

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. 16-058**

This Amendment to BOS Agreement No. 16-058 is entered into this 18th day of April, 2017, 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. 16-058 was entered into on July 19, 2016; 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 the COUNTY and CONTRACTOR to increase the total amount of the agreement in order to enable CONTRACTOR to accommodate more clients.

NOW, THEREFORE, we agree as follows:

Amount of agreement: The amount set out in the original BOS Agreement No. 16-058 will be changed from \$67,160 to \$292,160.

Expected outcome of amendment: Services will continue as outlined in the original agreement, with CONTRACTOR now having the ability accommodate more clients for the term of the agreement.

All other terms and conditions of BOS Agreement No. 16-058 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

COUNTY OF MENDOCINO
HEALTH AND HUMAN SERVICES AGENCY:

By: _____

Jenine Miller, HHSA Assistant Director/
Behavioral Health Director

Date: 12/27/16

Budgeted: ☒ Yes ☐ No

Budget Unit: 4050

Line Item: 86-3162

Org/Object Code: MHAS75

Grant: ☐ Yes ☒ No

Grant No.:

COUNTY OF MENDOCINO

By: _____

JOHN MCCOWEN, Chair
BOARD OF SUPERVISORS

APR 18 2017

Date: _____

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: _____

Deputy

Date: APR 18 2017

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: _____

Deputy

Date: APR 18 2017

INSURANCE REVIEW:

By: _____

ALAN D. FLORA, Risk Manager

Date: 4/18/17

CONTRACTOR/ COMPANY NAME

By: _____

Signature

Printed Name: Gary Zeyen

Title: Controller

Date: 2/21/17

NAME AND ADDRESS OF CONTRACTOR:

Crestwood Behavioral Health Inc.

520 Capitol Mall, Suite 800

Sacramento, CA 95814

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: _____

Deputy

Date: 1/10/17

FISCAL REVIEW:

By: _____

Deputy CEO/Fiscal

Date: 1/18/17

EXECUTIVE OFFICE REVIEW:

APPROVAL RECOMMENDED

By: _____

CARMEL J. ANGELO, Chief Executive Officer

Date: 1/18/17

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☒ 17-01