



# Contra Costa Emergency Medical Services Agency

## EMS System Plan Update 2016

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updated 11/20/2017

## EXECUTIVE SUMMARY:

**The following is a summary of the significant changes in the Contra Costa EMS System Plan since the last reporting period:**

In 2016 Contra Costa completed the operational implementation of the new emergency ambulance agreement associated with the Alliance a new model for emergency ambulance service delivery. The Alliance is a contractor/subcontractor entity with Contra Costa Fire Protection District the contracted entity for ambulance service who is subcontracting with legacy partner American Medical Response to provide the ambulance services. The contract went into effect as of January 1, 2016 along with Emergency response zone modifications. Our partnership with the Alliance has been collaborative and we continue to work with the new delivery model to further enhance the countywide EMS System.

During the implementation of the new agreement new processes for measuring and improving operational and clinical performance were established. A comprehensive data infrastructure upgrade was initiated to position the EMS System for success with opportunities for partnership with the local health care system. The EMS Agency developed a model for HIE with hospitals using the EPIC System as part of an effort to apply for the EMS+ grant. Although we were not successful with being awarded the grant it was praised and we are continuing to move forward with HIE integration using this model as part of a longer term effort to support bi-directional health information exchange.

The County EMS Agency continues to be successful in supporting our local transfer of care (TOC) safety initiative in partnership with all community hospitals in our operational area. The public reports are available at <http://cchealth.org/ems/pdf/Hospital-Transfer-of-Care-Performance.pdf>

Contra Costa EMS continues to be active in the promotion of local, regional, state and national neonatal and pediatric disaster preparedness. In 2016, Contra Costa in partnership with Alameda County was successful in getting the California State Department of Public Health (CDPH) and the California EMS Authority to support developing a pediatric disaster concept of operations which will be part of the CDPH Emergency Operational Manual. The Contra Costa EMS Agency is home to the California Neonatal, Pediatric and Perinatal Disaster Coalition and the National Pediatric Disaster Coalition Listserv.

Under the new LEMSA Medical Director leadership of Dr. David Goldstein, CCEMS continues to support a high performance EMS System committed to patient safety and process improvement.

Respectfully,



Patricia Frost RN, MS, PNP  
EMS Director  
Contra Costa Health Services

# 2016 Emergency Medical Services (EMS) System Plan<sup>1</sup>

## SYSTEM PLAN SMART<sup>2</sup> OBJECTIVES

Progress from Last Reporting Period

No.	Standard	Meets State Standard	FY 2015-2016 Objectives	Progress to Date
1.06	Annual system Plan Update	Yes	Annual EMS System Update to State EMS Authority (EMSA)	<b>Progress to Date: In Progress</b> to be submitted EMSA July 2017
1.07	Trauma Planning	Yes	Annual Trauma System Status Report.	<b>Progress to Date: In Progress</b> Update due by January 2017.
1.08	ALS Planning	Yes	EMS System Review and Modernization study integration into emergency ambulance Request for Proposal (RFP) procurement and selection complete by November 2015.	<b>Progress to Date: Met</b> New ambulance provider competitively procured and new contract started January 1, 2016
1.10	Special Populations	Yes	Exploration of alternative delivery models to match patient need to resource.	<b>Progress to Date: In Progress</b> 1-5 years. Engaged with local Health System partners to explore opportunities.
1.11	System Participants	Yes	Stakeholder participation in update, approval and implementation of new ambulance ordinance	<b>Progress to Date: In Progress</b> 12months Draft updated ordinance in review with County Counsel.
1.13	Coordination	Yes	Exploration of coordination of EMS Dispatch Centers with Nurse Call centers to support appropriate use of 9-1-1 or specialty dispatch and triage call centers	<b>Progress to Date: Not Started</b> Engage stakeholders within 1-5 years
1.14	Policy and Procedure Manual	Yes	Annually update of prehospital care policies and procedures based on evidence-based care.	<b>Progress to Date: Ongoing</b> Updated policies and protocols posted on EMS website at <a href="http://www.cccems.org">www.cccems.org</a> .
			Annually evaluate all patient care based on evidence-based care optimizing patient benefit and patient safety. Implement First Pass analytics for support CQI efforts.	<b>Progress to Date: Ongoing</b> Annually. Continue to enhance systems of care policies and practices to support improved patient outcomes

<sup>1</sup> Approved by the EMCC on 3.8.2017

<sup>2</sup> SMART: Specific, Measurable, Achievable, Realistic and Timely

No.	Standard	Meets State Standard	FY 2015-2016 Objectives	Progress to Date
1.16	System Finances	Yes	Annually review of costs and fees to support sustainable EMS System and EMS Agency oversight and operations.	<b>Progress to Date: Ongoing</b> Monitor and manage current funding effectively to support sustainable programs and activities.
1.20	DNR (Do Not Resuscitate)	Yes	Participating on the Steering Committee for Physicians Orders for Life Sustaining Treatment (POLST) with EMS System Stakeholders supporting the conversation project over 12-24 months.	<b>Progress to date: Ongoing</b> Member of POLST Conversation Project within county. Exploration of
1.27	Pediatric Emergency Medical and Critical Care System	Yes	Pediatric EMS for Children (EMSC) System Program Plan update and regulation implementation within 1-5 years.	<b>Progress to date: In progress.</b> State EMSC regulations not final. Active on EMSC Technically Advisory Committee. Complete update of EMSC Program within 24 months.
1.28	Exclusive Operating Area (EOA)	Yes	Update of county ambulance ordinance within 12-18 months. Update of EOA I, II and V completed as part of system redesign and ambulance procurement.	<b>Progress to date: In progress.</b> Update of ambulance response areas completed as part of ambulance procurement effective January 1, 2016. Ambulance ordinance update in progress.
2.01	Local EMS Agency Staffing and Assessment of Needs	Yes	EMS System Study and Modernization Project review of EMS staffing needs and workflows to support statutory requirements within 1-2 years.	<b>Progress to date: Ongoing.</b> Re-align staffing in line with required statutory functions, quality and medical oversight.
2.04	Dispatch Training	Yes	Promote support high quality Emergency Medical Dispatch (EMD) dispatcher training and performance consistent for Center of Excellence Accreditation within 3-5 years.	<b>Progress to date: In progress.</b> Dispatch medical oversight policies consistent with Center of Excellence national standards. EMS procurement supports unified and accredited dispatch.
2.06	Response	Yes	Contra Costa EMS (CCEMS) continues ongoing evaluation of sustainability of EMS System partners based on safety, funding and opportunities for health care reimbursement.	<b>Progress to date: Ongoing</b> Monitoring coordinated response of ambulance and first responders. Continuing to evaluate impacts to EMS associated with hospital and fire station closures
2.12	Early Defibrillation	Yes	Continued expansion of public access Automated External Defibrillation (AED) and Law AED programs with integration into dispatch.	<b>Progress to Date: Ongoing.</b> Continue to engage community first responders and citizen responders. Using CodeSTAT, CARES, AED registry, PAD and Public training.

