

Analysis By: Christy Owen

## PORTLAND FIRE & RESCUE

All Funds Budget Summary	Adopted FY 2015-16	Request Base FY 2016-17	Decision Pkgs FY 2016-17	Request Total FY 2016-17	Percent Change
<b>Resources</b>					
Beginning Fund Balance	\$8,384,405	\$2,396,846	\$0	\$2,396,846	-71.4%
Licenses & Permits	2,360,000	2,500,000	50,000	2,550,000	8.1%
Charges for Services	1,605,000	1,595,000	0	1,595,000	-0.6%
Intergovernmental Revenues	1,783,624	615,000	0	615,000	-65.5%
Interagency Revenue	4,407,211	5,179,450	(465,480)	4,713,970	7.0%
Miscellaneous Sources	120,000	132,000	0	132,000	10.0%
General Fund Discretionary	99,184,923	101,548,407	(710,998)	100,837,409	1.7%
General Fund Overhead	73,010	77,098	0	77,098	5.6%
<b>Total Resources</b>	<b>\$117,918,173</b>	<b>\$114,043,801</b>	<b>(\$1,126,478)</b>	<b>\$112,917,323</b>	<b>-4.2%</b>
<b>Expenditures</b>					
Personnel Services	\$93,854,648	\$95,653,339	(\$4,126,478)	\$91,526,861	-2.5%
External Materials and Services	7,039,229	7,082,374	0	7,082,374	0.6%
Internal Materials and Services	6,652,989	6,451,533	0	6,451,533	-3.0%
Capital Outlay	10,371,307	4,856,555	3,000,000	7,856,555	-24.2%
<b>Total Requirements</b>	<b>\$117,918,173</b>	<b>\$114,043,801</b>	<b>(\$1,126,478)</b>	<b>\$112,917,323</b>	<b>-4.2%</b>
<b>Total Bureau FTE</b>	<b>717.10</b>	<b>703.00</b>	<b>(39.00)</b>	<b>664.00</b>	<b>-7.4%</b>

Percent Change is the change from FY 2015-16 Adopted Budget to FY 2016-17 Total Requested Budget.

### Key Issues

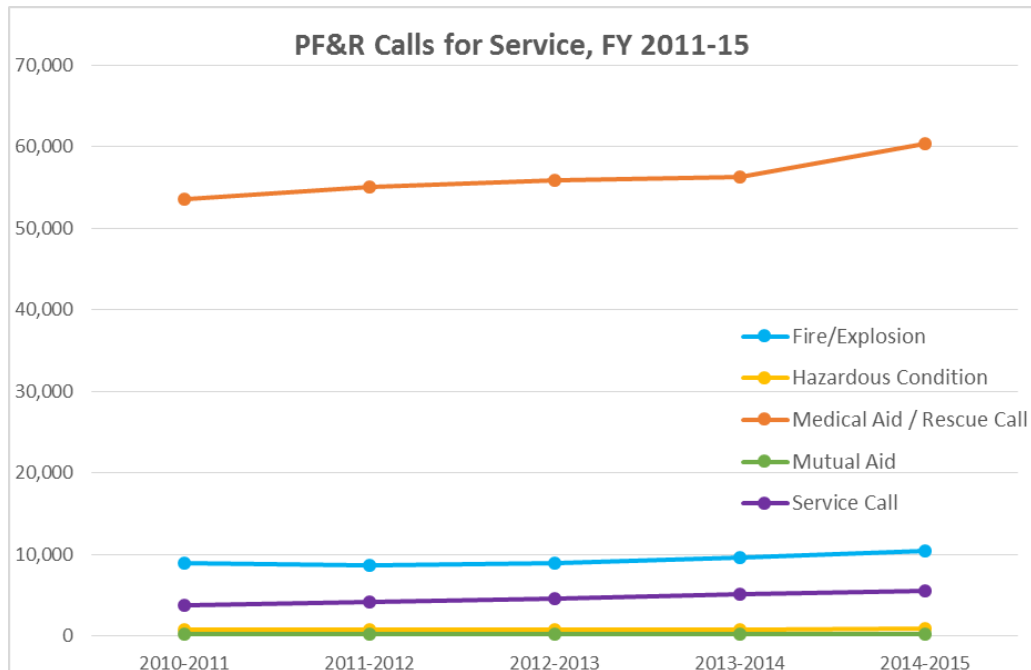
The Portland Fire & Rescue (PF&R) 2016-17 Requested Budget focuses on the bureau's front line service delivery model. The core service provided by PF&R is to be an all-hazard emergency first responder for fires, emergency medical services (EMS), hazardous material response, and technical or complicated rescue situations. The Mayor's Budget guidance requires all General Fund bureaus to submit 5% reduction options in addition to any requests for new resources. Since PF&R's core service is providing front line responses to calls for service, the bureau's 5% reduction options focus on the impacts of a scaled back response system. The impacts of potential cuts and adds to PF&R's budget are detailed in the CBO review of these packages.

There are two significant issues for PF&R that are separate from the decision package analysis: innovations in the emergency healthcare response system and the need for additional asset maintenance and planning for the bureau.

#### Portland Fire & Rescue's Role in Providing Emergency Medical Services

PF&R is a partner in the local emergency response provider system, which consists of the Multnomah County Department of Health, private for-profit ambulance transport services, hospitals, and community care centers. Medical calls for service are received through the regional 911 call center operated by the Bureau of Emergency Communications (BOEC). Similar to other fire departments in the United States, the

majority of the dispatched calls for service are medical calls. The graph below illustrates the increase in calls by type over the past five years.



From FY 2013-14 to FY 2014-15 the total number of EMS calls increased 7.4% to over 60,000 calls per year. The annual percent increase for medical dispatched calls is significantly greater than calls for suspected fires, and statistically, there appears to be a greater correlation with increases in population being tied to EMS calls as opposed to calls for fire services given the population growth in Portland in the past five years.

The number of total dispatched calls since 2002 has increased steadily from 34,200 to 77,545. It is very reasonable to assume that population and demographic growth in Portland will continue this trend. The role of the 911 call-taking process is a significant factor in determining what system response will be required, whether it be PF&R or the private ambulance service that is managed by Multnomah County Emergency Services Department, or both. Without any changes to the dispatch or triage protocols at both Multnomah County and BOEC, there will continue to be a corresponding increase in dispatched calls for service for PF&R as a first responder for medical emergencies which constitute between 78% and 80% of PF&R’s call volume.

