

ATTACHMENT A

Crestwood Behavioral Health, Inc. Champion
Healing Center FY 20-24 BC
Second Amendment

**SECOND AMENDMENT TO THE AGREEMENT
FOR SERVICES OF INDEPENDENT CONTRACTOR**

THIS SECOND AMENDMENT TO THE AGREEMENT for Services of Independent Contractor, referenced as BC 20-147, (hereafter, Second Amended Agreement) is made by and between the County of Santa Barbara (County) and Crestwood Behavioral Health, Inc. (Contractor), a Delaware corporation with its principal place of business at 520 Capitol Mall, Sacramento, CA, wherein Contractor agrees to provide, and County agrees to accept, the services specified herein.

WHEREAS, Contractor represents that it is specially trained, skilled, experienced, and competent to perform the special services required by County, and County desires to continue to retain the services of Contractor pursuant to the terms, covenants, and conditions herein set forth;

WHEREAS, the County Board of Supervisors authorized County to enter into an Agreement for Services of Independent Contractor, referred to as BC 20-147, on October 6, 2020 for the provision of in-County Mental Health Rehabilitation Center (MHRC) services for a total maximum contract amount not to exceed \$16,900,000, inclusive of \$3,200,000 for FY 20-21; \$4,300,000 for FY 21-22; \$4,400,000 for FY 22-23; and \$5,000,000 for FY 23-24, for the period of October 5, 2020, through June 30, 2024 (Agreement);

WHEREAS, on June 15, 2021, the County Board of Supervisors authorized County to execute a First Amended Agreement to add a new pilot program from April 1, 2021 through June 30, 2022 for the delivery of services for up to two clients who are found incompetent to stand trial on misdemeanor charges and to increase the amount of the Agreement by \$91,000 for FY 20-21 and by \$365,000 for FY 21-22 for a new total maximum contract amount not to exceed \$17,356,000, inclusive of \$3,291,000 for FY 20-21; \$4,665,000 for FY 21-22; \$4,400,000 for FY 22-23; and \$5,000,000 for FY 23-24, for the period of October 5, 2020 to June 30, 2024 (First Amended Agreement);

WHEREAS, the County and Contractor wish to enter into this Second Amended Agreement to add a new pilot program from March 1, 2024 through June 30, 2024 for Justice Involved Conservatees, and increase the Agreement amount by \$531,440 for FY 23-24 for a new total maximum contract amount not to exceed \$17,887,440, inclusive of \$3,291,000 for FY 20-21; \$4,665,000 for FY 21-22; \$4,400,000 for FY 22-23; and \$5,531,440 for FY 23-24, for the period of October 5, 2020 to June 30, 2024;

WHEREAS, the new Justice Involved Conservatee program will add four (4) beds for County mental health clients in need of long-term rehabilitative care services, bringing the total number of beds under the Agreement to 36 beds, with flexibility to 38 beds when available; and

WHEREAS, this Second Amended Agreement incorporates the terms and conditions set forth in the original Agreement except as modified by the first and second amendments to the Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

I. Add EXHIBIT A-3: Justice Involved Conservatee (JIC) Services as follows:

EXHIBIT A-3

Justice Involved Conservatee Services

Effective March 1, 2024 to June 30, 2024

Notwithstanding any other provision of this Agreement, Contractor shall commence performance under this Exhibit A-3 Justice-Involved Conservatee Services on March 1, 2024, and end performance upon completion but no later than June 30, 2024, unless otherwise directed by County or unless earlier terminated.

1. PROGRAM SUMMARY.

Contractor currently provides diagnosis, treatment, and care of adult clients with mental diseases, including medical attention, nursing care, and related services in an inpatient setting for a minimum of 32 clients with serious mental illness (SMI) and serious emotional disturbances (SED), hereafter, the “MHRC Program.” The Program is licensed as a Mental Health Rehabilitation Center (MHRC). The Program shall be classified as an Institution for Mental Disease (IMD), defined in Title 42, Code of Federal Regulations (CFR) 435.1010 as a nursing facility or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, and care of persons with mental diseases, including medical attention, nursing care, and related services.

Contractor shall provide secure treatment beds at the Champion Healing Center for justice-involved clients who are conserved under the Lanterman Petris Short (LPS) Act or qualify for temporary conservatorship (TCON), are in custody at Santa Barbara County jails and other local forensic facilities, and the Behavioral Health Medical Director determines would benefit from placement at a mental health rehabilitation facility. While at Champion Healing Center, Contractor shall provide intensive mental health treatment services to these Justice Involved Conservatees in order to stabilize and attempt to discharge them to a lower level of care.

