



**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: May 8, 2018

| | | | | |
|---|-----|-------------------------------------|-----|-------------------------------------|
| 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 Central Valley Recovery Services, Inc.

REQUEST(S):

That the Board of Supervisors:

1. Approve an agreement with Central Valley Recovery Services, Inc., Mothering Heights for the provision of substance use perinatal residential services in the amount not to exceed \$311,900 effective from July 1, 2018 through June 30, 2019; and
2. Authorize the Chairman of the Board to sign three (3) copies of the agreement.

SUMMARY:

Central Valley Recovery Services, Inc. (CVRS) is a community-based non-profit organization that provides residential and community alcohol and drug recovery services. This program is operated under the California State Department of Health Care Services Substance Use Disorder program regulations, as outlined in Title 9 of the Administrative Code. CVRS provides perinatal substance abuse treatment program for pregnant, post-partum, and parenting women. It is estimated that for Fiscal Year 2018/2019, this agreement will provide services to 100 consumers.

This agreement did not include a Request For Proposal process because CVRS Mothering Heights is the only residential perinatal substance abuse treatment program in Tulare County.

FISCAL IMPACT/FINANCING:

Funding for this agreement in the amount not to exceed \$311,900 will be included in the Fiscal Year 2018/2019 budget. These services are paid through the Substance Abuse Prevention and Treatment Block Grant, Drug Medi-Cal, and Realignment

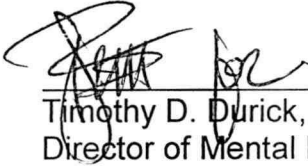
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funds. There will be no additional net cost to the County General Fund.

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 perinatal substance abuse residential treatment programs.

ADMINISTRATIVE SIGN-OFF:



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

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

Attachment Agreement

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

IN THE MATTER OF APPROVE AN) Resolution No. _____
AGREEMENT WITH CENTRAL VALLEY) Agreement No. _____
RECOVERY SERVICES, INC.)

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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