Portland is not the only jurisdiction faced with the demands of staffing first responder units, and other agencies have been exploring different ways to respond to the increase in medical calls in order to ensure that the local fire department resources are ready and available for those true emergencies that require a fire and rescue response. Some promising emerging programs include:

*911 Call-Center Nurse Triage*

The central concept for a 911 nurse triage program is to take additional steps during the initial 911 call intake to determine if the individual is in a truly emergent state and requires immediate medical intervention, or if there is the potential for the caller to consult with a nurse to determine if urgent care or

his/her primary care physician is the more appropriate medical intervention. Cities using 911 nurse triage include: Louisville, Kentucky; Fort Worth, Texas; and Reno, Nevada<sup>i</sup>. The results cited in December 2015 indicate that during the survey period of 34 months the 911 nurse triage protocols diverted approximately \$1.2 million in payments that were avoided as a result of the patient/caller being directed away from emergency departments. By diverting these calls, it is possible that fewer emergency response units were dispatched from either private ambulance or the local fire departments, therefore mitigating the impact of the increasing number of calls on the EMS system and first responder workload.

#### *Fire Department's Usage of In-field Treatment*

In Mesa, Arizona, the Fire Department began a program pairing a firefighter paramedic with a nurse practitioner in the response unit to provide in-field care, such as providing stitches, and an alternative destination for transport to urgent care facilities when appropriate. This department also staffs a community care unit which is able to respond to calls that involve persons experiencing mental or behavior health incidents with a paramedic and a crisis counselor. These efforts began in FY 2013, and results also have an economic impact to the Mesa Fire department as the cost per mile of operating the smaller response vehicle is \$0.32 per mile and the traditional fire engine cost per mile is \$2.76. <sup>ii</sup> In May 2015, the City of Anaheim, California, began a community care program for having in-field nurse treatment and in the first three months the results indicate that the unit is keeping more than 40% of the patients seen by the team out of the Emergency Room. The in-field treatment unit is likely keeping those ER beds available for the truly emergent patient, while simultaneously keeping the city fire department's engines and trucks available for higher priority calls. <sup>iii</sup>

#### *Fire Department's Use of Motorcycle Paramedics*

In 2012 Austin-Travis County EMS started a program where a medic responds on a motorcycle in order to provide rapid response in situations where it is difficult to get a large unit quickly. During rush-hour traffic officials involved in the initial proof of concept review found that the motorcycle response significantly reduced response times during peak congestion. <sup>iv</sup> On the west coast the Los Angeles Fire Department began a pilot program in 2011 as smaller vehicles, such as motorcycles, are able to navigate congested roadways or freeways in less time than a larger response unit<sup>v</sup>. This model for providing quick medical response is also used in Europe, Asia, and Australia. Results are reported as reducing response times significantly, and being able to further assess the situation and determine if an ambulance transport or additional resources are required. Key findings are<sup>vi</sup>:

- One minute faster responses, 23.5% non-ambulance transport, and a 38% cost savings compared to traditional ambulances in Norway
- In a Dutch city of with a population of 265,000, the response times were reduced by one minute and in 72.6% of the cases referred patients to medical treatment that was not a traditional hospital emergency room.<sup>vii</sup>
- In Portugal a city of 1.5 million experienced the motorcycle paramedic unit arriving first on scene 63% of the time and there was no need for ambulance transport in 18% of these cases.

Efforts in Portland have not been as focused on changing the current EMS response system. Since PF&R is not the sole agency involved in emergency medical response, the City would need to work with Multnomah County and other partners to explore these innovations.

#### *Innovations Underway at PF&R*

PF&R has been pursuing healthcare innovations and solutions that can lessen the total cost of emergency healthcare, particularly through the initial investments in the Alternative Destination Alternative Transport (ADAT) project and a Community Healthcare Assessment Team (CHAT) pilot project. One of the primary challenges for the bureau has been navigating the healthcare provider network in order to get community care centers, urgent care centers, and primary care doctors to be partners in diverting costly emergency department visits. In recognition of this challenge the bureau has entered into a contract with a vendor to assist with navigating the complexities of individual healthcare providers in order to get agreements to support PF&R's program to designate patient intake to locations other than a hospital emergency department. If partnerships and alternative transport options are identified, there is potential for the costs of the healthcare system to be reduced and for PF&R to receive outside resources from providers for this service. In addition, there is legislation pending that would potentially allow the bureau to recover costs associated with providing medical care.

In 2015, the bureau's innovation fund award of \$150,000 provided resources to pilot a program similar to the model in Mesa, AZ with in-field treatment. This project is likely to be underway in FY 2015-16, however, as with potentially expanding ADAT, there have been collective bargaining issues that are currently preventing the bureau with moving forward on these innovative programs. CBO recommends the bureau continue to insert itself as a partner in the delivery of emergency health care in Portland as successful up-stream intervention is likely to be more cost-effective for patients. The City may also benefit by ensuring that resources for emergency response are available when needed.

#### **Long-range strategic planning and asset preservation**

Currently PF&R operates out of a network of 30 stations which are in use 24 hours a day, seven days per week. Since 1998, many stations have received seismic updating and additional construction enhancements. As such, the overall condition of the stations at present is better than most other assets owned by the City. However, the bureau does not have a major maintenance reserve funding mechanism for future costs. PF&R does track and set aside funds for annual station repairs and maintenance, however the funding source is bureau discretionary resources which may be limited in some years depending on other large expenses. Items such as additional dormitories, roof work, and HVAC or generator projects have been more urgent in recent years, therefore reducing the bureau's ability to absorb the costs of routine station maintenance.

In addition, the number of non-sworn facilities maintenance technicians and carpenters was reduced from seven to four since FY 2005-06 which further impacts the bureau's ability to address station maintenance. Without internal staffing, the bureau either does not perform routine maintenance or utilizes outside repair services which may be more costly than the internal staffing model. The FY 2016-17 Requested Budget includes \$300,000 for station repairs and maintenance. Since the current facility needs assessments still reflect the relative newness and results of the investments from the 1998 and 2010 General Obligation (GO) Bonds, the bureau has not faced large or costly station maintenance projects.

