



Colorado Springs Fire Department: *Emergency Medical Service (EMS)* *Enterprise*

City Council Work Session
May 13, 2024





Agenda



- Opening Remarks
- CSFD EMS Overview
 - Executive Summary
 - “Tiered Response” Programs Review
 - Financial Review
 - Operational Review
 - Implementation Plan
- Questions & Open Discussion



Opening Remarks



Yemi Mobolade

Mayor



Randy Royal

Fire Chief “of the year!”



Agenda



- Opening Remarks
- CSFD EMS Overview
 - Executive Summary
 - “Tiered Response” Programs Review
 - Financial Review
 - Operational Review
 - Implementation Plan
- Questions & Open Discussion



EMS is CSFD's responsibility



- City Code Section 8.2.303: Assume Medical Control at scene of accident or medical emergency
 - Section B – “**Medical control** at the scene of an accident or emergency in Colorado Springs **shall be assumed by the Fire Department** upon arrival.”
 - Section C – “**Nothing shall deprive the Fire Department** of any power or authority vested in it by this Code...”



Outcomes & Benefits



Fire-based EMS Enterprise will:

- 1. *Improve Response Times and Emergency Medical Services***
- 2. *Reduce Medical Costs for residents and medical system***
- 3. *Expand Community & Public Health Programs***





The facts behind Fire-based EMS



- Vast majority of communities across the country have Public Sector EMS
- After transitioning, **NO AGENCY** returned to private ambulance





Top 40 Cities in the U.S.



<u>City</u>	<u>EMS Model</u>
1. New York, NY	Public Sector
2. Los Angeles, CA	Public Sector
3. Chicago, IL	Public Sector
4. Houston, TX	Public Sector
5. Phoenix, AZ	Public Sector
6. Philadelphia, PA	Public Sector
7. San Antonio, TX	Public Sector
8. San Diego, CA	Public Sector
9. Dallas, TX	Public Sector
10. San Jose, CA	Public Sector
11. Austin, TX	Public Sector
12. Jacksonville, FL	Public Sector
13. Fort Worth, TX	Public Sector
14. Columbus, OH	Public Sector
15. Charlotte, NC	Public Sector
16. Indianapolis, IN	Public Sector
17. San Francisco, CA	Public Sector
18. Seattle, WA	Public Sector
19. Denver, CO	Public Sector
20. Nashville, TN	Public Sector

<u>City</u>	<u>EMS Model</u>
21. Washington, DC	Public Sector
22. Oklahoma City, OK	Public Sector
23. Boston, MA	Public Sector
24. El Paso, TX	Public Sector
25. Portland, OR	Private Ambulance
26. Las Vegas, NV	Private Ambulance
27. Memphis, TN	Public Sector
28. Detroit, MI	Public Sector
29. Baltimore, MD	Public Sector
30. Milwaukee, WI	Public Sector
31. Albuquerque, NM	Public Sector
32. Fresno, CA	Private Ambulance
33. Tucson, AZ	Public Sector
34. Sacramento, CA	Public Sector
35. Mesa, AZ	Public Sector
36. Kansas City, MO	Public Sector
37. Atlanta, GA	Public Sector
38. Omaha, NE	Public Sector
39. Colorado Springs, CO	Private Ambulance
40. Raleigh, NC	Public Sector



Most Conservative Cities*



City	EMS Model
1. Corpus Christi, TX	Public Sector
2. Oklahoma City, OK	Public Sector
3. Tulsa, OK	Public Sector
4. Lubbock, TX	Hospital-based
5. Kansas City, MO	Public Sector
6. Wichita, KS	Public Sector
7. Fort Wayne, IN	Public Sector
8. Bakersfield, CA	Private ambulance
9. Colorado Springs, CO	Private ambulance
10. Fort Worth, TX	Public Sector



*[HomeSnacks](#) - Based on the highest percentage of Republican voters



Colorado Communities



<u>City</u>	<u>Population</u>	<u>EMS Model</u>
Denver	710,800	Public Sector
Colorado Springs	479,612	Private Ambulance
Aurora	387,349	Private Ambulance
Fort Collins	168,758	Public Sector
Lakewood	156,149	Public Sector
Thornton	141,799	Public Sector
Arvada	123,066	Public Sector
Westminster	115,502	Public Sector
Pueblo	111,430	Private Ambulance
Greeley	107,949	Private Ambulance
Centennial	107,702	Public Sector
Boulder	106,598	Private Ambulance
Highlands Ranch	101,514	Public Sector
Longmont	98,282	Private Ambulance
Loveland	76,500	Public Sector
Castle Rock	74,065	Public Sector
Broomfield	73,946	Public Sector
Grand Junction	65,918	Public Sector
Commerce City	63,050	Public Sector
Parker	58,733	Public Sector





Pikes Peak Region



<u>City</u>	<u>EMS Model</u>
Colorado Springs	Private Ambulance
Security	Public Sector
Fountain	Public Sector
Fort Carson	Public Sector
Cimarron Hills	Public Sector
Black Forest	Public Sector
Monument	Public Sector
Manitou Springs	Public Sector
Falcon	Public Sector
Calhan	Public Sector





Current Status



- AMR contract expires in April 2025
- Non-compliance with performance & response times
- Options presented by AMR in 2023
 - Renegotiate contract terms
 - Add a subsidy to the contract of \$3.8M
 - Early exit and assist in transition to another vendor or CSFD





AMR is Not Meeting the Standard



Over the past three years, AMR has:

- Arrived late to over 33,000 calls
- Paid the City \$5,538,445 in liquidated damages for not meeting contract standards
- Ambulances not solely focused on 911 emergencies

Colorado Springs puts underperforming ambulance company on the clock

BY CONRAD SWANSON AND RACHEL RILEY Mar 18, 2018 Updated Mar 17, 2019



An American Medical Response ambulance heads west on Boulder from Memorial Hospital. (File photo)



AMR Late Arrivals



AMR	2021	2022	2023
Total Late Calls	9,876	15,667	8,338

Reason For Call	2022	2023
Difficulty Breathing	1,835	871
Unconscious Patient	1,639	867
Chest Pain	1,193	649
Severe Trauma	698	408
Overdose	483	225



CSFD Response Times vs. AMR Response



All Medical Calls			
	Council District	CSFD 90th	AMR 90th
2023	1	8:22	13:50
	2	9:21	15:56
	3	8:05	13:37
	4	8:24	12:15
	5	7:55	11:21
	6	9:10	14:27
2023 Overall		8:29	13:26
2022	1	8:36	16:04
	2	9:36	19:01
	3	8:24	15:05
	4	9:07	13:54
	5	8:22	12:44
	6	9:22	16:46
2022 Overall		8:50	15:21

Opportunity Costs		
Year	Δ CSFD vs. AMR	Opportunity Cost
2023	4:57	\$ 536,034
2022	6:31	\$ 738,889

- Enterprise ambulances will be solely focused on **911 emergencies**



Agenda



- Opening Remarks
- CSFD EMS Overview
 - Executive Summary
 - “Tiered Response” Programs Review
 - Financial Review
 - Operational Review
 - Implementation Plan
- Questions & Open Discussion



Community & Public Health: Sending the Right Resource for patient care

CSFD's Community & Public Health Division



What is “Tiered Response?”