The objective of this pilot program is to decrease length of time in custody for Justice Involved Conservatees with severe and persistent mental illness or co-occurring disorders, that are appropriate for, and can benefit from, treatment at the Mental Health Rehabilitation Center, who otherwise would remain in custody or be referred to more restrictive settings.

The services provided to Justice Involved Conservatee shall be referred to as the “Program.”

2. PROGRAM GOALS.

- A.** To reduce mental health and substance abuse symptoms resulting in reduced need for higher levels of care, reduced utilization of the acute care continuum and reduction of in custody days for those on LPS conservatorship that can be served at the MHRC level of care.
- B.** To assist clients in their mental health recovery process and with developing the skills necessary to lead healthy and productive lives in the community.
- C.** To provide a safe, secure and behaviorally focused environment for adults with serious mental illness, which enhances the opportunity of the residents to reach their maximum level of functioning.
- D.** To assist adults with serious mental illness to develop strategies for reducing symptoms, increasing adaptive behaviors, and reducing subjective distress.
- E.** To assist adults with serious mental illness to improve or restore the social and functional skills necessary for step-down to a lessor restrictive environment and for successful living in the community.
- F.** To assist the County of Santa Barbara Department of Behavioral Wellness in efficiently and effectively managing limited resources by providing an alternative to utilization of state hospital days and acute hospital administrative days.

3. PROGRAM OBJECTIVES.

The program objectives for the JIC Program are to:

- A.** Reduce time in custody for LPS conservatees by creating designated beds for this population in a secured setting.
- B.** Establish baseline data to track length of stay of client from the time from LPS conservatorship to exiting jail to MHRC.
- C.** Track access to mental health rehabilitation services for underserved populations by reporting demographic data on program participants.
- D.** Minimize use of acute hospital bed days for this population, with a goal of quarterly percentage of acute psychiatric inpatient admissions at 10% or less.
- E.** Document participation in groups and rehabilitation program.
- F.** Measure improved quality of life by conducting client satisfaction surveys.
- G.** Reduce recidivism and returns to custody by engagement in treatment services, the initial target is less than 5% of clients at 6 months and one-year intervals of discharge will return to custody.

4. SERVICES.

- A.** Contractor shall provide diagnosis, treatment, and care of JIC program clients with mental diseases, including medical attention, nursing care, and related services, in the following program type:
1. MHRCs are 24-hour programs, which are licensed by the California Department of Health Care Services and provide intensive support and rehabilitation services designed to assist persons, 18 to 64 years of age, with mental disorders varying in levels of severity and functioning ability.
 2. Clients will be provided with levels of treatment appropriate to their level of impairment.
 3. Clients will be provided with a rehabilitation program based on a social rehabilitation case management model.
 4. Services shall include physician, nursing, dietary, and pharmaceutical services; a rehabilitation program; and an activity program and shall adhere to the requirements specified in Title 9 CCR, Division 1, Chapter 3.5.
- B.** Contractor shall provide, or arrange for, transportation of clients to and from Contractor's facility.
- C.** Contractor shall provide County with a minimum of four (4) additional beds for the Justice Involved Conservatee (JIC) program clients in need of long-term rehabilitative care services, bringing the total number of beds under the Agreement to 36 beds, with flexibility to 38 beds when available. When non-County beds become available, Contractor agrees to work with County in good faith to determine whether County shall contract for such beds at the rate set-forth in Exhibit B-1.
- D.** Contractor shall continuously monitor clients to ensure that clients are being moved to a lower level of care as appropriate.
- E.** Contractor shall provide cognitive behavioral interventions and skill development that address justice-involved individuals' risk and need.
- F.** Contractor shall coordinate with criminal justice entities, including law enforcement, pretrial services, courts, jails, and community corrections.
- G.** Contractor shall connect with County agencies on application assistance with enrollment in or reinstatement of Social Security (SS) benefits, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicaid, or other benefits after incarceration.

