

EIGHTH AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Eighth Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 06-086**, by and between the **County of Santa Barbara** (County) and **Sylmar Health & Rehabilitation Center, a subsidiary of Golden State Health Centers, Inc.** (Contractor), for the continued provision of **Institute for Mental Disease Services for Adults**

Whereas, this Eighth Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in January 2006, the First Amendment approved by the County Board of Supervisors in June 2006, the Second Amendment approved by the County Board of Supervisors in June 2007, the Third Amendment approved by the County Board of Supervisors in July 2008, the Fourth Amendment approved by the County Board of Supervisors in March 2009, the Fifth Amendment approved by the County Board of Supervisors in June 2009, the Sixth Amendment approved by the ADMHS Director in June 2010, the Seventh Amendment Approved by the County Board of Supervisors in July 2010, except as modified by this Eighth Amended Contract.

Whereas, County anticipates that Contractor will provide, at the request of County, a greater number of services than contemplated by the original Agreement, and will incur expenses beyond the value of this Agreement. This amendment adds funds to the Agreement so as to compensate Contractor for services rendered under this Agreement.

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

- I. **Delete Item 1, CONTRACTOR SERVICES, from Exhibit B, Payment Arrangements, and replace with the following:**
 1. **CONTRACTOR SERVICES.** For Contractor services to be rendered under this Agreement, Contractor shall be paid at the rate specified in the Schedule of Fees (Exhibit B-1), attached hereto and with this reference made a part hereof, with a maximum value not to exceed **\$265000**.

EIGHTH AMENDMENT

II. Delete Exhibit B-1, Schedule of Fees, and replace with the following:

EXHIBIT B-1

SCHEDULE OF FEES

Program	Daily Rate
Basic Level Services	\$127.31
Dual Diagnosis Patch	\$26.84
Total	\$ 154.15

Total Contract Maximum Value

\$265000

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

EIGHTH AMENDMENT

SIGNATURE PAGE

Agreement for Services of Independent Contractor between the County of Santa Barbara and Sylmar Health & Rehabilitation Center, a subsidiary of Golden State Health Centers, Inc.

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

COUNTY OF SANTA BARBARA

By: _____
JONI GRAY
CHAIR, BOARD OF SUPERVISORS
Date: _____

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 95-2589283.
Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

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

By _____
Deputy County Counsel
Date: _____

By _____
Deputy
Date: _____

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ANN DETRICK, PH.D.
DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By _____
Director
Date: _____

By: _____
Date: _____

EIGHTH AMENDMENT

CONTRACT SUMMARY PAGE

BC 06-086

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..... 10-11
 D2. Budget Unit Number 043
 D3. Requisition Number..... N/A
 D4. Department Name Alcohol, Drug, & Mental Health
 D5. Contact Person..... Erin Jeffery
 D6. Telephone..... (805) 681-5168

K1. Contract Type (check one): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Institute for Mental Disease
 K3. Contract Amount..... \$265000
 K4. Contract Begin Date 7/1/2010
 K5. Original Contract End Date 6/30/2006
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2010	\$265000		\$265000	6/30/2011	Renew for 10-11
2	3/15/2011	\$25000	\$265000	\$265000	6/30/2011	Add funds

B1. Is this a Board Contract? (Yes/No)..... Yes
 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 Paragraph)... Yes

F1. Encumbrance Transaction Code..... 1701
 F2. Current Year Encumbrance Amount \$265000
 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=287481
 V2. Payee/Contractor Name Sylmar Health & Rehabilitation Ctr.
 V3. Mailing Address 13347 Ventura Blvd.
 V4. City, State (two-letter) Zip (include +4 if known) Sherman Oaks, CA 91423
 V5. Telephone Number..... 8183853225
 V6. Contractor's Federal Tax ID Number (EIN or SSN) 95-2589283
 V7. Contact Person..... Martin Weiss Vice President
 V8. Workers Comp Insurance Expiration Date 1/1/2012
 V9. Liability Insurance Expiration Date[s] G=9/7/2011, P=9/7/2011
 V10. Professional License Number SNF License# 920000123
 V11. Verified by (name of county staff)..... Erin Jeffery
 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: _____