



# AGENDA REPORT

Fire Department

<b>DATE:</b>	May 27, 2025
<b>TO:</b>	Mayor Martinez and Members of the City Council
<b>FROM:</b>	Aaron Osorio, Fire Chief Sharrone Taylor, Director of Human Resources
<b>Subject:</b>	Draft Advanced Life Support (ALS) First Responder Feasibility Study
<b>FINANCIAL IMPACT:</b>	There is no immediate financial impact associated with this item. However, implementing ALS first responder services, along with ongoing expenses and potential revenue opportunities, will have a financial impact on the City in the future.
<b>PREVIOUS COUNCIL ACTION:</b>	None.
<b>STATEMENT OF THE ISSUE:</b>	The Richmond Fire Department is the only Basic Life Support (BLS) fire agency in Contra Costa County, creating a gap in emergency care compared to neighboring jurisdictions. With EMS calls making up nearly 60% of all incidents and continuing to rise, the City must meet the demands to provide timely medical response. An Advanced Life Support (ALS) feasibility study was conducted to explore transitioning to ALS service. The City Council must now consider the study's findings and decide how to proceed to improve emergency care, align with regional standards, and meet public safety goals.

<b>RECOMMENDED ACTION:</b>	RECEIVE the draft written report regarding Advanced Life Support (ALS) First Responder Feasibility Study and DIRECT staff to pursue next steps for implementing the recommended service models as outlined by the Matrix Consulting Group – Fire Department/Human Resources Department (Chief Aaron Osorio 510-307-8021/Sharrone Taylor 510-620-6803).
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## DISCUSSION:

The Richmond Fire Department (Department) is a full-service, all-risk agency that serves over 115,000 Richmond residents during critical emergencies, including fires, medical incidents, hazardous materials situations, and technical rescues. The Department operates from seven (7) stations located throughout the incorporated City of Richmond (City) limits with seven (7) Engine Companies, one (1) Truck Company, one (1) Cross-Staffed Truck Company, two (2) Rescue Units, one (1) Haz Mat Unit, one (1) Breathing Support Unit, and one (1) Fire Boat. See Figure 1 for Station Locations and Attachment 1 for Station Detail.

**Figure 1**

*Station Locations Across the City of Richmond*



In 2024, the Department responded to 15,150 incidents, a 4.75% increase over the previous year. Of these, 8,870 incidents (58.5%) were EMS-related incidents. Since the pandemic, the Department has seen a consistent annual increase of 3% - 4% in total calls, and this trend is expected to continue due to projected population growth in the City.

In addition to responding within the City, the Department provides automatic aid to the City of El Cerrito Fire Department and areas served by the Contra Costa County Fire Protection District (Con Fire). The City of Berkeley and the City of Albany also provide mutual aid when requested.

### **Exploring Advanced Life Support (ALS) First Responder Feasibility**

The Department is authorized by the Contra Costa County Emergency Medical Services Agency (CCCEMSA) to provide Basic Life Support (BLS), commonly known as Emergency Medical Technician (EMT) care. The Department currently employs 71 sworn personnel licensed as EMTs and 10 sworn personnel licensed as paramedics. It is important to note that, although the Department employs 10 sworn personnel licensed as paramedics, they are limited to providing Basic Life Support (BLS) services, as the Department is only authorized as a BLS agency.

The Richmond Fire Department is currently the only Basic Life Support (BLS) fire agency in Contra Costa County. All other fire departments and fire protection districts in the county provide Advanced Life Support (ALS) first responder services. ALS transport services are provided by Contra Costa County Fire Protection District (Con Fire) under a contract with American Medical Response (AMR), which supplies paramedic-level care and hospital transport as needed.

There have been several attempts where the Department explored the feasibility of transitioning to an ALS First Responder service provider.

- In 2005, the first attempt was made to develop ALS services and a paramedic school.
- In 2007, following the reinstatement of automatic aid, the cost of implementing ALS services was researched.
- In 2021, Interim Fire Chief Brian Kelly discussions were renewed when he requested funding through Measure X.
- In 2022, the City directed Matrix Consulting Group to conduct the City's Emergency Services Data and Analysis Report, which was published on March 6, 2023. This report provided an in-depth analysis of the emergency services system and the

dynamics of the department. The findings were presented to the City Council on September 12, 2023.

