### Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:00 p.m.</td>
<td>1. Introduction of Members and Guests</td>
</tr>
<tr>
<td>4:03</td>
<td>2. Approval of Minutes from March 14, 2018</td>
</tr>
<tr>
<td>4:05</td>
<td>3. Chair’s Report&lt;br&gt;Kacey Hansen, EMCC Chair</td>
</tr>
<tr>
<td>4:10</td>
<td>4. Comments from the Public&lt;br&gt;Members of the public may speak up to 3 minutes each on matters either on or not on this agenda.</td>
</tr>
<tr>
<td>4:13</td>
<td>5. Members’ Reports</td>
</tr>
<tr>
<td>4:18</td>
<td>6. Presentation: Red Cross&lt;br&gt;Jennifer Lucas, Disaster Program Manager, Contra Costa County</td>
</tr>
<tr>
<td>4:30</td>
<td>7. EMCC Legislative Report: ENA rep</td>
</tr>
<tr>
<td>4:35</td>
<td>8. Fire Chiefs’ Report&lt;br&gt;Fire Executive Chief Representative</td>
</tr>
<tr>
<td>4:45</td>
<td>9. Quarterly Update on Alliance Ambulance Services&lt;br&gt;Chief Terence Carey, Contra Costa County Fire Protection District</td>
</tr>
<tr>
<td>4:55</td>
<td>10. Nominations and Election for Executive Committee Vacancy (Action Item)</td>
</tr>
<tr>
<td>5:05</td>
<td>11. EMS Medical Director’s Report&lt;br&gt;David Goldstein, MD, Contra Costa EMS Medical Director</td>
</tr>
<tr>
<td>5:10</td>
<td>12. EMS Director’s Report including Ambulance Ordinance Update&lt;br&gt;Pat Frost, Contra Costa County EMS Director</td>
</tr>
<tr>
<td>5:25</td>
<td>13. Agenda Items for next meeting: September 5, 2018 (New Proposed Date)</td>
</tr>
<tr>
<td>5:30</td>
<td>14. Adjournment</td>
</tr>
</tbody>
</table>

Reasonable accommodations can be made for persons with disabilities planning to attend the EMCC Meeting by contacting EMS Staff at least 24 hours in advance at (925) 646-4690.

Any disclosable public records related to an item on a regular meeting agenda and distributed by the County to a majority of members of the Emergency Medical Care Committee less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Suite 126, Martinez, during normal business hours.
Chair Hansen called the meeting to order at 4:08 p.m.

1. Introduction of Members and Guests

2. Approval of Minutes from December 13
   Member Leng motioned to approve the Minutes from December 13, 2017. Member King seconded; none opposed. Motion passed. December minutes are approved.

3. Recognition
   Member Frost presented an award of appreciation to Bruce Kenagy who has worked as a Contra Costa EMS Prehospital Care Coordinator for 27 years. EMS Staff Kenagy will continue as a retired annuitant to finish the ImageTrend project after March 30, 2018.

4. Presentation: 2017 Survivors Reunion Video
   The video from the Second Annual Survivors Reunion was shown to the group. Member Frost thanked those who attended and sponsored. It was announced that the Third Annual Survivors Reunion is scheduled for Wednesday, October 24, 2018. More details to come.

5. Chair’s Report - Kacey Hansen, EMCC Chair
   No Report

6. Comments from the Public
   No Comments

7. Members’ Reports
   Member Fay announced that he is leaving CalStar at the end of the month. He thanked staff, partners, friends. Going forward,
EMCC Meeting Minutes – March 14, 2018

8. First Net Presentation
David Nielson with the Contra Costa County Office of the Sheriff shared a presentation on First Net. The purpose of the program is to provide a hardened-wifi data solution to all public safety agencies. All 50 states plus other territories have opted in to First Net. The system goes live at end of the month. Primary users are fire, law, EMS, EMA. Secondary user community groups could include healthcare, utilities, transportation, others. The system can prioritize primary versus secondary users. First Net technology is solving access to wireless networks for - large scale incidents. There is only so much capacity on wireless networks – First Net allows prioritization of traffic - first responders are first. Regular users won’t get dropped, but will be pushed down. Part of system requirements for First Net was to expand coverage in rural areas. Deployable asset public safety agencies- will get access to a portal and the agency can set priority levels. First Net will provide vetted internet applications in own App Store. Roll out - available already - can update existing ATT account to a First Net account. However will need a First Net configured device for users to have full service. Contact ATT rep to get switched over to FirstNet - SIM cards, etc. No requirement to use system. Pricing is supposed to comparable or better than what you are getting today. Ellen asked if other areas have moved to system-David LA County yes. Other states, yes. So far, pretty seamless. Probably because making whole network available. Gary Napper - a lot of agencies are on EBRCs radios - how does FirstNet fit there? David-First Net is not meant to replace EBRCs system. No data from EBRCs - voice only. The two systems will live side by side for the foreseeable future. David has an ATT contact that can help with First Net that he would be happy to share with anyone interested.

9. EMCC Legislative Update
Member Samuelson reported on AB1795 (Gipson) - EMS Community Care Facilities. If bill passes, would be up to LEMSA to decide if they want to take part or not. Member Fay reported on AB2593 (Grayson/Wood) - currently on 30 day hold prior to going to committee - would become a budget item with goal of getting reimbursement rates for Medi-Cal, similar to Medicare. AB263 (Rodriguez) - ambulance workers right to take breaks during shift without radios. Bill is in second year, in committee this session, future is unknown. Bill exempts public service ambulance providers - not sure how that would affect Alliance.

