



CITY COUNCIL AGENDA STATEMENT



May 12, 2020

File ID: 20-0139

TITLE

CONSIDERATION BY THE CHULA VISTA CITY COUNCIL OF VARIOUS ACTIONS APPROVING AND IMPLEMENTING A PROGRAM FOR THE CHULA VISTA FIRE DEPARTMENT TO PROVIDE EXCLUSIVE EMERGENCY AMBULANCE TRANSPORT SERVICES WITHIN THE CITY OF CHULA VISTA, THE CITY OF IMPERIAL BEACH AND THE BONITA SUNNYSIDE FIRE PROTECTION DISTRICT COMMENCING ON OR ABOUT APRIL 21, 2021

- A. RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CHULA VISTA APPROVING A PROGRAM FOR THE CHULA VISTA FIRE DEPARTMENT TO PROVIDE EXCLUSIVE EMERGENCY AMBULANCE TRANSPORT SERVICES WITHIN THE CITY OF CHULA VISTA, THE CITY OF IMPERIAL BEACH AND THE BONITA SUNNYSIDE FIRE PROTECTION DISTRICT COMMENCING ON OR ABOUT APRIL 21, 2021, APPROVING TERMS FOR A THREE PARTY AGREEMENT IMPLEMENTING SAME, AND AUTHORIZING AND DIRECTING THE CITY MANAGER TO EXECUTE SUCH AGREEMENT IN A FINAL FORM APPROVED BY THE CITY ATTORNEY.
- B. RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CHULA VISTA AUTHORIZING A PURCHASE AGREEMENT WITH REPUBLICEVs FOR 13 AMBULANCES THROUGH SOUTHWEST AMBULANCE SALES PER HGAC CONTRACT AM10-18.
- C. RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CHULA VISTA AUTHORIZING A PURCHASE AGREEMENT WITH STRYKER MEDICAL FOR GURNEY SYSTEMS PER SAVVIK CONTRACT 2019-05.
- D. RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CHULA VISTA AUTHORIZING A SOLE SOURCE PURCHASE AGREEMENT WITH ZOLL MEDICAL CORPORATION FOR CARDIAC MONITORS AND AUTOPULSE SYSTEMS.
- E. RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CHULA VISTA AUTHORIZING A SOLE SOURCE PURCHASE AGREEMENT WITH MOTOROLA SOLUTIONS PER CITY OF CHULA VISTA RESOLUTION 2011-131 VIA THE COUNTY OF SAN DIEGO'S MOTOROLA CONTRACT 553982.
- F. RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CHULA VISTA AMENDING THE COMPENSATION SCHEDULE AND CLASSIFICATION PLAN TO REFLECT THE

ADDITION AND DELETION OF VARIOUS POSITION TITLES AND AMENDING THE AUTHORIZED POSITION COUNT IN THE FIRE AND HUMAN RESOURCES DEPARTMENTS WITH AN INCREASE IN AUTHORIZED STAFFING.

- G. RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CHULA VISTA APPROVING THE REVISED FISCAL YEAR 2019-2020 COMPENSATION SCHEDULE EFFECTIVE MAY 22, 2020, JANUARY 1, 2021, AND DECEMBER 31, 2021, AS REQUIRED BY CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 570.

RECOMMENDED ACTION

Council adopt the resolutions.

SUMMARY

Since 1979 the City of Chula Vista, City of Imperial Beach, and the Bonita Sunnyside Fire Protection District (previously known as the Chula Vista Exclusive Operating Area or EOA), have contracted with providers of emergency ambulance transportation to deliver patients from the emergency scene to local hospitals for definitive care. These agencies entered into a renegotiated agreement with American Medical Response (AMR) on October 1, 2018 to provide emergency ambulance transportation services for a period of three years, with a termination date of September 30, 2021. The City Council approved this contract with the understanding that staff would return for approval of an independent consultant contract whose scope of work would provide sufficient information concerning EMS transport system valuation, optimization, and design. The consultant's independent report would also validate or not validate the Fire Department's own internal study and report on transport system valuation and system design.

