Colusa County
California

Ambulance Feasibility Study

January 10, 2022

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Executive Summary

Colusa County is a rural county located approximately 65 miles north of Sacramento encompassing a total area of 1,156 square miles, of which 1,151 square miles is land and 5.6 square miles (0.5%) is water. A large number of streams are located within the county, including Elk Creek, Salt Creek Stony Creek, and Bear Creek with the County's eastern boundary defined, in part, by the Sacramento River. The County is primarily agriculture with 49% dedicated to agriculture. With a population of just over 21,500, the density is roughly 18.5 people per square mile.

The County has had many challenges over the years with the delivery of ambulance services. The current provider, Enloe Ambulance, previously provided two full-time ambulances but later reduced this to a single 24-hour ambulance with a half-time ambulance. Enloe was again forced to reduce the number of dedicated units to a single 24-hour ambulance due to the inability of the system to financially support two emergency ambulance units even with the second being parttime. In 2020, AP Triton LLC (Triton) conducted an assessment of the County's emergency ambulance system and concluded there were many factors that contribute to the challenges in providing a countywide emergency ambulance system; the primary factor is low call volume and a low percentage of commercial insurance payers. As a result, Triton confirmed that the claims made by Enloe were real, as well as accurate, in their description of the ambulance services in Colusa County.

In response to the Triton Study, the County again contracted with Triton to revisit the economics and create a deployment plan that would improve the County's emergency response plan to emergency medical Incidents. Triton has concluded that there are no "quick fixes" to the issues at hand and that the County should consider both a short-term plan as a stop gap and a long-term plan for continued sustainability to a Countywide system.

Triton believes that while a short-term plan could be implemented in the 2021 calendar year, a long-term plan may require several years to implement. Triton further believes that a sustainable long-term plan not only involves the County's first responders and ambulance providers but demands input and understanding of the community and flexibility of the area hospitals.

This document should be viewed as a companion to the 2020 study completed by AP Triton. The 2020 study provided an in-depth look at the value of the system in supporting a robust deployment. The study covers health care financing and the impact that the system payer mix has on reimbursement. It discusses in detail the influence call volume and transport volume have on that payer mix reimbursement and the possibilities of increasing revenue to support a complete self-sustaining EMS system. This study picks up where the previous study left off at system design.

Understanding the California EMS / Ambulance System

Although California has a State EMS Authority, California's EMS system is designed to be operated and managed by each individual county. This is because each county is financially responsible and legally obligated to provide for the indigent services and EMS is no exception. Each county must either provide for or contract with a Local Emergency Medical Services Agency (LEMSA). In the case of Colusa, the County contracts with Sierra Sacramento Valley EMS Agency (SSV). SSV is responsible for, among other things, the planning, implementation, monitoring, and oversight for the ambulance system. Another key component is the medical oversight and control of the system which SSV provides. This medical control is vital to a healthy EMS system as medical control establishes the policies and protocols for directing system operations. While the County has chosen to contract for LEMSA services, as opposed to directly providing them as part of the County government system, SSV is subordinate to the County Board of Supervisors in carrying out the County's EMS obligations under the Health and Safety Code. SSV is well-suited for providing these services as they primarily operate in rural communities and are contracted by ten counties to administer their EMS systems. It should go without saying that SSV's extensive background in rural California should be considered an asset in helping Colusa County deal with the system challenges.

Other key stakeholders within the EMS system include the ambulance companies and the County's first responders. Often referred to and used interchangeably, private ambulance providers and public first responders operate in vastly different ways with different objectives, neither being less important than the other. Private ambulance providers, regardless of being non-profit or for profit, must operate in a financially sustainable manner while providing a single service model - in this case, emergency ambulance transport services. Public first responders,

primarily Fire Districts and Departments, also must operate in a financially sustainable manner while delivering many different services such as fire and rescue, hazardous materials, technical rescue, inspections, public assistance, and response to many other types of incidents that may occur.

Supporting these services are the dispatch centers that take the emergency calls for service. These centers are known as Public Safety Answering Points (PSAPs). In many cases, there are also secondary PSAPs that provide additional dispatching support. It is not uncommon for law enforcement dispatch to answer an initial 9-1-1 call and then transfer it to a fire department or ambulance dispatch center. Colusa dispatch services can be accessed via the 9-1-1 system and seven-digit phone numbers. Colusa County has a single primary Dispatch through the Colusa County Sheriff. There are no secondary PSAPs located in Colusa County.

Hospitals also play an important role in the EMS system. California, like many states, has developed a series of designations for emergency hospital services from basic emergency rooms to specialty centers such as trauma centers, cardiac centers, stroke centers, burn centers, as well as pediatric centers. Unlike large urban or metropolitan cities, the more rural the environment the less likely the access is to these higher levels of services.

Often overlooked are probably the most significant stakeholders in the system - the taxpayers who live in these communities. Ultimately, while the County Board of Supervisors has both the authority and responsibility to determine the level and types of services that are deployed throughout the County, they must live within their budgetary constraints, just like the ambulance providers. Ultimately, it is the taxpayers that decide how important their EMS delivery system is to them and how much they are willing to pay for services.

Challenges of the EMS System

As discussed in the previous Triton Study, there are numerous factors that play into an overall sustainable system. Conversely, there are numerous factors that contribute to an unsustainable system. The Colusa County ambulance system suffers from multiple issues that impact sustainability. The first is low call volume. The County typically sees less than a thousand transports per year. In larger metropolitan systems such as Sacramento, only 65 miles to the south of Colusa County, it is common to see a single ambulance transport as many as 3,000 patients per year. At slightly less than ten transports per day per unit, this is manageable in an urban environment due to the proximity of hospitals and multiple ambulances in the system. Further, 3,000 transports not only covers the cost of the ambulance, but likely generates enough revenue to offset lower volume ambulances in the system. Therefore, in higher volume systems busy ambulances generate a greater margin of cost recovery over slower ambulances. Conversely, the slower ambulances that generate less cost recovery provide for greater capacity in the system so there will be enough units to manage the system's call volume. In this scenario, a system with six ambulances may see three units running the majority of the transports at a higher margin of cost recovery while the remaining three units transport at a volume that is less than their cost of service. However, when combined the system's six units meet the system's transport demands at a reasonable cost recovery margin.

In Colusa, however, the current system relies on a single dedicated ambulance from Enloe. With transport volume often below 1,000 transports per year, this does not generate enough revenue to support the cost of the single Enloe ambulance. Currently, Enloe is operating at nearly a $200,000 deficit on an ongoing basis. It should be noted that when compared to other private ambulance providers, both for profit and non-profit, Enloe is at one of the lowest cost

levels this consultant has seen. It is difficult to determine how long this arrangement can continue.