However, they will have those costs in the future and there is no dedicated major maintenance reserve for the 30 stations which PF&R operates.

The following chart is a model put together by PF&R Management Services Division based on current assets and approximate scheduled life-cycle replacement, which results in an annual amount of slightly over \$1 million in unfunded annual major maintenance expenses. At present, PF&R has a small amount, approximately \$300,000, in the bureau’s External Materials and Services budget to repair and maintain only the most urgent projects resulting in a long-term funding gap for facility maintenance and replacement.

Item	Estimated Average Annual Replacement Costs
Roofs	\$148,500
Parking Lots	\$68,000
Driveways	\$41,333
Sidewalks	\$28,000
Flooring	\$87,500
Plumbing	\$26,250
Overhead Doors	\$36,000
HVAC	\$42,667
Water Heater	\$14,000
Generator	\$32,000
Exterior Painting	\$35,000
Cabinetry	\$116,667
Appliances	\$54,500
Electric Work/Lighting Fixtures	\$42,000
Windows & Window Covering	\$91,100
Backflow valves	\$29,040
Elevators	\$18,000
Sprinkler & Alarm systems	\$25,600
ADA Compliance Upgrade/maint.	\$25,600
Boathouses	\$40,000
<b>Total Annual Costs</b>	<b>\$1,001,757</b>

CBO recommends that PF&R adopt a model similar to Park’s, which has approximately \$1.7 million a year set aside for capital and major maintenance work. The value of the City’s stations is currently more than \$100 million and it is not fiscally responsible to allow the stations to fall into states of disrepair where significant capital investment is required. If additional ongoing resources are available in the April 2016 forecast, CBO recommends a portion be set aside to begin seeding a major maintenance reserve for fire stations. This will be consistent with the bureau’s current practice to use a dedicated apparatus replacement reserve to ensure that front line engines and trucks are replaced at proper life-cycle intervals.

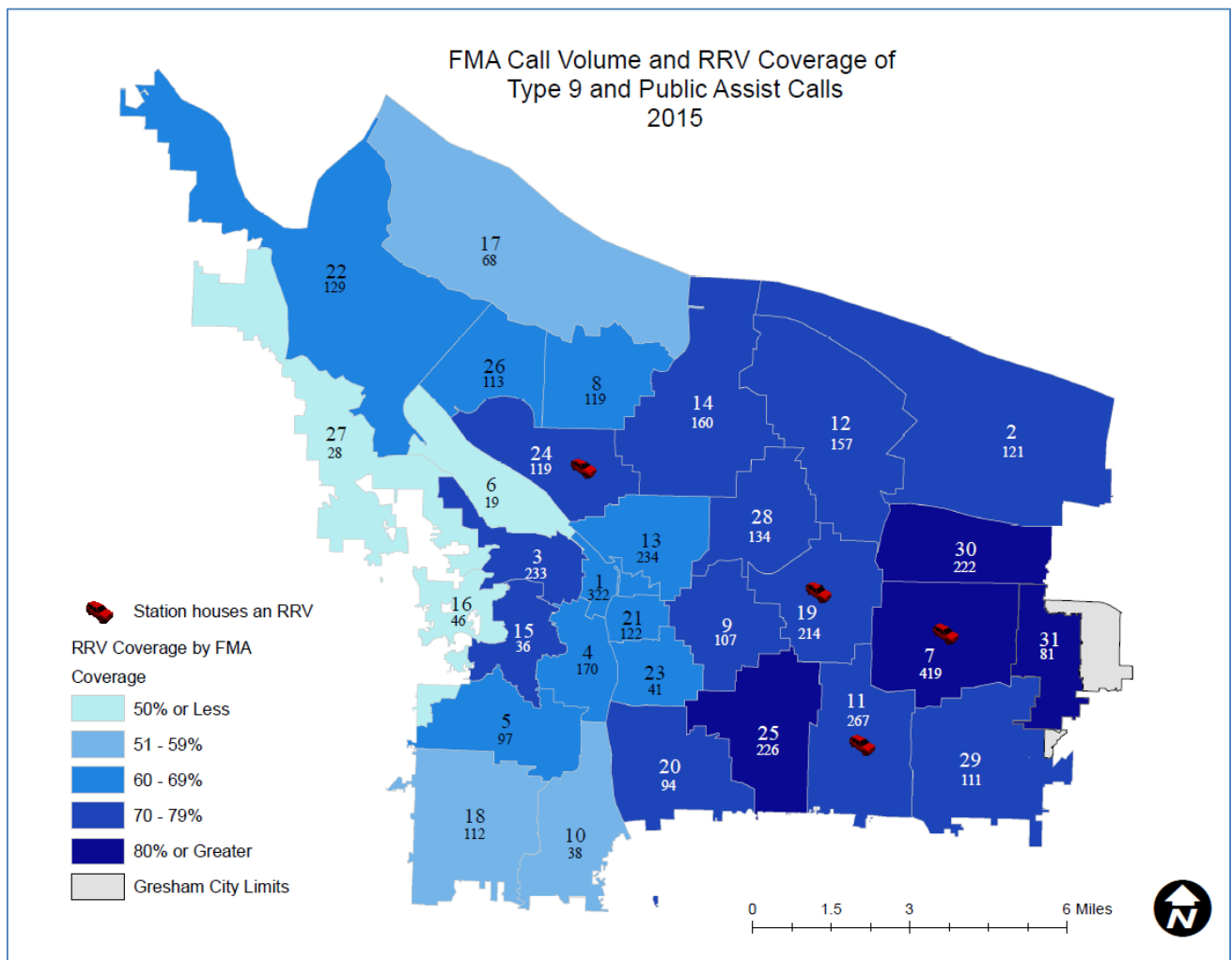
## Decision Package Analysis & Recommendations

