

File No. 240643

Committee Item No. 9

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date July 24, 2024

Board of Supervisors Meeting Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

- DEM Presentation 7/24/2024
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Completed by: Brent Jalipa Date July 18, 2024

Completed by: Brent Jalipa Date _____

1 [Accept and Expend Grant - Retroactive - CARESTAR Foundation - Community Paramedicine
2 and Triage to Alternate Destination Grant - \$125,000]

3 **Resolution retroactively authorizing the Department of Emergency Management to**
4 **accept and expend a grant in the amount of \$125,000 from the CARESTAR Foundation**
5 **for enhancement of the Emergency Medical Services System through support to**
6 **Community Paramedicine and Triage to Alternate Destination programs from March 1,**
7 **2024, through September 30, 2025.**

8
9 WHEREAS, The CARESTAR Foundation has agreed to fund the Department of
10 Emergency Management (DEM) through the Local EMS Agency in the amount of \$125,000
11 for enhancement of Community Paramedicine and Triage to Alternate Destination programs
12 for the period of March 1, 2024, through September 30, 2025; and

13 WHEREAS, Community Paramedicine and Triage to Alternate Destination seeks to
14 enhance access to patient care and improve health outcomes; and

15 WHEREAS, Community Paramedicine and Triage to Alternate Destination programs
16 require significant training and ongoing regulatory requirements; and

17 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

18 WHEREAS, The Department proposes to maximize use of available grant funds on
19 program expenditures by not including indirect costs in the grant budget; now, therefore, be it

20 RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in
21 the grant budget; and, be it

22 FURTHER RESOLVED, That DEM is hereby authorized to accept and expend a grant
23 in the amount of \$125,000 from the CARESTAR Foundation; and, be it

24 FURTHER RESOLVED, That the DEM Executive Director is authorized to enter into
25 the Agreement on behalf of the City; and, be it

1 FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully
2 executed by all parties, the DEM Executive Director shall provide a copy to the Clerk of the
3 Board of Supervisors for inclusion in the official file.

4
5 Recommended: Approved: /s/ _____
6 Mayor

7 /s/ _____
8 Mary Ellen Carroll Approved: /s/ _____
9 DEM Executive Director Controller

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File Number: 240643
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

- 1. Grant Title: **2024 Community Paramedicine Grant Program**
- 2. Department: **Department of Emergency Management, San Francisco EMS Agency**
- 3. Contact Person: **Andrew Holcomb** Telephone: **415-244-4771**

- 4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$125,000.00**

- 6. a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **n/a**
- 7. a. Grant Source Agency: **CARESTAR Foundation**
b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary: The San Francisco EMS Agency will enhance the Emergency Medical Services System by utilizing these funds to support Community Paramedicine and Triage to Alternate Destination program activities.

- 9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **03/01/2024** End-Date: **09/30/2025**

- 10. a. Amount budgeted for contractual services: **\$125,000**
b. Will contractual services be put out to bid? **No**
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **No**
d. Is this likely to be a one-time or ongoing request for contracting out? **One-time**

- 11. a. Does the budget include indirect costs?
 Yes No
b. 1. If yes, how much? **\$0**
b. 2. How was the amount calculated? **N/A**
c. 1. If no, why are indirect costs not included?
 Not allowed by granting agency To maximize use of grant funds on direct services
 Other (please explain):
c. 2. If no indirect costs are included, what would have been the indirect costs? **N/A**

12. Any other significant grant requirements or comments:

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor’s Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input checked="" type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor’s Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor’s Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor’s Office of Disability Reviewer:


sandy chan

(Name)

Assistant Deputy Director - Administration and Support

(Title)

Date Reviewed: 3/27/2024

DocuSigned by:

 (Signature Required)

Department Head or Designee Approval of Grant Information Form:

Mary Ellen Carroll

(Name)

Executive Director

(Title)

Date Reviewed: 3/28/2024

DocuSigned by:

 (Signature Required)

Community Paramedicine - San Francisco EMS

2024 Community Paramedicine Grant Program

San Francisco EMS Agency LEMSA

Mary Ellen Carroll
333 Valencia St, Suite 210
San Francisco, CA 94103

O: 628-217-6014

Andrew Holcomb

333 Valencia St, Suite 210
San Francisco, CA 94103

andrew.holcomb@sfgov.org
O: 415-244-4771

FollowUp Form

Terms & Conditions

CARESTAR

FOUNDATION

This form is the CARESTAR Foundation's online grant agreement. This agreement details the **terms and conditions** of the grant, as well as the responsibilities of the CARESTAR Foundation and Your Organization (Grantee). Please review each section and indicate your agreement by checking the corresponding acknowledgment box.

