

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Board of Directors
Thursday, January 10, 2019
9:00 – 12:00 PM
Suisun City Council Chambers

Board of Directors

Birgitta Corsello
Solano County Administrator
Chair, SEMSC

Josh Chadwick, Fire Chief
Benicia Fire Department
Fire Chief Representative

Caesar Djavaherian, MD
Emergency Department
NorthBay Medical Center
Physicians' Forum Rep.

Thea Giboney, MHA
Medical Group Administrator
Kaiser Permanente
Medical Professional Rep.

Lillian Pan, DO
Emergency Department
Sutter Solano Med. Center
Medical Professional Rep.

VACANT
Health Care Consumer Rep.

David White, City Manager
City of Fairfield
City Manager Representative

EMS Agency Staff

Bela Matyas, MD, MPH
Public
Bryn E. Mumma, MD, MAS
EMS Agency
Medical Director

Ted Selby
Agency Administrator

Counsel

Azniv Darbinian
Assistant County Counsel

AGENDA

CALL TO ORDER - 9:00 a.m.

ROLL CALL

APPROVAL OF THE AGENDA

APPROVAL OF THE MINUTES OF OCTOBER 11, 2018

ACCEPT TRANSCRIPT OF MEETING OF DECEMBER 13, 2018 AS MINUTES

ITEMS FROM THE PUBLIC

*This portion of the meeting is reserved for persons wishing to address the Board on any matter **not** included on the agenda. Each speaker shall have 2 minutes to address the Board*

I. REPORTS

- a. SEMSC Medical Director's Report
- b. EMS Administrator's Report
- c. Medic Ambulance Operator's Report

II. REGULAR CALENDAR

- a. Selection of Vice Chair for 2019
- b. Contra Costa Ambulance Service Alliance Model Presentations
 - i. Overview of Model – Deputy Chief Lewis Broschard
 - ii. Background Presentation – Bela Matyas, MD, MPH
- c. Provide Direction for and Consider Approval of components of Draft RFP regarding Emergency Ambulance Services
 - i. Unincorporated County area receiving emergency ambulance service from City of Vacaville
 - ii. Experience Requirement; population size
 - iii. Experience Requirement; length requirement
 - iv. Response Times; comparison current/proposed (side by side)
 - v. CCT Inclusion; pros and cons/tradeoffs
 - vi. Review Panel; make up, multiple panels
 - vii. Vendor Workforce Incentives
 - viii. Scoring Criteria; point values and recommended modifications

BOARD MEMBER COMMENTS

- a. Chair
- b. Directors

ADJOURN

To the next specially scheduled meeting, date to be determined, in the Suisun City Council Chambers, 701 Civic Center Blvd., Suisun City CA 94585.

Solano EMS Cooperative

355 Tuolumne St., MS 20-240, Suite 2400 Vallejo, CA 94590 / PH: 707-784-8155 / Web Site: www.solanocounty.com

Solano Emergency Medical Services Cooperative (SEMSC)
Meeting Minutes
October 11, 2018; 9:00 a.m. – 11:15 a.m.
Suisun City Hall

DRAFT

BOARD MEMBERS

- Birgitta Corsello, Chair, SEMSC Board
- Josh Chadwick, Fire Chief Representative
- Caesar Djavaherian, Physicians' Forum Representative
- Thea Giboney, Medical Professional Representative
- Lillian Pan, Medical Professional Representative
- Richard Watson, Health Care Consumer Representative
- David White, City Manager Representative

STAFF

- Bryn Mumma, EMS Medical Director
- Ted Selby, EMS Administrator
- Michael Stacey, HSS Deputy Director, Medical Services
- Azniv Darbinian, Assistant County Counsel
- Hermie Zulueta, EMS Operations Manager
- Keith Erickson, EMS Coordinator
- Colleen Hogan, Health Education Specialist
- Patricia Zuñiga, Administrative Secretary (for Rachelle)

AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
<u>Call to Order/ Roll Call</u> 9:00 a.m.	Meeting called to order with a quorum present. Board Member Watson was absent.	(none)	
<u>Closed Session</u> 9:02 a.m.	Conference with Legal Counsel – Potential Litigation: One Case <ul style="list-style-type: none"> • There was nothing to report. 	(none)	
<u>Introduction of New Board Members</u>	New Board Member, Dr. Lillian Pan. She replaced Dr. Satjiv Kholi on the board.		
<u>Approval of Agenda</u> 9:40 a.m.	Board Member White moved to approve the agenda. Board Member Djavaherian seconded. AYES: 6; NAYS: 0; ABSENT: 1; ABSTAIN: 0 The Agenda was approved.		
<u>Approval of Minutes July 12, 2018</u>	Board Member Chadwick moved to approve the minutes of the July 12, 2018, meeting; Board Member Djavaherian seconded. AYES: 6; NAYS: 0; ABSENT: 1; ABSTAIN: 0. The Minutes were approved.	No comments	
<u>Public Comments</u>	(None)		

AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
<p><u>I. Reports</u> 9:45 a.m. a. SEMSC Medical Director's Report</p>	<p>a. Dr. Mumma, EMS Medical Director stated there were a few policy and protocol updates:</p> <ol style="list-style-type: none"> 1. Policy and Protocol Revisions – She stated that there are two policy revisions: <ul style="list-style-type: none"> • Policy 6105 – Solano County Pre-hospital Triage Plan and Trauma Triage Algorithm – Updated based on feedback from quarterly focus group meeting and July stakeholders meeting on the algorithm. Minor changes were made. • Policy 6180 – Multi-Casualty Incident Response Plan – Updated with minor changes. • ALS Protocol S1 – Plural Decompression – Updated with minor changes. 2. EMT Discipline – They have 1 new probation. 3. Other news: <ul style="list-style-type: none"> • They joined CARES (Cardiac Arrest Registry to Enhance Survival), through the efforts of, all the participating institutions as well as Colleen, and our local CARES support and representatives. • Medic Ambulance successfully entered complete, 2017 data, which will serve as their baseline, performance to gauge for future QI efforts. All the numbers, are in terms of outcomes and treatments, were comparable, to the national benchmarks, with the exception, of the bystander CPR rates, which were half of the national data. This represents one area of improvement. Good news for their first year is, they are no worse and no better than the national average. They want to be better than average and are off to a good starting point. They know where they stand and are working in making efforts to improve in those areas, where there is room for improvement. 	<p>(none)</p>	

<p>b. EMS Administrator's Report</p>	<p>b. Ted Selby, EMS Administrator, provided an update on the following items:</p> <ol style="list-style-type: none">1. Recent Changes – Ted introduced a new board member, Dr. Lillian Pan. She has worked at Sutter Solano, in the Emergency Department for nearly 10 years, serving Solano residents. She replaces Satjiv Kohli, who served on the board, for nearly 2 years. She was welcomed to the board. Mr. Selby made the administrator's report brief, as there was closed session earlier. The quarter has been quite busy, with stakeholder meetings and work group sessions. The focus has been on stakeholders' engagement and data collection as it pertains to EMS system and ambulance service. He notified the board that, their consultant, Mr. Wolfberg, would be providing a presentation.2. System Performance & Updates: <u>Performance response time statistics – 4th quarter FY 17/18</u><ul style="list-style-type: none">• Medic Ambulance – 99%• Benicia – 96%• Dixon – 97%• Fairfield – 94%• Vallejo – % (data not yet received)3. Announcement – There will be a state-wide medical and health exercise, that will be held in November. There will be a cross sector - table-top exercise November 8th, followed by a functional exercise November 15th. The scenario will be an infectious disease outbreak, and all system hospitals will be participating, in the exercise.	<p>(none)</p>
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<p>c. Medic Ambulance Operator's Report</p>	<p>c. Helen Pearson, Chief Financial Officer and one of the owners of Medic Ambulance Service, gave the report.</p> <ul style="list-style-type: none">• In August and September, Medic Ambulance was awarded three California Ambulance Association Service Excellence awards in three categories: Clinical Outcome for the AED Donation, Community Impact Program for their community, paramedicine program, and their Community Public Relation Program - Robbin Mackbee Firefighter EMS Youth Academy. Medic Ambulance was also awarded three AMBI Awards, awarded by the American Ambulance Association every year. Medic Ambulance received it for Clinical Outcome Project, again, for their AED Donation Program, and for the third year in a row, Medic Ambulance awarded the only members to get back-to-back awards, which were exciting accomplishments for them and Solano County.• Medic Ambulance has two new ambulances put into service, as part of their normal ambulance replacement program.• Great news! As of yesterday, the Community Paramedic Program was extended by OSHPD (Office of Statewide Health Planning and Development), until November 2019, working with EMZI, and the California Health Care Foundation on continued process. This is amazing news for their program and the patients that are benefiting from this award-winning program.• A multi-year program with Solano County dispatch is operational creating a CAD link from Solano dispatch to Medic Ambulance. Call transfers are done without a call and the data goes from Solano County dispatch directly into the Medic CAD system. It has cut down call receipts and time on task, by over 60% average. They have seen amazing results for both sides. "Thanks" goes out to Sandy Whaley, Robin Raines, Don Ryan, Ted Selby for assistance in this program.• Another year of the Robbin Mackbee Firefighter EMS Youth Academy is nearing completion, with over 25 amazing, at-risk Vallejo youth, who have committed the last 9 months to this program. They have learned many firefighting skills and techniques, while also receiving American Heart Association, First Aid and CPR cards.	
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	<p>They are truly, amazing youth and “Thanks” to them and the City of Vallejo and Byron Berhel, founder of the Students for At-Risk Youth and retired Battalion Chief.</p> <ul style="list-style-type: none"> In September, a medic team consisting of Brandon Klug, Brian Meader, Jimmy Pearson and their Medical Director, Paul Kivela, traveled to Glasgow, Scotland, to present a Community Paramedic program and its success. The presentation was well-received, and they are proud and honored to have this program and be able to use it in Solano County. <p>There were no questions.</p>		
<p><u>Public Comments</u></p>	<p>(None)</p>		
<p><u>II. Regular Calendar Items:</u> 9:55 a.m. a. Presentation by consultant, Doug Wolfberg, on Emergency Ambulance Request for Proposals (RFP).</p>	<p>a. Mr. Wolfberg stated he was glad to be back, and he appreciated the cooperation from the staff and the stakeholders. He explained the stakeholder process later in his presentation. He was pleased to work with Ted and Dr. Mumma, an outstanding core team, who have a great vision of how good the EMS system is and how it can be better. He prepared a PowerPoint presentation, which was a summary of the blueprint report, which was distributed to everyone. The presentation was a summary of the main points of the blueprint. The project involved a couple of phases. There is the blueprint of the model of what is recommended to be in the RFP. The feedback they get from the blueprint will determine what goes in the RFP. The RFP has been drafted, in detail. Due to the timeline, he has under the contract, the presentation, shown, was an overview of the RFP. The actual RFP is much more detailed. The focus was on a higher level of EMS structural issues, and again, there is more detail in the report, distributed that the attendees could read on their own, concerning these issues.</p> <ul style="list-style-type: none"> Summary of the project – the timeline – high level findings of their review of the system. He discussed how the new RFP fits in with the oversight that the Board must exercise over the system, and 		

finally a summary of their recommendations for the major issues in the next 10-year planning. He notified everyone in the room that this presents their recommendations only and the Board will make the final decisions. What ends up in the final RFP may be different than what is shown in the presentation, and may also, be different than their recommendations. He made it clear that he is presenting only recommendations. This is not the final decision for SEMSC.

