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Max Severeid: Hello, and welcome to EMS Focus Webinar Series, hosted by our NHTSA Office of Emergency Medical Services. My name is Max Severeid. I'm an EMS Specialist here with the Office of EMS. And I'll be the moderator for today's session.

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00:00:30.420 --> 00:00:35.869

Max Severeid: The Webinar Series is designed to provide useful information for EMS stakeholder

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00:00:36.180 --> 00:00:47.139

Max Severeid: community members about federal, State and local partners and participations in planning design and advancement of EMS. It includes real experiences from leaders

4

00:00:47.690 --> 00:00:50.929

Max Severeid: utilizing these processes throughout the country.

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00:00:51.380 --> 00:01:12.099

Max Severeid: In today's session, you'll hear about grant funding opportunities for EMS agencies and other post-crash care partners through the Safe Streets and Roads for All grant program. The upcoming funding round this month provides resources for planning and demonstration projects aimed at preventing roadway deaths and serious injuries.

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00:01:12.290 --> 00:01:25.409

Max Severeid: We'll explore the Safe Streets and Roads for All program which will use SS4A as the acronym going forward, we'll explore the program and the core of the program. The development of comprehensive safety action plans

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00:01:25.570 --> 00:01:34.220

Max Severeid: and how the program provides resources to develop and improve these action plans and then later implement them in implementation awards.

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Max Severeid: We'll talk about how EMS agencies can apply for SS4A funding independently and collaborate with local, municipal and regional transportation partners, health partners, planning organizations, and more. You'll learn how partners might approach existing awardees to ensure inclusion of post-crash care and EMS partners in those developing plans and implementation.

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Max Severeid: You'll also hear insights from a current SS4A grantee on the application process and lessons learned

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Max Severeid: Today's webinar is being recorded and will be posted on EMS.gov and SS4A websites for more information on EMS Focus Webinars, access to archived recordings, or to learn more about the Office of Emergency Medical Services. Please visit EMS.gov

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00:02:22.840 --> 00:02:30.250

Max Severeid: Feedback or questions about the webinars can also be sent to NHTSA.EMS@dot.gov.

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00:02:31.110 --> 00:02:32.649

Max Severeid: Before we begin,

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00:02:33.505 --> 00:02:58.009

Max Severeid: I'd like to talk a little bit about some housekeeping items. For use of the controls during this webinar, please use the Q&A button on your zoom control panel to submit questions throughout the session. We'll try to address them during the last part of the webinar, but do feel free to submit questions as they come to your mind. Our facilitator will organize them and try to get them up if we have time and asked to the participants.

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00:02:58.110 --> 00:03:04.679

Max Severeid: Closed captioning for this webinar is available. Simply click the show captions button at any time to enable this feature.

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00:03:06.470 --> 00:03:29.880

Max Severeid: Before diving into today's topic, let me take a moment to focus you and everyone on the call and the mission of NHTSA's Office of Emergency Medical Services. Our office supports the improvement of patient care in the out of hospital setting nationwide by doing 3 different things, bringing together data and experts to identify the most critical issues for the EMS field,

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00:03:29.940 --> 00:03:39.609

Max Severeid: second, collaborating with partners, including Federal agencies, national organizations, many other organizations to address these issues as best we can.

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00:03:39.890 --> 00:03:45.410

Max Severeid: And lastly, promoting awareness and education about best practices and

evidence-based guidelines.

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00:03:46.710 --> 00:03:48.269

Max Severeid: One of the ways that we

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00:03:49.070 --> 00:04:16.209

Max Severeid: achieve our mission, and all of these tasks is to provide resources to help EMS leaders and clinicians. In the resources hub on our EMS.gov web page makes this simple for browsing, searching and downloading, a variety of documents, reports, and guidelines. These resources, created by NHTSA's Office of EMS, as well as many post-crash care and emergency medical services. Partners help us all to advance EMS practices.

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00:04:16.230 --> 00:04:23.840

Max Severeid: So to access these resources, please scan the QR code on this slide, or visit the homepage at EMS.gov.

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00:04:24.720 --> 00:04:28.839

Max Severeid: It's my pleasure to then pass the webinar off to our speakers.

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00:04:29.840 --> 00:04:44.510

Max Severeid: Our first speaker, Gam Wijetunge, is the Director of our Office of EMS at the National Highway Traffic Safety Administration. Followed by Gam, will be Andrew Emanuele, Angie Byrne and Dr. Josh Gaither.

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00:04:44.650 --> 00:04:51.850

Max Severeid: They bring a wealth of knowledge and experience to this discussion. We'll have each of them introduce themselves and their position to begin, Gam.

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00:04:54.170 --> 00:04:55.189

Gam Wijetunge: Thank you, Max.

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00:04:55.570 --> 00:04:56.830

Gam Wijetunge: Hi, everyone

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00:04:57.140 --> 00:05:07.930

Gam Wijetunge: Gam Wijetunge, you can all just call me Gam. I'm Director of the Office of Emergency Medical Services here at the National Highway Traffic Safety Administration.

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00:05:15.240 --> 00:05:35.379

Gam Wijetunge: Thank you. So appreciate everyone joining us here today. Before we get to the rest of our speakers. I just wanted to provide a few remarks on the importance of the SS4A Grant program and the help that we're requesting from everyone on the line today.

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00:05:36.170 --> 00:05:49.869

Gam Wijetunge: So in our efforts to eliminate highway deaths and injuries in the United States, here at the Department of Transportation, along with many national partners, we've adopted what's called the Safe System Approach.

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Gam Wijetunge: Which really relies on 5 key elements to drive down highway fatalities and injuries. And that includes safer people,

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00:06:00.250 --> 00:06:08.579

Gam Wijetunge: safer vehicles, safer speeds, safer roads and improved post-crash care.

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00:06:09.600 --> 00:06:13.560

Gam Wijetunge: post-crash care is where all of you come in.

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00:06:13.870 --> 00:06:22.920

Gam Wijetunge: and improving the care that we provide to victims after they are in a crash, we know, is key to improving survival.

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00:06:29.660 --> 00:06:41.990

Gam Wijetunge: So as the audience knows, as you all know, it is, we know that seamless care improves survival from crashes that starts with 9-1-1 activation

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00:06:42.450 --> 00:06:51.539

Gam Wijetunge: emergency medical dispatch from 9-1-1 bystander care on the scene, hopefully informed by emergency medical dispatchers.

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00:06:51.850 --> 00:06:57.279

Gam Wijetunge: Appropriate and timely on-scene care, triage, and transport

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00:06:57.950 --> 00:07:02.379

Gam Wijetunge: of seriously injured crash victims to trauma centers.

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00:07:08.970 --> 00:07:19.930

Gam Wijetunge: What is the scale of the problem that we face in the United States right now. Well, in 2021 alone there were nearly 43,000 people that died in crashes in the United States.

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00:07:20.120 --> 00:07:29.380

Gam Wijetunge: and of those, 40% were still alive when EMS arrived on the scene, but then died within a 30 day period.

