



# SACRAMENTO COUNTY Emergency Medical Advisory Group (EMAG)

## Meeting Agenda

December 14, 2023  
2:30 PM – 4:00 PM

## Meeting Location:

Sacramento County EMS Agency  
9616 Micron Ave. Suite 900  
(Conference Room 1)

Topic	Time
Welcome, Introductions, and Agenda Review – <i>Dr. Kasirye</i> <ul style="list-style-type: none"> <li>Materials Review</li> <li>Additional Agenda Items for Discussion</li> <li>Other Member Announcements:</li> </ul>	2:30 – 2:45
Approval of October Meeting Minutes – <i>Dr. Kasirye</i> – ACTION ITEM	2:45 – 2:50
EMS Committee Updates – <i>Dr. Kann</i> <ul style="list-style-type: none"> <li>MAC/OAC (New Policies - Draft) <ul style="list-style-type: none"> <li>AEMT LOSOP</li> <li>Paramedic Expanded Scope – Buprenorphine Policy</li> </ul> </li> <li>STEMI/ Stroke <ul style="list-style-type: none"> <li>Alignment of data reporting timelines</li> </ul> </li> <li>Trauma (TIC) <ul style="list-style-type: none"> <li>Report back from 1<sup>st</sup> meeting including ALS providers</li> </ul> </li> <li>TAG (Technical Advisory Committee)</li> </ul>	2:50 – 3:10
APOT – <i>Dr. Kann</i> <ul style="list-style-type: none"> <li>Hospital mitigation strategies</li> <li>Update on: Working with Hospitals and insurers, high utilizers, two-tiered response, and APOT Summit.</li> </ul>	3:10 – 3:30
Open Discussion/Key Items – <i>EMAG Participants</i> <ul style="list-style-type: none"> <li>FY 2024-25 Growth Position Request – <i>David Magnino</i> <ul style="list-style-type: none"> <li>Updated Roadmap</li> <li><u>Personnel</u>: BLS Specialist, Triage to Alternate Destination Specialist, Administrative Services Officer I, Health Educator</li> <li><u>Programs/Certifications/Fees</u>: A-EMT, BLS, Critical Care Transport Paramedic, Triage to Alternate Designations, Training and Education.</li> </ul> </li> <li>CAD Interface – <i>David Magnino</i> <ul style="list-style-type: none"> <li>APOT mitigation strategy</li> </ul> </li> <li>Revenue/Fee Study – <i>David Magnino</i> <ul style="list-style-type: none"> <li>Went to BOS 12/5/2023, Announce award.</li> <li>Scope of work includes fee study for new programs and certifications.</li> </ul> </li> </ul>	3:30 – 3:50
<b>Public Comment: One comment per person/organization, limited to two minutes.</b>	3:50 – 3:55
<b>Closing Remarks &amp; Adjourn</b> – <i>Dr. Kasirye</i>	3:55 – 4:00
<b>Next Meetings</b> <ul style="list-style-type: none"> <li>Thursday, February 8, 2024 / 2:30PM – 4:00PM</li> <li>Thursday, April 11, 2024 / 2:30PM – 4:00PM</li> </ul>	

For more information, please visit the Emergency Medical Advisory Group website at:  
[https://dhs.saccounty.gov/PUB/EMS/Pages/Emergency-Medical-Advisory-Group-\(EMAG\).aspx](https://dhs.saccounty.gov/PUB/EMS/Pages/Emergency-Medical-Advisory-Group-(EMAG).aspx)

