EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400 RANCHO CORDOVA, CA 95670 (916) 322-4336 FAX (916) 322-1441



April 13, 2018

Ms. Patricia Frost, EMS Director Contra Costa County EMS Agency 1340 Arnold Drive, Suite 126 Martinez, CA 94553

Dear Ms. Frost:

This letter is in response to Contra Costa County's 2016 EMS Plan Update submission to the EMS Authority on September 28, 2017.

I. Introduction and Summary:

The EMS Authority has concluded its review of Contra Costa County's 2016 EMS Plan Update and denies the plan as submitted. Further, the EMS Authority rescinds approval of RFP-2015-CCC as part of the local EMS plan.

The EMS Authority received a complaint from the California Ambulance Association in 2017 alleging that the Contra Costa County EMS agency's Request for Proposal (RFP) 2015-CCC process and outcome was neither fair nor competitive. As reported by the California Ambulance Association, other prospective bidders did not bid because they believed the successful bidder had been predetermined before the official RFP process:

"The county already formed a partnership with their ambulance-company-of-choice long before the local EMS agency RFP was issued. Submitting a proposal to compete against such an alliance [was] seen as a waste of time and money-a pointless endeavor....[T]he county's selection of an ambulance company partner in advance of the local EMS agency's formal competitive process, allowed the fire department to bypass the standards and scrutiny of the State EMS Authority's typical oversight of competitive processes."

As a result of this complaint, the EMS Authority conducted an investigation into the circumstances related to the competitive process held in 2016 and the resultant operational contract effective January 1, 2017 as implemented by Contra Costa County EMS agency. Our findings indicate that the process conducted by Contra Costa County EMS agency, in collusion with the Contra Costa Fire Protection District and American

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Medical Response, stifled competition due to bid rigging and was anti-competitive due to other factors related to the bid. Consequently, the EMS Authority withdraws our previous approval of RFP-2015-CCC as part of the local EMS plan for failure to ensure a fair, competitive process.

The EMS Authority made its determination to deny the 2016 Contra Costa County EMS plan, based on the following reasons:

1. Contra Costa County EMS failed to Implement the RFP as approved by the EMS Authority

Health and Safety Code 1797.224 requires "A local EMS agency which elects to create one or more exclusive operating areas in the development of a local plan shall develop and submit for approval to the authority, as part of the local EMS plan, its competitive process for selecting providers and determining the scope of their operations."

The EMS Authority approved an addendum to the RFP on February 18, 2015. However, Contra Costa County EMS agency did not use the language approved by the EMS Authority and instead released an addendum, dated March 26, 2015, to the approved RFP. The language in the unapproved addendum included a substantive change to the language from the approved addendum by the EMS Authority.

Moreover, the language that was publicly released for the RFP allowed for a legal joint venture bid. However, the provisions of this unapproved addendum have been found that a joint venture was not utilized in the bid selected by Contra Costa EMS agency. Instead, the Contra Costa County EMS agency ignored their own bid requirements and selected a bidder that did not meet the qualifications.

Failure to obtain approval of the RFP language in advance from the EMS Authority is a violation of Health and Safety Code 1797.224.

2. Contra Costa County EMS failed to conduct a fair, competitive process

Contra Costa County EMS has a responsibility in carrying out the activities of government to follow local, State, and Federal laws. In this case, Contra Costa County EMS agency actively and directly colluded with the Contra Costa Fire Protection District and American Medical Response to ensure that the "Alliance" was the winning bidder. Contra Costa EMS agency did not disclose to the EMS Authority that competitors had colluded in advance to capture the marketplace and allowed bid rigging to occur.

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In this case, the process used to select the winning bidder, "The Alliance", is anti-competitive as implemented due to bid suppression. Contra Costa Fire Protection District and American Medical Response discussed this arrangement well in advance of the competitive process. The evidence shows that the private incumbent ambulance provider (American Medical Response), submitting the joint bid with the Contra Costa County Fire District, agreed in advance not to compete against the fire district for the EMS contract.

3. The Contra Costa EMS agency failed to act independently from the County Board of Supervisors to carry out their professional responsibility as the local EMS agency

Health and Safety Code 1797.200 allows a County to designate an EMS agency, "Each county may develop an emergency medical services program. Each county developing such a program shall designate a local EMS agency . . ."

Once the County designates a local EMS agency, that local EMS agency has independent responsibility for the designation of exclusive operating areas and selecting providers (see also Health and Safety Code 1797.224 and *Memorial Hospitals Ass'n v. Randol (1995) 38 Cal.App.4th*. In this case, Contra Costa County EMS agency relied upon direction from the County Board of Supervisors in establishing exclusive operating areas and selecting the providers in advance of the competitive process required in Health and Safety Code 1797.224, instead of maintaining its professional responsibility to uphold State law as part of a two-tiered regulatory structure for EMS oversight.

Contra Costa County EMS failed to propose and prescribe a process that would be fair and competitive, and ensure that the political effects of County involvement did not influence the local EMS agency. Instead, the anti-competitive effect of the process, and the Alliance itself, was compounded by the fact that the same individuals awarding the contract (the County Board of Supervisors) were also the same individuals (the governing board of the fire district) competing for the contract, creating a situation that had a chilling effect on all other competition.

Guidance from the EMS Authority in EMSA #141, (XI)(1)(d) (established in 1985) describes that the local EMS agency may cancel the procurement process after opening if "The proposals were not independently arrived at in open competition, were collusive, or were submitted in bad faith". In this case, the Contra Costa EMS agency knew or should have known that the competitive process was flawed and should have canceled the procurement.

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II. History and Background:

Contra Costa County received its last full plan approval for its 2011 plan submission and its last annual plan update for its 2015 plan submission. Historically, we have received EMS Plan submissions from Contra Costa County for the following years:

 1994
 2008-2012

 1999
 2014

 2003-2006
 2015

Health and Safety Code (HSC) § 1797.254 states that "Local EMS agencies shall annually submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority."

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Contra Costa County's 2016 EMS Plan Update. Areas that indicate the plan submitted is not concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

Approved	Not	Approved
A . ⊠		System Organization and Management
В. ⊠		Staffing/Training
C. ⊠		Communications
D. 🗆	\boxtimes	Response/Transportation

As stated above, the EMS Authority is rescinding its approval of RFP #2015-CCC as part of the 2016 EMS Plan effective immediately for: failure to implement the RFP as approved by the EMS Authority, failure to conduct a fair, competitive process, and failure to act independently from the County.

Ms. Patricia Frost, Contra Costa EMS Director April 13, 2018 Page 5 of 6

The EMS Authority will not be able to approve a new EMS plan until such time as a new competitive process has been submitted or amended Ambulance Zone Summary forms reflect operational areas one, two and five as non-exclusive.

E.		Facilities/Critical Care
F.	\boxtimes	Data Collection/System Evaluation
G.	\boxtimes	Public Information and Education
Н.	\boxtimes	Disaster Medical Response

IV. Conclusion:

Based on the information identified, Contra Costa County's 2016 EMS Plan Update is denied. The EMS Authority is rescinding its approval of RFP #2015-CCC as part of the 2016 EMS Plan effective immediately for anticompetitive activity.

The EMS Authority is staying the decision to rescind until April 30, 2020. The EMS Authority has designated Operational Areas one, two and five as non-exclusive effective immediately. Should Contra Costa County EMS wish to have exclusivity and receive state action immunity in these Operational Areas, a new fair and competitive process will need to be initiated, approved by the EMS Authority, and a provider implemented. The EMS Authority will allow approximately two years to complete the new competitive process until April 30, 2020.