Note: *If any of the information below is incorrect or not what you anticipated, or you would like to discuss any of the specific terms or conditions, please contact our office as soon as possible.*

Grant Request Name*

Community Paramedicine - San Francisco EMS

Amount Awarded

\$125,000.00

Grant Start Date

03/01/2024

Grant Duration

What is the duration of this grant request? The default grant duration is 18 months unless you choose another duration.

18 months

Grant End Date

09/30/2025

Grant Period*

This grant will commence on start date and terminate end date unless alternate dates are mutually-agreed upon and are subsequently included in the grant record.

Budget*

Any major change to your budget that significantly affects the project plan or timing of your grant must be discussed with Foundation staff. Any unspent portion of the grant must be returned to the Foundation at the completion of the project, or at the end of the grant period, unless otherwise agreed to in writing by the Foundation. The CARESTAR Foundation assumes no obligation to provide other or additional support.

Payment*

The initial payment to the Grantee shall be made within 30 days of execution of this contract. For multi-year grants, remaining funds will be paid 12 and then 24 months after the start date, unless otherwise mutually-agreed upon. Prior to any funds being distributed, the Foundation must have this grant agreement fully complete and signed on file.

Restrictions*

No part of the grant may be used:

- * To influence the outcome of any specific public election or to participate or intervene any political campaign on behalf of any candidate for public office.
- * For any purpose other than charitable or educational.

Non-Profit Status (for 501(c)(3) grantees)

Grantee agrees to notify the CARESTAR Foundation immediately if the organization's charitable tax exempt status is revoked or modified. Grantee also represents that receipt of this grant will not adversely affect the grantee's status as a public charity under Section 501(c)(3) of the Internal Revenue Code. In the event that Grantee loses its tax exempt status before all funds under this grant are dispensed, this grant contract will be considered null and void and all obligations of the CARESTAR Foundation will terminate.

Grant Progress & Reporting*

The CARESTAR Foundation is interested in staying informed about grant progress, impact and learnings, and working in partnership to ensure that tracking and reporting requirements make sense and are relevant and useful for both organizations. As such, the specific content and format for reporting will be mutually agreed upon when the grant commences.

- * At a minimum, every 6 months Grantee and CARESTAR Foundation will meet (in person or by phone) to share updates, challenges, successes and other developments.
- * For multi-year grants, at the end of each year, Grantee will provide the CARESTAR Foundation with a short written summary of progress and grant expenditures to date.
- * For all grants, a final report will be submitted within 30 days after the conclusion of the grant period summarizing progress, impact and grant expenditures.
- * Throughout the grant period, any changes to executive leadership or key staff will be communicated with the CARESTAR Foundation in a timely manner.

Request for Information*

The CARESTAR Foundation reserves the right to request updates and information related to progress, financial or other records related to this grant as needed. Grantee agrees to make such records available to authorized representatives of the Foundation upon request.

Publicity and Acknowledgment*

The CARESTAR Foundation would like to support your efforts to publicize this grant and related activities. If your organization will issue a formal press release about the award, please contact the CARESTAR Foundation at least 10 days prior to the date you would like to send out the announcement so that we have an opportunity to review, edit and/or approve it prior to release. Other forms of acknowledgment, such as listings in programs and annual reports, do not need Foundation approval; however, please note the Foundation should be referred to as 'CARESTAR Foundation' (with CARESTAR written in all capital letters with no space between CARE and STAR). The Foundation's full brand guidelines are available online and should be referenced when publishing any donor acknowledgement related to the grant.

Understanding of Agreement*

This grant is awarded to the Grantee for the purpose and period of time referenced in this Agreement. If Grantee violates or fails to fulfill any provision of this Agreement, the Foundation may request funds to be returned, or pursue other legal remedies as needed.

Authorized Signature*

The electronic signature on this document of the person authorized to make legal contracts for Grantee will represent Grantee's acceptance of this award and agreement to comply with the stated terms and conditions of this grant. Please signify your agreement to the foregoing terms and conditions by typing in your Name, Title, and Date in the spaces below. The signator must be an authorized officer of the Grantee duly empowered to make legal contracts for Grantee.

Title*

Date*

Additional Signature

Please use this field for fiscal agent signature if appropriate, or additional signatures as appropriate for your organization

Title - Additional Signature

Fill this out only if you have a second signatory.