No.	Standard	Meets State Standard	FY 2015-2016 Objectives	Progress to Date
5.06	Hospital Evacuation Plan	Yes	Update medical surge and transportation plans for hospitals incorporating standardized training with HICS for all hospital facilities with opportunities for integration of first responders with hospital leadership and incident commanders.	<b>Progress to date: In progress</b> Plan updates within 1-3 years. Update of MCI plan and Pediatric Surge Toolkit.
5.10	Pediatric Emergency and Critical Care System	Yes	Continued networking with pediatric emergency care advocates throughout the local, regional and state EMS systems supporting pediatric emergency care best practices.	<b>Progress to date: Ongoing</b> CCEMS and Alameda County (ALCO) EMS have collaborative program of active advocacy for emergency preparedness for children.
5.13	Specialty System Design	Yes	Annual Stroke, STEMI , Trauma and Cardiac Arrest System Evaluation.	<b>Progress to date: Ongoing</b> Continuous CQI program & participation in California Stroke Registry, Cardiac Arrest Registry for Enhanced Survival (CARES), Trauma Registry and California EMS Information System (CEMSIS).
5.14	Public Input	Yes	Active program of engagement with public including quarterly Emergency Medical Care Committee (EMCC) meetings. EMCC bylaw update	<b>Progress to date: Ongoing.</b> Public and EMCC comment to be included as part of ambulance ordinance review and update process.
6.01	QA/QI Program	Yes	Bi-annual public reporting EMS Hospital transfer of care never event monitoring. Implementation of Quality Review Team (QRT) for review of event reports concerning clinical care concerns.	<b>Progress to date: Ongoing</b> Hospitals public reporting continues. QRT implemented and reviewing cases for trends.
			Exploring HIE with hospitals to support exchange of patient outcome information. Hospital and ambulance provider electronic Patient Care Record (ePCR) data exchange. Stakeholders informed and advised to support HIE by January 2018	<b>Progress to date: In progress</b> Exploration continues between EMS agency, American Medical Response (AMR) , Kaiser, California Office of Health Information Integrity (CALOHII ) and EMS Authority.
7.01	Public Education	Yes	Expansion of <i>HeartSafe</i> Communities to include support for CPR, Public Access Defibrillation (PAD), Heart Attack, Stroke and Healthy Lifestyle.	<b>Progress to date: Ongoing</b> continue countywide expansion of outreach in progress.
7.03	Disaster Preparedness Promotion	Yes	Annual advocacy and implementation of regional pediatric medical surge planning. Develop policies and work with stakeholders for implementation and use of BLS providers to backup 911 system in surge	<b>Progress to date: Ongoing</b> CCEMS participating in National, regional and statewide efforts supporting Med/Health Preparedness. Evaluation and update of MCI plan in progress.

No.	Standard	Meets State Standard	FY 2015-2016 Objectives	Progress to Date
8.13	Disaster Medical Response	Yes	Sustain Contra Costa Medical Reserve Corp and demonstrate effective deployment Medical Reserve Corps (MRC) for medical health response as needed.	<b>Progress to date: Met</b> MRC coordinator in place to support training to enable effective deployment of MRC.
8.15	Interhospital Communications	Yes	Address ongoing gaps in emergency communications e.g. ReddiNet, evaluate emergency communication tools and apps. Identify and address gaps in East Bay Regional Communications System (EBRCS) hospital radio system.	<b>Progress to date: Ongoing.</b> Annually monitor, exercise support and upgrade as fiscally able inter-hospital communications
8.18	Enhanced Level: Specialty Care Systems	Yes	Update of new state regulations for specialty care systems e.g. Trauma, ST Elevation Myocardial Infarction (STEMI), Stroke, EMSC.	<b>Progress to date: Ongoing</b> Annually involved in the development through EMSAAC

### 2017 TIMELINE & ACTIONS TO BE ADDRESSED

All State standards have been met. We plan to address or reassess the following SMART objectives.

No.	Standard	Meets State Standard	2017 Objectives	Time Frame
1.06	Annual System Plan Update	Yes	Update Annually.	July 2017
1.08	ALS Planning	Yes	Support successful ambulance provider transition and monitor for system gaps	July 2017
1.10	Special Populations	Yes	Exploration of alternative delivery models to match patient need to resource.	1-5 years
1.11	System Participants	Yes	Stakeholder participation in update of ambulance ordinance.	1-2 years
1.13	Coordination	Yes	Exploration of EMS dispatch services, exploration of coordination with Nurse Call centers to support appropriate utilization of 9-1-1 services.	1-5 years
1.14	Policy and Procedure Manual	Yes	Update of prehospital care policies and procedures based on prehospital evidence-based care. Implementation of new American Heart Association Guidelines for ALS.	Annually
			Continue to evaluate policies and standard operating procedures for patient benefit, delay in definite care and patient safety. Revise protocols to control cost while prioritizing patient safety.	Annually
1.16	System Finances	Yes	Review of fees and costs to support sustainable delivery of EMS services.	Annually
1.20	Do Not Resuscitate (DNR)	Yes	Participation with "Conversation Project" in Bay Area.	Annually
1.27	Pediatric Emergency Medical and Critical Care System	Yes	Update of Pediatric EMSC plan and future implementation of State Pediatric EMSC System of Care regulations.	3 years
1.28	Exclusive Operating Area	Yes	Complete county ambulance ordinance.	1-2 years

No.	Standard	Meets State Standard	2017 Objectives	Time Frame
2.04	Dispatch Training	Yes	Support high quality EMD and dispatcher training for Center of Excellence Accreditation.	1-5 years
2.12	Early Defibrillation	Yes	Expand and enhance Public Access AED and Law AED programs within fiscal resources	Annually
5.06	Hospital Evacuation Plan	Yes	Update of medical surge and transportation plans for hospitals.	1-3 years
5.08	Trauma Planning	Yes	Update of trauma plan.	January 2017
5.10	Pediatric Emergency and Critical Care System	Yes	Continued networking with pediatric emergency care advocates throughout the local, regional and state EMS systems supporting pediatric emergency care best practices.	Annually
5.13	Specialty System Design	Yes	Stroke, STEMI, Cardiac Arrest, Trauma, EMS for Children System Program Evaluation.	Annually
5.14	Public Input	Yes	Support EMCC engagement on EMS issues including public input of Ambulance Ordinance	1 year
6.01	Quality Assurance (QA) /Quality Improvement (QI) Program	Yes	Evaluate EMS-Hospital data system integration supporting patient safety and prehospital care. Develop Health Information Exchange between EMS ePCR and EPIC (hospital medical record platform)	1-4 years
7.01	Public Education	Yes	Sustain <i>HeartSafe</i> Communities to include support for CPR, PAD, Heart Attack, Stroke and Healthy Lifestyle.	Annually
7.03	Disaster Preparedness Promotion	Yes	Continued advocacy and implementation of regional pediatric medical surge planning.	Annually
8.13	Disaster Medical Response	Yes	Sustain development and recruitment of Contra Costa Medical Reserve Corp volunteers. Effective MRC capability for medical health deployment as needed.	Annually
8.15	Interhospital Communications	Yes	Address ongoing gaps and improvement opportunities for ReddiNet platform to support reliable use by hospitals. Support redesign emergency communications system to support sustainability.	Annually
8.18	Enhanced Level: Specialty Care Systems	Yes	Evaluate new regulations for specialty care system implementation when complete .e.g. STEMI, Stroke, EMS for Children.	1-2 years

## A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X	X		
<b>Planning Activities:</b>						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning		X	X		
1.08	ALS Planning		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
<b>Regulatory Activities:</b>						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
<b>System Finances:</b>						
1.16	Funding Mechanism		X			
<b>Medical Direction:</b>						
1.17	Medical Direction		X			
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X	X		



**SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan		X			
<b>Enhanced Level: Exclusive Operating Areas:</b>						
1.28	EOA Plan		X			

## B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

## C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Communications Equipment:</b>						
3.01	Communication Plan		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
<b>Public Access:</b>						
3.07	9-1-1 Planning/ Coordination		X	X		
3.08	9-1-1 Public Education		X			
<b>Resource Management:</b>						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

