



Todd Harms
Fire Chief

Gay Jones
Board President
Division 8

Jennifer Sheetz
Board Vice President
Division 5

Matt Kelly
Board Secretary
Division 7

Cynthia Saylor
Board Member
Division 1

Grant Goid
Board Member
Division 2

Randy Orzalli
Board Member
Division 3

Ted Wood
Board Member
Division 4

D'Elman Clark
Board Member
Division 6

Jim Barnes
Board Member
Division 9

Sacramento Metropolitan Fire District

10545 Armstrong Ave., Suite 200 · Mather, California 95655 · Phone (916) 859-4300 · Fax (916) 859-3700

BOARD OF DIRECTORS - REGULAR MEETING Thursday, October 10, 2019 – 6:00 PM

Sacramento Metropolitan Fire District
10545 Armstrong Avenue
Board Room – Second Floor
Mather, California

The mission of the Sacramento Metropolitan Fire District is to provide professional and compassionate protection, education and service to our community.

CALL TO ORDER

PLEDGE TO FLAG

METRO CABLE ANNOUNCEMENT

The Open Session Meeting is videotaped for cablecast on Metro Cable 14. Replay on Monday, October 14th at 6:00 pm and Tuesday, October 15th at 9:00 am on Channel 14; Webcast at www.sacmetroable.tv.

The open session Meetings are also available for viewing on the District website at www.metrofire.ca.gov.

PUBLIC OPPORTUNITY TO DISCUSS MATTERS OF PUBLIC INTEREST WITHIN DISTRICT JURISDICTION INCLUDING ITEMS ON OR NOT ON AGENDA

*The Board of Directors of the Sacramento Metropolitan Fire District appreciates and encourages public interest and welcomes questions and opinions at its meetings. Public members desiring to address the Board are requested to first be recognized by the presiding officer and identify themselves for the record. The presiding officer may in the interest of time and good order limit the number of public member presentations. Speakers' comments will be limited to **three minutes** (Per Section 31 of the Board of Directors Policies and Procedures).*

In accordance with Section 31 of the Board of Directors Policies and Procedures, members of the Public requesting their written comments be read into the meeting record must be present or have a representative present to read their comments during the time allotted.

CONSENT ITEMS

Matters of routine approval including but not limited to action summary minutes, referral of issues to committee, committee referrals to the full Board, items that require yearly approval, declaration of surplus equipment, and other consent matters. Consent Agenda is acted upon as one unit unless a Board member requests separate discussion and/or action.

Serving Sacramento and Placer Counties



Sacramento Metropolitan Fire District

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REGULAR BOARD MEETING AGENDA

THURSDAY, OCTOBER 10, 2019

	<u>Page No.</u>
CONSENT ITEMS	
1. Action Summary Minutes Recommendation: Approve the Action Summary Minutes for the Board meeting of September 26, 2019.	5
2. Surplus Vehicle Designation Recommendation: Adopt a Resolution authorizing the disposal of the totaled 2016 Sprinter cab and chassis.	9
3. Mobile Integrated Health (MIH) Program Pilot Recommendation: Approve moving forward with the Sacramento Mobile Integrated Health pilot project.	11
4. Purchase Approval – 4G Titan III Tri Modems Recommendation: Approve the sole-source purchase of 78 4G Titan III Tri Modems for all frontline Physio-Control LIFEPAK 15 (LP-15) cardiac monitor/defibrillators not to exceed \$137,257.50.	21
PRESENTATION ITEMS	
1. Milo and Moxie – Preschool Education Program Overview <i>(Diana Schmidt, Fire Inspector II)</i> Recommendation: Receive presentation, no action needed.	*
ACTION ITEMS	
1. FY 2019 Hazardous Materials Emergency Preparedness (HMEP) Grant Award <i>(Erin Castleberry, Administrative Specialist)</i> Recommendation: Adopt the Grant Acceptance and Budget Amendment Resolutions.	28
REPORTS	
1. PRESIDENT'S REPORT — <i>(Vice President Sheetz)</i>	
2. FIRE CHIEF'S REPORT — <i>(Acting Chief Shannon)</i> OPERATIONS' REPORT – <i>(Assistant Chief Lozano)</i>	
3. SMFD – FIREFIGHTERS LOCAL 522 REPORT	
4. COMMITTEE AND DELEGATE REPORTS <i>All Committee Meetings will be held at the Sacramento Metropolitan Fire District Board Room, 10545 Armstrong Avenue, Mather, California unless otherwise specified.</i>	
A. Executive Committee – <i>(Vice President Sheetz)</i> Next Meeting: TBD	



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REGULAR BOARD MEETING AGENDA

THURSDAY, OCTOBER 10, 2019

- B. Communications Center JPA – (AC Wagaman)**
Report Out: Special Meeting
September 27, 2019 at 9:00 AM
Next Meeting: October 22, 2019 at 9:00 AM
- C. California Fire & Rescue Training JPA – (DC Shannon)**
Report Out: September 19, 2019 at 4:00 PM
Next Meeting: January 16, 2020 at 4:00 PM
- D. Finance and Audit Committee – (Director Kelly)**
Next Meeting: October 24, 2019 at 5:30 PM
- E. Policy Committee – (Director Goold)**
Report Out: October 10, 2019 at 5:30 PM
Next Meeting: TBD

BOARD MEMBER QUESTIONS AND COMMENTS

CLOSED SESSION

- 1. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION – Significant exposure to litigation pursuant to California Government Code Section 54956.9 (b) (1) (3) (B):**
Recommendation: Confer with and receive advice from legal counsel regarding Request for Proposal (RFP: 19-04) involving legal allegations made by a proposer concerning the RFP process and District Board's decision on the proposal.
- 2. Public Employee Performance Evaluation: Fire Chief**
Pursuant to Government Code Sections 54957(b)(1) and 54954.5(e)
- 3. Public Employee Performance Evaluation: Board Clerk**
Pursuant to Government Code Sections 54957(b)(1) and 54954.5(e)

ADJOURNMENT

NEXT BOARD MEETING(S):

Unless specified differently, all meetings of the Board are held at Sacramento Metropolitan Fire District, 10545 Armstrong Avenue, Mather, CA

- Next Board Meeting – October 24, 2019 at 6:00 PM

The following action and presentation items are scheduled for the next board meeting agenda. Board members are requested to identify additional action or presentation items they desire to be scheduled on the agenda.

ANTICIPATED AGENDA ITEMS: TBD



Sacramento Metropolitan Fire District

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REGULAR BOARD MEETING AGENDA


THURSDAY, OCTOBER 10, 2019

Posted on October 7, 2019

Melissa Penilla

Melissa Penilla, Clerk of the Board

* No written report

**  Separate Attachment

DISABILITY INFORMATION:

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Clerk of the Board at (916) 859-4305. Notification at least 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to this meeting.



TODD HARMS
Fire Chief

Sacramento Metropolitan Fire District

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ACTION SUMMARY MINUTES – REGULAR MEETING

BOARD OF DIRECTORS SACRAMENTO METROPOLITAN FIRE DISTRICT Thursday, September 26, 2019 10545 Armstrong Avenue – Board Room Mather, California

CALL TO ORDER

The meeting was called to order at 6:00 pm by Secretary Kelly. Board members present: Clark, Goold, Kelly, Orzalli, Saylors, and Wood. Board members absent: Barnes, Jones, and Sheetz. Staff present: Chief Harms, General Counsel Lavra, and Clerk Penilla.

