

Contra Costa Emergency Medical Services Agency

EMS System Plan Update 2017

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April 30, 2019

EXECUTIVE SUMMARY:

The following is a summary of the significant changes in the Contra Costa EMS System Plan since the last reporting period:

In 2017 Contra Costa has successfully implemented - the Alliance - emergency ambulance service delivery model. The Alliance is a contractor/subcontractor service model where Contra Costa Fire Protection District is the contracted entity for ambulance service who has subcontracted with Contra Costa legacy partner American Medical Response to provide the ambulance services. The contract went into effect as of January 1, 2016 associated with an EMS System Redesign that included Emergency Response Zone modifications. The partnership with the Alliance continues to be highly collaborative with an exceptional track record of emergency ambulance performance benefitting the countywide EMS System.

The EMS Agency continues to work internally on a variety of comprehensive data infrastructure upgrades to position the EMS System for integration partnership with the local health care system. The EMS Agency HIE planning continues and is designed to integrate with community hospitals who use EPIC Health Information System.

The County EMS Agency continues to be successful in supporting our local ambulance patient offload time initiatives creating dynamic "live stories" reports that allow hospitals to download their own data for improvement. The reports are public and available at https://insight.livestories.com/s/v2/apot-story/c5f828c1-05d1-415a-a816-52f95f09e537/

Contra Costa EMS System partners have played a critical role is supporting wildfire response, medical needs sheltering and evacuation of skilled nursing and hospital patients two years in a row. Our Medical Reserve Corps has provided critical needs within hours of a regional event. The County has collaborated with Region II MHOACs to establish the first cooperative medical health agreement in the Region.

In addition, we continue to play a key role in providing subject matter expertise promoting local, regional, state and national neonatal and pediatric disaster preparedness. Under Contra Costa EMS Medical Director leadership of Dr. David Goldstein, CCEMS continues to support and sustain a high-performance EMS System committed to patient safety and quality improvement and was awarded the Mission Lifeline Gold Plus Award for outstanding improvement and performance in the area of high-risk heart attack care.

Respectfully,

Patricia Frost RN, MS, PHN, PNP EMS Director

Contra Costa Health Services

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2017 Emergency Medical Services (EMS) System Plan¹

SYSTEM PLAN SMART² OBJECTIVES

Progress from Last Reporting Period

No.	Standard	Meets State Standard	FY 20162017 Objectives	Progress to Date
1.06	Annual system Plan Update	Yes	Annual EMS System Update to State EMS Authority (EMSA)	Progress to Date: In Progress to be submitted EMSA
1.07	Trauma Planning	Yes	Annual Trauma System Status Report.	Progress to Date: Met Update due annually.
1.08	ALS Planning	Yes	EMS system integration of emergency ambulance services	Progress to Date: Met Update provided annually
1.10	Special Populations	Yes	Exploration of alternative delivery models to match patient need to resource.	Progress to Date: In Progress 1-5 years. Engaged with local Health System partners to explore opportunities.
1.11	System Participants	Yes	Stakeholder participation in update, approval and implementation of new ambulance ordinance	Progress to Date: In Progress Ordinance review by EMCC and BOS with implementation within next 12 months
1.13	Coordination	Yes	Exploration of coordination of EMS Dispatch Centers with Nurse Call centers to support appropriate use of 9-1-1 or specialty dispatch and triage call centers	Progress to Date: Not started Engage stakeholders within 1-5 years
			Annually update of prehospital care policies and procedures based on evidence-based care.	Progress to Date: Ongoing Updated policies and protocols posted on EMS website at www.cccems.org.
1.14	Policy and Procedure Manual	Yes	Annually evaluate all patient care based on evidence-based care optimizing patient benefit and patient safety. Implement First Pass analytics for support CQI efforts.	Progress to Date: Ongoing Annually. Continue to enhance systems of care policies and practices to support improved patient outcomes

Approved by the EMCC on 3/8/2017
 SMART: Specific, Measurable, Achievable, Realistic and Timely

No.	Standard	Meets State Standard	FY 2016-2017 Objectives	Progress to Date
1.16	System Finances	Yes	Annually review of costs and fees to support sustainable EMS System and EMS Agency oversight and operations.	Progress to Date: Ongoing Monitor and manage current funding effectively to support sustainable programs and activities.
1.20	DNR (Do Not Resuscitate)	Yes	Pilot site for (POLST) registry with EMS System Stakeholders over 12 months.	Progress to date: Ongoing Member of POLST Conversation Project within county. Pilot project site for POLST registry.
1.27	Pediatric Emergency Medical and Critical Care System	Yes	Pediatric EMS for Children (EMSC) System Program Plan update and regulation implementation within 1-5 years.	Progress to date: In progress. State EMSC regulations not final. Active on EMSC Technically Advisory Committee. Complete update of EMSC Program within 24 months.
1.28	Exclusive Operating Area (EOA)	Yes	Update of county ambulance ordinance within 12-18 months. Review of EOA IV related to ambulance procurement.	Progress to date: In progress. Update of ambulance response areas completed as part of ambulance EOA IV effective January 1, 2016. Ambulance ordinance update in progress.
2.01	Local EMS Agency Staffing and Assessment of Needs	Yes	EMS System Study and Modernization Project review of LEMSA staffing needs and workflows to support statutory requirements within 1-2 years.	Progress to date: Ongoing. Re-align LEMSA staffing in line with required statutory functions, quality and medical oversight.
2.04	Dispatch Training	Yes	Promote support high quality Emergency Medical Dispatch (EMD) dispatcher training and performance consistent for Center of Excellence Accreditation within 3-5 years.	Progress to date: In progress. Dispatch medical oversight policies consistent with Center of Excellence national standards. EMS procurement supports unified and accredited dispatch.
2.06	Response	Yes	Contra Costa EMS (CCEMS) continues ongoing evaluation of sustainability of EMS System partners based on safety, funding and opportunities for health care reimbursement.	Progress to date: Ongoing Monitoring coordinated response of ambulance and first responders. Continuing to evaluate impacts to EMS associated with hospital and fire station closures
2.12	Early Defibrillation	Yes	Continued expansion of public access Automated External Defibrillation (AED) and Law AED programs with integration into dispatch.	Progress to Date: Ongoing. Continue to engage community first responders and citizen responders. Using CodeSTAT, CARES, AED registry, PAD and Public training.

No.	Standard	Meets State Standard	FY 2016-2017 Objectives	Progress to Date
5.06	Hospital Evacuation Plan	Yes	Update medical surge and transportation plans for hospitals incorporating standardized training with HICS for all hospital facilities with opportunities for integration of first responders with hospital leadership and incident commanders.	Progress to date: In progress Plan updates within 1-3 years. Update of MCI plan and Pediatric Surge Toolkit.
5.10	Pediatric Emergency and Critical Care System	Yes	Continued networking with pediatric emergency care advocates throughout the local, regional and state EMS systems supporting pediatric emergency care best practices.	Progress to date: Ongoing CCEMS and Alameda County (ALCO) EMS have collaborative program of active advocacy for emergency preparedness for children.
5.13	Specialty System Design	Yes	Annual Stroke, STEMI, Trauma and Cardiac Arrest System Evaluation. Exploring partnerships with Contra Costa Health services to reduce 5150 and support appropriate use of sobering centers.	Progress to date: Ongoing Continuous CQI program & participation in California Stroke Registry, Cardiac Arrest Registry for Enhanced Survival (CARES), Trauma Registry and California EMS Information System (CEMSIS).
5.14	Public Input	Yes	Active program of engagement with public including quarterly Emergency Medical Care Committee (EMCC) meetings. EMCC bylaw update	Progress to date: Ongoing. Public and EMCC comment to be included as part of ambulance ordinance review and update process.
			Bi-annual public reporting EMS Hospital transfer of care never event monitoring. Implementation of Quality Review Team (QRT) for review of event reports concerning clinical care concerns.	Progress to date: Ongoing Hospitals public reporting continues. QRT implemented and reviewing cases for trends.
6.01	1 QA/QI Program Yes		Exploring HIE with hospitals to support exchange of patient outcome information. Hospital and ambulance provider electronic Patient Care Record (ePCR) data exchange. Stakeholders informed and advised to support HIE by January 2018	Progress to date: In progress Exploration continues between EMS agency, American Medical Response (AMR), Kaiser, California Office of Health Information Integrity (CALOHII) and EMS Authority.
7.01	Public Education	Yes	Expansion of <i>HeartSafe</i> Communities to include support for CPR, Public Access Defibrillation (PAD), Heart Attack, Stroke and Healthy Lifestyle.	Progress to date: Ongoing continue countywide expansion of outreach in progress.
7.03	Disaster Preparedness Promotion	Yes	Annual advocacy and implementation of regional pediatric medical surge planning. Develop policies and work with stakeholders for implementation and use of BLS providers to backup 911 system in surge	Progress to date: Ongoing CCEMS participating in National, regional and statewide efforts supporting Med/Health Preparedness.

