



Ambulance Service Contract Resolution and Ambulance Services Update

May 10, 2022

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Recommended Actions

- Approve the attached Resolution (Attachment A) adopting a policy setting forth issues to be considered for inclusion in contracts for the provision of emergency ambulance services entered into or renewed on or after January 1, 2022
- Approve and authorize issuance of the Request-For-Proposals (RFP) for an Exclusive Ambulance Services Provider for the Santa Barbara County Exclusive Operating Area
- Authorize the Public Health Department to negotiate and return to the Board for approval of a Fifth Amendment to the Professional Services Agreement with American Medical Response West (AMR) extending the termination date to allow for completion of the Ambulance Services RFP process

Overview of AB389

- AB389 established CA Health and Safety Code 1797.230 and 1797.231
- 1797.230 requires the County Board of Supervisors to adopt, by ordinance or resolution, a written policy setting forth issues to be considered for the inclusion in any County contract for emergency ambulance services entered into or renewed on or after January 1, 2022.
- AB389 intended to be a declaration of existing law and not “alter, modify, abridge, diminish, or enlarge the requirements” for creating an Exclusion Operating Area under Health and Safety Code 1797.224

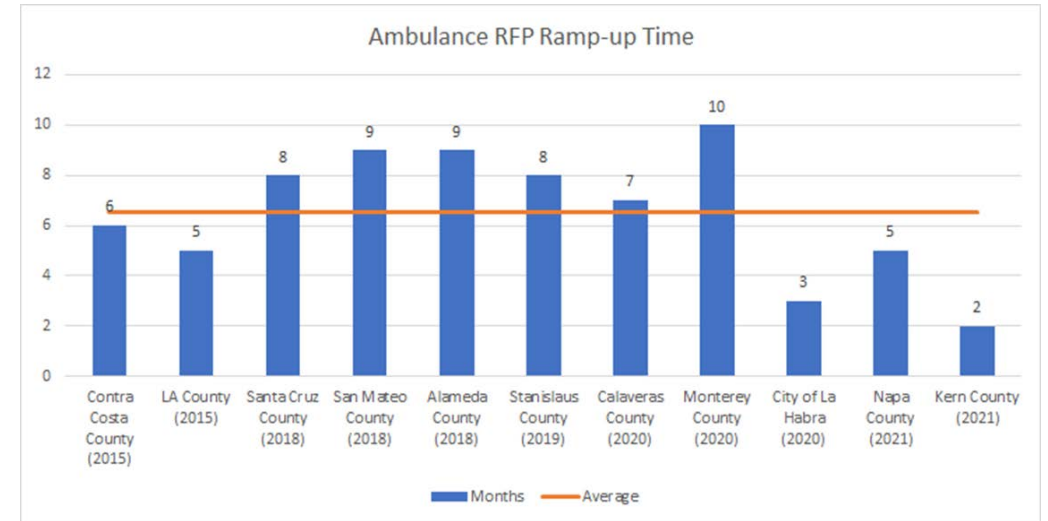
Issues to be Considered in the Resolution

- Employment retention requirements
- Disaster response and preparedness
- Minimum qualifications for the bidders
- Diversity and equity efforts
- Financial requirements
- Cost recovery mechanism for the County
- Community engagement, outreach, and education
- Emergency takeover/replacement provisions in the event of a major breach in the agreement
- Ongoing workforce development
- Staffing levels and compensation

These items have been included in the Ambulance RFP.

Ramp-up Period

- Allows winning bidder time to procure the equipment and develop the infrastructure to provide service on the 1st day of the agreement
- Also provides some risk to the incumbent provider and the County
 - Out-going provider required to maintain service levels while staff transition to new provider.
 - Could result in service delivery challenges
 - Goal is to strike the balance for the incoming and outgoing providers
- The industry average is approximately 7 months*



**Prior to COVID and supply global chain issues*

Supply Chain Challenges

- Ambulances are made-to-order
- Global supply chain impacts delayed ambulance manufacturing
 - Current situation: 12-16 months lead-time
 - Potential bidders have indicated they could be ready within 1-8 months
- LEMSA has extended the ramp up period to 11 months
 - Does not include the 2 months between *Intent to Award* and *Contract Presentation to the BOS*

RFP Timeline Overview

October 1, 2019: Board direction to initiate an Ambulance RFP

March, 2020: RFPAC met to develop Consultant RFP.