PLEDGE TO FLAG

PUBLIC COMMENT: None

CONSENT ITEMS

Action: Moved by Wood, seconded by Clark, and carried unanimously by members present to adopt the Consent Calendar as follows:

- 1. Action Summary Minutes**
Recommendation: Approve the Action Summary Minutes for the Board meeting of September 12, 2019.
Action: Approved Action Summary Minutes.
- 2. Policy Revision - Nepotism**
Recommendation: As recommended by the Policy Committee, approve the revision to the Nepotism policy.
Action: Approved the revision to the Nepotism policy.
- 3. Hazardous Material Response Team Shared Cost/Risk Program**
Recommendation: Approve the retroactive agreement for Hazardous Materials Emergency Response Services with the County of Sacramento.
Action: Approved the retroactive agreement for Hazmat Services with Sacramento County.

PRESENTATION ITEMS

- 1. Sacramento Metropolitan Public Safety Foundation – Thermal Imaging Camera Campaign** (*Director Orzalli and Captain Malinowski*)
Recommendation: Receive presentation, no action needed.
Action: Presentation received, no action taken.
- 2. Mobile Integrated Health (MIH) Program Pilot** (*Captain Perryman and Brian Jansen, with the Hospital Council*)
Recommendation: Receive presentation, no action needed.
Action: Presentation received, no action taken.

ACTION ITEMS

- 1. FY 2018 Assistance to Firefighters Grant (AFG) Award**
(Erin Castleberry, Administrative Specialist)
Recommendation: Adopt the Grant Acceptance and Budget Amendment Resolutions.
Action: Moved by Wood, seconded by Clark, and carried unanimously by the members present to adopt Resolution Nos. 2019-080 through 2019-082 for the Grant Acceptance and Budget Amendments.
- 2. Industrial Disability Retirement – Jonpaul Seivane**
Recommendation: After discussion in Closed Session, consider adopting a Resolution finding Battalion Chief Seivane has suffered job related injuries and direct staff to work with BC Seivane through his Industrial Disability Retirement process with CalPERS.
Action: Moved by Wood, seconded by Goold, and carried unanimously by the members present to adopt Resolution No. 2019-083.

REPORTS

1. **PRESIDENT'S REPORT:** No report.

2. **FIRE CHIEF'S REPORT:**

Promotion

Effective 9/13, Fire Inspector I Krista Aney

New Hire

Effective 9/13, Fire Inspector I Stephanie Young

Effective 9/16, Help Desk Technician Ethan Foster

Meetings

9/15, Pioneer Hook and Ladder Annual Northern California Fire Equipment Memorabilia Swap Meet took place at Station 21.

9/19, Joint Defense Counsel Meeting discussed EMS and legislative changes to benefit fire agencies.

9/19, Executive Staff meeting with Sac City Fire to discuss operations and consistency.

9/23-9/25, CalChiefs Conference, included the Metro Chief's Medical Directors, goal is to talk about what is happening across the state and align as a group.

Upcoming Meetings/Events

9/28, Annual California Firefighters Memorial Ceremony on Saturday, September 28th, at 11:30 am at California Memorial located in Capitol Park.

Miscellaneous

October is National Breast Cancer Awareness Month and November is Men's Health Awareness Month. We will be wrapping an engine and working throughout the District to promote cancer awareness; all cancers, all people.

OPERATIONS REPORT

Deputy Chief Bridge gave the Operations Report sharing that we've been averaging 250 calls per day, however it is up and around 260 calls. Last week Engines 53, 24, and 41 were the busiest with about 90 calls for the week, and Medics 23, 21, 105, 53, and 24 are consistently running 20 calls per day.

One of the bigger fires that took place was on Friday, the location was off of Elverta west of Watt Avenue. Mutual aid from throughout the area responded, included three air drops from CalFire. It burned over 600 acres with no structures lost, three Metro Fire Chief Officers and twelve pump-and-roll apparatus responded, for a very well-coordinated incident.

3. SMFD – FIREFIGHTERS LOCAL 522 REPORT:

Vice President Jamison commented on the impressive display of Metro Fire's recent work through tonight's presentations. He also shared after collaboration with staff there has been a change in schedule for the single role program, looking forward to the benefits of this change. Lastly, he invited everyone to attend the Memorial on Saturday, as it is truly a great display honoring the fallen firefighters of California.

4. COMMITTEE AND DELEGATE REPORTS

All Committee Meetings will be held at the Sacramento Metropolitan Fire District Board Room, 10545 Armstrong Avenue, Mather, California unless otherwise specified.

A. Executive Committee – (Secretary Kelly)

Next Meeting: TBD

B. Communications Center JPA – (AC Wagaman)

Report Out: September 24, 2019 at 9:00 AM

DC Bridge reported out for AC Wagaman, no action was taken during the last meeting, and a special meeting is scheduled for tomorrow.

Next Meeting: October 22, 2019 at 9:00 AM

C. California Fire & Rescue Training JPA – (DC Shannon)

Report Out: September 19, 2019 at 4:00 PM

Next Meeting: January 16, 2020 at 4:00 PM

D. Finance and Audit Committee – (Director Kelly)

Next Meeting: October 24, 2019 at 5:30 PM

E. Policy Committee – (Director Goold)

Next Meeting: TBD

BOARD MEMBER QUESTIONS AND COMMENTS

Director Clark thanked the presenters and commended staff for being in the forefront of fire agencies and looking for a more effective way to serve the community. He looks forward to attending the Firefighters Memorial on Saturday.

Director Wood also thanked the presenters, and looks forward to taking action on both items. He also publically thanked DC Bridge for answering his recent question.

Director Saylor reported back on the recent Rio Linda Country Fair where Engine 112, Engine 111, and Medic 111 were in attendance. She was able to spend time at the booth and passed out badge stickers to the kids. She also commended the crews for handling a first aid call while at the event, they were very professional. She also thanked Sue Frost for purchasing the first two TICs.

Director Goold took a moment to reflect on all items discussed tonight, he is pleased that all items look to the future, and gives kudos to staff for looking forward.

Director Orzalli publically thanked Sue Frost for her purchase of the first two Thermal Imaging Cameras.

Director Kelly will be participating in the United Way golf tournament next Friday which honors the late Director Lawson. He is also looking forward to participating in the ALS walk on Saturday, October 5th.

The Board recessed to Closed Session at 7:03 pm.

CLOSED SESSION

1. **Pursuant to California Government Code Section 54956.9 (a) – one (1) matter of Industrial Disability Retirement.**
 - A. Jonpaul Seivane and the Sacramento Metropolitan Fire District
Claim # SMDP - 549700 – Industrial Disability Retirement – Gregory Casentini

The Board reconvened to Open Session at 7:10 pm.

ADJOURNMENT

The meeting was adjourned at 7:12 pm.

Gay Jones, President

Matt Kelly, Secretary

Melissa Penilla, Board Clerk



Sacramento Metropolitan Fire District

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TODD HARMS
Fire Chief

DATE: October 10, 2019
TO: Board of Directors
SUBJECT: Surplus Vehicle Designation

TOPIC

Request Board authorization to surplus the totaled Cab and Chassis listed below. In addition, give Staff direction to remove this vehicle from the District's permanent vehicle inventory.

