

**Attachment A –
Vista Pacifica Enterprises
FY 2023-26 Board Contract
First Amendment**

**FIRST AMENDMENT TO THE AGREEMENT
FOR SERVICES OF
INDEPENDENT CONTRACTOR**

BETWEEN

COUNTY OF SANTA BARBARA

AND

VISTA PACIFICA ENTERPRISES, INC.

FOR

MENTAL HEALTH SERVICES

**FIRST AMENDMENT TO THE AGREEMENT
FOR SERVICES OF INDEPENDENT CONTRACTOR**

THIS FIRST AMENDMENT to the Agreement for Services of Independent Contractor, **BC No. 23-148**, is made by and between the **County of Santa Barbara** (County), a political subdivision of the State of California, and **Vista Pacifica Enterprises, Inc.** (Contractor), a California non-profit corporation with an address at 3764 Pacific Ave, Riverside, CA 92509, for the continued provision of services specified herein (hereafter, First Amendment).

WHEREAS, Contractor represents that it is specially trained, skilled, experienced, and competent to perform the special services required by County, and County desires to retain the services of Contractor pursuant to the terms, covenants, and conditions referenced herein; and

WHEREAS, in October 2023, County and Contractor (collectively, the parties) entered into an Agreement for Services of Independent Contractor, BC No. 23-148, for the provision of mental health services and residential treatment services for a total maximum contract amount not to exceed \$4,800,000, inclusive of \$1,550,000 for fiscal year (FY) 2023-24, \$1,600,000 for FY 2024-25, and \$1,650,000 for FY 2025-26, for the period of July 1, 2023, through June 30, 2026, (hereafter, the Agreement);

WHEREAS, the parties wish to make certain changes to the Agreement through this First Amendment to update the Schedule of Rates and Contract Maximum in Exhibit B-1, and increase the contract amount by \$165,000 for a revised, total maximum contract amount not to exceed **\$4,965,000**, inclusive of \$1,550,000 for FY 2023-24, \$1,600,000 for FY 2024-25, and \$1,815,000 for FY 2025-26, resulting in no change to the contract term of July 1, 2023, through June 30, 2026.

NOW, THEREFORE, in consideration of the mutual covenants, terms, and conditions contained herein, the parties agree as follows:

I. Delete Section II, Maximum Contract Amount, of Exhibit B, Financial Provisions: MHS and replace it with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$4,965,000**, inclusive of \$1,550,000 for FY 2023-24, \$1,600,000 for FY 2024-25, and \$1,815,000 for FY 2025-26 in Mental Health funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1–MHS and subject to the provisions in Section I (Payment for Services). 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.

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EXHIBIT B-1-MHS SCHEDULE OF RATES AND CONTRACT MAXIMUM FOLLOWS.

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

EXHIBIT B-1- MHS

SCHEDULE OF RATES AND CONTRACT MAXIMUM

(Applicable to program(s) described in Exhibit(s) A-2)

CONTRACTOR NAME: Vista Pacifica Enterprises, Inc.

FISCAL YEAR: 2023-2024

Service Level	*Basic Daily Rate	Augmented Services "Patch" Rate	Maximum Daily Rate**
VISTA PACIFICA CENTER			
SNF-STP-IMD Level A (18-64 Years Old)	\$235.00	\$70.00	\$305.00
SNF-STP-IMD Level B (18-64 Years Old)	\$235.00	\$140.00	\$375.00
SNF-STP-IMD Level C (18-64 Years Old)	\$235.00	\$180.00	\$415.00
SNF-STP-IMD Level D (18-64 Years Old)	\$235.00	\$160.00	\$395.00
SNF-STP-IMD Level A (65+ Years Old)		\$100.00	\$100.00
SNF-STP-IMD Level B (65+ Years Old)		\$170.00	\$170.00
SNF-STP-IMD Level C (65+ Years Old)		\$210.00	\$210.00
SNF-STP-IMD Level D (65+ Years Old)		\$190.00	\$190.00
Extend Bed Hold/ Leave of Absence Rate	\$226.65		
Room Reserve Rate	\$235.00		
Private Rate	\$250.00		
VISTA PACIFICA CONVALESCENT			
SNF-STP Level A		\$90.00	\$90.00
SNF-STP Level B		\$160.00	\$160.00
SNF-STP Level C		\$180.00	\$180.00
Extend Bed Hold/ Leave of Absence Rate	\$279.86		
Room Reserve Rate	\$270.62		
Total Maximum Contract Amount FY 23-24			\$1,550,000

