



Agenda

FINANCE COMMITTEE

March 26, 2018

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 October 23, 2017, Finance Committee meeting (Lisa Driscoll, County Finance Director)
4. CONSIDER accepting the Quarterly Capital Projects Report (Ramesh Kanzaria, Capital Projects Division Manager/Public Works)
5. CONSIDER report and request on EMS System Funding Recommendations. (Patricia Frost, Director, Emergency Medical Services)
6. CONSIDER proposal by the Public Defender to participate in a regional undocumented immigration defense program with the San Francisco Public Defender's Office as the lead agency. (Ali Saidi, Deputy Public Defender/Immigration Attorney)
7. The next meeting is currently scheduled for April 23, 2018.
8. Adjourn

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.

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.

Public comment may be submitted via electronic mail on agenda items at least one full work day

prior to the published meeting time.

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: 03/26/2018

Subject: Record of Action for October 23, 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

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 October 23, 2017 meeting.

Recommendation(s)/Next Step(s):

Staff recommends approval of the Record of Action for the October 23, 2017 meeting.

Fiscal Impact (if any):

No fiscal impact.

Attachments

Draft Record of Action October 23, 2017

DRAFT



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

Present: Karen Mitchoff, Chair

Absent: John Gioia, Vice Chair

Staff Present: Lisa Driscoll, Finance Director

Linda Wilcot, Deputy County Counsel

Patricia Frost, Director, Emergency Medical Services

Annie O, BOS Chief of Staff, District IV

Jill Ray, District Representative, District II

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.

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

The Record of Action for the September 25, 2017 meeting was approved as recommended.

AYE: Chair Karen Mitchoff

Passed

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

Patricia Frost, Director of Emergency Medical Services, presented a report on Measure H and funding needs of Emergency Medical Services (EMS). Ms. Frost pointed out that the Alliance contract dedicates funds for EMS system enhancement. Supervisor Mitchoff asked staff to approach Alliance and the other ambulance companies in the County to provide enhanced funding to EMS. Ms. Frost responded that the majority of the ambulance companies are currently costing more than they are generating in fees. Supervisor Mitchoff asked Ms. Frost to analyze the needs of EMS and report back to the Finance Committee in February. Ms. Frost said the analysis has been completed and EMS needs an additional \$750,000 annually. Supervisor Mitchoff asked how the monies would be spent and pointed out that Contra Costa County Fire Protection District had many years to go before reserves would be sufficient to dedicate permanent funding to the EMS system of care. Ms. Frost pointed out that she was in the process of updating the ambulance ordinance, which would increase fees in the new year. Ms. Frost was not able to provide an estimate of what they would be. Supervisor Mitchoff directed Ms. Frost to return to Finance Committee in February 2018 with a full report of need and recommendations on funding.

AYE: Chair Karen Mitchoff

Passed

5. The next meeting is currently scheduled for November 6, 2017.

The November and December meetings have been canceled. The next Finance Committee meeting will be in February 2018, date to be determined.

6. Adjourn

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Contra Costa County Board of Supervisors

Subcommittee Report

FINANCE COMMITTEE

4.

Meeting Date: 03/26/2018

Subject: QUARTERLY CAPITAL PROJECTS REPORT

Submitted For: FINANCE COMMITTEE,

Department: County Administrator

Referral No.: 1/6/2009 SD.2

Referral Name: Quarterly Capital Projects

Presenter: Ramesh Kanzaria, Capital Projects
Division Manager

Contact: Brian Balbas (925)
313-2284

Referral History:

On January 6, 2009, the Board of Supervisors approved recommendations for Board Member appointments to local, regional and statewide boards, committees and commissions for the 2009 calendar year. One of the adopted recommendations was to combine the Capital Facilities Committee with the Finance Committee.

On February 2, 2009, the Finance Committee met and planned committee meetings and schedules for the coming year. One of the recommendations was for the Finance Committee to receive regular capital facility update reports. The first report was presented to Finance on March 4, 2009 by the Director of General Services, Mike Lango. The Committee reviewed the initial report and requested that additional financing and appropriation information be added to make the report more meaningful. The final report format was accepted at the April 6, 2009 meeting and staff was directed to include on future Finance Committee agendas. Reports were submitted at each Finance Committee meeting through December 2010.

Beginning in 2011, the Finance Committee requested that Capital Facility Reports be reviewed quarterly. Quarterly review of Capital Facility Reports is the current practice.

Referral Update:

Quarterly update. Per Committee request the report elements have been updated. The Capital Projects report is now broken-out by stages - feasibility, design and estimates. Projects under construction are also identified. The FLIP Projects report now break-outs the "in progress" projects for both Capital projects and Facilities Maintenance, and "completed" projects for both Capital projects and Facilities Maintenance are identified and include a completion date.

Recommendation(s)/Next Step(s):

ACCEPT Quarterly Capital Projects update.

Attachments

Quarterly Capital Project Report March 2018

CAPITAL PROJECTS REPORT

**CAPITAL PROJECTS REPORT - FINANCE COMMITTEE
SUMMARY PAGE**

3/19/2018

Funding Source	Project s	
AB109	1	
Airport Enterprise Fund	0	
Capital Facilities Fund - Sheriff's	0	
CCFPD Capital Outlay Fund	0	
CSA R-9	0	
Conservation & Development	1	
County Drainage Maintenance	1	
DCD/Redevelopment	0	
Sheriff Law Enforcement Training Center	1	
Energy Fund	0	
Federal/State Funds	2	
Fire Protection Fund	7	
General Fund	34	
General Fund - HSD	3	
General Fund - EHSD	2	
Health Services Capital Budget	0	
Hospital Enterprise Fund	23	
Land Development Fund	2	
Mental Health Realignment Funds	0	
Park Dedication Fees	0	
PG&E On Bill Financing Loan	0	
Probation	0	
Measure WW	0	
Sale of Property	0	
State/County Funds	1	
Stormwater Utility Assessment #17 (PWD)	0	
Various HSD	0	
Whole Person Care Initiative & HSD General Fund	0	
FUNDED PROJECTS:	78	\$ 292,256,800
Job Order Contract (JOC), As Needed	1	\$ 13,000,000
TOTAL PROJECTS:	79	\$ 305,256,800

PROJECT SIZE	Projects
under \$100,000 - \$100,000	7
between \$100,001 - \$250,000	14
between \$250,001 - \$500,000	7
between \$500,001 - \$1,000,000	8
Projects over \$1,000,001	26
To be determined	16
TOTAL PROJECTS:	78

9 NEW PROJECTS since last report:	APPROX. PROJECT VALUE
Estimate Bookhouse Improvement at El Sobrante Library	TBD
HSD Mobile Clinic Lot Improvements, 220 Glacier Dr., Martinez	\$ 200,000.00
Sheriff's Vehicle Storage Lot Improvements, 220 Glacier Dr., Martinez	\$ 148,877.00
Building Improvements, 220 Glacier Dr., Martinez	\$ 131,300.00
Old Surplus Yard Paving Rehabilitation, 220 Glacier, Martinez	\$ 160,842.00
Replace Furniture at the Treasurer Tax Collector's Office, 625 Court St.,	\$ 130,000.00
Remodeling and Expand EHSD-Form Storage and Probation Area, Richmond	TBD
TI at CCFPD, 2010 Geary Road, Pleasant Hill	\$ 1,500,000.00
Restoration Center, 2530 Arnold, Martinez	\$ 1,115,000.00
TOTAL VALUE OF NEW PROJECTS:	\$ 3,386,019

10 COMPLETED PROJECTS since last report:	APPROX. PROJECT VALUE
Space Study at all EHSD Facilities	\$ 50,000
Geotechnical Investigation, 300 Ilene Street	\$ 83,850
ADA Review & Assessment, 1034 Oak Grove Rd. Concord	\$ 25,000
Refurbish IPID Perimeter Detection System, 5555 Giant Highway, Richmond	\$ 900,000
Exterior Lighting Upgrades at the West County Detention Facility, 5555 Giant High	\$ 36,000
Renovations and Remodeling at the County Finance Building, 625 Court St. Martir	\$ 9,800,000
Replace 3 HVAC Units, 40 Douglas Drive, Martinez	\$ 712,000
Tenant Improvements for the Whole Person Care Program, 2500 BatesAve.,	\$ 1,450,000
Security Renovations at WCDF, 5555 Giant Highway, Richmond	\$ 3,500,000
Morrow House Renovations, 1236 Escobar St., Martinez	\$ 500,000
TOTAL VALUE OF COMPLETED PROJECTS:	\$ 17,056,850

CAPITAL PROJECTS REPORT - FINANCE COMMITTEE

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3/19/2018

		Project Name	Address	Phase	% Proj. Comp	Est. Proj. Compl. Date	Estimated Proj. Budget	Funding Source	Comments
PROJECTS IN THE ESTIMATE AND FEASIBILITY/DESIGN PHASES									
		Animal Services							
1		Additional Parking Lot and Play Area	4800 Imhoff Place, Martinez	Construction Documents	40%	9/15/2018	\$800,000	General Fund	Met with Beth Ward (Director of ASD) to review Design Development drawings.
2		Estimate to Renovate Lobby	910 San Pablo Avenue, San Pablo	Predesign	60%	4/30/2018	TBD	General Fund	Various options under review.
		Board of Supervisors							
3		Tenant Improvements at Supervisor Diane Burgis' District Office	Brentwood	Feasibility	0%		TBD	General Fund	County in negotiations to extend the lease at current office.
		Clerk-Recorder							
4		Emergency Supply Storage	555 Escobar Street, Martinez	Feasibility	30%	TBD	\$5,000	General Fund	In Design.
5		Remodel for Recorder's office	555 Escobar Street, Martinez	Feasibility	0%	TBD	\$800,000	General Fund	On Hold
		Conservation & Development							
6		Phase 2 Remodeling at 40 Muir Rd. for DCD	40 Muir Road, Martinez	Bidding Phase	40%	9/1/2018	\$850,000	Land Development Fund	Plan sent to Mark Scott for proposal development.
		Contra Costa Fire District							
7		New Fire Station No. 16 (CCCFPD)	4007 Los Arabis Road, Lafayette	Award	50%	2/1/2019	\$5,500,000	Fire Protection Fund	Award to General Contractor on 3/13/18.
8		New Fire Station No. 70 (CCCFPD)	1800 23rd Street, San Pablo	Construction Documents	30%	12/30/2019	\$11,100,000	Fire Protection Fund/City of San Pablo Funding \$2.5 M	LCArchitects working on Construction Documents.
9		New Fire Station No. 9 (CCCFPD)	550 Sally Ride Drive, Concord	Predesign	10%	12/1/2020	\$5,200,000	Fire Protection Fund	RRM Working on Design.
10		New Fire Station No. 86 (CCCFPD)	Willow Pass Rd. and Goble Dr. Bay Point	Predesign	10%	12/1/2020	\$5,200,000	Fire Protection Fund	RRM Working on Design.
11		Restoration of the Training Tower at Fire Station No. 10 (CCCFPD)	2945 Treat Blvd., Concord	Predesign	5%	TBD	\$260,000	Fire Protection Fund	On Hold