Date

File Attachment Summary

Applicant File Uploads

No files were uploaded

Accept and Expend – CARESTAR Grant
Community Paramedicine and Triage to Alternate Destination

Budget and Finance Committee
July 24, 2024



Background



- The San Francisco EMS Agency is designated as the local oversight and regulatory body for Emergency Medical Services (LEMSA).
- Under AB 1544/767, the LEMSA was required to apply for and meet additional requirements to continue Community Paramedicine and Triage to Alternate Destination programs after the pilot period concluded under the Community Paramedicine or Triage to Alternate Destination Act of 2020.
- After substantial effort to meet these additional regulations, San Francisco LEMSA was approved to continue both programs in September 2023.
- Of 34 LEMSAs in California, San Francisco is the only LEMSA with an approved Community Paramedic program and one of four with a Triage to Alternate Destination Program.

CARESTAR



- For LEMSAs who received state approval of Community Paramedicine and Triage to Alternate Destination program approval, CARESTAR Foundation grant funding was available.
- The CARESTAR Foundation has a specific focus towards racial equity and advocacy towards improvements in emergency and prehospital care.
- The CARESTAR Foundation was founded as the result of the sale of CALSTAR air ambulance company in 2017.
- The LEMSA applied and received an amount of \$125,000 in one-time funding.

Funding



- The LEMSA plans to use this one-time funding of 3 projects (in order of priority)
 - Initial Year 1 procurement of an IT system to support ongoing regulatory requirements under the new law to ensure continuation of both Community Paramedic and Triage to Alternate Destination programs.
 - Data integration between the LEMSA, Providers, and Facilities to meet new regulatory requirements.
 - Enhancements to training and curriculum development for both programs.

Follow Up

C. ★ Public Profile

Collaborate 0

Community Paramedicine - San Francisco EMS

Process: 2024 Community Paramedicine Grant Program

Contact Info	Request	Documents 1
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Description	Created	File
San Francisco EMSA CP TAD Approval Letter	03/15/2024	San Fran CP TAD Approval Letter.pdf

Application
Follow Up
FollowUp Packet
Question List
⋮

▼ About the Applicant

Applicant First Name

Andrew

Applicant Last Name

Holcomb

Applicant Title

EMS Director

Applicant Email

✉ andrew.holcomb@sfgov.org

Applicant Phone Number

14152444771

Primary Contact

Are you the primary contact for this grant?

Yes ▾

▾ About the Organization

Organization Type

Which best describes the type of organization (applicant)?

Local Emergency medical Services Agency ▾

Organization Type - Other

If you selected "other" to the previous question, please identify the organization type.

LEMSA

Please identify the LEMSA associated from the list below.

San Francisco ▾

Grantee Status

Is the organization a previous CARESTAR grantee?

No ▾

Organization Budget

Provide the LEMSA's total annual budget.

\$ 3,036,846.00

Organization OverviewProvide a **brief** description of the organization including the year founded, historical context,

mission, and who the organization serves.

The San Francisco EMS Agency (SFEMSA) is designated as the Local EMS Agency under California state regulations and statute. SFEMSA provides planning, oversight, and evaluation of the EMS System within the City and County of San Francisco (CCSF). As San Francisco is a City and County, the EMS Agency reports through a City Department, Department of Emergency Management. CCSF has 3 9-1-1 EMS Providers that collectively respond to over 100,000 EMS calls per year with a population of approximately 800,000 (and a higher commuter population). SFEMSA's scope includes EMS certifications, major event medical planning, EMS Provider and hospital review/permitting, disaster response, quality improvement, and data analysis. CCSF has had both Triage to Alternate Destination Pilots as well as a Community Paramedicine Pilot (San Francisco Fire Department - EMS-6) for a number of years. The San Francisco Dept of Public Health Sobering Center was a Triage to Alternate Destination pilot for many years. Both programs, in addition to the San Francisco VA Medical Center, have been approved as Triage to Alternate Destination sites and Community Paramedicine programs in September 2023 under AB1544. San Francisco EMS continues to pride itself on unique and groundbreaking EMS programs.

Diversity of Board of Directors

What percent of the organization's board of directors identifies as Black, Indigenous, and/or people of color?

0

Diversity of Senior Leadership

What percent of the organization's senior leadership identifies as Black, Indigenous, and/or people of color?

0

Diversity of Staff

What percent of the organization's staff identifies as Black, Indigenous, and/or people of color?

8

Diversity, Equity, & Inclusion Comments

Are there any additional comments about the organization's efforts to support diversity, equity, and inclusion?

The San Francisco EMS Agency (under Dept of Emergency Management) had all staff take 3 sessions of facilitated DEI training in 2023 with specific tracks for supervisors and specialists. Additionally, EMS Agency recruitment is a key DEI effort including outreach and diversity in hiring panels. The EMS Agency regularly speaks at schools that provide training to students from underserved communities about opportunities in EMS and how to navigate entering into

the field. Additionally, the EMS Agency considers underserved communities and promotion of access to health care through public outreach initiatives. During rollout of PulsePoint (CPR application), we created a video in an area of San Francisco which has disproportional health impacts and challenges in access to healthcare.