As a result of the independent study conducted by AP Triton, the Fire Department's internal study which assesses the feasibility of Fire Department based emergency medical transport services, has been validated. The approval to provide ambulance transport will improve service by adding more ambulance units/hours to the system thereby reducing ambulance response times in the entire system but particularly in east Chula Vista, decrease the costs of transport bills, reduce base rate cost fluctuation, allow for internal administrative control of the transport system, allow for unified dispatch of first responder and transport resources, and provide for more timely and cost effective resolution of transport system issues. Approval to provide ambulance transport will also enable the eligibility for and collection of federal reimbursements of approximately \$2.3 million in the first full year and \$3.5 million annually thereafter. Its anticipated that the system will provide positive net revenue that will be reinvested towards the EMS system currently being funded by the general fund, and for implementation of system improvements.

On January 28, 2020 Fire Department staff along with AP Triton consultants presented to Council an overview of the plan for fire department-based ambulance transport. At that time, City Council approved Chula Vista Council resolution 19-0475 directing the City Manager to engage in all necessary administrative actions to implement fire department-based emergency medical transport services, to begin negotiations for contractual service with the City of Imperial Beach and the Bonita Sunnyside Fire Protection District, and to bring back for City Council consideration and approval any required Council level implementation actions.

The City has the authority to provide emergency medical transport services itself under applicable state and local law including California Health & Safety Code Sections 1797.201 and 1797.224, the City Charter [Section 200], and Chula Vista Municipal Code Section 5.10.310.

ENVIRONMENTAL REVIEW

The Director of Development Services has reviewed the proposed activity for compliance with the California Environmental Quality Act (CEQA) and has determined that the activity is not a "Project" as defined under Section 15378 of the State CEQA Guidelines because the proposal consists of a governmental plan of action related to the City's preparedness in the event of a natural or manmade disaster and which will not result in direct or indirect significant physical impacts on the environment. Therefore, pursuant to Section 15060 (c)(3) of the State CEQA Guidelines the activity is not subject to CEQA. Thus, no environmental review is necessary.

BOARD/COMMISSION/COMMITTEE RECOMMENDATION

Not Applicable.

DISCUSSION

Subsequent to the approval of the renegotiated contract with AMR, the Fire Department had reviewed all components of its emergency medical services system to include patient delivery to the appropriate medical facility via ALS ambulance transport. In its review, Fire Department staff found that many of the challenges experienced by the FRALS first responder system, such as increasing call volume and static number of resources, are also present in the ALS ambulance transport system. The review illustrated clearly to the Fire Department the following areas where improvement is needed:

- Responding ambulance units need to be stationed within the City
- Obtain access to \$1.2 million currently available via Federal reimbursements (QAF, GEMT)
- Obtain access to \$2.3 million Federal reimbursements available in 2021 (IGT), and \$3.5 million annually thereafter.
- Increase ambulance unit hours to meet projected demand
- Reduce ambulance response times in the entire system but particularly in east Chula Vista (Districts 1 and 3)
- Provide internal ability to manage ambulance resources
- Reduce base rate costs and minimize rate fluctuations
- Provide greater efficiency for dispatching ambulance units
- Overall control of the transport system
- Unified use of radio communications and information technology
- Unified medical direction and continuity of patient care

System Overview and Implementation

In order to accomplish the financial and operational goals set forth above, the Fire Department needed to develop a detailed plan based on historical and predicted calls for service. The department evaluated CAD data from the previous ten years to identify patterns and locations for calls for service in the City of Chula Vista. Data was then entered into performance prediction software to understand what pattern of staffing

and locations would best serve the response needs throughout the City. The conclusions drawn from this data modeling indicated that the City of Chula Vista will need a total of eight (8) ambulances to provide the maximum level of performance and cost effectiveness, six of those will be staffed 24 hours daily and two will be staffed 12 hours daily during the peak demand period. The city response fleet would then be combined with two (2) additional 24-hour ambulances located in contract jurisdictions of the City of Imperial Beach and the Bonita Sunnyside Fire Protection District, which will create a network of ten (10) ambulances servicing the areas.

In contrast, the units currently stationed within the service area of Chula Vista, Bonita, and Imperial Beach consist of eight (8) ambulances. These include six (6) 24-hour ambulances in the three jurisdictions, and two (2) additional 12-hour ambulances. The Chula Vista deployment plan consists of 216 hours of daily coverage versus the current 168 hours, an approximate increase of 28% in daily unit hours.

