



# MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE McGARVIN • Clerk • 248-3277

AGENDA OF  
MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COUNTY COMMISSIONERS  
FOR THE WEEK OF  
July 25 - 29, 1988

Monday, July 25, 1988 - 1:30 PM - Work Session with City of Portland  
City Council, regarding gang situation, Portland  
Building, Second Floor, Conference Room C

Tuesday, July 26, 1988 - 9:30 AM - Fair Opening  
2060 N. Marine Drive

Tuesday, July 26, 1988 - 1:30 PM - Informal Meeting . . . . Page 2

Wednesday, July 27, 1988 - 10:00 AM - Finance Committee. . Page 3

Thursday, July 28, 1988 - 9:30 PM - Formal. . . . . Page 4

*pm.*

Tuesday, July 26, 1988 - 1:30 PM

Multnomah County Courthouse, Room 602

INFORMAL

1. Informal Review of Bids and Request for Proposals:
  - a) High Volume Copier for District Attorney's Office
  - b) Herman Miller Parts/Accessories
  - c) Three Current Model Crew Bus Bodies
  - d) Development of Classification Compensation System
  - e) Direct Access Storage Sub-System for ISD
2. Briefing concerning Internal Audit Report #2-88  
Administration of Support Services, Multnomah County  
Sheriff's Office - Anne Kelly Feeney, County Auditor
3. Informal Review of Formal Agenda of July 28
4. Work Session regarding EMS Ambulance Plan, Request for  
Credentials and Request for Proposals
5. Discussion of Economic Development Issues in Columbia Gorge  
and other areas following informal - Commissioner Casterline

Wednesday, July 27, 1988 - 10:00 AM

FINANCE COMMITTEE

Multnomah County Courthouse - Conference Room B  
Room 606

1. Indirect Costs - Linda Alexander
2. Savings Policy
3. Motor Vehicle Rental Tax - Dave Boyer
4. Downtown Economic Improvement District - Paul Yarborough  
and Henry Miggins

Thursday, July 28, 1988 - 9:30 AM

MULTNOMAH COUNTY COURTHOUSE, ROOM 602

FORMAL AGENDA

REGULAR AGENDA

BOARD OF COUNTY COMMISSIONERS

- R-1 In the matter of the appointment of Glandion W. Carney to the Multnomah County Central Advisory Board, term ending June 30, 1989
- R-2 In the matter of the appointment of Harold Adams (term expiring March 15, 1992) and Peter Finley Fry (term expiring March 15, 1990) to the Multnomah County Planning Commission

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-3 Order in the matter of accepting Deed from the State of Oregon on N.W. Reeder Road for County Road Purposes

ORDINANCES - DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-4 First Reading - An Ordinance amending Multnomah County Code Chapter 5.30 (Motor Vehicle Fuel Tax)

PUBLIC CONTRACT REVIEW BOARD

(Recess as the Board of County Commissioners and reconvene as the Public Contract Review Board)

- R-5 Order in the Matter of Exempting from Public Bidding Structural Steel Flame Straightening on the Stark Street Bridge by David L. Holt Company, Inc.

(Recess as the Public Contract Review Board and reconvene as the Board of County Commissioners)

DEPARTMENT OF GENERAL SERVICES

- R-6 In the matter of accepting the Data Processing Management Committee Recommendations
- R-7 Budget Modification Nondepartmental #2 making appropriation transfer in the amount of \$79,960 from General Fund Contingency to Nondepartmental Special Appropriations, to support new data processing projects, and requesting Board to authorize three new development projects: 1) Integration of CPMS/JAWS/SRMS (\$169,910); 2) Animal Control Field Services Tracking (\$70,280); and 3) Integrated Criminal Justice System Framework Project (\$51,000)

DEPARTMENT OF JUSTICE SERVICES

- 8 R-8 Resolution in the Matter of Implementing an Integrated Criminal Justice Information System in Multnomah County (3)

DEPARTMENT OF HUMAN SERVICES

- R-9 In the matter of ratification of an Intergovernmental Revenue Agreement with the State Mental Health Grant for FY 1988-89 (Amendment #15) for the County to receive additional \$649,303 to increase DD Case Management Staff and adjust subcontract services in MED, DD and A & D effective July 1, 1988
- R-10 Budget Modification DHS #1 receiving additional revenues in the amount of \$649,303 from State Mental Health Services to Social Services, various line items, to implement Amendment #15
- R-11 In the matter of ratification of three Intergovernmental Revenue Agreements with the City of Portland 1) to provide emergency shelter and related services to homeless youth (\$76,800); 2) to operate ~~24~~<sup>16</sup>-hour, 7 day/week inebriate emergency response system (\$35,000); and 3) for support and administration of a homeless shelter program for the chronically mentally ill (\$52,000), all for period July 1, 1988 to June 30, 1989
- R-12 Budget Modification DHS #2 reflecting additional revenues in the amount of \$52,000 from the City of Portland to Social Services Division, various line items, for partial operations of a shelter for homeless chronically mentally ill

ORDINANCES - DEPARTMENT OF HUMAN SERVICES

- f R-13 Second Reading - An Ordinance relating to Food Service Inspection Fees, Swimming Pool License Fees, and Tourists and Travelers Facilities Inspection Fees, and amending MCC 5.10
- R-14 Continued <sup>First</sup>~~Second~~ Reading - An Ordinance adopting an Ambulance Service Plan and amending MCC 6.31.039 (Continued one week from July 21)

DEPARTMENT OF HUMAN SERVICES

- R-15 Order in the matter of approving a Request for Credentials and Requests for Proposals for Emergency Ambulance Service (Continued one week from July 21)

NOTE: Items R-14 and R-15 will be discussed at the same time

BOARD OF COUNTY COMMISSIONERS

4

- R-16 Resolution in the matter of Establishment of a Cooperative Partnership Among Columbia River Gorge National Scenic Area Counties to Create, Support and Promote Interpretive and Related Recreational Opportunities and Facilities throughout the Gorge

INFORMAL BRIEFING - FOLLOWING FORMAL SESSION

1. Briefing concerning procedures to be followed on August 2 regarding appeal by AA Ambulance

Thursday meetings of the Multnomah County Board of Commissioners are recorded and can be seen at the following times:

Thursday, 10:00 PM, Channel 11 for East and West side subscribers

Friday, 6:00 PM, Channel 27 for Rogers Multnomah East subscribers

Saturday, 12:00 PM, Channel 21 for East Portland and East County subscribers

0397C-15-18

20  
5761

July 28, 1988

At this time, the Board viewed a 10 minute video tape on AIDS distributed by the American Red Cross entitled "Don't Forget Sherrie".

20  
5161

July 28, 1988

In the matter of the appointment of Glandion W. )  
Carney to the Multnomah County Central Advisory )  
Board, term ending June 30, 1989 R-1 )

Upon motion of Commissioner Miller, duly seconded by  
Commissioner Casterline, it is unanimously

ORDERED that said appointment be confirmed.

20  
5161

July 28, 1988

In the matter of the appointments of Harold Adams)  
(term expiring March 15, 1992) and Peter Finley )  
Fry (term expiring March 15, 1990) to the )  
Multnomah County Planning Commission R-2 )

Mr. Fry was present, and thanked for volunteering to serve  
on the Planning Commission.

Upon motion of Commissioner Miller, duly seconded by  
Commissioner Casterline, it is unanimously

ORDERED that said appointment(s) be confirmed.

DATE SUBMITTED 7/21/88

(For Clerk's Use)  
Meeting Date 7/28/88  
Agenda No. 191 & 2

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Appointments to Commissions

Informal Only\* \_\_\_\_\_  
(Date)

Formal Only Thursday, July 28, 1988  
(Date)

DEPARTMENT County Chair DIVISION \_\_\_\_\_

CONTACT Judy Boyer TELEPHONE 248-3308

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Judy Boyer

**BRIEF SUMMARY** Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Appointment of Glandion W. Carney to the Multnomah County Central Advisory Board term ending 6/30/89.

Appointment of Harold Adams and Peter Finley Fry to the Multnomah County Planning Commission; term ending 3/15/92 for Adams -- term ending 3/15/90 for Fry.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA \_\_\_\_\_

IMPACT:

☐ PERSONNEL  
☐ FISCAL/BUDGETARY  
☐ General Fund  
☐ Other \_\_\_\_\_

1988 JUL 21 AM 11:26  
MULTNOMAH COUNTY  
OREGON  
COUNTY COMMISSIONER'S  
OFFICE

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: L. McCoy

BUDGET / PERSONNEL \_\_\_\_\_

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) \_\_\_\_\_

OTHER \_\_\_\_\_  
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.



# MULTNOMAH COUNTY OREGON

## BOARDS AND COMMISSIONS

### INTEREST FORM FOR BOARDS AND COMMISSIONS

In order for the County Executive to more thoroughly assess the qualifications of persons interested in serving on a Multnomah County board or commission, you are requested to fill out this interest form as completely as possible. You are encouraged to attach or enclose supplemental information or a resume which further details your involvement in volunteer activities, public affairs, civic services, published writing, affiliations, etc.

- A. Please list, in order of priority, any Multnomah County boards/commissions on which you would be interested in serving. (See attached list)

Planning Commission

- B. Name Harold R. Adams

Address 7307 N. Villard

City Portland State OR Zip 97217

Do you live in \_\_\_\_\_ unincorporated Multnomah County or X a city within Multnomah County.

Home Phone 285-7844

- C. Current Employer Carpenters Local #247

Address 2205 N. Lombard

City Portland State OR Zip 97217

Your Job Title Business Representative/Financial Secretary

Work Phone 289-9632 (Ext) \_\_\_\_\_

Is your place of employment located in Multnomah County? Yes X No \_\_\_\_\_

- D. Previous Employers \_\_\_\_\_ Dates \_\_\_\_\_ Job Title \_\_\_\_\_

Oregon State District Council 1/81-7/85 Organizer/Bus.Rep.

GLADYS McCOY, MULTNOMAH COUNTY CHAIR

1021 SW 4TH, ROOM 134

PORTLAND, OREGON 97204

(503) 248-3308

CONTACT:

E. Please list all current and past volunteer/civic activities.

Name of Organization	Dates	Responsibilities
Private Ind. Council	7/87-Present	Dislocated Workers
Portland Private Ind. Council	'86 - '87	"
School Board, Holly Cross School	'86-9/87	

F. Please list all post-secondary school education.

Name of School	Dates	Degree/Course of Study
PCC	'66 - '67	Architecture
Carpenters Training	'69 - '73	Carpentry

G. Please list the name, address and telephone numbers of two people who may be contacted as references who know about your interests and qualifications to serve on a Multnomah County board/commission.

Mike Fahey	2225 N. Lombard	283-6039
Senator Bill McCoy	2205 N. Lombard #104	

H. Please list potential conflicts of interest between private life and public service which might result from service on a board/commission.

none

I. Affirmative Action Information

M Caucasian  
sex / racial ethnic background

birth date: Month 7 Day 19 Year 48

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my appointment to a board/commission, may result in my dismissal.

Signature Hawthorne Adams Date 7/14/88



# MULTNOMAH COUNTY OREGON

## BOARDS AND COMMISSIONS

### INTEREST FORM FOR BOARDS AND COMMISSIONS

In order for the County Executive to more thoroughly assess the qualifications of persons interested in serving on a Multnomah County board or commission, you are requested to fill out this interest form as completely as possible. You are encouraged to attach or enclose supplemental information or a resume which further details your involvement in volunteer activities, public affairs, civic services, published writing, affiliations, etc.

- A. Please list, in order of priority, any Multnomah County boards/commissions on which you would be interested in serving. (See attached list)

Central Advisory Board

- B. Name Glandion W. Carney

Address 4222 N.E. 12th Avenue

City Portland, State Oregon Zip 97211

Do you live in \_\_\_\_\_ unincorporated Multnomah County or ☒ a city within Multnomah County.

Home Phone (503) 284-8939

Maranatha Church

- C. Current Employer \_\_\_\_\_

Address 4222 N.E. 12th Avenue

City Portland, State Oregon Zip 97211

Your Job Title Senior Pastor

Work Phone (503) 288-7241 (Ext) \_\_\_\_\_

Is your place of employment located in Multnomah County? Yes ☒ No \_\_\_\_\_

- D. Previous Employers \_\_\_\_\_

Dates \_\_\_\_\_

Job Title \_\_\_\_\_

World Vision

7/82 - 7/87

Dir. of Christian Leadership Development

CONTACT:

GLADYS McCOY, MULTNOMAH COUNTY CHAIR

1021 SW 4TH, ROOM 134

PORTLAND, OREGON 97204

(503) 248-3308

E. Please list all current and past volunteer/civic activities.

Name of Organization	Dates	Responsibilities
Greater Portland Assn of Evangelicals	1/88 - present	President
Leadership '88	1985 - 1988	Chairman

F. Please list all post-secondary school education.

Name of School	Dates	Degree/Course of Study
Fresno State University	1969 - 1971	
Pacifica School of Religion	1972 - 1973	
Fuller Theological Seminary	1980 - 1982	

G. Please list the name, address and telephone numbers of two people who may be contacted as references who know about your interests and qualifications to serve on a Multnomah County board/commission.

Robert Pamphlin, 900 S.W. 5th, #1800, Portland, OR. 248-1133

Arthur Spires, 8838 N. Hamlin, Portland, OR 289-4818

H. Please list potential conflicts of interest between private life and public service which might result from service on a board/commission.

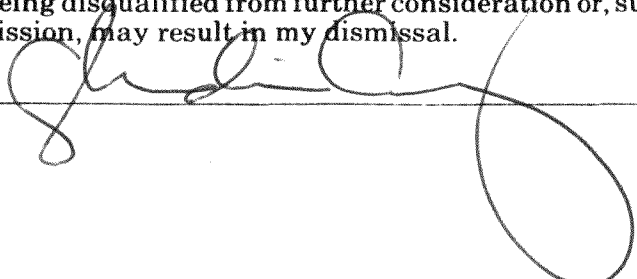
Other than my religious commitment, that's primarily it.

I. Affirmative Action Information

Male Black  
sex / racial ethnic background

birth date: Month 6 Day 7 Year 49

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my appointment to a board/commission, may result in my dismissal.

Signature  Date 7-14-88

lom  
6/83

Pending



RECEIVED  
JUN 19 1987  
MULTNOMAH COUNTY OREGON

OFFICE OF COMMISSIONER MCCOY.

### INTEREST FORM FOR BOARDS AND COMMISSIONS

In order for the County Executive to more thoroughly assess the qualifications of persons interested in serving on a Multnomah County board or commission, you are requested to fill out this interest form as completely as possible. You are encouraged to attach or enclose supplemental information or a resume which further details your involvement in volunteer activities, public affairs, civic services, published writing, affiliations, etc.

- A. Please list, in order of priority, any Multnomah County boards/commissions on which you would be interested in serving. (See attached list)

MULTNOMAH PLANNING COMMISSION

- B. Name PETER FINLEY FRY

Address 123 NE LITTLEPAGE ROAD

City CORBETT State OREGON Zip 97019

Do you live in ☒ unincorporated Multnomah County or ☐ a city within Multnomah County.

Home Phone (503) 695-3393

- C. Current Employer SELF-EMPLOYED

Address 529 SE GRAND AVENUE #B

733 SW 2nd Avenue

City PORTLAND State OREGON Zip 97214 97204

Your Job Title PLANNING CONSULTANT

Work Phone (503) 232-1012 / 274-2744 (Ext) 6

Is your place of employment located in Multnomah County? Yes ☒ No ☐

- D. Previous Employers
- | Previous Employers                | Dates           | Job Title          |
|-----------------------------------|-----------------|--------------------|
| Central Eastside Industrial Corp. | 6/1980 - 6/1986 | Executive Director |
|                                   |                 |                    |
|                                   |                 |                    |

GLADYS MCCOY, MULTNOMAH COUNTY CHAIR

1021 SW 4TH, ROOM 134

PORTLAND, OREGON 97204

(503) 248-3308

CONTACT:

BOARDS AND COMMISSIONS

E. Please list all current and past volunteer/civic activities.

Name of Organization	Dates	Responsibilities
Citizen Involvement Advisory Committee		
Oregon Dept. of Land Conservation & Dev.	9/85 - now	Committee member
City Club of Portland Land Use Committee	6/84 - now	Committee member
Buckman Community Assoc.	9/86 - now	Board member
<i>NE MULTNOMAH COMMUNITY ASSOC - LAND USE COMMITTEE</i>		

F. Please list all post-secondary school education.

Name of School	Dates	Degree/Course of Study
Portland State University		
Portland, Oregon	9/85 - now	Ph.D: Urban Studies/Regional Science
Portland State University		
Portland, Oregon	9/77 - 6/81	Masters of Urban Planning
University of Oregon		
Eugene, Oregon	9/73 - 6/77	B.S.: Anthropology

G. Please list the name, address and telephone numbers of two people who may be contacted as references who know about your interests and qualifications to serve on a Multnomah County board/commission.

BB Bouneff, Attorney At Law, 529 SE Grand Ave, Portland 97214 239-3934

David Fredrickson, PGE, 121 SW Salmon Street, Portland, 97204 226-5694

H. Please list potential conflicts of interest between private life and public service which might result from service on a board/commission.

I will not accept work which will create a conflict of interest and I  
will make public any client or issue which may present a conflict of  
interest.

I. Affirmative Action Information

Male, European descent  
sex / racial ethnic background

birth date: Month 09 Day 09 Year 1953

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my appointment to a board/commission, may result in my dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

lom  
6/83

## **PETER FINLEY FRY**

123 NE Littlepage Road  
Corbett, Oregon 97019  
(503) 695-3393

### **Biographical Data**

Born: September 9, 1953, San Francisco, California  
High School: Woodside Priory High School, 302 Portola Road, Portola Valley, California  
Married: June 12, 1976. Three children: 2, 7 & 9 years. Excellent health.

### **Education**

Ph.D. (enrolled): Portland State University, Portland, Oregon  
Regional Science, Urban Planning and Urban Design  
Masters of Urban Planning: Portland State University, June 11, 1981  
Urban Planning, Anthropology, Economics and Computer Science  
Bachelor of Science: University of Oregon, Eugene, Oregon, June 12, 1977  
Anthropology, Economics and Computer Science

### **Experience**

Planning Consultant: June 1980 to present

*Portland Bureau of Planning*: Produced data base of Portland's Central City Industrial areas which included property land use, ownership and physical characteristics.

*Central Eastside Industrial Council*: Produced a business directory financed by advertising. The directory included graphics, text, pictures and advertising.

*Burns Brothers, Inc.*: Developed strategic management team within firm and produced a strategic development plan for their properties and businesses.

*Bouneff, Chally & Marshall*: Assisted property owner in resolving issues related to a water district's request for a conditional use and comprehensive plan amendment in Yamhill County, including presentations before Planning Commission and staff.

*Portland Development Commission* (17 contracts to date): Produced inventory of available industrial property in Portland and set up a computer system to identify properties. Developed land use map and parking inventory for Northeast Portland. Provided technical assistance to business groups in areas of land use and economic development. Participated in region-wide economic development efforts. Directly assisted small and large industrial, commercial and development firms in project development. Reviewed and participated in legislative processes including development of Portland's revised industrial zoning code and updated Willamette Greenway regulations. Played key roles in several large public projects including interstate highway projects, local street reconstruction and construction of railroad crossings. Produced a Parking Management Plan for the Central Eastside Industrial District (720 acres containing approximately 1,400 businesses which collectively employ over 16,000 people).

Executive Director: June 1980 to June 1986

*Central Eastside Industrial Council*, Portland, Oregon: As staff for the private, non-profit industrial council, assisted the business organization in the management of a 720-acre industrial/commercial area located in the center of Portland. Work included building the strategic organization from a membership base of 60 firms to a base of 220 firms, creating liaison ties with other business groups, neighborhood groups and city, county, regional and state agencies, publishing a monthly newsletter, setting agendas and arranging for monthly Board and Committee meetings and representing the organization in local and state public processes. Responsibilities also included research, analysis and reporting, producing several surveys, organizing quarterly membership meetings that included mayors, senators and governors as guest speakers, and designing and producing a bi-monthly educational seminar series on business issues.

Community:

*City Club of Portland Land Use Committee*: Currently serving second term as member.

*Citizen Involvement Advisory Committee*: Represent Multnomah, Clackamas and Washington counties on the committee, which advises the Oregon Department of Land Conservation and Development. Currently serving my second term.

*Buckman Community Association*: Currently serving as a member of the Board.

*West Portland Park Neighborhood Association*: Helped form the neighborhood association and served as the chairman of the land use committee for two terms.

*Southeast Uplift Neighborhood Information*: Served for four terms on the land use committee, which provides land use assistance to twenty-one neighborhood associations.

### **References and Publications**

Available upon request

DATE SUBMITTED \_\_\_\_\_

(For Clerk's Use)  
Meeting Date 7/28/88  
Agenda No. R-3

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Deed/Order for County Road Purposes

20  
J161

Informal Only\* \_\_\_\_\_  
(Date)

Formal Only X \_\_\_\_\_  
(Date)

DEPARTMENT Environmental Services

DIVISION Transportation

CONTACT Dick Howard

TELEPHONE \_\_\_\_\_ Ext. 3599

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Polly Castellini

BRIEF SUMMARY

N.W. REEDER ROAD, COUNTY ROAD NO. 4964

Deed for Road purposes from the State of Oregon. Order Accepting Deed conveying property for county road purposes.

Director of DES recommends said deed be accepted and recorded in Multnomah County Deed Record.

ACTION REQUESTED:

/ INFORMATION ONLY / PRELIMINARY APPROVAL / POLICY DIRECTION /X APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA \_\_\_\_\_

IMPACT:

/ PERSONNEL

/ FISCAL/BUDGETARY

/ General Fund

To  
R/E/2  
8/12/88

BOARD OF  
COUNTY COMMISSIONERS  
1988 JUL 20 PM 2:17  
MULTNOMAH COUNTY  
OREGON

Other Deed/Order to be recorded in Multnomah County Deed Records.

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: [Signature]

BUDGET/PERSONNEL \_\_\_\_\_

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) [Signature]

OTHER \_\_\_\_\_  
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

July 28, 1988

RECEIVED FROM JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER ACCEPTING DEED FROM STATE OF OREGON ON NW REEDER ROAD

R-3

DEED TO BE RECORDED

1988 AUG 16 AM 11:25  
MULTNOMAH COUNTY  
OREGON  
BOARD OF  
COUNTY COMMISSIONERS

*[Signature]*

PLEASE MAIL TO CLERK OF BOARD OF COUNTY COMMISSIONERS

July 28, 1988

RECEIVED FROM JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS • MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER ACCEPTING DEED FROM STATE OF OREGON ON NW REEDER ROAD

R-3

DEED TO BE RECORDED

MULTNOMAH COUNTY  
OREGON  
1988 AUG 16 AM 11:25

BOARD OF  
COUNTY COMMISSIONERS

*[Signature]*

July 28, 1988

---

RECEIVED FROM JANE McGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS - MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER ACCEPTING DEED FROM STATE OF OREGON ON NW REEDER ROAD

**062127**

R-3

DEED TO BE RECORDED

---

PLEASE SIGN & RETURN THIS RECEIPT TO COMMISSIONER

BOARD OF  
COUNTY COMMISSIONERS

1988 AUG 17 PM 3:23

MULTNOMAH COUNTY  
OREGON

08-15-88

2 0.001.

# 621.27

★

2

55322

A



# MULTNOMAH COUNTY OREGON

21  
5761

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE McGARVIN • Clerk • 248-3277

July 28, 1988

Mr. Paul Yarborough, Director  
Department of Environmental Services  
2115 SE Morrison  
Portland, OR

Dear Mr. Yarborough:

Be it remembered, that at a meeting of the Board of County Commissioners held July 28, 1988, the following action was taken:

(Sitting at the Public Contract Review Board)

In the Matter of Exempting From Public Bidding	)	
Structural Steel Flame Straightening on the	)	
Stark Street Bridge by David L. Holt Company,	)	ORDER
Inc.	R-5	88-131

Stan Goetz, Bridge Engineer, was present to answer any questions the Board might have.

Upon motion of Commissioner Casterline, duly seconded by Commissioner Anderson, it is unanimously

ORDERED that said Order be approved.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin  
Jane McGarvin  
Clerk of the Board

jm  
cc: Purchasing  
Transportation

JUL 13 1988

DATE SUBMITTED \_\_\_\_\_

(For Clerk's Use)

Meeting Date 7/28/88  
Agenda No. R-5

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Exemption Request

Informal Only \* \_\_\_\_\_  
(Date)

Formal Only July 1988  
(Date)

DEPARTMENT Environmental Services

DIVISION Transportation

CONTACT Larry Nicholas/Lillie Walker

TELEPHONE 248-5050 / 248-5111

\*Name(s) OF PERSON MAKING PRESENTATION TO BOARD Larry Nicholas

**BRIEF SUMMARY** Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Exemption from the competitive bid process is requested to straighten damaged structural steel members which have sustained collision damage on the Stark Street Bridge over the Sandy River. Temporary shoring of the structure could be accomplished in the river, but would require restricting traffic for a period of three months at a cost of approximately \$120,000. The David L. Holt Company, Inc., is a northwest sole source with expertise in flame straightening structural steel and bridge work. The cost to perform this work is estimated to be \$22,500 which represents a cost savings of over \$120,000.

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 10 minutes

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ GENERAL FUND

OTHER \_\_\_\_\_

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Linda D. Alexander

BUDGET / PERSONNEL /

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) [Signature]

OTHER Lillie M. Walker, Purchasing Section  
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

*Notice / Application  
sent out 7/22/88*

BOARD OF  
COUNTY COMMISSIONERS  
MULTNOMAH COUNTY  
OREGON  
1988 JUL 19 PM 4:13

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON  
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

In the Matter of Exempting )  
from Public Bidding Structural )  
Steel Flame Straightening on the )  
Stark Street Bridge by David L. )  
Holt Co., Inc. )

## APPLICATION

Application to the Public Contract Review Board on behalf of a request from DES, Transportation Division is hereby made pursuant to the Board's Administrative Rules AR 10.010 and 10.140, adopted under the provisions of ORS 279.015 and 279.017, for an order exempting from the requirements of public bidding, the repair and restoration of damaged structural steel members on the Stark Street Bridge through flame straightening by the David L. Holt Company, Inc., at a cost of \$22,500.

This request is made for the following reasons:


1. David L. Holt Co., Inc. is the only known contractor using the flame straightening method to repair structural steel for bridge rehabilitation in the Northwest.
2. The flame straightening process by this contractor will minimize traffic disruption and realize an overall cost savings of \$120,000 to \$140,000 for the bridge repairs.

In lieu of flame straightening, the structure would require temporary shoring in the river and traffic would be restricted for a period of three months in order to replace the damaged members.

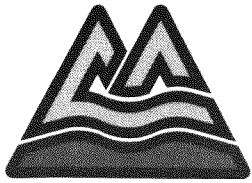
The DES Transportation Division has appropriated funds for rehabilitation of the Stark Street Bridge in the FY 87-88 budget.

The Purchasing Section recommends this action as it represents the most cost effective method to restore the structure to sufficient standards and will not result in favoritism.

Dated this 8th day of July, 1988.

  
Lillie M. Walker, Director  
Purchasing Section

/cs



## MULTNOMAH COUNTY OREGON

DEPARTMENT OF ENVIRONMENTAL SERVICES  
TRANSPORTATION DIVISION  
1620 S.E. 190TH AVENUE  
PORTLAND, OREGON 97233  
(503) 248-5050

BOARD OF COUNTY COMMISSIONERS  
GLADYS MCCOY • CHAIR OF THE BOARD  
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER  
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER  
CAROLINE MILLER • DISTRICT 3 COMMISSIONER  
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

June 29, 1988

Lillie M. Walker, Director  
Multnomah County Purchasing Division  
2505 SE 11th Avenue  
Portland, OR 97202

SUBJECT: Exemption from Public Bidding  
Structural Steel Flame Straightening on the Stark St. Bridge by  
David L. Holt Co., Inc.

Dear Ms. Walker:

The purpose of this letter is to request a waiver from the competitive bidding process to flame straighten damaged structural steel on the Stark Street Bridge by the David L. Holt Co., Inc., a sole source specialist in bridge rehabilitation in the northwest.

The Stark Street Bridge over the Sandy River currently has vehicular gross weight restrictions because various structural members have sustained collision damage and have deteriorated which has reduced the structural quality and safety of the bridge.

This Department is nearing completion of preliminary engineering for the required repairs in order to restore the structure to sufficient standards. Repairs are planned in two phases. The first phase will be to flame straighten damaged critical support components by the specialized contractor at a cost not to exceed \$22,500. The second phase will be to strengthen existing members and paint the structure through the competitive bidding process which is estimated at \$370,000.

The request to waiver David L. Holt Co., Inc., from the competitive bid process is made for the following reasons:

1. David L. Holt Co., Inc., is a sole source flame straightening structural steel contractor in the northwest who specializes in bridge rehabilitation.
2. Structural steel flame straightening work must precede the second phase work.

Letter/L. Walker  
June 29, 1988  
Page 2

3. Contractor's work will minimize traffic disruption and realize an overall cost saving of \$120,000 to \$140,000 for the bridge repairs.

In lieu of flame straightening, the structure would require temporary shoring in the river and traffic be restricted for a period of three months in order to replace the damaged members.

4. The Department of Environmental Services has appropriated funds for the rehabilitation of Stark Street Bridge in the FY 87-88 budget.

It is the recommendation of this Department and the County Engineer that David L. Holt Co., Inc., be exempt from the competitive bidding process in order to flame straighten structural steel members on the Stark Street Bridge at a cost not to exceed \$22,500

Very truly yours,



LARRY F. NICHOLAS, P. E.  
County Engineer/Director

LFN:kcc

cc Paul Yarborough  
Stan Ghezzi  
Bart Bonney  
Fred Veith

4541V

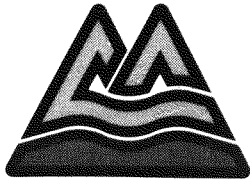
1988 JUL 05 11 05 AM

1988 JUL 05

RECEIVED  
PURCHASING SECTION

'88 JUL -5 P1:05

CLERK  
COUNTY



## MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

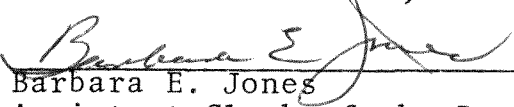
GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE McGARVIN • Clerk • 248-3277

### N O T I C E

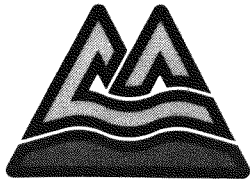
Notice is hereby given that on July 26, 1988 at 9:30 AM in Room 602 of the County Courthouse, 1021 SW Fourth Avenue, the Board of County Commissioners of Multnomah County, Oregon, sitting as the Public Contract Review Board for Multnomah County, will consider an application and Order exempting from public bidding of Structural Steel Flame Straightening on the Stark Street Bridge by David L. Holt Co., Inc.

Copies of the Application and Order are enclosed.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

  
Barbara E. Jones  
Assistant Clerk of the Board

BJ  
Enclosures  
7/21/88  
0283C.25



# MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204


GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE MCGARVIN • Clerk • 248-3277

## C O R R E C T E D

## N O T I C E

Notice is hereby given that on July 28, 1988 at 9:30 AM in Room 602 of the County Courthouse, 1021 SW Fourth Avenue, the Board of County Commissioners of Multnomah County, Oregon, sitting as the Public Contract Review Board for Multnomah County, will consider an application exempting from public bidding of Structural Steel Flame Straightening on the Stark Street Bridge by David L. Holt Co., Inc.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

  
Jane McGarvin  
Clerk of the Board

JM  
7/25/88  
0283C.26



## MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204


GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE MCGARVIN • Clerk • 248-3277

### N O T I C E

Notice is hereby given that on July 28, 1988 at 9:30 AM in Room 602 of the County Courthouse, 1021 SW Fourth Avenue, the Board of County Commissioners of Multnomah County, Oregon, sitting as the Public Contract Review Board for Multnomah County, considered and approved an application and Order exempting from public bidding for Structural Steel Flame Straightening on the Stark Street Bridge by David L. Holt Co., Inc.

Copies of the Order is enclosed.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

  
Barbara E. Jones  
Assistant Clerk of the Board

BJ  
Enclosures  
8/12/88  
0283C.27



# MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE MCGARVIN • Clerk • 248-3277

July 28, 1988

Mr. Paul Yarborough, Director  
Department of Environmental Services  
2115 SE Morrison  
Portland, OR

Dear Mr. Yarborough:

Be it remembered, that at a meeting of the Board of County Commissioners held July 28, 1988, the following action was taken:

First Reading - An Ordinance amending Multnomah )  
County Code Chapter 5.30 (Motor Vehicle Fuel Tax ) R-4

Copies of the above-entitled Ordinance were available to all persons wishing a copy. Ordinance was read by title only.

A hearing was held; no one wished to testify.

Commissioner Casterline explained that in the past, road taxes were designated for road improvements only, however the Attorney General has now determined that marine fuel taxes may be used for marine facilities. This will allow use of the monies for facilities at Blue Lake Park as well as maintenance of other County owned marine facilities. She moved, duly seconded by Commissioner Miller, unanimously

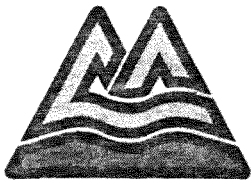
ORDERED that the first reading of the above-entitled Ordinance be approved, and that the second reading be held on August 4, 1988 at 9:30 A.M. in Room 602 of the County Courthouse.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin  
Jane McGarvin  
Clerk of the Board

in  
cc: County Counsel  
Parks Services  
Finance  
Dept. of General Services



# MULTNOMAH COUNTY OREGON

23  
5/61

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE MCGARVIN • Clerk • 248-3277

July 28, 1988

Ms. Linda Alexander, Director  
Department of General Services  
1120 SW Fifth  
Portland, OR

Dear Ms. Alexander:

Be it remembered, that at a meeting of the Board of County Commissioners held July 28, 1988, the following action was taken:

In the matter of accepting the Data Processing )  
Management Committee Recommendations R-6 )

Commissioner Miller reviewed the projects that would be approved. She moved, duly seconded by Commissioner Kafoury, and it is unanimously

ORDERED that the Board accept the Data Processing Management Systems Report.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By

Jane McGarvin  
Jane McGarvin  
Clerk of the Board

jm  
cc: Information Services Division

DATE SUBMITTED \_\_\_\_\_

(For Clerk's Use)

Meeting Date 7/28/88  
Agenda No. R-6

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Data Processing Management Committee

Informal Only\* \_\_\_\_\_  
(Date)

Formal Only July 28, 1988  
(Date)

DEPARTMENT DGS DIVISION Director's Office

CONTACT Linda Alexander TELEPHONE 248-3300

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Linda Alexander

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Data Processing Management Committee Recommendations to the Board of Commissioners.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 20 minutes

IMPACT:

PERSONNEL

☒ FISCAL/BUDGETARY - 1st quarter contingency

☒ - General Fund

Other \_\_\_\_\_

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: [Signature]

BUDGET / PERSONNEL /

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) [Signature]

OTHER \_\_\_\_\_  
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

BOARD OF  
COUNTY COMMISSIONERS  
1988 JUL 21 PM 12:05  
MULTNOMAH COUNTY  
OREGON



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF GENERAL SERVICES  
PORTLAND BUILDING  
1120 S.W. FIFTH, 14TH FLOOR  
PORTLAND, OR 97204-1934

OFFICE OF THE DIRECTOR  
BUDGET & MANAGEMENT  
ANALYSIS  
COUNTY COUNSEL  
EMPLOYEE RELATIONS  
FINANCE DIVISION

(503) 248-3303

(503) 248-3883

(503) 248-3138


(503) 248-5015

(503) 248-3312

BOARD OF COUNTY COMMISSIONERS  
GLADYS MCCOY, CHAIR  
PAULINE ANDERSON  
POLLY CASTERLINE  
GRETCHEN KAFOURY  
CAROLINE MILLER

## MEMORANDUM

TO: Board of County Commissioners

FROM: Linda Alexander, Chair  
Data Processing Management Committee 

DATE: July 19, 1988

SUBJECT: Data Processing Management Committee Recommendations to the Board

The Data Processing Management Committee met on Thursday, July 7, 1988 to consider the following major items:

- **Status Report on "A" Priorities from the 1987-88 information systems plan**
  - Development projects
  - Feasibility studies
- **Approve projects for funding by dedicated funds**
  - Assessment & Taxation's system improvements
  - Alarm Ordinance System - MCSO
  - Inmate Accounting and Commissary system - MCSO
- **Approve projects for 1988-89 funding by DPMC appropriation subject to Board approval.**

The Committee took the following actions and is making the following recommendations to the Board:

- **That the Board receive the 6/30/88 status reports on "A" Priority projects funded in 1987-88, see Attachment 1**
  - **Development projects**
    - Human Services Health Care Management System
    - Civil Process System
    - Aging Services System

- **Feasibility studies (executive summaries attached - complete copies available on request)**
  - Integration of CPMS/JAWS/SRMS - Sheriff's Office
  - Animal Control Field Services Tracking
  - Social Services Case Management Requirements Definition
  - DES Road Fund Cost Accounting
  - District Attorney PROMIS Conversion/Integration Project
  - Assessment & Taxation system improvements
- **That the Board approve the recommendation to proceed with the dedicated funds projects - see Attachment 2**
  - Assessment & Taxation improvements
  - Alarm ordinance system
  - Inmate accounting and commissary system
- **Based on the feasibility studies and the ICJIS project recommendation, that the Board approve the recommended funding for the following projects:**

\$169,910	• Integration of CPMS/JAWS/SRMS - Sheriff's Office
70,280	• Animal Control Field Services Tracking
*51,000	• *Integrated Criminal Justice System Framework Project (Attachment 3)
<u>\$291,190</u>	• Total funding required
211,230	• Balance in Special Appropriation \$200,000 1988-89 and \$11,230 Carryover
<u><b>\$ 79,960</b></u>	• <u><b>Additional funding required from Contingency</b></u>

\* The Framework Project is a request made from the DPMC to the Board to fund a Data Architecture development and Standard data definition study which will allow ISD to expand upon the work being done to integrate the Sheriff's systems. This will build the architecture which will allow us to both standardize and integrate a future District Attorney's system, the State court system interface and provide the Data Structure to guide the future integration of other systems such as community corrections and probation. This project would be developed concurrently with the Sheriff's systems.

Background

There was no 1988-89 budget request forwarded to the Board to fund the 1.2-1.8 million dollar integrated criminal justice system project as presented by David Bogucki's report of January 14, 1988.

Even though dedicated funding for a full system project was not provided, the Data Processing Management Committee believes that the integration of the systems in the Sheriff's Office are a high priority and should go forward and be funded from the Committee's Annual Special Appropriation.

They also believe, however, that other system needs such as Animal Control should not continue to be neglected because the limited \$200,000 a year new development money is used up by criminal justice needs. The DPMC believes that the Board should fund new development requirements for integrating the justice systems. Even though maintenance hours (Base ISD Budget) are used and combined with the \$200,000 to fund new development, we are facing funding issues in the next few years such as:

- \$175 - \$200,000 to replace the District Attorney's PROMIS system and fully integrate with the Courts and the criminal justice framework
- Other criminal justice system integration such as community corrections and probation
- Countywide cost accounting
- Human Services Case management
- Assessment & Taxation system completion

2611F/LA/js

Attachments

cc: Data Processing Management Committee



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF GENERAL SERVICES  
PORTLAND BUILDING  
1120 S.W. FIFTH, 14TH FLOOR  
PORTLAND, OR 97204-1934


OFFICE OF THE DIRECTOR  
BUDGET & MANAGEMENT  
ANALYSIS  
COUNTY COUNSEL  
EMPLOYEE RELATIONS  
FINANCE DIVISION

(503) 248-3303  
(503) 248-3883  
(503) 248-3138  
(503) 248-5015  
(503) 248-3312

BOARD OF COUNTY COMMISSIONERS  
GLADYS McCOY, CHAIR  
PAULINE ANDERSON  
POLLY CASTERLINE  
GRETCHEN KAFOURY  
CAROLINE MILLER

## MEMORANDUM

TO: Board of County Commissioners

FROM: Linda Alexander, Chair  
Data Processing Management Committee 

DATE: July 19, 1988

SUBJECT: Data Processing Management Committee Recommendations to the Board

The Data Processing Management Committee met on Thursday, July 7, 1988 to consider the following major items:

- **Status Report on "A" Priorities from the 1987-88 information systems plan**
  - Development projects
  - Feasibility studies
- **Approve projects for funding by dedicated funds**
  - Assessment & Taxation's system improvements
  - Alarm Ordinance System - MCSO
  - Inmate Accounting and Commissary system - MCSO
- **Approve projects for 1988-89 funding by DPMC appropriation subject to Board approval.**

The Committee took the following actions and is making the following recommendations to the Board:

- **That the Board receive the 6/30/88 status reports on "A" Priority projects funded in 1987-88, see Attachment 1**
  - **Development projects**
    - Human Services Health Care Management System
    - Civil Process System
    - Aging Services System

- **Feasibility studies (executive summaries attached - complete copies available on request)**
  - Integration of CPMS/JAWS/SRMS - Sheriff's Office
  - Animal Control Field Services Tracking
  - Social Services Case Management Requirements Definition
  - DES Road Fund Cost Accounting
  - District Attorney PROMIS Conversion/Integration Project
  - Assessment & Taxation system improvements
- **That the Board approve the recommendation to proceed with the dedicated funds projects - see Attachment 2**
  - Assessment & Taxation improvements
  - Alarm ordinance system
  - Inmate accounting and commissary system
- **Based on the feasibility studies and the ICJIS project recommendation, that the Board approve the recommended funding for the following projects:**

\$169,910	• Integration of CPMS/JAWS/SRMS - Sheriff's Office
70,280	• Animal Control Field Services Tracking
*51,000	• *Integrated Criminal Justice System Framework Project (Attachment 3)
<u>\$291,190</u>	• Total funding required
211,230	• Balance in Special Appropriation \$200,000 1988-89 and \$11,230 Carryover
<u><u>\$ 79,960</u></u>	• <u><b>Additional funding required from Contingency</b></u>

\* The Framework Project is a request made from the DPMC to the Board to fund a Data Architecture development and Standard data definition study which will allow ISD to expand upon the work being done to integrate the Sheriff's systems. This will build the architecture which will allow us to both standardize and integrate a future District Attorney's system, the State court system interface and provide the Data Structure to guide the future integration of other systems such as community corrections and probation. This project would be developed concurrently with the Sheriff's systems.

Background

There was no 1988-89 budget request forwarded to the Board to fund the 1.2-1.8 million dollar integrated criminal justice system project as presented by David Bogucki's report of January 14, 1988.

Even though dedicated funding for a full system project was not provided, the Data Processing Management Committee believes that the integration of the systems in the Sheriff's Office are a high priority and should go forward and be funded from the Committee's Annual Special Appropriation.

They also believe, however, that other system needs such as Animal Control should not continue to be neglected because the limited \$200,000 a year new development money is used up by criminal justice needs. The DPMC believes that the Board should fund new development requirements for integrating the justice systems. Even though maintenance hours (Base ISD Budget) are used and combined with the \$200,000 to fund new development, we are facing funding issues in the next few years such as:

- \$175 - \$200,000 to replace the District Attorney's PROMIS system and fully integrate with the Courts and the criminal justice framework
- Other criminal justice system integration such as community corrections and probation
- Countywide cost accounting
- Human Services Case management
- Assessment & Taxation system completion

2611F/LA/js

Attachments

cc: Data Processing Management Committee

**ATTACHMENT 1: PROJECTS FUNDED IN 1987-88  
(EXCLUDING ICJIS)**

STATUS REPORTS - JUNE 30, 1988  
EXECUTIVE SUMMARIES OF FEASIBILITY STUDIES

## **STATUS REPORTS - JUNE 30, 1988**



# MULTNOMAH COUNTY OREGON

---

HUMAN SERVICES HEALTH CARE MANAGEMENT SYSTEM  
STATUS REPORT TO JUNE 30, 1988

## HUMAN SERVICES HEALTH CARE MANAGEMENT SYSTEM

### OVERVIEW OF EXISTING INFORMATION SYSTEM

Generally, two distinct components of the existing information system can be identified: 1) The encounter system and 2) The Multicare or Membership Management Information System. The systems are currently poorly integrated, and some duplication of information exists.

The "encounter" system functions as the client tracking/utilization system for all health services provided in County clinics (clinic health services include medical, dental, optometric, lab and pharmacy) and the field health services provided in client homes by community health nurses. The encounter forms are the sole input documents for the system. Data collected on the forms are input by three data entry clerks via an on-line system in a unit located within the division's administrative offices. This unit is scheduled to be dissolved with the advent of the new HIS.

Data is maintained by the County Information Services Division (ISD) on an IBM compatible, AMDAHL mainframe, in several files on a data base management system, ADABAS. ADABAS is enhanced by the Fourth Generation programming aid called NATURAL, which is marketed by the same vendor, Software AG. The new HIS will be created on ADABAS, as well, and as many programs as possible, should be created in NATURAL. Special specific permission from the Health Division will be required for each program not developed in NATURAL. Vendors will be asked to utilize NATURAL as much as possible in their programming specifications, with COBOL as the secondary alternative, with permission.

At present, approximately 950,000 encounter/service records and 120,000 client records are stored in the data base. About 500 MB of storage are required, not including overhead for the system. Nearly 17,000 records are processed in order to produce regular monthly reports with 50,000 processed for quarterly reports and 200,000 processed for yearly reports.

As part of the new programming effort, and prior to conversion and implementation, a purge back to approximately three years of history will be made. No part of the arrangements for this purge need be considered by the vendors in their proposals, as it will all be designed and carried out by County personnel.

The second component of the existing information system is the Multicare or Membership Management System. This system was originally developed to track a different sort of pre-paid program and to a degree, it has been adapted to provide information on Multicare enrollees, but it does not function adequately. Its major deficiencies are in the area of automated

claims processing and utilization reporting. It is also not well integrated with the encounter system.

Our present resources fail to provide for information needs in four general areas of concern.

First, the membership management component of the system is inadequate. We are unable to obtain accurate encumbrance and risk information, to pay claims in any sort of automated fashion, or to produce reliable and automated statistical data on outside utilization.

Second, components of the existing system are not linked. This fragmentation of resources causes duplication of storage and entry resources and prevents us from directly relating utilization of outside and internal services. We are, thus, unable to produce information necessary to perform effective case management or risk assessment.

Third, the existing system cannot adequately track and handle client related costs and charges. We cannot bill clients, Medicare, or any other third-party payers other than some Medicaid in an automated fashion. We cannot even say for certain what a given client owes.

Finally, existing resources do not provide the sort of modern productivity improvement tools available to the health care industry. Our current system neither deals with appointments nor aids in patient intake and egress.

The new Health Information System addresses each of these area of concern.

#### SUMMARY OF KEY FEATURES OF THE NEW SYSTEM

The following describes, in very general terms, the kinds of access to information within the new HIS.

##### A. New functionalities to be added to Health Centers

- 1) A client tickler, or messaging system is available for clinic use. Messages are of two types and two levels of severity. First, messages will be either of set format or free-form. Second, messages will be able to be keyed by all staff, or certain messages will only be able to be keyed by staff with a given level of security.
- 2) As part of the file re-designs required for these functions, the Encounter System and the Membership Management System will be fully integrated. The membership information becomes merely a subset of all client information.
- 3) On-line updates and adds of client records and information, primarily at patient intake and egress.
- 4) Increased inquiry and update access to client file will be allowed. Clerks and others routinely need access to information

from the client file. Payments and clinic patient fee balances due are among the information needed at Health Centers.

- 5) On-line update of clinic patient fees. This will be available at any time, but primarily would take place at patient egress.
- 6) The on-line chart locator function allows any user at an HD terminal to inquire about the location of any patient chart, from on his or her own desk to molding away in archives over the last five years.
- 7) The on-line inquiry system has been greatly enhanced to support all of the functionalities spelled out above, and below.
- 8) A batch process remains available to support those HD functions which are performed where a terminal is not possible or economically feasible.

B. New functionalities for Fiscal Service

- 1) On-line claims processing, automated checking of authorizations, and client eligibility status. Fiscal services staff will enter data from invoices (claims from community providers) and inquire against both client and authorization tracking data files in order to verify eligibility and to confirm authorizations for referral services. Check requests for authorizing payment are then produced, with the ability to make only partial payment based on various payment schemes (percentage reimbursements).
- 2) Reports are available about potential bills outstanding, and outside payment totals for various individuals and pre-paid groups; reports for individuals will be available monthly for those with stop-loss problems; for pre-paid programs four separate program reports will be prepared. The system will produce the check requests (hard copy).
- 3) The new system has the ability to generate automated bills for all but the most complicated services when a client is eligible for Medicaid, Medicare, and standard, Third-Party insurances such as Blue Cross. For Medicaid and Medicare, these bills will be produced on magnetic tape. For other third party insurers, the bills will be produced on the HCFA 1500 form.

HUMAN SERVICES  
HEALTH CARE MANAGEMENT SYSTEM  
STATUS REPORT TO JUNE 30, 1988

STATUS

The bulk of the outstanding design issues were completed in June, leading toward starting the coding of the program prototyping.

The data base files were created and are ready to be loaded with test data.

The Tables File (a small system in itself) was started and coded in June, with minor cleanup taking place in July.

CONCERNS

The conversion project is still behind schedule. The project will be started in early July with additional resources from ISD.

Changes from the original design have been made, causing some additional effort, but other developments, such as Natural Security will offset this time by eliminating much of the coding that would have been necessary with "custom coding security" as originally planned.

HEALTH CARE MANAGEMENT SYSTEM  
PROJECT FINANCIAL REPORT

TOTAL PROJECT ESTIMATE: 9,151 hrs. \$414,800  
CURRENT FISCAL YEAR: 87/88  
CURRENT MONTH: JULY

USER DEPARTMENT: HEALTH  
PROJECT CODE: MHHP  
MONTH: JUNE

	<u>ESTIMATED HOURS</u>	<u>ACTUAL HOURS</u>	<u>ESTIMATED DOLLARS</u>	<u>ACTUAL DOLLARS</u>
FINALIZE DESIGN	1614	1115	\$ 73,162	\$42,897
CONVERSION	1243		56,345	
PROGRAMMING	4800	486	217,584	\$31,447
SYSTEM TESTING	726		32,909	
HARDWARE INSTALLATION	200		9,066	
TRAINING	224		10,154	
SYSTEM INSTALLATION	48		2,176	
SYSTEM TURNOVER/ACCEPTANCE	296		13,404	
POST IMPLEMENTATION REVIEW	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
		1601	\$414,800	\$74,344

7-06-88

## Health Care

1/2

ACTIVITY	Planned start	Planned estimate
Health-Status Plan	4-01-88	186ed
Contract Agreement	4-01-88	12d
Project Planning/Control	4-19-88	8d
Finalize Design	4-29-88	158ed
Resolve o/s Issues	4-29-88	20d
Security	4-29-88	10d
Front-end	4-29-88	10d
Tables	5-02-88	24d
Conversion	7-11-88	60d
Data-Base	4-29-88	5d
Forms	4-29-88	57d
File Cleanup	6-01-88	362h
System Prototype	6-10-88	47d

7-06-88

Health Care

2/2

ACTIVITY

Planned  
start

Planned  
estimate

Design Test System

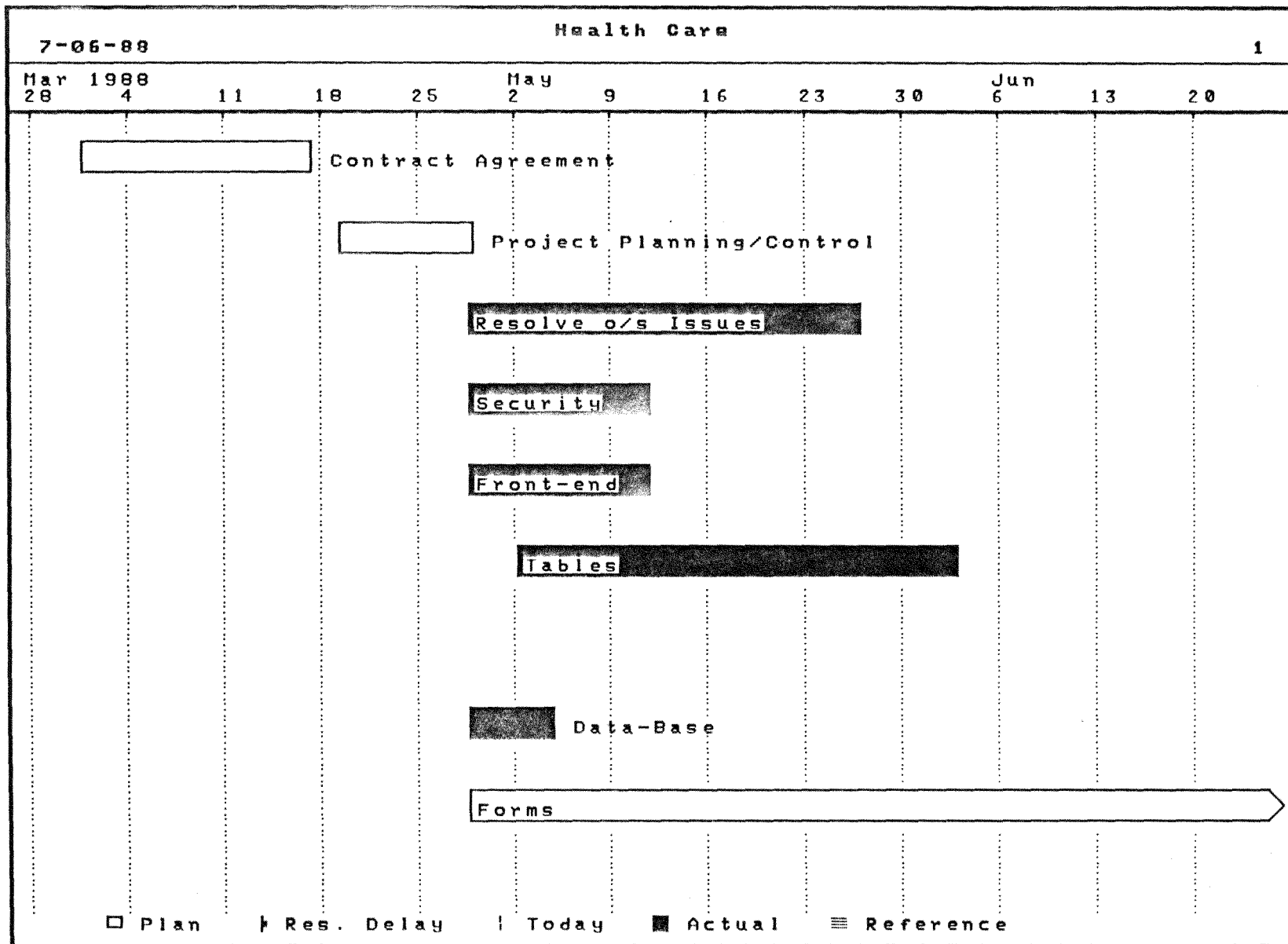
7-15-88

19d

Acceptance Test

7-25-88

14d



7-06-88

# Health Care

2

Jun 1988  
27 4

11

18

25

Aug  
1

8

15

22

29

Sep  
5

12

19

Conversion

Forms

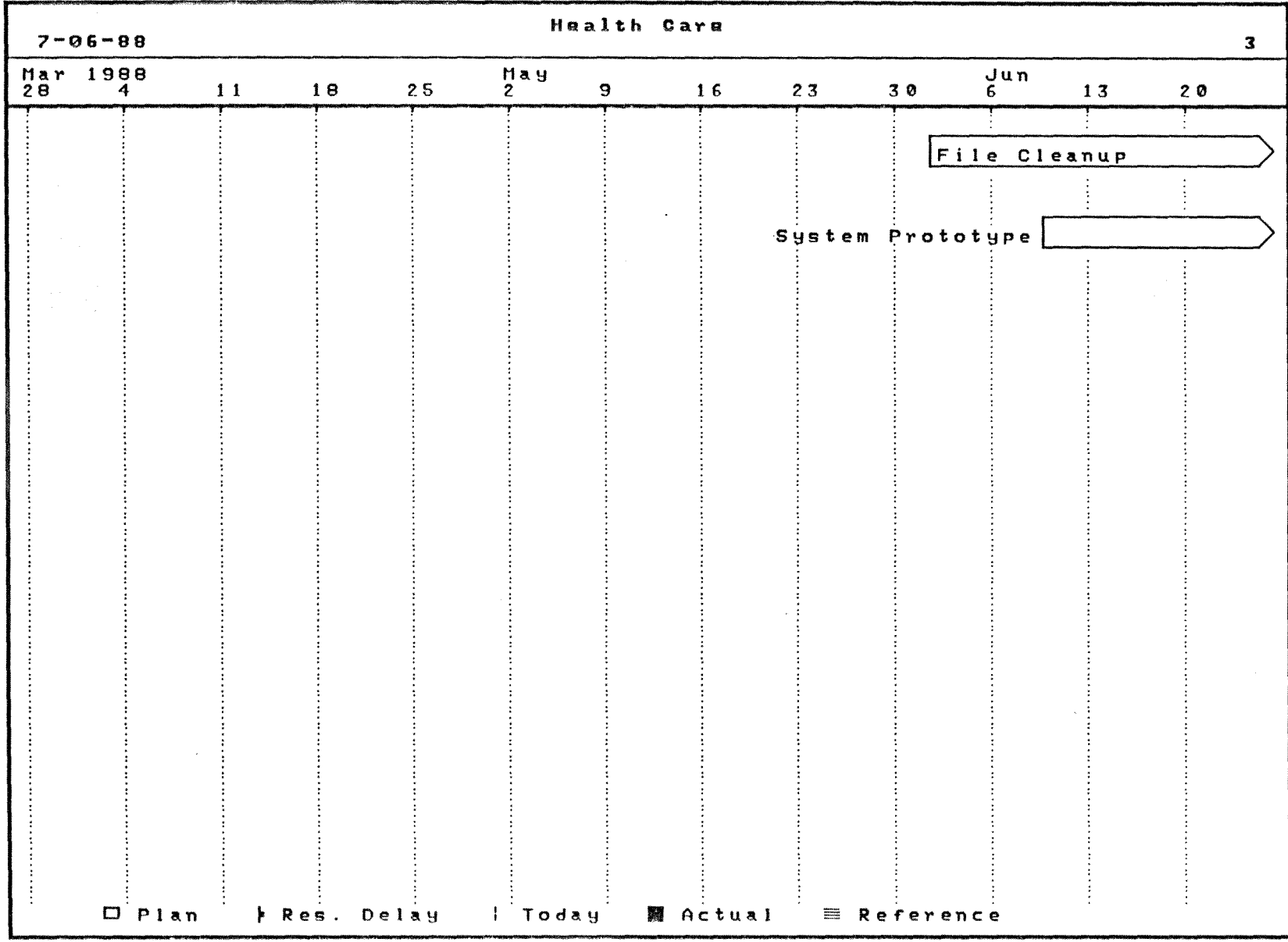
□ Plan

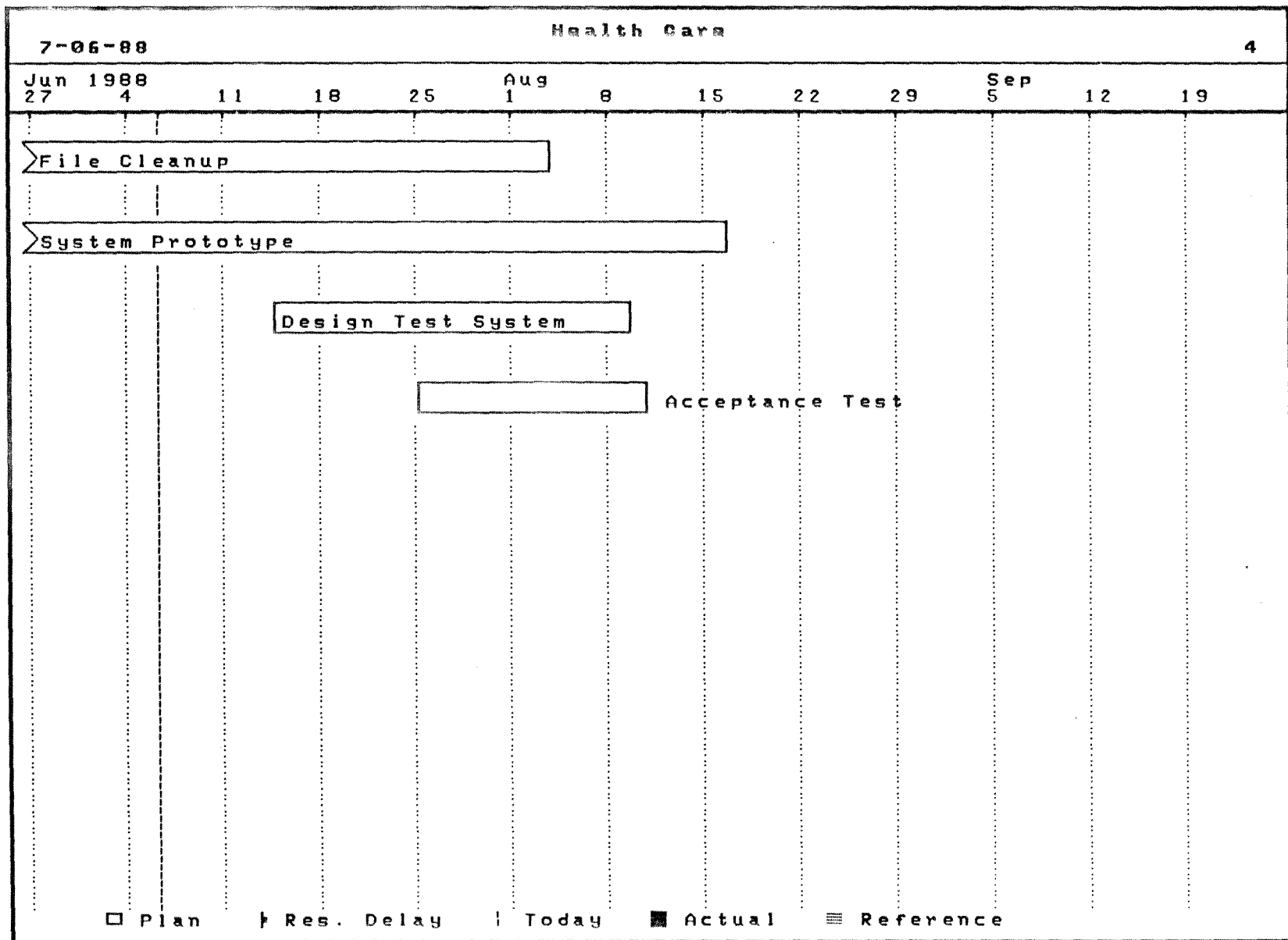
┆ Res. Delay

| Today

■ Actual

≡ Reference







# MULTNOMAH COUNTY OREGON

---

AGING SERVICES SYSTEM DEVELOPMENT PROJECT  
STATUS REPORT TO JUNE 30, 1988



# MULTNOMAH COUNTY OREGON

---

## CIVIL PROCESS SYSTEM DEVELOPMENT PROJECT

STATUS REPORT TO JUNE 30, 1988

CIVIL PROCESS SYSTEM DEVELOPMENT PROJECT  
STATUS REPORT TO JUNE 30, 1988

## OVERVIEW

The Automated Civil Process system of the Multnomah County Sheriff's Office is actually comprised of two subsystems: The Civil Process system and the Civil Commitment system.

The Civil Process portion is an online service/process tracking system. The "case number" is the basic unit around which data is collected. (This number is internally assigned by the MSCO Civil Process section and is generated strictly for the purposes of this subsystem.) Information captured consists of plaintiff, defendant(s), types of processes to be served, address where defendant is to be served, date/time of service, etc. From the time a process is received in the civil process office, the system is able to keep a running log of its status. That is, the user will be able to determine how many attempts were made to serve that process, date and time of the attempts, the deputy who made the attempts, date/time the process may have been placed on hold or closed out, and, if it was closed, the reason why the deputy was unable to serve the process. The system also keeps track of daily deputy statistics such as total miles driven, total papers served and returned, hours spent with a levy, waiting, or working in civil commitment. Special information may also be kept of file pertaining to a specific address. Management personnel, for example, may assign a "caution flag" to an address alerting the deputies to any known dangers about the residents. This caution status stays in effect for 30 days unless management reviews it and extends the caution end date. A list of defendants served at any given address will be available throughout this system.

Queries for the Civil Process subsystem may be done by case number, defendant name, service address, process type, case status, deputy BPST, etc. The Civil Process subsystem also includes a batch portion that creates printed reports of the online queries as well as generating service jackets and some of the standard letters-of-return.

The Civil Commitment subsystem is a much smaller portion of the civil process system. It captures information pertaining to involuntary commitments to County mental health facilities. Data includes names, date and time of the hearing, results of the hearing, facility that the client is transferred to, and reason for the commitment. The batch portion of the Civil Commitment subsystem includes printed reports of the online queries (such as query by name, facility, types of results, etc.) as well as monthly statistical reports.

CIVIL PROCESS SYSTEM DEVELOPMENT PROJECT  
STATUS REPORT TO JUNE 30, 1988

STATUS

The Civil Process portion of the Civil Process System is nearing completion. Online and batch programs are approximately 99% complete. A request to add an additional field to the name file ("TRUE-COPIED-BY") will require some program and documentation changes. However, this is expected to have only a minor effect on the completion date. User documentation is approximately 95% complete.

Terminals and printers have been installed and tested as well as LEDS interfacing (with the exception of the laser printer).

A meeting was held Tuesday, June 21, with Ralph Baker from the Civil Commitment Unit. Several changes and enhancements were agreed upon. Again, although much of the online programming had been completed, these modifications should have little impact on the completion date. Approximately 90% of the online programming and 25% of the batch programming for the Civil Commitment Subsystem has been completed. User documentation has not yet begun.

CONCERNS

Problems occurred when testing was done on printers having 4-digit TID numbers. It was eventually determined that the problem was in the subroutine "JE99", which is commonly used for spooled reports. This program apparently cannot handle a TID number larger than 3 digits. A special set of programs has since been written to handle this. However, because of the fact that the Hansen Building and the Jail now have both 3-digit and 4-digit TID printers, all programs within SRMS that use the "JE99" subroutine to spool their reports, must be modified to use the new programs. This will be a time-consuming task and one that should be completed before Civil Process goes into production.

Alcatel Corp. (formerly "Courier") has arranged for a demonstration on Wednesday, July 6, of their laser printer. Following this, testing should be able to get under way for the functions requiring output to this printer.

CIVIL PROCESS  
PROJECT FINANCIAL REPORT

TOTAL PROJECT ESTIMATE: HRS - 993    \$35,748  
CURRENT FISCAL YEAR: 87/88  
CURRENT MONTH: JULY

USER DEPARTMENT: SHERIFF  
PROJECT CODE: MJCA  
MONTH: JUNE

	<u>ESTIMATED HOURS</u>	<u>ACTUAL HOURS</u>	<u>ESTIMATED DOLLARS</u>	<u>ACTUAL DOLLARS</u>
SYSTEM REQUIREMENTS	72	68.5	\$ 2,592	\$ 2,466
EXTERNAL DESIGN/RFP	40	19	1,440	684
INTERNAL DESIGN	75	58	2,700	2,088
IMPLEMENTATION PLAN	16	16	576	576
PROGRAMMING	650	455.5	23,400	16,398
SYSTEM TEST	45	82.5	1,620	2,970
USER TRAINING*	45	162	1,620	5,832
INSTALLATION	50	0	1,800	0
POST IMPLEMENTATION REVIEW	—	—	—	—
	933	861.5	\$35,748	\$31,014

\*Includes all user documentation.

6-30-88

**Civil Process System Development Project**  
**Status Report to June 30, 1988**

1/3

ACTIVITY	Planned start	Planned end	Planned estimate
CivilPro Plan	10-26-87	8-19-88	299ed
System Requirements	10-26-87	11-06-87	2w
External Design/Analysis	11-09-87	12-08-87	4w
Internal Design	12-09-87	12-30-87	3w
Programming	1-04-88	8-05-88	215ed
Civil Process	1-04-88	8-05-88	215ed
Civ Pro On-line Programming	1-04-88	5-13-88	19w
Civ Pro Batch Programming	4-01-88	5-05-88	5w
Civ Pro Purge System Programming	7-25-88	8-05-88	2w
Civil Commitment	6-01-88	7-18-88	48ed
Civ Com On-line Programming	6-01-88	7-20-88	7w
Civ Com Batch Programming	7-05-88	7-18-88	2w
Testing	4-25-88	8-12-88	110ed

6-30-88

**Civil Process System Development Project  
Status Report to June 30, 1988**

2/3

ACTIVITY	Planned start	Planned end	Planned estimate
Civil Process	4-25-88	8-12-88	110ed
Civ Pro On-line System Testing	5-09-88	5-30-88	3w
Civ Pro Batch System Testing	4-25-88	5-13-88	3w
Civ Pro Purge System Testing	8-01-88	8-12-88	2w
Civil Commitment	7-11-88	7-22-88	12ed
Civ Com On-line System Testing	7-11-88	7-22-88	2w
Civ Com Batch System Testing	7-12-88	7-18-88	1w
Documentation	5-16-88	8-10-88	87ed
Civil Process	5-16-88	8-10-88	87ed
Civ Pro On-line System Documentation	5-16-88	6-15-88	22d
Civ Pro Batch System Documentation	6-20-88	6-24-88	1w
Civ Pro Purge System Documentation	8-08-88	8-10-88	3d
Civil Commitment	7-12-88	7-25-88	14ed

6-30-88

# Civil Process System Development Project Status Report to June 30, 1988

3/3

ACTIVITY	Planned start	Planned end	Planned estimate
Civ Com On-line System Documentation .....	7-12-88 .....	7-25-88 .....	2w .....
Civ Com Batch System Documentation .....	7-19-88 .....	7-25-88 .....	1w .....
Training .....	6-24-88 .....	8-19-88 .....	57ed .....
Civ Pro On-line System Training .....	6-24-88 .....	7-08-88 .....	2w .....
Civ Com On-line System Training .....	8-14-88 .....	8-19-88 .....	1w .....

6-30-88

# Civil Process System Development Project Status Report to June 30, 1988

1

1987  
Oct

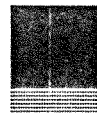
Nov

Dec

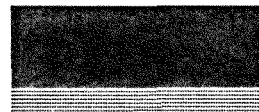
1988  
Jan

Feb

Mar



System Requirements



External Design/Analysis



Internal Design



Civ Pro On-line Programming

□ Plan

┆ Res. Delay

| Today

■ Actual

▨ Reference

6-30-88

Civil Process System Development Project  
Status Report to June 30, 1988

2

1988

Apr

May

Jun

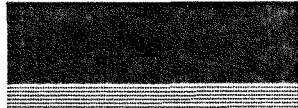
Jul

Aug

Sep

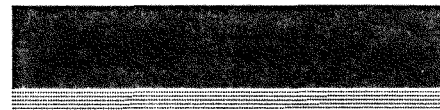


Civ Pro On-line Programming

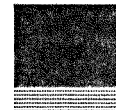


Civ Pro Batch Programming

Civ Pro Purge System Programming



Civ Com On-line Programming



Civ Com Batch Programming

□ Plan

| Res. Delay

| Today

■ Actual

▨ Reference

6-30-88

# Civil Process System Development Project Status Report to June 30, 1988

3

1988

Apr

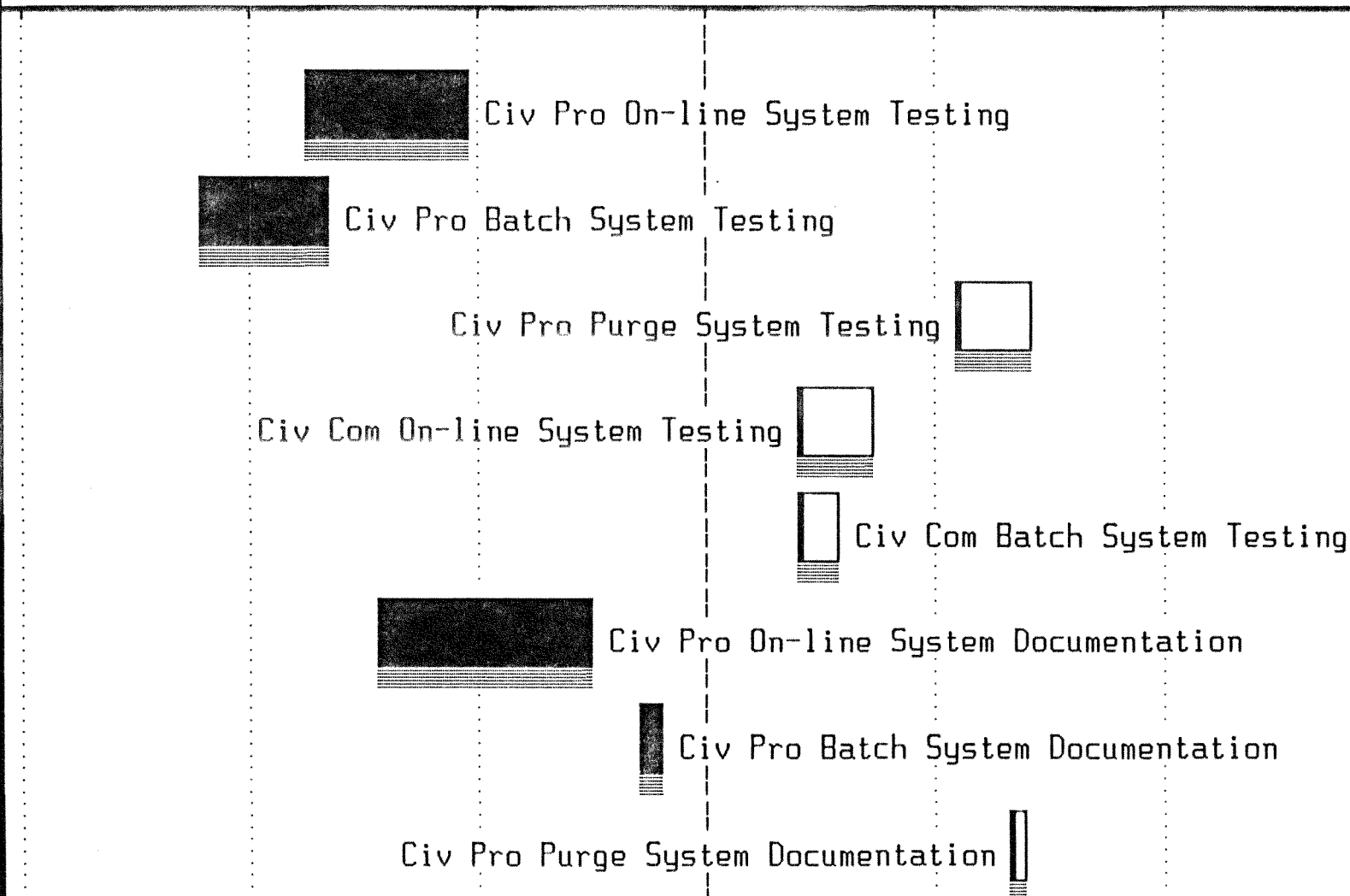
May

Jun

Jul

Aug

Sep



□ Plan

| Res. Delay

| Today

■ Actual

▨ Reference

6-30-88

Civil Process System Development Project  
Status Report to June 30, 1988

4

1988

Apr

May

Jun

Jul

Aug

Sep

Civ Com On-line System Documentation



Civ Com Batch System Documentation



Civ Pro On-line System Training

Civ Com On-line System Training



□ Plan

└ Res. Delay

| Today

■ Actual

▨ Reference

## AGING SERVICES SYSTEM

### OVERVIEW

To remove the current system from the City of Portland's VAX machine and process information on the County's mainframe computer.

By re-writing this system for the County's computer, the goal of sharing information (who, when, what) across divisional lines within the Department of Human Services may be satisfied.

The present system must be maintained by City personnel familiar with the computer language utilized on the VAX computer.

Once the system is performing on the County's mainframe, the maintenance, enhancements and sharing of information will be performed using the same data base, language and teleprocessing monitor as will be used on other new or enhanced Human Services systems.

AGING SERVICES SYSTEM  
STATUS REPORT TO JUNE 30, 1988

STATUS

No progress made in June. Requirements documentation to begin July 18, 1988. Project will have the benefit of groundwork completed by the Health Care System in complying with standards, goals of Multnomah County.

CONCERNS

The person assigned was committed to other projects.

Project is now starting too late to cancel contract with the City by December 31, 1988. Provisions should be made as soon as possible to extend this contract.

AGING SERVICES  
PROJECT FINANCIAL REPORT

TOTAL PROJECT ESTIMATE:	1,022 hrs. \$49,200	USER DEPARTMENT:	AGING SERVICES
CURRENT FISCAL YEAR:	87/88	PROJECT CODE:	
CURRENT MONTH:	JULY	MONTH:	JUNE

	<u>ESTIMATED HOURS</u>	<u>ACTUAL HOURS</u>	<u>ESTIMATED DOLLARS</u>	<u>ACTUAL DOLLARS</u>
PROGRAMMING				
SYSTEM TESTING				
HARDWARE INSTALLATION				
TRAINING				
SYSTEM INSTALLATION				
SYSTEM TURNOVER/ACCEPTANCE				
POST IMPLEMENTATION REVIEW	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>

\*No expenditure of funds until contract is signed and programming begins.

7-06-88

## Aging-Services

1/2

ACTIVITY	Planned start	Planned estimate
Aging-Services Plan	7-18-88	271ed
Requirements	7-18-88	380mh
Design	10-14-88	200mh
R.F.P.	11-18-88	46ed
Preparation	11-18-88	55mh
Approval	12-01-88	5d
Bid Process	12-08-88	18d
Vendor Selection	1-03-89	3d
Contract Agreement	1-06-89	3d
Programming	1-11-89	79ed
Prototype	1-11-89	140mh
Program Modules	1-24-89	640mh
Documentation	3-21-89	60mh

7-06-88

## Aging-Services

2/2

ACTIVITY	Planned start	Planned estimate
Testing	3-28-89	40mh
User Acceptance	3-29-89	1d
System	3-30-89	15ed
Test	3-30-89	40mh
Documentation	4-03-89	40mh
User Training	4-07-89	30mh
User Acceptance	4-11-89	3d

7-06-88

# Aging-Services

1

1988

Apr

May

Jun

Jul

Aug

Sep

Requirements

□ Plan

┆ Res. Delay

| Today

■ Actual

▨ Reference

7-06-88

# Aging-Services

2

1988  
Oct

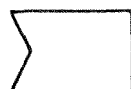
Nov

Dec

1989  
Jan

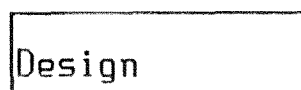
Feb

Mar



Requirements

Design



Preparation



Approval



Bid Process



Vendor Selection



Contract Agreement



Prototype

□ Plan

▮ Res. Delay

| Today

■ Actual

▨ Reference

7-06-88

# Aging-Services

3

1988  
Oct

Nov

Dec

1989  
Jan

Feb

Mar

Program Modules

Documentation

Testing

User Acceptance

Test

□ Plan

┆ Res. Delay

| Today

■ Actual

▨ Reference

## **EXECUTIVE SUMMARIES OF FEASIBILITY STUDIES**

=====

EXECUTIVE SUMMARY

SHERIFF OFFICE CPMS AND JAWS INTEGRATED SYSTEM

SECTION 1

PURPOSE:

This request is for development funds for the Sheriff's Office CPMS and JAWS System. The new system will be a replacement for the present CPMS and JAWS systems currently in operation in the Sheriff's Office.

FUNDING SOURCE	TOTAL	PERSONNEL	MATERIALS & SERVICES	CAPITAL
ISD* DEPT*				
DPMC	\$169,410	\$30,000	\$134,910	\$4,500
OTHER FUNDS** NONE				
PROJECT COST	\$169,410	\$30,000	\$134,910	\$4,500

\*Budgeted

\*\*Contingency Funds, Grant, Etc.

RISK SCORE: 38.4

0 ----- 50 ----- 100  
LOW RISK HIGH RISK

=====

EXECUTIVE SUMMARY

A&T APPRAISAL, ASSESSMENT & COLLECTION SYSTEM

SECTION 2

PURPOSE:

This request is for development funds to do a Requirements Definition for the Assessment and Taxation Department computer system. The ultimate goal is to replace the current system. A new system will assist A&T in complying with Oregon Statutes and better serving the County and taxpayer needs.

FUNDING SOURCE	TOTAL	PERSONNEL	MATERIALS & SERVICES	CAPITAL
ISD*	\$ 48,144	\$ 48,144		
DEPT*	\$ 90,908	\$ 90,908		
DPMC	\$ 49,280		\$ 49,280	
OTHER FUNDS** NONE				
PROJECT COST	\$193,332	\$139,048	\$ 49,280	\$5,000

\*Budgeted

\*\*Contingency Funds, Grant, Etc.

RISK SCORE: 49.4

0 ----- 50 ----- 100  
LOW RISK HIGH RISK

=====

EXECUTIVE SUMMARY

SOCIAL SERVICES CASE MANAGEMENT SYSTEM

SECTION 3

PURPOSE:

This request is for funds for a Requirements Study. The study would address the compatibility and consistency of the Social Services Division requirements with those needs identified by the Dept. of Human Services.

The requirements study will address data availability and data sharing between sections, divisions and departments.

FUNDING SOURCE	TOTAL	PERSONNEL	MATERIALS & SERVICES	CAPITAL
ISD*	\$ 840	\$ 840		
DEPT*	\$16,800	\$16,800		
DPMC	\$30,670		\$30,670	
OTHER FUNDS** NONE				
PROJECT COST	\$48,310	\$17,640	\$30,670	

\*Budgeted

\*\*Contingency Funds, Grant, Etc.

RISK SCORE: 25.5

0 ----- 50 ----- 100  
LOW RISK HIGH RISK

=====

EXECUTIVE SUMMARY

PROSECUTOR'S PROMIS SYSTEM CONVERSION

SECTION 4

PURPOSE:

The feasibility study for the Prosecutor's PROMIS system indicates no action should be taken at this time to convert or redesign the system.

TOTAL PROJECT COST:       \$0

RISK SCORE:               None required.

=====

=====

EXECUTIVE SUMMARY

ANIMAL CONTROL FIELD SERVICES

SECTION 5

PURPOSE:

This request is for development funds for an Animal Control Field Services Tracking System. This system will replace those procedures using manual files and outdated information. The dollars reflected are for a system to be built and maintained within a fiscal year.

FUNDING SOURCE	TOTAL	PERSONNEL	MATERIALS & SERVICES	CAPITAL
ISD*	\$ 1,680	\$ 1,680		
DEPT*	\$10,080	\$10,080		
DPMC	\$70,280		\$70,280	
OTHER FUNDS** NONE				
PROJECT COST	\$82,040	\$11,760	\$70,280	

\*Budgeted

\*\*Contingency Funds, Grant, Etc.

RISK SCORE: 23.4

0 ----- 50 ----- 100  
LOW RISK HIGH RISK

=====

=====

EXECUTIVE SUMMARY

DES COST ACCOUNTING SYSTEM

SECTION 6

PURPOSE:

The feasibility study for DES Cost Accounting indicates no new system required at this time.

TOTAL PROJECT COST: \$0

RISK SCORE: None required

**ATTACHMENT 2: PROJECTS TO BE FUNDED IN 1988-89  
BY DEDICATED RESOURCES**

A&T ASSESSMENT AND COLLECTION SYSTEM

SHERIFF'S OFFICE ALARM ORDINANCE SYSTEM

SHERIFF'S OFFICE INMATE ACCOUNTING AND COMMISSARY SYSTEM



# MULTNOMAH COUNTY OREGON

---

FEASIBILITY STUDY  
FOR  
A&T ASSESSMENT AND COLLECTION SYSTEM

=====

=====

## STATEMENT OF THE PROBLEM

The current automated system has evolved over the past 20 years. Fields and field sizes have been added or expanded as needed. If a field is no longer needed, it may be used as something entirely different than what it is called, causing confusion and errors.

The master file (Roll File) contains three years worth of assessment data. The assessor's section needs the third year available to them, before the tax collection department is finished with it. The result is usually a compromise unsatisfactory to either section.

The Roll File allows for one record per account, with six years of transaction history and five transactions per year. Foreclosure accounts now have a two-year redemption period. This means that until A&T can attach more than six receivable to any tax account, all accounts in foreclosure will have subaccounts. This is unacceptable for a variety of reasons, but primarily because it increases the changes that taxing districts will lose receivables under the bona fide purchaser statute.

Security to the files needs to be strengthened and a more sophisticated audit trail established:

The system does not provide a transaction audit trail to aid in determining who posted a transaction and when. There is no easy way of determining when a payment is actually received.

The assessor's tax role becomes official as of May 1st of a given year. Prior to that, assessors are working with the file establishing values for that next year. At any point prior to May 1st, values are not official and not public information. Currently anyone with access to the file can access the values giving potentially erroneous information. Security should be in place to prevent access without authorization until the values are official.

The current automated system does not edit for duplicate batch processing which has been a problem when applying tax payments. Occasionally batches will be duplicated. In order to restore the file integrity, expensive time-consuming procedures are followed causing delays to A&T's daily work. Records Appraisal and Collections data are so interrelated that problems in one area may impact other areas at critical reporting times.

Taxpayers call in for information about their accounts. The hard copy report A&T has to send is confusing and difficult to interpret. Often the report results in more questions than it answers.

=====

=====

### STATEMENT OF THE PROBLEM, cont'd.

The system has validation values stored in two tables, an online table and an offline table. Many times one table is updated while the other is not. In addition many validation values, such as transaction codes, are stored in the production programs. Whenever a change or additional transaction code is needed, the program must be changed, tested and recompiled.

The 'ATMENU' online system is inquire only. The system was written 10 years ago using 'state of the art' technology of the time. The programs have since reached maximum capacities of that technology. If information needs to be added to one of the programs, other data processes must be removed.

The system allows for no online updates. It can take up to six weeks for a name and/or address change.

There is no on-line name lookup capabilities. This would be an advantage for tax accounting.

The process used to set tax rates called "rate making" is cumbersome. The process needs to be enhanced by automating the urban renewal calculation and eliminating the unnecessary manual updating of the table file.

There are 19 files maintained and stored on the XL40 data entry equipment. All XL40 files should be on the mainframe where they can be maintained by ISD programmers and available for inquiry and file maintenance.

There are a relatively large number of tapes used in the system for file storage, backup, microfiche, printing and data entry. Many of these tapes are unnecessary. Retention of tapes should be reviewed based on legal requirements, ability to practically recover, and likelihood of later access to archived data.

Values can be generated for residential property using base replacement values available in tables. Assessors need to be able to generate values by calculating replacement costs for commercial and enhancements for income approach to value for commercial properties. If this was available to the assessors, they would be more accurate in setting values and would be better prepared to substantiate their values for appeals processing.

The A&T Data Dictionary is out of date.

Statistical data on the number of property values up or down for performance evaluation to determine how well appraisers are doing is not available.

=====

=====

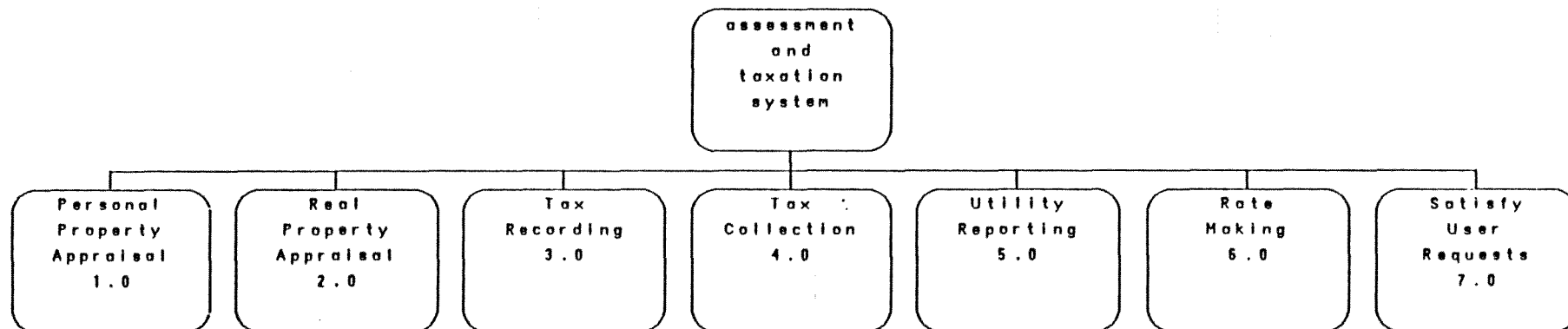
## CURRENT SYSTEM DESCRIPTION

The Assessment and Taxation Automated System was originally developed 20+ years ago to run on what was then the County's mainframe computer. About 10 years ago maintenance for that computer was discontinued by the manufacturer. The A&T programs would not run on the County's (replacement) IBM computer, so conversion to another programming language was required. In order to install a new system on the new machine in a timely manner and with the highest possible change for success, the "new" system was designed to be a copy of the "old" system.

The original system was written to automate the Tax Collection function. Since then, the system has been modified to include other functions within A&T.