No.	Standard	Meets State Standard	FY 2016-2017Objectives	Progress to Date
8.13	Disaster Medical Response	Yes	Sustain Contra Costa Medical Reserve Corp and demonstrate effective deployment Medical Reserve Corps (MRC) for medical health response as needed.	Progress to date: Ongoing MRC coordinator in place to support training to enable effective deployment of MRC.
8.15	Interhospital Communications	Yes	Address ongoing gaps in emergency communications e.g. ReddiNet, evaluate emergency communication tools and apps. Identify and address gaps in East Bay Regional Communications System (EBRCS) hospital radio system.	Progress to date: Ongoing. Annually monitor, exercise support and upgrade as fiscally able inter-hospital communications
8.18	Enhanced Level: Specialty Care Systems	Yes	Update of new state regulations for specialty care systems e.g. Trauma, ST Elevation Myocardial Infarction (STEMI), Stroke, EMSC.	Progress to date: Ongoing Annually involved in the development through EMSAAC

2018 TIMELINE & ACTIONS TO BE ADDRESSED

 $\label{thm:continuous} \mbox{All State standards have been met. We plan to address or reassess the following SMART objectives.}$

No.	Standard	Meets State Standard	2018 Objectives	Time Frame
1.06	Annual System Plan Update	Yes	Update Annually.	Annually
1.08	ALS Planning	Yes	Support successful ambulance provider transition and monitor for system gaps	Annually
1.10	Special Populations	Yes	Exploration of alternative delivery models to match patient need to resource.	Annually
1.11	System Participants	Yes	Stakeholder participation in implementation of ambulance ordinance.	1-2 years
1.13	Coordination	Yes	Exploration of EMS dispatch services, exploration of coordination with Nurse Call centers to support appropriate utilization of 9-1-1 services.	1-5 years
1.14	Doliey and Drocodure Manual	Yes	Update of prehospital care policies and procedures based on prehospital evidence-based care. Implementation of new American Heart Association Guidelines for ALS.	Annually
1.14	Policy and Procedure Manual	162	Continue to evaluate policies and standard operating procedures for patient benefit, delay in definite care and patient safety. Revise protocols to control cost while prioritizing patient safety.	Annually
1.16	System Finances	Yes	Review of fees and costs to support sustainable delivery of EMS services.	Annually
1.20	Do Not Resuscitate (DNR)	Yes	Evaluate EMS Pilot of POLST registry project	Dec 2018
1.27	Pediatric Emergency Medical and Critical Care System	Yes	Update of Pediatric EMSC plan and future implementation of State Pediatric EMSC System of Care regulations.	3 years
1.28	Exclusive Operating Area	Yes	Re-evaluation EOA IV (San Ramon Fire Protection District) exclusivity	1 year
2.01	Local EMS Agency Staffing and Assessment of Needs	Yes	Annual review of EMS Staffing needs and workflows to support statutory requirements.	Annually
2.04	Dispatch Training	Yes	Support high quality EMD and dispatcher training for Center of Excellence Accreditation.	Annually
2.12	Early Defibrillation	Yes	Expand and enhance Public Access AED and Law AED programs within fiscal resources	Annually
5.06	Hospital Evacuation Plan	Yes	Update of medical surge and transportation plans for hospitals.	1-3 years
5.08	Trauma Planning	Yes	Update of trauma plan.	Annually
5.10	Pediatric Emergency and Critical Care System	Yes	Continued networking with pediatric emergency care advocates throughout the local, regional and state EMS systems supporting pediatric emergency care best practices.	Annually

No.	Standard	Meets State Standard	2018 Objectives	Time Frame
5.13	Specialty System Design	Yes	Stroke, STEMI, Cardiac Arrest, Trauma, EMS for Children System Program Evaluation.	Annually
5.14	Public Input	Yes	Support EMCC engagement on EMS system issues	Annually
6.01	Quality Assurance (QA) /Quality Improvement (QI) Program	Yes	Evaluate EMS-Hospital data system integration supporting patient safety and prehospital care. Develop Health Information Exchange between EMS ePCR and EPIC (hospital medical record platform)	1-4 years
7.01	Public Education	Yes	Sustain <i>HeartSafe</i> Communities to include support for CPR, PAD, Heart Attack, Stroke and Healthy Lifestyle.	Annually
7.03	Disaster Preparedness Promotion	Yes	Continued advocacy and implementation of regional pediatric medical surge planning. Participation on statewide Pediatric Surge Plan Workgroup	1-2 yrs
8.13	Disaster Medical Despares	Yes	Sustain development and recruitment of Contra Costa Medical Reserve Corp volunteers.	Appuelly
0.13	Disaster Medical Response	res	Effective MRC capability for medical health deployment as needed.	- Annually
8.15	Interhospital Communications	Yes	Address ongoing gaps and improvement opportunities for ReddiNet platform to support reliable use by hospitals. Routinely exercise med/health emergency communications	Annually
8.18	Enhanced Level: Specialty Care Systems	Yes	Evaluate new regulations for specialty care system implementation when complete .e.g. STEMI, Stroke, EMS for Children.	1-2 years

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Agen	cy Administration:					
1.01	LEMSA Structure		Х			
1.02	LEMSA Mission		Х			
1.03	Public Input		Х			
1.04	Medical Director		Х	Х		
		Plannir	ng Activities:			
1.05	System Plan		Х			
1.06	Annual Plan Update		Х			
1.07	Trauma Planning		X	X		
1.08	ALS Planning		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		Х	X		
1.11	System Participants		Х	X		
		Regulat	ory Activities:			
1.12	Review & Monitoring		Х			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		Х			
1.15	Compliance w/Policies		Х			
		Syster	n Finances:			
1.16	Funding Mechanism		X			
		Medica	al Direction:			
1.17	Medical Direction		X			
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		Х	Х		

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long- range plan
1.20	DNR Policy		Х			
1.21	Determination of Death		Х			
1.22	Reporting of Abuse		Х			
1.23	Interfacility Transfer		Х			
		Enhanced Level	: Advanced Lit	fe Support		
1.24	ALS Systems		Х	X		
1.25	On-Line Medical Direction		Х	Х		
		Enhanced Leve	l: Trauma Car	e System:		
1.26	Trauma System Plan		X			
	Enhanced Leve	el: Pediatric Eme	rgency Medical	and Critical Care	System:	
1.27	Pediatric System Plan		X			
	E	nhanced Level:	Exclusive Oper	ating Areas:		
1.28	EOA Plan		X			

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Local	EMS Agency:					
2.01	Assessment of Needs		Х			
2.02	Approval of Training		X			
2.03	Personnel		Χ			
		[Dispatchers:			
2.04	Dispatch Training		Х	X		
		First Respon	ders (non-trans	porting):		
2.05	First Responder Training		Х	Х		
2.06	Response		Χ			
2.07	Medical Control		Χ			
		Transp	oorting Personne	el:		
2.08	EMT-I Training		Χ	X		
			Hospital:			
2.09	CPR Training		Х			
2.10	Advanced Life Support		Х	X		
		Enhanced Leve	el: Advanced Lif	e Support:		
2.11	Accreditation Process		Х			
2.12	Early Defibrillation		Х			
2.13	Base Hospital Personnel		Х			

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan	
Comr	nunications Equipm	ent:					
3.01	Communication Plan		Х	X			
3.02	Radios		X	X			
3.03	Interfacility Transfer		X				
3.04	Dispatch Center		X				
3.05	Hospitals		Х	X			
3.06	MCI/Disasters		Х				
		Pub	lic Access:				
3.07	9-1-1 Planning/ Coordination		Х	Х			
3.08	9-1-1 Public Education		X				
	Resource Management:						
3.09	Dispatch Triage		X	X			
3.10	Integrated Dispatch		X	X			

