

**FIRST AMENDED AGREEMENT  
FOR SERVICES OF  
INDEPENDENT CONTRACTOR**

Between

COUNTY OF SANTA BARBARA  
DEPARTMENT OF BEHAVIORAL WELLNESS  
AND

VISTA PACIFICA ENTERPRISES, Inc.  
FOR

MENTAL HEALTH SERVICES

**FIRST AMENDED AGREEMENT  
FOR SERVICES OF INDEPENDENT CONTRACTOR**

**THIS FIRST AMENDMENT to the AGREEMENT** for Services of Independent Contractor, referenced as number **BC 19-283**, is made by and between the **County of Santa Barbara** (County) and **Vista Pacifica Enterprises, Inc.**, a California corporation (Contractor), for the continued provision of services specified herein.

**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;

**WHEREAS**, the County Board of Supervisors authorized the County to enter into a Board Contract for Services of Independent Contractor, referred to as BC 19-283, on July 9, 2019 for the provisions of mental health services for the period July 1, 2019 to June 30, 2020, for a total Maximum Contract Amount not to exceed **\$1,000,000**;

**WHEREAS**, this First Amendment to the Agreement increases funding by **\$380,000** for FY 19-20 due to increased client need for services for a total Maximum Contract Amount not to exceed **\$1,380,000** and incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors on July 9, 2019, except as modified in this First Amended Agreement; and

**NOW THEREFORE**, in consideration of the mutual covenants and conditions contained herein, 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 of this Agreement shall not exceed **\$1,380,000** during the term of this Agreement. 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 FY 19-20 and Contract Maximum and replace with the following:**

**EXHIBIT B-1 MH  
DEPARTMENT OF BEHAVIORAL WELLNESS  
SCHEDULE OF RATES AND CONTRACT MAXIMUM**

**CONTRACTOR NAME:** Vista Pacifica Enterprises, Inc.

**FISCAL YEAR:** 2019-2020

Service Level	Basic Daily Rate	Enhanced	Maximum Daily Rate*
<b>VISTA PACIFICA CENTER</b>			
SNF-STP-IMD Level A	\$204.94	\$60.00	\$264.94
SNF-STP-IMD Level B	\$204.94	\$130.00	\$334.94
SNF-STP-IMD Level C	\$204.94	\$170.00	\$374.94
SNF-STP-IMD Level D	\$204.94	\$100.00	\$304.94
SNF-STP-IMD Level D-Stand Alone Rate	\$204.94	\$150.00	\$354.94
Leave of absence rate	\$196.59		
Bed room reserve rate	\$204.94		
<b>VISTA PACIFICA CONVALESCENT</b>			
SNF Level A		\$60.00	\$60.00
SNF Level B		\$130.00	\$130.00
SNF Level C		\$170.00	\$170.00
SNF Leave of absence rate	\$209.77		
SNF Bed room reserve rate	\$218.12		
<b>Total Maximum Contract Amount FY 19-20</b>			<b>\$1,380,000</b>

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

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

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

\*Or as otherwise published by the State Department of Healthcare Services. Upon notification of updated rates from DHCS, Contractor shall notify County of the new rates and its intent to adopt the new rates.

**III. All other terms remain in full force and effect.**

**SIGNATURE PAGE**

First Amended 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 Agreement to be effective on the date executed by COUNTY.

**COUNTY OF SANTA BARBARA:**

By: \_\_\_\_\_  
GREGG HART, 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: \_\_\_\_\_

Title: \_\_\_\_\_

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

**APPROVED AS TO FORM:**

MICHAEL C. GHIZZONI  
COUNTY COUNSEL

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

**APPROVED AS TO ACCOUNTING FORM:**

BETSY M. SCHAFFER, CPA  
AUDITOR-CONTROLLER

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

**RECOMMENDED FOR APPROVAL:**

ALICE GLEGHORN, PH.D., DIRECTOR  
DEPARTMENT OF BEHAVIORAL  
WELLNESS

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

**APPROVED AS TO INSURANCE FORM:**

RAY AROMATORIO  
RISK MANAGEMENT

By: \_\_\_\_\_  
Risk Management