


Contract #: 421-51411
Index Code: 418720

CONTRACT ROUTING SHEET

Date Prepared: 1/16/14

Need Date: 1/30/14

PROCESSING DEPARTMENT:

Department: HHSA / Mental Health
Dept. Contact: Kathryn Lang
Phone #: X7147
Department
Head Signature: 

CONTRACTOR:

Name: Crestwood Behavioral Health
Address: PO Box 7877
Stockton, CA 95219
Phone: _____

Don Ashton, MPA, Director or

CONTRACTING DEPARTMENT: HHSA / Mental Health Division

Service Requested: Inpatient MH services
Contract Term: Signature for 5 yrs 2/25/14 - 6/30/16 Contract/Grant Value: \$3,350,000
Compliance with Human Resources requirements? N/A Yes No: _____
Compliance verified by: Feasibility Analysis attached

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

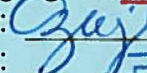
Approved: Disapproved: _____ Date: 1/20/14 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

The requested indemnif. language is legal, but it is not recommended - exposes Cty to unnecc. risk. Do not recommend! chg to std lang. IF HHSA wishes to recommend, shd call this proposal chg: vsn for HHSA recommendation to BOS

noted 2/4/14 @

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 1/31/14 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

ok for no evidence of primary

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract)

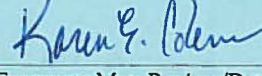
NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments:

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

 1/23/14
Contracts Supe Review/Date

 1/17/14
Program Mgr. Review/Date


Contracts Mgr. Review/Date
1/23/14

 1/23/14
CFO Review/Date



Re: Crestwood agreement changes-request for review

1 message

Paula Frantz <paula.frantz@edcgov.us>

Fri, Apr 11, 2014 at 1:51 PM

To: Sharon Keoppel <sharon.keoppel@edcgov.us>

Sharon:

I reviewed the changes and they are fine -- you may want to send the blue back through just so that the file accurately reflects the dates for the future. Or, at least, keep this email with the blue.

Paula F. Frantz
Senior Deputy County Counsel

paula.frantz@edcgov.us
530-621-5778

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On Fri, Apr 11, 2014 at 10:59 AM, Sharon Keoppel <sharon.keoppel@edcgov.us> wrote:

Good morning~

I left a VM explaining that the vendor requested a few changes to the contract. Due to the length of time the vendor had the contract, we had to change the execution date as well. I have attached the contract, with the changes highlighted.

Please advise if I need to resubmit to County counsel for review, and than kyou

Issues/Concerns

- 1. Please see page 3 rewording (highlighted now on pg 4 due to insertion of pg 3-H, see next comment). **Vendor does not supply data requested per Lori Walker***
- 2. Removed Article V-inserted acute transfer notification in Scope (see highlighted pg 3-H). **Does not apply per Lori Walker so it can be removed.***
- 3. Remittance address changed as requested*
- 4. Notice to Parties address changed as requested.*
- 5. Change to Term to cover outstanding March invoice*

**Thank you,
Sharon Keoppel**

**Department Analyst I
County of El Dorado
Health and Human Services Agency
(530) 642-4811
Sharon.Keoppel@edcgov.us**

**"A mind is like a parachute. It doesn't work if it is not open."
— Frank Zappa**

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