### Eliminate Four Rapid Response Vehicle Units FR\_01, (\$2,731,588), (26.00) FTE

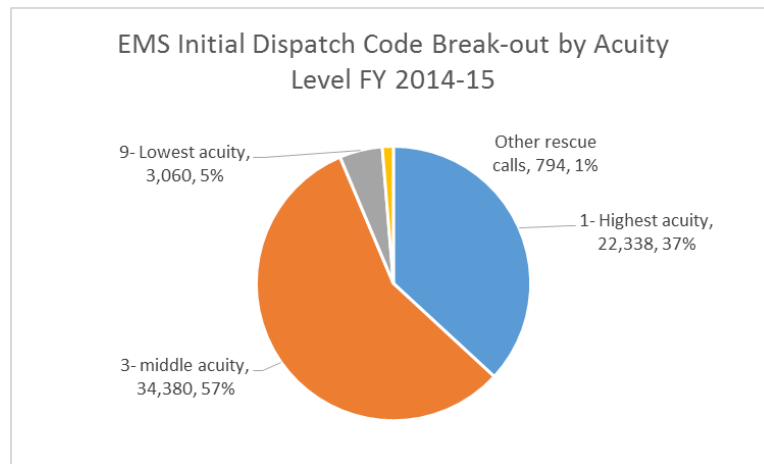
This package would reduce \$2.7 million in ongoing General Fund discretionary resources and eliminate 26.0 FTE in the Emergency Operations Division at PF&R. Specifically, this would eliminate the bureau’s four Rapid Response Vehicle (RRVs) units. The RRV program initially began as a pilot operation in FY 2012-13 with one dedicated unit to respond to lower acuity medical calls for service and public assistance calls. Starting in FY 2013-14, the bureau has operated four RRV units, mostly stationed in east and southeast

Portland which coincides with higher call volumes. Medical response calls for service have represented the majority of PF&R's dispatched calls, and the RRV program as implemented is designed to alleviate some of the station workload by dispatching a two-person unit to the lower acuity and public assist calls. The intention of this program is to allow the four-person units to be in service for dispatch to either higher acuity medical, fire, or rescue calls. Approval of this decision package would eliminate all RRVs in the City of Portland and the dispatch response protocol would revert to the traditional four-person engine or truck response for all 911 calls regardless of severity.

Response times and response reliability are two Key Performance Measures for PF&R's Emergency Operations Division. During the recession two double-company stations were reduced to single company stations and the RRVs were added as a way to mitigate any changes in overall system response time and response reliability. Under the current structure and protocols, RRVs can respond to the lower acuity and public assist calls anywhere within the city if it is determined that the unit is available and can respond within 20 minutes. In the event that an RRV is not available within this timeframe, the call is assigned to the responsible Fire Management Area (FMA) for dispatch. The RRVs are able to arrive at the destination within the 20 minute timeframe on 98.3% of the calls they respond to. PF&R reports that 71% of the calls deemed appropriate for an RRV response are managed by an RRV, and these calls were in every Fire Management Area (FMA) in the city.



These lower acuity (Type 9) calls for medical service accounted for 5.1% of the total EMS call volume. The majority of the initial dispatch codes in the EMS system are categorized as Type 3, which is not the most urgent type of call, but still dispatches a four-person engine or truck in addition to a two-person private ambulance in most cases. In addition, the RRVs have been responding on a select set of Type 3 calls within their FMA where it has been determined that the unit is available and that a two-person response is adequate to address the call. The bureau’s goal for RRVs is to staff the RRVs with one paramedic and one Emergency Medical Technician (EMT) in order to have resources available in case the situation requires additional resources than indicated by the initial dispatch.



Without the four RRVs, the City would have to consider the possibility of not responding to the bottom 5% of EMS calls in order to have resources available to respond to higher priority calls. There is no requirement that the City respond to every call for service, and since Type 9 calls currently represent both a low call volume and low time on scene, this may be a place to reduce service if the RRVs are eliminated. This would represent a significant change in the level of response from the City, and would necessitate a comprehensive public education campaign to notify the public that not all calls for service will receive a dispatched response if it is determined that the call is not emergent.

CBO does not recommend reducing or eliminating the RRV program, as this program has been very effective in meeting the initial goals of ensuring that the City is sending appropriate resources for 911 dispatched calls for service while preserving response reliability for engines and trucks to be in service for more critical calls. Workload analysis of the medical and call volume response indicates that there is great potential for the RRV program to be expanded. This analysis and recommendation is in FR\_06.

*CBO Recommendation: \$0*

**Close Stations/ Close Companies, FR\_03 & FR\_04, (\$2,938,772), (26.0) FTE**

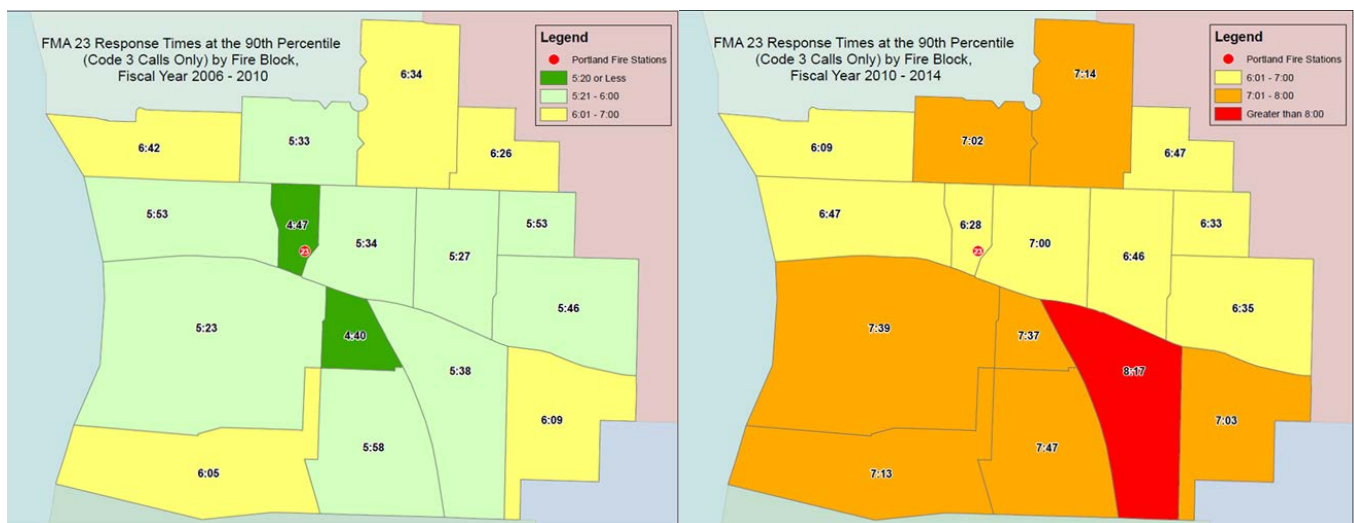
The FY 2016-17 Requested Budget includes two separate decision packages for the required 5% reductions in PF&R. Either package would result in station closures or the reduction of one or more of the remaining seven double-company stations into a single company station. Each company consists of 13.0 firefighter positions to staff stations on a 24 hours per day/ seven days per week model with 165

firefighters for daily minimum staffing. CBO reviewed these packages together as the potential outcomes and impacts are similar in either option.

