

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 6/19/25Need Date: 7/3/25**PROCESSING DEPARTMENT**

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

Org Code: 5310100
Funding Source: State BH Realignment
PL String: 53TRADINP-5341200INP-50500 -WS
Legistar #: 25-1072

CONTRACT INFORMATIONCONTRACT #: 9677

CONTRACT AMENDMENT #: _____

Contracting Department: HSA Behavioral HealthContractor/Vendor Name: California Mental Health Services Authority (CalMHSA)Contract Term: 7/1/25-6/30/26Contract Value: \$75,600

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 COUNSELParticipation Agreement for Psychiatric Inpatient Concurrent Reviews**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 7/2/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright
By: _____

Digitally signed by Nicole C. Wright
Date: 2025.07.02 15:25:40 -07'00'

COMMENTSwith edits as noted in email.**CONTRACT AMENDMENT ONLY****HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVAL

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

By: _____
By: _____

COMMENTS