Station	Ambulance Response Unit
1 (City Hall)	24 Hour
2 (Hilltop)	12 Hour
3 (Sunbow)	Unable to house units/staff
4 (Rancho Del Rey)	12 Hour
5 (Montgomery)	24 Hour, Reserve
6 (Rolling Hills)	24 Hour
7 (Otay Ranch)	24 Hour
8 (Eastlake Woods)	Reserve
9 (Castle Park)	24 Hour
10 (Millenia)	24 Hour
38 (Bonita)	24 Hour
39 (Imperial Beach)	24 Hour

The entire Emergency Medical Services (EMS) Division will be managed by a Deputy Fire Chief position in the capacity of the Director of EMS. The daily transport operation will be managed by a Fire Battalion Chief who will oversee the 10-unit response system management, staffing, and liaison duties to ensure an effective emergency ambulance service. In coordination with the contracted dispatch center, the Battalion Chief will monitor and direct transport units to optimize their response performance. The direct supervision of transport employees will be provided primarily by Fire Captains in the assigned station, in coordination with the EMS Division.

Performance improvement in managing operations will be achieved through unification of the dispatch of first responder and transport units into a single point of control, and shared communications systems. Calls for service will enter the system through a secondary public safety answering point (PSAP), triaged, dispatched, and managed to call completion. The single point of operational control will allow reliable data driven decision making to optimize performance in a timely manner.

Financial stability of the EMS Division will be achieved by consolidating the transport and first responder operations into a single EMS business organization. First responder operations allow for better overall response times to calls for service due to a greater distribution of resources and diversity of locations, of both first responder units as well as ambulance transport units. Transport revenue controlled by the city will be used to continue funding the vital first responder component of the EMS system, while affording adequate funding for direct transport costs and support functions. This reinvestment of revenue back into the existing

system will allow any funds generated by medical transport to remain in the community in the form of improved services.

Consistency and quality of care will be enhanced by unifying the training, equipment, quality improvement, and medical direction of the contracted service area into one cooperative organization. A new EMS Educator position will be responsible for all EMS training needs across the three first responder agencies. A unified approach to education will provide consistent performance of prehospital care across the entire south bay EMS system, due to the same shared vision of how to provide patient care. Another benefit of a combined first responder and transport system is the common patient care tools that can be shared throughout the system. Common equipment leads to more efficient interaction of first responder and transport personnel due to their familiarity with each other's patient care platforms. Another function of the EMS Educator position is to perform quality improvement activities in conjunction with the EMS Battalion Chief and the Medical Director. The review of patient care, whether retrospective or direct observation, will allow the EMS Division to identify the strengths and areas for improvement in the care of our citizens. The creation of the EMS Educator position, along with the increase in contracted time of the Medical Director, will allow continuous evaluation of EMS care provided to jurisdictions of the service area.

The following is the current timeline for the implementation of City of Chula Vista Fire Department based ambulance transportation by on or about April 9, 2021.

May 12, 2020	Council approval of capital purchases and staffing changes.
June/July 2020	Complete purchase of ambulances, gurney systems, cardiac monitors, and communications equipment.
July 2020	Billing RFP conducted if necessary.
September 2020	EMS personnel recruitment begins.
October 2020	Required 180-day contract termination for convenience.
December 2020	EMS BC positions begin transition.
February 2021	All equipment and warehouse inventory prepared. Additional support positions begin to support transition.
March 2021	Paramedics complete orientation academy and field training. EMT personnel complete orientation academy.
April 9, 2021	Transport system begins.

Initial Start Up Costs

As the previous timeline has illustrated, the implementation of transport will be in phases, in much the same way as the financing of that system. A combination of methods will be used to finance the startup of the

transport system, to include utilizing the FY21 ALS budget, utilizing existing fund balances from the ALS fund, inter-fund Measure A – Fire Component loans, and existing capital purchase loans.

The proposed FY21 ALS budget contains the appropriate funding to complete purchases necessary for medical training equipment, unit medical equipment, and initial uniform/PPE purchases. Funding from the existing balance of the ALS fund will allow implementation costs items such as facilities improvements, and necessary support positions in HR and Fire Administration. The balance of initial costs prior to system start and for the first quarter of operation will be financed with Measure A-Fire Component funds not currently utilized due to the phased approach of improvements in the Measure A program. This funding proposal will need to be brought forward to the Measure A Citizen Oversight Committee prior to City Council consideration. The implementation tasks include purchasing a supply vehicle, initial 90 days medical supply, funding of employee orientation for EMT’s and Paramedics, implementation of EMS support positions, and increased general liability insurance costs. The first quarter of transport operations will be funded prospectively, as the billing cycle of medical transport requires 90-180 days to recover revenue.

