



Emergency Medical Services Agency

**Proposed Programs & Fees Follow-up  
April 15, 2019**

In response to feedback received at the 04/05/19 meeting and public written comments received during the comment period, staff made the following changes:

**Additional Program Information**

In order to maintain compliance with Title 22, Division 9, Chapter 1.5 of the California Code of Regulations, SCEMSA is changing the 'Proposed Narcan® Training Program' to 'Proposed Public Safety First Aid (PSFA) Optional Scope Training Program'. Although, the most common optional skill that will be used is administration of Narcan®, the new proposed title will allow public safety agencies to administer Epinephrine without any additional fee. Refer to March 29, 2019 document for further details.

The International School of Tactical Medicine (ISTM) is currently one of the EMS Agency's approved continuing education (CE) programs. The owner approached the agency to get authorization to conduct his specialized operations training course in Sacramento County. The ISTM is currently the only tactical medicine for special operations course approved by the Peace Officer Standards and Training being taught in California. He is required to gain approval through the local EMS Agency for his complete Tactical Medicine courses.

**Revised Proposed Fee for New Public Safety First Aid Optional Scope Training Program and EMR Certification**

SCEMSA reviewed the stakeholder feedback and is proposing a change in the PSFA Optional Scope Training Program fee. SCEMSA is reducing the proposed fee from \$1,500 to \$1,000 per year for each public safety agency to receive approval and to maintain their PSFA Optional Scope Training Program.

Following the initial stakeholder meeting, SCEMSA reduced the proposed EMR Certification fee from \$40 to \$25 due to feedback from Sacramento County Fire Department volunteers.

**Methodology to Establish Proposed New and Existing Fees**

SCEMSA is providing the methodology used to establish the proposed new fees in the attached spreadsheet. As noted on the spreadsheet, the percentage of time (Lines 3-10) identified for each FTE dedicated to each program are percentages based on estimates of labor work load and resources needed to implement, maintain and provide oversight for each program.

The spreadsheet shows the proposed new staff and reallocation of existing staff members to the programs. The cost allocation and fee calculation document was reviewed and approved by the Department of Health Services and Department of Finance. See attached spreadsheet.

The initial evaluation of the workload warranted 2.0 FTE positions and an increase in the Medical Director's time, but due to the funding shortfall only 1.0 FTE and the increase in Medical Director time is now being requested.

The March 28, 2019 document, Emergency Medical Services Agency Proposed Prehospital and Hospital Programs & Fees, compares Sacramento County with other counties and illustrates the EMS agency is understaffed compared to comparable counties.

Funding Sources and Fee Evaluations
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Two counties have tax assessments as a revenue source for their EMS Agency and one county receives federal funds which are not sustainable and will be seeking other revenue sources. The federal funds received are from the Ground Emergency Medical Transport Program.

In response to stakeholders' verbal and written comments, SCEMSA will:

- Work with the Department of Health Services, County Executive Office and stakeholders to identify other possible sources of revenue.
- If other revenue sources are approved, staff will reevaluate fee levels and adjustments.

Stakeholder Meetings
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In response to a stakeholder question, the EMS Administrator provided a brief presentation at the Public Health Advisory Board (PHAB) meeting on February 6, 2019 at the request of the Meeting Chair, Dr. Steven Orkand. PHAB has requested EMS updates for the past few years.

EMS Committee meetings such as the Medical and Operational Advisory Committees or the recent meetings for input are not covered under the Brown Act. Meetings and meeting materials are posted on the EMS webpage. Materials for this stakeholder process were emailed to local EMS agencies and also posted.

SCEMSA will take into consideration the request to establish an Emergency Medical Care Committee (EMCC) as authorized under the Health and Safety Code, Division 2.5, Section 1797.270, *"An emergency medical care committee may be established in each county in this state. Nothing in this division should be constructed to prevent two or more adjacent counties from establishing a single committee for review of emergency medical care in these counties."* Support for the committee will be contingent on acquiring sufficient support staff and the establishment of the committee by the Board of Supervisors. However, an advisory work group with key representatives will be established to discuss sustainable funding and other pertinent program issues.

Letters of Support
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As of April 10, 2019, letters of support have been received from the following agencies:

- AlphaOne Ambulance Service
- Bay Medic Ambulance
- American River College, Emergency Medical Services Program

EMERGENCY MEDICAL SERVICES  
ANNUAL FEE CALCULATION FY 2019-20

	Positions	FTE	STAFF ACTIVITIES / FUNCTIONS (FTEs)										TOTAL	
			Total FTEs	Stroke Receiving Center	Stroke Comprehensive Center	STEMI	EMS Children	EMR Training Program	EMR Cert Fees	Tactical Training Program	PSFA Optional Scope Training Program	CCT-P Training & Provider Program		CCT-P Accreditation
1/	Admin Svcs Officer 2-108616	1.0	0.005	0.005	0.005		0.005	0.015	0.005	0.005	0.005			0.050
1/	Emergency Medical Services Spec Lv 2-104022 Training Programs	1.0				-	0.020		0.020	0.020	0.020			0.080
	Emergency Medical Services Spec Lv 2-120166 Data/QI	1.0	0.100	0.100	0.150								0.010	0.360
1/	EMS Administrator-103021	1.0	0.015	0.015	0.015	0.015	0.010	0.020	0.010	0.010	0.010		0.100	0.220
1/	Sr. Office Assistant -103497	1.0						0.010				0.005		0.015
	Emergency Medical Services Spec Lv 2-132468 ALS Providers	1.0					0.010		0.010	0.010	0.020			0.050
	EMS Coordinator -132467 TP, ALS Provider and Data Supervisor	1.0					0.020		0.020	0.020	0.020			0.080
2/	EMS Coordinator NEW	1.0	0.300	0.250	0.250	0.100							0.100	1.000
	<b>Total FTEs</b>	<b>8.00</b>	<b>0.420</b>	<b>0.370</b>	<b>0.420</b>	<b>0.115</b>	<b>0.065</b>	<b>0.045</b>	<b>0.065</b>	<b>0.065</b>	<b>0.075</b>	<b>0.005</b>	<b>0.210</b>	<b>1.855</b>
3/	EMS OH Distribution	23.2%	5.25%	4.63%	5.25%	1.44%	0.81%	0.56%	0.81%	0.81%	0.94%	0.06%	2.63%	
	Distribution for Costs Associated with New Programs		23%	20%	23%	6%	4%	2%	4%	4%	4%	0%	11%	100%
	<b>Revenue Total-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>Net Costs</b>	<b>748,155</b>	<b>94,188</b>	<b>82,673</b>	<b>92,720</b>	<b>26,984</b>	<b>14,355</b>	<b>10,121</b>	<b>14,355</b>	<b>14,355</b>	<b>16,360</b>	<b>797</b>	<b>51,447</b>	<b>418,355</b>
	<b>Summary</b>													
	Salaries & Benefits		60,640	53,124	59,172	17,797	9,162	6,530	9,162	9,162	10,372	396	34,678	270,195
	Operating Expenses - Existing		6,291	5,542	6,291	1,722	974	674	974	974	1,122	76	3,145	27,785
	Operating Expenses Associated with New Programs		11,003	9,694	11,003	3,013	1,703	1,179	1,703	1,703	1,964	132	5,500	48,597
	Overhead/Allocated Costs		16,254	14,313	16,254	4,452	2,516	1,738	2,516	2,516	2,902	193	8,124	71,778
	<b>Proposed Program Fees</b>		<b>\$ 14,000</b>	<b>\$ 29,000</b>	<b>\$ 14,000</b>	<b>\$ 6,000</b>	<b>\$ 1,500</b>	<b>\$ 25</b>	<b>\$ 10,000</b>	<b>\$ 1,000</b>	<b>\$ 6,000</b>	<b>\$ 34</b>	<b>\$ 13,500</b>	
	<b>Proposed Provider Fees</b>									<b>\$ 12,500</b>				

- 1/ Budgeted in the FY 19-20 Proposed Budget
- 2/ Additional position included in the Fee Calculations
- 3/ EMS OH: Distribution calculated based on FTEs of direct labor in each activity.

**NOTE:**  
The percent of time (Lines 3-10) identified for each FTE dedicated to each program are approximate time figures. These percentages are based on estimates of what resources will be needed for each program.