∨ Grant Request Information

Grant Request Name

Provide a project or program name here.

Community Paramedicine - San Francisco EMS

Grant Request Summary

Summarize your funding request by finishing the following sentence: "We are requesting funding to support... " or "Funding will be used to support... " **Please limit your response to one sentence.**

Funding will be used to support EMS data sharing, analysis, certifications, and training, specifically focused towards support and sustainment of Community Paramedic and Triage to Alternate Destination Programs.

Emergency & Prehospital Care Focus

Which of the following best describes the emergency and prehospital care system focus of this work?

EMS Responders/Workforce (People) ∨

Use of Funds

Generally speaking, how are you thinking these funds be used? *To confirm, this is a general operating grant. This description is just to share general information about the organization's current ideas, needs and/or plans.*

Now that CEMSI data is required for Community Paramedic and Triage to Alternate Destination Programs, the San Francisco EMS Agency plans to use the funds for data sharing systems to enhance operations and quality improvement. Additionally, plans are in process to digitize all certifications and accreditation processing but may need additional financial support. With implementation of Community Paramedicine and Triage to Alternate Destination Programs, additional certification processing must occurring which has considerably added administrative workload to the LEMSA.

Grant Duration

What is the duration of this grant request? The default grant duration is 18 months unless you choose another duration.

18 months 

✓ About the Program

Program Type

Which type of program are you seeking support for?

- Community Paramedicine (CP) Program
- Triage to Alternate Destination (TAD) Program
- Both

Program Summary

Please briefly summarize your program(s).

San Francisco's Community Paramedic (CP) program has been a long-standing pilot program under San Francisco Fire Department's EMS-6 program. Under SFFD's EMS-6 CP provider status, SFFD is an approved training program in addition to providing CP services. As the program has expanded, it has now included mobile crisis teams in different forms. In some cases, mobile crisis teams are now jointly responding to EMS calls to better support 911 units. This includes focus on overdose calls and calls where a person is experiencing a behavioral health crisis. The EMS-6 program focuses on high-frequency users of the 911 system. Current roster is approximately 72 training CPs. Triage to Alternate Destination program scope under AB1544 includes the Department of Health Sobering Center and San Francisco VA Medical Center. San Francisco also has a Psychiatric Emergency Services unit at San Francisco General Hospital (exempt as a TAD site since it is on hospital campus). The San Francisco VA provides critical services to patients identifying as veterans. The SFDPH Sobering Center provides key

services, based on triage, to patients needing sobering services. This provides opportunity for patients who are experiencing chronic and acute needs of sobering services. Both of these sites, have and now will continue, to receive patients directly from the 911 EMS System. SFEMSA is in the process of training approximately 300+ paramedics to continue to provide TAD services.

Participating Providers

How many provider organizations are participating in your CP and/or TAD program(s)? (We request additional information on each provider in the next section.)

- One
- Two
- Three
- Four
- Five or more

✓ Provider Information (1)

Provider Name

San Francisco Fire Department

Provider Classification

How do you classify this participating provider organization?

- EMS Agency
- Fire Dept
- Private Ambulance Company
- Public Ambulance Company
- Other – please describe

Program Designation

Which program will this provider be implementing?

- Community Paramedicine
- Triage to Alternate Destination
- Both
- Unsure

Provider Description

Please share a few details about this participating provider.

The San Francisco Fire Department is a CP and TAD provider under LEMSA program approval. SFFD's current roster of CPs is approximately 70 and has received CP training program approval. SFFD's EMS Division includes approximately 250 EMS personnel, and all transport paramedics will be required to obtain TAD accreditation.

Board Diversity (Provider)

What percent of the organization's Board of Directors identifies as Black, Indigenous, and/or people of color?

46

Leadership Diversity (Provider)

What percent of the organization's senior leadership team identifies as Black, Indigenous, and/or people of color?

60

Staff Diversity (Provider)

What percent of the organization's staff identifies as Black, Indigenous, and/or people of color?

53

Pilot Program Status

Was this provider implementing a CP pilot program prior to AB 1544 (and AB 767) passage?

- Yes
 No
 Unsure

Trainings for Community Paramedics

Approximately how many community paramedics will be trained in this program during the first year? (if none, that's fine, please indicate)

250

Community Dispatch

Briefly describe how this program's providers (CP or TAD) will be dispatched into the community. (For example, will the 911 dispatcher send a specific unit or is there a different number, etc.?)

