

STATE OF CALIFORNIA  
Budget Change Proposal - Cover Sheet  
DF-46 (REV 10/20)

<b>Fiscal Year</b> 2022-23	<b>Business Unit</b> 4120	<b>Department</b> Emergency Medical Services Authority	<b>Priority No.</b>
<b>Budget Request Name</b> 4120-022-BCP-2022-A1		<b>Program</b> 3820-Emergency Medical Services	<b>Subprogram</b>

**Budget Request Description**

Multicounty Local Emergency Medical Services Agency Funding Increase

**Budget Request Summary**

The Emergency Medical Services Authority (EMSA) requests \$2,010,000 General Fund ongoing to support California's multicounty Local Emergency Medical Services Agencies (LEMSA). This funding would augment existing resources for multicounty LEMSAs to continue statutorily mandated responsibilities and address service delivery gaps driven by cost increases from increased tourism, population growth, and increased mandates over time.

<b>Requires Legislation</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Code Section(s) to be Added/Amended/Repealed</b>	
<b>Does this BCP contain information technology (IT) components?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	<b>Department CIO</b>	<b>Date</b>

**For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.**

**Project No.**

**Project Approval Document:**

**Approval Date:**

**If proposal affects another department, does other department concur with proposal?** ☐ Yes ☐ No

*Attach comments of affected department, signed and dated by the department director or designee.*

<b>Prepared By</b> Angela Wise	<b>Date</b> 1/21/2022	<b>Reviewed By</b> Tom McGinnis	<b>Date</b> 1/24/2022
<b>Department Director</b> Elizabeth Basnett	<b>Date</b> 1/24/2022	<b>Agency Secretary</b> Julie Souliere	<b>Date</b> 1/24/2022

**Department of Finance Use Only**

**Additional Review:** ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ Dept. of Technology

<b>PPBA</b> Sonal Patel	<b>Date submitted to the Legislature</b> 4/1/2022
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## **A. Budget Request Summary**

The Emergency Medical Services Authority (EMSA) requests \$2,010,000 General Fund ongoing, to support California's multicounty Local Emergency Medical Services Agencies (LEMSA). This funding would augment existing resources for multicounty LEMSAs to continue statutorily-mandated responsibilities and address service delivery gaps driven by cost increases from increased tourism, population growth, and increased mandates over time.

## **B. Background/History**

EMSA was established in 1980, pursuant to Division 2.5 of the Health and Safety Code (HSC), to provide statewide coordination and leadership for the planning, development, and implementation of local Emergency Medical Services (EMS) systems. Each LEMSA jurisdiction is comprised of multiple agencies (e.g., LEMSA, dispatch centers, law enforcement, fire departments, ambulance companies, and hospitals, including specialty care centers) working together to form an effective system to provide rapid emergency medical response, treatment, and transport to those in need of immediate medical attention. A LEMSA serves as the lead agency for the local EMS system designated by the county and is responsible for planning, implementing, and evaluating the local EMS system, and integrating all system participants in its jurisdiction. Each LEMSA must address and maintain the following eight EMS system components as defined in HSC section 1797.103:

1. System Organization and Management
  - a. Develop and maintain an effective management system to meet the emergency medical needs and expectations of the total population served.
2. Manpower and Training.
  - a. Make sure LEMSA authorized personnel functioning within the EMS system are properly trained, licensed, certified, authorized, and/or accredited to safely provide medical care to the public.
3. Communications
  - a. Develop and maintain an effective communications system that meets the needs of the EMS system.
4. Transportation
  - a. Develop and maintain an effective EMS response and ambulance transportation system that meets the needs of the population served.
5. Assessment of Hospitals and Critical Care Centers
  - a. Establish and/or identify appropriate facilities to provide for the standards and care required by a dynamic EMS patient care delivery system.
6. Data Collection and Evaluation
  - a. Provide for appropriate system evaluation using quality data collection and other methods to improve system performance.
7. Public Information and Education
  - a. Provide programs to establish an awareness of the EMS system, how to access and use the system, and provide programs to train members of the public in first aid and Cardiopulmonary Resuscitation (CPR).
8. Disaster Response
  - a. Collaborate with the Office of Emergency Services, Department of Public Health, and EMS responders in the preparedness and response of the region's EMS systems in the event of a disaster or catastrophic event within the regions or a neighboring jurisdiction.

Currently, there are 33 LEMSAs that provide EMS services throughout the state. There are 26 single county LEMSAs and 7 multicounty LEMSAs. The 7 multicounty LEMSAs contain 32 of the state's 58 counties and provide EMS services to a resident population of 6,774,503.

These multicounty LEMSAs also face a large annual tourist influx but have a disproportionate revenue base. Tourists and vacationers are attracted to these rural regions because they are desirable travel destinations for outdoor and recreational activities. Spring and summer seasons bring visitors for water sports, hiking, backpacking, camping, fishing, and trail-riding where the fall brings visitors for skiing, hunting, and fishing. Public safety agencies estimate that some areas periodically experience a 500 percent or more increase in population size because of vacationers, and at least 30 percent of ambulance responses are for non-residents. These multicounty LEMSAs were developed to improve the existing level of emergency medical services and to establish coordinated emergency medical service delivery mechanisms, but they lack sufficient EMS infrastructure and fee-generated revenue to support the increased tourist population.

