



TROY CITY COUNCIL

SPECIAL MEETING AGENDA

MARCH 10, 2025

CONVENING AT 6:00 P.M.

PERMITTED BY CITY COUNCIL RESOLUTION #2025-02-027

Submitted By
The City Manager

NOTICE: Persons with disabilities needing accommodations for effective participation in this meeting should contact the City Clerk at (248) 524-3316 or via e-mail at clerk@troymi.gov at least two working days in advance of the meeting. An attempt will be made to make reasonable accommodations.



500 West Big Beaver
Troy, MI 48084
troymi.gov

The Honorable Mayor and City Council Members
City of Troy
500 West Big Beaver
Troy, MI 48084

Dear Mayor and City Council Members,

This agenda has been prepared in accordance with the City Council's Rules of Procedure, offering details to assist in informed deliberations. Many of the items on the agenda also include recommendations from City staff for your review and consideration.

I would like to acknowledge the efforts of numerous City staff members who contributed to preparing this agenda. We have made every effort to ensure the information is thorough and accurate. However, should there be any questions or if further details are needed, City staff remain available to assist at any time.

Please contact the City Manager's Office at CityManager@troymi.gov or (248) 524-3330 for any inquiries or requests for additional information.

Respectfully,

A handwritten signature in black ink, appearing to read "Frank Nastasi", written in a cursive style.

Frank Nastasi
City Manager



Chapter 14A – Elected and Appointed Persons’ Ethics Ordinance
Section 14.3 Annual Training and Acknowledgement

We, the undersigned Members of Troy City Council, have reviewed *Chapter 14A – Elected and Appointed Persons’ Ethics Ordinance*, understand its contents, and agree to be bound by its provisions.

Signed this 25th day of November, 2024.



Mayor Ethan Baker



Council Member Theresa Brooks



Council Member Rebecca Chamberlain-Creanga



Council Member Hirak Chanda



Mayor Pro Tem Mark Gunn



Council Member David Hamilton



Council Member Ellen Hodorek



CITY COUNCIL SPECIAL AGENDA

March 10, 2025 – 6:00 PM

Troy City Hall
 Council Boardroom
 500 W. Big Beaver Rd.
 Troy, MI 48084
 (248) 524-3316

A. CALL TO ORDER: 1

B. ROLL CALL: 1

C. PUBLIC COMMENT: 1

D. BUSINESS STATED IN THE SPECIAL MEETING NOTICE: 1

D-1 Emergency Medical Services (EMS) 1

E. OTHER BUSINESS: 1

F. ADJOURNMENT: 1

2025 SCHEDULED SPECIAL CITY COUNCIL MEETINGS: 2

April 2, 2025 Special Meeting – City Manager and City Attorney Evaluations 2

April 14, 2025 Special Meeting – Budget..... 2

April 16, 2025 Special Meeting – Budget (as needed)..... 2

2025 SCHEDULED REGULAR CITY COUNCIL MEETINGS: 2

March 10, 2025 Regular Meeting 2

March 17, 2025 Regular Meeting 2

April 7, 2025 Regular Meeting 2

April 21, 2025 Regular Meeting 2

May 5, 2025 Regular Meeting..... 2

May 19, 2025 Regular Meeting..... 2

June 9, 2025 Regular Meeting..... 2

June 30, 2025 Regular Meeting..... 2

July 14, 2025 Regular Meeting 2

July 28, 2025 Regular Meeting 2

August 11, 2025 Regular Meeting 2

August 25, 2025 Regular Meeting 2

September 8, 2025 Regular Meeting 2

September 29, 2025 Regular Meeting	2
October 6, 2025 Regular Meeting	2
October 20, 2025 Regular Meeting	2
November 10, 2025 Regular Meeting	2
November 17, 2025 Regular Meeting	2
December 1, 2025 Regular Meeting	2
December 15, 2025 Regular Meeting	2

A. CALL TO ORDER:

B. ROLL CALL:

- a) Mayor Ethan Baker
- Theresa Brooks
- Rebecca A. Chamberlain-Creanga
- Hirak Chanda
- Mark Gunn
- David Hamilton
- Ellen Hodorek

(b) Absent Council Members:

Suggested Resolution

Resolution #2025-03-

Moved by

Seconded by

RESOLVED, That Troy City Council hereby **EXCUSES** the absence of _____ at the Special City Council Meeting of March 10, 2025, due to _____.

Yes:

No:

C. PUBLIC COMMENT:

D. BUSINESS STATED IN THE SPECIAL MEETING NOTICE:

D-1 Emergency Medical Services (EMS)

E. OTHER BUSINESS:

F. ADJOURNMENT:

Respectfully submitted,



Frank A. Nastasi
City Manager

2025 SCHEDULED SPECIAL CITY COUNCIL MEETINGS:

April 2, 2025Special Meeting – City Manager and City Attorney Evaluations
April 14, 2025 Special Meeting – Budget
April 16, 2025 Special Meeting – Budget (as needed)

2025 SCHEDULED REGULAR CITY COUNCIL MEETINGS:

March 10, 2025Regular Meeting
March 17, 2025 Regular Meeting
April 7, 2025 Regular Meeting
April 21, 2025 Regular Meeting
May 5, 2025 Regular Meeting
May 19, 2025 Regular Meeting
June 9, 2025 Regular Meeting
June 30, 2025 Regular Meeting
July 14, 2025 Regular Meeting
July 28, 2025 Regular Meeting
August 11, 2025 Regular Meeting
August 25, 2025 Regular Meeting
September 8, 2025 Regular Meeting
September 29, 2025 Regular Meeting
October 6, 2025 Regular Meeting
October 20, 2025 Regular Meeting
November 10, 2025 Regular Meeting
November 17, 2025 Regular Meeting
December 1, 2025 Regular Meeting
December 15, 2025 Regular Meeting



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Date: March 6, 2025

To: Frank Nastasi, City Manager

From: Robert J. Bruner, Deputy City Manager
Peter Hullinger, Fire Chief

Subject: Emergency Medical Services (EMS)

Background

The first ambulance service in Troy was provided by Price Funeral Home (now known as Price Chapel of A.J. Desmond & Sons Funeral Directors, 3725 Rochester Rd.). According to one source, Price Funeral Home provided ambulance service for several communities in Oakland and Macomb counties from October 1956 until June 1974. Although this may seem strange today, it was common for funeral homes to provide ambulance service before the 1966 National Highway Safety Act began to shift the focus from transporting patients to providing pre-hospital emergency medical services.

It is unclear when Suburban Ambulance Service (Suburban) began providing services in Troy. A formal relationship between the City and Suburban began to develop in 1979. The June 11, 1979 regular City Council meeting minutes indicate the City Council referred the question of rezoning the southeast corner of Cutting and Livernois (5930 Livernois) from B-1 to B-3 or O-1 to provide for the use of an advance life support service to serve northern Troy to the Plan Commission and Planning Department for study and recommendations (Resolution #79-546). Fire Station No. 2 was located at 5930 Livernois from 1947 until the current facility at 5600 Livernois opened in 1979. The City Council also directed the City Manager and City Attorney to prepare a Lease Agreement between the City of Troy and Suburban (Resolution #79-547).

On March 23, 1981 the City Council accepted a proposal by Suburban to furnish Advance Life Support and Transportation Services from the premises located at 5930 Livernois Road, with no cost to the City of Troy (Resolution #81-241). On March 17, 1986, the City Council approved a Lease Agreement between the City and Paramed, Inc. (also known as Suburban) for property located at 5930 Livernois. Paramed agreed to pay to the City of Troy, as rent for said premises the sum of one dollar (\$1.00) and to provide continuous ambulance and advance life support in the City of Troy (Resolution #86-250).

Eventually, changes in Michigan EMS licensing requirements prompted the City to reevaluate its options. The City explored several options including training police and fire personnel to become licensed, hiring civilians, and contracting for services. In 1992, a demonstration project was initiated utilizing a dedicated Medical First Responder (MFR) unit for 12 hours per day for 14 days. The Police Department and the ambulance service each dispatched the unit for seven days.

This project led to the development of an EMS Request for Proposals (RFP) in 1993. The RFP described a deployment plan utilizing one-person MFR units in conjunction with two-person advanced life support (ALS) ambulances. The goals were to improve the quality of emergency medical services by providing an adequate number of trained personnel at each medical call for service. It also reduced



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

the Police Department response from two officers on each medical call for service to one officer on non-life-threatening calls and two officers on potentially life-threatening calls.

The City Council awarded a two-year contract to Paramed, Inc. on April 12, 1993 (Resolution #93-343). The contract and contractor changed several times during the next ten years. The City Council awarded a three-year contract to Alliance Mobile Health (Alliance) on June 2, 2003 (Resolution #2003-06-281) and continued contracting with Alliance until it was acquired by Universal Macomb Ambulance Services (Universal), and the contract was transferred from Alliance to Universal in 2024.

The City Council approved the most recent agreement with Alliance on December 5, 2022 (Resolution #2022-12-180; see memo dated December 1, 2022 attached). In October 2023, Alliance contacted City staff to request a meeting to discuss the agreement between Alliance and the City (see memo dated November 9, 2023 attached). On December 11, 2023 the City Council approved an amendment to agreement between the City and Alliance effective January 1, 2024 (Resolution #2023-12-177; see memo dated December 6, 2023 attached).

Prior to that, the City did not pay any fee for ambulance service. Instead, the provider billed patients for ambulance services. Those costs are often covered by Medicare and/or private medical insurance. This model worked well for many years but emergency medical service providers are facing new challenges that make this unsustainable (see memo dated October 12, 2023 attached).

On November 20, 2023, the City Council approved an Agreement with Fitch and Associates (Resolution #2023-11-166-J-5). Fitch and Associates performed a comprehensive EMS feasibility study and delivered its findings and recommendations to the City Council on December 9, 2024 (see EMS Feasibility Study dated September 2024 and presentation dated December 9, 2024 attached).

EMS is a crucial public service and its provision demands careful consideration. Like other emergency services, it requires rapid response from highly trained and well-equipped personnel. This necessitates seamless integration with public safety answering points (PSAP), other emergency service providers, and hospitals. Troy is not alone in facing EMS challenges. However, Troy and Clawson are an EMS island surrounded by communities that provide public fire-based EMS services. As we evaluate our options, it is essential to consider the degree of control the city wants to maintain, the level of service the city wants to provide, and the long-term financial impact of our EMS model. Thoughtful, strategic decisions now will shape the future of emergency medical care for our community. City management requests City Council's direction on how to proceed. Three options have been identified:

1. Continue public subsidy of private service provision – Maintaining the current model while anticipating cost increases.
2. Prepare for co-provision – Establishing a city-run Medical First Responder (MFR) program while continuing private Advanced Life Support (ALS) services.
3. Prepare for public provision – Transitioning to a fully city-operated EMS model over time.

Each option has financial and operational implications. Given the complexity of this issue and the long-term impact on service levels, city staff seeks Council's guidance on which direction to pursue.



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM



Date: December 1, 2022

To: Mark F. Miller, City Manager

From: Robert J. Bruner, Assistant City Manager
 Rob Maleszyk, Chief Financial Officer
 Dee Ann Irby, Controller
 Peter Hullinger, Fire Chief
 Frank Nastasi, Police Chief
 Shawn Hugg, Deputy Fire Chief
 Laurence Schehr, Police Lieutenant
 Emily Frontera, Purchasing Manager

Subject: Budget Amendment & Standard Purchasing Resolution 8: Best Value – Emergency Medical and First Responder Services

History

Since 1991, The City of Troy has adopted a concept whereby Emergency Medical and First Responder Services is contracted to a third party provider. The EMS provider takes on the responsibility of providing both first responder service, in the form of paramedic first responders (PFR), and ambulance service, in the form of paramedic advanced life support ambulances (ALS). Associated responsibilities of hiring, training, and certifying paramedics, equipping and maintaining vehicles, etc., are borne by the contracted provider thereby alleviating the burden of these responsibilities from either the Fire Department and/or the Police Department. The Police Department routinely responds along with EMS for scene security and required reporting, while the Fire Department responds for necessary rescue and extrication efforts.

Purchasing

- A Request for Proposal was issued and posted on the Michigan Inter-governmental Trade Network (MITN) website; www.bidnetdirect.com/city-of-troy. Eighty (80) companies were notified of this bid opportunity.
- September 8, 2022 a Pre-Proposal meeting was conducted. The Request for Proposal document and the project timeline was reviewed. Clarifications were discussed and questions answered which necessitated the issuance of an Addendum summarizing the meeting. Two (2) companies attended the Pre-Proposal meeting as listed below:

Alliance Mobile Health
Medstar

Troy, MI
Clinton Twp, MI

- September 22, 2022 a bid opening was conducted and Proposals were received as required by City Charter and Code for Emergency Medical & First Responder Services. Below is a summary of potential companies.



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Purchasing (continued)

Companies notified via MITN	80
Troy Companies notified via MITN	2
Troy Companies - Active email Notification	2
Troy Companies - Active Free	0
Companies that viewed the bid	17
Troy Companies that viewed the bid	1

MITN provides a resourceful online platform to streamline the procurement process, reduce costs, and make it easier and more transparent for vendors to do business with the City of Troy. **Active MITN** members with a current membership and paying annual dues receive automatic electronic notification which allows instant access to Bids, RFPS and Quote opportunities with the City. **Active MITN non-paying members** are responsible to monitor and check the MITN website for opportunities to do business with the City. **Inactive MITN member** status can occur when a company does not renew their account upon expiration. Inactive members cannot be notified of solicitations or access any bid information.

- (1) Proposal response was received as detailed:

Alliance Mobile Health

Troy, MI

- Committee Members reviewed and evaluated the proposal. The Committee Members were as follows:
 - Peter Hullinger, Fire Chief
 - Shawn Hugg, Deputy Fire Chief
 - Laurence Schehr, Police Lieutenant
 - Rob Maleszyk, Chief Financial Officer
 - Bob Brunner, Assistant City Manger
- Based on the detailed proposal and pricing structures, the committee recommends awarding a contract to *Alliance Mobile Health of Troy, MI*.
- The contract will provide three (3) dedicated Paramedic First Responder (PFR) units 24 hours per day, 365 days a year at an hourly rate of \$31.00 per unit and ALS Service at a \$0 cost to the city.
- Payable hours for PFR services are anticipated and vary annually. Hours are continually monitored however they do fluctuate to meet response times. For instance, traffic and weather conditions can affect the number of payable hours. Below is a five year history of payable hours at the current PFR service:

Year	Payable Hours
2017	21,610
2018	21,919
2019	21,697
2020	21,752
2021	21,465

- Alliance Mobile Health is a nationally accredited, Troy-based non-profit organization operating for over 20 years. They are a partnership of Emergent Health Partners and Mobile Medical Response which have been in operation for over 36 years and collectively provide ambulance services in 25 counties throughout Michigan.
- Alliance has successfully provided 9-1-1 First Responder and Ambulance Services to the City since 2003.



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Financial

\$587,600 has been allocated for First Responder Services in the 2022-2023 budget, in account number 101.336.338.7802.010 Fire Department, Fire Operations, Contractual Services 1st Responder. The estimated cost based on “*Anticipated*” Hours for Alliance Mobile Health to provide Paramedic First Responder Service will be approximately \$814,680 per year which is predicated on 26,280 hours x the proposed hourly rate of \$31.00. The hours increase is due to making the 3rd paramedic first responder unit fulltime vs only at surge days and times. The increased hours will require a budget amendment of \$120,000.00 to the account specified.

Recommendation

City management recommends awarding a three (3) year contract with the option to renew annually for three (3) additional years to provide Emergency Medical & First Responder Services for the City of Troy, as a result of a best value evaluation process, to *Alliance Mobile Health of Troy, MI* for a total estimated annual amount of \$814,680.00 predicated on the anticipated payable hours, at prices contained in the bid tabulation opened September 22, 2022. The award is contingent upon the Firm’s submission of properly executed bid documents including insurance certificates and all specified requirements.

It is also recommended that City Council approve a budget amendment to the Fire Operations – Contractual Services 1st Responder account in the amount of \$120,000.00.

Opening Date - 09/22/2022
 Date Reviewed - 09/22/2022

Y OF TROY
 TABULATION
 EMERGENCY MEDICAL SERVICES

RFP-COT 22-19
 Pg 1 of 2

VENDOR NAME: **Alliance Mobile Health**
 CITY: **Troy, MI**

PROPOSAL: EMERGENCY MEDICAL SERVICES - CITY OF TROY

PROPOSED PRICING:

Advanced Life Support Ambulance Service:	Year 2023 \$ per Month
---	-----------------------------------

Response Time: 8 Minutes - Required	See Exhibit 2 for details
--	---------------------------

Response Time: 6 Minutes	\$336,000.00/mo. 5 Dedicated ALS during peak and 3 during off-peak times.
---------------------------------	---

	*(See Exhibit 2 for add'l model and pricing information)
--	--

Paramedic First Responder Service:	Anticipated Payable Hours	Year 2023 \$ per Hour
---	--------------------------------------	----------------------------------

Type of Unit: Ambulance	See Exhibit 2 for Information	
--------------------------------	-------------------------------	--

Type of Unit: Other Type - First Responder Vehicle	*21,900 hours/yr *(3 units on days; 2 on nights)	\$37.00/hr
---	---	------------

Estimated Amount - Anticipated Hrs	\$810,300	
------------------------------------	-----------	--

	*(See Exhibit 2 for add'l pricing information)	
--	--	--

Charge Schedule:

BLS Emergency/Non-Emergency Base Rate	\$622.00
---------------------------------------	----------

ALS1 Emergency/Non-Emergency Base Rate	\$787.00
--	----------

ALS2 Emergency/Non-Emergency Base Rate	\$941.00
--	----------

Transport Mileage per Loaded Mile	\$15.02
-----------------------------------	---------

Paramedic Response with ALS Treatment no Transport	\$622.00
--	----------

Paramedic Response and Assesment - (Non-Transport)	\$201.00
--	----------

Additional Proposed Service Models:

ALS Program	Cost per Month	Cost per Year
--------------------	-----------------------	----------------------

Dedicated ALS 24/7: 1 Unit:	\$0	\$0
------------------------------------	-----	-----

2 Unit:	\$80,500	\$966,000
---------	----------	-----------

3 Unit:	\$208,250	\$2,499,000
---------	-----------	-------------

4 Unit:	\$336,000	\$4,032,000
---------	-----------	-------------

2 ALS 24/7/365: Plus 2 Peak daytime:	\$208,250	\$2,499,000
---	-----------	-------------

2 ALS 24/7/365: Plus 2 Peak but only: 3 Units total on Sunday	\$199,850	\$2,398,200
---	-----------	-------------

2 ALS 24/7/365: Plus 1 during day hours:	\$144,375	\$1,732,500
---	-----------	-------------

CITY OF TROY
 BID TABULATION
 EMERGENCY MEDICAL SERVICES

RFP-COT 22-19
 Pg 2 of 2

VENDOR NAME: Alliance Mobile Health
 CITY: Troy, MI

PFR Program	Cost per Month	Cost per Year
MODEL 1 (Staff ≥ 2 yrs exp) :	\$37.00/hr	
1 Unit:	\$27,010	\$324,120
2 Unit:	\$54,020	\$648,240
3 Unit:	\$81,030	\$972,360
4 Unit:	\$108,040	\$1,296,480
MODEL 2 (Staff < 2 yrs exp c completed training and FTO process)	\$31.00/hr	
1 Unit:	\$22,630	\$271,560
2 Unit:	\$45,260	\$543,120
3 Unit:	\$67,890	\$814,680
4 Unit:	\$90,520	\$1,086,240

VENDOR QUESTIONNAIRE PROVIDED:	Y or N	Y
REFERENCES PROVIDED:	Y or N	Y
TERMS:		Net 30 days
EXCEPTIONS:		None
ACKNOWLEDGEMENT:	Y or N	Y
ADDENDUM:	Y or N	Y
FORMS:	Y or N	Y

ATTEST:
 (*Bid Opening conducted via a Zoom Meeting)
 Pete Hullinger _____
 Beth Zaccardelli _____

 Emily Frontera
 Purchasing Manager

EMERGENCY MEDICAL AND FIRST RESPONDER SERVICES AGREEMENT
BETWEEN THE CITY OF TROY AND ALLIANCE MOBILE HEALTH

This Agreement dated, this _____ day of December, 2022 is made by and between:

City of Troy, a Michigan Municipal Corporation
500 W. Big Beaver Road
Troy, Michigan 48084 (hereinafter "CITY")

-And-

Alliance Mobile Health (hereinafter
"ALLIANCE") 2045 Austin Drive
Troy, Michigan 48083

RECITALS

A. WHEREAS, CITY finds it necessary to utilize the services of a qualified Advance Life Support ("ALS") ambulance service and First Responder services since those services are critical to CITY and the public; and

B. WHEREAS, ALLIANCE meets the professional service standards of the Commission on Accreditation of Ambulance Services and is licensed by the Michigan Department of Health & Human Services ("MDHHS"); and

C. WHEREAS, CITY and ALLIANCE desire to mutually agree to specific terms and conditions regarding those services;

NOW THEREFORE, in consideration of the covenants and agreements contained herein, CITY and ALLIANCE agree as follows:

1. **SCOPE AND INTENT.** During the term of the Agreement, ALLIANCE shall provide services and CITY shall provide payment for those services as set out in this Agreement. This Agreement incorporates, as though fully set out herein, Exhibit A which is ALLIANCE'S Proposal for Emergency Medical and First Responder Services containing specifications and representations regarding the Paramedic First Responder Services and

Ambulance Transportation Services that ALLIANCE will be providing under this Agreement. All documents are incorporated and made a part of this Agreement to the extent that their terms do not conflict with the terms herein. In the event of any conflict between the proposal and this Agreement, the provisions in this Agreement shall govern. The required services are generally described as providing advanced life support services, including but not limited to advanced life support services, including but not limited to advanced life support ambulance service for transportation to hospitals and/or medical facilities specializing in the treatment of trauma and/or life treating conditions and/or to provide paramedic first responders services for the Troy service area.

2. OPERATIONAL REQUIREMENTS - ALS AMBULANCE SERVICE AND FIRST RESPONDER SERVICES. ALLIANCE shall comply with the following requirements:

A. Response Time. Alliance shall comply with the current minimum standards for ambulance response time established by the Oakland County Medical Control Authority ("OCMCA"), which are incorporated by reference, with amendments, as part of the terms and conditions of this Agreement. ALLIANCE shall continue to use the predictive capabilities of LOGIS, or other predictive software or similar advanced technology, to try to effectively predict where the next call for service may come from. Additionally, ALLIANCE shall be held to the following standards:

- i. ALS Ambulance Response Time. ALLIANCE shall meet a minimum emergency response time of 8 minutes 00 seconds for at least ninety percent (90%) of emergency responses every month.
- ii. Paramedic First Responder Response Time. ALLIANCE shall have a paramedic on scene (either from a First Responder Unit or an ambulance) as early as possible, but within 5 minutes 00 seconds from the receipt of

the call from the provider's dispatch to arrival on scene for at least ninety (90%) percent of all incidents dispatched either as an emergency or Priority 1 call every month.

- iii. Non-Emergency (Priority 3) Response Time. ALLIANCE shall meet a minimum response time of 30 minutes and 00 seconds for at least of ninety percent (90%) of non-emergency Priority 3 calls every month.
- iv. The above referenced minimum ALS Ambulance Response Time and Paramedic First Responder Response Times shall not apply to incidents that are dispatched as non-emergency or downgraded to non-emergency prior to the arrival of the ambulance. ALLIANCE shall also be given consideration if there are area wide weather emergencies, including but not limited to: snowstorms, ice storms, or high winds.

B. Deployment Plan: ALLIANCE has included its deployment plan for the Troy service area, which is incorporated by reference. As required by that plan, all First Responder units, staffed by at least one (1) Paramedic, will be assigned to post locations within Troy. At a minimum, Alliance shall provide at least three (3) First Responder Units 7 days per week and 24 hours a day, which shall all be available for all requests for service received through the Troy 911 system. These three First Responder units will only respond to calls within the City of Troy.

If ALLIANCE determines that more units are necessary to comply with the response times, then ALLIANCE shall immediately notify CITY of any recommended additions, and the parties shall discuss an alternative deployment plan, which may include additional First Responder Units. At no time will any of the First Responder units be utilized to supplement ALLIANCE's transfer business.

The ALLIANCE "on-duty" supervisor shall be available to function as a First Responder in times of high call volume. At no time shall the supervisor be considered as part of the minimum staffing.

C. Accreditation. ALLIANCE is and shall remain accredited by the Commission of Accreditation of Ambulance Services during the entire term of the Agreement. Failure to remain accredited under this section may result in the immediate termination of this Agreement. All ambulances and first responder units and personnel shall be capable of providing advanced life support in accordance with OCMCA.

D. Personnel Licensure: ALLIANCE'S personnel shall be appropriately licensed, including any specific professional licenses that are required by the State of Michigan, and especially those licenses required by the Michigan Department of Health & Human Services (MDHHS). All First Responder personnel shall be licensed as paramedics by the MDHHS and shall have completed a training course consistent with the operation requirements with in the City of Troy. Within ten (10) days after execution of this Agreement, ALLIANCE shall provide to CITY a list of all personnel who will or may be acting as ALS ambulance personnel or First Responder personnel under this Agreement, and shall include each person's full name, position, title or the function they will be performing and a copy of any licenses required by the State of Michigan. This same information shall be provided to CITY within ten (10) days after ALLIANCE hires any new personnel for the work that is detailed in this Agreement.

E. Vehicles and Equipment: ALLIANCE shall comply with all specifications or representations contained within Exhibit A - Alliance Proposal for Emergency Medical and First Responder Service, including, but not limited to:

- i. ALLIANCE shall maintain a minimum First Responder unit fleet of at least

- four (4) vehicles in excellent working order;
- ii. All vehicles shall be maintained in a safe operating condition;
 - iii. Maintenance logs shall be maintained for each vehicle and shall be available for inspection when requested by CITY;
 - iv. Vehicle chassis over five (5) years old are not acceptable;
 - v. The City of Troy City Manager or his/her designee shall approve identifying graphics, and emergency lighting and siren equipment proposed for the First Responder vehicles.
 - vi. All vehicles shall be equipped with a Road Safety System or a similar safety system that monitors the driving of the vehicle to assure the safe operation for all vehicles;
 - vii. Each vehicle shall be of sufficient size to carry the proper equipment required by the State of Michigan to be licensed as a non-transport Advanced Life Services ("ALS") unit, and shall carry the required equipment at all times;
 - viii. Each vehicle shall be capable of installing and using AVL Systems compatible with City of Troy software or any successor system, which shall be used for responses and system testing;
 - ix. All ambulances and First Responders units shall be equipped with all MDHHS required equipment for each type of unit.

F. Reports: ALLIANCE shall submit response time summaries to CITY at a minimum of one time a month, at the scheduled monthly meeting set put in Paragraph G. These reports shall be prepared for both First Responder units and ALS ambulances and

include: compliance with response time standards, list of calls referred to other agencies, call downgrades and other reports used to determine contract compliance.

CITY may request additional reports concerning specific issues. CITY has the option of requesting hard copies of these reports or that report data be submitted electronically. ALLIANCE shall also timely submit required information to OCMCA in a manner and format prescribed by OCMCA. Non-compliance with this paragraph may result in termination of this Agreement based upon the ninety (90) day notice provision.

G. Supervision: ALLIANCE shall provide organized field supervision personnel including, but not limited to field training officers and field supervisors. There shall be adequate supervisory personnel to provide field evaluation and job supervision. ALLIANCE shall provide, at a minimum, one (1) dedicated field supervisor certified at the Paramedic level, available in the Troy service area at least ten (10) hours per day during the predominant call period and at least twenty-four (24) hours in an "on-call" capability at all other times of the day. This supervisor shall be immediately available in the field in the Troy service area during the peak-load periods of the day. That supervisor shall be dedicated solely to Troy and shall act as a liaison to the Troy Police Department and the Troy Fire Department. The supervisor may function as a Paramedic in a First Responder unit, but shall not be counted towards the minimum staffing requirement for the First Responder unit.

ALLIANCE shall have policies triggering automatic supervisory response that include, but are not limited to:

- i. Incidents requiring two or more ALS unit responders;
- ii. Multi-casualty or disaster incidents;
- iii. Hazardous materials incidents involving patient care; and
- iv. Life-threatening incidents in immediate area of supervisor at time of

dispatch.

Upon request ALLIANCE shall be required to disclose its automatic supervisory response policy, and make any changes requested by CITY.

H. Monthly Meetings: ALLIANCE shall provide a supervisory staff member who shall participate in monthly meetings with members of the Troy Police Department and the Troy Fire Department to assess the effectiveness of ALLIANCE'S programs, plans and policies.

I. Personnel: ALLIANCE shall perform a CCH (Complete Criminal History) search on all of its Paramedics and Emergency Medical Technicians ("EMTs") annually. Any ALLIANCE employee with a conviction for criminal sexual conduct ("CSC") or any controlled substance violations, or felony convictions shall be prohibited from working in Troy as part of this Agreement. Any ALLIANCE Employee with a conviction for theft or larceny within the past five (5) years shall be prohibited from working in Troy as part of this Agreement.

ALLIANCE shall perform a complete driving history search on all of its Paramedics and EMTs annually. Employees with two or more convictions for operating under the influence of liquor ("OUIL"), unlawful blood alcohol level ("UBAL"), operating while impaired ("OWI"), operating while under the influence of a narcotic or controlled substance ("OUIN"), or any two or more convictions of any combination thereof, shall not be allowed to work in Troy. Employees with a conviction for operating under the influence of liquor ("OUIL"), unlawful blood alcohol level ("UBAL"), operating while impaired ("OWI"), or operating while under the influence of a narcotic or controlled substance ("OUIN") within the past five years shall not be allowed to work in Troy. ALLIANCE shall develop a plan/policy for screening criminal and driving records annually, which includes these criteria as they apply to Troy. A copy of ALLIANCE's screening plan/policy shall be submitted to the Troy Fire Department within twenty (20) days after execution of the Agreement and must be acceptable to the City Manager or his/her designee.

ALLIANCE shall notify the OCMCA and the Michigan Division of Emergency Medical Services if any of its Paramedics or EMTs are criminally charged with any felony, or terminated from employment for any narcotic, controlled substances, or alcohol use or for any criminal sexual conduct, theft or larceny allegations. ALLIANCE agrees to remove an employee from the Troy service area upon written request of the Troy Fire Chief or the Troy Police Chief, even if not expressly detailed in this Agreement.

J. Drug Testing Plan Policy: ALLIANCE shall establish and require a random and probable cause drug testing plan/policy for all personnel operating in Troy. A copy of ALLIANCE's drug testing plan/ policy shall be submitted to the Troy Fire Department within twenty (20) days after execution of the Agreement and must be acceptable to the City Manager or his/her designee.

K. Quality Assurance Plan Policy: ALLIANCE shall develop and/or continue a quality assurance plan/policy to continually assess the quality of treatment by emergency medical service personnel and shall also continuously hold the CAAS accreditation (Commission on Accreditation of Ambulance Services). A copy of ALLIANCE's quality assurance plan/policy shall be submitted to the Troy Fire Department within twenty (20) days after execution of the Agreement and must be acceptable to the City Manager or his/her designee. This plan should at a minimum require quarterly surveying of patients that have been transported, with the results presented at the monthly meeting, as described in Paragraph G.

L. Complaint Resolution: In the event CITY receives a complaint over the performance of any services under this Agreement or emergency medical care, the following procedure shall be followed:

- i. CITY shall forward the complaint to ALLIANCE. ALLIANCE shall review and investigate the complaint and provide a written report of the

investigation to CITY within sixty (60) days of the receipt of the complaint.

- ii. In the event the complaint is not resolved, CITY shall forward the complaint and ALLIANCE'S response to the OCMCA.

M. *Incident Command System*: ALLIANCE shall provide annual incident command system training for ambulance personnel operating in Troy, detailing the respective roles and responsibilities within the framework of the Incident Command System.

N. *Police Incident Training*: ALLIANCE shall provide annual training for ambulance personnel operating in Troy, detailing the responsibilities of EMS providers during specific police incidents. ALLIANCE may request the Troy Police Department assume responsibilities for this training for its personnel at dates and times agreed to by the parties. ALLIANCE shall pay all costs associated with any such training. ALLIANCE shall submit documentation of this training to the Troy Police Department, including the names and positions of those receiving the training and the nature and dates of the training.

O. *Tactical Support Team Training*: ALLIANCE shall provide medical support for the Troy Police Department's Tactical Support Team (TPDTST), including paramedics and necessary on-scene medical equipment and shall provide two Tactical EMS medics on all operations.

The paramedics involved in this training must be approved by Troy Police Department personnel, and must do the following:

- i. Maintain a current paramedic certification through the State of Michigan, and maintain certification in Pre Hospital Trauma Life Support;
- ii. Be familiar with, and able to effectively coordinate with the entire Emergency Medical System, from the area of operation to the

- receiving medical facility;
- iii. Maintain clinical skills by actively participating in patient care on a regular basis;
 - iv. Complete specialized training, which teaches the skills necessary to operate in the tactical environment and receive state certification as "Emergency Medical Technician - Tactical";
 - v. Submit to a background check, to be conducted by CITY. ALLIANCE must equip its paramedics with safety equipment for the Tactical Support Team Trainings, including but not limited to ballistic vests and other necessary equipment. The ALLIANCE paramedic's duties for the Tactical Support Team training include, but are not limited to:
 - vi. Acquire and maintain important medical history, immunization status and current health status of each Troy Police Officer involved in the training;
 - vii. Monitor the medical effects of environmental conditions;
 - viii. Establish good working relationships with local EMS and receiving medical facilities;
 - ix. Conduct medical threat assessments;
 - x. Provide medical care;
 - xi. Serve as an advisor to the TPDTST Commander

The ALLIANCE paramedics designated to assist the TPDTST must be available several times per month on an on-call basis to participate in Tactical Support Team training within 45 minutes from the receipt of the call. CITY reserves the right to remove any ALLIANCE paramedic from the TPDTST at any time, and to exclude any ALLIANCE paramedic from

future operations.

P. Blood Draws: Upon request from the Troy Police Department, ALLIANCE shall provide a paramedic who is qualified by education, training or experience to perform a blood draw on a criminal suspect, in accordance with the terms and conditions set forth in MCL 257.625a(6)(c), MCL 333.16215, MCL 333.16109, the Troy Police Department Blood Draw Protocol, as may be amended from time to time (current copy attached), and the Oakland County Medical Control Authority's Evidentiary Blood Draw Protocol, as may be amended from time to time (current copy attached).

CITY agrees to indemnify, defend and hold harmless ALLIANCE and its employees, agents, contractors, trustees and directors from any and all liability incurred for the negligence, alleged negligence, malpractice or misconduct of any paramedic engaged in the withdraw of blood, as requested by the Troy Police Department, with the exception of claims or causes of action alleging or arising from the gross negligence of ALLIANCE, and its employees, physicians, agents, contractors, trustees and directors, of the failure to comply with MCL 257.625a(6)(c), MCL 333.16215, MCL 333.16109, the Troy Police Department Protocol and the Oakland County Medical Control Authority's Evidentiary Blood Draw Protocol. In the event that there is a conflict between the Oakland County Medical Control Authority's Evidentiary Blood Draw Protocol, and State Law, the State Law shall prevail. In the event that State Law conflicts with the OCMCA blood draw protocol, the parties will work together with the OCMCA to have the protocol comply with State Law.

Q. Hazardous Materials Training: All ALLIANCE ambulance personnel shall be trained to Hazmat First Responder Awareness level and Weapons of Mass Destruction ("WMD") Awareness as designated by the Michigan Firefighters Training Council. ALLIANCE shall submit documentation of this training to the Troy Fire Department including the names and positions of those receiving the training and the nature and dates of the

training. The cost of this training will be paid by ALLIANCE.

R. Resource for Public Safety Agency Training: ALLIANCE shall serve as a resource for EMS training for the Troy Fire Department and the Troy Police Department. This shall include CPR, first aid, blood borne pathogen, and other related training.

S. Additional Tasks: The CITY reserves the option of identifying and assigning additional non-emergency tasks which can be performed by the paramedic first responder units when not engaged in EMS responses. These tasks include, but are not limited to responding to carbon monoxide alarms.

T. Mutual Aid: ALLIANCE shall prepare and/or continue a plan/policy for mutual aid showing the average number of Basic and Advanced Life Support ambulances that could be provided for a back-to-back or multi-casualty incident. This plan/policy shall include typical response times based on average activity. The plan/policy should include contingency planning for multiple back-to-back incidents across geographic areas. A copy of ALLIANCE's mutual aid plan/policy shall be submitted to the Troy Fire Department within twenty (20) days after execution of the Agreement and must be acceptable to the City Manager or his/her designee. ALLIANCE shall provide additional copies of its mutual aid plan/policy on future dates, upon request from CITY.

U. Incident Standby: ALLIANCE shall provide ambulance units as requested by the Troy Fire Department or the Troy Police Department to standby at public safety emergency scenes such as fires, hazardous materials incidents, police tactical incidents, and police and fire training activities. These ambulance units shall not leave the incident or activity unless released by the incident or activity commander. The ALS ambulance units shall assist in medical evaluation, treatment and transport of emergency personnel as required.

V. Event Standby: ALLIANCE shall provide ALS ambulance units as requested in advance by the Troy Fire Department or the Troy Police Department to standby for community events, including, but not limited to: fairs and festivals (such as Troy Daze), memorial services, walk-a-thons, concerts, shows, displays and parades.

W. Communications: The Advance Life Support ambulances and First Responder units shall be minimally equipped with mobile and portable communication equipment that allows personnel to communicate with Alliance's dispatch, local medical First Responders, fellow medical resources, area hospitals or treatment facilities, and Troy Dispatch. ALLIANCE shall also provide a back up system to facilitate dispatch communications in the event of a failure of the primary radio transmitter.

X. Recording Capability: ALLIANCE shall record all telephone and radio communications and retain the recordings a minimum of fifteen (15) years.

AA. E-911 Interface: ALLIANCE shall operate an Enhanced 911 (E-911) secondary Public Safety Answering Point (PSAP) capable of interfacing with all of the E-911 systems utilized by CITY to allow the transfer of E-911 calls including Automatic Number Identification/Automatic Location Identification (ANI/ALI) information to minimize the time required to initiate a response.

BB. Personnel Recall Capability: In order to respond to multi-casualty or other incidents beyond the scope of normal operations, ALLIANCE shall utilize a process/program to permit timely recall. All management personnel shall be equipped with company cellular phones as a secondary mean of communicating with other personnel.

CC. Computer Aided Dispatch System: ALLIANCE shall utilize a computer aided dispatch system, which provides for optimum system deployment. ALLIANCE shall equip all of its vehicles with a GPS mapping system and mobile data terminals. ALLIANCE agrees to

work with CITY in exploring the potential for CAD integration between ALLIANCE and CITY.

DD. Emergency Medical Dispatch: Alliance shall utilize a nationally accepted telephone triage system and all dispatch personnel shall be certified in its use. Dispatchers shall provide pre-arrival emergency care instructions to the calling party when appropriate.

EE. Emergency Operations Center Support: ALLIANCE shall provide a supervisor to represent ALLIANCE as Troy's EMS Annex Coordinator in the Emergency Operations Center ("EOC") in the Troy Police Department in the event of EOC activation due to a community emergency.

FF. Blood Borne Pathogen Decontamination Facility: ALLIANCE shall make available a decontamination facility for Troy Police and Troy Fire personnel. This facility shall be located at 2045 Austin, Troy, Michigan, 48083. Any request to change this location shall be approved by the City Manager or his/her designee in advance. This facility shall provide shower and laundry facilities and/or equipment in compliance with the applicable requirements of OSHN/MIOSHA, and/or other federal or state laws. This facility shall be available on a 24 hour/7 days per week basis with a 15 minute advance notification.

GG. Disposal of Biohazard Contaminated Waste: ALLIANCE shall provide disposal service for any contaminated biohazard waste materials generated by CITY. Waste will be bagged and tagged with appropriate labels by CITY personnel.

ALLIANCE will check and empty the bio-hazard container located in the police garage at least bi-monthly.

HH. Base of Operations: ALLIANCE has identified its base of operation for this Agreement as: 2045 Austin Drive, Troy, Michigan 48083. Any change of this location shall be pre-approved by the City Manager or his/her designee.

3. **PRICES.** CITY shall pay ALLIANCE \$31.00 per unit hour for each First Responder Service (3 units 24/7/365), and \$148.00 for each blood draw. CITY shall not pay any fee for ambulance service. CITY shall be billed for the previous month's first responder services by the 15th of the following month. The contract price may be amended One (1) year after the effective date of the Agreement if ALLIANCE requests an increase during the month of January 2024 under the following conditions:

A. At that time, ALLIANCE will have the option of holding the preceding year's price constant or submitting new prices based upon verifiable increases in labor contracts or using the State of Michigan, Department of Treasury Inflation Rate Multiplier, whichever is lower.

B. CITY will have the option of accepting the new prices, and extending the contract, or rejecting the requested price increase and seeking new proposals. This provision does not preclude the CITY from seeking new proposals as its sole discretion.

C. If CITY accepts the price increase, the new pricing will not be implemented until the anniversary date of the contract.

D. An increase may be requested in January of each year thereafter subject to the same terms and conditions as stated in this Section.

4. **TERM OF AGREEMENT.** This Agreement shall be in effect for three (3) years, starting January 1, 2023.

Within ninety (90) days of the end of this three (3) year term, CITY may at its option renew this Agreement for three (3) one-year terms, subject to mutual agreement regarding an increase or decrease in the fee based on the same criteria set out in Paragraph 3 of this Agreement. If the fees are different than the fees set out in the original Agreement, then only the fee term of this Agreement will be affected. All other terms and conditions

shall remain in full force and effect. If the parties cannot agree on a new fee for a subsequent one (1) year term, then the Agreement shall be terminated.

5. **TERMINATION OF AGREEMENT.** CITY shall be the sole judge of inadequacy of performance under this Agreement. CITY reserves the right to take any or all of the following actions because of inadequate performance on the part of ALLIANCE.

A. **Inadequate Performance.** The CITY can terminate this Agreement, after providing written notice of inadequate performance to ALLIANCE and affording ALLIANCE an opportunity to respond to the allegations and cure the inadequate performance within seven (7) calendar days. The City Manager shall have the authority to terminate the agreement, subject to the approval of the Troy City Council. In the event that CITY exercises the right to terminate this Agreement, CITY shall provide at least 30 days advance written notice.

B. **Additional Reasons for Termination.** In addition to a termination for inadequate performance, as set forth above, the City Manager may declare ALLIANCE in default and subject to termination of this Agreement, and so notify ALLIANCE thereof, under the following circumstances:

- i. Services or any part of services to be provided under this Agreement have been abandoned or unnecessarily delayed;
- ii. ALLIANCE is willfully violating any of the provisions of this Agreement;
- iii. ALLIANCE is carrying out the provisions of this Agreement in bad faith;
- iv. ALLIANCE has been adjudged bankrupt;
- v. ALLIANCE makes a general assignment for the benefits of its creditors.

6. **INSURANCE REQUIREMENTS.** ALLIANCE shall carry commercial general

liability insurance, workers compensation, motor vehicle liability, and ambulance and professional malpractice liability insurance for any actions, claims, liability or damages caused to others arising out of the performance of this Agreement in amounts approved by CITY. CITY shall be named as an additional insured on the general liability insurance, workers compensation, motor vehicle liability, and ambulance and professional malpractice liability insurance using the following wording: "City of Troy, Troy Police Department, Troy Fire Department, all elected and appointed officials, all employees and volunteers, those working as agents or on behalf of the City, boards, commissions and/or authorities, or board members, employees, and volunteers are additional insureds."

CITY shall be notified of any cancellation or material change of that insurance immediately. The cancellation clause shall read: "It is understood and agreed that Advance Written Notice of Cancellation, Non-renewal, Reduction and/or Material Change shall be sent to City of Troy, Purchasing Department, 500 W. Big Beaver Rd., Troy, MI 48084." Cancellation of the insurance shall be considered a material breach of this Agreement, and the Agreement shall become null and void unless ALLIANCE immediately provides proof of renewal of continuous coverage to CITY. All insurance carriers shall be licensed and admitted to do business in the State of Michigan and acceptable to CITY.

ALLIANCE is responsible for any deductibles under any of the required policies. Within 24 hours after execution of this Agreement, ALLIANCE shall provide CITY with two (2) complete copies of the acceptable Certificates of Insurance complying with all specifications listed above. If any of the insurance policies expire during the term of the Agreement, ALLIANCE shall deliver renewal certificates and/or policies to CITY at least ten (10) days prior to the expiration date.

7. **WORK SAFETY.** ALLIANCE is responsible for work environment safety,

including but not limited to, all federal, state and local laws, ordinances and regulations.

8. **INDEMNIFICATION AND HOLD HARMLESS.** To the fullest extent permitted by law, ALLIANCE agrees to defend, pay on behalf of, indemnify, and hold harmless the City of Troy, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Troy, the Troy Police Department and the Troy Fire Department against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Troy, Troy Fire Department, Troy Police Department, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Troy, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the execution of activities by ALLIANCE as outlined in this Agreement or as relating to or resulting from those activities.

9. **ASSIGNMENT OF AGREEMENT/INDEPENDENT ALLIANCE:** ALLIANCE shall have no authority or power to assign, sublet and/or transfer any rights, privileges or interests under this Agreement without prior written consent from CITY. ALLIANCE acknowledges that it is an independent contractor with no authority to bind CITY to any contracts or agreements, written or oral.

10. **NOTICE:** All written notices to be given under this Agreement shall be mailed by first class mail to the other party at its last known address.

11. **GOVERNING LAW AND JURISDICTION:** This Agreement is made in and shall be governed by the laws of the State of Michigan. Any lawsuits under this Agreement shall be filed in the Oakland County Circuit Court, Michigan or in the Eastern District of Michigan Federal Court.

12. **HEADINGS.** Pronouns and relative words herein used shall be read interchangeably in the masculine, feminine or neuter, singular or plural as the respective case may be.

13. **ENTIRE AGREEMENT.** The foregoing constitutes the entire Agreement between the parties and may be modified only by a written instrument signed by both parties.

14. **AUTHORITY TO EXECUTE.** By execution of this Agreement, the respective parties acknowledge that each has executed this Agreement with full and complete authority to do so.

WITNESSES:

"ALLIANCE"

ALLIANCE MOBILE HEALTH, a Michigan Corporation

Vince Waryas, Executive Director

"CITY"

CITY OF TROY, a Michigan Municipal Corporation


Ethan Baker, Mayor

Aileen Dickson, City Clerk



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Date: October 12, 2023 

To: Mark F. Miller, City Manager

From: Robert J. Bruner, Deputy City Manager
Megan E. Schubert, Assistant City Manager
Peter Hullinger, Fire Chief

Subject: Emergency Medical Services (EMS) Technical Assistance Services
Introduced by: Robert Bruner, Deputy City Manager

Background

The first ambulance service in Troy was provided by Price Funeral Home (now known as Price Chapel of A.J. Desmond & Sons Funeral Directors, 3725 Rochester Rd.). According to one source, Price Funeral Home provided ambulance service for several communities in Oakland and Macomb counties from October 1956 until June 1974. Although this may seem strange today, it was common for funeral homes to provide ambulance service before the 1966 National Highway Safety Act began to shift the focus from transporting patients to providing emergency medical services.

It is unclear when the Troy Fire Department began responding to medical calls for service. According to information provided by former Fire Chief William Nelson, the Fire Department responded to medical calls until 1968 when the Police Department assumed the responsibility. Again, this was common at the time when transportation (rather than treatment) of patients was the primary focus. For context, 1968 was the same year the first call to 911 in the United States was received at a police station.

According to Chief Nelson, The City began contracting for advanced life support (ALS) ambulance services in 1980. Changes in Michigan EMS licensing requirements prompted the City to reevaluate its options. The State of Michigan currently licenses EMS personnel at four levels: Medical First Responder (MFR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and Paramedic.

The City explored several options including training police and fire personnel to become licensed at the MFR and/or EMT level, hiring civilian MFRs and/or EMTs, and contracting for MFR services. In 1992, a demonstration project was initiated utilizing a dedicated MFR unit for 12 hours per day for 14 days. The Police Department and the ambulance service each dispatched the unit for seven days.

This project led to the development of an EMS Request for Proposals (RFP) in 1993. The RFP described a performance-based system utilizing one-person MFR units in conjunction with two-person ALS ambulances. The goals were to improve the quality of emergency medical services by providing an adequate number of trained personnel at each medical call for service. It also reduced the Police Department response from two officers on each medical call for service to one officer on non-life-threatening calls and two officers on potentially life-threatening calls.



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

City Council awarded a two-year contract to Paramed, Inc. on April 12, 1993 (Resolution #93-343). The contract and contractor changed several times during the next ten years. City Council awarded a three-year contract to Alliance Mobile Health (Alliance) on June 2, 2003 (Resolution #2003-06-281) and has been contracting with Alliance ever since.

The agreement between the City and Alliance includes Paramedic First Responder Service and Ambulance Transportation Services. Each first responder unit is staffed by at least one licensed Paramedic, hence the name paramedic first responder (PFT) unit. Paramedics receive the most advanced training and have the largest scope of practice of all licensed EMS personnel. This system allows the most highly qualified EMS personnel to respond to medical calls for service as quickly as possible to deliver lifesaving and life-sustaining aid.

Not all medical calls for service result in the patient being transported to a hospital or other facility. In many cases, the patient is treated by the PFR and released. In other cases, ambulance service is provided for transportation to a hospital or other facility.

The agreement between the City and Alliance includes minimum response times and deployment plans for both PFR units and ambulance units. The City pays Alliance an hourly rate for PFR units. For example, the City will pay Alliance \$31.00 per unit hour for at least 26,208 hours (three units; 24 hours a day; 365 days a year) for a total of at least \$812,448 in calendar year 2023.

The City does not pay any fee for ambulance service. Instead, Alliance bills patients for ambulance services. These costs are often covered by Medicare and/or private medical insurance. This model worked well for many years. However, emergency medical service providers like Alliance are facing new challenges that may make this system unsustainable.

There are many models used to deliver emergency medical services. The City's model is somewhat unique among large Oakland County communities because the Troy Fire Department is a unique combination of full-time staff members and volunteer members. Neighboring communities like Bloomfield Township, Madison Heights, Rochester Hills, and Royal Oak use a fire-based model where fire departments use cross-trained full-time firefighters for first response and ambulance transport.

Purchasing

Given the City's unique situation, City staff believes the public interest will be best served by obtaining EMS technical assistance services to evaluate the community's needs and identify options for how to meet those needs. City Charter Section 12.1 (Purchase and Sale of Property) provides all purchases in excess of ten thousand dollars shall be approved by the City Council and competitive bids shall be obtained through a traditional sealed bid procedure or alternative method except where the City Council determines an emergency exists or the public interest will be best served without obtaining sealed bids. Before proceeding with a traditional sealed bid procedure, City staff researched EMS technical assistance providers and were only able to identify two: Center for Public Safety Management (CPSM) of Washington, DC and Fitch & Associates of Platte City, MO. City staff believes a traditional sealed bid procedure or alternative method is unlikely to significantly decrease costs and/or increase the number or quality of providers from which to choose.



500 West Big Beaver
 Troy, MI 48084
 troymi.gov

CITY COUNCIL AGENDA ITEM

Accordingly, City staff determined the public interest would be best served without obtaining sealed bids. Instead, City staff conducted an informal Request for Proposal (RFP) process and solicited proposals from both firms. However, City Council may choose to initiate a traditional sealed bid procedure or alternative method if it so chooses.

A team of City staff including Deputy City Manager Bruner, Fire Chief Hullinger, Deputy Fire Chief Hugg Deputy Fire Chief Koehler, and Police Lieutenant Schehr evaluated the proposals and recommends City Council accept the proposal from Fitch & Associates. While both firms provide impressive teams, the CPSM proposal includes only one on-site visit and the Fitch & Associates proposal includes four. The proposed fees also differ significantly:

CPSM (page 41)	Fitch & Associates (page 29)
\$63,317 exclusive of travel	\$49,995 including travel
Should the local government desire additional support or in-person presentation of findings, CPSM will assign staff for such meetings at a cost of \$2,500 per day/per person plus travel expenses.	Includes onsite final presentation (if desired)

If City Council determines that the public interest will be best served without obtaining sealed bids, the next step would be to consider a contract or agreement. The proposals do not include a contract or agreement so City Council would need to direct the City Attorney to prepare or review one pursuant to City Charter Sections Section 3.17 (Attorney: Functions and Duties) and 12.2 (Contracts).

Financial

Funds are available in the General Fund under the Fire Department for the 2024 fiscal year under account number 101.338.802.010 Contractual Services 1st Responder.

Recommendation

City management recommends City Council determine that the public interest will be best served without obtaining sealed bids and direct the City Attorney to prepare or review a contract or agreement with Fitch & Associates.

PROPOSAL FOR

COMPREHENSIVE
ANALYSIS OF FIRE
WITH EMS SERVICE

Troy, Michigan



CPSM®

CENTER FOR PUBLIC SAFETY MANAGEMENT, LLC
475 K STREET NW, SUITE 702 • WASHINGTON, DC 20001
WWW.CPSM.US • 616-813-3782

ICMA

Exclusive Provider of Public Safety Technical Services for
International City/County Management Association



Center for Public Safety Management, LLC

July 19, 2023

Peter Hullinger
Fire Chief
500 West Big Beaver Road
Troy, MI 48084

Dear Chief Hullinger:

The *Center for Public Safety Management, LLC, (CPSM)* as the exclusive provider of public safety technical assistance for the International City/County Management Association, is pleased to submit this proposal to the City Troy, Michigan for an analysis of the EMS services. The CPSM approach is unique and more comprehensive than ordinary accreditation or competitor studies.

In general, our analysis involves the following major outcomes:

- Conduct a data-driven forensic analysis to identify actual workload of stations, equipment, and personnel. We will quantify the Unit Hour Utilization rates for your EMS department. This forms the basis for determining what is driving overtime; workloads; and service demands.
- Identify and recommend appropriate staffing and deployment levels for every discrete operational and support function in the department.
- Conduct a risk analysis of your community and for the department.
- Examine the department's organizational structure and culture.
- Perform gap analysis, comparing the "as is" state of the department to the industry's best practices.
- Recommend a management framework to ensure accountability, increased efficiency, enhanced safety for responders and the community, and improved performance.
- Determine staffing analysis using workload and performance for fire and EMS departments.

From our discussions and personal background, Troy has one of the largest, largely volunteer, fire departments in Michigan providing service to 86,386 residents across 33.63 square miles. The fire department is stable but delivery of EMS has become challenging. In Michigan, fire and police are normally charter-mandated services; EMS is not and is provided in multiple ways throughout the state. The most difficult issue is how to pay for EMS, where the system should operate from, and how it integrates with existing services.

Troy currently contracts for transport services through a private provider. The Troy Fire Department delivers first responder assistance. The existing contract allows for 2 24/7/365 units with a third available during surge times. Following the COVID pandemic, the EMS system has struggled with staffing and other issues that are a nationwide problem. Neighboring communities

have assisted Troy but, because of repeated calls for assistance, are now billing for service when the existing cannot maintain appropriate response.

Alliance Health Care provides service not only to Troy but other areas of Oakland County. Alliance averages 9,000 to 9,500 EMS calls with 50% of those calls transported to applicable facilities.

CPSM will look at approaching this study using a data-based approach. Will first gather the data from the EMS provider, dispatch, and the fire department to enable us a baseline of current conditions and operations. We will look at how many times there are multiple calls requiring second, third, or more response. We will be able to map the calls for service using our GIS team to determine "hot spots" and "frequent callers" to be identified.

All the data will be applicable to enabling us to make data-driven and focused decisions for the future service delivery models. Our team will meet with local elected and appointed officials as well as neighboring departments that currently provide aid to Troy.

Based on the information collected and data analyzed, we will provide the City of Troy with options for future delivery of EMS services. Those options will include: a separate division specializing in EMS within Troy; contracting for transport only with the City operating 24/7/365 paramedic Rapid Intervention Units; deployment of resources options (existing stations, mobile, etc.), and the estimated costs for those decisions.

This proposal is specifically designed to provide the local government with a thorough and unbiased analysis of emergency services in your community. We have developed a unique approach by combining the experience of dozens of emergency services subject matter experts. The team assigned to the project will have hundreds of years of practical experience managing emergency service agencies, a record of research, academic, teaching and training, and professional publications, and extensive consulting experience from hundreds of projects completed for municipalities nationwide. The team we assemble for you will be true "subject matter experts" with hands-on emergency services experience, not research assistants or interns.

ICMA has provided direct services to local governments worldwide for almost 100 years, which has helped to improve the quality of life for millions of residents in the United States and abroad. My colleagues at CPSM and I greatly appreciate this opportunity and would be pleased to address any comments you may have. I can be reached at 616-813-3782 or via email at twieczorek@cpsm.us.

Sincerely,



Thomas J. Wieczorek
Director
Center for Public Safety Management, LLC

TABLE OF CONTENTS

The Association and CPSM LLC	1
International City-County Management Association	1
Center for Public Safety Management LLC	1
Meet Your Team	2
Corporate compliance	3
Forensic Analysis Data Team	5
Operations Assessment	6
Strategic Planning Team.....	14
Project Schedule	22
The CPSM Approach	23
Data	23
Begins at Dispatch	24
Operations Review.....	26
Risk Assessment	27
Best Practices.....	28
Summary and Tables	29
EMS	33
Fire/EMS Resource Exhaustion	35
Community-Focused Planning	39
Proposed Fees	41
Past and Current Projects	42

THE ASSOCIATION & THE COMPANY

International City/County Management Association (ICMA)

The [International City/County Management Association \(ICMA\)](#) is a 109-year-old, non-profit professional association of local government administrators and managers, with approximately 13,000 members located in 32 countries.

Since its inception in 1914, ICMA has been dedicated to assisting local governments and their managers in providing services to their citizens in an efficient and effective manner. ICMA advances the knowledge of local government best practices with its [website](#), www.icma.org, publications, research, professional development, and membership.

Center for Public Safety Management (CPSM)

The ICMA [Center for Public Safety Management \(ICMA/CPSM\)](#) was launched by ICMA to provide support to local governments in the areas of police, fire, and Emergency Medical Services.

The Center also represents local governments at the federal level and has been involved in numerous projects with the Department of Justice and the Department of Homeland Security. In 2014 as part of a restructuring at ICMA, the Center for Public Safety Management (CPSM) spun out as a separate company and is now the exclusive provider of public safety technical assistance for ICMA. CPSM provides training and research for the Association's members and represents ICMA in its dealings with the federal government and other public safety professional associations such as [CALEA](#), [PERF](#), [IACP](#), [IFCA](#), [IPMA-HR](#), DOJ, BJA, COPS, NFPA, etc.

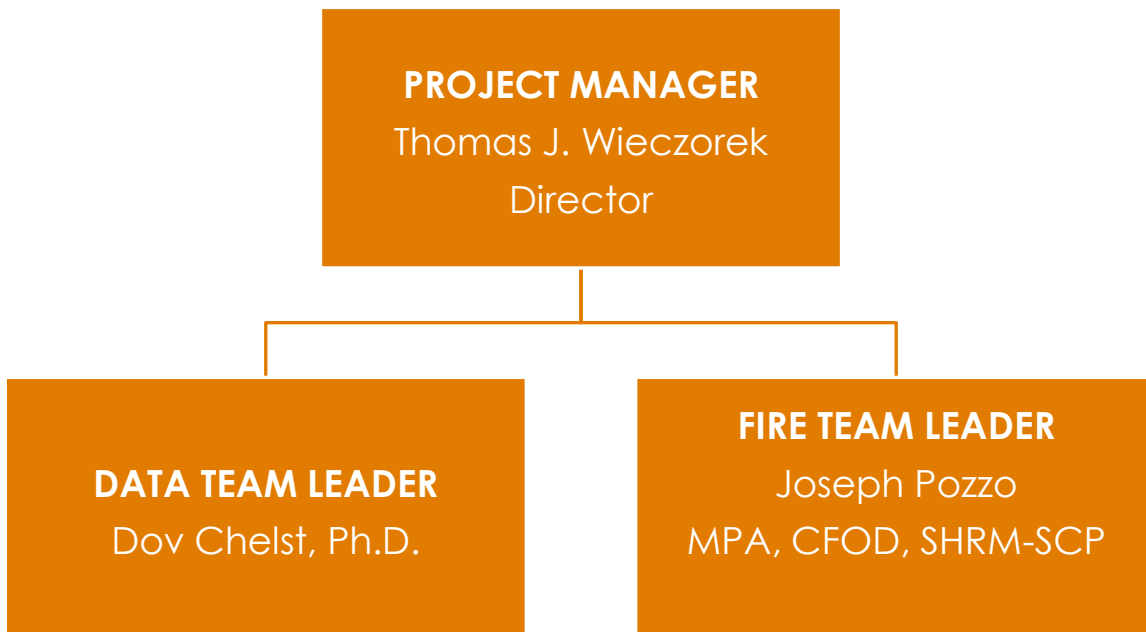
The Center for Public Safety Management, LLC maintains the same team of individuals performing the same level of service that it had for ICMA. CPSM's local government technical assistance experience includes workload and deployment analysis, using our unique methodology and subject matter experts to examine department organizational structure and culture, identify workload and staffing needs as well as industry best practices.

We have conducted over 400 such studies in 46 states and provinces and more than 275 communities ranging in population size 3,300 (Lewes, DE) to 800,000 (Indianapolis, IN).

MEET YOUR TEAM -- EMS

For this project, CPSM will assemble a premier team of experts from a variety of disciplines from across the United States. The goal is to develop recommendations that will produce the outcomes necessary to provide critical emergency services consistent with the community's financial capabilities. The team will consist of a project manager, one Operations Leader and several senior public safety experts selected from our staff to meet the specific needs of the municipality.

The management organizational chart for the project includes the following key team members



CORPORATE COMPLIANCE UNIT

PROJECT MANAGER

THOMAS WIECZOREK

Director, Center for Public Safety Management; retired City Manager Ionia, MI; former Executive Director Center for Public Safety Excellence



BACKGROUND

Thomas Wiczorek is an expert in fire and emergency medical services operations. He has served as a police officer, fire chief, director of public safety and city manager, and is former Executive Director of the Center for Public Safety Excellence (formerly the Commission on Fire Accreditation International, Inc.).

He has taught numerous programs for the International City-County Management Association, Grand Valley State University, the National Highway Traffic Safety Administration (NHTSA), State of Michigan's Transportation Asset Management Council, and Grand Rapids Community College. He often testified for the Michigan Municipal League before the legislature and in several courts as an expert in the field of accident reconstruction and fire department management. He is the past president of the Michigan Local Government Manager's Association (MLGMA, now MME); served as the vice-chairperson of the Commission on Fire Officer Designation; served as ICMA's representative on the International Accreditation Service (IAS), a wholly owned subsidiary of the International Code Council (ICC); and currently serves on the NFPA 1710 and 1730 committee.

He worked with the National League of Cities and the Department of Homeland Security to create and deliver a program on emergency management for local officials titled, "Crisis Leadership for Local Government Officials." It has been presented in 43 states and has been assigned a course number by the DHS. He represents ICMA on the Emergency Management Assistance Compact (EMAC) Board and other fire service participation areas. In 2022 he worked with ICMA to create a FEMA program on economic recovery from disasters for local government managers. It has been delivered via webinar and in person across the United States.

He received the Mark E. Keane "Award for Excellence" in 2000 from the ICMA, the Association's highest award and was honored as City Manager of the Year (1999) and Person of the Year (2003) by the Rural Water Association of Michigan, and distinguished service by the Michigan Municipal League in 2005.

MANAGING PARTNER

LEONARD A. MATARESE, MPA, ICMA-CM, IPMA-CP

Director of Research and Project Development, Center for Public Safety Management



BACKGROUND

Mr. Matarese is a specialist in public sector administration with expertise in public safety issues. He has 44 years' experience as a law enforcement officer, police chief, public safety director, city manager and major city Human Resources Commissioner. He was one of the original advisory board members and trainer for the first NIJ/ICMA Community Oriented Policing Project which has subsequently trained thousands of municipal practitioners on the techniques of the community policing philosophy over the past 18 years. He has managed several hundred studies of emergency services agencies with attention to matching staffing issues with calls for service workload.

Recognized as an innovator by his law enforcement colleagues, he served as the Chairman of the SE Quadrant, Florida, Blue Lighting Strike Force, a 71 agency, U.S. Customs Service anti-terrorist and narcotics task force and as president of the Miami-Dade County Police Chief's Association – one of America's largest regional police associations. He represents ICMA on national projects involving the United States Department of Homeland Security, The Department of Justice, Office of Community Policing and the Department of Justice, Office Bureau of Justice Assistance. He has also served as a project reviewer for the National Institute of Justice and is the subject matter expert on several ICMA / USAID police projects in Central America. As a public safety director, he has managed fire / EMS systems including ALS transport. He was an early proponent of public access and police response with AEDs.

Mr. Matarese has presented before most major public administration organizations at annual conferences on numerous occasions and was a keynote speaker at the 2011 annual PERF conference. He was a plenary speaker at the 2011 TAMSEC Homeland security conference in Linköping, Sweden and at the 2010 UN Habitat PPUD Conference in Barcelona, Spain.

He has a master's degree in public administration and a bachelor's degree in Political Science. He is a member of two national honor societies and has served as an adjunct faculty member for several universities. He holds the ICMA Credentialed Manager designation, as well as Certified Professional designation from the International Public Management Association-Human Resources. He also has extensive experience in labor management issues, particularly in police and fire departments. Mr. Matarese is a life member of the International Association of Chiefs of Police and of ICMA.

DATA AND GIS TEAM

DATA ASSESSMENT TEAM – PROJECT LEADER

DOV CHELST, PH.D.

Director of Quantitative Analysis



BACKGROUND

Dr. Chelst is an expert in analyzing public safety department's workload and deployment. He manages the analysis of all public safety data for the Center. He is involved in all phases of The Center's studies from initial data collection, on-site review, large-scale dataset processing, statistical analysis, and designing data reports. To date, he has managed over 140 data analysis projects for city and county agencies ranging in population size from 8,000 to 800,000.

Dr. Chelst has a Ph.D. Mathematics from Rutgers University and a B.A. Magna Cum Laude in Mathematics and Physics from Yeshiva University. He has taught mathematics, physics, and statistics, at the university level for 9 years. He has conducted research in complex analysis, mathematical physics, and wireless communication networks and has presented his academic research at local, national, and international conferences, and participated in workshops across the country.

PUBLIC SAFETY DATA ANALYST

XIANFENG LI, PH.D.



BACKGROUND

Dr. Xianfeng Li is a professional computational scientist and certified SAS programmer with a wealth of knowledge and research experience in Complex System Modeling, Data Analysis, and Statistical Physics. He is highly qualified in various coding programs and has earned numerous data science certifications. He previously worked as a Research Associate and Postdoctoral Fellow. Dr. Li earned his Ph.D. and master's degree in Polymer Science within the Institute of Chemistry from the Chinese Academy of Sciences in Beijing. He earned his bachelor's degree in Chemistry at Jilin University in Changchun.

SENIOR PUBLIC SAFETY SUBJECT MATTER EXPERT -- GIS

DAVID MARTIN, PH.D.

Senior Researcher in the Center for Urban Studies, Wayne State University



BACKGROUND

Dr. Martin specializes in public policy analysis and program evaluation. He has worked with several police departments to develop crime mapping and statistical analysis tools. In these projects, he has developed automated crime analysis tools and real-time, dashboard-style performance indicator systems for police executive and command staff. Dr. Martin teaches statistics at Wayne State University. He is also the program evaluator for four Department of Justice Weed and Seed sites. He is an expert in the use of mapping technology to analyze calls for service workload and deployments.

PUBLIC SAFETY DATA ANALYST-GIS

Monique Lee, MS, BS

BACKGROUND

Ms. Lee has extensive experience in the areas of data and geospatial analysis, hydrographic data processing, mapping platforms, and project management. She has worked as a GIS consultant, and with the U.S. Army Corps of Engineers where she received a U.S. Army commendation, and the United States Geological Survey, Grand Canyon Monitoring and Research Center. Ms. Lee has a Master of Science in Geographic Information Science & Technology.

OPERATIONS ASSESSMENT TEAM – FIRE AND EMS TEAM

SENIOR MANAGER: FIRE AND EMS

Retired Fire Chief, JOSEPH E. POZZO, MPA, CFOD, SHRM-SCP

Former Director of Public Protection for Volusia County, Florida; Former Assistant Director of Human Resources, Volusia County, FL; Former Deputy Director, Volusia County Department of Public Protection; former Director and Fire Chief, Volusia County, Florida, former Fire Chief, Loudon County, Virginia, former Fire Chief Portsmouth, Virginia.



BACKGROUND

Joe has a forty (40) year career in public service, and most recently served as the Director of Public Protection for Volusia County, Florida where he provided executive leadership to the Fire, EMS, Emergency Management, Corrections, Animal Control, and Beach Safety divisions. The Public Protection Department is the largest department in Volusia County and includes 945+ employees, an EMS Division that handles over 50,000 transports per year and utilizes Florida's first ever Nurse Triage system in the 911 Center, an all-hazards Emergency Management Division that specializes in coastal storm preparation and response, and a Fire Division that responds to 23,000 calls/year utilizing ALS staffed apparatus.

From March 2015 to September of 2018, Joe served as the Assistant Director of Human Resources for Volusia County, Florida (3,200 employees), where he managed the employee relations, benefits administration, and occupational health services functions and teams, as well as assist in the management and negotiation of six collective bargaining agreements/units. Joe was also involved in developing and implementing the County's Diversity and Inclusion initiative.

Joe has also served as the Deputy Director of the Department of Public Protection Volusia County, Florida, where he was responsible for the day-to-day operations of Fire, EMS, Emergency Management, Medical Examiner, Beach Safety, Corrections, and Animal Services. He was formerly Fire Chief of Volusia County Fire Services, where he developed and implemented a service model designed to introduce EMS transport into the agency, incorporate fleet efficiencies, and enhance the wild land/urban interface efforts.

Prior to Chief Pozzo's appointment in Volusia County in 2010, he served as the Chief of the Loudoun County Department of Fire and Rescue. This agency is a combination fire and rescue system providing fire, rescue, and emergency management services in one of the fastest growing counties in the nation. The fire and rescue system during Chief Pozzo's tenure provided these services to over 275,000 permanent residents living in 520 square miles of diverse suburban and rural area located within the National Capital Region. Services were executed through 450+ career staff 1400+ volunteer members operating out of 19 stations.

Prior to his appointment with Loudoun County, Chief Pozzo served as Chief of the Portsmouth Fire, Rescue and Emergency Services Department. This agency is one of the oldest professional departments on the eastern seaboard and served over 100,000 residents during Chief Pozzo's tenure. Chief Pozzo also served in the City of Virginia Beach, Va. Fire

Department for 19 years, reaching the level of Deputy Fire Marshal and then Battalion Chief prior to embarking on his career as a Fire Chief/Director.

Joe holds a Master of Public Administration degree from Troy University, a B.A. in Public Administration from Saint Leo University, and numerous public safety technical certifications. He holds the **Chief Fire Officer Designation** from the Center for Public Safety Excellence and is a **Senior Certified Professional in Human Resources** through the Society of Human Resource Management (SHRM).

SENIOR ASSOCIATE: FIRE SERVICES

CHIEF JOHN (JACK) BROWN, B.A., M.S., EFO

Director of Arlington County Office of Emergency Management
Retired Assistant Chief Fairfax County Fire & Rescue Department



BACKGROUND

Jack Brown's 40-year public safety career includes 29 years with the Fairfax County, Virginia Fire & Rescue Department, where he retired as Assistant Fire Chief of Operations.

He served in several operational and staff positions, including the Office of the Fire Marshal where he attained NFPA certification as a Fire Inspector II and Fire Investigator. As an investigator, he conducted post fire and post blast investigations, assisting in the prosecution of offences involving arson and illegal explosives.

He served as a Planning Section Chief and Task Force Leader for the Fairfax County Urban Search and Rescue Task Force (VA TF-1). He deployed to Nairobi, Kenya as Plans Chief in response to the 1998 embassy bombing and as Task Force Leader on a deployment to Taiwan in response to an earthquake in 1999.

Upon his retirement from Fairfax County in 2000, he became the Assistant Chief for the Loudoun County Department of Fire, Rescue and Emergency Management, where he led a team of firefighters to the Pentagon on 9/11 and assisted the Arlington County Fire Department as the initial Planning Section Chief for the incident. Jack served as Planning Section Chief on a Northern Virginia multi-jurisdictional emergency management task force that reestablished the New Orleans Emergency Operations Center just after Hurricane Katrina. He retired from Loudoun County in 2006 to pursue a career in emergency management.

Brown retired from the Coast Guard Reserve as a Chief Warrant Officer 4, specializing in port safety and security, with 33 years of combined Army and Coast Guard Reserve service. After 9/11, he served on active duty for 47 months, including 15 months in the Middle East. He received the Bronze Star Medal for actions in Baghdad, Iraq while supporting combat operations during Operation Iraqi Freedom.

Brown holds a bachelor's degree in Fire Science Administration from the University of Maryland and a master's degree in quality systems management from the National Graduate School,

Falmouth, Massachusetts. He is a 1997 graduate of the National Fire Academy's Executive Fire Officer Program at the National Emergency Training Center, Emmitsburg, Maryland. He has been an adjunct professor at the Northern Virginia Community College and the University of the District of Columbia in the Fire Science curriculums. He is a graduate of the Executive Leadership Program in the Center for Homeland Defense and Security at the Naval Postgraduate School, Monterey, California.

SENIOR ASSOCIATE: FIRE SERVICES

CHIEF RONDALL L. EARLY, MPA, EFO, NREMT-P

Fire Chief, Town of Wake Forest, North Carolina



BACKGROUND

Chief Early has more than 30 years of fire and EMS experience as a practitioner, middle manager, and Chief Officer in the planning, organizing, leading, and administration of Fire and EMS department operations. Since 2008, Chief Early has commanded the Town of Wake Forest, NC Fire Department.

The Town of Wake Forest fire department is a combination fire department that provides fire suppression, basic life support emergency medical services first response, hazardous material response, fire prevention, emergency management oversight, and fire and emergency medical services training programs. The department serves the Town of Wake Forest and a surrounding unincorporated fire district.

Prior to his appointment in Wake Forest, Chief Early served the Portsmouth, VA Fire and EMS Department for twenty years. In Portsmouth, Chief Early rose through the ranks from firefighter to Chief Officer, working in all areas of this department as a practitioner, company officer, and middle manager assigned to engine and ladder companies, EMS transport, and professional development. Chief Early's final assignment in Portsmouth prior to leaving for Wake Forest was as the Division Commander for Emergency Medical Services, where he oversaw the department's EMS transport operation, EMS billing, training, and administration of this departmental division.

Chief Early holds a Master of Public Administration degree from Troy University, is a 2011 graduate of the National Fire Academy's Executive Fire Officer Program, holds the certification of Nationally Registered Emergency Medical Technician-Paramedic, and holds the rank of 2nd Lieutenant with the North Carolina Civil Air Patrol in charge of Emergency Services.

SENIOR ASSOCIATE: FIRE SERVICES

CHIEF MIKE IACONA, MPA

Retired Fire Chief/Director Flagstaff Fire Department, Flagstaff Arizona
Retired Director and Fire Chief, Orange County, Florida



BACKGROUND

Chief Lacona has 38 years of fire service experience, with the last 17 years as Fire Chief. He currently serves as fire chief for the City of Flagstaff, Arizona and has held this position since 2002.

Prior to this, he was the Director of Orange County Fire Rescue, Florida, which included oversight of the County's emergency management functions. In addition to duties associated with fire chief, he has served in various capacities, rising through the ranks from fire fighter/paramedic to chief fire officer. Mike has led a fire training division, was the Chief of Operations, served as Emergency Manager in EOC Operations, was

Chief Negotiator in multiple IAFF Contract deliberations.

He has supervised the development of several fire master plans, was a volunteer fire fighter coordinator, led multiple fire code adoption processes, oversaw personnel and payroll functions and implemented fire impact fees. He also has wildland fire experience, supervising a fuel management program, the adoption of a Wildland Interface Code, and the adoption of a Community Wildfire Protection Plan (CWPP).

Chief Lacona holds a master's degree in public administration and did his undergraduate work in Urban Planning at Florida Atlantic University, in Boca Raton, FL. He is a graduate of the National Fire Academy's Executive Fire Officer Program and attended The Program for Senior Executives in State and Local Government at the Harvard Kennedy School.

SENIOR ASSOCIATE: FIRE SERVICES

DEPUTY CHIEF JAMES L. MAUNEY

Former Deputy Fire Chief, Volusia County, Florida

Former Deputy Operations Supervisor, Volusia County Emergency Management

Former Fire Chief, Lake County Fire & Rescue, Former Director of the Emergency Services Institute

Volusia County Fire Services



BACKGROUND

Jim has a thirty (30) year career in public safety, beginning as a State Trooper with the Florida Highway Patrol. Since his retirement from Volusia County, Jim has embarked on a post-retirement career where he develops and conducts specialized training that includes incident command and management; wild land/urban interface suppression and defensible communities; design, development, implementation, and evaluation of emergency response exercises; firefighter principles and practices; fire company officer leadership, continuity of operations planning, and hazardous materials.

Jim is certified in the Homeland Security Exercise Evaluator Program (HSEEP), and conducts training supported by the Department of Justice, State of Florida, National Wildfire Coordinating Group, FEMA, NIMS.

As an Assistant Chief with Volusia County, FL, Jim trained Florida's first wildland fire crew in 1994; the Volusia County Fire Service Firewalkers. These 30 certified firefighters were trained in wildland firefighting tactics, Florida fuels topography, and weather. In 1998 the team was instrumental in saving lives, businesses, and homes in Volusia County during what is still recognized as "the most complex fire in America's history". During this incident, Jim served as the Area Commander for 6 weeks, managing resources for 968 individual wildland fires totaling 147,000 acres.

Jim is a subject matter expert in the concepts for determining the risks associated with the wild land/urban interface and Firewise Community development. Jim also has extensive experience in the principles and practices of Emergency Management. During Jim's career in Emergency Management, he coordinated operations with sixteen (16) municipalities to incidents within the County during fifty (50) plus federally declared disasters. Jim maintains his Florida Department of Law Enforcement certifications and serves as a law enforcement Reserve Sergeant in Lake Helen, Florida.

Jim has completed coursework at the National Emergency Training Center in Emmitsburg, MD, and holds numerous technical and instructor certifications in fire, emergency medical services, law enforcement, emergency management, incident command, Homeland Security, and firearms.

SENIOR ASSOCIATE: FIRE SERVICES

CHIEF PETER J. FINLEY, JR. (RET.), BA, EFO

Retired Chief of Department City of Vineland Fire Department and Winslow Township Fire Department. Past President NJ Career Fire Chiefs Association.



BACKGROUND

Pete Finley's 36-year career in the fire and emergency services includes 28 in a career capacity with several different fire departments. He has served as Chief of Department for two New Jersey Fire Departments, most recently the Winslow Township Fire Department where, significant among other accomplishments, he was responsible for the planning, establishment, and initial deployment of the career component of the department as it transitioned from fully volunteer to combination status. Prior to that he served for more than 20 years with the City of Vineland Fire Department holding every operational rank (Firefighter, Fire Prevention Specialist, Captain, Deputy Chief, Fire Chief) including 4 ½ years as Chief of Department.

In this position he initiated significant changes within the department including implementing numerous improved operational and safety initiatives, updating and modernizing equipment, providing the department's first ever formal officer training and development program, and significantly increasing the capabilities of the regional hazardous materials and special operations response team. During his tenure, the department received more than one million dollars in various grants. He formerly commanded the Vineland Rescue Squad gaining significant EMS operations and command experience and completing a complete overhaul of that organization's operations.

Chief Finley currently serves as an Adjunct Professor in the Fire Science Program at Camden County College. In addition, since his retirement, he has been involved in conducting numerous fire department operational readiness and organizational evaluations including several under

the auspices of the United State Coast Guard related to domestic port security assessments. He has also been involved in the development and administration of several fire service promotional examinations and assessment processes.

Chief Finley received his Associate in Applied Science degree from Atlantic Community College in New Jersey and earned his Bachelor of Science degree in Fire Science/ Administration from the University of Maryland. He is a 2003 graduate of the National Fire Academy's Executive Fire Officer Program earning an Outstanding Research Award for his 2002 paper titled, "Residential Fire Alarm Systems: The Verification and Response Dilemma". He has earned more than two dozen state and national fire service certifications, most of them the highest level attainable. Chief Finley has been a member of several fire service organizations and served on numerous committees throughout his career. In 2008 and 2009 he served as President of the New Jersey Career Fire Chiefs Association, a professional association that represents and advocates for the interests of the state's full-time professional fire chiefs and the fire service in general. From 2003–2005 he was a member of the Training and Education Committee of the Governor's Fire Service and Safety Task Force.

