

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 5/2/25Need Date: 5/7/25**PROCESSING DEPARTMENT**

Department: HHSA
Dept Contact: Kristy Fackrell
Phone: x6919
Dept. Signature: Lisa Konyecsni
Title: Sr. Admin Analyst

Org Code: 510100
Funding Source: _____
PL String: _____
Legistar #: 25-0484

CONTRACT INFORMATIONCONTRACT #: 9597

CONTRACT AMENDMENT #: _____

Contracting Department: HHSA- Behavioral HealthContractor/Vendor Name: California Mental Health Services Authority (CalMHSA)Contract Term: 7/1/25-6/30/27Contract Value: \$0.00

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

Review of tri-party MOU with CalMHSA and CA Dept. of State Hospitals - County Use of State
Hospital Beds

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 5/7/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright

Digitally signed by Nicole C. Wright
Date: 2025.05.07 16:15:00 -07'00'

COMMENTS**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