REVIEW AND APPROVAL REQUESTED FOR:

☑ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☐ Other

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 5/11/26 Need Date: 5/25/26

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Kristy Fackrell
Phone: x6919
Dept. Signature: Alisha A. Bryden Digitally signed by Alisha A. Bryden Date: 2026.05.11 13:46:21 -07'00'
Title: Admin Analyst Sup

Org Code: 5320200
Funding Source:
PL String:
Legistar #: 26-0724

CONTRACT INFORMATION

CONTRACT #: 10307 CONTRACT AMENDMENT #:

Contracting Department: HHSA Behavioral Health
Contractor/Vendor Name: JCL Investments LLC dba Community Outreach Recovery and Re
Contract Term: FE-6/30/27 or 6/30/28 Contract Value: $400,000 / if extd $825,000

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

Drug Medi-Cal Organized Delivery Services - Residential
Utilizing DMC-ODS Boilerplate and Exhibits which were approved by Counsel Oct 2025

COUNTY COUNSEL

Approved ☑ Disapproved ☐ Date: 5/26/26 By: Nicole C. Wright Digitally signed by Nicole C. Wright Date: 2026.05.26 15:45:47 -07'00'
Approved ☐ Disapproved ☐ Date: By:

COMMENTS

CONTRACT AMENDMENT ONLY

HR APPROVAL

Compliance with Human Resources requirements? Yes: ☐ No: ☐
Compliance verified by:

RISK APPROVAL

Approved ☐ Disapproved ☐ Date: By:
Approved ☐ Disapproved ☐ Date: By:

COMMENTS

REVIEW AND APPROVAL REQUESTED FOR:

☑ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☐ Other

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 6/1/26 Need Date: _____

PROCESSING DEPARTMENT

Department: HHSA Org Code: 5320200
Dept Contact: Max Hudock Funding Source: _____
Phone: X6921 PL String: _____
Dept. Signature: Alisha A. Bryden Digitally signed by Alisha A. Bryden Date: 2026.06.01 08:58:41 -07'00' Legistar #: 26-0724
Title: AAS

CONTRACT INFORMATION

CONTRACT #: 10334 CONTRACT AMENDMENT #: _____

Contracting Department: HHSA
Contractor/Vendor Name: G.L.O.M. Substance Abuse Program, Inc.
Contract Term: execution up to 6/30/2 Contract Value: up to $950,000

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

Agreement for Services #10334 with G.L.O.M. Substance Abuse Program, Inc. for SUD services upon execution through 6/30/27, total NTE $450,000, option to extend term 1 extra year through 6/30/28, if term extension exercised $950,000 total NTE

COUNTY COUNSEL

Approved ☑ Disapproved ☐ Date: 6/15/26 By: Nicole C. Wright Digitally signed by Nicole C. Wright Date: 2026.06.15 15:39:14 -07'00'
Approved ☐ Disapproved ☐ Date: _____ By: _____

COMMENTS _____

CONTRACT AMENDMENT ONLY

HR APPROVAL

Compliance with Human Resources requirements? Yes: ☐ No: ☐
Compliance verified by: _____

RISK APPROVAL

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

COMMENTS _____