



April 19, 2022

The Honorable Board of Supervisors  
County Administration Building  
1221 Oak Street  
Oakland, CA 94612

Dear Board Members:

**SUBJECT: ACCEPT THE SUBMISSION OF ANNUAL REPORTS FOR ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES DISTRICT AND REFER THE RESOLUTION RECEIVING THE FISCAL YEAR 2022-23 BUDGET REPORT FOR COUNTY SERVICE AREA EM-1983-1 AND INCREASING THE EMERGENCY MEDICAL SERVICES SPECIAL TAX TO THE JUNE 2022 COUNTY BUDGET HEARINGS**

**RECOMMENDATIONS**

- A. Accept the submission of the Annual Reports outlining the Fiscal Year (FY) 2022-23 proposed budget for the Alameda County Emergency Medical Services District, which includes a proposed 5.19% increase to the annual district special rate, increasing the amount from \$35.56 to \$37.41 per benefit unit (an increase of \$1.85) based on the February 2022 San Francisco-Oakland-San Jose Consumer Price Index for All Urban Consumers released by the Bureau of Labor Statistics; and
- B. Refer the resolution receiving the report and increasing the emergency medical services special tax for adoption at your Board's June 2022 FY 2022-23 County Budget Hearings

**SUMMARY/DISCUSSION**

Health Care Services Agency (HCSA) requests your Board to review the Annual Reports and adopt the proposed service charges at the June 2022 Fiscal Year 2022-2023 County Budget Hearings. Alameda County Emergency Medical Services (EMS) has filed a written report of benefit charges to be collected in Fiscal Year 2022-2023 for the provision of emergency medical services within County Service Area (CSA) Number EM-1983-1 in accordance with Section 25214 of the State of California Government Code and Section 13.20 *et seq.* of the Alameda County Ordinance Code. The recommended annual special district rate of \$37.41 per benefit unit shall be effective for Fiscal Year 2022-2023 to fund the net cost of \$24,508,898 for the EMS CSA.

The EMS CSA was formed in 1983 to provide emergency medical services throughout the county, and it covers the total cost to Alameda County for providing ambulance, paramedic, trauma care

and related services, including emergency medical dispatch and associated EMS program activities. With the passage of Proposition 218 in November 1996, EMS charges no longer met the definition of “benefit assessment.” Therefore, a special tax to replace the benefit assessment was approved by Alameda County voters in 1997 with more than the required two-thirds majority with 81.4% of voters voting Yes. This special tax measure also authorizes the Board of Supervisors to adjust the tax once a year in an amount not to exceed the increase in Consumer Price Index (CPI) for the San Francisco-Oakland-San Jose area.

On May 4, 2021, your Board approved a new special tax rate of \$35.56 per benefit unit for Fiscal Year 2021-2022 (Item No. 11). Due to cost-of-living increases and annual adjustment, it is projected that EMS will not be able to maintain its current services in future years. Therefore, it is recommended that an adjusted tax rate of \$37.41 (an increase of \$1.85) per benefit unit be adopted for Fiscal Year 2022-2023. The proposed 5.19% increase is based on the February 2022 San Francisco-Oakland-San Jose area CPI increase data released by the Bureau of Labor Statistics.

The adjusted tax rate of \$37.41 will generate new revenue of approximately \$1,212,014 in Fiscal Year 2022-2023 (5.19% CPI increase x \$35.56 current rate per unit x 666,473 benefit units – 1.7% County Collection Cost).


### **FINANCING**

The EMS County Service Area will be supported by a total budget of \$24,462,170 from special tax funds collected during Fiscal Year 2022-2023 and earned interest. Approval of these recommendations will have no impact on net County costs.

### **VISION 2026 GOAL**

Providing emergency medical services in Alameda County meets the 10X goal pathway of **Healthcare for All** in support of our shared vision of a **Thriving and Resilient Population**.