As a reminder, this RFP must be reviewed and approved by the EMS Authority before it is publicly released for bidding responses; the EMS Authority will review the solicitation to ensure that it is fair and competitive to all bidders. The EMS Authority will also monitor the process and review any resultant contracts that are awarded to joint bidding partnerships for heightened considerations of any anti-competitive effects.

The EMS Authority cannot condone anti-competitive actions during the competitive process for selecting emergency ambulance services in carrying out our statutory responsibilities. The EMS Authority declines to support and provide state action immunity to local governments, under HSC § 1797.6, from bids that have been determined to be anti-competitive and stifled competition.

V. Next Steps:

If you desire to appeal the denial of this plan submission to the Commission on EMS, please inform the EMS Authority in writing within 15 days of your receipt of this letter. The EMS Authority will then begin the process to schedule your appeal to be heard before the Office of Administrative Hearings pursuant to Health and Safety Code 1797.105.

Ms. Patricia Frost, Contra Costa EMS Director April 13, 2018 Page 6 of 6

Contra Costa County's next annual EMS Plan submission will be due on or before April 30, 2019.

Should you have any questions regarding the plan determination, please contact me at (916) 322-4336 extension 695.

Sincerely,

Tom McGinnis, NREMT-P

Chief

Cc William Walker MD, Contra Costa County Director of Health

William B. Walker, M.D. HEALTH SERVICES DIRECTOR

Pat Frost EMS DIRECTOR

David Goldstein, M.D. MEDICAL DIRECTOR



Contra Costa Health Services

Emergency Medical Services 1340 Arnold Drive, Suite 126 Martinez, CA 94553-1631

Ph (925) 646-4690 Fax (925) 646-4379

September 28, 2017

California EMS Authority (EMSA) 10901 Gold Center Drive, Suite 400 Rancho Cordova, CA 95670

Attn:

Mr. Adam Davis

Quality Improvement (QI) Coordinator

EMS Systems Division

Dear Mr. Davis:

Attached you will find an electronic copies of:

- 1. Contra Costa County's 2016 EMS System Plan. You can also access this document from our website at: http://cchealth.org/ems/pdf/sysplanupd16.pdf
- 2. Contra Costa County's EMS Quality Improvement Program (EQIP) Plan and our Annual Addendum & Initiatives document. You can also access these documents and other QI resources on our website at: http://cchealth.org/ems/quality.php

If you have any questions or concerns, please contact our EMS Program Coordinator, Mr. Jesse Allured.

<u>Jesse.Allured@hsd.cccounty.us</u> (925)588-6124

Regards,

Patricia Frost, EMS Director

ENC

CC:

Howard Backer, MD, MPH, FACEP - EMSA Director

William Walker, MD, Health Services Director

David Goldstein, MD, EMS Agency Medical Director





Contra Costa Emergency Medical Services Agency

EMS System Plan Update 2016

1340 ARNOLD DRIVE, SUTIE 126 MARTINEZ, CA 94553 (925) 646-4690 FAX (925) 646-4379 WWW.CCCEMS.ORG

September 30, 2017

EXECUTIVE SUMMARY:

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

In 2016 Contra Costa completed the operational implementation of the new emergency ambulance agreement associated with the Alliance a new model for emergency ambulance service delivery. The Alliance is a contractor/subcontractor entity with Contra Costa Fire Protection District the contracted entity for ambulance service who is subcontracting with legacy partner American Medical Response to provide the ambulance services. The contract went into effect as of January 1, 2016 along with Emergency response zone modifications. Our partnership with the Alliance has been collaborative and we continue to work with the new delivery model to further enhance the countywide EMS System.

During the implementation of the new agreement new processes for measuring and improving operational and clinical performance were established. A comprehensive data infrastructure upgrade was initiated to position the EMS System for success with opportunities for partnership with the local health care system. The EMS Agency developed a model for HIE with hospitals using the EPIC System as part of an effort to apply for the EMS+ grant. Although we were not successful with being awarded the grant it was praised and we are continuing to move forward with HIE integration using this model as part of a longer term effort to support bi-directional health information exchange.

The County EMS Agency continues to be successful in supporting our local transfer of care (TOC) safety initiative in partnership with all community hospitals in our operational area. The public reports are available at http://cchealth.org/ems/pdf/Hospital-Transfer-of-Care-Performance.pdf

Contra Costa EMS continues to be active in the promotion of local, regional, state and national neonatal and pediatric disaster preparedness. In 2016, Contra Costa in partnership with Alameda County was successful in getting the California State Department of Public Health (CDPH) and the California EMS Authority to support developing a pediatric disaster concept of operations which will be part of the CDPH Emergency Operational Manual. The Contra Costa EMS Agency is home to the California Neonatal, Pediatric and Perinatal Disaster Coalition and the National Pediatric Disaster Coalition Listserv.

Under the new LEMSA Medical Director leadership of Dr. David Goldstein, CCEMS continues to support a high performance EMS System committed to patient safety and process improvement.

Respectfully,

Patricia Frost RN, MS, PNP

EMS Director

Contra Costa Health Services

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Printed Programme and the second			ELECTRONIC STATE	
		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Agen	cy Administration:					
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		Х			
1.03	Public Input		Х			
1.04	Medical Director		Х	Х		
		Plannir	ng Activities:			
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning		Χ	X		
1.08	ALS Planning		X			
1.09	Inventory of Resources		Х			
1.10	Special Populations		Х	Х		
1.11	System Participants		X	Х		
		Regulate	ory Activities:			
1.12	Review & Monitoring		Х			
1.13	Coordination		Χ			
1.14	Policy & Procedures Manual		Х			
1.15	Compliance w/Policies	_	X			
		Systen	r Finances:			
1.16	Funding Mechanism		Χ			
		Medica	Il Direction:			
1.17	Medical Direction		Χ			
1.18	QA/QI		Χ	Х		
1.19	Policies, Procedures, Protocols		X	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		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		Х			
		Enhanced Level	: Advanced Li	fe Support		
1.24	ALS Systems		Х	X	2/	
1.25	On-Line Medical Direction		X	Х		
		Enhanced Leve	l: Trauma Car	e System:		
1.26	Trauma System Plan		Х			
	Enhanced Leve	el: Pediatric Eme	rgency Medica	I and Critical Care	System:	
1.27	Pediatric System Plan		Х			
		nhanced Level:	Exclusive Ope	rating Areas:		
1.28	EOA Plan		Х			

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		X			
			Dispatchers:			
2.04	Dispatch Training		X	Х		
		First Respon	ders (non-trans	porting):		
2.05	First Responder Training		Χ	Х		
2.06	Response		Х			
2.07	Medical Control		X			
		Transp	orting Personn	el:		
2.08	EMT-I Training		X	Х		
			Hospital:			
2.09	CPR Training		Х			
2.10	Advanced Life Support		X	Х		
		Enhanced Leve	el: Advanced Li	fe Support:		
2.11	Accreditation Process		×			
2.12	Early Defibrillation		Х			
2.13	Base Hospital Personnel		X			

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		X	Х		
3.02	Radios		Х	X		
3.03	Interfacility Transfer		X			
3.04	Dispatch Center		Х			
3.05	Hospitals		Х	X		
3.06	MCI/Disasters		Х			
		Pub	lic Access:			
3.07	9-1-1 Planning/ Coordination		×	X		
3.08	9-1-1 Public Education		X			
		Resource	e Managemen	t:		
3.09	Dispatch Triage		Х	×		
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		Х			
4.04	Prescheduled Responses		Х			
4.05	Response Time		Х	X		
4.06	Staffing		Х			
4.07	First Responder Agencies		Х			
4.08	Medical & Rescue Aircraft		X			
4.09	Air Dispatch Center		Х			
4.10	Aircraft Availability		X			
4.11	Specialty Vehicles		X	Х		
4.12	Disaster Response		Х			
4.13	Intercounty Response		Х	Х		
4.14	Incident Command System		Х			
4.15	MCI Plans		X			
	Enha	nced Level:	Advanced Life	e Support:		
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X			
	Enha	nced Level:	Ambulance R	Regulation:		
4.18	Compliance		Х			
	Enhanc	ed Level: E	xclusive Opera	ating Permits:		
4.19	Transportation Plan		X			
4.20	"Grandfathering"		X			
4.21	Compliance		X			
4.22	Evaluation		Х			