August, 2020: Consultant RFP awarded to CityGate Associates, LLC (CityGate)

November, 2020: Out of an abundance of caution, RFPAC recommended LEMSA terminate the agreement with CityGate, after a potential conflict of interest was identified. LEMSA contacted the next qualified bidder Fitch and Associates (FITCH)

January, 2021: FITCH began working on the Ambulance RFP

November, 2021: Draft Ambulance RFP was released for potential bidder comment

LEMSA received comments from various potential bidders, as well as the County Fire Chiefs' Association.

December, 2021: LEMSA sent a clarification request to the California EMS Authority (CAEMSA) regarding Exclusive Operating Area (EOA) boundaries.

January, 2022: LEMSA received a response from CAEMSA

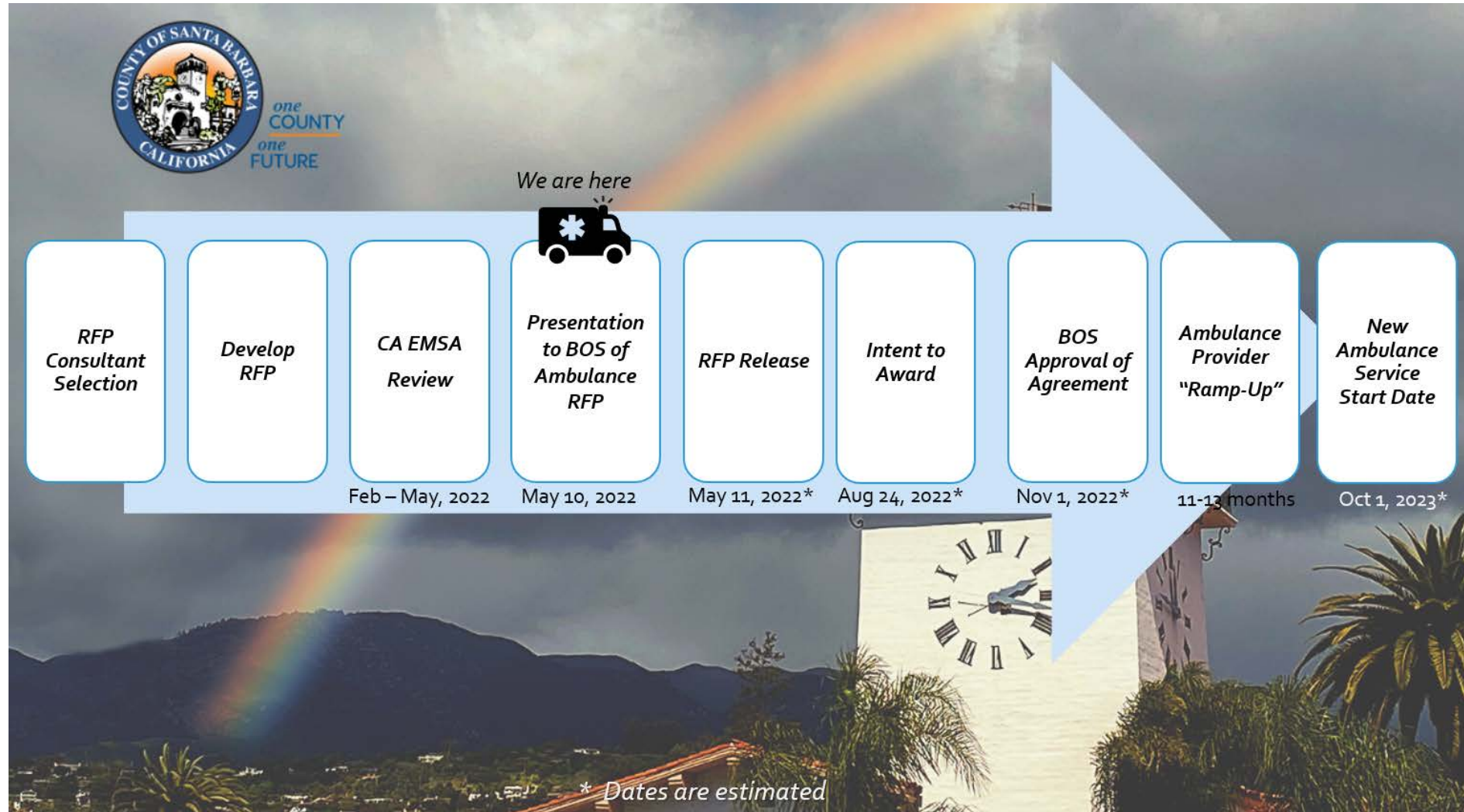
February, 2022: LEMSA sent the Draft Ambulance RFP to CAEMSA