Sincerely,

DocuSigned by:  
  
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Colleen Chawla, Director  
Health Care Services Agency

CC: Auditor-Controller  
County Counsel  
County Assessor  
County Treasurer

THE BOARD OF SUPERVISORS OF THE COUNTY OF ALAMEDA

RESOLUTION 2022-214

**Receiving Fiscal Year 2022-2023 Budget Report for County Service Area EM-1983-1  
And Increasing Emergency Medical Services Special Tax**

**WHEREAS**, a County Service Area (CSA) for Emergency Medical Services (EMS) was formed in 1983 to provide paramedic services throughout the County; and

**WHEREAS**, the EMS District budget (CSA EM-1983-1) covers the total cost to the County of providing paramedic emergency medical services and associated EMS program activities including trauma system costs; and

**WHEREAS**, following California voters' adoption of Proposition 218, in 1997 Alameda County voters approved a measure imposing a special tax to fund these services and costs, and authorizing this Board to adjust the special tax rate once a year in an amount not to exceed the increase in the Consumer Price Index (CPI) for the San Francisco-Oakland-San Jose Area; and

**WHEREAS**, the Director of the Health Care Services Agency has filed with the Clerk of the Board a written budget report in accordance with Section 25214 of the Government Code of the State of California, and Section 13.20 *et seq.* of the Alameda County General Ordinance Code; and

**WHEREAS**, the Director's budget report specifies the level of special taxes that need be collected in Fiscal Year 2022-2023 to fund paramedic services within County Service Area Number EM-1983-1; and

**WHEREAS**, the special tax rate recommended in that report reflects a 5.19% increase over the previous year's tax rate, equal to the change in CPI for the San Francisco-Oakland-San Jose Area over the previous year; and

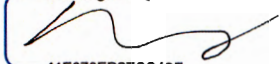
**WHEREAS**, this Board has held a duly noticed hearing on the budget report and the proposed special tax rate increase, and did hear and consider all information regarding the report including the amount of special tax assessed for each benefit unit;

**NOW, THEREFORE, BE IT RESOLVED**, that this Board of Supervisors does hereby receive the Fiscal Year 2022-2023 proposed budget report for the Alameda County Emergency Medical Services District, which includes a proposed 5.19% increase to the annual district special rate, raising the rate to \$37.41 for Fiscal Year 2022-2023; and

**BE IT FURTHER RESOLVED**, that the basic charge for paramedic services is \$37.41 per benefit unit throughout the service area in conformance with the Alameda County Ordinance Code, Chapter 2.20 Emergency Medical Services District Special Tax; and

**BE IT FURTHER RESOLVED**, that the Alameda County Auditor-Controller's Office and the Treasurer's Tax Collection Office are authorized to impose and collect the EMS Special Tax of \$37.41 per benefit unit effective April 20, 2022 on behalf of the EMS District.

Approved as to form:  
Donna R. Ziegler, County Counsel

DocuSigned by:  
  
By: 41E878ED27CC4CF...

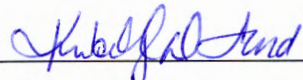
K. Scott Dickey, Assistant County Counsel

Adopted by the Board of Supervisors of the County of Alameda, State of California, on May 10, 2022 by the following called vote:

AYES: Supervisors Brown, Haubert, Miley, & President Carson - 4  
NOES: None  
EXCUSED: Supervisor Valle - 1

  
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Keith Carson,  
President of the Board of Supervisors  
County of Alameda, State of California

ATTEST: Clerk of the Board of Supervisors  
County of Alameda

By   
\_\_\_\_\_  
Deputy



**Emergency Medical Services Agency**

1000 San Leandro Blvd, Suite 200  
San Leandro, CA 94577

Lauri McFadden, EMS Director  
Karl Sporer, MD, Medical Director  
Main: (510) 618-2050  
Fax: (510) 618-2099