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		X	X		
5.02	Triage & Transfer Protocols		Х			
5.03	Transfer Guidelines		X			
5.04	Specialty Care Facilities		Х			
5.05	Mass Casualty Management		Х	Х		
5.06	Hospital Evacuation		X			
		Enhanced	Level: Advance	ed Life Support:		
5.07	Base Hospital Designation		X			
		Enhanced	Level: Trauma	Care System:		
5.08	Trauma System Design		X			
5.09	Public Input		Х			
	Enhanced	Level: Pediatric	Emergency Me	edical and Critical C	Care System:	
5.10	Pediatric System Design		X			
5.11	Emergency Departments		Х	X		
5.12	Public Input		Х			
		Enhanced Lev	el: Other Spec	alty Care Systems		
5.13	Specialty System Design		Х			
5.14	Public Input		X			

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		Х	Х		
6.04	Medical Dispatch		Χ			
6.05	Data Management System		Х	Х		
6.06	System Design Evaluation		Х			/
6.07	Provider Participation		Х			
6.08	Reporting		Х			
		Enhanced Level	Advanced Life	e Support:		
6.09	ALS Audit		Х	X		
		Enhanced Leve	el: Trauma Care	e System:		
6.10	Trauma System Evaluation		Х			
6.11	Trauma Center Data		X	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		Х	Х		
7.02	Injury Control		Х	X		
7.03	Disaster Preparedness		Х	Х		
7.04	First Aid & CPR Training		Х	X		e mi

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		Х			
8.02	Response Plans		Х	X		
8.03	HazMat Training		Х			
8.04	Incident Command System		Х	X		
8.05	Distribution of Casualties		Х	X		
8.06	Needs Assessment		Х	X		
8.07	Disaster Communications		Х			
8.08	Inventory of Resources		X	Х		
8.09	DMAT Teams		X	Х		
8.10	Mutual Aid Agreements		Х			
8.11	CCP Designation		Х			
8.12	Establishment of CCPs		Х			
8.13	Disaster Medical Training		Х	X		
8.14	Hospital Plans		Х	X		3-1-11-11-11-11-11-11-11-11-11-11-11-11-
8.15	Interhospital Communications		Х	X		
8.16	Prehospital Agency Plans		Х			
		Enhanced Lev	vel: Advanced	Life Support		
8.17	ALS Policies		X			
		Enhanced Leve	el: Specialty	Care Systems:		
8.18	Specialty Center Roles		Х			
	Enhanced	d Level: Exclusive	Operating Are	eas/Ambulance Re	gulations	
8.19	Waiving Exclusivity		Х			

2016 Emergency Medical Services (EMS) System Plan¹

SYSTEM PLAN SMART² OBJECTIVES

Progress from Last Reporting Period

No.	Standard	Meets State Standard	FY 2015-2016 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 July 2017
1.07	Trauma Planning	Yes	Annual Trauma System Status Report.	Progress to Date: In Progress Update due by January 2017.
1.08	ALS Planning	Yes	EMS System Review and Modernization study integration into emergency ambulance Request for Proposal (RFP) procurement and selection complete by November 2015.	Progress to Date: Met New ambulance provider competitively procured and new contract started January 1, 2016
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 12months Draft updated ordinance in review with County Counsel.
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

¹ Approved by the EMCC on 3.8.2017 ² SMART: Specific, Measurable, Achievable, Realistic and Timely

No.	No. Standard Meets State Standard		FY 2015-2016 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	Participating on the Steering Committee for Physicians Orders for Life Sustaining Treatment (POLST) with EMS System Stakeholders supporting the conversation project over 12-24 months.	Progress to date: Ongoing Member of POLST Conversation Project within county. Exploration of
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. Update of EOA I, II and V completed as part of system redesign and ambulance procurement.	Progress to date: In progress. Update of ambulance response areas completed as part of ambulance procurement 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 EMS staffing needs and workflows to support statutory requirements within 1-2 years.	Progress to date: Ongoing. Re-align 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 2015-2016 Objectives	Progress to Date
5.06	5.06 Hospital Yes if		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.	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	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. Evaluation and update of MCI plan in progress.

No.	No. Standard Meets State Standard		FY 2015-2016 Objectives	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: Met 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

2017 TIMELINE & ACTIONS TO BE ADDRESSED

All State standards have been met. We plan to address or reassess the following SMART objectives.

No.	Standard	Standard Meets State Standard 2017 Objectives		Time Frame
1.06	Annual System Plan Update	Yes	Update Annually.	July 2017
1.08	ALS Planning	Yes	Support successful ambulance provider transition and monitor for system gaps	July 2017
1.10	Special Populations	Yes	Exploration of alternative delivery models to match patient need to resource.	1-5 years
1.11	System Participants	Yes	Stakeholder participation in update 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
4.44	D. Francisco Manual	V	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	Yes	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	Participation with "Conversation Project" in Bay Area.	Annually
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	Complete county ambulance ordinance.	1-2 years

No.	o. Standard Meets State Standard		2017 Objectives	Time Frame
2.04	Dispatch Training	Yes	Support high quality EMD and dispatcher training for Center of Excellence Accreditation.	1-5 years
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.	January 2017
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
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 issues including public input of Ambulance Ordinance	1 year
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.	Annually
0.40	DitMliI D	V	Sustain development and recruitment of Contra Costa Medical Reserve Corp volunteers.	Annually
8.13	Disaster Medical Response	Yes	Yes Effective MRC capability for medical health deployment as needed.	
8.15	Interhospital Communications	Yes	Address ongoing gaps and improvement opportunities for ReddiNet platform to support reliable use by hospitals. Support redesign emergency communications system to support sustainability.	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

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year:	2016	
Percentage o (Identify for the	of population served by each level of care by county: ne maximum level of service offered; the total of a, b, a	and c should equal 100%.)
County: Contra Costa	County	
A. Basic Life Support (IB. Limited Advanced LiC. Advanced Life Supp	ife Support (LALS)	0 % 0 % 100 %
b) County Head c) Other (non- d) Joint Power e) Private Non		<u>B</u>
a) Public Heal	vices Agency Director/Administrator rectors	eports to B
Implementation Designation of to Designation of S Designation of S Designation of S Designation of S Development of Enforcement of		x
operation of an	100,01100	

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

Table 2 - System Organization & Management (cont.)