These expenses include providing the matching funds for federal reimbursement programs, transport operational costs, and first responder program costs. The first responder cost will be negated with the last payment of FRALS fees from the existing AMR contract. With the projected revenue from transport, the loans from Measure A are projected to be repaid within the first two full fiscal years of operation.

Phase I-Funded by Current ALS Program

ITEM	COST	SOURCE
City Overhead Departments (July-June)	\$317,521	ALS Fund Balance
Facilities Improvements (Offices, Warehouse, Stations)	\$150,000	ALS Fund Balance
EMS Training Equipment	\$75,000	FY21 ALS Budget
Portable Medical Equipment	\$200,000	FY21 ALS Budget
Initial Uniforms/PPE	\$130,000	FY21 ALS Budget

Phase II

ITEM	COST	SOURCE
Pre-Deployment Costs		
Warehouse Inventory	\$150,000	Measure A
Supply Van	\$60,000	Measure A
EMS Academy (4 Weeks)	\$200,000	Measure A
Transport Support Positions Hired	\$300,000	Measure A
Liability Coverage	\$75,000	Measure A
Total	\$785,000	

Deployment Costs-4 th Quarter FY21		
ITEM	COST	SOURCE
Total of Pre-Deployment Funds	\$785,000	Measure A
QAF Matching Funds	\$125,000	Measure A
IGT Matching Funds FY22 QTR 1	\$900,000	Measure A
Transport Costs FY21 QTR 4	\$2,291,990	Measure A
FRALS FY21 QTR 4 (Reimbursed 7/1/2021 by AMR)	\$779,720	Measure A
TOTAL	\$4,881,710	

Phase II proposed funding anticipates a loan from the Measure A -Fire Component. The Measure A Citizen Oversight Committee will review the proposal for compliance prior to City Council consideration.

The last area of startup costs is the major capital equipment necessary to operate a transport system. The components include the purchase of ambulances, gurney systems, cardiac care equipment, and communications equipment. These purchases will be financed by an existing or future capital purchase loan and repaid over the first five full years of operations through an existing transport baseline budget allocation.

ITEM	Number	Total
Ambulances	13	\$2,815,485
Stryker System	13	\$700,882
Zoll	11	\$747,845
Motorola	13	\$228,888
	Total	\$4,493,100

The combination of existing ALS funds, inter-fund loan of Measure A-Fire Component tax revenue, and strategic capital purchase borrowing will allow the City of Chula Vista to finance the transport system with no anticipated impact to the general fund.

Revenue Projections

As previously documented in the AP Triton “EMS Valuation and Optimization Study,” the finance of medical transportation is a relatively simple equation of charges of base rate and ancillary fees, multiplied by the volume of transports, multiplied by the average collection percentage, to produce the net revenue of transport operation. Below is a table that represents the FY22 projected charges and transport volume, with the addition of government provider eligible federal reimbursement. For Medicaid/MediCal covered patients a prospective amount of funds is posted to a federal reimbursement fund, then matched and returned to the provider so that their cost of operation is more accurately reimbursed.

Service Area Transport

Payer	Base	Miles	O2	Night	Total	Transports	Net Revenue
Commercial	\$2,800.00	\$292.15	\$104.70	\$76.60	\$3,273.45	3,267	\$9,090,206.98
Medicare	\$2,800.00	\$292.15	\$104.70	\$76.60	\$3,273.45	7,051	\$3,692,975.35
MediCal	\$2,800.00	\$292.15	\$104.70	\$76.60	\$3,273.45	4,729	\$774,007.25
Private	\$2,800.00	\$292.15	\$104.70	\$76.60	\$3,273.45	2,149	\$351,732.20
						17,196	\$13,908,921.78
Supplemental IGT							\$2,383,405
TOTAL							\$16,292,326.78

Five Year Budget and Revenue

To provide an overview of the previous discussion on system startup costs, capital purchases, and transport finances, it is necessary to see how all the components fit together to provide revenue after expenses have been paid. The table below represents the projections from the 4th quarter of FY21 through FY25. The projected costs are based on the assumption of increasing labor costs of a retained workforce, and an annual increase between 2-3% for other goods and services. While the revenue is based on an annual increase of 2% per year in transport volume and no increase in the base rate charge, with the resulting increased net revenue. Currently the system has averaged 4% annual transport volume increase which may improve the actual net revenue over the projections. Included in the five-year projections is the implementation of the Intergovernmental Transfer Fees (IGT) program in July 2021, which results in a significant increase in net revenue due to federal reimbursement. (Attachment #1).

