

### San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On: 09-12-2022 | 12:58:50 PDT

File #: 220789

Bid/RFP #:

# **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

1. FILING INFORMATION						
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)					
Original						
AMENDMENT DESCRIPTION – Explain reason for amendment	AMENDMENT DESCRIPTION – Explain reason for amendment					

2. CITY ELECTIVE OFFICE OR BOARD			
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER			
Board of Supervisors	Members		

3. FILER'S CONTACT				
NAME OF FILER'S CONTACT	TELEPHONE NUMBER			
Angela Calvillo	415-554-5184			
FULL DEPARTMENT NAME	EMAIL			
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org			

4. CONTRAC	4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER		
Kelly Hiramoto		415-255-3492		
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL		
DPH	Department of Public Health	kelly.hiramoto@sfdph.org		

5. CONTRACTOR				
NAME OF CONTRACTOR	TELEPHONE NUMBER			
Crestwood Behavioral Health Inc.	916-764-5310			
STREET ADDRESS (including City, State and Zip Code)	EMAIL			
520 Capitol Mall, Suite 800, Sacramento, CA 95814	elena.mashkevich@cbhi.net			

	ONTRACT	ODICINAL DID /DED MUMADED	FILE NUMBER (If monlionle)
DAII	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER ( <i>If applicable</i> ) 220789
09	/06/2022		
DESC	CRIPTION OF AMOUNT OF CONTRACT		
No	t to exceed \$224,216,994		
NAT	URE OF THE CONTRACT (Please describe)		
		24 h 7	
Pr	ovide long-term mental health services in a	24-hour locked facili	ty.
7. C	DMMENTS		
8. C0	ONTRACT APPROVAL		
This	contract was approved by:		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) I	DENTIFIED ON THIS FORM SITS
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## 9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Dobbins	James M.	Board of Directors			
2	Lytal	George	Board of Directors			
3	Burr	Bryan	Board of Directors			
4	Tripp	Stuart	Board of Directors			
5	Muth	Thomas	Board of Directors			
6	Lytal	George	CEO			
7	Dobbins	Derek	C00			
8	Stefanou	Maria	CF0			
9	в1ит	Patty	Other Principal Officer			
10	Norris	Pam	Other Principal Officer			
11	Mashkevich	Elena	Other Principal Officer			
12	Dobbins	James M.	Shareholder			
13	Lytal	George	Shareholder			
14	2015 Irrevocable Trust	Derek Dobbins	Shareholder			
15	2015 Irrevocable Trust	Matthew Dobbins	Shareholder			
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## 9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. # LAST NAME/ENTITY/SUBCONTRACTOR FIRST NAME TYPE

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	Check this box if you need to include additional names. Please submit a separate form with complete information.  Select "Supplemental" for filing type.				
10.	VERIFICATION				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SE	CRETARY OR	DATE SIGNED		
Docusigned by:  09-12-2022   12:58:50 PDT  988C8F42C3084B5 Angela Calvillo					
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