



Western Riverside Council of Governments Technical Advisory Committee

AGENDA

**Thursday, August 20, 2020
9:30 a.m.**

**Western Riverside Council of Governments
3390 University Avenue, Suite 200
Riverside, CA 92501**

**WRCOG's OFFICE IS CURRENTLY CLOSED TO THE PUBLIC DUE TO COVID-19
AND STAFF ARE WORKING REMOTELY**

**Members of the public are encouraged to participate in this meeting via Zoom
(see meeting information below)**

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SPECIAL NOTICE – COVID-19 RELATED PROCEDURES IN EFFECT

Due to the state and local State of Emergency resulting from the threat of Novel Coronavirus (COVID-19), Governor Newsom has issued Executive Order N-29-20 (issued March 17, 2020) in which Section 3 supersedes Paragraph 11 of Executive Order N-25-20 (issued on March 12, 2020). This new order states that WRCOG does not need to make a physical location available for members of the public to observe a public meeting and offer public comment. The Order allows WRCOG to hold Committee meetings via video conferencing and allows for members of the public to observe and address the meeting telephonically or electronically.

To follow the Order issued by the Governor, the Technical Advisory Committee meeting scheduled for Thursday, August 20, 2020 at 9:30 a.m. will be held via video and teleconference and any members of the public can attend electronically. Members of the public may send public comments by emailing snelson@wrcog.us, or calling (951) 405-6703 before or during the meeting, prior to the close of public comment.

Any member of the public requiring a reasonable accommodation to participate in this meeting in light of this announcement shall contact Suzy Nelson prior to 9:30 a.m. on August 18, 2020, at (951) 405-6703 or at snelson@wrcog.us.

The Technical Advisory Committee may take any action on any item listed on the agenda, regardless of the Requested Action.

1. CALL TO ORDER (Andy Okoro, Chair)

2. ROLL CALL

3. PUBLIC COMMENTS

At this time members of the public can address the Technical Advisory Committee regarding any items with the subject matter jurisdiction of the Committee that are not separately listed on this agenda. Members of the public will have an opportunity to speak on agenda items at the time the item is called for discussion. No action may be taken on items not listed on the agenda unless authorized by law. Whenever possible, lengthy testimony should be presented to the Committee in writing and only pertinent points presented orally.

4. CONSENT CALENDAR

All items listed under the Consent Calendar are considered to be routine and may be enacted by one motion. Prior to the motion to consider any action by the Committee, any public comments on any of the Consent Items will be heard. There will be no separate action unless members of the Committee request specific items be removed from the Consent Calendar.

A. Summary Minutes from the July 16, 2020, Technical Advisory Committee Meeting are Available for Consideration. P. 1

Requested Action: 1. Approve the Summary Minutes from the July 16, 2020, Technical Advisory Committee meeting.

B. Finance Department Activities Update Andrew Ruiz, WRCOG P. 7

Requested Action: 1. Receive and file.

C. International City / County Management Association Activities Update AJ Wilson, ICMA P. 13

Requested Action: 1. Receive and file.

D. Regional Streetlight Program Activities Update Daniel Soltero, WRCOG P. 15

Requested Action: 1. Receive and file.

E. Western Riverside Energy Partnership Program Activities Update Anthony Segura, WRCOG P. 17

Requested Action: 1. Receive and file.

F. **Emergency Medical Care Committee Activities Update** *Gary Nordquist, City of Wildomar* P. 19

Requested Action: 1. *Receive and file.*

G. **4th Quarter Draft Budget Amendment for Fiscal Year 2019/2020** *Andrew Ruiz, WRCOG* P. 85

Requested Action: 1. *Recommend that the Executive Committee approve the 4th Quarter Draft Budget Amendment for Fiscal Year 2019/2020.*

H. **TUMF Revenue Update for Fiscal Year 2019/2020** *Ivana Medina, WRCOG* P. 97

Requested Action: 1. *Receive and file.*

5. **REPORTS / DISCUSSION**

A. **Activities Update from the Eastern and Western Municipal Water Districts** *Paul Jones, EMWD
Tim Barr, WMWD* P. 103

Requested Action: 1. *Receive and file.*

B. **Report from the League of California Cities** *Erin Sasse, League of California Cities* P. 117

Requested Action: 1. *Receive and file.*

C. **Exploration of a Western Riverside County Economic Development Corporation** *Elisa Laurel, WRCOG* P. 119

Requested Action: 1. *Receive and file.*

6. **REPORT FROM THE EXECUTIVE DIRECTOR** *Rick Bishop*

7. **ITEMS FOR FUTURE AGENDAS** *Members*

8. **GENERAL ANNOUNCEMENTS** *Members*

Members are invited to announce items / activities which may be of general interest to the Technical Advisory Committee.

9. **NEXT MEETING:** The next Technical Advisory Committee meeting is scheduled for Thursday, September 17, 2020, at 9:30 a.m., via Zoom platform.

10. **ADJOURNMENT**

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1. CALL TO ORDER

The meeting of the Technical Advisory Committee was called to order at 9:33 a.m. by Vice-Chair Andy Okoro on the virtual platform, Zoom.

2. ROLL CALL

Members present:

Chris Mann, City of Canyon Lake
Bryan Jones, City of Eastvale (10:10 a.m. arrival)
Rod Butler, City of Jurupa Valley
Grant Yates, City of Lake Elsinore
Armando Villa, City of Menifee
Mike Lee, City of Moreno Valley
Stacey Stevenson, City of Murrieta
Andy Okoro, City of Norco, Vice-Chair
Clara Miramontes, City of Perris
Rob Johnson, City of San Jacinto
Aaron Adams, City of Temecula
Gary Nordquist, City of Wildomar
Danielle Coats, Eastern Municipal Water District (EMWD)
Craig Miller, Western Municipal Water District (WMWD) (arrival 9:55 a.m.)
Mathew Evans, March Joint Powers Authority
Floyd Velasquez, Morongo Band of Mission Indians

Staff present:

Steve DeBaun, Legal Counsel
Rick Bishop, Executive Director
Barbara Spoonhour, Deputy Executive Director - Operations
Casey Dailey, Director of Energy & Environmental Programs
Chris Gray, Director of Transportation & Planning
Tyler Masters, Program Manager
Christopher Tzeng, Program Manager
Elisa Laurel, Program Manager
Don Ries, Program Manager
Janis Leonard, Administrative Services Manager
Anthony Segura, Senior Analyst
Avie Barron, Senior Analyst
Kyle Rodriguez, Staff Analyst
Lupe Lotman, Staff Analyst
Rachel Singer, Staff Analyst
Ivana Medina, Staff Analyst
Daniel Soltero, Staff Analyst
Ani Dhruva, Intern

Guests present:

Erin Sasse, League of California Cities
A.J. Wilson, International City / County Management Association (ICMA)
Imelda Huerta, City of Menifee

Jeff Wyman, City of Menifee
Jeff Wolfe, City of Moreno Valley
Louie Lacasella, City of Murrieta
Jillian Guizado, Riverside County Transportation Commission (RCTC)
Martha Masters, RCTC
Juan Perez, County of Riverside
Arnold San Miguel, Southern California Association of Governments

3. PUBLIC COMMENTS

There were no public comments.

4. SELECTION OF TECHNICAL ADVISORY COMMITTEE CHAIR, VICE-CHAIR, AND 2ND VICE-CHAIR FOR FISCAL YEAR 2020/2021

Action: 1. *The Technical Advisory Committee selected Andy Okoro, City of Norco, as Chair; George Johnson, County of Riverside, as Vice-Chair; and Rob Johnson, City of San Jacinto, as 2nd Vice-Chair.*

(Canyon Lake / Jurupa Valley) 14 yes; 0 no; 0 abstain; Item 4 was approved. Representatives from the Cities of Banning, Beaumont, Calimesa, Corona, Eastvale, Hemet, and Riverside, County of Riverside, and WMWD were not present.

5. CONSENT CALENDAR *(San Jacinto / Temecula) 14 yes; 0 no; 0 abstain; Items 5.A through 5.H were approved. Representatives from the Cities of Banning, Beaumont, Calimesa, Corona, Eastvale, Hemet, and Riverside, County of Riverside, and WMWD were not present.*

A. Summary Minutes from the May 21, 2020, Technical Advisory Committee Meeting are Available for Consideration.

Action: 1. *Approved the Summary Minutes from the May 21, 2020, Technical Advisory Committee meeting.*

B. Finance Department Activities Update

Action: 1. *Received and filed.*

C. International City / County Management Association Activities Update

Action: 1. *Received and filed.*

D. Single Signature Authority Report

Action: 1. *Received and filed.*

E. Approval of a Professional Services Agreement for the Analyses of the Smart Climate-Resilient Transportation Planning and Investments Project

Action: 1. *Recommended that the Executive Committee approve the Professional Services Agreement between Western Riverside Council of Governments and WSP USA, Inc., to provide technical services conducting risk assessments on vulnerable transportation assets in the Inland Empire region in an amount not to exceed \$379,175.47.*

F. Regional Streetlight Program Activities Update

Action: 1. *Received and filed.*

G. SCAG Connect SoCal Plan Update

Action: 1. *Received and filed.*

H. AB 3205 Regions Rise Grant Program Update

Action: 1. *Received and filed.*

6. REPORTS / DISCUSSION

A. Riverside County Economic Recovery Task Force Update

Juan Perez reported that The Riverside County Board of Supervisors created a working group of approximately 20 business leaders and public-sector leaders to meet on an on-going basis to address the economic impacts of COVID-19.

The County has a business assistance program which provides up to \$10k to local businesses through the CARES Act funding the County receives. During the first round, approximately \$7.5 million was issued. A second round is currently open and approximately \$15 million has been issued to date.

The County's hospital Intensive Care Unit (ICU) is near capacity. ICU percentages will begin to appear as if they are decreasing, as the State's requirement is to include natal and pediatric ICU beds in its count, even if it is non-COVID-19 related.

The State of California has indicated that a portion of existing and future CARES Act and public safety funding will be tied to the County's enforcement related to public health orders.

County legal counsel will be coordinating with city legal counsel regarding violations of public health orders.

The County will soon be launching a Business Ambassador Grant Program throughout the County, including within the cities. Businesses can request the County to assist in the business becoming compliant with current health orders.

Currently, the County is unable to disburse any of its CARES Act funding to the cities. The State will likely be providing direct allocations to cities.

Rick Bishop indicated that the County is sending cease and desist notifications to businesses which are not abiding by State guidelines and asked where the tips were coming from.

Mr. Perez responded that the County is learning about businesses not abiding to State guidelines through various means, such as through environmental health inspections, residents, and other businesses.

The County distributes a weekly newsletter which includes all things COVID-19.

Action: 1. *Received and filed.*

B. Report from the League of California Cities

Erin Sasse reported that cities are getting a small portion of the State's CARES Act allocation. Original estimates were that cities were losing approximately \$7 billion in revenues, and this number will continue to increase. Monthly installments from the State should begin in approximately two weeks.

The League's annual event will be held virtually this year; information will be distributed in the near future.

Due to meeting restrictions in response to COVID-19, the Senate is asking Legislators to voluntarily hold their bills back.

Assembly Bill (AB) 2999 (as amended, Low. Employees: bereavement leave) would provide an employee up to 10 business days of unpaid bereavement leave upon a family member's death. This is an increase in the number of days provided.

The League opposes AB 3216 (as amended, Kalra. Unemployment: rehiring and retention: state of emergency), which would require an employer to grant a request of an employee to take up to 12 weeks off for medical leave and/or to care for a family member, to include having to stay home due to the lack of care providers for their school-aged children.

The League opposes AB 1279 (as amended, Bloom. Planning and zoning: housing development: high-opportunity areas), which would require the California Department of Housing and Community Development to designate high resource areas beginning in January 2021 and every five years thereafter. Additionally, in these high resource areas, cities would be required, at the request of a developer, to allow four-plexes in a family zone, and up to 100 units per acre in commercial zones.

The League supports in concept AB 3040 (as amended, Chiu. Local planning: regional housing need assessment), a voluntary program to incentivize local governments to allow four units per parcels by right, in exchange for credits toward Regional Housing Needs Assessment numbers.

The League supports AB 2122 (as introduced, Blanca Rubio. Unlawful cannabis activity: enforcement), which would authorize local governments to impose a civil penalty up to \$30k per violation on persons who aid an unlicensed commercial cannabis activity.

Chair Andy Okoro asked if the League will be providing regulations which clearly define eligibility regarding CARES Act funding, such as staff hours.

Ms. Sasse responded that there are Federal guidelines, which does allow for some salaries to be used. For cities which rely upon County law enforcement it is recommended that the city have a letter or resolution on file indicating its expectation that the law enforcement dedicated to that city will assist to uphold public health orders.

Action: 1. *Received and filed.*

C. Public Service Fellowship Update

Rachel Singer reported that in February 2020, the Executive Committee approved programmatic changes to sustain an every-other-year priority placement in member agencies. A 50/50 split was approved which requires the member agency to pay for half the cost of a Fellow. For host agencies which does not have priority status in any particular year, that agency is responsible for 100% of the costs for that Fellow.

In March 2020, the Fellowship Program was postponed due to the impacts of COVID-19; the start date moved from July 2020 to September 2020.

For this Fifth Round, over 50 Fellow applications have been received to date, and 10 host agency applications have been received. Fellow interviews will be held in August 2020 and placements will occur in September 2020.

Moving forward, staff will reconvene the Fellowship Ad Hoc Committee to discuss the optics of the Fifth Round of the Program in light of the impacts of COVID-19.

Action: 1. *Received and filed.*

D. WRCOG Climate Adaptation Efforts

Chris Gray reported that this subregion is subject to various climate-related events such as wildfire, extreme heat, and drought. The recently completed Resilient Inland Empire (IE) Toolkit includes a set of tools for Western Riverside and San Bernardino County jurisdictions to address climate-related challenges.

The second Phase of Resilient IE, which will start in fall of 2020, will develop a tool for transportation infrastructure that identifies those facilities most at risk for climate-related events.

Casey Dailey reported that WRCOG is beginning work on another grant to address the issue of energy resiliency. Earlier this year, the Bay Area Council awarded WRCOG \$200,000 to provide information for future decision-making regarding energy resiliency technologies, projects, and applications for member jurisdictions to maintain constant power supply during climate-related events.

WRCOG has partnered with the University of California, Riverside, CE-CERT (Center for Environmental Research and Technology) to submit a proposal to develop an Energy Resiliency Plan. Key points of the plan include an assessment of existing climate resiliency planning and projects; identification and assessment of critical facilities and infrastructure; assessment of existing backup generation and storage systems; and the development of a high overview business model to include project economics, funding opportunities, and revenue-generating opportunities. Request for Proposals is anticipated to be released later this month.

Action: 1. *Received and filed.*

E. Environmental Department Programs Activities Update

Kyle Rodriguez reported that the City of San Jacinto was awarded \$140,000 to the remove waste from three homeless encampments. The AB 939 Electronic Annual Reports submission date has been extended past August 1, 2020, with the transition of a new Recycling Disposal Reporting System.

WRCOG's Used Oil Program campaign will transition from public service announcements to a voucher program. Video ads have reached approximately 1.6 million residents since promotion began in April 2020.

The EcoHero Shows began in December 2019 and reached six schools; due to COVID-19 the shows were transitioned to virtual shows for an additional five schools.

State Route-91, from Riverside to Los Angeles, was designated as an Alternative Fuel Vehicle Corridor under the Federal Highway Administration for Electric and Hydrogen passenger vehicles, which will provide more funding opportunities and address infrastructure gaps along or near the Corridor.

Action: 1. *Received and filed.*

7. REPORT FROM THE EXECUTIVE DIRECTOR

Rick Bishop reported that WRCOG's Grant Writing Assistance Program has brought in just over \$31 million for the City of Riverside to boost its plans for integrated transit; urban greening; and affordable housing in its Eastside neighborhood. Approximately \$567k has been awarded to the County of Riverside to perform a joint land use study for the March Air Reserve Base.

The next Future Forward webinar is scheduled for July 30, 2020 and will include discussions on how COVID-19 is changing the way we drive.

Staff recently held a visioning session in which staff discussed a number of recommendations provided by member jurisdictions over the last year or so. Three proposals were submitted to the Administration & Finance Committee for consideration: 1) formation of an Economic Development Corporation; 2) formation of a Regional Housing Trust; and 3) formation of a GIS Service Bureau for member agencies. Presentations through the WRCOG Committee structure is forthcoming.

After 19 years of service, Barbara Spoonhour, WRCOG's Deputy Executive Director, is retiring. Ms. Spoonhour has spearheaded several of WRCOG's programs, most recently the formation of Western Community Energy, which is operating within six member jurisdictions.

8. ITEMS FOR FUTURE AGENDAS

There were no items for future agendas.

9. GENERAL ANNOUNCEMENTS

Arnold San Miguel announced that the deadline to apply for LEAP grant funding has been extended to January 2021

10. NEXT MEETING

The next Technical Advisory Committee meeting is scheduled for Thursday, August 20, 2020, at 9:30 a.m., via the Zoom platform.

11. ADJOURNMENT

The meeting of the Technical Advisory Committee adjourned at 10:38 a.m.



Western Riverside Council of Governments Technical Advisory Committee

Staff Report

Subject: Finance Department Activities Update

Contact: Andrew Ruiz, Chief Financial Officer, aruiz@wrcog.us, (951) 405-6740

Date: August 20, 2020

The purpose of this item is to provide an update on the Agency financials through June 2020.

Requested Action:

1. Receive and file.

Fiscal Year 2019/2020 Agency Audit

WRCOG's annual Agency Interim Audit was completed on June 19, 2020. WRCOG utilizes the services of the audit firm Rogers, Anderson, Malody, and Scott (RAMS) to conduct its financial audit. The first visit is known as the "interim" audit, which involves preliminary audit work that is conducted prior to fiscal year end. The interim audit tasks are conducted in order to compress the period needed to complete the final audit after fiscal year end. In September, RAMS will return to finish its second round, which is known as "fieldwork." It is anticipated that the final Audit will be presented to this Committee in December 2020.

Financial Report Summary Through June 2020

The Agency Financial Report summary through June 2020, a monthly overview of WRCOG's financial statements in the form of combined Agency revenues and costs, is provided as Attachment 1.

Prior Actions:

- August 3, 2020: The Executive Committee received and filed.
- July 23, 2020: The Finance Directors Committee received and filed.

Fiscal Impact:

This item is for informational purposes only; therefore, there is no fiscal impact.

Attachment:

1. Financial Report summary through June 2020.

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Item 4.B

Finance Department Activities
Update

Attachment 1

Financial Report summary through
June 2020

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Western Riverside Council of Governments
Monthly Budget to Actuals
For the Month Ending June 30, 2020

Description	Thru Actual 6/30/2020	Approved Budget 6/30/2020	Remaining Budget 6/30/2020
Member Dues	311,410	311,410	-
PACE Residential Revenue	1,030,557	782,500	(248,057)
Statewide HERO Revenue	435,896	570,000	134,104
Gas Co. Prtnrshp Revenue	50,941	108,400	57,459
SCE WRELP Revenue	48,361	54,219	5,858
PACE Commercial Sponsor Revenue	259,425	299,425	40,000
Commercial Recording Revenue	62,478	117,500	55,022
PACE Recording Revenue	81,430	111,800	30,370
CA HERO Recording fee Revenue	263,017	421,200	158,183
Regional Streetlights Revenue	425,209	187,511	(237,698)
Solid Waste	112,970	107,313	(5,657)
Used Oil Grants	377,654	377,654	-
Air Quality	272,770	210,500	(62,270)
Adaptation Grant Revenue	85,394	125,000	39,606
CAP Grant Revenue	430,530	125,000	(305,530)
LTF Revenue	800,250	800,250	-
RIVTAM	137,500	140,000	2,500
Other Misc Revenue	75,000	-	(75,000)
General Assembly Revenue	3,000	300,000	297,000
Commerical/Service - Admin	68,311	47,284	(21,027)
Commercial/Svcs	1,639,464	1,134,806	(504,658)
Retail - Admin	164,883	109,687	(55,196)
Retail	3,957,192	2,632,497	(1,324,695)
Industrial - Admin	281,111	502,285	221,174
Industrial	6,746,664	12,054,852	5,308,188
Residential/Multi/Single - Admin	928,259	1,121,669	193,411
Residential/Multi/Single	22,278,211	26,920,065	4,641,854
Multi-Family - Admin	287,295	199,074	(88,221)
Multi Family	6,895,080	4,777,779	(2,117,301)
Interest Revenue - Other	127,758	25,000	(102,758)
Fund Balance Carryover	870,000	870,000	-
Total Revenues	\$ 49,542,173	\$ 55,639,682	\$ 6,097,509

Expenses	Thru Actual 6/0/2020	Approved Budget 6/30/2020	Remaining Budget 6/30/2020
Salaries	1,903,495	1,956,067	52,572
Benefits	926,927	927,089	162
Overhead Allocation	1,933,224	1,893,320	(39,904)
General Legal Services	292,257	399,430	107,173
Audit Services	23,300	30,500	7,200
Bank Fees	2,820	40,150	37,330
Commissioners Per Diem	37,850	62,550	24,700
Office Lease	346,365	465,000	118,635
WRCOG Auto Fuels Expenses	858	1,500	642
Parking Validations	14,784	16,446	1,662
Staff Recognition	79	800	721
Coffee and Supplies	2,569	2,500	(69)
Event Support	144,385	183,798	39,413

Program/Office Supplies	18,474	22,263	3,789
Computer Supplies	4,811	5,381	570
Computer Software	63,028	26,500	(36,528)
Rent/Lease Equipment	17,060	30,000	12,940
Membership Dues	6,094	32,715	26,621
Subscriptions/Publications	2,439	3,225	786
Meeting Support Services	185	10,644	10,459
Postage	2,959	5,664	2,705
Other Expenses	2,701	1,250	(1,451)
COG HERO Share Expenses	2,701	10,000	7,299
Storage	4,528	10,000	5,472
Printing Services	7,869	7,500	(369)
Computer/Hardware	8,558	9,500	942
Communications - Regular Phone	19,711	16,000	(3,711)
Communications - Cellular Phones	9,922	17,500	7,578
Communications - Computer Services	38,670	57,500	18,830
Communications - Web Site	5,650	8,000	2,350
Equipment Maintenance - General	4,822	10,000	5,178
Equipment Maintenance-Computer	13,212	21,250	8,038
Insurance - Gen/Busi Liab/Auto	91,240	104,000	12,760
Recording Fee	120,847	260,741	139,894
Seminars/Conferences	2,906	11,905	8,999
General Assembly Expenses	67,207	300,000	232,793
Travel - Mileage Reimbursement	8,782	20,078	11,296
Travel - Ground Transportation	1,880	5,168	3,288
Travel - Airfare	5,556	12,250	6,694
Lodging	6,303	8,123	1,820
Meals	6,534	8,370	1,836
Other Incidentals	1,674	6,537	4,863
Training	4,895	9,250	4,355
OPEB Repayment	110,526	110,526	-
Supplies/Materials	65,725	21,800	(43,925)
Advertising Media	1,020	10,000	8,980
Advertisement Radio & TV Ads	33,250	72,000	38,750
Consulting Labor	1,843,119	2,305,445	462,326
Office Equipment Purchased	164,878	200,000	35,122
TUMF Project Reimb	27,303,365	45,000,000	17,696,635
	\$35,702,015	54,994,235	\$19,292,220



Western Riverside Council of Governments Technical Advisory Committee

Staff Report

Subject: International City / County Management Association Activities Update

Contact: AJ Wilson, California Senior Advisor, International City / County Management Association, ajwcm@aol.com, (760) 723-8623

Date: August 20, 2020

The purpose of this item is to provide an update of International City / County Management Association (ICMA) activities.

