

# Council Work Session – April 2<sup>nd</sup>

## Police | Fire | Emergency Communications | Emergency Management

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The following questions were asked during the bureau's budget work session on April 2<sup>nd</sup>, 2019. Responses are below. Not every bureau who presented during this session had follow-up questions.

### **Questions asked jointly of Fire and BOEC**

#### **1. How is CHAT program related to the Nurse Triage program and Portland Street Response?**

The Community Health Assessment Team (CHAT) program is a community outreach model designed to decrease the number of high frequency callers of the 911 system and unnecessary emergency department visits. The aim of the program is to connect High Utilizers of the 911 system in Multnomah County to services that will better meet their needs. Information and data is captured at the fire company level through PF&R's Incident Reporting System. PF&R's CHAT Coordinator works with the fire stations to identify the High Utilizers in their respective Fire Management Areas for follow up/outreach to connect them to the right resources and services. PF&R's CHAT Coordinator also works with Multnomah County to cross reference client data information from TC911.

In the Nurse Triage program, when people call 911, the Triage Nurse would provide advice to callers to address their needs or re-route them to services that would better meet their needs. They are both models that would redirect residents to the right resources. PF&R's CHAT currently is an outreach model that is not part of the 911 emergency response system, while Nurse Triage is for current point in time encounters.

As indicated in the answer to Question 2 below, a large stakeholder group from multiple agencies and bureaus will be meeting on April 19<sup>th</sup> to discuss Portland Street Response and its linkage to the CHAT, Rapid Response Vehicles, Nurse Triage, and other related programs.

#### **2. What is the five-year plan for a nurse triage program, the RRV program, and any related programs? How is the current request appropriately scaled for the long-term needs of these programs?**

A large stakeholder group has been convened by the Office of Commissioner Hardesty. This stakeholder group currently includes representatives from the Mayor's Office, Portland Fire & Rescue, the Bureau of Emergency Communications, Portland Police Bureau, the Joint Office, County Emergency Medical Services, the County Medical Director, County Chair Kafoury, County Commissioner Jayapal, County Commissioner Meieran, and Street Roots.

This group will be meeting on April 19<sup>th</sup> to address the Mayor's specific questions at the Public Safety budget work session where he asked what we thought could be reasonably accomplished in year 1, and what a longer-term 5-year plan might look like.

The budget request from the Bureau of Emergency Communications, put forth at the direction of Commissioner Hardesty requests funds for a project manager. Through internal deliberation, which has included the Mayor's Office, it has been determined, though not finalized, that it is more likely

that this money will be used for consulting services, with project management done internally within the Bureau of Emergency Communications. Kristin Johnson has been identified from Commissioner Hardesty's Office to help lead this initiative, as has Robert King from the Mayor's Office.

The first step in implementing a mental health nurse triage program will be to implement the new priority dispatch system at BOEC that has a nurse triage component. The new software (already budgeted in prior years, with funding carried over) will allow BOEC to assign acuity levels to calls, which will aid in dispatching to a potential new, fourth entity (other than Fire, Police, Ambulance) to handle low-acuity calls. The contract with the software vendor is currently in final stages with Procurement, and about to begin negotiations. Implementation of this new software is expected to take at least 18 months. Below is a segment from BOEC's new strategic plan outlining targets for a professionally triaged and dispatched nurse triage program:

- Implementation of medical and fire call answering protocol (ProQA). Target date: April 1, 2020
- Framework development and stakeholder engagement of a secondary emergency medical response triage program, including nurse triage and behavioral health pilot. Target date: April 1, 2021
- Implementation of police call answering protocol (ProQA). Target date: April 1, 2021
- Accreditation through the International Academy of Emergency Dispatch (IAED) for medical protocols. Target date: October 1, 2021
- Expanded secondary emergency medical response triage program, pending results of framework development and stakeholder engagement of a nurse triage and behavioral health pilot program. Target date: October 1, 2022
- Accreditation through the International Academy of Emergency Dispatch (IAED) for all disciplines. Target date: January 1, 2023
- Evaluated pilot program. Target date: October 1, 2023

While this new dispatch software is being implemented, the stakeholder group will meet and work to formulate a pilot program for the City in FY 2019-20. The stakeholder group has only been able to meet once and it is far too early to share a five-year plan. This in fact has not been fleshed out, but we are committed to begin working toward answers for the Mayor in our April 19<sup>th</sup> meeting.

The RRV Program is intended to alleviate four-person fire and rescue apparatus from responding to low-acuity healthcare or public assist calls. While the RRVs are not capable of performing critical fire and rescue interventions, they can supplement four-person emergency response crews for critical calls and are an integral part of PF&R's minimum on-duty staffing. They are also purposely deployed to serve some of the most vulnerable communities in East Portland.

Under the Portland Street Response initiative, the RRV program may need to be repurposed and reconfigured, which would require a thorough discussion at the April 19<sup>th</sup> stakeholder meeting and in subsequent analyses. In the meantime, this is the closest and best resource the City has to mitigating low acuity response calls, until a formal program can be established.