All 911 calls would potentially be applicable for TAD services so all transport paramedics are required to obtain TAD training and accreditation - essentially meaning any patient is eligible for TAD services. In some cases, CPs are simultaneously dispatched or sent as an alternative to a law enforcement response. Examples may include someone experiencing a behavioral health crisis or overdose.

Hospital(s)/Trauma Center(s)

What hospital(s)/trauma center(s) will receive patients from this provider?

San Francisco has a destination policy that is applicable to all EMS personnel. Zuckerberg San Francisco General (ZSFG) is the only receiving facility designated as a Trauma Center in San Francisco. In addition to ZSFG, the other hospitals in San Francisco are: CPMC Van Ness, CPMC Mission Bernal, CPMC Davies, Kaiser San Francisco, St Mary's Medical Center, St Francis Memorial Hospital, UCSF Parnassus, UCSF Mission Bay, and Chinese Hospital. This does not include two out of county hospitals.

Alternate Destination Services

What organizations ("alternate destinations") will receive patients other than hospital emergency rooms?

Department of Public Health Sobering Center
Department of Public Health Psychiatric Emergency Services (PES) - exempt from AB1544 so not technically a TAD facility but functionally similar SF VA Medical Center

Alternate Destination Capacity

Do you think there is sufficient "alternate destination" capacity for the anticipated need?

No

Contact Person

Please share the following information for the contact person associated with this provider.

- Contact Person Name & Title
- Email Address
- Phone Number

Sandy Tong
Chief of EMS and Community Paramedicine
sandy.tong@sfgov.org
14155583200

Provider Information (2)

Provider Name

AMR San Francisco

Provider Classification

How do you classify this participating provider organization?

- EMS Agency
- Fire Dept.
- Private Ambulance Company
- Public Ambulance Company
- Other - Please describe below.

Program Designation

Which program will this provider be implementing?

- Community Paramedicine
- Triage to Alternate Destination
- Both
- Unsure

Provider Description

Please share a few details about this participating provider.

AMR is a private ambulance company that provides approximately 10% of 911 response though an existing EOA. All 911 providers have been and will continue to provide TAD services including AMR. Diversity questions are at nation level (not San Francisco-specific).

Board Diversity (Provider)

What percent of the organization's Board of Directors identifies as Black, Indigenous and/or people of color?

60

Leadership Diversity (Provider)

What percent of the organization's senior leadership team identifies as Black, Indigenous, and/or people of color?

0

Staff Diversity (Provider)

What percent of the organization's staff identifies as Black, Indigenous and/or people of color?

5

Pilot Program Status

Was this provider engaged as a pilot program prior to AB 1544 (and AB767) passage?

- Yes
 No
 Unsure

Trainings for Community Paramedics

Approximately how many community paramedics will be trained in this program during the first year? (if none, that's fine, please indicate)

0

Community Dispatch

Briefly describe how this program's providers (CP or TAD) will be dispatched into the community. (For example, will the 911 dispatcher send a specific unit or is there a different number, etc.?)

All 911 transport paramedics are required to obtain TAD training. This ensures all patients are able to be transported to a TAD facility, so there is not specific dispatching for TAD services.

Hospital(s)/Trauma Center(s)

What hospital(s)/trauma center(s) will receive patients from this provider?

San Francisco has a destination policy that is applicable to all EMS personnel. Zuckerberg San Francisco General (ZSFG) is the only receiving facility designated as a Trauma Center in San Francisco. In addition to ZSFG, the other hospitals in San Francisco are: CPMC Van Ness, CPMC Mission Bernal, CPMC Davies, Kaiser San Francisco, St Mary's Medical Center, St Francis Memorial Hospital, UCSF Parnassus, UCSF Mission Bay, and Chinese Hospital. This does not include two out of county hospitals.

Alternate Destination Services

What organizations ("alternate destinations") will receive patients other than hospital emergency rooms?

Department of Public Health Sobering Center
Department of Public Health Psychiatric Emergency
Services (PES) - exempt from AB1544 so not technically a TAD facility but functionally similar
SF VA Medical Center

Alternate Destination Capacity

Do you think there is sufficient "alternate destination" capacity for the anticipated need?

No

Contact Person

Please share the following information for the contact person associated with this provider.

- Contact Person Name & Title
- Email Address
- Phone Number

Rod Brouhard
Regional Director
rodney.brouhard@gmr.net
14159229400

Provider Information (3)

Provider Name

King American Ambulance

Provider Classification

How do you classify this participating provider?

- EMS Agency
- Fire Dept.
- Private Ambulance Company
- Public Ambulance Company

Other - Please describe below.

Program Designation

Which program will this provider be implementing?

