



Office of the City Manager

CONSENT CALENDAR
June 4, 2024

To: Honorable Mayor and Members of the City Council
 From: Dee Williams-Ridley, City Manager
 Submitted by: David Sprague, Fire Chief
 Subject: Contract: Pinnacle for Pilot Fire Department Alternative Medical Response Unit

RECOMMENDATION

Adopt a Resolution authorizing the City Manager to execute a contract and any amendments with Pinnacle Training Systems, LLC (Contractor) to provide nurse practitioner services for a pilot alternative medical response unit from June 17, 2024 to January 31, 2025 in an amount not to exceed \$510,000 with an option to extend for three additional one-year terms in a total not to exceed \$2,700,000.

FISCAL IMPACTS OF RECOMMENDATION

The term of this contract is from June 17, 2024 to January 31, 2025 in an amount not to exceed \$510,000 for the base term. There is an option to extend for three additional one-year terms in a total not to exceed \$2,700,000. This contract will be funded through a variety of funding sources including Measure FF, General Fund and future grant funds.

CURRENT SITUATION AND ITS EFFECTS

The Department worked with General Services to release RFP Specification No. 24-11647-C for Fire Department Partnership for Alternative Medical Response Unit on January 31 with proposals due on March 21, 2024. The City did not receive any responses despite advertising and direct outreach to over twenty-five local organizations inviting them to submit a proposal. Because of the scope and timelines associated with the Department and City's needs, and due to a lack of proposals from the RFP process, the Department is proposing to award to a qualified contractor that did not originally respond to the RFP. The vendor that was selected has a 15-year history of providing comprehensive National Fire Protection Association (NFPA) compliant physical examinations to 27 agencies using a combination of Nurse Practitioners and Physicians Assistants. The vendor has been working with the Department for two years and has proven to be reliable, communicative, and adaptable – all qualities that will be critical to successfully navigate this novel program.

Further, the proposed clinician that will be assigned to this unit comes with a plethora of experience working with underserved communities. From 2017-2019, she gained street

medicine experience as a Physicians Assistant student clinician with Crimson Care Collaborative in Boston. As part of that project, she worked with the Harvard Medical School faculty to provide medical evaluations and follow up care at a homeless shelter in downtown Boston during evening hours where she was able to build a therapeutic alliance and develop a trusting relationship with patients.

The clinician has also had the opportunity to shadow community led public health programs including alcohol and methamphetamine rehabilitation facility, jail health services for incarcerated patients, and participated in traditional healing practices on Rosebud Indian Reservation in South Dakota.

Finally, the clinician has EMT experience on ALS ambulances in the 911 system in Napa County with Napa City Fire Department and CalFire from 2014-2016. There, she responded to emergency medical calls, provided medical care and transported patients to hospitals. All this makes the proposed clinician experienced and culturally competent which well prepares her to provide the service the Department is seeking.

The services to be provided include, but are not limited to:

- Staff an alternative 911 emergency medical response unit
- Respond to reports of non-life-threatening medical incidents and fire department referrals
- Connect 911 users with healthcare and social services resources appropriate for their needs
- Absorb low acuity medical calls for service from the 911 system
- Provide comprehensive in-home medical care for patients with non-emergent medical complaints
- Offer patients an in-home option to receive convenient medical follow-up to a 911 call
- Prevent habitual use of the 911 system for routine medical care
- Coordinate and connect patients to allied networks of providers through referrals and warm hand-offs when appropriate

Berkeley Fire Emergency Alternative Response is a Strategic Plan Priority Project, advancing our goal to:

- create a resilient, safe, connected, and prepared city.
- champion and demonstrate social and racial equity.
- be a customer-focused organization that provides excellent, timely, easily accessible service and information to the community.

BACKGROUND

In the first months of the pandemic, the Department identified a need to divert non-critical patients from 911 ambulance transport, and the hospital systems to support an anticipated surge in high acuity COVID-19 patients. The Mobile Integrated Paramedic (MIP) pilot was created and deployed.