The second issue challenging the County's system is the reimbursement payer mix for those patients who are transported. The payer mix is based on four primary payers in the system. Medicare and Medi-Cal are primarily fixed reimbursement models with each paying a predetermined rate for services. Medicare has a cap of roughly $600 for an emergency transport and typically pays $460 as the covered benefit per transport. The balance becomes the responsibility of the patient; however, as most Medicare beneficiaries are retired and on a fixed income, it is common for the provider to write off the patient's portion of the bill. Likewise, the Medi-Cal program, both Fee for Service and Managed Care systems, pay even less than Medicare at roughly $155 per transport. While there is currently a supplemental program known as the Quality Assurance Fee (QAF), this program increases the total reimbursement to $339 per transport with one caveat being there is a tax that must be subtracted from the total reimbursement. Therefore, the actual reimbursement is greater than what was previously paid by Medi-Cal but still falls short of the full $339 per transport.

The third concern is the need to pull resources from outside the County when multiple calls are occurring within the County. Because there is only a single dedicated unit to Colusa, there are times when a second, or in some cases even a third, incident requires additional units to be called. This could also be a situation where one incident has created multiple patients who need emergency transport. As previously stated, the issue is not the management of the single EMS incident, but the system's inability to efficiently manage multiple incidents or multiple patients. There are times when an incident occurs that may not be life threatening but does require transport via ambulance. This is often the case and in a well sustainable system is not a problem; however, in a stressed system like Colusa it is a critical point. Systems should be

designed to handle a single incident with capacity to manage multiple incidents at the same time. In these types of systems, the system needs only to focus on the incident at hand, even those incidents of a minor nature. Should a second incident occur of a more critical nature, crews can maintain control of the first incident while other first responders and ambulance units respond to the second call for service in a timely manner and without interruption to those crews working the first call for service. While not occurring multiple times per day on a regular basis, it does occur enough that the system is stretched to it limits. When these multiple incidents occur, it is common to request services from outside the County, such as Butte, Yolo, and, in some cases, Lake County. This creates long response times that, depending on the nature and severity of the patient's needs, can create a life-threatening scenario for the patient. As a side note to this, the impact to the first responders is that for every minute fire departments remain on scene waiting for an ambulance to arrive, they are not available to respond to other emergencies. Response to fires, accidents, and rescues are all time sensitive emergencies where response times often mean the difference between life and death to those involved.

The fourth obstacle is the inability to triage or prioritize the calls as they come into the dispatch center. There are multiple programs that allow a dispatcher to ask a series of questions to determine the nature of the incident and then prioritize the incident and send the most appropriate resource to the call. This triage system allows delaying a response to lower acuity calls and rapid response to higher acuity calls. This in itself builds capacity in the system.

Colusa County has a single primary PSAP that has served the County well for many years. Ideally, the dispatch center would hire additional call takers and dispatchers to provide call triage and prearrival instructions for medical incidents. This would significantly enhance

officer safety as well as provide greater accountability for fireground operations. With this said, the County struggles to staff the 10 dispatch positions they currently have. There are only so many dollars available, which compounds this issue, and our elected officials and those who are responsible and accountable for the tax dollars have to make the hard decisions where those dollars are spent. While enhanced dispatch services would be optimal, it is not practical at this time.

These four issues are some of the higher priority items that impact a well-developed deployment of resources in an EMS system. The next step is to take a deep dive into developing a system of long-range plans to create a more robust EMS system.

Focused Discussion of Challenges

With a basic understanding of the current system, we will breakdown each component and its impact to services.

Dispatch

Most high-performance systems rely on a well-integrated system encompassing all the major components from call initiation to completion of the call. This may be transport to an emergency facility or simply mitigating the emergency on scene. Most all incidents start with the call initiation as it comes into the dispatch center. In most cases when an emergency incident is recognized, a call is placed into the emergency services system via 9-1-1. A dispatcher answers the call and confirms the location of the emergency and the nature of the emergency. If the call is a fire, the dispatcher determines what is burning and sends the appropriate resources. If the emergency is medical in nature, the dispatcher can begin a series of questions to gain a better understanding of the medical situation. Based on the answers to the questions, the dispatcher can provide instructions to the caller to help the patient prior to the arrival of first responders and ambulance crews. These questions and subsequent instructions serve several purposes. The first is to help stabilize the emergency, such as instructing how to do CPR, clear an obstructed airway, stop bleeding, giving aspirin for chest pain, or just providing support to a child whose parent is ill. The second benefit is providing updates to first responders on the nature of the emergency, whether the patient is responding to the prearrival instructions, etc. A third benefit is it allows the dispatchers to prioritize the response of emergency units. There is no need to dispatch a fire engine and ambulance with lights and sirens to a person who has had leg pain for several days. An emergency response with lights and sirens is a dangerous activity. The National Transportation Safety Board (NTSB) has found there are an average of 30-50 people

killed each year from collisions with ambulances. This does not include fire engines or law enforcement vehicles. However, there is a time and place where an emergency response is necessary and worth the risk. Another aspect to priority dispatching is the ability to start a response to an incident that has been determined to be a low acuity emergency. If a second incident is called into the PSAP and the dispatcher determines the second emergency has a greater need due to the nature of the incident, the dispatcher can now reroute the ambulance and first responders to the incident with a greater need, recontact the first caller, notify them of a longer response, and reassure the caller that help is on the way. This triage system is known as Emergency Medical Dispatching (EMD) is internationally recognized and is the standard across the country. The significant take-away from this is unless there is an approved EMD program, the PSAP is required to respond all units to the incident location in the same manner "Code 2" or "Code 3." Absent an approved program, any changes in response prior to arrival of first responders that results in a negative outcome to the patient lacks significant defense to a legal action.

Coordination of Dispatch Services

Best practices for dispatching of EMS services are detailed in National Fire Protection Agency (NFPA) 1221, which lays out parameters for dispatching EMS services. To illustrate the anatomy of the dispatch chain, a call is received via a 9-1-1 call either from a cell or landline phone. The call is received at the primary PSAP where the nature of the call is determined. The call can be transferred to a secondary PSAP or retained at the primary PSAP. A certified Emergency Medical Dispatcher begins interrogation of the caller, determining the location and nature of the emergency. Units are dispatched to the location while instructions are provided to the caller. Updates are received from the caller and passed on to responders. If the emergency

is stabilized or another call comes into the PSAP, the EMD dispatcher can terminate the call to manage the second incident. This entire process typically takes less than two minutes.

Currently in Colusa County, there are multiple access points into the emergency system. The Colusa Sheriff's office is the County's primary PSAP. This dispatch center is often staffed with only a single dispatcher. In addition to the dispatching duties, they are also responsible for assisting with the jail's security and coordinating some, but not all, access points to the jail. They are responsible for all EMS and fire related incidents, as well as law enforcement dispatching. With a single person working all four tasks, there is little room to ensure officer safety, fire scene communications, and call taking. While this system has worked, it is clearly not optimal from a safety perspective.

