August 28, 2012

Honorable Thomas J. Borris, Presiding Judge
Orange County Superior Court
700 Civic Center Drive West
Santa Ana, CA 92701

RE: CITY OF GARDEN GROVE'S RESPONSE TO ORANGE COUNTY GRAND JURY
REPORT, "Emergency Medical Response in Orange County"

Dear Judge Borris:

We have reviewed the Orange County Grand Jury Report, "Emergency Medical Response in Orange County". The City of Garden Grove thanks the Grand Jury for their time and considerable efforts in investigating and analyzing emergency medical response, which we agree is a matter of significant public concern. The City appreciates the opportunity to address the Grand Jury's findings and recommendations.

Specifically, the City's responses are as follows:

GRAND JURY FINDINGS

Finding 1

Fire Departments that once primarily responded to calls for fire emergencies now have become emergency medical response departments primarily responding to medical emergencies. This evolution has occurred since the onset of "9-1-1" call where all emergency calls are received at one place.

The City of Garden Grove partially disagrees with this finding.

In October 1926, the Garden Grove County Fire Protection District No. 1, also called the Garden Grove Volunteer Fire department was formed. The new department protected 1,700 people and property with an assessed value of $278,000 and an area of approximately four square miles.

By 1930, Garden Grove grew to a full-fledged township with a rapidly developing commercial/industrial sector and a resident population of over 5,000. In 1938, a Red Cross First Aid Station was established at the fire station. It was not until 10 years later, however, that the department purchased its first resuscitator. As medical aid, calls increased with the population growth, the need for a rescue
vehicle was apparent and Rescue and Salvage Truck No. 1 was added to the department in 1954.

By 1960, the Garden Grove Fire Department was responding to nearly 1,100 alarms annually. Total fire losses for that year were $159,245, with 45 percent of the alarms listed as fires and 29 percent as rescues. December 1961 ended the era of the Volunteer Fire Company. The City had maintained a small group of volunteer firefighters for emergency service. After 35 years of outstanding community service, this unit was officially dissolved.

In 1967, the California Legislature enacted Health & Safety Code Section 219, which mandates fire personnel and other public safety personnel to meet American Red Cross first aid training standards by July 1, 1969. In the same year, a pilot program was launched by three physicians in Los Angeles County to train 18 firefighters as “Mobile Intensive Care Paramedics” (MICPs) who could provide Advanced Life Support (ALS) care to the critically ill and injured. The success of the program led to the California Legislature’s passage of the Wadsworth-Townsend Paramedic Act in 1970, to expand paramedic services throughout the state. At the direction of their governing boards and councils, the Orange County Fire Service took a leadership role, along with key stakeholders, in the development of Orange County’s current and comprehensive EMS system. Each fire department funded their own program training, staffing, equipment purchases, and program management costs with local dollars.

The year 1974 was a very significant one, not only for the Garden Grove Fire Department, but also for the City's residents as well. In that year, citizens overwhelmingly approved a small tax increase, (Paramedic Ad-valorem Tax), to provide the necessary base funds for initiating fire paramedic services in Garden Grove. By the end of 1974, eight veteran firefighters had entered paramedic training at Orange County Medical Center (now U.C.I. Medical Center.) Fire station No. 5 was constructed in the heart of a planned industrial park in 1974, and housed the second paramedic unit.

In early 1975, two specially equipped Dodge vans arrived and the City's first paramedic unit, Medic 4-1, went into service in March of that year. After only one month of service, Medic 4-1 had responded to nearly 200 medical aid calls along with engine companies. The second paramedic unit, Medic 4-2 went into service in January 1976, and by the end of that year, medical aid calls jumped to more than 300 per month.

In early 1979, the 1974 Dodge paramedic vans were replaced by 1978 model Horton modular units. At the time of their retirement from service, medical aid calls were averaging 450 calls per month and accounted for approximately two-thirds of the department's total alarm incidents.
The Warren-911-Emergency Assistance Act was passed in 1972, and required every local public agency, within its respective jurisdiction, to have a basic 911 system operational by December 31, 1985. The non-alignment of municipal and phone switching boundaries proved to be a major obstacle to implementation in urban areas. This, coupled with other engineering challenges, meant the bill needed to provide time for engineering solutions before its enactment.

The Warren-911-Emergency Assistance Act was not the catalyst for the evolution of modern day EMS systems within the City of Garden Grove. Furthermore, the Garden Grove Fire Department based EMS delivery in Garden Grove was well established before the Warren Act and the implementation of 911.

**Finding 2**

As the fire departments evolved into emergency medical departments, the model for operating the fire departments 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 Garden Grove disagrees wholly with this finding.

