Agreement # 773	37

Legistar # ____23-1099

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	05/30/2023	Need Date:	06/01/2023
PROCESSING D	EPARTMENT:	CONTRACT	TOR:
Department:	HHSA	Name:	Stanford Youth Solutions dba Stanford Sierra Youth & Familie
Dept. Contact:	Alisha Bryden	Address:	8912 Volunteer Lane
Phone:	X 7317		Sacramento, CA 95826
Department Head Signature:	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.05.30 09:02:13 -07'00'	Phone:	
J	Alisha Bryden	Org Code:	5310
	Acting Administrative Analyst Supervisor	Project #	
		(if applicable	e):
Description: Ment	DEPARTMENT: HHSA- Behavioral Bed: Review of new agreement al Health Services Act - Prevention Wraparound (1/1/2023 - 06/30/2026 + one additional year option thru 6/30/2027)	d Services - Juvenile Ser	vices
COUNTY COUNS Approved: [SEL: (Must approve all contract ✓ Disapproved: Disapproved:	s and MOU's) Date:Date:	By: Jefferson Billingsley Delivery september 1920 2023 05 30 10 30 64 - 47100 Page 2023 05 30 Page 2023 05 30 Page 2023 05 30 Page 2023 05 Page 202

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

Agreemen	it # <u>7743</u>
Legistar#_	23-1099

Date Prepared:	05/12/2023	Need Date:	05/24/2023	
PROCESSING D	EPARTMENT:	CONTRACT	ΓOR:	
Department:	HHSA	Name:	Stanford Youth So	olutions dba Stanford Sierra Youth & Familie
Dept. Contact:	Alisha Bryden	Address:	8912 Volunteer	r Lane
Phone:	X 7317		Sacramento, C	A 95826
Department Head Signature:	Kristen Gurrola Digitally signed by Kristen Gurrola Date: 2023.05.10 16:45:28 -07'00'	Phone:		
J	Kristen Gurrola	Org Code:	5310	
	Program Manager	Project #		
		(if applicable	e):	
Description: Ment	DEPARTMENT: HHSA- Behavioral Fed: Review of new agreement al Health Services Act - Peer Partner and Youth 7/1/2023 - 06/30/2026 + one additional year option thru 6/30/2027	Advocate Services	\$ 1,160,000	0.00
	SEL: (Must approve all contracts			_
Approved:	✓ Disapproved:	_ Date: 05/12/20	23	By: Jefferson Billingsley Digitally signed by Jefferson Billingsley Date: 2023/06/12 13:34:54 -07:00"
Approved:[Disapproved:	_ Date:		By:
				
	· · · · · · · · · · · · · · · · · · ·			
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HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

Agreement # 7759				
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Legistar # <u>23-1099</u>

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	05/23/2023	Need Date:	05/31/2023	
PROCESSING D	EPARTMENT:	CONTRACT	TOR:	
Department:	HHSA	Name:	Big Brothers Bi	g Sisters of Northern Sierra
Dept. Contact:	Alisha Bryden	Phone: 5	3462 Robin La	ne, Suite 2
Phone:	x 7317		Cameron Park,	CA 95682
Department Head Signature:	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.05.23 12:35:31 -07'00'		530-626-1222	
, and the second	assisting Kristen Gurrola, Program Manager		5310	
		(if applicable	e):	
		Funding Sou	urce: MHSA	
CONTRACTING	DEPARTMENT: HHSA - Behavioral H	- Health		
Service Requeste	ed: Agreement for Services			
Description: Ment	oring for Youth Project PEI			
Contract Term: 7	/1/2023 - 06/30/2026 (option to extend thru 6/30/27)	Contract Value	\$ 384,000.0	00
COUNTY COUN	SEL: (Must approve all contracts	and MOLI's)		
Approved:	Disapproved:	Date: 05/24/20	23	By: Jefferson Billingsley Digitally signed by Jefferson Billingsley Date: 2023/05.24 08:50:48 -0700*
Approved:	Disapproved:	_ Date: <u> </u>		By:
Approved	Bloapproved	_ Bate		
				

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!

