



**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 5, 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 Durick Psy.D. PHONE: 624-8000

SUBJECT: Approve an agreement with the National Council on Alcoholism and Drug Dependence

REQUEST(S):

That the Board of Supervisors:

1. Approve an agreement with the National Council on Alcoholism and Drug Dependence in an amount not to exceed \$175,000 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:

The National Council on Alcoholism and Drug Dependence (NCADD) is a central referral resource for individuals and groups seeking information or help related to alcohol prevention and other substance use disorders. NCADD works collaboratively with community partners and parents to increase awareness of the effects of alcohol consumption and substance use disorders among youth and adolescents.

NCADD coordinates with and provides technical assistance to community groups involved in the prevention of alcohol and drug related problems prevalent in our local schools and neighborhoods. Additionally, NCADD provides supportive networks throughout Tulare County, specifically in Alpaugh, Farmersville, Porterville, and Tulare. It is estimated that approximately 250 consumers will receive services through this agreement in Fiscal Year 2018/2019.

SUBJECT: Approval of an agreement with the National Council on Alcoholism and Drug Dependence

DATE: June 5, 2018

This agreement did not include a Request for Proposal (RFP) process because NCADD has been a long-standing contractor for alcohol and substance abuse prevention.

FISCAL IMPACT/FINANCING:

Funding for this agreement in an amount not to exceed \$175,000 will be included in the Fiscal Year 2018/2019 budget. This agreement is paid through the Substance Abuse, Prevention and Treatment Block Grant. 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 information and education to Tulare County parents, merchants, law enforcement, and the community regarding the harmful effects of underage drinking.

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 THE NATIONAL) Resolution No. _____
COUNCIL ON ALCOHOLISM AND DRUG) Agreement No. _____
DEPENDENCE)

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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