EMSA, in accordance with HSC section 1797.108, provides supplemental General Fund of \$2.2 million in assistance to the multicounty LEMSAs located in large rural areas and those with smaller populations and limited financial and health care resources. This supplemental state funding is to be used to provide only essential minimum services necessary to operate the local emergency medical system as defined by HSC section 1797.108. Multicounty LEMSAs have not received an increase in General Fund since 1999-2000.

In order to receive the supplemental state funding, each multicounty EMSA must contain at least three counties and also provide matching funds of at least \$1 for each dollar of state funds received. Multicounty LEMSAs with a population of 300,000 or less receive the full amount of funding for which they are eligible if they provide a match of at least \$0.41 per capita. During 2021-22, all eligible multicounty LEMSAs received supplemental General Fund allotments. See the table below for 2021-22 multicounty EMSA allocations. Note: Coastal Valley no longer qualifies for supplemental funding because they currently only have two counties within their EMSA.

**2021-22 Multicounty EMSA Funding**

<b>Multicounty EMSA</b>	<b>County</b>	<b>Population</b>	<b>Funding</b>
<b>Central California EMS Agency</b>	4	1,819,431	\$406,000
<b>Coastal Valleys EMS Agency</b>	2	570,876	\$0
<b>Inland Counties EMS Agency</b>	3	2,207,767	\$298,000
<b>Mountain Valley EMS Agency</b>	5	657,553	\$367,000
<b>North Coast EMS Agency</b>	3	221,740	\$241,000
<b>Northern California EMS Agency</b>	5	71,903	\$287,000
<b>Sierra-Sacramento Valley EMS Agency</b>	10	1,225,233	\$583,000
<b>Totals</b>	<b>32</b>	<b>6,774,503</b>	<b>\$2,182,000</b>

For over two decades, county EMSA operational costs, including those related to key state objectives, have increased while state funding for essential services that the multicounty LEMSAs provide was reduced from \$2.4 million to \$2.182 million in 2008. With no offsetting state General Fund augmentation, multicounty LEMSAs have been forced to continually increase local provider fees and certification fees. LEMSAs are facing choices about which EMS services they must reduce or eliminate. These reductions will undermine the EMSA's ability to plan, implement, and evaluate their EMS systems, including crisis support and general disaster preparedness and response. Therefore, to meet increased EMS responsibilities, sustain and enhance core critical components of an EMS System, and maintain statutory and regulatory compliance, multicounty LEMSAs require additional state funds.

### **C. State Level Consideration**

Based on data obtained from the California Emergency Medical Services Information System (CEMSIS), and EMS Plans currently under review, it is estimated that more than 5.5 million 9-1-1 and emergency calls were made by Californians for emergency medical assistance. Of these calls, one million were within the multicounty LEMSA's jurisdictions. A coordinated effort involving multiple agencies is necessary to provide an immediate response and high standard of care. For this service to be delivered efficiently, all components of a local EMS system must work collaboratively—mutually reinforcing and supporting each other to support rapid and efficient patient care. In large counties, county governments can provide these functions with available financial resources. However, in rural counties with limited financial resources, low population density, and heavy tourist and other transient kinds of traffic, it is almost impossible for local government to maintain basic EMS. Rural areas of the state are also disproportionately affected by long transport times, lack of outreach training, use of volunteer EMS personnel, limited access to specialty care such as trauma centers, ST-elevation myocardial infarction (STEMI)/Stroke Centers, and Emergency Medical Services for Children (EMSC), and other limited resources. The appropriate and timely provision of emergency medical care is critical to California residents. Without this care, unnecessary morbidity and mortality will occur, which, in addition to increased human suffering, may result in increased health care costs.

### **D. Justification**

Additional statutory and regulatory requirements for EMS have resulted in increased costs for LEMSAs. Lack of additional state resources would jeopardize the integrity of the multicounty LEMSAs that represent predominantly rural and remote California counties. Without additional funding, multicounty LEMSAs may be forced to reduce essential EMS county services, including but not limited to: disaster, trauma, stroke, cardiac, and EMSC planning, and independent EMS system quality improvement and medical control oversight. Planning and participation in statewide responses to disasters and overall multicounty coordination would be decreased, and California will be unable to meet the requirements of Division 2.5 of the HSC, to develop a high-quality patient care driven EMS System promoting statewide public safety.

