

AMENDMENT #2

Original Agreement	BOS-25-086
Amendment 1 No.	BOS-25-086-A1

**SECOND AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-25-086**

This second Amendment to Agreement No. BOS-25-086 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-25-086 was entered into on July 1, 2025 (the "Initial Agreement"); and

WHEREAS, First Amendment to Agreement No. BOS-25-086 was entered into on December 16, 2025 (the "First Amendment"), increasing the total amount to \$735,000 and revising Exhibit A and Exhibit B; and

WHEREAS, the Initial Agreement and First Amendment are referred to as the Agreement; and

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

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$120,000 from \$735,000 to \$855,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$120,000 from \$735,000 to \$855,000.

All other terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By:
Jenine Miller, Psy.D.
Director of Health Services

Date: 5/4/26

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

COUNTY OF MENDOCINO

By:
BERNIE NORVELL, Chair
BOARD OF SUPERVISORS

Date: 06/02/2026

ATTEST:

DARCIE ANTLE, Clerk of said Board

By:
Deputy 06/02/2026

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 06/02/2026

INSURANCE REVIEW:

By:
Risk Management

Date: 04/17/2026

CONTRACTOR/COMPANY NAME

By:
Elena Mashkevich,
Executive Director of Contracts

Date: 4/22/2026

NAME AND ADDRESS OF CONTRACTOR:

Crestwood Behavioral Health
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:

By:
COUNTY COUNSEL

Date: 04/17/2026

EXECUTIVE OFFICE/FISCAL REVIEW:

By:
Deputy CEO or Designee

Date: 04/17/2026

Signatory Authority: \$0-25,000 Department; \$25,001- 75,000 Purchasing Agent; \$75,001+ Board of Supervisors