



Santa Clara County EMS Stakeholder Group

FINAL REPORT

October 2022

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under contract with Santa Clara County.

RDA Consulting 2022



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Executive Summary

Project Overview & Background

The Santa Clara County Emergency Medical Services (EMS) Agency is nearing the end of its current contract with Global Medical Response (GMR) for the provision of emergency paramedic ambulance services within its exclusive operating area (EOA). The EMS Agency has recognized this moment as an opportunity to assess the County's current model for the provision of emergency ambulance services and to identify action-oriented solutions that will improve the system to best serve people within the County.

To this end, Santa Clara County Emergency Medical Services (EMS) contracted RDA Consulting ("RDA") to facilitate a stakeholder engagement process to identify priorities for selecting the next emergency transport provider for Santa Clara County. RDA was tasked with providing meeting facilitation and coordination to support a neutral review of the current systems and other existing models. The identified stakeholder priorities will inform a Request for Proposals (RFP) that will be used to select an emergency provider beginning in 2024.

Stakeholder Engagement Process

Santa Clara County EMS identified a broad selection of administrators, services providers, and other system stakeholders to understand their perspectives regarding the County's emergency transport needs. The engagement process consisted of monthly meetings at which members reviewed system data and other existing models and heard from speakers including Behavioral Health Services Department (BHSD) representatives, as well as two sets of structured interviews to gather participant questions and priorities, respectively.

Priorities for the Future System

Stakeholders reviewed four emergency transport models as implemented in four separate localities to determine the best fit for the County:

- **Private Ambulance:** In this model, the EMS agency delegates service to private company or companies; this is the current County model delivered by GMR.
- **Public Third Service:** In this model, the County has created an EMS Department (or “Third Service”) for providing EMS services separate from the Fire and Police Departments, as in Travis County (Austin), TX.
- **Alliance:** In the Alliance model, the EMS agency delegates service provision to a combination of local fire district(s) and private company(s) who coordinate service based on geographic regions, as in Contra Costa County, CA.
- **Fire:** In this model, the Fire Department provides EMS services, providing initial medical response as well as hospital transport, as in the City & County of San Francisco, CA.

At the conclusion of the model review meetings, stakeholders identified the anticipated strengths and challenges of each model, solicited the best fit and ranked EMS transport priorities.

Transport Priorities

Stakeholders ranked the following priorities as most important for EMS transport in Santa Clara County



1. Response times
2. Equitable service delivery throughout County
3. Alternative means of transport
4. Transport to alternative destinations
5. Use of both Advanced Life Support (ALS) and Basic Life Support (BLS) ambulances

Considerations for the RFP and future system

Beyond transport priorities, stakeholders identified a set of external factors to be considered when developing the RFP for emergency transport.

- **Supply Chain:** Ambulance service providers are facing supply chain issues related to vehicles which could delay how quickly a vendor can set up a system to support County emergency transport needs. This challenge could be exacerbated for a new EMS provider.
- **Labor Shortages:** Industries including healthcare continue to be impacted by labor shortages in the wake of the COVID-19 pandemic; further, labor shortages are a chronic challenge in Santa Clara County due to the high cost of living. Hiring professional staff could be an obstacle to setting up a new system.

Beyond the external factors identified above, stakeholders raised several considerations that could impact the RFP and future system:

- **Cost Recovery:** While other County models are built based on a dedicated budget for EMS services, Santa Clara County has traditionally opted for a fee-for-service model.
- **Dispatch:** In the future system, it would be useful to identify whether dispatch will be administered internally by County Communications or directly by the vendor, and who will pay for dispatch costs.
- **Timeline:** There must be sufficient time between vendor selection and commencement of service delivery to enable bidders an equitable opportunity to set up the new EMS system, particularly given external supply chain and labor shortage issues mentioned above.
- **Transport Costs:** Ensure the RFP prioritizes keeping costs reasonable for the end user and transparent on total service costs.
- **Contract Flexibility:** Ensure flexibility in the contract to meet evolving community needs without multiple amendments for minor service adjustments.

Conclusion

The details of this report are expanded further in the following pages.

