

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 1/14/25

Need Date: _____

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Courtney Jenkins
Phone: x7154
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5330
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATIONCONTRACT #: 8320CONTRACT AMENDMENT #: 1

Contracting Department: HHSA
Contractor/Vendor Name: County of El Dorado Probation Department
Contract Term: 5/21/24 - 6/30/26 Contract Value: \$386,000.96

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 COUNSEL

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 1/17/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole Wright
By: _____

Digitally signed by Nicole Wright
Date: 2025.01.17 10:51:28 -08'00'

COMMENTS

with edits as noted in email.

CONTRACT AMENDMENT ONLY**HR APPROVAL**

Compliance with Human Resources requirements? Yes: ☐ No: ☐
Compliance verified by: _____

RISK APPROVAL

Approved ☒ Disapproved ☐ Date: 1/28/25
Approved ☐ Disapproved ☐ Date: _____

By: Jordan A. Brown
By: _____

Digitally signed by Jordan A. Brown
Date: 2025.01.28 16:09:44 -08'00'

COMMENTS _____

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 1/24/25Need Date: 2/10/25**PROCESSING DEPARTMENT**

Department: HHSA
Dept Contact: Courtney Jenkins
Phone: x7154
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5330
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATIONCONTRACT #: 8322CONTRACT AMENDMENT #: 1

Contracting Department: HHSA
Contractor/Vendor Name: EDC Sheriff's Office
Contract Term: 5/21/24 - 6/30/26 Contract Value: \$264,041.60

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 COUNSELOpioid Remediation Activities - Funding Out**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 1/31/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole Wright
By: _____

Digitally signed by Nicole Wright
Date: 2025.01.31 11:33:04 -08'00'

COMMENTS**CONTRACT AMENDMENT ONLY****HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVAL

Approved ☒ Disapproved ☐ Date: 2/5/26
Approved ☐ Disapproved ☐ Date: _____

By: Jordan A. Brown
By: _____

Digitally signed by Jordan A. Brown
Date: 2025.02.05 17:15:00 -08'00'

COMMENTS

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 1/10/25Need Date: 1/27/25**PROCESSING DEPARTMENT**

Department: HHS
Dept Contact: Courtney Jenkins
Phone: x7154
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5330
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATIONCONTRACT #: 8332CONTRACT AMENDMENT #: 1

Contracting Department: HHS
Contractor/Vendor Name: Barton Healthcare System
Contract Term: 5/21/24 - 6/30/26 Contract Value: \$496,592

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 COUNSEL

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 1/16/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole Wright
By: _____

Digitally signed by Nicole Wright
Date: 2025.01.16 16:58:29 -08'00'

COMMENTS

with edits as noted in email.

CONTRACT AMENDMENT ONLY**HR APPROVAL**

Compliance with Human Resources requirements? Yes: ☐ No: ☐
Compliance verified by: _____

RISK APPROVAL

Approved ☒ Disapproved ☐ Date: 1/21/25
Approved ☐ Disapproved ☐ Date: _____

By: Jordan A. Brown
By: _____

Digitally signed by Jordan A. Brown
Date: 2025.01.21 14:57:30 -08'00'

COMMENTS _____

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 1/21/25Need Date: 2/4/25**PROCESSING DEPARTMENT**

Department: HHSA
Dept Contact: Courtney Jenkins
Phone: x7154
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5330
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATIONCONTRACT #: 8333CONTRACT AMENDMENT #: 1

Contracting Department: HHSA
Contractor/Vendor Name: El Dorado County Community Health Center
Contract Term: 5/21/24 - 6/30/26 Contract Value: \$109,250.24

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 COUNSEL

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 1/27/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole Wright
By: _____

Digitally signed by Nicole Wright
Date: 2025.01.27 15:07:13 -08'00'

COMMENTS

with edits noted in email.

CONTRACT AMENDMENT ONLY**HR APPROVAL**

Compliance with Human Resources requirements? Yes: ☐ No: ☐
Compliance verified by: _____

RISK APPROVAL

Approved ☒ Disapproved ☐ Date: 1/27/25
Approved ☐ Disapproved ☐ Date: _____

By: Jordan A. Brown
By: _____

Digitally signed by Jordan A. Brown
Date: 2025.01.27 16:06:40 -08'00'

COMMENTS _____

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 3/3/25

Need Date: _____

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Brian M
Phone: X 6922
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5330
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATIONCONTRACT #: 8335CONTRACT AMENDMENT #: 1Contracting Department: Health and Human Services Behavioral HealthContractor/Vendor Name: Marshall Medical CenterContract Term: 5/21/24-6/30/26 (one Contract Value: \$645,755.54, adding \$322,1

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 COUNSELExtending a year and doubling NTE**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 3/13/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole Wright
By: _____

Digitally signed by Nicole Wright
Date: 2025.03.13 13:13:22 -07'00'

COMMENTSwith comments as noted in email.**CONTRACT AMENDMENT ONLY****HR APPROVAL**

Compliance with Human Resources requirements?

