AGREEMENT
CONTRACT ROUTING SHEET

Date Prepared: 04/12/2024

Need Date: 04/22/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kristy Fackrell
Phone: x6919
Department
Head Signature: **Alisha Bryden** Digitally signed by Alisha Bryden Date: 2024.04.09 16:24:46 -07'00'

Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Crestwood Behavioral Health, Inc.
Address: 520 Capitol Mall Suite 800
Sacramento, CA 95814
Phone:

Org Code: 5320
Project #
(if applicable):

Funding Source: 100% Behavioral Health Realignment State Funding

CONTRACTING DEPARTMENT: Behavioral Health
Service Requested: Review of Agreement
Description: 8631 Agreement for Adult Inpatient/Residential Treatment Services
Contract Term: 7/1/2024-6/30/2027   Contract Value: $ 5,400,000.00

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: ☑   Disapproved: ☐   Date: 04/23/2024   By: Nicole Wright Digitally signed by Nicole Wright Date: 2024.04.23 11:52:33 -07'00'
Approved: ☐   Disapproved: ☐   Date: By:

with comments as noted in email.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:
Thank you!