- A tiered response system is where different levels of mobile response teams are dispatched at the appropriate level
- This reduces the number of patients who are inappropriately transported to Emergency Rooms and instead gets them the right care.
- **These programs are primarily grant funded, but would be more sustainably funded by Enterprise revenue under the new model.**



What is “Tiered Response?”



- CSFD has a total of 7 highly successful programs that fall under “Tiered Response”
 1. Community Response Teams (CRT)
 2. Alternative Response Teams (ART)
 3. Community Medical Operations (CMED)
 4. Homeless Outreach Program (HOP)
 5. Transition Assistance Program
 6. Super Utilizer Program
 7. Aging in Place Program (APP)



Community & Public Health



Community Response Teams (CRT)



Agile units include a Paramedic, Police Officer and Behavioral Health Specialist (grant funded)



Responds to mental health calls and provide appropriate mental health resources



85% of these call types do not result in a transport to the hospital



Considered vital to local hospitals & emergency departments





Community & Public Health



Alternative Response Team (ART)



Consists of a Crisis Navigator and an EMT



Responds to lower acuity 9-1-1 calls (e.g. check the welfare)



Activates trained individuals to provide appropriate care



Frees up both CSPD and Ambulance resources





Community Medical Operations



Community Medical (CMED)



Consists of CSFD civilian Paramedics and EMT's responding in an SUV



Responds to lower acuity 9-1-1 calls



Provides lower tier of response to lower acuity calls



Frees up CSFD & CSPD sworn staff, and ambulance resources





Community & Public Health



Homeless Outreach Program (HOP)



Behavioral health workers and paramedics provide outreach work to people experiencing homelessness



Walks the area between the Marion House and Springs Rescue Mission



Forms relationships with individuals experiencing homelessness and navigates to resources in the field



*Primarily Grant and donation funded





Community & Public Health



- **Transition Assistance Program (TAP)**
 - Community navigation services for inmates of the El Paso County Criminal Justice Center identified as high risk / high need
- **Aging in Place Program (APP)**
 - Connects elders and their families with resources and support
- **Super Utilizer Program**
 - Assists frequent users in the 9-1-1 system with their physical, medical and behavioral health needs through outreach, assessments and connection to resources and care navigation



Agenda



- Opening Remarks
- CSFD EMS Overview
 - Executive Summary
 - “Tiered Response” Programs Review
 - Financial Review
 - Operational Review
 - Implementation Plan
- Questions & Open Discussion



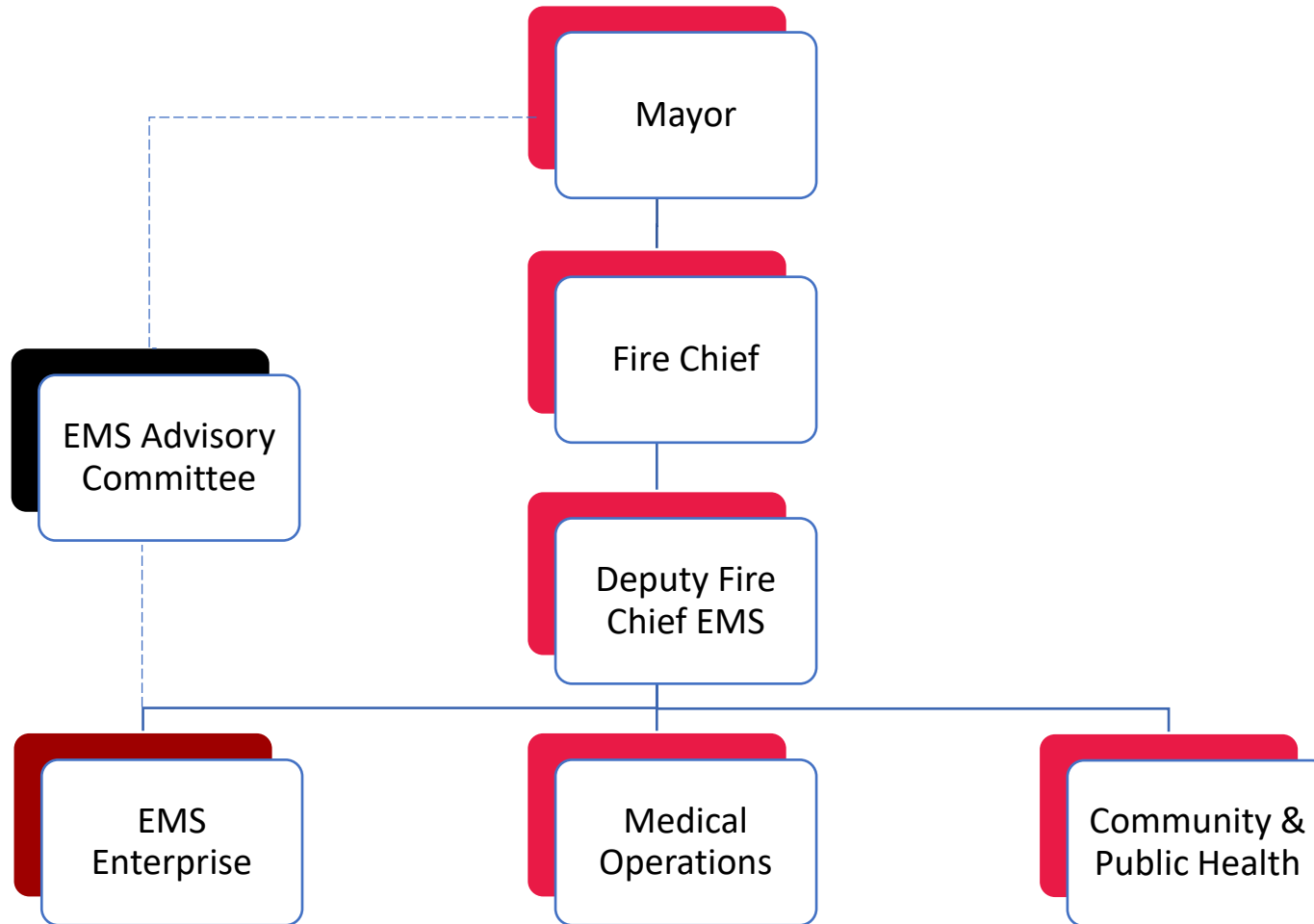
What is an “Enterprise?”