Project Overview

Purpose

The objective of the stakeholder engagement process was to identify key priorities to be considered when developing a Request for Proposals (RFP) for emergency transport for Santa Clara County. RDA was contracted to facilitate a neutral discussion among stakeholders to inform the next emergency transport system for Santa Clara County that will be implemented by 2024. The stakeholder group included departments within Santa Clara County and organizations that would be impacted by emergency transport. The stakeholder group included representation from the following areas:



- **Santa Clara County 9-1-1 Communications**
- **Santa Clara County EMS**
- **Santa Clara County Procurement**
- **Office of the Chief Executive Officer**
- **City Managers**
- **Area Hospitals**
- **Law Enforcement**
- **Fire Departments**
- **South County Region**

Please see Appendix A for the full list of stakeholders.

Context

Dynamic Environment

The dynamic nature of the regulatory environment, including the legislative process, will affect the development of the RFP and selection of EMS transport providers for Santa Clara County. Though this is not unique to Santa Clara County, the current contract has gone through eight amendments due to regulatory and other changes, so it is important to keep abreast of these changes and to build in adaptability to the RFP process. Stakeholders determined challenges with supply chain and labor shortages impacting emergency transport. Ambulance service providers are facing supply chain issues related to vehicles which could delay how quickly a vendor can set up a system to support County emergency transport needs. This challenge could be exacerbated for a new EMS provider. Also, industries including healthcare continue to be impacted by labor shortages in the wake of the COVID-19 pandemic; further, labor shortages are a chronic challenge in Santa Clara County due to the high cost of living. Hiring professional staff could be an obstacle to setting up a new system.



Relevant Legislation

The following list summarizes current and pending legislation which was identified as relevant to the administration and delivery of emergency transport.

Current Legislation:

- **AB 389: Ambulance Services:** Authorizes Counties to contract for emergency ambulance services with a fire agency, including a fire district or city, that subcontracts with a private service provider (e.g., Contra Costa County model).
- **AB 2117: Mobile Stroke Units:** Requires health coverage for “mobile stroke unit” services.
- **AB 662: State Fire Marshal and Emergency Medical Services Authority: peer to peer suicide prevention:** Establishes a working group to examine and make recommendations on dispatch and response protocols and amendments to existing law for individuals who may require evaluation and treatment for a mental health disorder under an LPS designation.

Pending Legislation:

- **AB 2709:** Emergency Ground Medical Transportation: Prohibits out-of-network ambulance providers from balance billing insured individuals. (*Introduced in Assembly in February 2022, Referred to the Committee on Health*)
- **AB 1770: Local Government: Investments:** Changes the Emergency Medical Services Authority’s obligation to report ambulance patient offload times by local EMS agency to the Commission from twice per year to every 6 months. (*Introduced in Assembly in February 2022, Referred to the Committee on Health*)

Stakeholder Engagement Process

Project Timeline & Activities

From the start of the project in Fall 2021 to the project end in Fall 2022, the stakeholder group facilitated by RDA went through a methodical process to identify critical activities to shape transport priorities. To keep the stakeholders abreast of activities, RDA facilitated monthly meetings to bring forth models, topics and issues related to EMS transport. In total, RDA hosted ten monthly meetings during this timeframe.

Below is a high-level summary of project activities:



Introductory Interviews	Stakeholder Meetings	Concluding Interviews
<p>Objective: Establish planning process expectations and perspectives on County needs</p> <p>Timeline: Oct - Dec 2021</p> <ul style="list-style-type: none"> Individual, structured interviews Participants included: Stakeholder group members 	<p>Objective: Monthly review of system data and EMS models</p> <p>Timeline: Oct 2021 - Sep 2022</p> <ul style="list-style-type: none"> Topics: Stakeholder Priorities Model Presentations Legislation Review Behavioral Health Considerations Current Model Performance & Financial Data 	<p>Objective: Gather stakeholder priorities for EMS transport</p> <p>Timeline: Jul - Aug 2022</p> <ul style="list-style-type: none"> 15 stakeholders interviewed Participants included: Stakeholder group members plus representatives from Behavioral and Custody Health

Engagement Activities

Introductory Interviews

To understand stakeholder expectations for the engagement process and gather baseline perspectives on the EMS System, RDA conducted 1x1 interviews of all stakeholders in Fall 2021. As a result of the priorities identified by the stakeholder interviews, the following guidelines were implemented for the engagement process:

- Developed meeting agreements to maintain transparency and keep meetings on time and on track. See meeting agreements in Appendix F.
- Created and shared a repository of relevant legislation to transport.

- Interviewed key groups such as Behavioral Health to seek input on transport.
- Considered end user costs and transparency in costs as reviewing models for transport.
- Considered various models of transport to identify the best solution for the County.

