



STATE OF CALIFORNIA, COUNTY OF SIERRA
BOARD OF SUPERVISORS
AGENDA
REGULAR MEETING

Lee Adams, District 1

P.O. Box 1 - Downieville, CA 95936 - 530-289-3506 - supervisor1@sierracounty.ca.gov

Peter W. Huebner, Chair, District 2

P.O. Box 349 - Sierra City, CA 96125 - 530-862-1004 - supervisor2@sierracounty.ca.gov

Paul Roen, District 3

P.O. Box 43 - Calpine, CA - 209-479-2770 - supervisor3@sierracounty.ca.gov

Jim Beard, District 4

P.O. Box 1140 - Loyalton, CA 96118 - 530-414-8126 - jbeard@sierracounty.ca.gov

Scott A. Schlefstein, Vice-Chair, District 5

P.O. Box 192 - Loyalton, CA 96118 - 530-993-4900 - supervisor5@sierracounty.ca.gov

The Sierra County Board of Supervisors will meet in regular session commencing at 9:00 a.m. on January 3, 2017 in the Board of Supervisors' Chambers, Courthouse, Downieville, CA. This meeting will be recorded for posting on the Board of Supervisors' website at www.sierracounty.ca.gov.

NOTICE

If requested, this agenda can be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 and the Federal Rules and Regulations adopted in implementation thereof. Persons seeking an alternative format should contact the Clerk of the Board for further information. In addition, a person with a disability who requires a modification or accommodation, in order to participate in a public meeting should telephone or otherwise contact the Clerk of the Board as soon as possible and at least 48 hours prior to the meeting. The Clerk of the Board may be reached at 530-289-3295 or at the following addresses:

Heather Foster
Clerk of the Board of Supervisors
County of Sierra
100 Courthouse Square, Room 11
P.O. Drawer D
Downieville, CA 95936
clerk-recorder@sierracounty.ca.gov

All items posted on the agenda, including under correspondence, may be acted upon by the Board of Supervisors. However, matters under committee reports and department manager's reports may be briefly addressed by the Board or Staff but no action or discussion shall be undertaken on any item not appearing on the posted agenda. (GC 54954.2)

The Board of Supervisors may hold a Closed Session as the agenda schedule permits.

REGULAR AGENDA

1. 9:00 A.M. **STANDING ORDERS**

- Call to Order
- Pledge of Allegiance
- Roll Call
- Passing of gavel to new Board Chairman
- Selection of Vice-Chairman
- Approval of Consent Agenda, Regular Agenda and Correspondence to be addressed by the Board

2. **PUBLIC COMMENT OPPORTUNITY**

Matters under the jurisdiction of the Board not on this posted agenda may be addressed by the general public during the Public Comment Opportunity time. No action may be taken or substantive discussion pursued on matters not on the posted agenda. Public comment is regulated by the Sierra County Board of Supervisors' Rules and Procedures. You may obtain a copy of the Public Comment rules from the Clerk. The Board limits public comment to three minutes per person and not more than three individuals addressing the same subject.

3. **COMMITTEE REPORTS & ANNOUNCEMENTS**

Board members will report on committee meetings and/or activities. Board members or members of the public may ask questions for clarification but no action will be taken.

4. **DEPARTMENT MANAGERS' REPORTS & ANNOUNCEMENTS**

Department Managers may provide brief reports on activities within their departments. Board members or members of the public may ask questions for clarification but no action will be taken.

5. **FOREST SERVICE UPDATE**

Update by District Ranger on items that may affect the County of Sierra.

6. **PROBATION - JEFF BOSWORTH**

- 6.A. Resolution approving the annual review of Probation's electronic monitoring program rules per Penal Code sections 1203.016 and 1203.018.

Documents:

[Electronic Monitoring Rules.pdf](#)

7. **BOARD OF SUPERVISORS**

- 7.A. Presentation of California State Fair Counties Exhibit plaque and approval of 2017 State Fair Counties Exhibit Entry Form. (SUPERVISOR ADAMS)

Documents:

[State Fair Presentation.pdf](#)

- 7.B. Continued discussion/action regarding letter from Steve Traverso, Sierra Buttes

Snowbusters pertaining to the Tahoe National Forest Over Snow Vehicle (OSV) Proposal. (SUPERVISOR ADAMS)

Documents:

[Over Snow Vehicle Proposal.pdf](#)

7.C. Resolution reorganizing the Departments of Health and Human Services.

Documents:

[reorganizing HH.pdf](#)

7.D. Approval of job descriptions for Administrative Director of Behavioral Health, Director of Health and Human Services and Clinical Director of Behavioral Health.

Documents:

[job disc.pdf](#)

7.E. Resolution appointing the Administrative Director of Behavioral Health.

Documents:

[apointing Admin Director of BH.pdf](#)

7.F. Resolution directing the submission of credentials to the State of California for Clinical Director of Behavioral Health.

Documents:

[MH Dirct send to State.pdf](#)

7.G. Approval of appointments to commissions, boards and associations; standing committees; term appointments made by full board; and ad-hoc committees for the 2017 Calendar Year. (CLERK OF THE BOARD)

Documents:

[BOS Committee Lists.pdf](#)

8. CLOSED SESSION

8.A. Closed session pursuant to Government Code Section 54956.9 (c) - initiation of litigation - 1 case.

Documents:

[Closed Session Initiation of Litigation.pdf](#)

- 8.B. Closed Session pursuant to Government Code Section 54957 - performance review regarding County Counsel.

Documents:

[Closed Session.pdf](#)

9. CONSENT AGENDA

Items placed on the Consent Agenda are of a routine and non-controversial nature and are approved by a blanket roll call vote. At the time the Consent Agenda is considered, items may be deleted from the Consent Agenda by any Board member or Department Manager and added to the Regular Agenda directed by the Chairman.

- 9.A. Resolution approving updated Sheriff's Office Records Retention Schedule. (SHERIFF)

Documents:

[Sheriffs Office Retention Schedule.pdf](#)

- 9.B. Resolution authorizing the Auditor to make certain changes to the 2016/2017 Final Budget for Sheriff's vehicles. (AUDITOR)

Documents:

[Budget Adjustment Sheriff Vehicles.pdf](#)

- 9.C. Minutes from the regular meeting held on December 6, 2016. (CLERK-RECORDER)

Documents:

[12062016 minutes.pdf](#)

- 9.D. Minutes from the regular meeting held on December 20, 2016. (CLERK-RECORDER)

Documents:

[12202016 minutes.pdf](#)

ADJOURN

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

| | |
|---|---|
| MEETING DATE: January 3, 2017 | TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Timed <input type="checkbox"/> Consent |
|---|---|

| |
|--|
| DEPARTMENT: Probation APPROVING PARTY: Jeff Bosworth PHONE NUMBER: (530) 289-3277 |
|--|

AGENDA ITEM: Resolution approving the annual review of probation's electronic monitoring program rules per 1203.016 & 1203.018 PC.

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other
Rules for both programs

BACKGROUND INFORMATION: No substantive changes since last year's renewal

FUNDING SOURCE: SB678
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$ N/A

| | |
|--|---|
| ARE ADDITIONAL PERSONNEL REQUIRED? <input type="checkbox"/> Yes, -- -- <input checked="" type="checkbox"/> No | IS THIS ITEM ALLOCATED IN THE BUDGET? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IS A BUDGET TRANSFER REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

SPACE BELOW FOR CLERK'S USE

| | | |
|---|---|---|
| BOARD ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____ | Resolution 2016- _____ Agreement 2016- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus |
|---|---|---|

COMMENTS:

| | |
|--------------------------|------------|
| CLERK TO THE BOARD _____ | DATE _____ |
|--------------------------|------------|



Jeffrey D. Bosworth
Chief Probation Officer

Probation Department Sierra County

P.O. Box 67
Downieville, California 95936
(530) 289-3277
FAX (530) 289-2821



Hon. Charles H. Ervin
Superior Court Judge

To: Board of Supervisors
From: Jeffrey D Bosworth
Date: Jan 03, 2017
Subject: Electronic Monitoring Program

The probation department's Electronic Monitoring Program is in its fourth year, having been established in 2013. As a reminder, the program is divided into three different components, each of which is authorized by a different section of the Penal Code. They are as follows:

- | | |
|----------------------|---|
| 1203.016 PC | Allows a convicted individual to serve their jail sentence on electronic monitoring rather than in physical custody |
| 1203.018 PC | Allows an individual who has not yet been convicted (pre-trial) to be placed on electronic monitoring in lieu of bail or a release on their own recognizance |
| 1210.7 PC et seq. | Allows a chief probation officer to place anyone on probation (so long as it is consistent with court orders) on electronic monitoring as a supervision tool. |

The first two programs require annual approval of the program rules by the board of supervisors. The third program does not require annual approval of the rules by the board of supervisors, but is included here for comparison and informational purposes. The rules submitted here are substantially the same as previous submissions.

A brief review of the three programs follows. As a final note, the program is funded through realignment dollars as does not use general funds.

1203.016 PC – Post Sentence

To date, this particular program has never been used. Nonetheless, the probation department would like to continue the authorization so that it would be available should the need arise.

1203.018 PC – Pretrial

This program has been used fairly frequently. Although there have been some technical violations, it is important to note that to date, not one person on this program has ever been convicted of a new crime that occurred while they were on electronic monitoring. Statistics are as of December 11, 2016.

| Year | Individuals | Occasions. | Days | EM Cost | Jail Cost | Savings |
|---------------|-------------|------------|------------|------------------|--------------------|--------------------|
| 2013 | 2 | 2 | 7 | \$29.75 | \$540.19 | \$510.44 |
| 2014 | 3 | 3 | 309 | \$1313.25 | \$23,845.53 | \$12,532.28 |
| 2015 | 2 | 2 | 61 | \$259.25 | \$4,707.37 | \$4,448.12 |
| <u>2016</u> | <u>4</u> | <u>5</u> | <u>148</u> | <u>\$629</u> | <u>\$11,421.16</u> | <u>\$10,792.16</u> |
| Totals | 11 | 12 | 525 | \$2231.25 | \$40,514.25 | \$38,283 |

Key:

| | |
|-------------|--|
| Individuals | The number of specific people placed on the program. If a particular individual is on EM on more than one occasion, it counts as one here. |
| Occasions | The number of different times an individual is placed on the program. If a particular individual was placed on two different occasions, it counts as two here. |
| Days | The number of days the EM device was attached. |
| EM cost | The total program costs for those days (\$4.25 a day) |
| Jail Cost | The cost of housing those individuals in jail (\$77.17 a day) |
| Savings | Difference between two |

I don't want to overstate the savings issue – it isn't the primary focus of the program. It is just an additional, although important, benefit. What is important is that in addition to saving over \$38,000, there has been no detrimental effect to public safety (no new crimes committed). As of December 13, 2016, one person is on the program.

1210.7 – Probation Supervision

This program is designed to be used as a probation supervision tool. As such, it is typically used on the more problematic probationers. Consequently, there tends to be more technical violations. Though again, to date, no probationer has been convicted of a new crime that occurred while they were on EM.

To date (December 11, 2016), this program has been used on 26 occasions for 14 unique individuals (including one juvenile), for a total of 1119 days. There have been 10 instances of technical violations, although one individual is responsible for four of those ten. As of December 11, 2016, two people are currently on the program.

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

**IN THE MATTER OF SIERRA COUNTY
PRETRIAL ELECTRONIC MONITORING PER 1203.018 PC and
POST SENTENCE ELECTRONIC MONITORING PER 1203.016 PC**

RESOLUTION NO. 17-

WHEREAS, Sierra County Probation's electronic monitoring program has proven to be a valuable tool for the courts in deciding which individuals are released from custody under electronic monitoring and under what conditions;

WHEREAS, traditionally the probation department is intimately involved in assisting the court in making such decisions;

WHEREAS, the probation department already has the existing expertise, equipment and contracts in place to continue to administer these programs on behalf of the courts, and would not require any additional funding from the general fund to administer these programs;

NOW THEREFORE BE IT RESOLVED, the probation department is hereby authorized to continue operating its well established electronic monitoring programs pursuant to §1203.016 and 1203.018 PC.

BE IT FURTHER RESOLVED, that the board reaffirm the attached list of rules, notices and instructions as outlined in the attached documentation.

ADOPTED by the Board of Supervisors of the County of Sierra, State of California on the day of _____, 2017 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

COUNTY OF SIERRA

PETER HUEBNER, CHAIRPERSON
BOARD OF SUPERVISORS

ATTEST:

APPROVED AS TO FORM:

HEATHER FOSTER
CLERK OF THE BOARD

DAVID PRENTICE
COUNTY COUNSEL

1203.016 PC – Post Sentence Program

ELECTRONIC MONITORING RULES

- I. **Eligibility:** In order to qualify for participation in Sierra County's Post Sentence electronic monitoring program, the inmate must be serving a local sentence with no holds or outstanding warrants and be approved for participation by the court.