### Impacts of closing a station

The current station configuration in the City of Portland has 30 stations responding to calls for services in 31 Fire Management Areas (FMAs). The impact on response times and response reliabilities are likely the most critical outcome in the event of a station closure as the remaining units will be assigned to cover the vacated FMA, requiring longer travel times and the potential for calls to stack while waiting for another unit to be in service to cover the call. Each FMA is further broken down into fire blocks, and through the Computer Aided Dispatch (CAD) data gathered at the Bureau of Emergency Communications (BOEC) the bureau is able to get historical information to compare changes in response times when units are either temporarily or permanently out of service.

The best example for assessing impact of a station closure on a geography is the closure of Station 23 when resources were shifted over to a new location on the Willamette River at Station 21. As the two charts illustrate, response time for priority calls changed significantly when resources from other stations must travel farther to arrive on scene. What is not clear is if there has been a greater loss in life or property during this time as a result of the reduction in front line services at this location.



CBO does not recommend closing stations given the impact on response times and response reliability.

### Impacts of reducing a double-company station to single company station

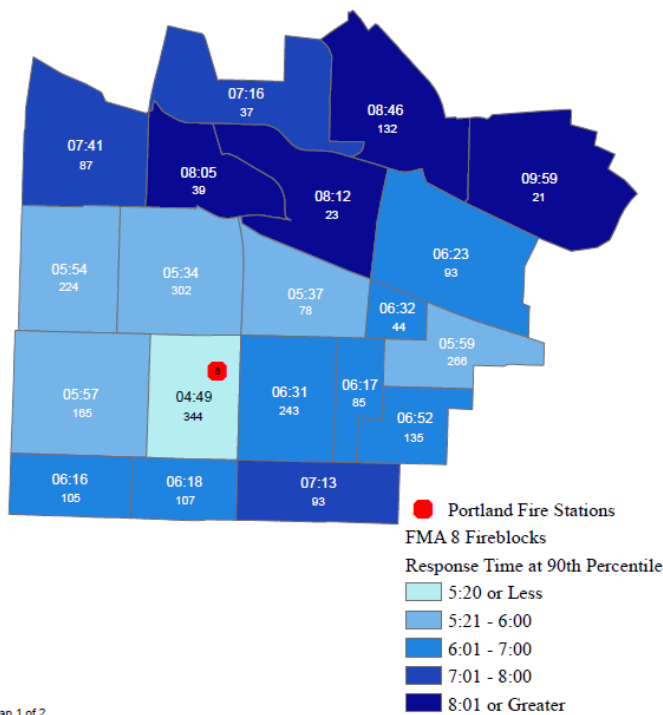
Budget reductions and realignments in FY 2013-14 resulted in two double-company stations being reduced to single-company stations. The bureau assessed call volume, response time, and response reliability data in order to determine which of the stations would be able to operate with a single company. Station 8 in north Portland and Station 2 in east Portland were selected as having the least-possible service impacts based on the aforementioned criteria. The bureau is currently operating with seven stations staffed with double-companies. These stations have higher call volume, and in order to reach the desired response times and response reliabilities these FMA's are assigned double coverage.



PF&R provided response time analysis for both Station 8 and Station 2 to illustrate what the overall impact has been on these two KPM's.

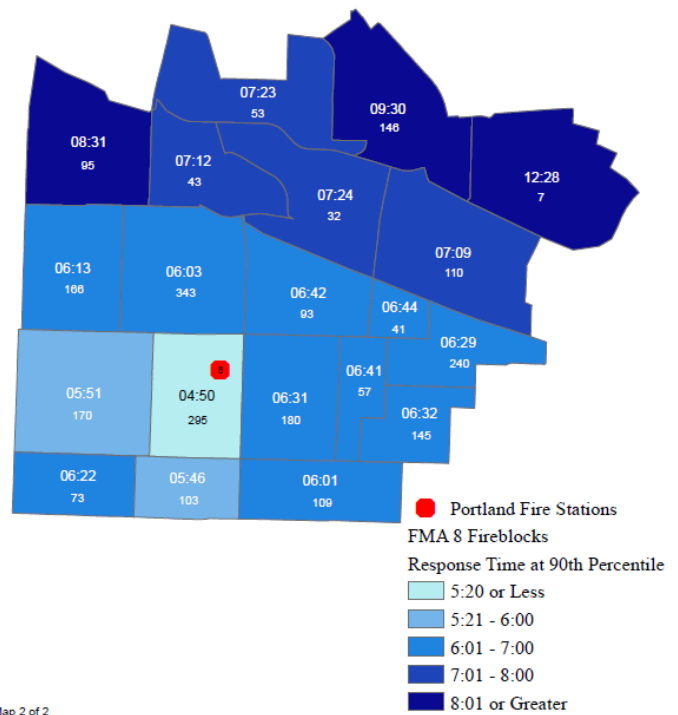
Station 8 is currently staffed with a Quint apparatus, and previously was staffed with an engine and a truck. The response time at the 90<sup>th</sup> percentile has increased slightly by 12 seconds, however response reliability was reduced from 96.8% to 89.6%. There was similar impact in Station 2's FMA, which reported an increase in response time of 10-15 seconds and response reliability reduced from 96.2% to 89.0%. The data from these two stations indicates that there may be a greater sensitivity on response reliability than on response times when there is a reduction in the number of companies at a station. The following two charts illustrate the change in response times for Station 8 when the double company was reduced to a single company with the dark blue fire blocks showing the slowest response times:

90th Percentile Response Times and Incident Count by Fireblock for FMA 8 July 4, 2011 - July 3, 2013



Map 1 of 2

90th Percentile Response Times and Incident Count by Fireblock for FMA 8 July 4, 2013 - July 3, 2015



Map 2 of 2

If PF&R is to reduce a company from one of the seven remaining double-company stations then it is possible that similar outcomes would occur in another FMA. The bureau projects that the next double-company reduced to a single company station may experience greater impact than FMA 8 due to the current call volumes at the remaining double-company stations. Other factors to take into the consideration of reducing companies are: the overall increases in medical calls for service, increased population density as the city builds up as opposed to out, and the potential for traffic congestion to further complicate and delay first responder arrival times regardless of the number of first responders. PF&R cannot control some of these factors which will cause response times to increase, notably traffic and density in population and as such long-range planning for increased medical calls for service will be necessary for the City.

