



**MEETING MINUTES
BOARD OF SUPERVISORS, COUNTY OF MONO
STATE OF CALIFORNIA**

Lee Vining Community Center, 296 Mattly Avenue, 107885 Highway 395, Lee Vining, CA 93541

**Special Meeting
November 5, 2015**

1:10 PM Meeting Called to Order by Chairman Fesko.

Supervisors Present: Alpers, Corless, Fesko, Johnston and Stump.

Supervisors Absent: None

Adjourn: 4:10 p.m.

Pledge of Allegiance led by Chairman Fesko.

1 OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD

No one spoke.

2. AGENDA ITEMS

A. Special Meeting - Attend EMS Ad Hoc Committee

Attend EMS Ad Hoc Committee meeting at Lee Vining Community Center. Potentially ask questions and/or make comments during the following workshops: 1. Overview of Current EMS System, and 2. EMS Models Workshop.

Action: None. Informational only.

Introductions were made among the EMS Committee members and members of the Board.

Frank Frievalt:

- Down to four models: existing system with modifications, interface with fire, private models, or a hybrid system.
- Having a hard time rating models.
- Will show maps and discuss potential call types and view how system operates.
- Hybrid system already exists in a fashion with some cooperation.

- Four parts of discussion: policy, admin, legal, and operations.
- End goal today is to be able to rate options.
- Handout should include Medic 8 in Bridgeport.
- Call types.
- MWTC is at Base Commander discretion.

Jack Copeland:

- Issues with private option - \$3 million /year, \$2 million shortfall. Not viable as a private business. Parts of system may be viable, such as 395 corridor.
- All options are open.

Supervisor Stump:

- Are you assuming no county subsidy of private?
- Thinks contribution will be required, but at what level?

Bob Rooks/ Kevin Smith:

- Map and magnetic decals show location of assets available.

Supervisor Fesko:

- MWTC has 2 units. 1 is reserve and often not available for county.

Overview of Call types: Frank Frievalt and Kevin Smith.

Call 1:

- MMSA, could be winter or summer.
- Medic would respond, dispatch would tell them where to go, and give ETA for patient to staging. 5 miles, 10 minutes to Main Lodge. Mammoth Fire typically does not respond.
- Winter resource deployment plan:
- Rigs are moved in morning. Medic 2 will go to Mammoth from 10-4. Medic 7 moves from Bridgeport to June Lake. Sometimes Medic 1 moves from Walker to Bridgeport. Sometimes Medic 7 bypasses June and goes to Mammoth so they can get training/practice/experience.
- No summer rotation: calls are more spread through the county.

Rosemary Sachs:

- Will often meet ambulance with gurney to speed turnaround of medics.
- In winter, SME ambulances are considered transportation unit and are called directly by MMSA. All are ICEMA certified. If these went away, medic call volume would probably go up some.
- SME does not charge for transport. Some patients refuse paramedics/ambulance because of cost.

Supervisor Fesko:

- SME transport, do they transport to Airport? They will transport to Bishop for elective surgery. This is potential loss of revenue to medic system.

Dr. Rick Johnson:

- SME does not transport to the airport.

Bob Rooks:

- Other resources, such as reserve Medic 6, can be brought in as needed or for busy and/or holiday periods.
- About 60% of calls are in Mammoth.

Call 2:

- General call to residence in June Lake. Dispatch will send Medic 2 and June Lake Fire volunteers. Typical transport to Mammoth. Serious transport will use helicopter, takes 45-60 minutes. Will call them early to get them enroute. Serious goes to Reno for more definitive care. Ambulance may go north with patient to predetermined landing zone.
- If Medic 2 is in Mammoth, Medic 7 will have deployed from Bridgeport to

June.

- Fixed wing aircraft can meet ambulance at Mammoth airport. If patient goes to Mammoth Hospital, they can call Careflight if needed. Air transport not available in bad weather.

Jack Copeland:

- 50% reimbursement is about best we can hope for.

Call 3:

- Motor vehicle accident on 395 in Walker Canyon. Medic 1 and 7 respond immediately. Vehicle accident assumption is always that there are multiple patients. If only 1 victim, closest ambulance continues, other returns to home base.
- Antelope Valley will send Fire response. MWTC may/may not respond.
- Transport non-serious from Medics to Carson Valley Medical Center, 1 hour to get there. Medic 1, +/- 1 hour return. Medic 7, +/- 1.5 hours. Medic 7 is minimum 3 hours on transport and treatment.
- Motor vehicle accident may require extrication from vehicle.
- Dispatch will send closest Fire Dept regardless of district.
- In critical scenarios, helicopter will land right at scene. If necessary, will drive and meet at alternate location. If helo not available, will drive wherever needed, includes Reno.
- Units will rotate north if Walker and Bridgeport are unavailable.
- We have mutual aid agreements with East Fork if necessary.

Supervisor Stump:

- Highway call volume increases drastically in bad weather.

Rick Mitchell:

- Will units rotate north if Walker and Bridgeport are unavailable?

Bill VanLente:

- Is East Fork available if necessary?

Call 4:

- Walk in and carryout: Somebody is injured in back country and requires on-site assistance. If stable, Search and Rescue are primary resource, and medics will meet them and patient at trailhead.
- If serious, may have helicopter land at site and handle directly.
- Medics can hike in with Search and Rescue, then use wheeled litter to transport. Takes 4 people on litter, need backups to spell each other. Very slow, 1 mile per hour. In Bridgeport, about equal distance from hospitals, so typically give patients choice where to go.

Call 5:

- Air transport from site (already covered). Dispatch will not send Careflight directly – Sheriff or medics make the call.

Call 6:

- Air transport from hospital.

Rosemary Sachs:

- Hospital calls Careflight often before they get a doctor at Renown. May drive patient to Bishop if needed, will keep patient at hospital until flight can get in somewhere.
- Fairly common call, typically 1 per day in winter.
- Medic 3 meets flight at airport, brings them to hospital, takes patient and crew back to airport, or can take just patient to meet aircraft. On a long call, will rotate Medic 2 from June Lake to Mammoth to cover.

Call 7:

- Paramedic response to non-EMS incidents with Fire Dept or Law Enforcement; fires, law enforcement, etc.
- Not automatic in the Tri-Valley.

Call 8:

- Calls to Tri-Valley: Benton – Fire District will send unit.
- A) Medic 3 will start driving – 1 hour response – until confirmed that other transport is available. Mono County may call Bishop, who send Symons.
- B) Symons can't come, Medic 3 comes over. White Mtn Fire may transport in volunteer ambulance depending on level of care required.
- C) If no volunteer response – Medic 3 goes all the way in, stabilizes and transports to Bishop.
- If Hwy 120 East is open, sometimes it's faster to use Medic 2. If Medic 3 goes, Medic 2 goes to June Lake, Medic 7 rotates to Lee Vining.
- There is no formal mutual aid agreement with Symons ambulance.

Call 9:

- Calls on 120 from Lee Vining to Yosemite.
- Park has ambulance staffed with Ranger. Do not like to leave Park. Park calls Mono dispatch. Medic 2 drives up and picks up patient for transport. Happens every 1-2 days in summer. If accident, Lee Vining Fire responds.
- We don't have mutual aid agreement with Park, we just do it.

Call 10:

- Scheduled transport to long-term care.
- Skilled nursing facility in Bishop. Medics will also sometimes transport patients to psychiatric treatment – could be Sacramento, Los Angeles; arranged by hospital.
- Down a unit while transporting, do not call in reserve unit.
- Very rare, done to help Behavioral Health. Typically use Medic 2 out of June Lake. If Medic 3 goes, Medic 2 rotates so Mammoth is always covered.

There are other calls, but these are the most common.
Goals: County-Wide, Fiscally Sustainable, High Quality.

Stacey Simon:

- Change in provider/new entity will require competitive bidding.
- ICEMA would handle any RFPs, cost to county would be minor. ICEMA feels a subsidy will be required to any potential bidders.
- Current level of subsidy is +/- \$2 million. If private would require same, there is no savings.
- ACA may allow EMS to take people to other billable locations.
- Labor cost is 90% of program; does not include A-87 funds (HR, legal, etc.).
- What does the Board want? The committee is doing its job, giving Board recommendations, options, pros and cons.

Frank Frievalt:

- What would be different with a private provider?
- How much institutional history would be lost?
- What would happen if private business is not viable and county had to restart program?
- If we go the RFP route, and we have good interest, that would indicate there are efficiencies to be gained.

Supervisor Fesko:

- If Board did not think there is a moral obligation to provide EMS, we wouldn't be here.

Supervisor Johnston:

- Wants to see system made more efficient. We have a good Solid Waste system, but we had to raise rates and run more efficiently. Taxpayers want a system that works, is efficient, and provides benefit.

Supervisor Alpers:

- Agrees with Supervisor Johnston. County is 3,100 sq. miles, need to get most bang for dollars. Everything is on the table.

Supervisor Stump:

- There will have to be a financial contribution. Future Boards may say the program should be dropped because the county can't afford the contribution. We have to address the money issue.

Lynda Salcido:

- Inyo County contributes \$0 general fund to EMS. Is that what we want?

ADJOURN

ATTEST

TIMOTHY E. FESKO
CHAIRMAN

BOB MUSIL
CLERK OF THE BOARD