Further, several members from Fire, BOEC, and Commissioner Hardesty's Office will be attending the International Academies of Dispatch Navigator 2019 conference. Representatives will cover a diverse number of sessions, but a few that will be attended include:

- Emergency Communication Nurse System (ECNS) Program Implementation: Lessons Learned
- From Grant Funding to Sustainability: The REMSA Nurse Health Line Journey
- Quality Improvement in ECNS: The Lower Austrian Way

- Demonstrating Value: Making the Case for a 911 Nurse Triage Program
- Psych, Integrated Health, and Mobile Stroke Unites
- Overuse or Abuse of 911/112 Systems

The stakeholder group is committed to coming up with a solution that will benefit the community, as well as our public safety system. More work needs to be done to determine what that is, and how it will be implemented, but the commitment is there from a wide variety of stakeholders.

### **3. What are the impacts on underserved communities as a result of reducing the RRV program?**

The effects of eliminating either RRV 11 or 7 would be distributed around the stations in east and southeast Portland. Collectively, the remaining companies at these stations would need to cover about 3,000 to 3,500 more calls annually. In each case, this additional workload will decrease the availability of the engines and trucks to be available for life threatening emergencies as they will now be handling more lower-acuity calls.

These delays will pose significant risks for residents involved in life-threatening emergencies, and negatively affect some of PF&R's outcome measures including response time and cardiac arrest survival rate. The delays in response time will negatively impact livability and public safety.

RRVs 11 and 7 respond to calls across east and southeastern Portland. The elimination of these RRVs would have a negative impact on the service levels to these communities and on PF&R's ability to provide equitable service levels across the city.

By overlaying PF&R's unit responses with the city's demographics, it becomes evident that the highest utilizers of PF&R are those among the most vulnerable populations. PF&R commissioned a Harvard graduate in Public Health, Dr. Jonathan Jay, to conduct a study to identify social indicators that have a strong correlation in predicting fire risk. Those at higher risk include adults over the age of 65, individuals with an income at or below the poverty line, and persons who have a high school diploma or less.

The communities that make up FMA 7 and 11 rank high on the social vulnerability index. FMA 7 makes up 7% of the city population with 38,113 residents. Twenty-four percent (3,150) of households live below poverty, far exceeding that of the overall city population. Three percent (330) of PF&R's homeless related calls came from FMA 7, and 74% of those homeless related calls were medical related. In total, the RRV responded to 1,360 calls in FMA 7 in FY 2017-18, not including trips made to surrounding FMAs.

FMA 11 makes up 6% (32,909) of the population. Similarly, 24% (2,780) of households are recorded below poverty. FMA 11 responds to twice as many homeless related calls as FMA 7: 6% (668) with 48% being medical, 26% being service calls, and 10% being fire-related. In total, the RRV responded to 1,820 calls in FMA 11 in FY 2017-18, not including trips made to surrounding FMAs.

It should also be noted that both FMAs have a significantly more diverse population compared to the rest of the city. According to the census data collected, 51% of FMA 7 and 48% of FMA 11 are people of color. This is compared to approximately 23% across the entire city. With greater diversity, there is also greater diversity of languages spoken. In FMA 11, for instance, 10% of the residents speak limited English according to Census data.

**4. Please provide further details on the survey of the workplace assessment, including demographics of respondents.**

- Survey was administered as a paper survey at all work sites (i.e. stations, logistics, admin, etc.).
- Survey responses were collected May 14, 2018 through June 13, 2018.
- 418 surveys were submitted, 415 were usable. Above 95% of the surveys were submitted fully completed, with the exception of demographic data completion.
  - 25% of respondents did not indicate their race, ethnicity, gender, or religion.
  - 15% of respondents did not report their PF&R division.
  - 13% of respondents did not report their education level.

<b>Gender</b>	<b>Survey Responses</b>	<b>Bureau Data at time of survey</b>
Female	12%	10%
Male	64%	90%
Did not provide response	23%	NA

<b>Race</b>	<b>Survey Responses</b>	<b>Bureau Data at time of survey</b>
African American	2%	4%
Asian	2%	6%
Hispanic/Latinx	3%	6%
Native American	2%	3%
Pacific Islander/Hawaiian	1%	<1%
White	55%	80%
More than one	6%	2%
Other	4%	NA
Did not provide response	26%	NA

<b>Disability</b>	<b>Survey Responses</b>	<b>Bureau Data</b>
Yes	6%	18%
None	77%	82%
Did not provide response	17%	NA

<b>Sworn Status</b>	<b>Survey Responses</b>
Sworn	86%
Non-Sworn	9%
Did not provide response	5%

<b>Division</b>	<b>Survey Responses</b>
Emergency Operations	68%
Medical Services & Training	2%
Prevention	8%
Chief's Office/Management Services	6%
Multiple/Did not provide response	16%

## **Portland Fire and Rescue**

- 1. The Mayor's budget guidance asked bureaus to avoid reductions to frontline services. Given this context, what would be an alternative reduction to the Rapid Response Vehicle program? Please provide this equity impact for this alternative reduction.**

The [linked document](#) provides a thorough response to this question.

