THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Health Services Agency MJ | BOARD AGENDA # B-9

Urgent ☐ Routine ☑ | AGENDA DATE September 25, 2012

CEO Concurs with Recommendation YES ☑ NO ☐ (Information Attached) | 4/5 Vote Required YES ☑ NO ☐

SUBJECT:

Approval of Policy Direction for Proposed Improvement Initiatives for New Ambulance Provider Agreements and Related Actions to Develop an Implementation Plan for Integrated Emergency Medical Dispatching

STAFF RECOMMENDATIONS:

1. Approve the proposed policy direction for new five-year Ambulance Provider Agreements, to improve response time compliance, define service delivery support arrangements, and integrate emergency dispatch services, as outlined in Attachment A.

(Continued on Page 2)

FISCAL IMPACT:

Approval of these recommendations would have fiscal impact within the County Health Services Agency budget, as well as non-County budgets. An increase in expenditures by the Health Services Agency not to exceed $80,000 would be incurred for expert consulting services and would be paid from a fund balance of $142,167 which was generated from monies received by the State and which can only be used for purposes which support emergency medical services.

(Continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2012-498

On motion of Supervisor De Martini , **Seconded by Supervisor** Chiesa
and approved by the following vote,
Ayes: Supervisors: Chiesa, Withrow, Monteith, De Martini and Chairman O'Brien
Noes: Supervisors: None
Excused or Absent: Supervisors: None
Abstaining: Supervisor: None

1)_____ **Approved as recommended**
2)_____ **Denied**
3)__X__ **Approved as amended**
4)_____ **Other:**

MOTION: APPROVED STAFF RECOMMENDATIONS NO. 1, 2, 3, 5 AND 6; AND, NO ACTION WAS TAKEN ON STAFF RECOMMENDATION NO.4

Christine Ferraro

ATTEST: **CHRISTINE FERRARO TALLMAN, Clerk** **File No.**

STAFF RECOMMENDATIONS (Continued):

2. Authorize the Executive Director of Mountain Valley Emergency Medical Services Agency (MVEMSA) to negotiate on behalf of Stanislaus County, the details of the proposed terms of ambulance provider agreements, and if necessary to complete negotiations, to extend the existing agreements for a period of one hundred eighty days beyond the current term.

3. Reaffirm the existing exclusive and non-exclusive zones, and the response time expectations within the established categories of Urban, Suburban, Rural and Wilderness based upon the updated Map Grid referenced in Attachment A, as approved by the Stanislaus County Emergency Medical Services Committee (EMSC).

4. Approve the future use of the System Enhancement funds held by MVEMSA to pay for the virtual integration (CAD to CAD) project expenses.

5. Authorize the Health Services Agency Managing Director or her designee to negotiate and enter a contract, and if applicable amendments, for the engagement of an expert to advise on the planning and implementation of the Integrated Call-Taking and Dispatch plan.

6. Direct the Auditor-Controller to increase appropriations for the Health Services Agency as outlined in the budget journal, to support the engagement of the subject matter expert.

FISCAL IMPACT (Continued):

An estimated future increase in expenditures by the Joint Powers Agency for Stanislaus Regional 911 (SR-911) and potentially other dispatch entities of $150,000 - $250,000 would be funded from an accumulated "systems enhancement" account held by MVEMSA to support a virtual integration project.

DISCUSSION:

Under the Health and Safety Code, Division 2.5, Chapter 4, Article 1, Section 1797.200, "Each county may develop an emergency medical services program. Each county developing such a program shall designate a local EMS agency which shall be the county health department, an agency established and operated by the county, an entity with which the county contracts for the purposes of local emergency medical services administration, or a joint powers agency created for the administration of emergency medical services by agreement between counties or cities and counties pursuant to the provisions of Chapter 5 (commencing with Section 6500) of Division 7 of Title 1 of the Government Code". Stanislaus County participates in a joint powers agency, the Mountain Valley Emergency Medical Services Agency (MVEMSA), and has addressed

various related policy matters as contained in Stanislaus County Ordinance 6.70, including particular authorities of the county's Public Health Officer.