Concluding Interviews

After reviewing the four EMS models with the whole stakeholder group, RDA conducted a second round of direct interviews with most of the stakeholders as well as with representatives from Behavioral and Custody Health. A total of 15 participants were interviewed in ten sessions over a two-week period in July 2022. The interviews consisted of the following sections:



- 1. Review of EMS Transport Models:** The interviewees were asked to review all four models and identify best practices or strengths that they would like to see carried forward in EMS transport for the County. They were also asked to identify what issues/concerns would make each model difficult to implement in Santa Clara County, or what they would like to see changed in the current model.
- 2. Best Fit:** At the end of this portion, each interviewee was asked to share which model they believed to be the best fit for Santa Clara County.
- 3. Ranked Priorities:** Interviewees were also asked to rate the services that they see as priorities for their stakeholder group(s) on a Likert scale of 0 (not at all important) to 5 (extremely important). The ratings given by participants were then averaged out to find the top five to be considered in the RFP for new EMS transport in the County.

The full interview guide can be found in Appendix D. A presentation of findings to the full stakeholder group included interviewees' perception of strengths and weaknesses of the various models and their feasibility for implementation in Santa Clara County, as well as rankings of overall priorities for EMS transport.

Discussion Topics

Model Review

The stakeholder group reviewed various models that represent the best fit for Santa Clara County. Through research and discussion, the stakeholder invited three models: Public| Third Service, Alliance and Fire. In addition, the current model of private ambulance was included in the model review. Once the models were determined, the group then considered different Counties both within California and throughout the County to present their models to the stakeholder group. After some research, the following models were reviewed:

- **Private Ambulance:** In this model, the EMS agency delegates service to private company or companies; this is the current County model delivered by GMR.

- **Public Third Service:** In this model, the County has created an EMS Department (or “Third Service”) for providing EMS services separate from the Fire and Police Departments, as in Travis County (Austin), TX.
- **Alliance:** In the Alliance model, the EMS agency delegates service provision to a combination of local fire district(s) and private company(s) who coordinate service based on geographic regions, as in Contra Costa County, CA.
- **Fire:** In this model, the Fire Department provides EMS services, providing initial medical response as well as hospital transport, as in the City & County of San Francisco, CA.
- At the conclusion of the model review meetings, stakeholders identified the anticipated strengths and challenges of each model, solicited the best fit and ranked EMS transport priorities.

Representatives from the models joined a monthly meeting, shared their model and answered questions. Concluding the presentation and Q&A, the stakeholders engaged in an internal discussion on the feasibility of each model.

Behavioral Health

Due to the frequency with which people experiencing behavioral health needs interact with Emergency Medical Services, the stakeholder group wanted to ensure that the voices of Behavioral Health Service providers were represented. To this end, RDA met with service providers from the County’s Behavioral Health system to hear about their needs as well as their current services. After that meeting, a few of the Behavioral Health service providers presented to the full stakeholder group. This presentation covered the current mobile crisis programs offered through the County and other service providers, the new 988 law and its implications for these intersections, and Behavioral Health considerations for the RFP for new EMS transport services in Santa Clara County. These considerations include identification of alternative transport processes when ambulances are not needed, timely responses, and patient costs. RDA gathered further feedback from Behavioral Health Service Providers during the second round of key informant interviews.

Emergency Ambulance Performance Data

The County shared 2021 performance data, financials & statistics on the current EMS system, GMR.

Financial Analysis

The EMS Agency engaged TAP International, a business management consulting firm, to analyze the financial records of the current EMS transport provider in Santa Clara County, as well as the other models which were presented to the stakeholder group. In October 2022, representatives from TAP International presented their findings to the stakeholder group and delivered a full report of the findings to the County.

Stakeholder Considerations

From January through May 2022, representatives from four different models of EMS transport provided presentations to the stakeholder group. RDA then compiled a comparison list to show the details of each model. This process concluded with key informant interviews conducted by RDA with each stakeholder to gather their opinions on the anticipated benefits and concerns of each model, which model(s) they could see working for Santa Clara County, and what they see as the most important priorities for their particular stakeholder group(s) when it comes to EMS transport. All the opinions provided herein are solely the considerations of the stakeholders who were interviewed and based wholly on reflections on guest speakers' presentations to the group.

Transport Priorities

All stakeholders were asked to rate the importance of various EMS transport services to their representative groups, in order to identify the priorities to consider while developing the RFP.