- The EMS System Review and Blueprint Report presentation covered the below topics:
 - Project Summary and Timeline
 - EMS System Review
 - Revenues, Costs, and Oversight
 - EMS System Blueprint
 - Their recommendations for 2020-2030

This SEMSC Blueprint RFP Report, in its entirety, is posted on the Solano County, EMS Agency – 2020 RFP Project website. To access the presentation, type the following link in your Internet browser: http://www.solanocounty.com/depts/ems/2020_rfp_project.asp. Select “Solano County – 2020 RFP Project.” In the section titled, “Background Information” select “SEMSC Blueprint RFP Presentation.”

Questions from the Board

- Dr. Djavaherian:
 - He appropriated the evidence-based approach in the recommendations. On the EMD, would that require oversight from the Board? Yes.
 - Would it be like an audit? Yes. *There would be performance standards for their EMD processing, protocol compliance, call processing times, just as there are for their deployment. It would be required to have a QA process in place, specifically for their dispatch and to report required metrics to the Board.*
- Dr. Pan:
 - About the ED Re-Triage Process, and how it is recommended a 15-minute contractor write a first refusal.

Does that mean that if a patient comes in and you feel they need to be transported to a higher level of care, the hospital would call the contractor, and would they have 15 minutes to get back to them so would there be a lag time of the patient arriving in the ED? No. They would be required to assure they could place an ambulance in the Emergency Department within 15 minutes.

- Chief Chadwick:
 - A slide was shown, that there would of approval of the RFP, at the Special meeting in December, but the Board hasn't seen it yet, so how would they approve it? The RFP is substantially written and will be submitted to the Board for review prior to the December meeting. They wanted to do the blueprint first to get the critical feedback in finalizing the RFP, then submit it electronically to the Board, and hopefully there will be ample time to review it before the December meeting. If the Board feels that it will be appropriate to approve it in December, then that would keep to the timeline. When the RFP is given in advance of the December meeting, the Board would have an opportunity to submit any direction for change(s) of the RFP directly to the consultant and he would make the changes before it is issued, prior to the December meeting.

• Mr. White:

- Asked Mr. Wolfberg to review the data, shown on the Current Solano County EMS System Configuration and Proposed System slide. Due to lack of data, they are unable to answer both questions. They recommend EHR linkage to the hospitals, then outcomes can be measured.

• Dr. Djavaherian:

- About the charts on the Current Solano County EMS System Configuration and the Proposed Solano County EMS System Configuration. Would like to get a concrete understanding of the terms used, for example, evidenced-based, patient outcomes and sustainability.

Would like to understand the patient outcomes that are experienced under the current system and the financial sustainability experienced under the current system. And with the proposed system, would like to understand what is expected to be changed in the concept of patient outcomes and what is expected to be changed in the context of financial sustainability? What is the before and after in these items, the current and proposed system? *Great questions, but on the current system, it is unknown. For the future system, there would be in place, a process in place to provide the data needed, of both, to the Board. It is unknown if the current contractor is solvent. Currently the Board does not have the ability to know if the current contractor is financially solvent, unless they have asked for millions of dollars for subsidies, which they have not. So, the board currently does not have the ability to monitor whether the contractor is financially solvent, how to look for troubling trends or issues of concern that might presage financial unsustainability or collapse of the contractor, because of the lack of financial reporting. Currently sustainability looks like the contractor has not asked for a subsidy. Beyond that there are no metrics available, other than they are still here and answering calls. Going forward, there are recommendations for financial reporting in the blueprint report and the RFP. They recommend the contractor give the Board prescribed financial information and reporting a couple times a year, then thereafter there would be a baseline to make those determinations. As to patient outcomes, it is the same answer. There is not a lot of good data that links the pre-hospital care with length of stay or ultimate mortality of patients once they are in the hospital course. They recommend the inclusion of an EHR linkage, that would require the contractor to link its pre-hospital data with the patient's electronic health record (EHR). There are different providers of EHR services, so this is a unified patient medical record.*

If we can get to that, that is the golden standard by which any EMS system would be measured. This is elusive for any EMS system.

- When we look at these two systems, how do we know based on the lack of patient outcome data and financial data that what you are proposing will be a.) more efficacious for the patient in Solano County and the cities that participate in the JPA and b.) that the system proposed will be as robust financially as it is today? They know it, because right now the system and those two things are intertwined. It costs a lot of money to send and ALS response to every 911 call in 9 minutes. It stands to reason, even without data, it costs less to send BLS ambulances, required to respond in a longer time-period. If you have response time requirements that are based on the acuity of the call and the right level of service deployed, it will result in more appropriate allocation of costs. As to the outcomes, the only way to know the answer to the question, is if we took baseline outcome data now, which we don't have, and compare it to baseline outcome data, after implementation of the system. By incorporating evidenced based practices and incentivizing the contractor to do more than just get there quickly is not enough data. He used a made-up example: The medics, may have gotten to the destination quickly, but the medics didn't do a 12-lead and failed to recognize a STEMI and the patient had a, etc. If the wrong things are incentivized, then we don't know that the focus is on quality. If we look at patient outcome metrics, that are based in data, even though there is not a before and after shot for Solano County, it is known that these practices would be incorporated, and therefore improving patient outcomes for particularly critical incidents, such as, strokes, STEMI, trauma, cardiac arrest. That is where those performance standards are made to adhere to those evidenced-based practices.*

He wants to give the Board the ability to establish a baseline of those metrics and in 10 years the Board can ask those same questions to the person in his place, and they can offer better answers.

- Dr. Mumma added a comment to the same topic:
 - ▲ In the last two years, since she has been here, they have started to develop databases and develop a system for collecting baseline data on STEMI, on trauma, and on cardiac arrest. She mentioned earlier that Medic Ambulance had their first complete year of collected data on the CARES Registry. Since she has taken over, they have been making a concerted effort to collect that baseline data and assess patient outcomes. It has been a lot of work for the current EOA provider, because they are still doing their response time calculations to meet the current standards in the contract and they are also being asked to submit all this patient outcome data, for us to review at the quarterly meetings. We should have some baseline data available soon.
- Dr. Djavaheerian:
 - ▲ About that baseline data, are you observing, are there lessons, that you have learned from the baseline data that you can share with us? How are we doing? *They received the first, 2017 report, a few weeks ago, for the Medic Ambulance service area. For Solano County – for the cardiac arrest report, they were within a couple percentage points, which when you put a conference center around that it is no different than the national average, on almost all metrics, with the exception, of bystander CPR rate. It was about half of what it is in the national database. One reason is that dispatch assisted-CPR, results in higher rates of bystander CPR and better patient outcome. So that is one area they can focus their efforts. They have also discussed doing more public outreach and public education in CPR, so hopefully if someone happens to be a bystander, they are more comfortable doing that.*

Mr. Wolfberg also stated that one of the recommendations in the RFP is that the contractor's central secondary PCAT have capabilities for auto-geo-location of AEDs (automated external defibrillators), that may be at private businesses or other places. Anyone who owns an AED, can submit that to this registry and when it is linked with the PCAT, they can automatically notify the office, with the AED, that someone nearby is experiencing a cardiac arrest. It's called Pulse Point and there are other commercial applications that do the same. This is another proposal they have, in their recommendations.

- Chief Chadwick:

- ↳ Asked Mr. Wolfberg to clarify the Zone C slide. You recommended to add Zone C to the EOA. Please clarify. Yes. Currently Zone C and the city of Vacaville are serviced by the City of Vacaville Fire Department. There are 201 rights that that provider has in the City of Vacaville, but as to the other surrounding area outside the city of Vacaville, historically referred to and bordered as Zone C, in the County's approved EMS Plan, if that zone was included, not the city, but that surrounding zone, was included in the RFP, that would be subject to the contract and it would give the contractor performance standards and give the Board and the Agency staff oversight, which it does not have, because there is no current contract in place for accountability of those services within that zone.

- ↳ Asked to confirm would that be part of the bid process for a new provider as well? Yes, as recommended. It is up to the Board. And it would also be recommended that there be an experienced component of 300,000, to the bidders. Is that correct? Yes. Mr. Chadwick responded by stating that – It would be essentially taking it away from Vacaville, because they don't serve 300,000. Mr. Wolfberg stated that if they are not, or any entity qualified to submit a bid, is one of the pre-qualifications, they would be excluded from consideration.

