



**RANCHO SANTA FE FIRE PROTECTION DISTRICT
BOARD OF DIRECTORS MEETING
AGENDA**

Rancho Santa Fe FPD
Board Room – 18027 Calle Ambiente
Rancho Santa Fe, California 92067

June 16, 2021
1:00 pm PT
Regular Meeting

THIS BOARD OF DIRECTORS MEETING WILL BE CONDUCTED VIA TELECONFERENCE

Pursuant to Governor Newsom’s [Executive Orders N-25-30](#), issued on March 12, 2020 and [N-33-20](#) issued on March 19, 2020: members of the Rancho Santa Fe Fire Protection District Board of Directors and staff may participate in this meeting via teleconference. In the interest of reducing the spread of COVID 19, members of the public are encouraged, but not required, to submit comments via email. Those attending the meeting in person will be required to maintain appropriate social distancing.

Public Comment: to submit a comment in writing, please email caccavo@rsf-fire.org and write “Public Comment” in the subject line. In the body of the email include the item number and/or title of the item as well as your comments. If you would like the comment to be read out loud at the meeting (not to exceed five minutes), please write “Read Out Loud at Meeting” at the top of the email. All comments received by 11:00 am will be emailed to the Board of Directors and included as “Supplemental Information” on the District’s website prior to the meeting. Any comments received after 11:00 am will be added to the record and shared with the members of the Board at the meeting.

Americans with Disabilities Act: If you need special assistance to participate in this meeting, please contact the Board Clerk 858-756-5971 ext. 1014. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to assure accessibility to the meeting.

Rules for Addressing Board of Directors: Members of the audience who wish to address the Board of Directors are requested to complete a form near the entrance of the meeting room and submit it to the Board Clerk. Any person may address the Board on any item of Board business or Board concern. The Board cannot take action on any matter presented during Public Comment, but can refer it to staff for review and possible discussion at a future meeting. As permitted by State Law, the Board may take action on matters of an urgent nature or which require immediate attention. The maximum time allotted for each presentation is FIVE (5) MINUTES.

Agendas: Agenda packets are available for public inspection 72 hours prior to scheduled meetings at the Manager of Finance and Administration’s office located at 18027 Calle Ambiente, Suite 101, Rancho Santa Fe, CA during normal business hours. Packet documents are also posted online at www.rsfire.org



Rancho Santa Fe Fire Protection District Board of Directors

Regular Meeting

June 16, 2021

Call to Order

Pledge of Allegiance

Roll Call

All items listed on the Consent Calendar are considered routine and will be enacted by one motion without discussion unless Board Members, Staff or the public requests removal of an item for separate discussion and action. The Board of Directors has the option of considering items removed from the Consent Calendar immediately or under Unfinished Business.

1. Consent Calendar

a. Board of Directors Minutes

- Board of Directors minutes of May 19, 2021

ACTION REQUESTED: **Approve**

b. Receive and File

- Monthly/Quarterly Reports

(1) List of Demands Check 33915 thru 34008, Electronic File Transfers (EFT), and Wire Transfer(s) for the period May 1 – 31, 2021 totaling:	\$ 182,531.15
Wire Transfer(s) period May 1 – 31, 2021	\$ 69,235.74
Payroll for the period May 1 – 31, 2021	\$ <u>645,523.60</u>
TOTAL DISTRIBUTION	\$ 897,290.49

(2) Activity Reports – May 2021

(a) Operations

(b) Training

(c) Fire Prevention

(d) Correspondence - letters/cards were received from the following members of the public:

(i) None

ACTION REQUESTED: **Information**

c. Inventory and Property Management Policy – Staff Report 21-XX

ACTION REQUESTED: **Ratify**

2. Public Comment

3. Old Business

- a. None

4. New Business

a. Local Agency Formation Commission Election

To discuss and/or authorize the President to cast the ballot on behalf of the Fire District to elect an alternate special district member on the Local Agency Formation Commission (LAFCO) (Ballot Form, Attached 1 and Attachment A's provided)

ACTION REQUESTED: **Authorize President to cast ballot**



Rancho Santa Fe Fire Protection District Board of Directors

Regular Meeting

June 16, 2021

b. Fixed Charge Special Assessment for Weed Abatement

To discuss and/or approve a special assessment on Parcel Nos. 264-672-01-00, 264-348-02-00, 264-672-01-00, 264-672-02-00, 264-671-51-00, 269-183-10-00, 269-173-07-00 for nonpayment of forced abatement fees. [Staff Report 21-XX](#)

ACTION REQUESTED: **Approve and deliver special assessment for nonpayment of fees to the County of San Diego**

c. Preliminary Budget FY21/22

To discuss and/or approve the preliminary budget for the next fiscal year and schedule a public hearing for final adoption.

ACTION REQUESTED: **Approve and set public hearing for September 19, 2021**

5. Oral Report

a. Fire Chief – Cox

- i. District Activities
- ii. Covid Relief Funding
- iii. California Special Districts Association (CSDA) Electronic Election Ballot
 - (1) Handout
 - (2) [Link to Ballot & Candidate Information](#)
- iv. CSA-17 Consultant Report (attachment provided)

b. Operations – Deputy Chief

c. Volunteer – Volunteer Recruitment & Retention Coordinator

d. Training – Battalion Chief

e. Fire Prevention – Fire Marshal

f. Manager, Finance & Administration

- i. HR
- ii. Finance
- iii. Board Clerk

d. Board of Directors

- North County Dispatch JPA – Update
- County Service Area – 17 – Update
- Comments

6. Adjournment

The next regular meeting Board of Directors meeting to be July 21, 2021 in the Board Room located at 18027 Calle Ambiente, Rancho Santa Fe, California. The business meeting will commence at 1:00 p.m.



Rancho Santa Fe Fire Protection District Board of Directors Regular Meeting

June 16, 2021

CERTIFICATION OF POSTING

I certify that on June 11, 2021 a copy of the foregoing agenda was posted on the District's website and near the meeting place of the Board of Directors of Rancho Santa Fe Fire Protection District, said time being at least 72 hours in advance of the meeting of the Board of Directors (Government Code Section 54954.2)

Executed at Rancho Santa Fe, California on June 11, 2021

A handwritten signature in blue ink, appearing to read "Alicea Caccavo", is written over a horizontal line.

Alicea Caccavo
Board Clerk

Rancho Santa Fe Fire Protection District
Regular Board of Directors Meeting
Minutes May 19, 2021



These minutes reflect the order in which items appeared on the meeting agenda and do not necessarily reflect the order in which items were considered.

President Ashcraft called to order the regular session of the Rancho Santa Fe Fire Protection District Board of Directors at 1:00 pm.

Pledge of Allegiance

Fire Marshal Donner led the assembly in the Pledge of Allegiance.

Roll Call

Directors Present: Ashcraft, Malin, Stine, Tanner

Directors Absent: Hillgren

Staff Present: Fire Chief Fred Cox; Battalion Chief Bruce Sherwood; Battalion Chief Bret Davidson; Fire Marshal Marlene Donner; Volunteer Recruitment & Retention Coordinator Chief Frank Twohy; and Manager, Finance & Administration/ Board Clerk Alicea Caccavo

MOTION BY DIRECTOR MALIN, SECOND BY DIRECTOR STINE, and CARRIED 4 AYES; 0 NOES; 1 ABSENT; 0 ABSTAIN to move Item 6c to the beginning of the meeting.

6c. Acceptance of Donation

To acknowledge and accept receipt of the following donations from the Rancho Santa Fe Fire District Foundation for:

- i. Maintenance of Fire Wise Garden at Fire Station 6 - \$2,567.53
- ii. Purchase of thirteen (13) personal Thermal Imaging Cameras (TIC) - \$7,566.00

Staff Report 21-11

Chief Twohy presented the donation from the Rancho Santa Fe Fire District Foundation for the purchase of thermal imaging cameras and the maintenance of the Fire Wise Garden at Station 6. President Ashcraft acknowledged how important and helpful the Foundation has been to the District and how the Board sincerely appreciates the Foundation.

1. Special Presentation

- a. David B. Dewey Firefighter of the Year –

President Ashcraft explained the background on the award and the incredible recipients of the award. The winner of the award for 2021 is Battalion Chief Bret Davidson. Chief Davidson thanked the board and was honored to receive the award.

2. Motion waiving reading in full of all Resolutions/Ordinances

MOTION BY DIRECTOR MALIN, SECOND BY DIRECTOR STINE, and CARRIED 4 AYES; 0 NOES; 1 ABSENT; 0 ABSTAIN to waive reading in full of all resolutions and/or ordinances.

3. Consent Calendar

MOTION BY DIRECTOR MALIN, SECOND BY DIRECTOR STINE, and CARRIED 4 AYES; 0 NOES; 1 ABSENT; 0 ABSTAIN to approve the consent calendar as presented.

- a. Board of Directors Minutes
 - Board of Directors minutes of April 21, 2021
- b. Receive and File
 - Monthly/Quarterly Reports

Rancho Santa Fe Fire Protection District
Regular Board of Directors Meeting
Minutes May 19, 2021



(1) List of Demands Check 33829 thru 33914, Electronic File Transfers (EFT), and Wire Transfer(s) for the period April 2021 totaling:	\$ 255,564.65
(2) Wire Transfer(s) period April 2021	\$ 415,498.57
Payroll for the period April 2021	\$ <u>689,423.85</u>
TOTAL DISTRIBUTION	\$1,360,487.07

(3) Activity Reports – April 2021

- (a) Operations
- (b) Training
- (c) Fire Prevention
- (d) Correspondence: None

c. Surplus Equipment: Type III Brush Rig ID# 0262– Staff Report 21-08

4. **Public Comment**

None

5. **Old Business**

None

6. **New Business**

a. Article XIII B California Constitution Appropriation Limit

To discuss and/or approve the change in population for the Rancho Santa Fe Fire Protection District appropriations limit. Staff Report 21-09

Manager Caccavo reported that this is an annual calculation used to ensure the District does not exceed the appropriations limit set by State and Local governments based on population and changes in cost of living. She recommended that the Board of Directors select the following formula to calculate the District's new appropriation limit for the 2021/2022 fiscal year:

Change in California per capital personal income (5.73%) for the Cost of Living Factor, and

Change in population within San Diego County average (-.37%).

MOTION BY DIRECTOR STINE, SECOND BY DIRECTOR MALIN, and CARRIED 4 AYES; 0 NOES; 1 ABSENT; 0 ABSTAIN to accept staff's recommendation for calculation of the District's appropriations limit.

b. Authorization to Purchase Ballistic Helmets– Staff Report 21-10 and Attachments

Chief Sherwood summarized the staff report. He recommended the proposal from Hard Head Veterans to protect the safety personnel.

MOTION BY DIRECTOR STINE, SECOND BY DIRECTOR MALIN, and CARRIED 4 AYES; 0 NOES; 1 ABSENT; 0 ABSTAIN to authorize Fire Chief to purchase ballistic helmets using CSA 17 funding.

c. Acceptance of Donation

Moved to start of Agenda

7. **Resolution/Ordinance**

a. Resolution No. 2021-11

Manager Caccavo reported that this is the resolution that indicates the selection of the method chosen for the Gann Limit.

MOTION BY DIRECTOR TANNER, SECOND BY DIRECTOR MALIN, and ADOPTED Resolution No. 2021-11 entitled "Resolution of the Board of Directors of the Rancho Santa Fe Fire Protection District Determining the 2021/2022 Appropriations of Tax Proceeds" on the following roll call vote:

AYES: Ashcraft, Malin, Stine, Tanner
NOES: None
ABSENT: Hillgren
ABSTAIN: None

Rancho Santa Fe Fire Protection District
Regular Board of Directors Meeting
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b. Resolution No. 2021-12

Manager Caccavo informed the Board that this resolution required by the County of San Diego must be renewed annually. If adopted, the special tax will continue at \$10.00 per benefit unit for FY21.

MOTION BY DIRECTOR MALIN, SECOND BY DIRECTOR TANNER, and ADOPTED Resolution No. 2021-11 entitled “Resolution of the Board of Directors of the Rancho Santa Fe Fire Protection Setting Benefit Charges for fiscal year 21-22” on the following roll call vote:

AYES: Ashcraft, Malin, Stine, Tanner
NOES: None
ABSENT: Hillgren
ABSTAIN: None

c. Resolution No. 2021-13

Manager Caccavo informed the Board that this resolution required by the County of San Diego must be renewed annually to continue the collection of the voter approved special assessment in the tax rate areas within the Elfin Forest/Harmony Grove reorganization. This assessment has a built-in cost of living increase that is 3.37% for FY22. If adopted, the special assessment will be \$168.65 per benefit unit for FY21/22.

MOTION BY DIRECTOR TANNER, SECOND BY DIRECTOR STINE, and ADOPTED Resolution No. 2021-11 entitled “Resolution of the Board of Directors of the Rancho Santa Fe Fire Protection Adopting Levies for Special Taxes to be collected on the Tax Roll for Fiscal Year 2021/2022” on the following roll call vote:

AYES: Ashcraft, Malin, Stine, Tanner
NOES: None
ABSENT: Hillgren
ABSTAIN: None

8. Oral Report

a. Fire Chief – Cox

Fire Chief Cox reported that he is working with Legal to get forced abatement for Rancho Cielo Estates that are in bankruptcy.

Staff is working on two (2) Cal Fire grants in Escondido Creek and in San Elijo area; this is a joint effort with San Marcos Fire, Escondido Fire and Rancho Santa Fe Fire PD. These are being done through a conservancy. Chief is working with staffers from the State Assembly members for Covid relief funds.

b. Operations – Deputy Chief

In Chief McQuead’s absence, Manager Caccavo confirmed that he had nothing else to add to his report.

c. Volunteer – Volunteer Recruitment & Retention Coordinator

Chief Twohy reported that the reservists donated 576 hours to the communities. Currently adding four (4) new reserves.

d. Training – Battalion Chief

Chief Sherwood reported all scheduled training hours are complete; working on wildland refresher training. Battalion Chiefs test coming up on Monday, May 24th. There is a new hire academy starting on June 16; reserves to be included in that academy. Chief Cox confirmed that the District will be promoting two (2) Battalion Chiefs, two (2) Captains, two (2) Engineers and three (3) Firefighters by around July 1st. The District should be fully staffed going into fire season.

e. Fire Prevention – Fire Marshal

Fire Marshal Donner reported that on or after July 1 property sellers in high severity fire zones will have to notify the buyers of a property that a defensible space inspection has been done and that the property is compliant per Assembly Bill 38. The new State Responsibility Area (SRA) High Fire Hazards Severity Map showing wind patterns should be out by July 1st. On or around January 1st, the seller of a home built before January 1, 2010 will need to disclose to the buyer what retrofits have been or need to be done to the home.

Rancho Santa Fe Fire Protection District
Regular Board of Directors Meeting
Minutes May 19, 2021



She also summarized properties that need to come into compliance. Started defensible spaces inspections are now being worked on in the East side of the District.

f. **Manager, Finance & Administration**

Human Resources: *Manager Caccavo reported on recruitments discussed previously and included the Front Office Coordinator that the District expects to start June 16. The CDC relaxed the use of masks; the District plans to continue protocols in place until Cal OSHA gives direction.*

Finance: *Manager Caccavo reported that she is working on the Budget. Director Malin confirmed that the direction of the Board is looking to do an accelerated discretionary payment.*

Board Clerk: *Nothing to report.*

d. **Board of Directors**

- North County Dispatch JPA – Director Ashcraft reported that there will be a board meeting on May 26th.
- County Service Area – 17 – Director Stine reported that there will be a meeting on June 1st that he will be attending.
- Director Comments –

Director Malin – Discussed the Pennsylvania teachers’ pension fund and their interesting investments. Due to Covid, curious to see if California use their excess tax revenue to pay down the CalPERS unfunded actual liability for state employees. Political activity in the center of town.

Director Stine – Discussed a tumor found in his head due to electric and magnetic field (EMF) from cellular phones. Products he found to bring forward that helps eliminate EMF’s to assist with long term health of the District for employees.

9. **Closed Session**

Pursuant to the following section, the board met in closed session from 2:18 –2:31pm, and discussed the following:

With respect to every item of business to be discussed in closed session pursuant to:

- a. California Government Code Section 54956.8 - CONFERENCE WITH REAL PROPERTY NEGOTIATORS
Property: 16936 El Fuego
Agency Negotiator: Fred Cox, Fire Chief
Negotiating Parties: RSF Association and North County Dispatch Joint Powers Authority
Under Negotiation: Instruction to negotiators concerning price and term

All board members listed, Manager Caccavo and Chief Cox attended and participated in this discussion.

Upon reconvening to open session, President Ashcraft announced that direction was given to the Chief and there was no action taken by the board.

10. **Adjournment**

Meeting adjourned at 2:38pm.

Alicea Caccavo
Board Clerk

James H. Ashcraft
President

Check No.	Amount	Vendor	Purpose
33915	\$0.00	ING Annuity	Voided Check
33916	\$3,232.48	American Medical Response Inc	CSA-17 Contract
33917	\$382.17	AT&T Calnet 2/3	Telephone - Admin, RSF1, RSF3
33918	\$1,652.00	C.A.P.F.	Disability Ins Short & Long
33919	\$4,740.00	Cielo Village Partners LP	Cielo HOA Fees
33920	\$336.87	Cintas Corporation No 2	Safety: Extinguishers (Service & Purchas
33921	\$3,407.00	County of SD/RCS	CAP Code, 800MHZ
33922	\$138.27	Cox Communications	Cable RSF5
33923	\$5,727.30	Dell Marketing	Computer - License/Software
33924	\$1,493.11	Direct Energy Business-Dallas	Elec/Gas/Propane RSF1
33925	\$542.20	EDCO Waste & Recycling Inc	Trash RSF5, RSF6
33926	\$1,353.00	Engineered Mechanical Services Inc	Building RSF1
33927	\$3,346.25	Liebert Cassidy Whitmore	Legal Services
33928	\$179.50	Race Telecommunications, Inc	Telephone RSF1
33929	\$1,355.26	Rincon Del Diablo Municipal Water Di	Water RSF5
33930	\$50.00	RSF Security Inc	Alarm System Monitoring RSF5
33931	\$2,578.90	SC Commercial LLC	Fuel: Gasoline & Diesel
33932	\$80.00	Terminix International	Building RSF2
33933	\$6,211.78	Transamerican Mailing & Fulfillment	Outside Printing & Binding
33934	\$18.45	UPS	Shipping Service
33935	\$7,164.51	U S Bank Corporate Payment System	Cal-Card./IMPAC program
33936	\$1,846.18	Verizon Wireless	Cellular - Telephone
33937	\$6,950.00	WinTech Computer Services	Consulting Services
33938	\$1,565.96	Transamerican Mailing & Fulfillment	Outside Printing & Binding
33939	\$44.98	4S Ranch Gasoline & Carwash LP	Apparatus: Car Wash
33940	\$152.71	A-1 & North County Lock & Safe Servi	Building RSF2
33941	\$600.00	Accme Janitorial Service Inc	Building ADMIN
33942	\$162.35	Airgas Inc	Safety: Breathing Air
33943	\$460.00	APCD	Permit: County/City
33944	\$123.38	Armanino Solutions, LLC	Consulting Services
33945	\$74.19	AT&T	Telephone RSF6
33946	\$2,016.40	AT&T Calnet 2/3	Telephone - Admin, RSF2, RSF3, RSF4, RSF6
33947	\$599.00	Aurora Training Advantage	Admin - Local Conf/Seminars

33948	\$1,392.35	B & B Appliance Service Dept	Station Maintenance - RSF4
33949	\$36.36	Charter Communications Holdings, LLC	Cable RSF4
33950	\$187.28	Cintas Corporation No 2	Safety: Extinguishers (Service & Purchas
33951	\$2,258.78	Compressed Air Specialties Inc	SCBA Maint & Repair/ Flow Test, Compressor Maintenance
33952	\$13,800.00	Engineered Mechanical Services Inc	Building RSF1
33953	\$1,845.00	Fitch Law Firm Inc	Legal Services
33955	\$20.41	Griffin Hardware Co.	Apparatus: Miscellaneous
33956	\$284.23	Henley Pacific LA LLC (Valvoline)	Scheduled - ID 1682, ID 1781, 2081
33957	\$81.12	Konica Minolta Business Inc	Copier Maintenance Contract
33958	\$1,828.48	Olivenhain Municipal Water District	Water RSF2, RSF3, RSF4, RSF6, Training Facility
33959	\$1,307.56	Robert Half International	Temporary Labor
33960	\$1,291.84	Robert Half International	Temporary Labor
33961	\$90.00	RSF Mail Delivery Solutions	Mail Delivery Service
33962	\$5,341.58	SC Commercial LLC	Fuel: Gasoline & Diesel
33963	\$4,717.50	Scott Davis	Programming - Computer & Software PR
33964	\$3,249.32	SDG&E	Elec/Gas/Propane RSF3, RSF5, RSF6
33965	\$1,755.66	ThyssenKrupp Elevator Inc	Elevator Service, NCDJPA Rebill
33966	\$18.45	UPS	Shipping Service
33967	\$3,346.83	Waste Management Inc	Trash - NCDJPA, RSF Assn - Patrol, RSF1, RSF2, RSF3, RSF4
33968	\$351.36	Willis, Erwin L.	Computer Equipment/Parts
33969	\$205.07	AT&T	Telephone RSF5
33970	\$4,378.20	California Health & Safety Inc	SCBA Maint & Repair/ Flow Test
33971	\$436.90	Charter Communications Holdings, LLC	Cable/Telephone - Admin
33972	\$782.87	Day Wireless Systems Inc	Radio Equipment Replacement
33973	\$2,176.55	Duthie Electric Svc Corp	Generator Maintenance & Service - RSF2, RSF3
33974	\$57.65	Henley Pacific LA LLC (Valvoline)	Scheduled - ID 1982
33975	\$1,435.00	HRO Design, Inc	Special Events
33976	\$34.43	Montagne, Sarah	COVID 19 Expense - Disinfecting Wipes/Spray
33977	\$2,822.70	Parkhouse Tire, Inc.	Apparatus: Tires & Tubes
33978	\$1,147.49	Robert Half International	Temporary Labor
33979	\$1,177.94	SC Commercial LLC	Fuel: Gasoline & Diesel
33980	\$7,603.54	SDG&E	Elec/Gas/Propane - Admin, RSF1, RSF2, RSF4
33981	\$256.00	State of CA Dept of Justice	Background Investigation
33982	\$623.25	TPX	Telephone ADMIN

33983	\$18.45	UPS	Shipping Service
33984	\$55.98	AT&T	Telephone RSF3
33985	\$59.55	AT&T	Telephone RSF1
33986	\$68.21	AT&T	Telephone RSF2
33987	\$1,652.00	C.A.P.F.	Disability Ins Short & Long
33989	\$7,412.50	CDW Government Inc.	Computer - License/Software
33990	\$174.13	Cintas Corporation No 2	Safety: Extinguishers (Service & Purchas
33991	\$1,135.00	County of San Diego EMS	CSA-17 Contract
33992	\$233.46	Cox Communications	Cable/Telephone RSF2
33993	\$119.99	Cox Communications	Telephone RSF3
33994	\$12,393.85	Dell Marketing	File Server
33995	\$14,980.00	Engineered Mechanical Services Inc	Building RSF1
33996	\$110.05	Griffin Hardware Co.	Station Maintenance - RSF2, Apparatus: Car Wash
33997	\$4,725.17	Guardian Life Insurance Co	Med/Dental - Retiree/Former Employees
33998	\$227.14	Kamps Propane, Inc.	Elec/Gas/Propane RSF6
33999	\$1,170.00	Liebert Cassidy Whitmore	Legal Services
34000	\$820.93	Lincoln National Life Ins Co	Life Insurance/EAP
34001	\$1,033.47	Robert Half International	Temporary Labor
34002	\$3,201.69	SC Commercial LLC	Fuel: Gasoline & Diesel
34003	\$240.00	SDCFCA - Admin Section	Meetings/Meal Expenses
34004	\$481.00	Terminix International	Building - Admin, RSF1, RSF3, RSF4, RSF5, RSF6
34005	\$18.45	UPS	Shipping Service
34006	\$138.97	United Imaging	Office Supplies
34007	\$1,032.00	Visual Horizons Inc	Public Education Material
34008	\$133.65	Willis, Erwin L.	Network Cabling Upgrade
EFT000000000703	\$1,269.00	Berry, Nicole	Education/Training Reimbursement
EFT000000000704	\$115.04	Donner, Marlene	Misc. Reimbursable/Fuel: Gasoline & Diesel
EFT000000000706	\$750.00	Davidson, Bret A	Firefighter of the Year Award 2021
EFT000000000707	\$634.50	Reyes, Sandra N.	Education/Training Reimbursement
EFT	\$3,201.07	Various	Medical Reimbursement
Subtotal	\$182,531.15		
33988	\$69,235.74	CalPERS - Health	CalPERS Health - June
Subtotal	\$69,235.74		

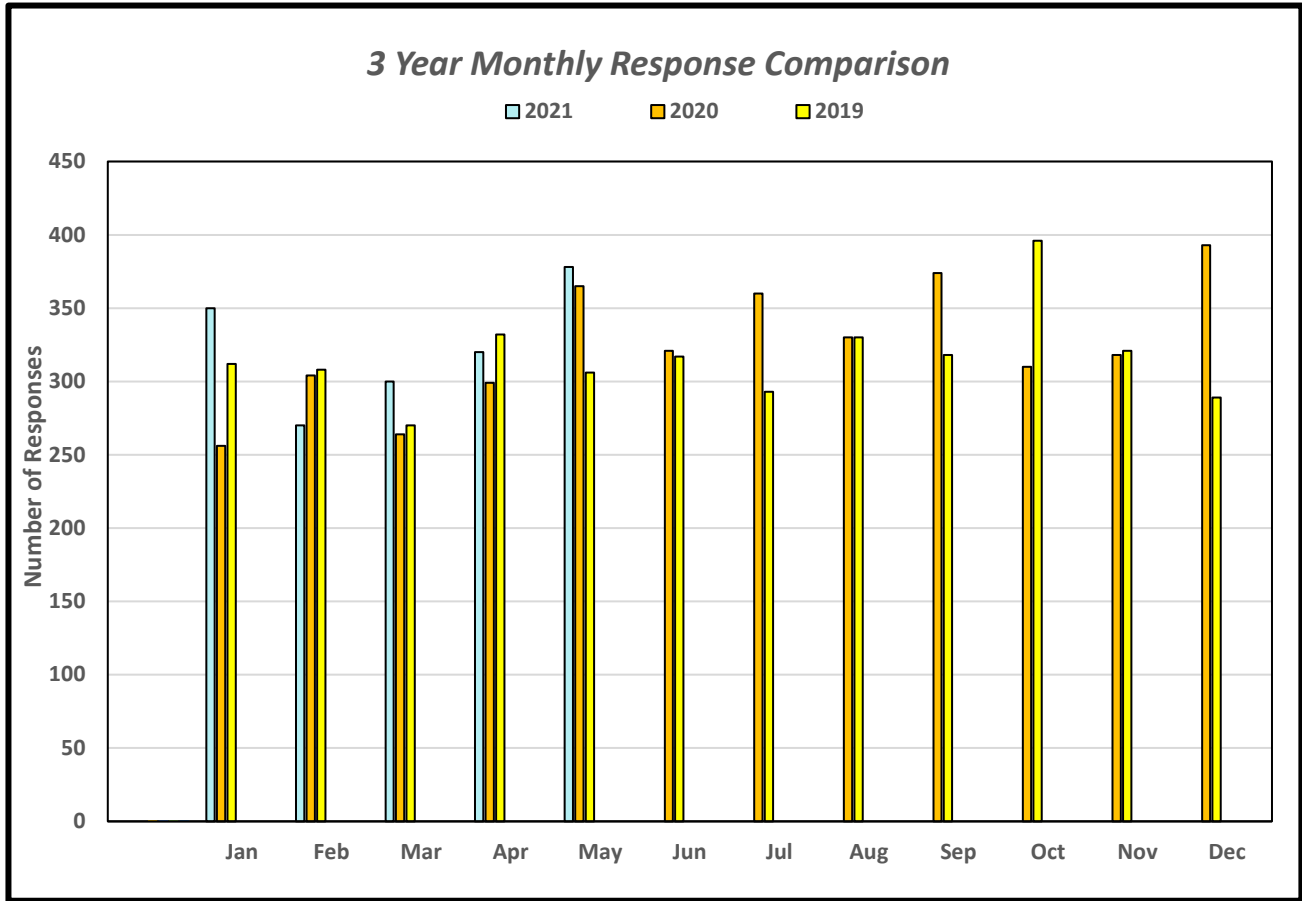
Rancho Santa Fe Fire Protection District

List of Demands - May 2021

	5/15/2021	373,305.95	Payroll	RSFFPD
	5/30/2021	<u>272,217.65</u>	Payroll	RSFFPD
Subtotal		\$ 645,523.60		
Total		<u><u>\$897,290.49</u></u>		

Rancho Santa Fe Fire Protection Operations Report

May 2021 Incident Count



3 Year Call Volume Tracker:

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Responses
2021	Responses	350	270	300	320	378								1,618
	YTD	350	620	920	1240	1618								8.74%
2020	Responses	256	304	264	299	365	321	360	330	374	310	318	393	3,894
	YTD	256	560	824	1123	1488	1809	2169	2499	2873	3183	3501	3894	2.69%
2019	Responses	312	308	270	332	306	317	293	330	318	396	321	289	3,792
	YTD	312	620	890	1222	1528	1845	2138	2468	2786	3182	3503	3792	

Rancho Santa Fe Fire Protection Operations Report

May 2021 Incident Count

Incident Problem Type

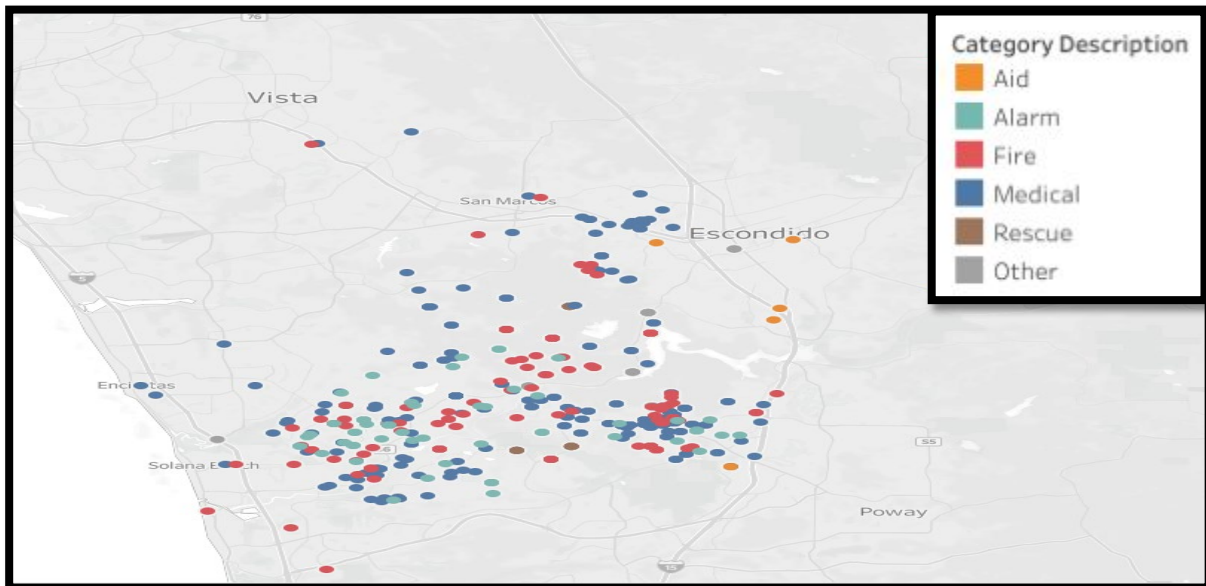
Summary: Number of Incidents by Problem for:
RANCHO SANTA FE FPD

