

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

SEMSC Special Board of Directors Meeting

Board of Directors

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EMS Agency
Medical Director

Benjamin Gammon, EMT-P
EMS Agency
Administrator

Counsel

Julie A. Barga
Deputy County Counsel

701 Civic Center Blvd.

Suisun City, Ca. 94585

Monday, August 28, 2023

10:00 AM – 11:00 AM

AGENDA

PUBLIC COMMENT

Pursuant to the Brown Act, the public has an opportunity to speak on any matter on the agenda. Members of the public who wish to comment on any item on the agenda in advance may submit comments by emailing HSSSolanoresponds@solanocounty.com or mailing the comments to 355 Tuolumne St., Suite 2400, MS 20-240, Vallejo, CA. 94590 (Attention: SEMSC). In order for comments received in advanced to be provided to the Board, the comments must be received no later than Friday, August 25, 2023 at 5:00p.m. If received on time, copies of comments received will be provided to the Board and will become apart of the official meeting record but will not be read aloud at the meeting.

To submit comments verbally from your phone during the meeting, you may do so by dialing 1-415-655-0001 and using Access Code 2467 852 3156. No attendee ID number is required. Once entered the meeting, you will be able to hear the meeting and will be called upon to speak during the public comment period.

For members of the public attending in person, the chair will call upon speakers for public comment after the presentation of the agenda item. Each speaker will have 5 minutes to address the Board.

SEMSC does not discriminate against persons with disabilities. If you wish to participate in this meeting and will require assistance in order to do so, please call Karen Arreola at (707) 784-8155 or email HSSSolanoresponds@solanocounty.com at least 24 hours in advance of the meeting to make reasonable arrangements to ensure accessibility to this meeting.

Non-confidential materials related to an item on this Agenda submitted to the Board after distribution of the agenda packet will be emailed to you upon request. You may request materials by emailing HSSSolanoresponds@solanocounty.com

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Special Board Meeting – Agenda – August 28, 2023

1. **CALL TO ORDER - 9:00 a.m.**

2. **ROLL CALL**

3. **APPROVAL OF THE AGENDA (Discussion/Action)**

4. **ITEMS FROM THE PUBLIC**

This portion of the meeting is reserved for persons wishing to address the Board on any matter included on the agenda.

5. **REGULAR CALENDAR (Discussion/Action)**

a. Review and consider designation of a consultant from the provided vendors listed on Attachment 5a. to create the Exclusive Operating Area (EOA) Request for Proposal (RFP). Board to choose their top two choices, in order of preference.

6. **BOARD MEMBER COMMENTS**

a. Chair

b. Directors

7. **ADJOURN**

To the next regularly scheduled meeting of October 12th, 2023 9:00 AM in the Suisun City Council Chambers, 701 Civic Center Blvd., Suisun City CA 94585

**Solano Emergency Medical Services Cooperative
Special Board of Directors Meeting**

Meeting Date: 8/28/2023

5. REGULAR CALENDAR

- a. Review and consider designation of a consultant from the provided vendors listed on Attachment 5a. to create the Exclusive Operating Area (EOA) Request for Proposal (RFP). Board to choose their top two choices, in order of preference.

ATTACHMENTS:

- Healthcare Strategists- RFP Interview
- Healthcare Strategists- RFP Proposal
- Fitch & Associates- RFP Interview
- Fitch & Associates- RFP Proposal
- Endpoint EMS Consulting- RFP Interview
- Endpoint EMS Consulting- RFP Proposal
- Filler Security Strategies- RFP Interview
- Filler Securities RFP Proposal
- Citygate Associates- RFP Interview

Solano EMS Agency

RFP (Request for Proposal) Vendor Questions

Healthcare Strategists

Location: Forestville, CA

Contact: Bill Bullard

1. Are you currently taking EOA RFP clients?

Yes, we are currently taking on new RFP clients.

2. Can you meet our current timeline of going into contract with a vendor within the next two months, EMS system review completed by end of 2023, and new contract implemented by July 2025?

Yes, we can meet your timeline goals. We typically want to allow 21-24 months for completed project, depending on complexity.

3. How many other RFP's have you participated in/completed and where are the locations?

Within CA we have participated in RFP's for Santa Cruz, Merced, Ventura, San Luis Obispo, Mendocino, San Diego, Sonoma, Santa Clara, and others. Outside of CA we have worked on projects in Georgia and New Mexico.

4. What is the prehospital and emergency experience (Fire, EMS, hospital) of your team members?

Members of main team members consisting of EMS Physician, Retired Fire Chief, clinical RN, former EMSA Director, and will add experts as needed tailored to client's needs. Majority of all team members have 30+ years of EMS experience.

5. Do you have anything else you want us to present for consideration?

We do more CA based RFP's than any other company. We do not provide any private company or fire department consulting and only work with City, County, or State. We are focused on serving government clients only. We pick a team of specialists for each project and will reach out to various experts depending on project needs. We have implemented a report card program in Santa Cruz that incentivizes ambulance providers and shows that response times are not the only important part of an EMS system. (also see attached consulting proposal)

August 10, 2023

Scott Wagness, EMT-P
EMS Coordinator
Solano County
355 Tuolumne Street
Vallejo, California 94590

Submitted via email: sawagness@solanocounty.com

Dear Scott:

Thank you for being interested in receiving our information for a comprehensive EMS study and ambulance RFP for Solano County. We are currently accepting new projects. As an experienced California-based firm, we are very interested in supporting the development of your EMS system and an ambulance RFP to meet and exceed the needs of your community. I live an hour from Vallejo, and our team is all located in Northern California. This unique detail allows us to easily attend meetings in person while focusing the project budget on interviews and analysis – not travel expenses.

Our team of experts is interested and qualified to offer the consulting services you desire. The proposed deadlines you shared provide sufficient time to complete an EMS system assessment (Dec 2023) before writing the ambulance RFP (Feb 2024) and a new provider start date (Jul 2025). Our commitment is to furnish a comprehensive review and final analysis that is complete and objective. This will become the basis for the competitive ambulance service RFP process. We agree to remain flexible to accommodate changes that may occur during the project.

Our firm is uniquely qualified for the following reasons:

- I have been actively involved in EMS for 37 years, including public, private, and volunteer EMS and fire first response and transport providers. I have been consulting in the EMS field for 26 years. In addition, I serve as a subject matter expert/expert witness and speaker at national conferences in all aspects of the public safety field, including EMS system design, financial viability, and innovation.
- Brenda Brennerm EMT-P, recently retired as the LEMSA Administrator for the County of Santa Cruz. She effectively led the agency through an EMS strategic planning process, ambulance RFP, and multiple disasters. Prior to this experience, she spent almost 40 years in the ambulance service, progressing from field paramedic to Director of Operations. Brenda ensures our projects are consistent with LEMSA needs for oversight and delivering excellent patient care to the community.
- Dr. Dave Ghilarducci, FACEP, FAEMS, was selected based on his specific experience in EMS clinical care within California through his role as an EMS Medical Director for two Northern California counties. He has a proven track record of using data to drive system innovation. Dr. Ghilarducci helps EMS systems maximize limited resources through a patient-centric approach.

- EMS Chief Matt Powers, MS, BSN, MICP, CEN, FAEN, brings a high level of fire-based EMS knowledge to the project with over 35 years of experience as a paramedic, EMS Chief, and emergency department nurse. He ensures the fire first responder role is fully appreciated and incorporated into our strategic planning. Additionally, as an ED nurse manager, Matt understands how hospitals and EMS interface for the betterment of the patients they receive.
- Lou Meyer, EMT-P, serves as our subject matter expert for community paramedicine in California. For the last ten years, he has managed the EMS Authority's implementation of community paramedicine pilot projects across 13 sites. No one has more knowledge or breadth of experience in California. In addition, Lou is a seasoned ambulance executive with almost 40 years of experience before consulting. He is well known for his operational and financial expertise and dozens of EMS assessment projects. Further, Lou was appointed for 17 years to the California EMS Commission, including serving as chairperson for two terms.
- Our consulting team brings over 200 years of combined subject matter expertise to the residents and visitors of Solano County.
- During 26 years of EMS consulting, we have completed dozens of EMS assessment projects nationally. Our team has finished many EMS system reviews and recommendations for cities, counties, and states within very different regions of the country. These projects include many California counties, such as Merced, Santa Cruz, Mendocino, San Luis Obispo, San Diego, Santa Clara, Riverside, and San Bernardino (ICEMA). Other notable EMS assessments include the States of Colorado and South Dakota, Nashville (TN), Houston/Galveston (TX), St. Croix (WI), Washington County (OR), etc. After hearing from all stakeholders, a unique and customized recommendation was delivered to each.
- In 2016, we completed a collaborative strategic process with the County of Santa Cruz that fundamentally changed its EMS system delivery by incorporating performance benchmarks into the system, no longer measuring response times only – *one of the first systems in the country to achieve this innovation.*
- We have no biases or conflicts that would prevent us from completing a comprehensive and impartial assessment and competitive ambulance RFP process. *Healthcare Strategists does not provide consulting services to private, for-profit ambulance companies to ensure objectivity.*

If there are any questions, please feel free to contact me directly. My work phone and email are below; my cell is 707-292-7286. I look forward to working together, and thank you for the opportunity.

Yours truly,



Bill Bullard, MBA, EFO, CFO
President

Experience

Bill Bullard, a nationally recognized EMS consultant, speaker, and author, founded Healthcare Strategists. He leads the firm with 37 years of experience as a field provider, EMS manager, fire chief, and full-time consultant. Bill spent over 20 years with The Abaris Group, a national consulting firm focusing on EMS and trauma issues. He left The Abaris Group to start his own company – Healthcare Strategists, a California-based corporation. Our business structure includes a well-rounded consortium of national experts who provide consulting services in public safety, fire, EMS, community paramedicine, dispatch, trauma, emergency preparedness, etc. Some are retired, and others are still working full-time and enjoy consulting to utilize their skills to support other agencies. Please see the following section for bios on the team selected for this project. Our team has finished numerous EMS assessment and Ambulance RFP projects from Oregon to Georgia; a sample is listed below.