Requested Action:

1. Receive and file.

Annual Conference – September 23 – 26, 2020

Registration for the Virtual ICMA Annual Conference opened on July 6, 2020. You can participate in the virtual conference in September and receive the most economic advantage in July. Information on the event is below and details are provided on the ICMA website.

A Message from the ICMA Conference and Events Team: In light of the COVID-19 health crisis and in order to prioritize the well-being and safety of our members, exhibitors, sponsors, and partners, ICMA is making changes to its Annual Conference. Staff will not host an in-person experience. Instead, for the first time ever, ICMA is launching a digital event.

Over the past few months, we have watched the world around us rapidly change and witnessed local government leaders from around the globe work tirelessly to protect, support, and lead their communities through a series of crises. Now it is time to reboot, to be inspired again, and to connect. And it is more than just connecting; it is about coming together with your local government peers for a common purpose – to share your personal and professional experiences, to UNITE.

That has always been the magic of ICMA conferences – giving you the space to connect and learn from the people on the stage and in the audience. Just as we have always striven to be a world-class live event for local government professionals, we are ensuring that UNITE will be a world class digital event.

How can ICMA replicate an in-person interaction online and achieve that same special experience that you've come to know?

- Think a series of Facebook Live conversations leading up to September on hot topics in local government.
- Picture “live” keynotes and education sessions during the conference days and then having more than 100+ educational sessions available to view on-demand during the event and for 90+ days after the event.
- Imagine networking opportunities where you can chat with your fellow attendees in a post-session chat room, join in a happy hour where you can make your favorite beverage with a mixologist while networking with friends, or attend a concert featuring a celebrity artist!

- Envision a digital exhibit hall where you can view the best in innovative products, see live demonstrations, chat in real time, and schedule appointments.

It is a whole new world of possibilities. The mission is to bring local government professionals together from around the globe to learn from each other and address the new realities of our communities. UNITE will go beyond the four days scheduled for the event. It will be a journey of the community coming together well before September arrives, being part of something bigger that's worth getting excited about, and continuing to stand together as a profession well after the event is over.

City Managers Department – League of California Cities

The Annual Conference of the League of California Cities will be a virtual event scheduled for October 7 – 9, 2020. The annual meeting of the City Managers Department will take place during the event. Information will be provided about the conference schedule and the City Managers Department Meeting will be available within the next few weeks.

CAL-ICMA / CCMF Support for Manager's Families

There are obviously pressures on the families of city and county managers that are having effects during this crisis. In most cases managers have little time to give the attention that these issues may demand. And our families try very hard to handle their own "stuff" and not bring additional demands and pressures on the managers. To provide assistance for such personal support, CAL-ICMA and the California City Management Foundation (CCMF) have developed support resources. These efforts are being coordinated by the Senior Advisors in each area of the state. Mr. Wilson provides that role for Riverside County managers and their family members. If needed, please contact Mr. Wilson either on behalf of your family or have them contact him directly.

Senior Advisor Support

As your Senior Advisor, Mr. Wilson is available for personal discussions, resource identification, and general briefings for your employees who may be ICMA members or MMASC members. Please contact Mr. Wilson at (714) 323-9116 or ajwcm@aol.com.

Prior Action:

July 16, 2020: The Technical Advisory Committee received and filed.

Fiscal Impact:

This item is for informational purposes only; therefore, there is no fiscal impact.

Attachment:

None.



Western Riverside Council of Governments Technical Advisory Committee

Staff Report

Subject: Regional Streetlight Program Activities Update

Contact: Daniel Soltero, Staff Analyst, dsoltero@wrcog.us, (951) 405-6738

Date: August 20, 2020

The purpose of this item is to provide an update on the Regional Streetlight Program's rebate application process.

Requested Action:

1. Receive and file.

Background

At the direction of the Executive Committee, WRCOG developed a Regional Streetlight Program that allows the 11 participating jurisdictions (and Community Service Districts) to purchase streetlights within its boundaries which are currently owned and operated by Southern California Edison (SCE). Following the streetlight transfer to member jurisdiction ownership, the lamps are retrofit to Light Emitting Diode (LED) technology to provide more economical operations (i.e., lower maintenance costs and reduced energy use). Local control of the streetlight system provides jurisdictions with opportunities for future revenue generation such as digital-ready networks and telecommunications and information technology strategies.

Streetlight Rebate Update

The Regional Streetlight Program is supporting jurisdictions with preparing rebate applications for submission to Southern California Edison (SCE). As the retrofit projects come to completion, WRCOG will coordinate with the jurisdiction to request the new Service Account number(s) from SCE. Once received, project costs and an estimated rebate value for each LED fixture installed on each acquired pole, separated by Service Account(s), is determined. The information is then uploaded into the SCE Online Tool and includes supporting documentation such as invoices, proofs of payment, and final signature pages.

WRCOG staff have encountered streetlight poles in each jurisdiction that were not provided a new Service Account number. Streetlight poles without new Service Account numbers cannot be uploaded to the SCE Online Tool to receive a rebate. Staff typically coordinates with the jurisdiction and SCE to request the new Service Account number for said streetlight; however, receiving that information can be timely. This has been a common delay for most jurisdictions in being able to upload the required information to the SCE Online Tool; however, SCE staff are coordinating more closely with WRCOG staff to ensure this information is provided and the rebates are submitted in a timely fashion.

WRCOG has distributed rebate funds to the Cities of Eastvale, Murrieta, and Wildomar, for a combined rebate value of \$976,380. The remaining participating jurisdictions' rebates are in the process of being prepared and uploaded to the SCE Online Tool. Additionally, WRCOG will continue to support jurisdictions with administrative support until the rebates are received and distributed to the jurisdictions. The table below shows the current status of the rebates process for each jurisdiction.

Jurisdiction	Rebate Amount	Status
Eastvale	\$413,917	Complete
Hemet	Est. \$172,930	20% - In progress
JCSD	Est. \$189,458	95% - pending JCSD signature for submission
Lake Elsinore	Est. \$374,362	35% - In progress
Menifee	Est. \$501,023	In Queue – received New Service Account Number
Murrieta	\$461,271	Complete
Perris	Est. \$513,477	In Queue – received New Service Account Numbers
San Jacinto	Est. \$187,390	70% - In progress
Temecula	Est. \$684,044	20% - In progress
Wildomar	\$101,192	Complete

Prior Actions:

August 3, 2020: The Executive Committee received and filed.

July 16, 2020: The Technical Advisory Committee received and filed.

Fiscal Impact:

This item is for informational purposes only; therefore, there is no fiscal impact.

Attachment:

None.



Western Riverside Council of Governments Technical Advisory Committee

Staff Report

Subject: Western Riverside Energy Partnership Program Activities Update

Contact: Anthony Segura, Senior Analyst, asegura@wrcog.us, (951) 405-6733

Date: August 20, 2020

The purpose of this item is to provide an update on programmatic updates to the Virtual 2020 SEEC Forum and the 2021 Partnership extension.

Requested Action:

1. Receive and file.

The Western Riverside Energy Partnership (WREP) responds to Executive Committee direction for WRCOG and the Southern California Gas Company (SoCalGas) to seek ways to improve marketing and outreach to the WRCOG subregion regarding energy efficiency. WREP is designed to help local governments set an example for their communities to increase energy efficiency, reduce greenhouse gas emissions, increase renewable energy usage, and improve air quality.

2021 SoCalGas Program Extension

In July 2020, the SoCalGas Partnership team met with WRCOG staff to discuss the extension of the 2020 Partnership into 2021. With the recent impacts due to COVID-19, many programs that have been offered by SoCalGas to public customers have either been put on hold or have been exhausted due to lack of funding. In addition to COVID-19, many program savings / elements that the utilities look to achieve every program year have also been affected by this pandemic as there are minimal or no savings to account for at the moment. SoCalGas and its management team has announced that it would like to continue the Partnership with WRCOG into 2021 to continue supporting its members, as well as new agencies that have not been supported in the past due to program restraints.

What does this mean for WRCOG and its WREP Partnership?

- Secured funding for program year 2021.
- Member agencies within WRCOG boundaries will be automatically enrolled into the Partnership (even those agencies which have their own Municipally Owned Utility).
- WREP will now include and support Water / Special Districts, School Districts, and Tribes.
- The focus will be on energy efficiency retrofits towards natural gas appliances such as water heaters, boilers, pool heaters, and food service equipment.

It is still too early to identify the proposed budget and therm savings for 2021, but staff will provide updates to all WRCOG committees once new updates and/or program details have been established.

Virtual 2020 SEEC Forum

In light of COVID-19, the Local Government Commission (LGC), in partnership with the Statewide Energy Efficiency Collaborative (SEEC), will be moving the 2020 SEEC Forum to a virtual series. The series of webinars will be offered to local government staff and energy efficiency experts at no cost. The intent of the SEEC Forum is to deliver timely and relevant energy efficiency content to local government staff while aiming to preserve the value of networking opportunities to the greatest extent possible.

Past SEEC forums have provided local government staff with information on innovative local energy and sustainability projects to help local governments save energy, reduce greenhouse gas emissions in its communities, and share best practices within the field of energy efficiency.

This new virtual series will be conducted over a 6-month period (June 2020 – November 2020). Below is a tentative schedule for webinars set to be hosted in August and September 2020:

1. Wednesday, August 12, 2020: Building Decarbonization Policy Tools for California Local Governments.
2. Thursday, August 20, 2020: Maximizing Value of Resiliency Programs: Case Study & Resources.
3. Tuesday, September 1, 2020: Building Decarbonization Full Throttle: CPUC Updates and Regional Implementation.
4. Wednesday, September 9, 2020: Not your Grandma's Regulatory Update.
5. Thursday, September 17, 2020: State-Administered, Utility-Supported Financing for Energy Efficiency Retrofits.

Additional information about this virtual series and to register for the various webinar sessions can be found at [SEEC 2020](#). If you cannot access Zoom for any reason, all webinars will be available via Livestream on YouTube. Visit LGC's [YouTube](#) Channel to tune into the webinar.

Prior Action:

None.

Fiscal Impact:

This item is for informational purposes only; therefore, there is no fiscal impact.

Attachment:

None.



Western Riverside Council of Governments Technical Advisory Committee

Staff Report

Subject: Emergency Medical Care Committee Activities Update

Contact: Gary Nordquist, City Manager, City of Wildomar, gnordquist@cityofwildomar.org, (951) 677-7751

Date: August 20, 2020

The purpose of this item is to provide an update on the Emergency Medical Care Committee meeting of August 12, 2020.

Requested Action:

1. Receive and file.

The Emergency Medical Care Committee (EMCC) was established on October 15, 1985. The function of the EMCC is to advise the Riverside County Board of Supervisors on all aspects of emergency medical care within the County, to report on observations, and to provide recommendations concerning the feasibility and content of emergency medical care programs within the County. The EMCC is comprised of 15 ex-officio members, one of which is a City Manager appointed by WRCOG.

An EMCC meeting was held on August 12, 2020, and was the first quarterly meeting since October 2, 2019. A summary of the meeting is as follows:

- **COVID-19:** An SOS team providing outreach to Nursing Homes to ensure proper procedures and equipment is being used. Masks and medical equipment are being made available. Working with local hospitals to address needs.
- **STEMI System Plan:** The Riverside County STEMI (ST-segment Elevation Myocardial Infarction) system has been in place for more than ten years. With over 365,000 Emergency Medical Services (EMS) calls made annually in Riverside County, approximately 15 – 20 calls per day are patients who suffer from cardiac arrest. These patients are not only residents of Riverside County, they are visitors and residents of surrounding counties that often present to one of the six designated STEMI centers. This STEMI System Plan is designed to outline the coordinated STEMI Program within the County of Riverside including the EMS agency organization, designation process, EMS STEMI Policies, and education. This comprehensive approach to STEMI care continues to be a collaborative effort between the EMS agency, field providers, and hospitals within the system while focusing on the principal goal to reduce morbidity and mortality from the severe and quickly identifiable form of acute myocardial infarction called STEMI. Achievement of this goal is realized by improvements in the delivery of emergency medical care within the community through a collaborative and iterative quality improvement process.
- **Stroke Critical Care System:** The Stroke System in Riverside County originated in 2015. Approximately 365,000 EMS calls are made in Riverside County every year with more than 300 suspected stroke patients transported each month. Residents and visitors of Riverside County may receive treatment at one of 11 designated Primary Stroke Centers distributed throughout the County. In the last two years, Riverside County's Stroke System has matured in its data collection process to link pre-hospital care to patient outcomes and has now automated this process through linkage of the pre-hospital and hospital stroke

patient reporting systems. The Stroke Critical Care System outlines the designation process for hospitals, EMS treatment protocols, ongoing Stroke education, and the Quality Improvement process for the Stroke program. Riverside County EMS Agency (REMSA) works in collaboration with EMS providers and Stroke coordinators in the County to provide the most current treatment and intervention in Stroke care with the goal of reducing morbidity and mortality related to strokes.

- **REMSA Trauma Care System Plan:** This Plan was developed in compliance with Section 1798.160, et seq., Health and Safety Code. REMSA's organized system of the care for trauma patients has been in place since 1994 with approval by the California EMS Authority (EMSA) in 1995. The plan was last updated and approved by EMSA in 2018. The current Trauma Plan update reflects the 2018 data and information for Riverside County. Riverside County's jurisdiction includes four Level II Trauma Centers, one of which is a Level II Pediatric Trauma Center (PTC). The PTC is geographically located towards the western region of the County and central to most of the County's population. All four trauma centers are distributed evenly, respective to each region's population density. Catchment areas have remained the same, although population has increased throughout the County. Currently, REMSA uses Digital Innovations Collector® Trauma Registry CV 5 as the data entry platform for the identified trauma patient. In 2020, REMSA will begin utilizing ImageTrend® patient registry for system collection of trauma patients.

The next meeting date has yet to be determined.

Prior Action:

November 21, 2019: The Technical Advisory Committee received and filed.

Fiscal Impact:

This item is for informational purposes only; therefore, there is no fiscal impact.

Attachment:

1. EMCC meeting agenda packet of August 12, 2020.

Item 4.F

Emergency Medical Care Committee
Activities Update

Attachment 1

EMCC meeting agenda packet of
August 12, 2020

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**EMCC Members Per Board of Supervisors
Resolution No. 2013-052:**

PMAC Physician Representative

1.a Stephen Patterson, MD

Hospital Association Representative

1.b Keven Porter

Riverside County Medical Association

1.c James Rhee, MD

County Contracted Emergency Ambulance

1.d Peter Hubbard

Ambulance Association Representative

1.e Rosemary Dudevoir

County Permitted Air Ambulance Provider

1.f Vacant

Riverside County Fire Chiefs' Association

1.g Brian Young

Coachella Valley Association of Governments

1.h Mark Scott

Western Riverside Council of Governments

1.i Gary Nordquist (primary)
Chris Mann (secondary)

RivCo Law Enforcement Agency Admin. Assn.

1.j Colleen Walker

PMAC Prehospital Representative

1.k Magdalena Robles

RivCo Fire Department Representative

1.l Phil Rawlings

Supervisorial District One

1.m Vacant

Supervisorial District Two

1.m Stan Grube

Supervisorial District Three

1.m Jerry Holldber

Supervisorial District Four

1.m Vacant

Supervisorial District Five

1.m Jock Johnson

The next meeting of the EMCC is on:

**Wednesday, Aug 12, 2019
9:00 AM – 10:30 AM**

Microsoft Teams

Public Conference Call Information
866-919-4269

Participant 17731182

1. CALL TO ORDER
Chair—Stan Grube
2. ROUNDTABLE INTRODUCTIONS (5 Minutes)
Chair—Stan Grube
3. APPROVAL OF MINUTES (5 Minutes)
Oct 2, 2019 Draft Minutes—Stan Grube (Attachment A)
4. UNFINISHED / NEW BUSINESS (30 Minutes)
 - 4.1 Membership – Dan Bates (Attachment B)
 - 4.2 COVID-19 Situation Update – Dan Bates
 - 4.3 RUHS Public Health Activity - Marie Weller
 - 4.4 EMCC Annual Report Updates – Jerry Holldber
5. EMS AGENCY REPORTS (20 Minutes)
 - 5.1 Administrative Unit Updates – Dan Bates
 - 5.2 Clinical Unit Updates – Shanna Kissel
 - STEMI Plan 2019 (Attachment C)
 - Stroke Plan 2019 (Attachment D)
 - Trauma Plan 2019 (Attachment E)
 - 5.3 Data Unit Updates - Catherine Farrokhi
6. OTHER REPORTS (20 Minutes)
 - 6.1 PMAC – Steven Patterson, MD / Magdalena Robles
 - 6.2 EMD Preparedness Division – Brian Tisdale
 - 6.3 EMD Emergency Services Division – Mark Bassett
7. OPEN COMMENTS (10 Minutes)
8. NEXT MEETING / ADJOURNMENT (1 Minute)
TBD
Microsoft Teams/Conference Line

FOR CONSIDERATION BY EMCC

DATE: Aug 10, 2020

TO: EMCC

FROM: Dan Bates, Deputy EMS Administrator

SUBJECT: 2020/2021 Membership Date

ACTION: Review of Term Dates

Sec.	#	Representing	Current Membership	2019-2020 Term Dates
1.a	1	PMAC Physician	Stephen Patterson	07/01/18—06/30/21
1.b	2	HASC	Keven Porter	NA
1.c	3	RCMA	James Rhee	07/01/18—06/30/21
1.d	4	AMR	Peter Hubbard	NA
1.e	5	Ambulance Association	Rosemary Dudevoir	07/01/19—06/30/22
1.f	6	Air Ambulance Provider	Vacant	07/01/19—06/30/22
1.g	7	RCFCA	Brian Young	07/01/18—06/30/21
1.h	8	CVAG	Mark Scott	07/01/19—06/30/22
1.i	9	WRCOG	Gary Nordquist Chris Mann	07/01/19—06/30/22
1.j	10	RCLEAA	Colleen Walker	07/01/19—06/30/22
1.k	11	PMAC Prehospital	Magdalena Robles	07/01/19—06/30/22
1.l	12	Riverside Co Fire Dept.	Phil Rawlings	NA
1.m	13	District One	David McCarthy	06/30/20 - 06/20/23
1.m	14	District Two	Stan Grube	06/30/20 - 06/30/23
1.m	15	District Three	Jerry Holldber	07/01/17—06/30/20
1.m	16	District Four	Vacant	07/01/17—06/30/20
1.m	17	District Five	Jock Johnson	07/01/18—06/30/21



RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES AGENCY (REMSA)

ST- ELEVATION MYOCARDIAL INFARCTION (STEMI) CRITICAL CARE SYSTEM PLAN

2019

Reza Vaezazizi, MD, REMSA Medical Director
Trevor Douville, EMS Administrator
Shanna Kissel, MSN, RN, Assistant Nurse Manager
Daniel Sitar, MSN, RN, Specialty Care Nurse Consultant

Table of Contents

Executive Summary _____ 3

STEMI Critical Care System _____ 4

Riverside EMS Agency Organization _____ 5

Designation Process _____ 6

Riverside County STEMI Centers _____ 7

EMS Communications _____ 8

REMSA STEMI Policies _____ 9

Data Collection _____ 9

Inter-county Agreements _____ 10

STEMI System QI Committee _____ 10

STEMI Education _____ 10

STEMI System goals and objectives _____ 11

Attachments _____ 12

Executive Summary

The Riverside County STEMI system has been in place for more than ten years. With over 365,000 EMS calls made annually in Riverside County, approximately 15-20 per day are patients who suffer from cardiac arrest. These patients are not only residents of Riverside county, they are visitors and residents of surrounding counties that often present to one of the six designated STEMI centers. This STEMI System plan is designed to outline the coordinated STEMI program within the county of Riverside including the EMS agency organization, designation process, EMS STEMI policies and Education. This comprehensive approach to STEMI care continues to be a collaborative effort between the EMS agency, field providers and hospitals within the system while focusing on the principal goal to reduce morbidity and mortality from the severe and quickly identifiable form of acute myocardial infarction called STEMI. Achievement of this goal is realized by improvements in the delivery of emergency medical care within the community through a collaborative and iterative quality improvement process.