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Unive	rsal Level:	-			-	
4.01	Service Area Boundaries		Х	X		
4.02	Monitoring		Х	X		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time		Χ	X		
4.06	Staffing		Χ			
4.07	First Responder Agencies		Х			
4.08	Medical & Rescue Aircraft		Х			
4.09	Air Dispatch Center		Х			
4.10	Aircraft Availability		X			
4.11	Specialty Vehicles		X	X		
4.12	Disaster Response		X			
4.13	Intercounty Response		Х	X		
4.14	Incident Command System		Х			
4.15	MCI Plans		Х			
	Enhar	nced Level:	Advanced Life	Support:		
4.16	ALS Staffing		Х	Х		
4.17	ALS Equipment		Х			
	Enhar	nced Level:	Ambulance Re	egulation:		
4.18	Compliance		Х			
	Enhance	ed Level: Ex	clusive Operat	ting Permits:		
4.19	Transportation Plan		Х			
4.20	"Grandfathering"		X			
4.21	Compliance		X			
4.22	Evaluation		Χ			

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan			
Unive	ersal Level:								
5.01	Assessment of Capabilities		Х	Х					
5.02	Triage & Transfer Protocols		X						
5.03	Transfer Guidelines		Х						
5.04	Specialty Care Facilities		Х						
5.05	Mass Casualty Management		Х	Х					
5.06	Hospital Evacuation		Х						
		Enhanced I	_evel: Advance	d Life Support:					
5.07	Base Hospital Designation		Х						
		Enhanced	Level: Trauma	Care System:					
5.08	Trauma System Design		Х						
5.09	Public Input		Х						
	Enhanced	Level: Pediatric	Emergency Me	dical and Critical C	are System:				
5.10	Pediatric System Design		Х						
5.11	Emergency Departments		Х	Х					
5.12	Public Input		Х						
	Enhanced Level: Other Specialty Care Systems:								
5.13	Specialty System Design		Х						
5.14	Public Input		Х						

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Unive	ersal Level:				-	
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		Х			
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		Х			
6.05	Data Management System		Х	Х		
6.06	System Design Evaluation		Х			
6.07	Provider Participation		Х			
6.08	Reporting		Х			
		Enhanced Leve	el: Advanced Lif	e Support:		
6.09	ALS Audit		Х	Х		
	Enhanced Level: Trauma Care System:					
6.10	Trauma System Evaluation		Х			
6.11	Trauma Center Data		Х	X		

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Unive	ersal Level:					
7.01	Public Information Materials		X	X		
7.02	Injury Control		Х	X		
7.03	Disaster Preparedness		Х	Х		
7.04	First Aid & CPR Training		Х	Х		

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Unive	ersal Level:					
8.01	Disaster Medical Planning		X			
8.02	Response Plans		X	X		
8.03	HazMat Training		Х			
8.04	Incident Command System		Х	Х		
8.05	Distribution of Casualties		Х	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		Х			
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	X		
8.10	Mutual Aid Agreements		X			
8.11	CCP Designation		X			
8.12	Establishment of CCPs		Х			
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		Х	X		
8.16	Prehospital Agency Plans		Х			
		Enhanced Lev	el: Advanced	Life Support:		
8.17	ALS Policies		X			
	Enhanced Level: Specialty Care Systems:					
8.18	Specialty Center Roles		Х			
	Enhanced	Level: Exclusive	Operating Are	as/Ambulance Re	gulations:	
8.19	Waiving Exclusivity		Х			

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: <u>2017</u>	
 Percentage of population served by each level of care by county: (Identify for the maximum level of service offered; the total of a, b, and c should be a should be a served by each level of care by county: 	ıld equal 100%.)
County: Contra Costa County	
A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)C. Advanced Life Support (ALS)	<u> </u>
2. Type of agency a) Public Health Department	<u>B</u>
 b) County Health Services Agency c) Other (non-health) County Department d) Joint Powers Agency e) Private Non-Profit Entity f) Other: 	
The person responsible for day-to-day activities of the EMS agency reports to a) Public Health Officer b) Health Services Agency Director/Administrator c) Board of Directors d) Other:	<u>B</u>
Indicate the non-required functions which are performed by the agency:	
Implementation of exclusive operating areas (ambulance franchising)	X
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of STEMI centers Designation of Stroke centers	X X
Designation of other critical care centers	X
Development of transfer agreements	X
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	N/A

Table 2 - System Organization & Management (cont.)

Continuing education	X
Personnel training	N/A
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	X
Administration of critical incident stress debriefing team (CISD)	N/A
Administration of disaster medical assistance team (DMAT)	N/A
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other: Tracking and monitoring hospital emergency and critical care capacity	X
Other: Procuring and monitoring emergency ambulance services countywide	X
Other: Implementing EMS program enhancements funded under County	
Service Area EM-1	X
Other: Planning for/coordinating disaster medical response at local/regional levels	X

5. EXPENSES FY 16/17 (**)	Table 2 - System Organization & Management (cont.)
Salaries and benefits	\$2,434,618
Contract services	\$164,806
Operations (e.g. copying, postage, facilities)	\$428,132
Travel	\$24,061
Fixed assets	\$0
Indirect expenses (overhead)	\$291,904
Ambulance subsidy	\$0
EMS Fund payments to physicians/hospital	\$1,486,246
Dispatch center operations (non-staff)	\$250,000
Training program operations	\$0
Other: 1st Responder Enhancements	\$2,364,133
TOTAL EXPENSES	\$7,443,900
6. SOURCES OF REVENUE FY 16/17 (**)	
Special project grant(s) [from EMSA]	\$0
Preventive Health and Health Services (PHHS) Block Grant	\$0
Office of Traffic Safety (OTS)	\$0
State general fund (RDMHS)	\$0
County general fund	\$0
Other local tax funds (e.g., EMS district)	\$4,513,692
County contracts (e.g., multi-county agencies)	\$0
Certification fees	\$60,196
Training program approval fees	\$0
Training program tuition/Average daily attendance funds (ADA)	\$0
Job Training Partnership ACT (JTPA) funds/other payments	\$0
Base hospital application fees	\$0
Base hospital designation fees	\$0
Trauma center application fees	\$0
Trauma center designation fees	\$250,000
Pediatric facility approval fees	\$0
Pediatric facility designation fees	\$0
Other critical care center designation fees (STEMI/Stroke)	\$75,000
Ambulance service/vehicle fees/CCTP revenue	\$67,500
Contributions/other revenue	\$548,398
EMS Fund (SB 12/612)	\$1,864,586
Other: Ambulance Penalty Fees	\$355,450
Other grants: UASI, HIE, NACCHO, SHGP, DHS, HPP	\$397,148
TOTAL REVENUE (**)	\$8,131,970
Surplus (deficit)	\$688,070
Reserve contribution from prior year	\$395,340
Balance	\$1,083,410

^{**} Expenses and revenue vary year to year associated with grant awards, penalties and EMS district funds. During years revenue exceeds expenses that revenue is placed in reserve for the next fiscal year.

Table 2 - System Organization & Management (cont.)

7. Fee structure (2017): First responder certification	_	\$0
EMS dispatcher certification	_	\$0
EMT-I certification (This includes the \$75 EMSA fee)	_	\$155
EMT-I recertification (This includes the \$37 EMSA fee)		\$117
EMT-defibrillation certification	_	N/A
EMT-defibrillation recertification	_	N/A
AEMT certification		N/A
AEMT recertification	_	N/A
EMT-P accreditation		\$80
Mobile Intensive Care Nurse/		
Authorized Registered Nurse (MICN/ARN) certification		\$60
Public Safety First Aid/CPR Program Approval (4yr)	_	\$1350
EMT-I training program approval (4 yr)		\$3,000
AEMT training program approval	_	N/A
EMT-P training program approval (4 yr)	_	\$15,000
MICN/ARN training program approval	_	N/A
Base hospital application	_	N/A
Base hospital designation	-	<u>\$0</u>
Trauma center application	_	N/A
Trauma center designation	_	\$250,000
Pediatric facility approval	_	<u>\$0</u>
Pediatric facility designation Other critical care center application	_	<u>\$0</u>
Type: STROKE CENTER DESIGNATION	(Annually)	\$5,000
Type: STEMI CENTER DESIGNATION Continuing Education Provider Authorization/Reauthorization	(Annually) _	\$5,000 \$2,000
Ambulance re-inspection fee	_	\$100
Ambulance vehicle permit (Emergency)	(Per ERA)	\$7,500
Other: Ambulance Vehicle Permit (Non-Emergency)	, _	\$7,500
Other: EMS Aircraft Classification	<u>-</u>	\$250
Other: EMS Aircraft Authorization	(Biennal)	\$15,00 <u>0</u>
Other: Tactical EMS	_	\$22 <u>5</u>
Other: Non-Emergency Paramedic Transfer Program	(\$50/transfer)	\$3000