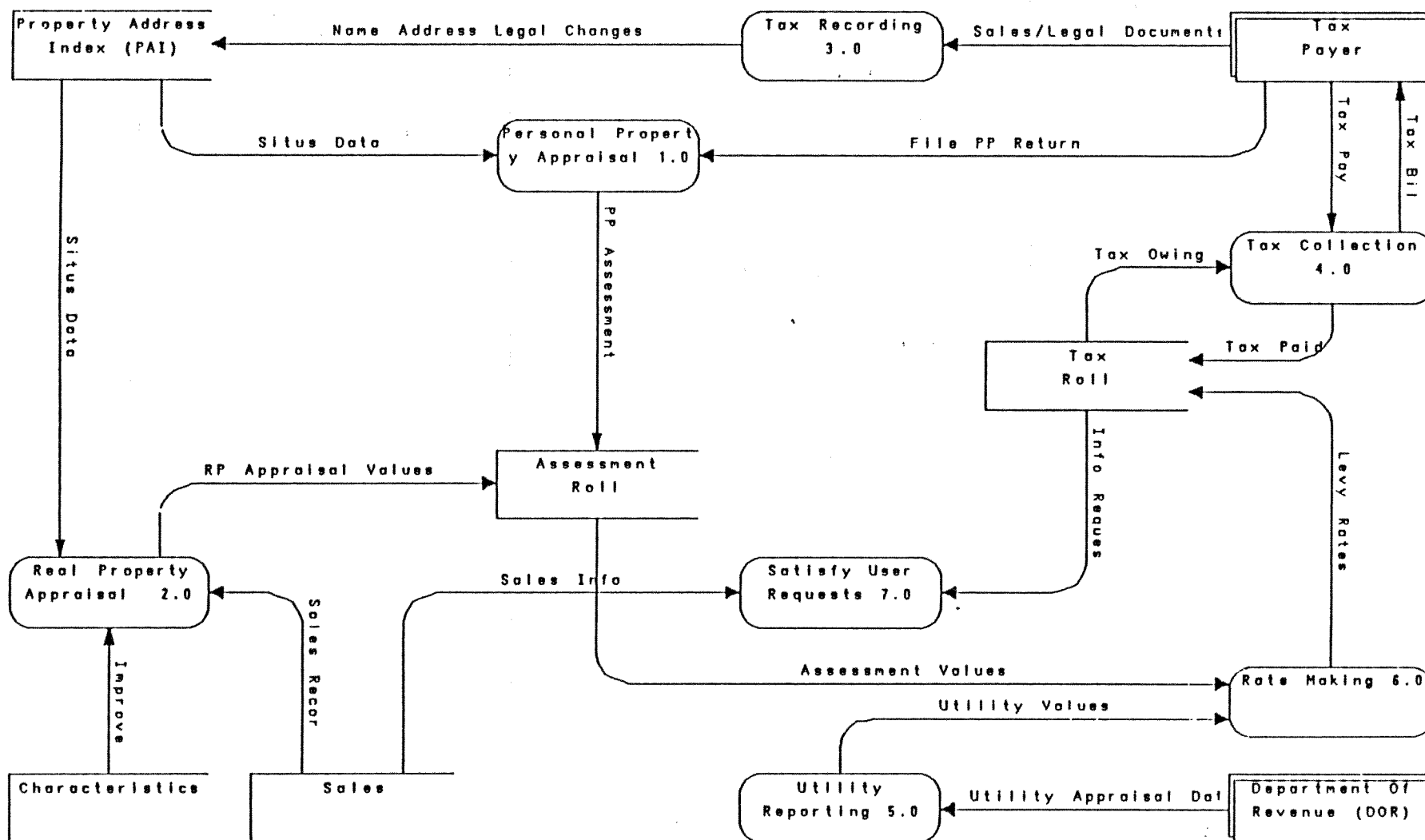
Today, A&T's automated system contains four main files: The Roll File, Property Address Index, sales and characteristics. The Roll File is the main file, containing 350,000 records with data about real, personal and Utility property. Each record can contain up to 2000 characters of information. There is only one record per account, therefore, each record contains ownership data, taxpayers data, legal, tax receivable, tax levied data, account status, market, exemption, deferral and characteristics data.

Data is collected into batches and entered into A&T's XL40 data entry equipment (which is also obsolete and unsupported by the vendor). From there the data is transmitted to the County mainframe for processing.



.assessment and taxation system

May 3, 1988 11:47:35



assessment and taxation system

May 3, 1988 11:46:13

=====

=====

## PROPOSED SYSTEM DESCRIPTION

SYSTEM NAME: A&T Appraisal, Assessment & Collection System

SYSTEM OWNER: Assessment and Taxation Division

OBJECTIVES: To enable the Assessment & Taxation division to comply with Oregon Statue in the Assessment and Tax Collection Sections in a cost effective and efficient manner.

BENEFITS: The benefits of an enhanced (or replacement) system for A&T include improved effectiveness of the automated system itself and providing the functionality required by A&T staff to perform their jobs more efficiently. Additionally, ongoing maintenance to a technically restructured system would be far less costly to the County; initial estimates indicate a 50% reduction in maintenance work could be achieved. A final consideration is the accuracy and extent of the information captured.

In order to insure these benefits are achieved, a system requirements definition using rapid analysis techniques will reduce the risk associated with the resulting system and result in reduced cost in terms of having to modify or redesign the system to get it right.

OTHER DEPARTMENTS AFFECTED: A&T's data is used by other departments in the County, City of Portland, City of Gresham, real estate companies, title companies, real estate developers and research companies.

OPERATING ENVIRONMENT: The system will run on the County's IBM compatible mainframe computer.

Approximately 100 terminals (IBM 3270 compatible) and an increasing number of dial-up PC's are attached to the County mainframe for the purpose of inquiring into A&T data files. Smaller machines could have hardware limitations restricting the number of terminals physically attached and may not have dial-up capabilities.

=====

=====

**PROPOSED SYSTEM DESCRIPTION, cont'd.**

There are 350,000 records on A&T's main file (Roll File). Each record may contain up to 2000 characters. Although the record size and format of the file may change, overall file space will increase in the future. Smaller machines would not have the capacity to handle those file size requirements.

**CONSTRAINTS:**

The system must not be implemented during a peak season, such as May, for the assessors, or November, February or May for tax collection.

**CLIENTS INTERVIEWED:**

Input for this document has been collected from:

Wanda Wright  
Eli Cohen  
Jim Lynch  
Bob Ellis  
Jim Czmowski  
Gary Ligi

=====

## ALTERNATIVE SOLUTIONS

### ALTERNATIVE #1: Do Nothing.

PRO: There have been many staff changes at A&T since the beginning of this year. If nothing is done, it will allow personnel to settle into new positions and become familiar with new personnel, responsibilities and processes.

CON: The current system is expensive to maintain. It takes three ISD personnel full time to maintain the automated system. If the system stays as it is, the structure may impact A&T's ability to stay in compliance with future statutory requirements. The ability to store additional years' worth of transactions is becoming essential. This change to the Roll File would be a major, expensive change to the automated system.

### ALTERNATIVE #2: Do a requirements definition to decide which of the following solutions, or combination of solutions, is best:

- 1) Enhance the current system,
- 2) Do a major rewrite of the current system;
- 3) Purchase one or more tax system packages, which could do both the assessment and collection functions.

PRO: The current A&T Automated system has been modified and changed to satisfy whatever the "current" crisis or requirement may be. It has been many years since anyone has looked at what A&T's system requirements at the strategic level. A requirements definition would enable an intelligent, informed decision on which solution to implement.

CON: A requirements definition for A&T will take a time commitment from key personnel and require the expenditure of money.

=====

=====

=====

## RECOMMENDED SOLUTIONS

ISD recommends Alternative #2. To do nothing will only put off the inevitable and leave A&T vulnerable to serious compliance problems. A requirements definition using rapid analysis techniques and CASE technology would document functions and data flows assisting A&T and ISD in determining the most beneficial and cost-effective solutions.

=====

=====

### PROJECT FUNDING REQUEST

SYSTEM NAME: A&T Appraisal, Assessment & Collection System

ISD RESOURCES:

Hardware No new computer hardware is anticipated.  
Software No new software is anticipated.  
Personnel Assigned to the project will be one full  
time senior systems analyst and one 3/4 time  
programmer/analyst. Some hours will be  
required of one senior system analyst and  
one programmer analyst who have input to the  
project on current system functions.  
(\$48,144)

TOTAL ISD \$ 48,144

DEPARTMENT RESOURCES:

Personnel One full time project coordinator from A&T  
(\$26,138) plus key personnel from each  
section during their portion of the rapid  
analysis phase (\$64,770).

Materials & Services

One conference room needs to be available  
for 28 days during the rapid analysis phase  
of the project. Work space for the project  
team for two months is also required.

Capital

No additional capital is anticipated.

TOTAL DEPT \$ 90,908

DPMC RESOURCES:

Consultants  
Analysts One full time and one part time (49,280).

Programmer/Analysts

Programmers

Other Materials & Services

No additional materials and services are  
anticipated.

Capital

No additional capital is anticipated.

TOTAL DPMC \$ 49,280

TOTAL PROJECT COSTS \$188,332

OTHER FUNDING SOURCES:

No other funds anticipated.

=====

=====

=====

### PROJECT FUNDING REQUEST, cont'd.

#### OPPORTUNITIES DATA SHARING:

City of Portland  
City of Gresham  
Title Companies  
Real Estate Companies  
Real Estate Developers

#### PROJECT BENEFITS:

Cost Displacement  
Cost Avoidance  
Value Added

The benefits of an enhanced (or replacement) system for A&T include improved effectiveness of the automated system itself and providing the functionality required by A&T staff to perform their jobs more efficiently. Additionally, ongoing maintenance to a technically restructured system would be far less costly to the County; initial estimates indicate a 50% reduction in maintenance work could be achieved. A final consideration is the accuracy and extent of the information captured.

In order to insure these benefits are achieved, a system requirements definition using Rapid Analysis techniques will reduce risk associated with the resulting system and result in reduced cost in terms of having to modify or redesign the system to get it right.

=====

## EXECUTIVE SUMMARY

### SHERIFF'S OFFICE ALARM ORDINANCE SYSTEM

#### PURPOSE:

This system will replace an existing manual system. This is not a request for funding. The dollars needed for the equipment and for developing the system have already been budgeted within the Sheriff's Office for 1988-89.

TOTAL ISD	\$	0
TOTAL DEPT	\$	40,853
TOTAL DPMC	\$	0
TOTAL PROJECT COST:	\$	40,853

~ Project completion is projected for November 1988.

## CURRENT SYSTEM DESCRIPTION

The Alarm Ordinance Unit is the unit which issues alarm permits to the residences and businesses of Multnomah County. Every residence and business within the County is required by the County Ordinance to register their alarm with this Unit. The purpose of this Ordinance was to reduce false alarms, permit faster dispatching time for police officers, and provide a data base to ensure more effective police response.

Once an alarm permit is issued, and the fee paid, the information pertaining to that permit is entered into the Bureau of Emergency Communications (BOEC) computer by Alarm Ordinance personnel. The type of information entered into BOEC'S computer includes: name, phone number, street address where alarm is installed, whether it is a residence or business, the permit number, type of alarm, name of alarm company, phone number, emergency contact, etc.

The Alarm Permit information is accessed by the dispatchers at BOEC and thus police officers can be more readily dispatched to the address where the alarm has been set-off. All incidents are coded. If the officer finds that the alarm was false, a false alarm code is noted for that incident.

Every week the Alarm Ordinance personnel pick-up a hardcopy printout of the alarms which have been activated. All false alarms are noted. A letter is sent notifying the permit holder of the false alarm. Four false alarms are allowed per year. After the fifth false alarm, the permit is revoked and a \$40.00 fine is imposed and must be paid if the permit holder wants to continue using that alarm.

Except for the computerized Alarm file at BOEC, and the notification letters which are on the word processing system at the Hansen Building, all other functions of the Alarm Ordinance Unit are manual and handled via paper files.

### STATEMENT OF THE PROBLEM

All permit renewals, false alarm notifications, fees paid, information pertaining to the permit holder are in files. To obtain any management information, the files must be reviewed and the information extracted by hand.

The original intent of the Alarm Ordinance was to decrease false alarms, dispatch police officers more readily and provide a data base to ensure more effective police response.

The Alarm Ordinance Unit needs an automated system which will ensure more timely notification of false alarm permit holders and the capability to generate management information reports to management, the police agencies, and alarm companies.

PROPOSED SYSTEM DESCRIPTION

SYSTEM NAME: Alarm Ordinance System (AOS)

SYSTEM OWNER: Sheriff's Office

OBJECTIVES: To develop a computerized system which will automate the functions of the Alarm Ordinance Unit.

To ultimately be able to enter all alarm information online to the BOEC computer (Until the new BOEC system is available, the data will be downloaded and uploaded via tape.)

BENEFITS: The system would enhance the reporting and notification of false alarm permit holders and could be of benefit in reducing the false alarm rate. Management information generated from the system would help meet the current and planned operational and management information needs of the Sheriff's Office, police agencies, and other Criminal Justice agencies.

OTHER DEPARTMENTS  
AFFECTED: BOEC and Portland Police Bureau

OPERATING ENVIRONMENT: The system will run on the County's IBM-compatible mainframe computer.

CONSTRAINTS: None

## EXECUTIVE SUMMARY

### SHERIFF'S OFFICE INMATE ACCOUNTING AND COMMISSARY SYSTEM

#### PURPOSE:

This system will replace an existing manual system. This is not a request for funding. The dollars needed for the equipment and for developing the system have already been budgeted within the Sheriff's Office for 1988-89.

TOTAL ISD	\$	0
TOTAL DEPT	\$	81,022 *
TOTAL DFMC	\$	0
TOTAL PROJECT COST:	\$	81,022

Project completion is projected for January 1989.

\* Inmate Trust share = \$20,255 or 25% of the total amount

### CURRENT SYSTEM DESCRIPTION

Jail management includes not only booking and housing inmates, but also the responsible handling and accounting of any and all inmate funds. At the present time, the majority of all transactions involving inmate accounts is done manually.

The Inmate Accounting/Commissary Unit is responsible for creating an account when an inmate is booked into the Multnomah County Detention Center (MCDC). Cash from the inmate is credited to his account. A relative or friend may also send or deliver cash or a money order to the MCDC. This amount is also credited to the inmate's account. The balance remaining in an inmate's account is paid to the inmate upon his release.

An inmate can draw against the balance in his account to purchase items from the Commissary. The cost of any Commissary items an inmate wishes to purchase is deducted from the inmate's account.

A separate interest bearing checking account is maintained in a local bank. This account accrues interest which is credited to an Inmate Welfare Trust Account. This interest is used to purchase items which will be of benefit to or used by the inmates while they are housed in one of the County jail facilities. Any profits from Commissary sales also go into the Inmate Welfare Trust Account.

During the period of time the inmate is housed in one of the County jail facilities, the Sheriff's Office is responsible for the correct accounting of the inmate's funds. Since approximately 25,000 inmates are booked per year, the responsibility of managing and properly accounting for inmate funds is immense.

### STATEMENT OF THE PROBLEM

As stated above, the majority of all transactions involving inmate accounts is done manually. A County Audit report in 1983 recommended that the inmate accounting procedures needed to be automated. The monthly reconciliation of inmate accounts is currently being done on a macrocomputer, but the posting of accounts, and all other monetary transactions involving inmate funds is still being done manually.

The manual process of filling inmates' Commissary orders, checking the items off the list, and continually updating the Commissary inventory necessitates a large number of manhours being expended in the detailed tracking of items which a computer system could manage more efficiently.

PROPOSED SYSTEM DESCRIPTION

SYSTEM NAME: Inmate Accounting and Commissary System (IACS)

SYSTEM OWNER: Sheriff's Office

OBJECTIVES: To develop a computerized system which will automate the functions of the Inmate Accounting and Commissary Unit.

The automated system would maintain computerized accounts for all inmates; generate data for the reconciliation of inmate accounts; and keep track of and inventory all Commissary items.

BENEFITS: The system would enhance the the Unit's capability in accounting for the inmates' money and maintaining the Inmate Welfare Trust Account. Inmate transactions could be handled in a more timely manner and an inmate's account could be reactivated if he is re-booked into the MCDC. A new account would not have to be created.

The inventory portion would enhance the Unit's ability to track and order the Commissary items required by the inmates.

OTHER DEPARTMENTS AFFECTED: None

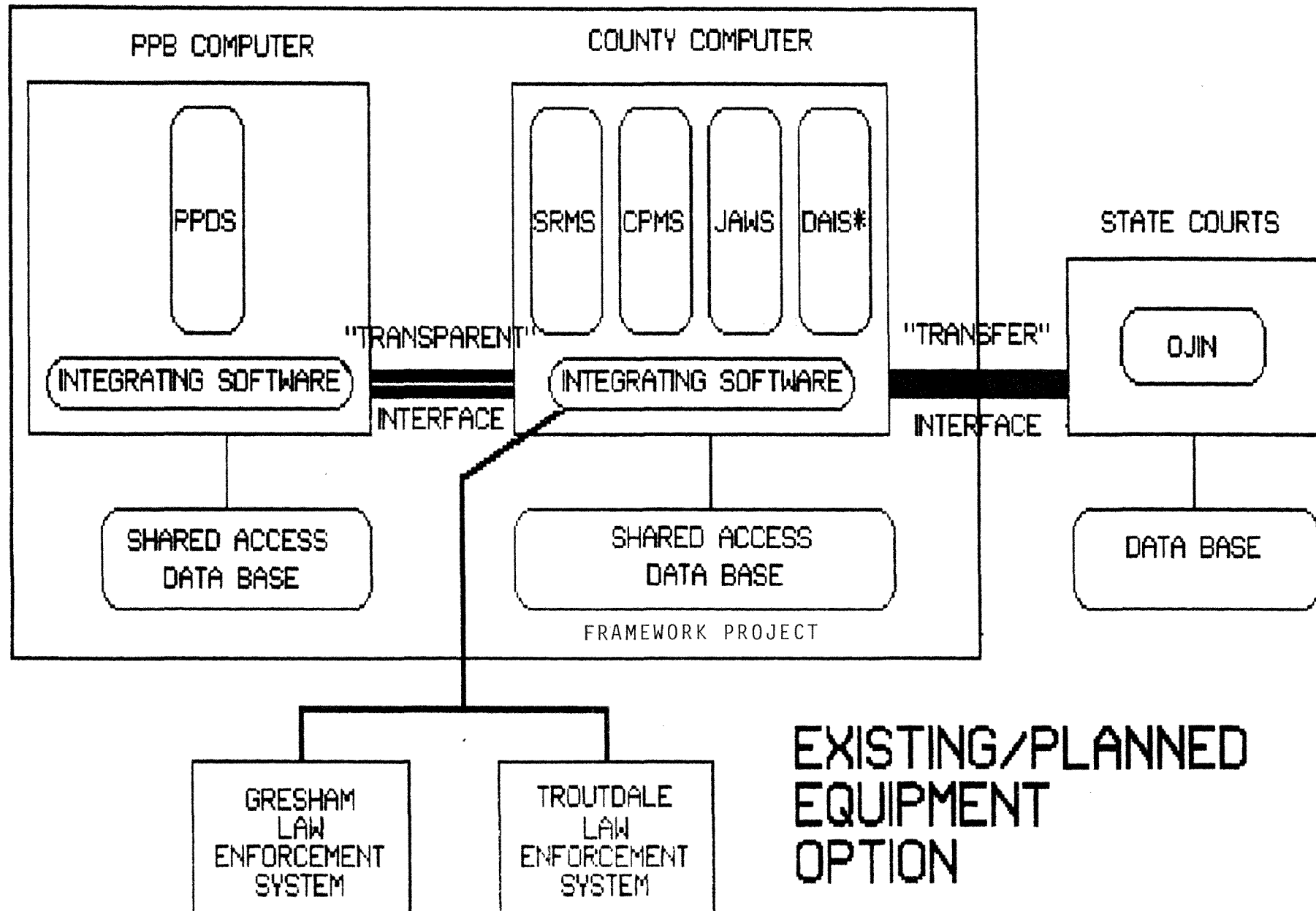
OPERATING ENVIRONMENT: The system will run on the County's IBM-compatible mainframe computer. The IACS will interface with the Sheriff's Office Corrections Population Management System (CPMS) and the County's Walker Interactive Products System (inventory system).

CONSTRAINTS: None

**ATTACHMENT 3:**  
**INTEGRATED CRIMINAL JUSTICE INFORMATION SYSTEM INTEGRATION**

ICJIS CONCEPT  
FRAMEWORK SYSTEM DESCRIPTION

# INTEGRATED SYSTEM



\* DAIS = NEW DA INFORMATION SYSTEM

EXISTING/PLANNED  
EQUIPMENT  
OPTION

FIGURE 6

## ICJIS FRAMEWORK PROJECT

In January, 1988 a plan for the development of an integrated criminal justice information system (ICJIS) was delivered to the Board of County Commissioners. The plan defined the concept of an integrated system in terms of both functionality and data sharing and identified several options by which an integrated system could be achieved. The plan concluded with recommendations that suggested development of an integrated criminal justice information system using existing and planned systems as a foundation for the integrated system.

The primary and essential first step in building an integrated criminal justice information system is the development of a standard data architecture which allows the sharing and common use of information between application systems. The development approach recommended in the ICJIS plan also identified existing automated systems in the Sheriff's Office which would require extensive modification and enhancement in order to build a foundation for integration. Interfacing with external criminal justice agencies and replacing the DA's information system were identified as additional steps necessary to achieve integration.

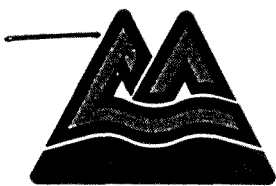
The Data Processing Management Committee recommended that two criminal justice related projects proceed concurrently in fiscal year 1988/89. The Framework project will develop the integrating architecture identified in the ICJIS plan. The other project will rewrite and integrate the applications in the Sheriff's Office in concert with the standards and architecture defined in the Framework project.

The product of the Framework project will include:

- a definition of the data elements needed to support criminal justice agency operational needs and management information in a uniform, standard format
- an analysis and definition of data relationships between all required criminal justice agencies including those external to the County
- a standard data architecture and structure for all county criminal justice agencies.

The Framework project will provide a set of standards and establish common data architecture for the development of all criminal justice systems. The standards and architecture that result will ensure that data is stored and made available to support operational and management reporting needs. This will enhance information sharing between application systems and greatly reduce data duplication and redundancy.

As the first step towards an integrated criminal justice information system the Framework project will be directly supervised by the County's Data Administrator with direction provided by the Director of Justice Services. This project is scheduled to coincide with the first phase of the Sheriff's Office project and will include participation from Justice Services, the Sheriff's Office and the District Attorney's Office. The project will begin as soon as possible and is expected to take four months with an estimated project cost of \$51,000.



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF GENERAL SERVICES  
PORTLAND BUILDING  
1120 S.W. FIFTH, 14TH FLOOR  
PORTLAND, OR 97204-1934

OFFICE OF THE DIRECTOR  
BUDGET & MANAGEMENT  
ANALYSIS  
COUNTY COUNSEL  
EMPLOYEE RELATIONS  
FINANCE DIVISION

(503) 248-3303

(503) 248-3883  
(503) 248-3138  
(503) 248-5015  
(503) 248-3312

BOARD OF COUNTY COMMISSIONERS  
GLADYS McCOY, CHAIR  
PAULINE ANDERSON  
POLLY CASTERLINE  
GRETCHEN KAFOURY  
CAROLINE MILLER

## MEMORANDUM

TO: Board of County Commissioners

FROM: Linda Alexander, Chair  
Data Processing Management Committee *Linda Alexander*

DATE: July 21, 1988

SUBJECT: Appropriations for Animal Control Field Services

I have checked with Dave Warren about the potential availability of resources within the Animal Control Fund to cover the cost of the proposed Field Services Project. He says that no resources are available.

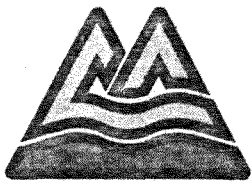
In 1987-88 Animal Control carried forward from 1986-87 an amount equal to two-thirds of the receipts from three year animal licenses and one-half of the receipts from two year animal licenses. The intention was to smooth out the flow from these revenue sources over the life of the licenses.

In 1987-88 the Board used some of the reserved revenue from the multi-year licenses to pay for programming an animal control hotline system.

In 1988-89, however, no revenue from multi-year licenses has been reserved. All resources known to be available to the Animal Control Fund have been allocated to Animal Control expenditures.

2639F/LA/js

cc: Dave Warren  
Jim Munz  
Data Processing Committee Members



# MULTNOMAH COUNTY OREGON

22-23  
5161

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE MCGARVIN • Clerk • 248-3277

July 28, 1988

Ms. Linda Alexander, Director  
Department of General Services  
1120 SW Fifth  
Portland, OR

Dear Ms. Alexander:

Be it remembered, that at a meeting of the Board of County Commissioners held July 28, 1988, the following action was taken:

Request of the Director of General Services for )  
approval of Budget Modification Nondepartmental )  
#2 making appropriation transfer in the amount )  
of \$79,960 from General Fund Contingency to )  
Nondepartmental Special Appropriations, to )  
support new data processing projects, and )  
requesting Board to authorize three new develop- )  
ment projects: 1) Integration of CPMS/JAWS/SRMS )  
(\$169,910); 2) Animal Control Field Services )  
Tracking (\$70,280); and 3) Integrated Criminal )  
Justice System Framework Project (\$51,000) R-7 )

Commissioner Miller moved, duly seconded by Commissioner Kafoury that the above-entitled matter be approved.

Commissioner McCoy expressed concern that the Board is not waiting until the end of September to consider funding this contingency transfer. She feels the Board had indicated they supported this transfer as a high priority in September, and she will not support it at this time.

Commissioner Anderson said the Department needs to know whether or not the funds will be available. They don't want to go ahead with the project if the Board doesn't approve the funds. She feels it will be cleaner to approve the fund transfer now.

The motion was considered, and it is

ORDERED that said request be approved, and the budget modification be implemented, Commissioner McCoy abstaining to be consistent with prior agreements for transfers from the Contingency Fund.

Commissioner McCoy said she feels the project could go ahead without this action today, because the Board has signaled it would support the transfer of funds in September.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By

Jane McGarvin  
Jane McGarvin  
Clerk of the Board

jm

cc: Budget  
Finance  
Information Services

BUDGET MODIFICATION NO. NOND #2

(For Clerk's Use) Meeting Date 7/28/88  
Agenda No. R-7

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR 7/28/88  
(Date)

DEPARTMENT DPMC/General Services DIVISION Information Services  
CONTACT Linda Alexander/Jim Munz TELEPHONE 3749  
\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Linda Alexander/Jim Munz

SUGGESTED

AGENDA TITLE (to assist in preparing a description for the printed agenda)

Transfer \$79,960 from General Fund Contingency to Nondepartmental Special Appropriations to support new data processing projects.

(Estimated Time Needed on the Agenda)

2. DESCRIPTION OF MODIFICATION (Explain the changes this Bud Mod makes. What budget does it increase? What do the changes accomplish? Where does the money come from? What budget is reduced? Attach additional information if you need more space.)  
☐ PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

The Data Processing Management Committee (DPMC) recommends that the Board authorize three new development projects:

Integration of CPMS/JAWS/SRMS	169,910
Animal Control Field Services Tracking	70,280
Integrated Criminal Justice System	
Framework Project	<u>51,000</u>
	291,190

The unallocated appropriation available for new projects is \$211,230. The DPMC recommends that the balance be transferred from Contingency so that these projects can proceed immediately.

BOARD OF  
COUNTY COMMISSIONERS  
JULY 21 PM 2:05  
MULTI-COUNTY  
OREGON

3. REVENUE IMPACT (Explain revenues being changed and the reason for the change)

To budget  
8/12/88

4. CONTINGENCY STATUS (to be completed by Finance/Budget)

General Contingency before this modification (as of 7/20) \$ 2,883,951  
(Specify Fund) (Date)  
After this modification \$ 2,803,991

Originated By Ruthleen Jones Date 7/21/88  
Finance/Budget  
Department Director Linda Alexander Date 7/21/88  
Employee Relations

Board Approval Jane McLerwin Date July 28, 1988

## TRANSACTION EB [ ]

GM [ ] TRANSACTION DATE\_\_\_\_\_

ACCOUNTING PERIOD \_\_\_\_\_

BUDGET FY\_\_\_\_\_

Document Number	Action	Fund	Agency	Organi- zation	Activity	Reporting Category	Object	Current Amount	Revised Amount	Increase (Decrease)	Sub- Total	Description
		100	050	9060			6110			79,960		
		100	045	9120			7700			(79,960)		
							"					
TOTAL EXPENDITURE CHANGE											0	TOTAL EXPENDITURE CHANGE

## TRANSACTION RB [ ]

GM [ ] TRANSACTION DATE\_\_\_\_\_

ACCOUNTING PERIOD \_\_\_\_\_

BUDGET FY\_\_\_\_\_

Document Number	Action	Fund	Agency	Organization	Activity	Reporting Category	Revenue Source	Current Amount	Revised Amount	Change Increase (Decrease)	Sub-Total	Description
TOTAL REVENUE CHANGE												TOTAL REVENUE CHANGE

## REQUEST FOR GENERAL FUND CONTINGENCY TRANSFER

1. Attachment to Bud Mod No. NOND #2 2. Amount requested from General Fund Contingency: \$ 79,960

3. Summary of request:

This funding increases the Nondepartmental Special Appropriation to enable the funding of three new applications: replacement of three systems in the Sheriff's Office (\$169,910), development of a field services tracking system for Animal Control (\$70,280), and development of a framework (data architecture and standards) to enable the integration of criminal justice information system (\$51,000). An additional \$79,960 is needed to increase the unallocated portion of the DPMC Special Appropriation to \$291,190.

4. Has the expenditure for which this transfer is sought been included in any budget request during the past five years? NO If so, when? \_\_\_\_\_  
If so, what were the circumstances of its denial?

5. Why was this expenditure not included in the annual budget process?

Because the specific projects to be funded and the costs associated with them had not yet been reviewed by the Data Processing Management Committee. Feasibility studies were funded by the DPMC in 1987-88. Costs were not known until the completion of those studies.

6. What efforts have been made to identify funds from another source within the Department, to cover this expenditure? Why are no other Departmental sources of funds available?

The Board has given an allocation of \$200,000. Even with \$11,230 in carryover, the fund is still \$79,960 short of the costs of three projects.

7. Describe any new revenue that this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.

See attached.

8. This request is for a (Quarterly \_\_\_\_\_, Emergency X) review.

9. FOR EMERGENCY REQUESTS ONLY: Describe in detail on an additional sheet the costs or risks that would be incurred by waiting for the next quarterly review, in justification of the emergency nature of this request.

10. Attach any additional information or comments you feel helpful.

  
Signature of Department Head/Elected Official

7/21/88  
Date

9. The Data Processing Management Committee can fund out of their Nondepartmental Special Appropriation the 1988-89 cost of the Sheriff's Office system integration and a field tracking system for Animal Control. In order to commit full funding to the Sheriff's Office system (which is multi-year) and not encumber 1989-90 funds, \$28,900 more would be needed.

In addition, the Board of County Commissioners committed no funds for integrating justice systems in 1988-89. That project can go forward for an additional \$51,000. The reason this request is an emergency is that it's tied to the work being done on the Sheriff's Office systems. By developing the Framework Project (the data architecture and standards) at the same time, the Sheriff's Office systems can be developed to meet future integration standards.

2645F

July 28, 1988

RECEIVED FROM JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS • MULTNOMAH COUNTY, OREGON

BUDGET

BUDGET MODIFICATION NOND. #2

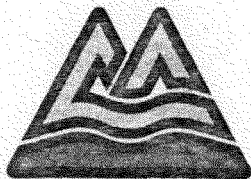
R-7

CK

BOARD OF  
COUNTY COMMISSIONERS

1988 AUG 16 PM 12: 57

MULTNOMAH COUNTY  
OREGON



# MULTNOMAH COUNTY OREGON

21-22  
J161

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE McGARVIN • Clerk • 248-3277

July 28, 1988

Mr. John Angell, Director  
Department of Justice Services  
1120 SW Fifth  
Portland, OR

Dear Mr. Angell:

Be it remembered, that at a meeting of the Board of County Commissioners held July 28, 1988, the following action was taken:

In the Matter of Implementing an Integrated	)	O R D E R
Criminal Justice Information System in Multnomah	)	#88-132
County	R-8 )	

Commissioner Kafoury stated Mr. Angell had prepared and distributed a substitute resolution as requested.

John Angell, Director of Justice Services, stated the substitute resolution clarifies that there is a high priority on the development and implementation of the integrated criminal justice information program, and places the program under his direction.

Sheriff Fred Pearce said he supports the Integrated Criminal Justice System, but would suggest that in the first THEREFORE, BE IT RESOLVED, paragraph, third line, the language be changed to "coordinated and directed by the Director of Justice Services". There is an elected Sheriff and District Attorney, as well as, the State Court system, and other law enforcement agencies not under County control who will be involved in the program. The Director's role will be to coordinate, not direct.

Commissioner Miller suggested changing the language to "under the coordination and direction" of the Director of Justice Services.

Commissioners Casterline and Anderson also responded to the proposal to add "coordinate" to the language.

An amendment was not made at this time.

Commissioner Kafoury said she believes the responsibility for managing the system and directing others should be in the Director's Office, and following discussion, moved approval, duly seconded by Commissioner Anderson, unanimously

ORDERED that said substitute resolution be approved

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin  
Jane McGarvin  
Clerk of the Board

jm  
cc: Budget  
Finance  
Information Services Division  
Dept. of General Services  
Sheriff Fred Pearce  
District Attorney Mike Schrunk

DATE SUBMITTED 7/21/88

(For Clerk's Use)

Meeting Date 7/28/88  
Agenda No. R-8

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: ICJIS

Informal Only\* 7/26/88  
(Date)

Formal Only 7/28/88  
(Date)

DEPARTMENT Justice Services DIVISION Administration and Planning

CONTACT John Angell TELEPHONE 248-3701

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD John Angell

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Resolution implementing an Integrated Criminal Justice Information System in Multnomah County.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA \_\_\_\_\_

IMPACT:

☐ PERSONNEL  
☐ FISCAL/BUDGETARY  
☐ General Fund  
☐ Other \_\_\_\_\_

CLERK OF  
COUNTY COMMISSIONERS  
1988 JUL 21 AM 11:47  
MULTNOMAH COUNTY  
OREGON

SIGNATURES:

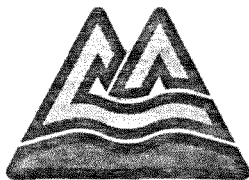
DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: *Evelyn Kabun*

BUDGET / PERSONNEL \_\_\_\_\_ / \_\_\_\_\_

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) \_\_\_\_\_

OTHER \_\_\_\_\_  
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.



# MULTNOMAH COUNTY OREGON

23  
J161

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE McGARVIN • Clerk • 248-3277

July 28, 1988

Mr. Duane Zussy, Director  
Department of Human Services  
426 SW Stark  
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held July 28, 1988, the following action was taken:

In the matter of ratification of an Intergovern- )  
mental Revenue Agreement with the State Mental )  
Health Grant for FY 1988-89 (Amendment #15) for )  
the County to receive additional \$649,303 to )  
increase DD Case Management Staff and adjust )  
subcontract services in MED, DD, and A & D )  
effective July 1, 1988 R-9 )

Upon motion of Commissioner Anderson, duly seconded by Commissioner Kafoury, it is unanimously

ORDERED that said intergovernmental agreement be ratified.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By

*Jane McGarvin*  
Jane McGarvin  
Clerk of the Board

jm

cc: Budget  
Finance  
Purchasing  
Harriet Weber

DATE SUBMITTED \_\_\_\_\_

(For Clerk's Use)

Meeting Date 7/28/88  
Agenda No. R-9

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Ratification Intergovernmental Revenue Amend

Informal Only\* \_\_\_\_\_  
(Date)

Formal Only \_\_\_\_\_  
(Date)

DEPARTMENT Human Services DIVISION Social Services

CONTACT Susan Clark TELEPHONE 248-3691

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Gary Smith/Susan Clark

**BRIEF SUMMARY** Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Ratification of Amendment #15 to the State Mental Health Grant for FY88/89 whereby the County will receive an additional \$649,303 to increase DD Case Management Staff and adjust subcontract services in MED, DD and A&D effective 7/1/88.

Budget Modification DHS# 1 is being processed simultaneously.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ RATIFICATION

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA \_\_\_\_\_

IMPACT:

☒ PERSONNEL

☒ FISCAL/BUDGETARY

☐ -General Fund

Other federal/state

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Deane Zussy

BUDGET / PERSONNEL David Starnes

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) Annex/B

OTHER \_\_\_\_\_

(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

BOARD OF  
COUNTY COMMISSIONERS  
1988 JUL 19 PM 4:14  
MULTI-NOMIN COUNTY  
OREGON

DATE SUBMITTED \_\_\_\_\_

(For Clerk's Use)

Meeting Date \_\_\_\_\_

Agenda No. \_\_\_\_\_

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Ratification Intergovernmental Revenue Amend

Informal Only\* \_\_\_\_\_  
(Date)

Formal Only \_\_\_\_\_  
(Date)

DEPARTMENT Human Services DIVISION Social Services

CONTACT Susan Clark TELEPHONE 248-3691

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Gary Smith/Susan Clark

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Ratification of Amendment #15 to the State Mental Health Grant for FY88/89 whereby the County will receive an additional \$649,303 to increase DD Case Management Staff and adjust subcontract services in MED, DD and A&D effective 7/1/88.

Budget Modification DHS# \_\_\_\_\_ is being processed simultaneously.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ RATIFICATION

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA \_\_\_\_\_

IMPACT:

x PERSONNEL

☒ FISCAL/BUDGETARY

☐ -General Fund

Other federal/state

SIGNATURES:

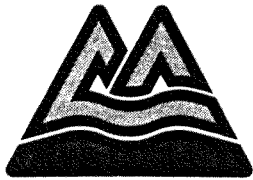
DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: \_\_\_\_\_

BUDGET / PERSONNEL \_\_\_\_\_ / \_\_\_\_\_

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) \_\_\_\_\_

OTHER \_\_\_\_\_  
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
ADMINISTRATIVE OFFICES  
426 S.W. STARK, 6TH FLOOR  
PORTLAND, OREGON 97204  
(503) 248-3691

BOARD OF COUNTY COMMISSIONERS  
GLADYS McCOY • CHAIR OF THE BOARD  
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER  
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER  
CAROLINE MILLER • DISTRICT 3 COMMISSIONER  
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

## MEMORANDUM

TO: Gladys McCoy  
Multnomah County Chair

VIA: Duane Zussy  
Director, Department of Human Services

FROM: Gary Smith *DWS*  
Director, Social Services Division

DATE: June 27, 1988

SUBJECT: Recommendation to Ratify Amendment #15 to the State Mental Health Grant and Approval of the Accompanying Budget Modification

RECOMMENDATION: Social Services Division recommends Board ratification of Amendment #15 to the State Mental Health Grant for the 87/89 biennium and approval of the accompanying budget modification DHS #\_\_.

ANALYSIS: Amendment #15 implements a number of funding adjustments to reflect actual services currently provided by Multnomah County. Program areas impacted by this amendment include:

SSD Administration receives an additional \$11,089 for organizational development and management consultation services in areas of DD and Emergency Holds.

DD Subcontracts will be increased by \$271,527 for additional residential services.

DD Case Management receives \$439,506 for additional supervisory, case management and support staff and associated M&S and equipment expenditures.

MED Subcontracts will be adjusted a net total of (\$16,243) to reflect increases in Community Treatment Services for Children and decreases in residential services due to the closure of one MED-RCF.

A&D Subcontracts will be decreased (\$56,576) in State General Fund revenue to purchase more Title XIX billing allotment for the Methadone Maintenance program operated by CODA.

Ratification of this amendment will bring the State Mental Health Grant total to \$21,278,225 for fiscal year 88/89.

State Amendment #15 Recommendation  
June 27, 1988  
Page Two

The accompanying budget modification appropriates the above funding in the appropriate object codes for expenditures.

**BACKGROUND:** State contract adjustments were requested by all three programs (MED, A&D, and DD) to reflect actual operations and services currently provided in Multnomah County. The most significant impact of this amendment is that additional DD Case Management staff are added to reduce the number of clients each case manager is responsible for. The County's DD Program has been negotiating with the State for increased case management funding for some time. While the annualized personnel costs for the DD staff increases exceed the amount awarded in Amendment #15, the DD Program Office will be receiving an additional \$35,000 in DD 48-Case Management to supplement support for these new positions in an upcoming State Amendment.

As a result of this State Amendment, a number of subcontract agency agreements will be amended. These will be forthcoming.



## MULTNOMAH COUNTY OREGON

## CONTRACT APPROVAL FORM

(See instructions on reverse side)

## TYPE I

- ☐ Professional Services under \$10,000  
☒ Revenue  
☐ Grant Funding  
☒ Intergovernmental Agreement

Amendment # 15 to Contract # 101138  
 (Original Contract Amount 20,628,922  
 FY 88/89)

## TYPE II

- ☐ Professional Services over \$10,000 (RFP, Exemption)  
☐ PCRB Contract  
☐ Maintenance Agreement  
☐ Licensing Agreement

Amendment # \_\_\_\_\_ to Contract # \_\_\_\_\_  
 (Original Contract Amount \_\_\_\_\_)

Contact Person Susan Clark Phone 248-3691 Date 6/22/88

Department Human Services Division Social Services Bldg/Room 160/6

Description of Contract Amendment #15 to the State Mental Health Grant increased a net total of \$649,303 for increased DD case management staff and adjustments in DD, DD and A&D subcontracts.

RFP/BID # NA Date of RFP/BID \_\_\_\_\_ Date of Exemption \_\_\_\_\_

Reviewed For ☐ MBE ☐ FBE Participation Contractor is ☐ MBE ☐ FBE

Contractor Name State Mental Health Division

Mailing Address 2575 Bittern ST. NE

Salem, OR 97310

Phone 373-7827

Employer ID# or SS# NA-Revenue

Effective Date July 1, 1988

Termination Date June 30, 1989

Total Amount of Agreement \$ 649,303 Increase  
 appropriated in bud mod DHS# \_\_\_\_\_

## Payment Terms

- ☐ Lump Sum \$ \_\_\_\_\_  
☒ Monthly \$ ALLOTMENT  
☐ Other \$ \_\_\_\_\_

☐ Requirements contract-requisition required

Purchase Order No. \_\_\_\_\_

## Required Signatures:

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Chasing Director \_\_\_\_\_ Date \_\_\_\_\_

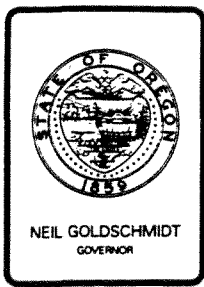
(Type II Contracts Only)

County Counsel \_\_\_\_\_ Date \_\_\_\_\_

Project Office \_\_\_\_\_ Date \_\_\_\_\_

County Executive/Sheriff \_\_\_\_\_ Date \_\_\_\_\_

ACTION DATE	P.O.	AGENCY	PO DATE	m m d d y y				ACCOUNTING PERIOD	m m y y		BUDGET FY	y y	ACTION	
													<input type="checkbox"/> Original Entry (E)	<input type="checkbox"/> Adjustment (M)
ORDER CODE		VENDOR NAME								TOTAL AMOUNT		\$		
CONTRACT NUMBER	FUND	AGENCY	ORGANI- ZATION	ACTIVITY	OBJECT	SUB OBJ	REPT CATEG	DESCRIPTION				AMOUNT		INC/ DEC IND
	156	010										\$		
												\$		
												\$		
												\$		



**Department of Human Resources**  
**MENTAL HEALTH DIVISION**

2575 BITTERN STREET N.E., SALEM, OREGON 97310-0520

1987-89 INTERGOVERNMENTAL AGREEMENT

PART I - AMENDMENT # 15

AGREEMENT FINANCIAL SUMMARY

DATE ISSUED: June 13, 1988

AGREEMENT NUMBER: #26-001

AGREEMENT PERIOD: July 1, 1987 THROUGH June 30, 1989

LOCAL GOVERNMENT UNIT: Multnomah County

426 SW Stark Street

Portland, OR 97204

	<u>PART I-A</u>	<u>PART I-B</u>	<u>TOTAL</u>
1987-88:	<u>\$18,673,421</u>	<u>\$4,144,781</u>	<u>\$22,918,202</u>
1988-89:	<u>\$21,064,175</u>	<u>\$4,225,360</u>	<u>\$25,289,535</u>
		<u>BIENNIAL TOTAL:</u>	<u>\$48,107,737</u>

THIS AMENDMENT IS REFLECTED IN REVISIONS TO THE ATTACHED DOCUMENTS:

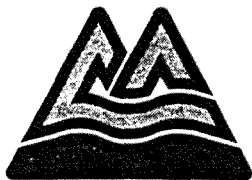
Part I - Notes and Special Conditions

Parts I-A & I-B, 1987-88 and 1988-89

8331D/0174C  
4/2/87

AN EQUAL OPPORTUNITY EMPLOYER

MHD/CCS#0356  
Appr.  
JLS/KS  
5/7/87



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
ADMINISTRATIVE OFFICES  
426 S.W. STARK, 6TH FLOOR  
PORTLAND, OREGON 97204  
(503) 248-3691

BOARD OF COUNTY COMMISSIONERS  
GLADYS McCOY • CHAIR OF THE BOARD  
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER  
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER  
CAROLINE MILLER • DISTRICT 3 COMMISSIONER  
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

June 21, 1988

Jack Morgan, Manager  
Community Contracts Section  
State Mental Health Division  
2575 Bittern Street, N.E.  
Salem, Oregon 97310

ADDENDUM TO AMENDMENT #15  
1987-89 INTERGOVERNMENTAL AGREEMENT  
#26-001

Dear Jack:

Per an earlier telephone conversation between Social Services Division staff and Mike Schrunk of your office, Multnomah County cannot accept Amendment #15 to the 1987-89 intergovernmental agreement #26-001 as it is currently written. I propose the following changes be included and that this letter serve as an addendum to and be made part of Amendment #15.

Part I - Notes and Special Conditions, Note # 3.

\$1,445 in DD 48 for FY 87/88 cannot be appropriated in the County budget and an .50 FTE position hired by June 30th. The County DD Program Office requested the State DD Program Office to either carry over this funding to FY 88/89 or delete it from the FY 87/88 section.

Part I - Notes and Special Conditions, Note # 6.

This was not the agreement between the County and State Alcohol and Drug Program Office. \$28,350 in A&D 69 cannot be reduced for FY 87/88. Per discussions with the State Alcohol and Drug Program Office, the entire \$56,576 in A&D 69 State General Fund reduction shall occur in FY 88/89. The Title XIX increase of \$75,000 in FY 87/88 and \$75,000 in FY 88/89 shall remain as presented in Amendment #15.

If these changes are acceptable to your office, please sign below and return this letter to the Social Services Division. I will schedule the amendment and addendum for ratification as soon as we received your response.

Please contact Susan Clark, Administrative Services Manager for the Social Services Division, if you have any questions concerning the above.

Sincerely,

Gary W. Smith, Director  
Social Services Division

APPROVED:

\_\_\_\_\_  
Jack Morgan, Manager  
Community Contracts Section  
State Mental Health Division

\_\_\_\_\_  
Date

3108B

Part I - Notes and Special Conditions

Notes

This amendment includes the following actions:

1. Local Administration (LA 01) is increased \$11,089 in FY '88-89. This is a 4% enhancement of the DD operating funds added in Note #2 and #3 below.
2. Developmental Disabilities service elements are increased as shown below to provide community placement 8-1-88 through 6-30-89 for 10 people beginning 8-1-88, who will be discharged from Kerr Center.
  - o Case Management (DD 48) is increased \$475 to provide 1 month of placement services for each of the 10 clients prior to their discharge from Kerr Center. DD 48 is further increased \$5,220 to provide ongoing case management to these clients.
  - o Residential Facilities (DD 50) funds are increased \$271,527.
3. DD 48 is further increased \$1,445 in 1987-88 and \$17,344 in 1988-89 to provide a .50 FTE position to assist in development and implementation of community services for people to be discharged from state training centers as part of the Community Integration Project (CIP) and for individuals involved in the Kerr Center Relocation Projects.
4. DD 48 is further increased \$416,467 in 1988-89. This is for additional case management and support staff, to reduce the case manager to consumer ratio and to increase case management services provided to eligible individuals. Award of these funds is based on County's response and subsequent negotiations to the Division's "Request for Plan Amendment: Case Management Services."
5. 1988-89 Foster Care limitation is reduced \$12,193 in DD 58 and \$9,140 in DD 59 to correspond with the current needs in the County. The service units are revised accordingly as shown in Part I-B.
6. General Funds for Methadone Maintenance (A&D 69) are reduced \$28,350 in 1987-88 and \$28,226 in 1988-89 as match for Title XIX increases. The Title XIX reimbursement limitation for the element is increased \$75,000 in 1987-88 and \$75,000 in 1988-89. Service units are revised accordingly as shown in Parts I-A and I-B.
7. \$41,980 is transferred from 1987-88 to 1988-89 for Community Treatment Services - Child (MED 22). The service requirements are revised accordingly. This is a one-time-only action and does not affect base program funding in future years.
8. RCF (MED 28) is reduced \$58,223 in 1988-89. This reflects a twenty bed reduction because of a subcontract program closure.

These actions increase the 1987-89 Agreement \$737,435 to \$48,107,737.

Special Conditions

- 15.1 Funds awarded for Kerr Center Relocation Project slots in Note #2 are subject to the following conditions:
- (a) County will serve only those individuals who have been prior approved by name and in writing by the Division, and will retain a record of those approval documents. In the event these individuals no longer reside in the county or no longer require state supported services, County agrees to provide services to other individuals approved by the Division who have service needs similar to those for whom funding is provided through this amendment.
  - (b) County shall maintain a case planning process and recordkeeping system which documents any change in the Individual Support/Program Plan for these individuals. This requirement also applies to any new clients as provided for in item (a) above.
  - (c) County shall send written notice to the Division which identifies providers who will receive funds and provide services to these individuals. County shall provide information as requested by the Division to enable the Division to register service providers in CPMS in compliance with federal requirements for administration of Title XIX funds.
  - (d) County shall notify local school districts of community placement of any clients who will be served in the Kerr Center Relocation Project slots and who will also be attending public school.
- 15.2 Funds awarded in DD case management for the .50 FTE staff person to assist in the development and implementation of the Community Integration and Kerr Relocation Projects are subject to the following conditions:
- (a) County shall inform the Division's Developmental Disabilities Program Office of the name of the person(s) initially hired in this .50 FTE position, or any replacement, within 30 days of date of employment.
  - (b) County will insure regular contact with the Division's DD Program Office Development Team Specialist assigned to Multnomah County, and will immediately report any contract or administrative rule compliance problems related to development or implementation of CIP or Kerr Relocation Project services.
- 15.3 The County agrees to implement procedures to maximize reporting of Title XIX-eligible services on the Daily Activity Records and Monthly Time Sheet Summaries as required in Part III of this Agreement and in the Financial Procedures Manual.

Multnomah County  
#26-001, Amdnemt #15  
June 13, 1988

15.4 Funds awarded for Case Management caseload reduction in Note #4 are subject to the following conditions:

- (a) County shall maintain DD case management staff levels included in the County plan amendment, as approved by the Division, unless prior authorization from the Division is obtained for decreases. FTE's may not be transferred from delivery of case management services to supervisory, administrative or clerical categories without prior approval by the Division.
- (b) Case managers hired with the new funds or hired July 1, 1988 or later must have an undergraduate degree in a human services field and one year experience in the area of developmental disabilities. Waiver requests received in writing prior to employment for individuals without an undergraduate degree will be considered for individuals with five or more years experience and training in the area of developmental disabilities.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE CAUSED THIS AMENDMENT AND ADDENDUM TO BE EXECUTED BY THEIR AUTHORIZED OFFICERS.

MULTNOMAH COUNTY:

STATE MENTAL HEALTH DIVISION:

BY \_\_\_\_\_  
Gladys McCoy Date  
Multnomah County Chair ..

BY \_\_\_\_\_  
Jack Morgan Date  
Manager, Community Contracts Section

APPROVED AS TO FORM:  
Laurence Kressel  
Multnomah County Counsel

BY \_\_\_\_\_  
Deputy County Counsel Date

OREGON STATE MENTAL HEALTH DIVISION  
Amendment To Agreement for Community Mental Health Services  
PART I-A

Page: 1  
As Of: 06/13/88

1987-88

CONTRACTOR: MULTNOMAH COUNTY

AGREEMENT NO: 26-001

AMD #: 15

Mental Health Division Service Elements	SE Number	Agreement Amount	Change	Revised Amount	Revised Units
LOCAL ADMINISTRATION	LA 01	610,397	0	610,397	0.0
Subtotal:	LA	610,397	0	610,397	
-----					
CTS - CHILDREN	MED 22	356,633	-41,980	314,653	99.0
COMM SUPPORT SERVICE	MED 23	3,897,890	0	3,897,890	1,176.0
COMM HOSPITAL SERVIC	MED 24	417,753	0	417,753	284.0
NON-HOSPITAL CRISIS	MED 25	1,132,416	0	1,132,416	2,951.0
CTS - ADULT	MED 27	21,814	0	21,814	14.0
RCF	MED 28	800,565	0	800,565	197.0
PRECOMMITMENT	MED 29	488,981	0	488,981	1,222.0
PSRB	MED 30	113,129	0	113,129	32.0
SEMI-INDEPENDENT LIV	MED 33	176,544	0	176,544	96.0
CPS PROJECT	MED 37	109,770	0	109,770	105.0
SUPPORTED EMPLOYMENT	MED 38	8,332	0	8,332	10.0
CSS-HOMELESS	MED 39	79,839	0	79,839	0.0
Subtotal:	MED	7,603,666	-41,980	7,561,686	
-----					
ACTIVITY CENTER	DD 40	1,530,227	0	1,530,227	348.0
SHELTERED SERVICES P	DD 42	533,655	0	533,655	133.0
SUPPORTED WORK	DD 43	214,366	0	214,366	72.0
DD DIVERSION SERVICE	DD 44	55,315	0	55,315	0.0
SEMI-INDEPENDENT LIV	DD 47	180,493	0	180,493	9.4
CASE MANAGEMENT	DD 48	375,138	<del>1,445</del> 0	376,583	1,376.0
RES FACILITIES	DD 50	2,850,668	0	2,850,668	239.0
EMPLOYMENT TRANSPORT	DD 53	401,443	0	401,443	518.0
EARLY INTERVENTION	DD 55	822,132	0	822,132	246.0
Subtotal:	DD	6,963,437	<del>1,445</del> 0	6,964,882	
-----					
ALCOHOL RESIDENTIAL	A&D 61	512,269	0	512,269	97.0
DRUG RESIDENTIAL CAR	A&D 62	328,871	0	328,871	43.0
NON-HOSP ALC. DETOX	A&D 63	570,381	0	570,381	47.0
OUTPT ALCOHOL	A&D 64	745,648	0	745,648	646.0
OUTPT DRUG-FREE	A&D 65	576,872	0	576,872	333.0
METHADONE MAINTENANC	A&D 69	499,356	<del>28,350</del> 0	471,006	259.0

OREGON STATE MENTAL HEALTH DIVISION  
Amendment To Agreement for Community Mental Health Services  
PART I-A

Page: 2  
As Of: 06/13/88

1987-88

CONTRACTOR: MULTNOMAH COUNTY

AGREEMENT NO: 26-001

AMD #: 15

Mental Health Division Service Elements	SE Number	Agreement Amount	Change	Revised Amount	Revised Units
PREVENTION & E.I.	A&D 70	89,511	0	89,511	0.0
CIRT	A&D 71	221,458	0	221,458	14.0
NON-HOSP DRUG DETOX	A&D 73	20,440	0	20,440	2.0
Subtotal:	A&D	3,564,806	<del>28,3500</del>	3,536,456	
-----					
AGREEMENT TOTAL		\$18,742,306	<sup>41,980</sup> <del>-68,885</del>	\$18,673,421	
		-----	-----	-----	

OREGON STATE MENTAL HEALTH DIVISION  
Amendment To Agreement for Community Mental Health Services  
PART I-A

Page: 1  
As Of: 06/13/88

1988-89

CONTRACTOR: MULTNOMAH COUNTY

AGREEMENT NO: 26-001

AMD #: 15

Mental Health Division Service Elements	SE Number	Agreement Amount	Change	Revised Amount	Revised Units
LOCAL ADMINISTRATION	LA 01	662,009	11,089	673,098	0.0
Subtotal:	LA	662,009	11,089	673,098	
-----					
CTS - CHILDREN	MED 22	383,824	41,980	425,804	129.0
COMM SUPPORT SERVICE	MED 23	4,091,240	0	4,091,240	1,176.0
COMM HOSPITAL SERVIC	MED 24	419,590	0	419,590	284.0
NON-HOSPITAL CRISIS	MED 25	1,155,064	0	1,155,064	2,951.0
CTS - ADULT	MED 27	22,250	0	22,250	14.0
RCF	MED 28	816,576	-58,223	758,353	177.0
PRECOMMITMENT	MED 29	498,761	0	498,761	1,222.0
PSRB	MED 30	114,973	0	114,973	32.0
SEMI-INDEPENDENT LIV	MED 33	255,822	0	255,822	121.0
CPS PROJECT	MED 37	612,222	0	612,222	105.0
SUPPORTED EMPLOYMENT	MED 38	74,438	0	74,438	10.0
CSS-HOMELESS	MED 39	239,517	0	239,517	0.0
Subtotal:	MED	8,684,277	-16,243	8,668,034	
-----					
ACTIVITY CENTER	DD 40	1,547,589	0	1,547,589	333.0
SHELTERED SERVICES P	DD 42	544,328	0	544,328	133.0
SUPPORTED WORK	DD 43	372,005	0	372,005	80.0
DD DIVERSION SERVICE	DD 44	55,514	0	55,514	0.0
SEMI-INDEPENDENT LIV	DD 47	184,103	0	184,103	9.4
CASE MANAGEMENT	DD 48	378,448	439,506	817,954	1,359.0
RES FACILITIES	DD 50	3,020,684	271,527	3,292,211	224.0
EMPLOYMENT TRANSPORT	DD 53	420,773	0	420,773	506.0
EARLY INTERVENTION	DD 55	838,575	0	838,575	246.0
Subtotal:	DD	7,362,019	711,033	8,073,052	
-----					
ALCOHOL RESIDENTIAL	A&D 61	522,514	0	522,514	97.0
DRUG RESIDENTIAL CAR	A&D 62	335,448	0	335,448	43.0
NON-HOSP ALC. DETOX	A&D 63	581,789	0	581,789	47.0
OUTPT ALCOHOL	A&D 64	753,983	0	753,983	646.0
OUTPT DRUG-FREE	A&D 65	620,197	0	620,197	333.0
METHADONE MAINTENANC	A&D 69	509,343	-28,226	481,117	260.0
			56,576		

OREGON STATE MENTAL HEALTH DIVISION  
Amendment To Agreement for Community Mental Health Services  
PART I-A

Page: 2  
As Of: 06/13/88

1988-89

CONTRACTOR: MULTNOMAH COUNTY

AGREEMENT NO: 26-001      AMD #: 15

Mental Health Division Service Elements	SE Number	Agreement Amount	Change	Revised Amount	Revised Units
PREVENTION & E.I.	A&D 70	108,616	0	108,616	0.0
CIRT	A&D 71	225,887	0	225,887	14.0
NON-HOSP DRUG DETOX	A&D 73	20,440	0	20,440	2.0
Subtotal:	A&D	3,678,217	<del>-28,226</del> 56,576	3,649,991	
			649,303		
AGREEMENT TOTAL		\$20,386,522	<del>677,653</del>	\$21,064,175	

OREGON STATE MENTAL HEALTH DIVISION  
Amendment To Agreement for Community Mental Health Services  
PART I-A SUMMARY

Page: 1  
As Of: 06/13/88

1987-88, 1988-89

CONTRACTOR: MULTNOMAH COUNTY

AGREEMENT NO: 26-001

AMD #: 15

Mental Health Division Service Elements	Service Element #	1987-88 Agreement Total	1988-89 Agreement Total	Biennium Total
LOCAL ADMINISTRATION	LA 01	610,397	673,098	1,283,495
Subtotal: LA		610,397	673,098	1,283,495
CTS - CHILDREN	MED 22	314,653	425,804	740,457
COMM SUPPORT SERVICES	MED 23	3,897,890	4,091,240	7,989,130
COMM HOSPITAL SERVICES	MED 24	417,753	419,590	837,343
NON-HOSPITAL CRISIS SERVICES	MED 25	1,132,416	1,155,064	2,287,480
CTS - ADULT	MED 27	21,814	22,250	44,064
RCF	MED 28	800,565	758,353	1,558,918
PRECOMMITMENT	MED 29	488,981	498,761	987,742
PSRB	MED 30	113,129	114,973	228,102
SEMI-INDEPENDENT LIVING	MED 33	176,544	255,822	432,366
CPS PROJECT	MED 37	109,770	612,222	721,992
SUPPORTED EMPLOYMENT SERVICE	MED 38	8,332	74,438	82,770
CSS-HOMELESS	MED 39	79,839	239,517	319,356
Subtotal: MED		7,561,686	8,668,034	16,229,720
ACTIVITY CENTER	DD 40	1,530,227	1,547,589	3,077,816
SHELTERED SERVICES PROGRAM	DD 42	533,655	544,328	1,077,983
SUPPORTED WORK	DD 43	214,366	372,005	586,371
DD DIVERSION SERVICE	DD 44	55,315	55,514	110,829
SEMI-INDEPENDENT LIVING	DD 47	180,493	184,103	364,596
CASE MANAGEMENT	DD 48	376,583	817,954	1,194,537
RES FACILITIES	DD 50	2,850,668	3,292,211	6,142,879
EMPLOYMENT TRANSPORTATION	DD 53	401,443	420,773	822,216
EARLY INTERVENTION	DD 55	822,132	838,575	1,660,707
Subtotal: DD		6,964,882	8,073,052	15,037,934
ALCOHOL RESIDENTIAL CARE	A&D 61	512,269	522,514	1,034,783
DRUG RESIDENTIAL CARE	A&D 62	328,871	335,448	664,319
NON-HOSP ALC. DETOX	A&D 63	570,381	581,789	1,152,170
OUTPT ALCOHOL	A&D 64	745,648	753,983	1,499,631
OUTPT DRUG-FREE	A&D 65	576,872	620,197	1,197,069
METHADONE MAINTENANCE	A&D 69	471,006	481,117	952,123
PREVENTION & E.I.	A&D 70	89,511	108,616	198,127
CIRT	A&D 71	221,458	225,887	447,345

OREGON STATE MENTAL HEALTH DIVISION  
Amendment To Agreement for Community Mental Health Services  
PART I-A SUMMARY

Page: 2

As Of: 06/13/88

1987-88,1988-89

CONTRACTOR: MULTNOMAH COUNTY

AGREEMENT NO: 26-001

AMD #: 15

Mental Health Division Service Elements	Service Element #	1987-88 Agreement Total	1988-89 Agreement Total	Biennium Total
NON-HOSP DRUG DETOX	A&D 73	20,440	20,440	40,880
Subtotal: A&D		3,536,456	3,649,991	7,186,447
AGREEMENT TOTAL		\$18,673,421	21,064,175	\$39,737,596

OREGON STATE MENTAL HEALTH DIVISION  
Amendment To Agreement for Community Mental Health Services  
PART I-B

Page: 1  
As Of: 06/13/88

CONTRACTOR: MULTNOMAH COUNTY

AGREEMENT NO: 26-001

AMD #: 15

1987-88

Reimburse Source	MHD Service Element	Service Element #	Agreement Amount	Change	Revised Amount	Revised Units
MEDICAID	OUTPT ALCOHO	A&D 64	91,160	0	91,160	121.0
MEDICAID	OUTPT DRUG-F	A&D 65	78,151	0	78,151	103.0
MEDICAID	METHADONE MA	A&D 69	72,290	75,000	147,290	195.0
MEDICAID	CTS - CHILDR	MED 22	546,169	0	546,169	191.0
MEDICAID	COMM SUPPORT	MED 23	2,066,314	0	2,066,314	629.0
MEDICAID	NON-HOSPITAL	MED 25	87,680	0	87,680	228.0
MEDICAID	CTS - ADULT	MED 27	52,243	0	52,243	35.0
MEDICAID	SEMI-INDEPEN	MED 33	32,629	0	32,629	25.0
MEDICAID	CPS PROJECT	MED 37	89,854	0	89,854	45.0
	Subtotal:		3,116,490	75,000	3,191,490	
IDF	DUII DIV I	A&D 67	5,280	0	5,280	0.0
IDF	DUII DIV II	A&D 68	139,480	0	139,480	0.0
IDF	CONVICTED I	A&D 77	800	0	800	0.0
IDF	CONVICTED II	A&D 78	90,000	0	90,000	0.0
	Subtotal:		235,560	0	235,560	
AFC	DD NON-REL.	DD 58	218,710	0	218,710	106.0
AFC	DD RELATIVE	DD 59	76,490	0	76,490	37.0
AFC	AFC MED	MED 34	152,172	0	152,172	80.0
	Subtotal:		447,372	0	447,372	
START UP	ACTIVITY CEN	DD 40	21,000	0	21,000	0.0
START-UP	SUPPORTED WO	DD 43	22,000	0	22,000	0.0
START-UP	RES. FACILIT	DD 50	124,411	0	124,411	0.0
START-UP	RCF	MED 28	2,399	0	2,399	0.0
START-UP	CPS PROJECT	MED 37	100,549	0	100,549	0.0
	Subtotal:		270,359	0	270,359	
AGREEMENT TOTAL			\$ 4,069,781	75,000	\$ 4,144,781	

OREGON STATE MENTAL HEALTH DIVISION  
Amendment To Agreement for Community Mental Health Services  
PART I-B

Page: 1  
As Of: 06/13/88

CONTRACTOR: MULTNOMAH COUNTY

AGREEMENT NO: 26-001

AMD #: 15

1988-89

Reimburse Source	MHD Service Element	Service Element #	Agreement Amount	Change	Revised Amount	Revised Units
MEDICAID	OUTPT ALCOHO	A&D 64	92,983	0	92,983	121.0
MEDICAID	OUTPT DRUG-F	A&D 65	79,714	0	79,714	103.0
MEDICAID	METHADONE MA	A&D 69	73,736	75,000	148,736	193.0
MEDICAID	CTS - CHILDR	MED 22	557,092	0	557,092	191.0
MEDICAID	COMM SUPPORT	MED 23	2,165,623	0	2,165,623	629.0
MEDICAID	NON-HOSPITAL	MED 25	89,434	0	89,434	228.0
MEDICAID	CTS - ADULT	MED 27	53,288	0	53,288	35.0
MEDICAID	SEMI-INDEPEN	MED 33	95,258	0	95,258	45.0
MEDICAID	CPS PROJECT	MED 37	265,057	0	265,057	45.0
	Subtotal:		3,472,185	75,000	3,547,185	
IDF	DUII DIV I	A&D 67	5,425	0	5,425	0.0
IDF	DUII DIV II	A&D 68	142,330	0	142,330	0.0
IDF	CONVICTED I	A&D 77	855	0	855	0.0
IDF	CONVICTED II	A&D 78	93,790	0	93,790	0.0
	Subtotal:		242,400	0	242,400	
AFC	DD NON-REL.	DD 58	223,873	-12,193	211,680	106.0
AFC	DD RELATIVE	DD 59	78,020	-9,140	68,880	37.0
AFC	AFC MED	MED 34	155,215	0	155,215	80.0
	Subtotal:		457,108	-21,333	435,775	
START UP	ACTIVITY CEN	DD 40	0	0	0	0.0
START-UP	SUPPORTED WO	DD 43	0	0	0	0.0
START-UP	RES. FACILIT	DD 50	0	0	0	0.0
START-UP	RCF	MED 28	0	0	0	0.0
START-UP	CPS PROJECT	MED 37	0	0	0	0.0
	Subtotal:		0	0	0	
AGREEMENT TOTAL			\$ 4,171,693	53,667	\$ 4,225,360	

OREGON STATE MENTAL HEALTH DIVISION  
 Agreement for Community Mental Health Services  
 PART I-B SUMMARY

Page: 1  
 As Of: 06/13/88

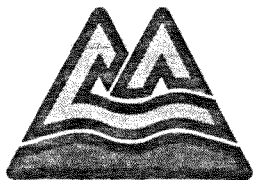
CONTRACTOR: MULTNOMAH COUNTY

AGREEMENT NO: 26-001

AMD #: 15

1987-88, 1988-89

Reimburs. Source	MHD Service Element	Service Element #	1987-88 Agreement Total	1988-89 Agreement Total	Biennium Total
MEDICAID	OUTPT ALCOHO	A&D 64	91,160	92,983	184,143
MEDICAID	OUTPT DRUG-F	A&D 65	78,151	79,714	157,865
MEDICAID	METHADONE MA	A&D 69	147,290	148,736	296,026
MEDICAID	CTS - CHILDR	MED 22	546,169	557,092	1,103,261
MEDICAID	COMM SUPPORT	MED 23	2,066,314	2,165,623	4,231,937
MEDICAID	NON-HOSPITAL	MED 25	87,680	89,434	177,114
MEDICAID	CTS - ADULT	MED 27	52,243	53,288	105,531
MEDICAID	SEMI-INDEPEN	MED 33	32,629	95,258	127,887
MEDICAID	CPS PROJECT	MED 37	89,854	265,057	354,911
	Subtotal:		3,191,490	3,547,185	6,738,675
IDF	DUII DIV I	A&D 67	5,280	5,425	10,705
IDF	DUII DIV II	A&D 68	139,480	142,330	281,810
IDF	CONVICTED I	A&D 77	800	855	1,655
IDF	CONVICTED II	A&D 78	90,000	93,790	183,790
	Subtotal:		235,560	242,400	477,960
AFC	DD NON-REL.	DD 58	218,710	211,680	430,390
AFC	DD RELATIVE	DD 59	76,490	68,880	145,370
AFC	AFC MED	MED 34	152,172	155,215	307,387
	Subtotal:		447,372	435,775	883,147
START UP	ACTIVITY CEN	DD 40	21,000	0	21,000
START-UP	SUPPORTED WO	DD 43	22,000	0	22,000
START-UP	RES. FACILIT	DD 50	124,411	0	124,411
START-UP	RCF	MED 28	2,399	0	2,399
START-UP	CPS PROJECT	MED 37	100,549	0	100,549
	Subtotal:		270,359	0	270,359
AGREEMENT TOTAL			\$ 4,144,781	4,225,360	\$ 8,370,141



# MULTNOMAH COUNTY OREGON

23  
5161

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE McGARVIN • Clerk • 248-3277

July 28, 1988

Mr. Duane Zussy, Director  
Department of Human Services  
426 SW Stark  
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held July 28, 1988, the following action was taken:

Request of the Director of Human Services for )  
approval of Budget Modification DHS #1 receiving )  
additional revenues in the amount of \$649,303 )  
from State Mental Health Services to Social )  
Services, various line items, to implement )  
Amendment #15 R-10 )

Upon motion of Commissioner Anderson, duly seconded by Commissioner Kafoury, it is unanimously

ORDERED that said request be approved, and budget modification by implemented.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By

*Jane McGarvin*  
Jane McGarvin  
Clerk of the Board

jm

cc: Budget  
Finance  
Social Services  
Employee Relations

BUDGET MODIFICATION NO. DHS #1

(For Clerk's Use) Meeting Date

7/28/88

Agenda No.

R-10

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR

July 28, 1988

(Date)

DEPARTMENT Human Services

DIVISION Social Services

CONTACT Social Services

TELEPHONE 248-3691

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Duane Zussy/Gary Smith

SUGGESTED

AGENDA TITLE (to assist in preparing a description for the printed agenda)

To Budget  
8/12/88

Budget Modification DHS #1 implements changes in various Social Services Division program budgets to reflect Amendment #15 to the State Mental Health Grant for FY 88/89.

(Estimated Time Needed on the Agenda)

2. DESCRIPTION OF MODIFICATION (Explain the changes this Bud Mod makes. What budget does it increase? What do the changes accomplish? Where does the money come from? What budget is reduced? Attach additional information if you need more space.)

[x] PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

Budget modification DHS #1 requests Board approval to adjust various Social Services Division program budgets a net increase of \$649,303. The following programs are impacted:

SSD Administration increased by \$11,089 appropriated in Professional Services for organizational development and management consultation in the areas of DD and Emergency Holds

DD Contracts increased by \$271,527 for increased residential services to be subcontracted.

DD Case Management increased by \$439,506 for additional case management and support staff and associated M&S and equipment expenditures.

MED Contracts decreased a net total of (\$16,243) to reflect some State carryover and the closure of one residential care facility.

A&D Contracts decreased (\$56,576) in State General Fund revenue to purchase more Title XIX billing allotment.

3. REVENUE IMPACT (Explain revenues being changed and the reason for the change)

State Mental Health Grant increased a net total of \$649,303. Contract DHS #113-15.

DHS Contract Amendment #113-15 - schedule at same time

4. CONTINGENCY STATUS (to be completed by Finance/Budget)

Contingency before this modification (as of \_\_\_\_\_)

\$

(Specify Fund)

(Date)

After this modification

\$

Originated By

Date

Department Director

Date

Susan Clark

6/27/88

Duane Zussy (DC)

7/6/88

Finance/Budget

Date

Employee Relations

Date

David C. Dravry

7/18/88

Susan Daniell

7/18/88

Board Approval

Date

Jane McLawm

July 28, 1988

## EXPENDITURE

TRANSACTION EB [ ]

GM [ ] TRANSACTION DATE \_\_\_\_\_

ACCOUNTING PERIOD \_\_\_\_\_

BUDGET FY \_\_\_\_\_

Document Number	Action	Fund	Agency	Organi- zation	Reporting Activity Category	Object	Current Amount	Revised Amount	Change Increase (Decrease)	Sub- Total	Description
		156	010	1100		6110			11,089	11,089	Increase Professio
		156	010	1215		6060			271,527	271,527	Increase Pass Thro
		156	010	1270		5100			266,937		Increase Permanent
		156	010	1270		5400			10,503		Increase Premium
		156	010	1270		5500			41,442		Increase Fringe
		156	010	1270		5550			41,740		Increase Insurance
										360,622	PS Subtotal Org 1
		156	010	1270		6120			3,000		Increase Printing
		156	010	1270		6200			3,100		Increase Postage
		156	010	1270		6230			6,000		Increase Supplies
		156	010	1270		6310			5,250		Increase Ed. and Tra
		156	010	1270		6330			6,000		Increase Mileage
		156	010	1270		7150			8,000		Increase Telephone
		156	010	1270		7300			4,000	35,350	Increase Motor Pool
		156	010	1270		8400			43,534	439,506	MS Subtotal Org 1
		156	010	1305		6060			(16,243)	(16,243)	Increase Equipment
		156	010	1415		6060			(56,576)	(56,576)	Org 1270 Total
		156	010	1415		6060			(56,576)	(56,576)	Decrease Passthru O
		165	040	7990		6140			8,000		Decrease Passthru O
		400	040	7231		6520			41,740		Telephone Fund
		401	030	5059		8300			4,000		Insurance FundThrou
											Fleet Fund

TOTAL EXPENDITURE CHANGE 703,043  
 703,403- TOTAL EXPENDITURE CHANGE

REVENUE SECTION CONTINUED ON NEXT PAGE

DHS#1

REVENUE

TRANSACTION RB [ ]      GM [ ]      TRANSACTION DATE \_\_\_\_\_      ACCOUNTING PERIOD \_\_\_\_\_      BUDGET FY \_\_\_\_\_

Document Number	Action	Fund	Agency	Organi- zation	Activity	Reporting Revenue Category	Revenue Source	Current Amount	Revised Amount	Change Increase (Decrease)	Sub- Total	Description
		156	810	1210			2605			11,089		State Mental Health
		156	810	1215			2605			271,527		State Mental Health
		156	810	1305			2605			439,506		State Mental Health
		156	810	1305			2605			(16,243)		State Mental Health
		156	810	1415			2605			(56,576)		State Mental Health
		165	840	7990			6602			8,000		Svs Reim F/S to Tele
		400	040	7231			6602			41,740		Svs Reim F/S to Ins.
		401	030	5059			6602			4,000		Svs Reim F/S to Fleet

////////////////////////////////////  
TOTAL REVENUE CHANGE ////////////////////////////////////// 703,043 TOTAL REVENUE CHANGE



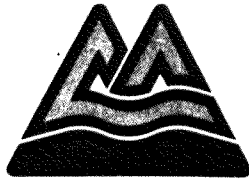
PERSONNEL DETAIL FOR BUD MOD NO. 5#1

5. ANNUALIZED PERSONNEL CHANGES (Compute on a full year basis even though this action affects only a part of the fiscal year.)

FTE Increase (Decrease)	POSITION <del>TIME</del>	Annualized			
		BASE PAY	FRINGE	TOTAL	
		Increase (Decrease)	Increase (Decrease)	Increase (Decrease)	Increase (Decrease)
			Fringe	Insur.	
1.0 FTE	Office Assistant 2	17,003	4,295	3,005	24,303
3.0 FTE	Case Management Supervisor	67,837	17,136	9,147	94,120
.5 FTE	Program Development Specialist	12,323	3,113	1,585	17,021
10.0 FTE	Case Manager 2	186,040	46,990	29,620	262,650
3.0 FTE	Human Services Technician	51,009	12,785	9,015	72,809
TOTAL CHANGE (ANNUALIZED)		334,212	84,319	52,372	470,903

6. CURRENT YEAR PERSONNEL DOLLAR CHANGES (calculate costs or savings that will take place within this fiscal year; these should explain the actual dollar amounts being changed in this Bud Mod.)

Full Time Positions, Part-Time, Overtime, or Premium	Explanation of Change	Current FY			
		BASE PAY	FRINGE	TOTAL	
		Increase (Decrease)	Increase (Decrease)	Increase (Decrease)	Increase (Decrease)
			Fringe	Insur.	
Full Time	Add 1.0 FTE Office Asst. 2 for 11 months. (32 FTE)	15,586	3,937	2,755	22,278
Full Time	Add 3.0 FTE Mgmt. Super. for 11 months. (32 FTE each)	62,184	15,708	8,385	86,277
Full Time	Add 3.0 FTE Manager 2 for 10 months. (33 FTE each)	46,509	6,189	7,404	60,102
Full Time	Add 4.0 FTE Manager 2 for 9 months. (75 FTE each)	55,808	6,684	8,884	71,376
Full Time	Add 3.0 FTE Manager 2 for 8 months. (37 FTE each)	37,206	3,837	5,922	46,965
Full Time	Add 3.0 FTE Human Svcs. Tech. 10 months. (33 FTE each)	37,440	4,170	7,185	48,795
Part Time	Add .5 FTE Develop. <i>Spec</i> 12 months.	12,204	917	1,205	14,326
TOTAL		266,937	41,442	41,740	350,119



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
ADMINISTRATIVE OFFICES  
426 S.W. STARK, 6TH FLOOR  
PORTLAND, OREGON 97204  
(503) 248-3691

BOARD OF COUNTY COMMISSIONERS  
GLADYS McCOY • CHAIR OF THE BOARD  
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER  
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER  
CAROLINE MILLER • DISTRICT 3 COMMISSIONER  
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

## MEMORANDUM

TO: Gladys McCoy  
Multnomah County Chair

VIA: Duane Zussy  
Director, Department of Human Services

FROM: Gary Smith *DWS*  
Director, Social Services Division

DATE: June 27, 1988

SUBJECT: Recommendation to Ratify Amendment #15 to the State Mental Health Grant and Approval of the Accompanying Budget Modification

**RECOMMENDATION:** Social Services Division recommends Board ratification of Amendment #15 to the State Mental Health Grant for the 87/89 biennium and approval of the accompanying budget modification DHS #1.

**ANALYSIS:** Amendment #15 implements a number of funding adjustments to reflect actual services currently provided by Multnomah County. Program areas impacted by this amendment include:

SSD Administration receives an additional \$11,089 for organizational development and management consultation services in areas of DD and Emergency Holds.

DD Subcontracts will be increased by \$271,527 for additional residential services.

DD Case Management receives \$439,506 for additional supervisory, case management and support staff and associated M&S and equipment expenditures.

MED Subcontracts will be adjusted a net total of (\$16,243) to reflect increases in Community Treatment Services for Children and decreases in residential services due to the closure of one MED-RCF.

A&D Subcontracts will be decreased (\$56,576) in State General Fund revenue to purchase more Title XIX billing allotment for the Methadone Maintenance program operated by CODA.

Ratification of this amendment will bring the State Mental Health Grant total to \$21,278,225 for fiscal year 88/89.

State Amendment #15 Recommendation  
June 27, 1988  
Page Two

The accompanying budget modification appropriates the above funding in the appropriate object codes for expenditures.

BACKGROUND: State contract adjustments were requested by all three programs (MED, A&D, and DD) to reflect actual operations and services currently provided in Multnomah County. The most significant impact of this amendment is that additional DD Case Management staff are added to reduce the number of clients each case manager is responsible for. The County's DD Program has been negotiating with the State for increased case management funding for some time. While the annualized personnel costs for the DD staff increases exceed the amount awarded in Amendment #15, the DD Program Office will be receiving an additional \$35,000 in DD 48-Case Management to supplement support for these new positions in an upcoming State Amendment.

As a result of this State Amendment, a number of subcontract agency agreements will be amended. These will be forthcoming.

July 28, 1988

RECEIVED FROM JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

BUDGET

BUDGET MODIFICATION DHS #1

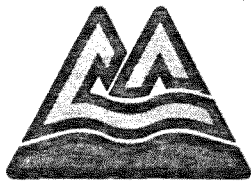
R-10

CR

BOARD OF  
COUNTY COMMISSIONERS

1988 AUG 16 PM 12:57

MULTNOMAH COUNTY  
OREGON



# MULTNOMAH COUNTY OREGON

23  
5161

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE MCGARVIN • Clerk • 248-3277

July 28, 1988

Mr. Duane Zussy, Director  
Department of Human Services  
426 SW Stark  
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held July 28, 1988, the following action was taken:

In the matter of ratification of three Inter-  
governmental Revenue Agreements with the City of  
Portland 1) to provide emergency shelter and  
related services to homeless youth (\$76,800);  
2) to operate [24-hour,] 16-hour 7 day/week  
inebriate emergency response system (\$35,000);  
and 3) for support and administration of a  
homeless shelter program for the chronically  
mentally ill (\$52,000), all for period July 1,  
1988 to June 30, 1989 R-11

Upon motion of Commissioner Anderson, duly seconded by  
Commissioner Kafoury, it is unanimously

ORDERED that said intergovernmental agreement be approved  
changing the number of hours of operation for the public  
inebriate from 24 to 16 hours.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin  
Jane McGarvin  
Clerk of the Board

jm  
cc: Budget  
Finance  
Purchasing  
Harriet Webere  
Social Services

DATE SUBMITTED \_\_\_\_\_

(For Clerk's Use)

Meeting Date 7/28/88Agenda No. R-11

## REQUEST FOR PLACEMENT ON THE AGENDA

Subject: RATIFICATION OF THREE CITY OF PORTLAND REVENUE AGREEMENTSInformal Only\* \_\_\_\_\_  
(Date)Formal Only \_\_\_\_\_  
(Date)DEPARTMENT HUMAN SERVICES DIVISION SOCIAL SERVICESCONTACT SUSAN CLARK TELEPHONE 248-3691\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD DUANE ZUSSY/GARY SMITH**BRIEF SUMMARY** Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Ratification of three City of Portland revenue agreements whereby the County will receive a total of \$163,800 for FY 88/89. Specific services funded include: Inebriate Pick-Up (\$35,000), Emergency Shelter for Homeless Youth (\$76,800), and Shelter Operations for the Homeless Chronically Mentally Ill (\$52,000). All but \$52,000 was anticipated and included in the FY 88/89 adopted budget.

A budget modification<sup>DHS #2</sup> is being processed simultaneously to appropriate the \$52,000.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

## ACTION REQUESTED:

☐ INFORMATION ONLY    ☐ PRELIMINARY APPROVAL    ☐ POLICY DIRECTION    ☒ RATIFICATION

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA \_\_\_\_\_

## IMPACT:

## PERSONNEL

☒ FISCAL/BUDGETARY    \$52,000 added to Org. 1305, 6110.

☐ - General Fund
Other City of Portland

CLERK OF  
COUNTY COMMISSIONER  
1988 JUL 19 PM 4:14  
MULTI-COUNTY  
OREGON

## SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Deane Zussy (PC)BUDGET / PERSONNEL David C. StarnCOUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) John L. L...OTHER \_\_\_\_\_  
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

DATE SUBMITTED \_\_\_\_\_

(For Clerk's Use)

Meeting Date \_\_\_\_\_  
Agenda No. \_\_\_\_\_

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: RATIFICATION OF THREE CITY OF PORTLAND REVENUE AGREEMENTS

Informal Only\* \_\_\_\_\_  
(Date)

Formal Only \_\_\_\_\_  
(Date)

DEPARTMENT HUMAN SERVICES DIVISION SOCIAL SERVICES

CONTACT SUSAN CLARK TELEPHONE 248-3691

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD DUANE ZUSSY/GARY SMITH

**BRIEF SUMMARY** Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Ratification of three City of Portland revenue agreements whereby the County will receive a total of \$163,800 for FY 88/89. Specific services funded include: Inebriate Pick-Up (\$35,000), Emergency Shelter for Homeless Youth (\$76,800), and Shelter Operations for the Homeless Chronically Mentally Ill (\$52,000). All but \$52,000 was anticipated and included in the FY 88/89 adopted budget.

A budget modification is being processed simultaneously to appropriate the \$52,000.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ RATIFICATION

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA \_\_\_\_\_

IMPACT:

PERSONNEL

☒ FISCAL/BUDGETARY \$52,000 added to Org. 1305, 6110.

☐ -General Fund

Other City of Portland

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Pauline Anderson RE

BUDGET / PERSONNEL 1

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) [Signature]

OTHER (Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

1988 JUL 13 PM 3:35  
CLERK OF BOARD OF  
MULTI-COUNTY  
OREGON



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
ADMINISTRATIVE OFFICES  
426 S.W. STARK, 6TH FLOOR  
PORTLAND, OREGON 97204  
(503) 248-3691

BOARD OF COUNTY COMMISSIONERS  
GLADYS McCOY • CHAIR OF THE BOARD  
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER  
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER  
CAROLINE MILLER • DISTRICT 3 COMMISSIONER  
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

---

## MEMORANDUM

TO: Gladys McCoy  
Multnomah County Chair

VIA: Duane Zussy  
Director, Department of Human Services

FROM: Gary Smith *DWS*  
Director, Social Services Division

DATE: July 7, 1988

SUBJECT: Recommendation to Ratify City of Portland Revenue Agreements and  
Accompanying Budget Modification

---

**RECOMMENDATION:** Social Services Division recommends that the Board of County Commissioners ratify the attached City of Portland revenue agreements for the 1988/89 fiscal year and approve the accompanying budget modification.

**ANALYSIS:** Three revenue agreements are attached. Services impacted by these agreements include:

Inebriate Pick-Up Service (CHIERS): \$35,000 to assist in the operations of a 24-hour, 7 day/week inebriate emergency response system.

Homeless Chronically Mentally Ill: \$52,000 for support and administration of a shelter program for the homeless chronically mentally ill including board, outreach treatment and case management.

Emergency Shelter for Homeless Youth: \$76,800 to provide emergency shelter and related services to homeless youth in the Portland area.

All but \$52,000 of this revenue was anticipated at the time of budget preparation and included in the adopted FY 88/89 budget. Budget modification DHS #\_\_ appropriates the remaining revenue in the MED Contracts budget and is submitted for BCC approval.

**BACKGROUND:** These contracts renew existing agreements and responsibilities between the City of Portland and Multnomah County to provide services for populations in need (i.e., substance abuse, homelessness, mental illness). The funding is combined with federal, state and local match and is subcontracted to existing providers within the community.

The Division received these agreements last week after ordinances were passed by the City Council on June 22, 1988. Upon ratification by the Board of County Commissioners, the agreements will be returned to the City for final execution.

AN EQUAL OPPORTUNITY EMPLOYER

## CONTRACT APPROVAL FORM

## TYPE I

- TYPE II**

- Amendment # \_\_\_\_\_ to Contract # \_\_\_\_\_  
(Original Contract Amount \_\_\_\_\_)

TRANSACTION CODE		P O		AGENCY		PO DATE		m m d d y y		ACCOUNTING PERIOD		m m y y		BUDGET FY		y y		ACTION <input type="checkbox"/> Original Entry (E) <input type="checkbox"/> Adjustment (M)	
VENDOR CODE				VENDOR NAME										TOTAL AMOUNT		\$			
LINE NO.		CONTRACT NUMBER		FUND	AGENCY	ORGANIZATION	ACTIVITY	OBJECT	SUB OBJ	REPT CATEG	DESCRIPTION				AMOUNT		INC/DEC IND		
				156	010	1505					Rev. Code 2773				\$ 76,800				
															\$				
															\$				
															\$				

**AGREEMENT**

An agreement between the CITY OF PORTLAND, OREGON ("City") and MULTNOMAH COUNTY ("County") to provide the Emergency Shelter for Homeless Youth.

**RECITALS**

1. There is a need to provide emergency shelter and related services to homeless youth in the Portland area.
2. Several public and private agencies are committed to working together to provide this service to this needy population.
3. Multnomah County has been designated as the public agency to provide youth services in the Portland area.
4. The County has contracted with Burnside Projects as the agency to provide the Emergency Shelter for Homeless Youth Program.
5. Funding is being provided by the County, the City, the Oregon Community Foundation, and United Way.
6. The City has committed in the FY 88-89 approved budget \$76,800 in the Housing and Community Development Fund for the Youth Shelter.
7. The City now desires to enter into a formal agreement with the County in the amount of \$76,800 so that the County can proceed with this program without delay.

**AGREED:**

**I. Scope of Services**

The County will provide the services described below relative to the Emergency Shelter for Homeless Youth Program.

- A. The County will enter into an agreement with Burnside Projects as the successful bidder on the program to provide the Emergency Shelter for Homeless Youth Program.
- B. The County will be responsible for implementing the contract and for all aspects of contract management.
- C. The County will monitor the program to ensure that the program is being provided in a timely and satisfactory manner within the budget negotiated between the County and the Projects.
- D. Based on expenditure statements submitted by Burnside Projects, the County will charge program operating costs to the City not to exceed a total of \$76,800.
- E. The County will not charge the City an administrative or

overhead cost for administering this program. The program is a responsibility of the County with the City providing funding to enable its successful outcome.

- F. The County will provide monthly reports on the status to the Bureau of Community Development.
- G. The City through the Bureau of Community Development will provide technical assistance through monitoring and/or upon request of the contractor.

## II. Compensation and Method of Payment

The County will be compensated by the City for operating costs of the Emergency Shelter for Homeless Youth Program through the Housing and Community Development Program. Payments to the County for eligible expenses will be made monthly upon submission of a statement of expenditures based on the request for payment from Burnside Projects. Detailed information on how the funding is expended is to be submitted by the County with the request for payment.

The City's funds can be used for staffing costs, rent, supplies, client services, and any other costs directly related to providing the program incurred by Burnside Projects. Total compensation under this agreement shall not exceed \$76,800 (SEVENTY SIX THOUSAND AND EIGHT HUNDRED DOLLARS).

