REVIEW AND APPROVAL REQUESTED FOR:		
Contract Amendment Resoluti	on Ordinance Policy Other	
	County Counsel	
REVIE	W ROUTING SHEET	
Date Prepared: 1/14/25	Need Date:	
PROCESSING DEPARTMENT		
Department: HHSA	Org Code: <u>5330</u>	
Dept Contact: Courtney Jenkins	Funding Source:	
Phone: x7154 Dept. Signature: Alisha Bryden Date: 2025.01.14 14:33:25-08000	PL String:	
Title: Admin Analyst Supervisor	Legistar #:	
CONTRACT INFORMATION		
CONTRACT #: 8320	CONTRACT 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/	By: Nicole Wright Date: 2025,01.17 10:51:28 -08'00'	
Approved Disapproved Date:	Bý:	
with edits as noted in email.		
with coits as noted in chian.		
CONTRACT AMENDMENT ONLY		
HR APPROVAL	. \square	
Compliance with Human Resources requirements? Yes: No: No: Compliance verified by:		
RISK APPROVAL		
	1/28/25 By: Jordan A. Brown Digitally signed by Jordan A. Brown Date: 2025.01.28 16:09:44 -08'00'	
	By:	
COMMENTS		

REVIEW AND APPROVAL REQUESTED FOR:			
Contract Amendment Resolution	Ordinance Policy Other		
County Counsel REVIEW ROUTING SHEET			
Date Prepared: 1/24/25 Need Date: 2/10/25			
PROCESSING DEPARTMENT			
Department: HHSA Dept Contact: Courtney Jenkins Phone: x7154 Dept. Signature: Alisha Bryden Digitally signed by Alisha Bryden Date: 2025.01.27 11:26:14 - 0800' Admin Analyst Supervisor	Org Code: 5330 Funding Source: PL String: Legistar #:		
CONTRACT INFORMATION			
CONTRACT #: 8322	CONTRACT 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 COUNSEL Opioid Remediation Activities - Funding Out			
COUNTY COUNSEL Approved Disapproved Date: 1/31/25 COMMENTS Date: 1/31/25	By: Nicole Wright Digitally signed by Nicole Wright Date: 2025.01.31 11:33:04 -08'00' By:		
CONTRACT AMENDMENT ONLY HR APPROVAL Compliance with Human Resources requirement Compliance verified by: RISK APPROVAL Approved Approved Disapproved Date: 2/5/ Disapproved COMMENTS	By: Jordan A. Brown Digitally signed by Jordan A. Brown Date: 2025.02.05 17:15:00 -08'00'		

REVIEW AND APPROVAL REQUESTED FOR:		
Contract Amendment Resolutio	n Ordinance Policy Other	
	ounty Counsel	
REVIE	N ROUTING SHEET	
Date Prepared: 1/10/25	Need Date: <u>1/27/25</u>	
PROCESSING DEPARTMENT		
Department: HHSA	Org Code: 5330	
Dept Contact: Courtney Jenkins	Funding Source:	
Phone: x7154 Dept. Signature: Alisha Bryden Digitally signed by Alisha Bryden Date: 2025.01.10 11:26:58-0800	PL String:	
Title: Admin Analyst Supervisor	Legistar #:	
CONTRACT INFORMATION		
CONTRACT #: 8332	CONTRACT AMENDMENT #: 1	
Contracting Department: HHSA		
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: 1/16/2	By: Nicole Wright Date: 2025.01.16 16:58:29 -08'00'	
Approved Disapproved Date:		
with edits as noted in email.		
with edits as noted in email.		
CONTRACT AMENDMENT ONLY		
HR APPROVAL	. \square	
Compliance with Human Resources requirements? Yes: No: No:		
Compliance verified by:RISK APPROVAL		
Approved Disapproved Date: 1	/21/25 By: Jordan A. Brown Digitally signed by Jordan A. Brown Date: 2025.01.21 14:57:30 -08'00'	
·· ·· -	By:	
COMMENTS		

