



**Health & Human Services
Agency
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

KUYLER CROCKER
District One

PETE VANDER POEL
District Two

AMY SHUKLIAN
District Three

J STEVEN WORTHLEY
District Four

MIKE ENNIS
District Five

AGENDA DATE: June 27, 2017

| | | | | |
|---------------------------------------------------------------------------------------|-----|-------------------------------------|-----|-------------------------------------|
| Public Hearing Required | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Scheduled Public Hearing w/Clerk | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Published Notice Required | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Advertised Published Notice | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Meet & Confer Required | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Electronic file(s) has been sent | Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |
| Budget Transfer (Aud 308) attached | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Personnel Resolution attached | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s) | Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |
| CONTACT PERSON: Timothy D. Durick, Psy.D. PHONE: 624-8000 | | | | |

SUBJECT: Approve an agreement with Helios Healthcare, LLC

REQUEST(S):

That the Board of Supervisors:

1. Approve an agreement with Helios Healthcare, LLC in an amount not to exceed \$100,000 for the provision of acute psychiatric inpatient services effective from July 1, 2017 through June 30, 2018; and
2. Authorize the Chairman of the Board to sign three (3) copies of the agreement.

SUMMARY:

Helios Healthcare, LLC provides acute psychiatric inpatient services at Idylwood Care Center for consumers who have both physical and behavioral health care issues. These consumers are often difficult to place and have a higher utilization of acute medical or psychiatric units. Helios Healthcare, LLC offers comprehensive short-term skilled nursing and rehabilitation services as well as extended care services.

The services provided by Helios Healthcare, LLC are designed to decrease recidivism, stabilize medical and behavioral symptoms, and provide consumers with the necessary support and resources so that they are able to discharge to a lower level of care. Helios Healthcare, LLC is one (1) of three (3) facilities, which provide this level of care for Tulare County consumers. It is estimated that Helios Healthcare, LLC, will serve two (2) consumers in fiscal year 2017-2018.

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This agreement did not include a Request For Proposal process because Helios Healthcare, LLC operates the Elk Grove Care and Rehabilitation center. This facility was known as the Idylwood Care Center until 2007. The Idylwood facility previously operated under the umbrella of Crestwood Behavioral Health, and is still managed by the same leadership. Tulare County has contracted with this facility for over thirty years.

This agreement has been approved as to form by County Counsel. The following term deviates substantively from the standard County boilerplate: A mutual indemnification provision was specifically requested by the Contractor.

FISCAL IMPACT/FINANCING:

The maximum reimbursement for this agreement is \$100,000 and is included in the Fiscal Year 2017-2018 proposed budget. This agreement is paid with realignment funds. There is no additional net cost to the County General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year strategic plan includes the Quality of Life initiative that encourages innovative provision of quality supportive services for at-risk adults, youth, and children in state and federally mandated programs. This agreement increases the ability to fulfill that obligation by providing higher levels of care in the least restrictive environment.

ADMINISTRATIVE SIGN-OFF:



Timothy D. Durick, Psy.D.
Director of Mental Health

Cc: Auditor-Controller
County Counsel
County Administrative Office (2)

Attachment(s) Agreement

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVE AN
AGREEMENT WITH HELIOS
HEALTHCARE, LLC

)
) Resolution No. _____
) Agreement No. _____

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: MICHAEL C. SPATA
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

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2. Authorized the Chairman of the Board to sign three (3) copies of the agreement.