- II. **Basic Rules and Notices to the Defendant**
 1. I understand that any violations of these conditions may result in a return to custody without further order from the court.
 2. I will not tamper with the Electronic Monitoring equipment that has been issued to me, nor will I permit tampering by any other person.
 3. Intentionally failing to return to the place of detention on time may be punished as escape (4532 PC). Intentionally damaging the equipment may be punishable as escape by force.
 4. Intentionally damaged or lost equipment may also result in formal misdemeanor/felony charges being filed with the court.
 5. I understand that my participation in the program will be monitored by a tamper-resistant, non-removable G.P.S. ankle bracelet, which I agree to wear 24 hours a day during the entire period of the Electronic Monitoring Program
 6. I understand that willful failure to abide by the pre-determined schedule established by the Probation Officer may be cause for an arrest and return to custody without further order from the court.
 7. I understand that the loss of a receiving signal or the receipt of a tamper signal by the monitoring device shall constitute prima facie evidence that I have violated my probation/PRCS. I further agree that the computer printout may be used as evidence in a Court of Law to prove said violation. Loss, intentional damage, or damage sustained to the unit(s) or their components due to negligence, and/or failing to follow the charging instructions will result in a return to custody without further order from the court.
 8. In the event of loss or damage, I will be held financially responsible for all equipment issued to me not to exceed \$2000.00. The actual replacement and or repair cost will be determined by the contracted monitoring

company. Reimbursement will be set up through the Probation Department.

9. I may be required to have a private residential phone line with basic service only. **(At the discretion of the probation officer)**. Optional services, such as call-waiting or call-forwarding, may not be allowed. Cordless phones and answering machines are not permitted while on this program. Computer internet services are not permitted unless they are on a separate line. These services must be removed within 5 days of being placed on the program.
10. I understand that it is my responsibility to advise all individuals residing in my residence of the rules and regulations of this program. All residents of the household and I will grant admittance to my home to any peace officer and or probation officer at any hour of the day or night.
11. I agree to notify the Probation Staff of any threatening or dangerous animals at my residence. Any threatening or dangerous animal at the offender's residence must be restrained or removed when any law enforcement officials are present.
12. I will keep my telephone in good repair and the line available for incoming calls. All telephone conversations will be limited to ten (10) minutes in duration or less.
13. I will not possess dangerous or deadly weapons.
14. I will not consume or possess any alcoholic beverages, illegal drugs, or narcotics. I will advise the Probation Officer of any prescription drugs I am required to take.
15. I understand that my employer may be contacted, either in person or by telephone, to verify my continued employment and working hours.
16. During any curfew period, if I am allowed to leave my residence I will proceed directly to and from the destination(s) that had/have been approved by the Probation Officer.
17. I will be financially responsible for any medical expenses incurred while participating in the Electronic Monitoring Program.
18. I will notify the Probation Officer as soon as possible of any changes in status of my employment, school studies, job training, treatment program, or other Electronic Monitoring Program component or extension.
19. I understand any expense for special adapters necessary in the installation of electronic equipment and/or the expense of phone calls incurred to monitor this equipment shall be at my own expense.
20. I understand that I may be billed up to \$10 a day (depending upon ability to pay) during this program. Inability to pay will not preclude me from participating in the program.

21. Willful failure to make payments as directed may result in my termination from the program (subject to ability to pay). Program failure does not guarantee program refunds

III. Additional Rules and Notices used on a case by case basis

I understand that I will be required to stay within the interior premises of my home, and/or within the areas determined by the courts/probation while on the program.

The primary use of voicemail for contacting the Probation Department is for emergency situations which necessitate my leaving my home at unauthorized times or to request a return call. I understand that leaving a message on **voicemail is NOT an authorization** to change my schedule or leave my home. I must obtain prior approval in person or by telephone from the Probation Officer to change my schedule

I will submit any schedule change request at least one week in advance. I will supply any documentation requested by the Probation Officer to verify my schedule. Schedule change requests will be kept to a minimum to maximize the efficiency of the program.

If released from work or any other program component earlier than usual, or if work or other program component is canceled for the day, I will immediately return to my residence and notify the Probation Officer.

My assigned curfew is:

Monday – Friday: _____ p.m. to _____ a.m.

Saturday- Sunday: _____ p.m. to _____ a.m.

Holidays: _____ p.m. to _____ a.m.

I will only leave my residence during my assigned curfew for the following reasons:

- a) To attend work as **pre-approved** by the Probation Officer.
- b) To attend and participate in a treatment program or counseling as **pre-approved** by the Probation Officer.
- c) To attend to personal affairs as **pre-approved** by the Probation Officer.
- d) When directed to do so by emergency personnel, i.e. police, fire,

paramedic, etc.

- e) When an emergency situation, such as serious illness or injury, or injury to my immediate family or myself necessitates my leaving the residence.
- f) In case of (d) and (e) I will immediately, or as reasonably practical, call the Electronic Monitoring Program and advise the Probation Officer of such incidents during business hours. If the incident occurs during non-business hours, I will call the Probation Officer's voice mail and explain the nature of my emergency or incident requiring me to leave. I will provide written proof of any incident to the EMP staff the next business day or as soon as reasonably practical.
- g) All other absences require the prior approval of the Probation Officer. I will be required to provide written documentation verifying these absences.

I will not enter the following exclusion zone(s):

1. _____

(reserved for additional terms)

IV. BASIC INSTRUCTIONS FOR WEARING THE EM DEVICE (tag)

1. Attach the charging device by clipping it to both sides of the tag
2. Light on front indicates contact with charger, not battery level
3. Remove the charger by gently detaching its clips from the tag
4. Charge 2 x day for 30 continuous minutes each time
5. If a 30 minute charge is skipped, charge for 60 continuous minutes
6. If you feel a low battery vibration (2 x every 10 min.) charge for 2.5 continuous hours
7. Do not charge while sleeping or driving
8. Do not submerge device in water (such as baths, pools, etc.)
9. Do not force a boot over device
10. A sock can be worn over and or under device
11. Device is hypoallergenic and cannot overheat
12. Do not tamper with the device
13. Do not expose to extreme temperature (below -4°F or above 131°F)
14. Notify probation immediately if a medical procedure requires removal of the tag
15. Do not press "status call button" on device unless specifically instructed
16. If the tag vibrates or beeps call your probation officer ASAP
17. If the light shines or blinks (when off charger) call your probation officer ASAP

1203.018 PC – Pre Trial Program

ELECTRONIC MONITORING RULES

- I. **Eligibility:** In order to qualify for participation in Sierra County's pre-trial electronic monitoring program, the inmate must be an inmate with no holds or outstanding warrants and one of the following circumstances must apply:
 1. have been held in custody for at least 30 calendar days from the date of arraignment pending disposition of only misdemeanor charges
 2. have been held in custody pending disposition of charges for at least 60 calendar days from the date of arraignment.
 3. The inmate is appropriate for the program based on a determination by the courts and/or chief probation officer that the inmate's participation would be consistent with the public safety interests of the community.

- II. **Basic Rules and Notices to the Defendant**
 1. I understand that any violations of these conditions may result in a return to custody without further order from the court.
 2. I will not tamper with the Electronic Monitoring equipment that has been issued to me, nor will I permit tampering by any other person.
 3. Intentionally failing to return to the place of detention on time may be punished as escape (4532 PC). Intentionally damaging the equipment may be punishable as escape by force.
 4. Intentionally damaged or lost equipment may also result in formal misdemeanor/felony charges being filed with the court.
 5. I understand that my participation in the program will be monitored by a tamper-resistant, non-removable G.P.S. ankle bracelet, which I agree to wear 24 hours a day during the entire period of the Electronic Monitoring Program
 6. I understand that willful failure to abide by the pre-determined schedule established by the Probation Officer may be cause for an arrest and return to custody without further order from the court.
 7. I understand that the loss of a receiving signal or the receipt of a tamper signal by the monitoring device shall constitute prima facie evidence that I have violated my probation/PRCS. I further agree that the computer printout may be used as evidence in a Court of Law to prove said

violation. Loss, intentional damage, or damage sustained to the unit(s) or their components due to negligence, and/or failing to follow the charging instructions will result in a return to custody without further order from the court.

8. In the event of loss or damage, I will be held financially responsible for all equipment issued to me not to exceed \$2000.00. The actual replacement and or repair cost will be determined by the contracted monitoring company. Reimbursement will be set up through the Probation Department.
9. I may be required to have a private residential phone line with basic service only. **(At the discretion of the probation officer)**. Optional services, such as call-waiting or call-forwarding, may not be allowed. Cordless phones and answering machines are not permitted while on this program. Computer internet services are not permitted unless they are on a separate line. These services must be removed within 5 days of being placed on the program.
10. I understand that it is my responsibility to advise all individuals residing in my residence of the rules and regulations of this program. All residents of the household and I will grant admittance to my home to any peace officer and or probation officer at any hour of the day or night.
11. I agree to notify the Probation Staff of any threatening or dangerous animals at my residence. Any threatening or dangerous animal at the offender's residence must be restrained or removed when any law enforcement officials are present.
12. I will keep my telephone in good repair and the line available for incoming calls. All telephone conversations will be limited to ten (10) minutes in duration or less.
13. I will not possess dangerous or deadly weapons.
14. I will not consume or possess any alcoholic beverages, illegal drugs, or narcotics. I will advise the Probation Officer of any prescription drugs I am required to take.
15. I understand that my employer may be contacted, either in person or by telephone, to verify my continued employment and working hours.
16. During any curfew period, if I am allowed to leave my residence I will proceed directly to and from the destination(s) that had/have been approved by the Probation Officer.
17. I will be financially responsible for any medical expenses incurred while participating in the Electronic Monitoring Program.

18. I will notify the Probation Officer as soon as possible of any changes in status of my employment, school studies, job training, treatment program, or other Electronic Monitoring Program component or extension.
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20. I understand that I may be billed up to \$10 a day (depending upon ability to pay) during this program. Inability to pay will not preclude me from participating in the program.
21. Willful failure to make payments as directed may result in my termination from the program (subject to ability to pay). Program failure does not guarantee program refunds

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- I will submit any schedule change request at least one week in advance. I will supply any documentation requested by the Probation Officer to verify my schedule. Schedule change requests will be kept to a minimum to maximize the efficiency of the program.
- If released from work or any other program component earlier than usual, or if work or other program component is canceled for the day, I will immediately return to my residence and notify the Probation Officer.
- My assigned curfew is:
Monday – Friday: _____ p.m. to _____ a.m.
Saturday- Sunday: _____ p.m. to _____ a.m.

Holidays: _____ p.m. to _____ a.m.

I will only leave my residence during my assigned curfew for the following reasons:

- a) To attend work as **pre-approved** by the Probation Officer.
- b) To attend and participate in a treatment program or counseling as **pre-approved** by the Probation Officer.
- c) To attend to personal affairs as **pre-approved** by the Probation Officer.
- d) When directed to do so by emergency personnel, i.e. police, fire, paramedic, etc.
- e) When an emergency situation, such as serious illness or injury, or injury to my immediate family or myself necessitates my leaving the residence.
- f) In case of (d) and (e) I will immediately, or as reasonably practical, call the Electronic Monitoring Program and advise the Probation Officer of such incidents during business hours. If the incident occurs during non-business hours, I will call the Probation Officer's voice mail and explain the nature of my emergency or incident requiring me to leave. I will provide written proof of any incident to the EMP staff the next business day or as soon as reasonably practical.
- g) All other absences require the prior approval of the Probation Officer. I will be required to provide written documentation verifying these absences.

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1. _____

(reserved for additional terms)

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2. Light on front indicates contact with charger, not battery level
3. Remove the charger by gently detaching its clips from the tag
4. Charge 2 x day for 30 continuous minutes each time
5. If a 30 minute charge is skipped, charge for 60 continuous minutes
6. If you feel a low battery vibration (2 x every 10 min.) charge for 2.5 continuous hours
7. Do not charge while sleeping or driving
8. Do not submerge device in water (such as baths, pools, etc.)
9. Do not force a boot over device
10. A sock can be worn over and or under device
11. Device is hypoallergenic and cannot overheat
12. Do not tamper with the device
13. Do not expose to extreme temperature (below -4°F or above 131°F)

14. Notify probation immediately if a medical procedure requires removal of the tag
15. Do not press "status call button" on device unless specifically instructed
16. If the tag vibrates or beeps call your probation officer ASAP
17. If the light shines or blinks (when off charger) call your probation officer ASAP

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

| | |
|---|---|
| MEETING DATE: January 3, 2017 | TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Timed <input type="checkbox"/> Consent |
|---|---|

DEPARTMENT: Board of Supervisors
APPROVING PARTY: Lee Adams, Supervisor, District 1
PHONE NUMBER: 530-289-3295

AGENDA ITEM: Presentation of California State Fair Counties Exhibit plaque and approval of 2017 State Fair Counties Exhibit Entry Form.

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other
State Fair Entry Form

BACKGROUND INFORMATION:

FUNDING SOURCE:
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$ N/A

ARE ADDITIONAL PERSONNEL REQUIRED?

 Yes, -- --
 No

IS THIS ITEM ALLOCATED IN THE BUDGET? Yes No

IS A BUDGET TRANSFER REQUIRED? Yes No

SPACE BELOW FOR CLERK'S USE

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| <p>BOARD ACTION:</p> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____ | Resolution 2017- _____ Agreement 2017- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus |
|---|---|---|

COMMENTS:

CLERK TO THE BOARD

DATE

California STATE★FAIR

Mailing Address:
Counties Exhibits
California State Fair
P.O. Box 15649
Sacramento, CA 95852-1649

Shipping Address:
Counties Exhibits
California State Fair
1600 Exposition Blvd.,
Sacramento, CA 95815

Counties Exhibits Entry Form

Entry Form Instructions:

1. Refer to Competition Handbook for complete rules, conditions and entry deadlines.
2. Print or type all information where applicable.
3. If needed, fill out form STD 204 and submit with or attach to this form. Entries will not be accepted without this information. See handbook for details.