SENIOR ASSOCIATE: FIRE SERVICES

Chief Mark I. Piland, MPH, EFO

Fire Chief, City of Frisco, Texas



BACKGROUND

Mark I. Piland is the Fire Chief for the City of Frisco, Texas, one of the fastest growing cities in the United States. Previously, Piland served as the Fire Chief for Volusia County Fire Services in Volusia County, Florida and as Shift Commander in Operations for the Virginia Beach Fire Department in Virginia Beach, VA. He also served on Virginia Task Force 2, a FEMA Urban Search and Rescue Team as Task Force Leader, East Coast Task Force Leader Representative, and Incident Support Team Leader with deployments to the Pentagon, Katrina, and Haiti.

Piland also served as a Principal Member on NFPA Technical Committee 1981 *Standard on Open Circuit Self Contained Breathing Apparatus* for seven years. Piland was recently selected to represent the International Association of Fire Chiefs (IAFC) at the NFPA Forum, a think tank of fire service leaders brought together to discuss and make recommendations for the protection of the fire service as well as the life and safety protection needs of society.

Piland possess a Master of Public Health from Eastern Virginia Medical School, and a Bachelor of Psychology from Old Dominion University and is a graduate of the National Fire Academy's Executive Fire Officer Program, The Executive Leaders Program at the Post Naval Graduate School, Center for Homeland Defense, and Senior Executives in State and Local Government from The Kennedy School at Harvard.

ASSOCIATE: FIRE SERVICES

Retired Deputy Fire Chief, Matt Gustafson

Former Deputy Chief for Sonoma County Fire District; Former Battalion Chief and Fire Marshal for Central Fire Authority of Sonoma County (Windsor and Rincon Valley Fire Districts); Former Acting Assistant Fire Chief for Central Fire Authority of Sonoma County; Former Battalion Chief and Fire Marshal for Windsor Fire Protection District; Former Assistant Chief and Director of Security for Lucasfilm LTD / Skywalker Ranch Fire Brigade. Currently serving as adjunct fire technology instructor at the Santa Rosa Jr. College.



BACKGROUND

Matt has a forty-year career in public and private fire service, and most recently retired as a Deputy Chief with the Sonoma County, CA Fire District. Deputy Chief Matt Gustafson started his career as a volunteer firefighter for the City of Larkspur (CA). Matt was later hired at Lucasfilm LTD to help create a new fire, safety, and security division for the Skywalker Ranch / Lucasfilm complexes. Matt gained extraordinary experience and education in private emergency services as well as motion-picture film and TV entertainment safety. Matt worked his way up to Assistant Fire Chief and Head of

Safety/Security for the Skywalker Ranch complex.

In 1998, Matt was hired with Windsor Fire Protection District as a Battalion Chief / Fire Marshal. As Battalion Chief, Matt managed fire station crews, administrative staff and respond to greater alarm incidents ultimately for two fire districts under a Joint Powers Agreement (JPA). Matt managed employee performance and relations, facilities, and policy development. During this time, Matt founded the Sonoma County Fire Chief Operation section which led to more common county-wide tactics and strategies, strike team and county-wide resource management. As Fire Marshal, Matt performed plan review and fire and life safety inspections for new building projects and events for a rapidly growing community. Matt managed fire investigations, public relations, and community risk reduction programs. Matt worked closely effectively with the public, building officials, planners, developers, other fire officials, city officials, and elected officials. Matt served as president of the Sonoma County Fire Prevention Officers and facilitated the "single-code" (one fire code for the entire county) project. Matt also served as acting assistant fire chief for several years and routinely filled in for the fire chief. Matt managed a LEED/Green certified new fire station project, added staffing, built employee relations, created strategic plans, team building programs, fee schedules, mitigation revenues, and a career succession program.

In most recent years, Matt has helped manage complex annexations and mergers resulting in five struggling agencies to become one cohesive agency and increasing services from BLS to ALS. Matt has also spent a great deal of time helping the district and the community regain footing after four back-to-back large incidents, namely the Tubbs (2018), Kincadee (2019), Walbridge, Glass, Lightning Complex (2020) fires.

In August 2021, Matt retired as the district continued to blossom with a solid budget, high employee morale, very good public relations, robust loss-prevention program and with the district overall poised for additional expansions. Matt is currently an adjunct fire officer instructor and oversees firefighter and EMT internships for the Santa Rosa Jr. College.

Matt has an associate degree in Fire Science Technology, a Bachelor of Science degree in Fire Administration and Prevention (Magna Cum Laude), Fire Officer Certification, and is a Master Instructor within the California State Fire Service Training and Education System.

ASSOCIATE: FIRE SERVICES

Director of Public Safety-Fire Chief, SCOTT V. HECHLER, MBA, CFO

Current Director of Public Safety – Fire Chief for Hernando County, Florida; Former Interim Director of Human Resources for Hernando County, Florida; Former Assistant County Administrator for Hernando County Florida, Former Deputy Fire Chief for Spotsylvania County, Virginia, Former Interim Fire Chief for Spotsylvania County, Virginia; Former Director of Public Safety & Emergency Management for Campbell County, Virginia; Former Fire, EMS, and Emergency Management contract subject-matter-expert for the U.S. Navy CNIC HQ N37, Washington Navy Yard; Former Chief Deputy Executive Director for the Virginia Department of Fire Programs.



BACKGROUND

Chief Scott Hechler has a nearly forty (40) year career in public service, and currently serves as the Director of Public Safety – Fire Chief for Hernando County, Florida since June 2014. As the Chief of Hernando County Fire and Emergency Services (HCFES), he leads an all-hazards department that provides fire protection, advanced life support (ALS) first responder EMS services, ALS emergency transport services, ALS inter-facility transport services, ARFF, HAZ-Mat, and Technical Rescue Teams, and emergency management services that specializes in both coastal preparedness and inland river related community risks.

HCFES' 292 members responded to nearly 38,000 emergency incidents in 2021 protecting 195,000 citizens and thousands of tourists from around the world. Scott led the newly merged countywide fire department to develop its first strategic plan, standards of response coverage, and guiding principles documents. He co-founded the Nature Coast Fire Chiefs Association. While still responsible for the county's largest department, Scott also provided executive leadership to mosquito control, animal services, facilities maintenance, facilities custodial services, fleet management, building official's office, parks & recreation, human resources, and risk management.

From June 2012 to his retirement in June 2014, Scott served as the Deputy Fire Chief for Spotsylvania County, Virginia. He was responsible for the operations, EMS, and emergency management divisions. He was appointed Interim Fire Chief for six months and assembled the department's first strategic planning executive committee consisting of all ranks, civilian staff, and volunteer fire and rescue officers. Scott helped lead the transition of the career staff from weekday staffing to twenty-four (24) shifts. He also led emergency management staff in preparations for weather related emergencies and events such as large-scale civil war re-enactments. He also mentored a chief officer to aspire to become the county Fire Chief. Prior to his appointment in Spotsylvania County, he served as the Director of Public Safety and Emergency Management for Campbell County, Virginia.

He was responsible for the career fire, EMS, and emergency management divisions. He also led animal services and 911 Communications Center as well as served as the county risk manager. Scott united the career fire/EMS staff and the fourteen-volunteer fire and rescue departments into one County Department of Public Safety that preserved organizational independence. He led the development of the first countywide fire EMS strategic plan. He also led the emergency preparedness plan for a two-day Regional Air Show that included the U.S. Navy Blue Angels. He also mentored his Deputy Director to become the first female Director of Public Safety for Campbell County.

Prior to his appointment in Campbell County, Scott was recruited by Battelle Memorial Institute, where he served as a fire and emergency services subject matter expert assigned to the U.S. Navy CNIC HQ N37 Director of Naval Fire & Emergency Services. He worked in a full-time and part-time capacity from August 2007 to March 2013. He analyzed Naval Installation fire/EMS program assessments, apparatus specifications and procurement, Congressional inquiries, and special projects. He served on CNIC HQ Emergency Management Naval Installation Emergency Response Team assessment project team. He improved DoD firefighter safety worldwide as project manager for an interactive web-based firefighter safety and injury risk-reduction training course. He also developed an International Association of Continuing Education and Training (IACET) recognized NIMS Compliance and Instructional Program in collaboration with the U.S. Department of Homeland Security, National Fire Academy, FEMA Emergency Management Institute, and AFCESA / DoD Certification Program staff.

Prior to his recruitment by Battelle, Scott was appointed in March 2004 by Governor Warner of Virginia to join his executive leadership team as the Chief Deputy Executive Director of the Virginia Department of Fire Programs. He directed VDFP's statewide accreditation, certification, training and response programs for all firefighters within the Commonwealth of Virginia. He provided leadership along with Executive Director for reciprocity agreement between VDFP and Virginia's community colleges. He served as a liaison to the Governor's Office, Secretary of Public Safety, General Assembly, local governments, organizations, and federal entities. He partnered with the Executive Director and senior division staff to gain Pro Board accreditation for numerous VDFP firefighter NFPA certifications.

Prior to his appointment by the Governor, Scott began his fire EMS career with Chesterfield County, Virginia in October of 1982. He soon became the youngest lieutenant in the department's history and rose through the ranks as an assistant fire marshal (fire investigator & fire inspector), captain, administrative officer, and interim battalion chief. He led the creation and implementation of a firefighter health & fitness program. He also was a State Certified Adjunct Fire Instructor III since 1988 and a Virginia Fire Marshal Academy Instructor since 1996. Scott holds a Master of Business Administration degree from Liberty University, a dual major B.A. in Labor Safety & Health / Labor Studies from the National Labor College. He has completed the VCU Center for Public Policy Virginia Executive Institute, the UVA Weldon Cooper Center for Public Service LEADs program, and the John Tyler Community Center Total Quality Management Institute program. He has been a member of numerous emergency preparedness, public safety, NIMS, and community readiness workgroups at the regional, state, national levels. He also holds the **Chief Fire Officer Designation** from the Center for Public Safety Excellence.

STRATEGIC PLANNING AND RESEARCH TEAM

FIRE PROJECT MANAGER



RANDA MATUSIAK, Ph.D.

Currently the Special Projects Coordinator for the Department of Public Protection in Volusia County, Florida. In this role, Dr. Matusiak manages data related projects and is responsible for and specializes in data analysis for divisions such as the Volusia County Division of Corrections, Volusia County Emergency Medical Services, and Volusia County Fire Rescue. Data analysis projects encompass current performance measurement, operational resource assignment and management, and service level planning.

BACKGROUND

Dr. Matusiak holds a B.A. in Psychology from the University of Texas at Austin, an M.A. in Criminal Justice and Criminology from Sam Houston State University (Huntsville, TX), and a Ph.D. in Criminal Justice from Sam Houston State University. After completing her Ph.D., Dr. Matusiak held the position of Assistant Professor at the University of Central Missouri (UCM). While at UCM, she also served as Graduate Program Coordinator for several years. Additionally, Dr. Matusiak served as an Adjunct Instructor for the Department of Criminal Justice at the University of Central Florida.

Dr. Matusiak has been engaged in working with practitioners in a variety of fields since her time at the Texas Regional Center for Policing Innovation (TRCPI) at Sam Houston State University. At TRCPI she was involved with organizing, facilitating, and/or reporting on a number of trainings to include topics ranging from community engagement and community policing to intensive human trafficking task force training. Dr. Matusiak's original research has been published in peer-reviewed scholarly journals such as *The Prison Journal*, *Women in Criminal Justice*, and *Policing: An International Journal of Police Strategies & Management*

POLICE PROJECT MANAGER



MATTHEW C. MATUSIAK, PH.D.

Currently the undergraduate program director for the Department of Criminal Justice at University of Central Florida, serves as an associate professor for the Department of Criminal Justice at the University of Central Florida and a consultant for CPSM.

BACKGROUND

Dr. Matthew Matusiak holds a B.S. in Criminal Justice from Trine University in Angola, Indiana; an M.S. in Criminal Justice from the University of Central Florida in Orlando, and a Doctor of Philosophy (Ph.D.) in Criminal Justice from Sam Houston State University in Huntsville, Texas. After completing his Ph.D., he has been an Assistant, Association and Director of Criminal Justice Programs at the University of Central Florida.

Dr. Matthew Mutasiak has been a participant in several peer-reviewed journal articles on policing, command, and management. He has contributed to a number of books on policing and presented frequently on policing issues.

He teaches several classes at the University of Central Florida and Sam Houston State University related to Criminal Justice. He also is a committee member for three individuals completing their dissertation and thesis.

EMERGENCY MANAGEMENT TEAM

ASSOCIATE: FIRE SERVICES AND EMERGENCY MANAGEMENT

DEPUTY CHIEF JAMES L. MAUNEY, (RET.)

Former Deputy Fire Chief, Volusia County, Florida; Former Deputy Operations Supervisor, Volusia County Emergency Management; Former Fire Chief, Lake County Fire & Rescue, Former Director of the Emergency Services Institute; Volusia County Fire Services.



BACKGROUND

Jim has a thirty (30) year career in public safety, beginning as a State Trooper with the Florida Highway Patrol. Since his retirement from Volusia County, Jim has embarked on a post-retirement career where he develops and conducts specialized training that includes incident command and management; wild land/urban interface suppression and defensible communities; design, development, implementation, and evaluation of emergency response exercises; firefighter principles and practices; fire company officer leadership, continuity of operations planning, and hazardous materials. Jim is certified in the Homeland Security Exercise Evaluator Program (HSEEP), and conducts training

supported by the Department of Justice, State of Florida, National Wildfire Coordinating Group, FEMA, NIMS.

As an Assistant Chief with Volusia County, FL, Jim trained Florida's first wildland fire crew in 1994; the Volusia County Fire Service Firewalkers. These 30 certified firefighters were trained in wildland firefighting tactics, Florida fuels topography, and weather. In 1998 the team was instrumental in saving lives, businesses, and homes in Volusia County during what is still recognized as *"the most complex fire in America's history"*. During this incident, Jim served as the Area Commander for the 6 weeks, managing resources for 968 individual wildland fires totaling 147,000 acres.

Jim is a subject matter expert in the concepts for determining the risks associated with the wild land/urban interface and Firewise Community development. Jim also has extensive experience in the principles and practices of Emergency Management. During Jim's career in Emergency Management, he coordinated operations with sixteen (16) municipalities to incidents within the County during fifty (50) plus federally declared disasters. Jim maintains his Florida Department of Law Enforcement certifications and serves as a law enforcement Reserve Sergeant in Lake Helen, Florida.

Jim has completed coursework at the National Emergency Training Center in Emmitsburg, MD, and holds numerous technical and instructor certifications in fire, emergency medical services, law enforcement, emergency management, incident command, Homeland Security, and firearms.

EMS TEAM

SENIOR ASSOCIATE-EMERGENCY MEDICAL SERVICES

Matt Zavadsky, MS, BA

Chief Transformation Officer, MedStar Mobile Healthcare



BACKGROUND

Matt Zavadsky currently serves as the Chief Transformation Officer at MedStar Mobile Healthcare, the Public Utility Model EMS agency that provides exclusive emergency and non-emergency EMS and Mobile Integrated Healthcare services for Fort Worth and 14 other cities in North Texas. MedStar provides advanced life support ambulance service to 436 square miles and more than 1 million residents and responds to over 178,000 calls a year with a fleet of 65 ambulances. MedStar is a dual-accredited, high-performance, high-value EMS system, providing clinical care with high economic efficiency with no taxpayer subsidy and is one of the most recognized EMS agencies in America.

Joining MedStar in 2008 as the Operations Director, Matt has helped guide the continued development and implementation of numerous innovative programs with healthcare partners that have transformed MedStar fully as a Mobile Integrated Healthcare (MIH) provider, including high utilizer, CHF readmission reduction, observational admission reduction, hospice revocation avoidance, 9-1-1 nurse triage programs and partnerships with home health agencies. He is also the co-author of the book "Mobile Integrated Healthcare – Approach to Implementation" published by Jones and Bartlett Publishing.

Matt has 42 years' experience in EMS and holds a master's degree in Health Service Administration with a graduate certificate in Health Care Data Management. He is a frequent speaker at national conferences and has done consulting in numerous EMS issues, specializing in mobile integrated healthcare, high-performance EMS system operations, public/media relations, public policy, EMS economic models and EMS research. Matt is the Immediate Past President of the National Association of EMTs and chairs their EMS Economics Committee. He is also Adjunct Faculty for the University of North Texas Health Science Center, Department of Health Management and Policy, as well as an appointed committee member to the NFPA 450 and 451 Committees, the Joint Commission's Home Care Professional and Technical Advisory Committee (PTAC), the Lewin Group's Hospital Outpatient Quality Reporting (HOQR) Program Stroke and AMI Expert Work Group, developing metrics for use in value-based purchasing measures for emergency departments.

ASSOCIATE: EMERGENCY MEDICAL SERVICES

Executive Director, JASON BRADY, MBA, MICP, NRP, CCEMT-P, CSSBB

Executive Director, Emergency Medical Services for University Hospital – Newark, NJ;
Former Director of EMS for Volusia County, Florida; Former Director of Emergency Medical Services, Macon, GA; Former Special Operations Paramedic Grady EMS, Atlanta GA
Former Deputy Fire Chief, Lawrenceville, VA; Former Senior Paramedic, Brunswick County, VA
Former Chief Flight Paramedic West Chicago, IL; Former Director of Operations, RMT Schaumburg, IL.



BACKGROUND

Director Brady has a thirty (30) year career in public service, and currently serves as the Executive Director of EMS for University Hospital – Newark, NJ where he provides executive leadership to ground ALS / BLS 911 operations, NJ State Police Medivac program (JEMSTAR), FBI-Newark SWAT Blue Team – medical coordination unit, New Jersey Task Force Operations, EMS Urban Heavy & Technical Rescue Operations, New Jersey Port Authority Operations for both Liberty International Airport and the Newark Seaport. Additionally, Director Brady oversees The Northern New Jersey Medical Coordinating Center (MCC) which involves medical surveillance activities for over 35 hospitals, and lastly Director Brady oversees the UHEMS Special Operations Group (SOG) with special emphasis on preparedness, emergency operational strike teams that are multidisciplinary. The city of Newark is 26 square miles with a population of approximately 300K residents and is Home to Rutgers University & The New Jersey Institute of Technology. University Hospital EMS has approximately 300 Full-Time Staff Members, forty-five (45) Ambulances, and answers over 110K calls for service annually.

From July of 2019 through July of 2021 Director Brady served as the Director of EMS for Volusia County Florida. In this roll Director Brady modernized fleet operations, championed for advanced equipment, training and employee engagement. Director Brady's time made a lasting impact with significant innovative practices to allow Volusia County EMS to reach both operational and clinical high performance that meets best practices nationally. Volusia County's service area includes 1200 Square Miles with both Urban, Rural and Wildland interfaces. Volusia County operates approximately 55 ambulances, has nearly 250 uniformed personnel and responses to approximately 75K calls for service annually.

Prior to Director Brady's appointment in Volusia County in 2019, he served as the EMS Director of Navicent Health (formerly known as The Medical Center of Central Georgia). This agency is a hospital Based 911 EMS agency. Navicent Health is the second largest Hospital in Georgia and is a primary tertiary center with Level 1 Trauma Center. Navicent EMS provided coverage to an area of just over 1200 square miles that encompassed four (4) counties. Navicent Health EMS answers approximately 80K calls for service a year with a fleet size of 37 ambulances including three Neonatal Specialty Transport ambulances in support of Navicent's Children's Hospital which responded to calls for service for twenty-Six counties across Central and South GA. During his Seven Years as Director of EMS Director Brady working in collaboration with the Mercer University School of Medicine championed Telemedicine for Rural Counties with little access to direct primary care that resulted in state legislation to allow Ambulances within the State to be considered a presentation cite for the purpose of state Medicaid reimbursement.

Prior to his appointment with Navicent Health, Director Brady served as Deputy Chief of the Lawrenceville Fire Department & Senior Paramedic for Brunswick County EMS. This agency is over 100 years old and has a rich history in Southern Virginia. During Chief Brady's time he helped to elevate and modernize the first responder program and served as a senior Paramedic for Brunswick County Residents.

Prior to his appointment in Brunswick County Director Brady served as a Critical Care Flight Paramedic, eventually being promoted to Chief Flight Medic, and overseeing his own HEMS base of operations in Eastern and Central Illinois.

ASSOCIATE: FIRE AND EMS

CHIEF RONDALL L. EARLY, MPA, EFO, NREMT-P

Fire Chief, Wake Forest, North Carolina



BACKGROUND

Chief Early has more than 30 years of fire and EMS experience as a practitioner, middle manager, and Chief Officer in the planning, organizing, leading, and administration of Fire and EMS department operations. Since 2008, Chief Early has commanded the Town of Wake Forest, NC Fire Department. The Town of Wake Forest fire department is a combination fire department that provides fire suppression, basic life support emergency medical services first response, hazardous material response, fire prevention, emergency management oversight, and fire and emergency medical services training programs. The department serves the Town of Wake Forest and a surrounding unincorporated fire

district.

Prior to his appointment in Wake Forest, Chief Early served the Portsmouth, VA Fire and EMS Department for twenty years. In Portsmouth, Chief Early rose through the ranks from firefighter to Chief Officer, working in all areas of this department as a practitioner, company officer, and middle manager assigned to engine and ladder companies, EMS transport, and professional development. Chief Early's final assignment in Portsmouth prior to leaving for Wake Forest was as the Division Commander for Emergency Medical Services, where he oversaw the department's EMS transport operation, EMS billing, training, and administration of this departmental division.

Chief Early holds a Master of Public Administration degree from Troy University, is a 2011 graduate of the National Fire Academy's Executive Fire Officer Program, holds the certification of Nationally Registered Emergency Medical Technician-Paramedic, and holds the rank of 2nd Lieutenant with the North Carolina Civil Air Patrol in charge of Emergency Services.

PROJECT SCHEDULE

Milestone 1 – Full execution of the agreement

Agreement will identify Project Launch date.

Milestone 2 – Project Launch

We will conduct an interactive telephone conference with local government contacts. Our project leads will launch the project by clarifying and confirming expectations, detailing study parameters, identifying agency point of contacts and commencing information gathering.

Milestone 3a – Information Gathering and Data Extraction – 30 Days

Immediately following project launch, the operations leads will deliver an information request to the department. This is an extensive request which provides us with a detailed understanding of the department's operations. Our experience is that it typically takes an agency several weeks to accumulate and digitize the information. We will provide instructions concerning uploading materials to our website. When necessary, the lead will hold a telephone conference to discuss items contained in the request. The team lead will review this material prior to an on-site visit.

Milestone 3b – Data Extraction and Analysis – 14 Days

Also, immediately following the project launch the Data Lead will submit a preliminary data request, which will evaluate the quality of the Computer Aided Dispatch (CAD) system data. This will be followed by a comprehensive request for data from the CAD system to conduct the response and workload analysis. This request requires a concerted effort and focused response from your department to ensure the timely production of required for analysis. Delays in this process will likely extend the entire project and impact the delivery of final report. The data team will extract one year's worth of Calls for Service (CFS) from the CAD system. Once the Data Team is confident the data are accurate, they will certify that they have all the data necessary to complete the analysis.

Milestone 3c – Data Certification – 14 days

Milestone 4a – Data Analysis and Delivery of Draft Data Report – 30 days

Within thirty days of data certification, the analysis will be completed and a draft, unedited data report will be delivered to the department for review and comment. After the data draft report is delivered, an on-site visit by the operations team will be scheduled.

Milestone 4b – Departmental Review of Draft Data Report – 14 days

The department will have 10 days to review and comment on the draft unedited data analysis. During this time, our Data team will be available to discuss the draft report. The Department must specify all concerns with the draft report at one time.

Milestone 4c – Final Data Report – 10 days

After receipt of the department's comments, the data report will be finalized within 10 days.

Milestone 5 – Conduct On-Site Visit – 30 days

Subject matter experts will perform a site visit within 30 days of the delivery of the draft data report.

Milestone 6 – Draft Operations Report – 30 days

Within 30 days of the last on-site visit, the operations team will provide a draft operations report to the department point of contact. Again, the department will have 10 days to review and comment.

Milestone 7 – Final Report 15 days

Once the department's comments and concerns are received by CPSM the combined final report will be delivered to the city within 15 days.

TOTAL ELAPSED TIME: 105 – 170 days

THE CPSM APPROACH TO FIRE AND EMS

CPSM has used decades of research drawn from around the world to approach fire and EMS studies that engage our client team to deploy using standards and data, not tradition and collective memory.

Following a project commitment, the CPSM team will conduct a project launch with our client team members via Zoom. The purpose of this launch is to clarify expectations, identify key players, and begin the process of data collection and quantification. We will look at the dispatch or department personnel that can provide access to the raw Computer Aided Dispatch (CAD) data that underpins many of our findings and recommendations. We will look toward our client team to upload policies, procedures, past plans, standards of cover, risk assessments, and other relevant information.

CPSM will also establish when and how often regular contacts will be made with our client team and who should be involved. We want to make sure your expectations and our work product blend. Along the way, if situations change, we can use the data we begin gathering on the first day to drill down and perhaps identify problems before they negatively impact the department.

Data.... why data?

CPSM has found that there are tremendous amounts of data collected on a daily, even hourly basis in many departments. The challenge is how to access that data; how to clean that data; how to quantify that data; and how to present the product so that everyone understands.

CPSM does not use hypotheticals. We don't use "national averages" upon which to base our client team's individual recommendations and findings. We begin analyzing your data to establish your performance and paint a complete picture of how you are deploying with the accompanying results.

It is critical to have data and one of the biggest challenges for departments because rarely do they have the depth of our analytical team and its decades of research and trademarked processes. If we are going to recommend changes and if our client team is going to make change – they need data to measure how it impacted their outcomes. It's not good enough to say, "this is what happens wherever." We need to provide you with the tools and launch point so that you can measure and report to your stakeholders – citizens, elected officials, appointed officials, and staff – how those changes affected the outcome.

No city, county or community ever imagines just skipping the annual audit. It's usually a mandate in the charter or state law. Yet we find few communities are willing to extend the same effort to delve into the operations of their largest emergency response departments whose actions can literally be life and death. Our process is the same for each community so that we can build national data reporting tables and compare you to demographics, but we create our recommendations and findings based on your individual performance. The CAD system is also the official record of public safety services for communities. Like minute books for the city clerk, it is the record of times and actions taken by your response community. The information at dispatch needs to be collected; it needs to be correct; and it should be a resource to assist with decision making daily.

CPSM ensures this information and system is working and correct before we proceed to other facets of our work.

Begins at dispatch

Armed with the data and information we gather; we start your project at the dispatch center. Benchmarks have been established for dispatch centers across the country in National Fire Protection Association Standards (NFPA 1220, NFPA 1221, NFPA 1710, NFPA 1720, etc.). Many of those same benchmarks and standards have also been adopted by the Association of Public-Safety Communications Officials-International (APCO).

The dispatch protocols are continually being studied, particularly with the adoption of Priority Fire, Medical, and Police dispatch. The systems look at collecting what is happening, where, and alerting the right response to the right location for a positive outcome.

Time is critical when it comes to fire and EMS emergencies. Research has continued to show that most of the fire and EMS responses do not require lights and sirens. However, the information gathering component is the same whether it is a "Code" Emergency run or a non-emergency response. The alert must be answered, the information processed, and then the correct response mode determined using data gathering that has begun in the dispatch center.



Adult Out-Of-Hospital Chain of Survival

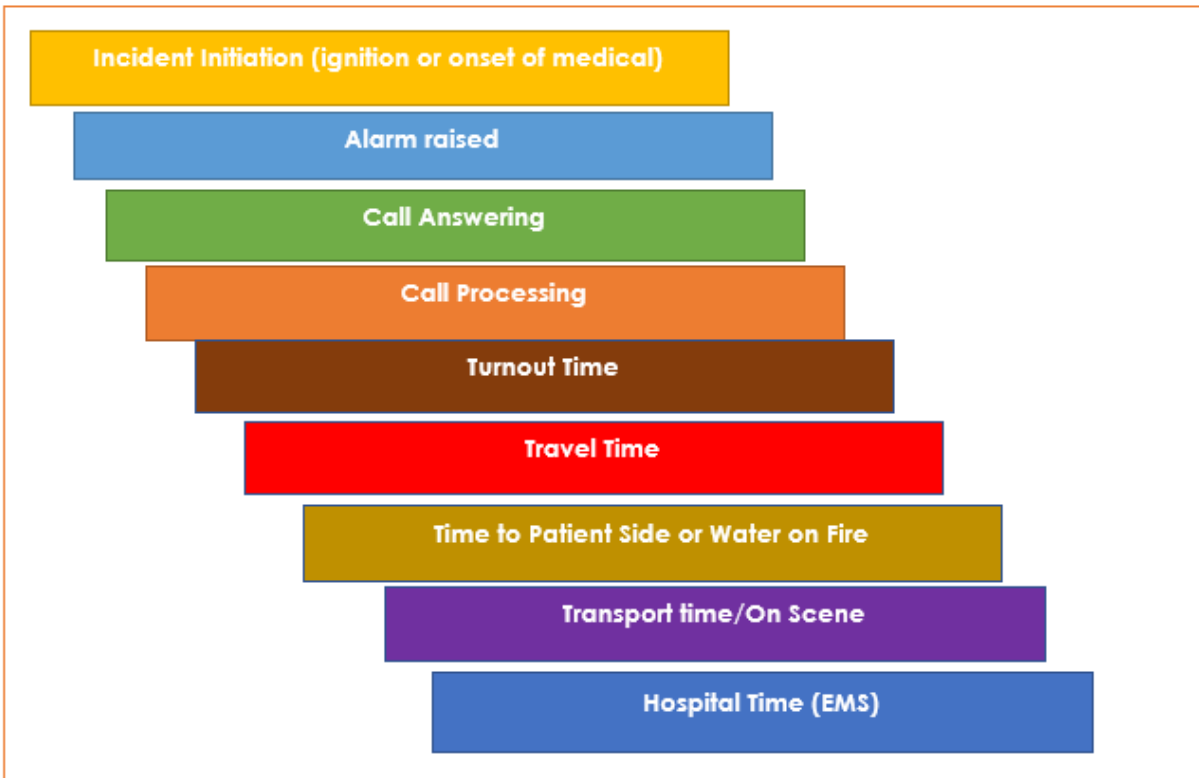
The American Heart Association has looked at survival processes for Sudden Cardiac Arrest and quantified "beating, breathing, and bleeding" survival analytics. For each minute that passes after the onset of Sudden Cardiac Arrest (SCA), the chance of survival decreases for each minute that passes without intervention.

That is why we will look at your community training, your prevention in EMS and first response, how long the dispatch takes to process the call, how long it takes for turnout, and how long it takes for response. The key for SCA and emergency EMS responses is to arrive at the patient side or begin intervention via the dispatch center to the caller who has identified the onset of the medical issue within 10 minutes.

With fire response, "flashover" or the rapid combustion of all contents in a room of origin as they ignite – often producing explosive power – occurs within 8 to 10 minutes of ignition. Obviously, many factors can increase that time – particularly sprinkler ordinances, code inspection, code enforcement, use of non-combustible materials – and we will look at all of those. We will quantify how severe is the fire problem, how often is the fire confined to point, room, building, or area of origin and make recommendations on how deployment and equipment might improve the outcomes.

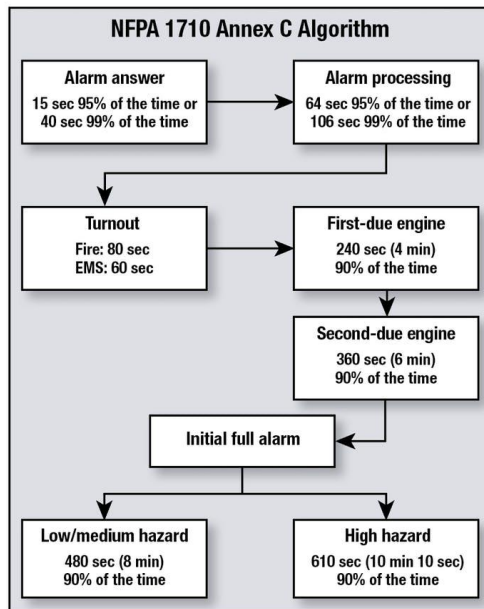
Research has found, particularly with the pandemic, that businesses impacted by fire or disasters fail to survive and return to business in more than 30% of the incidents. If damage is severe or closure is prolonged, those numbers move towards 70, 90, and 100%. For that reason – NOT HAVING FIRES – is the best goal for a fire department. How a department achieves that goal is

directly related to inspections, code enforcement, plan review, adherence to codes, sprinkler systems, and community engagement.



The time for a fire (or EMS) call to occur and for an alarm to be raised can vary from community to community. In urban, rural, and remote areas, it can be lengthy periods of time before a fire is noticed or a patient discovered. That time may significantly impact the outcome. So what could be done? This is where we will look at sprinklers, alarm systems, home alert devices and other tools as well as how they might be integrated into your system.

For call answering, we will benchmark your time against the latest editions of NFPA and APCO standards. In 2022, that time process changed. If your dispatch is not performing at these levels –



or if they are not using metrics to constantly evaluate performance (particularly in emergencies requiring rapid response), your team needs to be able to intervene. CPSM finds many communities and dispatch centers do not regularly look at this critical step on the successful outcome matrix.

Our data team will next look at turnout time – is it excessive and then report to our operations team so that they can delve into the “whys.” The same goes for travel time which will be reviewed by our expert Geographic Information and Data division. Are your stations properly located? How might changes or new stations impact time? Why are key performance goals not being achieved and are there ways to positively improve deployment and response?

Dispatch and data – they establish the basic platform from which our other work and team members will engage.

Operations Review

Our operations team will be receiving the data report as will our client team. We want to ensure we have the information correct; the unit designation and other specifics in language understood and used by our client team; and that everyone is agreed on the interpretations of CAD factual performance.

Our operations SME's will be reviewing the information you upload while the data team performs its work. We will review your contracts, your agreements for mutual and automatic aid, your building codes, your enforcement reports, your standard of cover, risk assessment, and other documented policies.

Policy, procedure, Standard Operating Policies, and Standard Operating Guidelines direct the staffing and deployment of fire and EMS departments. However, many departments find it difficult to keep up with changes and demands while balancing calls for service and other tasks assigned to the department. Is your department keeping up with key personnel issues and are you conducting the necessary mandatory training required for emergency responders in fire and EMS?

Using information analyzed by the data team, an operational assessment by CPSM technical experts will be conducted to evaluate the deployment of emergency resources. We will quantify the workload – which is different from calls for service. Workload is the TIME it takes for all responders to manage a call for service. A call is simply an aggregate number that often lacks the detail to determine what demand it placed on an agency. We will quantify workload by station, by unit, by time of day, and by season.

The CPSM team will evaluate equipment, maintenance, records, policies, procedures, mapping, implemented technology and innovations, facilities, training, and staff to create recommendations for future service delivery.

The team may meet with elected and appointed officials as well as identified community leaders to determine the outcome they are seeking from deployment of resources.

Risk Assessment

Many agencies express a desire to benchmark and meet NFPA standards like 1710 and 1720. However, what they fail to conduct are all-hazard, all risk analysis. Both standards base deployment of resources on a linear approach to deployment of emergency resources.

A department needs to conduct an all-hazard, all risk assessment to locate stations, assemble the proper and necessary number of responders, and equip those responders with the proper tools to manage each hazard and risk.

The Operations team will look at the Community Risk Reduction (CRR) program that should be identifying and seeking solutions for all the emergencies for which a department has a high probability for a response. While the possibilities for emergency response by a department may be limitless, engaging in true Community Risk Reduction activities can “narrow” those possibilities to a more manageable list of probabilities.

Knowing and understanding those probable risks for your community is the key to a successful CRR program. What are the types of calls for service that have the greatest potential for causing harm in your community? That harm could be deaths or injuries or sickness for large groups of individuals, e.g., large apartment complexes or nursing homes or assisted living communities or entire communities. It could have an adverse economic impact such as a devastating fire involving the primary employer for the community.

Increasingly, we're seeing the harm that comes to communities from a wide variety of sources such as flooding, wildfires, hazardous material accidents, earthquakes, severe weather events, and mass shooting events.



Where should your department be placing its Community Risk Reduction emphasis? Preventing fires is certainly a component of Community Risk Reduction, but it's not the only threat of harm to your community and it's not the only type of emergency to which your department will respond.

CPSM has worked with fire officials in the United Kingdom who have been researching the impact of CRR and change to “Standards of Response Coverage” (SOC) since 2000. The data shows that a robust CRR prevents fire (and EMS) incidents from occurring thereby improving the efficiency, effectiveness, and safety to the community as well as for responders.

Now, you might be asking yourself this question, “How are we supposed to do all of that and still is your department doing those activities because we have always done them, or because they make a difference?”

Is there a different way to do these activities that will provide at least the same result or maybe even a better one?

Obviously, a fire department cannot continue to add tasks to its workload without additional resources, e.g., time, money, and people. So, it's imperative that a department's Community

Risk Reduction is focused on reducing the risk of harm for the greatest number of those probable situations for your community.

Best Practices

The CPSM Operations team review will incorporate best practices and analysis on each of the following for your department:

- **Review each division and functional area of the department to include Fire Operations, Training, Community Risk Reduction, Emergency Management, EMS, fleet services, facilities, and provide planning recommendations based on NFPA and CPSE consensus standards.**
- **Analysis of each division and functional area of the department with a focus on the overall performance of the functional area and the management framework will include the following analysis areas:**
 - Governance and Administration
 - Analyze Organizational Structure/Leadership Model
 - Analyze Organizational Guidelines, Policies and Procedures
 - Analyze Operational Staffing and Deployment
 - Analyze Programmatic Staffing and Deployment
 - Planning and Management Processes
 - Analyze Department Strategic Planning Process
 - Analyze performance measurements/goals.
 - Analyze Department Programs that support/link to Fire and EMS operations (to include administrative services, training and education, community risk reduction, emergency management, mutual aid, and other service delivery programs).
- **Conduct a comprehensive review of the city's current Insurance Services Office, Public Protection Classification rating classification and accompanying Fire Suppression Rating Schedule.**
- **Analyze the current functional and operational service delivery model for fire and EMS services, contracted services, and provide planning recommendations on the fire and EMS service delivery model based on NFPA and CPSE consensus standards.**
- **Analyze current operational deployment of resources, the current operational staffing deployment model and provide recommendations based on NFPA and CPSE consensus standards.**
- **Conduct a Community Risk Assessment utilizing NFPA benchmarking and the 3-Axis Risk Calculation that links to the staffing and deployment of resources. If the department has current OVAP building scores, we will include those in the assessment.**
- **Evaluate the department's health and safety programs. Covid has shown the importance of comprehensive programs and a recent report by ICMA and the Center for Public Safety Excellence, Inc. (CPSE, Inc) showed this was of significant importance to responders.**
-

Summary

The operations team will conduct an analysis of the Fire and EMS operational functions and guidelines of the department, the Fire and EMS operational service delivery model, review of contracted services in the unincorporate areas, and all internal and external factors influencing service delivery.

The internal information gathering process (work conducted during CPSM review of information provided through the document request, meetings, and the on-site visit) will include:

- Examination and analysis of the factors that enhance/impact the department's current service delivery model
- Examination and analysis of operational guidelines and their connection to the current service delivery model
- Discussion of the organization's strengths, weaknesses, opportunities, and threats as it relates to deployment of resources and response times
- Analysis of Fire Management Zones
- Analysis all-hazards that will lead to the completion of a Community Risk Assessment
- Analysis of Standard of Cover Concepts
- Exploration and analysis of various mission driven specialty fire protection and other response duties such as EMS ground transport, emergency management operations, and technical rescue

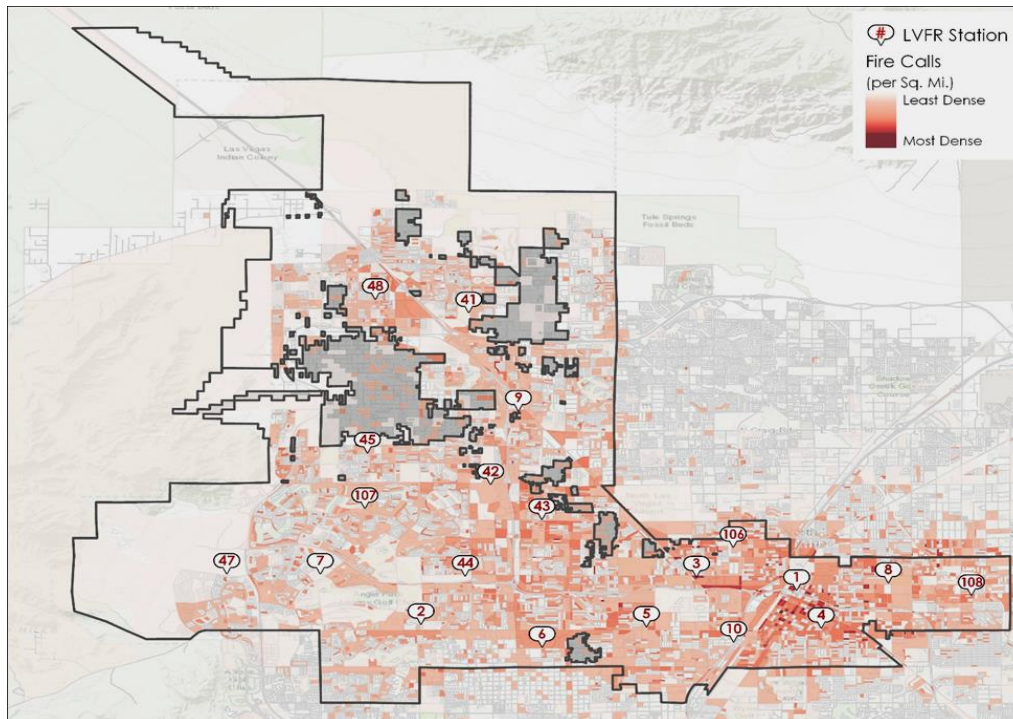
Presentation of Data and GIS Mapping

CPSM will present the data analysis in a series of tables and charts depicting the outcomes of the analysis. Using GIS we will conduct an analysis on call demand concentration of fire, EMS, and non-emergency calls. The results of the GIS analysis are presented in GIS mapping illustrations. Examples are identified in the following Tables and Figures:

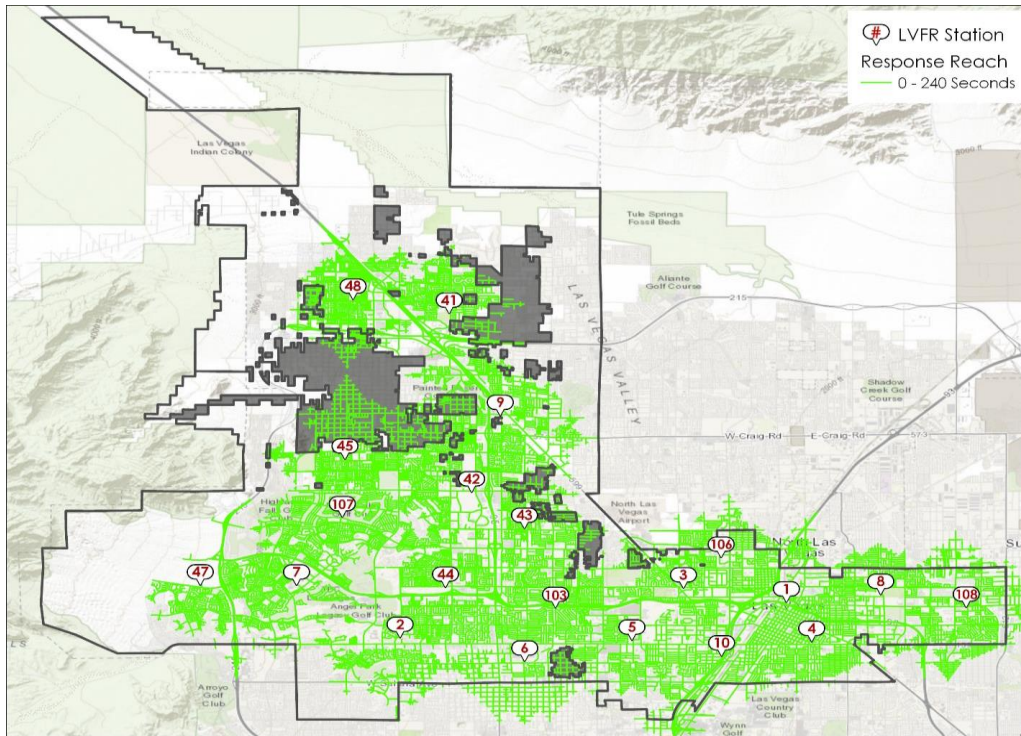
Call Types

Call Type	Number of Calls	Calls per Day	Call Percentage
Breathing difficulty	9,366	25.7	8.7
Cardiac and stroke	13,665	37.4	12.7
Fall and injury	14,747	40.4	13.7
Illness and other	29,426	80.6	27.3
MVA	7,280	19.9	6.7
Overdose and psychiatric	5,146	14.1	4.8
Seizure and unconsciousness	11,070	30.3	10.3
EMS Total	90,700	248.5	84.1
False alarm	1,646	4.5	1.5
Good intent	526	1.4	0.5
Hazard	893	2.4	0.8
Outside fire	2,101	5.8	1.9
Public service	1,815	5.0	1.7
Structure fire	993	2.7	0.9
Fire Total	7,974	21.8	7.4
Canceled	9,235	25.3	8.6
Total	107,909	295.6	100.0

Density of Fire and EMS Calls



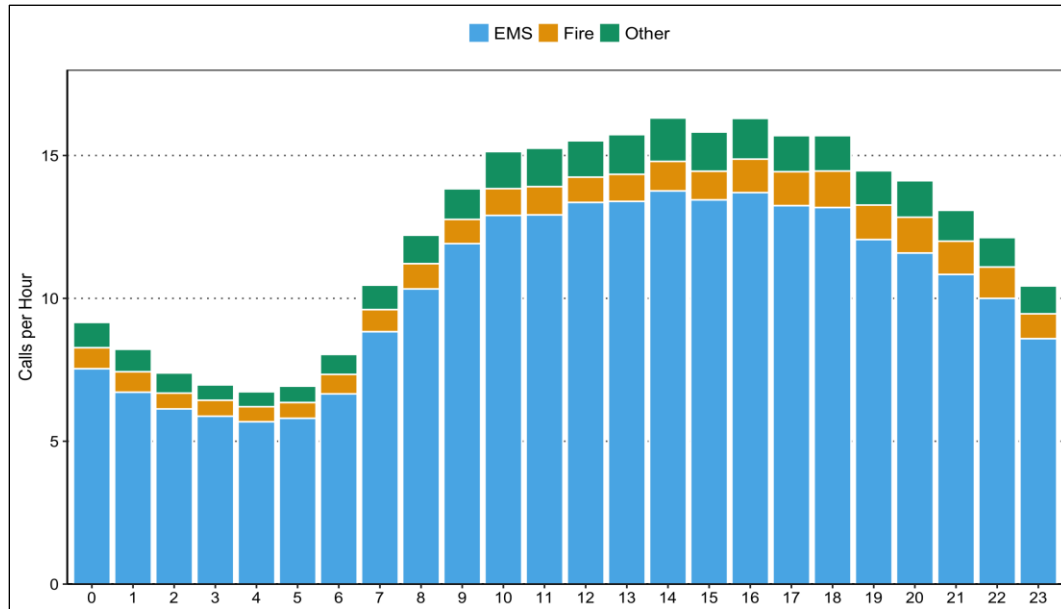
240-Second Travel Time Bleed Map, City-wide Analysis



90th Percentile Response Time of First Arriving Unit, by Call Type (Minutes)

Call Type	Dispatch	Turnout	Travel	Total	Number of Calls
Breathing difficulty	2.4	2.0	7.3	10.6	8,053
Cardiac and stroke	2.8	1.9	7.3	10.9	11,685
Fall and injury	3.3	2.0	9.0	13.0	12,304
Illness and other	3.1	2.0	9.2	12.8	23,551
MVA	2.2	1.7	7.1	10.1	6,116
Overdose and psychiatric	10.2	2.0	8.5	18.2	3,701
Seizure and unconsciousness	3.0	1.9	7.9	11.6	9,840
EMS Total	3.1	1.9	8.4	12.2	75,250
False alarm	2.7	1.9	9.8	13.2	1,495
Good intent	3.0	1.8	9.8	12.7	410
Hazard	3.1	1.8	9.8	14.1	630
Outside fire	2.3	1.6	7.4	10.4	1,723
Public service	3.0	1.9	9.1	12.7	1,044
Structure fire	2.9	1.6	6.0	9.2	639
Fire Total	2.8	1.8	8.9	12.2	5,941
Total	3.0	1.9	8.4	12.2	81,191

Call Demand by Hour of Day



EMS Transport Analysis

Call Type	Number of Calls			Conversion Rate
	Non-transport	Transport	Total	
EMS response	756	3,582	4,338	82.6
MVA	131	167	298	56.0
EMS Total	887	3,749	4,636	80.9
Fire & Other Total	1,504	197	1,701	11.6
Total	2,391	3,946	6,337	62.3

Call Type	Average Time Spent per Run				Number of Runs
	On Scene	Traveling to Hospital	At Hospital	Deployed	
EMS response	11.2	11.7	21.8	51.3	3,584
MVA	12.1	16.1	27.0	62.9	185
EMS Total	11.3	11.9	22.0	51.8	3,769
Fire & Other Total	12.4	18.1	29.5	71.7	201
Total	11.3	12.2	22.4	52.8	3,970

EMS

Emergency Medical Services

EMS agencies across the country are being stressed to the limit. Staffing shortages, skyrocketing expenses, rising response volumes - many for low-acuity responses - supply chain disruptions and economic models that only reimburse for ambulance transport are converging to cause failures for EMS systems in many communities.

CPSM's EMS subject matter experts are rising to these challenges since many are actively working through these issues every day! Some are internationally recognized for their approach to rationale, data-driven, and patient-centered approaches to effective and efficient service delivery.

We start each project with a detailed analysis of EMS call data to provide a comprehensive review of emergency medical services including a detailed analysis of workloads and response times. The analysis of the workload begins with an in-depth study of the types of calls handled and their severity. The goal is to identify the fundamental nature of the emergency medical challenge faced by the community and the EMS agency. We pay special attention to the most critical emergencies such as heart attacks and serious vehicular accidents. We also look at the clinical, operational, financial, and patient experiential performance of the EMS agency, whether it's fire-based, 3rd service governmental, hospital-based, or contracted. We provide and evaluate the options and impacts of providing EMS care at the EMT, Intermediate or Paramedic levels.

For each EMS call type, we determine the time spent on-scene and the number of personnel who worked the scene. The data is aggregated to determine an overall average total time spent on EMS calls. We also determine how much EMS calls contribute to the workload of first response and transport resources. We illustrate any dramatic variations by time of day and day of week, as well as seasonal variations.

While data related to responses, response times and clinical performance are important, in today's environment, they are not the only things to be considered for the delivery of EMS. Alternate delivery models such as community paramedicine, treat and non-transport programs, transport to alternate destinations, and resourceful economic models are solutions that CPSM's SME's have helped implement in many communities as mitigation factors to improve EMS delivery and effectiveness.

Our operations team for EMS will go beyond simply looking at the TIME your service took to respond and drill down to determine cost analytics. We would note that most requests for proposals do not include this step, but it may be important to conduct a full 360 degree review of your EMS services. Examples of those are:

Total Annual Cost

Cost per Unit Hour

Total costs ÷ **Produced** or **Scheduled** Unit Hours

Cost per Response

Total costs ÷ Responses

Cost per Transport

Total costs ÷ Transports

Cost per Capita

Total costs ÷ Population Served

Fixed vs. Variable Cost Categorization

Cost to manage the service | Stair step costs | Cost to run a call

Creating a clinical report card

Santa Cruz County First Responder Report Card				
Criterion	2016	Goal	Weighted Value	Score
Cardiac Arrest				
End-tidal CO2 monitored	38.9%	90.0%	4.0%	1.73
Complete documentation (see System QI P&P)	90.0%	90.0%	4.0%	4.00
Respiratory Distress				
Mental Status assessed/documentated	90.9%	90.0%	4.0%	4.00
bronchodilator administration for wheezing within 10 minutes	72.0%	85.0%	4.0%	3.39
Airway Management				
End-tidal CO2 performed on any successful ET intubation	38.8%	90.0%	4.0%	1.72
Other confirmation techniques (e.g., visualize chords, chest rise, auscultation)	90.0%	90.0%	4.0%	4.00
Complete documentation (see System QI P&P)	90.0%	90.0%	4.0%	4.00
STEMI				
ASA administration within 5 minutes	56.7%	90.0%	4.0%	2.52
SpO2 recorded	98.3%	95.0%	4.0%	4.00
12 LEAD EKG acquired within 5 minutes	35.0%	80.0%	4.0%	1.75
Complete documentation (see System QI P&P)	90.0%	90.0%	4.0%	4.00
Stroke				
Time last seen normal	0.0%	90.0%	4.0%	-
Use of a prehospital BEFAST stroke scale	58.9%	90.0%	4.0%	2.62
Complete documentation (see System QI P&P)	90.0%	90.0%	4.0%	4.00
Trauma				
PAM scale recorded	60.8%	90.0%	4.0%	2.70
Complete documentation (see System QI P&P)	90.0%	90.0%	4.0%	4.00
Safety				
Protocol compliance rate per chart review (high acuity, AMA/RAS, & random)	90.0%	90.0%	10.0%	10.00
Patient Satisfaction (use standardized questions to allow inter-agency comparison)				
Degree to which the firefighters took your problem seriously	96.0%	94.0%	4.0%	4.00
How well the firefighters explained things in a way you could understand	95.5%	95.4%	4.0%	4.00
Skill of the firefighters	94.3%	94.1%	4.0%	4.00
Extent to which the firefighters cared for you as a person	96.0%	94.1%	4.0%	4.00
Professionalism of the firefighters	95.0%	94.1%	4.0%	4.00
ePCR Submission Compliance				
Transfer of Care (TOC) critical ePCR elements completed within 10 minutes of patient departure from scene	80.0%	90.0%	3.0%	2.67
Full ePCR completed within 24 hours	100.0%	100.0%	3.0%	3.00
Total Standards			100.0%	84.10
Green: Meet/Exceed Goal				
Orange: 0-20% Below Goal				
Red: >20% Below Goal				
Criteria				
1) Measurable				
2) Must be improvable				
3) Reflect value to the patient				

EMS is an expensive and challenging component of service delivery for communities. Like fire, finding employees is becoming more and more difficult. We will look at recruitment, retention, training, human resources, pay scales, and other information that may be impacting your team.

EMS is also about managing using key performance indicators (KPI's). As we identified in this section, just looking at response time fails to provide a complete picture of how your service is responding, how it will respond, and what investments need to occur to enable it to achieve a high performing status. Included in our review is a look at your payer mix, your collection process, and what are your costs for service.

FIRE/EMS ANALYSIS OF RESOURCE EXHAUSTION

Fire departments often speak of the “worst case scenario” or “resource exhaustion” when developing staffing and deployment plans. A comprehensive all-hazard Standard of Response Coverage plan requires resource exhaustion to be addressed. An agency can never staff for the worst-case scenario because whatever situation can be envisioned, there can always be a more serious event that can be planned.

What is needed to make staffing and apparatus decisions is a clear understanding of what levels of demand can reasonably be expected over specific periods of time in a specific jurisdiction. For example, what are the busiest calls for service times over a one-year period and what levels of staffing and apparatus were needed to handle this workload?

To answer this question requires a detailed analysis of calls for service, broken down minute by minute, identifying which units were busy and how many units remained available to respond to a new call for service. More sophisticated analysis can take into consideration available mutual aid resources.

There is significant variability in the number of calls from hour to hour and the frequency of simultaneous or overlapping calls. One special concern relates to the fire resources available for the highest workload hours. We tabulate the data for each of 8760 hours in the year. We identify how often the fire department will respond to more than a specified number of calls in an hour. In studying call totals, it is important to remember that an EMS run typically lasts, on average, a different amount of time than a fire category call and this will vary depending upon whether EMS transport is provided.

Example of “Resource Exhaustion Analysis”

What follows is an example of a CPSM study of a fire department with 17 units staffed all the time. For most of these high-volume hours, the total workload of all units combined is equivalent to 3 or fewer units busy the entire hour. For the ten highest volume hours, 0.1% of the hours, the total workload exceeded 3 hours. These high-volume hours occurred between 10 a.m. and 9 p.m.

The hour with the most work was between 1000 and 1100 on September 12, 2009. The 21 calls involved 34 runs (a “call” is an incident and a “run” is a unit response). The combined workload was 417 minutes. This is equivalent to 7 firefighting units being busy the entire hour. However, in the city there are 17 units staffed all the time. During the worst portion of the hour, there were always at least 5 units still available to respond immediately. Only 5 of the 17 units were busy more than 30 minutes during this hour.

The hour with the most calls was between 1400 and 1500 on October 13, 2009. The 23 calls involved 28 runs. The combined workload was 379 minutes. This is equivalent to between 6 and 7 firefighting units being busy the entire hour. However, in the city there are 17 units staffed all the time. During the worst portion of the hour, there were always at least 7 units still available to respond immediately. Only 3 of the 17 units were deployed more than 30 minutes during this hour.

Frequency Distribution of the Number of Calls

Number of Calls in an Hour	Frequency
0-5	6397
6-10	2263
11-15	98
16 or more	2

Observations:

- A total of 6,397 hours (73%) in a year have received 0-5 calls.
- A total of 2,263 hours (25.8%) in a year have received 6-10 calls.
- A total of 100 hours (1.2%) in a year have received 11 or more calls.

Top Ten Hours with the Most Calls Received

HOURS	Number of Calls	Number of Runs	Total Busy Deployed
13-Oct-2009 1400	23	28	379
12-Sep-2009 1000	21	34	417
20-Jun-2009 2000	15	16	252
02-Feb-2009 1900	15	16	213
10-Jul-2009 1000	14	15	226
15-Feb-2009 1900	14	20	317
29-Jul-2009 1700	14	18	274
23-Feb-2009 1100	14	15	180
17-Mar-2009 1500	14	17	193
01-Mar-2009 1800	13	14	185

Deployed Minutes by Unit for the Hour between 10 a.m. and 11 a.m. on 12-Sep-2009

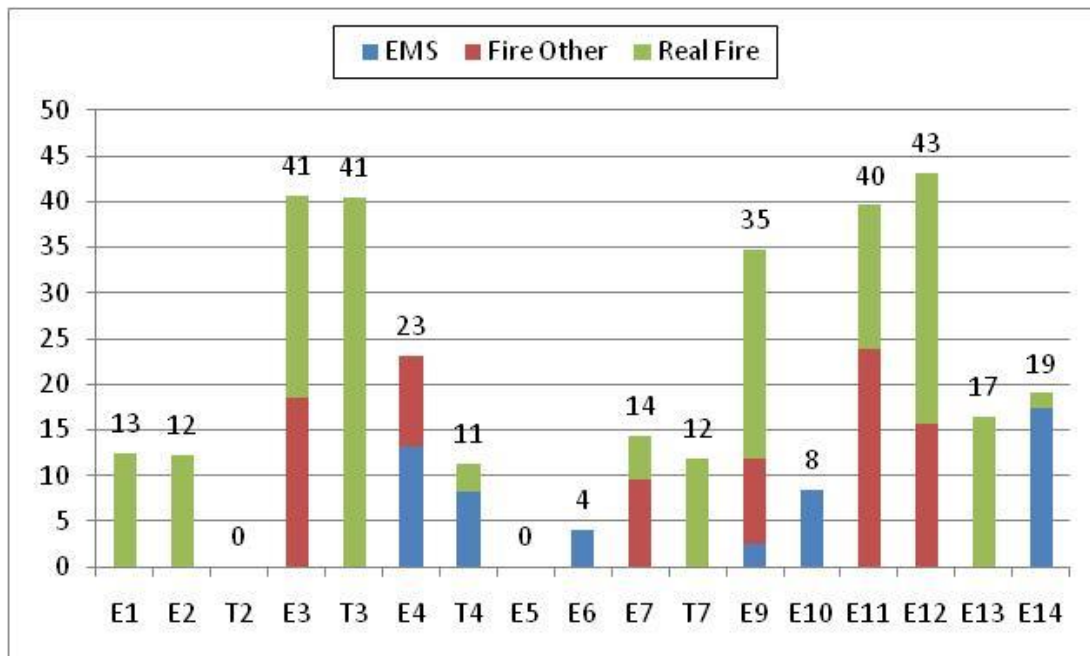
Station	1			2		3		4		5	6		7		9	10	11	12	13	14	Number of Units	
Unit	E1	E2	T2	E3	T3	E4	T4	E5	E6	E7	T7	E9	E10	E11	E12	E13	E14	Busy	Free			
0-5																		3.3	1	16		
5-10		1.9		0.7														5	3	14		
10-15	3.1	5		5								3.7		0.6	4.8		5	7	10			
15-20	5	4.3		5	0.5							5		5	4.4		4	8	9			
20-25	4.4	1.1		4.4	5							3.8		5	5			7	10			
25-30				5	5							5		5	5			5	12			
30-35				4.6	5							5		5	2.7			5	12			
35-40				5	5	3.1						5		5	1.3			6	11			
40-45				5	5	5				1.2		0.7	0.7	4.9	5	1.6		9	8			
45-50				5	5	5	1.8			5	1.8		1.9	1.6	5	4.9	1.7	11	6			
50-55				0.9	5	5	4.5		3.3	5	5	2.5	0.8	2.5	5	5		12	5			
55-60					5	5	5		0.8	3.1	5	4.1	5	5	5	5		11	6			
Total	12.5	12.3	0.0	40.6	40.5	23.1	11.3	0.0	4.1	14.3	11.8	34.8	8.4	39.6	43.2	16.5	19.0					

Note: The numbers in the cells are the deployed minutes within the 5-minute block. The cell values greater than 2.5 are coded as red.

Observations:

- Between 10 a.m. and 11 a.m. on September 12, 2009, the fire department responded to 21 calls and dispatched 34 units to these calls.
- In the city, there are 17 units staffed all the time. During the worst portion of this hour, there were always at least 5 units still available to respond immediately. Only 5 of the 17 units were deployed more than 30 minutes during this hour.

Workload by Unit and Call Type for the Hour between 10 a.m. and 11 a.m. on 12-Sep-2009



Observations:

- Engine companies E3, E11 and E12 were deployed more than 40 minutes during this hour.
- Truck T3 was deployed more than 40 minutes during this hour.
- Eleven units were deployed less than 20 minutes. Two units responded to no calls.

Overlapped Call Analysis

Scenario	Frequency	Percent
No Overlapped Call	1,536	48.5
Overlapped with another call	1,113	35.2
Overlapped with two calls	388	12.3
Overlapped with three calls	102	3.2
Overlapped with four or more calls	26	0.8

Observations:

- 48.5 percent of emergency incidents had no overlapped call.
- 35.2 percent of emergency incidents overlapped with another call.
- 12.3 percent of emergency incidents overlapped with two calls.
- 4.0 percent of emergency incidents overlapped with three or more calls.

COMMUNITY FOCUSED PLANNING

Using the forensic data and operational analysis, CPSM can advance your department to the next level with a community focused, community engaged strategic plan development. **While not part of our basic work**, this next step directs your fire and EMS for the future. We can include a pricing for this additional step if requested.

A project team comprised of highly capable experts with developing strategic plans, particularly experienced with fire, rescue, EMS, and strategic plan development, will take the hand-off from our data and operations experts.

CPSM utilizes current and former fire, rescue, and EMS chief officers who have prior experience serving as practitioners, line officers, and middle managers. This ensures that our staff have extensive relevant knowledge, hands-on experience, and understanding of all aspects of fire, rescue, and EMS operations. Their expertise has been applied to similar projects that CPSM has performed for its clients. Our comprehensive fire, rescue, and EMS analyses have yielded thousands of recommendations for enhancing the effectiveness and efficiency of department management, operations, staffing, training, data management, fleet management, community relations, and more.

CPSM's proposed project professionals will be available to support the project as needed through completion. CPSM's subject matter experts have a long history with the firm, which means staff turnover is not a significant concern. Based on our experience, a dedicated, consistent project team works more efficiently and effectively, ensuring both continuity of project knowledge and budget management. Because we have a stable workforce, our project team members have a history of collaborating on similar projects.

CPSM performs all work using in-house resources and does not subcontract any portion of the work scope. The firm has adequate in-house subject matter experts to perform multiple concurrent public safety studies at any time.

- Establishment of near - and long-term goals (1-5 years).
- Exploration of various strategic alternative approaches to accomplish the goals in the identified plan years.

From the planning process, specific Core Strategies will be developed and are accompanied by several components that deliver overall strategies and key measurements and include:

- Core Strategies: necessary to help achieve goals and outcomes. The core strategies must be applied to all situations both when the organization is working externally within the Community (outward focus) and when we are working internally within the organization (inward focus).
- Desired Outcome: Describes where the organization wants to be.
- Success Indicators: Describes how the organization will know when they are moving toward achieving the strategy.
- Performance/Key Measures: Are the concrete actions that validate the indicators

Following the data and operations' team, our Strategic Plan Expert will arrange an initial virtual meeting with key staff of the department to discuss the scope of work of this project, as well as begin the stakeholder dialogue that will drive the project's success.

CPSM will utilize our earlier work with particular emphasis on key tables, charts, and further GIS analysis to expand on demand, concentration, resource exhaustion, and opportunities for improvement.

We will involve key community members (identified by our client team) to engage and extract knowledge. Elected officials, appointed officials, other departments, and community leaders will engage to ensure expectations and goals match.

PROPOSED FEES

The quotation of fees and compensation shall remain firm for a period of 90 days from this proposal submission.

CPSM will conduct the analysis of the fire/EMS department for \$63,317 exclusive of travel. The project would be billed in three installments: 40% upon contract signing; 40% with delivery of the draft fire data analysis; and the remaining 20% with delivery of the draft final report. Following delivery of the draft reports, the city will have 30 days to provide comments as to accuracy, and a final report will be delivered within 30 days of the comment period.

Because of the possibility of Covid restrictions, CPSM will bill travel expenses at actual cost with no overhead or administrative fees applied. Should travel be restricted, CPSM has found work can be done using web-based platforms if necessary, but that charrettes and focus groups lose some of the robust participation developed through in-person interaction.

Deliverables

Draft reports will be provided for department review in electronic format.

To be ecologically friendly, CPSM will deliver the final report in computer readable material either by email, CD or both. The final reports will incorporate the operational findings as well as data analysis. Should the municipality desire additional copies of the report, CPSM will produce and deliver whatever number of copies is requested, which will be invoiced at cost.

Should the local government desire additional support or in-person presentation of findings, CPSM will assign staff for such meetings at a cost of \$2,500 per day/per person plus travel expenses.

CONCLUSION

Part of ICMA's mission is to assist local governments in achieving excellence through information and assistance. Following this mission, Center for Public Safety Management, LLC acts as a trusted advisor, assisting local governments in an objective manner. CPSM's experience in dealing with public safety issues combined with its background in performance measurement, achievement of efficiencies, and genuine community engagement, makes CPSM a unique and beneficial partner in dealing with issues such as those being presented in this proposal. We look forward to working with you.

PAST & CURRENT ENGAGEMENTS

LOCALITY	ST	PROJECT DESCRIPTION
Edmonton	AB	Comprehensive Analysis of Fire Services.
Leduc	AB	Fire Consolidation Plan
Leduc	AB	Comprehensive Analysis of Fire Services.
Kenai	AK	Comprehensive Analysis of Fire Services
Anniston	AL	Comprehensive Analysis of Police Services
Auburn	AL	Comprehensive Analysis of Fire Services
Auburn	AL	Comprehensive Analysis of Police Services
Dothan	AL	Comprehensive Analysis of Police Services
Casa Grande	AZ	Comprehensive Analysis of Police Services
Florence	AZ	Comprehensive Analysis of Police Services
Lake Havasu City	AZ	Comprehensive Analysis of Police Services
Lake Havasu City	AZ	Comprehensive Analysis of Fire Services
Florence	AZ	Comprehensive Analysis of Police Services
Pinal County	AZ	Comprehensive Analysis of Sheriff's Office
Prescott	AZ	Comprehensive Analysis of Fire Services
Prescott	AZ	Comprehensive Analysis of Police Services
Queen Creek	AZ	Police Strategic Plan
Queen Creek	AZ	Comprehensive Analysis of Fire services
Scottsdale	AZ	Comprehensive Analysis of Police Services
Tucson	AZ	Comprehensive Analysis of Police Services
Youngtown	AZ	Comprehensive Analysis of Police Services
Alameda	CA	Comprehensive Analysis of Fire Services
Alameda	CA	Comprehensive Analysis of Police Services
Burbank	CA	Analysis of Investigations Workload / Staffing
Carlsbad	CA	Comprehensive Analysis of Police Services
El Centro	CA	Comprehensive Analysis of Police Services
Fairfield	CA	Comprehensive Analysis of Police Services
Greenfield	CA	Comprehensive Analysis of Police Services
Hermosa Beach	CA	Comprehensive Analysis of Fire services
Hermosa Beach	CA	Comprehensive Analysis of Police Services
Laguna Woods	CA	Review of Sheriff's Office Service
Milpitas	CA	Comprehensive Analysis of Police Services
Morgan Hill	CA	Comprehensive Analysis of Police Services
Morgan Hill	CA	Comprehensive Analysis of Fire Services
Palm Desert	CA	Comprehensive Analysis of Fire Services
Palo Alto	CA	Comprehensive Analysis of Fire Services

Placentia	CA	Comprehensive Analysis of Police Services
Rohnert Park	CA	Comprehensive Analysis of Police Services
San Diego County	CA	EMS Study
San Jose	CA	Fire Study Review
San Jose	CA	Police Study Review
San Mateo	CA	Dispatch Operations Review
Santa Ana	CA	Comprehensive Analysis of Police Services
Santa Clara	CA	Comprehensive Analysis of Police Services
Santa Cruz	CA	Comprehensive Analysis of Police Services
Santa Monica	CA	Police Chief Selection
Santa Rosa	CA	Performance Measurement Analysis
Stockton	CA	Comprehensive Analysis of Police Services
Stockton	CA	Comprehensive Analysis of Fire Services
Union City	CA	Comprehensive Analysis of Fire Services
Whittier	CA	Comprehensive Analysis of Police Services
Woodlands	CA	Police Chief Selection
Yuba City	CA	Comprehensive Analysis of Fire Services
Yuba City	CA	Comprehensive Analysis of Police Services
Federal Heights	CO	Comprehensive analysis of Police Services
Federal Heights	CO	Comprehensive analysis of Fire Services
Littleton	CO	Comprehensive Analysis of Fire Services
Steamboat Springs	CO	Comprehensive Analysis of Fire Services
Cheshire	CT	Police Management Review
Southington	CT	Comprehensive Analysis of Fire Services
Dover	DE	Comprehensive Analysis of Police Department
Dover	DE	Comprehensive Analysis of Fire Services
Alachua	FL	Expert Witness Law Enforcement Issues
Tamarac	FL	Analysis of Sheriff's Contract Services
Inverness	FL	Comprehensive Analysis of Fire Services
Delray Beach	FL	Comprehensive Analysis of Police Services
Delray Beach	FL	Comprehensive Analysis of Fire Services
Dunedin	FL	Police Consolidation Review
Hollywood	FL	Police Internal Affairs Review
Indian River Shores	FL	Public Safety Staffing Analysis
Indian River Shores	FL	Public Safety Study
Jacksonville Bch	FL	Police Chief Selection
Jupiter	FL	Police and Fire
Hobe Sound	FL	Public Safety Consolidation
Kenneth City	FL	Comprehensive Analysis of Police Services
Miami Beach	FL	Comprehensive analysis of Fire Services
Naples	FL	Presentation
North Port	FL	Comprehensive Analysis of Police Services

Orlando	FL	Expert Witness Law Enforcement Issues
Land O' Lakes	FL	Comprehensive analysis of Fire Services
New Port Richey	FL	Sheriff Budget Analysis
Pompano Beach	FL	Comprehensive Analysis of Police Services
Venice	FL	Comprehensive Analysis of Fire Services
Kingsland	GA	Comprehensive Analysis of Fire Services
Kingsland	GA	Fire Consolidation St Marys
Woodbine	GA	Police Consolidation Study
Garden City	GA	Preliminary Analysis Public Safety Merger
Johns Creek	GA	Analysis of Fire Services
Kingsland	GA	Fire Consolidation Study
Sandy Springs	GA	Comprehensive Analysis of Police Department
St. Marys	GA	Fire Consolidation Study
Boone	IA	Public Safety Consolidation
Boone	IA	Performance Measurement of Municipal
Hayden	ID	Comprehensive Analysis of Police Services
Jerome	ID	Analysis of Police Services
Algonquin	IL	Performance Measurement Analysis
Glenview	IL	Comprehensive Analysis of Police & Fire Services
Glenview	IL	Comprehensive Analysis of Police Services
Glenview	IL	Dispatch Operations Review
Highland	IL	Comprehensive Analysis of Fire Services
Highland Park	IL	Comprehensive Analysis of Fire Consolidation
Highwood	IL	Comprehensive Analysis of Fire Consolidation
Lake Bluff	IL	Analysis of Fire Consolidation
Lake Bluff	IL	Fire Data Review
Lake Forest	IL	Analysis of Fire Consolidation
Lake Zurich	IL	Comprehensive Analysis of fire services
Naperville	IL	Workload, Staffing & Schedule Design
Roseville	IL	Comprehensive Analysis of Police Services
Skokie	IL	Police Study
Western Springs	IL	Comprehensive Analysis of Police Services
Indianapolis	IN	Police Workload & Deployment Services
Plainfield	IN	Comprehensive Analysis of Police Services
Topeka	KS	Preliminary review of Fire Department
Northborough	MA	Comprehensive Analysis of Police Services
Northborough	MA	Comprehensive Analysis of Fire Services
Cambridge	MD	Performance Measurement Study
Annapolis	MD	Comprehensive Analysis of Police Services
Ocean City	MD	Dispatch Operations Review
Ann Arbor	MI	Comprehensive Analysis of Fire Services
Auburn Hills	MI	Comprehensive Analysis of Fire Services

Auburn Hills	MI	Comprehensive Analysis of Police Services
Benton Harbor	MI	Public Safety Consolidation
Chesterfield	MI	Comprehensive Analysis of Police Services
Lansing	MI	Comprehensive Analysis of Police Services
Lansing	MI	Comprehensive Analysis of Fire Services
Detroit	MI	Police Department Review
Douglas	MI	Comprehensive Analysis of Police Services
Flint	MI	Comprehensive Analysis of Fire Services
Flint	MI	Comprehensive Analysis of Police Services
Grand Rapids	MI	Comprehensive Analysis of Police Services
Grand Rapids	MI	Comprehensive Analysis of Fire Services
Kingsley	MI	Comprehensive Analysis of Fire Services
Interlochen	MI	Comprehensive Analysis of Fire Services
Grosse Pointe	MI	Public Safety Consolidation
Grosse Pointe	MI	Public Safety Consolidation
Hamtramck	MI	Police Study
Grand Rapids	MI	Comprehensive Analysis of Police & Fire Services
Grand Rapids	MI	Analysis of Police Services Consolidation
Kentwood	MI	Analysis of Fire Services Consolidation
Flint	MI	Comprehensive Analysis of Police Services
Flint	MI	Comprehensive analysis of Fire Services
Novi	MI	Comprehensive Analysis of Police Services
Novi	MI	Comprehensive analysis of Fire Services
Kalamazoo	MI	Police Workload / Contract for Services Analysis
Petoskey	MI	Public Safety Consolidation
Plymouth	MI	Fire Services Consolidation
Plymouth	MI	Fire Service Analysis
Royal Oak	MI	Comprehensive Analysis of Police Services
Royal Oak	MI	Comprehensive Analysis of Fire Services
Saginaw	MI	Comprehensive Analysis of Police Services
Saginaw	MI	Comprehensive Analysis of Fire Services
Vicksburg	MI	Financial Analysis of Fire Authority
Saint Joseph	MI	Public Safety Consolidation
Sturgis	MI	Public Safety Analysis
Troy	MI	Comprehensive Analysis of Police Services
Troy	MI	Review of Fire Administration and Inspections
Wyoming	MI	Comprehensive Analysis of Police Services 2012
Wyoming	MI	Comprehensive Analysis of Fire Services 2012
Wyoming	MI	Comprehensive Analysis of Police Services 2009
Wyoming	MI	Comprehensive Analysis of Fire Services 2009
Mankato	MN	Public Safety Study
Moorhead	MN	Comprehensive Analysis of Fire Services

Saint Cloud	MN	Police Strategic Planning Review
Saint Cloud	MN	Comprehensive Analysis of Police Services
Brentwood	MO	Comprehensive Analysis of Police Services
Saint Louis	MO	Comprehensive Analysis of Fire Services
Saint Louis	MO	Comprehensive Analysis of Police Services
Saint Louis	MO	Standard of Response / risk assessment
Bozeman	MT	Fire Protection Master Plan
Bald Head Island	NC	Public Safety Staffing Review
Bald Head Island	NC	Public Safety Consolidation
Chapel Hill	NC	Comprehensive Analysis of police services
Cornelius	NC	Fire Consolidation Study
Davidson	NC	Fire Consolidation Study
Greenville	NC	Comprehensive Analysis of Fire Services
Oxford	NC	Comprehensive Analysis of Fire Services
Oxford	NC	Comprehensive Analysis of Police Services
Rocky Mount	NC	AED Grant assistance
Rocky Mount	NC	Comprehensive Analysis of Police Services
Grand Island	NE	Comprehensive Analysis of Police Services
Grand Island	NE	Comprehensive Analysis of Fire Services
South Sioux City	NE	Fire Services Strategic Plan
East Brunswick	NJ	EMS Study
Oradell	NJ	Comprehensive Analysis of Police Services
Paterson	NJ	Comprehensive Analysis of Police Services
South Orange	NJ	Comprehensive Analysis of Police Services
Westwood	NJ	Comprehensive Analysis of Police Services
Bernalillo	NM	Comprehensive Analysis of Fire Services
Las Cruces	NM	Comprehensive Analysis of Fire Services
Las Cruces	NM	Comprehensive Analysis of Police Services
Ruidoso	NM	Comprehensive Analysis of Police Services
Boulder City	NV	Police Organizational Study
Henderson	NV	Comprehensive Analysis of Police Services
Las Vegas	NV	Comprehensive Analysis of Fire Services
North Las Vegas	NV	Fire Workload Analysis
Bria Cliff Manor	NY	Analysis of police consolidation
Garden City	NY	Comprehensive Analysis of Fire Services
Long Beach	NY	Comprehensive Analysis of Fire and EMS services
Armonk	NY	Comprehensive Analysis of Police Services
Oneonta	NY	Comprehensive Analysis of Fire and EMS services
Oneonta	NY	Fire Apparatus Review
Orchard Park	NY	Comprehensive Analysis of Police Services
Ossining	NY	Analysis of police consolidation
Ossining	NY	Analysis of police consolidation

Rye	NY	Police Chief Selection
Watertown	NY	Comprehensive Analysis of Fire Services
Cincinnati	OH	Police Dispatch Review
Dayton	OH	Police Internal Affairs Review
Huron	OH	Comprehensive Analysis of Police Services
Huron	OH	Comprehensive Analysis of Fire Services
Independence	OH	Comprehensive Analysis of Police Services
Independence	OH	Comprehensive Analysis of Fire Services
Sandusky	OH	Fire Study
Sandusky	OH	Police Study
Broken Arrow	OK	Comprehensive Analysis of Police Services
Broken Arrow	OK	Comprehensive Analysis of Fire Services
Edmond	OK	Comprehensive Analysis of Police Services
Jenks	OK	Comprehensive Analysis of Police Services
Jenks	OK	Comprehensive Analysis of Fire Services
Muskogee	OK	Comprehensive Analysis of Police Services
Tulsa	OK	Comprehensive Analysis of Fire Services
Bend	OR	Comprehensive Analysis of Police Services
Grants Pass	OR	Comprehensive Analysis of Fire Services
Grants Pass	OR	Comprehensive Analysis of Police Services
Grants Pass	OR	Public Safety Strategic Plan Development
Ontario	OR	Comprehensive Analysis of Police Services
Ontario	OR	Comprehensive Analysis of Fire Services
Mohnton	PA	Comprehensive Analysis of Police Services
Mohnton	PA	Police Chief Selection
Ephrata	PA	Comprehensive Analysis of Police Services
Farrell	PA	Comprehensive Analysis of Police Services
Jamestown	PA	Comprehensive Analysis of Police Services
Wrightsville	PA	Comprehensive Analysis of Police Services
Lancaster	PA	Police Study
Berwyn	PA	Comprehensive Analysis of Police Services
East Providence	RI	Comprehensive Analysis of Fire Services
East Providence	RI	Expert Witness Fire Issues
Beaufort	SC	Review of Fire Service Contract
Beaufort	SC	Comprehensive Analysis of Police Services
Beaufort	SC	Comprehensive Analysis of Fire Services
Walterboro	SC	Comprehensive Analysis of Public Safety Dept.
Rapid City	SD	Comprehensive Analysis of Fire Services
Germantown	TN	Comprehensive Analysis of Fire Services
Johnson City	TN	Comprehensive Analysis of Fire Services
Johnson City	TN	Comprehensive Analysis of Police Services
Smyrna	TN	Comprehensive Analysis of Police Services

Smyrna	TN	Comprehensive Analysis of Fire Services
Addison	TX	Comprehensive Analysis of Fire Services
Addison	TX	Comprehensive Analysis of Police Services
Baytown	TX	EMS Study
Belton	TX	Comprehensive Analysis of Police Services
Belton	TX	Comprehensive Analysis of Fire Services
Belton	TX	Police Chief Selection
Belton	TX	Fire Chief Selection
Buda	TX	Comprehensive Analysis of Police Services
Cedar Park	TX	Comprehensive Analysis of Police Services
Conroe	TX	Fire Services Analysis and Standard of Response
Frisco	TX	Comprehensive Analysis of Fire Services
Highland Village	TX	Fire Review
Hutto	TX	Comprehensive Analysis of Fire Services
Lucas	TX	Fire and EMS Analysis
New Braunfels	TX	Fire Study
New Braunfels	TX	Police Study
Prosper	TX	Comprehensive Analysis of Police Services
Round Rock	TX	Comprehensive Analysis of Fire Services
Sugarland	TX	Fire Department Overtime Analysis
Sugarland	TX	Comprehensive Analysis of Fire Services
Victoria	TX	Comprehensive Analysis of Police Services
Washington City	UT	Comprehensive Public Safety Analysis
Hampton	VA	Police Chief Selection
Leesburg	VA	Comprehensive Analysis of Sheriff Services
Leesburg	VA	Comprehensive Analysis of Fire Services
Bonney Lake	WA	Comprehensive Analysis of Police Services
Lacey	WA	Comprehensive Analysis of Fire Services
Snoqualmie	WA	Police Workload & Deployment Analysis
Spokane Valley	WA	Comprehensive Analysis of Police Services
Vancouver	WA	Comprehensive Analysis of Police Services
Vancouver	WA	Police Chief Selection
Menomonie	WI	Sheriff Office Study
Wauwatosa	WI	Comprehensive Analysis of Fire Services
Wauwatosa	WI	Comprehensive Analysis of Police Services
Jackson	WY	Police Consolidation Review
Laramie	WY	Comprehensive Analysis of Police Services
Jackson	WY	Police Consolidation Review

August 23, 2023

Response to Request for Proposal:



EMERGENCY MEDICAL SERVICES (EMS) FEASIBILITY STUDY

CITY OF TROY, MICHIGAN

Prepared by:



2901 Williamsburg Terrace #G ■ Platte City ■ Missouri ■ 64079
P: 816.431.2600 ■ F: 816.431.2653
www.fitchassoc.com

CONSULTANT PROPOSAL



August 23, 2023

Bob Bruner
Deputy City Manager
500 W. Big Beaver Road
Troy, MI 48084

Dear Mr. Bruner:

Fitch & Associates is pleased to respond to your Request for Proposal for an *Emergency Medical Services (EMS) Feasibility Study* for the City of Troy, Michigan.