California	Population	National	Population
Mendocino County	85,000	Doña Ana County, NM	220,000
Santa Cruz County	270,000	Arlington, TX	400,000
San Luis Obispo County	285,000	Washington County, OR	600,000
Merced County	290,000	Nashville, TN	690,000
Ventura County	830,000	DeKalb County, GA	750,000
San Diego City	1,400,000	State of South Dakota	900,000
Santa Clara County	1,915,000	State of Colorado	5,700,000
Riverside County	2,440,000		

Our mission and culture are focused on a truly custom assessment for every EMS system and facilitating a unique solution that meets the needs of all stakeholders. We are a specialty consulting firm limiting our scope to government agency EMS projects. This focus allows us to be the most knowledgeable and impartial subject matter experts in EMS matters.

To assist with successful completion, we recommend a project advisory committee. The advisors can provide input and assistance throughout the process to guarantee that we remain on task, accurate in our findings, and moving towards objective findings and recommendations.

What Makes Healthcare Strategists Unique?

Five components make our firm unique in our approach and differentiate us from our competitors:

- 1) **Substantial California EMS Experience** – Our team has completed more ambulance RFPs in California than any other likely bidder. None has resulted in a protest or litigation.
- 2) **Objective Process** – We do not provide consulting services to private, for-profit ambulance services which may be interested in bidding. Our EMS clients are 100% government entities. This commitment ensures an unbiased and objective product for our clients. Therefore, there can be no perception of bias in our role in a project.
- 3) **Senior Consultants** – Some EMS consulting firms use nationally recognized EMS leaders to win contracts but then delegate the work to support staff. These employees do not have the EMS operational and administrative experience to recognize data trends, identify opportunities, and otherwise provide the best project results. With our firm, the consultants identified above will perform 100 percent of the project. The result is the highest level of analysis, report development, and finished product. This business structure ensures the most competent product without the potential to “cut-and-paste” another project’s deliverable into your final product.
- 4) **Specialty** – We are a specialized consulting firm 100% focused on EMS projects. While our team has many areas of expertise in fire, dispatch, emergency medicine, trauma, emergency preparedness, etc., we only bid on EMS projects for government clients.
- 5) **Clinical-Performance Based** – In 2016, we worked with one of the first EMS systems in the country to establish a performance-based system instead of traditional response time standards as the sole quality benchmark. Both the private and fire-based ambulance providers and firefighter/paramedic first responders have stringent clinical and operational standards that must be met.

Personnel Qualifications and Experience

The proposed team brings over 200 years of combined experience. Should there be other specialties required, we will provide recommendations for the County's consideration.

Bill Bullard, MBA, EFO, CFO

President

26 years of consulting, 37 years of EMS and fire experience

Bill has undertaken many EMS assessments to determine the service options available with 37 years of experience in emergency services, including public and private agencies. He put himself through college as an EMT, working for the local 9-1-1 ambulance company. After graduating, Bill took his street knowledge and management degree and joined the startup team of BayStar Medical Services, a division of Laidlaw/MedTrans. His experience ranges from system analysis and strategic planning to innovative contracting with EMS providers. Bill speaks nationally on EMS and fire topics, including innovation, to meet current and future needs.

Bill began his consulting career in 1997 with The Abaris Group, a national leader in public safety consulting. Bill served as the lead EMS expert and participated in almost every EMS project for 20 years, including multiple Ambulance RFPs in California. He retired from the company in 2019 as the Senior Vice President to pursue his own consulting projects. Bill has conducted numerous strategic fire and EMS studies and analyzed the operations and fiscal strength of many public and private providers. He is the co-author of *The Ambulance Industry Report* (The Abaris Group, 3rd edition) and a key contributor to the 4th edition, which involved reimbursement research and trends.

In 1998, Bill became a volunteer firefighter with the Graton Fire Protection District. It is a combination (i.e., paid/volunteer) fire department in Sonoma County (CA). He quickly rose through the ranks and was promoted to fire chief in 2015 (part-time position). During his tenure, he has managed fiscal budgeting, long-term goal planning, Insurance Services Office (ISO) reviews (i.e., achieved protection class rating of 5; started at 9), and was appointed project manager to construct the new \$3.5M fire station. During the previous six years, he has led the department through eight federally declared disasters – four wildland fires, three floods/storms, and the COVID-19 pandemic. He is a graduate of the Executive Fire Officer (EFO) program from the National Fire Academy (NFA) as well as Chief Fire Officer (CFO) Designee from the Commission of Public Safety Excellence (CPSE).

He recently served as the Project Director for the South Dakota, Santa Cruz (CA), Merced (CA), and Doña Ana (NM) County EMS systems looking to optimize the use of fire first responders and ambulance transportation. Santa Cruz County required a level of innovation unknown to high-performance EMS systems. Bill developed the first performance-based system instead of traditional response time standards as the sole quality benchmark. Both the private and fire-based ambulance providers and firefighter/paramedic first responders have stringent clinical and operational standards that must be met. Bill obtained his Bachelor of Science in Management from RPI and an MBA from California State University.

Brenda Brenner, EMT-P

LEMSA oversight and EMS Expert

44 years of industry experience

Brenda started her EMS career in 1979 as a paramedic for Santa Clara Valley Paramedical Services. She progressed through the leadership roles, eventually serving as the Director of Operations in the County of Santa Cruz. In 2016, she left the ambulance industry to become the LEMSA Administrator in the same county. For the next six years, she successfully led her agency through many planned projects and natural disasters. Brenda's first task was to reinvent the EMS system, as the stakeholders were not interested in continuing the status quo. She coordinated the county's first-ever EMS next-generation task force to redesign how EMS would be delivered. This innovation was captured in the next ambulance RFP. Brenda provided oversight to the new system implementation in 2018. She also led the agency through the COVID-19 pandemic and the necessary changes to remain effective.

Brenda offers our consulting team the perspective of a LEMSA administrator's priorities when looking at EMS system design. Her experience in that role after almost 40 years in the ambulance industry.

Dave Ghilarducci, MD, FACEP, FAEMS

EMS and Emergency Medicine Consultant

42 years of industry experience

Dr. Ghilarducci is a board-certified Emergency Medicine physician with subspecialty certification in EMS. He has 21 years of experience practicing emergency medicine, including as EMS Medical Director for Santa Clara, Santa Cruz, and San Benito Counties (CA). He also serves as the Public Health Officer and Deputy Health Officer for San Benito and Santa Cruz Counties, respectively. His notable EMS achievements include developing new Stroke and STEMI systems, providing regulatory oversight for three trauma centers, and designing a comprehensive quality management program for two EMS systems.

His field experience before medical school comes from 16 years in the fire service, including Engine Captain and Battalion Chief responsibilities. Additionally, Dr. Ghilarducci continues his fieldwork as a Medical Team Manager for the FEMA Urban Search and Rescue Task Force California Task Force 3.

He holds undergraduate degrees in Fire Science from Cabrillo Community College and Biochemistry and Molecular Biology from the University of California at Santa Cruz. He received his Medical Degree with honors from the Medical College of Wisconsin and completed his emergency medicine residency at Michigan State University, the last year as chief resident.

Matthew Powers, RN, BSN, CEN, MES, FAEN, MICP

Fire-EMS / Hospital Expert

36 years of industry experience

Matt Powers began his career in nursing and EMS immediately after high school. While studying for his pre-nursing courses, he attended Daniel Freeman Memorial Hospital's Paramedic School. He worked full-time as a paramedic from 1989-1995 while attending San Jose State, receiving his bachelor's degree in nursing in 1995. Powers worked full-time as an emergency department nurse in Northern California.

After five years as an emergency department nurse, charge nurse, and clinical preceptor, he returned to the prehospital arena servicing as the Clinical and Educational Services Coordinator in San Mateo County with the task of overseeing clinical competence, protocol development, and instituting clinical oversight to AMR and countywide fire paramedics. While working for AMR, he worked part-time as an emergency department nurse, flight nurse, and critical care transport nurse.

Since 2000, Powers has overseen operational and clinical services for the North County Fire Authority in San Mateo County. He covers EMS services for four fire departments as an EMS Chief. While working for the fire service, Powers works on-call as an emergency nurse manager for Kaiser Permanente and is a community college faculty member. As a registered nurse, Powers has experience in emergency, critical care transport, flight nursing, management, and legal nurse consulting.

In addition, he has served on several county, state, and national committees. Powers served as the chairperson for the San Mateo County Quality Leadership Council, Medical Advisory Committee, Clinical Electronic Data Group, Personnel and Clinical Quality Redesign Committee, Joint Powers Agreement ALS Operations and Executive Steering Council, and leads one of eight Critical Incident Stress Debriefing Teams.

He was the 2003 President of the ENA East Bay Chapter and represented ENA on the Paramedic Critical Care Transport Task Force and EMS Authority Directors Advisory Group. Powers was President of the California ENA in 2007 and 2008, directing the future of emergency nursing through collaboration and education, and was the 2003 recipient of the National Rising Star Award and, in 2016, received the San Mateo County EMS Lifetime Achievement Award.

Powers completed his Master of Science in Emergency Services Administration from California State University-Long Beach. He received an academic achievement award and has also been published in the Journal of Emergency Nursing. In 2007, Powers was appointed by Governor Arnold Schwarzenegger and served as EMS commissioner until 2013, serving as chair for his last year on the California State EMS Commission, filling the emergency nursing seat. In 2017, Powers was inducted as a fellow into the Academy of Emergency Nursing.

Lou Meyer, EMT-P (retired)

Community Paramedicine/EMS Expert

11 years of consulting, 50 years of EMS experience

Lou Meyer is an Army Veteran, former Paramedic, and EMS Executive who is a consultant specializing in community paramedicine implementation and recommending changes to enhance Emergency Medical Services (EMS) delivery systems in the U.S. and overseas.

His recent engagements include consulting and management oversight of the California Emergency Medical Services Authorities (EMSA) Community Paramedicine Pilot Projects. This project encompasses pilot sites for Los Angeles, San Diego, San Francisco, Alameda County, Stanislaus County, Fresno County, San Bernardino County, Butte County, Santa Clara County, Solano County, and Ventura County. In addition to his management oversight responsibilities, Lou assisted with drafting and enacting legislation known as the Community Paramedicine and Triage to Alternate Destination Act (AB 1544), which was required to move from a Pilot Project status to a statewide program. Following the passage of AB 1544, Lou assisted in the regulation's development necessary to implement the intent of the legislation.

Before becoming a consultant in 2011, Lou served as Senior Vice President of Operations for a national provider of EMS. In this role, he was responsible for the operations, regulatory compliance, and financial due diligence for domestic and international organizations, including P&L responsibilities of an \$880 Million operating budget. He also was the primary EMS agency's liaison for corporate dialogue, undertaking new product and service development initiatives, assisting with strategies, and many other operational initiatives on a national level.

