

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 3/24/26

Need Date: 4/7/26

PROCESSING DEPARTMENT

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

Org Code: 5310100
Funding Source: _____
PL String: 53TRAD
Legistar #: 26-0514

CONTRACT INFORMATION

CONTRACT #: 10189

CONTRACT AMENDMENT #: _____

Contracting Department: HSA Behavioral Health

Contractor/Vendor Name: County of Yolo

Contract Term: 7/1/25-6/30/28 Contract Value: \$90,000

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

Specialty Mental Health Services between Mental Health Plans- County of Yolo as County of Jurisdiction and El Dorado County as County of Residence

COUNTY COUNSEL

Approved Disapproved Date: 4/7/26
Approved Disapproved Date: _____

By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2026.04.07 15:34:30 -07'00'
By: _____

COMMENTS

with edits as noted.

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 _____