neccog
ashford - brooklyn - canterbury - chaplin - eastford - hampton - killingly - plainfield
pomfret - putnam - scotland - sterling - thompson - union - voluntown - woodstock

Request for Qualifications/Proposals

Pre-Hospital Emergency Care Enhancement Study, Part II

The Northeastern Connecticut Council of Governments hereby invites the submission of Proposals for:

> **To complete the Pre-Hospital Emergency Care Study for the region covered by NECCOG. The goal of the study is to evaluate, in consultation/coordination with the region's pre-hospital care community, the current pre-hospital emergency care system in the Region, examine alternatives to the current delivery system and make recommendations (as warranted) to enhance patient care.**

The Proposals will be received at the offices of the Northeastern Connecticut Council of Governments, 125 Putnam Pike, PO Box 759, Dayville, Connecticut 06241 until **May 2, 2018, 2:00 p.m** at which time they will be publicly opened.

Specifications and other information may be obtained at the Northeastern Connecticut Council of Governments, 125 Putnam Pike, PO Box 759, Dayville, Connecticut 06241, between 8:30 a.m. and 4:30 p.m. Monday through Friday.

NECCOG Contact:

John Filchak, Executive Director
john.filchak@neccog.org
860-774-1288

Date Issue: April 2 , 2018

Date and Time Due: May 2, 2018 (2:00 p.m.)

I. Project:

A. Introduction

The Northeastern Connecticut Council of Governments (NECCOG) has been awarded a Regional Performance Incentive Program (RPIP) Grant by the Connecticut Office of Policy and Management (OPM) to conduct a study of pre-hospital emergency care system in the region covered by NECCOG. *The goal of the study is to evaluate, in consultation/coordination with the region's pre-hospital care community, the current pre-hospital emergency care system in the Region, examine alternatives to the current delivery system and make recommendations (as warranted) to enhance patient care.*

B. The Region

The region covered by the Northeastern Connecticut Council of Governments is made up of 16 of the state's 169 municipalities (Connecticut does not have county government). The member towns of NECCOG are: Ashford, Brooklyn, Canterbury, Chaplin, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Union, Voluntown and Woodstock. The Region is large (just over ten percent of Connecticut's total area) - covering 562.8 square miles. Northeastern Connecticut is rural. With the exception of small commercial centers, warehousing and manufacturing facilities scattered throughout the Region (typically in colonial village centers) and the eleven mill villages found along the Route 12 corridor, the landscape is rural with single family homes and farms. The landscape is characterized by rolling hills, forests and farms. The concentrations of population are those that developed in the 19th and 20th centuries in association with water-powered manufacturing.

The region, for more than forty years and especially during the past 20 years, has grown in population, housing units and businesses. The reasons for this growth are tied to the strategic location of the region; relative low costs for land and housing; and affordable labor. The region is located near New England's largest metropolitan areas: Providence, Worcester, and Boston. Demographically, the Region had a 2015 population of 95,196 (170.5 persons per square mile - compared to 647.6 persons per square mile for the State) making the region one of the least populated regions in Connecticut. The NECCOG region contains just 2.7 percent of the State's population.

The average size of the Region's towns was 5,998 persons in 2012. The largest population is found in Killingly (17,131) and the smallest in the Town of Union (the State's smallest population - 843). From 1970 to 2015 the region gained more than 29,000 persons - a greater than 43 percent gain. Most of this growth occurred in previously undeveloped locations with single family homes. Population projections indicate that the region will grow to more than 104,000 persons by 2025. According to the 2010 Decennial Census, northeastern Connecticut was home to 37,240 housing units in 2010. 74.9% of the Region's housing units were owner-occupied (27,892) and 25.1% were renter-occupied (9,348), compared with 67.5% and 32.5%, respectively, in the State of Connecticut. Projections indicate that total households will increase by another 7,000 by the year 2025.

C. Pre-Hospital Emergency Services

Pre-hospital emergency care carried out by Basic Life Support (BLS) and Advanced Life Support (ALS) services is essential to preventing premature death or disability. However, delivering needed pre-hospital

