



# COUNTY OF HUMBOLDT

## Legislation Details (With Text)

**File #:** 18-605      **Version:** 1      **Name:**  
**Type:** Informational Report      **Status:** Passed  
**File created:** 6/11/2018      **In control:** DHHS: Social Services  
**On agenda:** 6/26/2018      **Final action:** 6/26/2018  
**Title:** Mental Health Organizational Provider Services Agreement with Changing Tides Family Services Regarding the Provision of Children's Specialty Mental Health Treatment Services, Therapeutic Behavioral Services and Intensive Home Based Services to Eligible Medi-Cal Beneficiaries Residing in Humboldt County

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Mental Health Organizational Provider Services Agreement.pdf

| Date      | Ver. | Action By            | Action   | Result |
|-----------|------|----------------------|----------|--------|
| 6/26/2018 | 1    | Board of Supervisors | approved | Pass   |

**To:** Board of Supervisors

**From:** DHHS: Social Services

**SUBJECT:**

Mental Health Organizational Provider Services Agreement with Changing Tides Family Services Regarding the Provision of Children's Specialty Mental Health Treatment Services, Therapeutic Behavioral Services and Intensive Home Based Services to Eligible Medi-Cal Beneficiaries Residing in Humboldt County

**RECOMMENDATION(S):**

That the Board of Supervisors approve, and authorize the Chair of the Board to execute, the attached mental health organizational provider services agreement with Changing Tides Family Services regarding the provision of children's specialty mental health treatment services, therapeutic behavioral services and intensive home based services to eligible Medi-Cal Beneficiaries residing in Humboldt County for the period of July 1, 2018 through June 30, 2020; and direct the Clerk of the Board to return two (2) fully executed original copies of the attached mental health organizational provider services agreement to the Department of Health and Human Services-Contract Unit for further processing.

**SOURCE OF FUNDING:**

Mental Health Fund

**DISCUSSION:**

Click or tap here to enter text.

**FINANCIAL IMPACT:**

Click or tap here to enter text.

OTHER AGENCY INVOLVEMENT:

Click or tap here to enter text.

ALTERNATIVES TO STAFF RECOMMENDATIONS:

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ATTACHMENTS:

Click or tap here to enter text.

PREVIOUS ACTION/REFERRAL:

Board Order No.: Click or tap here to enter text.

Meeting of: Click or tap here to enter text.