Alameda County Emergency Medical Services District (CSA EM-1983-1)

Annual Report for Fiscal Year 2021-22

INTRODUCTION

In 1982, Alameda County held a countywide advisory election asking voters to create a County Service Area for paramedic services and imposing a benefit assessment. Seventy-nine percent of the voters approved the measure. County Service Area (CSA) EM-1983-1 was created in 1983 and included the unincorporated areas and all Alameda County cities except the City of Alameda, which chose not to become a member of the District. In 1989, County Counsel advised that the Board had discretion to raise the basic assessment to fund the additional cost of providing trauma services. In 2011, the City of Alameda was annexed into the District.

Proposition 218, the Right to Vote on Taxes Act, approved by voters in November 1996, placed new limitations on the ability of counties and other local jurisdictions to raise revenues from assessments, taxes and fees. County Counsel determined at that time that the EMS assessment must be replaced with a two-thirds voter approved special tax. A special election was held in June 1997, and the passage of Measure C at that time re-established the paramedic benefit assessment as an Emergency Medical Services benefit tax, at a rate of \$21.14 per benefit unit, adjusted annually according to the Consumer Price Index (CPI) for the San Francisco-Oakland-San Jose Area.

PURPOSE

The purpose of this benefit tax is to provide funding of injury prevention programs, ambulance services, paramedic-level care, a comprehensive trauma system, emergency medical dispatch services, and other related services provided by the Emergency Medical Services Agency, which is administered through the Emergency Medical Services (EMS) division of the Health Care Services Agency.

EMS provides interagency coordination and medical control, regulation and enforcement, quality management and improvement, and other activities ensuring the integrity of the County's comprehensive prehospital emergency medical services system. EMS also provides funding and coordinates data analysis and peer review proceedings for the County's three trauma centers at Alameda Health System, Eden Medical Center Castro Valley, and UCSF Benioff Children's Hospital Oakland. Additionally, EMS contracts with the Alameda County Regional Emergency Communications Center (ACRECC) for emergency medical dispatch including provision of pre-arrival instructions.

SCOPE OF SERVICES

The EMS division is designated by the State of California as a Local EMS Agency (LEMSA). LEMSAs, as defined by Division 2.5 of the Health and Safety Code, have specific responsibilities in accordance with state and local

statutes and regulations for planning, implementing and evaluating the EMS system that include, but are not limited to:

- Development, implementation and enforcement of contracts for 911 emergency ambulance and fire department first responder services;
- Developing and submitting the EMS System Plan inclusive of the designation of Exclusive Operating Areas to the State EMS Authority for approval;
- Providing physician-based medical control of the EMS system;
- Developing and updating EMS system policies and procedures;
- Designating and providing oversight to specialty centers, such as trauma, stroke and cardiac receiving centers;
- Certifying Emergency Medical Technicians and accrediting paramedics to practice in the county;
- Approving and providing oversight to EMS training programs and continuing education providers;
- Overseeing and tracking the implementation of public access defibrillation; and
- Planning and responding to natural and manmade disasters.

## SERVICE CHARGES

Section 2.20.40 of Chapter 2.20 of Title 2 of the Ordinance Code of the County of Alameda authorizes your Board to adjust by resolution the tax rate by the amount, which the Consumer Price Index (CPI) for the San Francisco-Oakland-Hayward Area has increased during the immediately preceding year. The current rate, per benefit unit is \$35.56. The proposed Fiscal Year 2022-2023 benefit tax rate is \$37.41, or \$1.85 more per benefit unit, based on the February CPI increase of 5.19%.

## PROJECTS IN FISCAL YEAR 2021-22

During the fiscal year, EMS worked closely with Falck, fire departments, hospitals and ACRECC to ensure a quality and efficient emergency medical services system. While there have been challenges due to the pandemic, overall system compliance has stabilized, and work is continuing to remain above contractually obligated minimums. In addition, indicators of clinical performance continue to be excellent and are above national standards in many cases. EMS continues to be actively engaged in research in the prehospital setting, influencing the development and implementation of leading best practices within and well beyond the borders of the County.