# Sacramento County Emergency Medical Advisory Group

**Meeting Minutes**

October 12, 2023, 2:30 PM – 4:00 PM

**Meeting Location**

9616 Micron Ave Suite 900 (Conference Room 1)  
 Sacramento, CA 95827

ADVISORY GROUP MEMBERS			
X	ALS Ground Transport Providers, Public – Robert Kasparian, Cosumnes Fire		Hospital System – Dr. Joe Galante, M.D., UC Davis Health
X	ALS Ground Transport Providers, Private – Brian Henricksen/Gabe Cruz American Medical Response (AMR)	X	Law Enforcement – Matthew Burton, Sheriff’s Office
X	ALS Air Transport Providers – Mike Kaslin, REACH Air Medical	X	Training Provider – Jason Hemler, CSUS
X	BLS Providers, Public – James Hendricks, Herald Fire District	<b>EX-OFFICIO MEMBERS</b>	
	BLS Providers, Private – James Pierson, Medic Ambulance	X	County Public Health Division – Dr. Olivia Kasirye, M.D.
X	Hospital System – Tamra Kelly, Dignity Health	X	County EMS Administrator – David Magnino
X	Hospital System – Brandon Pace, Kaiser Permanente	X	County EMS Medical Director – Dr. Gregory Kann, M.D.
	Hospital System – Dr. Phillip Yu, M.D., Sutter Health		

Advisory Group Members in Attendance: 8 – *Quorum present*

Public/Guests in Attendance: 5

Staff: Stephanie Mello

## Sacramento County Emergency Medical Advisory Group

Topic	Minutes
<p>Welcome, Introductions and Opening Remarks- <i>Dr. Olivia Kasirye</i></p>	<p>Dr. Kasirye welcomed advisory group members, guests, and members of the public, and reviewed the agenda and meeting materials.</p> <p><u>Agenda Review:</u> Approval of August Meeting Minutes, EMS Committee Update, and Open Discussion.</p> <p><u>Materials:</u> Approval of August Meeting Minutes. <i>Materials are posted on the website.</i></p> <p>Link: <a href="https://dhs.saccounty.gov/PUB/EMS/Pages/Emergency-Medical-Advisory-Group-(EMAG).aspx">https://dhs.saccounty.gov/PUB/EMS/Pages/Emergency-Medical-Advisory-Group-(EMAG).aspx</a></p> <p><u>Additional Agenda Items for Discussion:</u> Board of Supervisor presentation on MIH and APOT on November 7<sup>th</sup>. Time still to be determined.</p> <p><u>Other Member Announcements:</u> None</p>
<p>Roll Call – <i>Dr. Olivia Kasirye</i></p>	<p>Dr. Kasirye conducted roll call.</p> <p>Quorum was established by count.</p>
<p>Meeting Minutes – <i>Dr. Olivia Kasirye</i></p>	<p><u>APPROVED</u> – Advisory Group members had no changes to the August 10, 2023, draft meeting minutes. Meeting minutes were approved on a motion by James Hendricks and seconded by Matt Burton. Approved by members' vote.</p>
<p>EMS Committee Update – <i>Dr. Gregory Kann</i></p>	<p><u>STEMI:</u> No update.</p> <p><u>Technical Advisory Group (TAG):</u> No update.</p> <p><u>Stroke:</u> Proposed pilot program triage suspected large vessel inclusive strokes to comprehensive care.</p> <p><u>Trauma Improvement Committee (TIC):</u> The TRC is now the TIC with a focus on reviewing continuity of patient care from 911 dispatch through discharge from the hospital. EMS providers will be included in the case reviews. Still meet quarterly: 2 meetings - prehospital focused/2 meetings hospital focused.</p> <p><u>MAC/OAC:</u> Policy 5050.18 – Rolled out 9/5/2023. More closely defines a stable patient and patient transport destination. Keeping patients in-network is the priority and allows for more efficient patient care.</p> <p>Policy 2002.01 - Naloxone Leave Behind Program (Effective May 1, 2024) – EMS encourages everyone to work with Lori Miller (<a href="mailto:millerlori@saccounty.gov">millerlori@saccounty.gov</a>) AND Michelle Besse (<a href="mailto:Bessem@saccounty.gov">Bessem@saccounty.gov</a>) to ensure an adequate number of kits are available. EMS is working with LE to identify areas of high Naloxone administration and providing these numbers to LE on a weekly basis. Buprenorphine policy – Finishing up on this policy. The policy allows paramedics to treat opioid withdrawal symptoms in the field. Hoping for a May 2024 rollout.</p> <p><u>APOT Committee:</u> August APOT numbers at around 62 minutes. National APOT average 29 minutes (Numbers come from NEMCIS database). Data points are the same as ours: From the time the transporting unit arrives to the time the nurse accepts care. EMS is addressing APOT from numerous points: Starting to engage with hospitals and insurers to obtain at home health resources in a timelier manner which allows for a timelier</p>

