

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/12/2024

Need Date: 09/13/2024

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: California Psychiatric Transitions, Inc.

Dept. Contact: Kristy Fackrell

Address: 9226 Hinton Avenue

Phone: x6919

Delhi, California 95315

Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.08.16 10:07:39 -07'00'

Phone: 209-667-9304 ext. 101

Alisha Bryden
Administrative Analyst Supervisor

Org Code: 5320 BH Mental Health Traditional

Project #
(if applicable): _____

Funding Source: 100% Behavioral Health Realignment State Funding

CONTRACTING DEPARTMENT: HHSA- Behavioral Health

Service Requested: Legal Review

Description: Adult Inpatient/Residential Treatment Services

Contract Term: Upon FE (3 year term with option to extend 1 additional year) Contract Value: \$ 2,200,000.00

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

Approved: Disapproved: Date: 08/26/2024

By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.08.26 16:34:50 -07'00'

Approved: Disapproved: Date: 10/24/2024

By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.10.24 09:08:47 -07'00'

with comments as noted in email.

with comments as noted in email - NCW 10.24.24

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!