



# Agenda

## FINANCE COMMITTEE

October 23, 2017

9:00 A.M.

651 Pine Street, Room 101, Martinez

Supervisor Karen Mitchoff, Chair  
Supervisor John Gioia, Vice Chair

### Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).
3. CONSIDER approving the Record of Action for the September 25, 2017, Finance Committee meeting (Lisa Driscoll, County Finance Director)
4. CONSIDER an increase to the basic assessment rate for County Service Area EM-1 (Patricia Frost, Director, Emergency Medical Services)
5. The next meeting is currently scheduled for November 6, 2017.
6. Adjourn

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*The Finance Committee will provide reasonable accommodations for persons with disabilities planning to attend Finance Committee meetings. Contact the staff person listed below at least 72 hours before the meeting.*

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*Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Finance Committee less than 96 hours prior to that meeting are available for public inspection at 651 Pine Street, 10th floor, during normal business hours.*

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*Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.*

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For Additional Information Contact:

Lisa Driscoll, Committee Staff  
Phone (925) 335-1021, Fax (925) 646-1353  
lisa.driscoll@cao.cccounty.us



# Contra Costa County Board of Supervisors

## Subcommittee Report

### FINANCE COMMITTEE

3.

**Meeting Date:** 10/23/2017

**Subject:** Record of Action for September 25, 2017 Finance Committee Meeting

**Submitted For:** FINANCE COMMITTEE,

**Department:** County Administrator

**Referral No.:** N/A

**Referral Name:** Record of Action

**Presenter:** Lisa Driscoll, County Finance Director **Contact:** Lisa Driscoll (925) 335-1023

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#### **Referral History:**

County Ordinance requires that each County body keep a record of its meetings. Though the record need not be verbatim, it must accurately reflect the agenda and the discussions made in the meetings.

#### **Referral Update:**

Attached for the Committee's consideration is the Record of Action for its September 25, 2017 meeting.

#### **Recommendation(s)/Next Step(s):**

Staff recommends approval of the Record of Action for the September 25, 2017 meeting.

#### **Fiscal Impact (if any):**

No fiscal impact.

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#### **Attachments**

Draft Record of Action September 25, 2017

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## FINANCE COMMITTEE

September 25, 2017

9:00 A.M.

651 Pine Street, Room 101, Martinez

Supervisor Karen Mitchoff, Chair

Supervisor John Gioia, Vice Chair

### Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

Present: Chair Karen Mitchoff  
Vice Chair John Gioia

Staff Present: Lisa Driscoll, County Finance Director; Eric Angstadt, Assistant County Administrator; Annie O, Chief of Staff, District IV; John Kopchik, Director of Conservation and Development; Gabriel Lemus, DCD-CDBG; Kristin Sherk, DCD-CDBG; Jaclyn Kip, DCD-CDBG; Daniel Davis, DCD-CDBG; Ramesh Zahzaria, Public Works Capital Projects; Lavonna Martin, Health, Housing, Homeless Program

Attendees: Alissa Friedman, Eric Peterson, Jay Perry

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).

*There were no comments from the Public on any items not on the agenda.*

3. Staff recommends approval of the Record of Action for the August 16, 2017 meeting.

*The Record of Action for the August 16, 2017 meeting was approved as recommended.*

4. ACCEPT Quarterly Capital Projects update.

*Ramesh Kanzaria presented the Quarterly Capital Report. Mr. Kanzaria reviewed the summary page in detail. There are currently 75 funded projects at \$295.3 million. There were 7 new projects since the last report totaling \$245,000 and 10 projects were completed (\$5.3 million). In addition there are seven Facilities Life-Cycle Investment Program (FLIP) projects under Capital Projects management totaling \$20.8 million and nine FLIP projects in progress under facilities maintenance totaling \$299,319. Mr. Kanzaria pointed out the list of potential surplus properties on the last page of the report and provided highlights on some of the major projects currently underway.*

*The Committee asked about Fire Station 16's CEQA progress. The Committee was perplexed about delays and concerned that the process was taking too long. Supervisor Gioia pointed out that he had contacted John Kopchik regarding the issue and found that the delay was currently in Public Works. Supervisor Mitchoff made it very clear that the Station 16 project should be their priority. Eric Angstadt spoke up and said that he had spoken to Brian Balbas, the Interim Director of Public Works, to remedy the issue. Any further delays or issues will be brought to Mr. Angstadt's attention immediately for resolution. There were no further questions. Supervisor Mitchoff thanked Mr. Kanzaria and his staff for the work that they perform and pointed out that they are currently managing 68 projects.*

5. Approve recommendations for FY 2017/18 of additional Infrastructure/Public Facilities (IPF) projects as recommended by staff or amended by the Committee; and direct the Department of Conservation and Development to prepare a staff report on the Committee's recommendations. The staff report will be submitted together as part of the Substantial Amendment to the FY 2017/18 CDBG Action Plan for the Board of Supervisors consideration on October 17, 2017.

*Gabriel Lemus, the Community Development Block Grant (CDBG) Program Manager in the Department of Conservation and Development presented a report of staff's funding recommendations for one million in unexpected program income from previously completed projects. The income was much larger than the expected residual. Additionally, the funds have to be used for projects that can be substantially completed by March 31, 2018. This made timeliness an issue. Staff completed application and evaluation process on an expedited timeline and recommended seven projects be funded. Representatives from the projects thanked CDBG staff for an excellent process. The Committee approved the recommendations as submitted and directed staff to forward the recommendations to the full Board of Supervisors for the October 17, 2017 agenda.*

6. The next meeting is currently scheduled for October 23, 2017.
7. Adjourn

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# Contra Costa County Board of Supervisors

## Subcommittee Report

### FINANCE COMMITTEE

4.

**Meeting Date:** 10/23/2017  
**Subject:** County Service Area EM-1 Basic Assessment  
**Submitted For:** FINANCE COMMITTEE,  
**Department:** County Administrator  
**Referral No.:** 5-23-17 D.6  
**Referral Name:** County Service Area EM-1 Basic Assessment  
**Presenter:** Patricia Frost (925) 646-4690     **Contact:** Patricia Frost, Director, EMS

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#### **Referral History:**

On May 23, 2017, the Board of Supervisors referred the matter of an increase in the basic assessment fee for County Service Area EM-1 to the Finance Committee after a hearing to consider a tentative report on the proposed assessment for the 2017/18 fiscal year.

#### **Referral Update:**

The attached report is submitted for consideration.

#### **Recommendation(s)/Next Step(s):**

CONSIDER an increase to the basic assessment rate for County Service Area EM-1.

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#### **Attachments**

Community Service Area EM-1 Update  
Finance Report PowerPoint CSA EM-1  
New State EMS Data System Requirements

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**County of Contra Costa  
EMERGENCY MEDICAL SERVICES  
Memorandum**

**DATE:** October 5, 2017

**To:** FINANCE COMMITTEE  
Supervisor Karen Mitchoff, District IV, Chair  
Supervisor John Gioia, District I, Vice Chair

**FROM:** Patricia Frost, Director, Emergency Medical Services

**SUBJECT:** Community Service Area EM-1 (Measure H) Update

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Information

Referral History:

On May 23, 2017, The Board of Supervisors requested an update on Measure H and funding for Emergency Medical Services (EMS) be presented to the Finance Committee to review if Measure H funding could be increased.

County Service Area (CSA) EM-1 was established by the Board of Supervisors in 1989, pursuant to the CSA law in effect at that time. That law enabled a Board of Supervisors to establish a CSA in the unincorporated area for the purpose of collecting parcel fees to support the provision of EMS. The law also enabled the Board to extend the CSA to include the territory of any incorporated city upon a city council resolution requesting annexation to the CSA. All Contra Costa cities did adopt such a resolution prior to the formation of the CSA, and therefore, CSA EM-1 was established countywide.

The impetus for establishing the CSA was the passage in a November 1988 advisory ballot measure – ‘Measure H’ – calling for a countywide benefit assessment to fund enhancements to the County’s EMS system. The maximum to be charged a single-family residence would not exceed \$10.00 annually. Maximum charges were also established for other parcel categories with charges on heavy industrial parcels up to \$5,000. In 1988, ‘Measure H’ received a 71.6 % affirmative vote countywide.

Expanded paramedic services, one of the EMS enhancements to be funded under CSA EM-1, were already in place in the areas served by San Ramon Valley Fire Protection District. Since these services were funded through existing revenue sources, the Board of Supervisors proposed establishing a separate CSA EM-1 zone with lower charges covering the San Ramon Valley primary response area. Currently, CSA EM-1 charges in the San Ramon Valley primary response area (Zone A) are \$3.94 per single-family residence or benefit unit. Charges in the rest of the county (Zone B) are \$10.00 per single-family residence or benefit unit.