- 2. Please provide a long-term capital plan and identify which projects in this plan are the highest priorities.**

3.

PF&R's long-term capital plan includes four components:

- Apparatus and associated fire and rescue equipment
- Personal protective equipment
- Major facility maintenance and replacement
- Logistics, Prevention, and Training facilities replacement

- 1) Apparatus and Associated Fire and Rescue Equipment

Because of the 2010 Public Safety GO Bond, PF&R is able to replace its frontline apparatus in accordance with its apparatus replacement standard, which calls for replacement of frontline fire engines, trucks, and quints at 15 years or 120,000 miles. Retired frontline apparatus are then kept for five additional years in reserve status before they are sold or donated. PF&R has also built up a significant apparatus replacement reserve to supplement its current budget to meet its apparatus replacement need in the next 12 or 13 years. [Attachment A](#) includes the average annual apparatus replacement cost and [Attachment B](#) details the replacement schedule.

- 2) Personal Protective Equipment

As a result of one-time funding and a federal grant, PF&R has sufficient resources to outfit all firefighters with a second set of turnout gear and upgrade all self-contained breathing apparatus (SCBA). The challenge is the future replacement of this critical personal protective equipment when they reach the end of their useful life. PF&R's FY 2019-20 Requested Budget includes a \$300,000 ongoing General Fund request to start addressing this funding gap for personal protective equipment. [Attachment A](#) lists the average annual cost or the annual set aside amount needed for future replacement.

- 3) Facility Major Maintenance and Replacement

Based on current facility assets and approximate scheduled life-cycle replacement, there is an estimated \$1.2 million financial need in annual major maintenance and replacement expenses. PF&R does not have a major maintenance and replacement reserve for future costs associated with its facilities. The funds PF&R currently budgets for facility maintenance and replacement only covers the most urgent projects, resulting in a shortfall of approximately \$780,000 annually. In the FY 2019-20 Requested Budget, PF&R includes one Direction-to-Develop decision package for a new boathouse and General Fund Capital Set-Aside decision packages for deferred facility projects. The ongoing major maintenance and replacement needs and costs are itemized in [Attachment A](#).

- 4) Logistics, Prevention, and Training Facilities Replacement

The Logistics and Prevention facilities are located directly adjacent to the Clinton Station on the MAX Orange Line. The buildings are not structurally sound and do not meet seismic codes. They are

overcrowded and deteriorating. The Clinton Triangle is identified as a significant opportunity for redevelopment to meet the Central City 2035 Plan objectives for affordable housing and job creation. The relocation of the Logistics and Prevention facilities would support these citywide objectives.

The PF&R Training Center is a combination of repurposed facilities and portable buildings with safety, sanitary, and operational issues. For example, the Training Academy for new firefighter recruits does not have running water, bathrooms, or adequate changing facilities. PF&R envisions a modern training facility that meets the needs of the bureau and adequately represents the professionalism and quality of PF&R’s firefighters. [Attachment C](#) provides additional details.

The priority of the capital projects in PF&R’s FY 2019-20 Requested Budget is ranked below:

CAPITAL PROJECTS	PRIORITY	\$ AMOUNT
DIRECTION TO DEVELOP		
Self-contained breathing apparatus (SCBA) and turnout gear replacement reserve - Ongoing	1	\$300,000
Boathouse for Fireboat 17	2	\$500,000
CAPITAL SET-ASIDE		
Station 24 roof replacement	3	\$200,000
Station 5 roof replacement	4	\$200,000
Overhead/apparatus bay door replacement for 4 stations/6 overhead doors	5	\$120,000
Training Center parking lot paving	6	\$450,000
Fireboat 6 Boathouse Replacement	7	\$250,000
Fireboat Campbell Boathouse Door Replacement	8	\$50,000

**4. Please provide a breakdown of employee demographics.**

Portland Fire & Rescue

	Sworn		Non-Sworn		Total	
	Women	Men	Women	Men	Women	Men
Native American	0	19	0	0	0	19
Asian	1	40	2	3	3	43
African American	1	24	1	1	2	25
Hispanic/Latinx	0	35	1	3	1	38
White	48	493	20	24	68	517
More than one	0	14	1	3	1	17

**Police**

**1. Did the Technology Oversight Committee (TOC) review the RegJIN project?**

*Response provided by OMF/TOC*

There was overlap between RegJIN and the TOC, the RegJIN project was completed in FY 2015-16. The RegJIN project was managed by OMF Citywide Projects, Public Safety Systems Revitalization

Program (PSSRP). The PSSRP had its own robust oversight program, see attached Program Governance documents ([1](#), [2](#)) for details, that was used in lieu of the TOC. This oversight included the hiring of a third-party Q&A firm, Case & Associates, a Project Advisory Committee and an Executive Steering Committee. It is also worth noting that OMF hired a nationally recognized expert in police record managements systems to lead the project.