Examples of service reductions and eliminations may include the following:

- Discontinuance of monitoring non-exclusive operative areas (EOA); decrease in ambulance inspections for appropriate equipment; delay of approval of new ambulance providers; elimination or reduction of on-site monitoring of approved providers; decrease in assurance of quality EMS response and transports;
- Reduction of on-site monitoring of base and receiving centers, including specialty care;
- Delay of approval of new training programs and classes, and decrease or elimination of monitoring approved training programs and classes, delay of certifying and accrediting personnel, delay of updates to protocols and training policies;
- Reduction of public information and education services;
- Reduction of approval and monitoring of Emergency Medical Dispatch (EMD) training;
- Delay of dispatch investigations;
- Reduction of participation in disaster planning, training, and exercises;
- Decrease in Quality Improvement (QI) and ability to provide data to EMSA; and
- Reduction of staff hours, resulting in a decrease of fiscal accounting, budgeting, and contract maintenance, elimination of travel, disapproval of staffing salary increases, inability to fill vacant staff positions.

Multicounty LEMSAs have attempted to obtain necessary funding to support daily operations; however, these small, rural counties are unable to provide or generate any more financial support. Examples of attempts to obtain funding are as follows:

## Analysis of Problem

- Annual assessment of first responder accreditation and certification fees and revenues to cover real costs;
- Increased fees for trauma center contracts;
- Increased local revenues by increasing EMS System fees;
- Doubled fees charged to counties for LEMSA services (being part of a region);
- Annual cost price index adjustment to trauma centers, base hospitals, ambulance providers, and county contract fees;
- Annual adjustment of franchise fees to reflect workload costs;
- Collection of ambulance permit fees upon initial approval; and
- Annual rate study conducted to assure fees cover costs of services.

Multicounty LEMSA's have been forced to continually move resources to the most critical issues at a given time leaving other critical components without any or limited resources in areas such as disaster preparedness. To exhibit the actual needs of the multicounty LEMSAs, each one has provided an assessment of their current unmet funding needs and the amount of funding needed to "right size" their allocations (see Attachment B). The following table reflects the funding request by each multicounty LEMSA based on EMS System Component needs.

### Multicounty LEMSA Funding Request

EMS System Component	Central California	Inland Counties	Mountain-Valley	North Coast	Northern California	Sierra-Sacramento Valley	Totals
<b>Communications</b>	\$192,000	\$0	\$0	\$0	\$0	\$0	\$192,000
<b>Data Collection and Evaluation</b>	\$25,000	\$210,000	\$0	\$0	\$0	\$75,000	\$310,000
<b>Disaster Response</b>	\$122,000	\$10,000	\$210,000	\$10,000	\$68,000	\$60,000	\$480,000
<b>Assessment of Hospitals and Critical Care Centers</b>	\$0	\$0	\$0	\$0	\$102,000	\$0	\$102,000
<b>Transportation</b>	\$0	\$0	\$51,000	\$0	\$0	\$0	\$51,000
<b>System Organization and Management</b>	\$195,000	\$0	\$123,000	\$245,000	\$137,000	\$175,000	\$875,000
<b>Totals</b>	<b>\$534,000</b>	<b>\$220,000</b>	<b>\$384,000</b>	<b>\$255,000</b>	<b>\$307,000</b>	<b>\$310,000</b>	<b>\$2,010,000</b>

## E. Outcomes and Accountability

Multicounty LEMSAs are responsible for the most rural areas and lowest income communities of the state. The services available in rural areas of the state are inequitable when compared to larger and more affluent areas. The requested funding augmentation would assist in closing that gap. Additionally, funding will also enable multicounty LEMSAs to develop and maintain an effective EMS system to meet emergency medical needs and expectations of the total population served through the following:

- Making sure EMS personnel are properly trained, licensed, certified, authorized, and/or accredited to safely provide medical care;
- Developing and maintaining an effective EMS communications system as defined in HSC code 1797.223 for the timely transmission of emergency response information;
- Developing and maintaining an effective EMS response and transportation system;
- Providing appropriate system evaluation using quality data collection and other methods to improve system performance and evaluation;
- Providing the public with access to public information and education as it relates to EMS;
- Providing preparedness and response services in the event of a disaster or catastrophic event such as infectious disease, wildfires, earthquakes, tsunamis, terrorism, etc.;
- Adding new specialty systems (e.g., Stroke, Behavioral Health/EMS, geriatric, pediatric);

## Analysis of Problem

- Enhancing integration of hospital and robust prehospital data driven systems, health information exchange/outcome data, ambulance patient offload time, improving EMS System evaluation and quality improvement oversight;
- Increasing participation in prevention and public education programs;
- Increasing volume of EOAs; and
- Increasing personnel certification volume through increased number of training programs.

Additionally, the requested funding augmentation would provide enhanced and stabilized LEMSA services to the counties multicounty LEMSAs represent and would permit the filling of vacant positions to help manage ever-increasing workload and community EMS needs. In terms of operational accountability, EMSA oversees multicounty LEMSAs, determining compliance with state standards for EMS and hospital base and specialty center designation, and monitoring multicounty LEMSA contracts. Multicounty LEMSA operations are also monitored through quarterly and annual data reports for compliance with the eight required components of an EMS system.