## Sacramento County Emergency Medical Advisory Group

	<p>patient discharge from the hospital. Working on the 911 high utilizer issue to get some programs online to reduce these calls. Discussing a possible APOT summit to include all EMS providers, hospitals, etc. Looking into a tiered response – BLS response to the 911 system.</p>
<p>Overdose Mortality Rates – <i>Dr. Olivia Kasirye</i></p>	<p>Reviewed the overdose rates. Overdose is the leading cause of life loss. EMS is streamlining the overdose reporting and sharing this information with LE.</p>
<p>Open Discussion – <i>David Magnino and Dr. Gregory Kann</i></p>	<p><u>Staffing Update:</u> EMS Coordinator interviews are complete. Announcing candidate selection next week and hopeful to onboard both positions in January 2024.</p> <p><u>CAD Interface:</u> SCEMSA opened the system to the hospitals and the three private ALS providers who completed the interface. Continue to work with getting Fire on the CAD Interface.</p> <p><u>Revenue/Fee Assessment:</u> Two proposers submitted bids. Continuing to follow the RFP process, award, Board of Supervisor approval, and contract execution, SCEMSA is hoping to have a contract in place by Spring 2024.</p> <p><u>NEMCIS 3.5 Transition:</u> There are currently 16 providers submitting data – 8 already submitting 3.5 data, 5 should be submitting by November 1<sup>st</sup>, and 3 should be submitting by mid-November.</p> <p><u>Online Application System:</u> EMS is switching to ImageTrend. The new system will be able to also track inspections and investigations. Target date to go live is January 2024.</p> <p><u>Data:</u> EMSA asking for EMS Medical Director input on Chapter 13 regulations. From the data perspective, prehospital data doesn't communicate with hospital data (and visa versa). The EMS system needs a bidirectional flow of data information. EMS needs a data platform that has longevity.</p>
<p>Public Comment</p>	<p>Rose Colangelo (Sutter Roseville): Just upgraded to Carepoint radio system and received approval for ImageTrend which allows for online PCR and integrates with Epic.</p> <p>Brandon Pace (Kaiser South): Who will the APOT Summit be open to? Dr. Kann wants all interested to attend from every level of care.</p>
<p>Schools/ Training Program Update – <i>Jason Hemler</i></p>	<p><u>Jason Hemler</u> – Sacramento State University Prehospital Education Program is sponsoring the EMS/Health Career Fair on October 13<sup>th</sup> from 10:00am – 3:00pm at Sacramento State University (University Ballroom).</p>
<p>Action Item(s)</p>	<p><u>Stephanie</u> – Provide Board of Supervisor EMS presentation time to EMAG members.</p>
<p>Closing Remarks and Adjourn – <i>Dr. Olivia Kasirye</i></p>	<p>Dr. Kasirye thanked everyone for participating in today's meeting.</p>

# Sacramento County Emergency Medical Advisory Group

Next Meeting	<b>Thursday, December 14, 2023 / 2:30 PM – 4:00 PM</b> 9616 Micron Ave. Suite 900 (Conference Room 1). Sacramento, CA 95827
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DRAFT



# Opioid Withdrawal

### Assess Opioid Withdrawal Signs and Symptoms:

#### Objective Signs:

- Tachycardia
- Diaphoresis
- Restlessness and/or agitation
- Dilated pupils
- Rhinorrhea or lacrimation
- Vomiting, diarrhea
- Yawning
- Piloerection

#### Subjective Symptoms:

- Nausea
- Stomach / abdominal cramps
- Body aches
- Achy bones / joints
- Restlessness
- Hot and Cold
- Nasal congestion