CONTRACTOR SIGNATURE:

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Cheryl Dumonville

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Signed by:

FISCAL SERVICES SIGNATURE:

Christopher Jones
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* Basic Daily Rate for SNF-STP- IMD Levels A-D is inclusive of the Facility Daily Rate and Special Treatment Program (STP) Supplement. Basic daily rate for Vista Pacifica Center and Vista Pacifica Convalescent is billed directly to the State intermediary as Medi-Cal covers the basic daily rate for clients age 65+.

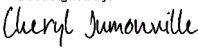
**In special situations, the Maximum Daily Rate may be adjusted by the Director and/or his or her designee to accommodate clients with acute needs, additional monitoring, or medical complexity. Rate changes must be pre-authorized by Behavioral Wellness.

EXHIBIT B-1- MHS
SCHEDULE OF RATES AND CONTRACT MAXIMUM
 (Applicable to program(s) described in Exhibit(s) A-2)

CONTRACTOR NAME: Vista Pacifica Enterprises, Inc. FISCAL YEAR: 2024-2025


Service Level	*Basic Daily Rate	Augmented Services "Patch" Rate	Maximum Daily Rate**
VISTA PACIFICA CENTER			
SNF-STP-IMD Level A (18-64 Years Old)	\$246.00	\$70.00	\$316.00
SNF-STP-IMD Level B (18-64 Years Old)	\$246.00	\$140.00	\$386.00
SNF-STP-IMD Level C (18-64 Years Old)	\$246.00	\$180.00	\$426.00
SNF-STP-IMD Level D (18-64 Years Old)	\$246.00	\$160.00	\$406.00
SNF-STP-IMD Level A (65+ Years Old)		\$100.00	\$100.00
SNF-STP-IMD Level B (65+ Years Old)		\$170.00	\$170.00
SNF-STP-IMD Level C (65+ Years Old)		\$210.00	\$210.00
SNF-STP-IMD Level D (65+ Years Old)		\$190.00	\$190.00
Extend Bed Hold/ Leave of Absence Rate	\$246.00		
Room Reserve Rate	\$246.00		
Private Rate	\$260.00		
VISTA PACIFICA CONVALESCENT			
SNF-STP Level A		\$90.00	\$90.00
SNF-STP Level B		\$160.00	\$160.00
SNF-STP Level C		\$200.00	\$200.00
Extend Bed Hold/ Leave of Absence Rate	\$279.86		
Room Reserve Rate	\$270.62		
Total Maximum Contract Amount FY 24-25			\$1,600,000

CONTRACTOR SIGNATURE:

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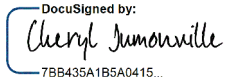
* Basic Daily Rate for SNF-STP- IMD Levels A-D is inclusive of the Facility Daily Rate and Special Treatment Program (STP) Supplement. Basic daily rate for Vista Pacifica Center and Vista Pacifica Convalescent is billed directly to the State intermediary as Medi-Cal covers the basic daily rate for clients age 65+.

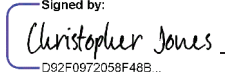
**In special situations, the Maximum Daily Rate may be adjusted by the Director and/or his or her designee to accommodate clients with acute needs, additional monitoring, or medical complexity. Rate changes must be pre-authorized by Behavioral Wellness.

