



COUNTY OF SANTA BARBARA

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

Table with 2 columns: Page No. (1 of 1), PO Date (JUL/01/2020). Header: ORDER CN24350

REFER INQUIRIES TO BUYER:

RICK HARDY
Phone: 805-568-2691
Fax: 805-568-2705

SHIP-TO: BEHAVIORAL WELLNESS - DIRECTED

SUPPLIER: Attn: LAURA LI
CALIFORNIA MENTAL HEALTH
SERVICES AUTHORITY
3043 GOLD CANAL DR STE 200
RANCHO CORDOVA, CA 95670

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

Phone: 916/859-4818

Table with 6 columns: TERMS (NET 30), F.O.B. (DESTINATION-PREPAY & ADD), SUPPLIER CODE (23412), DELIVERY DATE (JUN/30/2021), REQUESTED BY (DENISE MORALES), REQ. NO. (20-010)

Table with 5 columns: LN (1), QUANTITY (1 LOT), G/L ACCOUNT DESCRIPTION (0044+043+7460+5661+0000+0000), PRICE/UNIT (2,984.45 /LOT), EXTENSION (2,984.45)

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY/ SERVICE CONTRACT

GENERAL: CalMHSA, joint authority, for the provision of administration, operation and payment for BWell MHS services for Inter-Member Transfer for the exchange of non-federal funds for AB1299 as described in the attached Participation Agreement.

CONTRACT PERIOD: Start date, as directed. Termination date, as directed and NO LATER THAN June 30, 2021.

LIMITATIONS: Total expenditure for the period shall not exceed \$2,984.45. Any increase or decrease in this total amount may be authorized only upon written notice from the County Purchasing Manager.

STANDARD TERMS & CONDITIONS FOR INDEPENDENT CONTRACTORS (ver. 2018 03 23) attached.

THIS CONTRACT IS NOT VALID FOR AMOUNTS IN EXCESS OF TWO HUNDRED THOUSAND DOLLARS (\$200,000)

NOTE TO CONTRACTOR: No payment will be due or payable unless this contract is properly executed and returned to the County Purchasing Office. Do not commence performance until you have executed this contract and returned it to the County of Santa Barbara Purchasing Division, 105 E. Anapamu St, RM B-5, Santa Barbara, CA 93101

Accepted By: (X) [Signature]
Print Name/Title: John E. Charuca Date: 10/5/2020

Applicable License # (Medical/Contractor/Etc):

Tax 1: 0.00
Tax 2: 0.00
Total: 2,984.45

- (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.

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.

[Signature: Richard R. Hardy]
COUNTY OF SANTA BARBARA

This order is being tracked by:



Supplier



**County of Santa Barbara**  
**BOARD OF SUPERVISORS**  
**Minute Order**

**September 22, 2020**

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

BEHAVIORAL WELLNESS

File Reference No. 20-00748

**RE:** Consider recommendations regarding a California Mental Health Services Authority (CalMHSA) Amendment to the Participation Agreement for Inter-Member Transfer for Fiscal Year (FY) 2020-2021, as follows:

a) Approve, ratify, and authorize the Chair to execute the CalMHSA Participation Agreement Second Amendment regarding the Inter-Member Transfer Program (Agreement No. 511-2018-PT-SBC-A2) for a new term of service of July 1, 2020 to June 30, 2021 and add a 5% administrative charge of \$2,984.45 for the new term; and

b) Determine that the approval of the recommended action is exempt from the California Environmental Quality Act (CEQA) per CEQA Guidelines Section 15378(b)(4), since the recommended action is a government fiscal activity which does not involve commitment to any specific project which may result in potentially significant physical impact on the environment.

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

a) Approved, ratified and authorized; Chair to execute; and

b) Approved.

