

Internal Contract No: 130-MHD0309  
Purchasing Contract No: 844-S0911  
Index Code: 413410

# CONTRACT ROUTING SHEET

Date Prepared: May 12, 2009

Need Date: 6-12-09

**PROCESSING DEPARTMENT:**  
Department: Health Svcs Dept - MH Div.  
Dept. Contact: Thomas Michaelson  
Phone #: 6203  
Department  
Head Signature: *Neda West*  
Neda West, Director

**CONTRACTOR:**  
Name: Crestwood Behavioral Health, Inc.  
Address: P.O. Box 7877  
Stockton, CA 95219  
Phone: 916-471-2242

**CONTRACTING DEPARTMENT:** Health Services Department - Mental Health Division  
Service Requested: 24 hour special treatment program for adults  
Contract Term: 7/1/09 to 6/30/10 Contract Value: \$700,000.00  
Compliance with Human Resources requirements? Yes  No:   
Compliance verified by: Chris Little

2009 JUN -8 PM 4:34  
ALBORNO COUNTY COUNSEL

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
Approved:  Disapproved:  Date: 6-10-09 By: *[Signature]*  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  
**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)  
Approved:  Disapproved:  Date: 6/12/09 By: *[Signature]*  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).  
Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*[Signature]* 5/13/09 *[Signature]*