During the 2019-20 legislative season, the Governor signed into law SB 438, "Emergency Medical Services: Dispatch." This bill was in response to varying levels and fragmentation of the dispatching of emergency services across the state. In 1973, the Warren 911 Act was designed to create a single three-digit statewide number to streamline the processing of requests for emergency services. Over time, private ambulance companies began dispatching ambulance and first responders to emergencies. This led, in some cases, to a reduction or complete elimination of the dispatching of first responders in favor of the private providers. SB 438 is designed to restore public safety dispatching to public safety dispatch centers in an attempt to better control the processing and management of emergency response. The bill requires that when a primary PSAP receives a call, that call can be transferred to a secondary PSAP for call processing and, when indicated, call triaging and prearrival instructions be provided to the caller. SB 438 states that the transfer of the call must be made to a public safety answering point to maintain integrity of the call processing. The only exemption to this is if an agency contracted

with a private dispatch center prior to January 2019. If so, they may continue to utilize the private dispatch center. SB 438 does not prevent an agency to contract with another PSAP or secondary PSAP to provide the call processing and dispatching of units. When ambulance services are needed in Colusa County, the County Sheriff PSAP requests Enloe Dispatch Center to facilitate the dispatching of the ambulance unit. Despite the fact that Enloe is capable and competent to provide complete EMD, they cannot be utilized to provide those services because the County did not have a contract with Enloe prior to January 2019.

The Arbuckle College City Fire Protection District has a bifurcated system that, depending on whether the caller uses a seven-digit number or the 9-1-1 system, the call is received by either the Yolo County dispatch center or the Colusa County Sheriff's PSAP. Arbuckle has chosen to pay for the services provided by the Yolo Dispatch Center which include full EMD services. However, there does exist a disparate level of service to the residents of Arbuckle as some will receive EMD services while others will simply receive a response based upon the number they dialed. As a result, those residents outside of Arbuckle also receive a disparate level of service compared to those who live in Arbuckle.

Please be aware that this discussion point is not to draw attention that Arbuckle College City operates differently than the remainder of the County, as they choose to pay for these services. The discussion point is that best practices suggest the well-coordinated system includes a well-planned and executed central point of contact countywide and a consistent deployment of resources. This concept is known as "pathway management" and promotes quicker and consistent distribution of resources to all County residents and visitors to Colusa County.

Ambulance Resources

As discussed in the 2020 study, the economics of healthcare financing are the same regardless of the healthcare service provided, meaning that healthcare is a consumer-based business. Emergency ambulance service is no exception. The expectation is that there is enough business within the system to fund the services. In most cases this is true, with many EMS systems open to competitive bidding as these contracts are extremely lucrative. However, like many rural counties throughout the country, the system itself does not support the cost of providing the services. A recent article in the Wall Street Journal profiled several states where rural ambulance providers have left areas completely unserved due to lack of funding. Enloe Ambulance has committed to providing a single 24-hour ambulance to Colusa County; however, when that unit is dispatched, it is no longer considered available in the system. This creates a dilemma to the system and neighboring counties. Until a unit arrives at the scene of the incident or without EMD triage of calls, any agency that cancels or changes the response to the incident assumes a huge liability. EMD provides a defense to the liability incurred with an emergency response. Therefore, when the second incident occurs outside of EMD, best practices would be to continue the first incident's response and start the second unit to the second incident to limit exposure to any agency.

Reliance on Outside Agencies

Current practice in the County is to rely on outside resources to support the lack of resources within Colusa County. Because the County has large unpopulated areas between populated areas, response times can be lengthy. In the case of Arbuckle, for example, a call generated in their jurisdictional area may have a quicker response time from an ambulance in neighboring Yolo County. In most cases, Yolo has no issue with sending a unit to the Arbuckle area; however, the units responding from Yolo are contractually obligated to meet certain

response time standards. When those units are available to respond, they not only transport the patient but also collect the revenue from the transport. When those units are unable to respond, it provides no benefit to the Colusa system. In addition to the obligation to Yolo County, the ambulance provider is held financially responsible for non-compliance to the Yolo County contract. Simply stated, ambulances will respond out of Yolo County into Colusa County only when there is little chance of compromising their compliance to the contract. The same holds true for the surrounding counties of Butte and Lake.

Impacts to First Responders

The backbone of every EMS system is first response. In most cases, the fire agencies which are dispatched along with the ambulance providers arrive prior to the ambulances. This is mainly due to the larger number of first responder units available in the system. This is the safety net to the public. Because they arrive prior to the ambulances, those first responders often can reduce the ambulance from a lights and sirens response to a slower response without lights and sirens, providing a safer response to the public and the ambulance crews. This, however,

increases the response times of the ambulance units and also allows those fire agencies to divert the ambulances to a higher acuity call for service. This is a good practice and should be encouraged, but due to the lack of ambulance units and the need to rely on outside providers, this requires first responders to remain on scene longer which, in turn, reduces capacity in the system. As Colusa County relies heavily on volunteer fire districts with reduced staffing during the day, any delays in ambulance response decreases resources to respond to other emergencies of various natures throughout the County. The goal should be to send the appropriate resources to the incident in the appropriate response mode, and address and mitigate the incident as quickly as possible to make the resources available for the next incident with the least amount of impact to the surrounding county providers. The lack of ambulance

resources reduces the ability of first responders to clear the incidents and return to a state of readiness for the next incident in the most timely manner.

Hospitals and Receiving Facilities

Hospitals play an important role in the overall system performance and capacity for emergency services deployment. SSV is responsible for not just the policies that govern the system's first responders and ambulance providers, but the hospitals as well. SSV's Policy #505 provides direction for transport and the process for considerations of patient destination. Policy 505 states, among other things, the following:

Policy 505

*A. In the absence of decisive factors to the contrary, EMS personnel shall transport emergency patients to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patients. In determining the most accessible facility, **EMS personnel** shall take into consideration traffic obstructions, weather conditions, or similar factors which clearly affect transport time.*

Procedure 505

A. The most accessible medical facility shall ordinarily be the nearest licensed healthcare facility which maintains and operates a basic emergency department, except for the following circumstances:

*1. The base/modified base hospital may direct a patient be transported to a further acute care hospital equipped, staffed, and prepared to receive emergency cases, which in the judgment of the base/modified base hospital physician or MICN, is more appropriate to the medical needs of the patient. Such direction shall take into consideration the **prehospital provider's** time and/or travel limitations.*

B. (not pertinent)

C. When a patient, or their legally authorized representative, requests transportation to a hospital other than the most accessible, the request should be honored when prehospital EMS personnel and/or the base/modified base hospital determines that the condition of the patient permits such transport; ***except when prehospital EMS personnel determine that such transport would unreasonably remove the transport unit from the area. In such cases:***

1. Arrangements should be made for alternative transport if possible.

2. If such transport cannot be obtained without unacceptable delay, the patient may be transported to the nearest hospital capable of providing appropriate treatment.