Agreemer	nt # <u>7760</u>
Legistar#_	23-109923-1099

05/24/2023	Need Date:	06/01/2023
EPARTMENT:	CONTRACT	ΓOR:
Health And Human Services Agency	Name:	Infant Parent Center
Alisha Bryden	Address:	3430 Robin Lane, Bldg 4
ext.7317		Cameron Park, CA 95682
Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.05.24 09:16:36 -07'00'	Phone:	
Kristen Gurrola, Program Manager	Org Code:	5310
	(if applicable	e):
ed: Children 0-5 and Their Families Project rention and Early Intervention (PEI) counseling/th	Services Agency	nd their families
SEL: (Must approve all contracts ✓ Disapproved: Disapproved:	s and MOU's) _ Date:05/24/20 _ Date:	By: Jefferson Billingsley Delaw signed by Authorion Billiograpy By:
•	Health And Human Services Agency Alisha Bryden ext.7317 Alisha Bryden Date: 2023.05.24 09:16:36 -07'00' Kristen Gurrola, Program Manager DEPARTMENT: Health And Human Services Agency Alisha Bryden Date: 2023.05.24 09:16:36 -07'00' Kristen Gurrola, Program Manager DEPARTMENT: Health And Human Services Health And Human Service	Health And Human Services Agency Alisha Bryden ext.7317 Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.05.24 09:16:36 -07'00' Kristen Gurrola, Program Manager Org Code: Project # (if applicable) Funding Sol DEPARTMENT: Health And Human Services Agency ed: Children 0-5 and Their Families Project Vention and Early Intervention (PEI) counseling/therapy for children 0-5 at 207/01/23 - 06/30/26 (option to renew 6/30/27) Contract Value SEL: (Must approve all contracts and MOU's) ✓ Disapproved: Date: 05/24/20

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!

Agreeme	nt # <u>7762</u>
Legistar # __	23-1099

Date Prepared:	05/25/2023	Need Date:	05/31/2023
PROCESSING D	EPARTMENT:	CONTRACT	TOR:
Department:	HHSA	Name:	EDCA Lifeskills
Dept. Contact:	Alisha Bryden	Address:	893 Apring St.
Phone:	X 7317		Placerville, CA 95667
Department Head Signature:	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.05.25 13:45:58 -07'00'	Phone:	
ricad Oigilataic.	Kristen Gurrola	Org Code:	5310
	Program Manager	Project #	
		(if applicable	e):
Description: Ment	Senior Peer Counseling al Health prevention and early intervention for 7/01/23 - 06/30/26 (option of 6/30/27)	the senior community Contract Value	\$ 1,600,000.00
COUNTY COUNS Approved: Approved:	SEL: (Must approve all contrac ✓ Disapproved: Disapproved: □	ts and MOU's) Date:05/25/20 Date:	By: Vandekoolwyk By: Daniel Vandekoolwyk

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

Agreemen	t # <u>7763 </u>
Legistar#	23-1099

Date Prepared:	05/19/2023	Need Date:	05/31/2023
PROCESSING D	EPARTMENT:	CONTRACT	TOR:
Department:	HHSA	Name:	Summitview Child & Family Services
Dept. Contact:	Alisha Bryden	Address:	640 Placerville Drive, Suite 2
Phone:	X 7317		Placerville A 95567
Department Head Signature:	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.05.19 11:20:31 -07'00'	Phone:	
J	Kristen Gurrola	Org Code:	5310150
	Program Manager	Project #	
		(if applicable	e):
CONTRACTING		Funding Sou	urce: MHSA
•	ed: Review of new agreement		
· · · · · · · · · · · · · · · · · · ·	ent Outreach and Engagement Centers and Me 7/01/2023 to 6/30/23 (possible 6/30/24)	Contract Value	
Contract Term. o	770 172023 to 6/30/23 (possible 6/30/24)	_ Contract value	\$ 1,904,000.00
Approved: Approved:	SEL: (Must approve all contract ✓ Disapproved: Disapproved:	s and MOU's) _ Date: 05/22/20 Date:	By: Daniel Vandekoolwyk Deniel Vandekoolwyk By:
——————————————————————————————————————	ызарргочец	Date	Бу

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

Agreement #	7764
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Legistar # 23-1099