	<ul style="list-style-type: none"> Chief Chadwick's comment: He was disappointed. The presentation seemed like a repeat of the same as what was presented at the July 12 meeting, where there was talk of stakeholders' meetings and all the input, but he did not see that input implemented at all. It seemed as the same as what was presented in July. <i>Mr. Wolfberg responded: He said, it is quite different, and the hope is, once there is a chance to read the report, you will see there are quite a few stakeholder areas of input that were incorporated, for example, Re-Triage Transports, workforce provisions, centralized EMD, priority-based response, tiered-response and virtually all has been recommended by stakeholders. This a policy recommendation, and the Board makes the choices, and some are irreconcilable wishes or desires. Mr. Chadwick was asked to read the report, to see the stakeholders' input.</i> 		
<p><u>Public Comments</u></p>	<ul style="list-style-type: none"> It was asked – Which entities are going to be disqualified from submitting a proposal, based on the 300,000 and 5-year requirement? <i>Ted responded – Any entity that doesn't have experience serving a population area of 300,000 or doesn't have 5 years' experience, would not be able to bid. Is Vacaville Fire Department interested in bidding, but now disqualified? Mr. Chadwick stated that one of the comments at a stakeholders' group was, to allow it to be opened to lots of different models or it would essentially eliminate all fire departments in Solano County from bidding.</i> Tom Mathers, Local 1166, Representing Benicia, Vallejo, Fairfield, American Canyon, Cordelia and Rio Vista – A couple questions. The EMD Dispatch – What is the success rate they accurately dispatch the appropriate level of service? Maybe they downgrade it to a BLS call, but it is really an ALS need. What is that percentage or accuracy, because it will negatively impact the fire service, and they will have to bump off the paramedics? <i>Mr. Selby responded: They didn't have that data, because they have an all ALS response system in place, since Mr. Selby has been on the Agency. What about other jurisdictions, for example, Santa Clara, Alameda, and San Mateo? What is the accuracy of their dispatch.</i> 	<p>Find out what the accuracy of other counties – dispatching the proper ambulance to</p>	<p>Ted Selby</p>

	<p>the scene.</p>	<p>that they are dispatching the proper ambulance to the scene? <i>Mr. Selby didn't have the answer and will follow up with Administrators in those areas. How will overload or call impact be addressed? There are limited fire engines in Benicia, and staff, in Benicia. What is the cost of a BLS and an ALS ambulance, since it was stated that there is a cost savings putting more BLS ones in service, instead of using an ALS for all calls? Currently, if they have 15 ambulances in service and they all are ALS, and they are asked for 10 BLS and 5 ALS, what is the cost savings and the impact? For the Public Private Partnership (PPP), there is a fee to each city, does that fee stay with this proposal or will they (Benicia) only get funds, when there is a transport to a hospital? If a BLS shows up, they cover the ALS, does the company still bill for ALS services? This could be like a double-dipping. Mr. Wolfberg responded: There is national data on accuracy of emergency medical dispatch protocols. There is a required QA process. In the RFP, it is recommended, that the contractors' dispatch center be ACE accredited, so they would have to track their compliance with the EMD protocols and assure those protocols result in an appropriate dispatch. In regards, to cost comparison of ALS vs. BLS, they don't have access to contractor cost data. There are national employment statistics, through the Department of Labor on salaries of the EMTs vs. the Paramedics. The PPP program would not be limited to payments only when the Paramedic responded with or transported with the ambulance. The ambulance would have to be an ALS ambulance if the call was a Charlie – Delta or Echo level call. They could not send a BLS to those calls. They would be required to have the unit hours savings formula continue as part of the PPP agreement and supplement that with the times when the ambulance has a transport. It may not be that the ambulance used the wrong dispatch level, it may be that they need another set of hands. It's not necessarily a failure of dispatch, it may, be they want 2 ALS providers to take care of the patient during transport. For whatever reason, that would be a supplementary funding mechanism to the existing, one that is based on the unit hours savings. Both of those funding mechanisms will be in their proposal.</i></p> <ul style="list-style-type: none">▪ Dr. Djavaheerian had a couple questions:
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	<p>▲ On the franchise fee, there is a proposal of an increase to \$600,000.00. What is the benchmark for that, how that impacts the sustainability of the system and how the amount was derived for that recommendation? <i>Mr. Wolfberg responded: The fee is currently \$500,000.00, and the additional \$100,000.00 is based on discussions with staff and their cost of oversight. They have no data other than they treated the staff, as a stakeholder and solicited their input, from the standpoint of making that recommendation. It goes hand in hand with reforming the penalties, making sure there is not an incentive to fund the local EMS Agency, by wanting to put penalties on the contractor, to meet the operating costs, as the local EMS Agency. Because the fee has not changed, it is a cost of living adjustment for the next contract cycle.</i></p> <p>▲ How many penalties have we assessed over the term of the contract and what is the monetary value of those penalties? Mr. Selby responded: He was unable to give hard facts, because he hadn't looked for that specific data in preparing for this meeting. To the best of his knowledge, since he has been with the EMS Agency, their responses have been above 90% for the duration of the contract and he didn't believe they have assessed any penalties. If they have, it was probably more than 5 years ago and under \$1000.00 for maybe, a rural response time infraction.</p>		
<p><u>Board Member Comments:</u></p>	<p>Ms. Corsello asked that the PowerPoint presentation go out to all the Board Members, electronically, so they have a copy of it, and that it gets posted on the website. She wanted to make sure the Blueprint Report gets posted, so it is electronically available. With the current agenda, the next meeting isn't until January and there was talk at the last meeting that there may be a need for an additional meeting. With the 13 recommendations that the Board needs to review, there is a need to meet before January, based on the availability of the consultant, the facilities. She asked the Board to weigh in on, the kind of process to use, to make decisions, with regards to the recommendations. She wants to allow for public comment and she suspected there will be a lot of comments on this one.</p>	<p>Send PowerPoint & Blueprint to Board Members and post on SEMSC Website.</p> <p>set up mechanism to collect comments</p>	<p>Ted Selby</p>

electronically.

She wants those collected and distilled, so the Board knows what those comments, if they need to make decisions moving forward with the RFP.

- ▲ Mr. Selby stated he will make electronic copies of the PowerPoint available to the Board Members and post it on the County Website, along with the Blueprint. He will work with the Consultant, to set up a mechanism to collect comments electronically. In regards, to the date, the Consultant is available between December 10th and 21st, for an in-person special meeting.
- ▲ Ms. Corsello stated the Board will need at least a half a day and it was discussed. The next Special SEMSC meeting was decided on December 13, 2018, to start at 9:30am. The regular meeting on January 10, 2019 will be kept.

Ms. Corsello encouraged everyone to review the PowerPoint and Blueprint document and provide thoughtful recommendations or suggestions. She expects it will be an animated process. She reminded the Board that it is their responsibility, as joint powers of authority, is to design, an Emergency Medical Response System that is good for the County as a whole. That was the delegated authority the Board of Supervisors gave this JPA.

After discussion, the Board agreed on the below expectations for the next meeting in December.

- If there is a draft RFP available prior to the December special meeting, it will be provided to the Board.
- Whether the focus is on the RFP or the recommendations, and walk through the recommendations, because the RFP would have to be revised if there are changes, that the group makes, recognize that everyone needs to be present in January, because the decisions will need to be addressed.

<p>a. Chair</p>	<p>a. Board Chair Corsello had the following comments: ^ As you have noticed, our Health Care Consumer Representative, has not been able to attend the last few meetings and the reasons are unknown. She recommended they proceed with soliciting a new representative. The Board has the ability, to annually make that appointment. Birgitta asked Asniv, how the selection was made.</p> <ul style="list-style-type: none"> ▪ Previously, a sub-committee was selected, consisting of the Chair of this Board and 2 other members. The applications went out, they interviewed and read a recommendation to the full Board, then the full Board confirmed the person recommended. It was asked that an application be put together and the rest of the pieces. At the December meeting, Birgitta will ask for a couple of volunteers to help to review what the Board receives and hopefully, the position will be filled in January or shortly thereafter. <p>b. Board Members had no comments.</p>	<p>Put together application and other pieces for Board consideration.</p>	<p>Azniv Darbinian</p>
<p><u>Adjournment</u></p>	<p>Meeting adjourned at 11:15 a.m. to the next special meeting scheduled for December 13, 2018 at 9:30 a.m.</p>	<p>(none)</p>	

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

Transcript of the Special SEMSC Board Meeting of December 13, 2018
may be accessed using the following URL:

http://www.solanocounty.com/depts/ems/2020_rfp_project.asp

As prepared by: DeMichelle - Huseby Fairfield Court Reporters and Trial Services

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/10/2019

I. REPORTS

a. SEMSC Medical Director's Report (verbal update, no action)

Copies of policies enacted since the last Board Meeting are attached for reference, as requested by the SEMSC Board.

Solano EMS policies and protocols are available on the internet at <http://www.co.solano.ca.us/depts/ems/>

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/10/2019

I. REPORTS

b. EMS Administrator's Report (verbal update, no action)

a. General Update

- General follow-up from the December 13, 2018 Special Meeting of the SEMSC Board. Ross Elliott, California Ambulance Association, forwarded data associated with the statement he made to the Board during his public comment, see attached.

b. System Performance

- Response time Percentages (EOA Provider)
- Response time Percentages (PPP Providers)

c. System Updates

- Emergency Ambulance Services RFP Project Consultant Update:

On December 13, 2018, a special meeting of this Board was facilitated. The meeting took place from 9:30 a.m. to 3:00 p.m. Representatives of Page, Wolfberg, and Wirth, the firm engaged to manage the project, were present to provide updates on the proposed RFP and address public comment and questions from the Board on matters pertaining to the provisions and specifications contained in the draft language.

On December 14, 2018, a letter was sent to SEMSC staff indicating Page, Wolfberg, and Wirth would be exercising their termination rights in accordance with the contractual agreement entered into with SEMSC. (see attached)

With this unforeseen development, staff has reached out to EMS related associations to obtain relevant recommendations for consulting firms to assist with carrying on and completing this project. Discussions have taken place with four firms:

- Abaris Group, Bill Bullard, Santa Cruz and Merced Counties
- Citygate Associates, Stewart Gary, Alameda County
- Fitch and Associates, Jay Fitch, Monterey County
- Rick Martinez Consulting

**GROUND EMERGENCY MEDICAL TRANSPORTATION
INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT
GENERAL INFORMATION AND CERTIFICATION**

1. Name of Fire Department / Agency: Vacaville Fire Department		2. DHCS GEMT Vendor #: GEMT000103	3. National Provider Identification (NPI): 1679572176	
4. Doing Business As (DBA):			5. Facility Business Phone: (707) 449-5452	
6. Fire District/Agency Street Address: 650 Merchant Street		7. City: Vacaville		8. Zip Code: 95688
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:
12. Name of Person Signing and Certifying Report: Kris Concepcion				
13. Report Contact Person: Lluvica Altamirano		14. Phone Number: (707) 449-6107		Phone Ext:
15. Mailing Address - Street or P. O. Box: 650 Merchant Street		16. City: Vacaville		17. State: CA
				18. Zip Code: 95688
19. Previous Name of Fire District/Agency if Changed Since Previous Report:				20. Date of Change:
21. Does your organization use another entity to provide GEMT services? NO		22. Date Range of GEMT Service Agreement:		
23. Does your organization use another entity to provide billing for GEMT services? YES		24. Are billing services paid on a Flat Rate or a Percentage: Percentage not to exceed a certain amount		
25. Reporting Period Began: July 1, 2015		26. Reporting Period Ended: June 30, 2016		
27. Net Cost of Transports \$105,168				

Intentional misrepresentation or falsification of any information contained in this request resulting in reimbursement by the Department of Health Care Services may be punishable by fine and/or imprisonment under federal and state laws (42 CFR, Section 1003.102 - "Basis for Civil Money Penalties and Assessments"; 18 U.S.C. 1347 - "Health Care Fraud"; California Welfare and Institutions Code 14123.25 - "Civil Penalties for Fraudulent Claims"; and Title 22 California Code of Regulations 51485.1 - "Civil Money Penalties").

For the purpose of this certification, "provider" is a Publicly Owned or Operated Ground Emergency Medical Transportation Services provider as defined in W&I Code Section 14105.94.