4. Exhibit Representative Information, Board of Supervisor Approval, Division and Space Selection Request must be complete and received no later than 4:30pm, February 23, 2017. Entries will not be accepted without this information.
5. Mail completed entry form to the address above.
6. Faxed forms must be followed by a signed paper entry form.

Counties Exhibits Authorization and Appointment

Please print.

The Board of Supervisors of the County of Sierra

Appointment of Exhibit Representative

Has appointed Mary Ervin as official representative(s) of the County to be responsible for the County's exhibit and to make decisions, requests, and any protests on behalf of the County.

Exhibit Representative Information

Title President Organization Sierra County Chamber of Commerce
Telephone (office or residence) 530-862-1173 Telephone (cell) 916-549-4905
Email maryervin/law@gmail.com Fax () _____
Mailing Address P.O. Box 290 Shipping Address _____
City Sierra City City _____
State CA Zip Code 96125 State _____ Zip Code _____

Board of Supervisors Approval

This entry must be signed by the Chairman of the Board, the Clerk of the Board or the Executive Officer of the Board.

Signature LEE ADAMS Printed Name LEE ADAMS
Title BOARD CHAIR Date 12-18-16

Upon signature and submission of entry form, the county agrees with, understands and accepts all rules, regulations and conditions of the Counties Exhibits Competition Handbook. County agrees to take responsibility for providing general liability insurance as outlined on the reverse side of this form.

Premium Payee Information

County has authorized any award money for, or on account of, an exhibit representing said county to be paid by the California Exposition and State Fair in Sacramento, California, to the following person(s) or organization (for the year 2016) only.

Payee Organization Name Sierra County Chamber of Commerce Phone (530) 862-1173
Payee Contact Name Jan Koettel
Payee Address P.O. Box 436 City Sierra City
State CA Zip Code 96125 Email _____

All Premium Payees MUST provide their Social Security Numbers or Tax ID number on form STD 204, Payee Date Record, which must be attached to or submitted with the Official Entry Form. Government Agencies named as payee do not need to send form STD 204.

County Name Sierra

Entry Division

Please indicate your entry division by checking the appropriate box.

Division 1: Community Built Exhibit
(individual, group or company that will design and build one and only one County Exhibit)

Division 2: Professionally Built Exhibit
(Individual, group or company that will design and build more than one County Exhibit)

Space Configuration Request

Please indicate in the box your 1st, 2nd, 3rd and 4th choices for space design. Counties sending in the Official Entry form before or by the deadline will have consideration for their 1st choice over those counties who do not meet the deadline. Note: There are a limited number of spaces available. Please confirm your space configuration before finalizing your design.

16 x 16 Island 16' x 16' Back Wall 16' x 16' Corner Combo; 16' x 16' plus 10' x 20'

Although space requests will be carefully considered, the State Fair reserves the right to assign or limit space as it deems appropriate.

Please put our county's space next to _____ County.

Exhibit Builder Information

Builder Mary Ervin Address P.O. Box 290
City Sierra City State CA Zip Code 96125
Email maryervinlaw@gmail.com Telephone (cell) 916-549-4905

General Liability Insurance

At all times while the County or its agents have access to the Cal Expo grounds, (June 15, 2017 through August 8, 2017) County shall provide proof of commercial general liability insurance coverage with minimum limits of at least \$1,000,000 per occurrence combined single limit for bodily injury and property damage and cover damages for bodily injury, property damage, personal injury liability, and products and completed operations liability. The general liability insurance coverage shall include the following provision: **State of California, California Exposition & State Fair, its agents, officers, directors, employees, and servnts are made additional insured but only insofar as the operations under this agreement are concerned.**

If County is self-insured, County must continue to be self-insured or must acquire appropriate insurance coverage.

County must submit an insurance certificate or, if self-insured, a letter confirming self-insurance to Cal Expo prior to having access to the Cal Expo grounds.

Workers' Compensation Insurance

All employees or agents of County shall be covered by workers' compensation insurance as required by law.

Insurance certificates or letters to be submitted to address listed on front of Entry Form.

| | | | |
|-----------------------|-------|-----------------|-----------------------------|
| Office Use Only | | | |
| Fax/Postmark Date | _____ | Initials | _____ Exhibit Space # _____ |
| Plaque Delivered/Sent | | Premiums Mailed | |

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

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|---|---|
| MEETING DATE: January 3, 2017 | TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Timed <input type="checkbox"/> Consent |
|---|---|

DEPARTMENT: Board of Supervisors
APPROVING PARTY: Lee Adams, Supervisor, District 1
PHONE NUMBER: 530-289-3295

AGENDA ITEM: Continued discussion/action regarding letter from Steve Traverso, Sierra Buttes Snowbusters pertaining to the Tahoe National Forest Over Snow Vehicle (OSV) Proposal.

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other

BACKGROUND INFORMATION:

FUNDING SOURCE:
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$ N/A

ARE ADDITIONAL PERSONNEL REQUIRED?

 Yes, -- --
 No

IS THIS ITEM ALLOCATED IN THE BUDGET? Yes No

IS A BUDGET TRANSFER REQUIRED? Yes No

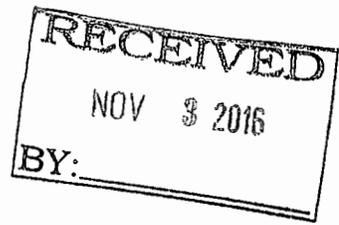
SPACE BELOW FOR CLERK'S USE

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|---|---|---|
| <p>BOARD ACTION:</p> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____ | Resolution 2016- _____ Agreement 2016- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus |
|---|---|---|

COMMENTS:

CLERK TO THE BOARD

DATE



The Honorable Board of Supervisors of Sierra County
Downieville, Ca

Nov 2, 2016

Re: Tahoe National Forest OSV Proposal

Honorable Board Members:

The Sierra Buttes Snowbusters' members have become increasingly concerned about the strong possibility of the Forest Service amending their regulations with respect to OSV (over the snow vehicle) use. This of course was prompted by the recent lawsuit by Snowlands Network and other environmental organizations in the past few years.

The Snowbusters are grateful for the support of the Board at the Forest Service meetings last spring and their letter to the Forest Service expressing their concerns. However, it is becoming increasingly clear to us that unless a rigorous campaign to fight the proposed regulations continues, the outcome will be a detriment to snowmobilers and our community as a whole in Sierra County.

Our concern is exemplified by the recent Lassen National Forest OSV draft resolution that was recently released. This resolution proposed the elimination of over 63,000 acres of OSV usage. Much of this acreage is in areas that have historically been exclusively used by Snowmobiles. We are fearful that if this draft is approved by the Forest Service, which is expected to be announced on November 13, it may be used as a "template" for the additional forests in California that are currently under review.

In addition to the above, Snowlands Network has proposed further restrictions to the Lakes Basin area. Perhaps the most detrimental is the requirement to have BAT (best available technology) for any snowmobile on Gold Lake Highway. This would

eliminate over 90% of the snowmobiles in California, let alone the snowmobiles in Sierra County. In addition to this requirement, they propose a further reduction in acreage allowed for OSV usage as "there have been conflicts with snowmobilers and skiers on Gold Lake Highway" As such they propose closing the Sardine Lakes area as well as other areas to OSV usage. We have asked for details on these purported conflicts and the Service has admitted they have just anecdotal reports.

Suffice it to say, if our concerns become reality, it will have substantial impact on Sierra County. Winter commerce in our County is meager at best. Prohibiting or restricting snowmobile use will be the "death knell" to whatever activity remains. In addition, many of the homeowners in the Sierra City/Bassetts area purchased their homes due to the incredible snowmobiling possibilities in the environs of Sierra County. Whether these families would move to another area is unknown. What cannot be debated, is the fact that winter activity will be effectively eliminated. Gone will be any revenue to the merchants, the motels, grocery stores, restaurants, gas stations, and our local snowmobile shop. Of course concomitant to this is a rather substantial reduction in TOT and sales tax revenue, which our County can ill afford.

The purpose of this letter is to implore the Board of Supervisors to continue to do whatever possible to prevent the Forest Service from denying our access to OUR Forests. We feel that is is a critical time, perhaps our last opportunity, to try to retain the "status quo" Please let our organization know if you have any questions or concerns.

Thank you,

Steve Traverso

On behalf of the Snowbusters

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

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|---|---|
| MEETING DATE: January 3, 2017 | TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Timed <input type="checkbox"/> Consent |
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DEPARTMENT: Board of Supervisors
APPROVING PARTY: Chair
PHONE NUMBER: 530-289-3286

AGENDA ITEM: RESOLUTION REORGANIZING THE DEPARTMENTS OF HEALTH AND HUMAN SERVICES

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other

BACKGROUND INFORMATION: Sierra County Board of Supervisors has directed staff to explore separating Health and Human Services in to multiple Departments with multiple Directors

FUNDING SOURCE:
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$ N/A

ARE ADDITIONAL PERSONNEL REQUIRED?

 Yes, -- --
 No

IS THIS ITEM ALLOCATED IN THE BUDGET? Yes No

IS A BUDGET TRANSFER REQUIRED? Yes No

SPACE BELOW FOR CLERK'S USE

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| <p>BOARD ACTION:</p> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____ _____ | Resolution 2017- _____ Agreement 2017- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus |
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COMMENTS:

CLERK TO THE BOARD _____ DATE _____

MEMO

Sierra County Board of Supervisors has directed staff to explore separating Health and Human Services into multiple Departments with multiple Directors several times over the last decade. Because of the current vacancy of the Director of Health and Human Services the Board Chairman instructed the acting Director of Health and Human Services, County Counsel, Auditor and Pam Derby of CPS HR Consulting to meet and discuss the feasibility of the division. After looking at how other Counties structure these services and discussing likelihood of recruiting a Director if the job was focused on fewer disciplines we have brought forward the attached resolutions for the Board consideration.

The current structure requires a Director with multiple disciplines and a wide range of experience. Individuals with these skills are few and hard to attract. Past history has shown us this. Staff believes by dividing the Department into Health and Social Services, and Behavioral Health the County will be better served with two Directors concentrating on their own areas.

Ms. Derby believes it will be much easier to recruit for just the Health and Social Services Director's position as opposed to the current structure of the combined Departments.

To start with Administrative support staff would be shared by both Departments. This would be functions like accounting, contract management, building maintenance/janitorial, and Management Information Systems (IT). Refining of the staff structure may be needed from time to time and the Directors could bring changes back to the Board in the future.

Time is of the essence considering the ongoing recruitment and the lack of staff in certain critical position in Social Services for the Board to make a discussion on the future structure of Health and Human Services.

**BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA
RESOLUTION TO SEPARATE HEALTH AND HUMAN SERVICES
INTO MULTIPLE DEPARTMENTS**

RESOLUTION NO. 17-

WHEREAS, the Sierra County Board of Supervisors has directed Staff to explore separating Health and Human Services in to multiple Departments, with multiple Directors; and

WHEREAS, the recruitment for Directors under the current structure has not resulted in a long-term success over many years, and

WHEREAS, the Staff has examined the structures of other Counties, and

WHEREAS, the Staff has consulted with experts in staffing for County Departments, and they believe the recruitment for a more focused set of skills in a Director would result in a more successful result, and

NOW THEREFORE BE IT RESOLVED, the Board of Supervisors resolves to create two departments out the current structure of Health and Human Services and these new departments will be called the Department Behavioral Health and the Department of Health and Social Services;

FURTHER BE IT RESOLVED, the Board of Supervisors shall create the new positions of Director of Behavioral Health and Director of Health and Social Services. The position of Director of Health and Human Services shall be eliminated.

FURTHER BE IT RESOLVED, that the Department of Behavioral Health will consist of Mental Health, Mental Health Services Act, Alcohol and Drug Treatment, and all similar activities and/or new programs not specifically part of the Health and Social Services Department, and

FURTHER BE IT RESOLVED, that Health and Social Services will consist of the Health Department, Social Welfare and all similar activities and/or new programs not specifically part of the Behavior Health in nature.

ADOPTED by the Board of Supervisors of the County of Sierra, State of California on the 3rd day of January, 2017 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

COUNTY OF SIERRA

PETER HUEBNER, CHAIRPERSON
BOARD OF SUPERVISORS

ATTEST:

APPROVED AS TO FORM:

HEATHER FOSTER
CLERK OF THE BOARD

DAVID PRENTICE
COUNTY COUNSEL

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

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| MEETING DATE: January 3, 2017 | TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Timed <input type="checkbox"/> Consent |
| DEPARTMENT: Board of Supervisors APPROVING PARTY: Chair PHONE NUMBER: 530-289-3286 | |

AGENDA ITEM: Approval of Job Descriptions for Director of Behavioral Health, Director of Health and Human Services and the Clinical Director Behavioral Health.

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other

BACKGROUND INFORMATION: See previous Items

FUNDING SOURCE:
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$ N/A

| | |
|--|---|
| ARE ADDITIONAL PERSONNEL REQUIRED? <input type="checkbox"/> Yes, -- -- <input checked="" type="checkbox"/> No | IS THIS ITEM ALLOCATED IN THE BUDGET? <input type="checkbox"/> Yes <input type="checkbox"/> No IS A BUDGET TRANSFER REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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SPACE BELOW FOR CLERK'S USE

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| BOARD ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____ | Resolution 2017- _____ Agreement 2017- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus |
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COMMENTS:

CLERK TO THE BOARD DATE

Sierra County Job Classification

Class Title: Director of Health and Social Services

Status: At-Will Employment and Exempt

DEFINITION

The Director is responsible for the management and administration of Department of Health and Social Services. Responsibilities include the management and operations of the social services (including APS, CPS and IHSS programs) and all welfare and assistance programs provided by County through the Health Social Services Agency. The Director also oversees the environmental health and associated regulatory functions undertaken by the County. The Director is responsible for day to day operations, supervision and administration, including budget development and personnel recruitment, information technology systems, and asset management. The Director supervises the work of professional and administrative staff assigned to the respective program areas and activities in order to ensure compliance with all applicable local, state, and federal laws and regulations pertaining to public health, social service, welfare programs and environmental health matters.

