

DEPARTMENT: HEALTH

BY: C. B. MOSHER, MD, MPH, H.O.
PHONE: 966-3689

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend Resolution authorizing Health Officer to prepare a modification to MOU with Yosemite National Park (MOU #GA 8800-00-016) to pay for on-call salaries temporarily for El Portal First Response vehicle and approve expenditures for this purpose.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Highway 140 rockslide has isolated the El Portal community from services by the County ambulance (Mercy Medical Transport via contract with county).

Although the Yosemite National Park ambulance is covering, due to the diminished availability of ambulance services, the Health Department recommends temporarily upgrading the "First Responders" unit in El Portal from volunteer staff to on-call staffing. The cost for this upgrade (estimated for 2 months) should not exceed \$18,000, and should be reimbursable with emergency funding from FEMA.

Since the final FY '06-'07 budget has not yet been adopted, a budget change form will be submitted to the County Administrative Officer if approved by the Board. Amount budgeted annually for this item is \$20,000. An additional \$18,000 will be budgeted, if so directed by Board. Since the Health Department recommends using Health Realignment Funds, there will be no adverse impact to the General Fund.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Financial Impact? (X) Yes () No	Current FY Cost: \$38,000	Annual Recurring Cost: \$20,000
Budgeted In Current FY? () Yes () No	<input checked="" type="checkbox"/> Partially Funded - Budget adoption pending	
Amount in Budget: \$ N/A		List Attachments, number pages consecutively
Additional Funding Needed: \$ N/A		_____
Source:		_____
Internal Transfer		_____
Unanticipated Revenue	_____ 4/5's vote	_____
Transfer Between Funds	_____ 4/5's vote	_____
Contingency	_____ 4/5's vote	_____
() General () Other		_____

CLERK'S USE ONLY:

Res. No.: 06-342 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
 Approved
() Minute Order Attached () No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California

By: _____
Deputy

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
Comments:

CAO: 