



**ADMINISTRATIVE COMMITTEE MEETING
MINUTES**

TUESDAY, FEBRUARY 23, 2021

1:30 P.M.

ZOOM

ROLL CALL

ADMINISTRATIVE COMMITTEE MEMBERS:

Chief Tim McHargue/Chairperson, Colton Fire-*Absent*
Chief Ivan Rojer/Vice-Chairperson, Rancho Cucamonga Fire
Chief James Peratt, Apple Valley Fire Protection District – *Arrived at item V. b.*
Deputy Chief Dave Williams, Chino Independent Fire District
Chief Dan Harker, Loma Linda Fire
Chief Jim Topoleski, Redlands Fire
Chief Brian Park, Rialto Fire
Chief Dan Munsey, San Bernardino County Fire

SUPPORT STAFF

Art Andres, Director
Yvette Calimlim, Business Management Analyst
Tim Franke, Dispatch Manager
John Tucker, Assistant Dispatch Manager
Blessing Ugbo, MIS Manager
Liz Berry, Admin. Secretary I

GUESTS

Chief Bertral Washington, San Bernardino County Fire
Chief Fred Stout, Victorville Fire Department
Chief John Becker, Victorville Fire Department
Chief Tim Bruner, Loma Linda Fire
Chief Augie Barreda, Rancho Cucamonga Fire
Chief Jeff Willis, Big Bear Fire
Chief Mike Vasquez, Running Springs Fire
Yvonne Robbins, San Bernardino County Fire
Vanessa Meyer
Rana Gilani

Karen Hardy
Mike Bell
Dana DeAntonio

I. CALL TO ORDER

- a. Roll Call/Introductions
- b. Flag Salute

II. PUBLIC COMMENT

An opportunity provided for persons in the audience to make brief statements to the Administrative Committee. (Limited to 30 minutes; 3 minutes allotted for each speaker)

III. CONSENT ITEMS

The following items are considered routine and non-controversial and will be voted upon at one time by the Administrative Committee. An item may be removed by a Committee member or member of the public for discussion and appropriate action.

1. Approve Administrative Committee Minutes of January 26, 2021 (**Attachment A**)
2. Financial Statements thru January 31, 2021 (**Attachments B1 & B2**)
3. Dispatch Performance reports (**Attachments C1 thru C4**)

4. Action on Consent

Motion to accept all items on Consent.

Motion by: Chief Jim Topoleski

Second by: Chief Dan Harker

Chief Tim McHargue-Absent

Chief Ivan Rojer-Yes

Chief James Peratt-Absent

Deputy Chief Dave Williams-Yes

Chief Brian Park-Yes

Chief Dan Munsey-Yes

6-Yes

2-Absent

Motion Approved

IV. DIRECTOR REPORT

- a. 2020 Billable Incidents Revision (**Attachments D1 & D2**) – Action Item
Accept the revised 2020 billable incident report to be used for calculating CONFIRE revenue for fiscal 2021/22.

Motion to accept the 2020 Billable Incident Revision as presented.

*Motion by: Chief Dan Munsey
Second by: Chief Dan Harker
Chief Tim McHargue-Absent
Chief Ivan Rojer-Yes
Chief James Peratt-Absent
Deputy Chief Dave Williams-Yes
Chief Jim Topoleski-Yes
Chief Brian Park-Yes
6-Yes
2-Absent*

Motion Approved

b. CARES Act Transfer (Attachment E) – Action Item

Requesting approval of the transfer - \$500,000 of designated CONFIRE CARES Act funding which has been designated for the regional Computer-Aided Dispatch (CAD) to CAD project and reallocate for use in the Emergency Communication Nurse System (ECNS) program.

Motion to accept the CARES Act Transfer as presented.

*Motion by: Chief Dan Harker
Second by: Chief Jim Topoleski
Chief Tim McHargue-Absent
Chief Ivan Rojer-Yes
Chief James Peratt-Absent
Deputy Chief Dave Williams-Yes
Chief Brian Park-Yes
Chief Dan Munsey-Yes
6-Yes
2-Absent*

Motion Approved

c. Corona CAD to CAD agreement (Attachment F) – Action Item

Motion to accept the CAD to CAD agreement with Corona as presented.

*Motion by: Chief Dan Munsey
Second by: Chief Ivan Rojer
Chief Tim McHargue-Absent
Chief James Peratt-Absent
Deputy Chief Dave Williams-Yes
Chief Dan Harker-Yes
Chief Jim Topoleski-Yes*

Chief Brian Park-Yes

6-Yes

2-Absent

Motion Approved

V. COMMITTEE REPORTS

a. Support Committee Report/MIS updates – Blessing Ugbo

<u>Project</u>	<u>Status</u>	<u>Due Date</u>
<i>Hardware Refresh</i>	<i>Completed</i>	<i>3/2021</i>
<i>CAD Re-Host</i>	<i>In Progress</i>	<i>4/2021</i>
<i>BDC Transition</i>	<i>On Hold</i>	<i>6/2021</i>
<i>Tablet Command</i>	<i>On Hold</i>	<i>6/2021</i>

b. UPS Replacement (**Attachment G**) – Action Item

The project's total cost is \$90,000, which includes equipment and labor, with an annual maintenance charge of \$10,000. Funding would be from CONFIRE'S Equipment Reserve Fund (8834005009) and the annual maintenance will be funded from General Operations Fund (8836005008). Maintenance charges would start in FY 2021/22.

Motion to approve the quote from Vertiv for the purchase of the UPS backup power in the server room at the Valley Dispatch center.

Motion by: Chief Dan Harker

Second by: Chief Ivan Rojer

Chief Tim McHargue-Absent

Chief James Peratt-Yes

Deputy Chief Dave Williams-Yes

Chief Jim Topoleski-Yes

Chief Brian Park-Yes

Chief Dan Munsey-Yes

7-Yes

1-Absent

Motion Approved

c. Ops Chiefs Committee Report – Chief Bruner

Live MUM update given, anticipated trial launch on March 1st. Chiefs Bruner, Mahan, Marshall and John Tucker to give monthly updates on trial.

VI. DISCUSSION ITEMS

5. Old Business

a. APX Presentation – Chief Bruner

Richard O’Keefe, Van Riviere and Paul Martin from APX gave a presentation of their product. The Chiefs requested Chief Bruner provide a one-page comparison on the cost breakdown between APX and FirstDue along with what they can integrate with.

b. AVD

Go live date is March 1st.

6. New Business

a. Allocation of membership fee **(Attachment H) – Action Item**

The recommendation is to deposit anticipated membership fees into account (5011) verses (5010). There is no fiscal impact to the CONFIRE budget.

Motion to approve the deposit of new membership fees received into Term Benefits Reserve Fund, account #5011.

Motion by: Chief Dan Munsey

Second by: Chief Dan Harker

Chief Tim McHargue-Absent

Chief Ivan Rojer-Yes

Chief James Peratt-Yes

Deputy Chief Dave Williams-Yes

Chief Jim Topoleski-Yes

Chief Brian Park-Yes

7-Yes

1-Absent

Motion Approved

b. CONFIRE Revenue-Budget FY 2021/22 **(Attachments I1 & I2) – Action Item**

The Preliminary Revenue Report details the anticipated contribution of each member and contract agency toward the CONFIRE budget in the amount of \$12,220,975. This amount is subject to change as the budget is finalized.

Motion to accept the FY 2021/22 Preliminary Revenue Report as presented.

Motion by: Chief Dan Harker

Second by: Chief Jim Topoleski

Chief Tim McHargue-Absent

Chief Ivan Rojer-Yes

Chief James Peratt-Yes

Deputy Chief Dave Williams-Yes

Chief Brian Park-Yes

Chief Dan Munsey-Yes

7-Yes

1-Absent

Motion Approved

VII. CLOSED SESSION

No report.

VIII. ADJOURNMENT

The meeting adjourned at 15:09.

Upcoming Meeting:

Next Regular Meeting: March 23, 2021 at 1:30 p.m. Via ZOOM.



OPERATIONS FUND 5008 MONTHLY SUMMARY FY 2020/21

Transactions thru February 28, 2021

	3 PP						3 PP						Total YTD	2020/21 Budget	Bud - Exp Difference	% Used	
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June					
Expenditures																	
Salary/Benefits	703,250	500,928	528,753	527,455	518,203	774,990	500,670	499,399	-	-	-	-	4,553,846.95	7,763,114	\$3,209,467	58.7%	
Overtime/Call Back	36,039	24,901	27,203	25,540	24,806	42,257	28,451	24,401	-	-	-	-	233,598.63	330,565	\$96,966	70.7%	
Phone/Circuit/Internet	57,606	23,347	56,744	39,580	54,826	67,988	72,486	28,995	-	-	-	-	401,992.42	538,049	\$136,457	74.6%	
County (S) Data Services/Counsel	-	6,866	1,635	1,539	3,188	3,494	13,979	(3,889)	-	-	-	-	26,811.50	61,761	\$34,950	43.4%	
Radio/Pager, Console Maint	-	39,459	39,459	43,014	39,581	40,125	39,659	39,686	-	-	-	-	280,983.02	483,541	\$202,558	58.1%	
Computer Software	185,678	459,075	201,684	3,268	6,558	144	(3,270)	28,520	-	-	-	-	881,656.89	1,421,299	\$539,642	62.0%	
Computer Hardware	-	187,089	(185,089)	787	288	162	-	105,756	-	-	-	-	108,991.88	18,450	(\$90,542)	590.7%	
Office Exp/Copier Lease	5,058	3,528	3,122	3,731	4,904	3,043	2,543	10,005	-	-	-	-	35,932.99	71,044	\$35,111	50.6%	
Insurance/Auditing	18,936	-	21,213	11,322	-	-	2,995	-	-	-	-	-	54,466.26	37,600	(\$16,866)	144.9%	
Payroll/HR/Medical Director	5,001	65,524	3,839	18,655	2,350	2,928	(9,266)	3,598	-	-	-	-	92,628.33	232,850	\$140,222	39.8%	
Travel/Training	300	9,396	(891)	943	2,502	200	1,066	3,542	-	-	-	-	17,058.35	65,000	\$47,942	26.2%	
Auto/Structure Fuel	-	2,010	2,115	1,060	9,977	7,722	(4,023)	(5,941)	-	-	-	-	12,920.18	22,900	\$9,980	56.4%	
Other/HDGC Rent/Equip Trans	22,218	35,080	28,692	2,669	27,340	14,540	13,693	46,796	-	-	-	-	191,028.37	216,649	\$25,621	88.2%	
Total	1,034,086	1,357,204	728,479	679,572	694,523	957,591	658,994	780,868	-	-	-	-	6,891,315.57	11,262,822	\$4,371,506	61.2%	
																% Fiscal Year Passed	66.7%