Phase I - Improvement Efforts Since 2009

Based upon a level of dissatisfaction with the relationship with MVEMSA, on December 22, 2009, the Board of Supervisors authorized staff to issue a notice of intent to terminate the relationship with the JPA, and authorized a needs assessment and development of a recommended alternative arrangement and implementation plan. The resulting consultant report was distributed in September 2010.

On December 15, 2010, the JPA Board announced a leadership change at the executive level of the MVEMSA administration, including the immediate appointment of an interim director. The Board of Supervisors on March 1, 2011 chose to remain in the JPA, and a permanent selection of a new Executive Director by JPA Board of Directors was effective in the summer of 2011. Stanislaus County representatives participated in that recruitment process.

Phase II – Improvement Efforts Ahead

With the administrative structure decision made and leadership changes in place, the next and current phase of improvement efforts focuses upon service delivery and dispatch effectiveness. The Health Services Agency and the Office of Emergency Services has been working collaboratively with MVEMSA to study and plan for desired improvements.

The key components of the current pre-hospital emergency medical services program in Stanislaus County consist of the following:

1. Geographically, the county is divided into 9 zones, 5 of which are exclusive operating areas and 4 which are not. Exclusive operating areas are based on State of California law which considers service arrangements in place prior to January 1, 1981. *(H&S Code Division 2.5, Chapter 4, Article 1797.224).* A county may maintain these exclusive operating areas, but once a county considers bids for such an area, that State-allowed grandfathering is eliminated and a county must seek bids at least every 10 years through a process which includes oversight by the State Emergency Medical Services Authority.
2. Each square mile of the County is designated into one of the following response time categories based upon population: Urban, Suburban, Rural and Wilderness. The Response Time Map Grid has not been updated since the 2000 census.
3. Agreements are held by MVEMSA with multiple ambulance providers, some of which are for-profit companies and some of which are part of a health care or hospital taxing district. The providers include American Medical Response (AMR), Oak Valley Ambulance (Oak Valley Hospital District), Patterson Ambulance (Del Puerto Healthcare District), Westside Ambulance (Westside Community Healthcare District), and Pro-Transport, Inc. In accordance with

county ordinance (*6.70.040 Section D*), the agreements are for five (5) year terms, and all but one current agreement are set to expire on October 31, 2012.

4. While 911 calls are currently directed to multiple Public Safety Answering Points (PSAPs), once identified as a medical call, some prompt the dispatching of fire responders, while all are transferred to an Emergency Medical Dispatch (EMD) Center, a Secondary PSAP (operated by a private entity), which performs the emergency medical interrogation and dispatch of ambulance first responders. According to county ordinance (*6.70.080*), the Board of Supervisors retains the authority to designate an emergency medical dispatch service. Note: Primary PSAPs are those that dispatch law enforcement.

Based upon call-taking, dispatch and response issues, added to industry trends and improvement opportunities raised by MVEMSA leadership and various constituencies including but not limited to ambulance providers, fire entities, public health, the Stanislaus County Emergency Medical Services Committee (EMSC) members and community residents, a project team including MVEMSA leadership collaborated to develop and articulate improvement objectives. Some of these objectives have already been converted into language changes proposed to the ambulance providers over the past several months, while others have much more recently been conveyed in broad terms. As established by the Board of Supervisors, the EMSC is comprised of the following seats: one Urban City Administrator, one Rural City Administrator, one County Administrator, one Fire District Board of Directors Member, one Hospital District Board of Directors Member, one Non-District Hospital Administrator, one Stanislaus County Medical Society Member (Physician), one County Public Health/Social Services Representative, two Managed Care Representatives, and one Non-EMS Affiliated Public Representative.

The following outlines the specific areas of improvement that are being recommended for service-level improvement and accountability in Stanislaus County. It is recommended that the Board of Supervisors support these recommended improvement initiatives by providing policy direction to MVEMSA to guide their contract negotiations with the providers on behalf of Stanislaus County. The recommendations are supported by the Emergency Medical Services Committee at its September 10, 2012 meeting and by the Board of Supervisors' Health Executive Committee on September 20, 2012.

