



Contra Costa County

To: Board of Supervisors
From: FINANCE COMMITTEE
Date: January 22, 2019

Subject: Emergency Medical Services System Funding Recommendations (Community Service Area EM-1)

RECOMMENDATION(S):

APPROVE recommendations on short-term and long-term strategies for Emergency Medical Service System of Care (Community Service Area EM-1) which includes:

- Directing staff to work with stakeholders to further evaluate the needs for sustainable funding for the County's Emergency Medical Services System of Care programs and technology;
- Approving the transfer of \$550,000, on an as needed basis, of General Funds to Contra Costa Emergency Medical Services to support Emergency Medical Services Systems of Care Programs, Technology and Emergency Communications (as detailed in background);
- Direct the Finance Committee to create an Ad Hoc Committee of first responders to develop a countywide emergency medical services system of care tax to sustain and enhance the County's high-performance EMS System.

FISCAL IMPACT:

The transfer of up to \$550,000 will come from FY 2018-19 in appropriated general funds.

☒ APPROVE ☐ OTHER
☒ RECOMMENDATION OF CNTY ADMINISTRATOR ☐ RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **01/22/2019** ☒ APPROVED AS RECOMMENDED ☐ OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: January 22, 2019

David Twa, County Administrator and Clerk of the Board of Supervisors

By: Stephanie Mello, Deputy

Contact: Patricia Frost,
925-313-9554

BACKGROUND:

The Emergency Medical Services Director reported to the Finance Committee that gaps in Emergency Medical Services funding threaten to degrade Contra Costa EMS System of Care Services within the next 5 years impacting all fire and ambulance stakeholders and the communities they serve.

The Contra Costa EMS System is a high-performance system with a level of medical complexity and patient volume that has increased 250% since Measure H was approved in 1988. In 2018 there were over 105,000 EMS responses countywide. Measure H is the sole source funding dedicated to Emergency Medical Services Systems of Care and Fire First Responders. That funding has served the county well but has been fully allocated since 2013 and has no COLA associated with the benefit assessment.

Although the economy has improved in recent years the Finance Committee was advised that fiscal sustainability discussions were occurring at every fire district and with all medical transportation providers serving the county in response to increased local demand for services and escalating costs of providing those services driven by new state and federal regulations. Between March 19, 2017 and December 3, 2018, the EMS Agency reported to the Finance Committee on EMS Agency and System funding gaps associated with Community Service Area EM-1 (Measure H). During those reports the EMS Director submitted two key recommendations to assure continuity of technology operations supporting programs (e.g. Trauma, Cardiac Arrest, STEMI, Stroke and EMS for Children) known to produce life-saving patient outcomes.

The first recommendation was to establish an interim annual EMS System of Care Program enhancement contribution/investment until such time a new benefit assessment or other revenue source can be established to support and enhance the Countywide EMS System of Care Programs (e.g. Trauma, STEMI, Stroke, EMS for Children, Cardiac Arrest, Disaster and Quality) in the following areas. The Finance Committee reviewed the items for gap-funding and recommended a one-time allocation from general fund reserves to address some of the current financial gaps in the system. The Committee recommend gap-funding for 1) First Watch/First Pass Patient Safety and EMS Ambulance Compliance Data System (\$200,000); ImageTrend technology platform (\$50,000); Bi-directional Prehospital Exchange with Hospital grant match or Bi-directional Prehospital Exchange services (\$250,000); ReddiNet EMS System emergency and disaster communication platforms (\$43,000); and Cardiac Arrest Registry for Enhanced Survival (\$7,000).

The second recommendation was to preserve and enhance the Fire First Responder and EMS Systems of Care funding by exploring a long-term funding measure. The Finance Committee discussed long term EMS System funding needs and will work with the EMS Director and the Emergency Medical Care Committee to create an ad hoc committee of EMS System first responders representing fire, law, health services, ambulance providers, dispatch and emergency managers to develop a countywide emergency medical services system of care tax to sustain and enhance the County's high-performance EMS System.

CONSEQUENCE OF NEGATIVE ACTION:

Without short-term and long-term strategies to support EMS Systems of Care Program funding, regulatory reporting requirements may not be fully met; EMS technology and disaster communications may not be properly upgraded which may result in adverse impacts to the countywide high performance EMS system.