- In August 2023, the City reached out to County Supervisor John Gioia and Contra Costa County Fire regarding Measure X to fund the ALS Feasibility Study.
- On February 6, 2024, the Contra Costa County Fire Protection District Board approved and authorized the payment of up to \$75,000 to the Richmond Fire Department to conduct the ALS Feasibility Study.

On May 7, 2024, the City authorized Matrix Consulting Group to conduct an Advanced Life Support/Paramedic First Responder Feasibility Study to explore the potential for the Department to transition into a paramedic-level service provider. The draft report was provided to the Department on April 14, 2025.

### **Draft Report - Overview**

The Matrix Consulting Group provided a comprehensive report outlining the current services, analyzing the feasibility of Advanced Life Support (ALS), evaluating the integration of ALS fire response, presenting financial projections, and offering recommendations and a staffing plan.

As previously mentioned, Richmond is the only agency in Contra Costa County that does not utilize engine companies staffed with paramedics to consistently provide Advanced Life Support (ALS) first responder care. Transitioning the Department to an ALS service provider is a critical step, as it would expand treatment options and improve patient outcomes. See Table 1 for the current regional Fire EMS System.

**Table 1**

*Fire Department/District Prehospital Services in Contra Costa County*

Fire Department/District	Number of Stations	ALS/BLS	Approximate Population Served
Contra Costa County Fire Protection District	32	ALS	700,000
San Ramon Valley Fire Protection District	10	ALS	193,000
Richmond Fire Department	7	BLS	113,000
Moraga-Orinda Fire District	4	ALS	39,000
Rodeo-Hercules Fire Protection District	2	ALS	35,000
El Cerrito Fire Department	3	ALS	25,000
Albany Fire Department	1	ALS	19,000
Kensington Fire Protection District	1	ALS	5,000
<b>Total</b>	<b>60</b>		<b>1,129,000</b>

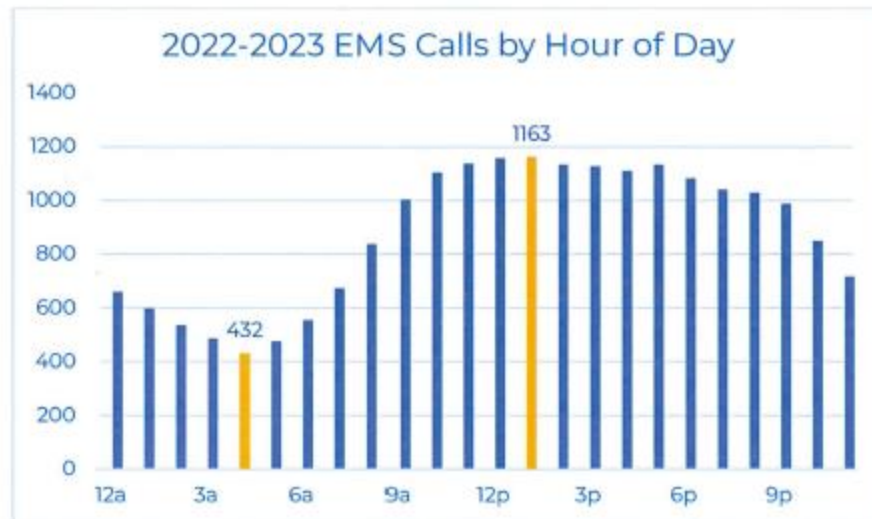
Research has demonstrated that early Advanced Life Support (ALS) interventions significantly improve survival rates for cardiac arrests, strokes, and traumatic injuries. National studies indicate that the chance of survival decreases by approximately 10% for every minute ALS care is delayed. See [Attachment 1](#) for studies regarding cardiac arrest, stroke, and traumatic events.

In recent years, response delays from transport agencies, combined with increasing EMS call volumes, have placed additional strain on the City's emergency medical system. It is imperative that equitable care is provided, as Richmond residents deserve timely access to advanced medical treatment comparable to that available in neighboring communities. Table 2 illustrates EMS Calls for Service By Hour and Weekday, while Table 3 illustrates EMS demand for service by hour of the day.

