

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

<p>MEETING DATE: 1/20/2026</p> <p>DEPARTMENT: Behaviorail Health</p> <p>PHONE NUMBER: 530-993-6717</p> <p>REQUESTED BY: Sheryll Prinz-McMillan</p>	<p>TYPE OF AGENDA ITEM:</p> <p><input type="checkbox"/> REGULAR <input checked="" type="checkbox"/> CONSENT <input type="checkbox"/> TIMED</p> <hr/> <p>SUPPORTIVE DOCUMENT ATTACHED:</p> <p><input type="checkbox"/> RESOLUTION <input checked="" type="checkbox"/> MEMO</p> <p><input checked="" type="checkbox"/> AGREEMENT OTHER _____</p>
<p>AGENDA ITEM:</p> <p>Agreement between the California Mental Health Services Authority (CalMHSA) and County of Sierra a for participation in county use of specialized training material, in an amount not to exceed \$5,000, from February 1, 2026 through June 30, 2028.</p>	
<p>BACKGROUND INFORMATION:</p> <p>See attached Memo.</p>	
<p>FUNDING SOURCE: 0515670</p> <p>GENERAL FUND IMPACT: NO ADDITIONAL</p>	<p>OTHER FUND: n/a</p> <p>AMOUNT: \$ 5,000 N/A</p>
<p>ARE ADDITIONAL PERSONNEL REQUIRED?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>TYPE OF EMPLOYEE NONE</p>	<p>IS THIS ITEM ALLOCATED IN THE BUDGET?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IS A BUDGET TRANSFER REQUIRED?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>
<p>SPACE BELOW FOR CLERK'S USE</p>	
<p>BOARD ACTION:</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS AMENDED</p> <p><input type="checkbox"/> ADOPTED <input type="checkbox"/> ADOPTED AS AMENDED</p> <p><input type="checkbox"/> DENIED <input type="checkbox"/> OTHER</p> <p><input type="checkbox"/> NO ACTION TAKEN</p>	<p>SET PUBLIC HEARING FOR:</p> <p>_____</p> <p>DIRECTION TO: _____</p> <p>REFERRED TO: _____</p> <p>CONTINUED TO: _____</p> <p>AUTHORIZATION GIVEN TO: _____</p>
<p>BOARD VOTE: <input type="checkbox"/> BY CONSENSUS</p> <p>AYES:</p> <p>ABSTAIN:</p> <p>NOES:</p> <p>ABSENT:</p>	<p>RESOLUTION 2026-_____</p> <p>AGREEMENT 2026-_____</p> <p>ORDINANCE _____</p>
<p>COMMENTS:</p> 	

CLERK OF THE BOARD

01/20/2026
DATE

Memorandum

To: Sierra County Board of Supervisors

From: Sheryll Prinz-McMillan, Behavioral Health Director

Reference: Agenda Item

Date of Memo: 1/9/2026

Date of Board Meeting: 1/20/2026

Requested Action: Agreement between the California Mental Health Services Authority (CalMSHA) and the County of Sierra for participation in county use of specialized training material, in the amount not to exceed \$5,000.00 for the term February 1, 2026, through June 30, 2028.

Mandated by: N/A

Funding

Budgeted? Yes No

	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Revenue	\$ 5,000.00	
Expenses	\$ 5,000.00	
Difference	0	

Background Information:

The California Mental Health Services Authority (CalMHSA) is a collaborative agency established by California counties to partner with the state in improving behavioral health care for all residents.

CalMHSA pools resources, builds partnerships, and applies technical expertise for the benefit of counties. It develops strategies and programs to enhance community mental health, encourage innovation, and better serve vulnerable populations.

As part of the Mental Health Plan, a specialized online training system is available. Courses include topics such as Medi-Cal billing, 5150 holds, and LPS reporting. Training is offered on a per-course, per-student basis, and CalMHSA provides this service at a reasonable rate.

Potential Issues to consider: Non-compliance in the Mental Health Plan.

Alternatives or impacts of disapproval: Additional staff resources finding alternative trainings which would still cost money.

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT
TRAINING AND CREDENTIALING COURSES PROGRAM

COVER SHEET

Sierra County (“Participant”) desires to participate in the Training and Credentialing Courses Program (“Program”) offered by the California Mental Health Services Authority (“CalMHSA”) on the terms provided in this Participation Agreement (“Agreement”). Participant acknowledges that the Program also will be governed by CalMHSA’s Joint Powers Agreement and its Bylaws. The Agreement is effective on February 1, 2026 through June 30, 2028 (“Term”). The following exhibits are attached and form part of this Agreement:

Exhibit A Detailed Program Description, Requirements, Restrictions
Exhibit B General Terms and Conditions
Attachment A Order Form Template

1. **Summary of Program:** CalMHSA is offering the following Program to Counties:

This program was created to provide Training and Certification courses to Participant’s staff as needed. Depending on the type of course- training and certifications will be made available via a virtual meeting platform or recorded online at CalMHSA’s Learning Management System. Examples of potential trainings and certifications include substance use, mental health, law and ethics, 5150, and care coordination.

2. **Funding:** The Program requires the following funding and payments:

Participant will submit an Order Form to CalMHSA on a monthly basis at accountsreceivable@calmhsa.org using the template listed in Attachment A –Order Form Template. CalMHSA will then invoice for services requested. Participant will pay invoice within 30 days of receipt. Participant will pay in arrears for services utilized.

3. The maximum amount payable under this Agreement is not to exceed \$5,000.00.

County confirms that aside from the above, there are no other funding restrictions.

Authorized Signatures:

CalMHSA

Signed: _____ Name (Printed): Dr. Amie Miller, Psy.D., LMFT

Title: Executive Director Date: _____

Participant:

Signed: _____ Name (Printed): _____

Title: Board of Supervisors/ CAO Date: _____

Signed: _____ Name (Printed): _____

Title: County Counsel Date: _____

Signed: _____ Name (Printed): _____

Title: Director of Behavioral Health Date: _____

Participation Agreement

EXHIBIT A – Detailed Program Description, Obligations, Restrictions

1. Program Description:

The Training and Credentialing Courses Program allows Counties to pay for training and certification courses as they become available through CalMHSA.

2. Obligations:

CalMHSA shall:

- Establish connection between Participant and potential vendors as needed;
- Manage payments and invoicing as set forth in Section V. Fiscal Provisions;
- Alert the Participant of potential courses either via an email to a designated County liaison, publicly posted on our website, and/or be made available through the CalMHSA Virtual Learning Management System. Participant will register for the courses via a registration link provided by CalMHSA either directly via email, publicly posted on our website, and/or be made available through the CalMHSA Virtual Learning Management System.

Participant shall:

- Complete timely submission of monthly work orders;
- Register for trainings or courses via the available registration link provided by CalMHSA.

Participation Agreement
EXHIBIT B - General Terms and Conditions

I. Definitions

The following words, as used throughout this Agreement, shall be construed to have the following meaning, unless otherwise apparent from the context in which they are used:

- A. CalMHSA – California Mental Health Services Authority, a Joint Powers Authority (JPA) created by counties in 2009 at the instigation of the California Mental Health Directors Association to jointly develop and fund mental health services and education programs.
- B. Member – A County (or JPA of two or more Counties) that has joined CalMHSA and executed the CalMHSA Joint Powers Agreement.
- C. Mental Health Services Act (MHSA) – A law initially known as Proposition 63 in the November 2004 election that added sections to the Welfare and Institutions Code.
- D. Mental Health Services Division (MHSD) – The Division of the California Department of Health Care Services responsible for mental health functions.
- E. Participant – Any County participating in the Program either as Member of CalMHSA or under a Memorandum of Understanding with CalMHSA.
- F. Program – The program identified in the Cover Sheet offered by CalMHSA under the Agreement.

II. Responsibilities

- A. Responsibilities of CalMHSA:
 - 1. Provide the Program as described in the Agreement;
 - 2. Act as the Fiscal and Administrative agent for the Program.
 - 3. Manage funds received consistent with the requirements of applicable laws, regulations, and this Agreement.
 - 4. Provide regular fiscal reports to Participant and/or other public agencies with a right to such reports.
 - 5. Comply with CalMHSA's Joint Powers Agreement and Bylaws.
- B. Responsibilities of Participant:
 - 1. Pay for the Program as set out in this Agreement. Payments are due within 30 days of receipt of an invoice or, as applicable, within 30 days of Agreement execution.
 - 2. Provide CalMHSA and any other parties deemed necessary with requested information and assistance to fulfill the purpose of the Program.
 - 3. Where applicable, ensure completion of any Participant requirements set out in Exhibit A including all assessments, creation of individual case plans, and providing or arranging for services.

4. Cooperate by providing CalMHSA with requested information and assistance to fulfill the purpose of the Program.
5. Provide feedback on Program performance.
6. Comply with applicable laws, regulations, guidelines, contractual agreements, JPA requirements, and bylaws.

III. Amendment. This Agreement may be supplemented, amended, or modified only by the mutual agreement of CalMHSA and the Participant, expressed in writing and signed by an authorized representative of both parties.

IV. Withdrawal, Cancellation, and Termination

- A. Participant may withdraw from the Program and terminate the Agreement upon six (6) months' written notice to CalMHSA. Notice shall be deemed served on the date of mailing.
- B. Member Cost Sharing. The withdrawal of a Participant from the Program shall not automatically terminate its responsibility for its share of the expense and liabilities of the Program. The contributions of current and past Participants are chargeable for their share of unavoidable expenses and liabilities arising during their participation period.
- C. CalMHSA may terminate, cancel, change, or limit the Program due to circumstances, including but not limited to, lack of County participation, government restrictions, issues with vendors or their services/platforms/products, lack of funding, governmental funding changes, inability to provide the Program due to vendor(s), regulatory changes, force majeure, or other issues.
- D. If applicable, upon cancellation, termination, or other conclusion of the Program, any funds remaining undisbursed after CalMHSA satisfies all obligations arising under the Program shall be returned to Participant. However, funds used to pay for completed deliverables, services rendered, upfront fees to create the Program, or fees for any portal or platform, ongoing services etc. are not subject to such reversion (subject to applicable laws). Unused funds that were paid for by a joint effort will be returned pro rata to Participant in proportion to payments made. Adjustments may be made if disproportionate benefit was conveyed to a particular Participant. Excess funds at the conclusion of county-specific efforts will be returned to the particular County that paid them per the Program.

V. Fiscal Provisions.

- A. Funding required from Participant will not exceed \$ 5,000.00 during the project period.
- B. **Rates for Services –**

Training Type	Rate
Training and Certification	Not to Exceed \$5,000.00 _____ over the project period

C. Payment Method –

Participant will submit an Order Form to CalMHSA on a monthly basis at accountsreceivable@calmhsa.org using the template listed in Attachment A –Order Form Template. CalMHSA will then invoice for services requested. Participant will pay invoice within 30 days of receipt. Participant will pay in arrears for services utilized.

D. Administrative Fee –

Participant will be charged a 15% administrative fee inclusive in the total cost of each service.

VI. Indemnification

- A. Indemnification.** To the fullest extent permitted by law, each party shall hold harmless, defend and indemnify the other party, including its governing board, employees and agents from and against any and all claims, losses, damages, liabilities, disallowances, recoupments, and expenses, including but not limited to reasonable attorney’s fees, arising out of or resulting from the indemnifying party’s negligence or willful conduct in the performance of its obligations under this Agreement, including the performance of the other’s subcontractors, except that each party shall have no obligation to indemnify the other for damages to the extent resulting from the negligence or willful misconduct of any indemnitee. Each party may participate in the defense of any such claim without relieving the other of any obligation hereunder.
- B. No Responsibility for Mental Health Services.** CalMHSA is not undertaking responsibility for assessments, creation of case or treatment plans, providing or arranging services, and/or selecting, contracting with, or supervising providers (collectively, “mental health services”). Participant will defend and indemnify CalMHSA for any claim, demand, disallowance, suit, or damages arising from Participant’s acts or omissions in connection with the provision of mental health services.

Participation Agreement
 Attachment A – Training Program Order Form

[ORDER FORM #]
[DATE]

PARTICIPANT:

PAYMENT MADE TO:
 California Mental Health Services Authority
 1610 Arden Way, STE 175
 Sacramento, CA 95815

Training Program Order Form				
Registrant Name	Date of Course	Training Course	Rate	Total
<i>Jane Doe</i>	<i>7/1/25</i>	<i>3-Hour 5150 Training</i>	<i>\$130</i>	<i>\$130</i>
Total Cost of Courses				<i>\$130.00</i>
Total				<i>\$130</i>

Authorized Signatory:

Name: _____

Date: _____