## D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>					
4.01	Service Area Boundaries		X	X	
4.02	Monitoring		X	X	
4.03	Classifying Medical Requests		X		
4.04	Prescheduled Responses		X		
4.05	Response Time		X	X	
4.06	Staffing		X		
4.07	First Responder Agencies		X		
4.08	Medical & Rescue Aircraft		X		
4.09	Air Dispatch Center		X		
4.10	Aircraft Availability		X		
4.11	Specialty Vehicles		X	X	
4.12	Disaster Response		X		
4.13	Intercounty Response		X	X	
4.14	Incident Command System		X		
4.15	MCI Plans		X		
<b>Enhanced Level: Advanced Life Support:</b>					
4.16	ALS Staffing		X	X	
4.17	ALS Equipment		X		
<b>Enhanced Level: Ambulance Regulation:</b>					
4.18	Compliance		X		
<b>Enhanced Level: Exclusive Operating Permits:</b>					
4.19	Transportation Plan		X		
4.20	"Grandfathering"		X		
4.21	Compliance		X		
4.22	Evaluation		X		

## E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols		X			
5.03	Transfer Guidelines		X			
5.04	Specialty Care Facilities		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X	X		
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

## F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X			
6.05	Data Management System		X	X		
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X	X		

## G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
7.01	Public Information Materials		X	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

## H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning		X			
8.02	Response Plans		X	X		
8.03	HazMat Training		X			
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		X			
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	X		
8.10	Mutual Aid Agreements		X			
8.11	CCP Designation		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	X		
8.16	Prehospital Agency Plans		X			
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X			



**TABLE 2: SYSTEM RESOURCES AND OPERATIONS****System Organization and Management**Reporting Year: 2016

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Contra Costa County

A. Basic Life Support (BLS)	<u>0</u>	%
B. Limited Advanced Life Support (LALS)	<u>0</u>	%
C. Advanced Life Support (ALS)	<u>100</u>	%

2. Type of agency	<u>B</u>
a) Public Health Department	
<b>b) <u>County Health Services Agency</u></b>	
c) Other (non-health) County Department	
d) Joint Powers Agency	
e) Private Non-Profit Entity	
f) Other: _____	

3. The person responsible for day-to-day activities of the EMS agency reports to	<u>B</u>
a) Public Health Officer	
<b>b) <u>Health Services Agency Director/Administrator</u></b>	
c) Board of Directors	
d) Other: _____	

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of STEMI centers	<u>X</u>
Designation of Stroke centers	<u>X</u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u>N/A</u>

**Table 2 - System Organization & Management (cont.)**

Continuing education	<u>X</u>
Personnel training	<u>N/A</u>
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	<u>X</u>
Administration of critical incident stress debriefing team (CISD)	<u>N/A</u>
Administration of disaster medical assistance team (DMAT)	<u>N/A</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>X</u>
Other: Tracking and monitoring hospital emergency and critical care capacity	<u>X</u>
Other: Procuring and monitoring emergency ambulance services countywide	<u>X</u>
Other: Implementing EMS program enhancements funded under County Service Area EM-1	<u>X</u>
Other: Planning for/coordinating disaster medical response at local/regional levels	<u>X</u>

**Table 2 - System Organization & Management (cont.)**

<b>5. EXPENSES FY 15/16 (**)</b>	
Salaries and benefits	\$1,673,124
Contract services	\$156,921
Operations (e.g. copying, postage, facilities)	\$1,536,005
Travel	\$20,963
Fixed assets	\$0
Indirect expenses (overhead)	\$290,696
Ambulance subsidy	\$0
EMS Fund payments to physicians/hospital	\$2,230,070
Dispatch center operations (non-staff)	\$250,000
Training program operations	\$0
Other: 1st Responder Enhancements	\$2,364,133
<b>TOTAL EXPENSES</b>	<b>\$8,521,912</b>
<b>6. SOURCES OF REVENUE FY 15/16 (**)</b>	
Special project grant(s) [from EMSA]	\$0
Preventive Health and Health Services (PHHS) Block Grant	\$0
Office of Traffic Safety (OTS)	\$0
State general fund (RDMHS)	\$0
County general fund	\$190,644
Other local tax funds (e.g., EMS district)	\$4,704,750
County contracts (e.g., multi-county agencies)	\$0
Certification fees	\$54,944
Training program approval fees	\$1,500
Training program tuition/Average daily attendance funds (ADA)	\$0
Job Training Partnership ACT (JTPA) funds/other payments	\$0
Base hospital application fees	\$0
Base hospital designation fees	\$0
Trauma center application fees	\$0
Trauma center designation fees	\$250,000
Pediatric facility approval fees	\$0
Pediatric facility designation fees	\$0
Other critical care center designation fees (STEMI/Stroke)	\$55,000
Ambulance service/vehicle fees/CCTP revenue	\$49,265
Contributions	\$0
EMS Fund (SB 12/612)	\$2,096,087
Other: Ambulance Penalty Fees	\$115,000
Other grants: UASI, HIE, NACCHO, SHGP,DHS	\$59,374
Other grants: Hospital Preparedness Program	\$550,008
<b>TOTAL REVENUE (**)</b>	<b>\$8,126,572</b>
Surplus (deficit)	-\$395,340
Reserve contribution from prior year	\$395,340
<b>Balance</b>	<b>\$0</b>

\*\* Expenses and revenue vary year to year associated with grant awards, penalties and EMS district funds. During years revenue exceeds expenses that revenue is placed in reserve for the next fiscal year.

**Table 2 - System Organization & Management (cont.)****7. Fee structure:** Our fee structure is:

First responder certification		<u>\$0</u>
EMS dispatcher certification		<u>\$0</u>
EMT-I certification (This includes the \$75 EMSA fee)		<u>\$155</u>
EMT-I recertification (This includes the \$37 EMSA fee)		<u>\$117</u>
EMT-defibrillation certification		<u>N/A</u>
EMT-defibrillation recertification		<u>N/A</u>
AEMT certification		<u>N/A</u>
AEMT recertification		<u>N/A</u>
EMT-P accreditation		<u>\$80</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification		<u>\$60</u>
Public Safety First Aid/CPR Program Approval (4yr)		<u>\$1350</u>
EMT-I training program approval ( 4 yr)		<u>\$3,000</u>
AEMT training program approval		<u>N/A</u>
EMT-P training program approval (4 yr)		<u>\$15,000</u>
MICN/ARN training program approval		<u>N/A</u>
Base hospital application		<u>N/A</u>
Base hospital designation		<u>\$0</u>
Trauma center application		<u>N/A</u>
Trauma center designation		<u>\$250,000</u>
Pediatric facility approval		<u>\$0</u>
Pediatric facility designation		<u>\$0</u>
Other critical care center application		
Type: STROKE CENTER DESIGNATION	(Annually)	<u>\$5,000</u>
Type: STEMI CENTER DESIGNATION	(Annually)	<u>\$5,000</u>
Continuing Education Provider Authorization/Reauthorization		<u>\$2,000</u>
Ambulance re-inspection fee		<u>\$100</u>
Ambulance vehicle permit (Emergency)	(Per ERA)	<u>\$7,500</u>
Other: Ambulance Vehicle Permit (Non-Emergency)		<u>\$7,500</u>
Other: EMS Aircraft Classification		<u>\$250</u>
Other: EMS Aircraft Authorization	(Biennial)	<u>\$15,000</u>
Other: Tactical EMS		<u>\$225</u>
Other: Non-Emergency Paramedic Transfer Program	(\$50/transfer)	<u>\$3000</u>

Table 2 - System Organization &amp; Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT <sup>3</sup>	BENEFITS (%of Salary) <sup>4</sup>	COMMENTS
EMS Admin./Coord./Director	EMS Director	1	\$ 54.66(base)	37%	
Program Coordinator/ Field Liaison	Prehospital Care Program Coordinator	1	\$ 54.19 (base)	37%	EMS Clinical Systems of Care Team Lead
Program Coordinator/ Field Liaison	Prehospital Care Coordinator	1	\$ 54.22 (base)	37%	EMS System Optimization Team Lead
Program Coordinator/ Field Liaison	Prehospital Care Coordinator(s)	4	\$ 54.22 (base)	37%	Professional Standards, Data Integration, Contract Compliance, EMSC, Trauma
STEMI/Stroke Coordinator	Advanced RN	1	\$ 61.61(base)	37%	
Medical Director	EMS Medical Director	1	\$ 149.53 (base)	37%	
Disaster Medical Planner	Prehospital Care Coordinator	1	\$ 54.22 (base)	37%	HPP supported position

Staffing and salaries as of 2015/16

N/A = not applicable

<sup>3</sup> Top salary equivalent in the position category. Individual staff salaries based on position qualifications and longevity with organization.