DISTINGUISHING CHARACTERISTICS

This is the top management level position within the Health and Social Services requires knowledge of: (1) the principles and methods of management necessary to plan, analyze, develop, evaluate, and direct the diverse and complex activities of the Health and Social Services Agency; (2) the principles and legal requirements for public contracting, personnel management, budget preparation, fiscal analysis, and program management; (3) federal, state, and local laws and regulations governing the operations of health and social services programs and funding mechanisms; (4) fundamentals of program requirements and strategies and implementation measures that have been proven successful in implementing public health, social service and welfare programs; (5) modern office practices and equipment.

In addition the Director shall have the ability to (1) administer and supervise county-wide, diverse and complex programs; (2) use independent judgment and discretion in supervising various programs and to make sound decisions in daily operations; the ability to effectively read and interpret complex materials pertaining to the state and federal laws and regulations relating to the programs provided by the Agency; (3) to communicate effectively in written and oral forms; (4) to effectively administer budgets; (5) develop and subject to approval by the Board of Supervisors,

(6) manage and supervise department staff including hiring, discipline, and all aspects of personnel within the combined departments; (7) Work closely with the Board of Supervisors, other County officials and staff in other departments, and with the local schools, local courts and with local non-profit agencies.

REPORTS TO: County Board of Supervisors

CLASSIFICATIONS SUPERVISED: Directly or through subordinates, supervises all Department staff including Social Workers, Integrated Case Workers, Public Health Nurse, Environmental Health and Accounting Supervisor.

EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES (The following is used as a partial description and is not restrictive as to duties required.)

- Provides leadership with a positive presence, demonstrates initiative and sound judgement, treats people with respect and is open and approachable.
- A history of successfully leading organizations through challenge and change.
- Assesses administrative and program needs and plans and oversees the implementation and administration of the programs to provide services to meet those needs.
- Implements the department operating policies and establishes procedures, and ensures compliance with all applicable federal, state and local laws and regulations.
- Supervises, trains, coordinates and evaluates the performance of personnel and as Appointing Authority is responsible for hiring, disciplinary action and dismissal of all personnel.
- An understanding of succession planning and staff development.
- Develops, implements and evaluates long-range management strategies and service objectives.
- Coordinates the department's activities with related federal, state, and local agencies to maximize revenue and eliminate duplication of services.
- Develops, implements, and monitors the Agency annual plans, cost reports, fiscal claims, and budgets necessary for operations.
- Represents the Agency at appropriate state and federal conferences and meetings related to the agency.
- Maintains communication with other County officials regarding ongoing issues.
- Evaluates the need for and oversees the purchase of equipment materials, and supplies in compliance with all legal purchasing provisions.
- Prepares administrative, fiscal, and technical reports as required, and makes presentations to the Board of Supervisors, and to other County officials or entities as may be required.
- Receives and responds to inquiries, concerns, and complaints regarding programs or administrative service.
- Serves on various committees, boards, and councils as appropriate as designated by the Board of Supervisors.
- Acts as a resource for other Department Directors and their staffs on County issues.
- Promotes a culture within Sierra County Health and Social Services that reflects the commitment to high quality and accessibility, and incorporates a focus upon operational efficiency and economy.

- Designs and implements operational efficiencies across the program areas within the Agency.
- Assures the County is receiving all funds to which it is entitled via federal, state, and local sources and that systems and procedures are in place to collect billings in a timely fashion.
- Assists in the solicitation of grant funds as may be directed by the Board of Supervisors.
- Responds to calls for CPS and APS call outs when necessary in the absence of other available staff.

TYPICAL PHYSICAL REQUIREMENTS

Requires the ability to exert some physical effort such as walking, standing, and light lifting, sufficient dexterity in the use of fingers, limbs, and body in order to meet the ADA requirements for this position. Requires the ability to maintain effective audio-visual discrimination and perception as required for making observations and communicating with others.

TYPICAL WORKING CONDITIONS

Work is performed in an office environment; occasionally works outside; Continuous contact with the public and other staff; Travel by car to meetings or trainings.

DESIRABLE QUALIFICATIONS

The successful candidate shall meet the following related education and experience in Social Work, Social Science, Public Health Administration, or closely related field as follows:

Education:

- A Bachelor degree in related field (required)
- A Master's degree is highly desirable

Experience

- Five years of progressively responsible management experience in a public or non-profit agency providing health and social services
- Significant supervisory responsibility over professional staff
- Substantial relevant work experience with progressive advancement

Special Skills (preferred)

- Knowledge of principles and methods of management necessary to plan, analyze, develop, evaluate and direct the diverse and complex activities of the Agency.
- Knowledge of the principles and practices of contract administration, personnel management, budget preparation, fiscal analysis and program management.

- Knowledge of grant preparation and grant administration.
- Knowledge of federal and state local laws and regulations governing the operation of programs and funding mechanisms.
- Knowledge of modern office practices and equipment.
- Ability to direct County-wide, diverse and complex human service programs
- Ability to direct and supervise a diverse group of professionals to use independent judgment and discretion in supervising various programs.
- Ability to make sound educated decisions.
- Ability to maintain significant flexibility in daily operations and decision making
- Ability to read and interpret complex materials pertaining to the responsibilities of the job.
- Ability to communicate effectively in written and oral form and to speak effectively in public.
- Ability to assemble and analyze information and prepare written reports and records in a clear and concise manner.
- Ability to maintain effective working relationships with those contacted on the job.
- Ability to react calmly and professionally in emergency or stressful situations which representing the agency as the Public Information Officer in the event of a Public Health disaster.

SPECIAL REQUIREMENTS:

Possession of a valid driver's license at the time of application and maintained throughout employment is a requirement for hiring and retention.

Within six months of the date of hire, the Director will be required to live in the County or within one hour response time to the Loyalton or Downieville offices in order to be able to provide crisis services if needed.

Received and filed by: _____

County Clerk

_____ Date

Sierra County Job Classification

Class Title: Administrative Director of Behavioral Health

Status: At-Will Employment and Exempt

DEFINITION

The Director is responsible for the management and administration of Department of Behavioral Health. Responsibilities include the management and operations of Mental Health, Mental Health Services Act and Alcohol and Other Drug provided by the County through the Behavioral Health Agency and those programs associated with each sub department. The Director is responsible for the management oversight, but not limited to establishing protocols, policies and procedures applicable to all behavioral/mental health services staff and programs as it relates to the department and the developing Mental Health Plan. The Director is responsible for day to day operations, supervision and administration, including budget development and personnel recruitment, information technology systems, and asset management. The Director supervises the work of professional and administrative staff assigned to the respective program areas and activities in order to ensure compliance with all applicable local, state, and federal laws and regulations pertaining to Behavioral Health Agency.

DISTINGUISHING CHARACTERISTICS

This is the top management level position within the Behavioral Health requires knowledge of: (1) the principles and methods of management necessary to plan, analyze, develop, evaluate, and direct the diverse and complex activities of the Behavioral Health Agency; (2) the principles and legal requirements for public contracting, personnel management, budget preparation, fiscal analysis, and program management; (3) federal, state, and local laws and regulations governing the operations of behavioral health services programs and funding mechanisms; (4) fundamentals of program requirements and strategies and implementation measures that have been proven successful in implementing mental health, alcohol and other drug and mental health services act programs; (5) modern office practices and equipment.

In addition the Director shall have the ability to (1) administer and supervise county-wide, diverse and complex programs; (2) use independent judgment and discretion in supervising various programs and to make sound decisions in daily operations; the ability to effectively read and interpret complex materials pertaining to the state and federal laws and regulations relating to the programs provided by the Agency; (3) to communicate effectively in written and oral forms; (4) to effectively administer budgets; (5) develop and subject to approval by the Board of Supervisors, (6) manage and supervise department

staff including hiring, discipline, and all aspects of personnel within the combined departments; (7) Work closely with the Board of Supervisors, other County officials and staff in other departments, and with the local schools, local courts and with local non-profit agencies.

REPORTS TO: County Board of Supervisors

CLASSIFICATIONS SUPERVISED: Directly or through subordinates, supervises all Department staff including Clinical Behavioral Health Director

EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES (The following is used as a partial description and is not restrictive as to duties required.)

- Provides leadership with a positive presence, demonstrates initiative and sound judgement, treats people with respect and is open and approachable.
- A history of successfully leading organizations through challenge and change.
- Assesses administrative and program needs and plans and oversees the implementation and administration of the programs to provide services to meet those needs.
- Implements the department operating policies and establishes procedures, and ensures compliance with all applicable federal, state and local laws and regulations.
- Supervises, trains, coordinates and evaluates the performance of personnel and as Appointing Authority is responsible for hiring, disciplinary action and dismissal of all personnel.
- An understanding of succession planning and staff development.
- Develops, implements and evaluates long-range management strategies and service objectives.
- Coordinates the department's activities with related federal, state, and local agencies to maximize revenue and eliminate duplication of services.
- Develops, implements, and monitors the Agency annual plans, cost reports, fiscal claims, and budgets necessary for operations.
- Represents the Agency at appropriate state and federal conferences and meetings related to the agency.
- Maintains communication with other County officials regarding ongoing issues.
- Evaluates the need for and oversees the purchase of equipment materials, and supplies in compliance with all legal purchasing provisions.
- Prepares administrative, fiscal, and technical reports as required, and makes presentations to the Board of Supervisors, and to other County officials or entities as may be required.
- Receives and responds to inquiries, concerns, and complaints regarding programs or administrative service.
- Serves on various committees, boards, and councils as appropriate as designated by the Board of Supervisors.
- Acts as a resource for other Department Directors and their staffs on County issues.
- Promotes a culture within Sierra County Behavioral Health that reflects the commitment to high quality and accessibility, and incorporates a focus upon

operational efficiency and economy.

- Designs and implements operational efficiencies across the program areas within the Agency.
- Assures the County is receiving all funds to which it is entitled via federal, state, and local sources and that systems and procedures are in place to collect billings in a timely fashion.
- Assists in the solicitation of grant funds as may be directed by the Board of Supervisors.

TYPICAL PHYSICAL REQUIREMENTS

Requires the ability to exert some physical effort such as walking, standing, and light lifting, sufficient dexterity in the use of fingers, limbs, and body in order to meet the ADA requirements for this position. Requires the ability to maintain effective audio-visual discrimination and perception as required for making observations and communicating with others.

TYPICAL WORKING CONDITIONS

Work is performed in an office environment; occasionally works outside; Continuous contact with the public and other staff; Travel by car to meetings or trainings.

DESIRABLE QUALIFICATIONS

The successful candidate shall meet the following related education and experience in Behavioral Health Administration, or closely related field as follows:

Education:

- High School Diploma (with a Bachelor degree in a related field desired)

Experience

- Five years of progressively responsible management experience in a public or non-profit agency providing behavioral health and social services
- Significant supervisory responsibility over professional staff
- Substantial relevant work experience with progressive advancement

Special Skills (preferred)

- Knowledge of principles and methods of management necessary to plan, analyze, develop, evaluate and direct the diverse and complex activities of the Agency.
- Knowledge of the principles and practices of contract administration, personnel management, budget preparation, fiscal analysis and program management.

- Knowledge of grant preparation and grant administration.
- Knowledge of federal and state local laws and regulations governing the operation of programs and funding mechanisms.
- Knowledge of modern office practices and equipment.
- Ability to direct County-wide, diverse and complex human service programs
- Ability to direct and supervise a diverse group of professionals to use independent judgment and discretion in supervising various programs.
- Ability to make sound educated decisions.
- Ability to maintain significant flexibility in daily operations and decision making
- Ability to read and interpret complex materials pertaining to the responsibilities of the job.
- Ability to communicate effectively in written and oral form and to speak effectively in public.
- Ability to assemble and analyze information and prepare written reports and records in a clear and concise manner.
- Ability to maintain effective working relationships with those contacted on the job.
- Ability to react calmly and professionally in emergency or stressful situations.

SPECIAL REQUIREMENTS:

Possession of a valid driver's license at the time of application and maintained throughout employment is a requirement for hiring and retention.

Within six months of the date of hire, the Director will be required to live in the County or within one hour response time to the Loyalton or Downieville offices in order to be able to provide crisis services if needed.

Received and filed by: _____
County Clerk

_____ Date

Sierra County
Job Classification

Class Title: Clinical Director of Behavioral Health

Class Code: Mid Management

Status: Exempt & At Will

DEFINITION

Manages, coordinates and directs the work of professional and technical support staff responsible for Behavioral Health functions. Will work in coordination with Administrative Director of Behavioral Health to ensure services are delivered in a manner consistent the principles of Mental Health Plan and Mental Health Services Act Plans, Substance Abuse policies and law. This is an at-will exempt position.