Signs or Symptoms Present

### Assess for Exclusion Criteria:

- Under 18 years of age
- Pregnant
- Any methadone use within last 10 days
- Altered mental status and unable to give consent
- Severe medical illness (sepsis, respiratory distress, etc.)
- Current intoxication or recent use of benzodiazepine, alcohol, or other intoxicants suspected
- No clinical opioid use disorder symptoms
- Unable to comprehend potential risks and benefits for any reason
- Not a candidate for buprenorphine treatment for any reason

No

Yes

P	Provide supportive treatment and counseling
	Assess patient interest in buprenorphine

COWS $\geq 7$ (Clinical Opioid Withdrawal Scale)
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Not eligible for prehospital treatment
--

Patient agrees to treatment

Patient denies treatment

P	Contact Medical Control Physician for buprenorphine administration approval
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P	Provide medication for addiction treatment (MAT) brochure
	Provide naloxone
	Offer transport

	With physician approval
P	Give water to moisten mucous membranes
	Administer 16 mg buprenorphine SL
	Reassess after 10 minutes

If symptoms worsen or persist

P	Re-dose with 8 mg buprenorphine SL
	Total maximum dose 24 mg SL during encounter

If symptoms improve

P	Recommend transport to ED or designated overdose receiving center
	Verify patient contact information
	Inform the patient that the hospital's navigator will initiate contact within 72 hours to offer additional treatment

Patient declines transport

P	Provide naloxone and Leave Behind Kit
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# MIH - Opioid Withdrawal

EMS Medical Director:

Signature on File

EMS Administrator:

Signature on File

### Assess Opioid Withdrawal Signs and Symptoms:

#### Objective Signs:

- Tachycardia
- Diaphoresis
- Restlessness and/or agitation
- Dilated pupils
- Rhinorrhea or lacrimation
- Vomiting, diarrhea
- Yawning
- Piloerection

#### Subjective Symptoms:

- Nausea
- Stomach / abdominal cramps
- Body aches
- Achy bones / joints
- Restlessness
- Hot and Cold
- Nasal congestion

Signs or Symptoms Present

### Assess for Exclusion Criteria:

- Under 18 years of age
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- Severe medical illness (sepsis, respiratory distress, etc.)
- Current intoxication or recent use of benzodiazepine, alcohol, or other intoxicants suspected
- No clinical opioid use disorder symptoms
- Unable to comprehend potential risks and benefits for any reason
- Not a candidate for buprenorphine treatment for any reason

No

Yes

P	Provide supportive treatment and counseling
	Assess patient interest in buprenorphine

COWS $\geq 7$ (Clinical Opioid Withdrawal Scale)
---

Not eligible for prehospital treatment
--

Patient agrees to treatment

Yes

No

P	Contact MIH for buprenorphine administration
---	--

Patient denies treatment

P	Provide medication for addiction treatment (MAT) brochure
	Provide naloxone
	Offer transport

MIH in Person or Telemed Treatment
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Patient Declines Transport

Patient Accepts Transport

If Symptoms Resolve

Discharge on Scene
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MIH Offer Discharge on Scene
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No

P	Recommend transport to ED or designated overdose receiving center
	Verify patient contact information
	Inform the patient that the hospital's navigator will initiate contact within 72 hours to offer additional treatment

Yes

P	Prescribe 1 week of suboxone
	Refer to SUN from patient's hospital
	OR, if patient prefers, offer next week follow up at SANE and send referral to SANE
	Provide Naloxone leave behind kit

### Notes: MIH in Person or Telemed Treatment:

1. Verify COWS and exclusion criteria
2. Titrate suboxone to eliminate withdrawal symptoms with 8 mg every 20 min ad needed for a maximum of 24 mg

Adult Medical Treatment Guidelines



## **Emergency Medical Services (EMS) Agency EMS Staffing Roadmap Updated / November 20, 2023**

### **Brief Timeline**

August 2, 2019 – Emergency Medical Advisory Group (EMAG) was created and began meeting. The group consists of EMS providers and health system leaders serving Sacramento County.

August 6, 2019 – Emergency Medical Services (EMS) presented a fee package to the Board of Supervisors. The letter addressed new programs and new and/or revised fees. One of the actions taken was to establish and maintain an advisory committee with stakeholder representatives to explore identification of potential sustainable sources of revenue, quality improvement and program planning.

