

### THIRD AMENDMENT 2012-2013

#### TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Third Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 11-011**, 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 Third Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in July 2010, the First Amendment approved by the County Board of Supervisors in June 2011, the Second Amendment approved by the County Board of Supervisors in June 2012, except as modified by this Third 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 in the amount of \$550,000 to the Agreement so as to compensate Contractor for services to be 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 Section II, Maximum Contract Amount, from Exhibit B, Financial Provisions, and replace with the following:**

#### **II. MAXIMUM CONTRACT AMOUNT.**

The Maximum Contract Amount has been calculated based on the total UOS to be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed **\$1350000**. The Maximum Contract Amount shall consist of County, State, and/or Federal funds. 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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II. Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the following.

Exhibit B-1  
SCHEDULE OF RATES AND CONTRACT MAXIMUM

Accommodation Code/Service	Rate
Adult Mental Health Inpatient	
114 Room and Board, Private, Psychiatric	
124 Room and Board, Semi-Private 2 Bed, Psychiatric	
134 Room and Board, Semi-Private 3 or 4 Bed, Psychiatric	\$680/day
154 Room and Board - Ward (Medical or General), Psychiatric	
204 Intensive Care, Psychiatric	

Total Contract Maximum Value

\$1350000

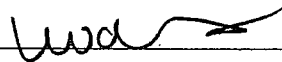
CONTRACTOR SIGNATURE:



STAFF ANALYST SIGNATURE:



FISCAL SERVICES SIGNATURE:



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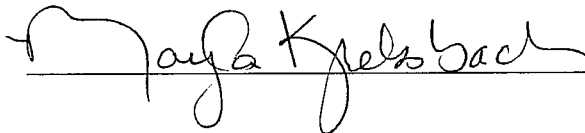
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Total Contract Maximum Value

\$1350000

CONTRACTOR SIGNATURE:



STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

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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: [Signature]  
SALUD CARBAJAL, CHAIR  
BOARD OF SUPERVISORS  
Date: \_\_\_\_\_

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

CONTRACTOR

By: [Signature]  
Deputy  
Date: 4-17-13

By: \_\_\_\_\_  
Tax Id No 33-0986642.  
Date: \_\_\_\_\_

APPROVED AS TO FORM:  
DENNIS MARSHALL  
COUNTY COUNSEL

By: [Signature]  
Deputy County Counsel  
Date: 3/18/13

APPROVED AS TO ACCOUNTING FORM:  
ROBERT W. GEIS, CPA  
AUDITOR-CONTROLLER

By: [Signature]  
Deputy Auditor-Controller  
Gregory Eric Levin  
Advanced and Specialty Accounting

APPROVED AS TO FORM :  
ALCOHOL, DRUG, AND MENTAL HEALTH  
SERVICES  
TAKASHI WADA, MD, MPH  
INTERIM DIRECTOR

By: [Signature]  
Director  
Date: 4/3/13

APPROVED AS TO INSURANCE FORM:  
RAY AROMATORIO  
RISK MANAGER

By: [Signature]  
Date: 3/27/13

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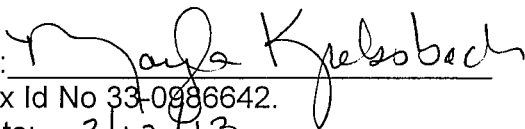
COUNTY OF SANTA BARBARA

By: \_\_\_\_\_  
SALUD CARBAJAL, CHAIR  
BOARD OF SUPERVISORS  
Date: \_\_\_\_\_

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

CONTRACTOR

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

By:   
Tax Id No 33-0986642.  
Date: 3/12/13

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

APPROVED AS TO FORM :  
ALCOHOL, DRUG, AND MENTAL HEALTH  
SERVICES  
TAKASHI WADA, MD, MPH  
INTERIM DIRECTOR

APPROVED AS TO INSURANCE FORM:  
RAY AROMATORIO  
RISK MANAGER

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

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

# THIRD AMENDMENT 2012-2013

## CONTRACT SUMMARY PAGE

**BC 11-011**

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 ..... 12-13  
 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 ..... Acute Inpatient Services  
 K3. Contract Amount ..... \$1350000  
 K4. Contract Begin Date ..... 7/1/2012  
 K5. Original Contract End Date ..... 6/30/2011  
 K6. Amendment History .....

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2012	\$800000		\$800000	6/30/2013	Renew for FY 12-13
2	7/1/2012	\$550000	\$1350000	\$1350000	6/30/2013	Increase contract

B1. Is this a Board Contract? (Yes/No) ..... True  
 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 ..... \$1350000  
 F3. Fund Number ..... 0044  
 F4. Department Number ..... 043  
 F5. Division Number (if applicable) ..... N/A  
 F6. Account Number ..... 7462  
 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 ..... 9/1/2013  
 V9. Liability Insurance Expiration Date[s] ..... 9/8/2013  
 V10. Professional License Number ..... 050000016  
 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: 4-4-13 Authorized Signature: 