



Legislation Details (With Text)

File #: 22-594 **Version:** 1 **Name:**
Type: Action Item **Status:** Agenda Ready
File created: 6/4/2022 **In control:** BOARD OF SUPERVISORS
On agenda: 6/21/2022 **Final action:**
Title: Approve the California Mutual Aid County and Intra-Medical Health Regional and Cooperative Agreement for Emergency Medical and Health Disaster Services
Sponsors: Health Services
Indexes:
Code sections:
Attachments: 1. Mutual Aid- Updated.pdf

Date	Ver.	Action By	Action	Result
6/21/2022	1	BOARD OF SUPERVISORS		

Memorandum

Date: June 21, 2022
To: The Honorable Lake County Board of Supervisors
From: Jen Baker, Deputy Director Health Services
Subject: Approve the California Mutual Aid County and Intra-Medical Health Regional and Cooperative Agreement for Emergency Medical and Health Disaster Services, and Request Board Chair to Sign

Executive Summary:

On March 17, 2020, Health Services received approval from your Board to enter the Emergency Medical Services Authority (EMSA), California Mutual Aid Region II Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance.

This Agreement allowed all sixteen, Region II coastal counties to fulfill or request needed mutual aid resources and equipment to prevent and combat emergencies requiring public health response. The Region II agreement also eliminated the time consuming process of creating individual MOU's, or agreements after disasters, and assisted in expediting FEMA reimbursement for any services, equipment, or supplies delivered via mutual aid.

Recently EMSA revised this agreement to represent all California counties under one agreement, update the ambulance strike team rate table, and include a COVID-19 Inter-Facilities transfer rate of hospital to alternative care site.

In support of Health Service's continuing efforts to proactively organize and prepare for any local emergency or disaster requiring the department's response, we respectfully request approval of this agreement and request Board Chair's signature.

If not budgeted, fill in the blanks below only:

Estimated Cost: _____ Amount Budgeted: _____ Additional Requested: _____ Future Annual Cost: _____

Consistency with Vision 2028 (check all that apply):

☐ Not applicable

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Well-being of Residents | <input checked="" type="checkbox"/> Public Safety | <input checked="" type="checkbox"/> Disaster Prevention, Preparedness, Recovery |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Infrastructure | <input type="checkbox"/> County Workforce |
| <input checked="" type="checkbox"/> Community Collaboration | <input type="checkbox"/> Business Process Efficiency | <input type="checkbox"/> Clear Lake |

Recommended Action: Approve the California Mutual Aid County and Intra-Medical Health Regional and Cooperative Agreement for Emergency Medical and Health Disaster Services, and Request Board Chair to Sign