DISTINGUISHING CHARACTERISTICS

This is a Mid-Management department director classification with overall responsibility, through subordinate managers, for the County's mental health and drug and alcohol program activities. Incumbent serves as the County Director of Behavioral Health in accordance with Section 620, Title 9 of the California Administrative Code. The incumbent is accountable for accomplishing Departmental and Agency goals and objectives, and for furthering County goals and objectives within general policy guidelines. The incumbent acts as the County Drug and Alcohol Program Administrator and may act as Acting Director in the absence of the Administrative Director of Behavioral Health or Health and Social Services Director.

REPORTS TO:

The incumbent reports to the Administrative Director of Behavioral Health.

CLASSIFICATIONS SUPERVISED:

Supervises all Behavioral Health staff.

- EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES (The following is used as a partial description and is not restrictive as to duties required)
- Plans, organizes, assigns, directs, reviews and evaluates Behavioral Health programs, services, and related activities
- Directs the selection, evaluation, training and development of departmental staff; interprets County policies and procedures to employees
- Develops and directs the implementation of goals, objectives, policies, procedures and work standards for the Behavioral Health department
- Personally performs complex and sensitive professional level work in any of the above areas
- Directs and reviews the work of contract consultants providing assistance in behavioral health functions
- Confers with and provides professional assistance to members of County departments on behavioral health matters
- Conducts or directs analytical studies of behavioral health activities; develops and reviews reports of findings, alternatives and recommendations
- Monitors developments related to behavioral health matters; evaluates their impact upon County operations and recommends and implements policy and procedural improvements
- Oversees the development and submission of the annual Department budget
- Evaluates and provides supervision to management staff, including annual performance evaluations
- Represents the county at various State meetings and annual conferences.
- Serves as a member of the Health and Human Services Agency management team
- Assures the County is receiving all funds to which it is entitled via federal, state, and local sources and that system and procedures are in place to collect billing in a timely fashion
- Administrative principles and methods, including goal setting, program and budget development and implementation, personnel management, and employee supervision
- Federal, State and local laws and regulations affecting County Behavioral Health programs and services
- Objectives, goals and scope of services provided by local public and private behavioral health agencies and organizations
- Evidenced based assessment, prevention, and treatment practices
- Rehabilitation, psychology, social work and/or public health administration
- Drug and alcohol prevention and treatment programs
- Planning, organizing, assigning, directing, reviewing and evaluating County Behavioral and drug and alcohol program activities
- Selecting, training, motivating and evaluating assigned staff
- Developing, implementing, and interpreting goals, objectives, policies, procedures, and work standards
- Interpreting and applying complex regulations, laws and directives
- Evaluating behavioral health programs and developing new or revised programs as necessary to meet the community's needs
- Analyzing complex problems, evaluating alternatives, and making sound recommendations related to areas of expertise
- Preparing, verifying, analyzing and reconciling complex reports and recommendations
- Exercising sound independent judgment within general policy guidelines

- Establishing and maintaining effective working relationships with those contacted in the course of work
- Representing the County effectively in meetings with others
- Preparing clear, concise, and competent reports, correspondence and other written materials
- Preparing and or directs the all Behavioral Health plans and reports required by funding sources, State, Federal or other, to be approved by the Administrative Behavioral Health Director and Board of Supervisors.

TYPICAL PHYSICAL REQUIREMENTS

Requires the ability to exert some physical effort such as walking, standing, and light lifting, sufficient dexterity in the use of fingers, limbs, and body in order to meet the ADA requirements for this position. Requires the ability to maintain effective audio-visual discrimination and perception as required for making observations and communicating with others.

TYPICAL WORKING CONDITIONS

Work is performed in an office environment; occasionally works outside; Continuous contact with the public and other staff; Travel by car to meetings or trainings.

DESIRABLE QUALIFICATIONS

- A physician licensed in California as a psychiatrist with a minimum of one year of practice and one year of administrative experience.
 - (or)
- A psychologist licensed in California possessing a doctorate degree in psychology from an accredited university and three years of acceptable clinical psychology experience, two years of which shall be administrative experience.
 - (or)
- A clinical social worker possessing a master's degree in social work or higher and shall be a licensed clinical social worker and five years of mental health experience, two years of which shall have been administrative experience.
 - (or)
- A California licensed marriage, family, and child counselor who shall have a master's degree in an approved behavioral science course of study, and five years of mental health experience, two years of which shall have been administrative experience. (Refer to the California Code cited above for additional requirements that apply in meeting these minimum requirements).
 - (or)
- A nurse with possession of a master's degree in psychiatric or public health nursing and licensed as a registered nurse in California with five years mental health experience, two of which shall have been administrative experience. Additional post-baccalaureate experience in a mental health setting may be substituted on a year-for-year basis for the educational requirements.
 - (or)
- An administrator with a master's degree in hospital administration, public health administration, or public administration from an accredited college or university, and three years' experience in hospital or health care administration, two of which shall have been in the mental health field. Additional qualifying experience may be substituted for

the required education on a year-for-year basis with the approval of the Department of Mental Health

- Graduate degree in related field or any combination of training and experience which would likely provide the required knowledge and abilities is qualifying and may substitute for education. 18 points
- Substantial related work experience with progressive advancement 20 points max
- Supervisory responsibility over professional and non-professional staff 10 points max
- Continuing Education 5 points max
- Professional Certification 10 points max

Special Skills

In addition, the successful candidate should possess the following knowledge and special skills:

- Strong leadership skills
- Effective team building skills
- Strong fiscal management skills
- Strategic planning skills
- Alcohol, drug, public health, and mental health, Social Services administration experience
- History of successful collaboration with other agencies
- Effective project management skills 4 points max

TOTAL POINTS 67 points

MINIMUM POINTS NEEDED 57 (85%)

This class specification lists the major duties and requirements for this position and is not an all-inclusive list. Employees in this position may be expected to perform additional job duties related to those set out above and to the types of activities and functions of the employing department and may be required to have additional job related knowledge and skills.

SPECIAL REQUIREMENTS:

Possession of a valid driver's license at the time of application and maintained throughout employment may be required for hiring and retention.

I. ESSENTIAL FUNCTIONS (ADA)

PHYSICAL REQUIREMENTS:

Frequency: *This factor includes the frequency to which the task appears while performing the overall job.*

A = Rarely (once or twice, or never performed)

E = Daily (from 0-1 hour per day)

B = Seldom (on a quarterly to yearly basis)

F = Daily (from 1-4 hours per day)

C = Occasionally (on a monthly/bi-monthly basis)

G = Daily (from 4-8 hours per day)

D = Frequently (on a weekly basis)

| ACTIVITY | | | FREQUENCY | | | | | | | |
|----------|------------------|---|-----------|---|---|---|---|---|---|---|
| | | | A | B | C | D | E | F | G | |
| 1. | CLIMBING | Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like using feet and legs and/or hands and arms. | | | X | | | | | |
| 2. | STOOPING | Bending body downward and forward by bending spine at waist. | | | | | | | X | |
| 3. | KNEELING | Bending legs at knee to come to rest on a knee or knees. | | | | | X | | | |
| 4. | CROUCHING | Bending the body downward and forward by bending legs and spine. | | | | | X | | | |
| 5. | CRAWLING | Moving about on hands and knees or hands and feet. | | | X | | | | | |
| 6. | REACHING | Extending hand(s) and arm(s) in any direction. | | | | | | | X | |
| 7. | STANDING | Standing for long periods of time. | | | | | X | | | |
| 8. | WALKING | Moving about on foot. | | | | | | | X | |
| 9. | SITTING | Sits for extended periods of time. | | | | | | | X | |
| 10. | PUSHING | Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | X | | | | | | | |
| 11. | PULLING | Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | | X | | | | | | |
| 12. | FINGER DEXTERITY | Picking, pinching, typing or otherwise primarily working with fingers rather than the whole hand or arm. | | | | | | | | X |
| 13. | GRASPING | Applying pressure to an object with the fingers and palm. | | | | | | | X | |
| 14. | FEELING | Perceiving attributes of objects, such as size, shape, temperature and texture by touching with skin. | | | | | X | | | |
| 15. | TALKING | Expressing or exchanging ideas by means of the spoken word. | | | | | | | | X |
| 16. | HEARING | Receive detailed information through oral communication. | | | | | | | | X |
| 17. | BALANCING | Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. (Exceeds that needed for ordinary locomotion and maintenance of body equilibrium) | | | X | | | | | |

II. ESSENTIAL FUNCTIONS (ADA)

VISUAL REQUIREMENTS:

Frequency: *This factor includes the frequency to which the task appears while performing the overall job.*

A = Rarely (once or twice, or never performed)

E = Daily (from 0-1 hour per day)

B = Seldom (on a quarterly to yearly basis)

F = Daily (from 1-4 hours per day)

C = Occasionally (on a monthly/bi-monthly basis)

G = Daily (from 4-8 hours per day)

D = Frequently (on a weekly basis)

| ACTIVITY | | FREQUENCY | | | | | | |
|----------|---|-----------|---|---|---|---|---|---|
| | | A | B | C | D | E | F | G |
| 1. | Work performed requires the ability to see distances under 12 inches. | | | | | | X | |
| 2. | Work performed requires the ability to see at arm's length. | | | | | | | X |
| 3. | Work performed requires the ability to see distances over 20 feet. | | | | | X | | |
| 4. | Work performed requires the use of both eyes (field of vision.) | | | | | | | X |
| 5. | Work performed requires the ability to distinguish basic colors. | | | | | | X | |
| 6. | Work performed requires the ability to distinguish shades of color. | | X | | | | | |
| 7. | Work performed requires depth perception. | | | | | | X | |

OTHER FUNCTIONAL REQUIREMENTS:

| ACTIVITY | | FREQUENCY | | | | | | |
|----------|--|-----------|---|---|---|---|---|---|
| | | A | B | C | D | E | F | G |
| 1. | Operates truck, tractor, motor vehicle, forklift or other moving equipment | | | | | X | | |
| 2. | Repetitive use of foot control. right only | | | | X | | | |
| | left only | | | | X | | | |
| | both | | | | X | | | |
| 3. | Repetitive use of hands. right only | | | | | | X | |
| | left only | | | | | | X | |
| | both | | | | | | | X |

III. ESSENTIAL FUNCTIONS (ADA)

WORKING CONDITIONS:

Frequency: *This factor includes the frequency to which the task appears while performing the overall job.*

A = Rarely (once or twice, or never performed)

E = Daily (from 0-1 hour per day)

B = Seldom (on a quarterly to yearly basis)

F = Daily (from 1-4 hours per day)

C = Occasionally (on a monthly/bi-monthly basis)

G = Daily (from 4-8 hours per day)

D = Frequently (on a weekly basis)

| ACTIVITY | | FREQUENCY | | | | | | |
|----------|---|-----------|---|---|---|---|---|---|
| | | A | B | C | D | E | F | G |
| 1. | Works outside in various types of weather. | | | X | | | | |
| 2. | Works inside. | | | | | | | X |
| 3. | Works in extreme cold, below 32 degrees F, for more than one hour. | X | | | | | | |
| 4. | Works in extreme heat, above 100 degrees F, for more than one hour. | X | | | | | | |
| 5. | Worker is subject to vibration (oscillating movements of the extremities or whole body). | X | | | | | | |
| 6. | Works in excessive humidity. | X | | | | | | |
| 7. | Works in a dry atmosphere. | X | | | | | | |
| 8. | Works in environment with constant noise (to cause worker to shout to be heard). | X | | | | | | |
| 9. | Exposed to dust. | X | | | | | | |
| 10. | Exposed to silica. | X | | | | | | |
| 11. | Exposed to fumes, smoke, or gases (anesthetic gases, ethylene oxide, etc.) | X | | | | | | |
| 12. | Exposed to grease and oils (air and skin exposure). | X | | | | | | |
| 13. | Exposed to electrical energy. | X | | | | | | |
| 14. | Exposed to pesticides. | X | | | | | | |
| 15. | Exposed to solvents or other chemicals. (Specify types of chemicals - air and/or skin exposure) | X | | | | | | |
| 16. | Works on slippery or uneven surfaces. | X | | | | | | |
| 17. | Works around machinery with moving parts or stationary equipment. | X | | | | | | |
| 18. | Works around moving objects or vehicles. | | | | | | X | |
| 19. | Works on ladders or scaffolding. | X | | | | | | |
| 20. | Works below ground. | X | | | | | | |
| 21. | Works with hands in water. | X | | | | | | |
| 22. | Works in confined spaces. | X | | | | | | |
| 23. | Other - specify | | | | | | | |

IV. ESSENTIAL FUNCTIONS (ADA)

PHYSICAL EXERTION:

| ACTIVITY | | WEIGHTS/HOURS PER DAY | | | | | | # hrs. per day |
|----------|----------------|-----------------------|------------|------------|------------|-------------|---------------|----------------|
| | | Up to 10 lbs. | 11-25 lbs. | 26-50 lbs. | 51-75 lbs. | 76-100 lbs. | Over 100 lbs. | |
| 1. | LIFTING | | X | | | | | < 1 HR. |
| 2. | CARRYING | | X | | | | | < 1 HR. |
| 3. | PUSHING | | X | | | | | < 1 HR. |
| 4. | PULLING | | X | | | | | < 1 HR. |
| 5. | REACHING | | X | | | | | < 1 HR. |
| 6. | OTHER(Specify) | | | | | | | |

Reviewed by:

Personnel Director Date

Auditor/Treasurer-Tax Date

Collector

Received and filed by:

County Clerk

Date

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

| | |
|---|---|
| MEETING DATE: January 3, 2017 | TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Timed <input type="checkbox"/> Consent |
|---|---|

DEPARTMENT: Board of Supervisors
APPROVING PARTY: Chair
PHONE NUMBER: 530-289-3286

AGENDA ITEM: RESOLUTION APPOINTMENT TO THE DIRECTOR OF BEHAVIORAL HEALTH

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other

BACKGROUND INFORMATION: see previoiuse

FUNDING SOURCE:
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$ N/A

ARE ADDITIONAL PERSONNEL REQUIRED?