Problem Codes	Category ..	Time Assigned		
		Incidents/R..	% of Total I..	% Differenc..
		2021	2021	2021
15-E-1	Other	1.0	0.26%	0.00%
5150 / PSYCH PROBLEMS	Medical	1.0	0.26%	0.00%
A/R - MEDICAL AID	Aid	3.0	0.79%	0.00%
A/R - STRUCT FIRE	Aid	2.0	0.53%	0.00%
ABDOMINAL PAIN	Medical	4.0	1.06%	0.00%
ALLERGIES (REACTIONS)	Medical	4.0	1.06%	0.00%
ANIMAL RESCUE / FD	Fire	1.0	0.26%	0.00%
ASSAULT	Medical	3.0	0.79%	0.00%
BACK PAIN (NON-TRAUM..	Medical	3.0	0.79%	0.00%
BIKE ACC	Medical	1.0	0.26%	0.00%
BREATHING PROBLEMS	Medical	14.0	3.70%	0.00%
CARBON MONIX ALARM	Fire	1.0	0.26%	0.00%
CARDIAC ARREST	Medical	1.0	0.26%	0.00%
CHEST PAIN	Medical	10.0	2.65%	0.00%
CONVULSIONS	Medical	2.0	0.53%	0.00%
DIABETIC PROBLEMS	Medical	2.0	0.53%	0.00%
DO NOT DISPATCH	Other	1.0	0.26%	0.00%
ENVENOMATIONS (STING..	Medical	1.0	0.26%	0.00%
EVALUATION	Medical	1.0	0.26%	0.00%
FAINTING SPELLS	Medical	7.0	1.85%	0.00%
FALL - FROM HEIGHT	Medical	3.0	0.79%	0.00%
FALL - NOT HEIGHT	Medical	24.0	6.35%	0.00%
FIRE ALARM - COMM	Alarm	10.0	2.65%	0.00%
FIRE ALARM - HIGH RISE	Alarm	1.0	0.26%	0.00%
FIRE ALARM - RES	Alarm	44.0	11.64%	0.00%
FIRE ALARM PROBLEM	Fire	3.0	0.79%	0.00%
HEADACHE	Medical	1.0	0.26%	0.00%
HEART PROBLEMS	Medical	3.0	0.79%	0.00%
HEAT EXPOSURE	Medical	1.0	0.26%	0.00%
INVESTIGATION - FD	Fire	2.0	0.53%	0.00%
LACERATION	Medical	2.0	0.53%	0.00%
LIFT ASSIST	Fire	7.0	1.85%	0.00%
LOCK IN - VEHICLE / FD	Fire	2.0	0.53%	0.00%
MEDICAL AID	Medical	35.0	9.26%	0.00%
MEDICAL ALARM	Alarm	2.0	0.53%	0.00%
MOVE-UP	Other	1.0	0.26%	0.00%
NAT GAS ODOR	Fire	2.0	0.53%	0.00%
NON-BREATHER	Medical	2.0	0.53%	0.00%
ODOR INVESTIGATION	Fire	1.0	0.26%	0.00%
OVERDOSE	Medical	1.0	0.26%	0.00%
PERSON DOWN	Medical	3.0	0.79%	0.00%
POISONING (INGESTION)	Medical	1.0	0.26%	0.00%
PUBLIC SERVICE	Fire	2.0	0.53%	0.00%
RESCUE - OTHER	Rescue	2.0	0.53%	0.00%
RESCUE - TC	Medical	4.0	1.06%	0.00%
RESCUE - TC EXPANDED	Other	5.0	1.32%	0.00%
RESCUE - TECHNICAL	Rescue	1.0	0.26%	0.00%
SEIZURE	Medical	10.0	2.65%	0.00%
SICK PERSON (SPEC DIAG)	Medical	28.0	7.41%	0.00%
SMOKE CHECK	Fire	4.0	1.06%	0.00%
SNAKE REMOVAL	Fire	38.0	10.05%	0.00%
STRIKE TEAM T3 - OUT OF ..	Aid	1.0	0.26%	0.00%
STROKE (CVA)	Medical	8.0	2.12%	0.00%
STRUCTURE FIRE - APT / C..	Fire	1.0	0.26%	0.00%
STRUCTURE FIRE - COMM	Fire	5.0	1.32%	0.00%
STRUCTURE FIRE - RES	Fire	5.0	1.32%	0.00%
SUICIDE ATTEMPT	Medical	2.0	0.53%	0.00%
TC	Medical	19.0	5.03%	0.00%
TC - VEH VS PED	Medical	1.0	0.26%	0.00%
TRAUMATIC INJURIES	Medical	5.0	1.32%	0.00%
TREE DOWN	Fire	2.0	0.53%	0.00%
UNCONSCIOUS	Medical	4.0	1.06%	0.00%
UNKNOWN PROBLEM	Medical	2.0	0.53%	0.00%
VEGETATION FIRE	Fire	4.0	1.06%	0.00%
WALK IN / UP MEDICAL AID	Other	4.0	1.06%	0.00%
WATER PROB - FD	Fire	5.0	1.32%	0.00%
WORKING STRUC. RES	Fire	2.0	0.53%	0.00%
Grand Total		378.0	100.00%	0.00%

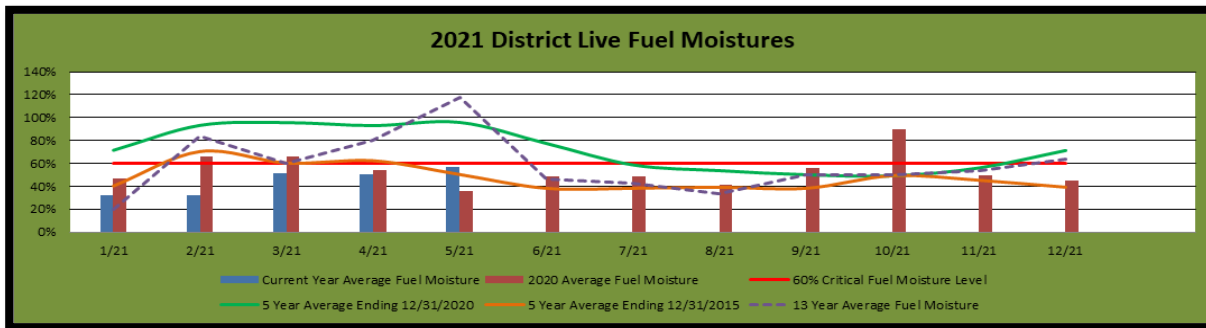
Rancho Santa Fe Fire Protection Operations Report

May 2021 Incident Count

Monthly Incident Map



Monthly Fuel Moisture:



Significant Incidents:

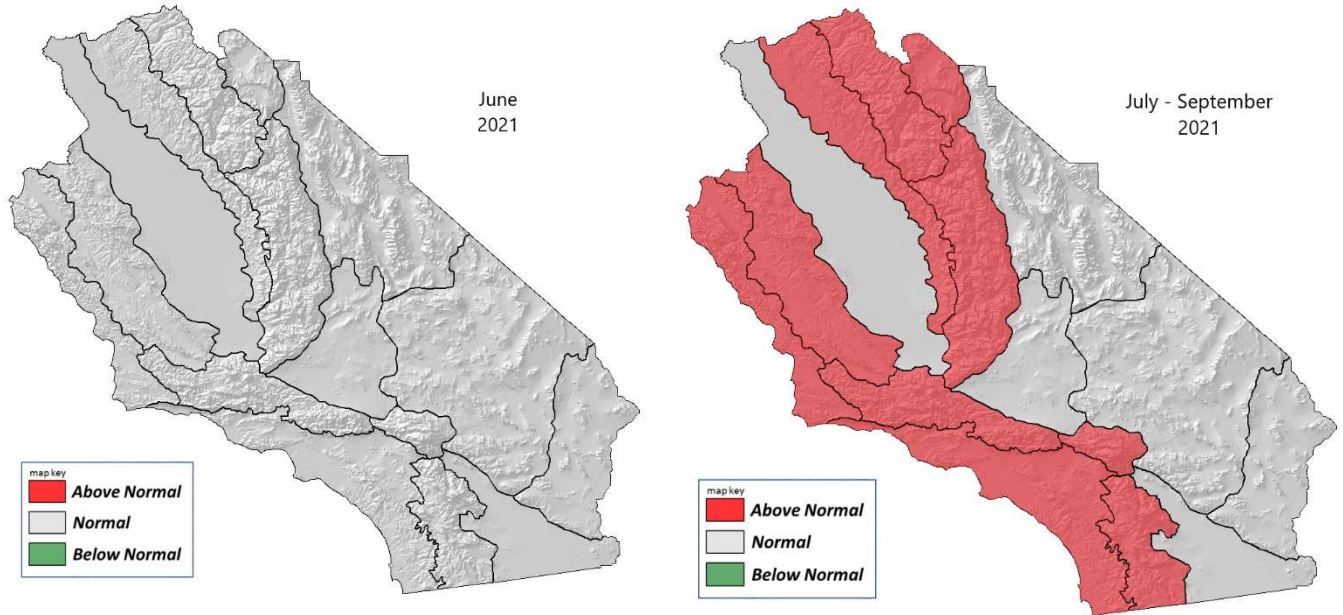
Date	Incident Type	Units Assigned:
5/1/2021	Vegetation - Southern Fire/ East of Julian 6500 + acres.	WT266.
5/12/2021	CPR Save (By-standard CPR and RSF-Fire)	E263 and M261.
5/20/2021	Structure Fire/ 16223 Deer Trail Crt.	E262, B261, B233, T40, E42, E46, E33 and E3713.
5/23/2021	Vegetation - Lake Fire/ Riverside 150 acres.	6416C - B261 and BR261.

Operation Collaboration Incident - Local Fire Agencies are no longer involved after 5/31/2021.

Engineer Jake Barkhimer Vaccinator Deployed 5/17/2021 through 5/31/2021

**Rancho Santa Fe Fire Protection Operations Report
May 2021 Incident Count**

**Rancho Santa Fe Fire Protection Operations Report
May 2021 Incident Count**



***Monthly Images will only be shown when there are changes**

June - September 2021 South Ops Highlights

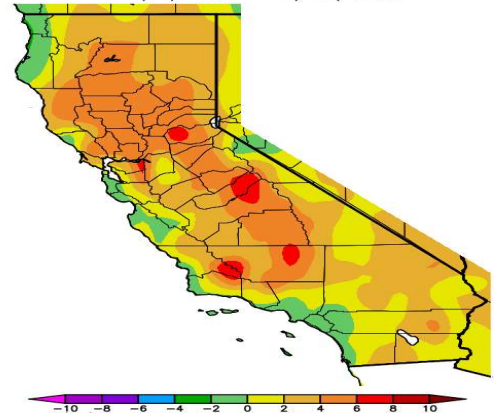
- As usual, there will be little or no rainfall in June.
- The marine layer will be deeper than normal across the coastal areas in June.
- Monsoonal showers and thunderstorms will be below normal July through September.
- Temperatures will be near normal through September.



Weather Discussion

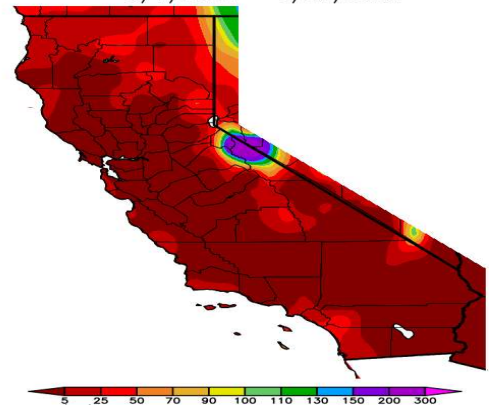
The weather pattern was progressive in May with a series of upper level troughs and ridges moving into the West Coast from the Pacific Ocean. Temperatures were near to above normal most of the month across the interior where there was abundant sunshine and temperatures were below normal across the coastal areas and coastal valleys where most mornings were overcast from the marine layer. Thus, areas above and inland from the marine layer received above normal temperatures, while areas affected by the marine layer received below normal temperatures for the month (**Fig 1**). There were no periods of widespread triple digit heat away from the Lower and Eastern Deserts which is quite unusual for May. Just like in April, almost the entire region received little or no rainfall for the month (**Fig 2**). Scattered light showers and isolated thunderstorms occurred over the Sierra on a few days as areas of low pressure moved into the Great Basin from the Pacific Northwest. These low-pressure areas also brought patchy light rainfall to the coastal areas from a very deep marine layer. Above normal temperatures across the mountains in both April and May caused the snowpack in the Sierra to completely melt (**Fig 3**). Winds were predominately onshore (from the south and west) the entire month and they became strong across the mountains and deserts as troughs moved from the Pacific Northwest into the Great Basin. There were no days with significant offshore winds the entire month.

Av. Max. Temperature dep from Ave (deg F)
5/1/2021 – 5/27/2021



**Fig 1: May 1st - May 27th
Temperature (% of Ave.)**

Percent of Average Precipitation (%)
5/1/2021 – 5/27/2021



**Fig 2: May 1st - May 27th
Precipitation (% of Ave.)**

Data For: 28-May-2021

% Apr 1 Avg. / % Normal for this Date

1.0% / 4.0% — Northern Sierra / Trinity

0.0% / 0.0% — Central Sierra

0.0% / 0.0% — Southern Sierra



Fig 3: Snow pack as of May 28th, 2021



Fuels Discussion

Drought across Central and Southern California continued to worsen in May as warm and dry conditions remained (**Fig 4**). Much of the area is now under severe to extreme drought. The exceptional drought over the deserts bordering Nevada and Arizona has spread into the Southern Sierra. The only areas of moderate drought are over San Diego and Imperial Counties. There are no longer any areas of no drought or abnormally dry conditions. Both the 1000-hr and 100-hr dead fuel moistures have been breaking records most of the month and the 100-hr dead fuel moistures were below the 3rd percentile away from the coastal areas (**Figs 5 - 6**). The new growth live fuel moisture is continuing to gradually decrease and is now mainly between 80% and 100% (**Fig 7**). There are some areas where the old growth live fuel moisture is between 60% and 80%. This live fuel moisture is well below normal for this time of year.

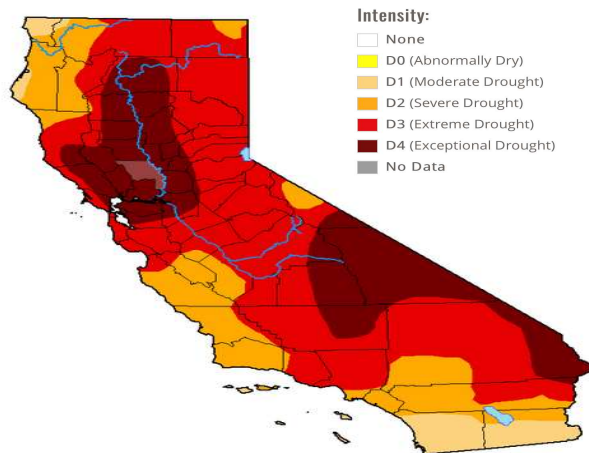


Fig 4: Drought Monitor May 27th, 2021

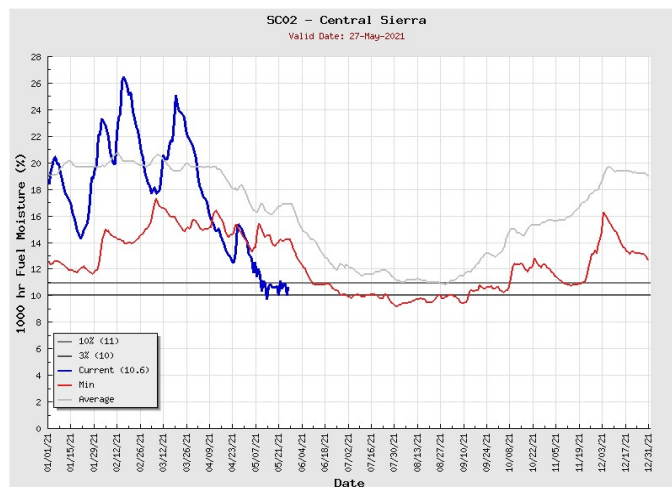


Fig 5: Central Sierra 1000 hr Dead fuel moisture May 27th

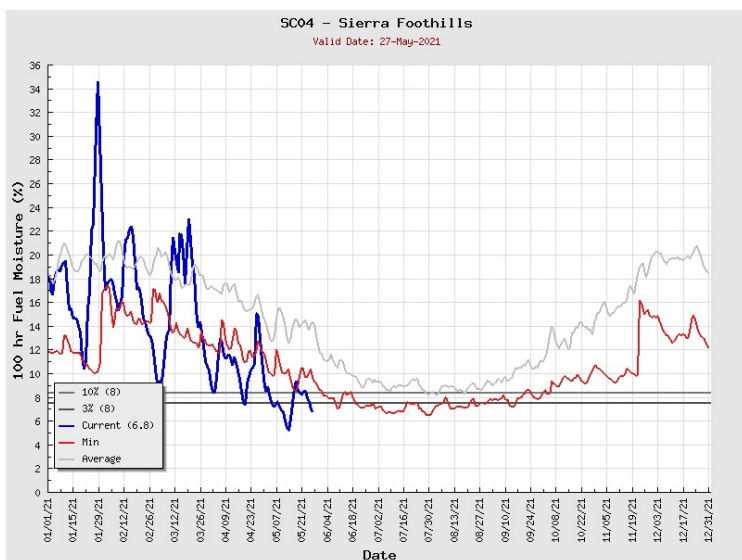


Fig 6: Sierra Foothills 100 hr Dead fuel moisture May 27th

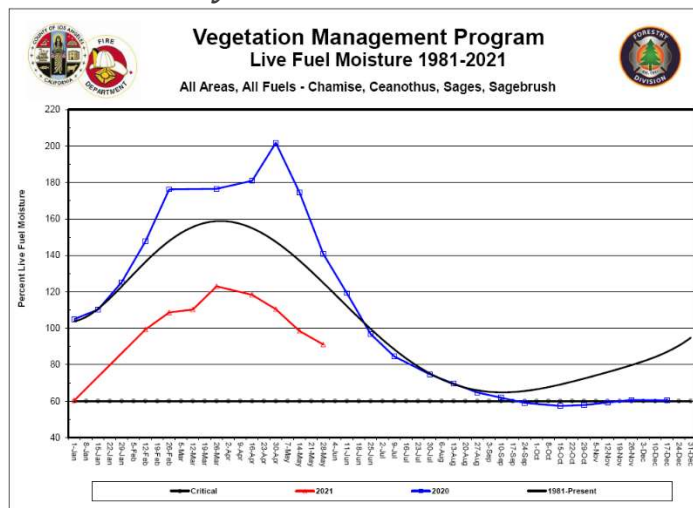


Fig 7: LA County Live Fuel Moisture May 27th

SOUTH OPS OUTLOOK

Expect little change in the weather in June as sea surface temperatures remain below normal over both the Gulf of Alaska and the West Coast (**Fig 8**). These below normal sea surface temperatures will most likely cause a series of troughs to move inland across the Pacific Northwest keeping excessive heat away from the area. The marine layer is expected to remain deeper than normal in June causing below normal temperatures for the coast and coastal valley locations. Temperatures across the interior will likely remain a little above normal. As usual, little or no rainfall is expected across much of the area in June. The only exception will continue to be scattered light showers and isolated thunderstorms with any low-pressure areas that drop into the Great Basin from the Pacific Northwest and drizzle across the coastal areas when the marine layer gets exceptionally deep. Little change in sea surface temperatures are now anticipated across the Gulf of Alaska and the West Coast through the summer months (**Fig 9**). Therefore, still expecting the high-pressure area that is usually located near the Four Corners area to be displaced further to the south. This will cause a later start time to the monsoon and less monsoonal shower and thunderstorm activity than usual. Temperatures are expected to be near normal during the summer months as high pressure oscillates back and forth over the Desert Southwest.

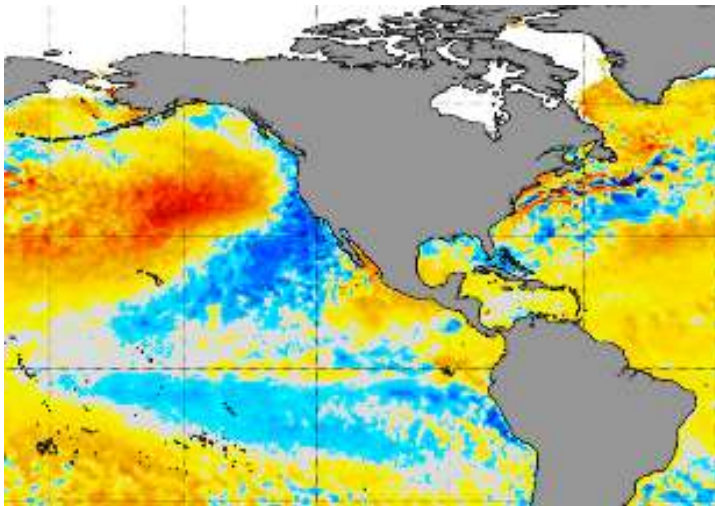


Fig 8: Sea Surface Temperature Anomaly, May 27th, 2021

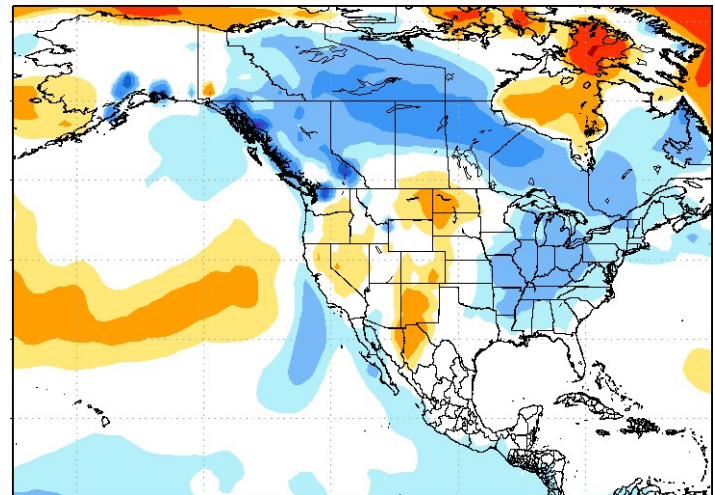
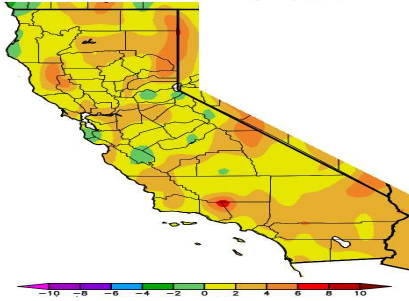


Fig 9: Forecast Temperature Anomalies for June through September, May 27th, 2021



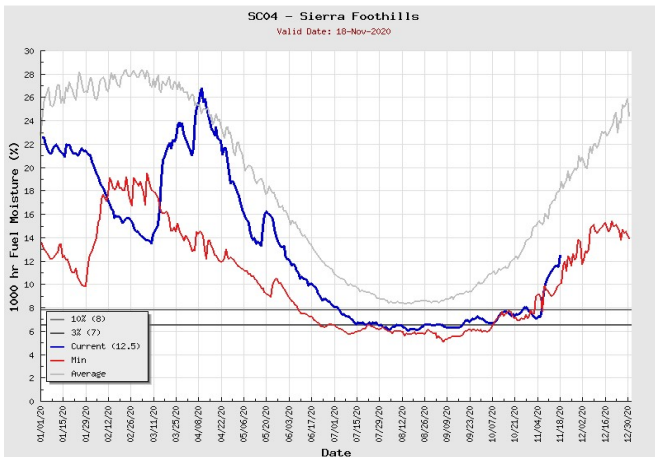
Select Intel Links used in the forecast

Av. Max. Temperature dep from Ave (deg F)
11/1/2020 - 11/19/2020



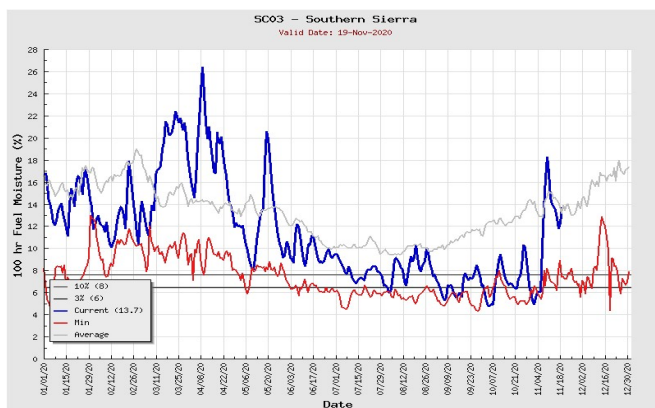
Climate

- <https://calclim.dri.edu/pages/anommaps.html>



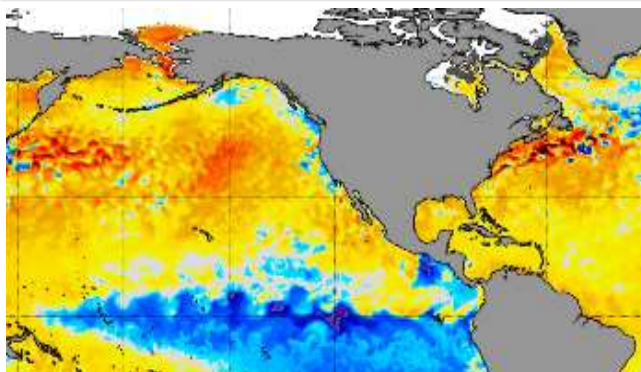
1000 hr dead fuel moisture

- https://gacc.nifc.gov/oscc/fuelsFireDanger_Thousand.php



100 hr dead fuel moisture

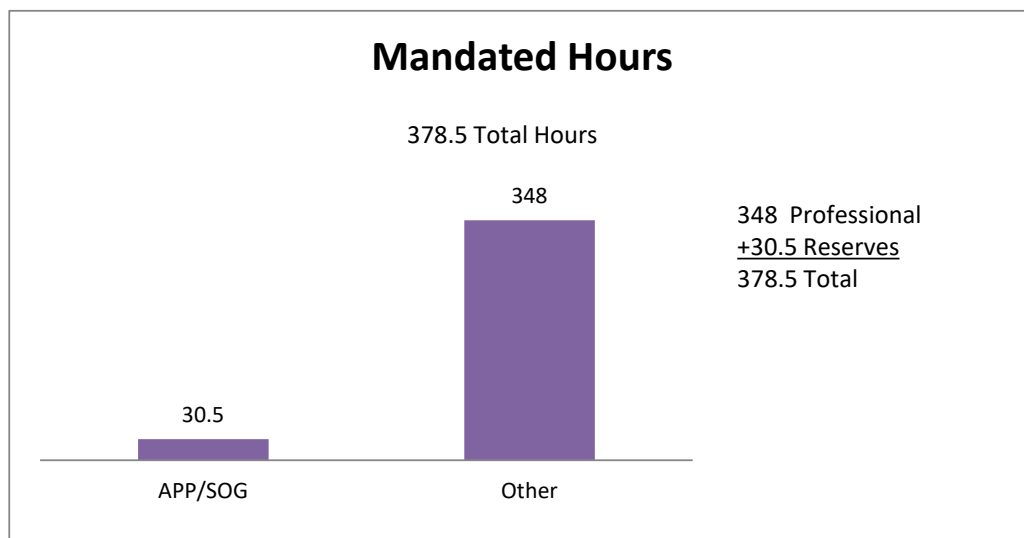
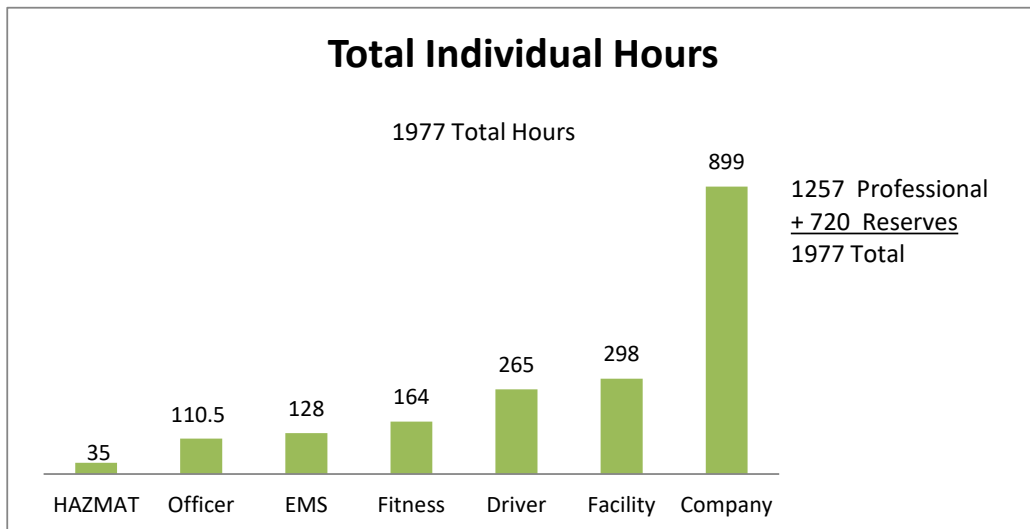
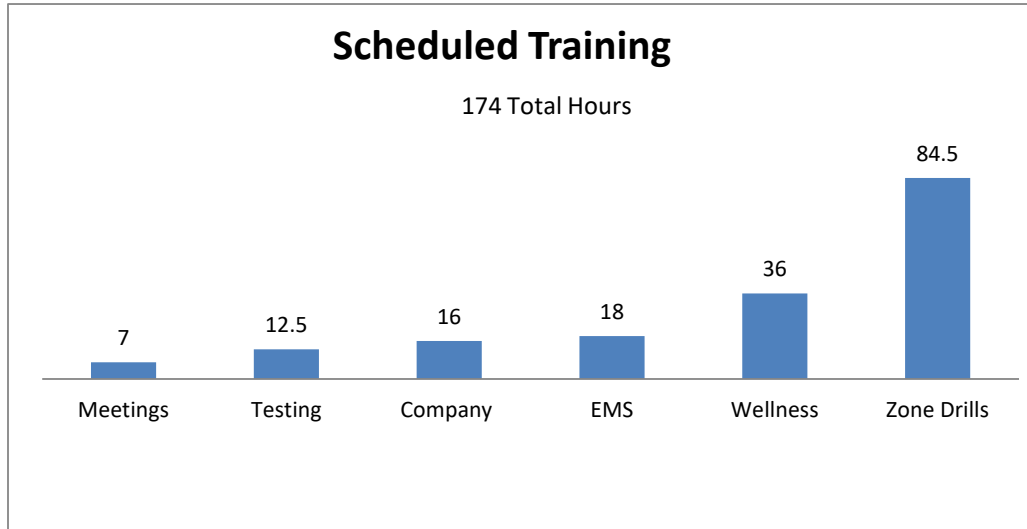
- https://gacc.nifc.gov/oscc/fuelsFireDanger_Hundred.php



Current sea surface temperatures

- <https://www.ospo.noaa.gov/Products/ocean/sst/anomaly/>

**Training Division
April 2021**



See next page for descriptions.

Training Division - Descriptions

Scheduled Training		
Training hours are planned annually. This is to maintain a well organized year and to help the firefighters be successful with the hours required by Federal, State, Local.		
Total Individual Hours - 6 Subjects		
Subject	Definition	Examples
Company	Documentation of all Company Training that is not Driver, Officer, Haz-Mat, or Facility Training.	Aerial Ladder, Hose, Ladders, Physical Fitness, SCBA, Technical Rescue, Ventilation, etc.
Driver	This is for documenting Driver Training hours. Per ISO standards employees considered a "Driver" will be required to complete 12 hours of Driver Training annually. You can use this same form to record Driver Training hours for Non-Drivers and it will be counted towards Company Training.	Apparatus Inspections & Maintenance, Basic Hydraulics, Defensive Driving, Maps, Driving Heavy Vehicles, Etc.
Facility	This is live training conducted at an approved site. For the location to be approved it must have at least two acres on the property, a three story tower, and a burn facility. It is also important to note that the training must not just occur on the approved site, but the facility itself must be used. If your users are just sitting in a classroom at an approved site, this cannot count towards facility hours and the completion would need to be applied elsewhere. However, if the classroom portion was followed by utilization of the facility, the entire time could count towards Facility Training.	Company Evolutions, NFPA 1410 Driver/Operator, NFPA 1002 Fire Officer, NFPA 1021 Firefighter Skills, NFPA 1001 Hazardous Materials, NFPA 472 Live Fire, NFPA 1403 Other NFPA Fire Based Training
HazMat	This is for documenting Hazardous Materials Training hours. Per ISO standards all firefighters are required to complete 6 hours of Hazardous Materials Training annually.	DOT Guidebook Review, Decontamination Procedures, First Responder Operations, Etc.
Officer	Per ISO standards employees considered a "Officer" will be required to complete 12 hours of Officer Training annually. You can use this same form to record Officer Training hours for Non-Officers and it will be counted towards Company Training.	Dispatch, General Education, Meetings, Orientation, Exam, Management Principles, Personnel, Promotional, Public Relations, Etc.
EMS	EMS is not tracked or required by Insurance service Organization for Rating. EMS Continuing Education is tracked for recertification of Paramedics (48/2yrs) and EMT (24/2yrs). Through Emergency Service Medical Administration (EMSA).	Continuing Education and SIMS
Mandated Hours		
Hours completed through an assignment on an online database (Target Solutions). Mandated assignments are required by either Federal, State, Local.		