- An Enterprise is a “self-sustaining government owned business”
- Issue 300 is “the prohibition against all loans, gifts or subsidies between an enterprise and the City”
- City Enterprises:
 - Airport
 - Cemetery Enterprise
 - Colorado Springs Utilities
 - Development Review Enterprise
 - Golf Enterprise
 - Memorial health System Enterprise
 - Parking system Enterprise
 - Pikes Peak – America’s Mountain
 - Stormwater Enterprise



Organizational Structure

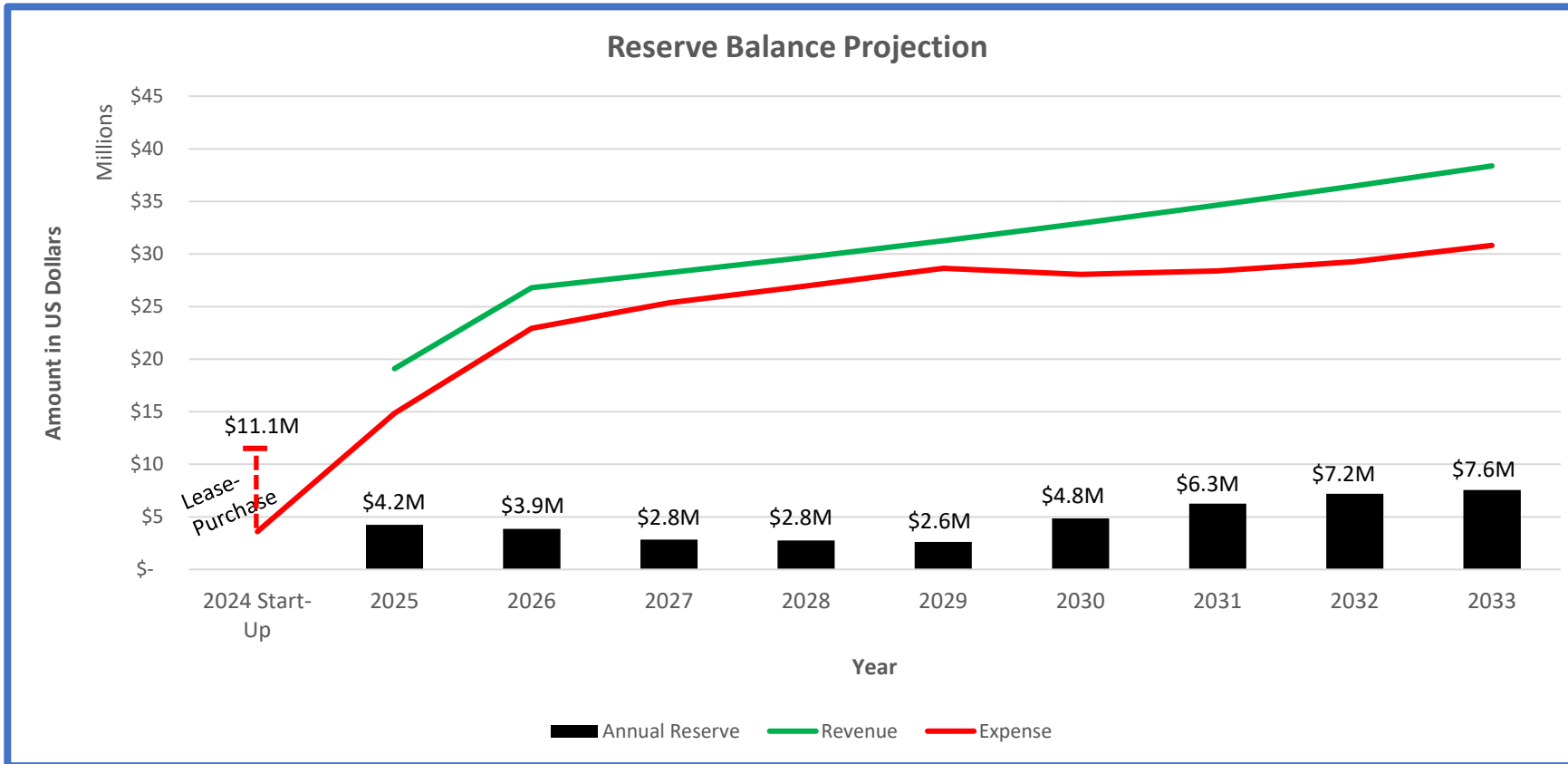




Financial Projections



Conservative business model and projected income



Reserve amount of **\$42M** over a 9-year period



CO Public EMS Supplemental Payment



Federal: Ground
Emergency Medical
Transport (GEMT)



