

Attachment L

Alternative Options Issues for Consideration

A. Start a new competitive process (in part or in whole)

- As currently written, one exclusive zone
- Procedural Considerations:
 - Solicit a new RFP Consultant (3 months)
 - Conduct an EMS System Assessment (6 months)
 - Current assessment is 5 years old
 - New assessment will need to determine the financial value of the EMS System, given the disparity between the 2018 FITCH evaluation and the claim that the EMS system financial is worth more
 - RFP Development structure and Board of Supervisors engagement and approval needed
- The RFP Process could take 12-18 months once the Assessment is complete

Issues for Consideration	
Daily System Operations	Dependent on changes to the current RFP, but likely similar to outlined elements of an exclusive provider system, as outlined in Option B
System Infrastructure	Dependent on changes to the current RFP, but likely similar to outlined elements of an exclusive provider system, as outlined in Option B
Provider Accountability	Dependent on changes to the current RFP, but likely similar to outlined elements of an exclusive provider system, as outlined in Option B
Contract Timing	Will likely require an extension to AMR’s agreement
Fiscal	No identified funding source for the RFP and on-going County support
Other	Benefit of an updated EMS System Assessment to confirm system financial evaluation and update system information
	Revised RFP subject to CAEMSA approval
	The County Fire Chiefs’ Association and AMR have previously expressed concern with this approach

B. Update the current exclusive “grandfathered” agreement with AMR for Service Area 1

- The operating areas would remain as 3 zones
 - Zone 1: Exclusive, served by AMR (essentially Carpinteria to Santa Maria, along 101 corridor, and the Santa Ynez Valley)
 - Zone 2: Non-Exclusive, served by County Fire & AMR (essentially Lompoc and Vandenberg Village)
 - Zone 3: Exclusive, served by County Fire (Cuyama area)
- Procedural Considerations:
 - Meet with Stakeholders to develop input on agreement elements (3 months)
 - Negotiate a new agreement with AMR (3 months)
 - Validate with CA EMSA that this option is still available
- An updated system assessment could be a beneficial starting point (about 9 months)
- The renegotiation process would take about 6 months to complete (about 15 months if an assessment is conducted)

Issues for Consideration	
Daily System Operations	An exclusive system ensures community equity is built into the Contract, as well as securing the interfacility transport (IFT) system
System Infrastructure	An exclusive system provides security in infrastructure investment
Provider Accountability	An exclusive system allows for strict performance standards
Contract Timing	Could be completed prior to March, 2024 if no system assessment is completed
Fiscal	No impact
Other	Would ultimately require CAEMSA approval through the EMS Plan, which is uncertain

C. Let the current exclusive “grandfathered” agreement expire and enter into a “non-exclusive” ambulance arrangement

- Procedural Considerations:
 - Updated EMS System Assessment (*about 9 months*)
 - Centralized Dispatch Center becoming operational
 - Countywide Ambulance System Status Management Plan needed
 - Testing to validate under-resourced/served communities are served equitably needed
 - Additional LEMSA staffing to manage a more complex system
 - Confirmation of the Interfacility transport (IFT) system stability needed
 - Development of a mental health response system needed
 - Construct an ordinance to provide EMS system safeguards and structure needed

Issues for Consideration	
Daily System Operations	Out of 293 Ambulance Zones in the State, 6 (2%) are multiple provider, non-exclusive systems. Of the 6 zones, only 2 examples to reference: <ul style="list-style-type: none"> ● <i>Lassen</i>: Rural serving geographically isolated area ● <i>Trinity</i>: Rural serving geographically isolated area ● <i>Mendocino</i>: Serves community of approx. 60,000 ● <i>Santa Barbara</i>: AMR serves Lompoc, SBCFD serves Vandenberg Village and surrounding County area; effectively operate as two exclusive areas due to different dispatch systems ● <i>Shasta</i>: Serves community of 100,000; shared dispatch (by non-interested 3rd party) and deployment plan; no response time penalties ● <i>Sacramento</i>: 4 Fire Departments operate within their respective jurisdictions; hard to serve area supported by mutual-aid; private ambulance back fills 9-1-1 call volume; no response time requirements
	Likely to create gap in service to outlying areas, areas with lower call volume, and/or harder to serve areas; lack of exclusivity removes mandate to serve all areas
	Likely has a negative impact on mental health transfers and long-distance out of county transfers
System Infrastructure	Single point of dispatch has been identified as a critical component; time gap between end of current agreement and new dispatch center being on-line



	Creates a fragmented EMS System
Provider Accountability	A system of accountability that holds multiple providers in a non-exclusive environment to stringent contractual standards is not currently done broadly
Contract Timing	<u>Unknown</u> impact expiration of current AMR agreement
Fiscal	Creates instability in the EMS System as call volumes are not guaranteed for each provider
	LEMSA and First Responders receive funding from exclusive ambulance agreement
Other	None

D. Explore other options for ambulance service delivery:

- Public Health Department Operated EMS Service (Tuolumne model; non-exclusive in SBC)
- Explore & return to your Board with other models that comply with current California Statutes & Regulations