Over the years, Lou has been very involved with many professional organizations. For more than 17 years, he served as the Speaker of the Assembly's appointee as a Commissioner on the California EMS Commission. He served as Chairman of the EMS Commission from 1995 to 1996 and again from 2005 to 2007.

During his long tenure with the commission, he was significantly involved in the evolution of California's EMS system through the commission's review and approval of regulations, standards, and guidelines, which had an impact on the overall quality of the state's EMS system and further recommendations and developments in the future.

< Resumes available upon request >

References

1. County of Santa Cruz EMS Agency

Brenda Brenner, EMS Administrator (retired 2022)
(408) 422-1675, brenda.v.brenner@gmail.com (current)

EMS System Assessment, Strategic Development, and Ambulance RFP

Hired after a competitive RFP for an EMS consultant. During the system assessment phase, the EMS stakeholders strongly desired to break away from the “status quo” and move forward with system improvements and new clinical standards for the ambulance RFP beyond response times. This was well supported by the EMS medical director and Santa Cruz County leadership. The EMS system adopted many of the changes from the EMS Next Generation Task Force sessions as well as included new clinical, performance, and satisfaction requirements in the ambulance RFP.

Work Product: Task Force Strategic Recommendations, EMS Standards, Core Measures, & Benchmarks, Transport Report Card, Ambulance RFP (see attached)

2. State of South Dakota

Marty Link, Administrator of the Office of EMS and Trauma
(605) 941-1209, Marty.Link@state.sd.us

EMS System Assessment, Strategic Development, Innovation Grant Management Healthcare Strategists was selected following a competitive bid by the State of South Dakota to assess the current ambulance service delivery and provide strategic recommendations to ensure reliability. With 120 ambulance services using a variation of 100% volunteer to all-career staff, the State has significant variability in service. Our role is to provide short, middle, and long-term solutions to support the long-term sustainability of all providers.

Work Product: Ambulance Service Delivery Strategic Plan

3. Coastal Valleys EMS Agency

Bryan Cleaver, EMS Administrator
(707) 332-2775, Bryan.Cleaver@sonoma-county.org

EOA Creation, EMS Ordinance Update, and Ambulance RFP

Bill Bullard served as Project Director to complete the EMS system assessment and establish the first Exclusive Operating Area (EOA). The previous EMS consulting firm failed to produce a solution unique to Mendocino County – it was described as a “cookie-cutter” by system stakeholders. Nevertheless, we finished the assessment to the satisfaction of the stakeholders and the EMS agency staff and moved forward with an RFP advisory committee to provide input on the scope of work necessary to produce the County’s first ambulance RFP. The current EMS ordinance also needed to be updated so that the County had the legal authority to establish an EOA.

Work Product: EMS Ordinance Completed, EMS Stakeholder Assessment, Ambulance RFP

Prior Project Work Products

Santa Cruz County EMS Next Generation Task Force – Project Recommendations (2016)

Overview: With the support of the Health Services Agency, the EMS Stakeholders elected to delay the ambulance RFP process better to determine the future of EMS in Santa Cruz County. To that end, Bill Bullard facilitated an EMS next-generation task force process. Current industry trends and best practices were shared with the stakeholders, which resulted in selecting industry experts to present their leading EMS strategies and programs. These included:

- High system user diversion (1)
- Health information exchange (4)
- Hospital readmissions
- Outcome-based measures (2)
- Nurse triage at dispatch (5)
- Hospice revocation
- Resource triage at dispatch (3)
- MediCal payer partnership
- Community paramedicine

After hearing the presentations, the EMS stakeholders prioritized the top five best practices to benefit Santa Cruz County, marked 1-5 above.

Recommendations: As the facilitator and industry subject matter expert, Bullard would like to bring forward the following recommendations:

- 1) **High system user diversion:** Helping citizens using an unusually high amount of EMS, ED, and other healthcare services is an excellent top priority and should be implemented as part of the next ambulance RFP. The 911 ambulance provider is in the best position to affect change. This reduces unnecessary ambulance transports, ED visits, and hospital admissions and improves the morale of all healthcare providers knowing there is a possible solution for these cases. To implement, one full-time paramedic and a vehicle are needed at an estimated cost of \$125,000/year. This expense can be partially offset by enrollment fees from hospitals and insurers based on the savings they incur. The balance can be fulfilled through charity care programs, grants, HSA funding, patient-user fees, etc. Long-term, this program should be fully funded by user fees and EMS cost savings; that is the case with MedStar Mobile Healthcare in Texas – one of the presenters.
- 2) **Outcome-based measures:** Over 15 years ago, the medical directors from the 40 largest EMS systems started meeting about the future of EMS (called Gathering of Eagles). One of their most poignant conclusions is that clinical data does not correlate with faster response times and saving lives in most 911 calls. Instead, the EMS industry needs to look at outcome-based metrics defined by data-driven research. Examples include aspirin administration during suspected heart attacks, 12-lead EKG use, return of spontaneous circulation (ROSC), scene times for trauma and stroke patients, bystander CPR, etc. These are already CMS benchmarks for Medicare funding incentives/penalties for hospitals because they are proven factors in improving patient outcomes. Santa Cruz County should move forward with a primary emphasis on outcome-based measures in the next ambulance RFP. Response times should still be included in system performance and patient expectations for timely transport. The financial impact should be close to revenue neutral. It is expected that the next 911 provider will need to have increased quality improvement and educational resources. However, there could be reductions in operational costs if the number of ambulance hours needed per day decreased if fewer calls required an emergency response.

- 3) **Resource triage at dispatch:** Fire department first responders and paramedic ambulances currently respond to almost every 911 call for medical assistance. The dispatch computer triage system (i.e., MPDS) does not segregate calls to any lesser level of service. A secondary concern is the length of time to complete the triage and the lack of dispatcher discretion in the process. Criteria-based dispatch (CBD) has been used in King County (Seattle), Washington for 27 years, optimizing system resources and reducing processing times for critical calls. One example is CBD has been implemented throughout the country including California – Orange County. The protocols are vetted through a rigorous quality process, and no lawsuits have been filed concerning the protocols in King County’s history. The benefits are the right type of fire or EMS resource is sent to the right call at the right speed. This reduces the system burden and increases the availability of fire engines and ambulances for other, more appropriate calls. For example, Seattle Fire partially credits their CPR survival rate on how quickly compressions are started through dispatch. CBD is less expensive than the current 911 triage process and faster for dispatchers to complete, so operational costs would decrease. There would be one-time implementation costs in software integration and dispatcher training. This should be achieved before the start date of the next ambulance contract. Within the ambulance RFP, the change in responses and transports will need to be assessed to assure accurate bids from prospective bidders.
- 4) **Health information exchange (HIE):** Santa Cruz County has already embraced HIE significantly... just not incorporated prehospital information yet. It was evident from the attendance of HIE staff at every task force meeting that they are committed to making this happen. Based on staff feedback, incorporating 911 dispatch computer and prehospital patient care report (i.e., ImageTrend) data should be straightforward. Implementation costs are expected to map these two systems with the HIE. Ongoing costs should be minimal to maintain the data systems’ connections. It should be noted that HIE integration would be critical to the success of the top EMS priority, high system user diversion. This will help identify high system users, inventory services to support, and track the care plans of those enrolled.
- 5) **Nurse triage at dispatch:** This program could further reduce fire engine and ambulance responses as more 911 calls for medical care could be deferred to an alternate solution (e.g., self-care, taxi to clinic, private vehicle to primary care). If the dispatcher determines a 911 call to be non-emergent, it could be referred to a nurse (either on-site or remote). This has excellent potential to mitigate inappropriate 911 calls. However, the impact on the number of transports, EMS system revenue, and acceptance by the community is unknown. Therefore, it is not recommended to include it as a component of the Santa Cruz EMS system for the next ambulance RFP. However, language should be included in the ambulance RFP that nurse triage may be considered during the contract period, and the current provider agrees to work with the county to implement it in a “revenue-neutral” way so that the EMS system is not adversely affected.

The remaining four EMS best practices have merit and are worthy of further consideration within Santa Cruz County. Like nurse triage, it is encouraged to include 911 ambulance contract language requiring a fair and reasonable implementation of future system innovation by the provider.

Next steps: Based on a preliminary discussion with HSA leadership, the following tasks are recommended. The goal would be full implementation of EMS system improvements before the start of the next ambulance contract, 10/01/18. This ensures the next 911 ambulance provider will not have to accommodate system volume variability within the initial years of the contract.

Standards, Core Measures, & Benchmarks used in the EMS Industry

EMS Standards, Core Measures, & Benchmarks								
Organization	SCEMS	MedStar	EMSA	NEMSIS	Compass	NHS-UK	AHA	CMS
Cardiac Arrest								
Response interval < 5 minutes for CPR/AED		●						
Bystander CPR rate	●	●		●			●	
Bystander AED rate	●	●		●			●	
Appropriate airway management		●						
End-tidal CO2 monitored				●			●	
Pit crew/focused CPR	●							
Transport to "Resuscitation Center"		●						
ROSC percentage	●	●	●	●		●		
Survival to discharge (e.g., overall, Utstein)	●	●	●	●		●		
Hypoglycemia								
Glucose recorded before treatment					●	●		
Hypoglycemia corrected through treatment					●			
Glucose recorded after treatment						●		
Correct disposition (e.g., transport, referral, home)						●		
Pain Management								
Offered pain meds prior to movement		●	●					●
Pain score decreased		●			●			●
Respiratory Distress (e.g., asthma, intubation)								
Mental Status		●						
Resp. rate, SpO2, PEFR recorded before treatment		●		●		●		
Oxygen administered (if appropriate)		●				●		
Bronchodilators for pediatrics with wheezing			●		●			
Beta2 agonist administration for adults		●	●			●		
Endotracheal intubation success rate		●	●	●				
End-tidal CO2 performed on any successful ET intubation		●		●				
Improvement after treatment								
Seizure								
Glucose recorded					●			
Received intervention as appropriate					●			
Seizure, Febrile								
Glucose recorded						●		
SpO2 recorded						●		
Anticonvulsant administration						●		
Temperature management						●		
Sepsis								
Protocol completed (HR, BP, resp, temp documented with fluid initiation, O2, hospital)		●						
STEMI								
Recognition		●					●	
ASA administration	●	●	●	●		●	●	●
NTG administration		●				●	●	
Appropriate analgesia given		●				●	●	
Two pain scores recorded		●				●	●	
SpO2 recorded				●		●	●	
EKG acquired	●			●		●	●	
EKG acquired within X minutes (e.g., 5-10)		●					●	●
12L acquired		●	●	●			●	
12L transmitted		●					●	
Scene time (e.g., < 10 minutes)	●	●	●				●	
Transport to STEMI center rate (with notification)	●	●	●	●		●	●	●
911-to-balloon time	●							

