

FORM APPROVED COUNTY COUNSEL *s/z/lc*
 BY: *[Signature]* GREGORY P. PRIAMOS DATE

Departmental Concurrence

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

611



FROM: Emergency Management Department

SUBMITTAL DATE:
 April 19, 2016

SUBJECT: Ratify the Memorandum of Agreement (MOA) between the County of Riverside and the County of San Bernardino for Emergency Assistance to the Waterman Incident. All Districts [\$ 0].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify the MOA between the County of Riverside and the County of San Bernardino for emergency assistance and mutual aid support to the Waterman Incident for the period of December 2, 2015 through June 30, 2016; and
2. Approve and direct the Chairperson to execute two copies of the MOA on behalf of the County of Riverside.

BACKGROUND:

Summary

On December 2, 2015, the largest terrorist attack on American soil since 9/11 occurred in San Bernardino, California. This attack profoundly impacted a significant number of San Bernardino County employees, specifically in Environmental Health Services, a Division of the County's Department of Public Health.

(Continued on page 2)

KS:rp

[Signature: Kim Saruwatari]
 Kim Saruwatari, Director
 Emergency Management Department

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

SOURCE OF FUNDS:	Budget Adjustment: No
	For Fiscal Year: 15/16

C.E.O. RECOMMENDATION:

APPROVE

BY: *[Signature: Steven C. Horn]*
 Steven C. Horn

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Prev. Agn. Ref.: | District: All | Agenda Number:

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Ratify the Memorandum of Agreement (MOA) between the County of Riverside and the
County of San Bernardino for Emergency Assistance to the Waterman Incident. All Districts [\$ 0].**

DATE: April 19, 2016

PAGE: 2 of 2

BACKGROUND:

Summary (continued)

Riverside County immediately came to the aid of San Bernardino County with resources to support emergency operations and ongoing environmental health functions. The County of Riverside provided and continues to provide mutual aid support consisting of personnel, equipment and/or materials during the period of December 2, 2015 through June 30, 2016. The "Inter-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance" was activated within Mutual Aid Regions I and VI and the Emergency Management Department (EMD) activated the Regional Disaster Medical Health Coordination program (RDMHC) to support public health and medical mutual aid resource requests. Environmental Health provided and continues to provide staff and training support for critical environmental health activities. Riverside University Health System - Behavioral Health also provided resources immediately following the event. San Bernardino County proclaimed the existence of a local emergency on December 10, and on December 18, Governor Brown authorized disaster funding to reimburse costs incurred due to mutual aid needs for the Waterman Incident.

The MOA authorizes reimbursement of all reasonable costs associated with mutual aid assistance provided by the County of Riverside to the County of San Bernardino in support of response and recovery related to the Waterman Incident. EMD will coordinate with all County departments to collect information on costs to support the incident and recovery and will submit the reimbursement packet to San Bernardino County.

Impact on Citizens and Businesses

This will benefit the residents and businesses of Riverside County by providing a cost recovery mechanism for County expenditures related to mutual aid.

SUPPLEMENTAL:

Additional Fiscal Information

The County of Riverside will be seeking reimbursement for personnel and incidental costs for the responding staff. The department will request Board approval should a budget adjustment be necessary.



Public Health Administration

Trudy Raymundo
Director

Corwin Porter
Assistant Director

Maxwell Ohikhuare, M.D.
Health Officer

**TO: ALL COUNTIES PROVIDING MUTUAL AID TO THE SAN BERNARDINO COUNTY
DEPARTMENTS OF PUBLIC HEALTH AND BEHAVIORAL HEALTH**

SUBJECT: POST INCIDENT MEMORANDUM OF AGREEMENT

This correspondence contains time sensitive information regarding the completion of the Memorandum of Agreement for mutual aid resources provided to the County of San Bernardino, Departments of Public Health (DPH) and Behavioral Health (DBH) in response to the Waterman Incident, and required cost reimbursement supporting documentation.

This post incident agreement is between the County of San Bernardino and each county who has provided mutual aid support for Environmental Health Services or Behavioral Health services, including personnel, equipment, and or materials. The agreement outlines the allowable expenses and specific documentation necessary for reimbursement for the provision of mutual aid services.

For mutual aid Environmental Health Services please submit two (2) **original signed** copies of the agreement, and supporting documentation to Kelly Welty at DPH at the following address. Please also include information as to where and to whom you would like an **original signed** agreement returned.

Department of Public Health
351 N. Mountain View Ave., #303
San Bernardino, CA. 92415

For Behavioral Health Services, please submit two (2) copies of the agreement and supporting documentation to Natalie Kesse at DBH at the address below. Please include information as to where and to whom you would like a copy of the agreement returned.

Department of Behavioral Health
303 East Vanderbilt Way, 4th fl
San Bernardino, CA 92415

The signed Memorandum of Agreements and supporting documentation for actual year-to-date costs are due to each department above by close of business on **June 30, 2016**; supporting documentation for any additional costs through June 30, 2016 should be received by each department no later than **July 29, 2016** to allow for year-end processing.

For Environmental Health Services questions, please contact Kelly Welty via email at Kelly.Welty@dph.sbcounty.gov or (909) 387-6637; for Behavioral Health services questions, please contact Shanna Jensen via email SJensen@dbh.sbcounty.gov or 909-383-3943.

Thank you for your continued support.