H. Contractor shall conduct some form of client satisfaction survey and submit to the County.

I. Contractor shall provide treatment services that include:

1. An individualized program to meet the specific needs of each client. Contractor will provide clients with opportunities to demonstrate the development of skills identified in the client's individualized service plan.
2. A structured training regimen with individualized therapy to assist clients in the development of new skills and in modifying behaviors that exclude them from living in a lower level of care facility.
3. Individual programs shall be provided based on the specific needs identified through the client assessments.
4. Contractor's facility shall have the capability of providing all of the following special rehabilitation program services:

i. **Self-Help Skills Training:**

- a. Whole Health Focus and Medication Education.
- b. Life Skills.
- c. Money Management.
- d. Behavior control and impulse control.
- e. Frustration tolerance/stress management.
- f. Mental health/substance use education and Relapse Prevention.
- g. Wellness and fitness support including Zumba.

ii. **Behavioral Intervention Training:**

- a. Behavior modification modalities.
- b. Re-motivation therapy.
- c. Patient government activities.
- d. Process Groups: Social Group, Peer Support Group and Resident Council Group.
- e. Individual counseling and individual therapy with a licensed clinician.

- f. Psycho-educational groups, individual counseling and support.

iii. **Interpersonal Relationships:**

- a. Social counseling.
- b. Educational and recreational therapy.
- c. Social activities such as outings, dances, etc.
- d. Nutritional education, counseling and support.
- e. Yoga, meditation and support for a spirituality path.

iv. **Pre-vocational Preparation Services:**

- a. Motivational Interviewing.
- b. Vocational counseling.

v. **Pre-release Planning:**

- a. Discharge and transition planning to create and support movement as possible.
- b. Family support and education coordinated with local the National Alliance on Mental Illness (NAMI).
- c. Linkage to community supports.
- d. Linkage to medical services in the community as needed.

5. CLIENTS.

The services shall be provided to individuals with SMI or SED who are:

- A.** Santa Barbara County Public Guardian-conserved under the Lanterman Petris Short (LPS) Act or qualify for temporary conservatorship (TCON) as petitioned by the Santa Barbara County Public Guardian,
- B.** In custody at Santa Barbara County jails and other local forensic facilities, a
- C.** Prioritized for the JIC program by the Medical Director of Behavioral Wellness.
- D.** Medi-Cal beneficiaries, as described in Title 22, CCR, Division 3, Subdivision 1, Chapter 2, Article 5, and Article 7. IMD Services provided by Contractor to Medi-Cal beneficiaries are covered by Medi-Cal, subject to the conditions in Title 9 CCR §1840.312, as follows:

1. The beneficiary is 65 years of age or older; or
 2. The beneficiary is under 21 years of age; or
 3. The beneficiary was receiving such services prior to the beneficiary's twenty-first birthday, and the services are rendered without interruption until no longer required or the beneficiary's twenty-second birthday, whichever is earlier.
 4. Reimbursement for covered services to these Medi-Cal beneficiaries shall be provided to Contractor directly by the State's fiscal intermediary per Exhibit B to the Agreement
- E.** Uninsured individuals, or Medi-Cal beneficiaries over the age of 21 and under the age of 65, who are referred and authorized by the Department of Behavioral Wellness to receive Program services. Reimbursement for these services will be the responsibility of the Department of Behavioral Wellness.
- F.** Persons eligible to receive MHRC services include persons who are considered seriously and persistently mentally disabled, who otherwise would be placed in a state hospital or other mental health facility, and for whom such a setting is the least restrictive alternative available to meet their needs, as specified in Title 9 CCR §784.26.

6. REFERRAL AND ADMISSION PROCESS

- A. POINT OF AUTHORIZATION.** The designated Point of Authorization (POA) is the Department of Behavioral Wellness Medical Director who will triage Justice Involved Conservatees into the designated beds and will identify individuals in custody during the LPS conservatorship establishment process. In addition, the Medical Director will collaborate with the County Justice Alliance and long-term care teams to prioritize bed placement.
- B.** POA or designee shall submit a referral packet to Contractor, requesting admission for each prospective client.
- C.** Contractor shall respond to referrals within five (5) days from the date of receipt of the referral.
- D.** Contractor will interview all clients referred under this Program by the Department of Behavioral Wellness Medical Director, and shall admit clients to the Program, unless compelling clinical circumstances exist that contraindicate admission or if space is not available in the Program.
- E. REFERRAL PACKET.** Prior to admission, the Department of Behavioral Wellness shall provide, and after admission, Contractor shall maintain within its files (hard copy or electronic), the following documentation for each client:

1. A one-page referral form including demographic information;
2. A copy of the most recent comprehensive assessment and/or assessment or update available; and
3. A copy of the most recent medication record and health history information, as available, including recent laboratory results.