DISCUSSION

The attached resolution recommends the removal of the following vehicle from the fleet. This unit was involved in a vehicle crash and totaled by our insurance company. The box portion of this ambulance will be remounted onto a new Cab and Chassis, and the totaled Cab and Chassis will be removed for scrap.

<u>Dist. I.D. #</u>	<u>Vehicle Description</u>	<u>Mileage</u>	<u>Condition</u>
24443	2016 Sprinter Ambulance	102567	Totaled

FISCAL IMPACT

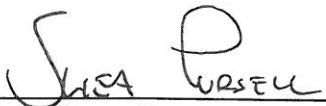
None

RECOMMENDATION


Staff recommends that the Board approve the attached Resolution for the disposal of the totaled 2016 Sprinter Cab and Chassis.

Submitted by:

Approved by:



Shea Pursell
Fleet Manager



Brian Shannon
Deputy Chief, Support Services



Sacramento Metropolitan Fire District

10545 Armstrong Ave., Suite #200, Mather, CA 95655 · (916) 859-4300 · Fax (916) 859-3700

RESOLUTION NO. 2019-____

A RESOLUTION OF THE SACRAMENTO METROPOLITAN FIRE DISTRICT WHICH DECLARES SPECIFIC FLEET VEHICLES AS SURPLUS

WHEREAS, the Board of Directors has adopted a Fleet Vehicle Replacement Plan; and

WHEREAS, the unit listed below was involved in a vehicle accident and deemed a total loss by the District's insurance company; and

WHEREAS, the District recognizes the cost effectiveness of removing excess apparatus and vehicles from the fleet inventory.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Directors of the Sacramento Metropolitan Fire District that the following 2016 Sprinter cab and chassis be declared as surplus:

INCODE ASSET#	ACQUISITION		DESCRIPTION	VIN	PLANNED DISPOSAL METHOD	FAIR MARKET VALUE	VEH ID
	DATE	COST			DISPOSAL DATE		
4958	09/27/16	\$ 176,154	MERCEDES BENZ SPRINTER TYPE II	WDAPF3CC9G9674841	TOTALED ON 6/21/2019	\$ 100,000	24443

PASSED AND APPROVED this 10th day of October, 2019, by the following vote to wit:

AYES:

NOES:

ABSTAIN:

ABSENT:

SACRAMENTO METROPOLITAN FIRE DISTRICT

By: _____
President, Board of Directors

Attested:

By: _____
Clerk of the Board



TODD HARMS
Fire Chief

Sacramento Metropolitan Fire District

10545 Armstrong Ave., Suite 200 • Mather, CA 95655 • Phone (916) 859-4300 • Fax (916) 859-3702

Date: October 10, 2019
TO: Board of Directors
FROM: Barbara Law, Assistant Chief EMS
SUBJECT: Sacramento Mobile Integrated Health Pilot Project

TOPIC

Staff is seeking Board approval for implementation of the Sacramento Mobile Integrated Health (SacMIH) Pilot Project.

BACKGROUND

Everyday across the Sacramento region, Metro Fire is on the frontline of patient care answering 911 calls. While some calls to 911 are truly life threatening emergencies requiring quick thinking, treatment to stabilize a patient, and transport to an Emergency Department (ED), it is well documented that many 911 calls are not life threatening emergencies.

That is not to say our patients are not sick or suffering, rather they are individuals with chronic illnesses or non-emergent injuries who do not have anywhere else to turn for care. In 2018 Metro Fire transported nearly 52,000 people to an ED, and 44% of them did not require an advanced life support (ALS) level of care. Consequently, the EMS transport system and EDs in Sacramento County are increasingly and consistently strained.

DISCUSSION

Since 2016, the Hospital Council – Northern and Central California has convened health stakeholders in Sacramento County to develop innovative ways of providing medical services in the community that will more appropriately address the root causes of patient health challenges, improve patient case management, and maximize the capacity of the EMS transport system. SacMIH seeks to apply proven best practices that provide definitive care to patients in a more expeditious and comprehensive manner.

In coalition with four local healthcare systems (Dignity Health, Sutter Health, UC Davis, and Kaiser Permanente) and local fire departments (Metro Fire and Sacramento Fire Department), the Hospital Council held discussions to promote the

mobile integrated health model. The pilot project will pair a Physician Assistant or Nurse Practitioner with a firefighter/paramedic to operate a Community Care Response Unit (CCRU) and address the health needs of patients with records of high utilization of emergency healthcare services. Combining advanced level care and EMS capabilities in the same field-unit results in timely patient care while reducing stress on area EDs and decreasing healthcare costs.

To optimize SacMIH, the same coalition has come together to create the **Sacramento Health Information Partnership (SHIP)**. Working under the guidance of the California Association and Health Information Exchanges (CAHIE), SHIP is a focused approach to improve interoperability and enable the exchange of health information among providers throughout the Sacramento region. This approach will enable meaningful data gathering and analysis to measure the effectiveness of SacMIH at a relatively low cost.

SacMIH is a three-year pilot project designed to prove the patient care success and cost effectiveness of the mobile integrated health model in the capital region. At buildout, SacMIH will consist of two mobile units serving physical and behavioral health respectively. The project is explained in detail in Attachment A. The objectives of the program are to:

- Improve continuity of care for high utilizers of EMS and ED services;
- Reduce unnecessary EMS transports and ED visits;
- Reduce hospital readmissions;
- Reduce healthcare expenditures;
- Expedite appropriate care for patients calling 911; and
- Provide appropriate care for behavioral health patients accessing 911 services

FISCAL IMPACT

Although Metro Fire will operate SacMIH, Dignity Health, Sutter Health, UC Davis Health, and Kaiser Permanente committed Year 1 funding of \$1,472,180 for SacMIH in October 2017. The Hospital Council has so far collected \$1,104,135 of the funds. There will be no impact to the District's fiscal year 19/20 budget. While the health systems currently do not plan to supply more than Year 1 funding, the Hospital Council is committed to helping Metro Fire develop sustainable revenue through research and advocacy.

Opportunities for mobile integrated healthcare programs to perform cost recovery already exist and are maturing. As this approach proves its cost-effectiveness, it is anticipated that payors will create the means to support it.

The proposed Year 1 operating budget for SacMIH is included below:

Medical Director	\$75,000
Program Coordinator	\$215,000
Promotion/Education	\$10,000
Response Unit	\$215,000
Fuel	\$10,000
Unit Equipment	\$60,000
Soft Supplies	\$15,000
Unit Maintenance	\$10,000
Advanced Provider	\$200,000
Firefighter/paramedic	\$150,000
Data Analyst	\$5,000
Imagetrend	\$20,500
Radios	\$20,000
Vehicle Insurance	\$500
OT cost for personnel	\$10,000
Training	\$5,000
IT	\$3,000
Administrative cost	\$80,135
Totals	\$1,104,135

LEGAL IMPACT

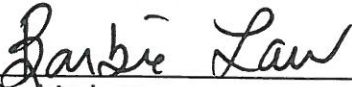
General Counsel has reviewed the SacMIH Pilot Program and has approved it in concept. A Memorandum of Understanding (MOU) between the Hospital Council and Metro Fire is being finalized transferring all assets, liabilities and responsibilities to Metro Fire for operation of the SacMIH Pilot Project.