	3 PP						3 PP						Total YTD	2020/21 Budget	Bud - Exp Difference	% Used	
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June					
Revenue																	
Services	-	2,713,004	-	2,761,819	248	-	2,792,465	(7,908)	-	-	-	-	8,259,628	11,101,465	\$2,841,837	74.4%	
Interest	12,712	(12,712)	-	11,089	-	-	7,511	-	-	-	-	-	18,600	-	(\$18,600)	-	
Other	(61)	(1,016)	(56,635)	-	-	(1,702,261)	7,511	1,000	-	-	-	-	(1,758,975)	-	\$1,758,975	-	
Total	12,651	2,689,273	(56,635)	2,772,908	248	-	1,097,715	(6,908)	-	-	-	-	6,519,253	11,101,465	\$4,582,212	59.6%	
																% Fiscal Year Passed	66.7%



Fund Balance Report FY 2020-2021

		Fund Balance As Of 02/28/21
Operations Fund (5008)		
Audited Fund Balance 7/1/20	* \$	2,973,766
Revenue	6,519,253	
Expenditures	<u>(6,891,312)</u>	
Net		(372,059)
Fund Balance As Of 02/28/21	\$	2,601,707
Compensated Absences	(67,271)	
		<u>(67,271)</u>
Fund Balance as of 02/28/21	\$	2,534,436
<i>*FY 2020-21 Operating costs 10% is \$1,110,147 Per Board Policy</i>		
Equipment Reserve Fund (5009)		
Audited Fund Balance 7/1/20	\$	2,090,834
Revenue	334,639	
Expenditures	(256,791)	
Transfer out to County Fire	<u>-</u>	
Net		77,848
Fund Balance as of 02/28/21	\$	2,168,682
General Reserve Fund (5010)		
Audited Fund Balance 7/1/20	* \$	5,212,728
Revenue - Membership/Interest	654,117	
Revenue - FY18HSGP Grant	-	
Residual Equity Transfer In	1,250,000	
Expenditures	<u>(1,089,943)</u>	
Net		814,174
Fund Balance As Of 02/28/21	\$	6,026,902
Reserve for CIP	(2,000,000)	
EMD Optimization (ECNS) Project	(250,000)	
Committed		<u>(2,250,000)</u>
Fund Balance as of 02/28/21	\$	3,776,902
<i>*FY 2020-21 Operating costs 25% is \$2,224,736 Per Board Policy</i>		
Term Benefits Reserve Fund (5011)		
Audited Fund Balance 7/1/20	\$	755,024
Revenue	89,737	
Expenditures		
Transer Comp. Absence From 5008	67,272	
Unfunded Liability	384,989	
Net		<u>541,998</u>
Fund Balance as of 02/28/21	\$	1,297,022

ATTACHMENT C1



Call Summary

CONFIRES/Comm Center

1743 W Miro Way
Rialto, CA 92376

County: San Bernardino

Year: 2020

From: 1/1/2021

To: 2/28/2021

Period: Month

Group: All

Call Type: All

Abandoned: Include Abandoned

Filters:

Date	911	911 Abdn	Total 911	911 Abdn Percentage	10-Digit Emergency Inbound	10-Digit Emergency Abdn	Total 10-Digit Emergency	Admin Outbound	Admin Inbound	Admin Inbound Abandoned	Total Admin	Total All Calls	Average Call Duration
Jan-21	19569	65	19634	0.33%	14978	989	15967	20246	9203	2303	31752	67353	100
Feb-21	15820	65	15345	0.42%	13030	938	13968	16156	8140	1809	26105	55418	98.5
2021 Totals	34949	130	34979	0.37%	28008	1927	29935	36402	17343	4112	57857	122771	99.3
2020 Totals	32639	152	32791	0.46%	23618	988	24616	30326	23494	412	54233	111640	102.2

ATTACHMENT C2



PSAP Answer Time

CONFIRE/Comm Center
 1743 W Miro Way
 Rialto, CA 92376 County: San Bernardino

Month - Year: 1/1/2021 - 2/28/2021
 Agency Affiliation Fire

From: 1/1/2021
 To: 2/28/2021
 Period Group: Month
 Time Group: 60 Minute
 Time Block: 00:00 - 23:59
 Call Type: 911 Calls



Call Hour	Answer Times In Seconds							
	0 - 10	11-15	16 - 20	21 - 40	41 - 60	61 - 120	120+	Total
January 2021 Total	17,242	962	520	613	203	91	3	19,634
% answer time ≤ 10 seconds	87.82%	4.90%	2.65%	3.12%	1.03%	0.46%	0.02%	100.00%
% answer time ≤ 15 seconds	92.72%							
% answer time ≤ 40 seconds	98.49%							
February 2021 Total	13,431	779	391	474	172	93	5	15,345
% answer time ≤ 10 seconds	87.53%	5.08%	2.55%	3.09%	1.12%	0.61%	0.03%	100.00%
% answer time ≤ 15 seconds	92.60%							
% answer time ≤ 40 seconds	98.24%							
Year to Date 2021 Total	30,673	1,741	911	1,087	375	184	8	34,979
% answer time ≤ 10 seconds	87.69%	4.98%	2.60%	3.11%	1.07%	0.53%	0.02%	100.00%
% answer time ≤ 15 seconds	92.67%							
% answer time ≤ 40 seconds	98.38%							
Year to Date 2020 Total	28,276	1,847	936	1,152	376	194	10	32,791
% answer time ≤ 10 seconds	86.23%	5.63%	2.85%	3.51%	1.15%	0.59%	0.03%	100.00%
% answer time ≤ 15 seconds	91.86%							
% answer time ≤ 40 seconds	98.23%							

CONFIRE Billable Incidents

Period: 02/01/2021 thru 02/28/2021

Jurisdiction	# of Incidents	% of Total
San Bernardino County	9,338	53.97%
VictorvilleFD	1,764	10.20%
RanchoCucamonga	1,189	6.87%
ChinoValleyFD	923	5.33%
AppleValley	894	5.17%
Rialto	771	4.46%
Redlands	770	4.45%
Colton	487	2.81%
Big Bear Fire	349	2.02%
MontclairFD	311	1.80%
Loma Linda	284	1.64%
San Manuel FD	102	0.59%
Running Springs	59	0.34%
Baker Ambulance	41	0.24%
Road Department	20	0.12%
Total	17,302	100%
BDC Division	# of Incidents	% of Total
East Valley	3,051	32.67%
Fontana	1,531	16.40%
Valley	1,345	14.40%
North Desert	939	10.06%
Hesperia	904	9.68%
South Desert	847	9.07%
Mountain	360	3.86%
Adelanto	349	3.74%
Hazmat	12	0.13%
Total	9,338	100%



**Proposal to Implement the Emergency Communications Nurse System
To Serve San Bernardino County**

DRAFT – Updated 03/11/21

DRAFT

Table of Contents

Introduction	3
How Did We Get Here?	4
Current Situation	5
Solution	6
Emergency Communication Nurse System (ECNS)	6
Impacts	7
On Callers.....	7
Fire Resources	8
Emergency Transport Volumes	8
Hospitals	8
Implementation Plan	9
Build Phase	9
Phase 1	9
Phase 2 (Ongoing Operations).....	9
Financial Analysis	10
Program Assessment/Risk Mitigation	10
Disparities	11
Appendix A – Detailed Analysis of Program Alternatives	13
Attachment B – Call Volume Analysis	15
Attachment C - Budget and Assumptions	16

Introduction

Rising costs of the healthcare system, steady population growth, a relatively fixed and finite nature of hospital resources and a reliance on the 911 system as an immediate response to any physical condition has led us to explore new and innovative ideas in responding to emergency calls. A variety of stakeholders have worked continuously to improve the 911 emergency response system from receipt of a call, response by fire department paramedics, transport by ambulance and definitive care in hospital emergency rooms. Over the past 5 years it has become evident that a significant proportion of 911 medical calls do not require the highest levels of response, transport and care. About three years ago the ICEMA Emergency Medical Care Committee (EMCC) created a multidisciplinary Emergency Medical Dispatch Ad Hoc Subcommittee. The task of the subcommittee was to pursue potential solutions with the goal of getting callers to the right resource within the right timeframe for the situation presenting and, consequently, take demand out of the system to free fire department paramedics, ambulances and hospitals to deal with the most critical patients.

Great efforts have been made to advance these goals and given that CONFIRE receives 80% of the 911 medical response calls, it was determined that they would be the lead agency to guide these efforts. Funding to conduct an initial analysis of the current 911 emergency response system and EMS innovations was secured from the San Bernardino County Council of Governments (SBCOG). One of the selected innovations was the implementation of a pre-dispatch nurse triage system. .

The pre-dispatch nurse triage system selected was the Emergency Communications Nurse System (ECNS). ECNS was developed by the International Academies of Emergency Dispatch (IAED), a worldwide organization focused on police, fire, and medical response. ECNS is an internationally accredited system that utilizes specially trained registered nurses, co-located in the 911 dispatch center, to triage calls and to route callers to the most appropriate response and care resource for their medical needs.

As efforts were made to implement the ECNS program, the COVID-19 pandemic was declared. The healthcare delivery system was significantly impacted. In July 2020, hospital critical care capacity was overwhelmed such that over 75% of hospitals had activated surge plans and restricted procedures that could be deferred. The forecasted overlay of COVID- 19 and seasonal influenza the “twindemic”, has made this project not just desirable but a necessity. Reducing emergency response volumes, especially hospital emergency department volumes, may be the difference between an overwhelmed system and a system that can appropriately respond to people suffering from this virus. Implementing ECNS is one of several strategies to reduce the impact of the pandemic.

This proposal is in essence a business plan for the implementation of the ECNS program within San Bernardino County. The following are key points supporting the implementation of this project by January 1, 2021:

1. Healthcare experts have warned about the impact of a “twindemic” during the 2020 – 21 flu season, where a COVID-19 surge will overlay a normal flu season thereby likely

overwhelming the healthcare delivery system. Implementation of ECNS can provide decreased hospital ED volumes to enable hospitals to accommodate the COVID-19 surge.

2. ECNS provides effective standardized clinical nursing assessments that lead to the most appropriate care for each low-acuity patient as well as establishing safe, efficient and effective uses of other EMS and community health resources.
3. ECNS will be co-located and initially operate under the auspices of CONFIRE. While positioned under the governance and operations, CONFIRE will not take financial responsibility for the program.
4. Ambulance transports are estimated to decrease by 7% (approximately 11,000 trips per year).
5. Individual hospital ambulance visits are estimated to decrease by up to 7% to 10%.
6. The impact on fire departments will be insignificant when viewed across the 180 fire response units across the County. On the other hand, it is anticipated that response times to more critical patients or situations may improve significantly.
7. CARES Act funding will be utilized to build the ECNS program since the impetus for developing this tool is to address the upcoming “twindemic” and its impact on the local healthcare delivery system. \$740,000.
8. Phase 1 operations which include costs for technologies, staffing and other related contract costs are \$646,140 through 06/30/2021. It is anticipated that after the COVID-19 crisis is stabilized, sustainable funding for ongoing operation of the program (Phase 2) will come from payers such as health insurance companies. It is the payers of healthcare that will financially benefit by avoiding the costs of transport and having patients guided to sources of treatment that are more appropriate and less costly. The annual operating budget in current dollars is approximately \$1.6 million.

How Did We Get Here?