Our team recognizes the importance of this project to the City and its citizens and will objectively conduct an assessment that will result in a highly implementable EMS system design alternatives and/or enhancements to the status quo. Our firm is uniquely qualified to submit this response and perform the work required. Fitch & Associates has provided similar planning and analysis services for cities, counties and other agencies throughout the nation and abroad. We have extensive experience within the State of Michigan. We are known for delivering accurate reports with highly implementable recommendations within the agreed timeframes and budget.

Fitch & Associates, LLC is a Limited Liability Company originally established as a corporation in 1984. The Firm, and our only office location, is located in Platte City, Missouri, a suburb of Kansas City. Our physical mailing and website address is:

Fitch & Associates, LLC
2901 Williamsburg Terrace, Suite G
PO Box 170
Platte City, Missouri 64079
Telephone: (816) 431-2600
Facsimile: (816) 431-2653
www.fitchassoc.com

Fitch & Associates Federal Employer Identification Number (EIN) is 43-1780744.

FITCH has developed and managed some of the most innovative emergency medical services in the world. Our team has fire-based, private, 3rd-service, and public utility model EMS system design and management experience. Our project design is to partner with our clients to conduct highly transparent, objective, and data-driven analyses so that policy options can be clearly articulated and understand to drive decision making and action planning. We have proposed a robust high-engagement process that can accommodate the project design and suggested elements.



In addition, one distinctive added value is that Fitch & Associates manages EMS programs across the country as part of our management services. In this manner, our expert consulting informs our real-world service models and our direct management services provides information to our expert consulting. We can provide and validate recommendations and alternatives because we are utilizing and refining our operational and fiscal analytics to the ensure that all recommendations are both implementable and highly accurate. In other words, we practice what we preach.

I (Dr. Steven Knight), as a partner, and the project manager over all fire-EMS consulting, am fully authorized to bind the firm. I retired from St. Petersburg Fire & Rescue, FL which is an ISO Class 1 and 5-time internationally accredited department. Prior to joining Fitch & Associates, I served as the Senior Manager over the Fire/EMS consulting arm for the International City/County Manager's Association (ICMA).

We appreciate the opportunity to submit this response and look forward to speaking with you about how we can provide you superior services and value. I will be the point of contact and project manager, so please don't hesitate to reach out directly at any time.

Sincerely,

A handwritten signature in blue ink that reads "Steven Knight".

Steven Knight, PhD
Partner
sknight@fitchassoc.com
816-500-7481

City of Troy, MI

Emergency Medical Services Feasibility Study

Table of Contents

COVER LETTER

COVER LETTER	1
MANAGEMENT SUMMARY	1
PROJECT MANAGEMENT AND INTERACTION WITH CITY OF TROY	1
PROJECT DESCRIPTION	1
GOALS / OBJECTIVES	1
ACTION PLAN	3
CONDUCT A COMPREHENSIVE STUDY OF THE EMS SYSTEM – CURRENT STATE	3
Figure 1: Review Components	3
Figure 2: Description of Project Approach	4
<i>Project Initiation, Kick-off, and Acquisition and Review of Background Information</i>	4
A. INDUSTRY STANDARDS	4
B. STANDARD LEVEL OF CARE	4
COMMUNITY EXPECTATIONS OF SERVICES – STAKEHOLDER INPUT	5
PERFORMANCE STATISTICS	5
SERVICE DEMAND	6
RESOURCE DISTRIBUTION	6
RESPONSE RELIABILITY	6
<i>Resource Concentration</i>	6
RESPONSE PERFORMANCE ANALYSES	7
WORKLOAD ANALYSIS	7
IMPACT OF MUTUAL AND/OR AUTOMATIC AID	7
POPULATION GROWTH AND SYSTEM DEMANDS	7
<i>System Demand Projections</i>	7
<i>Community Growth Potential</i>	8
<i>Census-based Growth Projections</i>	8
<i>Development-based Growth Projections</i>	8
REVIEW OF SYSTEM REVENUE – CURRENT AND FUTURE PROJECTIONS	8
<i>Cost Recovery / Billing Efforts / Revenue Sources</i>	8
<i>Analysis of Federal Reimbursement Programs and Grant Opportunities</i>	9
OPERATING COSTS	9
<i>Finance</i>	9
<i>Cost Estimates – Profit and Loss Statement</i>	9
<i>Total Cost to Staff an Ambulance</i>	9
<i>Cost Estimates for Additional Facilities</i>	9
<i>Administrative and Operational Staffing</i>	9
FIRST RESPONDER FEES	10
COMPREHENSIVE ASSESSMENT OF CURRENT DISPATCH PROTOCOLS	10
DEVELOP ALTERNATIVE EMS SYSTEM DESIGNS – FUTURE STATE	10
<i>Troy Fire Department Provides Quick Response Services (QRS) (Public Private Partnership)</i>	11
<i>Troy Fire Department Provides a Hybrid Model – (Public Private Partnership)</i>	11
<i>Troy Fire Department Provides 100% of Ambulance Transport Services (Public Option)</i>	13
TIMELINE FOR PROJECT COMPLETION	14
EXPERIENCE	21

EXPERIENCE OF THE FIRM	21
EXPERIENCE IN EMS PLANNING	21
CREDIBILITY IMPROVING THE QUALITY OF EMS	21
BREADTH OF EMS SYSTEM EVALUATIONS	22
STATE AND LOCAL STANDARDS FOR EMS SYSTEM DESIGN	23
FIRE-BASED AND NON-FIRE BASED SYSTEMS	23
DEVELOPMENT OF SYSTEM ASSESSMENTS, STRATEGIC PLANS, AND RFPs	23
DESCRIPTION OF SIMILAR PROJECTS	23
PERSONNEL	25
Figure 3: FITCH Team Project Organizational Chart	25
<i>Organizational Diagram of Proposed Consulting Staff and Reporting Relationships</i>	25
<i>Offeror's Current Workload</i>	26
QUALIFICATIONS OF STAFF	26
PROJECT TEAM MEMBERS	26
<i>Utilization of Sub-Consultants</i>	29
REGISTRATION	29
COST AND PRICE	29
Figure 4: Proposed Fees and Expenses	29

MANAGEMENT SUMMARY

Project Management and Interaction with City of Troy

Our project management is a disciplined and structured process. Key activities are clearly outlined and logically organized to produce specific deliverables within the defined period. We will review our progress against the work plan on a regular basis to ensure that we are progressing according to plan. Any deviations will be flagged immediately, and appropriate action taken, through discussion with you, to address issues.

As designed, this project will be transparent and highly collaborative. It is essential to the *FITCH* team that the key stakeholders have sufficient opportunity for input and guidance throughout the project. This proposal is assuming a kick-off meeting with the City, Department, and key stakeholders. As proposed, the *FITCH* team will conduct a minimum of three onsite visits including a formal presentation of the findings and at least two public input meetings (if desired). At a minimum, the *FITCH* team will meet with elected officials, City and Fire Administration, the EMS Director, and other identified key stakeholders.

Project Description

The City of Troy intends to employ the assistance of an experienced qualified consulting firm to conduct an assessment that will result in a comprehensive Emergency Medical Services (EMS) Feasibility Study.

The City of Troy's goal is to identify current gaps in the EMS delivery system and develop a comprehensive plan to develop a new framework aimed at providing a high level of pre-hospital emergency medical care to the citizens, visitors, and residents of Troy.

Recommendations will be guided by an objective data driven process, nationally recognized standards and industry acceptable norms as well as community health, clinical research, and the financial sustainability of the system. Results will include highly implementable short, medium, and long-range plans along with future guidance, where applicable.

Goals / Objectives

At a high level, the goals of the project are to:

- Conduct a comprehensive study to define and assess the current baseline of operations for the City's EMS services
- Facilitate a comprehensive assessment of the current dispatch protocols used for dispatching EMS units within the City of Troy
- Provide recommendations for service delivery models to include the following:
 - Utilization of fire-based Quick Response System (QRS)
 - Fire department assuming 100% of the ambulance transport services (**public provision**)
 - Fire department providing a hybrid model of 911 ambulance provision (**public-private partnership**)
 - Sub-contracting for ambulance services with first response remuneration (**public-private partnership**)

- City and Fire Department owns all capital assets, directs deployment and operations, and bills for services. Fire Department purchases unit hours (staffing) from a private partner. (**modified public-private partnership**). This option will be more fully developed within Tab C: Action Plan.
- Comprehensive review of billing and collections, cash flow, and profit and loss projections for each potential model
- Review and assessment of all potential revenue streams, in addition to the patient transportation billing and collection
- Review current first response cost recovery and/or develop a defensible cost allocation strategy for first responder fees that include all operating costs, workload, and asset management
- Provide recommendations for dispatch protocols using nationally approved and recommended models
- Assess the current service delivery and performance metrics for EMS services provided within the City of Troy. This will include all current providers.
- Complete comprehensive quantitative data and geospatial analyses to answer the following (at a minimum):
 - Service demands
 - Resource distribution
 - Response reliability
 - Response performance
 - Impact of mutual and/or automatic aid
- Evaluate and project future growth and service demands due to increasing population, development, and changes in socioeconomic and other demographic factors such as age, where appropriate.
- Plan and facilitate two stakeholder public meeting. Collect and evaluate participant input and data.
- Provide recommendations for short, medium, and long-range policy options and alternatives.
- Assess and develop alternative planning options that ensure long-term sustainability of services that meet community expectations, generally accepted standards and other benchmarks/comparators.
- Design/validate an EMS system that is innovative, cost effective, and details staffing, deployment, and fiscal sustainability.
- Ensure community expectations and relevant industry standards are met.
- Provide frequent ongoing communications with the Fire Chief and provide a final executive summary style report, provide all supporting technical information, and provide a final presentation to the City.

The general objectives are provided as a high-level overview. It is understood that the client may modify the scope of work prior to contract execution.

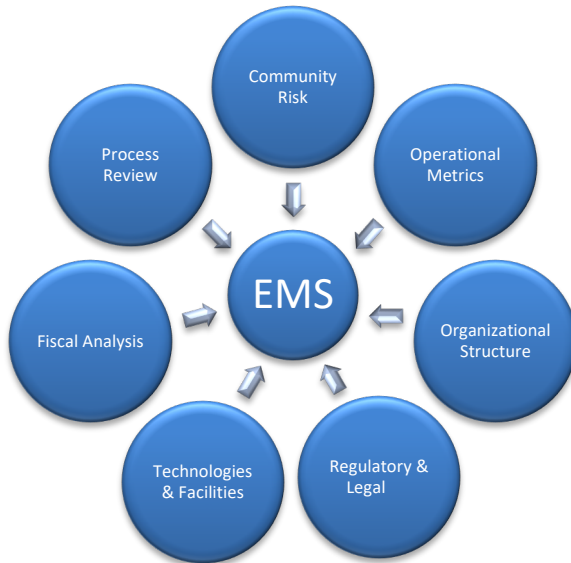
ACTION PLAN

The following section will provide a detailed narrative of the desired scope of work. The order of operations have been adjusted to provide for a seamless and linear progression of the consulting efforts that will facilitate effective updates and reporting at substantive milestones.

Conduct a Comprehensive Study of the EMS System – Current State

Recognizing that each community is unique - our analysis of the City’s Emergency Medical Service’s (EMS) functions, operations, finances and community expectations must be completed with due regard for local characteristics.

Figure 1: Review Components



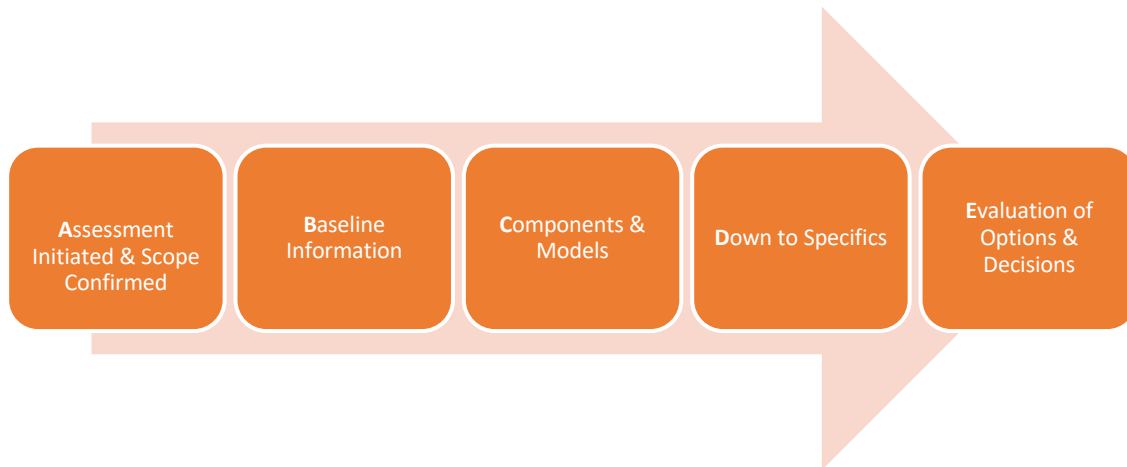
This local awareness is balanced with a comprehensive review methodology that incorporates recognized objective benchmarks and international best practices. That information is turned into actionable recommendations incorporating both pros and cons of service delivery changes.

Fitch & Associates (*FITCH*) has over 35 years consulting experience and is internationally recognized as a leader in emergency medical services development. The project team’s leadership has Michigan and fire-based, public, and private EMS specific experience. The proposal that follows

describes why *FITCH* is best suited to tackle the issues and objectives requested.

We have organized the engagement to allow the city optimal flexibility to determine its best value as the project develops. The following figure graphically illustrates the project approach.

Figure 2: Description of Project Approach



Project Initiation, Kick-off, and Acquisition and Review of Background Information

The first step in the process is to conduct a kick-off meeting to finalize the work plan and timeline and is paramount to a successful study and the ability of *FITCH* to maximize the effectiveness of its work teams. At the kick-off meeting an overview to the approach of the project will be provided to stakeholders. Any final logistical issues will be resolved during this phase. It is in this phase that key representatives will review and prioritize items outlined in the RFP and provide an opportunity to refine any specific objectives related to each service area or objective.

During the project initiation and/or first on-site visit, personal interviews will be scheduled with the following key stakeholders. Follow-up interviews or feedback may be sought when and where relevant throughout the project and is not intended to be exclusive to the kick-off meeting.

- Elected / Appointed Officials
- City Administration
- Fire Chief
- Fire Rescue Administrative Team
- Current Ambulance Providers
- Labor Executive Board(s) (If appropriate)

A. Industry Standards

Current and/or desired service levels will be compared with recommendations from the National Fire Protection Association (NFPA), the Commission on Fire Accreditation International (CFAI), and the Insurance Services Organization (ISO). Specific clinical standards will be derived from the available body of evidenced-based research, comparative analyses, and *FITCH's* nearly 40 years of experience in designing and managing high-performance EMS systems.

B. Standard Level of Care

Medical oversight, protocols, policies, and QA/QI that frame the current service choices will be evaluated and described in an effort to establish the standard level of care. Substantive

alternatives will be posited with projected pros/cons of changes as well as strategies for implementation that are best aligned with clinical best practices.

Community Expectations of Services – Stakeholder Input

Community expectations can be derived from several sources. First, is the representativeness of the governance model, where the elected officials are in-tune with community expectations through regular constituent engagements. Second, are the system experts such as the fire department and city administration that may have internally adopted performance objectives. The benefit of the system experts is that the theoretical balance between the cost of desired services and the relative risk the City/Community is willing to assume has already been vetted through the myriad of competing demands. Third, is an effort for community engagement to best understand community expectations.

This can be accomplished through multiple activities such as community town hall meetings, online surveys, and other engagement opportunities. It is understood that two stakeholder public meetings are desired. Community engagement activities will be discussed with the City and Fire Department and a strategy will be formed that best meets the needs at the client’s sole discretion.

Performance Statistics

Distinctive data sets from the 911 CAD and ePCR records management systems will be integrated to measure response and clinical triage performance. In addition, all fire department first response performance will be processed to best understand the relationship between the city’s services and the two private ambulance providers’ performance within the jurisdiction.

In summary, the following elements will be evaluated while completing the review of historical system performance at the mean and 90th percentile and with accompanying sample sizes:

- Number of calls
- Call frequency
 - Time of day
 - Day of week
 - Month of year
- Call type
 - EMS (ALS, BLS, IFT, MPDS)
 - Fire
 - Hazmat
 - Tech Rescue
 - Mutual Aid
- Elements of Time (Incident and Unit Level Analyses)
 - Dispatch time
 - Turnout time
 - Travel time
 - Total response time
- Effectiveness / Outcome Measures
 - Call Type
 - Program Area
- Performance
 - Unit performance
 - Base station performance
 - System performance
 - Reliability / Concurrent Calls
- Workload
 - Call duration
 - Unit Utilization

- Workload Distribution at Unit and Base station levels
- Distribution of Resources
- Concentration of Resources
- Automatic and Mutual Aid Capabilities
- Deployment Modeling
 - Effective Response Force (ERF) performance and capabilities

Service Demand

Service demand will be evaluated both quantitatively and through geographic information system (GIS) displays. All temporal variations, call densities and concentrations will be provided as well as for future demand.

Resource Distribution

Resource distribution will be evaluated through quantitative and GIS analyses to best describe the current resource distribution as well as the relative contribution of resources to the overall outcome. In other words, our optimization strategy will provide the City and Fire Department leadership a quantifiable cost vs service level policy discussion on the relative return on investment for each station facility and/or deployed resource. The goal is to maintain a minimum of 90% coverage within the desired performance objective.

In this manner, the marginal utility of each ambulance resource is evaluated and quantified with the relative contribution to the desired outcomes. Therefore, the optimal number of resources can be both articulated and appropriately costed based on a transparent return on investment.

Response Reliability

Quantitative analyses will be utilized to measure workload and unit hour utilization. In addition, measures of reliability will be utilized to measure the percentage of time the resource that should have responded was available and responded to the incident. The efficacy of measures of reliability may require further discussion if the Department is utilizing closest unit automatic vehicle location (AVL) dispatching.

Finally, measures of call concurrency or simultaneity will be completed for the first due distribution measures as well.

Resource Concentration

Analyses will be completed both quantitatively and with GIS to evaluate the ability to achieve a full effective response force for various incident types and/or risk levels. The relative concentration of personnel and apparatus as well as the distribution of base locations will be included to adequately measure the ERF performance and model what elements must be changed in order to meet specific desired thresholds.

Response Performance Analyses

This entire section is oriented towards a comprehensive quantitative analysis of all aspects of the response time continuum from the moment of call to the 911-center until the arrival of the appropriate resource for the incident type and severity. In addition, GIS analyses will be utilized as previously described to provide a robust understand both in tabular data and visual display.

Specifically, all elements of time on task of the patient transportation experience will be measured and articulated with respect to transport rates, transport urgency, transport call durations, and hospital turnaround times (wall time).

Dispatch (call processing) times will be subsequently described independently.

Workload Analysis

Both current workload and all alternative options for unit deployment will be evaluated that may include options for differential staffing strategies, temporal impacts of demand, control for workload and Unit Hour Utilization (UHU), dynamic deployment, tiered response systems based on clinical acuity, and integrated provider models.

Deployment options will be guided by a strong data assessment and in coordination with the Department leadership to best understand prioritized alternatives.

Impact of Mutual and/or Automatic Aid

The relative contribution of mutual and automatic aid services will be evaluated to best understand the current system constraints and opportunities. At the client's discretion, we can include neighboring communities' resources and station locations to evaluate their ability to assist the City of Troy within the desired performance objectives as well as for effective response force calculations for larger events.

The totality of mutual and automatic aid both provided by the City of Troy as well as received within the City will be calculated to understand if any alternative system designs have an unintended consequences for the City and/or neighboring areas.

Overall, the intent is to understand what capacities exist for additional surge capacity for the infrequent times that the City's EMS system is drawn down as well as to ensure that any changes to the current fire suppression model is fully accounted so that efforts to right-size the EMS program doesn't have an unintended negative impact on fire suppression capabilities.

Population Growth and System Demands

System Demand Projections

The comprehensive data analyses will evaluate three to five years of system demand and conduct a trend analysis to help frame future service demands based on historical growth.

Other considerations such as changes in population, demographics, nursing facilities, new health care demands, and opportunities for new innovative care deliveries will be evaluated across the various review elements included in this section.

Community Growth Potential

Structured interviews will be conducted with the City's economic development and/or planning (or equivalent) representatives to understand project growth and development, projected increases in population, changes in age and other demographic factors, and anticipated changes in socioeconomics. Similarly, a review of the Comprehensive Land Use Plan (or equivalent) will be conducted.

If needed, individual interviews may be conducted with the municipal representatives regarding expected growth and development that may be outside of the City's direct oversight.

Census-based Growth Projections

FITCH utilizes GIS software with specific access to Census information to base changes in population, socioeconomics, and other demographic factors. The census projections and data will be utilized to compare and contrast with City internal projections. Ultimately, the client can select the most appropriate or representative data for utilization.

Development-based Growth Projections

Structured interviews will be conducted with the City's economic development and/or planning (or equivalent) representatives to understand project growth and development, projected increases in population, changes in age and other demographic factors, and anticipated changes in socioeconomics.

If needed, individual interviews may be conducted with the municipal representatives regarding expected growth and development that may be outside of the City's direct oversight.

Review of System Revenue – Current and Future Projections

Revenues generated by transports within the City of Troy will be evaluated. The City will need to provide some guidance between restricting the revenue to 911-related incidents or the totality of transport activity within the City (i.e. interfacility and other non-emergent work).

Additionally, the degree of tax subsidy from the City of Troy will be evaluated and included in the total available system revenue to explore alternatives and exploration through the local policy lens. All aspects of revenue generation, cost recovery, taxation, fees, and grants will be evaluated and provided.

Cost Recovery / Billing Efforts / Revenue Sources

Analysis of all funding sources will be completed, including the City of Troy current and projected payor mix. Revenue/cost recovery projections for transport services will be differentiated across the payor mix such as ALS, BLS, Medicare, Medicaid, self-pay, commercial payers, and write-offs.

Finally, any potential tax-savings will be identified if the proposed alternative models would be cost neutral or revenue generating as well as provide tax relief from the current system design.

Analysis of Federal Reimbursement Programs and Grant Opportunities

The review of system revenue will naturally flow to an analysis of federal reimbursement programs and any identified grant opportunities.

Operating Costs

Finance

All elements of finance will be evaluated as part of this project. The assessment may include revenue cycle management, debt management, capital asset management, and purchasing strategies. In addition, the totality of the budget expenditures vs revenues, and the budget process will be included in this evaluation.

Cost Estimates – Profit and Loss Statement

As part of the budget review, expenditures will be reviewed through the lens of best practices and our own operational experience. Additionally, all prioritized alternatives will be accompanied by the calculated costs and the associated revenues.

A profit and loss statement will be created that will account for all costs, such as capital and equipment, depreciation, and reserve for replacement funding strategies in addition to human resources, training, and other potential soft costs.

Total Cost to Staff an Ambulance

The total costs (hard and soft costs) to staff an ambulance will be calculated and reported as well as the unit hour costs. Depending on the current workload thresholds, scheduling, and deployment strategies, the unit hour costs may be highly informative for efficient system design when balance with optimal unit hour utilization strategies.

Once established and shared with City budget staff, the unit costs and unit hour costs will be utilized to compare apples-to-apples alternatives to demonstrate the relative return on investment of potential alternatives.

Cost Estimates for Additional Facilities

If additional facilities and/or renovations are needed to accommodate system alternatives, high-level cost estimates will be provided based on regional experience and our own experiences. Any needed facility changes will be incorporated in the costing of any potential alternatives that may require new or upgraded facilities.

Administrative and Operational Staffing

Analysis will provide recommendations for the appropriate operational and administrative staffing required to professionally deploy and manage the program. All net new costs will be included in the profit / loss statements and policy alternatives.

First Responder Fees

An assessment of first responder fees will be completed to identify a justifiable and defensible cost allocation strategy for cost recovery of first response value. This would be an appropriate measure for both contractual relationships as well as designing a user-funded first response fee for cost recovery.

If considering first response fees within a public-private partnership and/or a contracted 3rd service, analyses will calculate the fiscal value for each minute (or fraction thereof), of the fire department's contribution to the overall system design. For example, not only will we calculate the true costs of first response, but the actual value proposition (in dollars) to a private provider for the ability to reasonably relax response time objectives since they are purchasing first response capability from the fire department.

Comprehensive Assessment of Current Dispatch Protocols

An assessment of dispatch protocols will be evaluated with respect to EMS resource assignments and call prioritization within the City of Troy will be completed. If a call triage methodology is utilized such as emergency medical dispatch (EMD), the dispatching protocols will be evaluated to provide a comparative assessment to national best practices and *FITCH's* decades of experience.

Of course, recommendations will be evaluated within the context of the unique environment and risks with the City of Troy, the medical director's risk tolerance, and the community's expectations for service.

FITCH has extensive expertise in 911-communications, system designs, and call triage processes. We assisted the City of Dallas, TX in designing the specs, guiding the procurement process, and implementation services for Medical Priority Dispatch System. In addition, we are currently engaged with Broward County, FL in refining their 911 center operations that includes the call triage process for all three disciplines of fire, EMS, and police.

Develop Alternative EMS System Designs – Future State

It is understood that it is the local municipal government's responsibility to provide for effective EMS within the City of Troy. Therefore, several future state EMS system design models will be developed to evaluate the costs vs benefits of system design changes.

All alternatives will be fully developed to consider all operational components of response time, resource allocations, distribution and concentration models, reliability, and availability. Additionally, all alternatives will have a detailed profit and loss statement that identifies all costs/expenditures, potential revenues, cost recovery, subsidies, and federal reimbursement.

Finally, strategies for implementation will be provided for prioritized alternatives. The ultimate deliverable will have sufficient detail for policy to be established transparently and confidently.

Troy Fire Department Provides Quick Response Services (QRS) (Public Private Partnership)

The assumption utilized in this response is that a QRS follows the utilization of a first responder function from the fire department either by smaller response vehicles dedicated to EMS and/or on traditional fire apparatus.

In this alternative, the scenario assumes that the fire department increases their level of EMS involved to first response EMS service and the private ambulance provider continues to provide patient transport services at either ALS/BLS or a combination (tiered response). While the theoretical approach is sound and straight forward, the completion of this scope item may require the exploration of multiple sub-alternatives. For example, the following scenarios will be discussed to identify the model that is most reflective of the desired system design:

- Advanced Life Support First Response – ALS or BLS Ambulance
- Basic Life Support First Response – ALS Ambulance
- Tiered System Design

Any configuration where the ambulance provider is BLS, the distribution of ALS calls will have to be fully accounted for volume, frequency, duration, and temporal distribution (time of day) to provide a comprehensive understanding of the impact of the Troy paramedic riding into the hospital on ALS incidents.

As with all alternatives, this alternative, will be provided with the cost/benefit analyses.

Troy Fire Department Provides a Hybrid Model – (Public Private Partnership)

Public private partnerships can come in a variety of configurations. Four potential designs are provided, but meetings at project kickoff will be fruitful in fine tuning the design options.

Option 1: Hybrid Model where FD provides surge capacity for private providers

In this alternative, fire department would provide either ALS or BLS response transport units to supplement the ambulance firm(s) providing either ALS/BLS and patient transportation. The intent of this alternative can be refined after project kickoff, but it is assumed that the intent is that the fire department would be providing surge capacity for the ambulance provider when needed. As with other alternatives, the variability in capability between BLS and ALS may require sub-alternatives to be developed.

This alternative may require considerable dialogue and guidance from the City and Department. There are nuances in this style of deployment that may have unintended consequences if not fully developed and accounted for through the private providers' lenses. For example, if the fire department provided BLS transportation services, then the cultural impact of largely non-emergency work would need to be considered. Similarly, contractual consideration would need to be contemplated to ensure that the private provider didn't systematically and strategically allocate resources to optimally benefit from Troy resource capability.

The quantitative data analyses will assist in understand the relative benefit of either ALS or BLS capability and the right number of resources, staffing, and locations. All alternative, and sub-alternatives that are developed will be articulated and presented with all cost/benefit analyses

as well as recommendations for implementation and provider-contractual considerations such as cost recovery and ambulance provider resource requirements.

Option 2: Hybrid Model where private providers provide surge capacity to the fire department

Conversely, a public private partnership that may be considered is the inverse of the fire department providing surge capacity, but rather the private provider(s) provide supplemental surge capacity and/or low-acuity responses. In this manner, the fire department would provide the largest portion of service demands and receive supplemental assistance from the private provider(s) available.

Again, contractual considerations would be needed to enshrine the desired performance and to ensure that the private partners were sufficiently reliable and could effectively plan for the typical temporal demand.

Option 3: FD provides first response only and private providers are contracted for transport services with remuneration for first response cost recovery

In this scenario, the fire department would provide first response duties for EMS demand and contract with a private provider(s) for patient transport services. A first response fee and/or “stop the clock” cost recovery would be included in the contractual language back to the city for first response.

Option 4: City operates the totality of the system, owns all assets, provides for all billing and revenue, and contracts for “staffing” from a private partner.

In this model, the city would be responsible for the totality of the system design, the resource allocation and deployment of resources, and the dispatching of all resources within the system. The City would own all of the assets in this system and bill for and collect all user fee revenues and cost recovery available. However, the city could purchase “unit hours” of staffing from a private provider to staff all or a portion of resources within the system at a potentially reduced rate.

This strategy provides the benefits of periodic procurement processes that provide a competitive market control on costs for staffing but allows the City and department to participate fully in revenue and federal programs for Medicaid gap coverage primarily only available to municipal providers.

Unlike a typical performance-based contract where the provider is tasked with providing innovation and efficiency but retains the revenue, this model requires that the city provide the innovation and efficiency within the system design and the private provider is only providing staffing “unit hours” at the City’s schedule and direction. In other words, the private provider would not be held accountable for response time performance but rather efficient management of their time on task and processes that can be controlled contractually.

Troy Fire Department Provides 100% of Ambulance Transport Services (Public Option)

In this alternative, the fire department would assume the totality of EMS first response and patient transportation services. This alternative will be answered seamlessly from previous analyses. All staffing, capital resources, locations, expenditures, and revenues will be provided from both the current state and any previous recommendations for improved efficiency, effectiveness, or system revenue.

The *FITCH* team will work with the Department and Budget to understand the nuances of the evaluation. Examples may include how to consider existing expenditures in the profit/loss and cost/benefits analyses and future design considerations. Other policy considerations may include the extent to which the City would still elect to utilize automatic/mutual aid patient transport services or if the policy ramifications would require the City to be entirely self-sufficient.

Timeline for Project Completion

The process identified in the previous sections will yield the desired results for this project. The proposed scope of work demonstrates that the consultant understands the desired outcomes and has proposed objectives and tasks to achieve that outcome. A table for each of the proposed objectives and time frames is included to describe the project more clearly.

Project Activity	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7
EMS System Review							
Kick-Off Meeting, Refine Work Plan and Scope, and Meet with Stakeholders							
Overview of the Department and Currently Provided Services							
Stakeholder Input – Public Meetings (2)							
Quantitative and Geospatial Analyses							
Response Statistics - Analysis of 3 to 5-Year Historical Data							
Impact of Mutual and/or Automatic Aid							
GIS Analyses of Call Density, Distribution, Response Times, and Temporal Assessments							
Operations Assessment – Current and Future State							
Community Population and Demographics							
EMS Protocols, Policies, and Procedures							
Quality Assurance / Quality Improvement							
EMS Equipment, Apparatus, Technology							
Review of Administrative Needs for EMS							
Review of Training Needs for EMS							
Staffing Optimization							
Vehicle Fleet, Replacement Plans, and Future Needs							

Project Activity	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7
Alternative System Designs							
Assessment of Dispatch Protocols							
Finance/Budget/Expenditure Assessment							
Profit and Loss Statement - Review of Budgets, Revenue Sources, Expenditures							
Validation and/or Development of First Responder Fee Cost Allocation							
Capital Asset Needs							
Project Deliverables							
Development and Delivery of High-Level Guidance - Presentation Slide Deck, Data Report, GIS Report							
Client Review Period							
Development and Presentation of Final EMS Feasibility Study							
Proposed On-Site Visits	#1		#2		#3		#4

As a data-driven process, the timelines are predicated on the receipt of usable data from the client.

EXPERIENCE

EXPERIENCE OF THE FIRM

Throughout its 35-year history, *FITCH* has earned credibility by implementing innovative customized solutions in both the public safety and healthcare arenas with specific emphasis on pre-hospital emergency medical services. The Firm has consulted with nearly 1,000 communities in all 50 U.S. states and in 12 countries.

Projects have ranged from objective reviews, analysis and system design issues, communications system design, productivity, and enhancement studies to detailed operational, financial, and transition management services, and long-term planning.

In addition to its four partners, *FITCH* has full-time Senior Associates, research, and support staff members. *FITCH* regularly utilizes more than half a dozen independent consultants that are content and technical experts. In total, Fitch & Associates has approximately 40 employees.

These combined resources provide expertise on matters as diverse as organizational psychology, accounting, economics, healthcare administration, public information and education, marketing research, emergency medicine, fire service administration, law enforcement, 911-communications and management, safety management and “Just Culture” concepts.

Experience in EMS Planning

Several references were previously provided to demonstrate the breadth and depth of our consulting practice for multiple EMS system designs. AMT, IL is a non-profit private EMS provider; Pinellas County, FL is a public-utility model; Monroe County, NY is a county operated EMS system; Polk County, FL is a fire-based county EMS operation; and Lake County, FL was a quasi-public-utility model that transitioned to a County 3rd service operation.

Finally, one of *FITCH*'s greatest strengths is the fact that we provide active management of several EMS systems around the country. This allows our management services to inform our expert consulting and our expert consulting to inform our management services. Unlike any other firm, we are able to provide high quality and implementable policy options because we practice what we preach. In other words, the same fiscal and operational analyses and assumptions utilized in our consulting and planning assessments are utilized in our management practices...so we can posit alternatives with the utmost confidence and fidelity.

Credibility Improving the Quality of EMS

Since its inception, *FITCH* has earned a track record of helping organizations improve quality of care, decrease response times, increase financial effectiveness and strengthen public trust in EMS. At *FITCH*, we endeavor to advance the EMS profession as a whole. Our staff regularly participates in professional association activities, writes for trade journals, holds appointed board positions and serves as faculty for numerous EMS association conferences. Principals of the firm regularly participate in state, national and international EMS conferences as well as individual training and educational programs sponsored by provider organizations and trade associations.

FITCH understands the complexity of evolving EMS system requirements, implementing feasibility studies and planning processes for cross utilization of multiple emergency services agencies, system specifications, RFPs and ambulance service agreements. Through planning, implementation and analysis of hundreds of projects, we have built a solid knowledge base regarding the costs of providing services, potential revenue recovery, funding options, clinical and human resource issues and the investigation of what works best in each unique community. Throughout its history, *FITCH* has investigated and created planning documents to define EMS systems, their performance requirements, accountability and safety-net provisions for the communities they serve. The firm has assisted countless communities in maneuvering complex dialogue and planning efforts resulting in long-term and sound EMS efforts.

FITCH frequently contributes to influential industry publications, including the *Journal of Emergency Medical Services (JEMS)*, *EMS Magazine*, *Best Practices in Emergency Services*, *EMS Insider*, *Fire Chief*, and the *Air Medical Journal*. As well, the firm contributed extensively to the American Ambulance Association (AAA) workbook, *Contracting for Ambulance Services*.

Principals with *FITCH* have authored such definitive texts on EMS management as *EMS Management, Beyond the Street* and the multiple editions of *Pre-hospital Care Administration*. *EMS Management* has been used as a text for both the United States' Fire Academy and the American Ambulance Association's (AAA) EMS management training programs. All three books were published by JEMS. *FITCH* principals have also written a number of member reports for the International City/County Management Association (ICMA) including *EMS in the ERA of Health Care Reform*; *The New EMS Imperative: Demonstrating Value*; *EMS in Critical Condition: Meeting the Challenge* and *911 Center Operations: Challenges and Opportunities*.

Demonstration of *FITCH's* commitment to keep abreast of and contribute positively in a rapidly changing healthcare environment and the EMS/public safety sector includes involvement in more than 20 professional associations. We regularly present at conferences on EMS/public safety topics, worldwide. In addition, the firm annually coordinates and sponsors *The Pinnacle Leadership Conference*, a leading EMS networking and education summit annually attended by over 700 leaders. We also manage and conduct the Ambulance Service Manager's program for the American Ambulance Association. This program has provided EMS-specific training to over 1,000 ambulance service managers from the public and private sector over the past two-and-a-half decades. The firm also developed and conducts the Communications Center Manager Course, a certification program for police, fire and EMS communications management personnel, on behalf of the International Academies of Emergency Dispatch.

Breadth of EMS System Evaluations

FITCH has assessed and designed some of the most sophisticated and sustainable EMS systems in the world. The depth and breadth of our consulting team includes fire-based EMS in all forms, private EMS, 3rd-Service government-based EMS, Hospital-based EMS, and unique public utility model designs. In addition, we have both worked in and evaluated mixed systems that include both sworn dual certified firefighter paramedics and single certification systems; systems that deploy a variety of schedules such as 24 hours a day or some variation of 8, 10, and 12 hour shifts; and systems with fire first response and private transport providers.

Finally, we are in a unique position as our firm currently manages community based and hospital-based EMS services so that we are following cutting edge and best practices. This allows our expert consulting inform our management services and our management services inform our expert consulting so that we are confident that the data-driven analyses, assumptions, and recommendations are wholly implementable and meet all expectations as posited.

State and Local Standards for EMS System Design

FITCH has a deep understanding of EMS system designs as well as best practices across the wide spectrum of service provision.

Fire-based and Non-Fire Based Systems

As previous noted, *FITCH's* depth and breadth of our consulting team includes fire-based EMS in all forms, private EMS, 3rd-Service government-based EMS, Hospital-based EMS, and unique public utility model designs. In addition, we have both worked in and evaluated mixed systems.

Development of System Assessments, Strategic Plans, and RFPs

During *FITCH's* 35+ year history, there has been extensive participation in North America.

DESCRIPTION OF SIMILAR PROJECTS

Several references are provided to demonstrate the breadth and depth of our consulting practice for multiple EMS system designs. **(Specific references were emailed to the purchasing division as requested).**

Advanced Medical Transport, Peoria, Illinois (Private Provider)

Advanced Medical Transport (AMT) is a not-for-profit entity originally created by the City and County of Peoria and the hospitals of Peoria. Fitch & Associates was originally engaged to create this system's business structure and performance specifications in 1998. The Firm has represented the organization at varying points in its 30-year history including conducting reimbursement reviews, providing operational support, and strategic planning services facilitating its growth to a multistate EMS system. AMT operates without local tax subsidies. It has the distinction of receiving a perfect score in multiple reviews by the Commission on the Accreditation of Ambulance Services (CAAS).

The primary contact for this project is Andrew Rand, Executive Director. He can be reached at (309) 494-6220 or arand@amtci.org.

Pinellas County, Florida (Public Utility Model – Mixed System)

In late 2012, Pinellas County turned to *FITCH* after multiple previous consultancies left the County without implementable solutions for its 18 fire service agencies and primary ambulance contractor. *FITCH* was retained to evaluate previous deployment models suggested by other consultants, the impact of those models on both EMS response and fire suppression capabilities

and to identify an optimal plan. The County Board of Commissioners approved the report and staff is in the process of implementing the recommendations.

Comments about the project by the Chair of the County Board of Commissioners can be viewed at www.fitchassoc.com/services/city-county-consulting.

The primary contact for this project is Craig Hare, Director of Emergency Medical Services. He can be reached at (727) 582-5752 or chare@pinellascounty.org.

Polk County, FL (Fire-based Model – Mixed System)

Polk County contracted with the firm to assist the agency with an evaluation of fire rescue operations, station locations, and deployment strategies through the development of a Standards of Cover document for the department. *FITCH* completed comprehensive data and GIS analyses of the Department. *FITCH* assisted with recommendations for optimized station locations as well as reviewed multiple sites identified by the County. Ultimately, the County has moved forward with planning for approximately 15 additional fire stations and nearly 30 additional ambulances. The project was completed in the fall of 2018.

Subsequently, the County has hired *FITCH* again to complete an Alternative Staffing and Scheduling Study. This project was completed in 2020.

The contact for this project is Fire Chief Anthony Stravino. He can be reached at 954-757-8976 or tony_stravino@icloud.com.

Monroe County, NY (Private Provider)

The Monroe County EMS system involved a contracted ambulance provider for the City of Rochester and 18 combination paid and volunteer agencies in the areas outside of the city. The County EMS office and medical director sought to move the system forward in several areas including response time reporting and performance, CAD dispatch protocols, financial sustainability, and overall coordination between the numerous providers. A more patient-focused system was desired. *FITCH* developed a deployment plan and worked with the various providers to move the system forward with more coordination and oversight from the County EMS office.

The contact for this project is the EMS Administrator Tim Czapranski. He can be reached at 585-753-3760 or tczapranski@monroecounty.gov.

Lake County, FL (Public Utility Model migration to 3rd Service EMS Agency)

Lake EMS hired Fitch & Associates to conduct an operational evaluation of the County EMS agency and the 13-municipal first response fire departments. During the EMS evaluation and planning efforts, the Lake EMS Board of Directors and the Lake County Commission asked to conduct additional work to evaluate the feasibility of converting the independent Lake EMS agency into a County 3rd service model or consolidate into the County Fire Department. Implementation strategies were provided for all alternatives as well as maintaining the status quo with comprehensive fiscal, staffing, and operational considerations.

The contact for this project is the EMS Administrator Jerry Smith. He can be reached at 352-267-2413 or jsmith@lakecountyfl.gov.

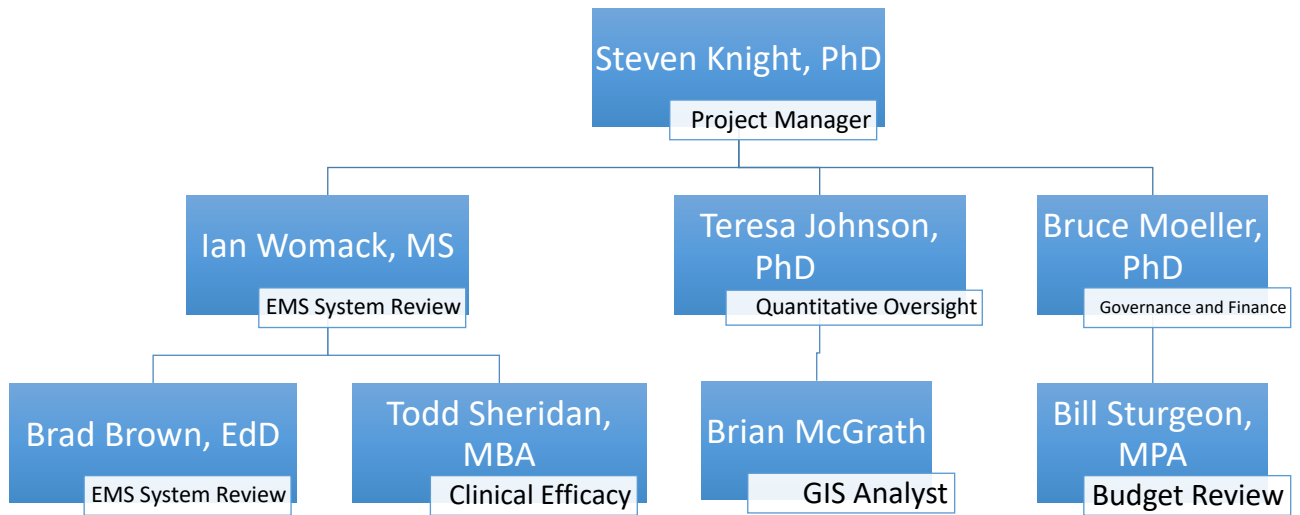
Additional client references, case studies, and testimonials are available on the firm’s website at www.fitchassoc.com.

PERSONNEL

Dr. Steven Knight will be the project manager and the first line of communication between the client and *FITCH*.

The *FITCH* team will be divided into the following project categories with each category having a specific lead based on areas of expertise:

Figure 3: FITCH Team Project Organizational Chart



Organizational Diagram of Proposed Consulting Staff and Reporting Relationships

The proposed organizational structure consists of Partner Dr. Steven Knight as the project manager and four primary discipline areas, each with a consultant assigned for oversight of that area. All oversight personnel report back to the project manager. The four divisions include *Operations (EMS System Review)*, *Quantitative Analyses (Performance)*, *Budget/Fiscal Oversight and Modelling*.

Operations

Ian Womack will oversee the operational aspects of the project that include City Manager and Fire Chief William Sturgeon (Orange County, FL and St. Cloud, FL) and Todd Sheridan, who will review the clinical efficacy, QA/QI, EMS operations. All members of the Operations Team will report directly to Chief Womack.

Quantitative - Performance Measurement

Dr. Teresa Johnson will oversee the data collection and analyses of all operational data captured from 911 CAD and the County's ePCR records management systems. Brian McGrath will provide all GIS analyses needed for the project utilizing fully audited data and will work directly with and report to Dr. Johnson.

Budget/Fiscal

Dr. Moeller will provide direction and oversight for all budget and fiscal elements including current operations as well as valuing any potential alternatives that may result from the project. Chief Sturgeon will work to review the revenues and expenditures associated with the annual budgeting process. All members will report directly to Dr. Moeller.

Offeror's Current Workload

FITCH does not allow our consultants to work more than three projects at a time. In addition, if the projects are large or complex, we may limit the consultants' commitments accordingly. As a client centric and high-engagement consulting firm, we ensure that the resources and personnel dedicated to the project have ample time and availability to accomplish all goals and tasks as designed.

Finally, as a control mechanism, we will establish a communication plan and process to ensure that the project is progressing on time and in accordance with the contract/proposal. Any deviations will be immediately brought to the Clients attention, and we will work collaboratively to find a reasonable solution that best maintains the desired timeline and quality. In our 35 years of consulting, our process has provided client's superior service.

QUALIFICATIONS OF STAFF

Project Team Members

Chief Steven Knight (Ret.), PhD, Senior Associate – Project Lead - Fire. Dr. Knight has nearly 25 years of experience and recently retired as the Assistant Fire/EMS Chief for the City of St. Petersburg, Florida. He is a subject matter expert for both the National Fire Academy and the Center for Public Safety Excellence (CPSE). He has also served as a team leader and peer assessor for the Commission on Fire Accreditation International (CFAI) and has held multiple faculty appointments in Fire Science and EMS. Dr. Knight previously served the International City and County Management Association (ICMA), as the Senior Manager for Fire and EMS.

Dr. Knight holds a PhD from the University of South Florida in curriculum and instruction and a minor in research and measurement, a Master's Degree in Public Administration from Troy University and a Bachelor's in Fire & Safety Engineering from the University of Cincinnati. Chief Knight is also a graduate of and faculty for the Executive Fire Officer Program (EFO) through the U.S. Fire Administration, Federal Emergency Management Agency. Knight is an accredited Chief Fire Officer (CFO) through the Center for Professional Credentialing.

Knight also served as an adjunct professor at St. Petersburg College and the State College of Florida in their Fire Science and Public Safety Administration Programs, is the former program

director for Emergency Medical Services at the Manatee Technical Institute, and is an affiliate faculty with the University of Central Florida's College of Medicine.

Ian Womack, MS. Chief Womack has over 16 years of experience in the fire and emergency services and is currently serving as a Division Chief for St. Petersburg Fire & Rescue. SPF&R serves more than 260,000 residents and responds to over 54,000 emergency incidents annually from thirteen fire stations. Chief Womack currently oversees the department's Rescue Division which delivers EMS services to the community with 22 ALS Units. Chief Womack has cutting edge experience with fire based EMS system design, resource allocation/utilization and service delivery contracts.

Ian has served in multiple capacities within the fire and emergency services field where he has successfully managed cutting edge program development. These programs blended fiscal challenges with increased firefighter safety and operational efficiencies that subsequently improved performance. His detailed knowledge and implementation experience in this complex field has led to numerous national speaking engagements in addition to serving as a delegate to the TAMPA2 event. Ian has also helped multiple urban agencies develop standards of cover, strategic plans, and deployment strategies that employed cutting edge best practice.

Ian earned a degree with honors in Fire Science and a BAS summa cum laude in Public Safety Administration from St. Petersburg College. He is also a graduate of the Eckerd College Management Development Institute's Leadership Development program and the St. Petersburg Chamber of Commerce Leadership St. Pete program.

Brad Brown, EdD – Senior Consultant. Dr. Brown started his fire service career in 1996 and currently serves as the Fire Chief of for the Grand Rapids, MI fire department. He led his department to ISO Class 1 and Internationally Accredited status, also serving as a peer assessor for the Center for Public Safety Excellence while being awarded the CFAI Ray Picard Award for his continued leadership and contributions to the fire service. During his doctoral coursework, he was awarded the 2018 Richard A. Freund International Scholarship from the American Society for Quality. Brad served as a voting alternate member on the 2020 edition of NFPA 1710. He has presented numerous times over the past several years for the Michigan Lean Consortium, the American Society for Quality, the Association for Manufacturing Excellence, and the Center for Public Safety Excellence.

Brad earned an AAS in Fire Protection Technology from Guilford Technical Community College, and AAS in Fire Prevention and Investigation from Delta College, a Bachelor of Business Administration with a major in Fire Service Management from Northwood University, an MS in Executive Fire Service Leadership from Grand Canyon University, and his Doctor of Education in Organizational Leadership and Development from Cornerstone University. He completed the Executive Fire Officer (EFO) program at the National Fire Academy and holds the Chief Fire Officer (CFO) designation from the Center for Public Safety Excellence in addition to a lean champion certification through Grand Rapids Community College.

Bruce J. Moeller, PhD – Senior Consultant. Dr. Moeller joined the firm in 2018. He most recently served as Executive Director for Safety & Emergency Services in Pinellas County, Florida and as Interim Chief of Staff for the County. Pinellas County is a community of almost 1 million residents; his areas of responsibility include 9-1-1, EMS & Fire Administration, Justice &

Consumer Services, Radio & Technology, Emergency Management and Animal Services. Prior to his current role, Dr. Moeller served as city manager in Sunrise, Florida. Moeller's background includes 30+ years of public safety service, culminating as Chief of Department for several fire-rescue agencies, including Broward County, Florida.

Dr. Moeller is active in fire service and public management organizations, having served in committee and leadership roles for the International City County Management Association (ICMA), National Fire Protection Association (NFPA), and International Association of Fire Chiefs (IAFC). He is also an active member of the International Chiefs of Police (IACP).

J. Todd Sheridan, MBA – Senior Associate - EMS. Mr. Sheridan is a performance-driven leader with expertise in operations, organizational development and data analysis. Before joining Fitch & Associates he served in various EMS and Fire agencies including the Richmond Ambulance Authority. In that role he led special operations for disaster and event planning, and daily operations including deployment planning and data analysis. He was a member of or led various clinical, operations and communication committees that created new protocols, policies and procedures adopted both locally and regionally.

Todd serves in our management services programs and has led ambulance service programs that were operational challenged and fiscally unsustainable. He has successfully integrated and improved systems such as Robert Wood Johnson's system in New Jersey, the largest ambulance provider in the state, and Tower Health in Pennsylvania, and is now the Director of Community Care Ambulance Network in Ohio.

Todd has specific 3rd service experience while with the Richmond Ambulance Authority in Virginia.

Teresa R. Johnson, PhD - Senior Consultant-Data Analyst. Dr. Johnson served as the Director of the Office of Assessment and Evaluation at the Johns Hopkins University School of Medicine (JHUSOM). In this role, she is responsible for designing and launching initiatives related to the assessment of students and the evaluation of programs in undergraduate, graduate, and continuing medical education, graduate biomedical education, and post-doctoral training. She establishes strong partnerships with faculty members and program administrators to ensure that assessment and program evaluation activities align with learner needs, program goals, accreditation standards, and evidence-based best practices.

Prior to joining Johns Hopkins, Dr. Johnson served in a similar role at the University of Central Florida's College of Medicine.

Dr. Johnson completed her M.S. and Ph.D. degrees in Educational and Sport Psychology at Florida State University (FSU) in Tallahassee, FL. During her graduate studies, she worked as a Sport Psychology Consultant for the FSU NCAA Division I women's softball and men's golf teams and taught undergraduate sections of Sport Psychology and Classroom Applications of Educational Psychology.

Brian McGrath – Senior Consultant – GIS and Mapping Analyst. Brian McGrath serves as President of CAD North Inc. His responsibilities include Administration, Marketing, Software Development and Business Analysis/Requirements Documentation. He brings over 18 years'

experience in Information Systems management and development in the public safety industry including 10+ years Business and Systems Analysis in public safety software development. He has exceptional ability at requirements capture, analysis and documentation and is fully conversant with all aspects of the software product development and implementation life-cycle. He is an experienced software developer of public safety dispatch applications including software development using TriTech’s RAPTOR API. He possesses excellent communications and interpersonal skills, is comfortable at all organizational levels and has a solid base of operational experience in public safety communications.

Utilization of Sub-Consultants

FITCH does not utilize any sub-consultants and therefore are not proposed for this project. All consultants work exclusively for FITCH in the consulting arena. Other employment such as with an active EMS agency or academic faculty appointment may exist where there are no potential conflicts of interest.

REGISTRATION

Fitch & Associates has worked in all 50 states and has never had an issue acquiring the necessary state and municipal licenses and authorities to provide business services for our clients. Fitch & Associates is currently providing a strategic planning effort in York County, ME.

COST AND PRICE

As proposed, this project will be a fixed cost, not to exceed, price of \$49,995 including all travel and expenses. This proposal encompasses the development and completion of an *Emergency Medical Services (EMS) Feasibility Study* and includes on-site visits that will include structured interviews, organizational review, and internal/external stakeholder workshop(s) (if desired) and an onsite final presentation (if desired)

Figure 4: Proposed Fees and Expenses

Project Activity	Costs
Professional Services	\$49,995
Reasonable and Customary Travel & Expenses	Included

As a fixed cost price agreement, FITCH holds the liability of completing all elements of this proposal and insulates the agency from additional costs for within scope items.

There are no ongoing or recurring costs, software costs, or software maintenance costs.

At the Client’s sole discretion, additional services, or implementation services can be accomplished at either \$275/hour for individual hourly requests or mutually agree to amend the contract for another fixed cost amount.



www.fitchassoc.com



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Date: November 9, 2023

To: Mark F. Miller, City Manager

From: Robert J. Bruner, Deputy City Manager
Megan E. Schubert, Assistant City Manager
Peter Hullinger, Fire Chief

Subject: Emergency Medical Services (EMS) Update

On October 16, City Council directed the City Attorney to prepare or review a professional services agreement for Emergency Medical Services (EMS) technical assistance services with Fitch & Associates of Platte City, MO. The proposed agreement is expected to be on the November 20 regular City Council meeting agenda.

On October 27, Alliance Mobile Health Executive Director Vince Waryas contacted Fire Chief Peter Hullinger to request a meeting to discuss the agreement between Alliance and the City. City staff met with Mr. Waryas and Mobile Medical Response CEO Laurie Thiel on November 1. Waryas and Thiel provided the attached letter regarding the potential sale of Alliance to another EMS agency and proposed changes to the agreement. Alliance understands the City can reject the proposed changes and that approval would require a resolution of City Council. They also understand the City Council is unlikely to act until November 20 at the soonest. Nevertheless, Alliance requested information about how the City intends to proceed no later than November 10.

City staff met on November 6 to discuss the City's options, or lack thereof. Chief Hullinger sent questions to Alliance after the November 6 meeting and received answers on November 8. Today (November 9), Chief Hullinger notified Alliance of the City's intent to pursue Option 2 in the attached memo. The necessary amendments will be prepared and presented to City Council in late November or early December. In the meantime, City staff looks forward to working with Fitch & Associates to evaluate the community's needs and identify options for how to meet those needs.

Date: November 1, 2023
To: Mark Miller, City Manager
Peter Hullinger, Fire Chief
From: Vince Waryas, Executive Director, Alliance Mobile Health
Laurie Thiel, Alliance Mobile Health Board Member



Subject: **Requesting modification to the current Emergency Medical and First Responder Services Agreement Between the City of Troy and Alliance Mobile Health**

Alliance's 2022 bid for the City of Troy's Paramedic First Responder Services (PFRS) established a cost of \$31 per unit hour. With increased operational costs related to wages, benefits, fuel, vehicles, and equipment, the current reimbursement for PFRs has become unsustainable at this rate. Without an increase in the PFR unit hour effective January 1, 2024, Alliance cannot fulfill the contract through December 31, 2025.

Our financial analysis is based on the 21,132 unit hours billed to the city from July 1, 2022, through June 30, 2023. Alliance requires the PFR rate to increase from \$31 per unit hour to \$67 per unit hour to cover expenses related to operating the Paramedic First Responder units.

Furthermore, Alliance Mobile Health is still actively engaged in a discussion with an EMS agency to purchase the company. Should that sale be executed, either of these options below makes that sale viable and will provide a seamless transition for the city.

Recommendations:

Option 1:

The City of Troy approves a PFR unit hour increase from \$31 to \$67, effective January 1, 2024. After that, Alliance will review costs to operate annually while the city completes its study with Fitch & Associates to evaluate the community's future needs related to EMS services.

Option 2:

The EMS agency interested in purchasing Alliance recommends changing the current deployment plan with the following:

- Removing (2) 24-hour PFR units and replacing them with (2) fully equipped 24-hour ALS units at the same \$31 per unit hour charge. This would give the City a total of 5 dedicated ALS units to the City during the day and (3) dedicated ALS units at night, 24 hours a day, 7 days a week once the transition is complete.
- In addition, (1) PFR unit would remain to handle CO2 monitoring, prisoner evals, first responder services, etc., at the \$31 per unit hour rate.
- Ongoing 24/7 supervisor coverage.

Alliance also believes Option 2 will eliminate mutual aid charges from neighboring cities because more transporting units are dedicated to the City.

Date: November 1, 2023

Subject: **Requesting modification to the current Emergency
Medical and First Responder Services Agreement
Between the City of Troy and Alliance Mobile Health**



Page 2

Under Section 3: A-D of our contract, Alliance understands that the City can reject the options above and seek new proposals. Alliance has had a very positive, long-standing relationship with the city and its residents, and providing the highest quality of care is the top priority. Please consider that carefully when you weigh your options.

Due to the time-sensitive nature of the business, Alliance requests to know how the city intends to proceed to move forward no later than Friday, November 10, 2023.

Thank you for your time.

Respectfully,

A handwritten signature in blue ink, appearing to read "Vince Waryas". The signature is fluid and cursive, with a long horizontal stroke at the end.

Vince Waryas
Executive Director
Alliance Mobile Health



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM



Date: December 6, 2023

To: Mark F. Miller, City Manager

From: Robert J. Bruner, Deputy City Manager
Megan E. Schubert, Assistant City Manager
Robert Maleszyk, Chief Financial Officer
Peter Hullinger, Fire Chief
Emily Frontera, Purchasing Manager

Subject: Contract Amendment – Emergency Medical and First Responder Services

History

Since 1991, The City of Troy has adopted a concept whereby Emergency Medical and First Responder Services is contracted to a third party provider. The EMS provider takes on the responsibility of providing both first responder service, in the form of paramedic first responders (PFR), and ambulance service, in the form of paramedic advanced life support ambulances (ALS). Associated responsibilities of hiring, training, and certifying paramedics, equipping and maintaining vehicles, etc., are borne by the contracted provider thereby alleviating the burden of these responsibilities from either the Fire Department or the Police Department. The Police Department routinely responds along with EMS for scene security and required reporting, while the Fire Department responds for necessary rescue and extrication efforts.

On December 5, 2022, Troy City Council approved Budget Amendment and Standard Purchasing Resolution, #2022-12-180 to award a contract to provide Emergency Medical and First Responder Services for the City of Troy for three (3) years in 2023, 2024, and 2025 with the option to renew annually for three (3) years in 2026, 2027 and 2028, to *Alliance Mobile Health of Troy, MI*, for a total estimated amount of \$814,680.00.

On October 27, 2023, Alliance Mobile Health Executive Director Vince Waryas contacted Fire Chief Peter Hullinger to request a meeting to discuss the current agreement between Alliance and the City. City staff met with Mr. Waryas and Mobile Medical Response CEO Laurie Thiel on November 1, 2023. Mr. Waryas and Ms. Thiel provided written notice regarding the potential sale of Alliance to another EMS agency and proposed changes to the agreement.

City staff met on November 6, 2023, to discuss the City's options and answers to questions that had been submitted to Alliance about the options proposed. After this meeting, it was determined that Option 2 of the proposal was the best to move forward with and this was communicated to Alliance Mobile Health by Chief Hullinger. Option 2 changes the current deployment model from three (3) PFR units 24/7 to one (1) PFR and two (2) dedicated ALS ambulances 24/7.



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Purchasing

A formal amendment to the agreement between the City of Troy and Alliance Mobile Health has been drafted, reviewed, and agreed upon by both parties. The signing of the agreement by both parties is the final step in order to execute the agreement amendment; a copy of which is included for Council's review.

Financial

Funding for the Emergency Medical and First Responder Services is budgeted in the Fire Department's Fire Operations Contractual Services account 101.336.338.7802.010. The amendment change will not have any financial impact.

Legal Consideration

Pursuant to City charter, the City Attorney has reviewed this contract and amendment.

Recommendation

City Management recommends Council approve the signing of the agreement amendment between the City of Troy and Alliance Mobile Health, of Troy, MI, for Emergency Medical and First Responder Services, in order to modify the deployment model to one (1) PFR and two (2) ALS ambulances 24/7 taking effect January 1, 2024.

**FIRST AMENDMENT TO EMERGENCY AND FIRST RESPONDER SERVICES
AGREEMENT BETWEEN THE CITY OF TROY AND ALLIANCE MOBILE HEALTH**

This First Amendment to Emergency and First Responder Services Agreement Between the City of Troy and Alliance Mobile Health is effective January 1, 2024, and is agreed to between the City of Troy (CITY), a Michigan Municipal Corporation with a business address of 500 W. Big Beaver Road, Troy, Michigan 48084 and Alliance Mobile Health (ALLIANCE), with a business address of 2045 Austin Drive, Troy, Michigan 48083.

RECITALS

WHEREAS, ALLIANCE has been the third party provider for ambulance service and first responder services for the City of Troy since 2003; and

WHEREAS, in anticipation of a contract expiration, CITY initiated a competitive bid process in 2022, where Alliance was the only bidder. Subsequently CITY and ALLIANCE entered into a three-year agreement, with up to three one- year renewals, commencing January 1, 2023 for third party Advanced Life Support (ALS) ambulance service and First Responder Services; and

WHEREAS, ALLIANCE notified CITY on November 1, 2023 that it will likely undergo an ownership change in the immediate future, and in any event, will not be able to provide the services as detailed in its bid submittal, based on increased operational costs; and

WHEREAS, ALLIANCE and its proposed successor owner is still desirous of providing the ambulance and first responder services for CITY, but cannot continue to do so without an amendment to the Emergency and First Responder Agreement between the parties; and

WHEREAS, ALLIANCE and its proposed successor owner has requested an elimination of the requirement for two of the three dedicated Paramedic First Responder Units, and instead would provide an additional two fully equipped ambulance units which would be operational 24 hours a day for 7 days; and

WHEREAS, instead of terminating the Agreement, the parties are instead willing to amend the Emergency and First Responder Services Agreement to facilitate this request, as set forth below.

AGREEMENT

1. Effective January 1, 2024, the attached and incorporated Emergency Medical and First Responder Services Agreement Between the City of Troy and Alliance Mobile Health is amended as follows:

2. Paragraph 2 B of the Agreement shall be deleted in its entirety and replaced with the following:

B. Deployment Plan: ALLIANCE has revised its deployment plan for the Troy service area, and this deployment plan is incorporated by reference. As required by that plan, a dedicated First Responder Unit must be staffed by at least one (1) Paramedic, and will be assigned to locations within Troy. At a minimum, Alliance shall provide at least one First Responder Unit in the City seven days per week and twenty-four hours per day, and a minimum of three ambulance (ALS units) stationed in the City seven days per week and twenty-four hours per day, as well as a minimum of two ambulance (ALS units) that are available to service Troy during the daytime hours.

If ALLIANCE determines that more units are necessary to comply with the response times, then ALLIANCE shall immediately notify CITY of any recommended additions and the parties shall discuss an alternative deployment plan, which may include additional First Responder Units. At no time will any of the First Responder units be utilized to supplement ALLIANCE's transfer business.

The ALLIANCE "on duty" supervisor shall be available to function as a First Responder in times of high call volume. At no time shall the supervisor be considered as part of the minimum staffing.

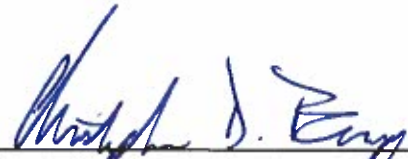
3. Paragraph 2 E (i), Vehicles and Equipment, shall be amended to reduce the required First Responder Fleet from four vehicles to two vehicles.

4. Paragraph 3, Prices, shall be amended to reflect only one required First Responder Unit, available seven days a week, 24 hours a day, 365 days a year, and two ALS units, available seven days a week, 24 hours a day, 365 days a year, all charged at the rate of \$31.00 per hour.

5. Additionally, paragraph 9 of the Agreement is amended to clarify that the Troy City Manager is vested with the authority to provide the required advanced written consent on the City's behalf to a proposed assignment of Alliance's rights, privileges, or interests to Alliance's proposed successor owner.

6. All other terms and conditions of the attached and incorporated Emergency Medical and First Responder Services Agreement Between the City of Troy and Alliance Mobile Health remain unchanged.

WITNESSES:



Chris Berry, Operations Supervisor

"ALLIANCE"

ALLIANCE MOBILE HEALTH, a Michigan Corporation



Vince Waryas, Executive Director

"CITY"

CITY OF TROY, a Michigan Municipal Corporation

Ethan D. Baker, Mayor

M. Aileen Dickson, City Clerk



500 West Big Beaver
Troy, MI 48084
troymi.gov

**CITY OF TROY
OAKLAND COUNTY, MICHIGAN
RESOLUTION**

At a Regular meeting of the Troy City Council held on Monday, December 5, 2022, the following Resolution was passed:

I-4 Budget Amendment and Standard Purchasing Resolution 8: Best Value – Emergency Medical and First Responder Services (Introduced by: Pete E. Hullinger, Fire Chief)

Resolution #2022-12-180

Moved by Hodorek

Seconded by Brooks

RESOLVED, That Troy City Council hereby **AWARDS** a contract to provide Emergency Medical & First Responder Services for the City of Troy for three (3) years with the option to renew annually for three (3) years, as a result of a best value evaluation process, to *Alliance Mobile Health of Troy, MI*, for a total estimated annual amount of \$814,680.00 predicated on the anticipated payable hours, in accordance with the prices contained in the bid tabulation opened September 22, 2022, a copy of which shall be **ATTACHED** to the original Minutes of this meeting; contract expiring December 31, 2026.

BE IT FURTHER RESOLVED, That Troy City Council hereby **APPROVES** a budget amendment in the amount of \$120,000.00 to the Fire Operations – Contractual Services 1st Responder account.

BE IT FURTHER RESOLVED, That the award is **CONTINGENT** upon the company's submission of properly executed proposal and contract documents, including insurance certificates and all other specified requirements.

BE IT FINALLY RESOLVED, That the Troy City Council hereby **APPROVES** the Emergency Medical and First Responder Services Agreement between the City of Troy and Alliance Mobile Health and **AUTHORIZES** the Mayor and City Clerk to **EXECUTE** the document on behalf of the City, a copy of which shall be **ATTACHED** to the original Minutes of this meeting.

Yes: All-7

No: None

MOTION CARRIED

I, M. Aileen Dickson, duly appointed City Clerk of the City of Troy; do hereby certify that the foregoing constitutes a true and complete copy of a resolution adopted by the Troy City Council at a Regular Meeting duly called and held on Monday, the Fifth day of December, 2022.

A handwritten signature in black ink that reads "M. Aileen Dickson". The signature is written in a cursive style with a horizontal line underneath it.

M. Aileen Dickson, MMC, MiPMC II
City Clerk

**EMERGENCY MEDICAL AND FIRST RESPONDER SERVICES AGREEMENT
BETWEEN THE CITY OF TROY AND ALLIANCE MOBILE HEALTH**

This Agreement dated, this 5th day of December, 2022 is made by and between:

City of Troy, a Michigan Municipal Corporation
500 W. Big Beaver Road
Troy, Michigan 48084 (hereinafter "CITY")

-And-

Alliance Mobile Health (hereinafter
"ALLIANCE") 2045 Austin Drive
Troy, Michigan 48083

RECITALS

A. WHEREAS, CITY finds it necessary to utilize the services of a qualified Advance Life Support ("ALS") ambulance service and First Responder services since those services are critical to CITY and the public; and

B. WHEREAS, ALLIANCE meets the professional service standards of the Commission on Accreditation of Ambulance Services and is licensed by the Michigan Department of Health & Human Services ("MDHHS"); and

C. WHEREAS, CITY and ALLIANCE desire to mutually agree to specific terms and conditions regarding those services;

NOW THEREFORE, in consideration of the covenants and agreements contained herein, CITY and ALLIANCE agree as follows:

1. **SCOPE AND INTENT.** During the term of the Agreement, ALLIANCE shall provide services and CITY shall provide payment for those services as set out in this Agreement. This Agreement incorporates, as though fully set out herein, Exhibit A which is ALLIANCE'S Proposal for Emergency Medical and First Responder Services containing specifications and representations regarding the Paramedic First Responder Services and

Ambulance Transportation Services that ALLIANCE will be providing under this Agreement. All documents are incorporated and made a part of this Agreement to the extent that their terms do not conflict with the terms herein. In the event of any conflict between the proposal and this Agreement, the provisions in this Agreement shall govern. The required services are generally described as providing advanced life support services, including but not limited to advanced life support services, including but not limited to advanced life support ambulance service for transportation to hospitals and/or medical facilities specializing in the treatment of trauma and/or life treating conditions and/or to provide paramedic first responders services for the Troy service area.

2. OPERATIONAL REQUIREMENTS - ALS AMBULANCE SERVICE AND FIRST RESPONDER SERVICES. ALLIANCE shall comply with the following requirements:

A. Response Time. Alliance shall comply with the current minimum standards for ambulance response time established by the Oakland County Medical Control Authority ("OCMCA"), which are incorporated by reference, with amendments, as part of the terms and conditions of this Agreement. ALLIANCE shall continue to use the predictive capabilities of LOGIS, or other predictive software or similar advanced technology, to try to effectively predict where the next call for service may come from. Additionally, ALLIANCE shall be held to the following standards:

- i. ALS Ambulance Response Time. ALLIANCE shall meet a minimum emergency response time of 8 minutes 00 seconds for at least ninety percent (90%) of emergency responses every month.
- ii. Paramedic First Responder Response Time. ALLIANCE shall have a paramedic on scene (either from a First Responder Unit or an ambulance) as early as possible, but within 5 minutes 00 seconds from the receipt of

the call from the provider's dispatch to arrival on scene for at least ninety (90%) percent of all incidents dispatched either as an emergency or Priority 1 call every month.

- iii. Non-Emergency (Priority 3) Response Time. ALLIANCE shall meet a minimum response time of 30 minutes and 00 seconds for at least of ninety percent (90%) of non-emergency Priority 3 calls every month.
- iv. The above referenced minimum ALS Ambulance Response Time and Paramedic First Responder Response Times shall not apply to incidents that are dispatched as non-emergency or downgraded to non-emergency prior to the arrival of the ambulance. ALLIANCE shall also be given consideration if there are area wide weather emergencies, including but not limited to: snowstorms, ice storms, or high winds.

B. Deployment Plan: ALLIANCE has included its deployment plan for the Troy service area, which is incorporated by reference. As required by that plan, all First Responder units, staffed by at least one (1) Paramedic, will be assigned to post locations within Troy. At a minimum, Alliance shall provide at least three (3) First Responder Units 7 days per week and 24 hours a day, which shall all be available for all requests for service received through the Troy 911 system. These three First Responder units will only respond to calls within the City of Troy.

If ALLIANCE determines that more units are necessary to comply with the response times, then ALLIANCE shall immediately notify CITY of any recommended additions, and the parties shall discuss an alternative deployment plan, which may include additional First Responder Units. At no time will any of the First Responder units be utilized to supplement ALLIANCE's transfer business.

The ALLIANCE "on-duty" supervisor shall be available to function as a First Responder in times of high call volume. At no time shall the supervisor be considered as part of the minimum staffing.

C. Accreditation. ALLIANCE is and shall remain accredited by the Commission of Accreditation of Ambulance Services during the entire term of the Agreement. Failure to remain accredited under this section may result in the immediate termination of this Agreement. All ambulances and first responder units and personnel shall be capable of providing advanced life support in accordance with OCMCA.

D. Personnel Licensure: ALLIANCE'S personnel shall be appropriately licensed, including any specific professional licenses that are required by the State of Michigan, and especially those licenses required by the Michigan Department of Health & Human Services (MDHHS). All First Responder personnel shall be licensed as paramedics by the MDHHS and shall have completed a training course consistent with the operation requirements with in the City of Troy. Within ten (10) days after execution of this Agreement, ALLIANCE shall provide to CITY a list of all personnel who will or may be acting as ALS ambulance personnel or First Responder personnel under this Agreement, and shall include each person's full name, position, title or the function they will be performing and a copy of any licenses required by the State of Michigan. This same information shall be provided to CITY within ten (10) days after ALLIANCE hires any new personnel for the work that is detailed in this Agreement.

E. Vehicles and Equipment: ALLIANCE shall comply with all specifications or representations contained within Exhibit A - Alliance Proposal for Emergency Medical and First Responder Service, including, but not limited to:

- i. ALLIANCE shall maintain a minimum First Responder unit fleet of at least

- four (4) vehicles in excellent working order;
- ii. All vehicles shall be maintained in a safe operating condition;
 - iii. Maintenance logs shall be maintained for each vehicle and shall be available for inspection when requested by CITY;
 - iv. Vehicle chassis over five (5) years old are not acceptable;
 - v. The City of Troy City Manager or his/her designee shall approve identifying graphics, and emergency lighting and siren equipment proposed for the First Responder vehicles.
 - vi. All vehicles shall be equipped with a Road Safety System or a similar safety system that monitors the driving of the vehicle to assure the safe operation for all vehicles;
 - vii. Each vehicle shall be of sufficient size to carry the proper equipment required by the State of Michigan to be licensed as a non-transport Advanced Life Services ("ALS") unit, and shall carry the required equipment at all times;
 - viii. Each vehicle shall be capable of installing and using AVL Systems compatible with City of Troy software or any successor system, which shall be used for responses and system testing;
 - ix. All ambulances and First Responders units shall be equipped with all MDHHS required equipment for each type of unit.

F. Reports: ALLIANCE shall submit response time summaries to CITY at a minimum of one time a month, at the scheduled monthly meeting set put in Paragraph G. These reports shall be prepared for both First Responder units and ALS ambulances and

include: compliance with response time standards, list of calls referred to other agencies, call downgrades and other reports used to determine contract compliance.

CITY may request additional reports concerning specific issues. CITY has the option of requesting hard copies of these reports or that report data be submitted electronically. ALLIANCE shall also timely submit required information to OCMCA in a manner and format prescribed by OCMCA. Non-compliance with this paragraph may result in termination of this Agreement based upon the ninety (90) day notice provision.

G. Supervision: ALLIANCE shall provide organized field supervision personnel including, but not limited to field training officers and field supervisors. There shall be adequate supervisory personnel to provide field evaluation and job supervision. ALLIANCE shall provide, at a minimum, one (1) dedicated field supervisor certified at the Paramedic level, available in the Troy service area at least ten (10) hours per day during the predominant call period and at least twenty-four (24) hours in an "on-call" capability at all other times of the day. This supervisor shall be immediately available in the field in the Troy service area during the peak-load periods of the day. That supervisor shall be dedicated solely to Troy and shall act as a liaison to the Troy Police Department and the Troy Fire Department. The supervisor may function as a Paramedic in a First Responder unit, but shall not be counted towards the minimum staffing requirement for the First Responder unit.

ALLIANCE shall have policies triggering automatic supervisory response that include, but are not limited to:

- i. Incidents requiring two or more ALS unit responders;
- ii. Multi-casualty or disaster incidents;
- iii. Hazardous materials incidents involving patient care; and
- iv. Life-threatening incidents in immediate area of supervisor at time of

dispatch.

Upon request ALLIANCE shall be required to disclose its automatic supervisory response policy, and make any changes requested by CITY.

H. Monthly Meetings: ALLIANCE shall provide a supervisory staff member who shall participate in monthly meetings with members of the Troy Police Department and the Troy Fire Department to assess the effectiveness of ALLIANCE'S programs, plans and policies.

I. Personnel: ALLIANCE shall perform a CCH (Complete Criminal History) search on all of its Paramedics and Emergency Medical Technicians ("EMTs") annually. Any ALLIANCE employee with a conviction for criminal sexual conduct ("CSC") or any controlled substance violations, or felony convictions shall be prohibited from working in Troy as part of this Agreement. Any ALLIANCE Employee with a conviction for theft or larceny within the past five (5) years shall be prohibited from working in Troy as part of this Agreement.

ALLIANCE shall perform a complete driving history search on all of its Paramedics and EMTs annually. Employees with two or more convictions for operating under the influence of liquor ("OUIL"), unlawful blood alcohol level ("UBAL"), operating while impaired ("OWI"), operating while under the influence of a narcotic or controlled substance ("OUIN"), or any two or more convictions of any combination thereof, shall not be allowed to work in Troy. Employees with a conviction for operating under the influence of liquor ("OUIL"), unlawful blood alcohol level ("UBAL"), operating while impaired ("OWI"), or operating while under the influence of a narcotic or controlled substance ("OUIN") within the past five years shall not be allowed to work in Troy. ALLIANCE shall develop a plan/policy for screening criminal and driving records annually, which includes these criteria as they apply to Troy. A copy of ALLIANCE's screening plan/policy shall be submitted to the Troy Fire Department within twenty (20) days after execution of the Agreement and must be acceptable to the City Manager or his/her designee.

ALLIANCE shall notify the OCMCA and the Michigan Division of Emergency Medical Services if any of its Paramedics or EMTs are criminally charged with any felony, or terminated from employment for any narcotic, controlled substances, or alcohol use or for any criminal sexual conduct, theft or larceny allegations. ALLIANCE agrees to remove an employee from the Troy service area upon written request of the Troy Fire Chief or the Troy Police Chief, even if not expressly detailed in this Agreement.

J. Drug Testing Plan Policy: ALLIANCE shall establish and require a random and probable cause drug testing plan/policy for all personnel operating in Troy. A copy of ALLIANCE's drug testing plan/ policy shall be submitted to the Troy Fire Department within twenty (20) days after execution of the Agreement and must be acceptable to the City Manager or his/her designee.

