



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

SUBJECT: Approve an agreement with Central Star Behavioral Health, Inc.

REQUEST(S):

That the Board of Supervisors:

1. Approve an agreement with Central Star Behavioral Health, Inc. to provide youth acute inpatient Psychiatric Health Facility beds and related mental health treatment for the benefit of Tulare County youth consumers in an amount not to exceed \$250,000 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 Tulare County Health and Human Services Agency, Mental Health Branch contracts with Central Star Behavioral Health, Inc. for psychiatric beds in the Central Star youth acute inpatient Psychiatric Health Facility (PHF) located in Fresno, California. The purpose of the PHF is to provide acute psychiatric hospitalization, coordinated discharge planning, and effective linkages to post-hospital outpatient mental health treatment programs and other supportive services for youth and their families.

The target population will include youth twelve (12) years of age to eighteen (18) years of age. These consumers will include primarily Medi-Cal beneficiaries who are referred by the Mental Health Branch. This agreement did not include a Request For Proposal process because Central Star is the closest PHF to Tulare County to place youth who are returning to our county for services after stabilization. Through

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this agreement, it is anticipated that Central Star Behavioral Health, Inc., will serve approximately 15-20 consumers for Fiscal Year 2018-2019.

FISCAL IMPACT/FINANCING:

Funding for this agreement in an amount not to exceed \$250,000 will be included in the Fiscal Year 2018-2019 budget. This agreement is paid with realignment and Medi-Cal 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 additional resources for youth in need of acute psychiatric hospitalization.

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 CENTRAL STAR
BEHAVIORAL HEALTH, INC.

)
) 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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