A separate MOU will be drafted for the services of the Medical Director/Supervising Physician and the Advanced Provider(s) upon the conclusion of a RFP process which is currently being drafted with the Purchasing Manager. The RFP will be for a one-year contract with the option for two one-year extensions.

RECOMMENDATION


Staff recommends the Board of Directors approve moving forward with the SacMIH Pilot Project.

Submitted by:



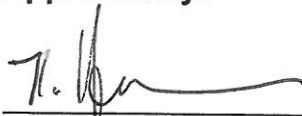
Barbie Law
Assistant Chief, EMS

Approved by:



Eric Bridge
Deputy Chief, Operations

Approved by:



Todd Harms
Fire Chief

Attachment A – Improving Patient Care in Sacramento through Mobile Integrated Healthcare and Health Information Exchange



Improving Patient Care in Sacramento *Through Mobile Integrated Healthcare and Health Information Exchange*

October 2019

BOTTOM LINE UP FRONT

Since 2016, the Hospital Council – Northern and Central California has convened health stakeholders in Sacramento County to develop innovative ways of providing emergency medical services (EMS) that will more appropriately address the root causes of patient health challenges, improve patient case management and maximize the capacity of the system to meet patient demand. **Sacramento Mobile Integrated Healthcare (SacMIH)** adapts proven best practices that have provided definitive care to patients in a more expeditious and comprehensive manner. The partners participating in SacMIH have conducted extensive coalition building, research and discussion to refine the program. In the process, many ancillary healthcare stakeholders have expressed encouragement for the approach. With the approval of the Sacramento Metropolitan Fire District (Metro Fire) Board of Directors SacMIH will be ready to initiate patient care in early 2020.

To optimize SacMIH, the same coalition has come together to create the **Sacramento Health Information Partnership (SHIP)**. Working under the guidance of the California Association and Health Information Exchanges (CAHIE), SHIP is a focused approach to improve interoperability and enable the exchange of health information among providers throughout the Sacramento region. SHIP is leveraging existing data use agreements, national standards for interoperability and investments in electronic systems. It is creating a privacy-protected pathway to exchange patient health information without the need to invest in a separate technology platform or stand up a burdensome governance structure. This approach will also enable meaningful data gathering and analysis to measure the effectiveness of SacMIH at a relatively low cost.

Although Metro Fire will operate SacMIH, local health systems have contributed the start-up funding to get the initiative off the ground for the first year. Dignity Health, Sutter Health, UC Davis Health and Kaiser Permanente committed Year 1 funding of \$1.47 million for SacMIH in October 2017. Together, the partners will seek to secure sustainable sources of funding to maintain the program thereafter.

BACKGROUND

In coalition with the four major health systems in the Sacramento Region (Dignity Health, Kaiser Permanente, Sutter Health and UC Davis Health) and local EMS agencies (Metro Fire and Sacramento Fire Department), the Hospital Council has convened discussions to promote the mobile integrated health model developed in Mesa, Arizona. The model pairs an advanced level provider with a paramedic to address the health needs of patients with a record of high utilization of healthcare services. Working under the guidance of a medical director, a nurse practitioner or physician assistant has a scope of practice sufficient to treat patients in the field and connect them to community providers (i.e. primary care provider, outpatient clinic, write prescriptions for local pharmacy, etc.). Meanwhile, if during a patient encounter it is determined that emergency care is needed, the paramedic in the crew will take the lead in initiating established EMS protocols and requesting resources for patient transport. Combining advanced level care and EMS capabilities in the same field unit results in timely patient care while reducing stress on area EDs and compressing health care costs.

OUTCOMES IN OTHER COMMUNITIES

SacMIH is patterned on two successful programs. The Mesa Model merited a multi-year, \$12.5 million Innovation Grant from the Centers for Medicare and Medicaid Services (CMS) and was successfully adopted by Anaheim Fire and Rescue in Orange County, California. During the first two and a half years Mesa operated its program, it made 1,250 patient contacts. Of those, 40 percent of patients encountered were diverted from the ED. In Anaheim's first year, 479 patients were served. And, 58 percent of patients encountered were diverted from the ED.

The model better achieves the Institute for Healthcare Improvement Triple Aim – improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care. ED diversion means patients received care more immediately without the wait often experienced by low-acuity patients who present at the ED. It preserves pre-hospital and hospital emergency services capacity for true emergencies. In Sacramento, it is expected to eventually reduce ambulance patient offload times (“wall times”), decompress EDs and improve care coordination for patients. Not only has the Mesa Model resulted in reduced costs to health care institutions, but it also reduces health care costs for patients who would otherwise be obligated to pay for a share of the ambulance transport and ED bills.

More recently, the Cities of Los Angeles and Beverley Hills initiated similar programs. Although Sacramento was at the cutting edge of developing mobile integrated healthcare in California when it started the work in 2016, other communities have progressed further in the meantime.

SACRAMENTO MOBILE INTEGRATED HEALTHCARE

SacMIH is a three-year pilot project designed to prove the patient care success and cost effectiveness of the model in the capital region. At build-out, SacMIH will consist of two mobile units serving physical and behavioral health respectively. The objectives of the program are to:

- Improve continuity of care for high utilizers of EMS and ED services;
- Reduce unnecessary EMS transports and ED visits;
- Reduce hospital readmissions;
- Reduce health care expenditures;
- Expedite appropriate care for patients calling 911; and
- Provide appropriate care for behavioral health patients encountering 911 services;

Phase 1 will launch the **Community Care Response Unit (CCRU)** – the pairing of an advanced practitioner and a paramedic to serve those with a history of extraordinarily high utilization of EMS. If necessary, this unit would assess behavioral health needs and connect the patient to appropriate services (i.e. county behavioral health urgent care center, substance abuse service, Whole Person Care program, etc.). Metro Fire will consult with the partnering health systems to identify the highest utilizers of ambulance and emergency department services. Using this data, the CCRU will focus proactive attention on those patients so that they learn to access the right level of care in the right setting to better manage chronic and other non-emergent health needs. Project proponents expect that it will address the underlying health concerns in a more comprehensive way by connecting patients with a more appropriate level of care and improved education in self-care. This, in turn, will preserve pre-hospital and hospital EMS capacity and control costs.

Phase 2 consists of dispatching the CCRU to non-emergent patients calling 911. The CCRU could make six to eight patient contacts per day, because a crew may spend an hour or two with each patient rather than the typical 15- to 30-minute response and ED transport that Metro Fire units perform currently. When the CCRU is not responding to a low-acuity call routed through the 911 dispatch system, it would make proactive follow up with high utilizers. Although the medical director for the Sacramento County Emergency Medical Services Agency has expressed concerns about any such changes to the 911 dispatch system, the SacMIH coalition reached agreement with him and the senior Sacramento County staff and Board of Supervisors in 2018 that it will only advance to Phase 2 after Phase 1 shows itself to be successful and after additional consultation.

