

**Sierra County  
Board of Supervisors'  
Agenda Transmittal &  
Record of Proceedings**

<b>MEETING DATE:</b> February 2, 2021	<b>TYPE OF AGENDA ITEM:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Timed <input checked="" type="checkbox"/> Consent
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**DEPARTMENT:** Behavioral Health  
**APPROVING PARTY:** Lea Salas, Administrative Director  
**PHONE NUMBER:** (530) 993-6746

**AGENDA ITEM:** Amendment to Professional Services Agreement 2020-060 between Crestwood Behavioral Health, Inc. and County of Sierra for Adult Residential Care Services.

**SUPPORTIVE DOCUMENTS ATTACHED:**  Memo  Resolution  Agreement  Other

**BACKGROUND INFORMATION:** Please see attached memo

**FUNDING SOURCE:** 0515670

**GENERAL FUND IMPACT:** No General Fund Impact

**OTHER FUND:** 5671

**AMOUNT:** \$ 62,640.00 Annually

<b>ARE ADDITIONAL PERSONNEL REQUIRED?</b>  <input type="checkbox"/> Yes, -- -- <input checked="" type="checkbox"/> No	<b>IS THIS ITEM ALLOCATED IN THE BUDGET?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>IS A BUDGET TRANSFER REQUIRED?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**SPACE BELOW FOR CLERK'S USE**

<b>BOARD ACTION:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken	<input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____	Resolution 2021- _____ Agreement 2021- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus
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**COMMENTS:**  
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\_\_\_\_\_  
CLERK TO THE BOARD

\_\_\_\_\_  
DATE

# Memorandum

**To:** Sierra County Board of Supervisors  
**From:** Lea Salas, Administrative Director  
**Reference:** Agenda Item  
**Date of memo:** January 12, 2021  
**Date of Board Meeting:** February 2, 2021

**Requested Action:** Amendment to Professional Services Agreement 2020-060 between Crestwood Behavioral Health, Inc. and County of Sierra for Adult Residential Care Services.

**Mandated by:**

## Funding

**Budgeted?** Yes  No

<b>Revenue</b>	\$62,640.00	<b>Mental Health Services Act</b>
<b>Expenses</b>	\$62,640.00	<b>Mental Health Services Act</b>
<b>Difference</b>	0	

**Background Information:** This agreement has increased by \$62,640.00. It has been determined an amendment is necessary to maintain services for Sierra County residents. People with serious and persistent mental illness require specialized treatment facilities. This treatment facility is an approved state contractor to provide room, board, medication management and an array of service-coordination duties. These duties may include but are not limited to: assisting with ADL's (activities of daily living), navigating health care systems, medication management, rehabilitation training, etc.

**Potential Issues to consider:** None

**Alternatives or Impacts of disapproval:** Sierra County would not meet the need of its most vulnerable population.

AMENDMENT  
To  
AGREEMENT FOR  
PROFESSIONAL SERVICES

The following is an amendment to that certain Agreement No. 2020-060 ("Agreement"), with an effective date of January 1, 2021, by and between the County of Sierra, a political subdivision of the State of California ("the COUNTY") and Crestwood Behavioral Health, Inc. ("the CONTRACTOR").

**Attachment B PAYMENT:**

**B.1 Base Contract Fee** COUNTY shall pay CONTRACTOR a contract fee as follows:

COUNTY shall pay CONTRACTOR the daily patch rate (dependent on the level of care provided and facility) per client or the County augmented rate (dependent on the level of care and facility) per day per client at Crestwood facilities.

CONTRACTOR shall submit requests for payment after completion of services or no later than the tenth (10th) day of the month following provision of services. Request for payment shall be substantially in the form of the invoice attached hereto as Attachment E. Payment shall be made within forty five (45) days after the Invoice is approved by the County Contract Administrator. In no event shall total compensation paid to CONTRACTOR under this Provision B.1 exceed \$110,640.00.00 without an amendment to this Agreement approved by the Sierra County Board of Supervisors;

**B.6 Maximum Contract Amount.** The maximum amount payable to CONTRACTOR under this Agreement shall not exceed the following:

B.1 Base Contract Fee	\$110,640.00
B.2 Mileage	N/A
B.3 Travel Costs	N/A
B.4 Authorization Required	N/A
B.5 Special Circumstances	\$2,000.00
Maximum Contract Amount	\$112,640.00

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date set forth above.

COUNTY OF SIERRA

"CONTRACTOR"

\_\_\_\_\_  
LEE ADAMS

Chairman, Board of Supervisors

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ELENA MASHKEVICH

Director of County Contracts

Crestwood Behavioral Health, Inc.

ATTEST:

APPROVED AS TO FORM:

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HEATHER FOSTER  
Clerk of the Board

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DAVID PRENTICE  
County Counsel