	4th Quarter	Service Area with IGT			
Cost/Revenue	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
Transport Cost (Dispatch Included)	\$2,291,990	\$10,144,060	\$10,603,611	\$11,051,171	\$11,544,585
First Responder Cost	\$779,720	\$2,709,062	\$2,894,560	\$3,013,798	\$3,127,966
Total Cost	\$3,071,710	\$12,853,122	\$13,498,171	\$14,064,969	\$14,672,551
Projected Revenue	\$3,431,899	\$13,908,921	\$14,187,099	\$14,470,841	\$14,760,258
GEMT/QAF/Intergovernmental Transfer (IGT)	\$307,515	\$2,383,405	\$3,607,485	\$3,679,635	\$3,753,227
Total Revenue	\$3,739,414	\$16,292,326	\$17,794,584	\$18,150,476	\$18,513,486
Total Cost	\$3,071,710	\$12,853,122	\$13,498,171	\$14,064,969	\$14,672,551
Net Revenue	\$667,704	\$3,439,204	\$4,296,413	\$4,085,507	\$3,840,935
Assumes 2% growth in transport volume and no change in base rate					

Capital Purchases

Capital purchases comprise the largest portion of the system startup costs and can be classified as one of the four following categories: ambulances, gurney systems, cardiac monitor/resuscitation equipment, and communications equipment. As mentioned previously, these collective purchases will be purchased through an existing or future capital purchase loan and be paid for through budgeted payments over the first five full

years of the system's operation. The lease purchase option is the preferred method over a period of 5-7 years rather than a lump sum purchase.

Ambulances

The process of selecting a vendor for purchasing ambulances involved soliciting preliminary quotes from three separate vendors that are currently listed on the Houston Galveston Area Council (HGAC); Medix Specialty Vehicles, Frazer, and Braun Northwest. The request was for a diesel chassis greater than one ton, Type I ambulance, and the installation of customer specific equipment as part of the manufacture process. Medix was the most responsive vendor with the best cost per unit.

HGAC conducted a competitive solicitation for ambulances and Medix/Southwest Ambulances was chosen to be the lowest most responsible and responsive bidder. In order to procure these vehicles, the Purchasing Agent has determined that the award of this contract is consistent with Section 2.56.140 of the Chula Vista Municipal Code Cooperative Purchasing Agreements. The HGAC award to Medix/Southwest Ambulances under contract AM10-18 was competitively bid and complies with the City of Chula Vista procurement policy. The City of Chula is a current member of HGAC, member number 17-6246. (Attachment #2).

Gurney System

After detailed research of the two gurney systems in the marketplace, the fire department determined the most functional and safe gurney system is the system produced by Stryker. A preliminary quote was requested per the Savvik RFB 2019-05. Savvik conducted a competitive solicitation for gurney equipment. Stryker Medical responded to the RFB. In order to procure this gurney equipment, the Purchasing Agent has determined that the award of this contract is consistent with Section 2.56.140 of the Chula Vista Municipal Code Cooperative Purchasing Agreements. The Stryker Medical bid under Savvik RFB 2019-05 was competitively bid and complies with the City of Chula Vista procurement policy. (Attachment #3).

Zoll Medical Equipment

The cardiac monitor and mechanical compression system currently used by Chula Vista, Imperial Beach, and Bonita Fire Departments is manufactured by Zoll Medical Corporation. The fire department has replaced all cardiac monitors and autopulse systems within the last 6 years, with a total of 20 X Series Monitors and 17 Autopulse devices currently deployed in the EMS system. To provide continuity of care and universal function, the department is purchasing identical equipment from Zoll Medical Corporation.

Zoll Medical Corporation is the sole source distributor of its products. The city has designated Zoll as a sole source contract for the last 11 years. (Attachment #4).

Motorola Radio Communications Equipment

Motorola radio equipment is required for all 13 ambulances being purchased to provide transport services. The equipment includes mobile radios, portable radios, accessories and installation of the equipment. The radio equipment is purchased via a sole source agreement per City of Chula Vista Resolution 2011-131. (Attachment #5).