While the above references are not all inclusive, they do provide the foundation for a modified prehospital deployment plan to build capacity in the system. This deployment will be discussed in detail later in this document. The term "prehospital EMS" describes the services prior to arrival at the emergency department. As we can plainly see, the hospitals are very much a part of the overall system and thus need to consider all aspects of the "system." It is a collaboration mandated by policy between the hospitals, first responders, and ambulance providers as to the final disposition of the patent.

Community Awareness

While Colusa County is unique in many aspects, it is typical of most cities and counties across the country regardless of size in that the general public's understanding of the emergency services and 9-1-1 systems is derived from numerous television shows and movies. Since the

inception of the 9-1-1 Warren Act, children have been taught to "call 9-1-1" when there is an emergency. Our television entertainment depicts a never- ending supply of first responders, paramedics, and ambulances to handle even the most complex incidents without delay. Nothing could be further from the truth, as system demand often exceeds system supply. Many cities, both rural and urban, have mechanisms in place to address high demand requests. Call triaging is the quickest and easiest method to address and prioritize lower acuity calls, but this is not possible without an approved EMD program at the dispatch center. Another way is through public education. This is often undertaken at the school level without first responders and ambulance crews. As we would never discourage the importance of school-based public education, the majority of callers activating the emergency services system are adults. Unlike children who are a captive audience, adults are not. Therefore, the opportunity to educate that particular population demographic is not realistic to a degree to have an impact on the system's volume.

Summarizing System Challenges

Following the anatomy of an EMS incident can illustrate the challenges faced in the County.

- An emergency call for service is initiated by the public
- Call is received by any one of the access points (primary PSAP, Yolo, or Enloe)
- EMD may or may not be used and the caller may or may not receive pre-arrival instructions
- Tiered response by priority is not available
- First responders and ambulance are dispatched to the scene in the same manner regardless of the severity or nature of the illness or injury
- Until arrival of the first unit, the ambulance is committed to the call
- First responders are committed to the scene until released by the ambulance crew or the patient refuses service (leaving the scene prior to ambulance arrival is potentially patient abandonment)
- Transport is initiated by the ambulance in accordance with SSV policy
- First responders return to quarters for the next emergency
- Patient is delivered to the receiving Emergency Department
- Ambulance crew returns to quarters for the next call for service

This process works relatively well until there are multiple requests for service. This is where the system becomes challenged to meet demand. With only a single unit committed to the County, when a second call for service is received, unless there happens to an ambulance at an area hospital or returning to a base outside of the County such a Butte, it's the second call for service that triggers the dispatch of a unit into Colusa. This in itself is a delay in the system.

As 49% of the County is designated as agriculture, transportation throughout the County is often not a direct path, which adds to what is most likely an already extended response time. This delay contributes to the system overload through depletion as it now requires first responders to wait on scene longer for ambulance arrival. This reduces the number of units available to respond to other emergencies in the County and requires units from other jurisdictions to leave their normal response zones to provide services elsewhere, further depleting the County's normal response pattern and creating additional gaps in the system. Hospitals sometimes contribute to this by diverting ambulances to further destinations based on patient condition, which should always be based on the patient's best interest. This also contributes to system depletion by taking the ambulance further from the core in the County. While the SSV protocols allow and support that to occur in the interests of patient care, the policy also recognizes that when the system is depleted, that can override final patient destination. As there is only a single ambulance deployed in Colusa County, the simple dispatch of the only ambulance has created the very issue that Policy 505 has provisions to resolve. This in no way suggests that the hospitals are intentionally contributing to the delivery challenges, but more as a matter of usual practices by hospitals throughout the state.

Recommendations

Recommendations should be taken as best practices and not absolutes. Many of the recommendations will never be practical to implement and most should be categorized as short-term and long-term goals with the ultimate objective to create a sustainable system that can enhance the overall EMS system and provide for a safer community.

Dispatch

Best practices suggest that a single point of access is best for several reasons, paramount being constancy and continuity. The dispatch center would be best served to employ multiple personnel that can take the initial request for service, determine the nature of the emergency (law, fire, and medical), and via EMD provide pre-arrival instructions to the caller while another dispatcher can dispatch the incident and provide updates to responding crews. In addition to the benefits for EMS, having a minimum of two dispatchers provides for both fireground safety, as well as officer safety, by allowing the second dispatcher to focus on the needs of field units during critical incidents. Due to the need to hire additional personnel, training, and funding, this is a long-term goal.

- Cost based on staffing, training, and equipment upgrades: $500,000+/-
- Long-term goal

First Responders

First responders, primarily the various fire agencies, are impacted when on scene for long periods of time waiting on the ambulance response. Often, the dedicated ambulance to the County has long response times just because of the geography. When the ambulance is committed, the wait can be longer. Fire agencies within the County should consider participating in a "surge plan" that can be implemented when there are no services available in the County.

Using data from SSV and Enloe Ambulance, it is estimated that this surge would be needed to facilitate less than 100 transports per year. Assuming the availability of ambulances has been resolved, this is a short-term goal.

- Cost based on fuel, maintenance, insurance, and existing on duty-staffing: <$50,000
- Short-term goal

Dedicated Ambulances

During meetings with the Sheriff Dispatch Supervisor, Enloe Ambulance, and the County's Fire Chiefs, a general consensus was found among the group that when Enloe was financially able to provide two full-time units to the system, there were little if any issues surrounding a delay or lack of services. As was found in the 2020 study, the call volume and payer mix of the patients being transported does not generate sufficient revenue to support two ambulances. Furthermore, with changes in healthcare coverage Enloe Ambulance currently subsidizes the single dedicated ambulance by nearly $200,000 per year. It goes without saying that the economics of healthcare financing cannot resolve this problem by simply raising the rates for transport services. To achieve a long-term financial solution, it is imperative that the community become engaged and participate in finding a solution to the economic sustainability of two dedicated ambulances. Using the current costing structure, it is estimated that an additional $911,707 is needed in addition to the revenue currently being collected for transport services to support two full-time units. Thus, this is a long-term goal.

- Cost for two full-time units: $1,000,000 +/-
- Long-term goal

Hospitals

Area hospitals should recognize that once an ambulance has been dispatched in Colusa County there are no automatic move-ups being initiated. Therefore, the dispatching of the single unit creates a quasi-emergency due to the lack of units within the County. Known as Status Zero (0), there is no ambulance in the system. It would be prudent for the hospitals to take into consideration the exposure to negative outcomes for patients with long arrival and transport delays. Working closer with the ambulance crews would increase system capacity by reducing the time commitment for each patient transport. This would be a short-term goal.

- No cost
- Short-term goal

Public Awareness / Education

Education is rarely considered a bad thing. Outreach programs that help community members know when to use the 9-1-1 system and options for when not to activate the EMS system will help reduce unnecessary response by first responders. This builds capacity in the system. If this educational outreach results in fewer transports, there will be a corresponding reduction in reimbursement which then will drive up the cost needed to subsidize the system.