## III. Project Manager

- A. The City Project Manager shall be Barbara Madigan or such other person as shall be designated in writing by the director of the Bureau of Community Development.
- B. The Project Manager is authorized to approve work and billings hereunder, to give notices referred to herein, to terminate this Agreement as provided herein, and to carry out any other City actions referred herein.

## IV. General Contract Provisions

- A. **TERMINATION FOR CAUSE.** If, through any cause, the Contractor shall fail to fulfill in timely and proper manner his/her obligations under this Contract, or if the Contractor shall violate any of the covenants, agreements, or stipulations of this Contract, the City shall have the right to terminate this Contract by giving written notice to the Contractor of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. In such event, all finished or unfinished documents, data, studies, and

reports prepared by the Contractor under this Contract shall, at the option of the City, become the property of the City and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents.

Notwithstanding the above, the Contractor shall not be relieved of liability to the City for damages sustained by the City by virtue of any breach of the Contract by the Contractor, and the City may withhold any payments to the Contractor for the purpose of setoff until such time as the exact amount of damages due the City from the Contractor is determined.

- B. TERMINATION FOR CONVENIENCE. The City and Contractor may terminate this contract at any time by mutual written agreement. If the Contract is terminated by the City as provided herein, the Contractor will be paid an amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the Contractor covered by this Contract less payments of compensation previously made.
- C. REMEDIES. In the event of termination under section A hereof by the City due to a breach by the Contractor, then the City may complete the work either itself or by agreement with another contractor, or by a combination thereof. In the event the cost of completing the work exceeds the amount actually paid to the Contractor hereunder plus the remaining unpaid balance of the compensation provided herein, then the Contractor shall pay to the City the amount of excess.

The remedies provided to the City under sections A and C hereof for a breach by the Contractor shall not be exclusive. The City also shall be entitled to any other equitable and legal remedies that are available.

In the event of breach of this contract by the City, then the Contractor's remedy shall be limited to termination of the contract and receipt of payment as provided in section B hereof.

- D. CHANGES. The City may, from time to time, request changes in the scope of services or terms and conditions hereunder. Such changes, including any increase or decrease in the amount of the Contractor's compensation, shall be incorporated in written amendments to this Contract. Any change that increases the amount of compensation payable to the Contractor must be approved by ordinance of the City Council. Other changes may be approved by the Director of the Bureau of Community Development.
- E. NON-DISCRIMINATION. During the performance of this Contract, the Contractor agrees as follows:

1. The Contractor will comply with the provision of Title VI of the Civil Rights Act of 1964 which provides that no person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with federal financial assistance.
2. The Contractor will comply with the provisions of Title VIII of the Civil Rights Act of 1968 which provides that it is the policy of the United States to provide, within constitutional limitations, for fair housing throughout the United States and prohibits any person from discriminating in the sale or rental of housing, or the provision of brokerage services, including in any way making unavailable or denying a dwelling to any person, because of race, color, religion, sex, or national origin.
3. The Contractor will comply with Executive Order 11063 (as amended by Executive Order 12259) which prohibits discrimination because of race, color, religion, sex, or national origin, in the sale, rental, or leasing, or other disposition of residential property and related facilities, or in the occupancy thereof, if such properties are provided or supported in whole or in part with the aid of federal financial assistance.
4. The Contractor will comply with Section 109 of the Housing and Community Development Act of 1974, as amended which requires that no person in the United States shall on the ground of race, color, national origin, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program funded in whole or in part with community development (HCD) funds.

Section 109 further provides that any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 or with respect to an otherwise qualified handicapped individual as provided in Section 504 of the Rehabilitation Act of 1973 shall also be applied to any program or activity funded in whole or in part with funds made available under this contract.

5. Equal Employment Opportunity:

During the performance of this contract, the Contractor agrees as follows:

- a. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The Contractor will take affirmative action to

ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.

- b. The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.
- c. The Contractor will send to each labor union or representative of workers with which he/she has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the City contracting officer, advising the labor union or workers' representative of the Contractor's commitments under Section 202 of Executive Order No. 11246, as amended by Executive Order No. 11375, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- d. The Contractor will comply with all provisions of Executive Order 11246, as amended by Executive Order 11375, and the rules, regulations, and relevant orders of the Secretary of Labor.
- e. The Contractor will furnish all information and reports required by Executive Order 11246, as amended by Executive Order 11375, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to these books, records, and accounts by the City, the Secretary of Labor and the Secretary of Housing and Urban Development for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- f. In the event of the Contractor's noncompliance with the nondiscrimination clauses of the contract or with any of such rules, regulations, or orders, this contract may be canceled, terminated or

suspended in whole or in part and the Contractor may be declared ineligible for further Government contracts or federally assisted construction contract procedures authorized in Executive Order 11246, as amended, or by rules, regulations, or orders of the Secretary of Labor, or as otherwise provided by law.

- g. The Contractor will include the portion of the sentence immediately preceding paragraph 5.a and the provisions of paragraphs 5.a through 5.g in every sub-contract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order 11246, as amended, so that such provision will be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the City or HUD may direct as a means of enforcing such provisions, including sanctions for noncompliance: provided, however, that in the event a contractor becomes involved in, or is threatened with litigation with a subcontractor or vendor as a result of such direction by the City or HUD, the Contractor may request the United States to enter into such litigation to protect the interest of the United States.

- F. SECTION 3 CLAUSE: The work to be performed under this contract is on a project assisted under a program providing direct federal assistance from the Department of Housing and Urban Development and is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968 as amended. Section 3 requires that to the greatest extent feasible opportunities for training and employment be given to lower income residents of the project area and contracts for work in connection with the project be awarded to businesses which are located in or owned in substantial part by persons residing in the project area.

The parties to this contract will comply with the provisions of said Section 3 and the regulations issued pursuant thereto by the Secretary of Housing and Urban Development set forth in 24 CFR Part 135, and all applicable rules and orders of HUD issued thereunder prior to the execution of this contract. The parties to this contract certify and agree that they are under no contractual or other disability which would prevent them from complying with these requirements.

- G. ACCESS TO RECORDS. The City, HUD, the Comptroller General of the United States, or any of their duly authorized representatives, shall have access to any books, documents, papers, and records of the Contractor which are directly pertinent to this contract, for the purpose of making audit,

examination, excerpts, and transcriptions. All required records must be maintained by the Contractor for three years after the City makes final payments and all other pending matters are closed.

H. MAINTENANCE OF RECORDS. The Contractor shall maintain records on a current basis to support its billings to the City. The City or its authorized representative shall have the authority to inspect, audit, and copy on reasonable notice and from time to time any records of the Contractor regarding its billings or its work here under. The Contractor shall retain these records for inspection, audit, and copying for 3 years from the date of completion or termination of this contract.

I. AUDIT OF PAYMENTS. The City, either directly or through a designated representative, may audit the records of the Contractor at any time during the 3 year period established by Section H above.

If an audit discloses that payments to the Contractor were in excess of the amount to which the Contractor was entitled, then the Contractor shall repay the amount of the excess to City.

J. INDEMNIFICATION. The Contractor shall hold harmless, defend, and indemnify the City and the City's officers, agents and employees against all claims, demands, actions, and suits (including all attorney fees and costs) brought against any of them arising from the Contractor's work or any subcontractor's work under this contract.

K. LIABILITY INSURANCE. The Contractor shall maintain public liability and property damage insurance that protects the Contractor and the City and its officers, agents, and employees from any and all claims, demands, actions, and suits for damage to property or personal injury, including death, arising from the Contractor's work under this contract. The insurance shall provide coverage for not less than \$100,000 for personal injury to each person, \$300,000 for each occurrence involving property damages; or a single limit policy of not less than \$300,000 covering all claims per occurrence. The insurance shall be without prejudice to coverage otherwise existing and shall name as additional insureds the City and its officers, agents, and employees. The insurance shall provide that it shall not terminate or be canceled without 30 days written notice first being given to the City Auditor. Notwithstanding the naming of additional insured, the insurance shall protect each insured in the same manner as though a separate policy had been issued to each, but nothing herein shall operate to increase the insurer's liability as set forth elsewhere in the policy beyond the amount or amounts for which the insurer would have been

liable if only one person or interest had been named as insured. The coverage must apply as to claims between insureds on the policy. The limits of the insurance shall be subject to statutory changes as to maximum limits of liability imposed on municipalities of the State of Oregon during the term of this contract.

The Contractor shall maintain on file with the City Auditor a certificate of insurance certifying the coverage required under this section. The adequacy of the insurance shall be subject to the approval of the City Attorney. Failure to maintain liability insurance shall be cause for immediate termination of this agreement by the City.

In lieu of filing the certificate of insurance required herein, Contractor shall furnish a declaration that Contractor is self-insured for public liability and property damage for a minimum of the amounts set forth in ORS 30.270.

- L. WORKERS' COMPENSATION INSURANCE. The Contractor shall obtain workers' compensation insurance coverage for all of its workers, employees and subcontractors either as a carrier-insured employer or a self-insured employer, as provided by Chapter 656 of the Oregon Revised Statutes, before this contract is executed. A certification of insurance, or copy thereof, shall be attached to this contract, and shall be incorporated herein and made a term and part of this contract. The Contractor further agrees to maintain workers' compensation insurance coverage for the duration of this contract.

In the event the Contractor's workers' compensation insurance coverage expires during the term of this contract, the Contractor agrees to timely renew its insurance, either as a carrier-insured employer or a self-insured employer as provided by Chapter 656 of the Oregon Revised Statutes, before its expiration, and the Contractor agrees to provide the City such further certification of workers' compensation insurance as renewals of said insurance occur.

- M. SUBCONTRACTING AND ASSIGNMENT. The Contractor shall not subcontract its work under this contract, in whole or in part, without the written approval of the City. The Contractor shall require any approved subcontractor to agree, as to the portion subcontracted, to fulfill all obligations of the Contractor as specified in this contract. Notwithstanding City approval of a subcontractor, the Contractor shall remain obligated for full performance hereunder, and the City shall incur no obligation other than its obligations to the Contractor hereunder. The Contractor agrees that if subcontractors are employed in the performance of this contract, the Contractor and its subcontractors are subject to the requirements and sanctions of ORS Chapter 656, Workers' Compensation. The Contractor shall not assign this contract

in whole or in part or any right or obligation hereunder, without prior written approval of the City.

- N. INDEPENDENT CONTRACTOR STATUS. The Contractor is engaged as an independent contractor and will be responsible for any federal, state, or local taxes and fees applicable to payments hereunder.

The Contractor and its subcontractors and employees are not employees of the City and are not eligible for any benefits through the City, including without limitation, federal social security, health benefits, workers' compensation, unemployment compensation, and retirement benefits.

- O. REPORTING REQUIREMENTS. The Contractor shall report on its activities in a format and by such times as prescribed by the City.
- P. CONFLICTS OF INTEREST. No City officer or employee, during his or her tenure or for one year thereafter, shall have any interest, direct, or indirect, in this contract or the proceeds thereof.

No City officer or employees who participated in the award of this contract shall be employed by the Contractor during the period of the contract.

- Q. CONTRACT ADMINISTRATION. The Contractor will comply with the provisions of OMB Circular A-110, particularly with regard to cash depositories, program income, standards for financial management systems, property management, procurement standards and audit requirement. The Contractor is required to submit two copies of their audit in conformance with A-110 no later than 30 days after its completion.

Additionally, the Contractor shall comply with the provisions of OMB Circular A-122, Cost Principles for Non-Profit Organizations.

- R. OREGON LAW AND FORUM. This contract shall be construed according to the law of the State of Oregon.

Any litigation between the City and the Contractor arising under this contract or out of work performed under this contract shall occur, if in the state courts, in the Multnomah County court having jurisdiction thereof, and if in the federal courts, in the United States District Court for the State of Oregon.

- S. AVAILABILITY OF FUNDS. It is understood by all parties to this contract that the funds used to pay for services provided herein are provided to the City through a grant from the U.S. Department of Housing and Urban Development under the Community Development Block Grant program. In the event

that funding is reduced, recaptured, or otherwise made unavailable to the City as a result of federal action, the City reserves the right to terminate the contract as provided under Section B hereof, or change the scope of services as provided under Section D hereof.

- T. COMPLIANCE WITH LAWS. In connection with its activities under this contract, the Contractor shall comply with all applicable federal, state, and local laws and regulations.

In the event that the Contractor provides goods or services to the City in the aggregate in excess of \$2,500.00 per fiscal year, the Contractor agrees it has certified with the City's Equal Employment Opportunity certification process.

- U. MONITORING. The City through the Bureau of Community Development shall monitor at least once each year that portion of the Contractor's project funded with Community Development Block Grant Funds. Such monitoring shall ensure that the operation of the project conforms to the provisions of this contract.

V. Period of Agreement

This agreement shall be in effect for the period starting July 1, 1988 and ending June 30, 1989.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1988.

CITY OF PORTLAND

MULTNOMAH COUNTY

\_\_\_\_\_  
J.E. Bud Clark, Mayor

\_\_\_\_\_  
Gladys McCoy  
Title: Multnomah County Chair

\_\_\_\_\_  
Barbara Clark, City Auditor

Darryl W. Smith 2/7/88  
Gary Smith, Director  
Social Services Division

APPROVED AS TO FORM

APPROVED AS TO FORM:  
Laurence Kressel  
Multnomah County Counsel

\_\_\_\_\_  
Jeffrey L. Rogers, City Attorney

By \_\_\_\_\_  
Deputy County Counsel

## ORDINANCE No.160934

\* Contract with Multnomah County for \$76,800 for the Emergency Shelter for Homeless Youth and provide for payment. (Ordinance)

The City of Portland ordains:

Section 1. The Council finds:

1. There is a need to provide emergency shelter and related services to homeless youth in the Portland area.
2. Several public and private agencies are committed to working together to provide this service to this needy population.
3. Multnomah County has been designated as the public agency to provide these youth services in the Portland area.
4. The County has contracted with Burnside Projects as the agency to provide the Emergency Shelter for Homeless Youth.
5. The County will be responsible for implementing the contract with Burnside Projects and for all aspects of contract management.
6. Funding for this project has been committed by the County, the City, the Oregon Community Foundation, and United Way.
7. The City has committed in the FY 88-89 approved budget \$76,800 in the Housing and Community Development Fund for the Youth Shelter.
8. An agreement should be entered into with the County in the amount of \$76,800 to enable the County to contract with Burnside Projects to provide the Emergency Shelter for Homeless Youth.

NOW, THEREFORE, the Council directs:

- a. The Mayor and Auditor are hereby authorized to execute an agreement with Multnomah County for implementation of the Emergency Shelter for Homeless Youth in a form substantially in accordance with the agreement attached as Exhibit "A".
- b. The Mayor and Auditor are hereby authorized to pay for said contract from the Housing and Community Development Fund.

Section 2. So that the Emergency Shelter for Homeless Youth can be continued, the Council declares an emergency exists and that this Ordinance shall be in force and effect from and after its passage by Council.

Passed by the Council, JUN 22 1988

Mayor Clark  
Barbara Madigan:sf  
June 15, 1988

**BARBARA CLARK**

Auditor of the City of Portland

By

Deputy



## MULTNOMAH COUNTY OREGON

## CONTRACT APPROVAL FORM

(See instructions on reverse side)

## TYPE I

- ☐ Professional Services under \$10,000  
☒ Revenue  
☐ Grant Funding  
☒ Intergovernmental Agreement

Amendment # \_\_\_\_\_ to Contract # \_\_\_\_\_  
 (Original Contract Amount \_\_\_\_\_)

## TYPE II

- ☐ Professional Services over \$10,000 (RFP, Exemption)  
☐ PCRB Contract  
☐ Maintenance Agreement  
☐ Licensing Agreement

Amendment # \_\_\_\_\_ to Contract # \_\_\_\_\_  
 (Original Contract Amount \_\_\_\_\_)

Contact Person Susan Clark Phone 248-3691 Date 7/7/88

Department Human Services Division Social Services Bldg/Room 160/6

Description of Contract Awards \$35,000 for 24-hr, 7 day/week inebriate emergency response system. Funds appropriated in 88/89 Adopted budget.

RFP/BID # NA Date of RFP/BID \_\_\_\_\_ Date of Exemption \_\_\_\_\_

Reviewed For ☐ MBE ☐ FBE Participation Contractor is ☐ MBE ☐ FBE

Contractor Name City of Portland - Contracts Section \_\_\_\_\_

Mailing Address 1220 SW Fifth, Room 202

Portland, OR 97204

Phone 248-4022

Employer ID# or SS# NA - Revenue

Effective Date July 1, 1988

Termination Date June 30, 1989

Total Amount of Agreement \$ 35,000

## Payment Terms

- ☐ Lump Sum \$ \_\_\_\_\_  
☒ Monthly \$ ALLOTMENT  
☐ Other \$ \_\_\_\_\_

☐ Requirements contract-requisition required  
 Purchase Order No. \_\_\_\_\_

## Required Signatures:

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Purchasing Director \_\_\_\_\_ Date \_\_\_\_\_  
 (Type II Contracts Only)

County Counsel \_\_\_\_\_ Date \_\_\_\_\_

Budget Office \_\_\_\_\_ Date \_\_\_\_\_

County Executive/Sheriff \_\_\_\_\_ Date \_\_\_\_\_

TRANSACTION CODE	P.O.	AGENCY	PO DATE	m m d d y y	ACCOUNTING PERIOD	m m y y	BUDGET FY	y y	ACTION		
VENDOR CODE		VENDOR NAME				TOTAL AMOUNT		\$	<input type="checkbox"/> Original Entry (E) <input type="checkbox"/> Adjustment (M)		
LINE NO.	CONTRACT NUMBER	FUND	AGENCY	ORGANIZATION	ACTIVITY	OBJECT	SUB OBJ	REPT CATEG	DESCRIPTION	AMOUNT	INC/DEC IND
		156	010	1415					Rev. Code 2773	\$ 35,000	
										\$	
										\$	
										\$	

**AGREEMENT**

An AGREEMENT between the CITY OF PORTLAND, OREGON ("City") and the MULTNOMAH COUNTY SOCIAL SERVICES DIVISION ("Contractor") to provide funding for the Central City Concern Inebriate Pick-up Service.

**RECITALS:**

1. Multnomah County Social Services Division has issued a request for a proposal to continue the Inebriate Pick-Up Service.
2. The City of Portland has agreed to provide funding to Multnomah County to support a portion of the costs of the Inebriate Pick-up Service.
3. Funding this type of activity furthers the goals of the Mayor's 12-Point Plan on the Homeless.
4. The City Council has authorized \$35,000 from the General Fund Bureau of Community Development in the approved FY 88-89 budget for the Inebriate Pick-up Service.
5. The City now desires to enter into a formal agreement with Multnomah County so that services can be continued without delay.

**AGREED:**

**I. Scope of Services**

The Multnomah County Social Services Division will provide the services described below relative to the Inebriate Pick-up Service program.

- A. Administer the contract between Multnomah County and the agency providing the service for the period of July 1, 1988 to June 30, 1989.
- B. Ensure proper fiscal control over the disbursement of funds to the service provider.
- C. Oversee the service provider's management of the Inebriate Pick-up Service to ensure the following services are provided:
  1. The Service Provider will provide emergency inebriate first responder and transportation services, which will consist of the following:
    - a. Operate a van equipped as follows:
      - (1) VHF radio with all medical frequencies;
      - (2) emergency lighting and audible equipment to allow for emergency vehicle operation under ORS 801.260, 816.350, 816.370, 820.320, 820.370, 820.380;

- (3) emergency care equipment as required by applicable ORS for a Basic Life Support Ambulance;
    - (4) a patient compartment free of hazards to inebriated occupants.
  - b. Staff the van 16 hours per day, to include the hours of 8:00 a.m. to midnight, seven days per week. (COUNTY may modify hours of operation based on actual demand for services.) The minimal staffing will be a driver and one Emergency Medical Technician I. At least one person staffing the van will be deputized by Multnomah County Sheriff's Department and acting pursuant to ORS 426.460 shall transport inebriated persons in need of sobering or detoxification to CONTRACTOR'S facility. Staff will follow all applicable Emergency Medical Services and all rules, standards, and procedures as set forth by the Multnomah County Sheriff's Department. Staff must be uniformed and identifiable as emergency inebriate first response personnel.
  - c. Make the service available to inebriated incapacitated individuals in the following geographic area:
    - Eastern Boundary: 12th from Banfield Freeway to S.E. Morrison St. on east side of Willamette River and west side of Willamette River to S.W. Jefferson.
    - Southern Boundary: Morrison Street from S.E. 12th to the Willamette River on east side of Willamette River and S.W. Jefferson from Willamette River to S.W. 14th.
    - Western Boundary: 14th from S.W. Jefferson to N.W. Lovejoy
    - Northern Boundary: Lovejoy Street from N.W. 14th to the Willamette River to S.E. 12th.
  - d. Respond to at least 70% of the requests for first responder inebriation requests made by EMS dispatch.
  - e. Make a record on each pickup. The record must minimally include: pickup location, patient problem, time, destination, age of patient (estimate), sex of patient, any pertinent history.
  - f. The van must be involved in response to or transportation of inebriation emergencies or on "pick-up cruising" at least 80% of the designated work hours each day.
2. As needed, an advisory committee will be convened to advise the Contractor on the direction of the program. The committee will at a minimum contain one merchant and one resident from the covered area, representatives of Multnomah County Alcohol and

Drug Program, Portland/Multnomah County Emergency Medical Services Office, Hooper Detox, Portland Police Bureau, and Emergency Medical Services Medical Advisory Board.

## II. Compensation and Method of Payment

Multnomah County will be compensated for the above described services by the City of Portland through the General Fund.

Payments to Multnomah County will be made upon receipt of billing in three lump sums; at the beginning, mid-point, and end of the contract year. Each billing will not exceed one third of the contracted budget. Multnomah County agrees to keep appropriate financial records of the Central City Concern's expenses for the Inebriate Pick-up Service.

## III. City Project Manager

- A. The City Project Manager shall be Barbara Madigan or such other person as shall be designated in writing by the Office of the Mayor.
- B. The Project Manager is authorized to approve work and billings hereunder, to give notices referred to herein, to terminate this Agreement as provided herein, and to carry out any other City actions referred to herein.

## IV. General Contract Provisions

- A. **TERMINATION FOR CAUSE.** If, through any cause, the Contractor shall fail to fulfill in timely and proper manner his/her obligations under this Contract, or if the Contractor shall violate any of the covenants, agreements, or stipulations of this Contract, the City shall have the right to terminate this Contract by giving written notice to the Contractor of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. In such event, all finished or unfinished documents, data, studies, and reports prepared by the Contractor under this Contract shall, at the option of the City, become the property of the City and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents.

Notwithstanding the above, the Contractor shall be relieved of liability to the City for damages sustained by the City by virtue of any breach of the Contract by the Contractor, and the City may withhold any payments to the Contractor for the purpose of setoff until such time as the exact amount of damages due the City from the Contractor is determined.

- B. **TERMINATION FOR CONVENIENCE.** The City and Contractor may terminate this contract at any time by mutual written agreement. If the contract is terminated by the City as provided herein, the Contractor will be paid an amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the Contractor covered by this Contract less payments

payments of compensation previously made.

- C. REMEDIES. In the event of termination under section A hereof by the City due to a breach by the Contractor, then the City may complete the work either itself or by agreement with another contractor, or by a combination thereof. In the event the cost of completing the work exceeds the amount actually paid to the Contractor hereunder plus the remaining unpaid balance of the compensation provided herein, then the Contractor shall pay to the City the amount of excess.

The remedies provided to the City under sections A and C hereof for a breach by the Contractor shall not be exclusive. The City also shall be entitled to any other equitable and legal remedies that are available.

In the event of breach of this contract by the City, then the Contractor's remedy shall be limited to termination of the contract and receipt of payment as provided in section B hereof.

- D. CHANGES. The City may, from time to time, request changes in the scope of services or terms and conditions hereunder. Such changes, including any increase or decrease in the amount of the Contractor's compensation, shall be incorporated in written amendments to this Contract. Any change that increases the amount of compensation payable to the Contractor must be approved by ordinance of the City Council. Other changes may be approved by the Director of the Bureau of Community Development.
- E. NON-DISCRIMINATION. During the performance of this Contract, the Contractor agrees as follows:

1. The Contractor will comply with the provision of Title VI of the Civil Rights Act of 1964 which provides that no person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with federal financial assistance.
2. The Contractor will comply with the provisions of Title VIII of the Civil Rights Act of 1968 which provides that it is the policy of the United States to provide, within constitutional limitations, for fair housing throughout the United States and prohibits any person from discriminating in the sale or rental of housing, or the provision of brokerage services, including in any way making unavailable or denying a dwelling to any person, because of race, color, religion, sex, or national origin.
3. The Contractor will comply with Executive Order 11063 (as amended by Executive Order 12259) which prohibits discrimination because of race, color, religion, sex, or national origin, in the sale, rental, or leasing, or

other disposition of residential property and related facilities, or in the occupancy thereof, if such properties are provided or supported in whole or in part with the aid of federal financial assistance.

4. The Contractor will comply with Section 109 of the Housing and Community Development Act of 1974, as amended which requires that no person in the United States shall on the ground of race, color, national origin, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program funded in whole or in part with community development (HCD) funds.

Section 109 further provides that any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 or with respect to an otherwise qualified handicapped individual as provided in Section 504 of the Rehabilitation Act of 1973 shall also be applied to any program or activity funded in whole or in part with funds made available under this contract.

5. Equal Employment Opportunity:

During the performance of this contract, the Contractor agrees as follows:

- a. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.
- b. The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.
- c. The Contractor will send to each labor union or representative of workers with which he/she has a

collective bargaining agreement or other contract or understanding, a notice, to be provided by the City contracting officer, advising the labor union or workers' representative of the Contractor's commitments under Section 202 of Executive Order No. 11246, as amended by Executive Order No. 11375, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

- d. The Contractor will comply with all provisions of Executive Order 11246, as amended by Executive Order 11375, and the rules, regulations, and relevant orders of the Secretary of Labor.
- e. The Contractor will furnish all information and reports required by Executive Order 11246, as amended by Executive Order 11375, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to these books, records, and accounts by the City, the Secretary of Labor and the Secretary of Housing and Urban Development for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- f. In the event of the Contractor's noncompliance with the nondiscrimination clauses of the contract or with any of such rules, regulations, or orders, this contract may be canceled, terminated or suspended in whole or in part and the Contractor may be declared ineligible for further Government contracts or federally assisted construction contract procedures authorized in Executive Order 11246, as amended, or by rules, regulations, or orders of the Secretary of Labor, or as otherwise provided by law.
- g. The Contractor will include the portion of the sentence immediately preceding paragraph 5.a and the provisions of paragraphs 5.a through 5.g in every sub-contract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order 11246, as amended, so that such provision will be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the City or HUD may direct as a means of enforcing such provisions, including sanctions for noncompliance: provided, however, that in the event a contractor becomes involved in, or is threatened

with litigation with a subcontractor or vendor as a result of such direction by the City or HUD, the Contractor may request the United States to enter into such litigation to protect the interest of the United States.

- F. SECTION 3 CLAUSE: The work to be performed under this contract is on a project assisted under a program providing direct federal assistance from the Department of Housing and Urban Development and is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968 as amended. Section 3 requires that to the greatest extent feasible opportunities for training and employment be given to lower income residents of the project area and contracts for work in connection with the project be awarded to businesses which are located in or owned in substantial part by persons residing in the project area.

The parties to this contract will comply with the provisions of said Section 3 and the regulations issued pursuant thereto by the Secretary of Housing and Urban Development set forth in 24 CFR Part 135, and all applicable rules and orders of HUD issued thereunder prior to the execution of this contract. The parties to this contract certify and agree that they are under no contractual or other disability which would prevent them from complying with these requirements.

- G. ACCESS TO RECORDS. The City, HUD, the Comptroller General of the United States, or any of their duly authorized representatives, shall have access to any books, documents, papers, and records of the Contractor which are directly pertinent to this contract, for the purpose of making audit, examination, excerpts, and transcriptions. All required records must be maintained by the Contractor for three years after the City makes final payments and all other pending matters are closed.
- H. MAINTENANCE OF RECORDS. The Contractor shall maintain records on a current basis to support its billings to the City. The City or its authorized representative shall have the authority to inspect, audit, and copy on reasonable notice and from time to time any records of the Contractor regarding its billings or its work here under. The Contractor shall retain these records for inspection, audit, and copying for 3 years from the date of completion or termination of this contract.
- I. AUDIT OF PAYMENTS. The City, either directly or through a designated representative, may audit the records of the Contractor at any time during the 3 year period established by Section H above.

If an audit discloses that payments to the Contractor were in excess of the amount to which the Contractor was entitled, then the Contractor shall repay the amount of the excess to City.

- J. INDEMNIFICATION. The Contractor shall hold harmless, defend, and indemnify the City and the City's officers, agents and employees against all claims, demands, actions, and suits (including all attorney fees and costs) brought against any of them arising from the Contractor's work or any subcontractor's work under this contract.
- K. LIABILITY INSURANCE. The Contractor shall maintain public liability and property damage insurance that protects the Contractor and the City and its officers, agents, and employees from any and all claims, demands, actions, and suits for damage to property or personal injury, including death, arising from the Contractor's work under this contract. The insurance shall provide coverage for not less than \$100,000 for personal injury to each person, \$300,000 for each occurrence involving property damages; or a single limit policy of not less than \$300,000 covering all claims per occurrence. The insurance shall be without prejudice to coverage otherwise existing and shall name as additional insureds the City and its officers, agents, and employees. The insurance shall provide that it shall not terminate or be canceled without 30 days written notice first being given to the City Auditor. Notwithstanding the naming of additional insured, the insurance shall protect each insured in the same manner as though a separate policy had been issued to each, but nothing herein shall operate to increase the insurer's liability as set forth elsewhere in the policy beyond the amount or amounts for which the insurer would have been liable if only one person or interest had been named as insured. The coverage must apply as to claims between insureds on the policy. The limits of the insurance shall be subject to statutory changes as to maximum limits of liability imposed on municipalities of the State of Oregon during the term of this contract.

The Contractor shall maintain on file with the City Auditor a certificate of insurance certifying the coverage required under this section. The adequacy of the insurance shall be subject to the approval of the City Attorney. Failure to maintain liability insurance shall be cause for immediate termination of this agreement by the City.

In lieu of filing the certificate of insurance required herein, Contractor shall furnish a declaration that Contractor is self-insured for public liability and property damage for a minimum of the amounts set forth in ORS 30.270.

- L. WORKERS' COMPENSATION INSURANCE. The Contractor shall obtain workers' compensation insurance coverage for all of its

workers, employees and subcontractors either as a carrier-insured employer or a self-insured employer, as provided by Chapter 656 of the Oregon Revised Statutes, before this contract is executed. A certification of insurance, or copy thereof, shall be attached to this contract, and shall be incorporated herein and made a term and part of this contract. The Contractor further agrees to maintain workers' compensation insurance coverage for the duration of this contract.

In the event the Contractor's workers' compensation insurance coverage expires during the term of this contract, the Contractor agrees to timely renew its insurance, either as a carrier-insured employer or a self-insured employer as provided by Chapter 656 of the Oregon Revised Statutes, before its expiration, and the Contractor agrees to provide the City such further certification of workers' compensation insurance as renewals of said insurance occur.

- M. SUBCONTRACTING AND ASSIGNMENT. The Contractor shall not subcontract its work under this contract, in whole or in part, without the written approval of the City. The Contractor shall require any approved subcontractor to agree, as to the portion subcontracted, to fulfill all obligations of the Contractor as specified in this contract. Notwithstanding City approval of a subcontractor, the Contractor shall remain obligated for full performance hereunder, and the City shall incur no obligation other than its obligations to the Contractor hereunder. The Contractor agrees that if subcontractors are employed in the performance of this contract, the Contractor and its subcontractors are subject to the requirements and sanctions of ORS Chapter 656, Workers' Compensation. The Contractor shall not assign this contract in whole or in part or any right or obligation hereunder, without prior written approval of the City.
- N. INDEPENDENT CONTRACTOR STATUS. The Contractor is engaged as an independent contractor and will be responsible for any federal, state, or local taxes and fees applicable to payments hereunder.

The Contractor and its subcontractors and employees are not employees of the City and are not eligible for any benefits through the City, including without limitation, federal social security, health benefits, workers' compensation, unemployment compensation, and retirement benefits.

- O. REPORTING REQUIREMENTS. The Contractor shall report on its

activities in a format and by such times as prescribed by the City.

- P. CONFLICTS OF INTEREST. No City officer or employee, during his or her tenure or for one year thereafter, shall have any interest, direct, or indirect, in this contract or the proceeds thereof.

No City officer or employees who participated in the award of this contract shall be employed by the Contractor during the period of the contract.

- Q. CONTRACT ADMINISTRATION. The Contractor will comply with the provisions of OMB Circular A-110, particularly with regard to cash depositories, program income, standards for financial management systems, property management, procurement standards and audit requirement. The Contractor is required to submit two copies of their audit in conformance with A-110 no later than 30 days after its completion.

Additionally, the Contractor shall comply with the provisions of OMB Circular A-122, Cost Principles for Non-Profit Organizations.

- R. OREGON LAW AND FORUM. This contract shall be construed according to the law of the State of Oregon.

Any litigation between the City and the Contractor arising under this contract or out of work performed under this contract shall occur, if in the state courts, in the Multnomah County court having jurisdiction thereof, and if in the federal courts, in the United States District Court for the State of Oregon.

- S. AVAILABILITY OF FUNDS. It is understood by all parties to this contract that the funds used to pay for services provided herein are provided to the City through a grant from the U.S. Department of Housing and Urban Development under the Community Development Block Grant program. In the event that funding is reduced, recaptured, or otherwise made unavailable to the City as a result of federal action, the City reserves the right to terminate the contract as provided under Section B hereof, or change the scope of services as provided under Section D hereof.

- T. COMPLIANCE WITH LAWS. In connection with its activities under this contract, the Contractor shall comply with all applicable federal, state, and local laws and regulations.

In the event that the Contractor provides goods or services to the City in the aggregate in excess of \$2,500.00 per fiscal year, the Contractor agrees it has certified with the City's Equal Employment Opportunity certification process.

- U. MONITORING. The City through the Bureau of Community Development shall monitor at least once each year that portion of the Contractor's project funded with Community Development Block Grant Funds. Such monitoring shall ensure that the operation of the project conforms to the provisions of this contract.

V. Period of Agreement

This agreement shall be in effect for the period starting July 1, 1988 and ending June 30, 1989.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1988.

**CITY OF PORTLAND**

**MULTNOMAH COUNTY**

\_\_\_\_\_  
J.E. Bud Clark, Mayor

\_\_\_\_\_  
Gladys McCoy  
Multnomah County Chair

\_\_\_\_\_  
Barbara Clark, City Auditor

\_\_\_\_\_  
Social Services Division  
Director  
7/7/88

**APPROVED AS TO FORM**

**APPROVED AS TO FORM:**

Laurence Kressel, Multnomah County Counsel

\_\_\_\_\_  
Jeffrey L. Rogers, City Attorney

By \_\_\_\_\_  
Deputy County Counsel

## ORDINANCE No. 160931

- \* Contract with Multnomah County Alcohol and Drug Program for \$35,000 for the Inebriate Pick-up Service and provide for payment. (Ordinance)

The City of Portland ordains:

Section 1. The Council finds that:

1. Multnomah County Social Services Division Alcohol and Drug Program and Central City Concern have provided the Inebriate Pick-up Service.
2. A Request for Proposals has been prepared by the County to obtain proposals to continue the project.
2. The City of Portland has agreed to provide funding to Multnomah County to support a portion of the costs of the Inebriate Pick-up Service.
3. The City Council has authorized \$35,000 from the General Fund in the in the approved FY 88-89 budget for the Bureau of Community Development Inebriate Pick-up Service.
4. An agreement should be entered into with the Multnomah County Social Services Division Alcohol and Drug Program in the sum of \$35,000 to provide funding for the Inebriate Pick-up Service.

NOW, THEREFORE, the Council directs:

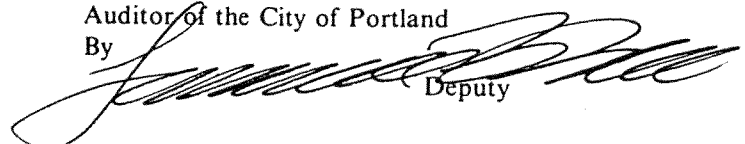
- a. The Mayor and Auditor are hereby authorized to enter into an agreement with Multnomah County to provide \$35,000 for the Inebriate Pick-up Service in a form substantially in accordance with the agreement attached as "Exhibit A".
- b. The Mayor and Auditor are hereby authorized to pay for said contract from the General Fund.

Section 2. So that the Inebriate Pick-up Service can continue without delay, the Council declares that an emergency exists and this Ordinance shall be in force and effect from and after its passage by Council.

Passed by the Council, **JUN 22 1988**

Mayor Clark  
Barbara Madigan:sf  
June 14, 1988

**BARBARA CLARK**  
Auditor of the City of Portland  
By

  
Deputy



## MULTNOMAH COUNTY OREGON

## CONTRACT APPROVAL FORM

(See instructions on reverse side)

## TYPE I

- ☐ Professional Services under \$10,000  
☒ Revenue  
☐ Grant Funding  
☒ Intergovernmental Agreement

Amendment to above, Number \_\_\_\_\_  
 (Original Contract Amount \_\_\_\_\_)

## TYPE II

- ☐ Professional Services over \$10,000 (RFP, Exemption)  
☐ PCRB Contract  
☐ Maintenance Agreement  
☐ Licensing Agreement

Amendment to above, Number \_\_\_\_\_  
 (Original Contract Amount \_\_\_\_\_)

Contact Person Susan Clark Phone 248-3691 Date 7/7/88

Department Human Services Division Social Services Bldg/Room 160/6

Description of Contract Awards \$52,000 for support and administration of a homeless shelter program for the chronically mentally ill.

RFP/BID # NA Date of RFP/BID \_\_\_\_\_ Date of Exemption \_\_\_\_\_

Reviewed For ☐ MBE ☐ FBE Participation Contractor is ☐ MBE ☐ FBE

Contractor Name City of Portland - Contracts Section \_\_\_\_\_

Mailing Address 1220 SW Fifth, Room 202  
Portland, OR 97204

Phone 248-4022

Employer ID# or SS# NA - Revenue

Effective Date July 1, 1988

Termination Date June 30, 1989

Total Amount of Agreement \$ 52,000

## Payment Terms

- ☐ Lump Sum \$ \_\_\_\_\_  
☒ Monthly \$ ALLOTMENT  
☐ Other \$ \_\_\_\_\_

☐ Requirements contract-requisition required  
 Purchase Order No. \_\_\_\_\_

## Required Signatures:

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Purchasing Director \_\_\_\_\_ Date \_\_\_\_\_  
 (Type II Contracts Only)

County Counsel \_\_\_\_\_ Date \_\_\_\_\_

Budget Office \_\_\_\_\_ Date \_\_\_\_\_

County Executive/Sheriff \_\_\_\_\_ Date \_\_\_\_\_

TRANSACTION CODE	P.O.	AGENCY	PO DATE	m m d d y y	ACCOUNTING PERIOD	m m y y	BUDGET FY	y y	ACTION		
VENDOR CODE		VENDOR NAME				TOTAL AMOUNT		\$	<input type="checkbox"/> Original Entry (E) <input type="checkbox"/> Adjustment (M)		
LINE NO.	CONTRACT NUMBER	FUND	AGENCY	ORGANIZATION	ACTIVITY	OBJECT	SUB OBJ	REPT CATEG	DESCRIPTION	AMOUNT	INC/DEC IND
		156	010	1305					Rev. Code 2773	\$ 52,000	
										\$	
										\$	
										\$	

## AGREEMENT FOR SERVICES

This agreement for services (Agreement) is between the City of Portland, Oregon, ("City") and the Multnomah County Social Services Division (Contractor) to provide funding for the Homeless Chronically Mentally Ill Program.

### RECITALS:

1. Multnomah County Social Services Division is coordinating a program to provide shelter for the chronically mentally ill, including board, outreach, treatment and case management.
2. The provision of services to homeless chronically mentally ill persons is a major goal of the City.
3. The City has available to it Community Development Block Grant Funds which can be used to provide support for the administration of programs which assist the needy.
4. Funding for this type of activity furthers the goals of the Mayor's 12-Point Plan for the Homeless.
5. The City Council has authorized \$52,000 through the HCD program and city budget for operation of the chronically mentally ill shelter.
6. The Council now desires to enter into a formal agreement with the Multnomah County Social Services Division so that services can be provided without delay.

### AGREED:

#### I. Scope of Services

The Multnomah County Social Services Division will provide the services described below relative to the chronically mentally ill program.

- A. Establish 30 short-term emergency, S.R.O. beds with 24-hour supervision.
- B. Establish 17 long-term S.R.O. beds with the capacity to provide 24-hour on-site intervention.
- C. Provide housing to no less than 84 homeless mentally ill clients on an annual basis.

#### II. Compensation and Method of Payment

The Contractor will be compensated for the provision of services by the City through the Housing and Community Development (HCD) fund as follows:

Payments to the Contractor for eligible expenses will be made monthly upon submission of a statement of expenditures based on the request for payment. Detailed information on how funding is expended is to be

submitted by the Contractor with each request for funding.

### III. City Project Manager

- A. The City Project Manager shall be Howard Cutler or such other person as shall be designated in writing by the Director of the Bureau of Community Development.
- B. The Project Manager is authorized to approve work and billings hereunder, to give notices referred to herein, to terminate this agreement as provided herein, and to carry out any other City actions referred to herein.

### IV. Reporting Requirements

The Contractor shall submit status reports as requested by the Project Manager.

### V. General Contract Provisions

- A. **TERMINATION FOR CAUSE.** If, through any cause, the Contractor shall fail to fulfill in timely and proper manner his/her obligations under this Contract, or if the Contractor shall violate any of the covenants, agreements, or stipulations of this Contract, the City shall have the right to terminate this Contract by giving written notice to the Contractor of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. In such event, all finished or unfinished documents, data, studies, and reports prepared by the Contractor under this Contract shall, at the option of the City, become the property of the City and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents.

Notwithstanding the above, the Contractor shall not be relieved of liability to the City for damages sustained by the City by virtue of any breach of the Contract by the Contractor, and the City may withhold any payments to the Contractor for the purpose of setoff until such time as the exact amount of damages due the City from the Contractor is determined.

- B. **TERMINATION FOR CONVENIENCE.** The City and Contractor may terminate this contract at any time by mutual written agreement. If the Contract is terminated by the City as provided herein, the Contractor will be paid an amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the Contractor covered by this Contract less payments of compensation previously made.
- C. **REMEDIES.** In the event of termination under section A hereof by the City due to a breach by the Contractor, then the City may complete the work either itself or by agreement with another contractor, or by a combination thereof. In the event the cost of completing the work exceeds the amount actually paid to the Contractor hereunder plus the remaining unpaid balance of the compensation provided herein, then the Contractor shall pay to the City the amount of excess.

The remedies provided to the City under sections A and C hereof for a breach by the Contractor shall not be exclusive. The City also shall be entitled to any other equitable and legal remedies that are available.

In the event of breach of this contract by the City, then the Contractor's remedy shall be limited to termination of the contract and receipt of payment as provided in section B hereof.

- D. **CHANGES.** The City may, from time to time, request changes in the scope of services or terms and conditions hereunder. Such changes, including any increase or decrease in the amount of the Contractor's compensation, shall be incorporated in written amendments to this Contract. Any change that increases the amount of compensation payable to the Contractor must be approved by ordinance of the City Council. Other changes may be approved by the Director of the Bureau of Community Development.
- E. **NON-DISCRIMINATION.** During the performance of this Contract, the Contractor agrees as follows:
1. The Contractor will comply with the provision of Title VI of the Civil Rights Act of 1964 which provides that no person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with federal financial assistance.
  2. The Contractor will comply with the provisions of Title VIII of the Civil Rights Act of 1968 which provides that it is the policy of the United States to provide, within constitutional limitations, for fair housing throughout the United States and prohibits any person from discriminating in the sale or rental of housing, or the provision of brokerage services, including in any way making unavailable or denying a dwelling to any person, because of race, color, religion, sex, or national origin.
  3. The Contractor will comply with Executive Order 11063 (as amended by Executive Order 12259) which prohibits discrimination because of race, color, religion, sex, or national origin, in the sale, rental, or leasing, or other disposition of residential property and related facilities, or in the occupancy thereof, if such properties are provided or supported in whole or in part with the aid of federal financial assistance.
  4. The Contractor will comply with Section 109 of the Housing and Community Development Act of 1974, as amended which requires that no person in the United States shall on the ground of race, color, national

origin, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program funded in whole or in part with community development (HCD) funds.

Section 109 further provides that any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 or with respect to an otherwise qualified handicapped individual as provided in Section 504 of the Rehabilitation Act of 1973 shall also be applied to any program or activity funded in whole or in part with funds made available under this contract.

5. Equal Employment Opportunity:

During the performance of this contract, the Contractor agrees as follows:

- a. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.
- b. The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.
- c. The Contractor will send to each labor union or representative of workers with which he/she has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the City contracting officer, advising the labor union or workers' representative of the Contractor's commitments under Section 202 of Executive Order No. 11246, as amended by Executive Order No. 11375, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

- d. The Contractor will comply with all provisions of Executive Order 11246, as amended by Executive Order 11375, and the rules, regulations, and relevant orders of the Secretary of Labor.
- e. The Contractor will furnish all information and reports required by Executive Order 11246, as amended by Executive Order 11375, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to these books, records, and accounts by the City, the Secretary of Labor and the Secretary of Housing and Urban Development for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- f. In the event of the Contractor's noncompliance with the nondiscrimination clauses of the contract or with any of such rules, regulations, or orders, this contract may be canceled, terminated or suspended in whole or in part and the Contractor may be declared ineligible for further Government contracts or federally assisted construction contract procedures authorized in Executive Order 11246, as amended, or by rules, regulations, or orders of the Secretary of Labor, or as otherwise provided by law.
- g. The Contractor will include the portion of the sentence immediately preceding paragraph 5.a and the provisions of paragraphs 5.a through 5.g in every sub-contract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order 11246, as amended, so that such provision will be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the City or HUD may direct as a means of enforcing such provisions, including sanctions for noncompliance: provided, however, that in the event a contractor becomes involved in, or is threatened with litigation with a subcontractor or vendor as a result of such direction by the City or HUD, the Contractor may request the United States to enter into such litigation to protect the interest of the United States.

F. SECTION 3 CLAUSE: The work to be performed under this contract is on a project assisted under a program providing direct federal assistance from the Department of Housing and

Urban Development and is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968 as amended. Section 3 requires that to the greatest extent feasible opportunities for training and employment be given to lower income residents of the project area and contracts

for work in connection with the project be awarded to businesses which are located in or owned in substantial part by persons residing in the project area.

The parties to this contract will comply with the provisions of said Section 3 and the regulations issued pursuant thereto by the Secretary of Housing and Urban Development set forth in 24 CFR Part 135, and all applicable rules and orders of HUD issued thereunder prior to the execution of this contract. The parties to this contract certify and agree that they are under no contractual or other disability which would prevent them from complying with these requirements.

- G. ACCESS TO RECORDS. The City, HUD, the Comptroller General of the United States, or any of their duly authorized representatives, shall have access to any books, documents, papers, and records of the Contractor which are directly pertinent to this contract, for the purpose of making audit, examination, excerpts, and transcriptions. All required records must be maintained by the Contractor for three years after the City makes final payments and all other pending matters are closed.
- H. MAINTENANCE OF RECORDS. The Contractor shall maintain records on a current basis to support its billings to the City. The City or its authorized representative shall have the authority to inspect, audit, and copy on reasonable notice and from time to time any records of the Contractor regarding its billings or its work here under. The Contractor shall retain these records for inspection, audit, and copying for 3 years from the date of completion or termination of this contract.
- I. AUDIT OF PAYMENTS. The City, either directly or through a designated representative, may audit the records of the Contractor at any time during the 3 year period established by Section H above.

If an audit discloses that payments to the Contractor were in excess of the amount to which the Contractor was entitled, then the Contractor shall repay the amount of the excess to City.
- J. INDEMNIFICATION. The Contractor shall hold harmless, defend, and indemnify the City and the City's officers, agents and employees against all claims, demands, actions, and suits (including all attorney fees and costs) brought against any of them arising from the Contractor's work or any subcon-tractor's work under this contract.
- K. LIABILITY INSURANCE. The Contractor shall maintain public liability and property damage insurance that protects the Contractor and the City and its officers, agents, and employees from any and all claims, demands, actions, and suits for damage to property or personal injury, including

death, arising from the Contractor's work under this contract. The insurance shall provide coverage for not less than \$100,000 for personal injury to each person, \$300,000 for each occurrence involving property damages; or a single limit policy of not less than \$300,000 covering all claims per occurrence. The insurance shall be without prejudice to coverage otherwise existing and shall name as additional insureds the City and its officers, agents, and employees. The insurance shall provide that it shall not terminate or be canceled without 30 days written notice first being given to the City Auditor. Notwithstanding the naming of additional insureds, the insurance shall protect each insured in the same manner as though a separate policy had been issued to each, but nothing herein shall operate to increase the insurer's liability as set forth elsewhere in the policy beyond the amount or amounts for which the insurer would have been liable if only one person or interest had been named as insured. The coverage must apply as to claims between insureds on the policy. The limits of the insurance shall be subject to statutory changes as to maximum limits of liability imposed on municipalities of the State of Oregon during the term of this contract.

The Contractor shall maintain on file with the City Auditor a certificate of insurance certifying the coverage required under this section. The adequacy of the insurance shall be subject to the approval of the City Attorney. Failure to maintain liability insurance shall be cause for immediate termination of this agreement by the City.

In lieu of filing the certificate of insurance required herein, Contractor shall furnish a declaration that Contractor is self-insured for public liability and property damage for a minimum of the amounts set forth in ORS 30.270.

- L. WORKERS' COMPENSATION INSURANCE. The Contractor shall obtain workers' compensation insurance coverage for all of its workers, employees and subcontractors either as a carrier-insured employer or a self-insured employer, as provided by Chapter 656 of the Oregon Revised Statutes, before this contract is executed. A certification of insurance, or copy thereof, shall be attached to this contract, and shall be

incorporated herein and made a term and part of this contract. The Contractor further agrees to maintain workers' compensation insurance coverage for the duration of this contract.

In the event the Contractor's workers' compensation insurance coverage expires during the term of this contract, the Contractor agrees to timely renew its insurance, either as a carrier-insured employer or a self-insured employer as provided by Chapter 656 of the Oregon Revised Statutes, before its expiration, and the Contractor agrees to provide the City such further certification of workers' compensation insurance as renewals of said insurance occur.

M. SUBCONTRACTING AND ASSIGNMENT. The Contractor shall not sub-contract its work under this contract, in whole or in part, without the written approval of the City. The Contractor shall require any approved subcontractor to agree, as to the portion subcontracted, to fulfill all obligations of the Contractor as specified in this contract. Notwithstanding City approval of a subcontractor, the Contractor shall remain obligated for full performance hereunder, and the City shall incur no obligation other than its obligations to the Contractor hereunder. The Contractor agrees that if subcontractors are employed in the performance of this contract, the Contractor and its subcontractors are subject to the requirements and sanctions of ORS Chapter 656, Workers' Compensation. The Contractor shall not assign this contract in whole or in part or any right or obligation hereunder, without prior written approval of the City.

N. INDEPENDENT CONTRACTOR STATUS. The Contractor is engaged as an independent contractor and will be responsible for any federal, state, or local taxes and fees applicable to payments hereunder.

The Contractor and its subcontractors and employees are not employees of the City and are not eligible for any benefits through the City, including without limitation, federal social security, health benefits, workers' compensation, unemployment compensation, and retirement benefits.

O. REPORTING REQUIREMENTS. The Contractor shall report on its activities in a format and by such times as prescribed by the City.

P. CONFLICTS OF INTEREST. No City officer or employee, during his or her tenure or for one year thereafter, shall have any interest, direct, or indirect, in this contract or the proceeds thereof.

No City officer or employees who participated in the award of this contract shall be employed by the Contractor during the period of the contract.

Q. CONTRACT ADMINISTRATION. The Contractor will comply with the provisions of OMB Circular A-110, particularly with regard to cash depositories, program income, standards for financial management systems, property management, procurement standards and audit requirement. The Contractor is required to submit two copies of their audit in conformance with A-110 no later than 30 days after its completion.

Additionally, the Contractor shall comply with the provisions of OMB Circular A-122, Cost Principles for Non-Profit Organizations.

R. OREGON LAW AND FORUM. This contract shall be construed according to the law of the State of Oregon.

Any litigation between the City and the Contractor arising under this contract or out of work performed under this

contract shall occur, if in the state courts, in the Multnomah County court having jurisdiction thereof, and if in the federal courts, in the United States District Court for the State of Oregon.

S. AVAILABILITY OF FUNDS. It is understood by all parties to this contract that the funds used to pay for services provided herein are provided to the City through a grant from the U.S. Department of Housing and Urban Development under the Community Development Block Grant program. In the event that funding is reduced, recaptured, or otherwise made unavailable to the City as a result of federal action, the City reserves the right to terminate the contract as provided under Section B hereof, or change the scope of services as provided under Section D hereof.

T. COMPLIANCE WITH LAWS. In connection with its activities under this contract, the Contractor shall comply with all applicable federal, state, and local laws and regulations.

In the event that the Contractor provides goods or services to the City in the aggregate in excess of \$2,500.00 per fiscal year, the Contractor agrees it has certified with the City's Equal Employment Opportunity certification process.

U. MONITORING. The City through the Bureau of Community Development shall monitor at least once each year that portion of the Contractor's project funded with Community Development Block Grant Funds. Such monitoring shall ensure that the operation of the project conforms to the provisions of this contract.

VI. Period of Agreement

This agreement shall be in effect for the period starting July 1, 1988 and ending June 30, 1989.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1988.

CITY OF PORTLAND

MULTNOMAH COUNTY

\_\_\_\_\_  
J.E. Bud Clark, Mayor

\_\_\_\_\_  
Gladys McCoy  
Multnomah County Chair

\_\_\_\_\_  
Barbara Clark, City Auditor

\_\_\_\_\_  
*Doreen Smith 7/2/88*  
Social Services Division  
Director

APPROVED AS TO FORM

APPROVED AS TO FORM:  
Laurence Kressel  
Multnomah County Counsel

\_\_\_\_\_  
Jeffrey L. Rogers, City Attorney

By \_\_\_\_\_  
Deputy County Counsel

## ORDINANCE No. 160938

\* Contract with Multnomah County for \$52,000 for operation of a chronically mentally ill shelter and provide for payment. (Ordinance)

The City of Portland ordains:

Section 1. The Council finds that:

1. The provision of services to chronically mentally ill homeless persons is one of the major goals of the City.
2. The Multnomah County Social Service Division has been awarded a federal grant for the housing and treatment of homeless people who are chronically mentally ill.
3. Operation of the chronically mentally ill homeless program costs \$432,000 each year, and the program will serve residents of the City of Portland.
4. Intergovernmental participation by the City was a key element in the County receiving the federal grant.
5. The City has available to it Community Development Block Grant (HCD) funds which can be used to provide support for the operation of programs which assist the needy.
6. The City wishes to assist Multnomah County in the operation of its chronically mentally ill shelter.
7. In the FY 88-89 budget, Council approved HCD funding for this activity in the amount of \$52,000.
8. An agreement should be entered into with the Multnomah County Social Services Division in the sum of \$52,000.

NOW, THEREFORE, the Council directs that:

- a. The Mayor and Auditor are authorized to enter into an agreement with the Multnomah County Social Service Division in the amount of \$52,000 to provide services in a form substantially in accordance with the attached as "Exhibit A".
- b. The Mayor and Auditor are authorized to pay for said contract from the Housing and Community Development Fund.

Section 2. So that there will be no delay in implementing these services the Council declares that an emergency exists and this Ordinance shall be in force and effect from and after its passage by Council.

Passed by the Council, **JUN 22 1988**

Mayor Clark  
Howard Cutler:sf  
June 15, 1988

**BARBARA CLARK**

Auditor of the City of Portland

By

Deputy

DOWNTOWN ECONOMIC IMPROVEMENT DISTRICT  
FINAL ECONOMIC IMPROVEMENT PLAN

City of Portland  
Association for Portland Progress  
Downtown Economic Improvement District Task Force

June 23, 1988

## CONTENTS

	<u>Page</u>
I. INTRODUCTION . . . . .	1
II. MAINTENANCE OF CITY EFFORT . . . . .	5
III. ASSESSMENT OF CITY PROPERTIES . . . . .	7
Benefits to the City . . . . .	8
Exemption of City Properties . . . . .	9
Fiscal Impact of the Assessment . . . . .	10
Analysis of City Assessment Amount . . . . .	11
IV. PROGRAM DESCRIPTION . . . . .	12
Security . . . . .	12
Cleaning . . . . .	12
Marketing . . . . .	12
Management . . . . .	12
V. TERM . . . . .	14
VI. COST ESTIMATE . . . . .	15
VII. BOUNDARY . . . . .	17
VIII. ASSESSMENT . . . . .	18

## APPENDICES

- A. Resolution No. 34431
- B. List of Petitioners
- C. House Bill 2443
- D. City Code Chapter 3.122
- E. Outline of Chapter 3.122 Requirements
- F. Schedule

## I. INTRODUCTION

In 1985, the Oregon State Legislature approved House Bill 2443 (now ORS 223.105) allowing cities to create Economic Improvement Districts (EID's). This legislation allows commercial and industrial districts to organize and, through the city, establish an EID to assess all properties within the district, excepting residential properties, to pay for economic improvement programs. Economic improvements are described in the legislation to include any of the following:

- o Planning or management of development or improvement activities.
- o Landscaping or other maintenance of public areas.
- o Promotion of commercial activities or public events.
- o Activities in support of business recruitment and development.
- o Improvements in parking systems or parking enforcement.
- o Any other economic improvement activity for which an assessment may be made on specially benefited properties.

An EID can be established for a period up to three years. The enabling legislation expires on June 30, 1990 unless it is renewed by the state legislature. The proposed Downtown Economic Improvement District cannot be re-established unless the 1988-89 session of the Oregon State Legislature changes the current law. The City urges proponents of the EID to support such legislation, because the City will be unable to carry on the contemplated economic improvement program without the funds generated by the EID assessments.

In March 1988, the City of Portland adopted Code Chapter 3.122 setting out the requirements and procedures for establishing EID's within the City. City Code Chapter 3.122 is included in the Appendix to this report.

In April 1987 the Association for Portland Progress (APP) established a Downtown Economic Improvement Committee (APP Committee) to investigate the feasibility of a downtown EID and to assist the City of Portland in establishing such a district. Figure 1 illustrates the boundary of the proposed Downtown Economic Improvement District. Figure 2 shows the ownership of the total \$1.3 billion value within the district boundary.

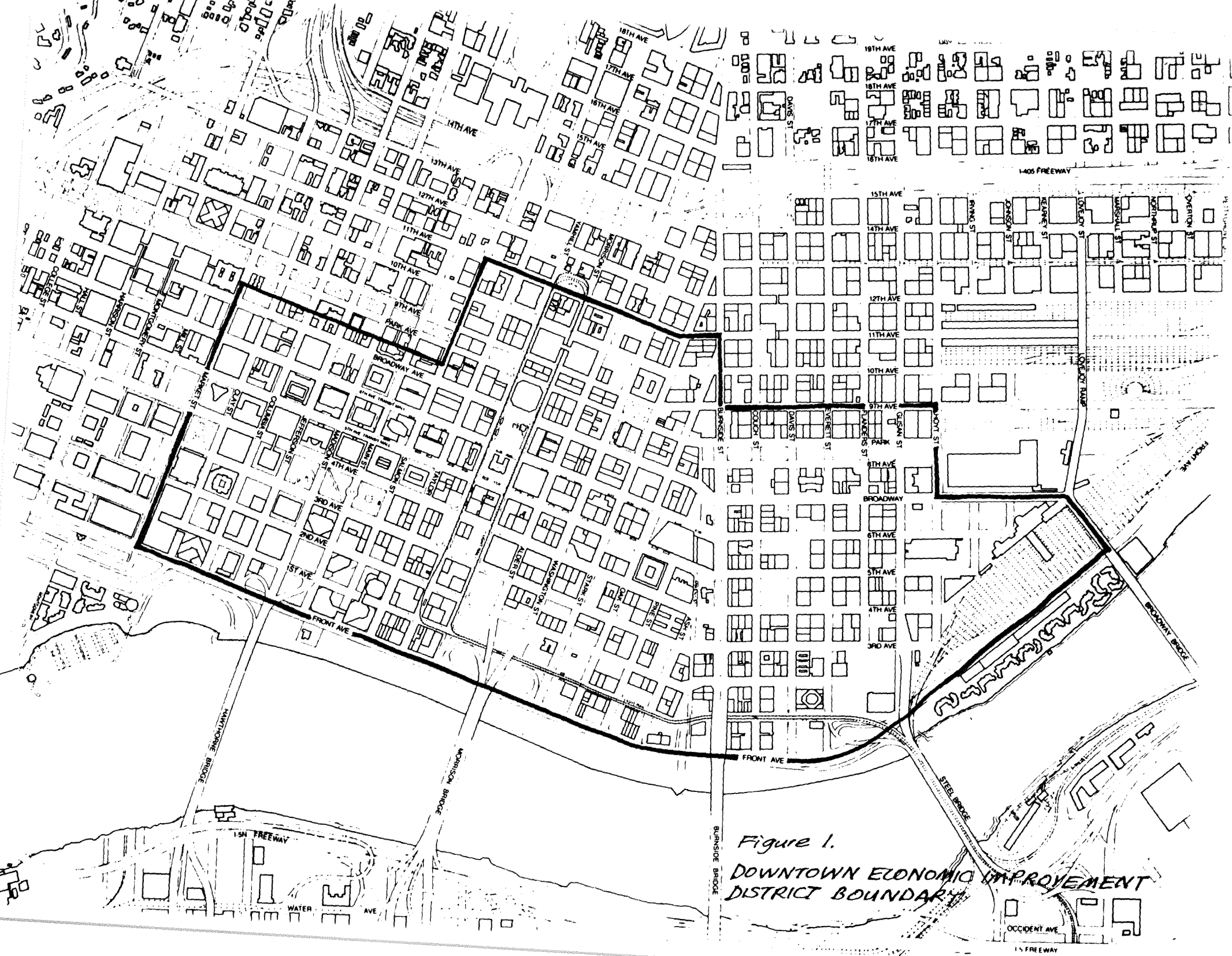
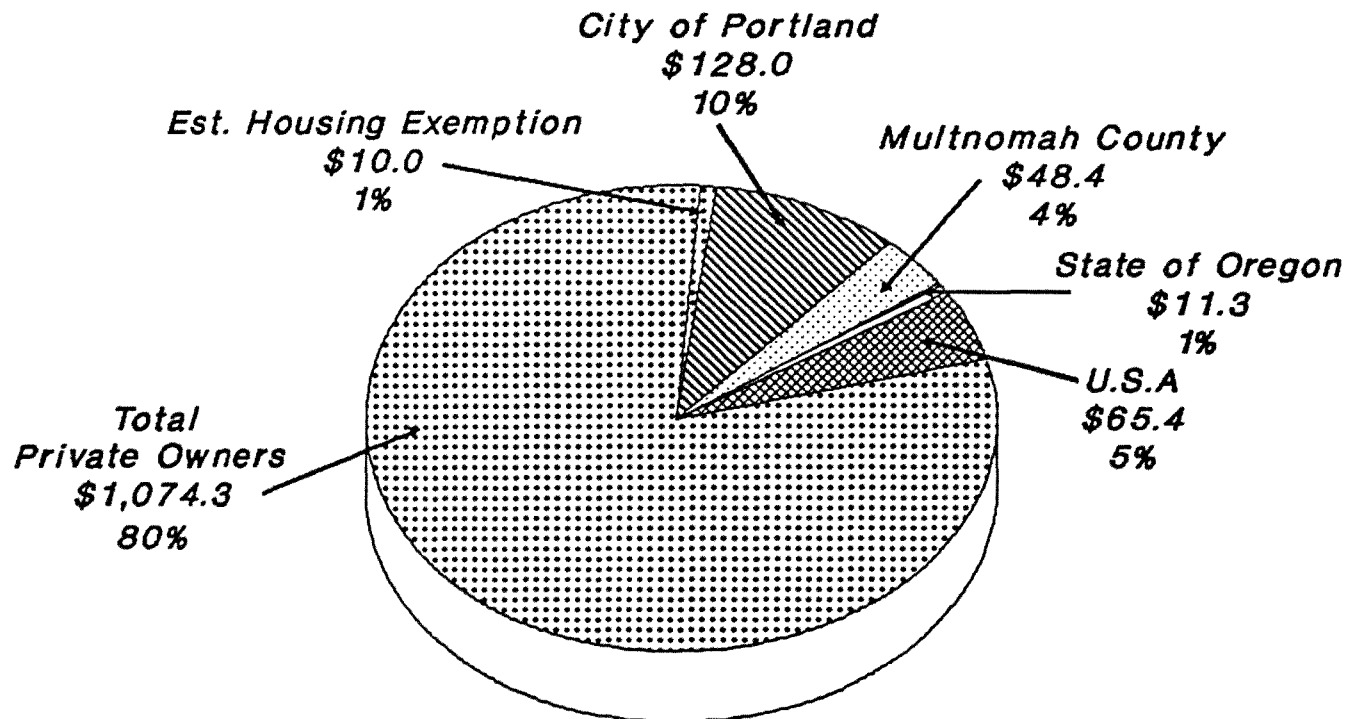


Figure 1.  
DOWNTOWN ECONOMIC IMPROVEMENT  
DISTRICT BOUNDARY

## *Downtown Economic Improvement District*



*Total Land and Improvement Value*  
**\$1,337.4**

*(\$ Millions)*

The APP Committee includes the following membership:

Douglas A. Goodman, City Center Parking, Chairman  
Robert Ames, First Interstate Bank of Oregon  
John S. Beardsley, Beardsley Building Development  
David E. Bolander, Pacific Power & Light  
Ward V. Cook, Oregon Pioneer Savings & Loan  
Serge D. Rovencourt, Portland Hilton Hotel  
Brooks Gunsul, Zimmer Gunsul Frasca Partnership  
Ken L. Harrison, Portland General Electric  
Darrel J. Hume, Nordstrom  
Edmund P. Jensen, U. S. Bancorp  
Philip A. Kalberer, Kalberer Hotel Supply  
Melvin Mark Jr., Melvin Mark Properties  
William S. Naito, Norcrest China  
Patrick Prendergast, Prendergast & Assoc.  
Robert L. Ridgley, Northwest Natural Gas  
Richard M. Schafbuch, KOIN TV  
Fred A. Stickel, Oregonian Publishing Co.  
Scott P. Timberlake, Commercial Securities Limited  
Kenneth B. Winfield Jr., Meier & Frank  
Benjamin R. Whitely, Standard Insurance Co.

The APP Committee membership represents ownership of both small and large property owners within the downtown area. More than 1/3 of the value of private property in the proposed district is owned by members of the committee. The APP Committee, working with APP staff and consulting assistance, determined that the EID should be established and unanimously approved a proposed EID program described in the Preliminary Economic Improvement Plan submitted to the City in May 1988.

The APP Committee contacted all property owners within the district, seeking advice and/or support for the program. These contacts were made on a personal one-to-one basis by members of the committee, in a meeting on May 10, 1988 attended by over 40 property owners and through two letters from the committee to all of the over 400 private property owners within the proposed district. These contacts revealed a broad support for the EID program.

Section 3.122 of the City Code provides that the process for reviewing and approving an EID may be initiated by the petitioning of 33-1/3 percent of the property owners within the proposed district as determined either by the amount of the assessment or by the land area. Petitions were submitted by APP with the Preliminary Economic Improvement Plan signed by property owners representing a combined total property value of \$495,861,000. This is over 38% of the estimated value of property in the district exceeding the minimum requirements of

the City Code. Since that submittal, additional petitions have been received. At the date of this report petitions have been received from property owners representing a total value of \$631,026,000 or just over 50% of the value within the district. The City Auditor has reviewed the petitions and, in a separate report, has certified that the petitioners are owners of property within the district as required by chapter 3.122.025 of the City Code. A list of the petitions is included in the Appendix.

On June 1, 1988, the City Council formally received the Preliminary Economic Improvement Plan and property owner petitions and adopted Resolution No. 34431 expressing the City's intent to proceed with the EID process. The resolution also designated the bureaus and organizations to be represented on the City of Portland Downtown EID Task Force (Task Force) as required by Chapter 3.122.020. A copy of Resolution No. 34431 is included in the Appendix.

Subsequently, the bureaus and organizations confirmed their representatives on the Task Force as follows:

Steve Bauer, Office of Fiscal Administration  
Terry Bray, Bureau of Transportation  
Larry Dully, Portland Development Commission  
Sandra Laubenthal, City Auditor's Office  
Dan Noelle, Bureau of Police  
Mary Nolan, Bureau of Maintenance  
Ruth Scott, EID Advisory Committee and APP  
Phil Thompson, Mayor's Office

On June 10, 1988, the Mayor designated the Portland Development Commission as the Lead Bureau. Larry Dully acts as chairperson of the Task Force.

As provided for in Chapter 3.122.020, the Mayor, as the Commissioner in Charge, appointed the following individuals to the Downtown EID Advisory Committee:

Commissioner Earl Blumenauer  
Commissioner Mike Lindberg  
Ward V. Cook  
Eva Freedman  
Douglas A. Goodman  
Edmund P. Jensen  
Melvin Mark, Jr.  
William S. Naito  
Richard M. Schafbuch  
Ruth Scott  
Fred A. Stickel  
Kenneth B. Winfield Jr.

This report was prepared by the Task Force for consideration by the Mayor and City Council as required by Chapter 3.122.035 of the Code. The report sets forth details required by the Code and related to the recommendation of the Task Force to proceed with notification of property owners and a public hearing in further consideration of the Downtown EID proposal.

## II. MAINTENANCE OF CITY EFFORT

Property owners have stated that their support of the EID is conditioned on the City Council making some type of commitment that the EID will not result in the City reducing its services in the Downtown or that funds derived from the EID assessment will not be used to pay for services currently provided by the City. In particular, they have expressed concern about any reduction of police services or street maintenance and cleaning, for example cleaning of LRT and Transit Mall streets, due to the inclusion of police services and street cleaning in the EID program.

The Task Force recognizes the need for the City in general, and for individual bureaus in particular, to maintain flexibility in their services in order to provide the most cost effective and efficient use of resources on a City-wide basis. Nevertheless, the level of services provided by the City in the downtown area has remained relatively constant in recent years and some type of commitment by the City to maintain these levels over the next three years seems achievable without significant fiscal impact.

The security, maintenance, marketing and management services will be carried out by APP under an agreement between the City and APP to be negotiated and considered by the City Council prior to establishing the EID, now scheduled in September 1988. The Task Force recommends that the agreement include provisions to address the issue of maintaining the level of City services. This includes:

- o A description of the current level of City police and maintenance services to be prepared by the Bureaus of Police and Maintenance.
- o A provision that the City will strive to maintain the level of described services subject only to unusual fiscal or other emergency considerations.
- o A provision for an annual report on the proposed City police and maintenance services in the EID prepared by the City bureaus and available at the time that the parties are considering the annual EID budget. The report should describe the level of services during the previous year and any changes proposed during the subsequent year.

With this information, the Advisory Committee would be in an excellent position to assess the need for and agree on any adjustments needed in City services on an annual basis.

In addition to the assurance provided property owners regarding the maintenance of the City effort in the downtown, property owners should be made aware that the City will be financially unable to continue the services to be provided by the EID if the EID is not renewed after the three year term. A statement of this type should be included in the agreement between the APP and City.

### III. ASSESSMENT OF CITY PROPERTIES

At the June 1, 1988 City Council meeting, the Council requested the Task Force to analyze the proposal that City owned property should be exempted from the EID assessment; the benefits of the EID to City property; and the fiscal impact should City property be assessed.

The value of City owned property within the EID is estimated to be \$128,039,000 or about 10.1% of the total property value within the district. The total EID assessment is estimated to equal \$1,675,000. At the \$1.33 per thousand rate, the City will be assessed approximately \$170,300 annually. City owned property is listed in Table 1.

Table 1  
DOWNTOWN ECONOMIC IMPROVEMENT DISTRICT  
CITY OF PORTLAND PROPERTIES

	Estimated Annual <u>Assessment</u>	
<u>PDC</u>		
Trailway Block Blk R, Couch	1,494	
Old Town Parking TL1, Blk 7, Couch	768	
Union Station	9,490	
MSP Garage Lots 1-3,6-8; Blk 51, Portland	2,283	
MSP Lot Blk 50, Portland	<u>2,941</u>	16,976
<u>Parks</u>		
North Park Blks Blks A-F, Couch	1,393	
Lownsdale Square Blk 53, Portland	3,218	
Chapman Square Blk 54, Portland	3,145	
Forecourt Fountain Blk 145, Portland	3,023	
Pioneer Square Blk 179, Portland	11,026	
South Park Block Blk 1, Portland	<u>2,135</u>	23,940
<u>Performing Arts</u>		
Schnitzer Hall Part of Blk 208, Portland	4,665	
Theaters Lots 1-4,7&8; Blk 207, Portland	938	
Civic Auditorium Blk 132, Portland	<u>13,074</u>	18,677
<u>Fire</u>		
Ankeny Fire Station Blks 34&35,Portland	<u>4,501</u>	4,501

### Administrative

City Hall	6,180	
Portland Building	<u>35,285</u>	41,465

### Parking

Portland Auto Port Blk 9, Portland	15,353	
Morrison Park East Blk 49, Portland	11,072	
Parking Lot Lots 5-8, Blk 130, Portland	1,016	
Morrison Park West Blk 218, Portland	<u>8,532</u>	35,973

### Police

Justice Center	<u>28,760</u>	
----------------	---------------	--

TOTAL		\$170,292
-------	--	-----------

Properties owned by City, Multnomah County, state of Oregon and U.S.A. are shown in Figure 3. Figure 4 illustrates the breakdown of the assessment on public and private properties. Figure 5 illustrates the assessment on the various types of City facilities.

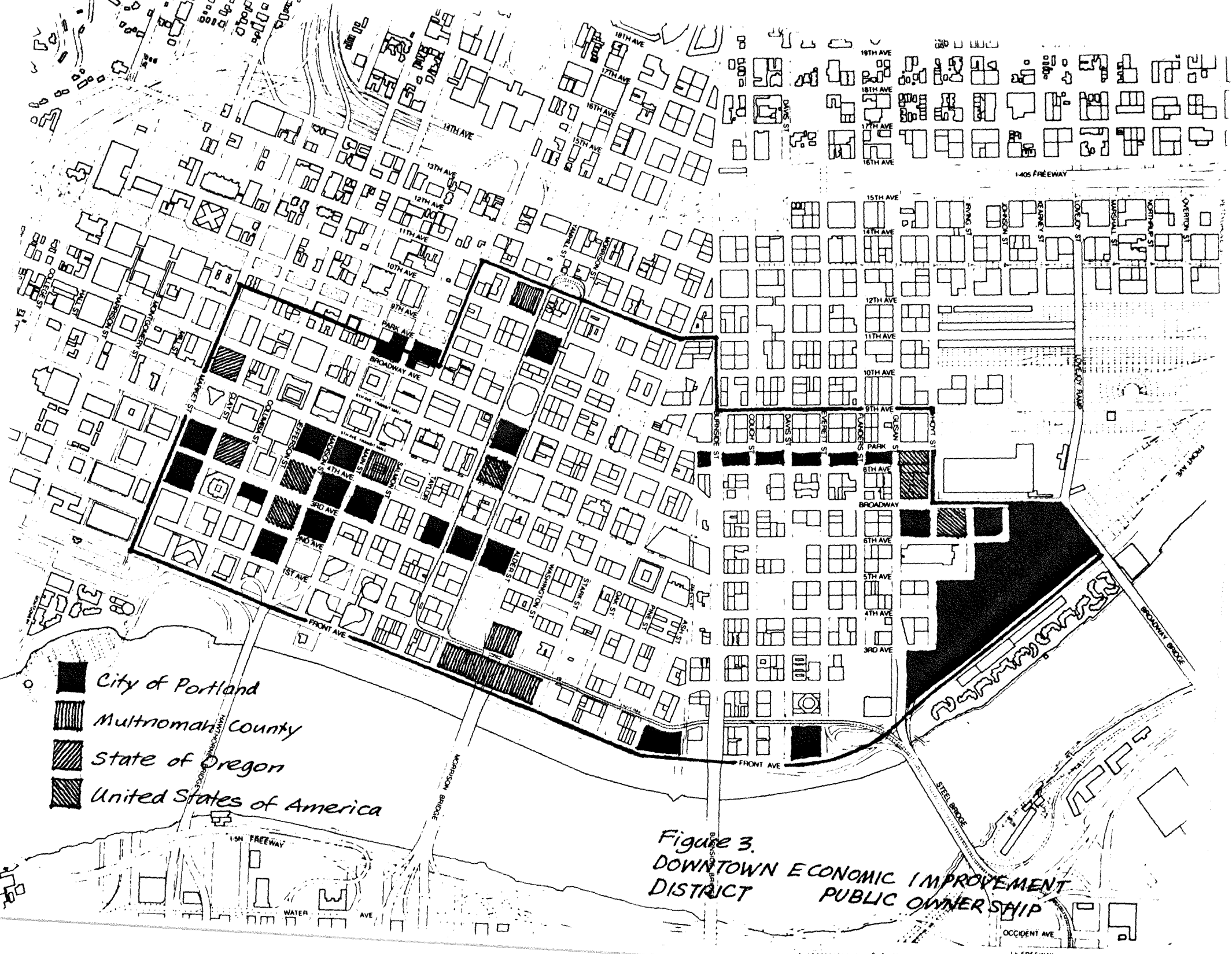
### Benefits to the City

There are arguments that can be made for the City opposing the EID. These include:

- o The EID will create an additional financial burden on City general and dedicated fund dollars.
- o Most of the assessment against City properties would be paid from tax revenues paid by taxpayers owning property outside of the downtown area.
- o If the EID is not continued after its three year term, there may be pressure from the public for the City to continue providing the services with existing tax revenue dollars.
- o The City may lose the budgetary flexibility of reducing services in the downtown due to the maintenance of effort assurances requested by the property owners.

However, there also will be some significant benefits to the City. Some of these benefits exceed those that would accrue to private property owners. They are:

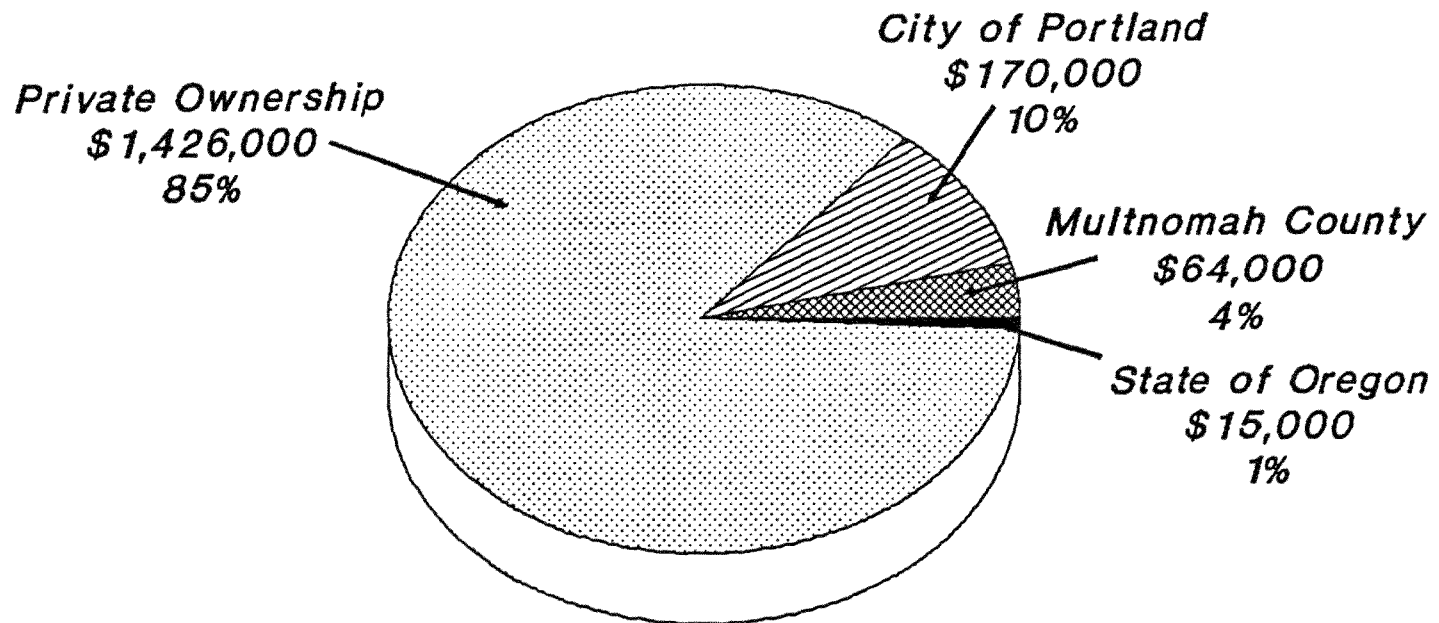
- o City funds will be leveraged to obtain additional private funds to carry out activities that are within the charter



- City of Portland
- Multnomah County
- State of Oregon
- United States of America

Figure 3.  
DOWNTOWN ECONOMIC IMPROVEMENT  
DISTRICT  
PUBLIC OWNERSHIP

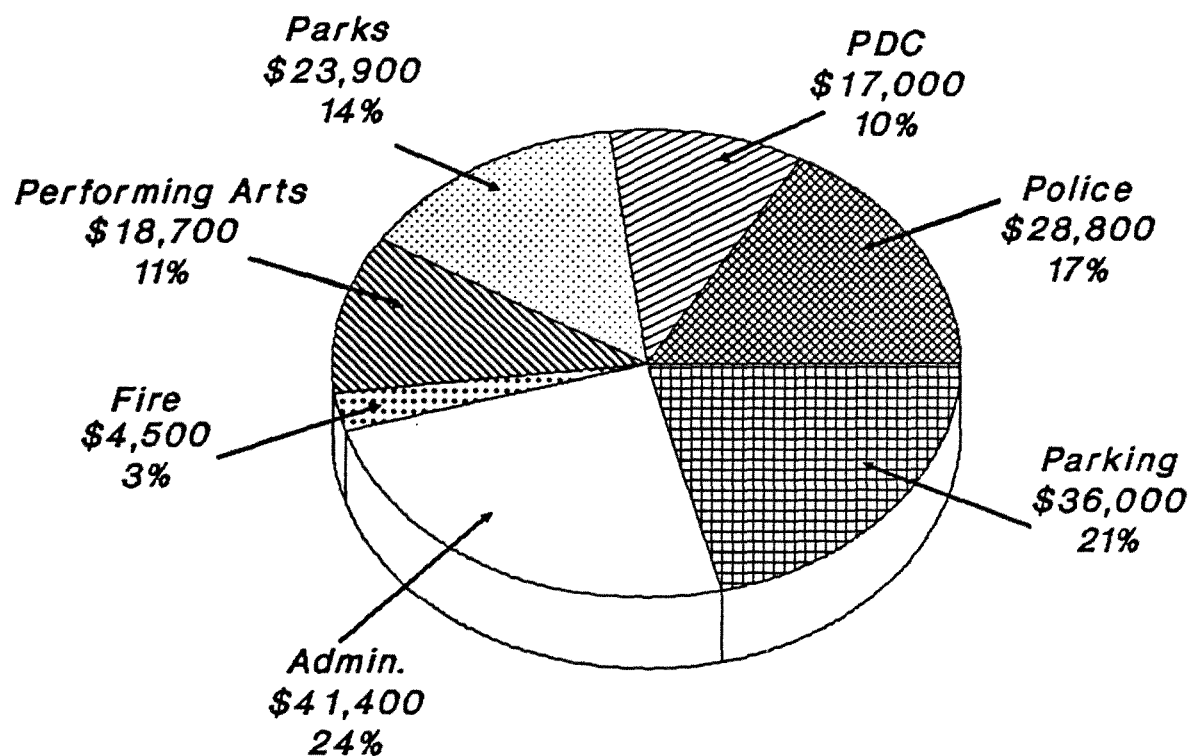
## *Downtown Economic Improvement District*



*Total Annual Assessment*  
**\$1,675,000**

Figure 4

## *Downtown Economic Improvement District City of Portland Assessment*



**Total Annual City Assessment  
\$170,300**

Figure 5

of the City. It is an opportunity to obtain \$7.79 of additional private funds for each dollar invested by the City.

- o The EID services should improve the safety and cleanliness of the downtown area and create a more desirable atmosphere for the general public using City facilities and for City employees.
- o Security, cleaning and marketing services provided by the EID should improve the image of downtown encouraging more people to come downtown. This should result in increased revenues from the City parking garages and street parking meters due to increased use especially during off-peak periods. Increased downtown business activity should result in higher rent receipts from City owned retail space.
- o An improved downtown environment should help sustain or increase the value of City properties in downtown. It is in the City interest, an interest it shares with private property owners, to safeguard the value of the City's significant investment in downtown. This benefit accrues to all the taxpayers in the City.
- o Over twenty percent of the City's tax base is in the downtown. Sustaining and improving the value of downtown property renders a unique long term financial benefit to City government.

#### Exemption of City Properties

The City Council, in order to establish the EID under the state legislation as well as the City Code, must find that "the economic improvement would afford a special and peculiar benefit" to properties within the EID. Presumably, the EID would benefit properties in at least two ways. First, it would allow a reduction in any cost presently incurred by the property owner for security, cleaning and other services which would be carried out under the EID program. Second, it would improve the street environment in the downtown translating into increased business and property values. The Council would have to find that the City does not share in these benefits if it exempts the City from payment of the assessment. Given the potential benefits listed above, this kind of finding might be difficult to sustain.

There are no provisions in the state law or City Code for exemptions of properties within the district other than properties used for residential purposes. Nevertheless, if the City elects not to participate in the EID, then it would seem

reasonable and prudent to exempt other properties of a similar classification. For example, if the City exempts its property, other properties that may appeal for exemption include:

- o All governmental property including county, Tri-Met, state and federal property. (The Task Force is recommending that federal property should be exempt in any case because of the inability of the City to lien federal property.)
- o Tax Exempt property (including about \$120.0 million in private property).
- o Parking lots and structures, if the City parking lots and garages are exempted.
- o Office Buildings, if the Portland Building is exempted.

Figure 6 illustrates public and privately owned property that presently is fully or partially exempt from payment of property taxes. The exemption of any or all City property would logically lead to numerous other exemptions which would cause a significant reduction in revenue from the EID. No estimate of the value of privately owned parking lots and structures and office buildings was made. However, if only governmental and property tax exempt property are relieved of payment, revenues for the EID would be reduced by \$416,000 per year or about 25% of the total budgeted amount. This would require a large reduction in the program and/or the level of service planned adjacent to exempt properties. There would be significant administrative difficulties limiting services only to properties that were required to financially participate in the program.

Traditionally the City has participated in LID's to the same extent as other property owners in the district. When the City feels that the City assessment is unreasonable or fiscally burdensome, the City Council can exercise its authority to not establish the district. This is also true for an EID. There was concern by members of the Task Force that exemption of certain classes of properties, particularly tax exempt properties, would establish an undesirable precedent that could effect future LID's and increase the exposure for successfully challenging this EID and LID's in the future.

It is recommended by the Task Force that the Council proceed with the EID with City property included.

#### Fiscal Impact of the Assessment

Should the City Council decide to proceed with the EID and not to exempt City properties from the assessment, the EID will have significant fiscal impact on several elements of the City

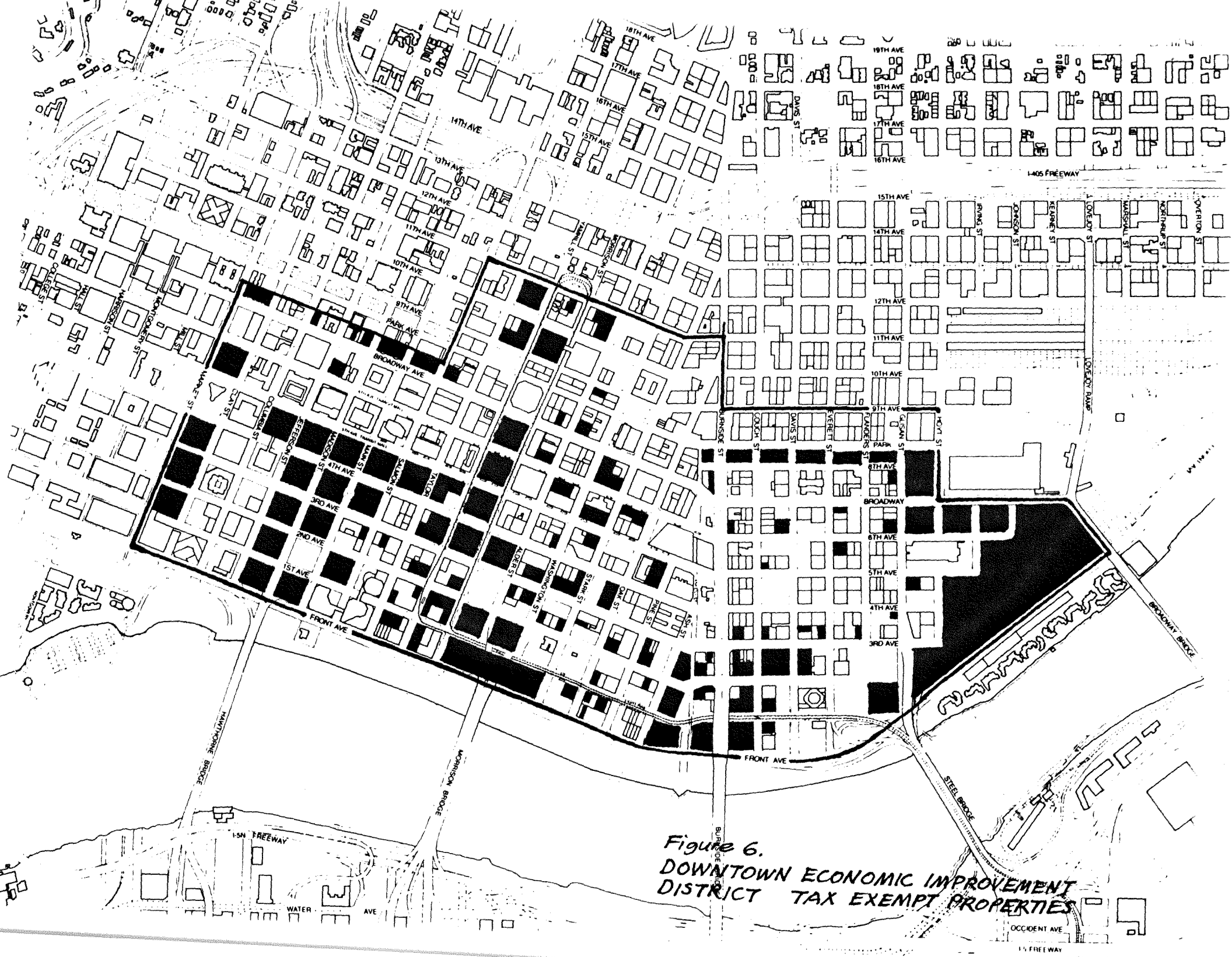


Figure 6.  
DOWNTOWN ECONOMIC IMPROVEMENT  
DISTRICT TAX EXEMPT PROPERTIES

Budget. Figure 5 suggests how the assessment would be distributed. Most of the assessment would be paid from general fund dollars.