Town	Fire - First Responder	BLS	ALS	Emergency Care Hospitals
Ashford	Ashford Volunteer Fire Department (2)	Ashford Volunteer Fire Department Warrenville Station	Windham	Johnson Memorial Medical Center Windham Hospital Day Kimball Hospital
Brooklyn	Mortlake Fire & Ambulance East Brooklyn Fire and Ambulance	Mortlake Fire & Ambulance	NECCOG	Windham Hospital Day Kimball Hospital Backus Hospital
Canterbury	Canterbury Fire & Ambulance		American Windham NECCOG	Windham Hospital Day Kimball Hospital Backus Hospital
Chaplin	Chaplin Fire Department	Hampton-Chaplin Ambulance	Windham	Windham Hospital Day Kimball Hospital
Eastford	Eastford Fire Department	Ashford - Warrenville station	NECCOG Windham	Windham Hospital Day Kimball Hospital
Hampton	Hampton Fire Department	Hampton-Chaplin Ambulance	Windham	Windham Hospital Day Kimball Hospital
Killingly	Attawaugan Fire Department Dayville Fire Department South Killingly Fire Department East Killingly Fire Department Danielson Fire Department Williamsville Engine Company	K-B Ambulance	NECCOG K-B Ambulance	Day Kimball Hospital Backus Hospital
Plainfield	Plainfield Fire department Moosup Fire Central Village Fire Atwood Hose Fire	Moosup-Plainfield Ambulance	NECCOG American	Day Kimball Hospital Backus Hospital
Pomfret	Pomfret Fire & Ambulance		NECCOG	Day Kimball Hospital
Putnam	Putnam City Fire Department East Putnam Fire	Putnam EMS	NECCOG	Day Kimball Hospital
Scotland	Scotland Fire and Ambulance		Windham	Windham Hospital
Sterling	Sterling Fire Oneco Fire		NECCOG	Day Kimball Hospital Backus Hospital
Thompson	Thompson Hill Fire Community Fire and Ambulance Quinebaug Fire East Thompson Fire West Thompson Fire	Community Fire and Ambulance	NECCOG Webster	Day Kimball Hospital Hubbard Regional Hospital
Union	Union Volunteer Fire Department	AMR Willington Fire Department Stafford Ambulance Association	AMR	Johnson Memorial Medical Center Harrington Memorial Hospital Rockville Hospital
Voluntown	Voluntown Volunteer Fire Company	Voluntown Volunteer Fire Company	American	Backus
Woodstock	Woodstock Fire & Ambulance Bungay Fire Muddy Brook Fire	Woodstock Fire & Ambulance	NECCOG	Day Kimball Hospital Harrington Memorial Hospital
Region	33	17	5	7

emergency care in rural areas like the region covered by NECCOG with its large geographic area and relatively low patient volume is challenging on a number of fronts: the costs to deliver these services are often (especially in Medicaid cases) more than the insurance (if the person is insured) coverage, the availability of and the number of persons willing to volunteer is diminishing, the large size of the region makes the coordination and response time for responders an ongoing challenge.

Within the Region, pre-hospital emergency services are provided by 33 town-based First Responders (town fire departments), 17 ambulances (volunteer and paid), 5 paramedic responders and at least 7 hospitals (table above). In 2011, more than 11,000 EMS calls were addressed in the 16 towns now covered by NECCOG - nearly 4,000 of those involved a paramedic.

BLS services are delivered (typically) by town-based volunteer ambulance and fire services. The personnel involved in BLS are Emergency Medical Responders (EMRs) and Emergency Medical Technicians (EMTs). EMR's are required to have a minimum of 62 hours of training and are often the first on the scene. Their basic purpose is to initiate immediate lifesaving care (i.e., CPR, utilizing bandaging material and dressings to control hemorrhage until EMTs and Paramedics arrive). EMT's "…are trained to have a basic knowledge and skill set necessary to provide patient care and transportation. They can perform basic interventions with basic equipment found on an ambulance…. Connecticut EMTs receive 119 hours of training and an additional 10 hours of ride-along and Emergency Department observation time.[1]" The EMT, in addition to the care provided by EMR's can provide such care as: basic airway management, administration of some basic medications, oxygen, glucose (oral), epi-pen, and nitroglycerine.

ALS (the Region has 4 such services) involves a paramedic that intercepts, in the field, the BLS provider "are trained to have a comprehensive and deep understanding of prehospital assessment, care and transportation. They can perform basic and advanced interventions with equipment found on an ambulance….Connecticut Paramedics receive 1,000 hours of training over 18 months, plus an additional 100 hours ride-along time. Part of their training includes time in the Intensive Care Unit, Operating Room, Emergency Department, and Labor & Delivery, all in order to learn skills relevant to pre-hospital medicine.[2]" The paramedic is trained to deliver a range of medical interventions, including: cardiac monitoring advanced airway management - including oral or nasal intubation with endotracheal tubes (ETT), cardiac arrest management, trauma field resuscitation, advanced medication administration, needle thoracostomy and needle/surgical cricothyroidostomy.