For approximately 10 years, the ICEMA Emergency Medical Care Committee (EMCC) has discussed the emergency transportation system and, in particular, Ambulance Patient Offload Delay (APOD). APOD occurs when care of incoming ambulance patients cannot be transferred immediately from paramedics to hospital emergency department staff. APOD has been a chronic and growing problem and has been a topic of many stakeholder discussions that have stimulated operational changes for both hospitals and first responders. APOD is one of many reasons for documented response times that well exceed ICEMA standards. In hundreds of cases per year, excessive APOD has resulted in ambulances arriving late to critical calls potentially compromising care and negatively impacting outcomes.

APOD is a symptom of several aspects of the healthcare delivery and emergency response system. These include but are not limited to:

- The relatively fixed nature of hospital resources, principally emergency department space and hospital critical care beds
- A relative shortage of physicians, especially in the context of the healthcare insurance coverage expansion under the Affordable Care Act
- A shortage, lack or mal-distribution of mental health resources
- The reflex behavior to call 911 for any medical problem as opposed to seeking care from primary care resources (i.e. physician offices, urgent care centers or telehealth resources).
- Regional population growth

While there are those who might conclude that APOD is a “hospital problem” to solve, hospitals are very constrained in their ability to respond to rapid spikes in ambulance and walk in volumes. The EMCC appreciated this fact, recognized the factors noted above and the discussion shifted to looking at the demand side of the problem, the increased utilization of ambulances and hospital EDs for low acuity concerns.

Approximately 3 years ago, an unprecedented and collaborative effort was undertaken to coordinate and optimize the emergency medical service infrastructure and develop innovative solutions to improve the existing system. A committee made up of affected stakeholders, the EMD Ad Hoc Committee, was formed to address needed improvements in the emergency medical services delivery system in San Bernardino County. The increased utilization of the 911 system for low-acuity health care concerns was causing a strain on the finite resources available to provide efficient emergency medical care and driving up overall healthcare costs. In addition, unnecessary ambulance transports to the emergency department were contributing to APOD. A significant outgrowth of this collaboration was the search for a structure to address this issue. ECNS was selected as the program that would provide the essential tools to address this problem.

Current Situation

COVID-19 has been a significant challenge to hospitals. This reached a peak in July 2020, when the healthcare system was nearly overwhelmed by a spike in COVID-19 patients. For example, 911 transport volumes and APOD during July 2020 exceeded pre-COVID numbers reached in January 2020, a relatively high flu season month. Weeks prior to the COVID-19 peak in July, most hospitals had activated surge plans (principally to open ICU beds) and sought waivers from state-imposed staffing standards. Many hospitals set up tents and temporary shelters to expand capacity of their EDs often in ED arrival areas. Segregation of COVID-19 patients for infection control purposes consumed bed space in ways that effectively limited hospital capacity. The system was well over capacity and as a result, APOD and response delays were approaching record setting levels.

During a normal flu season, the healthcare delivery system fills nearly to capacity. Bed space is tight and available staffing is absorbed across the region. The overlay of any COVID – 19

volume to a normal flu season, which is anticipated for the winter of 2020-21, will be a deluge that could totally overwhelm the local (State and National) health care delivery system. ECNS will be a significant mitigation to the anticipated extraordinary hospital emergency department volumes that will result from the 2020-21 COVID-19/Influenza “twindemic”.

Solution

As noted above, several solutions for these problems were explored and ECNS was identified as a feasible and timely option (See Attachment A for detailed analysis). As a pre-dispatch tool, the ECNS program needs to be co-located in an emergency medical dispatch center. All four Emergency Communications Centers (ECCs) were examined. Two of the four ECCs were accredited by the IAED, hence able to immediately implement the system. The remaining two would be eligible to join the system once accredited.

The course was set to secure accreditation in the remaining two centers when the Covid-19 outbreak in March 2020 disrupted this process. To address system overload during the pandemic, CONFIRE, the ECC with the vast majority of 911 calls, moved swiftly and purchased the ECNS software (LowCode). Efforts toward implementation are now focused on CONFIRE which handles over 70% of emergency medical dispatch calls with the future goal of expanding to the County’s remaining ECCs.

Emergency Communications Nurse System – ECNS

ECNS is a comprehensive nurse triage system that includes over 200 protocols. The IAED develops products like ECNS to ensure high quality emergency medical dispatch. The foundation of the ECNS program is a software algorithm that a certified Emergency Communications Nurse (ECN) utilizes to perform an assessment with a series of questions to determine the health status of the caller. ECNS consists of clinically sound evidence-based medical protocols that are built on a structured call taking methodology and drawn from time-tested and scientifically validated algorithms. The world-class training and certification make sure the dispatch process is grounded in proven practices. The protocols are continuously evaluated and updated.

The ECN assessment will determine whether the patient requires immediate care or whether a more appropriate level of care can be provided with little risk of harm. The 911 call is received by a 911 dispatcher who utilizes the Emergency Medical Dispatch (EMD) protocols to determine whether the patient acuity is low enough to transfer the patient to the ECNS. Based on the initial responses, the dispatcher will either proceed with dispatching resources immediately or refer the caller to an ECNS nurse. When the caller is transferred to the ECN, the 911 call is terminated in the 911 system. The ECN then performs a nursing assessment based on the ECNS protocols and guides the patient to the appropriate level of care. At any time the nurse may refer the call back to the 911 center for an emergency response. Post call surveys are administered along with Quality Assurance Reviews.

The ECNS product has been operational in Reno, Las Vegas, Fort Worth, Memphis and locations around the world. San Francisco City and county implemented the program temporarily in

response to the COVID outbreak. A consultant engaged by County Fire has had active involvement with the Reno site and has provided enhanced insights of the ECNS program and its operation. Las Vegas and Memphis are approximately the same size, 660,000 and 650,000 respectively, and Fort Worth is approximately 900,000. By comparison, San Bernardino County has 2.2 million people and is the largest county by land mass in the USA.

Two of these regions, Fort Worth and Reno have been operating the ECNS program for 7 and 8 years respectively. They report “great patient experience scores” and “high patient satisfaction scores”. The Fort Worth program has achieved patient satisfaction scores of 4.9 out of 5. They have indicated that the program has achieved the expected results in reductions in transport volumes and hospital emergency department visits. Both believe it to be an excellent program

Impacts

The goal of ECNS is to re-direct 911 callers with low acuity complaints (not requiring emergency department care) to the most appropriate healthcare resource to match their needs. This will, in turn, allow EMS and fire department resources to decrease response times to higher acuity calls and decrease the amount of unnecessary ambulance transports to the ED. The following is a brief analysis of the impacts of ECNS on several stakeholders.

A review of 2019 call data indicated that 160,000 calls to 911 had information from which to measure the impact of ECNS in San Bernardino County (See Attachment B for a detailed analysis of calls). The total number of 911 calls for medical assistance is a greater number but not all call records yielded reliable determinant codes. Based on the information gathered from these calls it was determined that approximately 18,000 calls met the criteria to be included in an ECNS program. Given what is believed to be the most efficient staffing matrix for the program it is estimated that approximately 15,000 calls could be directed to the ECNS nurse.

Retrospectively, approximately 3,800 of the ECNS eligible calls were not transported. In these cases, emergency resources arrived at the scene and ambulance transport to a hospital was not required or desired. Some of these people may have gone to their local hospital via their own private vehicle or other means. Assuming this trend continues with the implementation of an ECNS program, approximately 11,000 calls would be directed to more appropriate resources other than ambulance transports.

- **Callers**

Areas utilizing ECNS have reported that callers are very satisfied with the program. For example, the Fort Worth program reports a score of 4.9 out of 5 for patient satisfaction. Further, a recently released article included the findings of research on this topic. It included people from the Fort Worth and Memphis ECNS programs. Satisfaction with the initial dispatcher was 92%, 91% with the ECNS nurse process and 91% satisfaction with the ECNS nurse recommendations and advise. In addition, proper navigation to the appropriate level of care leads to decreased cost to the patient. Deductibles and co-payments will decrease for the caller that is not being taken to the hospital ED via ambulance in favor of being routed to the appropriate level of care for treatment.

- **Fire Resources**

Fire Department based paramedics respond to 911 calls along with EMS transport vehicles. The implementation of the ECNS program could reduce the number of paramedic responses by approximately 15,000 calls or 9% of 911 medical calls. This translates to a reduction of approximately 9,848-unit hours and over 29,000 personnel hours annually.

At first blush one might conclude that there is a cost savings opportunity here. However, when viewed more critically, it is considered that the impact of this program on emergency medical response staff is not significant when viewed at the station or unit level. There are 180 response units in the County. It is estimated that the impact per response unit would range from between 0.1 – 1.2 calls per shift per unit. Studies indicate that ECNS like programs reduce response times to more emergent situations be they emergency medical or fire response. The value of this program from a fire perspective is that valuable resources are preserved to respond to critical situations. Also, given the projected continuous population growth in the County, any short-term marginal savings at the station level will be offset by the growth in population.

- **Emergency Transport Volumes**

As noted earlier, it is estimated that emergency transport (ambulance) volume will decrease by approximately 11,000 trips per year (15,000 less approximately 4,000 calls that historically have not been transported once deployed) due to the ECNS program.

- **Hospitals**

Data is not readily available or in a form that enables a precise estimation of the impact of ECNS on individual hospitals. Data collected in First Watch, which is used by CONFIRE, Ontario FD and AMR was used to develop estimates of potential impacts on individual hospitals. For areas not covered by these data sources (i.e. Barstow and East) estimates were made assuming like patterns of use demonstrated in areas for which data was available. In general, the impact on individual hospital ambulance volumes could be as high as 7 to 10%. The impacts are likely to be less than these calculated percentages for a couple of reasons. First, the ECN may conclude that the caller needs immediate care at a hospital. Second, callers who come to the conclusion that they don't need an ambulance ride to a care site might still opt to go to a hospital ED by other means. It should be noted that based on the analysis of the data there was no apparent weekday/weekend variation in calls or transports. There was a pattern of utilization that is quite similar to the daily pattern of hospital ED volumes where volumes build in the morning, sustain into the late evening and then decrease. The lost hospital emergency department volume directly corresponds to lost revenue. Consequently, thoughts that hospitals should contribute to funding this project are misplaced.

Implementation Plan

At a high level, the implementation of the ECNS program is necessitated by the anticipated COVID 19 surge during the 2020-21 flu season. Every reasonable action should be taken to mitigate the impact of the “twindemic” and its impacts on the healthcare delivery system and, in turn, the residents of the County. If the program achieves its objectives, it will be an ongoing program. There are three phases of this project and they are as follows:

- **Build Phase** – a period that is marked by developmental activities including but not limited to the following:
 - Drafting of this business plan,
 - Securing stakeholder involvement,
 - Securing necessary approvals from the County and CONFIRE
 - Securing funding for the Phase 1 Pilot Program,
 - Staff acquisition and training,
 - Equipment and space acquisition,
 - Identifying and confirming referral resources and other critical tasks.

Financing for this part of the project is anticipated to come from CARES Act funding as this program is being initially set up to reduce non-emergent ambulance transports and unwarranted emergency department visits, freeing hospital and first responder resources to respond to more emergent calls during the COVID-19 pandemic.