Certification by Officer or Administrator of the Fire Department / Agency

I, Kris Concepcion certify under penalty of perjury as follows:
Public funds for services provided have been expended as necessary for Federal Financial Participation (FFP), pursuant to the requirements of Section 1903(w) of the Social Security Act and 42 C.F.R. § 433.50 *et seq.* for allowable costs.
The expenditures claimed have not previously been, nor will be, claimed at any other time to receive Federal Funds under Medicaid or any other program.
The provider acknowledges that the information is to be used for claiming Federal funds and understands that misrepresentation of information constitutes a violation of Federal and State law.
The provider acknowledges that all funds expended pursuant to W&I Code Section 14105.94 are subject to review and audit by the Department of Health Care Services (DHCS).
The provider acknowledges understands that DHCS must deny payments for any claim submitted under W&I Code Section 14105.94, if it determines that the certification is not adequately supported for purposes of Federal Financial Participation.
That I am the responsible person of the subject Fire Department / Agency and am duly authorized to sign this certification and that, to the best of my knowledge and information, each statement and amount in the accompanying schedules are to be true, correct, and in compliance with Section 14105.94 of the California Welfare and Institutions Code.

November 30, 2016
Date of Signature

Vacaville Fire Department
Name of Fire District/Agency

E-mail the signed PDF electronic version of the completed cost report to:
GEMTsubmissions@dhcs.ca.gov

Title: **(Signature)
Fire Chief**
Address: **650 Merchant Street
Vacaville, CA 95688**

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program or claimed in violation of an agreement with the State, may subject you (or your organization) to civil money penalty assessments in accordance with California Welfare & Institutions Code, Section 14123.2.

CHECK FIGURE	
Total Reported Expenses (Before Allocation of Expenses - From Sch 1)	\$22,069,688
Total Reported Expenses (After Allocation of Expenses - From Sch 2 thru 5)	22,069,688
Variance	\$-

Material variances may result in a rejection of this Cost Report submission.

SCHEDULE 1 - TOTAL EXPENSE

Fire Department / Agency Name Vacaville Fire Department
National Provider Identification: 1679572176

Fiscal Year Ended: June 30, 2016

Line No.	Cost Center	Account Number	1	2	3	4
			Total Expense	MTS Expense	NON-MTS Expense	Administration & General
			Col 2 + Col 3	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
Capital Related						
1.00	Depreciation - Buildings and Improvements		\$ 205,079	\$ 51,840	\$ 153,239	
2.00	Depreciation - Leasehold Improvements		-	-	-	
3.00	Depreciation - Equipment		347,912	118,613	229,299	
4.00	Depreciation and Amortization - Other		-	-	-	
5.00	Leases and Rentals		16,072	-	16,072	
6.00	Property Taxes		-	-	-	
7.00	Property Insurance		-	-	-	
8.00	Interest - Property, Plant, and Equipment		5,863	-	5,863	
9.00	Other - (Specify)		-	-	-	
10.00	Other - (Specify)		-	-	-	
	Total Capital Related (Lines 1.00 thru 10.00)		\$ 574,927	\$ 170,453	\$ 404,473	
Salaries						
11.00	Administrative Chief		\$ -	\$ -	\$ -	
12.00	Chief		198,705	57,689	141,016	
13.00	Non-MTS Salaries		3,529,193	51,386	3,477,807	
14.00	MTS Salaries		4,192,920	4,192,920	-	
15.00	Deputy Chief		174,974	50,799	124,175	
16.00	Battalion Chief		716,334	207,968	508,366	
17.00	Captain		2,541,528	737,863	1,803,665	
18.00	Other - (Specify)		-	-	-	
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 11,353,654	\$ 5,298,625	\$ 6,055,030	
Fringe Benefits						
19.00	Administrative Chief		\$ -	\$ -	\$ -	
20.00	Chief		91,512	26,568	64,944	
21.00	Non-MTS Salaries		2,526,396	27,256	2,499,140	
22.00	MTS Salaries		3,000,081	3,000,081	-	
23.00	Deputy Chief		104,038	30,205	73,833	
24.00	Battalion Chief		341,407	99,118	242,289	
25.00	Captain		1,449,706	420,882	1,028,824	
26.00	Other - (Specify)		-	-	-	
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 7,513,140	\$ 3,604,110	\$ 3,909,030	
	Total Salaries & Fringe Benefits		\$ 18,866,794	\$ 8,902,735	\$ 9,964,060	
	Total Capital Related, Salaries, and Fringe Benefits		\$ 19,441,721	\$ 9,073,188	\$ 10,368,533	
Administrative and General						
27.00	Administrative		\$ 120,113	\$ -	\$ 120,113	\$ -
28.00	Legal		93,254	37,354	55,900	-
29.00	Accounting		86,985	37,086	49,899	-
30.00	Advertising		-	-	-	-
31.00	Consulting Expenses		104,919	73,822	31,097	-
32.00	Contracted Labor		-	-	-	-
33.00	Interest - Other		-	-	-	-
34.00	Training		68,765	2,637	66,128	-
35.00	General Insurance		303,980	163,715	140,265	-
36.00	Supplies		277,764	7,712	270,052	-
37.00	Bad Debt		-	-	-	-
38.00	Plant Operations and Maintenance		78,749	4,253	74,496	-
39.00	Housekeeping		4,345	542	3,804	-

SCHEDULE 1 - TOTAL EXPENSE

Fire Department / Agency Name Vacaville Fire Department
National Provider Identification: 1679572176

Fiscal Year Ended: June 30, 2016

Line No.	Cost Center	Account Number	1	2	3	4
			Total Expense	MTS Expense	NON-MTS Expense	Administration & General
			Col 2 + Col 3	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
40.00	Utilities		137,929	28,165	109,764	-
41.00	Medical Supplies		143,986	143,986	-	-
42.00	Minor Medical Equipment		-	-	-	-
43.00	Minor Equipment		55,133	14,942	40,191	-
44.00	Fines and Penalties		-	-	-	-
45.00	Fleet Maintenance		242,498	36,965	205,533	-
46.00	Communications		89,907	28,165	61,742	-
47.00	Recruit Academy		-	-	-	-
48.00	Dispatch Service		494,139	354,782	139,356	-
49.00	Logistics		77,160	27,627	49,533	-
50.00	Postage		3,316	1,730	1,586	-
51.00	Dues and Subscriptions		339	-	339	-
52.00	Other - Capital Related Costs		-	-	-	-
53.00	Contracted Services - MTS		-	-	-	-
54.00	Contracted Services - MTS Billing		191,671	-	191,671	-
55.00	Software		51,578	3,500	48,078	-
56.00	Professional Memberships		1,438	123	1,316	-
57.00	Other - (Specify)		-	-	-	-
	Total Administrative & General		\$ 2,627,967	\$ 967,105	\$ 1,660,863	\$ -
	Total Fire District / Agency		\$ 22,069,688	\$ 10,040,293	\$ 12,029,396	\$ -

SCHEDULE 2 - MEDICAL TRANSPORTATION SERVICES (MTS) EXPENSE

Fire Department / Agency Name: Vacaville Fire Department
National Provider Identification: 1679572176

Fiscal Year Ended: June 30, 2016

Line No.	Cost Center	Account Number	1	2	3	4	5
			MTS Expense	Allocated Direct Service Cost Fr Sch 4, Col 5	Total Reclasses Fr Sch 6, Cols 4 & 7	Total Adjustments Fr Sch 7, Col 1	Total MTS Expense To Sch 1, Col 2
Capital Related							
1.00	Depreciation - Buildings and Improvements		\$ -	\$ 51,840	\$ -	\$ -	\$ 51,840
2.00	Depreciation - Leasehold Improvements		-	-	-	-	-
3.00	Depreciation - Equipment		118,613	-	-	-	118,613
4.00	Depreciation and Amortization - Other		-	-	-	-	-
5.00	Leases and Rentals		-	-	-	-	-
6.00	Property Taxes		-	-	-	-	-
7.00	Property Insurance		-	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		-	-	-	-	-
9.00	Other - (Specify)		-	-	-	-	-
10.00	Other - (Specify)		-	-	-	-	-
	Total Capital Related (Lines 1.00 thru 10.00)		\$ 118,613	\$ 51,840	\$ -	\$ -	\$ 170,453
Salaries							
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief		-	57,689	-	-	57,689
13.00	Non-MTS Salaries		-	51,386	-	-	51,386
14.00	MTS Salaries		4,192,920	-	-	-	4,192,920
15.00	Deputy Chief		-	50,799	-	-	50,799
16.00	Battalion Chief		-	207,968	-	-	207,968
17.00	Captain		-	737,863	-	-	737,863
18.00	Other - (Specify)		-	-	-	-	-
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 4,192,920	\$ 1,105,704	\$ -	\$ -	\$ 5,298,625
Fringe Benefits							
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief		-	26,568	-	-	26,568
21.00	Non-MTS Salaries		-	27,256	-	-	27,256
22.00	MTS Salaries		3,000,081	-	-	-	3,000,081
23.00	Deputy Chief		-	30,205	-	-	30,205
24.00	Battalion Chief		-	99,118	-	-	99,118
25.00	Captain		-	420,882	-	-	420,882
26.00	Other - (Specify)		-	-	-	-	-
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 3,000,081	\$ 604,029	\$ -	\$ -	\$ 3,604,110
	Total Salaries & Fringe Benefits		\$ 7,193,001	\$ 1,709,733	\$ -	\$ -	\$ 8,902,735
	Total Capital Related, Salaries, and Fringe Benefits		\$ 7,311,614	\$ 1,761,574	\$ -	\$ -	\$ 9,073,188
Administrative and General							
27.00	Administrative		\$ -	-	\$ -	\$ -	\$ -
28.00	Legal		37,354	-	-	-	37,354
29.00	Accounting		37,086	-	-	-	37,086
30.00	Advertising		-	-	-	-	-
31.00	Consulting Expenses		73,822	-	-	-	73,822
32.00	Contracted Labor		-	-	-	-	-
33.00	Interest - Other		-	-	-	-	-
34.00	Training		2,637	-	-	-	2,637
35.00	General Insurance		163,715	-	-	-	163,715
36.00	Supplies		7,712	-	-	-	7,712
37.00	Bad Debt		-	-	-	-	-
38.00	Plant Operations and Maintenance		4,253	-	-	-	4,253
39.00	Housekeeping		542	-	-	-	542
40.00	Utilities		28,165	-	-	-	28,165
41.00	Medical Supplies		143,986	-	-	-	143,986
42.00	Minor Medical Equipment		-	-	-	-	-