CBO does not recommend reducing a double company to a single company at this point in time, but realizes that the recommendation of FR\_06 may ultimately result in the elimination of one double-company station to a single company station at some future point depending on the future of the EMS services provided by the City.

*CBO Recommendation: \$0*

#### **Increasing Special Event Fees, FR\_05, (\$50,000)**

The Inspections program in the Fire Marshalls Office at PF&R has an established fee schedule for conditional use permits for events such as trade shows, concerts, and festivals. This request would remove the 10% General Fund subsidy and bring the program to a full cost recovery model.

CBO recommends this request. Private events requiring PF&R review, inspection time, and approval should not be subsidized at the expense of other public services. If the permit revenues do not materialize, but the expenses are incurred, the bureau will have to absorb this amount within current appropriations.

*CBO Recommendation: (\$50,000)*

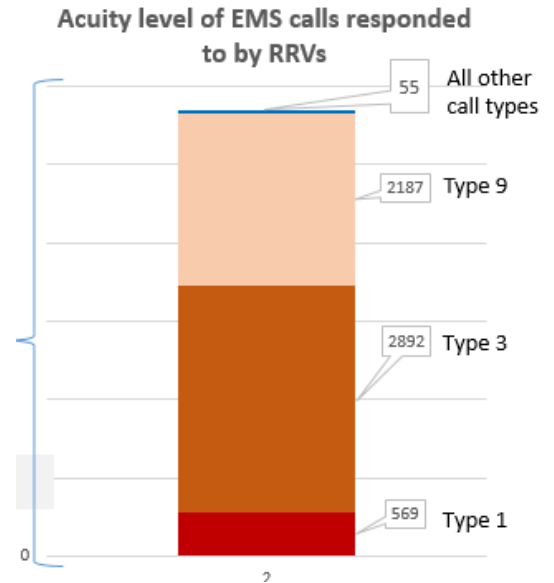
#### **Restoring Ongoing General Fund Resources for 13 Positions, FR\_06, \$1,543,882, 13.0 FTE**

The FY 2013-14 Adopted Budget reduced 26 positions in the Emergency Operations Division at the Portland Fire Bureau. In order to preserve services and avoid closing a fire station, the bureau applied for and received a two-year Staffing for Adequate Fire and Emergency Response (SAFER) grant from the federal government. The grant did not extend past January 2016, and the bureau received funding for 13.0 positions in FY 2015-16 in order to avoid a mid-year service reduction. This request is to fully fund the remaining 13.0 positions with General Fund ongoing. The elimination of the positions would result in reduced frontline services, either through the closing of fire stations, further reducing engine or truck companies, and/or a reduction of up to two of the four RRV units.

This review discusses the impact of reducing a station or company in the analysis of FR\_03 and FR\_04. If ongoing resources are not included for the 13.0 firefighter positions the impact to the bureau's current staffing model would be the equivalent of a reduction in current service levels. Front line first responders are a core service of PF&R, and out of the bureau's select Key Performance Measures, the following are most closely tied to continuing to provide services. In future years, the bureau's target assumes funding for these positions is restored and there is no significant change to the current station configuration.

Key Performance Measure	FY 2014-15 Results	FY 2015-16 Year-End Estimate	Strategic Target	Target Year
Structural fires where flamespread was contained	74%	75%	85%	2025
Percentage of Time Unit from Closest Station Is Available for Response	92%	92%	95%	2025
Maximum Response Time to 90% of High Priority Calls	7:12	7:10	5:20	2025
Successful Cardiac Arrest Resuscitation rate	49%	50%	55%	2025

CBO recommends restoring funding for these positions at this point in time, and not immediately closing a station or reducing one of the remaining double company stations. That said, there are recommendations that should accompany this decision point for Council to consider as enhancements to the bureau’s use of RRVs. The RRV program has proven over the past two years that the investment is yielding the intended results by addressing lower acuity medical and public assistance calls and allowing four-person response crews to be available for higher acuity calls. There is the potential growth for the RRV program through expanding dispatched call types resulting in the potential for better services to be realized by the public as a result. Present bureau protocols only allow for RRVs to respond to 9.5% (7,745 calls) of the total call volume and in this area there is potential growth for adding call types where an RRV response is appropriate. The following chart breaks out the types of calls that RRVs are dispatched, and more than 50% of these calls are of a higher acuity within the RRVs home FMA.



Data provided by the bureau indicates that RRVs have the potential time available to address a higher call volume or workload. The four RRVs currently average 5.1 calls per day for a total of 80:00 minutes of approximate time on scene per unit per day. The data does not capture administrative or incident report writing time, training time, or other out-of-service time. Assuming that one quarter (6 hours) is required per day for these activities would still allow for additional response time to be available per unit. There are two ways to potentially address this efficiency in use: RRVs could be staffed on a peak call load model and RRV deployments could include an increase in approved dispatched call types. Currently, RRVs are scheduled for the same 24 hour shifts, despite the majority of the call volume occurring between 7:00am and 7:00pm. Overall response reliability for all units is strong and consistently over the bureau’s desired goal of 92% of the time the first due unit is available. Staffing RRVs when response reliability is being met by current station units may not yield as positive a result as staffing more RRVs on a wider variety of calls during the daytime hours.