State: Colorado Public
EMS Supplemental
Payment



Local: CSFD EMS
Enterprise – recipient



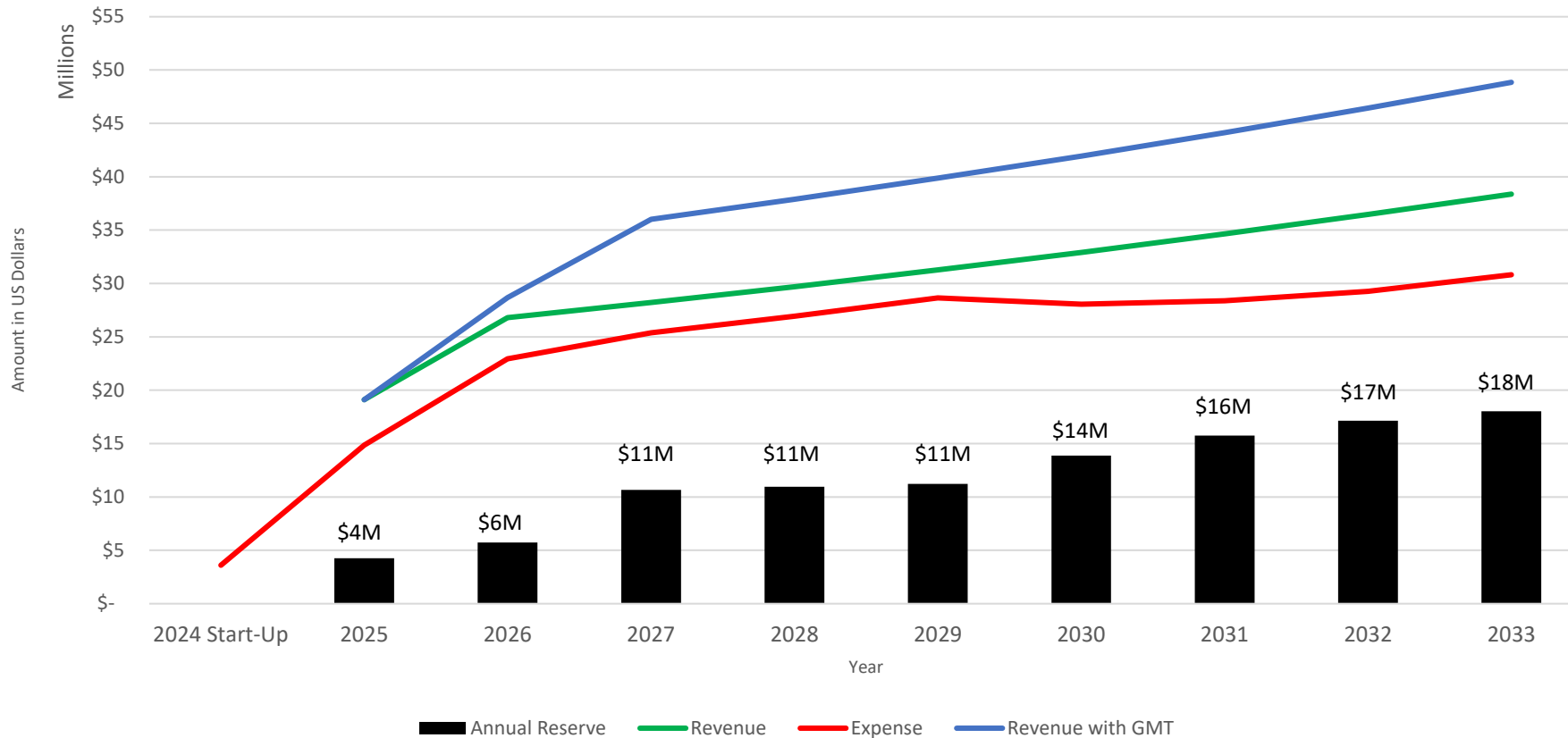
- Only offered to publicly owned or operated ambulance service providers
- Intended to cover the gap between cost to transport and the Medicaid reimbursements
- Left over \$35M in federal funds on the table over the last 5 years
- Ability to further reduce costs, further improve response times, expand “Tiered Response”
- Comparable district South Metro has received over \$7M annually in GEMT revenues



Financials with EMS Supplemental Payment



Reserve Balance Projection



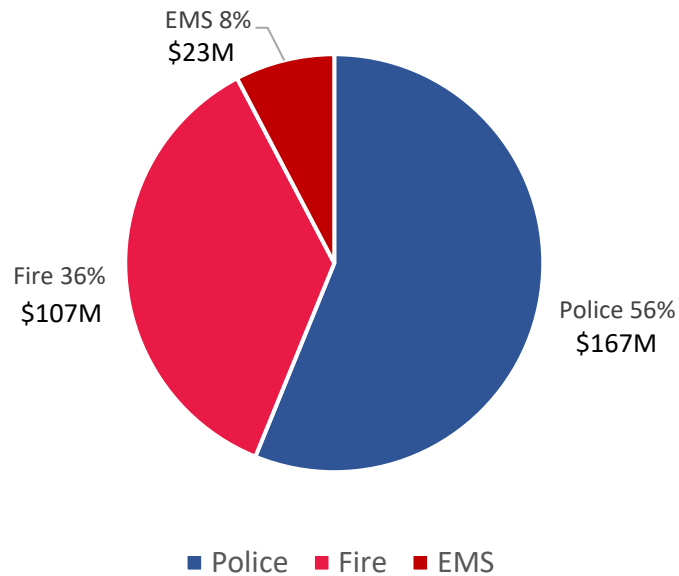
Reserve amount of **\$107M** over a 9-year period



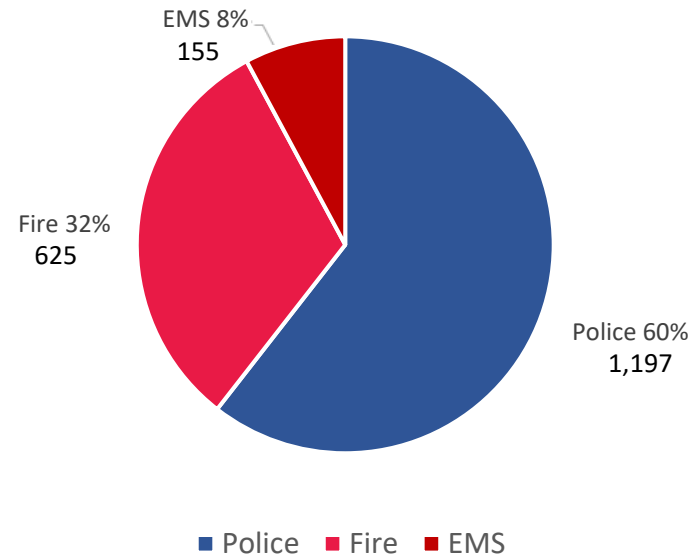
Total Public Safety Budget



Public Safety Budget (%)



Public Safety Positions (FTE's)





CSFD Net Revenue Per Transport (NRT)



1. **Transport Fee** – fee for an ambulance transport to the hospital:
 1. Advanced Life Support (ALS)
 2. Basic Life Support (BLS)
2. **Number of Transports** – total number of transports:
 1. Advanced Life Support (ALS)
 2. Basic Life Support (BLS)
3. **Collection Percentages** – percentage of revenues collected vs. billed
4. **Payor Mix** – percentage breakdown of all payor categories:
 1. Medicaid
 2. Medicare
 3. Commercial Insurance
 4. Private Pay



NRT – 1. Projected Transport Fee



- **CSFD Transport Fee:**

1. Advanced Life Support (ALS) Year 1 = **\$2,275/transport**
2. Basic Life Support (BLS) Year 1 = **\$1,975/transport**

With future projections to include GEMT funding we fully anticipate lowering our transport rates even further in the future.