In 1996, Proposition 218 was passed amending the State constitution and making significant changes to local government financing. Under Proposition 218, parcel charges such as those imposed by CSA EM-1 must be supported by engineering reports and by an affirmative mailed-in vote of property owners representing a majority of the assessed valuation of the affected parcels. Proposition 218 eliminated all existing benefit assessments except, under a grandfather clause contained in the proposition, those that had been established by voter approval. By consensus among the parties supporting Proposition 218, assessments that had been subject to an advisory election were considered to be covered by the grandfathering clause so long as the governing body had demonstrated adherence to all terms of the advisory measure. Thus, the CSA EM-1 charges cannot be increased without a vote of the property owners.

Conclusion: CSA EM-1 (Measure H) provides high value limited funding for enhancement of the EMS system throughout Contra Costa County. The funds have no cost-of-living adjustments (COLA) attached and cannot be adjusted or increased. If the tax measure had included a COLA based on consumer price index (CPI) increases for Medical Care All Urban; Zone B charges would total \$20.70/benefit unit and Zone A charges would total \$8.17 resulting in a total of \$9,692,236 of funding for EMS System Enhancement.

**Language of the Measure H Advisory**  
**Passed November 8, 1988 with 71.6% voter support.**

*“Shall a **Countywide Emergency Medical Services benefit assessment** be established to finance **improvements in emergency medical and trauma care system** including expanded countywide paramedic coverage; improved medical communications and medical dispatcher training; and medical equipment and supplies and training for firefighter first responders, including training and equipment for fire services electing to undertake a specialized program of advanced cardiac care(defibrillation)”*

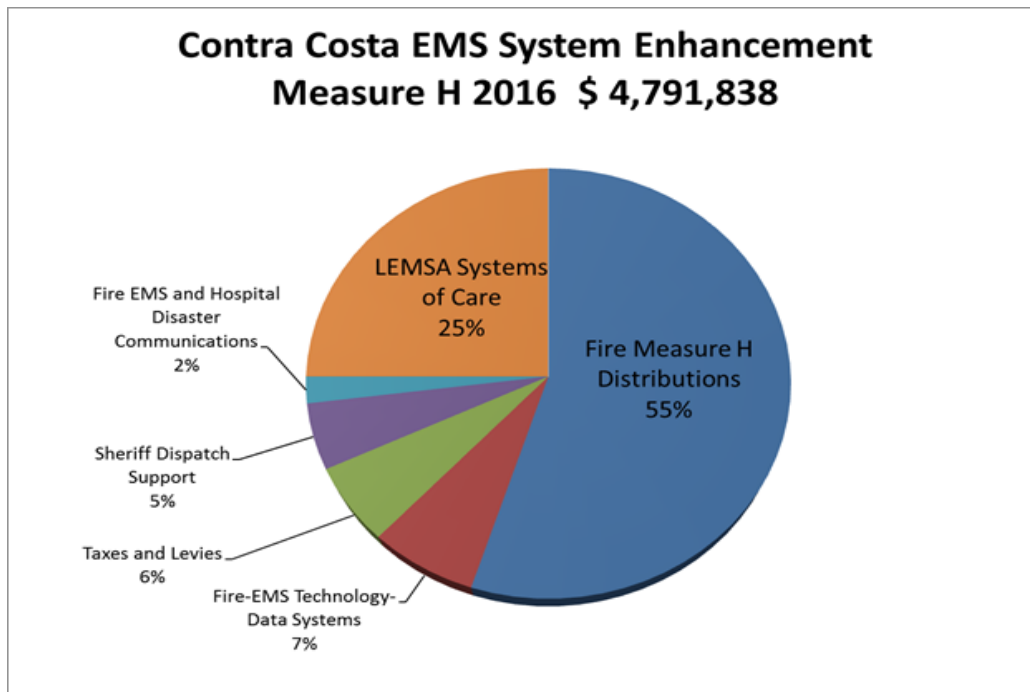
**Background of Measure H Funding for EMS System Enhancement:**

Initially, the Board of Supervisors used these funds to subsidize 9-1-1 private paramedic ambulance services expanding the availability of paramedic staffed ambulance services countywide. However, on May 18, 2004, the 9-1-1 private paramedic ambulance subsidy ended as part of the new ambulance contract with American Medical Response (AMR). Those funds were then reallocated by the Board of Supervisors creating a Fire First Responder Paramedic Fund. Fire First Responder Paramedic funding was restricted to “paramedic” first responder fire districts/departments only. From 2004 – 2008, qualifying Fire paramedic provider agencies received \$30,000 per each “24-hour paramedic engine in service.”. In 2009, fire station closures with the countywide economic downturn created unintended reductions in fire first responder paramedic funding.

On May 14th, 2013, the EMS Agency recommended and the Board of Supervisors subsequently approved an alternative population based allocation formula to reallocate the Fire First Responder Fund of \$2,331,133 to preserving fire first medical response. Under this new allocation formula both BLS and ALS fire districts in Zone B benefitted. The new formula provides a 25% differential for fire paramedic service level agencies. Funds are approved by the Board of Supervisors once a year in Jan/Feb and distributed as illustrated in the chart below.

Agency <sup>3</sup>	Effective FY 2015-16 Full Implementation of Population Based Funding
Richmond (BLS)	\$ 223,022
El Cerrito/Kensington (ALS)	\$ 111,012
Pinole (ALS)	\$ 49,437
Rodeo-Hercules (ALS)	\$ 88,004
Crocket-Carquinez (BLS/volunteer)	\$ 7,063
Moraga Orinda (ALS/Transport)	\$ 92,748
East Contra Costa (BLS)	\$ 226,125
Contra Costa Fire (ALS)	\$ 1,533,722

In 2016, Measure H assessments raised 4.7 million dollars providing approximately 4.5 million dollars for EMS system enhancements after taxes and levies (6%) are deducted.



#### Program Elements Funded by Measure H

1. **Paramedic Ambulance Service Medical/Quality Oversight and Operational Area  
Emergency Ambulance Service Oversight:** Under Title 22 paramedic and EMT services are regulated by the local EMS Agency for medical control and quality improvement as part of a coordinated EMS System. Prehospital providers must abide to a myriad of state and local regulations, policies and procedures associated with providing 9-1-1 dispatch, EMT and paramedic first responder and ambulance services. The Contra Costa Health Services EMS Division serves as the Board of Supervisors designated local regulatory authority in compliance with the EMS Act.
2. **Fire First Responder BLS and ALS Support:** Currently 55% of all Measure H funds directly benefit Fire Agency first responder EMT and paramedic services countywide. Each fire district is responsible for utilizing their Measure H funds for qualified “enhancement” expenditures as defined in the Guidelines for Measure H available at <http://cchealth.org/ems/pdf/Measure-H-Guidelines.pdf>. The EMS Agency has received feedback from all fire agencies that Measure H funds do not cover the full cost of the services provided.

