



# 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 17, 2014

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: Betsy Ellis PHONE: 624-8000

**SUBJECT:** Approval of an agreement with Tulare County Superintendent of Schools for Therapeutic Behavioral Services.

**REQUEST(S):**

That the Board of Supervisors:

1. Approve an agreement with Tulare County Superintendent of Schools in an amount not to exceed a total of \$450,000 for Therapeutic Behavioral Services effective from July 1, 2014 through June 30, 2015; 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 Tulare County Superintendent of Schools to provide Therapeutic Behavioral Services (TBS). TBS is an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) supplemental specialty mental health service that is mandated by the State Department of Mental Health. It is utilized as a short-term intensive one-to-one therapeutic treatment modality between a mental health coach and a consumer up to the age of 21 years. The services are designed to maintain the child's/youth's residential placement at the lowest appropriate level of care by resolving target behaviors and achieving short-term goals. Since August 17, 2010, the Tulare County Superintendent of Schools has been providing these clinical services and it is estimated that 50 children/youth will benefit from the TBS

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services through this agreement.

**FISCAL IMPACT/FINANCING:**

The maximum reimbursement to Tulare County Superintendent of Schools for Fiscal Year 2014/2015 through the Board's approval of this request will be \$450,000. This amount of \$450,000 will be included in the Fiscal Year 2014/2015 budget and is reimbursed through Medi-Cal revenues. 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.

**ADMINISTRATIVE SIGN-OFF:**

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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 APPROVAL OF AN )  
AGREEMENT WITH TULARE COUNTY ) Resolution No. \_\_\_\_\_  
SUPERINTENDENT OF SCHOOLS FOR ) Agreement No. \_\_\_\_\_  
THERAPEUTIC BEHAVIORAL SERVICES

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.