

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 4/1/25

Need Date: _____

PROCESSING DEPARTMENT

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

Org Code: 5310100
Funding Source: BH Realignment
PL String: _____
Legistar #: 25-0484

CONTRACT INFORMATIONCONTRACT #: 8132CONTRACT AMENDMENT #: IContracting Department: HHSA- Behavioral HealthContractor/Vendor Name: California Mental Health Service Authority (CalMHSA)Contract Term: 7/1/23-6/30/26Contract Value: \$4,206

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

Amending to extend the term for one additional year and add funding for modified program term
Update/add contract provisions

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 3/28/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright
By: _____

Digitally signed by Nicole C. Wright
Date: 2025.03.28 15:50:59 -07'00'

COMMENTS

with comments as noted in email.

CONTRACT AMENDMENT ONLY**HR APPROVAL**

Compliance with Human Resources requirements?

Yes: ☒No: ☐Compliance verified by: Sera Salmanyan

Digitally signed by Sera Salmanyan
Date: 2025.04.21 09:24:23 -07'00'

RISK APPROVAL

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

By: Amanda Magnuson
By: _____

Digitally signed by Amanda Magnuson
Date: 2025.04.15 17:10:20 -07'00'

COMMENTS