

**SIERRA COUNTY BOARD OF SUPERVISORS'  
AGENDA TRANSMITTAL & RECORD OF PROCEEDINGS**

<b>MEETING DATE:</b>  <b>DEPARTMENT:</b>  <b>PHONE NUMBER:</b>  <b>REQUESTED BY:</b>	<b>TYPE OF AGENDA ITEM:</b> REGULAR          CONSENT          TIMED  <b>SUPPORTIVE DOCUMENT ATTACHED:</b> RESOLUTION          MEMO AGREEMENT          OTHER _____
<b>AGENDA ITEM:</b>	
<b>BACKGROUND INFORMATION:</b>	
<b>FUNDING SOURCE:</b> <b>GENERAL FUND IMPACT:</b>	<b>OTHER FUND:</b> <b>AMOUNT: \$</b>
<b>ARE ADDITIONAL PERSONNEL REQUIRED?</b>  YES          NO  TYPE OF EMPLOYEE	<b>IS THIS ITEM ALLOCATED IN THE BUDGET?</b>  YES          NO  <b>IS A BUDGET TRANSFER REQUIRED?</b>  YES          NO
<b>SPACE BELOW FOR CLERK'S USE</b>	
<b>BOARD ACTION:</b>  APPROVED                  APPROVED AS AMENDED  ADOPTED                  ADOPTED AS AMENDED  DENIED                      OTHER  NO ACTION TAKEN	<b>SET PUBLIC HEARING FOR:</b> _____ <b>DIRECTION TO:</b> _____ <b>REFERRED TO:</b> _____ <b>CONTINUED TO:</b> _____ <b>AUTHORIZATION GIVEN TO:</b> _____
<b>BOARD VOTE:</b> BY CONSENSUS AYES: ABSTAIN: NOES: ABSENT:	RESOLUTION 2026- _____ AGREEMENT 2026- _____ ORDINANCE _____
<b>COMMENTS:</b>	

\_\_\_\_\_  
CLERK OF THE BOARD

\_\_\_\_\_  
DATE



SIERRA COUNTY BOARD OF SUPERVISORS

APPLICATION FOR MEMBERSHIP ON ADVISORY BOARD, COMMISSION OR SPECIAL DISTRICT

FILED SIERRA COUNTY CLERK

DEC 12 2025

BY HEATHER FOSTER DEPUTY [Signature]

PLEASE PRINT OR TYPE:

APPLICATION FOR MEMBERSHIP ON: Behavioral Health advisory board (NAME OF BOARD/COMMISSION/DISTRICT)

FILING DEADLINE (AS LISTED ON VACANCY LISTING): Wednesday December 24th 2025

NAME: Dylan Davis EMAIL: DM DAVIS V92@GMAIL.COM

RESIDENCE ADDRESS: 101 Plaza Ct, Alleghany, CA 95910

MAILING ADDRESS: PO BOX 942, Alleghany, CA, 95910

PHONE NUMBERS: HOME: BUSINESS/CELL: 540 207 6577

IN WHICH SUPERVISORIAL DISTRICT DO YOU RESIDE? Sierra / Alleghany

TIMES YOU ARE AVAILABLE FOR MEETINGS? DAYS: M-F TIMES: 9am 5pm

EMPLOYMENT EXPERIENCE: Systems Administration, customer service, sales, training for peer support, mobil crisis, & SUD in home care support services

ORGANIZATION AND COMMUNITY EXPERIENCE:

- Advocacy for person seeking disability in alleghany
-In home care for people in alleghany

OTHER EXPERIENCE WHICH YOU FEEL WOULD BE HELPFUL TO BRING TO THE ATTENTION OF BOARD MEMBERS IN MAKING THIS APPOINTMENT:

- Identify as having lived Experience & overcame the lived experience
- advocacy for community members

EDUCATION (INCLUDE HIGH SCHOOL, COLLEGE AND/OR UNIVERSITY, AND GRADUATE STUDY):

- Courtland HS
- Radford university
- Germanna Community College - Ad magna cum laude

WHY WOULD YOU LIKE TO BE APPOINTED?