10. Fire Chiefs’ Report
No Report

11. Quarterly Update on Alliance Ambulance Services – Chief Terry Carey, CCCFPD
- On behalf of LEMSA, AMR and CCCFPD worked for 15 months to create ALS IFT capability as required by contract. As of March 6, have rolled out marketing to hospitals and are talking to Hospital CEOs about the service. If someone doesn’t qualify for BLS or CCT, this is another option. Two options - scheduled or non-scheduled. 911 ambulances available. Excited and will continue to work with partners to monitor/improve. Member Frost - this came from modernization study-created additional revenue stream for emergency ambulance contractor fiscal sustainability.
- Annually, per contract, can go to BOS and request rate increases. Approved yesterday and will take place April 13. Will collect .666 percent of that 3 percent. Along lines with ALS IFT, proud of compliance numbers - slammed during flu season. With AMR recommendations, raised number of ambulances on the street. 94-96 percent compliance. Working with hospitals on wall times - met with hospital CEOs - starting in December - led to tour of Kaiser Richmond - going to start showing up in ERs to discover challenges and how to get ambulances back out on the street timely. Court Case in Alameda County - fire chiefs have sued EMSA and Alameda County EMS - contractor/subcontractor model issue.
- Lot of changes in organization CCCFPD - recruiting for fire positions - trying to get the word out. Recruitment closes next Monday. Testing for all ranks.

12. Medical Health Disaster Coalition Governance Proposal (Action Item) – Lisa Vajgrt-Smith, Contra Costa EMS Agency Prehospital Care Coordinator/Emergency Preparedness Program Manager
Lisa Vajgrt-Smith addressed the group, asking for the EMCC to act as the governing body for the Medical Health Preparedness Coalition. There was discussion on what that ask would entail, including time needed at the EMCC and potential liability/compliance issues. Member Frost requested a motion to approve the recommendation to consider approving the EMCC Advisory Committee to serve as the reporting and advisory entity for the Contra Costa Med-Health Coalition to comply with new Hospital Preparedness Program (HPP) program requirements. Member King moved to approve, Member Michaelson seconded; none opposed. Motion passed.

13. EMS Medical Director’s Report - David Goldstein, MD, Contra Costa EMS Agency Medical Director
- No Report

14. Approval of 2017/18 EMS System Plan Objectives (Action Item)
The objectives are an annual action item submitted to the EMCC and are a part of the annual system plan which is submitted to the state, and lay out what we accomplish regarding our regulatory compliance. Member Frost requested a motion to approve. Member Leng moved to approved, Member Speakman seconded; none opposed. 2017 System Plan objectives approved.

a successor is yet to be named. Member Michaelson announced that he is retiring from SRVFPD and this will be his last meeting as well. Member Krause announced he is also retiring from SRVFPD and that the County fire chiefs will come up with other nominees. Members were thanked for their many years of service.
15. **EMS Director’s Report - Pat Frost, Contra Costa EMS Agency Director**

- Anna Roth announced as the new Health Services Director for Contra Costa County. Dr. Walker continues as Health Officer and there will be a search for his replacement. Roth is having EMS and all direct reports at the table to be able to be equal partners at the table which creates huge amount of opportunity for EMS to work as part of County Health Services.
- Geoff Martin announced as a new prehospital care coordinator with Contra Costa EMS. He is a specialist in EMS system analytics and will help to move program forward in terms of data/bi directional exchange and own Cardiac Arrest program.
- San Ramon RFP - LEMSA met with the Board to extend San Ramon contract by one year in waiting for rulings in the AmeriCare court actions related to 201 and 224 rights. The Board’s direction is to extend contract for one year while wait to see what happens regarding 201 and 224 rights.
- Ambulance Ordinance - still in progress - back with LEMSA – County Counsel asked us to respond and do research on more issues.
- EMSA approved our system plan, quality plan, and trauma plan.
- HIE grant - we are waiting more information expected in April - that is when CMS grant becomes available - will apply for about 2.5 million grant - hope to bring to our community so if a patient is in the field, electronic record can follow them no matter where they are in system. POLST registry will be launched in April hopefully - requirement for CMS grant. Shutter Healthcare system has submitted all POLST forms into registry. Governor is interested in making this a mandatory requirement. We are not sure funding wise how that will turn out.
- Alta Bates closure - nothing new; timeline unknown.
- Measure H - will be going back to BOS for ballot measure discussion in support of fire and EMS in community. Member Napper asked what Member Frost envisions for EMCC’s role in this process. Member Frost responded with role will depend on what comes out of the finance committee. Once information is available, she will report back to the EMCC. Member Napper asked Member Frost to tell Supervisor Mitchoff that the EMCC would be interested in providing input and comment.

16. **Proposed agenda items for June 13, 2018:** Ambulance Ordinance update; Nominations for Executive Committee Vacancy (Fay)

