



Legislation Details (With Text)

**File #:** 20-178      **Version:** 1      **Name:**

**Type:** Agreement      **Status:** Agenda Ready

**File created:** 3/3/2020      **In control:** BOARD OF SUPERVISORS

**On agenda:** 3/17/2020      **Final action:**

**Title:** Approve California Mutual Aid Region II Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance and authorize Board Chair to Sign

**Sponsors:** Health Services

**Indexes:**

**Code sections:**

**Attachments:** 1. California Mutual Aid Region II Intra- Region Cooperative Agreement for Emergency Medical and Health

Date	Ver.	Action By	Action	Result
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**Memorandum**

**Date:** March 17, 2020

**To:** The Honorable Moke Simon, Chair, Lake County Board of Supervisors

**From:** Denise Pomeroy, Health Services Director

**Subject:** Approve California Mutual Aid Region II Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance and authorize Board Chair to Sign

**Executive Summary:** Mutual aid agreements allow for the mobilization of resources to and from regions to prevent and combat any type of emergency and are fundamental to public health emergency responses. Having this Agreement in place will streamline and expedite any needed mutual aid during an emergency.

This Agreement will also prevent the time consuming process of drafting individual MOU's and Agreements after disasters. Additionally Mutual Aid Agreements can expedite FEMA reimbursement for services, equipment, and supplies delivered via mutual aid.

At this time out of the 17 Region II counties Lake is the only county not entered into this Agreement. To ensure the rapid response of resources in an emergency, help keep our community safe, and promote the collaborative spirit of Lake County, Health Services Department respectfully asks for approval to enter into the Region II Cooperative Agreement.

Please contact me if any further information is needed at 707-263-1090.

**If not budgeted, fill in the blanks below only:**

Estimated Cost: \_\_\_\_\_ Amount Budgeted: \_\_\_\_\_ Additional Requested: \_\_\_\_\_ Future Annual Cost: \_\_\_\_\_

**Consistency with Vision 2028 and/or Fiscal Crisis Management Plan** (check all that apply):

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> Well-being of Residents | <input checked="" type="checkbox"/> Public Safety     | <input type="checkbox"/> Infrastructure   | <input type="checkbox"/> Not applicable             |
| <input type="checkbox"/> Economic Development               | <input checked="" type="checkbox"/> Disaster Recovery | <input type="checkbox"/> County Workforce | <input type="checkbox"/> <i>Technology Upgrades</i> |
| <input checked="" type="checkbox"/> Community Collaboration | <input type="checkbox"/> Business Process Efficiency  | <input type="checkbox"/> Clear Lake       | <input type="checkbox"/> <i>Revenue Generation</i>  |
|   |   |   | <input type="checkbox"/> <i>Cost Savings</i>        |

**If request for exemption from competitive bid in accordance with County Code Chapter 2 Sec. 2-38, fill in blanks below:**

Which exemption is being requested?  
How long has Agreement been in place?  
When was purchase last rebid?  
Reason for request to waive bid?

**Recommended Action:** Approve California Mutual Aid Region II Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance and authorize Board Chair to Sign