1. Response times
2. Equitable service delivery throughout County
3. Alternative means of transport
4. Transport to alternative destinations
5. Use of both Advanced Life Support (ALS) and Basic Life Support (BLS) ambulances

The top two priorities, *response times and equitable service delivery throughout the County*, both relate to getting to residents in need as quickly and efficiently as possible. Response time for ambulance transport is a top priority because critical medical care must

be administered in a timely manner and can be a matter of life and death. This also relates to the aforementioned issue of service delivery to the Southern parts of the County. This area experiences longer wait times for responses, as well as longer times for transport to hospitals. Though some of this is due simply to geography, many stakeholders mentioned that there are actions that the EMS transport provider could take in order to improve these response times, such as having dynamic stations in South County. Other stakeholders noted that a focus on minimal response time is an oversimplified approach when considering service delivery, as response times should be appropriate for patient acuity. For example, though the current model shows very short response times, this is not equitable by geography, and there should be consideration given to that difference as well as acuity triage.

The third and fourth priorities, *alternative means of transport and transport to alternative destinations*, were identified as important to stakeholders due to the abundance of interactions between EMS service providers with people experiencing behavioral or mental health needs. As these cases don't always require a full ambulance or transport to an emergency department of a hospital, stakeholders expressed interest in having alternative means to assist these members of the community, while leaving emergency medical resources available to those who need them.

The fifth priority, *use of both ALS and BLS ambulances*, was identified as a way to best utilize resources. By not using Advanced Life Support vehicles, which are more costly to acquire, maintain, and staff, the EMS Transport provider could save some resources on those calls.

The full list of transport priorities, along with their average ratings, on a Likert Scale of 0 (Not at all Important) to 5 (Extremely Important), are listed below:



Consideration	Average Rating
Response Times	4.80
Equitable service delivery throughout the County	4.70
Alternative Means of Transport	3.90
Transport to alternative destinations	3.80
Use of both ALS and BLS ambulances	3.80
First responder fees	3.60
Community paramedicine	3.44
Use of Advanced Life Support ambulance only	3.30
Lowest possible user fees	3.20
Assess and Refer practices	3.20
Treat/non-transport fees	2.80
Subscription service	1.56

Considerations for the RFP and future system

Throughout the process, some key considerations emerged that may impact the RFP and future system:

- **Cost Recovery:** Each model reviewed had different budgets and revenue streams. While other County models are built based on a dedicated budget for EMS services, Santa Clara County has traditionally opted for a fee-for-service model.
- **Dispatch:** it was noted that Dispatch costs and administration of Dispatch is handled differently dependent among the models reviewed. As such, it would be useful to identify both who will administer Dispatch and how these costs who be paid in the future system.
- **Timeline:** There must be sufficient time between vendor selection and commencement of service delivery to enable bidders an equitable opportunity to set up the new EMS system. This is especially critical given the supply chain challenges that the industry is facing to ensure the County is equipped with sufficient vehicles at the time-of-service delivery. In addition, as previously stated, the healthcare industry is facing labor shortages and will need adequate time to hire to meet the County's needs.
- **Transport Costs:** To support all County residents, especially vulnerable populations, it is important to prioritize keeping costs reasonable for the end user and transparent on total service costs.
- **Contract Flexibility:** Given the dynamic nature of the regulatory environment and the number of amendments in the current contract, contract flexibility will be important. In particular, it is important for the contract to be flexible to meet the evolving community needs without multiple amendments for minor service adjustments.

Anticipated Benefits and Concerns of Each Model

The majority of interviewed stakeholders saw the current, Private, model as the best fit for Santa Clara County, though some of them acknowledged that may be because it is most familiar to them. Some stakeholders found it to be the best model if it were to integrate some modifications, which are detailed below. The next most popular model among the stakeholders is the Alliance model, due to its ability to access the advantages of a public-private partnership. The Fire Department model received one vote, and the Public Third Service received zero votes.

In the interviews, stakeholders shared what they saw as the strengths and concerns about the various models which were presented to them. These strengths and concerns were focused not only on the models themselves, but how stakeholders viewed their applicability to Santa Clara County, both operationally, financially, and politically. These opinions are detailed below.