Multicounty LEMSAs that accept increased funding under this proposal will be monitored through additional specific metrics that demonstrate the new funding is being used to address the noted workload gaps. These metrics will be reported to EMSA in the multicounty LEMSA's quarterly report and evaluated by EMSA staff for appropriate use of the funding. EMSA will work with multicounty LEMSAs to oversee that reporting requirements are met. Insufficient reporting from the LEMSA on how new funding is being utilized may result in withholding of the funds.

## F. Analysis of All Feasible Alternatives

**Alternative 1:** Approve \$2,010,000 General Fund ongoing to support California's multicounty LEMSAs.

Pros:

- Allow multicounty LEMSAs to maintain lifesaving EMS for residents and visitors to rural areas;
- Enable multicounty LEMSAs to comply with required and essential state and county services, including but not limited to disaster, trauma, stroke, cardiac, and EMS for children planning, and independent EMS system quality improvement and medical control oversight that provides statewide public safety; and
- Permit multicounty LEMSAs to meet increased EMS responsibilities to sustain and enhance core critical components of an EMS System.

Con:

- Increased ongoing General Fund costs.

**Alternative 2:** Increase fees for the services for which multicounty LEMSAs currently charge, including but not limited to: training program fees, trauma center fees, provider fees, base hospital fees, and certification fees.

Pro:

- Does not result in additional costs to the General Fund.

Cons:

- County Boards of Supervisors have indicated that additional fee increases are unlikely to be approved;
- Places a financial burden on EMS responders by raising certification fees;
- Increased fees may result in a decrease in the number and quality of EMS personnel and transport providers;

## Analysis of Problem

- Decreasing staff and service levels to rural ambulance providers and an inability to modernize existing EMS data collection and evaluation systems;
- Increased workload for EMS System staff who are already working well above full-time equivalent hours;
- Decreased disaster preparedness and response activities; and
- Reduction in initial paramedic disciplinary investigations and resultant ongoing assistance to EMSA.

**Alternative 3:** Do not approve the funding request.

Pro:

- There would be no General Fund cost.

Cons:

- Multicounty LEMSAs would be required to eliminate or reduce services;
- Multicounty LEMSAs would be unable to address the eight required components of an EMS system defined in Health and Safety Code 1797.103; and
- Inability to adequately plan, implement, and evaluate the local EMS system.

### **G. Implementation Plan**

EMSA will continue to oversee multicounty LEMSAs, checking for compliance with state standards for EMS, and designating and monitoring multicounty LEMSAs contracts. Multicounty LEMSAs operations are also monitored through quarterly and annual data reports for compliance with the eight required components of an EMS system.

### **H. Supplemental Information**

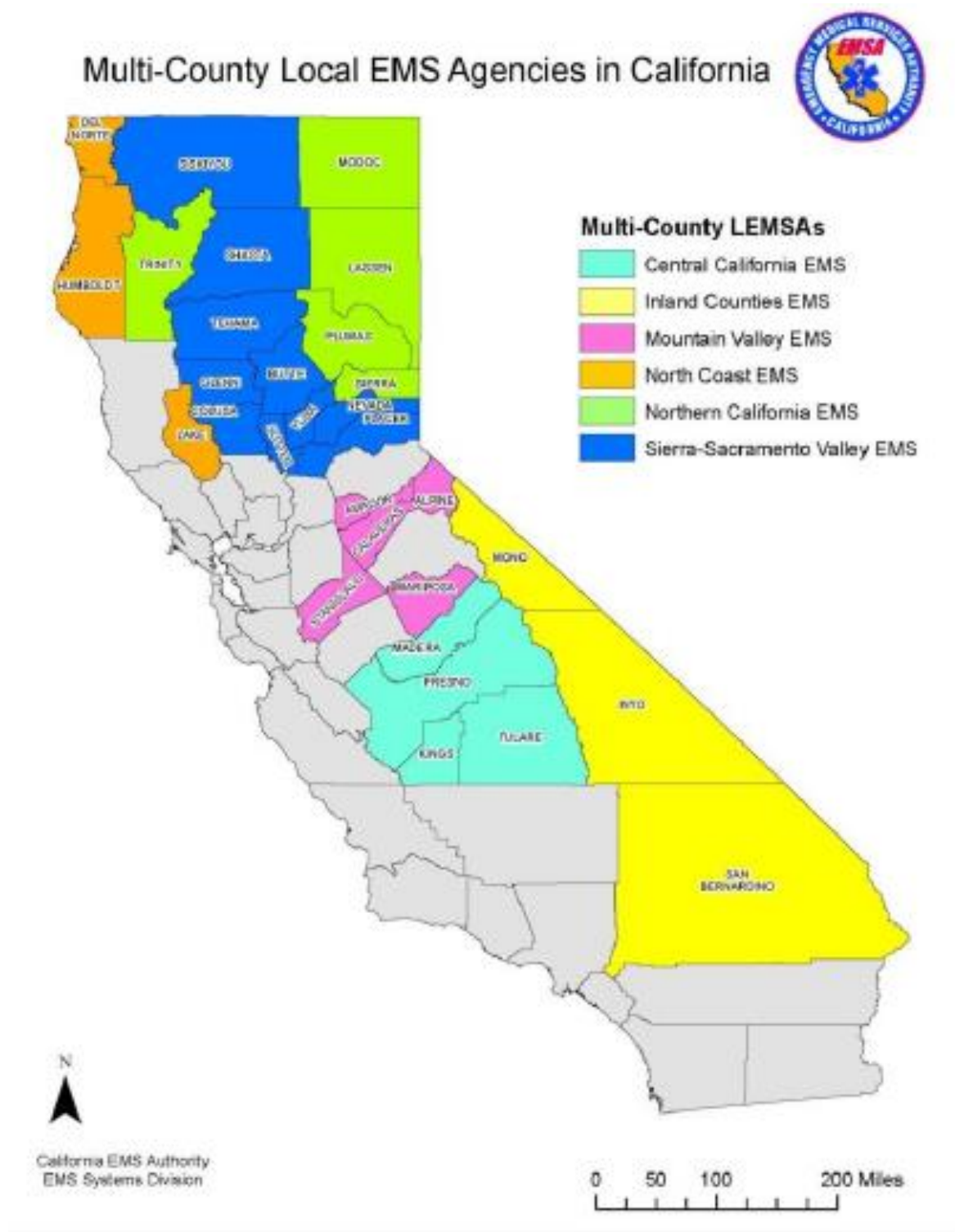
Attachment A: Multicounty LEMSAs Funding Map

