



**Contract Number**

**19-589 A-1**

**SAP Number**

**4400012326**

## Department of Behavioral Health

<b>Department Contract Representative</b>	Deborah Forthun
<b>Telephone Number</b>	909-388-0862
<b>Contractor</b>	Crestwood Behavioral Health, Inc.
<b>Contractor Representative</b>	Gary Zeyen
<b>Telephone Number</b>	916-471-2242
<b>Contract Term</b>	August 20, 2019 thru August 19, 2024
<b>Original Contract Amount</b>	\$11,001,100
<b>Amendment Amount</b>	\$11,853,375
<b>Total Contract Amount</b>	\$22,854,475
<b>Cost Center</b>	9209181000

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and Crestwood Behavioral Health, Inc. referenced above, hereinafter called Contractor.

### IT IS HEREBY AGREED AS FOLLOWS:

#### WITNESSETH:

IN THAT CERTAIN **Contract No. 19-589** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for Mental Health Rehabilitation Center (MHRC) services, which Contract first became effective August 20, 2019, the following changes are hereby made and agreed to, effective November 5, 2019

- I. **REFERENCED CONTRACT PROVISIONS, Annual Maximum Obligation** is hereby amended to read as follows:

#### **Maximum Obligation**

TOTAL MAXIMUM OBLIGATION PER 5 YEAR CONTRACT: \$22,854,475

- II. **ARTICLE IV. Funding and Budgetary Restrictions**, paragraph D, is hereby amended to read as follows:

- D. The Contract amendment is increasing the total contract amount by \$11,853,375, from \$11,001,100 to \$22,854,475, with no change to the contract period of August 20, 2019 through August 19, 2024. This amendment hereby revises all Schedules A and B for all fiscal years. The revised schedules, A and B, will be submitted to, and approved by, the Director or designee at a later date.

III. ARTICLE V. Provisional Payment, paragraph A, is hereby amended to read as follows:

- A. County agrees to pay Contractor daily bed rates, based on care level of the consumer, for care levels 1, 2, and 3. Levels of care details are further defined in Addendum I, and specific pay levels are listed in the "Referenced Contract Provisions" page 3:

1. Level 1 (Fallbrook): \$433.00 per bed day  
Level 1 (Bakersfield): \$649.00 per bed day for up to 1 bed, for a total of 365 client days annually.
2. Level 2 (Fallbrook): \$371.00 per day
3. Level 3 (Fallbrook): \$309.00 per day

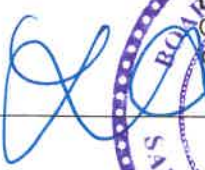
The Deputy Director of Administrative Services and/or the Deputy Director with oversight of these contracted services is delegated the authority to approve changes to the rates as set forth above provided that the total contract amount is not exceeded during the contract term.

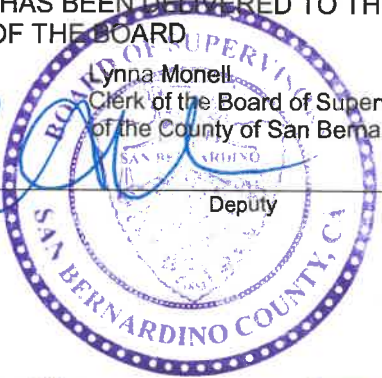
V. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

COUNTY OF SAN BERNARDINO

By   
Curt Hagman, Chairman, Board of Supervisors

Dated: NOV 05 2019  
SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD

By   
Lynna Monell  
Clerk of the Board of Supervisors  
of the County of San Bernardino  
Deputy



Crestwood Behavioral Health, Inc.

(Print or type name of corporation, company, contractor, etc.)

By   
(Authorized signature - sign in blue ink)

Name GARY ZUHARI  
(Print or type name of person signing contract)

DIRECTOR OF  
Title COUNTY CONTRACTS  
(Print or Type)

Dated: 10/23/19

Address 520 Capitol Mall, Suite 800  
Sacramento CA 95814

FOR COUNTY USE ONLY

Approved as to Legal Form

By   
Dawn Martin, Deputy County Counsel

Date 10/24/19

Reviewed for Contract Compliance

By   
Natalie Kessie, Contracts Manager

Date 10/24/19

Reviewed/Approved by Department

By   
Veronica Kelley, Director

Date 10/24/19