- **Phase 1** – This is the initial operational phase. The ECNS program will be co-located in the CONFIRE Emergency Medical Dispatch Center. CONFIRE will be the “lead” agency for the program. Funding for the first months of this phase is being provided by the CONFIRE member agencies. There are three objectives of this phase:
 - Run the system and make refinements to achieve program goals
 - Track key performance metrics to prove the concept that service is improved, and that utilization of expensive resources is reduced resulting in less costs to callers and healthcare insurance companies.
 - Secure sustainable funding from healthcare insurance companies based on anticipated proven savings.
- **Phase 2 – Ongoing Operation** – To be pursued when Phase 1 achieves its goals and sustainable funding can be secured. To sustain the program, stable funding sources need to be secured. The ECNS model that is being developed here is different from other localities in that this model will be routing callers who agree with the ECNS nurse to less costly insurance company network resources for needed care without the cost of ambulance transport. The assumption is that insurance companies will benefit financially from this new system. Kaiser and Inland Empire Health Plan (IEHP), currently account for between 50 – 60% of the residents of the County. Given the potential benefits to the insurance companies, partial funding for Phase 1 will be solicited from these two major health insurance companies among other sources. The experience

recorded during Phase 1 is anticipated to provide the proof of concept needed to engage other major payers as financial supporters of the program.

Major implementation milestones are as follows:

Task	Target Completion Date
Hardware / ECNS software in place	Completed
System Testing complete	Completed
CONFIRE Board approval of REMSA staffing contract	Completed
Phase 1 Staff acquisition and training complete	12/07/2020
Phase 1 funding in place/secured	12/31/2020
Kaiser/IEHP letters of interest Phase 2 funding	12/21/2020
Commence Phase 1 operations (through June 30, 2021)	2/4/2021
Secure Funding for Phase 2 Operations	6/15/2021
Suspend project or commence ongoing operations	06/30/2021

Financial Analysis

The following provides an overview of the expenses and costs to build and operate the ECNS project. Detailed budgets with key assumptions are provided in Attachment C.

NOTE: *These budgets are preliminary and draft for purposes of discussion. They are helpful in that they provide order of magnitude estimates to build and operate the program. They have not been reviewed, confirmed, or approved by key stakeholders. This is especially true of the salaries, wages and benefits that must be reviewed and approved following set procedures prior to the issuance of a final draft of this business plan.*

Start up

Salaries, Wages and Benefits	\$208,000
Recruitment Onboarding Costs	\$127,000

Purchased Services	\$73, 284
Information Technology	\$139,000
Equipment / Furnishings	\$160,000
Marketing / Public Relations	\$ 30,000
Other	\$ 10,000
Total Startup / Build	\$740,369

Phase 1 Operations (January 2021-June 30, 2021)

Salaries, Wages and Benefits	\$ 90,600
Purchased Services	\$ 455,140
Information Technology	\$ 69,400
Rent / Utilities	\$ 6,500
Supplies/Equipment	\$ 3,000
Travel and Training	\$ 9,000
Marketing / Public Relations	\$ 12,500
Total Annual Operating Expense	\$ 646,140

Annual Ongoing Operations

Salaries, Wages and Benefits	\$1,316,000
(Full time CONFIRE employees)	
Purchased Services	\$ 180,000
Information Technology	\$ 60,000
Rent / Utilities	\$ 13,000
Supplies	\$ 6,000
Uniforms	\$ 3,000
Travel and Training	\$ 19,000
Marketing / Public Relations	\$ 25,000
Total Annual Operating Expense	\$1,622,000

Note: These are current dollar costs subject to escalation factors to be determined.

Program Assessment / Risk Mitigation

The goal in implementing ECNS is aligned with Triple Aim: achieve better care by improving the quality and experience of care, provide better health and provide better value by reducing per capita costs. The ECNS program is designed to navigate people to the appropriate level of care in the right amount of time. ECNS has been operational in other communities and has been proven to be a safe process. Like any other healthcare service, there is a continuous effort to review outcomes against set metrics, and, if an untoward outcome be experienced, there is a process for a multidisciplinary review to determine and understand the circumstances and make adjustments to minimize the risk of a repeat occurrence.

The ECNS program has triaged more than 85 million calls over a 15-year period. It is currently in use on four continents including North America/Canada, Europe, Africa, and Australia. In one study of 911 call referrals to a nurse, there was a high percentage (94%) of patients who reported feeling better after the call, 6% reported feeling the same and none felt worse. As

noted above, the agencies surveyed showed high levels of caller satisfaction. Considering the volume of calls referred and the duration of the program, it appears as though the program is proven and likely has a very small number of untoward events.

The IAED promotes an active quality assurance and improvement program. This starts with a common training platform, nurse certification and a program to monitor nurse performance, which requires random review of cases monthly. The Quality program also includes a multi-disciplinary quality assurance committee composed of management, a medical director and Emergency Communications Nurses (ECNs) who will review performance and outcomes on a regular basis. One goal of the program will be to achieve the status of an Accredited Center of Excellence (ACE) accreditation, which promotes quality in IAED programs including ECNS. The San Bernardino County CONFIRE emergency dispatch system is one of few across the country that has received this distinction.

Disparities

The emergency response system responds to any person regardless of social characteristics. A question that has been raised is will the implementation of the ECNS system disproportionately impact certain communities? While this topic should be one that is analyzed to see if there is an unintended disproportionate impact on certain demographic groups, a baseline analysis has been done. The analysis considered CONFIRE data in the context of an ESRI database that identifies low income areas (Low Income Identified Census Tracts using HUD criteria that include communities where 50% of the households have incomes less than 60% of the Area Median Gross Income, or have a poverty rate of more than 25%). This analysis demonstrated that the total number of calls and the number of ECNS qualified calls from these underserved areas was essentially the same, 48% and 50% respectively. There is no way to predict how the implementation of ECNS will impact this comparison. It is an important time to be actively considering this topic. If implemented, the project must strive to understand any variances from this baseline or other comparative demographic metrics. The program will monitor this area carefully and make appropriate efforts to identify disparities and mitigate them.

A related topic is cultural sensitivity. The demographics of our County indicate a need to have language proficiency in this system. The current standard in 911 centers is the use of a language line or telephone translation service. The ECNS program will utilize a translation service.

Appendix A – Detailed Analysis of Program Alternatives

Solutions of how to address the stated problems were sought, where it was agreed to pursue options in the pre-dispatch portion of the 911 sequence. Exploring nurse navigation solutions was the first of several service changes identified.

Due Diligence

Three nurse navigation systems were identified:

- 1) Access2Care – Nurse Navigation (Global Medical Response)
- 2) Emergency Communications Nurse System (ECNS), a program provided by the International Academy of Emergency Dispatch (IAED)
- 3) A shell algorithm software program by APCO¹ was an option, but would require full medical, clinical and emergency communications development.

Each option of the above was to be analyzed and a recommendation to be made to the EMD Ad Hoc Committee and the County Fire Chiefs. Two of three of the options listed above were researched. The APCO Intelligent Workstation was not pursued, as content needed to be created, vetted and approved, which was deemed to be cost prohibitive for time and money.

Access2Care – Nurse Navigation (Global Medical Response also known as AMR) – Analysis GMR's nurse navigation is a triage solution that works in a partnership between GMR and the local entity. GMR offers several options from staffing their nurse call center, 24 hours a day, seven days a week, embedding personnel into the 911 center, or providing situational services such as call screening during the Covid-19 pandemic. There are no pre-requisites of the 911 call center in this solution. For example, the 911 call center is not required to use the EMD system nor be accredited. Regardless of level of service contracted for, the GMR nurse uses and refers patients to the local entity pre-approved points of care.

Emergency Communications Nurse System – ECNS

ECNS is a nurse triage system that includes over 200 evidence based protocols and works in conjunction with the EMD practice in the 911 center. The foundation of the ECNS program is the 'LowCode' software, which facilitates the EMD and certified Registered Nurse trained in both EMD and Emergency Communications Nurse (ECN) practices, through a series of questions to determine the health status of the caller and the appropriate community Point of Care (POC). It is certified by the International Academies of Emergency Dispatch (IAED), a worldwide organization that provides emergency medical, fire and police dispatch call screening protocols, accreditation and quality improvement programs. Callers requesting an ambulance are asked EMD questions and when a low acuity call type is reached, it is transferred for an Emergency Communication Nurse (ECN) assessment. There are several key elements to this process that must be kept on the forefront:

¹ Association of Professional Communications Operators Inc – Intelligent Workstation

- The EMD process has ruled out life-threatening patient conditions
- All low acuity call types are pre-approved by the dispatch center medical director
- The only call types that are eligible for transfer to the ECN are those deemed the lowest acuity in the EMD, *Alpha's* and *Omega's*.

When the caller has safely been transferred to the ECN, the EMD closes the 911 call, terminating the call in the 911 system. During the ECN's call questioning, the ECN can, at any time, refer the call back to the 911 center an emergency response if patient conditions change. Assuming the patient status remains low in acuity, the assessment leads the nurse to a safe recommended care level for the patient, ideally outside the 911 system. Post call surveys are administered along with Quality Assurance Reviews. All calls in the ECNS are documented in the LowCode software and follow-up surveys administered post-call, and quality assurance reviews on all emergency declarations are performed.

In order to use the LowCode System and interface it with the EMD system, the ECC must be an *Accredited Center of Excellence (ACE)*. ACE's are awarded this distinction after completing a rigorous EMD program evaluation and quality assurance review. There are 14 ACE's in California and just over 100 of the honored few in the world to have this stature.

Due Diligence Outcome

Delays associated with Covid-19 have impacted two of the County's ECC's to obtain ACE accreditation. CONFIRE has proceeded with the implementation but support will be provided to other ECCs to expand the ECNS service delivery model to include all 911 calls in the region. CONFIRE has purchased the LowCode software. This purchase accelerated the analysis process of all ECC's and narrowed the project focus to program development and the discussion of how to approach countywide impacts.

Attachment B – Call Volume Analysis

CONFIRE engaged in a series of studies using data to support or oppose assumptions of the impacts of ECNS. Using 2019 CAD data, the number and percent of 911 EMS calls that were coded with an EMD call type by the 911 dispatcher and the number of those calls that were determined eligible for an ECNS assessment, are considered baseline data for future studies:

Agency	All EMS Calls with an EMD Call Type	% of total Call Volume with EMD Call Type	# of eligible call types
CONFIRE	125,500	80.9%	14,443

Figure 1 - 2019 CONFIRE ECC EMD CAD to ECNS Call Eligibility

11.5% of CONFIRE’s EMS calls processed with an applicable call type were projected to be eligible for an ECN assessment.

