

AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Ninth Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 05-103**, by and between the **County of Santa Barbara** (County) and **Aurora Vista del Mar Hospital** (Contractor), for the continued provision of Acute Inpatient Services.

Whereas, this Ninth Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in September 2004, the First Amendment approved by the County Board of Supervisors in January 2005, the Second Amendment approved by the ADMHS Director in June 2005, the Third Amendment approved by the County Board of Supervisors in December 2005, the Fourth Amendment approved by the County Board of Supervisors in October 2006, the Fifth Amendment approved by the County Board of Supervisors in August 2006, the Sixth Amendment approved by the County Board of Supervisors in April 2007, the Seventh Amendment approved by the County Board of Supervisors in July 2007, the Eighth Amendment approved by the County Board of Supervisors in June 2008, except as modified by this Ninth Amended Contract.

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 of Exhibit B, Payment Arrangements, and replace with the following:

EXHIBIT B

PAYMENT ARRANGEMENTS

- 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 **\$1275000**.

II. Delete Exhibit B-1, Payment Arrangements, rename as Exhibit B-1, Schedule of Rates, and replace with the following:

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**FY 2008-2009
SCHEDULE OF RATES**

Procedure Code	Description of Service	Rate
	Adolescent, Mental Health I/P	Services will be paid at the county-negotiated rates in effect at the time that services were rendered under this Agreement
114, 124, 134, 154, 204	Adult Mental Health I/P	\$650/day

Total Contract Maximum Value

\$1275000

ALL OTHER TERMS AND CONDITIONS OF ORIGINAL AGREEMENT AND SUBSEQUENT AMENDMENTS REMAIN IN FULL FORCE AND EFFECT.

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

AMENDMENT

SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Aurora Vista del Mar Hospital.

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

COUNTY OF SANTA BARBARA

By: _____
Joseph Centeno
Chair, Board of Supervisors
Date: _____

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 33-0986642.
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 PROGRAM ADMINISTRATOR

By _____
Director
Date: _____

By: _____
Date: _____

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CONTRACT SUMMARY PAGE

BC 05-103

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 08-09
 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 Psychiatric services
 K3. Contract Amount \$1275000
 K4. Contract Begin Date 7/1/2008
 K5. Original Contract End Date 6/30/2005
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/08	600000		1275000	6/30/2009	Renew for 08-09
2	7/1/08	675000	1275000	1275000	6/30/2009	Add funds for 08-09

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 Yes
 F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$1275000
 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) 3550
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID A = 119525
 V2. Payee/Contractor Name Aurora Vista del Mar Hospital
 V3. Mailing Address 801 Seneca Street.
 V4. City, State (two-letter) Zip (include +4 if known) Ventura, CA 93001
 V5. Telephone Number 8056536434
 V6. Contractor's Federal Tax ID Number (EIN or SSN) 33-0986642
 V7. Contact Person Mayla Krebsbach CEO
 V8. Workers Comp Insurance Expiration Date 9/1/2009
 V9. Liability Insurance Expiration Date[s] G-9/8/2009 P-9/8/2009
 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: _____