

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: 53TRADINP-5341200INP-50500 -WS
Legistar #: 26-0431

CONTRACT INFORMATION

CONTRACT #: 10153

CONTRACT AMENDMENT #: _____

Contracting Department: HSA Behavioral Health

Contractor/Vendor Name: California Mental Health Services Authority (CaMHSA)

Contract Term: 7/1/26-6/30/28 Contract Value: \$148,176

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

Psychiatric Inpatient Concurrent Review Program

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 17:49:06 -07'00'
By: _____

COMMENTS

with comments as noted in email.

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