Attachment B: Multicounty LEMSAs Workload Gap Analysis

Attachment C: Fiscal Detail Sheet

### **I. Recommendation**

Approve Alternative 1. This alternative would provide the fiscal resources required to support multicounty LEMSAs in the administration of EMS due to increased regulatory, disaster planning and response, and system coordination responsibilities. The additional funding would provide continued and stable funding for disaster planning, personnel, and administrative support for the statewide operation of the multicounty LEMSAs. The use of General Fund assists multicounty LEMSAs in addressing the eight mandated components of an EMS system and improve the quality of patient care that is delivered through a coordinated, statewide EMS system that focuses on prevention and response.





## Attachment B: Multicounty LEMSA Workload Gap Analysis

EMS Agency	EMS System Component	Funding Request	EMS Workload Gap
Central California	Communications	\$56,000	Radio infrastructure cost has significantly increased, and the need for additional radio capabilities cannot be afforded. The EMS agency needs to add additional radio frequencies to address the increase in EMS call volume, and the Hospital Emergency Administrative Radio System needs to be expanded to reach all hospitals in the region. The EMS agency has access to Homeland Security Grant Funds for initial purchase and installation of radio infrastructure, but cannot afford on-going annual costs for space and maintenance.
Central California	Communications	\$136,000	Since 1990, the EMS Agency has operated a regional EMS dispatch center to provide consistent and reliable service for 9-1-1 calls in the region. This allowed all areas of the region, whether low income or affluent, to receive the same level of service. 9-1-1 callers are provided pre-arrival medical instructions in English, Spanish, Hmong, and many other languages. Unfortunately, ambulance providers in the smaller, rural areas of Fresno, Kings, and Madera counties cannot afford the increases in costs, and Fresno County incurs the cost burden. The alternative would be decreasing staff and service level to rural ambulance providers, which is not a consideration. Ambulance providers have realized a 62 percent increase in dispatch costs and additional funds are not available.
Central California	Data Collection and Evaluation	\$25,000	The EMS agency's Continuous Quality Improvement (CQI) process is antiquated, and modernization is needed to effectively monitor the system and quickly spot trends and areas where improvement is needed. The current system is paper-based and upgrading the process to a computer-based software system is necessary. The EMS agency may be able to provide one-time funding for the software purchase, but funding is not available for on-going annual costs of upgrades and maintenance.
Central California	Disaster Response	\$122,000	As a result of the COVID pandemic, the EMS agency has identified areas of response that were not prepared for. In the past, disaster preparedness has been a lower priority because disasters were not a routine problem. However, the last three years of fires and the COVID pandemic have shown disasters have become more frequent. The EMS agency is responsible for disaster medical services throughout the region, and large incidents require coordination with the Medical Health Operational Area Coordinator (MHOAC), public health, Office of Emergency Services (OES), and other partners. There is a need for dedicated staffing to support the EMS Agency's MHOAC program, including disaster preparedness, training, and response.
Central California	System Organization and Management	\$195,000	While the EMS Agency workload has increased due to mandates of HSC and regulations since 2000, the EMS Agency has seen an 88 percent increase in personnel and benefit costs, although there are 3.5 fewer employees than in 2000. The positions were eliminated due to rising costs that could no longer be funded through fee increases. Fresno County (host and largest county) is subsidizing the smaller, less fortunate counties in the region; much of past fee increases have been unfairly charged to Fresno County. In recent years, the EMS agency has substantially increased fees to partner counties and increased fees for certification and training; however, it is not enough to keep up with the increase in salary and benefits, and other costs. The Maddy EMS Fund (see Health and Safety Code 1797.98a) has also decreased nearly 60 percent, leaving a funding gap.
Inland Counties	Data Collection and Evaluation	\$210,000	To strengthen the EMS agency's data analysis process, there is a need for an additional staff member to monitor, differentiate, organize, and materialize incoming data to provide transparency to stakeholder partners. The additional position will assist in identification of gaps to help improve a dynamic system. (\$150,000) The EMS Agency's CQI process is antiquated, and modernization of the process is needed. Most of the LEMSA process is based off good, evidence-based data. To collect and manage data, the EMS agency needs to upgrade the current software to effectively monitor the system and quickly spot trends and identify areas where improvement is needed. The EMS agency lacks the ability to fund on-going costs of a modernized system. Augmented funds will be utilized to pilot a long-term solution of the online compliance utility program of First Watch (\$60,000).