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00:07:29.730 --> 00:07:39.369

Gam Wijetunge: So we know that there is room for improvement. And that's another reason why your engagement in SS4A program is so vitally important.

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Gam Wijetunge: One of the most promising interventions that we have seen at NHTSA

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00:07:48.640 --> 00:07:52.180

Gam Wijetunge: is the use of prehospital blood transfusion.

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00:07:53.440 --> 00:07:58.370

Gam Wijetunge: We know that time is critical when someone is injured in a crash.

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00:07:58.730 --> 00:08:05.589

Gam Wijetunge: and that bleeding to death is a leading cause of death in crashes.

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Gam Wijetunge: The literature supporting the use of prehospital blood transfusion, for crash injuries, and other sorts of injuries is quite extensive

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00:08:21.830 --> 00:08:23.650

Gam Wijetunge: and we know that it works.

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00:08:25.400 --> 00:08:46.630

Gam Wijetunge: in fact, in 2023, a joint position statement released by the American College of Emergency Physicians. The National Association of EMS Physicians, and the American College of Surgeons estimated that 37% of all injury deaths would be preventable

with prehospital blood transfusion.

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Gam Wijetunge: This by far makes prehospital blood transfusion one of the most important interventions when it comes to preventing crash deaths in the last 50 years.

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Gam Wijetunge: So up on the screen here you see the over 16,000 deaths

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00:09:08.702 --> 00:09:15.780

Gam Wijetunge: that were still alive at scene when EMS arrived in 2022,

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00:09:15.960 --> 00:09:25.900

Gam Wijetunge: and we've highlighted on this map in blue, counties that as of April of 2024 were providing prehospital blood transfusion.

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00:09:26.910 --> 00:09:34.620

Gam Wijetunge: and, as I think, is evident on the map, there are still large swaths of the country that do not have this important intervention available.

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00:09:35.970 --> 00:09:52.409

Gam Wijetunge: So as you as you explore applying for the SS4A Grant program, we urge you to take a close look at prehospital blood transfusion and the difference that it can make for your local community in preventing roadway deaths.

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00:09:54.850 --> 00:10:05.259

Gam Wijetunge: and just to drive the point home, here are the over 500 pediatric crash fatalities in the country in 2022 that were still alive at scene.

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00:10:09.750 --> 00:10:18.399

Gam Wijetunge: and just to reiterate the point with prehospital blood transfusion. Again, we have clear evidence showing improved, patient outcomes

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00:10:18.690 --> 00:10:25.099

Gam Wijetunge: that agencies have implemented this program have enhanced their overall capabilities and that it can provide

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00:10:25.250 --> 00:10:29.470

Gam Wijetunge: quite substantial impact on roadway fatalities.

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00:10:32.480 --> 00:10:39.629

Gam Wijetunge: So on that note. I'll hand it over to my SS4A colleagues, Andrew and Angie.

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00:10:41.310 --> 00:10:58.320

Andrew Emanuele: Hello, everyone. Thanks, Gam. My name is Andrew Emanuele, and I'm the program manager for the Safe Streets and Roads for All program or SS4A. Here in the Office of the Secretary at the US Department of Transportation. So today, we're going to take a high look at this program and see how it applies to you.

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00:11:02.490 --> 00:11:21.089

Andrew Emanuele: See, if I can get my slides moving there we go. So this program is 5 billion dollars in discretionary grant funding discretionary meaning competitive funding. This is the 4th year of the program we've distributed roughly 3 billion dollars the previous 3 and have 2 billion give or say, left to hand out.

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Andrew Emanuele: The purpose of this program is to prevent deaths and serious injuries on our roadways, and we do that by focusing on comprehensive action planning or putting together this action plan that we'll talk about here in a bit and then implementing the ideas within that plan, either through behavioral, operational, or, you know, actual construction.

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Andrew Emanuele: So this is inclusive of all types of roadway safety interventions. And you saw the safe system approach on the slideshow earlier. There is a link here to the Safe System Approach

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Andrew Emanuele: on our website. If you want to look at that a little more and find out what it's all about.

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Andrew Emanuele: So for this particular program, last year, in fiscal year 24, we did award over 1.2 billion dollars in funding. And that went to 710 regional, local and tribal communities across the United States. This program is far and away, the most in terms of actual awards given out the most

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Andrew Emanuele: awarded in the Office of the Secretary. We, you know, from Fy 22 to 24, we've given over 1,800 awards totaling 3 billion dollars. And like, I said, we have roughly 2 billion dollars left up for grabs.

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Andrew Emanuele: Awards to date will improve roadway safety planning for over 75% of the nation's population, meaning that the jurisdictions that receive these awards have that population amount covered there. So it's quite comprehensive. But we're still looking to get at that final 25% across the United States in a lot of rural areas.

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Andrew Emanuele: So about the SS4A Grant program itself. Eligible recipients can be regional organizations, such as MPO's or COG's. And we'll talk about what that means here in a second. Political subdivision of a State which is usually a city or a county

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Andrew Emanuele: federally recognized. Travel governments or multi jurisdictional groups comprised of the above importantly State DOT's, particularly State DOT's, are not eligible for this program. It's more aimed at local and regional agencies.

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Andrew Emanuele: Just so everyone knows what metropolitan planning organizations are. This is something that exists in any any urban area over 50,000. It's federally required, and they do planning 20 years out for surface transportation. They go by different names here in the Twin Cities where I am. The Met Council is the MPO. If you're in San Diego, it's SANDAG; in Philadelphia, it's DVRPC.

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Andrew Emanuele: Denver has DRCOG. They're throughout the United States, so you might not know what it is, but you may have heard of it if you're in an urban area. So these often partner with COG's Council of Regional Governments, and they have a lot of Federal grant experience. They get Federal money to do that planning

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Andrew Emanuele: and they work with others across their region to do that planning effort. Many of these have been awarded SS4A Grants to develop the action plans in coordination with the communities that they represent, and they are often advocates of the safe system approach, including what we're talking about today. Post-crash care

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00:14:14.350 --> 00:14:32.319

Andrew Emanuele: eligible activities for the Comprehensive Safety Action plan include developing or completing the action plan so that you must do that. But then you can also conduct supplemental planning activities, supplemental meaning, if you wanted to look at something specific that you wanted to try out a core or plan or something else

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Andrew Emanuele: and then carrying out demonstration activities. If you had a pilot you wanted to try, or something like that, and we'll talk about these more in depth here in a second, but there's a lot you can do when you're applying for this program, and you can bundle these things together, which is an important note to make.

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00:14:46.910 --> 00:15:04.830

Andrew Emanuele: So planning design and development of activities for projects and strategies identified in that action plan. An important note here. You'll hear me reiterate several times today is that you must have the strategies that you're looking to implement within that action plan because they need to tie to what happens later with implementation and construction.

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Andrew Emanuele: All right.

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Andrew Emanuele: So opportunities with the planning and demonstration. There are 2 buckets really here to think about. The planning and demonstration grants. And then also the implementation grants and implementation is construction. Behavioral operation planning is more, you know, planning and demonstration coming up with pilots

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00:15:25.220 --> 00:15:39.630

Andrew Emanuele: thinking about what we're going to do here. Another point is 40% of SS4A's funding is required to be for planning and demonstration. Now those awards are usually much smaller dollar amounts than, say, the construction awards which go into the millions.

