Mono County EMS Ad Hoc Advisory Committee
Report and Recommendations
March 8, 2016

I. Committee Formation

In March of 2015 the Board approved the formation of an Ad Hoc committee made up of subject matter experts from both the public and private sectors to study and make recommendations to the Board regarding Emergency Medical Services within Mono County. The Committee was charged with the following goals:

i. Analyze current model and cost
ii. Gather information and expert input
iii. Develop options and one or more recommendations that will support a high quality, countywide, and fiscally sustainable model for the future of EMS

The Committee met twelve times over a six-month period. Each meeting lasted a minimum of three hours. A summary of presentations and information received and materials cited is located in section VI of this report.

II. Executive Summary

The Committee determined that there were three plausible models for delivery of EMS services in Mono County that meet the goals established by the Board of Supervisors. These are:

(1) modify existing system;

(2) integrate EMS with fire districts; and

(3) privatize EMS.

Of these three, the Committee determined that modifying the existing system is the preferred/recommended alternative, provided that the modifications result in cost savings and revenue enhancements that achieve a level of fiscal sustainability acceptable to the Board. The other two models were deemed less desirable for reasons described in more detail below.

The Committee also concluded that the success of any of its recommendations depends highly on the execution of a structured implementation plan, including management and management practices, which is addressed in section V of this report.

III. Historical Perspective

The Paramedic Program in Mono County has been through a number of changes over the 40+ years of it's existence, including reviews, ownership, management and funding.

1. Formal Reviews
    - 1992 the County contracted with the Abaris Group
    - 2012 the County contracted with Fitch and Associates
    - 2015 the County formed an EMS Ad-Hoc Committee

    Informal reviews have occurred with every operational and admistrative change

2. Operational Ownership
    - 1970 to 1975 – Paramedic services were provided by a private contractor
    - 1976 to 1985 – Paramedic services were taken over by the County and became a public entity
    - 1985 to 1991 – Mammoth Lakes Fire Protection District assumed all operational and administrative aspects of the program
    - 1991 to present – The Mammoth Lakes Fire Protection District returned all operational and administrative aspects of the program back to the County
3. The management oversight and administration of the Paramedic Program has changed a number of times under the County
    - The County CAO
    - The Mono County Sheriff's Department
    - Mono County Fire Rescue Department
    - The Mono County Health Department
4. Funding sources
    - Program revenue/fees
    - General fund subsidy
    - Under a JPA with, Mammoth Lakes Fire Protection District, Mono County, Town of M.L., Southern Mono Hospital District
    - Transient occupancy tax
    - Prop 172 funds

- State Maddy funds

IV. Committee Background

A. Committee's Understanding of the Goals: "Fiscally Sustainable," "High Quality" and "Countywide"

Fiscally Sustainable

A fiscally sustainable EMS means one that responsibly minimizes and balances the county contribution from the general fund with support of other county services by maximizing other revenue streams and containing cost. Key considerations:

1. Creating a 3 to 5-year master plan, including finances and general fund impact over time, with best projections and expense control to improve predictability.
2. Community education and involvement in planning, plan execution and continuing services.
3. Pursuing all potential revenue sources, e.g., taxes, grants, subsidies, revenue cycle management.
4. Pursuing all potential cost cutting and cost containment measures.
5. The need to balance service quality, countywide access and fiscal sustainability.

Note that this committee's instructions did not include a specific dollar figure for achieving fiscal sustainability. It was simply informed that the program was unsustainable at the current level of subsidy, which has averaged approximately $2.2 million over the past five years.

High Quality

High quality for Mono County EMS means a clearly defined, well-managed system that provides an integrated continuum of EMS care with flexibility considering regional population variance and risk assessment. Key considerations:

1. Meet ICEMA requirements, EMS industry benchmarks and applicable consensus standards, following measurable standards to meet objectives (e.g. response time, level of care, patient satisfaction).
2. Coordinate with other entities providing care, e.g. hospital, base station, public health, veterans affairs, other providers, including for patient follow-up, preventative health and community involvement.
3. Provide and empower well-trained, competent manager and staff operating under defined SOPs.

County Wide

A countywide EMS means clearly defined access to appropriate Advanced Life Support (ALS) services for all residents and visitors in all areas based on community needs, geographic region, population and accessibility. Key considerations:

1. Conduct a needs assessment based on call volume projection and past and projected seasonal population variation and characteristics; and correlating adjustments to deployment models.
2. Utilize applicable benchmarks and consensus standards (e.g. response times).
3. Provide for coverage to all areas of the County.

B. Description of Existing System

The primary provider of ALS transportation services in Mono County is the County Paramedic Program. However, the EMS System does not just involve one agency, but a multitude of agencies, that provide both ALS and BLS services across the County. These agencies may provide support services on either a paid, volunteer or mutual aid basis, subject to availability. The EMS System within Mono County consists of the Mono County EMS assisted by:

- East Fork Fire & Paramedic Districts (provides mutual aid)
- Mountain Warfare Training Center *(MWTC)* (provides mutual aid)
- Symons Ambulance of Bishop
- Fish Lake Ambulance of Nevada (serves Dyer)
- Volunteer Fire Districts (most provide first responder without transport capability;
  Mammoth Fire, Chalfant, and White Mountain have transport capability)
- Mono County Sheriff's Office (MCSO) Dispatch (provides 911 dispatch, no "Emergency Medical Dispatch")
- Southern Mono Healthcare District (provides base station)
- Search and Rescue Team (managed by MCSO)
- Aircraft, fixed & rotary (upon request)

V. Recommendation

A. Modify Existing System

The Committee recommends that the Board of Supervisors maintain the essential features of the existing system, but implement modifications that are targeted at enhancing fiscal sustainability while maintaining quality and extending services countywide. The recommended modifications fall into the four categories set forth below.

Note that individual items listed below have not been analyzed to determine which may be implemented immediately, and which would be the subject of negotiations. They also have not been thoroughly vetted for legal barriers. If any particular item is to be pursued by the County, then those questions need to be answered.

At any time, the County and the bargaining unit may open discussions and work collaboratively on ***any*** matter, if they desire, without binding obligations.

But in the context of formal negotiations, the Committee was asked to consider which of the following items would plausibly fall within the rights of the County to take action on as a matter of management.[1] Typical management rights include:

- Hire employees
- Direct, control and assign employees work
- Establish schedule and hours of work
- Determine qualifications of employees
- Discipline employees and terminate employees for cause
- Expand and reduce the number of employees
- Layoff
- Recall from layoff
- Establish and enforce rules of conduct
- Consolidate, transfer, or close its operations

In an attempt to answer the question of what modification actions the County could plausibly begin considering within the scope of managing the program, the "typical" management's rights list has been applied to the list of modification items below. Any item followed by a red asterisk (*) indicates it is plausibly an item that could be pursued or inquired about for modification as a matter of management right. As stated previously, the final determination of which items require negotiation is a matter for legal counsel. In summary, all but four items in the "Modification to Reduce Costs" category are plausibly within the purview of management to pursue or inquire about, although some may take a period of time to implement/accomplish.

a. *Modifications to Reduce Costs*
    1. Improved record keeping and data management*
    2. Long range strategic and master planning*
    3. Provide right resource; right time*
    4. Multiple unit types and staffing models*
    5. Effective use of part time and reserve employees to eliminate or reduce overtime*
    6. Re-open negotiations between County and Employee group at earliest opportunity (no unilateral implementation during term of MOU)
    7. Consider layoffs, reduction in pay and/or benefits*
    8. Additional benefit contributions by employees
    9. Reduce staffing and/or resources during shoulder season*
    10. Reduce positions and hours, reducing coverage and hours of operations*
    11. Reduce overtime through alternative scheduling or utilization of 7(k) exemption [7K determination is not a management "right"]*
    12. All positions 50/50 Paramedic/EMT*
    13. Utilize cost benefit analysis of overtime versus hiring of new employees*
    14. Consider reduction in pay during sleep time hours

[1] A brief overview of management rights can be found at https://www.calpelra.org/pdf/Burton,%20Dominique.pdf

15. Provide incentives for early retirement of long term, higher cost employees
16. Consolidate stations during low call volume periods, i.e. during shoulder season*

b. Modifications to Enhance Revenues

1. Actively pursue available private and public grants*
2. Explore enhanced collections sources, e.g. Ground Emergency Medical Transportation program (GEMT), Intergovernmental Transfer program (IGT), Certified Public Expenditure program (CPE) *
3. Improved record keeping and data management*
4. Improve capturing of all available charges and adjust rates to reflect industry standards*
5. Increase fees and billing charges to match actual readiness costs*
6. Seek private business contributions, e.g. Mammoth Ski area and other local or national firms*
7. Town of Mammoth Lakes participation in funding*
8. Emergency services JPA and/or contracts funding *
9. Jail medical coverage with funding or directly billing Sheriff's Department*
10. Utilize special tax for all or part of County*
11. County and Town special event permit fees*
12. Resident subscription service with local air transportation services*
13. Sales tax, business tax and/or increase of Transient Occupancy tax*
14. Create County Paramedic Districts*
15. Mono County Hwy 6 Paramedic station serving Bishop under contract*
16. Capture a greater number of the available transports*
17. Place a special tax or service fee on Mammoth and June ski lift tickets*
18. Charge for response to traffic accidents and haz-mat incidents*
19. Charge the Federal government for response to the MWTC housing*
20. Provide stand-by services for film location shoots and other special events*
21. Train personnel as Fire Line Medics, provide stand-by ambulance and personnel to local fire camps*

c. Modifications to Enhance Deployment

1. Create County Wide Standards of Cover*
2. Use of Paramedic (ALS) squads*
3. Use of Basic Life Support (BLS) units dependent on resource needs*
4. Formalize contracts and mutual aid agreements with EFFPD, MWTC, Symons*
5. Improvements in dispatch: Emergency Medical Dispatch (EMD), Computer Aided Dispatch (CAD) *
6. Community engagement with CPR and training volunteers*
7. Consolidate stations to expand services through-out County*
8. Greater involvement with local volunteer Fire Departments*
9. Split the Mammoth dual paramedic shifts onto two ambulances with EMT partners during high call volume periods*
10. Use Bridgeport unit to assist with dispatching duties in Jail*

11. Develop formal pre-determined mobilization plans for high volume periods (dispatch) *

d. Modifications to Enhance Management Capacity

1. Recruit and provide funding for a highly qualified Program Manager/Director*
2. Station Captains given greater responsibility and oversight*
3. Succession planning and training for in-house personnel*
4. Place Program under County "Office of Emergency Management"*
5. Place Program under "County Administrators Office" *
6. Create governing board using Supervisorial Districts and appointments*
7. Collaboration with local fire districts on supervision and monitoring of Medic stations*

B. Reasons Integration with Fire and Privatization Models Not Preferred

1. Integration of EMS with Fire Districts

In terms of votes taken, the gap between the Committee's first choice, and integration with fire (the Committee's second choice) was narrower than the gap between its second choice and its third choice (privatization).

Contemporary fire and EMS organizations are highly integrated in many EMS systems throughout emergency services in the US. The integration is generally founded on three considerations.

First, the majority of "fire" service calls are EMS-related (typically in the 65%-85% range). In the most literal sense, EMS is the fire service with additional low-frequency/high complexity emergency response duties included (e.g., fire, rescue, hazmat, etc.).

Second, EMS readiness costs are high because they require sufficient staffing to keep total response times low in support of improved patient outcomes. In most cases an ambulance staffed with two providers (e.g., 2 paramedics, 1 paramedic and 1 EMT, or 2 EMT's) is sufficient based on the majority of EMS calls for service. While advanced life support (ALS) interventions have grown steadily since the 1970s to improve patient outcomes, some contemporary research is emerging that questions the superiority of ALS over Basic Life Support (BLS) levels of service[2]. However, two-person staffing is the minimum for ambulances. Calls for service involving less frequent but more severe problems (e.g., heart attacks, respiratory problems, and trauma), or movement of patients in challenging settings (e.g., upper floors with stairwells, outdoor settings, vehicle extrications or other entrapments, etc.) require interventions at the ALS or BLS level needing more than one person, and leaving no one to drive the ambulance. Fire service personnel, full time and part-time/volunteer, can supplement the ambulance system staffing as needed without the ambulance system needing to carry the extra staffing as part of their readiness costs.

[2] "Outcomes of Basic Versus Advanced Life Support for Out-of-Hospital Medical Emergencies Outcomes of Basic Versus Advanced Life Support" (http://annals.org/article.aspx?articleid=2456124). The intent of this article, and the cited works within it, is not to advocate a given level of service, but to acknowledge that there is a scientifically based debate in progress about patient outcomes after receiving care in ALS and BLS systems.

Third, fire services are generally very stable (full-time, combination, or volunteer) due to revenues primarily based on property taxes. Stability does ensure some level of service will almost always be available, but it also means changes to revenue amounts are difficult to achieve. Because the profitability of EMS changes, primarily due to legislative changes effecting cost recovery, private sector interest in providing the service is, quite understandably, less stable. Fire services provide at least a baseline for EMS delivery during those times/conditions when profitability is scarce, which tends to keep the fire services close to EMS in either a supporting or primary role. Additionally, within each EMS delivery area there are geographic areas with higher call volumes and shorter turnaround times to hospitals. These generate higher ambulance UHU (unit/hour utilization) which means more transports (revenue) with less resource (expense). Each service area also has outlying areas with few calls and long turnaround times which generate lower ambulance UHU. It is common to have a public or private ambulance system be the primary care provider (i.e., first on scene) in the higher UHU areas, and for the fire service, which has historically been based on a travel time/distance static deployment model, arrive first on scene (with or without an ambulance for transport) in the lower UHU areas.

To varying degrees, all three of these considerations are applicable to our situation in Mono County, and therefore the EMS/Fire integration model was evaluated. Following are the eleven primary considerations that emerged:

1. **Current inability to utilize Code of Federal Regulations Title 29, Subtitle B, Chapter V, Subchapter A, Part 553.201 - Section 7(K) exemption to the Fair Labor Standard Act[3]**
    - This exemption allows certain government public safety workers to be placed on a schedule that expands the time frame to calculate overtime (e.g., fire service personnel working 24 hour shifts generally must work in excess of 56 hours/week before qualifying for overtime).
    - The paramedic program currently schedules its employees for a 56-hour work week, but pays them as if they are on a 40-hour work week with an additional 16 hours of overtime.
    - If the paramedics (and EMTs) qualified for the 7(K) exemption, then the 16 hours of overtime rate in each 24-hour shift would be eliminated.
    - Section 7(k) provides a partial exemption (i.e., after 56 hours) from the payment of overtime to employees engaged in fire protection activities, defined as follows:
        - "An employee, including a firefighter, paramedic, emergency medical technician, rescue worker, ambulance personnel, or hazardous materials worker, who—(1) is trained in fire suppression, has the legal authority and responsibility to engage in fire suppression, and is employed by a fire department of a municipality, county, fire district, or State; and (2) is engaged in the prevention, control, and extinguishment of fires or response to emergency situations where life, property, or the environment is at risk."

[3] See http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=29:3.1.1.1.30#se29.3.553_1201

- However, the 9th Circuit Court of Appeals has limited the applicability of the 7(k) exemption with respect to employees with EMS functions. In Cleveland v. City of Los Angeles (2005) the court held that 119 "dual-function" "cross-trained" paramedic/firefighters employed by the LA City Fire Department did not qualify for the 7(k) exemption because they did not have actual responsibility to engage in fire protection activities. The City paid damages and attorneys' fees totaling $5,248,064 as a result. A 2006 unpublished district court case (Weaver v. San Francisco) held that 70 "dual function" "cross-trained" firefighter/paramedics who were employed by the SF Fire Department and had actual responsibility to engage in fire protection did not qualify for the exemption during those periods of time in which they were they were assigned to ambulances – even though the ambulances carried firefighting equipment and were dispatched to all fires.
- As the paramedics currently are not uniformly trained in fire suppression to any level and are not employed by a fire department, they do not meet the requirements of section 7(K). Further, even if the County's EMS employees were put within a fire department, trained in fire suppression, and given firefighting responsibilities, under the cases discussed above, there still is uncertainty whether the exemption would apply. The FLSA puts the burden on the employer to demonstrate that an exemption applies, and courts construe the Act in the manner most favorable to the payment of overtime.

2. **Limit to the amount of integration without jeopardizing the EOA.**
   - It is the understanding of the Committee, based on legal counsel interpretation, and testimony by Inland Counties Emergency Medical Services Authority (ICEMA) CEO Tom Lynch, that transitioning the current paramedic program from Mono County to a non-County fire department which does not currently exist, would cross the threshold of protection for the current Exclusive Operating Area (EOA) agreements, and require the service areas to be opened for Request for Proposals (RFP). This would not be the case if the "fire department" were a County department.
   - This is not a disqualification of the fire integration model, but it does potentially generate a loss of current exclusivity enjoyed by the County in the provision of EMS.
3. **Possible issues to train current employees.**
   - The fire training, equipping, and maintenance of fire service skills to the existing workforce will require a considerable financial investment.
   - As the Committee was formed in response to fiscal unsustainability of the current program, it seems unlikely that the County would be willing or able to make such an investment in the short-term.
4. **Might not provide (existing) county wide benefit.**
   - As there are several different kinds of fire integration models, different levels of county wide benefit, as described in the Background Section of this

report, will exist. Reduction or redeployment of resources may be perceived by residents as a loss of benefit depending on where they live.

5. **Squad deployment and transport times.**
    - One of the potential benefits of a version of fire integration involves changes to the type and location of vehicles in the system. For the same daily staffing expense, there could be three ambulances on duty, and two single responder "Squads" (i.e., non-transporting SUVs/Type 6, etc.) and unstaffed ambulances in strategic locations. During an emergency the Squad responds as does the closest fire department, driving an ambulance with two personnel.
    - The logistics for this kind of arrangement probably only works in the extreme North and South ends of the County (i.e., Walker/Coleville, and Chalfant/Benton/Paradise/Wheeler Crest). This is due to those areas having a potentially shorter turnaround time for transport. Volunteers coming to cover an ambulance call cannot reasonably be expected to be gone for hours due to relatively long transport distances.
    - Currently there are probably not sufficient EMT's with ambulance licensure, and general availability from primary work, to support this option.
6. **Diverse districts with varied standards, capabilities, philosophies, governing boards, lack of funding.**
    - Fire integration of county wide paramedics would require a uniformity among individual fire districts that may not currently exist.
7. **Difficult to Implement and Manage.**
    - Neither the paramedic program, nor the individual Districts, currently have the staff capacity to provide the administrative, training, and operational management to implement, or manage, a fire integration model.
    - The District most likely to be able to provide such staff support resides with the Mammoth Lakes Fire Protection District. However, this integration was previously attempted from November 1985 until November 1991[4].
    - The findings of the Committee in this respect, and several others, are remarkably similar to those identified by the Abaris Group, who consulted on the 1991 County of Mono Paramedic Program Business Plan (see footnote 4). While the program did return to the County from the Fire District, the draft of the plan had extensive fire integration intent[5], mostly focused on personnel management and local supervision of operations.

8. **Mono County Fire Chiefs Association.**
    - The Mono County Fire Chiefs Association (MCFCA) does not believe its respective Districts have the capacity to provide the additional fire training, or get its personnel to the additional EMT training, needed to support the fire integration model(s).

[4] County of Mono Paramedic Program Business Plan, Draft II (p.3); September 9, 1992.
[5] Ibid 4, pp. 16-17

- The MCFCA supports modifying the existing system.

9. **County has no authority over independent special districts (Fire Districts).**
   - The only way for the county wide fire integration model(s) to work is for there to be support from the respective fire districts, and the MCFCA representing those districts does not endorse this model because they do not believe they can logistically support it.
   - The Committee does not believe the County has any direct ability to assert authority over the districts to support this option.

10. **Political resistance.**
    - Nearly any change to the current system, and even inaction, will generate political resistance. However, until or unless the MCFCA believes there are conditions under which they have the capacity to support the model while retaining their autonomy, it is anticipated there would be strong political resistance to imposing this model.

11. **Currently unidentified funding source.**
    - The upfront and significant financial costs associated with this model have no identified funding source.

Based on these findings, the Committee does not support integration of EMS with fire.

The Committee also recognized that there are potential benefits to the fire-based model. These include:

- Increased levels and types of service
- Increased value resulting from same number of personnel performing additional functions
- Potential for better Insurance Services Office (ISO) ratings

2. <u>Privatization of EMS</u>

On the surface, privatizing our EMS system seems like a very attractive option by which we can divest ourselves of the operating costs and liability of our EMS service. However, there are some problems with this approach that the Committee identified through study.

1) It is not known whether there is interest by private providers in serving Mono County. One way to identify whether such interest exists would be to issue a request for proposals (RFP).
2) The economics of EMS in Mono County do not support a for-profit operation without subsidy. The chief factors are that Mono County has a large service area combined with a small population. EMS in Mono County is a high cost, low volume, low reimbursement business.
3) We believe that pressure for profitability in the long-term will erode both the standard of care (Advanced Life Support) and the level of service (response time). This is because there are no obvious ways to raise revenues and, therefore, private enterprise will have to substantially cut expenses in order to make a profit. Reimbursements (revenues) are controlled by Medicare, MediCal, and private insurers (regardless of who provides the service). They have established reimbursement rates for ambulance transports irrespective of the cost of providing the service.

Reimbursement rates do not include the cost of establishing, equipping, training, and maintaining the service. The County's reimbursement rate is approximately 25% of the program costs. This gap between revenues and cost is the cause of the system's financial problems. It does not go away with a private contractor and could be a major point of negotiations.

4) Other counties have the same problem. They subsidize the operations of their private contractors so that those contractors can make a profit or pay a management fee to the contractor. In some cases, private contractors have come back to the county later, mid contract, and requested increased subsidies because they could not make a profit. For more information on this practice we refer the reader to the reports from Contra Costa County, Alameda County and Santa Clara County in our appendix. Perhaps more compelling than these experiences, is our own. We have already had a default of a private contractor here in Mono County in the 1970s by the American Ambulance Company. . American Ambulance abandoned the contract when they could not make a profit. The committee believes that privatizing our EMS program carries significant risk of unplanned future demands for public subsidies of private profits and of default by the contractor. We must point out that after we have privatized the service, we will no longer have the capacity to take the service back in house without an RFP.
5) In 2004, an Exclusive Operating Area (EOA) Plan for Mono County was adopted as authorized by the Emergency Medical Services Act (the EMS Act). This plan grants authority to Mono County EMS to exclusively serve designated regions of the County (essentially everything but the Tri-Valley area). By limiting competition, the EOA Plan limits further erosion of the revenue-raising potential. Normally the granting of such exclusive rights requires a competitive procurement process. However, because Mono County provided these services prior to the enactment the EMS Act, no competitive process was required. If the County decided that an entity other than itself (i.e., a private provider or a different public entity) should provide services in the exclusive areas of Mono County, then a competitive process would be required to select that provider. Thereafter, competitive processes would be required periodically (approximately every ten years). Mono County could not "re-enter" the field without successfully competing in an RFP process. It also means that ICEMA would have the final say over which proposal is accepted -- not Mono County. It is unclear if ICEMA will establish the specifications of future contracts but it is clear that the County will lose some measure of control over EMS in Mono County but will still have to pay the subsidies.

Based on all of these factors, the Committee does not favor privatization of the entire Mono County EMS program. We think we are better off to work with the program we have and change it ourselves. We think there is room for cost control within the current system without compromising the Standard of Care or Quality of Service. Cost control ideas are presented elsewhere in this report. We also want to clarify that our current system includes relationships with other agencies within and outside of Mono County. These relationships could be expanded in the future if circumstances prove advantageous to the County, its residents, and visitors without losing either control of the quality of EMS in Mono County or giving up our capability to provide the service. It should be noted that there could be costs associated with expanding these relationships and those costs would be borne by the EMS budget.

We acknowledge that during the Committee's review of the private option, we were unable to gather any firm details about cost savings or potential service standards for a private EMS provider. We had one presentation from a private business but the feedback we received was very conceptual and lacked any specificity. Additional information could be acquired through further outreach and/or the issuance of a Request for Proposals (RFP).

Based on these findings, the Committee does not support the privatizing of EMS in Mono County.

The Committee also recognized that there are potential benefits to the private model. These include:

- Potential for immediate short term cost savings
- Provider would be self contained with own management and administrative structure

VI. Implementation

One of the guiding objectives given to the Committee was that its recommendations make the EMS system fiscally sustainable. In order to accomplish this, our recommendation includes suggestions in the areas of revenue enhancement, cost cutting / containment, and operational changes.

Going forward, any decisions made, should have a foundation in evidence based analysis and professional / industry best practices. These decisions will also require a "top down" commitment to the continued success of the EMS program.

This commitment should include policy level direction regarding the overall mission of the Paramedic Program including the most appropriate placement within the County organizational structure. It also requires strong management and administration involvement including committing to and establishing a realistic and sustainable budget to fulfill the mission objectives. Another function of strong and proactive leadership will be obtaining the necessary "buy in" from the employees in carrying out potentially new and different assignments.

Develop and execute an implementation plan. The Committee recommends that the plan include:

- A master plan and integrated rolling 5-year strategic plan, including a budget/financial plan, operational/staffing plan and performance management plan
- Fiscal and organizational support for a full-time highly qualified EMS Program Manager/Director
- Provide Program Manager, Deputy Director or Director with adequate compensation, training, authority, Board support and empowerment
- Give more responsibility and duties to Station Captains
- Revised and refined paramedic and EMT job descriptions
- Service levels and budget for commensurate staffing levels, equipment and training
- Annual adjustment of strategic service level goals to strategic projections (e.g., tax revenues, negotiated labor costs, roll-ups, etc.)
- Definition of performance measures and compare to actual performance
- Prudent MOU negotiations
- Assignment of staff, volunteers and/or consultants to complete final program design and implementation

VII. Appendix

A. Presentations

i. Tom Lynch, CEO – Inland Counties Emergency Medical Authority (ICEMA)
    1. State, Regional, and Local EMS Oversight
    2. Overview of EMS Trends
ii. Dave Fogerson – Asst. Chief, East Fork Fire & Paramedic Districts
    1. Fire Perspective of Fire/EMS System Integration in Douglas County
iii. Dr. Rick Johnson – Medical/Health Operational Area Coordinator
    1. Survey of County EMS Systems w/ Less Than 40,000 Population
iv. Ray Ramirez – Asst. Chief, Ontario Fire Department
    1. Ground Emergency Medical Transportation/Intergovernmental Transfers Reimbursement
v. Bob Rooks – Retired Division Chief, Mammoth Lakes Fire Department
    1. History of Mono County Paramedic Program
vi. Judd Symons – Operations Manager, Symons Ambulance
    1. Private Perspective of EMS Delivery in Mono County
vii. Dan Flynn – EMT, Mono County Paramedic Rescue Association
    1. Association Perspective of EMS Delivery in Mono County
viii. Frank Frievalt – Fire Chief, Mammoth Lakes Fire Department
    1. Integrated Operational Response Scenarios

b. Professional Literature
    i. Previous Consultant Reports
        1. 1991 – The Abaris Group; Draft II County of Mono EMS/Paramedic Program Business Plan
        2. 2012 – Fitch & Associates; EMS Assessment
    ii. Pertinent articles – various sources
        1. Contra Costa County RFP pdf
        2. Articles describing challenges faced by Alameda and Santa Clara Counties
    iii. Standards
        1. National Fire Protection Association
        2. American Ambulance Association
        3. American Heart Association
    iv. Mono County Emergency Medical Care Committee Annual Reports
c. Agreements
    i. Mono-Inyo-San Bernardino Joint Powers Agreement
    ii. Mono County Exclusive Operating Area
    iii. Mono County Paramedic Association, Memorandum of Understanding

d. Current EMS System and Paramedic Program Review
    i. Fiscal Analysis
        1. Leslie Chapman – Chief Financial Officer
        2. Ralph Lockhart – Private Sector Health Professional
    ii. Legal Analysis
        1. Stacey Simon – Mono County Counsel