

November 5, 1991

BOARD OF SUPERVISORS OF THE COUNTY OF SANTA BARBARA
STATE OF CALIFORNIA
CLERK OF THE BOARD OF SUPERVISORS

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M I N U T E O R D E R

November 5, 1991, in the a.m.

Present: Supervisors Dianne Owens, Gloria Megino
Ochoa, Thomas A. Rogers, William B.
Wallace, and Mike Stoker; and Zandra
Cholmondeley, Clerk (Hall)

Supervisor Owens in the Chair

RE: Mental Health Services - Approve recommendations regarding
Casa del Mural project, an on-site residential treatment facility
for mentally ill adults, located at 4570 Calle Real, Santa Barbara
area, as follows: (91-16,940)

- a) Execute Amendment to Lease Agreement with Santa Barbara
Community Housing Corporation for lease of and
rehabilitation of premises used for the facility, and
amending the term to December 1, 1989 through
November 30, 2022, contingent upon written approval from
state and federal agencies for financing the
rehabilitation;
- b) Execute Rescission of Contract for Professional Services
with Santa Barbara Community Housing Corporation
rescinding the agreement executed on December 5, 1989;
- c) Execute Contract for Professional Services with Santa
Barbara Community Housing Corporation regarding the
County's obligation to provide on-site mental health
treatment services for the residents.

Rogers/Stoker Approved; Chair to execute.

cc: Health Care Services/Mental Health; Attn: Caryl J. Andrew, MPA
(2 copies)

**SANTA BARBARA COUNTY
AGENDA REPORT**

Clerk of the Board of Supervisors
Room 407 105 E. Anapamu Street
Santa Barbara, CA 93101
(805) 568-2240



Agenda Number: A-15

Department: **Mental Health Services**
Agenda Date: **November 5, 1991**
Placement: **Administrative**
Estimated Time:
Continued Item:

TO: Board of Supervisors
FROM: *Merna McMillan* Merna McMillan, Ph.D., Director
Mental Health Services
STAFF CONTACT: *Caryl J. Andrew* Caryl J. Andrew, MPA, 681-5230
SUBJECT: Casa del Mural Project - Execution of Documents

NOV 05 1991
COUNTY OF SANTA BARBARA
CLERK OF THE BOARD OF SUPERVISORS

RECOMMENDATIONS: A. O. Recommendation: _____

That the Board of Supervisors:

A. Authorize the Chairman to execute the following documents regarding the Casa del Mural project, a residential treatment facility for homeless mentally ill adults:

- 1) Amendment to Lease Agreement
- 2) Rescission of Contract for Professional Services
- 3) [New] Contract for Professional Services

EXECUTIVE SUMMARY:

The Casa del Mural project involves the conversion and rehabilitation of a structure owned by the County of Santa Barbara and located on the County Health Care Services campus at 4570 Calle Real, Santa Barbara, California. The rehabilitation work is scheduled to begin by November 30, 1991, with completion and occupancy scheduled for April 1, 1992. Upon completion, the project will consist of a six-bedroom, five-bathroom, one-story, licensed residential treatment facility housing and serving up to twelve (12) mentally disordered adults who are homeless or at risk of being homeless. The facility will be handicapped-accessible in accordance with all applicable State codes and standards.

Project financing consists of the following State and Federal loans and grants made to Santa Barbara Community Housing Corporation, the project grantee, borrower and sponsor:

Rehabilitation Funds:

\$200,000 deferred payment loan (payment of principal and 3% simple interest deferred for 30 years)	State (HCD) Special User Housing Rehabilitation Program
\$200,000 grant	Federal (HUD) Permanent Housing for the Handicapped Program

*Direct to Member
A-C, CC
11/6/91* 16,940

Subject: Casa del Mural Project - Execution of Documents
 Agenda Date: November 5, 1991
 Page: 3

SPECIAL INSTRUCTIONS:

Please send two (2) copies of the Minute Order and two (2) conformed copies of each of the three (3) executed documents to Caryl J. Andrew, MPA, Mental Health Services Administration, 315 Camino del Remedio, Santa Barbara, CA 93110.

Budget Unit: 5250	Current Yr.	Next Year	Concurrences Obtained	Y/N NA
Appropriation Chg.	\$0	\$0	Aud/Controller	Yes
Revenue Chg. "()" = Incr.	0	0	County Counsel	Yes
Inter-Dept Transfer Chg. "()" = Increase	0	0	Risk Manager	Yes
Net Cnty Cost/Reserve Chg.	\$0	\$0	Personnel	N/A
			Treasurer	Yes
Perm. Positions Chg. (FTE)	0	0	Policy Change	No
Ex. Help/Contract Chg. (FTE)	0	0	Fee Increase	No

A.O. Budget Target Recommendation: _____