5. EXPENSES FY 15/16 (**)	\$1,673,124
Salaries and benefits	\$156,921
Contract services	\$1,536,005
Operations (e.g. copying, postage, facilities)	\$1,530,003
Travel	\$20,903
Fixed assets	\$290,696
Indirect expenses (overhead)	\$290,090
Ambulance subsidy	
EMS Fund payments to physicians/hospital	\$2,230,070
Dispatch center operations (non-staff)	\$250,000
Training program operations	\$(
Other: 1st Responder Enhancements	\$2,364,133
TOTAL EXPENSES	\$8,521,912
6. SOURCES OF REVENUE FY 15/16 (**)	
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	\$190,64
Other local tax funds (e.g., EMS district)	\$4,704,750
County contracts (e.g., multi-county agencies)	\$(
Certification fees	\$54,944
Training program approval fees	\$1,500
Training program tuition/Average daily attendance funds	\$
(ADA) Job Training Partnership ACT (JTPA) funds/other payments	\$(
Base hospital application fees	\$1
Base hospital designation fees	\$(
Trauma center application fees	\$
Trauma center designation fees	\$250,00
Pediatric facility approval fees	\$
Pediatric facility designation fees	\$
Other critical care center designation fees (STEMI/Stroke)	\$55,00
Ambulance service/vehicle fees/CCTP revenue	\$49,26
Contributions	\$
EMS Fund (SB 12/612)	\$2,096,08
	\$115,00
Other: Ambulance Penalty Fees	\$59,37
Other grants: UASI, HIE, NACCHO, SHGP,DHS	\$550,00
Other grants: Hospital Preparedness Program	\$8,126,57
TOTAL REVENUE (**)	-\$395,34
Surplus (deficit)	-\$395,34 \$395,34
Reserve contribution from prior year	\$395,34

^{**} 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: Our fee structure is:

First responder certification	· ·	\$0
EMS dispatcher certification	<u> </u>	\$0
EMT-I certification (This includes the \$75 EMSA fee)	-	\$155
EMT-I recertification (This includes the \$37 EMSA fee)	100	\$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-l 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	_	<u>N/A</u>
Base hospital designation	_	\$0
Trauma center application	_	N/A
Trauma center designation	_	\$250,000
Pediatric facility approval	_	\$0
Pediatric facility designation Other critical care center application	* <u>-</u>	\$0
Type: STROKE CENTER DESIGNATION Type: STEMI CENTER DESIGNATION	(Annually) (Annually)	\$5,000 \$5,000
Continuing Education Provider Authorization/Reauthorization		\$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		\$250
Other: EMS Aircraft Authorization	(Biennal)	\$15,000
Other: Tactical EMS	(\$50/transfer)	\$225
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%	
Program Coordinator/ Field Liaison	Prehospital Care Program Coordinator	1	\$ 54.19 (base)	37%	EMS Clinical Systems of Care Team Lead
Program Coordinator/ Field Liaison	Prehospital Care Coordinator	1	\$ 54.22 (base	37%	EMS System Optimization 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	Advanced RN	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

Staffing and salaries as of 2015/16 N/A = not applicable

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	FTE ⁵ POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT ⁶	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	Prehospital Care Coordinator	1	\$ 54.22(base)	N/A	Dispatch oversight assigned
Medical Planner	Emergency Preparedness Training Coordinator	1	\$38.52 (base)	37%	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	Secretary Advanced	1	\$ 38.87 (base)	37%	
Other Clerical	Clerk	1	\$16.43 (base)	37%	
Data Entry Clerk	Administrative Analyst	1	\$ 26.75 (base)	37%	
Other	Account Clerk	1	\$ 26.12 (base)	37%	

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

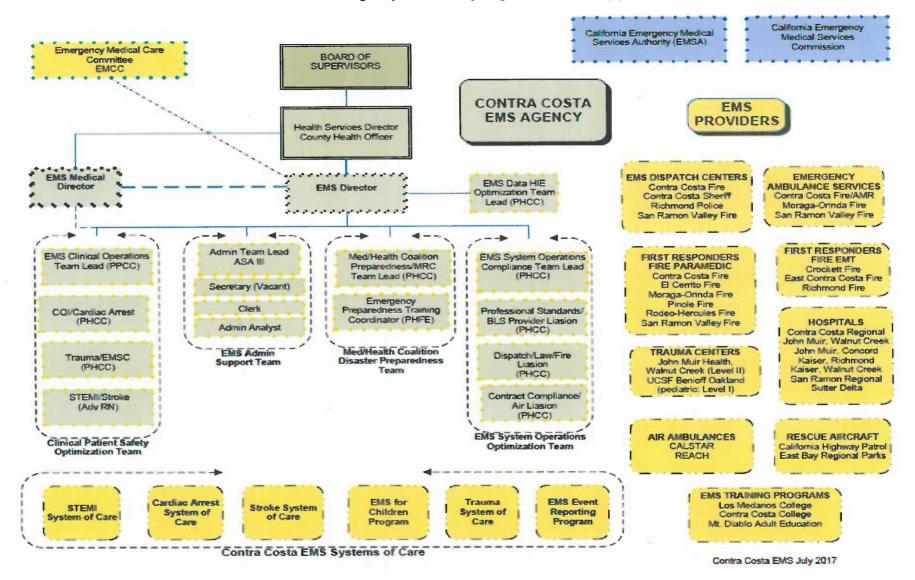


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: 2016

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified (active)	710	0		20
Number newly certified this year	250	0		2
Number recertified this year	460	0		13
Number of accredited personnel this year	NA	0	308	N/A
Total number of accredited personnel on July 1 of the reporting year	710	0	308	N/A
Number of certification reviews resulting	in:			
a) formal investigations	10	0		0
b) probation	15	0		0
c) suspensions	2	0		0
d) revocations	19	0		0
e) denials	1	0		0
f) denials of renewal/warnings	1	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

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

710 N/A

2. Do you have an EMR training program

□ yes <u>X no</u>

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Co	unty:Contra Costa County	
Re	porting Year: 2016	
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? Contra Costa County Fire Protection District, Richmond Police Department San Ramon Valley Fire Protection District	
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

Reporting Year:	2016

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 responder ⁸	6-8 min	N/A	N/A	6-8 min
Early defibrillation responder ⁹	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

Ke	eporting Year: <u>2016</u>			
Tr	auma			
	auma patients: Number of patients meeting trauma triage criteria	1884		
2.	Number of major trauma victims transported directly to a trauma center by ambulance	_1615		
3.	Number of major trauma patients transferred to a trauma center ¹¹	32_		
4.	Number of patients meeting triage criteria who were not treated at a trauma center	269_		
En	nergency Departments			
То	otal number of emergency departments	8		
1.	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		
Re	Receiving Hospitals			
1.	Number of receiving hospitals with written agreements	7 ¹³		
2.	Number of base hospitals with written agreements	1		

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

¹³ Includes STEMI, Stroke and Trauma

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: _	2016	
County: _	Contra Costa County	

SYSTEM RESOURCES

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

Attachment 1: Potential Sites and Site Assessment Checklist

1. Buchanan Airport	550 Sally Ride Drive	Concord
2. Contra Costa Community College	2600 Mission Bell Drive	San Pablo
3. Diablo Valley Community College	321 Golf Club Road	Pleasant Hill
4. Los Medanos Community College	2700 E. Leland Road	Pittsburg
5. Diablo Valley Comm. College Extension	Watermill Road	San Ramon
6. PG&E Conference Center	3301 Crow Canyon Road	San Ramon
7. County Fairgrounds	1201 West 10th Street	Antioch

	 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?	X Yes □ 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	<u>X Yes</u> □ No <u>X Yes</u> □ No <u>X Yes</u> □ No <u>X Yes</u> □ 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?	