**Response Reliability**

The bureau’s current staffing model of four-person crews working on a 24 hour shift, followed by 48 hours off, is predicated on the need to provide quick response by having personnel at a station set for response. RRV’s are currently staffed with this same shift schedule. Data provided for the last calendar year shows

that overall unit response reliability is at its best (greater than 92%) between midnight and 7:00AM. During the middle of the day, and into the early evening the call volume is at its greatest and response reliability is compromised as there are more factors in play that impact overall response times. CBO recommends a peak staffing model for the four RRV units and while it may require bargaining, this has the potential to assist with system-wide response reliability as the majority of all call types occurs during the middle portion of the day. The following tables show dispatched call volume for FY 2014-15 on a 24 hour clock for initial dispatch codes for Fire/explosions, Medical Aid/ EMS, and all other calls as compared to citywide response reliability:

### Fire/ Explosions:

Fire																								
Day	Time																							
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Saturday	39	54	41	39	34	39	32	53	44	59	64	58	59	68	76	73	60	75	74	77	64	65	55	39
Sunday	42	31	31	33	25	33	37	62	69	79	74	84	69	87	75	73	89	89	67	78	63	44	40	46
Monday	39	38	29	25	28	34	41	74	78	83	87	104	100	82	82	89	82	105	80	87	55	75	50	39
Tuesday	25	32	33	38	21	41	45	64	75	69	86	82	93	70	81	69	82	94	75	78	64	54	46	34
Wednesday	37	26	26	18	25	43	59	62	79	82	78	86	112	97	107	78	115	116	122	86	55	75	55	46
Thursday	51	23	28	32	35	36	50	57	62	69	94	96	80	81	80	95	79	86	97	78	76	47	42	53
Friday	45	34	30	40	18	35	40	40	53	68	67	69	76	76	95	107	77	96	84	86	54	76	60	47

### EMS/ Medical Aid:

EMS																								
Day	Time																							
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Saturday	373	357	336	266	190	183	192	221	274	322	321	363	397	448	434	421	465	453	477	420	409	379	337	312
Sunday	271	238	220	200	153	197	211	302	342	400	421	443	432	483	479	435	471	468	468	427	418	385	348	302
Monday	256	230	200	185	154	186	193	306	327	401	452	490	448	526	459	495	460	476	483	431	425	371	321	311
Tuesday	282	254	209	174	167	181	203	279	345	402	452	415	430	463	472	466	449	498	470	433	451	384	327	272
Wednesday	267	256	174	191	161	174	204	257	361	432	408	445	456	469	497	448	462	545	524	459	409	434	343	294
Thursday	255	247	208	155	167	174	225	279	332	402	419	455	475	475	433	528	513	510	462	448	472	403	398	405
Friday	372	327	302	223	196	187	220	232	300	349	384	381	450	488	473	450	476	505	483	446	426	418	406	405

### Other Calls:

All Other Calls																								
Day	Time																							
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Saturday	30	35	30	40	13	20	23	16	27	48	31	40	48	39	53	60	56	56	60	60	61	64	53	34
Sunday	26	30	22	24	15	23	32	28	38	38	32	44	34	52	47	46	55	48	56	52	49	40	35	33
Monday	31	14	29	20	19	21	32	28	43	48	49	50	52	29	43	56	63	62	57	47	51	48	46	24
Tuesday	27	32	19	18	19	19	19	37	36	51	42	50	46	55	48	52	58	56	55	51	53	53	50	26
Wednesday	24	17	22	22	19	17	23	24	37	42	43	39	44	41	50	56	52	53	56	68	48	54	52	37
Thursday	29	21	18	15	27	24	25	35	34	45	41	50	43	56	44	38	49	49	54	45	57	69	40	33
Friday	31	26	18	24	16	27	25	18	48	44	66	47	43	32	55	58	56	48	47	63	53	52	54	43

### Citywide Response Reliability (Bureau goal is 92% of the time, the first due unit is responding):

Day	Time of Day (24 hr clock)																							
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Saturday	90.9	94.2	92.7	97.0	96.2	95.1	95.4	94.2	93.3	89.0	87.9	90.2	91.8	90.0	91.3	89.5	94.2	93.0	95.4	94.7	92.7	95.3	93.0	94.8
Sunday	95.4	93.1	97.6	95.3	95.1	97.3	95.4	94.3	90.0	83.2	83.8	89.8	90.1	88.4	88.7	90.5	91.5	90.5	91.7	94.8	92.8	95.3	92.7	95.4
Monday	94.6	97.6	96.3	95.4	94.9	95.8	96.3	93.9	89.5	87.1	83.2	87.0	90.4	84.5	84.4	83.4	91.2	92.8	94.9	92.0	94.6	93.9	94.7	94.0
Tuesday	96.6	95.5	96.5	95.2	93.2	94.5	95.2	97.0	90.0	83.1	85.5	87.3	87.7	88.6	82.0	88.7	88.8	95.3	93.3	93.2	94.1	93.7	93.0	95.1
Wednesday	94.3	93.5	94.4	92.3	96.5	96.4	96.4	96.1	92.1	88.2	86.3	84.3	88.9	85.8	84.8	88.4	89.7	90.3	91.2	92.7	90.3	94.4	93.0	92.1
Thursday	95.6	96.0	94.4	96.5	97.2	95.8	95.3	94.8	90.4	89.1	85.3	87.6	89.6	87.9	87.0	85.7	89.7	92.0	91.3	94.0	92.3	94.2	93.9	94.6
Friday	95.6	93.1	96.0	95.0	95.5	92.9	95.7	95.7	93.5	89.2	88.3	88.6	90.5	88.4	89.1	91.9	93.0	94.0	92.5	92.1	91.6	94.0	92.8	92.9

At Tualatin Valley Fire Response District (TVFR), there was a similar desire to address the growing volume of medical calls for service while preserving response reliability for higher acuity calls. The Cars program was added to the current complement of all EMS and fire suppression operations at TVFR in 2010. Similar to Portland, the district did not have issues with response reliability in the off-peak traffic and off-peak call volume hours, but response reliability was a concern during daytime hours. TVFR's Cars program staffs four one-person units (staffed with a paramedic) and three two-person Medics (units with transport capabilities) on peak staffing model when the enhancement to address response reliability is most

needed. In order to address bargaining issues associated with not staffing on a 24-hour shift with a 51 hour workweek, the district has bargained that the Cars and three of the Medics units would be on a 40-hour week with an adjusted hourly rate and accruals based on the work week assignment to provide for parity in pay scales when compared to the traditional 51 hour workweek schedule for the engine and truck crews. TVFR reports that there are members who prefer the 40-hour week. TVFR has separate dispatch protocols which allow for the Cars to go on more acute calls for service in addition to the lower acuity and public assist calls. This department has been refining and operating this model since 2010 and is reporting many areas of success and is in the process of expanding call types appropriate for Cars units.