 Yes, -- --
 No

IS THIS ITEM ALLOCATED IN THE BUDGET? Yes No

IS A BUDGET TRANSFER REQUIRED? Yes No

SPACE BELOW FOR CLERK'S USE

| | | |
|---|--|--|
| <p>BOARD ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken</p> | <p><input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____</p> | <p>Resolution 2017- _____ Agreement 2017- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus</p> |
|---|--|--|

COMMENTS:

CLERK TO THE BOARD _____ DATE _____

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

**RESOLUTION APPOINTING
THE DIRECTOR OF
BEHAVIORAL HEALTH**

RESOLUTION NO. 17-

WHEREAS, the Assistant Director of Health and Human Services, Lea Salas, has performed her duties skillfully over all functions of Health, Mental Health and Social Services;

WHEREAS, the Board of Supervisors approved the separation of Mental Health, Alcohol And Drug, and Mental Health Services Act services into the Department of Behavioral Health, and

WHEREAS, Kathryn Hill Clinical Director of Behavioral Health has 26 plus years of mental health experience including management of clinical services and meets all the requirements of California Code of Regulations Title 9, Section 620, and

NOW THEREFORE BE IT RESOLVED, the Assistant Director of Health and Human Services Lea Salas is appointed – Administrative Director of the new department “Behavioral Health, “pay to be set by later action of the Board;

FURTHER BE IT RESOLVED, that Kathryn Hill Assistant Director of Behavioral Health shall be retitled the Clinical Director of Behavioral Health for Clinical Services and reports to the Administrative Director of Behavioral Health, and

FURTHER BE IT RESOLVED, the new Director of Behavioral Health shall be the acting director of the new department of Health and Human Services, until a permanent Director of Health and Human Services is appointed by the Board of Supervisors.

ADOPTED by the Board of Supervisors of the County of Sierra, State of California on the 3rd day of January, 2017 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

COUNTY OF SIERRA

PETER HUEBNER, CHAIRPERSON
BOARD OF SUPERVISORS

ATTEST:

APPROVED AS TO FORM:

HEATHER FOSTER
CLERK OF THE BOARD

DAVID PRENTICE
COUNTY COUNSEL

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

| | |
|---|---|
| MEETING DATE: January 3, 2017 | TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Timed <input type="checkbox"/> Consent |
|---|---|

DEPARTMENT: Board of Supervisors
APPROVING PARTY: Chair
PHONE NUMBER: 530-289-3286

AGENDA ITEM: RESOLUTION DIRECTING THE SUBMISSION OF CREDENTIALS TO THE STATE OF CALIFORNIA FOR CLINICAL DIRECTOR OF BEHAVIORAL HEALTH

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other

BACKGROUND INFORMATION: The attached resolution is for sending to the State of California for their approval under California Code of Regulations Title 9, Section 620

FUNDING SOURCE:
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$ N/A

ARE ADDITIONAL PERSONNEL REQUIRED?
 Yes, -- --
 No

IS THIS ITEM ALLOCATED IN THE BUDGET? Yes No
IS A BUDGET TRANSFER REQUIRED? Yes No

SPACE BELOW FOR CLERK'S USE

| | | |
|---|---|---|
| <p>BOARD ACTION:</p> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____ _____ | Resolution 2017- _____ Agreement 2017- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus |
|---|---|---|

COMMENTS:

CLERK TO THE BOARD _____ DATE _____

SIERRA COUNTY

Board of Supervisors
P.O. Drawer D
Downieville, California 95936
Telephone (530) 289-3295
Fax (530) 289-2830



January 3, 2017

Roxanne Vincent
Department of Health Care Services
Mental Health Division
County Support Unit
1500 Capitol Avenue, MS 2702
Sacramento, CA 95814

Re: Sierra County Clinical Director of Behavioral Health

Dear Ms. Vincent:

On behalf of the Sierra County Board of Supervisors we are pleased to advise you that the County made an appointment for the mental health position vacated by Darden Bynum. The County has also reorganized the Health and Human Services Department which functions as a consolidated agency in Sierra County and was responsible for social services, public health and mental health programs in to two distinct Departments of Health and Social Services and Behavioral Health. The Behavioral Health Department will include Mental Health and Alcohol and Drug services. The Clinical Director of Behavioral Health is required to meet the requirements established by state law to serve as the local mental health director.

The Board has appointed Kathryn Hill as the Clinical Director of Behavioral Health. Attached for your information is a copy of Ms. Hill's resume showing his qualifications for this important position along with a resolution of the Board of Supervisors indicating the appointment of the new director on January 3, 2017.

Should you have any questions please feel free to contact the County Clerk's Office at (530) 289-3295.

Sincerely,

Sierra County Board of Supervisors

By: Peter Huebner, Chairman

Enclosures

Lee Adams
District No. 1
P.O. Box 1
Downieville, CA 95936

Peter W. Huebner
District No. 2
P.O. Box 349
Sierra City, CA 96125

Paul Roen
District No. 3
P.O. Box 43
Calpine, CA 96124

Jim Beard
District No. 4
P.O. Box 1040
Loyalton, CA 96118

Scott A. Schlefstein
District No. 5
P.O. Box 192
Loyalton, CA 96118

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

**RESOLUTION DIRECTING
THE SUBMISSION OF CREDENTIALS
TO THE STATE OF CALIFORNIA
FOR CLINICAL DIRECTOR OF
BEHAVIORAL HEALTH**

RESOLUTION NO. 17-

WHEREAS, Darden Bynum no longer works for Sierra County, and

WHEREAS, Kathryn Hill Clinical Director of Behavioral Health has 26 plus years of mental health experience including management of clinical services and meets all the requirements of California Code of Regulations Title 9, Section 620,

NOW THEREFORE BE IT RESOLVED, that Kathryn Hill has a Masters of Arts, Clinical Psychology, is a Licensed Marriage Therapist (California License 25653) fulfills for the Sierra County the requirements of California Code of Regulations Title 9, Section 620, and the Sierra County Board of Supervisors direct that Kathryn Hill name and credential be submitted to the State of California to fulfill the State requirements for operating a County Mental Health Department.

ADOPTED by the Board of Supervisors of the County of Sierra, State of California on the 3rd day of January, 2017 by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

COUNTY OF SIERRA

PETER HUEBNER, CHAIRPERSON
BOARD OF SUPERVISORS

ATTEST:

APPROVED AS TO FORM:

HEATHER FOSTER
CLERK OF THE BOARD

DAVID PRENTICE
COUNTY COUNSEL

KATHRYN HILL, MA
LICENSED MARRIAGE & FAMILY THERAPIST (CA. #25653)
3960 KENTWOOD CT. RENO, NV. 89503
775-232-4554 sierrakathryn@gmail.com

SIERRA COUNTY HEALTH & HUMAN SERVICES 2012- Present

- o Manage all aspects of daily operations of Behavioral Health Department.
- o Provide clinical services to mental health patients.
- o Provide group and individual supervision for MFT, ASW and AOD Interns and Staff.
- o Provide specialty education and outreach programs to children; 1-18 years.
- o Perform Quality Assurance Reviews consistent with Medical & state related AOD requirements and implement appropriate protocol for compliance standards.

SIERRA MENTAL WELLNESS GROUP---TAHOE CITY 2011 – 2012
MANAGER

- o Manage all aspects of daily operations of agency.
- o Provide clinical services to mental health clients.
- o Provide group and individual supervision for MFT and ASW interns.

CLINICAL SUPERVISOR –SIERRA MENTAL WELLNESS GROUP 2010-2011

- o Provide group and individual supervision and training for MFT and ASW. interns in agency setting.

EXPERIENCE

TAHOE FOREST HOSPICE, TRUCKEE, CA. 2003-2011
SPIRITUAL CARE & BEREAVEMENT COORDINATOR/COUNSELOR

- o Coordinate all services provided by spiritual care and bereavement departments.
- o Provide spiritual care and bereavement counseling to patients and families.
- o Interface with local clergy, school district, civic groups and volunteer base.
- o Provide community bereavement support and education in five-county service area.
- o Develop and coordinate all aspects of bereavement support program offered in three public school districts serving K-12 student population. Services include: counseling support, biblio-therapy, crisis management, educational in-services for students, parents, school staff.
- o Train and supervise volunteers providing lay-bereavement support to young children, teens and adults.
- o Present educational in-services for Hospice staff.
- o Furnish bereavement support and case supervision for Hospice staff.

PRIVATE PSYCHOTHERAPY PRACTICE 1990-PRESENT

- o Provide long-term psychotherapy and short-term counseling to individuals, couples and families. Specialty areas include: recovery from drug and alcohol abuse; recovery from physical and sexual abuse; depression, anxiety and somatic disorders, loss and grief.
- o Organize and facilitate therapeutic workshops and support groups for adults.
- o Facilitate multi-generational family meetings.
- o Offer Family Wellness coaching services in parent education/relationship skills/family dynamics.

RELATED TEACHING POSTIONS - -- 1998-2001

- o CITY UNIVERSTIY
Masters of Psychology Program
Human Development, Family Systems,
- o ESALEN INSTITUTE
- o LOMI SCHOOL FOUNDATION

EDUCATION

AUSTIN COLLEGE, SHERMAN, TEXAS B. A. Art & Education
SIERRA UNIVERSITY, LOS ANGELES, CA. M.A., Clinical Psychology

LICENSE AND CERTIFICATIONS

Licensed Marriage and Family Therapist
Certification in Bodywork and Somatic Education: Lomi School Foundation: Santa Rosa, CA.
Music Together Certified Teacher and Licensed Director: Princeton, NJ.

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

| | |
|---|---|
| MEETING DATE: January 3, 2017 | TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Timed <input type="checkbox"/> Consent |
|---|---|

DEPARTMENT: Clerk of the Board
APPROVING PARTY: Heather Foster, Clerk-Recorder
PHONE NUMBER: 530-289-3295

AGENDA ITEM: Approval of appointments to commissions, boards and associations; standing committees; term appointments made by full board; and ad-hoc committees for the 2017 Calendar Year.

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other

BACKGROUND INFORMATION:

FUNDING SOURCE:
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$ N/A

ARE ADDITIONAL PERSONNEL REQUIRED?

 Yes, -- --
 No

IS THIS ITEM ALLOCATED IN THE BUDGET? Yes No

IS A BUDGET TRANSFER REQUIRED? Yes No

SPACE BELOW FOR CLERK'S USE

| | | |
|---|---|---|
| <p>BOARD ACTION:</p> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____ | Resolution 2017- _____ Agreement 2017- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus |
|---|---|---|

COMMENTS:

CLERK TO THE BOARD

DATE

2017 Ad-Hoc Committees
 Appointed by Chairman – No Term unless specified
 Responsibilities per Minute Order or Resolution
 (Resolution 97-043)

| | COMMITTEE | | POSITION | SUPERVISOR |
|-----|---|---|------------------------------|---------------------------------|
| 1. | SVDH/EPHC Liaison Committee | 2 | Board Members Beard | Schlefstein |
| 2. | County-USFS Relations Westside | 2 | Board Members | Adams Huebner |
| | County-USFS Relations Eastside | 2 | Board Members | Roen Beard |
| 3. | Watermaster Services Program | 2 | Board Members | Roen (Committee Chair) Adams |
| 4. | Salmon and Steelhead Re-Introduction Project | 2 | Board Members | Adams Huebner |
| | | 1 | Alternate | Schlefstein |
| 5. | Biomass Committee | 2 | Board Members | Huebner Roen |
| 6. | Cabin Creek Biomass Facility | 2 | Board Members | Huebner Schlefstein |
| 7. | Western Sierra County Emergency Medical Services Initiative | 2 | Board Members Hue | Adams bner |
| 8. | Veterans Services-Ad Hoc Committee | 2 | Board Members Beard | Roen |
| 9. | AT&T removal of copper lines in Rural communities | 2 | Board Members Hu | Adams ebner |
| | | 1 | Alternate | Roen |
| 10. | Social Services and Facilities Management | 2 | Board Members Schl | Huebner efstein |
| 11. | CSA 5 Fire Contracts and countywide Fire Services | 2 | Board Members Schlefstein | Huebner |
| 12. | HHS Organization & recruitment | 2 | Board Members | Adams Roen |

SIERRA COUNTY BOARD OF SUPERVISORS
ASSIGNMENTS TO COMMISSIONS/BOARDS/ASSOCIATIONS 2017
 (Assignments made by the full Board of Supervisors to represent Sierra County)

| Committee/Board/Association | Board Representative (s) | Alternate (s) |
|---|---------------------------------|----------------------|
| Area 4 Agency on Aging Governing Board Board Representative & 2 Alternates | Schlefstein | Beard Adams |
| ALERT (Agency Liaison Evaluation & Resource Team) Board Representative & Alternate Resolution 2003-123 | Schlefstein | Roen |
| Airport Advisory Committee Board Representative & Alternate Minute Book T, Page 232 | Roen | Huebner |
| Community Corrections Partnership (CCP) Board Representative & Alternate Resolution 2011-094 | Schlefstein | Roen |
| CSAC Board of Directors Director & Alternate | Adams | Huebner |
| CSAC Excess Insurance Authority Director & Alternate | Van Maddox | Huebner |
| Emergency Medical Care Committee 2 Board Representatives Resolution 92-468 | Huebner Beard | N/A |
| Families First Five Board Representative Ordinance 875, Resolution 99-081 | Beard | N/A |
| Fish & Wildlife Commission Liaison Board Representative (W) Board Representative (E) Resolution 2007-050 | Huebner Beard | N/A |
| Juvenile Justice Commission Board Representative & Alternate | Beard | Adams |
| Juvenile Justice Coordination Council Board Representative Resolution 2014-025 | Schlefstein | N/A |