EMS remains engaged in long-term planning to ensure quality and sustainable 911 emergency medical services well into the future through stakeholder engagement in developing the foundation for the next request of proposal (RFP) for ambulance services. Page, Wolfberg & Wirth, LLC (PWW) have been procured as consultants in order to compose the RFP and are actively working to integrate stakeholder feedback with their analysis of the current system and data.

During Fiscal Year 2021-22, EMS continued to work closely with fire service first responder and transport agencies to maintain the highest level of service to their communities. The use of a common reporting system enabled effective procurement and analysis of clinical and operational data including response time performance. In collaboration with County Behavioral Health Care Services, several behavioral and community health focus initiatives have launched with the EMS system to include the Community Assessment, Treatment and Transport (CATT) program, the Hayward Evaluation and Response Team (HEART) program, the

Community Assessment Response & Engagement (CARE) team in the city of Alameda, and the Mobile Assistance Community Responders of Oakland (MACRO) team launched to enhance services provided to mental health clients in crisis in the community. Over the course of the next fiscal year, the programs will continue to expand and evolve to provide greater coverage throughout the County.

Additionally, EMS assumed greater responsibility for disaster planning through the transition of the Public Health Systems Preparedness and Response (PHSPR) team to the Health Emergency Preparedness & Response (HEPR) team under the EMS Agency. HEPR is actively working to evaluate existing plans and develop a roadmap forward to bring plans current leveraging best practices and knowledge learned through the pandemic as well as further integration of community partners and the EMS system in disaster service coordination, medical surge planning, and exercises.

The EMS Corps program continued to provide enhanced life coaching and other services in addition to Emergency Medical Technician (EMT) training. Other the course of the last year, EMS Corps integrated young women into their cohorts and all future cohorts will be co-ed moving forward. EMS Coordinators remain actively engaged with the EMS Corps program, serving both as EMT curriculum instructors and as mentors. Graduates of the program continue to pass the National Registry examination with a high success rate, with many obtaining and retaining employment with local ambulance providers, fire departments and law enforcement agencies.

EMS Coordinators continued to manage programs in cardiovascular care including cardiopulmonary resuscitation (CPR) training and maintenance of automatic external defibrillators (AEDs), neurological care to include stroke awareness, and trauma care including public education through the Stop the Bleed campaign in the community. In addition, they provided oversight or managed unusual occurrence investigations, quality improvement and clinical measurements, certification investigations and processing, the ambulance ordinance, helicopter utilization, contract compliance, EMS for children, disaster planning, and EMS tactical medicine. Leading industry journals published several peer-reviewed papers listing the County's EMS Medical Director, EMS fellows or an EMS Coordinator as an author.

COVID-19 has facilitated many long-term changes to our system and EMS in general. During the pandemic, all of Alameda County EMS's normally convened committees and meetings transitioned to online to maintain engagement with system partners. During variant surges, EMS agency staff transitioned to working from home to reduce exposure risk. Many EMS training programs were paused due to state-mandated mitigation efforts, which has contributed to both hospitals and prehospital providers having recruitment challenges amid a period of increased retirements and decreased retention. Initially, there was a significant decrease in call volume between public anxiety and efforts to divert low acuity patients away from hospitals to maintain surge capacity, however over the course of the last year due to variant surges and over the last several months response volume has returned to pre-pandemic levels with the transport rate slightly lagging behind. As responses rebounded a larger proportion of high acuity patients has been noted; most likely due to care being postponed during the initial stages of the pandemic.