**Table 2**

2022 – 2023 EMS CALLS FOR SERVICE BY HOUR AND WEEKDAY								
Day/Hour	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
12a	120	91	88	87	85	88	100	659
1a	121	77	80	77	80	85	78	598
2a	89	76	76	75	66	73	80	535
3a	71	62	73	64	73	67	77	487
4a	62	62	60	73	60	61	54	432
5a	72	66	72	65	64	72	66	477
6a	80	85	87	76	72	80	75	555
7a	82	101	110	106	93	94	88	674
8a	90	145	138	117	124	117	106	837
9a	125	132	160	140	158	168	122	1,005
10a	140	165	165	183	154	155	143	1,105
11a	151	176	152	146	179	183	150	1,137
12p	164	177	188	165	157	160	147	1,158
1p	179	162	147	148	185	178	164	1,163
2p	166	178	173	151	157	164	145	1,134
3p	149	155	161	155	155	179	173	1,127
4p	172	169	154	126	151	167	172	1,111
5p	149	188	156	132	179	172	158	1,134
6p	160	157	148	151	176	155	135	1,082
7p	154	144	150	149	145	142	157	1,041
8p	145	160	146	130	138	158	152	1,029
9p	120	133	145	149	146	134	161	988
10p	115	107	117	118	112	143	138	850
11p	113	102	84	102	99	103	113	716
<b>Total</b>	<b>2,989</b>	<b>3,070</b>	<b>3,030</b>	<b>2,885</b>	<b>3,008</b>	<b>3,098</b>	<b>2,954</b>	<b>21,034</b>

**Table 3**



### **Draft Report – Advantages of ALS First Responder Program**

The study revealed that implementing an ALS first responder program within the Department is feasible and beneficial for the City. Some of the key findings transitioning into an ALS service are the following:

- Faster delivery of critical care – Equipping the Department apparatus with paramedics allows for delivering essential patient care.
- Improved patient outcomes – as previously mentioned, with cardiac arrests, strokes, and traumatic injuries patients.
- Enhanced operational flexibility – Providing ALS first responder services allows the Department to manage high-acuity incidents more independently by reducing reliance on the availability of external partners to deliver critical care.
- Increased public trust and service equity - Residents and visitors to the City will have greater confidence that advanced medical care will arrive quickly, regardless of the service area or time of day.

### **Draft Report – ALS Staffing Options**

1. *Squad Delivery Model.* The Quick Response Vehicle (QRV) model, or more commonly known as squads, are smaller vehicles staffed with paramedics, dispatched to high-acuity calls. This model ensures rapid ALS intervention to medical incidents and keeps fire apparatus available for other emergency calls for service.



2. *Engine Delivery Model.* The engine-based model places paramedics directly on fire engines, allowing an integrated ALS response from every station. This model uses a dual-role firefighter/paramedic but requires greater staffing and training investment.
3. *Hybrid Model.* The hybrid model would use a combination of engine companies staffed with firefighter paramedics and quick response EMS vehicles (QRV), either staffed with firefighter paramedics or single-role paramedics.

### **Draft Report – Staffing, Personnel Actions, Labor Considerations**

There are currently 10 certified paramedics in the department spread across multiple shifts and stations: 5 Fire Captains, 2 Fire Engineers, 2 Firefighters, and 1 Battalion Chief. To provide 24/7 ALS coverage at all stations, the study estimates that 27 paramedics are needed, requiring at least 19 additional personnel. The City must decide between training existing dual-role firefighters or hiring single-role paramedics, a decision that will affect labor relations, job structure, compensation, and operations.

The City must create new job specifications for the following positions:

- Single-role Paramedic
- Firefighter/Paramedic
- EMS Supervisor
- EMS Analyst

In addition, the City must also update current job specifications and incentive pay within the Operations Division. The study recommended an 11.5% paramedic incentive pay to align with regional standards and practices in neighboring agencies.

The City must also meet and confer with all impacted bargaining units, including the International Association of Fire Fighters Local 188 (Local 188), Richmond Fire Management Association (RFMA), Service Employees International Union (SEIU), and Executive Management. Discussions should address unit determination for single-role paramedics, EMS Supervisors, and EMS Analysts; define duties and working conditions; and coordinate with Liebert Cassidy Whitmore (LCW) and Human Resources (HR) to update Memoranda of Understanding (MOUs) for the affected bargaining units.

### **Draft Report – Certification Requirement**

Paramedic training hours and requirements are established by the California Emergency Medical Services Authority (EMSA) and are set forth in Title 22 of the California Code of Regulations, Chapter 4.

