

**AMENDMENT TO BOARD OF SUPERVISORS  
AGREEMENTS NOS. 17-084, 17-084-A1, and 17-084-A2**

This Amendment to BOS Agreements Nos. 17-084, 17-084-A1, and 17-084-A2 is entered into this 11<sup>th</sup> day of September, 2018, 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".

WHEREAS, BOS Agreement No. 17-084 was entered into on August 15, 2017, BOS Agreement No. 17-084-A1 was entered into on April 24, 2018, and BOS Agreement No. 17-084-A2 was entered into on June 19, 2018; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and CONTRACTOR, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to increase the amount set out in the original BOS Agreements Nos. 17-084, 17-084-A1, and 17-084-A2 from \$482,449 to \$491,449; and

WHEREAS, COUNTY desires to retain CONTRACTOR for its Residential Care Facility for clients of Behavioral Health and Recovery Services.

NOW, THEREFORE, we agree as follows:

1. **Amount of Agreement:** The amount set out in the original BOS Agreements Nos. 17-084, 17-084-A1, 17-084-A2 will be increased from \$482,449 to \$491,449.

All other terms and conditions of BOS Agreements Nos. 17-084, 17-084-A1, and 17-084-A2 shall remain in full force and effect.

**IN WITNESS WHEREOF**

**DEPARTMENT FISCAL REVIEW:**

By: *Anne Molgaard*  
Anne Molgaard, Acting HHSA Director

Date: 7/12/18

Budgeted:  Yes  No

Budget Unit: 4050

Line Item: 86-3162

Org/Object Code: MHAS75

Grant:  Yes  No

Grant No.:

**COUNTY OF MENDOCINO**

By: *Dan Hamburg*  
DAN HAMBURG, Chair  
BOARD OF SUPERVISORS

Date: SEP 12 2018

**ATTEST:**

CARMEL J. ANGELO, Clerk of said Board

By: *Karla VantHagen*  
Deputy SEP 12 2018

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

CARMEL J. ANGELO, Clerk of said Board

By: *Karla VantHagen*  
Deputy SEP 12 2018

**INSURANCE REVIEW:**

By: *Carmel J. Angelo*  
Risk Management

Date: 7-24-18

**CONTRACTOR/COMPANY NAME**

By: *Gary Zeyen*  
Gary Zeyen, Controller

Date: 8/31/18

**NAME AND ADDRESS OF CONTRACTOR:**

Crestwood Behavioral Health, Inc.  
520 Capitol Mall, Suite 800  
Sacramento, CA 95814  
916-471-2244  
gzeyen@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:

KATHARINE L. ELLIOTT,  
County Counsel

By: *Charlotte Scott*  
Deputy

Date: 7/17/18

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By: *Janette Rau*  
Deputy CEO

Date: 7-24-18

**Signatory Authority:** \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed  EB# 18-01

Mendocino County Business License: Valid

Exempt Pursuant to MCC Section: \_\_\_\_\_