

**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	<b>\$156000</b>

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:



**SECOND AMENDMENT 2014-2017**

**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:**

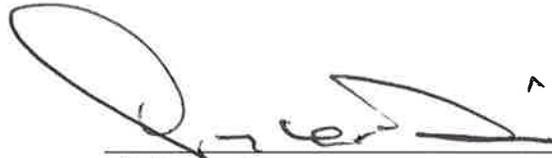
MONA MIYASATO  
COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

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