

**REVIEW AND APPROVAL REQUESTED FOR:**

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

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 4/15/25Need Date: 4/24/25**PROCESSING DEPARTMENT**

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

Org Code: 5310100  
Funding Source: State BH Realignment  
PL String: 53TRADRES-5341120OTP-50500-WS  
Legistar #: 25-0489

**CONTRACT INFORMATION**CONTRACT #: 9477

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: HHS- Behavioral HealthContractor/Vendor Name: Mental Health Management I, Inc. dba Canyon ManorContract Term: 7/1/25-6/30/28Contract Value: \$2,000,000

*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**Mental Health Rehabilitation Center Services**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 5/6/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: Nicole C. Wright

Digitally signed by Nicole C. Wright  
Date: 2025.05.06 13:17:26 -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**