



MENDOCINO COUNTY BOARD OF SUPERVISORS ONLINE AGENDA SUMMARY

BOARD AGENDA # 5 (m)

- Arrangements for public hearings and timed presentations must be made with the Clerk of the Board in advance of public/media noticing
- Agenda Summaries must be submitted no later than *noon* Monday, 15 days prior to the meeting date (along with electronic submittals)
- Send 1 complete original single-sided set and 1 photocopy set – Items must be signed-off by appropriate departments and/or Co. Co.
Note: If individual supporting document(s) exceed 25 pages each, or are not easily duplicated, please provide 10 hard-copy sets)
- Transmittal of electronic Agenda Summaries, records, and supporting documentation must be emailed to: bosagenda@co.mendocino.ca.us
- Electronic Transmission Checklist: ☒ Agenda Summary ☐ Records ☐ Supp. Doc. ☐ If applicable, list other online information below
- Executed records will be returned to the department within one week. *Arrangements for expedited processing must be made in advance*

TO: Board of Supervisors DATE: October 11, 2011

FROM: HHSA- Community Health Services MEETING DATE: October 25, 2011

DEPARTMENT RESOURCE/CONTACT: Stacey Cryer PHONE: 463-7774 Present ☐ On Call ☒
 Secondary Contact: Pat Meek PHONE: 463-7902 Present ☐ On Call ☒
 Additional Contact: Doug Gherkin PHONE: 463-7882 Present ☐ On Call ☒

Consent Agenda ☒ Regular Agenda ☐ Noticed Public Hearing ☐ Time Allocated for Item: _____

■ **AGENDA TITLE:** Approve Agreement with the State of California, Department of Public Health, Emergency Preparedness Office in the Amount of \$372,491 to Provide Medical/Health Disaster Preparedness Training, Equipment and Supplies for Health and Human Services Agency (HHSA), Community Health Services and all Public/Private Medical Partners in Fiscal Year 2011-2012 - HHSA - Community Health Services

■ **PREVIOUS BOARD/BOARD COMMITTEE ACTIONS:** 12/7/10, item 4 (7). 11/10/09, item 4(a)9

■ **SUMMARY OF REQUEST:** This grant provides funding to public health departments, clinics, hospitals and skilled nursing facilities for training, equipment and supplies to prepare for natural disaster, disease outbreaks, and bioterrorism events. Funding has been awarded to all California health jurisdictions since 2002 by a population based allocation process. Funding provides training for HHSA/Community Health Services staff to prepare for emergency response and for equipment and supplies. Hospitals, clinics and skilled nursing facilities receive funding for staff preparedness in partnership with the County's response. Equipment and supplies are also purchased for each site participating in the County's Preparedness Partnership.

■ **SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT:**

■ **ADDITIONAL INFORMATION ON FILE WITH THE CLERK OF THE BOARD (CHECKED BY COB IF APPLICABLE):** ☐

FISCAL IMPACT:			
Source of Funding	Current F/Y Cost	Annual Recurring Cost	Budgeted in Current F/Y
State of California-Revenue	\$372,491	\$372,491	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

■ **Grant Related:** ☒ yes ☐ no If yes, is there a County match? ☐ yes ☒ no Amount: _____

■ **SUPERVISORIAL DISTRICT:** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ All ☒ **VOTE REQUIREMENT:** Majority ☐ 4/5ths ☐

■ **RECOMMENDED ACTION/MOTION:** Approve and authorize the Board Chair to sign agreement with the State of California, Department of Public Health, Emergency Preparedness Office in the amount of \$372,491 to provide medical/health disaster preparedness training, equipment and supplies for HHSA, Community Health Services and all public/private medical partners in Fiscal Year 2011-2012; and authorize the HHSA Director to sign any future amendments to the agreement that do not affect annual maximum amount. Please return 8 signed originals

■ **ALTERNATIVES:** Return to staff for alternate handling and risk loss of funding.

■ **CEO REVIEW (NAME):** _____ **PHONE:** _____

RECOMMENDATION: Agree ☐ Disagree ☐ No Opinion ☐ Alternate ☐ Staff Report Attached ☐

BOARD ACTION (DATE: _____): ☐ Approved ☐ Referred to _____ ☐ Other _____

RECORDS EXECUTED: ☐ Agreement: _____ ☐ Resolution: _____ ☐ Ordinance: _____ ☐ Other _____