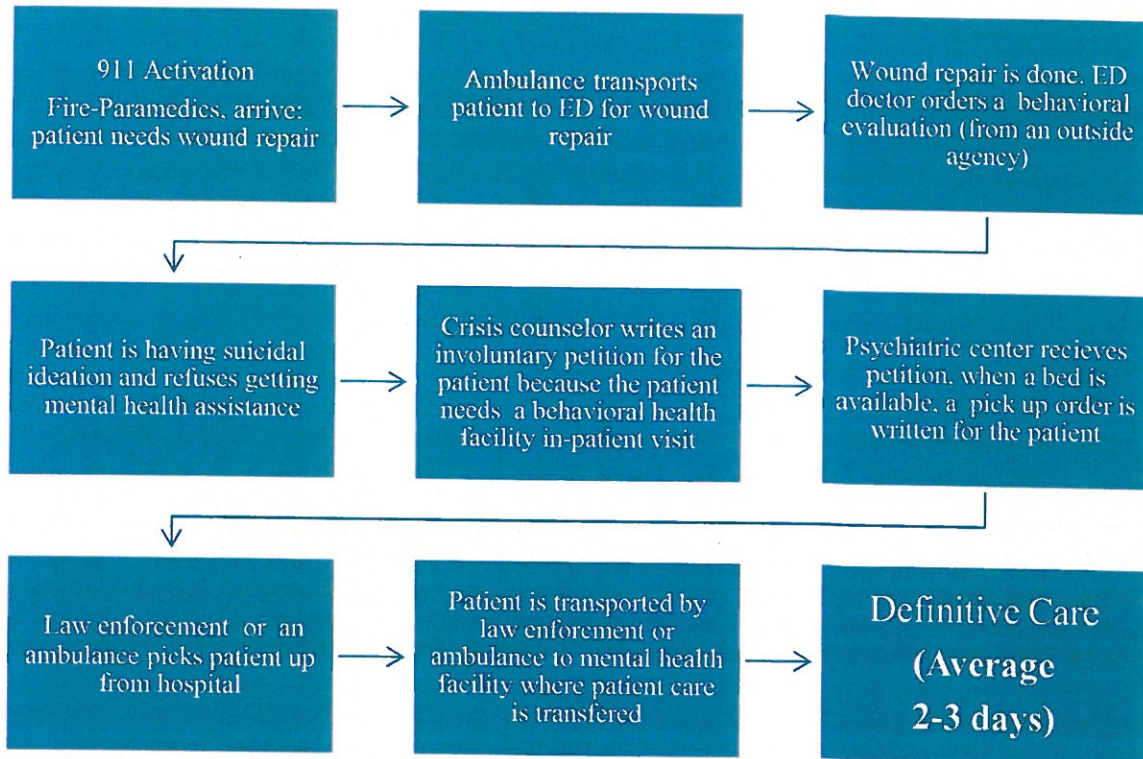
It is important to note that the City of Sacramento Fire Department (Sacramento Fire) played an integral part in the development of SacMIH from 2016 until early 2019. It was always the plan that while Metro Fire would operate the CCRU, Sacramento Fire would operate a **Behavioral Health Response Unit (BHRU)**. The BHRU would serve behavioral health patients, whose high utilization of EMS and ED resources also place great strain on the system. It would pair a behavioral health worker with a paramedic to respond to medically-cleared persons in crisis. Ideally, the CCRU and BHRU would work in concert. For example, in the case of encountering a patient who needs care in a behavioral health facility, the CCRU could medically clear the patient in the field, then the BHRU would address the behavioral health needs – all without transporting the patient to an ED.

Due to the challenge of coordinating the work across so many partner organizations, the coalition decided to focus on helping Metro Fire stand up the CCRU first. After it is operational, the coalition plans to reengage Sacramento Fire to activate the BHRU.

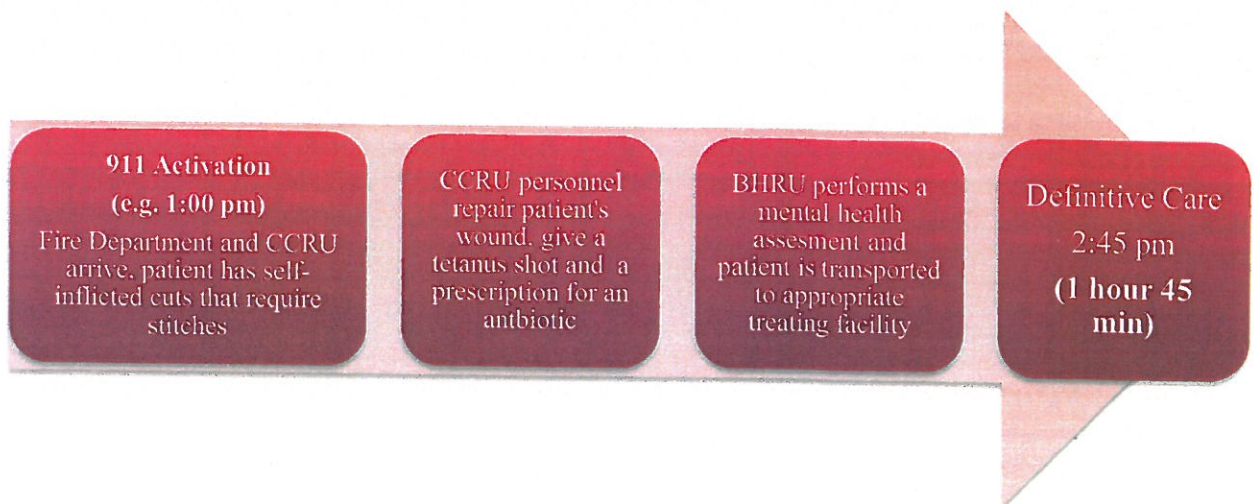
Program decisions such as the days and hours of operation of the CCRU will be made by Metro Fire. The geographic scope of the program will be countywide, with the unit positioned in “hot spots” – areas where utilization of the service will have greatest effect – using Metro Fire and hospital patient data. **The anticipated implementation date for the SacMIH program is early 2020. The pilot phase is expected to last thirty-six months.**

The flow charts below contrasts the existing EMS system with Phase 2 and 3 of the proposed SacMIH model.

Patient Experience in Current EMS System



Patient Experience in Sacramento Mobile Integrated Healthcare



ROLE OF MEDI-CAL MANAGED CARE PLANS

Beginning in December 2016, the coalition has met with representatives of the Medi-Cal Managed Care plans serving Sacramento to promote SacMIH. From the outset, the health plans have expressed enthusiasm for the program. Moving forward, all parties intend to maximize the care coordination capacity of the plans to help SacMIH mesh with other appropriate wrap-around services.

SACRAMENTO HEALTH INFORMATION PARTNERSHIP

The same parties which are collaborating to launch SacMIH have also worked diligently since 2016 to create a data system to support it, known as SHIP. The system will help manage patient care across providers and track patient outcomes. Providers on the CCRU and BHRU will be able to connect with health system records to offer better care in the field and connect patients to the most appropriate resources.