The most significant risk to this proposal is the City's ability to bargain aspects of this recommendation prior to implementing the recommended change in the operation. If it is determined that parts of this recommendation are mandatory and not permissive subjects of bargaining, then the City and Union would need to go through the bargaining process prior to implementing changes in staffing configuration or shift schedules.

*CBO Recommendation: \$1,543,882, 13.0 FTE*

#### **Logistics/ Prevention Relocation Partial Funding, FR\_07, \$3,000,000**

The Logistics and Prevention staff operate out of the current facilities on SE Powell Boulevard and SE Gideon Street, and there is potential in the next five years for the area to become part of the redevelopment of the Clinton Triangle. For the past two years, PF&R has been involved in ongoing discussions with the Portland Development Commission and the Office of Management and Finance (OMF) to identify and secure a new location for the bureau's operations. In addition to housing the Logistics and Prevention operations, the bureau has identified that there are potential operational gains if the Fire Logistics group could be co-located with the Training Division, which presently operates out of Station 2 at 122<sup>nd</sup> Avenue. The bureau has requested \$3.0 million to be placed into a reserve for future costs related to relocating the Logistics and Prevention operations.

This budget request would provide earnest money funding, site survey work, and preliminary drawing and design. Currently the bureau has a small amount of unspent General Obligation (GO) Bond funds from the 1998 GO Bond which may be utilized in the coming year for this project. However there will be additional resources required beyond the \$3 million in order to purchase the most desirable site under consideration. Currently there is a very limited project timeline for when this relocation would occur, the final costs of the whole project are yet to be determined, and any funding source for both construction and future building operations has not been identified. Outside of either one-time General Fund resources or a debt sale, the only other identified resource is the value of the sale of the land where the current facilities are located. The most recent appraised value of the land is \$6.6 million, some of which will go to the Water Bureau as this bureau also owns land at the current site, and it is likely that the total cost of this project will exceed the amount received from the land sale.

CBO does not recommend funding for this project as it essentially commits General Fund resources to subsidize private, mixed use development within an urban renewal area. CBO believes that relocation of

this facility to accommodate a PDC redevelopment project should be funded by proceeds from the land sale and, if a gap remains, by PDC Tax Increment Financing (TIF). Ongoing resources for the costs of operations would need to be realized and quantified as well, in order to ensure that the bureau and the City will be able to meet the operating requirements of relocating an operation to a new facility.

However, CBO does recommend if additional resources are available in the April 2016 forecast that the City dedicate funding towards developing a facility usage plan that includes a total project cost, timelines, and the estimated operational costs of a new facility.

*CBO Recommendation: \$0*

## End Notes

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<sup>i</sup> Gardett I, PhD et al. *Ann Emerg Disp Resp* 2015; 3(1):8-13

<sup>ii</sup> <http://www.azcentral.com/story/news/local/mesa/2014/11/28/mesa-experiment-medical-calls-national-model/19604205/?from=global&sessionKey=&autologin=#>  
<http://www.azcentral.com/community/mesa/articles/20130418mesa-trv-medical-response.html>

<sup>iii</sup> <http://www.emsworld.com/article/12101527/anaheim-community-care-response-unit>

<sup>iv</sup> <http://www.emsworld.com/article/11393194/motorcycle-paramedics-provide-faster-ems-response-at-special-events>

<sup>v</sup> <http://www.ems1.com/ems-products/vehicles/articles/1347851-LAFD-to-show-off-motorcycle-response-team/>

<sup>vi</sup> <http://www.fireengineering.com/articles/2013/05/can-motorcycle-paramedics-be-used-effectively-in-western-ems-.html>

<sup>vii</sup> van der Pols, H., Mencl, F., & de Vos, R. (2011). The impact of an emergency motorcycle response vehicle on prehospital care in an urban area. *European Journal of Emergency Medicine*, 18(6), 328-333.

**City of Portland**  
Decision Package Recommendations  
(Includes Contingency and Ending Balance)

	Bureau Priority	Bureau Requested					CBO Analyst Recommendations				
		FTE	Gen Fund Ongoing	Gen Fund 1-Time	Other Revenues	Total Expenses	FTE	Gen Fund Ongoing	Gen Fund 1-Time	Other Revenues	Total Expenses
<b>Portland Fire &amp; Rescue</b>											
<i>Adds</i>											
FR_06 - Restore ongoing funding for 13 positions	01	13.00	1,370,002	0	173,880	1,543,882	13.00	1,370,002	0	173,880	1,543,882
FR_07 - Logistics/Prevention Relocation Partial Fundir	02	0.00	0	3,000,000	0	3,000,000	0.00	0	0	0	0
<i>Total Adds</i>		13.00	1,370,002	3,000,000	173,880	4,543,882	13.00	1,370,002	0	173,880	1,543,882
<i>Reductions</i>											
FR_01 - Eliminate four Rapid Response Vehicle Units	01	(26.00)	(2,420,788)	0	(310,800)	(2,731,588)	0.00	0	0	0	0
FR_03 - Close One Station/Company	02	(13.00)	(1,291,262)	0	(164,280)	(1,455,542)	0.00	0	0	0	0
FR_04 - Close One Station/Company	03	(13.00)	(1,318,950)	0	(164,280)	(1,483,230)	0.00	0	0	0	0
FR_05 - Increase Prevention Revenue	04	0.00	(50,000)	0	50,000	0	0.00	(50,000)	0	50,000	0
<i>Total Reductions</i>		(52.00)	(5,081,000)	0	(589,360)	(5,670,360)	0.00	(50,000)	0	50,000	0
<b>Total Portland Fire &amp; Rescue</b>		<b>(39.00)</b>	<b>(3,710,998)</b>	<b>3,000,000</b>	<b>(415,480)</b>	<b>(1,126,478)</b>	<b>13.00</b>	<b>1,320,002</b>	<b>0</b>	<b>223,880</b>	<b>1,543,882</b>