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? Antioch Convalescent Long Term Center Evacuation 8.30.2030 Declared MCI's during 2016	16	X Yes
	b. Exercise? Contra County Medical Health Exercise November 2016	X Yes	□ No
	- Operational response to mass casualty training (September 2016)		
4.	List all counties with which you have a written medical mutual aid		10
	agreement. Region II Mutual Aid Agreement and California Mutual Aid Agr	<u>eement</u>	17 —
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 Ser	rvices
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 agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?	oplicabl	e ¹⁸

¹⁷ Through California Disaster Mutual Aid Agreement ¹⁸ Agency is part of Contra Costa Health Services (County Health Department)

Table 8: Re	esource Di	rectory					
Reporting Y	/ear: <u>2</u>	016	Respons	se/Transportation/Pro	viders		
County: Contra Costa County		Provider	Alliance (Contra Protection Dist		onse Zone:	ERA I	
Address:	_2400 Biss			Number of Ambulan	ce Vehicles in Fleet:		49
Phone Number:	888-267-	CA 94520 6591		Average Number of At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	mbulances on Duty on Any Given Day:	
Written C	ontract:	Medical Director:	System	Available 24 Hours:		Level of Ser	rvice:
X Yes	□ No	X Yes □ No	<u>></u>	X Yes	X Transport ☐ Non-Transport	X ALS X BLS	X 9-1-1 X Ground 7-Digit Air CCT Water IFT
Owner	ship:	If Public:	<u>If</u>	f Public:	If Air:		Air Classification:
□ Pul <u>X Priv</u>		☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal		☐ Rotary ☐ Fixed Wing	000	Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
			Tra	ransporting Agency ¹⁹			
NA N	NA Number of emergency responses 56.113 Number of emergency transports						

¹⁹ Data reflects responses and transports for all response zones provider serves

Table 8: Res	source Dir	rectory					
Reporting Ye	ear:	2016	Respons	e/Transportation/Prov	riders		
County:	Contr	a Costa County	Provider	Alliance (Contra Protection Distr		ponse Zone:	ERA II
Address:	2400 Biss	so Lane CA 94520		Number of Ambulano	e Vehicles in Fleet:		49
Phone Number:	888-267-			Average Number of A At 12:00 p.m. (noon)			31 countywide
Written Co	ontract:	Medical Director:	System	Available 24 Hours:		Level of Ser	vice:
X Yes	□ No	XYes □ No	X	<u>(Yes</u> □ No	X Transport ☐ Non-Transport	X ALS X BLS	X 9-1-1 X Ground 7-Digit Air CCT Water IFT
Owners	ship:	<u>lf Public:</u>	<u>If</u>	Public:	<u>lf Air:</u>		Air Classification:
X Publi X Priva	-	X Fire Law Other Explain:	☐ City ☐ State ☐ Federa	X County ☐ Fire District	☐ Rotary ☐ Fixed Wing	0	Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue

Table 8: Re	esource Dire	ectory						
Reporting Y	′ear: <u>2</u>	2016	Respons	e/Transportation/Provi	ders			
County: Contra Costa County		a Costa County	Provider	Alliance (Contra Costa Fire Protection District/AMR) Response Zone: ERA V			ERA V	
Address:	2400 Biss	o Lane		Number of Ambulance	e Vehicles in Flee	t:		49
	Concord,	CA 94520						
Phone Number:	888-267-	6591		Average Number of A At 12:00 p.m. (noon) o			3	31 countywide
Written C	contract:	Medical Director:	System	Available 24 Hours:	Level of Service:			ce:
X Yes	□ No	X Yes □ No	2	<u>(Yes</u> □ No	X Transport ☐ Non-Transpo	ort XBI		X 9-1-1 X Ground 7-Digit Air CCT Water IFT
Owne	rship:	<u>lf Public:</u>	<u>_11</u>	Public:	If Air:		Δ	Air Classification:
X Pul X Pri		X Fire Law Other Explain:	☐ City☐ State☐ Feder	X County ☐ Fire District	☐ Rotary ☐ Fixed Wi	ng		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue

Reporting Year:	2016
Reporting Year:	2010

			Respons	e/Transportation/Prov	iders		
		Note: Table 8 is to be	completed	for each provider by coι	unty. Make copies as n	eeded.	
County:	Contra Costa	a County	Provider:	Contra Costa Fire Pro	tection District Respo	nse Zor	ne: Contra Costa Fire Protection District
Address:	2010 Gea			Number of Ambulanc	e Vehicles in Fleet:	0	
Phone Number:	Pleasant I 925 941-3	Hill, CA 94523 3300		Average Number of A At 12:00 p.m. (noon)		0	
Written	Contract:	Medical Director:	System	Available 24 Hours:	<u>L</u>	evel of	Service:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No	☐ Transport☒ Non-Transport	⊠ ALS	S □ 7-Digit □ Air
Own	ership:	If Public:	<u>If</u>	Public:	If Air:		Air Classification:
	Public Private	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ State ☐ Feder	☑ County☐ District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
			<u>Tr</u>	ansporting Agencies			
34,778 33,054 1,734	Number of e	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transpo	
			Air	Ambulance Services			
	Number of e	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transpo	

Table 8: Resource Dir	ectory			
Reporting Year:	2016_	Response/Transportation/Pro	viders	
County:	ntra Costa County	Provider Crockett-Carquinez F	Fire Protection Response	Zone: Crockett-Carquinez Fire Protection District
Address: 746 Loring	g Avenue CA 94525	Number of Trucks	/Apparatus in Fleet:	9
Phone Number: 510-787-2	182.0		of Engines on Duty n) on Any Given Day:	1-
Written Contract:	Medical Director:	System Available 24 Hours:	Leve	I of Service:
X Yes □ No	<u>X Yes</u> □ No	X Yes □ No		ALS X 9-1-1 X Ground BLS
Ownership:	If Public:	If Public:	<u>lf Air:</u>	Air Classification:
X Public Private	X Fire Law Other Explain:	☐ City X County ☐ State X Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		First Responder Agency		
	NA N	otal number of responses umber of emergency responses umber of non-emergency response	es	

Reporting	Year:	2016

Troporting roar.	2010	Respons	e/Transportation/Prov	riders		
	Note: Table 8 is to be	e completed	for each provider by co	unty. Make copies as n	eeded.	
County: Contra Cos	ta County	Provider:	East Contra Costa District	Fire Protection Respo	onse Zone:	East Contra Costa Fire Protection District
	Park Way		Number of Ambulance	ce Vehicles in Fleet:	0	
Phone 925 634- Number:			Average Number of At 12:00 p.m. (noon)		0	
Written Contract:	Medical Director:	System	Available 24 Hours:	<u> 1</u>	evel of Ser	vice:
⊠ Yes □ No	⊠ Yes □ No	⊠ Yes	□ No	☐ Transport ☑ Non-Transport	□ ALS □ BLS □ LALS	⋈ 9-1-1⋈ Ground⋈ 7-Digit☐ Air☐ CCT☐ Water☐ IFT
Ownership:	If Public:	If	Public:	If Air:		Air Classification:
✓ Public☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	□ County⊠ District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
20		Tra	ansporting Agencies			
4,700 Number of e	er of responses emergency responses non-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	orts
		Air	Ambulance Services			
Number of e	er of responses emergency responses non-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	orts

Reporting	Year:	2016

Response/Transportation/Providers

		Note: Table 8 is to b	e completed	for each provider by co	unty. Make copie	es as need	ed.			
County:	Contra Cost	a County	Provider:	El Cerrito Fire Depart	ment	Respons	e Zone:	EI Depar	Cerr tment	ito Fire
Address: 10900 San Pablo Ave El Cerrito, CA 94530 Phone 510 215-4450 Number:			Number of Ambulance Average Number of A At 12:00 p.m. (noon)	Ambulances on I	mbulances on Duty 0		*			
Written	Contract:	Medical Director:	System	Available 24 Hours:		Leve	el of Serv	vice:		
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No	□ Transport ⊠ Non-Tran	sport 🗵	ALS BLS LALS	□ 9-□ 7-□ C0□ IF	Digit CT	☑ Ground □ Air □ Water
Owne	ership:	If Public:	<u>If</u>	Public:	<u>lf Air:</u>			Air Clas	ssifica	tion:
	ublic rivate	☑ Fire☐ Law☐ OtherExplain:	⊠ City□ State□ Federa	☐ County ☐ District	□ Rotary □ Fixed			Auxilia Air An ALS F BLS F	nbular Rescue	ce
			Tra	insporting Agencies		V		-		
1,558	Number of e	r of responses mergency responses on-emergency responses			Total number of Number of emer Number of non-	rgency trar	sports	rts		
			Air	Ambulance Services						
	Number of e	r of responses mergency responses on-emergency responses			Total number of Number of emer Number of non-e	gency trar	sports	rts		

