https://www.dhcs.ca.gov/CalAIM/Justice-Involved-Initiative/Pages/County-readiness-status.aspx>

Recommendations

- Assess progress and necessary activities still needed for successful PATH-JI implementation. Identify if there are any areas where PATH-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.
- Identify relevant parties and activities that can be included in the next site review, particularly at the line staff level who can speak directly about current practices associated with discharge planning from carceral settings.

Culturally Responsive Services

This section includes future due dates and is not evaluated for this report.

Documents Provided by Tulare County

- Cultural Competence Plan
- MHSA Three-Year Plan

Reports Available

- Most reports provided include demographic data. Future reports will include disparity analysis for most of the KPIs.

Assessment of Service Commitments

Culturally Responsive Services		
Provision	Requirement	Rating
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
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
C.11.c.	<p>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 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:</p> <ul style="list-style-type: none"> 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 	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
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	NR

Culturally Responsive Services		
Provision	Requirement	Rating
	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.	

The degree to which services provided are culturally responsive and gender affirming is not rated in general at this time as it requires more in-depth chart review than was possible, data analysis by demographics, and discussion with staff and clients.

The Cultural Competence Plan FY 2025-26⁵⁵ posted on the was produced in December 2025 and includes demographic analysis of Tulare County (Census 2020) and service utilization data from FY 2024-25. The County population is predominantly Hispanic/Latino at 65.5% (Census 2020) and the Medi-Cal population is slightly higher at 72.9%. They represented 62.5% of the MHP individuals served in FY 2024-25. This demonstrates relative parity in terms of accessing at least one MHP service. The CCP also states that 17.5% of its clinical staff are bilingual Spanish speakers – noting that this is across Behavioral Health and not specific to the Mental Health staff. Additional demographics regarding the staff were not included.

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.

The Source and New Life Ministries ended in 2024-25, but the County indicates that they will strive to identify resources to support these projects. This contractor was identified in the Implementation Plan as a potential partner for obtaining input from the African American community.

The Cultural Competence Plan has set forth the following goals. However, a lack of meeting minutes or analysis of the prior year’s CCP does not enable evaluation of progress toward its goals or the elements assigned to the CCC in the SA.

1. Enhance diversity of CCC membership.
2. Expand community outreach activities, including both the Asian American/Pacific Islander (AAPI) and Spanish-speaking communities. Many community events are reported as being annually conducted, with some new events initiated in FY 2024-25. A Latino Conference, “Strengthening the Roots,” was held in 2024 in Visalia.
3. Enhance language assistance services. The National Latino Behavioral Health Association (NLBHA) provides a three-day interpreter training for 30 MH service providers.
4. Diversify services to address unmet needs, which included a plan to engage the help of local *Promotores*.

⁵⁵ Tulare Cultural Competence posted materials: <https://tc-web.widen.net/s/8rqgrmdxps/hhsa-behavioralhealthfy202526updateculturalcompetence-plan20251216>

5. Recruit and retain culturally diverse staff.
6. Provide education and training to staff, persons served, and system stakeholders.

Meeting minutes from the Cultural Competence Committee do not show engagement of these items and supporting materials to show efforts in this component of the MHP were not provided.

Additional analysis will be included in future reports that examine service delivery and outcomes by demographic group. This will enable a more robust analysis of this component of the Settlement Agreement, and add additional understanding of performance throughout future reports

The CCP includes results from October 2025 survey of BH Staff Diversity and Cultural Humility, completed all or in part by 133 staff. (It is unclear whether this included only County-operated staff or also contracted agency staff.) Analysis of the survey results suggested opportunities to provide additional training about cultural diversity and influences, engaging and supporting clients in ways that meet cultural and language needs and preferences, and developing skills for supporting clients as they receive services across the system of care.” A similar survey of clients was conducted in September 2024.

