

AMENDMENT 2

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| Original Agreement | BOS-23-075 |
| Amendment 1 | BOS-23-075-A1 |

**SECOND AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-23-075**

This second Amendment to Agreement No. BOS-23-075 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **CRESTWOOD BEHAVIORAL HEALTH, INC.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-23-075 was entered into on July 1, 2023 (the "Initial Agreement"); and

WHEREAS, First Amendment No. BOS-23-075-A1 was entered into on January 23, 2024 (the "First Amendment") increasing the total amount by \$250,000, for a new total of \$800,000; and

WHEREAS, the Initial Agreement and First Amendment are referred to as the Agreement; and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this second Amendment will become part of the Agreement and shall be incorporated therein; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$195,000 from \$800,000 to \$995,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$195,000 from \$800,000 to \$995,000.

All other terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]
Jenine Miller, Psy.D., BHRS Director

Date: 5/14/24

Budgeted: No
Budget Unit: 4050
Line Item: 86-3162
Org/Object Code: MHMS75
Grant: No
Grant No.: 'N/A'

COUNTY OF MENDOCINO

By: [Signature]
MAUREEN MULHEREN, Chair
BOARD OF SUPERVISORS

Date: 06/25/2024

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: [Signature]
Deputy 06/25/2024

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: [Signature]
Deputy 06/25/2024

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 05/08/2024

CONTRACTOR/COMPANY NAME

By: [Signature]
Elena Mashkevich,
Director of County Contracts

Date: 5/13/2024

NAME AND ADDRESS OF CONTRACTOR:

CRESTWOOD BEHAVIORAL HEALTH, INC.
520 Capital Mall, Suite 800
Sacramento, CA 95814
916-764-5310
elena.mashkevich@cbhi.net

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

By: [Signature]
COUNTY COUNSEL

Date: 05/08/2024

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 05/08/2024

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☒ EB# 24-134
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: Located outside Mendocino County