Second Amendment 2016-2018

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Second Amended Contract") to the Agreement for Services of Independent Contractor, referenced as number **BC 17-108**, by and between the **County of Santa Barbara** (County) and **Aurora Vista del Mar Hospital** (Contractor), for the continued provision of services specified herein.

Whereas, Contractor represents that it is specially trained, skilled, experienced and competent to perform the special services required by County and County desires to retain the services of Contractor pursuant to the terms, covenants, and conditions referenced herein.

Whereas, the Second Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisor in June, 2016 and the First Amendment approved by the County Board of Supervisors in December 2016 except as modified by this Second Amended Contract; and

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 **\$500,000** to the prior Agreement maximum of \$2,224,000 and extends the term to July 31, 2017 so to compensate Contractor for additional services to be rendered under this Agreement.

NOW, THEREFORE, for good and valuable consideration, in consideration of the mutual covenants and conditions contained herein, County and Contractor agree as follows:

- I. In the Agreement Section 4, Term, add the following:
 - 4. TERM.

Contractor shall continue performance from 7/1/2017 through 7/31/2017 unless otherwise directed by County or unless earlier terminated.

- II. Delete Section II, Maximum Contract Amount, from Exhibit B, Financial Provisions, and replace with the following:
 - II. Maximum Contract Amount.

The Maximum Contract Amount shall not exceed \$2,474,000 for Fiscal Year 2016-2017, and \$250,000 for Fiscal Year 2017-2018 and shall consist of County, State, and/or Federal funds and subject to the provisions in Section I. 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 agreement.

III. Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the following:

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Second Amendment 2016-2018 Exhibit B-1 Schedule of Rates and Contract Maximum

Accommodation Code/Service	Provider Qualification	Per Diem Rate
Adult Mental Health Inpatient (and all clients described in Exhibit A, Section 3.B)		
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		\$870/day
154 Room and Board - Ward (Medical or General), Psychiatric		
204 Intensive Care, Psychiatric		
Initial Care		
Subsequent Care		
Discharge Care	Licensed	
Medication Evaluation	M.D./Psychiatrist	Included in the Per Diem Rate
Medication Management		
Maximum Contract Amount FY 2016-2017	\$2,4	74,000
Maximum Contract Amount FY 2017-2018	\$250,000	
Total Maximum Contract Amount through 7/31/17	\$2,724,000	

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 Aurora Vista Del Mar Hospital.

IN WITNESS WHEREOF, the parties have executed this Second Amended Contract to be effective on July 1, 2017.

COUNTY OF SANTA BARBARA JOAN HARTMANN, CHAIR **BOARD OF SUPERVISORS** Date: ATTEST: CONTRACTOR MONA MIYASATO, COUNTY EXECUTIVE OFFICER AURORA VISTA DEL MAR HOSPTIAL CLERK OF THE BOARD By: By:_____ Date: _____ DEPUTY CLERK Date: _____ APPROVED AS TO FORM: APPROVED AS TO ACCOUNTING FORM: MICHAEL C. GHIZZONI THEODORE A. FALLATI, CPA COUNTY COUNSEL **AUDITOR-CONTROLLER** By_____ Deputy DEPUTY COUNTY COUNSEL Date: _____ RECOMMENDED FOR APPROVAL: APPROVED AS TO INSURANCE FORM: DEPARTMENT OF BEHAVIORAL WELLNESS RAY AROMATORIO ALICE GLEGHORN, PH.D. RISK MANAGER DIRECTOR By_____ Director Date: _____

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