October 8, 2020 – EMAG members discussed convening a work group to draft a letter regarding EMS funding and staffing to the Board of Supervisors. This work group drafted a paper that was presented at the December 10, 2020 and February 11, 2021 meetings.

February 9, 2021 – Brian Jensen, Hospital Council, presented the paper entitled, *Emergency Medical Services in Sacramento County: Solving the Budget and Staffing Shortfalls to Protect Public Health and Safety* on behalf of the EMAG work group. EMAG followed up with staff on February 11, 2021 requesting staff write a roadmap of staffing needs.

June 9, 2021 – Board of Supervisors approved two (2) of the EMS growth requests: Add one (1) EMS Coordinator to administer the Critical Care Programs, and add one (1) EMS Specialist II to develop and administer the Professional Standards program. The EMS space growth to relocate into a larger suite will be decided during the September budget hearing.

September 8, 2021: Board of Supervisors approved the EMS space growth request.

Public Health received funding for a Human Services Program Planner for the Department Emergency Preparedness program. EMS will supervise the position.

June 8, 2022: Board of Supervisors approved to increase Medical Director's time to 75% and fund future contract with American Heart Association – Get with the Guidelines – Stroke and Coronary Artery Disease (CAD).

September 2022: Board of Supervisors approved two (2) EMS Specialist – one (1) for Critical Care Programs and one (1) for Quality Improvement/Data.

September 2023: Board of Supervisors approved one (1) EMS Coordinator – Triage to Alternate Destination program.

At the request of the EMAG, the following document outlines current staffing and future staffing needs in order to improve local EMS systems.

**Emergency Medical Services (EMS) Agency  
EMS Staffing Roadmap Updated / November 20, 2023**

**EMS Current Staffing: FY 2023-24**

<b>Position</b>	<b>FTE</b>	<b>Overview of Responsibilities</b>
EMS Administrator	1.0	Administers the EMS program and functions as the Medical/Health Operational Area Coordinator (MHOAC).
Medical Director (Contracted)	0.75	Provides medical oversight and direction of EMS programs, policies, procedures and quality improvement efforts. Facilitates the stakeholder EMS Committees.
EMS Coordinator	3.0	Administers the hospital specialty care programs (STEMI-Cardiac, Stroke Critical Care Programs), new Triage to Alternate Destination program, functions as MHOAC and supervises EMS Specialists responsible for the following programs: ALS providers, QI, specialty care programs, Professional Standards / Investigations and Training/Continuing Education. <ul style="list-style-type: none"> <li>1.0 FTE EMS Coordinator approved in the FY 2023-34 September Revised budget, assigned to the Triage to Alternate Destination program. Hiring completed in October 2023.</li> </ul>
EMS Specialist	6.0	EMS Specialists administer specified programs: 1) ALS Providers, 2) Training/Education, 3) Quality Improvement/Data (2 Specialists), 4) Professional Standards, and 5) Specialty Care Programs. All assist in policy development/revision and complete investigations as assigned.
Human Services Program Planner	1.0	Develops and administers the DHS Emergency Preparedness Program, including; ensuring plans, policies and procedures are developed and maintained; describing operational roles and procedures; assessing employees' level of preparedness; representing DHS in county, regional or state planning; preparing and coordinating response within the department; and assisting with the coordination of the MHOAC and other departments and agencies involved in emergency preparedness.
Administrative Services Officer II	1.0	Administrative functions such as budget, contracts, board letters, billing, online application system, and general administrative support.
Senior Office Assistant	1.0	Administrative functions including but not limited to reception, processing certifications/accreditations, processing payments, data entry and clerical support.
<b>Total Staff</b>	<b>13.75</b>	13.0 FTE County staff / .75 Contracted Medical Director <ul style="list-style-type: none"> <li>An increase of 1.0 FTE</li> </ul>

*As noted in the EMAG Briefing document, EMS is understaffed in comparison to other counties. Other comparable county EMS programs have more staff to manage the workload – Alameda County EMS (24 FTE), Santa Clara County (21 FTE), and Contra Costa County (15 FTE). While San Joaquin County is not comparable in size, the EMS Program has 10.3 FTE.*

