

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

514



FROM: Department of Public Health

SUBMITTAL DATE:
March 3, 2015

SUBJECT: Ratify the First Amendment to the Agreement #C14-029 between the County of Riverside Department of Public Health and the State of California Emergency Medical Services Authority for the Regional Disaster Medical Health Specialist grant. Districts: All. [\$25,858]; 50% State funded and 50% Hospital Preparedness Program Funds.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify the First Amendment to the Agreement #C14-029 between the County of Riverside Department of Public Health (DOPH) and the State of California Emergency Medical Services Authority (EMSA) for the Regional Disaster Medical Health Specialist (RDMHS) from July 1 2014 through June 30, 2015 to increase the amount by \$25,858 for a total of \$145,858; and
2. Authorize the Chairman of the Board to sign four (4) originals of said Amendment on behalf of the County; and
3. Approve and direct the Auditor-Controller to adjust the budget according to the attached Schedule A.

BACKGROUND:

Summary (continued on page 2)

KS:jd

Susan D. Harrington
Susan D. Harrington, Director
Department of Public Health

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 25,858	\$ 0	\$ 25,858	\$ 0	Consent <input type="checkbox"/> Policy X
NET COUNTY COST	\$ 00.00	\$ 00.00	\$ 00.00	\$ 0	

SOURCE OF FUNDS: 50% State funded and 50% Hospital Preparedness Program Funds. **Budget Adjustment:** Yes
For Fiscal Year: 14/15

C.E.O. RECOMMENDATION:

APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

FORM APPROVED COUNTY-COUNSEL
DATE 3/11/15
BY: GREGORY P. PRIAMOS
Departmental Concurrence

FISCAL PROCEDURES APPROVED
PAUL ANGULO, CPA, AUDITOR-CONTROLLER
DATE 3/17/15
BY: Esteban Hernandez

- A-30
- Positions Added
- 4/5 Vote
- Change Order

Prev. Agn. Ref.: 12/2/14 Item 3-8

District: All

Agenda Number:

3-23

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Ratify the First Amendment to the Agreement #C14-029 between the County of Riverside Department of Public Health and the State of California Emergency Medical Services Authority for the Regional Disaster Medical Health Specialist grant. Districts: All. [\$25,858]; 50% State funded and 50% Hospital Preparedness Program Funds.

DATE: March 3, 2015

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BACKGROUND:

Summary (continued)

The California State Emergency Management Agency (CalEMA) designated six regions responsible for the overall coordination of disaster mutual aid. Riverside County is within Region VI, which includes San Bernardino, San Diego, Imperial, Inyo and Mono counties. According to California Health and Safety Code 1797.152, each Region has a Regional Disaster Medical Health Coordinator (RDMHC) and a Regional Disaster Medical Health Specialist (RDMHS) to facilitate medical mutual aid planning and coordination.

The functions of the RDMHS are to manage and improve the regional medical and health mutual aid and mutual cooperation systems; coordinate medical and health resources; support development of the Operational Area Medical and Health Disaster Response System; and support the State medical and health response system through the development of information and emergency management systems.

This Amendment will support a regional tabletop exercise that will test key components of the Public Health and Medical Emergency Operations Plan (EOP), the Multi Patient Management Plan, the Medical Health Operational Area Coordination (MHOAC) Plan, and the Medical Health Department Operations Center (DOC) Plan.

DOPH received the grant amendment from the EMSA in January 2015.

SUPPLEMENTAL

Additional Fiscal Information:

The original agreement was for the amount of \$120,000. This amendment increases the amount by \$25,858 for a total contract amount of \$145,858.

Contract History:

The RDMHS agreement to accept the grant funds was approved by the Board of Supervisors on December 2, 2014, Item 3-8.

ATTACHMENTS

Budget Adjustment:

The \$25,858 increase was not included in the Fiscal Year 2014/15 budget therefore a budget adjustment is required as per the attached Schedule A.

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SCHEDULE A

Department of Public Health
Public Health Emergency Preparedness and Response Branch
State Homeland /MMRS Grants/RDMHS/State Pan Flu

Budget Adjustment
Fiscal Year 2014/15

INCREASE IN APPROPRIATIONS

10000-4200100000-525440	Professional Services	<u>\$25,858</u>
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TOTAL INCREASE IN APPROPRIATIONS	\$25,858
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INCREASE IN ESTIMATED REVENUE:

10000-4200100000-751680	Ca-Grant Revenue	<u>\$25,858</u>
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TOTAL INCREASE IN ESTIMATED REVENUE:	\$25,858
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STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
 STD. 213 A (Rev 6/03)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED _____ Pages



AGREEMENT NUMBER C14-029	AMENDMENT NUMBER 1
REGISTRATION NUMBER	

- This Agreement is entered into between the State Agency and Contractor named below:
STATE AGENCY'S NAME
Emergency Medical Services Authority
CONTRACTOR'S NAME
Riverside County EMS Agency
- The term of this Agreement is July 1, 2014 through June 30, 2015
- The maximum amount of this Agreement after this amendment is: \$145,858.00
- The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

Purpose of amendment – Increase the encumbrance by \$25,858.00 from \$120,000.00 to \$145,858.00.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only <input type="checkbox"/> Exempt per:
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) <u>Riverside County EMS Agency</u>		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS <u>P.O. Box 7600</u> <u>Riverside, CA 92513</u>		
STATE OF CALIFORNIA		
AGENCY NAME <u>Emergency Medical Services Authority</u>		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING <u>Howard Backer, MD, MPH, FACEP, Director</u>		
ADDRESS <u>10901 Gold Center Dr., Ste 400</u> <u>Rancho Cordova, CA 95670-6073</u>		

FOR APPROVED COUNTY COUNSEL
 BY: NEAL R. KIPNIS
 DATE: 7/1/15