

INNOVATION PROJECT STAFF ANALYSIS: Full-Service Partnership – Redesigning Evidence-Based Operations and Outcomes for Transformation (FSP REBOOT)

Tulare County

Total INN Funding Requested: \$2,114,809

Duration of INN Project: 3 years

Review History

Public Comment Period: December 2, 2025 to December 31, 2025

Behavioral Health Board Hearing: January 6, 2026

Board of Supervisors Approval: January 27, 2026

Project Introduction

Tulare County Behavioral Health (County/TCBH) is requesting up to \$2,114,809 of Innovation spending authority over a period of three (3) years to redesign Full-Service Partnership (FSP) programs and align these services with new Behavioral Health Services Act requirements. This project will incorporate evidence-based practices (EBPs), design a tiered model of FSP care, and streamline operations through a new electronic health record (EHR) system that supports continuity of care and outcomes monitoring.

BHSA Alignment and Sustainability

The FSP Reboot Innovative Project aligns with the Behavioral Health Services Act (BHSA) by supporting the transformation of FSP services for individuals living with serious mental illness. It is designed to ensure that Tulare County's FSP programs meet the new BHSA requirements of EBPs, accountability, and recovery-focused care. The project will result in lasting structural changes that build the infrastructure, workflows, and tools needed to sustain positive behavioral health outcomes.

Statutory Requirements

WIC Section 5830(a)(1)-(4): This project seeks to increase the quality of mental health services, including measured outcomes.

WIC Section 5830(b)(2)(A)-(D): This project meets Innovation criteria by making a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

Background

Tulare County is preparing to update its FSP programs to meet new requirements under the BHSA. Previously, under the Mental Health Services Act (MHSA), specific evidence-based practices were not a mandatory component of FSP design, and TCBH FSP programs mainly centered around housing support and outreach for individuals experiencing homelessness. The BHSA represents a major shift toward use of recognized EBPs, such as Assertive Community Treatment (ACT), Forensic ACT (FACT), High Fidelity Wraparound, and Individual Placement and Support (IPS). Although TCBH has begun planning and setting aside resources for this transition, the county does not yet have the infrastructure to implement this work. There is also no consistent way to track referrals and no data system to monitor outcomes and fidelity to EBPs.

The proposed Innovation project was created to address these gaps. Its goal is to build the operational and data systems needed for a successful and sustainable FSP redesign. While the State will be offering technical assistance, those supports will not cover the local planning, coordination, and infrastructure development required for counties to be fully prepared for a successful BHSA implementation. By creating a shared model of care, fidelity tools, and accountability structures, FSP REBOOT will help the county meet BHSA requirements and strengthen collaboration among providers, peers, families, and community partners.

How this Innovative Project Addresses the Problem

Tulare County Behavioral Health is proposing a three-year Innovation Project to design and launch FSP REBOOT. This project will build the systems and infrastructure needed to meet the new BHSA standards for FSP programs and will move through five (5) interconnected phases:

- 1) Stakeholder engagement and governance
- 2) FSP program design
- 3) Infrastructure development
- 4) Training and fidelity monitoring
- 5) Evaluation and sustainability planning

Across these phases, TCBH will work with partners to create a tiered FSP model with clear expectations for service levels, transitions, documentation, and accountability. The project will also develop new EHR tools and dashboards to support referral tracking, care level assignments, coordination with housing and substance use services, and outcomes. By the end of the project, Tulare County will have a scalable and sustainable FSP system that uses evidence-based practices, meets state requirements, and fits the county's local needs.

Community Planning Process

In spring 2025, Tulare County completed its community planning process to gather input on the BHSA components. Community members and system partners expressed frustrations with the complexity of the behavioral health system and the need for more coordinated services that support follow-up care and cross-system integration. The county's current Strategic Plan also highlights the need to expand culturally and linguistically responsive services that strengthen peer and family engagement and improve coordination across systems such as housing and substance use disorder services. To ensure this community input directly informs new initiatives, the FSP REBOOT project was developed in response to these identified needs.

The public comment period for this Innovative project proposal occurred between December 2, 2025 and December 31, 2025. It was presented at a local behavioral health board hearing on January 6, 2026, and was approved by the Board of Supervisors on January 27, 2026.