- **AMR Transport Fee:**

1. Advanced Life Support (ALS) 2024 = **\$2,827/transport (26.2% higher)**
2. Basic Life Support (BLS) 2024 = **\$2,569/transport (30.1% higher)**



NRT – 2. Projected Number of Transports



- Number of Transports

Total Transport*	33,700
Average Estimated Mileage	6
Types of Transport	
ALS Transports	60%
BLS Transports	40%

*Source: 2023 data from AMR actual transports per their CAD w/ 61% transport rate



NRT – 3. Projected Collection Percentages



- **Collection Percentages**

1. Medicaid – 16%
2. Medicare – 20%
3. Commercial Insurance – 82%
4. Private Pay – 5%

- **Source:**

- Medicaid & Medicare – fixed reimbursement amounts set by federal government
- Commercial Insurance – benchmarking similar public systems
- Private Pay - conservative approach



NRT - 4. Payor Mix (State)



Colorado Department of Health Care Policy & Financing

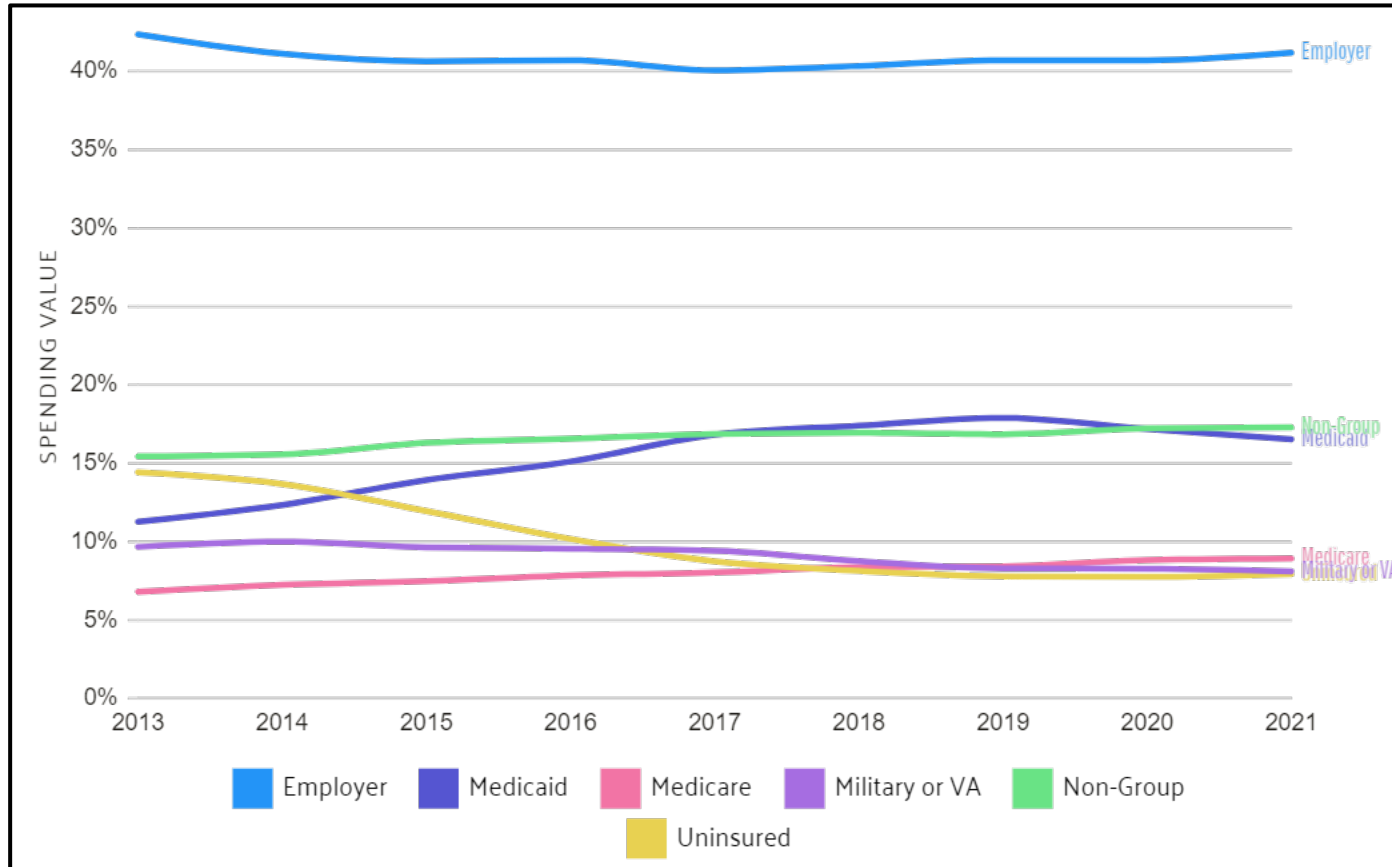
- **Statewide Hospital Payor Mix (2022)**
 - Medicaid – 21%
 - Medicare – 40%
 - Commercial Insurance – 30%
 - Private Pay – 9%
- **Source:** [2024 Hospital Financial Transparency Report](#)



4. Payor Mix (Colorado Springs Census)



Colorado Springs Census Data



Health

7.93%	41.2%
UNINSURED	EMPLOYER COVERAGE
16.5%	8.93%
MEDICAID	MEDICARE
17.3%	8.11%
NON-GROUP	MILITARY OR VA

Source: [Data USA - Census Data](#)



4. Payor Mix – CSFD Projected Payor Mix



CSFD EMS Enterprise - Payor Mix Projection

Payor Mix	Black Forest	Security	Falcon	Monument	Hospital ED	CSFD Average
Medicaid	15%	30%	19%	10%	38%	22%
Medicare	53%	41%	44%	54%	28%	44%
Commercial Insurance	23%	18%	26%	26%	23%	23%
Private Pay	9%	11%	11%	10%	11%	10%



Net Revenue per Transport (NRT)



Medicaid	22% Payor Mix	
Sub Total	16% Collection Percentage	\$2,842,517
Medicare	44% Payor Mix	
Sub Total	20% Collection Percentage	\$7,034,383
Commercial Insurance	23% Payor Mix	
Sub Total	82% Collection Percentage	\$15,173,794
Private Pay	10% Payor Mix	
Sub Total	5% Collection Percentage	\$415,631
TOTAL REVENUE		\$25,466,326

TOTAL TRANSPORT 33,700

NET REVENUE PER TRANSPORT \$ 755.68



Validation efforts



- **The City has taken significant efforts to validate CSFD Financial models and projections:**
 - Independent 3rd party consultant & City Auditor in 2019 RFP
 - Benchmarking cities across the country, state & region
 - City Finance
 - Rich Buchanan – Independent 3rd Party Consultant & SME
 - Barry Baum – Business executive (Ret.)
 - Financial review from multiple Foundations
 - National billing company
 - City Auditor's Office



Risks



- Financial Risks
 - Conservative revenue & expense projections
 - General Fund Impact Risk – mitigated by Issue 300; future cost savings to the General Fund expected
- Operational Risks
 - Start-up risks – Vehicle and facility acquisition, billing RFP
 - Staffing acquisition & on-boarding
- Risk of doing nothing
 - Reactive vs. Proactive
 - Increased response times and costs to residents
 - Instability of Community & Public Health Program funding



Agenda



- Opening Remarks
- CSFD EMS Overview
 - Executive Summary
 - “Tiered Response” Programs Review
 - Financial Review
 - Operational Review
 - Implementation Plan
- Questions & Open Discussion



Operations



- Deployment Model
 - System status management
 - Dynamically deployed ambulances
 - Data-based deployment
 - Depth of resources
 - Mutual Aid Agreements



