

REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☒ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☐ Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 3/5/25

Need Date: _____

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Kristy Fackrell
Phone: x6919
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5310150
Funding Source: 100% BH Realignment
PL String: 53TRADINP-5341200INP-50500-WS
Legistar #: 25-0257

CONTRACT INFORMATIONCONTRACT #: 8860CONTRACT AMENDMENT #: IContracting Department: HHSA- Behavioral HealthContractor/Vendor Name: Helios Healthcare, LLCContract Term: 6/21/24-6/20/27 36mContract Value: \$400,000

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

Amend recital, Scope of Services, extend term, increase max ob, add rates and rate change
language, update contract provisions

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 3/3/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole Wright

Digitally signed by Nicole Wright
Date: 2025.03.03 14:23:58 -08'00'

COMMENTS

with edits as noted in email.

CONTRACT AMENDMENT ONLY**HR APPROVAL**

Compliance with Human Resources requirements?

Yes: ☒No: ☐Compliance verified by: Sera Salmnyan

Digitally signed by Sera Salmnyan
Date: 2025.03.26 09:30:27 -07'00'

RISK APPROVAL

Approved ☒ Disapproved ☐ Date: _____
Approved ☐ Disapproved ☐ Date: _____

By: Amanda Magnuson

Digitally signed by Amanda Magnuson
Date: 2025.03.25 12:59:22 -07'00'

COMMENTS