

Our all-risk model includes fire suppression (both structural and wildland), emergency medical service (EMS), disaster mitigation, technical rescue, vehicle extrication, hazardous materials including chemical, biological, nuclear, radioactive, and explosive incident response capabilities, homeland security, special weapons and tactics (SWAT) medics, as well as many other types of emergencies. In addition, when not responding to these types of calls, we provide non-emergency services such as; fire prevention inspections, public education, training, facility maintenance and apparatus maintenance. To categorize the Brea Fire Department as primarily an emergency medical response department is inappropriate and not factual.

The Department has adapted through the years to a changing emergency services environment and expanded mission. We offer an excellent all-risk emergency service utilizing a public/private partnership that has an overall 96% approval rating from our community.

The finding that the delivery of emergency medical services as a primary responsibility of the fire department did not occur until after the implementation of the 9-1-1 system is incorrect. Brea's evolution into EMS started in 1929 with basic emergency medical response, improved with first aid and cardio pulmonary resuscitation (CPR) training in the 1960's, emergency medical technician (EMT) training in the 1970's and transitioned into paramedic service in 1978. Our fire-based EMS system was well established prior to the 9-1-1 system being mandated in 1985. Additionally, the State of California implemented EMS mandates 10 years prior to the 9-1-1 system mandate.

All organizations, public and private, change to better meet the needs of their customers; the fire service is no different. During the early seventies, it was the fire service that embraced EMS and started the paramedic program. EMS has been a vital part of the fire service for more than 50 years and even longer in some municipalities.

The Orange County fire service and other stakeholders including the Orange County Board of Supervisors took a leadership role in the development of the County's current emergency medical services system which is one of the premier systems in the country. Local, County, and State government was also involved in the planning and authorization of our current fire-based EMS system.

EMS is not a distraction from our mission, it is one of our core services provided by Firefighters and Paramedics within our mission. The public has received a superior product that has been tested over time and has maintained the safety of the public we serve.

F2. As the fire departments evolved into emergency medical departments, the model for operating the fire department has not radically changed. The fire departments have simply absorbed the emergency medical responses into their departments under their old "fire response" model.

The City of Brea disagrees partially with this finding.

The Brea Fire Department has not evolved into an emergency medical department, but has assumed the duties of EMS in keeping with its all-risk delivery model. These duties did not “evolve” but were well planned and thought out to provide the best emergency care possible.

EMS is recognized as a fundamental duty of the fire service at many levels. At the local level, by the Orange County Board of Supervisors support of the Orange County Fire Chief Association’s 1974 Master Plan regarding fire department paramedic service. The plan included the County Health Department, County Communications Department, base hospitals, receiving hospitals, teaching institutions, and miscellaneous public and private stakeholders.

The support for fire-based EMS was evident at the State level when the legislature passed the Health and Safety Code, Section 219 in 1967, which mandated fire personnel and other public safety personnel to meet American Red Cross first aid training standards by July 1, 1969. The Brea Fire Department complied with this Act.

Also at the State level in 1969, a pilot program was initiated by Los Angeles County physicians to train Firefighters as Mobile Intensive Care Paramedics (MICP). These Firefighter/Paramedics would be able to provide Advanced Life Support (ALS) care to the critically ill and injured. The success of the program led to the passage of the Wedsworth-Townsend Paramedic Act in 1970. The Brea Fire Department began their paramedic program in 1978.

In 1972, the Warren-911 Emergency Assistance Act was passed. This Act required that every local public agency have a basic “9-1-1” system in place by December 31, 1985. Brea complied at a significant expense.

Then in 1980, the Emergency Medical Services Act was passed. The EMS Act recognized the significant infrastructure already established by the California Fire Service under the Health and Safety Code, Division 2.5, Chapter 4, Section 1797.201. The Section was intended to protect the significant investments that local governments and fire districts committed to the development of a new EMS delivery system. The EMS Act established the California EMS Authority (EMSA) and Local EMS Agencies (LEMSA). This law permitted each County to establish a LEMSA to administrate local emergency medical services. In 1982, the Orange County Board of Supervisors designated the Orange County Health Care Agency as the County EMS Agency

More recently at the federal level, the National Incident Management System (NIMS) was created by Presidential Directive #5 issued after the September 11, 2001 terrorist attacks. The fire service is recognized as a critical link not only at the local level but at the national level.

The Institute of Medicine (IOM), the National Association of Emergency Physicians (NAEMSP) and the American College of Emergency Physicians (ACEP) provide a more direct explanation for this evolution or change.

Our current all-risk fire model has proven itself through the years to deliver the fastest, highest quality, most effective and efficient emergency services. This model has proven to be the best model for deployment of resources for both fire and emergency medical services in part because our fire stations are strategically positioned throughout the City, and we are able to meet response timelines which provides for the safety of our community.

Although our fire department delivery model has not radically changed, the changes we have made are significant. We have made changes over the years by the additional services we provide and how we provide them. A few examples of changes include; staffing changes, a public/private partnership with a private ambulance company, consolidated Command Staff with the City of Fullerton, and internal reorganizations. We will continue to evaluate our model, make changes as necessary, and be efficient innovators.

Response time is the absolute priority for emergencies. Brea's "fire response model" is the best model which provides multi-functional personnel to respond quickly and provide vital all-risk services. This is in keeping with City Council direction that the Brea Fire Department supports all of our City's Operational Goals, specifically;

- Ensuring a safe and secure environment
- Preparing for natural and other catastrophic emergencies
- Providing exemplary customer service
- Promoting learning and training opportunities
- Protecting and enhancing our financial resources
- Increasing the efficiency and productivity of our organization

F3. Economic recessions have forced local fire department boards of directors and city councils to re-evaluate their models for providing fire and emergency medical responses. While this brings to the fore issues of staffing, response times, public safety, training, consolidations, union rules and privatization of various services, it also spotlights the model used for all emergency responses.