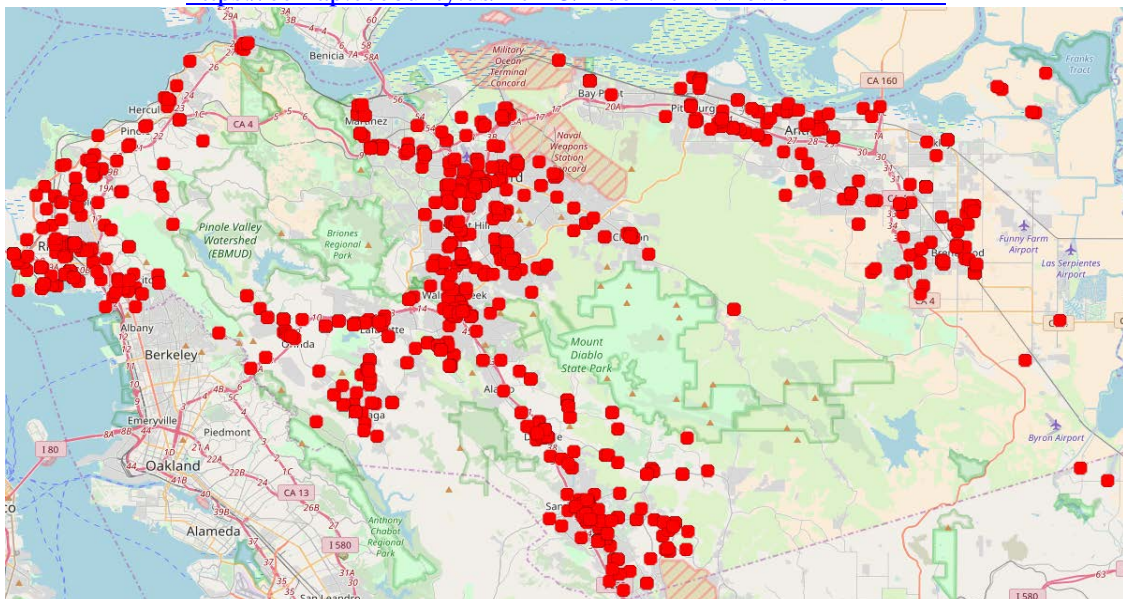


3. **First Responder Fire and Law Medical Supplies, Equipment, Training:** Over the years Measure H allocations have provided enhancements through one-time funding for specialized medical supplies, equipment and training including sustaining and upgrading technology. Funding has supported advanced airway training, training manikins, Automated CPR devices (Auto-Pulse), specialized vascular access devices (EZIO), spinal immobilization equipment, mass casualty caches, oxygen concentrator equipment, cardiac/respiratory monitors, pediatric specialty equipment and narcotic control systems. Since moving to the population based funding methodology approved by the Board of Supervisors in 2013 each fire district/department is responsible for using their Measure H allocation to support and sustain these devices and training.
4. **Communications Sheriff's Dispatch:** Measure H provides an annual subsidy of \$250,000 a year to support coordination of emergency operational area communications including dispatch services for tracking and coordinating ambulance communications during mass casualty events and disaster events. There is a written agreement in place with Sheriff's dispatch that caps the funding at \$250,000 a year as there is no COLA provision available associated with Measure H.
5. **First Responder Fire, Law, and School Defibrillation Programs, Public Access Defibrillation and Heart-Safe Community Initiatives:** Measure H funds have periodically equipped fire and law response units countywide with automated electronic defibrillators AEDs. Measure H has also provided seed money to support AEDs in schools and Community CPR bystander training including EMS System/EMS Agency programs to coordinate volunteers and stakeholders.

Since January 1, 2012, the EMS Agency *HeartSafe* Community partners have trained over **29,425** citizens in CPR. Since moving to the fire district population based funding model approved by the Board of Supervisors in 2013; the EMS Agency relies primarily on the County Emergency Ambulance Contract (now served by the Alliance) to support services. This countywide program could be greatly enhanced through more reliable funding. There are gaps in the availability of Public Access Defibrillation, School Defibrillation Programs and Law Enforcement AEDs

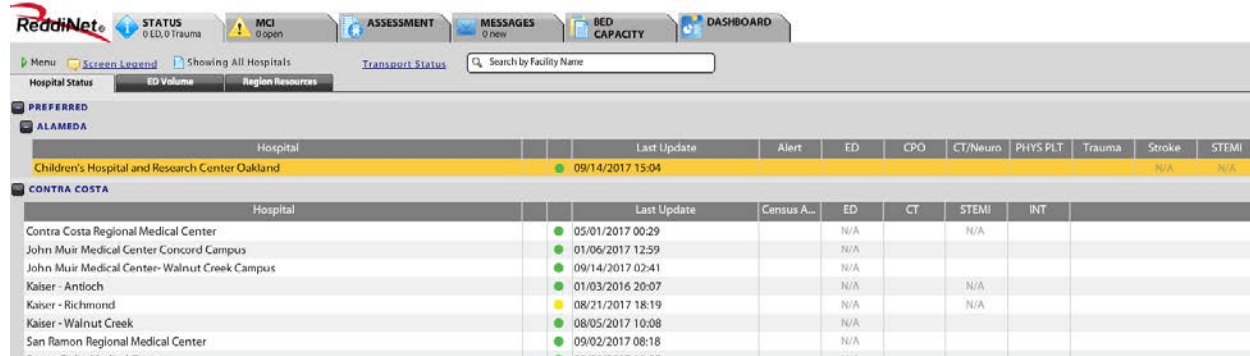
#### Contra Costa AED Locations

<https://ccmap.cccounty.us/Html5/index.html?viewer=AED.AED>



6. **Fire-EMS and Disaster Emergency Communication Networks:** Over the years Measure H funding established, upgraded and sustained a variety of critical radio, dispatch and emergency situational status management platforms. Today these tools are essential to coordinated emergency response between dispatch, first responders, law, emergency and non-emergency ambulance providers, hospitals, skilled nursing facilities and ambulatory care centers in mass casualty and disaster. Examples of communication upgrades include ReddiNet, First Watch, EBRCS intra-operable radios, ATRUS (AED registry) and PulsePoint (CPR bystander app). While Measure H provided early seed money for these critical emergency communication tools, platforms and networks there is insufficient Measure H funding to support upgrade and enhancement. This results in a heavy reliance on the shrinking availability of state and federal competitive grants to upgrade critical communication infrastructure leaving the EMS System less resilient in emergencies and disasters.

**ReddiNet Emergency Communication Network**



Hospital	Last Update	Alert	ED	CPO	CT/Neuro	PHYS PLT	Trauma	Stroke	STEMI
Children's Hospital and Research Center Oakland	09/14/2017 15:04							N/A	N/A
<b>CONTRA COSTA</b>									
Contra Costa Regional Medical Center	05/01/2017 00:29		N/A			N/A			
John Muir Medical Center Concord Campus	01/06/2017 12:59		N/A						
John Muir Medical Center-Walnut Creek Campus	09/14/2017 02:41		N/A						
Kaiser - Antioch	01/03/2016 20:07					N/A			
Kaiser - Richmond	08/21/2017 18:19					N/A			
Kaiser - Walnut Creek	08/05/2017 10:08								
San Ramon Regional Medical Center	09/02/2017 08:18		N/A						
Sutter Delta Medical Center	09/08/2017 10:16		N/A						

7. **Prehospital Electronic Medical Health Record Platforms and Data Management Systems:** All prehospital first responders, ambulance providers and air medical providers are now required under statute to use an electronic patient care data system and submit data to the local EMS Agency and State to comply with statewide data submission requirements. Over the years statutory mandates have increased, associated with prehospital data management and reporting. The EMS Agency's statutory responsibilities for quality and medical oversight of all patient care delivered in the field requires all Fire, Ambulance and Hospital providers to participate.

Recent legislation also requires EMS system providers to ready their pre-hospital electronic patient care systems for bi-directional health information exchange with hospitals<sup>1</sup>. Current medical information technology known to improve patient outcome such as Code Stat, Physio-Control 12 lead transmission system and First Pass (Prehospital Quality Improvement Clinical Performance Management System) are supported with funding from Measure H. At present there are no sources of funding to meet the goal of bi-directional exchange by 2018.

The EMS Agency actively sought grant funding for bi-directional health information exchange in 2015. Our application was praised by representatives of the Office of the National Coordinator, but the grant went to the San Diego County BEACON project. It is estimated that funding bi-directional health information exchange for the Contra Costa EMS System County-wide may require \$ 750,000 to \$1.5 million dollars of investment to achieve. The EMS Agency intends to apply for a new competitive grant from CMS sometime in 2018. Without funding, the goal of countywide prehospital and hospital bi-directional health information exchange will not be achieved.

<sup>1</sup> All prehospital EHRs must be compliant with new state EMS Data system requirements as specified in the January 5, 2016 California EMSA letter at: <http://www.emsa.ca.gov/Media/Default/PDF/EMS%20Data%20System%20Requirements%202016%20.pdf>

8. **EMS Systems of Care:** Measure H most important fiscal contribution over the years has been in providing seed funding to support the design, development and optimization of Contra Costa County's well-respected systems of care. In 2004, Contra Costa County had only one system of care: Trauma. As of 2017, the Contra Costa EMS System has four highly respected Systems of Care in addition to Trauma: STEMI (high risk heart attack); Stroke, Cardiac Arrest; and EMS for Children. EMS Systems of Care represent bystander, dispatch, pre-hospital first responder, transport, emergency department and specialty intervention workflows known to improve patient outcomes. The quality of our systems of care supports participation in the CDC Cardiac Arrest Registry for Enhanced Survival (CARES), American Heart Association (AHA) Mission Lifeline Program, California Department of Public Health (CDPH) State Registry and partnerships with CMS focused on improving patient outcomes.
- a. Trauma System of Care: <http://cchealth.org/ems/feature-trauma.php>
  - b. STEMI System of Care: <http://cchealth.org/ems/stemi.php>
  - c. Stroke System of Care: <http://cchealth.org/ems/stroke.php>
  - d. EMS for Children: <http://cchealth.org/ems/emsc.php>
  - e. Cardiac Arrest: <http://cchealth.org/ems/cardiac-arrest.php>