The greatest concern of the Task Force was the potential impact on the FY 1988-89 budget. Therefore, if the City Council decides to proceed with the EID and to assess City property, the Task Force recommends that the initial City payment be deferred until after July 1, 1989. As in the case of LID's, a special appropriation account should be set up in the FY 1989-90 budget. Thereafter, the City should budget funds to allow payments on the regular semi-annual schedule. A similar deferment of the initial payment should be allowed Multnomah County and the state of Oregon.

The first year deferment of the City payment should not create any cash flow problem since it is contemplated that all other property owners would be assessed in advance of the commencement of the program.

#### Analysis of City Assessment Amount

The Task Force examined the Preliminary Economic Improvement Plan to insure that the City assessment is reasonable and equitable. The Task Force identified cost reductions as follows:

- o Exclude Waterfront Park from the district. This is a feature of the initial proposal which the Task Force recommends retaining.
- o Exclude the South Park Blocks and portions of the Performing Arts Center which would be outside the revised boundary recommended by the Task Force (see Chapter VII of this report). This resulted in reducing the annual assessment on the City performing arts facilities from \$39,703 to \$18,677.
- o Adjust the estimated improvement value used for computing the assessment on the Union Station property based on more current actual cost figures. This resulted in a reduction in the annual assessment from \$10,169 to \$9,490.

#### IV. PROGRAM DESCRIPTION

The program will have four elements generally as follows:

##### Security

The Portland Guides will be provided under contract to act as the "ears and eyes" of downtown. They will be assigned to regular walking routes. Their presence on the street will aid in developing relationships with the businesses in their area along with providing information and direction to visitors. They will be in radio communications with each other and have the capacity to contact public services including parking patrol; 911 for assistance from CHIERS, police and other emergency services; City maintenance; cleaning crews; etc.

Five additional people performing police duties will supplement existing police assigned to the downtown area.

##### Cleaning

APP will expand its current cleaning crews to cover the entire EID area. Crews will be assigned to regular routes to clean sidewalks from building faces to curb and gutters, if required. Heavy duty cleaning crews will have pressure washing and other special capabilities. The cleaning crews will also supplement the street presence of the Portland Guides and will be available on short notice to correct minor vandalism and other special cleanup problems. APP will expand its current practice of hiring homeless for this program.

##### Marketing

When the EID and other downtown improvement programs begin to show results, a campaign will be initiated to improve the public perception of Downtown. The campaign will emphasize public relations, marketing and promotion of the "Clean & Safe" image. Marketing assistants will coordinate the campaign with individual businesses and seek additional private funds to leverage campaign costs.

##### Management

The City of Portland will contract with APP to carry out the program. APP staff will manage employees and contractors; provide office space; and provide support, supervision and training services.

The EID will be guided in day-to-day matters by the Downtown EID Advisory Committee. The Task Force will represent City bureau

interests and advise the City Council and Advisory Committee on program and fiscal matters. Membership of the Advisory Committee and Task Force is set forth in Chapter I of this report.

Each year a budget will be prepared for the next year's EID program. This budget will set forth all projected expenditures and revenues and describe details of the program to be undertaken during the subsequent year. The annual budget will be prepared by APP, reviewed by the Advisory Committee and Task Force and submitted to the City Council for approval prior to commencement of each program year. Presently the program is scheduled to begin on about November 1, 1988.

The level of services may vary from the services described in this report based on variations in revenues for EID assessments and programs approved by the parties. APP will contract with a CPA firm to perform an annual audit of EID expenditures which will be made available to all parties, including the Lead Bureau, during the second and third year budget process. The audit will include a description of services performed by APP.

Discretionary funds will be budgeted each year for special projects selected by the Advisory Committee. Special Projects will be designated based on their meeting of downtown promotional and economic development objectives. Special Projects might include projects such as extending the hours of the daily service of CHIERS beyond 12 hours, lighting of trees during the holiday season, business recruitment projects, special entertainment, etc.

The City will bill property owners on a semi-annual basis 30 days before the commencement of each program year and six months thereafter. For example, if the plan commences on November 1, 1988, bills for 50% of the first year's assessment will be sent on October 1, 1988 and on March 1, 1989. Payment will be due 30 days after the billing date. During the first year, payments from the City, Multnomah County and the state of Oregon would be due after about July 1, 1988.

The City will collect the assessments and disburse funds. The City will deposit all collections in an EID Fund and disburse funds, including accrued interest, to APP on a monthly basis. The City will only be obligated to pay APP funds actually received from property owners plus any accrued interest that might be earned on such funds.

#### V. TERM

The EID will be a three-year program commencing on about November 1, 1988 and terminating on about October 31, 1991. A process to re-establish the EID may or may not be initiated depending on an evaluation of the program to be carried out by all parties during the final year.

## VI. COST ESTIMATE

The estimate of the cost for services described above is set forth in Table 2. These figures may vary depending upon variations in the cost of services, the assessment receipts, the valuation of property within the district at the time that the EID is established by the City and the final program approved by the Advisory Committee, Task Force and City Council. The estimated City Administrative costs are set forth in Table 3. The breakdown of costs is illustrated in Figure 7.

Table 2

### Estimated EID Annual Cost

#### Portland Guides

##### Days:

15 Guides	\$19,721 ea.	\$295,815
2 Lead Guides	24,127	48,254
Police Services	3 @ 60,000	180,000

##### Nights:

10 Guides	\$19,721	\$197,210
1 Supervisor	25,650	25,650
Police Services	3 @ 60,000	120,000

Equipment/Supplies		25,000
--------------------	--	--------

Subtotal (rounded)		\$892,000
--------------------	--	-----------

#### Cleaning Crews

12 Cleaners	\$11,786	141,432
2 Crew Chiefs	17,704	35,409
1 Supervisor	25,650	25,650
2 Heavy Duty Cleaners	22,321	44,642

Subtotal (rounded)		\$247,000
--------------------	--	-----------

#### Marketing Campaign

Marketing Campaign		130,000
3 Marketing Assistants		72,000
Material/Supplies		30,000

Subtotal		232,000
----------	--	---------

## *Downtown Economic Improvement District*

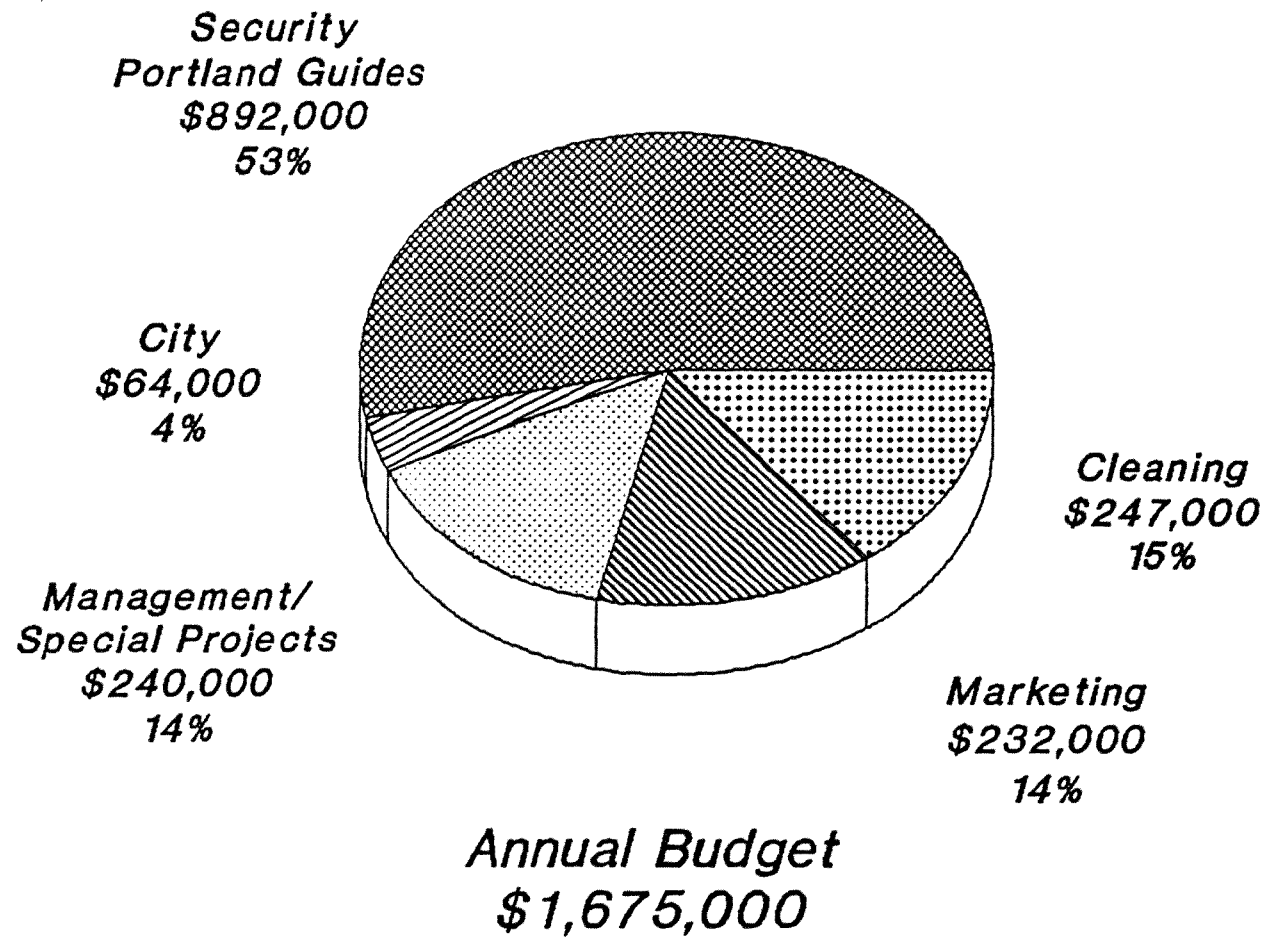


Figure 7

Management

EID Start-up Costs *	100,000
Special Projects	20,000
Management/Overhead (7.0%)	120,000
Subtotal	240,000

City

Auditor's Office **	15,400
Other Bureaus	1,100
Delinquency allowance (3%)	47,500
Subtotal	<u>64,000</u>

Total Estimated Annual Cost \$1,675,000

\* First year costs only. Special Projects will be increased to \$120,000 second and third years.

\*\* Auditor's Office cost reflect additional start up costs in the first year. See breakdown of City administrative costs in Table 3 below.

Table 3

City Administrative Costs

City Auditor's Office

30 residential exemptions @ \$26 each	\$ 780
800 tax accounts @ \$36 each	28,800
Setup costs	5,000

Other Bureaus 15,000

Total Estimated City Administration Costs \$49,580

Average Annual City Administration Cost (rounded) 16,500

Allowance for Delinquencies 47,500

Total Annual \$64,000

## VII. BOUNDARY

The Task Force recommends a revision to the boundary proposed in the Preliminary Economic Improvement Plan. The western boundary between S.W. Market and Salmon should be changed to coincide with the line of the commercial (C1) zone, that is, the boundary should be mid-block between S.W. Broadway and Park. The state legislation requires that all property be zoned for commercial or industrial use. The area between S.W. 9th and mid-block between Broadway and Park; between Market and Salmon is zoned for residential use (RX). While commercial uses are allowed in an RX zone, the possible conflict with state law may cause the EID to be more vulnerable in any legal challenge.

The EID boundary will include all property within the downtown commercial zone (C1) as set forth in the City of Portland Comprehensive Land Use Plan north of S.W. Market Street. This includes an area bounded by N.W. and S.W. Front Avenue on the east; S.W. Market between S.W. Front and S.W. 9th on the south; Mid-block between S.W. Broadway and Park between S.W. Market and Salmon, S.W. Salmon between 9th and 11th; S.W. 11th between Salmon and W. Burnside; W. Burnside between 11th and 9th; N. W. 9th between Burnside and N.W. Hoyt; Hoyt between 9th and N.W. Broadway; and the Broadway Bridge on the North.

A Map of the proposed EID is set forth in Figure 1.

## VIII. ASSESSMENT

Several different assessment methods for distributing the cost of the EID were considered. This includes consideration of a distribution by land area, right-of-way frontage, land value and improvement value and by various combinations of these factors. The Committee agreed that the most equitable means of sharing the cost of the EID would be on the basis of the combined value of land and improvements. This method assesses properties with the greatest benefit and ability to recover the cost, the highest assessment.

A uniform annual fixed rate was derived in the following manner:

Estimated annual EID cost (see Cost Estimate Section above)	\$ 1,675,000
Value of Land and Improvements in the EID	1,337,414,000
Value of property owned by U.S.A.	-65,361,000
Estimated Value of Residential Property that will apply for and be approved for exemption	<u>-10,000,000</u>
Total value subject to assessment	\$1,262,053,000
Assessment Rate = \$1,675,000/\$1,262,053,000/1000	
Assessment Rate = \$1.33 per \$1,000 Land and Improvement Value per year	

For example, a property with land and improvement values of \$1.0 million will be assessed \$1,330 or \$3,990 over the three year term of the EID.

The Land and Improvement Value used above was obtained from the true market value contained in the Multnomah County tax records as of February 17, 1988, except for centrally assessed utility properties. In the case of utility properties, a value was used based on a May 22, 1987 appraisal prepared by Palmer Groth & Pietka for the Metropolitan Service District (METRO) for the purpose of establishing the Oregon Convention Center LID assessment. Property owned by the United States was not included.

It should be noted that the City Auditor's office will obtain the most current property value data from the Multnomah County Assessor's Office when the EID is formally established. The

individual values and, therefore, the total value may change from those used in the above computation. Under this plan, the rate will remain fixed at \$1.33 and the individual assessments will be fixed based on the values at the time the EID is formally established. Thereafter, any increase or decrease in revenues will be reflected in revisions to the EID program and budget. Such variations would be subject to the reviews and approvals described in Chapter IV of this report, under the section entitled, "Management." Variations in revenues are expected to be less than five percent.

APPENDIX A

Resolution No. 34431

## RESOLUTION No. 34431

WHEREAS, in 1985, the Oregon Legislature approved a House Bill (now ORS 223.105) allowing cities to create Economic Improvement Districts (EIDs); and

WHEREAS, on March 9, 1988, the Council of the City of Portland passed Ordinance No. 160561, which established procedures for Economic Improvement Districts; and

WHEREAS, a Preliminary Economic Improvement Plan for the Downtown Economic Improvement District has been prepared and submitted by property owners within the proposed district; and

WHEREAS, petitions have been received for the establishment of an Economic Improvement District containing the signatures of 38 percent of the assessed value of Subject Properties within the proposed district; and

WHEREAS, the costs of administering the proposed Downtown Economic Improvement District would not be substantial in relationship to the cost of the economic improvements; and

WHEREAS, it is not likely that the economic improvements would be satisfactorily and equitably accomplished except through establishment of an Economic Improvement District; and

WHEREAS, establishment of the Downtown Economic Improvement District would be in the public interest; and

WHEREAS, the economic improvements would afford a special and peculiar benefit to Subject Properties within the Downtown Economic Improvement District different in kind or degree from that afforded to the general public; NOW, THEREFORE, BE IT

RESOLVED, that the establishment of the Downtown Economic Improvement District is hereby preliminarily instituted and that the Council authorizes the EID process to commence in accordance with the City Code; and BE IT FURTHER

RESOLVED, that a Downtown EID Task Force, to be responsible for administration of the Downtown Economic Improvement District, is hereby created and shall consist of a representative of the Bureau of Police, the Bureau of Maintenance, the Bureau of Transportation Engineering, the City Auditor, the Portland Development Commission, the Office of Fiscal Administration, the Office of the Commissioner in Charge (as determined by the Mayor) and the Advisory Committee.

Adopted by the Council, JUN 1 1988

Terrence L. Bray:jwp.2  
5-20-88

**BARBARA CLARK**

Auditor of the City of Portland

By

*Mary E. Newell* Deputy

**APPENDIX B**  
**List of Petitioners**

DOWNTOWN ECONOMIC IMPROVEMENT DISTRICT  
 TABULATION OF PROPERTY OWNER PETITIONS  
 June 22, 1988

Pet#	Property Owner	Land Area	Land Value	Improve Value	Total Value
=====	=====	=====	=====	=====	=====
1	Robert Ames First Interstate Bank	40,000	4,323,400.00	54,839,500.00	59,162,900.00
2	John Beardsley John P. & Janet N. Beardsley Beartree Properties	19,467	591,000.00	1,583,600.00	2,174,600.00
4	David E. Bolander Pacific Power Central/New England Life	40,000	2,664,000.00	10,368,000.00	13,032,000.00
6	Don Clarke Hayden Corp. Hillman Properties N.W.	51,682	947,200.00	3,042,800.00	3,990,000.00
7	Eugene Johns Pacific N.W. Bell	0	2,553,000.00	29,085,000.00	31,638,000.00
8	Ward V. Cook Ward V. & Lois A. Cook Oregon Pioneer Savings & Loan	23,420	1,135,500.00	817,200.00	1,952,700.00
13	Kay M. Funk Marathon Development Oregon Inc.	39,000	2,150,000.00	22,650,000.00	24,800,000.00
14	David M. Georgeson Del Amo Associates	24,500	799,000.00	3,500,000.00	4,299,000.00
16	Tom Goldsmith Goldsmith Investment Co.	65,000	1,364,400.00	942,000.00	2,306,400.00
17	Doug Goodman Downtown/Uptown Developers Goodman et al, others	260,748	8,342,400.00	5,593,700.00	13,936,100.00
18	Ken Harrison Portland General Electric American Real Estate Holdings	119,000	5,938,500.00	33,061,500.00	39,000,000.00
20	Darrell Hume Nordstrom Broadmor Properties	40,000	3,107,900.00	6,327,000.00	9,434,900.00
22	Ed Jensen US Bancorp US National Bank of Oregon	264,603	7,148,600.00	85,979,700.00	93,128,300.00
23	Phil Kalberer Kalberer Hotel Supply Co. Kalberer Investment Co.	62,500	1,070,600.00	963,500.00	2,034,100.00
24	Tom Leavitt Pittcock Block Partnership	40,000	1,554,000.00	2,946,000.00	4,500,000.00

25	Melvin Mark Jr. Good Del Partnership Urban Office & Parking, others	179,000	11,470,300.00	41,761,100.00	53,231,400.00
26	Mike Miller Oregon Mutual Savings Bank Oregon First Bank	20,000	971,200.00	832,400.00	1,803,600.00
27	Tom Moyer Luxury Theaters, General American & OreWash Theaters	52,500	3,346,500.00	391,700.00	3,738,200.00
28	Willaim S. Naito H. Naito Co., Direct Imports Norcrest China & Others	268,587	6,939,600.00	8,971,000.00	15,910,600.00
29	Roger J. Neu Schnitzer Investment Corp.	83,613	1,825,000.00	12,038,100.00	13,863,100.00
30	Jerry Norman American Guaranty Life Ins. Co.	9,000	249,700.00	0.00	249,700.00
32	Patrick Prendergast Fifth Avenue Co. One Financial Center Assoc.	88,500	2,665,300.00	14,000,000.00	16,665,300.00
33	Richard Ransome Benson Hotel	20,000	1,110,000.00	7,659,000.00	8,769,000.00
34	Robert Ridgley Northwest Natural Gas Co. Pacific Square Assoc.	59,991	3,565,000.00	19,647,000.00	23,212,000.00
38	Richard M. Schafbuch KOIN-TV Inc.	40,000	1,776,000.00	550,000.00	2,326,000.00
39	Louis Scherzer New Market South Partnership Arthur Bailey Jr. et al, others	72,315	2,069,100.00	8,614,100.00	10,683,200.00
42	Mark Stevenson Heathman Hotel	20,915	843,600.00	9,560,400.00	10,404,000.00
43	Fred A. Stickel Oregonian Publishing Co.	0	1,722,720.00	9,131,150.00	10,853,870.00
45	Robert Stoll Keystone Partnership/Historic Robert N. & Barre Stoll	46,500	2,420,500.00	905,400.00	3,325,900.00
46	Scott P. Timberlake CS-Cascade, Oregon, Wilcox Ltd.	34,000	2,255,500.00	7,755,000.00	10,010,500.00
49	John R. Olson Standard Insurance Co.	167,732	7,284,700.00	56,215,700.00	63,500,400.00
50	Kenneth B. Winfield Jr. May Department Stores Co. Meier & Frank Co.	36,500	3,403,200.00	2,608,500.00	6,011,700.00

51	Jim Winkler Twelve Hundred Bldg. Assoc.	40,000	2,500,000.00	43,500,000.00	46,000,000.00
53	Louis Zimel Portland Fixture Ltd.	20,000	285,000.00	198,900.00	483,900.00
59	Brooks Gunsul ZGF Properties	5,000	165,000.00	685,000.00	850,000.00
60	Paul Hathaway/Donald J. Clarke Donald S. McClave Portland Chamber of Commerce	28,500	338,000.00	1,862,000.00	2,200,000.00
61	Wayne B. Kingsley Hilton Smith	0	125,000.00	555,000.00	680,000.00
62	Herbert W. Goodman et al	20,000	412,800.00	231,400.00	644,200.00
63	John Russell	2,500	62,500.00	312,500.00	375,000.00
64	Stephen H. Gentner Albert W. Gentner Jr.	10,000	582,700.00	1,082,200.00	1,664,900.00
65	Philip B. Feldman Mt. Hood Chemical Corp. Gustave & Philip Feldman Trust	27,120	369,400.00	54,500.00	423,900.00
66	Harold R. & June B. Coe	6,250	130,300.00	40,900.00	171,200.00
67	Jim Atwood	5,630	140,300.00	31,000.00	171,300.00
68	James Z. Snow Stevens-Ness Law Publishing	15,000	743,700.00	109,900.00	853,600.00
69	Michael L. & Carol Ellmaker	10,000	162,900.00	388,300.00	551,200.00
70	K.L. Bates, AVP George C. Tuma Bank of California TR	20,000	799,200.00	9,400.00	808,600.00
71	K.L. Bates AVP Mary C. Berg Bank of California TR	2,500	76,500.00	16,600.00	93,100.00
72	John K. James Beim & James Properties	29,500	926,000.00	390,900.00	1,316,900.00
73	Margaret Strachan Central City Concerns	9,500	173,100.00	320,400.00	493,500.00
74	Charles A. Wolf, POA Haroun & Linda S. Haroun	3,200	88,800.00	8,800.00	97,600.00
75	W.M. & V.L. Bennett	15,000	226,500.00	163,000.00	389,500.00
76	Joseph T. & Juliet Burton	10,000	315,000.00	215,000.00	530,000.00
77	Sante D. Camparoli Anchor Properties, Inc.	12,000	166,500.00	3,800.00	170,300.00

78 Evelyn M. Breeden	20,000	152,700.00	5,200.00	157,900.00
79 Marjorie V. Flynn	3,750	112,700.00	46,100.00	158,800.00
80 James H. MacKenzie	4,000	250,000.00	125,000.00	375,000.00
81 Charles, Dee & Florence Burdick	6,875	132,800.00	185,200.00	318,000.00
82 Linda Austin, Agent United Carriage House Ltd	5,000	149,800.00	83,200.00	233,000.00
83 University Park Ltd.	50,000	768,050.00	30,950.00	799,000.00
84 Louise Tobin	5,000	174,800.00	102,600.00	277,400.00
85 Gerald C. Doblle Gerald C. Doblle & M.C. Street	2,026	55,900.00	96,300.00	152,200.00
86 Keith G. Powers	5,000	249,700.00	127,600.00	377,300.00
87 Marlio A. Susnjara	31,000	676,100.00	232,100.00	908,200.00
88 Joseph W. Angel	13,197	595,500.00	1,104,500.00	1,700,000.00
89 LIP Co.	10,000	168,000.00	460,000.00	628,000.00
90 James T. & Doris O. Cassan	9,000	183,300.00	10,400.00	193,700.00
91 Kenneth C. Kittelson	10,000	666,000.00	666,000.00	1,332,000.00
92 Carl L. Schumacher, Jr.	4,050	175,100.00	163,000.00	338,100.00
93 Victor Wu	6,500	281,100.00	238,600.00	519,700.00
94 Charles J. Swindells James G. & Helen Swindells	9,000	274,900.00	302,600.00	577,500.00
95 Margaret Strachan Burnside Consortium, Inc.	5,000	94,100.00	278,600.00	372,700.00
96 Geraldine Rose	10,500	299,400.00	19,800.00	319,200.00
97 Bob Dant NB & F Building Partners, Lombard & Dayton Bldg. Partners	7,902	419,500.00	1,953,000.00	2,372,500.00
TOTAL	2,798,573	112,276,070.00	518,750,300.00	631,026,370.00

APPENDIX C

House Bill 2443

## B-Engrossed

# House Bill 2443

Ordered by the Senate June 15

Including House Amendments dated April 15 and Senate Amendments dated June 4 and June 15

Sponsored by COMMITTEE ON CONSUMER AND BUSINESS AFFAIRS (at the request of Oregon Downtown Development Association)

### SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Allows city to create economic improvement districts, and levy assessments upon benefited property therein, for purpose of financing economic development of commercial or industrial property. Specifies that city may not levy assessment on residential property or any portion of structure used for residential purposes. Defines "economic improvement."

Requires city to adopt ordinance containing required procedural provisions in order to create economic improvement districts. Allows owners of property upon which more than one-third of total amount of assessments is levied to prevent creation of economic improvement district.

Provides that assessments for economic improvements cannot be financed under Bancroft Bonding Act.

Limits expenditures by city council to purposes described in ordinance authorizing improvement district.

Deletes special assessment authority June 30, 1990.

### A BILL FOR AN ACT

Relating to cities.

Be It Enacted by the People of the State of Oregon:

**SECTION 1.** As used in sections 2 to 7 of this Act, unless the context requires otherwise:

(1) "Council" means the city council or other controlling body of a city.

(2) "Economic improvement" means:

(a) The planning or management of development or improvement activities.

(b) Landscaping or other maintenance of public areas.

(c) Promotion of commercial activity or public events.

(d) Activities in support of business recruitment and development.

(e) Improvements in parking systems or parking enforcement.

(f) Any other economic improvement activity for which an assessment may be made on property specially benefited thereby.

(3) "Lot" means lot, block or parcel of land.

(4) "Owner" has the meaning given that term in ORS 223.387.

(5) "Recorder" has the meaning given that term in ORS 223.387.

**SECTION 2.** (1) When and to the extent that the city charter does not establish a procedure for making assessments upon property specially benefited by a public improvement, a council may enact an ordinance establishing a procedure to be followed by the city in making assessments for the cost of an economic improvement upon the lots which are specially benefited by all or part of the improvement.

(2) In any ordinance adopted under subsection (1) of this section, a city shall not be authorized to:

NOTE: Matter in bold face in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted.

(a) Levy assessments in an economic improvement district in any year that exceed one percent of the true cash value of all the real property located within the district.

(b) Include within an economic improvement district any area of the city that is not zoned for commercial or industrial use.

(c) Levy assessments on residential real property or any portion of a structure used for residential purposes.

SECTION 3. (1) An ordinance adopted under section 2 of this Act shall provide for enactment of an assessment ordinance that:

(a) Describes the economic improvement project to be undertaken or constructed.

(b) Contains a preliminary estimate of the probable cost of the economic improvement and the proposed formula for apportioning cost to specially benefited property.

(c) Describes the boundaries of the district in which property will be assessed.

(d) Specifies the number of years, to a maximum of three, in which assessments will be levied.

(e) Contains provision for notices to be mailed or delivered personally to affected property owners that announce the intention of the council to construct or undertake the economic improvement project and to assess benefited property for a part or all of the cost. The notice shall state the time and place of the public hearing required under paragraph (f) of this subsection.

(f) Provides for a hearing not sooner than 30 days after the mailing or delivery of notices to affected property owners at which the owners may appear to support or object to the proposed improvement and assessment.

(2) The ordinance shall also:

(a) Provide that if, after the hearing held under paragraph (f) of subsection (1) of this section, the council determines that the economic improvement shall be made, the council shall determine whether the property benefited shall bear all or a portion of the cost and shall determine, based on the actual or estimated cost of the economic improvement, the amount of assessment on each lot in the district.

(b) Require the city recorder or other person designated by the council to prepare the proposed assessment for each lot in the district and file it in the appropriate city office.

(c) Require notice of such proposed assessment to be mailed or personally delivered to the owner of each lot to be assessed, which notice shall state the amount of the assessment proposed on the property of the owner receiving the notice. The notice shall state the time and place of a public hearing at which affected property owners may appear to support or object to the proposed assessment. The hearing shall not be held sooner than 30 days after the mailing or personal delivery of the notices.

(d) Provide that the council shall consider such objections and may adopt, correct, modify or revise the proposed assessments.

(e) Provide that the assessments will not be made and the economic improvement project terminated when written objections are received at the public hearing from owners of property upon which more than 33 percent of the total amount of assessments is levied.

SECTION 4. An ordinance adopted under section 2 of this Act may require creation, for each economic improvement district, of an advisory committee to allocate expenditure of moneys for economic improvement activities within the scope of this Act. If an advisory committee is created, the council shall strongly consider appointment of owners of property within the economic improvement district to the advisory committee. The advisory committee may be an existing association of property owners or tenants. An advisory committee may enter into an agreement with the city to provide the proposed economic improvement.

1       SECTION 5. The existence of local improvement districts or urban renewal districts in a city does not affect  
2 the creation of economic improvement districts under this Act.

3       SECTION 6. When the council considers it necessary to levy assessments upon property in an economic  
4 improvement district for longer than the period of time specified in the assessment ordinance that created the  
5 district, the council shall enact an ordinance that provides for continued assessments for a specified number of  
6 years and grants to property owners in the district the notice and right of remonstrance described in paragraphs  
7 (b) to (e) of subsection (2) of section 3 of this Act.

8       SECTION 7. (1) ORS 223.387 (6) and 223.391 to 223.395 apply to economic improvement districts created  
9 by a city in accordance with this Act.

10       (2) The rights and duties accorded cities and the owners of property for financing assessments under ORS  
11 223.205 and 223.210 to 223.295 do not apply to assessments levied upon property in an economic improvement  
12 district for financing all or part of the cost of an economic improvement.

13       SECTION 8. (1) A city council shall not expend any moneys derived from assessments levied under this Act  
14 for any purpose different from the purpose described in the ordinance adopted under section 2 of this Act.

15       (2) Any public official who expends any moneys derived from assessments levied under this Act for any  
16 purpose different from the purpose described in an ordinance adopted under section 2 of this Act shall be civilly  
17 liable for the return of the moneys by suit of the district attorney of the county in which the city is located or by  
18 suit of any taxpayer of the city.

19       SECTION 9. Except for assessments previously authorized under paragraph (d) of subsection (1) of section  
20 3 of this Act, assessments shall not be levied or collected under this Act in any fiscal year commencing after June  
21 30, 1990.

---

APPENDIX D

City Code Chapter 3.122

ORDINANCE NO. **160561**

Establish procedures for "Economic Improvement Districts" as allowed by state law (Ordinance; new Code chapter 3.122)

The City of Portland ordains:

Section 1. The Council finds:

1. The State of Oregon, in the 1985 Legislative Session, enacted into law House Bill 2443 which authorizes cities to create Economic Improvement Districts to perform functions such as the planning or management of development or improvement activities, the promotion of commercial activities or public events, and other activities in support of business recruitment and development.
2. House Bill 2443 provides that a Council may enact an Ordinance establishing a procedure to be followed by the City in making assessments for the cost of an economic improvement.
3. A procedure has been developed by the Association for Portland Progress and reviewed by staff of the Offices of Transportation, City Auditor, Fiscal Administration and City Attorney.

NOW, THEREFORE, the Council directs:

- a. Section 3.122 of Title 3, Administration, of the Code of the City of Portland is hereby amended by the addition of subsections 3.122.001 through 3.122.110, which shall read as follows:

Chapter 3.122

Economic Improvement Districts

Sections:

3.122.001	Purpose.
3.122.005	Definitions.
3.122.010	Council Control.
3.122.015	Statutory Provisions Applicable.
3.122.020	Preliminary Institution of Economic Improvement District.
3.122.025	Final Plan and Ordinance Preparation.
3.122.035	Consideration of Final Plan and Ordinance.
3.122.040	Notice to Owners.
3.122.041	Exemption Process.
3.122.045	Hearing and Resolution Establishing District.
3.122.050	Preparation and Notice of Assessments.
3.122.055	Hearing on Assessments.
3.122.060	Amendments to Ordinance.
3.122.065	Limitation on Assessments.
3.122.070	Limitation on Boundaries.

3.122.075	Continuation of Assessments.
3.122.080	Termination of Authority.
3.122.085	Expenditure of Moneys.
3.122.090	Cost of Administration.
3.122.095	Limitation on Expenditures.
3.122.100	Administration.
3.122.101	Early Termination.
3.122.102	Surplus.
3.122.105	Entry and Collection of Assessments.
3.122.110	Economic Improvement Fund.

3.122.001 Purpose. The purpose of this Chapter is to establish a procedure for the creation of economic improvement districts as authorized by state law. It is the intention of this Chapter that the City will be ultimately responsible for administering and operating any economic improvement district created hereunder, although the administration and operation may be carried out by others under contract with the City. It further is the intention of this Chapter that all costs of administering and operating any economic improvement district created hereunder will be paid entirely from assessments and fees actually received from the district; that the City will not pledge its credit on behalf of the district; and that the City will not loan funds to the district.

3.122.005 Definitions. The following words and phrases when used in this chapter shall have the following meanings, except where the context requires a different meaning:

(a) "Advisory Committee" means a committee of persons representative of the owners and tenants of property within an economic improvement district and may consist of an existing association of property owners or tenants or both.

(b) "Commissioner in Charge" means the Commissioner in charge of the Lead Bureau.

(c) "Economic Improvement" means:

- (1) The Planning or management of development or improvement activities.
- (2) Landscaping, maintenance and provision of security for public areas.
- (3) The promotion of commercial activity or public events.
- (4) The conduct of activities in support of business recruitment and development.
- (5) The provision of improvements in parking systems or parking enforcement.
- (6) Any other economic improvement activity that specially benefits property.

"Economic Improvement" does not include any services to be provided on private property.

(d) "Preliminary Economic Improvement Plan" means a plan setting out:

- (1) A description of economic improvements proposed to be carried out;
- (2) The number of years, to a maximum of three, in which assessments are proposed to be levied;
- (3) A preliminary estimate of the annual cost of the proposed economic improvements;
- (4) The proposed boundaries designated by map or perimeter description of an economic improvement district within which subject Properties would be assessed to finance the cost of the economic improvements;
- (5) The proposed formula for assessing the cost of the economic improvements against Subject Properties;
- (6) A preliminary estimate of the cost of City administration of the proposed economic improvement district; and
- (7) A statement of why the proposed economic improvements are not likely to be satisfactorily and equitably accomplished except through establishment of an economic improvement district.

(e) "Final Economic Improvement Plan" means a plan setting out:

- (1) A description of economic improvements to be carried out;
- (2) The number of years, to a maximum of three, in which assessments will be levied;
- (3) The annual cost of the economic improvements;
- (4) The boundaries designated by map or perimeter description of the economic improvement district within which Subject Properties will be assessed to finance the cost of the economic improvement district;
- (5) The formula for assessing the cost of the economic improvements against Subject Properties; and
- (6) The cost of City administration of the economic improvement district.

(f) "Lead Bureau" means the City office, bureau, or commission determined by the Mayor to have the principal interest in a proposed economic improvement district.

(g) "Lot" means a lot, block, or parcel of land.

(h) "Owner" means the owner of the title to real property within an economic improvement district except for Exempt Property.

(i) "Subject Properties" means the real property within an economic improvement district except for Exempt Property.

(j) "Exempt Property" means residential real property and any portion of a structure used for residential purposes. In the event a structure is used for both residential and non-residential purposes, the land on which the structure is located shall not be Exempt Property. For purposes of this subsection, "residential real property" and "residential purposes" shall not include hotels and hotel uses, as defined in Section 33.12.420 of this Code, and motels and motel uses, as defined in Section 33.12.560 of this Code, but shall include hotel and hotel uses if, for the entire hotel or entire hotel use, (1) the average rent per unit is less than \$2 per day, or (2) a majority of the units regularly are occupied by the same tenants for more than 30 consecutive days, or (3) a majority of the units regularly are occupied by occupants who pay for lodging on a monthly basis.

(k) "Task Force" means a committee whose membership consists of representatives of those City offices, bureaus, and commissions that have a significant interest in a proposed economic improvement district and a representative appointed by the Advisory Committee. The City Auditor or a representative designated by the City Auditor shall be a member of each Task Force.

3.122.010 Council Control. Whenever the Council determines that economic improvements would be appropriate and would afford a special benefit to Subject Properties within a particular district, the Council, subject to the provisions of this Chapter, may establish an economic improvement district and provide for payment of all or a portion of the cost thereof by levy and collection of assessments on the Subject Properties. The Council may decline for any reason within its sole discretion to establish a proposed economic improvement district. This Chapter shall not give to any person the right to have an economic improvement district established.

3.122.015 Statutory Provisions Applicable. Statutory provisions applicable to economic improvement districts shall be followed by the City and by owners in all cases. The provisions of this Chapter are intended to supplement and to implement such statutory provisions.

3.122.020 Preliminary Institution of Economic Improvement District.

(a) The Council shall consider institution of an economic improvement district whenever owners of Subject Properties file with the Auditor a petition for the establishment of a district containing the signatures of the owners of 33 percent or more of the area or of the assessed value of Subject Properties within the proposed district or whenever a City Commissioner or the Mayor files a report recommending the establishment of a district. To be considered, a petition or report must contain a Preliminary Economic Improvement Plan prepared by property owners or tenants within the proposed district or their designees.

(b) If the Council finds preliminarily that

- (1) The costs of administering the proposed economic improvement district would not be substantial in relationship to the cost of the economic improvements;
- (2) It is not likely that the economic improvements would be satisfactorily and equitably accomplished except through establishment of the economic improvement district;
- (3) Establishment of the economic improvement district would be in the public interest; and
- (4) The economic improvements would afford a special and peculiar benefit to Subject Properties within the economic improvement district different in kind or degree from that afforded to the general public,

then the Council may adopt a resolution preliminarily instituting the establishment of the economic improvement district. The resolution may contain such revisions to the Preliminary Economic Improvement Plan as the Council deems appropriate based on the criteria set out in paragraphs (1) through (4) of this subsection and shall designate those City offices, bureaus, and commissions to be represented on the Task Force for the proposed district.

(c) On adoption by the Council of a resolution under subsection (b) of this section, the Mayor shall designate a Lead Bureau for the proposed economic improvement district from among those designated to be represented on the Task Force and shall refer the matter to the Commissioner in Charge.

(d) Immediately following the referral under subsection (c) of this section, the Commissioner in Charge shall appoint an Advisory Committee to assist the Task Force in development of the Final Economic Improvement Plan. The Commissioner shall strongly consider appointment of owners of property within the economic improvement district to the Advisory Committee. The Commissioner may appoint as the Advisory Committee an existing association of property owners or tenants or both. The Task Force shall encourage participation of the Advisory Committee in the Plan development and administration process. The Advisory Committee shall appoint a representative to the Task Force.

3.122.025 Final Plan and Ordinance Preparation. (a) Immediately following Council adoption of a resolution under Section 3.122.020(b), the head of each office, bureau, and commission to be represented on the Task Force shall appoint its representative and the City Auditor shall appoint the City Auditor's representative, by notification to the head of the Lead Bureau.

(b) The City Auditor's representative shall provide to the Task Force a report setting out:

- (1) Whether the petitioners under Section 3.122.020(a) are owners of Subject Property in the proposed district;

- (2) Delinquencies in taxes or City liens on Subject Properties in the proposed district;
- (3) The true cash value of all real property located within the proposed district; and
- (4) The zoning of land within the district, including verification that only land zoned for commercial or industrial use is included within the district.

The Lead Bureau shall be responsible for preparing the documents referred to in subsection (c).

(c) The Task Force shall prepare for the Commissioner in Charge a report recommending whether the owners of property within the proposed economic improvement district shall be formally notified of the proposal to establish the district, taking into consideration the criteria set out in Section 3.122.020(b). If the report recommends formal notification, the report shall include a proposed Final Economic Improvement Plan and the report of the City Auditor's representative provided under subsection (b). The report also shall include a proposed ordinance that

- (1) States the Council's intention to proceed with formal notification regarding the proposed economic improvement district;
- (2) Contains the information in the Final Economic Improvement Plan, which may be included by attachment of the Plan as an exhibit, and
- (3) Contains provision for notices to be mailed or personally delivered to owners of properties within the proposed district that announce the proposal to carry out the economic improvements and to assess specially benefited Subject Properties for the costs thereof; that also announce the time and place of a public hearing, not sooner than 30 days after mailing or personal delivery of the notices, at which owners may appear to support or object to the proposed improvements and assessment; and that announce the procedure by which owners of properties or portions of properties that are Exempt Property may claim exemptions from assessment for their properties.

3.122.035 Consideration of Final Plan and Ordinance. (a) If the Commissioner in Charge deems it appropriate, the Commissioner shall file for Council consideration the report and ordinance prepared under Section 3.122.025(c).

(b) On consideration of the report and ordinance, the Council may approve, modify, or reject the report including any aspect of the Final Economic Improvement Plan, and the ordinance. If the Council determines that the proceedings for the proposed economic improvement district should go forward, the Council may adopt the ordinance, including any modifications.

3.122.040 Notice to Owners. (a) Following adoption of the ordinance under Section 3.122.035(b), the Auditor shall mail to owners of Subject Properties within the proposed economic improvement district a notice containing the information required by Section 3.122.025(c)(3).

(b) The notice provided by the Auditor under Section 3.122.040(a) shall contain a statement that Exempt Property is exempt from assessment; and that property within the proposed district is conclusively presumed subject to assessment unless the owner files with the Auditor a claim for exemption not later than 21 days after the date of mailing or personal delivery of the notice. The notice also shall contain a form for claim of exemption, to be filled out and filed with the Auditor by owners claiming exemption for their properties.

3.122.041 Exemption Process. The Auditor, in his or her discretion, may audit a claim or claims for exemption to determine whether property claimed to be exempt from assessment is Exempt Property. The audit may include review of such evidence as the Auditor deems appropriate and may include a viewing of the property. In the event the Auditor determines that the property for which an exemption is claimed is not exempt, the Auditor shall give the owner written notice of the determination and the reasons therefor, by mail or personal delivery. The notice shall give the owner 10 days time within which to provide written evidence as to why the property is exempt. In the event the owner provides no written evidence within the time allowed, the property conclusively shall be presumed not to be Exempt Property. In the event the owner submits written evidence, the Auditor shall review the evidence and either approve or disapprove the claim for exemption and provide written notice thereof to the owner, including a statement of the reasons for the Auditor's decision. The Auditor's approval or disapproval following review of the evidence shall be final.

3.122.045 Hearing and Resolution Establishing District. (a) The Council shall hold a public hearing on the proposed economic improvement district at the time and place stated in the notice to owners of properties, provided, however, that at the time and place stated in the notice the Council may continue the hearing to such other time and place as it may deem appropriate. At the hearing, persons supporting or objecting to the proposed improvement and assessment shall be entitled to be heard.

(b) If the Council, at the conclusion of the hearing, finds that the economic improvements will afford a special and peculiar benefit to Subject Properties within the economic improvement district different in kind or degree from that afforded to the general public and that the economic improvement district should be established, then the Council may adopt a resolution stating those findings and establishing the district.

3.122.050 Preparation and Notice of Assessments. (a) Following Council adoption of a resolution establishing an economic improvement district, based on the Final Economic Improvement Plan, the Auditor shall prepare the proposed assessment for each lot in the district that is a Subject Property and shall file a proposed assessment ordinance, with a list of proposed assessments attached, with the City Council. The amount of assessments shall be based on the cost of the economic improvements and the cost of City administration of the economic improvement district.

(b) Following preparation of the proposed assessments, the Auditor shall mail to the owner of each lot to be assessed a notice stating the amount of the assessment proposed on the property of the owner receiving the notice and also stating the time and place of a public hearing, not sooner than 30 days after the mailing or personal delivery of the notices, at which affected property owners may appear to support or object to the proposed assessments.

3.122.055 Hearing on Assessments. (a) The Council shall hold a public hearing on the proposed assessment ordinance at the time and place stated in the notice to owners of lots to be assessed, provided however that at the time and place stated in the notice the Council may continue the hearing to such other time and place as it may deem appropriate. At the hearing, people supporting or objecting to proposed assessments shall be entitled to be heard.

(b) Written objections shall be considered to have been received by the Council at the hearing if actually received at the hearing or if received by the Auditor prior to commencement of the hearing. A written objection signed by a person purporting to have authority as agent or attorney to sign an objection on behalf of an owner shall be considered received from the owner only if there is included with the objection a copy in writing of the authority to act on behalf of the owner.

(c) If the Council at the hearing receives written objections from owners of property upon which more than 33 percent of the total value of assessments are levied, then the economic improvement district shall not be established and assessments shall not be made.

(d) At the hearing, the Council shall consider any objections and may adopt, correct, modify, revise the proposed assessment ordinance.

3.122.060 Amendments to Ordinance. (a) At the hearing under Section 3.122.045, the Council may amend by ordinance the initial ordinance adopted under Section 3.122.035. If the amendment

- (1) Changes the economic improvements to be carried out;
- (2) Increases the likely assessment upon one or more properties; or
- (3) Enlarges the economic improvement district,

then the procedures required by Sections 3.122.040 and 3.122.045 shall be repeated.

(b) At the hearing under Section 3.122.055, the Council may amend by ordinance the initial ordinance adopted under Section 3.122.035 as subsequently amended. If the amendment increases the likely assessment upon one or more properties, then the procedures required by Sections 3.122.050 and 3.122.055 shall be repeated. If the amendment

- (1) Changes the economic improvements to be carried out; or
- (2) Enlarges the economic improvement district,

then the procedures required by Section 3.122.040 through 3.122.055 shall be repeated.

3.122.065 Limitation on Assessments. The Council shall not levy assessments in an economic improvement district in any year that exceed one percent of the true cash value of all the real property located within the district.

3.122.070 Limitation on Boundaries. The Council shall not include within an economic improvement district any area of the City that is not zoned for commercial or industrial use.

3.122.075 Continuation of Assessments. If the Council has established an economic improvement district and thereafter determines that it is necessary to levy assessments upon Subject Property in the district for longer than the period of time specified in the assessment ordinance that created the district, the Council shall enact an ordinance that provides for continued assessments for a specified number of years, to a maximum of three. The assessment of lots under such an ordinance shall be subject to the procedures required by Sections 3.122.050 and 3.122.055.

3.122.085 Expenditure of Moneys. Moneys derived from assessments levied under this Chapter and from interest earned thereon shall be spent only for the economic improvements and for the cost of City administration of the economic improvement district described in the Final Economic Improvement Plan. Subject to the requirements of any labor agreements to which the City is a party and to any applicable requirements of state law, the Council in its discretion may authorize an agreement or agreements with the Advisory Committee appointed under Section 3.122.020(d) for the Committee to provide all or part of the economic improvements described in the Final Economic Improvement Plan.

3.122.090 Cost of Administration. The cost of City administration of an economic improvement district shall include the actual cost of administrative services provided by the City related to the district.

3.122.095 Limitation on Expenditures. Moneys spent for carrying out a Final Economic Improvement Plan shall be limited to moneys actually received from assessments or from other public or private contributions to assist in carrying out the Plan.

3.122.100 Administration. The Task Force for an economic improvement district shall be responsible for administration of the economic improvements to be carried out. With the concurrence of the head of the Lead Bureau, the Task Force may designate an employee of the Lead Bureau as the person responsible for day to day administration of the economic improvements. In the

event the Task Force determines that the economic improvements should be performed by a contractor or contractors, the Task Force shall prepare for Council consideration contracts for the work. In each case, the contract for work shall include not less than the following:

- (a) A description of the work to be done;
- (b) A description of the method of compensation for the work;
- (c) A description of records to be kept by the contractor to evidence performance of the work and of the documentation to be provided to the City to justify payment for work;
- (d) A description of any liability to be born and insurance to be provided by the contractor; and
- (e) A description of the rights of the City to terminate the contract prior to its completion.

3.122.101 Early Termination. The City Council, by ordinance passed following termination of any contracts for economic improvement district work related thereto, may terminate the activities of an economic improvement district in whole or in part prior to the normally scheduled termination date for the district. In the event of early termination, those funds remaining from assessments for the district, following payment of all obligations and costs of administration incurred on behalf of the district, shall be returned to the owners of Subject Properties in amounts proportionate to the amounts of the assessments they paid for the district. In the event of early termination of only a part of the activities of an economic improvement district, the City Council, in the termination ordinance, may elect to apply remaining funds on a similarly proportionate basis as a credit against future district assessments against Subject Properties, with any funds remaining being returned to the Owners as otherwise provided herein.

3.122.102 Surplus. In the event, following the normally scheduled termination of an economic improvement district, including the payment of all obligations and costs of administration incurred on behalf of the district, there remain excess funds from assessments paid by Owners of Subject Properties, then the City Council, by ordinance, shall provide for either (a) the return of the excess funds to the Owners of Subject Properties in amounts proportionate to the amounts of the assessments they paid for the district, or (b) use of the excess funds for continued provision of the economic improvements until the excess funds are fully spent, or (c) use of part of the excess funds as provided in (b) and return of the balance of the excess funds as provided in (a).

3.122.105 Entry and Collection of Assessments. On adoption of an assessment ordinance under Section 3.122.055(d), the City Auditor shall enter the assessments for the first year in the docket of City liens. On the same date of each succeeding year during which assessments will be levied, the City Auditor shall enter the assessments for the year in the docket of City liens. All such assessments shall be collected in the same manner as local improvement assessments.


## ORDINANCE No.

3.122.110 Economic Improvement Fund. The Economic Improvement Fund is hereby created into which shall be deposited all monies derived from assessments levied under this Chapter and from which monies shall be spent only as authorized by Section 3.122.085.

Section 2. So that there will be no unnecessary delay in offering the benefits and incentives to business afforded by these provisions, the Council declares that an emergency exists; therefore, this ordinance shall be in force and effect from and after its passage by the Council.

Passed by the Council, **MAR 9 1988**

Commissioner Blumenauer  
Terrence L. Bray:mcv  
December 22, 1987

**BARBARA CLARK**  
Auditor of the City of Portland  
By  Deputy

## APPENDIX E

### Outline of Chapter 3.122 Requirements

Economic Improvement District Process

<u>Code Section</u>	<u>Process</u>
3.122.020 a	PROP. OWNERS file petition/COMMISSIONER file report w/PEIP CITY prepare resolution
020 b	COUNCIL adopts resolution (prelim. institute EID)
020 c	MAYOR designate lead bureau, refer to Commissioner in Charge
020 d	COMMISSIONER IN CHARGE appoint Advisory Committee
025 a	Task Force BUREAU CHIEFS appoint representatives
025 b	CITY AUDITOR report (taxes, liens, value)
025 c	LEAD BUREAU report + proposed ordinance (intent to proceed)
035 a	COMMISSIONER IN CHARGE file report and ordinance
035 b	COUNCIL adopt ordinance (intent to proceed)
040 a	AUDITOR mail notice (exemption process)
045 a	COUNCIL hold public hearing #1 (special benefit)
045 b	COUNCIL adopt resolution establishing District
050 a	AUDITOR prepare proposed assessments; file assessing ordinance
050 b	AUDITOR mail notice of assessment; set public hearing date
055 a	COUNCIL hold public hearing #2, (remonstrance) and adopt ordinance
105	AUDITOR enter assessments in lien docket

APPENDIX F

Schedule

DOWNTOWN ECONOMIC IMPROVEMENT DISTRICT  
PRELIMINARY IMPLEMENTATION SCHEDULE  
PRINCIPAL/CRITICAL ACTIVITIES

- o Establish Committee 04/16/88
- o Key decisions 04/16/88
  - District Boundaries
  - EID Program/Budget
  - Assessment Method/Rate
- o Solicit Petitions 04/16/88-05/31/88
  - Property Information/Mailing List
  - Letter from Committee
  - Meetings/Personal Contact
- o Develop Preliminary Economic Improvement Plan 04/16/88-05/31/88
- o City Council Resolution (Adopting Preliminary Plan/Petitions) 06/01/88
- o Appoint Task Force/Advisory Committee 06/01/88
- o Develop Final Economic Improvement Plan 04/16/88-06/15/88
- o City Council Ordinance (Adopting Final Plan/Authorizing Notification) 06/22/88
- o Mail Notices 06/22/88-07/01/88
- o Exemption Applications Due (21 days from Notices) 07/22/88
- o Public Hearing (30 days from Notices) 08/03/88
- o Mail Notices of Assessment 08/03/88-08/15/88
- o Public Hearing (30 days from Notices) 09/14/88
- o Mail Bills 09/26/88
- o Payments Due (30 days from Billing) 10/26/88

Source: Shiels & Oblatz  
March 28, 1988



# MULTNOMAH COUNTY OREGON

23  
5161

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE MCGARVIN • Clerk • 248-3277

July 28, 1988

Mr. Duane Zussy, Director  
Department of Human Services  
426 SW Stark  
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held July 28, 1988, the following action was taken:

Request of the Director of Human Services for )  
approval of Budget Modification DHS #2 reflecting )  
additional revenues in the amount of \$52,000 )  
from the City of Portland to Social Services )  
Division, various line items, for partial )  
operations of a shelter for homeless chronically )  
mentally ill ) R-12)

Upon motion of Commissioner Anderson, duly seconded by Commissioner Miller, it is unanimously

ORDERED that said request be approved, and budget modification be implemented.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin  
Jane McGarvin  
Clerk of the Board

jm  
cc: Budget  
Finance  
Social Services

BUDGET MODIFICATION NO. DHS #2

(For Clerk's Use) Meeting Date

Agenda No. R-12

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR

July 28, 1988

(Date)

DEPARTMENT Human ServicesDIVISION Social ServicesCONTACT Susan ClarkTELEPHONE 248-3691\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Duane Zussy/Gary Smith

## SUGGESTED

AGENDA TITLE (to assist in preparing a description for the printed agenda)

Budget modification DHS #2 appropriates \$52,000 in City of Portland revenue for partial operations of a shelter for homeless chronically mentally ill.

(Estimated Time Needed on the Agenda)

2. DESCRIPTION OF MODIFICATION (Explain the changes this Bud Mod makes. What budget does it increase? What do the changes accomplish? Where does the money come from? What budget is reduced? Attach additional information if you need more space.)

[ ] PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

Budget modification DHS #2 requests Board approval to appropriate \$52,000 received from an intergovernmental revenue agreement between Multnomah County and the City of Portland for partial funding of shelter operations for the chronically mentally ill. The entire amount will be appropriated in the MED Contracts budget and will be subcontracted to agencies currently operating the shelter and related services.

Indirect charge = .007 x \$52,000 = \$364.

To budget  
8/12/88

3. REVENUE IMPACT (Explain revenues being changed and the reason for the change)

Increased MED Contracts budget by \$52,000 with City of Portland revenue. Indirect charge = .007 x \$52,000 = \$364.

1988 JUL 19 11 4:14  
MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS

4. CONTINGENCY STATUS (to be completed by Finance/Budget)

Contingency before this modification (as of \_\_\_\_\_) (Specify Fund) (Date)

After this modification

Originated By

Date

Department Director

Date

Susan Clark7/15/88Duane Zussy7/18/88

Finance/Budget

Date

Employee Relations

Date

David C. Sharr7/18/88

Board Approval

Date

Jane McLevinJuly 28, 1988





# MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
ADMINISTRATIVE OFFICES  
426 S.W. STARK, 6TH FLOOR  
PORTLAND, OREGON 97204  
(503) 248-3691

BOARD OF COUNTY COMMISSIONERS  
GLADYS MCCOY • CHAIR OF THE BOARD  
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER  
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER  
CAROLINE MILLER • DISTRICT 3 COMMISSIONER  
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

---

## MEMORANDUM

TO: Gladys McCoy  
Multnomah County Chair

VIA: Duane Zussy *Duane Zussy (pc)*  
Director, Department of Human Services

FROM: Gary Smith *GS*  
Director, Social Services Division

DATE: July 7, 1988

SUBJECT: Recommendation to Ratify City of Portland Revenue Agreements and  
Accompanying Budget Modification

---

**RECOMMENDATION:** Social Services Division recommends that the Board of County Commissioners ratify the attached City of Portland revenue agreements for the 1988/89 fiscal year and approve the accompanying budget modification.

**ANALYSIS:** Three revenue agreements are attached. Services impacted by these agreements include:

Inebriate Pick-Up Service (CHIERS): \$35,000 to assist in the operations of a 24-hour, 7 day/week inebriate emergency response system.

Homeless Chronically Mentally Ill: \$52,000 for support and administration of a shelter program for the homeless chronically mentally ill including board, outreach treatment and case management.

Emergency Shelter for Homeless Youth: \$76,800 to provide emergency shelter and related services to homeless youth in the Portland area.

All but \$52,000 of this revenue was anticipated at the time of budget preparation and included in the adopted FY 88/89 budget. Budget modification DHS #2 appropriates the remaining revenue in the MED Contracts budget and is submitted for BCC approval.

**BACKGROUND:** These contracts renew existing agreements and responsibilities between the City of Portland and Multnomah County to provide services for populations in need (i.e., substance abuse, homelessness, mental illness). The funding is combined with federal, state and local match and is subcontracted to existing providers within the community.

The Division received these agreements last week after ordinances were passed by the City Council on June 22, 1988. Upon ratification by the Board of County Commissioners, the agreements will be returned to the City for final execution.

AN EQUAL OPPORTUNITY EMPLOYER

5  
Date 7/28

NAME

JEFF MERRICK

ADDRESS

1001 S.W. Fifth

Street

Portland

City

OR 97201

Zip

I wish to speak on Agenda Item #

R14 & R15

Subject

Ambulance Plan

       FOR

  X   AGAINST

3  
Date

7/28

NAME

JOHN WILSON, DEPUTY CHIEF

ADDRESS

55 SW ABH

Street

PORTLAND

City

97204

Zip

I wish to speak on Agenda Item #

E 14/15

Subject

FOR

AGAINST

2  
Date \_\_\_\_\_

NAME

John PRA'ggas'tis

ADDRESS

225 SE 44<sup>th</sup>

Street

Portland

OR

97215

City

Zip

I wish to speak on Agenda Item #

R-15-16

Subject

Ambulance

\_\_\_\_ FOR

\_\_\_\_ AGAINST

And

Date 7/28

NAME

Stephen Kaloury

ADDRESS

~~30~~ 1207 SW 6th

Street

Portland

97204

City

Zip

I wish to speak on Agenda Item #

14215

Subject

Ambulance Service

FOR

AGAINST

X Amendments

7

Date 7/28/88

NAME

Alec Jensen

ADDRESS

PO Box 14402

Portland, OR  
Street

Portland, OR  
City

97214

Zip

I wish to speak on Agenda Item #

Subject

ARB RFP

\_\_\_\_ FOR

\_\_\_\_ AGAINST

4

Date 7/20/88

NAME Chris Thomas

ADDRESS Suite 400, 2000 SW First Ave.

Street	
<u>Portland, OR</u>	<u>97201</u>
City	Zip

I wish to speak on Agenda Item # R-14, R-15  
Subject EMS

       FOR   X   AGAINST

Date \_\_\_\_\_

NAME

Mark Drake

ADDRESS

1877 NE 74th Av

Street

Portland, OR97212

City

Zip

I wish to speak on Agenda Item #

R-14

Subject

Ambulance Service

\_\_\_\_ FOR

\_\_\_\_ AGAINST

Area Plan

July 28, 1988

RECEIVED FROM JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

BUDGET

BUDGET MODIFICATION DHS #2

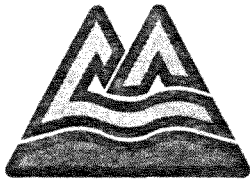
R-12

CR

BOARD OF  
COUNTY COMMISSIONERS

1988 AUG 16 PM 12:57

MULTNOMAH COUNTY  
OREGON



# MULTNOMAH COUNTY OREGON

24  
5/61

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE MCGARVIN • Clerk • 248-3277

July 28, 1988

Mr. Duane Zussy, Director  
Department of Human Services  
426 SW Stark  
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held July 28, 1988, the following action was taken:

Second Reading - An Ordinance relating to Food	)	
Service Inspection Fees, Swimming Pool License	)	ORDINANCE
Fees, and Tourist and Travelers Facilities	)	NO. 587
Inspection Fees, and amending MCC 5.10	R-13)	

Copies of the above-entitled Ordinance were available to all persons wishing a copy. Ordinance was read by title only.

A hearing was held; no one wished to testify.

Upon motion of Commissioner Anderson, duly seconded by Commissioner Casterline, it is unanimously

ORDERED that said Ordinance be adopted.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By

*Jane McGarvin*  
Jane McGarvin  
Clerk of the Board

jm  
cc: County Counsel  
Health Protection

DATE SUBMITTED \_\_\_\_\_

(For Clerk's Use)  
Meeting Date 7/21/88  
Agenda No. R-17

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Fee Ordinances Changes/Additions

2nd 7/25/88 R-13  
RECEIVED

JUL 05 1988

Employee Relations

Informal Only\* \_\_\_\_\_  
(Date)

Formal Only \_\_\_\_\_  
(Date)

DEPARTMENT Human Services DIVISION Health

CONTACT Art Bloom TELEPHONE 248-3400

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Duane Zussy/Art Bloom

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.  
The proposed ordinance increases some fees for inspection services, adds fees for the inspections of bed & breakfast facilities, add fees for food service plan review and adds a penalty for non-payment of all license fees.

ORD 587

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 10 minutes

IMPACT: Increases food service inspection fees (schedule attached)  
by \$35,485.  
PERSONNEL

☒ FISCAL/BUDGETARY Adds about \$300 in Bed and Breakfast license fees  
☐ General Fund Adds about \$11,400 in food service plan review fees.

Other \_\_\_\_\_ Will add an unknown amount of revenue in penalty fees.  
Increases swimming pool/spa license fees by \$1255  
(schedule attached)

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Duane Zussy (PD)

BUDGET / PERSONNEL David C. Sharrin / Susan Samoil

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) Asmunds/Bor

OTHER \_\_\_\_\_  
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES  
HEALTH SERVICES DIVISION  
426 S.W. STARK STREET, 7TH FLOOR  
PORTLAND, OREGON 97204  
(503) 248-3674

BOARD OF COUNTY COMMISSIONERS  
GLADYS MCCOY • CHAIR OF THE BOARD  
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER  
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER  
CAROLINE MILLER • DISTRICT 3 COMMISSIONER  
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

## MEMORANDUM

TO: Gladys McCoy  
Multnomah County Chair

VIA: Duane Zussy, Director *Duane Zussy*  
Department of Human Services

FROM: Billi Odegaard, Director *Billi*  
Health Services Division

DATE: June 27, 1988

SUBJECT: Amendment to Multnomah County Codes 5.10

Recommendation: The Health Division and the Department of Human Services recommend County Chair approval and County Board approval of the amendments to Multnomah County Codes (MCC) 5.10.

Analysis: The proposed amendments to MCC 5.10: (1) increase certain fees for food service inspections (\$35,485); (2) increase swimming pool/spa license fee (\$1,255); (3) add fees for the inspection of bed and breakfast facilities (\$300); (4) add fees for food service plan reviews (\$11,400), and (5) add a penalty for non-payment of all license fees.

Background: The State Health Division has delegated authority to Multnomah County to administer the inspecting/licensing of food service and bed and breakfast facilities, and pool/spa and tourist accommodation facilities. The fees are set to cover the costs of these services.

[CM-2901K-p]

Title 5 - Revenue

Effective Date \_\_\_\_\_

Brief statement of purpose of ordinance (include the rationale for adoption of ordinance, a description of persons benefited, and other alternatives explored)

The proposed ordinance increases some fees for inspection services, adds fees for the inspections of bed and breakfast facilities, adds fees for food service plan review and adds a penalty for non-payment of all license fees.

What other local jurisdictions in the metropolitan area have enacted similar legislation?

Washington and Clackamas Counties

What has been the experience in other areas with this type of legislation?

They have been allowed to raise their fees to cover the cost of providing the inspection programs.

at authority is there for Multnomah County to adopt this legislation? (state statute, home rule charter). Are there constitutional problems?

ORS 624.510 (1) and (2)  
MCC 8.35.100  
MCC 5.10.320  
MCC 5.10.340  
MCC 5.10.345

#### Fiscal Impact Analysis

Increases food service inspection fees (schedule attached) by \$35,485.  
Adds about \$300 in Bed and Breakfast license fees  
Adds about \$11,400 in food service plan review fees.  
Will add an unknown amount of revenue in penalty fees.  
Increases swimming pool/spa license fees by \$1255 (schedule attached).

(If space is inadequate, please use other side)

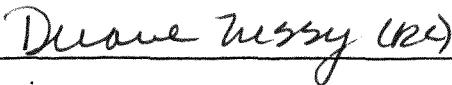
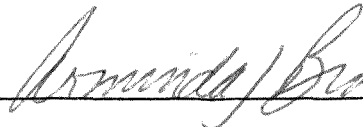
#### SIGNATURES:

Office of County Counsel

Office of County Management

Department Head

Liaison Commissioner



BUD 4 REVENUE SOURCE

REVENUE SOURCE NAME: Food Service License Fees

REVENUE SOURCE CODE: 3001

REV CATEGORY: 30

ORGANIZATION(s): 0232

REV CLASS: 300

FUND: 100

AGENCY: 010

Contact Person: Art Bloom

Tel: x3400

Date Prepared: 1/24/88

BASIS FOR 88-89 ESTIMATE:

- o 87-88 Adopted Budget: \$395,396
- o 87-88 Revised Budget (As of 12/31/87) \$383,660
- o 87-88 Projected Year End Revenue Collections: \$383,660
- o 88-89 Revenue Estimate: \$419,145\*

\*This estimate is based on an increase in fees that will have to be approved by county ordinance.

- o Show computations used to arrive at 88-89 estimate and identify any grant carryover:  
(Use back of form, if necessary)

Full service license	1,775 x 195	346,125
Full service	74 x 146	10,804
Full service	121 x 98	11,858
Limited Service	100 x 98	9,800
Commissary	16 x 195	3,120
Warehouse	26 x 70	1,820
Mobile Unit	156 x 60	9,360
Multiple Restaurant	21 x 98	2,058
Vending Machine (sliding scale)		3,200
Temporary Restaurant	600 x 35	<u>21,000</u>
Total Food Service		\$419,145

BUD 4 REVENUE SOURCE

REVENUE SOURCE NAME: Swimming Pool/Spa License Fees REVENUE SOURCE CODE: 3003

REV CATEGORY: 30  
REV CLASS: 300

ORGANIZATION(s): 0232

FUND: 100  
AGENCY: 010

Contact Person: Art Bloom Tel: x3400 Date Prepared: 1/24/88

BASIS FOR 88-89 ESTIMATE:

- o 87-88 Adopted Budget: \$53,320
- o 87-88 Revised Budget (As of 12/31/87) \$53,320
- o 87-88 Projected Year End Revenue Collections: \$53,320
- o 88-89 Revenue Estimate: \$54,575\*

\*This estimate is based on an increase in fees that will have to be approved by county ordinance.

- o Show computations used to arrive at 88-89 estimate and identify any grant carryover:  
(Use back of form, if necessary)

443 licenses @ 115	\$54,575
18 licenses on a sliding-scale @ \$35	630
10 plan reviews @ 300	30,000
	<u>\$54,575</u>

- o Explain any difference between 87-88 Projected Year-End and 88-89 Estimate:  
(Be specific)

License fees have been increased to reflect the cost of inspecting swimming pools and spas. Figures are based on 1986/87 budget figures.

- o NOTE: Consult LGPS Revenue Code Table Listing to verify revenue source Name, Code, Category, and Class of existing revenues. For new revenues, attach a completed Revenue Manual Questionnaire and an LGPS File Maintenance Memo, requesting a new code.



# MULTNOMAH COUNTY OREGON

R-14

DEPARTMENT OF HUMAN SERVICES  
ENVIRONMENTAL HEALTH SECTION  
J.K. Gill Building—2nd Floor  
426 S.W. Stark Street  
Portland, Oregon 97204-2396 / 248-3400

BOARD OF COUNTY COMMISSIONERS  
GLADYS McCOY • CHAIR OF THE BOARD  
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER  
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER  
CAROLINE MILLER • DISTRICT 3 COMMISSIONER  
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

## Review of Plans

### 333-161-000 SUBMISSION OF PLANS

- (1) Whenever a food service establishment is constructed or extensively remodeled and whenever an existing structure is converted to use as a food service establishment, properly prepared plans and specifications for such construction, remodeling, or conversion shall be submitted to the Assistant Director for review and comment before construction remodeling or conversion is begun. The plans and specifications shall indicate the proposed layout, arrangement, mechanical plans, and construction materials of work areas, and the type and model of proposed fixed equipment and facilities. No food service establishment shall be constructed, extensively remodeled, or converted except in accordance with plans and specifications submitted and commented on by the Assistant Director.
- (2) Plans submitted shall be reviewed and commented on by a sanitarian registered in accordance with ORS Chapter 700.

### 333-161-010 PRE-OPERATIONAL INSPECTION

Whenever plans and specifications are required by OAR 333-161-000 of these rules to be submitted to the Assistant Director, the Assistant Director shall inspect the food service establishment prior to the start of operations, to determine compliance with the reviewed plans and specifications and with the requirements of these rules.

- (21) "Extensively remodeled" means a major change in a food service facility's mechanical, plumbing, electrical or structural systems for which a permit is required.

## PENALTIES

**624.990 Penalties.** (1) Violation of any provision of ORS 624.010 to 624.120 or rules of the division promulgated under ORS 624.010 to 624.120 is a Class C misdemeanor.

(2) Violation of any provision of ORS 624.310 to 624.440 or rules of the division promulgated under ORS 624.310 to 624.440 is a Class B misdemeanor. [Subsection (2) enacted as 1963 c.575 §16; 1973 c.825 §22]

Plan Review Revenue Projection  
For FY 1988-1989

*# of plan reviews*  
*in* *Q* *1* -  
Projection

1. Full Plan Reviews (December 1987-January 1988)	21	
Project each year approximately:		130
2. Remodeling Plan Review (December 1987-January 1988)	10	
Project each year approximately:		120
Average Full Plan Review		
takes about 3 hours		
(includes review of plans, travel time, consultation		
time, and onsite inspection)		
Projected cost:		\$20/hour
Average Remodeling Plan Review		
takes about 1.5 hours		
(includes review of plans, travel time, consultation time,		
and onsite inspection)		
Projected cost:		\$20/hour

Therefore:

130 Full Plan Review @ \$60/each	\$ 7,800
120 Remodeling Plan Review @ \$30/each	<u>3,600</u>
New Projected Revenue Total	\$11,400



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES  
ENVIRONMENTAL HEALTH SECTION  
J.K. Gill Building—2nd Floor  
426 S.W. Stark Street  
Portland, Oregon 97204-2396 / 248-3400

BOARD OF COUNTY COMMISSIONERS  
GLADYS MCCOY • CHAIR OF THE BOARD  
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER  
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER  
CAROLINE MILLER • DISTRICT 3 COMMISSIONER  
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

## Review of Plans

### 333-161-000 SUBMISSION OF PLANS

- (1) Whenever a food service establishment is constructed or extensively remodeled and whenever an existing structure is converted to use as a food service establishment, properly prepared plans and specifications for such construction, remodeling, or conversion shall be submitted to the Assistant Director for review and comment before construction remodeling or conversion is begun. The plans and specifications shall indicate the proposed layout, arrangement, mechanical plans, and construction materials of work areas, and the type and model of proposed fixed equipment and facilities. No food service establishment shall be constructed, extensively remodeled, or converted except in accordance with plans and specifications submitted and commented on by the Assistant Director.
- (2) Plans submitted shall be reviewed and commented on by a sanitarian registered in accordance with ORS Chapter 700.

### 333-161-010 PRE-OPERATIONAL INSPECTION

Whenever plans and specifications are required by OAR 333-161-000 of these rules to be submitted to the Assistant Director, the Assistant Director shall inspect the food service establishment prior to the start of operations, to determine compliance with the reviewed plans and specifications and with the requirements of these rules.

- (21) "Extensively remodeled" means a major change in a food service facility's mechanical, plumbing, electrical or structural systems for which a permit is required.

## PENALTIES

**624.990 Penalties.** (1) Violation of any provision of of ORS 624.010 to 624.120 or rules of the division promulgated under ORS 624.010 to 624.120 is a Class C misdemeanor.

(2) Violation of any provision of ORS 624.310 to 624.440 or rules of the division promulgated under ORS 624.310 to 624.440 is a Class B misdemeanor. [Subsection (2) enacted as 1963 c.575 §16; 1973 c.825 §22]



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES  
ENVIRONMENTAL HEALTH SECTION  
J.K. Gill Building—2nd Floor  
426 S.W. Stark Street  
Portland, Oregon 97204-2396 / 248-3400

BOARD OF COUNTY COMMISSIONERS  
GLADYS McCOY • CHAIR OF THE BOARD  
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER  
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER  
CAROLINE MILLER • DISTRICT 3 COMMISSIONER  
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

## Review of Plans

### 333-161-000 SUBMISSION OF PLANS

- (1) Whenever a food service establishment is constructed or extensively remodeled and whenever an existing structure is converted to use as a food service establishment, properly prepared plans and specifications for such construction, remodeling, or conversion shall be submitted to the Assistant Director for review and comment before construction remodeling or conversion is begun. The plans and specifications shall indicate the proposed layout, arrangement, mechanical plans, and construction materials of work areas, and the type and model of proposed fixed equipment and facilities. No food service establishment shall be constructed, extensively remodeled, or converted except in accordance with plans and specifications submitted and commented on by the Assistant Director.
- (2) Plans submitted shall be reviewed and commented on by a sanitarian registered in accordance with ORS Chapter 700.

### 333-161-010 PRE-OPERATIONAL INSPECTION

Whenever plans and specifications are required by OAR 333-161-000 of these rules to be submitted to the Assistant Director, the Assistant Director shall inspect the food service establishment prior to the start of operations, to determine compliance with the reviewed plans and specifications and with the requirements of these rules.

- (21) "Extensively remodeled" means a major change in a food service facility's mechanical, plumbing, electrical or structural systems for which a permit is required.

## PENALTIES

**624.990 Penalties.** (1) Violation of any provision of ORS 624.010 to 624.120 or rules of the division promulgated under ORS 624.010 to 624.120 is a Class C misdemeanor.

(2) Violation of any provision of ORS 624.310 to 624.440 or rules of the division promulgated under ORS 624.310 to 624.440 is a Class B misdemeanor. [Subsection (2) enacted as 1963 c.575 §16; 1973 c.825 §22]

Plan Review Revenue Projection  
For FY 1988-1989

		<u>Projection</u>
1. Full Plan Reviews (December 1987-January 1988)	21	
Project each year approximately:		130
2. Remodeling Plan Review (December 1987-January 1988)	10	
Project each year approximately:		120
Average Full Plan Review takes about 3 hours (includes review of plans, travel time, consultation time, and onsite inspection) Projected cost:		
		\$20/hour
Average Remodeling Plan Review takes about 1.5 hours (includes review of plans, travel time, consultation time, and onsite inspection) Projected cost:		
		\$20/hour

Therefore:

130 Full Plan Review @ \$60/each	\$ 7,800
120 Remodeling Plan Review @ \$30/each	<u>3,600</u>
New Projected Revenue Total	\$11,400



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES  
ENVIRONMENTAL HEALTH SECTION  
J.K. Gill Building—2nd Floor  
426 S.W. Stark Street  
Portland, Oregon 97204-2396 / 248-3400

BOARD OF COUNTY COMMISSIONERS  
GLADYS McCOY • CHAIR OF THE BOARD  
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER  
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER  
CAROLINE MILLER • DISTRICT 3 COMMISSIONER  
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

## Review of Plans

### 333-161-000 SUBMISSION OF PLANS

- (1) Whenever a food service establishment is constructed or extensively remodeled and whenever an existing structure is converted to use as a food service establishment, properly prepared plans and specifications for such construction, remodeling, or conversion shall be submitted to the Assistant Director for review and comment before construction remodeling or conversion is begun. The plans and specifications shall indicate the proposed layout, arrangement, mechanical plans, and construction materials of work areas, and the type and model of proposed fixed equipment and facilities. No food service establishment shall be constructed, extensively remodeled, or converted except in accordance with plans and specifications submitted and commented on by the Assistant Director.
- (2) Plans submitted shall be reviewed and commented on by a sanitarian registered in accordance with ORS Chapter 700.

### 333-161-010 PRE-OPERATIONAL INSPECTION

Whenever plans and specifications are required by OAR 333-161-000 of these rules to be submitted to the Assistant Director, the Assistant Director shall inspect the food service establishment prior to the start of operations, to determine compliance with the reviewed plans and specifications and with the requirements of these rules.

- (21) "Extensively remodeled" means a major change in a food service facility's mechanical, plumbing, electrical or structural systems for which a permit is required.

## PENALTIES

**624.990 Penalties.** (1) Violation of any provision of of ORS 624.010 to 624.120 or rules of the division promulgated under ORS 624.010 to 624.120 is a Class C misdemeanor.

(2) Violation of any provision of ORS 624.310 to 624.440 or rules of the division promulgated under ORS 624.310 to 624.440 is a Class B misdemeanor. [Subsection (2) enacted as 1963 c.575 §16; 1973 c.825 §22]



# MULTNOMAH COUNTY OREGON

R-14

DEPARTMENT OF HUMAN SERVICES  
ENVIRONMENTAL HEALTH SECTION  
J.K. Gill Building—2nd Floor  
426 S.W. Stark Street  
Portland, Oregon 97204-2396 / 248-3400

BOARD OF COUNTY COMMISSIONERS  
GLADYS McCOY • CHAIR OF THE BOARD  
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER  
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER  
CAROLINE MILLER • DISTRICT 3 COMMISSIONER  
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

## Review of Plans

### 333-161-000 SUBMISSION OF PLANS

- (1) Whenever a food service establishment is constructed or extensively remodeled and whenever an existing structure is converted to use as a food service establishment, properly prepared plans and specifications for such construction, remodeling, or conversion shall be submitted to the Assistant Director for review and comment before construction remodeling or conversion is begun. The plans and specifications shall indicate the proposed layout, arrangement, mechanical plans, and construction materials of work areas, and the type and model of proposed fixed equipment and facilities. No food service establishment shall be constructed, extensively remodeled, or converted except in accordance with plans and specifications submitted and commented on by the Assistant Director.
- (2) Plans submitted shall be reviewed and commented on by a sanitarian registered in accordance with ORS Chapter 700.

### 333-161-010 PRE-OPERATIONAL INSPECTION

Whenever plans and specifications are required by OAR 333-161-000 of these rules to be submitted to the Assistant Director, the Assistant Director shall inspect the food service establishment prior to the start of operations, to determine compliance with the reviewed plans and specifications and with the requirements of these rules.

- (21) "Extensively remodeled" means a major change in a food service facility's mechanical, plumbing, electrical or structural systems for which a permit is required.

## PENALTIES

**624.990 Penalties.** (1) Violation of any provision of of ORS 624.010 to 624.120 or rules of the division promulgated under ORS 624.010 to 624.120 is a Class C misdemeanor.

(2) Violation of any <sup>provision</sup> provision of ORS 624.310 to 624.440 or rules of the division promulgated under ORS 624.310 to 624.440 is a Class B misdemeanor. [Subsection (2) enacted as 1963 c.575 §16; 1973 c.825 §22]

Plan Review Revenue Projection  
For FY 1988-1989

		<u>Projection</u>
1. Full Plan Reviews (December 1987-January 1988)	21	
Project each year approximately:		130
2. Remodeling Plan Review (December 1987-January 1988)	10	
Project each year approximately:		120

Average Full Plan Review  
takes about 3 hours  
(includes review of plans, travel time, consultation  
time, and onsite inspection)  
Projected cost: \$20/hour

Average Remodeling Plan Review  
takes about 1.5 hours  
(includes review of plans, travel time, consultation time,  
and onsite inspection)  
Projected cost: \$20/hour

Therefore:

130 Full Plan Review @ \$60/each	\$ 7,800
120 Remodeling Plan Review @ \$30/each	<u>3,600</u>
New Projected Revenue Total	\$11,400

Plan Review Revenue Projection  
For FY 1988-1989

		<u>Projection</u>
1. Full Plan Reviews (December 1987-January 1988)	21	
Project each year approximately:		130
2. Remodeling Plan Review (December 1987-January 1988)	10	
Project each year approximately:		120
Average Full Plan Review takes about 3 hours (includes review of plans, travel time, consultation time, and onsite inspection) Projected cost:		
		\$20/hour
Average Remodeling Plan Review takes about 1.5 hours (includes review of plans, travel time, consultation time, and onsite inspection) Projected cost:		
		\$20/hour

Therefore:

130 Full Plan Review @ \$60/each	\$ 7,800
120 Remodeling Plan Review @ \$30/each	<u>3,600</u>
New Projected Revenue Total	\$11,400

Before the Board of Commissioners  
FOR THE COUNTY OF MULTNOMAH  
ORDINANCE NO. 587

An ordinance relating to Food Services Inspection Fees, Swimming Pool License Fees, and Tourist and Travelers Facilities Inspection Fees, and amending MCC 5.10. (Bracketed items deleted and underlined items added.)

Multnomah County ordains as follows:

SECTION I. AMENDMENT

MCC 5.10.320 is amended to read as follows:

HUMAN SERVICES

5.10.320 Food service [inspection] license fee. For the services of the Department of Human Services in connection with issuance of food service licenses, the department shall collect from every applicant, at the time of application, \$35 for each temporary restaurant license issued or applied for, and [~~\$85~~] \$98 for each limited service license issued or applied for.

The following fee structure shall apply for regular restaurant and commissary licenses issued or applied for:

(A) [~~\$170~~] \$195 per license for each license applied for between January 1 and March 31, except that where more than two food service facilities are located at the same address, the license fee shall be [~~\$170~~] \$195 for the first two facilities and [~~\$85~~] \$98 for each additional facility.

(B) [~~\$127~~] \$146 for each license applied for between April 1 and June 30, except that where more than two food service facilities are located at the same address, the license fee shall be [~~\$127~~] \$146 for the first two facilities and [~~\$85~~] \$98 for each additional facility.

(C) [~~\$85~~] \$98 for each license issued between July 1 and December 31.

For licenses issued or applied for the following special food service facilities, the following fees shall be charged:

Warehouses	[ <del>\$60</del> ] <u>70</u>
Mobile Units	[ <del>\$45</del> ] <u>60</u>
Vending Machines:	
1 - 10 units	50
11 - 20	100
21 - 30	150
31 - 40	175
41 - 50	200
51 - 75	300
76 - 100	350
101 - 200	400
201 - 400	750
401 - 750	1,200
1,001 - 1,500	2,000
1,502 - 2,000	\$2,000 plus \$1 ea. over 2,000 units

## SECTION 2. AMENDMENT

MCC Chapter 5.10 is amended to add the following:

5.10.321 Food service plan review: For the services of the Department of Human Services in connection with the review of plans for the construction of food service facilities as those terms are defined in ORS 624, the department shall collect a \$60 fee from each applicant; and in connection with the review of plans for the remodeling of food service facilities, the department shall collect a \$30 fee from each applicant.

5.10.322 Payment of license fees and delinquency penalty:

(A.) ORS 624.020 states that all licenses issued under this section (ORS 624.020) terminate and are renewable on December 31 of each year. The renewal of license fees imposed by MCC 5.10.320 through 5.10.345 shall be paid on or before January 15 of the current license year, to the department.

(B.) Except as provided in subsection (C) of this section, to any license fee not paid as required in subsection (A) and (D) of this section there shall be added a penalty of fifty percent of such license fees.

(C.) If the department determines that the delinquency was due to reasonable cause and without any intent to avoid payment, the penalty provided by subsection (B) of this section shall be waived.

(D) When a license fee is due at any other time of the year, other than January 15, the license fee shall be payable to the department within fifteen days of application. If the license fee is not paid as provided in this subsection, then subsection (B) of this section shall apply.

5.10.323 Bed and Breakfast facilities. Food service license fees: For the services of the Department of Human Services in connection with the inspection of food service facilities as those terms are defined in ORS 624, the department shall collect a \$30 annual license fee from each applicant.

## SECTION 3. AMENDMENT

MCC 5.10.340 is amended to read as follows:

5.10.340 Swimming pool license fee. For the services of the Department of Human Services in connection with the inspection of public swimming pools, public spa pools, and bathhouses as those terms are defined in ORS 448.005, the department shall collect a [ \$110 ] \$115 annual license fee from each applicant, except where more than one public swimming pool or public spa pool is located at the same address, in which case the annual license fee shall be as follows:

For the First three pools	[ \$110 ] \$115 each
For each additional pool	[ \$30 ] \$ 35

SECTION 4. AMENDMENT

MCC 5.10.345 is amended to read as follows:

5.10.345 Tourist and travelers facilities [inspection] license fees. For the services of the Department of Human Services in connection with the issuance of licenses the department shall collect from every applicant, at the time of application, the following fees:

Tourist and travelers facilities and recreation parks:

1 - 25 units	\$ 50
26 - 50	75
51 - 75	100
76 - 100	125
101 and over	\$125 plus \$1 per unit over 101 units
Picnic parks	30
Organizational camps	30

SECTION 5. AMENDMENT

MCC Chapter 5.10 is amended to add the following:

5.10.346 Bed and Breakfast Facilities. Tourist Accommodations license fee. For the services of the Department of Human Services in connection with the inspection of tourist accommodation facilities as those terms are defined in ORS 446 the department shall collect a \$30 annual license fee from each applicant.

SECTION 6. ADOPTION

This ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on August 27, 1988 according to Section 5.50 of the Charter of Multnomah County.

Adopted this 28th day of July, 1988, being the date of its second reading before the Board of County Commissioners of Multnomah County, Oregon.

[SEAL]

BOARD OF COUNTY COMMISSIONERS

BY

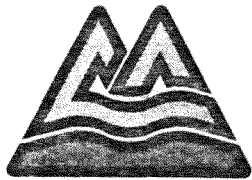
Gladys McCoy  
Gladys McCoy, Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL  
FOR MULTNOMAH COUNTY, OREGON

By

Laurence Kessel  
Assistant County Counsel



# MULTNOMAH COUNTY OREGON

24-29  
5/61

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE McGARVIN • Clerk • 248-3277

July 28, 1988

Mr. Duane Zussy, Director  
Department of Human Services  
426 SW Stark  
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held July 28, 1988, the following action was taken:

Continued First Reading - An Ordinance adopting )  
an Ambulance Service Plan and amending MCC )  
6.31.039 (Continued one week from July 21) ) R-14

Order in the matter of approving a Request for )  
Credentials and Requests for Proposals for )  
Emergency Ambulance Service (Continued one week )  
from July 21) ) R-15

Copies of the above-entitled Ordinance were available to all persons wishing a copy. Ordinance was read by title only.

A hearing was held.

Commissioner Kafoury moved, duly seconded by Commissioner Miller, that the above-entitled ordinance be approved.

Commissioner Miller referred to a letter received yesterday from Tom Lindley, Buck Medical Services, and asked about his reference to the legality of the preferential points for local bidders.

Both County Counsel and Joe Acker said they had not read the letter.

Commissioner Miller read the letter where it referred to a case from California, and asked for an opinion from County Counsel.

Laurence Kressel, County Counsel, said he needed more time to prepare an opinion.

Joe Acker, EMS Director, stated Barbara Donin had spoken to the Purchasing Director, and has further information on this matter. He said the Division lowered credentialing thresholds for existing licensees within Multnomah County by allowing them to be licensed without having a history of the population they serve. Others are required to have served a specific population to be eligible. By providing a two ASA area for contracting services, the number of out of county applicants has been lessened. If preferential points are given for local licensees, the competition would be lowered even further. He recommended the Board allow more competition, and explained the Division wants to be sure applicants have a good emergency medical services history that includes ALS services to a population of at least 125,000. He listed the advantages local providers would have over other providers.

Barbara Donin, Commissioner McCoy's staff, stated she had had a brief conversation with Lillie Walker, Purchasing Director, this morning, who suggested points be awarded for knowledge of local protocols.

Discussion followed about awarding points for local providers.

Mr. Acker stated he had in his possession, letters from local providers that include suggestions regarding how they felt the RFP should be developed in order to allow preferences for existing ambulance services in Multnomah County. He added the construction committee studied those recommendations, and decided the RFP already included enough protection for them. He will provide copies of the letters to the Board.

At this time Commissioner McCoy limited public testimony to six minutes per person.

Stephen Kafoury, representing Buck Medical Services, urged the Board to take time to analyze what people have to say, because he feels the RFP does not yet do what needs to be done. He reminded the Board they had adopted a policy of "Retaining a balanced system heavily weighted in price at the expense of quality." He feels the present RFP is still not balanced; and in order to do that points need to be awarded in staffing (including wages and benefits), quality assurance, and price. The ratio between these three entities must be changed, if a balanced system is the goal. The point system on page 31 of the RFP is not accurate, because it states a fixed number of points for rates (ALS/BLS/Standby); but on page 31, there is no limit to the number of points to be subtracted for higher rates, though there is a limit to the number of points that can be added for quality assurance. There is no area in which additional points can be given for being higher than minimums. Following his

discussion of how points might be added in hiring different types of receptionist/typists as examples of what he meant, he recommended the Board balance the rates, quality, and staffing; add additional points for promises of future performance; grant points for those who provide more than requested; and review EMT training requirements to assure quality.