CAPITAL PROJECTS REPORT - FINANCE COMMITTEE

	Project Name	Address	Phase	% Proj. Comp	Est. Proj. Compl. Date	Estimated Proj. Budget	Funding Source	Comments
12	Tenant Improvement at CCCFPD Office	2010 Geary Road, Pleasant Hill	Feasibility	2%	TBD	\$1,500,000	Fire Protection Fund/EMS Transport Fund	
13	Assist with CEQA for the Relocation of Fire Stations No. 9 and No. 86	Willow Pass Rd. and Pacheco	Feasibility	0%	TBD	\$0	CCC Fire Protection	Part of Station 6 and 86 scope.
	County Administration							
14	Demolition of the Old Detention Facility	650 Pine Street, Martinez	Construction Documents	40%	TBD	\$1,600,000	General Fund	Demolition and site improvement plans complete by KMD and will be part of future Admin Building demo project.
15	M Module Remodel	1000 Ward Street, Martinez	Feasibility	5%	TBD	TBD	General Fund	Consultant working on feasibility.
16	Remodel Suite 200 for CCTV	10 Douglas Drive, Martinez	Predesign	10%	6/29/2019	\$1,662,000	General Fund	FENNIE+MEHL Architects working on schematic design.
17	Replacement of the County Administration Building	1025 Escobar Street, Martinez	Design Development	20%	3/31/2020	\$60,000,000	General Fund	DBE procurement in progress.
	Employment & Human Services							
18	Remodeling for Expanding Call Center	1275 Hall Avenue, Richmond	Feasibility	15%	12/31/2018	\$100,000	General Fund	EHSD settled on the 42 sf size workstations for their call center
19	Remodeling and Expand EHSD-Form Storage and Probation Area	1275 - A Hall Avenue, Richmond	Construction Documents	40%	6/30/2018	TBD	General Fund	Construction Documents in progress.
20	Roof Truss Evaluation	1275 Hall Avenue, Richmond	Feasibility	5%	5/31/2018	\$20,000	Federal and State Funds (10% General Fund)	Need to schedule a field meeting with Structural Eng. To assess current status of wood trusses.
	Health Services							
21	Security Upgrades at 5A, 5B, and 5C	2500 Alhambra Avenue, Martinez	Bidding Phase	45%	4/1/2018	\$1,400,000	Hospital Enterprise Fund	Architect preparing formal construction start paperwork for OSHPD. Waiting for GC proposal
22	Renovate Monument Signs	2500 Alhambra Avenue, Martinez	Feasibility	65%	8/1/2017	\$75,000	Hospital Enterprise Fund	On Hold
23	West County Health Center Expansion	13601 San Pablo Avenue, San Pablo	Bidding Phase	40%	4/30/2020	\$17,000,000	Hospital Enterprise Fund	On going negotiations with DBE.
24	Estimate for Survey of all Structures at the CCRMC Campus	2500 Alhambra Avenue, Martinez	Feasibility	50%	12/31/2017	TBD	Hospital Enterprise Fund	Waiting on direction from HSD
25	Estimate to Convert G Ward Basement to Office Space	2500 Alhambra Avenue, Martinez	Feasibility	5%	TBD	\$1,625,000	Hospital Enterprise Fund	On-hold
26	Estimate to Increase Parking Capacity	2500 Alhambra Avenue, Martinez	Feasibility	10%	TBD	\$8,100,000	Hospital Enterprise Fund	On Hold

CAPITAL PROJECTS REPORT - FINANCE COMMITTEE

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	Project Name	Address	Phase	% Proj. Comp	Est. Proj. Compl. Date	Estimated Proj. Budget	Funding Source	Comments
27	Estimate to Segregate Sewer Lines	2500 Alhambra Avenue, Martinez	Feasibility	0%	TBD	TBD	Hospital Enterprise Fund	Jerry is working with FM to field verify a few items for Consultant
28	Install Controlled Access System on the 2nd Floor, the OR, and PACU	2500 Alhambra Avenue, Martinez	Schematic Design	5%	6/1/2018	\$160,000	Hospital Enterprise Fund	Ratcliff will begin working on design once we are further along on the 5th Fl
29	Safety Improvements at Psych Emergency for Behavioral Health Services	2500 Alhambra Avenue, Martinez	Feasibility	80%	TBD	\$490,000	Hospital Enterprise Fund	On Hold
30	Install Doors at All Patient Sleeping Areas on 3C and 4C	2500 Alhambra Avenue, Martinez	Construction Documents	25%	6/15/2018	\$140,000	Hospital Enterprise Fund	Project submitted to OSHPD
31	Additional CT Trailer	2500 Alhambra Avenue, Martinez	Feasibility	10%	TBD	\$675,000	Hospital Enterprise Fund	On Hold
32	Elevator Modernization	2311 Loveridge Road, Pittsburg	Construction Documents	50%	12/31/2018	\$2,200,000	Hospital Enterprise Fund	On Hold
33	ABCD Program Clinic Relocation from Miller Wellness Center	3024 Willow Pass Rd., Concord	Pre Construction	50%	6/30/2018	\$500,000	Hospital Enterprise Fund	Pre-construction meeting 03/20/2018.
34	Relocation of EMS Operations to 777 Arnold Drive, Suite 110	1340 Arnold Drive, Suite 126	Construction Documents	85%	8/3/2018	\$700,000	Hospital Enterprise Fund	Submit to plan check by 03/29/18
35	Install Clean Room in MIP Compounding Area at Inpatient Pharmacy	2500 Alhambra Avenue, Martinez	Design Development	10%	11/30/2018	\$245,000	Hospital Enterprise Fund	Working on pharmacy back check comments.
36	Estimate to Install Dental Operatory Bldg. 1	2500 Alhambra Avenue, Martinez	Feasibility	5%	TBD	\$199,000	Hospital Enterprise Fund	Feasibility study completed and project budget submitted to Hospital staff.
37	Relocate Mobile Health Vans from Juvenile Hall	2530 Arnold Drive, Martinez	Pre Construction	20%	6/1/2018	\$55,255	Hospital Enterprise Fund	Site at 220 Glacier Dr. Contractor was selected. Ordered 2 new canopies and relocation of 4 existing
38	Install a Dehumidification System	2500 Alhambra Avenue, Martinez	Feasibility	0%	TBD	TBD	Hospital Enterprise Fund	Project transferred to Facilities.
39	Verify Design for Existing HVAC Installation	2500 Alhambra Avenue, Martinez	Feasibility	0%	TBD	TBD	Hospital Enterprise Fund	Project transferred to Facilities.
40	CMS Regulatory Compliance Work	2500 Alhambra Avenue, Martinez	Award	0%	7/31/2018	\$220,000	Hospital Enterprise Fund	Dave Duet requested to increase NTE to \$320K.
41	Restoration Center	2530 Arnold Drive, Martinez	Predesign	5%	TBD	\$1,115,000	General Fund	\$2 Million Grant
	Information Technology							
42	Estimate for Double Pane Windows	30 Douglas Drive, Martinez	Predesign	35%	TBD	\$1,076,000	General Fund	Preliminary estimate sent to site user.
	Public Defender's							

CAPITAL PROJECTS REPORT - FINANCE COMMITTEE

	Project Name	Address	Phase	% Proj. Comp	Est. Proj. Compl. Date	Estimated Proj. Budget	Funding Source	Comments
43	Remodeling for the Public Defender's Juvenile Unit	2020 North Broadway, Walnut Creek	Construction Documents	35%	12/15/2018	\$1,091,000	General Fund	Waiting on permit.
	Public Works							
44	North Richmond Pump Station Capital Renewal	North Richmond	Feasibility	20%	12/31/2018	\$1,700,000	County Drainage Maintenance	Final report received 11/10
45	Five Year Capital Facilities Plan	Countywide	Feasibility	20%	TBD	\$200,000	General Fund	DBA continuing data gathering and analysis.
46	Public Works Expansion Project	255 Glacier Drive, Martinez	Feasibility	10%	TBD	TBD	General Fund	Issued task order to Shah Kawasaki to proceed with study options
47	ADA Survey at 4071 Port Chicago Highway, Concord for Public Works	4071 Port Chicago Hwy, Concord	Predesign	95%	1/30/2018	\$15,000	10% General Fund, 42% Federal, 48% State	CPM met with RES to discuss preliminary report's
48	Organization of Archive Documents	255 Glacier Drive, Martinez	Feasibility	90%	TBD	TBD	General Fund	
49	Estimate Bookhouse Improvement at El Sobrante Library	4191 Appian Way, El Sobrante	Predesign	0%	TBD	TBD	General Fund	Estimate Only
50	HSD Mobile Clinic Lot Improvements	220 Glacier Dr., Martinez	Design	0%	TBD	\$200,000	General Fund	EOC/PSB make ready Project
51	Sheriff's Vehicle Storage Lot Improvements	220 Glacier Dr., Martinez	Design	0%	TBD	\$148,877	General Fund	EOC/PSB make ready Project
52	Building Improvements	220 Glacier Dr., Martinez	Design	0%	TBD	\$131,300	General Fund	EOC/PSB make ready Project
53	Old Surplus Yard Paving Rehabilitation	220 Glacier Dr., Martinez	Design	0%	TBD	\$160,842	General Fund	EOC/PSB make ready Project-HSD Portion
	Risk Management							
54	Structure Repairs at Hope House	300 Illene Street, Martinez	Feasibility	10%	12/31/2018	TBD	AB 109/Partially Funded by FLIP	Scott Selby authorized CPM to hire Nick T. to begin investigation into possible repairs with costs.
	Sheriff Coroner							
55	Expansion of the West County Detention Facility	5555 Giant Highway, Richmond	Schematic Design	20%		\$95,000,000	\$70M from State Funds, \$25M County matched	Detailed programming complete and now in design.
56	Relocation of the Sheriff Training Center	45 John Glenn Drive, Concord	Feasibility	5%	TBD	TBD	Sheriff Law Enforcement Training Center	On Hold
57	Modify Existing Lighting, Module D, MDF	1000 Ward Street, Martinez	Feasibility	0%	TBD	TBD	General Fund	Per Jo Yee and Kevin L. this project needs to be reassigned.

CAPITAL PROJECTS REPORT - FINANCE COMMITTEE

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	Project Name	Address	Phase	% Proj. Comp	Est. Proj. Compl. Date	Estimated Proj. Budget	Funding Source	Comments
58	Relocation of the Sheriff's Office Delta Substation	9100 Brentwood Blvd.	Feasibility	5%	11/30/2018	\$81,990	General Fund	Requested update from Real Estate Division on T.I. Project.
59	New Emergency Operations Center	1850 Muir Road, Martinez	Award	20%	3/31/2020	\$45,000,000	General Fund	Proposal back. Hensle Phelps and Swinerton short listed DBE's
					Subtotal	\$229,219,274		
PROJECTS IN CONSTRUCTION								
	Agriculture							
60	Tenant Improvements for Agriculture and UC Extension	2380 Bisso Lane, Concord	Construction	90%	4/1/2018	\$1,400,000	General Fund	Delay on light fixtures on critical path pushed back schedule.
	Board of Supervisors							
61	Tenant Improvements at Supervisor Federal Glover's District Office	190 E. 4th Street, Pittsburg	Construction	90%	4/15/2018	\$400,000	General Fund	Construction underway with slab steel framing completed interior wall. Partitions being installed.
	Conservation & Development							
62	Landscaping at Walden Green	Iron Horse Corridor	Construction	98%	4/29/2018	\$923,872	Land Development Fund	Robert Fukushima is landscape architect for construction completion.
63	Renovate Lunchroom at Lafayette Satellite Office	3685 Mt. Diablo Blvd., Lafayette	Construction	95%	4/6/2018	\$50,000	Conservation & Development	Contractor expected to start demo work first week of February
	District Attorney							
64	Remodeling on the 1st, 3rd and 4th Floors	900 Ward Street, Martinez	Construction	90%	4/15/2018	\$1,140,000	General Fund	Working through debated installation of exterior stucco finish, plus finalizing punch list items.
	Health Services							
65	Installation of 2 New Autoclaves	2500 Alhambra Avenue, Martinez	Construction	50%	5/1/2018	\$206,000	Hospital Enterprise Fund	In construction.
66	Remodeling of Suite 320 for Health Services Department	595 Center Avenue, Martinez	Construction	65%		TBD	General Fund	This project needs to be closed out.
67	Tenant Improvements for HSD IT Data Center	2380 Bisso Lane, Concord	Construction	95%	4/15/2018	\$500,000	Hospital Enterprise Fund	Project in construction. Anticipated completion December 2017.