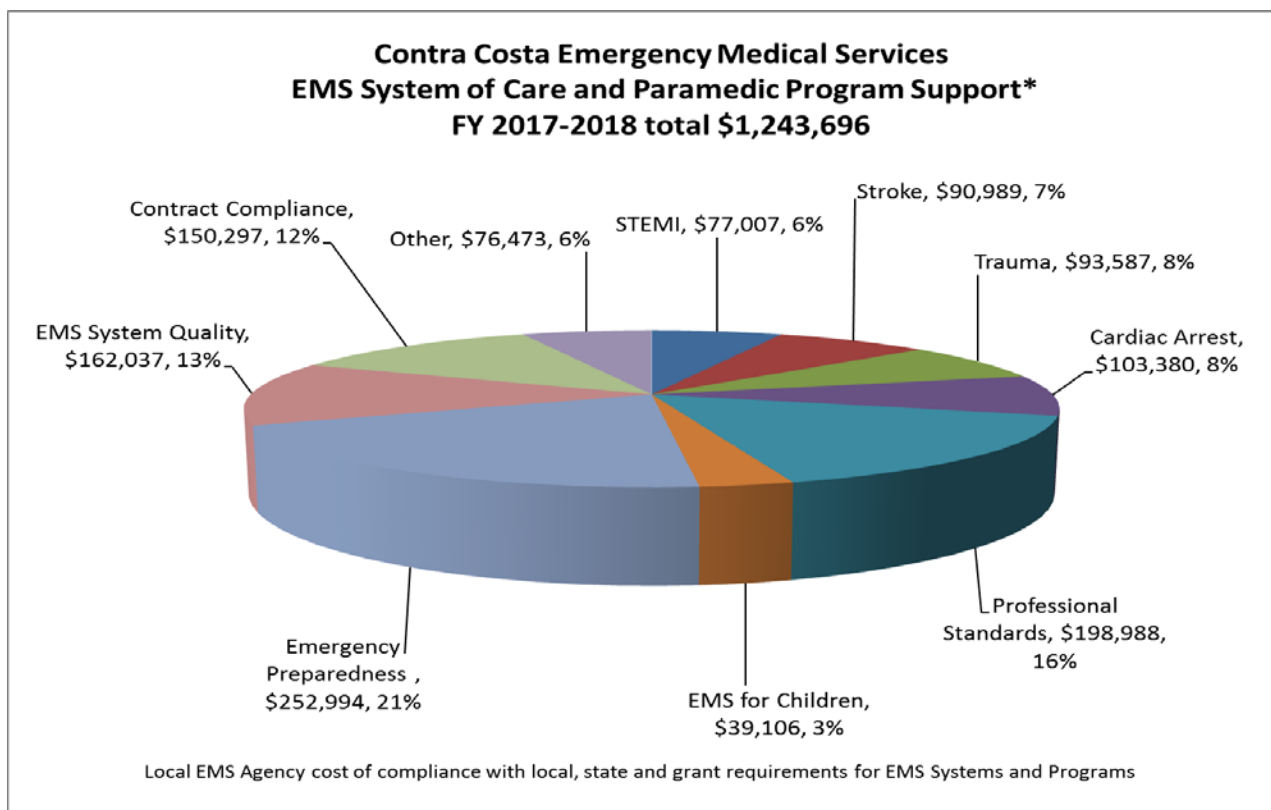
The EMS Agency is responsible for the State and Federal regulatory compliance associated with systems of care medical and quality oversight. The EMS Agency uses hospital designation fees to fund the hospital oversight portion supporting coordinated service delivery between the hospital and prehospital providers.

9. **Medical Health EMS System Disaster Preparedness:** Contra Costa Health Services Public Health and EMS Agency has been the EMS and health system leads supporting EMS medical health emergency and disaster preparedness. While this program has been primarily supported through state grants for public health and medical preparedness program (PHEP) and the Hospital Preparedness Program (HPP) funding has steadily declined associated with the HPP program supporting EMS. Initially EMS Agency staff supported the Regional Medical Health Coordinator (RDMHC) and Specialist (RDMHS) for Region II functions. In 2009 Region II coordination responsibilities transitioned to Alameda County EMS. Grant funding associated with the HPP and RDHMS program declined from a high of \$1,823,612 in 2009 to less than \$ 400,000 for the present HPP program in 2017. HPP funding is anticipated to further decline and possibly disappear as federal requirements for preparedness require local communities to build "resiliency".
10. **EMS Agency Personnel and Support:** Initially Measure H provided the primary source of funding for the EMS Agency to meet state requirements associated with establishing an EMS System under the EMS Act. Over time, EMS Agency statutory driven responsibilities required the need for more professional staff in response to service driven population growth and numerous federal and state mandates associated with the EMS System and prehospital care. Today, the EMS Agency is not only responsible for EMT and Paramedic medical and quality and systems of care oversight; recent regulatory requirements mandate the following programs:
- a. POLST (Physicians Orders for Life Sustaining Treatment)
  - b. Prehospital continuing education provider and training program authorization and oversight
  - c. Medical Health Operating Area Coordinator (MHOAC) Program
  - d. Medical Reserve Corps (MRC) Program
  - e. Emergency Department Pediatric Readiness Program
  - f. Prehospital Health Information Exchange (HIE)
  - g. Law Enforcement (LE) Naloxone (Narcan) Programs
  - h. First Aid/CPR Provider Programs

- i. CMS Emergency Preparedness Program engagement required under the new CMS EP rule as part of their condition of participation in MediCaid/MediCAL.
- j. Expanded EMT and Paramedic investigation and discipline to comply with EMSA State Model Disciplinary Guidelines
- k. Medical and Quality oversight of the Emergency Medical Dispatch System,
- l. Designation of local hospitals as Stroke, STEMI, Trauma, Cardiac Arrest and Pediatric centers.

As the discipline of EMS has become increasingly sophisticated the EMS Agency role to support stakeholders has become more complex in response to unfunded state and federal mandates. Less than 25% of Measure H supports EMS Agency activities. The remaining costs are supported through fee recovery associated with ambulance permitting, EMT and Paramedic certification and hospital designation fees. The Health Services department is currently subsidizing a significant portion of Fire-EMS Provider regulatory costs associated with enhancements in EMS professional services and regulation. Additional funding to support these services is needed.

The Contra Costa EMS System has heavily relied on grant and state funding to support EMS System enhancement, particularly in the area of disaster preparedness and emergency communications. Dramatic reductions in available state and federal grant funding has occurred over the last five years and become increasingly “competitive”. Other sources of funding such as SB12 (a.k.a. Maddy/Richie Funds) have been threatened. These funds support critical funding to sustain countywide EMS, Trauma and Emergency Care services. Alternative funding sources are needed to enhance of the Countywide Contra Costa EMS System.



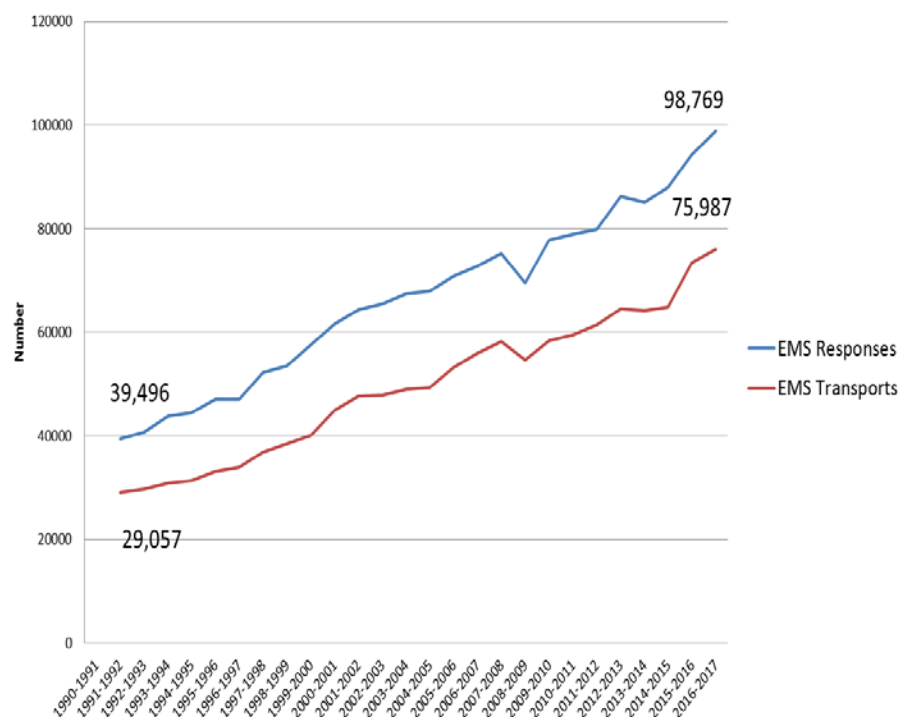
## **Summary:**

**Measure H has provided a legacy of high value EMS System enhancement; however, critical funding gaps exist and need to be addressed.** Current EMS funding gaps exist in the area of sustaining and upgrading data systems, dispatch, medical health and disaster preparedness to support bi-directional health information exchange with hospitals; Systems of Care support to improve Cardiac Arrest, EMS for Children, STEMI, Stroke and Trauma; and upgrades in disaster communications (e.g. EBRCS, WebEOC, Satellite, Telemedicine). While EMS stakeholders have options to charge and adjust first responder and ambulance patient care services delivered and qualify for programs such as GEMT the EMS Agency relies primarily on Measure H, periodic grant funding and Maddy funds to support the cost recovery associated with EMS System operations.