Learning Objectives and Evaluation

Through this project, TCBH seeks to better understand what infrastructure, implementation strategies, and collaborative processes are most effective in supporting rural counties to design and operationalize FSP programs that meet the requirements of the BHSA. The county will explore the following learning goals:

Learning Goal 1: Identify effective approaches to designing and implementing tiered levels of care, referral pathways, and step-down protocols that support clinical decision-making and promote client-centered transitions within the FSP system. Anticipated data sources will include finalized model documents; provider feedback via interviews, focus groups, and surveys; sample referral and transition tracking tools; and planning and stakeholder meeting notes.

Learning Goal 2: Determine which fidelity tools, training supports, and stakeholder strategies are most useful in helping FSP providers adopt and sustain evidence-based practices such as ACT, FACT, or IPS. Anticipated data sources will include technical assistance and training session logs, fidelity tools and self-assessment materials, provider feedback forms and implementation reflections, and documentation of provider onboarding supports.

Learning Goal 3: Understand how to build data infrastructure and administrative workflows that reduce burden for providers while enabling real-time outcome tracking, service monitoring, and quality improvement. Anticipated data sources will include data tool prototypes or screenshots, provider feedback forms or interviews on data use and burden, usage reports from dashboards or EHR modules, and internal summaries of administrative workflow changes.

Learning Goal 4: Explore what conditions and strategies support successful integration of housing and SUD systems into the operational structure of FSP programs. Anticipated data sources will include coordination protocols or MOUs, referral tracking logs, and meeting notes from joint planning sessions.

Learning Goal 5: Learn how peers, families, providers, and system partners can meaningfully contribute to the co-design, testing, and refinement of new FSP system elements. Anticipated data sources will include participation logs and stakeholder rosters, surveys or interviews with stakeholders, documentation of design revisions reflecting stakeholder input, and feedback summaries from engagement sessions.

Budget

Tulare County is requesting authorization to spend up to \$2,114,809 of MHP Innovation funding for this project over a period of three (3) years. One hundred percent (100%) of the project will be supported by Innovation funding. The breakdown by fiscal year and expenditure category is as follows:

Category	FY 25-26	FY 26-27	FY 27-28	FY 28-29	Total
Personnel	\$4,454	\$27,532	\$28,358	\$29,208	\$89,552
Operations	\$0	\$0	\$0	\$0	\$0
Non-Recurring	\$0	\$0	\$0	\$0	\$0
Contracts	\$84,167	\$710,503	\$646,752	\$583,835	\$2,025,257
Total	\$88,621	\$738,035	\$675,110	\$613,043	\$2,114,809

Four percent (4%) of total projected expenditures are allocated for personnel costs. This includes 0.20 full-time equivalent (FTE) position of existing Tulare County staff to support administrative oversight and implementation, such as contract management, regulatory compliance, internal coordination, and reporting to the Commission.

Ninety-six percent (96%) of the requested Innovation funds are reserved for contractor and consultant costs, which include a **Lead Consultant team** to coordinate the project in collaboration with TCBH, providers, peers, and system partners. This team consists of a project manager, which will be a 1 FTE position responsible for project management, strategic planning, stakeholder engagement facilitation, implementation roadmap development, fidelity and training support, and cross-system coordination. The team will also consist of 1.5 FTE subject matter experts with experience in FSP design, fidelity support, behavioral health systems planning, and implementation of evidence-based practices (such as ACT, FACT, and IPS).

In addition to this lead consultant team, a **Strategic Planning and Evaluation Consultant** will be retained to head the design and implementation of a learning plan that is aligned with

the project's goals. This includes activities such as plan development, design of data collection tools, gathering and analyzing data, and reporting.

Contracting costs also include set-up, development, and technical and hands-on support with the SmartCare EHR and Dashboard to FSP providers. This will ensure that the SmartCare infrastructure is effectively used to meet reporting and accountability needs that align with BHSA FSP requirements.

No operational or non-recurring costs are outlined in the project plan, as these are embedded in the personnel and contracting/consultant costs.

Conclusion

Tulare County Behavioral Health's proposed FSP Reboot appears to meet the minimum requirements listed under MHSA Innovation regulations and aligns with the goals of the BHSA.