CAPITAL PROJECTS REPORT - FINANCE COMMITTEE

	Project Name	Address	Phase	% Proj. Comp	Est. Proj. Compl. Date	Estimated Proj. Budget	Funding Source	Comments
68	Relocation of Richmond Health Center WIC	501 Gateway Ave., San Pablo	Construction	60%	10/1/2018	\$5,500,000	General Fund	Construction underway with slab and steel framing completed.
69	Negative Pressure Chemotherapy Room	2500 Alhambra Avenue, Martinez	Construction	45%	11/30/2018	\$1,260,000	Hospital Enterprise Fund	Phase I and II are complete. State agency to recertify Phase II before Phase III can begin.
	Public Works							
70	Replace Driveway & Parking Lot at the Martinez Detention Facility	1000 Ward Street, Martinez	Construction	50%	8/31/2018	\$881,000	General Fund	Project on Hold due to construction restrictions to only weekend work.
71	Elevator Repairs	2530 Arnold Drive, Martinez	Pre Construction	35%	6/8/2018	\$652,000	General Fund	Project to mobilize on 03/29/18
72	Remodel 2nd Floor	40 Muir Road, Martinez	Construction	70%	4/30/2018	\$1,700,000	General Fund	
	Tax-Collector							
73	Replace Furniture at the Treasurer Tax Collector's Office	625 Court Street, Martinez	Construction	50%	TBD	\$130,000	General Fund	Furniture has been ordered with an anticipated arrival time of late April.
					Subtotal	\$13,212,872		
				GRAND TOTAL		\$242,432,146		

FACILITIES LIFE-CYCLE INVESTMENT PROGRAM (FLIP) REPORT

FACILITIES LIFE-CYCLE INVESTMENT PROGRAM - FINANCE COMMITTEE

	Project Name	Address	Status	Estimated Proj. Budget/Cost
CAPITAL PROJECTS MANAGEMENT FLIP PROJECTS				
In Progress				
1	ADA/Fire/Life/Safety & Rooftop Equipment (FLIP)	5555 Giant Highway, Richmond	In progress	\$4,961,000
2	Roof, Roof top Equipment, Accessibility and Fire, Life and Safety Upgrades (FLIP)	50 Douglas Drive, Martinez	In progress	\$4,256,000
3	ADA/Fire/Life/Safety & Rooftop Equipment (FLIP) Juvenile Hall	202 Glacier Drive, Martinez	In progress	\$562,240
4	ADA/Fire/Life/Safety & Rooftop Equipment (FLIP) 202 Glacier Dr.	202 Glacier Drive, Martinez	In progress	\$417,361
5	ADA/Fire/Life/Safety & Rooftop Equipment (FLIP)	910 San Pablo Ave., San Pablo	In progress	\$129,000
COMPLETE				
6	Built-Up Roof Replacement	2099 Arnold Industrial Way, Concord	Complete August 2016	\$492,534
7	Roofing and Flooring Improvements	968 23rd Street, Richmond	Complete May 2015	\$566,189
8	Add New Security Cameras	202 Glacier Drive, Martinez	Complete December 2014	\$122,812
9	Accessibility for Building Entry	930 Ward Street, Martinez	Complete - December 2015	\$171,365
10	Replace Boilers	651 Pine Street, Martinez	Complete - December 2014	\$917,560
11	Sewer Replacement	4491 Bixler Road, Byron	Complete- January 2013	\$76,358
12	Install WheelchairLifts/Ramps	6401 Stockton Avenue, El Cerrito	Complete - July 2015	\$242,568
13	Chiller Replacement	1000 Ward Street, Martinez	Complete - June 2013	\$656,868
14	Replace Two Boilers at the Martinez Detention Facility	1000 Ward Street, Martinez	Complete - January 2017	\$1,059,721

FACILITIES LIFE-CYCLE INVESTMENT PROGRAM - FINANCE COMMITTEE

	Project Name	Address	Status	Estimated Proj. Budget/Cost
15	Inmate Rooms Wall/Ceiling Finish Upgrades	5555 Giant Highway, Richmond	Complete - May 2017	\$241,990
16	Tenant Improvements for the Whole Person Care Program	2500 Bates Avenue, Concord	Complete-May 2017	\$1,250,000
17	Roof Top Equipment, Accessibility Upgrades	2530 Arnold Drive, Martinez	Complete - September 2017	\$1,450,000
18	Replace 3 HVAC Units	40 Douglas Drive, Martinez	Complete-October 2017	\$712,000
19	Renovations and Remodeling at the County Finance Building	625 Court Street, Martinez	Complete - December 2017	\$9,800,000
20	Exterior Lighting Upgrades at the West County Detention Facility	5555 Giant Highway, Richmond	Complete - May 2017	\$36,000
21	Refurbish IPID Perimeter Detection System	5555 Giant Highway, Richmond	Complete-February 2018	\$900,000
22	Roof top Equipment, Accessibility, Fire, Life	2530 Arnold Drive, Martinez	Complete-September 2017	\$1,450,000
23	Accessibility and Fire, Life and Safety Upgrades	1000 Ward Street, Martinez	Complete-Nov 2017	\$733,889
24	Roof top Equipment, Accessibility and Fire, Life and Safety Upgrades	4491 Bixler Road, Byron	Complete-Mar 2017	\$1,857,979
25	Security Renovations at WCDF,	5555 Giant Highway, Richmond	Complete-February 2018	\$3,500,000
			Subtotal	\$26,237,833
			Capital Projects Total	\$26,237,833
FACILITIES MAINTENANCE FLIP PROJECTS				
IN PROGRESS				
26	Seismic Shut-off valve	968 23rd Street, Richmond	In progress	\$1,851
27	ADA for breakroom	4800 Imhoff Drive, Martinez	In progress	\$3,340

FACILITIES LIFE-CYCLE INVESTMENT PROGRAM - FINANCE COMMITTEE

	Project Name	Address	Status	Estimated Proj. Budget/Cost
28	Stair guardrails	1111 Ward Street, Martinez	In progress	\$8,332
29	Roofing	920 Mellus St.	In progress	\$61,639
			Subtotal	\$399,219
COMPLETE				
30	ADA Operator -Front Door	10 Douglas Drive, Martinez	Complete - March 2017	\$8,865
31	New Exit Lights	920 Mellus Street, Martinez	Complete - February 2017	\$975
32	New Exit Lights	2290 Willow Pass Road, Concord	Complete - December 2016	\$3,902
33	New Exit Lights	406 6th Street, Antioch	Complete - February 2017	\$3,256
34	New Exit Lights	757 1st Street, Brentwood	Complete - February 2017	\$6,112
35	Roofing	4491 Bixler Road, Byron	Complete - April 2016	\$332,855
36	Rooftop equipment	220A Glacier Drive, Martinez	Complete - February 2017	\$123,546
37	Guardrail repairs	10 Douglas Drive, Martinez	Complete - February 2015	\$45,380
38	Roofing	1960 Muir Road, Martinez	Complete - November 2016	\$365,793
39	Roofing	1980 Muir Rd	Complete - November 2016	\$235,017
40	Roofing	40 Glacier Dr.	Complete - November 2016	\$97,238
41	Roofing	30 Glacier Rd.	Complete - November 2016	\$52,729

FACILITIES LIFE-CYCLE INVESTMENT PROGRAM - FINANCE COMMITTEE

	<i>Project Name</i>	<i>Address</i>	<i>Status</i>	<i>Estimated Proj. Budget/Cost</i>
42	Roofing	2530 Arnold Drive, Martinez	Complete - June 2016	\$782,892
43	Admin HVAC replacement	4491 Bixler Road, Byron	Complete - February 2017	\$59,988
44	New HVAC Controls	220 Glacier Drive, Martinez	Complete - February 2017	\$21,878
45	New Steam Boiler	6401 Stockton Avenue, El Cerrito	Complete - March 2016	\$92,484
46	ADA ACCESS	930 Ward Street, Martinez	Complete - December 2016	\$10
47	Fire Alarm Upgrade	930 Ward Street, Martinez	Complete May 2017	\$27,222
48	Fire Alarm Upgrade	202 Glacier Drive, Martinez	Complete - October 2013	\$20,205
49	Emergency lights	202 Glacier Drive, Martinez	Complete - May 2014	\$2,193
50	HVAC	202 Glacier Drive, Martinez	Complete - December 2014	\$77,009
51	ADA Door Opener	1960 Muir Road, Martinez	Complete - September 2015	\$1,340
52	ADA-Elev	1980 Muir Road, Martinez	Complete - May 2014	\$13,851
53	Fire caulk	10 Douglas Drive, Martinez	Complete - April 2014	\$573
54	Fire caulk	920 Mellus Street, Martinez	Complete - December 2014	\$4,891
55	ADA Door Opener	920 Mellus Street, Martinez	Complete - October 2014	\$5,689
56	Fire system upgrade	920 Mellus Street, Martinez	Complete - May 2014	\$15,515
57	ADA Door Opener	2530 Arnold Drive, Martinez	Complete - April 2014	\$12,828
58	Seismic Shut-off valve	1111 Ward Street, Martinez	Complete - April 2014	\$3,145