EMS Standards, Core Measures, & Benchmarks								
Organization	SCEMS	MedStar	EMSA	NEMSIS	Compass	NHS-UK	AHA	CMS
Stroke								
Time last seen normal	●	●		●		●	●	
Use of a prehospital stroke scale (e.g., NHS, FAST, MEND, CPSS, LAPSS, MASS)	●	●		●	●	●	●	
Blood glucose documented	●	●	●	●		●	●	
Blood pressure documented		●		●		●	●	
Appropriate O2/airway management		●						
Scene time (e.g., < 10 minutes)	●	●	●	●				
Transport to a stroke-capable facility (and alerted)	●	●	●	●		●	●	
911-to-needle time	●							
Trauma								
Over-triage rate							●	
Under-triage rate							●	
PAM scale recorded	●							
Scene time (e.g., < 10 minutes)	●	●	●					
Trauma center destination	●	●	●		●			
NON-CLINICAL STANDARDS, CORE MEASURES, BENCHMARKS								
Efficiency Domain								
Cost per patient contact								
Cost per transport		●						
Cost per unit hour		●						
Employee turnover rate								
Patient Safety								
Drops per 1,000 patient contacts								
AMA to new call within X hours (e.g., 24-72)		●				●		
AMA to hospital within 24 hours								
Mission failures per X responses/miles		●						
Ambulance crashes per X responses/miles								
Chart Review (random, manager, MD)								
Protocol compliance rate (note: this can be overall or individual)								
Total Standards	19	39	15	19	8	25	22	5

Legend:

- SCEMS = Santa Cruz EMS System
- MedStar = MedStar Mobile Integrated Healthcare (Fort Worth, TX)
- EMSA = California EMS Authority (2015)
- NEMSIS = National EMS Information Systems (version 3.0)
- Compass = EMS Compass produced by National Association of EMS Officials (NASEMSO)
- NHS-UK = National Health Service-United Kingdom (version 1.31, 2016)
- AHA = American Heart Association
- CMS = Centers for Medicare and Medicaid Services (ED standards applicable to EMS)

When selecting which patient-centric key performance indicators (KPI) to track, three components must be considered:

- 1) The KPI is measurable with the data available
- 2) The KPI is meaningful to the patient's outcome
- 3) The KPI is manageable by the EMS provider or system

Attachment 5a.

**Solano EMS Agency
RFP (Request for Proposal) Vendor Questions**

Fitch & Associates

Location: Platte City, MO / and CA

www.fitchassoc.com

Contact: Todd Sheridan, Steven Knight, Thomas Moore

1. Are you currently taking EOA RFP clients?

Yes, we are accepting new RFP clients.

2. Can you meet our current timeline of going into contract with a vendor within the next two months, EMS system review completed by end of 2023, and new contract implemented by July 2025?

Yes, we can meet your timeline goals. We have provided RFP's within 4.5 months from completion of EMS system study. Typical timeline can be 6 months depending on how complex.

3. How many other EOA RFP's have you participated in/completed and what are the locations?

We have completed RFP's throughout North America, including some in Canada. We have completed over 100 RFP's and our company has over 40 years of experience.

4. What is the prehospital and emergency experience (Fire, EMS, hospital) of your team members?

Firm of over 60 members with many full-time contractors for EMS and Fire. Most contractors operate in the field as EMS managers. Members include people working in the field, health system CEO's, and dispatch managers. Some members of team are current EMS system Directors and retired fire service.

5. Do you have anything else you want us to present for consideration?

Will share a proposal and how we will provide service to the EMS system. Goal is to work through the EMS system and see budget level needed. We are good at limiting risk and providing knowledge transfer from personal system experience. Will evaluate operational performance along with clinical performance. One of the only consulting firms that has consultants currently running EMS systems and will utilize things that are currently in place in those systems.



EMS System Assessment & Procurement Management Services

Prepared for Solano County, California

August 2023

About Fitch & Associates

We've designed, developed, and managed some of the world's most innovative EMS systems, and we bring the energy, focus, and experience that drive decision-making and action. We have completed more than 1,500 EMS studies and nearly 100 RFPs, including several in the state of California, and provide on & offsite management services that collectively equal more than 750,000 responses annually.



We seek to partner with communities willing to ask the tough questions, that seek transparency and public input, and are interested in planning for the future in a sustainable manner aligned with community expectations.



Forty years of experience implementing innovative, customized solutions in the public safety and healthcare arenas, providing consulting services in thousands of communities in all 50 states, every Canadian province, and 12 other countries.



Project Phases



Timeframes are optimal and can be shortened or expanded depending on clients needs



Engage

EMS Agency, EMS service providers, fire protection districts, first responder organizations, receiving facilities, and the community.



Profile

The EMS system to understand the communications environment, performance requirements, and administrative procedures.



Evaluate

The service delivery model in use, current efficiencies, and opportunities.



Identify

Methods to improve 911 communications, clinical care, operational efficiency, contractual and EMS system oversight, and overall service delivery.

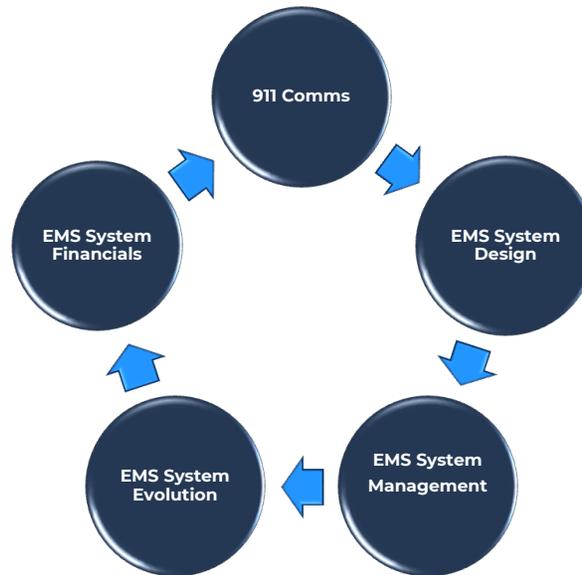
EMS System Assessment Model

Attachment 5a.



Phase 1 Review

The process FITCH has developed is a structured, deliberate, and objective method that has been successfully used in more than 1,500 EMS system reviews and with a variety of system designs. Typically, we collaborate with organizational leaders, staff, elected officials, local healthcare entities, EMS providers, Fire department/s, Police department/s, and other stakeholders to understand the system and its unique economic, demographic, and service parameters.



PHASE 1 ACTIVITIES (POTENTIAL)	
Task 1. Project Kick-off	<ul style="list-style-type: none"> Meet with EMS stakeholders and county staff. Finalize project work plan. Identify key decision-makers. Review previous plans, RFPs and supporting documents.
Task 2. Conduct System Assessment	<ul style="list-style-type: none"> Identify performance requirements and validation of performance. Meet with key providers and decisions-makers. Summarize system benchmark results.
Task 3. Define Expanded Stakeholder Input Opportunities	<ul style="list-style-type: none"> Consider stakeholder survey options. Develop input opportunities. Attend policy/advisory meetings.
Task 4. Summarize Trends, System Issues & Recommendations	<ul style="list-style-type: none"> Develop historical geo-spatial and future demographic models. Mobile integrated health considerations. Define performance requirements. Synthesize inputs and complete analysis. Prepare draft situation report.
Task 5. Review Available Financial Information and Data	<ul style="list-style-type: none"> Meet with County and provider officials to determine current cost structure. Identify current revenue sources assumptions and funding levels. Review likely impacts of anticipated changes.
Task 6. Develop Future Financial Viability Model	<ul style="list-style-type: none"> Assimilating the information and models from task 5 and prepare outlook forecast for planning horizon. Develop gross/net revenue expectations and cash flow models. Develop funding mechanisms including billing rates for initial term of agreement.
Task 7. Report Findings	<ul style="list-style-type: none"> Prepare situation reports as required on an on-going basis. Completion of Site Work for Assessment. Report to Agency.



Approach

FITCH uses a mixed-methods approach—using both quantitative and qualitative data collection and analysis—to triangulate findings across data sources for each assessment subject area and to provide multiple perspectives on the multi-dimensional opportunities explored in the report.



Quantitative

Quantitative data included publicly available data, aggregate response, transport, receiving facility, billing, collections, revenue, and expense data collected from the EMS System participants.



Qualitative

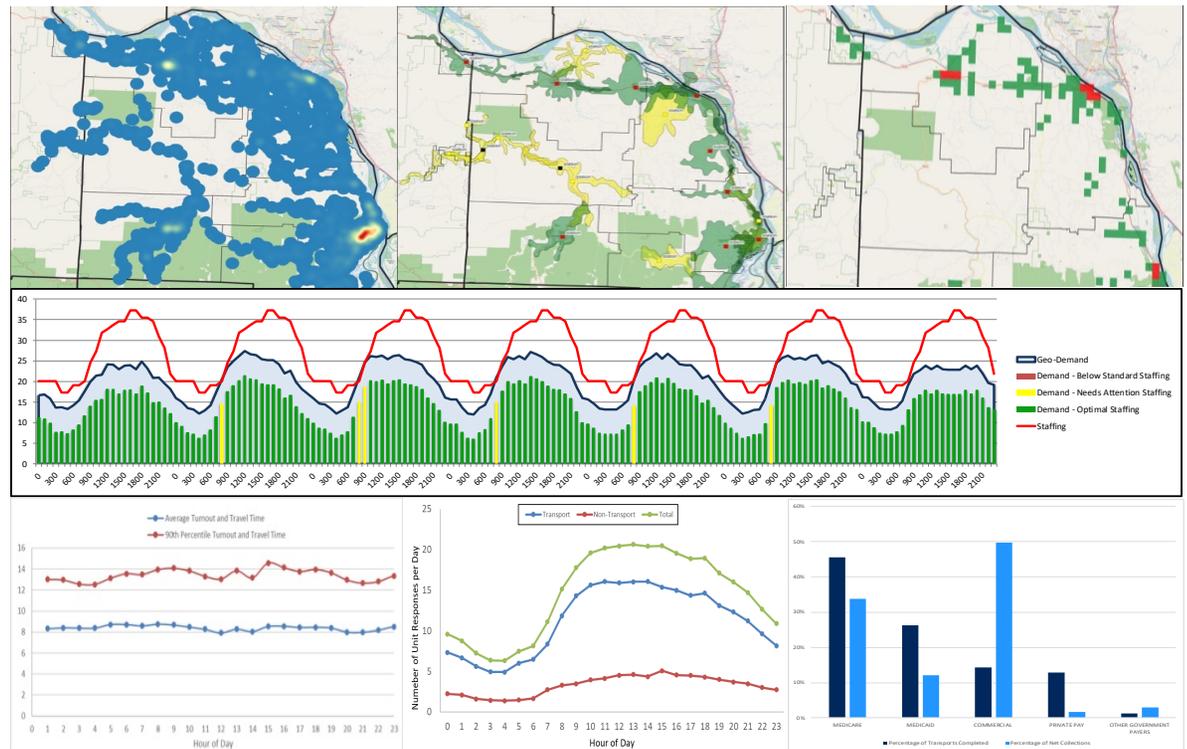
Qualitative data included interviews with EMS system participants and health system stakeholders to understand the current communications and EMS environment.