Table 8: Re	source Dir	rectory					
Reporting Y	ear:	2016	Response	e/Transportation/Prov	iders		
County:	Co	entra Costa County	Provider:	Moraga-Orinda Fire		onse Zone:	Moraga-Orinda Fire Protection
Address:	1280 Mor	raga Way		Number of Engine	es/Trucks in Fleet:	5 En	ngines;1 ALS Truck;1 ambulance
Phone Number:	Moraga, 0	CA 94556 25- 258-4599			Ambulances on Duty) on Any Given Day:	1 Full Tim Staffed Ar	ne Ambulance & 3 Cross mbulances
Written C	ontract:	Medical Director:	System	Available 24 Hours:	ı	evel of Ser	vice:
X Yes		Yes □ No		Yes □ No	X Transport X Non-Transport	X ALS X BLS	X 9-1-1 X Ground 7-Digit Air CCT Water IFT
Owner	ship:	<u>If Public:</u>	<u>If</u>	Public:	<u>lf Air:</u>		Air Classification:
X Pu	<u>blic</u> vate	X Fire Law Other Explain:	☐ City☐ State☐ Federa	☐ County X Fire District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
			First Respor	der and Transporting	Agency	30.00	
1,619 N	lumber of e	er of responses emergency responses non-emergency responses		1305 100 1,205	Total number of transp Number of emergency Number of non-emerg	transports	orts

Reporting Year:	2016

Response/Transportation/Providers

			nespons	e, manaportation, mov	nucio		
		Note: Table 8 is to b	e completed	for each provider by co	unty. Make copies as n	eeded.	
County:	Contra Cost	a County	Provider:	Pinole Fire Departme	nt Respo	onse Zone:	Pinole Fire Department
Address:	880 Ten Pinole, C	nent Ave A 94564		Number of Ambulance Vehicles in Fleet:		0	
Phone Number:	510 724-			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:		0	
Written	Contract:	Medical Director:	System	Available 24 Hours:	Ī	evel of Ser	vice:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No	☐ Transport ☑ Non-Transport	⋈ ALS⋈ BLS□ LALS	⋈ 9-1-1⋈ Ground⋈ 7-Digit⋈ Air⋈ CCT⋈ Water⋈ IFT
Own	ership:	If Public:	lf	Public:	<u>If Air:</u>		Air Classification:
	Public Private	☑ Fire☐ Law☐ OtherExplain:	⊠ City □ State □ Feder	☐ County ☐ District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
			Tra	ansporting Agencies			
1,794 1,534 260	Number of e	er of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	orts
	32		Air	Ambulance Services			
¥	Number of e	er of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	orts

Reporting Ye	ear: 2	016							3
rioporting re			Respons	e/Transportation/Prov	iders				
		Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies a	s needed	d.		
County: Co	ontra Costa	County	Provider:	Richmond Fire Depart	tment Re	sponse :	Zone:	Richmond Department	Fire
Address:	440 Civic	Center Plaza		Number of Ambulance	e Vehicles in Fleet:	0			
		, CA 94804		8 20 E T.					
Phone Number:	510 307-8	031		Average Number of A At 12:00 p.m. (noon)		y 0 —			
Written Co	ontract:	Medical Director:	System	Available 24 Hours:		Level	of Serv	vice:	
⊠ Yes □	□ No	⊠ Yes □ No	⊠ Yes	□ No	☐ Transport ☑ Non-Transpo	rt 🗵	ALS BLS LALS	⋈ 9-1-1□ 7-Digit□ CCT□ IFT	☐ Air☐ Water
							_		
Owners	ship:	If Public:	<u>_lf</u>	Public:	<u>If Air:</u>			Air Classifica	ation:
⊠ Pub □ Priv		☑ Fire☐ Law☐ OtherExplain:	⊠ City □ State □ Feder	☐ County ☐ District	□ Rotary □ Fixed Win	ng		Auxiliary Re Air Ambular ALS Rescue BLS Rescue	nce e
			Tr	ansporting Agencies					
NA N	umber of er	of responses mergency responses on-emergency responses			Total number of tra Number of emerger Number of non-eme	ncy trans		orts	
			<u>Air</u>	Ambulance Services					
Ni	umber of er	of responses mergency responses on-emergency responses			Total number of tra Number of emerger Number of non-eme	ncy trans		orts	

Reporting Year:	2016

			Respons	e/Transportation/F	rovid	lers					
		Note: Table 8 is to be	e completed	for each provider by	coun	nty. Make copies as n	eede	d.			
County:	Contra Cost	a County	Provider:	Rodeo Hercules District	Fire	e Protection Respo	onse	Zone:	Rodeo He Protection I		Fire
Address:	1680 Re	fugio Valley Road		Number of Ambu	ance	Vehicles in Fleet:	0				
	Hercules	, CA 94547									
Phone Number:	510 799-	4561				nbulances on Duty n Any Given Day:	0				
Written (Contract:	Medical Director:	System	Available 24 Hours	<u>:</u>	Ī	_evel	of Serv	vice:		- 10
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No		☐ Transport☒ Non-Transport	\boxtimes	ALS BLS LALS	⋈ 9-1-1□ 7-Digit□ CCT□ IFT	□ Air □ Water	
							1				
<u>Owne</u>	rship:	If Public:	_lf	Public:		If Air:			Air Classific	ation:	
	ublic ivate	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ State ☐ Feder	☐ County 図 District		□ Rotary □ Fixed Wing			Auxiliary R Air Ambula ALS Rescu BLS Rescu	ince ie	
			Tra	ansporting Agenc	es						
1,260	Number of e	r of responses mergency responses on-emergency responses				Total number of transp Number of emergency Number of non-emerg	trans		rts		
			Air	Ambulance Servi	es						
<u> </u>	Number of e	r of responses mergency responses on-emergency responses				Total number of transp Number of emergency Number of non-emerg	trans		rts		

Table 8: Resou	rce Dir	rectory					
Reporting Year:		2016					
			Respons	e/Transportation/Prov	iders		
County:	Co	ntra Costa County	Provider:	San Ramon Valley Fir District	e Protection Respons	se Zone:	San Ramon Valley Fire Protection District
		inger Canyon Road on, CA 94583		Number of Ambulanc	e/Apparatus in Fleet: _	9 A	mbulances/35 units-
Phone		25- 838-6680		Average Number of At 12:00 p.m. (noon)	Ambulances on Duty) on Any Given Day:	5 A	.mbulances/18 units
Written Contract: Medical Director:			System Available 24 Hours: Level of Service:		vice:		
X Yes 🗆 I	No	X Yes 🗆 No	<u>X</u>	<u>Yes</u> □ No		ALS K BLS	X 9-1-1 X Ground 7-Digit Air CCT Water IFT
Ownership)'	If Public:	If	Public:	If Air:		Air Classification:
X Public Private		X Fire Law Other Explain:	☐ City ☐ State ☐ Federa	☐ County X Fire District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
	First Responder and Transporting Agency						
6,575Total number of responses4,238Total number of transports4,655Number of emergency responses469Number of emergency transports1,920Number of non-emergency responses3,769Number of non-emergency transports							

Table 8: Resource D	rectory								
Reporting Year:	2016	Response/	Γransportation/Prov	viders					
County: C	ontra Costa County	Provider:	CALSTAR Air A	mbulance F	Response	Zone:	CALSTAR Air Ambulance		
	iley Loop n, CA 95652		Number of Helicopters in Fleet:				1		
Phone Number: 916 921	-4000		Average Number of At 12:00 p.m. (noon			(0)	1		
Written Contract:	Medical Director:	System Av	ailable 24 Hours:		Level	of Servi	ce:		
X Yes 🗆 No	X Yes □ No	XY	<u>′es</u> □ No	X Transport ☐ Non-Transp	oort 🗆 B	ils Els	X 9-1-1 Ground 7-Digit X Air X CCT Water X IFT		
Ownership:	If Public:	<u>If Po</u>	ublic:	If Air:		A	Air Classification:		
□ Public X Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federal	☐ County ☐ Fire District	X Rotary X Fixed W	/ing	X A	auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue		
			6		'				
	Air Ambulance Services								
29320Total number of responses105Total number of transports243Number of emergency responses76Number of emergency transports50Number of non-emergency responses29Number of non-emergency transports									

²⁰ Limited data secondary to migration to new data systems associated with merger. Numbers reflects data from 9/1/2016 thru 12/31/2016.