The "awareness" aspect should focus on educating the community to how fragile the County's EMS system is and the potential danger to public safety it brings. The intent of a public awareness program will allow the taxpayers in the County to help direct the elected officials to address community concerns.

First Responder "Surge Plan"

Two meetings took place with the County's Fire Chiefs and the Assistant Sheriff and round table discussions revealed commonality with concerns of the overall system. All parties agreed that there were options that can be implemented to reduce wait time for ambulances and to provide a more rapid transport for patients. There are three primary providers that have stepped up to assist in supporting ambulance transport in Colusa County.

Maxwell Fire is a variably staffed fire department with limited resources. However, their commitment to the County was their ability to respond an ambulance when called upon without a commitment to times or days, due to their limited staffing during daytime hours. Therefore, their response is based on needs and requests. This unit should be considered a secondary use ambulance.

Colusa Fire is a 24-hour staffed department and has the ability to staff a unit with two people when called upon to provide services within their jurisdictional boundaries. If called upon to respond outside of the City of Colusa, the Chief has committed to responding their ambulance in a 15-mile radius from the center of their station. Based on a simple 15-mile radius, this new response zone would encompass roughly the Sutter County line to Grimes, portions of Arbuckle College City at Tule Road and I-5, Williams west to Camp/Schaad Road along Hwy 20, Maxwell west to Danley Road, I-5 to Delevan and north to Princeton, and is provided as a reference to the areas they could respond. The caveat to the out of Colusa City response is the Chief will respond a single person and the responding fire agency will be required to provide the EMT to attend to the patient.

Stonyford has agreed they will support the system with an alternate transport vehicle to facilitate patient movement to a landing zone for helicopter extractions and will also, when

needed, use this vehicle to meet a responding ambulance that may not be able to reach a patient in a remote location. They will not transport a patient to the hospital.

Stonyford is unique in that due to their remoteness, they rely heavily on helicopter transport. It is common that an ambulance and helicopter are dispatched simultaneously and allowed to respond until one or the other has arrived. This takes the ambulance out of the system for long periods of time. The County should adopt a policy that states that upon confirmation that the helicopter has launched, the ambulance should be released to return to provide coverage for the County. This will reduce the delay in returning coverage.

Dispatch Protocols

Early discussions brought up the concept of automatic dispatch criteria for when and how the surge plan could be automated and activated in a consistent manner. This would, in our opinion, be the optimum manner to reduce confusion and response times. The Chiefs, however, ultimately decided they would not commit to a standard but manage response on a day-by-day and incident-by-incident need.

Summary

Colusa County is challenged by a low call volume and a payer mix that cannot, in any manner, support more than a single ambulance. The unit provided by Enloe Ambulance and the revenue received from transports falls short of covering Enloe's cost of service and finds Enloe has subsidized this unit by nearly $200,000 per year. The 9-1-1 dispatch system is bifurcated in the County and provides for a disparate level of services depending on where the call comes from. The hospitals often direct transport to destinations that, while better for overall patient care, contribute to delays and coverage issues at times. The fire agencies can provide some stop gap measures to reduce the impact of the lack of ambulances in the County but are not capable of resolving the issues in its entirety. The LEMSA (SSV) has demonstrated their desire to assist in any way to help the overall situation to the extent they have approved alternate transport vehicles as well as even going so far as to allow non-EMT staff to assist in reducing the impact with transport. As stated throughout the document, a system with a single point of contact, EMD services, and multiple ambulances in the system with a robust surge plan would take the County to a modern level of services and provide a greater safety net for the residents and visitors. However, the system does not provide the revenue to support this level of modernization. The only realistic options to implement any or all of these changes relies on revenue over and above what the system can support. As such, we would recommend that County consider a series of public workshops to educate and inform the community of the current system and the risks it possesses, and receive input from the community as to the level of services they desire along with their tolerance to pay for these enhanced services in the form of a benefit assessment, sales tax, property/parcel tax, etc.

Colusa County provides not only an opportunity for people to live and enjoy a life style of rural living that many envy, but also provides an agricultural industry that extends far beyond

the county lines. However, the benefits of rural living also come with risks and challenges. In the case of emergency ambulance services, it is imperative that the communities and residents understand the capabilities, as well as the limitations, of their system.

Addendum

This addendum provides distinct options for providing continued and funded ambulance services to the County of Colusa. On November 22, 2021, the County Fire Chiefs, Enloe Ambulance, Sierra Sacramento Valley EMS, Colusa County Sheriff, and two Supervisors met for five hours to finalize a pathway forward. All parties in attendance worked cooperatively to reach a common goal, which was identified as providing a higher and consistent level of ambulance services.

As identified in the previous studies and reports, the current system relies on a single dedicated ambulance from Enloe Health. This ambulance operates at a deficit and is not bound under any contract or agreement with the County. The lack of a contract or agreement, along with revenue which is less than operating costs, exposes the County to interruptions in services from Enloe.

Below is a breakdown of the immediate actions the County Chiefs have agreed to implement to provide ambulance transport services when the system is unable to obtain immediate ambulance coverage. This is followed by four deployment models with corresponding costs. Options for increased dispatch services for both Sheriff and EMS activities are included.

Immediate Actions for Continued Services

In the previous reports it was identified that the current coverage for ambulances is a single unit provided by Enloe Health. When this unit is dispatched, there is no additional ambulance coverage in the County. Upon notification of another incident, a second ambulance is then located to respond. In some cases this is seamless, while at other times it requires a search to locate a unit to take the second EMS incident. This is a reactionary response mode that leaves gaps in the system and places the public at risk. This process will continue as

described with the exception that the County Chiefs will respond a transport unit when there are no units available or potential significant delays are found in the response.

When this occurs, the County Chiefs have agreed that the City of Colusa will respond their Alternate Transport Vehicle (ATV) with a single person to within a fifteen-mile radius of the agency where the call is located. The responding agency who has jurisdiction for the incident will provide a second EMT or EMR to facilitate the transport of the patient to the nearest hospital or rendezvous point where paramedics or a helicopter will accept the transfer of the patient for the final destination of the receiving facility. While this approach is not optimal, it does codify the response agreement between agencies and provides a more consistent level of service to the County. The cost of this stop gap measure is minimal and is primarily fuel, maintenance, and supplies.

Deployment Options

There are four deployment options that address the issues and concerns for Colusa County. The objectives in this approach were to provide two ALS ambulances twenty-four hours per day 365 days per year, as well as alternatives such as combinations of BLS and ALS.