K. Quality Assurance Plan Policy: ALLIANCE shall develop and/or continue a quality assurance plan/policy to continually assess the quality of treatment by emergency medical service personnel and shall also continuously hold the CAAS accreditation (Commission on Accreditation of Ambulance Services). A copy of ALLIANCE's quality assurance plan/policy shall be submitted to the Troy Fire Department within twenty (20) days after execution of the Agreement and must be acceptable to the City Manager or his/her designee. This plan should at a minimum require quarterly surveying of patients that have been transported, with the results presented at the monthly meeting, as described in Paragraph G.

L. Complaint Resolution: In the event CITY receives a complaint over the performance of any services under this Agreement or emergency medical care, the following procedure shall be followed:

- i. CITY shall forward the complaint to ALLIANCE. ALLIANCE shall review and investigate the complaint and provide a written report of the

investigation to CITY within sixty (60) days of the receipt of the complaint.

- ii. In the event the complaint is not resolved, CITY shall forward the complaint and ALLIANCE'S response to the OCMCA.

M. Incident Command System: ALLIANCE shall provide annual incident command system training for ambulance personnel operating in Troy, detailing the respective roles and responsibilities within the framework of the Incident Command System.

N. Police Incident Training: ALLIANCE shall provide annual training for ambulance personnel operating in Troy, detailing the responsibilities of EMS providers during specific police incidents. ALLIANCE may request the Troy Police Department assume responsibilities for this training for its personnel at dates and times agreed to by the parties. ALLIANCE shall pay all costs associated with any such training. ALLIANCE shall submit documentation of this training to the Troy Police Department, including the names and positions of those receiving the training and the nature and dates of the training.

O. Tactical Support Team Training: ALLIANCE shall provide medical support for the Troy Police Department's Tactical Support Team (TPDTST), including paramedics and necessary on-scene medical equipment and shall provide two Tactical EMS medics on all operations.

The paramedics involved in this training must be approved by Troy Police Department personnel, and must do the following:

- i. Maintain a current paramedic certification through the State of Michigan, and maintain certification in Pre Hospital Trauma Life Support;
- ii. Be familiar with, and able to effectively coordinate with the entire Emergency Medical System, from the area of operation to the

- receiving medical facility;
- iii. Maintain clinical skills by actively participating in patient care on a regular basis;
 - iv. Complete specialized training, which teaches the skills necessary to operate in the tactical environment and receive state certification as "Emergency Medical Technician - Tactical";
 - v. Submit to a background check, to be conducted by CITY. ALLIANCE must equip its paramedics with safety equipment for the Tactical Support Team Trainings, including but not limited to ballistic vests and other necessary equipment. The ALLIANCE paramedic's duties for the Tactical Support Team training include, but are not limited to:
 - vi. Acquire and maintain important medical history, immunization status and current health status of each Troy Police Officer involved in the training;
 - vii. Monitor the medical effects of environmental conditions;
 - viii. Establish good working relationships with local EMS and receiving medical facilities;
 - ix. Conduct medical threat assessments;
 - x. Provide medical care;
 - xi. Serve as an advisor to the TPDTST Commander

The ALLIANCE paramedics designated to assist the TPDTST must be available several times per month on an on-call basis to participate in Tactical Support Team training within 45 minutes from the receipt of the call. CITY reserves the right to remove any ALLIANCE paramedic from the TPDTST at any time, and to exclude any ALLIANCE paramedic from

future operations.

P. Blood Draws: Upon request from the Troy Police Department, ALLIANCE shall provide a paramedic who is qualified by education, training or experience to perform a blood draw on a criminal suspect, in accordance with the terms and conditions set forth in MCL 257.625a(6)(c), MCL 333.16215, MCL 333.16109, the Troy Police Department Blood Draw Protocol, as may be amended from time to time (current copy attached), and the Oakland County Medical Control Authority's Evidentiary Blood Draw Protocol, as may be amended from time to time (current copy attached).

CITY agrees to indemnify, defend and hold harmless ALLIANCE and its employees, agents, contractors, trustees and directors from any and all liability incurred for the negligence, alleged negligence, malpractice or misconduct of any paramedic engaged in the withdraw of blood, as requested by the Troy Police Department, with the exception of claims or causes of action alleging or arising from the gross negligence of ALLIANCE, and its employees, physicians, agents, contractors, trustees and directors, of the failure to comply with MCL 257.625a(6)(c), MCL 333.16215, MCL 333.16109, the Troy Police Department Protocol and the Oakland County Medical Control Authority's Evidentiary Blood Draw Protocol. In the event that there is a conflict between the Oakland County Medical Control Authority's Evidentiary Blood Draw Protocol, and State Law, the State Law shall prevail. In the event that State Law conflicts with the OCMCA blood draw protocol, the parties will work together with the OCMCA to have the protocol comply with State Law.

Q. Hazardous Materials Training: All ALLIANCE ambulance personnel shall be trained to Hazmat First Responder Awareness level and Weapons of Mass Destruction ("WMD") Awareness as designated by the Michigan Firefighters Training Council. ALLIANCE shall submit documentation of this training to the Troy Fire Department including the names and positions of those receiving the training and the nature and dates of the

training. The cost of this training will be paid by ALLIANCE.

R. Resource for Public Safety Agency Training: ALLIANCE shall serve as a resource for EMS training for the Troy Fire Department and the Troy Police Department. This shall include CPR, first aid, blood borne pathogen, and other related training.

S. Additional Tasks: The CITY reserves the option of identifying and assigning additional non-emergency tasks which can be performed by the paramedic first responder units when not engaged in EMS responses. These tasks include, but are not limited to responding to carbon monoxide alarms.

T. Mutual Aid: ALLIANCE shall prepare and/or continue a plan/policy for mutual aid showing the average number of Basic and Advanced Life Support ambulances that could be provided for a back-to-back or multi-casualty incident. This plan/policy shall include typical response times based on average activity. The plan/policy should include contingency planning for multiple back-to-back incidents across geographic areas. A copy of ALLIANCE's mutual aid plan/policy shall be submitted to the Troy Fire Department within twenty (20) days after execution of the Agreement and must be acceptable to the City Manager or his/her designee. ALLIANCE shall provide additional copies of its mutual aid plan/policy on future dates, upon request from CITY.

U. Incident Standby: ALLIANCE shall provide ambulance units as requested by the Troy Fire Department or the Troy Police Department to standby at public safety emergency scenes such as fires, hazardous materials incidents, police tactical incidents, and police and fire training activities. These ambulance units shall not leave the incident or activity unless released by the incident or activity commander. The ALS ambulance units shall assist in medical evaluation, treatment and transport of emergency personnel as required.

V. Event Standby: ALLIANCE shall provide ALS ambulance units as requested in advance by the Troy Fire Department or the Troy Police Department to standby for community events, including, but not limited to: fairs and festivals (such as Troy Daze), memorial services, walk-a-thons, concerts, shows, displays and parades.

W. Communications: The Advance Life Support ambulances and First Responder units shall be minimally equipped with mobile and portable communication equipment that allows personnel to communicate with Alliance's dispatch, local medical First Responders, fellow medical resources, area hospitals or treatment facilities, and Troy Dispatch. ALLIANCE shall also provide a back up system to facilitate dispatch communications in the event of a failure of the primary radio transmitter.

X. Recording Capability: ALLIANCE shall record all telephone and radio communications and retain the recordings a minimum of fifteen (15) years.

AA. E-911 Interface: ALLIANCE shall operate an Enhanced 911 (E-911) secondary Public Safety Answering Point (PSAP) capable of interfacing with all of the E-911 systems utilized by CITY to allow the transfer of E-911 calls including Automatic Number Identification/Automatic Location Identification (ANI/ALI) information to minimize the time required to initiate a response.

BB. Personnel Recall Capability: In order to respond to multi-casualty or other incidents beyond the scope of normal operations, ALLIANCE shall utilize a process/program to permit timely recall. All management personnel shall be equipped with company cellular phones as a secondary mean of communicating with other personnel.

CC. Computer Aided Dispatch System: ALLIANCE shall utilize a computer aided dispatch system, which provides for optimum system deployment. ALLIANCE shall equip all of its vehicles with a GPS mapping system and mobile data terminals. ALLIANCE agrees to

work with CITY in exploring the potential for CAD integration between ALLIANCE and CITY.

DD. Emergency Medical Dispatch: Alliance shall utilize a nationally accepted telephone triage system and all dispatch personnel shall be certified in its use. Dispatchers shall provide pre-arrival emergency care instructions to the calling party when appropriate.

EE. Emergency Operations Center Support: ALLIANCE shall provide a supervisor to represent ALLIANCE as Troy's EMS Annex Coordinator in the Emergency Operations Center ("EOC") in the Troy Police Department in the event of EOC activation due to a community emergency.

FF. Blood Borne Pathogen Decontamination Facility: ALLIANCE shall make available a decontamination facility for Troy Police and Troy Fire personnel. This facility shall be located at 2045 Austin, Troy, Michigan, 48083. Any request to change this location shall be approved by the City Manager or his/her designee in advance. This facility shall provide shower and laundry facilities and/or equipment in compliance with the applicable requirements of OSHN/MIOSHA, and/or other federal or state laws. This facility shall be available on a 24 hour/7 days per week basis with a 15 minute advance notification.

GG. Disposal of Biohazard Contaminated Waste: ALLIANCE shall provide disposal service for any contaminated biohazard waste materials generated by CITY. Waste will be bagged and tagged with appropriate labels by CITY personnel.

ALLIANCE will check and empty the bio-hazard container located in the police garage at least bi-monthly.

HH. Base of Operations: ALLIANCE has identified its base of operation for this Agreement as: 2045 Austin Drive, Troy, Michigan 48083. Any change of this location shall be pre-approved by the City Manager or his/her designee.

3. **PRICES.** CITY shall pay ALLIANCE \$31.00 per unit hour for each First Responder Service (3 units 24/7/365), and \$148.00 for each blood draw. CITY shall not pay any fee for ambulance service. CITY shall be billed for the previous month's first responder services by the 15th of the following month. The contract price may be amended One (1) year after the effective date of the Agreement if ALLIANCE requests an increase during the month of January 2024 under the following conditions:

A. At that time, ALLIANCE will have the option of holding the preceding year's price constant or submitting new prices based upon verifiable increases in labor contracts or using the State of Michigan, Department of Treasury Inflation Rate Multiplier, whichever is lower.

B. CITY will have the option of accepting the new prices, and extending the contract, or rejecting the requested price increase and seeking new proposals. This provision does not preclude the CITY from seeking new proposals as its sole discretion.

C. If CITY accepts the price increase, the new pricing will not be implemented until the anniversary date of the contract.

D. An increase may be requested in January of each year thereafter subject to the same terms and conditions as stated in this Section.

4. **TERM OF AGREEMENT.** This Agreement shall be in effect for three (3) years, starting January 1, 2023.

Within ninety (90) days of the end of this three (3) year term, CITY may at its option renew this Agreement for three (3) one-year terms, subject to mutual agreement regarding an increase or decrease in the fee based on the same criteria set out in Paragraph 3 of this Agreement. If the fees are different than the fees set out in the original Agreement, then only the fee term of this Agreement will be affected. All other terms and conditions

shall remain in full force and effect. If the parties cannot agree on a new fee for a subsequent one (1) year term, then the Agreement shall be terminated.

5. **TERMINATION OF AGREEMENT.** CITY shall be the sole judge of inadequacy of performance under this Agreement. CITY reserves the right to take any or all of the following actions because of inadequate performance on the part of ALLIANCE.

A. **Inadequate Performance.** The CITY can terminate this Agreement, after providing written notice of inadequate performance to ALLIANCE and affording ALLIANCE an opportunity to respond to the allegations and cure the inadequate performance within seven (7) calendar days. The City Manager shall have the authority to terminate the agreement, subject to the approval of the Troy City Council. In the event that CITY exercises the right to terminate this Agreement, CITY shall provide at least 30 days advance written notice.

B. **Additional Reasons for Termination.** In addition to a termination for inadequate performance, as set forth above, the City Manager may declare ALLIANCE in default and subject to termination of this Agreement, and so notify ALLIANCE thereof, under the following circumstances:

- i. Services or any part of services to be provided under this Agreement have been abandoned or unnecessarily delayed;
- ii. ALLIANCE is willfully violating any of the provisions of this Agreement;
- iii. ALLIANCE is carrying out the provisions of this Agreement in bad faith;
- iv. ALLIANCE has been adjudged bankrupt;
- v. ALLIANCE makes a general assignment for the benefits of its creditors.

6. **INSURANCE REQUIREMENTS.** ALLIANCE shall carry commercial general

liability insurance, workers compensation, motor vehicle liability, and ambulance and professional malpractice liability insurance for any actions, claims, liability or damages caused to others arising out of the performance of this Agreement in amounts approved by CITY. CITY shall be named as an additional insured on the general liability insurance, workers compensation, motor vehicle liability, and ambulance and professional malpractice liability insurance using the following wording: "City of Troy, Troy Police Department, Troy Fire Department, all elected and appointed officials, all employees and volunteers, those working as agents or on behalf of the City, boards, commissions and/or authorities, or board members, employees, and volunteers are additional insureds."

CITY shall be notified of any cancellation or material change of that insurance immediately. The cancellation clause shall read: "It is understood and agreed that Advance Written Notice of Cancellation, Non-renewal, Reduction and/or Material Change shall be sent to City of Troy, Purchasing Department, 500 W. Big Beaver Rd., Troy, MI 48084." Cancellation of the insurance shall be considered a material breach of this Agreement, and the Agreement shall become null and void unless ALLIANCE immediately provides proof of renewal of continuous coverage to CITY. All insurance carriers shall be licensed and admitted to do business in the State of Michigan and acceptable to CITY.

ALLIANCE is responsible for any deductibles under any of the required policies. Within 24 hours after execution of this Agreement, ALLIANCE shall provide CITY with two (2) complete copies of the acceptable Certificates of Insurance complying with all specifications listed above. If any of the insurance policies expire during the term of the Agreement, ALLIANCE shall deliver renewal certificates and/or policies to CITY at least ten (10) days prior to the expiration date.

7. **WORK SAFETY**. ALLIANCE is responsible for work environment safety,

including but not limited to, all federal, state and local laws, ordinances and regulations.

8. **INDEMNIFICATION AND HOLD HARMLESS.** To the fullest extent permitted by law, ALLIANCE agrees to defend, pay on behalf of, indemnify, and hold harmless the City of Troy, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Troy, the Troy Police Department and the Troy Fire Department against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Troy, Troy Fire Department, Troy Police Department, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Troy, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the execution of activities by ALLIANCE as outlined in this Agreement or as relating to or resulting from those activities.

9. **ASSIGNMENT OF AGREEMENT/ INDEPENDENT ALLIANCE:** ALLIANCE shall have no authority or power to assign, sublet and/or transfer any rights, privileges or interests under this Agreement without prior written consent from CITY. ALLIANCE acknowledges that it is an independent contractor with no authority to bind CITY to any contracts or agreements, written or oral.

10. **NOTICE:** All written notices to be given under this Agreement shall be mailed by first class mail to the other party at its last known address.

11. **GOVERNING LAW AND JURISDICTION:** This Agreement is made in and shall be governed by the laws of the State of Michigan. Any lawsuits under this Agreement shall be filed in the Oakland County Circuit Court, Michigan or in the Eastern District of Michigan Federal Court.

12. **HEADINGS.** Pronouns and relative words herein used shall be read interchangeably in the masculine, feminine or neuter, singular or plural as the respective case may be.

13. **ENTIRE AGREEMENT.** The foregoing constitutes the entire Agreement between the parties and may be modified only by a written instrument signed by both parties.

14. **AUTHORITY TO EXECUTE.** By execution of this Agreement, the respective parties acknowledge that each has executed this Agreement with full and complete authority to do so.

WITNESSES:

"ALLIANCE"

ALLIANCE MOBILE HEALTH, a Michigan Corporation

Cheryl Stewart

Vince Waryas
Vince Waryas, Executive Director

"CITY"

CITY OF TROY, a Michigan Municipal Corporation

Cheryl Stewart

Ethan Baker
Ethan Baker, Mayor

Cheryl Stewart

Aileen Dickson
Aileen Dickson, City Clerk

PURCHASE/SERVICE CONTRACT

Ship To
City of Troy
Fire
500 W BIG BEAVER RD
TROY, MI 48084

Bill To
City of Troy
Fire
500 W BIG BEAVER RD
TROY, MI 48084

No: 2023-90000010
Date: 12/13/2022

FOB DESTINATION

Entered By: Emily Frontera

Vendor
VENDOR NO. 131279
ALLIANCE MOBILE HEALTH
DEPT. CH 17998
PALATINE, IL 60055-7998

CONTRACT DESCRIPTION

Commence Date	Expiration Date	Renewal	Resolution #	Contract #	Amount
01/01/2023	12/31/2026	3 Times Annually	2022-12-180	2023-90000010	0.00

Emergency Medical and First Responder Services

Contract Agreement to provide Emergency Medical Services and First Responder Services for three (3) years with the option to renew for three (3) additional years.

ALS Ambulance Response Time shall meet a minimum emergency response time of 8 minutes 00 seconds for at least ninety (90%) of emergency responses every month.

PARAMEDIC First Responder Time shall have a paramedic on scene within 5 minutes 00 seconds from the receipt of the call at least ninety (90%) of all incidents.

NON-EMERGENCY (Priority 3) Response Time shall meet a minimum response time of 30 minutes 00 seconds for at least ninety (90%) of non-emergency Priority 3 calls every month.

BLOOD DRAWS shall be upon the request of the Troy Police Department.

PRICES:

\$31.00 per unit hour for First Responder Service (PFR) 3 UNITS 24/7/365.

\$148.00 for each blood draw

Resolution #2022-12-180

CITY COUNCIL AWARD DATE: 12/5/2022.

CERTIFICATE OF INSURANCE AND ENDORSEMENT SHALL BE ON FILE AT ALL TIMES FOR DURATION OF THE CONTRACT.

TERMS & CONDITIONS

1. Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.
 2. Prior to acceptance, vendor agrees to provide City with information under the Right-to-Know Law, P.A. 1986, No. 80, and fully comply with all terms and conditions of the Michigan Occupational Safety and Health Act, MCL 408.1001, et seq. including vendor shall provide City with an "MSDS". Vendor also agrees to be responsible for all required labeling.
 3. In cases of emergency/disaster, the City can purchase up to six(6) times the order amount for a period of six(6) months at the price contained in the contract.
 4. Purchase Orders are signed electronically based upon computer generated "on-line" authorized approvals. Authentic signatures are on file in the City of Troy Purchasing Department.
- NOTICE: The City could put the vendor on notice that vendors will be held financially responsible for any claims or awards made against the City as a result of the vendor's action. If the City has to defend the initial lawsuit, the City will bring in the vendor as a co-defendant or sue the vendor, either as the result of settling a claim or the conclusion of the lawsuit.

I HEREBY CERTIFY THAT THIS ORDER IS PROPERLY AUTHORIZED AND APPROVED.


Emily Frontera
Purchasing Manager



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/19/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Heritage Wise Group 280 S Main St Freeland, MI 48623	CONTACT NAME: Maria Gary	PHONE (A/C No. Ext): (989)781-3010	FAX (A/C No.): (989)781-5610
	E-MAIL ADDRESS: maria@heritagewisegroup.com		
INSURED Alliance Mobile Health Inc 2045 Austin Drive Troy, MI 48083	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Arch Insurance Company		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER: 95950663-2248324

REVISION NUMBER: 8

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

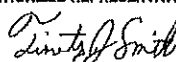
INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	MEPK09161705	02/27/2022	02/27/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MEPK09161705	02/27/2022	02/27/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$			MEUM09270504	02/27/2022	02/27/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Troy, Troy Police Department, Troy Fire Department, all elected and appointed officials, all employees and volunteers, those working as agents or on behalf of the City, boards, commissions and/or authorities, or board members, employees and volunteers are listed as Additional Insureds as per written contract. Notice of cancellation as per policy terms and conditions

CERTIFICATE HOLDER

CANCELLATION

City of Troy 500 West Big Beaver Road Troy, MI 48084	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  (MSG)

© 1988-2015 ACORD CORPORATION. All rights reserved.



ALLIMOB-01

LCASTILLO

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
9/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

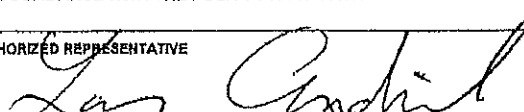
PRODUCER Michigan Association of Ambulance Services 615 N. Capitol Ave. Lansing, MI 48933	CONTACT NAME: LARRY ANDRICK	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS: landrick@mourer-foster.com		
INSURED Alliance Mobile Health, Inc. - Vince Waryas 2045 Austin Drive Troy, MI 48083	INSURER(S) AFFORDING COVERAGE	
	INSURER A: MI Association of Ambulance Services	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (EA occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COM/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (EA accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEG <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			ALLIA199	10/1/2022	9/30/2023	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 It is understood and agreed that Thirty (30) Days Advance Written Notice of Cancellation, Non-renewal, Reduction and/or Material Change shall be sent to City of Troy, 500 West Big Beaver Road, Troy, MI 48084

CERTIFICATE HOLDER City of Troy 500 West Big Beaver Road Troy, MI 48084	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

Alliance

Mobile Health

2045 Austin Drive • Troy, Michigan 48083
248.457.0344 • Fax 248.457.0376
Dispatch 1.888.843.3772

“Our single promise to you is exceptional service”

Ms. Emily Frontera
Purchasing Manager
City of Troy
500 W. Big Beaver Rd.
Troy, MI. 48084

September 21, 2022

Dear Ms. Frontera,

Thank you for the opportunity to submit our proposal for Emergency Medical & First Responder Services for the City of Troy. Our proposal is attached for your review, and we invite any questions that you may have to ensure an effective communication and bid process.

Alliance Mobile Health is a nationally accredited, Troy-based 501(c)(3) nonprofit organization which has been operating since 2000. We have successfully provided 9-1-1 first responder and ambulance services to the city since 2003.

Alliance is a partnership of Emergent Health Partners and Mobile Medical Response which each have been in operation for over 36 years, and collectively provide accredited 9-1-1 ambulance services in 25 counties throughout Michigan.

Please advise us if we can provide any additional information for the selection committee.

Respectfully submitted,



Vincent L. Waryas
Executive Director
Alliance Mobile Health

RFP-COT 22-19

Prepared and submitted by:

Alliance Mobile Health

2045 Austin Drive

Troy, MI. 48083



Vincent Waryas
Executive Director

RFP-COT 22-19

Table of Contents:

1. Completed RFP-COT 22-19
2. Exhibit 1 – Additional Information provided for RFP-COT 22-19
3. Exhibit 2 – Pricing and Service Model Options
4. Exhibit 3 – Supporting Documentation
5. Exhibit 4 – Acknowledgement of Addenda and Notices



**REQUEST FOR PROPOSALS
Emergency Medical & First Responder Services
for the Troy Fire & Police Departments**

The City of Troy is requesting that all bidders complete the Request for Proposal documents attached for Emergency Medical Services. Please read the Scope of Work section of this Request for Proposal document.

1. QUALIFYING CONDITIONS OF THE COMPANY WHO WILL BE RESPONSIBLE FOR EMERGENCY MEDICAL SERVICES:

A. EXPERIENCE AND KNOWLEDGE OF EMERGENCY MEDICAL AND FIRST RESPONDER SERVICES SPECIFICALLY FOR FIRE AND POLICE DEPARTMENTS.

The company submitting a Request for Proposal shall provide a list of communities your organization currently serves and communities it previously served in the past 5 years and enclose with their proposal at least three (3) comparable examples detailing the type of services provided. (See Exhibit 1 – Note 1 for additional information)

B. POSITIVE REFERENCES FOR THE COMPANY

The company will be required to have verifiable positive references, which may include but are not limited to ability, performance of previous contracts and services, integrity, character, reputation, judgment, experience, efficiency, delivery, professionalism and timeliness. (See Exhibit 3 for references)

C. QUALIFICATIONS OF COMPANY TO PERFORM PROJECT AS SPECIFIED

Each company submitting a proposal will be required to submit a list of personnel, including supervisor/manager, to be assigned to the City including resumes, experience and responsibilities. Each company will be required to describe capabilities specific to the scope of work as specified. (See Exhibit 1 – Note 3 for our qualifications)

D. WORK PLAN AND METHODOLOGY PROPOSED

The company will be required to provide a work plan and methodology that outlines how the company intends to provide Emergency Medical Services. (See Exhibit 1 – Note 4 for additional information)

E. RESPONSE TO ATTACHED QUESTIONNAIRE

The company will be required to provide detailed responses to questions asked in the enclosed vendor questionnaire. (See Exhibits 1-3 as well as this RFP for all answers and details)

2. FINANCIAL INFORMATION

The City of Troy reserves the right to require a bidder to show to the complete satisfaction of City staff that it has the necessary facilities, abilities, and financial resources to provide the service specified herein. The bidder may also be required to give a past history in order to satisfy the City of Troy in regard to the bidder's qualifications. The City of Troy may conduct a reasonable investigation deemed necessary and proper to determine the ability of the bidder to perform the work, and the bidder shall furnish to the City of Troy all information for this purpose that may be requested.

Agree. (See Exhibit 1 – Note 5 for additional information)



SELECTION PROCESS

CRITERIA FOR SELECTION

An Evaluation Committee will review the proposals. The City of Troy reserves the right to award this proposal to the firm considered the most qualified based upon a combination of factors including but not limited to the following:

- A. Completeness of the proposal
- B. Financial strength and capacity of the firm
- C. Correlation of the proposals submitted to the needs of the City of Troy
- D. Any other factors which may be deemed to be in the City's best interest
- E. Evaluation process

Phase 1: Evaluation of Proposals

Each committee member will independently use a weighted score sheet to evaluate the proposals; each committee member will calculate a weighted score. The scores of the committee members will be averaged into one score for each firm for this phase of the process.

Phase 2: Interview Score

The City, at their option, will invite at least the top three (3) rated firms to participate in an interview. If less than three (3) candidates remain in the process, all will be interviewed. Each committee member will independently use a weighted score sheet to evaluate the interview; each committee member will calculate a weighted score. The scores of the committee members will be averaged into one score for each firm for this phase of the process. Those being interviewed may be supplied with further instructions and requests prior to the interview. Persons representing the firm at the interview must be the personnel who will be assigned to this project.

Phase 3: Price

Points for price will be calculated as follows:

FORMULA: $\{1 - (\text{Proposal Price} - \text{Low Price}) / \text{Low Price}\} \times \text{available points}$

Phase 4: Final Scoring and Selection

The firm with the highest final weighted score will be recommended to the Troy City Council for award.

- 30% Proposal Score (100 point base)
- 30% Price Score (100 point base)
- 40% Interview Score (100 point base)
- 100%

SELECTION COMMITTEE

The City of Troy has organized a committee to review and assess the individual proposals generated from this RFP and to make a recommendation to the Troy City Council effectively recommending a Company that is most qualified by the committee at the **October 24, 2022 City Council Meeting**. The committee members are:

- | | |
|-----------------|-------------------------|
| Peter Hullinger | Fire Chief |
| Shawn Hugg | Deputy Fire Chief |
| Laurence Schehr | Police Lieutenant |
| Robert Bruner | Assistant City Manager |
| Rob Maleszyk | Chief Financial Officer |

Note: *The City of Troy reserves the right to change the order or eliminate an evaluation phase if deemed in the City's best interest to do so.*



INSTRUCTIONS TO BIDDERS

Sealed Proposals for **EMERGENCY MEDICAL AND FIRST RESPONDER SERVICES** will be *electronically* received on the MITN Purchasing Group website, www.bidnetdirect.com/city-of-troy-mi by the City of Troy, 500 W. Big Beaver Road, Troy, MI 48084 until **THURSDAY SEPTEMBER 22, 2022, at 10:00 AM Eastern Time**, after which time they will be publicly opened and read in the specified Zoom Meeting listed on page 6 of the Instructions to Bidders. **Late proposal submittals will not be accepted or considered for award. Electronic Bid Submission only.**

1. The following pages include a questionnaire and proposal pricing section to be completed by each company submitting a proposal. Each item must be completed with a response. Companies not responding to the questions may be classified as unresponsive. The questionnaire and proposal are to be completed in legible form, preferably typewritten.
2. The response must follow this format. Supplemental information should be provided in additional sections following the same numbering scheme. The response should be concise and complete.
3. Any additional written material such as professional records, certifications, etc. your company may think important should be attached and submitted to augment the data included in the questionnaire and proposal. It is not necessary to include expensive custom binders, displays, or other materials unless the company believes such materials are necessary to the proposal. All costs incurred in the preparation and presentation of the proposal shall be wholly borne by the prospective bidder.
4. **Opening of Proposals:** At the specified time and date stated above, all electronically submitted Proposals shall be opened. The names only of companies submitting a proposal will be publicly read aloud. All Proposal information received will be held confidential until after final action by the City of Troy, except as required by law. Any interested parties may attend. No immediate decision will be rendered.
5. **Proprietary Information:** The information provided in the RFP is intended solely for internal use by the Proposer in its Proposal preparation. All information contained herein is proprietary and shall not be distributed to any third party, except as required by law.
6. **PRE-PROPOSAL INFORMATION AND QUESTIONS:** Each proposal that is received by the deadline will be evaluated on its merit and completeness of all requested information. In preparing proposals, Respondents are advised to rely only upon the contents of this RFP and accompanying documents and any written clarifications or addenda issued by the City of Troy Purchasing Department. If a Respondent finds a discrepancy, error, or omission in the RFP documents, or requires any written addendum thereto, the Respondent is requested to notify the Purchasing contact so that written clarification may be sent to all prospective Respondents. **THE CITY IS NOT RESPONSIBLE FOR ANY ORAL INSTRUCTIONS.** All questions must be submitted in writing to the Purchasing contact before the Pre-Proposal Question Deadline indicated on the Project Timeline. All answers will be issued in the form of an Addendum.
 - a. All questions must be submitted in writing to the Purchasing Manager before the Pre-Proposal Question Deadline.
 - b. **No communication is permitted between Proposers and other City Departments, Divisions or Committee members prior to the award of the bid unless sanctioned by the Troy Purchasing Department.**



Request for Proposal – Instructions to Bidders
Emergency Medical and First Responder Services
Page 4 of 6

7. **Pre-Proposal Meeting:** A Pre-Proposal Meeting will be held on **THURSDAY, SEPTEMBER 8, 2022**, at 9:00 A.M., at City Hall Lower Level Conference Room, 500 West Big Beaver Road, Troy, MI 48084. Staff will be available at this meeting to answer questions and provide clarification of this RFP. **Attendance at the meeting is mandatory.** Please bring your copy of the Bid Documents to the meeting. Questions submitted in a written format are encouraged and will be accepted at the meeting.
8. **Pre-Proposal Question Deadline:** Prospective Proposers may request that the City of Troy clarify information contained in the RFP. All such requests must be made in writing and emailed to Emily Frontera; e.frontera@troymi.gov. The City of Troy will provide a written response to all written questions and requests for clarification within three (3) business days after the receipt of such request. The City of Troy will not respond to any questions or requests for clarification received after the close of business on **September 19, 2022**. The City of Troy response to any request for clarification will be provided to all potential Proposers.
9. **Restrictions on Communication:** From the issue date of the RFP until a contract is awarded, Proposers shall not communicate about the subject of the RFP or a Proposer's Proposal with the City of Troy City Council members, Committee members, management or employees, except for Requests for Clarification.
10. **Addenda to the RFP:** If it becomes necessary to revise any part of the RFP, notice of the revision will be issued through the MITN Purchasing Group website in the form of an addendum. All addenda shall become a part of the RFP. Each Proposer should in its Proposal, to avoid any miscommunication, acknowledge all addenda which it has received, but the failure of a Proposer to receive, or acknowledge receipt of; any addendum shall not relieve the Proposer of the responsibility for complying with the terms thereof. Acknowledgment by the Proposer should consist of returning an email verifying receipt of the addenda, as part of the Proposal.
11. **RFP/Proposal Information Controlling:** The City of Troy intends that all Proposers have equal access to information relative to the RFP, and that the RFP contains adequate information. Part of the RFP preparation has included discussions with selected prospective Proposers; however, each Proposer shall prepare its Proposal based only on the information contained in the RFP, notwithstanding any information that may have been previously provided. A prospective Proposer noting any inconsistency between the information contained in the RFP and any information previously provided to it should request clarification prior to the Pre-Proposal Question Deadline. No information communicated, either verbally or in writing, to or from a Proposer shall be effective unless accompanied by written communication contained in the RFP, an addendum to the RFP, a request for clarification or written response thereto, or in the Proposal.
12. **Finality of Decision:** Any decision made by the City of Troy, including the Company selection, shall be final.
13. **City of Troy Reservation of Rights:** The City of Troy reserves the right in its sole discretion (for this and the other provisions of this RFP) to accept or reject any or all Proposals with or without cause. The City of Troy reserves the right to waive any irregularity or informality in the RFP process, and the right to award the Contract to other than the Proposer submitting the best financial Proposal. The City of Troy reserves the right to request additional information from any or all Proposers. The City of Troy reserves the right to negotiate with the Proposers concerning their Proposals.
15. All information requested herein shall be submitted with the Request for Proposal (RFP); failure to do so may result in rejection of the RFP as non-responsive and/or incomplete.



Request for Proposal – Instructions to Bidders
Emergency Medical and First Responder Services
Page 5 of 6

16. Any and all proposals submitted must be on the City of Troy request for proposal forms. If more than one proposal is submitted, a separate proposal form must be used for each. Forms are obtainable at the Purchasing Department, City of Troy or on the MITN Purchasing Group website at www.bidnetdirect.com/city-of-troy-mi.
17. Municipalities are exempt from Michigan State Sales and Federal Excise taxes. Do not include such taxes in the proposal figure. The City will furnish the successful bidder with tax exemption certificates when requested.
18. If further information regarding this proposal is required, please contact the Purchasing Manager and submit questions in writing to Emily Frontera, Purchasing Manager; e.frontera@troymi.gov.
19. **VENDOR CHANGES OR ALTERATIONS TO RFP DOCUMENTS INCLUDING SPECIFICATIONS MAY RESULT IN A RFP BEING CONSIDERED NON-RESPONSIVE.** The only authorized vendor changes to a RFP document will be in the areas provided for a bidder's response, including the "Exceptions" section of the proposal. If a change or alteration to the documents is undetected and the bidder is awarded a contract, the original terms, conditions, and specifications in the Authorized Version of the RFP document will be applicable during the term of the contract. The City of Troy shall accept NO CHANGES to the RFP document made by the Vendor unless those changes are set out in the "Exceptions" provision of the Authorized Version of the RFP document. It is the Vendor's responsibility to acquire knowledge of any changes, modifications or additions to the Authorized Version of the RFP document. Any Vendor who submits a proposal and later claims it had no knowledge of any changes, modifications or additions made by the City of Troy to the Authorized Version of the RFP document, shall be bound by the proposal, including any changes, modifications or additions to the Authorized Version.

If a proposal is awarded to a Vendor who claims that it had no knowledge of any changes, modifications or additions made by the City of Troy to the Authorized Version of the RFP, and that Vendor fails to accept the award, the City of Troy may pursue costs and expenses to re-bid the item from that Vendor. The Authorized Version of the RFP document shall be that document appearing on the MITN website with any amendments and updates.

The City of Troy officially distributes RFP documents from the Purchasing Department or through the MITN Purchasing Group website. Copies of RFP documents obtained from any other source are not considered official copies. Only those vendors who obtain RFP documents from either the Purchasing Department or the Bidnet Direct/MITN system are guaranteed access to receive addendum information, if such information is issued. If you obtained this document from a source other than the sources indicated, it is recommended that you register on the MITN Purchasing Group site, www.bidnetdirect.com/city-of-troy-mi, and obtain an official copy.

20. A successful bidder furnishing labor on City/public premises does agree to have his workers covered by Workers' Compensation, and furnish a Certificate of Insurance showing coverage for bodily injury and property damage and Workers' Compensation to the Purchasing Manager within 5 days of a verbal request. The "Company Representative" does warrant that by signing the RFP document, the "additional insured endorsement" will be included in the Insurance Coverage supplied to the City as part of the specified requirements.
23. To the fullest extent permitted by law, the successful bidder agrees to defend, pay on behalf of, indemnify, and hold harmless the City of Troy, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Troy against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Troy, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Troy, by reason of personal injury, including bodily injury or death



and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.

24. To the extent permitted by law, the City of Troy and the successful bidder waive all rights against each other and any of their subcontractors, sub-subcontractors, agents and employees, and the architect, architect's consultants, separate contractors, if any, and any of their subcontracts, subcontractors, sub-subcontractors, agents and employees, for damages caused by fire or other perils to the extent covered by property insurance obtained pursuant to this agreement or other property insurance applicable to the work. The policies shall provide such waivers of subrogation by endorsement or otherwise. A waiver of subrogation shall be effective as to a person or entity even though that person or entity would otherwise have a duty of indemnification, contractual or otherwise, did not pay the insurance premium directly or indirectly, and whether or not the person or entity had an insurable interest in the property damaged for this contract.

SPECIAL INSTRUCTIONS

- All bidders are held to Proposal prices for 60 days or Proposal award, whichever comes first, except the successful company whose prices shall remain company through project completion.
- Final RFP results will be posted on the MITN website after the final organization is selected and a contract award. Please register to see results – www.bidnetdirect.com/city-of-troy-mi
- **IMPORTANT:** Bid Proposals will be received electronically on the MITN website at www.bidnetdirect.com/city-of-troy-mi. Bid openings are being conducted in accordance with City Charter and Code utilizing Zoom Meetings. If interested, Bidders can attend bid openings utilizing the Zoom Meeting information and meeting code listed below. Please contact Emily Frontera, Purchasing Manager, e.frontera@troymi.gov with any questions regarding the bid opening.

BID OPENING

Zoom Meeting Information

Time: Sep 22, 2022 10:00 AM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/84054499431?pwd=MVpidHZUU1B3Y2RUeXk5bEJCdmxTZz09>

Meeting ID: 840 5449 9431

Passcode: 255115

One tap mobile

+16469313860,,84054499431#,,,,*255115# US

+13017158592,,84054499431#,,,,*255115# US (Washington DC)

Dial by your location

+1 646 931 3860 US

+1 301 715 8592 US (Washington DC)

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 646 876 9923 US (New York)

Meeting ID: 840 5449 9431

Passcode: 255115

Find your local number: <https://us02web.zoom.us/j/kcB1lrk6Ft>



VENDOR QUESTIONNAIRE

DATE: September 20, 2022
Month/Date/Year

COMPANY NAME: Alliance Mobile Health

ESTABLISHED: _____ 19____ / 2000 STATE: Michigan Years in Business: 22

TYPE OF ORGANIZATION: (Circle One)
a. Individual
b. Partnership
c. Corporation
d. Joint Venture
e. Other _____

If applicable:
FORMER COMPANY NAME(S)

N/A

NOTE: If additional space is needed throughout the questionnaire, please attach additional sheets numbered appropriately for identification.

1. **What is your company's experience relative to Emergency Medical and First Responder Services for Cities? Provide specific experience detailing the type of service involved and the type of services your company provides. Include a brief history of average call volume.**

Alliance Mobile Health has provided Emergency Medical Response and Ambulance services to the City of Troy since 2003 (19 years).
(See Exhibit 1 – Note 6 for additional information)

2. **Describe your company's background and its organizational structure along with the roles and background of the key team members to be assigned to the City. Describe capabilities specific to the scope of work within this RFP.**

Alliance Mobile Health was formed in 2000 and is a partnership owned by Emergent Health Partners And Mobile Medical Response, both of which are regional nonprofit organizations. Alliance has a Four-person Board of Directors who appoint the Executive Director. Alliance is managed by Executive Director Vince Waryas and a team of experienced leaders from their headquarters in the City of Troy.
(See Exhibit 1 – Note 7 for additional information)



**Request for Proposals - Questionnaire
Emergency Medical and First Responder Services
Page 1 of 3**



3. List all other municipalities with whom your company has worked and in what capacity.

- City of Berkley – 911 Emergency Ambulance provider
- Village of Beverly Hills – 911 Emergency Ambulance provider
- City of Clawson – 911 Emergency Ambulance provider
- City of Huntington Woods – 911 Emergency Ambulance provider
- City of Oak Park – 911 Emergency Ambulance provider
- Township of Royal Oak – 911 Emergency Ambulance provider

(See Exhibit 1 Note 8 for communities served by Alliance)

4. Personnel of the company who would be assigned to the City of Troy account.

Please provide resumes, copies of certifications, degrees, and/or list any additional training classes taken to increase expertise in this field for the people listed in this section who will be assigned to the City of Troy account. Company must identify Supervisor/Manager that will be assigned to the account.

TITLE	NAME	DEGREE/CERTIFICATION	EXPERIENCE/ YEARS ROLE
Exec Director/CEO	Vince Waryas	Paramedic/BS	27 – 22 in management
Admin Supervisor	Chris Berry	EMT/Associate Degree	15 – 11 in management
Supervisor	Hampton Timm	Associate Degree	11 – 8 in management
Supervisor	Dave Rollins	Paramedic	26 – 9 in management
Supervisor	Kevin Brown	Paramedic/BS and AS Degrees	10 – 3 in management
Supervisor	Aaron Fuerst	Paramedic	28 – 6 in management
Bus. Development	Julie Williams	EMT/BS	22 – 19 in management

(See Exhibit 1 – Note 9 for additional Leadership information)

(See Exhibit 3 – for resumes, certifications etc.)

Note: Please provide copies of all resumes, certifications and licenses, etc. submitted for individuals in this section with the titles listed above.

5. Does your Company offer Predictive Dispatch Software?

- Yes.
- (See Exhibit 1 - Note 10 for information on Predictive Dispatch Software)

7. Does your Company hold the CAAS accreditation (Commission on Accredited Ambulance Services)?

- Yes.
- (See Exhibit 1 - Note 11 for information on our C.A.A.S Accreditation)
- (See Exhibit 3 – for a copy of our C.A.A.S Certificate)

COMPANY NAME: Alliance Mobile Health



8. Professional References – please list at least three clients with whom you have provided Emergency Medical and First Responder Services for, within the past five (5) years that are similar in scope to the type of work described in this proposal. Contact names and the listed information are to be provided.

Entity Name	Address	Contact Name	Phone Number	E-Mail
City of Oak Park	13800 Oak Park Blvd, Oak Park MI.	Steve Cooper	248-691-7501	
City of Berkley	2395 W. 12 Mile Rd, Berkley, MI.	Matt Koehn	248-658-3389	
Village of Beverly Hills	18600 W. Thirteen Mile Rd., Beverly Hills, MI.	Rich Torongeau	248-540-3405	

(See RFP Reference Page 4 of 7 for detailed information and emails)

9. As per the Anti-Kick Back Statute does your company offer and conduct an Annual Audit?

Yes.

(See Exhibit 1 – Note 13 for information about our annual Audits)

THE FOREGOING QUESTIONNAIRE IS A TRUE STATEMENT OF FACTS:

Signature of Authorized Company Representative:

Title of Authorized Company Representative:

Executive Director

Representative's Name: Vincent Waryas

(print)

Company Name: Alliance Mobile Health

Address: 2045 Austin Dr., Troy MI. 48083

Phone Number: 248-457-0344

Fax Number: 248-457-0376

E-mail: vwaryas@alliancemobilehealth.org

Date: September 20, 2022



**PROPOSAL PRICING
 TERMS AND CONDITIONS**

Contract Term:

The initial contract term shall be three calendar years from the start-up date. The first contract year shall commence on January 1, 2023 or on a date that allows a 60-day start-up period after award. It is assumed that the 60-day interval after award will occur so that the commencement date will be January 1, 2023. Due to current contract commitments, the start-up date can be no sooner than January 1, 2023. The City of Troy and the recommended service provider will mutually agree upon the exact start date.

IMPORTANT: The service provider must include an *Ambulance User Charge Schedule* with their proposal document to be considered for award.

Advanced Life Support Ambulance Service:

Minimum Response Time Standard: 8 minutes 00 seconds for 90% of emergency responses

Prices listed will be the **monthly subsidy** required by the service provider to maintain the service level at the response time indicated for 90% of all emergencies.

Response Time	Year 2023
8 Minutes- Required	\$ /mo. See Exhibit 2 for details
6 Minutes	\$336,000.00/mo. 5 Dedicated ALS during peak and 3 during off-peak times.

(See Exhibit 2 for additional model and pricing information)

Paramedic First Responder Service:

Minimum Response Time Standard: 5 minutes 00 seconds for 90% of emergency responses

Prices listed will be the **hourly cost to provide the type of manned vehicle specified** at the response time indicated for 90% of all emergencies.

Type of Unit	Anticipated Payable Hours Indicate # of Hours	Year 2023
Ambulance	See Exhibit 2 for Information	\$ / hr.
Other Type – First Responder Vehicle (3 units on days / 2 on nights)	21,900 hours/yr	\$37.00 / hr.

(See Exhibit 2 for additional pricing information)

In addition, a copy of your firm's Basic Service Charges shall be provided.

Information:

For additional information or questions about this project, please contact Fire Chief Peter Hullinger at 248 524-3419 between the hours of 8:30am – 4:00pm.

(See Exhibit 1 – Note 44 for Basic Service Charges)

COMPANY NAME: Alliance Mobile Health



Request for Proposal –Bid Proposal, Terms & Conditions
Emergency Medical and First Responder Services
Page 2 of 7

AWARD: The evaluation and award of this proposal shall be a combination of factors including, but not limited to professional competence, references, and the correlation of the proposal submitted to the needs of the City of Troy and any other factors considered to be in the best interest of the City of Troy.

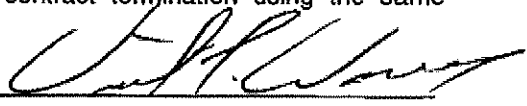
The City of Troy reserves the right to award the proposal to one master contract provider who can provide the highest level of service at the lowest cost to the City of Troy as a result of the evaluation process (see page 2 of 6, Selection Process); to reject proposals which contain major deviations from specified requirements; to accept a proposal which has only minor deviations from specified requirements

PRICES: Prices quoted shall remain firm for 60 days or proposal award, whichever comes first, except the successful provider whose prices shall remain firm for one year of the three year contract period. The contract shall commence on January 1, 2023 or on a date that allows a 60-day start-up period after award. It is assumed that the 60-day interval after award will occur so that the commencement date will be January 1, 2023. The City of Troy and the recommended service provider will mutually agree upon the exact start date.

The contract price may be amended on January 1, 2024 or the one-year anniversary date mutually agreed upon as the start-up date if the successful bidder requests the increase during the month of January 2024 under the following conditions:

1. At that time, the successful provider will have the option of holding the preceding year's price constant or submitting new prices based upon verifiable increases in labor contracts or using the State of Michigan, Department of Treasury Inflation Rate Multiplier **whichever is lower**.
2. The City of Troy will have the option of accepting the new prices, and extending the contract, or rejecting the requested price increase and seeking new proposals. This provision does not preclude the City of Troy from seeking new proposals at its sole discretion.
3. If the City accepts the price increase, the new pricing will not be implemented until the anniversary date of the contract.
4. An increase may be requested in January of each year thereafter subject to the same terms and conditions stated in #1 and 2 above. Any increase shall be submitted prior to budget approval and effective the following anniversary date after acceptance.

RENEWAL: The contract may be extended for three calendar years at 1-year renewal increments through mutual consent of both parties within 90 days of contract termination using the same adjustment formula as described above.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: 

COMPANY NAME: Alliance Mobile Health



TRAINING MATERIALS:

As a specified requirement, the service provider shall serve as a resource for training for the City of Troy. The provider will be able to pass the cost of mandated books and training materials to the City of Troy.

CONTRACT CANCELLATION DUE TO POOR PERFORMANCE:

Due to the emergency nature of the services to be provided, and in the event that the service provider does not or cannot perform to mutually decided criteria, the City of Troy reserves the right, at their sole discretion, to cancel the contract and/or employ as necessary other companies or additional companies and/or municipal personnel as necessary.

DOWNPAYMENTS OR PREPAYMENTS:

Any proposal submitted which requires a down payment or prepayment for services to be provided prior to work completion as stipulated and full acceptance as being in conformance with the specified requirements of the proposal will not be considered for award.

COMPANY NAME: Alliance Mobile Health



REFERENCES

References- Providers shall submit a complete reference list consisting of agencies to which your company has provided services similar to those requested (attach and mark REFERENCES for identification. List the three largest clients (by volume of runs) below.

AGENCY: City of Oak Park – Public Safety

ADDRESS: 13800 Oak Park Blvd., Oak Park MI. 48237

PHONE: 248-691-7501 CONTACT: Steve Cooper

EMAIL: scooper@oakparkmi.gov

Ambulance Service: (X) yes () no PFR: () yes (X) no

AGENCY: City of Berkley – Public Safety

ADDRESS: 2395 W. 12 Mile Rd., Berkley, MI. 48072

PHONE: 248-658-3389 CONTACT: Matt Koehn

EMAIL: mkoehn@berkleypublicsafety.net

Ambulance Service: (X) yes () no PFR: () yes (X) no

AGENCY: Village of Beverly Hills – Public Safety

ADDRESS: 18600 W. Thirteen Mile Rd., Beverly Hills, MI. 48025

PHONE: 248-540-3405 CONTACT: Rich Torongeau

EMAIL: rtorongeau@beverlyhillspolice.com

Ambulance Service: (X) yes () no PFR: () yes (X) no

COMPANY NAME: Alliance Mobile Health



ADDITIONAL INFORMATION:

For additional information/questions concerning this Request for Proposal, contact Emily Frontera, Purchasing Manager, at (248) 680-7291 or e.frontera@troymi.gov.

CONTRACT AWARD:

The evaluation and award of this proposal shall be a combination of factors including, but not limited to: the completion of all information requested and detailed in the RFP, evaluation of the pricing, professional competence, and the correlation of the proposal submitted to the needs of the City of Troy and all criteria selection factors considered to be in the best interest of the City of Troy. The intent of the award is to contract with one company for this project.

The City of Troy reserves the right to award to the company providing the best value proposal, in whatever manner is deemed to be in the City's best interest; to award the proposal which matches the City's needs; to reject a proposal which contains major deviations from specifications; to accept a proposal which has only minor deviations from specifications; or whatever is deemed to be in the City's best interest.

ERRORS AND OMISSIONS:

Proposers are not permitted to take advantage of any errors and omissions in the specifications since full instructions will be given should they be called to the attention of the Purchasing Office on or before the deadline specified in the Section Instructions to Bidders, item # 7 Additional Request for Clarification.

DOWN PAYMENTS OR PRE-PAYMENTS:

All proposals submitted with terms or any provisions in the proposal, which requires a down payment or pre-payment of any kind will not be considered for an award. The designated City Representative will make payment approval of all items upon acceptance of the work being invoiced.

CONTRACT FORMS:

Bidders should complete the Legal Status of Bidder, Non-Collusion Affidavit, Certification Regarding Debarment, Familial Disclosure and the Certification Regarding "Iran Linked Business" forms and return with your bid proposal.

INVOICING AND PAYMENT:

The City of Troy reserves the right to select the invoicing option deemed to be in its best interest at the time of implementation of the contract. No additional costs will be incurred for the invoicing option selected. Detailed billing will be required which minimally includes the project name, service(s) provided, hours worked, cost per hour, and a detailed breakdown of additional allowable expenses.

Termination of service will be unacceptable for non-payment of a bill without the successful bidder contacting the designated City representative to resolve the problem. The City will have 45 days to resolve any billing problem from written notice to terminate services.

PURCHASE ORDER:

After the Troy City Council has approved the award, the City of Troy Purchasing Department will issue an award letter to the successful proposer. The successful proposer once notified, will be required to sign the Contract Form. The purchase order issued in conjunction with the Contract Form from the City of Troy will create a bilateral Contract between the parties, and the successful bidder shall commit to perform the Contract in accordance with the Specifications and Scope of Work.

COMPANY NAME: Alliance Mobile Health



Request for Proposal –Bid Proposal, Terms & Conditions
Emergency Medical and First Responder Services
Page 6 of 7

RIGHT TO REQUEST ADDITIONAL INFORMATION:

The City reserves the right to request any additional information it deems necessary from any company responding to this RFP after the documents have been received.

ASSIGNMENTS:

The proposer agrees not to assign or transfer this service or any part thereof without the written consent of the City of Troy, acting through the Purchasing Manager or authorized representatives. Any unauthorized assignment may subject the proposer to immediate termination.

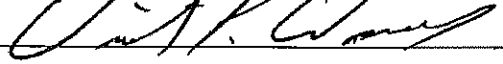
COMPANY NAME: Alliance Mobile Health



SIGNATURE PAGE

PRICES

Prices quoted shall remain firm for 60 days or bid award, whichever comes first, except the successful bidder whose prices shall remain firm from date of award through successful completion of all specified requirements of this contract.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: 

NOTE: The undersigned has checked carefully the bid figures and understands that he/she shall be responsible for any error or omission in this offer and is in receipt of all addendum as issued.

COMPANY: Alliance Mobile Health

ADDRESS: 2045 Austin Dr. CITY: Troy STATE: MI. ZIP: 48083

TELEPHONE NUMBER (248) 457-0344 FAX NUMBER (248) 457-0376

REPRESENTATIVE'S NAME: Vincent Waryas
(Print)

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

TERMS: Net 30 days EMAIL: vwaryas@alliancemobilehealth.org


COMPLETION: AS SPECIFIED IN BID REQUIREMENTS.

EXCEPTIONS:

Any exceptions, substitutions, deviations, etc. from City specifications and this proposal must be stated below. The reason(s) for the exception, substitution, and/or deviation are an integral part of this proposal offer:

None. No Exceptions

ACKNOWLEDGEMENT: I, Vincent Waryas, certify that I have read the **Instructions to Bidders** (6 Pages) and that the proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN website, www.bidnetdirect.com/city-of-troy-mi and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: 

IMPORTANT: All City of Troy purchases require a **MATERIAL SAFETY DATA SHEET**, where applicable, in compliance with the **MIOSHA "Right to Know" Law**.

NOTE: The City of Troy, at their discretion, may require the bidder(s) to supply a Financial Report from an impartial Financial Credit Reporting Service before award of contract.

U.S. FUNDS: PRICES QUOTED SHALL BE IN U.S. CURRENCY.



EMERGENCY MEDICAL SERVICES INSURANCE REQUIREMENTS

The Contractor shall procure and maintain during the term of this contract, the insurance coverages outlined below. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan. All coverages shall be with insurance carriers acceptable to the City of Troy.

WORKER'S COMPENSATION INSURANCE: The Service Provider shall procure and maintain during the life of this contract, Worker's Compensation Insurance, including employer's liability in accordance with all applicable statutes of the State of Michigan. (See Exhibit 3 – For W/C ACCORD form)

COMMERCIAL GENERAL LIABILITY INSURANCE: The Service Provider shall procure and maintain during the life of this contract, Commercial General Liability Insurance on an "occurrence basis" with limits of liability of not less than \$10,000,000 per occurrence and/or aggregate combined single limit, personal injury, bodily injury and property damage. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products & Completed Operations Coverage; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent; (E) Annual contract aggregate applicable to this contract. (See Exhibit 3 – For General Liability ACCORD form)

MOTOR VEHICLE LIABILITY: The Service Provider shall procure and maintain, during the life of this contract, Motor Vehicle Liability Insurance, including Michigan No-Fault Coverage's, with limits of liability of not less than \$5,000,000 per occurrence combined single limit Bodily Injury and Property Damage. Coverage shall include all owned, non-owned, and hired vehicles. (See Exhibit 3 – For Auto ACCORD form)

AMBULANCE AND PROFESSIONAL MALPRACTICE LIABILITY: The Service Provider shall procure and maintain during the life of this contract, Ambulance Professional Malpractice Liability Insurance in an amount of not less than \$10,000,000 per occurrence and/or aggregate combined single limit for bodily injury and personal injury arising out of operations. (See Exhibit 3 – For General Liability ACCORD form)

ADDITIONAL INSURED: Commercial General Liability Insurance, Motor Vehicle Liability Insurance, and Ambulance Professional Malpractice Liability Insurance as described above, shall include an ENDORSEMENT stating the following as "Additional Insured"; the City of Troy all elected and appointed officials, all employees and volunteers, and all boards, commissions and/or volunteers thereof. It is understood and agreed by naming the City of Troy as ADDITIONAL INSURED, coverage afforded is considered to be primary and any other insurance the City of Troy may have in effect shall be considered secondary and/or excess. (See Exhibit 3 – ACCORD forms for endorsement)



CANCELLATION NOTICE: Worker’s Compensation Insurance, Commercial General Liability Insurance, Motor Vehicle Liability Insurance and Ambulance Professional Liability Insurance, as described above, shall include an endorsement stating the following: “It is understood and agreed that Thirty (30) Days Advance Written Notice of Cancellation, Non-renewal, Reduction and/or Material Change shall be sent to City of Troy, 500 West Big Beaver Rd., Troy, MI 48084.” (See Exhibit 3 – For ACCORD form notice provisions)

PROOF OF INSURANCE: Upon Notice of Award, the service provider shall provide to the City of Troy certificates of insurance and policies in full compliance with specifications as listed below:

1. Two (2) copies of the Certificate of Insurance for Worker’s Compensation Insurance;
2. Two (2) copies of the Certificate of Insurance for Commercial General Liability Insurance;
3. Two (2) copies of Insurance for Vehicle Liability Insurance;
4. Two (2) copies of Certificate of Insurance for Ambulance Professional Malpractice Liability Insurance.
5. If so requested, Certified Copies of all policies mentioned above will be furnished.

Note: If any of the above coverage’s expire during the term of this contract, the service provider shall deliver renewal certificates of insurance to the City of Troy at least ten (10) days prior to the expiration thereof.

HOLD HARMLESS CLAUSE

To the fullest extent permitted by law, the Alliance Mobile Health
(name of service provider)

agrees to defend, pay in behalf of, indemnify and hold harmless the City of Troy, its elected and appointed officials, employees, volunteers, and others working on behalf of the City of Troy against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Troy, its elected and appointed officials, employees, volunteers or others working in behalf of the City of Troy by reason of personal injury, including bodily injury and death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: 

REQUEST FOR PROPOSAL EMERGENCY MEDICAL SERVICES

Section I: Overview

Anticipated Services: The City of Troy is soliciting proposals from qualified providers for the provision of advanced life support ambulance, paramedic first responder and related services. Proposals shall encompass dedicated advanced life support ambulance or a combination of dedicated advanced life support ambulance in conjunction with dedicated paramedic first responder service for the City of Troy.

Contract Term: It is the intent of the City of Troy to enter into a contract with the provider that can provide the highest level of service at the lowest cost to the City of Troy. After the initial three-year contract period, the contract may be extended for an additional three calendar years at 1-year renewal increments through mutual consent of both parties within 90 days of contract termination.

Agree.

Prior to June 1st of each contract year, the successful provider will have the option of holding the preceding year's price constant or submitting new prices based upon verifiable increases in labor contracts or using the State of Michigan, Department of Treasury Inflation Rate Multiplier, **whichever is lower**. The City of Troy will have the option of accepting the new prices, and continuing or extending the contract, or rejecting the requested price increase and seeking new proposals. This provision does not preclude the City of Troy from seeking new proposals at its sole discretion. **If the City accepts the price increase, the new pricing will not be implemented until the following anniversary date of the contract so as to allow for budget submission and City Council approval.** Agree.

Contract Termination: Termination of the contract by either party (the City of Troy or the service provider) shall require written notice a minimum of 90 days in advance. Agree.

Desired System: The desired system will consist of a system of advanced life support ambulances for transportation that will be dedicated to the City of Troy or may be part of a larger system provided all performance criteria are met. The paramedic first responder component of the system shall be dedicated to the City of Troy. In order to assure continuity of care, it is anticipated that one provider will be chosen to provide both ambulance service and paramedic first responder service. (See Exhibit 1 – Note 16 for additional information)

Innovative System Models: Prospective providers are encouraged to propose innovative system models such as predictive dispatch software with the goal of providing the highest possible level of service while keeping the costs as low as possible. (See Exhibit 1 – Note 16 and 17 for additional information)

Activity Summaries: Activity summaries for the City of Troy that detail requests for emergency medical care will be made available upon request. This data may be useful in developing a flexible unit deployment plan to provide a cost effective system that can meet peak service demands. Agree.

Section II: Operational Requirements – EMS Service

The following are the operational requirements for the delivery of emergency medical services to the city of Troy. Providers are encouraged to propose innovative strategies for the accomplishment of these requirements.

- A. Deployment plan-** The provider shall include in its proposal a proposed deployment plan indicating the number of dedicated units required to meet the MCA response time standard. The deployment plan shall specify the required unit coverage by hour and day of the week.
(See Exhibit 1 – Note 18 for information on our Deployment Plan)
- B. Licensure-** The provider's service area, vehicles, and personnel shall be appropriately licensed including those specifically required by the Michigan Department of Consumer and Industry Services. A copy of the appropriate State of Michigan license to provide services in Michigan is required and must be submitted with the proposal.
(See Exhibit 3 - for a copy of Alliance's MDHHS License)
- C. Advanced Life Support-** All ambulances utilized by the provider shall be capable of providing advanced life support in accordance with the Oakland County Medical Control Authority. Agree.
- D. Reports-** Response-time summaries shall be reported at least monthly. These reports shall include: compliance with response-time standards, list of calls referred to other agencies, call downgrades and other reports used to determine contract compliance. These reports may vary from month to month depending on specific issues that need to be addressed. In addition to hard copies, the city may request data be submitted in computer format. The provider shall also submit required information to the MCA in a manner and format prescribed by the MCA (i.e. compatibility with an information system prescribed by the MCA). Non-compliance with this provision will be subject to contract termination based upon the 90-day notice provision. Agree. (See Exhibit 1 – Note 19 for additional information and, Exhibit 3 for an example report)
- E. Supervision-** Contractor shall provide organized Field Supervision Personnel (e.g. field training officers, field supervisors). The supervisory personnel shall be in sufficient numbers to provide field evaluation and job supervision.

Contractor shall provide, at a minimum, one dedicated field supervisor certified at the paramedic level, available in the City of Troy service area 24 hours per day. This person shall be immediately available and in the field during the peak-load periods of the service area. The supervisor shall be dedicated solely to the City of Troy and shall act as a liaison to the City of Troy and related public-safety agencies.

The Contractor shall have policies for automatic supervisor response that include, but are not limited to:

- (1.) Incidents requiring two or more ALS-unit response;
- (2.) Multi-casualty or disaster incidents;
- (3.) Hazardous materials incidents involving patient care; and,
- (4.) Life-threatening incidents in immediate area of supervisor at time of dispatch.

(See Exhibit 1 – Note 20 for additional information, and Exhibit 3 for the supervisory response policy)

- F. Monthly meetings-** A supervisory member of the provider's staff shall participate in a monthly meeting with members of the City of Troy Fire and Police Departments to assess the effectiveness of the program. Agree. (See Exhibit 1 – Note 21 for additional information)

Section II: Operational Requirements – EMS Service (continued)

- G. Personnel-** The provider shall perform a CCH (Complete Criminal History) on all of its Paramedics and Emergency Medical Technicians. Employees with a conviction for Criminal Sexual Conduct (CSC), or violation of the Controlled Substances Act, or a felony conviction shall not be allowed to work in the City of Troy. Employees with a conviction for theft or larceny within the last five (5) years shall not be allowed to work in the City of Troy.

The provider shall perform a Complete Driving History on all of its Paramedics and Emergency Medical Technicians. Employees with two or more convictions for Operating Under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Impaired (OWI), Operating While Under the Influence of Narcotic (OUIN), or any two or more convictions of any combination thereof, shall not be allowed to work in the City of Troy. Employees with a conviction for Operating Under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Impaired (OWI), Operating While Under the Influence of Narcotic (OUIN), in the last five years shall not work in the City of Troy.

The provider shall indicate how personnel are screened for motor vehicle operator records and what additional criteria are used for qualification and/or disqualification in the screening. All vehicle operators shall be required to attend a nationally recognized driver-training program.

The provider shall notify the Oakland County Medical Control Board and the State Division of Emergency Medical Services if any of its Paramedics or Emergency Medical Technicians are criminally charged with any felony, or terminated from employment for any narcotic larceny or narcotic/alcohol use problem.

The provider shall agree to remove an employee from the City of Troy operating area upon written request of the fire or police chief.

Agree. (See Exhibit 1 – Note 22 for additional information)

- H. Drug testing-** The provider shall have a random and probable cause drug-testing program for all personnel operating in the City of Troy.

Agree. (See Exhibit 1 – Note 23 for additional information)

- I. Quality assurance program-** The contractor shall provide a description of the quality assurance program in place to continually assess the quality of treatment by EMS personnel and shall also hold the CAAS accreditation (Commission on Accreditation of Ambulance Services.)

(See Exhibit 1 – Note 24 for additional information)

(See Exhibit 3 – For a copy of our current CAAS Certificate)

- J. Complaint resolution-** In the event a complaint arises over the provision of contract performance or emergency medical care, the procedure shall be as follows:

(1) The complaint shall be forwarded to the provider's field supervisor, for investigation and review. The complaint shall be investigated and a written report provided to the City within 60 days.

(2) In the event the complaint is not resolved, it shall be referred to the Quality Improvement Committee of the Oakland County Medical Control Authority.

Agree. (See Exhibit 1 – Note 25 for additional information)

Section II: Operational Requirements – EMS Service (continued)

- K. Incident Command System-** The contractor shall provide training on an annual basis for medical personnel operating in the City of Troy on their role and responsibilities within the framework of the Incident Command System. This training when requested will be provided by the City of Troy Fire Department.
Agree. (See Exhibit 1 – Note 26 for additional information)
- L. Police Incident Training-** The contractor shall provide training on an annual basis for medical personnel operating in the City of Troy for EMS response to specific police incidents. This training when requested will be provided by the City of Troy Police Department. In addition, the provider shall provide two Tactical EMS (TEMS) medics who will attend all City of Troy Tactical Support Team training sessions and will assist at all tactical related incidents.
Agree. (See Exhibit 1 – Note 27 for additional information)
- M. Hazardous Materials Training-** All medical personnel shall be trained to the hazmat first responder awareness level and WMD Awareness as designated by the Michigan Firefighters Training Council. The provider shall submit documentation of this training. The City of Troy Police or Fire Departments will provide this training upon request.
Agree. (See Exhibit 1 – Note 28 for additional information)
- N. Insurance-** The Provider shall comply with the insurance requirements specified in Appendix A of this RFP.
Agree. (See Exhibit 3 - For copies of our Insurance ACCORD documents)
- O. Resource for Public Safety Agency Training-** The provider shall serve as a resource for EMS training for the fire and police departments. This shall include CPR, first aid, and other related training.
Agree. (See Exhibit 1 – Note 29 for additional information)
- P. Mutual Aid-** The provider shall submit a mutual aid resource plan showing the average number of Basic and Advanced ambulances that could be provided for a back to back or multi-casualty incident. This shall include typical response times based on average activity. The plan should include contingency planning for multiple back-to-back incidents across geographic areas. This plan shall coincide with or otherwise not conflict with the City of Troy emergency response plan.
Agree. (See Exhibit 1 – Note 30 for additional information)
- Q. Incident Standby -** The contractor shall provide ALS ambulance units as requested to standby at public safety emergency scenes such as fires, hazardous materials incidents, police tactical incidents, and police and fire training incidents as requested. These units shall not leave the incident unless released by the incident commander. The ALS ambulance units shall assist in medical evaluation, treatment and transport of emergency personnel as required and shall not reduce the quantity of any required/dedicated units for the City of Troy.
Agree. (See Exhibit 1 – Note 31 for additional information)
- R. Event Standby -** The contractor shall provide ALS ambulance units as requested to standby at community events such as fairs, festivals, concerts, shows, displays, etc. These units shall be available for emergency responses as needed, and shall not reduce the quantity of any required/dedicated units for the City of Troy.
Agree. (See Exhibit 1 – Note 32 for additional information)

Section II: Operational Requirements – EMS Service (continued)

- S. Communications-** The ALS ambulances shall be equipped with mobile and portable communications equipment allowing them to communicate with: provider's dispatch, fellow medical resources, and area hospitals or treatment facilities. The providers shall indicate what backup systems exist to facilitate dispatch communications in the event of a failure of the primary radio transmitter. The contract is responsible for making accommodations for the provider's dedicated units to communicate with Troy Dispatch and Troy Fire and Police units.
Agree. (See Exhibit 1 – Note 33 for additional information)
- T. Recording Capability-** The provider shall record all telephone and radio communications and retain the recordings for a minimum of 1 year.
Agree. (See Exhibit 1 – Note 33 for additional information)
- U. E-911 Interface-** The provider shall operate an Enhanced 911 (E-911) secondary PSAP capable of interfacing with all of the E-911 systems utilized by the City of Troy in order to allow the transfer of E-911 calls including ANI/ALI information to minimize the time required to initiate a response.
Agree. (See Exhibit 1 – Note 34 for additional information)
- V. Personnel recall capability-** The provider shall indicate what capability exists to recall off duty personnel in the event of multi-casualty, mass casualty, or other incident beyond the scope of normal operations.
Agree. (See Exhibit 1 – Note 35 for additional information)
- W. Computer Aided Dispatch System-** The provider shall utilize a computer aided dispatch system, which provides for optimum system deployment. The provider shall agree to work with the City of Troy in exploring the potential for CAD integration between the provider and the City of Troy and/or the use of predictive dispatch software or other technology which provides for optimum system deployment.
Agree. (See Exhibit 1 – Note 36 for additional information)
- X. Emergency Medical Dispatch-** The provider shall utilize a nationally accepted telephone triage system and all dispatch personnel shall be certified in its use. Dispatchers shall provide pre-arrival emergency care instructions to the calling party when appropriate. The contractor shall provide a quality assurance program for the accepted telephone triage system.
Agree. (See Exhibit 1 – Note 37 for additional information)
- Y. Differential Dispatch-** Provider shall identify its capabilities to implement a dispatch system capable of directing response priorities based on the nature of the illness, injury or situation. The objective of this program is to match the appropriate response (emergency/non-emergency) to the nature of the request for service.
Agree. (See Exhibit 1 – Note 38 for additional information)
- Z. Predictive Dispatch-** Emphasis will be placed on the provider's successful use of predictive dispatch software or other technology to more accurately manage deployment of resources within the City of Troy.
Agree. (See Exhibit 1 – Note 39 for additional information)
- AA. Emergency Operations Center Support-** The contractor shall provide a supervisor to represent EMS in the Emergency Operations Center of the City of Troy in the event of EOC activation due to a community emergency.
Agree. (See Exhibit 1 – Note 40 for additional information)

Section II: Operational Requirements – EMS Service (continued)

- BB. Blood borne pathogen decontamination facility-** The provider shall make available a decontamination facility for the City of Troy Police and Fire personnel. This facility may be located at the provider's location and shall provide shower and laundry equipment in compliance with the applicable requirements. This facility shall be available on a 24 hour-7 day a week basis with a 15-minute advance notification. Providers shall specify the location and capability of their decontamination facility. Agree. (See Exhibit 1 – Note 41 for additional information)

- CC. Disposal of biohazard contaminated waste-** The contractor shall provide disposal service for any contaminated materials generated by the City of Troy Police or Fire departments. Waste will be bagged and tagged with appropriate labels by the affected City of Troy personnel and forwarded to the provider for disposal. Agree. (See Exhibit 1 – Note 42 for additional information)

- DD. Base of Operations-** The provider shall identify the location(s), which are to serve as the base of operations for this program. It is highly desired and preferred that such base of operations be located at or in a facility within the City of Troy.
Agree. (See Exhibit 1 – Note 43 for additional information)

- EE. Charges-** The provider shall specify what ambulance user charges are to be assessed and include a current schedule of charges.

- FF. Payment-** The City of Troy dedicated unit service shall be billed for the previous month's service by the 15th of the following month.
Agree.

Section III: Operational Requirements – Ambulance Service

The following are the operational requirements for the delivery of ambulance services to the City of Troy. Providers are encouraged to propose innovative strategies for the provision of these services.

A. Response Time Priority 1- Response time requirements are based upon contracted service option of the provider:

- (1) **Ambulance Response time in conjunction with below first responder service option-** The performance requirement of the Troy paramedic first responder program is to have a paramedic on the scene (either from a first responder unit or an ambulance) within 5 minutes 00 seconds from the receipt of the call at the provider's dispatch to arrival on scene for 90% of all incidents dispatched as an emergency, or Priority 1. The response requirement for transport ambulance response shall meet the current minimum standards for time established by the Oakland County Medical Control Authority and are adopted by reference for the City of Troy: 8 minutes 00 seconds for 90% of emergency responses.

Agree. (See Exhibit 1 – Note 45 for additional information)

- (2) **Ambulance Response time without first responder service option-** Provider shall have a paramedic on the scene within 5 minutes 00 seconds from the receipt of the call at the provider's dispatch to arrival on scene for 90% of all incidents dispatched as an emergency, or Priority 1. (See Exhibit 1 – Note 45 for additional information)

Response time criteria for either option shall not apply to incidents that are dispatched as non-emergency or downgraded to non-emergency, prior to the arrival of the ambulance. There shall also be consideration given for area wide weather emergencies including but not limited to: snowstorms, ice storms, high winds, road construction, or other area wide conditions.

Agree. (See Exhibit 1 – Note 45 for additional information)

B. Response Time Priority 3- The provider shall have a paramedic on the scene within 30 minutes 00 seconds from the receipt of the call at the provider's dispatch to arrival on scene for 90% of all incidents dispatched as non-emergency or Priority 3.

Agree.

C. Deployment Plan- The provider shall include in its proposal a proposed deployment plan indicating the number of dedicated ambulance units required to meet the response time standard. The deployment plan shall specify the required unit coverage by hour and day of the week.

(See Exhibit 1 – Note 46 for additional information)

(See Exhibit 2 -For supporting documentation)

D. Advanced Life Support- All ambulances utilized by the provider shall be capable of providing advanced life support in accordance with the Oakland County Medical Control Authority.

Agree.

E. Vehicles – Providers shall include in their proposal the specific information for the vehicles they propose to utilize including age, make, model, and mileage. ALS vehicles shall be type 3 modular vehicles. All vehicles shall be maintained in a safe operating condition. Vehicle chassis over 5 years old are not acceptable and shall not be used. Maintenance logs shall be maintained for each vehicle and made available for inspection. Providers shall indicate what preventative maintenance programs are in place and shall indicate the number of "critical vehicle failures" per 100,000 miles driven for the last three years. Providers shall include the procedure their company uses to maintain and repair their vehicles including how, when, and where the vehicles are serviced. Agree. (See Exhibit 1 – Note 47 and 48 for additional information)

Section III: Operational Requirements – EMS Service (continued)

For dedicated units, provider shall provide AVL capabilities compatible with City of Troy software.
Agree.

- F. Staffing Coverage-** Deployment plans shall specify staffing coverage to meet the performance requirements for advanced life support (ALS) ambulance service and be included in the proposal. (See Exhibit 1 – Note 46 for information on Deployment and Staffing needs)

Section IV: Operational Requirements – First Responder Service

The City of Troy currently contracts for paramedic first responder (PFR) service in addition to ALS ambulance service. This service consists of one-person units, staffed by a paramedic, operating within the context of the integrated first responder/ambulance system. It is the intent of the City to have these units licensed as non-transporting advanced life support units. While current Oakland County Medical Control Authority policy does not recognize this concept, the City expects the successful provider to assist in pursuing this objective. The provider can, but is not required, to include a proposal to incorporate a paramedic first responder component for Troy.

To utilize the first responder service model, the provider shall comply with the following requirements for the paramedic first responder program. This is in addition to meeting the preceding requirements for ALS ambulance service for Troy:

- A. **Response time-** The performance requirement of the Troy paramedic first responder program is to have a paramedic on the scene (either from a first responder unit or an ambulance) within 5 minutes 00 seconds from the receipt of the call at the provider's dispatch to arrival on scene for 90% of all incidents dispatched as an emergency, or Priority 1.
Agree.
- B. **Deployment plan-** The provider shall include in its proposal a proposed deployment plan indicating the number of dedicated first responder units required to meet the response time standard. The deployment plan shall specify the required unit coverage by hour and day of the week. The proposal shall also indicate if backup units, such as supervisors, etc. would be available and the anticipated response time for a backup unit to reach the City of Troy if responding from outside of the City.
Agree. (See Exhibit 1 – Note 46 and Exhibit 2 for additional information)
- C. **Transport Capability-** In order to provide a backup option, to improve transport capability in the event that no regular deployment ambulances are available, the PFR units shall be capable of creating an improvised transport unit in conjunction with a responding supervisor at the scene.
Agree.
- D. **Personnel-** All personnel utilized in the first responder service shall be licensed as paramedics by the Michigan Department of Consumer and Industry Services (MDCIS) and shall have a minimum of two years of emergency medical experience.
Agree.
- E. **Vehicles -** Vehicles utilized by the first responder units shall be suitable for emergency responses and the equipment to be carried. In addition to the required PFR equipment, the vehicles shall have the capacity to carry the following city provided equipment: Stokes or similar style stretcher, traffic cones and barrier tape. Providers shall include in their proposal the specific information for the vehicles they propose to utilize including age, make, model, and mileage. All vehicles shall be maintained in a safe operating condition. Vehicles over 5 years old are not acceptable and shall be not be used. Providers shall include the procedure their company uses to maintain and repair their vehicles including how, when, and where the vehicles are serviced. The City of Troy Fire & Police Departments shall approve identifying graphics and emergency lighting equipment proposed for the PFR vehicles.

For dedicated units, provider shall provide AVL capabilities compatible with City of Troy software.
Agree. (See Exhibit 1 – Note 48 for additional information)

Section IV: Operational Requirements – First Responder Service (continued)

- A. **Equipment-** The first responder units shall be equipped with all MDCIS required equipment for a non-transporting advanced life support unit. The provider shall submit a proposed equipment list with the proposal.

Agree. (See Exhibit 3 - for a list of MDHHS Required Equipment)

- B. **Additional tasks-** The City of Troy reserves the option of identifying and assigning additional non-emergency tasks which can be performed by the paramedic first responder units when not engaged in EMS responses. Currently these include responding to carbon monoxide alarms.

Agree.

Section V: Miscellaneous Proposal Terms and Conditions

Inspection - The City of Troy reserves the right to inspect any or all of the providers' facilities and records as part of the selection criteria. If any material to be reviewed by the City of Troy is considered "proprietary", and not subject to a "Freedom of Information Request", that material must be designated as such. Agree.

Payment - Ambulance Service Payments: In the event payments are due to the provider from the City of Troy as part of a subsidy, the billing shall be for the previous month's service and shall be forwarded to the City by the 15th of the following month.

Agree.

First Responder Payments: The City of Troy first responder service shall be billed for the previous month's service by the 15th of the following month.

Agree.

Purchase Order Issuance- After the award recommendation has been approved by the City Council, the successful service provider will receive a purchase order that will create a bilateral contract between the City of Troy and the successful bidder. The purchase order shall commit the service provider to perform the contract in accordance with the proposal submitted and the mandatory requirements as stated in this proposal. A contract document will not be issued.

Agree.



September 12, 2022

To All Bidders:

Please be advised that as a result of the Mandatory Pre-Proposal Meeting conducted on Thursday, September 8, 2022 at 9:00 AM Eastern Time, the Purchasing Department for the City of Troy authorized the following clarification(s) and or change(s) to the specifications for **RFP-COT 22-19, EMERGENCY MEDICAL and FIRST RESPONDERS SERVICES**. The clarification(s) and or change(s) will be considered an integral part of the original proposal document.

