



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

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

REQUEST(S):

That the Board of Supervisors:

1. Approve an agreement with Star View Behavioral Health, Inc., in an amount not to exceed \$300,000 to provide Community Treatment Facility and Psychiatric Health Facility beds and related mental health treatment for Tulare County Mental Health Consumers 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:

Tulare County Health and Human Services Agency contracts with Star View Behavioral Health, Inc. for psychiatric beds in the Star View Adolescent Center Community Treatment Facility (CTF) and Psychiatric Health Facility (PHF). The CTF and PHF also provide specialty mental health treatment modalities including: Day Treatment Intensive, Medication Support, Mental Health Services, Therapeutic Behavioral Services, Case Management Services, and Crisis Intervention Services.

The Star View Adolescent Center is the highest level of care for Tulare County youth who are full-scope Medi-Cal beneficiaries, or have been authorized by Tulare County Resources Intensive Services Committee for admission. Additionally, all adolescents must be a dependent of the Tulare County Child Welfare Branch, or a ward of Tulare County Probation Department, and unable to be maintained in any lower level group homes in California. This agreement did not include a Request

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For Proposal process because Central Star is the only CTF as well as the only Day Treatment program in California accepting new placements from Child Welfare Services Department and Probation Department.

Through this agreement with Star View Behavioral Health, Inc. it is estimated that approximately 1 to 2 consumers will be served at this facility for Fiscal Year 2018-2019.


FISCAL IMPACT/FINANCING:

Funding for this agreement in an amount not to exceed \$300,000 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 the highest level of care for youth who are in need of these services.

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 STAR VIEW
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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