Stakeholder Opinions on EMS Transport Models

Note: listed in descending order of interest



Model	Benefits	Concerns
Private (GMR- Santa Clara County) 	Cost Staffing Response time compliance standards Equipment/supplies Operations	South County service disparities Staffing Response time Equipment/supplies Inconsistency in service Cost performance overall
Alliance (Contra Costa County) 	Cost Operations Clear chain of command Performance None/I don't know	Cost Political feasibility None
Public Third Service (Austin) 	None Staffing Equipment Operations Contract includes other services	Cost Number of transports per responses is high Not applicable to SCC None
Fire Dept (San Francisco) 	None/I don't know Performance Other services Run by the Fire Department Staffing	None Cost Political feasibility

Private Model (Current Model)

As would be expected, stakeholders had the most feedback to give on the model currently in use in Santa Clara County. This model, which is currently run by Global Medical Response (GMR), is generally perceived as working well operationally, but many stakeholders shared some modifications which could help it work better.

Benefits: The main strength of this model is the cost; out of all the models shown, it was the most cost-efficient, especially when accounting for scaling the other models to Santa Clara County. It additionally was noted that the current model generally runs well, in compliance to overall response time standards, as well as that it is efficient in obtaining supplies and resources, possibly due to the access that it has as a large corporation. Some stakeholders noted that their interactions with the staff of GMR were fairly positive, and that staff overall were professional. Additionally, the fact that

the financials show this model to be fiscally solvent implied to the stakeholders that it was operationally solvent.

Concerns: The modifications suggested by two of the stakeholders who voted for this model referred to long response times in South County, a lack of transparency in dispatch costs, issues with staffing transparency, and understaffing in management. Many stakeholders raised concerns about disparities in response times and services to the Southern part of the County due to poor distribution of resources. A number of stakeholders raised concerns about whether the full costs are actually reflected in the numbers which were shown to the group, especially regarding dispatch costs. Since dispatch is currently run by the County Communications Department, personnel are employees of the County. Though GMR does currently pay a flat annual fee towards these costs, stakeholders questioned whether this fee actually covers the entire expenses of this program, or whether some of the costs are shifted to the public agency. Other concerns with this model included a lack of transparency around staffing and transitions, especially in management roles, leading to County employees having to handle staffing transitioning, as well as a perception that GMR deploys minimal resources in order to maximize profits.

Alliance Model (Contra Costa)

The Alliance model, such as that in Contra Costa County, forms an alliance between fire departments/fire districts and a private ambulance services provider. This model was fairly well-received by the stakeholders, mostly based on its similarity to the current system, as well as the perceived strengths of a Public-Private partnership.

Benefits: The main strength of this model, as identified by the stakeholders, is its ability to access the advantages of both public and private systems. This public-private model can leverage the purchasing power of a private firm, while also accessing funding only available to public entities. This model is perceived to be fiscally solvent. Other strengths of this type of model include increased resources, clear chain of command, and better performance.

Concerns: One concern about this model is the cost; it appears as though it would cost almost twice as much as the current system, if scaled to Santa Clara County's area. Additionally, there is complexity in how calls currently come into dispatch in Santa Clara County, and it was unclear to stakeholders if this could be addressed in the Alliance model. Lastly, it was noted the number of fire departments in Santa Clara County could pose a challenge to unifying and organizing a Joint Powers Authority (JPA), which would be necessary for the system to operate.

Public Third Service Model (Austin, TX)

The Public Third Service model, based on the model currently used in Austin, Texas, creates a third public service for emergency medical services (in addition to law enforcement and the fire department).

Benefits: This model appealed to stakeholders due to its employment of public servants, which can lend more sustainable employment opportunities to personnel. Additionally, the contract includes other services, such as community health paramedicine and tailored crisis response vehicles. These are popular services among many stakeholders, and many noted the benefits these could offer in Santa Clara County.

Concerns: The cost of this model, when scaled to Santa Clara County, would be almost double the current private system, and is subsidized by the County's general fund, which is not feasible. In addition to the operational costs of this model, stakeholders noted that creating a new, third public service would create significant upfront expenses, and that it doesn't leverage resources which already exist, such as fire department equipment and personnel. These additional expenses further preclude this model from being realistic for Santa Clara County.

Fire Department Model (San Francisco)

The Fire Department-run model, based on the system in the City and County of San Francisco, puts the county fire department in charge of all EMS transport in the county.

Benefits: The benefits of this model included unity of command, utilization of existing assets, dynamic deployment systems, and eligibility for other funding due to the provider being a governmental organization. Many stakeholders noted the benefits of a dynamic deployment system such as that employed in San Francisco, especially when it comes to equitable service delivery throughout an area. Additional strengths noted by stakeholders were in relationship to staffing, most notably around career pathways for EMTs and paramedics, due to the public system and the integration of fire and EMT services.