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT ³	BENEFITS (%of Salary) ⁴	COMMENTS
EMS Admin./Coord./Director	EMS Director	1	\$ 54.66(base)	37%	MHOAC
EMS Program Coordinator/ Field Liaison	Prehospital Care Program Coordinator	1	\$ 54.19 (base)	37%	EMS Clinical Systems of Care Team Lead/Alternate MHOAC
Program Coordinator/ Field Liaison	Prehospital Care Coordinator	1	\$ 54.22 (base	37%	EMS Operations and Compliance Team Lead
Program Coordinator/ Field Liaison	Prehospital Care Coordinator(s)	4	\$ 54.22 (base)	37%	Professional Standards, Data Integration, Contract Compliance, EMSC, Trauma
STEMI/Stroke Coordinator	Registered Nurse	1	\$ 61.61(base)	37%	
Medical Director	EMS Medical Director	1	\$ 149.53 (base)	37%	
Disaster Medical Planner	Prehospital Care Coordinator	1	\$ 54.22 (base)	37%	HPP supported position (50%)

Staffing and salaries as of 2016/17 N/A = not applicable

³ Top salary equivalent in the position category. Individual staff salaries based on position qualifications and longevity with organization.

⁴ Standard percentage used to calculate benefits. Actual benefits may be considerably more depending on position and benefits selected by employee, etc. County contribution is not reflected.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE⁵ POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT ⁶	BENEFITS (%of Salary)	COMMENTS
Dispatch/Ambulance Contract Compliance	Prehospital Care Coordinator	1	\$ 54.22(base)	N/A	Dispatch oversight assigned
Medical Planner	Emergency Preparedness Training Coordinator	1	\$38.52 (base)	37%	Contracted HPP supported position
Data Evaluator/Analyst	N/A	N/A	N/A	N/A	
QA/QI Coordinator	Prehospital Care Coordinator	1	\$ 54.22 (base)	37%	
Executive Secretary	Administration Services Assistant III	1	\$ 38.87 (base)	37%	
Other Clerical	Clerk	1	\$16.43 (base)	37%	
Other Clerical	Secretary	1	\$ 26.75 (base)	37%	Vacant
Other	Administrative Analyst	1	\$ 26.75 (base)	37%	Data system support
Other	Account Clerk	1	\$ 26.12 (base)	37%	

⁵ Top salary equivalent in the position category. Individual staff salaries based on position qualifications and longevity with organization.
⁶ Standard percentage used to calculate benefits. Actual benefits may be considerably more depending on position and benefits selected by employee, etc. County contribution is not reflected

Local EMS Agency and County Organization Chart(s)

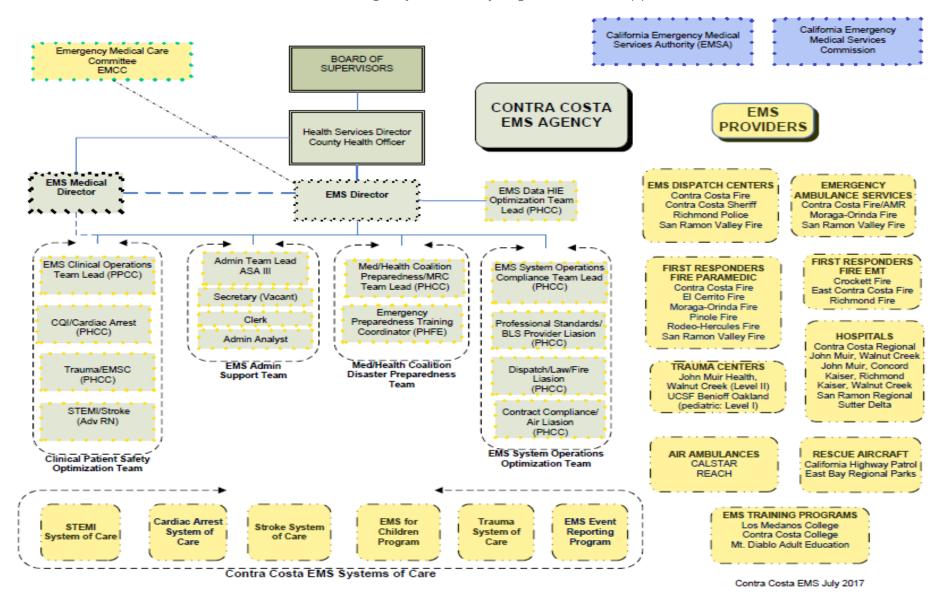


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: __2017

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified (active)	994	0		56
Number newly certified this year	NA	0		NA
Number recertified this year	NA	0		NA
Number of accredited personnel this year	NA	0	NA	N/A
Total number of accredited personnel on July 1 of the reporting year	994	0	547	N/A
Number of certification reviews resulting	in:			
a) formal investigations	16	0		0
b) probation	16	0		0
c) suspensions	13	0		0
d) revocations	6	0		0
e) denials	2	0		0
f) denials of renewal/warnings	0	0		0
g) no action taken	0	0		0

N/A = not available/applicable

1.	Early	defibrillation	•
----	-------	----------------	---

a) Number of EMT-I (defib) authorized to use AEDs

<u>994</u> N/A

b) Number of public safety (defib) certified (non-EMT-I)

2. Do you have an EMR training program

□ yes <u>X no</u>

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Со	unty: Contra Costa County	
Re	porting Year:2017	
1.	Number of primary Public Service Answering Points (PSAP)	13
2.	Number of secondary PSAPs	3
3.	Number of dispatch centers directly dispatching ambulances	3
4.	Number of EMS dispatch agencies utilizing EMD guidelines	3
5.	Number of designated dispatch centers for EMS Aircraft	3
6.	Who is your primary dispatch agency for day-to-day emergencies? <u>Contra Costa County Fire Protection District, Richmond Police Department</u> <u>San Ramon Valley Fire Protection District</u>	
7.	Who is your primary dispatch agency for a disaster? Contra Costa County Sheriff's Office	
8.	Do you have an operational area disaster communication system? a. Radio primary frequency XCC EMS1 (EBRCS)	X Yes □ No
	b. Other methods ReddiNet ⁷	
	c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes ☐ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No
	1) Within the operational area?2) Between operation area and the region and/or state?	X Yes □ No X Yes □ No

 $^{^{7}}$ ReddiNet communications between hospitals, ambulance dispatch centers and EMS Agency; Satellite phones

TABLE 5: SYSTEM RESOURCES AND OPERATIONS Response/Transportation

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers:

a. 3 Crockett, ECCFD and Richmond (Non-ALS Fire First Responders)

b. 22 Police Agencies

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder8	6-8 min	N/A	N/A	6-8 min
Early defibrillation responder9	6-8 min	N/A	N/A	6-8 min
Advanced life support responder ¹⁰	<10 min	N/A	N/A	Varies by Local Jurisdiction
Transport Ambulance (EMS)	< 12 min Varies by EOA	20 min	30 min	Varies by EOA

N/A = not available

⁸ Includes bystanders, law enforcement and EMS

⁹ Includes bystander with PAD, law enforcement and EMS

¹⁰ Fire EMS first medical response paramedic

TABLE 6: SYSTEM RESOURCES AND OPERATIONS Facilities/Critical Care

Reporting Year: 2017

¹¹ Defined as total number of under-triages for that year.

¹³ Includes STEMI, Stroke and Trauma

Trauma	
Trauma patients: 1. Number of patients meeting trauma triage criteria	2197
Number of major trauma victims transported directly to a trauma center by ambulance	2032
3. Number of major trauma patients transferred to a trauma center ¹¹	NA_
 Number of patients meeting triage criteria who were not treated at a trauma center 	_NA_
Emergency Departments	
Total number of emergency departments	8
Number of referral emergency services	0
2. Number of standby emergency services ¹²	1
3. Number of basic emergency services	8
4. Number of comprehensive emergency services	0
Receiving Hospitals	
1. Number of receiving hospitals with written agreements	<u>7¹³</u>
2. Number of base hospitals with written agreements	1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year:	2017
County:	Contra Costa County

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located?