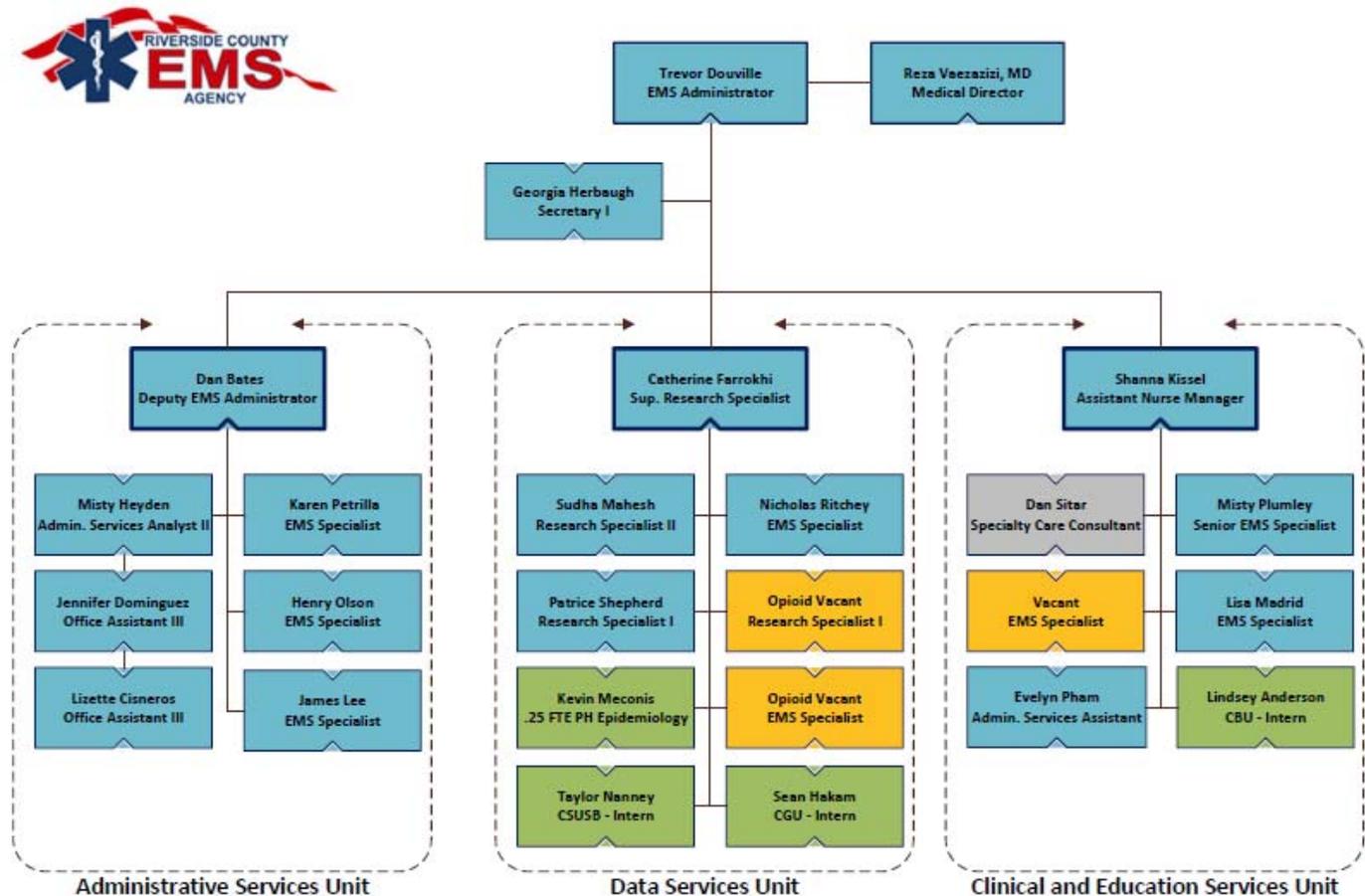
Trevor Douville
EMS Administrator
Riverside County EMS Agency

STEMI Critical Care System

The STEMI Critical Care System is a subspecialty care component of the larger EMS system that was developed by REMSA and links prehospital and hospital care to deliver treatment to STEMI patients who potentially require immediate medical or surgical intervention. Positive patient outcomes are best attained when patients consistently receive a standard of care based on national standards and best practices. Therefore, the REMSA STEMI Critical Care system is predicated on recommendations from national organizations, evidence-based practices, and current peer-reviewed literature. Developed and implemented in 2007, the STEMI system began with three locally designated STEMI receiving centers. By 2015, the system had expanded to six centers, all of which had achieved accreditations from the American College of Cardiology as Chest Pain Centers with Percutaneous Coronary Intervention (PCI). Currently, there remains six designated STEMI receiving centers covering all of Riverside County.

Riverside County EMS Agency Organization

Two branches of the Riverside County EMS Agency play key roles in the operation of the STEMI system and work under the direction of the EMS Administrator and EMS Medical Director: the data team and the clinical team. During the assessment and realignment period, the EMS Agency had funded a Nurse Consultant to carry out the objectives of STEMI program oversight. Now that the regulations are in place and realignment is near completion, the EMS Agency intends to fund in Fiscal year 2020/2021, through specialty care center fees, a Specialty Care Nurse Coordinator to maintain regulatory oversight and direction to the STEMI receiving centers.



Both teams fulfill specific roles in the STEMI system and work closely together to accomplish system goals. The data team provides maintenance of data collection modalities and databases, performs statistical analyses, creates GIS mapping of STEMI-related elements, and generates reports for system stakeholders. Equally important, the clinical team contains experienced professionals from the hospital and pre-hospital environments and performs continuous quality improvement (CQI) activities to drive patient-centered STEMI care. The Specialty Care Coordinator role acts as a program administrator between hospital STEMI programs and the state EMS Authority. In collaboration with Administration, the Clinical and Education Services Unit, and the EMS Medical Director, the Specialty Care Coordinator facilitates STEMI committee activities related to performance improvement and quality improvement indicators, acts as a liaison between the LEMSA and the state of CA EMS Authority, and interfaces with stakeholders throughout the system.

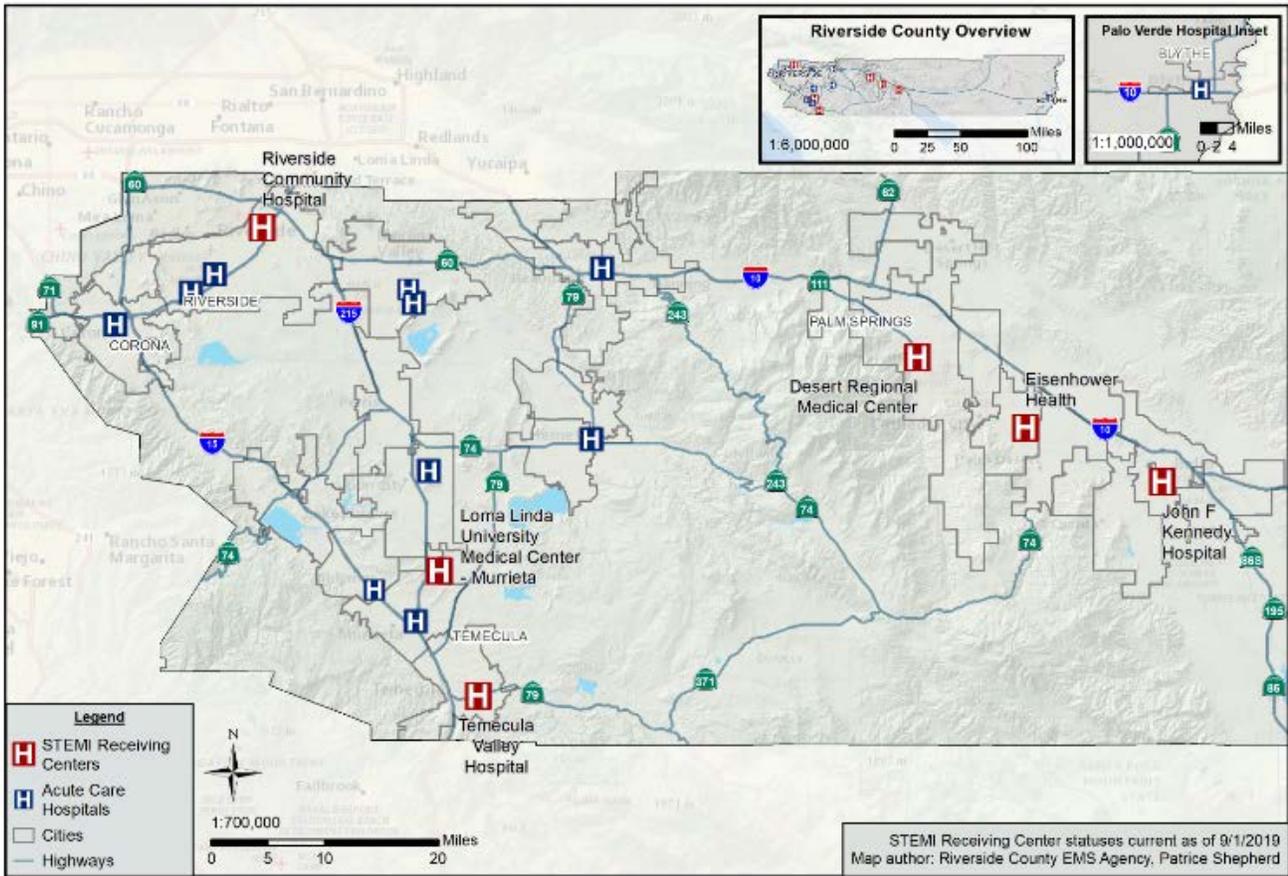
Designation Process

A strong foundation of hospitals that are both geographically accessible and capable of quality cardiac care is paramount to a robust STEMI critical care system. Of the 17 prehospital receiving centers in Riverside County, six are currently designated as STEMI receiving centers. Title 22 regulations describe a STEMI center as a hospital that meets a comprehensive list of cardiac-specific qualifications and always has PCI capability available. The Riverside County EMS Agency has written agreements with hospitals that are designated STEMI receiving centers. To be considered for STEMI receiving center designation, hospitals must hold a current accreditation as a Chest Pain Center with PCI by The American College of Cardiology and complete a STEMI Center Designation Application packet. The application packet contains an audit tool and checklist that ensures the facility meets all requirements to receive STEMI center designation. A successful site visit, a written agreement, and continued compliance with all elements of the STEMI Center Standards policy # 5401 (www.remsa.us/policy/5401) is required to grant designation. All designated STEMI centers in Riverside County meet or exceed the requirements in the California Code of Regulations contained in Title 22, Division 9, Chapter 7.1 STEMI Critical Care System.

Riverside County STEMI Centers



Riverside County STEMI Receiving Centers



Six STEMI facilities have an identical contract that establishes a written agreement between the facilities and REMSA:

Facility	Contract term	Agreement Type
Desert Reginal Medical Center	July 1, 2019- June 30, 2022	ST Elevation Myocardial Infarction (STEMI) Receiving Center Designation Agreement
Eisenhower Health	July 1, 2019- June 30, 2022	ST Elevation Myocardial Infarction (STEMI) Receiving Center Designation Agreement
John F. Kennedy Memorial Hospital	July 1, 2019- June 30, 2022	ST Elevation Myocardial Infarction (STEMI) Receiving Center Designation Agreement

Loma Linda University Medical Center - Murrieta	July 1, 2019- June 30, 2022	ST Elevation Myocardial Infarction (STEMI) Receiving Center Designation Agreement
Riverside Community Hospital	July 1, 2019- June 30, 2022	ST Elevation Myocardial Infarction (STEMI) Receiving Center Designation Agreement
Temecula Valley Hospital	July 1, 2019- June 30, 2022	ST Elevation Myocardial Infarction (STEMI) Receiving Center Designation Agreement

EMS Communications

Early pre-notification of an inbound suspected STEMI patient allows the appropriate hospital resources to be mobilized and is vital to minimize time delays in patient care. Emergency Medical Services personnel are directed to make early contact with the closest STEMI center as soon as a suspected STEMI patient is identified and communicate pertinent details so the facility may activate the proper resources. To further expedite patient care, 12 lead ECG transmission from the field directly to the STEMI receiving center is mandatory.

Prehospital providers have two methods to make pre-hospital notification, either of which are permissible for STEMI pre-notification. The first is a county-wide 800 MHz radio system available to all transporting units in Riverside County. As a second method, providers have a phone number that is assigned to each receiving hospital for the purposes of receiving prehospital reports. Having two means of communication provides redundancy and backup to ensure consistent pre-notifications to STEMI centers.

In addition to the standard patient reporting format that addresses the minimum acceptable information to be communicated and is described in REMSA Universal Patient policy (www.remsa.us/policy/4102), the acute coronary syndrome treatment policy describes STEMI-specific information to be communicated, such as symptomatology, ECG findings, and blood thinner status. Prehospital STEMI notifications are enhanced by using this layered process that places an emphasis on communicating relevant information specific to STEMI patients.

REMSA STEMI Policies

There are five (5) REMSA policies specific to the STEMI critical care system. The first of these is policy #5401, which details the requirements and expectations of each of the designated STEMI centers within the county. Each designated center is bound to comply with all elements contained in this policy and outlines a minimum standard for capabilities of all STEMI centers.

REMSA Suspected Acute Coronary Syndrome policy (www.remsa.us/policy/4402) is the current treatment guideline for all suspected STEMI patients. It clearly defines screening, treatment, and transport of STEMI patients as well as the communication pathway to the closest STEMI center. Destination for suspected STEMI patients is directly to the closest, most appropriate designated STEMI center in which diversion is not permitted unless the facility is on internal disaster.

Cardiac Arrest policy (www.remsa.us/policy/4406) references patients with out-of-hospital cardiac arrest with return of spontaneous circulation of unknown or suspected cardiac etiology, which should be transported to the closest STEMI receiving center. EMS providers have a performance standard skill for high frequency/high risk to identify guidelines for acquisition and transmission of a 12 lead ECG in the prehospital setting. (www.remsa.us/policy/7401)

For patients requiring higher level of care services for patients arriving to non-STEMI centers via EMS or private auto, the Continuation of STEMI care policy (www.remsa.us/policy/5402) affords the ability for the STEMI system to capture all acute STEMI patients regardless of mode of arrival and to expedite the care of those requiring advanced services. This policy facilitates transfers for higher level of care to designated STEMI centers and assists with complying with federal transfer guidelines.

Data Collection

To achieve the needed data necessary to properly inform and drive a continuous quality improvement process, REMSA has implemented a standard patient registry in which hospitals enter outcome information for all suspected and confirmed STEMI cases. The patient registry vendor *ImageTrend*®, who also hosts the prehospital patient care record system, allows the linkage of pre-hospital patient care records with hospital outcome data for a data set that contains each patient encounter from 9-1-1 call to hospital discharge. Prehospital records are matched case-by-case to hospital outcome data entered by the facilities. All designated STEMI centers are mandated to enter a minimum set of STEMI outcome data into the registry in a near-concurrent manner, but no later than one month following patient discharge. A variety of performance metrics are obtained from the *ImageTrend*® unified data platform and are tracked and trended to improve and maintain the performance of the entire system. Data is analyzed as a system-wide aggregate but can also be broken down to the facility or provider level as needed for more granular analysis. The patient population in the database includes all suspected and confirmed STEMI cases, arriving to the hospital both by EMS and walk-in patients. Utilizing this inclusion criteria provides a complete representation of STEMI occurrence within Riverside County. Performance measures tracked include but are not limited to:

- All time intervals from first medical contact through treatment with PCI
- Aspirin administration
- Twelve lead ECG obtained and transmitted
- STEMI center pre-notification made
- Direct transport to a STEMI center

- False positives, False negatives, and True positives
- Hospital length of stay
- Risk and propensity weighted mortality and morbidity

With both EMS and hospitals using the same platform for the patient care record and patient registry, the hospitals link patient outcomes back to the prehospital patient care records for the field responders to see outcomes of their calls.

Data is submitted to the agency on a quarterly basis where it is thoroughly analyzed with the above-mentioned performance measures. This data is reviewed at the STEMI System Committee in addition to being available at www.remsa.us under the System-based Clinical and Operational Performance Evaluation (SCOPE) dashboard.

Inter-county Agreements

Riverside County, and its northern county San Bernardino, are close in proximity with many patients crossing county borders. Riverside and San Bernardino counties also share the same Medical Director, resulting in their STEMI systems working similarly with EMS designation and treatment policies. REMSA has a written agreement (Attachment A) between both EMS agencies, which permits bi-directional data sharing and resource utilization of each county's STEMI critical care system assets. This includes the use of designated STEMI centers located across county lines as the closest, most appropriate facility to the scene of a suspected STEMI patient.

STEMI System QI Committee

Riverside County Emergency Medical Services Agency hosts an interdisciplinary STEMI System Advisory Committee (www.remsa.us/policy/8207) with representation from each of the STEMI Centers as well as members that represent the prehospital providers throughout the county. The STEMI Care Committee meets quarterly and is tasked with reviewing performance data, identifying opportunities for improvement, planning and monitoring improvement efforts, recommending policy changes to the EMS medical director, and conducting case reviews. For these activities, the committee uses a variety of QI approaches and tools, including Plan, Do, Study, Act (PDSA) cycles, assessments, audits and feedback, benchmarking, and best practices research.

STEMI Education

Education is key to improving health outcomes, reducing the incidence of disease, and enhancing quality of life for STEMI patients. Education is directed to the patient via health and safety fairs and access to STEMI specialty care, as well as to both the EMS field provider level and those providing STEMI care to patients at the hospital. Hospital education is based upon individual regulatory requirements, but facilities often collaborate to provide education directly to field EMS providers. Furthermore, STEMI-specific education to EMS field providers is mandated twice a year and the content is driven by needs identified through the quality improvement process. The STEMI program managers from many of the STEMI centers are heavily involved in conducting this mandated education.

Additional STEMI education is directed at community outreach and includes sponsorship of STEMI conferences, offering education to non-STEMI facilities, and direct involvement at community events focused on STEMI and cardiovascular disease-related topics.

STEMI Goals and Objectives

Goal #1: Monitor E2B times

Goals	Objective (s)	Timeline	Status
Reduce E2B times	Monitor EMS to balloon times and reduce to under 90 min 95% of the time	Quarterly	Pending

Goal #2: Increase EMS prenotification

Goals	Objective (s)	Timeline	Status
Increase pre-activation of cath lab teams	Increase EMS notification to 80% of the time	Quarterly	Pending

Goal #3: Provide EMS feedback

Goals	Objective (s)	Timeline	Status
Provide 100% feedback from confirmed and suspected EMS transported STEMI cases to providers	Feedback to include: A. Discharge diagnosis B. Hospital disposition C. Discharge summary	Monthly	Pending

Attachments

A. Intercounty agreements	13
B. References	15

Attachment A: Intercounty Agreements



August 14, 2019

Tom Lynch
Executive Director
Inland Counties Emergency Medical Services Agency
1425 South "D" Street
San Bernardino, CA 92415-0060

Dear Tom,

Riverside County would like to continue collaborating with San Bernardino County in accepting all specialty care patients (Trauma, Stroke, and STEMI) from the field. Riverside County EMS continues to remain committed to providing optimal patient care and outcomes for all of these patients. Reciprocal acceptance of specialty care patients from the field between both Riverside and San Bernardino Counties continues to be effective and a critical component between both systems.

Thank you for your ongoing partnership between REMSA and ICEMA.

Sincerely,

A handwritten signature in black ink, appearing to read "Trevor Douville", is written over a horizontal line.

Trevor Douville
Director
EMS Administrator
Emergency Management Department



Mailing Address: 4210 Riverwalk Parkway • Suite 300 • Riverside, CA 92505
Phone: (951) 358-5029 • Fax: (951) 358-5160 • TDD: (951) 358-5124 • www.rivcoems.org



Inland Counties Emergency Medical Agency

1425 South D Street, San Bernardino, CA 92415-0060 ▪ (909) 388-5823 ▪ Fax (909) 388-5825 ▪ www.icema.net

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator

Reza Vaezazizi, MD, Medical Director

September 19, 2019

Trevor Douville, Director
Riverside County Emergency Medical Services Agency
4210 Riverwalk Parkway, Suite 300
Riverside, CA 92505



Dear Mr. Douville:

ICEMA would also like to continue collaborating with Riverside County in accepting all specialty care patients (Trauma, Stroke and STEMI) from the field. ICEMA remains committed to providing optimal patient care and outcomes for all of these patients. Reciprocal acceptance of specialty care patients from the field between San Bernardino and Riverside Counties continues to be effective and critical component between both systems.

Thank you for your ongoing partnership between ICEMA and REMSA.

Sincerely,

Tom Lynch
EMS Administrator

TL/jlm

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BOARD OF DIRECTORS

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First District

Jan Rutherford
Second District

Dawn Rowe
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Curt Hagman
Chairman
Fourth District

Josie Gonzales
Vice Chair
Fifth District

Gary McBride
Chief Executive Officer

Attachment B: References

Riverside County EMS Agency 2019 Policy Manual. Retrieved from www.remsa.us/policy.

California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System.

Riverside County EMS Agency System-based Clinical and Operational Performance Evaluation (SCOPE) dashboard. www.remsa.us.



RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES AGENCY (REMSA)

STROKE CRITICAL CARE SYSTEM PLAN

2019

Reza Vaezazizi, MD, REMSA Medical Director

Trevor Douville, EMS Administrator

Shanna Kissel, MSN, RN, Assistant Nurse Manager

Daniel Sitar, MSN, RN, Specialty Care Nurse Consultant

Table of Contents

Executive Summary _____ 3

Stroke Critical Care System _____ 4

Riverside EMS Agency Organization _____ 5

Designation Process _____ 6

Riverside County Stroke Centers _____ 7

EMS Communications _____ 8

REMSA Stroke Policies _____ 9

Data Collection _____ 9

Inter-county Agreements _____ 10

Stroke System Quality Improvement Committee _____ 10

Stroke Education _____ 11

Stroke System goals and objectives _____ 11

Attachment _____ 13

References _____ 16

Executive Summary:

The Stroke System in Riverside County originated in 2015. Approximately 365,000 Emergency Medical Services (EMS) calls are made in Riverside County every year with more than 300 suspected stroke patients transported each month. Residents and visitors of Riverside County may receive treatment at one of 11 designated Primary Stroke Centers distributed throughout the county. In the last two years, Riverside County's Stroke System has matured in its data collection process to link pre-hospital care to patient outcomes and has now automated this process through linkage of the prehospital and hospital stroke patient reporting systems. This Stroke Critical Care System plan outlines the designation process for hospitals, EMS treatment protocols, ongoing Stroke education, and the Quality Improvement process for the Stroke program. Riverside County EMS Agency (REMSA) works in collaboration with EMS providers and Stroke coordinators in the county to provide the most current treatment and intervention in Stroke care with the goal of reducing morbidity and mortality related to strokes.



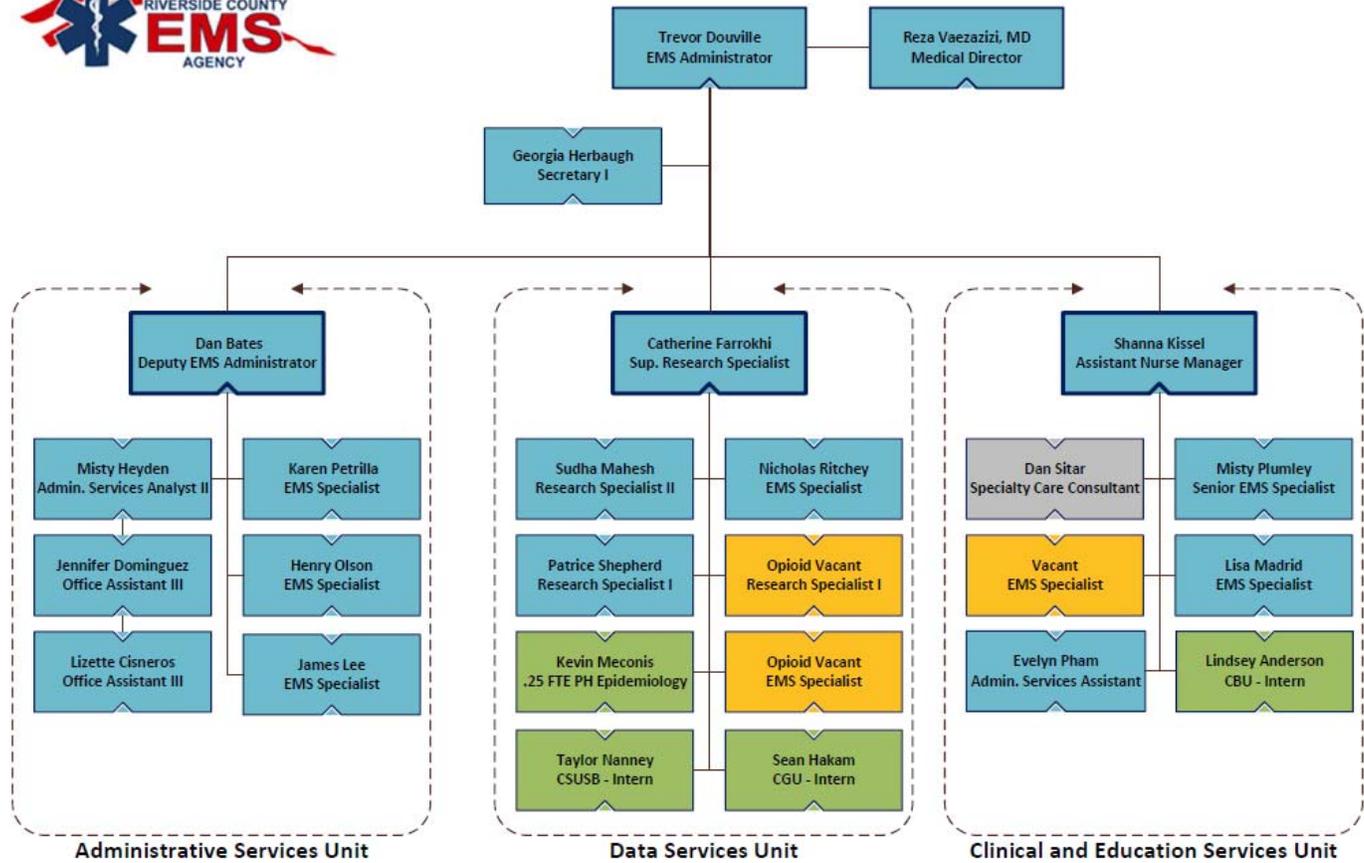
Trevor Douville
EMS Administrator
Riverside County EMS Agency

Stroke Critical Care System

The overarching goal of the stroke critical care system is to reduce morbidity and mortality from acute stroke disease by improving the delivery of emergency medical care within the community. This system is a subspecialty care component of the larger EMS system that was developed by the Riverside County EMS Agency (REMSA) and links prehospital and hospital care to deliver treatment to stroke patients who potentially require immediate medical or surgical intervention. Positive patient outcomes are best achieved when patients consistently receive a standard of care based on national standards and best practices. Therefore, the REMSA stroke critical care system was based on recommendations from national organizations, evidence-based practices, and current peer-reviewed literature. At its inception in 2014, the stroke system began with eight locally designated primary stroke centers. By 2015 the system had expanded to 12 primary centers, all of which had achieved Advanced Primary Stroke certifications from The Joint Commission. Currently, there are 11 primary stroke centers distributed throughout Riverside County.

Riverside County EMS Agency Organization

Two branches of the Riverside County EMS Agency play key roles in the operation of the Stroke system and work under the direction of the EMS Administrator and EMS Medical Director, the data team and the clinical team. During the assessment and realignment period, the EMS Agency has funded a Nurse Consultant to carry out the objectives of Stroke program oversight. Now that regulations are in place and realignment is near completion, the EMS Agency intends to fund in Fiscal year 2020/2021, through specialty care center fees, a Specialty Care Nurse Coordinator to maintain regulatory oversight and direction to the Stroke centers.



Both teams fulfill specific roles in the stroke system and work closely to accomplish system goals. The data team provides maintenance of data collection modalities and databases, performs statistical analyses, creates GIS mapping of stroke-related elements, and generates reports for system stakeholders. Equally important, the clinical team contains experienced professionals from the hospital and pre-hospital environments and performs continuous quality improvement (CQI) activities facilitate transparent, exemplary patient-centered stroke care. During the assessment and realignment period, the EMS Agency has funded a nurse consultant to carry out the objectives of stroke program oversight. In fiscal year 2020/2021, the EMS Agency intends to fund a specialty care nurse coordinator position to maintain regulatory oversight and direction to the stroke system. The Specialty Care Coordinator role operates under the clinical team and acts as a program administrator between hospital stroke programs and the state EMS Authority. In collaboration with administration, the clinical and

education services unit, and the EMS Medical Director, the specialty care coordinator facilitates stroke committee activities related to performance improvement and quality improvement indicators, acts as a liaison between the LEMSA and the state of California EMS Authority, and interfaces with stakeholders throughout the system.

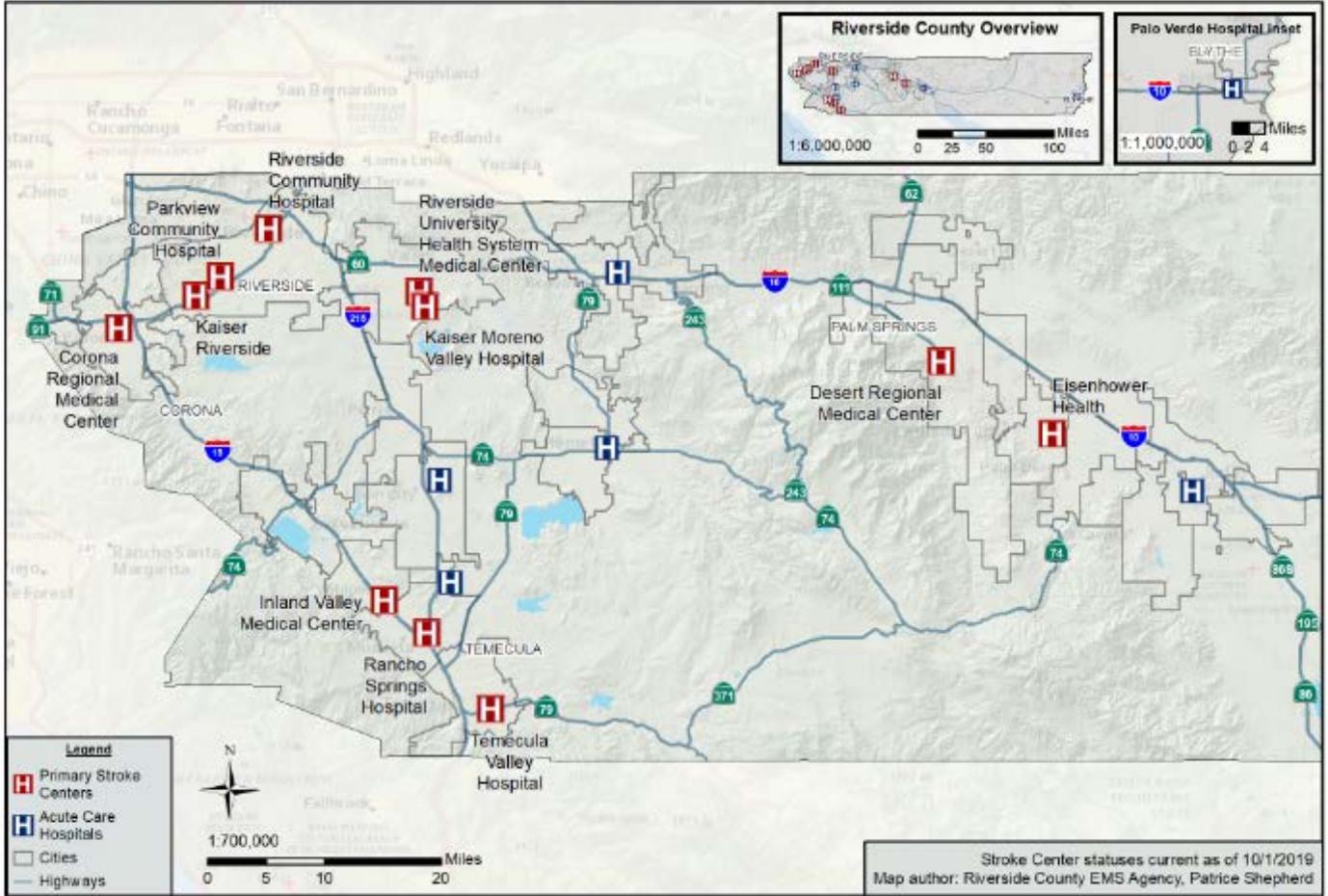
Designation Process

A strong foundation of hospitals that are both geographically accessible and capable of quality stroke care is paramount to a robust stroke critical care system. Of the 17 prehospital receiving centers in Riverside County, 11 are currently designated as primary stroke centers (PSC). Title 22 regulations define a primary stroke center as, “a hospital that “...stabilizes and treats acute stroke patients, providing initial acute care, and may transfer to one or more higher level of care centers when clinically warranted”. Currently, the Riverside County EMS Agency has written agreements with hospitals that are designated PSC’s and, in 2020, REMSA will be assessing the need to designate higher level interventional-capable stroke centers. To be designated as a stroke receiving center hospitals must, at minimum, hold a current certification as an Advanced Primary Stroke Center by The Joint Commission, Det Norske Veritas, or Healthcare Facilities Accreditation Program and must complete a Stroke Center Designation application. The application packet contains an audit tool and checklist that ensures the facility meets all requirements to receive stroke center designation. A successful site visit, a written agreement, and continued compliance with all elements of the Stroke Center Standards policy (www.remsa.us/policy/5701.pdf) are required to grant designation. All designated stroke centers in Riverside County meet or exceed the requirements in the California Code of Regulations contained in Title 22, Division 9, Chapter 7.2 Stroke Critical Care System.

Riverside County Stroke Centers



Riverside County Stroke Centers



Of the 11 designated Stroke facilities in Riverside County, 10 have the same contract with REMSA, and one, Riverside University Health System, which is unique since it is owned and operated by the same governmental entity as REMSA. For this reason, a memorandum of understanding serves as the written agreement to designate it as a stroke center.

At this time, there are no facilities designated as an EMS Thrombectomy-capable or Comprehensive Stroke centers, although this is a goal that is on the horizon as early as 2020.

Stroke facility	Contract term	Agreement Type
Corona Regional Medical Center	July 1, 2017- June 30, 2018, with an option to renew annually for 2 years; Extended through July 30, 2019, Extension #2 through July 30, 2020	County of Riverside Primary Stroke Center Designation Agreement

Desert Regional Medical Center	July 1, 2017- June 30, 2018, with an option to renew annually for 2 years; Extended through July 30, 2019, Extension #2 through July 30, 2020	County of Riverside Primary Stroke Center Designation Agreement
Eisenhower Health	July 1, 2017- June 30, 2018, with an option to renew annually for 2 years; Extended through July 30, 2019, Extension #2 through July 30, 2020	County of Riverside Primary Stroke Center Designation Agreement
Inland Valley Medical Center	July 1, 2017- June 30, 2018, with an option to renew annually for 2 years; Extended through July 30, 2019, Extension #2 through July 30, 2020	County of Riverside Primary Stroke Center Designation Agreement
Kaiser Permanente- Moreno Valley	July 1, 2017- June 30, 2018, with an option to renew annually for 2 years; Extended through July 30, 2019, Extension #2 through July 30, 2020	County of Riverside Primary Stroke Center Designation Agreement
Kaiser Permanente- Riverside	July 1, 2017- June 30, 2018, with an option to renew annually for 2 years; Extended through July 30, 2019, Extension #2 through July 30, 2020	County of Riverside Primary Stroke Center Designation Agreement
Parkview Hospital	July 1, 2017- June 30, 2018, with an option to renew annually for 2 years; Extended through July 30, 2019, Extension #2 through July 30, 2020	County of Riverside Primary Stroke Center Designation Agreement
Rancho Springs Medical Center	July 1, 2017- June 30, 2018, with an option to renew annually for 2 years; Extended through July 30, 2019, Extension #2 through July 30, 2020	County of Riverside Primary Stroke Center Designation Agreement
Riverside Community Hospital	July 1, 2017- June 30, 2018, with an option to renew annually for 2 years; Extended through July 30, 2019, Extension #2 through July 30, 2020	County of Riverside Primary Stroke Center Designation Agreement
Riverside University Health System- Medical Center	July 1, 2017- June 30, 2018, with an option to renew annually for 2 years; Extended through July 30, 2019, Extension #2 through July 30, 2020	Memorandum of Understanding
Temecula Valley Hospital	July 1, 2017- June 30, 2018, with an option to renew annually for 2 years; Extended through July 30, 2019, Extension #2 through July 30, 2020	County of Riverside Primary Stroke Center Designation Agreement

EMS Communication

Early pre-notification by EMS of an arriving suspected stroke patient allows the appropriate hospital resources to be activated and is crucial to reducing time delays in the care of stroke patients. Prehospital personnel are directed to make early contact with the closest stroke center as soon as a suspected stroke patient is identified to communicate pertinent details such as last known well times, stroke screening results, and family contact information.

There are two methods to make prehospital notification, either of which are permitted for stroke pre-notification. The first is a county-wide 800 MHz radio system available to all transporting units in Riverside County. As a second method, providers have a phone number assigned to each receiving hospital for the purposes of receiving prehospital reports. In having two means of communication, there is redundancy and backup to help ensure consistent pre-notifications is made.

The universal patient policy (www.remsa.us/policy/4102.pdf) describes the minimal acceptable information communicated for all transports within REMSA. The stroke treatment policy goes on to describe stroke-specific information to be communicated in cases of suspected stroke, such as stroke screen results, last known well times, and blood thinner status. Prehospital stroke notifications are enhanced by using this layered process that emphasizes the communication of stroke-specific information.

REMSA Stroke Policies

There are six (6) REMSA policies specific to the stroke critical care system. The first of these is policy #5701 (www.remsa.us/policy/5701.pdf) which details the requirements and expectations of each of the designated stroke centers within the county. Each designated center is bound to comply with all elements contained in this policy and it outlines a minimum standard for capabilities of all stroke centers.

A suspected stroke policy (www.remsa.us/policy/4503.pdf) contains the current pre-hospital treatment guidelines for all suspected stroke patients. It clearly defines a validated stroke screening tool and stroke severity scale, the modified LAPSS and LAMS, to be used to rapidly identify acute stroke patients. The destination for suspected acute stroke patients is the closest, most appropriate designated stroke center, although this direction may be updated in the future to reflect the addition of interventional-capable centers into the system. Referenced in this policy is hypoglycemia with altered mental status as a physical finding related to potential stroke patients. Policy #4501 (www.remsa.us/policy/4501.pdf), titled hypoglycemia with altered mental status, identifies the management and treatment of this underlying condition. The EMS providers have an accompanying performance standard policy for the category III skill, high frequency-low risk, use of the glucometer (www.remsa.us/policy/7501.pdf).

For patients requiring a higher level of care services for either neuro-intervention or patients arriving to non-stroke centers via private auto, the continuation of stroke care policy (www.remsa.us/policy/5702.pdf) affords the ability for the stroke system to capture all acute stroke patients regardless of the mode of arrival and to expedite the care of those requiring advanced services. This policy facilitates transfers for a higher level of care to designated stroke centers and assists with complying with federal transfer guidelines.

Finally, policy #8206 (www.remsa.us/policy/8206.pdf) acts as the charter for the Stroke System Advisory Committee and describes the committee's purpose, structure, and CQI activities.

Data Collection

Large volumes of data are necessary to properly inform and drive a CQI process. To achieve the needed data, REMSA has implemented a standard patient registry in which hospitals enter outcome information for all suspected and confirmed stroke cases. The patient registry vendor, *ImageTrend*®, also hosts the prehospital patient care record system and migrates the data to the state-level California Stroke Registry in an automated fashion. Prehospital records are matched case by case to the hospital outcome data entered by the facilities. All designated stroke centers are mandated to enter a minimum set of stroke data into the registry in a near-concurrent manner, but no later than one month following patient discharge. A variety of performance metrics are obtained from the *ImageTrend*® unified data platform. Measures are tracked and trended and are used to improve and maintain the performance of the entire system. Data is analyzed as an aggregate but can also be broken down to the facility or provider level as needed. The patient population in the database encompasses all suspected and confirmed strokes, regardless of the mode of arrival to the hospital. Utilizing this inclusion criteria provides a complete representation of acute stroke within Riverside County. Performance measures tracked include but are not limited to:

- All time intervals from first medical contact through treatment with thrombolytics and/or neuro-intervention
- Blood sugar assessed
- Last known well time obtained.
- A complete stroke screen completed
- Stroke center pre-notification made
- Direct transport to a stroke center
- False positives, False negatives and, True positives
- Hospital length of stay
- Risk and propensity weighted mortality and morbidity

With both EMS and hospitals using the same platform for the patient care record and patient registry, the hospitals can link patient outcomes directly back into the corresponding prehospital patient care records, which provides feedback to field responders to view hospital outcomes from their stroke calls.

Monthly, all PSC's submit data to the EMS Agency for analysis. The data is reviewed and validated prior to report creation. These reports are shared with the stroke system advisory committee and available at www.remsa.us under the System-based Clinical and Operational Performance Evaluation (SCOPE) dashboard.

Inter-county Agreements

Due to the proximity of Riverside and San Bernardino Countys' urban areas, many patients have the potential to cross county borders. A written agreement (Attachment A) between the two countys' local EMS agencies permits bi-directional data sharing and resource utilization of each counties' stroke critical care system assets. This includes the use of designated stroke centers located across county lines as the closest, most appropriate facility to the scene of a suspected stroke patient. Riverside and San Bernardino have the same MEDCAL Director, resulting in similarities between their designation and treatment policies.

Stroke System QI Committee

Riverside County Emergency Medical Services Agency hosts an interdisciplinary stroke system advisory committee with representation from each of the stroke centers as well as members that represent the prehospital providers throughout the county. The stroke system advisory committee meets quarterly and reviews stroke performance measures, identifies opportunities for improvement, and plans and monitors improvement efforts. Additionally, it serves as an advisory committee to recommend policy changes to the EMS Medical Director and as a forum for conducting case reviews. For these activities, the committee uses a variety of QI approaches and tools, including Plan, Do, Study, Act (PDSA) cycles, assessments, audits and feedback, benchmarking, and best practices research. The stroke system advisory committee policy (www.remsa.us/policy/8206.pdf) outlines the stroke system QI committee.

Stroke Education

Education is paramount to reduce the incidence of disease, improve health outcomes, and enhance the quality of life for stroke patients. A portion of education is directed at community members at risk for stroke with health screening and risk assessments, as well as to those providing stroke care at the hospital and EMS field provider level. Hospitals direct the education of their internal workforce based upon their regulatory requirements but often collaborate to provide education directly to field EMS providers. Furthermore, stroke-specific education to EMS field providers is mandated twice a year with the content driven by needs identified through the quality improvement process. The stroke program managers from many of the stroke centers are heavily involved in conducting this mandated education.

The remainder of stroke education is directed at outreach efforts throughout the community and includes sponsorship of stroke conferences, offering education to non-stroke facilities, and direct involvement at community events focused on early recognition of possible stroke onset, how/when to utilize the EMS system, and other stroke topics. Data initiatives help to target higher risk areas to further facilitate collaborative education opportunities with long term care facilities and other vulnerable populations.

