

**REVIEW AND APPROVAL REQUESTED FOR:**

Contract  Amendment  Resolution  Ordinance  Policy  Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 4/16/26

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT**

Department: HHSA  
Dept Contact: Max Hudock  
Phone: X6921  
Dept. Signature: Alisha A. Bryden  
Title: AAS

Org Code: \_\_\_\_\_  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: 26-0510

**CONTRACT INFORMATION**

CONTRACT #: 10188

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: HHSA

Contractor/Vendor Name: Star View Behavioral Health

Contract Term: 12/1/25-11/30/26 Contract Value: \$630,000

*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**

Agreement for Services #10188 with Star View Behavioral Health, Inc. dba  
Star View Adolescent Center, Inc.

**COUNTY COUNSEL**

Approved  Disapproved  Date: 5/6/26  
Approved  Disapproved  Date: \_\_\_\_\_

By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2026.05.06 15:20:16 -07'00'  
By: \_\_\_\_\_

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

**COMMENTS**