Demand Analysis



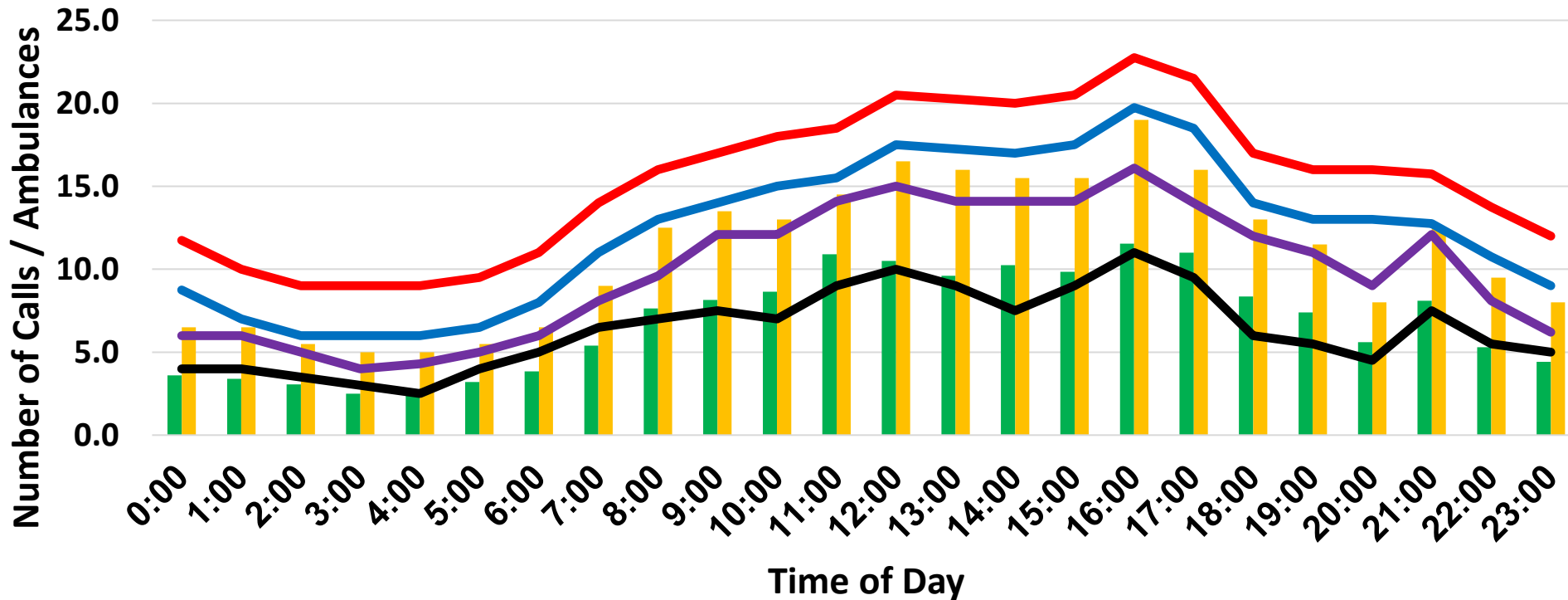
Hr Beginning - Traditional	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
3/12/2023 - 3/18/2023	4	2	6	3	1	5	2	3	5	7	16	14	8	5	5	4	7	12	11	4	8	10	10	8
3/19/2023 - 3/25/2023	1	3	2	3	1	2	5	3	9	5	10	9	14	11	11	9	6	10	6	10	10	3	16	1
3/26/2023 - 4/1/2023	1	3	5	4	4	5	7	5	6	13	13	9	17	4	10	5	10	7	9	7	11	4	3	7
4/2/2023 - 4/8/2023	8	4	7	2	4	3	9	6	15	9	4	9	9	4	9	5	11	6	13	9	5	8	3	3
4/9/2023 - 4/15/2023	3	8	9	1	1	3	3	3	9	9	8	8	6	10	13	12	10	13	7	8	6	8	8	4
4/16/2023 - 4/22/2023	5	6	6	3	1	4	4	8	11	5	8	14	8	7	13	13	6	7	4	8	10	2	3	3
4/23/2023 - 4/29/2023	6	4	2	3	4	4	6	10	9	5	3	14	10	10	12	9	10	9	13	7	13	5	8	6
4/30/2023 - 5/6/2023	4	7	6	4	4	3	10	7	5	13	8	12	7	10	6	9	12	5	8	9	9	11	7	6
5/7/2023 - 5/13/2023	1	5	4	2	1	5	4	9	8	9	11	9	10	9	11	6	11	10	5	7	10	12	6	6
5/14/2023 - 5/20/2023	3	5	3	1	2	3	3	10	6	8	11	6	13	6	18	8	11	12	11	11	13	5	6	2
5/21/2023 - 5/27/2023	5	5	2	3	1	4	3	3	11	2	11	10	9	9	16	9	13	9	11	9	4	10	6	11
5/28/2023 - 6/3/2023	5	1	2	1	2	11	7	10	10	10	10	9	7	9	3	9	4	7	11	7	8	1	5	5
6/4/2023 - 6/10/2023	5	2	1	2	2	5	8	4	9	2	6	10	5	4	13	7	9	11	15	9	12	7	7	8
6/11/2023 - 6/17/2023	4	3	1	1	5	3	4	7	9	8	5	14	9	7	10	6	8	8	8	8	11	10	8	5
6/18/2023 - 6/24/2023	1	2	2	5	4	6	5	5	4	11	8	8	9	10	13	10	9	7	5	6	6	7	14	6
6/25/2023 - 7/1/2023	4	7	6	5	3	2	3	6	2	7	14	8	11	12	10	10	9	15	14	11	7	9	6	3
7/2/2023 - 7/8/2023	4	6	4	3	5	4	3	4	6	9	6	7	8	5	5	14	6	17	7	11	7	6	9	9
7/9/2023 - 7/15/2023	7	3	2	7	1	4	3	6	3	14	12	17	19	13	11	16	8	11	8	8	8	8	6	9
7/16/2023 - 7/22/2023	3	4	2	4	1	6	5	2	15	16	8	18	7	18	9	12	13	12	6	10	11	8	3	2
7/23/2023 - 7/29/2023	5	1	7	3	6	4	8	6	15	12	10	7	9	17	10	10	13	4	12	12	18	7	6	6
Total	79	81	79	60	45	72	96	119	149	183	189	211	195	175	216	181	182	203	165	179	184	156	142	110
Min	1	1	1	1	1	2	2	2	2	2	3	4	5	4	4	3	5	4	4	4	4	2	1	1
Max Min Calls	7	7	8	6	4	4	9	8	13	14	13	14	14	14	14	13	8	13	11	9	9	16	15	10
Max	8	8	9	7	5	6	11	10	15	16	16	18	19	18	18	16	13	17	15	13	13	18	16	11
Mean (Average)	4	4.1	4	3	2.5	4	4.8	6	7.5	9.2	9.5	11	9.8	8.8	11	9.1	9.1	10	8.3	9	9.2	7.8	7.1	5.5
Median	4	4	3.5	3	2	4	4	6	7	9	9.5	10	9	9	11	9	9	11	7.5	9	9.5	8	7	6
Mode	4	3	2	3	1	5	3	3	9	5	8	14	9	9	13	9	10	12	11	8	10	8	6	6
StDev	2	2	2.4	1.6	1.6	1.4	2.5	2.5	3.1	4.2	3.2	3.6	3.6	3.4	3.9	3.3	2.3	3.2	3.3	2.2	2.5	3.6	3.5	2.7
Avg High	6.2	6	6.6	4.6	4	5.2	8.2	8.8	11	13	12	14	14	12	14	11	11	14	12	11	12	12	11	8.4
90th Percentile Rank	6.1	7	7	5	4.3	6	8.2	9.1	11	15	13	14	14	12	16	13	12	13	13	11	12	11	10	9
Avg Peak	7.5	7.5	8	5.5	4.5	5.5	11	9	13	16	15	16	18	15	18	15	13	15	14	13	13	15	15	9.5
2x StDev + Mean	7.9	8.1	8.7	6.1	5.7	6.7	9.7	11	14	18	16	18	17	15	19	16	14	17	15	13	14	15	14	11
Smoothed Average Peak	7.7	7.6	7.4	5.8	4.9	6.3	9.2	10	13	15	15	16	17	16	16	15	13	14	14	13	13	15	14	11
Blended Demand	7.2	7.6	7.7	5.6	5	6.3	9	10	12	16	15	16	16	14	17	15	13	15	14	12	13	14	13	10
90th Percentile x 1.2	7.3	8.4	8.4	6	5.2	7.2	9.8	11	13	18	16	17	17	15	19	16	15	16	16	13	15	13	12	11



