

**AMENDMENT TO BOARD OF SUPERVISORS  
AGREEMENT NO. 19-198**

This Amendment to BOS Agreement No. 19-198 is entered into this 19th day of May, 2020, 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. 19-198 was entered into on July 1, 2019; 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 original BOS Agreement No. 19-198, from \$491,449 to \$731,449; and

WHEREAS, CONTRACTOR will continue to provide residential care facility services as agreed upon in original BOS Agreement No. 19-198.

NOW, THEREFORE, we agree as follows:

1. The amount set out in original BOS Agreement No. 19-198 will be extended from \$491,449 to \$731,449.

All other terms and conditions of BOS Agreement No. 19-198 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

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

Date: 2/26/20

Budgeted: ☐ Yes ☒ No  
Budget Unit: 4050  
Line Item: 86-3162  
Org/Object Code: MHMS75  
Grant: ☐ Yes ☒ No  
Grant No.:

COUNTY OF MENDOCINO

By: [Signature]  
JOHN HASCHAK, Chair  
BOARD OF SUPERVISORS

Date: MAY 20 2020

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]  
Deputy  
MAY 20 2020

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 20 2020

INSURANCE REVIEW:

By: [Signature]  
Risk Management

Date: 4/16/2020

CONTRACTOR/COMPANY NAME

By: [Signature] 4/24/20  
Derek Dobbins, President  
Date: Eena mashkevich  
Director of County Contracts

NAME AND ADDRESS OF CONTRACTOR:

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

CHRISTIAN M. CURTIS,  
Acting County Counsel

By: [Signature]  
Deputy

Date: 4/16/2020

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]  
Deputy CEO

Date: 4/16/2020

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

Exception to Bid Process Required/Completed ☒ 20-97

Mendocino County Business License: Valid ☐

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