REVIEW AND APPROVAL REQUESTED FOR:		
Contract	Amendment Resolu	ition Ordinance Policy Other
	REV	County Counsel /IEW ROUTING SHEET
Date Prepared:	1/21/25	Need Date: <u>2/4/25</u>
PROCESSING D	EPARTMENT	
Department:	HHSA	Org Code: <u>5330</u>
Dept Contact:	Courtney Jenkins x7154	Funding Source:
Phone: Dept. Signature	Alisha Bryden Digitally signed by Alisha Bryden Date: 2025.01.21 15:17:13-08'00'	PL String:
Title:	Admin Analyst Supervisor	Legistar #:
CONTRACT INF	ORMATION	
CONTRA	ACT #: 8333	CONTRACT AMENDMENT #: 1
Contrac	ting 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 COUNS		
Approved	Disapproved Date: 1/2	7/25 By: Nicole Wright Digitally signed by Nicole Wright Date: 2025.01.27 15:07:13 -08'00'
Approved L COMMENTS	Disapproved Date:	By:
with edits note	d in email.	
CONTRACT AMI	ENDMENT ONLY	
HR APPROV		•
Compliance with Human Resources requirements? Yes: No: No:		
RISK APPRO		
Approv		2: 1/27/25 By: Jordan A. Brown Digitally signed by Jordan A. Brown Date: 2025.01.27 16:06:40 -08'00'
Approv		
COMMENTS	5	

County Counsel REVIEW ROUTING SHEET Date Prepared: 3/3/25 Need Date: PROCESSING DEPARTMENT Department: HHSA
PROCESSING DEPARTMENT Department: HHSA Org Code: 5330 Dept Contact: Brian M Funding Source: Planting Source: PL String: Legistar #: Copt. Signature: Alisha Bryden Department: Admin Analyst Supervisor Legistar #: CONTRACT INFORMATION CONTRACT #: 8335 CONTRACT AMENDMENT #: 1 Contracting Department: Health and Human Services Behavioral Health Contractor/Vendor Name: Marshall Medical Center Contract Term: 5/21/24-6/30/26 (one Contract Value: \$645,755.54, adding \$322,{ 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
Department: HHSA Org Code: 5330 Dept Contact: Brian M Funding Source: PL String: PL String: Legistar #: CONTRACT INFORMATION CONTRACT #: 8335 CONTRACT AMENDMENT #: 1 Contracting Department: Health and Human Services Behavioral Health Contractor/Vendor Name: Marshall Medical Center Contract Term: 5/21/24-6/30/26 (one Contract Value: \$645,755.54, adding \$322,8 Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below. DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL
Dept Contact: Brian M Phone: X 6922 Dept. Signature: Alisha Bryden Dept. Signature: Admin Analyst Supervisor Title: Admin Analyst Supervisor CONTRACT INFORMATION CONTRACT #: 8335 CONTRACT AMENDMENT #: 1 Contracting Department: Health and Human Services Behavioral Health Contractor/Vendor Name: Marshall Medical Center Contract Term: 5/21/24-6/30/26 (one Contract Value: \$645,755.54, adding \$322,8 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
Phone: X 6922 Dept. Signature: Alisha Bryden Degith, Speed by Alies Bryden Degister #: CONTRACT INFORMATION CONTRACT #: 8335 CONTRACT AMENDMENT #: 1 Contracting Department: Health and Human Services Behavioral Health Contractor/Vendor Name: Marshall Medical Center Contract Term: 5/21/24-6/30/26 (one Contract Value: \$645,755.54, adding \$322,8 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
Dept. Signature: Alisha Bryden Dept. Signature: Alisha Bryden Debt. String: Legistar #: Legist
CONTRACT INFORMATION CONTRACT #: 8335
CONTRACT #: 8335 CONTRACT AMENDMENT #: 1 Contracting Department: Health and Human Services Behavioral Health Contractor/Vendor Name: Marshall Medical Center Contract Term: 5/21/24-6/30/26 (one Contract Value: \$645,755.54, adding \$322,8 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
Contracting Department: Health and Human Services Behavioral Health Contractor/Vendor Name: Marshall Medical Center Contract Term: 5/21/24-6/30/26 (one Contract Value: \$645,755.54, adding \$322,8 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
Contractor/Vendor Name: Marshall Medical Center Contract Term: 5/21/24-6/30/26 (one Contract Value: \$645,755.54, adding \$322,8 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
Contract Term: 5/21/24-6/30/26 (one Contract Value: \$645,755.54, adding \$322,8 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
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
ORDINANCE/RESOLUTION/POLICY INFORMATION TITLE / SUBJECT: NUMBER (If Assigned): DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL
TITLE / SUBJECT: NUMBER (If Assigned): DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL
NUMBER (If Assigned): DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL
DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL
COUNTY COUNSEL Approved Disapproved Date: 3/13/25 By: Nicole Wright Date: 2025.03.13 13:13:22-07'00'
Approved Disapproved Date: By:
COMMENTSwith comments as noted in email.
CONTRACT AMENDMENT ONLY
HR APPROVAL Compliance with Human Resources requirements? Yes: Ves: No: Compliance verified by: Sera Salmanyan RISK APPROVAL
Approved Disapproved Date: By: Amanda Magnuson Digitally signed by Amanda Magnuson Date: 2025.03.16 14:25:35 -07:00' Date: By: Manda Magnuson Digitally signed by Amanda Magnuson Date: 2025.03.16 14:25:35 -07:00' Date: By: Manda Magnuson Digitally signed by Amanda Magnuson Date: 2025.03.16 14:25:35 -07:00'

