



# COUNTY OF SANTA BARBARA

**PURCHASING AGENT**  
105 EAST ANAPAMU ST. RM. B5  
SANTA BARBARA, CA 93101

ORDER	
<b>PO09638</b>	
Page No. <b>1 of 1</b>	PO Date <b>APR/19/2021</b>

**REFER INQUIRIES TO BUYER:**

PHUNG LOMAN  
Phone: 805-568-2697  
Fax: 805-568-2705

**SHIP-TO:** BEHAVIORAL WELLNESS - DIRECTED

**SUPPLIER:**

Attn: LAURA LI  
CALIFORNIA MENTAL HEALTH  
SERVICES AUTHORITY  
PO BOX 22967  
SACRAMENTO, CA 95822

**BILL TO:** BEHAVIORAL WELLNESS  
429 N. SAN ANTONIO RD.  
SANTA BARBARA, CA 93110  
Phone: (805)-681-5225

Phone: 888/210-2515

TERMS	F.O.B.	SUPPLIER CODE	DELIVERY DATE	REQUESTED BY	REQ. NO.
NET 30	DESTINATION-PREPAY & ADD	23412	JUN/30/2021	DENISE MORALES	20-011

LN	QUANTITY	G/L ACCOUNT DESCRIPTION	PRICE/UNIT	EXTENSION
1	1 LOT	0044+043+7430+4662  <i>CALMHSA/State Hospitals Program Participation Agreement Amendment as per Agreement #278-2017-SHP-A2</i>	1,402.00 /LOT	1,402.00
			Tax 1:	0.00
			Tax 2:	0.00
			Total:	1,402.00

(1) The order number and Bill to dept. name shown above must appear on all invoices, shipping papers, packages and correspondence.  
 (2) Mail invoices to the "bill to" address.  
 (3) All duty and/or taxes must be shown separately on invoice where applicable.  
 (4) This order is subject to the terms and conditions stated, including non-discrimination in employment, hazardous chemicals and equipment safety standards, that are available for viewing at [www.countyofsb.org](http://www.countyofsb.org).  
 For Goods the County Code Section 2-96 requires: If complaint is made that seller is engaging in discriminatory employment practices made unlawful by applicable state and federal laws, rules or regulations, and the State Fair Employment Practice Commission or the Federal Equal Employment Opportunities Commission determines that such unlawful discrimination exists, then the County of Santa Barbara may forthwith terminate this order.

\_\_\_\_\_  
COUNTY OF SANTA BARBARA

This order is being tracked by:



**Supplier**



# County of Santa Barbara

## BOARD OF SUPERVISORS

### Minute Order

April 6, 2021

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**Present:** 5 - Supervisor Williams, Supervisor Hart, Supervisor Hartmann, Supervisor Nelson, and Supervisor Lavagnino

BEHAVIORAL WELLNESS

File Reference No. 21-00261

**RE:** Consider recommendations regarding a California Mental Health Services Authority (CalMHSA) State Hospital Bed Memorandum of Understanding (MOU) Amendment, Fiscal Year (FY) 2014-2021 and a Second Amendment for the Participation Agreement State Hospital Bed Administrative Fee, FY 2020-2021, as follows:

- a) Approve, ratify, and authorize the Director of the Department of Behavioral Wellness (BWell) to execute the Third Amendment to the MOU between the County, CalMHSA, and the California Department of State Hospitals to extend the MOU from July 1, 2014 through June 30, 2021 for the purchase of State Hospital beds in the estimated amount of \$225,205.00 for FY 2020-2021;
- b) Approve, ratify, and authorize the Director of the Department of BWell to execute the Second Amendment to the CalMHSA State Hospitals Program Participation Agreement No. 278-2017-SHP-A2 to extend the agreement from July 1, 2020 through June 30, 2021 for FY 2020-2021 for an Administrative fee not to exceed \$1,402.00 per bed, per FY, for a total of \$1,402.00; and
- c) Determine that the above actions are government fiscal activities, which do not involve any commitment to any specific project that may result in a potentially significant physical impact on the environment and are therefore not a project under the California Environmental Quality Act (CEQA) pursuant to section 15378(b)(4) of the CEQA Guidelines.

**A motion was made by Supervisor Williams, seconded by Supervisor Hartmann, that this matter be acted on as follows:**

- a) and b) **Approved, ratified and authorized; and**
- c) **Approved.**

**The motion carried by the following vote:**

**Ayes:** 5 - Supervisor Williams, Supervisor Hart, Supervisor Hartmann, Supervisor Nelson, and Supervisor Lavagnino

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY  
PARTICIPATION AGREEMENT AMENDMENT  
COVER SHEET

1. Santa Barbara County ("Participant") desires to participate in the Program identified below.

Name of Program: State Hospitals Program

2. This Participation Agreement Amendment extends the current term for one additional fiscal year, from 7/1/2020 to 6/30/2021, for a funding amount not to exceed \$1,402 per bed, per fiscal year, for a total of \$1,402 , per Participation Agreement 278-2017-SHP, Exhibit D, unless the county does not procure any beds, commencing FY 2020-21.

3. All other terms of Participation Agreement 278-2017-SHP, and Agreement Amendment 278-2017-SHP-A1 shall remain in full force and effect.

4. Authorized Signatures:

**CalMHSA**

DocuSigned by:

*Amie Miller*

Signed: 51893EC8972E49C...

Name (Printed): Amie Miller, PsyD., LMFT

3/23/2021

Title: Executive Director

Date: \_\_\_\_\_

**Participant: SANTA BARBARA COUNTY**

DocuSigned by:

*Pam Fisher*

Signed: 938974A72A024BB...

Pam Fisher

Name (Printed): \_\_\_\_\_

3/24/2021

Title: Assistant Director

Date: \_\_\_\_\_