Option #1: Contracting with a Private Provider

Under this deployment, the County would contract with a private ambulance provider to supply two 24-hour ALS ambulances to the County. The provider would be responsible for all staffing, vehicles, insurance, maintenance, and patient records to meet the requirements of the County and LEMSA. Due to the cost of this deployment model, it is likely that the County would need to draft an RFP and solicit bids from prospective providers. While the final cost will be determined by the content of the RFP, we can use the current provider costs (Enloe) to determine a reasonable fiscal impact to the County. Currently, Enloe provides a single unit at a

cost of $763,680. Multiplied by a second unit, it is safe to assume that the current two-unit cost would be $1,527,360. However, a deployment of two units would likely require some additional overhead and management costs due to the logistics of introducing an additional unit into a multi-county operation as Enloe has. It is anticipated that while some additional costs may be needed to support the second unit, it is not likely to be a major cost to the County. The actual and true costs of these services are unknown and can only be calculated once an RFP for services has been posted and a contract awarded. With this said, a two-unit system deploys a total of 17,520 annual unit hours with a corresponding unit hour cost of $87.18 per unit hour. This would be among the lowest commercial ambulance rates in the state. This appears to be directly related to the lower hourly rates paid to employees when compared to the remainder of the state, in addition to the fact that Enloe is non-profit. However, due to the shortage of both EMTs and Paramedics, it is uncertain if this rate is sustainable in the long term. A contract of this nature should include a multi-year commitment from the provider, a surge plan for coverage, yearly escalators in rates, and performance standards to meet for contract extensions. It is suggested that a 20% overhead cost be included to the estimated cost above bringing the total cost (using Enloe current costs) to $1.8 million.

The benefits to this type of deployment are that it provides for a complete turnkey operation that does not require any significant dedication of resources by the fire agencies or the County. This allows first responders to respond to an EMS incident without a commitment to continue patient care to the hospital. This, in turn, maintains maximum capacity for other incidents - both EMS as well as non-EMS activities across the entire county.

The timeline for implementation of a subcontract is dependent upon the County's procurement process in drafting an RFP and the negotiations between the bidder and the provider. Once completed, there is a time frame to recruit new employees, outfit units, and

establish schedules. These logistical needs are dependent on the provider's internal capacity to stand up operations and could be as little as 90 days or up to a year to be fully operational.

Option #2: Creation of an Ambulance District

Special Districts are authorized under the California constitution but while very prominent in years past, the creation of a special district is more difficult today. This process must go through several steps, including the Local Agency Formation Commission (LAFCo) approval process. The LAFCo process is dependent upon the complexity of the special district and the funding source to name a few. Unlike Option #1 which relies on a turnkey operation provided by a single ambulance provider, the creation of a special district requires the entire infrastructure be developed. This includes an elected Board, Administrator, administrative staff, offices, ambulances, employees, policies, establishment of rates for services, uniforms, billing and collections, Medical Director, training, etc.

Determination of actual costs are extremely difficult as most are not known until the framework of the entire operation has been established. The development of the framework requires the creation of a business plan to establish costs for the LAFCo process to approve or disapprove. As a result, in today's environment this can take several years to complete. However, as this is a realistic option, we have used the cost structure of an ambulance district in Stanislaus County to aid in applying a cost for consideration by Colusa County.

The deployment continues to be based on two 24-hour ALS units staffed by one EMT and one paramedic. As these crews are not firefighters, they do not qualify for the 7K exemption that firefighters enjoy under FLSA. There are several shift options with the two most common among public providers being a 24-hour shift schedule and 12-hour shift schedule. The primary consideration is the staffing requirements for each model. The 24-hour shift requires less crew

members, a total of six working a standard 56-hour work week similar to the firefighter schedule. This shift schedule incurs more overtime hours as a normal 40-hour work week consists of 2,080 hours per year plus an additional 832 overtime hours for a total of 2,912 per year per employee for each unit. The advantages to this are the overtime costs are offset by the reduced number of employees compared to the 12-hour deployment. Conversely, the 12-hour deployment methodology requires eight employees per staffed unit. The benefit to this deployment is less overtime hours in some cases offsets the additional personnel. Another advantage to a 12-hour shift option is the additional personnel add more flexibility to cover shifts.

Below is a comparable difference of cost between 12-hour staffing and 24-hour staffing using hourly rates only.

EMT @ 12-hour shifts	Hours worked	Paramedic @ 12-hour shifts	Hours worked	Totals
Hourly rate $16.23	2,080	$19.90	2,080	
OT rate $24.35	208	$29.85	208	
Total annual hours	2,288		2,288	
Total compensation	$38,823		$47,601	$86,430
Staffing x 2 units (8)	310,584		$380,809	$691,392

EMT @ 24-hour shifts	Hours worked	Paramedic @ 24-hour shifts	Hours worked	Totals
Hourly rate $16.23	2,080	$19.90	2,080	
OT rate $24.35	832	$29.85	832	
Total annual hours	2,912		2,912	
Total compensation	$54,017		$66,227	$120,244
Staffing x 2 units (6)	324,103		$397,362	$721,465

As reflected in the tables above, the difference between 12-hour staffing versus 24-hour staffing is minimal at $30,000 between the two. However, two factors that must be considered are the benefits packages and the salaries for these employees. The built-in overtime for the 24-

hour shifts creates a larger annual income compared to the 12-hour shifts. This will be more attractive for recruitment and retention. In addition to the greater salaries, there will be less costs for benefits and future pension liabilities.

This new district will need to establish a complete cost allocation for benefits and pension that is yet undetermined. To provide an example, the ambulance district used for this survey, Del Puerto Health Care District, shows their fully encumbered cost for EMTs at $80,366 and paramedics at $93,655 (all inclusive). Applying this total cost factor to the ambulance personnel only assigned to 24-hour shifts bring employee costs alone to $1,044,126.

To estimate a reasonable cost for operating a health care district using the Del Puerto budget, we can input the following cost factors

Cost Center	Administration	Operations	Totals
Salaries/wages	$216,090	$1,044,126	$1,260,216
Benefits	$58,947	$281,795	$340,742
Professional fee'	$58,642	$18,162	$76,804
Purchased services	$5,675	$215,016	$220,691
Supplies	$3,471	$92,341	$95,812
Utilities	$3,788	$17,675	$21,463
Rent/lease	$2,174	$360	$2,534
Insurance	$17,202	$178,454	$195,656
Maintenance	$1,385	$62,192	$63,577
Depreciation	$5,889	$156,742	$162,631
Other	$27,465	$193,036	$220,501
Total Expense	**$400,725**	**$2,259,899**	**$2,660,624**

Option #3: Subcontracting ALS Ambulance Services with a Private Provider and Two Dedicated BLS Ambulances with Fire Agencies

An option discussed in our most current meeting was the continued use of a private ALS ambulance provider staffing a dedicated 24-hour unit and contracting with one or more fire agencies for BLS ambulances. The disadvantages of this type of system are the loss of an

additional ALS unit in the County. It is a fact that most incidents do not require direct ALS treatment and interventions; however, without the ability to triage the call and dispatch the closest, most appropriate unit to the incident, there will always be a risk that ALS and BLS units may be responding to incident types that are not appropriate for their service level. Conversely, there are benefits to this hybrid type of deployment. One is the ability of fire department-based BLS units to be employed and housed in fire stations which then provides additional personnel on the fire ground when needed. At a cost nearly the same as the two ALS unit costs described in Option #1, two BLS units can be introduced into the system increasing total ambulance coverage to three units. The Williams Fire Department provided a fully encumbered cost to fully staff a dedicated BLS unit per year at $540,913. Applying this cost to two units brings the total to $1,081,826. When combining the cost of the Enloe unit and the two fire department-based BLS units, the total cost is $1,845,506.