Within the Region, one ALS Service (currently American Ambulance) covers Thompson, Woodstock, Pomfret, Putnam, Killingly, Brooklyn, Eastford, Sterling and part of Plainfield through the NECCOG Contract; one service, American Ambulance, covers the second part (south of Route 14) of Plainfield, Voluntown and Canterbury; American Medical Response (AMR) covers Union; and Windham Hospital covers Chaplin, Hampton and Scotland. Additionally, KB Ambulance, AMR, Webster and Windham act as back-up in certain instances when the primary ALS service is unavailable. The NECCOG regional paramedic program started in 1999 when it was determined and verified (through a study commissioned by Day Kimball Hospital) that ALS service in northeastern Connecticut could not operate without some form of subsidy, more than what could be realized from insurance reimbursements. The NECCOG regional paramedic program operates as a partnership with Day Kimball Hospital and most recently Backus Hospital in terms of the payment subsidy. The ALS Program only covers the costs of actual transports. Total transports have been steady since 2009 at just over 1,900 transports per year.

The NECCOG regional paramedic program involves the provision of ALS services for the towns of Brooklyn, Eastford, Killingly, Plainfield (Plainfield is divided into two parts - one covered by the NECCOG

[1] University of Connecticut Health Center, http://fitsweb.uchc.edu/student/selectives/marcks/emt.html

[2] University of Connecticut Health Center, http://fitsweb.uchc.edu/student/selectives/marcks/emt.html

program and the other not), Pomfret, Putnam, Sterling, Thompson and Woodstock. The town of Union receives ALS coverage from Johnson Memorial Hospital and their ALS vendor, American Medical Response. The towns of Hampton, Scotland and Chaplin receive ALS coverage from the paramedic program operated by Windham Hospital. Additionally, there are several emergency response providers either operating within the Region or in close proximity that have license to provide ALS services in a back-up or mutual aide capacity.

Pre-hospital emergency care provided by BLS and ALS volunteers and professionals in coordination with our area hospitals saves lives and is essential to our Region's residents' and visitors' health and welfare. What we do not know and desire to determine from the proposed study is the degree to which our current system is operating at an efficient or optimum level to meet the Region's needs. We further need to explore the alternatives and/or modifications to our system that will enhance positive patient outcomes. Northeastern Connecticut is not unique in the issues and questions confronted and the outcomes of this study have application to large areas (especially rural and suburban locations) across Connecticut.

D. Pre-Hospital Emergency Services

NECCOG was awarded a grant through the Regional Performance Incentive Program in 2015 to evaluate the current pre-hospital emergency care system in the Region, examine alternatives to the current delivery system and make recommendations (as warranted) to enhance patient care. That study will be finalized on January 22, 2016. ***The study has raised many questions and makes a range of recommendations that warrant additional study and discussion.*** Accordingly, we are seeking additional funds to fully analyze the Phase I recommendations and develop a regional consensus as a means to reach the original goals of the study.

For the initial study, NECCOG formed a Regional Pre-Hospital Emergency Advisory Committee consisting of 57 persons (three hospitals, para-medics, ambulances, fire services and state officials). We additionally issued a RFP to secure the services of a qualified firm to assist in carrying out the goals of the study. That RFP asked, in part for the following:

> *NECCOG is seeking a qualified consultant for the evaluation of the existing pre-hospital emergency care services and future program options for such services. The goal of the study is to evaluate, in consultation/coordination with the region's pre-hospital care community, the current pre-hospital emergency care system in the Region, examine alternatives to the current delivery system and make recommendations (as warranted) to enhance patient care. In addition to an evaluation of the current pre-hospital system for the region, the consultant will be asked to review, but not limited to, the following:*
>
> 1. *Examination of the current issues related to the recruitment and retention of volunteers - as well as the impacts of hiring paid staff and/or services to perform in lieu of volunteers.*
>
> 2. *Administrative options, including but not limited to collaboration/consolidation, primarily focusing on savings through combining human resources, clerical, and other functions across several departments.*
>
> 3. *Partial collaboration/consolidation maintaining separate departments but creating a joint working group to identify potential efficiency gains, such as jointly operating a station or team.*
>
> 4. *Functional collaboration/consolidation keeping departments legally separate, but having the departments work together to perform special functions, such as training services.*

5. *Operational collaboration/consolidation combining aspects of functional and administrative consolidation to make multiple legally separate departments deliver standard and special services as if a seamless single entity.*

6. *Selected geographical collaboration/consolidation taking advantage of variations in service demands across an area to keep certain functions separate where demand is high while taking advantage of economies of scale in low-density areas.*

7. *Full regional consolidation combining departments to make one legal and operational entity.*

The consultant will be asked to provide the costs for each potential approach as well as the possible benefits/ adverse impacts. The consultant will be asked to develop key indicators of system performance.