A group of Riverside and San Bernardino stroke coordinators independently developed a regional stroke coordinator committee called the Inland Empire Stroke Coordinators Association (IESCA), which allows coordinators to identify issues, participate in community stroke awareness efforts, discuss challenges and successes of site surveys, and provide education to both EMS and non-stroke hospitals. This regional group meets quarterly and consists of stroke program managers from both counties with the common goal of providing a commitment to improving the care of stroke patients and by educating through the collaboration amongst leaders and advocates. Since its formation in 2012, IESCA has developed a charter that includes mission and vision statements, and participation has grown with many of the stroke centers between the two counties represented at each quarterly meeting.

Stroke System goals and objectives

Goal #1: Designate additional Stroke centers

Goals	Objective (s)	Timeline	Status
Designate additional stroke centers	Designate: Two additional primary stroke centers Two comprehensive stroke centers One thrombectomy-capable stroke center	December 2020	Incomplete

Goal #2: Development of tiered field triage

Goals	Objective (s)	Timeline	Status
Explore the development of a tiered field triage scheme	Direct possible large vessel occlusions (LVO) to interventional-capable stroke centers. Collect detailed data collection and analysis from all current stroke centers	December 2020	Incomplete

Goal #3: Reduce door to intervention times

Goals	Objective (s)	Timeline	Status
Reduce door to intervention times for IFT LVO's	Goal of < 120 minutes 75% of the time	July 2020	Pending, to begin collecting Q.3, 2019

Goal #4: EMS feedback

Goals	Objective (s)	Timeline	Status
Provide 100% feedback to EMS providers for confirmed and suspected stroke patients	Feedback includes: A. Discharge diagnosis B. Hospital disposition C. Discharge summary	Ongoing	In progress

Attachments

A. Inter-county Agreements	14
B. References	16

Attachment A: Inter-county Agreements

August 14, 2019

Tom Lynch
Executive Director
Inland Counties Emergency Medical Services Agency
1425 South "D" Street
San Bernardino, CA 92415-0060

Dear Tom,

Riverside County would like to continue collaborating with San Bernardino County in accepting all specialty care patients (Trauma, Stroke, and STEMI) from the field. Riverside County EMS continues to remain committed to providing optimal patient care and outcomes for all of these patients. Reciprocal acceptance of specialty care patients from the field between both Riverside and San Bernardino Counties continues to be effective and a critical component between both systems.

Thank you for your ongoing partnership between REMSA and ICEMA.

Sincerely,

A handwritten signature in black ink, appearing to read "Trevor", is written over a horizontal line.

Trevor Douville
Director
EMS Administrator
Emergency Management Department



Mailing Address: 4210 Riverwalk Parkway • Suite 300 • Riverside, CA 92505
Phone: (951) 358-5029 • Fax: (951) 358-5160 • TDD: (951) 358-5124 • www.rivcoems.org



Inland Counties Emergency Medical Agency

1425 South D Street, San Bernardino, CA 92415-0060 ▪ (909) 388-5823 ▪ Fax (909) 388-5825 ▪ www.icema.net

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator

Reza Vaezazizi, MD, Medical Director

September 19, 2019

Trevor Douville, Director
Riverside County Emergency Medical Services Agency
4210 Riverwalk Parkway, Suite 300
Riverside, CA 92505



Dear Mr. Douville:

ICEMA would also like to continue collaborating with Riverside County in accepting all specialty care patients (Trauma, Stroke and STEMI) from the field. ICEMA remains committed to providing optimal patient care and outcomes for all of these patients. Reciprocal acceptance of specialty care patients from the field between San Bernardino and Riverside Counties continues to be effective and critical component between both systems.

Thank you for your ongoing partnership between ICEMA and REMSA.

Sincerely,

Tom Lynch
EMS Administrator

TL/jlm

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Attachment B: References

Riverside County EMS Agency 2019 Policy Manual. Retrieved from www.remsa.us/policy/2019.

California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 7.2 Stroke Critical Care System.

Riverside County EMS Agency System-based Clinical and Operational Performance Evaluation (SCOPE) dashboard. www.remsa.us.



RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES AGENCY

TRAUMA SYSTEM UPDATE 2019

Reza Vaezazizi, MD, REMSA Medical Director

Trevor Douville, EMS Administrator

Shanna Kissel, MSN, RN, Assistant Nurse Manager

Table of Contents

Trauma System Summary	3
Changes in Trauma System	6
Number and Designation Level of Trauma Centers	7
Trauma System Goals and Objectives	8
Changes to Implementation Schedule	11
System Performance Improvement	11
Other Issues	11
Attachments	12
References	28

Trauma System Summary

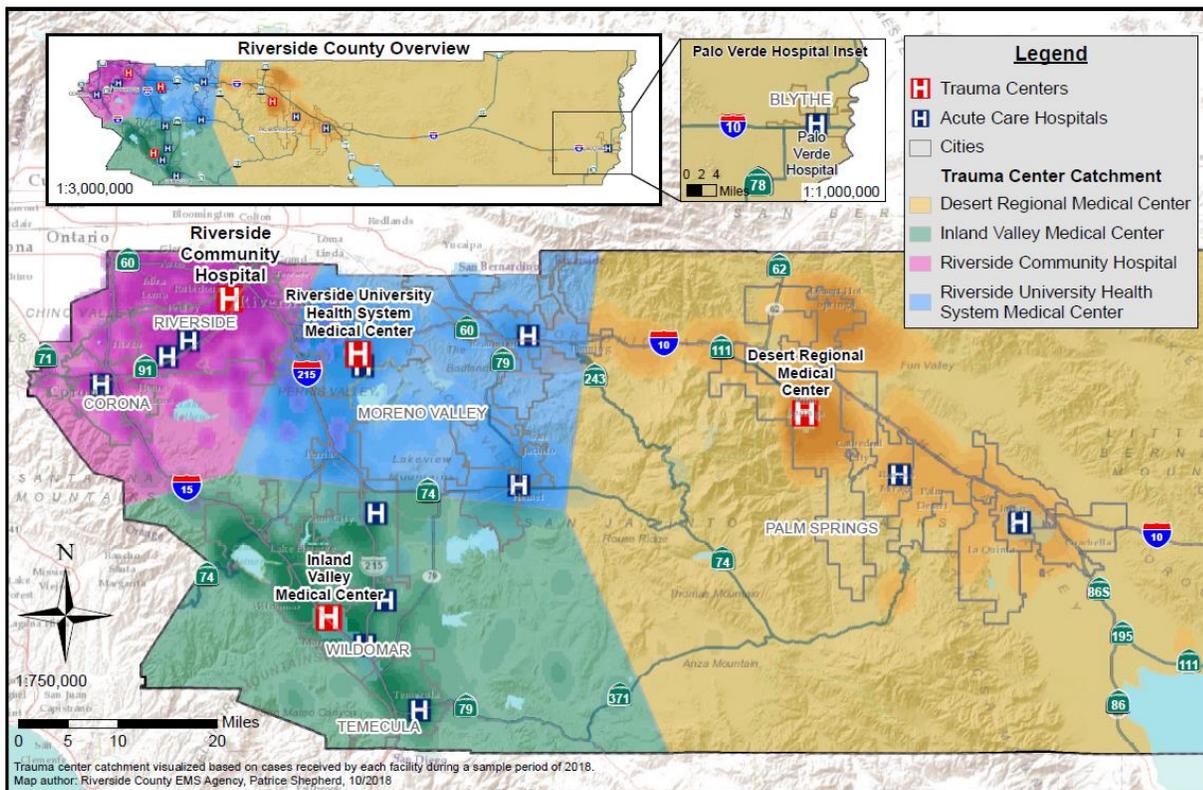
The Riverside County EMS Agency (REMSA) Trauma Care System Plan was developed in compliance with Section 1798.160, et seq., Health and Safety Code. REMSA's organized system of the care for trauma patients has been in place since 1994 with approval by the California EMS Authority (EMSA) in 1995. The plan was last updated and approved by EMSA in 2018. This current Trauma Plan update reflects the 2018 data and information for Riverside County.

Riverside County's jurisdiction includes four Level II Trauma Centers--one of which is a Level II Pediatric Trauma Center (PTC). The PTC is geographically located towards the western region of the County and central to the majority of the County's population. All four trauma centers are distributed evenly, respective to each region's population density.

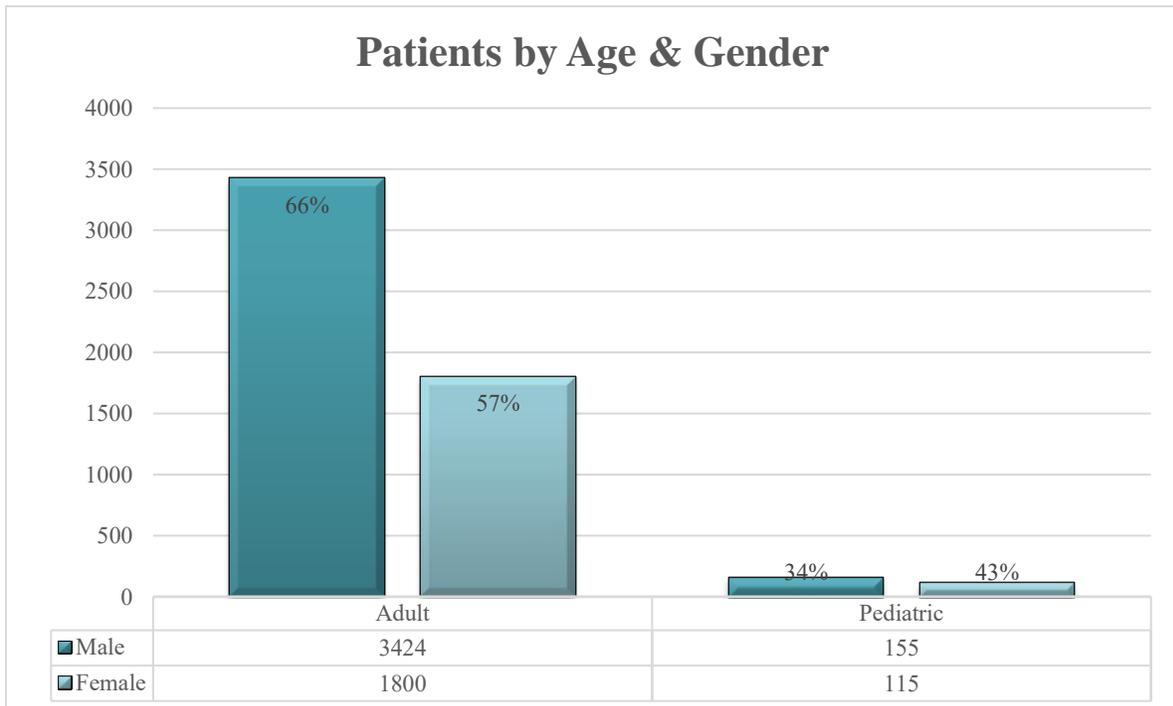
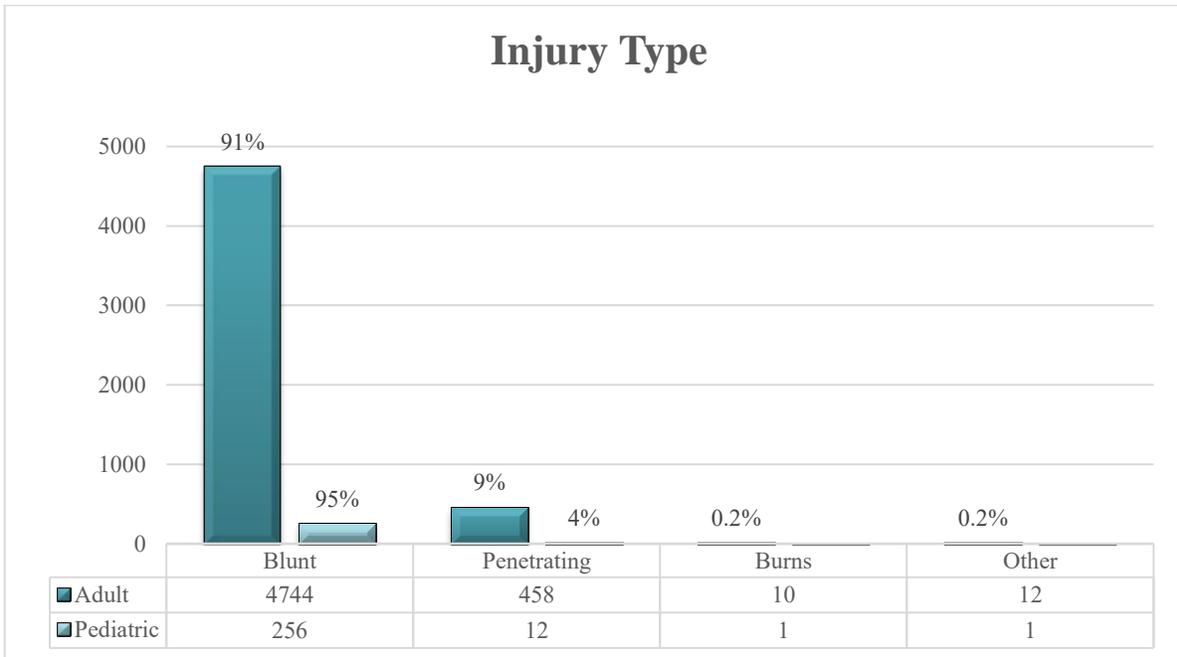
Catchment areas have remained the same, although population has increased throughout the County (see Trauma Center Population map below).

Currently, REMSA uses Digital Innovations *Collector*® Trauma Registry CV 5 as the data entry platform for the identified trauma patient. In 2020, REMSA will begin utilizing *ImageTrend*® patient registry for system collection of trauma patients.

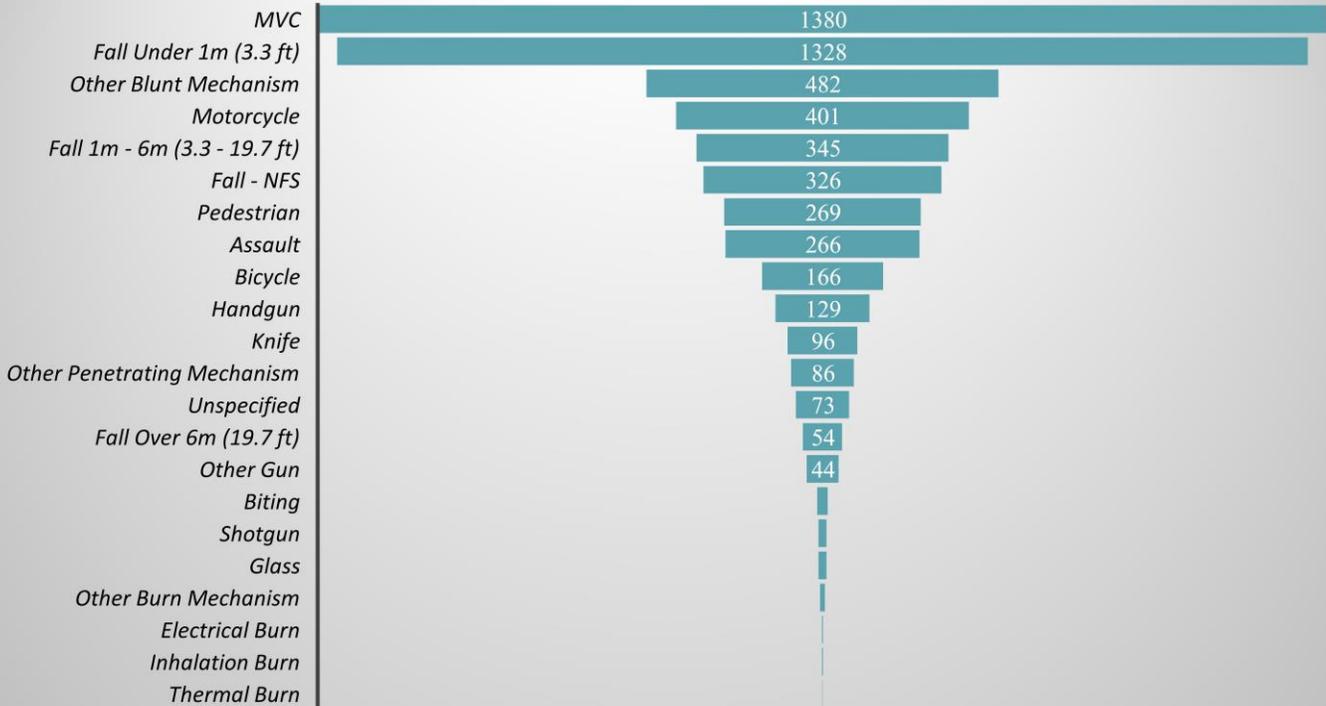
Riverside County Trauma Center Catchment Areas



2018 Riverside County Trauma Demographics



Mechanism of Injury



*Mechanism of Injury counts not listed above::

- Biting- 15
- Shotgun- 11
- Glass- 11
- Other Burn mechanism- 7
- Electrical Burn- 2
- Inhalation Burn- 2
- Thermal Burn- 1



Helicopter EMS Calls by Provider - 2018

N = 227 Cases - 224 Within Riverside County



Changes in Trauma System

- American College of Surgeons- Committee on Trauma (ACS-COT) Verifications
- Inter-county Agreements
- Trauma Patient Registry
- Policy Revisions and Additions
- Trauma System Outreach

American College of Surgeons- Committee on Trauma (ACS-COT) Verifications

One goal of the Riverside County Trauma Care System Plan is for all trauma centers to become ACS-verified by the end of 2020. Currently, there are four Level II-designated trauma centers; three of the four are Level II ACS-verified. ACS verification remains a contractual obligation, and compliance with the standards are performed during site surveys every three years. (Attachment A: Trauma Center Review Form)

- A. Desert Regional Medical Center (DRMC) had a consultation visit April 2017 and plans to schedule a site verification in 2020.
- B. Inland Valley Medical Center (IVMC) achieved ACS Level II verification November 2018. (Attachment B: IVMC ACS verification letter)
- C. Riverside University Health System- Medical Center (RUHS- MC) received ACS Level II re-verification August 2017. Their future goal in 2020 is to become an ACS-verified Level I trauma center.
- D. Riverside Community Hospital (RCH) achieved ACS Level II verification November 2018. (Attachment C: RCH ACS verification letter)

Inter-county Agreements

REMSA and Inland Counties Emergency Medical Agency (ICEMA) continue to have inter-county agreements regarding the acceptance of all specialty care patients, including trauma patients. Both counties collaborate in regional activities and meetings to assure that the care delivered is in the best interest of the patients. Any EMS issues, identified in association with the transports between the two counties, have multiple layers of review during system committee meetings and are presented at the Trauma Audit Committee (TAC) for adjudication. This agreement is reviewed and updated on an annual basis. (Attachment D: Inter- County agreements)

Trauma Patient Registry

Currently, REMSA and all trauma centers use the trauma registry, Digital Innovations (DI CV5). In 2020, Riverside EMS will be changing registries to *ImageTrend*® (IT) trauma patient registry. With this change, REMSA will be able to use patient-matching for EMS records, which allows the outcome of patients to be shared back with the prehospital providers. REMSA will continue to collect the majority of data elements in the trauma registry beyond the required National Trauma Data Bank (NTDB) fields. The data elements will continue to be reviewed and updated on an annual basis to align with NTDB, and the data dictionary is embedded in the registry elements. Additionally, REMSA will be utilizing the IT registry to house the patient data from the non-trauma centers that receive trauma patients and for those facilities that line the Orange County/Riverside County border. (REMSA policy #5303- *Prehospital Receiving Center Trauma Patient Registry form* can be found at www.remsa.us/policy/5303.pdf).

Policy Revisions and Additions

All trauma patient treatment policies are routinely-updated with current standards of care and vetted through the regional TAC. REMSA works closely with ICEMA for treatment protocols as patients are transported across the county lines. The discussion for REMSA Policy #5301- *Trauma Triage Indicators and Destination* was initiated at the end of 2018, specifically for the Adult penetrating traumatic arrest. The conversation continued into 2019, and the policy will be final October 2019.

Tranexamic Acid (TXA) was approved by EMSA for local optional scope of practice June 2018. TXA was included in REMSA treatment policies July 2018. (REMSA policy #4301- *Shock due to Trauma* and policy #4302- *Traumatic Injuries* can be found at www.remsa.us/policy/). Publication for the TXA trial study REMSA participated in can be found at <https://escholarship.org/uc/item/9f99j268>.

In addition to the TXA trial study, REMSA participated in a Ketamine trial study for pain management in patients 15 years and older with acute traumatic injury or acute burn injury and a pain scale score of five or greater. This study took place over the course of four months, was approved for local optional scope of practice September 2018, and was placed into policy September 2018. Publication for this trial study is pending. Ketamine can be found in policy 4302 and 4303 (REMSA policy #4303- Burns can be found at www.remsa.us/policy/4303.pdf).

Trauma System Outreach

REMSA is a division of the County of Riverside Emergency Management Department (EMD). The Preparedness Division under EMD is working with the Injury Prevention Coordinators at two of the four trauma centers to provide public education with the *Stop the Bleed Campaign*. The goal, for the public education, is to offer these courses four times per year. The number of times these courses are offered will be evaluated and increased as needed.

Number and Designation Level of Trauma Centers

Hospital	Trauma Designation Level	Designation/ Verification
DRMC Palm Springs, CA	II	Adult
IVMC Wildomar, CA	II	ACS Level II Adult
RCH Riverside, CA	II	ACS Level II Adult
RUHS-MC Moreno Valley, CA	II	Pediatric Trauma Center (PTC) ACS Level II Adults
Arrowhead Regional Medical Center *San Bernardino County	II	ACS Level II Adults, Burn Center ICEMA designated trauma center
Loma Linda University Medical Center and Loma Linda University Children’s Hospital *San Bernardino County	I	ACS Level I Adult and Pediatric, ICEMA designated trauma center

Scheduled changes: There are no scheduled changes to the Trauma centers at this time.

System changes: REMSA does not anticipate the need for any additional trauma centers at this time based-on trauma center data analysis and catchment areas.