F. EVALUATION UPON ADMISSION. Within 15 days of admission, each client will be evaluated, goals of admission will be established, and barriers to discharge will be identified and included in a treatment plan that includes the following:

1. Psychosocial, behavioral, and medication needs;
2. Development of strategies and skills for symptom management and reduction;
3. Strategies to enhance the client's ability to participate in treatment, identify and understand the client's current challenges, as well as recognize the client's own role in the self-management of mental illness;
4. Identification of appropriate interventions to address skill deficits, behavioral issues, or other barriers to success in a less restrictive environment.

7. AUTHORIZATION PROCESS.

A. Utilization Review. Contractor will participate in Monthly Utilization Review with the Department of Behavioral Wellness Quality Care Management team and will also provide this team a daily bed status update.

8. DOCUMENTATION REQUIREMENTS.

A. ADMISSION REPORT.

1. For Program clients, Contractor shall complete the following documents upon admission, pursuant to Title 9 CCR § 786.11:
 - i. Contractor shall complete an admission agreement, signed by the client or authorized representative, describing the services to be provided and the expectations and rights of the client regarding program rules, client empowerment and involvement in the program, and fees. The client shall receive a copy of the signed admission agreement;
 - ii. Contractor shall prepare an initial written assessment of each client within fifteen (15) days of admission, unless a similar assessment has been done by the referring agency within thirty (30) days prior to admission; and

- iii. Contractor shall complete a comprehensive individual mental health evaluation, signed by a licensed mental health professional, within thirty (30) days of admission.

B. TREATMENT PLAN. Contractor shall complete a client-driven treatment plan, signed by their treating physician. The treatment plan shall be client-driven and focused on :

1. Client's strengths and personal recovery goals or recovery vision, which guide the service delivery process;
2. Goals/Objectives which clearly address the mental health condition for which the client is being treated;
3. Goals/Objectives which are observable and/or measurable and which are designed to increase specific skills or behaviors and/or ameliorate the impairments caused by the condition; and
4. Interventions planned to help the client reach the client's goals.

9. DISCHARGE PLANNING.

A. DOCUMENTATION. Contractor shall coordinate discharge planning with the Long-Term Care Team, Justice Alliance and other designated case management staff.

1. Prior to discharge, Contractor shall prepare a written discharge summary, which shall include an outline of services provided, goals accomplished, reason and plan for discharge, and referral follow-up plans, as specified in Title 9 CCR § 786.15(f) (MHRC).

B. MEDICATION. Upon discharge, Contractor agrees to provide all County clients with:

1. A seven (7) day supply and a prescription for a 30-day supply of all medications prescribed to the client at time of discharge; and
2. Warm hand off to receiving care provider including all medication information; and
3. Instructions for the client on how to obtain medications from the receiving care provider.

10. REPORTING REQUIREMENTS.

Contractor shall track and provide the following to BWell:

- A. A quarterly report of demographics regarding number of underserved population clients served.
- B. Documentation that the average quarterly percentage of acute psychiatric inpatient admissions is at 10% or less.
- C. Documentation of participation of clients in groups and rehabilitation program.
- D. Results of the satisfaction survey measure of clients participating in program.
- E. Report on the recidivism rate over a period of 6 months and 1 year; goal is less than 10% of clients will have recidivated at 6 months and one year discharge.
- F. A monthly progress report to address client progress towards the client's individualized service plan objectives.
- G. A report on the average length of stay.
- H. The number of clients discharged to a less restrictive environment.

11. QUARTERLY MEETINGS.

Contractor shall attend treatment team meetings which will be held quarterly. Meetings will include a review of the client's individualized service plan and progress toward the goals of admission.

12. STAFFING REQUIREMENTS.

Contractor shall adhere to the staffing models outlined in their licensure and needed to serve the population for this Program.

