

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 1/6/26

Need Date: 1/20/26

PROCESSING DEPARTMENT

Department: HSA - BHD
Dept Contact: Alisha Bryden
Phone: X 7317
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5310
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATION

CONTRACT #: _____ CONTRACT AMENDMENT #: _____

Contracting Department: Behavioral Health Department

Contractor/Vendor Name: _____

Contract Term: _____ Contract Value: _____

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

Contract Template 1 - Out of County Provider Agreement with STRTP youth services

COUNTY COUNSEL

Approved Disapproved Date: 2/25/26
Approved Disapproved Date: _____

By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2026.02.25 16:09:25 -08'00'
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: 3/4/26
Approved Disapproved Date: _____

By: Karen M. Bianchini Digitally signed by Karen M. Bianchini
Date: 2026.03.04 15:29:23 -08'00'
By: _____

COMMENTS

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 1/6/26

Need Date: 1/20/26

PROCESSING DEPARTMENT

Department: HHSA - BHD
Dept Contact: Alisha Bryden
Phone: X 7317
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5310
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATION

CONTRACT #: _____ CONTRACT AMENDMENT #: _____

Contracting Department: Behavioral Health Department

Contractor/Vendor Name: _____

Contract Term: _____ Contract Value: _____

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

Contract Template 2 - Other County/Mental Health Plan Agreement for STRTP youth services

COUNTY COUNSEL

Approved Disapproved Date: 2/25/26
Approved Disapproved Date: _____

By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2026.02.25 16:10:17 -08'00'
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: 3/3/26
Approved Disapproved Date: _____

By: Karen M. Bianchini Digitally signed by Karen M. Bianchini
Date: 2026.03.03 16:53:07 -08'00'
By: _____

COMMENTS

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 1/6/26

Need Date: 1/20/26

PROCESSING DEPARTMENT

Department: HHSA - BHD
Dept Contact: Alisha Bryden
Phone: X 7317
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5310
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATION

CONTRACT #: _____ CONTRACT AMENDMENT #: _____

Contracting Department: Behavioral Health Department

Contractor/Vendor Name: _____

Contract Term: _____ Contract Value: _____

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

Contract Template 3 - Other County/Mental Health Plan Reciprocal Agreement
for STRTP youth services

COUNTY COUNSEL

Approved Disapproved Date: 2/25/26
Approved Disapproved Date: _____

By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2026.02.25 16:13:43 -08'00'
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: 3/3/26
Approved Disapproved Date: _____

By: Karen M. Bianchini Digitally signed by Karen M. Bianchini
Date: 2026.03.03 16:54:14 -08'00'
By: _____

COMMENTS