EXHIBIT B-1- MHS
SCHEDULE OF RATES AND CONTRACT MAXIMUM
 (Applicable to program(s) described in Exhibit(s) A-2)

CONTRACTOR NAME: Vista Pacifica Enterprises, Inc. **FISCAL YEAR: 2025-2026**

Service Level	*Basic Daily Rate	Augmented Services "Patch" Rate	Maximum Daily Rate**
VISTA PACIFICA CENTER			
SNF-STP-IMD Level A (18-64 Years Old)	\$255.00	\$70.00	\$325.00
SNF-STP-IMD Level B (18-64 Years Old)	\$255.00	\$140.00	\$395.00
SNF-STP-IMD Level C (18-64 Years Old)	\$255.00	\$180.00	\$435.00
SNF-STP-IMD Level D (18-64 Years Old)	\$255.00	\$160.00	\$415.00
SNF-STP-IMD Level A (65+ Years Old)		\$100.00	\$100.00
SNF-STP-IMD Level B (65+ Years Old)		\$170.00	\$170.00
SNF-STP-IMD Level C (65+ Years Old)		\$210.00	\$210.00
SNF-STP-IMD Level D (65+ Years Old)		\$190.00	\$190.00
Extend Bed Hold/ Leave of Absence Rate	\$255.00		
Room Reserve Rate	\$255.00		
Private Rate	\$260.00		
VISTA PACIFICA CONVALESCENT			
SNF-STP Level A		\$90.00	\$90.00
SNF-STP Level B		\$160.00	\$160.00
SNF-STP Level C		\$200.00	\$200.00
Extend Bed Hold/ Leave of Absence Rate	\$297.00		
Room Reserve Rate	\$297.00		
Total Maximum Contract Amount FY 25-26			\$1,815,000

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FISCAL SERVICES SIGNATURE:  _____
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* Basic Daily Rate for SNF-STP- IMD Levels A-D is inclusive of the Facility Daily Rate and Special Treatment Program (STP) Supplement. Basic daily rate for Vista Pacifica Center and Vista Pacifica Convalescent is billed directly to the State intermediary as Medi-Cal covers the basic daily rate for clients age 65+.

**In special situations, the Maximum Daily Rate may be adjusted by the Director and/or his or her designee to accommodate clients with acute needs, additional monitoring, or medical complexity. Rate changes must be pre-authorized by Behavioral Wellness.

- III. Effectiveness.** The terms and provisions set forth in this First Amendment shall modify and supersede all inconsistent terms and provisions set forth in the original Agreement. The terms and provisions of the original Agreement, except as expressly modified and superseded by this First Amendment, are ratified and confirmed and shall continue in full force and effect and shall continue to be legal, valid, binding, and enforceable obligations of the parties.
- IV. Execution of Counterparts.** This First Amendment may be executed in any number of counterparts, and each of such counterparts shall for all purposes be deemed to be an original, and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

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SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE

First Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Vista Pacifica Enterprises, Inc.**

IN WITNESS WHEREOF, the parties have executed this First Amendment to be effective as of the date executed by COUNTY.

COUNTY OF SANTA BARBARA:

By: _____
BOB NELSON, CHAIR
BOARD OF SUPERVISORS
Date: _____

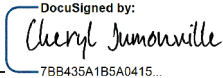
ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk
Date: _____

CONTRACTOR:

VISTA PACIFICA ENTERPRISES, INC.

By:  _____
Authorized Representative
Name: Cheryl Jumonville
Title: President
Date: 5/27/2026

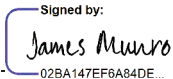
APPROVED AS TO FORM:

RACHEL VAN MULLEM
COUNTY COUNSEL

By:  _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By:  _____
Deputy

RECOMMENDED FOR APPROVAL:

ANTONETTE NAVARRO, LMFT,
DIRECTOR, DEPARTMENT OF
BEHAVIORAL WELLNESS

By:  _____
Director

APPROVED AS TO FORM:

MARISA KAHN, RISK MANAGER
RISK MANAGEMENT

By:  _____
Risk Manager