Risk Tolerance

Risk tolerance is a measure of the level of **risk** an organization is willing to accept, expressed in either qualitative or quantitative terms and used as a key criterion when making **risk-based** decisions. The following chart illustrates CONFIRE’s risk in diverting low acuity calls to an ECN for definitive care options:

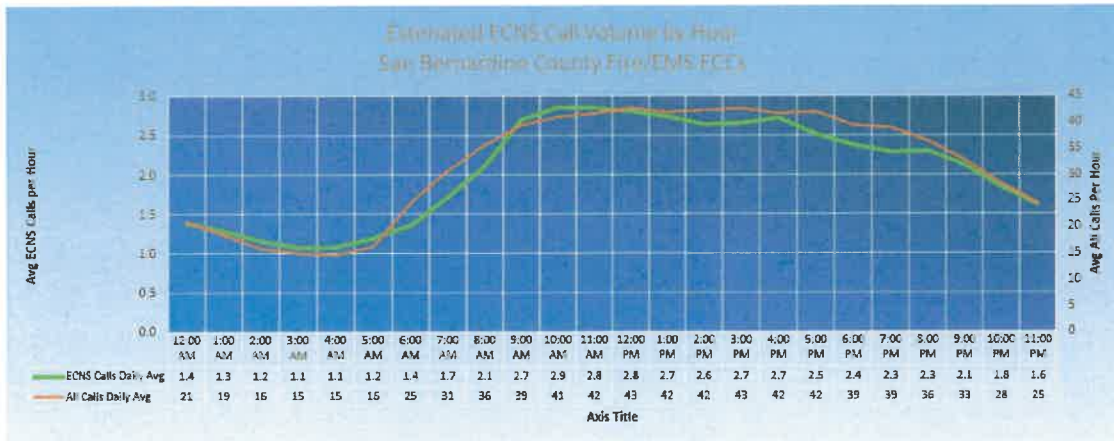
EMD Call Type	# Calls in 2019	Risk Scale
True-time emergency - Echo	1,797	10% - probability of failure, or 1 in 10 could occur.
High Level of Acuity – Delta	43,371	5% - probability of failure, or 1 in 50 could occur.
Moderate Acuity – Charlie	33,218	1% - probability of failure, or 1 in 100 could occur.
Average Acuity – Bravo	14,197	0.1% - probability of failure, or 1 in 1,000 could occur.
Low Level of Acuity – Alpha	30,962	0.01% - probability of failure, or 1 in 10,000 could occur.
Remote Level of Acuity – Omega	1,955	<0.01% probability of failure

In terms of risk tolerance, a total of 32,817 calls were classified as Omegas and Alphas. Of those calls, 14,443 had eligible call types for an ECNS assessment. Using the risk scale, 1.5 calls may be at risk of falling back to the 911 system.

Attachment C - Budget and Assumptions

Staffing and Program Costs

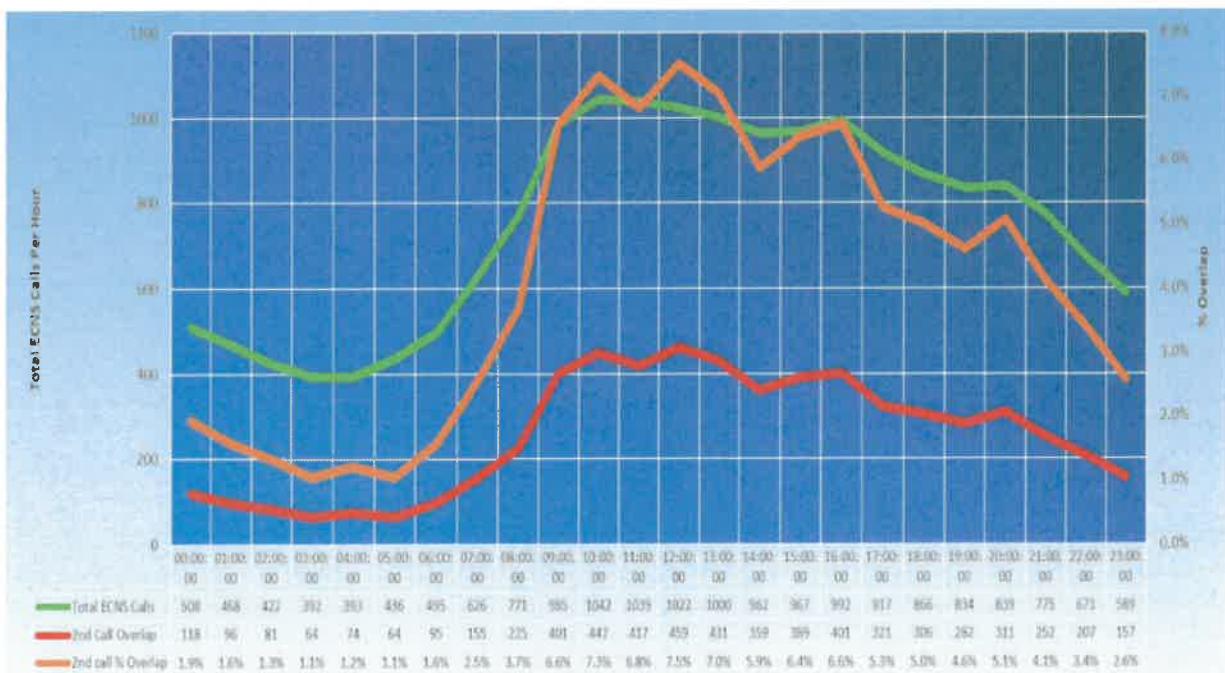
In order to determine the costs associated with this program, it is necessary to determine all costs, not just human resource finances. First, it was important to collect data that demonstrates when the eligible call types are received. The following table illustrates ECNS eligible calls received per hour:



¹ Projections are based on call counts illustrated in Table 1 and use the same assumptions. The number of calls by hour is also based on actual time frames from CONFIRE that are applied to the calls from the other ECCs as that level of detail is not currently available.

The following table illustrates and projects the possible duplication of calls received in the same period of time:

ECNS Volume and Overlap by Hour of day. Projections for all SB County Comm Centers based on 2019 data. Percentage represents the hourly percent of the total number of 2nd overlap calls.



As demonstrated, the overlap hours occur, on average, between 9am to 5pm. To mitigate risk to the fullest extent, policy decisions would need to be made from the following assumptions:

- 1) The first caller who is being served, can be put on hold without taking additional medical risk. This caller or patient has been screened once for life-threatening acuity and is presumably in the process of being screened a second time by the ECN. Being put on hold is acceptable from a content perspective, however, from a time perspective, the average ECN call can take up to 15 to 20 minutes, leaving the first caller to grow impatient and restart the 911 call sequence all over.
- 2) Staffing two ECN's during a statistically predictable period mitigates the risk of being unable to serve simultaneous ECN assessments.

From a risk perspective, staffing two ECN's during a predictable overlap period reduces risk to less than 1% of simultaneous occurrences, thus reducing overall risk to negligible levels.

Staffing Recommendations

Based on the above data, the need to achieve ACE status and to become a best practice organization, the following staffing recommendations are made:

Type	Status	Amount
ECN (RN)	Full-time	6
Quality Assurance Manager	Full-time	1
ECN Manager	Full-time	1

Proposed Schedule

The Core Implementation Committee proposes the following schedule/staffing model

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Shift 1	0700-1900	0700-1900	0700-1900				Swing day – Shifts rotate and work every other weekend
Shift 2	1900-0700	1900-0700	1900-0700				
Overlap	0900-1700	0900-1700	0900-1700				0900-1700
Shift 3				0700-1900	0700-1900	0700-1900	Swing day – Shifts rotate and work every other weekend
Shift 4				1900-0700	1900-0700	1900-0700	
Overlap				0900-1700	0900-1700	0900-1700	0900-1700
Totals	32	32	32	32	32	32	32
QA Reviewer		8		8		8	
Program Manager		8	8	8	8	8	
Total	32	48	48	48	48	48	32

Total Program Hours:

Type	Amount	Program Hours
ECN (RN)	6	224 per week/ 896 per month / 10,752 per year
Quality Assurance Manager	1	40 hours/ 160 per month/ 2080 per year
ECN Manager	1	40 hours/ 160 per month/ 2080 per year



CONFIRE

STAFF REPORT

DATE: March 16, 2021

FROM: Art Andres, Director

TO: Administrative Committee

SUBJECT: Annual Billable Incidents Calculations

RECOMMENDATION

Authorize CONFIRE staff to apply for the Emergency Triage, Treat, and Transport (ET3) model Notice of Funding Opportunity (NOFO).

BACKGROUND

The U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) created a center for innovation. CMS developed ET3 as a five-year payment model to provide for greater flexibility to address emergency health care needs of Medicare beneficiaries following a 911 call. ET3 consists of three interventions: treatment in place, transport to an alternative destination and triage intervention. The current NOFO is designed to “test whether the establishment or expansion of Medical Triage Lines integrated with a PSAP can reduce inappropriate use of emergency ambulance services and increase efficiency in Emergency Medical Services systems.” CONFIRE implemented ENCS on December 20, 2020 through an agreement with REMSA. The current ECNS program is operational and staffing has been augmented by local fire department nursing staff, but the business plan outlines a 24/7 program staffed by CONFIRE full time nurse employees. Currently no funding has been secured in the CONFIRE budget to hire FTEs. The REMSA contract is being paid through funding from the CARES Act funds which are limited.

CMS will award, through a competitive process, cooperative agreements to up to 40 Recipients. The triage intervention of the ET3 model will be tested for a two-year period, pending availability of funds. Funding for the second year will be issued via a non-competing continuation award. The parameters for the triage intervention of the model are described in the CMS NOFO. ET3 would support the implementation or expansion of a Medical Triage Line integrated into a PSAP. CMS believes “while most studies of telephone-based interventions focus on medical advice lines rather than on secondary triage as part of 911 medical dispatch, large-scale application of 911

prioritization systems is beginning to create a robust evidence base to support their accuracy in categorizing medical emergencies over the phone.”

Award amounts will vary based on the needs outlined through the selection process. CONFIRE would continue to provide ECNS services to gather data and secure sustainable funding to maintain the program without impacting the CONFIRE budget.

FISCAL IMPACTS

There is no fiscal impact to CONFIRE. The NOFO through CMS does not require cost sharing or matching funds. CMS grant awards provide for reimbursement of actual and allowable cost incurred, subject to the Federal cost principles.

Maximum Award Amount:	\$1,175,000
Application Due Date:	May 11, 2021
Anticipated Issuance Notices of Award	September 10, 2021
Performance Start Date	September 10, 2021
Period of Performance End Date	September 9, 2023



CONFIRE

CONFIRE JPA

**Organizational Framework
And
Strategic Management Plan (SMP)**

FY 2021-22

**Table of Contents
CONFIRE JPA**

**Organizational Framework
And
Strategic Management Plan (SMP)
FY 2021/22**

Introduction	3
Planning Cycle Graphic.....	4
Mission, Vision and Values	5
General Principles (Leader’s Intent).....	6
Strategic Priorities & Goals	7
Organizational Framework.....	8
• Operations.....	8
• Administration and Support Services.....	12
CONFIRE History	17
Definitions.....	20

Introduction

This document serves as the basis for fulfilling the vision of the Admin Chiefs by laying out the one to three-year plans for the CONFIRE JPA. CONFIRE engages in a robust Planning Process each year. The Planning Process is similar to a large incident management planning and operational cycle. While the operation of the previous year's plan is being implemented, the Planning Process for the following year gets underway. In this way the organization is virtually always in a planning mode which ensures it remains adaptable to the changing economic and operational conditions facing CONFIRE.