FACILITIES LIFE-CYCLE INVESTMENT PROGRAM - FINANCE COMMITTEE

	<i>Project Name</i>	<i>Address</i>	<i>Status</i>	<i>Estimated Proj. Budget/Cost</i>
59	Exit Signs	1111 Ward Street, Martinez	Complete - April 2014	\$17,084
60	Fire Alarm Upgrade	757 1st Street, Brentwood	Complete - March 2017	\$41,267
61	Bldg 8C Fire Alarm Upgrade	5555 Giant Highway, Richmond	Complete - March 2016	\$273,315
62	Grounds Maint	50 Glacier Drive, Martinez	Complete - October 2013	\$122
63	Replace AC-1	5555 Giant Highway, Richmond	Complete - December 2015	\$137,171
64	Roofing	800 Ferry Street, Martinez	Complete - February 2016	\$63,020
65	Roofing	202 Glacier Drive, Martinez	Complete - November 2016	\$1,003,558
66	Roofing	10 Douglas Drive, Martinez	Complete - November 2016	\$103,356
67	Roofing	220A Glacier Drive, Martinez	Complete - November 2016	\$75,029
68	Roofing	2366 Stanwell Circle, Concord	Complete - January 2016	\$32,482
69	Pigeon roosting issue	1960 Muir Road, Martinez	Complete - March 2016	\$559
70	Replace/Add lights and Exit Signage	202 Glacier Drive, Martinez	Complete - May 2014	\$2,843
71	Replace boiler	5555 Giant Highway, Richmond	Complete - May 2015	\$19,073
72	Repair fence	5555 Giant Highway, Richmond	Complete - October 2015	\$81,819
73	Upgrade exit signs - Fire/ Safety	5555 Giant Highway, Richmond	Complete - March 2017	\$23,777
74	Rooftop equipment	800 Ferry Street, Martinez	Complete - May 2017	\$21,387
75	Bldg 5 New Heating Ventilators	5555 Giant Highway, Richmond	Complete Jan 2018	\$208,919

FACILITIES LIFE-CYCLE INVESTMENT PROGRAM - FINANCE COMMITTEE

Page 6 of 6
3/19/2018

	Project Name	Address	Status	Estimated Proj. Budget/Cost
76	New Exit Lights	1200 Marsh Creek Road, Clayton	Complete June 2017	\$19,323
77	Fire Alarm Upgrade	968 23rd Street, Richmond	Complete-August 2017	\$58,098
78	Fire Alarm Upgrade	930 Ward Street, Martinez	Complete-May 2017	\$30,940
79	Emergency lights	2099 Arnold Industrial Way, Concord	Complete -Dec. 2017	\$6,777
80	Bldg. 5 Heating Ventilators	5555 Giant Highway, Richmond	Complete-Jan 2018	\$208,919
			Subtotal	\$4,846,219
CANCELLED				
81	Door hardware	202 Glacier Drive, Martinez	Cancelled - Not Needed	\$12,978
82	Door hardware	1000 Ward Street, Martinez	Cancelled - Not Needed	\$786
83	Landscape improvement	800 Ferry Street, Martinez	Cancelled - Not Needed	\$23,530
			Subtotal	\$37,294
			Facilities Maintenance Total	\$8,028,350
			GRAND TOTAL	\$38,128,201

POTENTIAL SURPLUS PROPERTY REPORT

Potential Surplus Property – Finance Committee

Potential Surplus Property – Vacant Land

Location	City	State	Comments	Current Status
Bailey Road/Highway 4	Bay Point	7.5 Acres	CCC as Successor Agency to RDA	DCD evaluating marketability
Canal Road	Bay Point	1.54 Acres	CCC as Successor Agency to RDA	DCD evaluating marketability
Wayne Street	Martinez	15,206 SF	Single Family Lot	Survey and CEQA work proceeding. Estimated date for sale of surplus, Summer 2018

Potential Surplus Property – Improved Sites

Address	City	State	Comments	Current Status
100 38 th Street	Richmond	83,884 sf	Sell as surplus	WIC remaining occupant, relocating to new building being constructed by City of San Pablo, 2019.
210 O'Hare	Oakley	4,220	Sheriff Station	Relocating to city space early 2019



Contra Costa County Board of Supervisors

Subcommittee Report

FINANCE COMMITTEE

5.

Meeting Date: 03/26/2018
Subject: County Service Area EM-1 Basic Assessment
Submitted For: Anna Roth, Health Services Director
Department: Health Services
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

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.

On October 23, 2017, the attached report was submitted for consideration by the Committee. A presentation by Patricia Frost, Director of Emergency Medical Services, was provided to the Committee. The referral was to consider an increase to the basic assessment rate for County Service Area EM-1; however, the focus of the report was on system needs rather than funding. Ms. Frost was directed to return to Committee with a full report of need and recommendations on funding in February.

Referral Update:

The attached report is submitted for consideration.

Recommendation(s)/Next Step(s):

CONSIDER report and request by the Director of Emergency Medical Services on EMS System Funding Recommendations.

Attachments

Contra Costa EMS System Funding Recommendations

10-23-17 Community Service Area EM-1 Update

10-23-17 Finance Report PowerPoint CSA EM-1

10-23-17 New State EMS Data System Requirements



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

DATE: March 19, 2018

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

FROM: Patricia Frost, Director, Emergency Medical Services

SUBJECT: Contra Costa EMS System Funding Recommendations

Information:

Referral History:

On October 5, 2017, the EMS Agency submitted a report on Community Service Area EM-1 (Measure H). The conclusions of that report demonstrated the following:

- 1. Measure H has provided a legacy of high value EMS System enhancement and has been pivotal in allowing the Contra Costa EMS System to become one of the premier EMS Systems in the state.**
- 2. Measure H funds are now fully dedicated and further investment in the EMS system is required to support continuity of operations and to create opportunities to optimize the EMS System through integration with the Countywide health care delivery system.**
- 3. The success of future EMS System service delivery models relies on investing in technology infrastructure to create data driven medical transportation solutions and safe EMS expanded scope of practice alternatives (e.g. Community paramedicine). The immediate opportunity is through bi-directional prehospital electronic health information exchange with the hospitals.**

Based on the report, Finance committee Chair, Supervisor Karen Mitchoff directed the EMS Director to return with funding recommendations.

Background:

As of the 2016 EMS System Annual Report, EMS System technology (9%) and Systems of Care program support (25%) represent 34% of the current Measure H budget. These funds have a proven track record of saving lives in day-to-day and disaster conditions, preventing and reducing citizen and EMS provider injury and improving patient care outcomes for trauma, cardiac arrest, heart attack and stroke. This 34% allocation represents \$1,629,224 dollars in Measure H tax revenue or \$1.50 per person per year.

Countywide EMS System Technology & Systems of Care Program Support		
Measure H Allocation	Dollars	Current Dollars Per Person Per Year
34%	\$1,629,224	\$1.50
Request	\$750,000	\$2.16

The request of \$750,000/year revenue would increase the County investment from \$1.50 to \$2.16 per person per year. For less than the cost of one Starbucks coffee, the Board could assure EMS System Program and Technology support for an additional three to five years.

Historically, Measure H and Emergency Ambulance Agreements have served as primary funding sources for EMS System enhancement:

1. Between 1988 through 1990, Measure H was used to procure paramedic-level ambulance response from American Medical Response (AMR) for 2.6 million dollars of Measure H funding allowing the County to achieve countywide rapid paramedic ambulance response.
2. After 1990 AMR was again the awardee of the ambulance service contract, this time providing paramedic ambulance services without a Measure H subsidy. This allowed the Board to re-direct that funding to expand fire paramedic first medical response for Contra Costa County Fire Protection District, Moraga-Orinda, Pinole, Rodeo-Hercules, and El Cerrito/Kensington Fire Districts in compliance with Title 22 regulatory requirements, as well as funding for expanded development of Countywide Systems of Care. In 2013 the Board of Supervisors re-allocated funding to support expanded EMT scope of practice for the remaining Measure H-Zone B Fire Districts; Richmond Fire and East Contra Costa Fire Districts.
3. In 2014 Contra Costa EMS System Modernization Study identified the need for an additional \$750,000 to sustain Countywide EMS System of Care programs. During the Request for Proposal (RFP) process, it was estimated that Alliance ambulance revenue would be limited to 3 to 5 million dollars per year after operational costs and EMS System investment and as a result a franchise fee associated with the ambulance service agreement was not supported.
4. Current EMS Systems of Care program and technology costs were fully illustrated in the October 5, 2017 finance report at:

Recommendation #1: Establish an interim annual EMS System Program enhancement contribution/investment of up to \$750,000 from available Board designated revenue sources until such time a new benefit assessment or other revenue source with a COLA could be established to support and enhance the Countywide EMS System.

EMS System program funding is recommended to be directed to the following technology and programs known to produce life-saving outcomes essential to Contra Costa County high performance EMS System service delivery:

Summary of Eligible Countywide Programs		
Countywide EMS System Program/Infrastructure	Purpose	Annual Funding Request
First Watch/First Pass Patient Safety and EMS Ambulance Compliance Data System	Current technology platform supporting ambulance response time compliance reporting. Data hub for all electronic patient care record oversight.	\$ 200,000
ImageTrend technology platform	Supports continuity of operations of online technology system supporting timely processing of ambulance provider permitting, EMT certification, ambulance equipment checks and training program authorizations and audits.	\$ 50,000
Medical Reserve Corps and Community Stop the Bleed and bystander CPR/AED and Public Access Defibrillation programs	Medical volunteer program critical to providing CPR outreach to communities and responding to support emergency shelter operations in real world disasters e.g North Bay Fires of 2017 and expanding school CPR education required under new CPR in schools regulations.	\$ 25,000
Bi-directional Prehospital Exchange with Hospitals	In April 2018 the Centers for Medicare and Medicaid will offer a State Health Information Exchange (HIE) grant to assist local EMS Agencies in achieving new requirements for bi-directional HIE. The annual funding level requested includes dollars for both the grant match and non-grant covered project management costs.	\$ 250,000
Med/Health Care Coalition, EMS and Hospital Preparedness Program (HPP) activities	Since 2009 state grant funding supporting HPP has decreased by \$900,000. This request supports minimal sustainable costs associated with countywide medical health dedicated disaster exercises and preparedness activities e.g. equipment, communications and program support.	\$ 150,000
ReddiNet EMS System emergency and disaster communication platforms	This represents the cost of medical health satellite and web based technology system and upgrades supporting all clinics, hospitals, dispatch centers, long term care facilities and OES emergency communications in day-to-day and multi-casualty and disaster conditions.	\$ 43,000

CARES (Cardiac Arrest Registry for Enhanced Survival)	National Registry annual subscription fee. National Cardiac Arrest Data Registry participation is required to meet EMSA standardized reporting requirements for Cardiac Arrest.	\$ 7,000
EBRCS radio and Satellite phones	Sustain and upgrade funding for EMS Program emergency radio and satellite phones required for coordination of Medical Health Operational Area Program (MHOAC) disaster response. Satellite phones were critical to the 2017 wildfire response in the first 72 hours of the event for ambulance strike team, evacuation and sheltering activities.	\$ 25,000
Total		\$ 750,000

Recommendation #2: Preserve and enhance the Fire First Responder funding by an additional 2 million dollars by moving forward by exploring a long term funding measure.

The EMS Agency Director did solicit input on priorities for funding from the Contra Costa Fire Executive Chiefs prior to this report but did not receive any recommendations from the group.

However, the EMS Agency is aware of the following Fire EMS System Countywide service delivery pursuits and has estimated the cost to be approximately 2 to 2.5 million dollars annually. These include:

1. **Richmond Fire-CCCFPD EMS Dispatch Consolidation:** This would provide uniform fire first medical response and ambulance for West County Community further improving EMS System response in those areas.
2. **Crockett-Carquinez Fire First Responder electronic patient care record system integration and training:** As a volunteer fire district the lack of funding has been the key barrier to support compliance with State and Local electronic health record implementation.
3. **Expanded First Responder Fire, Law, School and Child Care disaster, medical supplies, equipment, and training:** Integrating first responders to support first medical response regardless of discipline is the key to survival and improved outcomes in cardiac arrest, overdose and trauma in both day to day and disaster conditions.
4. **Richmond Fire and East Contra Costa Fire pursuits supporting Advanced EMT and/or Paramedic program development:** These agencies providing outstanding basic life support care as EMT optional scope have expressed the desire to serve their communities at the Advanced Life Support Level.
5. **Countywide expansion of First Responder Fire, Law, and School Defibrillation Programs, Public Access Defibrillation, *Heart-Safe* Community and Stop the Bleed programs:** It takes a village to implement, sustain and support community education programs and each of these programs have the potential to grow with improved funding. The programs also require compliance with Title 22 and other State regulation supported by the EMS Agency Medical Director and EMS System program staff.