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Andrew Emanuele: So we have a lot of money to give out for planning and applying for these planning grants is not a difficult process. If you've got the safety data within your area. The application is only 2 or 3 pages that you need to put together to get this grant. So it's it's not really a heavy lift in terms of applying for a federal program. It's not 10 to 15 pages like you might have seen with some other programs.

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Andrew Emanuele: So developing action plans can help with getting non SS4A funding at the local state, regional and federal level. It's always good to have these plans in place. Because they do. They do look to support safety within your region. They can also help guide local decision making, having all the planning done in place.

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Andrew Emanuele: Applications can also include combinations of developing the action plans and have assorted supplemental planning and or demonstration activities in there. So like, I was saying earlier, you can bundle these things all together, putting that action plan together, putting some pilots in there and then additional planning. It does not have to be just one thing. We've seen many things bundled together in these applications.

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Andrew Emanuele: Important point here at the bottom. Any department or agency or combination of department or agencies in a community can submit a single Consolidated grant application. So you don't need to do these separately. In fact, we encourage you not to do them separately. We encourage you to get together and apply together. So this can include engineering planning, public health,

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Andrew Emanuele: housing, emergency medical service. They've all received grants to develop these comprehensive multimodal plans and conduct the Associated supplemental planning and demonstration activities for their communities.

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Andrew Emanuele: A little more in depth on what the planning and demonstration activities can be. Of course, that action plan we talked about that being required developing, updating, or completing the comprehensive action plan. And we can provide guidance on how exactly that works at SS4A.

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Andrew Emanuele: If you email us here, we're not going to go into that in detail. But we provide a number of resources that enable folks that aren't as familiar with it to understand how to do that. It does have to have 8 components in this action plan that's put together, and we will check to make sure that you know, this fits our requirements for you know, getting implementation dollars letter later, and we'll go ahead and help help you review that to ensure if you do apply for implementation it does, your action plan is,

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Andrew Emanuele: does meet the requirements. Now, supplemental planning, as I discussed. That can be topical safety plans. If you want to do, look at a corridor study. You want to do a road safety audit, you know, driving the corridor to look at the issues, safety

issues along corridor conducting additional safety analysis and data collection following up on stakeholder engagement. We're big on stakeholder engagement, and do want to see that within the applications. So make sure you write that down.

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Andrew Emanuele: And then another example, safe routes to school plans, and these these are just a small drop in the bucket of the supplemental planning that's eligible with this program. It's quite extensive. And we have more more options on our website that you can look at.

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Andrew Emanuele: Demonstration activities are another element that falls into this category. These are pilot programs or short time bound demonstrations that you want to do to see if the strategies are gonna work. Things like, you know,

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00:18:43.900 --> 00:18:46.019

Andrew Emanuele: putting up a bike lane or

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00:18:46.490 --> 00:18:54.669

Andrew Emanuele: any sort of pilot you wanna you wanna test with some of the blood programs that we'll talk about here in a little bit to see if they work and see if you want to implement them permanently.

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00:18:56.212 --> 00:19:09.180

Andrew Emanuele: So like, I said, behavioral or operational activities, pilot programs for new technology or manual on uniform traffic control devices which is more of a transportation document. Engineering studies. MUTCD, we call it.

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00:19:11.190 --> 00:19:27.550

Andrew Emanuele: Here are some examples. We're going to highlight before we get to an in-depth example. In fiscal year 24 the University of Arizona received almost 7.5 million dollars for a demonstration program to pilot the Physician One program. The scope included whole blood transfusions.

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00:19:27.560 --> 00:19:41.859

Andrew Emanuele: advanced airway management, emergency anesthesia and delivery of advanced medications. Again, in a demonstration pilot program to see if these things worked to see if there's demonstrable benefit to do them and to see if they want to do them permanently.

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00:19:42.020 --> 00:19:51.389

Andrew Emanuele: They also used a continuous quality improvement process to monitor the impact and inform updates to their action plan. So they had two things that they went ahead and did with this award.

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Andrew Emanuele: Another one here. This is in a rural area, Charter Township of Long Lake, Michigan and Wheeler County of Oregon. They developed an action plan that includes Safer People, Safer Roads, Safer Speeds, Safer Vehicles and Post-Crash Care. In addition to that, they developed two supplemental plans, responder safety and additional post-crash care data analysis.

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00:20:16.280 --> 00:20:24.079

Andrew Emanuele: And then, three technology driven driven demonstration pilots were included as well. So like I said many things bundled together here.

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00:20:26.607 --> 00:20:40.899

Andrew Emanuele: And then we have fiscal year 24, Charleston County 911 they received almost 1.3 million dollars to put together a full CAD to CAD or computer aid aided dispatch to address overlapping jurisdictional areas between the city of North Charleston.

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00:20:40.900 --> 00:21:02.770

Andrew Emanuele: Charleston, Berkeley, and Dorchester counties, improving their coordination and communication, and ultimately their emergency response times. They also receive money to update the Berkeley, Charleston and Dorchester Council of Governments Safety Action Plan. So you can, you can receive money to Update the action plan if it does need updating, and you already have one that was completed, maybe too long ago. And it does need it.

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00:21:04.880 --> 00:21:27.950

Andrew Emanuele: All right, so implementation grants again. These are the ones that are building things, or doing behavioral changes or operational changes, and intended to be permanent. These are generally larger dollar amounts. The applications tend to be a little bit longer. They do get more scrutiny. But that's because of the scope of them. Implementation grants, grant applications must fund projects and strategies identified in that action plan.

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00:21:27.950 --> 00:21:36.739

Andrew Emanuele: So you need to have that action plan in place before you apply for construction or implementation dollars. And importantly, they need to tie together

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00:21:36.770 --> 00:21:50.969

Andrew Emanuele: That 3rd bullet there, you must have a qualifying action plan. So if you did not get money through us and we did not verify it. And you have your own action plan you've done. You can just contact us and we'll verify that it qualifies. And then you can go ahead and apply for the implementation dollars.

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00:21:51.424 --> 00:22:14.879

Andrew Emanuele: Important note as well, 4th bullet here, implementation applications may also include supplemental planning and demonstration activities. So if you want to build something, you can apply for it. And if you want to do additional planning, you can have a number of supplemental planning activities in there, plus demonstration or pilot activities. You want to try. You can bundle all these things together within your implementation grant.

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00:22:15.480 --> 00:22:22.409

Andrew Emanuele: So importantly, supplemental planning and demonstration are available under planning or implementation. You can do it in both buckets.

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00:22:24.510 --> 00:22:51.090

Andrew Emanuele: Another example here from Minnesota EMS Corporation, almost 10 million dollars to implement a regional tele-EMS system to expedite access to definitive trauma care after injury, an injury causing crash. And they did this by supporting volunteer EMS agencies across 18 counties in southwest Minnesota there. 54 agencies receive an access to Avel eCare services to an area with no Level I or Level II trauma centers.