NECCOG selected Fitch & Associates, llc of Platte City, Missouri as the consultant for the study. Fitch & Associates, llc are a worldwide firm with significant expertise in the examination of pre-hospital emergency care services. In November of 2015 we received the first draft from Fitch and that was followed by another draft in early December. Their findings included:

- ***40 volunteer emergency medical responder*** *(EMR) and* ***ambulance*** *(EMT)* ***organizations****, each with its own Public Service Area (PSA) and mutual aid plan.*
- ***No requirement for physician oversight*** *at the EMR or EMT level.*
- *Dispatch center* ***unable to locate/track available and or responding vehicles****.*
- ***Limited ability of Computer Aided Dispatch*** *system in configuration and reporting capabilities, requiring manual preparation of activity/performance reports.*
- *State Department of Public Health is proposing changes to the EMS regulations, Local EMS Plans and management of the Public Service Areas.*
- ***Conflict between existing paramedic provider and community ambulance*** *that obtained R-5 paramedic license in 2014. Confusion exists when dispatching paramedics when KB Medic 561 is closer than QV Medic 1.*
- ***More than one-fourth of the citizens and visitors to the largest town waited over 12 minutes for a paramedic.***
- ***No coordinated performance reporting or quality improvement program exists****.*

Recommendations include:

- *9-1-1 and COMMUNICATIONS*

  - ✓ *Continue to purse and* ***update the current New World CAD*** *and ensure there is an improved data suite.*
  - ✓ *Establish procedures on how QVEC is to utilize the NECCOG contracted unit.*
  - ✓ *All response units should be* ***GPS/AVL capable*** *for appropriate unit dispatching, with QVEC able to monitor positions to determine nearest available responder.*
  - ✓ *Performance metrics should be established for call taking times and measured monthly.*
  - ✓ *Evaluate the ability to develop an* ***interface from QVEC to field units*** *to receive automatic electronic patient care reporting data.*
  - ✓ *Units that are in-service and available for response need to let QVEC know that are available and give* ***updated information of the unit location*** *to ensure the appropriate unit is dispatched.*
  - ✓ *NECCOG should establish a problem solving process to address dispatch issues between QVEC and paramedic providers.*

- *MEDICAL FIRST RESPONSE*

  - ✓ *Maintain up-to-date list of medical first responder agencies, including information on current fire chief or point of contact (name, email and phone number)*
  - ✓ *Identify MFRs without an operational semi-automatic external defibrillator (AED) and make every effort to* ***assure all MFRs have an AED****.*

- ✓ *Work with each municipality to establish measurable response times and coverage protocols as part of updating their Local Emergency Medical Services Plan.*
- ✓ *Establish a **regional medical director** that will provide physician oversight and quality assurance to all aspects of pre-hospital care.*

- *MEDICAL TRANSPORTATION*

  - ✓ *Monitor and publish paramedic response times to all towns covered in the NECCOG contract every month.*
  - ✓ *Investigate the "chute time" to determine if the 2 minute, 52 second average time is accurate. If so, this should be reduced to less than 60 seconds.*
  - ✓ *In the **next contract** (2016-2017) require that the paramedic provider arrive within 14:59 minutes in the mill villages with more than 5,000 residents with 90% reliability. This covers Killingly, Putnam, Thompson, Woodstock and Plainfield area covered by NECCOG.*
  - ✓ *Consider **modifying the existing NECCOG paramedic PSA** to allow towns to select a paramedic PSA provider as part of their Local EMS Plan if sufficient need can be shown.*
  - ✓ *Once all ALS provider units are equipped with AVL and QVEC has access to the data, send the nearest paramedic asset to an emergency.*
  - ✓ *Maintain up-to-date list of ambulance providers, including information on current chief/captain or point of contact (name, email and phone number)*
  - ✓ *Monitor and publish ambulance response times to all NECCOG member towns. Work with each municipality to establish measurable ambulance response times and automatic aid coverage protocols as part of their Local Emergency Medical Services Plan.*
  - ✓ *Schedule quarterly meetings with the ambulance providers to review response times, address issues and look for collaborative opportunities.*
  - ✓ *Initiate an **Emergency Vehicle Operator training program**.*
  - ✓ *Explore establishing **regional ambulance coverage** during the weekday.*

- *MEDICAL ACCOUNTABILITY*

  - ✓ *Establish regional clinical guidelines for medical first responders, emergency medical technicians and paramedics.*
  - ✓ *Provide medical direction on the regional clinical guidelines using a physician credentialed in emergency medicine.*
  - ✓ *Establish a regional Quality Assurance/Quality Improvement (QA/QI) process with chart reviews and patient outcome follow-ups.*
  - ✓ *Establish a continuing **pre-hospital education program** that is built from the local QI process and reflects national best practices in pre-hospital care.*