PLAN REVIEWS						
Plan Type	# of New Reviews	# of Resubmittals	Approved New SQFT (Mit Fees)	SQFT Reviewed (No Mit Fees)	Total SQFT Reviewed	Mitigation \$ Assessed
New Residential	4	9	0	49914	52,695	\$0.00
Residential Additions/Remodels	10	5	7104	10877	18,598	\$4,120.32
New Commercial	0	0	0	0	0	\$0.00
Commercial T.I.	9	0	0	1365	47,264	\$0.00
Tents/Special Events	0	0	0	0	0	
Rack Storage	0	0	0	0	0	
Preliminary	9	3	0	0	0	
Fire Suppression Systems	4	3	0	0	0	
Alarms	1	0	0	0	0	
Landscaping	36	9	0	0	0	
Grading/Mylars/Improvement Plans	3	0	0	0	0	
Underground	0	0	0	0	0	
Hood System	0	0	0	0	0	
Tanks	0	0	0	0	0	
Cell Sites	1	0	0	0	0	
DSS/CCL	0	0	0	0	0	
DPLU	1	0	0	0	0	
Solar Panels	0	0	0	0	0	
High Piled Storage	0	0	0	0	0	
High Hazard/Communications/Other	0	0	0	0	0	
Spray Booth	0	0	0	0	0	
Fire Protection Plans	0	0	0	0	0	
Technical Reports	1	0	0	0	0	
TOTAL	79	29	7104	62156	118,557	\$4,120.32

INSPECTIONS	
Inspection Type	# of Inspections
Alarms	2
Fire Supression Systems	11
Building Construction	7
Landscaping	6
Tent/Special Event	1
Gates/Knox	-
Site Visit	3
Technical Report/FPP	-
Underground	2
Annual Inspection	14
DSS Licensing	-
Other	-
TOTAL	46

SPECIAL PROJECTS	
Project Type	# of Projects
Grants	3
GIS	3
Forms (Updates/New)	-
Project Research	11
Computer Programming/I.T.	-
Emergency Response Support	-
Annual Mailer (Weed Abatement)	1
Board Report Formatting/ Design	7
Other	3
TOTAL	28

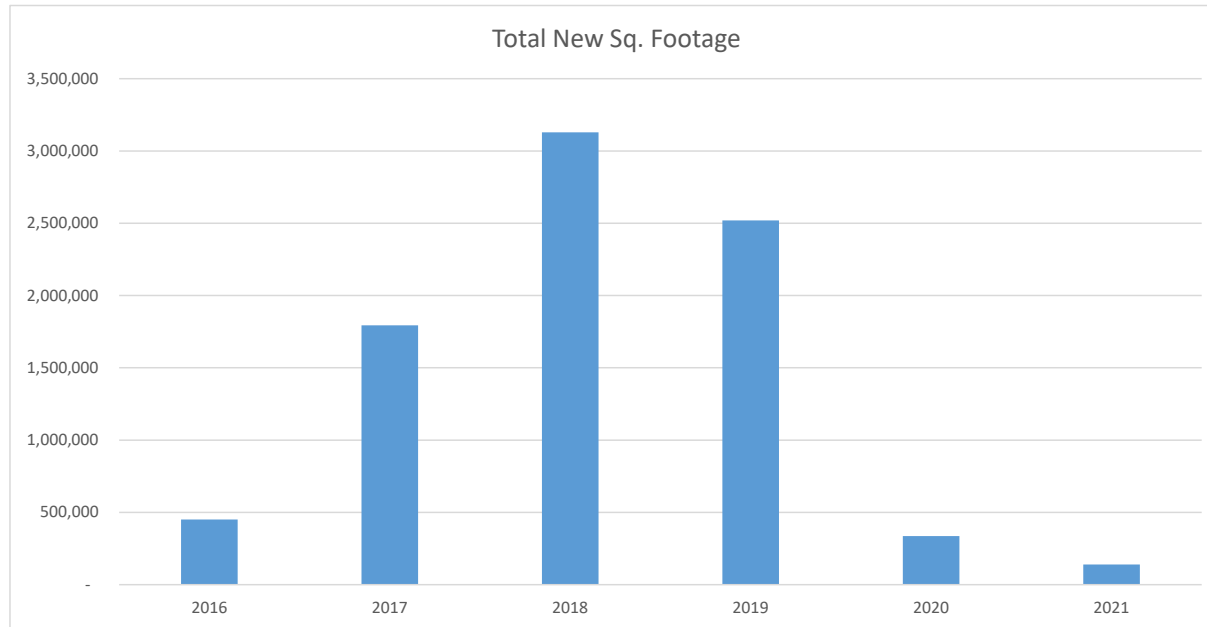
MEETINGS	
Meeting Type	# of Meetings
H.O.A	-
Staff	18
Board	2
On-Site Project Meetings	9
In-Office Project Meetings	5
Shift	-
Captain's	-
Weed Abatement	33
County	2
Code Development	-
Support/I.T. Development	1
San Diego County FPO's	4
Community Stakeholder Meetings	1
North Zone	4
Other	8
TOTAL	87

TRAINING/EDUCATION	
Class Name	Dates
NFPA 13D and Significant Changes to the 2022 Edition	4/20/2021
Health Care Provider CPR	4/18/2021
TOTAL	

WEED ABATEMENT	
Activity	# of Inspections
Weed Abatement Inspection	-
Weed Abatement Reinspection	12
1st Notice	809
Final Notice	8
Posting	-
Notices Printed	484
Abated	71
Forced Abatement	4
TOTAL	1,388

OFFICE SUPPORT	
Activity	# Completed
Phone Calls	1,115
Correspondence	3,669
Walk in/Counter	145
Knox Application Request	6
Burn Permits	3
Plans Accepted/Routed	86
Special Projects	-
Scanning Documents/Electronic Files	5
Meetings: Admin/Prevention/Admin Shift	-
Post Office Runs	-
Deposit Runs/Preparations	4
TOTAL	5,033

Rancho Santa Fe Fire Protection District
Fire Prevention Bureau Monthly Activity Summary
 February 2020



Total New Square Footage (*Reflected in Chart Above)

Year	Total
2016	450,437
2017	1,793,936
2018	3,128,964
2019	2,519,545
2020	336,899
2021	139,970

2020 Total New Square Footage Only

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	29,226	41,043	38,102	25,751	38,400	7,290	16,516	15,384	77,848	15,070	22,529	9,740
2021	29,808	23,298	50,000	29,760	7,104							

Comparison 2019/2020/2021 Total Reviewed Square Footage

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	240,861	691,306	274,736	307,024	412,556	248,869	287,395	424,065	250,518	742,439	440,335	137,995
2020	40,748	86,593	145,794	76,506	54,651	42,950	47,950	91,532	163,417	127,963	59,192	47,677
2021	90,462	89,135	111,456	98,218	118,557							

STAFF REPORT

21-12

TO: BOARD OF DIRECTORS
FRED COX, FIRE CHIEF

FROM: DAVE MCQUEAD, DEPUTY CHIEF

SUBJECT: FIRE DISTRICT POLICIES AND PROCEDURES

DATE: June 10, 2021



RECOMMENDATION

Ratify the new policy listed below which was prepared by Staff and reviewed by the District's legal counsel, Stephen J. Fitch, Esq.

BACKGROUND

1. The District currently does not have an administrative policy or procedure addressing the disposing of property declared as surplus or obsolete.

STAFF ANALYSIS

1. Staff and District Counsel recommend the District adopt the new administrative policy **A100.16 Inventory and Property Management**. The date will reflect the month and year the policy was ratified by the Board.



Rancho Santa Fe Fire Protection District

ADMINISTRATIVE POLICY AND PROCEDURES

INVENTORY & PROPERTY MANAGEMENT

Section: **A100.16**

Date Implemented: **06/2021**

Date Revised:

Page: **1 of 2**

FIRE CHIEF: _____

I. **PURPOSE:**

- A. To establish a policy and procedure for disposing of property declared as surplus or obsolete within State law; any applicable Federal guidelines for grants funded and District policy.

II. **RESPONSIBILITY:**

- A. It will be the responsibility of the Fire Chief, Board of Directors or their designee, to ensure surplus is disposed of in accordance with this policy.

III. **SCOPE:**

- A. Disposal of District property including trade-ins, transfers, selling as scrap, sales, donations, destruction, and advertising for third party liquidator or auction surplus property will be handled in accordance with this policy.

IV. **DEFINITIONS:**

Surplus Property: Property of the District that has been determined by the Fire Chief or the Board of Directors as being surplus, obsolete, or not of any use, or value to the District.

Capital Assets: Any item with a value of \$10,000 with a service life that exceeds 3 years.

Grant funded Assets: Any item purchased with local, state, or federal government grant funding.

V. **PROCEDURE:**

- A. District staff will identify property as excess, surplus, or obsolete and declare the property is not of any use, or no further value to the District.
- B. Staff will establish a fair market value, if any, for the surplus property and recommend the most appropriate disposal method.
- C. Authorization for disposal shall of surplus property follow these parameters:
1. All capital assets or non-capital assets over \$10,000 must be authorized by the District Board.

Ratified by District Board TBD

2. Non-capital assets under \$10,000 may be disposed of by authority of the Fire Chief.
3. Options for disposal are as follows:
 - a. Trade-in as part of a new procurement;
 - b. Transfer or sale to other public agencies;
 - c. Transfer or sale to non-profit agencies or organizations consistent with established legal parameters;
 - d. Sale by auction open to the public;
 - e. Solicitation of sealed bids or negotiated sale; whichever maximizes the disposal value to the District; or
 - f. Disposal through scrapping.
- D. When the cost of locating a buyer exceeds the estimated sale price of surplus property, the item(s) may be destroyed or disposed of as junk.
- E. Surplus District property cannot be sold to District Directors, employees or immediate family of District Directors or employees. All surplus property is for sale "as is" and "where is," with no warranty, guarantee, or representation of any kind, expressed or implied, as to the condition, utility or usability of the property offered for sale.
- F. The District in certain instances may consider donating surplus property to another public agency, or nonprofit organization, given consideration based on the value of property and the potential needs of other agencies, using a priority methodology based on local agencies first, then outward to local jurisdictions and other agencies in adjacent and remote areas. In this event, property must not have value of over \$3,000 and legal council must review conditions before any donation of property.
- G. All agencies, local jurisdictions or individuals that purchase or receive surplus property via donation from the District will sign a release/liability waiver with the express understanding that District assumes no liability.
- H. The Fire Chief or designee may dispose of surplus property in any manner and without a competitive process, if the District determines the item's value is less than \$5,000; and the item meets one of the following criteria: unsafe, inoperable, or not reasonable repairable.
- I. For grant purchased assets, the District will follow any property disposal procedures identified in the grant before disposal of any grant funded asset. Records for surplus equipment originally purchased with State or Federal grant funding must be maintained for a minimum of five (5) years from the date of transaction.
- J. The District will take all reasonable precautions to assure that all electronic office equipment is disposed of in a manner that is safe for the environment.



San Diego County
Local Agency Formation Commission
 Regional Service Planning | Subdivision of the State of California

BALLOT FORM

May 5, 2021

TO: Independent Special Districts in San Diego County

FROM: Tamaron Luckett, Commission Clerk

SUBJECT: **Ballot Form | Election to Alternate Special District Member on LAFCO Commission**

On February 22, 2021, the San Diego Local Agency Formation Commission (LAFCO) solicited nominations pursuant to Government Code Section 56332(c)(1) to fill a vacant and unexpired term as an alternate special district member on the LAFCO Commission. A total of six nominations were received following a 60-day filing period. The term expires on May 1, 2023.

San Diego LAFCO is now issuing ballots to all 57 independent special districts in San Diego County and inviting each district to cast a ballot. Write-in candidates are permitted, and spaces have been provided for that purpose. **Only cast one vote for each nominee on the ballot and vote certification form; a ballot that is cast for more than indicated number of positions the vote will be disregarded.** The ballot and vote certification form along with nominee resumes provided by the candidates are attached.

State Law specifies a district’s vote is to be cast by its presiding officer, or an alternate member designated by the board and a valid signature is required on the ballot. **A ballot received without a signature will be voided.** A minimum of 29 ballots must be received to certify that a legal election was conducted. A candidate for a special districts advisory committee member must receive at least a majority of the votes cast to be elected. The ballots will be kept on file in this office and will be made available upon request.

Ballots may be submitted by mail, courier, hand delivered, FAX or via email to tamaron.luckett@sdcounty.ca.gov. The deadline for receipts of the ballots by LAFCO is **Friday, July 2, 2021**, any ballots received after the deadline will be voided. All election materials are available on the website: www.sdlafco.org. Should you have any questions, please contact me at (858) 614-7755.

Tamaron Luckett
 Commission Clerk

- Attachments:
 1) Ballot and Vote Certification form
 2) Nominee Resumes

Administration
 Keene Simonds, Executive Officer
 County Operations Center
 9335 Hazard Way, Suite 200
 San Diego, California 92123
 T 858.614.7755 F 858.614.7766
www.sdlafco.org

Vice Chair Jim Desmond
 County of San Diego
Nora Vargas
 County of San Diego
Joel Anderson, Alt.
 County of San Diego

Mary Casillas Salas
 City of Chula Vista
Bill Wells
 City of El Cajon
Paul McNamara, Alt.
 City of Escondido

Chris Cate
 City of San Diego
Marni von Wilpert, Alt.
 City of San Diego

Jo MacKenzie
 Vista Irrigation
Barry Willis
 Alpine Fire Protection
Vacant, Alt.
 Special District

Chair Andy Vanderlaan
 General Public
Harry Mathis, Alt.
 General Public

2021 SPECIAL DISTRICTS ELECTION
BALLOT and VOTE CERTIFICATION
FOR ALTERNATE LAFCO SPECIAL DISTRICT MEMBER

VOTE FOR ONLY ONE

Rocky J. Chavez []
(Tri-City Healthcare District)

Heather Conklin []
(Mission Resource Conservation District)

David A. Drake []
(Rincon del Diablo Municipal Water District)

Jeff Egkan []
(North County Fire Protection District)

C. Hayden Hamilton []
(Rainbow Municipal Water District)

Regina W. Roberts []
(Valley Center Fire Protection District)

Write-Ins

_____ []

_____ []

As presiding officer or his/her delegated alternate as provided by the governing board, I hereby certify that I cast the votes of the _____
(Name of Independent Special District)
at the 2021 Special Districts Selection Committee Election.

(Signature)

(Print Name)

(Date)

(Print Title)

Please note: The order in which the candidates' names are listed was determined by random selection.

The Ballot and Vote Certification form can be submitted electronically to: tamaron.luckett@sdcounty.ca.gov

ATTACHMENT A

NOMINATION OF THE SPECIAL DISTRICT REPRESENTATIVE
FOR THE SAN DIEGO LOCAL AGENCY FORMATION COMMISSION
ALTERNATE MEMBER

The TCHD* is pleased to nominate Rocky T. Chavez as a
(Name of Independent Special District) (Name of Candidate)

Candidate for the San Diego Local Agency Formation Commission as an alternate special district member with a term expiring in 2023.

As presiding officer or his/her delegated alternate as provided by the governing board, I hereby certify that:

- The nominee is a member of a legislative body of an independent special district whom resides in San Diego County.

Rocky T. Chavez
(Presiding Officer Signature)

Rocky T. Chavez
(Print name)

Board Chair
(Print Title)

3-25-21
(Date)

PLEASE ATTACH RESUME FOR NOMINEE

- Limit two-pages
- Must be submitted with Nomination Form

* Tri-City Healthcare District

RECEIVED

APR 22 2021

SAN DIEGO LAFCO

ROCKY J. CHAVEZ

I was born in California and graduated from California State University, Chico with a degree in English in 1973. I enlisted in the Marine Corps in July 1973 and commissioned in 1974. I served 28 years in the Marine Corps and served in all four Marine Divisions. I retired in Camp Pendleton in 2001 as a Colonel.

I was the Commanding General's Representative to the Oceanside Unified School District (OUSD) Board from 1999-2001. I was also the Commanding General's Representative to Oceanside, Vista and Fallbrook from 1999-2001. My last billet at Camp Pendleton was Assistant Chief of Staff for Logistics.

In 2001 I was hired by OUSD to be the director of School of Business and Technology; I held that position until 2007.

I was elected to the Oceanside City Council in 2002 and served on the Council until 2009. While on the City Council, I was the city representative for North County Transit District.

In 2009 I was appointed the Undersecretary of the California Department of Veterans Affairs (CDVA) by Governor Schwarzenegger. I served until May 2011.

In 2012, I was elected to the California State Assembly for the 76th Assembly District and was honored to serve 3 terms. As the Assemblymember I sat on the Education Committee, Higher Education Committee, Budget Committee, Energy Committee, Health Care Committee and Veterans Committee.

In 2018 I was elected to the Tri City Medical Center Board of Directors and I am currently the Chair of the Board.

Over the decades, I have been involved in community, state and national groups. I was the El Camino High School Wrestling Coach from 1999-2001, Rotarian from 1998-2010, Knights of Columbus from 2004-current, Governor's Military Council from 2013-2021 (Chair from 2017-2021), and Board Member of the Association Defense Communities from 2018-2021.

My wife Mary and I live in Oceanside. We have three children who all are college graduates. We also have four grandchildren.

ATTACHMENT A

NOMINATION OF THE SPECIAL DISTRICT REPRESENTATIVE
FOR THE SAN DIEGO LOCAL AGENCY FORMATION COMMISSION
ALTERNATE MEMBER

The Mission Resource Conservation Dis is pleased to nominate HEATHER CONKLIN as a
(Name of Independent Special District) (Name of Candidate)

Candidate for the San Diego Local Agency Formation Commission as an alternate special district member with a term expiring in 2023.

As presiding officer or his/her delegated alternate as provided by the governing board, I hereby certify that:

- The nominee is a member of a legislative body of an independent special district whom resides in San Diego County.



(Presiding Officer Signature)

SCOTT A. MURRAY

(Print name)

PRESIDENT BOARD OF DIRECTORS

(Print Title)

4/23/2021

(Date)

PLEASE ATTACH RESUME FOR NOMINEE

- Limit two-pages
- Must be submitted with Nomination Form

RECEIVED
APR 23 2021
SAN DIEGO LAFCO

Heather Conklin

Candidate for the Special District Representative (Alternate) for the San Diego Local Agency Formation Commission (SDLAFCO)

Living in San Diego County for almost 12 years, I have developed a deep appreciation for what makes San Diego County special, including its geographic diversity, rich natural resources, critical habitats, and a strong regional economy.

My passion for public service is driven by my desire to promote informed policymaking that balances the diverse needs of stakeholders and the public, and reflects the principles of good governance. I bring a broad background in public policy, communications, and research to my role in public service.

Since being appointed as a Director for Mission Resource Conservation District in 2019, I've worked diligently to deepen collaborations within the district, expand public outreach, and support adaptation to meet changing organizational and district needs due to the COVID-19 pandemic.

Having served as a District Director with the California State Assembly, I worked collaboratively with local, state, and federal leaders on legislation and projects focused on transportation and addressing climate change in the region and statewide. In addition to legislative experience, I bring experience in research across various policy topics, including agriculture, water conservation, and sustainable development, which gives me a deeper understanding of key local issues. This framework allows me to analyze complex, multi-faceted issues and develop creative solutions that meet specific goals and fit within the "bigger picture."

Public service also requires strong community connections, which I have developed through community volunteerism, including working to address homelessness, and supporting native habitats and sustainable landscaping practices. I also promote and support effective science communication, specializing in science communication for policy and public engagement in science. My community connections, combined with my statewide perspective, provide a strong local focus.

I hold a Master of Public Administration (M.P.A.) from the University of Southern California, School of Policy, Planning, and Development; a Master of Arts (M.A.) in Political Science from the University of California at Riverside; and a Bachelor of Arts (B.A.) in Communication from the University of California at Davis. Currently, I am completing my Ph. D. at Claremont Graduate University, specializing in research methods.

In serving as the Special District Representative (Alternate) for the San Diego Local Agency Formation Commission (SDLAFCO), I will provide forward-thinking leadership to further the Commission's goals of benefiting residents, landowners, and the public in San Diego County.

I respectfully ask for your vote.

ATTACHMENT A

**NOMINATION OF THE SPECIAL DISTRICT REPRESENTATIVE
FOR THE SAN DIEGO LOCAL AGENCY FORMATION COMMISSION
ALTERNATE MEMBER**

The Rincon del Diablo Municipal Water Dist. is pleased to nominate David A. Drake as a
(Name of Independent Special District) (Name of Candidate)

Candidate for the San Diego Local Agency Formation Commission as an alternate special district member with a term expiring in 2023.

As presiding officer or his/her delegated alternate as provided by the governing board, I hereby certify that:

- The nominee is a member of a legislative body of an independent special district whom resides in San Diego County.


(Presiding Officer Signature)

David A. Drake
(Print name)

President
(Print Title)

March 23, 2021
(Date)

PLEASE ATTACH RESUME FOR NOMINEE

- Limit two-pages
- Must be submitted with Nomination Form

RECEIVED
MAR 24 2021
SAN DIEGO LAFCO

March 24, 2021

Dear Special District Members,

LAFCO provides a critical function for the management of public services in San Diego County. The Special Districts in the County have a unique and compelling mission to provide those services for the benefit of our citizens. The boundary and service issues we face require close attention to detail and a broad scope view of the mission.

My experience with the Rincon del Diablo Municipal Water District, since 2006, has been an excellent environment for understanding the complexities and achievements of public service. I am currently the President of the Board of Directors and have served as Vice President and Treasurer. My public service includes chairing the Escondido Planning Commission and serving as an Executive Committee member of the Association of California Water Agencies Joint Powers Insurance Authority. Previously, I represented the City of Escondido on the Board of Directors of the San Diego County Water Authority for nine years. I didn't just learn about public service, I lived it for 30 years.

LAFCO is a key part in the dynamic management of our service domain. Our environment is under continuous change and we must understand these changes and respond to them with effective solutions. My commitment to you is honesty, integrity, and hard work to assure that all of our constituents are treated with equity and fairness.

I seek your support for the Alternate Special Districts Member on the Local Agency Formation Commission.

Sincerely,

A handwritten signature in black ink, appearing to read "David A. Drake". The signature is fluid and cursive, with the first name "David" being the most prominent.

David A. Drake
President, Board of Directors
Rincon del Diablo Municipal Water District
daviddrake@rinconwater.org

David A. Drake
Qualifications for Alternate Special Districts Member of
the Local Agency Formation Commission (LAFCO)



Current Responsibilities

Mr. Drake has served the Rincon del Diablo MWD (Rincon Water) ratepayers since 2006 as the Director for Division 2. He currently serves and previously served from 2014-2016 as the President of the Board for Rincon Water, and is also a member of Sewer Committee and the Engineering and Long-Range Planning Committee, in addition to previously serving on the Audit Committee.

Director Drake has represented Rincon Water to the ACWA/JPIA since 2006, and currently serves on the JPIA Executive Committee and the Workers Compensation Committee. As an Executive Committee member, he has championed more detailed analysis and reconciliation of large health care invoices, thereby avoiding unnecessary expenses. In addition, he has submitted improvements for the Liability Program's application process and has promoted the development of an "early warning system" for districts at risk. Director Drake is also a founding member of the California Water Insurance Fund.

Past Service

- As a member of the Rincon Water Ad Hoc Committee, assisted in the negotiations for adjusting health care coverage, and reducing overall District costs, for current and retired Rincon employees
- Past Chair of the City of Escondido Planning Commission
- Served on the City of Escondido's Franchise Commission and General Plan Committee
- Represented the City of Escondido to the San Diego County Water Authority for nine years, wherein he served on the SDCWA Engineering and Administrative/Finance Committees
- Served as the San Diego FBI InfraGard President during 2004-2006

Employment

Currently, Chief Innovation Officer of Hadronex, Inc., in Escondido focusing on water system risk and cost reduction. In February 2021, Hadronex will be celebrating sixteen years of service to the water and wastewater industries. During this time Hadronex purchased over \$300,000 in commercial insurance.

- Pointsource Technologies, Inc. - Vice President of Engineering 2001-2005
- SAIC - Internet Services Architect 1997-2001
- Mitchell International - Vice President and Chief Information Officer 1993-1997
- Digital Equipment Corporation - San Diego Software Unit Manager 1985-1993
- Oak Industries - Manager of Engineering 1979-1985
- Caltech/NASA Jet Propulsion Laboratory – Member of the Technical Staff 1974-1979

Education and Recognition

- BS in Engineering, Caltech 1974, MSEE University of Southern California 2017
- Holds fourteen U.S. and five foreign patents
- Named by Water and Waste Digest as 2020 Industry Icon
- Member of the AWWA, AAAS, and Life Member of the IEEE
- Extra Class Radio Amateur AC6OA
- Graduate of the FBI and Justice Department Citizens Academy
- Mr. Drake has lived in Escondido since 1979 and has been married to Virginia for 37 years

Statement

LAFCO provides a critical function for the management of public services in San Diego County. The Special Districts in the County have a unique and compelling mission to provide those services for the benefit of our citizens. The boundary and service issues we face require close attention to detail and a broad scope view of the mission. My commitment to you is to serve with honesty, integrity, and hard work to assure that all constituents are treated with equity and fairness.

ATTACHMENT A

NOMINATION OF THE SPECIAL DISTRICT REPRESENTATIVE
FOR THE SAN DIEGO LOCAL AGENCY FORMATION COMMISSION
ALTERNATE MEMBER

The North County Fire Protection District is pleased to nominate Jeff Ekgan as a
(Name of Independent Special District) (Name of Candidate)

Candidate for the San Diego Local Agency Formation Commission as an alternate special district member with a term expiring in 2023.

As presiding officer or his/her delegated alternate as provided by the governing board, I hereby certify that:

- The nominee is a member of a legislative body of an independent special district whom resides in San Diego County.

John van Doorn

(Presiding Officer Signature)

John van Doorn

(Print name)

President, Board of Directors

(Print Title)

March 23, 2021

(Date)

PLEASE ATTACH RESUME FOR NOMINEE

- Limit two-pages
- Must be submitted with Nomination Form

RECEIVED

APR 26 2021

SAN DIEGO LAFCO

Jeff Egkan

PROFESSIONAL SUMMARY

Skilled team player with proven ability to communicate and work with varied groups within the community. Long-standing experience on political campaigns, including bond measures.

SKILLS

- Operations management
- Sales and marketing
- Business marketing
- Client relationship building
- Budgeting and cost control

EXPERIENCE

OWNER-OPERATOR, INTOTHEWOODS LLC, JUNE 2020 - CURRENT, BIG BEAR CITY, CA
Developed wedding/event venue concept.

- Met with prospective clients to present company offerings, discuss products, and manage calendar of events.

Owner-Operator, Egkan Family Farm, Jul 2013 - Current, Fallbrook, CA
Purchased existing, struggling avocado grove and made it a viable, producing grove.

Shop Steward, Western Conference of Teamsters, Aug 1998 - Dec 2013, San Diego, CA
Represented 100 union members in labor/management relations.
Negotiated two supplemental contracts on behalf of members.

Driver, United Parcel Service, Mar 1980 - Dec 2013, San Diego, CA
Worked for company in various capacities in multiple locations including: Los Angeles, Ontario and San Diego.

EDUCATION

Associate of Science, Political Science
Cerritos College - Norwalk, CA

May 1980

Pre-Law, **California State University Fullerton** - Fullerton, CA

Jeff Egkan

CIVIC ENGAGEMENT

Director, North County Fire Protection District, November 2020-Present

Labor Outreach Coordinator, KateForAssembly2020, February 2020-November 2020
Obtained and facilitated state-wide Labor Union endorsements and campaign contributions.

Vice-President, Voters Against Wasteful School Bonds, a state registered ballot committee, 2017-2018
Formulated ballot campaign strategy and served as media/social media Director.

Media/Social Media Director, CATE (Citizens for Accountability and Taxation in Education), 2016-2017
Formulated political strategy and messaging for ballot campaign.

Director of Tijuana Mission Outreach, St. Peter and St. Paul Catholic Church, Jan 1991 - Dec 1994, Rancho Cucamonga, CA
Planned and managed bi-annual trips to schools and clinics in Tijuana, Mexico B.C. Solicited and collected recurring monthly donations, raising \$50k/year and helping fund educational and medical facilities in Tijuana.

ATTACHMENT A

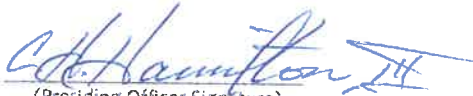
NOMINATION OF THE SPECIAL DISTRICT REPRESENTATIVE
FOR THE SAN DIEGO LOCAL AGENCY FORMATION COMMISSION
ALTERNATE MEMBER

The Rainbow Municipal Water District is pleased to nominate Hayden Hamilton as a
(Name of Independent Special District) (Name of Candidate)

Candidate for the San Diego Local Agency Formation Commission as an alternate special district member with a term expiring in 2023.

As presiding officer or his/her delegated alternate as provided by the governing board, I hereby certify that:

- The nominee is a member of a legislative body of an independent special district whom resides in San Diego County.


(Presiding Officer Signature)

Hayden Hamilton
(Print name)

Board President
(Print Title)

April 13, 2021
(Date)

PLEASE ATTACH RESUME FOR NOMINEE

- Limit two-pages
- Must be submitted with Nomination Form

RECEIVED
APR 13 2021
SAN DIEGO LAFCO

C. Hayden Hamilton

Email: hhamilton@rainbowmwd.com

Education

Bachelor of Science, Aerospace Engineering from The University of Texas at Austin
Masters of Science, Engineering Sciences from The University of Texas at Austin
Postgraduate Studies in Engineering and Business Administration



Professional Experience

20 years in Engineering software development and marketing

5 years in Document Management software development and marketing

10 years Consultant in Product Management and Product Marketing

Public Service

Elected to the Rainbow Municipal Water District (RMWD) Board of Directors 2016
Re-elected to the RMWD Board of Directors 2020

President of the RMWD Board of Directors – currently

I serve on an RMWD ad hoc committee working through the process with LAFCO to allow RMWD to contract with the Eastern Municipal Water District to be our wholesale water supplier. In LAFCO terms, to detach from the San Diego Water Authority and join Eastern. This move will save the district's ratepayers more than \$6 million per year and is critical to the district's existing agrobusiness. In this capacity, I have attended numerous LAFCO meeting in the last year and a half, and had the opportunity to address the LAFCO Board on one occasion.

Relevant Organizations Membership

California Special District Association (CSDA), 2017-Current

Association of California Water Agencies (ACWA), 2017-Current

Have been an active member in both these agencies including taking a series of CSDA leadership courses, participating in ACWA legislative days, and working with the General Manager to assure RMWD earned the CSDA District of Distinction Award.

Other

My wife and I have lived in north San Diego County for the past 37 years
(15 in Carlsbad, 22 in Bonsall)

San Diego LAFCO
Call for Nominations Alternate Special District Member Election on LAFCO
February 22, 2021

ATTACHMENT A

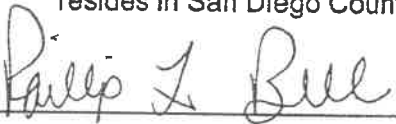
**NOMINATION OF THE SPECIAL DISTRICT REPRESENTATIVE
FOR THE SAN DIEGO LOCAL AGENCY FORMATION COMMISSION
ALTERNATE MEMBER**

The Valley Center Fire Protection District s pleased to nominate Regina Roberts as a
(Name of Independent Special District) (Name of Candidate)

Candidate for the San Diego Local Agency Formation Commission as an alternate special district member with a term expiring in 2023.

As presiding officer or his/her delegated alternate as provided by the governing board, I hereby certify that:

- The nominee is a member of a legislative body of an independent special district whom resides in San Diego County.



(Presiding Officer Signature)

Phillip L. Bell

(Print Name)

President, Board of Directors of VCFPD

(Print Title)

03/10/2021

(Date)

PLEASE ATTACH RESUME FOR NOMINEE -

- Limit two-pages
- Must be submitted with Nomination Form

RECEIVED
MAR 16 2021
SAN DIEGO LAFCO

Regina W. Roberts

Currently serving as a Member of the Board of Directors of the Valley Center Fire Prot. District. I feel I would be an asset to LAFCO bringing my analytical, innovative and team building abilities. Engineering, Design, Mechanical, Electrical, Manufacturing, Patents, Composites, Materials and Processes, Management, Contracts, Schedules, Cost Accounting, Science and Mathematics instruction are some of my areas of expertise.

Summary of Qualifications:

-Successfully manager. Responsible for many complex and technically challenging projects while meeting or exceeding commitments for quality, schedule, and cost.

-Experienced leader. Leads groups of 6 to 40 people.

-Sales generator. Creates enthusiasm in internal and external customers to support and fund projects.

-Published author, lead engineer, and leader in the application of manufacturing process computer control.

-Enjoys mastery of the design, installation, troubleshooting and certification of automation and processing equipment.

Employment History, Relevant Skills, and Experience:

2001 to 2020 (Retired) Owner/Chief Engineer - Roberts and Roberts Eng Services, LLC
Contract work on new machine design, chemical processes, machine maintenance, general design and computer control contracting. Manufacturing and Machine Assembly. Operator training.

2016 - Present

Senior Engineering Specialist - Product Design, Dynapac Design Group, Carlsbad, CA 92010.
Subcontractor (Roberts & Roberts (R & R) Engineering) for engineering design and manufacture of mechanical, optical, and electrical assemblies for new products, designed the control system for a multi-locker dispensing system and several other small design and manufacturing projects.

2013 - Present

Senior Engineering Specialist - Machine Design, Project Manager, Sandbags, LLC, Las Vegas NV. Subcontractor (R & R Engineering) and direct employee for product mechanical, electrical, and control design, and manufacturing of mobile sandbag factories, responsible for all electrical design and all mechanical in support of the electrical design. Traveled to the field to provide on-site support and training. Implemented a control system that was accessible on the internet while the machine was located in the field. Designed, retrofitted and built three different types of machines. Provided Technician support to manufacture the units. Currently providing on-call field support.

2005 - 2012

Manager of Engineering, Let's Go Robotics Inc. Carlsbad, CA 92008

Managed and trained several young engineers to work on multiple projects to support the development and manufacturing of robotic systems for the Biotech industry. Personally responsible for all manufacturing, design, integration, and software for all products. Prepared all system design and quotations for automation projects and often completed the final start up tasks when multiple disciplines were required.

2003 - 2005

Director of Operations RoboDesign International Inc. Carlsbad, CA 92008

Started as a Senior Engineering Project Manager working on new products, promoted to Operations Director and assumed responsible for all aspects of the operations and customer service departments.

1998 - 2015

Roberts & Roberts Engineering, Valley Center, CA 92082

Self-employed maintaining and providing design support for the Sulfuric Acid Reprocessor customers who were abandoned by the closure of IPEC-Athens. Extensive contract software and engineering support on projects for various other customers.

1993-1998

Engineering Manager: IPEC/Clean-Athens Corp. Oceanside, CA

Applied unique and different materials in the area of purification of Sulfuric Acid for semiconductor fabrication applications. Solved manufacturing, design, and scheduling problems for quartzware

Regina W. Roberts

distillation equipment used in sulfuric acid and other reprocessing. Designed quartzware for two new products and implemented into vendor production on schedule and at improved cost. Provided engineering lead for two new \$500,000 product start-ups. Managed interdisciplinary group of 20 Engineers and 3 Lab Technicians.