Products of the Planning Process include:

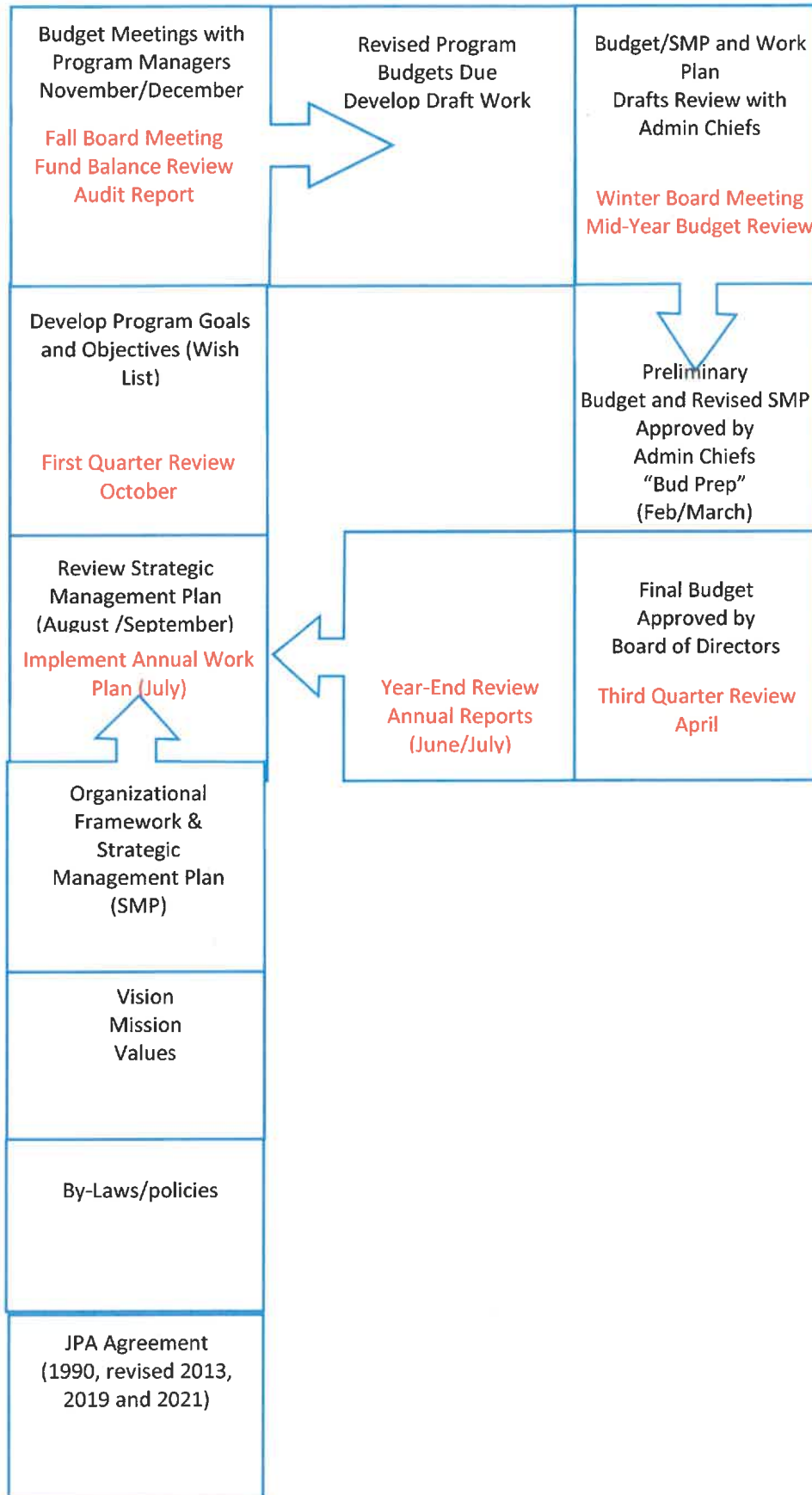
Organizational Framework. The framework succinctly details CONFIRE's vision, mission and core values and connects them to actual direct (core) and support service elements. This Framework is a CONFIRE-wide collaborative effort and is considered a living document that through the Planning Process is reviewed and revised as needed to reflect the activities and general direction of the organization.

Strategic Management Plan (SMP). Updated annually, the SMP represents the near term plans of the organization providing a road map for CONFIRE staff and agencies reps to articulate and implement strategic planning goals and objectives with the support and direction of the Admin Chief's and CONFIRE Board.

Annual Budget and Fund Balance Spreadsheets. The annual budget includes the operational and capital line items necessary to effectively carry out CONFIRE's vision and mission during a given fiscal year. It is the by-product of a thorough, objectives-based vetting process that involves staff, program managers and policy makers. Fund balance spreadsheets are updated annually to account and plan for long-term program needs such as capital items and equipment replacement cycles.

Annual Work Plan (Smart Sheets). The annual Work Plan is developed from the adopted budget and provides the organization with a prioritized schedule of significant projects for the coming year with related milestones. This document will serve as a barometer for project progress and form the basis for an annual report at the end of the fiscal year.

The CONFIRE Planning Cycle



CONFIRE JPA

MISSION

CONFIRE provides regional Fire, Rescue and Emergency Medical Services communications, resource coordination and technology services to enable allied agencies to meet the safety and welfare needs of those we serve.

VISION

To be recognized as an exceptional Regional Emergency Communications and Public Safety Information Technology and Services provider for public and private Fire, Rescue and Emergency Medical Service agencies.

VALUES

SERVICE EXCELLENCE: All the Time, Every Time

EFFECTIVENESS: Time, Cost and Quality

INNOVATION: Future Ready

TEAMWORK: Strength Through Collaboration

INTEGRITY: Honest, Accountable and Transparent

PEOPLE: Dignity and Respect

SERVICE MOTTO

Always There, Always Ready, Always Proud

PILLARS OF SERVICE

**Emergency Communications
Public Safety Information Technology and Services**

General Principles (Leader's Intent)

These statements represent current organizational philosophies relative to the mission, vision and core values as they are applied to the specific components of the organizational framework.

What can or should we be doing together?

CONFIRE will ask this question of itself when considering current and proposed activities. Where it can be demonstrated that an activity will provide mutual and sustainable benefits to our agencies it will generally be considered further. Where an activity is proven to be best managed by individual agencies CONFIRE will provide a support role where appropriate.

Clear Expectations

CONFIRE will endeavor to provide clear definitions of its services with agreed upon levels of service articulated in a manner that is reasonable and responsive to the agencies we serve.

Responsiveness

CONFIRE will strive to meet the needs of our agencies in a manner that understands complications, sensitive matters, political and administrative pressures. Conversely, CONFIRE agencies will strive to minimize unforeseen circumstances through good planning and adherence to published CONFIRE schedules and procedures as much as possible.

System Discipline

Operational and Administrative policies and procedures should be followed by all CONFIRE personnel and participants without exception as much as possible. CONFIRE and Agency administrators will hold their members accountable accordingly.

Workplace Environment and Safety

All personnel associated with CONFIRE will diligently maintain a professional demeanor when working in the CONFIRE sphere. People are our most important asset and investment and should be treated with dignity and respect at all times. Individuals should feel welcome and supported at work and be free of any behavior that creates a hostile work environment. There shall be zero tolerance for any demeaning or harassing behavior by those associated with CONFIRE. Employee safety is a priority at CONFIRE. Steps will be taken to ensure all employees work in a safe environment and hazards are mitigated in an expeditious manner.

Relationships

CONFIRE will pursue and engage in active relationships with partner agencies, city departments, community groups and other stakeholders to ensure the organization is a vital contributor to the overall success of the communities we serve.

Continuous Improvement

CONFIRE is a growing and developing organization that will continuously elevate its performance and delivery of services in order to achieve the highest standard of quality to the communities we serve.

Fiscal Stewardship

CONFIRE will provide services and conduct its support activities within the context of its given financial resources. It will manage these resources in a professional, transparent and accountable fashion demonstrating fiscal leadership to its constituents.

Strategic Priorities

- Update JPA Agreement and By-Laws (policies)
- Continue Information Services/Technology improvements
 - Transfer desktop support and other MIS roles specific to BDC to BDC MIS
- Improve recruitment/retention practices
 - Prepare for Labor Negotiations (2020)
- Pursue strategic partnerships (ICEMA, ECNS, Ambulance Dispatch, CAD to CAD)
- Open High Desert Dispatch Center
- Engage in planning for updated Valley Communications Center (resolve RES lease agreements)
- Update and Improve CONFIRE Administrative and Fiscal Management Policy and Procedures (SDCA Accreditation)
- Develop and monitor internal performance measurements for call-taking/dispatch operations.

Program Goals

20/21

- Open High Desert Government Center/Initiate ECC Capability
- Deploy Automated Voice Dispatch (AVD)
- Victorville Membership process
- Complete BDC MIS Transition – In Progress (6/21 target)
- Complete By-Laws Revision
- Implement EMD/ECNS Pilot
- Deploy CAD to CAD (UASI) – In Progress (5/21 target)
- Regional GIS Database - In Progress (12/21 target)

21/22

- NG 9-1-1 deployment – In Progress
- Firstnet deployment – (Monitoring)
- ECNS implementation
- Explore space utilization (Admin/MIS)
- Replace agenda/mtg management meeting software
- Procure management solution
- IROC interface with CAD (Cal Fire)
- Initiate CAD re-host & re-build (2-year project- 6/22 target)
- Staffing study implementation
 - Achieve Full Staffing (12/21 target)
 - Achieve vertical alignment (12/21 target)

Further out:

Valley Communications Center

CONFIRE Organizational Framework

Operations

Emergency Communications – Tim Franke

Purpose Statement: To deliver the best level of customer service while receiving requests for emergency and non-emergency assistance; this includes maintaining radio communication and coordinating incidents among all agencies and cooperators.

