

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 1/2/25

Need Date: 1/16/25

PROCESSING DEPARTMENT

Department: Health and Human Services Agency

Org Code: 5310150

Dept Contact: Kristy Fackrell

Funding Source: MHSA and State BH Bridge Housing

Phone: x6919

PL String: 53TRADRES-53P41138-50500-WS, 56

Department

Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2024.12.23 17:06:39 -08'00'

Legistar #: 25-0008

CONTRACT INFORMATION

CONTRACT #: #9284

CONTRACT AMENDMENT #: _____

Contracting Department: HHSA

Contractor/Vendor Name: Compassion Pathway Behavioral Health LLC

Contract Term: 3/25/2025-3/24/2028 with option to extend 1 addtl year to 3/24/2

Contract Value: \$2,932,000 / \$3,910,000 if extended 1 year

Note - HR & RISK review will take place during Fenix Contract workflow - except for contract amendments.

ORDINANCE/RESOLUTION/POLICY INFORMATION

TITLE / SUBJECT: _____

NUMBER (If Assigned): _____

ADDITIONAL DETAILS AND NOTES FOR COUNTY COUNSEL

COUNTY COUNSEL

Approved

Disapproved

Date: 1/21/25

By: Nicole Wright

Digitally signed by Nicole Wright
Date: 2025.01.21 16:58:47 -08'00'

Approved

Disapproved

Date: 1/27/25

By: Nicole Wright

Digitally signed by Nicole Wright
Date: 2025.01.27 10:41:46 -08'00'

COMMENTS

with comments as noted in email.