1979-1993

Mfg. Engineering Specialist Sr. Hughes Missile System Company, formerly General Dynamics Convair Division.

Summary of Experience

- Led the start-up of several classified programs in low observable and composites manufacturing for Department of Defense. Led design efforts for several new machine designs for commercial industry, in Reprocessing, Material Handling and Biotech automation. Typical tasks included coordination of design, planning, tooling, training, first article inspection, process validation, and computer control where applicable.
- Hand-picked to lead various on-site start-up teams due to wide-ranging knowledge of machines and processes. These start-ups were all over the world and required the overcoming of language barriers, differing work ethics, and measuring systems. All projects were completed on budget and on schedule.
- Managed a myriad of technical issues and sub-contractors to create a new composite manufacturing facility.
- Developed and implemented a plan for the integration of the composites facility into a single cohesive business unit in order to improve competitiveness and process control through automation, improved methods, and training, including construction of the facility, selection of equipment and certifying processes in a classified environment.
- Heavily involved in new program proposals including brain-storming, proposal activities, and/or prototype manufacturing of new products for 15 new programs.
- Initiated and managed research, development, and production contracts with budgets from \$25,000 to \$1,500,000 per year. These projects required the selection of all staff members, budgeting, scheduling, conflict resolution, problem solving, customer interface and technical oversight in order to ensure successful completion.
- Prepared proposals and cost estimates to procure new contracted research and development projects.
- Prepared numerous cost analyses for the justification of projects and equipment.
- Highly knowledgeable in the control of chemical and manufacturing processes, and programming of Computers and Programmable Logic Controllers.
- Highly skilled in the use of EXCEL, MS-WORD, SolidWorks, ACAD, MS-PROJECT, etc. to maximize personal and organizational efficiency.

Education:

- B. A. Chemistry, Minor in Economics University of California, San Diego, Revelle College
- Numerous Design and analysis classes attended at San Diego State University.
- Several Management and Accounting Classes at National University

Inventions:

- Co-Inventor on Patent 8038940 for "Automated machine for transferring solution from a source microwell plate to a destination microwell plate" issued October 18, 2011
- Co-Inventor on unissued patent for "Material Handling Machine" Docket Number 382329-000008 dated September 4, 2014
- Co-inventor on five other submitted patents, one for composites, two for processing of Sulfuric Acid and two for the digestion of extremely toxic materials and wastes with Sulfuric Acid. All patents applications were suspended when each of the businesses were sold.

Security Clearances:

Currently Inactive Top Secret Special Access Clearance at Hughes Missile Systems and General Dynamics Convair Division.

STAFF REPORT

NO. 21-13

TO: BOARD OF DIRECTORS
FROM: FRED COX, FIRE CHIEF
SUBJECT: APPROVE/AUTHORIZE FIXED CHARGE SPECIAL
ASSESSMENT FOR WEED ABATEMENT
DATE: JUNE 11, 2021



RECOMMENDATION

Staff recommends the Board approve and authorize the administrative staff to deliver the *Weed Abatement Special Assessment* list of non-compliant parcels to the County of San Diego on or before the County's deadline of August 10, 2021.

BACKGROUND

The Fire Prevention Bureau is responsible for the annual weed abatement of properties with hazardous growth that is not maintained by property owners during the spring and summer seasons. Throughout the year, staff has mailed hazard notifications to those property owners who have a known or existing fire hazard on their parcel(s). The District maintains a sole source contract with R.E Badger & Son Inc. to bring specifically identified parcels into compliance pursuant to Rancho Santa Fe Fire Protection's Ordinance No. 2019-02.

Upon notification by the District, property owners are required to remove the weeds, rubbish, trim trees and maintain the parcel in accordance with the District's ordinance. Should the property owner fail to comply within a specific period, the District's private contractor will clear the parcel. Those property owners, who are non-compliant, will receive a final notice and an invoice for all costs and fees that are required for abating their parcel(s).

CURRENT SITUATION

This year, the majority of property owners who received notices willingly complied within the time allowed; however, some parcels were ordered cleared by the Fire District. The administrative staff has mailed courtesy notices and invoices to the following non-compliant property owner(s) requesting payment:

PARCEL NUMBER	COST TO ABATE	ADMINISTRATIVE FEE	TOTAL
264-672-01-00	1,957.50	794.00	2,751.50
264-348-02-00	1,332.50	794.00	\$2,126.50
264-672-01-00	11,107.50	794.00	11,901.50
264-672-02-00	2,738.75	794.00	3,532.75
264-671-51-00	1,538.75	794.00	2,332.75
269-183-10-00	1,020.00	794.00	1,814.00
269-173-07-00	1,670.00	794.00	2,464.00
Totals	\$21,365.00	\$5,558.00	\$26,923.00

STAFF REPORT 21-13

The list of non-compliant property owners will be publicly posted a minimum of (3) three days prior to the Board of Directors meeting on Wednesday, June 16, 2021. Those property owners who fail to pay by this date will remain on the list, which will be delivered to the County of San Diego no later than August 10, 2021 (deadline).

The District attempts to work with the property owner prior to any forced abatement. If forced abatement is required, the administrative staff also makes further attempts to seek reimbursement prior to requesting board action authorizing the special assessment for weed abatement.

The County will reimburse the Fire District for all charges, including the administrative fee, and will include them on the owner's next property tax bills.

Attachment:

1. Weed Abatement Special Assessment List

Rancho Santa Fe Fire Protection District Weed Abatement Special Assessment List

To be sent to the County of San Diego as a special assessment on property taxes unless paid by **July 31, 2021.**

PARCEL NUMBER	COST TO ABATE	ADMINISTRATIVE FEE	TOTAL
264-672-01-00	1,957.50	794.00	2,751.50
264-348-02-00	1,332.50	794.00	\$2,126.50
264-672-01-00	11,107.50	794.00	11,901.50
264-672-02-00	2,738.75	794.00	3,532.75
264-671-51-00	1,538.75	794.00	2,332.75
269-183-10-00	1,020.00	794.00	1,814.00
269-173-07-00	1,670.00	794.00	2,464.00

POSTED: June 17, 2021

Alicea Caccavo
Board Clerk





PRELIMINARY
FINANCIAL
PLAN
FY22

RANCHO SANTA FE FIRE PROTECTION DISTRICT
PO BOX 410 | RANCHO SANTA FE | CA | 92067



FY22 PRELIMINARY FINANCIAL PLAN

BOARD OF DIRECTORS



James H. Ashcraft
President



John C. Tanner
Vice President



Nancy C. Hillgren
Director



Randall Malin
Director



Tucker Stine
Director



Mission Statement

To serve the public through the protection of life, environment and property from fire and other emergencies through prevention, preparedness, education, and response.

Vision Statement

Our vision is to provide exceptional service and continuous improvement in our organization through innovation, forward-looking leadership, and genuine concern for the welfare of others.

- *We are dedicated to our mission, unwavering in our core values and continually strive to be a model of excellence.*
- *We are role models in the community and leaders in our profession.*
- *We maintain community partnerships, hire and train exceptional people, and provide professional, well-organized, cost effective services.*
- *We are advocates for our member's health, safety, and welfare.*
- *We foster a culture of trust, involvement, and personal accountability.*

FY22 PRELIMINARY FINANCIAL PLAN

MANAGEMENT TEAM



Fred W. Cox
Fire Chief



Alicea Caccavo
Manager, Finance &
Administration



David McQuead
Deputy Chief



Marlene Donner
Fire Marshal



Bruce Sherwood
Battalion Chief
Training



Luke Bennett
Battalion Chief
Shift - A



David Livingstone
Battalion Chief
Shift - B



Brian Slattery
Battalion Chief
Shift - C



Frank Twohy
Volunteer Recruitment &
Retention Coordinator



RANCHO SANTA FE FIRE PROTECTION DISTRICT

PRELIMINARY BUDGET - FY22



June 2021

The Fire District's proposed FY22 Operating and Capital Replacement Budget is submitted to the Board of Directors for its review and consideration. The annual budget serves as a foundation and is an important tool to set priorities that align with the strategic plan for the Rancho Santa Fe Fire Protection District over the next year and beyond. This financial plan for the new fiscal year, proposes the necessary revenue and expenditures, while continuing to provide the highest level of emergency response, fire prevention, and administrative services.

It is important to note the impact of COVID-19 on the FY21 District finances. It is estimated that \$620,000 in unanticipated expenditures were incurred as a direct result of COVID-19. These costs were managed through restricting expenditures and the use of reserve funding. Staff has worked diligently to access COVID-19 relief funding, which if obtained, will play a vital role in offsetting the deferred capital and maintenance expenditures incurred in FY21.

Overview

In evaluating the FY22 budget, the projected total operating estimated revenue increased by .3% as compared to FY21 unaudited revenue (*Figure 1*).

Revenue	FY21 Budget	FY21 Est.	FY22 Budget	BGT vs. Est. - %	BGT vs. Est. - \$
Taxes & Assessments	14,993	15,295	15,685	2.6%	391
EFF-HG	641	728	728	0.0%	0
Developer Reimbursement	203	150	203	34.9%	52
All Other	<u>2,127</u>	<u>2,246</u>	<u>1,850</u>	<u>-17.6%</u>	<u>(396)</u>
Total Revenue	17,964	18,418	18,465	0.3%	47

Figure 1

The projected FY22 operating expenditures, compared to the FY21 unaudited costs decreased approximately 2.1%. (*Figure 2*).

Expenditures	FY21 Budget	FY21 Est.	FY22 Budget	BGT vs. Est. - %	BGT vs. Est. - \$
Salaries & Benefits	13,054	14,262	13,659	-4.2%	(603)
CalPERS UAL-Expected Payment	759	734	871	18.7%	137
CalPERS UAL-Additional Payment	689	1,000	552	-44.8%	(448)
Service, Supplies, PY	2,742	2,145	2,634	22.8%	488
Other Cash Expenses/Project	0	180	0	-100.0%	(180)
Depreciation	<u>936</u>	<u>903</u>	<u>1,113</u>	<u>23.2%</u>	<u>210</u>
Total Operating Expense	18,181	19,224	18,828	-2.1%	(396)
Operating Surplus (Deficit)	(218)	(806)	(365)		
Capital Expenses	<u>1,454</u>	<u>739</u>	<u>1,117</u>	<u>51.2%</u>	<u>378</u>
Total Expense (inc. Capital)	19,635	19,963	19,945	-0.1%	(19)
Total Cash Expenses (minus depreciation)	18,699	19,060	18,833	-1.2%	(227)

Figure 2

Mission: To serve the public through the protection of life, environment and property from fire and other emergencies through prevention, preparedness, education, and response.

Property tax (including the special taxes and assessments) represents the largest revenue category at approximately 85% of the General Fund’s total revenue, or approximately \$15.685 million. As a category, the tax revenue is projected to increase overall approximately 3% in FY22. These numbers will most likely change once the District receives the annual report from the County of San Diego that confirms the assessed valuation and opening charges.

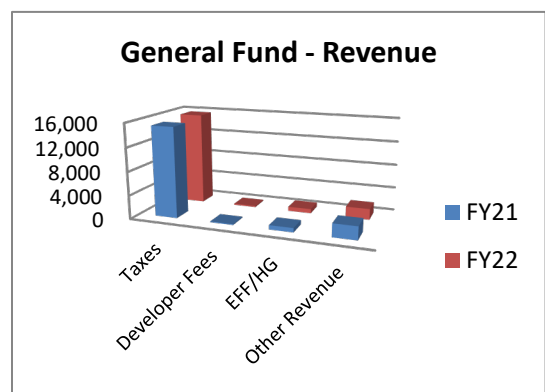
The next largest revenue sources are lease, reimbursements received for firefighting deployments, plan reviews, and the SAFER personnel grants. Highlights include:

1. Lease: (\$439,363)
 - a. Cell tower site rental \$165,409 (Verizon, AT&T, Sprint)
 - b. Facility space rental \$273,954 (AMR, RSFA, NCDJPA)
2. Firefighting Reimbursements
 - a. Average estimate - \$663,500 (this estimate is based on the number of large fires that district personnel will respond to.)
3. Plan Reviews
 - a. Average estimate - \$254,100 (this estimate is based on the previous fiscal year, as new construction was down significantly.)
4. SAFER Grants
 - a. Staffing for Adequate Fire & Emergency Response (SAFER) Grant that provides for the salary and benefits for a full-time Volunteer Recruitment and Retention Coordinator, and includes costs for basic firefighter training, tuition assistance for higher education, and NFPA 1582 entry-level physicals for new volunteer members for a period of four (4) years. This grant reimburses 100% of the expenditures that started November 2017 and concludes November 2021; and
 - b. Staffing for Adequate Fire & Emergency Response (SAFER) Grant for the hiring of firefighters. This three-year cost shared program concluded December 31, 2020.

We project all general fund revenues at \$18,464,963. The variation between FY21 (est.) and FY22 projection is de minimis. These revenues over the FY22 operating expenses provide a projected operational deficit of \$365K. The following summary of revenue changes is between FY22 **Budget** and the FY21 **Estimate (Unaudited)**:

Revenue – \$18,464,963

- **Taxes & Assessments** – the 1% AB8 revenue and benefit fees planned increase is 2.5% (\$390,586). The District’s assessed valuation for FY22 will be determined in mid-July; therefore, secured property tax revenue was increased by 3.5%.
- **County of San Diego/CSA-107, One-time funds** – \$312K: the County of San Diego provided the district in FY17 a one-time lump sum of \$2.5 million for any potential tax short falls resulting in the reorganization. This amortized \$2.5 million shortfall is planned over eight (8) year period, and this is year seven (7).
- **HGV CFD** – The third year revenue from the Harmony Grove Village “Joint Community Facilities District” (JCFD) for FY21 was estimated \$328,300; however, the district expects to receive \$415,100 which continues to grow significantly because of the new construction. The District expects an equivalent amount in FY22.



- **Interest** – Interest revenue is down significantly because of two factors: 1) the decline in interest rates; and 2) the fair market value on each account. The final budget will reflect the accurate total of both factors identified.
- **Lease** – The lease revenue for the District is expected to increase with the recently renegotiated lease agreements with North County Dispatch JPA and RSF Patrol. All other leases were adjusted by either contract or CPI adjustments.
- **Firefighting Reimbursement** – Decreased 34.1 % (\$344K): This District’s emergency call back has increased significantly over the past few years, however, during FY21 the amount the District received was significantly more than planned; and the counterpart to the reimbursement is the overtime budget. This year, the preliminary budget includes an average of firefighting reimbursement received from the State of California over a three-year period.
- **Plan Reviews** – no increase is planned: the Fire Prevention staff continues to be busy in plan review and inspections. While the revenue expects to be stagnant, it should be noted that the fees are averaged over a two year period.

In addition to these general funds, the District estimates to collect for FY21 \$179 in restricted Fire Mitigation Fees (FMF), including interest. The total FMF expected for FY22 is \$173,100, a 3% decrease.

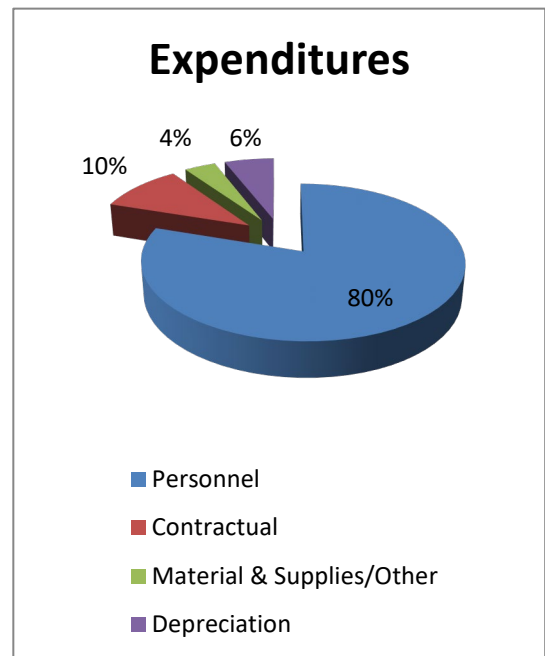
Operating Expenditures

The following is a summary of expenditure changes between the *FY21 Est. (unaudited) Expenditures* and the proposed *FY22 Preliminary Budget*:

Personnel – \$15,082,200

Overall personnel costs decreased 5.71% or \$914K below FY21 expenditures, which includes additional UAL payments to CalPERS. Cost increases are planned for medical/dental/life insurance benefits. Additional changes are:

- **Salary** – personnel staffing remains the same as FY21. This budget includes salary adjustments (increase) negotiated for all employees.
- **Overtime** – The (17.38%) decrease or (\$350,967) is directly related to a combination in the reduction in costs for firefighting deployments in FY21. The average number of hours increased for sick leave, which we believe is likely due to COVID-19 and the mandated leave requirements.
- **Workers’ Compensation/Wellness** – this expense continues to increase significantly, and sadly during FY21, the District experienced two significant losses of personnel.



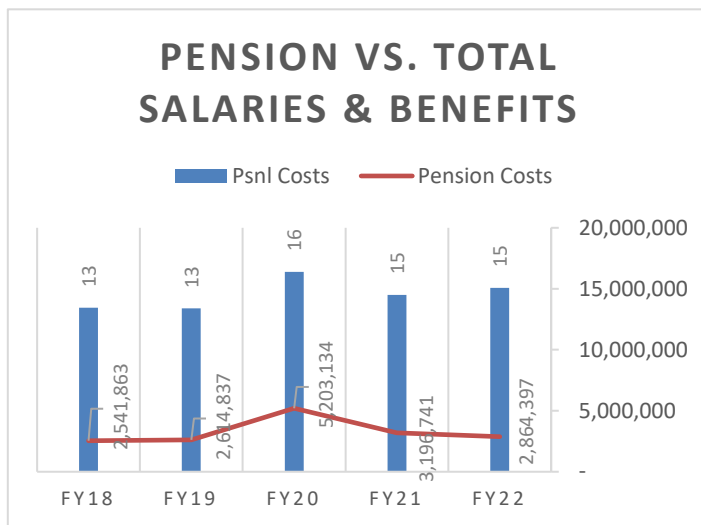
FY	17	18	19	20	21 (Est.)
Annual Cost	301,858	446,838	544,784	597,954	\$1,106,829

The District is a member of the Public Agency Self Insurance System (PASIS) and is self-insured for work related injuries. Injury claims have increased over the past several years. In addition, the costs for the Wellness program have also increased. Approximately \$85,000 of the FY22 costs is attributed directly to the wellness program.

- Retirement** – FY22 estimated total for PERS expenditures is \$2.864 million, which includes the annual UAL expected payment of \$870,977. The District’s employer contribution rates has continued to rise for all six plans. FY22 employer rates shall be:

YEAR	Safety 3% @ 50	Safety 3% @ 55	Safety 2.7% @ 57	Misc. 2.7% @ 55	Misc. 2.5% @ 55	Misc. 2.0% @ 62
FY19 (Employer Contribution)	20.556%	17.614%	12.141%	12.212%	10.022%	6.842%
Employee Contribution (FY19)	9.00%	9.00%	12.00%	8.00%	8.00%	6.25%
FY20	21.927%	18.928%	13.034%	13.182%	10.823%	6.985%
Employee Contribution (FY20)	9.00%	9.00%	12.00%	8.00%	8.00%	6.75%
FY21	23.674%	20.585%	13.044%	14.194%	11.472%	7.732%
Employee Contribution (FY21)	9.00%	9.00%	13.00%	8.00%	8.00%	6.75%
FY22	23.710%	20.640%	13.044%	*0.00%	11.590%	7.590%
Employee Contribution (FY22)	9.00% +1.00% (07/01-12/31) +2.00% (01/01-06/30)	9.00% +1.00% (07/01-12/31) +2.00% (01/01-06/30)	13.130%	0.00%	8.000%	6.750%

* The Miscellaneous 2.7% @ 55 (Non-safety) plan closed January 1, 2021, as there are no longer “active employees” contributing to the plan. The District will continue to make contributions to the UAL as required by CalPERS.



- CalPERS Unfunded Accrued Liability (UAL) Additional Payment** – \$552,307 The Board of Directors has an ongoing commitment to continue accelerated pension funding through the annual operating budget. The expense for FY21 was \$1 million, and for FY22 \$552,307 is planned. In addition to the planned discretionary payment, the District will submit an additional \$40k (Est.) collected from the Classic Tiered employees through payroll deductions pursuant to the

Memorandum of Understanding (MOU) effective January 1, 2021. Although the amount is relatively small, this will increase as the employees contributions rise per the term of the MOU. As a point of interest, since FY15 (including FY22), the Board of Directors has authorized an additional \$9.856 million in accelerated payments (for all plans) to CalPERS. The payment proposed is comprised of the difference in the 30-year vs. 15-year payment or 10-year schedule. Staff has planned the additional payment based upon the actuarial report received in August 2020.

Contractual Services – \$1,926,798

The FY22 Contractual Services category increased 23.5% or \$366,365 over the unaudited FY21 expenses. Due to the unexpected costs of COVID-19, staff limited spending across most budget categories, in particular Training. We anticipate that FY22 will return to a normal spending plan. The majority of the increase is due to the normal inflation costs expected, noting the following:

- Dispatching ↑ 24.7% (\$43,630) – this is primarily due to increased call volume and the cost per call.
- Other Professional/Contractual Services ↑ 26.4% (\$26,368) – this is primarily due to increased costs of contracted services, the implementation and transition to Microsoft Office (Cloud based).
- Training ↑ 278.6% (\$99,132) – training for all personnel was curtailed due to COVID-19, along with numerous conferences cancelled. The training budgeted dollars remain similar to the FY21 plan.
- Utilities ↑ 3.1% (\$24,784) – utility costs are overall on the rise.

Material & Supply – \$706,828

The FY22 Material and Supply category increased 23.2% or \$133,162 over the unaudited FY21 expenditures.

Depreciation – \$1,112,600

The FY21 Depreciation category increased by 23.2% or \$209,640 over the FY21 expense. The primary reason is due to the addition of RSF5, the accelerated depreciation of RSF5 Trailers, and an entire year for the new Type I engine.

Capital & Other Cash Expenditures - \$1,117,020

The District’s Capital Replacement expenditures (Equipment, Facility, and Fleet) total \$1,117,100. We anticipate paying for the completion of one brush vehicle, the purchase of one Type I engine, improvements for RSF1, and the final solar payments for RSF5.

The following is a list of capital or cash expenditures planned:

Expense/Project	Funding Source GF	Funding Source FMF
RSF1 Air Conditioner Replacement	30,000	
RSF1 Tenant Improvements	75,000	
RSF5 Solar	26,322	149,160
RSF6 Improvements	15,000	35,000
Replacement Type III (Completion)	30,923	20,615
Replacement Type I	426,000	284,000
Command Vehicle – Equip/Completion	3,750	21,250
Total	\$606,995	\$510,025

Fund Summary

The District's estimated cash assets (all funds) for June 30, 2021 are \$14.308 million; and June 30, 2022 is projected to be about \$14.450 million. District staff anticipates during FY22 that the RSF5 Design/Build, including solar, will have been completed and all expenses paid.

Budget Summary

The District FY22 Revenue has a moderate increase; the FY22 planned expenditures are higher than the FY21 expenses; and the proposed budget aligns with the strategic plan. The FY22 Preliminary Budget presents a structurally balanced and financially prudent roadmap for next fiscal year. This budget will enable the District to continue to maintain high quality fire and emergency response services, while continuing to place a priority on the health and safety of the public and district personnel. District personnel is also committed to good financial stewardship through efficient operational and budget management process, including cutting costs whenever possible to do so.

FY22

**OPERATING
EXPENDITURES**

GENERAL FUND

Summary Revenues, Expenditures - Operating Budget FY22

<i>(In Thousands)</i>	Est. (6/30)	Proposed	Change - Est. vs. Proposed	
REVENUES	GF - 21	GF - 22	\$\$	%
Total Revenues	18,418	18,465	47	0.3%
EXPENDITURES				
Total Operating Expenditures	19,224	18,828	(397)	-2.1%
Operating Surplus (Deficit)	(806)	(365)	443	-54.7%

Summary Revenues, Expenditures - Operating Budget FY22

<i>(In Thousands)</i>	Est. (6/30)	Proposed	Change - Est. vs. Proposed	
REVENUES	GF - 21	GF - 22	\$\$	%
Total Revenues	18,418	18,465	47	0.3%
EXPENDITURES				
Personnel	15,996	15,082	(914)	-5.7%
Contractual Services	1,560	1,927	366	23.5%
Materials & Supplies	574	707	133	23.2%
Other Expenditures (Projects/Equipment/Prior Year)	191	0	(191)	-100.0%
Depreciation	903	1,113	210	23.3%
Total Operating Expenditures	19,224	18,828	(397)	-2.1%
Operating Surplus (Deficit)	(806)	(365)	443	-54.7%

Summary - Operating Revenues FY22

<i>(In Thousands)</i>	Est. (6/30)	Proposed	Change - Est. vs. Proposed	
REVENUES	GF - 21	GF - 22	\$\$	%
Taxes & Assessments	13,707	14,081	375	2.7%
Tax Refunds - Adjustment	(57)	(59)	(2)	2.9%
Benefit Fee/Special Tax	<u>1,645</u>	<u>1,663</u>	<u>18</u>	<u>1.1%</u>
Subtotal	15,295	15,685	391	2.5%
Developer Reimbursement/Revenue				
Rancho Cielo	149	<u>203</u>	<u>53</u>	<u>35.5%</u>
Subtotal	149	203	53	36.2%
Other Revenue				
EFF/HG (County)	728	728	0	0.0%
Plan Checks	254	254	0	0.0%
Administrative Fees	6	6	0	200.0%
Interest	120	120	0	0.0%
Lease	397	439	43	10.6%
Instructor/Training	29	30	0	3.4%
Grant	218	114	(104)	-47.7%
FF/EMS Reimbursement	1,007	664	(344)	-34.1%
Other	<u>216</u>	<u>223</u>	<u>8</u>	<u>112.1%</u>
Subtotal	2,974	2,578	(397)	-13.3%
Total Operating Revenues	<u>18,418</u>	<u>18,465</u>	<u>47</u>	<u>0.3%</u>

Summary Expenditures - Operating Budget Est. 6/30 to Proposed Budget

<i>(In Thousands)</i>	FY22		Change - Est. vs. Proposed	
	Est. (6/30) GF - 21	Proposed GF - 22	\$	%
EXPENDITURES				
Personnel				
Payroll				
Salary	7,796	7,725	(71)	-0.9%
Holiday Pay	180	262	81	45.6%
Overtime	<u>2,019</u>	<u>1,668</u>	(351)	-17.4%
Subtotal	9,996	9,655	(341)	-3.4%
Benefits				
Health Insurance + HRSA	1,506	1,798	292	19.4%
Life/LTD Insurance	32	41	8	28.1%
Medicare/Social Security	149	151	2	1.3%
Retirement (Normal Cost)	1,578	1,553	(25)	-1.6%
CalPERS UAL-Expected	618	759	141	22.8%
CalPERS UAL-Additional	1,000	552	(448)	-44.8%
Unemployment	9	10	1	11.1%
Workers Compensation	1,107	563	(544)	-49.1%
Other	<u>0</u>	<u>0</u>	<u>0</u>	
Subtotal	6,001	5,427	(573)	-9.6%
TOTAL	15,996	15,082	(914)	-5.7%
Contractual Services				
Administration Fees	211	217	6	2.8%
Building/Facility Lease	28	31	3	10.7%
Dispatching	177	220	44	24.3%
Equipment Rental & Repairs	12	34	23	183.3%
Insurance	130	141	12	8.5%
Legal	93	79	(14)	-15.1%
Meetings, Meals, Mileage	2	6	4	200.0%
Other Contractual/Professional Services	364	390	26	7.1%
Service Agreements	25	37	12	48.0%
Soil Contamination	0	0	0	0.0%
Training	36	135	99	275.0%
Utilities	341	366	25	7.3%
Vehicle Maintenance & Repairs	112	236	124	110.7%
All Other	<u>31</u>	<u>33</u>	<u>3</u>	<u>6.5%</u>
TOTAL	1,560	1,927	366	23.5%
Materials & Supplies				
Apparatus	29	31	2	6.9%
Apparatus - Computers	0	6	6	100.0%
Computer	52	75	24	44.2%
Fuel	66	73	6	10.6%
Grants	0	0	0	0.0%
Office	32	51	19	59.4%
Safety	50	92	43	84.0%
Uniforms	21	42	21	100.0%
Programs/Public Education	5	12	7	140.0%
Hose, Nozzles, Foam	17	15	(2)	-11.8%
Radio	27	23	(5)	-14.8%
Station Maintenance/Supplies/Janitorial	46	59	12	28.3%
All Other	<u>228</u>	<u>228</u>	<u>0</u>	<u>0.0%</u>
TOTAL	574	707	133	23.2%
Depreciation	<u>903</u>	<u>1,113</u>	<u>210</u>	<u>23.3%</u>
Assets (Equipment/Fleet)	0	0	0	
Fleet Reserve	0	0	0	
Prior Year	11	0	(11)	
Projects	180	0	(180)	
Other Expenditures (Projects/Equipment/Prior Year)	<u>191</u>	<u>0</u>	<u>(191)</u>	<u>-100.0%</u>
TOTAL Operating Expenditures	<u>19,224</u>	<u>18,828</u>	<u>(396)</u>	<u>-2.1%</u>
Other Cash Expenses (inc. Capital)	<u>739</u>	<u>1,117</u>	<u>378</u>	<u>51.2%</u>
TOTAL	<u>19,963</u>	<u>19,945</u>	<u>(18)</u>	<u>-0.1%</u>
Minus Depreciation	<u>903</u>	<u>1,113</u>		
Total Cash Expenditures	19,060	18,832		

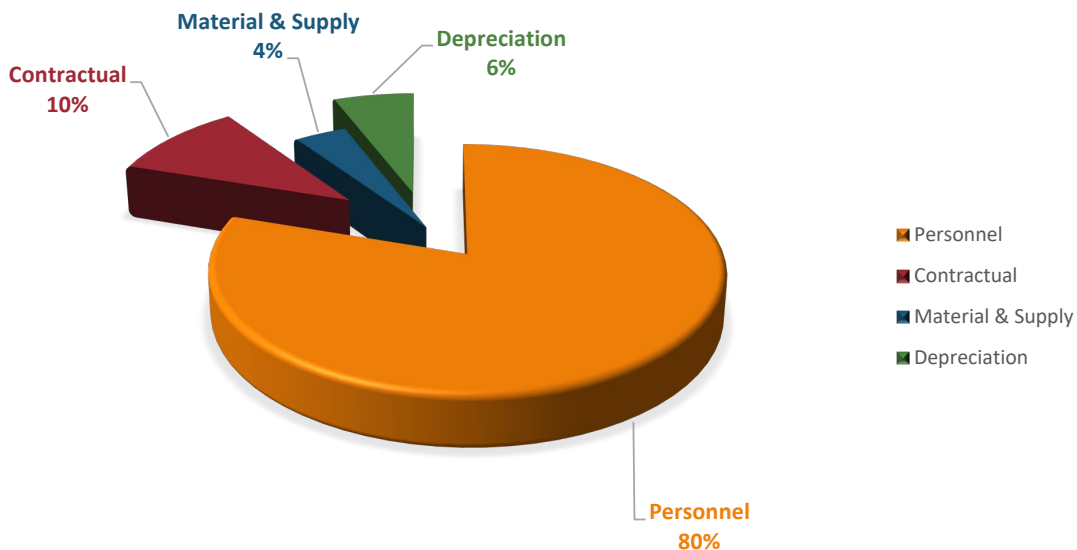
EXPENDITURE SUMMARY

	BUDGET FY21	Est. (6/30)	BUDGET FY22	Est. vs Bgt % Change
Personnel <i>including all UAL Payments</i>	14,502,435	15,996,245	15,082,074	-5.7%
Contractual	1,952,197	1,560,433	1,926,798	23.5%
Material & Supply	1,180,890	573,665	706,828	23.2%
Prior Year Expense/Equipment/Projects	-	11,372	-	-100.0%
Depreciation	936,100	902,871	1,112,511	23.2%
<i>Other Expenses</i>				
Board Approved Exp	-	-	-	
Other Capital Expenses <i>(not depreciated)</i>	-	179,551	-	0.0%
Subtotal <i>(Operating Expenses)</i>	18,571,622	19,224,137	18,828,210	-2.1%
	-	-	-	
	18,571,622	19,224,137	18,828,210	-2.1%
Other Cash Expenses <i>(Capital)</i>	1,453,824	738,880	1,117,020	51.2%
TOTAL CASH COSTS <i>(Including Capital Outlay (not inc. Dep.))</i>	19,089,346	19,060,146	18,832,719	-1.2%

Capital Funding

Equipment - GF	-	-	-
Equipment - FMF	-	-	-
Facility - GF	367,736	45,404	146,322
Facility - FMF	488,736	188,252	184,160
Fleet - GF	527,353	284,342	460,673
Fleet - FMF	70,000	220,882	325,865
	1,453,824	738,880	1,117,020
Total GF	895,088	329,746	606,995
Total FMF	558,736	409,134	510,025
	1,453,824	738,880	1,117,020