Items from the bid documents to be aware of that were REVIEWED:

- Bid Opening date and time: **THURSDAY September 22, 2022, at 10:00 AM Eastern Time.**
- **Opening of Proposals:** At the specified time and date stated above, all submitted Proposals shall be received electronically on the MITN Purchasing Group website; www.bidnetdirect.com/city-of-troy-mi. Proposals will be opened and only the names of Firms submitting a proposal will be publicly read aloud in the specified Zoom meeting listed on page 6 of the *Instructions to Bidders*. All Proposal Information received will be held confidential until after final action by the City of Troy, except as required by law. Any interested parties may attend. Attendance is not required or mandatory. No immediate decision will be rendered.
- **Pre-Proposal Question Deadline:** Prospective Proposers may request that the City of Troy clarify information contained in the RFP. All such requests must be made in writing and emailed to Emily Frontera, e.frontera@troymt.gov. The City of Troy will provide a written response to all written questions and requests for clarification within three (3) business days after the receipt of such request. The City of Troy will not respond to any questions or requests for clarification received after the close of business on **September 19, 2022**. The City of Troy response to any request for clarification will be provided to all potential Proposers.
- **Addenda to the RFP:** If it becomes necessary to revise any part of the RFP, notice of the revision will be posted on the MITN website in the form of an Addendum to all parties who attended the Mandatory Pre-Proposal Meeting. All Addenda shall become a part of the RFP. Each Proposer should in its Proposal, to avoid any miscommunication, acknowledge all Addenda which it has received, but the failure of a Proposer to receive, or acknowledge receipt of any Addendum shall not relieve the Proposer of the responsibility for complying with the terms thereof.
- **COMPLETION SCHEDULE:** The designated City representative shall approve the work schedule prior to the start of the project. His/her decision as to acceptability shall be deemed in the City of Troy's best interest. The City of Troy is the only party to this contract that may authorize amendment of this schedule.
- **INSURANCE:** If awarded - Insurance needs to be submitted to the City's Purchasing Manager, and approved before work can begin.
- **SIGNATURE PAGE** – Sign all three areas 1) Price Clause, 2) Company Info, & 3) Acknowledgement. (Page 7 of 7)
- **EXCEPTIONS:** Any exceptions, substitutions, deviations to the proposal need to be stated including the reason.
- **EMERGENCY MEDICAL SERVICES Scope of Work** (11 Pages)
- **QUESTIONNAIRE** Vendor shall complete the Questionnaire in its entirety (3 Pages)
- **ORDER OF PROPOSAL RESPONSE DOCUMENTS** (Page 1 of 6)

Attendance at the Pre-Proposal Meeting was **Mandatory**. The following Companies were represented and in attendance:

- MedStar Ambulance
- Alliance Mobile Health

In attendance and introduced - City of Troy Employees:

- Emily Frontera, Purchasing Manager (Meeting Facilitator)
- Peter Hullinger, Fire Chief
- Shawn Hugg, Asst. Fire Chief
- Laurence Schehr, Police Lieutenant
- Bob Bruner, Asst. City Manager
- Rob Maleszyk, Chief Financial Officer

Evaluation Committee:

- Peter Hullinger, Fire Chief
- Shawn Hugg, Assistant Fire Chief
- Laurence Schehr, Police Lieutenant
- Bob Bruner, Asst. City Manager
- Rob Maleszyk, Chief Financial Officer

Clarifications were discussed as follows:

Selection Committee was identified.

Emily Frontera, Purchasing Manager, gave a brief overview of the Instructions to Bidders and the requirements for proposal submission.

- Due Date: Thursday, September 22, 2022 at 10am. Proposals to be submitted electronically on MITN/Bidnet website
- Bid opening via Zoom link found on page 6 of Instructions to Bidders.
- 3-page questionnaire referenced.
- Complete and sign Signature Page and note any exceptions on this page.
- Five (5) required contract forms: complete, sign and submitted copies with proposal
- Review 2-page Insurance Requirements
- Review scope of work (11 pages)
- Contract is for a 3-year term with 3 1-year renewal options.
- Questions deadline is Monday September 19, 2022 end of business day.
- All questions/answers received will be submitted in an addendum.

Chief Hullinger gave a brief overview of the City's current PFR system and that the City is looking to change the level of service to include ALS transport.

The following questions were asked and discussed:

QUESTION: In reference to the requirements for providing AVL capabilities compatible with City of Troy software: What AVL systems and/or software does the City of Troy currently use?

Answer: City of Troy Fire Department currently uses the Bryx911 system. Integration is PREFERRED through vehicle installed modems, such as Sierra Wireless or Cradlepoint, capable of transmitting GPS location data to the AVL server (server address information to be provided by TFD). Integration can also be accomplished through the use of the Bryx911 mobile application on dedicated wireless devices (application login credentials for each device to be provided by TFD).

Correction to Scope of Work:

Section IV Operational Requirements

A. Equipment- MDCIS – EMS is now governed by MDHHS

Questions submitted after Pre-Proposal Meeting:

QUESTION: The Proposer's "Sworn and Notarized Familial Disclosure" document appears to be missing some content on lower left area. Is something missing or is that the city designed form?

Answer: The attached is the way that the form is designed. The bracket after the State of Michigan can be disregarded. The SS is for the Notary's signature.

QUESTION: Question arose regarding the Vendor Questionnaire. The question numbers on page 2 of 3 jump from #5 to #7. There is no question #6 listed. Is this a typographical error in its format, or is there an additional question missing that needs answering?

Answer: This is a typo/numbering error. We eliminated a question and did not correct number sequence. After #5, the numbering is #7, #8 and #9.

I, the undersigned bidder, have read this Addendum 1 and have integrated the clarification(s) and or change(s) into the *Request for Proposal and Specifications* for RFP-COT 22-19 EMERGENCY MEDICAL SERVICES. All other items in the original RFP (Request for Proposal) remain the same. This Addendum 1 should be attached to the top of the Bid Proposal packet at the time of submission, on or before **Thursday, September 22, 2022 at 10:00 AM Eastern Time.**

COMPANY:

Alliance Mobile Health

AUTHORIZED COMPANY REPRESENTATIVE:

VINCENT WARYAS

SIGNATURE:



ADDRESS:

2045 Austin Dr.

TROY MI. 48063

DATE:

9-20-2022

Notice

Solicitation Number RFP-COT 22-19
Title Emergency Medical and First Responder Services

Basic Information

Reference Number 0000297528
Issuing Organization City of Troy - MI
Owner Organization City of Troy
Solicitation Type RFP - Request for Proposal (Formal)
Solicitation Number RFP-COT 22-19
Title Emergency Medical and First Responder Services
Source ID PU.AG.USA.1083.C6023601
Piggyback Solicitation No

Details

Location Oakland County, Michigan
Delivery Point As Specified in Bid Document
Purchase Type Duration:3 years
Option: 3 - 1-Year Renewals

Dates

Publication 08/25/2022 05:12 PM EDT
Bid Intent Optional
Bid Intent Deadline 09/19/2022 04:30 PM EDT
Question Acceptance Deadline 09/19/2022 04:30 PM EDT
Questions are submitted online No
Closing Date 09/22/2022 10:00 AM EDT

Prebid Conference 09/08/2022 09:00 AM EDT

Contact Information

Emily Frontera
248-680-7291
e.frontera@troymi.gov

Description

The City of Troy, MI invites companies to review the attached Request for Proposal (RFP) documents for **EMERGENCY MEDICAL AND FIRST RESPONDER SERVICES**. The attached documents will be used to determine the most qualified company with the ability to provide these services. Proposals will be **electronically** received on the MITN Purchasing Group website, www.bidnetdirect.com/city-of-troy-mi by the City of Troy, 500 W. Big Beaver Road, Troy, MI 48064 until **THURSDAY SEPTEMBER 22, 2022, at 10:00 AM Eastern Time**, after which time they will be publicly opened and read in the specified Zoom Meeting listed on page 6 of the Instructions to Bidders.

The City of Troy urges all interested parties to submit the enclosed Request for Proposal documents.

Late proposal submittals will not be accepted or considered for award. Electronic Bid Submission only.

Buyer's Requirements

General Requirements
- FOB Destination
- Insurance Required
- Training Required

Award Requirements
- All or None Award

Pre-Bidding Events

Event Type Prebid Conference
Attendance Mandatory
Event date 09/08/2022 09:00 AM EDT

Location Troy City Hall, 500 West Big Beaver Rd, Troy MI, 48064

Event Note **Pre-Proposal Meeting:** A Pre-Proposal Meeting will be held on **THURSDAY, SEPTEMBER 8, 2022**, at 9:00 A.M., at City Hall Lower Level Conference Room, 500 West Big Beaver Road, Troy, MI 48064. Staff will be available at this meeting to answer questions and provide clarification of this RFP. **Attendance at the meeting is mandatory.** Please bring your copy of the Bid Documents to the meeting. Questions submitted in a written format are encouraged and will be accepted at the meeting.

Required Acknowledgement

Electronic Bid Submission Form

Download Electronic Bid Proposal and complete all required information, pricing, signatures and signed forms. Upload completed Electronic Bid Submission Form to submit your bid.

Bid Submission Process

Bid Submission Type Electronic Bid Submission
Pricing In attached document
Bid Documents List In attached document

Item Name	Description	Mandatory
Bid Response	Electronic Bid Submission Form	Yes

Additional Bidding Instructions

Sealed Request for Proposals will be received electronically on the MITN website at www.bidnetdirect.com/city-of-troy-mi. Bid openings are being conducted in accordance with City Charter and Code utilizing Zoom Meetings. If interested, Bidders can attend bid openings utilizing the Zoom Meeting information and meeting code listed below. Please contact Emily Frontera, Purchasing Manager, e.frontera@troyml.gov with any questions regarding the bid opening.

BID OPENING

Zoom Meeting Information
 Date: Thursday, Sep 22, 2022
 Time: 10:00 AM Eastern Time (US and Canada)

Join Zoom Meeting
<https://us02web.zoom.us/j/84054499431?pwd=MVpjdHZUUE1B3Y2RUeXk5bEJCdmxTZz09>

Meeting ID: 840 5449 9431
 Passcode: 255115
 One tap mobile
 +16469313860,,84054499431#,,,,*255115# US
 +13017158592,,84054499431#,,,,*255115# US (Washington DC)

Dial by your location
 +1 646 931 3860 US
 +1 301 715 8592 US (Washington DC)
 +1 309 205 3325 US
 +1 312 626 6799 US (Chicago)
 +1 646 876 9923 US (New York)

Meeting ID: 840 5449 9431
 Passcode: 255115
 Find your local number: <https://us02web.zoom.us/j/84054499431?pwd=MVpjdHZUUE1B3Y2RUeXk5bEJCdmxTZz09>

Addendums

Addendums

Date

Addendum No. 1

09/12/2022 09:45 AM EDT



Please note that solicitations issued prior to June 10, 2017 can be found here: <http://legacy.mitrn.info>



PROJECT TIMELINE

The following is the *tentative schedule* for the Company selection

Request for Proposal issued & posted on MITN,	August 25, 2022
Pre-Proposal Mandatory Meeting Lower Level Conference Room 9:00 am	September 8, 2022
Proposal Due Date <i>Proposals will be electronically received by the City of Troy on the MITN website, until Thursday, September 22, 2022; 10:00 AM E.S.T.</i>	September 22, 2022
Conduct interviews with highest rated Companies, week of	October 3, 2022
Emergency Medical and First Responder Services Recommendation to City Council	October 24, 2022



Legal Status of Bidder:

The Bidder shall fill out the appropriate form and strike out the other two:

A **Corporation** duly organized and doing business under the laws of the State of Michigan for whom Vincent Waryas, bearing the office title of Executive Director, whose signature is affixed to this proposal, is duly authorized to execute contracts.

~~A **partnership**, all members of which, with addresses, is:~~

~~(Not Applicable)~~

~~AN **INDIVIDUAL**, WHOSE SIGNATURE IS AFFIXED TO THE PROPOSAL:~~

~~(Not Applicable)~~



Proposer's Sworn and Notarized Familial Disclosure
(to be provided by the Proposer)

The undersigned, the owner or authorized officer of Alliance Mobile Health (the "Proposer"), pursuant to the familial disclosure requirement provided in the Request for Proposal, hereby represent and warrant, except as provided below, that no familial relationships exist between the owner(s) or any employees of Alliance Mobile Health and any member of the City of Troy City Council or City of Troy management.

List any Familial Relationships:

NONE

BIDDER:

Alliance Mobile Health

By: [Signature]

Its: Executive Director

STATE OF MICHIGAN)
)ss.
COUNTY OF Macomb)

This instrument was acknowledged before me on the 21 day of September 2022,
by Vincent L. Waryas

Notary: [Signature]
expires: 03/05/2026

HUSAM I-I ALNUNU
NOTARY PUBLIC - MICHIGAN
WAYNE COUNTY
MY COMMISSION EXPIRES MARCH 2028
ACTING IN WAYNE COUNTY



**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions under any non-procurement programs by any federal, state or local agency.
2. Have not, within the three-year period preceding, had one or more public transactions (federal, state, or local) terminated for cause or default; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three-year period preceding the proposal, been convicted of or had a civil judgment rendered against it:
 - a. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local), or a procurement contract under such a public transaction;
 - b. For the violation of federal, or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or
 - c. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, the general grant of this authority exists within the City's Charter, Chapter 12, Section 12.2- Contracts.

I am able to certify to the above statements.

Alliance Mobile Health
Name of Agency/Company/Company (Please Print)

Vincent L. Waryas - Executive Director
Name and title of authorized representative (Please Print)

[Signature] 9-21-2022
Signature of authorized representative Date

I am unable to certify to the above statements. Attached is my explanation.

CITY OF TROY
OAKLAND COUNTY, MICHIGAN
NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:

Vincent Waryas, being duly sworn deposed, says that he is the Executive Director. The party making the foregoing proposal or bid,

that such bid is genuine and not collusion or sham; that said bidder has not colluded, conspired, connived, or agree, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner directly or indirectly sought by agreement or collusion, or communication or conference, with any person to fix the bid price or affiant or any other bidder, or to fix any overhead, profit, or cost element of said bid price, or that of any other bidder, or to secure the advantage against the City of Troy or any person interested in the proposed contract; and that all statements contained in said proposal or bid are true.



SIGNATURE OF PERSON SUBMITTING BID



NOTARY'S SIGNATURE

Subscribed and sworn to before me this 21 day of September, 2022 in and for Macomb County.

My commission expires:

03/05/2026

HUSAM I-I ALNUNU
NOTARY PUBLIC - MICHIGAN
WAYNE COUNTY
MY COMMISSION EXPIRES MARCH 2026
ACTING IN WAYNE COUNTY



**VENDOR CERTIFICATION
THAT IT IS NOT AN
"IRAN LINKED BUSINESS"**

Pursuant to Michigan law, (the Iran Economic Sanctions Act, 2012 PA 517, MCL 129.311 et seq.), before accepting any bid or proposal, or entering into any contract for goods or services with any prospective Vendor, the Vendor must first certify that it is not an "IRAN LINKED BUSINESS", as defined by law.

Vendor	
Legal Name	ALLIANCE Mobile Health
Street Address	2045 Austin Dr
City	TROY
State, Zip	Michigan, 48083
Corporate I.D. Number/State	752675 / Michigan
Taxpayer I.D. #	38-3525774

The undersigned, with: 1.) full knowledge of all of Vendors business activities, 2.) full knowledge of the requirements and possible penalties under the law MCL 129.311 et seq. and 3.) the full and complete authority to make this certification on behalf of the Vendor, by his/her signature below, certifies that: the Vendor is NOT an "IRAN LINKED BUSINESS" as require by MCL 129.311 et seq., and as such that Vendor is legally eligible to submit a bid and be considered for a possible contract to supply goods and/or services to the City of Troy.

Signature of Vendor's Authorized Agent: Vincent L. Warras

Printed Name of Vendor's Authorized Agent: VINCENT L. WARRAS

Witness Signature: Christopher D. Berry

Printed Name of Witness: Christopher D. Berry

CITY OF TROY MONTHLY & DAILY EMS CALL AVERAGE - 2022

ALS													
	January	February	March	April	May	June	July	August	September	October	November	December	Year to Date
Total Priority 1 (emergent) Responses	414	313	338	396	427	413	356						2657
Total Priority 3 (non emergent) Responses	405	293	350	356	404	430	408						2646
Total Ambulance Responses	819	606	688	752	831	843	764						5303
PFR													
	January	February	March	April	May	June	July	August	September	October	November	December	Year to Date
Total Priority 1 (emergent) Requests	360	288	318	329	358	349	296						2298
Total Priority 3 (non emergent) Requests	129	96	118	108	130	113	137						831
Total PFR Requests	489	384	436	437	488	462	433						3129
Total Response Requests (Pri. 1 and 3)	689	557	632	678	727	726	683						4692

*This is total # of incidents which may include multiple PFR or ALS Units.

Exhibit 1

Additional supporting information and documentation to RFP-COT 22-19

EXHIBIT 1

ADDITIONAL INFORMATION PROVIDED WITH PROPOSAL

Items #1 through #5 are responses to the RFP (Page 1 of 6 Items A-E):

#1 **Experience and Knowledge of EMS**

Alliance Mobile Health is well-qualified to provide Paramedic First Response and Advanced Life Support ambulance services in the City of Troy. Alliance has been serving the city in this capacity for 19 years and we are a nationally accredited ambulance service. During our time in service to the city, we have always met or exceeded the city's contractual requirements and expectations.

Alliance has also become engrained in the culture of the city through extensive public outreach programs and activities, as well as our extensive participation in city sponsored events. Our familiar white, blue, and yellow vehicles have become icons to the residents whether they are sitting at a corner waiting for the next 9-1-1 call, or at a school football game, or other public event.

Alliance provides 9-1-1- ambulance response to seven other communities in southeast Oakland County. Crossing municipal borders and sharing resources historically has eliminated the need for ambulance subsidies which are typically a way of life in other Oakland County communities.



The City of Troy's reliance on a private nonprofit agency for medical first response (known here as PFR) is unique in its scope and a great example of how Troy officials think outside of "the box" in providing municipal services. Although there are very few examples of this type of model in Michigan, our parent organizations have experience with Echo (single paramedic response units) in several other communities in the state.

Alliance has also provided dedicated single first responder services for the Detroit Zoo for several years.

#2 **Positive References for the Company**

Positive reference letters about Alliance Mobile Health have been provided in Exhibit 3.

#3 **Qualifications of the Company to Perform Project as Specified**

Alliances chief executive officer is Vince Waryas. Vince was appointed by Alliances Board of four Directors in 2016 to lead the organization. Alliance's Board is comprised of the CEO and COO of both parent companies which provides extensive knowledge and experience in EMS and its related functions. Vince has 27 years' experience in high volume EMS systems and includes many different deployment models including Field Ambulance deployment and Operations, Tactical EMS, EMS Bike Teams, and Wheelchair services. Before Vince there were two other Executive Directors that led the organization: Laurie Thiel (2000-2012) and Stewart Slipiec (2012-2016). Laurie Thiel now works for one of Alliance's parent companies Mobile Medical Response as their Chief Operating Officer (COO).

Vince currently leads a capable team of four duty supervisors (on duty 24/7/365), a Quality Improvement Supervisor, Administrative Supervisor, a Marketing specialist, Full Time fleet mechanic, and Billing specialist.

Parent organization Emergent Health Partners provides oversight of Dispatching services, Information Technology and Vehicle Maintenance. Parent organization Mobile Medical Response provides of Finances, Accounts Receivable, and Human Resources.

Exhibit 3 contains the resumes of Vince and other leaders within the organization. Copies of certificates, degrees, licenses, and certifications are available upon request.

#4 **Work Plan and Methodology Proposed**

Alliance has served as the City's ambulance and PFR provider for nineteen (19) years. We have met the city's performance requirements, kept costs down, and provided great services to the people we have cared for and/or transported. We are trusted by the residents of Troy and have strong support.

We currently operate within the city's response framework, including dispatch, E-911 Interface, and the provision of Emergency Medical Dispatching (EMD) for its citizens which is outlined in our existing agreement as well as within this RFP.

Our work plan is to continue providing responsive, caring, and clinically excellent services while always looking for ways to improve while at the same time keeping the city's costs down as low as possible.

#5 Response to Questionnaire and Financial Information

Responses to the Questionnaire are provided as well as additional information which is provided in the Exhibits 1-3. Alliance will provide audited financial statements to the City and additional financial information if requested.

The remaining items are references in our response to city documents:

#6 Experience relative to EMS for Cities

Alliance Mobile Health has provided 9-1-1 Emergency Ambulance Services to the City of Troy since 2003 and has been their provider for 19 years. This includes the provision of the PFR First Responder program that has been very successful throughout that time period. In addition to Troy, Alliance has provided First Responder services for the Detroit Zoo for several years.

Alliance also provides 9-1-1 Emergency Ambulance Services to six (6) other municipalities including: Clawson, Berkley, Beverly Hills, Oak Park, Huntington Woods, and Royal Oak Twp. Alliance averages between 1100 and 1400 calls for service each month collectively and has never lost a 9-1-1 contract due to contractual or operational failures.

Alliances parent organizations EHP and MMR provide 9-1-1 Ambulance services to hundreds of municipalities across Michigan. EHP also provides PFR type response units 24/7 to the cities of Dexter and Saline in Washtenaw County, as well as a dedicated PFR/MFR services to the Chrysler Proving Grounds, Michigan International Speedway, and the University of Michigan Stadium and Athletic campus.

A brief history of average ambulance call volume in Troy over the last 12 months:

<u>Month</u>	<u>Total Requests</u>	<u>PFR Responses</u>	<u>Transports</u>
September '21	780	418	414
October '21	786	471	428
November '21	826	527	451
December '21	872	571	466
January '22	819	489	398
February '22	606	384	309
March '22	688	436	382
April '22	752	437	424
May '22	831	488	453
June '22	843	462	457
July '22	764	433	402
<u>August '22</u>	<u>753</u>	<u>412</u>	<u>412</u>
Total	9320	5528	4996

#7 Company Background and Organizational Structure

Alliance was formed in 2000 as a partnership between three parent companies (HVA, MMR, and Medstar). In 2010 Medstar left the partnership and now this partnership remains in place between the other two original partners (HVA (now EHP), and MMR). Both partners are regional non-profit organizations based here in Michigan. Alliance has a four-person Board of Directors who appoint the Executive Director to manage the organization. Alliance's current Executive Director is Vince Waryas. Vince manages the organization through Operational and Administrative Supervisors, a CQI Supervisor, Marketing and Customer Service Specialist, and a Billing clerk. Vince will serve as liaison and primary contact for the city. All management is performed at their headquarters in Troy Michigan. The Operational Supervisors are tasked with the day-to-day management of all Road Personnel (Paramedics and EMT's).

Alliance's two parent companies provide support services to the organization. EHP provides: Dispatching, Information Technology, and Fleet Support services. MMR provides: Finances, Accounts Receivable, and Human Resource services.

Alliance Mobile Health (AMH) is committed to excellence and to providing the best staff possible for the citizens we serve.

AMH performs post-offer criminal background checks, drug screening, and driving history checks on all employees. Any convictions of criminal sexual conduct, theft or larceny within the last 5 years, OUIL (Operating Under the Influence of Liquor), UBAL (Unlawful Blood Alcohol Level), OWI (Operating While Impaired), and OUIIN (Operating While Under the Influence of Narcotics), within the last 5 years are all disqualifiers for employment. Convictions older than 5 years are reviewed on a case-by-case basis. Alliance utilizes ICHAT for criminal record checks along with seven (7) different website/databases. These include checks through the Michigan Public Sex Offender Registry, the Michigan Department of Corrections, and the Office of Inspector General Exclusions Database as well as others.

All drivers participate in a nationally recognized driver training program as part of their on-boarding program and regular recurring training. This includes both lecture and practical driving courses. They also participate in a great amount of regular annual training required for: Corporate Compliance, license maintenance, and county Medical Control participation.

#8 List of municipalities we work with

Alliance presently contracts with and provides accredited 9-1-1 paramedic ambulance services to the cities of: Troy, Oak Park, Berkley, Huntington Woods, Clawson, The Village of Beverly Hills, and the Township of Royal Oak. A combined population of approximately 200,000 people. Additionally, Alliance

provides Mutual Aid Emergency Ambulance Services for the surrounding municipalities including: The City of Southfield, Royal Oak, Madison Heights, Auburn Hills, Rochester Hills, Ferndale, Hazel Park, Bloomfield Hills, Bloomfield, and Franklin.

Alliance's parent organization EHP provides accredited 9-1-1 services to over 144 municipalities in eight (8) Michigan counties.

Alliances parent organization MMR provides accredited 9-1-1 services to 263 municipalities in fifteen (17) Michigan counties.

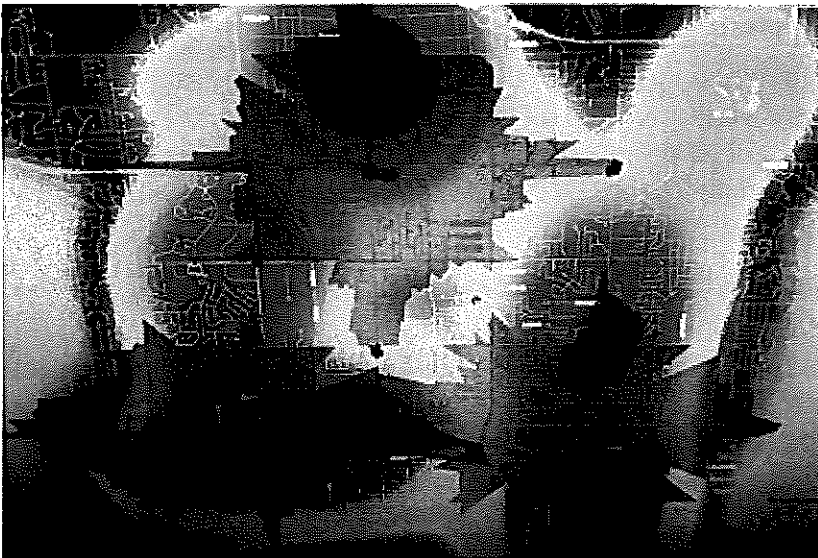
Altogether, over 2 million Michigan residents receive a paramedic from one of our organizations quickly within minutes of calling 9-1-1, making us the largest and most experienced 9-1-1- EMS organization in Michigan.

#9 Personnel Assigned to the Troy Account

Resumes of Leadership personnel assigned to the City of Troy are included in Exhibit 3. Copies of certificates, degrees, licenses, and certifications are available upon request. Executive Director Vince Waryas will be the primary liaison and contact for the city.

#10 Predictive Dispatch Software

Alliance previously used a predictive dispatching software called MARVLIS to aid in predicting where and when the next 9-1-1 call would be received. This software improved the use of EMS within the City of Troy by approximately 18% while it was in use. Approximately 2.5 years ago, Alliances Dispatch Center changed their CAD (Computer Aided Dispatching) software to LOGIS. The new LOGIS software includes a predictive dispatching software that is called "Dynamic Deployment". This module considers the history of calls for service including location, time of day and type of call. This information is displayed as a



heat map for the dispatch staff to deploy and post units based on where the software predicts the next call will come from.

The important key for this module to function appropriately is to have sufficient data to make appropriate

recommendations. This module is currently turned off, but it is recording call data, and we have set a goal to begin deploying this feature after the new year in 2023. Considerations for delaying the original deployment of this feature were due to the significant run volume declines during the Covid pandemic. This event we believe altered the data needed to accurately predict future calls. This was largely in part due to the fear that people had in going to a hospital during the pandemic. Now that much of the fear has subsided and society is returning to a normal way of life, we feel confident that the current data being recorded will have a sufficient and accurate input for the system to accurately predict future requests for service.

#11 **CAAS Accreditation**

Alliance currently holds and has held the esteemed C.A.A.S. Accreditation (Commission on Accredited Ambulance Services) since 2003 without interruption. The accreditation process is long and intensive, but it produces an organization that is built on solid acceptable industry standards and processes, which drives continuous quality improvement. The process includes a comprehensive self-assessment and an independent external review of the EMMS organization. Each accreditation approval is good for three (3) years and must be renewed each cycle by completing the entire evaluation process. A copy of Alliance's most recent C.A.A.S Accreditation certificate is included in Exhibit 3.

#12 **Professional References**

Detailed references are included on page 4 of 7 (Reference Page) of this RFP. Letters of support are also provided in Exhibit 3.

#13 **Annual Audit**

Alliance performs an audit of all financial activity each year. This audit is performed by Yeo & Yeo CPA's & Business Consultants and is also required as part of maintaining our continuous C.A.A.S Accreditation status. The audit is a full and comprehensive inquiry into all of Alliances financial workings, and also includes an analysis of all policy changes, legal and ethical compliance, legal liabilities, and our annual Tax filings. A copy of our most recent audit will be made available upon request.

Additionally, Alliance has an active Corporate Compliance program with the ability for anyone to anonymously report any Compliance concerns to an independent third party via toll free phone number. Parent organization Mobile Medical Response also routinely audits billing practices to ensure compliance and adherence to current acceptable rules, laws, and practices.

#14 **Proposal Pricing**

See Pricing sheet in RFP Page 1 of 7 and Exhibit 2 for additional information.

#15 **Insurance Coverage**

As the City of Troy's current provider, we currently maintain insurance coverages for Commercial, Professional, and Automobile Liability of \$1,000,000 (\$3,000,000 aggregate) as well as a \$10,000,000 umbrella policy. The city as well as its elected and appointed officials, all employees and volunteers are covered as additional insured, and thirty (30) days written notice of policy cancellation are in place. Copies of ACCORD documents are found in Exhibit 3.

#16 **Desired System**

Alliance currently provides the city Advanced Life Support Ambulance services within a larger system that consistently meets the response time criteria set forth by the city. This is the most cost-effective way to provide these resources and has helped keep the cost to the city for these services at zero for the last 19 years.

All PFR units are currently dedicated to the City of Troy only, and any use of those resources outside the city are done so only at the express consent of the city. Alliance has been providing both PFR and ambulance resources effectively and consistently since 2003.

Dedicated Advanced Life Support units for the city is possible, however based on the data we have collected over time, full ambulance coverage for all calls within the city at all times is likely unachievable unless at great cost to the city. We would recommend a hybrid system that perhaps utilizes a combination of both dedicated and shared resources. If the city elects to choose a model with dedicated ALS ambulances, Alliance would likely design a Troy EMS Division with its resources specifically outfitted, staff selected, and trained to operate within that dedicated system. Alliance is willing to work with the city to create new deployment models that meet the desired outcome.

#17 **Innovative System Models**

Troy's model of providing First Responder Services through a private (nonprofit) organization is unique, which makes the basic premise itself innovative. Our challenge as your provider is to improve on that, combined with ambulance operations, predictive software and cutting-edge information systems to be faster, better, and less expensive. We continue to work to do that.

We would point out that over the last nineteen years, we have worked to improve PFR services while keeping costs to the city at levels well below increases in the cost of living. The PFR units also perform Carbon Monoxide Alarm responses to citizens which reduces the need for Fire Responses to only those calls that meet

the specific criteria for positive test results. We have experimented with testing smoke alarms in homes across the city and have been working on creating new dispatch triage models that reduce the number of Emergent and/or PFR responses to specific locations and call types based on outcome data over several years. This helps preserve resource availability for those true Emergency calls at locations where trained medical staff may not be available, and to meet the intended objective that the city originally designed the program for.

Alliance is also the agency that recently spearheaded the initiative to upgrade the service level of the PFR from Basic Life Support to full Advanced Life Support capability. A dream that former Fire Chief Bill Nelson had but was unable to realize during his time as Fire Chief. Alliance's Executive Director Vince Waryas worked diligently with the Oakland County Medical Control Board and petitioned many agencies across the county for support to allow single technician Advanced Life Support units to operate in Oakland County. This initiative was successful and has greatly increased the First Responder capabilities within the city.

Although the Emergency Medical Services system is highly regulated and controlled, Alliance has proven itself to always be working to make improvements where possible, and is always adopting new, innovative, and creative methods to provide the highest quality services possible to the people it serves.

#18 **Deployment Plan**



Alliance's current Deployment Plan has been successful for many years in meeting both the City of Troy and the Oakland County Medical Control Authorities emergency response time standards for both ambulances and PFR vehicles.

Alliance historically has met these standards by utilizing a dynamic system of deployment for its resources. Over the past 19 years we have developed and

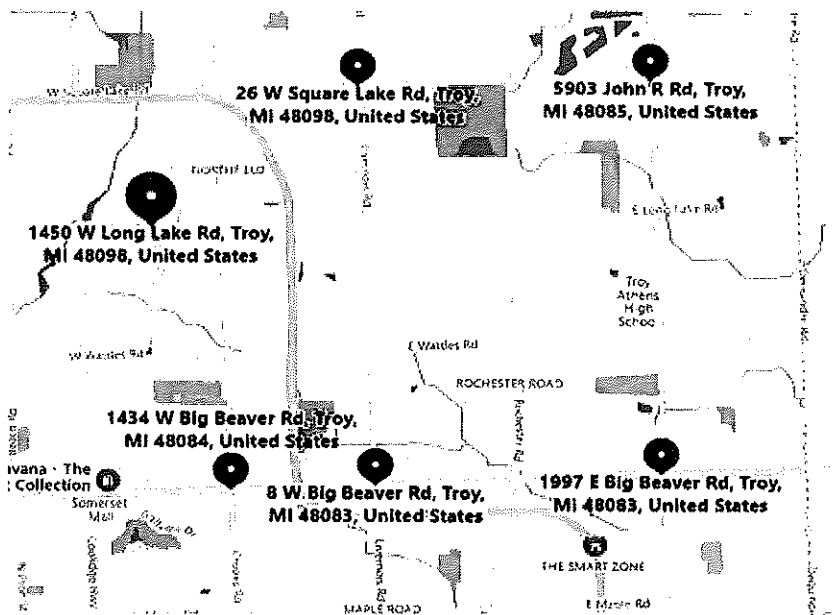
fine-tuned a status plan that allows us to meet or exceed the city's Response Time requirements consistently. The utilization of predictive software has improved upon this, and it is intended to continue using such technology as it itself, continues to evolve and improve in the future.

Predictive software takes into account such things as: time of day, day of the week, previous incidents, and many other factors to calculate the likelihood of a request for service being made at any given time, at any given location. The probability of a call will display on the dispatcher's screen as a colored area overlaid on top of a map-grid of the service area. The higher the likelihood that a call will be received in any given area, the darker the colored area becomes. Colors range from white or no color (suggesting that the likelihood is very small) to a dark purplish color (suggesting that the likelihood is very high). The dispatcher will realign the resources along the edges of these darker areas (or clouds as they are sometimes called) so that they can reach all areas within our service area within the response times required.

As a backup in the event of a system crash or power failure, Alliance continues to maintain a non-self-learning status plan for deployment of resources. This deployment schedule is also based on historical demand and is outlined below.

Primary Status Posts within Troy for ALS and PFR Units available

- Big Beaver/Livernois (A08)
- Square Lake/Livernois (A07)
- Big Beaver/John R (A11)
- Big Beaver/Crooks (A10)
- Square Lake/John R (A17)
- Long Lake/Northfield Parkway (A18)



Fixed Ambulance
Deployment Plan:

# of Units	ALS Unit Post Locations										
1	19										
2	08	04									
3	08	13	42								
4	08	13	42	07							
5	08	13	42	07	04						
6	08	13	42	07	04	19					
7	08	13	42	07	04	19	09				
8	08	13	42	07	04	19	09	12			
9	10	13	42	07	04	19	09	12	11		
10	10	13	42	07	04	19	09	12	11	01	

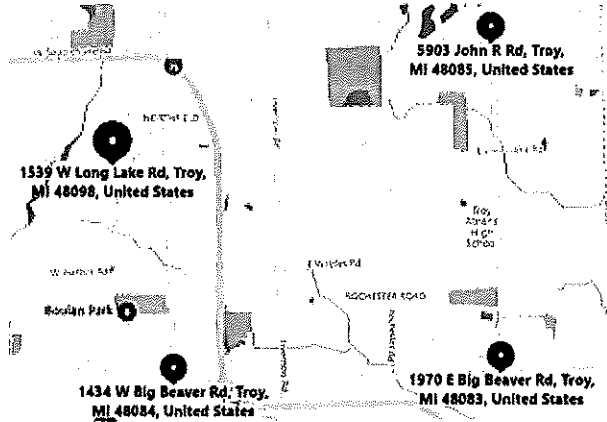
Ambulance Staffing/Unit Deployment Schedule

Hour	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
0000-0059	3	3	3	3	3	3	3
0100-0159	3	3	3	3	3	3	3
0200-0259	3	3	3	3	3	3	3
0300-0359	3	3	3	3	3	3	3
0400-0459	3	3	3	3	3	3	3
0500-0559	3	3	3	3	3	3	3
0600-0659	3	4	4	4	4	4	4
0700-0759	3	5	5	5	5	5	5
0800-0859	4	5	5	5	5	5	5
0900-0959	4	5	5	5	5	5	5
1000-1059	4	5	5	5	5	5	5
1100-1159	4	5	5	5	5	5	5
1200-1259	4	5	5	5	5	5	5
1300-1359	4	5	5	5	5	5	5
1400-1459	4	5	5	5	5	5	5
1500-1559	4	5	5	5	5	5	5
1600-1659	4	5	5	5	5	5	5
1700-1759	4	4	4	4	4	4	4
1800-1859	4	4	4	4	4	4	4
1900-1959	4	3	3	3	3	3	3
2000-2059	3	3	3	3	3	3	3
2100-2159	3	3	3	3	3	3	3
2200-2259	3	3	3	3	3	3	3
2300-2359	3	3	3	3	3	3	3

Fixed PFR Deployment Plan

# of Units	PFR Posts			
1	A11			
2	A11	A10		
3	A11	A10	A17	
4	A11	A10	A17	A18

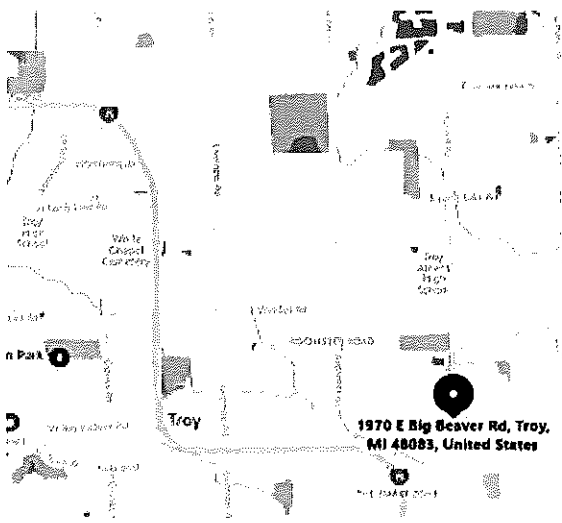
PFR Deployment Map



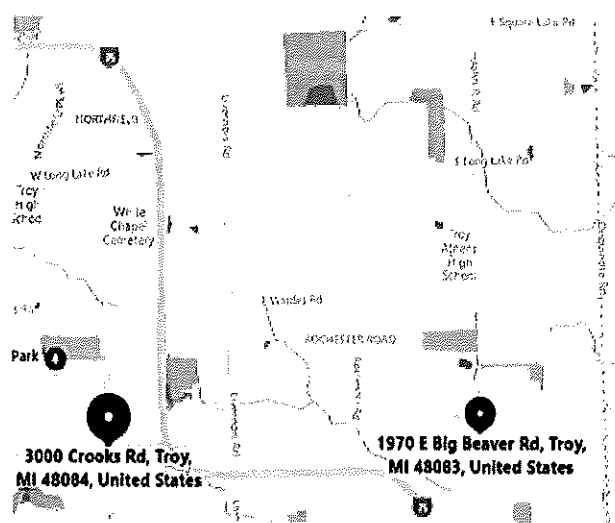
PFR Deployment Schedule

Hour	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
0000-0059	2	2	2	2	2	2	2
0100-0159	2	2	2	2	2	2	2
0200-0259	2	2	2	2	2	2	2
0300-0359	2	2	2	2	2	2	2
0400-0459	2	2	2	2	2	2	2
0500-0559	2	2	2	2	2	2	2
0600-0659	2	2	2	2	2	2	2
0700-0759	2	3	3	3	3	3	3
0800-0859	2	3	3	3	3	3	3
0900-0959	2	3	3	3	3	3	3
1000-1059	2	3	3	3	3	3	3
1100-1159	2	3	3	3	3	3	3
1200-1259	2	3	3	3	3	3	3
1300-1359	2	3	3	3	3	3	3
1400-1459	2	3	3	3	3	3	3
1500-1559	2	3	3	3	3	3	3
1600-1659	2	3	3	3	3	3	3
1700-1759	2	3	3	3	3	3	3
1800-1859	2	3	3	3	3	3	3
1900-1959	2	2	2	2	2	2	2
2000-2059	2	2	2	2	2	2	2
2100-2159	2	2	2	2	2	2	2
2200-2259	2	2	2	2	2	2	2
2300-2359	2	2	2	2	2	2	2

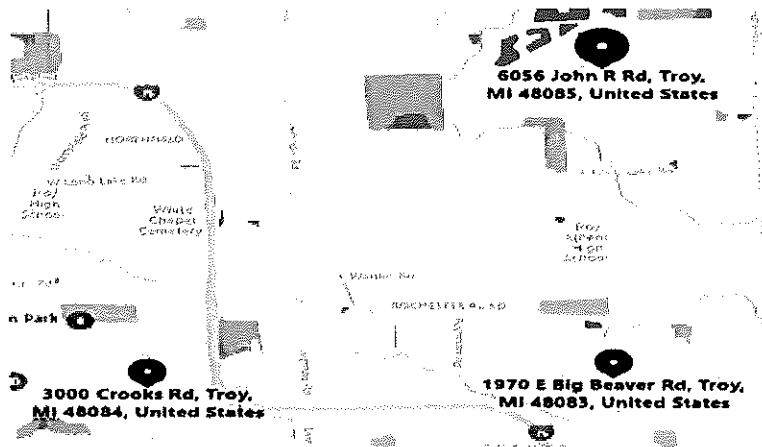
PFR Level 1



PFR Level 2



PFR Level 3



The status plan is dynamic and therefore takes into account the entire geographical service area. As resources are utilized, units are moved into the city from other surrounding service areas. The on-duty supervisor acts as an additional First Responder unit, and/or an

additional transport capable resource if needed.

If a dedicated resource model is adopted, additional deployment models would be created that best fit the city's call volume demands. This would likely change the deployment plan based on time of day/night due to the city's large influx and outgoing population during business hours. For example, during daytime hours the south side of the city in its business sectors and on major roadways is busiest with call demand. This changes however during nighttime hours when the residential section of the city is the higher population. Therefore, moving resources from the southern end north to the middle areas would likely be part of that deployment model.

#19 **Reports**

Alliance has been providing monthly Response Time and call volume reports to the city for nineteen (19) years. These reports have changed over the years based on what information the city requests. Alliance agrees to provide reports on any data the city requests. Alliance also provides regular reports to the Oakland County Medical Control Authority, as well as the State of Michigan and the CARES Registry. An example of a recent report is included in Exhibit 3.

#20 **Supervision**

Alliance Supervisors are deployed 24/7/365 and are based from our headquarters in Troy MI. All field Supervisors are licensed at the Paramedic level. The Field Supervisors are backed up by the Quality Improvement Supervisor as well as the Executive Director who is also a Paramedic with 27 years of field experience. The city of Troy is never without a supervisor that is readily available in the field, especially during peak times when additional backups are available. A copy of the supervisory response policy is located in Exhibit 3.

#21 **Monthly Meetings**

Alliance Leadership currently meets with city officials on a monthly basis. We address operations, incidents, complaints, concerns, and receive suggestions on how we can improve services in both the PFR and the ambulance operations. We look forward to continuing these meetings and exploring new ideas on how to better serve the city.

#22 **Personnel**

See our response #7 in this Exhibit (1) for specifics on credentialing staff.



Alliance and Troy PD staff receiving "Life Saving Awards" from the Oakland County Medical Control Authority – Dr. Steven McGraw presenting

We agree to perform all background checks requested and the terms listed in this RFP section (G). We also agree to notify the Oakland County Medical Control Authority and State EMS Division of MDHHS if any of its EMT's or Paramedics are criminally charged with a felony, or terminated from employment for any narcotic larceny or narcotic/alcohol use problem.

Alliance also agrees to remove an employee from the City of Troy operating area upon written request from the Fire or Police Chief.

#23 **Drug Testing**

A program for probable cause and random drug testing is in place for all employees of Alliance Mobile Health.

#24 **Quality Assurance Program**

Quality is our primary objective in everything we do. We strive to be the model for integrity and excellence within our community. The Alliance Continuous Quality Improvement program includes prospective, concurrent, and retrospective initiatives designed to improve the care delivered by our licensed EMS providers. All aspects of our continuous quality improvement program are developed in conjunction with our Medical Director, Beaumont Emergency Physician Dr. Robert Swor, D.O. The Alliance Board of Directors and CQI Committee are also involved.

We identify and address instances comparing measurable indicators to compliance thresholds from the Oakland County Medical Control Authority, the EMS Division of the MDHHS, and our own agency performance goals. Our program includes individual and agency exceptions and trends to develop processes to correct and improve our patient care delivery.

Our current continuous quality improvement measures for fiscal year 2022-2023 include:

- Door to 12 Lead ECG time within 10 minutes for patients that complain of chest pain/pressure and difficulty in breathing with potential cardiac origin
- Waveform capnography on all patients with advanced airway devices.
- Pain Management utilization and compliance in pain medication administration.

Alliance Mobile Health reports the effectiveness of its Clinical Performance Improvement initiatives to leadership monthly, The Board of Directors quarterly, CQI Committee monthly, and Oakland County Medical Control Authority quarterly. Through our monthly CQI Committee meetings, recommendations for improvements are identified, changed, reassessed, and reported on.

Lastly, education is a major component of our continuous quality improvement program. All licensed staff participate in continuing education to maintain

professional licensure as well as quality improvement programs objectives every month. These educational opportunities are offered both as didactic and practical sessions. In addition, as part of being a life support agency within The Oakland County Medical Control Authority, Alliance Mobile Health is 100% compliant with all OCMCA mandated licensed EMS personnel training, and continuing education requirements as outlined in the Oakland County EQUIP program requirements.

Alliance Mobile Health holds the Commission on Accreditation of Ambulance Services accreditation and they review our CQI practices every three years. We have been accredited since 2001 with our last renewal in June of 2021. A copy of our current certificate is attached in Exhibit 3.

#25 Complaint Resolution

We agree with the city's complaint resolution directives. We believe in investigating and resolving any and all problems which arise rapidly.

#26 Incident Command System



Agree. Alliance currently participates in annual Fire Department training at the CREST Center which includes portions of the incident command system and our role within that system. We will also insure that training is provided to our medical staff.

Please see Exhibit 3 for our policy on the deployment of field supervision designed to support this initiative.

#27 Police Incident Training

Agree. Alliance has a TEMS team already established for purposes of supporting tactical Police incidents. We will also ensure that our staff receives regular training in Police incidents.



#28 Hazardous Materials Training

Agree. Alliance trains all of its staff annually on Hazmat awareness level training. We also train on the use of PPE, PAPR's and on the treatment and transport of highly contagious patients. Joint training has taken place on the use of the IsoPods that the city possesses. We will ensure that our personnel are trained to the HAZMAT First Responder awareness level and WMD.

#29 Resource for Public Safety Agency Training

Agree. Alliance has provided public safety training for Troy Police and Fire for many years, including CPR, MFR, and Blood Borne Pathogen training.

#30 Mutual Aid

Agree. Alliance has worked with the City of Troy to develop and implement a mass casualty response plan (MABAS) box card for medical resources. A Copy of this card can be found in Exhibit 3.

Alliance also has Mutual Aid Agreements with the following ambulance services which are all licensed in Oakland County:

Universal Macomb Ambulance
Huron Valley Ambulance
Star EMS
Medstar Ambulance
Superior Ambulance

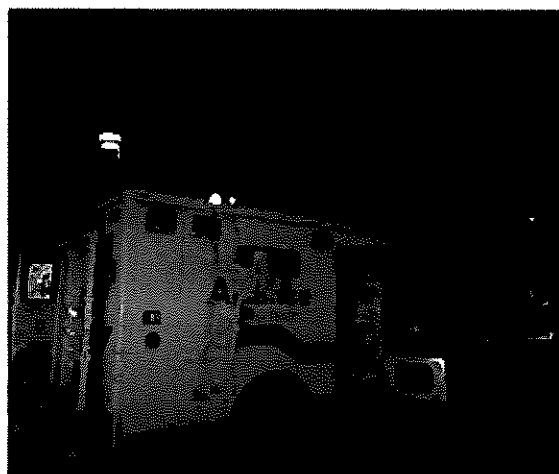
#31 Incident Standby

Agree. Alliance has provided this service for 19 years for the city. We regularly provide units to standby at fire scenes, Hazmat, and training functions such as the CREST Center where the potential for injury or illness is high. We also have a Tactical EMS Team which works closely with the city Police Department's tactical functions.



#32 Event Standby

Agree. Alliance has provided Special Event standby coverage for several years and will continue to do so if selected. Some examples of events that Alliance has covered are: 5K running events, Troy Traffic Jam, Troy Daze, Concerts, Fireworks at Macy's, Athens and Troy High School Football games, North American Active Assailant Conference, and many more. Alliance also participates in many city sponsored events such as Operation Blue Sleigh, Trunk or Treat, Troy Rotary events, Safety Camp, Rec Center Lifeguard training, Troy Chamber events and many others.



#33 **Communications and Recording Capability**

Alliance's ambulances and PFR units comply with the city's specifications for mobile and portable communication capabilities. We use the MPSCS radio system for our dispatching and each ambulance and PFR vehicle is currently equipped with an Oakland County Open Sky portable radio for communications with Troy Fire and Dispatch center. Additionally, we have HEAR radios installed in each unit as backup communications per the State of Michigan MDHHS requirements. Alliance intends to acquire P25 radio system compatible radios to continue our ability to communicate with Troy Fire and Dispatch when Oakland County switches over to that system. The Alliance dispatching center is a modern state-of-the-art facility which records all telephone lines and radio channels. Tapes/recordings are maintained indefinitely.



#34 **E-911 Interface**

Alliance's communications center was the first private ambulance service in the state of Michigan to be fully featured for ANI and ALI as a secondary PSAP (1989). This system which receives direct call transfer from Troy Police and Fire Communications, provides the callers address, phone, and identification information. We are also equipped to receive this information from cellular callers, and we can "ping" the location of a cellular caller.

#35 **Personnel recall capability**

The Alliance dispatch center uses software to alert off duty personnel of an emergency all call back if necessary for a major incident.

#36 **Computer Aided Dispatch System**

The Alliance Dispatch Center uses a computer aided dispatching system called LOGIS for system deployment of all ambulance and PFR vehicles. During the call-taking process, the call is electronically forwarded to the dispatcher so that the PFR and ambulance can be dispatched and begin to respond even during the information gathering process from the caller. The CAD will send information

to the responding units in the form of location, information about the patient, response priority, and ongoing notes as they are added.

All Alliance vehicles have a mobile data terminal which displays this call information as well as a generated GPS map that provides the best routing to the call. Paramedics press buttons when enroute, on scene, enroute to the hospital, and when complete and back in service.

Alliance dispatchers also monitor the location and movement of all vehicles under their control. We also have the ability of printing a "bread crumb" map of any vehicle before, during, and after a call, showing location, status, speed and direction of travel. This feature is useful in reviewing unusual responses for quality improvement.

#37 **Emergency Medical Dispatch**

The Alliance Dispatch Center uses medical dispatch protocols from Priority Dispatch Systems when receiving, triaging, and dispatching requests for service. Callers are also provided with medical self-help information, up to and including telephone CPR instructions. This process is supported and accentuated by another program called ProQA which monitors and assists the dispatcher in consistent processes for questions and responses to ensure the highest quality EMD process possible. All Call-takers and Dispatchers in Alliance's dispatch center are licensed EMT's and Paramedics who are certified in Emergency Medical Dispatch (EMD) as well as Emergency Fire Dispatch (EFD).

#38 **Differential Dispatch**

Differential dispatch is a decision-making process which classifies calls by severity, priority, and emergency status, and it is applied in our dispatch center. As a result, a large portion of 9-1-1 calls are actually dispatched as non-emergency responses. This lowers risk to citizens and our staff.



#39 **Predictive Dispatch**

Alliance historically used the MARVLIS software to provide predictive call capabilities in the City of Troy. This software provided an approximately 18% improvement in resource utilization and also improved response times within our service area. Just before the COVID-19 Pandemic began, we switched CAD software to LOGIS and discontinued the use MARVLIS software. This was determined because the new CAD software LOGIS offers a predictive component to their product called "Dynamic Deployment". The important key for this module to function appropriately is to have sufficient data to make appropriate recommendations. This module is currently turned off, but we have

set a goal to begin deploying this feature after the new year (2023). The delay in starting the deployment was due to the significant run volume declines during the Covid-19 pandemic. This change during the pandemic altered the data that LOGIS would use to predict future call times and locations. We feel confident that using the past 2 full years of data however will provide sufficient data for appropriate recommendations. Having had positive results with our previous software (MARVLIS), it is our intention to utilize the predictive capabilities of our new CAD software to their fullest extent.

#40 **Emergency Operations Center Support**

Alliance agrees to provide a supervisor to represent EMS in the Emergency Operations Center in the event of EOC activations.

#41 **Blood Borne Pathogen Decontamination Facility**

Alliance Mobile Health provides restrooms, changing area, and shower facilities that are available for use by the city as needed. We also have regular water-based laundry and dryer equipment available but do not have Dry-Cleaning capabilities. All facility resources are available 24/7/365 for use by the city as needed for decontamination purposes. Alliance has disposal procedures in place for biohazard contamination of uniforms and other clothing, however we are not able to collect contaminated water run-off from our shower facilities.

#42 **Disposal of Biohazard Contaminated Waste**

Alliance has provided biohazard waste disposal services for the city for many years. We will continue to provide this service upon contract renewal.

#43 **Base of Operations**

Alliance currently has its base of operations located within the City of Troy. Our base is located at: 2045 Austin Dr., Troy, MI. 48083

#44 **Charges**

Ambulance user charge schedule effective 1-1-2023:

BLS Emergency/Non-Emergency Base Rate	\$622.00
ALS1 Emergency/Non-Emergency Base Rate	\$787.00
ALS2 Emergency/Non-Emergency Base Rate	\$941.00
Transport Mileage per Loaded Mile	\$15.02
Paramedic Response with ALS Treatment no Transport	\$622.00
Paramedic Response and Assessment – (Non-Transport)	\$201.00

#45 **Response Time Priority 1**

As the Emergency Ambulance and PFR program provider for the City of Troy over the last 19 years, we are very familiar with many aspects of how to provide the best level of EMS service, as well as what models may or may not work for

this city. It is our opinion that a 5 minute 00 second response time standard for ambulances without a PFR unit will be extremely difficult to achieve without great cost to the city. Therefore, we propose the continuance of the PFR program in conjunction with ALS ambulances to provide the most economical model for EMS delivery services to the citizens of Troy.

#46 **Deployment Plan**

In reviewing historical data for call volume over the last 8 months it is our opinion that a minimum of no less than two PFR units scheduled 24/7/365 plus a third PFR during peak daytime hours M-Sat will be required to meet the 5 minute 00 second response time goal. This viewpoint is based on data attached in Exhibit 2 showing the city's call volume demand (Demand Analysis). There are breakout periods during this time frame where two PFR units may not be sufficient, but three will likely meet the requirements 90% of the time. Please see Exhibit 2 for PFR run volume history that supports our opinion.

In reviewing historical data for call volume over the last 8 months it is our opinion that a minimum of two dedicated ALS units 24/7/365 along with two additional ALS units between the hours of 0600-2200 (Four (4) total during peak times) will be required to meet the 8 minute 00 second response time goal most of the time, as well as meet the average call volume requirements for the city. It is not uncommon for peak volume to reach near 8 active calls/hour with additional breakouts to 12 calls at various times, and on various days. However, in an effort to match resources that will meet near the 90th percentile of call volume within the city, the above recommendation for minimum staffing will be required. Mutual Aid will still be required on occasion during breakout periods. Please see Exhibit 2 for ALS call volume history (Demand Analysis) that supports our opinion. Our pricing model for dedicated services is structured as an ala carte so that the city may decide how many dedicated resources, they would like us to provide if different than our recommendation.

Staffing levels to provide the recommended deployment model of four ALS units and two PFR units plus the added third PFR on days will require:

16 Paramedics
12 EMT's

Additional ALS units will require additional two paramedics and two EMT's/wk

Additional PFR units will require additional two paramedics/wk each.

ALS Deployment								PFR Plan							
Hour	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Hour	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
0000-0059	2	2	2	2	2	2	2	0000-0059	2	2	2	2	2	2	2
0100-0159	2	2	2	2	2	2	2	0100-0159	2	2	2	2	2	2	2
0200-0259	2	2	2	2	2	2	2	0200-0259	2	2	2	2	2	2	2
0300-0359	2	2	2	2	2	2	2	0300-0359	2	2	2	2	2	2	2
0400-0459	2	2	2	2	2	2	2	0400-0459	2	2	2	2	2	2	2
0500-0559	2	2	2	2	2	2	2	0500-0559	2	2	2	2	2	2	2
0600-0659	2	2	2	2	2	2	2	0600-0659	2	2	2	2	2	2	2
0700-0759	2	2	2	2	2	2	2	0700-0759	2	3	3	3	3	3	3
0800-0859	3	3	3	3	3	3	3	0800-0859	2	3	3	3	3	3	3
0900-0959	3	3	3	3	3	3	3	0900-0959	2	3	3	3	3	3	3
1000-1059	3	4	4	4	4	4	4	1000-1059	2	3	3	3	3	3	3
1100-1159	3	4	4	4	4	4	4	1100-1159	2	3	3	3	3	3	3
1200-1259	3	4	4	4	4	4	4	1200-1259	2	3	3	3	3	3	3
1300-1359	3	4	4	4	4	4	4	1300-1359	2	3	3	3	3	3	3
1400-1459	3	4	4	4	4	4	4	1400-1459	2	3	3	3	3	3	3
1500-1559	3	4	4	4	4	4	4	1500-1559	2	3	3	3	3	3	3
1600-1659	3	4	4	4	4	4	4	1600-1659	2	3	3	3	3	3	3
1700-1759	3	4	4	4	4	4	4	1700-1759	2	3	3	3	3	3	3
1800-1859	3	4	4	4	4	4	4	1800-1859	2	3	3	3	3	3	3
1900-1959	3	4	4	4	4	4	4	1900-1959	2	2	2	2	2	2	2
2000-2059	2	4	4	4	4	4	4	2000-2059	2	2	2	2	2	2	2
2100-2159	2	3	3	3	3	3	3	2100-2159	2	2	2	2	2	2	2
2200-2259	2	2	2	2	2	2	2	2200-2259	2	2	2	2	2	2	2
2300-2359	2	2	2	2	2	2	2	2300-2359	2	2	2	2	2	2	2

In an effort to reduce cost to the city, additional units may be pulled from surrounding areas as well as our main office and supervisor unit when available, to increase resources during breakout periods and avoid the need for mutual aid whenever possible. Additional office and supervisor units are housed within the city of Troy which will allow a rapid deployment when needed.

#47 Vehicles

Alliance ALS ambulances are Type III modular vehicles which use a larger, dual-rear wheeled chassis. They are typically Ford E450 series but at times may be GMC 4500 chassis based on manufacturer availability. Many other ambulance services in the area use a smaller 350 series chassis. A 450 series chassis allows a higher GVWR which is safer for the patient, our staff, and any police or Fire personnel if they accompany us on an emergency transport to the hospital. Our front-line vehicles are stored indoors in our garage when not in use.



Older vehicles are moved to a back-up position and/or Basic Life Support services.

Preventative maintenance services are provided to our fleet at our Troy headquarters. We staff a full-time certified mechanic to manage the fleet maintenance and he is managed by our parent organization Emergent Health Partners. All vehicle preventative

maintenance is based on mileage and manufacturer recommendations.

Vehicle run time hours are communicated to our vehicle maintenance software via onboard WiFi through the OMM connection (vehicle onboard diagnostic computer). All maintenance is recorded in our fleet maintenance software (RTA) and records are available for inspection by the city at any time. A copy of a typical report is included in Exhibit 3.

Alliance tracks critical vehicle failures as required in our current contract and as outlined in the RFP. Critical vehicle failures include chargeable accidents, failures to start, or any mechanical issue which makes an ambulance unsafe (and therefore not drivable) while responding or handling an emergency call (including when enroute, at the scene, or during transport of a patient to the hospital).

Over the last three years, Alliance has had only 10 critical vehicle failures over the 1,331,013 miles driven, for a critical failure rate of 0.751/100,000 miles.



Our current fleet is comprised of the following:

Ambulances

Unit	Make/Model	Year	Mileage
2271	Ford E450 Cutaway Van Type III	2022	707
2171	Ford E450 Cutaway Van Type III	2021	8651
2074	Ford E450 Cutaway Van Type III	2000	41092
2073	Ford E450 Cutaway Van Type III	2000	35584
1973	Ford E450 Cutaway Van Type III	2019	45012
1972	Ford E450 Cutaway Van Type III	2019	86426
1971	Ford E450 Cutaway Van Type III	2019	54711
1872	Ford E450 Cutaway Van Type III	2018	100563
1871	Ford E450 Cutaway Van Type III	2018	92858
1776	Ford E450 Cutaway Van Type III	2017	79864
1775	Ford E450 Cutaway Van Type III	2017	129119
1774	Ford E450 Cutaway Van Type III	2017	119433

PFR Vehicles

Unit	Year/Make/Model	Mileage
1472	2015 Ford Expedition	105119
1676	2017 Ford Expedition	75611
1771	2017 Ford Expedition	89041
1974	2019 Ford Expedition	30019

#48 PFR Vehicles

Alliance utilizes Ford Expedition vehicles as PFR units. Those vehicles are fully equipped with emergency lights and siren, radios, Advanced Life Support equipment, and supporting equipment for Fire Operations. They are specifically marked as "Troy EMS" which gives residents a feeling of ownership and trust. The current graphics have been approved by the city and are typically updated upon vehicle replacement as agreed upon. All PFR units are parked in our facility garage when not in use and are maintained by our full-time mechanic. All preventive maintenance is performed based on mileage and manufacturer recommendations. Alliance agrees to provide AVL capabilities on all dedicated units to the City of Troy. A current list of PFR vehicles is listed below:

Exhibit 2

Additional supporting Items in this section:

- 1. Pricing structures for various service models/levels**
 - a. ALS Dedicated Ambulances**
 - b. ALS Dedicated PFR Units**
- 2. 20-week Demand Analysis from 5-1-2022 through 9-17-2022**
- 3. August 2022 and Year to Date ALS Peak Call Volume report**
- 4. August 2022 and Year to Date ALS Average Call Volume Report**
- 5. August 2022 and Year to Date PFR Peak Call Volume Report**
- 6. August 2022 and Year to Date PFR Average Call Volume Report**

Exhibit 2

The following information is supporting documentation and Ala carte pricing for a model that provides Dedicated Ambulances to the City of Troy as noted in the "Deployment Model" of this RFP. Currently the city utilizes a model that shares resources with surrounding areas and has proven to be successful. This model is optional and takes into account the annual revenue generated from transporting patients in the city.

Demand Analysis – Attached in this Exhibit

Below is an Ala Carte Pricing sheet for Dedicated ALS Ambulances should the city opt to choose the number of dedicated ambulances and a specific model.

	# of Dedicated Ambulances 24/7			
	1	2	3	4
Additional cost per Month	\$0.00	\$ 80,500.00	\$ 208,250.00	\$ 336,000.00

We recommend a minimum of two (2) dedicated ambulances 24/7/365 PLUS two (2) additional ambulances during peak daytime hours (Four (4) total) 7 days/week to meet call volume requirements for an **8-minute Response Time requirement**. The monthly cost for this model would be **\$208,250.00/month**.

If the city chooses to follow the above recommendation but reduce costs by limiting the number of daytime units on Sundays (typically the lowest call volume day of the week) to only 3, the monthly cost for this model would be **\$199,850.00/month**.

An additional option that may prove functional but offers more risk of regular requests for Mutual Aid during busy breakout periods is to provide two (2) dedicated ambulances 24/7/365 and one (1) additional ambulance during daytime hours. Some models that look at averages over the last year show that this may be a functional model, however it will present with more frequent needs for Mutual Aid. The cost for this model will be **\$144,375.00/month**.

In an effort to meet the **6-minute response time average** utilizing ALS ambulances only and no PFR units, we recommend an estimated minimum of 5 ALS ambulances during daytime peak hours and 3 ALS ambulances during off-peak hours 7 days/week. The monthly cost for this model would be **\$336,000.00/month**.

*Pricing for variations to these models is available upon request.

PFR Program

The following models and pricing will be for the operation of a PFR program for the city. There are two pricing models created to allow for choices based on the city's preference for levels of service/coverage, and experience level of the Paramedics staffing this program. Model 1 is created for the allowance of our most experienced staff to participate as is requested in this RFP (Minimum of 2 years-experience).

of PFR Units

	1	2	3	4
PFR Units 12/7/365 est. cost per month Model 1	\$27,010.00	\$54,020.00	\$ 81,030.00	\$108,040.00

Model 2 allows for the ability to use strong performing but lesser experienced staff that complete a training and FTO process before allowing their participation in the PFR program.

of PFR Units

	1	2	3	4
PFR Units 12/7/365 est. cost per month Model 2	\$22,630.00	\$45,260.00	\$ 67,890.00	\$ 90,520.00

The current PFR Deployment model has been successful in meeting the Response Time requirements of 5 minutes 00 seconds for 90% of Emergency calls. This model staffs two PFR units 24/7/365 with a third PFR staffed during daytime hours. The pricing to keep this current deployment model is as follows:

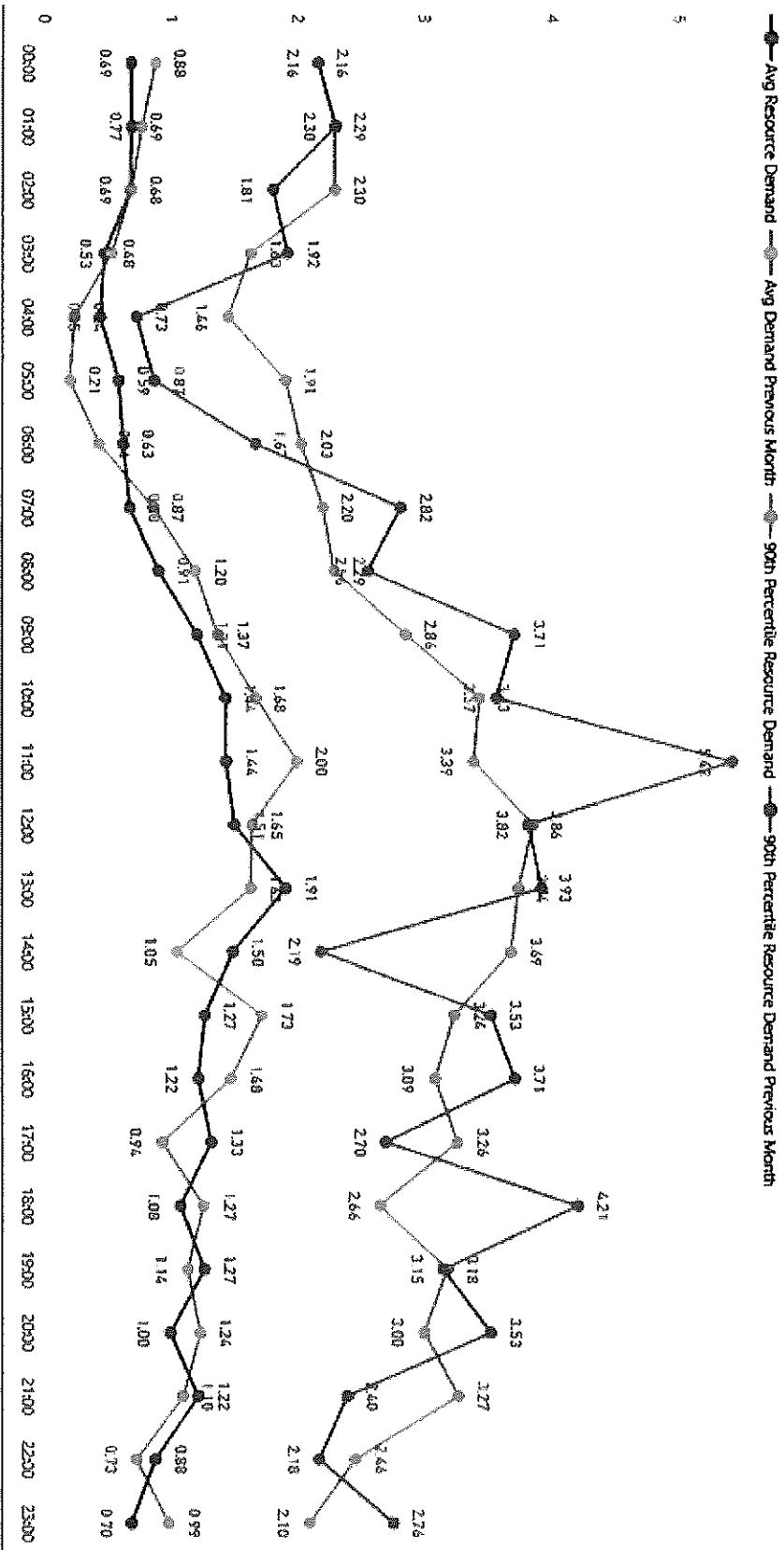
Model 1 \$67,525.00/mo (\$37.00/hr)

Model 2 \$56,575.00/mo (\$31.00/hr)

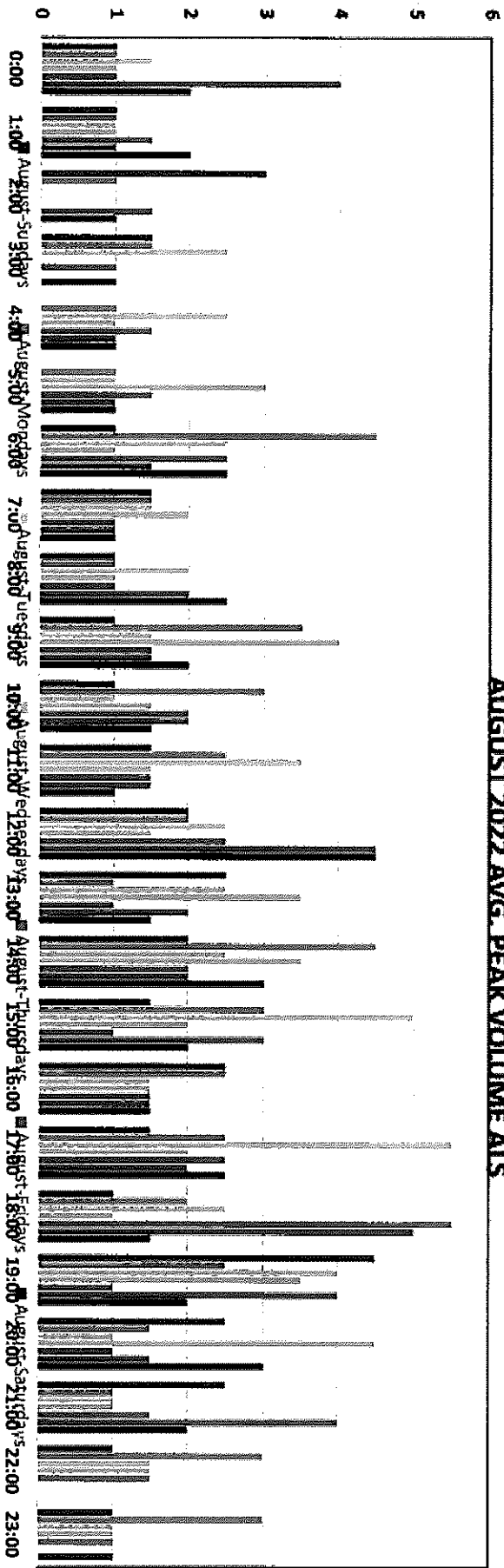
**Pricing for variations to all models is available upon request.

Exhibit 2

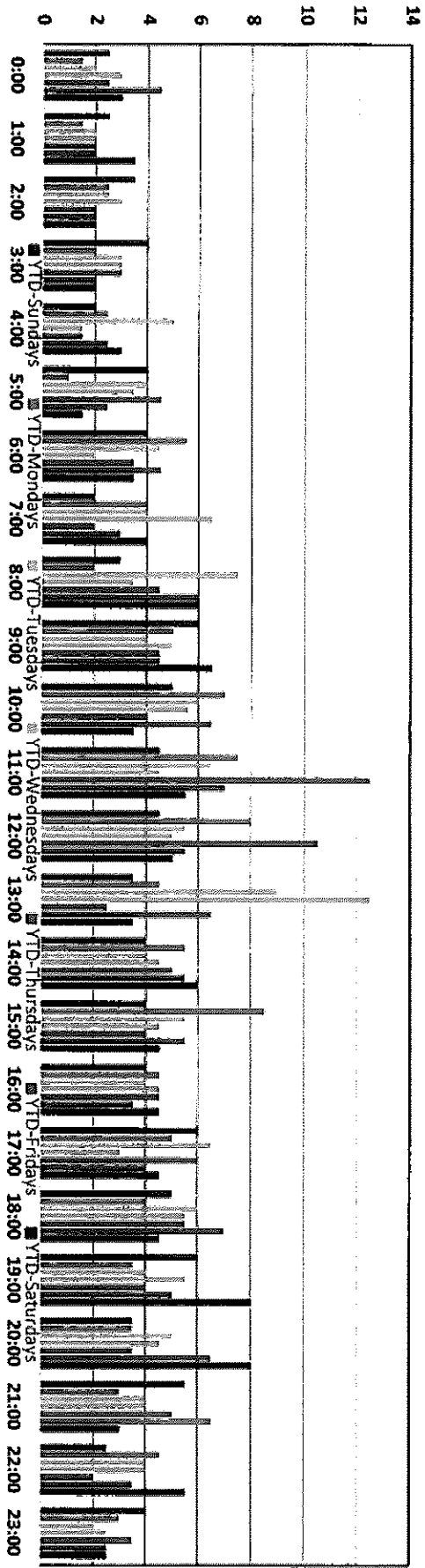
City of Troy 20 Week Demand Analysis for Incident Requests. (5-1-2022 – 9-17-2022)



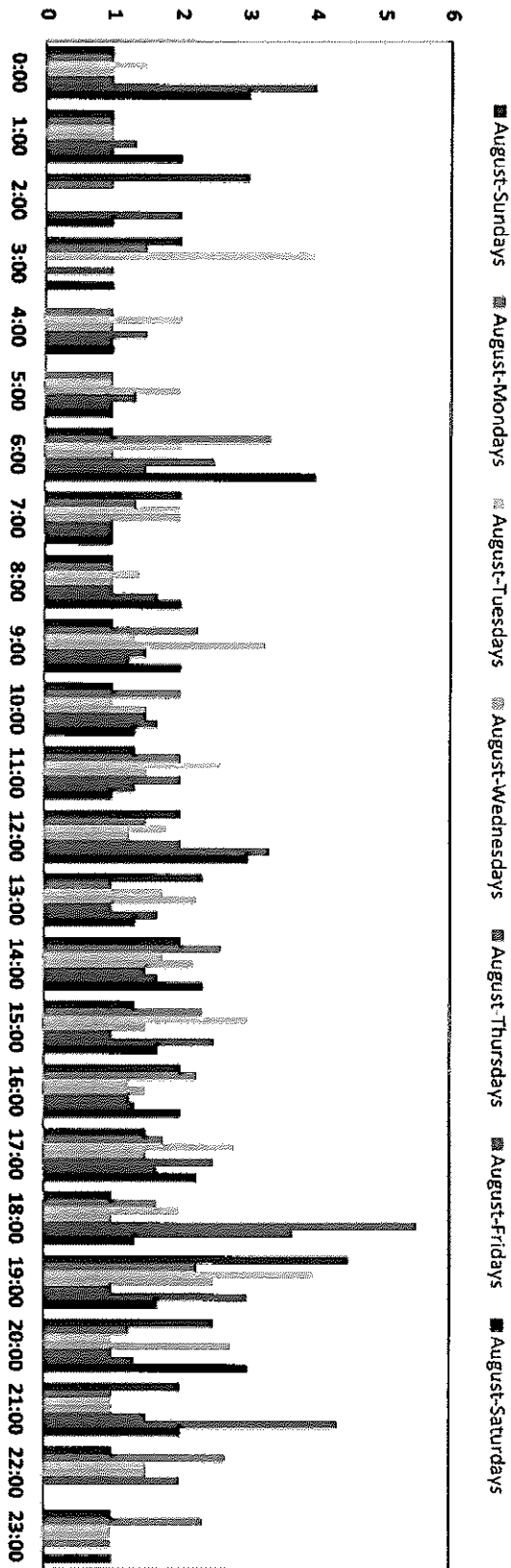
AUGUST 2022 AVG. PEAK VOLUME ALS



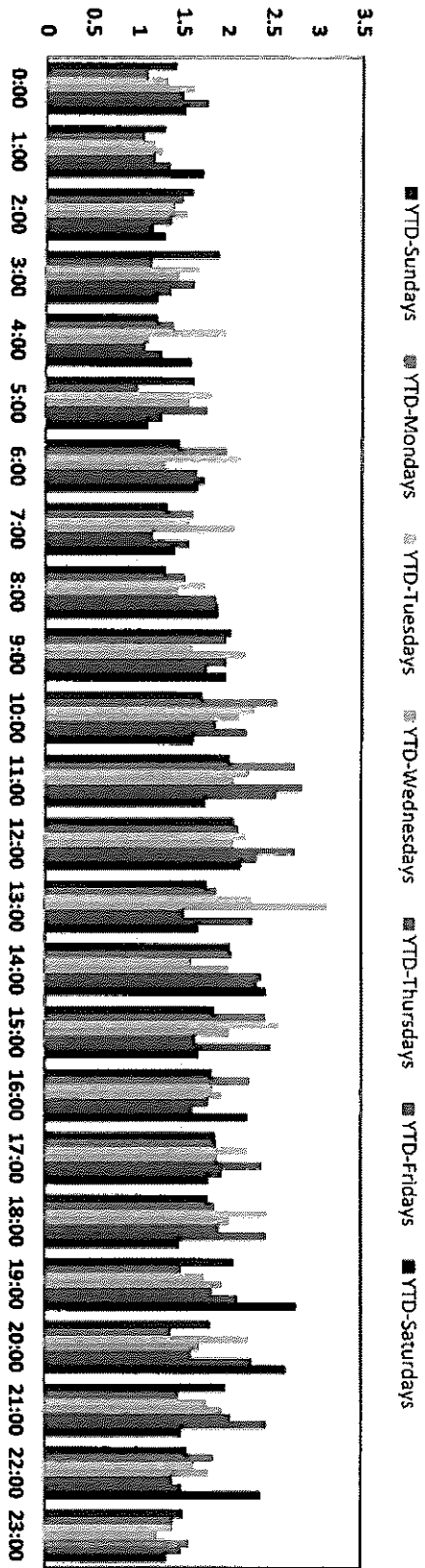
YEAR TO DATE 2022 AVG. PEAK VOLUME ALS



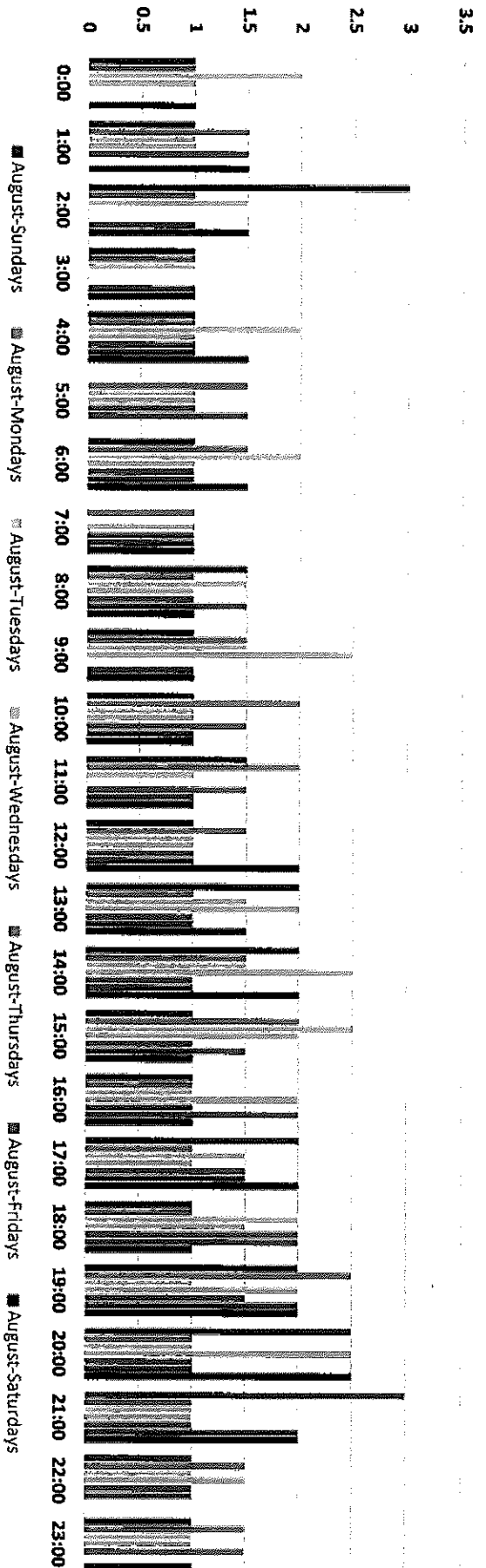
AUGUST 2022 AVERAGE VOLUME ALS



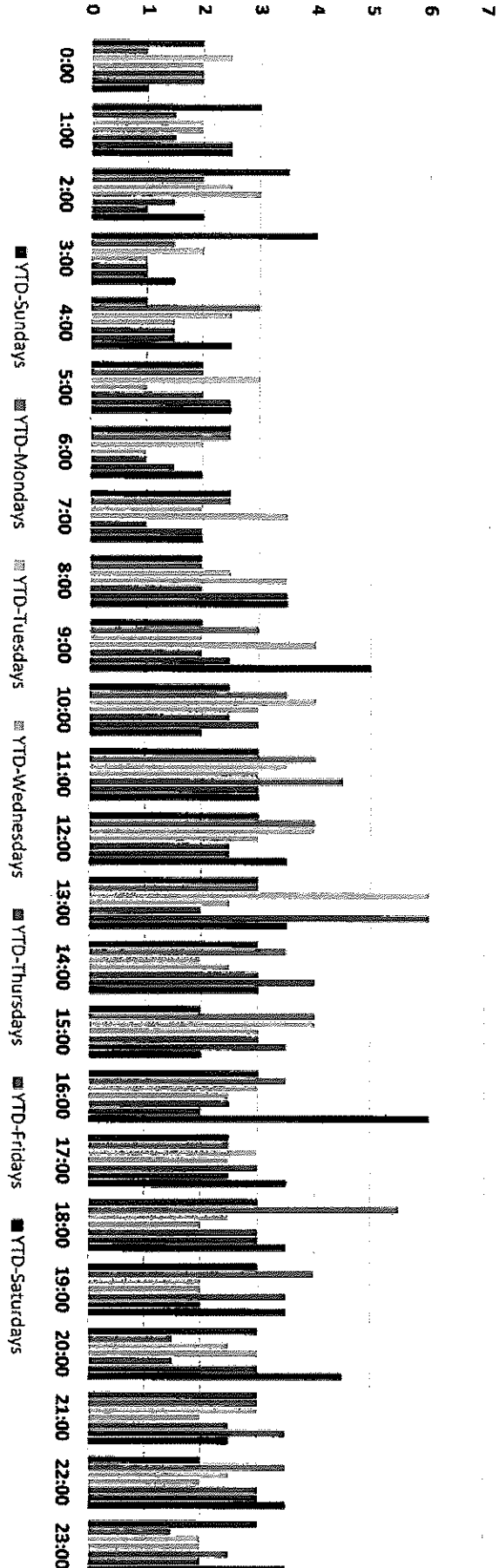
YEAR TO DATE 2022 AVERAGE VOLUME ALS



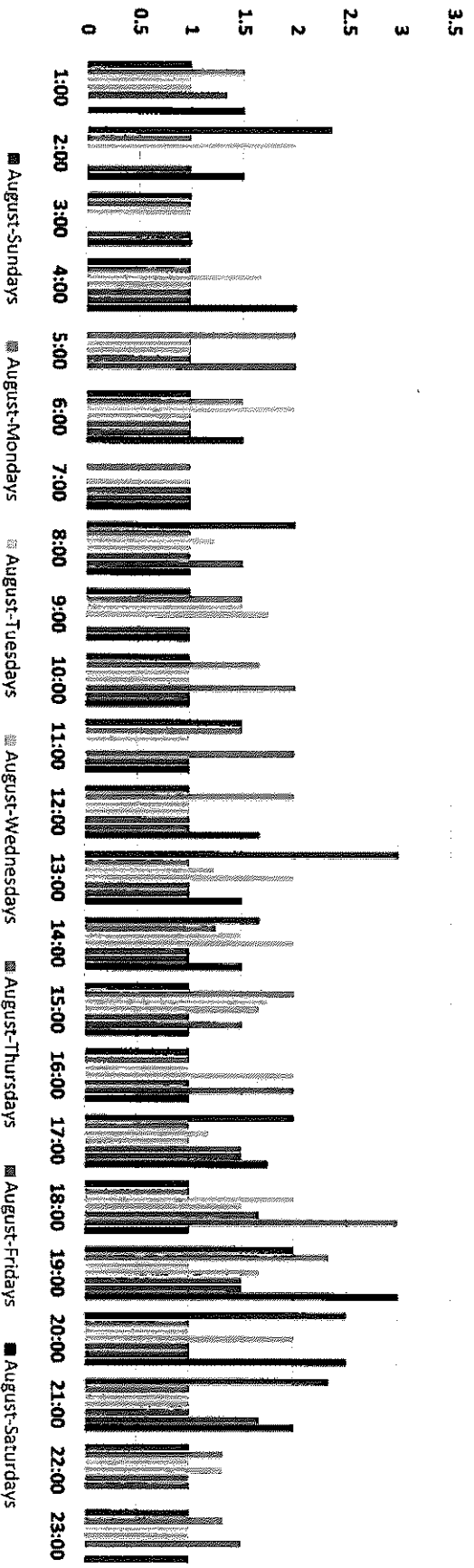
PFR AUGUST 2022 AVG. PEAK VOLUME



PFR YEAR TO DATE 2022 AVG. PEAK VOLUME



PFR AUGUST 2022 Average Volume



PFR Year To Date 2022 Average Volume

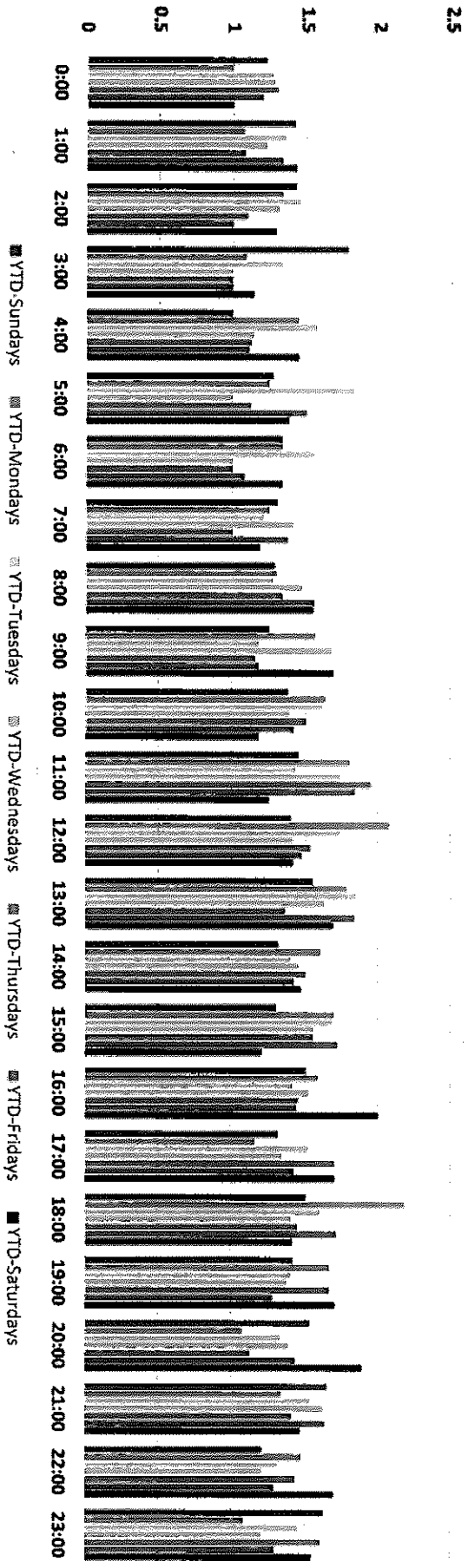


Exhibit 3

Additional supporting Items in this section:

- 1. Letters of recommendation**
- 2. Resumes of Alliance Leadership assigned to the City of Troy in various functions**
- 3. Copy of our current C.A.A.S Certificate**
- 4. Workers Compensation ACCORD document**
- 5. General Liability ACCORD document**
- 6. Copy of our current State of Michigan EMS Agency License**
- 7. Copy of August 2022 Response Time Report**
- 8. Alliance Policy for Field Supervision**
- 9. Copy of MABAS 3201 Medical Card for The City of Troy**
- 10. Copy of State of Michigan ALS Required Supplies and Equipment List**
- 11. Copy of example weekly generated Preventative Maintenance Report**
- 12. Example of Additional Value provided to The City of Troy**



City of Berkley
Department of Public Safety
Matt Koehn, Director



September 15, 2022

To Whom it may concern,

My name is Matt Koehn and I am the Director of Public Safety for the City of Berkley. Alliance Mobile Health has been a reliable provider of Emergency Medical services for our city for many years. Alliance started working with our city well before I was appointed to my position, but since I've been here, they have been a great asset to our city. Their staff is always professional, and they address any issues that may arise quickly and thoroughly.