The Clerk was asked to signal speakers at the five minute mark.

John Praggastis, 225 SE 44th, paramedic, said he has had eleven years on ambulance calls, commended the Board for allowing the Fire Bureau to bid, and recommended removing any language regarding billing, transport experience, and the insurance question which would restrict the Fire Bureau from bidding. He feels two vendors for two separate service areas might prevent companies outside the county from bidding; and recommended the cost for the CHIERS Program be split between the two ASAs.

Deputy Chief John Wilson, Portland Fire Bureau, commented proportional costing is not the appropriate methodology to utilize, however if the City submits a response to the RFP, they will comply with the outlined cost. He stated the City is in compliance with the new affirmative action wording; and since the Fire Bureau is the largest provider of hospital pre-care in the State, it recommends three separate committees be formed to address ALS care, BLS care, and Communications. He recommended the following language be used in the RFP, "a peer review process, which addresses ALS care, BLS care, and Communications"; and said the EMS staff agrees with the change. He requested another wording change be made for (C) & (D) to differentiate between the 9-1-1 ALS transport calls, and the BLS first response calls; and urged the Board to adopt the Ambulance Plan, the RFC and the RFP in order for citizens to receive benefits of quality care at a reasonable cost; and to make it possible for outside competition to bid.

Commissioner McCoy asked what impact might be expected by present EMTs if the Fire Bureau hired new women EMTs, and whether or not they would be expected to become fire fighters eighteen months after they were hired.

Deputy Chief Wilson replied that if they hired additional EMTs, they would be cross-trained at some point. The expectation would be that they could provide both Fire and EMT services, however he feels this should not be a problem. Fire fighting abilities would have to be considered at the time of hiring; and he then explained why the Bureau would be now successful in hiring females for these positions. Currently the Portland Fire Bureau has three females in training, who have been in the program less than 12 months.

Commissioner McCoy reminded the Chief, that the question of numbers of minorities in the organization would be a consideration should the Fire Bureau receive the bid.

Christopher Thomas, attorney representing AA Ambulance, submitted comments on amendments made Tuesday. He stated no public dialogue had been received on the amendments, and requested changes. Field supervisor qualifications do not appear in the RFP, but would be included in the contract. He agrees, but the requirement that field supervisors have two or more years of supervision experience means an EMT could not be promoted to field supervisor because they could not meet that requirement. He suggested the requirement be deleted. Peer review requirements are too specific, and need to be more general. Language for change is included in his written comments. Requirements for demonstrating whether care has been satisfactory or not is found in insurance and lawsuit claims. He gave examples of cases where it should not be considered a detriment to the company. He would like to see a limit of \$2500 for settlement payments added to requirements. Collision should be counted only if it is the fault of the driver, and not from a parked ambulance being hit by others. Workers Compensation Claims do not relate to quality of care, therefore, he requested deleting this requirement, or changing the language. He feels it is impossible to compare the Fire Bureau with existing ambulance services, because they don't provide the same services. He requested EMS be removed from the selection committees. Since minimum standards under the proposed RFP are the highest required in the United States, he asked if added points should be given for services provided that will exceed these minimums. He suggested the Board define how the Board will measure whether or not the successful RFP bidder will provide better services to citizens than what is being provided now.

Jeff Merrick, attorney representing AA Ambulance in lawsuits against the County, testified he is concerned about ambulance company employees and what will happen to them. He stated information requested from County Counsel has been impossible to obtain, and asked why the County would want to put companies out of business or not provide information. He feels there is no evidence that rates are too high, and added it is not reasonable to put ambulance companies out of business.

Mark Drake, representing Care Ambulance, submitted written material, and suggested that if a two ASA Plan is to be pursued, the appeal should be dropped; but if a single ASA Plan is the goal, then the Board should wait for a decision on the appeal. He said that evidence provided over the last two years has proven false the premise that ambulance rates in Portland are the highest in the nation. The ALS Task Force concluded ALS ambulance rates were "not comparable to like systems". The RFP should be written to achieve

the goal of lowering rates and maintaining an excellent quality of service. In order to lower rates, costs must be lowered; but the proposed RFP does not achieve that goal. He suggested costs in the RFP were based upon one ASA, and said that cutting the service area in half would raise costs. Factors in the RFP will raise costs to providers, and should be rewritten. Flat rates are not based upon reimbursement criteria from either Medicare, Welfare, or other third party reimbursement agencies. Flat rates under Medicare will cost the senior citizens more money than they are currently paying. Other RFPs, including that from Clackamas County, charge base rates plus ancillary charges. He urged the Board not to charge a flat rate, and defined base rates plus ancillary charges.

Alex Jensen, paramedic and operations manager Buck Medical Services, commended the Board for deciding to use proportional costing. Buck Medical feels RFP rates are unreasonably low, and that a goal needs to be determined to see if bidders can reach it. The proposal for two ASAs will not allow the 34% reduction in rates as proposed for a single ASA; at best a 19% decrease might be achieved. There are factors in the proposal that will provide quality assurance, but at the same time will increase costs. Rates, as proposed, are established at approximately a 38% decrease over the average ALS rate charge. Increased points for quality issues have not been included in the RFP, which makes providers reduce quality by reducing staff, education, and training. He supports Mr. Thomas views regarding Workers Compensation and Standards of Care. He added the Fire Bureau has 2.6% minority employees; this information is taken from their 1987/88 utilization analysis. He urged the Board to remain firm on proportional costing; look at goals for bidders to reach when establishing rates; and clarify the language for Workers Compensation and Standards of Care. He responded to Commissioner Anderson's questions about whether or not the consumer wishes to pay for staff training; and said the community has a high level of care even though problems exist. He will get data for the Board regarding what percentage of service is provided due to 9-1-1 calls and other calls to Buck Medical Services.

At this time, a five minute break was taken.

Commissioner Kafoury requested the Board decide what was needed in the way of amendments for today, and what could be delayed until next week.

Mr. Acker replied no one was asking for changes to the Ambulance Area Plan being considered today, but only for the RFC and RFP.

Mr. Kressel discussed prior amendments to the Plan.

Commissioner Kafoury moved to use the following language as proposed by Commissioners Anderson and Casterline: "The same contractor may not serve both ASAs. Each provider bidding on both ASAs will be asked to submit a choice of [what] which ASA they preferred to serve in both of their proposals." She described a scenario in which no one stated a preferred ASAs, and suggested requesting choices be made if there was a large difference in the total points (10 points).

Mr. Acker suggested adding new language "The Evaluation Committee may determine which ASA the proposer will serve if there are significant differences between the two top proposers."

Commissioner Kafoury moved to add the corrected language as proposed by Mr. Acker; duly seconded by Commissioner Miller, and it is unanimously

ORDERED that said amendment be approved.

Upon motion of Commissioner Kafoury, duly seconded by Commissioner Casterline, and it is unanimously

ORDERED that language be added to #14 "The goal is that first responders and emergency ambulances will be dispatched by the Bureau of Emergency Communications".

Mr. Kressel responded to Commissioner Kafoury's question regarding whether or not the Board needs to respond to Mr. Thomas request about conflict of interest by the EMS staff being a part of the committees, by saying that information should be included in the RFC or the RFP and not in the Plan.

Commissioner Kafoury read new language regarding sending the highest ranking proposal to the Medical Advisory Board, and moved approval of the language, duly seconded by Commissioner Anderson.

Mr. Kressel advised that all procedural language should be in the RFC or the RFP rather than the Plan.

Following discussion, Commissioner Kafoury withdrew her motion, and Commissioner Anderson withdrew her second.

Mr. Kressel again advised the Plan does not need specific information regarding process, but that if the Board has difficulty with the language, an option would be to remove the section and place it all in the RFP.

Mr. Acker disagreed and encouraged the Board to keep some of page 43, and said the Ordinance could be amended in four years when a single ASA will be adopted.

Following discussion, Mr. Kressel advised that the language in the plan is general, and the review process as submitted is reasonable; and that the issue regarding conflict of interest or more specific language for process can be included next week in the adoption of the RFC and the RFP.

The Board agreed to proceed as he advised; to place the matter on the agenda for next week; and that the members of the Policy Advisory Board be invited to attend the meeting.

Ms. Donin asked if the Board wishes to change the role of the EMS Policy Board, would that action be a substantive change and require another reading?

Mr. Kressel advised that would be necessary only if the change would be critical to the language in the Ambulance Plan; and again stated he feels if there are to be changes to procedures, that language should not be in the Plan because only the things necessary for legality be included in the Plan.

Following discussion, Commissioner Miller moved to remove the language discussed, duly seconded by Commissioner Casterline.

Mr. Acker stated the same language is located in the RFC and the RFP.

At this time, the motion was considered, and it is unanimously

ORDERED that Roman numeral VIII (b,c,d,e) and Roman numeral X be deleted from page 43 of the Ambulance Plan.

At this time, the motion was considered, and it is unanimously

ORDERED that the First Reading of the above-entitled Ordinance as amended be approved, and the Second Reading be heard Thursday, August 4, 1988 at 9:30 am in Room 602 of the County Courthouse.

Commissioner McCoy stated that on August 2, only the issues needing clarification, and procedural questions and comments will be discussed.

Mr. Acker volunteered to prepare documents with amendments for Board consideration next Tuesday.

Commissioner Miller listed questions she would like discussed on Tuesday August 2: 1) Chief Wilson had requested removing language from the RFP regarding standards for transport billing, etc., 2) is there any merit to the idea of sharing CHIERS costs; 3) Chief Wilson suggested changing language from "committee" to "peer review process" so the Fire Bureau ALS/BLS and Communications committees might be retained; 4) should the language be changed to allow EMTs to become field supervisors; 5) should language regarding "flat rates" be changed to "basic rate plus ancillary charges" 6) should Workers Compensation language change from "Claims" to "Losses"?

Commissioner Kafoury added to the list, "evaluation of the RFP issues discussed by Mr. Kressel and Mr. Thomas".

Commissioner McCoy requested Board questions in addition to those mentioned.

Commissioner Casterline announced she will not be present next week, and requested her request for additional points for going beyond minimums be included in the RFP. She commended staff for their work.

Commissioner Miller voiced her desire for the Board to wait for the Court decision on the single ASA, and said she approves the process for review of the issue.

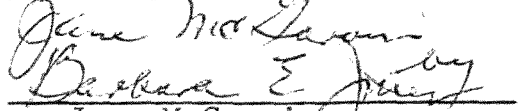
Commissioner Anderson asked what options the Board would have should the highest bidder and contract winner not fulfill contract requirements before the four years are up.

Mr. Acker stated he would add this issue to the list for next Tuesday's discussion.

Commissioner Kafoury commended Ramsey Weit and Bill Farver for their participation in preparing EMS documents, and bringing issues to the attention of commissioners.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By   
Jane McGarvin  
Clerk of the Board

jm  
cc: Health Protection  
Emergency Medical Services  
County Counsel

BEFORE THE BOARD OF COMMISSIONERS  
FOR THE COUNTY OF MULTNOMAH  
ORDINANCE NO. \_\_\_\_\_

An Ordinance adopting an Ambulance Service Plan and amending MCC 6.31.039.

Multnomah County ordains as follows:

Section 1. Findings.

1. ORS 823.180 and rules of the State Health Division require the County to adopt a plan relating to the need for and coordination of ambulance services. MCC 6.31.038 authorizes the Board of Commissioners to adopt the plan after requesting a recommendation from the Emergency Medical Services Policy Board.

2. On April 4 and May 20, 1988 the Emergency Medical Service Policy Board conducted a hearing on a plan and recommended that the Board of County Commissioners adopt it.

3. The Board has considered the draft plan at a public hearing and has determined that the plan should be adopted.

4. The plan provides, among other things, for the division of the county into two emergency ambulance service areas. It is the Board's intent, however, to establish a single area system, served by a single provider, if that option is determined to be legally allowable.

5. The Multnomah County Circuit Court has enjoined implementation of a single area plan. However, appeals of that decision are now pending. The plan adopted by this ordinance establishes two emergency ambulance service areas as an interim measure, pending resolution of those appeals. Section 3 of this ordinance is intended to express that policy.

Section 2. Plan Adoption.

The Multnomah County Ambulance Service Area Plan, attached hereto as Exhibit A and incorporated herein by this reference, is adopted. The Director of The Emergency Medical Services Program shall transmit the plan to the State Health Division, but shall retain the original in the offices of the Program.

### Section 3. Amendment.

MCC 6.31.039 is amended to read as follows:

6.31.039 Ratification of Rules  
Previously Adopted by Policy Board.

A. The rules adopted by the EMS Policy Board prior to March 31, 1988 are hereby ratified. EMS Rule 631-[080] 320 (single ambulance area) is subject to Circuit Court judgements declaring the rule invalid. The judgements are on appeal. The rule is hereby ratified, but it shall take effect only if the judgements are reversed and any applicable period for further appeal of those judgments has expired.

B. During the pendency of the appeal referred to in subsection A., there shall be established two ambulance service areas as described in the plan adopted by Ordinance No. . Contracts for serving those areas shall be awarded as provided in the plan. However, upon expiration of those contracts, the two ambulance service areas shall be replaced by a contract for a single area/single provider if the judgements referred to in subsection A. have been reversed.

### Section 4. Adoption.

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

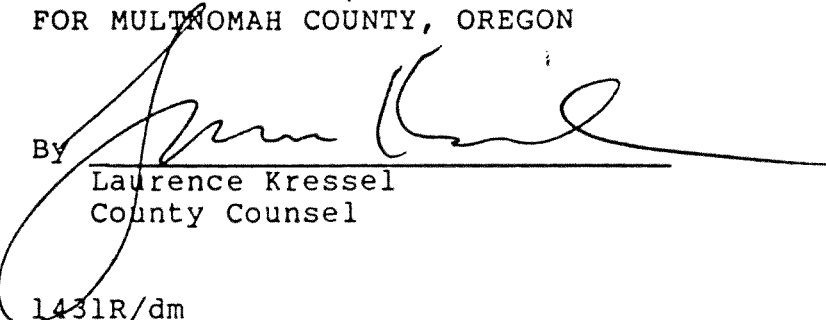
ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 1988, being the date  
of its \_\_\_\_\_ reading before the Board of County Commissioners  
of Multnomah County.

BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_  
Gladys McCoy  
Multnomah County Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL  
FOR MULTNOMAH COUNTY, OREGON

By  \_\_\_\_\_  
Laurence Kressel  
County Counsel

1431R/dm  
071288:6:1

R-15

DRAFT II  
5/5/88

AMBULANCE SERVICE  
AREA PLAN

Multnomah County  
Oregon

[4016E p/1]

**DRAFT**

## INDEX

- p. \_\_\_\_ 1. Definitions list related to county ASA plan.
- 2. Communications:
  - p. \_\_\_\_ a) Access to Emergency Medical (EMS) System.
  - p. \_\_\_\_ b) Procedures for dispatch of ambulances.
  - p. \_\_\_\_ c) Ambulance notification procedures.
  - p. \_\_\_\_ d) Emergency radio communications systems.
  - p. \_\_\_\_ e) Notification and response time monitoring process.
  - p. \_\_\_\_ f) Standards for response times.
  - p. \_\_\_\_ g) Training of EMS dispatchers.
- 3. Provider Profile:
  - p. \_\_\_\_ a) ASA financial viability.
  - p. \_\_\_\_ b) Service effectiveness.
  - p. \_\_\_\_ c) Service efficiency.
  - p. \_\_\_\_ d) Level of response.
  - p. \_\_\_\_ e) Level of care.
  - p. \_\_\_\_ f) Staffing.
  - p. \_\_\_\_ g) Patient care equipment.
  - p. \_\_\_\_ h) Emergency patient transport vehicles (ambulances).
  - p. \_\_\_\_ i) Initial and continued training for ambulance personnel.
- 4. Disaster Response Plan:
  - p. \_\_\_\_ a) Responsibilities.
  - p. \_\_\_\_ b) Identification of additional personnel and equipment resources:
    - 1. hazardous material
    - 2. search and rescue
    - 3. specialized rescue
    - 4. extrication

- p. \_\_\_\_ c) Coordination of resources.
- p. \_\_\_\_ d) Method for obtaining out-of-county resources.
- p. \_\_\_\_ e) Ambulance disaster response plan recognition.

5. Mutual Aid Agreements:

- p. \_\_\_\_ a) Mutual aid agreements for ambulance response outside of service area.
- p. \_\_\_\_ b) Mutual aid agreements between ambulance providers.

6. Boundaries:

- p. \_\_\_\_ a) ASA geographic area.
- p. \_\_\_\_ b) "911", fire district incorporated city boundaries.
- p. \_\_\_\_ c) ASAs designation considering fire district and cites.
- p. \_\_\_\_ d) ASA boundaries considering artificial and geographic barriers to response times.
- p. \_\_\_\_ e) County coverage by an ASA(s).

7. Quality Assurance and System Development:

- p. \_\_\_\_ a) Quality assurance program.
- p. \_\_\_\_ b) Legal sanctions for violations.
- p. \_\_\_\_ c) Input to the county from:
  - 1. consumers
  - 2. providers
  - 3. medical community
- p. \_\_\_\_ d) EMS Policy Board

8. Provides Selection:

- p. \_\_\_\_ a) Mechanism for responding to an application by a provider for an ASA.
- p. \_\_\_\_ b) Mechanism for assignment and reassignment of providers to ASAs.
- p. \_\_\_\_ c) Mechanism for responding to notification that an ASA is being vacated.
- p. \_\_\_\_ d) Procedures for resolving disputed cases.

9. County Executive Approval:

- p. \_\_\_\_ a) Signed statement.

ATTACHMENTS:

Number

- 1 Bureau of Emergency Communications Performance Agreement
- 2 Triage Guide
- 3 MCC 6.31
- 4 Emergency Medical Services Rules
- 5 Basic Life Support Protocols
- 6 Advanced Life Support Protocols
- 7 Radio System Configuration
- 8 Over Eight-Minute Response Time Printout
- 9 Emergency Medical Services Dispatch Training Document
- 10 Credentialing Document
- 11 Request For Proposal Document
- 12 Quality Assurance Plan
- 13 Mass Casualty Incident Plan
- 14 Hazardous Materials Procedures
- 15 Portland Fire Bureau Locations
- 16 Gresham Fire Department Locations
- 17 Bureau of Emergency Communications Standard Operating Procedures
- 18 Emergency Management Letter
- 19 Mutual Aid Agreements
- 20 Rate Control Committee
- 21 Fire District Map
- 22 Two ASA Map

1. DEFINITIONS

- (A) "Advanced Life Support Services" means prehospital and interhospital emergency care which encompasses, in addition to basic life support functions, cardiac monitoring, cardiac defibrillation, administration of antiarrhythmic agents, intravenous therapy, administration of medications, drugs, and solutions, use of adjunctive medical devices, and other techniques and procedures, identified by rules adopted under MCC 6.31.000.
- (B) Advanced Life Support (ALS) Units - means those units staffed by an Oregon-certified Emergency Medical Technician IV as defined in ORS 677.610(1).
- (C) "Ambulance" means any vehicle so certified by the State Health Division.
- (D) Ambulance Service Area (ASA) - means a geographic area which is served by one ambulance provider, and may include a county, two or more contiguous counties, or a portion of such county(ies).
- (E) Ambulance Service Area Plan - means a plan which describes the need for and coordination of ambulance service and establishes an ambulance service areas.
- (F) Ambulance Services - means any person, as hereinafter defined, who operates an ambulance which is either stationed within or without the County and dispatched from within or without the County to pick up and transport patients within the County.
- (G) "Appeals Hearings Officer" or "Hearings Officer" means the person or persons designated by the policy board to conduct contested case hearings concerning actions on licenses under this chapter.
- (H) Basic Life Support (ELS) - the level of care which an EMT-1 may provide.
- (I) Basic Life Support (BLS) Units - means those units staffed by two Oregon-certified Emergency Medical Technician I's.
- (J) "Board" means the Board of County Commissioners of Multnomah County, Oregon.
- (K) "City" means the City of Portland.
- (L) Code 1 Call - the running condition of a patient call or transport in which no lights or siren are used and the ambulance proceeds with the normal traffic flow.
- (M) Code 3 Call - the running condition of a patient call or transport in which lights or siren are used and the ambulance proceeds as rapidly as possible. (ORS 820.300-320)

- (N) "Director" means the Director of the Office of Emergency Medical Services of the Department of Human Services of Multnomah County, or the director's authorized representative.
- (O) "Do business in Multnomah County" means to provide emergency ambulance service or any other emergency medical services in Multnomah County, provided, however, that transporting patients from outside the county to within the county only shall not be considered doing business within the county.
- (P) "Emergency" means any non-hospital occurrence or situation involving illness, injury, or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.
- (Q) "Emergency Medical Services" or "EMS" means those prehospital functions and services which are required to prepare for and respond to emergencies, including rescue, ambulance, treatment, communications, evaluation, and public education. "Emergency Medical Services" does not include services of fire department which do not provide advanced life support services.
- (R) "Emergency Medical Technician" or EMT" means a person so certified by the State Health Division or the State Board of Medical Examiners.
- (S) Emergency Medical Technician I (EMT I) - means a person certified by the Division to attend any ill, injured, or disabled person in connection with her/his transportation by ambulance and in accordance with ORS 820.310, 820.330, 820.350, and 823.010 to 823.990.
- (T) Emergency Medical Technician II (EMT II) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(3).
- (U) Emergency Medical Technician III (EMT III) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(4).
- (V) Emergency Medical Technician IV (EMT IV) - means a person certified by the Board of Medical Examiners as defined in ORS 67.610(5).
- (W) "Emergency Medical Services (EMS) Central Dispatch Office" means the communications center established under the auspices of the EMS Director.
- (X) "Employee" means an employee, agency, or driver of an ambulance employed by a licensee.
- (Y) First Responder - a responder who usually only provides ELS and can arrive on the medical scene in four minutes or less 90% of the time to prevent brain death in a cardiac arrest or complete bleed-out in a severe bleeding situation.
- (Z) Health Officer - means the Multnomah County Health Officer.

- (AA) "License" means a nontransferable, nonassignable permit, personal to the person to whom it is issued, issued by the director authorizing the person whose name appears as licensee to do business in Multnomah County.
- (BB) "Licensee" means a person possessing a valid license from Multnomah County.
- (CC) "Medical Advisory Board" means the Emergency Medical Services Medical Advisory Board .
- (DD) "Medical Advice" means instruction, direction, advice, and professional support given to an EMT via radio or telephone communications by personnel at medical resource hospital, for the purpose of assisting in the provision of pre-hospital on-site and in-transit basic and advanced life support services.
- (EE) "Medical Resource Hospital" means a medical facility designated as such under the rules adopted under MCC from which medical advice may be provided.
- (FF) "Multnomah County" or "county" means the unincorporated areas of Multnomah County.
- (GG) Non-emergency - any medical call in which there is no threat to life or limb.
- (HH) Notification Time - means length of time between the ambulance service's receipt of the request for the ambulance and the notification of the ambulance crew.
- (II) Owner - means the person having all the incidents of ownership in a vehicle or, where the incidents of ownership are in interest holder or lessor, entitled to the possession of a vehicle under a security agreement of a lease for a term of ten (10) or more successive days.
- (JJ) "Party means:
- (1) Each person or agency entitled as of right to a hearing.
  - (2) Each person or agency named by the hearings officer or policy board.
  - (3) Any person requesting to participate as a party or in a limited status who is determined either to have an interest in the outcome of the proceeding or represents a public interest in such results.
- (KK) "Patient" means an individual who, as a result of illness or injury, needs immediate medical attention.
- (LL) "Person" means an individual, partnership, company, association, corporation, or any other legal entity, including any receiver, trustee, assignee, or similar representative.

- (MM) "Policy Board" means the Emergency Medical Services Policy Board established under MCC 6.31.000.
- (NN) Private Call - a request for transport which originates at the private ambulance and must be a non-emergency requiring only Code 1 running.
- (OO) "Provider Board" means the EMS Provider Board established under this chapter.
- (PP) Response Time - means the length of time between notification of the ambulance crew and arrival of the ambulance at the incident scene.
- (QQ) "State Health Division" means the Health Division of the Department of Human Resources of the State of Oregon, or its successor.
- (RR) Supervising Physician - means a medical or osteopathic physician licensed under ORS 677, actively registered and in good standing with the Board of Medical Examiners and affiliated with an EMS agency for the purpose of medical accountability and pre-hospital emergency medical care education.
- (SS) "Vehicle" means an ambulance or fire department rescue unit which is used in the provision of emergency medical services, but does not include a fire engine or ladder truck. [Ord. 229 s. 1 (1980)]

## 2a. Communications

- (A) 9-1-1 calls placed for emergency medical assistance within Multnomah County are predominantly answered at the Bureau of Emergency Communications (located at Kelley Butte within Multnomah County).

Several other potential answering points occur within portions of Multnomah County. In the deep east portion of the county (I-84 Columbia Gorge area) phone prefix numbers 374 are answered at the Hood River Public Safety answering point (PSAP). Phone prefixes in the southwest area bordered by Washington County with the phone prefix numbers 291, 292, and 297 are answered at the Washington County Public Safety answering point located in Hillsboro. Phone prefixes 639, 620, 684 are answered by the Tualatin PSAP. Phone prefixes 652, 653, 654, 619 are answered by the Milwaukie PSAP. Phone prefixes 635, 636, 697 are answered by the Lake Oswego PSAP. Phone prefix 543 is answered by the Columbia County PSAP.

The Bureau of Emergency Communications at Kelley Butte is under contract to the Emergency Medical Services office. The Multnomah County ordinance which establishes the Emergency Medical Services administration within Multnomah County, assigns the responsibility to establish and maintain a 9-1-1 medical answering point and dispatch facility for all emergency medical calls originating within Multnomah County, to the EMS Director.

The administrative arrangement between the office of Emergency Medical Services and the Bureau of Emergency Communications (BOEC) and the participating cities within Multnomah County is attached and is entitled Bureau of Emergency Communications User Agreement, Attachment \_\_\_\_\_.

In those two areas of Multnomah County which are not answered by Multnomah County, the Public Safety Answering Points return the calls to the Bureau of Emergency Communications which dispatches the appropriate ambulance and first-responder to the calls. There is one area of exception. In the Skyline area PFB is notified directly by Washington County to respond first responders.

In addition, the Bureau of Emergency Communications answers 9-1-1 calls which originate out of Multnomah County based upon telephone company switching procedures. Counties which have a portion of their 9-1-1 calls answered by Multnomah County are Clackamas, Washington, and Columbia County. Also, the majority of cellular telephone call drops occur at BOEC even though the call may be two counties away.

## 2b. EMS Dispatch Procedures

The Bureau of Emergency Communications (BOEC) dispatches all transporting emergency ambulances within Multnomah County. A caller's request for emergency ambulance service will be processed by a BOEC call-taker. The BOEC call-taker will use the call triage guide to determine the level of response of ambulance needed by the patient (Attachment 2).

The call-taker will then transfer the information via computer screen to an EMS dispatcher. The EMS dispatcher is aware of all ambulance locations/availability and current staffing level within Multnomah County. The information is continually provided by all licensees under Multnomah County rule (see Attachment 4). Portland Fire Bureau, Fire Alarm Dispatch (FAD) is notified of all medical emergencies which require a first responder (triage guide). FAD then dispatches the first responder for all in Multnomah County fire agencies except Skyline Fire Department.

In the event the ambulance is needed in a fringe area of Multnomah County, where an out-of-county ALS provider can respond and the in-county ambulance is more than ten minutes away, the out-of-county ambulance will be dispatched. Dispatching of the out-of-county ambulance occurs by either direct communication with the ambulance or by placing a call to the appropriate Public Safety Answering Point (PSAP).

The Multnomah County Code sites which govern this area of medical call dispatching and call triage are: 631-306, -307, -308, -310, -312, -314, -318, -320, -330, -335, -338, -390, Subsections A, B, C, and D. These rules are attached (see Attachment 4).

## 2c. Ambulance Notification Procedures

The Bureau of Emergency Communications EMS dispatch will notify the closest ambulance service area ambulance when a call is received which requires an emergency dispatch. All calls requiring a first responder are reported to Fire Alarm Dispatch by nature code, running code, and address.

The information of the central dispatch order is included in the MCC Rule 631-310. In addition, cancellation of the ambulance as a part of the central dispatch order is included in Rule 631-312.

These rules are as attached (see Attachment 4).

## 2d. Emergency Radio Communication System

The radio communication system used in Multnomah County is ultra high frequency design. Specific Med Nets are assigned and used in Multnomah County according to the State of Oregon Emergency Medical Services Communication Plan. Equipment required on ambulances is addressed by the EMS Administrative Rules 631-302, 631-310, 631-318 (see Attachment 4).

Hospital communications are provided in Multnomah County by ultra high frequency and very high frequency design. The ultra high frequency uses Med Net 4 and the very high frequency used the HEAR frequency 155.340mhz. Hospital communications requirements are addressed by EMS Administrative Rule 631-410. The basic life support and advanced life support protocols adopted under EMS Administrative Rules also requires certain levels of communications from Emergency Medical Technicians. This information is attached (see Attachments 5 and 6). Fire first responders use VHF fire frequencies. The ALS rescues (8) and two ALS apparatus (Swad 1, Quad 1) also have the UHF med nets.

The configuration of the UHF system is described in Attachment 7.

## 2e. Ambulance Notification and Response Times

Notification of an ambulance is governed by the user contract between Multnomah County Emergency Medical Services and the Bureau of Emergency Communications. The current user performance contract requires that all emergency medical services calls be processed<sup>1</sup> in 80 seconds time 90 percent. This document is attached as Attachment 1.

Ambulance response times are governed by EMS Administrative Rule 631-326. This rule is attached (see Attachment 4).

The Emergency Medical Services office receives, on a four-week period, all response times within the emergency medical services system. Those response times contain the number of responses in an ambulance services area, number of responses which are under eight minutes and the number over eight minutes.

For each response over eight minutes, specific information is generated; that information consists of the date of the response, the BOEC dispatch number, location of response, unit number of responding unit, actual response time. In addition, ambulance services which are assigned service areas provide to the Emergency Medical Services office, on a four week by four week period, a list of all beyond-eight-minute response times in the ambulance service area. A sample of this report is attached (see Attachment 8).

<sup>1</sup>Processed is defined as the time between initial call answering and dispatch of an ambulance.

## 2f. Ambulance Notification and Response Times

These two sources of information are used to determine if an ambulance service area is being underserved and is not meeting the requirements of the EMS Administrative Rules. If the EMS Administrative Rule is not being met, fines may be levied on the ambulance service area operator or the ambulance service area operator's license and ambulance service area may be withdrawn by the Emergency Medical Services office. Specific requirements for this process are contained in the Multnomah County Code and EMS Rules, and are contained in Attachment 4. All ALS ambulances must respond in eight minutes or less 90 percent of the time.

All portions of review of the beyond-eight-minute response times are currently performed by EMS administrative staff with periodic reports made to the Emergency Medical Services Quality Assurance Subcommittee, which functions under the Emergency Medical Services Medical Advisory Board. This process is described in Attachment 12.

In addition, first-responders function under an agreement to provide first-responder basic life support services or advanced life support to the scene of a medical emergency with a response time of four minutes or less ninety percent of the time. This information is monitored by the Portland Fire Bureau, Gresham Fire Department, and other first-response agencies within Multnomah County. It is expected that each of the fire departments will maintain their own quality assurance mechanism to assure these response times are being met.

2g. Training for EMS Dispatchers

All Emergency Medical Services dispatchers functioning at the Bureau of Emergency Communications have been trained to the Emergency Medical Dispatch level.

The training is provided by staff at the Bureau of Emergency Communications and Emergency Medical Services staff.

The training complies with the state-approved Emergency Medical Dispatcher training and uses the majority of material produced by Dr. Clausen of Salt Lake City. A copy of this training program is attached as Attachment 9.

### 3a. Provider Profile

Each of the two ambulance service areas within Multnomah County must financially support itself. Financial support is provided through user fees. The determination of cost with reference to user fees charged is a part of the Request For Proposal document. The costing document will allow for cross subsidization of emergency ambulance cost through the use of non-emergency transports or cross utilization of personnel. See Attachment 11.

The RFP assures that any non-ASA revenues are reported and considered as a part of the selection of the ambulance service area contractor to serve the ambulance service area. The organizations as they provide proposals must provide projections of revenues and costs for the time period in the beginning when revenues do not meet cost, then through the time period in which revenues exceed cost, to equal, the deficit incurred in the initial operating time period. This assures the financial soundness of the contractor and that the proposal selected is financially sound.

ASA I also will be supported by County alcohol and drug monies because the contractor will have subcontracting responsibilities to perform inebriate outreach services.

### 3b. Service Effectiveness Demonstration

The effectiveness of the ambulance service to deliver pre-hospital emergency medical care will be continuously monitored by the quality assurance process as detailed in Attachment 12.

A prospective study of the ambulance service area contractor will be provided through the Request For Proposal. Please see Attachments 10 and 11. The Request For Proposal and credentialing process assure that any potential contractor for the ambulance service area must be in substantial compliance with all rules and regulations by state, regional, or local authorities. In addition, the organization must have met its response times for an area and the evidence of these response times being met must be provided as a part of the prospective examination process. The credentialing process to select potential providers will also require reports from system-wide quality assurance processes which demonstrate that the organizations who wish to bid or file a proposal must have provided quality care with no major deviations in morbidity, mortality outcomes for the ambulance service areas which they have served prior to requesting to be assigned an ambulance service area within Multnomah County.

The process of determination of effectiveness is provided through a prospective process of credentialing and proposal evaluation and a retrospective process governed by the quality assurance.

### 3c. Service Efficiency

Service Efficiency will be demonstrated by the request for proposal, see Attachment 11.

The request for proposal will consider cost as a mechanism of service efficiency. In addition, the unit hour utilization figures with maximum and minimums acceptable as a part of this document. Also, the overall requirement for response times assists in determining service efficiency is maintained as well as service effectiveness.

The cost to the consumer will not be known until the request for proposal is released and acted upon by potential contractors.

The rate control committee will also assist in determining reasonable cost of ambulance cost to consumers over the period of the contract as changes in the delivery of emergency medical services occur - see Attachment 20.

### 3d. Level of Response

All calls for medical assistance placed to the 911 system within Multnomah County are call triaged. See Attachment 2. This call triaging and pre-arrival instruction process requires that a certain level of response be provided.

First responders within the Emergency Medical Services ASA-1 and ASA-2 areas are trained to the Quick Responder or above level. All ambulance personnel who respond on Advanced Life Support ambulances within Multnomah County must be trained and certified to the EMT-4 level. This is demonstrated by MCC and EMS Rules, see Attachments 3 and 4.

### 3e. Level of Care

The ambulance service areas within Multnomah County only provide for the call answering for 911 calls. All ambulances dedicated to this effort must respond as Advanced Life Support ambulances meeting the state minimum requirements plus additional Multnomah County requirements. Those requirements are that certain pieces of equipment in addition to the state requirements are provided, a UHF radio is in place and operational, and that two EMT-4s are in attendance with the ambulance.

Non-emergency providers will continue to answer private calls within Multnomah County. These organizations will be licensed by Multnomah County and will be required to process any calls which they receive which require an under 30 minute response by the call triaging guide attached as Attachment 2. This assures that non-ASA contractors do not provide emergency ambulance service within Multnomah County. Emergency in this context to mean that the patient must be rendered care within a half an hour or less and that the patient is not exhibiting any signs or symptoms which would require an emergency response as dictated by the EMS call triaging guide.

### 3f. Staffing

Staffing for emergency ambulance service within Multnomah County for the ASA contractor is considered in Multnomah County Code and EMS Rules, see Attachments 3 and 4. In addition, the Request For Proposal document details even further the requirements with specific reference on unit hour utilization, reimbursement levels for Emergency Medical Technicians, and staffing levels as reported through an ambulance service area plan. See Attachment 11. This examination in a prospective manner of an ambulance service area assignee will allow a detailed process to determine that adequate staffing levels to assure EMT competency with no burnout are maintained.

### 3g. Ambulance Equipment

Ambulances operated by the contractor for each ambulance service area are required to meet standards above those of ORS.

Those standards which are required are detailed in the MCC and EMS Rules, see Attachments 4 and 3.

In addition, the Request For Proposals determines other standards for equipment, see the equipment portion of the Request For Proposal, Attachment 11.

### 3h. Patient Transport Vehicles

The ambulance service area contractor is required by Multnomah County Code and EMS Rule to meet minimum ORS requirements with regard to vehicle construction and standard.

In addition, the Request For Proposal, see Attachment 11 requires that the ambulance contractor to receive points, provide specific up to date ambulances meeting KKK1822B and that the contractor maintains the mechanical stability of the vehicle by the ambulance operator required to have inspections provided at specific mileage increments.

### 3i. Initial and Continued Training For Personnel

The ambulance service area operator will be examined to determine their initial personnel training and maintenance of personnel training prospectively and retrospectively.

The prospective examination process is provided through the Request For Proposal which requires personnel to be currently certified at the EMT-4 level. It is the responsibility of the ASA contractor to maintain certification levels for his personnel. In addition, the single physician supervisor will require inservicing and Multnomah County requires attendance at mandatory inservicing for the personnel.

Retrospective analysis of the training level and continuing education is provided through examination of ambulance contractor records to assure that all personnel are maintaining EMT certification and re-certification standards with regard to continuing education. This will be provided through random checks of the continuing education and certification files which the contractor must maintain.

In addition, the county through contract with Oregon Health Sciences University offers two inservice training courses per month which are also coordinated with local hospitals. These provide for the provision of a didactic lecture and at least two case reviews involving on-line medical direction physicians. This process assures that the Emergency Medical Technicians within the community are provided many chances to interrelate with on-line medical direction and be provided a mechanism to assure them of meeting continuing education requirements for the state of Oregon.

#### 4a. Mass Casualty Incident Response Plan

Mass Casualty Incident Response Plan is a requirement of the EMS Rules of Multnomah County. EMS Administrative Rule 631-514 assigns responsibility to develop the Mass Casualty Incident Response Plan and Protocols to the Emergency Medical Services office.

This plan and protocols have been provided and are adopted as a portion of the rules of Multnomah County. The Mass Casualty Incident Response Plan is attached as Attachment 13.

#### 4b. Extra Personnel, Facilities, or Equipment Needs

Hazardous materials situations within Multnomah County are dealt with by the Portland Fire Bureau and the Gresham Fire Department. Standard operating procedures of these two organizations as well as their protocols are attached as Attachment 14.

Notification of these organizations of hazardous materials incidents is made by the Bureau of Emergency Communications and Fire Alarm Dispatch. In addition, the Port of Portland functions with these two fire organizations, which offer hazardous materials services for the Port.

Search and Rescue functions are assigned to the Multnomah County Sheriff's Office by state statute.

Notification of the Multnomah County Sheriff's Office Department for Search and Rescue needs is made by the Bureau of Emergency Communications. In addition, the 304th Search and Rescue is coordinated for search and rescue activities through the Multnomah County Sheriff's Office.

Specialized rescue such as vertical terrain, water rescue, and other types of specialized rescue are provided by Portland Fire Bureau, Gresham Fire Department, Fire District 14, Sauvie Island Fire, and Skyline Fire. Portland Fire Bureau maintains a dive rescue unit as well as vertical terrain personnel. Gresham Fire also maintains vertical terrain rescue personnel.

#### 4b. Vehicle Rescue

Vehicle rescue is provided by Portland Fire Bureau, Gresham Fire, Corbett Fire, and Sauvie Island Fire. The Vehicle Rescue apparatus includes Hurst Tools, other types of forcible entry tools, and air bags. Personnel are trained in the use of these tools, and the Emergency Medical Technicians who function with each of the fire agencies as first-responders also provide vehicle rescue services.

A listing of station locations for Portland Fire Bureau and the Gresham Fire Department are attached as Attachments 15 and 16.

Sauvie Island responds from only one location. Corbett Fire responds from three locations. Skyline Rural Volunteer Fire responds only one location in Multnomah County.

All requests for specialized rescue services are directed through the Bureau of Emergency Communications 9-1-1 center, which has standard operating procedures for the response of these units. The standard operating procedure for the Bureau of Emergency Communications is attached as Attachment 17.

#### 4c. Coordination of Special Resources

Coordination of special resources needed in emergency medical situations is provided through the Bureau of Emergency Communications Standard Operating Procedure which is attached as Attachment 17.

Multnomah County Advanced Life Support and Basic Life Support Protocols assign the person in charge responsibilities to the first arriving Emergency Medical Technician, and these responsibilities are maintained by the Emergency Medical Technician, until transport is imminent (see Attachments 5 and 6). This applies except in situations which meet Mass Casualty Incident (MCI) definitions. In MCI's the Medical Sector Coordinator remains the P.I.C.

Responsibility for unsecured or dangerous situations is assigned to the fire agency by county and city statute.

Incident responsibilities which involve a Mass Casualty Incident (MCI) are assigned by the Mass Casualty Incident Plan, which is attached as Attachment 13.

#### 4d. Methods for Obtaining Out-Of-County EMS Resources Other Than Ambulances

The responsibilities for out-of-county resources which might be needed in the event of a Mass Casualty Incident, or specialized resource not available within Multnomah County are assigned to the Bureau of Emergency Communications through their standard operating procedures and by the Mass Casualty Incident Plan.

The coordination of this process is through the Bureau of Emergency Communications, and may involve Providence Hospital as the regional hospital, Multnomah County Sheriff's Office with regard to search and rescue, fire departments within the county with regard to mutual aid agreements, and other counties' mass casualty incident plans.

It is also anticipated that the Area Trauma Advisory Board I Plan will adopt a mass casualty incident plan which will provide additional out-of-county resources for each county which finds its resources overcome in a mass casualty incident.

Overall coordination of these specialized resources and their inclusion in the Multnomah County process is through the Office of Emergency Management Multnomah County, and the Office of Emergency Management Portland Fire Bureau, City of Portland.

#### 4e. Mass Casualty Incident Plan Recognition

The Mass Casualty Incident Plan has been recognized and adopted by Multnomah County. This plan is incorporated as a part of the Emergency Medical Services rules of Multnomah County, and as an annex to the Multnomah County Emergency Management's Plan. A letter from the Multnomah County Emergency Manager stating that the plan is a part of the Multnomah County Disaster Plan is attached as Attachment 18.

5a.b. Mutual Aid Agreements

Mutual aid agreements are provided between each ambulance service area provider (in and out of county). It is anticipated that the contractor(s) selected by the RFP will use these same agreements.

Copies of these mutual aid agreements are attached as Attachment 19.

These standards are a part of the information required by EMS Administrative Rule 361-316 adopted December 15, 1986 (see Attachment 4).

6a. Boundaries

AMBULANCE SERVICE AREA FOR TWO AMBULANCE SERVICE AREAS

MULTNOMAH COUNTY

ASA 1 All of Multnomah County west of the Willamette river, and including Sauvie Island. The Washington County, Columbia County, and Clackamas County lines will form the outside boundaries of this section of ASA 1. The Burnside Bridge will be the north/south divider for the Willamette River. The boundary line for the area east of the Willamette River will be Burnside Street, with Burnside being the Northern most boundary of the Ambulance Service Area. following Burnside until it reaches I205 and then I205 southerly until it joins the Clackamas County line.

ASA 2 Boundaries:

The area of Multnomah County contained between the Willamette and Columbia rivers (but not to include Sauvie Island) proceeding south-eastward following the Willamette river shore until it reaches Burnside Bridge and then following Burnside street easterly until I205, then southerly to the Clackamas county line and easterly following the Clackamas county line, to the Hood River county line, then northerly following the Clackamas county line, then to the Columbia River shores westerly until this line joins the western boundary of this ASA.

All "dividing lines" will have the closest emergency ambulance responded.

Basically the two ASAs are: ASA 1 - all of the area in Multnomah County west of the river including Sauvie Island and the area east of the river, south of Burnside. ASA 2 includes all other areas of Multnomah County.

#### 6b. Other Districts

The fire districts are illustrated in Attachment \_\_\_\_\_. In addition, city and water district boundaries are illustrated.

The ASA plan respects fire districts with only the area served by Portland Fire Bureau being served by two ASA's. A single call receiving point for ALS ambulances and first responders overcomes this potential problem.

#### 6c. Coordination

The ambulances of each ASA will be dispatched by the same dispatch point (BOEC). This will be uniformity in application of all rules, protocols, and SOP's between the two ASA's. In addition, the RFP (see attachment 11) require mutual aid agreements.

First responders are dispatched by FAD. A subcommittee of the EMS Policy Board and the EMS Policy Board have recommended consolidation of EMS and Fire Dispatch functions at BOEC.

6d. Barriers to Service

The boundaries were designed with the following factors and logic:

1. Similar size - geographic area and population are of similar makeup.
2. Similar EMS responses - the EMS calls answered and number of transports are of similar volume.
3. Hospital location/patient flow - patient hospital destinations when transported by ambulance were considered so as to minimize out of ASA hospital destinations.
4. Geographical impediments to service - the Willamette River is used as a boundary for a portion of the ASA. The southwest hills with road ingress egress problem: was considered and placed in a single ASA. The same service provider (ASA 1 serves North and South of I-84 which might be considered an impediment due to a small number of traffic arterials which cross.

The response times are the same standard for each ASA. The RFP (see attachment 11) requires that each contractor propose a system status plan which meets response time requirements.

6e. ASA County Inclusion

The ASA map (see attachment 22) illustrates that all of Multnomah County is Covered by an ASA.

#### 7a. Quality Assurance

Multnomah County's quality assurance measures are assigned under Multnomah County Code to the Emergency Medical Services Director under MCC 6.31.040 and 6.31.060, A-4; and to the Medical Advisory Board under MCC 6.31.055.

The quality assurance mechanism currently used by Multnomah County functions under the auspices of the Emergency Medical Services Director and the Medical Advisory Board. The current quality assurance process is described in Attachment 12.

7b. Legal Sanctions for Violation of Ambulance Service Area Plan

Legal sanctions are provided under Multnomah County Code 631-110, -130, -140, -160, -165, -180, -182, -184, -190, and EMS Administrative Rules 631-030 and the Administrative Fines Attachment. These are attached as Attachment 4 and 5.

7c.

Consumers will be provided a chance for input to the Emergency Medical Services program through two main measures.

The first of these measures is the provision of a rate control committee made up of citizens as well as the provider of service and the medical community. This committee will hold hearing every six months to determine that the level of service within the community is meeting the consumers' needs and then any complaints are addressed. In addition, any raising or lowering of rates must begin with that committee. The public will have the right in hearings before the EMS Policy Board and the Board of County Commissioners to provide any complaints or issues which they determine are appropriate to bring forward.

The office of Emergency Medical Services as a representative of the public in its quality assurance monitoring process assures each complainant that their issue will be brought before a quality assurance committee, adequately aired, and that the outcome will be provided back to them. The office of Emergency Medical Services must accept public complaints and provide for outcome. See Attachment 12.

#### 8a. Provider Selection

If an ambulance service requests licensing within Multnomah County to provide ambulance service Multnomah County Code provides a mechanism for licensing of the ambulance service. If the ambulance service meets the minimum criteria as listed in the licensing requirements it will be issued a license. This is detailed in attachment 3.

Any ambulance service requesting assignment of an ambulance service area will be provided a chance to bid in a open competitive procurement process for delivery of ambulance service to one, both of the two ASAs on a four to five year basis. Ambulance service will be provided to the ambulance service areas by contract.

## 8b. ASA Provider Selection Process

This section process is to select the most effective, efficient provider of emergency ambulance service.

Selection by competition for an ambulance provider for ASA 1 and 2 is to be done through a request for proposal. The RFP building will involve participation of persons knowledgeable in EMS and other persons who have areas of technical expertise that will be useful in constructing various components of an RFP. An RFP construction committee will organize the RFP using point ranking. Consideration and recommendations for award of the contract will be made by an evaluation committee.

Steps of Selection of a provider:

### I. Construct a Request For Proposal

A. RFP construction is to be done by the construction committee.

B. The EMS system RFP is broken into six components.

1. Personnel, i.e. working conditions, level of training, continuing education accessibility at time of recontract, benefits, etc.
2. Communications, i.e. response, triaging, ambulance placement, level of response, integration with first responses.
3. Medical, i.e. protocols, off-line, on-line, drugs, quality assurance.
4. Equipment, i.e. ambulance, communications, housing, ALS/BLS medical equipment.
5. Business Practices, i.e. rates, billing procedures, third party reimbursement.
6. Safety Net, i.e. guarantee: no loss of service delivery, no low quality of care or inability of operator to comply with the standards of the contract and minimum bidding qualifications.

C. A construction committee is to guide the overall construction of the RFP.

D. The committee will be staffed by the EMS office.

8b. ASA Provider Selection Process cont'd

- E. The RFP construction committee is to be selected by the EMS Policy Board. The makeup of the committee is:
- EMS Director Ex-Officio Chairman
  - Medical Advisory Board Representative
  - Representative of Small Business
  - Attorney (County Counsel)
  - Multnomah County Medical Society Representative
  - Emergency Medical Technician-Paramedic
  - Citizen

No member of the committee may have a vested interest in the current EMS delivery system or have a vested interest in any potential contractor.

- II. The Medical Advisory Board will review the proposed RFP and any changes requested will be returned to the Construction Committee.
- III. The Emergency Medical Services Policy Board will review the RFP and advise the Board of County Commissioners (BCC).
- IV. The Board of County Commissioners will approve the RFP after considering the EMS Policy Board recommendation.
- V. Advertisement for bids will be made by Multnomah County Purchasing using the RFP and RFC.
- VI. A bidder qualification study will be performed using a Request For Credentials (RFC).
  - A. The RFP Construction Committee is to review and select potential bidders based on preset minimum qualifications criteria as set forth in the RFC.
- VII. A pre-bid conference for qualified bidders will be conducted.
- VIII. Proposal Evaluation

- A. An Evaluation Committee is to consider and recommend a provider for the ASA based upon compliance with minimum elements and points accumulated in the six component areas of the RFP. The evaluation committee is to be selected by the EMS Policy Board and ratified by the BCC and made up of the following positions (no person is to serve in a voting capacity on both committees):

- EMS Director Ex-Officio Chairman
    - Medical Advisory Board Representative
    - Citizen (1)
    - Multnomah Medical Society Representative
    - County Purchasing Representative (non-voting)
    - Emergency Medical Technician Paramedic Representative

8b. ASA Provider Selection Process cont'd

- B. The Evaluation Committee will evaluate all proposals.
  - C. The Medical Advisory board will review and make recommendations concerning the recommended proposal.
  - D. The EMS Policy Board will recommend the proposal to the BCC based upon the Evaluation Committee and the MAB recommendations. If the EMS PB determines the proposal is not acceptable, the proposal will be returned to the Evaluation Committee.
  - E. The BCC will receive the recommendation from the EMS PB. If the BCC determines the proposal is unacceptable, the proposal will be returned to the EMS PB. If the BCC, upon determining the proposal is acceptable, will direct Multnomah County Purchasing to negotiate a contract with the successful proposer.
- IX. The contractor will be monitored by the EMS office to assure that contract requirements are met.
- A. Medical (Medical Advisory Board)
  - B. System (Medical Advisory Board)
  - C. Business (Rate Committee)
- X. The competitive bid process will meet all Multnomah County purchasing standards.

#### 8b./c. ASA Provider Reselection Process

Provider reselection criteria.

A provider of ASA 1 and ASA 2 of Multnomah County will be reselected after a period of four years plus an optional renewal for a one year period.

The process to be followed for provider reselection is the same as that of initial provider selection. An RFP will be provided with the provider being selected on the basis of the proposals which are submitted. The proposal which provides the most effective, efficient delivery of the emergency ambulance service for ASA 1 and ASA 2 will be selected.

If the provider should fail in less than the four year contract period or the county determined that contract standards were not being met and revoked the contract the following procedure would be used:

1. The provider will be notified and all appropriate legal measures with regard to contract negotiations and appeals as required by ORS and MCC will be followed.
2. In the event that the provider can be left in place during the time period required to receive requests for proposals and award a new contract, such will occur.
3. In the event that the contractor will not or cannot provide service during the interim period between contract default and new provider implementation, the safety net portions of the proposal will take effect. The county will operate the emergency ambulance service during this period of time, using the equipment, personnel and funds provided under the proposal. The county may elect during this time to provide this equipment to the other ambulance service area contractor as a means of continuing service.

It is intended that this provider reselection procedure will at no time leave Multnomah County without effective, efficient emergency ambulance service.

#### 8d. Procedures for Resolving Disputed Cases

The procedure for resolving disputes with regard to ambulance service area operators or contractors is a two-fold process.

The contract between the county and the ambulance service area operator will provide for measures to reduce conflict and provide effective outcome.

MCC and EMS Rules also provide a mechanism for solving of disputes and hearing process. These are detailed in Attachment 3 and 4.



-2-

Commissioner Anderson said she had other questions about the private nonprofit group, and will ask Ms. Moir later.

The motion was then considered, and it is unanimously ORDERED that the above entitled matter be approved.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin  
Jane McGarvin  
Clerk of the Board

jm  
cc: Commissioner McCoy

DATE SUBMITTED \_\_\_\_\_

(For Clerk's Use)

Meeting Date 7/28/88

Agenda No. R-16

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Cooperative Partnership

Columbia Gorge Scenic Area Counties

Informal Only\* July 26, 1988  
(Date)

Formal Only July 28, 1988  
(Date)

DEPARTMENT Board of County Commission DIVISION Polly Casterline

CONTACT Chris Moir TELEPHONE 248-5213

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Chris Moir

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

In the matter of establishment of a cooperative partnership among Columbia River Gorge National Scenic Area Counties to create, support and promote interpretive and related recreational opportunities and facilities throughout the Gorge.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☐ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 10 minutes

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ -General Fund

Other \_\_\_\_\_

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Polly Casterline

BUDGET / PERSONNEL /

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) \_\_\_\_\_

OTHER \_\_\_\_\_

(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

SUPPLEMENTAL AGENDA

THURSDAY, JULY 28, 1988

Meeting to begin at 9 AM for the purpose of viewing an American Red Cross video on AIDS

Request Unanimous consent to consider the following matter:

R-17      Policy Decision as to whether Multnomah County should remonstrate inclusion of all real property it owns in the Downtown Economic Improvement District, as authorized by Portland City Ordinance 160995

Date 7/28/88

NAME Greg Howe

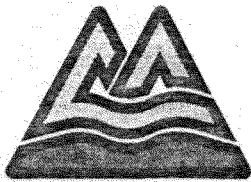
ADDRESS #501 715 SW Morrison

Portland 97205  
City Zip

I wish to speak on Agenda Item # R-17  
Subject DOWNTOWN EID

       FOR        AGAINST

*I MAY WISH TO SPEAK, DEPENDING ON  
THE WAY THE ISSUE DEVELOPS.*



# MULTNOMAH COUNTY OREGON

31-32  
5161

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE McGARVIN • Clerk • 248-3277

July 28, 1988

Mr. Duane Zussy, Director  
Department of Human Services  
426 SW Stark  
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held July 28, 1988, the following action was taken:

Informal Briefing concerning procedures to be followed at the AA Ambulance Appeal, scheduled August 2 R-17

Laurence Kressel, County Counsel, explained the procedures to be followed at the Appeal hearing scheduled for August 2nd, are different than the usual hearings. In the EMS Code there are procedures for sanctioning those who violate Emergency Medical Services Rules, and when a rule violation occurs, the EMS Division brings the case before a hearings officer; the hearings officer decides whether the violation has occurred, and finds whether a sanction is to be imposed. Exceptions to the hearings officer decision(s) can be brought to the Board. Next Tuesday is the date for hearing on the exceptions filed by AA Ambulance Company. There is a problem, in that, no record of the hearing exists; so testimony brought before the hearings officer to show there was a violation or not is not available to the Board. He stated a factual record could be developed, but no tape record was made. Next Tuesday, County Counsel will recommend the Board either remand the case to the hearings officer to recreate a record, or work out an agreement with AA Ambulance whereby they and the County agree to certain statements of facts which would appear before the Board at the time of the Appeal. A third option would be a de novo hearing whereby the Board would act as the hearings officer. Mr. Kressel did not recommend the third option because it could require a lot of time. If no agreement can be reached before next Tuesday, he will ask the Board to decide whether to remand the matter to the hearings officer, or

-2-

develop statements of fact agreed upon by AA Ambulance Company and the County. He agreed to send background materials to the Board before the meeting.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin  
Jane McGarvin  
Clerk of the Board

jm  
cc: County Counsel  
Health Protection  
Emergency Medical Services



# MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS  
ROOM 605, COUNTY COURTHOUSE  
1021 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308  
PAULINE ANDERSON • District 1 • 248-5220  
GRETCHEN KAFOURY • District 2 • 248-5219  
CAROLINE MILLER • District 3 • 248-5217  
POLLY CASTERLINE • District 4 • 248-5213  
JANE McGARVIN • Clerk • 248-3277

July 28, 1988

Ms. Gladys McCoy, Chair of the Board  
1021 SW Fourth, Room 134  
Portland, OR

Dear Ms. McCoy:

Be it remembered, that at a meeting of the Board of County Commissioners held July 28, 1988, the following action was taken:

Upon motion of Commissioner Miller, duly seconded by Commissioner Kafoury, on a roll call vote, the following matters were considered by unanimous consent:

Policy Decision as to whether Multnomah County )  
should remonstrate inclusion of all real property )  
it owns in the Downtown Economic Improvement )  
District, as authorized by Portland City )  
Ordinance 160995 R-18 )

Fred Neal, County Intergovernmental Relations Officer, explained this issue has to do with a City of Portland Council hearing to be held next Wednesday to hear objections to the assessment formula for the Downtown Economic Improvement District. The Board has received copies of the Improvement Plan prepared by City of Portland and the Association for Portland Progress which includes impacts on City Programs and Budget. Within the Plan is a map showing boundaries; and a list of where the money is coming from (1.6 million dollars for each of the next three years). Multnomah County owns \$48.4 million dollars worth of property within the District, and will represent 4% of the the District revenue. How the money will be spent is also listed on page 12 of the program description; as well as needed staff for the program. Funds would be for marketing, enhancing the Downtown image, leveraging money to obtain private funds; and carrying out program management. Discretionary funds are discussed on page 13. The Plan says payments from the City would be greater than that of the County; and County funds could be deferred to 1989. The County assessment is estimated at \$1.33 per thousand. The hearing next week will be for hearing objections to that charge, and that date will also be the deadline for filing exemptions. Assessment notices will be mailed following adoption of the Plan by

City Council, and the hearing for remonstrances to assessments is scheduled for September 14. If more than 33% of the property owners object to the assessments, the Plan will die, and the District will not be formed. Board comments regarding the Plan need to be communicated to the City Council at the hearing next Wednesday afternoon.

Paul Yarborough, Environmental Services Director, explained that County properties would be assessed approximately \$64,000 per year under the Plan. The first year could be deferred until 1989, but that the second year assessment would also be due at that time. Following the third year, a hearing would have to be held to determine whether or not the District would be continued. The benefits to private downtown businesses would be: cleanliness, improved safety, increased business, higher rents for properties, and an increase in tax base values. The County would benefit from added cleanliness, improved safety, and some increase in retail property values. He advised that if the Board does not want to be included, there should be a response to the City at next week's hearing, but if the Board approves the action, it can remain silent.

Mr. Neal suggested the Board could recommend modifications, such as making County payments equal rather than combine the 1988/89 payments together.

Greg Howe, attorney representing Tom Dennehey, suggested the Board would be taking tax dollars to benefit a small area of the City, but other taxpayers will have to help pay for benefits. He added the money will not be well spent, and that private businesses can afford to approve the Plan because they will receive more benefit. He feels a poor section of the County would not have a chance to even have this Plan offered to its citizens, and that it can be accomplished without County participation. He asked the Board to consider whether the money would be spent in the best interest of all County citizens.

Commissioner Miller agreed with Mr. Howell; and said the purpose of government is to take money from all, and use it where it is needed. County property is tax exempt; and she would have no objection to paying on properties that generate revenue, but that other County properties should remain tax exempt. However she is concerned about using public monies for the benefit of a few properties, while at the same time reducing monies for services. She said she feels this measure would be contrary to the mission of Resolution A, and urged the Board to remonstrate.

Commissioner Casterline said State statutes do not permit expenditures for social services expenses, and that she feels the Board can expect an increase in requests for County-wide services in

the future. Therefore, she agrees with Mr. Dennehey and his attorney that this Plan is not appropriate.

Commissioner Anderson said she at first thought the Plan was appropriate, but that arguments presented today make sense. She feels County employees working downtown will benefit; and added she will support taxing only revenue producing County properties or remonstrating.

Commissioner Kafoury moved, duly seconded by Commissioner Miller, and it is unanimously

ORDERED that the Board attend the City Council hearing, and request an exemption for non-revenue producing County properties.

Mr. Neal said he would return to the Board after assessment notices are mailed for a vote regarding remonstrations. A decision on that is not necessary today, if all the Board wants to do is seek an exemption for non-revenue producing properties in the downtown area. He requested County Counsel review the City Ordinance, and whether or not it would be possible to request an exemption. If the exemption is allowed, a raise in millage totals can be expected.

Commissioner Kafoury expressed her views that this would have a impact on County budget and the ability to provide health and social services for County citizens. She asked the Board to request the City amend its Ordinance to allow the exemption for the County to exempt all non-revenue producing properties.

Commissioner Miller urged the Board to remain consistent, and that the legality of the action be explored.

Commissioner Casterline again stressed that she wants to pursue a remonstrance. She was assured a vote on remonstrance would not be held until late August.

The motion was considered, and upon a roll call vote, it is unanimously

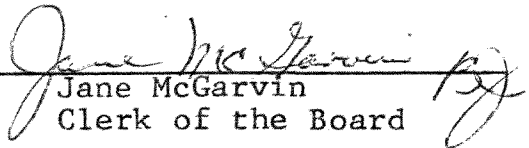
-4-

ORDERED that the Board of County Commissioners will seek an exemption to City of Portland Ordinance 160995, which establishes a Downtown Economic Improvement District, for County non-revenue producing properties within the Downtown area; and that the request includes changing the City Ordinance if necessary.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By

  
Jane McGarvin  
Clerk of the Board

jm

cc: County Counsel

DATE SUBMITTED July 14, 1988

(For Clerk's Use)  
Meeting Date 7/21/88  
Agenda No. R-15  
*cont and 7/28/88*  
*R-14*

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Ambulance Service Plan

Informal Only\* \_\_\_\_\_  
(Date)

Formal Only July 21, 1988  
(Date)

DEPARTMENT Human Services DIVISION Health

CONTACT Joe Acker TELEPHONE 248-3674

\*NAME(S) OF PERSON MAKING PRESENTATION TO BOARD \_\_\_\_\_

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Ordinance adopting an Ambulance Service Plan and amending MCC 6.31.039

(Order approving Request for Credentials and requests for proposals for Emergency Ambulance Service for Multnomah County will come before the BCC at the same time as the final reading of the ordinance)

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA \_\_\_\_\_

IMPACT:

☐ PERSONNEL

☐ FISCAL/BUDGETARY

☐ General Fund

☐ Other \_\_\_\_\_

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Gladys McCoy

BUDGET / PERSONNEL /

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) \_\_\_\_\_

OTHER \_\_\_\_\_  
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

ORDINANCE FACT SHEET

Title Adoption of Ambulance Plan Effective Date \_\_\_\_\_

Brief statement of purpose of ordinance (include the rationale for adoption of ordinance, a description of persons benefited, and other alternatives explored).

Ordinance adopts EMS plan, including provisions for a 2 Ambulance Service Area System. Plan will be submitted to State Health Division.

What other local jurisdictions in the metropolitan area have enacted similar legislation?

Clackamas and Washington Counties have requested an extension from the State.

What has been the experience in other areas with this type of legislation?

Three plans have been approved plans. Approximately fifteen other counties are in the planning stages.

What authority is there for Multnomah County to adopt this legislation? (State statute, home rule charter). Are there constitutional problems?

ORS 823.180 authorizes adoption of an EMS plan. MCC Chapter 6.31 authorizes plan adoption by ordinance.

Fiscal Impact Analysis

No additional cost to Multnomah County to prepare the plan. Plan preparation and implementation are considered a part of current EMS staff workload.

(If space is inadequate, please use other side)

SIGNATURES:

Office of County Counsel 

Office of County Management \_\_\_\_\_

Department Head \_\_\_\_\_

Liaison Commissioner \_\_\_\_\_

ORDINANCE FACT SHEET

*Co. Counsel*

Title Adoption of Ambulance Plan Effective Date \_\_\_\_\_

Brief statement of purpose of ordinance (include the rationale for adoption of ordinance, a description of persons benefited, and other alternatives explored).

Ordinance adopts EMS plan, including provisions for a 2 Ambulance Service Area System. Plan will be submitted to State Health Division.

What other local jurisdictions in the metropolitan area have enacted similar legislation?

Clackamas and Washington Counties have requested an extension from the State.

What has been the experience in other areas with this type of legislation?

Three plans have been approved plans. Approximately fifteen other counties are in the planning stages.

What authority is there for Multnomah County to adopt this legislation? (State statute, home rule charter). Are there constitutional problems?

ORS 823.180 authorizes adoption of an EMS plan. MCC Chapter 6.31 authorizes plan adoption by ordinance.

Fiscal Impact Analysis

No additional cost to Multnomah County to prepare the plan. Plan preparation and implementation are considered a part of current EMS staff workload.

(If space is inadequate, please use other side)

SIGNATURES:

Office of County Counsel 

Office of County Management \_\_\_\_\_

Department Head \_\_\_\_\_

Liaison Commissioner \_\_\_\_\_

*R-15*  
*7/21/88*



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF GENERAL SERVICES  
COUNTY COUNSEL SECTION  
1120 S.W. FIFTH AVENUE, SUITE 1400  
P.O. BOX 849  
PORTLAND, OREGON 97207-0849  
(503) 248-3138

BOARD OF COUNTY COMMISSIONERS  
GLADYS McCOY, CHAIR  
PAULINE ANDERSON  
POLLY CASTERLINE  
GRETCHEN KAFOURY  
CAROLINE MILLER

## M E M O R A N D U M


COUNTY COUNSEL  
LAURENCE KRESSEL

CHIEF ASSISTANT  
ARMINDA J. BROWN

### ASSISTANTS

JOHN L. DU BAY  
SANDRA N. DUFFY  
J. MICHAEL DOYLE  
H. H. LAZENBY, JR.  
PAUL G. MACKEY  
MARK B. WILLIAMS

TO: Barbara Donin  
Assistant to the Chair

FROM: Larry Kressel   
County Counsel

DATE: July 13, 1988

RE: EMS Ordinance and Orders

I enclose an ordinance adopting the EMS Plan and an order adopting the Requests for Credentials (RFC) and Request for Proposals (RFP) for the two-area system mentioned in the plan. Please file these with the clerk of the board for the appropriate hearing. Joe Acker can provide the plan, the RFC and the RFPs mentioned in the adopting documents.

Note that the ordinance requires two readings. On the other hand, the order can be adopted at a single hearing. The order should be adopted after the ordinance, since it is part of the implementation of the two-area system described in the plan.

Section three of the ordinance addresses the relationship between the single-area rule that is currently on the books and the plan for a two-area system. Findings 4 and 5 of the ordinance explain that the two-area plan is intended as an interim measure pending appellate review of Judge Crookham's ruling against a one-area plan. By using this language we hope to show the appellate courts that the pending appeals are not moot.

When the ordinance and the order are circulated to the board, please also circulate this explanatory memo.

1872R/dm  
Enclosure

cc: Joe Acker  
Dr. Gary Oxman

BEFORE THE BOARD OF COMMISSIONERS

FOR THE COUNTY OF MULTNOMAH

ORDINANCE NO. \_\_\_\_\_

An Ordinance adopting an Ambulance Service Plan and amending MCC 6.31.039.

Multnomah County ordains as follows:

Section 1. Findings.

1. ORS 823.180 and rules of the State Health Division require the County to adopt a plan relating to the need for and coordination of ambulance services. MCC 6.31.038 authorizes the Board of Commissioners to adopt the plan after requesting a recommendation from the Emergency Medical Services Policy Board.

2. On April 4 and May 20, 1988 the Emergency Medical Service Policy Board conducted a hearing on a plan and recommended that the Board of County Commissioners adopt it.

3. The Board has considered the draft plan at a public hearing and has determined that the plan should be adopted.

4. The plan provides, among other things, for the division of the county into two emergency ambulance service areas. It is the Board's intent, however, to establish a single area system, served by a single provider, if that option is determined to be legally allowable.

5. The Multnomah County Circuit Court has enjoined implementation of a single area plan. However, appeals of that decision are now pending. The plan adopted by this ordinance establishes two emergency ambulance service areas as an interim measure, pending resolution of those appeals. Section 3 of this ordinance is intended to express that policy.

Section 2. Plan Adoption.

The Multnomah County Ambulance Service Area Plan, attached hereto as Exhibit A and incorporated herein by this reference, is adopted. The Director of The Emergency Medical Services Program shall transmit the plan to the State Health Division, but shall retain the original in the offices of the Program.

Section 3. Amendment.

MCC 6.31.039 is amended to read as follows:

6.31.039 Ratification of Rules  
Previously Adopted by Policy Board.

A. The rules adopted by the EMS Policy Board prior to March 31, 1988 are hereby ratified. EMS Rule 631-[080] 320 (single ambulance area) is subject to Circuit Court judgements declaring the rule invalid. The judgements are on appeal. The rule is hereby ratified, but it shall take effect only if the judgements are reversed and any applicable period for further appeal of those judgments has expired.

B. During the pendency of the appeal referred to in subsection A., there shall be established two ambulance service areas as described in the plan adopted by Ordinance No. . Contracts for serving those areas shall be awarded as provided in the plan. However, upon expiration of those contracts, the two ambulance service areas shall be replaced by a contract for a single area/single provider if the judgements referred to in subsection A. have been reversed.

Section 4. Adoption.

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 1988, being the date  
of its \_\_\_\_\_ reading before the Board of County Commissioners  
of Multnomah County.

BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_  
Gladys McCoy  
Multnomah County Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL  
FOR MULTNOMAH COUNTY, OREGON

By

  
Laurence Kressel  
County Counsel

1431R/dm  
071288:6:1



CITY OF

# PORTLAND, OREGON

BUREAU OF FIRE, RESCUE & EMERGENCY SERVICES

Dick Bogle  
Commissioner of Public Safety  
Thomas M. Feely  
Management Support Services Officer  
55 S.W. Ash Street  
Portland, Oregon 97204  
(503) 248-2680

July 25, 1988

MEMORANDUM:

TO: County Chair Gladys McCoy

FROM: George Monogue, Chief *[Signature]*  
Bureau of Fire, Rescue, and Emergency Services

SUBJECT: Proportional Costing

1988 JUL 26 AM 9:13  
COUNTY COMMISSIONER'S  
OFFICE  
MULTNOMAH COUNTY  
OREGON

In a letter to you dated July 18, 1988, I outlined several reasons that proportional costing would preclude the Fire Bureau from submitting a bid for transport service in Multnomah County. Since then, at least two of you have requested that Joe Acker change the RFC and RFP documents to require proportional costing to "insure that the cost of ALS vehicles and EMT 4's currently in the Fire budget which would be used as part of the EMS service are included by Fire as part of their bid." In this memorandum, I will focus primarily on the difficulty the Bureau would have breaking out the appropriate percentage of costs associated with the ALS function.

Joe Acker's proposed definition of proportional costing included, for the Fire Bureau, 69% of personnel costs, presumably based on the assumption that 69% of the calls responded to are EMS-related. Several points should be noted regarding this assumption:

- 69% of the calls is not the same thing as 69% of the time. Suppression of a fire, as a rule, takes substantially longer than an EMS call.
- Most of the EMS calls are not ALS. The majority of EMS calls are responded to by BLS rescues or fire apparatus.
- ALS rescue crews, in addition to cross-staffing fire apparatus, also respond to BLS calls. For example, from its downtown location, Rescue 1 responds to a disproportionate number of "man down" alcohol-related calls.

For these reasons it is nearly impossible to separate the true proportional costs for ALS service. This also holds true for waiting time. Our view is that our personnel are prepared to respond to whatever emergency arises with the appropriate apparatus and personnel. We cannot distinguish between waiting for fires versus waiting for ALS or BLS medical calls.

To: County Chair Gladys McCoy  
Proportional Costing

Page - 2  
7/25/88

It is worth noting that Deloitte, Haskins, and Sells, on a contract for Buck Medical Services, recently prepared a document detailing ALS costs incurred by the Fire Bureau. Although the document contained some erroneous assumptions regarding costs, the firm did use the same incremental costing method for personnel that the Bureau proposes to use: only premium pay for existing personnel was included.

It should also be noted that the Bureau would have to hire several new EMTs to staff up to provide transport. The Bureau has always intended to show 100% of the costs of these additional positions, even though they would no doubt provide non-ALS first responder services, and eventually firefighting services.

Similarly, it is not a simple matter to include the costs of ALS vehicles currently in the Bureau budget. To begin with, the initial capital costs for vehicles and equipment have already been incurred. Thus, they no longer appear as costs in the Bureau budget. The seven ALS rescues currently maintained for first line services are also used for BLS first responder calls. The complexity of breaking out ALS costs exists for vehicles as well as personnel. An additional complicating factor is that three of these vehicles were funded by Multnomah County Fire District 10 and Clackamas County Fire District 1.

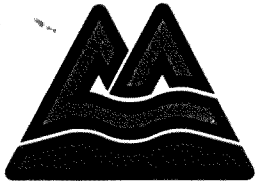
Finally, I would like to reiterate a key point I made in my earlier letter. Even if the Bureau could easily break out ALS from its other costs, those costs are part of a comprehensive first responder program which is totally funded by the public at this time. Including the costs as part of the transport proposal and charging transport users to recover those costs means making the individual transport user subsidize the public first responder program. The Bureau opposes this position.

Thank you again for your consideration of these matters. I hope I have clarified your concerns.

GEM:jb:LP.8

cc: Joe Acker, Director  
County EMS

Jane McGarvin  
Clerk of the Board



# MULTNOMAH COUNTY OREGON

*Jane Mc Ginn*

DEPARTMENT OF GENERAL SERVICES  
COUNTY COUNSEL SECTION  
1120 S.W. FIFTH AVENUE, SUITE 1400  
P.O. BOX 849  
PORTLAND, OREGON 97207-0849  
(503) 248-3138

BOARD OF COUNTY COMMISSIONERS  
GLADYS McCOY, CHAIR  
PAULINE ANDERSON  
POLLY CASTERLINE  
GRETCHEN KAFOURY  
CAROLINE MILLER

## M E M O R A N D U M

TO: Gary Oxman  
Public Health Officer

FROM: Sandra Duffy *SD by UC*  
Assistant County Counsel

DATE: July 19, 1988

RE: EMS Physician Supervisor; Potential  
County Liability

COUNTY COUNSEL  
LAURENCE KRESSEL

CHIEF ASSISTANT  
ARMINDA J. BROWN

ASSISTANTS  
JOHN L. DU BAY  
SANDRA N. DUFFY  
J. MICHAEL DOYLE  
H. H. LAZENBY, JR.  
PAUL G. MACKEY  
MARK B. WILLIAMS

BOARD OF  
COUNTY COMMISSIONERS  
1988 JUL 20 PM 2:37  
MULTNOMAH COUNTY  
OREGON

You advise that the proposed EMS regulatory system will include a single physician supervisor for EMTs. The physician will not be a county employee, but will instead work under contract with the county. Your question concerns the extent to which this arrangement will expose the county to tort liability for the actions of the physician supervisor and the EMTs under his/her supervision.

Normally, a professional services contract would protect the county from liability. This is done by an indemnification or "hold harmless" clause and by expressly designating the contractor an "independent contractor." Although these provisions are not iron-clad defenses against county liability, they do provide a good line of defense. As I understand the proposal for the physician supervisor, however, the normal independent contractor relationship will not be established. Rather, the contract will specifically deem the physician an agent of the county for tort liability purposes. Thus, the County will forego the liability protection it normally seeks.

The functions performed by a physician supervisor are diverse. They are listed in state administrative rules. See OAR 847-35-025. Essentially, the supervisor provides "off-line medical direction" to EMTs. This involves the issuance of standing orders, review of EMT compliance with those orders and general oversight of EMT performance. Normally, the physician supervisor has no direct involvement during medical emergencies.

Gary Oxman  
July 19, 1988  
Page 2

If the physician supervisor breaches the duty of care by poorly training or supervising the EMTs, the County could be exposed to liability. See generally, Louisell and Williams, Medical Malpractice, Vol. I, §§16.07, 16.09 (1987). Information you have received indicates that no local physician supervisors have been sued in connection with EMT malpractice. We have no way of verifying this. Our own research discloses no reported Oregon cases involving this subject. However, from a risk management standpoint, this provides only a slight degree of comfort. There is no escaping the fact that designating the physician supervisor as a County agent exposes the County to a new source of potential lawsuits in a context where the stakes can be high.

This risk must be weighed by you and the County Commission against the public benefits from having a single, publicly accountable physician supervisor. If this risk is undertaken, it will be extremely important to assure that the physician supervisor is qualified and is given the resources to effectively perform the function.

1829R/cah

cc: Board of Commissioners  
Joe Acker

BEFORE THE BOARD OF COMMISSIONERS

FOR THE COUNTY OF MULTNOMAH

ORDINANCE NO. \_\_\_\_\_

An Ordinance adopting an Ambulance Service Plan and amending MCC 6.31.039.

Multnomah County ordains as follows:

Section 1. Findings.

1. ORS 823.180 and rules of the State Health Division require the County to adopt a plan relating to the need for and coordination of ambulance services. MCC 6.31.038 authorizes the Board of Commissioners to adopt the plan after requesting a recommendation from the Emergency Medical Services Policy Board.

2. On April 4 and May 20, 1988 the Emergency Medical Service Policy Board conducted a hearing on a plan and recommended that the Board of County Commissioners adopt it.

3. The Board has considered the draft plan at a public hearing and has determined that the plan should be adopted.

4. The plan provides, among other things, for the division of the county into two emergency ambulance service areas. It is the Board's intent, however, to establish a single area system, served by a single provider, if that option is determined to be legally allowable.

5. The Multnomah County Circuit Court has enjoined implementation of a single area plan. However, appeals of that decision are now pending. The plan adopted by this ordinance establishes two emergency ambulance service areas as an interim measure, pending resolution of those appeals. Section 3 of this ordinance is intended to express that policy.

Section 2. Plan Adoption.

The Multnomah County Ambulance Service Area Plan, attached hereto as Exhibit A and incorporated herein by this reference, is adopted. The Director of The Emergency Medical Services Program shall transmit the plan to the State Health Division, but shall retain the original in the offices of the Program.

### Section 3. Amendment.

MCC 6.31.039 is amended to read as follows:

#### 6.31.039 Ratification of Rules Previously Adopted by Policy Board.

A. The rules adopted by the EMS Policy Board prior to March 31, 1988 are hereby ratified. EMS Rule 631-[080] 320 (single ambulance area) is subject to Circuit Court judgements declaring the rule invalid. The judgements are on appeal. The rule is hereby ratified, but it shall take effect only if the judgements are reversed and any applicable period for further appeal of those judgments has expired.

B. During the pendency of the appeal referred to in subsection A., there shall be established two ambulance service areas as described in the plan adopted by Ordinance No. . Contracts for serving those areas shall be awarded as provided in the plan. However, upon expiration of those contracts, the two ambulance service areas shall be replaced by a contract for a single area/single provider if the judgements referred to in subsection A. have been reversed.

### Section 4. Adoption.

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 1988, being the date  
of its \_\_\_\_\_ reading before the Board of County Commissioners  
of Multnomah County.

BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_  
Gladys McCoy  
Multnomah County Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL  
FOR MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_

Laurence Kressel  
County Counsel

1431R/dm  
071288:6:1



# Emergency Medical Services

Multnomah County . City of Portland . Fairview . Gresham . Troutdale . Wood Village

July 7, 1988

BOARD OF  
COUNTY COMMISSIONERS  
1988 JUL 12 PM 2:49  
MULTNOMAH COUNTY  
OREGON

Doug Lee, Program Coordinator  
Ambulance Service Area  
Emergency Medical Services Section  
Department of Human Resources Health Division  
State of Oregon

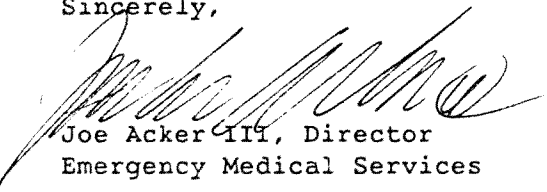
Dear Doug:

Attached is a draft plan for the Ambulance Service Area Plan to meet  
ORS 823.12.80 and OAR 333-28-015.

The Board of County Commissioners met on Tuesday, July 5, to discuss action on  
this plan. It is their intention to meet again and begin the adoption of the  
plan through ordinance on July 21. We would anticipate that the plan will be  
ready for transmittal to the state no later than August 15, 1988.

We would request that you extend the existing ambulance service area plan for  
Multnomah County until at least August 15, 1988.

Sincerely,

  
Joe Acker III, Director  
Emergency Medical Services

Attachment

cc: Gary Oxman, MD  
Board of County Commissioners  
Larry Kressel

[MW-4484E-m]

DRAFT II  
5/5/88

AMBULANCE SERVICE  
AREA PLAN

Multnomah County  
Oregon

[4016E p/1]

**DRAFT**

## INDEX

- p. \_\_\_\_ 1. Definitions list related to county ASA plan.
- 2. Communications:
  - p. \_\_\_\_ a) Access to Emergency Medical (EMS) System.
  - p. \_\_\_\_ b) Procedures for dispatch of ambulances.
  - p. \_\_\_\_ c) Ambulance notification procedures.
  - p. \_\_\_\_ d) Emergency radio communications systems.
  - p. \_\_\_\_ e) Notification and response time monitoring process.
  - p. \_\_\_\_ f) Standards for response times.
  - p. \_\_\_\_ g) Training of EMS dispatchers.
- 3. Provider Profile:
  - p. \_\_\_\_ a) ASA financial viability.
  - p. \_\_\_\_ b) Service effectiveness.
  - p. \_\_\_\_ c) Service efficiency.
  - p. \_\_\_\_ d) Level of response.
  - p. \_\_\_\_ e) Level of care.
  - p. \_\_\_\_ f) Staffing.
  - p. \_\_\_\_ g) Patient care equipment.
  - p. \_\_\_\_ h) Emergency patient transport vehicles (ambulances).
  - p. \_\_\_\_ i) Initial and continued training for ambulance personnel.
- 4. Disaster Response Plan:
  - p. \_\_\_\_ a) Responsibilities.
  - p. \_\_\_\_ b) Identification of additional personnel and equipment resources:
    - 1. hazardous material
    - 2. search and rescue
    - 3. specialized rescue
    - 4. extrication

- p. \_\_\_\_ c) Coordination of resources.
- p. \_\_\_\_ d) Method for obtaining out-of-county resources.
- p. \_\_\_\_ e) Ambulance disaster response plan recognition.

5. Mutual Aid Agreements:

- p. \_\_\_\_ a) Mutual aid agreements for ambulance response outside of service area.
- p. \_\_\_\_ b) Mutual aid agreements between ambulance providers.

6. Boundaries:

- p. \_\_\_\_ a) ASA geographic area.
- p. \_\_\_\_ b) "911", fire district incorporated city boundaries.
- p. \_\_\_\_ c) ASAs designation considering fire district and cites.
- p. \_\_\_\_ d) ASA boundaries considering artificial and geographic barriers to response times.
- p. \_\_\_\_ e) County coverage by an ASA(s).

7. Quality Assurance and System Development:

- p. \_\_\_\_ a) Quality assurance program.
- p. \_\_\_\_ b) Legal sanctions for violations.
- p. \_\_\_\_ c) Input to the county from:
  - 1. consumers
  - 2. providers
  - 3. medical community

- p. \_\_\_\_ d) EMS Policy Board

8. Provides Selection:

- p. \_\_\_\_ a) Mechanism for responding to an application by a provider for an ASA.
- p. \_\_\_\_ b) Mechanism for assignment and reassignment of providers to ASAs.
- p. \_\_\_\_ c) Mechanism for responding to notification that an ASA is being vacated.
- p. \_\_\_\_ d) Procedures for resolving disputed cases.

9. County Executive Approval:

- p. \_\_\_\_ a) Signed statement.

ATTACHMENTS:

Number

- 1 Bureau of Emergency Communications Performance Agreement
- 2 Triage Guide
- 3 MCC 6.31
- 4 Emergency Medical Services Rules
- 5 Basic Life Support Protocols
- 6 Advanced Life Support Protocols
- 7 Radio System Configuration
- 8 Over Eight-Minute Response Time Printout
- 9 Emergency Medical Services Dispatch Training Document
- 10 Credentialing Document
- 11 Request For Proposal Document
- 12 Quality Assurance Plan
- 13 Mass Casualty Incident Plan
- 14 Hazardous Materials Procedures
- 15 Portland Fire Bureau Locations
- 16 Gresham Fire Department Locations
- 17 Bureau of Emergency Communications Standard Operating Procedures
- 18 Emergency Management Letter
- 19 Mutual Aid Agreements
- 20 Rate Control Committee
- 21 Fire District Map
- 22 Two ASA Map

ASA PLAN

1. DEFINITIONS

- (A) "Advanced Life Support Services" means prehospital and interhospital emergency care which encompasses, in addition to basic life support functions, cardiac monitoring, cardiac defibrillation, administration of antiarrhythmic agents, intravenous therapy, administration of medications, drugs, and solutions, use of adjunctive medical devices, and other techniques and procedures, identified by rules adopted under MCC 6.31.000.
- (B) Advanced Life Support (ALS) Units - means those units staffed by an Oregon-certified Emergency Medical Technician IV as defined in ORS 677.610(1).
- (C) "Ambulance" means any vehicle so certified by the State Health Division.
- (D) Ambulance Service Area (ASA) - means a geographic area which is served by one ambulance provider, and may include a county, two or more contiguous counties, or a portion of such county(ies).
- (E) Ambulance Service Area Plan - means a plan which describes the need for and coordination of ambulance service and establishes an ambulance service areas.
- (F) Ambulance Services - means any person, as hereinafter defined, who operates an ambulance which is either stationed within or without the County and dispatched from within or without the County to pick up and transport patients within the County.
- (G) "Appeals Hearings Officer" or "Hearings Officer" means the person or persons designated by the policy board to conduct contested case hearings concerning actions on licenses under this chapter.
- (H) Basic Life Support (BLS) - the level of care which an EMT-1 may provide.
- (I) Basic Life Support (BLS) Units - means those units staffed by two Oregon-certified Emergency Medical Technician I's.
- (J) "Board" means the Board of County Commissioners of Multnomah County, Oregon.
- (K) "City" means the City of Portland.
- (L) Code 1 Call - the running condition of a patient call or transport in which no lights or siren are used and the ambulance proceeds with the normal traffic flow.
- (M) Code 3 Call - the running condition of a patient call or transport in which lights or siren are used and the ambulance proceeds as rapidly as possible. (ORS 820.300-320)

- (N) "Director" means the Director of the Office of Emergency Medical Services of the Department of Human Services of Multnomah County, or the director's authorized representative.
- (O) "Do business in Multnomah County" means to provide emergency ambulance service or any other emergency medical services in Multnomah County, provided, however, that transporting patients from outside the county to within the county only shall not be considered doing business within the county.
- (P) "Emergency" means any non-hospital occurrence or situation involving illness, injury, or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.
- (Q) "Emergency Medical Services" or "EMS" means those prehospital functions and services which are required to prepare for and respond to emergencies, including rescue, ambulance, treatment, communications, evaluation, and public education. "Emergency Medical Services" does not include services of fire department which do not provide advanced life support services.
- (R) "Emergency Medical Technician" or EMT" means a person so certified by the State Health Division or the State Board of Medical Examiners.
- (S) Emergency Medical Technician I (EMT I) - means a person certified by the Division to attend any ill, injured, or disabled person in connection with her/his transportation by ambulance and in accordance with ORS 820.310, 820.330, 820.350, and 823.010 to 823.990.
- (T) Emergency Medical Technician II (EMT II) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(3).
- (U) Emergency Medical Technician III (EMT III) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(4).
- (V) Emergency Medical Technician IV (EMT IV) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(5).
- (W) "Emergency Medical Services (EMS) Central Dispatch Office" means the communications center established under the auspices of the EMS Director.
- (X) "Employee" means an employee, agency, or driver of an ambulance employed by a licensee.
- (Y) First Responder - a responder who usually only provides BLS and can arrive on the medical scene in four minutes or less 90% of the time to prevent brain death in a cardiac arrest or complete bleed-out in a severe bleeding situation.
- (Z) Health Officer - means the Multnomah County Health Officer.

- (AA) "License" means a nontransferable, nonassignable permit, personal to the person to whom it is issued, issued by the director authorizing the person whose name appears as licensee to do business in Multnomah County.
- (BB) "Licensee" means a person possessing a valid license from Multnomah County.
- (CC) "Medical Advisory Board" means the Emergency Medical Services Medical Advisory Board .
- (DD) "Medical Advice" means instruction, direction, advice, and professional support given to an EMT via radio or telephone communications by personnel at medical resource hospital, for the purpose of assisting in the provision of pre-hospital on-site and in-transit basic and advanced life support services.
- (EE) "Medical Resource Hospital" means a medical facility designated as such under the rules adopted under MCC from which medical advice may be provided.
- (FF) "Multnomah County" or "county" means the unincorporated areas of Multnomah County.
- (GG) Non-emergency - any medical call in which there is no threat to life or limb.
- (HH) Notification Time - means length of time between the ambulance service's receipt of the request for the ambulance and the notification of the ambulance crew.
- (II) Owner - means the person having all the incidents of ownership in a vehicle or, where the incidents of ownership are in interest holder or lessor, entitled to the possession of a vehicle under a security agreement of a lease for a term of ten (10) or more successive days.
- (JJ) "Party means:
- (1) Each person or agency entitled as of right to a hearing.
  - (2) Each person or agency named by the hearings officer or policy board.
  - (3) Any person requesting to participate as a party or in a limited status who is determined either to have an interest in the outcome of the proceeding or represents a public interest in such results.
- (KK) "Patient" means an individual who, as a result of illness or injury, needs immediate medical attention.
- (LL) "Person" means an individual, partnership, company, association, corporation, or any other legal entity, including any receiver, trustee, assignee, or similar representative.