RUHS-MC has expressed interest in becoming a Level I ACS Verified Trauma Center early Spring 2020. REMSA is continuing to work with the medical center to achieve this goal.

Trauma System Goals and Objectives

REMSA has developed the following goals and objectives for the Trauma System calendar year 2018-2019:

Goal #1: Participate in regional activities with ICEMA

Objectives to Achieve Goal	Measure (s)	Timeline	Status
Participate in TAC 4x/yr.	Bring trauma cases from Riverside county to TAC to peer review with ICEMA trauma centers and Pomona Valley Medical Center. Cases are peer reviewed across county borders as a regional effort to improve patient outcomes. *PI Indicators updated in 2018	November 28, 2018 February 20, 2019 May 15, 2019 August 21, 2019 November 20, 2019	Complete Complete Complete Complete Complete Pending

Goal #2: LEMSA to become more involved in Tactical Response to Violent Incidents

Objectives to Achieve Goal	Measure (s)	Timeline	Status
REMSA will be actively involved in countywide drills and exercises with stakeholders in the system	REMSA will participate in MCI/ Active shooter drills	-November 2018- Riverside City Joint Active shooter full scale exercise	Complete
		-November 2018- Statewide Medical and Health functional exercise	Complete
	REMSA will participate in Disaster Preparedness activities	- March 2018- Health care Coalition surge	Complete
		- October 2019- Full scale active shooter exercise	Pending

Goal #3: LEMSA participation in Trial Studies

Objectives to Achieve Goal	Measure (s)	Timeline	Status
REMSA to participate in multi-county trial studies	Complete CQI on all patients receiving TXA in the pre-hospital setting Complete CQI of patients enrolled in Ketamine trial study	June 1, 2018 report due to state EMSA Trial study began April 1, 2018	TXA LOSOP approved by EMSA. Completed Ketamine LOSOP approved by EMSA. Completed

Goal #4: ACS Verification of trauma centers system-wide

Objectives to Achieve Goal	Measure (s)	Timeline	Status
Hospital contracts were updated in 2017 to state they will achieve ACS Verification within contract term ending in 2020.	Provide support to those trauma centers that are not ACS verified. Perform evaluations in line with ACS site visits.	June 2020	As of January 2019, three of the four trauma centers are ACS Level II verified.

Goal #5: LEMSA to obtain Trauma center performance improvement plans from trauma centers

Objectives to Achieve Goal	Measure (s)	Timeline	Status
Receive will begin requesting annual trauma performance improvement plans from all four trauma centers.	All four Trauma centers will be responsible for sending the EMS Agency an internal trauma performance improvement plan for their individual trauma programs.	June 2020	Pending

Goal #6: REMSA to capture data and outcomes on trauma patients arriving to non-trauma centers in county and facilities out of the county/ state

Objectives to Achieve Goal	Measure (s)	Timeline	Status
Send non-trauma centers and out of county hospitals REMSA policy 5303- PRC Trauma patient registry form.	Send out quarterly to: Non-trauma centers x 13 Out of county facilities x 2 Out of state facilities x 1	January 2018 July 2018 November 2018	Complete Complete Pending

Goal #7: Publish Trauma Report

Objectives to Achieve Goal	Measure (s)	Timeline	Status
Publish five- year trauma report	Use trauma data from 2015- 2019 to publish countywide report	July 1, 2020	In progress

The following identifies the Pending goal-completion status from recent Trauma Plan Updates.

Trauma System Goals 2013	Goal met (Y/N)	Status as of 2015 update	2016 Trauma Plan update status	2017 Trauma Plan Update status	2018 Trauma Plan Update status
Grow into ACS verification	No	1. IVMC upgraded to a Level II trauma center 2. ACS site visits planned for DRMC, IVMC, and RCH in 2016.	In process. 25% met- RUHS-MC is the only verified Level II trauma center at this time	In progress. One ACS Verified Level II trauma center. Three trauma centers with ACS Verification visits in 2019.	75% complete. Three ACS Level II verified trauma centers. All to be verified by 2020.
Trauma System Goals 2016	Goal met (Y/N)	Status as of 2017 update			
Participate in Regional activities with ICEMA	Partial	3.1 Not met-implementation of new trauma database		Pending	Pending-estimated January 2020

Changes to Implementation Schedule

No scheduled changes to report

System Performance Improvement

Trauma Audit Committee (TAC):

Both Riverside and San Bernardino Counties participate in a regional quarterly Trauma Audit Committee, which includes Trauma Program Medical Directors, Trauma Program Directors, and Trauma Performance Improvement Nurses. A change that took place in 2018 was the addition of Pomona Valley Hospital Medical Center (Level II trauma center in Los Angeles EMS Agency's jurisdiction) to the audit committee. Some trauma patients originating in ICEMA's catchment area are transported to Pomona Valley; cases presented at TAC by Pomona Valley will be these. With the eight trauma centers, hospitals are on a rotation for chart exchange to peer review on the hospital level. System performance indicators are evaluated and updated on an annual basis (see Attachment). To provide loop closure for the trauma centers, the LEMSAs currently will send closure letters from the TAC committee with the adjudication. (Attachment E: Trauma Audit Committee peer review).

Other Issues

No relevant issues currently.

Attachments

A. Trauma Center Review Form _____ 13

B. IVMC ACS Level II Verification letter _____ 23

C. RCH ACS Level II Verification letter _____ 24

D. Inter-county agreements _____ 25

E. Trauma Audit Committee peer review _____ 27

F. References _____ 28

Attachment A: Trauma Center Review Form

Riverside EMS Agency Compliance tool- 2018							
	TRAUMA CENTER STANDARDS	Level	Compliance		Comments		
	E = Essential (Title 22), D = Desired (Title 22), R=REMSA required	II	yes	no			
1	Institution/ Organization:						
2	The Joint Commission (TJC) Accreditation	E					
3	Licensed hospital in the State of California	E					
4	Basic or comprehensive emergency services with special permits	E					
5	1. A minimum of 1200 trauma program hospital admissions, or 2. A minimum of 240 trauma patients per year whose Injury Severity Score (ISS) is >15, or 3. An average of 35 trauma patients (with an ISS of >15) per trauma program surgeon per year						
6	A trauma research program						
7	An Accreditation Council on Graduate Medical Education (ACGME) approved surgical residency program						
8	Trauma Program Medical Director:	E					
9	Board Certified Surgeon	E					
10	Qualified Surgical Specialist (*Level IV may be a non-surgical qualified specialist)						
11	Must maintain trauma- related extramural continuing medical education as per the most recent ACS recommendations	R					
12	Current ATLS certification	R					
13	Responsibilities include but not limited to:						
14	Recommending trauma team physician privileges	E					
15	Working with nursing and administration to support needs of trauma patients	E					
16	Developing trauma treatment protocols	E					
17	Determining appropriate equipment and supplies	E					
18	Ensuring development of policies/procedures for domestic violence, elder/child abuse/neglect	E					

19	Having authority and accountability for QI peer review process	E				
20	Correcting deficiencies in trauma care or excluding from trauma call those team members who no longer meet standards	E				
21	Coordinating with local and State EMS agencies (level IV with local EMS agency only)	E				
22	Coordinating pediatric trauma care with other hospitals and professional services	E				
23	Assisting with the coordination of budgetary processes for trauma program	E				
24	Identifying representatives from neurosurgery, orthopaedic surgery, emergency medicine, pediatrics and other appropriate disciplines to assist in identifying physicians from their disciplines who are qualified to be members of the trauma program	E				
25	Using the expertise of representatives from neurosurgery, orthopaedics, emergency medicine, pediatrics and other appropriate disciplines	E				
26	Trauma Program Manager	E				
27	Qualifications are:					
28	Registered Nurse	E				
29	Dedicated FTE; Current in TNCC or ATCN; Completes 16 hr. of trauma education/yr.	R				
30	Provide evidence of educational preparation and clinical experience in the care of adult and/or pediatric trauma patient and administrative ability	E				
31	Responsibilities include but not limited to:					
32	Organizing services and systems necessary for multidisciplinary approach to the care of the injured patient	E				
33	Coordinating day-to-day clinical process and performance improvement of nursing and ancillary personnel	E				
34	Collaborating with trauma program medical director to carry out educational, clinical, research, administrative and outreach activities of the trauma program	E				
35	Trauma Service	E				
36	Implementation of requirements as specified under Title 22 Chapter 7 and provide for coordination with the local EMS agency	E				
37	Trauma Team					

38	A multidisciplinary team responsible for the initial resuscitation and management of the trauma patient	E					
39	Emergency Department/Trauma Team Nursing Staff						
40	Registered Nurse	R					
41	Expertise in adult and pediatric trauma care	E					
42	Maintains TNCC or ATCN	R					
43	6 hr./yr. of trauma nursing education	R					
44	ENPC (optional) or PALS	R					
45	Responsibilities include but not limited to:						
46	Capability of providing <i>immediate</i> initial resuscitation/management of the trauma patient	E					
47	Capability of providing <i>prompt</i> assessment, resuscitation and stabilization to trauma patients						
48	Ability to provide treatment or arrange for transportation to higher level trauma center	E					
49	Trauma Data/Registry						
50	Trauma registrar FTE requirements as per the most current ACS recommendations	R					
51	Surgical Department (s), Division (s), Service (s), Sections (s)						
52	Which include at least the following surgical specialties which are staffed by qualified specialists:						
53	General	E					
54	Neurologic (*May be provided through transfer agreement)	E					
55	Obstetric/Gynecologic	E					
56	Ophthalmologic	E					
57	Oral or maxillofacial or head and neck	E					
58	Orthopaedic	E					
59	Plastic	E					
60	Urologic	E					
61	Non-surgical Department (s), Division (s), Service (s), Section (s):						
62	Which include at least the following non-surgical specialties which are staffed by qualified specialists:						
63	Anesthesiology	E					
64	Internal Medicine	E					
65	Pathology	E					
66	Psychiatry	E					

67	Radiology	E				
68	Emergency Medicine, immediately available	E				
69	Qualified Surgical Specialist (s): available as follows:					
70	General Surgeon:	E				
71	Capable of evaluating and treating adult and pediatric trauma patients shall be immediately available for trauma team activation and promptly available for consultation	E				
72	Other Qualified Surgical Specialists on-call and <i>promptly</i> available:					
73	Neurologic (*Level III - May be provided through written transfer agreement)	E				
74	Obstetric/Gynecologic	E				
75	Ophthalmologic	E				
76	Oral or maxillofacial or head and neck	E				
77	Orthopaedic	E				
78	Plastic	E				
79	Reimplantation/microsurgery capability (may be provided through written transfer agreement)	E				
80	Urologic	E				
81	Residency Coverage:					
82	Surgical Specialists' requirements may be fulfilled by supervised senior residents	E				
83	Senior Resident shall:					
84	Be capable of assessing emergent situations in their respective specialty, and	E				
85	Be able to provide overall control and surgical leadership including surgical care if needed	E				
86	A staff trauma surgeon/surgeon with experience in trauma care shall be on-call and <i>promptly</i> available	E				
87	A staff trauma surgeon/surgeon with experience in trauma care shall be advised of all trauma patient admissions, participate in major therapeutic decisions, and be present in the ED for major resuscitations and in the OR for all trauma operative procedures	E				
88	Trauma Team Activation: Tiered activations are monitored and reviewed through the Performance Improvement (PI) process for accuracy of under/over triage. "Immediate response" is defined as 15 mins, 80% of the time; "Promptly" is defined as 30 mins, 80% of the time	R				

89	Surgical Consultations:						
90	Available for consultation or consultation and transfer agreements for adult and pediatric trauma patients (in-house or through written agreements) *REMSA note: EMTALA supersedes "written agreements" for higher level of care from the ED.						
91	Burn Care	E					
92	Cardiothoracic - On-Call and <i>Promptly available</i>						
93	Cardiothoracic	E					
94	Pediatric - On-Call and <i>Promptly available</i>						
95	Pediatrics	E					
96	Reimplantation/microsurgery	E					
97	Spinal cord injury	E					
98	Qualified Non-Surgical Specialist (Applies to all specialties)						
99	<i>Residency Coverage</i>						
100	Emergency Medicine and Anesthesiology Specialists' requirements may be fulfilled by supervised senior residents.	E					
101	Senior Resident must be capable of assessing emergent situations in their respective specialty and initiating treatment	E					
102	Supervising physician with experience in trauma care shall be on-call and promptly available	E					
103	Supervising qualified specialists shall be advised of all trauma patient admissions, participate in major therapeutic decisions, and be present in the ED for major resuscitations (Anesthesiologists will be in the OR for all trauma operative procedure)	E					
104	Emergency Medicine:						
105	In-house and <i>Immediately Available</i>	E					
106	Board certified or recognized qualified specialists in emergency medicine	E					
107	ATLS Certification: Required for emergency medicine physicians boarded in other specialties	E					
108	Anesthesiology						
109	In-house 24 hours/day and <i>Immediately Available</i>						
110	On-call and <i>promptly available</i> with a mechanism to ensure presence in the OR when the patient arrives.	E					

111	Senior Resident or CRNA in-house supervised by Staff Anesthesiologist are <i>promptly</i> available at all times and present for all operations	E				
112	Radiology					
113	On Call and <i>Promptly Available</i>	E				
114	Other Non-Surgical Specialists Available for consultation:					
115	Cardiology	E				
116	Gastroenterology	E				
117	Hematology	E				
118	Infectious Diseases	E				
119	Internal Medicine	E				
120	Nephrology	E				
121	Neurology	E				
122	Pathology	E				
123	Pulmonary Medicine	E				
124	Service Capabilities:					
125	Radiological Service					
126	Radiological technician <i>immediately available</i> and capable of performing plain film and computed tomography	E				
127	Shall have a radiological technician <i>promptly available</i>					
128	Angiography and ultrasound services shall be <i>promptly</i> available	E				
129	Clinical Laboratory Service					
130	Comprehensive blood bank or access to community central blood bank	E				
131	Clinical laboratory services <i>immediately</i> available	E				
132	Clinical laboratory services <i>promptly</i> available					
133	Surgical Services					
134	Shall have an operating suite available or being utilized for trauma patients and has:	E				
135	A surgical service that has at least the following: (1) operating staff who are immediately available unless operating on trauma patients and back-up personnel who are <i>promptly</i> available.					
136	Operating staff, <i>promptly</i> available, and back-up staff who are promptly available unless operating on trauma patients. *Back up staff not required	E				

137	Appropriate surgical equipment and supplies as determined by the trauma program medical director	E				
138	Appropriate surgical equipment and supplies requirements which have been approved by the local EMS agency					
139	Cardiopulmonary bypass equipment					
140	Operating microscope					
141	Basic or comprehensive emergency services with special permits					
142	Designate an emergency physician to be member of trauma team	E				
143	Provide emergency services to adult and pediatric patients	E				
144	Personnel knowledgeable in the treatment of adult and pediatric trauma	E				
145	Designated trauma resuscitation area physically separated from other patient care areas and of adequate size to accommodate multi-system injured patient and equipment	R				
146	Appropriate equipment and supplies for adult and pediatric patients as approved by the director of emergency medicine in collaboration with the trauma program medical director	E				
147	Key controlled elevator, where necessary for immediate access between trauma resuscitation area and helipad, OR or radiology	R				
148	In addition to the special permit licensing services, Trauma Centers shall have the following approved supplemental services:					
149	Intensive Care Service					
150	Special permit licensing ICU service	E				
151	Qualified specialist in-house 24 hours/day <i>and immediately</i> available to care for the trauma ICU patient					
152	Qualified specialist <i>promptly</i> available to care for trauma patients in the ICU	E				
153	RN's caring for trauma patients must have completed TNCC, ATCN, TCAR (or REMSA approved course can substitute for TCAR) and have 6 hrs./2yr of trauma nursing education	R				
154	Qualified specialist may be a resident with 2 years of training who is supervised by staff intensivist or attending surgeon who participates in all critical decision making	E				
155	Qualified specialist (above) shall be a member of the trauma team	E				

156	Appropriate equipment and supplies determined by physician responsible for intensive care service and the trauma program medical director.	E				
157	Burn Center - in house or transfer agreement	E				
158	Physical Therapy Service:					
159	Personnel trained in physical therapy	E				
160	Equipped for acute care of critically injured patient	E				
161	Rehabilitation Center:					
162	Rehabilitation services shall be in-house or may be provided by written transfer agreement with a rehabilitation center	E				
163	Personnel trained in rehabilitation care	E				
164	Equipped for acute care of critically injured patient	E				
165	Respiratory Care Service:	E				
166	Personnel trained in respiratory therapy	E				
167	Equipped for acute care of critically injured patient	E				
168	Acute Hemodialysis Capability	E				
169	Occupational Therapy Service:	E				
170	Personnel trained in Occupational therapy	E				
171	Equipped for acute care of critically injured patient	E				
172	Speech Therapy Service	E				
173	Personnel trained in speech therapy	E				
174	Equipped for acute care of critically injured patient	E				
175	Social Service	E				
176	Trauma Centers shall have the following services and programs (special license or permit not required)					
177	Pediatric Service providing in-house pediatric trauma care shall have:					
178	PICU approved by CCS or a written transfer agreement with an approved PICU	E				
179	Hospitals without a PICU shall establish and utilize written criteria for consultation and transfer of pediatric patients needing intensive care	E				
180	A multidisciplinary team to manage child abuse and neglect	E				
181	Acute spinal cord injury - This service may be provided through in-house or written transfer agreement	E				
182	Organ Donor Protocol as described in Div.7, Ch. 3.5 of CHSC	E				

183	Outreach Program to include:						
184	Telephone and on-site physician consultations with physicians in the community and outlying areas	E					
185	Trauma prevention for general public	E					
186	Continuing Education in Trauma Care for:						
187	Provide ongoing education requirements as per the most current ACS recommendations for:	E					
188	Staff physicians	E					
189	Staff nurses	E					
190	Staff allied health personnel	E					
191	EMS personnel	E					
192	Other community physicians and health care personnel	E					
193	Quality Improvement:						
194	Must have a quality improvement process in place which includes structure, process and outcome evaluations	E					
195	Must have improvement process in place to identify root causes of problems	E					
196	Must have interventions to reduce or eliminate the causes	E					
197	Must take steps/actions to correct the problems identified	E					
198	<i>In addition, the process shall include:</i>						
199	A detailed audit of all trauma -related deaths, major complications and transfers (including interfacility transfer)	E					
200	A multidisciplinary trauma peer review committee that includes all members of the trauma team	E					
201	Participation in the trauma data management system	E					
202	Participation in the local EMS agency trauma evaluation committee	E					
203	A written system in place for patients, parents of minor children who are patients, legal guardians of children who are patients, and/or primary caretakers of children who are patients to provide input and feedback to hospital staff regarding the care provided to the child	E					
204	Interfacility transfer of trauma patients:						
205	Patients may be transferred between and from trauma centers providing that: (REMSA note: EMTALA supersedes Title 22 for higher level of care and the need for written transfer agreements; however,						

	repatriation agreements should be in writing.)						
206	Transfers shall be medically prudent as determined by the trauma physician of record	E					
207	Shall be in accordance with the local EMS Agency interfacility transfer policies	E					
208	Hospitals shall have written transfer agreements exists with receiving trauma centers	E					
209	Hospital shall develop written criteria for consultation and transfer of patients needing a higher level of care	E					
210	Hospitals which have repatriated trauma patients from a designated trauma center will provide the trauma center with all required information for the trauma registry, as specified by local EMS policy	E					
211	Hospitals receiving trauma patients shall participate in system and trauma center quality improvement activities for those trauma patients they have transferred	E					

Attachment B: IVMC ACS Level II verification letter



THE
COMMITTEE
ON TRAUMA

VRC VERIFICATION
REVIEW
CONSULTATION
for excellence in trauma centers

December 19, 2018

Bradley Neet
Chief Executive Officer
Inland Valley Medical Center
36485 Inland Valley Drive
Wildomar, CA 92592

Dear Mr. Neet,

The Committee on Trauma would like to extend its congratulations to the Inland Valley Medical Center on its verification as a Level II trauma center for a period of one year through November 6, 2019. The Verification Review Committee (VRC), a subcommittee of the Committee on Trauma of the American College of Surgeons, has very carefully reviewed the enclosed verification report written by Drs. Matthew Wall (lead reviewer) and Gail Tominaga after the visit of November 5 and 6, 2018. The VRC agrees with the report as it is written.

To extend the verification period an additional two years, the hospital must submit documentation that reflects the following:

- All emergency medicine physicians who are board certified or eligible in emergency medicine have successfully completed ATLS at least once.
- A formal call schedule is in place that ensures a backup consultant on-call is available when the on-call orthopaedic surgeon is unable to respond promptly. This must be demonstrated over the course of a 6-month period.

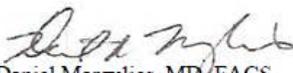
The documentation must be received prior to November 6, 2019, and may be submitted electronically.

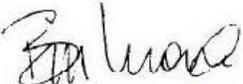
The Committee on Trauma's certificate of verification will arrive under separate cover within the next several weeks.

Effective January 1, 2017, centers that are required to have a Focused by mail-in will be invoiced for the additional work. This fee is listed on our website at: <https://www.facs.org/quality-programs/trauma/vrc/fees>.

Thank you for your continued participation and support of the Verification, Review, & Consultation Program of the Committee on Trauma of the American College of Surgeons. As always, we will be glad to answer any questions you may have and look forward to working with your trauma center in the future.