REVIEW AND APPROVAL REQUESTED FOR: Contract ✓ Amendment Resolution Ordinance Policy Other		
	nty Counsel ROUTING SHEET	
Date Prepared: 3/4/25	Need Date: 3/18/25	
PROCESSING DEPARTMENT		
Department: HHSA	Org Code: <u>5330</u>	
Dept Contact: Brian Michaelson Phone: x6922 Dept. Signature: Alisha Bryden Digitally signed by Alisha Bryden Date: 2025.03.04 16:45:15-08007 PL String:		
CONTRACT INFORMATION		
CONTRACT #: 8338	CONTRACT AMENDMENT #: 1	
Contracting Department: Health and Human Services Behavioral Health		
Contractor/Vendor Name: Recovery in Ac		
Contract Term: 5/21/24-6/30/26 (one Contract Value: \$75,094.40, adding \$37,547		
Note - HR & RISK review will take place during Feni.	x Contract workflow - amendments see below.	
ORDINANCE/RESOLUTION/POLICY INFORMATION TITLE / SUBJECT: NUMBER (If Assigned):		
Extending a year and doubling NTE	TY COUNSEL	
Approved Disapproved Date: 3/13/25 Approved Disapproved Date: 2/13/25 COMMENTS with comments noted in email.	By: Nicole Wright Date: 2025.03.13 15:17:43 -07'00' By:	
CONTRACT AMENDMENT ONLY HR APPROVAL Compliance with Human Resources requirement Compliance verified by: Sera Salmanyan RISK APPROVAL Approved Disapproved Date: Approved Disapproved Date:	Digitally signed by Sera Salmanyan Date: 2025.03.18 08:41:20 -07'00' By: Amanda Magnuson Digitally signed by Amanda Magnuson Date: 2025.03.16 14:17:29 -07'00'	
COMMENTS		