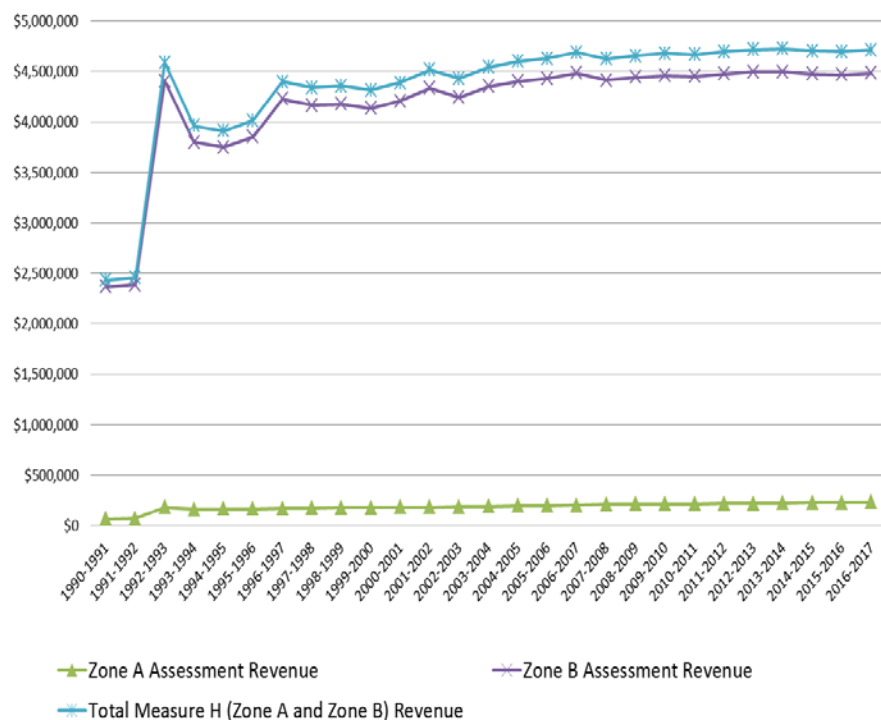
**EMS System unfunded mandates, reduced reimbursement for services in addition to population driven demand increase costs:** Today Prehospital care is both sophisticated and complex. With enhanced sophistication and complexity comes the obligation to fulfill additional unfunded mandates on both the federal and state level. The EMS Agency performs key functions essential supporting stakeholders in their compliance with state and federal regulatory mandates and it is not unusual for both EMS system stakeholders and the EMS Agency to be challenged by unfunded mandates driving the cost of EMS System compliance.



### Contra Costa Emergency Medical Services EMS Response and Transport History 1990-2016



### Measure H (Zone A + Zone B) Revenue History 1990 to 2017



CSA EM-1 (Measure H) Revenue History											
Fiscal Year	EMS Responses	EMS Transports	Zone A Assessment Rate	Zone B Assessment Rate	Zone A Assessment Revenue	Zone B Assessment Revenue	Total Measure H (Zone A and Zone B) Revenue	Levy and Use Code Fees	Available Funds	CPI Increases Medical Care All Urban	CPI All Urban Bay Area
1990-1991	NA	NA	\$1.64	\$5.48	\$66,873	\$2,365,795	\$2,432,668	NA	NA		
1991-1992	39,496	29,057	\$1.64	\$5.48	\$68,887	\$2,389,217	\$2,458,104	NA	NA	8.7	4.4
1992-1993	40,780	29,774	\$3.94	\$10.00	\$181,547	\$4,405,950	\$4,587,497	NA	NA	7.4	3.3
1993-1994	43,774	30,886	\$3.94	\$10.00	\$160,484	\$3,801,300	\$3,961,784	NA	NA	5.9	2.7
1994-1995	44,473	31,332	\$3.94	\$10.00	\$164,188	\$3,748,276	\$3,912,464	NA	NA	4.8	1.6
1995-1996	46,969	33,056	\$3.94	\$10.00	\$164,188	\$3,853,526	\$4,017,714	NA	NA	4.5	2.0
1996-1997	46,980	34,010	\$3.94	\$10.00	\$170,643	\$4,227,370	\$4,398,013	NA	NA	3.5	2.3
1997-1998	52,143	36,877	\$3.94	\$10.00	\$173,211	\$4,164,993	\$4,338,204	NA	NA	2.8	3.4
1998-1999	53,490	38,510	\$3.94	\$10.00	\$176,788	\$4,179,740	\$4,356,528	NA	NA	3.2	3.2
1999-2000	57,568	40,081	\$3.94	\$10.00	\$179,315	\$4,134,573	\$4,313,888	NA	NA	3.5	4.2
2000-2001	61,531	44,931	\$3.94	\$10.00	\$183,014	\$4,206,156	\$4,389,170	\$18,786	\$4,370,384	4.1	4.5
2001-2002	64,391	47,625	\$3.94	\$10.00	\$184,083	\$4,334,861	\$4,518,944	\$19,036	\$4,499,908	4.6	5.4
2002-2003	65,549	47,858	\$3.94	\$10.00	\$186,480	\$4,246,115	\$4,432,595	\$19,309	\$4,413,286	4.7	1.6
2003-2004	67,480	48,958	\$3.94	\$10.00	\$191,466	\$4,353,031	\$4,544,497	\$19,608	\$4,524,889	4.0	1.8
2004-2005	67,966	49,314	\$3.94	\$10.00	\$198,615	\$4,403,691	\$4,602,306	\$28,058	\$4,574,248	4.4	1.2
2005-2006	70,867	53,179	\$3.94	\$10.00	\$198,922	\$4,429,758	\$4,628,680	\$28,455	\$4,600,225	4.2	2.0
2006-2007	72,849	55,946	\$3.94	\$10.00	\$204,064	\$4,485,987	\$4,690,051	\$28,982	\$4,661,069	4.0	3.2
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Measure H EMS System Investment by Population  
Remarkable High Value Benefit to Contra Costa Citizens

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1999-2000	948,816	\$4,313,888	\$4.63	\$0.01
2010-2011	1,024,809	\$4,668,534	\$4.58	\$0.01
2016-2017	1,135,127	\$4,714,429	\$4.15	\$0.01





# Finance Report

## Community Service

### Area EM-1 (Measure H)



Patricia Frost, EMS Director  
Contra Costa Health Services  
October 23, 2017

# CSA-EM1 (Measure H)

...

Historical Background

# Measure H Advisory

Passed November 8, 1988 with 71.6% voter support.

- “Shall a Countywide Emergency Medical Services benefit assessment be established to finance improvements in emergency medical and trauma care system including expanded countywide paramedic coverage; improved medical communications and medical dispatcher training; and medical equipment and supplies and training for firefighter first responders, including training and equipment for fire services electing to undertake a specialized program of advanced cardiac care(defibrillation)”

# Can Measure H Be Increased?

- In 1996, Proposition 218 was passed amending the State constitution and making significant changes to local government financing.
- Proposition 218 eliminated all existing benefit assessments except, under a grandfather clause contained in the proposition, those that had been established by voter approval.
- The tax measure exists only under Proposition 218, grandfathering clause so long as the governing body had demonstrated adherence to all terms of the advisory measure.
- **CSA EM-1 funding cannot be increased**

# How Is Measure H Used?

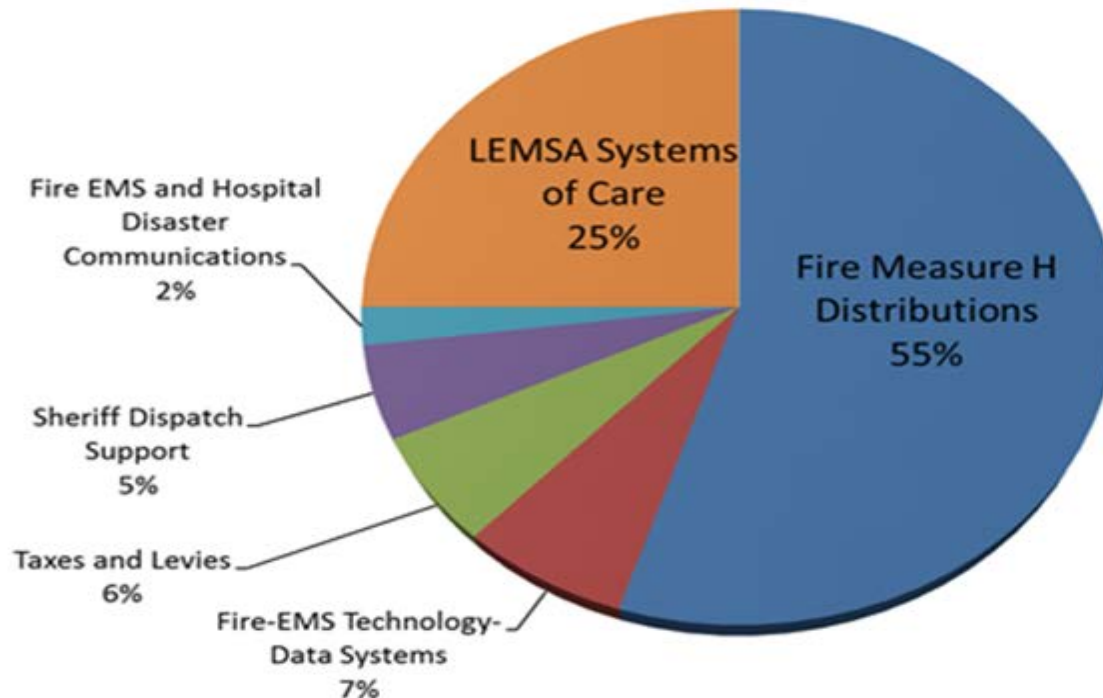
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Current Allocations and Use

# 2016 Measure H

In 2016, Measure H assessments raised 4.7 million dollars providing approximately 4.5 million dollars for EMS system enhancements after taxes and levies (6%) are deducted.