The following trainings were reported in the CCP for FY 2024-25:

Training Log FY 2024/2025

Title of Training/Course	Date(s) Conducted	Total Participation	Participating Staff/Provider Type
The Healers Journey	01/09/2024	9	Peer Support Specialists
Behavioral Health Interpreter Training	04/23/2025; 05/14/2025	14	SUD Counselors; Clinic team member; Office Support Staff
Communication and Conflict Management for Children's Services Paraprofessionals	Unknown	1	SUD Counselor
Cultural Competence	Various	462	Administrative, Support staff, Analysts, Case Managers, Clinicians, EHR staff, Medical staff, Peer staff, SUD staff, Psychiatrists, Psychologists
Cultural Competence and Healthcare	Various	2	SUD Counselor
Cultural Considerations Related to Suicide	Various	2	Clinician, SUD Counselor
Cultural Diversity and the Older Adult	Unknown	1	Resource Consultant
Diversity, Equity, and Inclusion for the Healthcare Employee	Various	51	Support staff, Case Managers, Clinicians, Med staff, SUD providers, Rehab Specialists
Emotional & Cultural Intelligence (EQ&CQ)	Various	2	SUD Counselors
Improving Behavioral Health Equity: Spiritual and Religious Diversity	Unknown	1	SUD Counselor
Strategies and Skills for Behavioral Health Interpreters	Various	88	Support staff, Case Managers, Clinicians, Med staff, Peer staff, SUD staff
Understanding and Minimizing Cultural Bias for Paraprofessionals	Unknown	1	Unknown
Transgender, Genderdiverse or Intersex Cultural Competency	Various	462	Administrative, Support staff, Analysts, Case Managers, Clinicians, EHR staff, Medical staff, Peer staff, SUD staff, Psychiatrists, Psychologists

Recommendations

- Clarify whether staff related data in the CCP are system-wide to include MHP and SUD providers as well as County and contracted agency staff.
- Develop agendas and corresponding meeting minutes for the CCC that include as attachments 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.
- Consider the potential benefits of opening this meeting to the public and posting accordingly.

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	Rating
12.b.i.	<p>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:</p> <ul style="list-style-type: none"> - 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

The County has produced several reports with useful data based upon data available in the EHR. However, there has not been any progress in collecting data elements that require other data sources; therefore, this item is rated Partially Compliant. Some of the data may be maintained within programs or other County departments.

The following screen shot shows the reports available to the Reviewer through Power BI. The Reports Catalog includes definitions of each field included in that report.

DRC - Reports Catalog
(Updated January 7th, 2026)

DRC - Request for Crisis Response
A report of all Mobile Crisis Dispatch Screening Service calls and subsequent Mobile Crisis Encounter or Crisis Intervention service with response time determined between the call and crisis service .

Field Name	Field Description
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.
City of Residence	The City associated to the client's billing (primary) address in SmartCare.
Date and Time of Client Call	Date and Time of the Mobile Crisis Dispatch Service
Date and Time of Crisis Dispatch to scene	Date and Time of the Mobile Crisis Encounter or Crisis Intervention Service
Date and Time of Scene Arrival	Scene Arrival Date and Time of the Mobile Crisis Encounter. Scene Arrival is not recorded for Crisis Intervention Services in SmartCare
Date Of Call	Date of Service in which the Mobile Crisis Dispatch Screening Service was recorded by the Tulare Behavioral Health Access Line dispatch team in SmartCare
Date of First Followup Attempt	Date of Service of the first Follow Up Service or attempt to contact client for Follow Up Services.
Date of First Non-Crisis related Service	Date of the first non-crisis related service
Date of initial assessment after crisis service	First date in which the client attended an assessment service appointment.
Date of Initial Assessment Signing	Date the Assessment Document was signed in SmartCare, after the crisis service.
Date of Second Non-Crisis related Service	Date of the second non-crisis related service
Date of Third Non-Crisis related Service	Date of the third non-crisis related service
Disposition	Disposition of the Mobile Crisis Encounter or Crisis Intervention Service
Ethnicity	Client's Ethnicity
First Non-Crisis Related Service Name	Name of the first non-crisis related service
Foster Youth status	Client has a special indicator flag for Foster Care
Gender identity	Client's innate sense of their gender
Housing status/type	Client's current living arrangement
If care is coordinated with MHP program, which programs	Program Name/s in which client enrolled after the Mobile Crisis Dispatch Screening Service, if within 7 days.

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

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

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

Currently there are no data available regarding discharges from carceral settings. 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	Rating
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
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
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
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
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

Data Collection and Quality Assurance		
Provision	Requirement	Rating
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

This demographic data is available to the Reviewer within reports provided, but has not been analyzed.

Recommendations

- 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.

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

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

Assessment of Service Commitments

Community Stakeholder Input		
Provision	Requirement	Rating
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
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
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
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
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 the feedback during the stakeholder meetings described in Section C.12.b.viii. I, above.	NC
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

At one year into the Settlement Agreement, the County was expected to have held two community input events. This and other commitments associated with community stakeholder engagement and input have not been implemented.

