

## NINTH AMENDMENT 2010-11

### 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 05-006**, by and between the **County of Santa Barbara** (County) and **Crestwood Behavioral Health Center, Inc.** (Contractor), for the continued provision of **Institute for Mental Disease Mental Health Rehabilitation Center Services for Adults**.

Whereas, this Ninth Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in July 2004, the First Amendment approved by the County Board of Supervisors in December 2006, the Second Amendment approved by the County Board of Supervisors in June 2006, the Third Amendment approved by the County Board of Supervisors in June 2007, the Fourth Amendment approved by the County Board of Supervisors in June 2008, the Fifth Amendment approved by the County Board of Supervisors in March 2009, the Sixth Amendment approved by the County Board of Supervisors in June 2009, the Seventh Amendment approved by the ADMHS Director in June 2010, the Eighth Amendment approved by the County Board of Supervisors in July 2010, except as modified by this Ninth 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 **\$775000**.

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

**EXHIBIT B-1  
SCHEDULE OF RATES**

<b>BAKERSFIELD FACILITY</b>	
<b>Service</b>	<b>Daily Rate</b>
LEVEL 1 (Highest Level of Supervision)	\$211.00
LEVEL 2 (1:1 Supervision)	\$467.00

**Total Contract Maximum Value** **\$775000**

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

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

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

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**SIGNATURE PAGE**

Agreement for Services of Independent Contractor between the County of Santa Barbara and Crestwood Behavioral Health Center, 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 68-0399495.  
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: \_\_\_\_\_

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**CONTRACT SUMMARY PAGE**

**BC 05-006**

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 Mental  
 K3. Contract Amount..... \$775000  
 K4. Contract Begin Date ..... 7/1/2010  
 K5. Original Contract End Date ..... 6/30/2005  
 K6. Amendment History .....

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2010	\$505000		\$505000	6/30/2011	Renew for FY 10-11
2	3/15/2011	\$270000	\$775000	\$775000	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 ..... \$775000  
 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 = 206844  
 V2. Payee/Contractor Name ..... Crestwood Behavioral Health  
 V3. Mailing Address ..... 520 Capitol Mall, Suite 800.  
 V4. City, State (two-letter) Zip (include +4 if known) ..... Sacramento, CA 95814  
 V5. Telephone Number..... 9164712242  
 V6. Contractor's Federal Tax ID Number (EIN or SSN) ..... 68-0399495  
 V7. Contact Person..... Gary Zeyen Controller  
 V8. Workers Comp Insurance Expiration Date ..... 1/1/2012  
 V9. Liability Insurance Expiration Date[s] ..... G-1/1/2012 P-1/1/2012  
 V10. Professional License Number ..... 0000042AA  
 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: \_\_\_\_\_