

DEPARTMENT: HEALTH

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

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend Resolution authorizing Chair to sign Memorandum of Understanding between Tuolumne County and Mariposa County for reciprocal coverage of Health Officer duties.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

In the past, when the Health Officer of Mariposa has been gone from the State or Country, Dr. Stolp, the Health Officer of Tuolumne County, has kindly been willing to cover as has Dr. Kelaita of Calaveras County. Upon some absences from Tuolumne County by Dr. Stolp, Dr. Mosher would cover Health Officer duties in Tuolumne. This arrangement was informal and it was understood that it would only be under the most dire of emergencies that the corresponding Health Officer would need to be called, and, in fact, all issues that came up during these times were handled by telephone consultation.

In light of the fact that there could someday arise a circumstance where the Health Officer's legal responsibilities (such as declaring a Public Health emergency) could be necessary, it would be in the best interest of the Board of Supervisors and of the community to have backup for the County Health Officer. Both the Mariposa and Tuolumne County Health Officers agree on this concept and both understand the nature of rural communities.

Given that both counties are too small to have Deputy Health Officers, coverage from within the Departments for legal aspects of the Health Officer work is not available (however, actual response from current staff is in place for both clinical and Environmental Public Health emergencies).

Dr. Stolp's C.V. is attached.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

There would be no formal coverage during periods when the Health Officer is not available.

Financial Impact? () Yes (x) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? () Yes () No () Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively _____
Additional Funding Needed: \$ _____		_____
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.: 05-592 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
MW 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: *PK*