Sincerely,


Daniel Margulies, MD, FACS
Chair, Verification Review Committee


William Marx, DO, FACS
Vice-Chair, Verification Review Committee

cc: Tito Gorski, MD, FACS
Lana Bordenkecher, RN, CCRN
Riverside County EMS Agency



AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality:
Highest Standards, Better Outcomes*

100 years

Attachment C: RCH ACS Level II verification letter



December 13, 2018

Patrick Brilliant
Chief Executive Officer
Riverside Community Hospital
4445 Magnolia Avenue
Riverside, CA 92501

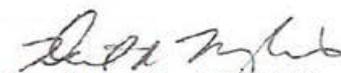
Dear Mr. Brilliant:

The Committee on Trauma would like to extend its congratulations to Riverside Community Hospital on its verification as a Level II trauma center for a period of 3 years, expiring on November 9, 2021. The Verification Review Committee (VRC), a subcommittee of the Committee on Trauma of the American College of Surgeons, has very carefully reviewed the enclosed verification report written by Drs. Michael McGonigal (lead reviewer) and Mark Stevens after the visit of November 8 and 9, 2018.

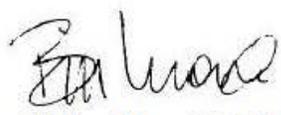
The Committee on Trauma's certificate of verification will arrive under separate cover within the next several weeks.

Thank you for your continued participation and support of the Verification, Review, & Consultation Program of the Committee on Trauma of the American College of Surgeons. As always, we will be glad to answer any questions you may have and look forward to working with your trauma center in the future.

Sincerely,



Daniel Margulies, MD, FACS
Chair, Verification Review Committee



William Marx, DO, FACS
Vice-Chair, Verification Review Committee

cc: David Plurad, MD, FACS
Dina Elias, RN
Riverside County Emergency Medical Services Agency



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Attachment D: REMSA and ICEMA inter-county agreement



August 14, 2019

Tom Lynch
Executive Director
Inland Counties Emergency Medical Services Agency
1425 South "D" Street
San Bernardino, CA 92415-0060

Dear Tom,

Riverside County would like to continue collaborating with San Bernardino County in accepting all specialty care patients (Trauma, Stroke, and STEMI) from the field. Riverside County EMS continues to remain committed to providing optimal patient care and outcomes for all of these patients. Reciprocal acceptance of specialty care patients from the field between both Riverside and San Bernardino Counties continues to be effective and a critical component between both systems.

Thank you for your ongoing partnership between REMSA and ICEMA.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Douville", is written over a light gray horizontal line.

Trevor Douville
Director
EMS Administrator
Emergency Management Department



Mailing Address: 4210 Riverwalk Parkway • Suite 300 • Riverside, CA 92505
Phone: (951) 358-5029 • Fax: (951) 358-5160 • TDD: (951) 358-5124 • www.rivcoems.org



Inland Counties Emergency Medical Agency

1425 South D Street, San Bernardino, CA 92415-0060 ▪ (909) 388-5823 ▪ Fax (909) 388-5825 ▪ www.icema.net

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator

Reza Vaezazizi, MD, Medical Director

September 19, 2019

Trevor Douville, Director
Riverside County Emergency Medical Services Agency
4210 Riverwalk Parkway, Suite 300
Riverside, CA 92505



Dear Mr. Douville:

ICEMA would also like to continue collaborating with Riverside County in accepting all specialty care patients (Trauma, Stroke and STEMI) from the field. ICEMA remains committed to providing optimal patient care and outcomes for all of these patients. Reciprocal acceptance of specialty care patients from the field between San Bernardino and Riverside Counties continues to be effective and critical component between both systems.

Thank you for your ongoing partnership between ICEMA and REMSA.

Sincerely,

Tom Lynch
EMS Administrator

TL/jlm

c: File Copy

BOARD OF DIRECTORS					
Robert A. Lovingood First District	Jan Rutherford Second District	Dawn Rowe Third District	Curt Hagman Chairman Fourth District	Josie Gonzales Vice Chair Fifth District	Gary McBride Chief Executive Officer



2018 Peer Review Indicators

- A. Unanticipated Outcome with Opportunity for Improvement
- B. Preventable Deaths
- C. Trauma Continuation of Care/ Under-triage
- D. Pre-hospital trauma care, Appropriateness of triage criteria and performance
- E. Hospital trauma care

*Trauma centers to submit a minimum of 2 cases from indicator A-E.

February- ARMC, DRMC, LLUMC-P, PVMC

May- IVMC, LLUMC, RCH, RUHS

August- ARMC, DRMC, LLUMC-P, PVMC

November- IVMC, LLUMC, RCH, RUHS

- F. Any additional cases needing further review may be submitted to TAC by any of the Trauma centers

Cases must be submitted to Loreen or Shanna two weeks prior to TAC. If you would like another facility to review your case in their peer review, please look at the assigned schedule for chart swapping

Loreen Gutierrez, RN, Specialty Care Coordinator, at (909) 388-5803 or via e-mail at Loreen.Gutierrez@cao.sbcounty.gov or Shanna Kissel, RN Trauma Systems Manager @ 951-358-5548 or via email at shkissel@rivco.org

Attachment F: References

Committee on Trauma, American College of Surgeons. (2014). Resources for Optimal Care of the Injured Patient.
Riverside County EMS Agency 2018 Policy Manual. Retrieved from www.remsa.us/policy/2018.

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Western Riverside Council of Governments Technical Advisory Committee

Staff Report

Subject: 4th Quarter Draft Budget Amendment for Fiscal Year 2019/2020

Contact: Andrew Ruiz, Chief Financial Officer, aruiz@wrcog.us, (951) 405-6740

Date: August 20, 2020

The purpose of this item is to request approval of WRCOG's 4th Quarter Draft Budget Amendment for Fiscal Year 2019/2020.

Requested Action:

1. Recommend that the Executive Committee approve the 4th Quarter Draft Budget Amendment for Fiscal Year 2019/2020.

Administration

Administration Department revenues exceeded the budgeted amount by \$102,758 due to additional interest revenue collected through CAMP. Administration Department expenditures exceeded the budgeted amount by \$43,106, primarily due to an increase in benefits of \$32,378 which was due to vacation leave buyouts for staff. Additionally, \$6,802 in printing costs were incurred due to WRCOG moving its offices and needing to purchase new business cards, letterhead, etc. These expenditures will be offset by a decrease in other budgeted expenditures.

Net Expenditure increase to the Administration Department: \$0
Net Revenue increase to the Administration Department: \$102,758

Environmental Department

Environmental Department revenues exceeded the budgeted amount by \$62,270 due to additional revenues received from the Clean Cities Program. Environmental Department expenditures exceeded the budgeted amount by \$103,101, primarily due to additional materials for the Used Oil Program in the amount of \$61,219. The Used Oil Program will offset its additional expenses by reducing its advertising and other unutilized expenditures. Additionally, salaries expense increased by \$41,678 for the Clean Cities and Solid Waste Programs due to increased staff efforts on the Programs. The additional Clean Cities staffing expense will be offset by the increase in Program revenues. The remaining expenses will be offset by a decrease in other budgeted expenditures

Net Expenditure increase to the Environmental Department: \$39,822
Net Revenue increase to the Environmental Department: \$62,270

Transportation & Planning Department

Transportation & Planning Department revenues exceeded the budgeted amount by \$305,530 due to additional revenues received on the Climate Action Planning (CAP) Grant. Transportation & Planning Department expenditures exceeded the budgeted amount by \$309,878, primarily due to additional staffing and consulting expenses on the CAP Grant. The timeline for the CAP grant was pushed up and additional

costs were incurred, which will be offset by the additional revenues received by the Grant. The remaining expenses will be offset by a decrease in other budgeted expenditures

Net Expenditure increase to the Transportation & Planning Department: \$302,843
Net Revenue increase to the Transportation & Planning Department: \$305,530

Energy Department

Energy Department revenues are being increased by \$141,967. In the PACE Programs, budgeted revenues are being decreased by \$529,680 in categories where actual amounts were not realized, and increased by \$433,949 in other categories, primarily PACE administrative revenues, for a net decrease in budgeted PACE Program revenues of \$95,731. The remaining revenues of \$237,698 are from the Regional Streetlights Program. These additional funds were received due to the additional rebates staff were able to obtain. To offset the decrease in PACE revenues, expenditures have also been decreased.

Energy Department expenditures exceeded the budgeted amount by \$15,109, primarily due to legal costs associated with PACE provider SAMAS Capital. These costs will be offset by \$75,000 received in revenue from the Program. The remaining expenditures that exceeded their budgeted amounts in the other programs will be offset by a decrease in other budgeted expenditures.

Net Expenditure decrease to the Energy Department: \$146,371
Net Revenue increase to the Energy Department: \$141,967

Prior Action:

July 23, 2020: The Finance Directors Committee recommended that the Executive Committee approve the 4th Quarter Draft Budget Amendment for Fiscal Year 2019/2020.

Fiscal Impact:

For the 4th Quarter of Fiscal Year 2019/2020, there will a total net increase in expenditures of \$196,294 along with a total increase in revenues of \$612,525.

Attachment:

1. 4th Quarter Draft Budget amendment for Fiscal Year 2019/2020.

Item 4.G

4th Quarter Draft Budget Amendment
for Fiscal Year 2019/2020

Attachment 1

4th Quarter Draft Budget amendment
for Fiscal Year 2019/2020

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**Western Riverside Council of Governments
4th Quarter Budget Amendment
For the Year Ending June 30, 2020**



	Thru 6/30/2020 Actual	Approved 6/30/2020 Budget	Amendment Needed 6/30/2020
Clean Cities			
Revenues			
Air Quality - Clean Cities	\$272,770	\$210,500	\$62,270
Expenses			
Salaries & Wages - Fulltime	\$73,978	\$57,920	(\$16,058)
Fringe Benefits	\$22,394	\$17,035	(\$5,359)
Overhead Allocation	\$75,960	\$57,555	(\$18,405)
			Total expenditure (increase)/decrease
			(\$39,822)
			Total revenue increase/(decrease)
			\$62,270
Solid Waste			
Expenses			
Salaries	\$43,558	\$40,199	(\$1,856)
Event Support	\$12,000	\$27,983	\$2,061
Meals	\$705	\$500	(\$205)
			Total expenditure (increase)/decrease
			\$0
Used Oil Grant			
Expenses			
Event Support	\$96,159	\$82,147	(\$14,012)
Program/Office Supplies	\$0	\$1,594	\$678
Membership Dues	\$0	\$1,500	\$1,500
Meeting Support Services	\$0	\$5,000	\$5,000
Storage	\$4,528	\$10,000	\$5,472
Printing Services	\$0	\$5,000	\$5,000
Seminars/Conferences	\$25	\$1,500	\$1,475
Supplies/Materials	\$64,478	\$17,272	(\$47,206)
Advertising Media	\$1,020	\$10,000	\$8,980
Advertisement Radio & TV Ads	\$33,250	\$66,364	\$33,114
			Total expenditure (increase)/decrease
			\$0

**Western Riverside Council of Governments
4th Quarter Budget Amendment
For the Year Ending June 30, 2020**



	Thru 6/30/2020 Actual	Approved 6/30/2020 Budget	Amendment Needed 6/30/2020
TUMF			
Commissioners Per Diem	\$2,250	\$0	(\$2,250)
Computer Supplies	\$1,014	\$1,000	(\$14)
Computer Software	\$57,710	\$57,500	(\$210)
Membership Dues	\$859	\$215	(\$644)
Other Household Expenses	\$404	\$250	(\$154)
Travel - Ground Transportation	\$627	\$500	(\$127)
Meals	\$1,985	\$1,120	(\$865)
Consulting Expense	\$200,107	\$363,215	\$4,264
Total expenditure (increase)/decrease			\$0
Transportation Planning			
Expenses			
Event Support	\$4,464	\$2,307	(\$2,157)
Consulting Labor	\$185,234	\$337,206	\$2,157
Total Expenses	\$556,464	\$800,250	\$243,786
Total expenditure (increase)/decrease			\$0
CAP Grant			
Revenues			
CAP Grant Revenue	\$430,530	\$125,000	\$305,530
Total Revenues	\$430,530	\$125,000	\$305,530
Expenses			
Salaries & Wages - Fulltime	\$72,789	\$5,877	(\$66,912)
Fringe Benefits	\$22,033	\$2,044	(\$19,989)
Consulting Labor	\$333,022	\$117,079	(\$215,943)
Total Expenses	\$427,844	\$125,000	(\$302,843)
Total expenditure (increase)/decrease			(\$302,843)
Total revenue increase/(decrease)			\$305,530
Fellowship			
Expenses			
Event Support	\$1,399	\$785	(\$614)
Travel - Mileage Reimbursement	\$346	\$2,000	\$614
Total expenditure (increase)/decrease			\$0

**Western Riverside Council of Governments
4th Quarter Budget Amendment
For the Year Ending June 30, 2020**



	Thru 6/30/2020 Actual	Approved 6/30/2020 Budget	Amendment Needed 6/30/2020
WRCOG HERO			
Revenues			
Sponsor Revenue	\$75,048	\$142,500	(\$67,452)
Recording Revenue	\$69,794	\$105,300	(\$35,506)
Expenses			
Salaries & Wages	\$12,703	\$25,469	\$12,766
General Legal	\$37,845	\$60,000	\$8,284
Bank Fee	\$0	\$5,000	\$5,000
Parking Validations	\$0	\$500	\$500
General Supplies	\$137	\$500	\$363
Computer Supplies	\$170	\$500	\$330
Computer Software	\$0	\$2,500	\$2,500
Meeting Support Services	\$0	\$250	\$250
Postage	\$0	\$250	\$250
Cellular phone	\$921	\$2,000	\$1,079
PACE Residential Recording	\$8,561	\$34,906	\$24,000
Seminar/Conferences	\$0	\$500	\$500
Travel - Mileage Reimbursement	\$70	\$2,000	\$1,930
Travel-Ground Transportation	\$0	\$500	\$500
Travel-AirFare	\$0	\$1,500	\$1,500
Lodging	\$0	\$630	\$630
AB811 Meals	\$0	\$500	\$500
AB811 Other Incidentals	\$424	\$1,500	\$1,076
Training	\$0	\$1,000	\$1,000
AB811 Direct Exp	\$8,415	\$50,000	\$40,000
			Total expenditure (increase)/decrease
			\$102,958
			Total revenue increase/(decrease)
			(\$102,958)
Spruce			
Revenues			
Spruce Residential Revenue	\$3,256	\$0	\$3,256
Spruce Recording Revenue	\$1,062	\$0	\$1,062
			Total revenue increase/(decrease)
			\$4,318

**Western Riverside Council of Governments
4th Quarter Budget Amendment
For the Year Ending June 30, 2020**



	Thru 6/30/2020 Actual	Approved 6/30/2020 Budget	Amendment Needed 6/30/2020
California First			
Revenues			
CA First Residential Revenue	\$10,265	\$20,000	(\$9,735)
CA First Res Recording Rev	\$4,873	\$4,000	\$873
			Total revenue increase/(decrease)
			(\$8,862)
PACE Funding			
Revenues			
PACE Revenue	\$40,322	\$50,000	(\$9,678)
PACE Recording Revenue	\$5,701	\$2,500	\$3,201
Expenses			
Recording Fee-PACE	\$11,722	\$8,902	(\$2,820)
Consulting Labor-PACE	\$4,995	\$14,945	\$2,820
			Total expenditure (increase)/decrease
			\$0
			Total revenue increase/(decrease)
			(\$6,477)
Greenworks Lending			
Revenues			
Commercial Recording Revenue	\$62,478	\$100,000	(\$37,522)
Commercial PACE HERO Recording Revenue	\$0	\$20,000	(\$20,000)
			Total revenue increase/(decrease)
			(\$57,522)
Ygrene			
Revenues			
PACE Commercial Sponsor Revenue	\$0	\$5,000	(\$5,000)
Commercial Recording Revenue	\$0	\$2,500	(\$2,500)
			Total revenue increase/(decrease)
			(\$7,500)

**Western Riverside Council of Governments
4th Quarter Budget Amendment
For the Year Ending June 30, 2020**



	Thru 6/30/2020 Actual	Approved 6/30/2020 Budget	Amendment Needed 6/30/2020
SAMAS			
Revenues			
Other Misc Revenue	\$75,000	\$0	\$75,000
Expenses			
General Legal Services	\$13,112	\$7,109	(\$6,003)
			Total expenditure (increase)/decrease
			(\$6,003)
			Total revenue increase/(decrease)
			\$75,000
2110 - Lord Capital			
Revenues			
PACE Commercial Sponsor Revenue	\$0	\$10,000	(\$10,000)
Commercial Recording Revenue	\$0	\$2,500	(\$2,500)
Expenses			
Consulting Labor	\$0	\$12,500	\$12,500
			Total expenditure (increase)/decrease
			\$12,500
			Total revenue increase/(decrease)
			(\$12,500)
2115 - Twain			
Revenues			
Commercial Recording Revenue	\$0	\$5,000	(\$5,000)
Expenses			
General Legal Services	\$12,418	\$8,822	(\$3,596)
Consulting Labor	\$0	\$22,500	\$8,596
			Total expenditure (increase)/decrease
			\$5,000
			Total revenue increase/(decrease)
			(\$5,000)

**Western Riverside Council of Governments
4th Quarter Budget Amendment
For the Year Ending June 30, 2020**



	Thru 6/30/2020 Actual	Approved 6/30/2020 Budget	Amendment Needed 6/30/2020
Clean Fund			
Revenues			
PACE Commercial Sponsor Revenue	\$0	\$15,000	(\$15,000)
Commercial Recording Revenue	\$0	\$5,000	(\$5,000)
Expenses			
General Legal Services	\$0	\$2,500	\$2,500
Recording Fee	\$0	\$5,000	\$5,000
Consulting Labor	\$0	\$12,500	\$12,500
			Total expenditure (increase)/decrease
			\$20,000
			Total revenue increase/(decrease)
			(\$20,000)
Lever			
Revenues			
PACE Commercial Sponsor Revenue	\$0	\$10,000	(\$10,000)
Commercial Recording Revenue	\$0	\$2,500	(\$2,500)
Expenses			
General Legal Services	\$0	\$2,500	\$2,500
Recording Fee	\$0	\$5,000	\$5,000
Consulting Labor	\$0	\$5,000	\$5,000
			Total expenditure (increase)/decrease
			\$12,500
			Total revenue increase/(decrease)
			(\$12,500)
California HERO			
Revenues			
Statewide HERO Revenue	\$1,030,557	\$680,000	\$350,557
Statewide Sponsor Revenue	\$435,896	\$570,000	(\$134,104)
CA-HERO Recording fee Revenue	\$263,017	\$421,200	(\$158,183)
Expenses			
Computer Software	\$5,190	\$2,500	(\$2,690)
COG HERO Share Expenses	\$2,701	\$10,000	\$2,690
			Total expenditure (increase)/decrease
			\$0
			Total revenue increase/(decrease)
			\$58,270

**Western Riverside Council of Governments
4th Quarter Budget Amendment
For the Year Ending June 30, 2020**



	Thru 6/30/2020 Actual	Approved 6/30/2020 Budget	Amendment Needed 6/30/2020
Gas Company Partnership			
Expenses			
Salaries	\$53,087	\$44,680	(\$8,407)
Parking Validations	\$46	\$0	(\$46)
Event Support	\$1,020	\$7,107	\$7,073
Meeting Support Services	\$0	\$446	\$446
Postage	\$0	\$250	\$250
Travel Mileage Reimbursement	\$594	\$750	\$156
Meals	\$0	\$300	\$300
Supplies/Materials	\$0	\$250	\$228
Total expenditure (increase)/decrease			\$0
Streetlights			
Revenues			
Regional Streetlights Revenue	\$425,209	\$187,511	\$237,698
Expenses			
Computer Equipment/Supplies	\$494	\$0	(\$494)
Consulting Labor	\$25,090	\$25,000	(\$90)
Total expenditure (increase)/decrease			(\$584)
Total revenue increase/(decrease)			\$237,698



Western Riverside Council of Governments Technical Advisory Committee

Staff Report

Subject: TUMF Revenue Update for Fiscal Year 2019/2020
Contact: Ivana Medina, Staff Analyst, imedina@wrcog.us, (951) 405-6753
Date: August 20, 2020

The purpose of this item is to provide an update on TUMF Revenue for the Fiscal Year (FY) 2019/2020.

Requested Action:

1. Receive and file.

WRCOG's Transportation Uniform Mitigation Fee (TUMF) Program is a regional fee program designed to provide transportation and transit infrastructure that mitigates the impact of new growth in western Riverside County. Each of WRCOG's member jurisdictions and the March JPA participate in the Program through an adopted ordinance, collects fees from new development, and remits the fees to WRCOG. WRCOG, as administrator of the TUMF Program, allocates TUMF to the Riverside County Transportation Commission, groupings of jurisdictions – referred to as TUMF Zones – based on the amounts of fees collected in these groups, the Western Riverside County Regional Conservation Authority and the Riverside Transit Agency.

TUMF Collections

In May of 2020, \$4.7 million was collected and for June 2020, \$5.7 million was collected. In FY 2019/2020 a total of \$49.8 million was collected for the TUMF Program.

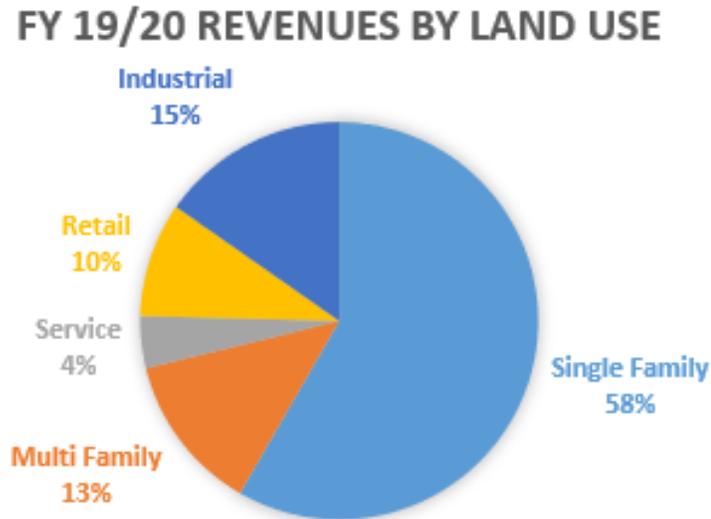
FY 2019/2020 Revenues by Zone

Revenues by Zone are shown in the table below. Approximately half of all revenue was collected in the Northwest Zone with the Central Zone and Southwest Zone responsible for 20% of the total revenue each.