- Community Paramedicine
 Triage to Alternate Destination
 Both
 Unsure

Provider Description

Please share a few details about this participating provider.

King American is a private ambulance company that provides approximately 10% of 911 response through an existing EOA. All 911 providers have been and will continue to provide TAD services including King American.

Board Diversity (Provider)

What percent of the organization's Board of Directors identifies as Black, Indigenous, and/or people of color?

0

Leadership Diversity (Provider)

What percent of the organization's senior leadership team identifies as Black, Indigenous, and/or people of color?

0

Staff Diversity (Provider)

What percent of the organization's staff identifies as Black, Indigenous, and/or people of color?

5

Pilot Program Status

Was this provider engaged as a pilot program prior to AB 1544 (and AB767) passage?

- Yes
 No

Unsure

Trainings for Community Paramedics

Approximately how many community paramedics will be trained in this program during the first year? (if none, that's fine, please indicate)

0

Community Dispatch

Briefly describe how this program's providers (CP or TAD) will be dispatched into the community. (For example, will the 911 dispatcher send a specific unit or is there a different number, etc.?)

All 911 transport paramedics are required to obtain TAD training. This ensures all patients are able to be transported to a TAD facility, so there is not specific dispatching for TAD services.

Hospital(s)/Trauma Center(s)

What hospital(s)/trauma center(s) will receive patients from this provider?

San Francisco has a destination policy that is applicable to all EMS personnel. Zuckerberg San Francisco General (ZSFG) is the only receiving facility designated as a Trauma Center in San Francisco. In addition to ZSFG, the other hospitals in San Francisco are: CPMC Van Ness, CPMC Mission Bernal, CPMC Davies, Kaiser San Francisco, St Mary's Medical Center, St Francis Memorial Hospital, UCSF Parnassus, UCSF Mission Bay, and Chinese Hospital. This does not include two out of county hospitals.

Alternate Destination Services

What organizations ("alternate destinations") will receive patients other than hospital emergency rooms?

Department of Public Health Sobering Center
Department of Public Health Psychiatric Emergency Services (PES) - exempt from AB1544 so not technically a TAD facility but functionally similar SF VA Medical Center

Alternate Destination Capacity

Do you think there is sufficient "alternate destination" capacity for the anticipated need?

No **Contact Person**

Please share the following information for the contact person associated with this provider.

- Contact Person Name & Title
- Email Address
- Phone Number

Josh Nultemeier
Chief Paramedic/Operations Manager
josh@kingamerican.com
14159311400

 **Community****Community Served**

Briefly describe the population/community this program(s) will support including any demographic information available. (We are particularly interested in increasing equity in emergency and prehospital care for people who identify as Black, Indigenous, Latinx, Asian, or another racialized group that has been historically under-resourced. If the population served is unknown at this point, describe how it will be identified for project planning.)

This grant will support the entirety of the San Francisco EMS System with a specific focus on CP/TAD programs. SFEMSA strongly believes in providing healthcare across the system with specific focus on under-resourced communities. San Francisco is a diverse community, and SFEMSA has data on specific populations served broadly through CEMSIS data. However, narrowing down to CP/TAD programs from a regulatory level, it becomes very challenging. San Francisco has 3 911 providers, each on a different ePCR platform. Until CP approval by state EMS Authority, CP documentation was done on a non-CEMSIS platform. In short, bringing all of this data to one place, including dispatch data, is extremely challenging without data services such an information exchange. This grant would namely provide funding to integrate some of these data streams to better analyze impact, resourcing, and to increase equity in prehospital care.

Community Needs

How would you describe the prevailing community needs for CP and/or TAD response?

A San Francisco without CP services is simply unfathomable. Between overdose crisis, number of people experiencing homelessness, and demand on services/EMS, CP is essential to San Francisco. While San Francisco CP pilot program has been around for some time, with AB1544

and requirements, the real possibility existed of having to discontinuing these services. The City collectively came together through many departments and completed one of the hardest EMS implementation projects in recent memory.

Community Input

Describe how people from the community with lived experience will inform the work (program design or implementation). We define "lived experience" as the experiences of people who have faced the challenges you are seeking to address and/or those who have supported them closely in a personal or professional capacity.

SFEMSA has a number of advisory committees and seeks input/feedback from the entire community including CP/TAD. All of our policies/protocols go through a very public and open process. We recently added representatives from CP programs. In addition, SFEMSA has created a culture where issues or challenges can be reported directly and opening to address, improve, and inform policy development. In a future state, SFEMSA would like to create patient feedback surveys to assess how the system can be improved at all levels. Additionally, the Dept of Emergency Management oversees street response coordination and has ability to internally provide feedback on how EMS can support these efforts.

