

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 4/23/25Need Date: 4/30/25**PROCESSING DEPARTMENT**

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

Org Code: 5310100
Funding Source: Behavioral Health Realignment
PL String: 53TRADINP-5341204INP-50500-WS
Legistar #: 25-0715

CONTRACT INFORMATIONCONTRACT #: 846CONTRACT AMENDMENT #: IContracting Department: HHSA- Behavioral HealthContractor/Vendor Name: BHC Heritage Oaks Hospital Inc. dba Heritage Oaks HospitalContract Term: 6/10/24 - PerpetualContract Value: \$500,000

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 COUNSELIncrease Max Obligation and update standard County language**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 4/30/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. WrightDigitally signed by Nicole C. Wright
Date: 2025.04.30 12:54:09 -07'00'

By: _____

COMMENTSwith comments as noted in email.**CONTRACT AMENDMENT ONLY****HR APPROVAL**

Compliance with Human Resources requirements?

Yes: ☒No: ☐Compliance verified by: Sera SalmalyanDigitally signed by Sera Salmalyan
Date: 2025.05.06 08:18:49 -07'00'**RISK APPROVAL**

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

By: Amanda MagnusonDigitally signed by Amanda Magnuson
Date: 2025.05.05 20:17:25 -07'00'

By: _____

COMMENTS