Concerns: Most stakeholders noted that this system seems to run well but that many factors make it not applicable for Santa Clara County. San Francisco is very unique in that it is a City and County in one, and therefore has a different political structure from Santa Clara County, which has 15 cities within the County area. Additionally, San Francisco has no rural areas, and therefore does not have to contend with the same issues around equitability in service delivery. Most importantly, stakeholders noted that a tax subsidy, such as that which funds a large portion of the EMS transport in San Francisco, is not feasible in Santa Clara County.

Conclusion

In summary, after reviewing a host of data and EMS models, the stakeholder group coalesced around a set of priorities for emergency transport: response times, equitable service delivery throughout the County, alternative means of transport for those who do not require ambulance services, transport to alternative destinations for those who require emergency transport but not hospital services, and use of both ALS and BLS ambulances.

In addition, stakeholders acknowledged external factors that will affect both the RFP and the future services: supply chain issues and labor shortage.

Finally, stakeholder groups identified a set of considerations for the selection process to ensure the future system meets the needs of County residents: reasonable costs for patients, transparency in dispatch administration and costs, vendors have sufficient time to commence service delivery, and the contract is adaptable to minor service adjustments.

As Santa Clara County determines a model for emergency ambulance services, these key transport priorities and considerations for the RFP and future system will equip the County to provide emergency transport equitably to all residents of the County.



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APPENDIX A: Stakeholder Listing

The stakeholder group was composed of the following individuals:

Name	Title	Stakeholder Group
Trisha Adcock	Director of County Communications	Santa Clara County Communications/ Santa Clara County Fire
John Blain	Emergency Medical Services Specialist	Santa Clara County Emergency Medical Services Agency
Gene Clark	Chief Procurement Officer for SCC	Santa Clara County
Jo Coffaro, MPA	Regional Vice President	Hospitals (Hospital Council, Territory of 5 Counties including Santa Clara County)
Wesley Dodd	Deputy County Council	Santa Clara County
Greta Hansen, J.D.	Incoming Chief Operating Officer	Santa Clara County
Jackie Lowther, RN, MSN, MBA	EMS Director	Santa Clara County Emergency Medical Services Agency
Miguel Marquez	Chief Operating Officer	Santa Clara County
Ken Miller, MD, PhD	EMS Medical Director of Santa Clara County	Santa Clara County Emergency Medical Services Agency
Dalia Rodriguez	Assistant Sheriff	Santa Clara County Sheriff's Department
Harjot Sangha	Finance Director, City of Gilroy	City of Gilroy & Morgan Hill, City Manager's Association for SCC
Robert Sapien, Jr.	Fire Chief	San Jose Fire Department (President of SCC Fire Chief Association)
Chanthavy Sivongxay	Administrative Services Manager	County of Santa Clara Procurement Department
Jesse Winnen, EMT-P	Battalion Chief	Calfire - Morgan Hill Fire Department - South County Fire District
Jaslin Yu	Strategic Sourcing Officer	County of Santa Clara Procurement Department

APPENDIX B: Meeting Schedule

Meeting Date	Meeting Topics
October 18, 2021	<ul style="list-style-type: none">• Planning Process Review• Participant Expectations & Priorities
January 3, 2022	<ul style="list-style-type: none">• Model Presentation: Private Ambulance: GMR (Current Model)• Confidentiality Agreement
January 28, 2022	<ul style="list-style-type: none">• Stakeholder Interview Report -back• Conflict of Interest Considerations
February 25, 2022	<ul style="list-style-type: none">• Finalize meeting agreements• Finalize confidentiality requirements• "Public/Third Service" Model: Austin/Travis County EMS
March 25, 2022	<ul style="list-style-type: none">• Review Applicable EMS Legislation• Model Presentation: Alliance Model
April 22, 2022	<ul style="list-style-type: none">• Model Debrief & Identify Outstanding Questions
May 27, 2022	<ul style="list-style-type: none">• Model Presentation: SF Fire Service• Behavioral Health:<ul style="list-style-type: none">◦ Pilot Findings• Intersection between BXH and Emergency Transport
June 24, 2022	SUMMER BREAK
July 22, 2022	<ul style="list-style-type: none">• Review Current Model Performance Data• Review Current Model Revenue & Expense Data
August 26, 2022	<ul style="list-style-type: none">• Review Pros & Cons of Models<ul style="list-style-type: none">◦ Review Transport Priorities from Stakeholder Interviews
October 7, 2022	<ul style="list-style-type: none">• Presentation of Financial Analysis from Consultant• Stakeholder Meeting Close out