## Contra Costa EMS System Enhancement Measure H 2016 \$ 4,791,838



# Measure H

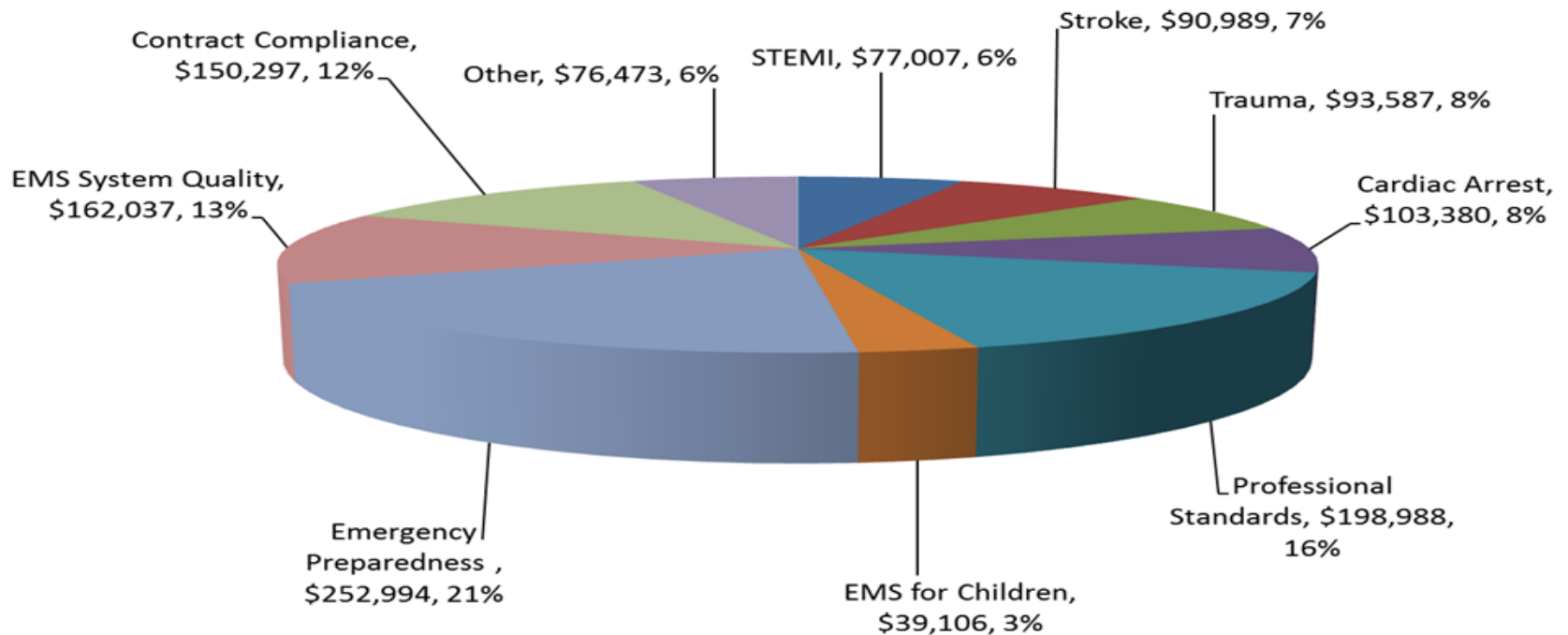
## Fire First Responder Program

Annual Allocations \$2,331,133

Agency <sup>3</sup>	Effective FY 2015-16 Full Implementation of Population Based Funding
Richmond (BLS)	\$ 223,022
El Cerrito/Kensington (ALS)	\$ 111,012
Pinole (ALS)	\$ 49,437
Rodeo-Hercules (ALS)	\$ 88,004
Crocket-Carquinez (BLS/volunteer)	\$ 7,063
Moraga Orinda (ALS/Transport)	\$ 92,748
East Contra Costa (BLS)	\$ 226,125
Contra Costa Fire (ALS)	\$ 1,533,722

# EMS System of Care and Paramedic LEMSA Program Support Meeting Title 22 and State EMS System Mandates

## Contra Costa Emergency Medical Services EMS System of Care and Paramedic Program Support\* FY 2017-2018 total \$1,243,696



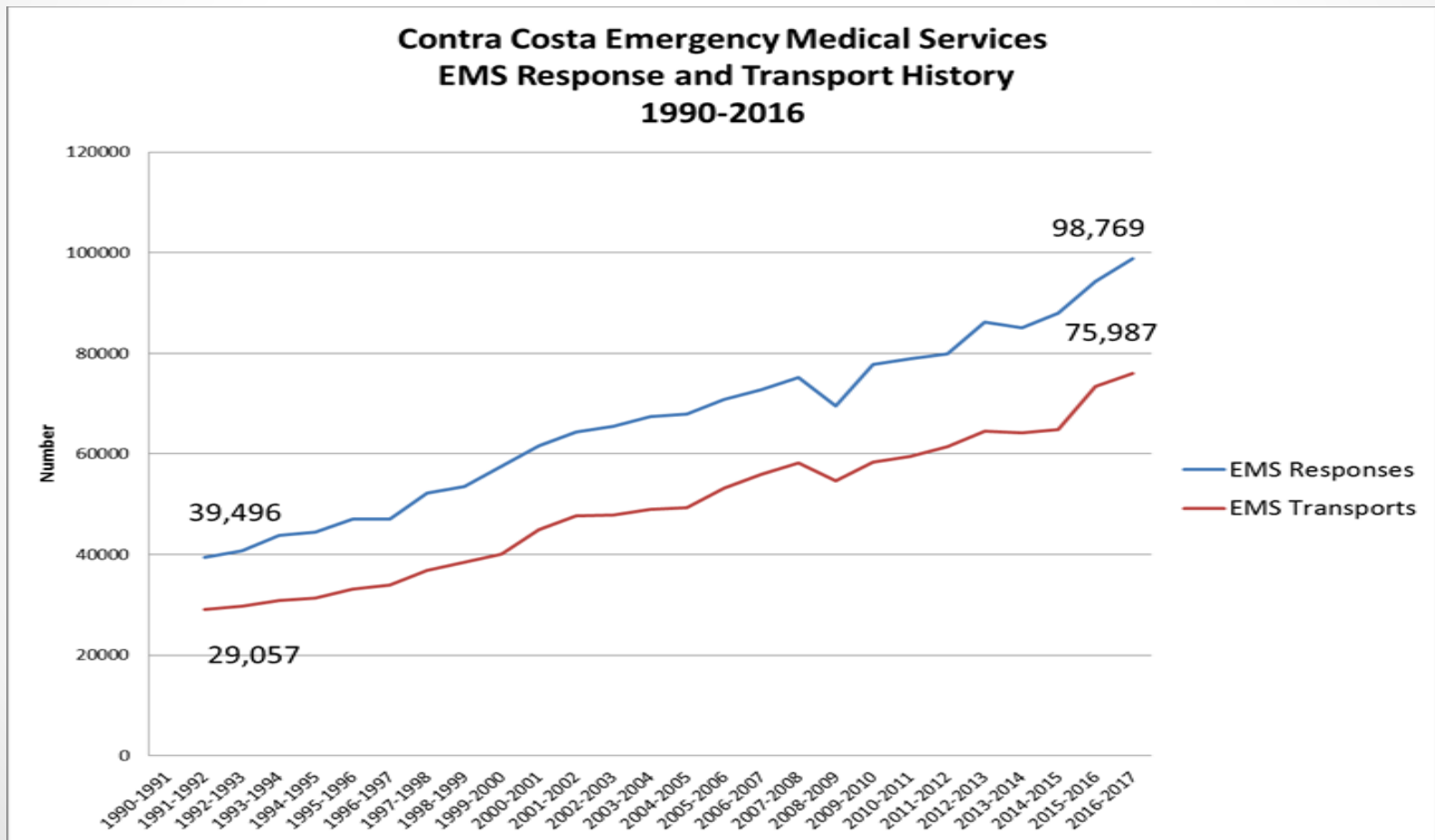
Local EMS Agency cost of compliance with local, state and grant requirements for EMS Systems and Programs



