

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

This 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; and

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

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the amount set out in Agreement No. BOS-23-075, from \$550,000 to \$800,000.


NOW, THEREFORE, we agree as follows:

1. The amount set out in Agreement No. BOS-23-075 is hereby increased from \$550,000 to \$800,000.

All other terms and conditions of Agreement No. BOS-23-075 shall remain in full force and effect.

IN WITNESS WHEREOF

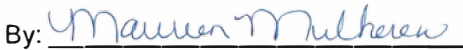
DEPARTMENT FISCAL REVIEW:

By: 
Jenine Miller, Psy.D., BHRS Director

Date: 1/7/24

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

COUNTY OF MENDOCINO

By: 
MAUREEN MULHEREN, Chair
BOARD OF SUPERVISORS

Date: 01/23/2024

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: 
Deputy 01/23/2024

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: 
Deputy 01/23/2024

INSURANCE REVIEW:

By: 
Risk Management

Date: 01/03/2024

CONTRACTOR/COMPANY NAME

By: 
Elena Mashkevich,
Executive Director of County Contracts

Date: 1-5-2024

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:

County Counsel

By: 
Deputy

Date: 01/03/2024

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 01/03/2024

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

Exception to Bid Process Required/Completed ☒ EB# 24-67

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: Located outside Mendocino County