***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **August 5, 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 for Services - North American Mental Health Services (NAMHS), a CorporationSiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval of 1st Addendum with North American Mental Health Services (NAMHS) for the term of July 1, 2025 to June 30, 2028. NAMHS provides telepsychiatry services to the County's seriously mentally ill clients.  |
| **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: | MH | Org.: | 401030 | Description: | MH |
| Account: | 723015 |  | Description: | Prof & SVCS |  |
| Activity Code:  |       |  | Description: |  |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the 1st Addendum for Services between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and North American Mental Health Services, Inc. for the term commencing July 1, 2025 through June 30, 2028. |
| **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