<sup>4</sup> Standard percentage used to calculate benefits. Actual benefits may be considerably more depending on position and benefits selected by employee, etc. County contribution is not reflected.

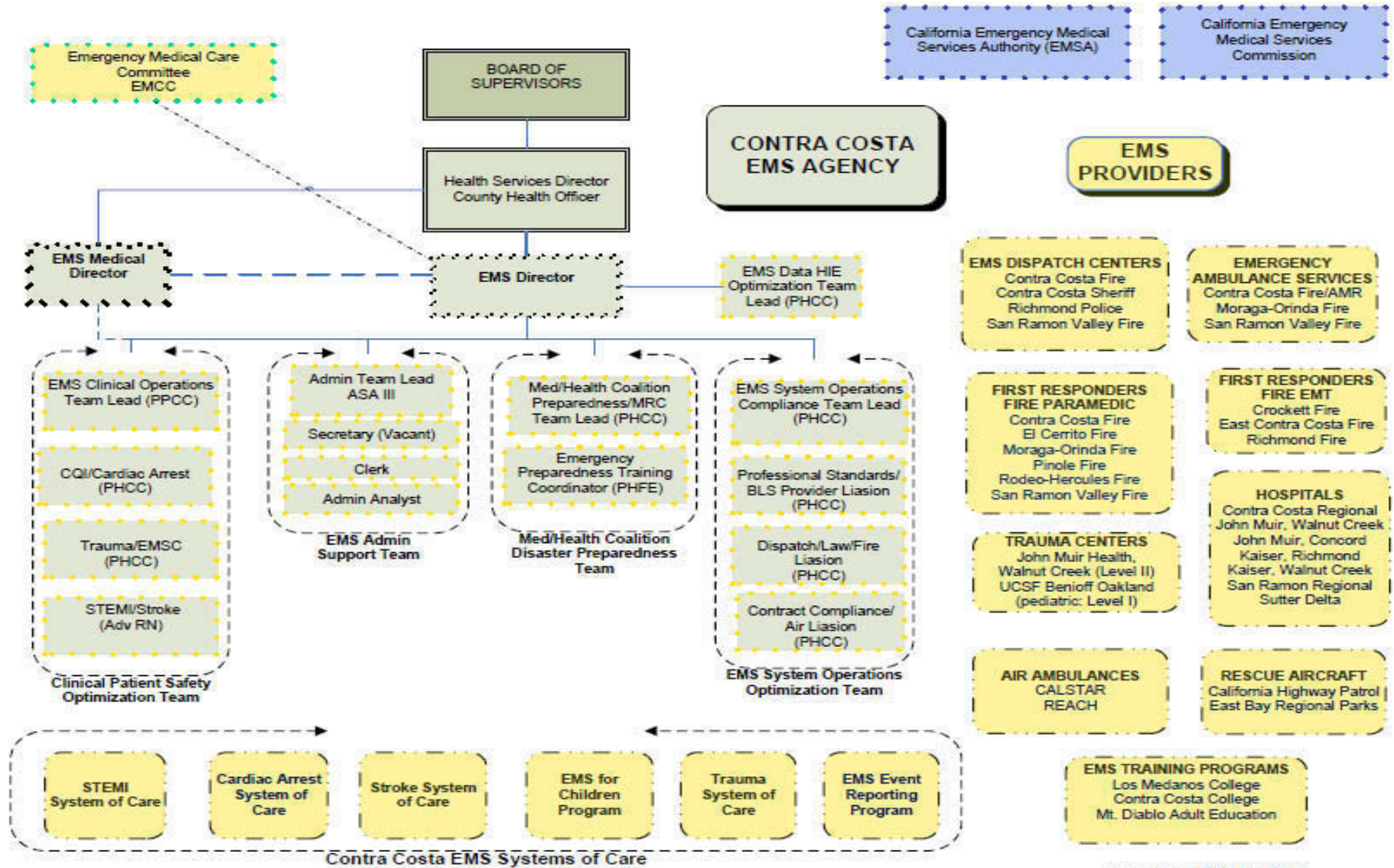
Table 2 - System Organization &amp; Management (cont.)

CATEGORY	ACTUAL TITLE	FTE <sup>5</sup> POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT <sup>6</sup>	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	Prehospital Care Coordinator	1	\$ 54.22(base)	N/A	Dispatch oversight assigned
Medical Planner	Emergency Preparedness Training Coordinator	1	\$38.52 (base)	37%	HPP supported position
Data Evaluator/Analyst	N/A	N/A	N/A	N/A	
QA/QI Coordinator	Prehospital Care Coordinator	1	\$ 54.22 (base)	37%	
Executive Secretary	Secretary Advanced	1	\$ 38.87 (base)	37%	
Other Clerical	Clerk	1	\$16.43 (base)	37%	
Data Entry Clerk	Administrative Analyst	1	\$ 26.75 (base)	37%	
Other	Account Clerk	1	\$ 26.12 (base)	37%	

<sup>5</sup> Top salary equivalent in the position category. Individual staff salaries based on position qualifications and longevity with organization.

<sup>6</sup> Standard percentage used to calculate benefits. Actual benefits may be considerably more depending on position and benefits selected by employee, etc. County contribution is not reflected

Local EMS Agency and County Organization Chart(s)



**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**Reporting Year: 2016

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified (active)	710	0		20
Number newly certified this year	250	0		2
Number recertified this year	460	0		13
Number of accredited personnel this year	NA	0	308	N/A
Total number of accredited personnel on July 1 of the reporting year	710	0	308	N/A
Number of certification reviews resulting in:				
a) formal investigations	10	0		0
b) probation	15	0		0
c) suspensions	2	0		0
d) revocations	19	0		0
e) denials	1	0		0
f) denials of renewal/warnings	1	0		0
g) no action taken	0	0		0

N/A = not available/applicable

1. Early defibrillation:
  - a) Number of EMT-I (defib) authorized to use AEDs 710
  - b) Number of public safety (defib) certified (non-EMT-I) N/A
  
2. Do you have an EMR training program  yes  **no**



**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**County: Contra Costa CountyReporting Year: 2016

1. Number of primary Public Service Answering Points (PSAP)	<u>13</u>
2. Number of secondary PSAPs	<u>3</u>
3. Number of dispatch centers directly dispatching ambulances	<u>3</u>
4. Number of EMS dispatch agencies utilizing EMD guidelines	<u>3</u>
5. Number of designated dispatch centers for EMS Aircraft	<u>3</u>
6. Who is your primary dispatch agency for day-to-day emergencies? <u>Contra Costa County Fire Protection District, Richmond Police Department</u> <u>San Ramon Valley Fire Protection District</u>	
7. Who is your primary dispatch agency for a disaster? <u>Contra Costa County Sheriff's Office</u>	
8. Do you have an operational area disaster communication system?	<b>X Yes</b> <input type="checkbox"/> No
a. Radio primary frequency <u>XCC EMS1 (EBRCS)</u>	
b. Other methods <u>ReddiNet<sup>7</sup></u>	
c. Can all medical response units communicate on the same disaster communications system?	<b>X Yes</b> <input type="checkbox"/> No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	<b>X Yes</b> <input type="checkbox"/> No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	<b>X Yes</b> <input type="checkbox"/> No
1) Within the operational area?	<b>X Yes</b> <input type="checkbox"/> No
2) Between operation area and the region and/or state?	<b>X Yes</b> <input type="checkbox"/> No

