

SECOND AMENDMENT 2014-2017

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is the second amendment (hereafter referred to as the "Second Amended Contract") to the Agreement for Services of Independent Contractor, referenced as number **BC 15-025**, by and between the **County of Santa Barbara** (County) and **Davis Guest Home** (Contractor), for the continued provision of twenty-four hour, seven days per week (24/7) mental health rehabilitation services, residential care, and room and board (hereafter "Daily Care").

Whereas, this Agreement is effective through June 30, 2017; and

Whereas, this Second Amended Contract incorporates the terms and conditions set forth in the First Amended contract approved by the County Board of Supervisors in July 2015, and the original contract approved by the County Board of Supervisors in July 2014, except as modified by this Second Amended Contract.

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


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

**Exhibit B-1
SCHEDULE OF FEES**

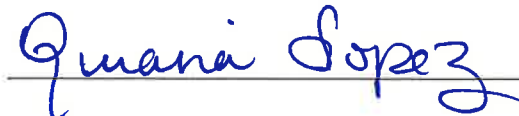
<u>Type of Service</u>	<u>Billing Increment</u>	<u>Rate</u>	<u>Contract Maximum Value per Fiscal Year</u>
Daily Care	Per Client per Day	\$98.00	\$156000

In special situations Davis Guest Homes may require an adjustment to the daily rate based upon acuity, medical complexity, and behavior problems requiring staff interventions beyond typical staff to client ratios. The rates are \$113.00 for higher acuity and \$123.00 for private rooms. Clients requiring rate adjustments will be communicated to the County in advance and authorized on a case-by-case basis. All rate adjustments will need to be authorized in writing.

CONTRACTOR SIGNATURE:



STAFF ANALYST SIGNATURE:



FISCAL SERVICES SIGNATURE:



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SIGNATURE PAGE

Second Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Davis Guest Home.

IN WITNESS WHEREOF, the parties have executed this Amendment to be effective July 1, 2016.

COUNTY OF SANTA BARBARA:

By: _____
PETER ADAM
CHAIR, BOARD OF SUPERVISORS

Date: _____

ATTEST:

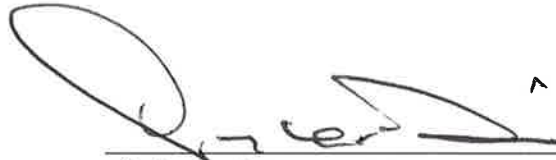
MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:

DAVIS GUEST HOME

By:  _____
Authorized Representative

Name: Lonny B Davis

Title: Owner

Date: 7/7/16


APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By:  _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

THEODORE A. FALLATI, 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