FY22 OPERATING BUDGET - EXPENDITURES



FISCAL YEARS - FY21; FY22

	BUDGET		PROPOSED	BGT vs. Est.	BGT vs. Est.
	FY 21	(Est. 6/30/21)	FY 22	%	\$
Revenue					
Taxes & Assessments	13,424,100	13,706,840	14,081,400	2.7%	374,560
Tax Refunds - Adjustment	(75,400)	(56,865)	(58,900)	3.6%	(2,035)
Benefit Fee/Special Tax	1,644,500	1,644,639	1,662,700	1.1%	18,061
Administrative Fees	500	5,558	5,600	0.0%	42
Sale of Assets	33,500	33,500	42,100	25.4%	8,600
CSA-17 (ALS Equipment & Supplies)	150,100	150,087	150,100	0.0%	13
Developer Reimbursement/Revenue					
Dev. Reim. Rev - Rancho Cielo Station	202,500	149,432	202,500	35.5%	53,068
EFF-HG (County)	312,500	312,500	312,500	0.0%	0
EFF-HGV-CFD	328,300	415,039	415,100	0.0%	61
EMS First Responder	14,600	14,072	14,100	0.2%	28
Firefighting Reimbursement (FEMA/OES)	491,600	1,007,120	663,500	-34.1%	(343,620)
Grant Revenue	227,400	218,010	114,400	-47.5%	(103,610)
Hydrant Maintenance	5,100	6,220	6,000	-3.5%	(220)
Instructor/Training Revenue	30,700	29,484	29,500	0.1%	16
Interest Income	456,400	119,793	119,800	0.0%	7
Lease Revenue					
AMR	96,583	96,583	97,552	1.0%	969
Cellular Site Rental (RSF6)	72,630	75,341	74,809	-0.7%	(532)
NCDJPA	44,117	43,490	99,202	128.1%	55,711
RSF Association	109,400	94,145	77,200	-18.0%	(16,945)
Verizon	87,600	87,289	89,700	2.8%	2,411
Verizon (Generator)	900	814	900	10.5%	86
Miscellaneous	23,100	11,071	11,100	0.3%	29
Plan Reviews	283,200	254,004	254,100	0.0%	96
Subtotal	17,963,930	18,418,159	18,464,963	0.3%	46,803
Expenditures - (GF)					
- Personnel	13,813,200	14,996,245	14,529,800	-3.1%	(466,445)
- CalPERS UAL - Additional Payment	689,400	1,000,000	552,400	-44.8%	(447,600)
- Contractual Costs; Material & Supplies; PY Expenses	2,742,500	2,145,470	2,633,700	22.8%	488,230
- FMF Cost Recovery					
- Other Expenditures (not depreciated)		179,551			
- Project Expenditures	-	-	-		0
Subtotal	17,245,000	18,321,266	17,715,700	-3.3%	(605,566)
- Depreciation Expense	936,100	902,871	1,112,600	23.2%	209,729
Total Operating Expenditures	18,181,100	19,224,137	18,828,300	-2.1%	(395,837)
Operating Surplus (Deficit)	(218,000)	(805,978)	(365,200)	-54.7%	440,778
- Other Expenditures - Capital	1,453,900	738,880	1,117,100	51.2%	378,220
Total Expenditures (minus depreciation)	18,698,800	19,060,146	18,832,800	-1.2%	(227,346)
Net Surplus (Deficit)	(735,700)	(641,987)	(369,700)	-42.4%	272,287
- Other financing sources (transfers in/out)	558,800	409,134	510,100	24.7%	100,966
Cash Surplus (Deficit)	(176,900)	(232,853)	140,400	-160.3%	373,253
Designated Capital Revenue					
Annexation Fees					
Fire Mitigation Fee Interest	47,800	22,017	16,600	-24.60%	(5,417)
Fire Mitigation Fees	390,300	156,512	156,600	0.06%	88
Subtotal	438,100	178,529	173,100	-3.08%	(5,429)
Designated Capital Revenue Expenditures					
FMF Expenditures	-	-	-		
Transfer in/out	(558,800)	(409,134)	(510,100)	24.66%	(100,966)
Total Expenditures - (FMF)	(558,800)	(409,134)	(510,100)	24.66%	(100,966)
Cash Surplus (Deficit)	(120,700)	(230,606)	(337,100)	46.14%	(106,494)
Prior Year Adjustments					
RESERVE Surplus (Deficit) - All Funds	(297,600)	(463,458)	(196,700)	-57.58%	266,758

Estimated Cash Net Assets FY21 vs. FY22 (not including Net Pension Obligation)

General Fund					
	FUND TOTAL	FY21	FUND TOTAL	FY22	%
Cash - Beginning (June 30, 2020)	17,576		14,308		
June 30 Receivables	1,646				
June 30 Restricted Cash & Cash Equivalents	804				
June 30 Prepay	0				
June 30 Transfer in (out)	0		0		
	20,026		14,308		
June 30 Liabilities	4,057		0		
BEGINNING - NET CASH ASSETS	<u>15,969</u>		<u>14,308</u>		-10.4%
PROJECTED REVENUE					
Taxes & Assessments	15,295		15,685		
Interest	120		120		
Developer Reimbursement	149		203		
Lease Revenue	397		439		
Other Revenue	1,470		1,031		
EFF/HG (County)	728		728		
Fees	260		260		
Total Projected Revenue		18,418		18,465	
PROJECTED EXPENDITURES					
Personnel Costs	14,996		14,530		
CalPERS UAL	1,000		552		
Maintenance & Operating Costs	2,134		2,634		
Capital/Project Expenditures	191		0		
Depreciation Expense	903		1,113		
Total Operating Expenditures		19,224		18,829	
Operating Surplus - \$		(806)		(366)	
Operating Cash Surplus (Deficit) inc. depreciation		97		747	
Additional Cash Payments					
Equipment - Facility - Vehicles		739		1,117	
Total Projected Cash Expenditures		19,060		18,833	
Excess Revenue over Cash Expenditures		(642)		(368)	
Transfers in(out)		409		510	
Net Change in Fund Balance		(233)		142	-161.0%
Less Long Term Liabilities		(1,428)			
FY21 (Liabilities not yet paid)		0			
CASH ASSETS - 6/30		<u>14,308</u>		<u>14,450</u>	1.0%
Fire Mitigation Fund					
Cash - Beginning (June 30, 2020)	3,033		1,712		
June 30 Receivables	97		0		
June 30 Restricted Cash & Cash Equivalents	0		0		
June 30 Prepay	0		0		
June 30 Transfer in (out)	0		0		
	3,130		1,712		
June 30 Liabilities	(1,188)		0		
BEGINNING - NET CASH ASSETS		<u>1,942</u>		<u>1,712</u>	-11.9%
PROJECTED REVENUE					
Interest	22		17		
Fire Mitigation Fees	157		157		
Total Projected Revenue		179		173	-3.0%
PROJECTED EXPENDITURES					
Total Operating Expenditures					
Excess Revenue over Expenditure		179		173	
Transfers in(out)		(409)		(510)	
Net Change in Fund Balance		(231)		(337)	
CASH ASSETS - 6/30		1,712		1,375	-19.7%
LIABILITIES & FUND EQUITY					
Restricted Reserves					
Fire Mitigation		1,712		1,375	
TOTAL LIABILITIES & FUND BALANCE		<u>1,712</u>		<u>1,375</u>	-19.7%
ENDING - NET CASH ASSETS (Deficit)-ALL FUNDS		<u>16,020</u>		<u>15,825</u>	-1.2%

FY22

**CAPITAL
EXPENDITURES**

**GENERAL FUND
&
FIRE MITIGATION
FUND**

GENERAL FUND
EQUIPMENT - ASSETS

Description
No Proposed Expenditures

Funding %

Five Year Capital Plan

FY21	FY21 (Est.)	FY22	FY23	FY24	FY25		
-	-	-	-	-	-		
-	-	-	-	-	-		
Subtotal							
-	-	-	-	-	-		
FIRE MITIGATION FUND							
ASSETS							
Description	Funding %	FY21	FY21 (Est.)	FY22	FY23	FY24	FY25
<i>No Proposed Expenditures</i>		-	-	-	-	-	-
Total Proposed Asset Expenditures		Subtotal					
		-	-	-	-	-	-
TOTAL		-	-	-	-	-	-

GENERAL FUND
FACILITY - ASSETS

Project #	Description	Funding %	BUDGET							
			FY21	FY21 (Est.)	FY22	FY23	FY24	FY25	FY26	FY27
20-01	RSF1 Air Conditioner Replacement	100%	100,000	-	30,000					
20-02	RSF1 Tenant Improvements	100%	100,000		75,000					
21-01	Training Tower Improvements (Committee FY21)	50%	88,236	14,794	-					
21-02	RSF5 Solar	15%	30,000	3,678	26,322					
21-03	RSF6 Improvements	30%	15,000		15,000					
18-01	RSF Fire Station - Design/Build Committee Approved (FY18) - Est \$2,500,000	15%	34,500	26,933	-	-	-	-	-	-
	SUBTOTAL		367,736	45,404	146,322	-	-	-	-	-
FIRE MITIGATION FUND			FY21	FY21 (Est.)	FY22	FY23	FY24	FY25	FY26	FY27
FACILITY REPLACEMENT/IMPROVEMENT										
Project #	Description	Funding %								
21-01	Training Tower Improvements (Committee FY21)	50%	88,236	14,794	-					
21-02	RSF5 Solar	85%	170,000	20,840	149,160					
21-03	RSF6 Improvements	70%	35,000		35,000					
18-01	RSF Fire Station - Design/Build Committee Approved (FY18) - Est \$2,500,000	85%	195,500	152,618	-	-	-	-	-	-
	SUBTOTAL		488,736	188,252	184,160	-	-	-	-	-
TOTAL			856,471	233,657	330,482	-	-	-	-	-

FY22

PERSONNEL

ORGANIZATION
CHART

EQUIPMENT

FACILITY

FLEET

Personnel Listing

Position Title	2020-21 Positions	Change (+/-)	2021-22 Positions
Administration			
Fire Chief	1		1
Deputy Chief	1		1
Manager, Finance & Administration	1		1
Battalion Chief - Training	1		1
Accounting Specialist	1		1
Accounting Technician	1		1
Office Support Coordinator	1		1
Fire Service Assistant	1		1
Temporary Staffing *1	1		1
Total Administration	9	0	9
Fire Prevention			
Fire Marshal	1		1
Deputy Fire Marshal	1		1
Fire Prevention Specialist/Forester	1		1
Fire Prevention Specialist	2		2
Office Support Coordinator	1		1
Temporary Staffing *2	1		1
Total Fire Prevention	7	0	7
Emergency Services			
Battalion Chief - Shift	3		3
Captain	18		18
Engineer/Paramedic	18		18
Firefighter/Paramedic	15		15
Total Emergency Services	54		54
Volunteer Division			
Volunteer Recruitment & Retention Coordinator	1		1
Driver Operator *3	6	(6)	0
Volunteer Firefighters *4	25		25
Total Volunteer	32		26
Grand Total	102	0	96

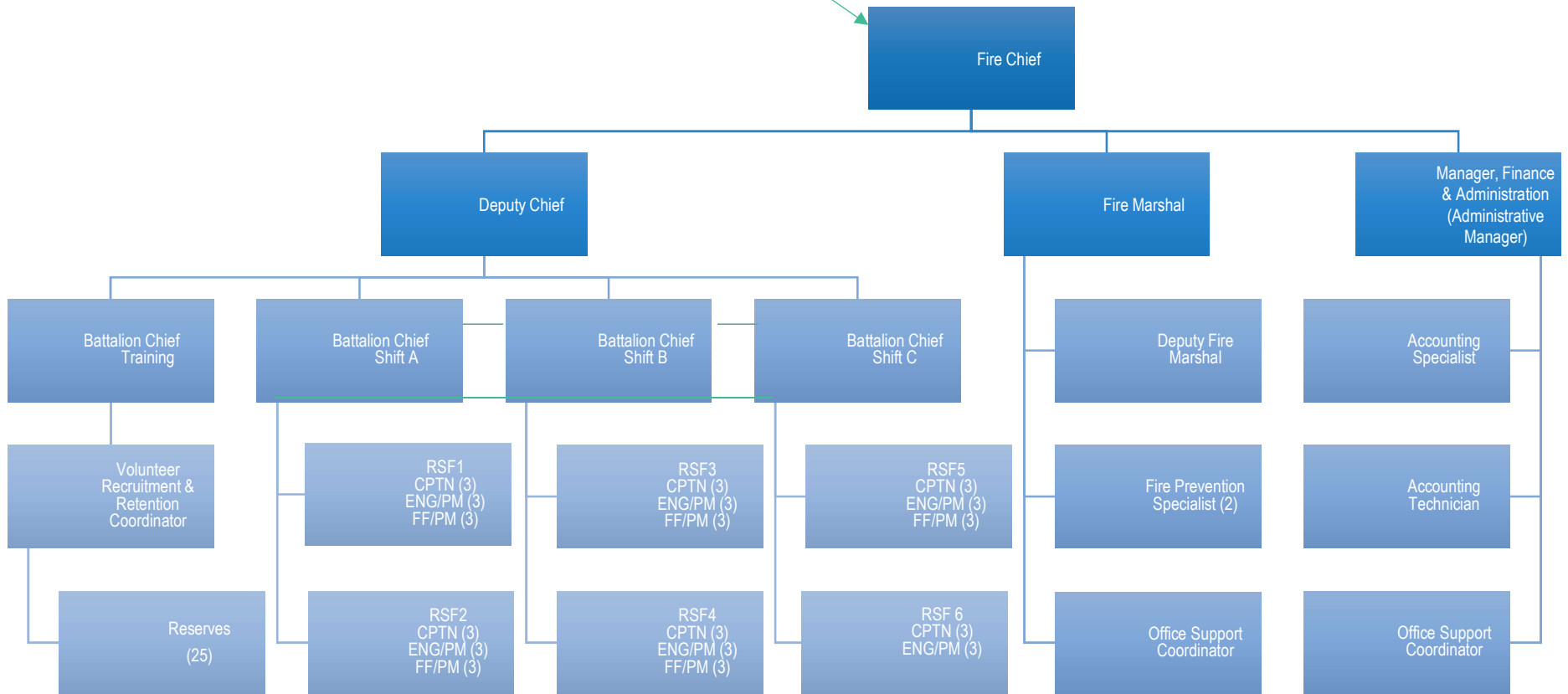
*1 - Retired Annuitant

*2 - Part time, seasonal

*3 - SAFER Grant Positions - Expired Dec 2020

*4 - Not to exceed

Rancho Santa Fe Fire Protection District Board of Directors



**FY21/22 Equipment -
DEPRECIATION EXPENSE and ACCUMULATED RESERVES**

Description	Original Cost	Depreciation Schedule - Years	Depreciation Annual Expense	Jun 2021 Accumulated Reserves	6/30/2022	Depreciation Expense	Jun 2022 Accumulated Reserves
Turnout Washer	52,595.00	5		52,595.00	17.01		52,595.00
Hydraulic Rescue Tool	22,400.24	15		22,400.24	17.01		22,400.24
Hydraulic Rescue Tool #2	18,360.89	15	1,224.06	16,529.83	14.50	1,224.06	17,753.89
Thermal Imaging Camera #1	11,201.25	5		11,201.25	13.17		11,201.25
Thermal Imaging Camera #2	11,201.25	5		11,201.25	13.17		11,201.25
Copier	19,921.64	5		19,921.64	12.67		19,921.64
Phone System - Admin	24,495.83	5		24,495.83	11.26		24,495.83
Office Furnishings - Admin (Rancho Cielo)	101,728.23	10	10,172.82	101,728.23	11.26	0.00	101,728.23
File Server - Fairbanks	11,721.16	7		11,721.16	11.26		11,721.16
File Server - Admin	41,143.18	7		41,143.18	11.26		41,143.18
Board Room Dais Furnishings - Admin	21,025.00	10	2,102.50	21,036.52	11.21	-11.52	21,025.00
Printer-Scanner-Plotter	18,104.21	7		18,104.21	8.41		18,104.21
Generator (Towable)	25,206.06	10	2,520.61	18,279.57	8.25	2,520.61	20,800.18
File Server #2	10,950.58	3		10,950.58	8.00		10,950.58
Phone System - Admin	23,060.12	10	2,306.01	15,181.77	7.58	2,306.01	17,487.78
Thermal Imaging Camera #3	10,119.00	5		10,119.00	7.41		10,119.00
Hydraulic Rescue Tool #3	32,246.10	15	2,149.74	12,910.22	7.01	2,149.74	15,059.96
Hydraulic Rescue Tool #4	31,696.92	15	2,113.13	11,092.47	6.25	2,113.14	13,205.60
File Server #3	10,658.33	3		10,658.33	5.33		10,658.33
Copier	12,763.57	5	2,552.71	10,637.47	5.17	2,126.10	12,763.57
File Server #4	11,272.00	3		11,272.00	5.50		11,272.00
Laerdal Megacode Kelly	12,193.33	3		12,193.33	5.00		12,193.33
Diesel Exhaust System (RSF6)	46,988.08	10	4,698.81	12,512.99	3.66	4,698.82	17,211.80
Vehicle Exhaust System (RSF5)	74,274.00	10	7,427.40	5,148.31	1.69	7,427.40	12,575.71
	-						
	<u>655,325.97</u>		<u>37,267.79</u>	<u>493,034.36</u>		<u>24,554.35</u>	<u>517,588.71</u>
					Accumulated Depreciation 2021		493,034.50
					Annual Depreciation 2022		24,554.35
					Accumulated Depreciation 2022		517,588.85
					Adjustment		-
					REVISED Accumulated Depreciation 2022		<u>517,588.85</u>

**FY21/22 Fleet Inventory -
DEPRECIATION EXPENSE and ACCUMULATED RESERVES**

Asset No	Description	Year	Original Cost	Depreciation Schedule	Annual Depreciation	Depreciation Expense 2022	June 2022 Accumulated Depreciation
0261	Water Tender	2002	204,527.62	15		-	204,527.62
0312	Engine - Type I	2003	412,007.25	10			412,007.25
0461	Brush - Type III	2004	325,000.00				-
0481	Utility - Type 6	2004	75,000.00				-
0561	Brush - Type III	2005	287,663.13	15	19,177.54	-	287,663.13
0811	Engine - Type I	2008	483,367.58	10		-	483,367.58
0883	CERT Trailer	2004	2,500.00				-
0891	Ambulance	2008	190,000.00				-
0981	Staff	2009	29,842.38	5			29,842.38
1151	Water Tender	2011	225,000.00				-
1181	Staff - Explorer	2011	31,897.12	5		-	31,897.12
1182	ATV Trailer	2012	1,875.00				-
1281	Staff - Ford F150	2012	64,270.30	5		-	64,270.30
1282	Command - Exp	2012	50,555.58	5		-	50,555.58
1381	Staff - Escape	2013	35,064.29	6		-	35,064.29
1411	Pumper	2014	573,423.77	12	47,785.31	47,785.31	382,151.59
1481	Staff - Explorer	2014	41,654.16	6		-	41,654.16
1482	Staff - Explorer	2014	44,206.53	6		-	44,206.53
1581	Staff - Expedition	2015	45,834.64	6	7,639.11	-	45,834.64
1611	Engine - Type I	2016	535,249.86	12	44,604.16	44,604.16	226,686.87
1681	Staff - Explorer	2016	33,390.06	6	5,565.01	3,704.92	33,390.06
1682	Command - F150	2016	61,172.13	6	10,195.36	10,195.36	56,032.56
1781	Staff - Explorer	2017	31,052.54	6	5,175.42	5,175.42	29,308.49
1811	Engine - Type I	2017	560,939.99	12	46,745.00	46,745.00	192,999.22
1981	Staff-Silverado 1500	2019	36,365.90	6	6,060.98	6,060.98	21,188.54
1982	Command - F250	2019	72,342.33	6	12,057.06	12,057.06	39,177.17
2011	Engine - Type I	2020	701,560.24	12	58,463.35	58,463.35	126,537.12
2081	Command - Chevy Silverado	2020	53,108.86	6	8,851.48	8,851.48	20,637.28
2161	Brush - Type III	2021	463,462.32	15	30,897.49	38,516.05	46,134.61
2181	Command	2021	41,761.17	6	6,960.20	8,676.41	10,392.62
RESERVE							
0211	Engine - Type I	2002	425,000.00	10			430,996.71
0311	Engine - Type I	2004	64,814.02	10			412,007.25
9611	Engine - Type I	1996	475,000.00				475,000.00
Total			6,678,908.77			290,835.49	4,233,530.66
						Accumulated Depreciation 2021	3,942,695.17
						Annual Depreciation 2022	290,835.49
						Accumulated Depreciation 2022	4,233,530.66
						Adjustment	-
						REVISED Accumulated Depreciation 2022	4,233,530.66

**FY21/22 Station Location -
DEPRECIATION EXPENSE and ACCUMULATED RESERVES**

Station Locations	Original Cost	Depreciation Schedule - Years	Depreciation Annual Expense	FY22 Depreciation Expense	Jun 2022 Accumulated Reserves
<i>RSF1</i>					
16936-1/2 El Fuego (Admin)	1,294,645.00	40	32,366.13	32,366.14	971,604.49
Admin Bldg	112,623.07	26	4,331.66	4,331.66	65,746.24
16936 El Fuego (Stn)	2,922,332.00	40	73,058.30	73,058.30	1,681,541.86
Pavers	44,176.00	30	1,472.53	1,472.53	20,252.37
<i>RSF2</i>					
16930 Four Gee Road	3,180,000.00	40	79,500.00	79,500.00	1,511,589.04
16930 Four Gee Road - Training Tower	1,563,252.00	40	39,081.30	39,081.30	703,891.69
Training Facility Concrete	27,000.00	38	710.53	710.53	11,376.21
16930 Four Gee Road - Storage Facility	190,225.36	40	4,755.63	4,755.63	71,386.63
<i>RSF3</i>					
6424 El Apajo (Completed 03/26/2012)	4,854,088.00	40	121,352.20	121,352.20	1,244,109.40
<i>RSF4</i>					
18040 Calle Ambiente	3,180,000.00	40	79,500.00	79,500.00	1,352,371.23
<i>RSF5</i>					
2604 Overlook Point (Trailers)	362,475.81	10	36,247.58	183,323.38	362,475.81
2604 Overlook Point (Station)	5,080,845.00	40	127,021.13	127,021.13	215,065.90
Synthetic Turf	42,092.00	15	2,806.13	2,806.13	4,751.21
<i>RSF6</i>					
20223 Elfin Forest Road	-	-	-	-	-
Septic System	133,622.71	25	5,344.91	5,344.90	17,821.23
<i>RSF-Admin</i>					
Admin Bldg (Rancho Cielo)	1,699,885.47	40	42,497.14	42,497.14	476,317.22
	<u>24,687,262.42</u>		<u>650,045.16</u>	<u>797,120.96</u>	<u>8,710,300.53</u>
				Accumulated Depreciation 2021	7,913,179.57
				Annual Depreciation 2022	797,120.96
				Accumulated Depreciation 2022	8,710,300.53
				Adjustment	(362,475.81)
				REVISED Accumulated Depreciation 2022	<u>8,347,824.72</u>



CSDA Board of Directors Election Ballot - Term 2022-2024; Seat A - Southern Network

Please vote for your choice

Choose **one** of the following candidates:

- Jo MacKenzie*
- Jan Bissell
- Kelly Gregg
- Rickey Manbahal
- Jo-Anne Martin
- Paulina Martinez-Perez
- Rachel Mason
- David E. Raley
- John Skerbelis

*Incumbent

<input type="checkbox"/> Jo MacKenzie* [view details]
<input type="checkbox"/> Jan Bissell [view details]
<input type="checkbox"/> Kelly Gregg [view details]
<input type="checkbox"/> Rickey Manbahal [view details]
<input type="checkbox"/> Jo-Anne Martin [view details]
<input type="checkbox"/> Paulina Martinez-Perez [view details]
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FINANCIAL AND OPERATIONAL ANALYSIS FOR PARAMEDIC SERVICES

San Diego CSA 17



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ICMA

Exclusive Provider of Public Safety Technical Services for
International City/County Management Association

THE ASSOCIATION & THE COMPANY

International City-County Management Association (ICMA)

The International City Management Association is a 103-year old, nonprofit professional association of local government administrators and managers, with approximately 13,000 members located in 32 countries.

Since its inception in 1914, ICMA has been dedicated to assisting local governments and their managers in providing services to its citizens in an efficient and effective manner. ICMA advances the knowledge of local government best practices with its website (www.icma.org), publications, research, professional development, and membership.

Center for Public Safety Management, LLC (CPSM)

The ICMA Center for Public Safety Management (ICMA/CPSM) was launched by ICMA to provide support to local governments in the areas of police, fire, and emergency medical services.

ICMA also represents local governments at the federal level and has been involved in numerous projects with the Department of Justice and the Department of Homeland Security.

In 2014, as part of a restructuring at ICMA, the Center for Public Safety Management (CPSM) was spun out as a separate company. It is now the exclusive provider of public safety technical assistance for ICMA. CPSM provides training and research for the Association's members and represents ICMA in its dealings with the federal government and other public safety professional associations such as CALEA, PERF, IACP, IFCA, IPMA-HR, DOJ, BJA, COPS, NFPA, and others.

The Center for Public Safety Management, LLC, maintains the same team of individuals performing the same level of service as when it was a component of ICMA. CPSM's local government technical assistance experience includes workload and deployment analysis using our unique methodology and subject matter experts to examine department organizational structure and culture, identify workload and staffing needs, and align department operations with industry best practices. We have conducted more 315 such studies in 42 states and provinces and 224 communities ranging in population from 8,000 (Boone, Iowa) to 800,000 (Indianapolis, Ind.).

Thomas Wieczorek is the Director of the Center for Public Safety Management. Leonard Matarese serves as the Director of Research & Program Development. Dr. Dov Chelst is the Director of Quantitative Analysis.

CENTER FOR PUBLIC SAFETY MANAGEMENT PROJECT CONTRIBUTORS

Thomas J. Wieczorek, Director

Leonard A. Matarese, Director, Research & Project Development

Dov Chelst, Ph.D. Director of Quantitative Analysis

Michael Iacona, Senior Manager Fire and EMS

Matt Zavadsky, Senior Associate

Dennis Kouba, Senior Editor

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SECTION 1. EXECUTIVE SUMMARY

The Center for Public Safety Management LLC (CPSM) was retained by the County of San Diego, Health and Human Services Agency (HHSA), to conduct a review of the Emergency Medical Services (EMS) delivery system in County Service Area (CSA) 17. Specifically, CPSM was tasked with providing an in-depth review of the **Financial and Operational oversight** of HHSA's Emergency Medical Services Section in its administration of the paramedic ambulance providers and EMS first responders; the overall goal of the review is to provide recommendations aimed at improving efficiency and ensuring proper financial oversight.

CPSM provides this analysis and recommendations in **two segments**. In the first segment, we evaluate the financial components associated with providing these services. This aspect of the study reviews the organizational structure of the CSA, the contractual relationship with the various service providers, its financial accounting practices, fund management, recordkeeping, and managerial oversight. Our focus is on the financial components utilized in the oversight of these services, the administration of the revenue and expenditures, and the long-term sustainability of these funding sources.

The second segment of the study, the operational review, we analyze the delivery of EMS services. This includes the evaluation of the different deployment practices associated with operations in the CSA, and the effectiveness of dispatching procedures, deployment, and resource control. We also review the level of medical control, the effectiveness of existing performance measures, and the review of service outcomes. We also examine the working relationship among the various service providers and their workloads.

In our review, CPSM interacted extensively with County staff and the service providers to obtain and interpret certain documents, data, and information. We used this information/data to familiarize ourselves with the various aspects and costs associated with service delivery. This information was used to determine if there are financial management practices and deployment options that could enhance overall service efficiencies and position the County to improve its oversight and financial management for these services.

For the first segment of the project, we conducted a site visit on March 26-28, 2019 for the purpose of observing system operations and financial accounting practices, interviewing key staff members, and reviewing preliminary data and reporting practices. Telephone conference calls as well as e-mail exchanges were conducted between CPSM project management staff, the service providers, and other key officials involved in EMS operations. CPSM will typically utilize national and state benchmarks that have been developed by organizations such as the California Emergency Medical Services Authority (EMSA), National Fire Protection Association (NFPA), the Association of Public-Safety Communication Officials-International (APCO), the Center for Public Safety Excellence Inc. (CPSE), and the ICMA Center for Performance Measurement, as well as others in developing its analysis. CPSM has continued meeting quarterly with the CSA since March as well as addressing a special meeting of the City Managers and fire chiefs for CSA 17 on February 13, 2020.

We are exceptionally impressed with the County's staff. We found the County's EMS employees to be highly skilled and extremely committed in serving San Diego County and in support of the provider agencies. The County personnel with whom CPSM interacted are truly interested in serving the County and its residents and visitors to the best of their abilities. Though the County personnel with whom we interacted are not directly involved in the delivery of EMS services, their efforts to provide funding, develop performance outcome measures, ensure quality assurance practices, and oversee system financial standing are all critical to service delivery. The County's EMS section is challenged to appropriately staff and manage the financial oversight of paramedic service delivery and review the best practices that ensure the financial sustainability and solvency of these efforts. Though these aspects of financial management are difficult to navigate, they are not insurmountable. CPSM will provide a series of recommendations that can assist the County with its duties to ensure the proper oversight and administration in this critical public safety function.

Fourteen recommendations are listed below and in the applicable sections within this report. The recommendations are based on best practices derived from the NFPA, CPSM, ICMA, APCO, the U.S. Fire Administration, the American Ambulance Association (AAA), and the Federal Emergency Management Agency (FEMA).

RECOMMENDATIONS

1. County EMS should continue the current long-term service contracts (three to five years in length) with fire agency service providers and in subsequent agreements, tie any future price escalations to a specified service index or financial cost indicator. (See p. 33.)
2. The CSA 17 Budget Subcommittee should be more engaged with County EMS on the financial analysis of the CSA. (See p. 34.)
3. County EMS should implement a more simplified financial reporting process that incorporates the use of dashboards and cost centers for evaluating the expense and revenue projections for CSA 17. (See p. 38.)
4. County EMS should continue its practice of maintaining a six-month operating reserve balance in the CSA. (See p. 39.)
5. County EMS should contract for random internal post-claim audits of ambulance billing and patient care records in the CSA. (See p. 39.)
6. County EMS should consider increasing both resident and non-resident transport rates in CSA 17 to reflect the prevailing transport rates in the area. (See p. 42.)
7. County EMS, working with the service provider agencies in CSA 17, should develop a clinical performance dashboard to monitor compliance with key clinical bundles. (See p. 45.)
8. County EMS, working with its EMS service providers, should develop a patient experience reporting process and dashboard to monitor patients' perceptions of the services being provided. (See p. 51.)
9. County EMS should monitor the clinical performance outcomes reported for patient care in CSA 17 and compare these indicators with those benchmarks established in the ESO Solutions EMS Index. (See p. 51.)

10. County EMS should work with response agencies in CSA 17, the dispatch centers, and the Medical Director in implementing an effective prioritization process that is capable of supporting Emergency Medical Dispatching (EMD) for incoming EMS calls. (See p. 55.)
11. County EMS should work with response agencies in CSA 17 to implement response guidelines that preclude agencies from responding with lights and sirens when the EMD inquiry indicates that a "hot" response is not warranted. (See p. 55.)
12. County EMS should include in future ambulance service agreements in CSA 17 an exclusivity provision with the 911 transport provider for all interfacility, non-emergency transports that originate in the CSA. (See p. 56.)
13. County EMS should work with the ambulance contractor and the North Comm dispatch center in the utilization of system status management deployment practices for ambulance units. (See p. 56.)
14. County EMS should include in future service agreements in CSA 17 the requirement that the providers receive enhanced revenues if they can demonstrate clinical excellence, cost efficiency, and exceptional patient experience in their service delivery. (See p. 57.)

SECTION 2. CSA AUTHORIZATION



HISTORY & PURPOSE

The County Service Area (CSA) is a legislative tool established in the California Government Code, Section 25210.1, which authorizes counties to finance and provide public facilities and services in select sections of the unincorporated areas of their jurisdictions. The CSA is a dependent taxing mechanism under the direction of the County Board of Supervisors, which authorizes specific tax levies for express purposes in both incorporated and unincorporated areas of the County.

CSA 17, which includes the cities of Del Mar, Solana Beach, and Encinitas, along with the unincorporated areas of Del Mar Heights, Rancho Santa Fe, and portions of Elfin Forest, was established in 1969 to provide basic emergency ambulance services.

CSAs were formed with the express purpose of funding the delivery of basic emergency ambulance services and later expanded to provide advanced life support (paramedic) services. Through a series of authorizations that were approved by referendum by the affected residents in these areas, additional tax levies were authorized to fund ambulance transport and first response EMS services. There are two CSAs in San Diego County, CSA 17, and CSA 69. Each CSA was established independent of the other and they are structured differently in the methods in which services are provided. The County's Health and Human Services Agency (HHSA), and its Emergency Medical Services section (County EMS), are charged with the oversight of this funding authority and the administration of these services. The two CSA's utilize different models to provide EMS services; CSA 17 uses a two-tier model (private contracted transport with medical first response by the fire department) and CSA 69 uses a fire-based ambulance transport system.