Call Answering/Processing

9-1-1 Coordination

- Master Street Address Guide (MSAG) – Kristen Anderson
 - Assist San Bernardino County Sherriff
- Next Gen 9-1-1 – Tim Franke
 - Location Accuracy (Rapid SOS, Rapid Deploy)

Phones - Tim

- VESTA (Air Bus/Motorola – State 9-1-1)
- 10-digit emergency lines
- Ringdown and Admin lines

Emergency Medical Dispatch (EMD) – Kristen Anderson

- Accreditation
- Q/I
- ECNS

Dispatch (Rialto and Hesperia) – John Tucker/Kristen Anderson

Dispatch Operations

- CAD Features
- Live MUM (move-up Module)
- Auto Dispatch
- Automatic Voice Dispatch

Response Planning (CAD)

- Response Plans – Steve Lehnhard/CAD Committee
- Response Areas

Paging/Alerting

- Station Alerting (see MIS)
- Tablet Command (See MIS)
- Pulse Point (See MIS)
- Active 911(See MIS)

Operational Area (XBO)

- XBO Resource Page – Dave Graves/Vanessa Meyer
- IROC/ CICC
- XBO Comm Plan – Vanessa Meyer/Otto Schramm/Ingrid Johnson

Regional Operations

- Ambulance Dispatch (Vision)
- Air Ambulance
 - ICEMA (MOU??)
 - Flight Following (??)
- ReddiNet

- MCI
- Redirect

Radio Communications

- Radios – Otto Schramm
 - Inventory
 - VHF Testing
- County Chiefs
 - Comm Section – John Tucker/Vanessa Meyer/Otto Schramm
- Geographic Segments
 - XBO Valley – CHO, COL, LOM, MTC, RCF, RED, RIA, SMI
 - XBO – Desert/Mountains – APP, VCV, BFA, RSP
 - BDC – Valley
 - BDC – Desert/Mountains

Field Communications

- Type III IMT (Damage Assessment – GIS) – Ingrid Johnson
- Incident Dispatchers (Future)

Communications Support

- Positions
 - Consoles (Furniture) – Tim Franke
 - Chairs – John Tucker
 - Headsets – Tim Franke
- Scheduling/Admin
 - Telestaff/Leave Requests
 - Shift Bids
 - PSE monthly requirements
- Information File Updates – Gary Morton
- On-calls lists - Supervisors
- Flip guides/Console Books – Lisa Shaver

Standard Operational Procedures Policy (SOPP) – John Tucker

Emergency/back up procedures

- CAD Down Procedures
- Evacuation/Disaster Planning

Investigations - Managers

- Incident Investigations
- Public records requests
- Audio requests

Training & Development (Communications) -Kristen

Purpose Statement: CONFIRE will establish and maintain a high level of preparedness through the development and training of newly hired and established members.

Emergency Medical Dispatch

- Medical Director
- Quality Improvement/Assurance (Q/I & Q/A)
 - EMD-“Q” training
 - National Q
- Accreditation
- Dispatch Review Committee (DRC)
- Steering Committee

Recruit Academy

- Supervisor Academy
- Leadership Training

ECNS

- Manager (vision)

Dispatch Training Committee

- Target Solutions
- Training Manual
- Training Workbook
- Shift Trainers
- Guardian Tracking

Conferences

- Tri Tech (Central Square)
- Deccan
- NENA
- APCO
- Navigators
- FirstWatch

Intern/Telecommunications Program

- MT SAC
- CSUSB

Information Technology and Services – Blessing Ugbo

Purpose Statement: *Provide exceptional technical services and create solutions for our agencies. Be future-ready, grow and adapt to advancements in technology to streamline and improve operations.*

Systems & Infrastructure

CAD System (Tri Tech) - Thomas

- Maintenance – Karen/Thomas
- Tickets – Karen
- Pro QA - Travis

Mobile Devices - Travis

- AVL - Travis
- Tablet Command (IPADS) -Mike McMath
- AirWatch – Mobile Device Management (MDM)- Mike McMath
- MDC's - Steve

Paging/Alerting -

- Station Alerting - Dana
- Tablet Command – Mike McMath
- Pulse Point - Travis
- Active 911- Steve

Emergency/back up procedures

- CAD Down Procedures - Thomas
- Evacuation/Disaster Planning - Blessing

Information Services (Non-CAD) –

- Email – Travis
- Internet – Jim
 - Websense - Jim

Network & Security – Jim

- Network Connectivity - Jim
- Circuits - Jim
- Equipment replacement - Jim

Cyber Security – Jim

- Endpoint Monitoring – Jim

End User Training

- KnowB4 - Travis

Geographic Information Services - Ingrid

• Street Network

- Tickets
- CAD Updates
- Map Layers

• NG 9-1-1

- Regional GIS

• Mapping services

- Map Books

- Preplans
- Special projects
- Arc GIS Online
- XBO Comm Plan

Helpdesk – Robert

- Equipment Replacement
- Procurement
- Ticketing
- Documentation – Blessing
- Policy/Procedures - Blessing

Agency Liaison Services-

- Image Trends – Blessing/McMath
- Firstwatch – Mike McMath
 - F.O.A.M
 - First Pass
- Kronos Workforce – Dave
- WestNet – Dana

Training & Development (Information Services)

MIS Staff Development – Blessing/Director

- Pluralsight

Conferences

- Firstwatch
- Image Trends
- Kronos
- Smartsheets
- ESRI
- VM Ware

Administration and Support Services

Administration (Art Andres)

Executive Leadership

Purpose Statement: Establishes the Mission and Vision of CONFIRE. Sets priorities and directs CONFIRE activities, to ensure those priorities are successfully completed.

Board of Directors

- JPA Agreement
 - By-Laws
 - Membership Process
 - Budget Approval
- Policy Development
 - Board of Directors policies

Administrative Committee (Chiefs)

- Policy/Procedure
 - Administrative Committee policies
- Daily Operations

Operations Committee (Ops Chiefs)

- Communications Sub-Committee
 - CAD Work Group
- Support/Data Committee

CONFIRE Admin Staff (Director)

- Board Secretary (Director)
 - Meeting Agendas, Brown Act posting & Minutes - Liz

Planning - Director

Planning Process - Director

- Framework review
- Goal Setting
- Work Planning
- Performance Measures

Long-Range Planning (2-5 years)

- Strategic planning

Personnel Management -Director

Purpose Statement: CONFIRE in cooperation with its recognized Labor groups and applicable County offices will provide programs that promote health and safety and the fair and equitable treatment of all employees and participants.

Human Relations - Director

- Recruiting and Hiring
 - Recruitment Process

- Probationary and Promotional Testing
- Interviews, confirmation and non-select letters- **Liz**
- Work Performance Evaluations (WPE'S)
 - Spreadsheet with monthly updates
 - Guardian Tracking Program (2019)
- Rules and Regs
- Policies/Procedures
- Labor/Management Task Force

Employee Wellness - Kristen

- Physical Fitness/Health Program
- Peer Counseling
- Employee Assistance Program
- Safety

Fiscal – Business Manager (Yvette Calimlim)

***Purpose Statement:** Manage and maintain a strong Financial support to CONFIRE through sound accounting principles in accordance to the Administrative Committee and Board's direction.*

Accounting – Business Manager

- Fund Management
 - Operations Fund (5008)
 - Equipment Reserve Fund (5009)
 - General Reserve Fund (5010)
 - Term Benefits Reserve Fund (5011)
 - CAD to CAD Fund (5019)
- Cash Management
- General Ledger SAP Oversight
- Capital expenditure planning
- Monthly Administrative Financial Reports
- Monthly Agency Equipment Replacement Reports
- State Controller Reports
- Year-end reports
 - Audits
 - Accruals
 - Fund Balance Policy
- Insurance
 - General Liability
 - Medical Director
 - Vehicle
- Agency Contract Management
- Fiscal Records Management

Budget – Yvette

- Budget Cycle (see planning)
- Budget Payroll
- Budget Reporting to Boards
- Budget Prep
- Monthly Revenue & Expenditures Reports per Dept. (Program managers checkbooks)
- Quarterly Budget to Actual Reports
- Year End Close of Budget to Actuals
- PO tracking against amounts

Accounts Receivable - Rana

- Agency Billing – **Rana/Liz**
- Radio Billings – **Debbie/Rana**
- Chargebacks – **Debbie/Rana**
- Bank Deposits – **Rana**
- Reconciliation of AR – **Rana**

Purchasing - Rana

- Purchase order management
 - Cooperative Purchasing Websites
- Contract management
- Receiving Inventory – **Liz**
 - KissFlow/tagging
- Solar Winds documentation – **Liz**
- PO tracking against Budgeted amounts

Accounts Payable – Debbie

- Accounts Payable - **Debbie**
 - ISD Charges
 - Motorpool Expenditures
 - Pass through (Radios)
 - Softeligent
 - SAP
 - Payment Tracking
 - Vendor Management
- Travel – **Debbie**
- Petty Cash – **Liz**
 - Audit Fund – **Rana**
 - Replenish - **Debbie**
- Credit Cards - **Debbie**

Payroll – Yvette

- EMACS

Grant Management – Rana/New Staff Analyst I

- Fiscal oversight
- Reporting and tracking
- Inventory Control
- Emergency Management Performance Grant (EMPG)
- UASI/HSGP

Records Retention-New Staff Analyst I

- Policies and Procedures

Support Services

Logistics – Liz Berry

Reception

- Front Office
- Mail
- Admin Calendar

Supplies

- Uniforms – **Kristen/Liz**
- Office - **Liz**
 - Furniture
 - Office supplies
- Janitorial - **Liz**
- Kitchen - **Liz**
 - BBQ
 - Water
 - Recycling

Vehicles & Equipment

- Staff vehicles -
 - Check out - **Liz**
 - Maintenance – **Liz**
 - Voyager pin tracking- **Liz**
 - Parking Permits- **Liz**
- Tools & Equipment

Facilities -

- Rialto
 - Dispatch/Admin
 - IS Trailers
 - Vault
- Hesperia

- Facilities Management - **Liz**
- Lease Agreements - **Director**
- Capital construction
- Environmasters

Organizational Support

Internal Communications

- Employee Recognition - **Liz**
- Comm Center page – **John Tucker/Vanessa Meyer**
- Bulletin Board – **Hannibal/Garcia**
- History
- Seasonal décor - **Liz**

Public Communications

- CONFIRE Website – **Blessing Ugbo**
- Public Relations Committee
 - 9-1-1 for Kids – Diane Boyles
 - Public relations materials/supplies- **Liz**

Committees

Internal

- Labor/Management
- Safety Committee
- SOPP Committee
- Training Committee
- EMD Q Committee
- Equipment Committee

External

- Emergency Medical Care Committee (EMCC) - Director
 - EMD Ad Hoc
- County Chief's
 - Comm Section
 - Ops
- Cal Chief's Comm Section
- CAL-OES Southern Region NG 9-1-1 Task Force – Managers
 - NG 9-1-1 GIS Task Force - Ingrid
- NENA
- APCO
- Regional PSAP Managers

Meetings

Internal

- Weekly
 - Leadership Updates (Monday AM)
 - BDC Conference call (Monday AM)
 - Operational Area conference call (Thursday AM - Seasonal)
 - CONFIRE/REMSA DRC

- Monthly
 - Administrative Committee (fourth Tuesday PM)
 - Labor/Management (fourth Tuesday AM)
 - Communications/Support Committees (first Tuesday AM)
 - Dispatch Review Committee (EMD)
 - Steering Committee (EMD) – Annual meeting
- Board of Directors (Winter/Spring/Fall)
- EMD Q
- Supervisor Meeting
- Training Committee

External

- County Chief's (fourth Thursday AM)
- Comm Section (varies, monthly)
- PSAP Managers (varies)
- OACC (quarterly)

Milestones in CONFIRE history:

1968–Dave Dowling is 'hired' as a volunteer dispatcher for the Muscoy Fire Department by Chief Earl Mathiot

1969–Dave Dowling begins receiving \$45 every two weeks to dispatch and keep the fire departments finances in order.