17. **Adjournment at 5:36pm**
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</thead>
<tbody>
<tr>
<td>B 1</td>
<td>Alameda Contra Costa Medical Association</td>
<td>Ellen Leng</td>
<td>Absent</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td>B 2</td>
<td>American Heart Association</td>
<td>Elaina Petrucci Gunn</td>
<td>Absent</td>
<td>Present</td>
<td>Present</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>B 3</td>
<td>American Red Cross</td>
<td>Vacant (Jason Wallace)</td>
<td>Absent</td>
<td>Absent</td>
<td>Absent</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>B 4</td>
<td>California Highway Patrol</td>
<td>Ara Gregorian (effective 3/14/18)</td>
<td>Vacant</td>
<td>Vacant</td>
<td>(B. Goldhammer) Present</td>
<td>(B. Goldhammer) Absent</td>
<td>Vacant</td>
</tr>
<tr>
<td>B 5</td>
<td>Communications Center Managers' Association</td>
<td>Denise Pangelinan</td>
<td>Present</td>
<td>Present</td>
<td>Absent</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td>B 6</td>
<td>Contra Costa Fire Chiefs' Association</td>
<td>Vacant (Derek Krause)</td>
<td>Absent</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td>B 7</td>
<td>Contra Costa Police Chiefs' Association</td>
<td>Jon King</td>
<td>Present</td>
<td>Present</td>
<td>Absent</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td>B 8</td>
<td>Emer. Nurses Assoc. East Bay Chapter</td>
<td>David Samuelson</td>
<td>Absent</td>
<td>Present</td>
<td>Present</td>
<td>Absent</td>
<td>Present</td>
</tr>
<tr>
<td>B 9</td>
<td>Hospital Council East Bay</td>
<td>Vacant (Flo Raskin)</td>
<td>Present</td>
<td>Present</td>
<td>Absent</td>
<td>Present</td>
<td>Present</td>
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<tr>
<td>B 10</td>
<td>Public Managers' Association</td>
<td>Gary Napper</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
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<tr>
<td>B 11</td>
<td>Trauma Center (Contra Costa Contract)</td>
<td>Kacey Hansen</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Absent</td>
<td>Present</td>
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<tr>
<td>B 12</td>
<td>Contra Costa Office of the Sheriff</td>
<td>Jason Vorhauer</td>
<td>Present</td>
<td>Absent</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
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<tr>
<td>B 13</td>
<td>Contra Costa Health Services - Behavioral Health</td>
<td>Vacant (Cynthia Belon)</td>
<td>Absent</td>
<td>Absent</td>
<td>Absent</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>C 1</td>
<td>Ambulance Providers (Contra Costa Contract)</td>
<td>Terence Carey</td>
<td>Present</td>
<td>Absent</td>
<td>Present</td>
<td>Absent</td>
<td>Present</td>
</tr>
<tr>
<td>C 2</td>
<td>Air Medical Transportation Provider</td>
<td>Vacant (Ross Fay)</td>
<td>Absent</td>
<td>Absent</td>
<td>Present</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>C 3</td>
<td>Emergency Department Physicians</td>
<td>Anthony Rodigin</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td>C 4</td>
<td>EMS Training Institution</td>
<td>Vacant</td>
<td>Vacant</td>
<td>Vacant</td>
<td>Vacant</td>
<td>Vacant</td>
<td>Vacant</td>
</tr>
<tr>
<td>C 5</td>
<td>Private Provider Field Paramedic</td>
<td>Vacant, but to be filled by nominee (Ross Wilson)</td>
<td>Present</td>
<td>Absent</td>
<td>Absent</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>C 6</td>
<td>Public Provider Field Paramedic</td>
<td>Vacant (Jon Michaelson)</td>
<td>Absent</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
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<tr>
<td>C 7</td>
<td>District I (Gioia)</td>
<td>Kelley Stieler</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Absent</td>
<td>Absent</td>
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<tr>
<td>C 8</td>
<td>District II (Andersen)</td>
<td>John Speakman</td>
<td>Absent</td>
<td>Present</td>
<td>Present</td>
<td>Absent</td>
<td>Present</td>
</tr>
<tr>
<td>C 9</td>
<td>District III (Burgis)</td>
<td>Vacant (Lily Li)</td>
<td>Vacant</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>C 10</td>
<td>District IV (Mitchoff)</td>
<td>Allan Tobias</td>
<td>Present</td>
<td>Absent</td>
<td>Present</td>
<td>Present</td>
<td>Absent</td>
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<tr>
<td>C 11</td>
<td>District V (Glover)</td>
<td>Vacant</td>
<td>Vacant</td>
<td>Vacant</td>
<td>Vacant</td>
<td>Vacant</td>
<td>Vacant</td>
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<tr>
<td>E 1</td>
<td>Ex Officio</td>
<td>Pat Frost</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
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<tr>
<td>E 2</td>
<td>Ex Officio</td>
<td>David Goldstein</td>
<td>Present</td>
<td>Present</td>
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Advisory Body + Brown Act done

Meeting Attendance Requirements per the Bylaws:

A. EMCC members shall attend EMCC meetings.
B. A member who cannot attend a meeting must notify the Chair and may have one excused absence in a twelve month period.
C. Whenever a member does not attend two regularly scheduled meetings, within a rolling twelve month period, complete their Brown Act requirements or fail to meet the criteria for sitting on the advisory body the EMS Agency shall notify the nominating agency/organization of the absences and request appropriate action.
D. Members must complete the required Ethics and Brown Act training provided by the County within three months of appointment and submit the “Training Certification for Member of County Advisory Body” form to EMS staff prior to participating at any meeting.
E. Members who do not complete the Ethics and Brown Act training within 3 months may not further participate until the requirement is fulfilled.
F. Ethics and Brown Act training is recommended to be completed every two years while serving on a County Advisory Committee.
Contra Costa EMS System
Emergency Ambulance Reimbursement Report

This report provides a year over year summary of insurance reimbursement and payer mix associated with Contra Costa County EMS System Ambulance Service Providers. Data reported was collected from EMS provider agencies that provide emergency ambulance services to the residents of Contra Costa County. This report was prepared by Contra Costa EMS Agency.
Executive Summary

9-1-1 ambulance providers within Contra Costa County are required to be at the ready to serve over 1.1 million people 24 hours a day, 7 days a week, 365 days a year. Emergency Medical Services (EMS) ambulance providers must respond to every call regardless of an individual’s ability to pay within strict response time performance measures while assuring that ambulance equipment is up to date and personnel are highly trained. They are also responsible to serve the community in disaster.

This report provides a year over year summary of insurance reimbursement and payer mix data for Contra Costa County EMS System Ambulance Service Providers. Data reported was collected from EMS provider agencies contracted to provide emergency ambulance services to the residents of Contra Costa County between 2010 and 2017. The information is updated periodically to inform the community, EMS System leadership and policy makers of changes in ambulance fees and reimbursement associated with changes in the federal and state health care legislation.

Residents of Contra Costa County are served by three EMS System ambulance providers:

1. Moraga-Orinda Fire District (MOFD) provides exclusive EMS ambulance services to residents in the Moraga-Orinda Ambulance Response Zone.
2. San Ramon Valley Fire Protection District (SRVFPD) provides exclusive EMS ambulance services to residents living in the San Ramon Ambulance Response Zone.
3. Contra Costa County Fire Protection District (CCCFPD) with their ambulance subcontractor American Medical Response (AMR) provides exclusive emergency ambulance services as the “Alliance” to the remaining portions of the county (Ambulance Response Zones A,B,C and D).