To complete the paramedic training program, students need a minimum of 1,094 hours:

- 454 hours of didactic instruction
- 160 hours of hospital clinical training
- 480 hours of field internship

In addition, students must also have 40 documented ALS patient contacts and successfully pass the National Registry Examination for Technicians (NREMT) Paramedic Examination.

### **Draft Report – Local Paramedic Training Program**

Contra Costa County Health is the local authority responsible for approving paramedic training programs, with Contra Costa College currently authorized to provide both initial and continuing paramedic education. The college offers a 16-month program aligned with the 48/96 firefighter shift schedule, including over 1,290 hours of training that exceeds California's requirements. Graduates earn college credit, a Certificate of Achievement, and become eligible for state licensure after passing the NREMT exam. Prerequisites include EMT certification, BLS certification, relevant experience, and college-level coursework. The current tuition is \$7,500. Certified paramedics must complete 48 hours of continuing education every two years to maintain certification.

### **Draft Report – EMS System Oversight**

The ALS First Responder program will require dedicated supervisory oversight to act as the liaison with the CCCEMSA, ensure effective deployment and patient care, manage quality assurance and training, and oversee the procurement of supplies and equipment for response apparatus. The study recommends establishing a 40-hour EMS Supervisor position, which can be filled by either a civilian licensed paramedic or a dual-certified firefighter-paramedic and should be equivalent in rank to a sworn captain. The EMS Supervisor is responsible for managing and overseeing Continuous Quality Improvement (CQI) and Continuous Quality Assurance (CQA) programs, ordering EMS supplies, and ensuring compliance with United States Drug Enforcement Administration (DEA) regulations related to narcotics purchasing, storage, use, and disposal.

### **Draft Report – Implementation and Fiscal Impact**

The study recommends a 67-month phased plan to allow for a manageable phase-in and adjustment. This recommendation is not suited to the City's annual budget cycle, and a plan based on the City's fiscal year cycle is more appropriate (See Richmond Fire Department Draft Implementation Timeline and Recommendations section on page 11 of the Staff Report). During the implementation period, it is recommended deploying Quick Response Vehicles (QRVs) at the busiest EMS stations: 62, 64, 67, and 68 to



provide ALS service delivery while existing firefighters are trained as paramedics. Additionally, the Department will continue to train, recruit, and retain paramedics to build capacity for future engine-based ALS staffing.

The estimated total cost to transition to an ALS first responder service provider is \$7,781,659 over the first 67 months. The initial implementation cost is \$4,436,034, with an estimated annual ongoing operating cost of \$610,000. While the costs of transitioning to and maintaining an ALS program are significant, they are proportional to the program's life-saving potential and the long-term gains in system efficiency it is expected to deliver. See Table 4 for the total ALS costs for the first 67 months, Table 5 for the breakdown of total ALS transition costs, Table 6 for the breakdown of ongoing cost considerations, and Attachment 1 for cost calculations for each item.

**Table 4**

*ALS First Responder Cost Over 67 Months*

Timeframe	Cost
Months 1 - 18	\$5,515,470
Months 19 - 36	\$971,846
Months 37 - 54	\$1,020,438
Month 55 - 67	\$273,905
<b>Total Transition Cost</b>	<b>\$7,781,659</b>

**Table 5**

*ALS Transition Costs*

Item	Cost
Equipment and supplies	\$319,400
Training	\$3,693,954
First Year EMS Supervisor Salary and Benefits	\$197,680
QRV Option – 3 Vehicles	\$225,000
<b>Total Cost</b>	<b>\$4,436,034</b>

**Table 6**

*Ongoing Annual Cost*

Item	Cost
EMS Supplies and Equipment	\$36,000
Salary Increases	\$541,000
QRV Replacement Avg Cost	\$33,000
<b>Total Annual Cost Increases</b>	<b>\$610,000</b>

**Draft Report – Funding Strategies**

The Department receives \$229,462 annually in Measure H funding, a dedicated EMS benefit assessment fund managed by Contra Costa County. Based on the study's projected ongoing cost of \$610,000 per year, this would result in an annual funding gap of approximately \$394,000.