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<sup>7</sup> ReddiNet communications between hospitals, ambulance dispatch centers and EMS Agency; Satellite phones

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

Reporting Year: 2016

### Early Defibrillation Providers

1. Number of EMT-Defibrillation providers:

- a. 3 Crockett, ECCFD and Richmond (Non-ALS Fire First Responders)  
 b. 22 Police Agencies

### SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder <sup>8</sup>	6-8 min	N/A	N/A	6-8 min
Early defibrillation responder <sup>9</sup>	6-8 min	N/A	N/A	6-8 min
Advanced life support responder <sup>10</sup>	<10 min	N/A	N/A	Varies by Local Jurisdiction
Transport Ambulance (EMS)	< 12 min Varies by EOA	20 min	30 min	Varies by EOA

N/A = not available

<sup>8</sup> Includes bystanders, law enforcement and EMS

<sup>9</sup> Includes bystander with PAD, law enforcement and EMS

<sup>10</sup> Fire EMS first medical response paramedic

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS**  
**Facilities/Critical Care**

Reporting Year: 2016

**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1884</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>1615</u>
3. Number of major trauma patients transferred to a trauma center <sup>11</sup>	<u>32</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>269</u>

**Emergency Departments**

Total number of emergency departments	<u>8</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services <sup>12</sup>	<u>1</u>
3. Number of basic emergency services	<u>8</u>
4. Number of comprehensive emergency services	<u>0</u>

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	<u>7<sup>13</sup></u>
2. Number of base hospitals with written agreements	<u>1</u>

<sup>11</sup> Defined as total number of under-triages for that year.

<sup>13</sup> Includes STEMI, Stroke and Trauma

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**Reporting Year: 2016County: Contra Costa County**SYSTEM RESOURCES**

## 1. Casualty Collections Points (CCP)

a. Where are your CCPs located?

**Attachment 1: Potential Sites and Site Assessment Checklist**

Site Name	Address	City
1. Buchanan Airport	550 Sally Ride Drive	Concord
2. Contra Costa Community College	2600 Mission Bell Drive	San Pablo
3. Diablo Valley Community College	321 Golf Club Road	Pleasant Hill
4. Los Medanos Community College	2700 E. Leland Road	Pittsburg
5. Diablo Valley Comm. College Extension	Watermill Road	San Ramon
6. PG&E Conference Center	3301 Crow Canyon Road	San Ramon
7. County Fairgrounds	1201 West 10 <sup>th</sup> Street	Antioch

b. How are they staffed? Situational<sup>14</sup>c. Do you have a supply system for supporting them for 72 hours? **X Yes**  No

## 2. CISD

Do you have a CISD provider with 24 hour capability? **X Yes**  No

## 3. Medical Response Team

a. Do you have any team medical response capability? **X Yes**  Nob. For each team, are they incorporated into your local response plan? **X Yes**  Noc. Are they available for statewide response?<sup>15</sup> **X Yes**  Nod. Are they part of a formal out-of-state response system?<sup>16</sup> **X Yes**  No

## 4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? **X Yes**  Nob. At what HazMat level are they trained? **First Responder**c. Do you have the ability to do decontamination in an emergency room? **X Yes**  Nod. Do you have the ability to do decontamination in the field? **X Yes**  No<sup>14</sup> As specified in Field Treatment Site Appendix F of County MCI Plan<sup>15</sup> Volunteer Medical Reserve Corps<sup>16</sup> Through Office of Civilian Volunteers

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **X Yes**  No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 20
3. Have you tested your MCI Plan this year in a:
- a. Real event? Antioch Convalescent Long Term Center Evacuation 8.30.2016 **X Yes**  
30 Declared MCI's during 2016
- b. Exercise? **Contra County Medical Health Exercise November 2016** **X Yes**  No  
- Operational response to mass casualty training (September 2016)
4. List all counties with which you have a written medical mutual aid agreement. Region II Mutual Aid Agreement and California Mutual Aid Agreement<sup>17</sup>
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **X Yes**  No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **X Yes**  No
7. Are you part of a multi-county EMS system for disaster response? **X Yes**  No
8. Are you a separate department or agency?  Yes **X No**
9. If not, to whom do you report **Health Officer of Contra Costa Health Services**
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Not applicable**<sup>18</sup>

<sup>17</sup> Through California Disaster Mutual Aid Agreement

<sup>18</sup> Agency is part of Contra Costa Health Services (County Health Department)

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Contra Costa County      **Provider:** Contra Costa Fire Protection District (AMR as ambulance subcontractor)      **Response Zone:** ERA I

**Address:** 2010 Geary Road      **Number of Ambulance Vehicles in Fleet:** 49  
Pleasant Hill, CA 94523

**Phone Number:** 925 941-3300      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 31 Countywide

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>24,751</u> Total number of responses	<u>18,643</u> Total number of transports
<u>16,925</u> Number of emergency responses	<u>12,629</u> Number of emergency transports
<u>7,826</u> Number of non-emergency responses	<u>6,014</u> Number of non-emergency transports

**Air Ambulance Services**

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Contra Costa County      **Provider:** Contra Costa Fire Protection District (AMR as ambulance subcontractor)      **Response Zone:** ERA II

**Address:** 2010 Geary Road      **Number of Ambulance Vehicles in Fleet:** 49  
Pleasant Hill, CA 94523

**Phone Number:** 925 941-3300      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 31 Countywide

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>30,533</u> Total number of responses	<u>24,481</u> Total number of transports
<u>20,463</u> Number of emergency responses	<u>16,394</u> Number of emergency transports
<u>10,070</u> Number of non-emergency responses	<u>8,087</u> Number of non-emergency transports

**Air Ambulance Services**

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Reporting Year: 2016

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Contra Costa County      **Provider:** Contra Costa Fire Protection District (AMR as ambulance subcontractor)      **Response Zone:** ERA V

**Address:** 2010 Geary Road      **Number of Ambulance Vehicles in Fleet:** 49  
Pleasant Hill, CA 94523

**Phone Number:** 925 941-3300      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 31 Countywide

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

27,244 Total number of responses  
17,738 Number of emergency responses  
9,506 Number of non-emergency responses

21,826 Total number of transports  
14,586 Number of emergency transports  
7,240 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



Reporting Year: 2016

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Contra Costa County      **Provider:** Crockett-Carquinez Fire Protection District      **Response Zone:** Crockett-Carquinez Fire Protection District

**Address:** 746 Loring Avenue      **Number of Ambulance Vehicles in Fleet:** 0  
Crockett, Ca 94525

**Phone Number:** 510 787-2717      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

278 Total number of responses  
NA Number of emergency responses  
NA Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Contra Costa County      **Provider:** Contra Costa Fire Protection District      **Response Zone:** Contra Costa Fire Protection District

**Address:** 2010 Geary Road  
Pleasant Hill, CA 94523

**Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 925 941-3300

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> ALS</td> <td><input checked="" type="checkbox"/> 9-1-1</td> <td><input type="checkbox"/> Ground</td> </tr> <tr> <td><input checked="" type="checkbox"/> Non-Transport</td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table>	<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground	<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water			<input type="checkbox"/> IFT	
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	<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water																
		<input type="checkbox"/> IFT																	