APPENDIX C: Interview Guide – September 2021

Key Informant Interview Questions

Date	
Interviewer	
Participant	
Note Taker	

Introduction

- Introductions and thanks for taking the time to participate
- Confirm that now is still a good time for a 1-hour interview
- **Background:**
 - RDA has been hired to facilitate a planning process to result in an RFP for the County's provision of emergency ambulance services against the background of a changing set of requirements around ambulance provision. RDA will seek out models and data to present to the EMS Stakeholders Group across the planning period.
 - The purpose of the meeting is twofold:
 1. To understand your expectations for the planning process going forward; and
 2. To gather more in-depth information on your unique perspective of the EMS system, and the County's needs, and any models or other program details you would like to learn more about.
- This interview will take approximately one hour to complete.
- This interview is anonymous; RDA will synthesize the responses to share back with the Stakeholder Group. Quotations from your responses will not be shared without your express permission.
- Additionally for note-taking purposes, we would like to record this interview. Do we have your permission to record?
- Do you have any questions before we begin?

Questions

1. Please share your name, your title, and the stakeholder(s) you represent in this planning process.

Stakeholder Group & Planning Process

2. What has been your previous experience with the stakeholder group?
3. Do you have any outstanding questions or feedback about...

- a. The purpose of the stakeholder group?
 - b. The planning process or where it left off?
 - c. Whether there are any stakeholders missing who would help develop a plan that is responsive to the *ambulance services needs of County residents*?
 - d. Anything we as facilitators should know or do to most effectively support the planning process?
4. What challenges do you anticipate in the process?
 5. What do you hope will come out of this process?
 6. Can you share any dependencies we need to address for this planning process to be successful?
 - a. Stakeholder interests
 - b. Concurrent planning processes
 - c. Other initiatives

Information Needs

7. What do you need to know about SB 438 and how it might change the way ambulance services are provided in Santa Clara County?
8. What do you need to know about AB 389 and how it might change the way ambulance services are provided in Santa Clara County?
9. Understanding that an outside consultant is developing a financial study to determine the potential cost of delivery options, which the group will receive in Summer 2022, are there other areas that you and/or the Stakeholder Group members need to know about as part of this planning process?
 - a. Delivery models?
 - b. Operational environment for ambulance service provision?
 - c. Data such as ambulance usage, population served, or other?
 - d. Other legislation or limitations on the system?

Conclusion

10. Do you have anything else you would like to share today?

Thank you for your time today. We will synthesize the feedback from these interviews and share it with the group at our upcoming meeting.

APPENDIX D: Interview Guide – July 2022

Key Informant Interview Guide

Interview Details

Date	
Interviewer	
Participant	
Note Taker	

Part I: Introduction

- Introductions and thanks for taking the time to participate
- Confirm that now is still a good time for a 1-hour interview
- The purpose of the meeting is to understand your assessment and priorities of the various EMS models.
- This interview will take approximately one hour to complete.
- This interview is anonymous; RDA will synthesize the responses to share back with the Stakeholder Group. Quotations from your responses will not be shared without your express permission.
- Additionally for note-taking purposes, we would like to record this interview. Do we have your permission to record?
- Your responses will be noted as priorities for your stakeholder group rather than connected to you as an individual stakeholder. As an example, it will state “Law enforcement stated x as a priority for emergency transport”
- Do you have any questions before we begin?
 1. Please share your name, your title, and the stakeholder(s) you represent in this planning process.

Part II: Assessment of Models

- Now that we have heard from GMR and other EMS models, we want to gather your thoughts on each model. Please reference the model review grid for a summary of features of each model.

Private: Current – GMR

- What are the performance elements (e.g. response times, cost) you would like to see continue for the current model?
- What are the performance elements of the current model you would like to see changed?

Public Third Service: Austin

- Now that the stakeholder group has seen the various service delivery models, are there any best practices from Austin you would like to see implemented for Santa Clara County?
- Conversely, are there any issues or concerns that would make it difficult to implement in Santa Clara County?

Alliance: Contra Costa

- Now that the stakeholder group has seen the various service delivery models, are there any best practices from Contra Costa you would like to see implemented for Santa Clara County?
- Conversely, are there any issues or concerns that would make it difficult to implement in Santa Clara County?

Fire: San Francisco

- Now that the stakeholder group has seen the various service delivery models, are there any best practices from San Francisco you would like to see implemented for Santa Clara County?
- Conversely, are there any issues or concerns that would make it difficult to implement in Santa Clara County?

