

Follow Up

C. ★ Public Profile

Collaborate 0

Community Paramedicine - San Francisco EMS

Process: 2024 Community Paramedicine Grant Program

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

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▼ 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 CEMSIS 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 as 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!