Alliance regularly participates in our special events such as parades, festivals, and of course the annual Dream Cruise, and has even assisted in city council discussions. They are Associate Members of the Oakland County Tactical Training Consortium and an integral part of our community. I would recommend their services to anyone that may be looking for an EMS provider for their city. Please feel free to contact me should you have any questions or concerns.

Respectfully,

A handwritten signature in black ink that reads "Matt Koehn".

Matt Koehn
Director of Public Safety
mkoehn@berkleypublicsafety.net
248-658-3389

Department of Public Safety
VILLAGE OF BEVERLY HILLS
18600 WEST THIRTEEN MILE ROAD
BEVERLY HILLS, MICHIGAN 48025

Richard C. Torongeau
Director of
Public Safety

Phone: (248) 540-3400
Fax: (248) 540-3437
rtorongeau@beverlyhillspolice.com

September 19, 2022

To whom it may concern:

I would like to extend my support and acknowledgement of Alliance Emergency Medical Response. I am respectfully recommending Alliance Emergency Medical Response team and their CEO Mr. Vince Waryas for any and all Medical services as they have truly supported the Village of Beverly Hills and its citizens. The Alliances team has also supported the Public Safety Department in all runs and with medical training needed in today's world.

For the past 10 years I have witnessed the professional medical care given to our residents on a firsthand bases. I have also been at many special events and high school sport events that Alliances team was standing tall and administered true professional medical care without pause. I believe that Alliance has been our only medical care since 2007 and they have a very strong track record.

If you have any questions please feel free to contact me at (248) 540 3405.

Respectfully

Richard Torongeau

Director Richard Torongeau
Beverly Hills Public Safety
Beverly Hills, Michigan 48025



CITY OF OAK PARK

**Steve Cooper, Director
Department of Public Safety**

Mayor
Marian McClellan
Mayor Pro Tem
Julie Edgar
Council Members
Carolyn Burns
Solomon Radner
Shaun Whitehead
City Manager
Erik Tungate

September 14, 2022

To Whom It May Concern,

My name is Steve Cooper and I am the Director of Public Safety with the City of Oak Park. I have been a member of the Oak Park Public Safety Department for 32 years. I have served as the Director of Public Safety since May of 2012. Currently and for many years the City of Oak Park has had the pleasure of contracting with Alliance Ambulance. Alliance Ambulance provides advance medical treatment as well as transportation to local medical facilities.

During my tenure with the Oak Park Department of Public Safety, I have had the opportunity to work intimately in the field and administratively with several members of their staff. The Alliance Staff have always demonstrated a superior level of expertise, knowledge and professionalism in relation to patient care and treatment. Their staff maintains the highest standards of professionalism and integrity while carrying out vital medical services. Alliance Ambulance exercises great judgement and has earned an outstanding reputation in the public safety community. Their response is timely and their team is always prepared for the mission at hand.

I am extremely satisfied with the services the City of Oak Park has received from Alliance Ambulance and they come with my highest recommendation.

Please feel free to contact me personally if you have any questions.

Sincerely,

Steve Cooper
Director of Public Safety
Office: 248 691-7501

September 19, 2022

City of Troy

EMS Evaluation Committee

To Whom it may concern:

This letter is written on behalf of Alliance Mobile Health, who has been providing EMS services in the Oakland County Medical Control Authority since 2001. I currently serve as the medical director for Alliance, and have been in that position since 2007. I have been involved with medical direction of EMS care in Oakland County since 1988, previously serving as Chair of the Medical Control Committee, the Quality Assurance committee (pre-dating the current PSRO committee), and serve as a medical director to Birmingham, Royal Oak and Ferndale Fire Departments. I have served in a number of EMS roles around the state and country. I believe that I can provide an informed opinion regarding EMS care in Oakland County. I have seen a number of private EMS agencies come and go in Oakland county. As a practicing Emergency Physician at Beaumont Royal Oak, I regularly see how patients are cared for in the system.

During my tenure at Beaumont, Alliance Mobile Health has consistently provided quality clinical services to the patients for whom they care. They always present themselves and work professionally with our staff here in the Emergency Department. The EMTs and paramedics frequently stop me in the emergency department with questions, so that they can improve their skills. We require EMS patient care reports to provide emergency care in the hospital and there is wide variation in completing this "mundane" task across EMS agencies in the region. Our audit has shown Alliance the best agency in the region regarding this basic but important task.

In those instances where I identify a question regarding the care of an EMS patient, the EMS coordinator for Alliance (Matthew Prange), is very concerned, responsive and thorough in his evaluation and resolution of the situation. In those cases, where a significant clinical concern exists, I find that Alliance takes action swiftly and appropriately. The organization has worked to grow their quality improvement activities and I have been an active member of the committee that oversees quality of care for Alliance.

The last two years have been extraordinarily difficult for all of health care and EMS is no exception. Alliance has been faced with the uncertainties of patient care during a pandemic. It has had to deal with shortages of protective equipment, lack of initial clarity of testing, and an ever changing set of emergency protocols. The health care system has been faced with unprecedented personnel shortages during the pandemic and that is particularly true of EMS providers. Alliance has been able to maintain quality patient care despite all of these challenges. I believe the resilience is a key attribute of any EMS agency that you wish to have care for the citizens of Troy, and they have clearly demonstrated this during the pandemic.

An important part of EMS care in the community is the point of first contact, 911 services. Through its partnership with Huron Valley Ambulance, Alliance has been a leading provider in the region. The dispatch center provides state of the art instructions to callers, and has undergone a large scale recent

upgrade in their infrastructure. This is important when a caller needs to provide patient care before EMS arrives. As an example, pre-arrival instructions provided to callers witnessing a cardiac arrest more than doubles the rate of bystander CPR in this community. This improves the likelihood of patient survival.

In summary, I would recommend Alliance Mobile Health to you as a high quality EMS agency, who, in my opinion, has provided excellent EMS care to the citizens of Troy. They are dedicated to providing quality care in the community, and want to know what they can do to improve and practice state of the art EMS care. It has been a pleasure to work with. I look forward to continuing to work with them as their Medical Director.

Respectfully,

A handwritten signature in black ink, appearing to read "R Swor". The signature is fluid and cursive, written in a professional style.

Robert Swor DO, FACEP
Director, Emergency Research
Department of Emergency Medicine
William Beaumont Hospital
3601 W. 13 Mile Rd.
Royal Oak MI. 48073
248-898-1970

Beaumont

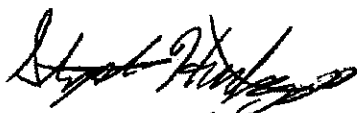
Beaumont Hospital – Troy
44201 Dequindre Road
Troy, MI 48085

To Whom It May Concern

I am the EMS Coordinator of Beaumont Troy Campus. I have had the pleasure of working with Alliance Mobile Health for over ten years both as a floor nurse and EMS Coordinator.

Alliance Mobile Health brings approximately 4,000 patients yearly to Beaumont Troy Campus. The paramedics that work for Alliance Mobile Health are always professional in their contact with the staff here at Troy, and the patients that they have given reports on. The relationship between our two organizations is one that I would like to remain unchanged.

Please feel free to reach out to me if you have any questions.



Stephen Hudgins RN

EMS Coordinator

Beaumont Troy Campus

(248) 964-9463



1200 N. Telegraph Road. Annex 1, Pontiac, Michigan 48341
Telephone: 248 975-9704 Website: www.ocmca.org

September 13, 2022

Regarding: Reference Letter for Alliance Mobile Health

To Whom It May Concern:

The Oakland County Medical Control Authority (OCMCA) is the agency responsible for establishing, reviewing, and providing physician approval and oversight of treatment and system protocols of all Life Support Agencies authorized and licensed to practice in Oakland County.

Alliance Mobile Health has participated in our Medical Control Authority (MCA) for over two decades, and they have always been in good standing with our MCA. In addition, many of their EMS providers have received OCMCA acknowledgments for providing outstanding service in Oakland County.

If you have any questions regarding this matter, please do not hesitate to contact me at 248 975-9798. Thank you for your time in this matter.

Sincerely,

Bonnie Kincaid

Bonnie Kincaid, PhD
Executive Director
Oakland County Medical Control Authority

Vincent Waryas

822 Pheasant Ridge Dr., Ortonville, MI. 48462 - 734-368-4924 (C) - vwaryas@alliancemobilehealth.org

Professional Summary

Motivated, energetic, and detail-oriented operations leader within the pre-hospital medical services system with over 27 years' experience. Twenty-one years as a successful operations supervisor for large and prominent pre-hospital EMS providers in Southeast Michigan, and over three years serving as Operations Director for a prominent EMS provider in Oakland County Michigan.

Areas of Expertise

• Conflict resolution	• Agency Liaison
• Strategic planning	• Systems and statistical analysis
• Project development and Mgmt.	• Customer Service
• Policy and procedure development	• Operations development

Work Experience

Alliance Mobile Health

Chief Executive Officer

July 2016-Present

Chief Executive Officer for Alliance Mobile Health. Responsible for all aspects of Operations, Budgeting, Marketing, Recruitment, HR, and Billing. Management and organization of all Leadership Team members and functions. Fulfilling all responsibilities listed under Operations Director below.

Paramedic and Operations Director

2012-2016

Operations Director for Alliance Mobile Health. Responsible for all aspects of day-to-day operations including but not limited to: personnel management, capital purchases and budget control, building and fleet maintenance, compliance and licensing, statistical tracking and reporting, quality improvement, supervisory training and leadership development, oversight and conduction of investigations, business development, customer service, and political relationships.

Huron Valley Ambulance

1995 to 2012

Plymouth, MI.

Basic EMT, Paramedic, Paramedic Supervisor, TEMS Coordinator, Bike Team Co-Coordinator.

Respond to medical emergencies, TEMS trainings/active deployments, ALS Bike Team events, and EMS patient transports.

Operations Supervisor. Duties included: Management of critical incidents and conducting internal investigations. Provided policy implementation and enforcement. Assisted in hiring, training, process development, scheduling, supervision, and discipline of employees.

Team leader and coordinator for the HVA Tactical Emergency Medical Services (TEMS) team from 2001-2012. Team member from 2013-2020. Duties included: Program development, organization, participation, new member selection and advancement, statistical reporting, and management of all aspects of the team's activities. Serving The Michigan State Police, Washtenaw County, Jackson County, Albion City Tactical teams.

Co-coordinator of HVA Eastern Operations Bike Team 2010-2013. Duties included: Program development, participation, member selection and testing, training, equipment maintenance and purchasing.

Superior Garage Door LLC.
Owner and Operator

1995-2001

Residential and commercial overhead door sales and service.
Responsible for all business operations, including finance, sales, service and installation work, and personnel management.

Education

Eastern Michigan University
Ypsilanti, MI, USA
BS Degree Completed April 2013

Huron Valley Ambulance
Ann Arbor, MI, USA
EMT and Paramedic Programs Completed 1995

Bachelor of Science: Biology and Chemistry

Huron Valley Ambulance - Ann Arbor MI. 1995
Basic EMT and Paramedic

Course completion with Michigan State license obtained and maintained.

Additional certifications:

- Tactical EMS provider/Team Leader
- K-9 Rescue
- ACLS Provider
- CPR
- Hazmat
- PHTLS
- MICU/CCT
- NIMS 200, 300, 700, 800
- IPMBA

*Copies of certificates available upon request

Professional Affiliations

Boy Scouts of America
Scout leader and trainer

PADI
Master Scuba Diver

National Rifle Association
Life member
Pistol Instructor
Shotgun and Rifle Instructor

Krav Maga International
Black Belt rank attained in July 2015

TEAM

Former team leader and business developer

Christopher D. Berry

611 N. Altadena Ave., Royal Oak, Michigan 48067

248-739-5917 email: cdberry78@gmail.com

Profile

- **Highly motivated and detail oriented with experience in data collection and analysis, and the development of multiple data collection workbooks.**
 - **Experience working with employee staffing software systems, Microsoft software, CAD.**
 - **Over 10 years of leadership and management experience.**
-

PROFESSIONAL EXPERIENCE

Alliance Mobile Health, Troy, MI

10/2016 – Present

Administrative Supervisor

- **Fleet management**
- **Medical and janitorial equipment management and acquisition**
- **Data collection and analysis of ambulance response time averages, employee unscheduled overtime, customer service response times, employee productivity hours, monthly, quarterly, and annual response time reports.**
- **Maintenance and overseeing of incident reporting, conflict resolution, complaint resolution, and the recording of incident reports and complaints.**
- **Organizing, scheduling, interviewing, hiring, and onboarding of new applicants.**

Alliance Mobile Health, Troy, MI

7/2011 – 10/2016

Operations Supervisor

- **Overseeing the daily operations such as employee productivity, employee relations, Janitorial supply inventory and management.**
- **Data collection and analysis of ambulance response time averages, employee unscheduled overtime, customer service response times, employee productivity hours, monthly, quarterly, and annual response time reports.**
- **Customer service delivery and conflict resolution with nursing homes, hospitals, dialysis centers, and many community residents within Oakland County.**
- **Regular completion of special project assignments.**

Alliance Mobile Health, Troy, MI

4/2008 – 7/2011

EMT-Basic/Dialysis Compliance Officer/Field Training Officer

- **Patient assessment, treatment, and transportation of patients requiring medical care.**
- **Monthly dialysis compliance patient checks and reports per Medicare requirements.**
- **Training of newly hired EMT-Basics to reflect the mission, vision and values of the organization.**

Papa Romano's Pizza, Chesterfield, MI

8/2005 – 6/2008

Store Manager

- Overseeing of daily operations in a fast pace environment
- Product execution from preparation to delivery
- Ordering and receiving inventory
- Daily register balancing and reporting

Sorrento's Pizza, Clinton Twp., MI

10/1997 – 8/2005

Store Manager/Delivery Driver

- Overseeing of daily operations in a fast pace environment
 - Product execution from preparation to delivery
 - Ordering and receiving inventory
 - Daily register balancing and reporting
-

EDUCATION

Associate Degree of Applied Science June of 2007

Macomb Community College – Clinton Twp., MI

Associate Degree of Fire Science June of 2007

Macomb Community College – Clinton Twp., MI

Current undergraduate student of Business Administration with Western Governors University.

Matthew Prange

38234 Main St.
New Baltimore, MI 48047
586-405-8913
mprange@allinacemobilehealth.org

EXPERIENCE

Alliance Mobile Health, Troy MI – EMS CQI / Education Coordinator

October 1999 – Present

Currently functioning as EMS CQI / Education Coordinator. Run reviews for clinical quality and documentation. Review clinical standards. Coordinate and teach continuing education along with BLS and ACLS classes. Supervisory duties. Assist in MCA education development. Maintain working relationships with many hospitals, EMS coordinators, and doctors. New employee training and onboarding. Liaison to, and participation in, county Medical Control.

Alliance Mobile Health, Troy, MI – Paramedic FTO

November 1999 - Present

Functioned as a paramedic FTO. Have performed as a road supervisor, fire department liaison, building maintenance supervisor, mechanic supervisor, and assisted in developing relationships with Berkley, Oak Park, Huntington Woods, & Beverly Hills

Ira Fire Department, Ira, MI – Firefighter and Educator

May 2014 - May 2019

Functioned as a firefighter, EMT, and command staff working with the communities in the area. Additionally, provided medical training and ran evolutions.

New Baltimore Fire Department, New Baltimore, MI

April 1998 - May 2007

Functioned as a firefighter, MFR and command staff. Assisted in FTO program. Community CPR classes.

EDUCATION

Macomb Community College – Paramedic IC

2014

Utilized for CE classes and training

Macomb Community College – Paramedic

September 1995

Acquired EMT and Specialist prior

SKILLS

Run analysis, communications, education, scene management, multi-tasking, training, education, firefighting

Certifications

Paramedic

Paramedic IC

ACLS IC

BLS IC

PEEP IC

VFIS IC

Fire I & II

Fire officer I & II

Julie Williams

1841 Van Hill Ct Rochester Hills MI 48309
jwilliams@alliancemobilehealth.org

Professional Summary

Accomplished EMS Marketing professional with 22 years experience effectively promoting and enhancing community relations, coordinating special events, and conflict management while maintaining active and positive relationships with business, non-profit organizations in the community and promoting EMS services and education to the communities we serve.

Skills

- Designing and managing planned strategic marketing programs and promotional products including print, electronic media, trade show, direct mail and signage
- Complaint resolution
- Media relations
- Event planning
- Community outreach
- Strong written and verbal skill
- Plan, promote and execute sales meetings and community goodwill events
- Communicate, execute and maintain customer service relations
- Assist with contract development and RFPs
- Identify and cultivate new clients, opportunities and markets

Work History

- 08/2020 to present **Business Development/Communications/EMT-B**
Alliance Mobile Health-Troy, Michigan
- 8/2018 to 12/19 **Business Development/EMT-B**
LifeLine Ambulance- Lincoln Park, MI
- 5/2015 to 7/2018 **Business Development/EMT-B**
Alliance Mobile Health-Troy, MI
- 11/2003 to 04/2015 **Marketing/Business Development/EMT-B**
Concord EMS-Lincoln Park, Michigan
- 2000 to 2003 **Dispatcher/Marketing Representative-EMT-B**
Community EMS- Southfield, Michigan
- 1995 to 1998 **Public Safety Dispatcher**
City of Southfield, Police and Fire- Southfield, Michigan

Education
Graduate-1985 **Bachelor of Applied Arts**
Central Michigan University- Mt. Pleasant, Michigan

License & Certifications
1992- EMT-B
NIMS-FEMA ICS-100-00
Critical Incident Stress Management-Debrief- UMBC/Detroit NSO
Advanced Wilderness Life Support-University of Utah School of Medicine/
University of Michigan Austere Environment Medicine

Affiliations
Member- Troy Chamber of Commerce
Voted- Distinguished Volunteer- Greater Detroit Chapter of the Association of Fundraising Professionals
Graduate- Leadership 21- Southern Wayne County Chamber of Commerce

Commissions
Notary Public / Oakland County 2015- present

Hampton Timm

13581 Terry Dr.
Shelby Twp, MI 48315
C 586.381.3122
htimm1986@gmail.com
htimm@alliancemobilehealth.org

Objective

To further my career and develop my skills in healthcare management.

Education

Tallahassee Community College Tallahassee, FL

- Associate of Arts in General Studies
Graduated December 2011
- Paramedic Certificate Program
Graduated July 2011
- EMT Certificate Program
Graduated in 2010

Maclay High School

Tallahassee, FL

Graduated in 2004
GPA: 3.4

Employment

Alliance Mobile Health

Troy, MI

2014- Present

Operations Supervisor

- Scheduling and Shift Bidding
- Supervising Troy PFR Program
- Supervising Disaster Response Team for FEMA deployments.
- Coaching/Corrective Action
- Assisting with Quality Control
- Complaint taking and resolution
- Recruiting/Hiring and assisting with onboarding processes
- Field Training
- Data collection/processing/review
- Employee evaluations

2011-Present

Paramedic/MFR Medic

- IV Starting
- Medication Administration
- Intubation and Advanced Airway Management
- Splinting and Bandaging

- Cardiac Monitoring and Interpretation
- Patient Assessment
- Long and Short Distance Transfers
- Police, Fire, and Event Standbys
- Hazmat Scenes
- Paramedic First Response Unit

Tallahassee Memorial Healthcare Tallahassee, FL
 2008 – 2011 *Emergency Care Tech*

- Bandaging
- Splinting
- Blood draws
- Catheters
- Code/Trauma
- Stocking
- Written/Computer Charting
- Vitals Signs
- Triage Patients
- Patient Transporting

Game Stop Quincy, FL
 2006-2008 *Assistant Manager*

- Opening and Closing the Store
- Sales
- Register Work
- Staffing and Scheduling
- Hiring
- Disciplinary Actions
- Minor Marketing Work
- Money Counting and Bank Deposit

Clinical Experience **Tallahassee Memorial Hospital**
 Capital Regional Medical Center
 Leon County EMS
 2009 – 2011

- IV Starting
- Medication Administration
- Intubation and Advanced Airway Management
- Splinting
- Bandaging
- C-spine Immobilization
- Patient Transporting
- C-Pap
- Breathing Treatments

- Trauma
- Code
- Extrication
- Patient Assessment
- Cardiac Rhythm Interpretation
- 12-lead Analysis
- Cardioversion and Pacing

Certifications/ Licensure

**Michigan State License
Paramedic License**
Expire Date: 10/31/2023

American Heart Association for BLS for Healthcare Providers
Expire Date: 02/2023

American Heart Association for ACLS Providers
Expire Date: 01/2023

American Heart Association ACLS Instructor
Expire Date: 12/2022

American Heart Association BLS Instructor
Expire Date: 2/2023

Pediatric Education for Prehospital Professionals Instructor
Expire Date: 09/2023

David C. Rollins

3750 Red Bud Lane Clarkston, MI, 48348 (810) 423-2097 rollinsdavidc@yahoo.com

Professional Summary

Emergency medical provider and educator, with extensive training in firefighting and prevention, proven leadership and teamwork building skills.

Skills

Exceptional Emergency Services Instructor
Skilled Firefighter and Fire Prevention
Professional and Punctual

Experienced Emergency Medical Provider
Strong Communicator
Skilled Security Specialist

Work History

Operations Supervisor / Paramedic I/C

Alliance Mobile Health Troy

October 2016 - Present

Daily supervision of road crews and company equipment, including fleet. Occasional fielding of feedback from serviced contracts and customer input. Critical and non-critical patient care transport, 911 response with patient care and transport for all contracted cities and surrounding areas. Assisted in providing continuing Emergency Medical Services education.

Emergency Room Technician / Paramedic I/C

Beaumont Farmington Hills

September 2014 - September 2016

Perform patient care services and specific technical duties that provide for emergent and urgent care, safety, and comfort for the patient and their family. Provide assistance with emergency procedures, including but not limited to vital signs, IV insertion, venipuncture, wound care, application of orthopedic devices, 12-lead EKG, patient monitoring during diagnostic procedures, patient transport, and stocking department supplies.

Emergency Medical Instructor / Paramedic I/C

Life Support Training Institute

August 2014 - September 2016

Instruction of emergency medicine, including full education courses of Basic Emergency Medical Technician and Advanced Emergency Medical Technician. Duties also include American Heart Association instruction of Basic Cardiac Life Support and Emergency Medical Provider continuing education for refresher and renewal of licensure.

Security Supervisor / Battalion Chief / Paramedic I/C

G4S Secure Solutions

January 2012 - August 2014

Providing the GM Proving Grounds with emergency medical response, direct patient care for medical illnesses and traumatic injuries including ambulance transportation, security services and firefighting protection. Management of the entire shift operations and responsibility for fire prevention equipment inspections, budgeting for maintenance and NFPA compliance regulations for placement. Internal investigations for GM, involving security, medical and fire related incidents and accident investigation. Emergency Medical Services training and continuing education instruction per MDCH and AHA regulations.

Security / Fire Captain / Paramedic I/C

Securitas

November 2011 - January 2012

Provided the GM Proving Grounds with emergency medical response, direct patient care for medical illnesses and traumatic injuries including ambulance transportation, security services and firefighting protection. Overseeing the entire facility fire protection shift operations, ensuring emergency scene operations and compliance with GM policies and procedures for the Emergency Response Team. Shift training for new on boarding Officers and employee selection based on requirements and interviewing

processes.

Fire Marshall

Allied Barton Security Services

July 2009 - November 2011

Responsibility for fire related operations and inspections for various contract locations. Inspections included fire related egress and suppression systems, mapping of evacuation routes and emergency response planning. Security services and emergency medical services directly provided to ill or injured patients, including triage and treatment for unique events. Instruction of AHA BCLS was also provided at locations as requested by clients and the District Manager of Operations.

Paramedic I/C / Mobile Intensive Care Unit Tech

Concord Emergency Medical Services

July 2001 - October 2004

Provided emergency medical services to multiple local municipalities in the urban Detroit area. Duties included emergency medical response and direct patient care, with transportation of injured and ill patients to local emergency centers. Other services provided was mobile intensive care transport of critically ill or injured patients to and from contracted hospitals upon request. Continued services provided was Emergency Room Technician between mobile intensive calls for Henry Ford Riverside Hospital and Henry Ford Wyandotte Hospital, which were the staging hospitals for the Mobile Intensive Care Units.

Public Safety Officer E8

State of Michigan

November 2000 - June 2009

Provided, corrections services, emergency medical response, direct patient care for medical and traumatic illnesses including ambulance transportation and firefighting protection for a high security correctional facility. Duties included transportation of high security inmates to and from court appearances and inmate intake processing. Daily activity monitoring was constant and physical intervention was provided when deemed necessary by state guidelines. Local law enforcement interaction was also provided whenever requested by an outside law enforcement agency.

Paramedic I/C

Health Link Emergency Medical Services

August 1997 - July 1998

Provided emergency medical services to multiple local municipalities in the urban Detroit area. Duties included emergency medical response and direct patient care, with transportation of injured and ill patients to local emergency centers. Other duties included public education of AHA BCLS and First Aid to local schools and events upon request from the community and non-emergency ambulance transportation of patients to home or extended care facilities.

Paramedic I/C / Mobile Intensive Care Unit Tech

Community Emergency Medical Services

June 1997 - February 2000

Provided emergency medical services to multiple local municipalities in the urban Detroit and Oakland County areas. Duties included emergency medical response and direct patient care, with transportation of injured and ill clients to local emergency centers. Other services provided was mobile intensive care transport to and from contracted hospitals upon request. Continued services provided was Emergency room Technician between mobile intensive calls for St. Mary's Hospital, St. Joseph Mercy Hospital and Sinai Grace Hospital which were all the staging hospitals for the Mobile Intensive Care Units.

Basic Emergency Medical Technician

American Ambulance

March 1996 - June 1997

Provided emergency medical services in the Detroit area. Duties included emergency medical response and direct patient care, with transportation of injured and ill patients to local emergency centers. Other duties included non-emergency ambulance transportation of patients to home or extended care facilities.

Education

Eastern Michigan University

Confined Space Entry and Rescue with Hazardous Materials Technician

Central Michigan University

Business Administration, BA in progress

State of Michigan

Correction Officer Training, PPCT Training, Mach 5 Restraint Training, Crisis Intervention Training, Mechanical Restraint Training, Firearms Safety and Qualification, Defensive Tactics Training

Superior Medical Education

Paramedic / Instructor Coordinator

Life Support Training Institute

Paramedic

Career Training

BCLS Provider and Instructor, ACLS Provider and Instructor, PALS Provider and Instructor, PEPP Provider and Course Coordinator, NIMS 100, 200, 300, 400, 700 and 800, ATLS, Apparatus Engineer, Ice Rescue Technician, Extrication Technician, Argus calibration and repair, Simplex fire suppression inspection and repair, Firefighter 1&2 certification and Fire Officer 1,2 and 3 courses, PHTLS Advanced provider.

Aaron Fuerst

45 East Harwood Ave

248-506-7598

Madison Heights, MI 48071

afuerst@dorsey.edu

Profile:

- ❖ 28 years of road experience with patient care contact.
- ❖ 22 year of teaching experience with proven leadership skills.
- ❖ 8 years as a Director of AHA programs for Dorsey Emergency Medical Academy,
- ❖ Current Licensures: Paramedic, BLS, ACLS, PALS, PITLS, EMS Instructor Coordinator, AHA Instructor, NAEMT Instructor and EVOC Instructor.

Professional Experience:

Alliance Mobile Health

12/2006 - Present

Paramedic / FTO / Supervisor

Supervisor: Vince Waryas - 248-495-5632

- Supervisor of day-to-day operations
- Direct patient care
- Train new employee to be an efficient team member
- EVOC Instructor

Dorsey College

7/1998 - Present

Director of AHA Programs

Supervisor: Eric Strouse - 616-299-7737

- Oversight of day-to-day operations for all DEMA campuses
- New instructor development
- Development and application of all certificate programs
- EMS Instructor
- AHA Training Center Coordinator
- NAEMT Coordinator

Detroit Hatzalah

12/16 – 9/19

Director / EMS Coordinator

Board Member: Avrohom Soloff - 845-304-2027

- Ensure quality assurance of day-to-day operations
- Writing / reviewing policies
- Maintaining files of the members
- Provide continuing education

American Medical Response

10/1994 - 12/2006

Paramedic / FTO

Supervisor: Doug Grenwald - 888-267-6424

- Direct patient care
- Train new employee to be an efficient team member

Kevin J. Brown ~ Paramedic

Email: Brown2kj@gmail.com Phone: 586-904-7124
15237 Winterpark Dr. Macomb Township, MI 48044

A dedicated and resourceful emergency response professional committed to lifelong learning.

Certifications/Licenses:

Emergency Medical Services		Expiration
▪ Paramedic ~ State of Michigan License #1767252 (legacy #3201014983)		October 2022
▪ Paramedic Instructor/Coordinator ~ #1767252		October 2025
▪ PEPP ~ Pediatric Education for Prehospital Professionals		January 2024
▪ ACLS ~ AHA Advanced Life Support Certification		August 2024
▪ BLS ~ AHA Basic Life Support Certification		June 2023
▪ NIMS ~ National Incident Management System 100, 200, 700, 800		
▪ DEMCA Credentialed ~ Detroit East Medical Control Authority		

Fire Fighter		Issued
▪ Fire Fighter I & II ~ State of Michigan Certification		May 2012
▪ HAZ-MAT First Responder-Operations ~ State of Michigan Certification		May 2012
▪ Confined Space Entrant-Attendant ~ Certification		May 2012

Healthcare Experience:

Alliance Mobile Health	Jan 2017 - Present
* Full Time Supervisor	Oct 2021 – Present
♦ Maintain knowledge of protocols, policies & procedures	
♦ All Paramedic and FTO responsibilities	
♦ Effectuate compliance with accreditation standards & company regulations	
♦ Daily station duties and assist with equipment stocking and distribution	
♦ Liaison between Alliance Mobile Health and external organizations	
♦ Performance evaluations, shift scheduling, dispute resolution	
♦ Data entry and analysis of various company metrics and tracking	
♦ Oversee field staff in daily operations and assist with critical calls	
* Part Time Supervisor	July 2019 - Oct 2021
♦ Fill in for full time supervisors as needed	
♦ Assist road crews with various questions and concerns	
* Field Training Officer	April 2018 - Present
♦ Train new employees in daily operations and duties	
♦ Tailor teaching methods to accommodate different learning styles	
♦ Verify competence, knowledge, skills, abilities	
♦ Objectively evaluate new employees and provide feedback	
* Paramedic	Jan 2017 - Present
♦ Primary Rescue - 911 Emergency Medical & Trauma Response	
♦ Advanced Life Support Assessment & Patient Care Interventions	
♦ Manage Scene and Directs/Performs Patient Care Treatment	
♦ Document Patient Care using HealthEMS Electronic Patient Care Report System	
♦ Collect billing information, Maintain patient confidentiality	

Kevin J. Brown ~ Paramedic

Email: Brown2kj@gmail.com Phone: 586-904-7124
15237 Winterpark Dr. Macomb Township, MI 48044

Dorsey Emergency Medical Academy (Formerly: Superior Medical Education)

Feb 2018 - Present

* Paramedic Instructor/Coordinator

Feb 2020 - Present

- ◆ Instruction of EMT and Paramedic level care principles

* AHA Instructor

May 2018 - Present

- ◆ ACLS, BLS, instruction & written/practical exam

* EMT/Paramedic Course Proctor

Feb 2018 - Present

- ◆ Administer exams & practical testing
- ◆ Objectively evaluate and verify competence of students

Medstar Ambulance

Jan 2013 - Jan 2017

* Paramedic

Nov 2013 - Jan 2017

- ◆ 911 Emergency Medical & Trauma Response
- ◆ Advanced Life Support Assessment & Patient Care Interventions
- ◆ Manage Scene and Directs/Performs Patient Care Treatment

* EMT-Basic

Feb 2013 - Nov 2013

- ◆ Non-Emergency Interfacility Transport
- ◆ Assess patient & Perform Basic Level Patient Care Interventions
- ◆ Assist Paramedic with Patient Care Interventions within Scope of Practice
- ◆ Ensure Cleanliness & Operational Status of Vehicle and Equipment
- ◆ Collect Insurance/Billing Information, Maintain Patient Confidentiality
- ◆ Document Patient Care using Zoll Electronic Patient Care Report System

* Wheelchair Van Driver

Jan 2013 - Feb 2013

- ◆ Non-Emergency Interfacility Transport
- ◆ Ensure patient comfort and safety

Volunteer Experience

- ◆ Raised funds through Relay for Life for the American Cancer Society
- ◆ Eagle Scout Service Project for Wolcott Mill Metro Park

Education:

- Macomb Community College -- Clinton Township, MI
 - ◆ Associate of Applied Science Emergency Medical Services ~ Paramedic / Firefighter
 - ◆ Dean's List
 - ◆ Magna Cum Laude Graduated: Dec 2013
 - ◆ MCESTC Fire Academy 58 Outstanding Engine Company Award May 2012
- Central Michigan University -- Mt. Pleasant, MI
 - ◆ Bachelor of Science in the College of Humanities and Social and Behavioral Sciences
 - ◆ Dean's List
 - ◆ Double Major: English and Psychology Graduated: May 2010

The Commission on Accreditation of Ambulance Services

Certificate of Accreditation

**Alliance Mobile Health
Troy, Michigan**

The Commission on Accreditation of Ambulance Services presents this certificate of Accreditation in recognition of this service's voluntary compliance with the Commission's high standards. These standards have been established to encourage and promote improved quality patient care in the medical transportation system. This service has successfully completed a comprehensive external review to verify compliance with these national standards.

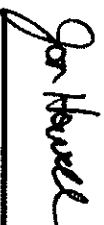
Issued: April, 2022



Gerald Beltran, DO, Chair
Panel of Commissioners



Expires: July 31, 2024



Jon Howell, Chair
Board of Directors



STATE OF MICHIGAN
Division of EMS and Trauma



Pursuant to Act 368 of 1978, as amended, this license to operate a Life Support Agency in the State of Michigan is issued to:

ALLIANCE MOBILE HEALTH INC

Effective Date
01/01/2022

Expiration Date
12/31/2022

Highest Level
Advanced Life Support

Service Type
Ambulance Operation

EMS Agency ID
631075

Licensed Vehicles
See Attached Vehicle List

Service Area(s):
Oakland County MCA, Wayne County MCA

THIS LICENSE IS VALID FOR 90 DAYS
PAST THE LISTED EXPIRATION DATE

PLEASE POST IN A PROMINENT PLACE



STATE OF MICHIGAN
Division of EMS and Trauma
Licensed Life Support Vehicle Listing
ALLIANCE MOBILE HEALTH INC



Effective Date
 1/12/2022

Expiration Date
 12/31/2022

EMS Agency ID
 631075

Level	VIN	Type	Year	Make	Plate No.
Basic Life Support	1FDYR2CM7FKB23273	Ground Transport	2015	FORD	054Y356
Basic Life Support	1FDYR2CM4FKB16488	Ground Transport	2015	FORD	054Y358
Advanced Life Support	1FDXE4FS7GDC08536	Ground Transport	2016	FORD	054Y748
Basic Life Support	1GD876CG2F1154916	Ground Transport	2016	CHEVROLET	053Y090
Advanced Life Support	1FDXE4FS0HDC19895	Ground Transport	2017	FORD	058Y239
Advanced Life Support	1FDXE4FS5GDC08535	Ground Transport	2016	FORD	054Y749
Advanced Life Support	1FMJU1GT8HEA31455	Non Transport	2017	FORD	055Y094
Basic Life Support	1FDXE4FS3GDC08534	Ground Transport	2016	FORD	054Y357
Advanced Life Support	1FMJU1GT8HEA31456	Non Transport	2017	FORD	055Y093
Advanced Life Support	1FDXE4FS7HDC19893	Ground Transport	2017	FORD	055Y812
Advanced Life Support	1FDXE4FS5HDC19892	Ground Transport	2017	FORD	055Y813
Advanced Life Support	1FDZE4FS6HDC67421	Ground Transport	2017	FORD	055Y814
Advanced Life Support	1FDXE4FS9HDC19894	Ground Transport	2017	FORD	056Y240
Advanced Life Support	1FDXE4FS5HDC74343	Ground Transport	2017	FORD	058Y016
Advanced Life Support	1FDXE4FS7KDC33008	Ground Transport	2019	FORD	059Y405
Advanced Life Support	1FDXE4FS1KDC17371	Ground Transport	2019	FORD	059Y330
Advanced Life Support	1FDXE4FSXKDC01363	Ground Transport	2019	FORD	058Y896
Advanced Life Support	1FMJU1GT2KEA88114	Non Transport	2019	FORD	059Y902
Advanced Life Support	1FDXE4FS9KDC33009	Ground Transport	2019	FORD	059Y904
Basic Life Support	1FDY2CM7HKA40880	Ground Transport	2017	FORD	060Y603
Basic Life Support	1FDYR2CM1HKA74011	Ground Transport	2017	FORD	060Y602
Advanced Life Support	1FDXE4FSKDC72744	Ground Transport	2019	FORD	061Y304
Advanced Life Support	1FDXE4FS1KDC54775	Ground Transport	2019	FORD	060Y606
Advanced Life Support	1FDXE4FSXEDA85277	Ground Transport	2014	FORD	022Y600
Advanced Life Support	1FDXE4FN4MDC19774	Ground Transport	2021	FORD	062Y422
Advanced Life Support	1FMJU1G52EEF36213	Non Transport	2014	FORD	050Y429

Alliance Mobile Health
 2022 Response Time Report - ALS
 City of Troy
 Emergency Medical Services

ALS	January	February	March	April	May	June	July	August	September	October	November	December	Year to Date
Total Priority 1 (emergent) Responses	414	313	338	396	427	413	356	358					3015
Total Priority 3 (non emergent) Responses	405	293	350	356	404	430	408	395					3041
Total Ambulance Responses	819	606	688	752	831	843	764	753					6056
Total Retrials - No Patients	421	297	306	328	378	366	362	341					2819
Total Transports	398	309	382	424	453	457	402	412					3237
Total Priority 1 Responses	414	313	338	396	427	413	356	358					3015
Calls Cx En Route	87	38	46	44	64	62	49	41					622
Exceptions Affecting Response Times	85	72	68	79	90	88	55	85					60
Weather	15	45	0	0	0	0	0	0					219
Construction	21	8	26	25	36	41	24	38					13
Location Change	3	0	2	3	2	1	1	1					114
Second Ambulance Response	19	6	18	13	19	13	12	14					1
Unsecure Scene	0	1	0	0	0	0	0	0					208
Priority Change	27	10	21	36	32	32	17	28					10
Expressway Response	0	2	1	2	1	1	1	2					2
Other	0	0	0	0	0	0	0	2					2
Total Exceptions and Calls Cx En Route	172	110	114	123	154	150	104	126					8083
Total Valid Priority 1 Responses	242	203	224	273	273	263	252	232					1962
Responses Over 8 Minutes	17	13	22	17	22	20	14	19					144
Responses Under 8 Minutes	225	190	202	256	251	243	239	213					1818
Response Time 90% Compliance of 8 min. or less	99%	94%	90%	94%	92%	93%	95%	92%					99%
Average Priority 1 Response Time	0:06:13	0:05:49	0:05:54	0:05:57	0:06:14	0:06:00	0:05:32	0:05:49					0:05:56
Average Priority 3 Response Time	0:11:07	0:11:10	0:10:20	0:11:58	0:12:02	0:10:53	0:12:03	0:11:36					0:11:24
Patient Condition at Time of Transport													
Emergent	38	30	45	65	63	37	36	48					362
Non-Emergent	350	279	337	359	390	420	366	364					2875
Total	388	309	382	424	453	457	402	412					3237
Epidemiary Blood Draw	6	6	10	5	3	4	3	5					42
Total Response Requests (Pri 1 and 3)	683	557	632	678	717	716	683	658					5350

Alliance Mobile Health

Policy:

To identify and standardize procedure, which address areas where supervisors must mobilize and respond to assist other units as needed to provide medical support and/or to organize needed medical resources for each given situation.

Procedure:

Incidents requiring two or more ALS-unit response

Any time an ambulance responds to a location and additional EMS resources are needed, the on-duty supervisor may respond to the scene to assist until their response has been canceled.

Multi-casualty or disaster incidents

Supervisors will respond to all incidents of multi-casualty or disaster; supervision will contact the Executive Director in all disaster situations and any multi-casualty incidents with the likely hood of lasting more than 2 hours. Supervision will provide a support network for crews on scene, and assist with scene management and patient care when applicable.

Hazardous material incidents involving a response from Alliance Mobile Health

Anytime Alliance Mobile Health responds to any hazardous materials incidents, supervision will respond directly to the scene to provide applicable scene management as well as Notify the Executive Director.

Life-threatening incidents in immediate area of supervisor at time of dispatch

Anytime a supervisor identifies they are in the vicinity of a life-threatening incident they should immediately respond to provide medical care until a transporting unit is on-scene. Throughout the incident, the supervisor should continue to assist in any means helpful until the transporting unit clears the scene.

Policy #419
Operations: Field Supervision Personnel
Page 2 of 2

System Status at level 2 or less

Whenever the System Status level is at a level of 2 cars or less for an anticipated period lasting more than 30 minutes, supervisors should make every effort to put another unit into service with themselves in order to maintain effective coverage performance levels in the operational system.

Approved by: _____, Executive Director

Alliance Mobile Health
Operations: FIELD SUPERVISION PERSONNEL
Created: 9/02
Reviewed: 2/03, 9/11, 1/12, 12/14, 11/17, 10/20

MABAS DIVISION 3201

MEDICAL

DEPARTMENT NAME	EFFECTIVE DATE	AREA	BOX NUMBER
TROY	October 1, 2018	Citywide	63-TR-MCI

(TRF, FDI & HOME PROFILE TALK GROUPS)

ALARM	ENGINE	LADDER	HEAVY RESCUE	ALS RESCUE / AMBULANCE	OTHER	CHANGE QUARTERS / POST
STILL				Alliance ALS	Alliance PFR Troy Police	
FULL	Troy	Troy	Troy (Rescue 4)	Alliance ALS Alliance ALS Rochester Hills FD ALS Auburn Hills FD ALS	Alliance PFR Alliance Supervisor Troy Utility 5 Troy Chief & Asst. Chief	Sher EMS ALS to Troy Sta. #2 - 5600 Livernois
BOX	Bloomfield Hills (After Engine 3)			Beaumont ALS	Troy Mobile Command Post	

OAKLAND COUNTY MABAS INFORMATION: (MABAS D & MABAS INCIDENT PROFILE TALK GROUPS)

ALARM	ENGINE	LADDER	HEAVY RESCUE	ALS RESCUE / AMBULANCE	OTHER	CHANGE QUARTERS / POST
2nd	Troy	Troy	Clewson (Rescue 16-5)	Rochester City FD ALS Bloomfield Twp. FD ALS Alliance ALS	Oakland County Medical Pod **	Sher EMS ALS to Troy Sta. #2 - 5600 Livernois
3rd	Troy	Troy		Beaumont ALS Star EMS ALS Royal Oak FD ALS Madison Hts. FD ALS Sterling Hts. FD ALS Star EMS ALS Community EMS ALS	Alliance BLS Beaumont BLS Med Star MCI Trailer * **	Med Star ALS to Troy Sta. #2 - 5600 Livernois
4th	Troy	Troy	Rochester City (Rescue 1)	Community EMS ALS Southfield FD ALS Shelby Twp. FD ALS Warren FD ALS Med Star ALS	Alliance BLS Beaumont BLS * **	Piece remaining TFD stations on Level II Standby Huron Valley Ambulance ALS to Troy Sta. #2 - 5600 Livernois
5th	Troy	Troy		Community EMS ALS West Bloomfield FD ALS Huron Valley Ambulance ALS Universal Ambulance ALS Superior Ambulance ALS	Franklin-Birmingham FD BLS Star EMS BLS * **	Universal Ambulance ALS to Troy Sta. #2 - 5600 Livernois

SPECIAL INSTRUCTIONS:

Shelby Twp FD: 586-731-2121 Ext. 3
Warren FD: 586-756-2800

* If ALS is unavailable, request ALS from the next alarm. If additional ALS or BLS is needed, continue to contact private Ambulance providers as follows:
Alliance Mobile Health - 888-843-3772, Beaumont Mobile Medicine - 313-292-9981, Star EMS - 866-873-9999, Med Star Ambulance - 586-468-0577, Community EMS - 800-233-2367,
Universal Ambulance - 586-274-2900, Superior Ambulance - 586-778-8658, Huron Valley Ambulance - 734-971-4420.

** Notify Oakland County Medical Control Authority and/or Regional Medical Coordination Center for additional resources / assistance: 248-858-5300 or 248-858-0931 (After Hours), Ref. Protocol 6-9 (MCI),
BLSSES: Med Star Ambulance: 586-274-2900, Universal Ambulance: 586-274-2900, SMART Transportation: 248-419-7070, Troy School District/Fire Student: 248-923-4054.

MCI Trailer: Med Star Ambulance: 586-274-2900.

MEDICAL TRANSPORT (Non Priority): Reddi Ride (Wheelchair & Sedan Service): 248-559-2500, Ambu-Trans (Wheelchair Service): 248-471-7400.

WRECKERS (Large Rollover-Boom Stave): A&M Towing: 248-588-5640, Byars Towing: 248-651-4180, Boulevard & Trumbull Towing: 313-202-1700, Service Towing: 586-756-9500.

Number: BETP20211015-02890

Inspector: Derek Flory

Date: Oct 15, 2021

Michigan Department of Health and Human Services
Bureau of EMS, Trauma & Preparedness
P.O. Box 30207
Lansing, Michigan 48909-0207
Phone: (517) 241-3025
Fax: (517) 335-9434
Email: MDHHS-MichiganEMS@michigan.gov
Website: www.michigan.gov/ems

TEST1234567890

Expiration Date:

Vehicle Call Sign:

T1

Vehicle Unit Number:

T1

ALS Vehicle NT Critical Equipment

Agency Information

*Name of Agency:

Sample

*Type of Inspection:

Sample

*License Plate Number:

Sample

Vehicle Requirements

No.	Item	C	NC	NR
1	Communication- State MEDCOM Compliant (HERN Required for all vehicles except non-transport BLS, and MFR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	External Warning System: Visual & Audio – Must be Operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Fire Extinguisher: UL Listed w/Current Tag, 2-A-20 BC (1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Flares or Equivalent Device (3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Vehicle Starts/Runs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Airway

No.	Item	C	NC	NR
6	Bag Valve Mask: Hand Operated Self-Expanding Bag with Oxygen Reservoir/Accumulator; Valve (Clear & Operable in Cold Weather); and Mask (Adult, Child, Infant, and Neonate Sizes) Child (450-750ml) (1 each) and Adult (>1000 ml) (1 each)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	End Tidal CO2 Detection Capability: Either Quantitative Capnography or Colorimetric – Adult (1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Endotracheal Tubes and Equipment: Cuffed or Uncuffed; Size 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm; Cuffed: 6.0, 7.0, 8.0 (2 each)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9	Laryngoscope Blades: Curved: Sizes 2, 3, or 4 (2); Straight: Sizes 0, 1, 2, 3, or 4 (4) (1 each)	C	NC	NR
10	Laryngoscope Bulb, Batteries, and Handle (1 set)	C	NC	NR
11	Laryngoscope Handle (1) (Spare)	C	NC	NR
12	Magill Forceps: Adult & Pediatric (1 each)	C	NC	NR
13	Nasal Cannulas: Adult and Pediatric (1 each)	C	NC	NR
14	Nasopharyngeal Airways: 1 Size between 16-24 fr and 1 Size between 26-34 fr	C	NC	NR
15	Non-Rebreather Masks: Adult, Child, and Infant (1 each)	C	NC	NR
16	Oropharyngeal Airway: 0-1, 2-3, 4-5 (1 each)	C	NC	NR
17	Oxygen Portable with Regulator Capable of 15 lpm, and Supplies	C	NC	NR
18	Pulse Oximeter with Pediatric & Adult Capability (1)	C	NC	NR
19	Stylettes for Endotracheal Tubes: Adult and Pediatric (1 each)	C	NC	NR
20	Suction Portable (Can be manually powered)	C	NC	NR

Suction Tubing: Wide-Bore Tubing, Rigid Pharyngeal Curved Suction Tip and Tonsil and Flexible Suction Catheters 6F-16F (1 between 6F-10F and 1 between 12F-16F). 1 set for each mechanical suction device.

		C	NC	NR
22	Supraglottic (Combitube, King, I-Gel) (1 of Each Adult Size Required)	C	NC	NR
23	Tube Holder (1)	C	NC	NR

Trauma - Bandaging

No.	Item			
24	Arterial Tourniquet (commercial) (1)	C	NC	NR
25	Bandages - Triangular (4)	C	NC	NR
26	Band-Aids (assortment)	C	NC	NR
27	Burn Sheets - Sterile (2)	C	NC	NR
28	Dressing: Large Sterile Trauma (1)	C	NC	NR
29	Dressing - Occlusive: Sterile (aluminum foil, saturated gauze, etc.) (1)	C	NC	NR
30	Gauze Bandages: Rolled (6)	C	NC	NR
31	Gauze Pads - 4" x 4" Sterile (12)	C	NC	NR
32	Scissors - Bandage/Trauma (1 pair)	C	NC	NR
33	Tape: Hypoallergenic (1 roll)	C	NC	NR

Trauma - Splinting

No.	Item	C	NC	NR
34	Cervical Immobilizers: Infant, Child, Adult (2 each)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Head Immobilization Device (1) - Firm Padding or Commercial Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Long Spine Immobilization Device (1) - Rigid Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Short Spine Immobilization Device (1) - Rigid Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Rigid Splints - Short, Medium, and Long (Long must be at least 38 Inches each) (2 each)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Traction Splinting Device (1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV Requirements

No.	Item	C	NC	NR
40	14 Gauge Needle at Least Three Inches or Commercial Device for Pleural Decompression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Alcohol Wipes (12)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Extension Set (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Filter Needles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	IM Needles - Sizes Suitable for Pediatric and Adult Patients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	IO Supplies: Adult and Pediatric (1 each)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	IV Solution and Supplies Secured	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	IV Administration Set: Macro Drip (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	IV Catheters - Size 24-18 Gauge (Range of 4 Sizes with at least 1 Smaller than 20 Gauge) (4 each)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	IV Fluids: 3 Liters of Crystalloid Solution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*IV Fluids Filled by:

Hospital Wholesale

*Hospital or Wholesaler Name:

Sample

*If Obtained through Wholesaler - Tracking Log?

Yes No Not Wholesale

*First Expiration Date of Fluids:

Sample

50	Needles - Various Sizes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Tourniquets (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drug Package

No. Item

52	Atomizer (1)	C	NC	NR
53	Drug Package in Climate Controlled Area	C	NC	NR
54	Drug Package Locked and Secured	C	NC	NR
55	Drug Package: Proof of Acquisition for additional Non-Sealed Medication through Hospital Pharmacy	C	NC	NR
56	Drug Package Sealed	C	NC	NR

***Hospital Filled By:**

Sample

***Date Filled:**

Sample

***Expiration Date:**

Sample

57	Drug Package that is not Expired	C	NC	NR
58	MI-MEDIC Cards and Length Based Pediatric Dosing Tape	C	NC	NR
59	Nebulizer (1)	C	NC	NR
60	Syringes (1, 3, 5, 10, and 20 ML) - Multiple of each size	C	NC	NR

Cardiac Monitor/Defibrillator

No.	Item	C	NC	NR
61	12 Lead EKG	C	NC	NR
62	Cardiac Monitor that is Portable, Battery Operated and Operational. Includes Patient Cable, Electrodes, and ECG Paper.	C	NC	NR

***Type:**

Sample

***Serial Number:**

Sample

63	Defibrillation Pads (2 sets)	C	NC	NR
64	Means to Defibrillate Pediatric and Adult Patients. Per AHA adult pads can be used for pediatric patients.	C	NC	NR
65	Transcutaneous Cardiac Pacemaker that includes Pediatric Capability (may integrate with Monitor/Defibrillator) (2)	C	NC	NR

Miscellaneous - PPE & Other

No.	Item	C	NC	NR
66	Alcohol-Based Hand Cleanser (Towlette, Spray, or Liquid) (1)	C	NC	NR
67	Disinfectant Cleaner for Bloodborne Pathogens EPA Registered (for vehicle cleaning) (1)	C	NC	NR

68	Documentation Tools (Pens, Tablet, Run Forms)	C	NC	NR
69	Flashlight (1)	C	NC	NR
70	Gloves Non-Latex (1 Box or Pouch of Each Size)	C	NC	NR
71	HEPA Respirator or N-95 Masks (One for each crew member)	C	NC	NR
72	Personal Protection Equipment: Impervious Gown, Eye Protection (Full Peripheral Glasses, Goggles, or Face Shield), and Mask (One for each caregiver)	C	NC	NR
73	Reflective Safety Wear for each Crewmember	C	NC	NR
74	Sharps Container (Portable) (1)	C	NC	NR

Miscellaneous - Patient

No.	Item			
75	Blankets (2) with 1 being a Thermal Absorbent Blanket, or Appropriate Heat-Reflective Material (adult size)	C	NC	NR
76	Blood Pressure Cuff and Sphygmomanometer : Infant, Child, Adult, and Large Adult (1 each)	C	NC	NR
77	Bottled Sterile Water or Bottled Normal Saline 0.9% (NS) (1 liter)	C	NC	NR
78	Cold Packs (2)	C	NC	NR
79	Emesis Container (1)	C	NC	NR
80	Glucometer or Blood Glucose Measuring Device with Reagent Strips	C	NC	NR
81	Heat Packs (2)	C	NC	NR
82	Infant Thermal Cap (1)	C	NC	NR
83	OB Kit: Sterile Contents (1) - (4 x 4 Dressing, Sterile Scissors or other Cutting Utensil, Bulb Suction, Clamps for Cord, Sterile Gloves, Blanket)	C	NC	NR
84	Oral Glucose Solution (1)	C	NC	NR
85	Soft Restraints (May be cravats) (4)	C	NC	NR
86	Stethoscope (1)	C	NC	NR
87	Thermometer with Low Temperature Capability down to 86 Degrees (i.e. hypothermia) (1)	C	NC	NR
88	Towels (Adequate size for padding) (2)	C	NC	NR

Miscellaneous - Other Health & Safety Concerns

Other Health and Safety Concerns:

MCA Approved Critical Equipment

MCA Approved Critical Equipment

No.	Item			
89	CPAP/ BIPAP (1)	C	NC	NR
90	Gum Elastic Bougie (1)	C	NC	NR
91	Hemostatic Agent, FDA and MCA Approved (1)	C	NC	NR
92	Impedance Threshold Device (1)	C	NC	NR
93	Pelvic Binder (Commercially Approved FDA Device) (1)	C	NC	NR
94	Trachea Hook (1)	C	NC	NR

Instructions and Signature

Inspections Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

Items on this inspection form checked "NC" indicates that the item was not clean, was missing, or non-functional at the time of this inspection, causing MDHHS to consider each applicable vehicle to be in violation of Part 209 of the Public Health Code (PA 368 of 1978), as amended. Non-sterile items must be clean and functional. Sterile items must be intact in their package, usable, integrity of package must not be compromised, and must not be expired.

Instructions for Required Corrections

Non-Compliant (NC)

- If MDHHS makes the determination that a vehicle is non-compliant with equipment items, the agency has 24 hours to bring the vehicle into compliance. If the life support vehicle is not brought into compliance within that time period, the vehicle will be taken out of service. The life support agency shall demonstrate to the department, in writing, when the vehicle has been brought into compliance. A re-inspection may occur after the vehicle corrections are made within 15 days of notification.
- If a life support vehicle remains out of compliance for more than 15 calendar days from the date of inspection, then the vehicle license shall be automatically revoked.

Other Licensure Issues

- MDHHS may order a life support vehicle out of immediate service if it determines that the health, safety, and welfare of a patient may be in jeopardy due to non-compliance with equipment items, defective and non-functional equipment, or other applicable reasons. A notice of such action shall be issued to the life support agency by MDHHS based upon the deficiencies identified in the inspection report.
- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

Documentation of completed corrections may be faxed or emailed to MDHHS

Email: FloryD@michigan.gov

Fax: 517-335-9434

Attestation and Signature

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service to administrative action and penalties as outlined in Sections

201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this vehicle in accordance with the equipment requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.

Comments:

Passed

Total: 0 deficiencies of 94 items

▼ Responsible Party Signoff



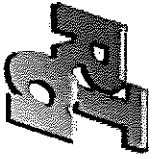
*First Name:

Sample

*Last Name:

Sample

Certification Number:



**ALLIANCE MOBILE HEALTH
PM INSPECTION REPORT BY VEHICLE**

DATE: 08/26/2022
TIME: 07:34
ID: 1-22/VW
PAGE: 1

Facility: 00004 Location: All
Vehicle: VEHICLE
Range From: FIRST Thru: LAST

Include PMs: 30 Days, 250 Units, 100 Hours, 100 Gallons

Due within: 30 Days, 250 Units, 100 Hours, 100 Gallons

VEHICLE#	DEPARTMENT	YEAR	VEHICLE MAKE	FUEL CLASS	CURR. METER	LIFE METER	RS6-DUE	SAF-DUE	NEXT SERVICE NOTES
1472		2014	FORD		104260.5	104260.5	00 ****	00 ****	
PM	PM DESCRIPTION				INTERVAL	LAST DONE	NEXT DUE	CURRENT	REMARKS
A	PM A OIL				0	05/02/2022	---N/A---	08/26/2022	
					* Miles	100,863	104,363	104,260	Due in 102 miles.
1971		2019	FORD		53612.5	53612.5	00 ****	00 ****	
PM	PM DESCRIPTION				INTERVAL	LAST DONE	NEXT DUE	CURRENT	REMARKS
A	PM A OIL				0	06/13/2022	---N/A---	08/26/2022	
					* Miles	50,207	53,707	53,612	Due in 94 miles.
1973		2019	FORD		44343.5	44343.5	00 ****	00 ****	
PM	PM DESCRIPTION				INTERVAL	LAST DONE	NEXT DUE	CURRENT	REMARKS
A	PM A OIL				0	06/07/2022	---N/A---	08/26/2022	
***					* Miles	40,355	43,855	44,343	PAST DUE by 488 miles.*****

FACILITY: 00004 Overdue: 1 Due now: 0 Due next week: 0 Due in Range: 2
PMs Due Summary>>

Additional Value Alliance provides to the city

Scarecrow Row participant annually
TEMS Training for PD & FD
Participant- Troy Police Open House annually
Presenter- Troy Citizens Academy annually
Troy PD -Trunk or Treat Halloween Safety Bash annually
Participant- Troy PD Community Night Out annually
Troy Chamber of Commerce-member
Troy Rotary events participant
Ice Rescue Training coverage for FD
Troy Traffic Jam coverage
Troy Athens Football coverage
Adams Football coverage
Presenter- Safety Town – several times annually
First Aid Training-Stage Nature Center
Stage Nature Center 5k Race standby
Senior Expo- Troy Rec Center
CPR Training -Troy Rotary
Lifeguard training- Troy Pool annually
Troy Daze Standby coverage
Troy People Concerned- provide office & meeting space plus participate in fund raising events
Sponsor-Backpack Day for Troy People Concerned
CPR Training-Smith Middle School w/TPD
City of Troy Crossing Guard CPR & AED training
CPR Training- Troy Aquatics
Participant- Troy Athens MLK Day Celebration- tied blankets and packed 300 pkgs
Participant/Sponsor- Troy Community Coalition- Annual Prayer Breakfasts
Supporter - Troy Community Coalition
Participant- annual- Operation Blue Sleigh, also purchased a bike to donate, help deliver gifts to Troy residents
Participant- Troy Fire Open Houses
Participant- FD Station 4 dedication
Participant- Troy FD September 11 tributes at Mission BBQ
Participant/Provide Standby- Troy Birthday Celebration
First Aid/CPR Summer Camp-Lifetime Fitness Troy
Troy Boy Scout Packs- Education, Truck tours, badge earning
Donations/Participant- Troops Need Love Too- pack boxes for Troops- Windemere Troy
Hockey Tournament Standby at Troy Ice Arena
GO-TEAM Therapy Dogs training
Created video for Chief Nelson Funeral, presented to family
Awards AMH First Responder Award to Troy companies and residents
Kensington Church Hope Water 5K
Oakland Mall Public Safety Day



Exhibit 4

Acknowledgements of Addendums and Notices



ALLIMOB-01

LCASTILLO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Michigan Association of Ambulance Services 615 N. Capitol Ave. Lansing, MI 48933	CONTACT NAME: LARRY ANDRICK	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS: landrick@mourer-foster.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: MI Association of Ambulance Services		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 Alliance Mobile Health, inc. - Vince Waryas
 2045 Austin Drive
 Troy, MI 48083

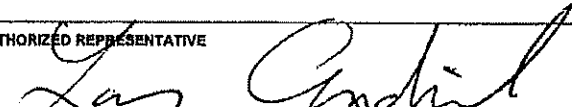
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	ALLIA199	10/1/2022	9/30/2023	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 It is understood and agreed that Thirty (30) Days Advance Written Notice of Cancellation, Non-renewal, Reduction and/or Material Change shall be sent to City of Troy, 500 West Big Beaver Road, Troy, MI 48084

CERTIFICATE HOLDER**CANCELLATION**

City of Troy 500 West Big Beaver Road Troy, MI 48084	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/19/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Heritage Wise Group 280 S Main St Freeland, MI 48623	CONTACT NAME: Maria Gary PHONE (A/C, No, Ext): (989)781-3010 FAX (A/C, No): (989)781-5510 E-MAIL ADDRESS: maria@heritagewisegroup.com
	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Alliance Mobile Health Inc 2045 Austin Drive Troy, MI 48083	INSURER A: Arch Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER: 95950663-2248324** **REVISION NUMBER: 8**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	MEPK09161705	02/27/2022	02/27/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MEPK09161705	02/27/2022	02/27/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MEUM09270504	02/27/2022	02/27/2023	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Troy, Troy Police Department, Troy Fire Department, all elected and appointed officials, all employees and volunteers, those working as agents or on behalf of the City, boards, commissions and/or authorities, or board members, employees and volunteers are listed as Additional Insureds as per written contract. Notice of cancellation as per policy terms and conditions

CERTIFICATE HOLDER

CANCELLATION

City of Troy 500 West Big Beaver Road Troy, MI 48084	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  (MSG)
---	---



September 12, 2022

To All Bidders:

Please be advised that as a result of the Mandatory Pre-Proposal Meeting conducted on Thursday, September 8, 2022 at 9:00 AM Eastern Time, the Purchasing Department for the City of Troy authorized the following clarification(s) and or change(s) to the specifications for **RFP-COT 22-19, EMERGENCY MEDICAL and FIRST RESPONDERS SERVICES**. The clarification(s) and or change(s) will be considered an integral part of the original proposal document.

Items from the bid documents to be aware of that were REVIEWED:

- Bid Opening date and time: **THURSDAY September 22, 2022, at 10:00 AM Eastern Time.**,
- **Opening of Proposals:** At the specified time and date stated above, all submitted Proposals shall be received electronically on the MITN Purchasing Group website; www.bidnetdirect.com/city-of-troy-mi. Proposals will be opened and only the names of Firms submitting a proposal will be publicly read aloud in the specified Zoom meeting listed on page 6 of the *Instructions to Bidders*. All Proposal information received will be held confidential until after final action by the City of Troy, except as required by law. Any interested parties may attend. Attendance is not required or mandatory. No immediate decision will be rendered.
- **Pre-Proposal Question Deadline:** Prospective Proposers may request that the City of Troy clarify information contained in the RFP. All such requests must be made in writing and emailed to Emily Frontera, e.frontera@troymi.gov. The City of Troy will provide a written response to all written questions and requests for clarification within three (3) business days after the receipt of such request. The City of Troy will not respond to any questions or requests for clarification received after the close of business on **September 19, 2022**. The City of Troy response to any request for clarification will be provided to all potential Proposers.
- **Addenda to the RFP:** If it becomes necessary to revise any part of the RFP, notice of the revision will be posted on the MITN website in the form of an Addendum to all parties who attended the Mandatory Pre-Proposal Meeting. All Addenda shall become a part of the RFP. Each Proposer should in its Proposal, to avoid any miscommunication, acknowledge all Addenda which it has received, but the failure of a Proposer to receive, or acknowledge receipt of any Addendum shall not relieve the Proposer of the responsibility for complying with the terms thereof.
- **COMPLETION SCHEDULE:** The designated City representative shall approve the work schedule prior to the start of the project. His/her decision as to acceptability shall be deemed in the City of Troy's best interest. The City of Troy is the only party to this contract that may authorize amendment of this schedule.
- **INSURANCE:** If awarded - Insurance needs to be submitted to the City's Purchasing Manager, and approved before work can begin.
- **SIGNATURE PAGE** – Sign all three areas 1) Price Clause, 2) Company Info, & 3) Acknowledgement. (Page 7 of 7)
- **EXCEPTIONS:** Any exceptions, substitutions, deviations to the proposal need to be stated including the reason.
- **EMERGENCY MEDICAL SERVICES Scope of Work** (11 Pages)
- **QUESTIONNAIRE** Vendor shall complete the Questionnaire in its entirety (3 Pages)
- **ORDER OF PROPOSAL RESPONSE DOCUMENTS** (Page 1 of 6)

Attendance at the Pre-Proposal Meeting was Mandatory. The following Companies were represented and in attendance:

- MedStar Ambulance
- Alliance Mobile Health

In attendance and introduced - City of Troy Employees:

- Emily Frontera, Purchasing Manager (Meeting Facilitator)
- Peter Hullinger, Fire Chief
- Shawn Hugg, Asst. Fire Chief
- Laurence Schehr, Police Lieutenant
- Bob Bruner, Asst. City Manager
- Rob Maleszyk, Chief Financial Officer

Evaluation Committee:

- Peter Hullinger, Fire Chief
- Shawn Hugg, Assistant Fire Chief
- Laurence Schehr, Police Lieutenant
- Bob Bruner, Asst. City Manager
- Rob Maleszyk, Chief Financial Officer

Clarifications were discussed as follows:

Selection Committee was identified.

Emily Frontera, Purchasing Manager, gave a brief overview of the Instructions to Bidders and the requirements for proposal submission.

- Due Date: Thursday, September 22, 2022 at 10am. Proposals to be submitted electronically on MITN/Bidnet website
- Bid opening via Zoom link found on page 6 of Instructions to Bidders.
- 3-page questionnaire referenced.
- Complete and sign Signature Page and note any exceptions on this page.
- Five (5) required contract forms: complete, sign and submitted copies with proposal
- Review 2-page Insurance Requirements
- Review scope of work (11 pages)
- Contract is for a 3-year term with 3 1-year renewal options.
- Questions deadline is Monday September 19, 2022 end of business day.
- All questions/answers received will be submitted in an addendum.

Chief Hullinger gave a brief overview of the City's current PFR system and that the City is looking to change the level of service to include ALS transport.

The following questions were asked and discussed:

QUESTION: In reference to the requirements for providing AVL capabilities compatible with City of Troy software: What AVL systems and/or software does the City of Troy currently use?

Answer: City of Troy Fire Department currently uses the Bryx911 system. Integration is PREFERRED through vehicle installed modems, such as Sierra Wireless or Cradlepoint, capable of transmitting GPS location data to the AVL server (server address information to be provided by TFD). Integration can also be accomplished through the use of the Bryx911 mobile application on dedicated wireless devices (application login credentials for each device to be provided by TFD).

Correction to Scope of Work:

Section IV Operational Requirements

A. Equipment- MDCIS – EMS is now governed by MDHHS

Questions submitted after Pre-Proposal Meeting:

QUESTION: The Proposer’s “Sworn and Notarized Familial Disclosure” document appears to be missing some content on lower left area. Is something missing or is that the city designed form?

Answer: The attached is the way that the form is designed. The bracket after the State of Michigan can be disregarded. The SS is for the Notary’s signature.

QUESTION: Question arose regarding the Vendor Questionnaire. The question numbers on page 2 of 3 jump from #5 to #7. There is no question #6 listed. Is this a typographical error in its format, or is there an additional question missing that needs answering?

Answer: This is a typo/numbering error. We eliminated a question and did not correct number sequence. After #5, the numbering is #7, #8 and #9.

I, the undersigned bidder, have read this Addendum 1 and have integrated the clarification(s) and or change(s) into the *Request for Proposal* and *Specifications* for RFP-COT 22-19 EMERGENCY MEDICAL SERVICES. All other items in the original RFP (Request for Proposal) remain the same. This Addendum 1 should be attached to the top of the Bid Proposal packet at the time of submission, on or before **Thursday, September 22, 2022 at 10:00 AM Eastern Time**.

COMPANY: _____

AUTHORIZED COMPANY REPRESENTATIVE: _____

SIGNATURE: _____

ADDRESS: _____

DATE: _____



August 25, 2022

TO: All Prospective Bidders
FROM: The City of Troy Purchasing Department
RE: RFP-COT 22-19 Emergency Medical Services – City of Troy

The City of Troy Purchasing Department invites vendors to review the attached Request for Proposal (RFP) document for Emergency Medical and First Responder Services for the Troy Fire and Police Department. The attached documents will be used to determine the most qualified company with the ability to provide these services.

The effective date of the resulting contract will be January 1, 2023 or upon City Council approval, whichever is later. A committee will make the decision as to the selection of the most qualified company. Their decision will be deemed in the City of Troy's best interest and will be final. The City of Troy urges all interested parties to submit the enclosed Request for Proposal documents.

Sincerely,

Emily Frontera,
Purchasing Manager



**REQUEST FOR PROPOSALS
Emergency Medical & First Responder Services
for the Troy Fire & Police Departments**

The City of Troy is requesting that all bidders complete the Request for Proposal documents attached for Emergency Medical Services. Please read the Scope of Work section of this Request for Proposal document.

1. QUALIFYING CONDITIONS OF THE COMPANY WHO WILL BE RESPONSIBLE FOR EMERGENCY MEDICAL SERVICES:

A. EXPERIENCE AND KNOWLEDGE OF EMERGENCY MEDICAL AND FIRST RESPONDER SERVICES SPECIFICALLY FOR FIRE AND POLICE DEPARTMENTS.

The company submitting a Request for Proposal shall provide a list of communities your organization currently serves and communities it previously served in the past 5 years and enclose with their proposal at least three (3) comparable examples detailing the type of services provided.

B. POSITIVE REFERENCES FOR THE COMPANY

The company will be required to have verifiable positive references, which may include but are not limited to ability, performance of previous contracts and services, integrity, character, reputation, judgment, experience, efficiency, delivery, professionalism and timeliness.

C. QUALIFICATIONS OF COMPANY TO PERFORM PROJECT AS SPECIFIED

Each company submitting a proposal will be required to submit a list of personnel, including supervisor/manager, to be assigned to the City including resumes, experience and responsibilities. Each company will be required to describe capabilities specific to the scope of work as specified.

D. WORK PLAN AND METHODOLOGY PROPOSED

The company will be required to provide a work plan and methodology that outlines how the company intends to provide Emergency Medical Services.

E. RESPONSE TO ATTACHED QUESTIONNAIRE

The company will be required to provide detailed responses to questions asked in the enclosed vendor questionnaire.

2. FINANCIAL INFORMATION

The City of Troy reserves the right to require a bidder to show to the complete satisfaction of City staff that it has the necessary facilities, abilities, and financial resources to provide the service specified herein. The bidder may also be required to give a past history in order to satisfy the City of Troy in regard to the bidder's qualifications. The City of Troy may conduct a reasonable investigation deemed necessary and proper to determine the ability of the bidder to perform the work, and the bidder shall furnish to the City of Troy all information for this purpose that may be requested.



SELECTION PROCESS

CRITERIA FOR SELECTION

An Evaluation Committee will review the proposals. The City of Troy reserves the right to award this proposal to the firm considered the most qualified based upon a combination of factors including but not limited to the following:

- A. Completeness of the proposal
- B. Financial strength and capacity of the firm
- C. Correlation of the proposals submitted to the needs of the City of Troy
- D. Any other factors which may be deemed to be in the City’s best interest
- E. Evaluation process

Phase 1: Evaluation of Proposals

Each committee member will independently use a weighted score sheet to evaluate the proposals; each committee member will calculate a weighted score. The scores of the committee members will be averaged into one score for each firm for this phase of the process.

Phase 2: Interview Score

The City, at their option, will invite at least the top three (3) rated firms to participate in an interview. If less than three (3) candidates remain in the process, all will be interviewed. Each committee member will independently use a weighted score sheet to evaluate the interview; each committee member will calculate a weighted score. The scores of the committee members will be averaged into one score for each firm for this phase of the process. Those being interviewed may be supplied with further instructions and requests prior to the interview. Persons representing the firm at the interview must be the personnel who will be assigned to this project.

Phase 3: Price

Points for price will be calculated as follows:

FORMULA: {1 – (Proposal Price – Low Price) / Low Price} x available points

Phase 4: Final Scoring and Selection

The firm with the highest final weighted score will be recommended to the Troy City Council for award.