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00:22:54.180 --> 00:22:59.489

Andrew Emanuele: And now I believe I'm going to turn it over to Dr. Gaither to discuss the Physician One program

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00:23:00.760 --> 00:23:30.539

Josh Gaither: Thanks so much appreciate the opportunity to share our program. This is really just one example, I think of a program that you all can use to essentially build your creative juices, so to speak. We're happy to share our program as just one example of what we've put together to be funded. So we call this the Physician One program. It's run out of the University of Arizona. Here in Southern Arizona, in Tucson, in partnership with Banner University Medical Group

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00:23:30.921 --> 00:23:35.499

Josh Gaither: which I lead as the Division Chief for EMS here in Tucson.

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00:23:36.034 --> 00:23:57.329

Josh Gaither: So just to tell you a little bit about the program. This is a SS4A Demonstration Grant. As Andrew just outlined, the goal of this program is really over the 5

year course to test out different options of our program and see what works through that continuous quality improvement process.

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00:23:58.088 --> 00:24:07.759

Josh Gaither: Here's the questions that we answered or were asking as part of this grant. Can an EMS physician resource improve outcomes for victims of highway traffic accidents?

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00:24:07.770 --> 00:24:28.630

Josh Gaither: The first aim is to implement a physicians staffed EMS resource that's available to respond to highway traffic accidents during peak hours. And then, of course, the second aim is to evaluate the impact of that resource on our patients. We do aim to reduce mortality for highway traffic accidents.

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00:24:32.720 --> 00:24:56.329

Josh Gaither: We importantly do have an existing action plan. This is our Southern Arizona Pima County Action Plan. This was funded under previous SS4A Projects, and is an extensive plan that really highlights 2 factors for our community. Of course, one, the high rates of highway traffic, accident, injury and death.

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00:24:56.744 --> 00:25:03.380

Josh Gaither: And then, second, that advances in medical care are needed to improve outcomes for those patients.

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Josh Gaither: Parallel to that background, we already in Southern Arizona have in existence the Physician One program. We do have a physician vehicle that's been in operation in our community since 2021. We provide services through our hospital system, which is owned and operated by the Banner Corporation, and then, of course, the University of Arizona, where all of us are faculty members at.

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00:25:27.850 --> 00:25:38.739

Josh Gaither: We already respond to calls. We do about a thousand a year. Those are 911 responses. In addition, of course, the special events that most communities participate in.

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00:25:38.740 --> 00:25:54.729

Josh Gaither: The goal of this program is to build on that it allows it to be rapidly expanded. Currently, we're only in operation about 3 days a week. This program will expand that and can be quickly done simply because of that existing infrastructure.

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00:25:54.730 --> 00:26:08.829

Josh Gaither: Here's our doctors. We just have a handful of us. We're a relatively small group. This funding will improve our capabilities and make it available 365 days a year and deliver services throughout the Tucson metropolitan area.

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00:26:10.490 --> 00:26:34.199

Josh Gaither: Important for those physicians on on the call, perhaps. We do have a very strict criteria for being our physician team. We're all ABM certified doctors in multiple areas. And we all work at a trauma center really enabling us to deliver that advanced care currently only available in the hospitals to victims of trauma in the field.

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00:26:36.090 --> 00:27:03.149

Josh Gaither: This is kind of how the program looks, and I think it's important here to spend a little bit of time on this slide only as an example, as Andrew mentioned, of the importance of pulling together your community. In the center, you'll see this is our Arizona University of Arizona Physician One program, our operational hours, our vehicles. That program is a partnership. We, of course, it's primarily based out of the University of Arizona.

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00:27:03.150 --> 00:27:08.130

Josh Gaither: The University of Arizona is where we get our EMTs and Paramedics. They're employees of the U of A.

118

00:27:08.370 --> 00:27:17.629

Josh Gaither: The physicians are all employees of the Banner system. So those hospital based physicians staff it. Those are our primary inputs into the system.

119

00:27:18.085 --> 00:27:31.489

Josh Gaither: Of course, we have an operational group. I run the operational group. Many of you are familiar with Dr. Amber Rice, who is our evaluation arm of this. She runs the independent quality, improvement and assessment portion of this program.

120

00:27:31.890 --> 00:28:01.579

Josh Gaither: Then, of course, we serve our community. We serve predominantly 3 fire departments. In Arizona we have a Fire-based EMS system. Those metropolitan agencies are Tucson Fire department, Golder Ranch Fire Department and Northwest Fire District. We together work with a large group of partners to make this program successful, and honestly, we could not do it without the strong partnerships that already exist in our community.

121

00:28:03.082 --> 00:28:25.460

Josh Gaither: We as as I kind of alluded to before. We have an oversight board for this program. Which includes our University of Arizona folks, our Fire Department, our Legal Team. Of course, our Communications Group, is an important partner as well as our primary

staffing groups, Banner Health and the University of Arizona.

122

00:28:26.980 --> 00:28:40.630

Josh Gaither: What are we going to do with this program? We are dispatched as a primary resource for high risk, motor vehicle, collisions, and other traffic accidents. That's of course, pedestrians struck, bicyclist struck, those types of injuries.

123

00:28:40.959 --> 00:28:58.110

Josh Gaither: And of course we're available on request of an EMS crew. Should they need the resources that we make available in our system. We also self dispatch for collect select calls based on the CAD notes. If it appears to have serious injuries that has fallen out of the automatic dispatch criteria.

124

00:28:59.910 --> 00:29:09.999

Josh Gaither: Here's the advanced capabilities that we bring to our system that currently aren't available. And, as you all know, if you know one EMS system, you know, one EMS system. So we're all a little different.

125

00:29:10.000 --> 00:29:34.990

Josh Gaither: In Southern Arizona, we will bring advanced airway capabilities to the field that includes RSI, which currently we don't do in Southern Arizona. It also includes advanced monitoring and diagnostic capabilities which are not currently available. That's ultrasound, portable EEG Monitoring istats all that other stuff that's very important for some of our more rural agencies with very long

126

00:29:34.990 --> 00:29:36.230

Josh Gaither: transport times.

127

00:29:36.560 --> 00:29:46.699

Josh Gaither: We also, of course, have ventilators with advanced ventilation modes. We can do sedation to optimize ventilation, facilitate extrication. All of those other tools.

128

00:29:46.880 --> 00:30:12.159

Josh Gaither: As gam highlighted so importantly, this project will also allow us to pilot pre-hospital blood transfusions in our community. Currently, in Arizona, paramedics cannot administer blood. It's not within the scope of practice. This will allow us to road test this, pun intended, on in our community really work out some of the bugs and kinks to allow hopefully wider implementation in the future.

129

00:30:12.160 --> 00:30:22.059

Josh Gaither: Of course, we will have all the other things to to manage, do advanced trauma management, including things that are maybe obvious, and may not.

130

00:30:22.060 --> 00:30:40.489

Josh Gaither: We have antibiotics for open fractures, severe sepsis. We can facilitate sedation for fracture, management, and extrication, and then, of course, have a larger spectrum of medications available to our patients.