**Emergency Medical Services (EMS) Agency  
EMS Staffing Roadmap Updated / November 20, 2023**

**EMS Program & Staffing Needs**

<b>Statutory Function</b>	<b>Required / Permissive</b>	<b>Requested Position</b>	<b>FTE</b>	<b>Cost</b>	<b>Request Status</b>	<b>Rationale/Duties</b>
Basic Life Support (BLS) Provider  H&S Code 1797.220 CCR, Division 9, Chapter 2	<u>Required</u> – Not meeting	EMS Specialist	1.0	\$ 129,200	FY 2024-25	EMS does not have BLS program, oversight or policies. Currently, there are several agencies providing BLS services with no oversight. BLS response is included as an APOT mitigation strategy in the EMS multi-tier response plan. This makes a robust BLS program even more crucial for Sacramento County. This position will: <ul style="list-style-type: none"> <li>• Develop and implement the new BLS ambulance provider program.</li> <li>• Conduct annual BLS vehicle and equipment inspections.</li> <li>• In addition to BLS, develop/update EMS Agency policies</li> <li>• Cost for EMS Specialist, Step 5 (\$114,200), plus \$15,000 for furniture, ASD furniture and installation costs, and IT equipment.</li> </ul>
Staff Support  H&S Code, Division 2.5, et.al. CCR, Title 22, Division 9, et.al.	<u>Required</u> – <i>As program expands</i>	Administrative Services Officer I (Administrative Support)	1.0	\$126,234	FY 2024-25	This position will offer necessary support for the additional Triage to Alternate Destination program and future training and education program. The position will: <ul style="list-style-type: none"> <li>• Be the primary contact for registration of education classes, coordinating the scheduling, collecting payments, coordinating classes.</li> <li>• Provide support to the Health Educator/EMS Coordinator positions.</li> </ul> Cost: ASO I, Step 5 (\$111,234), plus \$15,000 for furniture, ASC furniture and installation costs and IT equipment.
Triage to Alternate Destinations Program  H&S Code, Division 2.5, et.al. CCR, Title 22, Division 9, Chap. 5 et.al.	<u>Permissive</u> – <u>New Regulations</u>	EMS Specialist	1.0	\$129,200	FY 2024-25	EMS has a Triage to Alternate Destinations program. This position will assist with: <ul style="list-style-type: none"> <li>• Develop and implement a Triage to Alternate Destinations program.</li> <li>• Cost for EMS Specialist, Step 5 (\$114,200), plus \$15,000 for furniture, ASD furniture and installation costs, and computer:</li> <li>• Conduct annual equipment inspections.</li> </ul>
Training & Education	<u>Required</u> – Not meeting.	Health Educator, Range B	1.0	\$129,551	FY 2024-25	The position will:

**Emergency Medical Services (EMS) Agency  
EMS Staffing Roadmap Updated / November 20, 2023**

H&S Code 1797.214						<ul style="list-style-type: none"> <li>Coordinate and oversee evidence-based and quality improvement guided training and education of prehospital personnel, such as, Pediatric Advanced Life Support, Advanced Cardiac Life Support for prehospital personnel.</li> <li>Coordinate, oversee and provide education/certification classes for EMT Training, First Aid, CPR, AED use for the public. (Public training is required but not currently offered.)</li> </ul> <p>Cost: Health Educator, Range B, Step5 (\$114,551), plus \$15,000 for furniture, ASC furniture and installation costs and IT equipment.</p>
Training & Education H&S Code 1797.214	<u>Required</u> – Partially meeting	EMS Coordinator	1.0	\$163,612	FY 2024-25	<p>EMS does not offer all required training programs. This proposed new position will:</p> <ul style="list-style-type: none"> <li>Oversee the existing Training Programs (EMT, Paramedic, MICN, EMR and Narcan), the CE Provider Program, and the new Public Education Program.</li> <li>Develop policies and procedures for training programs.</li> <li>Monitor compliance with policies and perform audits.</li> <li>Investigate and respond to complaints regarding the training programs.</li> <li>Cost: EMS Coordinator, Step 5 (\$148,612), plus \$15,000 for furniture, ASC furniture and installation costs and IT equipment.</li> </ul>
Staff Support H&S Code, Division 2.5, et.al. CCR, Title 22, Division 9, et.al.	<u>Required</u> – As program expands	Sr. Office Assistant (Admin. Support)	1.0	\$89,934	FY 2024-25	<p>This position will provide:</p> <ul style="list-style-type: none"> <li>Clerical support to staff.</li> <li>Public counter coverage.</li> <li>Cost: Sr. Office Assistant, Step 5 (\$74,934), plus \$15,000 for furniture, ASC furniture and installation costs and IT equipment.</li> </ul>
<b>TOTAL</b>			<b>6.0</b>	<b>\$767,731</b>		