To achieve these goals, the County recently entered into a contract with Collaborative Strategies Institute to support these activities, as referenced in the contract's scope of work. It also includes developing templates for public notices for stakeholder meetings, including meeting agendas, flyers, and presentations. The scope includes:

- Community feedback and participatory research – develop a framework for training community ambassadors from underserved communities., and support facilitation of two public stakeholder engagement events (English and Spanish).
- Develop a post-crisis feedback survey for individuals served by MCRT and the Crisis Call Center.
- Equity Analysis of BH utilization – analyze crisis and outpatient systems and stratify by key demographic and service types. This will result in a summary public report that discusses disparities, system gaps, and recommendations for improvement.

Recommendations

- Document progress as planning and activities occur. This will enable live development of realistic and meaningful performance indicators and help to ensure completion by stated deadlines.
- Identify additional relevant performance indicators based upon work to be completed by Collaborative Strategies.

HHSA Website Content and Accessibility

Documents Provided by Tulare County

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

Assessment of Service Commitments

HHSA Website Content and Accessibility		
Provision	Requirement	Rating
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

The BH website includes the following:

- As is required by DHCS the BH Member Handbook is posted in both English⁵⁶ and Spanish⁵⁷, as is the Provider Directory.^{58 59} The Provider Directory had been updated within the prior 30 days. There are several providers that identify working with particular cultural groups and LGBTQ+.
- Also posted is the DHCS template for "Significant Changes," which indicates that several additional services are becoming available February 1, 2026. This is unclear as several of the services listed are associated with BH-CONNECT implementation, and it appears that Tulare has not implemented these services (e.g., FACT, enhanced CHW services, etc.)
- The MHSA Plans and Updates page⁶⁰ of the HHSA website indicate that the MHSA Three-Year Plan⁶¹ and the FY 2024-25 Annual Plan Update⁶² are posted, but at the time of this report, neither of those links worked.
- P&P Cultural and Linguistic Competency⁶³ – 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.
- P&P 05-02 MH Cultural Competency Committee (CCC)⁶⁴ – 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."

⁵⁶ <https://tc-web.widen.net/s/xmzsps9wdp/hhsa-behavioralhealthmemberhandbookenglish-202507>

⁵⁷ <https://tc-web.widen.net/s/qt9ljfjfgn/hhsa-behavioralhealthmemberhandbookspanish-202507>

⁵⁸ <https://tc-web.widen.net/s/zmftcrxhql/hhsa-behavioralhealthproviderdirectoryenglish202512>

⁵⁹ <https://tc-web.widen.net/s/htnkfmbvts/hhsa-behavioralhealthproviderdirectoryspanish202512>

⁶⁰ <https://tchsa.org/eng/behavioral-health/plans-reports-dashboards1/mhsa-plans-updates>

⁶¹ <http://publicdocs.co.tulare.ca.us/Questys.CMx.HHSAWebdocs/File.ashx?id=6079>

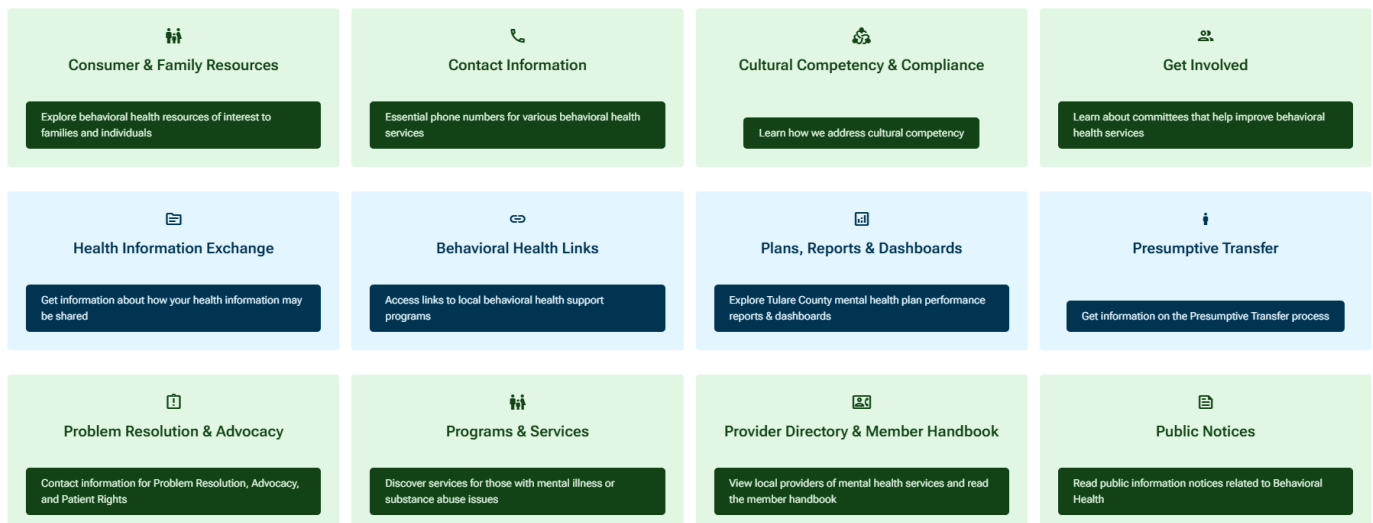
⁶² <http://publicdocs.co.tulare.ca.us/Questys.CMx.HHSAWebdocs/File.ashx?id=6501>