Table 8: Resource Dire	ectory						
Reporting Year: 2016 Response/Transportation/Providers							
County: Cor	ntra Costa County	Provider: REACH Air Medical S	Response Zone:	REACH Air Medical Services			
Address: 451 Aviation	on Blvd #101 Santa Rosa	Number of Heli	copters in Fleet:	1			
Phone Number: 707 324-2	sa, CA 95403 400	Average Number of Helicopters on Duty At 12:00 p.m. (noon) on Any Given Day:		1-Concord			
Written Contract:	Medical Director:	System Available 24 Hours:	Level	of Service:			
X Yes □ No	<u>X Yes</u> □ No	X Yes 🗆 No	X Transport X A □ Non-Transport □ B	LS X 9-1-1 Ground LS 7-Digit X Air X CCT Water X IFT			
		Is Dublies	If Aire	Air Classification:			
Ownership: Public X Private	If Public: ☐ Fire ☐ Law ☐ Other Explain:		If Air: X Rotary X Fixed Wing	Auxiliary Rescue X Air Ambulance ALS Rescue BLS Rescue			
Air Ambulance Services							
	463 Total number of responses 142 Total number of transports						
73 N	lumber of non-emergency re	sponses (IFT) 47	Number of non-emergen	cy transports (IFT)			

AMBULANCE ZONE SUMMARY FORM: ERA I (2016)

Local EMS Agency or County Name:

Contra Costa County

Area or subarea (Zone) Name or Title:

ERA I

Name of Current Provider(s):

Contra Costa County Fire Protection District as part of an alliance 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.

AMBULANCE ZONE SUMMARY FORM: ERA II (2016)

Local EMS Agency or County Name:

Contra Costa County

Area or subarea (Zone) Name or Title:

ERAII

Name of Current Provider(s):

Contra Costa County Fire Protection District as part of an alliance 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.

AMBULANCE ZONE SUMMARY FORM: ERA III(2016)

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 this boundary adjustment on January 30, 2003.

AMBULANCE ZONE SUMMARY FORM: ERA IV(2016)

Local EMS Agency or County Name:
Contra Costa County
Area or subarea (Zone) Name or Title:
ERA IV
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.
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 held in 2008 resulted in a contract that expires October 21, 2018
*

AMBULANCE ZONE SUMMARY FORM: ERA V (2016)

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 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 sub-contractor to Contra Costa Fire, went into effect on January 1, 2016.

Table 9: Resources Directory								
Reporting Year: 20	16	<u>Facilities</u>						
County: Contra C	Costa County							
Address: 2500	ta Regional Medical Center O Alhambra Avenue artinez, CA 94553	Telephone Number:	925-370-500	00				
Written Contract: X Yes □ No		Standby Emergency Comprehensive Emergency	Base Hospital: Tes X No	Burn Center: ☐ Yes X No				
Pediatric Critical Care Ce EDAP PICU	enter	Trauma Center: ☐ Yes X No	If Trauma Center Level III	er what level: Level II Level IV				
STEMI Center: ☐ Yes X No	Stroke Center: Yes X No							

Table 9: Resources Directory								
Reporting Year:	2016	<u>Facilities</u>						
County: Contra Costa County								
Address:	ir Health, Concord Campus 2540 East Street Concord, CA 94520	Telephone Number:	925-682-8200					
Written Contract:	Service:		Base Hospital:	Burn Center:				
X Yes No		Standby Emergency Comprehensive Emergency	□ Yes <u>X No</u>	□ Yes <u>X No</u>				
Pediatric Critical Care EDAP		Trauma Center:	If Trauma Cente	er what level:				
PICU	☐ Yes <u>X No</u> ☐ Yes <u>X No</u>	☐ Yes <u>X No</u>	☐ Level III	☐ Level II ☐ Level IV				
STEMI Center:	Stroke Center:							
X Yes No	X Yes □ No							

Table 9: Resources Di	rectory								
Reporting Year:	2016	<u>Facilities</u>							
County: Contra	County: Contra Costa County								
Facility: John Muir Health, Walnut Creek Campus Telephone Number: 925-939-3000 Address: 1601 Ygnacio Valley Road Walnut Creek, CA 94598									
Written Contract:	Service	<u>):</u>	Base Hospital:	Burn Center:					
X Yes No	☐ Referral Emergency ☐ X Basic Emergency ☐	Standby Emergency Comprehensive Emergency	X Yes □ No	☐ 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	X Yes □ No	X Yes No	☐ Level III	X Level II Level IV					
STEMI Center:	Stroke Center:								
X Yes No	X Yes No								

Table 9: Resources Di	Table 9: Resources Directory								
Reporting Year:	Reporting Year: 2016 Facilities								
County: Contra Costa County									
Address: 56	anente Medical Center, Antioch 01 Deer Valley Road Antioch, CA 94531	Telephone Number:	925-813-650	0					
Written Contract:	Se	ervice:	Base Hospital:	Burn Center:					
X Yes □ No	□ Referral Emergency X Basic Emergency	☐ Standby Emergency☐ Comprehensive Emergency	□ Yes <u>X No</u>	□ Yes <u>X No</u>					
Pediatric Critical Care	Contor	T							
EDAP	Center ☐ Yes X No		If Trauma Cente	er what level:					
PICU	☐ Yes X No		☐ Level II	☐ Level II☐ Level IV					
STEMI Center:	Stroke Center	<u>r:</u>							
☐ Yes X No	X Yes	No							

X Yes

Table 9: Resources Directo	ry			
Reporting Year: 2016		<u>Facilities</u>		
County: Contra Co	sta County			
		Telephone Number:	925-295-400	00
	outh Main Street Creek, CA 94596			
Written Contract:	Service:		Base Hospital:	Burn Center:
X Yes	Referral Emergency	☐ Yes X No	□ Yes X <u>No</u>	
Pediatric Critical Care Cente	er 🗆 Yes X No	Trauma Center:	If Trauma Cent	er what level:
EDAP	☐ Yes X No			
PICU	☐ Yes <u>X No</u>	☐ Yes <u>X No</u>	☐ Level III	☐ Level II☐ Level IV
STEMI Center:	Stroke Center:			
X Yes □ No	X Yes			

Table 9: Resources Directory									
Reporting Year: 2016									
<u>Facilities</u>									
County: Contr	County: Contra Costa County								
Facility: Kaiser Permanente Med. Ctr., Richmond Address: 901 Nevin Avenue Richmond, CA 94801 Telephone Number: 510-307-1500									
Written Contract:	Service:		Base Hospital:	Burn Center:					
<u>X Yes</u> □ No		Standby Emergency Comprehensive Emergency	□ Yes <u>X No</u>	□ Yes <u>X No</u>					
Pediatric Critical Care		Trauma Center:	If Trauma Cente	er what level:					
PICU	☐ Yes <u>X No</u> ☐ Yes <u>X No</u>	□ Yes <u>X No</u>	☐ Level III	☐ Level II ☐ Level IV					
STEMI Center:	Stroke Center:								
☐ Yes X No	X Yes								