- *CUSTOMER AND COMMUNITY ACCOUNTABILITY*

  - ✓ *Publish monthly reports of emergency medical responder, ambulance and paramedic fractile response times to all system participants and NECCOG member municipalities.*
  - ✓ *Establish a formal local mechanism to address patient and community concerns*
  - ✓ *Establish a procedure to routinely address internal customer issues, including a documentation and feedback system.*

- *PREVENTION AND COMMUNITY EDUCATION*

  - ✓ *Develop a program and identify resources to improve community awareness of the EMS system.*
  - ✓ ***Identify and support priority projects for community health improvement**, utilizing EMS as a primary focus. This should specifically include but not be limited to volunteer recruitment efforts.*
  - ✓ *Prepare and distribute an **annual report** to elected officials and community stakeholders describing the accomplishments of the EMS system.*

- *ORGANIZATIONAL STRUCTURE AND LEADERSHIP*

- ✓ *Establish physician supervised, **NECCOG coordinated QI process** involving communications, first responders, paramedics, medical transportation and administrative components of the system.*
- ✓ *Provide training (line and administrative) for all personnel holding supervisory positions within the EMS system; assure that each supervisor has the knowledge, skills and aptitudes to be an effective supervisor.*
- ✓ *Develop a detailed work plan with specific timelines for service enhancement.*

- *ENSURING OPTIMAL SYSTEM VALUE*

  - ✓ *Develop a process to expand information that accurately portrays the **impact of EMS service** on patient outcomes and community well-being.*
  - ✓ *Identify the area of out-of-hospital care that NECCOG's resources can have the most significant impact on patient outcome.*
  - ✓ *Improve the community's ability to identify a life-threatening medical condition and actions a community member can do to make a difference.*

A full copy of the reports located at NECCOG's website: neccog.org

The study (Part I) was not able to complete the evaluation of the region's pre-hospital care community examine alternatives to the current delivery system and make recommendations (as warranted) to enhance patient care. It is the goal of Part II to complete this work.

II. Definitions

A. "Addendum" means written documents issued by NECCOG prior to the date and time in Article III.E which modify this Request for Qualifications/Proposals by additions, deletions, clarifications or corrections.

B. "Advisory Committee" means a committee consisting of, but not limited to, BLS responders, ALS responders, hospitals, emergency dispatch, town officials, health districts and others asked by NECCOG to participate.

C. "Contract" means the document that the Contractor executes with NECCOG.

D. "Contractor" means the Proposer who is selected by NECCOG to provide the services described in this Request for Qualifications/Proposals.

E. "NECCOG" means the Northeastern Connecticut Council of Governments.

F. "Proposal" means a submission by a Proposer for the evaluation of the existing regional pre-hospital emergency care system and program options. The goal of the study is to evaluate, in consultation/ coordination with the region's pre-hospital care community, the current pre-hospital emergency care system in the Region, examine alternatives to the current delivery system and make recommendations (as warranted) to enhance patient care.

G. "Proposal Documents" means the Request for Qualifications/Proposals, all schedules and exhibits attached hereto, and any Addendum.

H. "Proposal Price" means the price at which the Proposer offers to perform the services described in this Request for Qualifications/Proposals.

I. ″Proposer″ means the person or entity who submits a Proposal.

III. Proposal Instructions

A. Proposals shall be received from Proposers for the furnishing of the services described in Article V, including evaluation of the existing regional pre-hospital emergency care system and program options. The goal of the study is to evaluate, in consultation/coordination with the region's pre-hospital care community, the current pre-hospital emergency care system in the Region, examine alternatives to the current delivery system and make recommendations (as warranted) to enhance patient care.

B. When executed and submitted by Proposer, the Proposer acknowledges it has full knowledge of and agrees with the general specifications, conditions and requirements of the Proposal Documents.

C. Proposals must be mailed or delivered to John Filchak, Director, Northeastern Connecticut Council of Governments, 125 Putnam Pike, PO Box 759, Dayville, Connecticut 06241 in an envelope clearly marked: ″ **Pre-Hospital Emergency Care Enhancement Study, Part II**."

D. The Proposer must submit its Proposal in a sealed envelope marked with the Proposer's name and address in the upper left hand corner. The sealed envelope is to be plainly marked in the lower left hand corner with the name of Proposal and the opening date and time.

E. The Proposals shall be submitted no later than **May 2, 2018, at 2:00 p.m.** Proposals received later than that date and time will not be considered and will be returned unopened. Amendments to or withdrawals of Proposals received later than that date and time will not be considered.