- 6. Upgrade and enhancement of Fire First Responder and fire ambulance EMS electronic health care record platforms:** Technology requires regular updates and upgrades to assure continuity of operations. Currently exists no strategic funding to support future interoperable data and electronic health information systems.

Agency ³	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

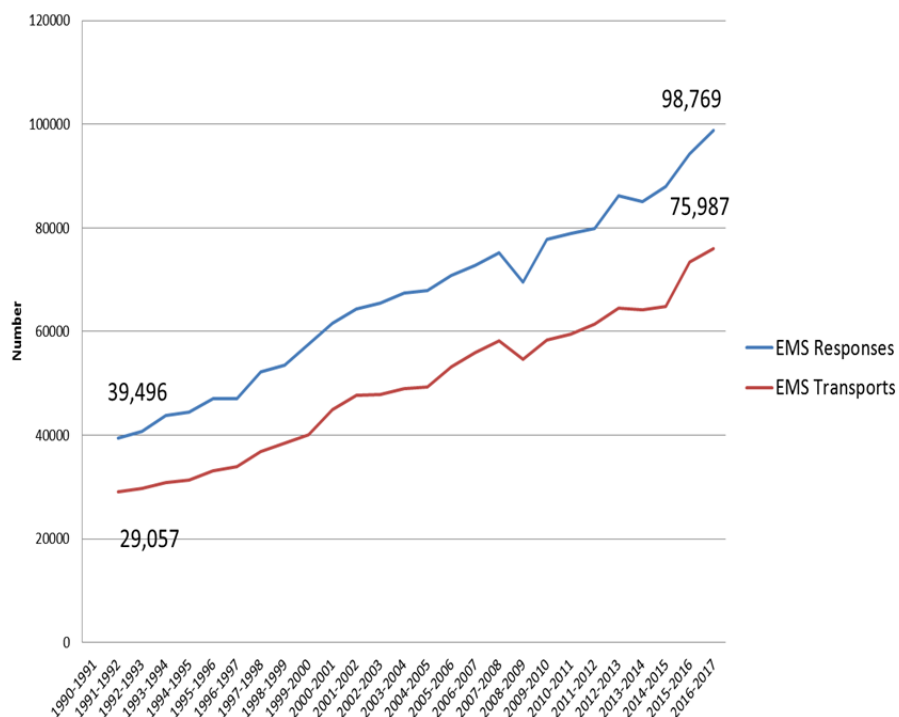
Summary:

Measure H has provided a legacy of high value life-saving consumer EMS System enhancement; however, critical funding gaps are on the horizon and need to be addressed.

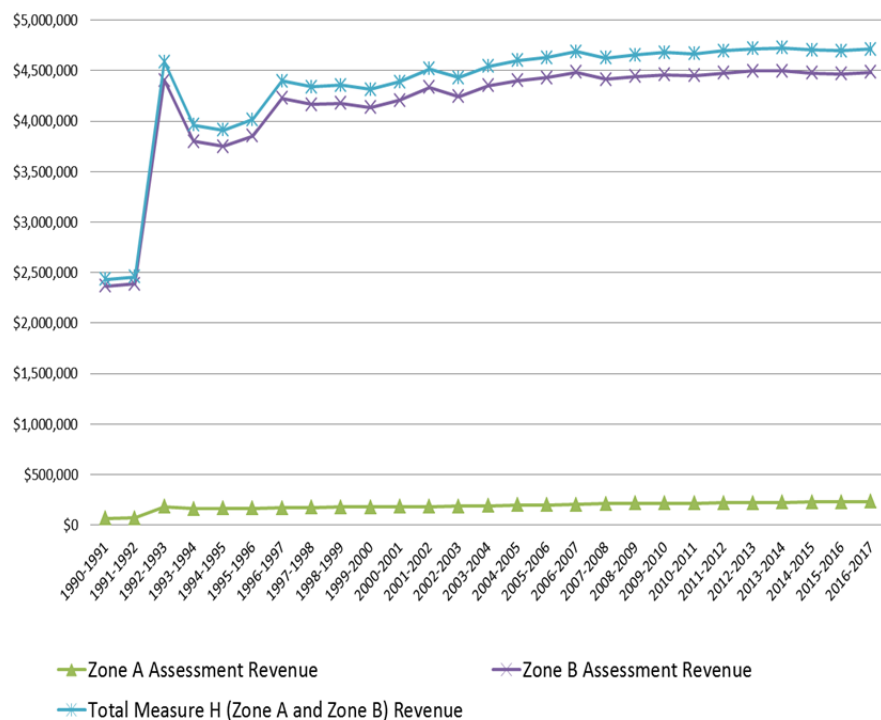
EMS funding gaps exist in the areas of sustaining and upgrading data systems, dispatch, medical health and disaster preparedness to support bi-directional health information exchange with hospitals; Systems of Care support to improve Cardiac Arrest, EMS for Children, STEMI, Stroke and Trauma; and upgrades in disaster communications (e.g. EBRCS, WebEOC, Satellite, Telemedicine).

EMS programs and technology directly benefit the EMS System coordination and continuity of operations that are critical to saving lives. The EMS Director recommends that funding of critical technology required to sustain Contra Costa High Performance EMS System can be adequately supported for an additional three to five years through an annual investment of \$ 750,000 per year from available general funds, emergency ambulance revenue or other appropriate source(s). The annual contribution would sunset upon the County securing a long term revenue model dedicated to improving Contra Costa EMS services for all citizens in Contra Costa County.

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
2007-2008	75,209	58,213	\$3.94	\$10.00	\$209,838	\$4,415,486	\$4,625,324	\$30,190	\$4,595,134	4.4	3.3
2008-2009	69,473	54,692	\$3.94	\$10.00	\$214,182	\$4,442,419	\$4,656,601	\$30,496	\$4,626,105	3.7	3.1
2009-2010	77,872	58,292	\$3.94	\$10.00	\$216,182	\$4,462,228	\$4,678,410	\$30,572	\$4,647,838	3.2	0.7
2010-2011	78,850	59,534	\$3.94	\$10.00	\$217,739	\$4,450,795	\$4,668,534	\$30,655	\$4,637,879	3.4	1.4
2011-2012	79,833	61,390	\$3.94	\$10.00	\$219,404	\$4,478,438	\$4,697,842	\$30,736	\$4,667,106	3.0	2.6
2012-2013	86,134	64,527	\$3.94	\$10.00	\$220,490	\$4,495,897	\$4,716,387	\$30,809	\$4,685,578	3.7	2.7
2013-2014	85,034	64,133	\$3.94	\$10.00	\$226,028	\$4,498,377	\$4,724,405	\$30,915	\$4,693,490	2.5	2.2
2014-2015	87,974	64,870	\$3.94	\$10.00	\$227,644	\$4,476,987	\$4,704,631	\$31,049	\$4,673,582	2.4	2.8
2015-2016	94,278	73,381	\$3.94	\$10.00	\$228,924	\$4,468,326	\$4,697,250	\$31,189	\$4,666,061	2.6	2.6
2016-2017	98,769	75,987	\$3.94	\$10.00	\$230,573	\$4,483,856	\$4,714,429	\$32,189	\$4,682,240	3.8	3.0
Totals					\$5,063,772	\$112,403,148	\$117,466,920			107.0	71.2

Measure H EMS System Investment by Population
Remarkable High Value Benefit to Contra Costa Citizens

Fiscal Year	CoCo Population	Total Measure H Revenue	Annual Measure H Investment Per Person	Daily Measure H Investment PerPerson
1990-1991	803,732	\$2,432,688	\$3.06	\$0.01
1992-1993	803,732	\$4,587,497	\$5.71	\$0.02
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



**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

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)”*

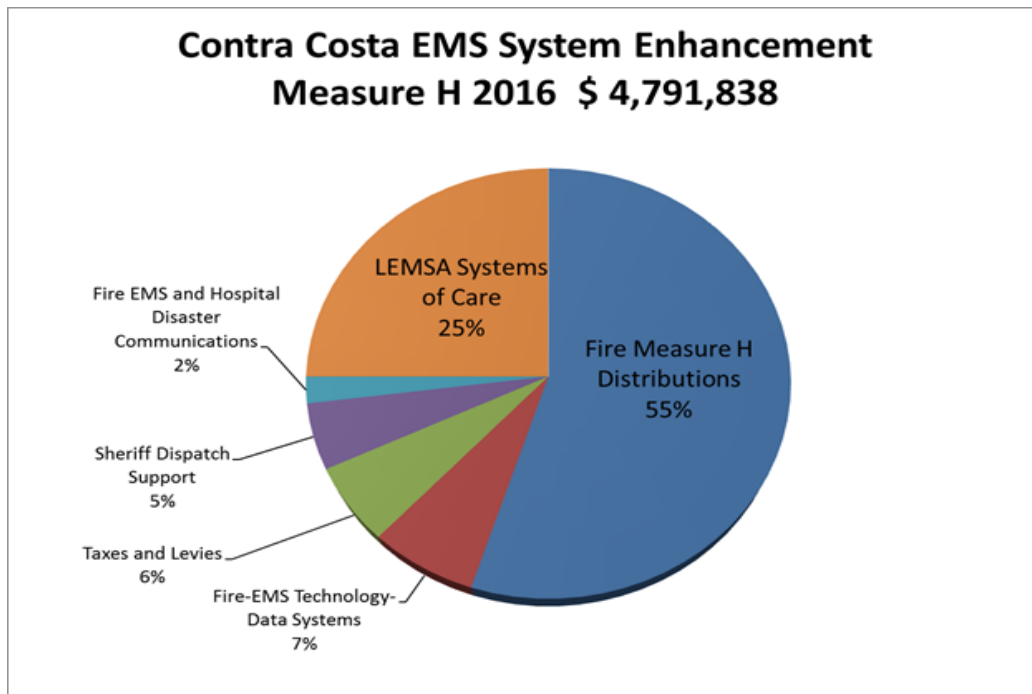
Background of Measure H Funding for EMS System Enhancement:

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 ³	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