- (MM) "Policy Board" means the Emergency Medical Services Policy Board established under MCC 6.31.000.
- (NN) Private Call - a request for transport which originates at the private ambulance and must be a non-emergency requiring only Code 1 running.
- (OO) "Provider Board" means the EMS Provider Board established under this chapter.
- (PP) Response Time - means the length of time between notification of the ambulance crew and arrival of the ambulance at the incident scene.
- (QQ) "State Health Division" means the Health Division of the Department of Human Resources of the State of Oregon, or its successor.
- (RR) Supervising Physician - means a medical or osteopathic physician licensed under ORS 677, actively registered and in good standing with the Board of Medical Examiners and affiliated with an EMS agency for the purpose of medical accountability and pre-hospital emergency medical care education.
- (SS) "Vehicle" means an ambulance or fire department rescue unit which is used in the provision of emergency medical services, but does not include a fire engine or ladder truck. [Ord. 229 s. 1 (1980)]

## 2a. Communications

- (A) 9-1-1 calls placed for emergency medical assistance within Multnomah County are predominantly answered at the Bureau of Emergency Communications (located at Kelley Butte within Multnomah County).

Several other potential answering points occur within portions of Multnomah County. In the deep east portion of the county (I-84 Columbia Gorge area) phone prefix numbers 374 are answered at the Hood River Public Safety answering point (PSAP). Phone prefixes in the southwest area bordered by Washington County with the phone prefix numbers 291, 292, and 297 are answered at the Washington County Public Safety answering point located in Hillsboro. Phone prefixes 639, 620, 684 are answered by the Tualatin PSAP. Phone prefixes 652, 653, 654, 659 are answered by the Milwaukie PSAP. Phone prefixes 635, 636, 697 are answered by the Lake Oswego PSAP. Phone prefix 543 is answered by the Columbia County PSAP.

The Bureau of Emergency Communications at Kelley Butte is under contract to the Emergency Medical Services office. The Multnomah County ordinance which establishes the Emergency Medical Services administration within Multnomah County, assigns the responsibility to establish and maintain a 9-1-1 medical answering point and dispatch facility for all emergency medical calls originating within Multnomah County, to the EMS Director.

The administrative arrangement between the office of Emergency Medical Services and the Bureau of Emergency Communications (BOEC) and the participating cities within Multnomah County is attached and is entitled Bureau of Emergency Communications User Agreement, Attachment \_\_\_\_.

In those two areas of Multnomah County which are not answered by Multnomah County, the Public Safety Answering Points return the calls to the Bureau of Emergency Communications which dispatches the appropriate ambulance and first-responder to the calls. There is one area of exception. In the Skyline area PFB is notified directly by Washington County to respond first responders.

In addition, the Bureau of Emergency Communications answers 9-1-1 calls which originate out of Multnomah County based upon telephone company switching procedures. Counties which have a portion of their 9-1-1 calls answered by Multnomah County are Clackamas, Washington, and Columbia County. Also, the majority of cellular telephone call drops occur at BOEC even though the call may be two counties away.

## 2b. EMS Dispatch Procedures

The Bureau of Emergency Communications (BOEC) dispatches all transporting emergency ambulances within Multnomah County. A caller's request for emergency ambulance service will be processed by a BOEC call-taker. The BOEC call-taker will use the call triage guide to determine the level of response of ambulance needed by the patient (Attachment 2).

The call-taker will then transfer the information via computer screen to an EMS dispatcher. The EMS dispatcher is aware of all ambulance locations/availability and current staffing level within Multnomah County. The information is continually provided by all licensees under Multnomah County rule (see Attachment 4). Portland Fire Bureau, Fire Alarm Dispatch (FAD) is notified of all medical emergencies which require a first responder (triage guide). FAD then dispatches the first responder for all in Multnomah County fire agencies except Skyline Fire Department.

In the event the ambulance is needed in a fringe area of Multnomah County, where an out-of-county ALS provider can respond and the in-county ambulance is more than ten minutes away, the out-of-county ambulance will be dispatched. Dispatching of the out-of-county ambulance occurs by either direct communication with the ambulance or by placing a call to the appropriate Public Safety Answering Point (PSAP).

The Multnomah County Code sites which govern this area of medical call dispatching and call triage are: 631-306, -307, -308, -310, -312, -314, -318, -320, -330, -335, -338, -390, Subsections A, B, C, and D. These rules are attached (see Attachment 4).

## 2c. Ambulance Notification Procedures

The Bureau of Emergency Communications EMS dispatch will notify the closest ambulance service area ambulance when a call is received which requires an emergency dispatch. All calls requiring a first responder are reported to Fire Alarm Dispatch by nature code, running code, and address.

The information of the central dispatch order is included in the MCC Rule 631-310. In addition, cancellation of the ambulance as a part of the central dispatch order is included in Rule 631-312.

These rules are as attached (see Attachment 4).

## 2d. Emergency Radio Communication System

The radio communication system used in Multnomah County is ultra high frequency design. Specific Med Nets are assigned and used in Multnomah County according to the State of Oregon Emergency Medical Services Communication Plan. Equipment required on ambulances is addressed by the EMS Administrative Rules 631-302, 631-310, 631-318 (see Attachment 4).

Hospital communications are provided in Multnomah County by ultra high frequency and very high frequency design. The ultra high frequency uses Med Net 4 and the very high frequency used the HEAR frequency 155.340mhz. Hospital communications requirements are addressed by EMS Administrative Rule 631-410. The basic life support and advanced life support protocols adopted under EMS Administrative Rules also requires certain levels of communications from Emergency Medical Technicians. This information is attached (see Attachments 5 and 6). Fire first responders use VHF fire frequencies. The ALS rescues (8) and two ALS apparatus (Swad 1, Quad 1) also have the UHF med nets.

The configuration of the UHF system is described in Attachment 7.

## 2e. Ambulance Notification and Response Times

Notification of an ambulance is governed by the user contract between Multnomah County Emergency Medical Services and the Bureau of Emergency Communications. The current user performance contract requires that all emergency medical services calls be processed<sup>1</sup> in 80 seconds time 90 percent. This document is attached as Attachment 1.

Ambulance response times are governed by EMS Administrative Rule 631-326. This rule is attached (see Attachment 4).

The Emergency Medical Services office receives, on a four-week period, all response times within the emergency medical services system. Those response times contain the number of responses in an ambulance services area, number of responses which are under eight minutes and the number over eight minutes.

For each response over eight minutes, specific information is generated; that information consists of the date of the response, the BOEC dispatch number, location of response, unit number of responding unit, actual response time. In addition, ambulance services which are assigned service areas provide to the Emergency Medical Services office, on a four week by four week period, a list of all beyond-eight-minute response times in the ambulance service area. A sample of this report is attached (see Attachment 8).

<sup>1</sup>Processed is defined as the time between initial call answering and dispatch of an ambulance.

## 2f. Ambulance Notification and Response Times

These two sources of information are used to determine if an ambulance service area is being underserved and is not meeting the requirements of the EMS Administrative Rules. If the EMS Administrative Rule is not being met, fines may be levied on the ambulance service area operator or the ambulance service area operator's license and ambulance service area may be withdrawn by the Emergency Medical Services office. Specific requirements for this process are contained in the Multnomah County Code and EMS Rules, and are contained in Attachment 4. All ALS ambulances must respond in eight minutes or less 90 percent of the time.

All portions of review of the beyond-eight-minute response times are currently performed by EMS administrative staff with periodic reports made to the Emergency Medical Services Quality Assurance Subcommittee, which functions under the Emergency Medical Services Medical Advisory Board. This process is described in Attachment 12.

In addition, first-responders function under an agreement to provide first-responder basic life support services or advanced life support to the scene of a medical emergency with a response time of four minutes or less ninety percent of the time. This information is monitored by the Portland Fire Bureau, Gresham Fire Department, and other first-response agencies within Multnomah County. It is expected that each of the fire departments will maintain their own quality assurance mechanism to assure these response times are being met.

## 2g. Training for EMS Dispatchers

All Emergency Medical Services dispatchers functioning at the Bureau of Emergency Communications have been trained to the Emergency Medical Dispatch level.

The training is provided by staff at the Bureau of Emergency Communications and Emergency Medical Services staff.

The training complies with the state-approved Emergency Medical Dispatcher training and uses the majority of material produced by Dr. Clausen of Salt Lake City. A copy of this training program is attached as Attachment 9.

### 3a. Provider Profile

Each of the two ambulance service areas within Multnomah County must financially support itself. Financial support is provided through user fees. The determination of cost with reference to user fees charged is a part of the Request For Proposal document. The costing document will allow for cross subsidization of emergency ambulance cost through the use of non-emergency transports or cross utilization of personnel. See Attachment 11.

The RFP assures that any non-ASA revenues are reported and considered as a part of the selection of the ambulance service area contractor to serve the ambulance service area. The organizations as they provide proposals must provide projections of revenues and costs for the time period in the beginning when revenues do not meet cost, then through the time period in which revenues exceed cost, to equal, the deficit incurred in the initial operating time period. This assures the financial soundness of the contractor and that the proposal selected is financially sound.

ASA I also will be supported by County alcohol and drug monies because the contractor will have subcontracting responsibilities to perform inebriate outreach services.

### 3b. Service Effectiveness Demonstration

The effectiveness of the ambulance service to deliver pre-hospital emergency medical care will be continuously monitored by the quality assurance process as detailed in Attachment 12.

A prospective study of the ambulance service area contractor will be provided through the Request For Proposal. Please see Attachments 10 and 11. The Request For Proposal and credentialing process assure that any potential contractor for the ambulance service area must be in substantial compliance with all rules and regulations by state, regional, or local authorities. In addition, the organization must have met its response times for an area and the evidence of these response times being met must be provided as a part of the prospective examination process. The credentialing process to select potential providers will also require reports from system-wide quality assurance processes which demonstrate that the organizations who wish to bid or file a proposal must have provided quality care with no major deviations in morbidity, mortality outcomes for the ambulance service areas which they have served prior to requesting to be assigned an ambulance service area within Multnomah County.

The process of determination of effectiveness is provided through a prospective process of credentialing and proposal evaluation and a retrospective process governed by the quality assurance.

### 3c. Service Efficiency

Service Efficiency will be demonstrated by the request for proposal, see Attachment 11.

The request for proposal will consider cost as a mechanism of service efficiency. In addition, the unit hour utilization figures with maximum and minimums acceptable as a part of this document. Also, the overall requirement for response times assists in determining service efficiency is maintained as well as service effectiveness.

The cost to the consumer will not be known until the request for proposal is released and acted upon by potential contractors.

The rate control committee will also assist in determining reasonable cost of ambulance cost to consumers over the period of the contract as changes in the delivery of emergency medical services occur - see Attachment 20.

### 3d. Level of Response

All calls for medical assistance placed to the 911 system within Multnomah County are call triaged. See Attachment 2. This call triaging and pre-arrival instruction process requires that a certain level of response be provided.

First responders within the Emergency Medical Services ASA-1 and ASA-2 areas are trained to the Quick Responder or above level. All ambulance personnel who respond on Advanced Life Support ambulances within Multnomah County must be trained and certified to the EMT-4 level. This is demonstrated by MCC and EMS Rules, see Attachments 3 and 4.

### 3e. Level of Care

The ambulance service areas within Multnomah County only provide for the call answering for 911 calls. All ambulances dedicated to this effort must respond as Advanced Life Support ambulances meeting the state minimum requirements plus additional Multnomah County requirements. Those requirements are that certain pieces of equipment in addition to the state requirements are provided, a UHF radio is in place and operational, and that two EMT-4s are in attendance with the ambulance.

Non-emergency providers will continue to answer private calls within Multnomah County. These organizations will be licensed by Multnomah County and will be required to process any calls which they receive which require an under 30 minute response by the call triaging guide attached as Attachment 2. This assures that non-ASA contractors do not provide emergency ambulance service within Multnomah County. Emergency in this context to mean that the patient must be rendered care within a half an hour or less and that the patient is not exhibiting any signs or symptoms which would require an emergency response as dictated by the EMS call triaging guide.

### 3f. Staffing

Staffing for emergency ambulance service within Multnomah County for the ASA contractor is considered in Multnomah County Code and EMS Rules, see Attachments 3 and 4. In addition, the Request For Proposal document details even further the requirements with specific reference on unit hour utilization, reimbursement levels for Emergency Medical Technicians, and staffing levels as reported through an ambulance service area plan. See Attachment 11. This examination in a prospective manner of an ambulance service area assignee will allow a detailed process to determine that adequate staffing levels to assure EMT competency with no burnout are maintained.

### 3g. Ambulance Equipment

Ambulances operated by the contractor for each ambulance service area are required to meet standards above those of ORS.

Those standards which are required are detailed in the MCC and EMS Rules, see Attachments 4 and 3.

In addition, the Request For Proposals determines other standards for equipment, see the equipment portion of the Request For Proposal, Attachment 11.

### 3h. Patient Transport Vehicles

The ambulance service area contractor is required by Multnomah County Code and EMS Rule to meet minimum ORS requirements with regard to vehicle construction and standard.

In addition, the Request For Proposal, see Attachment 11 requires that the ambulance contractor to receive points, provide specific up to date ambulances meeting KKK1822B and that the contractor maintains the mechanical stability of the vehicle by the ambulance operator required to have inspections provided at specific mileage increments.

### 3i. Initial and Continued Training For Personnel

The ambulance service area operator will be examined to determine their initial personnel training and maintenance of personnel training prospectively and retrospectively.

The prospective examination process is provided through the Request For Proposal which requires personnel to be currently certified at the EMT-4 level. It is the responsibility of the ASA contractor to maintain certification levels for his personnel. In addition, the single physician supervisor will require inservicing and Multnomah County requires attendance at mandatory inservicing for the personnel.

Retrospective analysis of the training level and continuing education is provided through examination of ambulance contractor records to assure that all personnel are maintaining EMT certification and re-certification standards with regard to continuing education. This will be provided through random checks of the continuing education and certification files which the contractor must maintain.

In addition, the county through contract with Oregon Health Sciences University offers two inservice training courses per month which are also coordinated with local hospitals. These provide for the provision of a didactic lecture and at least two case reviews involving on-line medical direction physicians. This process assures that the Emergency Medical Technicians within the community are provided many chances to interrelate with on-line medical direction and be provided a mechanism to assure them of meeting continuing education requirements for the state of Oregon.

#### 4a. Mass Casualty Incident Response Plan

Mass Casualty Incident Response Plan is a requirement of the EMS Rules of Multnomah County. EMS Administrative Rule 631-514 assigns responsibility to develop the Mass Casualty Incident Response Plan and Protocols to the Emergency Medical Services office.

This plan and protocols have been provided and are adopted as a portion of the rules of Multnomah County. The Mass Casualty Incident Response Plan is attached as Attachment 13.

#### 4b. Extra Personnel, Facilities, or Equipment Needs

Hazardous materials situations within Multnomah County are dealt with by the Portland Fire Bureau and the Gresham Fire Department. Standard operating procedures of these two organizations as well as their protocols are attached as Attachment 14.

Notification of these organizations of hazardous materials incidents is made by the Bureau of Emergency Communications and Fire Alarm Dispatch. In addition, the Port of Portland functions with these two fire organizations, which offer hazardous materials services for the Port.

Search and Rescue functions are assigned to the Multnomah County Sheriff's Office by state statute.

Notification of the Multnomah County Sheriff's Office Department for Search and Rescue needs is made by the Bureau of Emergency Communications. In addition, the 304th Search and Rescue is coordinated for search and rescue activities through the Multnomah County Sheriff's Office.

Specialized rescue such as vertical terrain, water rescue, and other types of specialized rescue are provided by Portland Fire Bureau, Gresham Fire Department, Fire District 14, Sauvie Island Fire, and Skyline Fire. Portland Fire Bureau maintains a dive rescue unit as well as vertical terrain personnel. Gresham Fire also maintains vertical terrain rescue personnel.

#### 4b. Vehicle Rescue

Vehicle rescue is provided by Portland Fire Bureau, Gresham Fire, Corbett Fire, and Sauvie Island Fire. The Vehicle Rescue apparatus includes Hurst Tools, other types of forcible entry tools, and air bags. Personnel are trained in the use of these tools, and the Emergency Medical Technicians who function with each of the fire agencies as first-responders also provide vehicle rescue services.

A listing of station locations for Portland Fire Bureau and the Gresham Fire Department are attached as Attachments 15 and 16.

Sauvie Island responds from only one location. Corbett Fire responds from three locations. Skyline Rural Volunteer Fire responds only one location in Multnomah County.

All requests for specialized rescue services are directed through the Bureau of Emergency Communications 9-1-1 center, which has standard operating procedures for the response of these units. The standard operating procedure for the Bureau of Emergency Communications is attached as Attachment 17.

#### 4c. Coordination of Special Resources

Coordination of special resources needed in emergency medical situations is provided through the Bureau of Emergency Communications Standard Operating Procedure which is attached as Attachment 17.

Multnomah County Advanced Life Support and Basic Life Support Protocols assign the person in charge responsibilities to the first arriving Emergency Medical Technician, and these responsibilities are maintained by the Emergency Medical Technician, until transport is imminent (see Attachments 5 and 6). This applies except in situations which meet Mass Casualty Incident (MCI) definitions. In MCI's the Medical Sector Coordinator remains the P.I.C.

Responsibility for unsecured or dangerous situations is assigned to the fire agency by county and city statute.

Incident responsibilities which involve a Mass Casualty Incident (MCI) are assigned by the Mass Casualty Incident Plan, which is attached as Attachment 13.

#### 4d. Methods for Obtaining Out-Of-County EMS Resources Other Than Ambulances

The responsibilities for out-of-county resources which might be needed in the event of a Mass Casualty Incident, or specialized resource not available within Multnomah County are assigned to the Bureau of Emergency Communications through their standard operating procedures and by the Mass Casualty Incident Plan.

The coordination of this process is through the Bureau of Emergency Communications, and may involve Providence Hospital as the regional hospital, Multnomah County Sheriff's Office with regard to search and rescue, fire departments within the county with regard to mutual aid agreements, and other counties' mass casualty incident plans.

It is also anticipated that the Area Trauma Advisory Board I Plan will adopt a mass casualty incident plan which will provide additional out-of-county resources for each county which finds its resources overcome in a mass casualty incident.

Overall coordination of these specialized resources and their inclusion in the Multnomah County process is through the Office of Emergency Management Multnomah County, and the Office of Emergency Management Portland Fire Bureau, City of Portland.

#### 4e. Mass Casualty Incident Plan Recognition

The Mass Casualty Incident Plan has been recognized and adopted by Multnomah County. This plan is incorporated as a part of the Emergency Medical Services rules of Multnomah County, and as an annex to the Multnomah County Emergency Management's Plan. A letter from the Multnomah County Emergency Manager stating that the plan is a part of the Multnomah County Disaster Plan is attached as Attachment 18.

#### 5a.b. Mutual Aid Agreements

Mutual aid agreements are provided between each ambulance service area provider (in and out of county). It is anticipated that the contractor(s) selected by the RFP will use these same agreements.

Copies of these mutual aid agreements are attached as Attachment 19.

These standards are a part of the information required by EMS Administrative Rule 361-316 adopted December 15, 1986 (see Attachment 4).

## 6a. Boundaries

### AMBULANCE SERVICE AREA FOR TWO AMBULANCE SERVICE AREAS

#### MULTNOMAH COUNTY

ASA 1 All of Multnomah County west of the Willamette river, and including Sauvie Island. The Washington County, Columbia County, and Clackamas County lines will form the outside boundaries of this section of ASA 1. The Burnside Bridge will be the north/south divider for the Willamette River. The boundary line for the area east of the Willamette River will be Burnside Street, with Burnside being the Northern most boundary of the Ambulance Service Area, following Burnside until it reaches I205 and then I205 southerly until it joins the Clackamas County line.

ASA 2 Boundaries:

The area of Multnomah County contained between the Willamette and Columbia rivers (but not to include Sauvie Island) proceeding south-eastward following the Willamette river shore until it reaches Burnside Bridge and then following Burnside street easterly until I205, then southerly to the Clackamas county line and easterly following the Clackamas county line, to the Hood River county line, then northerly following the Clackamas county line, then to the Columbia River shores westerly until this line joins the western boundary of this ASA.

All "dividing lines" will have the closest emergency ambulance responded.

Basically the two ASAs are: ASA 1 - all of the area in Multnomah County west of the river including Sauvie Island and the area east of the river, south of Burnside. ASA 2 includes all other areas of Multnomah County.

#### 6b. Other Districts

The fire districts are illustrated in Attachment \_\_\_\_\_. In addition, city and water district boundaries are illustrated.

The ASA plan respects fire districts with only the area served by Portland Fire Bureau being served by two ASA's. A single call receiving point for ALS ambulances and first responders overcomes this potential problem.

#### 6c. Coordination

The ambulances of each ASA will be dispatched by the same dispatch point (BOEC). This will be uniformity in application of all rules, protocols, and SOP's between the two ASA's. In addition, the RFP (see attachment 11) require mutual aid agreements.

First responders are dispatched by FAD. A subcommittee of the EMS Policy Board and the EMS Policy Board have recommended consolidation of EMS and Fire Dispatch functions at BOEC.

#### 6d. Barriers to Service

The boundaries were designed with the following factors and logic:

1. Similar size - geographic area and population are of similar makeup.
2. Similar EMS responses - the EMS calls answered and number of transports are of similar volume.
3. Hospital location/patient flow - patient hospital destinations when transported by ambulance were considered so as to minimize out of ASA hospital destinations.
4. Geographical impediments to service - the Willamette River is used as a boundary for a portion of the ASA. The southwest hills with road ingress egress problems was considered and placed in a single ASA. The same service provider (ASA 1 serves North and South of I-84 which might be considered an impediment due to a small number of traffic arterials which cross.

The response times are the same standard for each ASA. The RFP (see attachment 11) requires that each contractor propose a system status plan which meets response time requirements.

6e. ASA County Inclusion

The ASA map (see attachment 22) illustrates that all of Multnomah County is Covered by an ASA.

#### 7a. Quality Assurance

Multnomah County's quality assurance measures are assigned under Multnomah County Code to the Emergency Medical Services Director under MCC 6.31.040 and 6.31.060, A-4; and to the Medical Advisory Board under MCC 6.31.055.

The quality assurance mechanism currently used by Multnomah County functions under the auspices of the Emergency Medical Services Director and the Medical Advisory Board. The current quality assurance process is described in Attachment 12.

7b. Legal Sanctions for Violation of Ambulance Service Area Plan

Legal sanctions are provided under Multnomah County Code 631-110, -130, -140, -160, -165, -180, -182, -184, -190, and EMS Administrative Rules 631-030 and the Administrative Fines Attachment. These are attached as Attachment 4 and 5.

7c.

Consumers will be provided a chance for input to the Emergency Medical Services program through two main measures.

The first of these measures is the provision of a rate control committee made up of citizens as well as the provider of service and the medical community. This committee will hold hearing every six months to determine that the level of service within the community is meeting the consumers' needs and then any complaints are addressed. In addition, any raising or lowering of rates must begin with that committee. The public will have the right in hearings before the EMS Policy Board and the Board of County Commissioners to provide any complaints or issues which they determine are appropriate to bring forward.

The office of Emergency Medical Services as a representative of the public in its quality assurance monitoring process assures each complainant that their issue will be brought before a quality assurance committee, adequately aired, and that the outcome will be provided back to them. The office of Emergency Medical Services must accept public complaints and provide for outcome. See Attachment 12.

#### 8a. Provider Selection

If an ambulance service requests licensing within Multnomah County to provide ambulance service Multnomah County Code provides a mechanism for licensing of the ambulance service. If the ambulance service meets the minimum criteria as listed in the licensing requirements it will be issued a license. This is detailed in attachment 3.

Any ambulance service requesting assignment of an ambulance service area will be provided a chance to bid in a open competitive procurement process for delivery of ambulance service to one, both of the two ASAs on a four to five year basis. Ambulance service will be provided to the ambulance service areas by contract.

## 8b. ASA Provider Selection Process

This section process is to select the most effective, efficient provider of emergency ambulance service.

Selection by competition for an ambulance provider for ASA 1 and 2 is to be done through a request for proposal. The RFP building will involve participation of persons knowledgeable in EMS and other persons who have areas of technical expertise that will be useful in constructing various components of an RFP. An RFP construction committee will organize the RFP using point ranking. Consideration and recommendations for award of the contract will be made by an evaluation committee.

Steps of Selection of a provider:

### I. Construct a Request For Proposal

- A. RFP construction is to be done by the construction committee.
- B. The EMS system RFP is broken into six components.
  - 1. Personnel, i.e. working conditions, level of training, continuing education accessibility at time of recontract, benefits, etc.
  - 2. Communications, i.e. response, triaging, ambulance placement, level of response, integration with first responses.
  - 3. Medical, i.e. protocols, off-line, on-line, drugs, quality assurance.
  - 4. Equipment, i.e. ambulance, communications, housing, ALS/BLS medical equipment.
  - 5. Business Practices, i.e. rates, billing procedures, third party reimbursement.
  - 6. Safety Net, i.e. guarantee: no loss of service delivery, no low quality of care or inability of operator to comply with the standards of the contract and minimum bidding qualifications.
- C. A construction committee is to guide the overall construction of the RFP.
- D. The committee will be staffed by the EMS office.

8b. ASA Provider Selection Process cont'd

- E. The RFP construction committee is to be selected by the EMS Policy Board. The makeup of the committee is:

EMS Director Ex-Officio Chairman  
Medical Advisory Board Representative  
Representative of Small Business  
Attorney (County Counsel)  
Multnomah County Medical Society Representative  
Emergency Medical Technician-Paramedic  
Citizen

No member of the committee may have a vested interest in the current EMS delivery system or have a vested interest in any potential contractor.

- II. The Medical Advisory Board will review the proposed RFP and any changes requested will be returned to the Construction Committee.
- III. The Emergency Medical Services Policy Board will review the RFP and advise the Board of County Commissioners (BCC).
- IV. The Board of County Commissioners will approve the RFP after considering the EMS Policy Board recommendation.
- V. Advertisement for bids will be made by Multnomah County Purchasing using the RFP and RFC.
- VI. A bidder qualification study will be performed using a Request For Credentials (RFC).
- A. The RFP Construction Committee is to review and select potential bidders based on preset minimum qualifications criteria as set forth in the RFC.
- VII. A pre-bid conference for qualified bidders will be conducted.

VIII. Proposal Evaluation

- A. An Evaluation Committee is to consider and recommend a provider for the ASA based upon compliance with minimum elements and points accumulated in the six component areas of the RFP. The evaluation committee is to be selected by the EMS Policy Board and ratified by the BCC and made up of the following positions (no person is to serve in a voting capacity on both committees):

EMS Director Ex-Officio Chairman  
Medical Advisory Board Representative  
Citizen (2)  
Multnomah Medical Society Representative  
County Purchasing Representative (non-voting)  
Emergency Medical Technician Paramedic Representative

8b. ASA Provider Selection Process cont'd

- B. The Evaluation Committee will evaluate all proposals.
  - C. The Medical Advisory board will review and make recommendations concerning the recommended proposal.
  - D. The EMS Policy Board will recommend the proposal to the BCC based upon the Evaluation Committee and the MAB recommendations. If the EMS PB determines the proposal is not acceptable, the proposal will be returned to the Evaluation Committee.
  - E. The BCC will receive the recommendation from the EMS PB. If the BCC determines the proposal is unacceptable, the proposal will be returned to the EMS PB. If the BCC, upon determining the proposal is acceptable, will direct Multnomah County Purchasing to negotiate a contract with the successful proposer.
- IX. The contractor will be monitored by the EMS office to assure that contract requirements are met.
- A. Medical (Medical Advisory Board)
  - B. System (Medical Advisory Board)
  - C. Business (Rate Committee)
- X. The competitive bid process will meet all Multnomah County purchasing standards.

#### 8b./c. ASA Provider Reselection Process

Provider reselection criteria.

A provider of ASA 1 and ASA 2 of Multnomah County will be reselected after a period of four years plus an optional renewal for a one year period.

The process to be followed for provider reselection is the same as that of initial provider selection. An RFP will be provided with the provider being selected on the basis of the proposals which are submitted. The proposal which provides the most effective, efficient delivery of the emergency ambulance service for ASA 1 and ASA 2 will be selected.

If the provider should fail in less than the four year contract period or the county determined that contract standards were not being met and revoked the contract the following procedure would be used:

1. The provider will be notified and all appropriate legal measures with regard to contract negotiations and appeals as required by ORS and MCC will be followed.
2. In the event that the provider can be left in place during the time period required to receive requests for proposals and award a new contract, such will occur.
3. In the event that the contractor will not or cannot provide service during the interim period between contract default and new provider implementation, the safety net portions of the proposal will take effect. The county will operate the emergency ambulance service during this period of time, using the equipment, personnel and funds provided under the proposal. The county may elect during this time to provide this equipment to the other ambulance service area contractor as a means of continuing service.

It is intended that this provider reselection procedure will at no time leave Multnomah County without effective, efficient emergency ambulance service.

#### 8d. Procedures for Resolving Disputed Cases

The procedure for resolving disputes with regard to ambulance service area operators or contractors is a two-fold process.

The contract between the county and the ambulance service area operator will provide for measures to reduce conflict and provide effective outcome.

MCC and EMS Rules also provide a mechanism for solving of disputes and hearing process. These are detailed in Attachment 3 and 4.



CITY OF

# PORTLAND, OREGON

BUREAU OF FIRE, RESCUE & EMERGENCY SERVICES

Dick Bogle, Commissioner of Public Safety  
George E. Monogue, Chief  
55 S.W. Ash Street  
Portland, Oregon 97204  
(503) 248-2680

July 18, 1988

Commissioner Caroline Miller  
1021 S. W. Fourth Avenue  
Portland, Oregon 97204

Dear Commissioner Miller:

This letter is in response to a June 27 draft document on Emergency Ambulance Costing. The issue, as you are aware, is what methodology or methodologies will be allowed in preparing bids for the 9-1-1 ambulance contract. Before discussing the specifics of the proposed methodologies, I would like to ask you to step back from the details and consider the "big picture".

The County originally began its involvement in the ambulance issue because of high ambulance rates. The intent of the process was to provide lower rates to the user while maintaining high quality service. The Portland Bureau of Fire, Rescue, and Emergency Services is in a unique position to add an increment to the mix of services it already provides, which would result in an incremental increase in its budget. The Bureau thus proposes to pass on this incremental cost increase to the user of the new service, i.e. transport.

The cost definitions presented in the June 27 document do not reflect the intent of incremental costing. For example, the definition of incremental cost is correct in that it "... comprises only the cost of any new elements which must be added. ...". However, the Bureau does not agree that incremental costing "... is based upon accepting the premise that resources presently in-place have no cost." The resources presently in place assuredly do have a cost. The point is that these resources by decision of the Portland City Council are presently being deployed for services for which there is no charge. The Bureau proposes to continue that arrangement, charging fees to recover only the incremental cost of the new incremental service.

Similarly, the definition of proportional costs requires including costs for all 9-1-1 medical call answering and transport functions, including the cost of waiting for calls.

BOARD OF  
COUNTY COMMISSIONERS  
1988 JUL 18 PM 3:44  
MULTNOMAH COUNTY  
OREGON

To: Commissioner Miller  
Emergency Ambulance Costing

Page - 2  
7/18/88

For the Fire Bureau, but for no other potential bidder, this definition would include first responder costs. Since a different level of staffing is required to provide the four-minute response required of the first responder than to provide the eight-minute ambulance response, this definition seriously handicaps the Bureau in preparing a bid. Only if all bidders are required to staff for a four-minute response time is this a reasonable requirement. As for waiting time, the Bureau does not include waiting time as a cost in its other fees for service. The rate-setting methodology traditionally used by the City contains no provision for charging for waiting time.

Many have expressed concern that tax dollars not be used to "subsidize" transport service. In fact, using proportional costing as defined in this document would have the opposite effect. Traditionally, public goods and services are defined as those which benefit the public and for which no fee is charged; private goods and services are those which benefit the individual and for which fees are charged. In this community, first responder services have functionally been defined as a public service (no fee for service) and transport has been functionally defined as a private service (fee for service). Thus charging ambulance users for all EMS services, as required by the proposed definition of proportional costing, is tantamount to charging the private user for a public (tax-supported) service.

In closing, I strongly urge you to allow incremental costing in preparing bids for the 9-1-1 ambulance contracts. The Bureau has committed to showing all additional costs associated with the program and to have a Big 8 accounting firm review our proposal. A decision not to allow incremental costing is a conscious decision to exclude the Bureau from bidding and possibly to deny citizens the lowest possible ambulance rates. Thank you for your careful consideration of this matter.

Sincerely,



George Monogue, Chief  
Bureau of Fire, Rescue, and Emergency Services

GEM:jb:XI.2

cc: Commissioner Bogle

**DRAFT**

Add Business Practice:

5 points

A history of public education is thought to predict a contractor's ability to deliver good public education. The proposer should describe the public education which he has provided over the past two years (1986, 1987). The system to which the public education was delivered must be the system used for credentialing. Proof of public education must include date, location, educator, and number of participants.

Evaluation: 5 points

The proposal which describes a history (over the past two years in the credentialing population which meets the following criteria will be awarded five points.

1. Provision of at least sixty public education sessions per year in CPR, First Aid, or other education (at least three hours in duration).
2. Participation in at least four large public gatherings per year with an educational display (fair, health fair, school, etc).
3. Participation in at least three specialized response education sessions per year (nursing home, adult foster care, shipyard, industrial problems, etc.).

If the proposal does not meet all of the above areas, 1.66 points will be awarded for each of the above areas to a maximum of five points total.

**DRAFT**

# DRAFT

Medical add:

5 points

It is thought that a proposer's history of having a functioning peer review process will predict that the proposer will provide better emergency medical care if chosen as a contractor. The proposer must describe his peer review process. The description must be provided for the past two years (1986, 1987) and be for the credentialed population.

Evaluation: 5 points

A proposal which describes a peer review process history with at least the following characteristics will be awarded five points:

1. A meeting each month attended by the off-line medical director, and with at least 90 percent of the members attending.
2. A peer review committee made up of representatives representing ALS, BLS, and communications.
3. A peer review process with a set of bylaws which assure patient confidentiality, rules of order, autonomy from management, and the responsibility to take action in medical areas they deem appropriate.

If the proposal describes and properly documents all of the above areas of peer review five points will be awarded. If all areas are not met, 1.66 points will be awarded for each area met for a maximum of five points.

# DRAFT

Personnel add:

**DRAFT**

five points

A good history of continuing and specialized education for EMTs is thought to predict a proposer's capability to offer excellent prehospital emergency medical care. The proposer should detail in the proposal the proposer's experience in EMT education over the last two years. EMT education experience must be based on the population which was used to credential the proposer. The proposer must provide proof of EMT continuing education through dates offered, lecturer, content, and number of EMTs attending. The proposer must also describe an evaluation process for cognitive and motor skill areas. A proposer who meets all of the goals will be awarded five points.

Evaluation: EMT Continuing and Specialized Education

The proposer who describes and validates a history of EMT continuing education which meets the following criteria will be awarded five points:

1. The program must have been offered to at least 65 EMT paramedics.
2. The program must offer at least the number of hours and variety (whichever is greater) required for state recertification or National Registry of EMTs recertification.
3. Twenty-five percent of the EMT-Ps recognized as Prehospital Trauma Life Support instructors or Basic Trauma Life Support instructors and Advanced Cardiac Life Support instructors.

If the proposer does not meet each of the above, 1.66 points will be awarded for each area met for a maximum of five points.

**DRAFT**

**DRAFT**

Personnel add:

Field Supervisor Qualifications: 5 points

The proposer must describe in detail the qualifications of the field supervisors which he will use if awarded the contract. The names of the EMTs is not to be included, however, the contractor will be responsible for providing field supervisors with the qualifications described in the proposal.

Evaluation: Field Supervisor Qualifications 5 points

The proposal to meet the field supervisor goal must describe field supervisors which have the following characteristics:

1. Supervision experience as evidenced by supervision of at least 20 EMT-Ps for two or more years.
2. Experience with the Multnomah County EMS program as evidenced by employment by a Multnomah County EMS/ALS licensee for at least the past four years.
3. Knowledge of prehospital care as evidenced by certification in Oregon as an EMT III or IV for at least five years.

A proposal which meets all of the above will be awarded five points. If the proposer does not meet all of the above, 1.66 points will be awarded for each area met for a maximum of five points.

**DRAFT**

Personnel add:

**DRAFT**

five points

A good history of continuing and specialized education for EMTs is thought to predict a proposer's capability to offer excellent prehospital emergency medical care. The proposer should detail in the proposal the proposer's experience in EMT education over the last two years. EMT education experience must be based on the population which was used to credential the proposer. The proposer must provide proof of EMT continuing education through dates offered, lecturer, content, and number of EMTs attending. The proposer must also describe an evaluation process for cognitive and motor skill areas. A proposer who meets all of the goals will be awarded five points.

Evaluation: EMT Continuing and Specialized Education

The proposer who describes and validates a history of EMT continuing education which meets the following criteria will be awarded five points:

1. The program must have been offered to at least 65 EMT paramedics.
2. The program must offer at least the number of hours and variety (whichever is greater) required for state recertification or National Registry of EMTs recertification.
3. Twenty-five percent of the EMT-Ps recognized as Prehospital Trauma Life Support instructors or Basic Trauma Life Support instructors and Advanced Cardiac Life Support instructors.

If the proposer does not meet each of the above, 1.66 points will be awarded for each area met for a maximum of five points.

**DRAFT**

July 21, 1988

To: Joe Acker  
From: Pauline Anderson, Polly Casterline  
Re: R-15 and R-16

The following are changes we would like to consider making in the ASA Plan and the RFC and RFP documents. We would like for you to develop appropriate language (where not already done) to implement these changes and discuss your reactions to them at next Tuesday's informal. Please distribute the specific language you develop to the interested parties, so they can comment on these ideas at next week's Thursday formal meeting.

1. 2 ASAs with 2 winners

Adopt changes to RFP and ASA plan listed in memo from EMS office

2. Require proportional costing

Adopt appropriate language incorporating the approach suggested by the EMS Office.

Insure that the cost of ALS vehicles and EMT4s currently in the Fire budget which would be used as part of the EMS service are included by Fire as part of their bid.

3. Require Affirmative Action plan

"Bidder must present proof of a current affirmative action plan approved by the U.S. Department of Labor, and compliance with that plan".

4. Revise points Awarded Price

Revise base rate. Current base rate of approximately \$225 BLS and \$355 ALS. Subtract 10% for anticipated savings and set base at \$200 BLS and \$325 ALS. Adjust add on and penalty points.

a A BLS flat rate of \$200 will be awarded 20 points. For each ten dollar increase in the rate, 2 fewer points will be awarded. A flat rate of less than \$200 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$300 will be penalized by deducting 2 points for each ten dollar increase.

b. An ALS flat rate of \$325 will be awarded 30 points. For each ten dollar increase in the rate, 2.5 fewer points will be awarded. A flat rate of less than \$325 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$450 will be penalized by deducting 3 points for each ten dollar increase.

c. A \$60 charge per ambulance per hour for private standbys will be awarded 10 points. For each ten dollar increase 2 fewer points will be awarded.

## PERFORMANCE PREDICTORS

The following are a list of possible performance predictors.

### 5. Require performance objective on EMT training

EMT Education and Training 5 points. EMT-4 Continuing Education and Training.

ACLS means Advanced Cardiac Life Support, PHTLS means Pre-Hospital Trauma life Support, and BTLS means Basic Trauma Life Support

- a. All EMT-4s (beyond each EMT-4's first six months of employment) ACLS certified;
- b. All EMT-4s (beyond each EMT-4's first six months of employment) PHTLS or BTLS certified;
- c. At least 10% of all EMT-4s certified as ACLS instructors;
- d. At least 10% of all EMT-4s certified as PHTLS or BTLS instructors;
- e. A history of at least 35 hours per month of training, performed by the proposers' training officer or a physician, regarding ALS medical issues and patient care protocols or case reviews

The documentation of the thirty-five hours must be furnished and include date, time, number of participants, subject matter, and location. The hours must be documented for the last two years.

Five points will be awarded if the proposer meets all of the above. If the proposer only partially meets the above, fewer points will be awarded with each area met contributing one point.

### 6. Field Supervisor Credentials

5 points. EMT Supervisors' qualifications. Each to be an EMT-4, ACLS, and PHTLS certified, with at least four years' experience as an EMT-4 delivering hands-on care in the field and also demonstrating at least two years of EMS/EMTS managerial experience or training, all such experience to be gained in a system of at least 20,000 emergency calls per year. Potential supervisor will be identified by qualification, but not by name.

### 7. Quality Assurance

Could use language currently in credentialing document and award points for performance above the minimum.

## 8. Public Education

## 9. Financial Stability

Clackamas County and other RFPs give points for stability and security indicators above the minimum required in the RFP. Consider some objective standards for awarding points for enhanced financial stability.

## 10. Record of Satisfactory Service in Providing Emergency medical care and transport qualifications.

20 points Four points will be awarded for each category that is met. Proof of each category compliance must be furnished through out of company validation (i.e. insurance company, Better Business Bureau, etc.)

- a. one or fewer written complaints regarding a patient's medical care made either to the provider or to its regulatory agency(ies) per every 500 911-originated responses
- b. one or fewer lawsuits or insurance settlements related to patient care per every 2,000 911-originated responses, and
- c. one or few collisions (which require a state accident report be filed) or other vehicle accidents per every 1,000 911-originated responses
- d. one or fewer Workers Compensation Claims filed per 1,000 911 originated responses
- e. one or fewer personnel grievances filed per 2,000 calls

## DETAILS TO CLARIFY

### 11. Four year Contract

Because this is a possible interim step, remove optional one year extension language. Reexamine in four years whether to bid one ASA.

### 12. Clarify Automatic Vehicle locator

Clarify in RFP that with two winners, each will be asked to only pay half of capital ~~costs~~ of AVL system (estimated to be \$75,000 for each provider)

### 13. Require specific contract accompanying RFP

### 14. Change to ASA Plan

Make clear that consolidation of dispatch should occur at the BOEC, not at the Fire Dept.

"The goal is that the first responders and ambulances of each ASA will be dispatched by the same dispatch point (BOEC).

There will be uniformity in application of all rules, protocols, and SOPs between the two ASAs."

Consistent with City Auditor's report.

## OTHER ITEMS

### 1. Selection Process

Clarify how Committee will actually select two bidders. Are they bound by the bidder with highest point totals.

### 2. Overall point sheet

Please provide a one page sheet listing how points will be awarded. Be prepared to discuss the rationale for the distribution of points among the categories.

### 3. Review how Hooper Contract will operate

### 4. Add to Department's Legislative Agenda that the State Legislature amend the pertinent language clearly to permit a county to have a single ASA area.

This clarification would be helpful to other counties (especially less populous counties where two areas is very impractical).

SCHWABE, WILLIAMSON & WYATT  
ATTORNEYS AT LAW

Pacwest Center, Suites 1600-1800  
1211 S.W. Fifth Avenue  
Portland, Oregon 97204-3795  
(503) 222-9981

CABLE ADDRESS: "ROBCAT"  
TELEX 4937535 SWK UT  
TELECOPIER (503) 796-2900

July 21, 1988

Multnomah County Board of  
Commissioners  
Multnomah County Courthouse  
1021 S.W. Fourth Avenue  
Portland, OR 97204

RE: Proposal For Ambulance Service  
in Multnomah County

Dear Commissioners:

As you know, this office represents Care  
Ambulance, Inc.

Currently you have under consideration a  
recommendation from the Emergency Medical Services staff  
regarding ambulance service which would divide Multnomah  
County into two ambulance service areas, but which would  
allow one company to bid on both and win both service areas.

Judge Crookham of the Multnomah County Circuit  
Court recently ruled that a single ambulance service area  
system in Multnomah County is illegal as violating Oregon  
law, local law and the Portland City Charter. It is Care's  
position that if you enact a system in which one provider  
may bid both service areas and win both service areas you  
would be violating these laws as interpreted by Judge  
Crookham. The result of the plan to "bid both and win both"  
is the same as allowing a single ambulance service area in  
Multnomah County.

Mark Drake, the general manager of Care Ambulance,  
has some other suggestions which he is submitting to you in  
regards to improving the care and cost of ambulance service  
in Multnomah County. However, herein Care makes one last  
plea to you to wait until a decision on the county's appeal  
has been rendered by the Court of Appeals. If you enact the

Seattle, Washington 98171 • Schwabe, Williamson, Wyatt & Lenihan  
Peoples National Bank Building, Suite 900 • 1415 Fifth Avenue • (206) 621-9168

Washington, D.C. 20007 • Schwabe, Williamson & Wyatt  
The Flour Mill, Suite 302 • 1000 Potomac Street N.W. • (202) 965-6300

Multnomah County Board of  
Commissioners  
July 21, 1988  
Page -2-

proposal currently under review, it will only lead to  
further litigation, which is costly for all involved.

Your consideration is greatly appreciated.

Very truly yours,



Donald Joe Willis

DJW:sds

REPORT TO  
MULTNOMAH COUNTY COMMISSIONERS

REGARDING

PROPOSED AMENDMENT  
TO THE ORDINANCE OF  
JULY 21, 1988

Respectfully submitted by

Mark Drake  
Operations Manager  
CARE AMBULANCE

CARE Ambulance appreciates this opportunity to present a written proposal on the proposed ordinance.

CARE Ambulance acknowledges that a lot of time and effort by concerned parties have been put forth in this endeavor.

The County Commissioner's goal of quality patient care at a reasonable cost to the consumer is a noble one, and one that CARE Ambulance shares.

Although all interested groups and individuals have traveled a long ways down this path, it is vital to reflect on how we have arrived at this point and the best direction in which to proceed. If the wrong path is chosen, patient care in Multnomah County could be seriously jeopardized. It is advisable to study all alternatives and choose the one that is best for everyone, patients and providers alike. To better understand which direction to take, it is best to look at the origin of this process. CARE sincerely believes that this process has strayed far from the original path; and that the original goal has been lost in this convoluted process.

The basis of this entire process started with a premise from Mr. Acker in a report to the Policy Board of February 7, 1985 where he stated on page 9;

"We conclude that ambulance rates in Portland are the most expensive that were found in the country."

From evidence that has been submitted over the last two years, that conclusion has been proven false. The Rate Study Task Force concluded that the ALS ambulance rates in Portland were, "not comparable to like systems," not that the rates were the highest.

Mr. Acker further stated in that same report on page 9;

"The quality of service provided in Multnomah County is excellent (emphasis added), and is not at issue here."

It is clear from not only these statements, but the overall report, that Mr. Acker's contention was that service was not a problem. Simply, in his opinion, rates were too high.

Further in the report Mr. Acker stated;

"We recommend alternative number one. Franchising offers the greatest potential for a high quality emergency medical services system at the best and lowest cost to the

public and user."

From this conclusion it is clear, Mr. Acker intended to implement a franchise system. He has never deviated from that path irrespective of options that could achieve the same goals.

That report resulted in the "Rate Study Task Force" being formed in May of 1985. The Rate Study Task Force was given three charges, they were;

- "A. A determination of whether the present Advanced Life Support (ALS) ambulance rate structure in Multnomah County is comparable to rates for the same ambulance services of similar quality in other areas of the United States.
- B. A determination of whether the present Multnomah County EMS system could be adjusted to ensure both cost containment and financial stability of the system without compromising patient care.
- C. An evaluation and recommendations for options (underline added) to provide rate accountability."

The Rate Study Task Force met several times and decided to have an outside consultant, Jay Fitch, write a report

on ambulance rates. Mr. Fitch's resulting document, "The Fitch Report" was adopted by the Rate Study Task Force on May 12, 1986 and based on the conclusions from that report the Rate Task Force found;

"...that Advanced Life Support Ambulance rates in Multnomah County are not comparable to other Advanced Life Support System rates in this country." (emphasis added)

No conclusions were reached or discussed involving Basic Life Support ambulance rates.

Since that report has been issued, it appears that almost everyone including members of the Policy Board and County Commissioners have concluded that the Fitch Report is inaccurate. This factor is important because the Fitch Report is the foundation by which all other decisions by the Rate Study Task Force, Policy Board, and the Board of County Commissioners have been based.

This process strayed even further from its original path by the Sub Rate Study Task Force. The Sub Rate Task Force convened to consider ten recommendations of the Rate Study Task Force. September 23, 1986 providers were allowed to participate in twenty minute presentations before the Sub Rate Study Task Force. At that meeting, Buck Ambulance first proposed a single provider in their report;

"Develop a sole (emphasis added) provider franchise to encompass all of Multnomah County. This top to bottom franchise would provide exclusive rights for all emergency, non emergency, and recumbent transportation."

With this top to bottom franchise, Buck asserted in their report;

"Ambulance rates could be decreased as much as forty percent while improving the quality of patient care."

In part, based upon Buck's claim of a forty percent reduction in rates with a franchise, the Sub Rate Study Task Force voted for a single provider by franchise.

The Rate Study Task Force, in their final report, followed that recommendation with:

"There should be a single provider system for Advanced Life Support and Basic Life Support for Multnomah County as a single ambulance service area."

The Sub Rate Study Task Force and the Rate Study Task Force recommended a single provider by competitive bid based chiefly on recommendations by Joe Acker and two major reports:

1. The Fitch Report.
2. The Buck Report of September 23, 1986.

Yet, in the process that followed, the "top to bottom" franchise concept, as outlined by Buck, was altered as the Policy Board decided on an emergency (ALS) contract only. Excluding non emergency (BLS) and recumbent transportation eliminated most of the so-called forty percent reduction that Buck claimed. The Fitch Report, alleged by all parties to be inaccurate, was left as the foundation for decisions.

The County, by adopting the decision of a single provider by competitive bid process, has chosen conclusions based on reports that are no longer valid. The single provider system is not only based on flawed conclusions, it is fraught with legal entanglements that will take years to unwind. The fact that Judge Crookham ruled on three key points should not be overlooked. One of those points is that the Portland City Charter forbids a single franchise within the city limits. For the implementation of the single provider system, whether the County is divided into two ASAs or one, all of the points will have to be overturned, not an easy or timely process. If the conclusions are invalid, the decision of a single provider by competitive bid is certainly one that should be re-examined closely.

The goal of high quality care at a reasonable cost to the consumer is obtainable along a different path; that

is to regulate the current system. Rate and system regulations has been proposed by both CARE Ambulance and A.A. Ambulance previously. Establishing a regulatory body or agency to regulate rates would address the primary issue that was raised by Mr. Acker back in February of 1985. Substantial evidence supports the premise that establishing a single provider ALS system for the citizens of Multnomah County is not only founded on erroneous reports and conclusions, is illegal.

The only reasonable choice that will benefit the citizens is to regulate the current system.

CARE Ambulance supports the goal of high quality care at the most reasonable price through a regulatory mechanism that regulates both price and service.

PORTLAND BUREAU OF FIRE, RESCUE AND EMERGENCY SERVICES  
EMERGENCY SUPPORT SERVICES SECTION  
11300 S.E. FULLER RD.  
MILWAUKIE, OR 97222

July 25, 1988

Gladys McCoy, County Chair  
Pauline Anderson, Commissioner  
Polly Casterline, Commissioner  
Gretchen Kafoury, Commissioner  
Caroline Miller, Commissioner

PROPOSED CHANGES TO THE ASA PLAN, RFC, AND RFP DOCUMENTS

The main thrust of our comments are to support the committee and Policy Board approved drafts of these documents and discourage any changes at this late date. We feel that enough testimony has been received and reviewed by both of these groups prior to issuing the drafts that changes need not be made now, especially since most of the changes being considered have been discussed at great length in the past. In order to clarify our position, I would like to address each of the recommended changes.

1. 2 ASAs with 2 winners

This deals with the issue of whether or not one bidder can obtain the contract for both ASAs. The Bureau is on record supporting the single ASA concept; however, since this has been ruled illegal, the decision of one winner vs two winners is up to the County Commissioners and we will work under whatever decision is reached.

2. Require proportional costing

You have a letter from Chief Monogue stating the Bureau's position on this issue. Tom Feely, the Bureau's Management Services Officer, has a letter for you further clarifying this issue.

**3. Require Affirmative Action plan**

In discussing the "...approved by the U. S. Department of Labor..." aspect of the change with Karen Alvarado of the City's Affirmative Action Office, I am informed that the Department of Labor (DOL) only "approves" plans under the following circumstances:

If a compliance complaint is filed with the DOL they will investigate, assist the local agency with their plan, and then approve the plan; or,

If an agency is bidding on a federal contract, a plan must be submitted for approval.

Since the City of Portland does not fall into either of these categories, its plan will not be "approved" by the DOL.

The City is committed to Affirmative Action and supports the recommendation that an Affirmative Action Plan be included in these documents; however, DOL required approval would eliminate the City as a potential bidder.

**4. Revise points awarded Price**

The request to raise the base rates has been made by Buck Ambulance on several occasions, reviewed by the RFP Construction Committee, and rejected by the Committee. I would like to know what justification has been received for these new base rates? Also hidden in this change is a revision to the points assessed if the bidder exceeds the base rate. I feel that points deducted for rates in excess of the base rate should be equal to points added for rates less than the base rate.

It seems to me, speaking to the suggested BLS rate of \$200, that the citizens of Multnomah County should at least enjoy the same low rate that Kaiser Medical Services receives since both Kaiser and Multnomah County are granting exclusive contracts for service.

**5. Require performance objective on EMT training**

a. This is a State requirement and does not need to be included in these documents.

b. This is an ATAB and Multnomah County Protocol requirement and does not need to be included in these documents.

c.

d. We currently receive this training through contracts with local hospitals which allow us to receive state-of-the-art knowledge not always available through peers training peers. The use of "in house" trainers could actually reduce the quality of education available by not utilizing resources readily available in the community. The goal of the Multnomah County EMS System should be to encourage education and keep on the "cutting edge" of knowledge, not to develop "in house" instructors for the benefit of the provider.

e. To keep an EMT 4 certified by the State of Oregon requires slightly more than 37 hours per year of training. The requested change is ten times the current requirement--**WHY?** Any additional training, over the State Requirement, should be geared to local needs such as First Responder interface.

#### **6. Field Supervisor Credentials**

This was discussed with the RFP Construction Committee and rejected, as it should now be. The management team of the ALS provider is stipulated in the documents, this requirement may prohibit knowledgeable personnel from serving in a capacity for which they are well qualified just because they did not work for 6 years in a large system.

#### **7. Quality Assurance**

Mr. Acker adequately addressed this issue last Thursday. The past record is not all that important since Multnomah County has a structured Quality Assurance program which will be required for the contractor.

#### **8. Public Education**

If the Commissioners want a specific Public Education program to be presented by the contractors, it should be detailed; however, the fact that the provider has engaged in this work, to the level outlined here, does not necessarily denote a particular level of capability and surely does not deserve extra points.

**9. Financial Stability**

The RFP adequately addresses the issue of financial stability through the Safety Net section and the Business Practices section. Awarding points for a company's ability to acquire profits is not appropriate.

**10. Record of Satisfactory Service in providing emergency medical care and transport qualifications.**

This is just another way of resurrecting the "analogous transport" issue. As a government agency, the City would not normally utilize "out of company validation" for the categories listed; rather, the Bureau of Risk Management and the Bureau of Personnel would supply the information requested (both of these Bureaus are in house Bureaus). Further, it is unclear whether this category includes only ALS transport vehicles and personnel or all vehicles and personnel involved in "911 originated responses". I would like to know how the specific numbers were arrived at--1 in 500; 1 in 1,000; and 1 in 2,000.

**11. Four year contract**

Since the optional fifth year is just that--an option--I don't see the need to eliminate it. This is a Commission decision and will not have a great impact upon the contract, whatever the decision.

**12. Clarify Automatic Vehicle Locator**

I have discussed this issue with Paul Stein, Operations Manager of BOEC, and Capt. Ed Davis, Manager of BOEC. Neither of them have had contact with anyone concerning an Automatic Vehicle Locator model (AVL) being placed at EMS Dispatch. In fact, the last time AVL was discussed was two years ago and it was decided that it was too expensive and would not meet the needs of the users. BOEC is currently working to issue an RFP for a new Computer Aided Dispatch system (CAD) to replace the present system. It is uncertain whether an AVL would work on the present computer system; would work on both the present computer system and the new computer system; and if not, who pays the additional money for a conversion? An AVL would require on-going maintenance and updates--who pays for this? This is too important of an issue to throw into an RFP without adequate research and documentation.

**13. Require specific contract accompanying RFP**

Further clarification is necessary before comments can be made.

**14. Change ASA Plan**

**Make clear that consolidation of dispatch should occur at the BOEC, not at the Fire Dept.**

This is extremely sensitive, as recognized by the City Auditor's report on Fire Alarm Dispatch (FAD). The Auditor did not, however, recommend that consolidation occur at BOEC. the recommendation was that:

"Direct that fire and medical dispatch be consolidated and that all emergency dispatch operations be located at one facility. Council should direct City Bureaus to work together with other participating agencies to develop a detailed implementation plan. The Council should urge Multnomah County and other user jurisdictions to adopt a similar policy and work with Portland to create an implementation plan."

This audit was reviewed by several different interested parties who commented on the consolidation issue.


"We agree that a thorough implementation plan must be completed prior to any decision to house all dispatch functions at a single site. We will work with all of the agencies involved in developing a plan which would meet the objectives stated in the recommendation."  
(George E. Monogue, Chief Bureau of Fire, Rescue and Emergency Services)

"The recommendation that the City Council 'direct that fire and medical dispatch be consolidated and that all emergency dispatch operations be located at one facility' is premature." "Once the above issues have been resolved then a long range communications plan should be developed, committed to and implemented."  
(Edward P. Davis, Captain at BOEC)

"We would encourage the Portland City Council to move expeditiously on the consolidation of fire alarm dispatch with other emergency communications modes at the Bureau of Emergency Communications. Consolidation can do nothing but lower the cost to all of the citizens of Multnomah County while increasing the effectiveness of service."  
(Joe Acker III, Director Emergency Medical Services)

With the exception of the last comments, all parties felt that consolidation must be carefully planned for-- I agree. I hope that you recognize the need to carefully plan for such an essential service and not rush headlong into consolidation and be forced to do what Washington County had to do--consolidate emergency dispatch, split emergency dispatch, then plan for consolidation of emergency dispatch.

Although these documents may not be perfect, they reflect the input from several citizens, groups, and interested parties. I urge the Commissioners to reject this last ditch appeal from one of the vested parties in this process and proceed with the work at hand: approve an ASA Plan; approve a Request For Credentialling document; and, approve a Request For Proposal document. This approval will allow the citizens of Multnomah County to enjoy a high level of pre-hospital care at a reasonable cost. Thank you.

A handwritten signature in cursive script, reading "John C. Wilson".

John C. Wilson  
Deputy Fire Chief

cc: Joe Acker III, Director County EMS  
Jane McGarvin, Clerk of the Board

**CHRISTOPHER P. THOMAS**

ATTORNEY AT LAW

2000 S.W. 1ST AVENUE

SUITE 400

PORTLAND, OREGON 97201

TELEPHONE (503) 227-1116

July 27, 1988

Mr. Joe Acker  
Director, Emergency Medical Services  
8th Floor  
426 SW Stark  
Portland, OR 97204

Subject: ASA Bidding

Dear Joe:

The Multnomah County Code and EMS Rules describe certain functions and responsibilities that will be carried out by EMS Central Dispatch. In preparing bids, it is important that bidders know whether they will be able to count on EMS Central Dispatch to carry out the functions and responsibilities assigned to it by the present Code and Rules. As I read the RFC and RFP, the bidders will be able to rely on EMS Central Dispatch carrying out these functions and responsibilities. If there is any doubt about this, please advise me immediately, so that I can ask that appropriate language be included in the RFC and RFP.

Very truly yours,

Christopher P. Thomas

CPT:mab

cc: County Commissioners ✓

County Clerk

Larry Kressel

Pete Robedeau

Jeff Kilmer

Submitted 7/28/88

Field Supervisor Qualifications

The Commission intends to delete the field supervisor qualification requirements from the RFP, but to include the requirements in the contract to be issued. Requirement (1) states:

"Supervision experience as evidenced by supervision of at least 14 EMT-Ps for two or more years."

If this is a contract requirement, it will be impossible for the provider to promote anyone from within the EMT-P ranks to the field supervisor position, since a newly promoted EMT-P will not have the requisite 2-year supervisory experience.

It is recommended that this requirement be deleted. The other two requirements do not present the same problem.

Submitted by AA Ambulance

## Peer Review

Requirements 2 and 3 are very specific as to the form of the required peer review process. This specificity as to form is like specifying a brand name in an equipment purchase. There are other specific peer review structures that could be just as effective, but they would receive no points under the current language.

It is recommended that requirements 2 and 3 be revised to read:

2. A peer review process that at least includes participation of EMT-Ps in the review of ALS cases.
3. Written peer review procedures that establish the procedures for peer review and the responsibilities of the peer review participants. The written procedures, or other company written procedures, must assure patient confidentiality.

These requirements have some degree of specificity, but allow a range of peer review programs that are equivalent in effect.

Submitted by AA Ambulance

### Satisfactory Care

This requirement, notwithstanding the deletion of item 1, still contains major problems:

#### Requirement 2: Lawsuits or Insurance Settlements

- Problem 1: Who provides the data? The language says the proposer cannot provide it. Are the proposer's attorneys and insurers acceptable?
- Problem 2: Since the lawsuits and settlements are measured against 911-originated responses, must they be generated from 911-originated responses? This would be a logical interpretation.
- Problem 3: This includes lawsuits and claims that the provider wins, or in which no payment is made, or which are still pending. This does not make sense, as these do not indicate any health care problem.
- Problem 4: This includes settlements of nuisance lawsuits and claims. Different insurers have different settlement policies. This seems unfair, as settlements of nuisance claims do not indicate any health care problem.

It is recommended the point award provision be rewritten to read:

"One or fewer lawsuits or claims related to patient care, generated by 911-originated responses, which have resulted in payments in excess of \$2,500 each, per every 2,000 911-originated responses."

#### Requirement 3: Collisions

- Problem 1: Again, what is an acceptable data source?
- Problem 2: The requirement should be limited to accidents requiring filing of a state accident report.
- Problem 3: This holds the proposer responsible for accidents where it was not at fault.

It is recommended that the point award provision be rewritten to read:

"One or fewer vehicle accidents, related to 911-originated responses, which require a state accident report to be filed, for which the proposer has paid a fine or has made a payment to an involved party in excess of \$500, per every 1,000 911-originated responses."

Requirement 4: Workers' Compensation

Problem 1: This bears no relationship to quality of medical care.

Problem 2: This relates to claims, even if no payment ever is made.

It is recommended that this requirement be deleted. If not, it should be rewritten to read:

"One or fewer Workers' Compensation claims filed, related to 911-originated responses, as to which a payment in excess of \$1,000 is made, per every 1,000 911-originated responses."

General Problem: How will the Portland Fire Bureau respond to these? Since they do only first response and no transport, comparing their history to that of transporting proposers is comparing apples to oranges.

Submitted by AA Ambulance

### Contractor Selection by High Point

Regarding the evaluation process described by Joe Acker and Larry Kressel:

Medical Advisory Board Review: The Board currently has on its membership a Buck employee, representing paramedics, and the Portland Fire Bureau's physician supervisor. Under state law, they cannot participate in the decision. It should be made clear that they may not have any communications with other MAB members about the selection procedure or the proposals.

EMS Policy Board Review: If the EMSPB remains a part of the process, it should be allowed to send a proposal back to the RFP Selection Committee only if the Committee has made a clearly demonstrable scoring error. In that case, the proposer should remain the winner if it still has the best score after the correction is made. A better approach would be to eliminate participation by the EMSPB, since in this particular process it serves no useful function. Furthermore, if the Portland Fire Bureau were a bidder, it would seem unfair for Commissioner Bogle or any other City representative to participate as an EMSPB member.

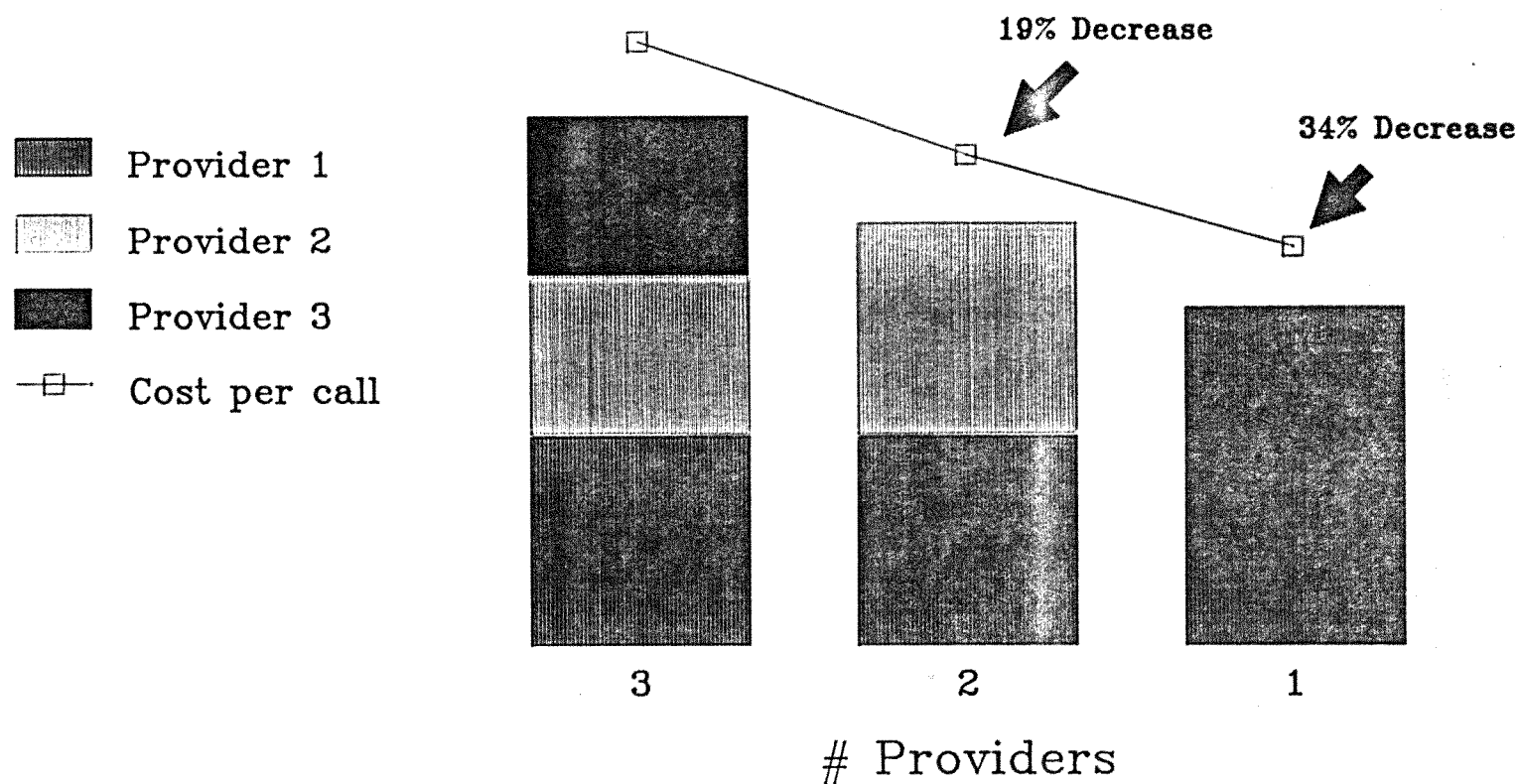
Submitted by AA Ambulance

Automatic Vehicle Locator

If this requirement is dropped, the points simply should be dropped from the RFP. They should not be assigned to some other area.

Submitted by AA Ambulance

# DECREASING COST PER CALL By Provider Reduction



Assume \$7,000,000 system cost

DALLAS

When Fort Wayne residents were surveyed to find what cities they thought would be likely to have excellent ambulance service, more than one of every ten said, "Dallas". That might have been because of the television show by that name; it might have been because some item coincidentally was appearing in the news at about the same time as the survey; it might have been because Dallas was prominently in the news in 1984 because of its EMS program. Whatever the reason, lots of people thought that Dallas was a likely place to find really good ambulance service.

What was found was a big city fire department which was responsible for the emergency ambulances in this most famous Texas city of over 1,000,000 residents. The Dallas EMS operates almost as a third service. It has its own offices and its own administrators. But it is definitely part of the Dallas Fire Department. Paramedics must be firefighters first. The clear sign that it is part of the fire department is that often personnel have to be drafted to serve on the ambulances. Once assigned to EMS, a firefighter is expected to remain for four years. At that time he can opt to go back to regular fire duty. Many do.

Dallas operates 20 paramedic units, known locally as MICU's. In addition, the department has recently put into service three paramedic engine companies. These special engine

## *Sirens Are A Warning Sound*

companies cover newly annexed territory on the edges of the Dallas city limits. These units do double duty as fire companies and as paramedics. They are classic "firefighter delight" units since they respond to emergency requests but do no transporting. The main body of the force, the 20 ambulances, do transport.

The units are all assigned to engine houses and have defined response areas. When the system gets overloaded and several ambulances are tied up answering calls, thus leaving a major section of the city uncovered, the dispatchers are to implement a "move up" plan. This is designed to bring ambulances from their usual assigned territories and temporarily post them in the inadequately covered parts of the city. Since this is to make up for unusual conditions, it does not get implemented automatically and routinely.

The Dallas system estimates that it receives between 50,000 and 60,000 requests for emergency ambulances each year. Prior to 1984, the Dallas system had an elaborate dispatching protocol that utilized nurses in the communications center to determine the seriousness of the medical problem. This approach allowed the nurses to give on-line instructions to the caller. More importantly, from a system management point of view, the nurses' primary function was to determine whether the call was critical enough to warrant sending a Dallas Fire MICU or whether the caller should be instructed to call a private BLS ambulance. Dallas perceived, and still does, that it has a high volume of

## *Sirens Are A Warning Sound*

abuse calls.

In early 1984, this dispatch protocol brought Dallas into national notoriety. One of the nurse dispatchers would not send an ambulance to respond to a request from the Boff residence. The eventual outcome of this incident was the death of an elderly lady, termination of the nurse, the retirement of the dispatch commander, the suspension of the nurse call screening program, the resignation of the remaining nurses, lawsuits, and finally the apparent elimination of call screening altogether.

Now the fire ambulances are supposedly dispatched to any request that comes in, except during "system overload". When many of the units are busy, the fire dispatchers are instructed to inform the callers who appear to have non-life threatening emergencies that they should call a private ambulance. In fact, at the front of the dispatch center on a blackboard mounted on the wall is a notation indicating that private ambulances can be found in the Yellow Pages on pages 84 and 85. Also, during system overload periods, city MICU units which respond and find that the patient does not seemingly need the expertise of paramedics will refuse to transport the patient and will instruct the patient to call for a private ambulance.

One story related by an operator of one of the private transfer services working in the Dallas area gives some indication of the affect of this overload policy. According to

## *Sirens Are A Warning Sound*

this anecdotal account, a private firm was called to transport a patient which the fire department unit had refused. The patient was an 80 year old female who had fallen out of bed and fractured her hip. Since her life was not perceived to be in imminent danger, the fire personnel felt it was necessary to get their unit back in service to await a real emergency.

Another result of the dispatch changes has been an increase in the number of runs to which DFD responds. For the reporting year 1983/84, the average run volume was 4610 responses per month. However, for the five month period before and immediately after the highly publicized Boff case the monthly average run volume was 3980; for the remaining seven months of the fiscal year the average jumped to 5060 runs per month. Of course, not all of this 27% upsurge can be attributed to the elimination of Dallas' version of call screening. However, the EMS management credits the majority of the increase to the new "when in doubt, send" policy.

The media storm which followed the Boff case also did much to add to the problem of paramedic burnout in Dallas. The EMS clipping file in the Dallas Public Library was nearly two inches thick, far more than in any of the other cities visited. Virtually all of the copy was the dissection of the call screening incident and the recriminations which followed. Much of the coverage was vulturistic in nature. As a recent editorial in jems magazine notes, "In Dallas, the media has created a

## *Sirens Are A Warning Sound*

self-fulfilling prophecy. It has increased the strain and stress to unbearable levels for the street personnel. The media has convinced the public that the Dallas EMS is incompetent, and that the system and its people deserve public contempt and ridicule."

The Dallas system has been the victim of media seeking great headlines, with little concern for good reporting.

In spite of all of the recent negative publicity, the Dallas system was judged to be the best in the nation in the early 1980's, one of the reasons it was included in this comparison. The system has been used as a model for many cities wishing to have a fire-based EMS. In fact, Dallas is so often visited that it has produced a 136 page manual describing its approach to prehospital ambulance service and is written as a guide to developing systems in other communities.

The financing of the Dallas EMS comes primarily from local tax dollars. The total cost of the emergency system is estimated at \$10,800,000, including an estimate for amortization of capital equipment, overhead, communications and billing services. The system charges a flat fee of \$120 per patient transported (the fee is \$290 for runs serving the county). In the most recent fiscal year, the billing department finds that 43% of the invoice value is being collected. From Medicare's perspective, the \$120 rate is actually viewed as a \$90 base charge plus a \$3/mile charge for an average of ten miles per run.

## *Sirens Are A Warning Sound*

This, of course, makes the Dallas system a classic "Medicare Profile Smasher". The revenue produced from fees, some \$1.3 million, is far less than the cost of producing the service. But again Medicare has no interest in the cost of production, only the price. The privates are saddled with the rate structure imposed by the city. This, to a great extent, accounts for the limitation of ALS private transfer service. Privates can afford to produce the less costly basic service within the constraints of the profile skewed by the city's fees, but ALS capabilities at the private level are severely hampered.

In the private sector in Dallas, a city ordinance prohibits any firm from providing emergency service except at the specific request of the fire dispatcher. A private ambulance can run with lights and siren if a transfer patient's condition requires transportation "with all practical speed to the hospital" only after contacting the fire dispatcher and requesting permission to make an emergency run. The transfer companies are not required to request paramedic assistance in these situations. In all cases of the privates providing emergency transport, a run report must be submitted to the city for review.

Private operators and personnel are licensed by the city. The only requirements to be met, however, are not very stringent. Personnel need only possess a valid chauffeur's license and be certified as at least having completed the advanced first aid course of the American Red Cross. Equipment

## *Sirens Are A Warning Sound*

is inspected annually by the Division of Transportation of the Consumer Services Department of Dallas. With only 14 companies and a total of 45-50 vehicles, this function takes a back seat to this division's work of regulating taxis and wrecker services. In fact, it was reported that the worst of the wrecker operators has indicated that he will give up that business in favor of opening an ambulance transfer business because it was less trouble.

Together the privates perform an estimated 38,000 transfers per year at an average fee of at least \$120, including all add-ons. (One estimate by the city put the average private invoice as high as \$200 per run.) The Dallas area services commonly engage in on-scene collections, although the fire department does not. (Recently, the Mayor of Dallas suggested that the Fire Department paramedics should begin collecting before patients are wheeled aboard "if you have something that is not that big of an emergency". The suggestion does not appear that it will be adopted.)

Medical control in the Dallas system is handled by a volunteer Medical Advisory Committee made up of local physicians. Primarily two doctors have been the driving force in overseeing the medical aspects of the system for the past decade. The doctors are currently requesting the relationship be formalized by means of a contract for services. This move is seen as a protection for the physicians against liability

## *Sirens Are A Warning Sound*

is inspected annually by the Division of Transportation of the Consumer Services Department of Dallas. With only 14 companies and a total of 45-50 vehicles, this function takes a back seat to this division's work of regulating taxis and wrecker services. In fact, it was reported that the worst of the wrecker operators has indicated that he will give up that business in favor of opening an ambulance transfer business because it was less trouble.

Together the privates perform an estimated 38,000 transfers per year at an average fee of at least \$120, including all add-ons. (One estimate by the city put the average private invoice as high as \$200 per run.) The Dallas area services commonly engage in on-scene collections, although the fire department does not. (Recently, the Mayor of Dallas suggested that the Fire Department paramedics should begin collecting before patients are wheeled aboard "if you have something that is not that big of an emergency". The suggestion does not appear that it will be adopted.)

Medical control in the Dallas system is handled by a volunteer Medical Advisory Committee made up of local physicians. Primarily two doctors have been the driving force in overseeing the medical aspects of the system for the past decade. The doctors are currently requesting the relationship be formalized by means of a contract for services. This move is seen as a protection for the physicians against liability

## *Sirens Are A Warning Sound*

actions.

On-line medical communications are handled from a special dispatch facility in Parkland Hospital which is staffed full time by an emergency resident and a firefighter. The physician gives medical orders to the street crews by radio; the firefighter maintains a running log of the transmissions. This medical control center is in touch with specialists throughout Parkland's mammoth facility, which handles more than 500 emergency room patients per day.

To provide an analysis of the run information, the Fire Department and the medical control committee have RN's who function as trainers and as evaluators of the system. Run sheets that indicate some problem in the delivery of treatment are referred to the system's management, both administrative and medical, for review. From these efforts, the Dallas system has concentrated on improving protocols, particularly in trauma cases.

In summary, the Dallas system is a large, governmental response to a major community need. The system has been hailed as one of the finest and has been subjected to some of the most cutting media coverage. Being based in the fire department, it has remained wedded to many of the traditions that accompany that service. The cost is high, second only to Austin.



# Emergency Medical Services

Multnomah County . City of Portland . Fairview . Gresham . Troutdale . Wood Village

## MEMORANDUM

TO: Board of County Commissioners

FROM: Emergency Medical Services

DATE: July 27, 1988

SUBJECT: R-15/16 Changes Per Work Session 7/26/88

---

Attached are the changes based on board discussion of 7/26/88.

This document is still numbered to match the Anderson/Casterline requests.

After first reading, if these changes are approved, EMS will incorporate the changes for second reading.

JA:rk

1. ASA/Contractor Issue

Changes to the ASA Plan, RFC, and RFP if a contractor is to be awarded only one ASA.

ASA Plan

Page	Present	Change
31	contractor(s)	<u>contractors</u>
40 (2nd paragraph, 3rd line)	to one or both of the two ASA's	<u>to one of the two ASA's</u>
41 (end of 1st paragraph)		<u>The same contractor may not serve both ASA's. Each provider bidding on both ASA will be asked to submit a choice of what ASA's they prefer to serve in the event that their proposals are best in both ASA's. The second best provider's proposal will then be selected and the contract awarded to it.</u>

RFC

3 (II last sentence)	<u>An applicant may make proposals on both ASA's but will be awarded the contract to serve only one.</u>
7 (IV first paragraph)	Delete last sentence.
10 (2nd paragraph)	<u>Add: The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA's to serve and the second best proposer will be awarded the contract for the non-chosen ASA.</u>

RFP ASA 1  
RFP ASA 2

Page	Change
6 (7)	<u>Add: The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA's to serve. The proposer's proposal for the second ASA will be rejected by the County. The proposer must include his choice of ASA's if both ASA's are proposed for.</u>

## 2. Costing Definitions

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

Appendix Add: 22 Emergency Ambulance Costing

16 (C1) Add after first sentence: Both costing columns and revenue columns must be completed. If either column is not full completed, the proposal will be determined non-conforming. Definitions of full, proportionate, and incremental costs are to be followed and are included in appendix 22. The first column on form 1 must provide full cost and revenue projections, and column two must provide proportional cost and revenue projections.

20 Form 1 Relabel column 2: Proportional Cost (911 call answering) (2)

21-1 Delete and replace with: 1. This must be full cost (see appendix 22).

21-2 2. This must be the proportional cost which the proposer projects. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in ambulance use, cross use of personnel, etc. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity.

30-C Add: The definitions contained in appendix twenty-two are followed. The cost and revenue projections used do demonstrate sound business practice, and are reasonable based upon projected staffing levels.

Emergency Ambulance Costing (For 9-1-1 Contract)

Cost Definitions:

1. Full Cost - is all of the cost in dollars to provide the necessary staffing, vehicles, and other associated resources (management, insurance, capitalization, debt retirement, etc.) for an emergency ambulance. Full cost level does not consider any cross use or extra use of personnel, equipment, etc.
2. Proportional Cost - the proportional cost of an emergency ambulance is the full cost divided into two components. The EMS proportional cost is that portion of full cost which is needed to provide for 9-1-1 medical call answering and transport functions. The EMS proportional cost also includes the cost of waiting for 9-1-1 medical calls. The "other" proportional cost is that portion of full cost which is needed to provide for the "other" functions of the emergency ambulance. The "other" functions may be transporting of non-emergency ambulance. The "other" functions may be transportation of utilization functions. Each component of the proportional cost must be justified by a methodology which is supported by historical figures and reasonable projections.
3. Incremental Cost - is the cost of resources which are new or must be added to provide 9-1-1 call answering and transport. This cost definition is based upon accepting the premise that resources presently in-place have no cost. Incremental cost thus comprises only the cost of any new elements (vehicles, manpower, etc.) which must be added to provide 9-1-1 call answering and transport.

9-1-1 Contract Costing Examples:

A series of contract costing examples is provided for demonstration purposes only. The areas of examples are vehicles, personnel, and management. Each of the areas is provided in example form for public and private. All costs are expressed in cost per ambulance.

The costing examples are provided with certain assumptions being made. These assumptions are:

- 1) An emergency ambulance costs \$50,000 dollars.
- 2) The proportional EMS cost is 70%, based upon a validated figure for private.
- 3) The proportional EMS cost is 69%, based upon a validated figure for public.

FULL COSTPROPORTIONALINCREMENTALPrivate:

1) Vehicles: total cost of ambulance to include replacement and backup vehicles.

1) Vehicles: the total cost of the ambulance including replacement, and backup vehicles for the proportion of time (or other factor) which the vehicle will be used for emergency (911 originated-calls) transport.

1) Vehicles: only the cost of new vehicles (including replacement and backup) which must be added to the existing fleet.

e.g. \$50,000

e.g.  $\$50,000 \times (\text{portion of time available for EMS calls}) .70 = \$35,000$

$\$50,000 \times (.90\% \text{ of new cost of one ambulance}) .10 = 5,000$ . (Based on only the new ambulances added to the total ASA, nine existing ambulances, and the total ASA needs only ten.)

Public:

1) Vehicle: total cost of ambulance to include replacement and backup vehicles.

1) Vehicle: total cost of the ambulance including replacement and backup for the proportion of time (or other factor) which the vehicle will be used for emergency transport functions.

2) Vehicle: only the cost of new vehicles which (including backup and replacement) which must be added to the existing fleet.

e.g. \$50,000

e.g.  $\$50,000 \times (\text{portion of responses are EMS versus other functions}) .69 = \$34,500$   
 $\$50,000 \times (90 \text{ of cost of two new ambulances}) = .20 = \$10,000$

e.g.  $50,000 \times (.90\% \text{ of new cost of one ambulances}) = \$5,000$

Private:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency transport.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

---

\$213,840

$\$213,840 \times .70 = \$149,688$

$\$213,840 (213,840 \times .10) =$   
 $\$21,380.$  (Based on only one of the  
ten ambulances requiring new staffing.)

---

Public:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency (911 call answering and transport) functions.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

---

\$213,840

$\$213,840 \times .69 = \$147,550$

$\$213,840 \times .20 = \$42,760.$  (Based on  
only two of ten ambulances requiring  
new staff.)

---

Private:

- |   |  |  |
|---|--|--|
| 3) <u>Management</u> : total cost of management expenses to include all cost other than vehicles and personnel. | 3) <u>Management</u> : total cost of management expenses to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services. | 3) <u>Management</u> : only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services. |
|---|--|--|

---

e.g. \$60,000

e.g.  $\$60,000 \times .70 = \$42,000$

e.g. \$20,000. (one and one-half billing clerks)

---

Public:

- |  |   |  |
|--|---|--|
| 3) <u>Management</u> : total cost of management to include all cost other than vehicles and personnel. | 3) <u>Management</u> : total cost of management to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services. | 3) <u>Management</u> : only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services. |
|--|---|--|

---

e.g. \$60,000

e.g.  $\$60,000 \times .10 = \$6,000$   
(90% of management time spent in non-9-1-1 contract functions.)

e.g. -0- (no new management needed)

---

3. Affirmative Action Plan

ASA Plan

No Change

RFC

Page

Change

16s (N)

Delete (N)

Add: Bidder must present proof of a current affirmative action plan which is in compliance with revised order number four issued by the U.S. Department of Labor or in the event that the potential contractor is too small for this, proof of compliance with Equal Employment Opportunities rules must be demonstrated.

RFP ASA 1

RFP ASA 2

No Change

6. Field Supervisor Qualifications

ASA Plan

No Change

RFC

No Change

RFP ASA 1

RFP ASA 2

Contract: The contract will require that the field supervisors are redirected from existing Multnomah County EMT's.

7. Peer Review

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

12. Add: 3B. The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for medical as above (see page 30 for evaluation criteria).

- a. It is thought that a proposer's history of having a functioning peer review process will predict that the proposer will provide better emergency medical care if chosen as a contractor. The proposer must describe his peer review process. The description must be provided for the past two years (1986, 1987) and be for the credentialed population.

27 Add: 3B. A proposal which describes a peer review process history with at least the following characteristics will be awarded seven and a half points:

1. A meeting each month attended by the off-line medical director, and with at least 90 percent of the members attending.
2. A peer review committee made up of representatives representing ALS, BLS, and communications (this committee is to only review ALS care).
3. A peer review process with a set of bylaws which assure patient confidentiality, rules of order, autonomy from management, and the responsibility to take action in medical areas they deem appropriate.

If the proposal describes and properly documents all of the above areas of peer review seven and a half points will be awarded. If all areas are not met, 2.5 points will be awarded for each area met for a maximum of seven and a half points.

10. Satisfactory Care

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

18 Add: B. A history of excellence of past performance in providing emergency medical care and transport is thought to predict a contractor's ability to provide better emergency medical care and transport. The proposer should describe and fully validate the following components of the system used for credentialing. Validation of the numbers must be provided by an organization other than the proposers for the past two years (86, 87).

1. A history of lawsuits or insurance settlements.
2. A history of collisions (which require a state accident report be filed).
3. A history of workers compensation claims.

31 Add: B. The proposal which describes a history over the past two years in the credentialing population which meets the following criteria will be awarded seven and a half points.

1. One or fewer lawsuits or insurance settlements related to patient care per every 2,000, 911-originated responses, and
2. One or fewer collisions (which require a state accident report be filed) or other vehicle accidents per every 1,000, 911-originated responses.
3. One or fewer Workers Compensation Claims filed per 1,000, 911-originated responses.

If the proposal does not meet all of the above areas, 2.5 points will be awarded for each of the above area to a maximum of seven and a half points total.

12. Automatic Vehicle Locator

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page	Change
10 2-B(a)	Delete all of 2B(a).
26	Delete all of 2B(a).

13. Contract

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2  
No Change

Additional:

Direct Purchasing, County Counsel, and EMS staff to prepare the contracts for emergency ambulance service and include it as an attachment to the RFP. The contract should minimally include: standard contract requirements, use of the selected proposal contents and MCC (EMS rules) as performance standards, an informal conference process for contract violations, and be for no more than a four-year period.

14. Consolidation of Dispatch

ASA Plan

Page

Change

34

Add new paragraph: The goal is that first responders and emergency ambulances will be dispatched by the same dispatch point at the Bureau of Emergency Communications.

Contractor selection by high point

1 - Other items

ASA Plan

Page

Change

43 VIII B

Add: The evaluation committee will recommend the highest point ranking proposal (for each ASA) to the Medical Advisory Board.

AFC

No Change

RFP ASA 1

RFP ASA 2

No Change

# POINTS DISTRIBUTION

Total points: 200

	Points (%)		
I. <u>Personnel:</u>			
a) Unit hours:	30 (15%)	_____	_____
b) Management:			
Ratio of supervisors:	9 (4.5%)	_____	_____
Three top positions:	15 (7.5%)	_____	_____
c) Employee wage/benefits:	45 (22.5%)	_____	_____
TOTAL	<u>99</u> (49.5%)	_____	_____
II. <u>Communications:</u>		_____	_____
III. <u>Medical:</u>	7.5 (3.75%)	_____	_____
IV. <u>Equipment:</u>			
Newer vehicles:	4 (2%)	_____	_____
Preventive maintenance:	8 (4%)	_____	_____
Reserves:	8 (4%)	_____	_____
Equipment:	6 (3%)	_____	_____
TOTAL	<u>26</u> (13%)	_____	_____
V. <u>Rates:</u>			
BLS:	20 (10%)	_____	_____
ALS:	30 (15%)	_____	_____
Standby:	10 (5%)	_____	_____
Past Performance	7.5 (3.75%)	_____	_____
TOTAL	<u>60</u> (30%)	_____	_____
VI. <u>Safety Net:</u>	0 (0%)	_____	_____

MILLER, NASH, WIENER, HAGER & CARLSEN  
ATTORNEYS AND COUNSELORS AT LAW  
3500 U.S. BANCORP TOWER  
III S. W. FIFTH AVENUE  
PORTLAND, OREGON 97204-3699  
TELEPHONE (503) 224-5858

THOMAS E. LINDLEY  
ADMITTED IN OREGON, WASHINGTON AND ILLINOIS

TELEX 364462 KINGMAR PTL  
TELECOPY (503) 224-0155

SEATTLE OFFICE  
6500 COLUMBIA CENTER  
701 FIFTH AVENUE  
SEATTLE, WASHINGTON 98104-7075  
TELEPHONE (206) 622-8484  
TELECOPY (206) 622-7485

Presentation

Re

Proposed

Ambulance Service Area Plan,  
Request for Credentials, and  
Request for Proposals

July 21, 1988

To  
Multnomah County Commissioners

On behalf of  
Buck Medical Services

Index:

	<u>Page</u>
I. Outline of Presentation . . . . .	1
II. Exhibits	
A. Affirmative Action . . . . .	4
B. Critique of Single ASA "Stand Alone" Bid Requirement . . . . .	5
C. Local RFP Sections' Comparison . . . . .	6
D. Nationwide RFP Comparison Sheet . . . . .	8
E. Emergency Medical Transport Qualifications . . . . .	9
F. EMT Supervisors . . . . .	10
G. Education and Training . . . . .	11
H. Full Costing . . . . .	12

## Outline

- I. Re ASA Plan - Urge either adoption to settle issues of RFP and 2 ASAs, or delay for legislative/court approval of 1 ASA.
- II. Re RFC and RFP - Hold each for future work on several key areas.
- III. RFC.
  - A. Purpose should be to set minimum criteria necessary to achieve minimum adequate performance for system as whole.
  - B. Does NOT. This RFC was designed to meet lowest existing level of any licensee, so each could bid.
  - C. If do not put necessary requirements into RFC, must put them in RFP. More on RFP later.
  - D. Specific sample problems in RFC (there are others):
    - 1. Analogous Transport Experience (p. 12) - should be required. (Easy. Just delete option 1. and leave option 2. for everyone.)
    - 2. Insurance levels (p. 16) - should be twice those set in RFC.
    - 3. Affirmative Action Plan (p. 16) - should be required. [Exh. A]
    - 4. Section VIII, p. 10: "stand alone" ASA bids - this drives out all local providers except Fire Bureau. Should be rewritten to either:
      - (a) permit option to bid on system as whole or
      - (b) mandate two ASAs and two separate winners. [Exh. B]
  - E. Solution: return RFC to staff with directions to ensure minimums actually protect county, not just current licensees.