F. The Proposer shall submit ten (10) copies of its Proposal and one PDF version of the Proposal.

G. The Contractor shall comply with the laws, rules, regulations and policies of federal, state, and local governments. It shall be the responsibility of the Contractor to ensure that all personnel employed are familiar with all of the aforesaid laws, rules, regulations and policies as well as the contents of any manual or other rules, regulations and policies which NECCOG might publish.

H. NECCOG reserves the right to waive technical defects in Proposals, to reject any and all Proposals, in whole or in part, and to make such awards, in whole or in part, including accepting a Proposal or a part of the Proposal, although not the low Proposal, that in the judgment of NECCOG will be in the best interest of NECCOG.

I. NECCOG reserves the right to negotiate contract terms with any or all Proposers, even if a Proposer has not submitted the low Proposal.

J. NECCOG, at its discretion, may reject any non-conforming Proposal or Proposal that materially misrepresents any offering.

K. NECCOG specifically reserves the right to add or delete from the scope of services in the final contract from the scope of services described in this Request for Qualifications/Proposals.

L. NECCOG may require the Proposer selected to participate in negotiations concerning contract price or the nature and scope of services to be provided. The results of such negotiations shall be incorporated into the contract for services between NECCOG and the Contractor.

M. Each Proposer is responsible for making sure it gets the information it needs to make a responsible Proposal that allows it to execute the Contract if it is awarded the Contract. **Information requests** are to be made in writing to John Filchak, Director, Northeastern Connecticut Council of Governments,125 Putnam Pike, PO Box 759, Dayville, Connecticut 06241 or john.filchak@neccog.org prior to the end of business on **April 26, 2018**. A written request does not in any way diminish a Proposer's responsibility to get the information it needs to make a Proposal.

N. Any modification to the Proposal Documents will be made by Addendum. Any Addendum will be mailed to all persons that have requested the Proposal Documents. Each Proposer shall confirm prior to submitting its Proposal that it has received all Addendum.

IV. Proposal Requirements

A. The Proposal shall be submitted with all of the information described in this Article IV.

B. Each Proposer must declare that this Proposal is made without any connection with any other person or entity making any proposal for the same services, that it is in all respects fair and without collusion or fraud and that no person acting for or employed by NECCOG or any of its member towns is directly or indirectly interested in the Proposal or in the services to which it relates, or in any portion of the profits therefrom, in the form attached as Schedule 1, attached hereto and made a part hereof.

C. Each Proposer shall provide a listing of any business relationship and the nature of such relationship with any pre-hospital provider or town located in the NECCOG region.

D. Each Proposal should contain a current certificate of insurance for the Proposer and confirmation that such Proposer can obtain the insurance described in Schedule 2 if the required insurance exceeds the current amounts or types shown on the current certificate of insurance. NECCOG may waive the requirements for insurance for this Project, particularly if the Contractor will not be on-site.

E. Each Proposer shall provide a listing of all similar projects completed during the past five (5) years, including client contact, telephone number, size of the region or municipality, scope of services rendered and date completed. Each Proposer shall provide a minimum of three (3) client references from municipalities or other public regional entities where the Proposer has completed projects of similar scope, preferably in Connecticut.

F. Each Proposer shall provide a listing of all similar projects, now underway, under contract, or for which there are bids outstanding, including client contact, telephone number, size of the region or municipality, scope of services to be rendered, and date to be completed and personnel active on each project.

G. Each Proposer shall provide an overall introduction to the proposal, including a statement of the Proposer's understanding with regard to the services to be provided and an explanation of the role of the Contractor in this Project.

H. Each Proposer shall state their understanding and experience with the delivery of pre-hospital emergency care in Connecticut.

I. Each Proposer shall state specifically what type of data, information and/or other assistance will be expected from NECCOG and relate how this will be integrated into the services proposed to be provided by the Contractor.

J. Each Proposer shall provide a qualifications summary.

K. Each Proposer shall provide its proposed firm lump sum costs, including a breakdown between any billable expenses and direct consultant personnel expenses.

L. Each Proposer shall provide identification and background information of consultant personnel that will perform the services under the contract. Each Proposer shall identify a lead consultant that will manage the Report and provide resumes of key personnel to be assigned to the project.

M. The proposal shall be signed by an individual authorized to bind the Proposer and shall contain a statement to the effect that the proposal is a firm offer for a ninety (90) day (or more) period. It should include the name, title, address and telephone number of the individual(s) with authority to negotiate and contractually bind the company and also who may be contacted during the period of proposal evaluation.

N. Each Proposer shall execute the Certification in the form attached to this Request for Qualifications/ Proposals.

O. The failure to include any of the above-listed information could result in disqualification of the proposal by NECCOG.