Personnel Actions

In an effort to address the needs of various departments and the City's workforce, the Human Resources Department, in conjunction with the Fire Department, is proposing the addition and deletion of certain classifications. Staff is also recommending approval of the revised Fiscal Year 2019-2020 Compensation Schedule effective May 22, 2020.

1. Classification Plan Changes

Civil Service Rule 1.02(A), which applies to the City's classified positions, provides for necessary reviews and changes so that the City's classification plan is kept current, and that changes in existing classes, the establishment of new classes, or the abolition of classes are properly reflected in the classification plan.

In an effort to address the needs of various departments and the City's workforce, the Human Resources Department, in conjunction with the Fire Department, is proposing certain position changes. The following identifies the affected positions and proposed changes.

Department	Position Title	FTE	Implementation Date
Fire (ALS)	Senior Management Analyst	1.00	7/3/20
	Fire Captain*	-1.00	12/3/2020
	Fire Battalion Chief	3.00	12/4/2020
	EMS Educator	1.00	2/26/2021
	EMS Inventory Specialist	1.00	2/26/2021
	Facility and Supply Specialist	-1.00	2/26/2021
	Delivery Driver	1.00	2/26/2021
	Paramedic (Non-Safety)	24.00	3/12/2021
	Emergency Medical Technician (Non-Safety)	24.00	3/26/2021
	Deputy Fire Chief	1.00	4/9/2021
Fire (Measure A)	Deputy Fire Chief*	-1.00	4/8/2021
Human Resources	Human Resources Analyst	1.00	7/3/2020
Total City-Wide Position Changes (Net Increase/Decrease)		54.00	

* Position assigned to EMS

Summary of New and Updated Classifications

Position Title	Bargaining Group	Bi-Weekly E Step
EMS Educator	PROF	\$4,068.43
EMS Inventory Specialist	ACE	\$2,537.96
Paramedic (Non-Safety)	IAFF	\$1,516.80
Emergency Medical Technician (Non-Safety)	IAFF	\$1,264.00

2. Compensation Schedule Requirement

California Code of Regulations, Title 2, Section 570.5 requires that, for purposes of determining a retiring employee's pension allowance, the pay rate be limited to the amount listed on a pay schedule that meets certain requirements and be approved by the governing body in accordance with the requirements of the applicable public meeting laws. The revised Fiscal Year 2019-2020 Compensation Schedule ("Compensation Schedule") was last approved by the City Council at their meeting of February 4, 2020. This item ensures continued compliance with California Code of Regulations, Title 2, Section 570.5, by ensuring the City has an up-to-date, publicly approved Compensation Schedule.

Approval of Resolution F will approve the addition and deletion of various position titles and amend the authorized position count in the Fire and Human Resources Departments with a net increase in authorized staffing.

Approval of Resolution G will approve the revised Compensation Schedule effective May 22, 2020 to reflect the (1) addition of the EMS Educator, EMS Inventory Specialist, Paramedic (Non-Safety) and Emergency Medical Technician (Non-Safety) position titles and the (2) deletion of the EMS Nurse Coordinator position title. (Attachment #6).

Legal Authority

Chula Vista, through its CVFD, is authorized to provide exclusive Emergency Ambulance Services within the City of Chula Vista, pursuant to its authority under California Health and Safety Code Section 1797.201, pursuant to its general authority as a Charter City, and as specifically provided under Chula Vista Municipal Code Section 5.10.310. Chula Vista, through its CVFD, is also authorized to provide or contract for Emergency Ambulance Services within the Service Area in its capacity as a "grandfathered" provider of services under California Health and Safety Code Section 1797.224 for the LEMSA designated "EOA." Bonita/Sunnyside and Imperial Beach each also has the authority to enter into a contract with Chula Vista for the provision of Emergency Ambulance Services pursuant to their authority under California Health and Safety Code Section 1792.201 and/or 1797.224.

Summary of Agreement with Bonita/Sunnyside and Imperial Beach

The proposed agreement between Chula Vista, Bonita/Sunnyside Fire District and Imperial Beach is on the following key terms. The final agreement shall contain additional terms and conditions consistent with same.