Our assessment models use an objective process to engage stakeholders. Our strategy is to provide options in the system design for the policymakers to make informed decisions. Below are operational and financial assessment tables that help drive system options.

Phase 1 Methods



Attachment 5a.



FITCH has a structured approach in helping jurisdiction in development of an RFP, helping to actively or passively support the process, provide objective reviewers, and support contract negotiations. Our methods have been deployed successfully for more than 70 different procurement process. Below are a list of potential actively FITCH has supported with our clients through a successful process while limiting legal challenges.



PHASE 2 AND 3 ACTIVITIES (POTENTIAL)
Task 1. Develop Draft RFP
<ul style="list-style-type: none"> Outline draft RFP consistent with findings of Phase 1. Meet with legal representatives to review RFP outline, receive input, and resolve outstanding concerns. Meet with key decisions-makers to review RFP language. Work with officials to address any ordinance or other regulatory changes required.
Task 2. Revise RFP Language
<ul style="list-style-type: none"> Based upon County staff and legal team's input revise draft to mitigate concerns. Final RFP language review and approval.
Task 3. Develop Process and Timeline for Procurement
<ul style="list-style-type: none"> Outline key process features including evaluation methodology. Develop component timelines. Final agency approval of procurement documents and timeframes.
Task 4. Develop Pre-Proposal Process
<ul style="list-style-type: none"> Meetings with County staff to organize activities and determine coordination. Develop agenda and timeline for pre-conference. Conduct conference. Conduct any additional research required to answer questions submitted. Prepare summary of questions and answers.
Task 5. Assist County in Answering Follow-up Questions
<ul style="list-style-type: none"> Post conference follow-up meeting with staff to coordinate communications to and from proposers. Draft responses to questions to be approved by County. Develop mechanism to fully document all communications and develop addenda with questions, answers and changes to specifications as required.
Task 6. Recruit Panel of EMS System Experts
<ul style="list-style-type: none"> Develop criteria for inclusion. Prepare a list of potential candidates. Pre-screen conflicts with potential candidates. Consult with County and develop approved list of panelists. Prepare conflict of interest statements and affidavits.
Task 7. Develop Panel Processes, Work Plan & Conduct Process
<ul style="list-style-type: none"> Draft process to ensure integrity of process. Develop scoring methodology and process. Provide orientation and training for evaluators. Document activities of expert panel.
Task 8. Provide Additional Technical Assistance as Required
<ul style="list-style-type: none"> Provide staff support as requested. Prepare summary for County.
Task 9. Support Contract Negotiations
<ul style="list-style-type: none"> Work with County officials to review draft agreement. Review any points of contention between parties as requested. Assist County in resolution of any outstanding issues.

Phases 2 & 3 RFP Development & Competitive Bid Process



FITCH has supported agencies to help either transition a new contracted provider or help implement new system changes with the incumbent. FITCH's goal is to ensure a smooth process that enhances EMS delivery of service.

Through our MedServ division, FITCH manages agencies that total more than 750,000 responses annually. Our real-world experience helps to inform our agencies can be transitioned and be successful.

A few examples of transitioning into a new contract and its Scope of Work:

- Provider change to include supporting all facets and project management
- Transparent reporting mechanisms owned and operated by the governing agency that measure both operational and clinical performance
- Ongoing support for topics such as monthly:
 - Financial Review
 - Operational Review
 - Clinical Review
 - Medical director hiring and support
 - Software implementation
 - Annual contractor audits
 - Direct contractor management

An aerial photograph of a residential neighborhood with several-story houses and a parking lot with cars. The image is overlaid with a semi-transparent blue filter. The text "Phase 4" is written in white, and "Implement" is written in a larger, bold blue font.

Phase 4 Implement

Thank You



FITCH has routinely undertaken projects similar in scope. Our recommendations are known for being implementable and achievable due to our real-world approach to matching the desired outcome with the realities in each system.

One distinctive added value is that FITCH manages EMS programs across North America as part of our management services entity, MedServ. In this manner, our expert consulting informs our real-world service models and our direct management services provides information to our expert consulting. We can provide and validate recommendations and alternatives because we are utilizing and refining our operational and fiscal analytics to ensure that all recommendations are both implementable and highly accurate.

In other words, we practice what we preach and can assist our clients in understanding the market space, profit margins, and inherent capacity to perform.

Example: Nova Scotia Health Services stated, "of the 68 recommendations from FITCH, 64 of the 68 are built into the new contract." This equated to 94% adoption of the FITCH recommendations.

<https://www.cbc.ca/news/canada/nova-scotia/nova-scotia-paramedics-report-released-fitch-1.5941048>

Redacted Public Report: <https://novascotia.ca/dhw/publications/FITCH-EHS-Report-Redacted.pdf>
<https://www.cbc.ca/news/canada/nova-scotia/nova-scotia-paramedics-report-released-fitch-1.5941048>

Solano EMS Agency
RFP (Request for Proposal) Vendor Questions

Endpoint EMS Consulting

Location: Carpinteria, CA

www.endpointems.com

Contact: John Eaglesham, Nancy Lapolla

1. Are you currently taking EOA RFP clients?

Yes, we are taking on new clients.

2. Can you meet our current timeline of going into contract with a vendor within the next two months, EMS system review completed by end of 2023, and new contract implemented by July 2025?

Most likely yes, we can meet the timeline goals, depends on how involved stakeholders are. An EMS system review will take 6 months or so and 1 month for RFP. Typical timeline is 2.5 years.

3. How many other EOA RFP's have you participated in/completed and what are the locations?

Completed RFP's in Yolo and Napa 2 years ago. Currently finalizing San Bernardino. Have completed RFP's in Stanislaus, Sonoma, and El Dorado.

4. What is the prehospital and emergency experience (Fire, EMS, hospital) of your team members?

Retired EMS Director from Santa Barbra and San Mateo. Paramedic, retired Deputy Fire Chief, and MD for clinical performance evaluation. Other experts as needed.

5. Do you have anything else you want us to present for consideration?

The team of experienced professionals at EndPoint EMS Consulting will work with your Agency to help you identify key issues and desired system improvements important to your community. We understand an RFP involves the consideration of all components of an EMS system from 9-1-1 medical dispatch to the eventual patient transport to an appropriate facility. EndPoint EMS specializes in RFP's and contract negotiations. You can trust our knowledge, skills, and experience in EMS systems to bring your RFP to a successful conclusion. We hope to provide expert services to your organization. (also see attached consulting proposal)



REQUEST FOR INFORMATION

Consulting Services to Design Ambulance Exclusivity in Solano County

June 28, 2023

Attachment 5a.

EndPoint EMS Consulting, LLC
7300 Shepard Mesa Road
Carpinteria, CA 93013
Endpointems.com

June 28, 2023

Benjamin Gammon, EMT-P
EMS Agency Administrator
Solana County Emergency Medical Services
355 Tuolumne St. MS 20-240
Vallejo, CA 94590

RE: EndPoint EMS Consulting Services

Dear Mr. Gammon:

EndPoint EMS Consulting (EndPoint) is pleased to provide this information regarding consulting services per your request. We understand Solano County EMS is requesting information related to our services focused on developing an exclusive ambulance operating area through a competitive request for proposal process in accordance with state laws. EndPoint EMS Consulting has two main principals; John Eaglesham who spent most of his career in the management of ambulance services and the last 11 as Deputy then Director of Santa Barbara County EMS Agency. Nancy Lapolla has more than 30 years of public service as an EMS Director for Santa Barbara and San Mateo County EMS Agency. Nancy has been recognized for her dedicated service to the EMS community in California and is well known in the State as an advocate and supporter of emergency medical services and disaster preparedness. Together Nancy and John formed EndPoint EMS Consulting to bring their extensive experience, new ideas and fresh capabilities to the EMS consulting field.

Included in our response to your request is a summary of the proposed services EndPoint is available to offer Solana County EMS Agency. Attached is an example of the services EndPoint provides along with a list of our team members, their area of expertise, a list of Endpoints current consulting project and completed projects, and a sample draft budget. EndPoint and our team of EMS professionals are available to provide expert services to Solano County and will assist in the development of a high quality, cost effective and sustainable ambulance transport service to the residents and visitors of Solano County.

We look forward to answering any questions you may have and appreciate this opportunity to share our experience with you.

Sincerely,



Nancy Lapolla, MPH
(805) 896-2314
nancy@endpointems.com



John Eaglesham, Paramedic
(805) 896-1083
john@endpointems.com

Attachment 5a.

Proposal for Solano County

SUMMARY

EndPoint EMS Consulting (EndPoint) is pleased present this proposal to provide consulting services for the assessment of the Solano County Emergency Medical Services system and for the development and management of a Request for Proposal (RFP) for ambulance services and subsequent contract. EndPoint has described a scope of work in three phases:

- ❖ Facilitate and execute an assessment of the current EMS system, including a process for stakeholder input,
- ❖ Develop and support the management of a competitive RFP for exclusive Advance Life Support (ALS) and Basic Life Support (BLS) ambulance services for a defined Exclusive Operating Area (EOA) for ambulance services,
- ❖ Develop an ambulance services agreement based on the RFP and proposers’ response and support the EMS Agency through Contract negotiations with ambulance vendor selected.