⁶³ <http://publicdocs.co.tulare.ca.us/Questys.CMx.HHSAWebdocs/File.ashx?id=4714>

⁶⁴ <http://publicdocs.co.tulare.ca.us/Questys.CMx.HHSAWebdocs/File.ashx?id=4715>

HHSA Website Content and Accessibility		
Provision	Requirement	Rating
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

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



The Behavioral Health “Get Involved”⁶⁵ website does not offer many opportunities to do so, however. It includes information regarding four System Improvement Committees that are open to the public. At last check, two of the meetings did not cite the accurate day/time the meeting is held. 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 Board⁶⁶ page. In 2025, Behavioral Health Board meetings were held monthly except for July. The 2026 calendar shows a new quarterly meeting schedule, with meetings to be held in February, May (retreat), August, and November. While agendas are posted, there are no historical meeting minutes. There was a “Special Meeting” of the Board held on January 6, 2026, for a public hearing to approve two Innovation Plans. This information could have been placed on a more prominent page for the public to see – and in fact, it included FSP/ACT program improvement information relevant to this review.

The website also includes links to its social media accounts, which is another way to engage the public.

⁶⁵ <https://tchhsa.org/eng/behavioral-health/get-involved>

⁶⁶ <https://tchhsa.org/eng/community/tulare-county-behavioral-health-board>

HHSA Website Content and Accessibility		
Provision	Requirement	Rating
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

This level of detail does not appear to be available on the Behavioral Health website. A search for “FSP” and “AOT” pulled up no results. A search for “Care Court” landed on the Public Guardian website, but no information on how to make a referral. A search for “Tulare assisted outpatient treatment” brought up the Kings View webpage, but no information on making a referral.

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. Reportedly, complaints to the advocates are not necessarily recorded as grievances if the advocate is able to resolve the matter. This practice may be inconsistent with the BHIN on this subject that 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.”⁶⁷

The Tulare County website has been in a process of moving onto a new platform. At times over the last year, key pages were not available, and the DRC Coordinator was notified, and pages were restored. It is unclear from the user’s perspective if the current website is in the new format.

HHSA Website Content and Accessibility		
Provision	Requirement	Rating
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

⁶⁷ 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	Rating
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 re-testing web content.	PC

The contract with Collaborative Strategies Institute includes in its scope of work a comprehensive audit of the website for materials and compliance with ADA usability and content in English and Spanish. This will include input from live experience users. The County provided a spreadsheet which provides a detailed project plan for the ADA compliance of the website, detailing the status of each planned action, as well as intermediate deadlines for all aspects of the project. The current and detailed plan suggests that these elements will ultimately be successfully implemented in early 2026.

Recommendations

- 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.
- Adopt the methods used in the Website Audit Compliance Tracker for monitoring other aspects of the Website, and for the activities necessary for successful Settlement Agreement implementation in general.
- Ensure that public meetings have current date/time information, links for joining, meeting agendas, and minutes from prior meetings.

Training Regarding the Settlement Agreement

This section is not rated as it indicates deadlines of August 24, 2026.

The County is encouraged to provide information as it is produced so that feedback can be offered in real time and in advance of the Second Report.

