***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **July 8, 2025** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard/ Health & Human Services Agency - Behavioral Health Division** | **Phone:** | **(530) 841-4802** |
| **Address:** | **2060 Campus Drive Yreka, CA 96097** |
| **Person Appearing/Title:** | **Dr. Sarah Collard Ph.D. / Director of Health & Human Services Agency** |
| **Subject/Summary of Issue:** |
| 1st Addendum to contract for Services - Rose Smith dba Rose TherapySiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to amend the contract with Rose Smith dba Rose Therapy to extend the contract term to June 30, 2026 and increase the total compensation from NTE Two Hundred Eight Thousand Dollars and NO /100 ($208,000.00) to NTE Four Hundred Sixteen Thousand Dollars and NO/100 ($416,000.00). |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | RATE |  |  |  |  |
| Fund:  | 2122 |  | Description: | Mental Health | Org.: | 401030 | Description: | Mental Health |
| Account: | 723000 |  | Description: | Professional Svcs |  |
| Activity Code:  |       |  | Description: |  |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* This contract was moved from Probation Department to Behaviorial Health |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the First Addendum to the Contract for Services between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Rose Smith dba Rose Therapy, increasing compensation to $416,000.00 and extending the term to June 30, 2026. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Pls return 1 original to R. Bullock at 818 So. Main St |
| CAO |       |  |       |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/09/2021