Prior to January 1, 2016 American Medical Response was the sole EMS ambulance contractor for ambulance response zones A thru D. Emergency ambulance service areas are illustrated below.
Why do emergency ambulance providers charge so much?

Emergency ambulance services rely primarily on insurance reimbursement to support and sustain operations within the community. Over the years insurance reimbursement associated with EMS ambulance transport has shifted to serve a large number of residents who have Medicare and Medi-Cal as their only health care coverage. The elderly, working poor, children and the medically vulnerable are the primary recipients of these federal and state insurance plans. Insurance reimbursement for emergent medical transport services covers a fraction of the actual cost of providing the service. In response to these reduced payments, EMS providers institute increased rates for ambulance transportation services as a method of cost recovery. This trend is not unique to Contra Costa and affects ambulance services throughout California and the United States. The illustration below captures the changes over time in Contra Costa County.

Ambulance service rates increase in response to numerous factors, including increases in the cost of equipment, technology, medications, personnel and cost of living in addition to poor insurance reimbursement. Emergency Medical Services is also a highly regulated industry subject to unfunded state and federal mandates that drive cost for services.

Government payers such as Medi-Cal and Medicare reimburse only a fraction of the charges. They reimburse at “capitated rates” that stipulates the provider accept the capitated reimbursement as “payment in full” or requires the individual to assume a portion of the remaining cost (e.g. copay).
Private third party payers (e.g. Kaiser, AETNA, Blue Cross and other HMO and PPO payers) typically reimburse at a “usual and customary” rate after the patient meets their insurance deductible for the year. If the patient is covered by a “high deductible insurance plan” and the individual requires ambulance service before meeting their high out of pocket deductible, the individual may receive a bill for the full charge of ambulance service. This can result in a bill for several thousand dollars which can take many individuals by surprise.

Ambulance insurance reimbursement is complex and coverage varies greatly so it is not unusual for an individual who is billed for ambulance services to not fully understand what their insurance covers and what it does not.

However all ambulance providers in Contra Costa County are required to have billing appeals processes for individuals who may not be able to pay their emergency ambulance bill. To learn more about how to appeal an ambulance bill visit [http://cchealth.org/ems/ambulance-rates.php](http://cchealth.org/ems/ambulance-rates.php) for more information on Ambulance Rates and free Medicare Appeals Assistance.
Summary: The Contra Costa County EMS Agency monitors insurance and reimbursement issues affecting the ambulance industry in its role as the local authority regulating emergency and non-emergency care and transport services throughout the County. Emergency Ambulance rates are set and approved by the governing bodies of the participating fire districts in accordance with written agreements approved by the Contra Costa Board of Supervisors.

Changes in federal or state insurance reimbursement programs such as Medicare and Medi-Cal have a profound effect on the fiscal sustainability of EMS ambulance service delivery in communities. Current reductions in insurance reimbursement from government payers are anticipated increasing costs to the consumer.
HOSPITAL “A” REDDINET USER SYSTEM REPORT

Hospital ED Volume Report

Hospital ED volume was implemented 2/1/17 and is used to determine the total amount of patient volume in a 24-hr shift to include ambulance transports and walk-in traffic. Reporting has a two hour window before and after 0400 with the previous day’s total. The monthly compliance goal for each hospital is 100%.

MCI Hospital Polling Compliance

During MCIs and other disasters, the ReddiNet MCI module provides a robust system for communications, coordination and situation management of the entire EMS system. In order to transport patients from the incident to the appropriate hospital, reporting has a “pass”/“fail” indicating if each hospital ED responded within 3 minutes of each MCI with the number of “Immediate”, “Delayed” and “Minor” patients they can accept. The compliance goal for each hospital is 100%.

<table>
<thead>
<tr>
<th>MCI</th>
<th>Hospital</th>
<th>MCI ED Capacity Pol</th>
<th>Dispatched Ambulances</th>
<th>Arrived Ambulances</th>
<th>Dispatched Patients</th>
<th>Reported Patients</th>
</tr>
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<tbody>
<tr>
<td>Overdose at Bart - Tier 0</td>
<td>&quot;A&quot;</td>
<td>FAIL</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tier 1 Vehicle Accident</td>
<td>&quot;A&quot;</td>
<td>FAIL</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Vehicle Accident</td>
<td>&quot;A&quot;</td>
<td>0</td>
<td>0</td>
<td>0</td>
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Hospital HAvBED Report

HAvBED is a federally mandated program that requires states to collect and report local hospital bed availability status. This information is helpful to determine system capability for a public health emergency or mass casualty incident (MCI). Contra Costa EMS collects the data three times daily through the ReddiNet System. Reporting has a two hour window before and after 0400, 1000 and 1800. The compliance goal for each hospital is 95%.

Assessment/Sit Stat Compliance

The ReddiNet Assessment poll can obtain an accurate and current estimate of staff, supplies, equipment, patient needs, facility damage, and resources needed in the event of a disaster. Contra Costa EMS conducts a Sit-Stat drill on the fourth Wednesday monthly at 1100 and 2000 through the ReddiNet System. Reporting has a “pass”/”fail” indicating if the poll is completed for the respective date. The compliance goal for each hospital is 100%.

<table>
<thead>
<tr>
<th>Poll Time</th>
<th>Assessment Name</th>
<th>Facility</th>
<th>Response Time</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/28/2018 11:00</td>
<td>Sit Stat report poll (AM shift)</td>
<td>&quot;A&quot;</td>
<td>FAIL</td>
<td></td>
</tr>
<tr>
<td>3/28/2018 20:00</td>
<td>Situation Status Report poll (PM shift)</td>
<td>&quot;A&quot;</td>
<td>FAIL</td>
<td></td>
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</table>
Offline History Report
The ReddiNet Offline history report indicates the number of hours per day a hospital is offline NOT receiving ReddiNet alerts and notifications that could negatively impact their facility.