## Attachment B: Multicounty LEMSA Workload Gap Analysis

EMS Agency	EMS System Component	Funding Request	EMS Workload Gap
Inland Counties	Disaster Response	\$10,000	The EMS Agency is responsible for disaster medical services throughout the region and large incidents require coordination with public health, OES, and other partners. In the past, disaster preparedness was usually a low priority because disasters were not routine. However, these past few years, the EMS agency has identified a lack of resources that would help with disaster preparedness, training, and response. There is a need for dedicated funding to support the EMS Agency's disaster medical response and MHOAC Program. The requested augmentation would be used to increase and strengthen the MHOAC Program, as well as provide training to staff in disaster response.
Mountain-Valley	Disaster Response	\$210,000	From 2006 to 2011, the EMS agency hired an independent contractor to perform disaster preparedness activities. The activities were primarily limited to the EMS agency's participation in the Hospital Preparedness Program (HPP) Grant issued from the California Department of Public Health. In 2011, the EMS agency began an internal team approach to developing and implementing the HPP Grant work plan each fiscal year. These duties were in addition to each staff's regular workload. Other disaster preparedness response, planning, and training activities have been shared by multiple staff. In 2020, the EMS agency established an EMS Education/Disaster Coordinator position with the intent of shifting the bulk of disaster preparedness functions, apart from the HPP Grant coordination, would be handled by to this staff member this staff member. The EMS Education portion is funded by a JPA Board of Directors approved training fee charged to the ALS ambulance providers throughout the region and includes access to the EMS agency's Mobile Simulation Lab, a regional resource for all field EMS personnel. However, the disaster preparedness planning, training, and response workload still requires additional manpower personnel. During the COVID-19 pandemic, two additional staff members carried heavy day-to-day response workload on top of regularly assigned duties. Adding two coordinator positions for dedicated disaster preparedness will allow the EMS agency to relieve other staff from extra duties of the HPP Grant and on-going disaster preparedness response, planning, and training activities. There is not room in the current budget to add these two positions unless there is a change in the income stream.
Mountain-Valley	System Organization and Management	\$123,000	In 2011, the EMS agency eliminated the Staffing and Training Coordinator position as part of the funding investment in the First Watch data surveillance program. Since that time, the responsibilities to approve and monitor various levels of EMS training programs provided outside the EMS agency have been shared between two agency staff, in addition to their regularly assigned duties. Reestablishing the Staffing and Training Coordinator position will allow consolidation of this workload into one position and allow all detailed audit work to be completed more consistently. It will also permit realignment of other tasks and relieve additional workload from those carrying the extra assignment, allowing for a quality opportunity to complete their normal workload. The current budget does not allow for the reinstatement re-establishment of the Staffing and Training Coordinator position unless there is a change in the income stream.
Mountain-Valley	Transportation	\$51,000	In 2015, the EMS agency granted an employee to work part-time at a .625 FTE. At the time, the workload for the position was reduced accordingly with the majority of ambulance provider contract work taken on by the Agency Executive Director. Funds for the remaining .375 FTE became part of the EMS agency's investment in First Watch as a data surveillance tool. However, beginning in 2018, the EMS system in Stanislaus County was re-envisioned to include more recognition of fire service contribution. A Request for Proposal for advanced life support (ALS) ground ambulance service was developed and issued in 2019. This resulted in new ALS ambulance contracts and agreements with participating fire agencies effective January 1, 2020. These changes increased the Response and Transport Coordinator's workload with monitoring the First Watch surveillance system for response compliance issues. Simultaneously, over the past 18 months, there has been an increase in application processing for non-emergency ground ambulance providers primarily for Stanislaus County. There is no room in the current budget to increase the position back to full-time unless there is a change in the income stream.