<u>Response Time Map Grid</u>

In 2011, the MVEMSA leadership, with the support of the EMSC, developed a task force to consider the Response Time Grid Map. This task force included representatives from ambulance providers, law enforcement, fire entities, large and small cities, and Public Health. Recommendations were presented to the EMSC and the EMSC supported adoption of the updated grid of which the assigned response time category by square mile is based upon the 2010 census data and proximity to other population dense areas. The EMSC supported the recommendation to be effective upon the effective date of the new anticipated ambulance provider agreements, and supported the use of the Task Force's methodology for future updates. While adopting a revised Response

Time Map Grid does not change the response time requirements by the population density categories (Urban, Suburban, Rural and Wilderness), it would change the applicable response time requirement category in particular square mile areas due to population density changes. The population density categories are contained in the State of California's "EMS System Standards and Guidelines" – June 1993 EMSA #101. For instance, the term "Suburban" refers to "all census places with a population density of 51 to 100 persons per square mile".

Integrated Emergency Medical Call-Taking (Interrogation) and Dispatch

Presently, 911 calls are directed to multiple PSAPs based on a variety of factors including whether the origin of the call is from a land line or is cellular, the cellular service provider, and the geographic origin of the call. Once determined a caller's need is medical in nature, the call is transferred to a private emergency medical dispatch service (EMD Center), also referred to as a Secondary PSAP. In Stanislaus County, most cellular originated calls are initially answered by the Merced branch of the California Highway Patrol and then transferred to another PSAP such as SR-911 or the City of Turlock, which ascertains need and estimated acuity level for fire and/or law enforcement response and then transfers the call to the EMD Center. The EMD Center, funded by fees charged directly to the ambulance providers and from State 911 funding, performs a computer assisted, protocol based interrogation of the problem in order to estimate medical acuity and assign a corresponding dispatch level. Once the call has been transferred to the EMD Center, the Primary PSAP does not have any ongoing information. If through the EMD interrogation process, new information is learned which could impact the first responders dispatched by the Primary PSAP (most frequently fire, but sometimes law enforcement), there is currently no real-time computerized sharing of information. Sometimes, new information learned through the EMD process prompts the EMD Center to literally call the Primary PSAP office back to request further assistance or convey critical information. This is inefficient and can result in critical loss of time.

Staff is recommending a phased approach to improving the structure of call-taking and dispatch for emergency medical calls.

The first phase and that which there is collaborative study already underway by the existing EMD Center, SR-911 (the largest Primary PSAP in the county) and MVEMSA, is to implement a virtual integration of the computer systems, such that the dispatchers of the Primary PSAP would have the ongoing real-time interrogation information by the EMD Center residing on its computer system, thereby enabling the timely relaying of critical additional information to the already dispatched fire and/or law enforcement first responders. While this virtual integration would have minimal impact on the number of times a caller is transferred and has to provide duplicative information, achieving this real-time information exchange would have a positive impact on efficiency, effectiveness and safety. For example, if the EMD Center learns information that determines a lesser acuity than was previously estimated by the Primary PSAP dispatcher, that information could be relayed to the already dispatched fire first

responder who can downgrade the response, which in turn can impact safety, and availability for more acute needs. Another example is when the EMD Center learns that the medical emergency may be the result of a crime, thus requiring a law enforcement first response to protect the safety of both the fire and ambulance first responders and community residents.

The next phases of the structural improvements would involve incorporating the EMD process into the existing PSAP(s). While virtual integration would enable some improvement, implementing a literal integration in which staff in the same room are taking the calls and dispatching fire, law enforcement and/or ambulance first responders would offer a greater level of efficiency and effectiveness. While a case can be made that one PSAP dispatching all three types of first responders for the entire county would offer the greatest level of efficiency, factors to be considered include the authorities of cities regarding non-EMD dispatch, and the need to address back-up capacity. As such, staff foresees further refinement of the integration plan and the need to engage a subject matter expert to advise staff.