Demand Analysis



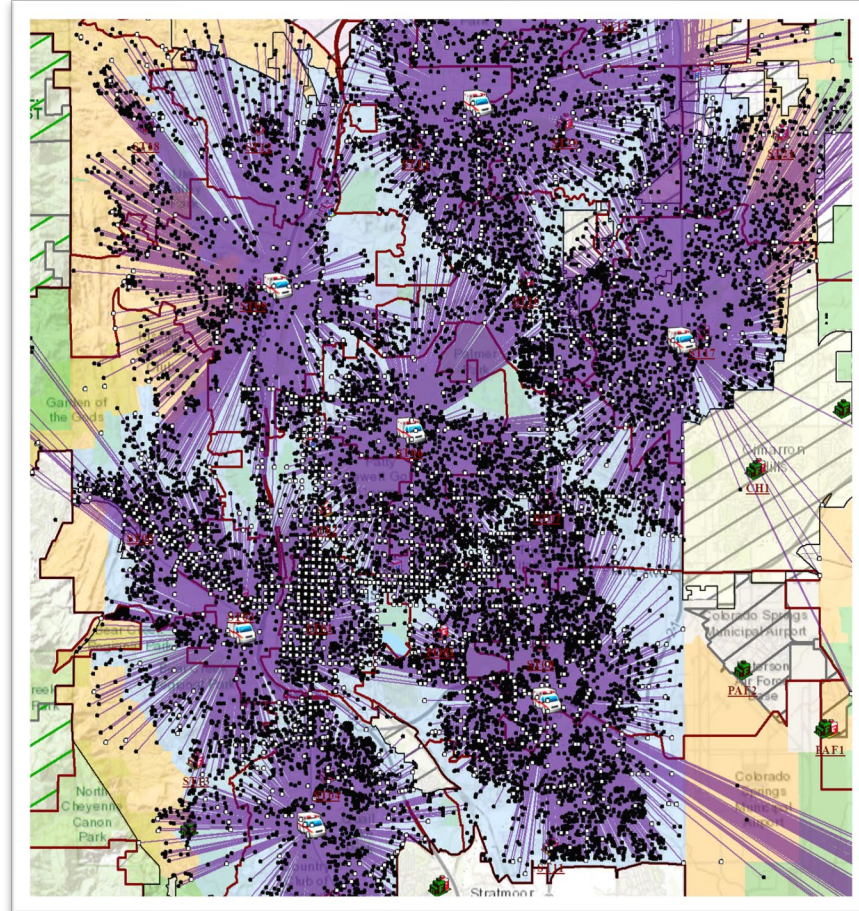
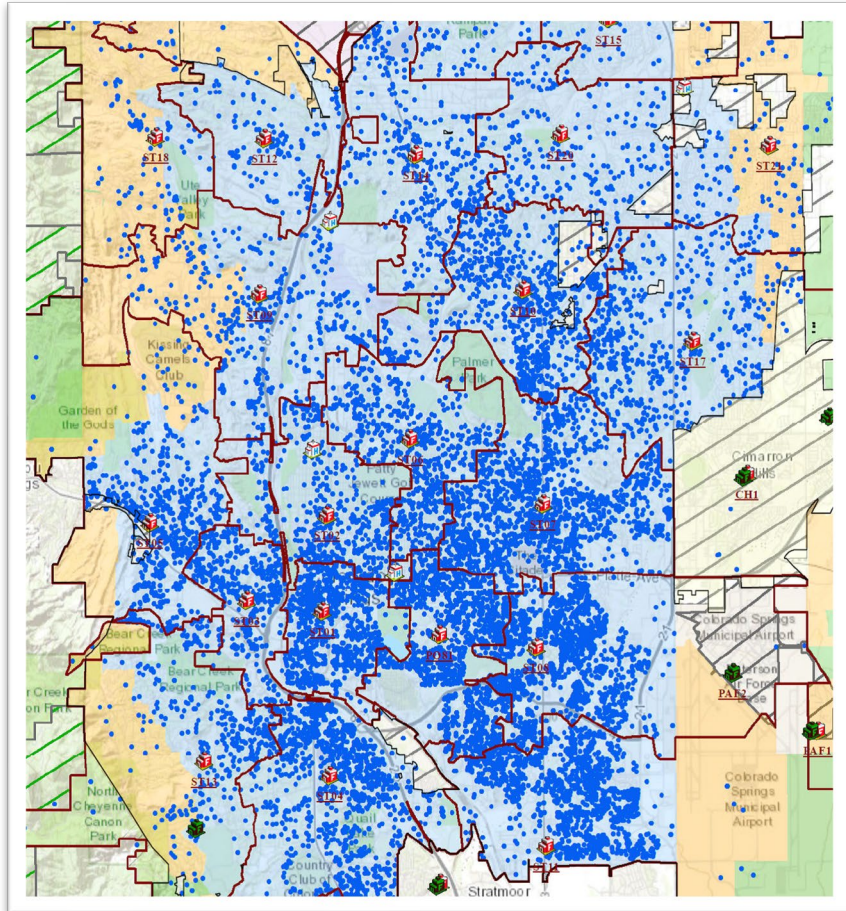
Demand Analysis