EndPoint EMS Consulting, LLC (EndPoint) will conduct a comprehensive review of the County EMS system and make recommendations that are based on industry standards, evidence-based medicine, and best practices. EndPoint has developed a team of experts and experienced professionals specifically in response to Solano County EMS Agency. Included in this proposal are several talented and experienced associates; Garrett Fahey, MBA, Angelo Salvucci, MD, FACEP, FAEMS, an emergency physician and EMS Agency Medical Director, Dave Festerling, Deputy Fire Chief, ret, Kevin Harper, CPA, (www.kevinharpercpa.com), Mel Smith of MAS Public Safety Consulting and Zacharias Hunt of ZWORLD GIS (www.maspublicsafety.com, www.zworldgis.com) See Attachment 1. Under the leadership of EndPoint, this team of experienced professionals will provide expert services to Solano County.

The scope of work has been developed based upon our extensive experience helping counties throughout California design patient focused, high performing sustainable ambulance service delivery systems. EndPoint understands that each local EMS system has specific needs and challenges. It is our goal to work with the EMS Agency and system stakeholders to develop a system that will meet the local needs today and into the future.

EndPoint will use qualitative and quantitative methodologies to conduct the EMS system assessment, make recommendations for system improvements and system enhancements to optimize patient outcomes along with sound fiscal policy. These will be the foundations for the development of an EOA ALS and BLS ambulance RFP and subsequent contract. EndPoint will:

1. Evaluate the EMS system and develop recommendations for system improvements to optimize patient outcomes within a feasible and stable cost/funding model that can be incorporated into an ambulance RFP and subsequent contract.
2. To achieve the desired outcome, it is necessary to include a process for open and honest stakeholder input.
3. We will hold listening to sessions with key stakeholders, public safety communication centers, fire departments, the current EOA ambulance provider and non-emergency ambulance providers as appropriate, hospitals, other healthcare facilities and attend existing committee meetings, e.g. EMCC,

Medical Advisory, CQI Committees, Fire Chiefs Association, Hospital Administrators as deemed appropriate.

4. Develop a survey tool to reach system leaders and field patient care providers to provide a broader process for system providers' input. EndPoint will work with Solano EMS Agency to obtain email contacts to reach out directly and ensure confidentiality and limit duplication and multiple responses from a single individual. This method will provide better understanding of system issues and identify current best practices.
5. Gather information and review data on all aspects of the current system from Solano EMS and system providers.
6. Assist Solano EMS Agency in preparing materials and presenting preliminary findings and recommendations to system stakeholders and the Board of Supervisors or other advisory bodies.
7. Develop a 911 EOA ambulance RFP that meets the systems needs identified through the system assessment that is economically feasible and financially sustainable to meet clinical standards as expected in high performing EMS systems.
8. Ensure all State requirements are met to achieve State EMS Authority RFP approval prior to issuing the public release of the RFP.
9. Write the RFP in a clear understandable manner to solicit competitive proposals.
10. Assist in the development and negotiations of the ambulance service contract based on the RFP requirements and proposals content in meeting and exceeding RFP requirements.
11. A more detailed example of the Scope of Work is included in Attachment 2.

EndPoint's principles and associates have a long-standing history as leaders in California EMS. We have proven experience as local County EMS Administrators having established strong EMS systems in the counties we served. EndPoint has completed many RFPs for 9-1-1 advanced life support and basic life support ambulance transport services from large urban EOA's and to small rural EOAs. We have provided a list of the consulting services we have provided as Attachment 3. We are capable and experienced in completing the process identified above. This team of professionals will support Solano County and Solano County EMS Agency through every step of the process. EndPoint is confident that you be pleased with the services we provide if selected as your consultant.

ATTACHMENT 1

EndPoint Team -Qualifications and Experience

Nancy Lapolla, MPH - President, Co-principal

Project Director and overall project management

Nancy Lapolla brings over 30 years of experience in administrative leadership and management of public health programs. As co-founder of EndPoint EMS Consulting, Nancy has provided consulting services to many jurisdictions sharing her knowledge and expertise. During her previous experience as EMS Director for San Mateo County and Santa Barbara County, Nancy was at the forefront of many new system enhancements, such as developing the Regional Trauma Coordinating Committee for Region 1 (Orange, Los Angeles, Ventura, Santa Barbara, San Luis Obispo). Throughout her career, she implemented programs to improve patient care, including developing the Medical Health Operational Area Coordinator (MHOAC) program and working with legislators to enact laws that institutionalized this vital function. Nancy has extensive experience managing complex projects and ensuring equitable stakeholder involvement with strong facilitation skills that achieve desired results.

John Eaglesham, EMT-P - Co-principal

Project co-lead

John Eaglesham has extensive experience in the management and administration of emergency medical services. He retired as the Director of the Santa Barbara County EMS Agency where he also oversaw the Emergency Preparedness Program. He previously served in the private provider sector, managing multiple high-performance 911 ambulance systems in urban and rural counties as a Regional Director of Operations. John draws from this experience when conducting EMS system assessments having firsthand knowledge of the complexities in managing operational and financial performance of ambulance service areas that must meet contractual requirements.

Licenses/certifications: California paramedic license P06087 current through January 2025

Angelo Salvucci, MD - Subject Matter Expert for Clinical Care

Angelo Salvucci, MD, FACEP, FAEMS will review EMS policies for treatment, dispatch, and specialty care, as well as specialty care systems quality improvement programs and patient outcome data.

Dr. Salvucci has more than 40 years' experience providing emergency medical care in Southern California as an emergency room physician and providing administrative oversight and leadership as a medical director. Dr. Salvucci was a State EMS Commissioner and served on many committees developing regulations to improve the delivery of prehospital care in California.

He contributed to program development for: trauma, STEMI, and stroke systems; trauma and STEMI regulations; EMS quality improvement indicators; paramedic certification and uniform treatment protocols; and remote/wilderness medicine at Yosemite National Park.

Licensure: Physician and surgeon – California; Board certification in Emergency Medicine and Emergency Medical Services through the American Board of Emergency Medicine

David Festerling, Deputy Chief (ret.) - Subject Matter Expert for Fire Response

Dave Festerling will be part of the team participating in stakeholder meetings, listening sessions, and work groups. He will review EMS system plans and other pertinent documents and provide data analysis. Dave brings his valuable experience and perspective as a Fire Chief and Fire/EMS dispatch manager to the project.

Dave Festerling brings more than 40 years’ experience in administrative leadership and management of EMS programs. Dave provided fire services for 35 years with the Ventura County Fire Department. He served in all ranks through Battalion Chief, Training Chief, Assistant Chief of Operations, and retired as Deputy Fire Chief. Following retirement, Dave worked for the Ventura County EMS Agency as a project manager assisting with the development of an EMS strategic plan, the implementation of a new ePCR system, FirstWatch OCU program, and the new CARES initiative. He currently is a Project Manager with the Santa Barbara County Fire Department overseeing the development of a regional fire/EMS dispatch center.

Kevin Harper, CPA - Subject Matter Expert for Economic Analysis

Kevin Harper, CPA, will review and evaluate financial information including current provider financial audits and payor mix to assess financial system health and identify reimbursement opportunities to maximize system funding.

Kevin is a California CPA with 30 years of professional experience, entirely in service to local government. He has conducted over 400 local government finance and management audits and has worked with dozens of local governments, providing auditing, consulting, and interim financial management services. In addition, Kevin has extensive experience in analyzing ambulance company finances as part of local government auditing procedures.

Licenses/certifications: Certified Public Accountant

Garrett Fahey, MBA - Subject Matter Expert for Data Analysis and Project Support

Garrett Fahey, MBA will provide technical and analytical support to the team to ensure information is illustrated in a clear and easy-to-understand format.

Garrett Fahey has ten years’ experience providing administrative support and as a program analyst working in a large, urban county agency. He has strong communication skills and project management experience.

Melvin Smith - Subject Matter Expert for GIS, Mapping, and Analytics

If County GIS is unavailable or unable to provide project support, Mel Smith will review and evaluate population census and places data with 911 medical call information to assess the need to adjust ambulance response requirements.

Melvin Smith brings 35+ years of public and private sector management experience overseeing applications of geographic information systems (GIS) and computer-aided design (CAD) systems. This included: real-time electronic digital displays of information to improve delivery of first responder services to and reduce risk; support for dispatching the “closest available resource,” and centralized management of digital Fire Pre-Plans.

Resumes available upon request

ATTACHMENT 2

EXAMPLE OF SCOPE OF WORK

Phase 1 System Assessment

EndPoint proposes to facilitate and execute a comprehensive review and assessment of the current EMS system, including a process for stakeholder input. Working with Solano County EMS Agency, and EMS system stakeholders, EndPoint will gather information by conducting - listening sessions with key informants and system stakeholders, attend existing EMS advisory meetings and as deemed necessary, conduct focus groups and/or town hall meetings. In addition, a survey tool will be developed and distributed to ensure field level providers have an opportunity to express views and provide input.

The desired outcome of this phase is to review and evaluate the current EMS system identifying what is working well in the system and make recommendations for the future that are based on industry standards, evidence-based medicine, and best practices. EndPoint will evaluate the system using a qualitative and quantitative approach to assess the level of clinical proficiency, operational performance and fiscal sustainability in place and identify opportunities for system wide improvements.

EndPoint is prepared to meet all expectations for consulting services identified in the scope of work. EndPoint will conduct an assessment to evaluate the following subject areas and make recommendations for system improvements.

Below are examples of various EMS system components that are evaluated in this phase.

A. Use of communications system, including dispatch and communications practices and configuration.

Evaluate the County EMS medical dispatch system to:

1. Assess the number, type of systems and radio frequencies used in Solano County for medical dispatch and review the 911 call routing practices and configurations.
2. Conduct an analysis of 911 call type, tiered level and code of response and transport.
3. Review access to 911 medical dispatch and number of times the caller is transferred prior to receiving life-saving pre-arrival medical intervention instructions. Review call times to assess any call transfer delays that may impact patient outcomes.
4. Make recommendations based on communication system utilization and dispatch configuration and identify opportunities to streamline utilization to reduce duplication of effort.
5. Provide recommendations to maximize communication systems to support EMS' future best practices.