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Duration</th>
<th>During 7 to 3 Shift</th>
<th>During 3 to 11 Shift</th>
<th>During 11 to 7 Shift</th>
<th>Number of Times offline</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Muir Medical Center WC Campus</td>
<td>***</td>
<td>No Offline History</td>
<td>data reported ***</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Kaiser - Walnut Creek</td>
<td>15.27</td>
<td>32</td>
<td>36</td>
<td>29</td>
<td>49</td>
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<tr>
<td>San Ramon Regional Medical Center</td>
<td>17.35</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>5</td>
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<tr>
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<td>11</td>
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Contra Costa County hospitals are expected to be online 100% in anticipation to respond in a timely manner to MCI's, disasters and other pertinent EMS system messages.
Background
Healthcare systems are vulnerable to disruptions due to disasters and emergencies. Mass casualty events can rapidly overwhelm local and regional healthcare systems with large numbers of patients, also known as "medical surge". Over the past 5 years, the Contra Costa EMS Agency has worked to strengthen, maintain and improve ReddiNet to support day-to-day operations, multi-casualty incidents (MCIs) and disasters in Contra Costa County.

Overview
ReddiNet is a critical communication platform used by Contra Costa County stakeholders to ensure situational awareness and vital communications 24/7, 365/year connecting hospitals, EMS, paramedics, law enforcement and other healthcare system professionals. The internet-based communication platform is easily accessible using laptop, tablet and smartphone devices.

Goal
Reliable Uninterrupted Emergency and Medical Health System Communications

Real World
During the current flu season, ReddiNet was used to disseminate messages from the Contra Costa Public Health Department to our healthcare community partners in real-time. Hospital ED volume was collected and monitored for situational awareness and the number of staffed, available beds reported three times daily to have a clear picture of our county's bed availability in the event of a medical surge.

Accomplishments
- The EMS Agency has committed staff and resources to expand ReddiNet services to include over thirty skilled nursing/long-term care facilities, clinics and all permitted non-emergency ambulance providers into the county’s communication network.
- Robust training is provided to all system stakeholders using face-to-face, hands-on training to strengthen stakeholder partner communications and familiarization in the use of ReddiNet in day-to-day operations.
- Triage and Tracking drills are held on the 5th & 19th of each month with the expectation that all patients (excluding psych) transported to hospitals in Contra Costa County will include completed triage tags by prehospital personnel. Monthly reports are sent to hospital leadership for trending compliance and educative follow up.
- Patient tracking is captured and entered into ReddiNet under the MCI tab by each hospital for every Contra Costa County MCI that occurs whether “actual” or a “drill”.
- 2017- Design and implementation of the Region Resources tab to assist in the coordination of resources for patient movement at the regional level during a large scale event. All Northern California counties using ReddiNet are available to view (Contra Costa, Alameda, Solano, San Francisco, San Mateo, Marin and Yolo). Hospitals are listed under the appropriate specialty services for the region (Trauma, Stroke, STEMI, Burn, and Pediatrics).
- Strengthened Ambulance Strike Team (AST) resource request process by developing a "script" for Sheriff's dispatch to use when requesting additional emergency and non-emergency resources for the county or region via ReddiNet.
- Bed Availability- “HAVBED” data reporting collected three (3) times per day for each hospital. Monthly reports are sent to hospital leadership for trending compliance and educative follow up.
- Implementation of First Watch interface- Interoperability between ReddiNet and our First Watch program allows our agency to view ambulance offload times at each hospital in real time.
- Design and implementation of ReddiNet's ED Volume function.
Contra Costa County Emergency Medical Services
ReddiNet Communications Program
2018 Executive Summary

- ReddiNet’s satellite capability network connecting EMS, CCHS Public Health, 911 providers, hospitals and the Sheriff’s Office of Emergency Services has been put in place when internet, landlines and cellular telephone networks are disrupted during disasters. The system is tested monthly.
- The standardized forms for situation status reporting and resource requesting were created in ReddiNet’s Assessment module to mirror those used by CDPH to facilitate data gathering during emergencies from all medical and health system partners during emergencies and disasters. Assessment poll questions can be specifically tailored to an incident or public health concern and enable our healthcare system to obtain accurate and current estimates of staff, supplies, equipment, patient needs, facility damage, and resources needed and/or available.
  - Drills monthly- Each hospital in Contra Cosa County receives a monthly “Sit Stat” Assessment poll at 1100 and 0800 every fourth Wednesday. Monthly reports sent out to ED Managers for trending compliance and educative follow up.

Real World Medical Health Response

2017 North Bay Fires: On October 8, 2017, Napa and Sonoma counties sustained one of the most devastating and costliest fires in the state’s history. Contra Costa EMS provided a support role in the evacuation and distribution of patients to Contra Costa County hospitals and skilled nursing facilities. Over 80 patients from the affected areas were transported into our county over a three (3) day period.

ReddiNet was critical in supporting the following activities:

- MCI- Although the incident took place out of county, our Agency initiated an MCI titled “North Bay Fires” to capture a timeline of events and our response to support the region.
- Patient tracking- Every patient transported to one of our facilities was entered into ReddiNet for the purposes of patient tracking and repatriation.
- Resource requests were made via ReddiNet to our ambulance providers to assemble and send Ambulance Strike Teams to the Veteran’s Home in Yountville.
- ReddiNet’s messaging function was crucial in keeping our stakeholder partners updated on changes within our system as well as information specific to the fires.
- The ReddiNet “report” function was invaluable to document the 214 disaster form for state and federal government reimbursement.
- ReddiNet’s “LEMSA connect” function allowed Contra Costa County to communicate through the messaging module during the disaster to Napa and Sonoma counties that are not ReddiNet customers. This became essential to real time communication and updates from each county’s Emergency Operations Center (EOC).

