

AMENDMENT I TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as Amendment I, is made and entered into this 20th day of June, 2017, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereafter referred to as "**COUNTY**", and each provider listed in Revised Exhibit A, attached to this Agreement and by this reference incorporated herein, and collectively hereinafter referred to as "**CONTRACTOR(S)**" (collectively the "**parties**").

WHEREAS, the parties entered into that certain Agreement identified as COUNTY Agreement No. A-15-316, effective July 1, 2015 whereby CONTRACTOR(S) agreed to provide licensed transitional mental health residential facilities qualified to deliver Transitional Social Rehabilitation Program (TSRP) Services; and

WHEREAS, COUNTY and CONTRACTOR(S) now desire to amend the Agreement regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, in consideration of their mutual promises, covenants and conditions, hereinafter set forth, the sufficiency of which is acknowledged, the parties agree as follows:

1. That all references in Agreement No. 15-316 to "Exhibit A", "Exhibit A-1" and "Exhibit A-2" shall be changed to read "Revised Exhibit A". Revised Exhibit A is attached hereto and incorporated herein by this reference.

2. That the existing COUNTY Agreement No. A-15-316, Page Four (4), beginning with Line Twenty-Eight (28), with the word "The" and ending on Page Five (5), Line Four (4), with the word "Agreement" be deleted and the following inserted in its place:

"The maximum amount of compensation paid by COUNTY for clients receiving TSRP services pursuant to Section 4.A and 4.B to all CONTRACTOR(S) collectively shall not exceed One Million Two Hundred Fifty Thousand and No/100 Dollars (\$1,250,000.00) during the period July 1, 2015 through June 30, 2016. The maximum amount of compensation paid by COUNTY for clients receiving TSRP services pursuant to Section 4.A. and 4.B. to all CONTRACTOR(S) collectively shall not exceed One Million, Six Hundred Forty-Four Thousand, One Hundred Twenty and No/100 Dollars (\$1,644,120) during each remaining twelve (12) month period (July 1, 2016 through June 30, 2017 through the period of July 1, 2019 through June 30, 2020). The maximum compensation amount shall

1 not exceed Seven Million, Eight Hundred Twenty-Six Thousand, Four Hundred Eighty and No/100
2 Dollars (\$7,826,480) during the five year term of this Agreement.”

3 3. COUNTY and CONTRACTORS agree that this Amendment I is sufficient to amend the
4 Agreement; and that upon execution of this Amendment I, the Agreement and Amendment I together
5 shall be considered the Agreement.

6 The Agreement, as hereby amended, is ratified and continued. All provisions, terms,
7 covenants, conditions and promises contained in the Agreement, and not amended herein, shall
8 remain in full force and effect. This Amendment I shall become effective retroactive to April 1,
9 2017.

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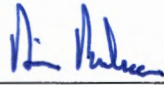
1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment I to
2 Agreement as of the day and year first hereinabove written.

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4 ATTEST:

5 CONTRACTOR(S):

COUNTY OF FRESNO

6
7 PLEASE SEE SIGNATURE
8 PAGES ATTACHED

9 By 
Chairman, Board of Supervisors

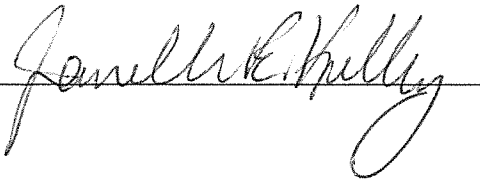
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11 Date: Lo-20-17

12
13 BERNICE E. SEIDEL, Clerk
14 Board of Supervisors

15
16 By: Susan Bishop

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18
19 PLEASE SEE ADDITIONAL
20 SIGNATURE PAGES ATTACHED

1 APPROVED AS TO LEGAL FORM:
2 DANIEL C. CEDERBORG, COUNTY COUNSEL

3 By 

6 APPROVED AS TO ACCOUNTING FORM:
7 OSCAR J. GARCIA, CPA, AUDITOR-CONTROLLER/
8 TREASURER-TAX COLLECTOR

9 By 

11 REVIEWED AND RECOMMENDED FOR
12 APPROVAL:

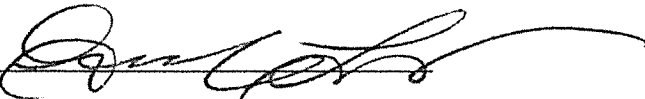
13 By 
14 Dawan Utecht, Director
15 Department of Behavioral Health

18 Fund/Subclass: 0001/10000
19 Organization: 56302175
20 Account/Program: 7295/0

<u>Fiscal Year (FY)</u>	<u>Max Total</u>
FY 2015-16	\$1,250,000
FY 2016-17	\$1,644,120
FY 2017-18	\$1,644,120
FY 2018-19	\$1,644,120
FY 2019-20	\$1,644,120

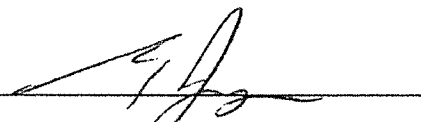
1 CONTRACTOR:

2 CRESTWOOD BEHAVIORAL HEALTH, INC.

3
4 By 

5 Print Name: George C. Lytal

6 Title: President & CEO
7 Chairman of the Board, or
8 President, or any Vice President

9
10 By 

11 Print Name: GARY ZEYEN

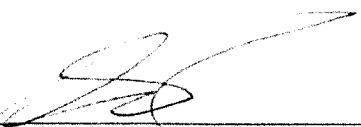
12 Title: CONTROLLER
13 Secretary (of Corporation), or
14 any Assistant Secretary, or
15 Chief Financial Officer, or
16 any Assistant Treasurer

17 Mailing Address:
18 520 Capitol Mall, Suite 800
19 Sacramento, CA 95814
20 Phone: (916) 471-2240
21 Fax: (916) 471-2212
22 Email: gzeyen@cbhi.net
23 Contact: Gary Zeyen, Controller
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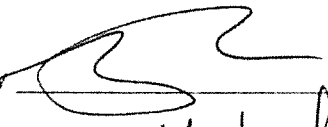
CONTRACTOR:

ANNE SIPPI CLINIC TREATMENT GROUP

By 

Print Name: CHES BROWNICK

Title: OWNER/DIRECTOR
Chairman of the Board, or
President, or any Vice President

By 

Print Name: Michael Proshay

Title: SECRETARY/OWNER
Secretary (of Corporation), or
any Assistant Secretary, or
Chief Financial Officer, or
any Assistant Treasurer

Mailing Address:
Anne Sippi Clinic Treatment Group
18200 Hwy 178
Bakersfield, CA 93306
Phone: (661) 871-9697
Contact: Nick Damian, COO

**MASTER AGREEMENT
TRANSITIONAL SERVICES RESIDENTIAL PROGRAM
LIST OF CONTRACTED FACILITIES
FY 2016-17**

Crestwood Behavioral Health, Inc.
Attn: George C. Lytal, President & CEO
520 Capitol Mall, Suite 800
Sacramento, CA 95814

Facilities:

- | | |
|---|-------------------------------|
| 1. Crestwood Bakersfield Bridge Program
6600 Eucalyptus Drive
Bakersfield, CA 93306
(661) 363-0124 | \$176.00 per night per person |
| 2. Crestwood Fresno Bridge Program
153 N. "U" Street
Fresno, CA 93701
(559) 445-9094 | \$176.00 per night per person |

**MASTER AGREEMENT
TRANSITIONAL SERVICES RESIDENTIAL PROGRAM
LIST OF CONTRACTED FACILITIES
FY 2017-18 through FY 2019-20**

Crestwood Behavioral Health, Inc.
Attn: George C. Lytal, President & CEO
520 Capitol Mall, Suite 800
Sacramento, CA 95814

Facilities:

- | | |
|---|-------------------------------|
| 1. Crestwood Bakersfield Bridge Program
6600 Eucalyptus Drive
Bakersfield, CA 93306
(661) 363-0124 | \$185.00 per night per person |
| 2. Crestwood Fresno Bridge Program
153 N. "U" Street
Fresno, CA 93701
(559) 445-9094 | \$185.00 per night per person |

**MASTER AGREEMENT
TRANSITIONAL SERVICES RESIDENTIAL PROGRAM
LIST OF CONTRACTED FACILITIES
FY 2017-18 through FY 2019-20**

Anne Sippi Clinic Treatment Group
Attn: Nick Damian
18200 Hwy 178
Bakersfield, CA 93306

Facilities:

- | | |
|---|-------------------------------|
| 1. Anne Sippi Clinic, Los Angeles
2457 Endicott St.
Los Angeles, CA 90032
(323) 227-5252 | \$147.00 per night per person |
| 2. Anne Sippi Clinic, Kern County
18200 Highway 178
Bakersfield, CA 93306
(661) 871-9697 | \$145.00 per night per person |