ORGANIZATIONAL STRUCTURE AND OVERSIGHT

As part of the administrative and operational supervision of service delivery in CSA 17, an Advisory Committee was established to provide a means of communication between the citizens in the CSA and the County of San Diego HHSA and the Board of Supervisors. Membership on the advisory committee includes a cross-section of the service area, with representation from the primary service providers in the CSA (Municipal and Fire District Representatives) along with hospital representatives, the ambulance provider, and civic and citizen groups as specified in the specific legislation establishing the CSA. CSA 17 also maintains an Operations Chief Subcommittee, which reviews and provides recommendations regarding service delivery, deployment, and equipment needs. Both the CSA Advisory Committee and their Operations Chiefs Subcommittees are staffed and organized under the County's EMS section, which is responsible for maintaining the meeting agendas and the minutes for these meetings. Each provider agency is responsible for the supervision and administration of its field activities, including personnel administration, logistical support, capital facilities, and vehicle acquisition and maintenance. CSA 17 also has a Budget Subcommittee that historically meets annually to review budgets for upcoming years.

Given the critical financial environment, the Budget Subcommittee should be engaged in reviewing the finances of the CSA and providing input into recommendations to help assure the sustainability of the CSA.

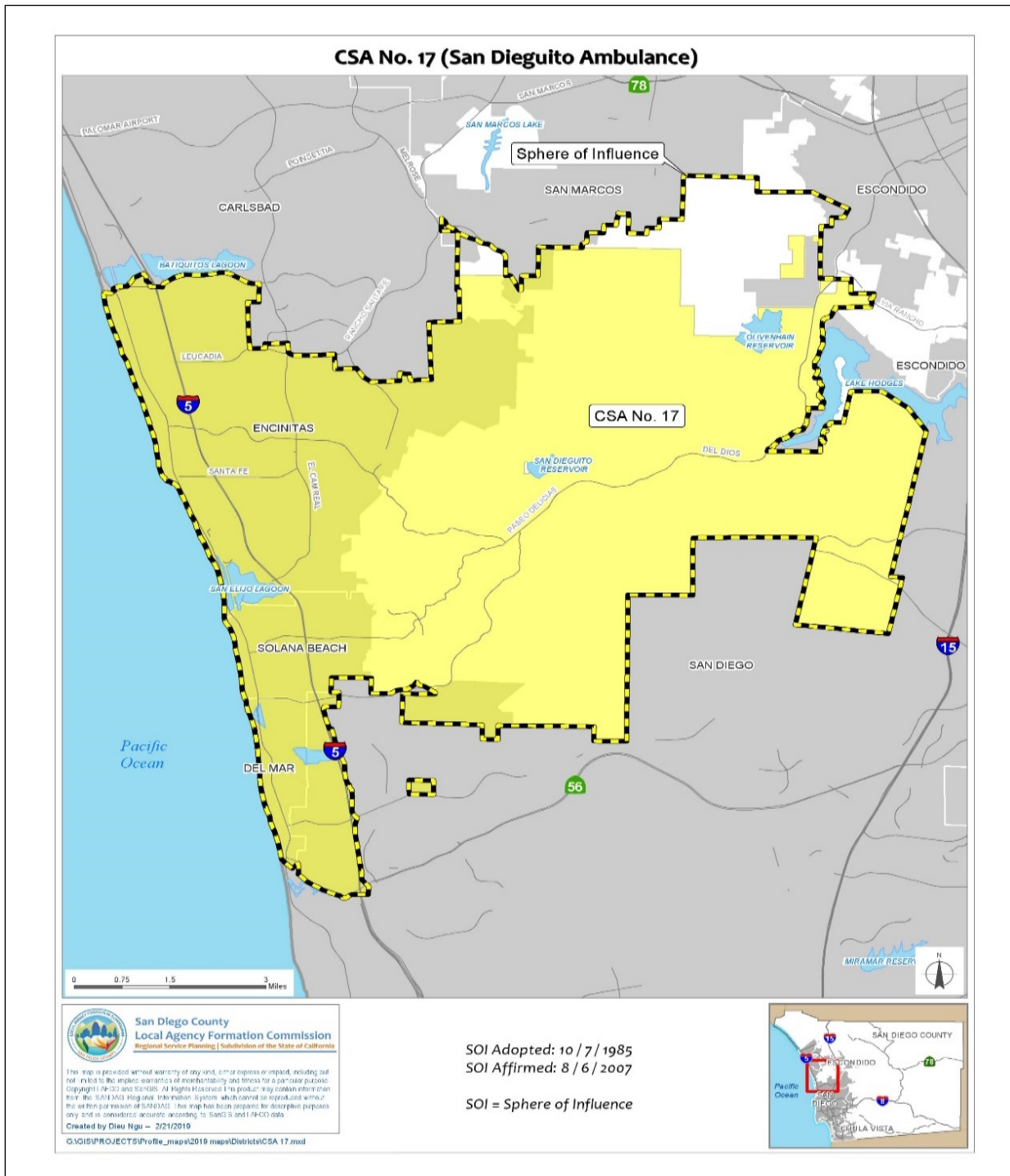
The County has entered into service contracts with the service providers; this contract specifies the terms and conditions for delivering services along with the annual payment for these services.

In **CSA 17**, fire departments are responsible for EMS first response and this service is provided at the Advanced Life Support level (ALS). This means that fire response vehicles, typically fire engines, are staffed with at least one paramedic and are equipped with medical supplies, equipment, and medications that support ALS treatments. The County has also entered into a service contract with a private ambulance provider that is responsible for the delivery of ALS treatment and patient transport services in CSA 17. Both fire first response units and an ambulance are dispatched to all 911 emergency calls. The ambulance provider contract in CSA 17 is currently held by American Medical Response (AMR). AMR staffs its ambulances with one paramedic and one EMT. CSA 17 has individual provider contracts with three separate municipalities: Encinitas, Solana Beach, and Del Mar. In addition, there are service contracts with the Rancho Santa Fe Fire Protection District (RSFFPD) and the North County Dispatch Joint Power Authority (North Com).

DESCRIPTION OF SERVICE AREAS

CSA 17 encompasses an estimated service area of 73 square miles situated in the north-coastal area of San Diego County. It includes the cities of Encinitas, Del Mar, Solana Beach, the community of Rancho Santa Fe, the areas identified as Crosby Ranch, 4-S Ranch, Del Mar Heights, Del Mar Terrace west of Interstate 5, and Elfin Forest. The entire CSA area has an estimated resident population of more than 130,000 and experiences significant influxes of non-resident tourist populations.

FIGURE 2-1: Map of CSA 17



EMS ambulance transport and first response cost in CSA 17 is funded in part by CSA revenues obtained through property taxes, voter-approved benefit fees, intergovernmental transfers (GEMT), along with resident and non-resident patient transport fees. In CSA 17, for FY 19/20, the combined total from all revenue sources generated \$5,327,300 Table 2-1 is a summary of the revenues generated and their sources for the CSA.

TABLE 2-1: Revenue Sources for CSA 17 (FY 19/20)

Resident Ambulance Transport Fees	\$1,225,859
Non-Resident Ambulance Transport Fees	\$831,447
Ambulance Transport Fees Subtotal	\$2,057,306
Property Tax	\$1,453,535
Benefit Fee	\$1,689,966
Other (Interest, GEMT)	\$126,493
Non-Transport Related Revenue Subtotal	\$3,269,994
Total Revenue	\$5,327,300

COMPARISON OF CSA MODEL WITH OTHER EMS FUNDING STRUCTURES

The CSA model currently utilized in CSA 17 is a unique funding and management structure that resembles the **EMS Public Utility Model** that is being used effectively in several communities across the United States.¹ The Public Utility Model is an EMS delivery system in which both public tax funding and user fees generated from patient transport activities are utilized to fund operations. Typically, public utility models operate as follows:

- The public utility owns and manages the capital assets utilized in providing these services (vehicles, equipment, CAD systems, radio systems, etc.).
- Generally, through an open procurement process, an EMS contractor (typically a privately held ambulance company) is selected to provide the EMS personnel, dispatchers, and field supervision needed in providing these services.
- An independent medical control group is established to oversee clinical services, quality control, training, and performance measurement.

In most public utility models, a **Two-Tier EMS Delivery System** is utilized. In this arrangement, area fire departments are the primary first responder and the ambulance provider is a co-responder. The fire departments will typically arrive first on scene, provide the initial patient assessment, and begin treatment. Fire department first responders may deliver their services at either the basic life support level (BLS) or at the advanced life support level (ALS).

In some public utility models, fire agencies receive a first responder fee for their services; performance measures are established to regulate and govern service delivery criteria. In most public utility models, a common and predominant medical control component is utilized to ensure quality control in patient care and treatment modalities.

1. Currently, the public utility model for EMS is used in Richmond, VA; Oklahoma City and Tulsa, OK; Reno/Washoe County, NV; Fort Worth, TX; Little Rock, AR; Pinellas County, FL; Charlotte, NC; and Fort Wayne, IN.

The ambulance provider in the public utility model will typically co-respond with first responders and assume patient care, along with patient transport, when needed. Once the ambulance provider assumes responsibility of patient care, the fire department unit is typically released from the scene and returns to its assigned response area. There are occasions, such as in the care of the most critical patients, in which a fire department member will accompany the ambulance during transport. The public utility is a quasi-governmental operation that has limited tax authority to fund EMS operations and capital expenditures and maintains oversight of patient care. There are different iterations of the Public Utility Model in which the public utility may provide and own the ambulances, facilities, and capital equipment (radios, computer systems, medical and extrication equipment, etc.). In some systems the public utility is also responsible for the operation of the EMS dispatching system and the management and deployment of field units.

In addition to emergency 911 transport services, in the Public Utility Model, **interfacility transport services** are also provided. These services typically are non-emergency in nature and involve the movement of patients from one medical facility to another. Interfacility transports are typically scheduled services, and these services are provided on a fee-for-service basis. The public utility will also manage the billing and collection process. These financial services may be subcontracted to an outside provider or may be managed by public utility staff. The combined revenues generated by the Public Utility Model, user fees, and tax revenues are utilized to fund all operations. The unique aspect of the EMS Public Utility Model is that the funding for EMS services is provided through a combination of user fees (patient transport revenue) and publicly generated tax revenue. These are governmental agencies that utilize high performance, high value practices in the delivery of these services.

In several communities, a **Fire-Based EMS System** is utilized in the delivery of EMS treatment and transport services. For descriptive purposes, CSA 69 uses the fire-based system model. These systems also use a two-tiered process, but in the fire-based systems, all responding personnel and equipment are operated under the authority of the local fire department. As with the Public Utility Model, first response activities are either configured as BLS or as ALS providers. In fire-based EMS systems, when a patient transport is required, this service is carried out by fire department personnel and a fee is generally assessed for these services. Revenues received from transport services are utilized to supplement the funding for all fire department operations.

Several communities utilize a **Hospital-Based EMS System**. In this arrangement a two-tiered delivery system may be utilized, and the combined fire first responders and hospital EMS personnel co-respond in delivering services. These systems can be either for-profit or non-profit operations. Fees are assessed for transport services and billings and collections are generally carried out under hospital supervision.

There are also EMS delivery systems that are a **Stand-alone Government Entity**. These systems are typically operated as a separate EMS department under county, provincial, or state governmental structures. These services are also funded through a combination of tax-generated revenues and user transport fees. Fire agencies may provide first response services and medical control and quality control are provided as a separate element of this structure.

Perhaps the most common EMS delivery system is what is often termed as a **Public-Private EMS Model**. In this structure, first response activities are provided by the local fire department and transport services are provided by a private ambulance provider. In the public-private EMS model, the ambulance service is on a fee basis and the private ambulance provider will conduct its own billing and collection activities associated with providing these services.

In the public-private EMS model, the fire department first response activities are typically not eligible for reimbursement by third-party payers, therefore, funding is provided through the governmental budgetary process, typically through local tax revenues (property and sales taxes).

In the public-private EMS model, the local government will enter a contractual arrangement with the ambulance provider, stipulating the terms of this service agreement including the fee structure for transport charges and some criteria for service performance (response time criteria, staffing levels, medical control, etc.). In the public-private model, depending on the demographics of the community and the types of transport revenues that are realized, a government subsidy or stipend may be provided to the ambulance provider to sufficiently fund the ambulance operations. In some communities where revenues are sufficient to fund ambulance operations, the local government may require a franchise fee be paid by the ambulance provider so that some of the profits realized from transport services are redistributed to fund a portion of the governmental operations associated with service delivery.

The current environment in the delivery of healthcare is changing dramatically, and the recent COVID-19 Pandemic has accelerated changes in healthcare delivery. The COVID-19 Pandemic has dramatically changed EMS delivery. Many communities saw a significant decrease in 911 response and transport volume. At the same time, EMS agencies undertook essential expanded roles such as patient navigation to destinations other than a hospital emergency department, COVID testing, vaccine administration and monoclonal antibody (mAb) infusion therapy.

Changes in the insurance industry, including Medicare, Medi-Cal, and employer-sponsored insurance coverage, have altered the approach to providing medical care, including prehospital care and emergency medical transports. The public has recognized the benefits of utilizing the 911 system to access rapid and professional prehospital care. Prior to the COVID Pandemic, the volume of 911 calls has been increasing across the nation; these increases often stress the capacity of first responders and hospital emergency departments. Much of the call volume associated with 911 calls are not true medical emergencies and frequently involve public assists, substance abuse calls, and calls involving mental health and other efforts that require social service assistance rather than emergency medical care.

In numerous systems across the nation, many calls are non-emergency in nature and do not necessitate a “HOT” response (with lights and sirens). For example, recent data from the Metropolitan Area EMS Authority (MedStar) Public Utility Model system in Fort Worth, Texas, reveals that only 24 percent of its response activity is classified as life-threatening or Priority 1 calls. In other words, this analysis indicates that 76 percent of the call activity is non-life-threatening or non-emergency in nature.

TABLE 2-2: Analysis of Response Modes Utilizing a Dispatcher Call-screening Process (MedStar/Fort Worth, TX)*

Response Priority	# of Calls	Percent of Total
Priority 1 – Life-threatening	30,298	24.3
Priority 2 - Non-life-threatening	60,747	48.8
Priority 3 - Low acuity emergency	33,555	26.9

**Note: Response summary for MedStar units in 2020 involving 124,600 responses.*

Consequently, 911 dispatch call centers across the nation are enhancing their capability to screen incoming calls to determine the nature and severity of the incident from the information provided by the caller. With this information in hand, agencies can alter their response to better match the level of response with the true nature and severity of the call.

Additionally, many communities are establishing new programs involving the delivery of **Community Paramedicine** or **Community Health Initiatives**. These programs are aimed at reducing the number of 911 transports to hospital emergency departments to divert non-emergency patient transports to resources that are best suited to provide the level of care that is required.

The service model utilized in CSA 17 is a type of **Hybrid EMS Public Utility Model**. The combined use of both tax revenues and user fees in funding services, combined with system oversight by a regulatory government entity, is in line with the structure of the public utility model described above. This, combined with the establishment of specified fees for the various services and the management of the billing process, are all very consistent with the public utility model.

Where the San Diego CSA systems differ is the level of control that is exercised in both clinical and operational performance. In most EMS Public Utility Models, the level of medical control exercised by the medical control group is very rigid and comprehensive in its scope. The Medical Director and their staff have significant involvement in directing clinical performance and requiring specific service delivery outcomes. There is typically a very robust effort in the areas of quality control and quality assurance. This level of performance is applied to all aspects of the service delivery network including 911 medical dispatching, EMS first response, transport activities, training, and skills evaluation. In the San Diego system, the level of oversight exercised by the County's Medical Director appears very limited and its review of performance outcomes, including response time criteria, is not monitored, or reviewed on a regular basis.

SECTION 3. CSA 17: PROVIDER PROFILE

CSA 17 receives EMS services from a composite of municipal fire agencies, one fire protection district, and a private ambulance provider (AMR). EMS first response services are provided by four fire agencies: Del Mar Fire, Encinitas Fire, Rancho Santa Fe Fire Protection District and Solana Beach Fire. The cities of Encinitas, Del Mar, and Solana Beach have established a cooperative management services agreement that provides field supervisory and administrative oversight of fire and EMS response services throughout the three-city area and into neighboring unincorporated areas of CSA 17.

The combined Encinitas/Del Mar and Solana Beach contingent operates from eight fire stations utilizing six ALS engines, two ALS ladder trucks, and one ALS squad unit as the primary response units daily. Encinitas/Del Mar and Solana Beach operate with a minimum daily on-duty staffing of 27 personnel. The Rancho Santa Fe Fire Protection District (RSFFPD) operates from six fire stations and The daily minimum on-duty staffing levels in the RSF is set at 18-line personnel. Five of the six RFS stations are staffed with a minimum of three personnel; one station (Station #6) operates with a minimum of two personnel. RSF will also utilize upwards of 30 reserve positions to supplement on-duty staffing.

Each of the fire agencies provides ALS first response services and works jointly with AMR in their response to EMS calls throughout CSA 17. AMR ambulance units are jointly staffed at several of the fire stations in the three-city area and co-respond with municipal resources. Table 3-1 identifies each fire station and the primary response vehicles and personnel assigned to each fire facility.

TABLE 3-1: CSA 17 Fire Stations, Response Units, and Assigned Personnel

Station #	Response Units	Assigned Personnel
Encinitas-1	1 Engine	3 1
Encinitas-2	1 Engine AMR-Ambulance	3 2*
Encinitas-3	1 Engine 1 Command/BC	3
Encinitas-4	1 Engine	3
Encinitas-5	1 Truck AMR-Ambulance	3 2
Encinitas-5	1 Squad	2
Solana-1	1-Engine 1-Ladder Truck AMR-Ambulance AMR Supervisor	3 3 2 1
Del Mar-1	1-Engine	3**
Rancho SF-1	1-Engine AMR-Ambulance	3 2
Rancho SF-2	1-Engine AMR-Ambulance	3 2
Rancho SF-3	1-Engine	3
Rancho SF-4	1-Engine AMR-Ambulance	3 2
Rancho SF-5	1-Engine	3
Rancho SF-6	1-Engine	2

Note: *12-hour unit; **A non-dedicated 12-hour AMR unit is posted in the Del Mar Heights area

WORKLOAD & SERVICE OUTCOMES

The combined EMS workload in CSA 17 is generally light, given the number of transport units (5.5), the daily call volume, and the size of the service area. In calendar year 2020 there were a total of 7,373 EMS responses among the combined service entities; these responses resulted in a total of 4,979 patient transports. Table 3-2 shows the distribution of EMS responses occurring in each of the subareas of CSA 17. On average, this would indicate that CSA 17 was generating approximately 15 transports each 24-hour period, or approximately 2.7 transports per transport unit if distributed equally. Given an estimated 73-minute call duration for each transport, CPSM estimates that on average, each of the CSA 17 ambulances are involved in patient transport activity approximately 3.1 hours each 24-hour period. When combined with the 2,394 EMS calls that do not result in a transport, and an average 25-minute call duration for each non-transport EMS call, CPSM would further estimate that this additional workload would equate to 0.5 hours each day per ambulance. Thus, we would estimate that each ambulance in CSA 17 is operational on EMS response and transport activity an estimated 3.6 hours each 24-hour period.

TABLE 3-2: CSA 17 Total EMS Calls by First Responding Agencies (2020)

Agency	Total EMS Calls	Average Daily Calls
Encinitas	4,371	12.0
Rancho Santa Fe	1,237	3.4
Solana Beach	887	2.4
Del Mar/Del Mar Heights	734	2.0
Total	7,944	21.8

DISPATCHING SERVICES

The dispatching of EMS resources is a key part of EMS service delivery. Dispatching services for responding agencies servicing CSA 17 are provided under contract by the North County Dispatch JPA, commonly referred to as North Comm. North Comm is a joint powers authority (JPA), a public entity established under Section 6502 of the California Government Code. North Comm provides fire and emergency medical dispatch services to 17 separate fire departments, AMR, and a number of other service entities in the North San Diego County area. North Comm has a separate operating Board of Directors and a Medical Director and receives fees from participating agencies to fund its operations. North Comm utilizes a staff of 21 full-time dispatchers and three shift supervisors along with additional part-time personnel, IT and GIS staff, and administrative and management personnel in providing these services.

The center provides Emergency Medical Dispatching but responding agencies in the CSA do not utilize the call-prioritization efforts and severity index provided by the center in order to better and more safely manage their response patterns. Subsequently, all response entities in CSA 17 (fire and ambulance) typically run “hot” (lights and sirens) to all requests for assistance.

In addition, North Comm has the ability to provide “**System Status Management**,” which is an automated dispatching process that allows real-time movements and relocations of available units to place them in optimum service location to maximize efficiency and improve response times. Fire and ambulance units in CSA 17 typically respond from fixed fire station locations and do not rove throughout the CSA when awaiting an assignment to a call. On most EMS calls, both a fire engine and an AMR ambulance are dispatched.

TRANSPORT SERVICES

911 emergency transport services are provided in CSA 17 by American Medical Response (AMR). AMR is a for-profit ambulance service that operates under a service contract with the County of San Diego. AMR was paid just over \$4 million for its services in calendar year FY 2019/20. In this arrangement, AMR provides personnel (including a full-time EMS Coordinator), vehicles, supplies, radio communications, mobile data computers, and regular reporting regarding its response activities to the County of San Diego. AMR units are housed and respond from municipal fire stations throughout the CSA. At the time of this analysis, AMR operated five 24-hour units and a sixth 12-hour ambulance. An additional 12-hour ambulance is also operated with combined staffing (1 AMR, 1 FD) and this is used primarily as a trainer car to train new personnel.

The current agreement is based on a flat rate charge in which payments are made monthly for one-year increments. The same monthly rate is paid regardless of the number of calls that are responded to or the payments received for these responses. The current agreement is slated to be in effect through December 31, 2021. The ambulance transport agreement is offered through a competitive procurement process. AMR is not responsible for any billing services associated with the transports it carries out. It provides a daily reporting to a third-party billing service (originally Wittman Enterprises, but recently transitioned to Digitech through a competitive procurement process), which is responsible for the billing services associated with EMS transports in CSA 17. All collections for transport services are received by the County of San Diego. AMR provides only 911 emergency transports; non-emergency, interfacility transports are provided in the CSA by other ambulance providers.

In 2020 AMR responded to a total 7,358 calls for service in CSA 17. These calls for service resulted in a total of 4,979 transports. The terms of the AMR service agreement stipulate that AMR units maintain a maximum response time for all calls in the CSA that is 10 minutes or less, 90 percent of the time. AMR consistently meets these response time criteria, except for those exclusions that are specified in the agreement (non-emergency responses, weather delays, mutual aid responses outside the CSA, road closures, incorrect dispatching, etc.). AMR responds hot (lights and sirens) on most calls. AMR will typically respond jointly with a fire department first response engine.

Billing Services and Collections

When the project began, the County of San Diego had entered into an agreement with Wittman Enterprises, LLC for the purpose of providing billing and collection services for all EMS 911 transports carried out in both CSA 17 and CSA 69. Wittman was in the fifth year of a five-year agreement that expired on June 30, 2020. Wittman was paid on a percentage basis for all net collections received for its services. In FY 2018/19 this rate of payment was established at 4.5 percent of net collections. In FY 2018/19, Wittman collected \$1,906,937 in net revenue for 911 transport services in CSA 17. For these services Wittman was paid an estimated \$87,856. A new billing and collection provider, Digitech began services in the first calendar quarter of 2020. It is CPSM's experience that there is normally a decrease in collections when a new provider is brought in because old collections continue and new begin. Normally this dip is resolved within several quarters as experience and collections increase.

The billing process carried out by Wittman (and with the new provider) was based on whether those transported are residents or non-residents. Residents are charged \$400 for each transport while non-residents are charged \$1,050 for each transport. In addition, all patients are billed extra for the mileage traveled during the transport. Non-residents also are assessed additional charges for the use of oxygen and whether the transport occurred during night-time hours. A treat-and-release charge is applied to non-residents who require EMS services but are not transported by an AMR unit. For CSA 17, Digitech receives its billing information from a data transfer by AMR units daily.

SECTION 4. OPERATIONAL COST AND REVENUE COMPARISON

For clarification purposes, the financial models and the operational delivery systems established for EMS in CSA 17 and CSA 69 are different. Though both systems have been established under the same dependent taxing mechanism authorized by law under the County Board of Supervisors, they differ markedly in their costs for delivering these services and the composition of service providers responsible for service delivery.

Though the two CSAs are approximately 30 miles driving distance apart and are similarly sized both geographically and in resident populations, the demographics and call activities in the two areas are markedly different. CSA 17 encompasses several affluent coastal communities and receives significant influxes of tourist population to these beach areas. CSA 69 is further inland and generates nearly twice as many EMS responses as CSA 17. Perhaps the more significant difference in the two service delivery systems is that CSA 17 utilizes a private ambulance provider (AMR) in providing EMS transport services, while CSA 69 provides fire department-based transport services through its two fire departments (Santee and Lakeside).

VIABILITY OF THE CSA SERVICE DELIVERY MODEL

EMS is a vital component of the healthcare system. As with most aspects of health care, costs have risen dramatically in recent years. In the wake of these cost escalations, insurance providers along with state (Medi-Cal) and federal payers (Medicare) have attempted to ensure that EMS transport services are of medical necessity and that other options for patient transfers are either not available or not viable. The scrutiny of these reviews are aimed at eliminating services that are not covered in an effort to reduce overall costs. The cost for an ambulance transport in the San Diego area is among the highest in the nation. According to a 2019 survey of transports rates throughout California, resident and non-resident ALS transport base rates average approximately \$1,550. BLS transports average just over \$1,326. In addition to these base charges there are add-on costs for mileage and supplies that average \$250 per transport. These add-on charges raise the typical transport rate for an ALS call to an estimated cost of \$1,800.

Most insurance providers typically cover emergency and non-emergency ambulance transports. There are several stipulations that qualify the necessity of these services, but when these stipulations are met, payment is allowed. Each insurance provider will pay varying amounts for the transport and there are various levels of EMS transports (ALS1, ALS2, BLS-emergency, BLS-non-emergency, ALS specialty, etc.) that can result in different charges and different levels of payment.

The general groupings of insurance payers in the U.S today are as follows:

- **Medicare** (national health insurance administered under Social Security).
- **Medi-Cal** (California Medical Assistance Program, California’s Medicaid).
- **Private Insurance** (United Healthcare, WellPoint, Humana, Cigna, Blue Cross, etc.).
- **No Insurance/Private Pay.**

Among these payer classifications, there can be significant variation in the amount of payment that is allowable under the coverage and the copayment that is required to be paid by the patient. There may also be differences in the level of payment depending on whether the policy is in an HMO group or a PPO group. The majority of health insurance coverage in the U.S. today is provided under some type of employer provided insurance. Recently, the trend is toward a larger portion of medical healthcare coverage being provided through government providers (Medicare or Medi-Cal). Medicare and state Medicaid programs, including Medi-Cal, typically require that providers who accept their patients be paid based on what is referred to as **assignment**. Assignment means that if the provider of the service agrees to accept Medicare and Medicaid patients, they must accept the amount of payment that is paid by the provider and generally cannot recoup any additional costs for the service from the patient. Medicare and Medi-Cal payments for EMS transports are significantly lower than the typical charges for such services.

Depending on the demographics of the area, the mix of the payer groups can vary markedly. In communities with a larger concentration of senior population, there is a preponderance of coverage that is provided through Medicare and its associated supplemental private insurance coverages. Supplemental insurance coverage typically pays the cost of the service up to the allowable maximums authorized under Medicare. Medicare does not allow for **balance billing**; or the pursuit of payment by the service provider beyond what is authorized by Medicare. However, Medicare patients with supplemental coverage typically are a preferred payer class because of the reliability of these payments. In those service areas with lower socio-economic concentrations there is a higher percentage of the population that relies on government-provided coverage, typically Medi-Cal in California.

There are marked differences in the payer mix that utilize EMS transport in CSA 17 and CSA 69. In CSA 17, Medicare payments typically average about 40 percent of the payments and Medi-Cal about 4 percent. Conversely, in CSA 69 we see about 40 percent of payment comes from Medicare, but Medi-Cal users more than double and account for over 10 percent of the total payments. The mix of the payer groups affects total receipts for services. In San Diego County, the assigned rate for an EMS transport under Medi-Cal (ALS or BLS) is only \$106. The allowed charge for an ALS call in San Diego County under Medicare can be as high as \$697, notwithstanding the additional payments that are made through supplemental insurance coverage.

As insurance payments for EMS transports trend downward, efforts must be established that attempt to recoup the cost for providing these services. In systems that rely solely on the revenues generated through transport fees, the most viable option is to raise the cost per transport for those payer groups that have insurance. These higher charges are intended to offset the lower amounts paid by those patients who utilize Medicare and Medi-Cal and those patients without insurance who often do not pay for their services. However, there comes a point when price escalations become too high and service revenues are unsustainable. At that point, the services either become unavailable or a government entity must step in and provide assistance in order to maintain the service. This assistance can be provided in various ways. Typically, it takes the form of a stipend or subsidy to the provider that is generated from some type of tax levy to ensures the profitability of providing the services.

Government entities have utilized a whole host of funding mechanisms to fund EMS services. Some communities have established independent healthcare districts that generate revenues to fund a multitude of health service-related costs (public hospitals, trauma centers, ground and air ambulance services, health clinics, substance abuse centers, etc.).

Other communities have established government funded EMS providers either under the auspices of their fire department or by a standalone EMS service provider (County EMS, etc.). In this arrangement a combination of tax funding and transport fees are utilized to fund the service. A number of communities have chosen to utilize the EMS Public Utility Model. These utilities are specifically authorized to fund and manage EMS service delivery using a combination of public and fee-based revenues. In San Diego County, the establishment and utilization of the dependent County Service Area (CSA) was an iteration of a funding model designed to supplement the cost for providing EMS services and at the same time a regulatory mechanism to monitor the quality of patient care.

From the perspective of providing oversight of EMS services and generating a viable revenue stream to fund these services, **CPSM believes that CSA 17 is a viable and effective tool in effectuating the delivery of EMS services.** However, the proficiency with which the CSA has managed expenditures and its level of oversight regarding the quality of patient care, is, in our view, in need of improvement.

REVENUES CSA 17

EMS and ambulance services in CSA 17 have historically been financed through a combination of user fees (transport revenue), property taxes (tax increment rate), and a benefit assessment fee (benefit fee) for residents living in the CSA and visitors who utilize these services.

Property assessment rates are relatively fixed due to a combination of legislative regulations. The tax increment mileage rate is capped at an annual rate of increase of 2 percent and benefit fee annual increases are tied to the San Diego area Consumer Price Index (CPI).

TABLE 4-1: CSA 17 Historical Non-transport Revenue*

	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Property Tax	\$1,071,935	\$1,127,153	\$1,197,186	\$1,257,938	\$1,323,145	\$1,390,637
Benefit Fee	\$1,495,887	\$1,515,909	\$1,572,224	\$1,603,873	\$1,578,598	\$1,630,281
Other	\$59,450	\$78,787	\$58,961	\$111,303	\$276,751	\$219,151
Non-Transport Revenue	\$2,627,272	\$2,721,849	\$2,828,371	\$2,973,114	\$3,178,494	\$3,240,069

Using these projections, we have developed the projected revenues that are anticipated through FY 2024-25 for non-transport revenues.

TABLE 4-2: CSA 17 Actual & [Projected] Non-transport Related Revenue

	FY 2019-20	[FY 2020-21]	[FY 2021-22]	[FY 2022-23]	[FY 2023-24]	[FY 2024-25]
Property Tax	\$1,453,535	\$1,624,948	\$1,711,720	\$1,803,126	\$1,899,413	\$2,000,842
Benefit Fee	\$1,689,966	\$1,694,522	\$1,720,605	\$1,747,089	\$1,773,981	\$1,801,288
Other	\$126,493	\$202,770	\$207,130	\$211,583	\$216,132	\$220,779
Non-Transport Revenue	\$3,269,994	\$3,522,240	\$3,639,455	\$3,761,798	\$3,889,526	\$4,022,908

Transport revenues are a product of the volume of transports that occur within the CSA, the rates charged for these transports, and the amount of collections that are received for these services. The rates charged for ambulance transports are established for the CSA through the direction of the County Board of Supervisors, based on feedback received from the CSA Advisory Board and administered by County EMS. These rates have historically provided for a resident transport rate and a non-resident rate. Resident transport rates have not increased since the early 1980s. In addition, there are charges for mileage, oxygen usage, and whether a nighttime transport increment was charged. User fees for residents are less than those for non-residents due to the tax and benefit fee assessment paid by residents. Changes in population growth and demographics result in ambulance response variations. However, there is little change from year to year in the numbers of transports that are carried out in the CSA (typically less than a 3 percent annual increase). CPSM has analyzed these historical patterns for CSA 17 and has developed transport volume predictions. It is important to note that for the purposes of this analysis, CPSM used only actual ambulance transports, not fees for patients assessed on scene and not transported.

TABLE 4-3: CSA 17 Historical Transport Revenue

	2015-16	2016-17	2017-18	2018-19	2019-20
Transports	4,698	4,909	5,154	5,086	5,011
Revenue	\$2,000,709	\$1,895,098	\$1,995,015	\$1,906,937	\$2,057,306

TABLE 4-4: CSA 17 Projected Transport Revenue

	2020-21	2021-22	2022-23	2023-24	2024-25
Transports	4,589	4,608	4,685	4,763	4,843
Revenue	\$2,298,915	\$2,310,462	\$2,349,094	\$2,388,371	\$2,428,305

**Note: COVID-19 Pandemic impacted transport rates in FY 2019-20 and beyond.*

CSA 17 Collection Rates

As with most healthcare providers, EMS services struggle with collection rates. Communities often are required to provide EMS service, but patients are not required to pay for those services at the time these services are received. This lag between service and payment results in great difficulty in ultimately collecting for these services. While some agencies may report collection rates in various ways, the most transparent way to report **collection rates** are by dividing the **total amount received** for services provided, by the **actual dollars billed** for the services. Some agencies may incorporate billed amounts that are expected to be received, net of contractual allowances; however, this may give a false interpretation of the most important measure, the dollars collected of the dollars billed.