The coalition has devised a way to accomplish health information exchange (HIE) by enhancing the interoperability of existing the electronic health record (EHR) systems of the hospitals and electronic patient care record (EPCR) systems of the ambulance providers. SHIP will do this by basing data exchange on national standards used by the largest HIE networks, many of which the local health systems already support. What is missing is a connective technology that links EHRs and EPCRs. The SHIP Steering Committee interviewed four different technology vendors to determine which could best help us accomplish this. In the end, only one appears to have the capability needed – ImageTrend, using its partner, Kno2. It is the vendor used by Metro Fire and CalEMSA among many other EMS providers.

The SacMIH units' EPCR system will access patient data managed by the hospitals' EHR through a federated query. This means that it will contact each EHR system, and each system will respond with any relevant patient data. The systems never relinquish control of the patient data and there is no need to pay a third party to manage the information systems.

SHIP is using SacMIH as its initial use case to create a viable HIE. Once operational, it can be expanded to include other providers and operate in additional jurisdictions. Conversations with Sacramento County Public Health, Sierra-Sacramento Valley Medical Society, federally qualified health centers, physician groups and other stakeholders have developed wide support for this HIE plan. It is a relatively low-cost, low-barrier-to-entry approach that will finally accomplish HIE in the capital region.

SHIP is evolving concurrently and in conjunction with SacMIH, however, it is also depending on SacMIH to begin operations in order to build the interoperable HIE.

Specifically for the initial SacMIH use case, SHIP intends to leverage the California Data Use and Reciprocal Support Agreement (CalDURSA), onto which all SacMIH participants (except for Kaiser Permanente) have already signed. The CalDURSA is a multi-party data sharing agreement that establishes common policies, procedures, and operational practices for trusted statewide health information sharing in California. This will allow for trusted exchange of information to support SacMIH.

As it evolves, SHIP is also considering onboarding to the California Trusted Exchange Network (CTEN), which is an existing framework that combines the CalDURSA, a common set of policies and procedures, and a lightweight technical infrastructure. The CTEN has already established a trusted environment for safe and secure sharing of health information across the state. In fact, CAHIE's other initiative – the Patient Unified Lookup System for Emergencies (PULSE) operates as a participant in the CTEN. It was first deployed for use in the fires that ravaged Northern and Southern California in 2017. Already, several SacMIH participants have or are independently onboarding to the CTEN: the California Emergency Medical Services Authority is already a participant, UC Davis is in the testing phase and Sutter Health is in the beginning phase of onboarding. Participating in the CTEN will allow SHIP to dive into analyzing the effectiveness of SacMIH, and will provide the necessary framework for other use cases, once it is ready to expand to them.

FINANCE & GOVERNANCE

Dignity Health, Sutter Health, UC Davis Health, and Kaiser Permanente committed Year 1 funding of \$1,472,180 for SacMIH in October 2017. The Healthcare Foundation of Northern and Central California has so far collected \$1,104,135 of the funds. It is in the process of developing a MOU transferring all assets, liabilities and responsibilities to Metro Fire. It will contain provisions so that Metro Fire will use the money for the purposes stated herein, continue consulting with the Hospital Council periodically to further build out the program, and report outcomes to the funding partners. This MOU will be presented to the Metro Fire Board of Directors in the near future for their approval.

While the health systems do not plan to supply more than Year 1 funding, the Hospital Council is committed to helping Metro Fire develop sustainable revenue through research and advocacy. Opportunities for mobile integrated healthcare programs to perform cost recovery already exist and are maturing. As this approach proves cost-effective in more and more jurisdictions, payors will create the means to support it.

THE TIME IS NOW

SacMIH has progressed at an orderly, conservative and methodical pace in order to build a sustainable program. The principal partnering organizations, as well as several other health care stakeholders, understand how it will fit into the care continuum. There is widespread support for the concept. The model has already proven itself in multiple jurisdictions. Four years of intensive collaboration have prepared the way for success. The time is now to get SacMIH operating in the community.



TODD HARMS
Fire Chief

Sacramento Metropolitan Fire District

10545 Armstrong Ave., Suite 200 • Mather, CA 95655 • Phone (916) 859-4300 • Fax (916) 859-3702

Date: October 10, 2019
TO: Board of Directors
FROM: Barbara Law, Assistant Chief EMS
SUBJECT: 4G Titan III Tri Modems

TOPIC

Staff is seeking Board approval to purchase 78 4G Titan III Tri Modems for all frontline Physio-Control LIFEPAK 15 (LP-15) cardiac monitor/defibrillators.

BACKGROUND

Metro Fire purchased 90 LP-15 cardiac monitor/defibrillators in 2013, 75 of which were funded by a 2012 AFG Grant Award. All of the monitors were equipped with Titan II Wireless Gateways (Titan II). The Titan II is a portable wireless communication accessory for the LP-15, providing secure patient data transmission to the LIFENET® System or CODE-STAT™ data review software. The Titan II requires an existing wireless network for transmission.

DISCUSSION

There have been numerous technological advances in EMS since the LP-15s were purchased in 2013. The Sacramento County Emergency Medical Services Agency (SCEMSA) mandated that all providers utilize a National Emergency Medical Services Information System (NEMSIS) compliant electronic patient care reporting system in 2015. Additionally, SCEMSA requires approved advanced life support providers to carry a cardiac monitor capable of transmitting a 12-lead EKG to the hospital. The Discomfort of Suspected Cardiac Origin protocol mandates transmission of any + ST elevation myocardial infarction (STEMI) 12-lead EKG to the receiving STEMI center and a STEMI alert to be called in. Medics can also transmit any 12-lead or cardiac rhythm strip to a base hospital for medical control consult.

Metro Fire meets these requirements with our ImageTrend ePCR system and the LP-15s. We have an integration between the LP-15 Physio Cloud and ImageTrend which allows crews to import their vital signs, ECG strips, 12-Lead EKGs, and code summaries into the ePCR. The Titan II Gateways connect to the mobile router on each apparatus to provide a wifi connection for patient data transmission.

Importing the LP-15 information into the ePCR automatically attaches EKGs and rhythm strips while creating the following NEMESIS fields on the ePCR:

- Date/time stamped vital sign records for blood pressure, heart rate, oxygen saturation, and end-tidal CO2 when used.
- Date/time stamped procedure records for:
 - 4-lead ECG
 - 12-lead EKG with LP-15 interpretation of the tracing
 - Defibrillation with joules delivered
 - Synchronized cardioversion with joules delivered
 - External pacing with rate and milliamps delivered
 - Waveform capnography

The EMS Division utilizes CODE-STAT software to analyze all cardiac arrest incidents for continuous quality improvement. Crews can transmit the code summary of any cardiac arrest or unusual call to CODE-STAT. The information derived from CODE-STAT is used to develop training program and customize them to our needs.

Area hospitals have repeatedly raised concerns with SCEMSA that they are not receiving +STEMI 12-lead transmissions which negatively impacts the continuum of care. Further, the EMS Division noticed a trend of crews not importing LP-15 information into the ePCR and cardiac arrest summaries not being transmitted to CODE-STAT.

The EMS Division worked closely with our medic crews, Mercy San Juan Hospital, and Physio-Control to troubleshoot the problem; we found that approximately 25% of our +STEMI 12-lead transmission attempts to hospitals failed. Staff determined that the Titan II Gateways must be in range of the mobile router on the apparatus in order to transmit information to the ePCR program, CODE-STAT and the hospitals. This is problematic for several reasons:

- +STEMI 12-leads need to be transmitted to the hospital as soon as possible.
- Crews are often out-of-range of their apparatus & mobile router when a 12-lead is run.
- Our engine and truck companies frequently retain patient care of emergent patients for transport in another agency's ambulance, so they have no access to their mobile router.