The City of Garden Grove Fire Department is a full service organization providing fire suppression, fire prevention, hazardous materials response, rescue, public education and emergency medical services. This multi-function capability capitalizes on fire fighting equipment that was originally placed in their geographical locations in order to arrive to fires and rescues in a timely manner. The City Council, in time, authorized funding and expansion from one fire station to seven fire stations today.

In the 38 years since the inception of the City’s paramedic program, numerous delivery systems have been instituted based upon the need for medical service. The desire of the City Council is to provide the highest level of fiscally responsible service to the community.

All of these medical delivery options have been based upon an increase in the number of calls for paramedic service. Upon the implementation of the paramedic program, initially there was one paramedic unit, a paramedic van, and then there were two paramedic vans because of additional calls for service. As still additional demands were placed on these two units, it prompted an additional paramedic engine be placed into service. This paramedic engine, while it is a large vehicle, actually saved the need for one additional position, thus saving funding in the delivery of this service. Today, the paramedic system in Garden Grove consists of one paramedic squad, two paramedic engine companies and three paramedic assessment units. The use of highly trained firefighters to respond to an all-risk mission is a prudent and fiscally responsible use of the existing labor force.
Finding 3

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 their various services, it also spotlights the model used for all emergency responses.

The City of Garden Grove agrees with this finding.

Federal, State, and local governments are struggling with the economic effects of the Great Recession. Policy makers across the country are evaluating the sustainability of current service levels in light of decreasing revenues. There is no “one size fits all” solution to this issue. Service level reductions, reductions in salaries and benefits, consolidation of services, and contracting services are just some of the options available to governmental entities to help balance their budgets.

The City of Garden Grove has employed a combination of reduction measures to help balance the budget. Over the last six years, 4.5 positions have been eliminated in an already very lean department. Fire personnel currently are paying 100% of the employee portion of their pension contributions and the pension contribution was not offset with a salary increase. During this six-year period, the City has only provided one 1.8% longevity salary increase and no additional raises are due through fiscal year 14/15. Fire Management and non-sworn fire staffs are currently on a furlough of 4.6% without a reduction in service delivery to the community.

GRAND JURY RECOMMENDATIONS

Recommendation 1

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

The City of Garden Grove will not implement this recommendation because it is not warranted or is not reasonable, with an explanation therefor:

The City of Garden Grove agrees that a periodic analysis of the services it provides is prudent. However, the City disagrees that the services of a private consultant are needed to evaluate the fire department’s all-risk delivery model with a
strengths, weaknesses, opportunities, and threats analysis. The City believes that City staff can conduct a realistic evaluation. The City also relies upon surveys and input from its citizens as to the delivery of services provided in the City.

This recommendation presupposes that only a “private” consultant can adequately analyze and advise public entities. In addition to continuous process analysis and improvement, Garden Grove Fire participates in many interagency working groups, professional associations, joint powers authorities, and other such forums that allow for information sharing and adoption of best practices. The notion that there are better, cheaper models that can only be uncovered by the private sector is unfounded.

**Recommendation 2**

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

The City of Garden Grove will not implement this recommendation because it is not warranted or is not reasonable, with an explanation therefore:

The City of Garden Grove agrees that a periodic review of the current all-risk service delivery model is prudent.

The City does not feel there is value in exploring non-fire based EMS delivery systems. EMS is considered a core service in Garden Grove and residents pay a paramedic ad-valorem tax for paramedic services.

The City has previously explored the option of contracting for fire services with the Orange County Fire Authority (OCFA) and found that there would be no substantial savings by contracting with OCFA. The OCFA is, per capita, a high-cost provider with diffuse accountability. There is little incentive, in “better” times, for OCFA to restrain salary and benefit growth because the OCFA Board is made up of elected officials from many contracting agencies – meaning any effort to contain costs is lost amid the lack of direct city-based responsibility. The City believes that there is inherent value in local control of its services.

The City has no desire to separate the fire and EMS responses. There are economic efficiencies of a fire based service delivery model that relies on the current fire based EMS delivery because these positions are dual role - Firefighter/Paramedic.

There is substantial value in Garden Grove’s blended service approach. Although structure fires make up but a fraction of calls for service, it is still necessary to maintain fire houses and fire apparatus in a geographically-dispersed fashion to
insure acceptable response times. The dual role model makes sense because the spatially-required fire stations are manned by Firefighter/Paramedics who spend 75% to 80% of their time responding to medical calls. A split system would still require the same number of fire stations plus a separate parallel system of paramedics, at a substantial increase over current costs.

Sincerely,

WILLIAM J. DALTON
Mayor

DAVID R. BARLAG
Deputy Fire Chief