March, 2022: LEMSA received feedback from CAEMSA

April, 2022 LEMSA sent amended Ambulance RFP to CAEMSA

May 3, 2022: LEMSA received CAEMSA approval of the Ambulance RFP

RFP Projected Timeline



Short-Term Extension with AMR

- Current agreement expires December 31, 2022
- At the time of the docketing of this presentation:
 - AMR and LEMSA are negotiating a short-term extension
 - LEMSA expects to return to your Board in June, 2022

What if there is a Gap in Service

- If the Ambulance RFP timeline extends beyond the end date of the agreement with AMR Agreement, the County will need to secure emergency and non-emergency ambulance service delivery for the gap between the end of the agreement and the start of the new agreement resulting from the Ambulance RFP.
- Scenarios that could create this gap:
 - The Ambulance RFP process is challenged via legal proceeding(s)
 - The Ambulance RFP process is delayed due to unforeseen circumstances
 - Supply chain or other “ramp-up” challenges cannot be overcome during the “ramp-up” period
 - The County and AMR are unable to execute an agreement to cover this gap
 - The EMS Plan (required with the RFP) approval by CAEMSA is not completed in time
 - There are no responsive bids to the Ambulance RFP
 - The County and the winning bidder are unable to negotiate an agreement prior to the gap
 - CAEMSA’s review of the resulting agreement is not completed in time
- LEMSA staff remain confident that by working with all our existing EMS System participants, we can ensure service delivery if any of the above (or other) scenarios occur.

Key Elements of the Ambulance RFP

- Triple Aim
 - Patient Experience
 - Population Health
 - System Cost
- EMS Agency Values
 - Community Access & Education
 - Provider Safety & Support
 - Clinical Excellence
- 2018 EMS System Review
 - Input from over 60 providers; all disciplines represented
 - 23 EMS System initiatives presented

RFP ADVISORY COMMITTEE

- RFP process initiated at direction of your Board in October, 2019
- RFP Advisory Committee established to:
 - Define Consult Scope of Work and select RFP Consultant
 - Provide policy level direction on Ambulance RFP
- RFP Advisory Committee consists of:
 - Assistant CEO
 - Public Health Department Director
 - Public Health Department Deputy Director
 - Behavioral Wellness Director
- Committee Staff:
 - EMS Agency
 - FITCH
 - County Counsel
 - County Procurement
 - County Risk Management