Assessment of Service Commitments

Training Regarding the Settlement Agreement Within 18 months		
Provision	Requirement	Rating
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
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
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
14.b.iii.	Iatrogenic Harm and the harms of involuntary institutionalization and incarceration.	NR
14.b.iv.	Effective provision of Crisis Services within the broader behavioral health system, including effective care coordination with system providers.	NR
14.b.v.	Effective provision of Person-Centered, Trauma-Informed, Culturally Responsive, and Gender-Affirming services.	NR
14.b.vi.	Engaging, supporting, and partnering with parents/family members/significant others.	NR
14.c.	Trainings shall be conducted upon hire and at least annually thereafter.	NR
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

Recommendations

- Develop a list of the trainings that are to be conducted upon hire and annually.
- 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.

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
3	Sequential or Co-Response with LEA	Sequential or Co-Response with 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 (Admission within 10 days of MCRT Service)	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 Connected to MHP 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 with an Outreach/Engagement Service Claimed	# from KPI #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 Reported by PRA as held in the ED	Number from KPI #30
32	Follow-up after ED visit	Clients receiving an MHP service within 7 days of ED service	Clients with MH needs seen at ED
33	Follow-up after Hospitalization	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

ATTACHMENT B: KPI DATA

KPI #	Description	2024			2025			Goal
		Num	Denom	# or %	Num	Denom	# or %	
1	Crisis Call Center calls answered timely	-	3,065	-	-	2,541	-	95%
2	Timely MCRT Response	658	804	81.84%	1,513	1,865	81.13%	95%
3	Sequential or Co-Response with LEA	142	804	17.66%	277	1,760	15.74%	15-20%
4	MCRT Resolved at Scene	649	804	80.72%	1433	1,865	76.84%	80%
5	Successful 72-hour follow-up	512	804	63.68%	971	1,744	55.68%	75%
6	MCRT Care Coordination	29	258	11.24%	80	738	10.84%	60%
7	MCRT (new) Clients Receiving Assessment within 30 Days	96	546	17.58%	138	832	16.59%	80%
8	MCRT Clients Receiving any Outpatient service within 30 days	265	804	32.96%	936	1,570	59.62%	75%
9	FSP/ACT Clients Received Crisis Intervention from FSP/ACT	43	208	20.67%	46	153	30.07%	50%
10	Admissions to CRT from MCRT Referral	12	99	12.12%	14	113	12.39%	50%
11	Timely Access to CRT (within 24 hours of referral)	-	99		-	113		80%
12	Timely Contact for FSP/ACT Referrals	196	243	80.66%	224	260	86.15%	80%
13	FSP/ACT Client Engagement (4 services)	224	244	91.80%	233	263	88.59%	90%
14A	Timely initial FSP/ACT service (within 10 business days)	165	251	65.74%	187	269	69.52%	80%
14B	Timely second FSP/ACT service (within 10 business days)	196	243	80.66%	224	260	86.15%	80%
15	FSP/ACT Clients Receiving PSS Services FSP/ACT Clients Received a Billed PSS Service	0	693	0%	122	669	18.24%	50%
16	FSP/ACT Service Contacts Delivered in the Field	6,878	27,025	25.45%	8,948	30,651	29.19%	75%
17	Successful Discharge from FSP/ACT Services	55	302	18.21%	41	323	12.69%	40%
18	Unhoused FSP/ACT Clients Move into Housing	-	-	-	-	-	-	75%
19	FSP/ACT clients receiving supported employment from team	-	-	-	-	-	-	TBD
20	FSP/ACT clients receiving SUD support from team	-	-	-	-	-	-	TBD
21	Timely Access to Services for Youth	2,699	4,269	63.22%	3,744	4,805	77.92%	80%
22	Post-MCRT Youth Intake Assessment Occurred Within 30 Days (For those who received an Assessment)	18	41	43.90%	20	38	52.63%	80%
23	Youth Connected to MHP after MCRT Service	10	122	8.20%	20	171	11.70%	60%
24	Youth Outpatient Episodes Closed Due to Lack of Engagement	2,602	5,509	47.23%	1,978	5,225	37.86%	25%
25	Youth Placed in Group Home/STRTP	-	-	46	-	-	39	
26	Successful Discharge from WRAP/TBS Services	11	57	19.30%	18	58	31.03%	50%
27	Clients Referred to Outreach and Engagement Services			177			414	TBD

