

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 4/6/26

Need Date: 4/20/26

PROCESSING DEPARTMENT

Department: HSA BHD
Dept Contact: Alisha Bryden
Phone: X 7317
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5310100
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATION

CONTRACT #: _____ CONTRACT AMENDMENT #: _____

Contracting Department: HSA Behavioral Health Division

Contractor/Vendor Name: _____

Contract Term: _____ Contract Value: _____

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

Revised Speciality Mental Health Services (SMHS) Template for 2026 with revised Scopes

COUNTY COUNSEL

Approved Disapproved Date: 5/21/26
Approved Disapproved Date: 5/22/26

By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2026.05.21 11:18:08 -07'00'
By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2026.05.22 13:46:28 -07'00'

COMMENTS

Templates approved as to form, as revised (with comments noted in email).
Please resubmit for review if use beyond 2027.

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