RFP Advisory Committee

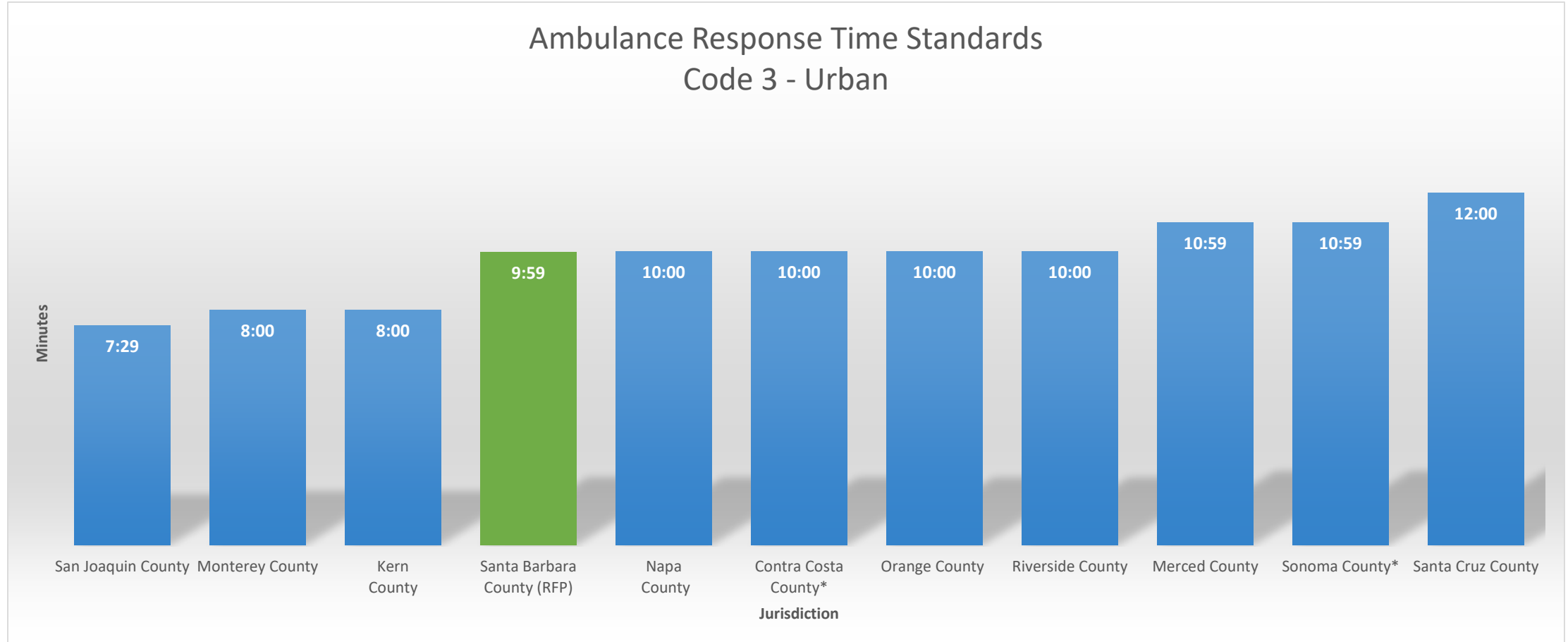
- Provided policy-level guidance on Ambulance RFP
- Examples of Guidance
 - Ambulance RFP procedural timelines
 - Ambulance RFP amendments as requested by CAEMSA
 - Approving the financial requirements of the Proposers
 - Defining the boundaries of a single EOA
 - Validation of response time requirements
 - Support for innovation in the medical health patient and interfacility transport systems
 - Ensuring diversity, equity, and inclusion was included for the providers and patients
 - Staffing requirements in the Ambulance RFP
 - Confirmation of the clinical standards set forth in the Ambulance RFP

Ambulance RFP: Key Components

Community Access & Education

- Solidifying 9-1-1 ambulance response times in urban areas to 9:59 (minutes: seconds)
 - Current requirement is 7:59 with a 2-minute extension based on sub-contracts
- Innovations in interfacility transport & mental health patients
- Enhances community outreach and education requirements
- Focus on patient satisfaction

Ambulance RFP: Response Time



**Indicates a county with multiple response time requirements, the time listed is the shortest requirement*

Ambulance RFP: Key Components

Provider Safety & Support

- Enhances Critical Incident Stress Management requirements
- Job security for incumbent workforce, in the event of a new service provider
- Updates staffing and shift length requirements
- Standardizes training platform and requirements

Ambulance RFP: Key Components

Clinical Excellence

- Establishes clinical performance standards in line with National and State standards
- Establishes clinical performance financial credits and penalties
- Requires proposers to demonstrate evidence of cost neutral/cost limited clinical innovations
- Requires dedicated clinical personnel required and support for the LEMSA Medical Director and clinical research

Ambulance RFP: Clinical Excellence

- Emphasis of the Ambulance RFP is on patient outcomes
- Use of patient-centered metrics to evaluate Contractor performance
- Faster response times are not generally associated with better clinical outcomes
- Contractor's clinical performance impacts response time compliance penalties
 - Response time penalty discounts applied for superior clinical performance

QUESTIONS?



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COUNTY

one
FUTURE