# EMS System Growth and Measure H Funding ... 1990 to 2016

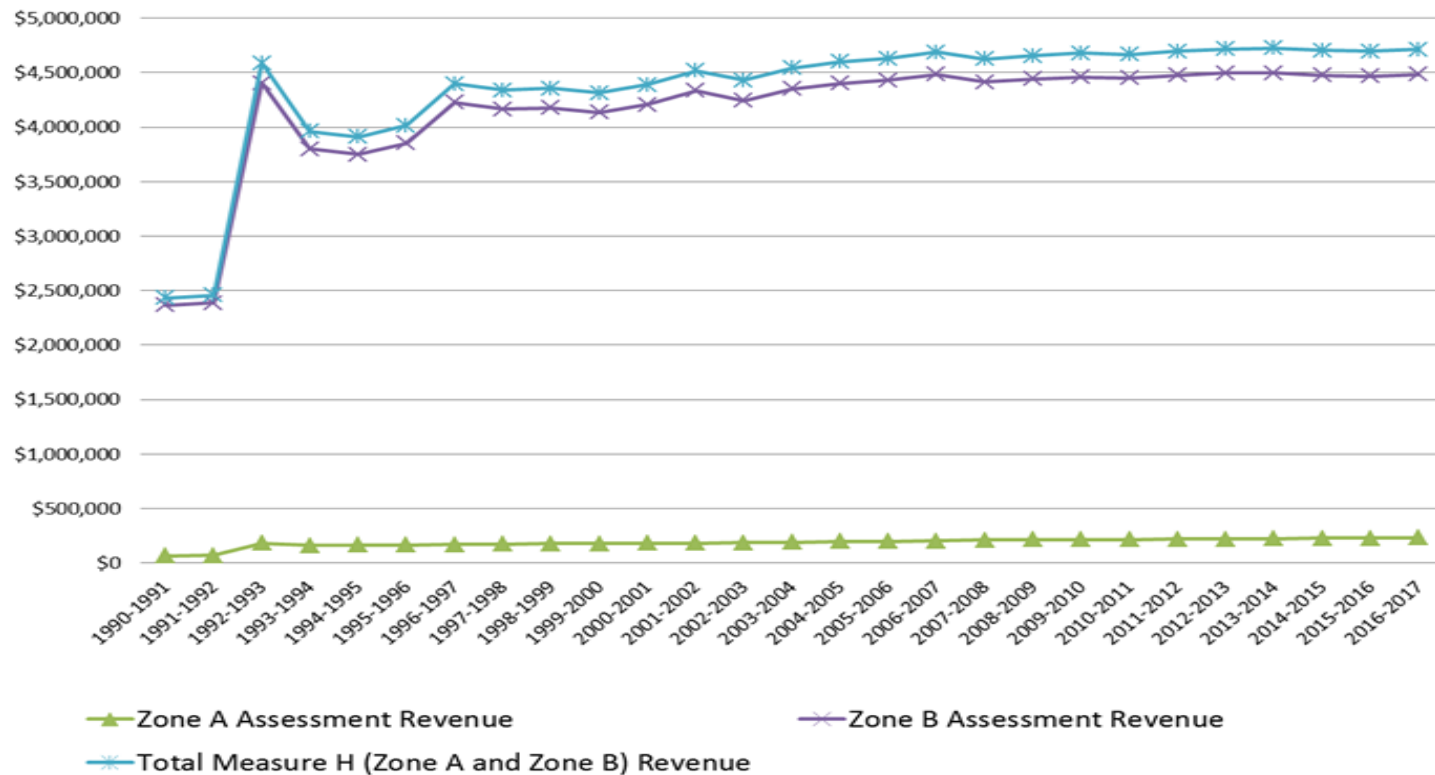
# EMS Ambulance Service Delivery

## 1990 to 2016



# Measure H Revenue History

**Measure H (Zone A + Zone B) Revenue History  
1990 to 2017**



# Levy and Use Fees Increases and COLAs

## Further Reduce Available Funds

CSA EM-1 (Measure H) Revenue History											
Fiscal Year	EMS Responses	EMS Transports	Zone A Assessment Rate	Zone B Assessment Rate	Zone A Assessment Revenue	Zone B Assessment Revenue	Total Measure H (Zone A and Zone B) Revenue	Levy and Use Code Fees	Available Funds	CPI Increases Medical Care All Urban	CPI All Urban Bay Area
1990-1991	NA	NA	\$1.64	\$5.48	\$66,873	\$2,365,795	\$2,432,668	NA	NA		
1991-1992	39,496	29,057	\$1.64	\$5.48	\$68,887	\$2,389,217	\$2,458,104	NA	NA	8.7	4.4
1992-1993	40,780	29,774	\$3.94	\$10.00	\$181,547	\$4,405,950	\$4,587,497	NA	NA	7.4	3.3
1993-1994	43,774	30,886	\$3.94	\$10.00	\$160,484	\$3,801,300	\$3,961,784	NA	NA	5.9	2.7
1994-1995	44,473	31,332	\$3.94	\$10.00	\$164,188	\$3,748,276	\$3,912,464	NA	NA	4.8	1.6
1995-1996	46,969	33,056	\$3.94	\$10.00	\$164,188	\$3,853,526	\$4,017,714	NA	NA	4.5	2.0
1996-1997	46,980	34,010	\$3.94	\$10.00	\$170,643	\$4,227,370	\$4,398,013	NA	NA	3.5	2.3
1997-1998	52,143	36,877	\$3.94	\$10.00	\$173,211	\$4,164,993	\$4,338,204	NA	NA	2.8	3.4
1998-1999	53,490	38,510	\$3.94	\$10.00	\$176,788	\$4,179,740	\$4,356,528	NA	NA	3.2	3.2
1999-2000	57,568	40,081	\$3.94	\$10.00	\$179,315	\$4,134,573	\$4,313,888	NA	NA	3.5	4.2
2000-2001	61,531	44,931	\$3.94	\$10.00	\$183,014	\$4,206,156	\$4,389,170	\$18,786	\$4,370,384	4.1	4.5
2001-2002	64,391	47,625	\$3.94	\$10.00	\$184,083	\$4,334,861	\$4,518,944	\$19,036	\$4,499,908	4.6	5.4
2002-2003	65,549	47,858	\$3.94	\$10.00	\$186,480	\$4,246,115	\$4,432,595	\$19,309	\$4,413,286	4.7	1.6
2003-2004	67,480	48,958	\$3.94	\$10.00	\$191,466	\$4,353,031	\$4,544,497	\$19,608	\$4,524,889	4.0	1.8
2004-2005	67,966	49,314	\$3.94	\$10.00	\$198,615	\$4,403,691	\$4,602,306	\$28,058	\$4,574,248	4.4	1.2
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# Fiscal Year 2017-2018

...

\$ 4,862,648



# Contra Costa EMS System Enhancements

• • •

Contra Costa EMS System  
Support Recommended to Sustain and Improve

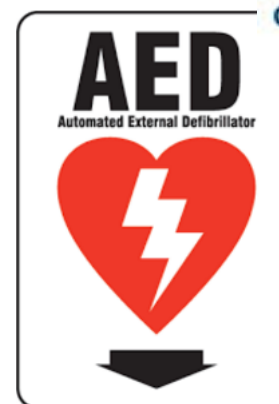
# EMS Program Elements

- Prehospital (EMT/EMT-P)  
Medical/Patient  
Safety/Quality Oversight
- Fire First Responder  
BLS/ALS Program  
Support
- Medical Supplies,  
Equipment & Training
- Sheriff's Dispatch
- HeartSafe, CPR, AED
- Disaster  
Communications
- EMS Systems of Care  
Medical/Quality  
Oversight
- Med/Health Disaster  
preparedness
- EMS Agency Personnel  
and Support
- First Responder  
Defibrillation Programs
- Prehospital Electronic  
Patient Care and Data  
Systems



# EMS as Health Care Provider

## EMS System Innovation Partnerships



# EMS System Innovation

## Data Driven Prehospital Care

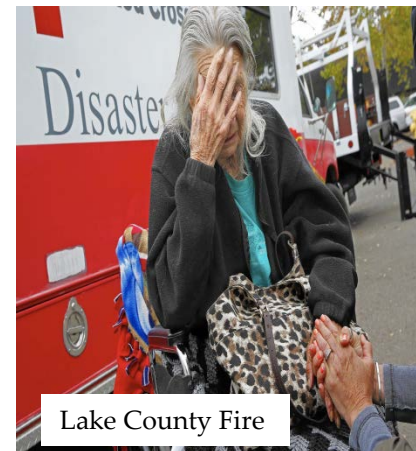
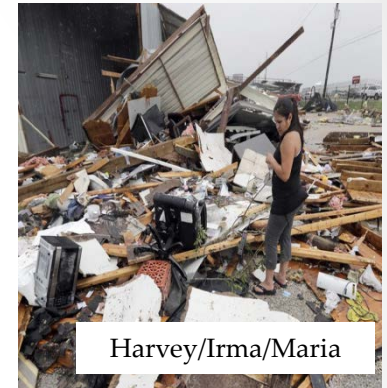
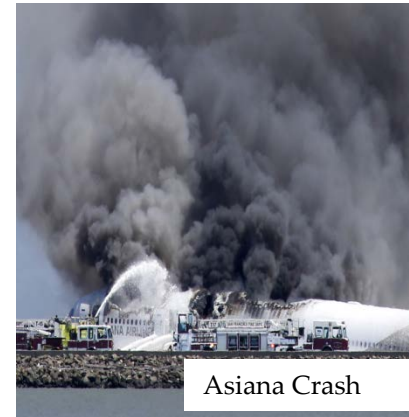