MVEMSA and SR-911 leadership are collaborating on the initial steps to develop a plan for this Integrated Call-Taking and Dispatch initiative. The plan must consider needs such as technology, space and furnishings, staffing and staff training, consulting services, timing, and estimated costs. Given the complexity and criticality of this initiative, expert consulting services and a broad-based inclusive approach are needed to develop an implementation plan to achieve fully integrated emergency medical dispatching in Stanislaus County.

The Health Services Agency (HSA) is recommending use of non-discretionary fund balance to pay for the proposed subject matter expert. The Maddy Emergency Medical Services Fund can only be used to support the provision of emergency medical services. Currently the fund balance stands at $142,167. The HSA requests an appropriation from fund balance in the amount of $80,000. The HSA would in collaboration with MVEMSA, SR911 and others, negotiate a scope of work with a subject matter expert and enter an agreement with a not to exceed limit of $80,000.

The broadly-defined initiative is as follows:

Phase I

Objective:	Implementation of Virtually Integrated Call-Taking and Dispatch of emergency medical calls between SR-911 and the existing EMD.
Funding:	Costs to be funded by the Stanislaus County response time incentive account held by MVEMSA; future action will be needed by SR-911 JPA.
Timeline:	Target completion by 6/30/13.

Phase II

Objective 1: Engage subject matter expert.
Funding: Fund balance in the HSA – EMS (Maddy fund). This funding from the State can only be used to support emergency medical services.
Timeline: Engage expert within ninety (90) days of the effective date of new Ambulance Provider agreements.

Objective 2: Establish an Integrated Call-Taking & Dispatch implementation plan and funding plan.
Funding: Same as Objective 1.
Timeline: Target completion of plans 6/30/14.

Objective 3: Implement Integrated Call-Taking & Dispatch Model.
Funding: To be determined in the implementation and stakeholder process.
Timeline: Target completion by 6/30/16.

Expectations and Terms in Ambulance Agreements

Under State Health and Safety Code Division 2.5, Chapter 4 Section 1797.204, *"The Local EMS Agency shall plan implement and evaluate an emergency medical services system, in accordance with the provisions of this part, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures"*. Supported by the Stanislaus County ordinance 6.70.040, the MVEMSA Executive Director has already proposed some necessary changes to the existing agreement terms, however below there are some additional key expectations supported by the MVEMSA Executive Director and EMSC and for which staff is requesting consideration by the Board of Supervisors. This recommendation is being made for two reasons. The first reason is to ensure that the MVEMSA leadership is negotiating terms consistent with the Board of Supervisor's expectations, and secondly, to receive policy direction from the Board of Supervisors regarding significant system improvement initiatives needed for Stanislaus County. While a more in-depth list of proposed changes is contained in Attachment A, the proposed key new terms are as follows:

1. Ambulance providers would be responsible for the comprehensive services necessary for medical emergency response and transport. To the extent supportive services are desired from others such as fire entities in order to provide medical response and transport, written subcontracts must be entered into in advance and would require prior approval of the MVEMSA Executive Director. At no time however would response by an entity other than a MVEMSA/Stanislaus County contracted ambulance provider, satisfy the response time requirement.
2. While the actual response times required by population density category would not change, the following would change relative to response time expectations:

a. Contingent upon Board of Supervisor approval, existing response time categories of Urban, Suburban, Rural and Wilderness would be applied to the Updated Response Time Map Grid as approved by the EMSC. Further, this methodology used would be administratively applied for future updates.
b. Response time requirements would apply to all Advanced Life Support calls regardless of acuity (Code 2 or Code 3) level, and the list of exemption types would be reduced and would be based on industry standards. For instance, a typical rain storm would not justify an exemption however a train may.
c. Response time penalties (fines), sometimes referred to as incentives would be increased to a level which would serve as a meaningful non-compliance deterrent and would be established within industry standards. Appeal of a levied fine could be requested, however burden to show cause for withdrawing a fine, would fall to the provider.

