

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

BC 20-030

**THIS** First Amended to the **AGREEMENT** (hereafter Agreement) for services of Independent Contractor, referenced as BC 20-030 by and between the County of Santa Barbara (County) and **Jackson & Coker LocumTenens, LLC**, a Georgia limited liability company, (Contractor) wherein Contractor agrees to provide and County agrees to accept the services specified herein.

**WHEREAS**, Contractor represents that it is trained, skilled, experienced, and competent to perform locum tenens staffing services required by County and County desires to continue to retain the services of Contractor pursuant to the terms, covenants, and conditions herein set forth;

**WHEREAS**, the County Board of Supervisors authorized the County to enter into a Board Contract for Services of Independent Contractor with **Jackson & Coker LocumTenens, LLC**, referred to as BC 20-030, on June 16, 2020 for the provision of locum tenens psychiatry services, for a total amount not to exceed \$600,000 for the period of July 1, 2020 through June 30, 2021;

**WHEREAS**, the County and Contractor wish to enter into a First Amended Agreement for Services of Independent Contractor, referred to as BC 20-030 to increase the maximum contract amount by \$100,000 due to unanticipated staffing needs, for a total contract maximum not to exceed **\$700,000** for the period of July 1, 2020 through June 30, 2021;

**WHEREAS**, the First Amendment incorporates the other terms and conditions set forth in the Agreement approved by the County Board of Supervisors June 16. 2020, except as modified by this Third Amended Agreement; and

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

**I. Delete Section 1 of Exhibit B and replace with the following:**

- 1. AGREEMENT MAXIMUM VALUE.** For services to be rendered under this Agreement, Contractor shall be paid at the rate specified in the Schedule of Rates (Exhibit B-1), with a maximum value not to exceed **\$700,000** for FY 20-21.

**II. Delete Exhibit B-1 Schedule of Fees FY 20-21 and replace with the following:**

**EXHIBIT B-1**  
**SCHEDULE OF RATES AND CONTRACT MAXIMUM**  
**FY 20-21**

	<b>ADULT OUTPATIENT PSYCHIATRY</b>	<b>CHILD/ ADOLESCENT PSYCHIATRY</b>	<b>NURSE PRACTITIONER/ PHYSICIAN'S ASSISTANT</b>
Hourly Rate Range, All Inclusive (8AM to 5PM 40 hour per week minimum)	\$220.50 – \$253.05	\$220.50 – \$253.05	\$160.00 - \$190.00
Overtime (per hour)*	\$330.75 - \$362.75	\$330.75 - \$362.75	\$240.00 - \$285.00
Weeknight on-call Mon- Fri 5:01 PM to 7:59AM (per night)**	\$882.00 - \$966.00	\$882.00 - \$966.00	\$240.00 - \$285.00
Weekend on-call 8AM to 7:59AM (per 24 hours, no proration for partial days)**	\$882.00 - \$966.00	\$882.00 - \$966.00	\$550.00 - \$700.00
<b>FY 20-21 TOTAL CONTRACT MAXIMUM VALUE:</b>			<b>\$700,000</b>
*For hours in excess of 40 hours per week. ** Overtime applies for time worked while on-call.			

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

**SIGNATURE PAGE**

Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Jackson & Coker LocumTenens, LLC**.

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

**JACKSON & COKER LOCUMTENENS, LLC**

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:**

PAM FISHER, PSY.D., ACTING DIRECTOR  
DEPARTMENT OF BEHAVIORAL  
WELLNESS

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

**APPROVED AS TO FORM:**

RAY AROMATORIO, RISK MANAGER  
DEPARTMENT OF RISK MANAGEMENT

By: \_\_\_\_\_  
Risk Manager