SCHEDULE 2 - MEDICAL TRANSPORTATION SERVICES (MTS) EXPENSE

Fire Department / Agency Name: Vacaville Fire Department
National Provider Identification: 1679572176

Fiscal Year Ended: June 30, 2016

Line No.	Cost Center	Account Number	1	2	3	4	5
			MTS Expense	Allocated Direct Service Cost Fr Sch 4, Col 5	Total Reclasses Fr Sch 6, Cols 4 & 7	Total Adjustments Fr Sch 7, Col 1	Total MTS Expense To Sch 1, Col 2
43.00	Minor Equipment		14,942		-	-	14,942
44.00	Fines and Penalties		-		-	-	-
45.00	Fleet Maintenance		36,965		-	-	36,965
46.00	Communications		28,165		-	-	28,165
47.00	Recruit Academy		-		-	-	-
48.00	Dispatch Service		354,782		-	-	354,782
49.00	Logistics		27,627		-	-	27,627
50.00	Postage		1,730		-	-	1,730
51.00	Dues and Subscriptions		-		-	-	-
52.00	Other - Capital Related Costs		-		-	-	-
53.00	Contracted Services - MTS		-		-	-	-
54.00	Contracted Services - MTS Billing		-		-	-	-
55.00	Software		3,500		-	-	3,500
56.00	Professional Memberships		123		-	-	123
57.00	Other - (Specify)		-		-	-	-
	<i>Total Administrative & General</i>		\$ 967,105		\$ -	\$ -	\$ 967,105
	Total Fire District / Agency		\$ 8,278,719	\$ 1,761,574	\$ -	\$ -	\$ 10,040,293

Line 54 - Before populating this line please review GEMT PPL 14-001. If your MTS billing contract meets the guidelines outlined in the GEMT PPL include these contracted expenses on the cost report. If your MTS billing contract does not meet the guidelines outlined in the GEMT PPL do not include these contracted expenses on the cost report.

SCHEDULE 3 - NON-MTS EXPENSE

Fire Department / Agency Name: Vacaville Fire Department
National Provider Identification: 1679572176

Fiscal Year Ended: June 30, 2016

Line No.	Cost Center	Account Number	1 NON-MTS Expense	2 Allocated Direct Service Costs Fr Sch 4, Col 6	3 Total Reclasses Fr Sch 6, Cols 4 & 7	4 Total Adjustments Fr Sch 7, Col 1	5 Total NON-MTS Expense To Sch 1, Col 3
Capital Related							
1.00	Depreciation - Buildings and Improvements		\$ -	\$ 153,239	\$ -	\$ -	\$ 153,239
2.00	Depreciation - Leasehold Improvements		-	-	-	-	-
3.00	Depreciation - Equipment		229,299	-	-	-	229,299
4.00	Depreciation and Amortization - Other		-	-	-	-	-
5.00	Leases and Rentals		16,072	-	-	-	16,072
6.00	Property Taxes		-	-	-	-	-
7.00	Property Insurance		-	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		5,863	-	-	-	5,863
9.00	Other - (Specify)		-	-	-	-	-
10.00	Other - (Specify)		-	-	-	-	-
	Total Capital Related (Lines 1.00 thru 10.00)		\$ 251,234	\$ 153,239	\$ -	\$ -	\$ 404,473
Salaries							
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief		-	141,016	-	-	141,016
13.00	Non-MTS Salaries		3,352,197	125,610	-	-	3,477,807
14.00	MTS Salaries		-	-	-	-	-
15.00	Deputy Chief		-	124,175	-	-	124,175
16.00	Battalion Chief		-	508,366	-	-	508,366
17.00	Captain		-	1,803,665	-	-	1,803,665
18.00	Other - (Specify)		-	-	-	-	-
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 3,352,197	\$ 2,702,833	\$ -	\$ -	\$ 6,055,030
Fringe Benefits							
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief		-	64,944	-	-	64,944
21.00	Non-MTS Salaries		2,432,514	66,626	-	-	2,499,140
22.00	MTS Salaries		-	-	-	-	-
23.00	Deputy Chief		-	73,833	-	-	73,833
24.00	Battalion Chief		-	242,289	-	-	242,289
25.00	Captain		-	1,028,824	-	-	1,028,824
26.00	Other - (Specify)		-	-	-	-	-
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 2,432,514	\$ 1,476,516	\$ -	\$ -	\$ 3,909,030
	Total Salaries & Fringe Benefits		\$ 5,784,711	\$ 4,179,349	\$ -	\$ -	\$ 9,964,060
	Total Capital Related, Salaries, and Fringe Benefits		\$ 6,035,945	\$ 4,332,588	\$ -	\$ -	\$ 10,368,533
Administrative and General							
27.00	Administrative		\$ 120,113	-	\$ -	\$ -	\$ 120,113
28.00	Legal		55,900	-	-	-	55,900
29.00	Accounting		49,899	-	-	-	49,899
30.00	Advertising		-	-	-	-	-
31.00	Consulting Expenses		31,097	-	-	-	31,097
32.00	Contracted Labor		-	-	-	-	-
33.00	Interest - Other		-	-	-	-	-
34.00	Training		66,128	-	-	-	66,128
35.00	General Insurance		140,265	-	-	-	140,265
36.00	Supplies		270,052	-	-	-	270,052
37.00	Bad Debt		-	-	-	-	-
38.00	Plant Operations and Maintenance		74,496	-	-	-	74,496
39.00	Housekeeping		3,804	-	-	-	3,804
40.00	Utilities		109,764	-	-	-	109,764
41.00	Medical Supplies		-	-	-	-	-
42.00	Minor Medical Equipment		-	-	-	-	-
43.00	Minor Equipment		40,191	-	-	-	40,191
44.00	Fines and Penalties		-	-	-	-	-
45.00	Fleet Maintenance		205,533	-	-	-	205,533
46.00	Communications		61,742	-	-	-	61,742
47.00	Recruit Academy		-	-	-	-	-
48.00	Dispatch Service		139,356	-	-	-	139,356
49.00	Logistics		49,533	-	-	-	49,533
50.00	Postage		1,586	-	-	-	1,586

SCHEDULE 3 - NON-MTS EXPENSE

Fire Department / Agency Name: Vacaville Fire Department
National Provider Identification: 1679572176

Fiscal Year Ended: June 30, 2016

Line No.	Cost Center	Account Number	1	2	3	4	5
			NON-MTS Expense	Allocated Direct Service Costs Fr Sch 4, Col 6	Total Reclasses Fr Sch 6, Cols 4 & 7	Total Adjustments Fr Sch 7, Col 1	Total NON-MTS Expense To Sch 1, Col 3
51.00	Dues and Subscriptions		339		-	-	339
52.00	Other - Capital Related Costs		-		-	-	-
53.00	Contracted Services - MTS		-		-	-	-
54.00	Contracted Services - MTS Billing		191,671		-	-	191,671
55.00	Software		48,078		-	-	48,078
56.00	Professional Memberships		1,316		-	-	1,316
57.00	Other - (Specify)		-		-	-	-
	<i>Total Administrative & General</i>		\$ 1,660,863	\$ -	\$ -	\$ -	\$ 1,660,863
	Total Fire District / Agency		\$ 7,696,808	\$ 4,332,588	\$ -	\$ -	\$ 12,029,396

Line 54 - Before populating this line please review GEMT PPL 14-001. If your MTS billing contract meets the guidelines outlined in the GEMT PPL include these contracted expenses on the cost report. If your MTS billing contract does not meet the guidelines outlined in the GEMT PPL do not include these contracted expenses on the cost report.

SCHEDULE 4 - ALLOCATION OF CAPITAL RELATED AND SALARIES & BENEFITS (CRSB) EXPENSE

Fire Department / Agency Name: Vacaville Fire Department
National Provider Identification: 1679572176

Fiscal Year Ended: June 30, 2016

Line No.	Cost Center	Account Number	1 Expense to be Apportioned	2 Total Reclasses (A) Fr Sch 6, Cols 4 & 7	3 Total Adjustments (B) Fr Sch 7, Col 1	4 Net Expense to be Apportioned	5 MTS Allocation 25.28%	6 NON-MTS Allocation 74.72%
Capital Related								
1.00	Depreciation - Buildings and Improvements		\$ 205,079	\$ -	\$ -	\$ 205,079	\$ 51,840	\$ 153,239
2.00	Depreciation - Leasehold Improvements		-	-	-	-	-	-
3.00	Depreciation - Equipment		-	-	-	-	-	-
4.00	Depreciation and Amortization - Other		-	-	-	-	-	-
5.00	Leases and Rentals		-	-	-	-	-	-
6.00	Property Taxes		-	-	-	-	-	-
7.00	Property Insurance		-	-	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		-	-	-	-	-	-
9.00	Other - (Specify)		-	-	-	-	-	-
10.00	Other - (Specify)		-	-	-	-	-	-
	Total Capital Related (Lines 1.00 thru 10.00)		\$ 205,079	\$ -	\$ -	\$ 205,079	\$ 51,840	\$ 153,239

Capital Related Allocation Statistics for Direct Service Cost Allocation		
Description	Square Ft	Factor
MTS Square Footage	7,955	25.28%
Non-MTS Square Footage	23,515	74.72%
Total Square Feet to be Apportioned	31,470	100.00%

Line No.	Cost Center	Account Number	1 Expense to be Apportioned	2 Total Reclasses Fr Sch 6, Cols 4 & 7	3 Total Adjustments Fr Sch 7, Col 1	4 Net Expense to be Apportioned	5 MTS Allocation 29.03%	6 NON-MTS Allocation 70.97%
Salaries								
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief		198,705	-	-	198,705	57,689	141,016
13.00	Non-MTS Salaries		176,996	-	-	176,996	51,386	125,610
14.00	MTS Salaries		-	-	-	-	-	-
15.00	Deputy Chief		174,974	-	-	174,974	50,799	124,175
16.00	Battalion Chief		716,334	-	-	716,334	207,968	508,366
17.00	Captain		2,541,528	-	-	2,541,528	737,863	1,803,665
18.00	Other - (Specify)		-	-	-	-	-	-
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 3,808,537	\$ -	\$ -	\$ 3,808,537	\$ 1,105,704	\$ 2,702,833
Fringe Benefits								
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief		91,512	-	-	91,512	26,568	64,944
21.00	Non-MTS Salaries		93,882	-	-	93,882	27,256	66,626
22.00	MTS Salaries		-	-	-	-	-	-
23.00	Deputy Chief		104,038	-	-	104,038	30,205	73,833
24.00	Battalion Chief		341,407	-	-	341,407	99,118	242,289
25.00	Captain		1,449,706	-	-	1,449,706	420,882	1,028,824
26.00	Other - (Specify)		-	-	-	-	-	-
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 2,080,545	\$ -	\$ -	\$ 2,080,545	\$ 604,029	\$ 1,476,516
	Total Salaries & Fringe Benefits		\$ 5,889,082	\$ -	\$ -	\$ 5,889,082	\$ 1,709,733	\$ 4,179,349