1973–The Central Valley Fire District forms combining Muscoy, Bloomington and Fontana. Dave Dowling becomes the Lead Dispatcher out of an office at the downtown Fontana fire station on Arrow. Comm Center is born. The other original dispatchers are Cliff Ellis, Tony Alvarez, Kurt Prine, Bob Mendez, and Gil Rangel.

1974–Comm Center dispatchers are 're-employed' through a grant by Loma Linda University managed by local EMS Administrator Phil Kransey.

1975–Comm Center is relocated to the basement of the County Library at 4th and Sierra Way in San Bernardino. Several new dispatchers were hired under a federal grant...these included Karon Humphreys, Sue Hood, Dave Nunez, Sue Bertel, Arlene Donohue and others.

1975–Colton, Loma Linda and Redlands Fire Departments begin contracting for dispatch services with Comm Center. Greg Turner (COL), Peter Hills (LOM) and Dave McLees (Red) among others are hired as part-time dispatchers.

1976–Central Valley Fire Chief R.J. Keen appoints Dave Dowling as Dispatch Supervisor for Comm Center.

1970's–A grant from the Robert Wood Johnson Foundation helps fund a county wide Emergency Medical Communications System (MEDNET/HEAR) the precursor to several agencies initiating paramedic programs. Comm Center dispatched and was the last to

communicate with two Loma Linda University managed EMS helicopters that are involved in separate fatal accidents.

1979-80 – Comm Center becomes the Operational Area Dispatch Center for OES. Comm Center is fully engaged in managing resources during the Panorama Fire during fierce November Santa Ana winds.

1980's – After a season of heavy rains the basement of the County Building is subject to perpetual flooding from long dormant artesian wells. Pumps had to be installed to manage the 1200 gallons per minute of water flowing through the basement. Eventually Comm Center had to hastily relocate to higher ground in the upstairs area of the Library.

1982 – San Bernardino County adopts 9-1-1 for emergency calls. Joyce Micallef is the first County 9-1-1 Coordinator. Computer Aided Dispatch (CAD) programs begin to become available. Chino FD merges with Central Valley, agency renamed West San Bernardino Fire Agency.

1985 – The San Bernardino County Fire Agency was formed consolidating Central Valley, Wrightwood, Lucerne Valley, Lake Arrowhead, Yucca Valley, Forest Falls, Searles Valley and Green Valley Lake FD's. Chino disbanded from the agency at the same time.

1980's (late) – Under the leadership of County Sheriff Captain Terry Jagerson the consolidation of public safety emergency operations in Rialto began to take shape. Jagerson would eventually lead the Sheriff's aviation unit out of Rialto and help lead the development of the County's 800 mhz radio system infrastructure. Comm Center Co-locates with the Sheriff's Valley (EAGLE Center) dispatch office on Miro Way.

1990 –The Consolidated Fire Agencies of the East Valley (CONFIRE) JPA forms with the San Bernardino County Fire Agency, Rialto, Loma Linda, Colton and Redlands Fire Departments as its original members. The agencies agree to "federate together in a cooperative agency for the joint and mutual operation of a centralized public safety communication agency and a cooperative program of fire protection and related functions." Comm Center remains the centerpiece of this organization. First Computer Aided Dispatch (CAD) system installed.

1994 –The County Consolidated Fire District (aka, San Bernardino County Fire Department) is formed to manage fire protection in all unincorporated areas with the exception of CSA 38 which remained with the California Department of Forestry (CDF).

1997 –The County cancels its contract with CDF and assumes jurisdiction over the areas of Devore, Grand Terrace, San Antonio Heights, Needles, Phelan, Fawnskin, Baker, Mentone and Harvard as well as other unfunded areas of the County. The communities of Highland and Yucaipa incorporate as cities and retain CDF (Cal Fire) for fire protection.

1999 – The City of Adelanto contracts with San Bernardino County Fire Department for service.

2003 – Comm Center moves into the new CONFIRE JPA built and owned facility adjacent to the Sheriff's Valley dispatch center on Miro Way.

2004 – The Hesperia Fire District contracts with the San Bernardino County Fire Department for service.

2004 – CONFIRE assumes the role of MIS support for County Fire with several employees transferring from County Fire to CONFIRE.

2008 – The City of Victorville contracts with the San Bernardino County Fire Department for service

2008 – CONFIRE purchases and implements a completely new computer-aided dispatch system (Tri-Tech)

2009 – With the departure of Victorville, Desert Comm disbands. Apple Valley, Barstow, Big Bear City and Big Bear Lake FD's contract with CONFIRE for dispatch services.

2009 – After an extensive vetting process the Rancho Cucamonga Fire Districts selects CONFIRE as its new dispatch services provider in 2008 and transitions to Comm Center in December 2009.

2010 – CONFIRE fully implements Emergency Medical Dispatch (EMD) utilizing the Pro QA product provided by Priority Dispatch.

2012 – CONFIRE achieves National Center of Excellence accreditation from the International Association of Emergency Dispatch only 169th center in the world to do so.

2012 – Crest Forest Fire District contracts with the San Bernardino County Fire Department for service.

2013 – Rancho Cucamonga Fire District becomes the 6th member of the JPA and the first new member since CONFIRE's inception in 1990

2014 – Montclair and Upland Fire Departments contract with CONFIRE JPA for dispatch services.

2015 – The North Fire occurs in the Cajon Pass trapping motorists on I15 and resulting in dozens of cars on the freeway and several homes in the High Desert being destroyed.

2015 – CONFIRE achieves reaccreditation (valid until 2018) from the National Academy of Emergency Medical Dispatch for its Emergency Medical Dispatch program.

2015 – Comm Center supports the regional response to a terrorist attack in the City of San Bernardino that results in a Mass Casualty Incidents (35 victims)

2016 – San Bernardino City Fire annexes into the San Bernardino County Fire District. CONFIRE begins dispatch services for the annexed area on 7/1/2016.

2016 – Kendall, Pilot and Blue Cut Fires challenge regional response capacity. XBO Comm Plan exercised successfully during these incidents.

2017 – Major winter storms hammer the County

2017 – CONFIRE, CALFIRE, USFS and Ontario recognized by CPRA at Annual Awards banquet for collaboration during Blue Cut Fire in 2016

2017 – The Upland Fire Department annexes into the San Bernardino County Fire District on July 22.

2018 – CONFIRE reaccredited by IAEMD as Center of excellence for the third time.

2019 – Chino Valley Fire and Victorville Fire join as contract agencies in March.

2019 – Chino Valley Fire and Apple Valley Fire become CONFIRE member agencies in December bringing CONFIRE's member agency total to eight.

2020 – Open Desert Center, located in High Desert Government Center (Hesperia). One dispatch center, operating out of two locations. Initiate ECC Capability.

2020 – CoVID dramatically impacts all service providers in XBO. XBO IMT activated under unified command. Several directives implemented, including XBO Response Plan.

2020- IMT activates XBO Response Plan-Level 1 on November 28. 1st time in San Bernardino County, no ambulances dispatched on Alpha level calls on initial assignment based on surge levels at all hospitals. Fire EMS only unless requested by public safety-first responders.

2020- CONFIRE implements an Emergency Communications Nurse System (ECNS) on December 20 through an agreement with Regional Emergency Medical Services based in Reno Nevada. ECNS uses EMD to remove low acuity calls out of the 911 system. Alpha and Omega level calls do not get an ambulance or fire resource. Calls are transferred to ECNS for appropriate follow up care.

Definitions

CONFIRE (Consolidated Fire Agencies) : Is a cooperative association voluntarily established by its members per the Government Code of the State of California for the purpose of providing hardware, software services, and other items necessary and appropriate for the establishment, operation, and maintenance of a joint centralized public safety communications system and a cooperative program of fire related functions for the mutual benefit of the members of the agency and to provide such services on a contract basis to other governmental units, and to provide a forum of discussion, study, development and implementation of recommendations of mutual interest

regarding public safety communications and related matters within member agencies.

CONFIRE (general definition): Encompasses the operations and employees of the following components:

Comm Center: a jointly operated regional public safety communications center (currently providing service to 6 member and 5 contract agencies), the San Bernardino County Operational Area Coordinating Center, the designated provider of dispatch services for air ambulance resources as prescribed by ICEMA.

Management Information Services (MIS): Provides Comm Center and three of its nine member agencies with the full range of Information Services and Technology. MIS also supports various technologies on behalf of all CONFIRE agencies (MDC's, AVL, ePCR etc).

CONFIRE Governance and Administration (see Org chart): CONFIRE is an independent legal entity governed by a Board of Directors and an Administrative Committee. The agency has the following powers and responsibilities;

- To enter into contract, including the performance of services for other governmental units
- To employ agents and employees
- To acquire, lease, hold, and dispose of property, real and personal
- To incur debts, liabilities or obligations
- The purchase or lease of the equipment and machinery necessary
- The employment of the necessary personnel and the operation and maintenance of a communications system
- All powers necessary and incidental to carrying out the purpose of the agency as set forth in its formation documents and by-laws
- The power to sue and be sued in its own name

The Board of Directors are elected officials appointed by each of the member agencies. They meet at least twice per year to approve the annual budget, set fiscal policy and select officers.

The Administrative Committee is made of the Fire Chiefs of the nine member agencies. They meet at least quarterly (presently meets monthly) and are responsible for the following duties:

- Within the limits fixed by the Board approved budget, conduct the operation of the Agency
- Direct the preparation of the proposed annual budget for review and adoption by the Board of Directors
- Expend funds in accordance with the adopted budget

CONFIRE Director is appointed by and reports to the Administrative Committee and is responsible to manage the day to day operations of CONFIRE. The Director also acts as the Secretary to the Board of Directors.

The Operations Committee (formerly Tech Committee) is made up of representatives appointed by the Fire Chief of each member agency. This committee is responsible for identifying and recommending solutions to operational matters and forwarding those items to the Administrative Committee for consideration.

The Support/Data Committee is made up of representatives appointed by the Fire Chief of each member agency. This committee is responsible for identifying and recommending solutions to technology and data issues and forwarding those items to the Administrative Committee for consideration.

It is expected by the Admin Committee that the Operations and Support Committees coordinate their efforts.

Member Agency: An entity which is signatory to the CONFIRE agreement and associated JPA, Board/Administrative Committee policies. Each member agency is represented by one voting member on the Board of Directors, The Administrative Committee, Operations (Tech) Committee and Support/Data Committees.

Weighted Voting: The Administrative Committee cast weighted votes set annually, effective July 1 based upon the dispatch incidents in the preceding Calendar Year. A member agency that had at least 50% of the dispatch incidents in the preceding Calendar Year has four (4) votes, a member that had between 15% and 49.9% of the dispatch incidents in the preceding Calendar Year has two (2) votes and all other Parties, one (1) vote.

Contract Agency: An entity whom as entered into a contract for service with CONFIRE. Contract agencies are highly encouraged but not required to participate at all Committee meetings in an advisory but non-voting capacity.

CONFIRE Employees: All full-time, part-time and volunteer employees of CONFIRE under the direction of the CONFIRE Director.