1. Services Provided.

Within the “Service Area” comprised of Chula Vista, Bonita/Sunnyside Fire District, and Imperial Beach, in response to emergency medical calls, CVFD shall provide rapid-response, Advanced Life Support (“ALS”) pre-hospital medical care and ambulance transport services (“Emergency Ambulance Services”), twenty-four (24) hours each day, seven (7) days each week, without interruption, and without regard to a patient's financial status. Related services include: (a) standby ambulance support for other emergency calls, (b) outlier incident and general monthly response time reporting, (c) a complaint response system, and (d) re-supply of first responder disposable medical equipment and supplies

2. Response Time Requirements.

CVFD agrees to respond (a) in less than twelve (12) minutes to at least ninety percent (90%) of all ALS emergency calls dispatched each month; and (b) in less than twenty (20) minutes to at least ninety percent (90%) of all non-emergency calls dispatched each month. Certain calls will be exempted from this calculation based on special circumstances. If CVFD fails to meet the response time requirements for two consecutive months, or for three months in any 12-month period, CVFD shall meet and confer with the affected Agency or Agencies to develop and implement a plan for obtaining compliance at the earliest possible date.

3. System Operating Standards and Requirements.

- a. Vehicles and Equipment. CVFD will provide, maintain and operate all ambulances, other vehicles, equipment and supplies, necessary to provide the Emergency Ambulance Services required under the terms of this Agreement (collectively, the “Required Vehicles and Equipment”). Required Vehicles and Equipment shall include: (1) 10 regularly deployed, fully outfitted Type I ambulance units; (2) 3 reserve ambulance units, 2 of which shall be fully outfitted and ready to deploy; (3) certain other identified support vehicles; (4) installed and hand-held communications equipment; (5) bio-medical equipment. CVFD shall maintain and operate all Required Vehicles and Equipment in accordance with any and all federal, state, and local laws, ordinances, regulations, resolutions, policies, procedures, and protocols.
- b. Special Deployment. Out of the 10 regularly operating ambulance units, CVFD shall stage at a fire-station within Bonita/Sunnyside and Imperial Beach, respectively, one Type I ALS capable ambulance, operating twenty-four (24) hours per day (each a “Local Unit”). Local Units may be dispatched into other parts of the Service Area from time to time as system needs dictate; provided, however, CVFD shall exercise best efforts to minimize such diversions, and to return diverted Local Units back to their designated Agency jurisdictions as soon as practicable.

- c. Staffing and Personnel Requirements. CVFD shall comply at all times with applicable State and County requirements for minimum staffing levels, medical standards and personnel qualifications. In general, ambulance transport units assigned to the Service Area shall be staffed with one (1) Paramedic and one (1) EMT and equipped to provide ALS care twenty-four (24) hours per day, 365 days a year. Additional requirements for staffing and personnel shall apply to support general system oversight, maintenance of applicable medical standards, staff training and continuing education.
 - d. Coordination with First Responders. Bonita/Sunnyside and Imperial Beach shall continue to be obligated to provide first-responder emergency medical response for calls originating within their respective jurisdictions. Upon arrival, first responders will consult with CVFD paramedics to coordinate decisions regarding treatment, transport destination, transfer of medical control, consultations with base hospital staff, and whether the first responder paramedic needs to accompany the patient to the hospital. As necessary, CVFD shall provide transport for first responders from hospitals back to their local stations.
 - e. Compliance with Laws. Any and all Emergency Ambulance Services provided shall be provided in accordance with all applicable federal, state and local laws and regulations, including any and all applicable medical standards.
4. Costs, Rates and Reimbursements.
- a. CVFD Responsible for Costs. In consideration for its designation as the exclusive service provider for Emergency Ambulance Services throughout the Service Area, CVFD shall be responsible for all costs for the provision of such service. The projected initial cost for such services is defined as the “Base Cost of Service”.
 - b. Base Rates. The initial “base rate” for charges to customer patients for Emergency Ambulance Services shall be \$2,800 (“Base Rate”). The Base Rate may be subject to increase in the event that the Base Cost of Service increases, in the aggregate, by 3%. In such event, after meeting and conferring with the other Agencies, CVFD has the right to increase the Base Rate in an amount sufficient to cover the increased costs.
 - c. Additional Charges. CVFD shall have the right to charge and collect additional charges for services rendered consistent with industry standards. Such charges typically include variable mileage charges and charges for the particular medical equipment and supplies used in the treatment of each patient.
 - d. Collections. CVFD shall be responsible for collecting charges imposed on customer patients throughout the Service Area. CVFD may (and currently intends to) contract with a third-party vendor for this purpose. Except for qualified reimbursements to first responder agencies (described below), CVFD shall retain all monies collected.
 - e. Reimbursements for Qualified First Responder Expenses. Out of collected Service Area revenues, in consideration of first responder services they are providing, Bonita/Sunnyside and Imperial Beach shall each be entitled to reimbursement for the cost of such first responder