3. Ambulance providers would acknowledge Stanislaus County's intent to increase the integration of Call-taking and Dispatch. Once an implementation and funding plan is established, the ambulance providers would have the option of rejecting the plan, however upon such rejection, the County would release a Request for Proposal (RFP) for ambulance services. Under this scenario, the effective date would be based on the readiness of MVEMSA to launch new agreements and no later than the expiration of the existing agreements, whichever comes first.

Given the approaching expiration on October 31, 2012 of all but one of the MVEMSA agreements with ambulance providers for Stanislaus County, it may be necessary to extend the existing agreements while the negotiation process continues. The time expended to date on this planning is significant largely due to complexity and the multiple disciplines and entities involved, and is an example of the collaboration required to bring about valuable systems change.

It is anticipated that the new agreements and if necessary an extension amendment to the existing agreements, will also require the support of the MVEMSA JPA Board of Directors.

Additionally, staff will continue to work collaboratively with MVEMSA in a current review of the county ordinance as relates to the ambulance provider agreements and the emergency medical dispatch system. If based on the collaborative work, and the outcome of the proposed consultant project (if approved), it is determined that modifications should be considered, staff would return at a future date to provide additional information and recommendations to the Board of Supervisors.

POLICY ISSUES:

Approval of these recommendations support the Board of Supervisor's priorities of A Healthy Community, A Safe Community, Effective Partnerships and Efficient Delivery of Public Services by improving structural components of the emergency dispatch system and strengthening the contractual expectations for the provision of ambulance services with existing service providers.

STAFFING IMPACT:

There is no staffing impact associated with this item, however future staff recommendations could be made to the Board of Supervisors as a result of the project to consider further improvements to integrated call-taking and dispatch, which could include the need for additional staffing.

DEPARTMENT CONTACT:

Mary Ann Lee, Managing Director, 209-558-7163

ATTACHMENT A

Proposed to Date:

1. Development of Code 2 Response Time Criteria
2. Assessment made to Fines
    a. Increased Fine Amount for Code 3 Non-Exemptions
    b. Created Fine Structure for Code 2 Non-Exemptions
    c. Created Fine for late data submission, Patient Care Report (PCR) not left at hospital
    d. Increased Fine amount for not responding to post, mutual aid response, or stand-by when requested
    e. Created Fine for failing to submit required data or reports to MVEMSA by timeline
3. Language that articulates requirements for Quick Response Vehicles
4. Automatic Assessment of Fines
5. Creation of Partnership between Provider and Respective Fire Agencies
6. Updating Response Time Map Grids based upon a combination of geography and population density
7. Established required QI data to report to MVEMSA
8. Requirements for providers to develop Mutual Aid Agreements
9. Added language approving Emergency Pediatric Course and International Trauma Life Support as additional options for required courses

Additional Proposed Terms:

a. Reliance on another entity to support Ambulance Services would require written sub-contractual arrangements prior approved by the ED of MVEMSA
b. Reduce eligible Response-Time Exemptions based on industry standards
c. Response Time Non-compliance penalties to be increased to levels which encourage compliance, rather than possibly viewed as cost of doing business
d. Response Time requirements apply regardless of EMD determined emergency acuity level
e. Prohibition against cost shifting to consumers/payors for contract related changes
f. Support of 911 Call-Taking/Dispatch Integration Initiative
g. Development of Metro v Rural Contracts
h. Provider Created Deployment Plan that is approved by MVEMSA
i. Additional Increase to Fines
    - Failing to meet 90% in response time compliance period
    - Failing to meet response time
    - Fine for consecutive non-compliance months
j. Clinical and Staffing Standards
k. Quality Improvement Plan
l. Reporting Responsibilities (Monthly, Bi-Monthly, Semi-Annual, and Annual)
m. Termination of contract for Cause