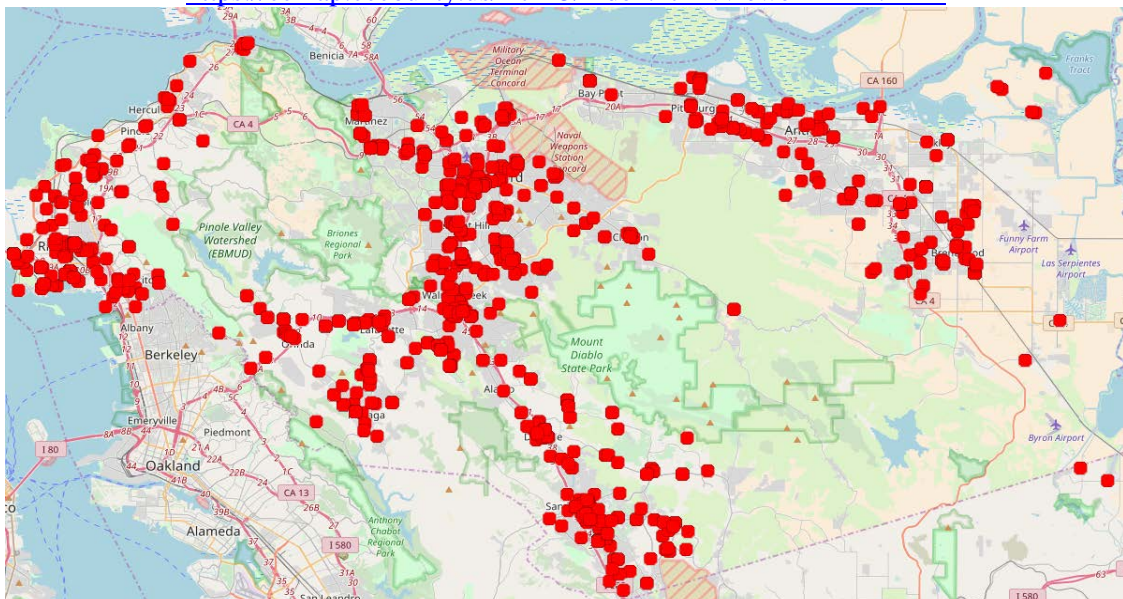
1. **Paramedic Ambulance Service Medical/Quality Oversight and Operational Area
Emergency Ambulance Service Oversight:** Under Title 22 paramedic and EMT services are regulated by the local EMS Agency for medical control and quality improvement as part of a coordinated EMS System. Prehospital providers 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

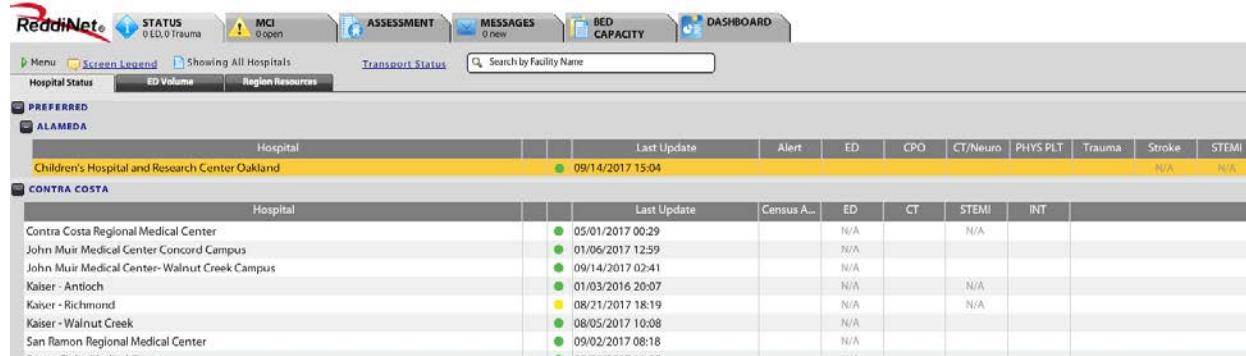
Contra Costa AED Locations

<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
CONTRA COSTA									
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 hospitals¹. 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.

¹ 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>

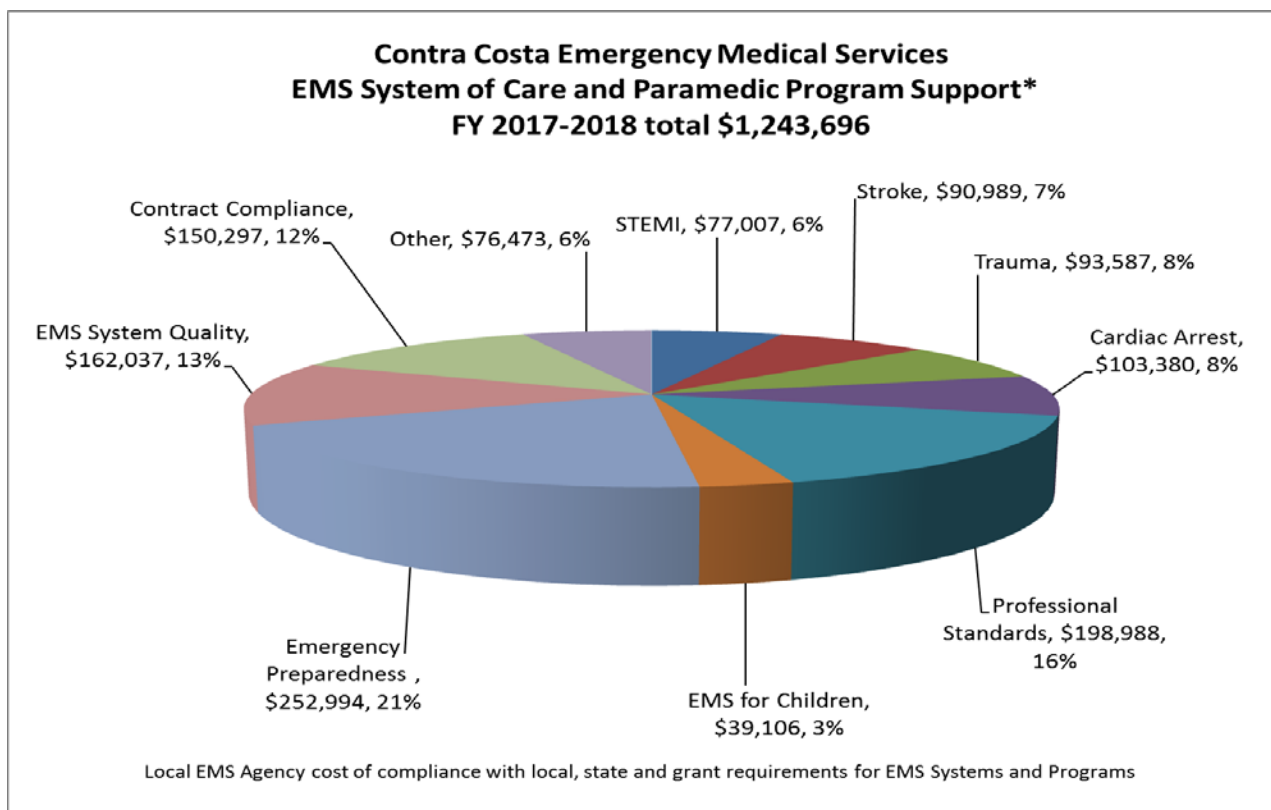
The EMS Agency is responsible for the State and Federal regulatory compliance associated with systems of care medical and quality oversight. The EMS Agency uses hospital designation fees to fund the hospital oversight portion supporting coordinated service delivery between the hospital and prehospital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



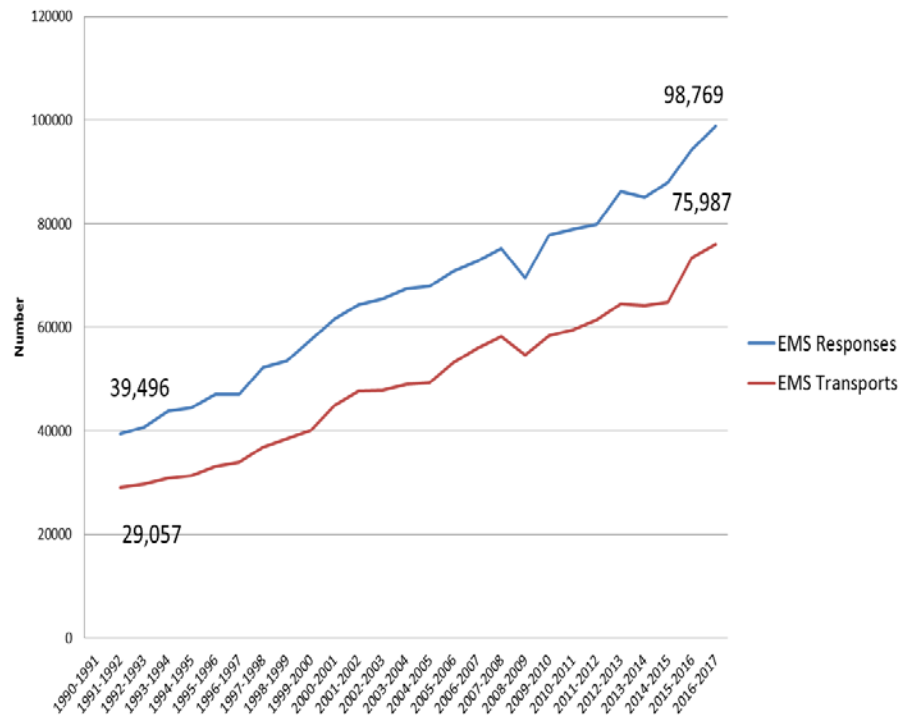
Summary:

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
2007-2008	75,209	58,213	\$3.94	\$10.00	\$209,838	\$4,415,486	\$4,625,324	\$30,190	\$4,595,134	4.4	3.3
2008-2009	69,473	54,692	\$3.94	\$10.00	\$214,182	\$4,442,419	\$4,656,601	\$30,496	\$4,626,105	3.7	3.1
2009-2010	77,872	58,292	\$3.94	\$10.00	\$216,182	\$4,462,228	\$4,678,410	\$30,572	\$4,647,838	3.2	0.7
2010-2011	78,850	59,534	\$3.94	\$10.00	\$217,739	\$4,450,795	\$4,668,534	\$30,655	\$4,637,879	3.4	1.4
2011-2012	79,833	61,390	\$3.94	\$10.00	\$219,404	\$4,478,438	\$4,697,842	\$30,736	\$4,667,106	3.0	2.6
2012-2013	86,134	64,527	\$3.94	\$10.00	\$220,490	\$4,495,897	\$4,716,387	\$30,809	\$4,685,578	3.7	2.7
2013-2014	85,034	64,133	\$3.94	\$10.00	\$226,028	\$4,498,377	\$4,724,405	\$30,915	\$4,693,490	2.5	2.2
2014-2015	87,974	64,870	\$3.94	\$10.00	\$227,644	\$4,476,987	\$4,704,631	\$31,049	\$4,673,582	2.4	2.8
2015-2016	94,278	73,381	\$3.94	\$10.00	\$228,924	\$4,468,326	\$4,697,250	\$31,189	\$4,666,061	2.6	2.6
2016-2017	98,769	75,987	\$3.94	\$10.00	\$230,573	\$4,483,856	\$4,714,429	\$32,189	\$4,682,240	3.8	3.0
Totals					\$5,063,772	\$112,403,148	\$117,466,920			107.0	71.2

Measure H EMS System Investment by Population
Remarkable High Value Benefit to Contra Costa Citizens

Fiscal Year	CoCo Population	Total Measure H Revenue	Annual Measure H Investment Per Person	Daily Measure H Investment PerPerson
1990-1991	803,732	\$2,432,688	\$3.06	\$0.01
1992-1993	803,732	\$4,587,497	\$5.71	\$0.02
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?

