



**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

EDDIE VALERO
District Four

DENNIS TOWNSEND
District Five

AGENDA DATE: June 4, 2019

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: Juan M Alvarez PHONE: 623-0995

SUBJECT: Approve an agreement with Tulare Youth Service Bureau, Inc.

REQUEST(S):

That the Board of Supervisors:

1. Approve an agreement with Tulare Youth Service Bureau, Inc. for the Maternal Mental Health Program, in the amount not to exceed \$298,559, effective from July 1, 2019 through June 30, 2020; and
2. Authorize the Chairman of the Board to sign two (2) copies of the agreement.

SUMMARY:

The Tulare County Health and Human Services Agency, Mental Health Branch collaborates with Tulare Youth Service Bureau, Inc., to provide the Maternal Mental Health Program. The Maternal Mental Health Program is designed to provide evidenced-based, low-intensity, short-term interventions for women who are pregnant or postpartum and experiencing a broad-range of emotional and behavioral symptoms related to their pregnancy. Program goals include increasing positive later-in-life outcomes of infants; reducing the instance and/or severity of depression and anxiety experienced by pregnant and postpartum women; and promoting positive bonding, parenting, and coping skills within the parent/infant relationship. The Maternal Mental Health Program plans to provide services to 80 women from July 1, 2019 through June 30, 2020.

This agreement did not include a Request For Proposal process because Tulare Youth Service Bureau, Inc., has been providing quality services and good outcomes through this program since 2014, and through other programs for over 30 years.

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FISCAL IMPACT/FINANCING:

The budgeted costs associated with this contract were included in the HHSA 3332 budget, line 7043 professional services, for Fiscal Year 2019-2020 for \$298,559. This agreement is paid through Mental Health Services Act, Prevention and Early Intervention funding. 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 plan includes the Quality of Life initiative to promote and encourage the provision of quality supportive services for individuals in Tulare County. The Maternal Mental Health Program contributes to that initiative by providing evidenced-based, low-intensity, short-term interventions for women who are pregnant or postpartum and are experiencing a broad-range of emotional and behavioral symptoms related to their pregnancy.

ADMINISTRATIVE SIGN-OFF:



Timothy W. Lutz
Agency Director

Cc: County Administrative Office

Attachment(s) Agreement

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

**IN THE MATTER OF APPROVE AN
AGREEMENT WITH TULARE YOUTH
SERVICE BUREAU, 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: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

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