Database		FMSDBPRD.CO.STANISLAUS.CA.US.PROD	DO NOT CHANGE
Balance Type		Budget	DO NOT CHANGE
Data Access Set		County of Stanislaus	DO NOT CHANGE
Ledger	* List - Text	County of Stanislaus	DO NOT CHANGE
Budget	List - Text	LEGAL BUDGET	DO NOT CHANGE
Category	* List - Text	Budget - Upload	DO NOT CHANGE
Source	* List - Text	HSA SLG	
Currency	* List - Text	USD	DO NOT CHANGE
Period	List - Text	SEP-12	ENTER AS MMM-YY (ALL CAPS FOR MMM) EX: NOV-11
Batch Name	Text		
Journal Name	Text	BJV0354-13	
Journal Descrip	Text	FY12-13 HSA IHCP Budget Adj Journal	
Journal Referer	Text		
Organization	List - Text	Stanislaus Budget Org	DO NOT CHANGE
Chart Of Accou		Accounting Flexfield	DO NOT CHANGE

Upl	Fund (4 char)	Org (7 char)	Account (5 char)	GL Project (7 char)	Location (6 char)	Misc. (6 char)	Other (5 char)	Debit incr appropriations decr est revenue	Credit decr appropriations incr est revenue	Line Description
	* List - Text							* Number	* Number	Text
	1429	1210001	85850	0000000	000000	000000	00000	80000.00		Inc Oper Trf Out
	1404	1500001	63000	0000000	000000	000000	00000	80000.00		Inc Prof & Spec Svcs
	1404	1500001	46600	0000000	000000	000000	00000		80000.00	Inc Oper Trf In
Totals:								160000.00	80000.00	

Tip: This is not the end of the Template. Unprotect the sheet and insert as many rows as needed.

Explanation: FY12-13 HSA IHCP (Funds 1404 & 1429) Budget Adjustment Request To Increase Appropriations In IHCP Funds To Cover The Cost Of A Subject Matter Expert To Advice on The Implementation Of An Integrated Emergency Medical Dispatch With Other First Responder Dispatch.

Requesting Department	CEO	Data Entry	Auditors Office Only
Vijay Chand			
Prepared by	Supervisor's Approval	Keyed by	Prepared By / Approved By
09/20/12	9/21/12		9/21/2012
Date	Date	Date	Date / Date

Proposed Improvement Initiatives for New Ambulance Provider Agreements and Development of an Implementation Plan for Integrated Emergency Medical Dispatching

September 25, 2012

Collaborative Effort – Project Team

- County Chief Executive Office
- Health Services Agency
- Mountain Valley Emergency Medical Services
- Office of Emergency Services
- Stanislaus Regional 911

Background

Counties have obligation to establish and monitor a pre-hospital emergency medical services system.

Stanislaus County meets obligation through JPA participation in Mountain Valley Emergency Services Agency (MVEMSA) and assures local focus through Emergency Medical Services Committee

Previous dissatisfaction with MVEMSA addressed with JPA through change in leadership (2011)

Emergency Medical Services Committee

Urban City Administrator

Rural City Administrator

County Administrator

Fire District Board of Directors Member

Hospital District Board of Directors Member

Non-District Hospital Administrator

Stanislaus County Medical Society Physician

County Public Health Representative

Managed Care Representative (2 seats)

Non-EMS Affiliated Public Representative

Ambulance Agreements

- MVEMSA negotiates on behalf of County
- Five Year Agreements – November 1, 2012
- Negotiations are in progress
- County staff recommending the Board of Supervisors provide more specific policy direction to the MVEMSA regarding contract expectations

Improvement Areas for Policy Direction

1. Improved Response Time Compliance for Better Service to the Community – based on existing Exclusive and Non-Exclusive Zones and Response Time Requirements

2. Tightened Service Fulfillment by Ambulance or Formal Sub-contractual Relationships with other entities (ex. Fire)

3. Increased Integration of Call-Taking and Dispatch

To Improve Response Time Compliance

- Reduce eligible exemptions based upon industry standards
- Increase penalties to encourage compliance/serve as more effective deterrent to non-compliance
- Update Response Time Map Grid Using Task Force Recommendations