Table 9: Resources Directory								
Reporting Year:	2016							
		<u>Facilities</u>						
County: Contra	County: Contra Costa County							
Facility: San Ramon Regional Medical Center Telephone Number: 925-275-9200 Address: 6001 Norris Canyon Road San Ramon, CA 94583								
Written Contract:	Se	rvice:	Base Hospital:	Burn Center:				
X Yes No	☐ Referral Emergency X Basic Emergency	☐ Standby Emergend☐ Comprehensive En		☐ Yes X No				
Pediatric Critical Care EDAP	Center ☐ Yes X No		<u>iter:</u> <u>If Trauma Cen</u>	ter what level:				
PICU	☐ Yes X No		No	☐ Level II ☐ Level IV				
STEMI Center:	Stroke Center	<u>:</u>						
X Yes □ No	X Yes No							

Table 9: Resources Dir	ectory			
Reporting Year:	2016			
		<u>Facilities</u>		
County: Contra Co	osta County			
Address: 39	er Delta Medical Center 901 Lone Tree Way Antioch, CA 94509	Telephone Number:	925-779-720	00
Written Contract:	Serv	rice:	Base Hospital:	Burn Center:
X Yes No	9 ,	☐ Standby Emergency☐ Comprehensive Emergency	□ Yes <u>X No</u>	☐ Yes X No
	2 V V N-	T Country	If Transport Court	on what lavals
Pediatric Critical Care (EDAP PICU	☐ Yes X No☐ Yes X No☐ Yes X No☐ Yes X No☐	<u>Trauma Center:</u> ☐ Yes <u>X No</u>	If Trauma Cent Level I Level III	□ Level II □ Level IV
STEMI Center:	Stroke Center:			
X Yes No	☐ Yes X No	2		

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Contra Costa County Reporting Year: 2016

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 Pro	gram:					
	The public	Basic:	\$46/unit	Number of stude	ents completing traini	ng per year:		
		Refresher:	\$46/unit	Initial traini	ng:		150	
				Refresher:			25	
				Continuing	Education:		3	
				Expiration	Date:	5	5/31/2020	
				Number of cour	ses:			
				Initial traini	ng:		5	
				Refresher:		1.500	2	
				Continuing	Education:		0	

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Contra Costa County Reporting Year:

Training Institution: Mt. Diablo Adult Education Telephone Number: (925) 685-7340 Address: 1266 San Carlos Avenue Concords, CA 94518 Program Level EMT Student **Eligibility:** Open to General Cost of Program: Public \$1445 Number of students completing training per year: Basic: Refresher: \$240 Initial training 8 Refresher: 0 **Continuing Education:** 2 **Expiration Date:** 3/31/2017 Number of courses: **Initial Training:** Refresher: 0 **Continuing Education:**

2016

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Contra Costa County

Reporting Year:

2016

Training Institution:

John Muir Health, Walnut Creek

Address:

1601 Ygnacio Valley Road

Walnut Creek, CA 94598

Program Level: MICN Training

Student Eligibility:

> a. BLS **Cost of Program:**

b. ACLS Basic: \$0.00

Number of students completing training per year: **Initial Training:**

c. PALS Refresher: \$0.00 d. TNCC

Refresher:

0 Continuing Education: 24 Hours

e. Minimum 2 years ED. Exper.

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

5

Number of Courses:

Initial Training:

(annually in the spring)

Refresher: Continuing Education: ongoing

Telephone Number: 925-947-4438

TNCC PALS, ACLS, Trauma,

Other (All provided in house.)

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Contra Costa County

Reporting Year:

2016²¹

Training Institution: Contra Costa College

2600 Mission Bell Drive

San Pablo, CA 94806

Telephone Number: 510-215-3865

Program Level: EMT Training

Student

Address:

Eligibility: Open to Public **Cost of Program:**

Basic:

\$276

Number of students completing training per year:

Refresher: \$46/unit

Initial Training: Refresher:

0 **Continuing Education:**

8/31/2019 **Expiration Date:**

Number of Courses:

Initial Training 2 0 Refresher:

Continuing Education:

0

50

²¹ Estimated data set

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County:

Contra Costa County

Reporting Year:

2016

Name: Address:	San Ramon Valley Fire Dispatch 800 San Ramon Valley Road Danville, CA 94526			Primary Contact: Denise Pangelinan Communications Center Manager
Telephone Number:		925-838-6645		
Written Contract: X Yes □ No	Medical Director: X Yes □ No	X Day-to-Day X Disaster		ersonnel Providing Services: Training EMT-D ALS LALS Other
Ownership: X Public Private		If Public: X Fire □ Law □ Other Explain:	If Public: □ C	City □ County □ State <u>X Fire District</u> □ Federal

County: Contra Cos	ta County			Repor	rting Year:	2016
Name: Address:	Cor	ntra Costa Sheriff's Offi 40 Glacier Drive	се	Primary Contact:	Lisette Cortes Communicati	s ons Center Director
		Martinez, CA 94553		-		
Telephone Number:		925-313-2454				
Written Contract: X Yes □ No Ownership:	Medical Director: <u>X Yes</u> ☐ No	X Day-to-Day X Disaster If Public:		_	ding Services: 18 ²² EMT-D LALS	ALS Other
X Public □ Private		☐ Fire X Law ☐ Other Explain:	If Public: □	City X County	_ □ State □ Fir	e District

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

²² Average staffing 22 dispatchers/supervisors per day

S DIRECTORY Di	spatch Agency								
County: Contra Costa County Reporting Year: 2016									
NOTE: Make copies to add pages as needed. Complete information for each provider by county.									
Со	ntra Costa Fire Dispatcl	n	Primary Contact:	Diane Herse Communica	e tions Specialist				
	2010 Geary Road								
	rieasant Hill, CA 94523		-						
	925-941-3550								
Medical Director:	X Day-to-Day	Number of P	ersonnel Prov	iding Services:					
X Yes No	X Disaster			EMT-D	ALS				
	If Public:	BLS		LALS	Other				
	X Fire	If Public:	City County	y □ State <u>X Fir</u>	e District				
	Explain:								
	a Costa County add pages as needed Co P Medical Director:	Contra Costa Fire Dispatch 2010 Geary Road Pleasant Hill, CA 94523 925-941-3550 Medical Director: X Day-to-Day X Yes No X Disaster If Public: X Fire	Contra Costa Fire Dispatch 2010 Geary Road Pleasant Hill, CA 94523 925-941-3550 Medical Director: X Day-to-Day X Yes No X Disaster	A Costa County and pages as needed. Complete information for each provider by county. Contra Costa Fire Dispatch	A Costa County Indicated pages as needed. Complete information for each provider by county. Contra Costa Fire Dispatch				

TABLE 11: RESOURCES DIRECTORY Dispatch Agency								
County: Contra Costa County Reporting Year: 2016								
NOTE: Make copies to a	add pages as needed	I. Complete information	on for each provi	der by county.				
Name:	Richmo	ond Communications	Center	Primary Contact:	Michael Schlemmer, Communication Specialist			
Address:		326 27 th Street Richmond, CA 94804		-				
Telephone Number:		510-620-6660						
Written Contract: ☐ Yes X No Ownership: X Public ☐ Private	Medical Director: <u>X Yes</u> □ No	X Disaster If Public: X Fire	EMI	5 _	ding Services: EMT-D ALS LALS Othe	er		
		X Law ☐ Other Explain:	-					