II. Delete the heading of Exhibit B (Financial Provisions) and replace with the following:

EXHIBIT B

FINANCIAL PROVISIONS: MHS

(Applicable to the Program described in Exhibit A-2 and Exhibit A-3)

(With attached Exhibit B-1 Schedule of Rates and Contract Maximum: MHS,)

This Agreement provides for reimbursement for Services up to the Maximum Contract Amount reflected in Section II below and Exhibit B-1 Schedule of Rates and Contract Maximum: MHS (B-1-MHS). For Medi-Cal and all other services provided under this Agreement, Contractor will comply with all applicable requirements necessary for reimbursement in accordance with Welfare and Institutions Code (WIC) §§ 14705-14711, and other applicable Federal, State and local laws, rules, manuals, policies, guidelines and directives.

III. Add subsection E (Monthly Invoices) to Section VI (Billing and Payment Procedures Limitation) of Exhibit B (Financial Provisions: MHS) as follows:

E. Monthly Invoices. Monthly invoices submitted by Contractor will include client names utilizing JIC beds. Payment will be authorized for the four JIC reserved beds regardless of actual bed utilization.

IV. Delete Section II (Maximum Contract Amount) of Exhibit B (Financial Provisions: MHS) and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The maximum contract amount of this Agreement shall not exceed **\$17,887,440** for **FY 20-24**, inclusive of \$3,291,000 for FY 20-21; \$4,665,000 for FY 21-22; \$4,400,000 for FY 22-23; and \$5,531,440 for FY 23-24. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this maximum contract amount for Contractor's performance hereunder without a properly executed amendment.

IV. Delete Exhibit B-1 (Schedule of Rates and Contract Maximum: MHS) in its entirety and replace it with the B-1 exhibits on the following pages:

EXHIBIT B-1

SCHEDULE OF RATES AND CONTRACT MAXIMUM: MHS

(Applicable to the Program described in Exhibit A-2)

**EXHIBIT B-1
BEHAVIORAL WELLNESS
SCHEDULE OF RATES AND CONTRACT MAXIMUM**

CONTRACTOR NAME: Crestwood Behavioral Health, Inc. for the Champion Healing Center. **FISCAL YEAR:** 2020-21, 2021-22, 2022-23

Facility	Service Level	Maximum Daily Base Rate	Bed Rate Reduction	Daily Bed Rate
Champion Healing Center MHRC	MHRC Level 3	\$383.00	(\$21.00)	\$362.00
	MHRC Level 2	\$383.00	(\$21.00)	\$362.00
	MHRC Level 1	\$383.00	(\$21.00)	\$362.00
	MHRC -Forensic	\$500.00	n/a	\$500.00
Maximum Contract Amount FY 20-21				\$3,291,000
Maximum Contract Amount FY 21-22				\$4,665,000
Maximum Contract Amount FY 22-23				\$4,400,000
Total Contract Maximum July 1, 2020 through June 30, 2023				\$12,356,000

CONTRACTOR SIGNATURE:

DocuSigned by:
Elena Mashkevich
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FISCAL SERVICES SIGNATURE:

* In special situations, the daily rate may be adjusted by the Behavioral Wellness Director and/or designee to accommodate clients with acute needs, additional monitoring, or medical complexity. Rate changes must be pre-authorized by Behavioral Wellness. The agreed upon rate for special situations will receive the \$21 bed rate reduction.

** A tenant improvement contribution of up to \$1,000,000 is to be repaid by Contractor through a reduction in the Maximum Daily Base Rate of \$21 until the tenant improvement is repaid to County, hereafter "Bed Rate Reduction". Crestwood may increase the Maximum Daily Base Rate by up to 3.5% each year commencing after July 1, 2021. During the repayment period any increase in the Maximum Daily Base Rate shall be allocated to the paydown of the contribution such that the Bed Rate Reduction increases in conjunction with the Maximum Daily Base Rate increase to maintain the Daily Bed Rate of \$362. For example, if a 2% increase is exercised in Year 2, the Maximum Daily Base Rate and Bed Rate Reduction would equal \$391 and \$29, respectively, to maintain the Daily Bed Rate at \$362. Once the tenant contribution is repaid in full by Contractor, the Bed Rate Reduction will no longer apply, effective the first month after the contribution is repaid in full, and the Maximum Daily Base Rate will be equal to the Daily Bed Rate.

*** New Forensic focused MHRC services pilot program for 2 beds to be implemented April 1, 2021 thru June 30, 2022 and funded by Community Corrections Partnership (CCP). CCP operating budget for 2 beds for FY 20-21 is \$91,000 and CCP budget for FY 21-22 is \$365,000.