131

00:30:41.380 --> 00:31:09.579

Josh Gaither: Just to kind of highlight our blood management plan, many of you are familiar with prehospital blood programs. This is how ours will work. The blood is stored 24 hours a day in our vehicle, which is, of course, attached to power by a shoreline. It's a hardwired cooler. We use one that's widely, commercially available, and then we change that cooler out every 3 to 5 days. We provide this as an invoice service, Banner, our hospital partner

132

00:31:09.580 --> 00:31:19.610

Josh Gaither: provides the blood, and they simply charge our program every time we use blood, and we return it back to the hospital. If that blood is not used, and there's no charge for that.

133

00:31:21.481 --> 00:31:40.100

Josh Gaither: Here's our timeline as part of this grant. You are, of course, required to come up with a timeline. One of the goals of this funding mechanism, as Andrew highlighted before, is to have rapidly implemented projects. This project will be implemented within 6 months. Because it's the infrastructure is already there and up running and running.

134

00:31:40.150 --> 00:32:02.640

Josh Gaither: Then we're gonna operate this in 5, I'm sorry, 6 cycles that are 6 months long. Each year every 6 months we'll evaluate the data and determine if we need to adjust the deployment model. What calls were dispatched on or the deployment location. Do we need to move where the vehicle is stage that type of thing.

135

00:32:02.640 --> 00:32:14.600

Josh Gaither: then, of course, we ultimately want to evaluate the program, report on its success or failure, and then possibly seek funding to continue it down the road.

136

00:32:15.883 --> 00:32:22.739

Josh Gaither: That's all I have. I'm gonna turn it back over to Gam, I believe, or maybe it's Andrew. I'm not sure to finish up.

137

00:32:23.450 --> 00:32:27.989

Andrew Emanuele: Thanks, Dr. Gaither. Yeah, it's me, so I'll I'll do some slides here, and then we'll move on.

138

00:32:31.192 --> 00:32:53.379

Andrew Emanuele: There's been a number of questions in the chat, and I'm going to get to those in a little bit concerning, you know, when the NOFO opens to how long it's open. Some of those other things, and then we'll address those in the Q. and A. as well. But I do want to talk about some of the pitfalls that we've seen with the applications coming in with the planning and demonstration grants. The action plans were not comprehensive in nature, so these need to be

139

00:32:53.580 --> 00:32:59.410

Andrew Emanuele: all multimodal, meaning, surface transportation, bikes, You know, Ada, compliant

140

00:33:00.770 --> 00:33:18.259

Andrew Emanuele: anything that has to do with surface transportation. We need to see it in the roadways. It needs to be comprehensive. It can't be, for one thing in particular, if it was limited to a specific area, or like a corridor or an audience that wouldn't work, or if it's a statewide plan like I said, statewide plans are not eligible. It needs to be a local or regional.

141

00:33:18.260 --> 00:33:32.800

Andrew Emanuele: There's also a lack of connection between action plans and the supplemental planning or demonstration activities. As I mentioned several times, the action plan needs to tie directly into what you're attempting to do after that, with supplemental planning or demonstration activities or the implementation grants.

142

00:33:33.309 --> 00:33:44.690

Andrew Emanuele: Also, we've seen sometimes that scope went beyond a demonstration in the pilots in scale like I mentioned earlier, these need to be time bound. They cannot go on forever. We do need to have an end date in there.

143

00:33:46.300 --> 00:34:06.069

Andrew Emanuele: Common issues we saw with the implementation grants. Again, lack of connection between the safety problems proposed in the countermeasures there needs to be a direct nexus there. If you're looking for what some of these are, you can look at the Federal Highway Administration, Federal Transit Administration, National Highway Traffic Safety Administration, or other resources for identifying those effective countermeasures.

144

00:34:06.489 --> 00:34:21.760

Andrew Emanuele: Lack of collaboration with other entities and a lack of details about community engagement and outreach. We want the public involved with what's happening here. That's extremely important to us. So we want to see the you know what sort of engagement occurred, and we want that documented within the applications.

145

00:34:21.989 --> 00:34:32.950

Andrew Emanuele: Many of the action plans did not meet the necessary SS4A Requirements like I mentioned, such as being multimodal and multidisciplinary in nature, in nature. Those are required for this.

146

00:34:33.210 --> 00:34:37.120

Andrew Emanuele: If you want to get something more specific again, that is the supplemental planning

147

00:34:37.766 --> 00:34:47.379

Andrew Emanuele: Webinars and resources. So I want to talk about the NOFO. It says the SS4A NOFO will open soon. We are targeting March 28th

148

00:34:47.380 --> 00:35:13.680

Andrew Emanuele: Now it may be a little few days after there. It depends on a number of things. This is the 1st notice of funding opportunity that is going out in the new administration. So there are a number of a number of issues we're trying to work out as this goes out. I can't talk about what the major changes are going to be, I can tell you there are not going to be huge changes with this notice of funding opportunity. It's going to be similar to what has gone out previously, but more in alignment with this Administration's direction.

149

00:35:14.663 --> 00:35:34.340

Andrew Emanuele: We will action plan eligibility review requests meaning, if you want us to review your action plan, we can do that. But you need to submit it by May 9th, 2025, and I think I failed to mention the NOFO will be open for 90 days when it goes out. So 90 days from the opening date.

150

00:35:34.390 --> 00:35:52.389

Andrew Emanuele: You can submit technical questions by May 29th, 2025, directly to ss4a@dot.gov and the great folks behind there will be working to answer any questions you have, and again apply by June 26th, 2025. That is the end date for this program

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00:35:53.010 --> 00:35:57.810

Andrew Emanuele: Additional resources about SS4A and the NOFO can be found at the link

below.

152

00:35:59.570 --> 00:36:29.569

Andrew Emanuele: Additionally, we have a number of application aids that can help you with applying again. This is the Federal Government. So there's a lot of bureaucracy involved when you are implying. We've attempted to make that a lot easier in a number of ways by providing checklists and exactly what you need to provide planning worksheets and fillable forms. And these are all available on the website and they'll be on ValidEval. Now, ValidEval is a 3rd party system we're using to apply for this. We're letting applicants apply for this program. It's a lot more user friendly than applying in grants.gov.

153

00:36:29.570 --> 00:36:47.269

Andrew Emanuele: The NOFO will be on grants.gov when it goes out. The new one is not there yet, but it will be on there, and they from there it will direct you over to ValidEval. And that user experience is much, much more friendly than applying on grants.gov, and they'll have all sorts of materials on there to assist you within the application process.

154

00:36:49.693 --> 00:36:59.960

Andrew Emanuele: Again, we have a QR code that'll take you directly to the website there. If you wanna bring your phone up to the screen and do that, otherwise you'll have this presentation will be available, and you'll be able to do it then as well.

155

00:37:01.350 --> 00:37:04.530

Andrew Emanuele: and I believe now I will hand it over to Max.