IV. RFP.

A. Does NOT meet County's primary goal.

1. Goal: Balance between high quality and low rates.
2. RFP: Awards no points for higher quality; awards many points for rates.

(Sets some minimums for quality in some areas,  
none in others.)

B. Examples:

1. Local RFP comparisons showing balance in other RFP. [Exh. C]
2. Nationwide comparison showing other factors. [Exh. D]
3. Specific examples of potential inclusions:
  - (a) Analogous transport experience. [Exh. E]
  - (b) Supervisors' credentials. [Exh. F]
  - (c) Training programs. [Exh. G]
  - (d) Quality assurance programs.
  - (e) Safety Net assurances.

C. Full costing issue. [Exh. H]

D. Current draft RFP's problems:

1. Heavy focus on rates.
2. Heavy reliance on enforcement (few performance predictions considered).
3. All-or-nothing approach to many items (such as safety net, system status plan, quality assurance) rather than points, so that County either loses litigation or gets bad provider.

E. Solution: instruct staff to:

- (a) Add point areas for performance in excess of minimums.
- (b) Balance points for quality with points for rates.
- (c) Add point areas for performance predictors.
- (d) Set highest achievable number of points for each item, award best proposer full points for that item, and award each lesser proposal fewer points for that item.
- (e) Could all be accomplished within 2 weeks.

## Affirmative Action

[RFC, p. 16] N. The applicant must present proof of maintenance of an affirmative action plan approved by the United States Department of Labor, which proof shall include a copy of that plan.

The applicant shall not be credentialed if it fails to provide such proof.

Exhibit A

Critique of the Single ASA "Stand Alone" Bid Requirement

ASA-1	ASA-2
Bid X - 1200	Bid X - 1000
Bid Y - 1000	Bid Y - 1100

Totals: Bid X - 2200

Bid Y - 2100

Bid as one: Bid X - 1800

Bid Y - 1900

If a bidder bid each separately assuming it would get both, and it only won one, it would be bankrupt. Alternatively, if it bid each separately attempting to get both and could withdraw its bid if it did not win both, then the county's evaluation process is aborted.

Exhibit B

Local RFP Sections' Comparison

MULTNOMAH COUNTY

I. Personnel:	41.3%
II. Communications (inc. AVL):	6.3%
III. Medical (Quality of Care):	0%
IV. Equipment:	10.8%
V. Rates and Charges:	41.7%
VI. Safety Net:	0%

RFP sets required minimums.

RFP does not award points for  
performance above minimums.

RFP awards only 2% of its points  
for performance predictors.

CLACKAMAS COUNTY

I. Financial Stability and Security:	15%
II. Quality of Care Assurance:	30%
III. Performance Indicators:	25%
IV. Rates and Charges:	20%
V. Other Variables (e.g., public instruction):	10%

RFP sets required minimums.

RFP awards points (31%) for  
performance above minimums.

RFP awards fully 49% of its  
points for performance  
predictors.

## MULTNOMAH COUNTY RFP DETAIL

Total points: 200-240.  
(Percents calculated on 240.)

I. <u>Personnel</u> :	99	( <u>41.3%</u> )
a) unit hours:	30	(12.5%)
b) management:		
ratio of supervisors:	9	( 3.8%)
three top positions:	15	( 6.3%)
c) employee wage/benefits:	45	(18.8%)
II. <u>Communications</u> (incl. AVL):	15	( <u>6.3%</u> )
III. <u>Medical</u> :	0	( <u>0%</u> )
IV. <u>Equipment</u> :	26	( <u>10.8%</u> )
newer vehicles:	4	( 1.7%)
preventive maintenance:	8	( 3.3%)
reserves:	8	( 3.5%)
equipment:	6	( 2.5%)
V. <u>Rates</u> :	60-100	( <u>25.0-41.7%</u> )
BLS:	20-35	( 8.3-14.6%)
ALS:	30-55	(12.5-22.9%)
Standby:	10	( 4.2%)
[ <u>And can detract from other</u> area's scores]		
VI. <u>Safety Net</u> :	0	( <u>0%</u> )

Exhibit C-2

# EXHIBIT D

## PERFORMANCE PREDICTORS IN RFP'S

	Multnomah County, OR.	San Diego, CA	Clackamas County, OR.	REMSA; Reno, Nevada	San Mateo, CA.	Spokane, WA.	MAST; K.C., MO.	Fort Wayne IND.	Contra Costa CA.	Baytown, TX.	Alameda, CA.	Scottsdale, AZ.
Analogous ALS Transport <u>Experience</u>	no	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Experience in ambulance billing, collection X's, 3rd <u>party collections</u>	no	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	yes
History of vehicle <u>maintenance</u>	yes	yes	yes	yes	no	no	yes	yes	yes	no	no	yes
History of EMT continuing educ. <u>program</u>	no	yes	yes	yes	yes	no	yes	yes	yes	no	yes	yes
Experience in eval. of performance, Q.A., <u>or Peer Review</u>	no	yes	yes	yes	yes	no	yes	yes	yes	yes	no	yes
History of public <u>education, involv.</u>	no	yes	yes	yes	no	no	yes	yes	no	no	no	yes
Upper Management <u>Credentials</u>	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	yes	yes
Field Supervisor <u>Credentials</u>	no	yes	yes	yes	no	yes	yes	yes	yes	yes	yes	yes
Audit of past <u>financial status</u>	yes*	yes	yes	yes	yes	no	yes	yes	yes	no	yes	yes
Credit references, demonstrated <u>financial worth</u>	yes*	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
History of response times in regulated <u>system (compliance)</u>	yes*	yes	yes	yes	no	no	yes	yes	yes	no	no	yes

\*These three items are in Multnomah County's credentialing phase, they are not evaluated in its RFP.

## Emergency Medical Transport Qualifications

RFP page 27, in Medical, add new section 3-B:

- (1) 60 Points. Emergency medical transport qualifications. Demonstrated history of delivering analogous primary patient transport services at an ALS level similar to that required in this RFP, for a population similar in size and demographics to that of Multnomah County. All of the points will be awarded to the most qualified bidder under the following evaluation criteria; other bidders will receive fewer points:
- a. Provided 90% or more of all ALS transports
  - b. For a population of at least 250,000
  - c. For at least the two most recent years
  - d. Where the population is demographically similar to Multnomah County's population
  - e. Where the geography (such as rivers, highways, railroads, and other physical features) is similar to Multnomah County's geography
  - f. With one or fewer cases of inappropriate patient medical care per every 1,000 911-originated transports, as determined by an objective, independent third-party Quality Assurance process (such as the Quality Assurance Subcommittee of Multnomah County's Medical Advisory Board)
  - g. With one or fewer lawsuits or insurance settlements related to patient care per every 8,000 911-originated transports, and
  - h. With one or fewer collisions or other vehicle accidents per every 2,000 911-originated transports.

Exhibit E

### EMT Supervisors

RFP page 25, in Personnel, § 1-B-c., add:

- (2) 5 Points. EMT Supervisors. Each to be an EMT-4, ACLS and PHTLS certified, with at least four years' experience as an EMT-4 delivering hands-on care in the field and at least two years of EMS/EMT managerial experience or training, all such experience to be gained with a service on company which receives at least 20,000 emergency calls per year.

Proposed EMT Supervisors may be under contracts contingent upon the proposer being selected as the ultimate provider, or under existing, non-contingent contracts. By submitting a proposal, each proposer agrees that it shall not take any retaliatory or disciplinary action against any employee who enters into such a contingent contract because of that contract, and its employees are the acknowledged third-party beneficiaries of that agreement.

=

Exhibit F

## Education and Training

RFP page 27, in Medical, add new section 3-B:

- (2) 5 Points. EMT-4 Continuing Education and Training.  
All the points will be awarded to the bidder with the best history of EMT-4 continuing education and training programs under the following criteria; other bidders will receive fewer points. ("ACLS" means Advanced Cardiac Life Support; "PHTLS" means Pre-Hospital Trauma Life Support):
- a. Every EMT-4 (beyond each EMT-4's first six months of employment) ACLS certified;
  - b. Every EMT-4 (beyond each EMT-4's first six months of employment) PHTLS certified;
  - c. At least 10% of all EMT-4s certified as ACLS instructors;
  - d. At least 25% of all EMT-4s certified as PHTLS instructors;
  - e. At least 35 hours per month of training, performed by the bidder's training officer or a physician, regarding ALS medical and patient care protocols.

Exhibit G

## Full Costing

March 1, 1988 draft:

"The proposer must follow the ALS/BLS charge criteria as set forth in Appendix 19. The proposal must be fully presented on the worksheet. The proposal must represent actual cost to provide service. Incremented costing will not be considered as meeting this requirement. If cost and revenue figures are not adequately validated the proposal will be judged non-responsive." (emphasis in original)

May 5, 1988 draft:

"The proposer must follow the ALS/BLS charge criteria as set forth in Appendix 19. The proposal must be fully presented on the worksheet. The proposal must represent cost. If cost and revenue figures are not adequately validated the proposal will be judged non-responsive."

Proposal: return to March 1, 1988 language.

Exhibit H

BEFORE THE BOARD OF COMMISSIONERS  
FOR THE COUNTY OF MULTNOMAH  
ORDINANCE NO. \_\_\_\_\_

An Ordinance adopting an Ambulance Service Plan and amending MCC 6.31.039.

Multnomah County ordains as follows:

Section 1. Findings.

1. ORS 823.180 and rules of the State Health Division require the County to adopt a plan relating to the need for and coordination of ambulance services. MCC 6.31.038 authorizes the Board of Commissioners to adopt the plan after requesting a recommendation from the Emergency Medical Services Policy Board.

2. On April 4 and May 20, 1988 the Emergency Medical Service Policy Board conducted a hearing on a plan and recommended that the Board of County Commissioners adopt it.

3. The Board has considered the draft plan at a public hearing and has determined that the plan should be adopted.

4. The plan provides, among other things, for the division of the county into two emergency ambulance service areas. It is the Board's intent, however, to establish a single area system, served by a single provider, if that option is determined to be legally allowable.

5. The Multnomah County Circuit Court has enjoined implementation of a single area plan. However, appeals of that decision are now pending. The plan adopted by this ordinance establishes two emergency ambulance service areas as an interim measure, pending resolution of those appeals. Section 3 of this ordinance is intended to express that policy.

Section 2. Plan Adoption.

The Multnomah County Ambulance Service Area Plan, attached hereto as Exhibit A and incorporated herein by this reference, is adopted. The Director of The Emergency Medical Services Program shall transmit the plan to the State Health Division, but shall retain the original in the offices of the Program.

Section 3. Amendment.

MCC 6.31.039 is amended to read as follows:

6.31.039 Ratification of Rules  
Previously Adopted by Policy Board.

A. The rules adopted by the EMS Policy Board prior to March 31, 1988 are hereby ratified. EMS Rule 631-[080] 320 (single ambulance area) is subject to Circuit Court judgements declaring the rule invalid. The judgements are on appeal. The rule is hereby ratified, but it shall take effect only if the judgements are reversed and any applicable period for further appeal of those judgments has expired.

B. During the pendency of the appeal referred to in subsection A., there shall be established two ambulance service areas as described in the plan adopted by Ordinance No. . Contracts for serving those areas shall be awarded as provided in the plan. However, upon expiration of those contracts, the two ambulance service areas shall be replaced by a contract for a single area/single provider if the judgements referred to in subsection A. have been reversed.

Section 4. Adoption.

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 1988, being the date  
of its \_\_\_\_\_ reading before the Board of County Commissioners  
of Multnomah County.

BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_  
Gladys McCoy  
Multnomah County Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL  
FOR MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_

Laurence Kressel  
County Counsel

1431R/dm  
071288:6:1

R-15

DRAFT II  
5/5/88

AMBULANCE SERVICE  
AREA PLAN

Multnomah County  
Oregon

[4016E p/1]

**DRAFT**

## INDEX

- p. \_\_\_\_ 1. Definitions list related to county ASA plan.
- 2. Communications:
  - p. \_\_\_\_ a) Access to Emergency Medical (EMS) System.
  - p. \_\_\_\_ b) Procedures for dispatch of ambulances.
  - p. \_\_\_\_ c) Ambulance notification procedures.
  - p. \_\_\_\_ d) Emergency radio communications systems.
  - p. \_\_\_\_ e) Notification and response time monitoring process.
  - p. \_\_\_\_ f) Standards for response times.
  - p. \_\_\_\_ g) Training of EMS dispatchers.
- 3. Provider Profile:
  - p. \_\_\_\_ a) ASA financial viability.
  - p. \_\_\_\_ b) Service effectiveness.
  - p. \_\_\_\_ c) Service efficiency.
  - p. \_\_\_\_ d) Level of response.
  - p. \_\_\_\_ e) Level of care.
  - p. \_\_\_\_ f) Staffing.
  - p. \_\_\_\_ g) Patient care equipment.
  - p. \_\_\_\_ h) Emergency patient transport vehicles (ambulances).
  - p. \_\_\_\_ i) Initial and continued training for ambulance personnel.
- 4. Disaster Response Plan:
  - p. \_\_\_\_ a) Responsibilities.
  - p. \_\_\_\_ b) Identification of additional personnel and equipment resources:
    - 1. hazardous material
    - 2. search and rescue
    - 3. specialized rescue
    - 4. extrication

- p. \_\_\_ c) Coordination of resources.
- p. \_\_\_ d) Method for obtaining out-of-county resources.
- p. \_\_\_ e) Ambulance disaster response plan recognition.

5. Mutual Aid Agreements:

- p. \_\_\_ a) Mutual aid agreements for ambulance response outside of service area.
- p. \_\_\_ b) Mutual aid agreements between ambulance providers.

6. Boundaries:

- p. \_\_\_ a) ASA geographic area.
- p. \_\_\_ b) "911", fire district incorporated city boundaries.
- p. \_\_\_ c) ASAs designation considering fire district and cities.
- p. \_\_\_ d) ASA boundaries considering artificial and geographic barriers to response times.
- p. \_\_\_ e) County coverage by an ASA(s).

7. Quality Assurance and System Development:

- p. \_\_\_ a) Quality assurance program.
- p. \_\_\_ b) Legal sanctions for violations.
- p. \_\_\_ c) Input to the county from:
  - 1. consumers
  - 2. providers
  - 3. medical community
- p. \_\_\_ d) EMS Policy Board

8. Provides Selection:

- p. \_\_\_ a) Mechanism for responding to an application by a provider for an ASA.
- p. \_\_\_ b) Mechanism for assignment and reassignment of providers to ASAs.
- p. \_\_\_ c) Mechanism for responding to notification that an ASA is being vacated.
- p. \_\_\_ d) Procedures for resolving disputed cases.

9. County Executive Approval:

- p. \_\_\_ a) Signed statement.

ATTACHMENTS:

Number

- 1 Bureau of Emergency Communications Performance Agreement
- 2 Triage Guide
- 3 MCC 6.31
- 4 Emergency Medical Services Rules
- 5 Basic Life Support Protocols
- 6 Advanced Life Support Protocols
- 7 Radio System Configuration
- 8 Over Eight-Minute Response Time Printout
- 9 Emergency Medical Services Dispatch Training Document
- 10 Credentialing Document
- 11 Request For Proposal Document
- 12 Quality Assurance Plan
- 13 Mass Casualty Incident Plan
- 14 Hazardous Materials Procedures
- 15 Portland Fire Bureau Locations
- 16 Gresham Fire Department Locations
- 17 Bureau of Emergency Communications Standard Operating Procedures
- 18 Emergency Management Letter
- 19 Mutual Aid Agreements
- 20 Rate Control Committee
- 21 Fire District Map
- 22 Two ASA Map

1. DEFINITIONS

- (A) "Advanced Life Support Services" means prehospital and interhospital emergency care which encompasses, in addition to basic life support functions, cardiac monitoring, cardiac defibrillation, administration of antiarrhythmic agents, intravenous therapy, administration of medications, drugs, and solutions, use of adjunctive medical devices, and other techniques and procedures, identified by rules adopted under MCC 6.31.000.
- (B) Advanced Life Support (ALS) Units - means those units staffed by an Oregon-certified Emergency Medical Technician IV as defined in ORS 677.610(1).
- (C) "Ambulance" means any vehicle so certified by the State Health Division.
- (D) Ambulance Service Area (ASA) - means a geographic area which is served by one ambulance provider, and may include a county, two or more contiguous counties, or a portion of such county(ies).
- (E) Ambulance Service Area Plan - means a plan which describes the need for and coordination of ambulance service and establishes an ambulance service areas.
- (F) Ambulance Services - means any person, as hereinafter defined, who operates an ambulance which is either stationed within or without the County and dispatched from within or without the County to pick up and transport patients within the County.
- (G) "Appeals Hearings Officer" or "Hearings Officer" means the person or persons designated by the policy board to conduct contested case hearings concerning actions on licenses under this chapter.
- (H) Basic Life Support (BLS) - the level of care which an EMT-1 may provide.
- (I) Basic Life Support (BLS) Units - means those units staffed by two Oregon-certified Emergency Medical Technician I's.
- (J) "Board" means the Board of County Commissioners of Multnomah County, Oregon.
- (K) "City" means the City of Portland.
- (L) Code 1 Call - the running condition of a patient call or transport in which no lights or siren are used and the ambulance proceeds with the normal traffic flow.
- (M) Code 3 Call - the running condition of a patient call or transport in which lights or siren are used and the ambulance proceeds as rapidly as possible. (ORS 820.300-320)

- (N) "Director" means the Director of the Office of Emergency Medical Services of the Department of Human Services of Multnomah County, or the director's authorized representative.
- (O) "Do business in Multnomah County" means to provide emergency ambulance service or any other emergency medical services in Multnomah County, provided, however, that transporting patients from outside the county to within the county only shall not be considered doing business within the county.
- (P) "Emergency" means any non-hospital occurrence or situation involving illness, injury, or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.
- (Q) "Emergency Medical Services" or "EMS" means those prehospital functions and services which are required to prepare for and respond to emergencies, including rescue, ambulance, treatment, communications, evaluation, and public education. "Emergency Medical Services" does not include services of fire department which do not provide advanced life support services.
- (R) "Emergency Medical Technician" or EMT" means a person so certified by the State Health Division or the State Board of Medical Examiners.
- (S) Emergency Medical Technician I (EMT I) - means a person certified by the Division to attend any ill, injured, or disabled person in connection with her/his transportation by ambulance and in accordance with ORS 820.310, 820.330, 820.350, and 823.010 to 823.990.
- (T) Emergency Medical Technician II (EMT II) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(3).
- (U) Emergency Medical Technician III (EMT III) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(4).
- (V) Emergency Medical Technician IV (EMT IV) - means a person certified by the Board of Medical Examiners as defined in ORS 67.610(5).
- (W) "Emergency Medical Services (EMS) Central Dispatch Office" means the communications center established under the auspices of the EMS Director.
- (X) "Employee" means an employee, agency, or driver of an ambulance employed by a licensee.
- (Y) First Responder - a responder who usually only provides ELS and can arrive on the medical scene in four minutes or less 90% of the time to prevent brain death in a cardiac arrest or complete bleed-out in a severe bleeding situation.
- (Z) Health Officer - means the Multnomah County Health Officer.

- (AA) "License" means a nontransferable, nonassignable permit, personal to the person to whom it is issued, issued by the director authorizing the person whose name appears as licensee to do business in Multnomah County.
- (BB) "Licensee" means a person possessing a valid license from Multnomah County.
- (CC) "Medical Advisory Board" means the Emergency Medical Services Medical Advisory Board .
- (DD) "Medical Advice" means instruction, direction, advice, and professional support given to an EMT via radio or telephone communications by personnel at medical resource hospital, for the purpose of assisting in the provision of pre-hospital on-site and in-transit basic and advanced life support services.
- (EE) "Medical Resource Hospital" means a medical facility designated as such under the rules adopted under MCC from which medical advice may be provided.
- (FF) "Multnomah County" or "county" means the unincorporated areas of Multnomah County.
- (GG) Non-emergency - any medical call in which there is no threat to life or limb.
- (HH) Notification Time - means length of time between the ambulance service's receipt of the request for the ambulance and the notification of the ambulance crew.
- (II) Owner - means the person having all the incidents of ownership in a vehicle or, where the incidents of ownership are in interest holder or lessor, entitled to the possession of a vehicle under a security agreement of a lease for a term of ten (10) or more successive days.
- (JJ) "Party means:
- (1) Each person or agency entitled as of right to a hearing.
  - (2) Each person or agency named by the hearings officer or policy board.
  - (3) Any person requesting to participate as a party or in a limited status who is determined either to have an interest in the outcome of the proceeding or represents a public interest in such results.
- (KK) "Patient" means an individual who, as a result of illness or injury, needs immediate medical attention.
- (LL) "Person" means an individual, partnership, company, association, corporation, or any other legal entity, including any receiver, trustee, assignee, or similar representative.

- (MM) "Policy Board" means the Emergency Medical Services Policy Board established under MCC 6.31.000.
- (NN) Private Call - a request for transport which originates at the private ambulance and must be a non-emergency requiring only Code 1 running.
- (OO) "Provider Board" means the EMS Provider Board established under this chapter.
- (PP) Response Time - means the length of time between notification of the ambulance crew and arrival of the ambulance at the incident scene.
- (QQ) "State Health Division" means the Health Division of the Department of Human Resources of the State of Oregon, or its successor.
- (RR) Supervising Physician - means a medical or osteopathic physician licensed under ORS 677, actively registered and in good standing with the Board of Medical Examiners and affiliated with an EMS agency for the purpose of medical accountability and pre-hospital emergency medical care education.
- (SS) "Vehicle" means an ambulance or fire department rescue unit which is used in the provision of emergency medical services, but does not include a fire engine or ladder truck. [Ord. 229 s. 1 (1980)]

## 2a. Communications

- (A) 9-1-1 calls placed for emergency medical assistance within Multnomah County are predominantly answered at the Bureau of Emergency Communications (located at Kelley Butte within Multnomah County).

Several other potential answering points occur within portions of Multnomah County. In the deep east portion of the county (I-84 Columbia Gorge area) phone prefix numbers 374 are answered at the Hood River Public Safety answering point (PSAP). Phone prefixes in the southwest area bordered by Washington County with the phone prefix numbers 291, 292, and 297 are answered at the Washington County Public Safety answering point located in Hillsboro. Phone prefixes 639, 620, 684 are answered by the Tualatin PSAP. Phone prefixes 652, 653, 654, 619 are answered by the Milwaukie PSAP. Phone prefixes 635, 636, 697 are answered by the Lake Oswego PSAP. Phone prefix 543 is answered by the Columbia County PSAP.

The Bureau of Emergency Communications at Kelley Butte is under contract to the Emergency Medical Services office. The Multnomah County ordinance which establishes the Emergency Medical Services administration within Multnomah County, assigns the responsibility to establish and maintain a 9-1-1 medical answering point and dispatch facility for all emergency medical calls originating within Multnomah County, to the EMS Director.

The administrative arrangement between the office of Emergency Medical Services and the Bureau of Emergency Communications (BOEC) and the participating cities within Multnomah County is attached and is entitled Bureau of Emergency Communications User Agreement, Attachment \_\_\_\_.

In those two areas of Multnomah County which are not answered by Multnomah County, the Public Safety Answering Points return the calls to the Bureau of Emergency Communications which dispatches the appropriate ambulance and first-responder to the calls. There is one area of exception. In the Skyline area PFB is notified directly by Washington County to respond first responders.

In addition, the Bureau of Emergency Communications answers 9-1-1 calls which originate out of Multnomah County based upon telephone company switching procedures. Counties which have a portion of their 9-1-1 calls answered by Multnomah County are Clackamas, Washington, and Columbia County. Also, the majority of cellular telephone call drops occur at BOEC even though the call may be two counties away.

## 2b. EMS Dispatch Procedures

The Bureau of Emergency Communications (BOEC) dispatches all transporting emergency ambulances within Multnomah County. A caller's request for emergency ambulance service will be processed by a BOEC call-taker. The BOEC call-taker will use the call triage guide to determine the level of response of ambulance needed by the patient (Attachment 2).

The call-taker will then transfer the information via computer screen to an EMS dispatcher. The EMS dispatcher is aware of all ambulance locations/availability and current staffing level within Multnomah County. The information is continually provided by all licensees under Multnomah County rule (see Attachment 4). Portland Fire Bureau, Fire Alarm Dispatch (FAD) is notified of all medical emergencies which require a first responder (triage guide). FAD then dispatches the first responder for all in Multnomah County fire agencies except Skyline Fire Department.

In the event the ambulance is needed in a fringe area of Multnomah County, where an out-of-county ALS provider can respond and the in-county ambulance is more than ten minutes away, the out-of-county ambulance will be dispatched. Dispatching of the out-of-county ambulance occurs by either direct communication with the ambulance or by placing a call to the appropriate Public Safety Answering Point (PSAP).

The Multnomah County Code sites which govern this area of medical call dispatching and call triage are: 631-306, -307, -308, -310, -312, -314, -318, -320, -330, -335, -338, -390, Subsections A, B, C, and D. These rules are attached (see Attachment 4).

## 2c. Ambulance Notification Procedures

The Bureau of Emergency Communications EMS dispatch will notify the closest ambulance service area ambulance when a call is received which requires an emergency dispatch. All calls requiring a first responder are reported to Fire Alarm Dispatch by nature code, running code, and address.

The information of the central dispatch order is included in the MCC Rule 631-310. In addition, cancellation of the ambulance as a part of the central dispatch order is included in Rule 631-312.

These rules are as attached (see Attachment 4).

## 2d. Emergency Radio Communication System

The radio communication system used in Multnomah County is ultra high frequency design. Specific Med Nets are assigned and used in Multnomah County according to the State of Oregon Emergency Medical Services Communication Plan. Equipment required on ambulances is addressed by the EMS Administrative Rules 631-302, 631-310, 631-318 (see Attachment 4).

Hospital communications are provided in Multnomah County by ultra high frequency and very high frequency design. The ultra high frequency uses Med Net 4 and the very high frequency used the HEAR frequency 155.340mhz. Hospital communications requirements are addressed by EMS Administrative Rule 631-410. The basic life support and advanced life support protocols adopted under EMS Administrative Rules also requires certain levels of communications from Emergency Medical Technicians. This information is attached (see Attachments 5 and 6). Fire first responders use VHF fire frequencies. The ALS rescues (8) and two ALS apparatus (Swad 1, Quad 1) also have the UHF med nets.

The configuration of the UHF system is described in Attachment 7.

## 2e. Ambulance Notification and Response Times

Notification of an ambulance is governed by the user contract between Multnomah County Emergency Medical Services and the Bureau of Emergency Communications. The current user performance contract requires that all emergency medical services calls be processed<sup>1</sup> in 80 seconds time 90 percent. This document is attached as Attachment 1.

Ambulance response times are governed by EMS Administrative Rule 631-326. This rule is attached (see Attachment 4).

The Emergency Medical Services office receives, on a four-week period, all response times within the emergency medical services system. Those response times contain the number of responses in an ambulance services area, number of responses which are under eight minutes and the number over eight minutes.

For each response over eight minutes, specific information is generated; that information consists of the date of the response, the BOEC dispatch number, location of response, unit number of responding unit, actual response time. In addition, ambulance services which are assigned service areas provide to the Emergency Medical Services office, on a four week by four week period, a list of all beyond-eight-minute response times in the ambulance service area. A sample of this report is attached (see Attachment 8).

<sup>1</sup>Processed is defined as the time between initial call answering and dispatch of an ambulance.

## 2f. Ambulance Notification and Response Times

These two sources of information are used to determine if an ambulance service area is being underserved and is not meeting the requirements of the EMS Administrative Rules. If the EMS Administrative Rule is not being met, fines may be levied on the ambulance service area operator or the ambulance service area operator's license and ambulance service area may be withdrawn by the Emergency Medical Services office. Specific requirements for this process are contained in the Multnomah County Code and EMS Rules, and are contained in Attachment 4. All ALS ambulances must respond in eight minutes or less 90 percent of the time.

All portions of review of the beyond-eight-minute response times are currently performed by EMS administrative staff with periodic reports made to the Emergency Medical Services Quality Assurance Subcommittee, which functions under the Emergency Medical Services Medical Advisory Board. This process is described in Attachment 12.

In addition, first-responders function under an agreement to provide first-responder basic life support services or advanced life support to the scene of a medical emergency with a response time of four minutes or less ninety percent of the time. This information is monitored by the Portland Fire Bureau, Gresham Fire Department, and other first-response agencies within Multnomah County. It is expected that each of the fire departments will maintain their own quality assurance mechanism to assure these response times are being met.

## 2g. Training for EMS Dispatchers

All Emergency Medical Services dispatchers functioning at the Bureau of Emergency Communications have been trained to the Emergency Medical Dispatch level.

The training is provided by staff at the Bureau of Emergency Communications and Emergency Medical Services staff.

The training complies with the state-approved Emergency Medical Dispatcher training and uses the majority of material produced by Dr. Clausen of Salt Lake City. A copy of this training program is attached as Attachment 9.

### 3a. Provider Profile

Each of the two ambulance service areas within Multnomah County must financially support itself. Financial support is provided through user fees. The determination of cost with reference to user fees charged is a part of the Request For Proposal document. The costing document will allow for cross subsidization of emergency ambulance cost through the use of non-emergency transports or cross utilization of personnel. See Attachment 11.

The RFP assures that any non-ASA revenues are reported and considered as a part of the selection of the ambulance service area contractor to serve the ambulance service area. The organizations as they provide proposals must provide projections of revenues and costs for the time period in the beginning when revenues do not meet cost, then through the time period in which revenues exceed cost, to equal, the deficit incurred in the initial operating time period. This assures the financial soundness of the contractor and that the proposal selected is financially sound.

ASA I also will be supported by County alcohol and drug monies because the contractor will have subcontracting responsibilities to perform inebriate outreach services.

### 3b. Service Effectiveness Demonstration

The effectiveness of the ambulance service to deliver pre-hospital emergency medical care will be continuously monitored by the quality assurance process as detailed in Attachment 12.

A prospective study of the ambulance service area contractor will be provided through the Request For Proposal. Please see Attachments 10 and 11. The Request For Proposal and credentialing process assure that any potential contractor for the ambulance service area must be in substantial compliance with all rules and regulations by state, regional, or local authorities. In addition, the organization must have met its response times for an area and the evidence of these response times being met must be provided as a part of the prospective examination process. The credentialing process to select potential providers will also require reports from system-wide quality assurance processes which demonstrate that the organizations who wish to bid or file a proposal must have provided quality care with no major deviations in morbidity, mortality outcomes for the ambulance service areas which they have served prior to requesting to be assigned an ambulance service area within Multnomah County.

The process of determination of effectiveness is provided through a prospective process of credentialing and proposal evaluation and a retrospective process governed by the quality assurance.

### 3c. Service Efficiency

Service Efficiency will be demonstrated by the request for proposal, see Attachment 11.

The request for proposal will consider cost as a mechanism of service efficiency. In addition, the unit hour utilization figures with maximum and minimums acceptable as a part of this document. Also, the overall requirement for response times assists in determining service efficiency is maintained as well as service effectiveness.

The cost to the consumer will not be known until the request for proposal is released and acted upon by potential contractors.

The rate control committee will also assist in determining reasonable cost of ambulance cost to consumers over the period of the contract as changes in the delivery of emergency medical services occur - see Attachment 20.

### 3d. Level of Response

All calls for medical assistance placed to the 911 system within Multnomah County are call triaged. See Attachment 2. This call triaging and pre-arrival instruction process requires that a certain level of response be provided.

First responders within the Emergency Medical Services ASA-1 and ASA-2 areas are trained to the Quick Responder or above level. All ambulance personnel who respond on Advanced Life Support ambulances within Multnomah County must be trained and certified to the EMT-4 level. This is demonstrated by MCC and EMS Rules, see Attachments 3 and 4.

### 3e. Level of Care

The ambulance service areas within Multnomah County only provide for the call answering for 911 calls. All ambulances dedicated to this effort must respond as Advanced Life Support ambulances meeting the state minimum requirements plus additional Multnomah County requirements. Those requirements are that certain pieces of equipment in addition to the state requirements are provided, a UHF radio is in place and operational, and that two EMT-4s are in attendance with the ambulance.

Non-emergency providers will continue to answer private calls within Multnomah County. These organizations will be licensed by Multnomah County and will be required to process any calls which they receive which require an under 30 minute response by the call triaging guide attached as Attachment 2. This assures that non-ASA contractors do not provide emergency ambulance service within Multnomah County. Emergency in this context to mean that the patient must be rendered care within a half an hour or less and that the patient is not exhibiting any signs or symptoms which would require an emergency response as dictated by the EMS call triaging guide.

### 3f. Staffing

Staffing for emergency ambulance service within Multnomah County for the ASA contractor is considered in Multnomah County Code and EMS Rules, see Attachments 3 and 4. In addition, the Request For Proposal document details even further the requirements with specific reference on unit hour utilization, reimbursement levels for Emergency Medical Technicians, and staffing levels as reported through an ambulance service area plan. See Attachment 11. This examination in a prospective manner of an ambulance service area assignee will allow a detailed process to determine that adequate staffing levels to assure EMT competency with no burnout are maintained.

### 3g. Ambulance Equipment

Ambulances operated by the contractor for each ambulance service area are required to meet standards above those of ORS.

Those standards which are required are detailed in the MCC and EMS Rules, see Attachments 4 and 3.

In addition, the Request For Proposals determines other standards for equipment, see the equipment portion of the Request For Proposal, Attachment 11.

### 3h. Patient Transport Vehicles

The ambulance service area contractor is required by Multnomah County Code and EMS Rule to meet minimum ORS requirements with regard to vehicle construction and standard.

In addition, the Request For Proposal, see Attachment 11 requires that the ambulance contractor to receive points, provide specific up to date ambulances meeting KKK1822B and that the contractor maintains the mechanical stability of the vehicle by the ambulance operator required to have inspections provided at specific mileage increments.

### 3i. Initial and Continued Training For Personnel

The ambulance service area operator will be examined to determine their initial personnel training and maintenance of personnel training prospectively and retrospectively.

The prospective examination process is provided through the Request For Proposal which requires personnel to be currently certified at the EMT-4 level. It is the responsibility of the ASA contractor to maintain certification levels for his personnel. In addition, the single physician supervisor will require inservicing and Multnomah County requires attendance at mandatory inservicing for the personnel.

Retrospective analysis of the training level and continuing education is provided through examination of ambulance contractor records to assure that all personnel are maintaining EMT certification and re-certification standards with regard to continuing education. This will be provided through random checks of the continuing education and certification files which the contractor must maintain.

In addition, the county through contract with Oregon Health Sciences University offers two inservice training courses per month which are also coordinated with local hospitals. These provide for the provision of a didactic lecture and at least two case reviews involving on-line medical direction physicians. This process assures that the Emergency Medical Technicians within the community are provided many chances to interrelate with on-line medical direction and be provided a mechanism to assure them of meeting continuing education requirements for the state of Oregon.

#### 4a. Mass Casualty Incident Response Plan

Mass Casualty Incident Response Plan is a requirement of the EMS Rules of Multnomah County. EMS Administrative Rule 631-514 assigns responsibility to develop the Mass Casualty Incident Response Plan and Protocols to the Emergency Medical Services office.

This plan and protocols have been provided and are adopted as a portion of the rules of Multnomah County. The Mass Casualty Incident Response Plan is attached as Attachment 13.

#### 4b. Extra Personnel, Facilities, or Equipment Needs

Hazardous materials situations within Multnomah County are dealt with by the Portland Fire Bureau and the Gresham Fire Department. Standard operating procedures of these two organizations as well as their protocols are attached as Attachment 14.

Notification of these organizations of hazardous materials incidents is made by the Bureau of Emergency Communications and Fire Alarm Dispatch. In addition, the Port of Portland functions with these two fire organizations, which offer hazardous materials services for the Port.

Search and Rescue functions are assigned to the Multnomah County Sheriff's Office by state statute.

Notification of the Multnomah County Sheriff's Office Department for Search and Rescue needs is made by the Bureau of Emergency Communications. In addition, the 304th Search and Rescue is coordinated for search and rescue activities through the Multnomah County Sheriff's Office.

Specialized rescue such as vertical terrain, water rescue, and other types of specialized rescue are provided by Portland Fire Bureau, Gresham Fire Department, Fire District 14, Sauvie Island Fire, and Skyline Fire. Portland Fire Bureau maintains a dive rescue unit as well as vertical terrain personnel. Gresham Fire also maintains vertical terrain rescue personnel.

#### 4b. Vehicle Rescue

Vehicle rescue is provided by Portland Fire Bureau, Gresham Fire, Corbett Fire, and Sauvie Island Fire. The Vehicle Rescue apparatus includes Hurst Tools, other types of forcible entry tools, and air bags. Personnel are trained in the use of these tools, and the Emergency Medical Technicians who function with each of the fire agencies as first-responders also provide vehicle rescue services.

A listing of station locations for Portland Fire Bureau and the Gresham Fire Department are attached as Attachments 15 and 16.

Sauvie Island responds from only one location. Corbett Fire responds from three locations. Skyline Rural Volunteer Fire responds only one location in Multnomah County.

All requests for specialized rescue services are directed through the Bureau of Emergency Communications 9-1-1 center, which has standard operating procedures for the response of these units. The standard operating procedure for the Bureau of Emergency Communications is attached as Attachment 17.

#### 4c. Coordination of Special Resources

Coordination of special resources needed in emergency medical situations is provided through the Bureau of Emergency Communications Standard Operating Procedure which is attached as Attachment 17.

Multnomah County Advanced Life Support and Basic Life Support Protocols assign the person in charge responsibilities to the first arriving Emergency Medical Technician, and these responsibilities are maintained by the Emergency Medical Technician, until transport is imminent (see Attachments 5 and 6). This applies except in situations which meet Mass Casualty Incident (MCI) definitions. In MCI's the Medical Sector Coordinator remains the P.I.C.

Responsibility for unsecured or dangerous situations is assigned to the fire agency by county and city statute.

Incident responsibilities which involve a Mass Casualty Incident (MCI) are assigned by the Mass Casualty Incident Plan, which is attached as Attachment 13.

#### 4d. Methods for Obtaining Out-Of-County EMS Resources Other Than Ambulances

The responsibilities for out-of-county resources which might be needed in the event of a Mass Casualty Incident, or specialized resource not available within Multnomah County are assigned to the Bureau of Emergency Communications through their standard operating procedures and by the Mass Casualty Incident Plan.

The coordination of this process is through the Bureau of Emergency Communications, and may involve Providence Hospital as the regional hospital, Multnomah County Sheriff's Office with regard to search and rescue, fire departments within the county with regard to mutual aid agreements, and other counties' mass casualty incident plans.

It is also anticipated that the Area Trauma Advisory Board I Plan will adopt a mass casualty incident plan which will provide additional out-of-county resources for each county which finds its resources overcome in a mass casualty incident.

Overall coordination of these specialized resources and their inclusion in the Multnomah County process is through the Office of Emergency Management Multnomah County, and the Office of Emergency Management Portland Fire Bureau, City of Portland.

#### 4e. Mass Casualty Incident Plan Recognition

The Mass Casualty Incident Plan has been recognized and adopted by Multnomah County. This plan is incorporated as a part of the Emergency Medical Services rules of Multnomah County, and as an annex to the Multnomah County Emergency Management's Plan. A letter from the Multnomah County Emergency Manager stating that the plan is a part of the Multnomah County Disaster Plan is attached as Attachment 18.

5a.b. Mutual Aid Agreements

Mutual aid agreements are provided between each ambulance service area provider (in and out of county). It is anticipated that the contractor(s) selected by the RFP will use these same agreements.

Copies of these mutual aid agreements are attached as Attachment 19.

These standards are a part of the information required by EMS Administrative Rule 361-316 adopted December 15, 1986 (see Attachment 4).

## 6a. Boundaries

### AMBULANCE SERVICE AREA FOR TWO AMBULANCE SERVICE AREAS

#### MULTNOMAH COUNTY

ASA 1 All of Multnomah County west of the Willamette river, and including Sauvie Island. The Washington County, Columbia County, and Clackamas County lines will form the outside boundaries of this section of ASA 1. The Burnside Bridge will be the north/south divider for the Willamette River. The boundary line for the area east of the Willamette River will be Burnside Street, with Burnside being the Northern most boundary of the Ambulance Service Area, following Burnside until it reaches I205 and then I205 southerly until it joins the Clackamas County line.

ASA 2 Boundaries:

The area of Multnomah County contained between the Willamette and Columbia rivers (but not to include Sauvie Island) proceeding south-eastward following the Willamette river shore until it reaches Burnside Bridge and then following Burnside street easterly until I205, then southerly to the Clackamas county line and easterly following the Clackamas county line, to the Hood River county line, then northerly following the Clackamas county line, then to the Columbia River shores westerly until this line joins the western boundary of this ASA.

All "dividing lines" will have the closest emergency ambulance responded.

Basically the two ASAs are: ASA 1 - all of the area in Multnomah County west of the river including Sauvie Island and the area east of the river, south of Burnside. ASA 2 includes all other areas of Multnomah County.

#### 6b. Other Districts

The fire districts are illustrated in Attachment \_\_\_\_\_. In addition, city and water district boundaries are illustrated.

The ASA plan respects fire districts with only the area served by Portland Fire Bureau being served by two ASA's. A single call receiving point for ALS ambulances and first responders overcomes this potential problem.

6c. Coordination

The ambulances of each ASA will be dispatched by the same dispatch point (BOEC). This will be uniformity in application of all rules, protocols, and SOP's between the two ASA's. In addition, the RFP (see attachment 11) require mutual aid agreements.

First responders are dispatched by FAD. A subcommittee of the EMS Policy Board and the EMS Policy Board have recommended consolidation of EMS and Fire Dispatch functions at BOEC.

6d. Barriers to Service

The boundaries were designed with the following factors and logic:

1. Similar size - geographic area and population are of similar makeup.
2. Similar EMS responses - the EMS calls answered and number of transports are of similar volume.
3. Hospital location/patient flow - patient hospital destinations when transported by ambulance were considered so as to minimize out of ASA hospital destinations.
4. Geographical impediments to service - the Willamette River is used as a boundary for a portion of the ASA. The southwest hills with road ingress egress problems was considered and placed in a single ASA. The same service provider (ASA 1 serves North and South of I-84 which might be considered an impediment due to a small number of traffic arterials which cross.

The response times are the same standard for each ASA. The RFP (see attachment 11) requires that each contractor propose a system status plan which meets response time requirements.

6e. ASA County Inclusion

The ASA map (see attachment 22) illustrates that all of Multnomah County is Covered by an ASA.

#### 7a. Quality Assurance

Multnomah County's quality assurance measures are assigned under Multnomah County Code to the Emergency Medical Services Director under MCC 6.31.040 and 6.31.060, A-4; and to the Medical Advisory Board under MCC 6.31.055.

The quality assurance mechanism currently used by Multnomah County functions under the auspices of the Emergency Medical Services Director and the Medical Advisory Board. The current quality assurance process is described in Attachment 12.

7b. Legal Sanctions for Violation of Ambulance Service Area Plan

Legal sanctions are provided under Multnomah County Code 631-110, -130, -140, -160, -165, -180, -182, -184, -190, and EMS Administrative Rules 631-030 and the Administrative Fines Attachment. These are attached as Attachment 4 and 5.

7c.

Consumers will be provided a chance for input to the Emergency Medical Services program through two main measures.

The first of these measures is the provision of a rate control committee made up of citizens as well as the provider of service and the medical community. This committee will hold hearing every six months to determine that the level of service within the community is meeting the consumers' needs and then any complaints are addressed. In addition, any raising or lowering of rates must begin with that committee. The public will have the right in hearings before the EMS Policy Board and the Board of County Commissioners to provide any complaints or issues which they determine are appropriate to bring forward.

The office of Emergency Medical Services as a representative of the public in its quality assurance monitoring process assures each complainant that their issue will be brought before a quality assurance committee, adequately aired, and that the outcome will be provided back to them. The office of Emergency Medical Services must accept public complaints and provide for outcome. See Attachment 12.

#### 8a. Provider Selection

If an ambulance service requests licensing within Multnomah County to provide ambulance service Multnomah County Code provides a mechanism for licensing of the ambulance service. If the ambulance service meets the minimum criteria as listed in the licensing requirements it will be issued a license. This is detailed in attachment 3.

Any ambulance service requesting assignment of an ambulance service area will be provided a chance to bid in a open competitive procurement process for delivery of ambulance service to one, both of the two ASAs on a four to five year basis. Ambulance service will be provided to the ambulance service areas by contract.

## 8b. ASA Provider Selection Process

This section process is to select the most effective, efficient provider of emergency ambulance service.

Selection by competition for an ambulance provider for ASA 1 and 2 is to be done through a request for proposal. The RFP building will involve participation of persons knowledgeable in EMS and other persons who have areas of technical expertise that will be useful in constructing various components of an RFP. An RFP construction committee will organize the RFP using point ranking. Consideration and recommendations for award of the contract will be made by an evaluation committee.

Steps of Selection of a provider:

### I. Construct a Request For Proposal

A. RFP construction is to be done by the construction committee.

B. The EMS system RFP is broken into six components.

1. Personnel, i.e. working conditions, level of training, continuing education accessibility at time of recontract, benefits, etc.
2. Communications, i.e. response, triaging, ambulance placement, level of response, integration with first responses.
3. Medical, i.e. protocols, off-line, on-line, drugs, quality assurance.
4. Equipment, i.e. ambulance, communications, housing, ALS/BLS medical equipment.
5. Business Practices, i.e. rates, billing procedures, third party reimbursement.
6. Safety Net, i.e. guarantee: no loss of service delivery, no low quality of care or inability of operator to comply with the standards of the contract and minimum bidding qualifications.

C. A construction committee is to guide the overall construction of the RFP.

D. The committee will be staffed by the EMS office.

8b. ASA Provider Selection Process cont'd

E. The RFP construction committee is to be selected by the EMS Policy Board. The makeup of the committee is:

EMS Director Ex-Officio Chairman  
Medical Advisory Board Representative  
Representative of Small Business  
Attorney (County Counsel)  
Multnomah County Medical Society Representative  
Emergency Medical Technician-Paramedic  
Citizen

No member of the committee may have a vested interest in the current EMS delivery system or have a vested interest in any potential contractor.

- II. The Medical Advisory Board will review the proposed RFP and any changes requested will be returned to the Construction Committee.
- III. The Emergency Medical Services Policy Board will review the RFP and advise the Board of County Commissioners (BCC).
- IV. The Board of County Commissioners will approve the RFP after considering the EMS Policy Board recommendation.
- V. Advertisement for bids will be made by Multnomah County Purchasing using the RFP and RFC.
- VI. A bidder qualification study will be performed using a Request For Credentials (RFC).
  - A. The RFP Construction Committee is to review and select potential bidders based on preset minimum qualifications criteria as set forth in the RFC.
- VII. A pre-bid conference for qualified bidders will be conducted.
- VIII. Proposal Evaluation

A. An Evaluation Committee is to consider and recommend a provider for the ASA based upon compliance with minimum elements and points accumulated in the six component areas of the RFP. The evaluation committee is to be selected by the EMS Policy Board and ratified by the BCC and made up of the following positions (no person is to serve in a voting capacity on both committees):

EMS Director Ex-Officio Chairman  
Medical Advisory Board Representative  
Citizen (2)  
Multnomah Medical Society Representative  
County Purchasing Representative (non-voting)  
Emergency Medical Technician Paramedic Representative

8b. ASA Provider Selection Process cont'd

- B. The Evaluation Committee will evaluate all proposals.
  - C. The Medical Advisory board will review and make recommendations concerning the recommended proposal.
  - D. The EMS Policy Board will recommend the proposal to the BCC based upon the Evaluation Committee and the MAB recommendations. If the EMS PB determines the proposal is not acceptable, the proposal will be returned to the Evaluation Committee.
  - E. The BCC will receive the recommendation from the EMS PB. If the BCC determines the proposal is unacceptable, the proposal will be returned to the EMS PB. If the BCC, upon determining the proposal is acceptable, will direct Multnomah County Purchasing to negotiate a contract with the successful proposer.
- IX. The contractor will be monitored by the EMS office to assure that contract requirements are met.
- A. Medical (Medical Advisory Board)
  - B. System (Medical Advisory Board)
  - C. Business (Rate Committee)
- X. The competitive bid process will meet all Multnomah County purchasing standards.

#### 8b./c. ASA Provider Reselection Process

Provider reselection criteria.

A provider of ASA 1 and ASA 2 of Multnomah County will be reselected after a period of four years plus an optional renewal for a one year period.

The process to be followed for provider reselection is the same as that of initial provider selection. An RFP will be provided with the provider being selected on the basis of the proposals which are submitted. The proposal which provides the most effective, efficient delivery of the emergency ambulance service for ASA 1 and ASA 2 will be selected.

If the provider should fail in less than the four year contract period or the county determined that contract standards were not being met and revoked the contract the following procedure would be used:

1. The provider will be notified and all appropriate legal measures with regard to contract negotiations and appeals as required by ORS and MCC will be followed.
2. In the event that the provider can be left in place during the time period required to receive requests for proposals and award a new contract, such will occur.
3. In the event that the contractor will not or cannot provide service during the interim period between contract default and new provider implementation, the safety net portions of the proposal will take effect. The county will operate the emergency ambulance service during this period of time, using the equipment, personnel and funds provided under the proposal. The county may elect during this time to provide this equipment to the other ambulance service area contractor as a means of continuing service.

It is intended that this provider reselection procedure will at no time leave Multnomah County without effective, efficient emergency ambulance service.

#### 8d. Procedures for Resolving Disputed Cases

The procedure for resolving disputes with regard to ambulance service area operators or contractors is a two-fold process.

The contract between the county and the ambulance service area operator will provide for measures to reduce conflict and provide effective outcome.

MCC and EMS Rules also provide a mechanism for solving of disputes and hearing process. These are detailed in Attachment 3 and 4.

MILLER, NASH, WIENER, HAGER & CARLSEN  
ATTORNEYS AND COUNSELORS AT LAW  
3500 U.S. BANCORP TOWER  
III S. W. FIFTH AVENUE  
PORTLAND, OREGON 97204-3699  
TELEPHONE (503) 224-5858

THOMAS E. LINDLEY  
ADMITTED IN OREGON, WASHINGTON AND ILLINOIS

TELEX 364462 KINGMAR PTL  
TELECOPY (503) 224-0155

COPY

SEATTLE OFFICE  
6500 COLUMBIA CENTER  
701 FIFTH AVENUE  
SEATTLE, WASHINGTON 98104-7075  
TELEPHONE (206) 622-8484  
TELECOPY (206) 622-7485

July 27, 1988

BY MESSENGER

Mr. Larry Kressel  
County Counsel  
14th Floor  
1120 S.W. Fifth Avenue  
Post Office Box 849  
Portland, Oregon 97207-0849

Subject: Ambulance Service RFP: recognition of costs  
associated with displacing incumbent providers

Dear Larry:

I was unable to stay for Tuesday's informal County Board session on the ambulance service RFP. However, I have been told that some question was raised regarding the legality of providing some protection to the County regarding transitions in ambulance providers. Our research indicates that that is legal, and I am sending it along.

There are substantial medical, financial, and administrative costs associated with the substitution of new ambulance service providers for incumbent providers. The County may recognize those costs by requiring a company or entity that is currently not transporting emergency patients in Multnomah County to "win" by some percentage (usually 3 to 5 percent) before it may displace an entity that is currently providing such transport within the County.

The costs include: (1) medical costs to patients associated with the need for new key managers to learn and perform quality assurance under medical protocols new to them, the need for any non-local paramedics to learn and develop proficiency under those protocols, and the need for any non-local paramedics and dispatchers to learn driving routes and the daily practices of other organizations with whom they must work; (2) economic and administrative costs of bringing new managers and top personnel fully into the system all at one time, including its quality assurance, data development, and enforcement aspects.

JUL 27 1988

Mr. Larry Kressel

- 2 -

July 27, 1988

Most of these costs have been recognized "after the fact" when, following an RFP process, a potential new provider "wins" by a narrow margin and the contracting county, for the first time, does a real cost/benefit analysis. San Diego is a recent example. There Buck Medical and Hartson ultimately offered nearly identical five-year proposals, but Buck's was about \$80,000 less expensive. The commissioners then took the (probably illegal, but practically sensible) step of finally recognizing that that differential was not worth the costs of changing providers, and awarded the franchise to Hartson, the incumbent.

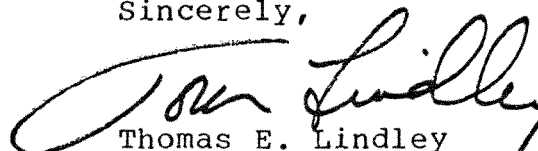
Rather than risk the legal exposure of such after-the-fact decisions, commentators and counties are now developing RFPs that require any entity not currently providing primary emergency transport within the county to outdistance those entities who are providing such service by some pre-set percent of the points to be awarded, usually in the 3 to 5 percent range.

That is the background. To determine whether that process is legal in Oregon, I requested research on the topic, without giving the researcher the reasons, costs, and benefits elaborated above. His analysis, with which I concur, says that such cost protections are legal.

I would add that, to ensure that such an outdistancing or winning margin factor will stand in the unlikely event that it is ever challenged (Care and AA benefit, so they probably would not sue on this matter), (a) it must not be included simply to protect local providers and (b) it should be prefaced by a brief statement noting the above-referenced costs and adding that it is intended to deal with those concerns.

A copy of the (unedited) research memorandum is enclosed. I will be out of town until Monday, August 1; however, I am available on and after that date to respond to any questions. Please feel free to call.

Sincerely,

  
Thomas E. Lindley

cc: County Commissioners  
Mr. Joseph E. Acker III

# MEMORANDUM

To: Thomas E. Lindley  
From: David A. Nold  
Client: Buck Medical Services (68510)  
Subject: Multnomah County RFP (2006)  
Date: July 11, 1988

## Facts

Multnomah County is constructing a request for proposals (RFP) to use in establishing a county-wide exclusive ambulance service franchise. There are clear costs to a system wherever a new service of this sort supplants an existing service, including learning time for dispatchers and paramedics and numerous county administrative burdens.

Some other RFPs around the country recognize these costs by requiring a new bidder, before it may be successful in supplanting an existing provider, to win the bid competition by scoring three to five percent better than an existing provider. Other RFPs simply award points in the scoring process for being an existing provider in the area.

## Question Presented

May Multnomah County include in its RFP for ambulance service a mechanism to favor an existing local ambulance service provider?

## Brief Answer

State law provides very few preferences to in-state or existing suppliers of services. However, Multnomah County is

exempt from the competitive bidding requirements of state and local law. Thus, it has broad discretion in choosing an ambulance service provider. It may give a preference to an existing provider of ambulance services if the preference serves to advance a legitimate public interest. Courts will, however, strike down provisions which serve only to give local industries a competitive advantage under the guise of serving a public interest.

#### Discussion

Oregon provides statutorily that all public contracts be awarded to the lowest responsible bidder. There is very little allowance for preferences to in-state bidders. However, by exempting the request for proposal from this competitive bid process, Multnomah County has far greater discretion in selecting an ambulance service. It must temper this discretion so as not to offend the commerce clause of the U.S. Constitution. This will be discussed following a layout of the statutory scheme.

ORS 279.055 provides:

"(1) Every county by ordinance may create a local contract review board for the county.

\* \* \*

"(4) Except as provided in ORS 279.019(1) and (2) \* \* \* boards created under this section shall have all powers granted the department and director under ORS 279.011 to 279.063. The board shall exercise such powers only after it has adopted rules pursuant to the requirements of subsection (5) of this section.

"(5) Each board created under this section shall have rulemaking authority to carry out the powers and duties of the board under ORS 279.011 to 279.063. The rules shall be adopted in the manner

prescribed in the resolution or ordinance creating the board."

Multnomah County has established a local contract review board. Multnomah County Code 2.20.250 provides:

"(A) The Board of County Commissioners shall be the local contract review board for Multnomah County. It shall have all the powers in the award of county contracts that the Public Contract Review Board shall exercise in the state at large, and may adopt rules relating to the award of county contracts which shall prevail when in conflict with the rules of the Attorney General."

The administrative rules adopted by Multnomah County are very similar to the Oregon Revised Statutes and Oregon Administrative Rules.

Oregon provides that "[a]ll public contracts shall be based upon competitive bids." ORS 279.015(1). "Public contract" is defined as "any purchase, lease or sale by a public agency of personal property, public improvements or services, other than agreements which are for personal service." ORS 279.011(4) (emphasis added). Personal services contracts are provided for as follows:

"(1) Public agencies may enter into contracts for personal services.

"(2) The director or board by ordinance, resolution, administrative rule or other regulation may designate certain service contracts or classes of service contracts as personal service contracts." ORS 279.051.

The Multnomah County Public Contract Review Board has established similar rules. Accordingly, only personal services contracts are specifically exempted from the competitive bid process by both state statute and county ordinance. An attempt to delineate what is a personal service contract is made as follows:

"(1) The following are personal service contracts:

"(a) Contracts for services performed as an independent contractor in the professional capacity, including but not limited to the services of an accountant; attorney; architectural or land use planning consultant; physician or dentist; registered professional engineer; appraiser or surveyor; passenger aircraft pilot; aerial photographer; timber cruiser; or broadcaster.

"(b) Contracts for services as an artist in the performing of [sic] fine arts; including but not limited to photographer; film maker; painter; weaver; sculptor.

"(c) Contracts for services of a specialized creative and research oriented, noncommercial nature.

"(d) Contracts for services as a consultant.

"(e) Contracts for educational and human custodial care services.

"(2) The following are NOT personal service contracts:

"(a) Contracts, even though in a professional capacity, if predominately [sic] for a product, e.g., contract with a landscape architect to design a garden is for personal services, but a contract to design a garden and supply all the shrubs and trees is predominately [sic] for a tangible product.

"(b) A contract to supply labor which is of a type that can generally be done by any competent worker, e.g., janitorial, security guard, crop spraying, laundry and landscape maintenance service contracts.

"(c) Contracts for trade related activities considered to be labor and material contracts.

"(d) Contracts for services of a trade-related activity, even though a

specific license is required to engage in the activity." AR 10.092, Multnomah County Public Contract Review Board. See also OAR 125-310-092 (1985) (same provision).

It is irrelevant whether Multnomah County considers an exclusive ambulance service agreement to be a personal services contract. Oregon Administrative Rules provides specifically that requests for proposals be exempt from the competitive bidding process. OAR 125-300-010(3); OAR 125-310-025. Although curiously absent from the Multnomah County Public Contract Review Board Administrative Rules, the county may nonetheless avail itself of this exemption. See OAR 125-300-001(3) and 125-310-025.

There is a stark contrast in the discretion available to a Contract Review Board under a request for proposal and a competitive bidding scenario. The competitive bidding provisions in Oregon do not provide very favorable preferences to local or existing suppliers. There are basically two preferences allowed. First, a public contracting agency is allowed to prefer goods or services that have been manufactured or produced in this state if price, fitness, availability and quality are otherwise equal. ORS 279.021. Since rarely are all things equal, this is not much of a preference.

Second, a public contracting agency is permitted to add a percent increase on a bid by a nonresident bidder equal to the percent, if any, of the preference given to that bidder in the state in which the bidder resides. ORS 279.029. The Department of General Services publishes a list of states that give preferences to in-state bidders with the percent increase

applied in each state. ORS 279.029(3). A copy of this list is attached. Only New Mexico, Ohio, South Carolina, and West Virginia provide preferences for services. Thus, a bidder from any other state would be on equal footing with Buck Medical Services in a truly competitive bid situation.

Outside these preferences, a contract must be awarded to the lowest responsible bidder. ORS 279.029(1). The "lowest responsible bidder" is the lowest bidder who has substantially complied with the public bidding procedures and who has not been disqualified by the public contracting agency.

ORS 279.029(6)(a). ORS 279.037 provides for disqualification if the bidder lacks financial ability, proper equipment, key personnel, or has repeatedly breached other public contracts.

Conversely, in a request for proposal situation, Multnomah County is free to apply a broader range of discretion. Specifically, requests for proposals are to be used when "price will not necessarily be the predominant award criterion." OAR 125-300-0001(a). Further, the rules provide that "[c]riteria used to identify the proposal that best meets the public contracting needs may include but are not limited to cost, quality, service, compatibility, product reliability, operating efficiency and expansion potential." OAR 125-310-025(b). Accordingly, Multnomah County may use criteria recognizing the advantages which should be realized from an existing supplier of ambulance services to the area. However, in establishing criteria the county must be certain to avoid conflict with the commerce clause of the Constitution.

The commerce clause provides that "Congress shall have the power to regulate commerce with foreign nations, and among the several states, and with the Indian tribes." US Const Art I, § 8, cl 3. The clause generally prohibits the states from using regulatory authority to discriminate against out-of-state competition. In short, economic motives cannot be the underpinnings of a state or local regulatory action. In a seminal case, Dean Milk Com. v. Madison, 340 US 349, \_\_\_ S Ct\_\_\_, 95 L Ed 329 (1951), the court invalidated an ordinance which made it unlawful to sell milk unless it had been pasteurized and bottled within five miles from the center of town. The city was, in effect, using the ordinance to protect a local industry from out-of-state competition. The ordinance was not validated simply because it professed to be a health measure.

A similar case with different results is Tuscan Dairy Farms, Inc. v. Barber, 408 NY2d 348 (1978). There, the commissioner of agriculture refused to grant a license to extend delivery of milk into the county of Richmond to an out-of-state supplier. The commissioner believed that the public interest demanded a balanced milk distribution which would be undermined by the competition fallout from allowing such a large supplier into the market. The plaintiff challenged the regulatory action as inherently unconstitutional. The court rejected this argument and held that:

"We recognize that the denial of this New Jersey petitioner's application to distribute milk on a wholesale basis in Richmond County has some

incidental effect on interstate commerce. Balancing this incidental impact against the interest of the State of New York in protecting milk consumers in Richmond County, however, we conclude that where the purpose and goal of the restriction employed is consumer protection and not the economic well-being of the present milk industry, and the means chosen does not involve an attempt to control commerce in another State or otherwise to produce an extraterritorial effect and does not operate to discriminate against or place an embargo on interstate commerce, the obvious local interest at stake outweighs whatever national interest there might be in the prevention of the State restrictions." 408 NY2d at 356.

Accordingly, courts have accepted those local or state regulations enacted for a public interest even though they have an effect on interstate commerce. The general rule can be phrased as follows:

"Where the statute regulates evenhandedly to effectuate a legitimate local public interest, and its effects on interstate commerce are only incidental, it will be upheld unless the burden imposed on such commerce is clearly excessive in relation to the putative local benefits. \* \* \* If a legitimate local purpose is found, then the question becomes one of degree. And the extent of the burden that will be tolerated will of course depend on the nature of the local interest involved, and on whether it could be promoted as well with a lesser impact on interstate activities." A&P Tea Co. v. Cottrell, 424 US 366, 371-72, 96 S Ct 923, 47 L Ed 2d 55 (1976), citing Pike v. Bruce Church, Inc., 397 US 137, 142, 75 L Ed 2d 174, 90 S Ct 844 (1970) (citations omitted).

The Pike test has been restated recently as a three-pronged test:

"Under [the] general rule we must inquire (1) whether the challenged statute regulates evenhandedly with only 'incidental' effects on interstate commerce, or discriminates against interstate commerce either on its face or in practical effect; (2) whether the statute serves a legitimate local purpose; and if so, (3) whether alternative means could promote this local purpose as well without discriminating against interstate commerce." Hughes v. Oklahoma, 441 US 322, 336, 99 S Ct 1727, 60 L Ed 2d 250 (1979).

Providing a preference for existing providers of ambulance services fits squarely within this test. The preference provision would be applied to in-state and out-of-state bidders evenhandedly. Thus, there is no discrimination against out-of-state suppliers. Further, the preference serves a legitimate local purpose: that of ensuring the best ambulance service to the area.

In our client's situation nonresident bidders decry any preference as discriminating against out-of-state suppliers. The court in Tuscan addressed the out-of-state supplier issue. It held that the:

"[p]ossibility of incidental economic benefit to the present milk industry should not be fatal to the validity of State regulation for consumer protection particularly when, as here, the determination implementing the objective was not dependent on the fact that petitioner's product, if permitted, would be shipped from an out-of-state source. \* \* \* No prohibition of goods traveling across State borders was sought to be accomplished\* \* \*." 405 NY2d at 355.

A parallel can be drawn in our situation. Multnomah County does not seek to restrict the flow of services into the state or county. Rather, it seeks to establish criteria which will guarantee the best possible ambulance service to the area. One way of guaranteeing the best service is to recognize the competencies an existing supplier has over other bidders.

The commerce clause has been the basis of a constitutional attack upon Oregon regulatory action as well. In American Can Co. v. OLCC, 15 Or App 618, 517 P2d 691 (1973), plaintiffs challenged an Oregon statute which would require a deposit on cans as a violation of the commerce clause. The

court began by citing the language quoted above, stating that if a legitimate local purpose is found, then the burden on interstate commerce will be tolerated. More significant is the court's insistence that it is a legislative function to weigh the variables concerned in such cases involving safety and commerce. "That process becomes political and is constitutionally assigned to the legislative branch as the determiner of policy." 15 Or App at 631. The court cited Breard v. Alexandria, 341 US 622, 640-41, 71 S Ct 920, 95 L Ed 1233 (1951):

"When there is a reasonable basis for legislation to protect the social, as distinguished from the economic, welfare of a community, it is not for this Court because of the Commerce Clause to deny the exercise locally of the sovereign power of Louisiana. Changing living conditions or variations in the experiences or habits of different communities may well call for different legislative regulations as to methods and manners of doing business. Powers of municipalities are subject to control by the states. Their judgment of local needs is made from a more intimate knowledge of local conditions than that of any other legislative body."

The court wholly accepted the concept that legislation which has negative economic consequences for nonstate business is not necessarily discriminatory against interstate commerce. See 15 Or App at 640. "On a claim of economic discrimination \* \* \* it is appropriate to look to the nature of the economic burden upon interstate commerce and the legislative motivation in creating that burden." 15 Or App at 641. The intention of Multnomah County in providing a preference to the existing supplier of ambulance services is not to give Oregon industry a competitive advantage against outside firms; rather, it is to

ensure that area residents receive the best ambulance service available.

Although a preference in this situation is somewhat novel so was the deposit-on-bottles bill. "Each state is a laboratory for innovation and experimentation in a healthy federal system. What fails may be abandoned and what succeeds may be emulated by other states." 15 Or App at 636.

There is no indication that the commerce clause serves to limit the ability of the states themselves to operate freely in the market. A state may, as a market participant, contract with whom it pleases, so long as no other state or constitutional provisions are violated. However, Multnomah County is not a market participant in this situation. See Reeves, Inc. v. Stake, 447 US 429, 100 S Ct 65 L Ed 2d 244 2271, (1980). As a quasi-market participant Multnomah County is not subject to the competitive bidding provisions but must, as discussed above, exercise caution so as not to offend the commerce clause.

The distinction between market participant and nonmarket participant explains the preference provisions of other states. States which allow preferences do so in situations where it is a market participant, i.e., it is procuring goods and services for itself. Conversely, the commerce clause is used as a basis of attack when the state takes some regulatory or legislative action when it is not a market participant. I have attached a copy of the preference provisions from Ohio, New Mexico, South Carolina, and West Virginia.

### Conclusion

Multnomah County has a great deal of discretion available in selecting criteria to evaluate ambulance services. It is not subject to the competitive bidding statutes which mandate an award to the lowest responsible bidder. The county may use more subjective criteria in the selection process.

In so doing the county may wish to include in the RFP a mechanism which recognizes the advantages of retaining the existing supplier of ambulance services. A preference provision of this type is different from the preference provisions of other states. Other preference statutes apply to situations in which the state is a market participant. Multnomah County is a quasi-market participant and thus must be careful to avoid legislating action which conflicts with the commerce clause.

A mechanism that allowed Buck Medical Services a preference only to protect local industry would be in violation of the commerce clause. However, the rationale behind favoring an existing supplier is to protect the public by ensuring the best possible ambulance service. Lacking from this discussion is the delineation of the practical reasons why an existing supplier can better serve the public. This list is crucial because it is the basis for a preference mechanism.

DATE SUBMITTED 7/26/88

*Unanimous  
Consent*

(For Clerk's Use)  
Meeting Date \_\_\_\_\_  
Agenda No. \_\_\_\_\_

REQUEST FOR PLACEMENT ON THE AGENDA  
County Property Assessment for  
Subject: Downtown EID

Informal Only\* \_\_\_\_\_ (Date)      Formal Only 7/28/88 (Date)

DEPARTMENT County Chair's Office      DIVISION \_\_\_\_\_

CONTACT Fred Neal/Paul Yarborough      TELEPHONE X-3308/X-5000

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Fred Neal/Paul Yarborough

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Policy Decision as to whether Multnomah County should remonstrate inclusion of all real property it owns in the Downtown Economic Improvement District, as authorized by Portland City Ordinance 160995.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY    ☐ PRELIMINARY APPROVAL    ☒ POLICY DIRECTION    ☐ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 20 minutes

IMPACT:

☐ PERSONNEL  
☒ FISCAL/BUDGETARY  
☒ General Fund  
☐ Other \_\_\_\_\_

BOARD OF  
COUNTY COMMISSIONERS  
1988 JUL 27 PM 1:11  
MULTNOMAH COUNTY  
OREGON

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Gladys McCoy<sup>rd</sup>

BUDGET / PERSONNEL \_\_\_\_\_

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) \_\_\_\_\_

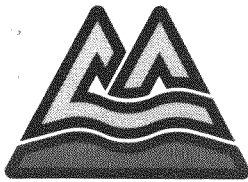
OTHER \_\_\_\_\_  
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

DOWNTOWN ECONOMIC IMPROVEMENT DISTRICT  
PRELIMINARY IMPLEMENTATION SCHEDULE  
PRINCIPAL/CRITICAL ACTIVITIES

- o Establish Committee 04/16/88
- o Key decisions 04/16/88
  - District Boundaries
  - EID Program/Budget
  - Assessment Method/Rate
- o Solicit Petitions 04/16/88-05/31/88
  - Property Information/Mailing List
  - Letter from Committee
  - Meetings/Personal Contact
- o Develop Preliminary Economic Improvement Plan 04/16/88-05/31/88
- o City Council Resolution (Adopting Preliminary Plan/Petitions) 06/01/88
- o Appoint Task Force/Advisory Committee 06/01/88
- o Develop Final Economic Improvement Plan 04/16/88-06/15/88
- o City Council Ordinance (Adopting Final Plan/Authorizing Notification) 06/22/88
- o Mail Notices 06/22/88-07/01/88
- o Exemption Applications Due (21 days from Notices) 07/22/88
- o Public Hearing (30 days from Notices) 08/03/88
- o Mail Notices of Assessment 08/03/88-08/15/88
- o Public Hearing (30 days from Notices) 09/14/88
- o Mail Bills 09/26/88
- o Payments Due (30 days from Billing) 10/26/88

Source: Shiels & Obletz  
March 28, 1988



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF ENVIRONMENTAL SERVICES  
DIVISION OF FACILITIES AND  
PROPERTY MANAGEMENT  
2505 S.E. 11TH AVENUE  
PORTLAND, OREGON 97202  
(503) 248-3322

GLADYS McCOY  
MULTNOMAH COUNTY CHAIR

## MEMORANDUM

*[Signature]*  
JUN 24 1988

TO: Fred Neal  
Office of the Chair

FROM: Harold L. Holub, Property Officer *[Signature]*  
Property Management Section

DATE: June 23, 1988

RE: Downtown Economic Improvement District

The following information regarding the Downtown Economic Improvement District is based on current Assessment and Taxation records. I have not included the Assessment and Taxation description.

<u>LOCATION</u>	<u>1988-89 VALUATION</u>	<u>EID ASSESSMENT</u>
Saturday Market	\$ 30,800	\$ 40.96
Morrison Bridge Head (Parking Lot)	1,460,000	1,941.80
Parking Lot (Motor Pool)	1,578,000	2,098.74
Courthouse	10,000,000	13,300.00
Library	3,850,000	5,120.50
Justice Center	29,494,400	39,227.55
TOTAL:		\$ 61,729.55

Gill Building - \$ 3,250,000  
Value of Area  
Occupied by Retail Space - \$654,800

If the Gill Building is fully assessed for the EID, the amount would be \$4,322.50.

The State owned retail space in the Justice Center is valued at \$1,200,000 which translates to an assessment of \$1,596.00.

The property described as the "Hawthorne Bridgehead" on the list you gave me is the responsibility of the City by virtue of the lease agreement between Multnomah and the City dated May 29, 1987, regarding the Waterfront Park improvement.

As far as revenue producing property, I believe the Morrison Bridgehead property and the retail space in the Gill Building are the only ones qualifying under that designation.

Please call if I may be of more assistance.

HLH/pas

DATE SUBMITTED July 14, 1988

(For Clerk's Use)

Meeting Date 7/21/88

Agenda No. R-16

REQUEST FOR PLACEMENT ON THE AGENDA 7/28/88 R-15

Subject: RFC and RFP for Emergency Ambulance Service

Informal Only\* \_\_\_\_\_  
(Date)

Formal Only July 28, 1988  
(Date)

DEPARTMENT Human Services DIVISION Health

CONTACT Joe Acker TELEPHONE 248-3674

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD \_\_\_\_\_

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Order approving request for credentials and requests for proposals for emergency ambulance service for Multnomah County

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA \_\_\_\_\_

IMPACT:

☐ PERSONNEL

☐ FISCAL/BUDGETARY

☐ General Fund

☐ Other \_\_\_\_\_

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Bladys McCoy

BUDGET / PERSONNEL /

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) \_\_\_\_\_

OTHER \_\_\_\_\_  
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

BEFORE THE BOARD OF COMMISSIONERS  
FOR THE COUNTY OF MULTNOMAH

In the Matter of Approving	)	ORDER APPROVING REQUEST
a Request for Credentials and	)	FOR CREDENTIALS AND
Requests for Proposals for	)	REQUESTS FOR PROPOSALS
Emergency Ambulance Service	)	FOR EMERGENCY AMBULANCE
	)	SERVICE FOR MULTNOMAH
	)	COUNTY

WHEREAS, the EMS Policy Board recommended adoption of an Ambulance Plan that divides Multnomah County into two ambulance service areas and has recommended that the service providers be selected by a competitive bid process; and

WHEREAS, the Board of Commissioners has adopted the Plan; and

WHEREAS, in order to implement the plan, it is necessary to issue a Request for Credentials (RFC) and Requests for Proposals (RFPs) to potential service providers; and

WHEREAS, the Emergency Medical Services Policy Board has reviewed such documents and has recommended approval of them, NOW THEREFORE

IT IS HEREBY ORDERED that the RFC AND RFPs attached hereto and marked Exhibits A, B and C are approved.

BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_  
Gladys McCoy  
Multnomah County Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL  
FOR MULTNOMAH COUNTY, OREGON

By  \_\_\_\_\_  
Laurence Kressel  
County Counsel

1393R/dm  
061088:3:1

Emergency Medical Services  
Policy Board Recommended  
5/20/88

REQUEST FOR CREDENTIALS

911 Ambulance Contract  
Multnomah County, Oregon

This document is intended to determine the qualifications of applicants to furnish emergency ambulance service to Multnomah County, Oregon and its inclusive incorporated municipalities.

EXHIBIT A

Contents:

	Page
I. Purpose	3
II. Nature of the Contracts	3
III. Term of Contract	3
IV. Description	3
V. Contract System Requirements	5
VI. Credentialing Evaluation Process	7
VII. Reimbursement	9
VIII. RFP Organization	10
IX. Submission Process	11
X. Minimum Credentialing Requirements	12
XI. Notification of Completion of Credentialing Process	18
XII. Attachments:	
a) Brief Description of the Portland Multnomah County Emergency Medical Services Rules System.	19
b) Multnomah County Code Governing EMS	
c) Emergency Medical Services Rules	
d) Basic Life Support Protocols	
e) Advanced Life Support Protocols	
f) Ambulance Service Areas for Multnomah County, Oregon	
g) ORS Governing Ambulance Services and Administrative Rules	
h) Quality Assurance	
i) Call Data Availability	

#### I. The Purpose of this Request for Credentials

Multnomah County will be seeking proposals for emergency and ambulance services in Multnomah County. Proposals will only be accepted from qualified applicants which will be determined by the criteria set out in this document.

#### II. Nature of the Contracts to be Awarded

There will be two contracts awarded for two ambulance service areas (ASA) (see map attachment F) to answer all 9-1-1 generated emergency calls within Multnomah County. The applicants must expect to provide Advanced Life Support (ALS) responses to all 9-1-1 generated emergency calls. An applicant may make proposals on both ASAs and may be awarded both contracts.

#### III. Term of Contract

The contract will be for a term of four years. The expected start date for this service is no later than July 1, 1989. The contract will include all customary standard provisions required by state public contracting law as well as county contract requirements, including, but not limited to insurance requirements, indemnification and budgetary limitations.

#### IV. Description

The area to be covered by this contract is all of Multnomah County divided into two ASA's. (See map attachment F.) This includes the cities of Portland, Gresham, Wood Village, Troutdale, and Fairview and unincorporated Multnomah County. The response area will be approximately 465 square miles. Population base in Multnomah County, according to the latest census, is 566,200. In addition, the population of Multnomah County increases during the day, because Portland and Multnomah County are the hub of a tri-county area and non-residents come into Portland to work or shop.

Multnomah County is currently served by 14 general and acute care hospitals. A trauma program is in place with ORSU and Emanuel Hospitals designated as level 1 trauma hospitals. An interim trauma program has been in place since February of 1985. Trauma statistics are available from this program and will be provided to potential proposers after completion of credentialing.

The current system within Multnomah County is governed by Multnomah County Code (MCC) and its rules (see Attachments b and c). MCC and its existing rules will probably not change substantially for the contractor. All applicants must become familiar with MCC and its rules which set forth requirements for response time, licensing, staffing, dispatch, mutual aid, trauma program, medical direction, and penalties.

Mutual aid is available in the fringe areas of Multnomah County by rule under MCC. Because of the extreme rural nature and geographical barriers in the extreme East and West ends of the County, applicants are encouraged to use mutual aid agreements to meet minimum response time requirements.

The current Multnomah County system uses four private ambulance service providers who are assigned ambulance service areas under the Oregon Revised Statutes. These current providers meet all Advanced Life Support criteria as set forth in MCC and its rules. In addition, a first responder program is available throughout the County by Portland Fire Bureau, and the fire departments of Gresham, Corbett, Skyline, and Sauvie Island. Gresham Fire Department, and Portland Fire Bureau are each Advanced Life Support first responders maintaining a total of eight ALS first responder rescues in their operations. First responders are governed under MCC and its rules.

Currently, all 911 call-answering and dispatch is provided from a central location in the County, through a contract between the Office of Emergency Medical Services and the Bureau of Emergency Communications. The Emergency Medical Services dispatch system functions under standard operating procedures, triage guidelines, pre-arrival instructions, and other medical administrative areas as determined by the Office of Emergency Medical Services. A computerized dispatch system is currently used, and information from this system is provided as a part of this credentialing document. Triage guidelines and pre-arrival instructions are similar to the Emergency Medical Priority Dispatching system. Dispatchers are trained to the emergency medical dispatch level as recognized by the State of Oregon.

The Office of Emergency Medical Services is responsible under Multnomah County Code (MCC) for the development of Basic Life Support and Advanced Life Support protocols. These protocols are attached for your information (d and e). Applicants must know the requirements of these protocols, which are not expected to substantially change when contractors are chosen.

The current Emergency Medical Services system uses a contract arrangement with the Hooper Detoxification Center to respond to and arrange transportation for some man-down calls in the central City area. These are calls which may be telephone-triaged as being alcohol-related, and they are not responded to by normal first responder or ALS ambulance. This has reduced the number of no patient transports in the inner-City area. The contractor for ASA 1 will be required to contract with Hooper Center to offer this service. A subsidy will be offered which will pay for a portion of the cost of this service.

The total number of responses for 1986 was 31,140. The total number of transports was 21,175.

## V. Contract System Requirements

The responsibilities of the contractor and the office of Emergency Medical Services under the proposed contract for ambulance service for 911 calls for Multnomah County are outlined below.

### Contractor Responsibilities:

1. The contractor for each ASA must furnish all vehicles and Advanced and Basic Life Support equipment per rule. This material is detailed in MCC and its rules. Also attached for the applicant's information are the ORS requirements (attachment G) which must be met.
2. The contractor for each ASA must furnish all mobile communications equipment. Currently the Multnomah County Emergency Medical Services program functions on UHF and VHF. The contractor for each ASA must furnish VHF mobile communications equipment capable of operating on 155.340 mhz with a digital encode capability. In addition, the contractor for each ASA must furnish mobile communications equipment for communication on Med-Nets 1, 4, 7, and 9. This mobile communications equipment must also provide for the technician to speak over the Med-Net radio from the patient compartment of the ambulance. Also UHF paging capability must be a part of the contractor-provided system. The paging on Med-Net-9 will be used for ambulance crew alerting and dispatch.
3. The contractor for each ASA must furnish all personnel needed to carry out the requirements of this contract. The personnel requirements are detailed in Multnomah County Code (MCC) and its rules. The requirement is two EMT IV's Oregon-certified on each Advanced Life Support ambulance. In addition, the contractor must furnish personnel sufficient for supervisory, billing and collection, and administrative functions.
4. The contractor for each ASA must furnish \$42,500 per year paid in quarterly payments to provide for medical administrative costs of the system. This amount may increase or decrease based upon proposals from the physician supervisor RFP. Currently ORS requires that each EMT above the level of 2 function with an immediate physician supervisor. The County will provide the physician supervisor for the contractor(s) at a total cost of \$85,000 (2 ASAs), as previously mentioned. The contractor(s) will not be required to carry liability insurance for the physician supervisor.
5. The contractor for each ASA must provide liability insurance to meet the minimum ORS and Multnomah County requirements as stated in Section VIII paragraph M.
6. The contractor for ASA 1 will contract with Hooper Center to provide inebriate outreach services.

EMS Responsibilities:

1. The Emergency Medical Services office shall furnish dispatch by 911 call-takers and dispatchers. This also includes the maintenance of the Med-Net radio system.
2. Provision of on-line medical control through a contract.
3. Physician supervisor for all 911 activities as detailed previously.
4. Liability provisions for the physician supervisor.
5. Support of continuing education for EMT's will be provided through a contract.
6. A taxi fund is administered by EMS, this allows for indigent ambulatory patients to be moved by paid-cab to a hospital, when their medical condition requires care, but not the services of an ambulance.
7. A subsidy will be paid to the contractor for ASA 1. The subsidy is intended to underwrite the major portion of the cost of inebriate outreach services.

## VI. Credentialing Evaluation Process

To have the opportunity to respond to the RFP the applicant must meet minimum credentialing requirements which are detailed further in this document. If the applicant intends to propose for both ASA's, a separate credentialing document must be completed for each ASA. The applicants must use a different population and capital source for each credentialing. An applicant credentialed for both ASA's must have a total population served in VIII B of 250,000 and a total capitalization of \$550,000 in VIII C.

Upon completion of the credentialing phase the successful applicants will be presented with a Request For Proposal which sets certain minimum requirements and a mechanism for evaluation of each of those requirements. A point-ranking process will be followed for those responses which meet all the minimum requirements.

The credentialing process and the Request For Proposal have been prepared by the RFP Construction committee. This committee was chosen by the Emergency Medical Services Policy Board at its December 15, 1986, meeting. That committee is made up of the Emergency Medical Services director, a representative of the Medical Advisory Board, a citizen-at-large, a Multnomah County Medical Society representative, a representative of County Counsel, a Multnomah County representative of small business, and an Emergency Medical Technician-Paramedic representative. This committee will conduct the credentialing evaluation and the pre-proposal hearing for all potential proposers.

The evaluation of the RFP will be made by another committee, composed of the EMS director, Medical Advisory Board member, two citizens-at-large, Multnomah County Medical Society representative, County Purchasing representative, and Emergency Medical Technician representative. All the members of this committee with the exception of the Emergency Medical Services director, will be different from the previously mentioned committee. The Medical Advisory Board will review and make recommendations to the evaluation committee concerning the selected provider's medical areas of the proposal.

The monitoring process for the contract will be through the Emergency Medical Services office. In addition, the Medical Advisory Board will provide contractor monitoring in the medical areas in concurrence with the single physician supervisor as contracted by the Office of Emergency Medical Services. Quality assurance as designed and accepted by the Medical Advisory Board and as detailed in an attached document (attachment H) will remain in existence as a subcommittee of the Medical Advisory Board. System accountability will be the responsibility of the Medical Advisory Board and the Emergency Medical Services office. The Emergency Medical Services office will maintain a prospective and retrospective quality assurance process with regard to both medical and system accountability issues. A citizens' rate committee will review proposed rate increases or decreases and will have the responsibility for semiannual public hearings and rate reviews for the contractor. This rate review committee will be made

up of representatives of the contractor as well as representatives of the general public. This committee will not be able to make final determination on rate increases or decreases but will have the ability to recommend these changes to the Emergency Medical Services Policy Board and the Multnomah Board of County Commissioners.

## VII. Reimbursement

The proposed Multnomah County Emergency Medical Services system as described here will be paid for by the user; the contractor(s) must not expect any subsidy from Multnomah County or any of the incorporated cities within this jurisdiction. Except that the contractor in ASA 1 will receive a subsidy to assist in funding inebriate outreach services.

#### VIII. RFP Organization

The Request For Proposal will be organized in six areas; personnel, communications, medical, equipment, business practices, safety net. The RFP will describe minimums under each of these component areas which must be met by each proposer and will ask proposers to provide information as to how the minimum requirements will be met and to state any additional services the proposer will provide to improve the level or quantity of service established by the minimum requirements.

The RFP will allow a proposer to propose for only one of the two ASA's or for both ASA's. If the proposer is proposing for both ASA's, each proposal will be provided separately and judged on its merits as a "stand alone" proposal.

## IX. Submission Process

Applicants for the credentialing process must provide all information as requested in this document to:

Multnomah County Purchasing, 2505 SE 11th Avenue, Portland, Oregon 97202, telephone number (503) 248-5111, contact person Tranna Ritz.

All information must be submitted with no fewer than 15 copies three-hole punched. Late applications will not be accepted.

The following is general information which must be addressed on the initial pages of an applicant's credentialing document. If this information is not provided the applicant will not be credentialed.

- . Name and address of organization.
- . Name of organization's liaison for the credentialing process.
- . List of names, addresses, and share of ownership of all owners of the organization.
- . Brief narrative description of the organization's holdings together with the organization's chart depicting the company's infrastructure.
- . List of financial interests of the organization or parent company in other related businesses and a description of those related businesses.
- . Brief narrative description of services currently provided by the applicant.
- . Brief history of the organization's involvement in delivery of Advanced Life Support services over the last ten years.

X. Minimum Credentialing Requirements

The following minimum credentialing requirements must be met by each applicant. A recommended method of how to demonstrate each of these minimum credentialing requirements is included in a narrative following the requirement. The information must be provided in the credentialing document in the order listed here. If the applicant expects to propose for each ASA, a separate credentialing document must be provided for each. The "second" credentialing document can refer to the specific areas of the first document in all areas except VIII A2, VIII C, and VIII H.

A. The applicant must meet either 1 or 2 below:

1. The applicant must have been licensed by Multnomah County to provide ambulance service for the calendar years of 1986 and 1987 and during that period must have provided advanced life support care as defined by the Multnomah County advanced life support and basic life support protocols. The necessary experience may have been gained as a first responder at the ALS level or by providing ALS transport in Multnomah County.
2. If the applicant does not meet number 1 above, the applicant must have served a population of at least 125,000 with primary (exclusively served with at least 90 percent of the care and transport) advanced life support services for the last two calendar years. The population must be contiguous (may cross geopolitical lines) and be verified by census data.

The applicant must furnish proof of ambulance licensure within Multnomah County, if it has such, or documentation of advanced life support service to a population of at least 125,000 to meet the above credentialing requirements.

Proof of requirements having been met must be furnished by attached census data and proof from the jurisdictions served that the ambulance supplier is the primary provider of Advanced Life Support in those areas for the required period of time.

If the required information is not furnished or the data does not support the minimum population base and length of service, the applicant will not be credentialed.

- B. The applicant must have a response time to the previously served population base of no greater than 8 minutes 90 percent of the time. This must be calculated from the most recent 12 months. If a different response time standard is in place, it must be stated but converted to the 8 minute/90 percent scale. The existing response time required in the former system must be currently met or exceeded. This must be for the last 12 months.

The state, region, county, or city regulator of the operation used to qualify under Section VIII paragraph A above must provide documentation which establishes that the above mentioned response time was met.

If there is no regulator of response times, the applicant must furnish validated information establishing the satisfaction of the requirement; the validity of the information must be by a sworn statement attached to the response time material. If the required information is not provided or the information demonstrates a deficiency in response-time, the applicant will not be credentialed.

- C. The applicant must demonstrate sufficient existing capital or credit to establish the ability to operate this system with little or no cash flow for 45 days. The amount demonstrated must be no less than \$225,000. This amount may be made up of either assets to be dedicated to the system or credit line. Accounts receivable may be used if the income is dedicated to the Multnomah County contract. The accounts receivable must be no more than one year old and discounted 40 percent.

Documentation must be provided from a recognized source (CPA, bank, other lending institution) stating that the applicant can meet the above requirement. If the required information is not provided or the minimum capital is not available the applicant will not be credentialed.

- D. The applicant must provide an audited or reviewed operating statement for the last two fiscal years and the most recent balance sheet (within 12 months). If this information is marked as proprietary it will remain confidential information and not be a part of the public record.