Yes: ☒No: ☐Compliance verified by: Sera Salmanyan

Digitally signed by Sera Salmanyan
Date: 2025.03.18 08:40:26 -07'00'

RISK APPROVAL

Approved ☒ Disapproved ☐ Date: _____
Approved ☐ Disapproved ☐ Date: _____

By: Amanda Magnuson
By: _____

Digitally signed by Amanda Magnuson
Date: 2025.03.16 14:25:35 -07'00'

COMMENTS

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 3/4/25Need Date: 3/18/25**PROCESSING DEPARTMENT**

Department: HHSA
Dept Contact: Brian Michaelson
Phone: x6922
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5330
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATIONCONTRACT #: 8338CONTRACT AMENDMENT #: 1Contracting Department: Health and Human Services Behavioral HealthContractor/Vendor Name: Recovery in ActionContract Term: 5/21/24-6/30/26 (one Contract Value: \$75,094.40, adding \$37,547

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 COUNSELExtending a year and doubling NTE**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 3/13/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole Wright
By: _____

Digitally signed by Nicole Wright
Date: 2025.03.13 15:17:43 -07'00'

COMMENTSwith comments noted in email.**CONTRACT AMENDMENT ONLY****HR APPROVAL**

Compliance with Human Resources requirements?

Yes:



No:

Compliance verified by: Sera Salmanyan

Digitally signed by Sera Salmanyan
Date: 2025.03.18 08:41:20 -07'00'

RISK APPROVAL

Approved ☒ Disapproved ☐ Date: _____
Approved ☐ Disapproved ☐ Date: _____

By: Amanda Magnuson
By: _____

Digitally signed by Amanda Magnuson
Date: 2025.03.16 14:17:29 -07'00'

COMMENTS

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 01/07/2025

Need Date: 01/22/2025

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Brian Michaelson
Phone: X 6922
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2025.01.07 14:29:30 -08'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Summitview Child & Family Services, Inc
Address: 4805 Golden Foothills Parkway
El Dorado Hills, California 95762
Phone: _____
Org Code: 5330
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Behavioral Health

Service Requested: Amendment Review

Description: Funding out Agreement for Opioid Settlement Funds

Contract Term: 5/21/24-6/30/26 (one year extension) Contract Value: \$399,696 (adding \$199,848)

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

Approved: ☒ Disapproved: ☐ Date: 01/14/2025 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2025.01.14 16:17:55 -08'00'
Approved: ☐ Disapproved: ☐ Date: _____ By: _____

with edit as noted in email.

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: ☒ No: ☐
Compliance verified by: Sera Salmanyan
Digitally signed by Sera Salmanyan
Date: 2025.01.28 16:34:00 -08'00'

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: ☒ Disapproved: ☐ Date: 01/28/2025 By: Jordan A. Brown
Digitally signed by Jordan A. Brown
Date: 2025.01.28 16:26:04 -08'00'
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: _____

PLEASE EMAIL SIGNED DOCUMENT TO:

THANK YOU!

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 1/22/25

Need Date: _____

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Brian Michaelson
Phone: X 6922
Dept. Signature: Alisha Bryden
Title: _____

Org Code: 5330
Funding Source: _____
PL String: _____
Legistar #: 25-0126

CONTRACT INFORMATIONCONTRACT #: 8340CONTRACT AMENDMENT #: 1Contracting Department: HHSA SUDSContractor/Vendor Name: Mountain High Recovery CenterContract Term: 5/21/24-6/30/26Contract Value: \$155,639.20

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 COUNSEL

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 1/28/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole Wright

Digitally signed by Nicole Wright
Date: 2025.01.28 16:43:19 -08'00'

COMMENTS

CONTRACT AMENDMENT ONLY**HR APPROVAL**

Compliance with Human Resources requirements?

Yes: ☒No: ☐Compliance verified by: Sera Salmanyan

Digitally signed by Sera Salmanyan
Date: 2025.01.29 09:25:50 -08'00'

RISK APPROVAL

Approved ☒ Disapproved ☐ Date: 1/29/25
Approved ☐ Disapproved ☐ Date: _____

By: Jordan A. Brown

Digitally signed by Jordan A. Brown
Date: 2025.01.29 09:03:32 -08'00'

COMMENTS