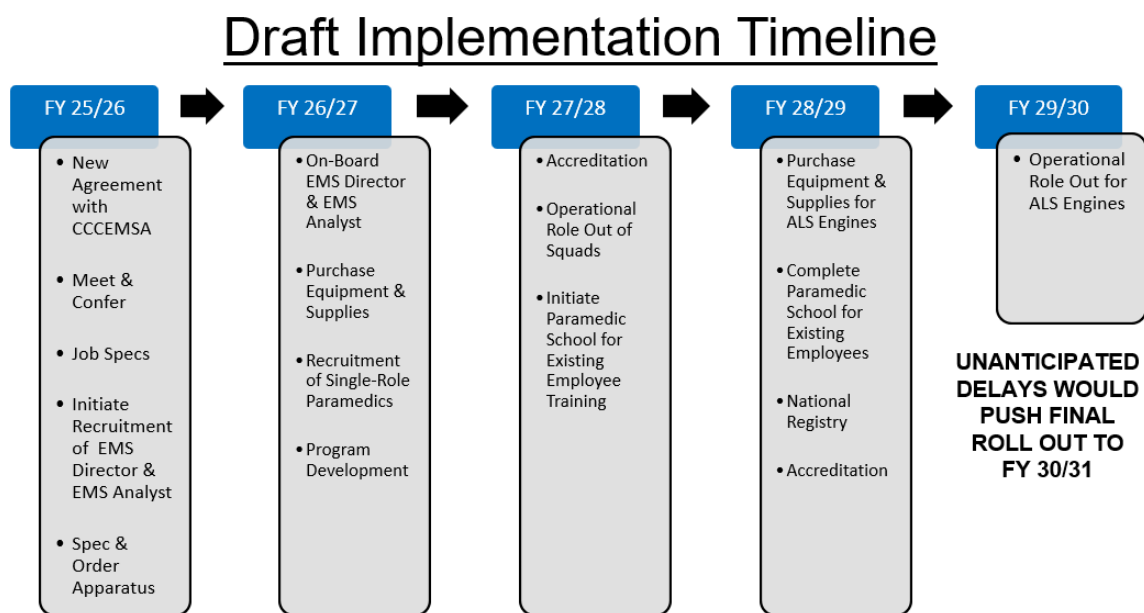
To help close the projected funding gap, the study recommends establishing common practices among California cities, such as:

- *First Responder Fee.* Charged for responding to 9-1-1 calls and providing medical care without transport.
- *Insurance Billing.* Residents may only be billed for what insurance covers, while non-residents are charged the full amount.
- *Medicare/Medi-Cal.* These programs generally don't reimburse for first responder services; unpaid balances must be waived.
- *Billing Method.* Most cities contract with third-party medical billing agencies due to the complexity and regulation of EMS billing.

## Richmond Fire Department Draft Implementation Timeline and Recommendations

**Figure 2**

*Draft Implementation Timeline*



As illustrated in Figure 2, the Richmond Fire Department suggests following a fiscal year timeline to better suit the City's annual budget cycle starting in Fiscal Year 2025-26.

### Local Hire and Diversity Consideration

The Department recognizes that the current candidate pool for firefighter/paramedics is narrower than for firefighter/EMTs, which may impact the recruitment pipeline and overall diversity. To address this matter, the Department seeks to partner with Human Resources and Local 188 to design equitable job specifications, conduct targeted outreach, and create pathways for both internal and external candidates to become certified paramedics. To be specific, it is important to prioritize local hiring and diversity to support ongoing efforts to maintain and improve diversity within the Department. The City should continue to provide employment opportunities for residents of Richmond and West Contra Costa County.

### Next Steps

Following the results of the study and the recommended implementation plan, the City Council must direct staff to determine which service model to pursue. Staff will also

return to the City Council on July 1, 2025, with a detailed outline regarding project timeline, such as negotiating a new agreement with CCCEMSA, initiating labor discussions, completing job specifications, and initial phases of implementing the ALS First Responder Program.

### **SYNERGISTIC POLICIES:**

Implementing an ALS First Responder program will enable the City of Richmond to provide quicker and more efficient emergency medical care. It will align the City's EMS services with those of other communities in Contra Costa County and reinforce the Fire Department's critical role in frontline emergency response. This initiative also supports the City Council's strategic goals—specifically, enhancing public safety by improving emergency response and preparedness, and strengthening the City's internal infrastructure and processes by ensuring appropriate staffing levels and expertise to meet departmental service objectives.

### **DOCUMENTS ATTACHED:**

Attachment 1 – Draft Report on the ALS First Responder Feasibility Study

Attachment 2 – Draft ALS PowerPoint Presentation