Conclusion

- Now that you have shared your thoughts on the various models, is there one model that you feel would be the strongest fit for Santa Clara County?

Part III: Transport Priorities

Among the transport priorities, please rank them according to the following scale:

- 0 = Not at all important
- 1 = Not Important
- 2 = Somewhat Important
- 3 = Important
- 4 = Fairly Important
- 5 = Extremely Important

For those marked as 4 or 5, please expand on why you selected these priorities.

Patient Cost

- Lowest possible user fees
- Treat/non-transport fees
- First responder fees
- Subscription service (pre-paid insurance) (monthly or annual fee covers unlimited ambulance rides, example in Palo Alto)

Level of Service

- Transport to alternative destinations (other than acute care hospitals)
- Response Times (appropriateness per patient acuity)
- Use of Advanced Life Support (paramedic) ambulance only
- Use of both ALS and Basic Life Support (EMT) ambulances
- Equitable service delivery throughout the County service area
- Alternative Means of Transport (e.g. psychiatric transports)
- Assess and Refer practices (protocols for certain low-acuity calls - example protocol for COVID/respiratory viral syndrome in SCC)
- Community paramedicine (diversion services for frequent 911 users)
- Beyond what has been shared, what are the elements that define a high quality assurance/quality improvement process for EMS transport?
- Are there any missing priorities you would like to share with us? (Note: Rank any missing priorities identified)
- Do you have anything else you would like to share today?

Thank you for your time today. We will synthesize the feedback from these interviews and share it with the group at our upcoming meeting.

APPENDIX E: Legislation

The following is additional information on current and pending legislation identified as relevant to how emergency transport is administered and/or delivered.

Current Legislation

AB 389: Ambulance Services

- Authorizes Counties to contract for emergency ambulance services with a fire agency, including a fire district or city, that subcontracts with a private service provider (e.g., Contra Costa County model).
- Requires a fire agency subcontract be awarded via a competitive bid process that satisfies specific requirements aimed at cost-efficiency and quality.
- Requires Counties to adopt an ordinance or resolution requiring certain issues to be considered when entering into a new ambulance services contract including retention requirements for employees of incumbent, previous experience of provider, diversity and equity efforts in serving vulnerable and underserved populations, certain financial requirements, public information and education activities.
- A new ambulance services contract must demonstrate that wages of ambulance service employees will be comparable to those in the region and staffing levels will be comparable to those under the previous contract.

AB 2117: Mobile Stroke Units

- Requires health coverage for “mobile stroke unit” services.
- Defines “mobile stroke unit” as a multijurisdictional mobile facility that services as a critical care ambulance under the direction and approval the local EMS agency and as a diagnostic, evaluation, and treatment unit, providing radiographic imaging, laboratory testing, and medical treatment under the supervision of a physician in person or by telehealth, for patients with symptoms of a stroke.

AB 662: State Fire Marshal and Emergency Medical Services Authority: peer to peer suicide prevention

- Establishes a working group to examine and make recommendations on dispatch and response protocols and amendments to existing law for individuals who may require evaluation and treatment for a mental health disorder under an LPS designation.

Pending Legislation

AB 2709: Emergency Ground Medical Transportation

- **Status:** Introduced in Assembly (Feb 18, 2022) Referred to the Committee on Health
- Prohibits out-of-network ambulance providers from balance billing insured individuals.
- Limits commercial payors' reimbursement for noncontracted ambulance services to the greater of 125% of Medicare or the average contracted reimbursement rate within the geographic region.

AB 1770: Local Government: Investments

- **Status:** Introduced in Assembly (Feb 18, 2022) Referred to the Committee on Health
- Changes the Emergency Medical Services Authority's obligation to report ambulance patient offload times by local EMS agency to the Commission from twice per year to every 6 months.

APPENDIX F: Meeting Agreements

The facilitation team and stakeholders developed the following agreements to ensure both the facilitator and participants were committed to supporting optimal emergency transport for the County. Below are the mutually determined agreements:

Facilitator Agreements

- Maintain a Calendar of Future Topics
- Provide Agendas in Advance
- Start and End Meetings on Time
- Remain Neutral to Options and Perspectives
- Ensure Transparent and Accountable Process

Participant Agreements

- Stay on Topic and On Time
- Practice Confidentiality
- Balance Optimal Patient Care and Cost of Services
- Recuse Yourself Where Appropriate
- Communicate Absences in Advance
- If You Miss a Meeting, Share Feedback on the Topic in Advance of the Meeting