

**Contra Costa Emergency Medical Services
Guidelines for Fire First Medical Response Population Based Allocation
County Service Area EM1 (Measure H) Funds
July 5, 2013**

Measure H Advisory

*“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)”*

Passed November 8, 1988 with 71.6% voter support.

Background: CSA EM-1 (Measure H) is a **countywide** benefit assessment district under which the Board of Supervisors (BOS) has established charges on real property to support EMS. The CSA was established in 1990 following a countywide advisory election demonstrating voter support for a benefit assessment with annual parcel charges to support enhancements to the county’s EMS System, including expanded paramedic program services, Trauma, EMS communications, medical training and equipment. The EMS Agency serves as the BOS designated trusted agent for the administration of Measure H.

CSA EM-1 funds have been used to provide limited but important funding to enhance the EMS system for different purposes over the years. Some of the most important enhancements in the Contra Costa EMS System have been funded with seed money from Measure H, typically as "one time" funding to support a program, technology or other EMS system enhancement due to the Measure H fund limit.

Fire District CSA EM-1 funding allocations were established in 2004 as a Fire First Responder Paramedic Fund to improve paramedic first responder capability as part of the May 18, 2004 Board order for ambulance services. Funding distributions were based on a "per engine" formula for many years, however beginning in 2009 fire station closures began to prevent full distribution of funds creating unintended budget shortfalls for impacted fire agencies.

New Population Based Allocation Formula (CSA-EM1 Zone B Fire Agencies): On May 14th, 2013, a population based allocation formula to distribute \$2,331,133 was adopted to support preserving fire first medical response to mitigate the unprecedented reductions to fire agency funding. Under this new formula all fire first responder agencies regardless of first responder service will benefit from Measure H funds. The new formula also builds in a 25% differential for paramedic service level agencies.

Funding levels for fire agencies with current written agreements will be honored and a population based "transition" model has been established over the next 2 years, sun-setting at the end of FY 2014-2015. The EMS Agency views the transition model as an "interim approach" and has recommended to the Board that Measure H funding be "revisited" after the completion of the EMS System study and as part of the upcoming ambulance RFP process.

What Will happen to Measure H Fire-EMS Special Project Funding? Since 2004, unallocated Measure H funds have been made available for special project funding providing an excellent source of project driven enhancement. Under the new population based formula, fire funding will be fully allocated each year significantly reducing the availability of Fire-EMS special project funds. Fire agencies should consider collaboratively contributing a portion of their Fire-EMS funding for joint or regional Fire-EMS projects under this new funding formula. It is estimated that available special project funding will be reduced from approximately \$500,000 per year to \$100,000 year.

Population based Transition Funding Allocations¹

| Agency | Effective 2013-14 thru FY 2014-15 Population Based Transition Funding |
|-----------------------------------|--|
| Richmond (BLS) | \$ 177,670 |
| El Cerrito/Kensington (ALS) | \$ 119,315 |
| Pinole (ALS) | \$ 79,543 |
| Rodeo-Hercules (ALS) | \$ 79,543 |
| Crocket-Carquinez (BLS/volunteer) | \$ 7,063 |
| Moraga Orinda (ALS/Transport) | \$ 198,858 |
| East Contra Costa (BLS) | \$ 180,773 |
| Contra Costa Fire (ALS) | \$ 1,488,368 |

Fiscal Year 2015-2016 Funding²

| Agency³ | 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 |

Written Agreements and New Measure H Utilization Reporting: Measure H first responder allocations require a written agreement with the EMS Agency. Fire districts without written agreements will need to establish one prior to distribution of funds. Written agreements will be posted on the EMS Agency website. Established Fire agencies written agreements will need minor modification to reflect the new population based funding. All written agreements will include standardized accountability reporting of fund utilization that must be submitted annually to the County Emergency Medical Care Committee for review and will be posted on the EMS agency website for transparency.

What Qualifies for Use of Measure H Funding: Measure H funds are dedicated under the ballot measure to support enhancement of Emergency Medical Services (EMS) and includes advanced life support (aka paramedic, advanced EMT and EMT expanded scope) pre-hospital care, technology, equipment, communications, training, medical control, quality improvement and oversight of the practice of medicine in the field. Funds may not be used to supplant normal "all hazards" fire operations including differentials for EMS line personnel, vehicles, gasoline and maintenance of non-EMS equipment or systems. The following is a list of qualifying items consistent with the utilization of Measure H public funds.

