

Contract #: 024-M1610
Index Code: 419500

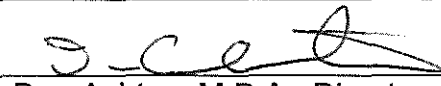
CONTRACT ROUTING SHEET

1 of 2

Date Prepared: April 21, 2015

Need Date: ~~Please Rush~~ 5/26/15

PROCESSING DEPARTMENT:

Department: HHS/Mental Health
Dept. Contact: Zhana Mc Cullough
Phone #: Ext. 7154
Department
Head Signature: 
Don Ashton, M.P.A., Director

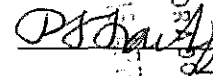
CONTRACTOR:

Name: CA Dept. of Health Care Services
Address: 1501 Capitol Avenue, Suite 71.5195
Sacramento, CA 95899
Phone:

CONTRACTING DEPARTMENT: HHS/Mental Health

Service Requested: Performance Agreement
Contract Term: 07/01/2015 - 06/30/2016 ✓ Contract/Grant Value: \$0.00 ✓
Compliance with Human Resources requirements? N/A Yes No:
Compliance verified by: Funding Agreement

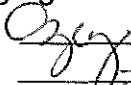
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 4/27/15 By: 
Approved: Disapproved: Date: By:

EL DORA COUNTY COUNSEL
APR 22 11:00 AM '15

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: Date: 4/27/15 By: 
Approved: Disapproved: Date: By:

Nothing for Risk

APR 27 11:00 AM '15

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract)

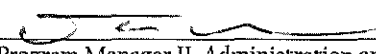
NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments:

Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By:

Please contact (NAME + EXT) with questions or for contract packet pick-up. Thank you!

CFO Review _____ Date _____

 4/20/15
Program Manager II, Administration and Contracts Date

@ 4/21/15

Contract #: 024-M1610
Index Code: 419500

CONTRACT ROUTING SHEET

2 of 2

Date Prepared: April 21, 2015

Need Date: April 28, 2015

PROCESSING DEPARTMENT:

Department: HHS/Mental Health
Dept. Contact: Zhana Mc Cullough
Phone #: Ext. 7154
Department
Head Signature: _____
Don Ashton, M.P.A., Director

CONTRACTOR:

Name: CA Dept. of Health Care Services
Address: 1501 Capitol Avenue, Suite 71.5195
Sacramento, CA 95899
Phone: _____

CONTRACTING DEPARTMENT: HHS/Mental Health

Service Requested: Performance Agreement
Contract Term: 07/01/2015 – 06/30/2016 Contract/Grant Value: \$0.00
Compliance with Human Resources requirements? N/A X Yes _____ No: _____
Compliance verified by: Funding Agreement

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: Information Technologies

Approved: ✓ Disapproved: _____ Date: 4/27/15 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please contact (NAME + EXT) with questions or for contract packet pick-up. Thank you!

CFO Review _____ Date _____

Program Manager II, Administration and Contracts _____ Date _____



County of El Dorado

Information Technologies

Jon Henry
Deputy Director

Address: 360 Fair Lane
Placerville, CA 95667
Voice (530) 621-5452

MEMORANDUM

Date: April ²⁷~~2~~, 2015

To: Zhana McCullough, HHSA

Subject: Contract Review, HHSA Contract #024-M1610

Information Technologies reviewed the subject contract, and the following items are noted:

Exhibit D, paragraph 6 A 2) d. *Removable media devices*

Written policy prohibits use of unapproved, unencrypted removable storage. However, currently there is no hardware configuration in place to enforce the policy.

Exhibit D, paragraph 6 A 2) f. *Patch Management*

Current IT system policy does not force reboots of desktop machines. To mitigate this gap, IT will begin forcing reboots of HHSA workstations as needed for compliance. This may impact users who routinely leave workstations turned on for extended periods of time (weeks or months, in some cases).

Exhibit D, paragraph 6 A 2) g. *User IDs and Password Controls*

Password complexity and change frequency is in force for some users. To comply, IT will begin enforcing the complexity and frequency policies for all applicable HHSA users, including local admin accounts.

"The commitment of the Information Technologies staff is to deliver creative, practical solutions and services in support of the current and future technological needs of El Dorado County."