services in the amounts currently being reimbursed to them under their existing side letter agreements with AMR (“Existing Qualified Reimbursements”). In addition, each such agency may be entitled to additional first responder “qualified” cost reimbursements to the extent annual revenues received in their respective jurisdictions exceed the amount of Service Area costs allocated thereto. Allocated costs in this formula shall include each Agency’s amount of Existing Qualified Reimbursements. CVFD shall perform an annual reconciliation of Service Area collections and allocated costs by on or before October 1st of each year. Each agency shall have the right to inspect and audit CVFD calculations. CVFD shall have the right to inspect and audit each agency’s proposed first responder “qualified” costs.

5. Term.

The operational term of the Agreement shall be for five (5) years, commencing on or about April 1, 2021. (This is the projected date for termination of the existing agreement with AMR.) Each party shall have the right to withdraw from the agreement upon 180 days written notice.

FINANCIAL SUMMARY

One of the focuses of the study conducted by AP Triton was to establish the annual anticipated revenue from emergency medical transports in the three jurisdictions (Bonita, Imperial Beach, and Chula Vista) that comprise the contracted partnership. The projected net value of transports allows the administrator of the EMS system to match resources to needs. The value of the 17,000 plus transports from the system is estimated currently at \$13.9 million dollars as noted in the previous discussion of the projected expenses and revenues. With a single base rate throughout the system and continued annual growth in transport volume, it is projected that a city provided service will meet or exceed the operational expenses. The Federal Government’s IGT program will launch in July 2021 with an estimated increase of net revenue of \$2.3 million dollars in the first full year and \$3.5 million annually thereafter.

City staff have validated that projected operational expenses would be met or exceeded by the projected revenue as outlined in the AP Triton report. The Finance and Human Resources departments have developed total position costs for all personnel related to a City provided service, with Finance reviewing all associated costs compared to the net revenue.

CONCLUSION

The approval of these resolutions to provide ambulance transport through agreements with the Imperial Beach Fire Department and the Bonita Sunnyside Fire Protection District will improve service by adding more ambulance units/hours to the system thereby reducing response times in the east, decrease transport bills, reduce volatility in the base rate cost, allow for unified management of the entire EMS system, improved dispatching of ambulance units and provide the opportunity for more timely and cost effective resolution of transport system issues. Approval to provide ambulance transport will also enable the eligibility for and collection of federal reimbursements of approximately \$2.3 million in the first full year and \$3.5 million annually thereafter. Its anticipated that the system will provide positive net revenue that will be reinvested towards the EMS system currently being funded by the general fund, and for implementation of system improvements.

With City Council approval of the prior resolution, the City Manager has notified the County of San Diego Local Emergency Medical Services Agency (LEMSA) of the transition of the Emergency Medical Transport Services to the City of Chula Vista Fire Department.

DECISION-MAKER CONFLICT

Staff has reviewed the decision contemplated by this action and has determined that it is not site specific and consequently the 500-foot rule found in California Code of Regulations section 18704.2(a)(1) is not applicable to this decision. Staff is not independently aware and has not been informed of any other basis for a potential conflict.

CURRENT-YEAR FISCAL IMPACT

There are no General fund costs associated with this action. Staff will return to Council for approval of any future associated costs as necessary.

ONGOING FISCAL IMPACT

No projected negative impact to the general fund. With the estimates of current net revenue, all operational costs would be paid for from transport revenues. This includes a reduction in general fund expenditures for contract dispatch services with a value of \$1,246,840 in FY22. With the addition of supplemental federal reimbursement under the IGT program there is the potential to offset other current and eligible EMS related general fund expenditures.

ATTACHMENTS

Attachment #1	Expense and Revenue Projections
Attachment #2	REPUBLICEVs Purchase Agreement
Attachment #3	Stryker Medical Purchase Agreement
Attachment #4	Zoll Purchase Agreement Zoll Sole Source Memo
Attachment #5	Motorola Solutions Purchase Agreement City of Chula Vista Resolution 2011-131 Sole Source Resolution
Attachment #6	FY19-20 Compensation Schedule Effective 05-22-2020