Agreement # 8339	- Amendment # 1	Legistar # 25-0126	

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared:	01/07/2025	Need Date:	01/22/2025
PROCESSING D	EPARTMENT:	CONTRAC	TOR:
Department:	Health and Human Services Agency	Name:	Summitview Child & Family Services, Inc
Dept. Contact:	Brian Michaelson	Address:	4805 Golden Foothills Parkway
Phone:	X 6922		El Dorado Hills, California 95762
Department Head Signature:	Alisha Bryden Date: 2025.01.07 14:29:30 -08'00'	Phone:	
ŭ	Alisha Bryden	Org Code:	5330
	Administrative Analyst Supervisor	Project Strir (if applicable	<u> </u>
		n Services Behavioral F	Health
•	ed: Amendment Review	Eundo	
· · · · · · · · · · · · · · · · · · ·	unding out Agreement for Opioid Settlement		#200 000 (adding \$400 040)
Contract Term: 5	5/21/24-6/30/26 (one year extension)	_ Contract Value	\$399,696 (adding \$199,848)
COUNTY COUN	SEL: (must approve all contrac	ts and MOU's)	
Approved:	✓ Disapproved:	Date: 01/14/2	025 By: Nicole Wright Digitally signed by Nicole Wright Digitally signed by Nicole Wright
Approved:	Disapproved:	Date:	By:
with edit as noted in ema			
С	OUNSEL PLEASE FORWARD TO	HR AND RISK MAN	IAGEMENT THANKS!
HR APPROVAL:			
	Human Resources requirement	ts? Yes:	No: □
-	•	∫ Digi	tally signed by Sera Salmanyan
Compliance veni	ied by: Sera Salmanyan	Date	e: 2025.01.28 16:34:00 -08'00'
RISK MANAGEN	MENT APPROVAL: (all contrac	ts & MOU's exce	pt boilerplate grant funding contrac
Approved:	✓ Disapproved:	Date: 01/28/2	=
Approved:	Disapproved:	Date:	By:
, tpp1010d	Bloapprovou		
OTHER APPRO	VAL: (Specify department(s) pa	articipating or dire	ectly affected by this contract).
Departments: _			
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	 By:
			·
			· · · · · · · · · · · · · · · · · · ·
DIEACEEMAII	. SIGNED DOCUMENT TO:		
I LLASE EIVIAIL	. SIGNED DOCUMENT TO.		

REVIEW AND APPROVAL REQUESTED FOR:		
Contract Amendment Resolution	Ordinance Policy Other	
	inty Counsel ROUTING SHEET	
ILL VIE VV	NOOTING SHEET	
Date Prepared: 1/22/25	Need Date:	
PROCESSING DEPARTMENT		
Department: HHSA	Org Code: 5330	
Dept Contact: Brian Michaelson	Funding Source:	
Phone: X 6922 Dept. Signature: Alisha Bryden Digitally signed by Alisha B	PL String:	
Title:	Legistar #: <u>25-0126</u>	
CONTRACT INFORMATION		
CONTRACT #: 8340	CONTRACT AMENDMENT #: 1	
Contracting Department: HHSA SUDS		
Contractor/Vendor Name: Mountain High		
Contract Term: 5/21/24-6/30/26 Contract 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 COU	NTY COUNSEL	
COUNTY COUNSEL		
Approved Disapproved Date: 1/28/25	By: Nicole Wright Digitally signed by Nicole Wright Date: 2025.01.28 16:43:19 -08:00'	
Approved Disapproved Date:	By: NICOLE WILGHT Date: 2025.01.28 16:43:19 -08'00'	
COMMENTS		
CONTRACT AMENDMENT ONLY		
HR APPROVAL		
Compliance with Human Resources requiremen	nts? Yes: No: Digitally signed by Sera Salmanyan	
Compliance verified by: Sera Salmanyan	Date: 2025.01.29 09:25:50 -08'00'	
RISK APPROVAL	29/25 Powder Δ Brown Digitally signed by Jordan A. Brown	
Approved Disapproved Date: 1/2 Approved Disapproved Date:	By: Jordan A. Brown Digitally signed by Jordan A. Brown Digitally signed by Jordan A. Brown Date: 2025.01.29 09:03:32 -08'00' By:	
COMMENTS		