156

00:37:06.570 --> 00:37:17.659

Max Severeid: Great. Thank you so much, Andrew. I very much appreciate your time and the opportunity for us to have both you and Angie Byrne from the SS4A program speak with us.

157

00:37:17.940 --> 00:37:42.360

Max Severeid: And maybe what I want to do first, is take a look at some of the questions in the chat. But before we get into some of those questions, one question I wanted to ask specifically to Angie to talk about is a question that we see today. And we've seen in the past about equipment relating to SS4A Grant programs. And I will start with the preface that as the SS4A Grant Program

158

00:37:42.360 --> 00:37:48.930

Max Severeid: at its core is about comprehensive safety action plans and demonstration, or planning

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00:37:48.930 --> 00:37:56.329

Max Severeid: efforts to buttress those comprehensive safety plans. Angie, could you take just a few moments now to talk about
160

00:37:56.330 --> 00:38:10.959

Max Severeid: equipment in SS4A Grant Program applications, especially in planning and demonstration grant programs to try to get at some of those questions about hey, What kind of EMS equipment might be eligible under SS4A, Angie?

161

00:38:10.980 --> 00:38:39.127

Angie Byrne: No problem. Thanks, Max. So you know you've heard Andrew and and Max and I really hammering the drum on this webinar, the cornerstone of Safe Streets and Roads for All is the comprehensive action plan. And so if you do want to buy equipment, you want to purchase whole blood that needs to tie back to the action plan. One of the number one reasons that we

162

00:38:39.530 --> 00:38:45.960

Angie Byrne: have to reject particularly planning and demonstration applications, if it's just a plain equipment request.

163

00:38:45.970 --> 00:39:15.080

Angie Byrne: If there's no connection to an action plan, it is not going to go through one of the things, and I think Dr. Gaither did a wonderful job highlighting this is, you know, a lot of these equipment things that he is including in his application, and that they were awarded funds for, those tie back to doing a clear pilot that is going to inform their local action plan. Now for some of you who may be worried. It's like, well, I don't have an action plan. Do I have to do one first?

164

00:39:15.110 --> 00:39:42.829

Angie Byrne: You can like, first of all, I would encourage you to check out the Safe Streets and Roads for All website. Andrew highlighted earlier that there is a lot, there is 75% of the people in this country currently having either an action plan in place or one being developed. So there's a very good chance that there's already being one developed in your area. So definitely check out our website and see if there's anyone in there. Then if there is

165

00:39:42.870 --> 00:40:07.520

Angie Byrne: partner with them, Dr. Gaither, I love that you highlighted so much with the various partnerships you had with the University, you had with the city, the county that was absolutely phenomenal example of that in progress. And then you know, if it and so definitely, partner and bundle things. And then consider, too, if you're going to go for this stuff and equipment,

166

00:40:07.960 --> 00:40:29.650

Angie Byrne: and factor in maintenance costs. Factor in what those are going to cost to do it

throughout the course of your pilot. Or if, in the case of you doing an implementation project factor in the cost. Like we usually we a lot of times with this program where we talk about with the demonstration activities, we talk a lot about the infrastructure things like the paint and the plastic bollards.

167

00:40:29.650 --> 00:40:57.629

Angie Byrne: Like, I tell people all the time I don't want your beat up plastic bollards back. So I don't want your your used EMS equipment back. So get that stuff, use it and apply it wonderfully to this program. But another caution, too, I would say, especially with EMS, is this is a transportation safety program. So be sure everything you do as part of those action plans really ties back to the

168

00:40:57.630 --> 00:41:06.590

Angie Byrne: transportation aspect of post crash care. Sorry, Max, that was kind of a long answer, but I wanted to make sure I covered a whole lot with it.

169

00:41:06.590 --> 00:41:21.130

Max Severeid: No, that's that's great, Angie. And I I think that is helpful context, because at its core the US Department of Transportation's SS4A program is to create with funds these comprehensive safety action plans,

170

00:41:21.400 --> 00:41:28.640

Max Severeid: demonstrate pilot projects to supplement those comprehensive safety action plans and potentially

171

00:41:28.790 --> 00:41:47.180

Max Severeid: implement those plans. And that's the the planning and demonstration part of the program Angie, could you also just take a moment to talk a little bit about the potential competitiveness of both the planning and demonstration grant awards, as well versus the separate implementation awards

172

00:41:49.280 --> 00:42:10.340

Angie Byrne: Great question, Max. So in the first 2 years of the program, we didn't award all the like Andrew mentioned, there's 40% of those funds have to go to planning and demonstration in the first 2 years of the program. We didn't spend all that money, so take that as a hint. Your odds are very good

173

00:42:10.340 --> 00:42:16.820

Angie Byrne: for planning and demonstration funding, and I think Andrew highlighted this. But I want to highlight it again.

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00:42:16.820 --> 00:42:41.240

Angie Byrne: Say, you do want to go for implementation. You're feeling really good about that. Include planning and demo as part of your implementation application. Those are scored separately. It's not going to hurt you. It's not going to help you, because people I know worry. It's like, well, if I include this stuff, I won't get the implementation project. That's not true. They're scored separately. They're evaluated separately. So

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00:42:41.240 --> 00:42:52.569

Angie Byrne: you'll be like, include those projects. Now, I want to highlight too, include multiple planning and demonstration projects. We've talked so much about, you know,

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00:42:52.570 --> 00:43:15.840

Angie Byrne: working with partners and things like this, your application doesn't need to just be EMS, or 911 related things. If you're partnering like with your local, you know, university like, in the case of Dr. Gaither, like, you can have multiple projects that you submit in one local grant application. So load up on those projects and those opportunities

177

00:43:17.230 --> 00:43:41.320

Max Severeid: Great. Thank you, Angie. I wanted to also mention one question was, where would this information be available on the EMS.Gov website? At this stage that there's a lot of information that is not on the EMS.gov website about SS4A. And so we would actually currently point folks to the SS4A website directly. We are actually working to

178

00:43:41.320 --> 00:44:05.520

Max Severeid: additional resources from an EMS perspective on the EMS.gov website. But do not have that. So from an EMS post crash care, perspective. Look at the SS4A materials which you will see will have a good amount of information about transportation, focused efforts. But understand that this program is also applicable and eligible for post crash care

179

00:44:05.520 --> 00:44:11.709

Max Severeid: EMS related partners as well. We did have a few questions about equipment. So I think we've

180

00:44:11.710 --> 00:44:35.009

Max Severeid: adequately answer those questions. Angie or Andrew, could you talk a little bit about what you hope to see or plan potentially to see in the NOFO about single application periods for submission or multiple applications are prepared. That may not be something we can share at this point until the NOFO is open. But any any updates on

181

00:44:35.010 --> 00:44:47.769

Max Severeid: on the cycle. I think, Andrew, you had mentioned the target deadline for the applications to be received by the DOT, but we, I think we have to wait until the NOFO gets published. Can you comment a little bit more on that, Andrew?

182

00:44:47.770 --> 00:44:55.037

Andrew Emanuele: Yeah. So it's 90 days from when the NOFO is published. Right now, we're targeting the 28th, that does depend on number of factors.