**MISSION:  
LIFELINE**



# EMS Med/Health Response

## Local, Regional, National Disasters





# EMS System Enhancement Requirement

## Bi-directional Health Information Exchange



# Where Does EMS System Funding Need To Be?

• • •

Based on consumer price index (CPI) increases for  
Medical Care All Urban

Zone B charges = \$20.70/benefit unit

Zone A charges = \$8.17/benefit unit

**\$9,692,236 EMS System Enhancement.**

# Conclusion

- Conclusion: CSA EM-1 (Measure H) provides fully utilized high value funding for enhancement of the EMS system throughout Contra Costa County. The funds have no COLA adjustments attached and cannot be adjusted or increased.
- New funding source(s) are required to sustain, update and continue the legacy of Countywide EMS System enhancement e.g. Marijuana ordinance

# Questions?



**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 324-2875



**DATE:** January 5, 2016

**TO:** Local EMS Administrators  
EMS Medical Directors  
EMS Providers  
Other EMS System Stakeholders

**FROM:** Howard Backer, MD, MPH, FACEP  
Director

A handwritten signature in black ink, appearing to read 'Daniel R. Smiley'.

**SUBJECT:** New State EMS Data System Requirements

Recent legislation, in addition to multiple data initiatives, is driving rapid changes in EMS data systems at the local, state, and national levels. The EMS Authority is providing this guidance to local EMS agencies, EMS providers, and other stakeholders to clarify their responsibilities related to data and quality during 2016.

EMSA has made data quality and analysis a priority over the past 3 years. Stakeholders in the EMS system recently have engaged in discussions with EMSA regarding the strategy and changes around data collection and evaluation. In addition, EMSA recently formed a data advisory group consisting of three local EMS agency administrators and an equal number of medical directors to help determine a cooperative strategy for improving EMS data and its application. The continuation of funding from the Office of Traffic Safety for local data collection efforts and movement to NEMSIS 3.x, the development of EMS performance improvement measures (Core Measures) through one-time funding from the California HealthCare Foundation (CHCF), and the recent grant from the Office of the National Coordinator for Health Information Technology (ONC) to implement local health information exchange projects (Patient Unified Lookup System for Emergencies +EMS) have enhanced data and quality efforts.

In addition, four bills were passed by the legislature and signed by the Governor during 2015 related to data, quality, and the electronic movement of health information: AB503, AB1129, AB1223, and SB19.

EMSA plans to open the California Code of Regulation, Title 22, Division 9, Chapter 12, EMS System Quality Improvement regulations for amendments to implement the newly enacted sections of AB503, AB1129, AB1223 and SB19. This revision would update the regulations to appropriately address data and quality improvement. We will reach out to EMS stakeholder groups to establish a representative task force to assist us in this effort.



While the regulatory process is lengthy, the requirements of the legislation took effect January 1, 2016. Therefore, until the regulations are revised, the following information is provided to local EMS agencies and EMS providers to support the statutory requirements.

### **Implementation of AB1129 -- Health and Safety Code 1797.227**

AB 1129, effective January 1, 2016, requires among other provisions that:

1. Each emergency medical care provider uses an electronic health record;
2. The electronic record must be compliant with the current version of NEMSIS and CEMSIS.

For the purposes of this guidance, an *emergency medical care provider* is an entity that is authorized as part of an EMS system by the local EMS agency. At a minimum, every ambulance transport provider (both emergency and non-emergency, including BLS, LALS, and ALS) and every advanced or limited advanced life support entity would fit this definition. Some Local EMS agencies also have specific local system design characteristics involving BLS non-transport first responder entities that also meet this definition.

For the purposes of interpreting the provisions of AB1129, EMSA recognizes that “electronic health record” means electronic Patient Care Report (ePCR). An *electronic health record (EHR)*, as defined by the Office of the National Coordinator for Health Information Technology (ONC), is a digital version of a patient’s paper chart. Further, ONC notes:

“EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users. One of the key features of an EHR is that health information can be created and managed by authorized providers in a digital format capable of being shared with other providers across more than one health care organization.”

To meet this definition, the electronic health record must have the capability of mobile entry at the patient’s bedside, and incorporate workflow for real-time entry of information. This also means that all EHR systems should be interoperable with other systems, including the functionality to exchange (send and receive) electronic patient health information with other entities, including hospitals, in an HL7 format, using ONC standards. NEMSIS 3 incorporates these format standards.

AB1129 requires that, electronic health record systems must be compliant with the “current version of NEMSIS”. The current version of NEMSIS is version 3.3.4 or version 3.4. The sunset date for version 3.3.4 is August 31, 2016. Compliant means a system that has been tested and certified “compliant” by NEMSIS; this certification information is posted on the NEMSIS website at <http://www.nemsis.org/v3/compliantSoftware.html>.

A local EMS agency may not mandate that a provider use a specific EHR system, but the EMS provider must use a system that “can be integrated” with the LEMSA system. Therefore, the local EMS agency may require the EMS provider to demonstrate, test, and ensure that the proposed system is compatible with the local EMS agency system at the provider’s cost without a heavy reliance on mapping. The specific system mandate prohibition does not affect agreements in place by January 1, 2016.

Compliance with CEMSIS is determined by meeting any additional requirements by EMSA or California specific criteria that expand or limit the responses for any NEMSIS elements. These will be specified in a subsequent memo or guidance anticipated to be released by April 1, 2016.

### **NEMSIS Version 3.4:**

All EMS systems must have a NEMSIS 3.4 compliant system in operation no later than midnight on December 31, 2016. California will use the NEMSIS Version 3.4 as our base data standard effective January 1, 2017. This will allow California to be consistent with the most current version of the national data standard and with AB1129.

The National Highway Safety Administration (NHTSA) and University of Utah have put a final sunset date on the use of NEMSIS Version 2. The submission of NEMSIS Version 2 will conclude at midnight on December 31, 2016 with no further time extension allowed.

### **Implementation of AB 503 – Health and Safety Code 1797.122:**

This bill authorizes a health facility to share patient-identifiable information with a defined EMS provider, local EMS agency, and EMSA. This clarifies the California health information privacy law to be consistent with HIPAA, which already allows sharing of treatment, payment, and operations information between covered entities, and also specifies that local EMS agencies and EMSA may receive this information for quality improvement. The intent is to share outcome information on patients to support quality evaluation and performance improvement and the use of health information exchange. This will also enhance the annual EMS Core Measure reporting.

As allowed in the bill, EMSA will set the “minimum standards for the implementation of data collection, including system operation, patient outcome, and performance quality improvement.” These standards will be incorporated into revisions of Chapter 12.

**Implementation of AB 1223 – Health and Safety Code 1797.120 and 1797.225:**

This bill requires EMSA to adopt standards related to data collection for ambulance patient offload time.

Interim guidance will be developed by EMSA, in collaboration with local EMS agencies, on statewide standard methodology for the calculation and reporting of ambulance patient offload time. Regulation revisions will propose to incorporate the methodology found in the interim guidance.

**Implementation of SB 19 – Probate Code 4788:**

This bill enacts the California POLST eRegistry Pilot Act. The bill requires the Emergency Medical Services Authority to establish a pilot project, in consultation with stakeholders, to operate an electronic registry system on a pilot basis, to be known as the California POLST eRegistry Pilot, for the purpose of collecting POLST information received from a physician or physician's designee, if non-state funding is received.

The bill requires EMSA to coordinate the development of the POLST eRegistry Pilot, which would be operated by health information exchange networks, by an independent contractor, or by a combination thereof. The main model envisioned for the registry is dependent on use of electronic health records by EMS personnel (as required in AB 1129), and transition to a NEMSIS 3 platform, to link those records to electronic medical records within health systems to send, receive, find, and use POLST information.

Many individuals throughout our EMS system are excited about the potential for increased data quality and consistency, which will lead to new opportunities to evaluate, understand, and improve our EMS system at all levels.

Please contact either Tom McGinnis at [Tom.mcginis@emsa.ca.gov](mailto:Tom.mcginis@emsa.ca.gov) 916-431-3695 or Kathleen Bissell at [Kathy.bissell-benabides@emsa.ca.gov](mailto:Kathy.bissell-benabides@emsa.ca.gov) 916-431-3687 with any questions concerning this memo.