Salaries/Benefits Allocation Statistics for Direct Service Cost Allocation		
Description	Total Hrs	Factor
Hours Logged for MTS Duty	52,416	29.03%
Hours Logged for NON-MTS Duty	128,128	70.97%
Total Hours to be Apportioned	180,544	100.00%

SCHEDULE 5 - ALLOCATION OF ADMINISTRATION & GENERAL

Fire Department / Agency Name: Vacaville Fire Department
National Provider Identification: 1679572176

Fiscal Year Ended: June 30, 2016

Line No.	Cost Center	Account Number	1 Expense to be Apportioned ** See Note Below	2 Total Reclasses Fr Sch 6, Cols 4 & 7	3 Total Adjustments Fr Sch 7, Col 1	4 Net Expense to be Apportioned	5 MTS Allocation 45.49%	6 NON-MTS Allocation 54.51%
Administrative and General								
27.00	Administrative		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28.00	Legal		-	-	-	-	-	-
29.00	Accounting		-	-	-	-	-	-
30.00	Advertising		-	-	-	-	-	-
31.00	Consulting Expenses		-	-	-	-	-	-
32.00	Contracted Labor		-	-	-	-	-	-
33.00	Interest - Other		-	-	-	-	-	-
34.00	Training		-	-	-	-	-	-
35.00	General Insurance		-	-	-	-	-	-
36.00	Supplies		-	-	-	-	-	-
37.00	Bad Debt		-	-	-	-	-	-
38.00	Plant Operations and Maintenance		-	-	-	-	-	-
39.00	Housekeeping		-	-	-	-	-	-
40.00	Utilities		-	-	-	-	-	-
41.00	Medical Supplies		-	-	-	-	-	-
42.00	Minor Medical Equipment		-	-	-	-	-	-
43.00	Minor Equipment		-	-	-	-	-	-
44.00	Fines and Penalties		-	-	-	-	-	-
45.00	Fleet Maintenance		-	-	-	-	-	-
46.00	Communications		-	-	-	-	-	-
47.00	Recruit Academy		-	-	-	-	-	-
48.00	Dispatch Service		-	-	-	-	-	-
49.00	Logistics		-	-	-	-	-	-
50.00	Postage		-	-	-	-	-	-
51.00	Dues and Subscriptions		-	-	-	-	-	-
52.00	Other - Capital Related Costs		-	-	-	-	-	-
53.00	Contracted Services - MTS		-	-	-	-	-	-
54.00	Contracted Services - MTS Billing		-	-	-	-	-	-
55.00	Software		-	-	-	-	-	-
56.00	Professional Memberships		-	-	-	-	-	-
57.00	Other - (Specify)		-	-	-	-	-	-
Total Administrative & General			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**** If an Indirect Cost Factor is being applied on W/S 9, the Administration & General cost allocation will not be applied**

Line 54 - Before populating this line please review GEMT PPL 14-001. If your MTS billing contract meets the guidelines outlined in the GEMT PPL include these contracted expenses on the cost report. If your MTS billing contract does not meet the guidelines outlined in the GEMT PPL do not include these contracted expenses on the cost report.

Selection of Allocation Statistic:

Any variation of the allocation statistic must be approved prior to implementation and documentation MUST be readily available for review.

Allocation Statistics for Administration and General Expense		
Description	Accum Expense	Factor
Accumulated Cost of MTS Services (from Sch 2, Col 5)	\$ 10,040,293	45.49%
Accumulated Cost of NON-MTS Services (from Sch 3, Col 5)	\$ 12,029,396	54.51%
Total Accumulated Cost of MTS and NON-MTS Services	\$ 22,069,688	100.00%

SCHEDULE 6 - RECLASSIFICATION OF EXPENSES

Fire Department / Agency: Vacaville Fire Department Fiscal Year Ended: June 30, 2016
 National Provider Identification: 1679572176

EXPLANATION OF ENTRY	Code	INCREASE			DECREASE				
		Cost Center	Line Number	Schedule	Amount	Line Number	Schedule	Amount	
1.	1	2	3	4	5	6	7	8	9
2.					\$				\$
3.					-				-
4.					-				-
5.					-				-
6.					-				-
7.					-				-
8.					-				-
9.					-				-
10.					-				-
11.					-				-
12.					-				-
13.					-				-
14.					-				-
15.					-				-
16.					-				-
17.					-				-
18.					-				-
19.					-				-
20.					-				-
21.					-				-
22.					-				-
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28.					-				-
29.					-				-
30.					-				-
31.					-				-
32.					-				-
33.					-				-
34.					-				-
35.					-				-
36.					-				-
37.					-				-

SCHEDULE 6 - RECLASSIFICATION OF EXPENSES

Fire Department / Agency: Vacaville Fire Department Fiscal Year Ended: June 30, 2016
 National Provider Identification: 1679572176

EXPLANATION OF ENTRY	Code	INCREASE			DECREASE				
		Cost Center	Line Number	Schedule	Amount	Cost Center	Line Number	Schedule	Amount
	1	2	3	4	5	6	7	8	9
38.					-				-
39.					-				-
40.					-				-
41.					-				-
42.					-				-
43.					-				-
44.					-				-
45.					-				-
46.					-				-
47.					-				-
48.					-				-
49.					-				-
50.					-				-
51.					-				-
52.					-				-
53.					-				-
54.					-				-
55.					-				-
56.					-				-
57.					-				-
58.					-				-
59.					-				-
60.					-				-
Total Reclassifications (Col. 4 & 7 must equal)					\$				\$

Column 1: Use sequential lettering system to identify individual reclassifications; i.e. A. B. C...

SCHEDULE 7 - ADJUSTMENTS TO EXPENSES

Fire Department / Agency: Vacaville Fire Department Fiscal Year Ended: June 30, 2016
 National Provider Identification: 1679572176

	Description	Basis for Adjustment (A or B)	Amount Increase / (Decrease)	Cost Center	Schedule	C/R Line No.
		1	2	3	4	5
1.			\$ -			
2.			-			
3.			-			
4.			-			
5.			-			
6.			-			
7.			-			
8.			-			
9.			-			
10.			-			
11.			-			
12.			-			
13.			-			
14.			-			
15.			-			
16.			-			
17.			-			
18.			-			
19.			-			
20.			-			
21.			-			
22.			-			
23.			-			
24.			-			
25.			-			
26.			-			
27.			-			
28.			-			
29.			-			
30.			-			
	Total		\$ -			

Basis for Adjustment
 A = Cost (if cost, including applicable overhead, can be determined)
 B = Amount received (if cost cannot be determined)

SCHEDULE 8 - REVENUE / FUNDING SOURCES

Fire Department / Agency: Vacaville Fire Department
National Provider Identification: 1679572176

Fiscal Year Ended: June 30, 2016

A	1	2	3	4	5	6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	MEDI-CAL FEE FOR SERVICE (FFS) REVENUE FROM TRANSPORTS	July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	Total
1.	Medi-Cal Fee for Service	\$ 2,627	\$ 1,395	\$ 1,818	\$ 2,278	\$ 8,119
2.	Medi-Cal Fee for Service Other - (Specify) *					-
3.	Medi-Cal Fee for Service Other - (Specify) *					-
4.	Medi-Cal Fee for Service Other - (Specify) *					-
5.	Medi-Cal Fee for Service Other - (Specify) *					-
6.	Medi-Cal Fee for Service Other - (Specify) *					-
	Total Medi-Cal FFS Revenue from Transports (To Sch 9, Line 13)	\$ 2,627	\$ 1,395	\$ 1,818	\$ 2,278	\$ 8,119
[a]						
B	1	2	3	4	5	6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	OTHER MEDI-CAL REVENUE FROM TRANSPORTS	July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	Total
7.	Medi-Cal Managed Care	15,911	28,725	27,364	26,679	98,680
8.	Medi-Cal Managed Care Other - (Specify) **					-
9.	Medi-Cal Managed Care Other - (Specify) **					-
10.	Medi-Cal Managed Care Other - (Specify) **					-
11.	Medi-Cal Managed Care Other - (Specify) **					-
12.	Medi-Cal Managed Care Other - (Specify) **					-
	Total Other Revenue from Medi-Cal Managed Care Transports	\$ 15,911	\$ 28,725	\$ 27,364	\$ 26,679	\$ 98,680
[b]						
C	1	2	3	4		
	OTHER REVENUE / FUNDING SOURCES	MTS	NON-MTS	Total		
13.	Property Taxes		\$ 3,621,691	\$ 3,621,691		
14.	Charges for service - Ambulance		3,398,724	3,398,724		
15.	Charges for service - Others			531,505	531,505	
16.	GEMT		65,632	65,632		
17.	Healthy Partnership IGT		632,689	632,689		
18.	Strike Team Reimbursement - Engine hours and Admin Surcharge			138,053	138,053	
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
31.						
32.						
33.						
34.						
35.						
36.						
37.						
38.						
39.						
40.						
	Total Other Revenue		\$ 7,718,736	\$ 669,558	\$ 8,388,294	
GRAND TOTAL [a+b+c]						\$ 8,495,093
[c]						

Note: * Line 1 through 6 - Enter payments for FFS transports received from Medi-Cal. (i.e. Share of Cost, Other Health Care, Deductibles, etc.)

** Lines 7 through 12 - Enter Medi-Cal Managed Care revenue from transports - Medi-Cal Managed Care, Medi-Cal Managed Care other, Other Health Care, Deductibles, etc.

Lines 13 through 40 - Enter other Revenues received and list the funding sources not identified on lines 1 through 12.

SCHEDULE 10 - NOTES

Fire Department / Agency: Vacaville Fire Department
 National Provider Identification: 1679572176

Fiscal Year Ended: June 30, 2016

Please identify all contracting arrangements noted on Schedules 1, 2, and 3.

Sch	Line	Contract Arrangements	Amount
3	54	Ambulance Billing - Wittman Contract	\$ 191,671

Please identify the statistical basis for allocation on Schedules 4 and 5.

Sch	Line	Allocation Basis	Amount

If any schedules were left blank, please explain why.

Sch	Explanation

PAGE, WOLFBERG & WIRTH LLC
ATTORNEYS & CONSULTANTS

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3 MEMBER, CALIFORNIA BAR
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DOUGLAS M. WOLFBERG
DIRECT DIAL: 717-620-2680
dwolfberg@pwwemslaw.com

December 17, 2018

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Birgitta E. Corsello
Chair, Solano EMS Cooperative
355 Tuolumne St, MS 20-240
Vallejo, CA 94590

Re: Contract Number 03812-18

Dear Ms. Corsello:

Please allow this letter to serve as notice of termination of the above-referenced contract pursuant to Paragraph 4(A) of Exhibit C of the contract, subject to our rights under Section 4(C).

