***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **September 16, 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:** |
| Contract for Services - Lotus Educational Services, Inc.Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to extend the term of the contract for an additional year, and to increase the compensation by an additional $20,718 to fund the extended contract term. The purpose of this contract is to provide Mental Health First Aid (MHFA) and Suicide Prevention trainings. The amended term of the agreement is July 1, 2025 to June 30, 2026. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $62,154 |  |  |  |  |
| Fund:  | 2129 |  | Description: | MHSA | Org.: | 401031 | Description: | MHSA |
| Account: | 723000 |  | Description: | Prof Services |  |
| Activity Code:  | 164 |  | Description: | PEI |  |
| 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 2nd Amendment to the Contract for Services between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Lotus Educational Services to extend the term of the agreement to June 30, 2026, and authorize additional compensation to increase the total Not to Exceed amount to Sixty-Two Thousand One Hundred Fifty-Four Dollars and no/100 cents. |
| **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