EXHIBIT B-1

SCHEDULE OF RATES AND CONTRACT MAXIMUM: MHS

(Applicable to the Programs described in Exhibits A-2 and A-3)

CONTRACTOR NAME: Crestwood Behavioral Health, Inc. for the Champion Healing Center. **FISCAL YEAR:** 2023-24

Facility	Service Level	Daily Bed Rate
Champion Healing Center MHRC	MHRC Level 3	\$424.00
	MHRC Level 2	\$424.00
	MHRC Level 1	\$424.00
	MHRC- Justice Involved (3/1/24-6/30/24)	\$730.00
Maximum Contract Amount FY 23-24		\$5,531,440
Total Contract Maximum July 1, 2023 through June 30, 2024		\$5,531,440

Funding Sources	
Realignment	\$ 5,000,000
Community Corrections Partnership (CCP) (3/1/24-6/30/24)	\$ 531,440
Total Contract Maximum July 1, 2023 through June 30, 2024	\$5,531,440

CONTRACTOR SIGNATURE: DocuSigned by: *Elena Mashkevich*

FISCAL SERVICES SIGNATURE: DocuSigned by: *Christie Boyer*

* In special situations, the daily rate may be adjusted by the Behavioral Wellness Director and/or designee to accommodate clients with acute needs, additional monitoring, or medical complexity. Rate changes must be pre-authorized by Behavioral Wellness.

V. Add **EXHIBIT E PROGRAMS, OUTCOMES AND MEASURES** as follows:

Program Evaluation Champions Healing Center Justice Involved Conservatee (JIC) Program		
Program Goals	Outcomes	(all outcomes are in %)
1. Reduce mental health and substance abuse symptoms resulting in reduced utilization of involuntary care and emergency rooms for mental health and physical health problems.	A. Incarcerations/Juvenile Hall	≤5
	B. Psychiatric Inpatient Admissions	≤10
2. Assist clients in their mental health recovery process and with developing the skills necessary to lead healthy and productive lives in the community.	A. Stable/permanent housing	N/A
	B. Engaged in purposeful activity (educational, vocational, volunteer)	≥40
	C. Of those who discharged % who transitioned to a higher level of care	≤15
	D. Incidents requiring a higher level of supervision	≤5
	E. % of participants who completed client satisfaction survey*	100

* Changes to Exhibit E do not require a formal amendment to this Agreement but shall be agreed to in writing by the Director of the Department of Behavioral Wellness or designee and shall not alter the Maximum Contract Amount.

VI. **Effectiveness.** The terms and provisions set forth in this Second Amended Agreement shall modify and supersede all inconsistent terms and provisions set forth in the Agreement and First Amended Agreement. The terms and provisions of the Agreement, except as expressly modified

and superseded by this Second Amended Agreement, are ratified and confirmed and shall continue in full force and effect and shall continue to be legal, valid, binding, and enforceable obligations of the parties.

VII. Execution of Counterparts. This Second Amended Agreement may be executed in any number of counterparts, and each of such counterparts shall for all purposes be deemed to be an original, and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

SIGNATURE PAGE

Second Amended Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Crestwood Behavioral Health, Inc.**

IN WITNESS WHEREOF, the parties have executed this Second Amended Agreement to be effective on the date executed by COUNTY.

COUNTY OF SANTA BARBARA:

By: _____
STEVE LAVAGNINO, CHAIR

BOARD OF SUPERVISORS

Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

Deputy Clerk

Date: _____

CONTRACTOR:

CRESTWOOD BEHAVIORAL HEALTH, INC.

DocuSigned by:
Elena Mashkevich
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By: _____
Authorized Representative
Elena Mashkevich

Name: _____

Title: Executive Director of Contracts

Date: 1/24/2024

APPROVED AS TO FORM:

RACHEL VAN MULLEM
COUNTY COUNSEL

DocuSigned by:
Bo Bae
CAFCD5445C0F408...

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

DocuSigned by:
Betsy Schaffer
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By: _____
Deputy

RECOMMENDED FOR APPROVAL:

ANTONETTE NAVARRO, LMFT
DIRECTOR, DEPARTMENT OF
BEHAVIORAL WELLNESS

DocuSigned by:
Toni Navarro
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By: _____
Director

APPROVED AS TO FORM:

GREG MILLIGAN, RISK MANAGER
DEPARTMENT OF RISK MANAGEMENT

DocuSigned by:
Greg Milligan
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By: _____
Risk Manager