Option #3 provides for one additional ambulance where the others don't. The trade-off is reduction of the ALS capabilities with the County.

Option #4: Subcontracting ALS Ambulance with a Single Partially-Staffed Ambulance through Fire Agencies

This option is nearly identical to Option #3 in providing two dedicated ALS ambulances and includes a partially-staffed BLS ambulance provided by Williams Fire. This concept should be viewed from the perspective that the ALS units provide the primary EMS transport response and the third unit, BLS from Williams, will function in the same manner as the stop gap plan discussed in the beginning. Unlike the stop gap that relies on the use of on-duty firefighters to staff an ambulance, this unit is available and staffed without impacting the Williams engine company staffing. It should be noted that this deployment requires the agency whose jurisdiction the incident is located will need to provide the additional member to continue to provide patient

care. The positive side of this option is the dedicated BLS unit is available during those infrequent times that both units ALS unit are committed to other incidents. Williams also provided this cost breakdown and estimates fully encumbered costs at $270,456.64. Combined with the two ALS units, it brings the total operational costs to $2,070,456.

Dispatch

One of the most vital aspects of the EMS system is the communications center or Dispatch. These services are provided by the Sheriff as the primary PSAP. Dispatch currently provides limited service to the EMS system due to staffing issues, primarily recruiting for dispatchers. This is not a Sheriff's Department issue, but a nationwide issue. Emergency Medical Dispatching provides for call triaging and prearrival instructions to be given to callers for medical emergencies. California regulations and laws pertaining to dispatching do not allow a public dispatch center to transfer an EMS call to a private dispatch center for dispatching purposes. Because the Colusa PSAP does not provide EMD services, there is no current ability to triage BLS incidents from ALS incidents to dispatch the appropriate unit type as described in Option #3. There is an opportunity to enhance the EMS experience for callers during the time of the emergency. While a PSAP cannot transfer a call to a private dispatch center for dispatching, they can transfer the caller to a private dispatch center to receive pre-arrival instructions while units are responding. These pre-arrival instructions often limit the impacts of the medical emergency, benefitting the patient and reducing the impacts and anxiety of family members as well.

The current PSAP staffing is a single dedicated dispatcher/call taker located within the Sheriff's office. This creates significant concerns as discussed in the study previously presented. We would recommend that an additional two dispatchers be considered during the peak hours of the day. Not only will this enhance the safety across both law enforcement and fire but can

begin the transition to a full EMD program in the future if the County chooses to go that direction. Assistant Sheriff Bradwell has provided the fully encumbered cost of a Step 2 Dispatcher at $90,158.59. Introducing two dispatchers brings this cost to $180,318.

Funding the Enhanced Deployment Options

The team, with some guidance from the two supervisors present and participating in the meeting, determined that funding this would require an alternate funding source separate from the revenue received through transport services. Options for a benefit assessment, partial tax, occupancy tax, and sales tax were discussed in depth. The consensus was the implementation of a sales tax would be the best option and most likely to be accepted by the public. In a brief discussion with a municipal accounting firm (NBS), they were able to review the current projection of "taxable sales" in Colusa County for 2022 at $249 million. While these are moving targets and subject to economic conditions, they do have the ability to fluctuate from year to year. As an example, 2015-2019 showed an average taxable retail sales of $212 million with 2020 coming in at $195 million. While it is not disputed that this drop was pandemic related, it would have experienced a drop in collected revenue to support the deployment costs. Until a complete estimate of a sales tax can be determined, preliminary projections indicate a one cent tax could generate between $2 to $2.5 million in revenue to support the ambulance system. When combined with the revenue from transport, total revenue could be as high as $3 million per year. This number should be considered a hard maximum number, understanding that this could be as low as $2 to $2.5 million.

Pending Costs Yet to be Determined

An unknown cost factor is the ability and capacity for the County to administer and collect the revenue for distribution to the subcontractors and fire agencies. This process would require the County to oversee the sales tax revenues as well as collect and distribute the revenue from

transport. The Supervisors present in the meeting did not suggest that this should pose a problem, however, they did not commit the County to providing the service. They will be meeting with the appropriate County offices to determine the capacity and cost for those services. Until those have been determined, this cost is pending.

Summary of Options and Associated Costs

Option #1: Subcontracting to a Single Private Ambulance Provider

Ambulance Contract	$1,800,000
Additional Dispatcher	$180,317
County Admin Cost	?
Total Expense	$1,980,317
Transport Revenue	$650,000
Sales Tax	$2 million
Total Revenue	$2.65 million
Net Revenue	$669,683
Reserve Fund 50%	$1,000,000 / 1.5 yrs.

This option provides for two ALS units through a private contractor. It has a high probability for success with little impact to the local fire agencies. It allows for the creation of a reserve fund in the first year of operation. It should more than cover the administrative costs to the County and can supply a revenue stream to expand fire department staffing in support of the County's EMS mission.

Option #2: Creation of an Ambulance District

Estimated Cost	$2,660,624
Additional Dispatcher	$180,317
County Admin Cost	?
Total Expense	$2,840,941
Transport Revenue	$650,000
Sales Tax	$2 million
Total Revenue	$2.65 million
Net Revenue	-$190K - +150K
Reserve Fund 50%	$0 – $1.4/ 10 yrs.

This possibility provides for two ALS units through the creation of a special district. While this is a feasible option, it has a high amount of risk for instability as it relies on a sales tax that can fluctuate with the economy. Creating a reserve fund at a recommended 50% could take as long as ten years to reach. If this choice is selected, we would recommend that a sales tax be calculated to ensure a higher margin to maintain sustainability.

Due to the complexities of creating a special district and the revenue projections, we do not recommend this option without substantial safeguards to ensure long-term sustainability.

Option #3 Subcontracting ALS Ambulance Services with a Private Provider and Two Dedicated BLS Ambulances with Fire Agencies

Contract One Unit	$763,680
Fire BLS x Two Units	$1,081,826
Additional Dispatcher	$180,317
County Admin Cost	?
Total Expense	$2,025,823
Transport Revenue	$650,000
Sales Tax	$2 million
Total Revenue	$2.65 million
Net Revenue	$624,177
Reserve Fund 50%	$1 million / 1.5 years

This option provides for two ALS units through the creation of a special district. While this is a feasible option it has a high amount of risk for instability as it relies on a sales tax that can fluctuate with the economy. Creating a reserve fund at a recommended 50% could take as long at ten years to reach. If this choice is selected, we would recommend that a sales tax be calculated to ensure a higher margin to maintain sustainability.