BOARD OF SUPERVISORS

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Vice Chairman, First District

JANICE RUTHERFORD
Second District

JAMES RAMOS
Chairman, Third District

CURT HAGMAN
Fourth District

JOSIE GONZALES
Fifth District

GREGORY C. DEVEREAUX
Chief Executive Officer

**MEMORANDUM OF AGREEMENT (MOA) BETWEEN
THE COUNTY OF SAN BERNARDINO AND THE COUNTY OF RIVERSIDE
IN RESPONSE TO EMERGENCY ASSISTANCE RE WATERMAN TERRORISM INCIDENT**

WHEREAS, this event and associated conditions will collectively be referred to as the Waterman Terrorism Incident; and

WHEREAS, on December 2, 2015 at or about 11:04 a.m., a terrorist attack occurred at the Inland Regional Center, 1365 S. Waterman Avenue, San Bernardino, resulting in a significant number of County employees, specifically in Environmental Health Services (EHS), a Division of the County's Department of Public Health, being the victims of this mass shooting; and

WHEREAS, the terrorist attack impacted all of EHS's 97 employees, ending the lives of 13 employees, injuring/wounding another 26 employees, with the remaining EHS employees impacted as witnesses and victims of the terrorist attack; and

WHEREAS, the "Inter-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance" was activated among the signatories within Mutual Aid Regions I and VI of the California Office of Emergency Services; and

WHEREAS, the California Department of Public Health also activated its Regional Disaster Medical Health Coordination program (RDMHS) for mutual aid support; and

WHEREAS, on December 10, 2015, San Bernardino County proclaimed the existence of a local emergency for the Waterman Terrorism Incident; and

WHEREAS, on December 18, 2015, the Governor of the State of California, Edmund G. Brown Jr., declared a State of Emergency in accordance with the California Emergency Services Act, and authorized disaster funding to reimburse for costs incurred due to mutual aid needs for the Waterman Terrorist Incident (CDAA-2015-06); and

WHEREAS, mutual aid resources were requested by the San Bernardino County Public Health Officer in accordance with the "Inter-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance" for Mutual Aid Regions I and VI, and in accordance with the California Department of Public Health RDMHS program, to provide mutual aid in support of the Waterman Terrorism Incident; and

WHEREAS, County of RIVERSIDE provided mutual aid support consisting of Environmental Health Services and/or Public Health Services and/or Behavioral Health Services personnel, equipment, and/or materials during the period of December 2, 2015 through June 30, 2016; and

WHEREAS, County of RIVERSIDE agrees to document all of its mutual aid assistance costs related to the Waterman Terrorism Incident (see attached) by first submitting this MOA with original signatures to the San Bernardino County Department of Public Health, by close of business on June 30, 2016.

NOW, THEREFORE, IT IS HEREBY AGREED by and between the County of San Bernardino and the County of RIVERSIDE that the County of San Bernardino may reimburse all reasonable costs associated with the mutual aid support offered to San Bernardino County during the Waterman Terrorism Incident.

Providing County:

By _____
(Signature)

FORM APPROVED COUNTY COUNSEL
BY: Neal R. Kipnis 6/2/16
NEAL R. KIPNIS DATE

Name:

Title:

County:

Date:

Requesting County:

By: _____
(Signature)

Name: Gregory C. Devereaux

Title: Chief Executive Officer

County: San Bernardino

Date:

Attachment A

The following documentation will be required for each individual from your Department who responded as part of a mutual aid/resource request by the County of San Bernardino Department of Public Health (including Environmental Health Services) and/or the Department of Behavioral Health in support of the December 2, 2015 Waterman Terrorism Incident. This information is based on the documentation Cal OES will request of San Bernardino County for cost recovery purposes.

The following item is due by close of business on June 30, 2016 to the respective San Bernardino County Department requesting mutual aid (see below).

- Memorandum of Agreement (MOA) – Attached

The following items are due by close of business on July 29, 2016 to the respective San Bernardino County Department requesting mutual aid (see below).

- *FEMA Form 90-123 (Force Account Labor Summary) – (Attachment B)
- *FEMA Form 90-127 (Force Account Equipment Summary) – (Attachment C)
 - To be used only if the responder used an agency vehicle to drive to San Bernardino County.
- Travel :
 - Receipts for coach airfare and tolls, if applicable.
 - Proof of actual mileage for employees to travel from their home or assigned work location (whichever is closest), to the San Bernardino County assigned work location. Mileage will be reimbursed at the current federally approved mileage rate.
- Lodging:
 - Requests for lodging must be pre-approved in writing by San Bernardino County.
 - Receipts for actual lodging expenses, including date of arrival and departure. The normal allowance for lodging is \$75.00 plus tax, per night, single, with receipt, or as otherwise pre-approved.
- Meals Receipts:
 - Meals incurred during deployment when not provided by San Bernardino County
 - The County will normally reimburse up to \$50.00 per day, including tax and gratuity for three (3) meals. Alcoholic beverages are not reimbursable.
- Daily Time Sheets:
 - Provide copies of your agency's electronic time system report for the period of deployment

Signed MOA, forms, receipts, daily time sheets, etc., to be mailed to Kelly Welty at:

Department of Public Health
351 N. Mountain View Ave., #303
San Bernardino, CA, 92415

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT EQUIPMENT SUMMARY RECORD		PAGE ____ OF ____	O.M.B. No. 1660-0017 Expires April 30, 2013									
APPLICANT	PAID NO.	PROJECT NO.	DISASTER									
LOCATION/SITE	CATEGORY	PERIOD COVERING										
DESCRIPTION OF WORK PERFORMED												
TYPE OF EQUIPMENT <small>INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE</small>	EQUIPMENT CODE NUMBER	OPERATOR'S NAME	DATES AND HOURS USED EACH DAY							COSTS		
			DATE	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTAL HOURS	EQUIPMENT RATE
GRAND TOTAL												
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.												
CERTIFIED										DATE		

*Electronic FEMA forms are available at www.fema.gov/forms.