

AGREEMENT
between
THE COUNTY OF SANTA BARBARA
and
CORIZON HEALTH, INC.
TO EXTEND CORRECTIONAL MEDICINE AGREEMENT

THIS IS THE SECOND EXTENSION to the 2013 Correctional Medicine Agreement between the County of Santa Barbara and Corizon Health, Inc. for the provision of medical services to individuals in the custody of the County's Sheriff's Office and Probation Department.

WHEREAS, the 2013 Agreement was in effect from July 1, 2013 through June 30, 2015; and,

WHEREAS, on June 23, 2015 the parties executed a First Extension that extended the term of the 2013 Agreement from July 1, 2015 through October 31, 2015; and,

WHEREAS, the parties wish to further extend the 2013 Agreement, and to amend certain terms;

NOW, THEREFORE, the parties agree as follows:

1. Effective upon execution by both parties, this Second Extension abrogates and supplants the parties' First Extension.
2. The terms and conditions of the 2013 Agreement are unchanged by this Second Extension, except as follows:
 - (a) Section 1.19 ("Intake Screening") is amended to require that the screening be performed by a nurse licensed by the California Board of Registered Nursing (as is current practice), that 90% of the screenings be completed within 12 hours of initial detention, and that all screenings be completed within 24 hours of initial detention.
 - (b) Section 2.1 ("Term of Agreement") is amended to extend the term of the 2013 Agreement from July 1, 2015 through June 30, 2016.
 - (c) Section 5 ("Financial Matters") is amended to provide that the cost to the County for the term of the extension is not to exceed \$4,858,243, as follows:
 - Cost for Sheriff Services: \$3,692,237, payable in 12 monthly installments of \$307,686.42, plus anticipated pharmaceutical costs of \$252,000.
 - Cost for Probation Services: \$821,418, payable in 12 monthly installments of \$68,451.50, plus anticipated pharmaceutical costs of \$90,588.

IN WITNESS WHEREOF, the parties have executed this Second Amendment, to be effective upon execution by both parties.

COUNTY OF SANTA BARBARA

CORIZON HEALTH, INC.

Chair, Board of Supervisors

Date: _____

Date: _____

ATTEST:
MONA MIYASATO
CHIEF EXECUTIVE OFFICER

By: _____
Deputy Clerk of the Board

APPROVED AS TO FORM
MICHAEL C. GHIZZONI
COUNTY COUNSEL

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

By: 
Deputy

By: 
Deputy

APPROVED AS TO FORM
RAY AROMATORIO, ARM, AIC
RISK MANAGER