As EMS assumed responsibility for resource procurement, management, requests, and deployment through the Medical Health Branch of the EOC early in the pandemic, it was quickly recognized that there was an inadequate foundation for the increasing scale of need. After transitioning between multiple makeshift warehouse locations, in June 2020, the Alameda County EMS Agency procured a 10,000 square foot warehouse location in Dublin, CA. Starting with an empty building, a full functioning warehouse with a comprehensive inventory management system and a web-based ordering system was developed. Two full-

time employee positions were created to sustain warehouse operations. Over the course of approximately two years, the EMS warehouse distributed over 29 million items. As the pandemic eases, the intention is to evolve the warehouse to encompass an all-hazards approach to enhance Alameda County readiness.



**County Service Area EM-1983-1**

**Budget Unit 450111**

**ANNUAL REPORT**

**FY 2022-23**

**Proposed Budget**

Salaries & Benefits	\$ 5,464,747	(Ref 1)	
Services & Supplies			
Trauma Care*	\$ 9,231,343		
Dispatch Centers	\$ 3,931,255		
Operating Expenses	\$ 5,834,825		
Discretionary Services & Supplies	\$ 16,654,583		
Non-Discretionary Services & Supplies	\$ 2,342,840		
Indirect Costs	\$ -		
<b>Total Proposed Budget</b>	\$ 24,462,170	(Ref 2)	<b>\$ 24,462,170</b>
FY 21/22 Beginning Available Fund Balance			<b>\$ 18,111,477</b>
FY 21/22 Expected Use of Available Fund Balance			<b>\$ 5,352,825</b>
FY 22/23 Budgeted Use of Available Fund Balance			<b>\$ 91,935</b>
<b>Contingency Reserve from AFB</b>			<b>\$ 12,666,717</b>
			(Ref 3)
<b>Total District Budget &amp; Reserve</b>			<b>\$ 37,128,887</b>
Assessments	\$ 23,919,269		
Interest Income	\$ 10,000		
Inter-Fund Service Fees (credits from other funds)	\$ 440,966		
Total Revenue	\$ 24,370,235		
Use of Available Fund Balance	\$ 91,935		
Total Revenue & Use of Available Fund Balance	\$ 24,462,170		
<b>Total Revenue Estimated and AFB</b>			<b>\$ 24,462,170</b>
<b>Contingency Reserve from AFB</b>			<b>\$ 12,666,717</b>
			(Ref 3)
<b>Total All Revenue/AFB</b>			<b>\$ 37,128,887</b>

**Calculation of District Special Tax**

FY 2021-22 Assessment Rate	\$35.56		
Proposed District Rate Increase	\$1.85		
	<u>\$37.41</u>		
Benefit Units Per Assessor's Office (FY 21-22)		666,473	(Ref 5)
FY 2022-23 Assessment Rate		<u>\$37.41</u>	
Total FY 2022-23 Assessment Amount		<b>\$ 24,932,755</b>	\$ 1,232,975
Less County Collection Cost (1.7%)		<b>\$ (423,857)</b>	(Ref 6) \$ (20,961)
Net Assessment Revenue for District		<b>\$ 24,508,898</b>	<b>\$ 1,212,014</b>

**Notes:**

- 1) Ref 1: Funds 30 Full Time Equivalent (FTE) positions
- 2) Ref 2: Proposed budget per FY 2022-23 MOE Request
- 3) Ref 3: Contingency Reserve from Available Fund Balance is equal to the total Available Fund Balance less Proposed the used of Available Fund B.
- 4) Ref 4: Available Fund Balance is equal to FY 21-22 Beginning Available Fund Balance less FY 21-22 Expected Use of Available Fund Balance
- 5) Ref 5: Countywide number of benefit units estimated based on FY 21-22 CSA Paramedic tax roll
- 6) Ref 6: County Treasurer collection cost

**\* Trauma Care Detail**

Alameda Health System	5,266,383
UCSF Benioff Children's Hospital Oakland	1,982,480
Sutter Eden Medical Center	1,982,480
<b>Trauma Care Total</b>	<b>\$ 9,231,343</b>