



# Health & Human Services Agency COUNTY OF TULARE AGENDA ITEM

KUYLER CROCKER District One

PETE VANDER POEL District Two

> AMY SHUKLIAN District Three

J. STEVEN WORTHLEY

MIKE ENNIS District Five

| AGENDA | DATE: | September | 18  | 2018 |
|--------|-------|-----------|-----|------|
| AGENDA | DAIE: | September | 10, | 2010 |

| Public Hearing Required  Scheduled Public Hearing w/Clerk Published Notice Required Advertised Published Notice  County Counsel Sign-Off Meet & Confer Required Flectronic file(s) has been sent Budget Transfer (Aud 308) attached Personnel Resolution attached Agreements are attached and signature Tournel Resolution And Signature Floor Chairman is marked with tab(s)/flag(s)  CONTACT PERSON: Andrew Lockman  PHONE: 559-624-8000 |  |  |  |  |
|--|--|--|--|--|
| CONTACT PERSON: Andrew Lockman PHONE: 559-624-8000   |  |  |  |  |

SUBJECT:

Reaffirm Resolution No. 2018-0442, adopted June 5, 2018

### REQUEST(S):

That the Board of Supervisors:

Reaffirm the Proclamation of Local Emergency due to Critical Shortage of Health Care Facilities, Resolution No. 2018-0442.

### **SUMMARY:**

The Tulare Local Healthcare District was forced to suspend its operations, including those of Tulare Regional Medical Center, on October 28, 2017. The ongoing closure has had cascading impacts across the regional healthcare system, impacting emergency medical services, clinics hospitals, and other supporting services within both Tulare County and adjacent Counties. Patients from within the Tulare Local Healthcare District are required to travel further to access care or forego it altogether, and all patients are subjected to longer wait times for critical services as a result of perpetual hospital overflow conditions. The Tulare Local Healthcare District proclaimed a Local Emergency on May 30, 2018 after multiple unsuccessful efforts to restore its operations, and the County proclaimed a Local Emergency on June 5, 2018, in recognition of the ongoing impacts to the regional healthcare system.

Tulare Local Healthcare District continues to pursue all available options to restore its operations, and is currently engaged with Adventist Health for financing and administrative services with a goal of reopening Tulare Regional Medical Center in late October 2018. As the conditions prompting the proclamations of Local Emergency will continue to exist until at least such time as Tulare Regional Medical

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DATE: September 18, 2018

Center reopens, staff recommends continuing the County's proclamation of Local Emergency at this time pursuant to Government Code §8630(c). At such time as those conditions abate, staff will bring to the Board a request to proclaim the termination of the Local Emergency pursuant to the requirements of Government Code §8630(d).

## FISCAL IMPACT/FINANCING:

There is no cost associated with reaffirming a proclamation of Local Emergency.

# LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year strategic plan includes the Safety and Security initiative, with a directive to plan and provide coordinated emergency preparedness, response, and recovery and mitigation capabilities for both natural and man-made disasters. Proclaiming a local emergency facilitates the County's response to, recovery from, and mitigation against such disasters.

**ADMINISTRATIVE SIGN-OFF:** 

Jason T. Britt

cc: County Administrative Office

Attachment(s) None

# BEFORE THE BOARD OF SUPERVISORS COUNTY OF TULARE, STATE OF CALIFORNIA

| IN THE MATTER OF REAFFIRM RESONO. 2018-0442, ADOPTED JUNE 5, 20              | •   |
|--|---|
| UPON MOTION OF SUPERVISO   | OR, SECONDED BY   |
| SUPERVISOR   | _, THE FOLLOWING WAS ADOPTED BY THE   |
| BOARD OF SUPERVISORS, AT AN OF   | FICIAL MEETING HELD   |
| , BY THE FOLLOWING VOTE:   |   |
| AYES:<br>NOES:<br>ABSTAIN:<br>ABSENT:  |   |
| ATTEST:  | MICHAEL C. SPATA COUNTY ADMINISTRATIVE OFFICER/ CLERK, BOARD OF SUPERVISORS |
| BY:  | Deputy Clerk  |
| * * * * * *  | * * * * * * * * * *   |
| Reaffirmed the Proclamation of Local Care Facilities, Resolution No. 2018-04 | Emergency due to Critical Shortage of Health 42.                            |