Attachment 1: Potential Sites and Site Assessment Checklist

Address	City
550 Sally Ride Drive	Concord
2600 Mission Bell Drive	San Pablo
321 Golf Club Road	Pleasant Hill
2700 E. Leland Road	Pittsburg
Watermill Road	San Ramon
3301 Crow Canyon Road	San Ramon
1201 West 10 th Street	Antioch
	550 Sally Ride Drive 2600 Mission Bell Drive 321 Golf Club Road 2700 E. Leland Road Watermill Road 3301 Crow Canyon Road

	 b. How are they staffed? <u>Situational¹⁴</u> c. Do you have a supply system for supporting them for 72 hours? 	X Yes □ No
2.	CISD Do you have a CISD provider with 24 hour capability?	<u>X Yes</u> □ No
3.	Medical Response Team a. Do you have any team medical response capability? b. For each team, are they incorporated into your local response plan? c. Are they available for statewide response? ¹⁵ d. Are they part of a formal out-of-state response system? ¹⁶	X Yes ☐ No X Yes ☐ No X Yes ☐ No X Yes ☐ No
4.	Hazardous Materials a. Do you have any HazMat trained medical response teams? b. At what HazMat level are they trained?	X Yes □ No First Responder
	c. Do you have the ability to do decontamination in an emergency room?d. Do you have the ability to do decontamination in the field?	<u>X Yes</u> □ No <u>X Yes</u> □ No

¹⁴ As specified in Field Treatment Site Appendix F of County MCI Plan

¹⁵ Volunteer Medical Reserve Corps

¹⁶ Through Office of Civilian Volunteers

OPERATIONS

1.	Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?	X Yes	□ No
2.	What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?	20	
3.	Have you tested your MCI Plan this year in a:		
	a. Real event? Yountville VA evacuation 10/10/2017 48 - MCl's during 2017	į	
	b. Exercise? 18 Drills including Triage and Tracking 2017 X Yes	□No)
	- Operational response to mass casualty training (September 2016)		
4.	List all counties with which you have a written medical mutual aid		
	agreement. Region II Mutual Aid Agreement and California Mutual Aid Agr	eement	<u>17</u>
5.	Do you have formal agreements with hospitals in your operational area		
	to participate in disaster planning and response?	X Yes	□ No
6.	Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?	X Yes	□ No
7.	Are you part of a multi-county EMS system for disaster response?	X Yes	□ No
8.	Are you a separate department or agency?	□ Yes	X No
9.	If not, to whom do you report Health Officer of Contra Costa He	alth Se	vices
8.	If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Not ag	plicabl	<u>e¹⁸</u>

¹⁷ Through California Disaster Mutual Aid Agreement¹⁸ Agency is part of Contra Costa Health Services (County Health Department)

Table 8: R	esource Direc	tory							
Reporting	Year: 2	2017	Respon	se/Transportation/Provi	ders				
County:	Contra Costa	County	Provider:	Richmond Fire Departm	nent	Response Zo		nond rtment	Fire
Address:	-	Center Plaza		Number of Ambulance	Vehicles in Fleet:	0			
Phone Number:	Richmond, 510 307-80			Average Number of Am At 12:00 p.m. (noon) or		y 0			
Written	Contract:	Medical Director:	System	Available 24 Hours:		<u>Level (</u>	of Service:		
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No	□ Transport ⊠ Non-Trans		S ⊠ 7-Digit [er
Own	ership:	If Public:	lf I	Public:	If Air	:	Air Cl	assification:	
⊠ Pu	ublic rivate	✓ Fire☐ Law☐ OtherExplain:	⊠ City□ State□ Federa	☐ County ☐ District	☐ Rotary ☐ Fixed W	/ing	☐ Auxili☐ Air Ar☐ ALS F	ary Rescue mbulance Rescue Rescue	
			<u> </u>	ransporting Agencies					
8,239 NA NA		of responses ergency responses n-emergency responses			Total number of to Number of emerous Number of non-e	gency transpor			
			<u>A</u> i	ir Ambulance Services					
Table 8: R		ergency responses n-emergency responses			Total number of t Number of emerg Number of non-e	gency transpor			

Reporting Year: 2	2017	Respon	se/Transportation/Provi	ders	
County: Contra Costa County Provider:			Contra Costa Fire Prote	ection District Response 2	Zones: ERA I,II and V
Address: 4005 Port	: Chicago Highway – Suite 25 CA 94520	50	Number of Ambulance	Vehicles in Fleet: 53	(AMR subcontracted)
Phone 925 941-33 Number:	300		Average Number of Am At 12:00 p.m. (noon) on		(AMR subcontracted)
Written Contract:	Medical Director:	System	Available 24 Hours:	Leve	l of Service:
⊠ Yes □ No	⊠ Yes □ No	⊠ Yes	□ No	•	⊠ 9-1-1 ⊠ Ground ∟S □ 7-Digit □ Air LALS □ CCT □ Water ⊠ IFT
		<u> </u>			
Ownership: ⊠ Public □ Private	If Public: □ Fire □ Law □ Other Explain: Private Subcontractor AMR	☐ City☐ State☐ Federa	Public: ☑ County □ District	If Air: ☐ Rotary ☐ Fixed Wing	Air Classification: Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		<u>T</u>	ransporting Agencies		
93,296Total number of responses63,901Number of emergency responses29,395Number of non-emergency responses			74,111 3,723 70,388	Total number of transports Number of emergency transports Number of non-emergency transports	
		<u>Ai</u>	r Ambulance Services		
Total number of responses Number of emergency responses Number of non-emergency responses				Total number of transports Number of emergency transports Number of non-emergency tra	

Table 8: Re	esource Direc	tory							
Reporting `	Year:2	2017	Respor	se/Transportation	on/Provi	ders			
County:	Contra Costa	County	Provider:	San Ramon District	Valley	Fire Protection	Response Z	One: San Ramon Valley Fire Protection District	
Address: 1500 Bollinger Canyon Road				Number of Am	bulance	Vehicles in Fleet	: 9		
Phone Number:	San Ramo 925 838-66	<u>n, CA 94583</u> 680		Average Number of A At 12:00 p.m. (noon) o					
Written	Contract:	Medical Director:	System	Available 24 Ho	ours:		<u>Level</u>	of Service:	
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No		⊠ Transport ⊠ Non-Trans	sport 🗵 BL	⊠ 9-1-1 ⊠ Ground S □ 7-Digit □ Air .ALS □ CCT □ Water □ IFT	
		WD 1.11		D 11"					
⊠ Pu	ership: ablic ivate	If Public: ☑ Fire ☐ Law ☐ Other Explain:	□ City □ State □ Federa	Public: ☐ County ☐ District		<u>If Ai</u> □ Rotary □ Fixed \		Air Classification: Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue	
			<u>1</u>	ransporting Age	encies				
6,319		of responses ergency responses n-emergency responses	<u>A</u>		4,500 575 3,925 ervices	Total number of Number of emer	gency transpo		
		of responses ergency responses n-emergency responses		_		Total number of Number of emer	gency transpo		

Table 8: R	esource Direc	etory					
Reporting	Year: 2	2017	Respor	nse/Transportation/Prov	iders		
County:	Contra Costa	County	Provider:	East Contra Costa District	Fire Protection	Response Z	Zone: East Contra Costa Fire Protection District
Address:	150 City F Brentwood 925 634-3	I, CA 94513		Number of Ambulance Average Number of A			
Number:				At 12:00 p.m. (noon) o			
Written	Contract:	Medical Director:	System	Available 24 Hours:		Level	of Service:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No	☐ Transport ⊠ Non-Trans	port 🛭 BL	⊠ 9-1-1 ⊠ Ground S □ 7-Digit □ Air LALS □ CCT □ Water □ IFT
Own	ership:	<u>lf Public:</u>	<u>If</u>	Public:	If Air	<u>:</u>	Air Classification:
	ublic rivate	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ State ☐ Federa	☐ County ☑ District	☐ Rotary ☐ Fixed V	Ving	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
			7	Fransporting Agencies			
7,530 6,426 1,104		of responses nergency responses n-emergency responses		ir Ambulance Services	Total number of number of Number of non-e	gency transpo	
		of responses nergency responses n-emergency responses	_		_ Total number of to Number of emergen	gency transpo	