The City of Brea agrees with this finding.

Recessions and poor economic times always cause us to look at the way we do things and to see if we can provide services and products more efficiently and effectively. Fortunately, our City does not wait for poor economic times; we constantly look at new ways of doing things.

As mentioned before, last year the Brea and Fullerton Fire Departments merged Command Staff which produced large savings for both cities. We also recently entered into a Joint Powers Agreement (JPA) for dispatch duties.

Also as mentioned before, Brea has a public/private partnership with a private ambulance company. We reorganized our Fire Prevention Bureau to be more effective and efficient and redeployed staffing at one of our engines for budgetary savings. Additional budgetary savings came from establishing a two-tiered retirement system, as well as other employee concessions.

It is clear that the Brea Fire Department has always been and continues to be a model of efficiency and effectiveness for our community, and we will be proactive in providing the best emergency service possible. We will continue to be a leader in the Fire Service and look at innovative ways of conducting business and providing excellent customer service.

Recommendations

R1. The city fire departments and the Orange County Fire Authority (OCFA) should engage independent private consultants to re-evaluate their models for providing response to both fire and medical emergencies. These re-evaluations should include strengths, weaknesses, opportunities, and threats of current models and alternative models. This re-evaluation should be accomplished by July 31, 2013.

This recommendation will not be implemented by the City of Brea because it is not warranted.

While we agree that we should constantly evaluate the way in which we operate, the Grand Jury's recommendation is expensive and not warranted. A consultant's study was completed in 2011 that looked at consolidation and service delivery of the Anaheim, Fullerton/Brea, and Orange fire departments. It was determined that changing our model would actually increase our operating costs.

There have been many other consultant studies of fire departments in Orange County (Laguna Beach, Newport Beach, and Fountain Valley), and none of them has recommended significant changes to a fire-based paramedic delivery system. Conducting another study would be a waste of taxpayer dollars.

The City of Brea also completed a customer satisfaction survey that showed the public has an extremely high rating of our fire department and delivery model. Our model includes a consolidated command staff, a public/private partnership, multiple JPA's, and a reserve firefighter program.

Lastly, the Brea Fire Department is currently involved in a strategic planning process that will address the above-mentioned strengths, weaknesses, opportunities, and threats (or as is now the proper term, "challenges"). This process includes representatives from our city family which ensures a quality product with input from the entire city organization. The plan will give us a roadmap for the future and provide us with the necessary information to make informed decisions without the additional cost of a consultant. If Council feels we need to hire a consultant in the future, we will do so.

With the many positive changes that have taken place within the Brea Fire Department, we feel confident that the Fire Chief will continue to bring forth recommendations he feels necessary to manage a successful fire department and ensure the safety of our citizens.

R2. Suggested alternative models should include forming a unified Emergency Response Department that includes fire and medical response, separating the fire response from the medical response, privatizing the emergency medical response, etc.

This recommendation will not be implemented by the City of Brea because it is not warranted.

The City of Brea Fire Department already has a unified response organization that provides all-risk services to the community. We have a public/private partnership in place with a private ambulance company that meets the needs of our City and allows us to provide an excellent cost effective paramedic service to the community.

We have a mutual aid and automatic aid system with other departments in the State that provides critical resources for our community when incidents overwhelm our resources. This has been tested many times and is very successful and efficient.

Pre-hospital 9-1-1 emergency response is one of the essential public safety functions provided by the fire service in the United States. Fire-based EMS systems are strategically positioned to deliver critical response, effective patient care, and scene safety.

Fire-based EMS brings the treatment to the patient, wherever they are. Treatment by firefighters begins immediately, even if the patient is trapped in a building that's on fire, pinned in a car crash, or in a collapsed structure.

Personnel are the most expensive part of any emergency response system. Our firefighters are essentially "standing armies" in our community poised to respond to any emergency, all the while conducting non-emergency activities such as; training, inspections, community education and training, public events, and apparatus and facility maintenance. Utilizing all-risk multi-functional Firefighters in this capacity ensures public safety through quick emergency response and cost effectiveness through having one employee conduct the above-mentioned myriad of emergency and non-emergency duties.

Other cities such as Laguna Beach, Fountain Valley, and Newport Beach to name a few, have explored non-fire based EMS systems and found that there are no substantial savings for providing like services. In fact, a Care Ambulance Service study in 2012 showed that the cost per patient would go up over \$500 for their company to assume the role of paramedic in Fountain Valley.

Therefore, looking at privatization of EMS would not provide the quality service our citizens now receive and would not provide cost savings. Additionally, we already have a public/private partnership with a private ambulance service in place.

Honorable Thomas J. Borris

September 24, 2012

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There have also been numerous studies across the country that have concluded: emergency medical care delivered by cross-trained multi-functional Firefighters, from existing strategically located fire stations is the most cost effective way for communities to deliver optimal pre-hospital care EMS.

We are a dynamic organization and will continue to look at ways of changing our model to improve upon it. However, our current model is proven successful as evidenced by our response times, our customer satisfaction survey, and our cost effectiveness. We provide our customers with high quality services that they rely on and appreciate.

Sincerely,

A handwritten signature in blue ink, appearing to read 'D. Schweitzer', with a long horizontal line extending to the right.

Don Schweitzer
Mayor