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	05/23/2023	Need Date:	05/31/2023	
PROCESSING D	EPARTMENT:	CONTRACT	OR:	
Department:	HHSA	Name:	Only Kindness, Ir	ıC.
Dept. Contact: Phone: Department Head Signature:	Alisha Bryden	Address:	676 Canal St	
•	X 7317		Placerville, CA 95	5667
•	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.05.23 09:32:49 -0700	Phone:		
3	Kristen Gurrola	Org Code:	5310	
	Program Manager	Project #		
		(if applicable	e):	
Description: Ment	DEPARTMENT: HHSA - Behavioral ed: Veterans Outreach for MHSA Program all Health prevention and early intervention for to 7/01/23 to 06/30/26 (option to extend to 6/30/27).	he veteran community	\$ 690,000.00	
COUNTY COUNS Approved:[Approved:[SEL: (Must approve all contract ✓ Disapproved: Disapproved: □	s and MOU's) Date:Date:		By: Jefferson Billingsley Department allocations and product support by Advisor Billingsley Department and Depa

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

Agreemen	it # <u>7765</u>
Legistar # _	23-1099

Date Prepared:	05/19/2023	Need Date:	05/31/2023
PROCESSING D	EPARTMENT:	CONTRACT	TOR:
Department:	HHSA	Name:	
Dept. Contact:	Alisha Bryden	Address:	Sierra Child and Family Services, Inc.
Phone:	X 7317		4250 Fowler Lane
Department Head Signature:	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.05.19 11:46:54 -07'00'	Phone:	Diamond Springs, CA 95619
· ·	Kristen Gurrola	Org Code:	5310
	Program Manager	Project #	
		(if applicable	e):
		Funding Sou	urce:
CONTRACTING	DEPARTMENT: HHSA		
Service Requeste	Review Agreement for Services		
Description: Stude	ent Outreach and Engagement Centers, and Me	ntal Health Supports at	County Schools
Contract Term: 0	7/01/23 to 6/30/26 (option to extend to 6/30/27)	Contract Value	e:
COUNTY COUNS Approved:	SEL: (Must approve all contracts ✓ Disapproved:	s and MOU's) Date: 05/22/20	By: Daniel Vandekoolwyk Vandekoolwyk Daniel Vandekoolwyk
Approved:	Disapproved:	Date:	By:
			-

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

Agreeme	nt # <u>7766</u>
Legistar#	23-1099

Date Prepared:	05/23/2023	Need Date:	05/29/2020
PROCESSING D	EPARTMENT:	CONTRACT	ΓOR:
Department:	Health And Human Services Agency	Name:	Tahoe Youth & Family Services
Dept. Contact:	Alisha Bryden	Address:	1021 Fremont Street
Phone: Department Head Signature:	ext.7317	Phone:	South Lake Tahoe, CA 96150
	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.05.23 14:33:28 -0700		
	Alisha Bryden	Org Code: Project #	5310
		(if applicable	e):
CONTRACTING Service Requeste Description: Preve Contract Term: 0	Primary Project ention and Early Intervention (PEI) for transitional-	Services Agency	Mental Health Service Act I grade students at risk of developing emotional problems 3 360,000.00
COUNTY COUNS Approved:	SEL: (Must approve all contract ✓ Disapproved: Disapproved: □	and MOU's) Date:05/24/20 Date:	By: Jefferson Billingsley Delate, sequel by Jufferson Billingsley By:

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!

Agreemer	nt # <u>7787</u>
Legistar#	23-1099

Date Prepared:	05/30/2023	Need Date:	06/01/2023	
PROCESSING D	EPARTMENT:	CONTRACT	ΓOR:	
Department:	HHSA Behavioral Health Division	Name:	New Morning `	Youth & Family
PROCESSING D Department: Dept. Contact: Phone: Department Head Signature: CONTRACTING Service Requeste Description: MHS Contract Term: 0	Alisha Bryden	Address:	6765 Green Va	alley Rd
Phone:	X 7317		Placerville, CA	95667
•	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.05.30 09:24:09 -07'00'	Phone:		
	Alisha Bryden	Org Code:	5310	
	Acting Administrative Analyst Supervisor	Project #		
		(if applicable	e):	
Description: мнs	DEPARTMENT: HHSA Behavioral Fed: Review Agreement A Prevention and Early Intervention - Latino O 7/01/23 to 6/30/26 (option to 6/30/27)		\$ 1,600,000	0.00
Approved:	SEL: (Must approve all contract ✓ Disapproved: Disapproved: □	ts and MOU's) Date:05/31/20 Date:	23	By: Jefferson Billingsley Digitally signed by Authorico Billingsley Date: 2022.05.30 10-06/28 4700°
				

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW