

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

<p><b>MEETING DATE:</b> February 17, 2026</p> <p><b>DEPARTMENT:</b> Behavioral Health Department</p> <p><b>PHONE NUMBER:</b> 530-993-6717</p> <p><b>REQUESTED BY:</b> Sheryll Prinz-McMillan</p>	<p><b>TYPE OF AGENDA ITEM:</b></p> <p><input type="checkbox"/> REGULAR    <input checked="" type="checkbox"/> CONSENT    <input type="checkbox"/> TIMED</p> <hr/> <p><b>SUPPORTIVE DOCUMENT ATTACHED:</b></p> <p><input type="checkbox"/> RESOLUTION    <input checked="" type="checkbox"/> MEMO</p> <p><input checked="" type="checkbox"/> AGREEMENT    OTHER _____</p>
<p><b>AGENDA ITEM:</b></p> <p>Agreement between California Mental Health Services Authority (CalMSHA) and the County of Sierra for participation in the SSO (Single Sign On)/SAML (Security Assertion Markup Language) implementation for SmartCare in an amount not to exceed \$15,299.</p>	
<p><b>BACKGROUND INFORMATION:</b></p> <p>See memo.</p>	
<p><b>FUNDING SOURCE:</b> 0515670</p> <p><b>GENERAL FUND IMPACT:</b> NO ADDITIONAL</p>	<p><b>OTHER FUND:</b> N/A</p> <p><b>AMOUNT:</b> \$ 15,299.00    N/A</p>
<p><b>ARE ADDITIONAL PERSONNEL REQUIRED?</b></p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> <p>TYPE OF EMPLOYEE NONE</p>	<p><b>IS THIS ITEM ALLOCATED IN THE BUDGET?</b></p> <p><input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>IS A BUDGET TRANSFER REQUIRED?</b></p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p>
<p><b>SPACE BELOW FOR CLERK'S USE</b></p>	
<p><b>BOARD ACTION:</b></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><b>SET PUBLIC HEARING FOR:</b></p> <p>_____</p> <p><b>DIRECTION TO:</b> _____</p> <p><b>REFERRED TO:</b> _____</p> <p><b>CONTINUED TO:</b> _____</p> <p><b>AUTHORIZATION GIVEN TO:</b> _____</p>
<p><b>BOARD VOTE:</b>                                      <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><b>COMMENTS:</b></p>   	

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

02/17/2026  
\_\_\_\_\_  
DATE

# Memorandum

**To:** Board of Supervisors

**From:** Sheryll Prinz-McMillan

**Reference:** Agenda Item

**Date of Memo:** 2/4/2026

**Date of Board Meeting:** 2/17/2026

**Requested Action:** Agreement between the California Mental Health Services Authority (CalMSHA), and the County of Sierra for participation in the single sign on implementation for SmartCare, in an amount not-to-exceed \$15,299.00, as a one time purchase.

**Mandated by:** N/A

## Funding

**Budgeted?** Yes  No

Revenue	\$ 15,299.00	MHSA - CFTN
Expenses	\$ 15,299.00	MHSA - CFTN
Difference	0	

## Background Information:

The Behavioral Health Department has implemented a new electronic health record (EHR) system through CalMHA, this additional additive will ensure using strong security and the ability to work through the interoperability system that is required through the State of California for data sharing. A separate contract will be submitted for Board consideration for the interoperability and API requirements.

This item has been vetted through and has the IT Department support.

**Alternatives or impacts of disapproval:** The county will not be able to meet compliance regulations through the State of California.

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY**  
**“CalMHSA”**  
**ORDER FORM NO. 1**  
**SEMI-STATEWIDE ENTERPRISE HEALTH RECORD**

This Order Form No. 1 is a contract by and between the California Mental Health Services Authority (“CalMHSA”) and Sierra County (“Participant”).

CalMHSA and Participant entered into Participation Agreement No. 12703-SIE-EHR-24\_25 executed on July 8<sup>th</sup>, 2025 (the “Participation Agreement”).

Participant intends to purchase additional components, modules and/or services (“Additional Purchases”) as specified below. CalMHSA and Participant agree to incorporate the Additional Purchases and corresponding Committed Funding modifications as follows:

**ADDITIONAL PURCHASES:**

This Order Form No. 1 incorporates Additional Purchases totaling **\$ 15,299.00** in additional Committed Funding. Payment terms for each Additional Purchase can be found in Exhibit A-1, below.

The Additional Purchases include:

1. SSO/SAML Implementation. The total cost for this service is **\$ 15,299.00**. This fee is a one-time charge and shall be invoiced upon execution of Order Form No. 1.

In the event that the Additional Purchases made through this Order Form cause Participant to exceed the Maximum Funding amount stated in Participant’s Participation Agreement, Participant acknowledges that it remains solely responsible for payment for all Additional Purchases made and agrees to work with CalMHSA to amend the Participation Agreement as necessary to increase the Maximum Funding amount to account for the increased Committed Funding.

**EXHIBIT A-1 – ADDITIONAL PURCHASES DESCRIPTION AND PAYMENT TERMS**

The table below describes the Additional Purchases incorporated by this Order Form No. 1, effective as of the date of execution of this Order Form No. 1. The Additional Purchases listed are in addition to those included in the Participation Agreement and all subsequent Amendments and Order Forms, if any, that preceded this Order Form No. 1.

Description	Fee Type Description	Payment Term
SSO/SAML Implementation.	<b>One-Time Fee:</b> The total cost for this service is <b>\$ 15,299.00</b>	Due upon the execution of Order Form No. 1

**Scope of Work**

CalMHSA will configure and activate SSO/SAML in Sierra County's environment.

All other terms or provisions in the Participation Agreement and all subsequent Amendments and Order Forms, if any, that preceded this Order Form No. 1, not cited herein, shall remain in full force and effect.

**CalMHSA**

Signed: \_\_\_\_\_ Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant:**

Signed: \_\_\_\_\_ Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_