## Attachment B: Multicounty LEMSA Workload Gap Analysis

EMS Agency	EMS System Component	Funding Request	EMS Workload Gap
North Coast	Disaster Response	\$10,000	As mentioned above, the EMS agency lost \$71,000 in one-time only COVID revenue despite continued pandemic-related work. The potential for disasters including fires, tsunamis, earthquakes, etc., and the recent experience with the pandemic highlight the need for continued, increased preparedness. The EMS agency needs to update the regional Multi-Casualty Plan, which was delayed due to insufficient staff, and continue to work on other disaster medical system enhancements. Without additional revenue, the disaster medical services responsibilities, including support of each county's MHOAC program, would suffer substantially. The requested augmentation is to increase County Disaster liaison time to assist with workload, ongoing COVID needs, and potentially new disasters.
North Coast	System Organization and Management	\$50,000	Staff/contractor pay, and FTE increases mentioned above will support the ongoing assessment, planning, and maintenance of existing Critical Care Systems pursuant to state regulations, including STEMI, Trauma, EMSC, and facilities' associated QI mandates. Additional state revenue will allow for implementation of a Stroke System, conducting periodic Paramedic Base Hospital site surveys, and assisting with future Trauma Center, STEMI Receiving Center, EDAP, and Stroke Center designation and compliance site surveys. These programs have increased patient survival and reduced morbidity as demonstrated in peer-reviewed publications, decreased cardiac death rates, and reported higher Pediatric Readiness Scores than national norms. The RN will also support needed increases in Trauma, STEMI, and EMSC system oversight, and assist with patient transfer delay issues, EMS system evaluation, data review, QI, and oversight of Critical Care Centers and designated facilities. The requested augmentation is to cover the projected fiscal deficit between approved annual trauma center fees and actual Trauma System oversight costs to carry out state requirements.
North Coast	System Organization and Management	\$195,000	Providing EMS oversight for predominantly resource-poor rural counties, the EMS Agency has the smallest budget of the regional EMS agencies, the same core staff size since 1999, and the lowest employee pay. One of the EMS Agency's greatest needs is additional revenue to pay staff competitive wages, compared with similar positions and similar sized LEMSAs, to incentivize existing employees and find qualified candidates to replace outgoing personnel. Long serving contractor fees have remained stagnant with insufficient hours to fulfill even minimum responsibilities. Over the last 20 years, the EMS agency has been forced to levee unpopular fees to keep up with ever-increasing workloads which have resulted from the establishment of new standards, regulations, and the adoption of expanded patient care enhancing programs (STEMI, Trauma, EMSC, QI, Disaster, EOAs), although the EMS agency has not kept up with increasing costs. For example, the EMS agency projects a \$40,000 deficit between Trauma contractor fees paid and Trauma Center revenue received last year. The EMS agency recently ended an eight-year federally funded EMSC grant with UCD-MC and have had to absorb ongoing EMSC system oversight costs. In addition, the EMS agency lost \$71,000 in one-time COVID revenue while pandemic related work continues. Revenue shortfalls required use of the EMS agency's diminishing fiscal reserve. Without new funding streams, and a depleting reserve, the EMS agency will be forced to reduce expenses and services and could cease to exist. Also, the EMS agency has long needed a full-time emergency medicine experienced registered nurse (RN). The RN would perform administrative tasks; coordinate STEMI, Trauma, EMSC Subsystems, Cardiac Arrest Registry to Enhance Survival (C.A.R.E.S.), EOA, Disaster Medical, QI, and Emergency Medical Dispatch programs; reimplement long reduced Paramedic Base Hospital and co-conduct Trauma Center, STEMI Center, and Emergency Department Approved for Pediatrics (EDAP) designation site surveys; implement the planned Stroke System and a possible Geriatric program; and facilitate other EMS system improvements. Additionally, travel costs are expected to increase following the cessation of the pandemic. Lastly, the EMS agency relies heavily on Maddy EMS Fund revenue which is set to sunset in a handful of years. The requested augmentation will assist to retain staff, replace vacated positions with qualified personnel, and add a full-time RN position.