Summary
Contra Costa EMS is committed to supporting, strengthening and improving the county’s medical health emergency communication infrastructure. With continued input and support from our system stakeholders, our EMS Agency will continue to optimize ReddiNet to benefit the communities in Contra Costa County. Attached are a number of reports summarizing the current ReddiNet communication platform performance.
All Hospitals
HAbED Compliance: Contra Costa EMS System Goal 95%

Jan-17: 51.9% (Goal: 95%)
Feb-17: 54.4%
Mar-17: 58.4%
Apr-17: 67.5%
May-17: 67.9%
Jun-17: 70.4%
Jul-17: 76.1%
Aug-17: 71.6%
Sep-17: 71.5%
Oct-17: 70.3%
Nov-17: 68.6%
Dec-17: 69.0%

Median: 54.4%

Contra Costa County Emergency Medical Services
ReddiNet Communications Program
2018 Executive Summary
ReddiNet’s ED Volume reporting was designed and implemented in February 2017 allowing the EMS Agency to track not only ambulance transports to each emergency department but to capture the impacts of walk-in patients. Total Emergency Department Volume reported is entered for the previous 24-hour period. This information helps provide a daily snapshot of emergency department and ambulance activity. As of July 2017 hospitals have achieved 100% data compliance. This information has been invaluable to monitor the resiliency of our EMS system!
Mar 2018 CCC ED Volume Report
Daily Average: xxxx
xxxx Total, 260 Stations: xxx/da
5849 EMS transports, xx% of Total ED Volume
Mar 2018 CCC ED Volume Report
Daily Average: xxxx
xxxx Total, 260 Stations: xxx/da
5849 EMS transports, xx% of Total ED Volume
Mar 2018 ED Volume Report
CCRMC Daily Average: 147
4569 total, 26 Stations, 5/da
650 EMS transports, 14% of CCRMC ED Volume
Contra Costa County Emergency Medical Services
ReddiNet Communications Program
2018 Executive Summary

Mar 2018 ED Volume Report
JMMC-C Daily Average: 167
5181 total, 32 Stations, 5/da
893 EMS transports, 17% of JMMC-C ED Volume
Mar 2018 ED Volume Report
JMMC-WC Daily Average: 162
5028 total, 47 stations, 5/da
1049 EMS transports, 21% of JMMC-WC ED Volume
Mar 2018 ED Volume Report
KA Daily Average: 179
5543 total, 34 stations, 6/da
607 EMS Transports, 11% of SDMC ED Volume
Mar 2018 ED Volume Report
SDMC Daily Average: 162
5023 total, 32 Stations: 5/da
848 EMS transports, 17% of SDMC ED Volume
** Kaiser Walnut Creek not included due to missing data**
UCC Summary
Governor’s May Revision 2018-19
May 11, 2018

The Governor released his May Revision on May 11, 2017 which provides a total budget of $199 billion. The Governor stated that while California is receiving higher revenues the state must continue to be fiscally prudent with no pricey promises. The May Revision reflects the receipt of $8 billion in higher revenues through 2018-19 compared to the January Budget. From this amount the Governor’s May Revision proposes $4 billion in one-time General Fund spending focused on infrastructure, homelessness and mental health. The remainder of the surplus is going into the Rainy-Day Fund.

NOTE: This summary includes only those items that were changed from the January Budget. If it is not specifically mentioned, it remains unchanged from the January Budget.

Major changes:

- $359 million in one-time funding to address homelessness which includes a $250 million grant program to cities and counties for emergency assistance, additional funding for programs in CalWORKs, and funding for the Statewide Council on Homelessness.
- Proposal to place the No Place Like Home on the November ballot for approval.
- Proposal to eliminate the 340B drug pharmacy program remains in the May Revision.
- $254 million in mandate reimbursement for the AB 3632 program related to mental health for counties.
- $24 million in additional funding for county administration of the IHSS program.
- Additional funding for the Continuum of Care implementation.

Program and State Department Proposals

Health and Human Services

1991 State-Local Realignment Health Account Redirection (AB 85)
County indigent health savings are projected to increase by $242.7 million in 2018-19. This results in additional 1991 Realignment funds available to offset General Fund costs in CalWORKs.

Mental Health
Despite substantial funding and some recent efforts to enhance mental health services, many challenges remain in the mental health system. These include continued growth in incompetent to
stand trial referrals, increasing interactions between individuals with mental illness and the criminal justice system, and the prevalence of mental illness and co-occurring substance use disorder issues, in California’s homeless population.

- **No Place Like Home.** The May Revision proposes placing the No Place Like Home program on the November 2018 ballot. Voters will have an opportunity to validate the No Place Like Home program, which allocates $2 billion from Mental Health Services Act funds to provide housing for individuals who are in need of mental health services and are experiencing homeless or at risk of homelessness. The Department of Housing and Community Development will issue an initial Notice of Funding Availability prior to November and make awards before the end of the calendar year, contingent on voter approval of the measure.

- **AB 3632 Mandate Repayment.** The May Revision includes repayment of approximately $254 million plus interest for repealed state mandates related to services provided by counties to seriously emotionally disturbed children (AB 3632). The costs were incurred by the counties between 2004 and 2011. The Administration expects counties to use this funding for early intervention and prevention of mental health services for youth, with an emphasis on teens.

- **Homeless Mentally Ill Outreach and Treatment.** The May Revision proposes a one-time augmentation of $50 million for the Department of Health Care Services to provide counties with targeted funding for multi-disciplinary teams to support intensive outreach, treatment and related services for homeless persons with mental illness (see the Homeless Package). The funding allocation will be targeted to local entities based on the principles in AB 2034 (2000) and AB 34 (1999). Counties are encouraged to match these funds with local mental health funding as well as federal matching funds, where appropriate. This type of intervention is expected to result in earlier identification of mental health needs, prevention of criminal justice involvement, and improved coordination of care for this population at the local level.

- **Graduate Medical Education.** To address the lack of mental health professionals, the May Revision proposes an increase of $55 million one-time General Fund to support psychiatric graduate medical education programs serving Health Professional Shortage Areas or Medically Underserved Areas in rural portions of the state.

- **Oversight and Planning.** The May Revision proposes $6.7 million for 48 staff at the Department of Health Care Services to support oversight of county mental health programs and review of Mental Health Services Act expenditures, as well as planning efforts for system and data improvements to support the evaluation of county mental health programs.