Response Time Map Grid Update

1. Ambulance Providers raised concerns & requested increase in Response Times – Not Supported by EMS Committee

2. EMS Committee Established Task Force instead – multidisciplinary representation

   Evaluate System Response Parameters

   Evaluate the dynamics of the system as they pertain to response times

Ad Hoc Task Force

- Ambulance Provider Managers (1 private, 1 district)
- City Manager
- Fire Service Chiefs (1 city, 1 district)
- MVEMSA staff member
- Public Health Officer
- Public Representative from EMS Committee
- Sheriff

Task Force Recommendation

Update Response Time Map Grid using criteria

- Population density based on current census data
- Cities/Proximity to population dense area

Tightened Service Fulfillment by Ambulance Provider

Current Situation:

Common practice of relying on fire entities

Examples:

- Lift Assists
- Supplies (Oxygen & Medical Supplies)

Proposed Change:

If Ambulance Provider relies on another entity, require Ambulance Providers to formalize sub-contractual arrangements with other entities, subject to MVEMSA approval

911 Call-taking/Dispatch Improvement Initiative ….Integrated Dispatch is Critical

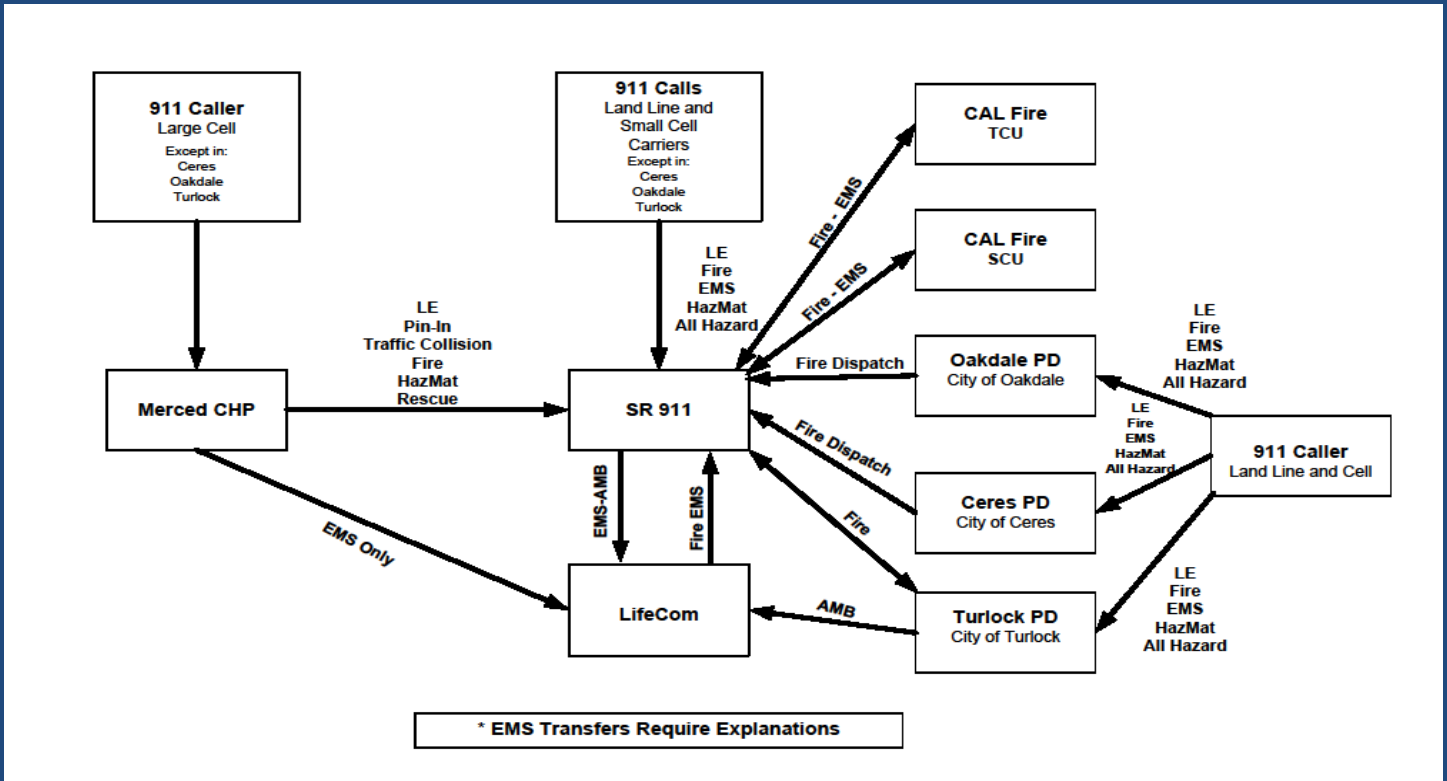
Public Safety Answering Point (PSAP)