The EMS Division researched options to improve the reliability of our transmission capability. The 4G Titan III Tri Modem (Titan III) is an add-on wireless device for the Physio-Control LP-15 series of monitor/defibrillators. It enables transmission of patient data collected by the monitor/defibrillator while at the patient's side. The Titan III automatically selects Cellular or Wi-Fi for transmission of data securely over the internet. Our Verizon cellular service would be activated on all of the Titan IIIs.

The EMS Division conducted a 45-day field test of the Titan III modems on M53, M109, and M24. Crews have reported no transmission problems with the upgraded modem, and the hospitals have been reliably receiving 12-lead EKGs from these monitors. The EMS Division has been receiving code summaries in CODE-STAT and monitor imports are populating the ePCRs.

Use of the Titan III modems on all frontline LP-15s will improve the reliability of patient data transmission to improve the continuum of care. It will also decrease the documentation workload on our members because they will be able to import all of the monitor information to the ePCR. Accurate documentation of vital signs with attached monitor waveforms and 12-lead EKGs supports EMS cost recovery efforts for all patient contacts.

FISCAL IMPACT

Stryker is the sole-source provider of the 4G Titan III Tri Modem in the United States. A sole source confirmation and request for exception to competitive bidding is attached. The cost for 78 modems is \$137,257.50, this includes a \$44,752.50 total discount for volume purchasing. The EMS Division has these funds available in the Fiscal Year 19/20 supply budget.

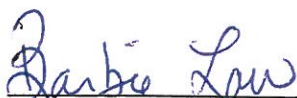
LEGAL IMPACT

The performance period for the 2012 AFG Grant has ended and FEMA closed out the grant in September of 2014. RMarie Jones of Metro Fire's grant team verified that there are no grant obligations with FEMA in upgrading the modems on the existing grant-purchased LP-15 cardiac monitor/defibrillators.

RECOMMENDATION

Staff recommends the Board of Directors approve the sole-source purchase of 78 4G Titan III Tri Modems not to exceed \$137,257.50.

Submitted by:



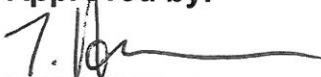
Barbie Law
Assistant Chief, EMS

Approved by:



Eric Bridge
Deputy Chief, Operations

Approved by:



Todd Harms
Fire Chief



Sacramento Metropolitan Fire District

HEADQUARTERS: 10545 Armstrong Ave. • Mather, CA, 95655 • Phone (916) 859-4300 • Fax (916) 859-3702
Website: www.metrofire.ca.gov

PURCHASING: 3012 Gold Canal Dr. • Rancho Cordova, CA, 95670 • Phone (916)859-4360 • Fax (916) 859-3729

REQUEST FOR EXCEPTION TO COMPETITIVE BIDDING PROCESS And DISCLOSURE STATEMENT

Estimated Total Cost \$: 145,333.74

Proposed Vendor: Stryker / 4G Titan III Modems

This form must accompany the purchase document whenever an exception to the competitive bidding process is requested. State and local laws subject Sacramento Metropolitan Fire District to competitive bidding rules. Requests for goods and/or services from a specific vendor or limited to a specific brand, where substitutes to the recommended vendor or brand are not in the best interest of the District, must be accompanied by a written justification explaining the circumstances that make alternatives unacceptable. The employee signing the justification must disclose in writing whether or not he/she has a potential or actual conflict of interest. Metro Fire employees who have a business relationship with or financial interest in the recommended vendor must disclose the conflict of interest. Any employee with an actual or potential conflict of interest may not participate in the purchase decision.

The Purchasing Manager or authorized designee will determine whether the justification is appropriate. Requests for exception must be supported by factual statements that will pass an audit.

INSTRUCTIONS

1. Please check all applicable categories (a. through i.) below and provide additional information where indicated.
 - a. The requested product is an integral repair part or accessory compatible with existing equipment.
Existing Equipment: Lifepack15 Monitor/Defibrillators
Manufacturer/Model Number: Physio-Control/99577-001255
Age: ~6.5 years
Current Estimated Value: \$468,000 (trade-in value)
 - b. The requested product has unique design/performance specifications or quality requirements that are not available in comparable products.
 - c. I have standardized the requested product and the use of another brand/model would require considerable time and funding to evaluate.
 - d. The requested product is one in which I (and/or my staff) have specialized training and/or extensive expertise. Retraining would incur substantial cost in time and/or funding.

- e. The requested product is used or demonstration equipment available at a lower-than-new cost.
- f. Repair/Maintenance service is available only from manufacturer or designated service representative.
- g. Upgrade to or enhancement of existing software is available only from manufacturer.
- h. Service proposed by vendor is unique; therefore, competitive bids are not available or applicable.
- i. Other factors (provide detailed explanation in #2 below).

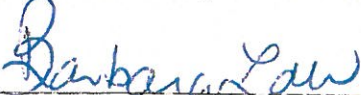
2. Provide a detailed explanation and pertinent documentation for each category checked in item 1 above. Attach additional sheets if necessary: Stryker is the sole-source provider of the Lifenet® system.

3. Was an evaluation of other equipment, products, or services performed? Yes No
If yes, please provide all supporting documentation.

4. List below the name of each individual who was involved in the evaluation, if conducted, and in making the recommendation to procure this product or service. Attach additional information, if necessary. **Each individual must submit a completed and signed Disclosure Statement (attached).**

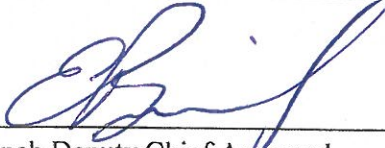
- 1) _____ 3) _____
- 2) _____ 4) _____

5. I certify that the above information is accurate to the best of my knowledge, and a signed copy of this document will be kept on file and available for audit in my department.

 _____ 10.2.19 Assistant Chief
Signature/Date Budget Officer Title

Barbie Law EMS
Printed Name Department Name

Approvals

 _____ 10/2/19
Branch Deputy Chief Approval / Date



**DISCLOSURE STATEMENT TO ACCOMPANY
REQUEST FOR EXCEPTION TO COMPETITIVE BIDDING PROCESS**

Each individual involved in evaluating and/or in making a recommendation to purchase must complete, sign, and submit a Disclosure Statement with the applicable purchase document. Filing an annual statement of economic interest does not exempt an employee from this requirement. (Attach additional information if necessary.)

1. Please list any income or gifts you received from this company during the past 12 months:

n/a

2. Please list any financial interests (stocks, shares, investments, etc.) you have in this company:

n/a

3. Do you have any other type of business relationship with this company?

Yes No

4. To the best of your knowledge, does any member of your departmental staff have a business relationship with this company?