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00:44:58.040 --> 00:45:00.639

Andrew Emanuele: sorry I lost my train of thought, were you? What was your question again, Max?

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00:45:00.640 --> 00:45:08.889

Max Severeid: That's okay. I I think it. I think that answers it. It sounds like it's a 90 day application period once the notice of funding opportunity is published.

185

00:45:09.230 --> 00:45:18.330

Andrew Emanuele: So you were also talking about the different last year we had 3 different application periods. We're not doing that again. It's just one period for 90 days. So it's different in that sense.

186

00:45:19.100 --> 00:45:44.089

Max Severeid: Got it. We did have a question from Brooke Burton, Does this suggest that individual EMS agencies cannot apply? Do we need to have local government partners? And I think one thought is that the private EMS agencies will need to partner with a local municipal county or regional partner. Angie, could you talk a little bit about how EMS agencies might partner for applications

187

00:45:44.090 --> 00:45:56.919

Angie Byrne: There, you know this is kind of an interesting, tricky one that that we learned some great lessons with last year. So if you are a private EMS agency, however, in your State statute

188

00:45:56.920 --> 00:46:21.089

Angie Byrne: you are defined as the regional EMS authority, then you are considered a political subdivision of a state and eligible to apply. I know that's not going to apply to every private EMS service, but it will affect some of you, so I hope that is helpful. If that is your situation, when you apply, I would definitely include your State statute

189

00:46:21.090 --> 00:46:43.620

Angie Byrne: as part of your application to indicate that, Yes, I know I'm a private agency. But by State statute I'm considered the regional EMS authority. So we had a company in Minnesota last year that that applied to so definitely include that in your application. Otherwise, you know, continuing to

190

00:46:43.620 --> 00:46:56.810

Angie Byrne: reiterate this concept. Work with local partners like work with your local cities, work with your counties, MPOs. Whatever kind of makes most sense given your situation, your county.

191

00:46:57.250 --> 00:47:21.929

Angie Byrne: And you know, in the University of Arizona, example like that, is a state agency. The university is a political subdivision of the State. So we have a lot, we have a few state universities, community colleges, independent school districts that have applied because they're considered political subdivisions of a state. So there's more information on our website.

192

00:47:21.930 --> 00:47:35.199

Angie Byrne: It gets a little more into the weeds about that. But, generally speaking a lot is considered a political subdivision of a State, and if you're concerned about it, being a little wonky, include that State statute in your application

193

00:47:35.980 --> 00:47:55.570

Max Severeid: Thank you, Angie. Another question. Did I hear correctly from Anna Bible that law enforcement, state law enforcement agencies are not allowed to apply for these funds? And I think that really gets to the eligible entities putting in applications. This is a program that is a Federal Government Grant Program going directly to locals,

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00:47:55.570 --> 00:48:07.750

Max Severeid: regionals, and municipalities. State agencies are not eligible. To apply, we definitely would encourage folks to partner together with multiple partners in your community.

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00:48:07.900 --> 00:48:20.329

Max Severeid: The goal is to create a plan amongst all of your local and regional partners, to specifically address motor vehicle, crash fatalities and serious injury risk. At its core,

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00:48:20.680 --> 00:48:36.459

Max Severeid: creating partners and creating plans to address improving motor vehicle crash response, post crash care in your community with all of your partners, local law enforcement, local public health local planning.

197

00:48:36.660 --> 00:49:02.039

Max Severeid: What you will find, as Angie mentioned, looking at existing applicants that were successful in the past, you might have a community applicant in your community or an adjoining community that has an SS4A Award to develop this comprehensive safety action plan. But they may need help. They may not actually have information robustly providing for guidance on what we should do in the post crash care realm.

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00:49:02.040 --> 00:49:14.909

Max Severeid: So really think of what EMS needs to do and can do going forward to improve motor vehicle crash response and care to make sure that those serious injuries do not become fatalities.

199

00:49:14.910 --> 00:49:23.049

Max Severeid: Any other comments on on law enforcement Angie, in regards to their participation in program applications?

200

00:49:23.550 --> 00:49:26.790

Angie Byrne: No, I think you said it really. Well, Max.

201

00:49:29.057 --> 00:49:46.539

Max Severeid: Let me take a moment and ask Andrew, Were there any additional comments that you wanted to add from some of the questions you've heard so far. I'm just going to take a moment and look through some of the questions here. But, Andrew, any additional comments or questions that you would try to answer?

202

00:49:46.540 --> 00:49:49.860

Andrew Emanuele: Yes, there. So there's a there's a lot of questions about, you know

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00:49:50.070 --> 00:49:58.060

Andrew Emanuele: We'll DOGE impact this and that sort of stuff. No, there's no, DOGE doesn't have anything to do with this. This safety isn't a, you know, is the key

204

00:49:58.530 --> 00:50:24.340

Andrew Emanuele: metric, or what this, what this administration is doing at UD DOT. So it's extremely important for us. This program is moving forward. Now I know there's questions about, you know the the awards in the past that haven't been done yet. That's because the

Grant agreements are being updated to align with the new executive orders. They're still all moving forward. That's going to happen. It's just delayed as that stuff's happening. So there's no, there's no question that this is going to get canceled. We have 2 billion dollars left. It's moving forward. So don't worry about any of that

205

00:50:24.340 --> 00:50:30.539

Andrew Emanuele: there. This, you know, there will be awards to this program, and we want this money to go out to improve safety. It is going to happen

206

00:50:31.120 --> 00:50:37.400

Max Severeid: Great. Thank you, Andrew. Angie, are you seeing any other questions that you want to jump in on? I'm just trying

207

00:50:37.400 --> 00:50:38.130

Angie Byrne: Yeah.

208

00:50:38.130 --> 00:50:39.160

Max Severeid: A lot of the questions

209

00:50:39.160 --> 00:51:00.589

Angie Byrne: Clarification about bundling in the application. So one like we do check for overlap so if, for example, you know the City of X Engineering Department submits an application, and the City of X public Health Department sits and submits another application.

210

00:51:00.590 --> 00:51:15.240

Angie Byrne: You get one application per community. Now that application. So in that situation, when we get 2 applications, we'll go back to them and say you need to pick which one of these you want to advance forward. So we do check that.

211

00:51:15.669 --> 00:51:43.169

Angie Byrne: So this is why we really are encouraging the partnering. And when I say, submit one application, you can have multiple strategies, projects, supplemental plans, you can put a lot in there. You know, one of my favorites I've reviewed and really loading up was in the city of Somerville, Massachusetts. They submitted a plan in 2022, where they listed numerous

212

00:51:43.170 --> 00:52:06.419

Angie Byrne: demonstration projects that they were interested in. Baltimore is another really good example. And it was, it wasn't just infrastructure projects. It wasn't just EMS projects. It was, you could see that all these transportation safety partners came together on a local

level, and whatever that local meant, a city, county, region, tribe.

213

00:52:06.420 --> 00:52:17.680

Angie Byrne: all those kind of things were eligible and put together a singular application. But just we do check to see if we get multiple applications from the same community.