B. Use of the Medical Priority Dispatch System (MPDS®) for prioritized and tiered response and non-response

EndPoint intends to evaluate the current Public Safety Dispatch Centers to other EMD dispatch centers of like size to determine the effectiveness of its Emergency Medical Dispatch System. An important part of medical dispatching is the adherence to accepted standards and protocols. To complete this objective, EndPoint intends to apply the NAED Standard Practice Guidelines and Functions for Emergency Medical Dispatch Management:

1. We will evaluate the current emergency medical dispatch center to determine how the Medical Priority Dispatch System (MPDS®) or other structure process is used as call processing procedures to dispatch medical resources assessing current best practice, benchmark against industry standards and make recommendations for the use of Medical Priority Dispatch System (MPDS®) to prioritize calls, follow medical dispatch protocols regarding tiered response strategies and if medically appropriate determination of a non-response.
2. Evaluate and determine the performance improvement activities including initial hiring, orientation, training and certification, continuing dispatch education, recertification, and performance evaluations are given the appropriate managerial attention necessary to help ensure the ongoing safety in the performance of EMD.
3. Review data reports, including review of dispatch protocols and their implications on patient outcomes, and evaluate policies and procedures used in Solano County to identify opportunities to make recommendations for future best practices. These will include a focused review of the efficacy for the use of on-scene treat and release, alternate destinations within Solano County and 9-1-1 triage for non-response policies.
4. Provide recommendations and options for system improvements that have the most impact on patient outcomes and are economically feasible and have an identified funding source when possible.

C. Response time and outlier performance standards, including a population-based analysis of the existing urban, suburban, rural, and wilderness zones.

EndPoint in collaboration with the County's GIS department or if the EMS Agency prefers with our colleagues, MAS Public Safety Consulting and ZWorld GIS, EndPoint can support the County to develop the following new GIS maps in consultation with Solano EMS for the EOA using geographical mapping tools:

1. Develop new PDF maps for EOA
2. Maps to illustrate EOA boundary lines
3. Potential call volume within EOA
4. Response area data based on population density zones using 2010 Census Tract and Places

EndPoint will work with the County's GIS department or MAS Public Safety to provide new PDF maps formatted for printing or for electronic distribution. The information gathered based on the mapping process will provide the necessary information to assess the current response configuration and provide recommendations that meet the clinical needs of the patient and that are economically suitable for Solano County.

D. Clinical oversight, performance measures and clinically based response time performance standards.

EndPoint has partnered with Angelo Salvucci, MD, FACEP, FAEMS, to assist in the assessment of clinical oversight and clinical performance of Solano County’s EMS system. Dr. Salvucci is a practicing emergency physician and EMS Agency Medical Director, he is known as an EMS clinical expert throughout the State and a national speaker and champion on developing pre-hospital procedures to improve sudden cardiac arrest patient outcomes. He was one of the first in the State to develop, implement and monitor high performance comprehensive cardiac arrest pre-hospital systems of care.

EndPoint will evaluate the current clinical performance structure and make recommendations that are economically feasible through the following:

1. Assess the system’s ability to measure clinical performance and make corrective changes to improve patient outcomes.
2. Identify existing performance measures in place for each aspect of the EMS system (dispatch, first responder, ambulance transport, 911 receiving hospitals and specialty care centers) and make recommendations based on clinical best practices.
3. Assess how corrective actions are implemented at each of the levels of the system.
4. Identify processes in place and how performance issues are being addressed by each provider.
5. Review current ePCR platform used to determine if they meet patient care documentation requirements and State EMSA standards.
6. Identify performance measures established in addition to the State Core Measures and how providers are meeting these standards.
7. Assess the performance measures utilizing CARES, specialty system data including STEMI, Stroke, Trauma, existing performance measures and EMSA Core measures.
8. Provide recommendations for future performance measures.
9. Provide recommendations for clinically based response times performance standards.

EndPoint will provide recommendations based on the thorough evaluation benchmarking to industry standards to ensure quality patient care is being provided within Solano County’s EMS system.

E. Integration and use of ALS and Basic Life Support (BLS) first responders.

EndPoint acknowledges the value of fire based BLS and ALS response services as an integrated part of a high performing EMS system. We will evaluate the current structure and the integration of fire first responders and their performance as part of the system assessment.

1. Review the existing ambulance provider relationships with fire first responders.
2. Evaluate opportunities to expand or add new partnership arrangements as a system enhancement.
3. Provide recommendations to maximize utilization of fire first responders in semi-rural and rural areas to ensure the timely needs of the patient are met.

F. Deployment of ambulance response resources.

EndPoint will use the information gathered in Section C above to evaluate and develop recommendations for a transportation plan that includes response times standards and compliance, review any outliers and review system status configuration to ensure adequate unit hours are deployed to meet system demand.

1. Review response time requirements and performance of the current EOA ambulance provider.
2. Compare and contrast existing EOA design with other comparable medical transportation delivery systems.
3. Assess Ambulance Patient Off-load Times (APOT) and any impacts to response time compliance.
4. Assess the ambulance resource system in Solano County to determine if and how 9-1-1 ALS units are being utilized for hospital interfacility transports.
5. Evaluate the newly designed population maps to determine appropriate ambulance response for each population classification (urban, suburban, rural, wilderness) area.
6. Make recommendations if appropriate, for inclusion of fire first responder support agreements and public/private partnership agreements.
7. All recommendations will meet the clinical needs of the patient and be developed to ensure they are economically feasible for Solano County.

G. Data and performance reporting requirements.

EndPoint will review all data and reports available, including Medical Priority Dispatch System (MPDS®), or other EMD CAD reports, fire first responder and ambulance response times, clinical performance of pre-hospital and specialty care centers using industry standards. We will evaluate any tools currently in use and make recommendations for data mining platforms that streamline data analysis to improve efficiencies and maximize the use of data to make informed decisions that impact clinical performance.

H. EMS provider staffing and schedules relative to fatigue and crew/patient safety.

It is well established that EMS caregiver fatigue and negative crew performance and safety can be associated with longer shifts. Overtime, once coveted by law, fire and ambulance personnel can be a factor in patient care and a balance must be reached with labor and medical best practice to prevent caregiver fatigue or management from requiring long periods of work without adequate rest periods. Conducting an RFP is the right time to put current industry standards for staffing and utilization of overtime for ambulance services.

As part of its listening sessions, EndPoint will pay particular attention to the current group of caregivers and ambulance staffing schedules to determine if there is a risk to the Solano County EMS system.

I. Assess feasibility for future community paramedic and mobile healthcare demands, including:

- a. Scene treat and refer,
- b. Efficacy of alternate destinations within Solano County,
- c. Efficacy of 9-1-1 triage for non-response,
- d. Efficacy of a tiered 9-1-1 system.

EndPoint will review current medical literature to identify relevant studies that may support the appropriateness of new clinical strategies identified above. We will analyze Emergency Medical Dispatch reports, clinical performance outcomes to identify best practices that include a focused review of the efficacy of future opportunities for use of on-scene treat and release, alternate destinations, 9-1-1 triage for non-response and a tiered 9-1-1 response system within Solano County.

Some of these concepts are beginning to be implemented in California EMS systems and have unknown clinical outcomes and uncertain funding outside of pilot projects and clinical studies. As these clinical options evolve it is important to ensure adequate clinical oversight and effective monitored structures are in place. Any recommendations must meet the financial needs of the system and be sustainable. EndPoint will ensure that any ambulance contract will include flexibility for these types of system enhancements if they are deemed to be medically appropriate and financially support the EMS system.

J. EMS system financial analysis, including:

- a. Evaluation of incumbent’s audited financials.
- b. Payor mix.
- c. Cost containment strategies.

Building new EMS systems for the future requires an understanding of system finances and reimbursement. With our colleague Kevin Harper CPA, EndPoint will perform a comprehensive economic review of the current EMS system costs and revenue compared to other EMS systems of similar economic base together.

- 1. Evaluate current EOA provider’s profit and loss statements and audited financial reports if available.
- 2. Review payor mix to assess its impact on user fees.
- 3. Identify and provide recommendations for cost containment strategies that acknowledge the uncertainties of federal healthcare reimbursement to enable the projection of future system operations.

This information will be used to assess the incumbent ambulance providers’ financial strengths and will be used to assist with future projections and set system enhancement priorities utilizing cost containment strategies.

Phase 2. 911 Ambulance Services RFP

This will include the development and management of a competitive process for exclusive ALS and BLS ambulance services within the designated EOA. The RFP will be conducted with appropriate confidentiality to protect the competitive nature of the RFP. The RFP must rely on the system assessment and stakeholder feedback process. The RFP will meet the following objectives:

- A. Preserves a high level of emergency medical response throughout Solano County.
- B. Ensures that the ambulance services meet the needs of the patients at a reasonable and efficient cost.
- C. Ensures that the ambulance services comply with state and local standards for services.
- D. Establishes response time standards for urban/suburban/rural/wilderness response areas, based on EMD protocols and EMS Agency Medical Director requirements.
- E. Provide options to assure operational, clinical, and financial transparency of selected vendor.

EndPoint will:

- 1. Develop a Request for Proposal (RFP) based on system assessment and EMS system priorities to ensure:
 - a. Quality emergency medical care with clinical performance standards,
 - a. System efficiencies and reasonable cost for services,
 - b. Response time standards for urban/suburban/rural/wilderness areas based on EMD protocols approved by the EMS Agency Medical Director,
 - c. Provide additional transparency to assure operational, clinical, and financial performance is obtained,

- d. Provide flexibility for system changes and innovations as they may emerge during the term of the future agreement.
2. Develop, review, and finalize the RFP process timelines.
3. Develop a scoring instrument with appropriate weighting criteria based on system priorities.
4. Obtain RFP approval from the State EMS Authority.
5. Work closely with County Purchasing to ensure procurement processes are followed.
6. Support the EMS Agency in marketing the ambulance RFP to solicit qualified proposers.
7. Lead the Proposers Conference.
8. Assist in answering proposer inquiries and RFP questions.
9. Support the County in establishing a non-biased Proposal Review Committee to evaluate all RFP's.
10. Support the County in evaluating/screening proposals for minimum qualifications to ensure compliance with RFP requirements prior to forwarding to the Proposal Review Committee for scoring review.
11. Assist with orientation and oversight of the Proposal Review Committee and management of their review and recommendation process.
12. Provide expert advice regarding the selection process, as needed.
13. Provide expert advice to County throughout the entire procurement process.

