

INNOVATION PROJECT STAFF ANALYSIS: The Horizon Project

Tulare County

Total INN Funding Requested: \$251,751

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 (County) is requesting up to \$251,751 of Innovation spending authority over a period of three (3) years to address the lack of community-based providers trained to provide behavioral health services for individuals with eating disorders. By expanding local clinical expertise and strengthening program protocols, the project seeks to ensure timely, high-quality behavioral health care for community members experiencing eating disorders who currently lack access to appropriate services.

BHSA Alignment and Sustainability

The Horizon Project aligns with the Behavioral Health Services Act (BHSA) by strengthening the County's behavioral health system through early intervention, workforce development, and improved care coordination for youth at risk of serious mental health conditions as it relates to eating disorders. By expanding local clinical expertise, referral pathways, cross-system partnerships, and data-informed evaluation tools, the project will create a sustainable behavioral health infrastructure that aligns with statewide priorities for preventing and reducing serious mental illnesses (SMI), increasing equitable access, and ensuring continuity of care. These activities help ensure that children and adolescents with possible eating disorders receive timely identification, evidence-based behavioral health treatment, and smooth transitions to higher levels of care, such as Full-Service Partnerships, when needed.

If evaluation results show the project is effective, the county will pursue long-term implementation using available funding streams outside MHSA Innovation resources. A comprehensive sustainability and expansion plan will be developed in the project's final year to guide decisions about ongoing funding and possible integration into routine Medi-Cal behavioral health operations.

Statutory Requirements

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

WIC Section 5830(b)(2)(A)-(D): This project meets Innovation criteria by introducing a new practice or approach to the overall mental health system, including but not limited to prevention and early intervention; making a change to an existing practice in the field of mental health, including but not limited to application to a different population; and applying a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system.

Background

Although Medi-Cal clinics offer general mental health services, eating disorders require specialized, evidence-based care that Tulare County clinics are not currently equipped to deliver. As a result, many individuals with eating disorders struggle to access appropriate treatment when they need it. Local access to experts is also extremely limited. The few clinicians in the area with eating disorder expertise work in private practice settings that are often inaccessible due to cost, insurance limitations, or long waitlists. This lack of specialized care leads to delays in treatment, increases the risk of serious medical and mental health complications, and contributes to inequities in care for Medi-Cal clients—particularly children and families.

The Horizon Project proposes to close this gap by strengthening the County’s workforce and clinical infrastructure so Medi-Cal providers can deliver high-quality, evidence-based treatment for eating disorders. Innovation funding will support advanced training, expert consultation, and structured implementation assistance, while direct clinical services will continue to be funded through existing Medi-Cal contracts. The following section outlines how the proposed project will build this capacity, improve access, and enhance outcomes for the community

How this Innovative Project Addresses the Problem

The Horizon Project aims to strengthen the County’s capacity to deliver specialized behavioral health treatment for eating disorders. Eating disorders are a complex mental health condition that requires advanced clinical skills, coordinated care, and adherence to evidence-based practices. The Horizon Project will launch an eating disorder program called EmpowerED within the current Medi-Cal system that will provide evidence-based treatment specifically for children and adolescents with eating disorders. This program will build a sustainable behavioral health workforce that is trained specifically to address the psychological, emotional, and family-based components of eating disorder treatment. Innovation funding will support this preparatory work, while direct clinical services will continue to be covered through Medi-Cal.

The project will focus on developing strong clinical competency in evidence-based mental health interventions, including Cognitive Behavioral Therapy–Enhanced (CBT-E) and Family-Based Treatment (FBT), which are two (2) leading therapeutic models shown to improve recovery outcomes. Clinicians will receive specialized instruction and have the opportunity to pursue advanced trainings, such as recognized certification programs and national conferences, that are dedicated to eating disorder treatment.

By investing in these behavioral health enhancements, the Horizon Project will expand local access to high-quality mental health care for children and adolescents with eating disorders by adapting a successful, community-informed model used in other regions and non-behavioral health settings to provide effective, coordinated care where previously unavailable.

Community Planning Process

The community planning process for the Horizon Project emerged from several years of collaboration among county leaders, mental health providers, and community members who consistently identified eating disorders as a major unmet need. The county’s BHSA community engagement process included outreach to and the voices of system partners, service providers, and the general public, with specific input from therapists and program staff across multiple clinics emphasizing the importance of behavioral health, as it relates to eating disorders. Engagement efforts also included stakeholders such as county-operated and contracted mental health clinics, community-based organizations, healthcare partners, and local schools serving diverse and often underserved youth and families. These groups collectively helped shape the project’s goals.

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

The primary goal of the Horizon Project is to increase the quality of mental health services for Medi-Cal clients with eating disorders by building a sustainable workforce equipped to deliver and support evidence-based treatment. Over the course of the project, the county aims to explore the following questions and approaches:

- What **workforce competencies, training models, and supervision strategies** are most effective in equipping local providers to deliver evidence-based eating disorder interventions to diverse youth and families in a public mental health system?