- I have a stake in my community & am pursuing training & roles related to behavioral health. I plan to raise my children in this community & want to contribute further to my stake in this community

A RESUME CONTAINING OTHER PERTINENT INFORMATION ABOUT YOURSELF WOULD BE HELPFUL TO THE BOARD MEMBERS IN EVALUATING YOUR APPLICATION.

DATE: 12/12/25

  
SIGNATURE

**APPLICATION MUST BE FILED WITH THE CLERK OF THE BOARD OF SUPERVISORS:  
100 COURTHOUSE SQUARE, RM 11/P.O. BOX D, DOWNIEVILLE, CA 95936  
CLERK-RECORDER@SIERRACOUNTY.CA.GOV**

***APPLICATION MAY BE SIGNED ELECTRONICALLY VIA ADOBE SIGN IN ACCORDANCE WITH THE COUNTY'S ELECTRONIC SIGNATURE POLICY AND WILL BE ACCEPTED IN LIEU OF AN ORIGINAL SIGNATURE.***

MEMBERS OF THIS ADVISORY BOARD/COMMISSION/SPECIAL DISTRICT ARE:

REQUIRED       ARE NOT REQUIRED to file a Statement of Economic Interests with the County Clerk. If you should have any questions as to what this might involve, please call the County Clerk's office at (530) 289-3295.

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USE TEXT BOX BELOW TO ADD ANY ADDITIONAL INFORMATION THAT DID NOT FIT ON FIRST PAGE.

DEC 19 2025



**SIERRA COUNTY BOARD OF SUPERVISORS**

BY HEATHER FOSTER DEPUTY  
*Heather Foster*

**APPLICATION FOR MEMBERSHIP ON  
ADVISORY BOARD, COMMISSION OR  
SPECIAL DISTRICT**

PLEASE PRINT OR TYPE:

APPLICATION FOR MEMBERSHIP ON: Behavioral Health Advisory board  
(NAME OF BOARD/COMMISSION/DISTRICT)

FILING DEADLINE (AS LISTED ON VACANCY LISTING): 12/26/2025

NAME: Adam Gilbert EMAIL: a.gilbert1989@yahoo.com

RESIDENCE ADDRESS: 100 Hill Street # 20 Loyalton CA. 96118

MAILING ADDRESS: Po box 564 Loyalton CA. 96118

PHONE NUMBERS: HOME: 530-993-4187 BUSINESS/CELL: N/A

IN WHICH SUPERVISORIAL DISTRICT DO YOU RESIDE? Sierra County

TIMES YOU ARE AVAILABLE FOR MEETINGS? DAYS: Monday - Friday TIMES: 8-5

EMPLOYMENT EXPERIENCE: disable

ORGANIZATION AND COMMUNITY EXPERIENCE:

community member with health care experience.

OTHER EXPERIENCE WHICH YOU FEEL WOULD BE HELPFUL TO BRING TO THE ATTENTION OF BOARD MEMBERS IN MAKING THIS APPOINTMENT:

Help with health care experience and use my experience to help.

EDUCATION (INCLUDE HIGH SCHOOL, COLLEGE AND/OR UNIVERSITY, AND GRADUATE STUDY):

(K-12)

WHY WOULD YOU LIKE TO BE APPOINTED?

for knowledge.

A RESUME CONTAINING OTHER PERTINENT INFORMATION ABOUT YOURSELF WOULD BE HELPFUL TO THE BOARD MEMBERS IN EVALUATING YOUR APPLICATION.

DATE: 12-19-2025

Adam G  
Adam Gilbert (Dec 19, 2025 12:10:05 PST)

Adam Gilbert  
SIGNATURE

**APPLICATION MUST BE FILED WITH THE CLERK OF THE BOARD OF SUPERVISORS:  
100 COURTHOUSE SQUARE, RM 11/P.O. BOX D, DOWNIEVILLE, CA 95936  
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# Adam Gilbert BHSA Application\_001

Final Audit Report

2025-12-19

Created:	2025-12-19
By:	Sierra Folsom (sfolsom@sierracounty.ca.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAeZIVpfCEtlWytYi6DVTLx686vER-C-xh

## "Adam Gilbert BHSA Application\_001" History

-  Document created by Sierra Folsom (sfolsom@sierracounty.ca.gov)  
2025-12-19 - 7:59:53 PM GMT
-  Document emailed to a.gilbert1989@yahoo.com for signature  
2025-12-19 - 8:00:31 PM GMT
-  Email viewed by a.gilbert1989@yahoo.com  
2025-12-19 - 8:08:25 PM GMT
-  Signer a.gilbert1989@yahoo.com entered name at signing as Adam Gilbert  
2025-12-19 - 8:10:03 PM GMT
-  Document e-signed by Adam Gilbert (a.gilbert1989@yahoo.com)  
Signature Date: 2025-12-19 - 8:10:05 PM GMT - Time Source: server
-  Agreement completed.  
2025-12-19 - 8:10:05 PM GMT

DEC 19 2025



**SIERRA COUNTY BOARD OF SUPERVISORS**

BY *Heather Foster*  
HEATHER FOSTER  
DEPUTY

**APPLICATION FOR MEMBERSHIP ON  
ADVISORY BOARD, COMMISSION OR  
SPECIAL DISTRICT**

PLEASE PRINT OR TYPE:

APPLICATION FOR MEMBERSHIP ON: Behavioral Health Advisory Board  
(NAME OF BOARD/COMMISSION/DISTRICT)

FILING DEADLINE (AS LISTED ON VACANCY LISTING): 12/20/25

NAME: Linda A. Diltz EMAIL: oldladyonmt@gmail.com

RESIDENCE ADDRESS: ~~P.O. Box 124~~ 111 Beverly Lane

MAILING ADDRESS: P.O. Box 124, Sierraville, CA 96126

PHONE NUMBERS: HOME: 530-562-7324 BUSINESS/CELL: NONE

IN WHICH SUPERVISORIAL DISTRICT DO YOU RESIDE? Sierra County

TIMES YOU ARE AVAILABLE FOR MEETINGS? DAYS: Weekdays TIMES: 8:00-5:00

EMPLOYMENT EXPERIENCE: 10 years as peer support in Sierra County Behavioral Health.

ORGANIZATION AND COMMUNITY EXPERIENCE:

Behavioral Health, Resource Center, lived experience with Family members who have SMI.

OTHER EXPERIENCE WHICH YOU FEEL WOULD BE HELPFUL TO BRING TO THE ATTENTION OF BOARD MEMBERS IN MAKING THIS APPOINTMENT:

Aware of and am able to support those with Mental Health challenges.

EDUCATION (INCLUDE HIGH SCHOOL, COLLEGE AND/OR UNIVERSITY, AND GRADUATE STUDY):

Some High School.  
Lived experience.

WHY WOULD YOU LIKE TO BE APPOINTED?

To give voice for community and those living with Mental Health Challenges.

A RESUME CONTAINING OTHER PERTINENT INFORMATION ABOUT YOURSELF WOULD BE HELPFUL TO THE BOARD MEMBERS IN EVALUATING YOUR APPLICATION.