Community Benefit

Describe how the community will benefit from this work.

Overall, the community will benefit in a few ways. Through TAD services, patients will be able to receive access to care outside of an Emergency Department specifically for sobering, behavioral, and veterans health services. TAD sites not only provide care, but provide specialization in services that an ED may not have readily available or accessible. CP services provide field care for overdose, behavioral health, and high-frequency utilizers of 911 system. These patients can be helped in a specialized manner and receive care from paramedics who have received extensive training in social healthcare. All of this provides better patient care for San Franciscans and residents. Through better care, San Francisco can address some of its most pressing challenges while focusing on making the community healthier.

✓ Partnership & Support

Current Partner(s)

In addition to the participating providers, are there other organizations or agencies involved in the program(s)?

- Yes
 No
 Unsure

Partnership(s)

If you answered yes to the question above, identify the other organizations involved in this program including their role.

A big focus as of recent is providing leave-behind naloxone and buprenorphine administration. Both programs started through different organizations (e.g. buprenorphine through CA Bridge). Both of these programs are key for CP and TAD paramedics.

New Partnerships

Do you anticipate this grant will catalyze new partnerships?

- Yes
 No
 Unsure

New Partnership(s)

If you answered yes to the previous question, please describe any thoughts about new partnerships this grant may help develop.

Several hospital systems continue to mention that behavioral health and sobering patients cause numerous throughput issues within the Emergency Department (and back-up into ambulance offload and diversion issues). SFEMSA continues to encourage private hospital systems to invest and fund TAD facilities to serve behavioral health and sobering patients.

∨ Geography

Geographic Area

At what jurisdiction level will the program(s) occur?

County ∨

County Selection

Select the counties where the program(s) will operate (check all that apply):

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Fresno |
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Glenn |
| <input type="checkbox"/> Amador | <input type="checkbox"/> Humboldt |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Imperial |
| <input type="checkbox"/> Calaveras | <input type="checkbox"/> Inyo |
| <input type="checkbox"/> Colusa | <input type="checkbox"/> Kern |
| <input type="checkbox"/> Contra Costa | <input type="checkbox"/> Kings |
| <input type="checkbox"/> Del Norte | <input type="checkbox"/> Lake |
| <input type="checkbox"/> El Dorado | <input type="checkbox"/> Lassen |

- | | |
|---|--|
| <input type="checkbox"/> Los Angeles | <input type="checkbox"/> San Luis Obispo |
| <input type="checkbox"/> Madera | <input type="checkbox"/> San Mateo |
| <input type="checkbox"/> Marin | <input type="checkbox"/> Santa Barbara |
| <input type="checkbox"/> Mariposa | <input type="checkbox"/> Santa Clara |
| <input type="checkbox"/> Mendocino | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Merced | <input type="checkbox"/> Shasta |
| <input type="checkbox"/> Modoc | <input type="checkbox"/> Sierra |
| <input type="checkbox"/> Mono | <input type="checkbox"/> Siskiyou |
| <input type="checkbox"/> Monterey | <input type="checkbox"/> Solano |
| <input type="checkbox"/> Napa | <input type="checkbox"/> Sonoma |
| <input type="checkbox"/> Nevada | <input type="checkbox"/> Stanislaus |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Sutter |
| <input type="checkbox"/> Placer | <input type="checkbox"/> Tehama |
| <input type="checkbox"/> Plumas | <input type="checkbox"/> Trinity |
| <input type="checkbox"/> Riverside | <input type="checkbox"/> Tulare |
| <input type="checkbox"/> Sacramento | <input type="checkbox"/> Tuolumne |
| <input type="checkbox"/> San Benito | <input type="checkbox"/> Ventura |
| <input type="checkbox"/> San Bernardino | <input type="checkbox"/> Yolo |
| <input type="checkbox"/> San Diego | <input type="checkbox"/> Yuba |
| <input checked="" type="checkbox"/> San Francisco | <input type="checkbox"/> All (Statewide) |
| <input type="checkbox"/> San Joaquin | |

Service Area Category

How is the program service area categorized? (Check all that apply.)

- Urban
- Suburban
- Rural
- Tribal
- Frontier

Geographic Area Description

Briefly describe the geographic area where your work focuses--as indicated above. Please include the location and approximate total population for this area.

San Francisco's population is approximately 800,000. The City and County of San Francisco is approximately 7 x 7 miles (49 sq miles) with very high urban density.

▼ About the Field

Data Access

Does your LEMSA have access to local 911 call data in order to better understand community needs and experiences?

- Yes
 No
 Not Sure

Access to 911 Data Description

Can you elaborate on what access to local 911 data that you have? For example, who provides access and how do you use the data?