KPI #	Description	2024			2025			Goal
		Num	Denom	# or %	Num	Denom	# or %	
28	Clients Receiving Outreach and Engagement Services	2	177	1.13%	5	414	1.21%	75%
29	Outreach and Engagement Led to Outpatient Services	-	-	-	-	-	-	75%
30	5150 Holds lasting longer than 72 hours without placement			85			33	Reduce
31	5250 Hearing Held in ED if Hold lasted longer than 72 hours	32	85	37.65%	14	33	42.42%	75%
32	Follow-up after ED visit	-	-	-	-	-	-	MPL
33	Follow-up after Hospitalization	701	1,485	47.21%	818	1,666	49.10%	MPL
34	Engages in Peer Support during or after Inpatient	-	1,497	-	-	1,689	-	TBD
35	Kaweah Inpatient Admissions Longer than 60 Days			4			4	Reduce
36	LPS Conservatorship Initiated and Placed in MHRC/IMD			12			23	12
37	New clients discharging from Jail/Juv Hall receive timely services	-	-	-	-	-	-	80%
38	ROI Results in Care Coordination While in Jail/Juv Hall	-	-	-	-	-	-	TBD

ATTACHMENT C: MEASURES DISPLAYED BY PROGRAM

Table 1. FSP/ACT Delivery of Peer Support Services

FSP/ACT Programs Peer Support Services – 2025	# Clients Served	# Received PSS	% Received PSS
Hope Horizon Mental Health FSP	45	0	0%
Kings View Mobile Unit FSP South	25	0	0%
Kings View One Stop FSP South	33	10	30%
Porterville Adult Clinic FSP	8	0	0%
T.Point Mobile Unit FSP North	14	1	7%
T.Point One Stop Center FSP Central	25	6	24%
T.Point One Stop Center FSP North	41	1	2%
T.Point Visalia Youth Services FSP	1	0	0%
Visalia Adult ACT	153	62	41%
Visalia Adult Clinic FSP	355	34	10%
Visalia Adult HOPE ACT	27	10	37%
Total Unduplicated Count	669	122	18.2%

Table 2: FSP/ACT Program Field Based Services

FSP/ACT Programs Field-Based Services	2024		2025	
	Service Count	Units of Service	Service Count	Units of Service
Hope Horizon Mental Health FSP	16%	20%	19%	23%
Kings View Mobile Unit FSP South	4%	5%	4%	4%
Kings View One Stop FSP South	14%	19%	10%	11%
Porterville Adult Clinic FSP	15%	13%	16%	11%
T.Point Mobile Unit FSP North	23%	36%	13%	21%
T.Point One Stop Center FSP Central	17%	26%	19%	28%
T.Point One Stop Center FSP North	32%	36%	20%	24%
T.Point Visalia Youth Services FSP	N/A	N/A	44%	53%
Visalia Adult ACT	37%	42%	41%	40%
Visalia Adult Clinic FSP	21%	29%	18%	23%
Visalia Adult HOPE ACT	29%	30%	41%	42%
Total Services	25.5%	32.1%	29.2%	31.4%

Table 3: FSP/ACT Clients Receiving Crisis Services from their FSP/ACT Team

FSP/ACT Programs Crisis Services from FSP/ACT Team	2024	2025
Hope Horizon Mental Health FSP	66%	34%
Kings View Mobile Unit FSP South	49%	33%
Kings View One Stop FSP South	52%	34%
Porterville Adult Clinic FSP	69%	53%
T.Point Mobile Unit FSP North	36%	49%
T.Point One Stop Center FSP Central	44%	44%
T.Point One Stop Center FSP North	65%	36%
T.Point Visalia Youth Services FSP	52%	49%
Visalia Adult ACT	43%	63%
Visalia Adult Clinic FSP	53%	42%
Visalia Adult HOPE ACT	29%	55%
Total FSP/ACT Clients – Crisis Service by FSP/ACT	52.5%	51.5%

Table 4: TBS Programs with Successful Discharges

TBS Programs Successful Discharge Reasons	2024		2025	
	Total Discharges	Successful Discharges	Total Discharges	Successful Discharges
Bright Future TBS	3	0%	N/A	N/A
Bright Future TBS AB114	4	25%	9	11%
JDT Consultants, INC	11	45%	16	38%
T.Point Sequoia Youth Services TBS	1	0%	1	0%
T.Point Visalia Youth Services TBS	8	25%	4	25%
TBS Discharges	27	29.6%	30	26.7%