Multiple jurisdictions have authority of law & fire call-taking & dispatch

Emergency Medical Dispatch (EMD) – Secondary PSAP

Board of Supervisors have authority to designate EMD provider

Current Non-Integrated Call-Taking & Dispatch System



Suggested Phased Approach

First Phase

Support Virtual Integration (electronic linkage) between Primary 911 Centers (PSAPs) and the Emergency Medical Dispatch service center (Lifecom)

- Fund this CAD to CAD Project through System Enhancement Fund held by MVEMSA for Stanislaus County

Phased approach continued…

Second Phase

Launch a collaborative project with use of an external Expert to consider additional improvements regarding 911 Call-Taking and Integrated Emergency Dispatch

- Fund from HSA “Maddy Fund” EMS fund balance
- HSA would enter contract. Scope of project would include stakeholder input, review of strengths and weaknesses of other models, industry standards, etc.

Impact on Increased Integration on the pending Ambulance Provider Contracts

First Phase – Virtual Integration – No Impact anticipated

Second Phase – Increased Integration – Impact as follows

Proposed contract would give the County the flexibility to implement a more integrated call-taking & dispatch model during the five year term, either because the ambulance providers accepted the today-unknown impacts, or because the ambulance providers reject the impacts and the county issues an RFP, implementing replacement ambulance agreement(s).

Timeline

1. MVEMSA has already negotiated many contractual changes

2. MVEMSA would continue negotiations, and if necessary issue an extension amendment to complete negotiations.

3. If extension amendments implemented and by end of February still unable to reach agreement, staff would request the BOS authorize additional extension of agreements and possibly consider release of a Request for Proposal

Recommendations Supported by

- Health Executive Committee of Board of Supervisors
- Emergency Medical Services Committee

Staff Recommendations:

1. Approve the proposed policy direction for new five-year Ambulance Provider Agreements, to improve response time compliance, define service delivery support arrangements, and integrate emergency dispatch services, as outlined in Attachment A.
2. Authorize the Executive Director of Mountain Valley Emergency Medical Services Agency (MVEMSA) to negotiate on behalf of Stanislaus County, the details of the proposed terms of ambulance provider agreements, and if necessary to complete negotiations, to extend the existing agreements for a period of one hundred eighty days beyond the current term.

Staff Recommendations continued…

3. Reaffirm the existing exclusive and non-exclusive zones, and the response time expectations within the established categories of Urban, Suburban, Rural and Wilderness based upon the updated Map Grid referenced in Attachment A, as approved by the Stanislaus County Emergency Medical Services Committee (EMSC).

4. Approve the future use of the System Enhancement funds held by MVEMSA to pay for the virtual integration (CAD to CAD) project expenses.

Staff Recommendations continued…

5. Authorize the Health Services Agency Managing Director or her designee to negotiate and enter a contract, and if applicable amendments, for the engagement of an expert to advise on the planning and implementation of the Integrated Call-Taking and Dispatch plan.

6. Direct the Auditor-Controller to increase appropriations for the Health Services Agency as outlined in the budget journal, to support the engagement of the subject matter expert.

Questions