## Attachment B: Multicounty LEMSA Workload Gap Analysis

EMS Agency	EMS System Component	Funding Request	EMS Workload Gap
Northern California	Assessment of Hospitals and Critical Care Centers	\$102,000	All facilities must be evaluated on an ongoing basis. This involves significant travel and time in the EMS agency region. With the rural and many frontier landscape areas, traveling to facilities for site reviews, investigations, renewals, new contracts, etc., requires full-time staff to perform these critical functions. The EMS agency must regain staffing to address increased QI requirements, increased investigations, and challenges with ongoing training assistance due to statewide EMS personnel shortages, etc. This shortfall increases workload to full-time staff who are already working well above full-time equivalent hours, which is only a short-term solution.
Northern California	Disaster Response	\$68,000	Within the last decade, disaster related duties have increased substantially within the region. In 2021, four of the five counties within the EMS agency were included in a disaster declaration due to wildfires. This was in addition to the ongoing pandemic. Wildfires have been increasing in devastation within the last decade and the pandemic is evolving and continues. As a region covering 15,000 square miles, it is critical the EMS agency provide emergency resources during these crises.
Northern California	System Organization and Management	\$137,000	Due to increased personnel and insurance costs, the EMS agency has reduced the number of full-time employees. Currently, the EMS agency employees 3.68 percent FTE that consists of five part-time and two full-time employees. The EMS agency also maintains a contract with the Medical Director at a 12 percent FTE. Having only two full-time employees is a strain on the EMS agency as state mandated responsibilities have increased significantly within the last 20 years, although the last increase for regions was in 1999, yet the funding was also decreased by 10 percent. The EMS agency's region covers 15,000 square miles and each county is very rural and even frontier in areas. The population served is approximately 77,000 plus significant annual tourism. The EMS agency maintains contracts for seven Acute Care Hospitals, two Level IV Trauma Centers, 14 ground transport agencies, three air providers, and 46 non-transport provider agencies. The EMS agency must reverse the loss in financial support due to inflation and actual reduction in dollars to be more efficient and consistent in QI, provider reviews, evaluations, site visits, approvals and reviews of training programs and CE Providers, as well as update and monitor agency protocols including development, approvals, and monitoring of local optional scopes.
Sierra-Sacramento Valley	Data Collection and Evaluation	\$75,000	The EMS agency needs to enhance and update data registries and mobile applications. In addition, there are unfunded expenses for annual maintenance and upgrade costs for the data surveillance program and EM Resource (web-based resource management and communication tool), and regular updates to the programs are required to meet standards in evaluating STEMI, Stroke, Trauma, and CQI programs.
Sierra-Sacramento Valley	Disaster Response	\$60,000	The EMS agency is funded through a grant for two full-time positions in the Regional Disaster Medical Health Specialist (RDMHS) program. The Executive Director also serves as the volunteer Regional Disaster Medical Health Coordinator. The region has been devastated by catastrophic wildfires for several years as well as the COVID response. Although the RDMHS program was augmented this FY, the two RDMHS staff routinely work 90+ hours in an 80-hour pay period. The Associate Director also adds another 10-20 hours per pay period, unfunded. The EMS agency needs to enhance the duty officer program to augment the disaster medical response.

## Analysis of Problem

### Attachment B: Multicounty LEMSA Workload Gap Analysis

EMS Agency	EMS System Component	Funding Request	EMS Workload Gap
Sierra-Sacramento Valley	System Organization and Management	\$175,000	The EMS agency currently has various staff managing the EMS personnel investigation programs and processes, which is neither the most efficient nor consistent process, but necessary due to the significant time commitment involved in conducting investigations and the fact that staff have other job responsibilities. Staff are frequently working after hours and on weekends to ensure the EMS agency upholds its regulatory obligations related to EMS personnel investigations. This does not include medical director time or legal counsel costs necessary for the investigations. Last fiscal year, legal costs exceeded \$45,000 on one case alone. Additionally, the EMS agency is currently one of the largest EMT certifying entity in the State. The number of processed EMT certifications in FY 2019/20 was 1,751 and in FY 2020/21 was 1,771; the number of processed paramedic licensures in FY 2019/20 was 519 and in FY 2020/21 was 604. Since the EMS agency has many low paid volunteer EMT personnel, increasing EMT certification fees (especially considering additional EMT certification fees passed on to EMSA to maintain the Central Personnel Registry and reimburse administrative law judge (ALJ) expenses) is unrealistic. Although EMSA has a fund to reimburse LEMSAs for Administrative Law Judge (ALJ) costs, this only covers the cost for the actual ALJ hearing and does not cover personnel or counsel related preparation and presentation costs for this extremely time consuming and complicated process. The EMS agency conducts approximately 50-75 EMT personnel certification investigations annually; many results in certification action (including probation which must be tracked/managed for several years per individual (EMT)). The EMS agency also conducts, evaluates, and refers approximately 10-20 paramedic personnel investigations to EMSA annually. Many results in paramedic licensure action (up to, and including license surrender/revocation). Although EMSA is responsible for actual licensure action, a significant amount of LEMSA staff and medical director time (as required by current HSC) is spent on initial investigations and ongoing assistance to EMSA during these investigations. The EMS agency currently has six paramedics under active EMSA paramedic licensure investigation, which many have been terminated by their relevant employers for misconduct. Currently, there are 20 EMTs on active probation and 12 open EMT certification investigations. There is a need for a full-time investigator (licensed at the paramedic level) to manage investigations.
<b>Total Funding Request</b>		<b>\$2,010,000</b>	

**Attachment C: BCP Fiscal Detail Sheet**

BCP Title: Multicounty Local Emergency Medical Services Agency Funding Increase

BR Name: 4120-022-BCP-2022-A1

Budget Request Summary

Operating Expenses and Equipment

Operating Expenses and Equipment	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
54XX - Special Items of Expense	0	2,010	2,010	2,010	2,010	2,010
<b>Total Operating Expenses and Equipment</b>	<b>\$0</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>

Total Budget Request

Total Budget Request	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
<b>Total Budget Request</b>	<b>\$0</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>

Fund Summary

Fund Source

Fund Source	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
Local Assistance - 0001 - General Fund	0	2,010	2,010	2,010	2,010	2,010
<b>Total Local Assistance Expenditures</b>	<b>\$0</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>
<b>Total All Funds</b>	<b>\$0</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>

Program Summary

Program Funding

Program Funding	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
3820 - Emergency Medical Services Authority	0	2,010	2,010	2,010	2,010	2,010
<b>Total All Programs</b>	<b>\$0</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>	<b>\$2,010</b>