<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City      <input checked="" type="checkbox"/> County <input type="checkbox"/> State      <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

34,778 Total number of responses  
33,054 Number of emergency responses  
1,734 Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
\_\_\_\_\_ Number of emergency responses  
\_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

Reporting Year: 2016

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Contra Costa County      **Provider:** East Contra Costa Fire Protection District      **Response Zone:** East Contra Costa Fire Protection District

**Address:** 150 City Park Way      **Number of Ambulance Vehicles in Fleet:** 0  
Brentwood, CA 94513

**Phone Number:** 925 634-3400      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

6,785 Total number of responses  
4,700 Number of emergency responses  
2,085 Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

Reporting Year: 2016

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Contra Costa County      **Provider:** El Cerrito Fire Department      **Response Zone:** El Cerrito Fire Department

**Address:** 10900 San Pablo Ave      **Number of Ambulance Vehicles in Fleet:** 0  
El Cerrito, CA 94530

**Phone Number:** 510 215-4450      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

1,633 Total number of responses  
1,558 Number of emergency responses  
75 Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

Reporting Year: 2016

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Contra Costa County      **Provider:** Moraga Orinda Fire Protection District      **Response Zone:** Moraga Orinda Fire Protection District

**Address:** 1280 Moraga Way      **Number of Ambulance Vehicles in Fleet:** 4  
Moraga, CA 94556

**Phone Number:** 925 258-4599      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

2,174 Total number of responses  
1,619 Number of emergency responses  
555 Number of non-emergency responses

1,305 Total number of transports  
100 Number of emergency transports  
1,205 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Contra Costa County      **Provider:** Pinole Fire Department      **Response Zone:** Pinole Fire Department

**Address:** 880 Tennent Ave  
Pinole, CA 94564

**Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 510 724-8969

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

1,794 Total number of responses  
1,534 Number of emergency responses  
260 Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
\_\_\_\_\_ Number of emergency responses  
\_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Contra Costa County      **Provider:** Richmond Fire Department      **Response Zone:** Richmond Department      Fire

**Address:** 440 Civic Center Plaza      **Number of Ambulance Vehicles in Fleet:** 0  
Richmond, CA 94804

**Phone Number:** 510 307-8031      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

7,942 Total number of responses  
NA Number of emergency responses  
NA Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

Reporting Year: 2016

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Contra Costa County      **Provider:** Rodeo Hercules Fire Protection District      **Response Zone:** Rodeo Hercules Fire Protection District

**Address:** 1680 Refugio Valley Road      **Number of Ambulance Vehicles in Fleet:** 0  
Hercules, CA 94547

**Phone Number:** 510 799-4561      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

1,396 Total number of responses  
1,260 Number of emergency responses  
136 Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Contra Costa County      **Provider:** San Ramon Valley Fire Protection District      **Response Zone:** San Ramon Valley Fire Protection District

**Address:** 1500 Bollinger Canyon Road      **Number of Ambulance Vehicles in Fleet:** 9  
San Ramon, CA 94583

**Phone Number:** 925 838-6680      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

6,575 Total number of responses  
4,655 Number of emergency responses  
1,920 Number of non-emergency responses

4,238 Total number of transports  
3,769 Number of emergency transports  
469 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Contra Costa County      **Provider:** CALSTAR Air Ambulance      **Response Zone:** Countywide

**Address:** 4933 Bailey Loop      **Number of Ambulance Vehicles in Fleet:** 1 (air ambulance)  
McClellan CA 95652

**Phone Number:** 916 921-4000      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1 (air ambulance)

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

293 Total number of responses  
243 Number of emergency responses  
50 Number of non-emergency responses

105 Total number of transports  
76 Number of emergency transports  
29 Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Contra Costa County      **Provider:** REACH Air Medical Services      **Response Zone:** Countywide

**Address:** 451 Aviation Blvd #101      **Number of Ambulance Vehicles in Fleet:** 1 (air ambulance)  
Santa Rosa CA 95403

**Phone Number:** 707 324-2400      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1 (air ambulance)

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

463 Total number of responses  
390 Number of emergency responses  
73 Number of non-emergency responses

142 Total number of transports  
95 Number of emergency transports  
47 Number of non-emergency transports

**Table 9: Resources Directory**

Reporting Year: 2016

**Facilities**

County: Contra Costa County

Facility: Contra Costa Regional Medical Center  
 Address: 2500 Alhambra Avenue  
Martinez, CA 94553

Telephone Number: 925-370-5000

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> <b><u>Basic Emergency</u></b> <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>
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<b>Pediatric Critical Care Center</b> <b>EDAP</b> <b>PICU</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>
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**Table 9: Resources Directory**

**Reporting Year:** 2016

**Facilities**

**County:** Contra Costa County

**Facility:** John Muir Health, Concord Campus  
**Address:** 2540 East Street  
Concord, CA 94520

**Telephone Number:** 925-682-8200

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> <b>Basic Emergency</b> <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>
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<b>Pediatric Critical Care Center</b> <b>EDAP</b> <b>PICU</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
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**Table 9: Resources Directory**

**Reporting Year:** 2016

**Facilities**

**County:** Contra Costa County

**Facility:** John Muir Health, Walnut Creek Campus  
**Address:** 1601 Ygnacio Valley Road  
Walnut Creek, CA 94598

**Telephone Number:** 925-939-3000

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> <b>Basic Emergency</b> <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>
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<b>Pediatric Critical Care Center</b> <b>EDAP</b> <b>PICU</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input checked="" type="checkbox"/> <b>Level II</b> <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
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**Table 9: Resources Directory**

**Reporting Year:** 2016

**Facilities**

**County:** Contra Costa County

**Facility:** Kaiser Permanente Medical Center, Antioch  
**Address:** 5601 Deer Valley Road  
Antioch, CA 94531

Telephone Number: 925-813-6500

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u>	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> <u>Basic Emergency</u> <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>
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<b>Pediatric Critical Care Center</b> <b>EDAP</b> <b>PICU</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
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**Table 9: Resources Directory**

**Reporting Year:** 2016

**Facilities**

**County:** Contra Costa County

**Facility:** Kaiser Permanente Med. Ctr., Walnut Creek  
**Address:** 1425 South Main Street  
Walnut Creek, CA 94596

**Telephone Number:** 925-295-4000

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> <b><u>Basic Emergency</u></b> <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>
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<b>Pediatric Critical Care Center</b> <b>EDAP</b> <b>PICU</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No
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**Table 9: Resources Directory**

**Reporting Year:** 2016

**Facilities**

**County:** Contra Costa County

**Facility:** Kaiser Permanente Med. Ctr., Richmond  
**Address:** 901 Nevin Avenue  
Richmond, CA 94801

**Telephone Number:** 510-307-1500

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency   <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> <b>Basic Emergency</b>   <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>
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<p><b>Pediatric Critical Care Center</b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b>  <b>EDAP</b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b>  <b>PICU</b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I   <input type="checkbox"/> Level II  <input type="checkbox"/> Level III   <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>	<p><b><u>Stroke Center:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>
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**Table 9: Resources Directory**

**Reporting Year:** 2016

**Facilities**

**County:** Contra Costa County

**Facility:** San Ramon Regional Medical Center  
**Address:** 6001 Norris Canyon Road  
San Ramon, CA 94583

**Telephone Number:** 925-275-9200

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> <b><u>Yes</u></b>   <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency   <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> <b><u>Basic Emergency</u></b>   <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b><u>No</u></b></p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b><u>No</u></b></p>
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<p><b>Pediatric Critical Care Center</b></p> <p><b>EDAP</b></p> <p><b>PICU</b></p>	<p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b><u>No</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b><u>No</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b><u>No</u></b></p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b><u>No</u></b></p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I   <input type="checkbox"/> Level II  <input type="checkbox"/> Level III   <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input checked="" type="checkbox"/> <b><u>Yes</u></b>   <input type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input checked="" type="checkbox"/> <b><u>Yes</u></b>   <input type="checkbox"/> No</p>
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**Table 9: Resources Directory**