V. Scope of Work

A. NECCOG is seeking a qualified consultant for the evaluation of the existing pre-hospital emergency care services - building off of the Past I report - and future program options for such services. The goal of the Phase II study is examine alternatives to the current pre-hospital emergency care delivery system and make recommendations (as warranted) to enhance patient care. In addition to an evaluation of the current pre-hospital system for the region, the consultant will be asked to review, but not limited to, the following:

1. Examination of the current issues related to the recruitment and retention of volunteers - as well as the impacts of hiring paid staff and/or services to perform in lieu of volunteers.

2. Administrative options, including but not limited to collaboration/consolidation, primarily focusing on savings through combining human resources, clerical, and other functions across several departments.

3. Partial collaboration/consolidation maintaining separate departments but creating a joint working group to identify potential efficiency gains, such as jointly operating a station or team.

4. Functional collaboration/consolidation keeping departments legally separate, but having the departments work together to perform special functions, such as training services.

5. Operational collaboration/consolidation combining aspects of functional and administrative consolidation to make multiple legally separate departments deliver standard and special services as if a seamless single entity.

6. Selected geographical collaboration/consolidation taking advantage of variations in service demands across an area to keep certain functions separate where demand is high while taking advantage of economies of scale in low-density areas.

7. Full regional consolidation combining departments to make one legal and operational entity.

The consultant will be asked to provide the costs for each potential approach as well as the possible benefits/adverse impacts. The consultant will be asked to develop key indicators of system performance.

B. NECCOG is seeking to have the Report completed within five (5) months.

C. The Proposers selected for interview will be asked to present proposed timelines with key milestones for the completion of the Report based on the Proposer's understanding of the scope and the firm's means and methods for completion.

D. Throughout the Report process it is expected that the Contractor will meet, in the Region, not less than monthly with the Advisory Committee and facilitate other several group sessions, meetings and presentations with the Advisory Committee and NECCOG.

E. Upon acceptance of the completed Report by NECCOG, the Contractor shall provide fifty (50) copies for subsequent distribution to the NECCOG Board members and member towns.

F. All studies, data and other documents, materials and information created by the Contractor pursuant to the Contract, including all unfinished or partially completed work in the event the Contract is terminated before completion for any reason, as well as all copyright rights therein (collectively the "Work Product"), shall be the sole property of NECCOG. Upon completion or other termination of the Contract, the Contractor shall deliver to NECCOG electronic copies in Word format or other formats that can be retrieved/opened in Word format and machine reproducible copies of all Work Product pertaining to the Contract prior to the final payment being made.

G. NECCOG is looking for a Consulting Firm that meets the following criteria:

1. Have the adequate professional, technical and financial resources for performance of the required services or have the ability to obtain such resources as required during performance of said services.

2. Have the necessary experienced organization and technical skills in the field.

3. Have demonstrated a satisfactory record of performance of similar services in other municipalities or public regional entities.

H. The cost of services should be presented as a proposed firm lump sum price, representing the total charge NECCOG can expect to pay upon completion of all work items contained in the proposal. Any other costs to NECCOG should be included in the proposal, which additional costs will only be honored if authorized in writing by NECCOG. At the time of negotiations of the contract, a payment schedule based on the timeline of tasks will be agreed upon between NECCOG and the Contractor.

I. The Contractor's services shall be performed in a professional manner consistent with industry standards and applicable federal, state and local law, rules and regulations, as expeditiously as is consistent with professional skill and care and the orderly progress of the work.

J. The terms, conditions and provisions of Exhibits A through E are incorporated into and made a part of this Proposal. Each Proposer should be thoroughly familiar with all the terms, conditions and provisions of Exhibits A through E.

K. These provisions generally set forth the requirements for the Contractor, but NECCOG and the Contractor may modify, in writing and as part of such contract, such provisions by mutual consent prior to signing a Contract.

L. Consideration in the awarding of the Contract will be given, but not limited to: price, the accuracy and responsiveness of the Proposer, the experience, competence and financial condition of the Proposer, time for completion and/or labor force adequate to perform the work, the quality and experience of the Proposer's personnel, the nature and size of the Proposer's organization, quality of similar projects it has previously performed and completed in Connecticut or similar municipal/regional situations.

Exhibit A

CERTIFICATION

The Proposer has read and understood the Proposal Documents, INCLUDING ALL SCHEDULES, which are Schedule 1 and 2, all attached hereto and made a part hereof, and the following addendum: _____ (if any. If none, state "None"), and the Proposal conforms to the terms and conditions of the Proposal Documents.