- 30% Proposal Score (100 point base)
- 30% Price Score (100 point base)
- 40% Interview Score (100 point base)
- 100%

SELECTION COMMITTEE

The City of Troy has organized a committee to review and assess the individual proposals generated from this RFP and to make a recommendation to the Troy City Council effectively recommending a Company that is most qualified by the committee at the **October 24, 2022 City Council Meeting**. The committee members are:

- | | |
|-----------------|-------------------------|
| Peter Hullinger | Fire Chief |
| Shawn Hugg | Deputy Fire Chief |
| Laurence Schehr | Police Lieutenant |
| Robert Bruner | Assistant City Manager |
| Rob Maleszyk | Chief Financial Officer |

Note: *The City of Troy reserves the right to change the order or eliminate an evaluation phase if deemed in the City’s best interest to do so.*



INSTRUCTIONS TO BIDDERS

Sealed Proposals for **EMERGENCY MEDICAL AND FIRST RESPONDER SERVICES** will be *electronically* received on the MITN Purchasing Group website, www.bidnetdirect.com/city-of-troy-mi by the City of Troy, 500 W. Big Beaver Road, Troy, MI 48084 until **THURSDAY SEPTEMBER 22, 2022, at 10:00 AM Eastern Time**, after which time they will be publicly opened and read in the specified Zoom Meeting listed on page 6 of the Instructions to Bidders. **Late proposal submittals will not be accepted or considered for award. Electronic Bid Submission only.**

1. The following pages include a questionnaire and proposal pricing section to be completed by each company submitting a proposal. Each item must be completed with a response. Companies not responding to the questions may be classified as unresponsive. The questionnaire and proposal are to be completed in legible form, preferably typewritten.
2. The response must follow this format. Supplemental information should be provided in additional sections following the same numbering scheme. The response should be concise and complete.
3. Any additional written material such as professional records, certifications, etc. your company may think important should be attached and submitted to augment the data included in the questionnaire and proposal. It is not necessary to include expensive custom binders, displays, or other materials unless the company believes such materials are necessary to the proposal. All costs incurred in the preparation and presentation of the proposal shall be wholly borne by the prospective bidder.
4. **Opening of Proposals:** At the specified time and date stated above, all electronically submitted Proposals shall be opened. The names only of companies submitting a proposal will be publicly read aloud. All Proposal information received will be held confidential until after final action by the City of Troy, except as required by law. Any interested parties may attend. No immediate decision will be rendered.
5. **Proprietary Information:** The information provided in the RFP is intended solely for internal use by the Proposer in its Proposal preparation. All information contained herein is proprietary and shall not be distributed to any third party, except as required by law.
6. **PRE-PROPOSAL INFORMATION AND QUESTIONS:** Each proposal that is received by the deadline will be evaluated on its merit and completeness of all requested information. In preparing proposals, Respondents are advised to rely only upon the contents of this RFP and accompanying documents and any written clarifications or addenda issued by the City of Troy Purchasing Department. If a Respondent finds a discrepancy, error, or omission in the RFP documents, or requires any written addendum thereto, the Respondent is requested to notify the Purchasing contact so that written clarification may be sent to all prospective Respondents. **THE CITY IS NOT RESPONSIBLE FOR ANY ORAL INSTRUCTIONS.** All questions must be submitted in writing to the Purchasing contact before the Pre-Proposal Question Deadline indicated on the Project Timeline. All answers will be issued in the form of an Addendum.
 - a. All questions must be submitted in writing to the Purchasing Manager before the Pre-Proposal Question Deadline.
 - b. No communication is permitted between Proposers and other City Departments, Divisions or Committee members prior to the award of the bid unless sanctioned by the Troy Purchasing Department.



Request for Proposal – Instructions to Bidders
Emergency Medical and First Responder Services
Page 4 of 6

7. **Pre-Proposal Meeting:** A Pre-Proposal Meeting will be held on **THURSDAY, SEPTEMBER 8, 2022**, at 9:00 A.M., at City Hall Lower Level Conference Room, 500 West Big Beaver Road, Troy, MI 48084. Staff will be available at this meeting to answer questions and provide clarification of this RFP. **Attendance at the meeting is mandatory.** Please bring your copy of the Bid Documents to the meeting. Questions submitted in a written format are encouraged and will be accepted at the meeting.
8. **Pre-Proposal Question Deadline:** Prospective Proposers may request that the City of Troy clarify information contained in the RFP. All such requests must be made in writing and emailed to Emily Frontera; e.frontera@troymi.gov. The City of Troy will provide a written response to all written questions and requests for clarification within three (3) business days after the receipt of such request. The City of Troy will not respond to any questions or requests for clarification received after the close of business on **September 19, 2022.** The City of Troy response to any request for clarification will be provided to all potential Proposers.
9. **Restrictions on Communication:** From the issue date of the RFP until a contract is awarded, Proposers shall not communicate about the subject of the RFP or a Proposer's Proposal with the City of Troy City Council members, Committee members, management or employees, except for Requests for Clarification.
10. **Addenda to the RFP:** If it becomes necessary to revise any part of the RFP, notice of the revision will be issued through the MITN Purchasing Group website in the form of an addendum. All addenda shall become a part of the RFP. Each Proposer should in its Proposal, to avoid any miscommunication, acknowledge all addenda which it has received, but the failure of a Proposer to receive, or acknowledge receipt of; any addendum shall not relieve the Proposer of the responsibility for complying with the terms thereof. Acknowledgment by the Proposer should consist of returning an email verifying receipt of the addenda, as part of the Proposal.
11. **RFP/Proposal Information Controlling:** The City of Troy intends that all Proposers have equal access to information relative to the RFP, and that the RFP contains adequate information. Part of the RFP preparation has included discussions with selected prospective Proposers; however, each Proposer shall prepare its Proposal based only on the information contained in the RFP, notwithstanding any information that may have been previously provided. A prospective Proposer noting any inconsistency between the information contained in the RFP and any information previously provided to it should request clarification prior to the Pre-Proposal Question Deadline. No information communicated, either verbally or in writing, to or from a Proposer shall be effective unless accompanied by written communication contained in the RFP, an addendum to the RFP, a request for clarification or written response thereto, or in the Proposal.
12. **Finality of Decision:** Any decision made by the City of Troy, including the Company selection, shall be final.
13. **City of Troy Reservation of Rights:** The City of Troy reserves the right in its sole discretion (for this and the other provisions of this RFP) to accept or reject any or all Proposals with or without cause. The City of Troy reserves the right to waive any irregularity or informality in the RFP process, and the right to award the Contract to other than the Proposer submitting the best financial Proposal. The City of Troy reserves the right to request additional information from any or all Proposers. The City of Troy reserves the right to negotiate with the Proposers concerning their Proposals.
15. All information requested herein shall be submitted with the Request for Proposal (RFP); failure to do so may result in rejection of the RFP as non-responsive and/or incomplete.



Request for Proposal – Instructions to Bidders
Emergency Medical and First Responder Services
Page 5 of 6

16. Any and all proposals submitted must be on the City of Troy request for proposal forms. If more than one proposal is submitted, a separate proposal form must be used for each. Forms are obtainable at the Purchasing Department, City of Troy or on the MITN Purchasing Group website at www.bidnetdirect.com//city-of-troy-mi.
17. Municipalities are exempt from Michigan State Sales and Federal Excise taxes. Do not include such taxes in the proposal figure. The City will furnish the successful bidder with tax exemption certificates when requested.
18. If further information regarding this proposal is required, please contact the Purchasing Manager and submit questions in writing to Emily Frontera, Purchasing Manager; e.frontera@troymi.gov.
19. VENDOR CHANGES OR ALTERATIONS TO RFP DOCUMENTS INCLUDING SPECIFICATIONS MAY RESULT IN A RFP BEING CONSIDERED NON-RESPONSIVE. The only authorized vendor changes to a RFP document will be in the areas provided for a bidder's response, including the "Exceptions" section of the proposal. If a change or alteration to the documents is undetected and the bidder is awarded a contract, the original terms, conditions, and specifications in the Authorized Version of the RFP document will be applicable during the term of the contract. The City of Troy shall accept NO CHANGES to the RFP document made by the Vendor unless those changes are set out in the "Exceptions" provision of the Authorized Version of the RFP document. It is the Vendor's responsibility to acquire knowledge of any changes, modifications or additions to the Authorized Version of the RFP document. Any Vendor who submits a proposal and later claims it had no knowledge of any changes, modifications or additions made by the City of Troy to the Authorized Version of the RFP document, shall be bound by the proposal, including any changes, modifications or additions to the Authorized Version.

If a proposal is awarded to a Vendor who claims that it had no knowledge of any changes, modifications or additions made by the City of Troy to the Authorized Version of the RFP, and that Vendor fails to accept the award, the City of Troy may pursue costs and expenses to re-bid the item from that Vendor. The Authorized Version of the RFP document shall be that document appearing on the MITN website with any amendments and updates.

The City of Troy officially distributes RFP documents from the Purchasing Department or through the MITN Purchasing Group website. Copies of RFP documents obtained from any other source are not considered official copies. Only those vendors who obtain RFP documents from either the Purchasing Department or the Bidnet Direct/MITN system are guaranteed access to receive addendum information, if such information is issued. If you obtained this document from a source other than the sources indicated, it is recommended that you register on the MITN Purchasing Group site, www.bidnetdirect.com//city-of-troy-mi, and obtain an official copy.

20. A successful bidder furnishing labor on City/public premises does agree to have his workers covered by Workers' Compensation, and furnish a Certificate of Insurance showing coverage for bodily injury and property damage and Workers' Compensation to the Purchasing Manager within 5 days of a verbal request. The "Company Representative" does warrant that by signing the RFP document, the "additional insured endorsement" will be included in the Insurance Coverage supplied to the City as part of the specified requirements.
23. To the fullest extent permitted by law, the successful bidder agrees to defend, pay on behalf of, indemnify, and hold harmless the City of Troy, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Troy against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Troy, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Troy, by reason of personal injury, including bodily injury or death



and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.

24. To the extent permitted by law, the City of Troy and the successful bidder waive all rights against each other and any of their subcontractors, sub-subcontractors, agents and employees, and the architect, architect's consultants, separate contractors, if any, and any of their subcontracts, subcontractors, sub-subcontractors, agents and employees, for damages caused by fire or other perils to the extent covered by property insurance obtained pursuant to this agreement or other property insurance applicable to the work. The policies shall provide such waivers of subrogation by endorsement or otherwise. A waiver of subrogation shall be effective as to a person or entity even though that person or entity would otherwise have a duty of indemnification, contractual or otherwise, did not pay the insurance premium directly or indirectly, and whether or not the person or entity had an insurable interest in the property damaged for this contract.

SPECIAL INSTRUCTIONS

- All bidders are held to Proposal prices for 60 days or Proposal award, whichever comes first, except the successful company whose prices shall remain company through project completion.
- Final RFP results will be posted on the MITN website after the final organization is selected and a contract award. Please register to see results – www.bidnetdirect.com/city-of-troy-mi
- **IMPORTANT:** Bid Proposals will be received electronically on the MITN website at www.bidnetdirect.com/city-of-troy-mi. Bid openings are being conducted in accordance with City Charter and Code utilizing Zoom Meetings. If interested, Bidders can attend bid openings utilizing the Zoom Meeting information and meeting code listed below. Please contact Emily Frontera, Purchasing Manager, e.frontera@troymi.gov with any questions regarding the bid opening.

BID OPENING

Zoom Meeting Information

Time: Sep 22, 2022 10:00 AM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/84054499431?pwd=MVpjdHZUU1B3Y2RUeXk5bEJCdmxTZz09>

Meeting ID: 840 5449 9431

Passcode: 255115

One tap mobile

+16469313860,,84054499431#,,,,*255115# US

+13017158592,,84054499431#,,,,*255115# US (Washington DC)

Dial by your location

+1 646 931 3860 US

+1 301 715 8592 US (Washington DC)

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 646 876 9923 US (New York)

Meeting ID: 840 5449 9431

Passcode: 255115

Find your local number: <https://us02web.zoom.us/j/kcB1lrk6Ft>



VENDOR QUESTIONNAIRE

DATE: _____
Month/Date/Year

COMPANY NAME: _____

ESTABLISHED: _____ 19____ / 20____ STATE: _____ Years in Business: _____

- TYPE OF ORGANIZATION: (Circle One)
- a. Individual
 - b. Partnership
 - c. Corporation
 - d. Joint Venture
 - e. Other _____

If applicable:
FORMER COMPANY NAME(S)

NOTE: If additional space is needed throughout the questionnaire, please attach additional sheets numbered appropriately for identification.

1. What is your company's experience relative to Emergency Medical and First Responder Services for Cities? Provide specific experience detailing the type of service involved and the type of services your company provides. Include a brief history of average call volume.

2. Describe your company's background and its organizational structure along with the roles and background of the key team members to be assigned to the City. Describe capabilities specific to the scope of work within this RFP.



3. List all other municipalities with whom your company has worked and in what capacity.

4. Personnel of the company who would be assigned to the City of Troy account.

Please provide resumes, copies of certifications, degrees, and/or list any additional training classes taken to increase expertise in this field for the people listed in this section who will be assigned to the City of Troy account. Company must identify Supervisor/Manager that will be assigned to the account.

TITLE	NAME	DEGREE/CERTIFICATION	EXPERIENCE/ YEARS	ROLE

Note: Please provide copies of all resumes, certifications and licenses, etc. submitted for individuals in this section with the titles listed above.

5. Does your Company offer Predictive Dispatch Software?

7. Does your Company hold the CAAS accreditation (Commission on Accredited Ambulance Services)?

COMPANY NAME: _____



8. Professional References – please list at least three clients with whom you have provided Emergency Medical and First Responder Services for, within the past five (5) years that are similar in scope to the type of work described in this proposal. Contact names and the listed information are to be provided.

Entity Name	Address	Contact Name	Phone Number	E-Mail

9. As per the Anti-Kick Back Statute does your company offer and conduct an Annual Audit?

THE FOREGOING QUESTIONNAIRE IS A TRUE STATEMENT OF FACTS:

Signature of Authorized Company Representative: _____

Title of Authorized Company Representative: _____

Representative's Name: _____
(print)

Company Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail: _____

Date: _____



**PROPOSAL PRICING
 TERMS AND CONDITIONS**

Contract Term:

The initial contract term shall be three calendar years from the start-up date. The first contract year shall commence on January 1, 2023 or on a date that allows a 60-day start-up period after award. It is assumed that the 60-day interval after award will occur so that the commencement date will be January 1, 2023. Due to current contract commitments, the start-up date can be no sooner than January 1, 2023. The City of Troy and the recommended service provider will mutually agree upon the exact start date.

IMPORTANT: The service provider must include an *Ambulance User Charge Schedule* with their proposal document to be considered for award.

Advanced Life Support Ambulance Service:

Minimum Response Time Standard: 8 minutes 00 seconds for 90% of emergency responses

Prices listed will be the **monthly subsidy** required by the service provider to maintain the service level at the response time indicated for 90% of all emergencies.

Response Time	Year 2023
8 Minutes- Required	\$ /mo.
6 Minutes	\$ /mo.

Paramedic First Responder Service:

Minimum Response Time Standard: 5 minutes 00 seconds for 90% of emergency responses

Prices listed will be the **hourly cost to provide the type of manned vehicle specified** at the response time indicated for 90% of all emergencies.

Type of Unit	Anticipated Payable Hours Indicate # of Hours	Year 2023
Ambulance		\$ / hr.
Other Type – First Responder Vehicle		\$ / hr.

In addition, a copy of your firm's Basic Service Charges shall be provided.

Information:

For additional information or questions about this project, please contact Fire Chief Peter Hullinger at 248 524-3419 between the hours of 8:30am – 4:00pm.

COMPANY NAME: _____



AWARD: The evaluation and award of this proposal shall be a combination of factors including, but not limited to professional competence, references, and the correlation of the proposal submitted to the needs of the City of Troy and any other factors considered to be in the best interest of the City of Troy.

The City of Troy reserves the right to award the proposal to one master contract provider who can provide the highest level of service at the lowest cost to the City of Troy as a result of the evaluation process (see page 2 of 6, Selection Process); to reject proposals which contain major deviations from specified requirements; to accept a proposal which has only minor deviations from specified requirements

PRICES: Prices quoted shall remain firm for 60 days or proposal award, whichever comes first, except the successful provider whose prices shall remain firm for one year of the three year contract period. The contract shall commence on January 1, 2023 or on a date that allows a 60-day start-up period after award. It is assumed that the 60-day interval after award will occur so that the commencement date will be January 1, 2023. The City of Troy and the recommended service provider will mutually agree upon the exact start date.

The contract price may be amended on January 1, 2024 or the one-year anniversary date mutually agreed upon as the start-up date if the successful bidder requests the increase during the month of January 2024 under the following conditions:

1. At that time, the successful provider will have the option of holding the preceding year's price constant or submitting new prices based upon verifiable increases in labor contracts or using the State of Michigan, Department of Treasury Inflation Rate Multiplier **whichever is lower**.
2. The City of Troy will have the option of accepting the new prices, and extending the contract, or rejecting the requested price increase and seeking new proposals. This provision does not preclude the City of Troy from seeking new proposals at its sole discretion.
3. If the City accepts the price increase, the new pricing will not be implemented until the anniversary date of the contract.
4. An increase may be requested in January of each year thereafter subject to the same terms and conditions stated in #1 and 2 above. Any increase shall be submitted prior to budget approval and effective the following anniversary date after acceptance.

RENEWAL: The contract may be extended for three calendar years at 1-year renewal increments through mutual consent of both parties within 90 days of contract termination using the same adjustment formula as described above.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

COMPANY NAME: _____



Request for Proposal –Bid Proposal, Terms & Conditions
Emergency Medical and First Responder Services
Page 3 of 7

TRAINING MATERIALS:

As a specified requirement, the service provider shall serve as a resource for training for the City of Troy. The provider will be able to pass the cost of mandated books and training materials to the City of Troy.

CONTRACT CANCELLATION DUE TO POOR PERFORMANCE:

Due to the emergency nature of the services to be provided, and in the event that the service provider does not or cannot perform to mutually decided criteria, the City of Troy reserves the right, at their sole discretion, to cancel the contract and/or employ as necessary other companies or additional companies and/or municipal personnel as necessary.

DOWNPAYMENTS OR PREPAYMENTS:

Any proposal submitted which requires a down payment or prepayment for services to be provided prior to work completion as stipulated and full acceptance as being in conformance with the specified requirements of the proposal will not be considered for award.

COMPANY NAME: _____



REFERENCES

References- Providers shall submit a complete reference list consisting of agencies to which your company has provided services similar to those requested (attach and mark REFERENCES for identification. List the three largest clients (by volume of runs) below.

AGENCY: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

EMAIL: _____

Ambulance Service: () yes () no **PFR:** () yes () no

AGENCY: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

EMAIL: _____

Ambulance Service: () yes () no **PFR:** () yes () no

AGENCY: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

EMAIL: _____

Ambulance Service: () yes () no **PFR:** () yes () no

COMPANY NAME: _____



Request for Proposal –Bid Proposal, Terms & Conditions
Emergency Medical and First Responder Services
Page 5 of 7

ADDITIONAL INFORMATION:

For additional information/questions concerning this Request for Proposal, contact Emily Frontera, Purchasing Manager, at (248) 680-7291 or e.frontera@troymi.gov.

CONTRACT AWARD:

The evaluation and award of this proposal shall be a combination of factors including, but not limited to: the completion of all information requested and detailed in the RFP, evaluation of the pricing, professional competence, and the correlation of the proposal submitted to the needs of the City of Troy and all criteria selection factors considered to be in the best interest of the City of Troy. The intent of the award is to contract with one company for this project.

The City of Troy reserves the right to award to the company providing the best value proposal, in whatever manner is deemed to be in the City's best interest; to award the proposal which matches the City's needs; to reject a proposal which contains major deviations from specifications; to accept a proposal which has only minor deviations from specifications; or whatever is deemed to be in the City's best interest.

ERRORS AND OMISSIONS:

Proposers are not permitted to take advantage of any errors and omissions in the specifications since full instructions will be given should they be called to the attention of the Purchasing Office on or before the deadline specified in the Section Instructions to Bidders, item # 7 Additional Request for Clarification.

DOWN PAYMENTS OR PRE-PAYMENTS:

All proposals submitted with terms or any provisions in the proposal, which requires a down payment or pre-payment of any kind will not be considered for an award. The designated City Representative will make payment approval of all items upon acceptance of the work being invoiced.

CONTRACT FORMS:

Bidders should complete the Legal Status of Bidder, Non-Collusion Affidavit, Certification Regarding Debarment, Familial Disclosure and the Certification Regarding "Iran Linked Business" forms and return with your bid proposal.

INVOICING AND PAYMENT:

The City of Troy reserves the right to select the invoicing option deemed to be in its best interest at the time of implementation of the contract. No additional costs will be incurred for the invoicing option selected. Detailed billing will be required which minimally includes the project name, service(s) provided, hours worked, cost per hour, and a detailed breakdown of additional allowable expenses.

Termination of service will be unacceptable for non-payment of a bill without the successful bidder contacting the designated City representative to resolve the problem. The City will have 45 days to resolve any billing problem from written notice to terminate services.

PURCHASE ORDER:

After the Troy City Council has approved the award, the City of Troy Purchasing Department will issue an award letter to the successful proposer. The successful proposer once notified, will be required to sign the Contract Form. The purchase order issued in conjunction with the Contract Form from the City of Troy will create a bilateral Contract between the parties, and the successful bidder shall commit to perform the Contract in accordance with the Specifications and Scope of Work.

COMPANY NAME: _____



Request for Proposal –Bid Proposal, Terms & Conditions
Emergency Medical and First Responder Services
Page 6 of 7

RIGHT TO REQUEST ADDITIONAL INFORMATION:

The City reserves the right to request any additional information it deems necessary from any company responding to this RFP after the documents have been received.

ASSIGNMENTS:

The proposer agrees not to assign or transfer this service or any part thereof without the written consent of the City of Troy, acting through the Purchasing Manager or authorized representatives. Any unauthorized assignment may subject the proposer to immediate termination.

COMPANY NAME: _____



SIGNATURE PAGE

PRICES

Prices quoted shall remain firm for 60 days or bid award, whichever comes first, except the successful bidder whose prices shall remain firm from date of award through successful completion of all specified requirements of this contract.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

NOTE: The undersigned has checked carefully the bid figures and understands that he/she shall be responsible for any error or omission in this offer and is in receipt of all addendum as issued.

COMPANY: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (____) _____ FAX NUMBER (____) _____

REPRESENTATIVE'S NAME _____
(Print)

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

TERMS: _____ EMAIL: _____

COMPLETION: AS SPECIFIED IN BID REQUIREMENTS.

EXCEPTIONS:

Any exceptions, substitutions, deviations, etc. from City specifications and this proposal must be stated below. The reason(s) for the exception, substitution, and/or deviation are an integral part of this proposal offer:

ACKNOWLEDGEMENT: I, _____, certify that I have read the **Instructions to Bidders** (6 Pages) and that the proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN website, www.bidnetdirect.com/city-of-troy-mi and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

IMPORTANT: All City of Troy purchases require a **MATERIAL SAFETY DATA SHEET**, where applicable, in compliance with the **MIOSHA "Right to Know" Law**.

NOTE: The City of Troy, at their discretion, may require the bidder(s) to supply a Financial Report from an impartial Financial Credit Reporting Service before award of contract.

U.S. FUNDS: PRICES QUOTED SHALL BE IN U.S. CURRENCY.



EMERGENCY MEDICAL SERVICES INSURANCE REQUIREMENTS

The Contractor shall procure and maintain during the term of this contract, the insurance coverages outlined below. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan. All coverages shall be with insurance carriers acceptable to the City of Troy.

WORKER'S COMPENSATION INSURANCE: The Service Provider shall procure and maintain during the life of this contract, Worker's Compensation Insurance, including employer's liability in accordance with all applicable statutes of the State of Michigan.

COMMERCIAL GENERAL LIABILITY INSURANCE: The Service Provider shall procure and maintain during the life of this contract, Commercial General Liability Insurance on an "occurrence basis" with limits of liability of not less than \$10,000,000 per occurrence and/or aggregate combined single limit, personal injury, bodily injury and property damage. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products & Completed Operations Coverage; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent; (E) Annual contract aggregate applicable to this contract.

MOTOR VEHICLE LIABILITY: The Service Provider shall procure and maintain, during the life of this contract, Motor Vehicle Liability Insurance, including Michigan No-Fault Coverage's, with limits of liability of not less than \$5,000,000 per occurrence combined single limit Bodily Injury and Property Damage. Coverage shall include all owned, non-owned, and hired vehicles.

AMBULANCE AND PROFESSIONAL MALPRACTICE LIABILITY: The Service Provider shall procure and maintain during the life of this contract, Ambulance Professional Malpractice Liability Insurance in an amount of not less than \$10,000,000 per occurrence and/or aggregate combined single limit for bodily injury and personal injury arising out of operations.

ADDITIONAL INSURED: Commercial General Liability Insurance, Motor Vehicle Liability Insurance, and Ambulance Professional Malpractice Liability Insurance as described above, shall include an ENDORSEMENT stating the following as "Additional Insured"; the City of Troy all elected and appointed officials, all employees and volunteers, and all boards, commissions and/or volunteers thereof. It is understood and agreed by naming the City of Troy as ADDITIONAL INSURED, coverage afforded is considered to be primary and any other insurance the City of Troy may have in effect shall be considered secondary and/or excess.



CANCELLATION NOTICE: Worker's Compensation Insurance, Commercial General Liability Insurance, Motor Vehicle Liability Insurance and Ambulance Professional Liability Insurance, as described above, shall include an endorsement stating the following: "It is understood and agreed that Thirty (30) Days Advance Written Notice of Cancellation, Non-renewal, Reduction and/or Material Change shall be sent to City of Troy, 500 West Big Beaver Rd., Troy, MI 48084."

PROOF OF INSURANCE: Upon Notice of Award, the service provider shall provide to the City of Troy certificates of insurance and policies in full compliance with specifications as listed below:

1. Two (2) copies of the Certificate of Insurance for Worker's Compensation Insurance;
2. Two (2) copies of the Certificate of Insurance for Commercial General Liability Insurance;
3. Two (2) copies of Insurance for Vehicle Liability Insurance;
4. Two (2) copies of Certificate of Insurance for Ambulance Professional Malpractice Liability Insurance.
5. If so requested, Certified Copies of all policies mentioned above will be furnished.

Note: If any of the above coverage's expire during the term of this contract, the service provider shall deliver renewal certificates of insurance to the City of Troy at least ten (10) days prior to the expiration thereof.

HOLD HARMLESS CLAUSE

To the fullest extent permitted by law, the _____
(name of service provider)

agrees to defend, pay in behalf of, indemnify and hold harmless the City of Troy, its elected and appointed officials, employees, volunteers, and others working on behalf of the City of Troy against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Troy, its elected and appointed officials, employees, volunteers or others working in behalf of the City of Troy by reason of personal injury, including bodily injury and death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

REQUEST FOR PROPOSAL EMERGENCY MEDICAL SERVICES

Section I: Overview

Anticipated Services: The City of Troy is soliciting proposals from qualified providers for the provision of advanced life support ambulance, paramedic first responder and related services. Proposals shall encompass dedicated advanced life support ambulance or a combination of dedicated advanced life support ambulance in conjunction with dedicated paramedic first responder service for the City of Troy.

Contract Term: It is the intent of the City of Troy to enter into a contract with the provider that can provide the highest level of service at the lowest cost to the City of Troy. After the initial three-year contract period, the contract may be extended for an additional three calendar years at 1-year renewal increments through mutual consent of both parties within 90 days of contract termination.

Prior to June 1st of each contract year, the successful provider will have the option of holding the preceding year's price constant or submitting new prices based upon verifiable increases in labor contracts or using the State of Michigan, Department of Treasury Inflation Rate Multiplier, **whichever is lower**. The City of Troy will have the option of accepting the new prices, and continuing or extending the contract, or rejecting the requested price increase and seeking new proposals. This provision does not preclude the City of Troy from seeking new proposals at its sole discretion. **If the City accepts the price increase, the new pricing will not be implemented until the following anniversary date of the contract so as to allow for budget submission and City Council approval.**

Contract Termination: Termination of the contract by either party (the City of Troy or the service provider) shall require written notice a minimum of 90 days in advance.

Desired System: The desired system will consist of a system of advanced life support ambulances for transportation that will be dedicated to the City of Troy or may be part of a larger system provided all performance criteria are met. The paramedic first responder component of the system shall be dedicated to the City of Troy. In order to assure continuity of care, it is anticipated that one provider will be chosen to provide both ambulance service and paramedic first responder service.

Innovative System Models: Prospective providers are encouraged to propose innovative system models such as predictive dispatch software with the goal of providing the highest possible level of service while keeping the costs as low as possible.

Activity Summaries: Activity summaries for the City of Troy that detail requests for emergency medical care will be made available upon request. This data may be useful in developing a flexible unit deployment plan to provide a cost effective system that can meet peak service demands.

Section II: Operational Requirements – EMS Service

The following are the operational requirements for the delivery of emergency medical services to the city of Troy. Providers are encouraged to propose innovative strategies for the accomplishment of these requirements.

- A. **Deployment plan-** The provider shall include in its proposal a proposed deployment plan indicating the number of dedicated units required to meet the MCA response time standard. The deployment plan shall specify the required unit coverage by hour and day of the week.
- B. **Licensure-** The provider's service area, vehicles, and personnel shall be appropriately licensed including those specifically required by the Michigan Department of Consumer and Industry Services. A copy of the appropriate State of Michigan license to provide services in Michigan is required and must be submitted with the proposal.
- C. **Advanced Life Support-** All ambulances utilized by the provider shall be capable of providing advanced life support in accordance with the Oakland County Medical Control Authority.
- D. **Reports-** Response-time summaries shall be reported at least monthly. These reports shall include: compliance with response-time standards, list of calls referred to other agencies, call downgrades and other reports used to determine contract compliance. These reports may vary from month to month depending on specific issues that need to be addressed. In addition to hard copies, the city may request data be submitted in computer format. The provider shall also submit required information to the MCA in a manner and format prescribed by the MCA (i.e. compatibility with an information system prescribed by the MCA). Non-compliance with this provision will be subject to contract termination based upon the 90-day notice provision.
- E. **Supervision-** Contractor shall provide organized Field Supervision Personnel (e.g. field training officers, field supervisors). The supervisory personnel shall be in sufficient numbers to provide field evaluation and job supervision.

Contractor shall provide, at a minimum, one dedicated field supervisor certified at the paramedic level, available in the City of Troy service area 24 hours per day. This person shall be immediately available and in the field during the peak-load periods of the service area. The supervisor shall be dedicated solely to the City of Troy and shall act as a liaison to the City of Troy and related public-safety agencies.

The Contractor shall have policies for automatic supervisor response that include, but are not limited to:

- (1.) Incidents requiring two or more ALS-unit response;
- (2.) Multi-casualty or disaster incidents;
- (3.) Hazardous materials incidents involving patient care; and,
- (4.) Life-threatening incidents in immediate area of supervisor at time of dispatch.

- F. **Monthly meetings-** A supervisory member of the provider's staff shall participate in a monthly meeting with members of the City of Troy Fire and Police Departments to assess the effectiveness of the program.

Section II: Operational Requirements – EMS Service (continued)

- G. Personnel-** The provider shall perform a CCH (Complete Criminal History) on all of its Paramedics and Emergency Medical Technicians. Employees with a conviction for Criminal Sexual Conduct (CSC), or violation of the Controlled Substances Act, or a felony conviction shall not be allowed to work in the City of Troy. Employees with a conviction for theft or larceny within the last five (5) years shall not be allowed to work in the City of Troy.

The provider shall perform a Complete Driving History on all of its Paramedics and Emergency Medical Technicians. Employees with two or more convictions for Operating Under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Impaired (OWI), Operating While Under the Influence of Narcotic (OUIN), or any two or more convictions of any combination thereof, shall not be allowed to work in the City of Troy. Employees with a conviction for Operating Under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Impaired (OWI), Operating While Under the Influence of Narcotic (OUIN), in the last five years shall not work in the City of Troy.

The provider shall indicate how personnel are screened for motor vehicle operator records and what additional criteria are used for qualification and/or disqualification in the screening. All vehicle operators shall be required to attend a nationally recognized driver-training program.

The provider shall notify the Oakland County Medical Control Board and the State Division of Emergency Medical Services if any of its Paramedics or Emergency Medical Technicians are criminally charged with any felony, or terminated from employment for any narcotic larceny or narcotic/alcohol use problem.

The provider shall agree to remove an employee from the City of Troy operating area upon written request of the fire or police chief.

- H. Drug testing-** The provider shall have a random and probable cause drug-testing program for all personnel operating in the City of Troy.
- I. Quality assurance program-** The contractor shall provide a description of the quality assurance program in place to continually assess the quality of treatment by EMS personnel and shall also hold the CAAS accreditation (Commission on Accreditation of Ambulance Services.)
- J. Complaint resolution-** In the event a complaint arises over the provision of contract performance or emergency medical care, the procedure shall be as follows:
- (1) The complaint shall be forwarded to the provider's field supervisor, for investigation and review. The complaint shall be investigated and a written report provided to the City within 60 days.
 - (2) In the event the complaint is not resolved, it shall be referred to the Quality Improvement Committee of the Oakland County Medical Control Authority.

Section II: Operational Requirements – EMS Service (continued)

- K. Incident Command System-** The contractor shall provide training on an annual basis for medical personnel operating in the City of Troy on their role and responsibilities within the framework of the Incident Command System. This training when requested will be provided by the City of Troy Fire Department.
- L. Police Incident Training-** The contractor shall provide training on an annual basis for medical personnel operating in the City of Troy for EMS response to specific police incidents. This training when requested will be provided by the City of Troy Police Department. In addition, the provider shall provide two Tactical EMS (TEMS) medics who will attend all City of Troy Tactical Support Team training sessions and will assist at all tactical related incidents.
- M. Hazardous Materials Training-** All medical personnel shall be trained to the hazmat first responder awareness level and WMD Awareness as designated by the Michigan Firefighters Training Council. The provider shall submit documentation of this training. The City of Troy Police or Fire Departments will provide this training upon request.
- N. Insurance-** The Provider shall comply with the insurance requirements specified in Appendix A of this RFP.
- O. Resource for Public Safety Agency Training-** The provider shall serve as a resource for EMS training for the fire and police departments. This shall include CPR, first aid, and other related training.
- P. Mutual Aid-** The provider shall submit a mutual aid resource plan showing the average number of Basic and Advanced ambulances that could be provided for a back to back or multi-casualty incident. This shall include typical response times based on average activity. The plan should include contingency planning for multiple back-to-back incidents across geographic areas. This plan shall coincide with or otherwise not conflict with the City of Troy emergency response plan.
- Q. Incident Standby -** The contractor shall provide ALS ambulance units as requested to standby at public safety emergency scenes such as fires, hazardous materials incidents, police tactical incidents, and police and fire training incidents as requested. These units shall not leave the incident unless released by the incident commander. The ALS ambulance units shall assist in medical evaluation, treatment and transport of emergency personnel as required and shall not reduce the quantity of any required/dedicated units for the City of Troy.
- R. Event Standby -** The contractor shall provide ALS ambulance units as requested to standby at community events such as fairs, festivals, concerts, shows, displays, etc. These units shall be available for emergency responses as needed, and shall not reduce the quantity of any required/dedicated units for the City of Troy.

Section II: Operational Requirements – EMS Service (continued)

- S. Communications-** The ALS ambulances shall be equipped with mobile and portable communications equipment allowing them to communicate with: provider's dispatch, fellow medical resources, and area hospitals or treatment facilities. The providers shall indicate what backup systems exist to facilitate dispatch communications in the event of a failure of the primary radio transmitter. The contract is responsible for making accommodations for the provider's dedicated units to communicate with Troy Dispatch and Troy Fire and Police units.
- T. Recording Capability-** The provider shall record all telephone and radio communications and retain the recordings for a minimum of 1 year.
- U. E-911 Interface-** The provider shall operate an Enhanced 911 (E-911) secondary PSAP capable of interfacing with all of the E-911 systems utilized by the City of Troy in order to allow the transfer of E-911 calls including ANI/ALI information to minimize the time required to initiate a response.
- V. Personnel recall capability-** The provider shall indicate what capability exists to recall off duty personnel in the event of multi-casualty, mass casualty, or other incident beyond the scope of normal operations.
- W. Computer Aided Dispatch System-** The provider shall utilize a computer aided dispatch system, which provides for optimum system deployment. The provider shall agree to work with the City of Troy in exploring the potential for CAD integration between the provider and the City of Troy and/or the use of predictive dispatch software or other technology which provides for optimum system deployment.
- X. Emergency Medical Dispatch-** The provider shall utilize a nationally accepted telephone triage system and all dispatch personnel shall be certified in its use. Dispatchers shall provide pre-arrival emergency care instructions to the calling party when appropriate. The contractor shall provide a quality assurance program for the accepted telephone triage system.
- Y. Differential Dispatch-** Provider shall identify its capabilities to implement a dispatch system capable of directing response priorities based on the nature of the illness, injury or situation. The objective of this program is to match the appropriate response (emergency/non-emergency) to the nature of the request for service.
- Z. Predictive Dispatch-** Emphasis will be placed on the provider's successful use of predictive dispatch software or other technology to more accurately manage deployment of resources within the City of Troy.
- AA. Emergency Operations Center Support-** The contractor shall provide a supervisor to represent EMS in the Emergency Operations Center of the City of Troy in the event of EOC activation due to a community emergency.

Section II: Operational Requirements – EMS Service (continued)

- BB. Blood borne pathogen decontamination facility-** The provider shall make available a decontamination facility for the City of Troy Police and Fire personnel. This facility may be located at the provider's location and shall provide shower and laundry equipment in compliance with the applicable requirements. This facility shall be available on a 24 hour-7 day a week basis with a 15-minute advance notification. Providers shall specify the location and capability of their decontamination facility.
- CC. Disposal of biohazard contaminated waste-** The contractor shall provide disposal service for any contaminated materials generated by the City of Troy Police or Fire departments. Waste will be bagged and tagged with appropriate labels by the affected City of Troy personnel and forwarded to the provider for disposal.
- DD. Base of Operations-** The provider shall identify the location(s), which are to serve as the base of operations for this program. It is highly desired and preferred that such base of operations be located at or in a facility within the City of Troy.
- EE. Charges-** The provider shall specify what ambulance user charges are to be assessed and include a current schedule of charges.
- FF. Payment-** The City of Troy dedicated unit service shall be billed for the previous month's service by the 15th of the following month.

Section III: Operational Requirements – Ambulance Service

The following are the operational requirements for the delivery of ambulance services to the City of Troy. Providers are encouraged to propose innovative strategies for the provision of these services.

A. Response Time Priority 1- Response time requirements are based upon contracted service option of the provider:

- (1) **Ambulance Response time in conjunction with below first responder service option-** The performance requirement of the Troy paramedic first responder program is to have a paramedic on the scene (either from a first responder unit or an ambulance) within 5 minutes 00 seconds from the receipt of the call at the provider's dispatch to arrival on scene for 90% of all incidents dispatched as an emergency, or Priority 1. The response requirement for transport ambulance response shall meet the current minimum standards for time established by the Oakland County Medical Control Authority and are adopted by reference for the City of Troy: 8 minutes 00 seconds for 90% of emergency responses.
- (2) **Ambulance Response time without first responder service option-** Provider shall have a paramedic on the scene within 5 minutes 00 seconds from the receipt of the call at the provider's dispatch to arrival on scene for 90% of all incidents dispatched as an emergency, or Priority 1.

Response time criteria for either option shall not apply to incidents that are dispatched as non-emergency or downgraded to non-emergency, prior to the arrival of the ambulance. There shall also be consideration give for area wide weather emergencies including but not limited to: snowstorms, ice storms, high winds, road construction, or other area wide conditions.

- B. Response Time Priority 3-** The provider shall have a paramedic on the scene within 30 minutes 00 seconds form the receipt of the call at the provider's dispatch to arrival on scene for 90% of all incidents dispatched as non-emergency or Priority 3.
- C. Deployment Plan-** The provider shall include in its proposal a proposed deployment plan indicating the number of dedicated ambulance units required to meet the response time standard. The deployment plan shall specify the required unit coverage by hour and day of the week.
- D. Advanced Life Support-** All ambulances utilized by the provider shall be capable of providing advanced life support in accordance with the Oakland County Medical Control Authority.
- E. Vehicles –** Providers shall include in their proposal the specific information for the vehicles they propose to utilize including age, make, model, and mileage. ALS vehicles shall be type 3 modular vehicles. All vehicles shall be maintained in a safe operating condition. Vehicle chassis over 5 years old are not acceptable and shall be not be used. Maintenance logs shall be maintained for each vehicle and made available for inspection. Providers shall indicate what preventative maintenance programs are in place and shall indicate the number of "critical vehicle failures" per 100,000 miles driven for the last three years. Providers shall include the procedure their company uses to maintain and repair their vehicles including how, when, and where the vehicles are serviced.

Section III: Operational Requirements – EMS Service (continued)

For dedicated units, provider shall provide AVL capabilities compatible with City of Troy software.

- F. **Staffing Coverage-** Deployment plans shall specify staffing coverage to meet the performance requirements for advanced life support (ALS) ambulance service and be included in the proposal.

Section IV: Operational Requirements – First Responder Service

The City of Troy currently contracts for paramedic first responder (PFR) service in addition to ALS ambulance service. This service consists of one-person units, staffed by a paramedic, operating within the context of the integrated first responder/ambulance system. It is the intent of the City to have these units licensed as non-transporting advanced life support units. While current Oakland County Medical Control Authority policy does not recognize this concept, the City expects the successful provider to assist in pursuing this objective. The provider can, but is not required, to include a proposal to incorporate a paramedic first responder component for Troy.

To utilize the first responder service model, the provider shall comply with the following requirements for the paramedic first responder program. This is in addition to meeting the preceding requirements for ALS ambulance service for Troy:

- A. **Response time-** The performance requirement of the Troy paramedic first responder program is to have a paramedic on the scene (either from a first responder unit or an ambulance) within 5 minutes 00 seconds from the receipt of the call at the provider's dispatch to arrival on scene for 90% of all incidents dispatched as an emergency, or Priority 1.
- B. **Deployment plan-** The provider shall include in its proposal a proposed deployment plan indicating the number of dedicated first responder units required to meet the response time standard. The deployment plan shall specify the required unit coverage by hour and day of the week. The proposal shall also indicate if backup units, such as supervisors, etc. would be available and the anticipated response time for a backup unit to reach the City of Troy if responding from outside of the City.
- C. **Transport Capability-** In order to provide a backup option, to improve transport capability in the event that no regular deployment ambulances are available, the PFR units shall be capable of creating an improvised transport unit in conjunction with a responding supervisor at the scene.
- D. **Personnel-** All personnel utilized in the first responder service shall be licensed as paramedics by the Michigan Department of Consumer and Industry Services (MDCIS) and shall have a minimum of two years of emergency medical experience.
- E. **Vehicles -** Vehicles utilized by the first responder units shall be suitable for emergency responses and the equipment to be carried. In addition to the required PFR equipment, the vehicles shall have the capacity to carry the following city provided equipment: Stokes or similar style stretcher, traffic cones and barrier tape. Providers shall include in their proposal the specific information for the vehicles they propose to utilize including age, make, model, and mileage. All vehicles shall be maintained in a safe operating condition. Vehicles over 5 years old are not acceptable and shall be not be used. Providers shall include the procedure their company uses to maintain and repair their vehicles including how, when, and where the vehicles are serviced. The City of Troy Fire & Police Departments shall approve identifying graphics and emergency lighting equipment proposed for the PFR vehicles.

For dedicated units, provider shall provide AVL capabilities compatible with City of Troy software.

Section IV: Operational Requirements – First Responder Service (continued)

- A. **Equipment-** The first responder units shall be equipped with all MDCIS required equipment for a non-transporting advanced life support unit. The provider shall submit a proposed equipment list with the proposal.

- B. **Additional tasks-** The City of Troy reserves the option of identifying and assigning additional non-emergency tasks which can be performed by the paramedic first responder units when not engaged in EMS responses. Currently these include responding to carbon monoxide alarms.

Section V: Miscellaneous Proposal Terms and Conditions

Inspection - The City of Troy reserves the right to inspect any or all of the providers' facilities and records as part of the selection criteria. If any material to be reviewed by the City of Troy is considered "proprietary", and not subject to a "Freedom of Information Request", that material must be designated as such.

Payment - Ambulance Service Payments: In the event payments are due to the provider from the City of Troy as part of a subsidy, the billing shall be for the previous month's service and shall be forwarded to the City by the 15th of the following month.

First Responder Payments: The City of Troy first responder service shall be billed for the previous month's service by the 15th of the following month.

Purchase Order Issuance- After the award recommendation has been approved by the City Council, the successful service provider will receive a purchase order that will create a bilateral contract between the City of Troy and the successful bidder. The purchase order shall commit the service provider to perform the contract in accordance with the proposal submitted and the mandatory requirements as stated in this proposal. A contract document will not be issued.



PROJECT TIMELINE

The following is the *tentative schedule* for the Company selection

Request for Proposal issued & posted on MITN,	August 25, 2022
Pre-Proposal Mandatory Meeting Lower Level Conference Room 9:00 am	September 8, 2022
Proposal Due Date <i>Proposals will be electronically received by the City of Troy on the MITN website, until Thursday, September 22, 2022; 10:00 AM E.S.T.</i>	September 22, 2022
Conduct interviews with highest rated Companies, week of	October 3, 2022
Emergency Medical and First Responder Services Recommendation to City Council	October 24, 2022



Legal Status of Bidder:

The Bidder shall fill out the appropriate form and strike out the other two:

A **Corporation** duly organized and doing business under the laws of the State of _____
for whom _____, bearing the office title of _____,
whose signature is affixed to this proposal, is duly authorized to execute contracts.

A **partnership**, all members of which, with addresses, is:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AN **INDIVIDUAL**, WHOSE SIGNATURE IS AFFIXED TO THE PROPOSAL:

_____	_____
-------	-------



**CITY OF TROY
OAKLAND COUNTY, MICHIGAN
NON-COLLUSION AFFIDAVIT**

TO WHOM IT MAY CONCERN:

_____, being duly sworn deposed, says that he/she
(Print Full Name)

is _____. The party making the foregoing proposal or bid,
(State Official Capacity in Company)

that such bid is genuine and not collusion or sham; that said bidder has not colluded, conspired, connived, or agree, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner directly or indirectly sought by agreement or collusion, or communication or conference, with any person to fix the bid price or affiant or any other bidder, or to fix any overhead, profit, or cost element of said bid price, or that of any other bidder, or to secure the advantage against the City of Troy or any person interested in the proposed contract; and that all statements contained in said proposal or bid are true.

SIGNATURE OF PERSON SUBMITTING BID

NOTARY'S SIGNATURE

Subscribed and sworn to before me this _____ day of _____, 20__ in and for ____
_____ County.

My commission expires:



**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions under any non-procurement programs by any federal, state or local agency.
2. Have not, within the three-year period preceding, had one or more public transactions (federal, state, or local) terminated for cause or default; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three-year period preceding the proposal, been convicted of or had a civil judgment rendered against it:
 - a. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local), or a procurement contract under such a public transaction;
 - b. For the violation of federal, or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or
 - c. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, the general grant of this authority exists within the City's Charter, Chapter 12, Section 12.2- Contracts.

I am able to certify to the above statements.

Name of Agency/Company/Company *(Please Print)*

Name and title of authorized representative *(Please Print)*

Signature of authorized representative

Date

I am unable to certify to the above statements. Attached is my explanation.



Proposer's Sworn and Notarized Familial Disclosure
(to be provided by the Proposer)

The undersigned, the owner or authorized officer of _____ (the "Proposer"), pursuant to the familial disclosure requirement provided in the Request for Proposal, hereby represent and warrant, except as provided below, that no familial relationships exist between the owner(s) or any employees of _____ and any member of the City of Troy City Council or City of Troy management.

List any Familial Relationships:

BIDDER:

By: _____

Its: _____

STATE OF MICHIGAN)

)ss.

COUNTY OF _____)

This instrument was acknowledged before me on the _____ day of _____, 2022,

by _____



**VENDOR CERTIFICATION
THAT IT IS NOT AN
"IRAN LINKED BUSINESS"**

Pursuant to Michigan law, (the Iran Economic Sanctions Act, 2012 PA 517, MCL 129.311 et seq.), before accepting any bid or proposal, or entering into any contract for goods or services with any prospective Vendor, the Vendor must first certify that it is not an "IRAN LINKED BUSINESS", as defined by law.

Vendor	
Legal Name	
Street Address	
City	
State, Zip	
Corporate I.D. Number/State	
Taxpayer I.D. #	

The undersigned, with: 1.) full knowledge of all of Vendors business activities, 2.) full knowledge of the requirements and possible penalties under the law MCL 129.311 et seq. and 3.) the full and complete authority to make this certification on behalf of the Vendor, by his/her signature below, certifies that: the Vendor is NOT an "IRAN LINKED BUSINESS" as require by MCL 129.311 et seq., and as such that Vendor is legally eligible to submit a bid and be considered for a possible contract to supply goods and/or services to the City of Troy.

Signature of Vendor's Authorized Agent: _____

Printed Name of Vendor's Authorized Agent: _____

Witness Signature: _____

Printed Name of Witness: _____



**STATEMENT OF NO BID
CITY OF TROY**

BID NUMBER: RFP-COT 22-19
TITLE: Emergency Medical and First Responder Services

Please Send or Fax To:

City of Troy Purchasing Department
 500 W. Big Beaver Rd.
 Troy, MI 48084

FAX NUMBER: (248) 619-7608

We, the undersigned, have declined to bid on the subject bid for the following reasons:

Check All That Apply	REASON
	Our company does not handle the type of product / service
	We cannot meet the specifications nor provide an approved alternate – please explain below
	Our company is not interested in bidding at this time
	Job is too small
	Job is too large
	Cannot be competitive
	Liability Issues such as insurance, bonding, indemnification, hold harmless
	Insufficient time to respond – please explain below
	Our company's schedule would not permit performance of the specifications
	Other – describe below

REMARKS:

COMPANY INFORMATION:

COMPANY NAME: _____ on the bid list for the item described above.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

TITLE: _____

COMPANY ADDRESS: _____

FAX NUMBER: _____ TELEPHONE NUMBER: _____

IMPORTANT NOTE: To qualify as a respondent to the proposal, the vendor must submit a proposal or return this completed form.

VENDOR REGISTRATION: The City of Troy uses the MITN website for vendor registration, bid and tabulation posting, award information and other processes. Final bid results will be posted on the MITN Purchasing Group website after award. Please register to see results – www.bidnetdirect.com/city-of-troy-mi

CITY OF TROY MONTHLY & DAILY EMS CALL AVERAGE - 2022

ALS	January	February	March	April	May	June	July	August	September	October	November	December	Year to Date
Total Priority 1 (emergent) Responses	414	313	338	396	427	413	356						2657
Total Priority 3 (non emergent) Responses	405	293	350	356	404	430	408						2646
Total Ambulance Responses	819	606	688	752	831	843	764						5303

PFR	January	February	March	April	May	June	July	August	September	October	November	December	Year to Date
Total Priority 1 (emergent) Requests	360	288	318	329	358	349	296						2298
Total Priority 3 (non emergent) Requests	129	96	118	108	130	113	137						831
Total PFR Requests	489	384	436	437	488	462	433						3129

Total Response Requests (Pri. 1 and 3)	689	557	632	678	727	726	683						4692
--	-----	-----	-----	-----	-----	-----	-----	--	--	--	--	--	------

*This is total # of incidents which may include multiple PFR or ALS Units.



Executive Summary

The City of Troy has completed an evaluation of the EMS system utilizing five years of historical data between 2019-2023. The evaluation included comprehensive quantitative data and Geographic Information System (GIS) analyses to determine the distribution, concentration, and reliability of fixed and mobile response forces emergency medical services (EMS).

A comprehensive assessment of the estimated revenues within the city's EMS system demand was completed so that the city and department leadership can consider policy options to meet expectations and introduce high transparency with the public.

This executive summary highlights the most substantive recommendations and alternatives developed for consideration.

Overall, five interwoven themes were utilized to evaluate potential EMS system configurations. These included various configurations of financial estimates, staffing, and alternative response time objectives.

Options for improving the performance between 2 to 4 minutes were evaluated, with a 6-minute travel time providing the best performance while

balancing the return on investment.

Once fully implemented, the City of Troy's citizens and visitors would receive improved EMS response capability, reduced reliance on fire apparatus for EMS incidents, and maintained or improved response time performance for the most critical EMS incidents.

Substantive alternatives include creating a transport model for the City of Troy that can respond to and transport over 90% of the requests for EMS services within the community.

Adopting a properly resourced EMS system design will improve response times and provide for long-term operational and fiscal sustainability.

In addition, there is an opportunity for greater efficiency in providing EMS that can reduce the number of resources sent to incidents.

Finally, the recurring estimates for the net impact to the general fund after the first year of start-up would be between \$2.3m and \$2.6m.

Considering the analyses completed in this report, it is anticipated that any EMS provider will require public subsidy to continue providing services in the future.

Top Five Priorities

1. Ensure long-term fiscal and operational sustainability for the provision of EMS.
2. Improve EMS system response time by up to 4 minutes to a 6-minute travel time goal.
3. Evaluate and select the desired system design, response time objectives, and employee schedules.
4. Develop objective, transparent, and accountable performance criteria.
5. Outsource EMS billing to a 3rd party vendor.

Historical Performance

The department understands the relative opportunity to improve the citizens' experience by maximizing the efficiency of the dispatch interval and turnout time. Dispatch Time is defined as the time from when the 911 center receives a request for service until the fire department is notified to respond. Turnout Time is defined as the time between the fire department being notified of a call (dispatched) and when they are actually driving to the incident.

The National Fire Protection Association (NFPA) 1710 and 1225 recommend a 64- and 60-second dispatch time, respectively. The current performance is 3.3 minutes for all emergent calls at the 90th percentile.

Similarly, the NFPA and the Commission on Fire Accreditation International (CFAI) recommend a turnout time of 60 seconds for EMS incidents and between 80 and 90 seconds for non-EMS incidents, respectively. The current performance is 1.5 minutes for emergent incidents.

Travel Time is measured from when the apparatus and crews make a notification that they are driving to the incident until they notify that they are on-scene. NFPA 1710 recommends a 4-minute travel time at the 90th percentile for BLS first response and 8 minutes for ALS arrival. CFAI had historically provided for a 5.2-minute travel time at the 90th percentile. The current performance is 10.1 minutes for the arrival of any AMH unit.

Response Time is the total time from 911 receipt to arrival, which is 13.5 minutes for emergencies.

Recommendations

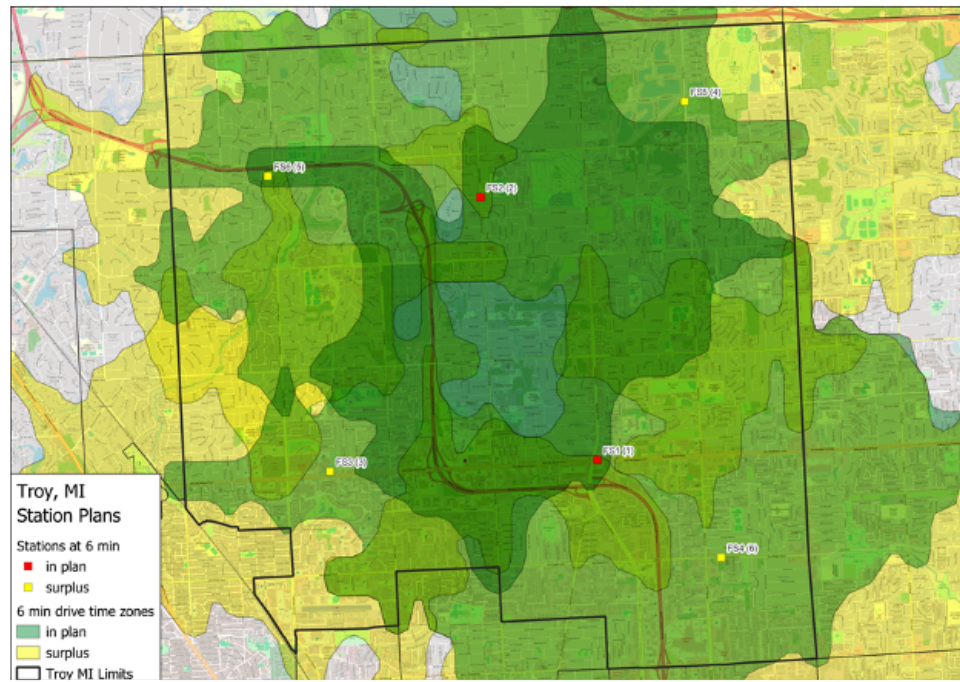
The department should explore opportunities to improve the historical dispatch time, as evidenced by AMH.

The department should identify and adopt the desired response time.

2023 90th Percentile Response Time Performance

Response Status	Call Severity	Dispatch Time (Minutes)	Turnout Time (Minutes)	Travel Time (Minutes)	Response Time (Minutes)	Sample Size ¹
Emergent	A	14.4	2.1	11.7	25.5	117
	B	3.4	1.6	10.9	13.6	1,432
	C	3.3	1.6	9.8	13.4	2,234
	D	3.0	1.5	9.9	13.0	2,373
	E	2.9	1.2	9.1	12.2	154
	O	--	--	--	--	6
	Not Reported	--	--	--	--	4
	Total	3.3	1.5	10.1	13.5	6,320
Non-Emergent	A	12.4	2.7	17.8	26.3	3,072
	B	13.7	2.3	16.3	21.5	572
	C	15.4	3.7	15.0	29.4	82
	D	13.1	2.1	13.2	23.7	39
	E	--	--	--	--	7
	O	5.7	2.0	17.9	23.3	145
	Not Reported	10.3	2.8	12.7	25.3	80
	Total	12.5	2.6	17.5	25.5	3,997
Total	5.6	1.8	13.7	18.8	10,317	

Distribution Study



Observation

An adequately resourced and deployed EMS system can improve travel time by 4 minutes at the 90th percentile.

Response-time elements were evaluated for the city jurisdiction. The system should be able to provide coverage for a 6-minute travel time by deploying from two of the city's fire stations.

The system-level total response time for emergency responses for the arrival of any AMH unit was 13 minutes at the 90th percentile. This corresponds with a travel time of 10.1 minutes at the 90th percentile.

Overall, a properly resourced and deployed EMS system can improve travel time by 4 minutes at the 90th percentile.

Call Severity	Dispatch Time (Minutes)	Turnout Time (Minutes)	Travel Time (Minutes)	Response Time (Minutes)	
A	14.4	2.1	11.7	25	
B	3.4	1.6	10.9	13	
C	3.3	1.6	9.8	13	
D	3.0	1.5	9.9	13	
E	2.9	1.2	9.1	12	
O	--	--	--	--	
Not Reported	--	--	--	--	
Total	3.3	1.5	10.1	13	
nt	A	12.4	2.7	17.8	26
	B	13.7	2.3	16.3	21
	C	15.4	3.7	15.0	29
	D	13.1	2.1	13.2	23
	E	--	--	--	--
	O	5.7	2.0	17.9	23
	Not Reported	10.3	2.8	12.7	25
Total	12.5	2.6	17.5	25	
Total	5.6	1.8	13.7	18.8	

Concentration Study

The concentration of resources sufficient to respond to the frequency and duration of the community demand is utilized to evaluate the efficacy of the deployment strategy for the identified risk. Analyses reveal that the system has an average hourly demand of approximately 1.2 requests for EMS service per hour during peak periods. The system made 12,976 responses to 7,554 EMS incidents at an average of 1.8 responses per call. This reflects assigning and reassigning multiple units on a single incident, incidents with multiple patients, and other multiple-unit responses, such as a BLS unit and an ALS fly car or the first response unit's participation. Overall, it is a reasonable average resource commitment given the nature of the deployment model.

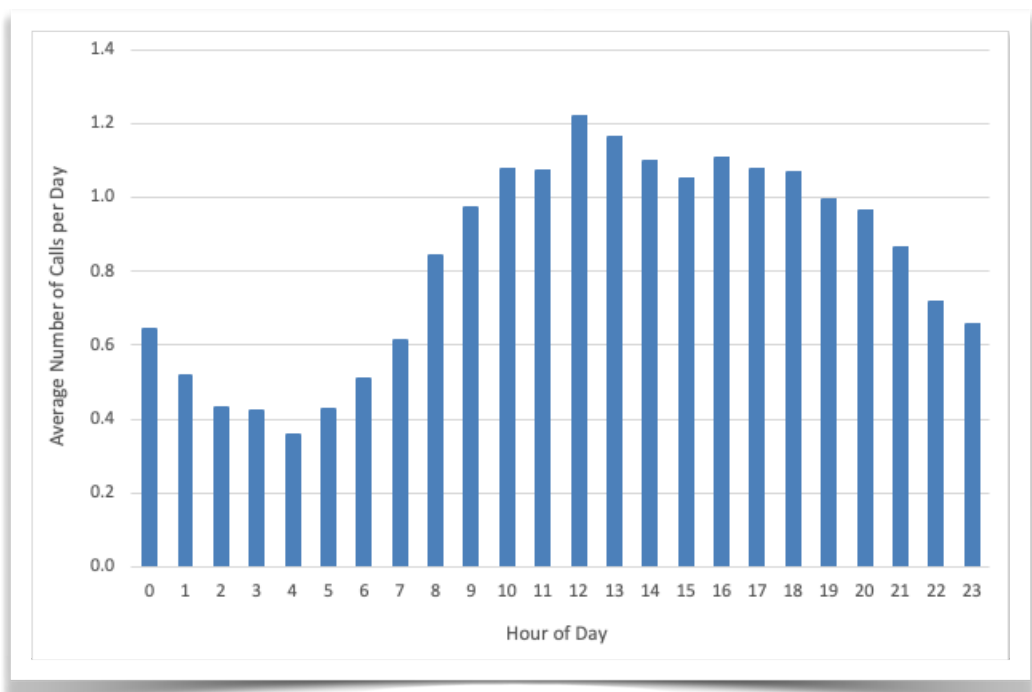
Observation

There may be an opportunity to align better the number of resources assigned to the severity of the EMS incident.

Call Type	Number of Calls ¹	Number of Responses ²	Average Responses per Call	Average System Busy Minutes per Call ³	Total Busy Hours	Responses with Time Data ⁴	Average Busy Minutes per Response	Average Calls per Day	Average Responses per Day
Breathing Difficulty	562	1,146	2.0	59.1	761.2	1,146	39.9	1.5	3.1
Cardiac and Stroke	815	1,653	2.0	57.8	1,105.6	1,653	40.1	2.2	4.5
Fall and Injury	1,637	2,957	1.8	51.9	1,771.1	2,957	35.9	4.5	8.1
Illness and Other	2,609	4,270	1.6	50.1	2,553.7	4,270	35.9	7.1	11.7
MVA	406	876	2.2	43.3	435.4	876	29.8	1.1	2.4
Overdose and Psychiatric	498	676	1.4	53.2	463.8	676	41.2	1.4	1.9
Seizure and Unconsciousness	727	1,398	1.9	56.7	922.7	1,398	39.6	2.0	3.8
Total	7,254	12,976	1.8	52.6	8,013.5	12,976	37.1	19.9	35.6

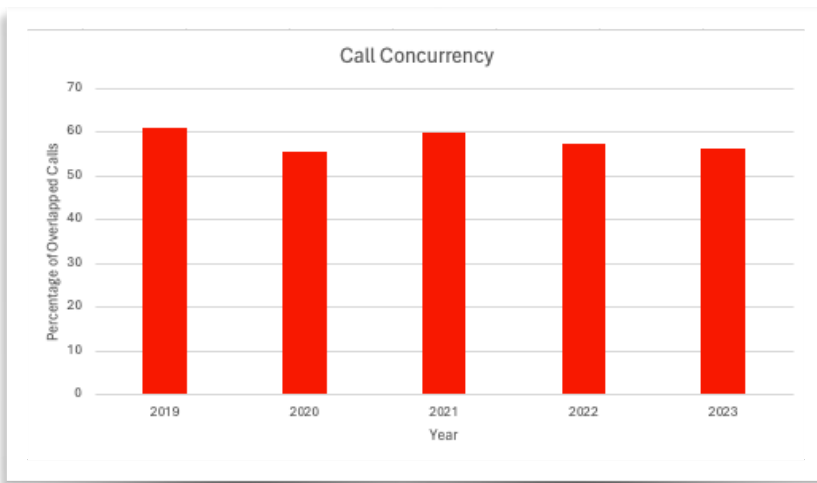
However, it is also reasonable to assume that the resource commitment per incident will be closer to 1.0 if the system is fully resourced with ambulances.

In other words, if there was greater confidence in the availability of resources and compliance with the desired response time, there may be opportunities to align better the number of resources sent to each level of EMS severity.



EMS System Resiliency and Deployment

The highest rate of call concurrency occurred in 2019 at 60.9%. In other words, approximately 39% of the time a call can occur within Troy’s jurisdiction and it can be completed before a second or greater call occurs. The rate of call concurrency over the 5-years has remained consistent at 58.1%.

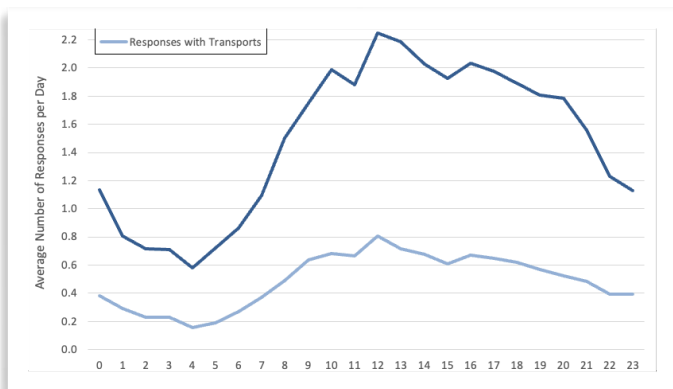
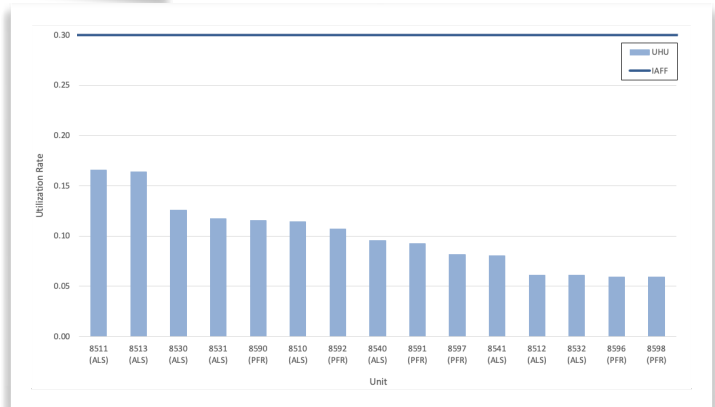


Recommendations

1. While deploying 12-hour shifts, the upper threshold for UHUs should be 45% as a planning threshold with a do-not-exceed value of 50%.
2. If the department considered 24-hour shifts, it is recommended that 0.25 UHUs, or 25%, is utilized as a planning threshold with a do-not-exceed value of 30%.

Unit Hour Utilization (UHU) is an objective measure of time on task for deployed resources. Historically, the system UHU has been well below the upper threshold for workload. In other words, the workload is not a limiting factor for any challenges to performance.

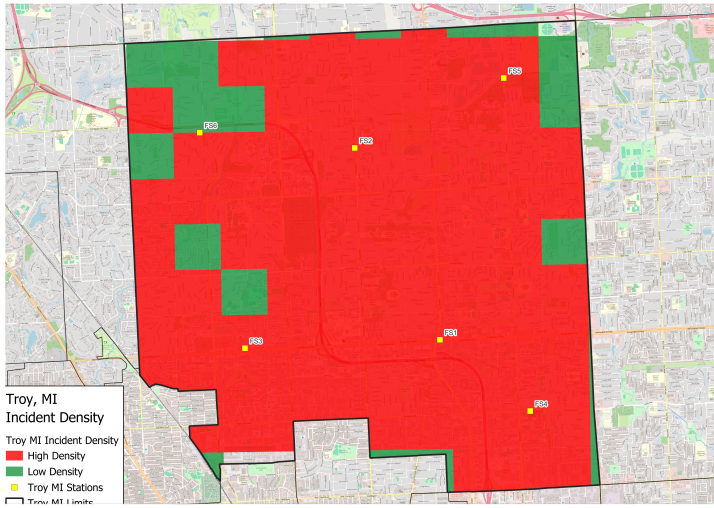
The current EMS system did not have an individual unit with a UHU greater than 17%.



Transport rates, as a function of the number of responding units, were evaluated across the course of the 24-hour period.

Due to the deployment strategies currently employed, there may be an opportunity to better align the resources to risk.

Commensurate Risk Model and Projected Growth



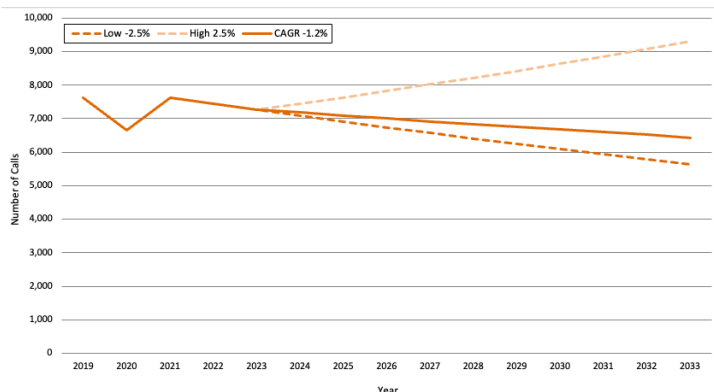
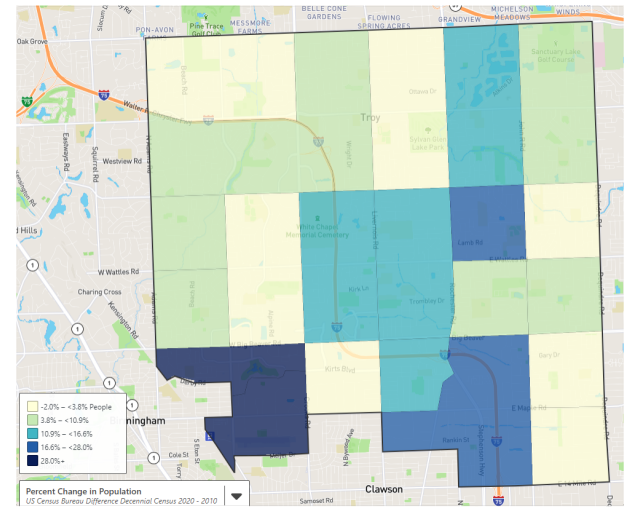
The call density analysis calculates the relative concentration of incidents based on approximately 0.5 geographic areas and at least half of the adjacent 0.5 grids. This assessment is based on call density, not population. The red areas are high-density service areas, and the green areas are low-density.

Recommendation

The system should continue to monitor changes in the environment related to population growth and increased community demand.

Population growth projections through 2031 were evaluated. The City of Troy had the greatest projected increase in population at a rate of nearly 4%. The city's southwest corner is projected to grow most at a significant >28% increase.

The figure below depicts observed annual call volume from 2019 to 2023 and projected growth in annual call volume from 2023 to 2033. Projections were made based on the Compound Annual Growth Rate (CAGR; -1.2%), or annualized average, derived from five years of observed call volume data, as well as one lower and one higher hypothetical annual growth rate scenario to provide a plausible range around the CAGR.



Interpreting growth data with a small sample size should be used with caution. The system should maintain a 5-year rolling average growth rate to assist in action planning and decision-making.

In addition, calls provided by outside agencies were not available in the analyzed data set, which understates the true demand.

Assessment of Patient Transports

The transport rates and call durations were evaluated to articulate the overall demand for services, and the call durations were utilized for all subsequent deployment modeling.

Transports Rates by the Medical Priority Dispatch (MPDS) Determinant

The transport rates were evaluated by MPDS determinants. The determinant with the highest transport rate was Delta incidents, which are emergent higher acuity incidents, at 75.8%. The second highest rate of transports was for Charlie incidents, which are traditionally defined as non-emergent Advanced Life Support (ALS) events. The overall transport rate was 57.8%.

Call Type	Non-Transport		Transport		Total Number of Calls	Transport Rate (%)
	Average Call Duration (Minutes)	Number of Calls	Average Call Duration (Minutes)	Number of Calls		
A	31.1	1,445	74.5	1,448	2,893	50.1
B	23.2	691	71.4	714	1,405	50.8
C	33.7	373	68.6	942	1,315	71.6
D	32.9	321	71.4	1,007	1,328	75.8
E	51.5	52	91.0	37	89	41.6
O	34.9	97	69.4	48	145	33.1
Not Reported	42.7	88	86.2	3	91	3.3
Total	30.7	3,067	72.0	4,199	7,266	57.8

Observation

The transport rates, consistency throughout the 24 hours, and the at-hospital time commitments are within the national experience.

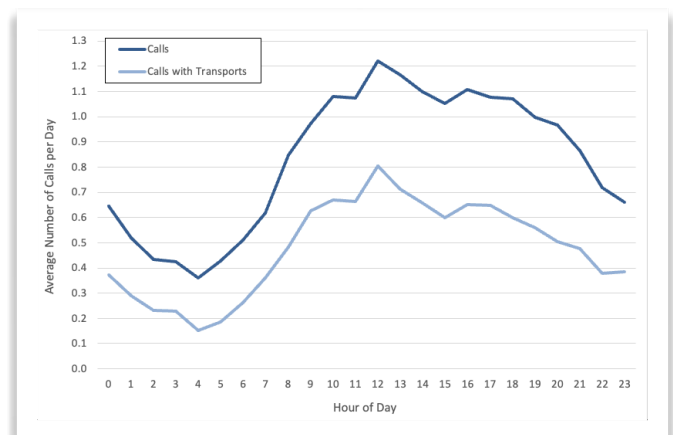
Transport rates were evaluated over a 24-hour period. The evaluation intends to look for consistency. In other words, the assumption is that a consistent transport rate indicates clinically based decision-making. Conversely, if the transport rate drops during peak periods or overnight, clinician-focused decisions might influence the system's performance.

Ambulance Wall Times

Beaumont and Cornwell Health account for 94% of the patient transport destinations. At the 90th percentile, the wall time for all facilities is 38.9 minutes. While best practice may be closer to 20 minutes, this is a reasonably at-hospital duration.

Transport Destination	Number of Responses	Wall Time (Minutes)	
		Average	90 th Percentile
Beaumont Hospital - Troy	2,521	24.5	36.9
Corewell Health William Beaumont University Hospital - Royal Oak	1,504	28.5	41.6
Ascension Providence Rochester Hospital	70	26.0	37.7
Trinity Health - Oakland (St. Joseph Mercy)	64	23.8	37.5
Ascension Macomb-Oakland Hospital - Madison Heights	34	19.2	30.6
Not Reported	27	29.2	51.0
Ascension Providence Hospital - Southfield	12	25.5	41.4
Henry Ford West Bloomfield Hospital	11	26.9	40.4
Henry Ford Macomb Hospital - Clinton Township	8	17.7	--
Ascension Macomb-Oakland Hospital - Warren	4	27.2	--
Children's Hospital of Michigan - Troy	3	20.0	--
Ascension Macomb-Oakland Hospital - ER	2	16.0	--
Henry Ford Hospital - Detroit	2	23.1	--
McLaren Oakland Hospital	2	19.2	--
Ascension (Not Otherwise Specified)	1	23.4	--
Beaumont Hospital - Farmington Hills	1	31.3	--
Other	1	0.1	--
Total	4,267	25.9	38.9

Transports Destinations and



Finally, many variables, such as technology and/or personnel management, may influence the duration of the stay at the hospital.

Efficacy of Response Time Objectives

A sensitivity to response time has long been a primary driver of EMS system design and resourcing. The prevailing result is an institutional belief that faster is better, where patient outcomes positively correlate with response times. A 1979 study out of King County, Washington, became a foundational piece for developing NFPA 1710 and the CFAI Accreditation Standards. The study concluded that BLS delivered in 4 minutes and ALS delivered within 8 minutes, which positively correlated with patient outcomes. Thus, this set the bar for the standards still influencing system design today. However, the King County study only focused on non-traumatic sudden cardiac arrest (SCA), yet its standards were extrapolated to all call types. A follow-up study by Weaver et al. (1984) became the foundation for the 90th percentile standard of 8 minutes 59 seconds adopted by the American Ambulance Association (AAA). Again, this study focused on witnessed SCA presenting with V-Fib, yet the standard was extrapolated to all call types.

Much has changed in EMS since these studies, including an expanded body of research regarding the influence of response time on patient outcomes. Empirical research has expanded the scope to include a much wider representation of call types and responses while still considering response times compared to patient outcomes. The culmination of the research indicates that the threshold for response time to influence patient outcome resides around the 5-minute mark. In other words, if a system cannot respond in less than 5 minutes, they are unlikely to positively influence patient outcomes by purchasing any level of performance that cannot meet 5 minutes. However, it is important to recognize that the 5-minute threshold is associated with high-acuity incidents that account for a small proportion of the total calls. A summary of the relevant research is provided below.

Observations

Evidenced-based clinical research coalesces around a response time of 5 minutes or less to have a statistically significant impact on the risk of mortality for the small proportion of high-acuity incidents.

Response time changes above 6 minutes have limited clinical return on investment and are largely a policy decision.

Author	Density	Sample Size	Response Time Threshold	Does Response Time Impact Patient Outcome
Blackwell (2002)	ALS Urban	5,424	5 minutes	Yes < 5 minutes; No > 5 minutes
Pons (2005)	ALS Urban	9,559	4 minutes & 8 minutes	No < 8 minutes; Yes < 4 minutes in intermediate/high risk of mortality
Blackwell (2009)	ALS Urban; BLS MFR	746	10:59	No > or < 10:59
Blanchard (2012)	ALS Urban	7,760	8 minutes	No > or < 8 minutes
Weiss (2013)	Metro/Urban and Rural	559	N/A Continuous Variable	No relationship between time and clinical outcomes
Pons (2002)	ALS Urban	3,490	8 minutes	No > or < 8 minutes after controlling for severity of injury
Newgard (2010)	ALS Urban	3,656	4 minutes & 8 minutes and Golden Hour	No time intervals were statistically related to mortality including response time, on-scene time, transport time, or total EMS time
Band (2014)	ALS Urban; BLS MFR	4,122	N/A Continuous Variable	Adjusted for severity of injury, no significant difference between PD and EMS. In patients with severe injuries, gunshot, or stabbing more likely to survive if transported by POLICE.

Additional research has examined the efficacy of emergency, or lights and sirens, responses. While emergency responses do produce statistically quicker responses and transports, very few have clinical implications for patient outcomes. Studies also found that emergency responses were warranted in less than 10% of ambulance transports, and hospitals didn't utilize the time savings created upon arrival to the emergency department. At the same time, community risk increases with emergency responses as units navigate against the established traffic practices. Research has shown that most accidents involving emergency vehicles occur while they are responding lights and sirens.

Establishing Performance Expectations

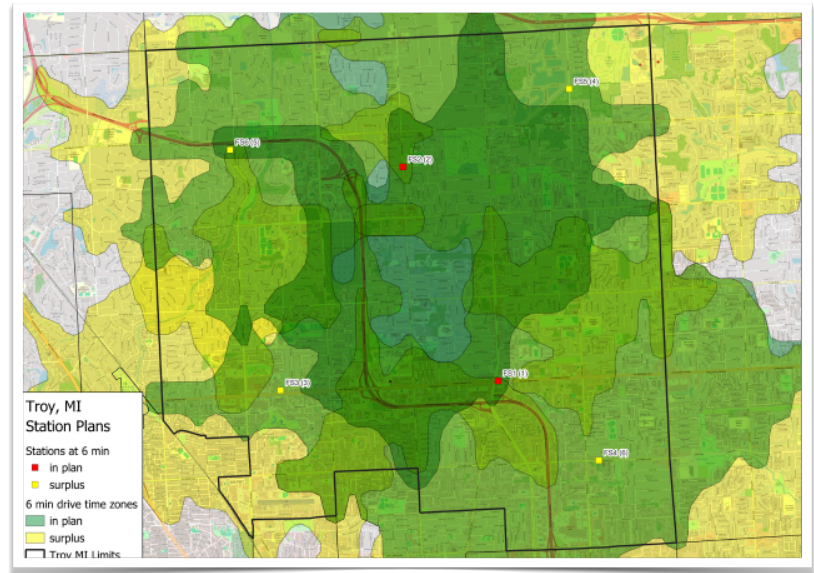
6-Minute Travel Time

Analyses suggest that the department could utilize a deployment strategy with a minimum of 2 stations staffed with a total of 4 ambulances to meet a 6-minute travel time for nearly 92% of the incidents.

The current travel time for any AMH unit arrival is 10.1 minutes at the 90th percentile. Therefore, there is an opportunity for an overall approval of ambulance arrivals by approximately 4 minutes.

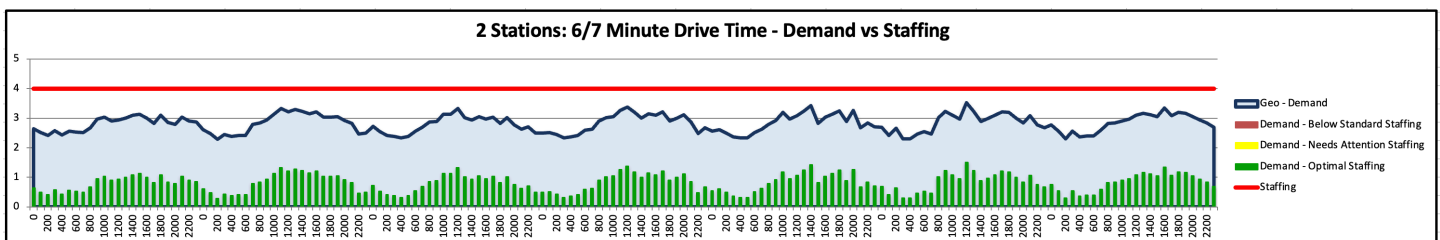
Regarding the marginal utility analyses below, each station location's relative contribution to accomplishing a 6-minute travel time is outlined in the last column labeled "Percent Capture". This cumulative value demonstrates that, if properly resourced, Stations 1 and 2 could capture nearly 92% of the city's EMS calls within 6 minutes.