**Reporting Year:** 2016

**Facilities**

**County:** Contra Costa County

**Facility:** Sutter Delta Medical Center  
**Address:** 3901 Lone Tree Way  
Antioch, CA 94509

**Telephone Number:** 925-779-7200

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency   <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> <b>Basic Emergency</b>   <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>
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<p><b>Pediatric Critical Care Center</b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b>  <b>EDAP</b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b>  <b>PICU</b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I   <input type="checkbox"/> Level II  <input type="checkbox"/> Level III   <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>
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**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** Contra Costa County

**Reporting Year:** 2016

<b>Training Institution:</b>	<u>Los Medanos College</u>		<b>Telephone Number:</b>	<u>925-473-7752</u>
<b>Address:</b>	<u>2700 East Leland Road</u>			
	<u>Pittsburg, CA 94563</u>			
<b>Student Eligibility:</b>	<u>Open to</u> <u>The public</u>	<b>Cost of Program:</b> <b>Basic:</b> <u>\$46/unit</u> <b>Refresher:</b> <u>\$46/unit</u>	<b>Program Level</b>	<u>EMT</u>
			<b>Number of students completing training per year:</b>	
			<b>Initial training:</b>	<u>150</u>
			<b>Refresher:</b>	<u>25</u>
			<b>Continuing Education:</b>	<u>3</u>
			<b>Expiration Date:</b>	<u>5/31/2020</u>
			<b>Number of courses:</b>	
			<b>Initial training:</b>	<u>5</u>
			<b>Refresher:</b>	<u>2</u>
			<b>Continuing Education:</b>	<u>0</u>

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** Contra Costa County

**Reporting Year:** 2016

<b>Training Institution:</b>		<u>Mt. Diablo Adult Education</u>		<b>Telephone Number:</b> (925) 685-7340	
<b>Address:</b>		<u>1266 San Carlos Avenue</u>			
		<u>Concords, CA 94518</u>			
Program Level EMT					
<b>Student Eligibility:</b>	Open to General Public	<b>Cost of Program:</b>	<b>Number of students completing training per year:</b>		
		<b>Basic:</b> \$1445	<b>Initial training</b>		8
		<b>Refresher:</b> \$240	<b>Refresher:</b>		0
			<b>Continuing Education:</b>		2
			<b>Expiration Date:</b>		3/31/2017
			<b>Number of courses:</b>		
			<b>Initial Training:</b>		1
			<b>Refresher:</b>		0
			<b>Continuing Education:</b>		1

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** Contra Costa County

**Reporting Year:** 2016

<b>Training Institution:</b> <u>John Muir Health, Walnut Creek</u>		<b>Telephone Number:</b> <u>925-947-4438</u>
<b>Address:</b> <u>1601 Ygnacio Valley Road</u> <u>Walnut Creek, CA 94598</u>		
Program Level: MICN Training		
<b>Student Eligibility:</b>	<b>Cost of Program:</b>	<b>Number of students completing training per year:</b>
a. BLS	Basic: <u>\$0.00</u>	<b>Initial Training:</b> 5
b. ACLS	Refresher: <u>\$0.00</u>	<b>Refresher:</b> 0
c. PALS		<b>Continuing Education:</b> 24 Hours
d. TNCC		<b>Expiration Date:</b> 9/30/2019
e. Minimum 2 years ED. Exper.		<b>Number of Courses:</b>
f. In-House Training only		<b>Initial Training:</b> (annually in the spring) 1
		<b>Refresher:</b> ongoing
		<b>Continuing Education:</b> TNCC PALS, ACLS, Trauma, Other (All provided in house.)

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** Contra Costa County

**Reporting Year:** 2016<sup>21</sup>

<b>Training Institution:</b> <u>Contra Costa College</u>		<b>Telephone Number:</b> 510-215-3865	
<b>Address:</b> <u>2600 Mission Bell Drive</u> <u>San Pablo, CA 94806</u>		Program Level: <u>EMT Training</u>	
<b>Student Eligibility:</b> <u>Open to Public</u>	<b>Cost of Program:</b> <b>Basic:</b> <u>\$276</u> <b>Refresher:</b> <u>\$46/unit</u>	<b>Number of students completing training per year:</b>	
		<b>Initial Training:</b>	50
		<b>Refresher:</b>	0
		<b>Continuing Education:</b>	0
		<b>Expiration Date:</b>	8/31/2019
		<b>Number of Courses:</b>	
		<b>Initial Training</b>	2
		<b>Refresher:</b>	0
		<b>Continuing Education:</b>	0

<sup>21</sup> Estimated data set

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

County: Contra Costa County

Reporting Year: 2016

<b>Name:</b>	<u>San Ramon Valley Fire Dispatch</u>	<b>Primary Contact:</b>
<b>Address:</b>	<u>800 San Ramon Valley Road</u> <u>Danville, CA 94526</u>	Denise Pangelinan Communications Center Manager
<b>Telephone Number:</b>	925-838-6645	
<b>Written Contract:</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b>Number of Personnel Providing Services:</b>
	<input checked="" type="checkbox"/> <b>Day-to-Day</b> <input checked="" type="checkbox"/> <b>Disaster</b>	<u>13</u> <b>EMD Training</b> <u>    </u> EMT-D <u>    </u> ALS <u>    </u> BLS <u>    </u> LALS <u>    </u> Other
Ownership: <input checked="" type="checkbox"/> <b>Public</b> <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> <b>Fire</b> <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> <b>Fire District</b> <input type="checkbox"/> Federal



**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

**County:** Contra Costa County

**Reporting Year:** 2016

<b>Name:</b>	<u>Contra Costa Sheriff's Office</u>	<b>Primary Contact:</b>	<u>Lisette Cortes Communications Center Director</u>						
<b>Address:</b>	<u>40 Glacier Drive</u> <u>Martinez, CA 94553</u>								
<b>Telephone Number:</b>	<u>925-313-2454</u>								
<b>Written Contract:</b> <u>X Yes</u> <input type="checkbox"/> No	<b>Medical Director:</b> <u>X Yes</u> <input type="checkbox"/> No	<u>X Day-to-Day</u> <u>X Disaster</u>	<b>Number of Personnel Providing Services:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><u>      </u> EMD Training</td> <td style="width: 25%;"><u>48<sup>22</sup></u> EMT-D</td> <td style="width: 25%;"><u>      </u> ALS</td> </tr> <tr> <td><u>      </u> BLS</td> <td><u>      </u> LALS</td> <td><u>      </u> Other</td> </tr> </table>	<u>      </u> EMD Training	<u>48<sup>22</sup></u> EMT-D	<u>      </u> ALS	<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other
<u>      </u> EMD Training	<u>48<sup>22</sup></u> EMT-D	<u>      </u> ALS							
<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other							
<b>Ownership:</b> <u>X Public</u> <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <u>X Law</u> <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <u>X County</u> <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal							