I hereby certify, as an officer of _____ , that, as the Proposer under these Proposal Documents, all of the information and material supplied to NECCOG as required by these Proposal Documents are complete and true. I, as an officer of _____, understand that all of the terms and conditions of these Proposal Documents shall be included in the Contract executed with NECCOG, if awarded the Contract. I, as an officer of _____, further understand that any information that is found to be incomplete or false or, any attempt to mislead NECCOG and the member towns is discovered, either during the evaluation or subsequent to any award may result in the disqualification of the Proposal or the immediate termination of the Contract.

***Type or print (except for signature)*:**

Signature _____,Date _____

Name _____,Title _____

Notary Public _____ [Seal]

Proposer Information

Company:_____

Type of Legal Entity: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone: _____ Fax: _____

Email: _____

*** If PROPOSER is a Corporation or LLC or other entity attach letter of authorization for signatory to sign and bind a contract.**

Exhibit B

NON-COLLUSION STATEMENT

The undersigned hereby declares that this Proposal is made without any connection with any other person or entity making any proposal for the same services, that it is in all respects fair and without collusion or fraud and that no person acting for or employed by NECCOG or any of the Member Towns is directly or indirectly interested in the proposal or in the services to which it relates, or in any portion of the profits therefrom.

Signed _____

_____
Proposer's Name

By: _____
Name

_____
Its

_____
Street

_____
City/State Zip

_____
Date

STATE OF CONNECTICUT :
: ss
COUNTY OF :

Subscribed and Sworn to before me on this ____ day of _____, 2018.

_____
Notary Public

Exhibit C

INSURANCE REQUIREMENTS

The Consultant shall, at its own expense and cost, obtain and keep in force during the entire duration of the Project or Work the following insurance coverage covering the Consultant and all of its agents, employees, sub-contractors and other providers of services and shall name NECCOG and its employees and agents as an Additional Insured on a primary and non-contributory basis to the Consultant's Commercial General Liability and Automobile Liability policies. These requirements shall be clearly stated in the remarks section on the Consultant's Certificate of Insurance. Insurance shall be written with insurance carriers approved in the State of Connecticut and with a minimum Best's Rating of A-. In addition, all carriers are subject to approval by NECCOG. Minimum limits and requirements are stated below:

1. Worker's Compensation Insurance:

    a. Statutory Coverage
    b. Employer's Liability
    c. $100,000 each accident/$500,000 disease-policy limit/$100,000 disease each employee

2. Commercial General Liability:

    a. Including Premises & Operations, Products and Completed Operations, Personal and Advertising Injury, Contractual Liability and Independent Contractors - Limits of Liability for Bodily Injury and Building Damage - Each Occurrence $1,000,000 and Aggregate $2,000,000 (The Aggregate Limit shall apply separately to each job.)
    b. A Waiver of Subrogation shall be provided

3. Automobile Insurance:

    a. Including all owned, hired, borrowed and non-owned vehicles
    b. Limit of Liability for Bodily Injury and Building Damage: Per Accident $1,000,000

4. Errors and Omissions Liability or Professional Services Liability Policy

    a. Provide Errors and Omissions Liability or Professional Services Liability Policy for a minimum Limit of Liability $1,000,000 each occurrence or per claim. NECCOG and its employees and agents shall be named Additional Insured for this specific Project. The certificate shall specify that NECCOG shall receive thirty (30) days advance written notice of cancellation or non-renewal specific to this Project.

    b. The Consultant agrees to maintain continuous professional liability coverage for the entire duration of this Project, and shall provide for an Extended Reporting Period in which to report claims for seven (7) years following the conclusion of the Project.

The Consultant shall provide a Certificate of Insurance as "evidence" of General Liability, Auto Liability including all owned, hired, borrowed and non-owned vehicles, statutory Worker's Compensation and Employer's Liability and Professional Services Liability coverages.

The Consultant shall direct its Insurer to provide a Certificate of Insurance to NECCOG before any work is performed. The Certificate shall specify that NECCOG shall receive thirty (30) days advance written notice of cancellation or non-renewal. The Certificate shall evidence all required coverage including the Additional Insured and Waiver of Subrogation. The Consultant shall provide NECCOG copies of any such insurance policies upon request.

Exhibit D

REFERENCE CHECK

Please provide three (3) references:

_____
Company Name

_____
Contact Person

_____ email _____
Telephone Number

_____
Period of Contract

_____
Company Name

_____
Contact Person

_____ email _____
Telephone Number

_____
Period of Contract

_____
Company Name

_____
Contact Person

_____ email _____
Telephone Number

_____
Period of Contract

_____

Exhibit E

PENDING OF THREATENED LITIGATION

For cases pending, please provide the following information for each matter:

Parties (suing or being sued)

Docket Number and Court

Brief Description and Status

Likely Outcome

(Attach additional sheets, if necessary.)