SIERRA COUNTY BOARD OF SUPERVISORS
ASSIGNMENTS TO COMMISSIONS/BOARDS/ASSOCIATIONS 2017
 (Assignments made by the full Board of Supervisors to represent Sierra County)

| Committee/Board/Association | Board Representative (s) | Alternate (s) |
|--|---------------------------------|--|
| Lassen/Sierra/Plumas Community Action Agency Board Representative & Alternate JPA 95-100 | Schlefstein | Beard |
| Mental Health Advisory Board Board Representative & Alternate Resolution 2011-056 | Schlefstein | Beard |
| Nor Cal Emergency Medical Services Agency (Nor Cal EMS) Board Representative & 2 Alternates <i>(Alternate does not have to be a County Supervisor)</i> | Adams | Huebner Roen |
| NorTeC Board Representative & Alternate Public Member | Huebner Tom Dines | Beard |
| Northern Sierra Air Quality Management District 2 Board Representatives & Alternate | Huebner Roen | Adams |
| Quincy Library Group Board Representative & Alternate | Beard | Roen |
| Risk Management Committee Board Representative who serves on the Trindel Insurance JPA Board & Alternate Resolution 2016-107 | Huebner | Adams |
| Rural Counties Representatives of California (RCRC), ESJPA & GSFA Board Representative & Alternate – 2 Alternates for ESJPA | Adams | Huebner Tim Beals (2 nd Alternate ESJPA) |
| Resource Advisory Committee (RAC) 2 Board Representatives <i>(This is a recommendation only. Final appointment is made by the Undersecretary of Agriculture)</i> | Roen Adams | N/A |
| Sierra County Commission on Aging Board Representative & Alternate | Beard | Roen |

SIERRA COUNTY BOARD OF SUPERVISORS
ASSIGNMENTS TO COMMISSIONS/BOARDS/ASSOCIATIONS 2017
 (Assignments made by the full Board of Supervisors to represent Sierra County)

| Committee/Board/Association | Board Representative (s) | Alternate (s) |
|---|---------------------------------|----------------------|
| Sustainable Forest Action Coalition (SFAC) Board Representative & 2 Alternates Resolution 2010-036 | Huebner | Adams Roan |
| Trindel Board of Directors Delegate & Alternate | Van Maddox | Huebner |
| Water Resources Committee Board Representative Res 2009-072 | Roan | N/A |
| Western Sierra County Senior Housing & Care Committee 2 Board Representatives & Alternate | Huebner Adams | Roan |

SIERRA COUNTY BOARD OF SUPERVISORS

STANDING COMMITTEES 2017

*Resolution 98-106 – Appointed by Board Chairman

| COMMITTEE | POSITION | SUPERVISOR |
|---|-----------------------|------------------------------|
| 1. Government Vice-Chairman | Chairman | Huebner Schlefstein |
| 2. Finance | 2 Board Members | Adams - Chair Roan |
| 3. Personnel | 2 Board Members | Adams - Chair Huebner |
| 4. Parks and Recreation | 2 Board Members | Huebner - Chair Adams |
| 5. Health & Social Services | 2 Board Members | Beard - Chair Huebner |
| 6. Public Works, Roads & Solid Waste | 2 Board Members | Huebner- Chair Roan |
| 7. Natural Resources, Planning Building Inspection | 2 Board Members Ad | Roan - Chair Adams |
| 8. Law Enforcement and Justice | 2 Board Members | Schlefstein - Chair Beard |

BOARD OF SUPERVISORS
TERM COMMITTEE APPOINTMENTS 2017
 Appointments made by full Board. Terms set by Joint Powers Authority or Statute

| | | | |
|----|--|--|--|
| 1. | Local Agency Formation Commission LAFCo Four Year Term/Expires 1 st Monday in May 2017 | 2 Board Representatives Alternate | <u>Huebner</u> <u>Roen</u> <u>Adams *</u> |
| 2. | Local Transportation Commission Term is Unspecified | 3 Board Representatives Alternate | <u>Roen</u> <u>Huebner</u> <u>Schlefstein</u> <u>Beard*</u> |
| 3. | Long Valley Groundwater Management District Term – Four Years July 1, 2013-2017 Term – Four Years July 1, 2015-2019 | 1 Board Representative 1 Board Representative | <u>Roen</u> <u>Huebner</u> |
| 4. | Sierra Valley Groundwater Management District Term – Four Years January 2, 2013-2017 | 1 Board Representative Alternate | <u>Roen</u> <u>Beard*</u> |
| 5. | Sierra Nevada Conservancy Term – 2 years January 8, 2015-2017 | 1 Board Representative Alternate | <u>Roen</u> <u>Adams*</u> |

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

| | |
|---|---|
| MEETING DATE: January 3, 2017 | TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Timed <input type="checkbox"/> Consent |
|---|---|

DEPARTMENT: County Counsel
APPROVING PARTY: David Prentice
PHONE NUMBER: 559-500-1600

AGENDA ITEM: Closed session pursuant to Government Code Section 54956.9 (c) - initiation of litigation - 1 case.

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other

BACKGROUND INFORMATION:

FUNDING SOURCE:
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$ N/A

ARE ADDITIONAL PERSONNEL REQUIRED?

 Yes, -- --
 No

IS THIS ITEM ALLOCATED IN THE BUDGET? Yes No

IS A BUDGET TRANSFER REQUIRED? Yes No

SPACE BELOW FOR CLERK'S USE

| | | |
|---|--|--|
| <p>BOARD ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken</p> | <p><input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____</p> | <p>Resolution 2017- _____ Agreement 2017- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus</p> |
|---|--|--|

COMMENTS:

CLERK TO THE BOARD DATE

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

| | |
|---|---|
| MEETING DATE: January 3, 2017 | TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Timed <input type="checkbox"/> Consent |
|---|---|

| |
|--|
| DEPARTMENT: County Counsel APPROVING PARTY: David Prentice PHONE NUMBER: 530-500-1600 |
|--|

AGENDA ITEM: Closed Session pursuant to Government Code Section 54957 - performance review regarding County Counsel.

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other

BACKGROUND INFORMATION:

FUNDING SOURCE:
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$ N/A

ARE ADDITIONAL PERSONNEL REQUIRED?

 Yes, -- --
 No

IS THIS ITEM ALLOCATED IN THE BUDGET? Yes No

IS A BUDGET TRANSFER REQUIRED? Yes No

SPACE BELOW FOR CLERK'S USE

| | | |
|---|---|---|
| <p>BOARD ACTION:</p> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____ | Resolution 2017- _____ Agreement 2017- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus |
|---|---|---|

COMMENTS:

CLERK TO THE BOARD

DATE

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

| | |
|---|---|
| MEETING DATE: January 3, 2017 | TYPE OF AGENDA ITEM: <input type="checkbox"/> Regular <input type="checkbox"/> Timed <input checked="" type="checkbox"/> Consent |
|---|---|

| |
|--|
| DEPARTMENT: Sheriff's Office APPROVING PARTY: Sheriff Tim Standley PHONE NUMBER: 530-289-3700 |
|--|

AGENDA ITEM: Resolution Approving Updated Sheriff's Office Records Retention Schedule

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other
Board of Supervisors Resolution No. 91-037

BACKGROUND INFORMATION: The current schedule approved by the Board of Supervisors in 1991 is outdated and does not address current technology or records management requirements.

FUNDING SOURCE: N/A
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$ N/A

| | |
|--|---|
| ARE ADDITIONAL PERSONNEL REQUIRED? <input type="checkbox"/> Yes, -- -- <input checked="" type="checkbox"/> No | IS THIS ITEM ALLOCATED IN THE BUDGET? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IS A BUDGET TRANSFER REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

SPACE BELOW FOR CLERK'S USE

| | | |
|---|---|---|
| BOARD ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____ | Resolution 2017- _____ Agreement 2017- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus |
|---|---|---|

COMMENTS:

| | |
|--------------------------|------------|
| CLERK TO THE BOARD _____ | DATE _____ |
|--------------------------|------------|

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

**RESOLUTION APPROVING THE UPDATED RECORDS
RETENTION SCHEDULE FOR THE SIERRA COUNTY
SHERIFF'S OFFICE**

RESOLUTION 2017-_____

WHEREAS, Government Code § 26200 et seq. authorizes the Board of Supervisors to adopt a records retention schedule which sets forth the duration that county records must be retained and authorizes the destruction or disposition of any records at the conclusion of the record retention period specified in the schedule; and

WHEREAS, The Sheriff has prepared a records retention schedule, which is attached hereto and represents an inventory of all records maintained by the Sheriff's Office, the retention period for each type of record, the media options and applicable legal requirements; and

WHEREAS, the Sheriff's record retention schedule will protect useful and vital records, identify historically valuable records, and assure the prompt and systematic disposal of records that are obsolete; and

WHEREAS, This Board of Supervisors wishes to adopt the updated records retention schedule that has been presented to this Board for its consideration.

NOW, THEREFORE BE IT RESOLVED that the Board of Supervisors of the County of Sierra does hereby:

- 1) Adopt by resolution the Sheriff's records retention schedule which is attached hereto;
- 2) Authorize the Sheriff or the Sheriff's designee to authorize to retain the records pursuant to the schedule, and thereafter to destroy or otherwise dispose of documents that exist beyond the records retention periods specified;
- 3) Define the term "records" as used herein shall to include documents, instructions, books, microforms, electronic files, magnetic tape, optical media, or papers as defined by the California Public Records Act.

ADOPTED by the Board of Supervisors of the County of Sierra on the 3rd day of January, 2017, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

County of Sierra:

Peter Huebner
Chairman of the Board

Attest:

Approved as to Form:

Heather Foster
Clerk of the Board

David Prentice
County Counsel

| | A | B | C | D |
|----|---|---|------------------------|--|
| 1 | EXHIBIT A | | | |
| 2 | SIERRA COUNTY SHERIFF'S OFFICE RECORDS RETENTION SCHEDULE | | | |
| 3 | DESCRIPTION | RETENTION PERIOD | ELECTRONIC COPY | COMMENTS/REFERENCE |
| 4 | | | | |
| 5 | Agreements & Contracts | Expiration + 5 years | No | GC §§ 26202 & 26205, statewide guidelines propose expiration + 5 years |
| 6 | Duplicates | 2 years | No | GC § 26202, Duplicates less than 2 years old can be destroyed if County adopts a procedure to do so (GC § 26206.7) BOS action required |
| 7 | Concealed Weapons Permits | Expiration + 2 years | No | GC §§ 26202 & 26205 |
| 8 | Citizen Complaints & Internal Investigations (including video) | Separation or final disposition + 5 years (whichever is longer) | | PC § 832.5 requires 5 years, statute of limitations is 4 years (PC § 801.5) |
| 9 | Personnel Files | Separation + 5 years | No | 29 CFR 1602.31 & GC § 12946 requires retention for 2 years after separation. |
| 10 | K-9 Files | Separation + 5 years | No | GC §§ 26202 & 26205 |
| 11 | Records of Fatalities (Including accident investigations, internal affairs investigations, pursuits, use of force, prisoner deaths) | Permanent | N/a | GC §§ 26202 & 26205 |
| 12 | Accident Investigations (Non-Fatal) | 2 years after resolution | No* | GC §§ 26202 & 26205, CA Secretary of State Records Management Guidelines |
| 13 | Background Files - Successful Applicants | Separation + 5 years | No | 29 CFR 1602.31 & GC § 12946 requires retention for 2 years. |
| 14 | Background Files - Unsuccessful Applicants | 3 years | No | EEOC/FLSA/ADEA requires 3 years; 29 CFR 1602.31 & GC § 12946 requires retention for 2 years. |
| 15 | Training Files | Separation + 5 years | No | 29 CFR 1602.31 requires retention for 2 years, 3 years under federal law |
| 16 | Classification Files (Jail) | 2 years after release | No | GC §§ 26202 & 26205 |