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

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



BOARD OF SUPERVISORS  
AGENDA LETTER

Agenda Number:

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

Department Name: Behavioral Wellness  
Department No.: 043  
For Agenda Of: September 22, 2020  
Placement: Administrative  
Estimated Time: N/A  
Continued Item: No  
If Yes, date from:  
Vote Required: Majority

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**TO:** Board of Supervisors  
**FROM:** Department Alice Gleghorn, Ph.D., Director  
Director(s) Department of Behavioral Wellness, (805) 681-5220  
Contact Info: Lindsay Walter, J.D., Deputy Director of Administration and  
Operations, Department of Behavioral Wellness, (805) 681-5220  
**SUBJECT:** California Mental Health Services Authority (CalMHSA) – Amendment to  
Participation Agreement for Inter-Member Transfer for FY 2020-2021

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**County Counsel Concurrence**

As to form: Yes

**Auditor-Controller Concurrence**

As to form: Yes

**Other Concurrence:** Risk Management

As to form: Yes

**Recommended Actions:**

That the Board of Supervisors:

- A. Approve, ratify, and authorize the Chair to execute the California Mental Health Services Authority (CalMHSA) Participation Agreement Second Amendment regarding the Inter-Member Transfer Program (Agreement No. 511-2018-PT-SBC-A2) for a new term of service of July 1, 2020 to June 30, 2021 and add a 5% administrative charge of \$2,984.45 for the new term; and
- B. Determine that the approval of the recommended action is exempt from the California Environmental Quality Act (CEQA) per CEQA Guidelines Section 15378(b)(4), since the recommended action is a government fiscal activity which does not involve commitment to any specific project which may result in potentially significant physical impact on the environment.

**Summary Text:**

This item is on the agenda to request approval of the recommended action authorizing the Chair to enter into a Second Amendment with CalMHSA for Inter-Member Transfer Program. Approval of the recommended actions will allow the Department of Behavioral Wellness (BeWell) to continue to offer greater access to specialty mental health services (SMHS) for foster youth placed out of the county.

**Background:**

BeWell is a member of CalMHSA, a Joint Powers Authority (JPA) under Gov. Code §6500 et seq., serving California counties as an independent administrative and fiscal intergovernmental structure for jointly developing, funding, and implementing mental health services and educational programs at the state, regional, and local levels. CalMHSA oversees the administrative services for several programs in collaboration with Department of Health Care Services (DHCS), which includes the Inter-Member Transfer Program.

In 2016, AB 1299 added Welfare and Institutions Code Section 14717.1, changing the responsibility for these services from the county of jurisdiction (sending county) to provide foster youth Specialty Mental Health Services (SMHS) to the county of residence (receiving county) in which the foster youth resides. It is referred to as Inter-Member Transfer Program or “presumptive transfer.” Counties who provided foster youth SMH services are reimbursed through Federal Financial Participation (FFP) and matching county share Medi-Cal billing. AB 1299 required that foster children placed outside of their county of original jurisdiction now have access to specialty mental health services in a timely manner through “presumptive transfer,” in which the county of residence assures that specialty mental health services are provided. CalMHSA was requested to provide a fiscal administrative solution to the implementation of AB 1299 by creating a centralized process for exchanging the non-federal funds required for AB 1299 cash flow, namely a banking pool.

The Board approved and authorized the BeWell Director to enter into an Inter-Member Transfer Participation Agreement (511-2018-PT-SBC) on August 14, 2018 to transfer County funds to the CalMHSA banking pool for the provision of foster youth SMHS for youth placed out of the county and on February 25, 2020 approved a First Amendment (511-2018-PT-SBC-A1) to extend the participation. The banking pool met the statewide goal through an efficient means of transferring county funds to provide treatment to vulnerable youth. If BeWell opted out of the CalMHSA banking pool program, we would be responsible for the additional administrative costs of contracting, including certification of providers, negotiation with vendors, accounts payable services, and monitoring. This program makes providing these services more cost-efficient since CalMHSA, acting as the fiscal agent, coordinates these activities and provides us with the reporting, thus better leveraging resources at a multi-county and statewide level.

**Performance Measure:**

CalMHSA’s administration of this program has resulted in increased efficiency of the implementation of services. They maintain all records and provide regular fiscal reports to the Department.

**Fiscal and Facilities Impacts:**

Budgeted: Yes

**Fiscal Analysis:**

<b><u>Funding Sources</u></b>	<b><u>Inter-Member Transfer Program</u></b>		<b><u>Annualized On-going Cost:</u></b>	
	<b><u>Current FY Cost:</u></b>			
General Fund				
State	\$	59,689.00	\$	59,689.00
Federal				
Fees	\$	2,984.45	\$	2,984.45
Other:				
Total	\$	62,673.45	\$	62,673.45

**Narrative:** In addition to the presumptive transfer payments required of the County, there is the administrative charge by CalMHSA for its services of less than 5% of the County's costs, which will be processed through a Purchase Order. This administrative charge is reimbursed as an administrative cost in Medi-Cal. It is less than the cost to the County to maintain its own administrative system for making, receiving, and accounting for presumptive transfer payments.