¹ The transition funding was approved to support a 2 year period for those fire agencies that would see reduced funding due to their population base.

² Measure H funding is subject to change by the BOS in accordance with ballot measure requirements. The EMS Agency and CAO office has recommended that any new use of Measure H funding be considered after the findings of the EMS System Modernization project and the CCFPD fire service studies are thoroughly evaluated.

³ In FY 2015-16 Moraga Orinda Fire, El Cerrito/Kensington, and Pinole will have reductions in funding. These reductions are solely due to the reduced population in those service areas. Population numbers are based on 2010 US Census for the cities in those fire districts.

Qualifying Priorities for Fire-Measure H Fund Use⁴

| Priority Items Supporting Enhancement in Prehospital Care (Fund First) |
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| Fire agencies should fully fund all staff time and materials dedicated to EMS quality activities and patient care competency sustainability. |
| Fire personnel patient care and oversight time associated supporting national EMS performance standards of care (e.g. Response times, Quality Improvement, STEMI, Stroke, Trauma, EMS for Children, Cardiac Arrest, and Dispatch Communications) including performance reporting, committees, meetings and workgroups e.g. Medical Advisory Committee, STEMI Advisory Group, Stroke Advisory Group, Trauma Advisory Group, MCI task force, Quality Leadership) |
| Funding of pilot projects for improvement or enhancement of the EMS System (e.g. community and at risk population programs) |
| Funding for Advanced EMT or paramedic program development (e.g. training, equipment, patient care oversight) |
| County approved EMS equipment, medication and supplies including EMS disaster and MCI caches |
| Fire personnel and support staff time and materials allocated to support national standards for dispatch call processing time and dispatch quality improvement, oversight of patient care or dispatch (e.g. EMD, ProQA, Dispatch Center of Excellence) |
| All fees, upgrades, Fire personnel training and oversight time supporting costs associated with dispatch software/hardware to maintain a highly reliable process of quality patient care documentation and compliance with pre-hospital electronic medical records completion. |
| Instructor and Provider Neonatal and Pediatric EMS equipment and training for EMT/EMT-P to support competency in the trauma and medical care of infants and children. |
| Fees, time (Fire-EMS staff, IT staff, Communications/Dispatch staff) and materials associated with enhancing utilization, sustainability and upgrade of Dispatch software/Hardware to support EMS communications and Emergency Medical Dispatch e.g. First Watch, ATRUS, AQUA, ProQA |
| Costs with enhancing, integrating or sustaining communication devices or software platforms to support EMS system oversight, situational awareness and response (e.g. Pulse Point, Reddinet, EBRECs, ATRUS, First Watch, Zoll) |
| Fire personnel time and materials supporting competency, training, orientation, classroom or online training supporting pre-hospital/EMS patient care (e.g. IHI Open School online certification in Quality Improvement and Patient Safety) |

| Priority Items supporting Sustainability of Enhancement in Prehospital Care |
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| Fire personnel training time and materials to complete BLS and ALS competency checklists (e.g. infrequent skills, CPR, PEPP, PALS, ACLS, ITLS, EMS System Updates, Fire-EMS quarterly consortium training) |
| Fire-EMS staff time and materials associated with supporting compliance with EMS system performance reporting as described in Fire Agency and EMS Agency written agreements (e.g. EMS System core patient care performance and annual reporting) |
| Fire-EMS personnel time reviewing and compiling EMS system clinical, utilization and performance reports |
| Fire personnel time and materials to support injury prevention, Heartsafe communities, AED, and CPR programs |
| Fees supporting accreditation and certification of EMS personnel e.g. certification fees |
| Fire personnel costs associated with medication inventory, oxygen devices, narcotics control systems |
| Patient Care Equipment and Patient Care Monitoring Devices, service plans and supplies (e.g. Physio Monitors and supplies) |
| Fire personnel time for County Multi Casualty plan exercises and training development, implementation and participation |
| Acquisition and replacement costs to support and sustain specialty EMS equipment (e.g. Lucas Devices, AEDs) |
| Fire HazMat training and exercises that includes triage and decontamination of patients or personnel |
| Fire Infection Control Officer staff time and infection control/personnel protective equipment training of EMS personnel |

⁴ This is not intended to be an all-inclusive list. Please contact the EMS Agency Director if your Fire-EMS activity is not listed to assure it meets Measure H criteria for enhancement of the EMS system.