It is not unusual for some agencies to only collect a fraction of the payment for the services provided. For emergency ambulance services, collection rates of 25 percent to 40 percent are generally expected. This is a product of the types of insurance that the patients have and whether or not they have insurance at all. For example, for a Medi-Cal patient, the maximum fee that can be collected for an emergency transport is just over \$106. For a Medicare patient, the maximum to be collected is approximately \$700. Given the resident transport rate of \$400 and the non-resident transport rate of \$1,050, one can see how the determination of the actual collections can be skewed by the differences in the payer groups.

For the fiscal year ended (FYE) June 30, 2020, CSA 17’s gross collection rate was 60.0 percent. This is derived as follows:

- Gross Invoiced: \$3,494,914
- Cash Received: \$2,057,306
- Percent Collected: 60.0

Payer Mix

Ambulance transport revenue is significantly impacted by the community payer mix, defined as the percentage of billed and collected revenue based on payer source. Generally, Medicare and Medi-Cal pay a set fee for ambulance transports and the patient is generally not required to pay any difference between the billed amount and the amount paid by Medicare and Medi-Cal. Commercial insurance tends to pay a higher portion of ambulance claims, as these payers typically pay claims based on a regional “Usual and Customary Rate,” or UCR. The UCR is generally derived from the payer’s analysis of the average ambulance claims for the market. A review of CSA 17’s payer mix is shown in Table 4-5.

TABLE 4-5: CSA 17 Payer Mix Based on Payments Received

Payer	FY18-19 Total YTD
Medicare	27.4%
Medicare HMO	15.4%
Medi-Cal	1.1%
Medi-Cal HMO	4.2%
Insurance	44.0%
Private Pay	8.0%
Other	0.0%

**For this analysis, CPSM has chosen to not include data from 2020 due to the unusual impact of the COVID-19 pandemic on response and transport volume.*

The proportion of payments from patients with commercial insurance is not unusual (typically it averages somewhere between 45 percent and 52 percent of the revenue) and as mentioned earlier, these private insurance payments tend to be higher than other payer types. This also means that any increase in the ambulance rates charged will likely yield additional net revenue from this payer category.

When we look at the combined revenues in CSA 17, we can determine that in FY 2019-20, tax funding (property tax and benefit fees) along with other non-user fee revenues (other), accounted for 61.4 percent of the total revenue. Ambulance transport revenues account for approximately 38.6 percent of the total revenue.

TABLE 4-6: CSA 17 Historical Revenue – All Sources

	2015-16	2016-17	2017-18	2018-19	2019-20
Ambulance Transport Fees	\$ 2,000,709	\$ 1,895,098	\$ 1,995,015	\$ 1,906,937	\$ 2,057,306
Property Tax	\$ 1,197,186	\$ 1,257,938	\$ 1,323,145	\$ 1,390,637	\$ 1,453,535
Benefit Fee	\$ 1,572,224	\$ 1,603,873	\$ 1,578,598	\$ 1,630,281	\$ 1,689,966
Other (Interest, GEMT)	\$ 58,961	\$ 111,303	\$ 276,751	\$ 219,151	\$ 126,493
Total Revenue	\$ 4,829,080	\$ 4,868,212	\$ 5,173,509	\$ 5,147,006	\$ 5,327,300

In projecting future revenues that include valuation changes, transport volume changes, along with projected transport collections, and assuming no increase in transports rates, we can expect a combined revenue increase of approximately 2.1 percent. For these projections, property tax was projected to increase an average of 5.3%. Based on these estimates, we have developed the following projections:

TABLE 4-7: CSA 17 Projected Revenue – All Sources

	2020-21	2021-22	2022-23	2023-24	2024-25
Ambulance Transport Fees	\$ 2,298,915	\$ 2,310,462	\$ 2,349,094	\$ 2,388,371	\$ 2,428,305
Property Tax	\$ 1,624,948	\$ 1,711,720	\$ 1,803,126	\$ 1,899,413	\$ 2,000,842
Benefit Fee	\$ 1,694,522	\$ 1,720,605	\$ 1,747,089	\$ 1,773,981	\$ 1,801,288
Other (Interest, GEMT)	\$ 202,770	\$ 207,130	\$ 211,583	\$ 216,132	\$ 220,779
Total Revenue	\$ 5,821,155	\$ 5,949,917	\$ 6,110,892	\$ 6,277,897	\$ 6,451,213

Net Revenue Per Transport

CPSM has analyzed historical and projected net revenue per transport for ambulance services, as well as tax increments, benefit fees, and other revenue sources. In the following table, the fiscal year 2019-20 column shows actual revenues reported for CSA 17. Revenues for fiscal years 2020-21 and beyond are CPSM’s projections.

TABLE 4-8: CSA 17 Net Revenue Per Transport

	2018-19	2019-20	[2020-21]	[2021-22]	[2022-23]	[2023-24]	[2024-25]
Transport Revenue/Transport	\$373.44	\$410.56	\$390.28	\$390.28	\$390.28	\$390.28	\$390.28
Other Revenue/Transport	\$637.06	\$652.56	\$657.84	\$666.09	\$674.66	\$683.57	\$692.83
Total Revenue/Transport	\$1,010.50	\$1,063.12	\$1,048.12	\$1,056.37	\$1,064.94	\$1,073.85	\$1,083.11

From a revenue perspective, in CSA 17 we are estimating the total revenue per transport (including transport fee collections, taxes and other revenue) to be just over \$970 in FY 2017-18. These per-transport revenues moderate slightly in future projections, but we anticipate that the average revenue to remain in the \$970 range for the next seven to eight years. Again, these projections include modest revenue increases, but assume the same transport fee structure for both resident and non-resident transport rates. By developing the average revenue per transport, we can provide a direct comparison to the cost per transport in refining this analysis.

EXPENDITURES CSA 17

In fiscal year 2019-20, the distribution of expenses in CSA 17 associated with EMS delivery was for contractual arrangements for the ambulance contractor and fire first response services. There was also a mix of payments for the various administrative overhead costs, including medical control, billing service, dispatch services, and other miscellaneous fees. There were also additional fees paid to the first responder organizations for capital equipment and training enhancements. The ambulance contract fees were the greatest expense, accounting for 74 percent of the overall costs. Fire department first response services, including the capital expenditures, accounted for 17.6 percent of the costs, with administrative costs, billing, and dispatch services account for 10.6 percent of the overall expenditures. The following figure shows the distribution of CSA 17 expenditures for FY 2019-20.

Table 4-9: CSA 17 Distribution of Expenditures, FY 2019-20

Expense	2019-20	% of Total
AMR	\$4,126,930	74.0%
City of Del Mar	\$138,722	2.5%
City of Encinitas	\$525,475	9.4%
Rancho Santa Fe Fire Protection District	\$135,696	2.4%
City of Solana Beach	\$183,414	3.3%
Billing Fees	\$76,244	1.4%
North County Dispatch	\$30,776	0.6%
Sacramento Fire	\$4,595	0.1%
Willdan	\$6,892	0.1%
County Admin Services	\$155,126	2.8%
DPC	\$-	0.0%
CSA Business Consultant	\$32,418	0.6%
GEMTQAF (\$32.30 fee per transport)	\$56,025	1.0%
Accruals for R1, Solana Beach, Wittman	\$105,479	1.9%
Total Expenses	\$5,577,792	100.0%

The ambulance contract is the largest expenditure for CSA 17, the combined rate of increase between FY 2016-17 and FY 2019-20 for this service is 12.9 percent, or approximately 3.2 percent annually.

Though the fire department first response agreements constitute a significantly lower portion of the overall expenditures in CSA 17, it is interesting to note the amount of increase occurring in these contract rates over the same four-year period. In FY 2017-18, the combined fire department first response contracts totaled \$159,912. In FY 2018-19 a new base service fee was determined for first responder contracts, including an established price adjustment over next 5 years. In FY 2019-20, these combined fire department contracts increased to \$417,824. This is an increase of over 161 percent. Table 4-10 shows the AMR historical contract expense and Table 4-11 is the projected ambulance contract expense through FY 2024-25. The current contract with AMR is in effect through December 31, 2021.

TABLE 4-10: Ambulance Contract Expense – FY 2016-17 through 2019-20

Expense	2016-17	2017-18	2018-19	2019-20
Ambulance Contract	\$3,660,645	\$3,859,703	\$3,988,936	\$4,126,930

TABLE 4-11: Ambulance Contract Expense – Projected through FY 2024-25

Expense	[2020-21]	[2021-22]	[2022-23]	[2023-24]	[2024-25]
Ambulance Contract	\$4,265,110	\$4,414,389	\$4,568,893	\$4,728,804	\$4,894,312

The terms of the AMR contract were negotiated and specified in the initial agreement and subsequent extensions. The fire department contracts, though negotiated for multiple years, were frequently adjusted on an annual basis. These adjustments were requested by the agencies, approved by the CSA 17 Advisory Committee, and recommended by County EMS to the County Board of Supervisors. Financial investments were made to enhance equipment, training, and public access defibrillators. Table 4-12 shows the fire agencies’ historical contract expenses and Table 4-13 shows the projected fire contract expenses through FY 2025-26.

TABLE 4-12: Fire First Response Fees, FY 2016-17 through FY 2020-21

	2016-17	2017-18	2018-19	2019-20	(2020-21)
City of Del Mar	\$17,112	\$19,262	\$22,266	\$47,250	\$50,068
City of Encinitas	\$79,538	\$79,581	\$96,613	\$205,378	\$221,633
Rancho Santa Fe	\$102,040	\$42,282	\$78,214	\$135,696	\$150,087
Solana Beach	\$24,043	\$18,787	\$30,311	\$64,381	\$70,458

*2020-21 are Budgeted Amounts.

TABLE 4-13: Projected Fire First Response Fees, FY 2020-21 through FY 2025-26

	[2021-22]	[2022-23]	[2023-24]	[2024-25]	[2025-26]
City of Del Mar	\$51,388	\$52,744	\$54,711	\$56,352	\$58,043
City of Encinitas	\$227,434	\$233,417	\$242,184	\$249,450	\$256,933
Rancho Santa Fe	\$153,977	\$157,981	\$164,004	\$168,924	\$173,992
Solana Beach	\$72,238	\$74,058	\$76,991	\$79,301	\$81,680

The billing contractor receives a percentage of the actual dollars collected as specified in the billing contract. Subsequently, billing fees vary based on the amount of dollars received. This is a common industry practice, and the rate is very consistent with other arrangements both regionally and nationally. Expenses related to ambulance billing are summarized in Tables 4-14 and 4-15.

TABLE 4-14: Billing Fees, FY 2016-17 through FY 2020-21

	2016-17	2017-18	2018-19	2019-20	[2020-21]
Billing Contract Fees	\$85,127	\$89,945	\$87,856	\$76,244	\$105,000

TABLE 4-15: Billing Fees Projected through FY 2025-26

	[2021-22]	[2022-23]	[2023-24]	[2024-25]	[2025-26]
Billing Contract Fees	\$108,150	\$111,395	\$114,736	\$118,178	\$121,724

The additional other expenses associated with service delivery in CSA 17 are illustrated in Table 4-16.

TABLE 4-16: CSA 17 Actual and [Budgeted] Other Expenses through FY 2020-21

Expense	2016-17	2017-18	2018-19	2019-20	[2020-21]
North County Dispatch	\$27,300	\$29,580	\$30,172	\$30,776	\$31,700
Sacramento Fire		\$5,011	\$-	\$4,595	\$-
Willdan	\$-	\$6,491	\$6,718	\$6,892	\$7,000
County Admin. Services	\$128,718	\$135,984	\$178,766	\$155,126	\$215,000
Mutual Aid			\$20,000	\$-	
DPC	\$32,033	\$32,433	\$32,933	\$32,347	\$44,337
GEMTQAF			\$155,921	\$105,479	\$148,235
CSA Business Consultant		0	\$47,500	\$56,025	\$62,852

Transport Unit Cost and Workload

In an effort to refine our analysis and provide perspective regarding the unit cost of service delivery, we have developed a cost per transport in CSA 17. This analysis will provide a direct link to the revenue generated per transport and will indicate, ultimately, a nexus between costs and revenues associated with service delivery in CSA 17.

The County’s ambulance contract for CSA 17 pays AMR \$4,126,930 for its transport services in FY 2019-20. With a projected ambulance transport volume of 5,011 in FY 2019-20, *this means the average ambulance cost per transport is \$823.57*. In addition to the ambulance costs are the cost associated with the fire department first response services, dispatch services, billing, and other administrative charges (including one person to oversee medical director-like service). This combined cost per transport was estimated to be \$124.66 in FY 2019-20. This would indicate that *the average cost per transport in FY 2019-20 is \$948.23*.

In 2019-20, with 5.5 ambulances and 8,706 Unit Hours per year per ambulance, there were 48,180 ambulance unit hours provided for emergency response. With property tax and benefit fees of \$3,134,501, the public subsidy per ambulance unit hour was \$65.06.

Based on FY 2019-20 ambulance contract fee and contracted fees for first response, the average hourly cost per unit hour is \$121.60, including first response fees.

A commonly used measure of ambulance workload and productivity is **Unit Hour Utilization (UHU)**. UHU is a calculation of the amount of time (in hours) a unit is occupied on emergency calls, as a percentage of the total number of hours a unit is staffed and available for response. A unit staffed full-time is available 8,760 hours per year. The greater the UHU, the more active the ambulance component is. The formula to calculate UHU is:

$$\text{UHU} = \frac{\text{(number of calls) X (average call duration in hours)}}{\text{8,760 Hours per Year}}$$

Balancing UHU with response time performance, clinical proficiency, and crew satisfaction is delicate. However, most urban/suburban area ambulance agencies strive to achieve a UHU of 0.330. This means that typically an ambulance would be on an ambulance call 33 percent of its on-duty time. For FY 2019-20 in CSA 17, AMR delivered 48,180 staffed unit hours per year for a transport volume of 5,011. Each call was estimated to have an average call duration of 60 minutes (1 hour). **The UHU calculation for AMR ambulances in CSA 17 is therefore 0.104** (5,011 / 48,180). By normal standards, this is a **very low** unit utilization rate.

CSA 17 TRANSPORT REVENUE

For FY 2019-20, ambulance transport revenue in CSA 17 was \$2,057,306 for 5,011 transports. This results in an **average transport fee revenue of \$410.56**. In addition, CSA 17 receives additional funding through property taxes, EMS benefit fees, and other additional revenue sources (governmental transfers, interest, etc.) for a total of \$3,269,994. This combined additional tax revenue **equates to \$652.66 per transport**.

In FY 2019-20, total CSA 17 total revenue is \$5,327,300. This means the **total revenue per transport is \$1,063.12**. Total expenses for CSA 17 for FY 2019-20 were \$5,577,792. When we evaluated the total costs associated with each transport (ambulance, first response services, billing, dispatch, and administrative charges) it was determined that in **FY 2019-20 the cost per transport was \$1,113.1**. This indicates that there is a net operating loss of \$250,492, or \$49.99 per transport.

2020 was a challenging year due to the COVID-19 pandemic. Many EMS systems, including CSA 17 saw a decrease in ambulance transports, which decreased transport revenue. For FY 2019-20, CSA 17 experienced a 1.5% decrease in transport volume, and we predict an 8.4% decrease in transport volume for FY 2020-21. Although transport volumes across many EMS systems are stabilizing, we do anticipate this a much slower growth in transport volume for CSA 17 for the next few years.

The slow transport volume growth, combined with rising expenses results in CSA 17 experiencing an operational loss for the foreseeable future, without financial mitigation strategies.

Table 4-17 is a summary of transport costs and revenues in CSA 17.

TABLE 4-17: CSA 17 Transport Revenue and Costs (FY 2017-21)

	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
Ambulance Transports	5,154	5,086	5,011	4,589
Total Revenue	\$5,173,509	\$5,147,005	\$ 5,327,300	\$5,821,155
Total Expenses	\$4,280,134	\$4,718,611	\$ 5,577,792	\$5,371,480
Net from Operations	\$893,375	\$428,394	\$(250,492)	\$449,674

As we project future expenses and revenues, we predict that in future years the service revenues will exceed expenses, but expenses are rising faster than revenues. Table 4-18 shows revenues and expense predictions for CSA 17:

TABLE 4-18: CSA 17 Projected Transport Revenue and Costs (FY 2021-2025)

	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
Ambulance Transports	4,608	4,685	4,763	4,843
Total Revenue	\$5,949,917	\$6,110,892	\$6,277,897	\$6,451,213
Total Expenses	\$5,550,201	\$5,734,582	\$5,925,859	\$6,123,749
Net from Operations	\$399,716	\$376,310	\$352,038	\$327,464

TABLE 4-19: CSA 17 Projected Reserve Amounts (FY 2021-2025)

	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
Beginning Balance	\$5,336,913	\$5,636,629	\$5,912,939	\$6,264,978
Credit (Debit) Amount	\$399,716	\$376,310	\$352,038	\$327,464
New Balance	\$5,736,629	\$6,012,939	\$6,264,978	\$6,592,442
Capital Expenditure	\$100,000	\$100,000	\$-	\$-
Reserve After Capital	\$5,636,629	\$5,912,939	\$6,264,978	\$6,592,442
Required Reserve	\$2,775,100	\$2,867,291	\$2,962,930	\$3,061,875
Excess Reserve	\$2,861,528	\$3,045,649	\$3,302,048	\$3,530,567

SECTION 5. REVIEW OF CSA FINANCIAL OVERSIGHT & ACCOUNTING PROCEDURES

Review of Current Accounting Practices

The County of San Diego employs rigorous financial accounting procedures and analysis in its oversight of the CSA, and which cover virtually every aspect of both cost and revenue cycle analysis, along with projections of required reserve balances. The County uses sound practices to project property tax and benefit fees, as well as ambulance transport revenues. There is a significant use of a formula that the County refers to as Compound Annual Growth Rate (CAGR). CAGR is a complex formula for determining changes in projected revenue and expense. Though the CAGR formula is sound in its prediction of revenues over time, it will likely be ineffective in predicting increases in expenses, especially if the County continues to provide additional capital and operating expense increases that go beyond those specified increases in the individual service provider agreements.

CPSM believes that the County has not been diligent in establishing a formula for paying fire provider agencies for their services (first response and transport) within the CSA. The types and rate of increases in provider costs, specifically fire agency services, has been erratic and not associated with a specific performance requirement or volume of service index. CPSM believes that this results in an inconsistency that creates difficulty in predicting long-term financial forecasting. For example, the Wittman Enterprises billing costs and the AMR contract arrangements have incorporated specified price escalations tied to a Consumer Price Index (CPI) increment or some monitored service index (percentage of collections). This results in a more predictable and less sporadic cost model. Fire agency costs, on the other hand, have been erratic and not driven by longer-term contractual provisions.

CPSM believes that in order to stabilize future CSA expenditures, a series of rigid contractual cost containment provisions are needed, and the terms of these provisions must be strictly adhered to. We suggest that all future cost escalations for service providers be tied to a specified service provision or a financial cost indicator (i.e., the consumer price indicator, number of responses/transports, a percentage of revenue received, etc.).

1. County EMS should continue the current long-term service contracts (three to five years in length) with fire agency service providers and in subsequent agreements, tie any future price escalations to a specified service index or financial cost indicator. (Recommendation No. 1.)

The current service agreements with fire-based ambulance and first response agencies do include modest annual compensation increases (approximately 3 percent); however, we have observed several additional funding increases have been provided for equipment and training enhancements. Funding for capital improvements should be clearly stipulated in the first response service agreements. The ability to achieve a sustainable funding mechanism is dependent upon establishing realistic provider cost agreements and a management practice that adheres to the contractual stipulations that are agreed upon.

Accounting Oversight

The current level of oversight by the Advisory Committee and County EMS staff has not placed sufficient emphasis on the long-term financial sustainability of CSA funding mechanisms. The primary objective of the service providers in their relationship with the County appears to obtain the largest amount of financial support with minimal oversight and limited consideration for the long-term financial impacts.

CPSM believes that a higher level of scrutiny is needed in the financial oversight of EMS service delivery. The CSA utilizes an Operations Chiefs Subcommittee for the purpose of reviewing operational proposals and providing review and consent for any recommendations in these areas. CPSM believes that a similar subcommittee that has a financial focus should be established. This subcommittee should be charged with providing oversight regarding proposed expenditures and to review all proposals from a financial perspective. This will help to ensure that all financial decisions are cost effective and can be supported from a funding perspective in both the short-term and long-term.

Recommendation: The County of San Diego should institute a Financial Oversight Subcommittee for CSA 17 for the purpose of reviewing the short-term and long-term financial impacts of all service-related expenditures. (Recommendation No. 2.)

The Budget Subcommittee should be significantly engaged and have a financial perspective and be comprised of representatives of the providers, County EMS, and an independent third-party entity with accounting, healthcare, or public accounting expertise. The subcommittee would assist in the development and review of the financial reporting dashboards, provide preliminary budgetary review, and make recommendations to the CSA on all proposed expenditures.

Administration and Overhead Costs

The County's fiscal and managerial oversight of CSA funding is provided through County EMS. These administrative costs involve medical oversight, financial analysis, quality assurance, and continuing education. In FY 2019-20, the County contracted with an outside EMS business consultant to provide financial assistance with regard to CSA financial oversight. These services have been budgeted for both CSA in a total amount of \$100,000 annually. Considering the nearly \$13 million in combined expenditures by CSA 17 and CSA 69, CPSM believes that these consultant costs do not appear excessive.

It is, however, our belief that the level of oversight and the extent of financial control exercised by County EMS in its administrative duties is currently less than is needed to properly provide the level of oversight required. It is the prerogative of the County Board of Supervisors and the County Chief Administrative Office to determine if this allocation is generating the value desired by the system. As the CSA continues to evolve, the Board of Supervisors and its Chief Administrative Office should carefully evaluate the services being provided by County EMS and its effectiveness in the administration of the CSA.

SECTION 6. OBSERVATIONS & RECOMMENDATIONS

REPORTING PRACTICES

The County provides exceptionally detailed financial reports for the CSA. However, the complexity of these reports makes them difficult to understand and they do not provide sufficient emphasis as to the current and future financial status of the systems. We believe the use of a financial dashboard that identifies key performance indicators (KPIs) will assist in providing a more succinct understanding of the financial viability and trends for the CSA. Tables 6-1, 6-2, and 6-3 are examples of KPI dashboards that may be considered.

TABLE 6-1: Example Operational Revenue Analysis Dashboard

Year: Actual/[Projected]:	2017-18	2018-19	2019-20	[2020-21]	[2021-22]	[2022-23]	[2023-24]	[2024-25]	[2025-26]
Number of Transports	9,383	9,252	9,378	9,506	9,635	9,766	9,899	10,034	10,170
Total Transport Revenue	\$3,821,670	\$3,730,394	\$3,781,157	\$3,832,610	\$3,884,763	\$3,937,627	\$3,991,209	\$4,045,521	\$4,100,571
Revenue per Transport	\$407.30	\$403.20	\$403.20	\$403.20	\$403.20	\$403.20	\$403.20	\$403.20	\$403.20
Other Revenue	\$3,455,030	\$3,292,896	\$3,358,547	\$3,428,094	\$3,501,924	\$3,580,468	\$3,664,208	\$3,753,680	\$3,849,481
Other Revenue per Transport	\$368.22	\$355.91	\$358.13	\$360.64	\$363.46	\$366.63	\$370.16	\$374.11	\$378.51
Total Revenue	\$7,276,700	\$7,023,290	\$7,139,704	\$7,260,704	\$7,386,687	\$7,518,095	\$7,655,417	\$7,799,200	\$7,950,052
Total Revenue per Transport	\$775.52	\$759.11	\$761.33	\$763.84	\$766.66	\$769.83	\$773.36	\$777.31	\$781.71
Ambulance Unit Hours	35,040	35,040	35,040	35,040	35,040	35,040	35,040	35,040	35,040
Transport Revenue /Unit Hour	\$109.07	\$106.46	\$107.91	\$109.38	\$110.87	\$112.38	\$113.90	\$115.45	\$117.03

TABLE 6-2: Example Operational Expense Analysis Dashboard

Year: Actual/[Projected]:	2017-18	[2018-19]	[2019-20]	[2020-21]	[2021-22]	[2022-23]	[2023-24]	[2024-25]	[2025-26]
Transports	9,383	9,252	9,378	9,506	9,635	9,766	9,899	10,034	10,170
Total Expenses	\$6,722,564	\$7,294,103	\$7,547,824	\$7,853,225	\$8,147,873	\$8,489,469	\$8,850,749	\$9,229,745	\$9,627,629
Total Expense/Transport	\$716.46	\$788.38	\$804.85	\$826.18	\$845.67	\$869.29	\$894.12	\$919.89	\$946.66
Ambulance Expenses	\$6,361,298	\$6,865,003	\$7,109,168	\$7,401,247	\$7,680,655	\$8,004,762	\$8,345,912	\$8,701,674	\$9,072,676
Ambulance Expense/Transport	\$677.96	\$742.00	\$758.08	\$778.63	\$797.17	\$819.66	\$843.12	\$867.26	\$892.09
Overhead Expense/Transport	\$38.50	\$46.38	\$46.78	\$47.55	\$48.49	\$49.63	\$51.00	\$52.63	\$54.57
Ambulance Unit Hours (4 units x 8760 hours/year)	35,040	35,040	35,040	35,040	35,040	35,040	35,040	35,040	35,040
Unit Hour Utilization	0.268	0.264	0.268	0.271	0.275	0.279	0.283	0.286	0.290
Expense per Unit Hour	\$191.85	\$208.17	\$215.41	\$224.12	\$232.53	\$242.28	\$252.59	\$263.41	\$274.76

TABLE 6-3: Sample Operational Expense Analysis Dashboard

Year: Actual/[Projected]	2017-18	2018-19	2019-20	[2020-21]	[2021-22]	[2022-23]	[2023-24]	[2024-25]	[2025-26]
Revenue per Transport	\$407.30	\$403.20	\$403.20	\$403.20	\$403.20	\$403.20	\$403.20	\$403.20	\$403.20
Other Revenue/Transport	\$368.22	\$355.91	\$358.13	\$360.64	\$363.46	\$366.63	\$370.16	\$374.11	\$378.51
Total Revenue/Transport	\$775.52	\$759.11	\$761.33	\$763.84	\$766.66	\$769.83	\$773.36	\$777.31	\$781.71
Expense per Transport	\$677.96	\$742.00	\$758.08	\$778.63	\$797.17	\$819.66	\$843.12	\$867.26	\$892.09
Other Expense/Transport	\$38.50	\$46.38	\$46.78	\$47.55	\$48.49	\$49.63	\$51.00	\$52.63	\$54.57
Total Expense/Transport	\$716.46	\$788.38	\$804.85	\$826.18	\$845.67	\$869.29	\$894.12	\$919.89	\$946.66
Revenue over Expenses	\$59.06	(\$29.27)	(\$43.52)	(\$62.33)	(\$79.00)	(\$99.47)	(\$120.75)	(\$142.58)	(\$164.95)

The current forecasting process is overly complex and often deviates from the funding levels specified in the provider agreements. CPSM believes a simpler approach to forecasting is warranted and should utilize the known contractual cost increases to predict future expenses. Revenue projections should be based on historical trends in service volumes and the utilization of anticipated tax and benefit fee increments that are authorized legislatively. The ability to fund any service increments beyond those specified in the contractual agreements should be limited to one-time funding considerations that utilize reserve or contingency funding. In addition, prior to any fund increase, a detailed analysis should be made that looks specifically at the long-term impacts of these expenditures. This approach has been used by CPSM in this engagement as demonstrated in the workbooks and calculations provided in this report.

The recommended **Financial Oversight Subcommittee** should be required to review and recommend approval for any significant financial adjustment. To facilitate this financial analysis, we are proposing the use of “**dashboards**” with identified “**cost centers**” to monitor and report on projected revenues, expenses, and operational performance indicators.

Recommendation: The County of San Diego should implement a more simplified financial reporting process that incorporates the use of dashboards and cost centers in evaluating the expense and revenue projections for CSA 17. (Recommendation No. 3.)

COST CENTER APPROACH TO COST REPORTING

There are several primary revenue and cost drivers for CSA 17 that can be useful in developing a quick assessment regarding the financial solvency of operations. A cost center is an accounting tool typically utilized in manufacturing and production industries to isolate costs in an effort to maximize profits. CPSM believes that by utilizing cost centers to identify, and perhaps more importantly, to monitor, any trends in expenditures can improve the efficiency of EMS delivery within the CSA.

Typically, a cost center measures the specific costs associated with the delivery of a service. In CSA 17, various cost centers can be established for those elements involved in delivering these services. For example, cost centers can compare the cost-of-service delivery among the various first response fire agencies in CSA 17. One could then look at the cost per call between the cities of Encinitas, Del Mar, Solana Beach, and the Rancho Santa Fe Fire Protection District. Cost centers may also be established for the dispatch services or billing.

By isolating individual components of the cost of production, one can identify trends or make comparisons that ultimately elevate opportunities for improving efficiency. The cost center concept also has merit for looking at the various revenue streams associated with the cost of production. In the case of the CSA this would have applicability in looking at ambulance transport revenue, transport rates, and resident vs. non-resident rates and for isolating this revenue on a per call or per transport basis. Similarly, the other revenue streams utilized to fund CSA operations (Tax Increment, Benefit Fees, GEMT, other) can also be isolated and evaluated in providing financial reporting and trend analysis.

RESERVE ANALYSIS

CSA 17 maintains 180 days of operating expenses in cash reserves. CPSM believes that this is a sound policy since many factors could result in a slow-down or cessation of some payments for services billed by the CSA. In addition, emergency purchases or payments may be required that were not anticipated. Maintaining a six-month operating cash reserve is very consistent with policies we have observed in similarly operated urban EMS transport services in other U.S. communities. An adequate reserve will help assure continued operations in the event of an unexpected financial shortfall.

Recommendation: The County of San Diego should continue its practice of maintaining a six-month operating reserve balance in the CSA. (Recommendation No. 4.)

BILLING AND COLLECTION AUDITS

Current services provided by the CSA ambulance transport contractors are primarily emergency in nature. However, Medicare, Medicaid, and most third-party commercial insurers routinely conduct payment audits to assure they are paying for services they determine meet the medical necessity for ambulance transportation. When conducting audits, typically a small number of randomly chosen patient care reports, generally about 50 charts, will be reviewed. If the auditors determine that, for example, five of the claims (10 percent) did not meet medical necessity based on the documentation of the medical chart, they then apply that 10 percent figure to all payments made during the audit period. For example, if a commercial insurer paid a total of \$1 million for 1,000 ambulance claims during the audit period, it would consider that 10 percent of the total \$1 million payment was for medically unnecessary services, for a determined overpayment of \$100,000. The payer could then withhold future payments until it recovered the \$100,000 overpayment. This could have a significant impact on CSA revenues.

Recommendation: The County of San Diego should contract for random internal post-claim audits of ambulance billing and patient care records in the CSA. (Recommendation No. 5.)

The purpose of the audit would be to determine if the patient care records support the billing claim. Currently, this review process is being done by the individual transport providers and the County of San Diego is not involved in this review process. Ambulance billing underwent a sea change last year with changes to ICD-10 coding (International Statistical Classification of Diseases and Related Health Problems, 10th Revision). ICD-10 codes are alphanumeric codes used by doctors, health insurance companies, and public health agencies across the world to represent diagnoses. Every disease, disorder, injury, infection, and symptom has its own ICD-10 code. Consistent with the ***Post-Claim Audit*** recommended above, the County should include periodic reviews of the accuracy of the ICD-10 coding being provided to its billing agency. Correct coding can assure the proper level of care (ALS/BLS) and the accuracy of medical necessity determinations.

REVENUE ENHANCEMENTS

CPSM conducted a comprehensive review of the current and future revenues and expenses in CSA 17. To do this, we utilized an analysis of historical expenditures, projected call volume, transport fee revenues, property tax increments, benefit fees, and service contracts.

As noted in the **Operational Financial Analysis Dashboard**, CPSM projects that operational expenses will overtake revenues starting in FY 2021-22. CSA 17 pays more into the GEMT/QAF than it receives (nearly \$60,000). And CSA 17 rates are low when compared to other agencies throughout San Diego County. Though the CSA has maintained sizable reserve accounts that can cover overruns, they could be fully depleted and unavailable in a short timeframe.

In CSA 17, it appears there are three primary drivers of the *operational* imbalance considerations:

- The compounding financial impact or doubling of first responder fees in FY 2019-20.
- \$895,000 in additional capital infrastructure expense in FY 2019-20.
- A below-market rate for resident and non-resident ambulance transport fees.

CSA 17 has a broader tax base and its tax increment revenues are more robust in funding a less costly service.

If you recall, in previous sections, the payer share of overall payments for commercial insurance in CSA 17 was 46 percent. Most commercial insurers pay ambulance charges based on the regional Usual and Customary Rate (UCR). We believe that raising ambulance transport rates to be more reflective of the market area rates will have minimal effect on out-of-pocket expenses for insured patients. This is because most of the increased fee would be within the allowable UCR and will be paid by commercial insurers.

Medicare and Medicaid payment rates for ambulance service are fixed, and generally, ambulance providers cannot balance bill the patient the difference between the Medicare and Medicaid allowable fees and the ambulance bill. Therefore, there would be minimal impact on patients covered by Medicare and Medicaid. All told, patients covered by commercial insurance, Medicare, and Medicaid represent 92 percent of the payer mix in CSA 17. The remaining 4 to 8 percent of the patients are private pay or have no insurance and these patients would be most impacted by the rate change. However, in most systems, including San Diego, private pay categories have the lowest collection rates of all the payer groups.