While SFEMSA receives both ePCR and CAD data, the sources are in different systems, which creates fragmentation. All 3 911 providers have different ePCR systems and CAD system is currently in process of being replaced. Combining all 4 systems is incredibly challenging, resulting in limitations in data analysis to drive change.

Data Vendor

Which vendor do your providers use to document patient response and care?

SFFD - ESO, AMR - ImageTrend, King American - Zoll emsCharts

Multi-Disciplinary Response Models

Is your area considering or implementing any multi-disciplinary crisis response units?

- Yes
 No
 Not Sure

Multi-Disciplinary Response Models Description

If you answered yes to the previous question, please describe the multi-disciplinary response units and identify if community paramedics will be involved.

San Francisco has had a few iterations of mobile crisis response over the past few years. EMS-6 provides CP services to high-frequency utilizers. Street Crisis Response Team (SCRT) provides services to those experiencing behavioral health crisis on the streets. Street Overdose Response Team (SORT) provides resources and care specifically for overdoses (post overdose resuscitation). The implementation of these teams was included within our policies as part of our state EMS Authority submission (e.g. defining a patient).

Workforce Diversity

Is your area considering implementing or partnering with any EMS workforce diversity education

programs?

- Yes
- No
- Not Sure

Workforce Diversity Program Partners

Which workforce diversity programs will your program partner with?

CityEMT, City College of San Francisco

∨ Applicant Feedback

How did you hear about this grant program?

CARESTAR Website ∨

If you selected other to the previous question, please identify the other source.

Application Completion

How long did it take you to complete this application?

4 - 6 hours ∨

Application Feedback

Please provide any positive application feedback.

Application process was easy.

Application Improvements

What improvements could be made to this application?

None!

Budget for CARESTAR Foundation Community Paramedicine Grant - \$125,000

As approved by the CARESTAR Foundation, the Department of Emergency Management (DEM) will use its Community Paramedicine Grant allocation of \$125,000 to fund data sharing systems through a mix of enhancements to existing professional services contracts for emergency medical services quality improvement and data sharing, digitalization of professional licensure/certifications, and development of training curriculum. Prioritization of funds for these three areas are dependent on DEM's FY24 General Fund expenditures.

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Andrew Holcomb, EMS Director, Dept of Emergency Management
DATE: March 23, 2024
SUBJECT: Accept and Expend Resolution for Subject Grant

GRANT TITLE:

Attached please find the original* and 1 copy of each of the following:

Proposed grant resolution; original* signed by Department, Mayor, Controller

Grant information form, including disability checklist

Grant budget

Grant application

Grant award letter from funding agency

Ethics Form 126 (if applicable)

Contracts, Leases/Agreements (if applicable)

Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Andrew Holcomb

Phone: 415-244-4771

Interoffice Mail Address: 333 Valencia St, Suite 210, San Francisco, CA 94103

Certified copy required Yes

No

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

From: [Trejo, Sara \(MYR\)](#)
To: [BOS Legislation, \(BOS\)](#)
Cc: [Paulino, Tom \(MYR\)](#); [Scanlon, Olivia \(DEM\)](#); [Lee, William \(DEM\)](#); [Chen, Thomas \(DEM\)](#)
Subject: Mayor -- Resolution -- CARESTAR - Emergency Medical Services System Grant
Date: Tuesday, June 4, 2024 2:34:41 PM
Attachments: [00 DEM Cover Letter and Checklist.doc](#)
[01 Accept and Expend Resolution EMSA Community Paramedicine Grant 5.7.24 signed.pdf](#)
[01 Accept and Expend Resolution EMSA Community Paramedicine Grant 5.7.24.doc](#)
[03 EMSA Community Paramedicine Grant Budget.docx](#)
[04 EMSA Community Paramedicine Grant Application.pdf](#)
[05 EMSA Community Paramedicine Grant Agreement with CARESTAR.pdf](#)
[FW DEM AE Community Paramedicine and Triage to Alternate Destination Grant - \\$125000.msg](#)
[Re DEM Retroactive AE For Review Community Paramedicine Grant \\$125000.msg](#)
[DC3953 Signed.pdf](#)

Hello Clerks,

Attached is a Resolution retroactively authorizing the Department of Emergency Management to accept and expend a grant in the amount of \$125,000 from the CARESTAR Foundation for enhancement of the Emergency Medical Services System through support to Community Paramedicine and Triage to Alternate Destination programs, for March 01, 2024 to September 30, 2025.

Best regards,

Sara Trejo

Legislative Aide

Office of the Mayor

City and County of San Francisco

415.554.6141 | sara.trejo@sfgov.org