Thank you for the opportunity to be of service to SEMSC in this project. We wish you success in its completion.

Very truly yours,



Douglas M. Wolfberg

DMW:

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/10/2019

I. REPORTS

c. Medic Ambulance Operator Report (verbal update, no action)

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/10/2019

II. REGULAR CALENDAR

a. Selection of Vice Chair for 2019

BACKGROUND:

In accordance with the SEMSC Bylaws, the SEMSC Board shall be comprised of seven members: the Solano County Administrator; one City Manager selected by the Solano County City Managers; one Fire Chief selected by the Solano-Napa Counties Fire Chiefs organization; two Medical Professional Representatives selected by the Solano County hospitals with emergency rooms; one Physicians' Forum Representative selected by the Physicians' Forum; and one Healthcare Consumer Representative selected by the other six members of the Board. Each Board Member appointment is for a term of four years, with the exception of the Chair, which is a permanent appointment. The Bylaws provide for the annual election of the Vice Chair.

As indicated above, the Board must elect a Vice Chair annually. Pursuant to Article V, Section C, of the Solano Emergency Medical Services Cooperative (SEMSC) Bylaws, "The Board, at its regular January meeting, shall elect the Vice Chair, who shall hold office for a term of one (1) year unless the Vice Chair resigns. Should the Vice Chair resign, the Board shall elect a new Vice Chair who shall hold office for the remainder of the term." Richard Watson was elected by the Board to fill the Vice Chair vacancy in 2014, and was reappointed in 2015, 2016, and 2017. In 2018, the Board allowed Mr. Watson the opportunity to consider whether he would like to remain Vice Chair. Unfortunately, Mr. Watson was unable to physically attend any of the 2018 Board meetings and he passed away in November of 2018, leaving the Vice Chair position vacant.

LEGAL REVIEW SUFFICIENCY: This item has been reviewed as to form by County Counsel.

BOARD ACTION:

Motion:

By: _____ 2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/10/2019

II. REGULAR CALENDAR

- b. Contra Costa Ambulance Service Alliance Model Presentations**
 - i. Overview of Model – Deputy Chief Lewis Broschard**

BACKGROUND:

During the December 13, 2018, Special Board Meeting, representatives of Contra Costa County Fire Protection District provided public comment discussing the advantages of implementing an “Alliance Model” for ambulance services.

Deputy Chief Broschard has been invited to present an overview of the model to the Board

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/10/2019

II. REGULAR CALENDAR

- b. Contra Costa Ambulance Service Alliance Model Presentations**
 - ii. Background Presentation – Bela Matyas, MD, MPH**

BACKGROUND:

Dr. Matyas will be presenting background information associated with potential challenges to implementing an alliance model in Solano County.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441



April 13, 2018

Ms. Patricia Frost, EMS Director
Contra Costa County EMS Agency
1340 Arnold Drive, Suite 126
Martinez, CA 94553

Dear Ms. Frost:

This letter is in response to Contra Costa County's 2016 EMS Plan Update submission to the EMS Authority on September 28, 2017.

I. Introduction and Summary:

The EMS Authority has concluded its review of Contra Costa County's 2016 EMS Plan Update and denies the plan as submitted. Further, the EMS Authority rescinds approval of RFP-2015-CCC as part of the local EMS plan.

The EMS Authority received a complaint from the California Ambulance Association in 2017 alleging that the Contra Costa County EMS agency's Request for Proposal (RFP) 2015-CCC process and outcome was neither fair nor competitive. As reported by the California Ambulance Association, other prospective bidders did not bid because they believed the successful bidder had been predetermined before the official RFP process:

"The county already formed a partnership with their ambulance-company-of-choice long before the local EMS agency RFP was issued. Submitting a proposal to compete against such an alliance [was] seen as a waste of time and money-a pointless endeavor....[T]he county's selection of an ambulance company partner in advance of the local EMS agency's formal competitive process, allowed the fire department to bypass the standards and scrutiny of the State EMS Authority's typical oversight of competitive processes."

As a result of this complaint, the EMS Authority conducted an investigation into the circumstances related to the competitive process held in 2016 and the resultant operational contract effective January 1, 2017 as implemented by Contra Costa County EMS agency. Our findings indicate that the process conducted by Contra Costa County EMS agency, in collusion with the Contra Costa Fire Protection District and American

Medical Response, stifled competition due to bid rigging and was anti-competitive due to other factors related to the bid. Consequently, the EMS Authority withdraws our previous approval of RFP-2015-CCC as part of the local EMS plan for failure to ensure a fair, competitive process.

The EMS Authority made its determination to deny the 2016 Contra Costa County EMS plan, based on the following reasons:

1. Contra Costa County EMS failed to implement the RFP as approved by the EMS Authority

Health and Safety Code 1797.224 requires "A local EMS agency which elects to create one or more exclusive operating areas in the development of a local plan shall develop and submit for approval to the authority, as part of the local EMS plan, its competitive process for selecting providers and determining the scope of their operations."

The EMS Authority approved an addendum to the RFP on February 18, 2015. However, Contra Costa County EMS agency did not use the language approved by the EMS Authority and instead released an addendum, dated March 26, 2015, to the approved RFP. The language in the unapproved addendum included a substantive change to the language from the approved addendum by the EMS Authority.

Moreover, the language that was publicly released for the RFP allowed for a legal joint venture bid. However, the provisions of this unapproved addendum have been found that a joint venture was not utilized in the bid selected by Contra Costa EMS agency. Instead, the Contra Costa County EMS agency ignored their own bid requirements and selected a bidder that did not meet the qualifications.

Failure to obtain approval of the RFP language in advance from the EMS Authority is a violation of Health and Safety Code 1797.224.

2. Contra Costa County EMS failed to conduct a fair, competitive process

Contra Costa County EMS has a responsibility in carrying out the activities of government to follow local, State, and Federal laws. In this case, Contra Costa County EMS agency actively and directly colluded with the Contra Costa Fire Protection District and American Medical Response to ensure that the "Alliance" was the winning bidder. Contra Costa EMS agency did not disclose to the EMS Authority that competitors had colluded in advance to capture the marketplace and allowed bid rigging to occur.

In this case, the process used to select the winning bidder, "The Alliance", is anti-competitive as implemented due to bid suppression. Contra Costa Fire Protection District and American Medical Response discussed this arrangement well in advance of the competitive process. The evidence shows that the private incumbent ambulance provider (American Medical Response), submitting the joint bid with the Contra Costa County Fire District, agreed in advance not to compete against the fire district for the EMS contract.

3. The Contra Costa EMS agency failed to act independently from the County Board of Supervisors to carry out their professional responsibility as the local EMS agency

Health and Safety Code 1797.200 allows a County to designate an EMS agency, "Each county may develop an emergency medical services program. Each county developing such a program shall designate a local EMS agency . . ."

Once the County designates a local EMS agency, that local EMS agency has independent responsibility for the designation of exclusive operating areas and selecting providers (see also Health and Safety Code 1797.224 and *Memorial Hospitals Ass'n v. Randol (1995) 38 Cal.App.4th*). In this case, Contra Costa County EMS agency relied upon direction from the County Board of Supervisors in establishing exclusive operating areas and selecting the providers in advance of the competitive process required in Health and Safety Code 1797.224, instead of maintaining its professional responsibility to uphold State law as part of a two-tiered regulatory structure for EMS oversight.

Contra Costa County EMS failed to propose and prescribe a process that would be fair and competitive, and ensure that the political effects of County involvement did not influence the local EMS agency. Instead, the anti-competitive effect of the process, and the Alliance itself, was compounded by the fact that the same individuals awarding the contract (the County Board of Supervisors) were also the same individuals (the governing board of the fire district) competing for the contract, creating a situation that had a chilling effect on all other competition.

Guidance from the EMS Authority in EMSA #141, (XI)(1)(d) (established in 1985) describes that the local EMS agency may cancel the procurement process after opening if "The proposals were not independently arrived at in open competition, were collusive, or were submitted in bad faith". In this case, the Contra Costa EMS agency knew or should have known that the competitive process was flawed and should have canceled the procurement.

II. History and Background:

Contra Costa County received its last full plan approval for its 2011 plan submission and its last annual plan update for its 2015 plan submission. Historically, we have received EMS Plan submissions from Contra Costa County for the following years:

1994	2008-2012
1999	2014
2003-2006	2015

Health and Safety Code (HSC) § 1797.254 states that “Local EMS agencies shall annually submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority.”

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Contra Costa County’s 2016 EMS Plan Update. Areas that indicate the plan submitted is not concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

- | Approved | Not Approved |
|--|--|
| A. <input checked="" type="checkbox"/> | <input type="checkbox"/> <u>System Organization and Management</u> |
| B. <input checked="" type="checkbox"/> | <input type="checkbox"/> <u>Staffing/Training</u> |
| C. <input checked="" type="checkbox"/> | <input type="checkbox"/> <u>Communications</u> |
| D. <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>Response/Transportation</u> |

As stated above, the EMS Authority is rescinding its approval of RFP #2015-CCC as part of the 2016 EMS Plan effective immediately for: failure to implement the RFP as approved by the EMS Authority, failure to conduct a fair, competitive process, and failure to act independently from the County.

The EMS Authority will not be able to approve a new EMS plan until such time as a new competitive process has been submitted or amended Ambulance Zone Summary forms reflect operational areas one, two and five as non-exclusive.

- E. Facilities/Critical Care
- F. Data Collection/System Evaluation
- G. Public Information and Education
- H. Disaster Medical Response

IV. Conclusion:

Based on the information identified, Contra Costa County's 2016 EMS Plan Update is denied. The EMS Authority is rescinding its approval of RFP #2015-CCC as part of the 2016 EMS Plan effective immediately for anticompetitive activity.

The EMS Authority is staying the decision to rescind until April 30, 2020. The EMS Authority has designated Operational Areas one, two and five as non-exclusive effective immediately. Should Contra Costa County EMS wish to have exclusivity and receive state action immunity in these Operational Areas, a new fair and competitive process will need to be initiated, approved by the EMS Authority, and a provider implemented. The EMS Authority will allow approximately two years to complete the new competitive process until April 30, 2020.

As a reminder, this RFP must be reviewed and approved by the EMS Authority before it is publicly released for bidding responses; the EMS Authority will review the solicitation to ensure that it is fair and competitive to all bidders. The EMS Authority will also monitor the process and review any resultant contracts that are awarded to joint bidding partnerships for heightened considerations of any anti-competitive effects.