Medi-Cal
The Governor notes that many of the complexities in forecasting program expenditures have resulted in a Medi-Cal shortfall compared to the 2017 Budget Act that now totals $830.5 million General Fund. The May Revision attributes the shortfall to drug rebates, delays in federal approval of fees and CHIP Reauthorization.
Significant Adjustments:

- **Specialty Mental Health Services Federal Audit Repayment.** A recent audit by the U.S. Department of Health and Human Services Office of the Inspector General is expected to result in the disallowance of approximately $180.7 million in federal Medi-Cal claims for county specialty mental health services. These funds will initially be paid by the state in 2018-19 with repayments from counties occurring over the next four years to prevent the removal of significant local funds from the mental health delivery system in a single year.

- **Proposition 56.** The May Revision forecasts expenditures of $629.9 million in 2018-19 for supplemental payments and rate increases, a decrease of $51.6 million compared to the Governor’s Budget. Based on year-to-date expenditures in 2017-18, claims for physicians were lower than expected. However, the May Revision maintains the increase of approximately $163 million for physician payments and $70 million for dental payments in 2018-19. The May Revision also reflects an increase of $55.3 million to support new growth in Medi-Cal in 2018-19.

- **Pharmacy Reimbursement.** The May Revision maintains the Administration’s proposal to prohibit the use of federal 340B Drug Pricing Reimbursements beginning July 1, 2019 to prevent duplicate discounts and overpayments.

- **Expand Hepatitis C Treatment Clinical Guidelines.** The May Revision proposes an increase of $70.4 million in 2018-19 to authorize treatment for all patients ages 13 and above with Hepatitis C under Medi-Cal.

**Social Services**
The Department of Social Services (DSS) serves, aids, and protects needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence.

**CalWORKs Single Allocation**
The May Revision proposes an increase of $55.8 million TANF in 2018-19 to reflect the adoption of a revised budgeting methodology for county administration of the CalWORKs eligibility determination process. This model recognizes that counties have difficulty adjusting to significant increases and decreases in caseload and attempts to smooth out the changes to county funding. The methodology establishes a fixed-base funding level that does not adjust when caseload changes and includes a variable component that adjusts when caseload increases or decreases by 5 percent or more compared to the 2018-19 caseload.

**CalWORKs Housing Support Program (Also listed under Homeless Package)**
The May Revision proposes an increase of $24.4 million to help CalWORKs families secure permanent housing. With an additional augmentation in 2019-20, the total program funding will increase from $47 million to $95 million annually. This program provides counties with flexibility to address the needs of each family, including move-in assistance, temporary rental subsidies, and intensive case management.

**CalWORKs Homeless Assistance Program (Also listed under Homeless Package)**
The May Revision proposes an increase in the daily payment rate for temporary assistance for families who are homeless or face imminent eviction. This program provides up to 16 days of temporary housing each year by issuing eligible families a voucher for either a temporary shelter or hotel/motel. For a family of four, the rate will increase from $65 to $85 beginning January 1, 2019.
This daily rate was last increased more than ten years ago. The May Revision includes $8.1 million in 2018-19, increasing to $15.3 million in 2019-20.

**Home Safe Pilot Program (Also listed under Homeless Package)**
The May Revision proposes $15 million, on a one-time basis, to fund a pilot program within Adult Protective Services. The pilot provides housing-related supports to seniors experiencing homelessness or at risk of losing their homes by providing temporary rental or utility assistance, housing repairs, landlord mediation, and case management. The funding will be available to participating counties over a three-year period with a local match.

**Continuum of Care Reform**
The May Revision notes that as implementation of the foster care reforms outlined in AB 403 continues into its second full year, expected savings have eroded. This is due primarily to a slower-than-anticipated decline in congregate care caseload, as well as continued use of the Specialized Care Increments (SCIs) that were expected to decrease as foster care rates increased. This results in General Fund increases of $49.5 million in 2017-18 and $56 million in 2018-19.

The May Revision continues to assume counties will reduce SCI payments to reflect the transition from age-based foster care rates to the new home-based family care rate structure beginning in July 2018. Additionally, one-time funding of $3.2 million General Fund is provided to support county efforts in eliminating the backlog of foster care resource family applications that are pending review and approval. An increase of $2.5 million General Fund is also proposed to address county workload associated with implementation of an assessment tool to assess a child’s level of care needs. Together, these increases will further support the transition to a home-based family care model with improved access to services to support these placements.

In addition to the funding noted above, the May Revision includes an increase of $13.4 million TANF in 2018-19 to provide caregivers with up to six months of emergency assistance payments pending approval as a resource family. Beginning in 2019-20, and annually thereafter, emergency assistance payments will be available for up to three months, as local child welfare agencies and probation departments are expected to eliminate the backlog and complete the resource family approval process within three months of application receipt. The May Revision sets aside $27 million TANF to fund these emergency assistance costs through 2020-2021.

**Other Significant Adjustments:**

- **IHSS County Administration.** An increase of $24 million General Fund in 2018-19 to reflect higher estimates of county workload related to the IHSS Program.
- **County IHSS Maintenance of Effort.** The May Revision notes that SB 90 (2017), specified the counties’ share of IHSS costs and implemented a revised maintenance-of-effort (MOE) structure, resulting in higher county costs compared to the prior MOE levels. Based on updated revenue projections and redirections, available 1991 Realignment revenues are expected to cover a larger share of the increased MOE costs. When combined with $330 million in state mitigation for 2018-19 and $200 million in 2019-20, this results in no net fiscal impact to counties through 2019-20.
• **SSI/SSP.** A decrease of $21.9 million General Fund in 2017-18 and $34.4 million General Fund in 2018-19 to reflect continued decreases in caseload to approximately 1,246,000 recipients.