FY 2019/2020 Revenues by Zone	
Pass	\$2,349,573
Southwest	\$10,202,459
Central	\$11,336,669
Northwest	\$21,724,378
Hemet / San Jacinto	\$4,189,407
Total:	\$49,802,486

FY 2019/2020 Revenues by Land Use

Single-family residential continues to comprise the largest portion of TUMF revenue out of all the land uses. For FY 2019/2020, industrial revenue made up 15%, Multi-family residential at 13%, followed by retail at 10%, and service at 4%. Below is a graph that summarizes the information.



Prior Action:

May 14, 2010: The Public Works Committee received and filed.

Fiscal Impact:

This item is for informational purposes only; therefore, there is no fiscal impact.

Attachment:

1. TUMF Program Revenues for FY 2019/2020.

Item 4.H

TUMF Revenue Update for Fiscal
Year 2019/2020

Attachment 1

TUMF Program Revenues for FY
2019/2020

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TUMF Program Revenue FY 2019/2020

Jurisdiction	2019						2020						Fiscal Year 19-20
	July	August	September	October	November	December	January	February	March	April	May	June	
Banning	\$18,292	\$0	\$0	\$0	\$9,146	\$0	\$0	\$0	\$0	\$0	\$0	\$9,146	\$36,584
Beaumont	\$118,898	\$219,504	\$407,170	\$0	\$182,920	\$54,876	\$8,878	\$108,540	\$64,022	\$0	\$0	\$283,526	\$1,448,335
Calimesa	\$0	\$273,809	\$0	\$0	\$0	\$9,146	\$9,146	\$389,594	\$67,133	\$6,075	\$18,292	\$9,146	\$782,341
Canyon Lake	\$27,438	\$18,292	\$9,146	\$0	\$0	\$9,146	\$0	\$0	\$0	\$0	\$0	\$9,478	\$73,500
Corona	\$337,370	\$156,640	\$83,190	\$0	\$38,129	\$79,742	\$73,168	\$92,010	\$0	\$97,814	\$137,899	\$0	\$1,095,962
Eastvale	\$245,360	\$0	\$153,350	\$73,168	\$251,494	\$104,278	\$85,876	\$381,003	\$79,742	\$0	\$308,512	\$110,880	\$1,793,663
Hemet	\$109,752	\$128,044	\$118,898	\$0	\$0	\$27,231	\$54,876	\$0	\$0	\$0	\$0	\$0	\$438,801
Jurupa Valley	\$1,015,950	\$220,164	\$259,176	\$329,256	\$287,189	\$183,580	\$0	\$246,942	\$220,164	\$213,920	\$649,366	\$109,752	\$3,735,458
Lake Elsinore	\$9,146	\$143,879	\$84,771	\$180,648	\$304,528	\$0	\$1,380,272	\$467,832	\$0	\$246,942	\$237,906	\$420,716	\$3,476,639
March JPA	\$0	\$678,386	\$1,106,945	\$0	\$664,431	\$0	\$0	\$103,842	\$0	\$0	\$730,495	\$6,562	\$3,290,662
Menifee	\$415,437	\$270,568	\$479,153	\$228,650	\$333,594	\$1,217,416	\$149,788	\$362,980	\$192,066	\$253,406	\$577,078	\$850,578	\$5,330,713
Moreno Valley	\$581,300	\$655,625	\$169,346	\$126,126	\$274,380	\$459,022	\$27,438	\$146,336	\$228,650	\$171,283	\$484,677	\$677,225	\$4,001,407
Murrieta	\$104,278	\$691,834	\$31,735	\$220,226	\$73,608	\$73,168	\$0	\$0	\$0	\$0	\$171,910	\$2,213	\$1,368,972
Norco	\$103,845	\$0	\$0	\$0	\$72,499	\$0	\$0	\$0	\$112,500	\$9,146	\$0	\$0	\$297,990
Perris	\$111,757	\$236,869	\$182,920	\$0	\$0	\$546,965	\$0	\$64,132	\$0	\$0	\$173,774	\$274,380	\$1,590,797
Riverside	\$626,829	\$62,438	\$122,985	\$194,336	\$9,146	\$1,676,729	\$549,494	\$0	\$117,260	\$186,891	\$278,709	\$600,868	\$4,425,684
San Jacinto	\$155,482	\$170,048	\$143,945	\$173,774	\$155,482	\$73,168	\$137,190	\$250,174	\$109,752	\$27,438	\$219,504	\$64,022	\$1,679,978
Temecula	\$0	\$0	\$981,440	\$45,950	\$91,900	\$104,278	\$233,092	\$9,146	\$4,549	\$0	\$0	\$9,146	\$1,479,501
Wildomar	\$89,727	\$27,438	\$18,292	\$18,292	\$18,292	\$147,773	\$0	\$45,730	\$0	\$45,730	\$172,408	\$109,752	\$693,434
County Central	\$9,146	\$0	\$36,584	\$210,358	\$18,292	\$0	\$27,438	\$47,912	\$18,292	\$9,146	\$36,584	\$0	\$413,752
County Hemet/S.J.	\$0	\$348,212	\$71,770	\$169,893	\$313,132	\$69,889	\$204,448	\$103,194	\$178,679	\$154,791	\$93,666	\$362,954	\$2,070,628
County Northwest	\$326,574	\$532,838	\$360,036	\$182,920	\$631,247	\$415,022	\$1,360,085	\$676,899	\$187,105	\$889,440	\$180,238	\$1,342,555	\$7,084,959
County Pass	\$0	\$9,146	\$0	\$18,292	\$18,292	\$0	\$18,292	\$18,292	\$0	\$0	\$0	\$0	\$82,314
County Southwest	\$263,995	\$172,508	\$289,850	\$223,476	\$124,361	\$113,045	\$150,095	\$246,653	\$386,797	\$340,521	\$314,805	\$484,308	\$3,110,412
Total	\$ 4,670,576	\$5,016,241	\$ 5,110,701	\$ 2,395,365	\$3,872,062	\$ 5,364,474	\$ 4,469,576	\$3,761,211	\$1,966,710	\$2,652,542	\$ 4,785,822	\$ 5,737,207	\$49,802,486

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Western Riverside Council of Governments Technical Advisory Committee

Staff Report

Subject: Activities Update from the Eastern and Western Municipal Water Districts

Contact: Paul Jones, General Manager, EMWD, jonesp@emwd.org, (951) 928-3777
Tim Barr, Deputy General Manager, WMWD, tbarr@wmwd.com, (951) 789-5050

Date: August 20, 2020

The purpose of this item is to provide an update of activities undertaken by Eastern and Western Municipal Water Districts.

Requested Action:

1. Receive and file.
-

This item is reserved for a presentation from the Eastern and Western Municipal Water Districts on current initiatives taking place.

Prior Action:

None.

Fiscal Impact:

This item is for informational purposes only; therefore, there is no fiscal impact.

Attachment:

1. Per- and Polyfluoroalkyl Substances (PFAS) Briefing PowerPoint.

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Item 5.A

Activities Update from the Eastern
and Western Municipal Water
Districts

Attachment 1

Per- and Polyfluoroalkyl Substances
(PFAS) Briefing PowerPoint

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Per- and Polyfluoroalkyl Substances (PFAS) Briefing

WRCOG Technical Advisory Committee
August 20, 2020

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1

Briefing Topics

- Water Agencies Overview
- What are Per- and Polyfluoroalkyl Substances (PFAS)?
- PFOA and PFOS Regulatory Background
- State and Federal Legislation
- Water Agencies Response to Regulations

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2



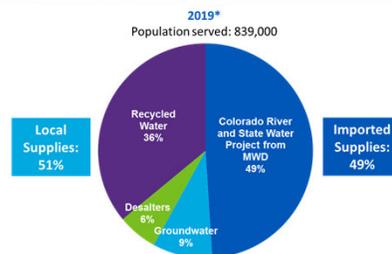

Water Agencies Overview

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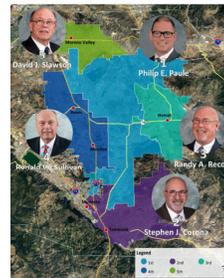
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Eastern Municipal Water District Background

- Established in 1950 serving:
 - Water/wastewater/recycled
 - Wholesale and retail
 - MWD member agency
- Sixth largest public water utility in California – 555 square miles, seven cities, unincorporated County
- More than 600 employees
- Annual operating budget of \$315 M for FY 2019-20
- Five year capital program of \$466 M for FY 2019 to FY 2024
- 132,000 acre-feet of water served annually
- WRCOG Representative Ron Sullivan



*Total Water Supply: 132,403 AF per EMWD Comprehensive Annual Financial Report, FYE 2019

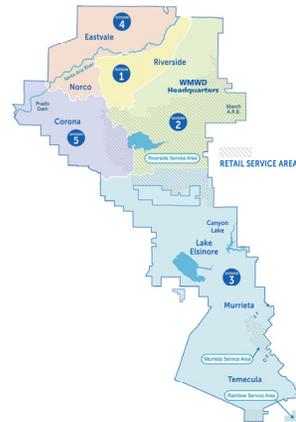


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4

Western Municipal Water District Background

- Established in 1954 serving:
 - Water/wastewater/recycled
 - Wholesale and retail
 - MWD member agency
- 527-square miles of western Riverside County
- Population of nearly 1 million
- Serving 13 agencies and 25,000 retail customers
- 85,000 acre-feet of water served annually
- WRCOG Representative:
Director Brenda Dennstedt



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5



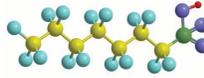
PFAS Substances

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6

What are PFAS, PFOA, and PFOS?

- PFAS (Per- and Polyfluoroalkyl Substances) are a class of man-made water-repellent (hydrophobic) chemicals
 - Chains of Carbon (C) atoms surrounded by Fluorine (F) atoms
 - Stable and persistent C-F bond
 - “Long chain” molecules
- Of these chemicals, PFOA and PFOS are the most extensively produced and analyzed for regulatory standards



Graphic: Courtesy of Metropolitan Water District of Southern California

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7

Where are PFOS and PFOA Found?

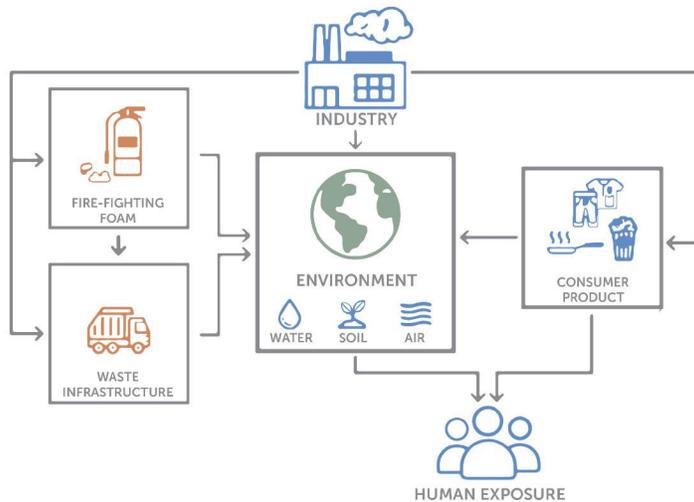
- Widely used by American manufacturers since the 1940's
- Currently manufactured overseas and can be imported via consumer goods



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8

How is it in the Environment?



Graphic: Courtesy of Elsinore Valley
Municipal Water District

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9



PFOA and PFOS Regulatory Background

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10

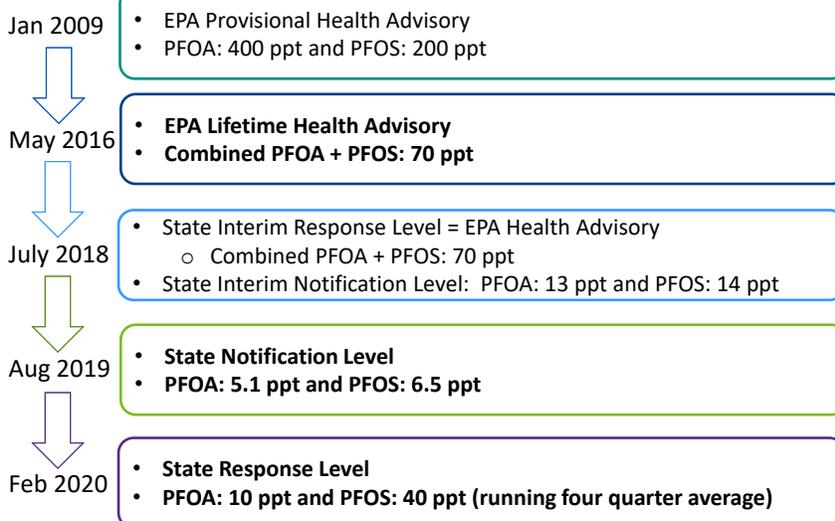
Confusing State and Federal Terminology

	Term	Agency	Description	Defined for PFAS
MCL	Maximum Contaminant Level	Federal EPA and CA	Enforceable , based upon extensive peer reviewed science and health effect studies	No
LHA	Lifetime Health Advisory	Federal EPA	Non-enforceable standard , but recommends notifying local regulators and consumers, and consideration of removing source, blending or treatment	Yes
RL	Response Level	California	Non-enforceable standard , but recommends taking source out of service	Yes
NL	Notification Level	California	Non-enforceable standard that indicates source can remain in service, but must notify governing body and recommends notifying consumers	Yes

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11

Regulatory History



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12

Exposure Levels and Basis for Regulations

What is a part Per Trillion (PPT) Exposure?

- Lowest limit of laboratory instrumentation detection capability
- 1 drop of water in 20 Olympic-sized swimming pools; or
- 1 second of time in 32,500 years

1 in 1,000,000,000,000



What are the Non-enforceable California Standards based upon?

- “Extrapolation” of a single, non-peer reviewed National Toxicology Program rodent study
- 100 times a 1/1,000,000 estimated cancer risk estimate assuming consumption of 2 liters per day for 70 years



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13

Exposure Levels to PFAS in the Environment

What is the ambient exposure to PFAS from other sources?

- Potatoes = 70 Parts per trillion
- Household Dust and Carpet Fibers = 10,000 to 50,000 Parts per trillion
- Butter = 1,070 Parts per trillion

..... as well as hundreds of other products

California Drinking Water Response Levels = 5 to 50 Parts per trillion



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14




State and Federal Legislation

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15

State Legislation

- Regulatory Transparency
 - AB 2560 (Quirk) Notification and Response Levels - SUPPORT**
 - Proposed following concerns with the way that the State Board has addressed PFAS regulation
 - Recognized there was a need for a more transparent and informed process that relies on science
- PFAS Source Reduction
 - AB 2762 (Muratsuchi) Cosmetics: Safety**
 - Prohibits the sale, manufacturing, or delivery of cosmetic products containing any of twelve identified ingredients, which includes PFAS/PFOA
 - SB 1044 (Allen) Firefighting Equipment and Foam: PFAS Chemicals**
 - Prohibits the sale or the use of class B firefighting foam for training purposes
 - Requires written notification upon sale of firefighting protective equipment that contains PFAS






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16

Federal Legislation

Tracking more than 60 PFAS related bills including:

FY2021 National Defense Authorization Act, H.R. 6395 (Passed House on July 21)

- Requires the Pentagon to do more to address PFAS chemicals at military bases
- Requires the Defense Department to follow the most stringent standard in cleaning up PFAS contamination from defense facilities (state or federal level)

FY2021 Interior-EPA Spending Bill, H.R. 7680 (Passed House on July 23)

- Designates PFAS chemicals as “hazardous substance” under CERCLA
- \$150 Million for Superfund PFAS clean-up activities



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17



Water Agencies Response to Regulations

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18

EMWD and WMWD Response to Regulations

Impacts to All Water Agencies:

- Water affordability challenges
- Costs to comply versus available scientific data
- Higher demand on the Sacramento-San Joaquin Delta and Colorado River
- Certain areas affected more than others

EMWD and WMWD Position:

- PFAS-related regulations need to be scientifically based and need to correlate with health effects
- PFAS should be addressed through the regulatory process, not by a legislative vehicle
- Focus of PFAS reduction efforts need to be on producers of the chemicals

EMWD and WMWD are Fully Committed to the Protection of Public Health



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Contact Information

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Western Riverside Council of Governments Technical Advisory Committee

Staff Report

Subject: Report from the League of California Cities

Contact: Erin Sasse, Regional Public Affairs Manager, League of California Cities,
esasse@cacities.org, (951) 321-0771

Date: August 20, 2020

The purpose of this item is to provide an update of activities undertaken by the League of California Cities.

Requested Action:

1. Receive and file.
-

This item is reserved for a presentation by Erin Sasse, Regional Public Affairs Manager for the League of California Cities.

Prior Action:

August 3, 2020: The Executive Committee received and filed.

Fiscal Impact:

This item is for informational purposes only; therefore, there is no fiscal impact.

Attachment:

None.

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Western Riverside Council of Governments Technical Advisory Committee

Staff Report

Subject: Exploration of a Western Riverside County Economic Development Corporation

Contact: Elisa Laurel, Program Manager, elaurel@wrcoq.us, (951) 405-6752

Date: August 20, 2020

The purpose of this item is to provide information on the exploration of the formation of a Western Riverside County Economic Development Corporation (EDC).

Requested Action:

1. Receive and file.

Background

WRCOG staff held a Visioning Session on June 18, 2020, to re-visit Agency goals and accomplishments and discuss new initiatives for potential WRCOG involvement as well as consider suggestions from member agencies. During the session, Agency Directors and Managers presented new ideas, discussed program ideas, and provided feedback on activities that WRCOG is currently engaged in regarding the Agency's long-standing focus on the issue areas identified below. These focus areas were first adopted in 2011 and were subsequently affirmed by the Executive Committee and Technical Advisory Committee in 2014 and 2017. In 2014, the Agency shifted "economic development" to be a central pillar for the five other goal areas, which were recognized to be mutually dependent on one another to advance. WRCOG's programs are intended to work together to support improving quality of life, which is perhaps the overall largest factor in improving the area's economic development. The focus areas include:

1. Economic Development
2. Energy and Environment
3. Water
4. Transportation
5. Education
6. Health

Next Steps

As a follow up to this exercise, staff presented to the Administration & Finance Committee on July 8, 2020, three prospective projects for WRCOG involvement during this next fiscal year. One project is the exploration of the formation of a Western Riverside County EDC, which would stand as an independently funded, non-profit organization governed by representatives from both the public and private sectors, which would help to establish sustained and complimentary services in economic development. The concept was met with positive feedback and there was a high interest to further explore the formation of an EDC for the subregion. As a next step to this effort, staff is conducting further due diligence and research in the discovery phase which will consist of reviewing existing EDC models, regionally, statewide, and nationally, that would best fit the needs of the Western Riverside County subregion.

Staff will provide an update on work and discovery completed to date.

Prior Actions:

August 13, 2020: The Planning Directors Committee received and filed.

July 8, 2020: The Administration & Finance Committee received and filed.

Fiscal Impact:

This item is for informational purposes only; therefore, there is no fiscal impact.

Attachment:

1. EDC Workplan Schedule.

Item 5.C

Exploration of a Western Riverside
County Economic Development
Corporation

Attachment 1

EDC Workplan Schedule

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Economic Development Corporation Workplan Schedule

Due Diligence	What additional data or outreach do we need to start our stakeholder outreach process? What are typical best practices for a similar entity?	Schedule	Work Product	Responsible Staff
Task 1	Perform due diligence in the Discovery and Research Phase by reviewing other EDCs regionally, statewide and nationally that best identify with the Western Riverside County subregion's goals and the programs that would best serve our members.	Complete by: October 30, 2020	Executive Summary	Elisa Laurel
Stakeholder Outreach	What specific persons are we going to contact about this topic? What WRCOG Committees will be used for these efforts?	Schedule	Work Product	Responsible Staff
Task 2	Discovery calls will be conducted with economic development partners in the region including city, county and regional stakeholders. Additional outreach will also be conducted with industry influencers such as private industry, community based organizations, academic institutions and others. WRCOG Committees that will be leveraged for this effort will include but not limited to: Executive, Administration and Finance, Technical Advisory and Planning	Complete by: October 30, 2020	Formation of a Steering Committee	Elisa Laurel
Potential Governing Structure	Is this a WRCOG Program or a stand-alone agency?	Schedule	Work Product	Responsible Staff
Task 3	Subsequent to the Discovery and Research Phase. The Steering Committee will make the determination on whether this should be a WRCOG program or a stand-alone agency.	Complete by: December 30, 2020	Steering Committee to decide on governance model	Elisa Laurel
Implementation Plan	What specific steps are needed to implement this plan including WRCOG Board action or action of other agencies?	Schedule	Work Product	Responsible Staff
Task 4	*Completion of Discovery and Research Phase: September 1, 2020 *Completion of Stakeholder Outreach: October 30, 2020 *Finalize the formation of an Executive Steering Committee: October 30, 2020 *Complete the Governance Exploration Phase: by December 2020 *Launch: January 2021	Complete by: January 2021	Formation of EDC	Elisa Laurel
Funding Plan	How would we fund implementation and on-going operations?	Schedule	Work Product	Responsible Staff
Task 5	Explore possible funding opportunities that include but are not limited to: Business Improvement Districts, Enhanced Infrastructure Financing Districts, AB 3205, EDA Grants, Others	Complete by January 2021	Solidify Funding	Elisa Laurel
Communications Strategy	How are we going to convey information about this topic and the importance of addressing it?	Updates to committee structure	Publicized Events	Future Forward Events
Task 6	Leverage existing WRCOG events, partnerships and other opportunities to inform, educate and create buy in with stakeholders.	*Planning Directors Committee *Technical Advisory Committee *Administration and Finance Committee *Executive Committee	Ongoing	Ongoing

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