If all four ambulances are available, they should be located at Stations 1, 2, 3, and 5 in priority order. In other words, if only one resource is left in the city, it should be placed at Station 1.



Rank	Station	Drive Time (Min)	Station Capture	Total Capture	Percent Capture
1	FS1	6	5,653	5,653	77.80%
2	FS2	6	974	6,627	91.21%
3	FS3	6	352	6,979	96.05%
4	FS5	6	77	7,056	97.11%
5	FS6	6	39	7,095	97.65%
6	FS4	6	8	7,103	97.76%

The staffing-to-demand analysis below demonstrates that in order to meet a 6-minute travel time for 90% of the EMS incidents, 4 ambulances will be required 24 hours a day, 7 days a week. The UHU value is 20.7%.



Adjusting for Incomplete Source Data

6-Minute Travel Time
 Analyses suggest that the department could utilize a deployment strategy with a minimum of 2 stations staffed with 4 ambulances to meet a 6-minute travel time for nearly 92% of the incidents.

However, the source data for these analyses do not accurately account for calls handled by mutual/automatic aid requests. For example, for incidents in which AMH was unavailable to respond, the requests for other agencies are not captured in the AMH source data provided. Therefore, a peak-load unit is recommended to provide additional system capacity. This 5th unit would be deployed during the busiest period of the day, seven days a week.

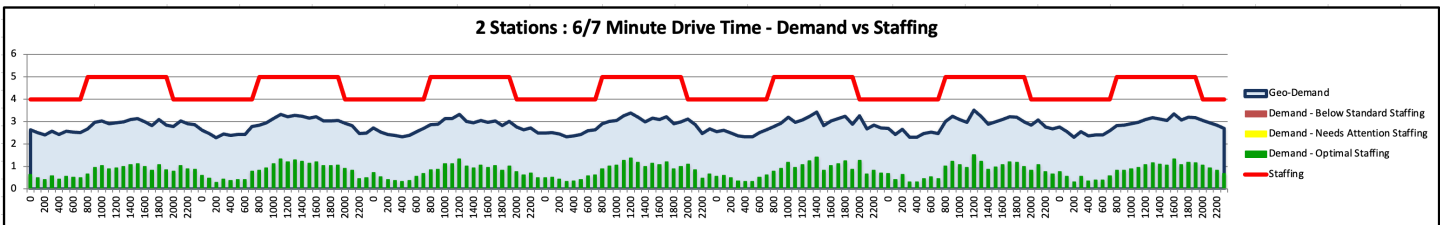
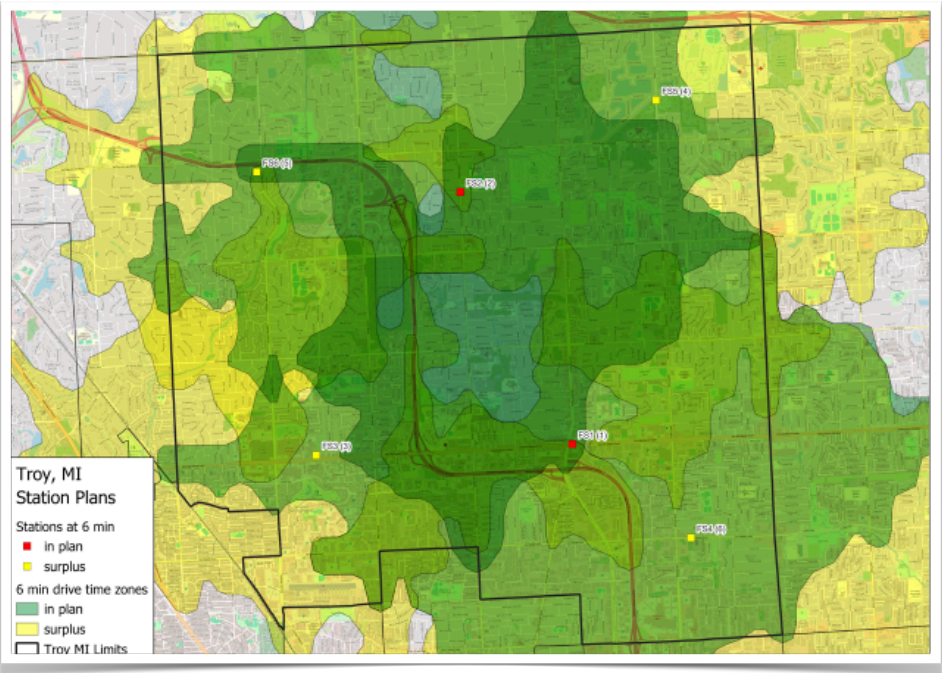
Observations

The source data for these analyses do not accurately account for calls handled by mutual/automatic aid requests.

Therefore, a peak-load unit is recommended to provide additional system capacity. This fifth unit would be deployed during the busiest period of the day, seven days a week.

The current travel time for any AMH unit arrival is 10.1 minutes at the 90th percentile. Therefore, there is an opportunity for an overall approval of ambulance arrivals by approximately 4 minutes.

The staffing-to-demand analysis below demonstrates that in order to meet a 6-minute travel time to 90% of the EMS incidents, 5 ambulances will be required during the busiest 12 hours each day and 4 ambulances overnight 7 days per week. The UHU value is 18.4%.



Estimated Personnel Costs and Assumptions

Personnel costs were estimated based on multiple assumptions and with coordination with the city. It is understood that the administrative capacity is subject to greater flexibility on policy desires. However, ambulance staffing has less flexibility if the adopted performance objectives are intended to be met with fidelity.

The scenarios utilized staffing strategies with a 42-hour workweek for ambulance personnel. All administrative positions were assumed to work a traditional 40-hour per week schedule except the Lt. Field Supervisors at 42 hours per week.

All schedules included the inherent overtime (OT) cost and a 30% fringe rate associated with the desired schedule. Finally, staffing multipliers were utilized to cover the average employee leave. In this manner, average leave or less would be accounted for with existing personnel, while above-average leave would utilize OT to fill vacancies.

Observations

The 42-hour work week was the most fiscally responsible schedule for field personnel compared to 48-hour and 56-hour work weeks.

Administrative Staffing

Position	Hourly Rate	Scheduled Hours	Scheduled OT Hours	Salary w/ Scheduled OT	Fringe	Total Compensation	Staffing Multiplier
Deputy Chief	\$60	2,080	0	\$124,800	30%	\$162,240	1.00
Captain	\$57	2,080	0	\$118,560	30%	\$154,128	1.00
Lt. EMS Field Supervisor	\$34	2,184	104	\$76,024	30%	\$98,831	5.00
Administrative Assistant	\$22	2,080	0	\$45,760	30%	\$59,488	1.00
Communications Supervisor	\$36.00	2,080	0	\$74,750	30%	\$97,175	1.00
Dispatcher	\$28	2,080	0	\$57,907	30%	\$75,279	3.00
Medical Direction				\$0		\$200,000	1.00
Total						\$1,393,025	

EMS Personnel

Position	Hourly Rate	Scheduled Hours	Scheduled OT Hours	Salary w/ Scheduled OT	Fringe	Total Compensation	Staffing Multiplier
EMT	\$24	2,184	104	\$53,664	30%	\$69,763	5.00
PM	\$28	2,184	104	\$62,608	30%	\$81,390	5.00
Total Per Unit Personnel Costs						\$755,768	

Estimated Capital and Equipment Costs

Category	Year 1 Cost	Lifespan	Year 2 Recurring Costs
Vehicle	\$340,300		\$87,408
Type III Ambulance Unit	\$225,000	6	\$37,500
Mobile Radio w/remote head	\$9,600	6	\$1600
Modem 2/ Antenna	\$1,800	6	\$300
MDT and Stand	\$3,500	6	\$583
Cellular	\$1,440	1	\$1,440
Fuel	\$10,159	1	\$10,159
Maintenance and Repair	\$15,870	1	\$15,870
Reserve Units at 30%	\$77,163		\$19,956
Capital Equipment - ALS	\$144,498		\$21,702
Portable Radio x2	\$17,500	10	\$1,750
Backboard x2	\$168	6	\$28
Monitor Defibrillator	\$40,000	10	\$4,000
Portable Suction Unit	\$850	6	\$142
Stretcher - Power Load	\$30,000	6	\$5,000
Stretcher - Power Lift	\$28,000	6	\$4,667
Stretcher - Scoop	\$800	10	\$80
Stair chair	\$5,000	6	\$833
ePCR Tablet	\$1,300	3	\$433
Reserve Equipment at 30%	\$20,880		\$4,769
Disposable Equipment - ALS	\$6,985	2	\$3,493
Consumable Supplies - ALS	\$5,552	1	\$5,552
Per Unit Cost - ALS Ambulance	\$497,335		\$118,154

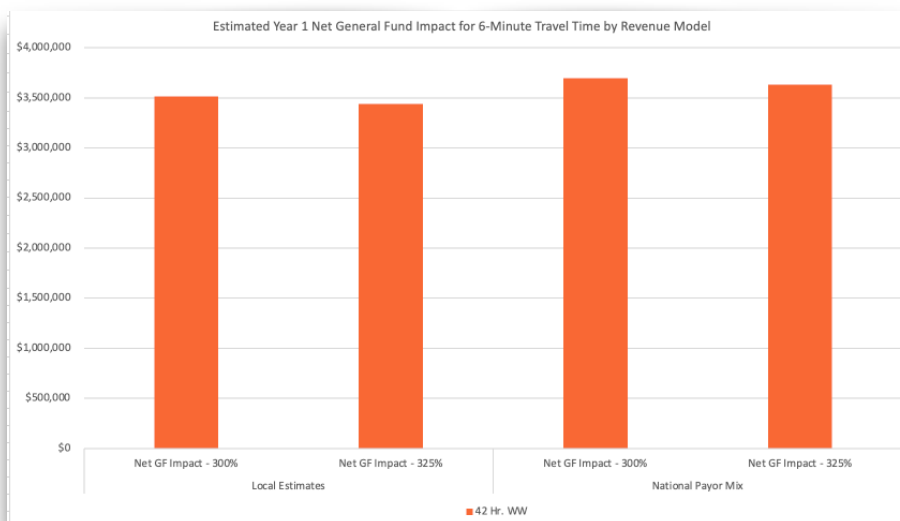
Fiscal Analysis - 6-Minute Travel Time (4 Unit)

To assist in the policy discourse, a fiscal analysis was completed to estimate the Year 1 (start-up) and Year 2 (ongoing) costs. Four revenue model strategies were utilized throughout this assessment. All scenarios include 24-hour-a-day and 7-day-a-week ambulance coverage.

The 6-minute travel time scenarios require the deployment of four ambulances.

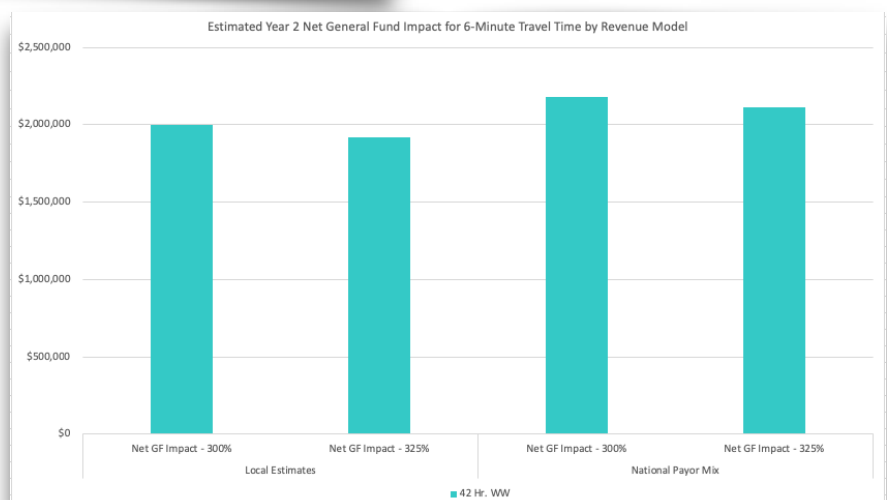
Year 1 Net General Fund Impact

The Year 1 estimates include purchases of new capital and equipment and personnel costs. The net impact on the general fund in Year 1 is estimated between \$3.4m and \$3.7m.



Year 2 Net General Fund Impact

The Year 2 estimates include depreciation of new capital and equipment and personnel costs. Year 2 (ongoing) costs held constant revenues and expenditures as no historical perspective existed. The net impact on the general fund in Year 2 is estimated between \$1.9m and \$2.2m.



Observations

A 6-minute travel time requires four ambulances deployed 24 hours daily and seven days weekly.

This deployment will improve overall arrival time by 4 minutes.

The Year 1 net impact on the general fund is estimated between \$3.4m and \$3.7m.

Depending on the revenue model chosen, the Year 2 net impact to the general fund is estimated between \$1.9m and \$2.2m.

All estimates included the current ambulance contract value of \$814,680.

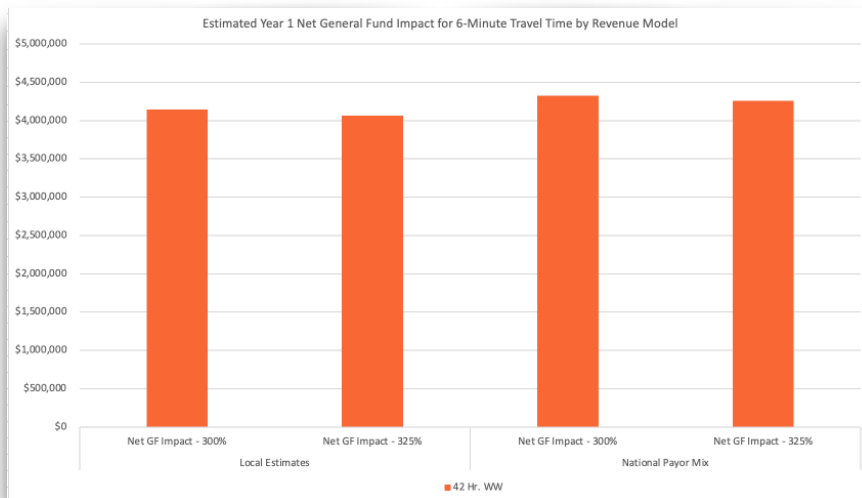
Fiscal Analysis - 6-Minute Travel Time (5 Unit)

To assist in the policy discourse, a fiscal analysis was completed to estimate the Year 1 (start-up) and Year 2 (ongoing) costs. Four revenue model strategies were utilized throughout this assessment. All scenarios include 24-hour-a-day and 7-day-a-week ambulance coverage.

The 6-minute travel time scenarios require the deployment of five ambulances during the peak of the day and four ambulances during non-peak hours.

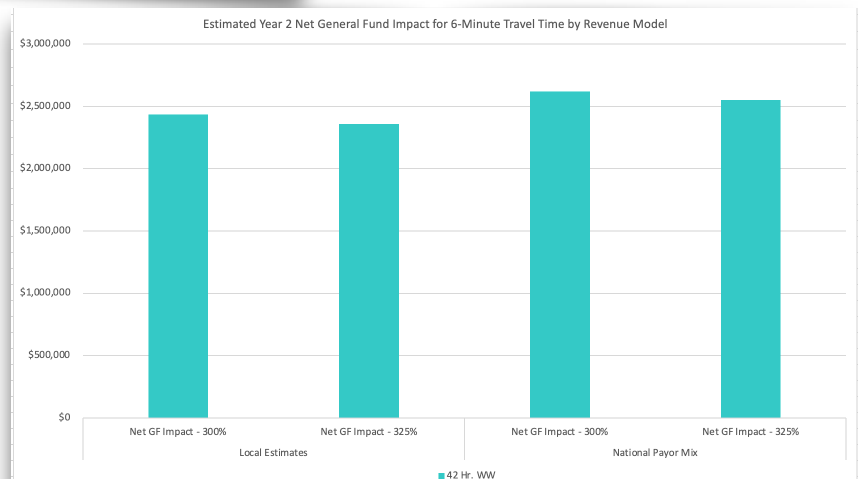
Year 1 Net General Fund Impact

The Year 1 estimates include purchases of new capital and equipment and personnel costs. The net impact on the general fund in Year 1 is estimated between \$4.0m and \$4.3m.



Year 2 Net General Fund Impact

The Year 2 estimates include depreciation of new capital and equipment and personnel costs. Year 2 (ongoing) costs held constant revenues and expenditures as no historical perspective existed. The net impact on the general fund in Year 2 is estimated between \$2.3m and \$2.6m.



Observations

A 6-minute travel time requires four ambulances deployed 24 hours daily and seven days weekly.

This deployment will improve overall arrival time by 4 minutes.

The Year 1 net impact on the general fund is estimated between \$4.0m and \$4.3m.

Depending on the model chosen, the Year 2 net impact on the general fund is estimated between \$2.3m and \$2.6m.

All estimates included the current ambulance contract value of \$814,680.

Alternative Response Times to Reduce Costs

Community demand for emergency medical services for all 911 requests was evaluated. Analyses were completed to assess the proposed deployment of ambulance services within the City of Troy.

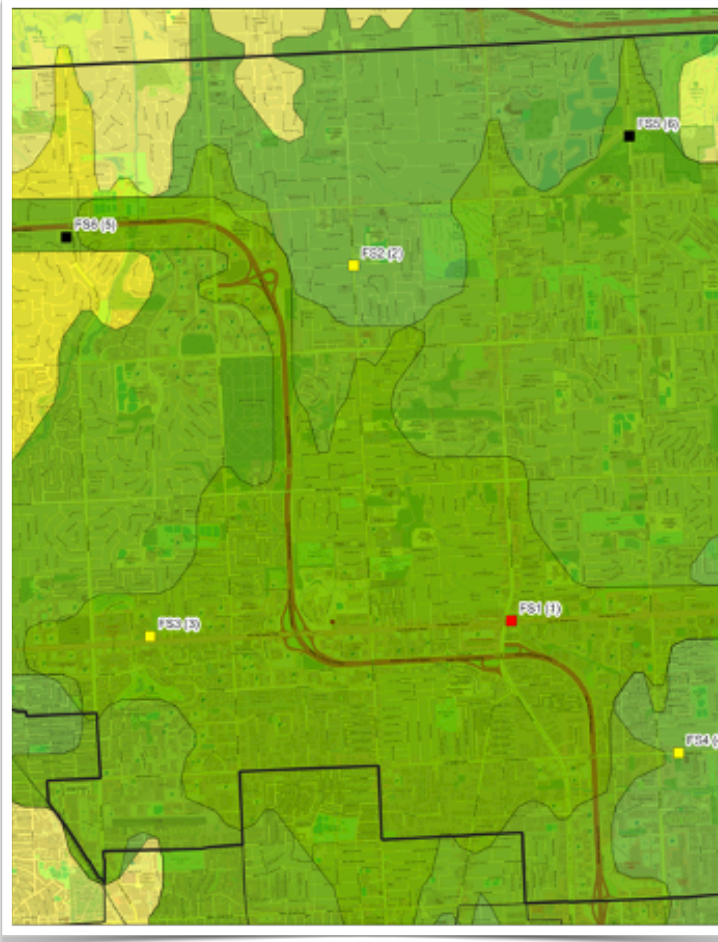
Elongating the response time in an effort to reduce costs is a common strategy in EMS systems that are fiscally constrained and/or challenged to meet performance expectations.

Observations

Analyses demonstrate that no response time option will provide fiscal neutrality for the system.

At 8 minutes, the system is no longer geographically constrained and becomes workload-controlled.

Therefore, no fiscal advantage exists to elongating response time to 8 minutes or beyond.

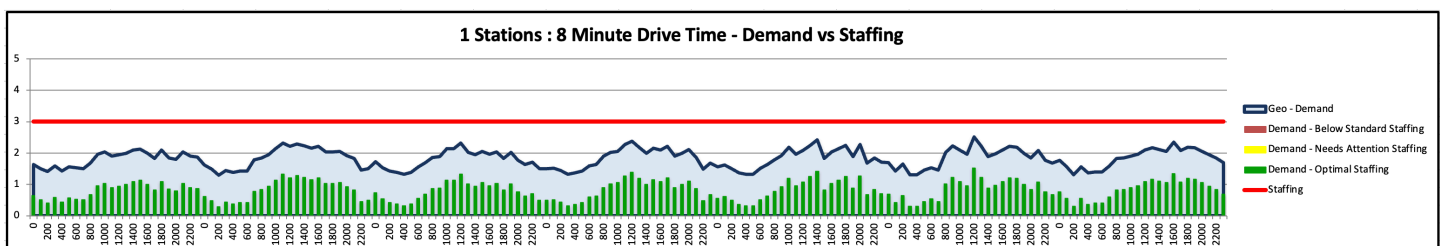


This analysis tested the upper limits of the response time in an attempt to find a fiscally neutral level of service. In other words, was there a sufficiently long response time that reduced the required resource allocation to a cost-neutral expenditure limit?

As previously presented, the shift from 6- or 7-minute travel times to 8 minutes reduced the required deployment needs from 4 to 3 units. However, at 8 minutes, the system is no longer geographically constrained and becomes workload-controlled. Therefore, there is no fiscal advantage to elongating response time beyond 8 minutes.

Finally, the relative efficiency provided by a longer response time of 8 minutes is not sustainable. Due to missing data from automatic and mutual aid responses, a three-unit configuration would be

insufficient to meet community demands.



Appendices - Supporting Documents

The following supporting documents have been provided as foundational resources used to inform the Executive Summary Report. Reports include the following:

- Comprehensive EMS System Quantitative Data Report
- EMS System GIS Report



Appendices - Supporting Documents

Financial
Assessments
and
Supporting
Materials

Estimated Payor Mix

Estimated Payor Mix

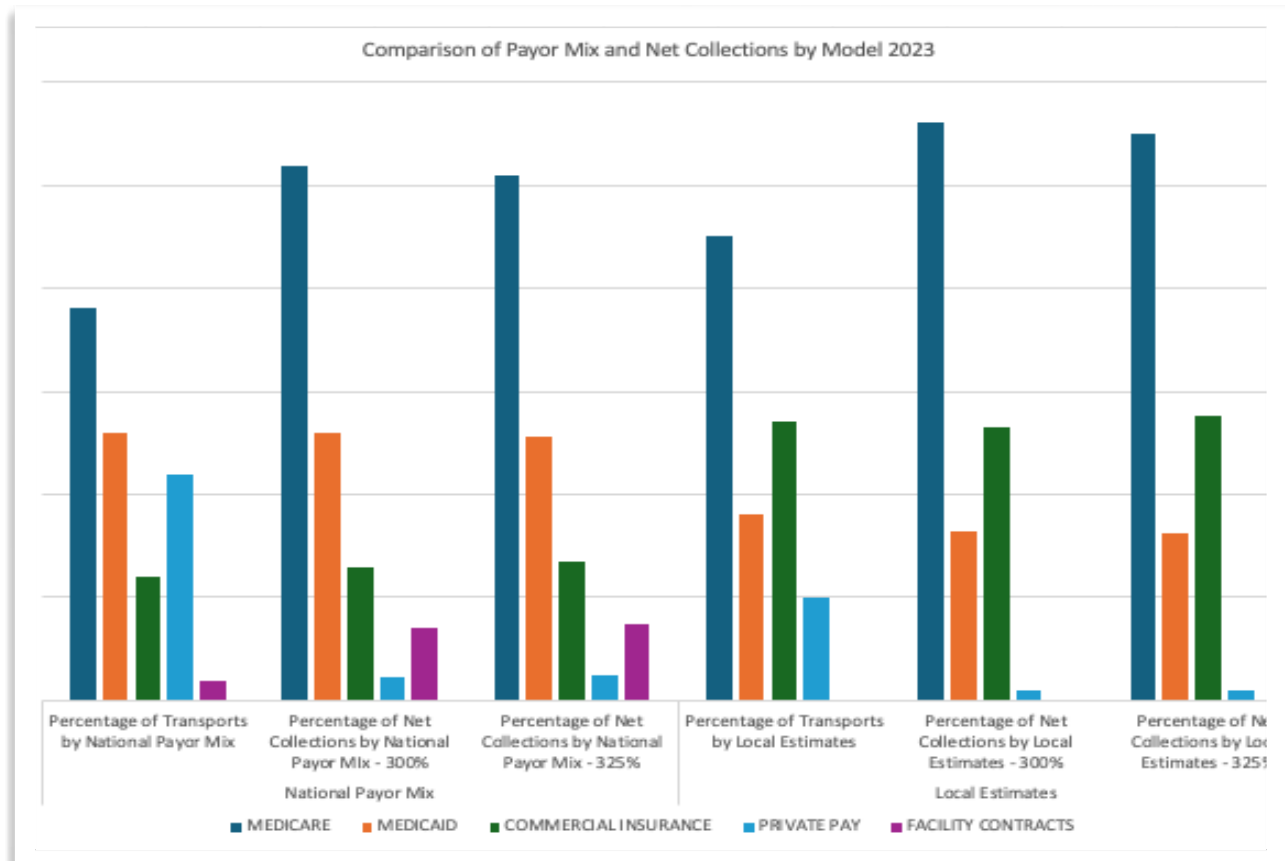
The number of transports for each payor class was compared to the actual net revenue from each payor class. Transport revenues are a product of the volume of transports within the service area, the rates charged for these transports, and the revenues received for these services.

Four scenarios were utilized, including using either 300% or 325% of the Medicare allowable costs and both national experience and local estimates. The largest payor class by transport volume is estimated at Medicare (38%-45%); the second largest is Medicaid (18%–26%), followed by Commercial Insurance (12%–27%) and Private Pay (10% to 22%).

These estimates are reasonable based on the national payor mix and historical collection by payors. The unique socioeconomic and demographic conditions in the City of Troy would suggest that there would be a greater proportion of Medicare and Commercial Insurance and less frequent reliance on Private Pay classes than the national average.

Observation

The unique socioeconomic and demographic conditions in the City of Troy would suggest that there would be a greater proportion of Medicare and Commercial Insurance and less frequent reliance on Private Pay classes than the national average.



Estimated Charges and Collections

Estimated System Gross & Net Charges vs Net Collections

An industry best practice is to examine and compare the rates of similar-sized EMS services throughout the state to current rates annually. This ensures rates are sufficiently above Medicare to collect the maximum amount commercial payors allow. *FITCH* estimated the gross and net charges, contractual adjustments, net collections, and net collection rate for 2023.

Four scenarios were utilized, including either 300% or 325% of the Medicare allowable costs and the national experience and local estimates. The average net cash per trip was \$484. The average gross charge per trip was \$1696, with a net charge of \$999. This demonstrates a limited association between increasing rates charged for service and actual received net collections. In this data, for every 7.7% increase in gross charges, there was a 5.6% increase in net charges per transport and a 3.3% increase in net cash collected per transport. Generally, once an agency has the rates set at 325% of Medicare allowable values, the net collections per transport do not exhibit a meaningful linear relationship.

Average Days in Accounts Receivable or “Days in A/R” is the average time it takes for a service to receive payment from a responsible party.

Recommendation

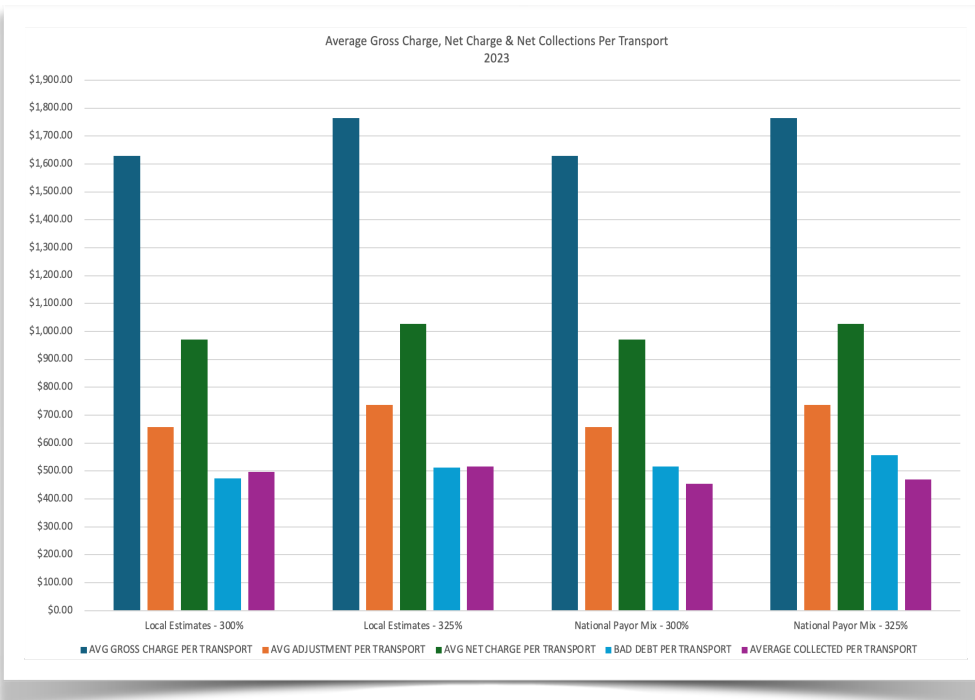
The average net cash per trip was estimated at \$484.

The average gross charge per trip was \$1,696, with a net charge of \$999.

Demonstrates a limited association between increasing rates charged for service and actual received net collections.

Increases in net revenues are typically associated with increases in transports.

The goal for the average number of days in AR should be between 30 and 90 days.



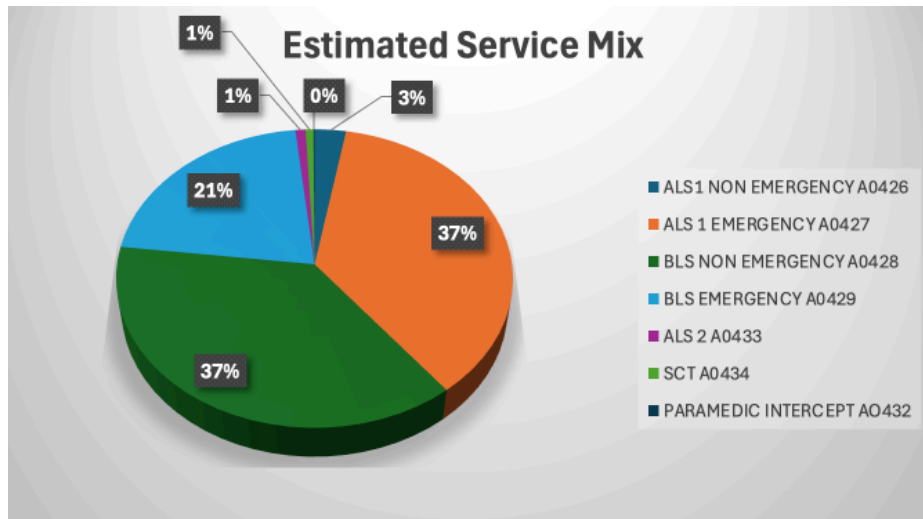
This metric describes insurance payments and patient payments. Agencies need to know how to calculate days in A/R to quantify the efficiency of their billing operations.

The standard calculation for days in A/R is computed by adding up the charges for a rolling period, dividing it by revenue collected, and multiplying by the analyzed period. The recommendation is to outperform the industry average of fewer than 90 days with a goal of 30 days.

Estimates of EMS System Revenues

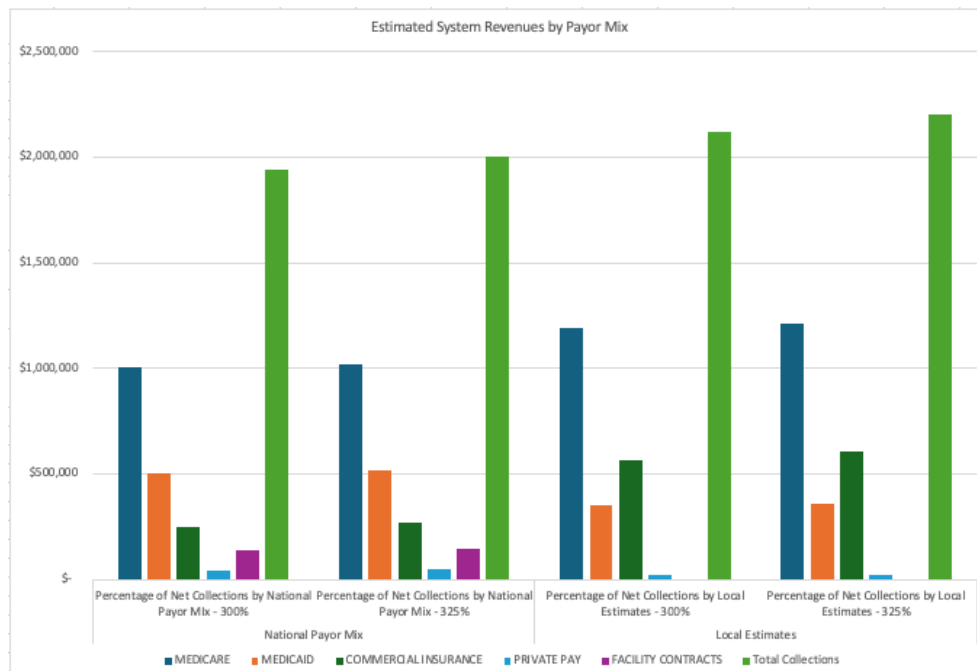
Nationwide Service Level Mix

Service mix refers to the specific types (Emergent and Non-Emergent) and levels (Advanced Life Support, Basic Life Support, and Special Care Transport) of service billed to payors for ambulance services. The system's estimated service mix is 36.6% ALS emergent and ~4% combined for ALS non-emergent and ALS 2. BLS emergent is estimated at 21.4% and BLS non-emergent was 37.5%.



Observations

- This service mix is provided as the nationwide average service mix data provided by CMS.
- ALS transports accounted for 41% of the charges.
- BLS services accounted for 58.9% of the services.
- 58.9% of the transports were classified as emergent.
- Across all model estimates, the total net collections (revenue) available to the system varied between \$1.9m and \$2.2m.



Estimated Total Net Collections by Payor Mix Source

Four scenarios were utilized, including using either 300% or 325% of the Medicare allowable costs and both the national experience and local estimates. Across all model estimates, the total net collections (revenue) available to the system varied between \$1.9m and \$2.2m.

Appendix - Year 1 Fiscal Summary Tables

Year 1 – Local Estimate at 300% Medicare Rate		
	6/7 Minutes (5/4 Units)	6/7 Minutes (4 Units)
Scheduled Workweek	42 Hr. WW	42 Hr. WW
Revenues	\$2,121,802	\$2,121,802
Expenses		
Equipment and Materials Costs	\$2,285,308	\$2,036,640
Personnel Costs	\$4,793,980	\$4,416,096
Total Expenditures	\$7,079,288	\$6,452,737
Public Funding Needed	(\$4,957,486)	(\$4,330,935)
Current Contract Costs	\$814,680	\$814,680
Net General Fund Impact	(\$4,142,806)	(\$3,516,255)

Year 1 – Local Estimate at 325% Medicare Rate		
	6/7 Minutes (5/4 Units)	6/7 Minutes (4 Units)
Scheduled Workweek	42 Hr. WW	42 Hr. WW
Revenues	\$2,199,499	\$2,199,499
Expenses		
Equipment and Materials Costs	\$2,285,308	\$2,036,640
Personnel Costs	\$4,793,980	\$4,416,096
Total Expenditures	\$7,079,288	\$6,452,737
Public Funding Needed	(\$4,879,789)	(\$4,253,238)
Current Contract Costs	\$814,680	\$814,680
Net General Fund Impact	(\$4,065,109)	(\$3,438,558)

Year 1 – National Experience at 300% Medicare Rate		
	6/7 Minutes (5/4 Units)	6/7 Minutes (4 Units)
Scheduled Workweek	42 Hr. WW	42 Hr. WW
Revenues	\$1,940,263	\$1,940,263
Expenses		
Equipment and Materials Costs	\$2,285,308	\$2,036,640
Personnel Costs	\$4,793,980	\$4,416,096
Total Expenditures	\$7,079,288	\$6,452,737
Public Funding Needed	(\$5,139,025)	(\$4,512,474)
Current Contract Costs	\$814,680	\$814,680
Net General Fund Impact	(\$4,324,345)	(\$3,697,794)

Year 1 – National Experience at 325% Medicare Rate		
	6/7 Minutes (5/4 Units)	6/7 Minutes (4 Units)
Scheduled Workweek	42 Hr. WW	42 Hr. WW
Revenues	\$2,005,639	\$2,005,639
Expenses		
Equipment and Materials Costs	\$2,285,308	\$2,036,640
Personnel Costs	\$4,793,980	\$4,416,096
Total Expenditures	\$7,079,288	\$6,452,737
Public Funding Needed	(\$5,073,649)	(\$4,447,098)
Current Contract Costs	\$814,680	\$814,680
Net General Fund Impact	(\$4,258,969)	(\$3,632,418)

Appendix - Year 2 Fiscal Summary Tables

Year 2 – Local Estimate at 300% Medicare Rate		
	6/7 Minutes (5/4 Units)	6/7 Minutes (4 Units)
Scheduled Workweek	42 Hr. WW	42 Hr. WW
Revenues	\$2,121,802	\$2,121,802
Expenses		
Equipment and Materials Costs	\$578,918	\$519,841
Personnel Costs	\$4,793,980	\$4,416,096
Total Expenditures	\$5,372,898	\$4,935,937
Public Funding Needed	(\$3,251,096)	(\$2,814,135)
Current Contract Costs	\$814,680	\$814,680
Net General Fund Impact	(\$2,436,416)	(\$1,999,455)

Year 2 – Local Estimate at 325% Medicare Rate		
	6/7 Minutes (5/4 Units)	6/7 Minutes (4 Units)
Scheduled Workweek	42 Hr. WW	42 Hr. WW
Revenues	\$2,199,499	\$2,199,499
Expenses		
Equipment and Materials Costs	\$578,918	\$519,841
Personnel Costs	\$4,793,980	\$4,416,096
Total Expenditures	\$5,372,898	\$4,935,937
Public Funding Needed	(\$3,173,399)	(\$2,736,438)
Current Contract Costs	\$814,680	\$814,680
Net General Fund Impact	(\$2,358,719)	(\$1,921,758)

Year 2 – National Experience at 300% Medicare Rate		
	6/7 Minutes (5/4 Units)	6/7 Minutes (4 Units)
Scheduled Workweek	42 Hr. WW	42 Hr. WW
Revenues	\$1,940,263	\$1,940,263
Expenses		
Equipment and Materials Costs	\$578,918	\$519,841
Personnel Costs	\$4,793,980	\$4,416,096
Total Expenditures	\$5,372,898	\$4,935,937
Public Funding Needed	(\$3,432,635)	(\$2,995,674)
Current Contract Costs	\$814,680	\$814,680
Net General Fund Impact	(\$2,617,955)	(\$2,180,994)

Year 2 – National Experience at 325% Medicare Rate		
	6/7 Minutes (5/4 Units)	6/7 Minutes (4 Units)
Scheduled Workweek	42 Hr. WW	42 Hr. WW
Revenues	\$2,005,639	\$2,005,639
Expenses		
Equipment and Materials Costs	\$578,918	\$519,841
Personnel Costs	\$4,793,980	\$4,416,096
Total Expenditures	\$5,372,898	\$4,935,937
Public Funding Needed	(\$3,367,259)	(\$2,930,298)
Current Contract Costs	\$814,680	\$814,680
Net General Fund Impact	(\$2,552,579)	(\$2,115,618)



Emergency Medical Services Feasibility Study

City Council Presentation

Prepared for City of Troy, Michigan

December 2024

Top Five Priorities



Ensure long-term fiscal and operational sustainability

Evaluated alternatives that provide greater control of services, accountability and transparency in public funding, and fiscal and operational sustainability.



Improve EMS system response times

An alternative system design can improve the response time of up to four minutes to a 6-minute travel time goal.



Evaluate and select the desired system design, response time objectives, and operational and administrative human capital

Consider the administrative capacity and staffing provided.



Develop objective, transparent, and accountable performance criteria

It is recommended that system measures are developed and adopted to guide the management of the system to meet service expectations.



Outsource EMS billing to a 3rd party

If the city elects to operate a municipal EMS service, it is recommended that patient billing is outsourced to an independent 3rd party.

Response Volume and Busy Time

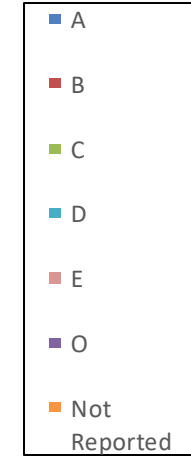
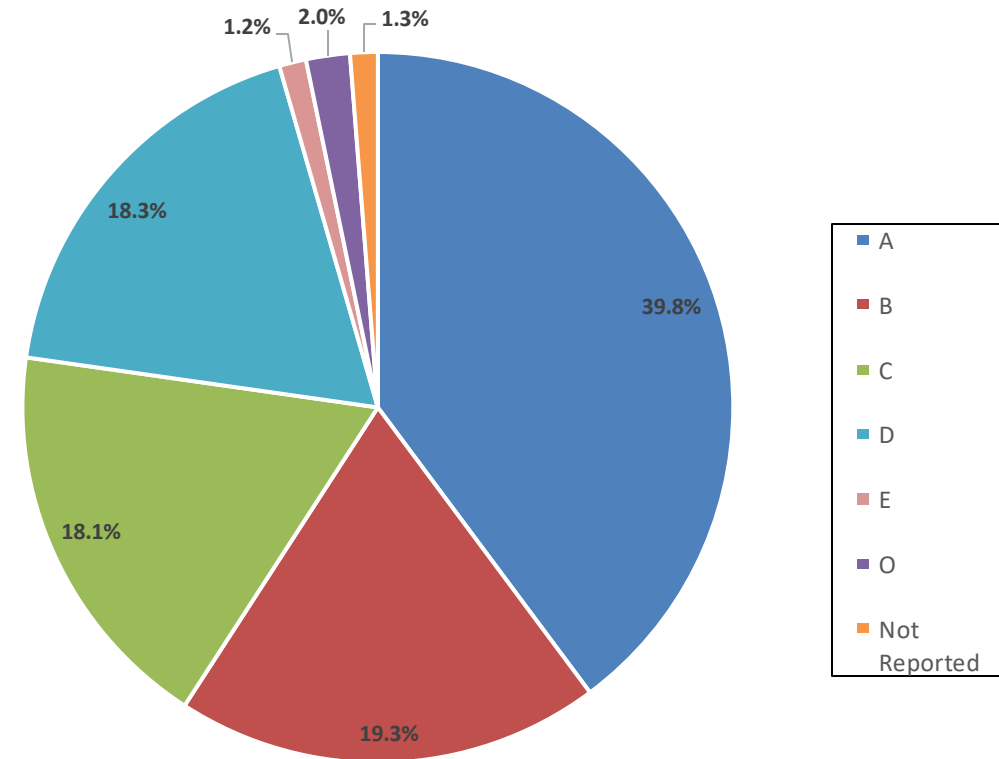
Total Number of Calls: 7,266

Response Volume and Busy Time 2023

Call Type	Number of Calls ¹	Number of Responses ²	Average Responses per Call	Average System Busy Minutes per Call ³	Total Busy Hours	Responses with Time Data ¹	Average Busy Minutes per Response	Average Calls per Day	Average Responses per Day
Breathing Difficulty	562	1,146	2.0	59.1	761.2	1,146	39.9	1.5	3.1
Cardiac and Stroke	815	1,653	2.0	57.8	1,105.6	1,653	40.1	2.2	4.5
Fall and Injury	1,637	2,957	1.8	51.9	1,771.1	2,957	35.9	4.5	8.1
Illness and Other	2,609	4,270	1.6	50.1	2,553.7	4,270	35.9	7.1	11.7
MVA	406	876	2.2	43.3	435.4	876	29.8	1.1	2.4
Overdose and Psychiatric	498	676	1.4	53.2	463.8	676	41.2	1.4	1.9
Seizure and Unconsciousness	727	1,398	1.9	56.7	922.7	1,398	39.6	2.0	3.8
Total	7,254	12,976	1.8	52.6	8,013.5	12,976	37.1	19.9	35.6

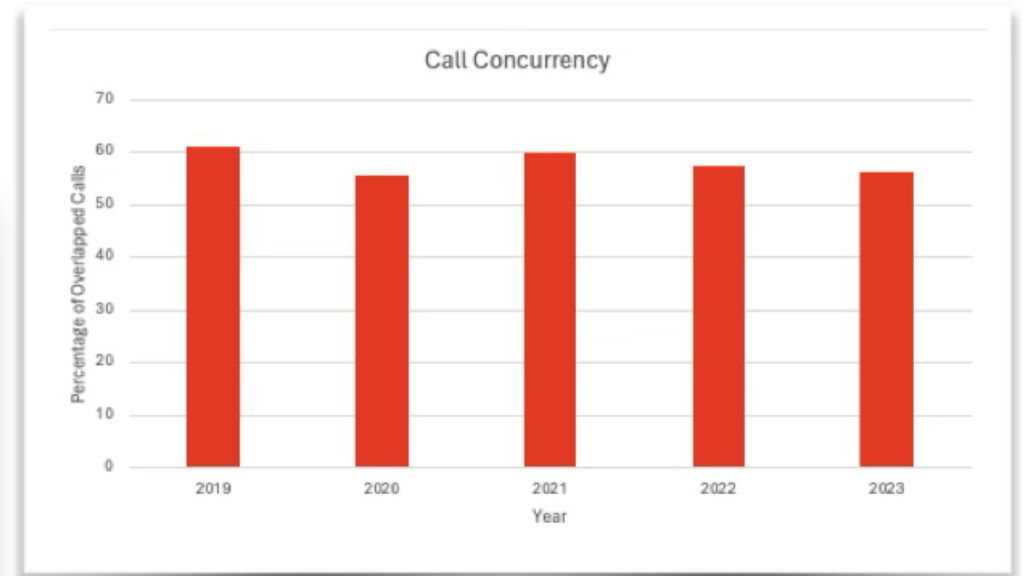
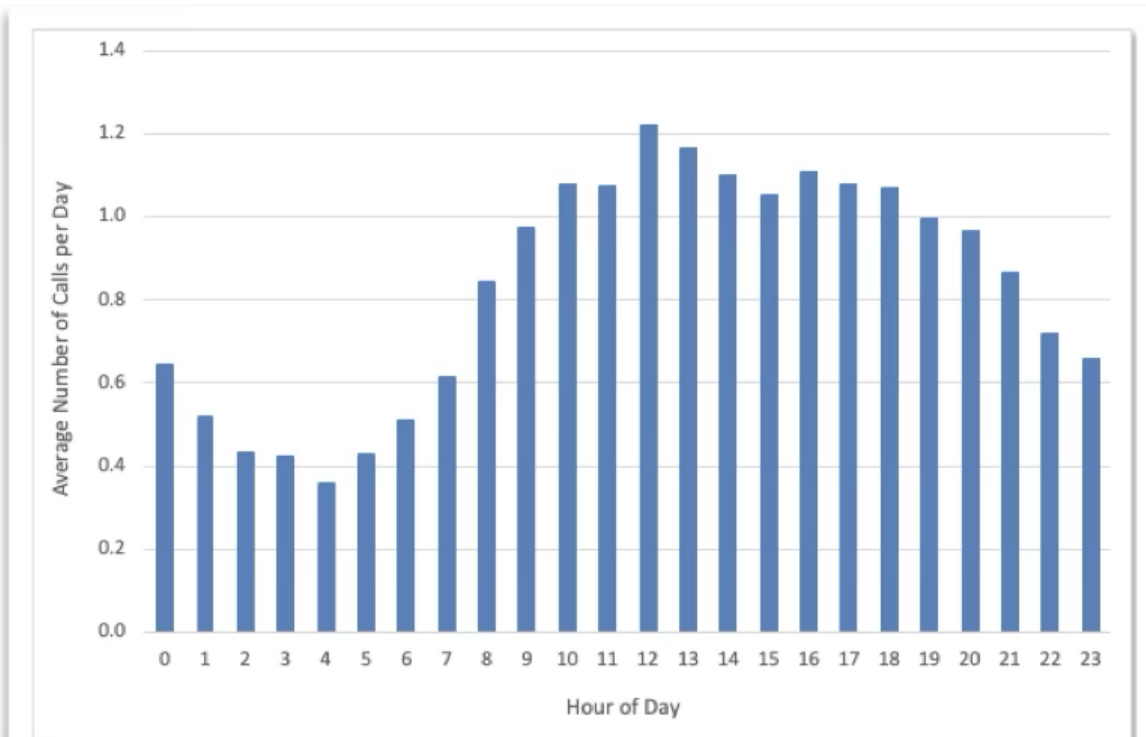
Findings – EMS Incidents

- There were 7,254 unique EMS incidents
- These calls required 12,976 vehicle responses
 - Nearly two units respond to every EMS call
- On average, units spend 53 minutes per call
- Approximately 37% of the calls were categorized as needing Advanced Life Support (ALS), i.e., paramedic- level care.



EMS System Demand Snapshot

Number of Calls by Call Type and Time of Day

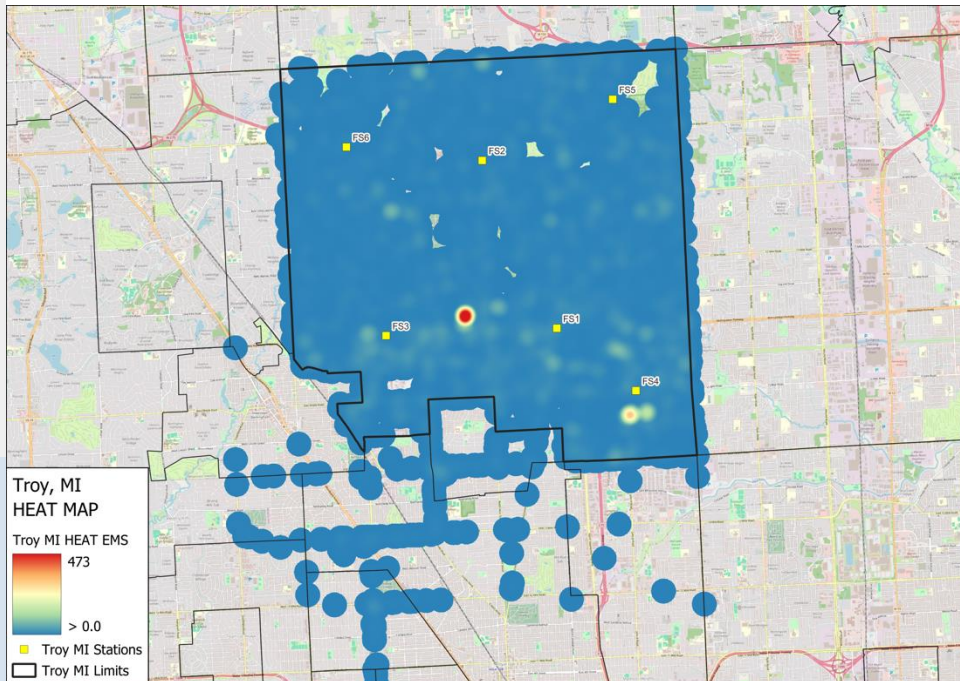


Findings

- Over the 5-year reporting period, the average rate of call concurrency remained consistent at approximately 58%.
- Consistent with most communities, the peak period of the day is between 9 AM and 9 PM.

System Volume Distribution

Geographic Distribution of EMS Volume



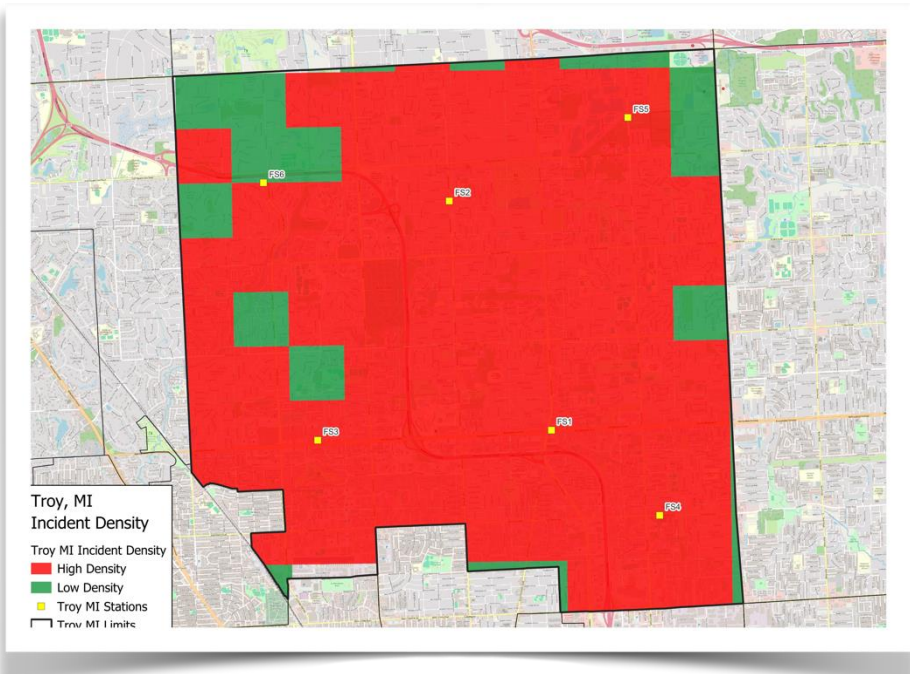
Findings

FITCH utilized heat mapping to evaluate the concentration of the historical demand for services for all calls and EMS calls.

- Color coding indicates various levels of responses within the service area.
- Red: these areas indicate the highest concentration of demand.
- Blue: these areas indicate the lowest concentration of demand.

System Volume Concentration

High and Low Density Map



Findings

FITCH utilizes a commensurate risk model to evaluate high and low-density levels for response zones.

We calculated call density by assessing the relative concentration of incidents within approximately 0.5-mile geographic areas and the adjacent 0.5-mile areas.

The results demonstrate a high and low-density designation based on call density for services and not based on population. Color coding indicates various levels of responses within the service area.

- Red: High-density Incident Zones.
- Green: Low-density Incident Zones.
- Any area that is not colored has less than one call every six months in the 0.5-mile area and the adjacent areas.

Assessment of Patient Transports

Findings – EMS Incidents

- On average, units spent 30.7 minutes per call for incidents that did not result in patient transport.
- On average, units spent 72 minutes per call for incidents that resulted in patient transport.
- The average and 90th percentile times spent at the hospital (wall time) are good as compared to the national experience.

Transport Destination	Number of Responses	Wall Time (Minutes)	
		Average	90 th Percentile
Beaumont Hospital - Troy	2,521	24.5	36.9
Corewell Health William Beaumont University Hospital - Royal Oak	1,504	28.5	41.6
Ascension Providence Rochester Hospital	70	26.0	37.7
Trinity Health - Oakland (St. Joseph Mercy)	64	23.8	37.5
Ascension Macomb-Oakland Hospital - Madison Heights	34	19.2	30.6
Not Reported	27	29.2	51.0
Ascension Providence Hospital - Southfield	12	25.5	41.4
Henry Ford West Bloomfield Hospital	11	26.9	40.4
Henry Ford Macomb Hospital - Clinton Township	8	17.7	--
Ascension Macomb-Oakland Hospital - Warren	4	27.2	--
Children's Hospital of Michigan - Troy	3	20.0	--
Ascension Macomb-Oakland Hospital - ER	2	16.0	--
Henry Ford Hospital - Detroit	2	23.1	--
McLaren Oakland Hospital	2	19.2	--
Ascension (Not Otherwise Specified)	1	23.4	--
Beaumont Hospital - Farmington Hills	1	31.3	--
Other	1	0.1	--
Total	4,267	25.9	38.9

Call Type	Non-Transport		Transport		Total Number of Calls	Transport Rate (%)
	Average Call Duration (Minutes)	Number of Calls	Average Call Duration (Minutes)	Number of Calls		
A	31.1	1,445	74.5	1,448	2,893	50.1
B	23.2	691	71.4	714	1,405	50.8
C	33.7	373	68.6	942	1,315	71.6
D	32.9	321	71.4	1,007	1,328	75.8
E	51.5	52	91.0	37	89	41.6
O	34.9	97	69.4	48	145	33.1
Not Reported	42.7	88	86.2	3	91	3.3
Total	30.7	3,067	72.0	4,199	7,266	57.8

EMS System Performance Snapshot

90th Percentile Performance Times by Clinical Priority – First Arriving Primary Front-Line Units

Response Status	Call Severity	Dispatch Time (Minutes)	Turnout Time (Minutes)	Travel Time (Minutes)	Response Time (Minutes)	Sample Size ¹
Emergent	A	14.4	2.1	11.7	25.5	117
	B	3.4	1.6	10.9	13.6	1,432
	C	3.3	1.6	9.8	13.4	2,234
	D	3.0	1.5	9.9	13.0	2,373
	E	2.9	1.2	9.1	12.2	154
	O	--	--	--	--	6
	Not Reported	--	--	--	--	4
	Total	3.3	1.5	10.1	13.5	6,320
Non-Emergent	A	12.4	2.7	17.8	26.3	3,072
	B	13.7	2.3	16.3	21.5	572
	C	15.4	3.7	15.0	29.4	82
	D	13.1	2.1	13.2	23.7	39
	E	--	--	--	--	7
	O	5.7	2.0	17.9	23.3	145
	Not Reported	10.3	2.8	12.7	25.3	80
	Total	12.5	2.6	17.5	25.5	3,997
Total	5.6	1.8	13.7	18.8	10,317	

Findings

- For all emergent calls, the total response time for the citizens was 13.5 minutes at the 90th percentile.
 - The highest clinical severity (Echo) was 12.2 minutes
 - The overall emergent travel time was 10.1 minutes
- Non-emergency calls had a total response time of 18.8 minutes.
 - Non-emergent travel time was 13.7 minutes

Efficacy of Response Times

Empirical Response Time Research Summary

Author	Density	Sample Size	Response Time Threshold	Does Response Time Impact Patient Outcome
Blackwell (2002)	ALS Urban	5,424	5 minutes	Yes < 5 minutes; No > 5 minutes
Pons (2005)	ALS Urban	9,559	4 minutes & 8 minutes	No < 8 minutes; Yes < 4 minutes in intermediate/high risk of mortality
Blackwell (2009)	ALS Urban; BLS MFR	746	10:59	No > or < 10:59
Blanchard (2012)	ALS Urban	7,760	8 minutes	No > or < 8 minutes
Weiss (2013)	Metro/Urban and Rural	559	N/A Continuous Variable	No relationship between time and clinical outcomes
Pons (2002)	ALS Urban	3,490	8 minutes	No > or < 8 minutes after controlling for severity of injury
Newgard (2010)	ALS Urban	3,656	4 minutes & 8 minutes and Golden Hour	No time intervals were statistically related to mortality including response time, on-scene time, transport time, or total EMS time
Band (2014)	ALS Urban; BLS MFR	4,122	N/A Continuous Variable	Adjusted for severity of injury, no significant difference between PD and EMS. In patients with severe injuries, gunshot, or stabbing more likely to survive if transported by POLICE.

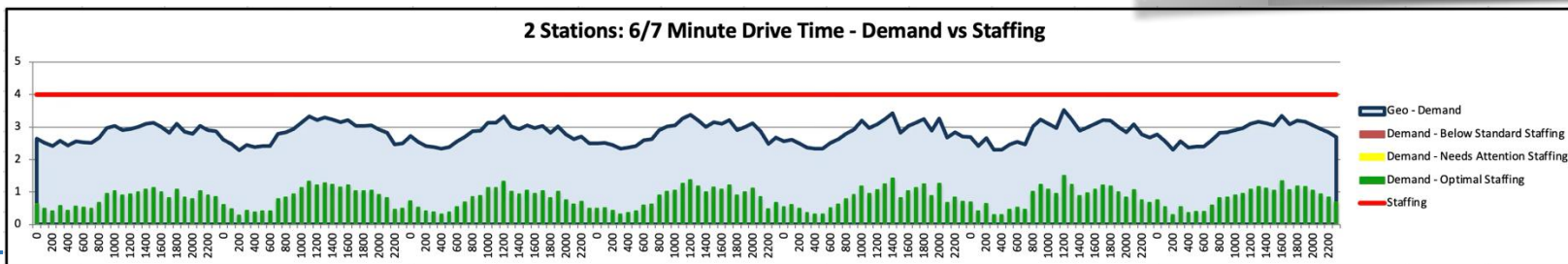
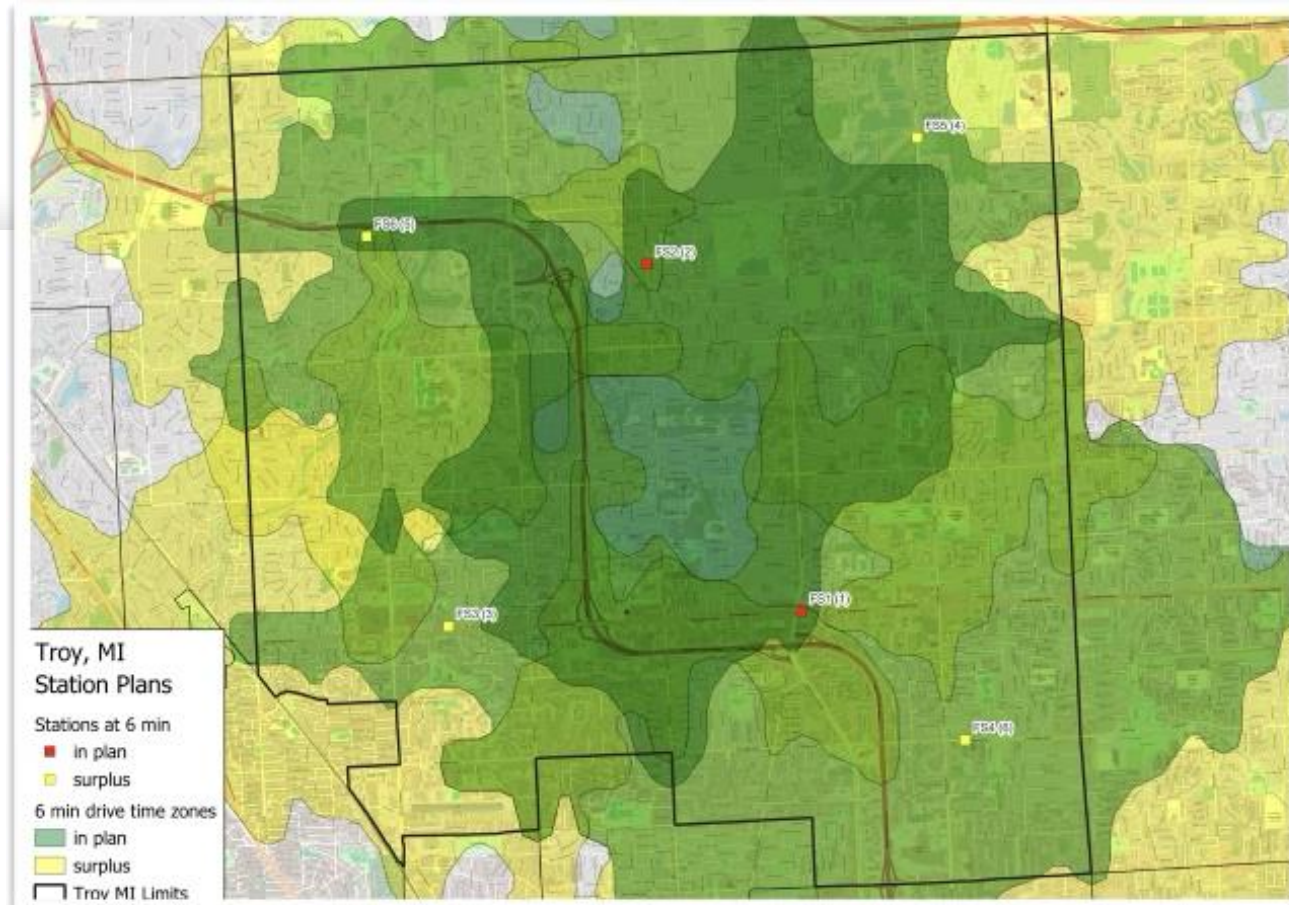
Relevant Information

- The prevailing result is an institutional belief that faster is better, where patient outcomes positively correlate with response times.
- Evidenced-based clinical research coalesces around a response time of 5 minutes or less to have a statistically significant impact on the risk of mortality for the small proportion of high-acuity incidents.
- Response time changes above 6 minutes have limited clinical return on investment and are largely a policy decision.
- Therefore, local policy has flexibility in establishing the desired performance expectations.

Establishing Performance Objectives (4 Units)

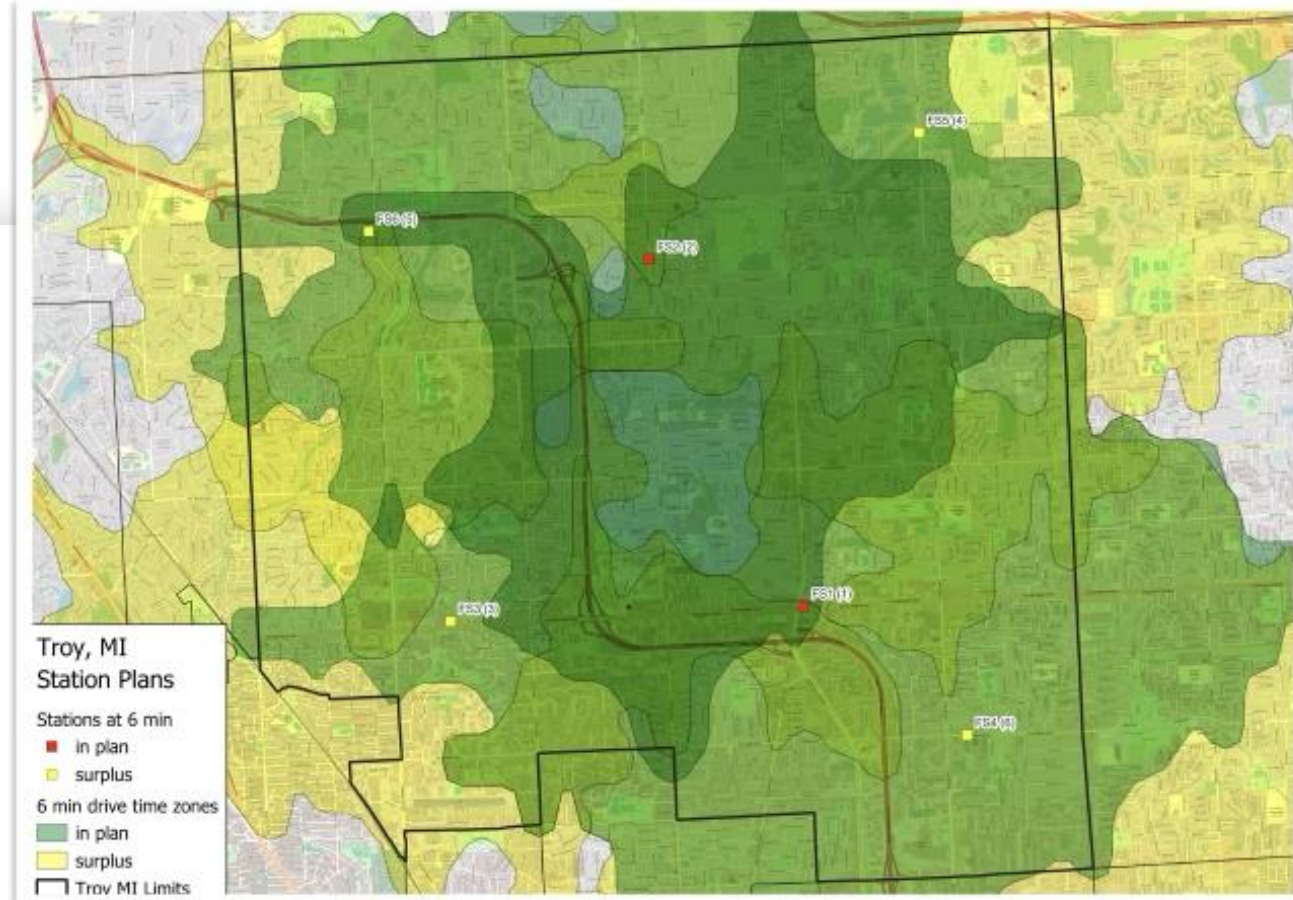
Findings

- Analyses suggest that the department could utilize a deployment strategy with at least two stations staffed with four ambulances to meet a 6-minute travel time for nearly 92% of the incidents.
- The current travel time for any AMH unit arrival is 10.1 minutes at the 90th percentile.
- Therefore, there is an opportunity for an overall approval of ambulance arrivals by approximately 4 minutes.

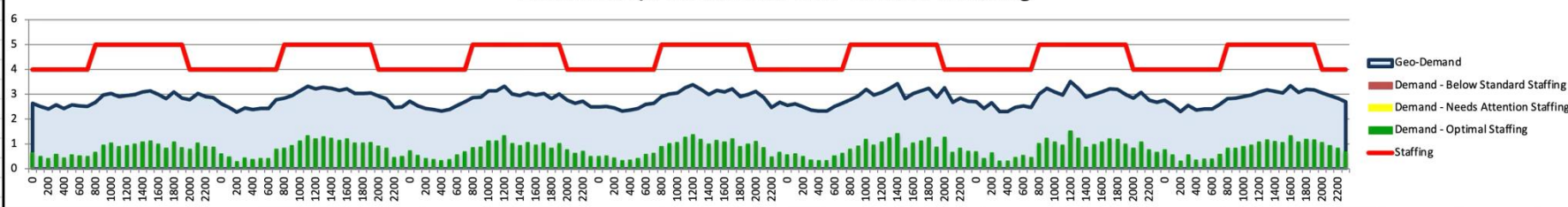


Adjusting for Incomplete Source Data

- The source data for these analyses do not accurately account for calls handled by mutual/automatic aid requests. For example, for incidents in which AMH was unavailable to respond, the requests for other agencies are not captured in the AMH source data provided.
- Therefore, a peak-load unit is recommended to provide additional system capacity. This 5th unit would be deployed during the busiest period of the day, seven days a week.
- Five ambulances will be required during the busiest 12 hours each day and four ambulances overnight seven days per week. The UHU value is 18.4%.



2 Stations : 6/7 Minute Drive Time - Demand vs Staffing

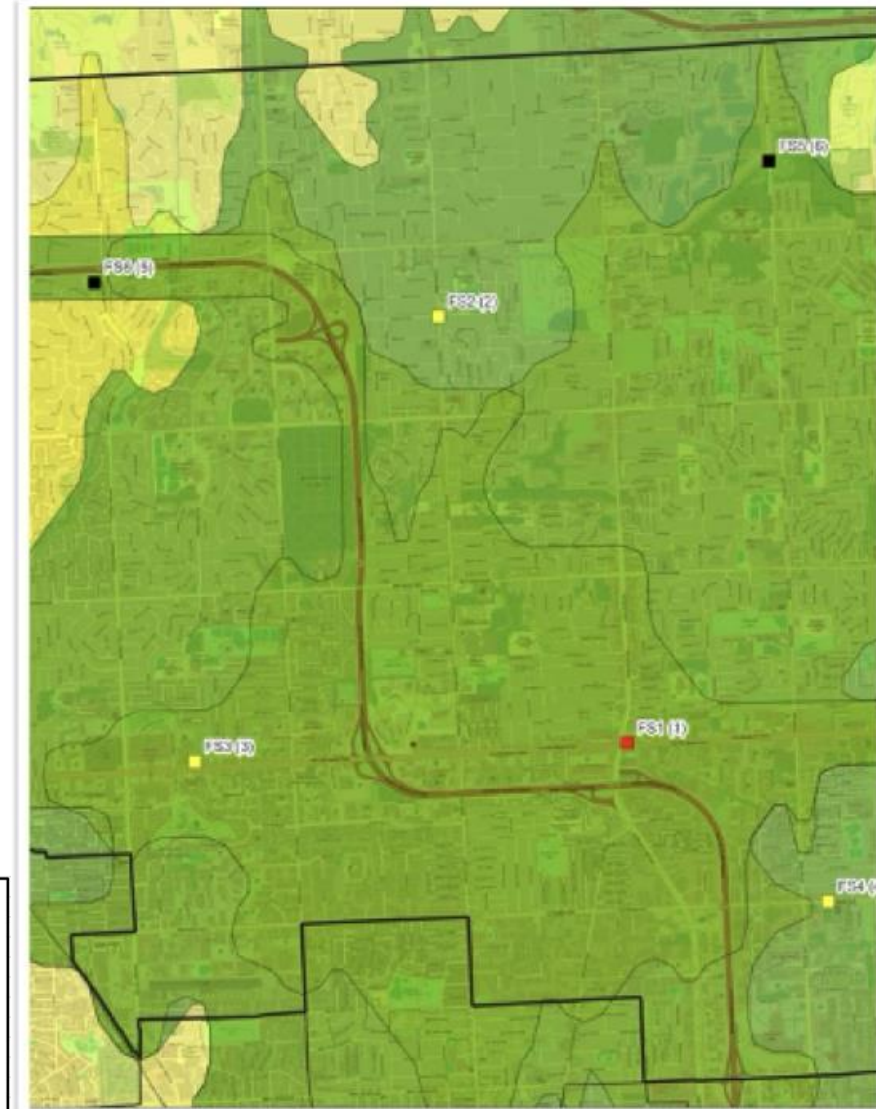
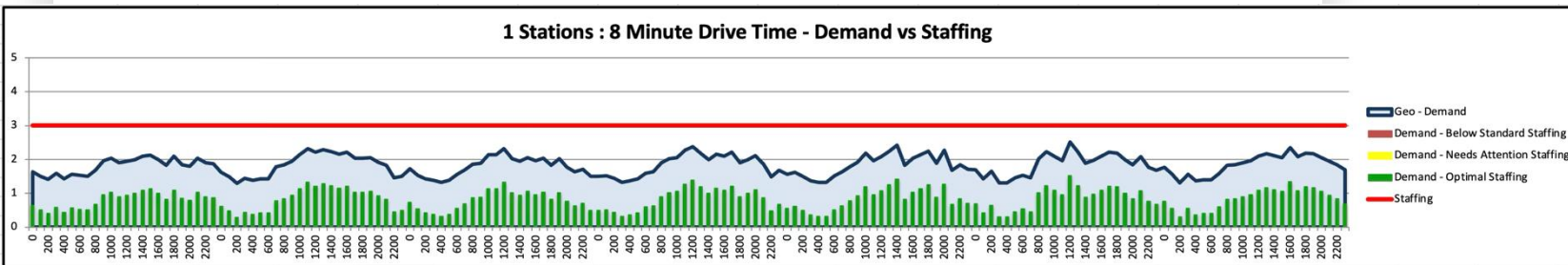


Alternative Response Times to Reduce Costs

Findings

- Elongating the response time to reduce costs is a common strategy in EMS systems that are fiscally constrained and/or challenged to meet performance expectations.
- Analyses demonstrate that no response time option will provide fiscal neutrality for the system.
- No fiscal advantage exists to elongating response time to 8 minutes or above.

1 Stations : 8 Minute Drive Time - Demand vs Staffing



Fiscal Analysis for 6-Minute Travel Time with 5 Peak Units and 4 Overnight

The additional administrative capacity required to operate a municipal EMS service would require approximately \$1.39m per year.

The per unit personnel costs for EMTs and Paramedics is approximately \$756k.

Administrative Staffing

Position	Hourly Rate	Scheduled Hours	Scheduled OT Hours	Salary w/ Scheduled OT	Fringe	Total Compensation	Staffing Multiplier
Deputy Chief	\$60	2,080	0	\$124,800	30%	\$162,240	1.00
Captain	\$57	2,080	0	\$118,560	30%	\$154,128	1.00
Lt. EMS Field Supervisor	\$34	2,184	104	\$76,024	30%	\$98,831	5.00
Administrative Assistant	\$22	2,080	0	\$45,760	30%	\$59,488	1.00
Communications Supervisor	\$36.00	2,080	0	\$74,750	30%	\$97,175	1.00
Dispatcher	\$28	2,080	0	\$57,907	30%	\$75,279	3.00
Medical Direction				\$0		\$200,000	1.00
Total						\$1,393,025	

EMS Personnel

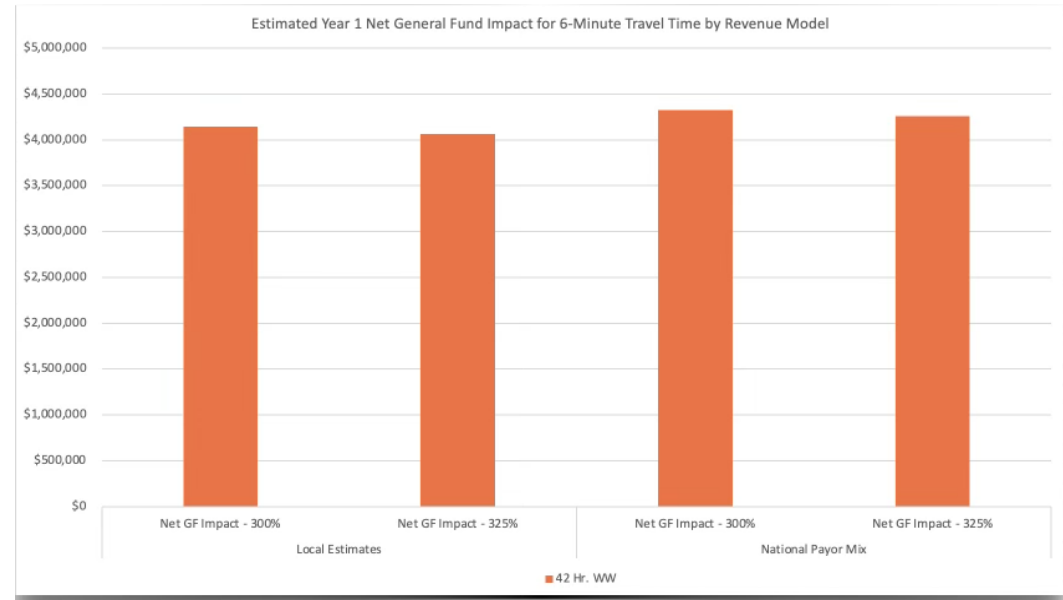
Position	Hourly Rate	Scheduled Hours	Scheduled OT Hours	Salary w/ Scheduled OT	Fringe	Total Compensation	Staffing Multiplier
EMT	\$24	2,184	104	\$53,664	30%	\$69,763	5.00
PM	\$28	2,184	104	\$62,608	30%	\$81,390	5.00
Total Per Unit Personnel Costs						\$755,768	

Fiscal Analysis for 6-Minute Travel Time with 5 Peak Units and 4 Overnight

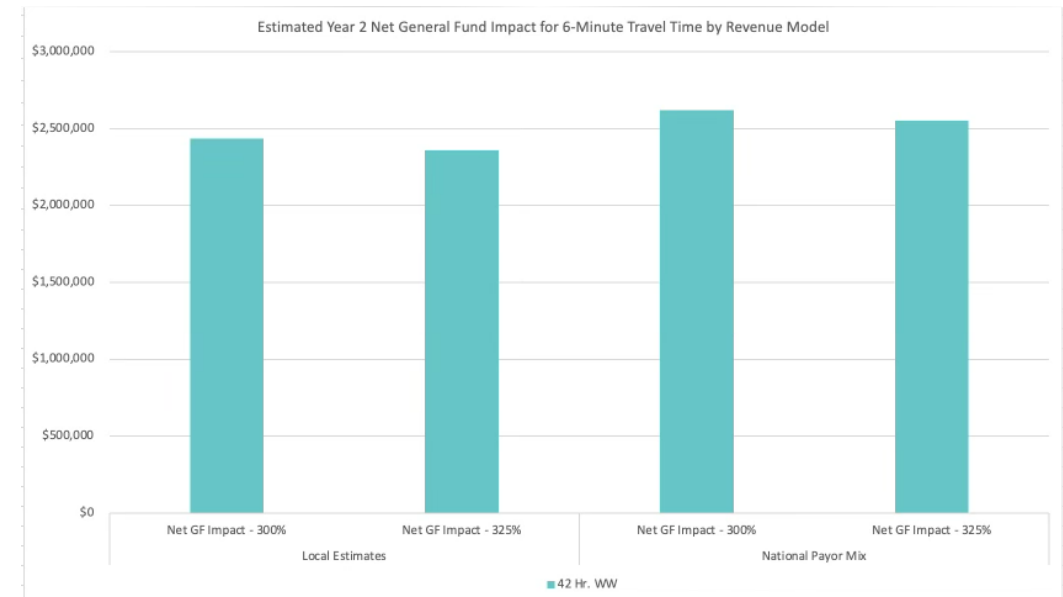
Year 1 includes purchases of new capital, equipment, and personnel costs. The estimated general fund impact is between \$4.0m and \$4.3m.

Year 2 includes depreciation of new capital and equipment and recurring personnel costs. The estimated general fund impact is between \$2.3m and \$2.6m.

Year 1



Year 2





Questions