Future Operational Needs	Requested Item (Function)	Annual Cost	Request Status	Rationale

**Emergency Medical Services (EMS) Agency  
EMS Staffing Roadmap Updated / November 20, 2023**

Data Repository	ImageTrend Data Repository	\$247,700**	FY 2024-25	<p>Currently, CA Emergency Medical Authority (EMSA) is controlling the State's data repository and is allowing SCEMSA to access most of our data within the State repository. It is unknown how long EMSA will allow SCEMSA to access the repository without a contract or what the cost will be when a contract is required.</p> <p>The County must contract with ImageTrend to develop and control our own data repository and to avoid any issues moving forward with data submission and complete data access. Access to the data repository is required by statute.</p> <p>**\$247,700 is the first year cost. Ongoing costs is \$191,250 (not including an annual escalator of up to 5%).</p> <p>ICEMA old contract was \$35,000. Net increase cost to SCEMSA is \$212,700 the first year and \$156,250 ongoing.</p>
Emergency Preparedness	Mobile Medical Shelter (MMS) Warehouse	\$23,000	FY 2024-25	<p>Future lease cost for MMS warehouse. Estimated annual lease cost includes warehouse (\$12,000) and exterior gated storage area (\$11,000). <i>Currently, the warehouse lease (\$12,000) is funded via County Office of Emergency Services for a (3) year period ending November 30, 2023.</i></p> <ul style="list-style-type: none"> <li>American Relief Funding requested.</li> </ul>
Training & Education	Equipment & Supplies	\$30,000	Future	<p>If training and education programs are approved, there is approximately a one-time cost of \$30,000 for equipment and supplies.</p>
	<b>TOTAL</b>	<b>\$388,700</b>		

Statutory Function	Required / Permissive	Requested Position	FTE	Cost	Request Status	Rationale/Duties
						•
		<b>TOTAL</b>				

**Emergency Medical Services (EMS) Agency**  
**EMS Staffing Roadmap Updated / November 20, 2023**

**Areas for Future Exploration**

During 2019 and recent stakeholder discussions, a few programs were briefly discussed and require more stakeholder/program review. These include the following:

- EMS for Children: This is an optional specialty program defined by the State EMSA and adopted by many counties. The goal of the program is to ensure that acutely ill and injured children have access to high quality, coordinated, and comprehensive emergency and critical care services appropriate for the special needs of children. This is a continuum of care beginning with the detection of sick or injured children and transport to the appropriate emergency department through rehabilitation. *Health & Safety Code, Chapter 12, Section 1799.202 et.al. and CA Code of Regulations, Title 22, Division 9, Chapter 14.*
- Critical Care Transport-Paramedic Program: This is an optional program that allows EMS providers to provide inter-facility critical care transport. These services provide a higher level of prehospital emergency care which reduces the impact on local emergency departments. *CA Code of Regulations, Title 22, Division 9, Chapter 4.*
- Electronic Patient Care Report (ePCR): During the Board of Supervisors Hearing in February, a board member asked if utilization of a single ePCR would help the hospital systems. Currently, there are seven different ePCR platforms. ePCR data submission is required in the H&S Code 1797.227. This item requires stakeholder discussion since public and private entities have invested in their individual ePCR platforms and would be a major change.