- Average Calls
- Avg Peak Calls
- Avg Peak Transports
- CSFD Ambulances
- CSFD Squads (3 Additional)
- 90th Percentile



Posting Locations





Operations



- 25 Ambulances
- 18 Advanced Life Support Ambulances at peak call volume
 - Staffed by 1 Paramedic and 1 EMT
 - 6 Reserve ambulances
 - 1 Bariatric ambulance
 - 3 CSFD squads
- 4 EMS field supervisors
 - Company Officer on all fire apparatus
- Shift Schedules
 - 8 Hour shifts
 - 10 Hour shifts
 - 13.25 Hour shifts



Current “Tiered Response” Model



CMED – Low Acuity Medical Calls (Bravo level calls) – Civilian staffed SUV responds alone and requests an ALS or BLS ambulance as appropriate if needed.

CRT – High Acuity Behavioral Health – Staffed with CSFD Civilian Paramedic, CSPD officer, and Diversus social worker (funding ending June 2025).

ART (Alternate Response Team) – Low Acuity Behavioral Health.

This model is presently freeing up Fire apparatus, CSPD resources, and Ambulances to be utilized on more critical calls.



Future “Tiered Response” Model



- **Engine and ALS Ambulance-** High Acuity (Echo, Delta, and Charlie) (cardiac arrest, respiratory distress, stroke, trauma, serious hemorrhage)
- **Engine only** – Medium Acuity <50% transport (some Bravo, Charlie and Delta) (seizure, diabetic-treat on scene, extremity injury-taken by POV for care). Appropriate type of ambulance (ALS or BLS) requested if transport needed.
- **ALS Ambulance only** – Medium Acuity >50% transport (some Bravo, Charlie, and Delta) (abdominal pain, syncope, altered mental status - two providers).
- **ALS Ambulance only** – Low Acuity (Bravo) CMED response that fire trucks and ambulances are currently responding to outside of the CMED unit response area or after timing out of pending.
- **BLS Ambulance only** – Lowest Acuity (Alpha calls, 40 Alpha PD request).



Future “Tiered Response” Model



- **Additional CMED units** - Low Acuity (Bravo) Cover total CMED appropriate call volume to keep ambulances available.
- **Nurse Navigation** – Low Acuity (Alpha level lowest acuity calls) Dispatch resource similar to CMED pending, but with a longer wait time to answer calls. No physical response of fire or ambulance units (telemedicine, transportation to clinic or urgent care, navigation to a medical provider) – implementation of this resource further reduces the number of BLS ambulances and reduces the total number of unit hours needed for the system.



Local, State & National Perspectives



- **Local** – Fire Chief John Forsett, Manitou Springs
- **State** – South Metro Fire District
- **National** – Rich Buchanan, Independent Consultant and Subject Matter Expert



Agenda



- Opening Remarks
- CSFD EMS Overview
 - Executive Summary
 - “Tiered Response” Programs Review
 - Financial Review
 - Operational Review
 - Implementation Plan
- Questions & Open Discussion



Key Milestones



Establish EMS enterprise:



Path to Integration:





Enterprise Ordinance



- A. **Operate a ground ambulance service**, including providing ground ambulance transportation services throughout the City of Colorado Springs and the Pikes Peak region;
- B. **Providing medical care** consistent with its license to operate a ground ambulance service, including the services of EMS Providers;
- C. **Coordinate** ground ambulance services **with public and private partner agencies, and health care providers** throughout Colorado and the Pikes Peak region;
- D. **Administer a schedule of fees** for the recovery of costs associated with the development and operation of a ground ambulance service;
- E. **Collect fees and coordinate with customers and insurance providers** in connection with its operation of a ground ambulance service;
- F. Through the fees collected by the enterprise, operate a ground ambulance service and **community and public health program benefiting the public's health, safety, and welfare**; and
- G. **Coordinate community and public health program** activities with other public and private entities throughout Colorado and the Pikes Peak region.



Advisory Committee

Admin Reg – Exhibit A



PURPOSE

There is hereby created a Ground Ambulance Service Enterprise (“GASE”) Advisory Committee (“Committee”). **The purpose of the Committee shall be to advise the Mayor, GASE Manager, and the Fire Department on matters related to business operations, compliance, service delivery, and fee structure** for the GASE. The GASE Committee does not have legislative or quasi-judicial authority.

MEMBERSHIP AND RULES

The GASE Committee shall consist of seven (7) voting members. **The Mayor shall appoint five (5) voting members to the Committee**, of which one (1) member will be a representative of **UC Health** and one (1) member will be a representative of **CommonSpirit**, formerly Centura Health. **The City Council shall appoint two (2) voting members to the Committee**. Members shall serve staggered terms and each shall have a background in at least one (1) of the following: medicine/health care, emergency medical services, the fire service, business, finance, law, government, or another related field. No voting member shall be an elected official.



Outcomes & Benefits



Fire-based EMS Enterprise will:

- 1. *Improve Response Times and Emergency Medical Services***
- 2. *Reduce Medical Costs for residents and medical system***
- 3. *Expand Community & Public Health Programs***



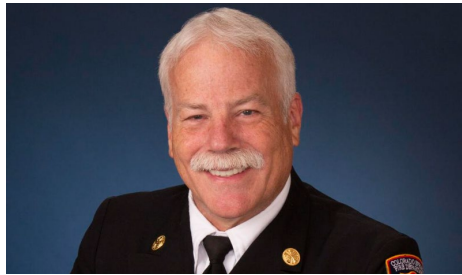


Agenda



- Opening Remarks
- CSFD EMS Overview
 - Executive Summary
 - “Tiered Response” Programs Review
 - Financial Review
 - Operational Review
 - Implementation Plan
- Questions & Open Discussion

MEET THE TEAM – Q&A



Randy Royal

Fire Chief

Jayme McConnellogue

Deputy Fire Chief – Medical Division

Rich Buchanan

EMS Consultant & SME

Barry Baum

COS Resident & Retired
Business Executive

Ryan Trujillo

Deputy Chief of Staff



Wynetta Massey

City Attorney

Charae McDaniel

Chief Financial Officer

Myra Romero

Acting Chief Human
Resources & Risk Officer

Jamie Fabos

Chief of Staff

Yemi Mobolade

Mayor



Your Questions

We are writing the history
for tomorrow, **today!**