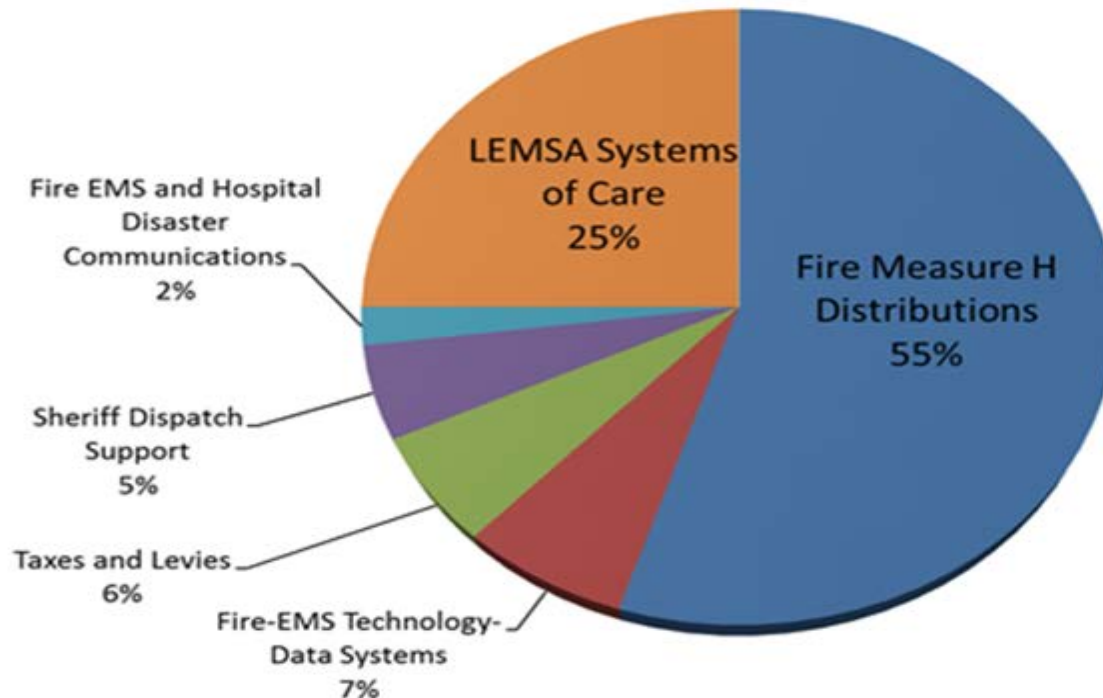
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Current Allocations and Use

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

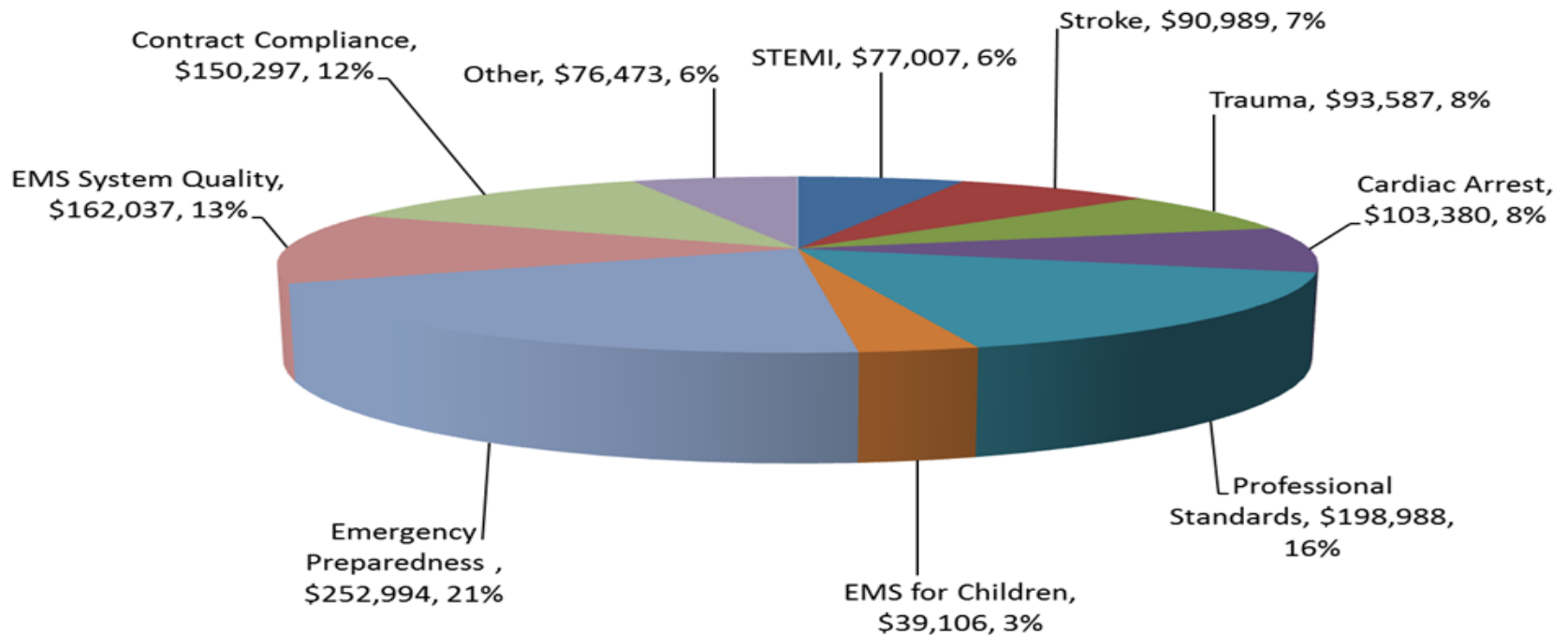
Fire First Responder Program

Annual Allocations \$2,331,133

Agency ³	Effective FY 2015-16 Full Implementation of Population Based Funding
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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**

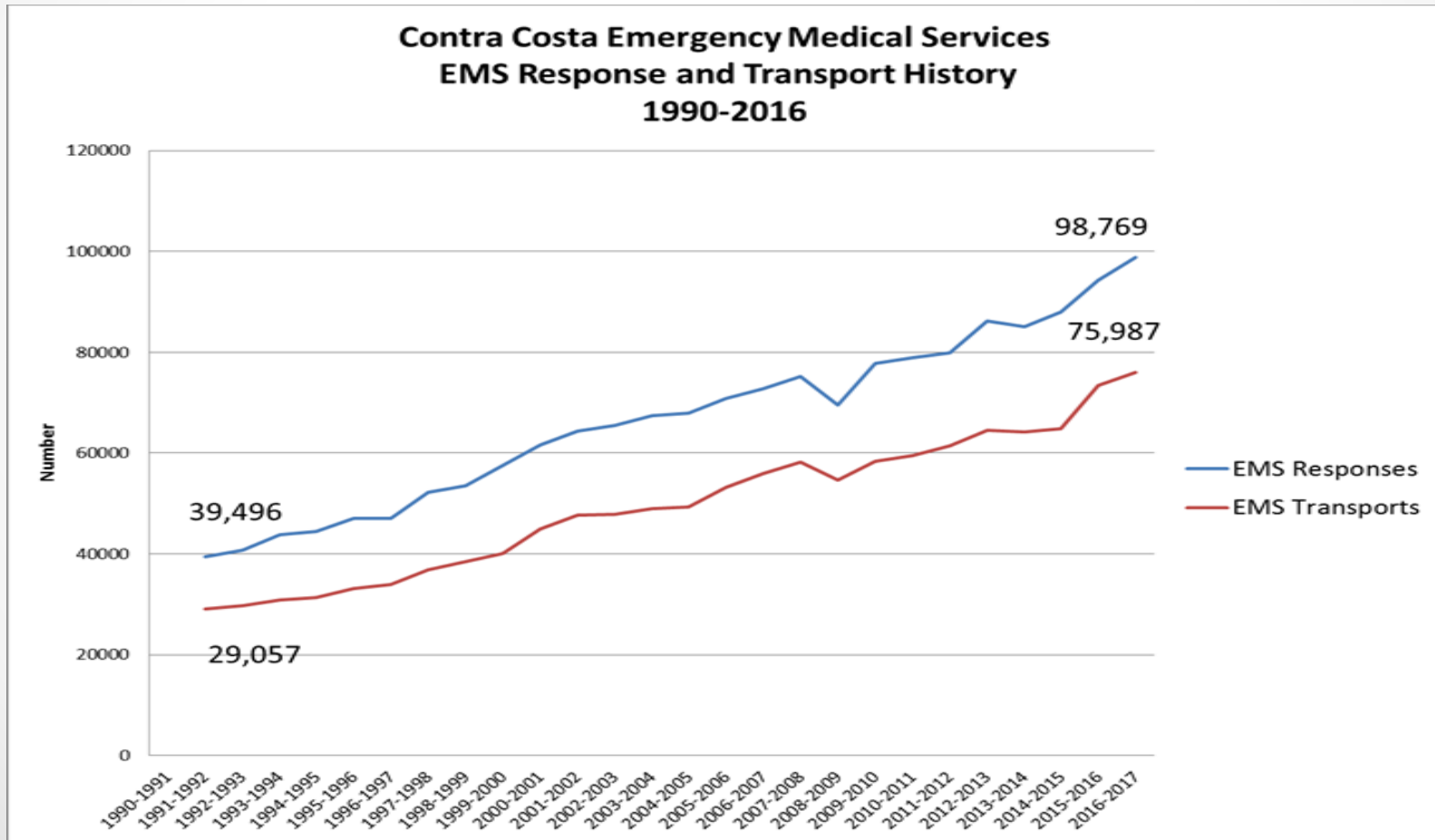


Local EMS Agency cost of compliance with local, state and grant requirements for EMS Systems and Programs

