

Internal Contract No: 251-157-M-E2010, Amend I  
Purchasing Contract No: 011-S1111  
Index Code: 419100

# CONTRACT ROUTING SHEET

*resubmitted 9/26/11*  
Date Prepared: ~~June 20, 2011~~ July 14, 2011 Need Date: July 28, 2011 *10/10/11*

## PROCESSING DEPARTMENT:

Department: Health Svcs Dept – MH Div.

Dept. Contact: Thomas Michaelson

Phone #: 6203

Department

Head Signature: *Neda West*  
Neda West, Director

## CONTRACTOR:

Name: Crestwood Behavioral Health, Inc.

Address: P.O. Box 7877  
Stockton, CA 95219

Phone: 916-471-2242

## CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division

Service Requested: 24 hour special treatment program for adults

Contract Term: 7/1/10 to 6/30/13

Contract Value: \$1,025,000

Compliance with Human Resources requirements? Yes  No

Compliance verified by: Chris Little

## COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved:  Disapproved: \_\_\_\_\_ Date: 7/18/11 By: *Justin Beck*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*changes are approved 10/11/11*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

## RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved:  Disapproved: \_\_\_\_\_ Date: 7/19/11 By: *M. Spurr*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

## OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract)

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Ray Coan* 6/20/11  
Program Mgr/Date

*John D.* 6/28/11  
Finance/Date