Table 8: Resource Direc	tory					
Reporting Year: 2	2018	Respon	se/Transportation/Provi	ders		
County: Contra Costa	County	Provider:	El Cerrito Fire Departm	ent Response	Zone: El Cerrito Fire Department	
	n Pablo Ave		Number of Ambulance	Vehicles in Fleet: 0		
				Average Number of Ambulances on Duty 0 At 12:00 p.m. (noon) on Any Given Day:		
Written Contract:	Medical Director:	System	Available 24 Hours:	Leve	el of Service:	
⊠ Yes □ No	⊠ Yes □ No	⊠ Yes	□ No		⊠ 9-1-1 ⊠ Ground LS □ 7-Digit □ Air LALS □ CCT □ Water □ IFT	
Ownership:	If Public:	<u>If</u>	Public:	If Air:	Air Classification:	
⊠ Public □ Private	☑ Fire☐ Law☐ OtherExplain:	⊠ City□ State□ Federa	☐ County ☐ District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue	
		<u>I</u>	ransporting Agencies			
	of responses ergency responses n-emergency responses			Total number of transports Number of emergency transp Number of non-emergency tra		
	of responses ergency responses n-emergency responses	<u>A</u>	ir Ambulance Services	Total number of transports Number of emergency transports Number of non-emergency tra		

Reporting Year: 2	017	Response	/Transportation/Prov	iders		
	Note: Table 8 is to be	completed fo	or each provider by co	unty. Make copies as n	eeded.	
County: Contra Costa County		Provider: Rodeo Hercules F District		ire Protection Response Zone:		Rodeo Hercules Fire Protection District
Address: 1680 Refugio Valley Road Hercules, CA 94547		Number of Ambulance Vehicles in Fleet: 0				
Phone 510 799-4 Number:			Average Number of At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	0	
Written Contract:	Medical Director:	System Available 24 Hours:		Level of Service:		
⊠ Yes □ No	⊠ Yes □ No	⊠ Yes	□ No	☐ Transport 図 Non-Transport	□ ALS ⋈ BLS □ LALS	⋈ 9-1-1⋈ Ground□ 7-Digit□ Air□ CCT□ Water□ IFT
Ownership: If Public:		If Public:		<u>If Air:</u>		Air Classification:
☑ Public☐ Private	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ State ☐ Federa	☐ County ⊠ District	□ Rotary □ Fixed Wing		Auxiliary RescueAir AmbulanceALS RescueBLS Rescue
		<u>Trar</u>	nsporting Agencies			
1,509Total number of responses1,070Number of emergency responses439Number of non-emergency responses			0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports		
		Air A	Ambulance Services			
Total number of responses Number of emergency responses Number of non-emergency responses			0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports		

Table 8: Resource Directory

Reporting \	/ear: <u>2</u>	017	Response	/Transpo	rtation/Pro	vider	s				
		Note: Table 8 is to be	completed fo	or each pr	ovider by d	ounty.	Make copies as	neede	d.		
County:	Contra Cost	a County	Provider:	Moraga District	Orinda	Fire	Protection Res	ponse	Zone:	Moraga (Protection I	Orinda Fire District
Address:		oraga Way		Number	of Ambula	ınce V	/ehicles in Fleet:	4			
Phone Number:	925 258-4	CA 94556 4599		_			oulances on Duty Any Given Day:	1			
Written	Contract:	Medical Director:	System	Available	24 Hours			Leve	l of Serv	vice:	
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No			☑ Transport☑ Non-Transport	t 🗵	ALS BLS LALS	□ 9-1-1□ 7-Digit□ CCT□ IFT	⊠ Ground □ Air □ Water
Owne	ership:	If Public:	<u>If</u>	Public:			<u>lf Air:</u>			Air Classific	cation:
	Public Private	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ State ☐ Feder	⊠ Dis	ounty strict		☐ Rotary ☐ Fixed Wing	g		Auxiliary R Air Ambula ALS Rescu BLS Rescu	ance ue
			<u>Tra</u>	nsporting	Agencies	<u>i</u>					
2,256 1,680 576	Number of e	r of responses mergency responses on-emergency responses	Air <i>i</i>	<u>Ambulanc</u>	1,464 143 1,321	Nu	otal number of tran umber of emergen umber of non-eme	cy tran	sports	orts	
	Number of e	r of responses mergency responses on-emergency responses				- Το Νι	otal number of tran umber of emergen umber of non-eme	cy tran	sports	orts	

Table 8: Resource Directory

Table 8: Resource Direc	tory				
Reporting Year: 2	2017	Respor	se/Transportation/Provid	ders	
County: Contra Costa	County	Provider:	Pinole Fire Department	Response 2	Zone: Pinole Fire Department
Address: 880 Tenne			Number of Ambulance	Vehicles in Fleet: 0	
Phone 510 724-89 Number:			Average Number of Am At 12:00 p.m. (noon) on		
Written Contract:	Medical Director:	System	Available 24 Hours:	Leve	I of Service:
⊠ Yes □ No	⊠ Yes □ No	⊠ Yes	□ No	•	□ 9-1-1 □ Ground S □ 7-Digit □ Air LALS □ CCT □ Water □ IFT
Our on this	If Dutation	16	Duk lia.	If Air-	Air Oleanification
Ownership: ⊠ Public □ Private	If Public: ☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	Public: County District	If Air: ☐ Rotary ☐ Fixed Wing	Air Classification: Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		<u>1</u>	ransporting Agencies		
	of responses ergency responses n-emergency responses			Total number of transports Number of emergency transports Number of non-emergency transports	
		<u>A</u>	ir Ambulance Services		
	ergency responses n-emergency responses			Total number of transports Number of emergency transports Number of non-emergency transports	

Reporting	Year:	2017	Respon	se/Transportation/Provi	ders	
County:	Contra Costa	County	Provider:	REACH/CALSTAR ¹⁹ Services	Air Medical Response	Zone: Countywide
Address:	4933 Bail	· · · · · · · · · · · · · · · · · · ·		Number of Ambulance	Vehicles in Fleet: 3	(air ambulance)
Phone Number:	916 921-4	, CA 95652 000		Average Number of Am At 12:00 p.m. (noon) or		(air ambulance)
Written	Contract:	Medical Director:	System	Available 24 Hours:	Lev	el of Service:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No		⊠ 9-1-1 □ Ground BLS □ 7-Digit ⊠ Air LALS □ CCT □ Water ⊠ IFT
<u>O</u> wn	ership:	<u>If Public:</u>	<u>If</u>	Public:	<u>If Air:</u>	Air Classification:
□ Pu	ublic rivate	☐ Fire☐ Law☐ OtherExplain:	☐ City ☐ State ☐ Federa	☐ County ☐ District	⊠ Rotary □ Fixed Wing	☐ Auxiliary Rescue☑ Air Ambulance☐ ALS Rescue☐ BLS Rescue
□ Pu		□ Law □ Other	☐ State ☐ Federa	☐ District	1	☑ Air Ambulance☐ ALS Rescue
□ Pu	rivate Total number Number of en	☐ Law ☐ Other Explain:	☐ State ☐ Federa	☐ District	1	
□ Pu	rivate Total number Number of en	☐ Law ☐ Other Explain: of responses nergency responses	□ State □ Federa	☐ District	☐ Fixed Wing Total number of transports Number of emergency transports	

 $^{^{\}rm 19}$ REACH acquired CALSTAR and serve EMS System as a single entity

Table 9: Resources D	Directory			
Reporting Year:	2017_	<u>Facilities</u>		
County: <u>Cont</u>	ra Costa County			
	Costa Regional Medical Center 2500 Alhambra Avenue Martinez, CA 94553	Telephone Number:	925-370-500	00
Written Contract: X Yes □ No	☐ Referral Emergency X Basic Emergency	rvice: ☐ Standby Emergency ☐ Comprehensive Emergency	Base Hospital: ☐ Yes X No	Burn Center: ☐ Yes X No
Pediatric Critical Care EDAP PICU	Properties of the content of the co	7 Y Y N	If Trauma Center Level I Level III	er what level: Level II Level IV
STEMI Center: ☐ Yes X No				