**Key Contract Risks:**

The County may withdraw from the Program upon 6 months' written notice to CalMHSA, however, withdrawal does not automatically terminate the County's responsibility for the its share of the expenses and liabilities of the Program. If BeWell withdrew from the CalMHSA banking pool program, we would be responsible for the additional administrative cost of contracting, including certification of providers, negotiation with vendors, accounts payable service, and monitoring. Additionally, the agreement includes a limitation of liability clause at Exhibit B, Section VI.A. limiting CalMHSA's liability to the amount of funds transferred without authorization from the County. The agreement also includes a mutual indemnification clause at Exhibit B, Section VI.B. whereby each party shall indemnify the other for the indemnifying party's negligence, but not for the indemnitee's negligence.

**Special Instructions:**

Please return one (1) Minute Order and one (1) complete copy of the above Participation Agreement to Denise Morales at [dmorales@sbcbswell.org](mailto:dmorales@sbcbswell.org) and to [bwelcontractsstaff@sbcbswell.org](mailto:bwelcontractsstaff@sbcbswell.org).

**Attachments:**

Attachment A: CalMHSA Inter-Member Transfer Program AM2 - No. 511-2018-PT-SBC-A2  
Attachment B: CalMHSA Inter-Member Transfer Program AM1 - No. 511-2018-PT-SBC-A1  
Attachment C: CalMHSA Inter-Member Transfer Program - No. 511-2018-PT-SBC

**Authored by:**

D. Morales

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY  
PARTICIPATION AGREEMENT AMENDMENT  
COVER SHEET**

This Participation Agreement Amendment is contracted between the California Mental Health Services Authority ("CalMHSA") and Santa Barbara County acknowledging their continued desire to participate in the Inter-Member Transfer Program.

This Participation Agreement Amendment No. 511-2018-PT-SBC-A2 amends the initial Agreement No. 414-2018-PT-SBC and First Amendment No. 511-2018-PT-SBC-A1, by extending the term as defined below and adds the annual Administrative Fee of 5% for the extended term. All other terms and provisions of the initial Agreement and the First Amendment not cited in this Amendment remain in full force and effect.

**New Term of Services:** July 1, 2020 through June 30, 2021.

**Administrative Fee for New Term:** \$2,984.45 payable upon execution of this agreement.

**COUNTY OF SANTA BARBARA:**

Signed:  Name: Gregg Hart

Title: Chair, Board of Supervisors Date: 9-22-20

Signed:  Name: Alice Gleghorn

Title: Director, Behavioral Wellness Date: 9/9/2020

**ATTEST: COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD**

Signed:  Name: Sheila de la Guerra

Title: Deputy Clerk Date: 9-22-20

**APPROVE AS TO FORM: COUNTY COUNSEL**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Title: Deputy County Counsel Date: \_\_\_\_\_

**APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Title: Deputy Date: \_\_\_\_\_



**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY  
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**Administrative Fee for New Term:** \$2,984.45 payable upon execution of this agreement.

**COUNTY OF SANTA BARBARA:**

Signed: \_\_\_\_\_ Name: Gregg Hart

Title: Chair, Board of Supervisors Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Name: Alice Gleghorn


Title: Director, Behavioral Wellness Date: \_\_\_\_\_

**ATTEST: COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Title: Deputy Clerk Date: \_\_\_\_\_

**APPROVE AS TO FORM: COUNTY COUNSEL**

Signed:  \_\_\_\_\_ Name: Teresa M. Martinez  
Teresa M. Martinez (Sep 10, 2020 15:22 PDT)

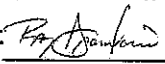
Title: Deputy County Counsel Date: Sep 10, 2020

**APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER**

Signed:  \_\_\_\_\_ Name: Robert Geis  
Robert Geis (Sep 10, 2020 15:29 PDT)

Title: Deputy Date: Sep 10, 2020

APPROVE AS TO INSURANCE FORM: RISK MANAGEMENT

Signed:  Name: Ray Aromatorio

Title: Risk Manager Date: Sep 10, 2020

CONTRACTOR: CALMHSA

Signed:  Name: John Chaquica  
Dr. Amie Miller

Title: Chief Operations officer Date: 10/5/2020  
Executive Director