DATE: 12-19-25

*Amo*  
Linda Ann Dillon Dec 19, 2025 13:18:31 PST

*Janida A. Ditz*  
SIGNATURE

**APPLICATION MUST BE FILED WITH THE CLERK OF THE BOARD OF SUPERVISORS:  
100 COURTHOUSE SQUARE, RM 11/P.O. BOX D, DOWNIEVILLE, CA 95936  
CLERK-RECORDER@SIERRACOUNTY.CA.GOV**

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# Linda Diltz BHSA Application\_001

Final Audit Report

2025-12-19

Created:	2025-12-19
By:	Sierra Folsom (sfolsom@sierracounty.ca.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAA5cFw6KUsaifAVK43tUnsRsdPTm_Zp5hb

## "Linda Diltz BHSA Application\_001" History

-  Document created by Sierra Folsom (sfolsom@sierracounty.ca.gov)  
2025-12-19 - 7:58:44 PM GMT
-  Document emailed to oldladyonmt@gmail.com for signature  
2025-12-19 - 7:59:06 PM GMT
-  Email viewed by oldladyonmt@gmail.com  
2025-12-19 - 9:16:04 PM GMT
-  Signer oldladyonmt@gmail.com entered name at signing as Linda Ann Diltz  
2025-12-19 - 9:18:29 PM GMT
-  Document e-signed by Linda Ann Diltz (oldladyonmt@gmail.com)  
Signature Date: 2025-12-19 - 9:18:31 PM GMT - Time Source: server
-  Agreement completed.  
2025-12-19 - 9:18:31 PM GMT

# SIERRA COUNTY

Board of Supervisors  
P.O. Drawer D  
Downieville, California 95936  
Telephone (530) 289-3295  
Fax (530) 289-3300



## PUBLIC NOTICE

The Sierra County Board of Supervisors is seeking interested persons who would like to fill positions on the following advisory board:

### **Sierra County Behavioral Health Advisory Board - (2 Vacancies)**

Two (2) vacancies of a five (5) member board responsible for providing community oversight by evaluating local mental health needs, advising county leaders, ensuring public participation, and reporting annually to promote accountability and effective services. Members of the board are required to be persons from the following categories: consumers of mental health services; family members of consumers receiving, or who have received, mental health services.

**The Board is currently seeking two (2) members from the following:** Consumers of mental health services.

For additional information regarding the Sierra County Behavioral Health Advisory Board, please contact the County Clerk.

**FINAL FILING DATE:** Wednesday, December 24, 2025, no later than 4:00 PM. If no applications are received by the stated deadline, the positions will remain open until filled.

**APPOINTMENT:** to be made Tuesday, January 6, 2026, at the meeting of the Sierra County Board of Supervisors. Applicants should be prepared to attend the meeting in person or remotely to answer questions by the Board.

**PERSONS INTERESTED** in serving may submit an application which can be obtained from the Sierra County Clerk, at 100 Courthouse Square, Rm 11, Downieville, California, 95936 or from the County Clerk-Recorder's website at: [www.sierracounty.ca.gov](http://www.sierracounty.ca.gov). Applications may be signed electronically via Adobe Sign in accordance with the County's Electronic Signature Policy and will be accepted in lieu of an original signature. If further information is required, contact the Clerk-Recorder at (530) 289-3295.

Posted: November 20, 2025  
Published: November 20, 2025

Committee Name	Member Name	Position	Term Expiration Date
Behavioral Health Advisory Board	VACANT (FUNK) (BOS Appointed)	MEMBER (3 YEAR TERM) Consumer	4/30/2027
Behavioral Health Advisory Board	WRIGHT, SARA (BOS Appointed)	MEMBER (3 YEAR TERM) Consumer Family	4/30/2026
Behavioral Health Advisory Board	KINKEAD, REBECCA (BOS Appointed)	MEMBER (3 YEAR TERM) Consumer Family	4/30/2027
Behavioral Health Advisory Board	VACANT (GUZMAN) (BOS Appointed)	MEMBER (3 YEAR TERM) Consumer	4/30/2026
Behavioral Health Advisory Board	LEBLANC, TERRY (Assigned)	BOS REPRESENTATIVE	N/A
Behavioral Health Advisory Board	PRINZ-MCMILLAN, SHERYLL (Staff)	CONTACT PERSON	N/A
Behavioral Health Advisory Board	ROEN, PAUL (Assigned)	BOS ALTERNATE	N/A