Phase 3. Assist in the establishment of an Agreement for the new EOA Provider

EndPoint will develop a draft template of a contemporary ambulance transportation contract that incorporates the required items listed in the RFP for Ambulance Services and the response to that RFP from the Proposer. EndPoint will also participate in any stakeholder meeting to share system enhancements as a result of the RFP response and subsequent new agreement for the EOA ALS Ambulance Transport Agreement.

1. Develop a contract for new provider based on RFP requirements and awarded proposers response to the RFP.
2. Meet with Solano EMS and Solano County to review and approve draft agreement.
3. Participate in contract negotiations at the request of the EMS Agency.
4. Support process for Board of Supervisors approval, as needed.

End Point EMS understands the project outlined and scope of work developed will be a collaboration and partnership with Solano EMS Agency. We will provide continuous project management coordination and support for each phase of the project. It is critical to maintain communication with the EMS Agency and County leadership throughout the project to ensure the goal and activities continue to meet the needs of the County and community. This scope of work has been developed based on our experience supporting local EMS agencies through the ambulance procurement process throughout California. If we have not addressed all key areas, we would be happy to meet and discuss them with you to clarify any outstanding items. We are grateful for this opportunity to submit this proposal for your consideration on this critical project for Solano County.

ATTACHMENT 3

Current and Previous Consulting Services

2023 – 2024. Sonoma County Department of Health Services

Contact: Ken Tasseff, Health Care Privacy and Security Officer

Email: Ken.tasseff@sonoma-county.org

Services: Provide EMS system review and update the EMS Plan to submit to the California EMSA

Contract value: \$77,000

2019-2022. Coastal Valleys EMS Agency: Sonoma County

Contact: Bryan Cleaver, CVEMSA Director

Email: Bryan.Cleaver@sonoma-county.org

Services: EMS system assessment; develop ambulance service RFP

Contract value: \$161,000

2023 – 2023. NorCal EMS Agency

Contact: Donna Stone, Executive Director

Email: dstone@norcalems.org

Services: Provide EMS expertise pertaining to contracting for ambulance services under Health & Safety Code 1797.224 (grandfathering requirements and/or competitive process to grant exclusivity)

Contract value: Hourly rate of \$275.00 not to exceed \$25,000

2023-2025. El Dorado County

Contact: Kristine R. Oase-Guth, Interim EMS Agency Administrator - Program Manager

Contact: Kristine.oase@edcgov.org

Services: Conduct an EMS system assessment, develop a Strategic Plan, update EMS Plan for California EMSA, develop a modern ambulance contract

Contract value: \$152,187

2022-2023. San Bernardino County

Contact: Pamela Williams, Chief of Administration

Email: Pamela.Williams@cao.sbcounty.gov

Services: Develop an exclusive operating area ambulance RFP and modern high performance ambulance agreement

Contract value: \$214,250

2020-2021. San Bernardino County

Contact: Pamela Williams, Chief of Administration

Email: Pamela.Williams@cao.sbcounty.gov

Services: EMS system assessment and EMS consulting

Contract value: \$189,024

2020-2023. County of Yolo Health and Human Services: Yolo County

Contact: Douglas Brim, EMS Agency Administrator

Email: Douglas.brim@yolocounty.org

Services: EMS system assessment; develop ambulance service RFP and ambulance agreement

Contract value: \$124,625

2021-2022, 2023 - 2025. EMSAAC: Statewide

Contact: Nicholas Clay, President

Email: Nicholas.clay@sbcphd.org

Services: Provide technical support to EMSAAC, conduct system surveys to identify ambulance rates, EMS Agency fees for EMT certification and paramedic accreditation, specialty care center oversight, provide one-on-one coaching to EMS Administrators; research emerging trends, draft white papers and/or correspondences as requested.

Contract value: \$ 30,000

2022-2023. North Coast EMS Agency

Contact: Larry Karstead, Executive Director

Email: Larry@northcoastems.com

Services: Provide EMS expertise pertaining to ambulance exclusive operating area contracting and ambulance services request for proposal requirements.

Cost: Hourly rate \$275.00

2019-2021. Napa EMS Agency: Napa County

Contact: Shaun Michael Vincent, EMS Agency Administrator

Email: michael.vincent@countyofnapa.org

Services: EMS system assessment; develop ambulance service RFP

Contract value: \$123,289

2019-2020. Mountain Valley EMS Agency: Calaveras County

Contact: Cindy Murdaugh, Executive Director

Email: cmurdaugh@mvemsa.com

Services: EMS system assessment; develop ambulance service RFP

Contract value: \$55,000

2018-2109. Mountain Valley EMS Agency: Stanislaus County

Contact: Cindy Murdaugh, Executive Director

Email: cmurdaugh@mvemsa.com

Services: Develop ambulance service RFP

Contract value: \$125,000

ATTACHMENT 4

Estimated Sample Budget

<i>Phase 1 System Assessment</i>	
Hours	Cost
240	\$66,000
<i>Phase 2 Develop Ambulance RFP</i>	
Hours	Cost
215	\$59,125
<i>Phase 3 Contract Development & Negotiations</i>	
Hours	Cost
100	\$27,500
Total Charges	\$152,625

Additional work required beyond the scope of services will be billed at an hourly rate of \$275.00.
 Additional travel required beyond the scope of services will be billed at a daily rate of \$1,250.

This sample budget has been developed based on previous work completed in California. EndPoint looks forward to meeting with the Solano County EMS Agency and discussing this project and the County’s needs. The Scope of Work and budget will be modified to ensure the needs of the County are addressed.

Solano EMS Agency
RFP (Request for Proposal) Vendor Questions

Filler Security Strategies

Location: Washington D.C. / and CA

www.fssconsulting.net

Contact: Joshua Filler

1. Are you currently taking EOA RFP clients?

Yes, we are taking new clients.

2. Can you meet our current timeline of going into contract with a vendor within the next two months, EMS system review completed by end of 2023, and new contract implemented by July 2025?

Yes, we can meet your timeline goals.

3. How many other EOA RFP's have you participated in/completed and what are the locations?

We have responded to and consulted for RFP's that have issues. No completed RFP's but have written many legal documents and contracts.

4. What is the prehospital and emergency experience (Fire, EMS, hospital) of your team members?

Retired EMS Administrator will be main subject matter expert, lawyer with contract law experience, and other emergency preparedness experts.

5. Do you have anything else you want us to present for consideration?

We will send a proposal and a summary of qualifications.
(see attached summary of qualifications and proposal)



Summary Qualifications and Proposal to Solano County

Filler Security Strategies, Inc. (FSS) is an innovative leader in the emergency management arena, which includes collaborating, consulting, and partnering with Emergency Medical Services (EMS) agencies, Fire Departments, and Public Health Departments nationwide. FSS' chief executive officer and founder is an attorney with vast experience working with federal, state, and local government agencies on a wide array of projects ranging from development of strategic plans to conducting in-depth assessments of emergency response related capability, capacity, and risk, and everything in between.

We will develop an innovative approach to evaluate, assess, and create a system that meets and exceeds the emergency medical transport needs of the community that is financially sustainable, and at the same time provides the highest levels of care, treatment, and service to the affected population. Looking at the current landscape of EMS, and more specifically the emergency ambulance transport field in northern California, it is clear that times are changing, and the traditional methods used to manage and maintain exclusive operating areas must be evaluated and upgraded to support the evolution of systems and practices that have become the standard of care within the EMS sector. Furthermore, with operational and administrative costs on the rise, it is imperative that alternative and creative ways of generating the revenue needed to build, enhance, and sustain a superior EMS transport program for the residents of Solano County be identified.

The success of a project of this nature is reliant upon having an experienced, qualified, forward-thinking team capable of working with and bringing together a diverse group of public and private sector stakeholders to achieve the desired outcome. FSS is that team. We will enable the County to accomplish the goal of establishing a master agreement for emergency and inter-facility ambulance transportation and manage the process to select the most qualified and appropriate provider.

The team we have assembled comes with a great deal of experience, both with developing, managing, and overseeing Requests for Proposals (RFP) processes, as well as with negotiating and implementing Alliance Models between fire and EMS agencies for the provision of emergency ambulance services within exclusive operating areas. Our experience with these endeavors is primarily in Northern California, and more specifically in Alameda, Contra Costa, Solano, and Yolo counties.

At this time the proposed project team is comprised of the following individuals. Detailed resumes for these individuals are attached to this summary.

- Project Manager – Josh Filler, JD, CEO, Filler Security Strategies, Inc.
- Task Lead - Ted Selby, Retired Emergency Medical Services Administrator
- Project Coordinator - Jesse Allured, EMT-P, Emergency Medical Services Professional
- Project Specialist - Jay Huyssoon, Retired Fire Chief (City of Rio Vista, Cordelia District)
- Medical Consultant/Subject Matter Expert - Steve Whiteley

For the project timeline, we anticipate the following.

- December 2023: EMS System Review
- February 2024: Draft MSA/RFP (Stakeholder Engagement)

FILLER **S**ECURITY **S**TRATEGIES, INC.

- May 2024 Submit Approved Draft to EMSA (If applicable)
- June 2024: Post/Disseminate Final Approved RFP (If applicable)
- August 2024: Proposals Reviewed/Scored/Contractor Selected (If applicable)
- September 2024: Announce Selected Contractor
- October 2024: Protest Period Ends
- November 2024: Contract Awarded
- May 2025: New Contract Implemented

FSS looks forward to supporting Solano County EMS to help shape the future of pre-hospital care and treatment, as well as potentially helping open doors for EMS professionals to provide para-hospital and post-hospital treatment in the state of California. Working together we can accomplish great things.

Please let us know if we can provide any additional information or clarification to assist your decision.

Solano EMS Agency
RFP (Request for Proposal) Vendor Questions

Citygate Associates

Location: Folsom, CA

www.citygateassociates.com

Contact: David DeRoos

1. Are you currently taking EOA RFP clients?

No, we are not taking any new clients during 2023.

2. Can you meet our current timeline of going into contract with a vendor within the next two months, EMS system review completed by end of 2023, and new contract implemented by July 2025?

No, we are not doing any new work during 2023.

3. How many other EOA RFP's have you participated in/completed and what are the locations?

4. What is the prehospital and emergency experience (Fire, EMS, hospital) of your team members?

5. Do you have anything else you want us to present for consideration?