The EMS Authority cannot condone anti-competitive actions during the competitive process for selecting emergency ambulance services in carrying out our statutory responsibilities. The EMS Authority declines to support and provide state action immunity to local governments, under HSC § 1797.6, from bids that have been determined to be anti-competitive and stifled competition.

V. Next Steps:

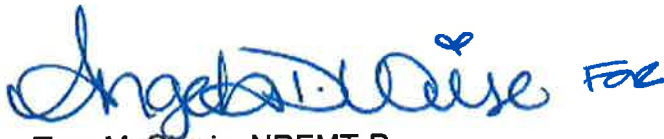
If you desire to appeal the denial of this plan submission to the Commission on EMS, please inform the EMS Authority in writing within 15 days of your receipt of this letter. The EMS Authority will then begin the process to schedule your appeal to be heard before the Office of Administrative Hearings pursuant to Health and Safety Code 1797.105.

Ms. Patricia Frost, Contra Costa EMS Director
April 13, 2018
Page 6 of 6

Contra Costa County's next annual EMS Plan submission will be due on or before
April 30, 2019.

Should you have any questions regarding the plan determination, please contact me at
(916) 322-4336 extension 695.

Sincerely,



Tom McGinnis, NREMT-P
Chief

Cc William Walker MD, Contra Costa County Director of Health

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/10/2019

II. REGULAR CALENDAR

- a. Provide Direction for and Consider Approval of Components of Draft RFP regarding Emergency Ambulance Services**
 - i. Unincorporated County area receiving emergency ambulance service from City of Vacaville**
 - Discuss boundaries and maps

LEGAL REVIEW SUFFICIENCY: PENDING

BOARD ACTION:

Motion:

By: _____ 2nd: _____

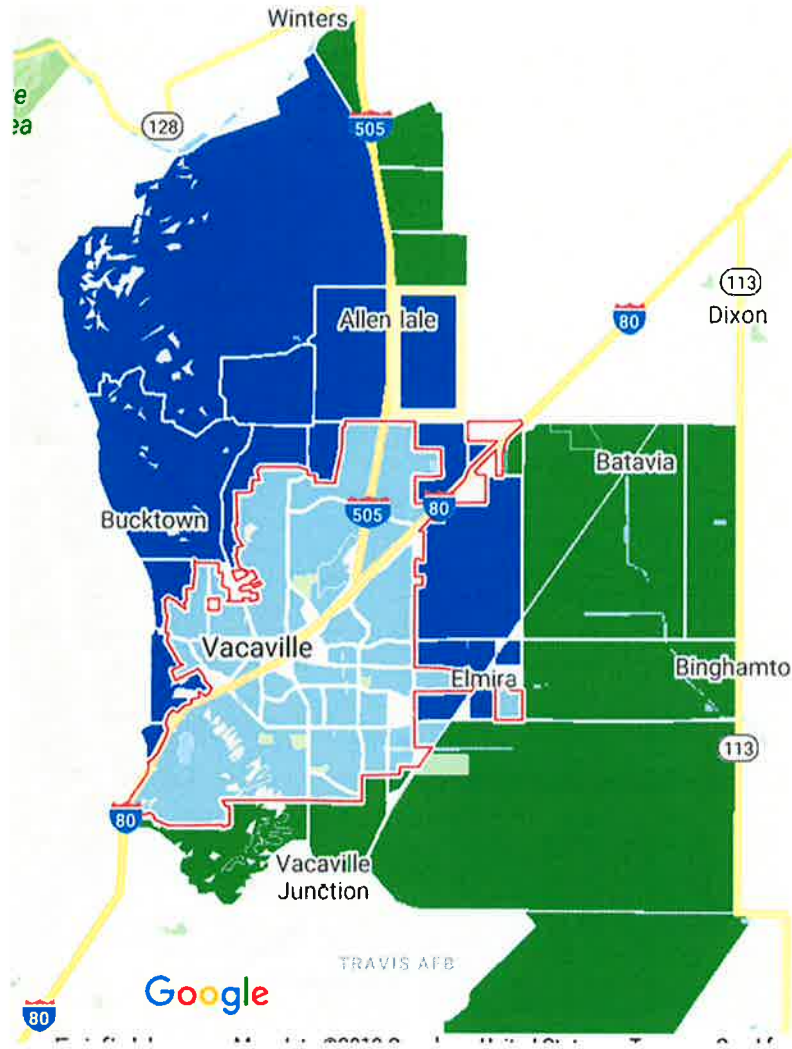
AYES:

NAYS:

ABSENT

ABSTAIN

UNINCORPORATED SOLANO COUNTY AREAS
HISTORICALLY SERVED BY
CITY OF VACAVILLE'S
AMBULANCE SERVICE



LEGEND

- LIGHT BLUE: CITY OF VACAVILLE
- BLUE: ZONE C (As previously mapped)
- GREEN: ZONE D (Historic service area not included in previous map)

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Board of Directors

Birgitta Corsello
Solano County Administrator
Chair, SEMSC

Josh Chadwick, Fire Chief
Benicia Fire Department
Fire Chief Representative

Caesar Djavaherian, MD
Emergency Department
NorthBay Medical Center
Physicians' Forum Rep.

Thea Giboney, MHA
Medical Group Administrator
Kaiser Permanente
Medical Professional Rep.

Lillian Pan, MD, MS
Emergency Department
Sutter Solano Med. Center
Medical Professional Rep.

Richard Watson
Health Care Consumer Rep.

David White, City Manager
City of Fairfield
City Manager Representative

EMS Agency Staff

Bryn E. Mumma, MD, MAS
EMS Agency
Medical Director

Ted Selby
Agency Administrator

Counsel

Azniv Darbinian
Assistant County Counsel

December 7, 2018

Wright, L'Estrange, and Ergastolo
402 West Broadway, Suite 1800
San Diego, CA 92101
jte@wlelaw.com

Re: Solano County Emergency Ambulance Services Request for
Proposals (RFP) Process

Dear Mr. Ergastolo:

This letter has been prepared in response to the correspondence you sent regarding what you describe as controversy arising between the City of Vacaville and the Solano Emergency Medical Services Cooperative (SEMSC). Your correspondence cites State Statutes and Case Law related to Emergency Medical Services and the provision of exclusive 9-1-1 ambulance services. You have requested notification as to whether SEMSC intends to move forward with the RFP process and, specifically, whether it intends to accept the consultant's recommendations regarding inclusion of the unincorporated areas of the county near the City of Vacaville, in which the Vacaville Fire Department has provided 9-1-1 ambulance services dating back to the mid 1970's, in the Exclusive Operating Area (EOA) being bid out in this RFP, as well as creation of a centralized, county-wide emergency medical dispatch (EMD) system.

Staff of the SEMSC have met with representatives of the Vacaville Fire Department to discuss the geographic areas in question. Following that meeting research was done to determine whether there are any disputes or disagreements regarding the geographic areas currently receiving 9-1-1 ambulance services from the Vacaville Fire Department. It has been determined that there are no disagreements regarding these geographic boundaries, save for the recently annexed portions by the City of Fairfield. Furthermore, it was verified that the City of Vacaville currently utilizes an EMD system and provides prearrival medical instruction to 9-1-1 medical callers, which addresses the goal associated with implementing centralized EMD. If centralized EMD is retained by the SEMSC in the RFP, it will apply only to the EOA being bid.

Solano EMS Cooperative

355 Tuolumne St., MS 20-240, Suite 2400 Vallejo, CA 94590 / PH: 707-784-8155 / Web Site: www.solanocounty.com

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Staff has determined they will recommend that the SEMSC Board not include Zone C, and the areas discussed in the former Elmira and Dixon Fire Protection Districts, in the EOA being bid out. They will also recommend that the City of Vacaville continue to provide 9-1-1 EMD services for the areas of the County in which the Vacaville Fire Department provides emergency ambulance response and transport.

Respectfully,



Ted Selby, Administrator
Solano Emergency Medical Services Cooperative
355 Tuolumne Street, MS 20-240
Vallejo, CA 94590

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/10/2019

II. REGULAR CALENDAR

- a. Provide Direction for and Consider Approval of Components of Draft RFP regarding Emergency Ambulance Services**
 - ii. Experience Requirement; population size**
 - Discuss population experience requirement

LEGAL REVIEW SUFFICIENCY: PENDING

BOARD ACTION:

Motion:

By: _____

2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/10/2019

II. REGULAR CALENDAR

- a. Provide Direction for and Consider Approval of Components of Draft RFP regarding Emergency Ambulance Services**
 - iii. Experience Requirement; length requirement**
 - Discuss length of experience requirement

LEGAL REVIEW SUFFICIENCY: PENDING

BOARD ACTION:

Motion:

By: _____ 2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/10/2019

II. REGULAR CALENDAR

- a. Provide Direction for and Consider Approval of Components of Draft RFP regarding Emergency Ambulance Services**
 - iv. Response Times; comparison current/proposed (side by side)**
 - Discuss table comparing current and proposed response times

LEGAL REVIEW SUFFICIENCY: PENDING

BOARD ACTION:

Motion:

By: _____ 2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/10/2019

II. REGULAR CALENDAR

- a. Provide Direction for and Consider Approval of Components of Draft RFP regarding Emergency Ambulance Services**
 - v. CCT Inclusion; pros and cons/tradeoffs**
 - Discuss advantages and disadvantages of including CCT in EOA

LEGAL REVIEW SUFFICIENCY: PENDING

BOARD ACTION:

Motion:

By: _____

2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/10/2019

II. REGULAR CALENDAR

- a. **Provide Direction for and Consider Approval of Components of Draft RFP regarding Emergency Ambulance Services**
 - vi. **Review Panel; make up, multiple panels**
 - Discuss desired make-up of panel and pros and cons of multiple panels

LEGAL REVIEW SUFFICIENCY: PENDING

BOARD ACTION:

Motion:

By: _____

2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/10/2019

II. REGULAR CALENDAR

a. Provide Direction for and Consider Approval of Components of Draft RFP regarding Emergency Ambulance Services

vii. Vendor Workforce Incentives

- Discuss rationale for inclusion of vendor workforce incentives

LEGAL REVIEW SUFFICIENCY: PENDING

BOARD ACTION:

Motion:

By: _____

2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/10/2019

II. REGULAR CALENDAR

- a. Provide Direction for and Consider Approval of Components of Draft RFP regarding Emergency Ambulance Services**
 - viii. Scoring Criteria; point values and recommended modifications**
 - Review scoring criteria and discuss scoring matrix table

LEGAL REVIEW SUFFICIENCY: PENDING

BOARD ACTION:

Motion:

By: _____ 2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN