

Summary of RFP Public Comments and Recommended Revisions

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|---|--|--------------------|--|---|------------------------|
| 1 | We also believe this RFP language fails to even meet the language in the EMS ordinance on the topic of incumbent workforce protections. We respectfully request that the current language be removed and replaced with appropriate language that protects the stability and longevity of the local workforce and provides stability and longevity to the entire EMS system. This will ensure vital protections that will be necessary should a new provider be selected as a result of the RFP process. | Labor Rep | The Board agreed to workforce protections including maintaining wages & benefits to be added to section 1.35 D of the RFP. Will also will include the current CBA as an Exhibit. | Page 40 Section 6.8 D has been updated with the following language: In order to attract and retain experienced and highly qualified ambulance personnel, the proposer should provide reasonable compensation and benefits equal to or greater than the current rates set in the collective bargaining agreement, included in Attachment 1. The proposer is encouraged to establish benefit programs that result in successful recruitment and retention of personnel. | |
| 2 | Directional language be added to the RFP to ensure this unsafe vehicle be excluded from use in the EOA. As we read the resulting language, we do not see it addressing any of our concerns nor making any clear direction on this issue to a proposer to insure the needed exclusion. We ask this language be rewritten to reflect our concerns and the stated need of exclusion. | Labor Rep | Add language in section 1.32 A stating "The current workforce has petitioned the CVEMSA to exclude the current model Ford Transit ambulance from consideration in this RFP." | Page 36 Section 6.5 A,2 has been updated with the following language: (2)Ambulances may be standard Type I, Type II, or Type III. The Ford Transit ambulance model is not acceptable for this solicitation. | |
| 3 | There are many dedicated, experienced, and highly proficient paramedics, EMTs, and non-supervisory, ancillary staff employed by the current emergency ambulance provider. The proposer will be encouraged to recruit from, and preferentially hire, the incumbent paramedic and EMT workforce. The Proposer will be expected to provide all incumbent paramedic and EMT personnel that are offered employment with the ability to retain their “seniority” status earned while working for the previous contractor for such purposes as shift bids.” | Labor Rep | The evaluation points have been adjusted to from 20 to 40 for the Personnel Section. | Page 40 Section 6.8 E has been updated with the following language: There are many dedicated, experienced, and highly proficient paramedics, EMTs, and non-supervisory, ancillary staff employed by the current emergency ambulance provider. The proposer will be encouraged to recruit from, and preferentially hire, the incumbent paramedic and EMT workforce. Subject to applicable federal and state laws, it is desirable a Proposer be willing and able to grant employment to qualified and experienced EMTs and EMT-Ps who are currently employed in Sonoma County and who seek employment with the Proposer. Proposals shall provide specific plans to this effort in their proposal. The Proposer will be expected to provide all incumbent paramedic and EMT personnel that are offered employment with the ability to retain their “seniority” status earned while working for the previous contractor for such purposes as shift bids. | |
| 4 | The maps used to illustrate the EOA are inaccurate. SCFD has communicated with County staff and the CVEMSA's Regional EMS Administrator that the maps in the draft RFP should properly reflect the rights and obligations of fire agencies to act as the exclusive service provider within their jurisdictional boundaries. Revised maps would make it clear that areas exist where these jurisdictions overlap with the proposed EOA. At a minimum, the maps should be updated to reflect these areas of overlap so that all stakeholders and potential bidders have a complete understanding of the EOA | Sonoma County Fire | The Ambulance EOA identified in the map shows the expansion of EOA 1 into the Occidental area. Bells area has been removed from EOA 1. | Page 55, EXHIBIT 1 has been updated to reflect the extended boundary of EOA 1 into the Occidental Area. Any reference to Bells operating area has been removed from the Map. | |
| 5 | The ability of public providers to submit qualified bids using subcontractors needs to be clarified (and improving the bidding process), so that these bids can be fairly considered. We appreciate the efforts to create an opportunity for public providers to submit bids and include subcontractors in their bids. We believe this model provides an important option for the County's consideration that maintains local control, keeps funds local and allows public agencies in the County to reinvest funds back into expanding capacity and improving quality. Unfortunately, the draft RFP fails to make explicit that it is the combined experience and expertise of the public agency and any subcontractor that allow the bid to meet the minimum qualifications. For example, by using the word "and" in section 1.22 on page 24, the draft RFP appears to require the public provider and the subcontractor to each meet the minimum qualifications, independently. There are a variety of other problems in the draft RFP that limit the ability of the County to have a level playing field in evaluating the bids from public providers. | Sonoma County Fire | | Page 23, Section 3.1MINIMUM QUALIFICATIONS A Proposer, and/or any subcontractor must meet the following minimum qualifications: A. Experience (1)Five years continuously engaged in providing 9-1-1 ALS transport services as required by contract in the United States as the primary 9-1-1 ambulance services provider at the ALS level for an operating area of population similar in size, geographical spread, population densities, and call volume appropriately similar to those of Sonoma County. Proposers may demonstrate experience, capability, and capacity to manage a high-performance ambulance transport system in lieu of this experience. Page 57 & 58 EXHIBIT 3 has been updated and all references to Yes/No qualifications have been removed and all proposals will be forwarded to the PRC for scoring. | |

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| 6 | The County's substantial fee increase threatens the fiscal sustainability the County is hoping to achieve. The draft RFP requires the successful contractor to pay more than \$3 million in fees to the County. This represents a 211% increase in fees over the current contract. Our goal is to deliver a high-quality, sustainable model that covers our costs to deliver the service. Any funds in excess of these costs would be directly reinvested in ensuring fiscal sustainability, improving quality, and putting more ambulances on the street. We would urge the county to rethink this fee structure, as it directly impedes the ability of providers to build and operate a modern, fiscally sustainable service model. Moreover, by transferring such a significant amount of funds to the County, far less funding remains available to achieve the County's other goals, including innovations for a new paradigm in service delivery, such as behavioral health services and putting more ambulances on the street. | Sonoma County Fire | References to Bells area and charges will be deleted from this RFP. The funds identified are not all going to the County only \$550,000 • Ongoing annually charges = \$2,592,357 | Page 52 Section 6.14 has been updated: " The Contractor will pay the following service charges as estimated below annually: Estimated Annual Services EMS Agency Oversight & Monitoring Services \$550,000 FirstWatch, OCU, FirstPass Annual\$55,000 REDCOM \$1,757,838 ALS First Responder Services (approx.)\$550,740 Total Annual \$2,948,520 FirstWatch, OCU, FirstPass Initial\$140,000 Initial Charge\$200,000 " Air card & MDC \$34,942 Selected Contractor One Time Total One-time charge \$340,000 | |
| 7 | The proposed rate structure in the draft RFP is not fiscally sustainable. The itemized rate structure in Exhibit 11 of the draft RFP does not represent best practices as codified in the Center for Medicare and Medicaid and the health care industry. Such a rate structure, when coupled with the substantial annual fees to be paid to the County, will likely require any provider to come back to the County for subsidies. | Sonoma County Fire | Rates in Exhibit 11 of the draft RFP are the 2020 Sonoma County Ambulance Rates as approved by the CVEMSA for the EOA provider. Proposers will identify their own ambulance transportation costs based on their proposal. | | |
| 8 | City governance and leadership were not afforded with opportunity to provide input into the drafting of this RFP. As the most prolific users of the EOA contract provider's services, the City must demand input into the development of the RFP. As the RFP was developed behind closed doors, there was no opportunity to provide valuable input to provide the best emergency medical care to the community we serve. In no uncertain terms, the draft development process was neither inclusive nor equitable. | City of Santa Rosa | As part of the EMS System Stakeholder input session, DHS maintained a list of 249 interested parties who were invited to be involved in all phases of the stakeholder input process. All fire department were invited including Santa Rosa Fire Department. An online survey was sent to all participants for additional input. In addition, DHS, CVEMSA and EndPoint EMS Consulting attended a meeting of city managers to describe the RFP process and RFP timeline. | | |
| 9 | The City expects a process that emphasizes and incentivizes service delivery over profit. The proposed draft RFP clearly incentivizes cost reductions over service delivery leading to a business model that would benefit the least number of ambulances deployed to maintain revenue targets. A reduced number of ambulances results in significant delays in ambulance response which, in turn, results in significant commitment times of City resources. | City of Santa Rosa | There are many system improvements in the RFP including on time performance, clinical performance, equipment upgrades and mutual aid limitations. | | No modifications required |
| 10 | The City expects an RFP process that is inclusive and equitable to all potential proposers. The draft RFP contains language that prohibits a public entity (e.g. established fire service provider) from submitting an equitable bid. Furthermore, the draft RFP contains language that will prejudice a review panel against bidders with a public sector business and service delivery model. | City of Santa Rosa | Language change in Item #5 Column E provides clarification for public providers to demonstrate capacity, capability and experience. | See recommended edits comment 5 | |

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| 11 | The City expects a financially feasible and sustainable business model for the EOA provider. The draft RFP mandates payments from the provider to Sonoma County that total more than \$3 million dollars per year which seriously compromises the ability to emphasize service over profit. This reflects a greater than 200% increase to fees required in the current provider contract. | City of Santa Rosa | See response to Comment 6 above | | |
| 12 | The City expects to maintain or enhance the current level of Advanced Life Support (ALS) Service provided by the Santa Rosa Fire Department. The draft RFP mandates that the provider pay the City \$425,000 for the Fire Responder ALS system which equates to a 25% reduction in cost recovery to the City for services provided since 2002. This reduction would significantly impact the Santa Rosa Fire Department's ability to provide system beneficial service to the community. | City of Santa Rosa | \$425,000. was an estimate correct information recently received. | Page 52 Section 6.14 F has been updated: The current amount paid to Santa Rosa Fire Department identified by AMR for FRALS is \$550,740. The chart has been updated to reflect this new amount. | |
| 13 | The proposed expansion of the existing EOA to include the areas historically served by Bell's Ambulance is likely to have significant impact to the long-term sustainability of the existing EMS System, to include EOA 1 which is currently served by AMR Efforts to further stabilize the response zones north of the existing EOA could destabilize sustainability of the existing EOA. The expansion of the EOA should not be understated as it represents an approximate doubling of the geographic area served by AMR in EOA 1. While the coverage area will be doubling, the fee-for-service call volume in this area is expected to increase by less than 10%, based on 2019 call data provided in the draft RFP. The internal AMR review of the economics of these changes shows significant impact to the long-term sustainability of the EMS system. AMR recommends that the County through its consultant, End Point EMS, conduct a full economic sustainability analysis and review of the expansion of the EOA into Windsor, Healdsburg, and surrounding communities. The review should include an analysis of current and future call volume, response expectations, payor mix, and for fee-for-service reimbursement limitations. | AMR | All language in the RFP pertaining to Bells Ambulance Service operating area has been removed. | | |
| 14 | The emergency response zones, outside of the proposed expansions of the EOA, are largely similar to the current agreement for services in EOA 1. The response zone map for the EOA provided on page 58 of the draft RFP indicates that there are areas of the newly defined EOA that include "Wildland" response zones. We would ask that the final RFP document provide further clarification about this zone and expected response times for these areas. AMR also suggests a review of the Occidental area that has been identified as "Semi-Rural". As noted in the Board Summary Report, Falck Ambulance abruptly stopped serving the Occidental community in June 2020. Since that time, the Occidental area has been served by the closest ALS resources from surrounding response zones. AMR has responded to the majority of requests for service in this area since the departure of Falck Ambulance. We believe that this area will be served well with its inclusion in the EOA but are concerned with it being classified as "Semi-Rural". This area should be designated as "Rural" to match the surrounding response zone to the south that is already included in EOA 1. | AMR | The semi-rural response time of 17:59 is appropriate for this area. 28:59 rural response is not recommended. All references to the Bells area has been removed. | | No change recommended, based on population density mapping study. Semi-rural is the appropriate response level. |

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| 15 | AMR believes that it is important to a fair and competitive process to provide updated information about historical call data, payor information, and cost information. This data should include 2020 call data trends, 2020 payor information, and updated information about costs to the EOA provider. Due to COVID-19, call volume has been significantly impacted in the EOA. These impacts are not unique to Sonoma County, as we have seen similar impacts in EMS systems throughout the country. The lower call volume has continued to impact EMS system operations in 2021 and we believe will continue for the foreseeable future. The EOA will continue to be funded by a fee-for-service model and providing updated call volume data that includes calendar year 2020 will be critical to helping RFP respondents accurately represent potential revenue and expenses. AMR has reviewed the payor mix data provided in the draft RFP and believes that this information reflects the whole of AMR's current payor mix and collection rate for Sonoma County (including BLS, ALS interfacility, and specialty care transports). The ambulance RFP is not including exclusive rights for BLS interfacility, ALS interfacility, or specialty care transports and therefore should reflect the payor mix and collection rates for only 9-1-1 ALS ambulance services which have a different payor mix and collection rate. | AMR | AMR supplied additional transport volumes for the past 5 years. This information will be added to the RFP | Page 13 Section 1.8 updated with 2016 and 2020 response data. | |
| 16 | We also believe some of the costs identified in the RFP are underestimated. More specifically, costs for REDCOM dispatch services and current payments to the Santa Rosa Fire Department for their first responder advanced life support (FRALS) program are either currently higher or are projected to be higher at the start of a new contract. | AMR | The REDCOM charges have been updated per communication from AMR to CVEMSA | Page 52, Section 6.14 F chart has been updated with the current 2021/2022 rates. | |
| 17 | In the interest transparency and a fair competitive process, AMR is willing to provide updated information to the County regarding call volume, payor mix, and system costs for inclusion in the final RFP. | AMR | CVEMSA received the updated information from AMR. | Page 13, Section 1.8 has been updated with Response Call Data for 2016 and 2020 data. | |
| 18 | AMR believes strongly that the AMR caregivers that provide the high-quality, patient focused care should be protected during the RFP process. We are appreciative of the language included in the RFP that encourages preferential hiring of the existing paramedic and EMT workforce. AMR suggests that this language be strengthened to include the required hiring of all qualified EMTs, paramedics, and supervisors. | AMR | Item #1 addresses this concern. | | |
| 19 | AMR is honored to support a robust wage and benefits program for our team in Sonoma County. It is important to AMR to protect our workforce and ensure that their wages and benefits are not impacted or reduced due to an RFP process. We would respectfully request that language be added to require respondents to provide similar wage and benefit programs for all personnel. | AMR | Item #1 and #3 address this concern. | | |
| 20 | The draft RFP identifies the scoring that will be used to evaluate the Scope of Work provided by respondents. Out of a total 370 points, it is notable that the "Personnel" category accounts for only 20 points. We would suggest that this category be increased to 50 points, bringing the total eligible points to 400. The "Personnel" category should be given equal weight to other major components of the Scope of Work. | AMR | The RFP supports the desire of the County to encourage the hiring of the incumbent workforce without exposing the County to liability for interfering with a contractual relationship. Support increasing available points from 20 to 40. | Page 58 EXHIBIT 3 Proposer Scoring has been updated: The corrected proposer scoring tool has been inserted and updated to reflect this change. | |
| 21 | Paraphrased... " RFP missing protections for training program internships | SRJC | This was an oversight by EndPoint. This was an item the stakeholders believed important for the community. New language added. | Page 44, Section 6.9 B, 5 The Contractor will provide local EMS training programs priority placement for student field observation and internships. | |
| 22 | Table of Contents Sections are not numbered correctly. Each Section should start with number 1, number 2, etc. Page 43 numbering needs correction. | EndPoint | The RFP will be reformatted to reflect proper section numbering. | The Sections numbering was not correct. Each Section has been properly numbered. | |
| 23 | Page 13, 1.8, Exclusive Operating Area 1, Response Time Requirement Charts and Page76, Exhibit 5 Response Time Charts has been updated to reflect "Charlie" calls in the proper category. | CVEMSA | The RFP has been corrected to reflect current practice. | Page 13, 1.8, Exclusive Operating Area 1, Response Time Requirement Charts and Page76, Exhibit 5 Response Time Charts have been updated to reflect "Charlie" calls in the proper category. | |