**Homelessness Package**
The May Revision notes that homelessness is fundamentally a local government responsibility, with cities responsible for the zoning and siting for housing and counties responsible for the provision of health and social services. The Governor notes that local jurisdictions are best positioned to address homelessness and identify solutions to meet local needs. The May Revision proposes a total package of $359 million as detailed below:

![Image](image.png)

**Planning – State Homeless Council**
The May Revision proposes $500,000 and three positions to expand the Homeless Coordinating and Financing Council established by SB 1380 (2016) and proposes to move the Council to the Business, Consumer Services, and Housing Agency. The Council will work in collaboration with other stakeholders to evaluate grant proposals for a $250 million General Fund homelessness emergency aid block grant described below.

**Prevention – Social Services**
The May Revision proposes $47.3 million in 2018-19 and $63.6 million on going to support safety net programs operated by the Department of Social Services to prevent vulnerable Californians from becoming homeless or help them obtain housing as follows:

- Establish a senior homelessness prevention pilot program with $15 million in one-time funding over three years and requiring participating counties to match funds received.

- Expand the existing $47 million CalWORKs housing support program with an increase of $24.2 million in 2018-19. With an additional increase in 2019-20, the program will reach
$95 million ongoing to provide assistance to low-income families obtaining and maintaining permanent housing.

- Increase funding for the CalWORKs Homelessness Assistance program by $8.1 million in 2018-19 and $15.3 million ongoing to raise the payment from $65 per day to $85 per day to provide families with up to 16 days of temporary shelter.

**Emergency Aid – Block Grants**
To assist locals in addressing homelessness until more state resources are available next year, the May Revision proposes emergency assistance funds as follows:

- Create a one-time Homelessness Emergency Aid block grant of $250 million administered through Continuums of Care (federal HUD designations) for cities, counties or joint power authorities that declare a local shelter crisis and identify city-county coordination. Grants can be used for emergency housing vouchers, rapid rehousing, emergency shelter construction, and use of armories to provide temporary shelters, among other activities. These funds will be allocated through a process to be determined by the Homeless Coordinating and Financing Council.

- Provide one-time funding of $1 million through the California Office of Emergency Services to augment the Homeless Youth and Exploitation Program for homeless and exploited youth shelters that serve unaccompanied minors.

- Increase funding by $10 million through the OES for additional domestic violence providers for projects that include emergency “safe” homes or shelters for victims and their families.

- Provide a one-time augmentation of $50 million for DHCS to provide counties with funding for intensive outreach, treatment and related services for homeless persons in need of mental health services.

**Public Safety**
The Governor’s May Revisions includes several proposals to the State Department of Corrections and Rehabilitation for various upgrades and proposals.

**State Penalty Fund- Law Enforcement Training**
The May Revision proposes to restore State Penalty Fund reductions included in the Governor’s January Budget. Specifically, the Commission on Peace Officers Standards and Training and the Standards and Training for Local Corrections programs are now proposed to be funded at their 2017-18 level. Because State Penal Fund revenues continue to decline, the May Revision proposes to shift the Standards and Training for Local Correction program administered by the Board of State and Community Corrections to the General Fund.
Other State Departments

Medicinal and Adult-Use Cannabis
The May Revision includes an additional $133.3 million for cannabis-related activities, including the processing of licenses and permits, enforcement, laboratory services, information technology, quality assurance and environmental protection. The proposals are funded by the Cannabis Tax Fund which receives revenue from licensing fees.

The May Revision includes funding for the following activities:

- Licensing and Enforcement. $28.3 million for the California Department of Food and Agriculture, $10.6 million for the Department of Public Health, $33.9 million for the Department of Consumer Affairs, and $440,000 to the Department of Finance.

- Tax Collection and Business Filings. This funding would support ongoing tax collection activities for the following entities: EDD ($3.7 million), DTFA ($2.4 million), FTB ($193,000) and SOS ($440,000).

- Hearing and Appeals. Provides funding for the Cannabis Control Appeals Panel ($1.4 million) and DGS ($13 million) to conduct administrative hearings and appeals that result from denying, transferring, conditioning, suspending or revoking licenses.

- Illegal Cannabis Market Enforcement. Provides $14 million for the Department of Justice to establish four investigation teams and one interdiction team to investigate illegal cannabis activity with an emphasis on complex, large-scale financial and tax evasion investigations as well as reducing environmental and other crimes associated with the illegal cannabis market.

- Community Engagement. Proposes $10 million for the Governor’s Office of Business and Economic Development to support the Community Reinvestment Grants Program that will be awarded on a competitive basis to local health departments and non-profit organizations to support substance use disorder treatment, job placement, legal services, and other programs.

- Research. Proposes $2 million for the University of California San Diego’s Center for Medicinal Cannabis Research and $10 million to a public university chosen by the Bureau of Cannabis Control to research and evaluate the implementation of Proposition 64.

- Drug Recognition. Proposes $3 million for the CHP to establish and adopt protocols to determine whether a driver is operating a vehicle when impaired.

Wildfire Response and Recovery
The May Revision includes additional investments for recovery efforts and to create a stronger emergency response system in California as follows:
Office of Emergency Services

- Public Safety Communications. The May Revision includes $15 million to begin a five-year plan to upgrade the California Public Safety Microwave network from an analog system to a digital system for emergency response continuity.


- Situational Awareness and Collaboration Tool – The May Revision proposes $353,000 General Fund and $325,000 reimbursements for OES to manage and train local agencies on the effective use of this tactical tool, which is deployed in the field to coordinate various disaster response efforts.

Cal Recycle
The May Revision proposes $1.3 million for Cal Recycle to lead a disaster response and recovery team that would become the subject matter experts for disaster recovery and debris removal. The team will respond to disaster events and support local agency requests for technical assistance.

Local Property Tax Backfill and Debris Removal Cost Share Waiver
The May Revision proposes $32.8 million General Fund to backfill the property tax revenue losses that cities, counties and special districts will incur in 2017-18 and 2018-19 due to the 2018 wildfires and resulting mudslides in Southern California. Of this amount, $21.8 million is for Northern California jurisdictions and $11 million is for Southern California jurisdictions.