A 2019 survey developed by Wittman Enterprises of transport rates throughout California showed resident and non-resident ALS transport base rates average of approximately \$1,550. BLS transports average just over \$1,326. Table 6-4 is a graphic representation of the survey findings.

TABLE 6-4: Ambulance Transport Fee Comparison

Jurisdiction	ALS1	Non-Res	ALS2	Non-Res	BLSE1	Non-Res	Mileage	Oxygen	EKG	Assessment at Scene
CSA 69	\$900	\$1,050	\$900	\$1,050	\$900	\$1,050	\$20	\$65	\$0	\$150
CSA 17	\$400	\$1,050	\$400	\$1,050	\$400	\$1,050	\$20	\$65	\$0	\$150
Los Angeles County (Alhambra)	\$2,282		\$2,282		\$1,523		\$20	\$96	N/A	\$250
Cathedral City	\$1,163		\$1,225		\$1,225		\$28	\$60	N/A	\$250
Oceanside (San Diego County)	\$1,220	\$1,740	\$1,370	\$1,910	\$1,020	\$1,530	\$40	\$50	\$20	\$150
Newport Beach (Orange County)	\$1,545		\$1,545		\$1,545		\$10	N/A	N/A	\$400
Sacramento	\$2,083		\$2,083		\$1,895		\$37	\$154	\$120	\$385
North County (San Diego)	\$1,266	\$1,456	\$1,287	\$1,519	\$1,055	\$1,224	\$23	\$71	\$35	\$643
Escondido (San Diego)	\$1,668		\$1,668		\$1,668		\$19	\$80	N/A	\$150
Santa Barbara	\$2,309		\$2,348		\$1,526		\$46	\$156	N/A	N/A
Cosumnes	\$1,574		\$1,574		\$1,574		\$26	\$72	\$36	\$159
Carlsbad	\$1,171		\$1,273		\$955		\$23	\$76	N/A	\$204
Poway	\$1,029	\$1,366	\$1,029	\$1,366	\$866	\$1,196	\$16	\$66	N/A	\$150
San Marcos	\$1,255		\$1,255		\$915		\$24	\$65	\$20	N/A
Ramona	\$1,523	\$1,712	\$1,635	\$1,824	\$1,479	\$1,668	\$19	\$71	\$50	\$200
Ave. w/o CSA 17 & 69	\$1,545.20	\$1,568.50	\$1,582.59	\$1,654.75	\$1,326.61	\$1,404.50	\$25.42	\$84.75	\$46.83	\$267.36
75th Percentile	\$1,158.90	\$1,176.38	\$1,186.94	\$1,241.06	\$994.96	\$1,053.38	\$19.06	\$63.56	\$35.13	\$200.52
95th Percentile	\$1,467.94	\$1,490.08	\$1,503.46	\$1,572.01	\$1,260.28	\$1,334.28	\$24.15	\$80.51	\$44.49	\$254.00

As illustrated in Table 6-4, the average rate for Advanced Life Support (ALS1) transport in the region is \$1,545.20. CSA 17's resident ambulance rate is currently 26 percent of the area's average rate. We would recommend a resident transport rate increase in CSA 17 to at least the 75th percentile of the regional prevailing rate (\$1,158.90) and 95 percent of the prevailing non-resident rate (\$1,490.08).

Recommendation: The County of San Diego should consider increasing resident and non-resident transport rates in CSA 17 to reflect the prevailing transport rates in the area. (Recommendation No. 6.)

When this rate increase is applied to the current financial projections, plus allowing for a decrease in the average collection percentage (lower collection rate accompanies a higher ambulance rate due to the fixed amounts paid by Medicare and Medicaid), we would estimate the projected shortfall for CSA 17 will occur much further in the future. These impacts are shown in Table 6-5.

TABLE 6-5: CSA 17: Impacts of Recommended Increases in Transport Fee

Year: Actual/[Projected]	2017-18	2018-19	2019-20	[2020-21]	[2021-22]	[2022-23]	[2023-24]	[2024-25]
Revenue per Transport	\$510.25	\$510.25	\$510.25	\$510.25	\$510.25	\$510.25	\$510.25	\$510.25
Other Revenue per Transport	\$602.31	\$630.98	\$625.74	\$620.55	\$615.41	\$610.31	\$605.25	\$600.24
Total Revenue per Transport	\$1,112.56	\$1,141.23	\$1,135.99	\$1,130.80	\$1,125.66	\$1,120.56	\$1,115.50	\$1,110.49
Expense per Transport	\$748.88	\$786.65	\$794.80	\$800.90	\$858.66	\$878.74	\$899.28	\$920.31
First Response Expense Transport	\$31.03	\$43.00	\$86.59	\$89.26	\$80.84	\$89.41	\$89.76	\$90.11
Other Expense/Transport	\$51.03	\$79.13	\$81.21	\$81.05	\$80.84	\$80.65	\$82.81	\$83.33
Total Expense/Transport	\$830.94	\$908.78	\$962.61	\$971.21	\$1,020.33	\$1,048.80	\$1,071.85	\$1,093.75
Revenue over Expenses	\$281.63	\$232.44	\$173.38	\$159.59	\$105.33	\$71.76	\$43.65	\$16.74

By increasing the transport fee rates, CSA 17 remains solvent given no additional increase in provider compensation beyond what is currently budgeted.

EMS PERFORMANCE MEASURES AND MONITORED SERVICE OUTCOMES

EMS service delivery needs to be planned and managed so that these efforts achieve specific, agreed-upon results. This requires establishing a set of goals for the activities of any given program. Determining how well an organization or program is doing requires that these goals be measurable and that they are measured against desired results and national indices. This is the goal of **performance measurement**.

Simply defined, performance measurement is the ongoing monitoring and reporting of progress toward pre-established goals. It captures data about programs, activities, and processes, and displays data in standardized ways that help communicate to service providers, customers, and other stakeholders how well the agency is performing in key areas. Performance measurement provides an organization with tools to assess performance and identify areas in need of improvement. In short, **what gets measured gets improved**.

The County of San Diego HHS is in the process of developing performance measures for the CSA. We would encourage the County to include robust reporting of performance metrics that demonstrate value to the CSA stakeholders.

As referenced earlier in this report, EMS leaders, public policy makers, and even the citizenry being served have generally regarded that a “faster” EMS service equates to a “better” EMS system. However, a growing body of research is indicating that faster response times, even for the most critical of our EMS situations—cardiac arrest—has minimal, if any, impact on patient outcomes.

Additionally, as the healthcare landscape continues to change dramatically, it will be increasingly difficult to prove the true value of EMS to stakeholders based solely on how fast an apparatus gets to the patient.

This means that an important approach to measuring system quality is needed, one that is clinically based, and patient focused; in essence, providers need to **measure what matters in terms of clinical quality and patient experience of care**.

In today’s value-based healthcare environment, operational and financial reporting are important, but equally important are essential clinical performance and patient experience metrics. The County of San Diego HHS and the CSA should collaborate to generate and report clinical performance measures that include:

- Airway Management Outcomes.
- CPR Process Measures (chest compression fraction (CCF), capnography use, mechanical CPR use, ROSC, and survival to discharge).
- Compliance with Medical Director-approved clinical bundles for STEMI, Stroke, Trauma and Sepsis cases.
- Patient Experience.

CLINICAL PERSPECTIVE

EMS is healthcare, and until recently, EMS Quality Assurance/Quality Improvement (QA/QI) measures have focused more on procedural success (IV start rate success, endotracheal success rates, etc.) as opposed to successfully complying with **evidence-based clinical bundles** of care that make a difference in the patient's outcome. Though it is important to know and monitor specific procedural performance, CPSM believes it is more important that agencies look at the entire treatment regimen (evidence-based clinical bundles) in developing measures of overall system performance.

Recommendation: County EMS, working with the service provider agencies in CSA 17, should develop a clinical performance dashboard to monitor compliance with clinical bundles. (Recommendation No. 7.)

These reports should track the frequency in which the appropriate clinical bundle is completed. These outcomes should be reported on a regular basis (no less than quarterly), distributed publicly, and used as a basis for continuous quality improvement.

TABLE 6-6: Examples of Clinical Bundle Performances Measures

Cardiac Arrest	Goal	May-20	Jun-20	Jul-20	Average
% of cases with CCF \geq 90%					
% of cases with compression rate 100-120 cpm 90% of the time					
% of cases with compression depth \geq 2 inches 90% of the time					
% of cases with Lucas placement with < 5sec pause in chest compression					
% of cases with Rhythm check / Peri-shock pause < 10 sec					
% of cases with time to tCPR < 120 sec from first key stroke					
% of cases with bystander CPR					
% of cases with bystander AED use					
% arrive at E/D with ROSC					
% discharged alive					
% neuro intact at discharge (Good or Moderate Cognition)					
9-1-1 Access to first EMS provider hands on chest time					
# of people trained in CCR					

Ventilation Management	Goal	May-20	Jun-20	Jul-20	Average
% of cases with etCO2 use for non-invasive ventilation management (CPAP, BVM) when equipped					
% of cases with etCO2 use for invasive ventilation management (KA, ETT, Cric)					
% of successful ventilation management as evidenced by etCO2 waveform throughout the case					
% of successful King Airway placement					
% of successful endotracheal tube placement					

STEMI	Goal	May-20	Jun-20	Jul-20	Average
% of suspected STEMI patients correctly identified by EMS					
% of suspected STEMI patients not identified by EMS					
% of suspected STEMI patients w/ASA admin (<i>in the absence of contraindications</i>)					
% of suspected STEMI patients w/NTG admin (<i>in the absence of contraindications</i>)					
% of suspected STEMI patients with 12L acquisition within 4 minutes of patient contact					
% of suspected STEMI patients with 12L transmitted within 5 minutes of transport initiation					
% of suspected STEMI patients with PCI facility notified of suspected STEMI within 10 minutes of EMS patient contact					
% of patients with Suspected STEMI Transported to PCI Center					
% of suspected STEMI patients with EMS activation to Cath Lab intervention time < 90 minutes					

Table 6-7 is an example of first responder measurement tools currently being used in Santa Cruz County, California.

TABLE 6-7: Santa Cruz County First Responder & Transport Report Cards

Santa Cruz County First Responder Report Card			
Criterion	Goal	Weighted Value	Score
Cardiac Arrest			
End-tidal CO2 monitored	90.0%	4.0%	
Complete documentation (see System QI P&P)	90.0%	4.0%	
Respiratory Distress			
Mental Status assessed/documented	90.0%	4.0%	
bronchodilator administration for wheezing within 10 minutes	85.0%	4.0%	
Airway Management			
End-tidal CO2 performed on any successful ET intubation	90.0%	4.0%	
Other confirmation techniques (e.g., visualize chords, chest rise, auscultation)	90.0%	4.0%	
Complete documentation (see System QI P&P)	90.0%	4.0%	
STEMI			
ASA administration within 5 minutes	90.0%	4.0%	
SpO2 recorded	95.0%	4.0%	
12 LEAD EKG acquired within 5 minutes	80.0%	4.0%	
Complete documentation (see System QI P&P)	90.0%	4.0%	
Stroke			
Time last seen normal	90.0%	4.0%	
Use of a prehospital BEFAST stroke scale	90.0%	4.0%	
Complete documentation (see System QI P&P)	90.0%	4.0%	
Trauma			
PAM scale recorded	90.0%	4.0%	
Complete documentation (see System QI P&P)	90.0%	4.0%	
Safety			
Protocol compliance rate per chart review (high acuity, AMA/RAS, & random)	90.0%	10.0%	
Patient Satisfaction (use standardized questions to allow inter-agency comparison)			
Degree to which the firefighters took your problem seriously	94.0%	4.0%	
How well the firefighters explained things in a way you could understand	95.4%	4.0%	
Skill of the firefighters	94.1%	4.0%	
Extent to which the firefighters cared for you as a person	94.1%	4.0%	
Professionalism of the firefighters	94.1%	4.0%	
ePCR Submission Compliance			
Transfer of Care (TOC) critical ePCR elements completed within 10 minutes of patient departure from scene	90.0%	3.0%	
Full ePCR completed within 24 hours	100.0%	3.0%	
Total Standards		100.0%	

Green: Meet/Exceed Goal

Orange: 0-20% Below Goal

Red: >20% Below Goal

Criteria

- 1) Measurable
- 2) Must be improvable
- 3) Reflect value to the patient

Santa Cruz County Transport Report Card			
Criterion	Goal	Weighted Value	Score
Cardiac Arrest			
End-tidal CO2 monitored	90.0%	3.0%	
Complete documentation (see System QI P&P)	90.0%	3.0%	
Respiratory Distress			
Mental Status assessed/documented	90.0%	3.0%	
bronchodilator administration for wheezing	85.0%	3.0%	
Airway Management			
End-tidal CO2 performed on any successful ET intubation	90.0%	3.0%	
Other confirmation techniques (e.g., visualize chords, chest rise, auscultation)	90.0%	3.0%	
Complete documentation (see System QI P&P)	90.0%	3.0%	
STEMI			
ASA administration	90.0%	3.0%	
SpO2 recorded	95.0%	3.0%	
12 LEAD EKG acquired within 5 minutes	80.0%	3.0%	
Scene time less than 15 minutes	80.0%	3.0%	
Transport to STEMI center rate (with notification)	95.0%	3.0%	
Complete documentation (see System QI P&P)	90.0%	3.0%	
Stroke			
Time last seen normal	90.0%	3.0%	
Use of a prehospital BEFAST stroke scale	90.0%	3.0%	
Scene time less than 15 minutes	80.0%	3.0%	
Complete documentation (see System QI P&P)	90.0%	3.0%	
Trauma			
PAM scale recorded	90.0%	3.0%	
Scene time less than 15 minutes	50.0%	3.0%	
Trauma center destination	90.0%	3.0%	
Complete documentation (see System QI P&P)	90.0%	3.0%	
Safety			
Employee injuries per 10,000 hours worked	1.00	2.0%	
Employee turnover rate	25.0%	8.0%	
Protocol compliance rate per chart review (high acuity, AMA/RAS, & random)	90.0%	10.0%	
Patient Satisfaction (use standardized questions to allow inter-agency comparison)			
Communication by medics (patient and family)	97.2%	3.0%	
Care shown by the ambulance crew	94.4%	2.0%	
Skill and professionalism of our ambulance crew	93.8%	2.0%	
Cleanliness of ambulance	94.1%	2.0%	
Ride of the ambulance	92.3%	2.0%	
ePCR Submission Compliance			
At time of patient drop off (over 90 days)	90.0%	2.0%	
High acuity (ROSC, STEMI, Stroke, Trauma) cases at time of drop off	95.0%	2.0%	
Completed within 24 hours	100.0%	2.0%	
Total Standards		100.0%	

Green: Meet/Exceed Goal	Criteria 1) Measurable 2) Must be improvable 3) Reflect value to the patient
Orange: 0-20% Below Goal	
Red: >20% Below Goal	

PATIENT PERSPECTIVE

Patients rarely know if the clinical care provided to them was consistent with sound medical protocol and guidelines, but they do know if the EMS providers were nice to them. Patients are often mindful of the following in their treatment regimen:

- Did the providers address them by name?
- Did they put a blanket on them?
- Did they explain everything that was happening?
- Did they seem concerned about them and their anxiety?

Patient experience scores are valuable measures of the performance of the EMS system providers. They are also one of the measures that other healthcare providers are evaluated on, and even paid more or less based on these scores.

Many EMS systems are implementing comprehensive **patient experience surveys**, using external survey agencies, as a performance metric. One such survey provider, EMS Survey Team, currently conducts standardized, external patient experience surveys which enable providers to benchmark themselves against other agencies and to themselves over time. It also provides a mechanism to identify and recognize high-performing EMTs and Paramedics, as well as providers who might benefit from additional customer service training.

The EMS Survey Team process includes patient experience questions for the field medics (EMTs or Paramedics), dispatch personnel, and billing office personnel. While the County of San Diego may be appropriately interested in the patient experience scores for their field EMS personnel, the County may wish to collaborate with its EMS service providers to analyze the patient experience across the spectrum of the EMS response.

Here are some examples of patient experience questions:

Medic Analysis:

- Extent to which the EMS provider arrived in a timely manner.
- Care shown by the EMS providers who arrived.
- Degree to which the medics took your problem seriously.
- Degree to which the medics listened to you and/or your family.
- Medical skill of the medics.
- Extent to which the medics kept you informed about your treatment.
- Extent to which medics included you in the treatment decisions.
- Degree to which the medics relieved your pain or discomfort.
- Extent to which medics cared for you as a person.

Dispatch Analysis:

- Helpfulness of the person you called for EMS.
- Concern shown by the person you called for EMS.
- Extent to which you were told what to do until EMS arrived.

Recommendation: The County of San Diego EMS, working with its EMS service providers, should develop a patient experience reporting process and dashboard to monitor patients' perceptions of the services being provided. (Recommendation No. 8.)

Once again, CPSM believes that these reports should be reported on a regular basis (no less than quarterly), distributed publicly, and used as a basis for continuous quality improvement.

CLINICAL SERVICES BENCHMARKING

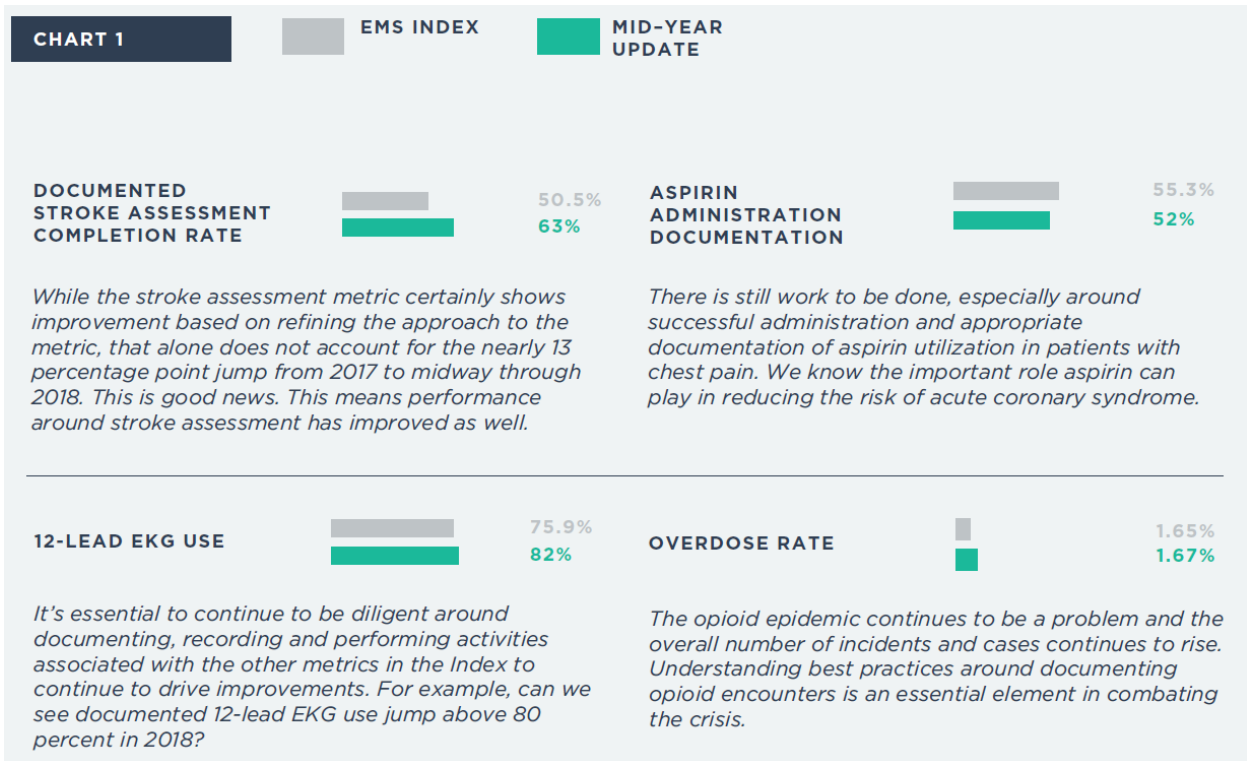
ESO Solutions is an electronic patient care report (ePCR) platform that is available on a subscription basis for EMS providers. ESO is an industry leader not only for patient care reporting software, but also as a clinical data analytics provider. This year, ESO released its **ESO EMS Index**, which is an analysis of key performance indicators (KPIs) for EMS quality metrics. The dataset is real-world data, compiled and aggregated from more than 1,000 agencies across the United States that use ESO's products and services. These data are based on 5.02 million patient encounters between January 1, 2017, and December 31, 2017, representing a full calendar year. The Index tracks performance of EMS agencies nationwide across five metrics:

- Stroke assessment and documentation.
- Overdose events.
- End-tidal carbon dioxide (ETCO₂) monitoring.
- 12-lead electrocardiogram (EKG) use.
- Aspirin administration for chest pain.

This report is beginning to serve as a benchmark comparator for EMS agencies across the country for several important measures of clinical quality. CPSM believes the County of San Diego EMS should incorporate the use of ESO Solutions and its clinical activities reports in comparing service delivery for EMS in CSA 17. These reports should be reported on a regular basis (no less than quarterly), distributed to contracted service providers and the public, and used as a basis for continuous quality improvement.

Recommendation: The County of San Diego EMS should monitor the clinical performance outcomes reported for patient care in CSA 17 and compare these indicators with those benchmarks established in the ESO Solutions EMS Index. (Recommendation No. 9.)

FIGURE 6-1: ESO EMS Index Example



RESPONSE ACTIVITIES

Deployment practices CSA 17 drive the financial costs. There are a number of deployment options that CPSM believes would improve efficiencies if implemented.

CSA 17

CSA 17 appears to have an abundance of resources when one considers the volume of EMS workload and the distribution of these response activities. This area is served by a series of fire agencies that provide ALS first response services and a for-profit ambulance provider that provides ALS care and transport. Combined, there are 15 primary first response fire units (excluding Command Staff) and 5.5 ambulances operated by AMR that serve CSA 17 on a daily basis. These units combined respond to approximately 8,000 annual EMS calls throughout the CSA. As mentioned earlier, two units (a fire first responder and an AMR ambulance) are dispatched to most EMS calls. All units typically respond from fixed locations (fire stations) and all units will generally respond with lights and sirens (Hot) to all calls. AMR ambulances must respond to 911 EMS calls within a 10-minute total response time, 90 percent of the time. Fire-based ALS first responders must maintain an eight minute or less total response time criteria (at the 90th percentile).

Though the North Comm dispatch center is capable of providing Medical Priority Dispatching (MPDS), it is not currently using the MPDS process to its fullest capability with regard to HOT vs. COLD response modes, and ALS or BLS resource assignment options in its dispatching of fire and ambulance resources.

When CPSM inquired as to why MPDS was not being utilized, it was indicated that the County's Medical Director had not fully sanctioned the use of call screening and call prioritization, though a number of discussions have been held on this issue.

For a dispatch center to utilize MPDS, it must have supervision and oversight of its operations by a licensed Medical Director. CPSM was surprised to learn that at the time of this study, North Comm had an open RFP on the street for its own Medical Director. We were told that in part, the reason for contracting with an independent Medical Director was to obtain authorization to implement MPDS in its dispatching practices among other service providers.

MPDS has two primary purposes. The first is to screen the call sufficiently so that the nature and severity of the call can be identified, and pre-arrival assistance can be provided in a structured and clinically valid process. The second purpose is to enable dispatchers to adjust the number and type of units that are dispatched to the incident and to recommend a modified mode of response (from Hot to Cold) when appropriate.

As stated earlier, much of the EMS call activity in CSA 17 is non-emergency in nature. CPSM estimates that upwards of 60 percent of the calls involve minor or non-emergency situations in which an altered response may be appropriate. By reducing the number of responding units to a given call, the overall response resource capacity is increased. In addition, by reducing the numbers of units that are responding Hot throughout the area, this in effect enhances the safety of both responders and the citizens being served.

A recent report compiled by the National Highway Traffic Safety Administration (NHTSA), entitled: "*Lights and Sirens Use by Emergency Medical Services (EMS): Above All Do No Harm,*"² revealed that HOT responses are inherently dangerous, do not result in improved patient outcomes, and should be limited to only time-life critical events.³ The study goes on to recommend that typically HOT responses account for less than 50 percent of all EMS responses.

Our observations and national statistics indicate that when medical priority dispatching systems are fully functional, the number of Priority 1 calls that necessitate a "HOT" response are dramatically reduced. We have also observed in some urban EMS delivery systems in which responding fire officers and paramedics are given the latitude to alter their mode of response on the basis of the dispatch call-screening process and dispatcher notes, the frequency of HOT responses is reduced dramatically.⁴

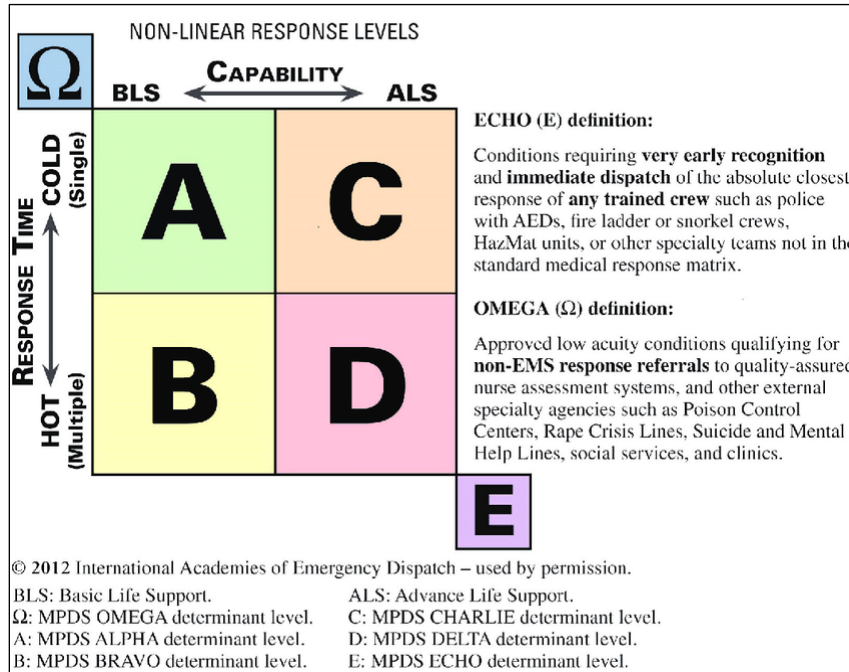
Figure 6-2 is a graphic developed by the International Academies of Emergency Dispatch that provides guidance regarding the mode of response and types of resources deployed on the basis of the call-screening and call-prioritization process.

2. https://www.ems.gov/pdf/Lights_and_Sirens_Use_by_EMS_May_2017.pdf

3. Ibid.

4. See Sugar Land Fire-Rescue, a suburb of Houston TX.

FIGURE 6-2: MPDS Response Matrix



Baseline Response Example		
All actual response assignments are decided by local Medical Control and EMS Administration		
Level	Response	Mode
ECHO	Closest Apparatus—Any (includes Truck Companies, HAZMAT, or on-air staff)	HOT
DELTA	Closest BLS Engine Paramedic Ambulance	HOT HOT
CHARLIE	Paramedic Ambulance	COLD
BRAVO	Closest BLS Engine BLS Ambulance (alone HOT if closest)	HOT COLD
ALPHA	BLS Ambulance	COLD
OMEGA	Referral or Alternate Care	

*Note: This is not to be considered the Academy's official recommendation for Baseline Responses.

The utilization of MPDS in guiding response patterns for units in CSA 17 is dependent upon the support and facilitation by a Medical Director or some Medical Control officer. It is essential that medical control work closely with the affected dispatch centers in designing, implementing, and monitoring the call-screening and call-prioritization process. The Medical Director or their representative must play a key role in this effort. In addition, the leadership of the local fire departments, along with ambulance management staff, must work cooperatively in developing a response matrix that seamlessly alters the response patterns for the various call types. CPSM is confident that through dispatch call screening and the implementation of altered response patterns, EMS responses in CSA 17 will be more efficient and will enhance the safety for both response personnel and the citizens being served.

Recommendation: County EMS should work with response agencies in CSA 17, the dispatch centers, and the Medical Director in implementing an effective call-screening and call-prioritization process that is capable of supporting emergency medical dispatching for incoming EMS calls. (Recommendation No. 10.)

Response times are typically the primary measurement used in evaluating service levels for EMS. Many deployment models attempt to achieve a four-minute initial travel time for EMS calls and the initiation of BLS treatments. These systems similarly attempt to achieve an eight-minute travel time for the delivery of ALS treatments. Though these times have validity, the actual impact of a speedy response time is limited to very few incidents. For example, in a full cardiac arrest, analysis shows that successful outcomes are rarely achieved if basic life support (CPR) is not initiated within four minutes of the onset of the arrest. Though many systems build their response criteria around cardiac arrest treatment objectives, the reality in prehospital care is that cardiac arrests occur very infrequently; on average these calls are only 1 percent to 1.5 percent of all EMS incidents.⁵ There are other emergency situations that are truly life-threatening, and the time of response can clearly impact the outcome. These involve drownings, electrocutions, and severe trauma (often caused by gunshot wounds, stabbings, and severe motor vehicle accidents, etc.). Again, the frequency of these types of calls are limited and rarely account for more than 10 percent of the total EMS call activity.

In a 2011 study of EMS response times in urban settings, little evidence was found that the 8-minute response criteria for other than cardiac arrest patients actually resulted in improved patient outcomes.⁶ The point being that the practice of responding *Hot* on all EMS responses, especially when effective dispatch screening efforts are available, makes little sense. The EMS response criteria established for both fire department first response units and AMR ambulances should recognize this reality and exclude from the response time standards any calls that do not require an emergency response.

Recommendation: County EMS should work with response agencies in CSA 17 to implement response guidelines that preclude agencies from responding with lights and sirens when the MPDS inquiry indicates that a "Hot" response is not warranted. (Recommendation No. 11.)

5. Myers, Slovis, Eckstein, Goodloe et al. (2007). "Evidence-based Performance Measures for Emergency Medical Services System: A Model for Expanded EMS Benchmarking." *Prehospital Emergency Care*.

6. Ian E. Blanchard, Christopher J. Doig et al (2011) "Emergency Medical Services Response Time and Mortality in an Urban Setting," *Prehospital Emergency Care*, Volume 16, 2012 - Issue 1

Providing interfacility, non-emergency transports in CSA 17 is currently not under the purview of AMR as a component of its 911 service agreement with the County of San Diego. Interfacility transports are carried out in an open market environment by several providers who are licensed to operate and provide these services. The interfacility transport business operates with limited supervision and is not under the purview of County EMS. Interfacility transports are a lucrative aspect of the transport business and typically are provided by the agency charged with doing 911 emergency transports. Though it is uncertain as to the actual number of interfacility transports that are taking place in CSA 17, CPSM believes that this number can be in the range of 600 to 800 transports each year. This represents a significant revenue stream, and we believe these transports can be carried out in CSA 17 with existing AMR resources.

Recommendation: County EMS should include in future ambulance service agreements in CSA 17 an exclusivity provision with the 911 transport provider for all interfacility, nonemergency transports that originate in the CSA. (Recommendation No. 12.)

Under the current deployment practice in CSA 17, AMR units operate from fix-based locations. In addition, most AMR units are operated on a 24-hour basis except for a single unit (Medic 232), which operates for a 12-hour period. Typically, ambulance operations utilize what is termed as a **System Status Management** deployment practice. System status management involves the strategic prepositioning of resources to reduce response times and maximize resources. The basic concept is to utilize geographic information system (GIS) technology to identify optimum locations for the posting of ambulances and that considers the fastest traffic routing and the prediction of future calls based on historical data involving time of day, day of week, and seasonal impacts. This fluid or **dynamic deployment process** is used to constantly reposition available resources to those locations that will allow the fastest response to those areas that historically generate the most calls. There are several computer modeling systems that facilitate system status deployment. North Comm currently has access to the Deccan International "LiveMUM" system that can be utilized to incorporate system status management practices in its deployment of AMR resources.

Recommendation: County EMS should work with AMR and the North Comm dispatch center in the utilization of system status management deployment practices for AMR units. (Recommendation No. 13.)

In addition to the system status management practice for deployment, there are several statistical models that can predict the times of the day during which service demand will be at its highest. The use of a **dynamic staffing model** is a management concept that adjusts the number of resources available at any given time and adjusts these amounts based on daily spikes in service demand. EMS workloads are very predictable. It can be anticipated that service demand typically is at its highest during the six-hour period between 3:00 p.m. to 9:00 p.m. Conversely, the lowest demand typically occurs during the early morning hours, generally between midnight and 6:00 a.m. In a dynamic staffing model, the number of available resources are highest during the peak demand periods and lowest during non-peak periods.

Currently AMR uses a **static staffing model**. In this arrangement, the number of ambulances deployed remains the same throughout the 24-hour period. Except for Medic 232, which operates on a 12-hour basis, all other ambulances are deployed for 24-hour periods. CPSM believes that this type of deployment is inefficient and can be improved.

Recommendation: County EMS should include in future ambulance service agreements in CSA 17 the requirement that the selected ambulance provider receive enhanced revenues if it can demonstrate cost savings in its deployment practices. (Recommendation No. 14.)

The current fixed price service agreement does not facilitate efficiency. If an incentive for cost savings were incorporated in the provider agreement, CPSM believes that significant cost savings in CSA 17 can be realized.

END