| | A | B | C | D |
|----|--|---|-----|--|
| 17 | Detention Logs | 2 years | No | GC §§ 26202 & 26205 |
| 18 | Gang Intelligence Files | Permanent | N/a | Retention requires reasonable suspicion of criminal activity - 28 CFR 23.20 |
| 19 | Incident reports | 2 years | No* | GC §§ 26202 & 26205 |
| 20 | Inmate files | 5 years | No | BOS Resolution - inmate master files can be destroyed after 5 years pursuant to GC § 26202 |
| 21 | Security Camera Videos (other than those used as evidence or related to litigation) | 1 year | N/a | GC §§ 26202.6 & 34090.6 |
| 22 | Routinely recorded telephone communications | 100 days | N/a | GC §§ 26202.6 & 34090.6 |
| 23 | Work Program Records | 2 years after completion | No* | GC §§ 26202 & 26205 |
| 24 | Grant Management Records (Including Emergency Services) | 3 years (or until completion of any litigation, claim, negotiation, audit or other action started during the 3 year period) | No | 79 FR § 75.361 |
| 25 | High Intensity Drug Trafficking Area Program Files | 2 years | No* | GC §§ 26202 & 26205 |
| 26 | Operations plans | 2 years after completion | No* | GC §§ 26202 & 26205 |
| 27 | Adult Marijuana Misdemeanors | 2 years from date of conviction or 2 years from date of arrest if no conviction | No | H & S Code § 11361.5 - If no subsequent conviction - "Shall" destroy |
| 28 | Juvenile Marijuana Misdemeanors | 2 years from date of conviction or 2 years from date of arrest if no conviction or once juvenile turns 18 | No | GC § 68152(c)(8) - "Shall" destroy after 2 years |
| 29 | Field Investigation Cards | 2 years | No* | GC §§ 26202 & 26205 |
| 30 | In-Car Video Recordings (other than those used as evidence or related to litigation) | 1 year** | N/a | GC §§ 26202.6 & 34090.6 |
| 31 | Mobile Audio Recordings (other than those used as evidence or related to litigation) | 100 days | N/a | GC §§ 26202.6 & 34090.6 |
| 32 | Pawn Slips | 2 years | No | GC § § 26202 & 26205 |

| | A | B | C | D |
|----|--|--|-----|--|
| 33 | Coroner's Records | Original - any time after investigation is completed and case closed if the contents of the file are photographed or micrographed. | Yes | GC §§ 27463 & 27463.5 - Originals can be disposed of but everything must be kept in easily accessible files with a provision created for preserving, examining and using the files |
| 34 | Sealed Juvenile and Ward Cases | Sealing date + 5 years | No | W & I Code § 389(c) |
| 35 | Factually Innocent Petition Accepted Records | Arrest date + 3 years | No | "Shall destroy" - PC § 851.8 |
| 36 | Department of Justice Validation Lists | 2 years | No* | GC §§ 26202 & 26205 |
| 37 | Inmate Booking Jackets | 6 years | No* | GC §§ 26202 & 26205, CA Secretary of State Records Management Guidelines |
| 38 | Criminal Offender Records Information Requests | 3 years | No | PC § 11078 and 11 § CCR 707(c) - Attorney General requires retention for 3 years |
| 39 | Equipment Maintenance History | Life of equipment | No* | GC §§ 26202 & 26205 |
| 40 | Fingerprints and Palm Prints | 20 years after no longer active | Yes | GC §§ 26202 & 26205, CA Secretary of State Records Management Guidelines |
| 41 | Case files - offenses punishable by imprisonment of 8 years or more | 2 years after time served/probation ended or statute of limitations expires | Yes | GC §§ 26202 & 26205, prosecution must be commenced within 6 years after commission of offense - PC § 800 |
| 42 | Case files - offenses punishable by imprisonment in the state prison | 2 years after time served/probation ended or statute of limitations expires | Yes | GC §§ 26202 & 26205, prosecution must be commenced within 3 years after commission of offense - PC § 801 |
| 43 | Case files - sex offenses committed when the victim was alleged to be under 18 | 2 years after time served/parole or probation ended or statute of limitations expires | Yes | GC §§ 26202 & 26205, prosecution must be commenced prior to victim's 40th birthday - PC § 801.1 |
| 44 | Case files - employment of a minor in production or sale of child pornography | 2 years after time served/probation ended or statute of limitations expires | Yes | GC §§ 26202 & 26205, prosecution must be commenced within 10 years of the date of production of the pornographic material - PC § 801.2 |

| | A | B | C | D |
|----|---|---|-----|---|
| 45 | Case files - fraudulent insurance claims | 2 years after time served/probation ended or statute of limitations expires | Yes | GC §§ 26202 & 26205, prosecution shall be commenced within four years after discovery of the commission of the offense, or within four years after the completion of the offense, whichever is later - PC § 801.5 |
| 46 | Case files - crimes against elder or dependent adults | 2 years after time served/probation ended or statute of limitations expires | Yes | GC §§ 26202 & 26205, prosecution shall be commenced within five years from the date of the occurrence |
| 47 | Case files - misdemeanors (except for certain offenses specified in PC § 802) | 2 years after time served/probation ended or statute of limitations expires | Yes | GC §§ 26202 & 26205, prosecution shall be commenced within one year of the commission of the offense - PC § 802 (certain misdemeanors have longer statutes of limitations) |
| 48 | Case files - major crimes (capital crimes, sex crimes, confirmed child and elder abuse) | Permanent | N/a | GC §§ 26202 & 26205, no limitation of commencement of action |
| 49 | Officer involved shooting | Permanent | N/a | GC § § 26202 & 26205 |
| 50 | Original Criminal Offender Records (records and data compiled by criminal justice agencies for purposes of identifying criminal offenders and of maintaining as to each such offender a summary of arrests, pretrial proceedings, the nature and disposition of criminal charges, sentencing, incarceration, rehabilitation, and release) | When no longer active IF put in electronic format that meets the requirements of PC 13103 | Yes | PC § 13103 |
| 51 | | | | |
| 52 | * Electronic copy required if destroyed before two years | | | |

| | A | B | C | D |
|----|---|---|---|---|
| 53 | ** The video recording system used by the Sheriff's Office records constantly but only certain video is retained, if not retained, video feed is automatically recorded over. | | | |
| 54 | | | | |
| 55 | ABBREVIATIONS AND FREQUENTLY USED CODE SECTIONS | | | |
| 56 | BOS = Board of Supervisors | | | |
| 57 | CCR = California Code of Regulations | | | |
| 58 | FR = Federal Register | | | |
| 59 | CFR = Code of Federal Regulations | | | |
| 60 | GC = California Government Code | | | |
| 61 | PC = California Penal Code | | | |
| 62 | W & I = California Welfare and Institutions Code | | | |
| 63 | H & S = California Health and Safety Code | | | |
| 64 | GC § 26202 - Records can be destroyed after 2 years with BOS action | | | |
| 65 | GC § 26205 - Records can be purged sooner if preserved in unalterable format with BOS | | | |

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

IN THE MATTER OF APPROVING THE DESTRUCTION OF)
CERTAIN SHERIFF'S RECORDS, DOCUMENTS, AND)
PAPERS, PURSUANT TO SECTION 26202 AND 26202.6)
OF THE CALIFORNIA GOVERNMENT CODE)

RESOLUTION NO. 91-037

Page 2 of 2

- (h) All index cards and logs which relate to the case documents destroyed.
- (i) Dispatch cards over two (2) years old.
- (j) Field interview cards over two (2) years old.
- (k) Duplicates of all reports may be destroyed at any time when the duplicates are no longer needed.

2. Records pertaining to the arrest or conviction of any person for a violation of subdivision (b), (c), (d), or (e) of section 11357 or subdivision (b) of section 11360 of the Health and Safety Code occurring after January 1, 1976 shall not be kept beyond two years from the date of conviction, or from the date of arrest if there was no conviction.

3. Any documents relating to citizen complaints or investigations in response to citizen complaints relating to members of the Sheriff' Office and internal affairs investigation files shall be retained for a period of at least five (5) years, providing such documents are not evidence in any claim filed or any pending litigation (or potential litigation), in which case such documents shall be preserved for five (5) years after the conclusion of litigation.

4. This Resolution also authorizes the Sheriff to purge arrest warrants according to a recall schedule established by the Courts for the timely return of warrants.

The foregoing Resolution was duly passed and adopted by the Board of Supervisors of the County of Sierra on the fifth day of March, 1991, by the following vote:

AYES: Supervisors McIntosh, Lewis, McCaffrey, Bowling and Gallegos

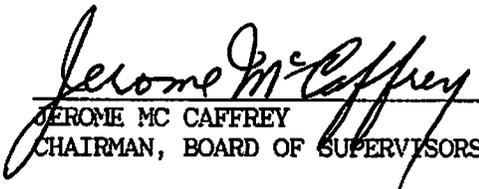
NOES: None

ABSENT: None

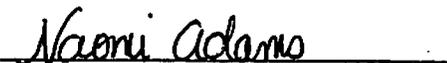
ABSTAIN: None

Approved as to Form:


WILLIAM W. PANGMAN
COUNTY COUNSEL


JEROME MC CAFFREY
CHAIRMAN, BOARD OF SUPERVISORS

ATTEST:


NAOMI ADAMS
CLERK, BOARD OF SUPERVISORS

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

| | |
|---|---|
| MEETING DATE: January 3, 2017 | TYPE OF AGENDA ITEM: <input type="checkbox"/> Regular <input type="checkbox"/> Timed <input checked="" type="checkbox"/> Consent |
|---|---|

| |
|---|
| DEPARTMENT: SHERIFF APPROVING PARTY: TIM STANDLEY PHONE NUMBER: 530-289-3700 |
|---|

AGENDA ITEM: Approval of Budget adjustment for Sheriff's Vehicles

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other

BACKGROUND INFORMATION: The Board approved this expenditure in the 2015/16 budget. The purchase of the vehicles have just been finalized but the items were not brought over to the current budget.

FUNDING SOURCE: CCP
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$100,000 N/A

| | |
|---|---|
| ARE ADDITIONAL PERSONNEL REQUIRED? <input type="checkbox"/> Yes, -- -- <input type="checkbox"/> No | IS THIS ITEM ALLOCATED IN THE BUDGET? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IS A BUDGET TRANSFER REQUIRED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

SPACE BELOW FOR CLERK'S USE

| | | |
|---|---|---|
| BOARD ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____ | Resolution 2017- _____ Agreement 2017- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus |
|---|---|---|

COMMENTS:

| | |
|--------------------------|------------|
| CLERK TO THE BOARD _____ | DATE _____ |
|--------------------------|------------|

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

**IN THE MATTER OF SIERRA COUNTY
AUDITOR TO MAKE CERTAIN CHANGES TO THE
2016/17 FINAL BUDGET FOR THE COMMUNITY CORRECTION**

RESOLUTION NO. 17-

WHEREAS, the Board of Supervisors may authorize the Auditor to make budget changes pursuant to Government Code § 29125, and

NOW THEREFORE BE IT RESOLVED, that the Auditor is hereby authorized to adjust the 2016/17 Final Budget transfers for the below noted funds:

Appropriations:

| | | | |
|---------|----------|--------------------------------|------------|
| 8130000 | Increase | Transfers Out | \$ 100,000 |
| 8130000 | Decrease | Community Corrections reserves | \$ 100,000 |
| 0015450 | Increase | Sheriff's Fixed Assets Autos | \$ 100,000 |
| 0010000 | Increase | Transfers In | \$ 100,000 |

NOW THEREFORE BE IT RESOLVED, the Board hereby specifically authorizes the Auditor to make the above budget adjustments.

ADOPTED by the Board of Supervisors of the County of Sierra, State of California on the 3rd day of January, 2017 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

COUNTY OF SIERRA

PETER HUEBNER, CHAIRPERSON
BOARD OF SUPERVISORS

ATTEST:

APPROVED AS TO FORM:

HEATHER FOSTER
CLERK OF THE BOARD

DAVID PRENTICE
COUNTY COUNSEL

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

| | |
|---|---|
| MEETING DATE: January 3, 2017 | TYPE OF AGENDA ITEM: <input type="checkbox"/> Regular <input type="checkbox"/> Timed <input checked="" type="checkbox"/> Consent |
|---|---|

| |
|--|
| DEPARTMENT: Clerk-Recorder APPROVING PARTY: Heather Foster PHONE NUMBER: 530-289-3295 |
|--|

AGENDA ITEM: Minutes from the regular meeting held on December 6, 2016.

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other
Minutes

BACKGROUND INFORMATION:

FUNDING SOURCE:
GENERAL FUND IMPACT: No Additional General Fund Impact
OTHER FUND:
AMOUNT: \$ N/A

| | |
|--|---|
| ARE ADDITIONAL PERSONNEL REQUIRED? <input type="checkbox"/> Yes, -- -- <input checked="" type="checkbox"/> No | IS THIS ITEM ALLOCATED IN THE BUDGET? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IS A BUDGET TRANSFER REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

SPACE BELOW FOR CLERK'S USE

| | | |
|---|---|---|
| BOARD ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____ | Resolution 2017- _____ Agreement 2017- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus |
|---|---|---|

COMMENTS:

CLERK TO THE BOARD

DATE

Minutes to be distributed
under separate cover
and/or at meeting.

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

| | |
|---|---|
| MEETING DATE: January 3, 2017 | TYPE OF AGENDA ITEM: <input type="checkbox"/> Regular <input type="checkbox"/> Timed <input checked="" type="checkbox"/> Consent |
|---|---|

| |
|--|
| DEPARTMENT: Clerk-Recorder APPROVING PARTY: Heather Foster PHONE NUMBER: 530-289-3295 |
|--|

AGENDA ITEM: Minutes from the regular meeting held on December 20, 2016.

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other
Minutes

BACKGROUND INFORMATION:

FUNDING SOURCE:
GENERAL FUND IMPACT: No Additional General Fund Impact
OTHER FUND:
AMOUNT: \$ N/A

ARE ADDITIONAL PERSONNEL REQUIRED?

Yes, -- --
 No

IS THIS ITEM ALLOCATED IN THE BUDGET? Yes No

IS A BUDGET TRANSFER REQUIRED? Yes No

SPACE BELOW FOR CLERK'S USE

| | | |
|---|---|---|
| BOARD ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____ | Resolution 2017- _____ Agreement 2017- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus |
|---|---|---|

COMMENTS:

CLERK TO THE BOARD

DATE

Minutes to be distributed
under separate cover
and/or at meeting.