

Contract #: 010-S1711  
Index Code: 418720

# CONTRACT ROUTING SHEET

Date Prepared: 2/10/16

Need Date: 2/23/16

**PROCESSING DEPARTMENT:**

Department: HHS/Mental Health

Dept. Contact: Laura K. Walny

Phone #: X 7118

Department

Head Signature:   
Don Ashton, M.P.A., Director

**CONTRACTOR:**

Name: Crestwood Behavioral Health, Inc.

Address: PO Box 7877  
Stockton, CA 95219

Phone:

**CONTRACTING DEPARTMENT:** HHS/Mental Health

Service Requested: Inpatient MH Services

Contract Term: 7/1/16 - 6/30/19 Contract/Grant Value: \$3,000,000

Compliance with Human Resources requirements? N/A Yes  No:

Compliance verified by: 1/25/16 Misty Garcia approved

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


Approved:  Disapproved:  Date: 2/17/16 By: 

Approved:  Disapproved:  Date:  By:

**PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!**

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

Approved:  Disapproved:  Date: 2/25/16 By: 

Approved:  Disapproved:  Date: 3/24/16 By: 

*Epix deficiencies*

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

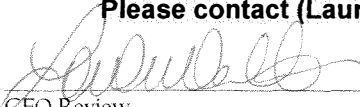
**NOTE:** Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and 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: \_\_\_\_\_

Please contact (Laura K. Walny x 7118) with questions or for contract packet pick-up. Thank you!

 Date: 2/11/16  
CFO Review

 Date: 2/11/16  
Deputy Director, Administration and Contracts