The traditional low acuity medical calls for service requires a fire engine / truck and an ambulance to respond. It was identified that assigning the MIP to low acuity medicals would reduce resource drain for this type of call for service. The program provided a relief valve not just for fire resources, but also alleviated congestion of our local hospitals. The MIP improved public health education, connected patients with healthcare resources, and social services that were more likely to bring sustained relief or resolution to a patient's needs.

During the eight (8) week pilot period when the MIP was assigned to a call for service, there was a 75% drop in the rate of ambulance transport. This reduced the fire engine / truck and ambulance Unit Hour Utilization (UHU) which is the percentage of time that a unit is assigned to 911 calls. In addition to dropping UHUs, the MIP was also connecting patients with the resources they needed more effectively. The program allowed providers to follow up with those patients they had contacted to better support their ongoing health care needs.

Since the end of the MIP pilot the regulatory landscape has changed. Changes that directly relate to the MIP include an end of the emergency order by President Biden and Governor Newsom, as well as limitations to the paramedic scope of practice under CCR Title 22 and Assembly Bill 1544. Current scope of practice for 911 paramedics in Alameda County leaves paramedics with two courses of action, they can transport a patient to an emergency department, or they can leave them at the emergency scene. This provides little flexibility to divert patients to the most appropriate resource for their needs.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

There were no identified environmental or climate impacts.

RATIONALE FOR RECOMMENDATION

In order to address the high UHUs and to adapt to a changing regulatory environment, it was determined that launching a unit with a Physician's Assistant (PA) will provide a substantially better and more effective service to the community including the added benefit of being able to deliver primary health care to patients without having to transport them to the emergency department. The PA will be able to dedicate time to low acuity medical complaints and investigate the social determinants of health that lead to the activation of the 911 response.

ALTERNATIVE ACTIONS CONSIDERED

An alternative to this unit, as noted in the Standards of Coverage and Community Risk Assessment would be to deploy additional Fire/EMS response units. This option would have an exponentially higher annual recurring cost (3m per fire engine, 1.5m per

ambulance) and would require additional facility space, for which there is no funding. Finally, this alternative action would increase the number of deployed response units thereby reducing UHUs but it would not address social determinates of health, or the underlying cause of overuse of the 911 system.

CONTACT PERSON

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Julie Haslam, EMS Quality Assurance. (510) 981-3473

Attachments:

1: Resolution

RESOLUTION NO. ##,###-N.S.

Contract: Pinnacle for Pilot Fire Department Alternative Medical Response Unit

WHEREAS, during the pandemic, the Department identified a need to divert non-critical patients from 911 ambulance transport, and the hospital systems to support an anticipated surge in high acuity COVID-19 patients, and

WHEREAS, Mobile Integrated Paramedic (MIP) pilot was created and deployed in response to the need for call diversion and; proved that responding to low acuity medical calls would reduce resource drain for this type of call for service.; and

WHEREAS, the MIP proved that responding to low acuity medical calls provided relief on the 911 system and BFD staff; and

WHEREAS, Title 22 and Assembly Bill 1544 requires providers to institute a community paramedicine program to transport patients to behavioral health facilities; and

WHEREAS, the Department released RFP Specification No. 24-11647-C for Fire Department Partnership for Alternative Medical Response Unit on January 31 with proposals due on March 21, 2024, and

WHEREAS, the City did not receive any responses despite advertising and direct outreach to over twenty-five local organizations inviting them to submit a proposal, and

WHEREAS, the City and Department have an urgent need to deploy alternative resources that can help reduce the use of the 911 system for low acuity, non-emergency patients and reduce the number of habitual system users.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager is authorized to execute a contract and any amendments with Pinnacle Training Systems, LLC (Contractor) to provide nurse practitioner services for a pilot alternative medical response unit from June 17, 2024 to January 31, 2025 in an amount not to exceed \$510,000 with an option to extend for three additional one-year terms in a total not to exceed \$2,700,000.