Table 9: Resources Di	irectory			
Reporting Year:	2017	<u>Facilities</u>		
County: Contra	Costa County			
Address:	uir Health, Concord Campus 2540 East Street Concord, CA 94520	Telephone Number:	925-682-820	00
Written Contract:	<u>Servic</u>	<u>e:</u>	Base Hospital:	Burn Center:
X Yes	☐ Referral Emergency ☐ X Basic Emergency ☐	, ,	□ Yes <u>X No</u>	☐ Yes <u>X No</u>
Pediatric Critical Care EDAP	Center ☐ Yes X No ☐ Yes X No	Trauma Center:	If Trauma Cente	er what level:
PICU	☐ Yes X No	☐ Yes <u>X No</u>	☐ Level II	☐ Level II ☐ Level IV
STEMI Center:	Stroke Center:			
X Yes □ No	<u>X Yes</u> □ No			

Table 9: Resources	s Directory				
Reporting Year:	2017	_	<u>Facilities</u>		
County: Cor	ntra Costa (County			
	1601 Ygna	Walnut Creek Campus cio Valley Road eek, CA 94598	Telephone Number:	925-939-30	00
Written Contract:		<u>Servi</u>	<u>ce:</u>	Base Hospital:	Burn Center:
X Yes □ No		Referral Emergency Basic Emergency	, , ,	<u>X Yes</u> □ No gency	☐ Yes <u>X No</u>
Pediatric Critical Ca EDAP PICU	are Center	☐ Yes <u>X No</u> ☐ Yes <u>X No</u> <u>X Yes</u> ☐ No	Trauma Center:		ter what level:
				☐ Level III	☐ Level IV
STEMI Cente	<u>er:</u> No	Stroke Center: X Yes □ No			

Table 9: Re	sources Di	rectory						
Reporting Y	ear:	2017			<u>Facilities</u>			
County:	Contra (Costa C	<u>county</u>					
Facility: K	56	01 Dee	Medical Center, Ar r Valley Road , CA 94531	ntioch	Telephone Number:		925-813-650	0
Written Co	ontract:			<u>Service</u>	<u>:</u>		Base Hospital:	Burn Center:
X Yes	□ No		Referral Emergend Basic Emergency	•	Standby Emergency Comprehensive Emerg		□ Yes <u>X No</u>	☐ Yes <u>X No</u>
	1							
Pediatric Cr EDAP	itical Care	Center		X No	Trauma Center:	<u>:</u>	If Trauma Cente	er what level:
PICU				X No X No	☐ Yes X No		☐ Level II	☐ Level II ☐ Level IV
STEM	/II Center:		Stroke (Center:				
□ Ye	es <u>X No</u>		X Yes	□ No				

Table 9: Resources [Directory			
Reporting Year:	<u>2017</u>	<u>Facilities</u>		
County: Co	ntra Costa County			
Address: 1	manente Med. Ctr., Walnut Creek 1425 South Main Street Valnut Creek, CA 94596	Telephone Number:	925-295-400	00
Written Contract:	<u>Ser</u>	vice:	Base Hospital:	Burn Center:
X Yes	☐ Referral Emergency X Basic Emergency	☐ Standby Emergency☐ Comprehensive Emergency	□ Yes <u>X No</u>	☐ Yes X <u>No</u>
Pediatric Critical Care EDAP PICU	e Center		If Trauma Cente Level I Level III	er what level: Level II Level IV
STEMI Center:		i. No		

Table 9: Resources D	irectory			
Reporting Year:	2017			
		<u>Facilities</u>		
County: Contr	ra Costa County			
Address:	rmanente Med. Ctr., Richmond 901 Nevin Avenue Richmond, CA 94801	Telephone Number:	510-307-150	0
Written Contract:	Service:	<u>:</u>	Base Hospital:	Burn Center:
X Yes □ No		Standby Emergency Comprehensive Emergency	☐ Yes X No	☐ Yes <u>X No</u>
Pediatric Critical Care EDAP	Center ☐ Yes X No ☐ Yes X No	<u>Trauma Center:</u>	If Trauma Cente	er what level:
PICU	☐ Yes X No	☐ Yes X No	☐ Level III	☐ Level II ☐ Level IV
OTEM Conton	Otrobo Contoro			
STEMI Center:	Stroke Center:			
☐ Yes X No	<u>X Yes</u> ☐ No			

Table 9: Resources Di	rectory			
Reporting Year:	2017			
		<u>Facilities</u>		
County: Contra	Costa County			
Address: 600	on Regional Medical Center 1 Norris Canyon Road an Ramon, CA 94583	Telephone Number:	925-275-920	0
Written Contract:	<u>Servic</u>	ce:	Base Hospital:	Burn Center:
X Yes □ No	☐ Referral Emergency ☐ X Basic Emergency ☐	, , ,	☐ Yes <u>X No</u>	☐ Yes <u>X No</u>
Pediatric Critical Care EDAP	Center ☐ Yes X No ☐ Yes X No	<u>Trauma Center:</u>	If Trauma Cente	er what level:
PICU	☐ Yes X No	☐ Yes <u>X No</u>	☐ Level III	☐ Level II ☐ Level IV
STEMI Center:	Stroke Center:			
X Yes □ No	X Yes □ No			

Table 9: Resources D	irectory			
Reporting Year:	2017			
		<u>Facilities</u>		
County: Contra C	Costa County			
	ter Delta Medical Center 3901 Lone Tree Way Antioch, CA 94509	Telephone Number:	925-779-720	0
Written Contract:	<u>Ser</u>	vice:	Base Hospital:	Burn Center:
X Yes □ No	☐ Referral Emergency X Basic Emergency	Standby EmergencyComprehensive Emergency	□ Yes <u>X No</u>	☐ Yes X No
Pediatric Critical Care EDAP PICU	Center ☐ Yes X No ☐ Yes X No ☐ Yes X No	<u>Trauma Center:</u> ☐ Yes <u>X No</u>	If Trauma Cente ☐ Level I ☐ Level III	er what level: ☐ Level II ☐ Level IV
STEMI Center: X Yes □ No	Stroke Center: ☐ Yes X N	<u>o</u>		

County: Contra Costa County Reporting Year: 2017

Training Institution:			Los	Medanos College	Telephone Number:	925-473-7752
Address:			2700	East Leland Road		
			Pitt	sburg, CA 94563		
Student				Program Level EMT		
Eligibility:	Open to	Cost of Progra	am:			
	The public	Basic:	\$48/unit	Number of students completing training	ng per year:	
		Refresher:	\$46/unit	Initial training:		181
				Refresher:		14
				Continuing Education:		0
				Expiration Date:		5/31/2020
				Number of courses:		
				Initial training:		5
				Refresher:		1
				Continuing Education:		0

County: Contra Costa County Reporting Year: 2017

Training Institution:		Mt. Diablo Adult Education			Telephone Number: (925) 685-7340
Address:		1266 San Carlos Avenue			
			C	oncords, CA 94518	
_			Pr	ogram Level EMT	
Student Eligibility:	Open to General Public	Cost of Prog	yram: \$1613	Number of students completing train	ing per year:
	Fublic	Refresher:	\$288	Initial training	27
				Refresher:	15
				Continuing Education:	NA
				Expiration Date:	3/31/2022
				Number of courses: Initial Training:	2
				Refresher:	3
				Continuing Education:	13-15

County: Contra Costa County Reporting Year: 2017

Training Institution: John Muir Health, Walnut Creek Telephone Number: 925-947-4438

Address: 1601 Ygnacio Valley Road

Walnut Creek, CA 94598

Program Level: MICN Training

Student Eligibility:

a. BLS
 b. ACLS
 Cost of Program:
 Number of students completing training per year:

c. PALS Refresher: \$0.00 **Initial Training:** 10-15

d. TNCC Refresher: 0

e. Minimum 2 years ED. Exper. Continuing Education: NA

f. In-House Training only Expiration Date: 9/30/2019

Number of Courses:

Initial Training:

Refresher: NA

Continuing Education: 6 per year 2 hour/2 CE Base Tape review

County: Contra Costa County Reporting Year: 2017⁷

Training Institution: Contra Costa College Telephone Number: 510-215-3865

Address: 2600 Mission Bell Drive

San Pablo, CA 94806

Program Level: EMT Training

Student

Eligibility: Open to Public Cost of Program:

Basic: \$500-1000 Number of students completing training per year:

Refresher: \$46/unit Initial Training: 60

Refresher: 15-25 **Continuing Education:** 2

Expiration Date: 8/31/2019

Number of Courses:

Initial Training 2
Refresher: 1
Continuing Education: 2

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Contra Costa County Reporting Year: 2017

Name: Address:	San Ramon Valley Fire Dispatch 800 San Ramon Valley Road Danville, CA 94526 925-838-6645			Primary Contact: Denise Pangelinan Communications Center Manager			
Telephone Number:							
Written Contract: X Yes □ No Ownership: X Public □ Private	X Yes □ No X Disaster If Public:		BLS	Imber of Personnel Providing Services: 13 EMD Training EMT-D A BLS LALS C Public: City County State X Fire District EMT-D A County County			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County:	y: Contra Costa County				Reporting Year:			2(017	
					Prir	mary		Lisette Co	ortes	
Name:		Con	ntra Costa Sheriff's Offic	ce		ntact:			cations Cent	er Director
Address:			40 Glacier Drive				-			
			Martinez, CA 94553							
Telephone	Number:		925-313-2454							
Written Cor	ntract:	Medical Director:	X Day-to-Day	Number	of Perso	nnel Pro		Services:	•	
X Yes	No	X Yes □ No	X Disaster	I	EMD Trai	ning	48 ²⁰	_EMT-D		ALS
					BLS			LALS		Other
Ownership:	:		If Public:							
X Public	☐ Private		☐ Fire	If Public:	☐ City	X Cour	<u>nty</u> □	State □	Fire District	☐ Federal
			X Law ☐ Other Explain:							

²⁰ Average staffing 22 dispatchers/supervisors per day

TABLE 11: RESOURCES DIRECTORY Dispatch Agency										
County: Contr	ra Costa County			Reporti	2017					
NOTE: Make copies to add pages as needed. Complete information for each provider by county.										
				Primary Contact:	Traci Barkley					
Name:	Co	Contra Costa Fire Dispatch			Communications Specialist					
Address:		2010 Geary Road		<u> </u>						
	P	Pleasant Hill, CA 94523								
Telephone Number:		925-941-3550								
Written Contract:	Medical Director:	X Day-to-Day	Number of F	ersonnel Provi	ding Services:					
X Yes No	X Yes □ No	X Disaster	21 EMI		EMT-D LALS	ALS Other				
Ownership:		If Public:		_						
X Public □ Private		X Fire	If Public: □	City □ County	□ State X Fire	<u>Postrict</u> □ Federal				
		□ Law								
		☐ Other								
		Explain:								

TABLE 11: RESOURCES DIRECTORY Dispatch Agency										
County: Contra	a Costa County	Reporting `	Reporting Year:							
NOTE: Make copies to add pages as needed. Complete information for each provider by county.										
Name:	Richmo	ond Communications C	Center	Primary Contact:	Michael Sch Communica Specialist	•				
Address:	F	326 27 th Street Richmond, CA 94804								
Telephone Number:		510-620-6660								
Written Contract: ☐ Yes X No Ownership: X Public ☐ Private	Medical Director: X Yes □ No	X Day-to-Day X Disaster If Public: X Fire X Law	<u>22</u> E	of Personnel Providin EMD Training BLS X City □ County □	EMT-D LALS		ALS Other □ Federal			

AMBULANCE ZONE SUMMARY FORM: ERA I (2017)

Local EMS Agency or County Name:

Contra Costa County

Area or subarea (Zone) Name or Title:

ERAI

Name of Current Provider(s):

Contra Costa County Fire Protection District as part of an Alliance service delivery model utilizing American Medical Response as a sub-contractor – since 1/1/2016

Area or sub area (Zone) Geographic Description:

ERA-I includes the cities of El Cerrito, Richmond, Pinole, Hercules, San Pablo, Kensington, Martinez, Pleasant Hill, Lafayette, and Walnut Creek west of Highway 680 and adjacent to unincorporated areas, excluding that portion of ERA I included in the Moraga-Orinda Fire Protection District.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Exclusive.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Emergency Ambulance, ALS, 9-1-1 emergency response and ALS interfacility transfers

Method to achieve Exclusivity, if applicable (HS 1797.224):

Competitively-determined. Request for Proposal (RFP) and review process held in 2015. RFP released on February 27, 2015 and an exclusive 9-1-1 contract with Contra Costa Fire as primary contractor and American Medical Response as a sub-contractor to Contra Costa Fire, went into effect on January 1, 2016. As of April 13, 2018 EMSA advised that the ERA was considered non-exclusive. Contra Costa County has appealed that decision.

AMBULANCE ZONE SUMMARY FORM: ERA II (2017)

Local EMS Agency or County Name:

Contra Costa County

Area or subarea (Zone) Name or Title:

ERA II

Name of Current Provider(s):

Contra Costa County Fire Protection District as part of an Alliance service delivery model utilizing American Medical Response as a sub-contractor – since 1/1/2016

Area or sub area (Zone) Geographic Description:

ERA-II includes the cities of Clayton, Concord, Walnut Creek, east of Highway 680 and adjacent to unincorporated areas.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Emergency Ambulance, ALS, 9-1-1 emergency response and ALS interfacility transfers

Method to achieve Exclusivity, if applicable (HS 1797.224):

Competitively-determined. Request for Proposal (RFP) and review process held in 2015. RFP released on February 27, 2015 and an exclusive 9-1-1 contract with Contra Costa Fire as primary contractor and American Medical Response as a sub-contractor to Contra Costa Fire, went into effect on January 1, 2016. As of April 13, 2018 EMSA advised that the ERA was considered non-exclusive .Contra Costa County has appealed that decision.

AMBULANCE ZONE SUMMARY FORM: ERA III(2017)

Local EMS Agency or County Name:

Contra Costa County

Area or subarea (Zone) Name or Title:

ERA III

Name of Current Provider(s):

Moraga-Orinda Fire Protection District

Area or sub area (Zone) Geographic Description:

ERA-III includes the territory of the Moraga-Orinda Fire Protection District.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Emergency Ambulance, ALS, 9-1-1 Emergency Response

Method to achieve Exclusivity, if applicable (HS 1797.224):

Grandfathered with exclusivity pursuant to H.S. 1797.224. Moraga Fire Protection District began providing paramedic ambulance service throughout the territory of its jurisdiction in June 1977 and has continued on an uninterrupted basis. In December 1997, the territory of the Moraga Fire Protection District was combined with the territory of the Orinda Fire Protection District and a new Moraga-Orinda Fire Protection District formed and the County exclusive operating area agreement update to reflect the expanded territory. EMSA approved boundary adjustment as of January 30, 2003.

AMBULANCE ZONE SUMMARY FORM: ERA IV(2017)

Local EMS Agency or County Name: Contra Costa County Area or subarea (Zone) Name or Title: ERAIV Name of Current Provider(s): **San Ramon Valley Fire Protection District Area or sub area (Zone) Geographic Description: ERA IV includes the territory of San Ramon Valley Fire Protection District. Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Exclusive through October 21, 2018** Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **Emergency Ambulance, ALS, 9-1-1 Emergency Response** Method to achieve Exclusivity, if applicable (HS 1797.224): Periodic Request for proposal process. Request for proposal process postponed by Contra Costa County Board of Supervisors. to evaluate Fire District claim of 224 rights

AMBULANCE ZONE SUMMARY FORM: ERA V (2017)

Local EMS Agency or County Name:

Contra Costa County

Area or subarea (Zone) Name or Title:

ERAV

Name of Current Provider(s):

Contra Costa County Fire Protection District as part of an Alliance service delivery model utilizing American Medical Response as a sub-contractor – since 1/1/2016

Area or sub area (Zone) Geographic Description:

ERA-V includes all of East County including the cities of Pittsburg, Bay Point, Antioch, Brentwood and unincorporated areas along the 9-1-1 boundary line separating East from Central County.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Exclusive.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Emergency Ambulance, ALS, 9-1-1 emergency response and ALS interfacility transfers

Competitively-determined. Request for Proposal (RFP) and review process held in 2015. RFP released on February 27, 2015 and an exclusive 9-1-1 contract with Contra Costa Fire as primary contractor and American Medical Response as a subcontractor to Contra Costa Fire, went into effect on January 1, 2016. As of April 13, 2018 EMSA advised that the ERA was considered non-exclusive. Contra Costa County has appealed that decision.