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

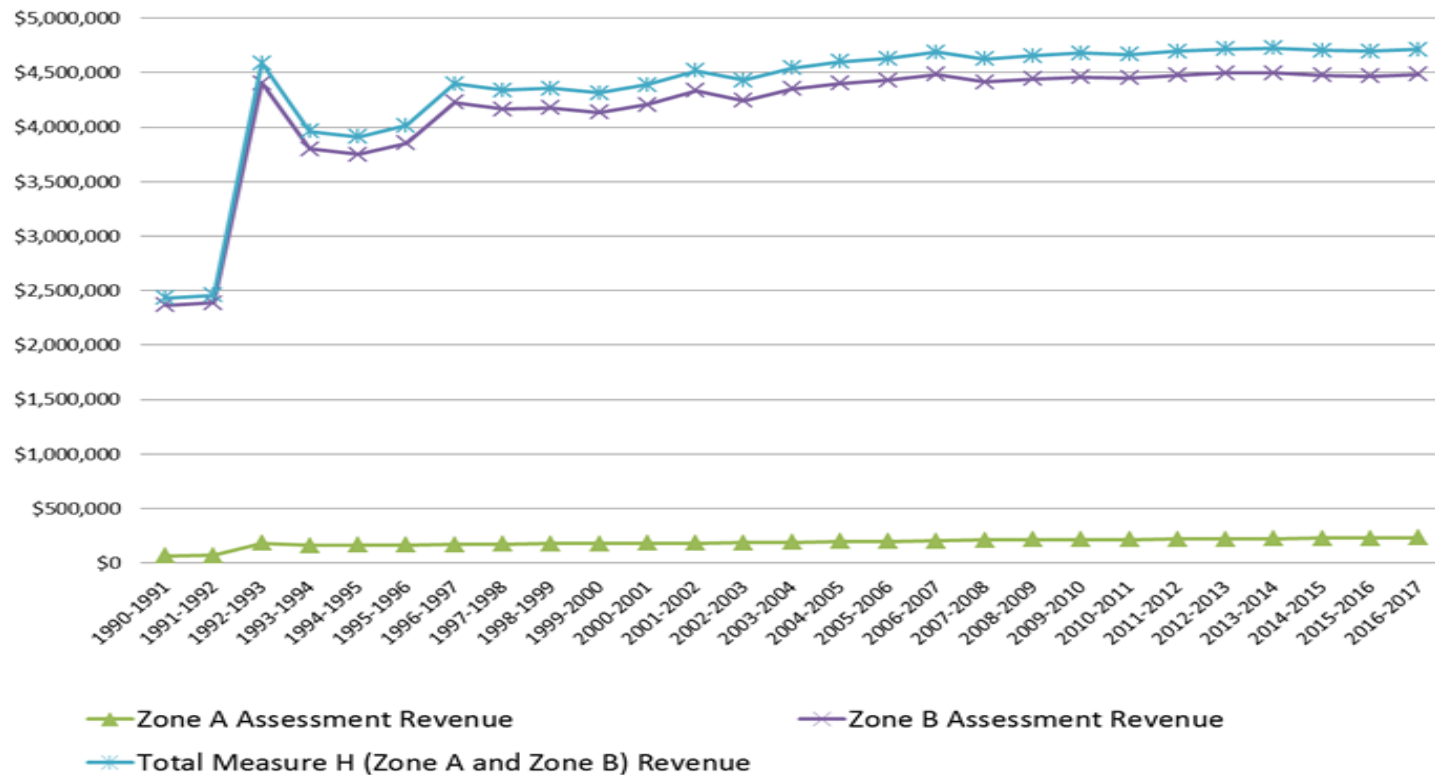
EMS Ambulance Service Delivery

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

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2009-2010	77,872	58,292	\$3.94	\$10.00	\$216,182	\$4,462,228	\$4,678,410	\$30,572	\$4,647,838	3.2	0.7
2010-2011	78,850	59,534	\$3.94	\$10.00	\$217,739	\$4,450,795	\$4,668,534	\$30,655	\$4,637,879	3.4	1.4
2011-2012	79,833	61,390	\$3.94	\$10.00	\$219,404	\$4,478,438	\$4,697,842	\$30,736	\$4,667,106	3.0	2.6
2012-2013	86,134	64,527	\$3.94	\$10.00	\$220,490	\$4,495,897	\$4,716,387	\$30,809	\$4,685,578	3.7	2.7
2013-2014	85,034	64,133	\$3.94	\$10.00	\$226,028	\$4,498,377	\$4,724,405	\$30,915	\$4,693,490	2.5	2.2
2014-2015	87,974	64,870	\$3.94	\$10.00	\$227,644	\$4,476,987	\$4,704,631	\$31,049	\$4,673,582	2.4	2.8
2015-2016	94,278	73,381	\$3.94	\$10.00	\$228,924	\$4,468,326	\$4,697,250	\$31,189	\$4,666,061	2.6	2.6
2016-2017	98,769	75,987	\$3.94	\$10.00	\$230,573	\$4,483,856	\$4,714,429	\$32,189	\$4,682,240	3.8	3.0
Totals					\$5,063,772	\$112,403,148	\$117,466,920			107.0	71.2

Measure H EMS System Investment By Population

Remarkable High Value Benefit to Citizens

Fiscal Year	CoCo Population	Total Measure H Revenue	Annual Measure H Investment Per Person	Daily Measure H Investment PerPerson
1990-1991	803,732	\$2,432,688	\$3.06	\$0.01
1992-1993	803,732	\$4,587,497	\$5.71	\$0.02
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

Fiscal Year 2017-2018

...

\$ 4,862,648



Contra Costa EMS System Enhancements

• • •

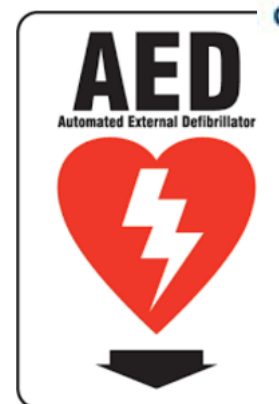
Contra Costa EMS System
Support Recommended to Sustain and Improve

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®



CALIFORNIA
STROKE
REGISTRY

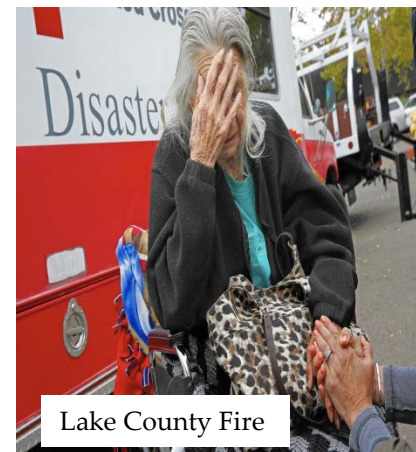
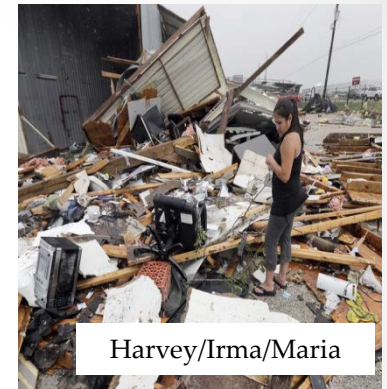
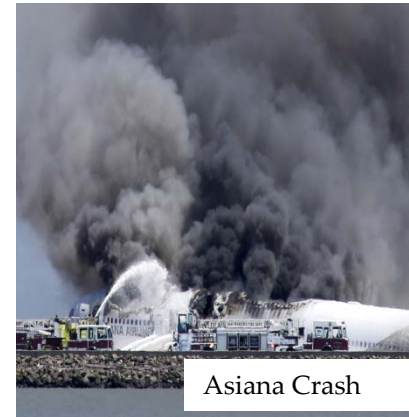


EMS COMPASS



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 916-431-3695 or Kathleen Bissell at Kathy.bissell-benabides@emsa.ca.gov 916-431-3687 with any questions concerning this memo.



Contra Costa County Board of Supervisors

Subcommittee Report

FINANCE COMMITTEE

6.

Meeting Date: 03/26/2018
Subject: Regional Undocumented Immigration Defense Program
Submitted For: Robin Lipetzky, Public Defender
Department: Public Defender
Referral No.: 3-20-18 C.41
Referral Name: Regional Undocumented Immigration Defense Program
Presenter: Ali Saidi, Deputy Public Defender **Contact:** Ali Saidi (510) 412-4900

Referral History:

CONSIDER proposal by the Public Defender to participate in a regional undocumented immigration defense program with the San Francisco Public Defender's Office as the lead agency.

Referral Update:

On March 20, 2018, the Board of Supervisors referred the matter of participation in a regional undocumented immigration defense program with the San Francisco Public Defender's Office to the Finance Committee.

The Public Defender's Office provided the following information for referral consideration.

POTENTIAL FISCAL YEAR 2018/2019 STATE FUNDING FOR ADDITIONAL IMMIGRATION ATTORNEYS

This report is intended to provide the Finance Committee with a brief outline of a proposal being forwarded by the City of San Francisco and the San Francisco Office of the Public Defender which could result in significant state resources flowing to our County. There is an emerging new opportunity to increase the services that our County can provide to our immigrant families by leveraging \$7 million dollars in funding from the State of California to be distributed to the various Public Defender offices throughout the Bay Area to provide nearly universal due process representation for immigrants detained and facing the rigors of immigration court without the benefit of legal counsel.

As a bedrock principle of justice in the United States, those who are accused of crimes have a universal legal right to representation to ensure due process, even if they cannot afford an attorney. In stark contrast, however, immigrants facing deportation hearings are *not* entitled to the appointment of an attorney at no cost. In fact, approximately 80% of people going through the Northern CA Immigration Court who recently had deportation orders filed against them did not have legal representation. Studies show that when represented by an attorney, immigrants are far more likely to be reunited with their families and achieve legal status to allow them to stay in the country. This lack of basic due process protections for our immigrant families is a large part of

what prompted Contra Costa County to fund and launch Stand Together Contra Costa this year.

In the Northern CA Federal Immigration Court, located in San Francisco, over 1,700 individuals per year are detained awaiting deportation proceedings, kept away from their families and jobs. With increases in immigration enforcement and detention since the election of Donald Trump, this number will likely rise significantly in the coming years. Approximately 80% of these incarcerated individuals are unrepresented and in need of legal representation to ensure that their due process rights are protected. While Stand Together Contra Costa, directed by the Office of the Public Defender, will be able to provide three (3) attorneys to provide crucial immigration due process representation for some of our Contra Costa immigrant families, the overall need is much greater than what three attorneys can provide. In coordination with the City of San Francisco and Public Defender Offices throughout the Bay Area, there is a new effort to secure \$7 million annually in new funding from the state of California to provide nearly universal due process legal representation for detained immigrants appearing before the immigration court in Northern California and appeals arising out of those cases to the Board of Immigration Appeals, Ninth Circuit, and/or U.S. District Courts.

The state funds would be used to enable Bay Area Public Defender Offices, including the Office of the Public Defender for Contra Costa County, to hire immigration attorneys to serve Northern CA residents that flow through the court. The details of the proposal are still being developed, but it is contemplated that Contra Costa County would potentially receive up to 30% of the annual \$7 million-dollar allotment for the Office of the Public Defender to hire 7-8 immigration attorneys and 3 support staff along with additional funding for office space. The proposed model would also include other Bay Area Public Defender Offices hiring immigration attorneys in order to provide geographic coverage and regional equity across the Bay Area in providing these crucial services to those facing deportation proceedings without the benefit of due process representation. This funding, and the staffing that it would provide, would be complementary to the Stand Together Contra Costa services and mission and would allow us to truly ensure that Contra Costa County continues to be a leader in protecting the due process rights of all our residents.

The projected timeline is to secure the \$7 million dollars in state funding for use in the 2018/2019 fiscal year (beginning this July). Ali Saidi, from the Office of the Public Defender, will continue to work with the coalition of Bay Area Public Defender Offices and the City of San Francisco to ensure that the needs of Contra Costa County residents are properly considered in this effort to provide nearly universal due process representation for those detained by immigration authorities in Northern California.

Recommendation(s)/Next Step(s):

DIRECT the Public Defender's Office to report back to the Finance Committee to keep the Board of Supervisors informed about this exciting and quickly developing opportunity to obtain state funding.

Fiscal Impact (if any):

The details of the proposal are still being developed, but it is contemplated that Contra Costa County Public Defender's Office would potentially receive up to 30% of the annual \$7 million-dollar allotment from the State of California to hire 7-8 immigration attorneys and 3 support staff along with additional funding for office space.

Attachments

No file(s) attached.
