

REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☒ Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 10/1/25Need Date: 10/20/25**PROCESSING DEPARTMENT**

Department: HHSA
Dept Contact: Alisha Bryden
Phone: ext 7317
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5320200
Funding Source: _____
PL String: _____
Legistar #: 25-1691

CONTRACT INFORMATION

CONTRACT #: _____ CONTRACT AMENDMENT #: _____

Contracting Department: HHSA Behavioral Health-Substance Use Disorder Services (SUD)

Contractor/Vendor Name: _____

Contract Term: _____ Contract Value: _____

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.***ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: _____

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSELLegal review of updates to Drug Medi-Cal Organized Delivery System (DMC-ODS) boilerplate contract template.All agreements that utilize this template with modifications only of vendor and price.**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 10/21/25
Approved ☒ Disapproved ☐ Date: 10/31/25

By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2025.10.21 12:01:37 -07'00'
By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2025.10.31 12:05:25 -07'00'

COMMENTSwith edits and comments as noted.with edits and comments as noted in email. 10.31.25 NCW**CONTRACT AMENDMENT ONLY****HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVAL

Approved ☒ Disapproved ☐ Date: 10/31/25
Approved ☐ Disapproved ☐ Date: _____

By: Karen M. Bianchini Digitally signed by Karen M. Bianchini
Date: 2025.10.31 12:42:56 -07'00'
By: _____

COMMENTS