To assess this goal, the county will facilitate semi-structured interviews or a focus

group with key staff to measure changes in knowledge, skills, and confidence. Anticipated data sources will include notes or transcripts from interviews or focus group and written feedback from training evaluation forms

- How to best **adapt evidence-based interventions** for eating disorders so that staff can meet the cultural, linguistic, and socioeconomic needs of Tulare County's diverse youth and families.

To assess this goal, the county will document changes made to curricula, program materials, and training content from evidence-based practices in response to local needs. They will also collect qualitative feedback from staff, clients, and/or families via short interviews, focus groups, or written comments. Anticipated data sources will include summary notes or memos, notes or transcripts from staff and stakeholder interviews or focus groups, and qualitative survey feedback from training/session evaluations regarding cultural and linguistic relevance.

- How training staff in the use of **structured measurement tools and progress monitoring** impacts provider confidence and how useful staff find these tools for engaging clients and tracking progress toward treatment goals.

To assess this goal, the county will administer brief staff surveys both before and after training to measure changes in confidence and self-reported use of structured measurement tools. The county will also conduct qualitative interviews or focus group discussions with staff to gather insights into how these tools supported client engagement and tracking progress toward treatment goals. Anticipated data sources include pre- and post-training staff survey responses, notes or transcripts from interviews or focus groups with staff, and written staff feedback on tool ease-of-use and value for client engagement.

- What approaches to **staff training, consultation, and ongoing supervision** are necessary to maintain provider's fidelity and confidence in delivering evidence-based eating disorder treatment?

To assess this goal, the county will track participation in training, consultation, and supervision activities. The county will also conduct brief staff surveys at set intervals and perform qualitative interviews or focus groups to explore which types of supports staff found most useful for maintaining fidelity in delivering evidence-based treatment. Anticipated data sources include attendance records from training, consultation, and supervision sessions; periodic staff survey responses regarding skill, confidence, and fidelity; and notes or transcripts from interviews or focus groups with

staff on supervision/consultation experience

- How **collaboration with primary care providers, nutritionists, and community organizations** can support clinical workforce capacity and improve coordination of care for children and adolescents with eating disorders?

To assess this goal, the county will document the development of partnership agreements and coordination protocols with primary care, nutrition, and community organizations. The county will also review referral data and care coordination activities to understand how collaboration is supporting client transitions and service linkages for children and youth with eating disorders. Feedback from staff or partner organizations, gathered through brief surveys, interviews, or collaborative meetings will be used to capture what approaches to partnership are most effective for strengthening workforce capacity, improving coordination, and enhancing continuity of care. Anticipated data sources include partnership agreements, coordination protocols, or memoranda of understanding; referral and care coordination data; and feedback from staff and partner organizations.

Budget

Tulare County is requesting authorization to spend up to \$251,751 of MHS 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 (Jun)	FY 26-27	FY 27-28	FY 28-29	Total
Personnel	\$2,227	\$13,766	\$14,179	\$14,604	\$44,776
Operations	\$0	\$0	\$0	\$0	\$0
Non-Recurring	\$0	\$0	\$0	\$0	\$0
Contracts	\$14,675	\$65,325	\$65,325	\$61,650	\$206,975
Total	\$16,902	\$79,091	\$79,504	\$76,254	\$251,751

Although no Innovation funds will be used for direct clinical services, funding will support workforce training, consultation, infrastructure development, stakeholder collaboration, and implementation of sustainable clinical practices that improve the local behavioral health system and increase outcomes for individuals with eating disorders. Of the proposed budget, eighteen percent (18%) of projected expenditures are allocated to personnel costs for county staff who will oversee the Horizon Project’s administrative and fiscal responsibilities. A 0.10 full-time equivalent (FTE) county staff member will manage contract agreements, program performance, and compliance with Innovation requirements.

Eighty-two percent (82%) of the budget is allocated for contractor and consultant costs, which include delivery of specialized training, consultation, and implementation of the

program’s clinical components. This covers the workforce development necessary to launch and sustain the EmpowerED program and evidence-based trainings that address eating disorders, such as the previously mentioned CBT-E and FBT, as well as Dialectical Behavioral Therapy.

Contractor and consultant costs will also cover resources needed for start-up and implementation, such as proper medical-grade equipment, books/manuals, training materials, and other necessary items required for the success of this Innovation project. Additionally, the primary consultant, Hope Horizons, will lead evaluation activities by gathering and analyzing qualitative and quantitative data, compiling progress summaries, and preparing the final evaluation report.

Conclusion

Tulare County’s proposed The Horizon Project Innovation plan appears to meet the minimum requirements listed under MHSa Innovation regulations and aligns with the goals of the BHSa.