Due to the complexities of creating a special district and the revenue projections, we do not recommend this option without substantial safeguards to ensure long-term sustainability

Option #4 Subcontracting ALS Ambulance with a Single Partially Staffed Ambulance through Fire Agencies

Ambulance Contract	$1,800,000
Williams Unit	$270,456
Additional Dispatcher	$180,317
County Admin Cost	?
Total Expense	$2,250,733
Transport Revenue	$650,000
Sales Tax	$2 million
Total Revenue	$2.65 million
Net Revenue	$399,267
Reserve Fund 50%	$1,100,00 / 3 yrs.

This option provides for two dedicated ALS units from a private contractor and provides a dedicated partially staffed unit that operates in the same manner as the stop gap deployment plan.

While we have pending costs to be determined by the County for administration, all four options provide varying degrees of risk as well as cost recovery. It is important to understand that there are still options that could be developed using combinations of the above that could be implemented.

Board of Supervisors Action – December 14, 2021

On December 14, 2021, the four options were presented to the County Board of Supervisors for consideration and discussion. The Board acted to pursue Options #1 and #3 as the most likely to result in a sustainable system for the County.

Option #1: Subcontracting to a Single Private Ambulance Provider

To facilitate and implement Option #1, we would encourage the County Board of Supervisors to authorize Sierra Sacramento Valley Emergency Medical Services (SSV), which functions as the County's LEMSA, to create an Exclusive Operating Area (EOA). While there is no requirement to create an EOA for Colusa County in order to award a contract to an ambulance provider, it may be in their best interest. Without the creation of an EOA, the County would remain as a "non-exclusive" county for ambulance operations. As the path forward would involve a subsidy to the selected provider, the County would be in a better position to avoid diluting the market with additional providers and provide the stability of a single ambulance provider. Using this process, the County BOS would provide direction to SSV as to the content of the Request for Proposal (RFP) as well as the performance standards that the selected contractor would be required to meet and the penalties for not meeting those requirements. It should be made clear that the LEMSA cannot create an EOA or establish the requirements for the RFP without the approval of the BOS. Once the LEMSA has been given direction as to the expectations of the RFP, SSV will send a draft to the State EMS Authority for approval of the RFP process. State EMSA may or may not request changes to the draft before the final RFP approval. Once approved, SSV will post the RFP for competitive bids to be submitted. In a typical process, SSV will conduct and supervise the process and provide a summary of the bids along with a recommendation to the BOS for an award of a contract. The BOS can then either accept or reject the recommendation to award a contract. The important parts of this process are that

SSV, as the contracted LEMSA to the County, will facilitate the entire process on behalf of the County as well as manage the contract for the County. The benefits of Option #1 are that once the County has taken action for Option #1, the County has little involvement in the process, for the most part, and it should result in a generally self-supporting ambulance system.

Option #3 Subcontracting ALS Ambulance Services with a Private Provider and Two Dedicated BLS Ambulances with Fire Agencies

With the differences between the Options #1 and #3 noted above, this process can take some different directions from option #1. Option #3 utilizes both a private ambulance and fire-based providers for ambulance transport. While the use of one or more providers for an EOA is not prohibited, it does create additional supervision on behalf of the LEMSA. In order to discuss this, some historical background may be helpful. The issue of the County's responsibility to provide ambulance services was addressed three times with the California Supreme Court making three decisions in what is known as Lomita I, II, and III. In each of these decisions the Court was clear that counties have four choices to discharge their obligations for ambulance services. (1) The county may directly provide emergency ambulance services using their own employees and vehicles. (2) The county may assign emergency ambulance services to a department of the county to provide emergency ambulance services. (3) The county may contract with another public agency to provide emergency ambulance services. (4) The county can create EOAs. If the county chooses to create EOAs, they can use existing providers that meet certain criteria and be designated historical or "grandfathered" providers and do not require an RFP to award a contract. The other option is, if there are no historical providers (as is the case in Colusa), they must conduct a competitive bid to select an exclusive provider as described in Option #1 above.

Only Choice #4 above requires an RFP and only if there are no historical providers (Colusa County has none). Choices 1,2 and 3 do not require an RFP process and the BOS has the authority to provide a direct award, as has been done in El Dorado County with approval of State EMSA.

This warrants discussion for the process. The County can do one of two things under this scenario. The first option is the County can do a direct award to a public agency, which in this case is the fire department who is providing the two BLS units. This does not require an RFP, only an intergovernmental agreement between the County and the provider. This agreement can contain all of the same criteria as the contract under an RFP process, thus ensuring the same level of accountability. The public provider would then use their process to select a subcontractor for the single ALS unit. The fire agency would become the provider of record, conduct all the billing and collections, participate in any supplemental reimbursement programs, receive the County subsidy, and pay the private ambulance provider their contracted payments for services. There are numerous fire agencies, as well as cities, across the state that do this now and are very successful. This meets the Court's requirements for the county's discharge of ambulance services.

The second option is a parallel pathway. The County can create an EOA and conduct an RFP to secure a private provider. Within the RFP, SSV can disclose that two public BLS units will be provided into the system under an intergovernmental agreement, and the cost of the private ALS unit will be subsidized as well as the public units. While this may sound complicated, it is fairly simple. The County may select a third-party billing company to conduct all billing and collections. We would recommend that the County "piggyback" on a current

public billing contract. Currently, the cost for billing is running 3.25% of net collections. The private provider, as well as the public provider, would electronically submit their patient care records to the billing company. The billing company would collect all revenue and submit collections to the County's Lock Box. The County receives all collections and submits payments to both the public and private providers. The County would have their own National Provider Identification number (NPI) and be enrolled into Medi-Cal and would be eligible for federal supplemental reimbursement.

Regardless of the method chosen, the revenue to support a multiple ambulance deployment model will require a subsidy to sustain long term operations in Colusa County.

Each of these deployments requires added funding that cannot be realized through transport revenue alone. The establishment of non-transport revenue streams is needed for Colusa County (and is outside the services AP Triton performs). However, there are considerations that should be discussed. The financial projections provided are based on current cost analyses provided by both the fire agencies as well as Enloe. We find ourselves in a potential Catch 22 scenario as it stands now. To determine the actual cost of ambulance services for the next five years, we need to do an RFP with five-year projections. That will establish the amount of subsidized revenue that is needed to support deployment both now and into the future. This process could take as long as six months. Once the five-year projection has been established, we may be outside the time frame to establish the preferred tax measure and insert it into the upcoming ballot measure for a vote. Therefore, it may be optimal to concurrently solicit an RFP for bids while the County works through the best option for revenue sources.

Final Summary

To facilitate a sustainable emergency ALS ambulance system, the logical choice for the next five years would be for the County to authorize SSV to create an EOA with a private provider, as described in Option #1, to direct SSV to include a five-year projection in the RFP for full cost of the deployment in the RF, and to concurrently engage a firm that has expertise in tax initiatives to provide projections for the best direction to achieve a successful ballot measure to meet the subsidy that will be needed to support the deployment.