214

00:52:17.870 --> 00:52:29.990

Max Severeid: Great. Thank you. Wanted to highlight one question from Timothy Nittle. Question on blood transfusions. This is something that our EMS would like to pilot. But once an EMS unit responds to a call.

215

00:52:30.418 --> 00:52:58.260

Max Severeid: Oops. Sorry I'm losing track of the once a EMS unit response to call or EMS anticipates using blood if available and needed on scene, regardless of whether it's a car crash, gunshot, or other injury requiring immediate blood. Would this be an issue for the SS4A program. And I think this gets at the idea of the eligible use of funds under SS4A in addressing motor vehicle crash victim care. There's no question that EMS

216

00:52:58.260 --> 00:53:11.600

Max Severeid: addresses all injuries, not just motor vehicle, crash injuries. But I think the real question. The real answer to this question is in an SS4A application, and in an SS4A project proposal.

217

00:53:11.640 --> 00:53:20.089

Max Severeid: How will these fundings and project proposals specifically target motor vehicle crash victim care

218

00:53:20.230 --> 00:53:49.320

Max Severeid: and efforts to support improvements in motor vehicle crash victim care. There may be anecdotal or sort of extraneous support for improvement in EMS by those programs for non motor vehicle crash victims. That's sort of secondary to the program itself. So I'm not sure if I'm answering that as directly. But maybe, Angie, you can talk a little bit about how applicant and a plan might successfully target

219

00:53:49.370 --> 00:53:58.229

Max Severeid: specifically motor vehicle crash care, and how it might just point out numbers and information to support improvements in motor vehicle crash

220

00:53:58.310 --> 00:53:59.290

Max Severeid: outcomes

221

00:54:01.210 --> 00:54:18.899

Angie Byrne: You're asking me like there's so much you could do there, Max. There's a lot I mean, we've seen such a range of things like, I know, gam has really highlighted the whole blood aspect and the huge opportunity there. And so I mean,

222

00:54:18.900 --> 00:54:30.807

Angie Byrne: if you're not even ready to pilot it like even just doing a supplemental plan, like, you know, establishing getting some money to do a plan of how you would pilot that.

223

00:54:31.180 --> 00:54:56.060

Angie Byrne: Personally, you can include both. But if you just want to take very incremental steps, that's a possibility. And then, including to admit, like admittedly in the action plans we see developing for this program like post crash care is not really getting its due. We're seeing it in there. People are talking about the safe system approach, but it's usually like, yes, we will do things with post crash care, and not a lot of elaboration.

224

00:54:56.060 --> 00:55:10.989

Angie Byrne: And I think part of that is because there's a lot of those partnerships that aren't existing right now. So looking at the map, seeing where these action plans are, seeing if you have overlap with those communities and connecting with those communities is a huge opportunity.

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00:55:10.990 --> 00:55:35.760

Angie Byrne: Also, some questions have come up in the chat about like training opportunities. That is definitely eligible for planning and demonstration if you'd like to. You know, Pilot training your staff as long as you're connecting that back to the action plan, which I think you can make a very strong argument, for, like, Hey, you know, training my staff on this type of technique, or how to use

226

00:55:35.760 --> 00:55:53.330

Angie Byrne: whose XYZ piece of equipment is going to make post crash care response faster. It's going to be more efficient. So therefore you can use that to make your make your post crash care section of your comprehensive action plans more robust.

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00:55:53.775 --> 00:55:57.734

Angie Byrne: So yeah, there's a lot of things, additional data analysis.

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00:55:58.200 --> 00:56:14.719

Angie Byrne: we've had some great conversations. We haven't seen a lot of that coming up.

But you know, especially with like 911 and EMS, you guys have very rich data that isn't used all. It wasn't a Safe Streets project, but there was a great example, and

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00:56:14.910 --> 00:56:21.337

Angie Byrne: San Francisco did a study, comparing their crash data to

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00:56:22.440 --> 00:56:44.939

Angie Byrne: their EMS run report data. And there was that analysis showed there was a significant discrepancy and a lot of crashes missing from their crash database that weren't reported to police. But they were showing up in the EMS run data. So doing that sort of analysis is also a wonderful supplemental planning

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00:56:44.940 --> 00:56:53.810

Angie Byrne: project to do so. I know that was a bit of a rambling answer, Max, but I got excited talking about all those different opportunities.

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00:56:53.810 --> 00:57:17.219

Max Severeid: I think we might have time for just one or 2 last questions. I'll pose one, Angie. One person asked about training, EMS training, and I think the question I wanted to address specifically was Kristen Borman, who asked, would this type of planning and demonstration program funding support community college EMS training programs. Could you talk about that?

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00:57:19.090 --> 00:57:22.960

Angie Byrne: There's a few ways you could do that. So,

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00:57:22.990 --> 00:57:48.119

Angie Byrne: if you're looking to pilot it, which your odds are much better if you're doing it in a planning and demonstration sense. You could, you can easily make that argument, but you have to tie it back to how is that going to make your action plan better. What about that training is going to make things safer in the community? I think you can make that argument, but you have to be able to make that in your application.

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00:57:48.120 --> 00:58:12.840

Angie Byrne: Now, however, you got to be very careful with doing something like that, because you have to think of sustainable funding Andrew mentioned. There's only two years left in this grant program right now. We don't know if it'll be reauthorized. We're really hoping so. That's why, we're hustling, spending all the money and showing people there's a lot of interest in this grant program, but there is no guarantee. So you have to think about sustainability

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00:58:12.950 --> 00:58:31.100

Angie Byrne: of some of these pilot projects in the long term, because Safe Streets it might not be here forever. And so, if you go for one of those you know, you pilot this, it works you, you make a great connection to your action plan and then want to apply for implementation. Grant funds to make that program permanent.

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00:58:31.190 --> 00:58:57.399

Angie Byrne: Like, you can only fund things for 5 years with the implementation grant program. So you really have to think about sustainability for some of these pilot projects, and those implementation ones are very competitive, very competitive. We have billions more of requests than we have money available. So worry about sustain, like, it's a great idea. But be mindful of sustainability.

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00:58:57.470 --> 00:59:03.410

Max Severeid: That's a great note to end on with the competitiveness of the implementation awards.

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00:59:03.410 --> 00:59:28.360

Max Severeid: We really encourage EMS and post crash care partners to take a look at the SS4A website and specifically looking at the Planning and Demonstration Award grant opportunities. Want to thank you all again for joining us today. And all of our speakers today. This does conclude today's webinar. We really appreciate everybody's participation. An archived version of today's webinar will hopefully be available soon, both on the SS4A

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00:59:28.360 --> 00:59:42.829

Max Severeid: website as well as on the EMS.Gov website soon. And I would direct folks to the SS4A email address for questions going forward in regards to the SS4A application to

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00:59:42.830 --> 01:00:00.019

Max Severeid: timelines, deadlines, questions about eligibility. There's a lot of information pushed on the SS4A website and their email address can certainly answer those for you. Thanks. Again, we hope you'll join us for our next webinar and appreciate your attention. Have a great day