<sup>22</sup> Average staffing 22 dispatchers/supervisors per day

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

County: Contra Costa County

Reporting Year: 2016

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

<b>Name:</b>	<u>Contra Costa Fire Dispatch</u>	<b>Primary Contact:</b>	<u>Diane Herse Communications Specialist</u>
<b>Address:</b>	<u>2010 Geary Road</u> <u>Pleasant Hill, CA 94523</u>		
<b>Telephone Number:</b>	<u>925-941-3550</u>		
<b>Written Contract:</b> <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <u>Day-to-Day</u> <input checked="" type="checkbox"/> <u>Disaster</u>	<b>Number of Personnel Providing Services:</b> <u>18</u> <b>EMD Training</b> _____ BLS                      _____ EMT-D                      _____ ALS _____ LALS                      _____ Other
<b>Ownership:</b> <input checked="" type="checkbox"/> <u>Public</u> <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> <u>Fire</u> <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> <u>Fire District</u> <input type="checkbox"/> Federal	

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

County: Contra Costa County

Reporting Year: 2016

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

<b>Name:</b>	Richmond Communications Center	<b>Primary Contact:</b>	Michael Schlemmer, Communication Specialist
<b>Address:</b>	<u>326 27<sup>th</sup> Street</u> <u>Richmond, CA 94804</u>		
<b>Telephone Number:</b>	510-620-6660		
<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>	<b>Medical Director:</b> <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <u>Day-to-Day</u> <input checked="" type="checkbox"/> <u>Disaster</u>	<b>Number of Personnel Providing Services:</b> <u>22</u> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other
<b>Ownership:</b> <input checked="" type="checkbox"/> <u>Public</u> <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> <u>Fire</u> <input checked="" type="checkbox"/> <u>Law</u> <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> <u>City</u> <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

**AMBULANCE ZONE SUMMARY FORM: ERA I (2016)**

<p><b><u>Local EMS Agency or County Name:</u></b></p> <p>Contra Costa County</p>
<p><b><u>Area or subarea (Zone) Name or Title:</u></b></p> <p>ERA I</p>
<p><b><u>Name of Current Provider(s):</u></b></p> <p>Contra Costa County Fire Protection District as part of an alliance utilizing American Medical Response as a sub-contractor – since 1/1/2016</p>
<p><b><u>Area or sub area (Zone) Geographic Description:</u></b></p> <p>ERA-I includes the cities of El Cerrito, Richmond, Pinole, Hercules, San Pablo, Kensington, Martinez, Pleasant Hill, Lafayette, and Walnut Creek west of Highway 680 and adjacent to unincorporated areas, excluding that portion of ERA I included in the Moraga-Orinda Fire Protection District.</p>
<p><b><u>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</u></b></p> <p>Exclusive.</p>
<p><b><u>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</u></b></p> <p>Emergency Ambulance, ALS, 9-1-1 emergency response and ALS interfacility transfers</p>
<p><b><u>Method to achieve Exclusivity, if applicable (HS 1797.224):</u></b></p> <p>Competitively-determined. Request for Proposal (RFP) and review process held in 2015. RFP released on February 27, 2015 and an exclusive 9-1-1 contract with Contra Costa Fire as primary contractor and American Medical Response as a sub-contractor to Contra Costa Fire, went into effect on January 1, 2016.</p>

**AMBULANCE ZONE SUMMARY FORM: ERA II (2016)**

<p><b><u>Local EMS Agency or County Name:</u></b></p> <p><b>Contra Costa County</b></p>
<p><b><u>Area or subarea (Zone) Name or Title:</u></b></p> <p><b>ERA II</b></p>
<p><b><u>Name of Current Provider(s):</u></b></p> <p>Contra Costa County Fire Protection District as part of an alliance utilizing American Medical Response as a sub-contractor – since 1/1/2016</p>
<p><b><u>Area or sub area (Zone) Geographic Description:</u></b></p> <p><b>ERA-II includes the cities of Clayton, Concord, Walnut Creek, east of Highway 680 and adjacent to unincorporated areas.</b></p>
<p><b><u>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</u></b></p> <p><b>Exclusive</b></p>
<p><b><u>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</u></b></p> <p>Emergency Ambulance, ALS, 9-1-1 emergency response and ALS interfacility transfers</p>
<p><b><u>Method to achieve Exclusivity, if applicable (HS 1797.224):</u></b></p> <p>Competitively-determined. Request for Proposal (RFP) and review process held in 2015. RFP released on February 27, 2015 and an exclusive 9-1-1 contract with Contra Costa Fire as primary contractor and American Medical Response as a sub-contractor to Contra Costa Fire, went into effect on January 1, 2016.</p>

**AMBULANCE ZONE SUMMARY FORM: ERA III(2016)**

<p><b><u>Local EMS Agency or County Name:</u></b></p> <p>Contra Costa County</p>
<p><b><u>Area or subarea (Zone) Name or Title:</u></b></p> <p>ERA III</p>
<p><b><u>Name of Current Provider(s):</u></b></p> <p>Moraga-Orinda Fire Protection District</p>
<p><b><u>Area or sub area (Zone) Geographic Description:</u></b></p> <p>ERA-III includes the territory of the Moraga-Orinda Fire Protection District.</p>
<p><b><u>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</u></b></p> <p>Exclusive</p>
<p><b><u>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</u></b></p> <p>Emergency Ambulance –ALS, 9-1-1 Emergency Response</p>
<p><b><u>Method to achieve Exclusivity, if applicable (HS 1797.224):</u></b></p> <p>Grandfathered with exclusivity pursuant to H.S. 1797.224. Moraga Fire Protection District began providing paramedic ambulance service throughout the territory of its jurisdiction in June 1977 and has continued on an uninterrupted basis. In December 1997, the territory of the Moraga Fire Protection District was combined with the territory of the Orinda Fire Protection District and a new Moraga-Orinda Fire Protection District formed and the County exclusive operating area agreement update to reflect the expanded territory. EMSA approved this boundary adjustment on January 30, 2003.</p>

**AMBULANCE ZONE SUMMARY FORM: ERA IV(2016)**

<b><u>Local EMS Agency or County Name:</u></b> Contra Costa County
<b><u>Area or subarea (Zone) Name or Title:</u></b> ERA IV
<b><u>Name of Current Provider(s):</u></b> San Ramon Valley Fire Protection District
<b><u>Area or sub area (Zone) Geographic Description:</u></b> ERA IV includes the territory of San Ramon Valley Fire Protection District.
<b><u>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</u></b> Exclusive.
<b><u>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</u></b> Emergency Ambulance –ALS, 9-1-1 Emergency Response
<b><u>Method to achieve Exclusivity, if applicable (HS 1797.224):</u></b> Periodic Request for proposal process. Request for proposal process held in 2008 resulted in a contract that expires October 21, 2018

**AMBULANCE ZONE SUMMARY FORM: ERA V (2016)**

<p><b><u>Local EMS Agency or County Name:</u></b></p> <p>Contra Costa County</p>
<p><b><u>Area or subarea (Zone) Name or Title:</u></b></p> <p>ERA V</p>
<p><b><u>Name of Current Provider(s):</u></b></p> <p>Contra Costa County Fire Protection District as part of an alliance utilizing American Medical Response as a sub-contractor – since 1/1/2016</p>
<p><b><u>Area or sub area (Zone) Geographic Description:</u></b></p> <p>ERA-V includes all of East County including the cities of Pittsburg, Bay Point, Antioch, Brentwood and unincorporated areas along the 9-1-1 boundary line separating East from Central County.</p>
<p><b><u>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</u></b></p> <p>Exclusive.</p>
<p><b><u>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</u></b></p> <p>Emergency Ambulance, ALS, 9-1-1 emergency response and ALS interfacility transfers</p>
<p>Competitively-determined. Request for Proposal (RFP) and review process held in 2015. RFP released on February 27, 2015 and an exclusive 9-1-1 contract with Contra Costa Fire as primary contractor and American Medical Response as a sub-contractor to Contra Costa Fire, went into effect on January 1, 2016.</p>