

**AMENDMENT TO BOARD OF SUPERVISORS  
AGREEMENT NO. 18-088**

This Amendment to BOS Agreement No. 18-088 is entered into this 21<sup>st</sup> day of May, 2019, 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. 18-088 was entered into on June 20, 2018, and BOS Amendment No. 18-088-A1 was entered into on January 8, 2019; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and Crestwood Behavioral Health, Inc., 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 BOS Amendment No. 18-088-A1 from \$491,449 to \$599,449.

NOW, THEREFORE, we agree as follows:

1. The amount set out in BOS Amendment No. 18-088-A1 will be increased from \$491,449 to \$599,449.

All other terms and conditions of BOS Agreement No. 18-088 and BOS Amendment No. 18-088-A1 shall remain in full force and effect.

**IN WITNESS WHEREOF**

**DEPARTMENT FISCAL REVIEW:**

By: [Signature]  
Jenine Miller, Psy.D., HHS Assistant Director/  
Behavioral Health Director

Date: 4/4/19

Budgeted:  Yes  No

Budget Unit: 4050

Line Item: 86-3162

Org/Object Code: MHAS75

Grant:  Yes  No

Grant No.:

**COUNTY OF MENDOCINO**

By: [Signature]  
CARRE BROWN, Chair  
BOARD OF SUPERVISORS

Date: MAY 22 2019

**ATTEST:**

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]  
Deputy  
MAY 22 2019

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: [Signature]  
Deputy  
MAY 22 2019

**INSURANCE REVIEW:**

By: [Signature]  
Risk Management

Date: 4/16/19

**CONTRACTOR/COMPANY NAME**

By: [Signature]  
Gary Zeyen, Controller  
Director of County Contracts

Date: 4/24/19

**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: [Signature]  
Deputy

Date: 4/9/19

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By: [Signature]  
Deputy CEO

Date: 4/16/19

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

Exception to Bid Process Required/Completed  18-320

Mendocino County Business License: Valid

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