



**Health & Human Services
Agency
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

ALLEN ISHIDA
District One
PETE VANDER POEL
District Two
PHILLIP A. COX
District Three
J. STEVEN WORTHLEY
District Four
MIKE ENNIS
District Five

AGENDA DATE: June 7, 2011

Public Hearing Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Resolution, Ordinance or Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

CONTACT PERSON: Kyla Surratt PHONE: 624-8000

SUBJECT: Approval of Agreement with CF Merced, LLC d.b.a. Country Villa Merced Behavioral Health Center.

REQUEST(S):
That the Board of Supervisors:

1. Approve an Agreement with CF Merced, LLC d.b.a. Country Villa Merced Behavioral Health Center, a locked skilled nursing facility, in an amount not to exceed \$814,000 for the continued provision of stabilization and long-term maintenance for mentally disabled clients from July 1, 2011 through June 30, 2012; and
2. Authorize the Chairman of the Board to sign three (3) copies of the Agreement.

SUMMARY:
Tulare County Health & Human Services Agency (HHSA), Department of Mental Health contracts with CF Merced, LLC d.b.a. Country Villa Merced Behavioral Health Center a locked skilled nursing facility that provides stabilization and long-term maintenance for mentally disabled clients of Tulare County. These clients have severe and persistent mental health disabilities that require placement in facilities that can provide the level of care and treatment necessary to manage them in the least restrictive environment.

Through this Agreement, thirteen (13) available beds will be provided throughout

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the year.

FISCAL IMPACT/FINANCING:

The maximum reimbursement for this Agreement is \$814,000 and was included in the Fiscal Year 2011/2012 proposed budget. These services are paid with realignment funds. No Net County Cost.

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.

ALTERNATIVES:

The Board could choose not to approve this Agreement, but that is not recommended because this would result in the loss of services to an average of twenty (20) Tulare County residents that benefit monthly from the services provided by CF Merced, LLC d.b.a. Country Villa Merced Behavioral Health Center.

INVOLVEMENT OF OTHER DEPARTMENTS OR AGENCIES:

County Counsel

ADMINISTRATIVE SIGN-OFF:

Cheryl L. Duerksen Ph.D.
Director of Mental Health

Cc: Auditor/Controller
County Counsel
County Administrative Office (3)

Agreement

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

IN THE MATTER OF:)
Approval of Agreement with) RESOLUTION NO. _____
CF Merced, LLC, d.b.a.) AGREEMENT NO. _____
Country Villa Merced Behavioral)
Health Center.)

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: JEAN M. ROUSSEAU
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

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2. Authorized the Chairman of the Board to sign three (3) copies of the Agreement.