

OFFICE OF ADMINISTRATION  
1600 Ninth Street, Room 150  
Sacramento, CA 95814

**FULLY EXECUTED**



**Amendment to Purchase of State Hospital Beds**

**Memorandum of Understanding**

**Between the California Department of State Hospitals  
and  
The California Mental Health Services Authority (CalMHSA) and  
Participating Counties**

By signing this Purchase Amendment Agreement, the California Department of State Hospitals, the County (named below), and CalMHSA agree to amend the Purchase of State Hospital Beds Memorandum of Understanding (the Original MOU), whose original term was July 1, 2014 through June 30, 2016 (FY2014-15/FY2015/16), to extend the term by an additional three (3) fiscal years.

Once this Amendment is signed by all participating parties to the original MOU, it shall become effective on July 1, 2016 and shall terminated on June 30, 2019. This amendment shall be signed in counterparts with each participating county signing separately.

County of El Dorado

Name of County

**ATTEST: James S. Mitrissin  
Clerk of the Board of Supervisors**

By Kyra Schaffenberg  
Deputy Clerk

Shiva Frentzen  
Shiva Frentzen, Chair, Board of Supervisors

8-8-17  
Date

Terence M. Rooney  
Terence M. Rooney, PhD  
CalMHSA President or CalMHSA Designee

9/11/17  
Date

Dawn DiBartolo  
Dawn DiBartolo  
Department of State Hospitals,  
Chief of Acquisitions and Business Services Office

9/18/17  
Date

ADDENDUM TO AGREEMENT 265-M1610 A1

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**ADMINISTRATOR:** The County Officer or employee responsible for administering this Agreement is Jamie Samboceti, Deputy Director, Health and Human Services Agency Behavioral Health Division, or successor.

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Contract #: 265-M1610 A1  
Index Code: ~~419100~~ 417200

# CONTRACT ROUTING SHEET

Date Prepared: ~~5/31/2017~~ 6/22/17

Need Date: ~~6/12/17~~ 7/6/17

**PROCESSING DEPARTMENT:**

Department: HHSA  
Dept. Contact: Consie Mote  
Phone #: X 7118  
Department Head Signature: Patricia Charles-Heathers  
Patricia Charles-Heathers, Ph.D., Director

**CONTRACTOR:**

Name: California Department of State Hospitals  
Address: 1600 Ninth Street, Room 150  
Sacramento, CA 95814 (return MOU to CalMHSA)  
Phone: 916-859-4818 (contact at CalMHSA)

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: State Hospital Bed usage, as needed  
Contract Term: July 1, 2014-June 30, 2019 Contract/Grant Value: varies  
Compliance with Human Resources requirements? N/A Yes x No  
Compliance verified by: HR approval pending-

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved:  Disapproved: \_\_\_\_\_ Date: 6/26/17 By: Phorany  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Nothing for Risk

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

**NOTE:** Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments:

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please contact Consie Mote, x7118 with questions or for contract packet pick-up. Thank you!

[Signature] 6/9/17  
Chief Fiscal Officer Date

[Signature] 6/9/17  
Deputy Director, Administration and Contracts Date

6/5/17  
you 6/6/17