

## SECOND AMENDMENT 2012-2013

### TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Second Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 12-017**, by and between the **County of Santa Barbara** (County) and **Crestwood Behavioral Health Center, Inc.** (Contractor), for the continued provision of **Institute for Mental Disease and Mental Health Rehabilitation Center Services for Adults**.

Whereas, this Second Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2011, the first amendment approved by the County Board of Supervisors in June 2012, except as modified by this Second Amended Contract.

Whereas, County anticipates that Contractor will provide, at the request of County, fewer services than contemplated by the original Agreement, and will incur fewer expenses than the value of this Agreement. This amendment decreases funding in the amount of \$126,000 from the Agreement so as to offset increases to other long term care contracts.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, County and Contractor agree as follows:

**I. Delete Section II, Maximum Contract Amount, from Exhibit B, Financial Provisions, and replace with the following:**

**II. MAXIMUM CONTRACT AMOUNT.**

The Maximum Contract Amount has been calculated based on the total UOS to be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed **\$554000**. The Maximum Contract Amount shall consist of County, State, and/or Federal funds. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

**II. Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the following:**

## SECOND AMENDMENT 2012-2013

### EXHIBIT B-1 ALCOHOL, DRUG AND MENTAL HEALTH SERVICES SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: Crestwood Behavioral Health

FISCAL  
YEAR: 2012-13

Facility	Service Level	Maximum Daily Rate
Redding	SNF-STP Basic	\$171.80
	SNF-STP Augmented	\$181.80
	SNF-STP Complex I *	\$191.80
	SNF-STP Complex II *	\$211.80
	SNF-STP Complex III *	\$221.80
San Jose	Level 1	\$218.00
	Pregnant	\$227.00
Bakersfield	Level 1	\$221.00
	Level 2 (1:1 Supervision)	\$489.00
Maximum Contract Amount		<b>\$554,000</b>

CONTRACTOR SIGNATURE: \_\_\_\_\_

STAFF ANALYST SIGNATURE: \_\_\_\_\_

FISCAL SERVICES SIGNATURE: \_\_\_\_\_

\* As authorized in writing by County, prior to admission.

**SECOND AMENDMENT 2012-2013**

**SIGNATURE PAGE**

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Crestwood Behavioral Health Center, Inc.

**IN WITNESS WHEREOF**, the parties have executed this Agreement to be effective on the date executed by County.

COUNTY OF SANTA BARBARA

By: \_\_\_\_\_  
SALUD CARBAJAL, CHAIR  
BOARD OF SUPERVISORS  
Date: \_\_\_\_\_

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

CONTRACTOR

By: \_\_\_\_\_  
Deputy  
Date: \_\_\_\_\_

APPROVED AS TO FORM:  
DENNIS MARSHALL  
COUNTY COUNSEL

By: \_\_\_\_\_  
Tax Id No 68-0399495  
Date: \_\_\_\_\_

APPROVED AS TO ACCOUNTING FORM:  
ROBERT W. GEIS, CPA  
AUDITOR-CONTROLLER

By \_\_\_\_\_  
Deputy County Counsel  
Date: \_\_\_\_\_

By \_\_\_\_\_  
Deputy

APPROVED AS TO FORM :  
ALCOHOL, DRUG, AND MENTAL HEALTH  
SERVICES  
TAKASHI WADA, MD, MPH  
INTERIM DIRECTOR

APPROVED AS TO INSURANCE FORM:  
RAY AROMATORIO  
RISK MANAGER

By \_\_\_\_\_  
Director  
Date: \_\_\_\_\_

By: \_\_\_\_\_

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

## SECOND AMENDMENT 2012-2013

### CONTRACT SUMMARY PAGE

**BC 12-017**

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1. Fiscal Year ..... 12-13  
D2. Budget Unit Number ..... 043  
D3. Requisition Number ..... N/A  
D4. Department Name ..... Alcohol, Drug, & Mental Health  
D5. Contact Person ..... Danielle Spahn  
D6. Telephone ..... (805) 681-5229

K1. Contract Type (*check one*): ☐ Personal Service ☐ Capital  
K2. Brief Summary of Contract Description/Purpose ..... Institute for Mental Disease and  
K3. Contract Amount ..... \$554000  
K4. Contract Begin Date ..... 7/1/2012  
K5. Original Contract End Date ..... 6/30/2011  
K6. Amendment History .....

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2012	\$680000		\$680000	6/30/2013	Renew for FY 12-13
2	7/1/2012	-126000	\$554000	\$554000	6/30/2013	Decrease contract

B1. Is this a Board Contract? (*Yes/No*) ..... True  
B2. Number of Workers Displaced (*if any*) ..... N/A  
B3. Number of Competitive Bids (*if any*) ..... N/A  
B4. Lowest Bid Amount (*if bid*) ..... N/A  
B5. If Board waived bids, show Agenda Date ..... N/A  
and Agenda Item Number .....  
B6. Boilerplate Contract Text Unaffected? (*Yes / or cite*) Yes

F1. Encumbrance Transaction Code ..... 1701  
F2. Current Year Encumbrance Amount ..... \$554000  
F3. Fund Number ..... 0044  
F4. Department Number ..... 043  
F5. Division Number (*if applicable*) ..... N/A  
F6. Account Number ..... 7460  
F7. Cost Center number (*if applicable*) ..... 4663  
F8. Payment Terms ..... Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID ..... A=206844  
V2. Payee/Contractor Name ..... Crestwood Behavioral Health  
V3. Mailing Address ..... P.O. Box 980966  
V4. City, State (two-letter) Zip (include +4 if known) ..... West Sacramento, CA 95798  
V5. Telephone Number ..... 9164712242  
V6. Contractor's Federal Tax ID Number (*EIN or SSN*) ..... 68-0399495  
V7. Contact Person ..... Gary Zeyen Controller  
V8. Workers Comp Insurance Expiration Date ..... 1/1/2014  
V9. Liability Insurance Expiration Date[s] ..... 1/1/2014  
V10. Professional License Number ..... N/A  
V11. Verified by (name of county staff) ..... Danielle Spahn  
V12. Company Type (*Check one*): Individual ☐ Sole Proprietorship ☐ Partnership ☒ Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_