Yes No

5. Do you or any of your near relatives have any financial interest in this company?

Yes No

6. Please provide any additional information you believe should be disclosed at this time:

n/a

7. I certify that the above information is true:



Signature

Assistant Chief

Title

Barbie Law / 10.2.19

Printed Name / Date

October 7, 2019

Stryker is the sole-source provider in the Hospital (hospitals and hospital-owned facilities), Emergency Response Services and Emergency Response Training (paramedics, professional and volunteer fire) markets in the U.S. for the following products:

- New LIFEPAK® 15 monitor/defibrillators
- New LIFEPAK 20e defibrillator/monitors
- New LIFEPAK 1000 automated external defibrillators
- New LUCAS® chest compression system
- TrueCPR™ coaching devices
- CODE-STAT™ data review software and service

Stryker is the sole-source provider in all markets for the following products and services:

- RELISM (Refurbished Equipment from the Lifesaving Innovators) devices
- LIFENET® system and related software
- Factory-authorized inspection and repair services which include repair parts, upgrades, inspections and repairs
- HealthEMS® Software
- HomeSolutions.NET® Software
- ACLS (non-clinical) LIFEPAK defibrillator/monitors
- Heart Safe SolutionSM Government Campus Solution
- MultiTech 4G and Titan III gateways

Stryker is also the sole-source distributor of the following products for EMS customers in the U.S. and Canadian markets:

- McGRATH™ MAC EMS video laryngoscope
- McGRATH MAC disposable laryngoscope blades
- McGRATH X Blade™

Stryker does not authorize any third-parties to sell these products or services in the markets listed above. We will not fulfill orders placed by non-authorized businesses seeking to resell our products or services. If you have questions, please feel free to contact your local Stryker customer service representative at 800.442.1142.

Sincerely,



Matt Van Der Wende, Senior Director, Americas Sales

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GDR 3321967_K

Emergency Care

11811 Willows Road NE, Redmond, WA 98052 USA | P +1 425 867 4000 | Toll-free +1 800 442 1142 | stryker.com



Sacramento Metropolitan Fire District

10545 Armstrong Ave., Suite #200, Mather, CA 95655 · (916) 859-4300 · Fax (916) 859-3700

TODD HARMS
Fire Chief

DATE: October 10, 2019
TO: Board of Directors
SUBJECT: FY2019 Hazardous Materials Emergency Preparedness (HMEP) Grant Award

BACKGROUND

On June 26, 2019, the Sacramento Metropolitan Fire District (Metro Fire) submitted an application in the amount of \$16,673 to the California Governor's Office of Emergency Services (Cal OES) Hazardous Materials Section under the FY2019 Hazardous Materials Emergency Preparedness (HMEP) Grant Program for the development of a HazMat Incident Response Plan related to the bulk transportation and storage of energy products.

The project will include a response plan assessment of Metro Fire's preparedness to respond to incidents involving the delivery, transfer, and storage of energy products such as crude by rail, ethanol, polystyrene, and vinyl chloride. For significant hazards, this will include worst case scenario planning, with responses specific to the method of transport, facility type, and specific product properties. The response plans will also include an assessment of evacuation plans, inter-agency coordination, and utilization of EPA Acute Exposure Guidelines for "protect in place" versus evacuation.

DISCUSSION

Metro Fire received a notification of award on September 23, 2019 from Cal OES in the amount of \$16,673 to fund the project. The performance period for the grant award is October 15, 2019 through September 15, 2020.

FISCAL IMPACT

Grant funding in the amount of \$16,673 will be added to the FY2019/2020 Final Budget. There is no matching requirement.

RECOMMENDATION

Staff recommends adoption of the attached Grant Acceptance and Budget Amendment Resolutions.

Submitted by:


Erin Castleberry
Administrative Specialist


RMarie Jones
Accounting Specialist

Approved by:

Amanda Thomas
Chief Financial Officer



TODD HARMS
Fire Chief

Sacramento Metropolitan Fire District

10545 Armstrong Ave., Suite #200, Mather, CA 95655 · (916) 859-4300 · Fax (916) 859-3700

RESOLUTION NO. 2019-_____

**BEFORE THE GOVERNING BOARD OF THE
SACRAMENTO METROPOLITAN FIRE DISTRICT
County of Sacramento, State of California**

**A RESOLUTION ACCEPTING FY2019 HAZARDOUS MATERIALS EMERGENCY
PREPAREDNESS GRANT**

WHEREAS, the Sacramento Metropolitan Fire District (Metro Fire) provides fire protection, emergency medical services and hazardous material response to a population of over 745,000 throughout a 359 square mile area; and

WHEREAS, Metro Fire submitted a Hazardous Materials Emergency Preparedness Grant (HMEP) application totaling \$16,673 for the development of a HazMat Incident Response Plan related to the bulk transportation and storage of energy products; and

WHEREAS, Metro Fire received an award notification on September 23, 2019 in the amount of \$16,673 to fund the project.

THEREFORE, BE IT RESOLVED, that the Sacramento Metropolitan Fire District, a public entity established under the laws of the State of California, does hereby:

1. Accept a grant award in the amount of \$16,673 from the FY2019 Hazardous Materials Emergency Preparedness Grant Program.
2. Authorize the Fire Chief or his designee as its Authorized Agent(s) to execute and/or submit all required documents to the California Governor's Office of Emergency Services (Cal OES) in order to administer the funds awarded.

PASSED AND APPROVED this 10th day of October, 2019, by the following vote, to wit:

AYES:

NOES:

ABSENT:

ABSTAIN:

Sacramento Metropolitan Fire District

By: _____
President, Board of Directors

Attested:

By: _____
Clerk of the Board



Sacramento Metropolitan Fire District

10545 Armstrong Ave., Suite #200, Mather, CA 95655 · (916) 859-4300 · Fax (916) 859-3700

TODD HARMS
Fire Chief

RESOLUTION NO. 2019-_____

BEFORE THE GOVERNING BOARD OF THE
SACRAMENTO METROPOLITAN FIRE DISTRICT
County of Sacramento, State of California

RESOLUTION ADOPTING A BUDGET AMENDMENT
TO THE FINAL BUDGET FOR THE GRANTS FUND 212G
FOR THE FISCAL YEAR 2019/20

WHEREAS, the Sacramento Metropolitan Fire District (District) has accepted a FY2019 Hazardous Materials Emergency Preparedness Grant (HMEP) in the amount of \$16,673; and

WHEREAS, on September 12, 2019, the District adopted the Final Budget for the Grants Fund 212G for Fiscal Year 2019/20, which did not include this funding.

THEREFORE, BE IT RESOLVED, in accordance with Section 13890 of the Health and Safety Code, the Final Budget for the Grants Fund 212G for the Fiscal Year 2019/20 will be and is hereby further amended in accordance with the following:

ACCOUNT	FUND	FUND CENTER	COST CENTER	ACCOUNT CATEGORY	BUDGET INCREASE/ (DECREASE)
10111000	212G	2126000	2126000000	SALARIES	\$16,673
95953100	212G	2126000	2126000000	AID/OTHER LOCAL GOV'T	(\$16,673)

BE IT FURTHER RESOLVED that the means of financing the expenditure program will be by monies derived from all revenue sources and fund balance available.

PASSED AND APPROVED this 10th day of October, 2019, by the following vote, to wit:

AYES:

NOES:

ABSENT:

ABSTAIN:

Sacramento Metropolitan Fire District

By: _____
President, Board of Directors

Attested:

By: _____
Clerk of the Board