This information must be provided in such a way that it adequately provides information as to the financial stability of the applicant. The information need not include more than the information for the company which is serving the population used in Section VIII, paragraph A above.

The exception to this is if a joint venture or consortium of operators process is used. (See paragraph H.)

If the required information is not provided or the statements show unsound business practices the applicant will not be credentialed.

- E. The applicant must provide information which verifies its current business structure, and its having met the appropriate state legal requirements for establishing such a structure (corporate certificate, articles of incorporation).

Applicants not meeting the legal requirements in the area used in Section VIII, paragraph A, will not be credentialed.

F. A Dunn and Bradstreet rating, if available.

A Dunn and Bradstreet rating must be provided if available and it must be the most current.

If a Dunn and Bradstreet rating is not available, this must be so noted.

If an applicant does not provide a Dunn and Bradstreet rating when it is available, the applicant will not be credentialed. The lack of a Dunn and Bradstreet rating in and of itself will not disqualify an applicant in the credentialing process.

G. The applicant must present demonstrated billing experience to include billing practices with no less than a 60 percent collection rate. Also, the ability to work with third party payors as evidenced by letters from the Medicare and Medicaid fiscal agents must be demonstrated. If the applicant does not possess this billing experience, a proposed billing process must be explained and any present or past parallel billing experience must be included.

The applicant must provide proof from a CPA that current experience is at least a 60 percent or above collection rate in the population served in Section VIII, paragraph A. Also needed is a letter from the Medicare and Medicaid fiscal agents for the area served in Section VIII, paragraph A, stating that the applicant is performing adequately in billing procedures.

Failure to supply proof of the collection rate or having a collection rate lower than 60 percent will cause the applicant to fail credentialing if it is currently providing billing activities. Failure to supply proof of satisfactory billing procedures from Medicare and Medicaid fiscal agents will cause the applicant to fail the credentialing process if it is currently providing billing activities. In the absence of the applicant's providing billing activities, the applicant must provide a detailed description of the billing process it will use, and it must provide the educational process it will use to acquaint personnel with third-party billing methodology. Failure to provide the description of billing practice process or educational process or its insufficiency to adequately accomplish billing will cause the applicant to fail the credentialing process.

H. A consortium of operators may apply as an applicant. Each individual member of such an applying consortium must meet all minimum credentialing requirements listed (below/above) except that a pooling of capital or credit will be allowed to meet the \$225,000 required in Section VIII, paragraph C. Each individual member of that consortium must, not later than at the time it submits its credentialing materials, contractually accept equal liability with all other consortium members for all compliance with legal and contractual requirements if the consortium receives the contract, and joint and several liability with each other

consortium member for any tort, rule infraction, or penalty, and must guarantee that all legal and contractual requirements will be met. Written documents confirming the precise nature of the legal relationship between the members of the consortium must be furnished. The structure of the consortium must be fully explained. The consortium's legal counsel (who must be admitted to practice in Oregon) must provide an opinion letter confirming without qualification that the consortium agreement is valid, binding, and not illegal under state or federal laws.

In the event that the required information is not provided, the applying consortium will not be credentialed.

- I. The applicant must provide ALS and triage protocols from the system used in the credentialing population. These protocols must demonstrate a level of medical care similar to that of the current Multnomah County system.

The Advanced Life Support protocols must be included as a part of the credentialing document. The Advanced Life Support protocols must be clear and concise and describe the relationship of off-line and on-line medical direction or control.

Triage protocols which are used for telephone answering, and/or field triage from Basic Life Support to Advanced Life Support or Advanced Life Support to Basic Life Support must be included. These protocols must also include any pre-arrival instructions which are used by EMS call-takers and dispatchers as well as any other pertinent information. In the event that the required information is not provided, the applicant will fail the credentialing process.

- J. The applicant must furnish a description of medical control from the system used as a credentialing population, and this description must demonstrate a degree of medical control similar to that of the present Multnomah County system.

The description of medical control must include off-line and on-line medical control. Current quality assurance must also be included as a portion of the description of off-line medical control.

In the event of failure to provide a description of medical control, the applicant will not be credentialed.

- K. The applicant must furnish the drug list from the system used as the credentialing population and it must be at least equal in content to the drugs needed to provide Advanced Life Support as listed in the Advanced Life Support protocols in Section VIII, paragraph I.

The drugs carried on each ambulance must be provided under this heading and listed as to the dosage carried. In addition, a listing of IV fluids must also be considered part of this requirement.

In the event of failure to provide the drug list or failure of the drug list to provide for pre-hospital care according to the standards as set forth in the Advanced Life Support protocols in Section VIII, paragraph I, the applicant will fail credentialing.

- L. The applicant must furnish a letter or letters from state, regional, or local authorities stating that it has been in substantial compliance with all rules and regulations in all areas served for the past two years.

Letters must very clearly state that the applicant has been in substantial compliance. All infractions which may be noted by state, regional, or local authorities must be fully explained. In addition, a letter from the applicant reflecting on the circumstances for each infraction noted must be provided.

Failure to provide these letters or failure of the applicant to be in substantial compliance will cause the applicant to fail in the credentialing process.

- M. The applicant must provide proof of liability insurance coverage carried for credentialing in the amounts of: combined single limit for bodily injury and property damage (vehicular) \$500,000 minimum, malpractice \$1,000,000, and umbrella liability \$1,000,000. If the applicant uses self-insurance, proof of the self-insurance must be provided. Also the self-insured must provide proof that its program meets all of the legal requirements of the state in which it is legally based.

Proof of insurability to the minimum stated or required by the credentialing population system must be provided by the applicant's insurance company. If the credentialing population system does not require insurance at the current stated amounts, the applicant must provide a letter from its insurance agent stating that the applicant is able to obtain insurance at the amounts stated.

Failure to provide proof of insurability, self-insurance, or enough information to assure proof of insurability will cause the applicant to fail the credentialing process.

- N. The applicant must present proof of maintenance of an affirmative action plan as described by the U.S. Department of Labor, or proof that the applicant is in active pursuit of an affirmative action plan and proof of maintenance with the plan.

Applicants must provide a copy of this plan or documentation that states their position in implementation of an affirmative action plan. In the event of failure to provide a copy of this plan, or the required information for plan implementation, the applicant will not be credentialed.

- C. The applicant must provide a description of the peer review process and internal quality assurance program which is used in the credentialing system (Section VIII, paragraph A).

The program and process must demonstrate a method for identifying problems by prospective and retrospective review and the specific measures which are undertaken to solve the problems. The following areas must be considered by the process: response times in excess of the standard of the system, substandard EMT performance, EMT deviation from protocols or on-line medical direction disputes at the scene, or billing irregularities. In addition, the process for handling (including outcome) complaints from the medical community and public must be described.

The applicant must include for the past two years any and all correspondence from any system-wide quality assurance process and outcome within the ambulance operation which the quality assurance process has caused. In addition, any significant protocol deviations, lack of following medical direction (on-line or off-line) or patient death where questionable care was rendered by the EMT, must be provided (name of patient, EMT, date, location, or any other identifying factors deleted).

If the information required is not fully provided or the information demonstrates that the applicant has no peer review process or internal quality assurance, the applicant will not be credentialed. If the information demonstrates noncompliance with medical control, response time criteria, or a substandard quality of pre-hospital care as evidenced by many protocol deviations or high patient morbidity or mortality, the applicant will not be credentialed.

XI. Notification of Completion of Credentialing Process

Purchasing will notify each applicant in writing by approximately \_\_\_\_\_ as to the outcome of the credentialing process.

Any applicant that fails the credentialing process may appeal that action to the Board of County Commissioners via the Multnomah County Purchasing Director within five days of written notification.

A. BRIEF DESCRIPTION OF PORTLAND-MULTNOMAH COUNTY EMS SYSTEM

1. Population served: 566,200
2. Political units: Multnomah County, cities of Portland, Gresham, Troutdale, Fairview, and Wood Village
3. EMS calls per year: 31,000 in 1986
4. Notification and dispatch: 911 is available throughout the County.

Medical calls received via 911 are transferred to EMS Central Dispatch. Through the use of a computer aided dispatch system, requests for medical assistance are triaged and the appropriate ambulance and fire units are dispatched.

EMS dispatchers provide pre-arrival instructions to callers over the telephone until aid arrives.

Average Process Time;

88 seconds. This includes non-emergency calls.

5. Response:

First Responders:

75+ apparatus are operated by the 5 fire departments with the County. The personnel on these units all have received at least Crash Injury Management training with the majority trained and certified as EMT-I.

All departments provide first response to life-threatening medical emergencies. Five fire departments respond to all medical emergencies. Five fire departments respond to all medical calls. Two fire departments have a total of eight transport capable ALS rescue units. In addition, two ALS first responder fire apparatus are used.

6. Public accountability (see organizational chart attached):

- A. Multnomah County passed an FMS Ordinance in 1980 which authorized a Policy Board to oversee licensing and recommend rulemaking in an EMS system.
- B. The City of Portland and the East County cities of Gresham, Fairview, and Wood Village signed agreements with Multnomah County in 1980 authorizing enforcement of the ordinance. The City of Fairview signed an agreement in 1985.
- C. The EMS Policy Board is composed of the Multnomah County Executive, a Portland City Commissioner, and a representative of the mayors of the East County cities.
- D. The Policy Board meets approximately two times per year in public hearings to recommend to the Board of County Commissioners the amendment, adoption, or repeal of administrative rules concerning the EMS system.
- E. The City-County Office of EMS is responsible for the administration of the EMS Ordinance and Rules.
- F. A Medical Advisory Board composed of four physicians, a nurse, and two paramedics must approve all rules to be adopted by the Policy Board which directly concern patient care. To date, the Board has written a standard set of ALS Treatment Protocols, as well as protocols concerning the use of on-line medical control.

7. Medical Accountability:

Off-Line Medical Control:

- A. The ambulance contractor(s) and the fire departments will have the same EMS physician supervisor.
- B. A uniform set of Treatment Protocols has been adopted by rule for use by all ALS providers in the system.
- C. All providers must use the Treatment Protocols written by the Medical Advisory Board.

On-Line Medical Control

- A. The Oregon Health Sciences University (OHSU) provides a single and centralized source of physician advice to paramedics in the field via UHF radio and telephone.

Quality Assurance

- A. A quality assurance committee does provide for random sample and specific case review with regard to call dispatch, appropriateness of patient care, and hospital use. (See attachment h.)

8. CPR Training:

The following organizations and groups conduct regular CPR Training in the community:

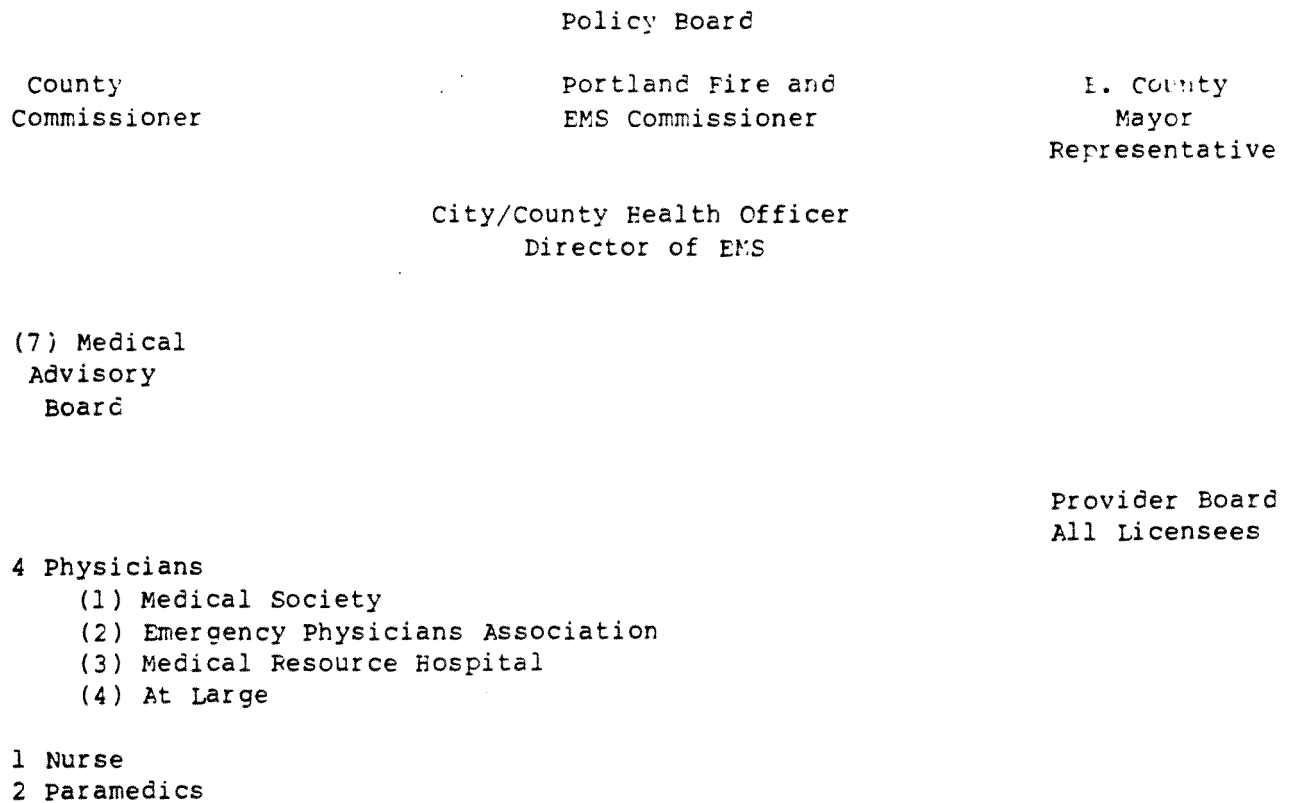
American Red Cross  
American Heart Association  
Area Hospitals  
Private Companies

9. Present Providers:

AA Ambulance	Portland Fire Bureau
Buck Ambulance	Gresham Fire Department
(Willamette Falls Ambulance)	Skyline Fire Department
Tualatin Valley Ambulance	Sauvie Island Fire
(Southwest Ambulance)	District 14 Fire
CARE Ambulance	

# ORGANIZATION CHART

Multnomah County Board of County Commissioners



## HISTORY OF EMS IN PORTLAND - MULTNOMAH COUNTY

- 1913 Buck Ambulance incorporated as city's first private ambulance company.
- 1966 City Club recommends regulation of ambulance services.
- 1969 Dr. Leonard Rose trains first paramedics at Buck Ambulance in cardiac defibrillation.
- 1971 City Club recommends adoption of county-wide ordinance.
- 1974 State of Oregon Established EMT training.
- 1975-6 Multnomah County EMS Advisory Council prepares draft of ordinance.
- 1978 City and County agree to establish representative EMS system.
- 1980 Multnomah County enacts comprehensive EMS ordinance. Portland, Gresham, Troutdale, Wood Village approve agreements.
- 1981 Central Dispatch initiated.  
Licensing begins.  
911 implemented.
- 1982 Central Dispatch converted to computer-aided system.  
On-line medical control implemented.  
Standard Treatment Protocols adopted.
- 1983 Two EMT-4s required on all emergency ambulances.  
Ambulance districts reduced from twenty-eight to six.
- 1985 Trauma system implemented with nation's first computer processing of available hospitals.
- 1986 Rate Study Task Force recommends a single emergency ambulance provider chosen by competitive bid.
- 1987 Circuit Court rules on case brought against EMS by ambulance companies, judge rules County cannot be one ambulance service area and Policy Board cannot make rules.
- 1988 EMS ordinance revised to provide rule-making responsibility to Multnomah Board of County Commissioners.

Attachment I

The call data of calls for ambulance service through 9-1-1, formulated upon geocode base, and hour of day, compiled for the first nine four-week periods of 1987, and the data of all over-eight-minute response times by an ambulance, by geocode base and specific address, is available upon request.

This information, in a more complete form, will be a part of the RFP. The present data has not been checked for its accuracy with regard to the data itself or the actual computer printouts.

If you determine it would be beneficial for your organization to have this data, it can be obtained by contacting Multnomah County Purchasing and requesting the data. The cost for this material will be \$83 plus postage and handling.

Multnomah County Purchasing  
Franna Ritz, Buyer, (503) 248-5111  
2505 SE 11th Ave.  
Portland, OR 97202

Emergency Medical Services  
Policy Board Recommendation  
May 20, 1988

Request for Proposal

for

Call Answering Ambulance Service for all  
911 Generated Calls Within ASA 1 Multnomah County, Oregon

---

Date

Exhibit B

## Index

A. Statement of Purpose	Page _____
B. Program Objective	Page _____
C. Background	Page _____
D. Proposer Instructions	Page _____
E. Proposal Elements	Page _____
1. Personnel	Page _____
2. Communications	Page _____
3. Medical	Page _____
4. Equipment	Page _____
5. Business Practice	Page _____
6. Safety Net	Page _____
F. Contract	Page _____
G. Evaluation Criteria	Page _____
H. Evaluation Procedure	Page _____
I. Attachments	Page _____
BLS/ALS Billing Criteria	Page _____
Rate Committee	Page _____
Definitions	Page _____

## I. Appendix

1. Multnomah County Code 6.31.005 through 6.31.990
2. Map of Multnomah County Showing 2 Ambulance Service Areas and a description of ASA boundaries
3. Hospital listing Multnomah County
4. EMS Dispatch Information concerning calls generated
5. Basic Life Support Protocols
6. Advanced Life Support Protocols
7. Physician Supervisor RFP Description
8. Area Trauma Advisory Board Trauma Plan
9. CHIERS contract
10. Mass Casualty Incident Plan
11. Quality Assurance Plan
12. Oregon Health Division EMS rules
13. Multnomah County EMS rules
14. EMS Med-Net Communications System design
15. EMS Dispatch tape of dispatchers
16. EMS Dispatch Triage Guide
17. EMS Continuing Education Program Description
18. EMT training institutions in Multnomah County
19. EMS TAXI Program
20. EMS Dispatch SOPs
21. Multnomah County ASA plan

A. STATEMENT OF PURPOSE

Multnomah County is requesting proposals for contracts to provide emergency ambulance services within Multnomah County which meet the requirements and conditions set forth in this document.

The contract which will be awarded will include standard provisions required by state public contracting law as well as county contract requirements. Those provisions will include, but not be limited to, insurance requirements, indemnification, budgetary limit actions, compliance with state and federal tax laws, access to records, and affirmative action goals.

B. Program Objective

The Emergency Medical Services Office intends to obtain emergency medical care responses and transports to all 9-1-1 generated medical calls within Multnomah County ASA 1 to achieve the greatest efficiency (cost) and effectiveness (care delivery) available.

It is the policy of Multnomah County that selection of contractors who provide a service to the county will be made in an open and competitive manner.

C. Background

System Description - The EMS System in Multnomah County is governed by Multnomah County Code (MCC) 6.31.005 through 6.31.990 and Emergency Medical Services (EMS) Administrative Rules. These are a portion of the requirements which must be met for contractor consideration and ongoing compliance with the contract.

Multnomah County is 465 square miles with a population base of 566,200.

Emergency Medical Services Dispatch generated ambulance call data to include number of responses, number of transports for 1985, 1986, 1987, and until the present, is included as part of this proposal as appendix 4.

The Emergency Medical Services communications system is described in appendix 14.

Emergency Medical Services Dispatch description (see appendix 15, 16, 20).

Basic Life Support Protocols and Advanced Life Support Protocols are included as appendix 5 and 6.

The Physician Supervisor RFP and contract descriptions are included as appendix 7.

The Area Trauma Advisory Board I Trauma Plan is included as appendix 8.

The CHIERS contract and program description for ASA I are included as appendix 9.

A description of the Taxi Program is included as appendix 19.

### C. Proposer Instructions

1. Respondents must submit an original and 23 complete copies of the proposal to: Purchasing Director, Multnomah County, 2505 SE 11th Avenue, Portland, OR, 97202, no later than 2:00 p.m. on \_\_\_\_\_. Late proposals will not be accepted. An optional pre-proposal conference will be held on \_\_\_\_\_ at \_\_\_\_\_. Questions to be considered at the pre-proposal conference must be submitted in writing to the Purchasing Director Multnomah County no later than \_\_\_\_\_.
2. The proposer must respond to the RFP in a format which identifies the proposal in the same manner as the RFP notations (i.e., 1 Personnel 1.A.(a)). This will allow the Evaluation Committee to use the RFP and evaluation outline. If the proposer does not follow this format, the proposal will be considered non-conforming and will not be evaluated.
3. The proposal will be evaluated using two procedures. All category A minimum requirements must be met. Those proposals meeting all of the category A requirements will then be scored in category B areas.

If a proposal is evaluated as being non-responsive in a Category A requirements area, it will be rejected.

4. The original proposal and copies must be bound or in ring binders.
5. Award Cancellation

Multnomah County reserves the right to cancel award of the contract at any time before execution of the contract by both parties if cancellation is deemed to be in Multnomah County's best interest. In no event shall Multnomah County have any liability for the cancellation of award. The bidder assumes the sole risk and responsibility for all expenses connected with the preparation of its proposal.

6. Clarification or Protest of Specifications

Any proposer requiring clarification of the information or protesting any provision herein, must submit specific comments in writing to:

Director of Purchasing  
2505 SE 11th Avenue  
Portland, OR 97202

The deadline for submitting such questions or comments is \_\_\_\_\_. If, in the director's opinion, additional information or interpretation is necessary, such information will be supplied in the form of an Addendum which will be delivered to all individuals, firms and corporations having taken out specifications and such Addendum shall have the same binding effect as though contained in the main body of the specifications. Oral instructions or information concerning the specifications or the project given out by County managers, employees, or agents to prospective bidders shall not bind Multnomah County. All Addenda shall be issued by the Purchasing Director not later than five (5) days prior to the proposal deadline.

7. Rejection of Proposals

Multnomah County reserves the right to reject any or all responses to this Request for Proposal.

8. Cost of Preparation of Response

Costs incurred by any proposer in the preparation of the response to this Request for Proposal are the responsibility of the proposer agency and will not be reimbursed by the County.

9. State Law Compliance

The successful proposer agrees to make payment promptly as due to all persons supplying such successful proposer with labor or materials for the prosecution of the work provided for in this contract, and that said successful proposer will not permit any lien or claim to be filed or prosecuted against the County on account of any labor or material furnished and agrees further that no person shall be employed for more than eight hours in any one day, or forty hours in any one week; unless in case of necessity or emergency, or where the public policy absolutely requires it, and in such case to pay wages in accordance with the provisions of ORS 279.334 and ORS 279.338, where applicable.

The successful proposer agrees that should the successful proposer fail, neglect or refuse to make prompt payment of any claim for labor or services furnished by any person for the prosecution of the work provided in this contract as said claim becomes due, whether said services and labor be performed for said successful proposer or a subcontractor, fail, neglect, or refuse to make all contributions or amounts due the State Industrial Accident Fund or to the State Unemployment Compensation Fund, and all sums withheld from employees due the State Department of Revenue, then and in such event the said County and the other proper officers representing said County may pay such claim or funds to the person furnishing such labor or services or to the State Industrial Accident Commission or to the State Unemployment Compensation or to the State Department of Revenue and charge the amount thereof against funds due or to become due said successful proposer by reason of his said contract, but payment of any such claims in the manner herein authorized shall not relieve the successful proposer or his surety from his or its obligation with respect to any unpaid claims.

The successful proposer shall promptly, as due, make payment to any person, copartnership, association or corporation furnishing medical, surgical or hospital care or other needed care and attention incident to sickness or injury to the employees of such successful proposer of all sums which the said successful proposer agrees to pay for such services, and all monies and sums which the successful proposer may or shall have deducted from the wages of his employees for such services.

10. Equivalent Products

Product brands or models, if stated or implied by the specifications, indicate type, design, and quality desired, and shall not restrict proposer to one manufacturer. Products which meet or exceed specification requirements for design, quality, and functional utility will be considered. Ref. ORS 279.017.

If the proposal includes an equivalent item, include descriptive information brochure and/or specifications sufficient for the County to make a determination as to equivalency.

Any variations from specifications on equivalent products must be itemized.

11. Assignment

Neither the resultant contract nor any of the requirements, rights, or privileges demanded by it may be sold, assigned, contracted, or transferred by the Contractor without the express written consent of the EMS Director of Multnomah County.

12. Nondiscrimination in Employment

The successful proposer's attention is directed to the provisions of Oregon Revised Statutes, Chapter 659, prohibiting discrimination in employment.

E. Proposal Elements

1-A Personnel: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 23 for evaluation criteria):

- a. Two EMT-4s for each Advanced Life Support ambulance within the county. These EMT-4s must be currently Oregon Certified Emergency Medical Technician 4s.
- b. At least the following minimum wage for each EMT-4 to be employed:
  - A minimum salary per annum of \$17,400 (based upon FLSA defined working hours).

- c. Employee benefits with at least a value equal to 30% of the total gross payroll (of each EMT-4 employed in direct patient care services). The benefits must include:
  - 1) Legally required benefits (as defined by U.S. Department of Labor).
  - 2) Retirement program which vests in five years with all proceeds returned to vested members. The retirement program must be portable to the next contractor (see evaluation criteria).
  - 3) Other benefits at the discretion of the employer in accordance with labor agreements.
- d. The process for personnel accessibility at time of recontract. The process must address the procedure that would be followed in the event of contractor failure which provides for access to personnel during the time period between contractor notification of substandard contract performance and actual contractor failure or contract revocation.
- e. A new employee hire program for the first six months of the contract which:
  - 1) Hires EMT-4s who have worked for a Multnomah County licensee since at least July 1, 1987 with no loss of wage level or benefits accrual level for those EMT-4s hired by the new contractor.
  - 2) Hires EMT-4s who have worked for a Multnomah County ALS licensee since July 1, 1987 in preference to other applicants. This employee preference hiring is to consider "working in Multnomah" EMT-4s as appropriate hires if they meet the contractor's knowledge and performance criteria.
- f. A program for continuing education which provides the EMT-4s with adequate training to meet the minimum recertification requirements. The program must consider and incorporate:
  - 1) Coordination with the county continuing education program as described in Appendix 17.
  - 2) A process for recognition of quality of care problems (internal peer reviews) and the educational process to correct the recognized problems.
  - 3) Coordination with the quality assurance program as described in Appendix 11.
  - 4) Cooperation with the EMT training facilities located in Multnomah County. (See Appendix 18.)

1-B The proposal will be scored on how it proposes plans to reach the following system goals which are above the minimum acceptable requirements as listed for personnel (see page 24 for evaluation criteria).

- a. A unit hour utilization\* with highest and lowest rates acceptable to maintain EMT knowledge and skills but does not cause "job burnout." The plan as presented may consider less than 24-hour vehicles and may also consider higher pay scales for those employees at higher utilization rates. The plan must state staffing patterns by hour and day per week, the housing and standby station procedures to be used. These must be applied in 2A-0 in the system status plan. The system status plan prepared for section 2A-0 must be provided to comply with this section.

30 pts.

\*Unit hour utilization is defined as the total number of transports divided by the number of staffed hours per shift (3 transports - 12 hours = .25). The proposer in considering utilization rates must use the following standards: eight minute response, twenty minute on scene time, fifteen minute hospital transport time, seventeen minute chart and clean-up time. The highest and lowest rates are evaluated with the above fixed variables. If less than 24-hour staffing is used, the unit hour utilization figures must also be listed.

- b. A proposal which describes the management structure of the contractor. The proposal may consider:

- 1) The ratio of ambulance EMT-4s on duty to on duty field supervisors (above the level of senior EMT on the ambulance).

9 pts.

- 2) The names, curriculum vitae, and current job status of at least the following: operations manager, business manager, training coordinator.

15 pts.

- c. A proposal which describes an employee benefit plan or pay incentive which provides a higher level of employee benefits or pay than is required. The purpose of this proposal must be to encourage employee stability as well as attracting the best EMT-4s available. Also, in-place EMT-4s with seniority of service shall be given preference in hiring and wage scale due to knowledge of the Multnomah County geography, hospitals, and EMS system.

45 pts.

2-A Communications: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 25 for evaluation criteria):

- a. Each vehicle of the contractor shall be equipped with a radio which shall be used to send and receive information over the central dispatch frequencies. In addition, the radio must be able to transmit and receive on Med-1, 4, 7, 9, and 10. A personnel alerting system which will be used on Med-9 to alert the ambulance crew of their need to respond to a call is required and must be described. The radio must be capable of transmitting outside of the vehicle (porta-mobile).
- b. The contractor shall promptly advise EMS Central Dispatch when a change in personnel or equipment on a vehicle results in the vehicle's classification changing from ALS or BLS. A Standard Operating Procedure accomplishing this must be provided.
- c. Each morning, at a time specified by the Office of Emergency Medical Services, the contractor shall advise EMS Central Dispatch of the following for each vehicle: The present status, the EMT certification numbers of the crew members, and whether the vehicle is an ALS service. EMS Central Dispatch shall be informed immediately of any personnel changes on a vehicle. A Standard Operating Procedure accomplishing this must be provided.
- d. If the contractor receives requests for emergency medical assistance from a source other than 9-1-1, the contractor must use the current Multnomah County EMS triage guidelines to process these calls. A Standard Operating Procedure accomplishing this must be provided.
- e. Only EMS Central Dispatch may cancel or revise a dispatch order. Vehicles arriving at the emergency scene shall promptly advise EMS Central Dispatch of information relevant to whether a dispatch order should be canceled or revised. A vehicle which receives a cancellation order may continue to the scene of an emergency, provided that EMS Central Dispatch is so advised and the vehicle's emergency lights and siren are not employed. A Standard Operating Procedure accomplishing this must be provided.
- f. The crew of each vehicle of the contractor shall promptly inform EMS Central Dispatch of the following changes in status by radio: In service at station, in service out of station, location or destination shall be stated, in service at scene of emergency, enroute to emergency scene, arrived at emergency scene, enroute to hospital or medical facility from emergency, arrived at hospital or facility from emergency scene, returned to service, out of service. A Standard Operating Procedure accomplishing this must be provided.

- g. Contractor's vehicle crews shall use the ten codes attached to this RFP as Appendix 13 when communicating with EMS Central Dispatch. Each ambulance crew shall be equipped with one tone-coded pager or radio which allows direct access of EMS Central Dispatch to the ambulance crew. The contractor's ambulance crews must provide the following information to EMS Central Dispatch by radio for each ambulance responding to an emergency as directed by EMS Central Dispatch. When an ambulance is dispatched from other than its base, it shall be identified. When the ambulance is enroute to a hospital or other medical facility, the number of patients being transported, response code, and the identity of the hospital or facility shall be stated. When an ambulance does not transport a patient, the reason for this action shall be identified. The Standard Operating Procedure accomplishing this must be provided.
- h. All patients requiring transport by ambulance (using the most current BLS and ALS treatment protocols) must be transported in the responding ALS ambulance but must be billed as determined by the billing procedure as defined per Appendix 19. The ALS ambulance may make appropriate use of the CHIEFS and TAXI programs as described in Appendix 9 and 19.
- i. EMS Central Dispatch may request an Advanced Life Support ambulance from outside Multnomah County to respond in Multnomah County to a medical emergency if the expected response time of the ambulance in Multnomah County exceeds ten minutes and the out-of-county ambulance is closer to the emergency than any other Multnomah County ambulance, and the out-of-county ambulance meets ALS ambulance requirements as established by the Oregon State Health Division. The Standard Operating Procedure accomplishing this must be provided.
- j. The contractors shall utilize helicopter ambulance service in Multnomah County (Life Flight) when it is determined that transport of a seriously ill medical patient or trauma patient would be more advantageous by helicopter than by ground ambulance. A Standard Operating Procedure accomplishing this must be provided.
- k. The helicopter ambulance will be requested through EMS Dispatch. A Standard Operating Procedure accomplishing this must be provided.
- l. The contractor may provide ambulance service for a special event in the city or county. A Standard Operating Procedure accomplishing this must be provided.
- m. At any time the contractor stands by at such an event, the contractor shall advise the EMS Office and EMS Dispatch by letter one week prior to the date of the event the following information: Date and time of the event, location of the event, name of the person responsible for arranging ambulance coverage for the event. A Standard Operating Procedure accomplishing this must be provided.

- n. The contractor shall respond to 90 percent of the calls within their service area in eight minutes or less measured from the time of dispatch and until the time the unit is on the scene. Time will be calculated in minutes with any seconds over the minute considered the next minute (7 minutes 04 seconds becomes 8 minutes). The contractor is fully responsible for ambulance crews being available for notification of a call. EMS Records will be the final authority in response time determination. No area (geo-code) of the county may be consistently underserved (for a period of two or more months). A statement from the proposer which acknowledges this set of requirements and methodology for determining compliance must be provided.
- o. The proposer must furnish a system status plan for a one-month period. The month must include a major holiday (Thanksgiving, Christmas, New Year, or July 4th) and the call volume must be projected based upon the provided EMS call data in Appendix 4. The system status plan must include: number of ambulances, hours which each ambulance is staffed, location of ambulances by hour of day and day of week, and number of transports per ambulance per shift expected. This information will also be used to award points in section 1B-a.
- p. The contractor shall not monitor or intercept police or other radio dispatcher transmission for profit or gain. Contractor shall not fail or refuse to promptly advise Emergency Medical Services Dispatch Office of receipt of a request for emergency medical assistance or when a licensee's ambulance becomes available or non-available to respond to dispatch orders. The contractor shall not respond by ambulance to an emergency call unless so authorized by the EMS Central Dispatch Office. The Contractor shall not fail or refuse to respond to a dispatch order from EMS Central Dispatch Office when the ambulance subject to the call is available for service. The ambulance contractor shall not refuse to transport any patient in need of emergency medical care regardless of the patient's ability to pay. A Standard Operating Procedure which accomplishes this must be provided.
- q. Contractor shall defend, indemnify and hold all first responders harmless from and against all claims, damages, losses, and expenses, including attorney's fees arising out of and resulting from the performance of services by first responders under the direction or control of the contractor.

Contractor shall maintain at all times during the performance of the contract comprehensive general, auto, and professional malpractice insurance endorsed to show first responders as additional named insureds. A statement from the proposer insurance agent and the "hold harmless" language must be provided which demonstrates this coverage.

- r. Contractor must provide first responder transportation to the appropriate fire station from the hospital when the first responder accompanies the patient to the hospital. The transportation should be furnished in such a way that the first responder is returned to the fire station in no more than thirty minutes from hospital arrival time. A description of and the Standard Operating Procedure which accomplishes this must be provided.
- s. Proposer must propose to provide mutual-aid agreements with the ambulance service in each adjoining ambulance service area. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
- t. Contractor must provide for no more than 5 percent per four-week period of calls to the Multnomah County ambulance service area to be answered by an out-of-Multnomah County licensed Advanced Life Support ambulance provider or the adjoining Multnomah County ASA provider unless the contractor is one and the same. A description of and the Standard Operating Procedure which accomplishes this must be provided.

2-B The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements as listed above for communications (see page 26 for evaluation criteria).

- a. The importance of EMS dispatch and contractor interaction to make efficient use of ambulances. The plan may include dispatch assistance through an automatic vehicle locator system.

15 pts.

3. Medical: 3.A Proposers must provide documentation describing their compliance with the following minimum requirements (see page 27 for evaluation criteria):
- a. The Multnomah County Advanced Life Support and Basic Life Support procedures and protocols must be adhered to by all working Emergency Medical Technicians.
  - b. The contractor's Emergency Medical Technicians shall promptly contact the Medical Resource Hospital by UHF radio or telephone when required by the Advanced Life Support treatment protocols or an approved Medical Resource Hospital study. If the Medical Resource Hospital is not available, then the receiving hospital shall be contacted.
  - c. The contractor's EMTs shall relay the following information to the MRH: Unit number, receiving hospital and estimated time of arrival, purpose of call, age and sex of patient, chief complaint, brief history, prior medical history, medications, allergies, vital signs, pertinent physical findings, treatment at the scene.
  - d. At the discretion of the contractor's emergency medical technicians, the receiving hospital may also be contacted by the EMT. The EMT will transmit to the receiving hospital the following information: Unit number, age and sex of patient, estimated time of arrival, condition, chief complaint, advanced life support treatment provided.
  - e. Each Advanced Life Support unit of the contractor shall have a set of treatment protocols on the unit itself at all times.
  - f. Incorporates the Area Trauma Advisory Board Trauma Plan provided as an Appendix 8. All EMT-4s will be Pre-Hospital Trauma Life Support (PHTLS) or equivalent trained within six months of contract award. A description of this, and the Standard Operating Procedure which accomplishes this must be provided.
  - g. Incorporates the Mass Casualty Incident Plan as attached in Appendix 10. Participates in one major drill and two mini-drills per year. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
  - h. Incorporates the Quality Assurance Plan attached as Appendix 11. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
  - i. Proposer must provide a plan which describes a first responder training program provided by the contractor at no cost to all first responders to keep the first responders aware of ambulance orientation, equipment changes, or protocol changes as they apply to the first responders.

- j. Proposer must provide for the role of the EMS physician-supervisor in administrative protocols which accomplishes:
- 1) Participation in hiring of EMTs.
  - 2) Absolute authority for all medical direction of the contractor.
  - 3) Scheduling of mandatory inservice.
  - 4) "Ride-alongs" to meet ORS requirements.
  - 5) Absolute authority to remove an EMT from the provider's ambulance.
- The administrative protocols for the above must be provided.
- k. Proposer must provide a list of type and amount of each drug which will be carried on each ambulance and is needed to comply with ALS protocols so that two patients with the same medical or trauma problem can be treated without an ambulance restock. These drugs in type and amount are to be carried on all staffed ALS ambulances.

4-A Equipment: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 28 for evaluation criteria):

- a. All ALS ambulances or ELS ambulances and equipment must meet current ORS and Multnomah County requirements for ambulances (see Appendix 1-12-13). A listing of all ambulances by make, age, mileage, modifier, and equipment contained must be provided. This must include all vehicles which are to be used in Multnomah County.
- b. Provision of mobile VHF radio equipment with a dial encoder and capable of transmission on 155.340 mhz for each ALS ambulance at no less than 25 watts. The radios must be identified by make, model, and output. A copy of the FCC license for this frequency or plans for obtaining the rights to mobiles on this frequency from the Greater Portland Hospital Association must be included.
- c. The following disposable equipment must be provided at no cost to the first responder agency when the first responder has cared for a transported or "charged" patient. The equipment will be exchanged on the "scene" if it does not interfere with patient care. The proposer must contact the first responder agencies to assist in this development. See Appendix 21. A field and billing Standard Operating Procedure which accomplishes this must be provided.
  - 1) Oxygen administration items.
  - 2) Suction items.
  - 3) Intravenous materials.
  - 4) Drugs.
  - 5) Disposable splints.
  - 6) Cervical collar--"stiffnecks" or equivalent
- d. The following equipment must be provided which will be standardized with the first responder agencies. A Standard Operating Procedure which accomplishes this must be provided.
  - 1) Trunk and neck immobilizer--"K.E.D." or equivalent.
  - 2) Wooden long spine board.
  - 3) Traction splint.
  - 4) Scoop stretcher.
  - 5) Pnuematic Anti-Shock garment.
- e. An agreement with the trauma centers to create a "Letterman" exchange system and an equipment cleaning program. The agreements and the Standard Operating Procedure which accomplishes this must be provided.
  - 1) C-collar "Stiffneck" or equivalent.
  - 2) Trunk and neck immobilizer "KED" or equivalent.
  - 3) Long spine board.
  - 4) Traction splint.
  - 5) Scoop stretcher.
  - 6) Pnuematic Anti-Shock garment.

4-B The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for equipment as above (see page 28 for evaluation criteria):

- a. Newer front-line (non-reserve) vehicles and those which have lower mileage and meet KKK1822B. This may be done by providing type, age, mileage, and "modifier" of each ALS ambulance vehicle to be used in Multnomah County. 4 pts.
- b. Preventive maintenance of ALS ambulances. 8 pts.
- c. Availability of reserve ambulances and gives the number of reserve ambulances including their proposed storage location and to what extent they will be stocked when held in reserve. 8 pts.
- d. Provision of up-to-date equipment with a maintenance program. This may be accomplished by providing the make, model, age of, and maintenance program for:
  - 1. Ambulance cots.
  - 2. Portable monitor defibrillators.
  - 3. Portable suction.6 pts.

5-A Business Practices: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 30 for evaluation criteria):

- a. Proposer has met all minimum requirements for credentialing and will meet them throughout the contract period, as well as license and compliance with all MCC and rules throughout the contract period. The proposal must state how the proposer intends to meet these requirements throughout the contract period.
- b. Have insurance coverage to at least the following minimums (with no exceptions to riders in the ambulance):
  - 1) Combined single limit for bodily injury and property damage (vehicular), \$500,000 and
  - 2) Malpractice, \$1 million and
  - 3) Umbrella liability, \$1 million and
  - 4) Contractor shall also carry workers' compensation insurance as required by law, or the legal equivalent, for the life of the contract. Contract shall require all of its subcontractors to maintain similar insurance coverages and shall require evidence of such coverage prior to commencement of work by any such subcontractor.

A copy of the policies must be submitted for review 30 days prior to the effective date of the contract. The policy must include a 30 day notice requirement for any material change or cancellation.

Comprehensive general liability, auto, and professional malpractice insurance may be arranged under a single policy for the full limits required or by a combination of underlying policies with a balance provided by an excess or umbrella liability policy or

- 5) Contractors may elect to self-insure part or all of the insurance requirement. If a contractor elects to self-insure areas b-1, 2, 3, 4, contractor shall provide evidence that contractor has qualified under all state and federal requirements for self-insurance. In addition, contractor shall provide documentation verifying that a funding mechanism is in place to meet the financial responsibilities of the indemnification agreement and name and credentials of the contractor's claims administrator.

This must be demonstrated by documentation of insurability by an insurance company licensed to do business in Oregon and a proposal to purchase the insurance required or proof of self-insurance as required by ORS.

- c. Information to be provided must be placed on worksheet attached as Form 1. The projections as requested below must be based upon data as provided in Appendix 4, which provides information from 1985, 1986, and most current 1987 data from EMS Central Dispatch, Multnomah County. The proposer is expected to use its own best judgment in determining the variables as requested below.
- 1) Cost per ALS ambulance per year and also ALS ambulance by unit hour. This must apply to appropriately staffed Advanced Life Support ambulances required in the minimums under personnel. Also, the number of ambulance units and unit hours per year should be projected. Costs must be reported on Form 1.
  - 2) The projected call volume from all 9-1-1 generated calls and the projected transport volume from these calls. The proposer must use the figures in Appendix 4 to project these numbers. These figures must be presented on Form 1.
  - 3) The projected volumes with ALS and BLS charged transport from the patient transport volume. The proposer must use the figures in Appendix 4 to project these numbers. These figures must be provided on the Form 1.
  - 4) The overall collection percentage projected for the cost which involved transport. This percentage must include actual collection rate tempered with the percentage that will be less than fully collected due to assignment (Medicare) or other reimbursement. This figure must be provided on Form 1.
  - 5) The BLS and ALS charges for all users of the system projected by the proposer. These figures must be provided on Form 1.
  - 6) The proposer must follow the ALS/BLS charge criteria as set forth in Appendix 19. The proposal must be fully presented on the worksheet. The proposal must represent cost. If cost and revenue figures are not adequately validated the proposal will be judged non-responsive.
- d. The contractor must accept the responsibility to provide standbys as requested by police and fire agencies within Multnomah County at no charge. If a patient is transported, any charge to that patient must be based upon charges to a similar patient with no standby time charges. A Standard Operating Procedure which accomplishes this must be provided.

- e. Incorporate the taxi Standard Operating Procedure as presented in Appendix 20. A Standard Operating Procedure which accomplishes this must be provided.
- f. Incorporate the CHIERS Program as presented in contract form in Appendix 9. A Standard Operating Procedure which accomplishes this must be provided.
- g. The authority and responsibility of the EMS Rate Review Committee as presented in Appendix 22 must be incorporated in billing and administrative Standard Operating Procedures. The Standard Operating Procedure which accomplishes this must be provided.
- h. Recognize the authority of the Emergency Medical Services Office to randomly sample billings and provide these billings to the Rate Review Committee. The mechanism for action to correct bills in which the charge is questioned must be described.
- i. Provide \$42,500 (estimate) yearly in quarterly payments for physician supervisor services to be provided by the County. These services are detailed in Appendix 7. The proposal must detail how the provider will make the payments.
- j. Plan of operation for the first six months of operation which reflects the following and recognizes the slow collection start-up problems and the need for outside resources to assist in meeting expenses:
  - 1) Payroll expenses
  - 2) Capital expenses
  - 3) Ancillary expenses
  - 4) Revenue from transports with projected timetable of receipt of income
  - 5) Other source or sources of revenue or assets which allow the contractor to meet expenses for the first six months.
- k. Description of the billing practices which recognizes the extreme importance of billing practices in this user funded system. The plan must also recognize the importance of humane billing practices.
  - 1) Billing procedure for Medicare
  - 2) Billing procedure for third party payors
  - 3) Billing practices for other public parties (county, corrections, AFS, etc.)
  - 4) Billing practices for private parties
  - 5) Billing practice for overdue payments
  - 6) Billing practices for write-offs
- l. The proposer's legal business structure must be described and must demonstrate that the structure is sound and meets all legal requirements.

- m. Document the method of public and consumer education to reduce 9-1-1 abuse, but to also assist the public in understanding the EMS system and provision of public emergency care (CPR, etc.). The proposal must detail teaching and education methods to be used, as well as the delivery process.
- n. Describe how a minimum of fifty hours per month of standby time free to appropriate "public" events will be provided. This is to be in addition to police and fire standbys.
- o. Describe how the inebriate outreach program for the central city will be carried out using a subcontract with Hooper Detox.

5-B Business Practices - The proposer may propose plans to meet the following system goals which are above the minimum standards of the business practices (see page 31 for evaluation criteria):

- a. A flat, all inclusive rate to be charged for: ALS response, BLS treatment, and BLS transport to a 911 call, and ALS response, treatment, and transport to a 911 call. The rates must consider the ALS/BLS charge standards and be reported on form 1.

The rates must reflect the maximum efficiency in the system by displaying the lowest flat rate user fees with no decrease in system effectiveness. The BLS and ALS definitions per Appendix 19 are to be the guide for user charges. A uniform charge for any person in Multnomah County transported to any hospital in the Tri-County area regardless of time of day or day of week is to be the standard for the all-inclusive rate.

1) BLS Rate/Medicare Assignment	20 pts.
2) ALS Rate/Medicare Assignment	30 pts.
3) Standby Charge (private)	10 pts.

6. Safety Net: 6.A Proposers must provide documentation describing their compliance with the following minimum requirements (see page 32 for evaluation criteria):
- a. Emergency ambulance service as an essential service and ensure that no interruption of service will occur in the event of a work stoppage by employees.
  - b. The safety net must ensure that in the event of contractor failure (due to contract, ordinance, or financial reasons) there is no interruption in call answering. The proposal must provide for delivery of all ambulances (fully stocked) which are used to answer calls to EMS. The ambulances must be free of any encumbrances (defined as able to be used by Multnomah County to provide ambulance service with no reimbursement or remuneration to the contractor or lienholder), and be available for service to EMS for no less than 6 months. Funds to allow answering of all calls to the level expected under the contract must be provided for in the plan. These funds must provide for the dollars to support the call answering system for 45 days. The call answering system is defined for safety net purposes as personnel (two EMT-4s per ambulance), maintenance and upkeep of each ambulance to include disposable medical equipment, radio equipment, and insurance to the level of ambulance and reserve ambulances provided by the contractor over the last 60 days before failure. The funds to be used for this purpose must be immediately accessible to EMS upon contractor financial failure or revocation of the contract (based upon non-performance of contract terms and conditions) by EMS, and the details of the accessibility of the vehicles and funds must be explained in detail.

## COST/REVENUE WORKSHEET

Form 1

(See next page for description of (1), (2), (3), (4), (5), (6))

## 1. ALS ambulance cost:

	Full Cost (1)	Cost to 911
Contract (2)		
Personnel	_____	_____
Operations	_____	_____
(_____ miles @ _____)		
Administration (4)	_____	_____
Capital (6)	_____	_____
Insurance (3)	_____	_____
Disposable Supplies	_____	_____
Drugs	_____	_____
All Other Expenses	_____	_____
(depreciation, maintenance, etc.)	_____	_____
 Total Cost by ambulance	_____	_____
Total Cost by unit hour	_____	_____
Number of Ambulance Units (5)	_____	_____
Number of unit hours (5)	_____	_____
Inebriate outreach subcontract		
cost	_____	_____

	911 Revenue	Other Revenue
2. Projected call volume	_____	_____
Projected call transport volume	_____	_____
3. Volume of BLS charged transports	_____	_____
Volume of ALS charged transports	_____	_____
4. Overall collection percentage	_____	_____
5. BLS charge per call	_____	_____
ALS charge per call	_____	_____
6. Inebriate outreach subsidy	_____	_____

Form 1 Cost/Revenue Worksheet Page 2

1. This must be full cost and consider all associated costs with each category. The total ambulance cost must be the best projection of total cost.
2. This must be the cost which the proposer projects this contract for 911 calls will incur. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in cost may be attributed to: other business interests, non-911 call ambulance use, cross use of personnel. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity. This must demonstrate that the 911 cost is the full cost of 911 service.
3. If self-insurance is used, the cost must be arrived at considering the past settlements and equating them to the increase in liability exposure due to the contract.
4. Must include the \$42,500 per annum for physician supervisor costs, also all other administrative or training personnel costs.
5. This must be the total number of ambulance units to meet the full 911 contract for ASA 1, this number may be reflected in fractions of an ambulance if peak load staffing or other staffing patterns are followed.
6. This must also include cost of back-up or reserve ambulances and other back-up equipment.

# RATE WORKSHEET

Form 2

1. BLS rate with Medicare assignment.<sup>a</sup>

\_\_\_\_\_

2. ALS rate with Medicare assignment.<sup>a</sup>

\_\_\_\_\_

3. Standby charge for private events  
(in addition to transport charge  
if patient transported).<sup>a</sup>

\_\_\_\_\_ hr.

<sup>a</sup>This is the contractor's rate for the four-year contract period. The Rate Review Committee and Emergency Medical Services Policy Board may allow rate increases based upon consumer price index, dramatic increase in cost of doing business, or more stringent or added system requirements. The proposer should not consider any of the aforementioned possibilities to be a reason for guarantee of a rate increase. All rate increases must be requested by the contractor. There is no charge or reimbursement for first responders. If first responders petition the Rate Review Committee for charges, the contractor is assured no additional uncompensated cost.

F. Contract

It is the intention of Emergency Medical Services to enter into a contract no later than \_\_\_\_\_, and extending four years with a potential for renewal for a one-year term. At the option of the County, upon one hundred and eighty days written notice, the contract may be extended for the additional one-year extension. Rate and other system changes will be considered in the event of a renewal. Rate changes must be approved by the rate committee and the Emergency Medical Services Policy Board, and the Multnomah County Board of County Commissioners.

G. Evaluation Criteria

The RFP is made up of six sections. Each section has a minimum requirements section and may have a point achievement section.

A proposal, to be considered, must meet all of the minimum requirements.

The minimum requirements will be evaluated on a pass/fail basis. If the proposal fails to pass any of the minimum requirements for any section, the proposal will be rejected.

Qualifying proposals will then be awarded points based upon the requirements specified in the RFP.

The following criteria will be used by the evaluation committee to judge whether a proposal meets the minimum requirements for category area A and the number of points to be awarded for category area B.

1-A Personnel:

- a. The proposal does provide for two Oregon Certified EMT 4s.
- b. The proposal does provide for a minimum annual wage of \$17,400 based upon first day of employment.

- c. The employee benefits proposal does include:
    - 1) A benefits package of at least 30% of gross EMT salary.
    - 2) All legally required benefits.
    - 3) A retirement plan which is "portable" (must be able to be transferred to the next contractor with all benefits, vesting, and accrual levels intact. P.E.R.S. is considered portable for purposes of evaluation of this proposal) and meets all other requirements of the RFP will be considered as meeting this requirement.
    - 4) Benefits will begin the first day of employment for "Multnomah County" EMTs.
  - d. The personnel accessibility proposal does meet the requirements of the RFP.
  - e. The proposal does provide for hiring of EMT-4s currently working in Multnomah County with no loss of wage or benefit accrual levels.
  - f. The proposal does provide for a coordinated continuing education program as described in the RFP.
- 1-B a. The unit hour utilization rate must establish a minimum unit hour utilization rate of (based upon monthly staffing levels used in 2A-0):
- .17 24-hour ambulance
  - .33 12-hour ambulance
  - .40 10-hour ambulance
  - .50 8-hour ambulance
- 15 points are awarded for total compliance. Each .07 below this compliance level (a composite of all used staffing levels in 2A-0) will deduct 1 point to a maximum of 15 .
- b. The unit hour utilization rate should establish a maximum unit hour utilization rate of (based upon monthly staffing levels used in 2A-0):
- .40 24-hour ambulance
  - .60 12-hour ambulance
  - .65 10-hour ambulance
  - .75 8-hour ambulance
- 15 points are awarded for total compliance. Each .056 below this compliance level (a composite of all used staffing levels in 2A-0) will deduct 1 point to a maximum of 15 .
- c. The management structure program should address management in the following manner:
- 1) An on-duty non-patient care supervisor for each twelve ALS ambulances in service will gain 9 points. Points will be awarded by using the 12 to 1 ratio as the standard, for a greater ambulance-to-supervisor ratio.

- 2) The curriculum vitae of the management personnel will be awarded fifteen points using the following standards for each. If the personnel do not meet the criteria, fewer or no points will be awarded.

5 Points. Operations Manager. College degree (BS or BA) with at least four years experience in ambulance service delivery and with current EMT-P status. The experience to be gained in a system of at least 20,000 emergency calls per year. (Four years additional EMS supervisory experience may be substituted for the college degree.)

5 Points. Business Manager. College degree (BS or BA) with at least four years experience in ambulance third-party billing procedures, also experience working with labor groups. The experience to be gained in a system which bills at least 10,000 patients annually. (Four years additional EMS business experience may be substituted for the college degree.)

5 Points. Training Coordinator. EMT-P, ACLS instructor, PHTLS instructor, with three years experience as a training coordinator for fifty EMT-Ps. Experience in a peer-review process, having conducted a peer-review process for fifty EMT-Ps for three years.

If a job function on which the evaluation criteria is specific is performed by another titled evaluated management position the substitution can be made and the points awarded.

- 3) 15 points. The proposal providing a benefit package which is five percent of the EMT-gross salary (in addition to the minimum required 30 percent) or more will receive fifteen points. If less than five percent is proposed, for each percent drop there will be three points deducted.

30 points. The proposal providing a wage package which does provide for: a base wage scale of at least ten percent over the required minimum, which includes: the same percentage increase for in "Multnomah County" hired EMTs, is raised by at least the Consumer Price Index each year of the contract, progresses in at least six steps, and be ten percent above the current top wage (22,000) in Multnomah County. For each percent the proposal is above the required minimum three points will be given for a maximum of thirty. The proposal must also include a plan to hire those "Multnomah County" EMTs who possess the most experience in the Multnomah County EMS program in preference to those EMTs with less or no experience.

2-A Communications:

- a. The proposal does show each ambulance and EMT crew with UHF capability on MED 1-4-7-9-10 and personnel alerting on MED 9.
- b. The proposal does state that the contractor will advise EMS dispatch of any vehicle status change.
- c. The proposal does state that the contractor will advise EMS dispatch of vehicle crew and status.

- d. The proposal does state that the contractor will use the Multnomah County EMS triage guide.
- e. The proposal does state that the contractor will adhere to the rules as listed in the RFP 2-A e, f, g, h(1),(2), i, j, k, l, m, n, p.
- f. (o) The proposal does provide a system status plan (SSP) for a one month period. There is a major holiday (New Year's, 4th of July, Labor Day, Thanksgiving, Christmas) in the month. The SSP does provide coverage for all of Multnomah County for a response time of eight minutes or less, ninety percent of the time. The judgement of this to be based upon call volume for geo-code areas of Multnomah County. The SSP must also not use mutual aid for more than five percent of the calls.
- g. (q)(n) The proposal does provide liability insurance, and "return transportation" for the first responders.
- h. (s) The proposal does propose mutual aid agreements with adjoining ASA's.
- i. (t) The proposal does provide for no more than five percent per four-week period of the calls to be answered by mutual aid.

2-B Communications:

- a. The proposal provides an Automatic Vehicle Locator system which is placed at EMS dispatch or an alternate plan which accomplishes an SSP with knowledge of EMS dispatch to always dispatch the closest ambulance. A proposal which does not use an AVL system will be judged on its effectiveness to accomplish dispatch of the closest ambulance.

15 pts.

3. Medical:

- a. The proposal does state that the contractor will adhere to the FMS rules as stated in the RFP in 3.2 a, b, c, d, and e, and that if the contractor is not currently functioning under these rules how it will implement them.
- b. (f) The proposal does incorporate the ATAB Plan and sets a date within six months when all EMT-Ps will be PHTLS or equivalent trained.
- c. (g)(h) The proposal does incorporate the MCI Plan and Quality Assurance Program and that the contractor will adhere to the standards.
- d. (i) The proposal does provide an adequate first responder training program at no cost to the first responder.
- e. (j) The proposal does provide for a role of the physician supervisor which includes hiring participation, absolute medical control, mandatory inservice scheduling, and ride-alongs.
- f. (k) The proposal does list the types and amounts of drugs to "run" two back-to-back same ALS protocol patients with no restock.

4-A Equipment:

- a. The proposal does list all the vehicles and equipment and all do meet or exceed ORS and Multnomah County standards.
- b. The proposal does list VHF radio equipment (155.340 MHz) that is capable of use for ambulance-to-hospital communications in Multnomah County. The radio license or a plan to obtain such is included.
- c. The proposal does provide for first responder equipment provision for disposable items as listed in the RFP.
- d. The proposal does provide for standardized equipment with first responders.
- e. The proposal does provide for signed agreements with the trauma centers for a "Letterman" exchange clean equipment program.

- 4-B a. The proposal does recognize the need for newer low-mileage vehicles which meet KKK1822B. All ambulances less than one year of age and less than 10,000 miles, and meeting KKK1822B will be considered newer low mileage vehicles. This does not include ambulances which are considered "extras" or "backup."

4 pts.

- b. The proposal provides for a preventive maintenance program and an ambulance reserve program which:
  - 1) Provides for safety inspections every 15,000 miles until 60,000 miles, then every 7,500 miles (these to be done by an outside shop familiar with the type of vehicles used).
  - 2) Provides maintenance to manufacturers extreme use recommendations. Provides for downtime for ambulance maintenance. Uses innovative methods to extend ambulance dependability, such as diesel engines, heavy-duty batteries, radial tires, metallic brakes, etc.
  - 3) Provides a history of ambulance maintenance which demonstrates the ability to keep ambulances in-service with no major failures.

If the proposal satisfactorily incorporates at least the above areas, 8 points will be awarded.

- c. Provides for a fully stocked (except for defibrillator and ALS drugs) ambulance for every three front-line (non-reserve) operating ambulances.

If the proposal meets this requirement 8 points will be awarded.

d. The proposal provides for up-to-date equipment.

- 1) Ambulance cots (Ferno model-MTS or equivalent).
- 2) Portable monitor-defibrillator (Life-Pak 5 or equivalent).
- 3) Portable suction (laerdal or equivalent).

If the equipment is of the appropriate model as shown above and a maintenance program is described and proposed which demonstrates the ability to keep the equipment operational and find faults before they affect patient care, 6 points will be given. If the equipment is not of appropriate model or up-to-date or the maintenance plan is not sufficient to keep the equipment operational, fewer or no points will be awarded using four years as the life expectancy of the equipment.

5-2 Business Practices:

- a. The proposal provides ample information to assure that the provider can and will meet all applicable credentialing standards, MCC and EMS rules for the contract period.
- b. The proposal does provide for insurance to at least the RFP minimums.
- c. The proposal does provide all of the costing and revenue projections as requested in Form 1. The cost and revenue figures are reasonable and based upon EMS figures provided. The costs are fully accounted and adequately justified where not applied to the 911 contract.
- d. The proposal does provide for free-of-cost standbys for police and fire agencies.
- e. (e)(f)(g) The proposal does recognize and integrates into the contractor's operations, the TAXI and CHIERS and Rate Study Committee.
- f. (h) The proposal does recognize the EMS Office authority to sample billings and does provide a process to correct incorrect billings.
- g. (i) The proposal does provide for \$42,500 per annum in quarterly payments to EMS for physician-supervisor services.
- h. (j) The proposal does provide a plan of operation for the first six months which considers all aspects of the RFP requirements. The plan is reasonable and does demonstrate financial soundness.
- i. (k) The proposal does describe the billing practices. The billing practices are humane and encourage those who can pay to pay, but those who cannot pay are recognized and billings dealt with humanely. The billing practices also are legal and exhibit sound business practice.
- j. (l) The proposal does describe the legal business structure of the contractor, and it is the same as used in the credentialing process. The business structure is legal in Oregon.
- k. The proposal does describe how the inebriate outreach program will function. The description does at least equal the standards of the Hooper Detox contract (Attachment 9). There is a letter from the Hooper Center which does state that Hooper will enter into a contract with the proposer beginning July 1, 1989, if the proposer is the successful contractor.

5-B Business Practice:

- a. A ELS flat rate of \$150 will be awarded 20 points. For each ten dollar increase in the rate, 2 fewer points will be awarded. A flat rate of less than \$150 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$250 will be penalized by deducting 3 points for each ten dollar increase.
- b. An ALS flat rate of \$250 will be awarded 30 points. For each ten dollar increase in the rate, 3 fewer points will be awarded. A flat rate of less than \$250 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$350 will be penalized by deducting 3 points for each ten dollar increase.
- c. A \$60 charge per ambulance per hour for private standbys will be awarded 10 points. For each ten dollar increase 3 fewer points will be awarded.

ALL RATES MUST BE PROVIDED ON FORM 2 PAGE 22

6. Safety Net: 6.A.

- a. The proposal does provide for adequate ambulance coverage in the event of a work stoppage.
- b. The proposal does provide for adequate ambulance coverage per the RFP requirements in the event of contractor failure or contract revocation. The proposal does provide for ambulance turnover and use by the county and ready access for operating funds. If a performance bond is used, the bond and bonding company must meet all applicable Oregon and Multnomah County standards.

## H. Evaluation Procedure

All proposals will be evaluated by the EMS Proposal Evaluation Committee. The EMS Proposal Evaluation Committee is appointed by the EMS Policy Board and the Board of County Commissioners and is made up of:

- EMS Director (non-voting)
- Representative Citizen (2) (at least one of which will have financial knowledge and experience CPA etc.)
- Medical Advisory Board Representative
- Multnomah County Medical Society Representative
- Multnomah County Purchasing Department Representative (non-voting)
- Emergency Medical Technician (outside of Multnomah County with no past or present ties to a proposer or licensee of Multnomah County)

When a consortium presents its proposal for evaluation, the consortium must clearly and in detail explain how its component entities or personnel will deliver services, equipment, or personnel in each area of activity. The Evaluation Committee shall not consider cumulative "qualifications." Only the qualifications of the person actually designated to perform the activity or the specifications of the item actually to be used are relevant when specific persons or items are at issue. When corporate or group characteristics are being reviewed, only the least qualified or least well-specified item put forward by the consortium will be considered.

During the evaluation point-award process, the Evaluation Committee may require interviews of personnel described in the proposals, and may hear oral presentations, conduct on-site visits to facilities, or both.

The proposals will be evaluated first to determine whether they meet the minimum requirements. Any proposals which do not pass the minimum requirements will be rejected. Those proposers who do not meet the minimum requirements will be notified by mail.

Those proposals which meet the minimum requirements will be awarded points in the Category B areas.

The top ranking proposal will be recommended to the Medical Advisory Board (MAB) who will comment on the medical efficacy of the proposal. The medical areas which MAB will consider are 1-B(a), 3-A in its entirety, and 4-A (b, c, d, e). The MAB may determine that the proposal is non-responsive in an area. If the proposal is determined by the MAB to be non-responsive, the next highest ranking proposal will be submitted for MAB consideration. The top ranking MAB approved proposal will then be recommended to the EMS Policy Board. The Policy Board will recommend to the Board of County Commissioners (BCC). The BCC will then direct that a contract be awarded.

Attachments:

### Ambulance Charge Standard

A BLS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with only those practices that are defined by ORS as EMT-1 practices.

An ALS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with any practice that is defined by ORS as an EMT-2, 3, or 4 level practice.

#### Examples:

Practice	Charge level	
	EMT-1 (BLS)	EMT-2, 3, 4 (ALS)
IV		X
Splinting	X	
CPR	X	
O <sub>2</sub> Administration	X	
Drugs		X
Epenephrene (Anaphylaxis)	X	
Intubation		X
Cardiac Monitoring		X
Defibrillation		X
Bag Valve Mask	X	

BLS and ALS protocols must serve as a standard of care. No patient must be denied appropriate care based upon a charge level. Also, no patient must be provided care beyond the BLS/ALS protocol standards to gain an additional charge level.

## AMBULANCE RATE ACCOUNTABILITY COMMITTEE

**Purpose:** Review ambulance rates and billing practices for the 911 ambulance contractor. Recommend to the contractor and EMS office changes in billing procedure to correct problems. Recommend to the EMS Policy Board changes in the rate structure or billing practice of the 911 ambulance contractor based upon: public input, review of billing, advice of the EMS office, advice of the Medical Advisory Board, and upon any new or changed performance standard or pre-hospital care procedure or equipment.

**Method:** The committee will consider testimony from two public hearings per year. The committee will consider staff reports which review contractor billing practices. The committee will consider requests from the contractor when any change in contract requirement or modification is considered. In addition, the committee will also consider input from the Medical Advisory Board and contractor on any medically related change which may affect contractor costs.

**Membership:** The committee is to be appointed by the EMS Policy Board.

- Consumer (four years)
- Consumer (three year term)
- Consumer (two year term)
- EMT-4 (two year term)
- Contractor (four year term)
- Medical Advisory Board (two years)
- Multnomah County Medical Society (two years)
- EMS Director

## DEFINITIONS

1. Non-emergency Any medical call in which there is no threat to life or limb.
2. Emergency Any medical call in which there is a definite or unknown threat to life or limb and time is of the essence, or that the call is placed to 911 requesting medical aid.
3. Basic Life Support (BLS) The level of care which an EMT-1 may provide. Usually this care will only stabilize a patient and will not result in an improvement in patient condition, i.e., patient assessment, CPR, splinting, etc.
4. Advanced Life Support (ALS) The level of care which an EMT-2,3, or 4 can provide. It encompasses all basic life support, plus procedures which can improve the patient's condition, i.e., defibrillation, IV, drugs, endotracheal intubation, etc.
5. Code 1 Call The running condition of a patient call or transport in which no lights or siren is used and the ambulance proceeds with the normal traffic flow.
6. Code 3 Call The running condition of a patient call or transport in which lights or siren are used and the ambulance proceeds as rapidly as possible.
7. Private Call A request for transport which originates at the private ambulance and must be a non-emergency requiring only Code 1 running.
8. Emergency Medical Technician (EMT) An individual who has completed training in the recognition and treatment of medical emergencies in a prehospital environment. The training begins at 110 hours (EMT-1) and progresses to 900+ hours (EMT-4). Certification (2, 3, 4) is provided by the Board of Medical Examiners.

9. First Responder                      A responder who usually only provides BLS and can arrive on the medical scene in four minutes or less to prevent brain death in a cardiac arrest or complete bleed-out in a severe bleeding situation.
10. BLS Ambulance                      An ambulance which is able to provide only BLS and is staffed with at least one EMT-1 and a driver.
11. ALS Ambulance                      An ambulance which is able to provide ALS/PLS care and is staffed with two EMT 4's.
12. ALS Fire Vehicle                      A vehicle operated by the Fire Department which is staffed to the state ALS level. The unit may respond either as a sole first responder or as a second first responder unit. A portion of the vehicles do have the ability to transport patients, but normally do not.
13. ASA Plan                              A document required by ORS. The document provides for state overview of a process which restrains free trade. The plan consists of procedures and specifications which address the effective (coordinated service delivery) and efficient (least costly) provision of ambulance services in a county. The plan must comply with relevant OARs.

Emergency Medical  
Services Policy Board  
Recommendation  
5/20/88

Request for Proposal

for

Call Answering Ambulance Service for all  
911 Generated Calls Within ASA 2 Multnomah County, Oregon

---

Date

Exhibit C

## Index

A. Statement of Purpose	Page _____
B. Program Objective	Page _____
C. Background	Page _____
D. Proposer Instructions	Page _____
E. Proposal Elements	Page _____
1. Personnel	Page _____
2. Communications	Page _____
3. Medical	Page _____
4. Equipment	Page _____
5. Business Practice	Page _____
6. Safety Net	Page _____
F. Contract	Page _____
G. Evaluation Criteria	Page _____
H. Evaluation Procedure	Page _____
I. Attachments	Page _____
BLS/ALS Billing Criteria	Page _____
Rate Committee	Page _____
Definitions	Page _____

1. Appendix

1. Multnomah County Code 6.31.005 through 6.31.990
2. Map of Multnomah County Showing 2 Ambulance Service Areas and a description of ASA boundaries
3. Hospital listing Multnomah County
4. EMS Dispatch Information concerning calls generated
5. Basic Life Support Protocols
6. Advanced Life Support Protocols
7. Physician Supervisor RFP
8. Area Trauma Advisory Board Trauma Plan
9. CHIFRS contract
10. Mass Casualty Incident Plan
11. Quality Assurance Plan
12. Oregon Health Division EMS rules
13. Multnomah County EMS rules
14. EMS Med-Net Communications System design
15. EMS Dispatch tape of dispatchers
16. EMS Dispatch Triage Guide
17. EMS Continuing Education Program Description
18. EMT training institutions in Multnomah County
19. EMS TAXI Program
20. EMS Dispatch SOPs
21. Multnomah County ASA plan

A. STATEMENT OF PURPOSE

Multnomah County is requesting proposals for contracts to provide emergency and ambulance services within Multnomah County which meet the requirements and conditions set forth in this document.

The contract which will be awarded will include standard provisions required by state public contracting law as well as county contract requirements. Those provisions will include, but not be limited to, insurance requirements, indemnification, budgetary limit actions, compliance with state and federal tax laws, access to records, and affirmative action goals.

B. Program Objective

The Emergency Medical Services Office intends to obtain emergency medical care responses and transports to all 9-1-1 generated medical calls within Multnomah County ASA 1 to achieve the greatest efficiency (cost) and effectiveness (care delivery) available.

It is the policy of Multnomah County that selection of contractors who provide a service to the county will be made in an open and competitive manner.

C. Background

System Description - The EMS System in Multnomah County is governed by Multnomah County Code (MCC) 6.31.005 through 6.31.990 and Emergency Medical Services (EMS) Administrative Rules. These are a portion of the requirements which must be met for contractor consideration and ongoing compliance with the contract.

Multnomah County is 465 square miles with a population base of 566,200.

Emergency Medical Services Dispatch generated ambulance call data to include number of responses, number of transports for 1985, 1986, 1987, and until the present, is included as part of this proposal as appendix 4.

The Emergency Medical Services communications system is described in appendix 14.

Emergency Medical Services Dispatch description (see appendix 15, 16, 20).

Basic Life Support Protocols and Advanced Life Support Protocols are included as appendix 5 and 6.

The Physician Supervisor RFP and contract are included as appendix 7.

The Area Trauma Advisory Board I - Trauma Plan is included as appendix 8.

The CHIERS contract and program description for ASA I are included as appendix 9.

A description of the Taxi Program is included as appendix 19.

### C. Proposer Instructions

1. Respondents must submit an original and 23 complete copies of the proposal to: Purchasing Director, Multnomah County, 2505 SE 11th Avenue, Portland, OR, 97202, no later than 2:00 p.m. on \_\_\_\_\_. Late proposals will not be accepted. An optional pre-proposal conference will be held on \_\_\_\_\_ at \_\_\_\_\_. Questions to be considered at the pre-proposal conference must be submitted in writing to the Purchasing Director Multnomah County no later than \_\_\_\_\_.
2. The proposer must respond to the RFP in a format which identifies the proposal in the same manner as the RFP notations (i.e., 1 Personnel 1.A.(a)). This will allow the Evaluation Committee to use the RFP and evaluation outline. If the proposer does not follow this format, the proposal will be considered non-conforming and will not be evaluated.
3. The proposal will be evaluated using two procedures. All category A minimum requirements must be met. Those proposals meeting all of the category A requirements will then be scored in category B areas.

If a proposal is evaluated as being non-responsive in a Category A requirements area, it will be rejected.

4. The original proposal and copies must be bound or in ring binders.
5. Award Cancellation

Multnomah County reserves the right to cancel award of the contract at any time before execution of the contract by both parties if cancellation is deemed to be in Multnomah County's best interest. In no event shall Multnomah County have any liability for the cancellation of award. The bidder assumes the sole risk and responsibility for all expenses connected with the preparation of its proposal.

6. Clarification or Protest of Specifications

Any proposer requiring clarification of the information or protesting any provision herein, must submit specific comments in writing to:

Director of Purchasing  
2505 SE 11th Avenue  
Portland, OR 97202

The deadline for submitting such questions or comments is \_\_\_\_\_. If, in the director's opinion, additional information or interpretation is necessary, such information will be supplied in the form of an Addendum which will be delivered to all individuals, firms and corporations having taken out specifications and such Addendum shall have the same binding effect as though contained in the main body of the specifications. Oral instructions or information concerning the specifications or the project given out by County managers, employees, or agents to prospective bidders shall not bind Multnomah County. All Addenda shall be issued by the Purchasing Director not later than five (5) days prior to the proposal deadline.

7. Rejection of Proposals

Multnomah County reserves the right to reject any or all responses to this Request for Proposal.

8. Cost of Preparation of Response

Costs incurred by any proposer in the preparation of the response to this Request for Proposal are the responsibility of the proposer agency and will not be reimbursed by the County.

9. State Law Compliance

The successful proposer agrees to make payment promptly as due to all persons supplying such successful proposer with labor or materials for the prosecution of the work provided for in this contract, and that said successful proposer will not permit any lien or claim to be filed or prosecuted against the County on account of any labor or material furnished and agrees further that no person shall be employed for more than eight hours in any one day, or forty hours in any one week; unless in case of necessity or emergency, or where the public policy absolutely requires it, and in such case to pay wages in accordance with the provisions of ORS 279.334 and CRS 279.336, where applicable.

The successful proposer agrees that should the successful proposer fail, neglect or refuse to make prompt payment of any claim for labor or services furnished by any person for the prosecution of the work provided in this contract as said claim becomes due, whether said services and labor be performed for said successful proposer or a subcontractor, fail, neglect, or refuse to make all contributions or amounts due the State Industrial Accident Fund or to the State Unemployment Compensation Fund, and all sums withheld from employees due the State Department of Revenue, then and in such event the said County and the other proper officers representing said County may pay such claim or funds to the person furnishing such labor or services or to the State Industrial Accident Commission or to the State Unemployment Compensation or to the State Department of Revenue and charge the amount thereof against funds due or to become due said successful proposer by reason of his said contract, but payment of any such claims in the manner herein authorized shall not relieve the successful proposer or his surety from his or its obligation with respect to any unpaid claims.

The successful proposer shall promptly, as due, make payment to any person, copartnership, association or corporation furnishing medical, surgical or hospital care or other needed care and attention incident to sickness or injury to the employees of such successful proposer of all sums which the said successful proposer agrees to pay for such services, and all monies and sums which the successful proposer may or shall have deducted from the wages of his employees for such services.

10. Equivalent Products

Product brands or models, if stated or implied by the specifications, indicate type, design, and quality desired, and shall not restrict proposer to one manufacturer. Products which meet or exceed specification requirements for design, quality, and functional utility will be considered. Ref. CRS 279.017.

If the proposal includes an equivalent item, include descriptive information brochure and/or specifications sufficient for the County to make a determination as to equivalency.

Any variations from specifications on equivalent products must be itemized.

11. Assignment

Neither the resultant contract nor any of the requirements, rights, or privileges demanded by it may be sold, assigned, contracted, or transferred by the Contractor without the express written consent of the EMS Director of Multnomah County.

12. Nondiscrimination in Employment

The successful proposer's attention is directed to the provisions of Oregon Revised Statutes, Chapter 659, prohibiting discrimination in employment.

E. Proposal Elements

1-A Personnel: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 23 for evaluation criteria):

- a. Two EMT-4s for each Advanced Life Support ambulance within the county. These EMT-4s must be currently Oregon Certified Emergency Medical Technician 4s.
- b. At least the following minimum wage for each EMT-4 to be employed:
  - A minimum salary per annum of \$17,400 (based upon FLSA defined working hours).

- c. Employee benefits with at least a value equal to 30% of the total gross payroll (of each EMT-4 employed in direct patient care services). The benefits must include:
  - 1) Legally required benefits (as defined by U.S. Department of Labor).
  - 2) Retirement program which vests in five years with all proceeds returned to vested members. The retirement program must be portable to the next contractor (see evaluation criteria).
  - 3) Other benefits at the discretion of the employer in accordance with labor agreements.
- d. The process for personnel accessibility at time of recontract. The process must address the procedure that would be followed in the event of contractor failure which provides for access to personnel during the time period between contractor notification of substandard contract performance and actual contractor failure or contract revocation.
- e. A new employee hire program for the first six months of the contract which:
  - 1) Hires EMT-4s who have worked for a Multnomah County licensee since at least July 1, 1987 with no loss of wage level or benefits accrual level for those EMT-4's hired by the new contractor.
  - 2) Hires EMT-4s who have worked for a Multnomah County ALS licensee since July 1, 1987 in preference to other applicants. This employee preference hiring is to consider "working in Multnomah" EMT-4s as appropriate hires if they meet the contractor's knowledge and performance criteria.
- f. A program for continuing education which provides the EMT-4s with adequate training to meet the minimum recertification requirements. The program must consider and incorporate:
  - 1) Coordination with the county continuing education program as described in Appendix 17.
  - 2) A process for recognition of quality of care problems (internal peer reviews) and the educational process to correct the recognized problems.
  - 3) Coordination with the quality assurance program as described in Appendix 11.
  - 4) Cooperation with the EMT training facilities located in Multnomah County. (See Appendix 18.)

1-B The proposal will be scored on how it proposes plans to reach the following system goals which are above the minimum acceptable requirements as listed for personnel (see page 24 for evaluation criteria).

- a. A unit hour utilization\* with highest and lowest rates acceptable to maintain EMT knowledge and skills but does not cause "job burnout." The plan as presented may consider less than 24-hour vehicles and may also consider higher pay scales for those employees at higher utilization rates. The plan must state staffing patterns by hour and day per week, the housing and standby station procedures to be used. These must be applied in 2A-0 in the system status plan. The system status plan prepared for section 2A-0 must be provided to comply with this section.

30 pts.

\*Unit hour utilization is defined as the total number of transports divided by the number of staffed hours per shift (3 transports - 12 hours = .25). The proposer in considering utilization rates must use the following standards: eight minute response, twenty minute on scene time, fifteen minute hospital transport time, seventeen minute chart and clean-up time. The highest and lowest rates are evaluated with the above fixed variables. If less than 24-hour staffing is used, the unit hour utilization figures must also be listed.

- b. A proposal which describes the management structure of the contractor. The proposal may consider:

- 1) The ratio of ambulance EMT-4s on duty to on duty field supervisors (above the level of senior EMT on the ambulance).

9 pts.

- 2) The names, curriculum vitae, and current job status of at least the following: operations manager, business manager, training coordinator.

15 pts.

- c. A proposal which describes an employee benefit plan or pay incentive which provides a higher level of employee benefits or pay than is required. The purpose of this proposal must be to encourage employee stability as well as attracting the best EMT-4s available. Also, in-place EMT-4s with seniority of service shall be given preference in hiring and wage scale due to knowledge of the Multnomah County geography, hospitals, and EMS system.

45 pts.

2-A Communications: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 25 for evaluation criteria):

- a. Each vehicle of the contractor shall be equipped with a radio which shall be used to send and receive information over the central dispatch frequencies. In addition, the radio must be able to transmit and receive on Me6-1, 4, 7, 9, and 10. A personnel alerting system which will be used on Me6-9 to alert the ambulance crew of their need to respond to a call is required and must be described. The radio must be capable of transmitting outside of the vehicle (porta-mobile).
- b. The contractor shall promptly advise EMS Central Dispatch when a change in personnel or equipment on a vehicle results in the vehicle's classification changing from ALS or PLS. A Standard Operating Procedure accomplishing this must be provided.
- c. Each morning, at a time specified by the Office of Emergency Medical Services, the contractor shall advise EMS Central Dispatch of the following for each vehicle: The present status, the EMT certification numbers of the crew members, and whether the vehicle is an ALS service. EMS Central Dispatch shall be informed immediately of any personnel changes on a vehicle. A Standard Operating Procedure accomplishing this must be provided.
- d. If the contractor receives requests for emergency medical assistance from a source other than 9-1-1, the contractor must use the current Multnomah County EMS triage guidelines to process these calls. A Standard Operating Procedure accomplishing this must be provided.
- e. Only EMS Central Dispatch may cancel or revise a dispatch order. Vehicles arriving at the emergency scene shall promptly advise EMS Central Dispatch of information relevant to whether a dispatch order should be canceled or revised. A vehicle which receives a cancellation order may continue to the scene of an emergency, provided that EMS Central Dispatch is so advised and the vehicle's emergency lights and siren are not employed. A Standard Operating Procedure accomplishing this must be provided.
- f. The crew of each vehicle of the contractor shall promptly inform EMS Central Dispatch of the following changes in status by radio: In service at station, in service out of station, location or destination shall be stated, in service at scene of emergency, enroute to emergency scene, arrived at emergency scene, enroute to hospital or medical facility from emergency, arrived at hospital or facility from emergency scene, returned to service, out of service. A Standard Operating Procedure accomplishing this must be provided.

- g. Contractor's vehicle crews shall use the ten codes attached to this RFP as Appendix 13 when communicating with EMS Central Dispatch. Each ambulance crew shall be equipped with one tone-coded pager or radio which allows direct access of EMS Central Dispatch to the ambulance crew. The contractor's ambulance crews must provide the following information to EMS Central Dispatch by radio for each ambulance responding to an emergency as directed by EMS Central Dispatch. When an ambulance is dispatched from other than its base, it shall be identified. When the ambulance is enroute to a hospital or other medical facility, the number of patients being transported, response code, and the identity of the hospital or facility shall be stated. When an ambulance does not transport a patient, the reason for this action shall be identified. The Standard Operating Procedure accomplishing this must be provided.
- h. All patients requiring transport by ambulance (using the most current BLS and ALS treatment protocols) must be transported in the responding ALS ambulance but must be billed as determined by the billing procedure as defined per Appendix 19. The ALS ambulance may make appropriate use of the CHIFFS and TAXI programs as described in Appendix 9 and 19.
- i. EMS Central Dispatch may request an Advanced Life Support ambulance from outside Multnomah County to respond in Multnomah County to a medical emergency if the expected response time of the ambulance in Multnomah County exceeds ten minutes and the out-of-county ambulance is closer to the emergency than any other Multnomah County ambulance, and the out-of-county ambulance meets ALS ambulance requirements as established by the Oregon State Health Division. The Standard Operating Procedure accomplishing this must be provided.
- j. The contractors shall utilize helicopter ambulance service in Multnomah County (Life Flight) when it is determined that transport of a seriously ill medical patient or trauma patient would be more advantageous by helicopter than by ground ambulance. A Standard Operating Procedure accomplishing this must be provided.
- k. The helicopter ambulance will be requested through EMS Dispatch. A Standard Operating Procedure accomplishing this must be provided.
- l. The contractor may provide ambulance service for a special event in the city or county. A Standard Operating Procedure accomplishing this must be provided.
- m. At any time the contractor stands by at such an event, the contractor shall advise the EMS Office and EMS Dispatch by letter one week prior to the date of the event the following information: Date and time of the event, location of the event, name of the person responsible for arranging ambulance coverage for the event. A Standard Operating Procedure accomplishing this must be provided.

- n. The contractor shall respond to 90 percent of the calls within their service area in eight minutes or less measured from the time of dispatch and until the time the unit is on the scene. Time will be calculated in minutes with any seconds over the minute considered the next minute (7 minutes 04 seconds becomes 8 minutes). The contractor is fully responsible for ambulance crews being available for notification of a call. EMS Records will be the final authority in response time determination. No area (geo-code) of the county may be consistently underserved (for a period of two or more months). A statement from the proposer which acknowledges this set of requirements and methodology for determining compliance must be provided.
- o. The proposer must furnish a system status plan for a one-month period. The month must include a major holiday (Thanksgiving, Christmas, New Year, or July 4th) and the call volume must be projected based upon the provided EMS call data in Appendix 4. The system status plan must include: number of ambulances, hours which each ambulance is staffed, location of ambulances by hour of day and day of week, and number of transports per ambulance per shift expected. This information will also be used to award points in section 1B-a.
- p. The contractor shall not monitor or intercept police or other radio dispatcher transmission for profit or gain. Contractor shall not fail or refuse to promptly advise Emergency Medical Services Dispatch Office of receipt of a request for emergency medical assistance or when a licensee's ambulance becomes available or non-available to respond to dispatch orders. The contractor shall not respond by ambulance to an emergency call unless so authorized by the EMS Central Dispatch Office. The Contractor shall not fail or refuse to respond to a dispatch order from EMS Central Dispatch Office when the ambulance subject to the call is available for service. The ambulance contractor shall not refuse to transport any patient in need of emergency medical care regardless of the patient's ability to pay. A Standard Operating Procedure which accomplishes this must be provided.
- q. Contractor shall defend, indemnify and hold all first responders harmless from and against all claims, damages, losses, and expenses, including attorney's fees arising out of and resulting from the performance of services by first responders under the direction or control of the contractor.

Contractor shall maintain at all times during the performance of the contract comprehensive general, auto, and professional malpractice insurance endorsed to show first responders as additional named insureds. A statement from the proposer insurance agent and the "hold harmless" language must be provided which demonstrates this coverage.

- r. Contractor must provide first responder transportation to the appropriate fire station from the hospital when the first responder accompanies the patient to the hospital. The transportation should be furnished in such a way that the first responder is returned to the fire station in no more than thirty minutes from hospital arrival time. A description of and the Standard Operating Procedure which accomplishes this must be provided.
- s. Proposer must propose to provide mutual-aid agreements with the ambulance service in each adjoining ambulance service area. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
- t. Contractor must provide for no more than 5 percent per four-week period of calls to the Multnomah County ambulance service area to be answered by an out-of-Multnomah County licensed Advanced Life Support ambulance provider or the adjoining Multnomah County ASA provider unless the contractor is one and the same. A description of and the Standard Operating Procedure which accomplishes this must be provided.

2-B The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements as listed above for communications (see page 26 for evaluation criteria).

- a. The importance of EMS dispatch and contractor interaction to make efficient use of ambulances. The plan may include dispatch assistance through an automatic vehicle locator system.

15 pts.

2. Medical: 3.A Proposers must provide documentation describing their compliance with the following minimum requirements (see page 27 for evaluation criteria):
- a. The Multnomah County Advanced Life Support and Basic Life Support procedures and protocols must be adhered to by all working Emergency Medical Technicians.
  - b. The contractor's Emergency Medical Technicians shall promptly contact the Medical Resource Hospital by UHF radio or telephone when required by the Advanced Life Support treatment protocols or an approved Medical Resource Hospital study. If the Medical Resource Hospital is not available, then the receiving hospital shall be contacted.
  - c. The contractor's EMTs shall relay the following information to the MRH: Unit number, receiving hospital and estimated time of arrival, purpose of call, age and sex of patient, chief complaint, brief history, prior medical history, medications, allergies, vital signs, pertinent physical findings, treatment at the scene.
  - d. At the discretion of the contractor's emergency medical technicians, the receiving hospital may also be contacted by the EMT. The EMT will transmit to the receiving hospital the following information: Unit number, age and sex of patient, estimated time of arrival, condition, chief complaint, advanced life support treatment provided.
  - e. Each Advanced Life Support unit of the contractor shall have a set of treatment protocols on the unit itself at all times.
  - f. Incorporates the Area Trauma Advisory Board Trauma Plan provided as an Appendix 8. All EMT-4s will be Pre-Hospital Trauma Life Support (PHTLS) or equivalent trained within six months of contract award. A description of this, and the Standard Operating Procedure which accomplishes this must be provided.
  - g. Incorporates the Mass Casualty Incident Plan as attached in Appendix 10. Participates in one major drill and two mini-drills per year. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
  - h. Incorporates the Quality Assurance Plan attached as Appendix 11. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
  - i. Proposer must provide a plan which describes a first responder training program provided by the contractor at no cost to all first responders to keep the first responders aware of ambulance orientation, equipment changes, or protocol changes as they apply to the first responders.

- j. Proposer must provide for the role of the EMS physician-supervisor in administrative protocols which accomplishes:
- 1) Participation in hiring of EMTs.
  - 2) Absolute authority for all medical direction of the contractor.
  - 3) Scheduling of mandatory inservice.
  - 4) "Ride-alongs" to meet ORS requirements.
  - 5) Absolute authority to remove an EMT from the provider's ambulance.

The administrative protocols for the above must be provided.

- k. Proposer must provide a list of type and amount of each drug which will be carried on each ambulance and is needed to comply with ALS protocols so that two patients with the same medical or trauma problem can be treated without an ambulance restock. These drugs in type and amount are to be carried on all staffed ALS ambulances.

4-A Equipment: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 28 for evaluation criteria):

- a. All ALS ambulances or BLS ambulances and equipment must meet current ORS and Multnomah County requirements for ambulances (see Appendix 1-12-13). A listing of all ambulances by make, age, mileage, modifier, and equipment contained must be provided. This must include all vehicles which are to be used in Multnomah County.
- b. Provision of mobile VHF radio equipment with a dial encoder and capable of transmission on 155.340 mhz for each ALS ambulance at no less than 25 watts. The radios must be identified by make, model, and output. A copy of the FCC license for this frequency or plans for obtaining the rights to mobiles on this frequency from the Greater Portland Hospital Association must be included.
- c. The following disposable equipment must be provided at no cost to the first responder agency when the first responder has cared for a transported or "charged" patient. The equipment will be exchanged on the "scene" if it does not interfere with patient care. The proposer must contact the first responder agencies to assist in this development. See Appendix 21. A field and billing Standard Operating Procedure which accomplishes this must be provided.
  - 1) Oxygen administration items.
  - 2) Suction items.
  - 3) Intravenous materials.
  - 4) Drugs.
  - 5) Disposable splints.
  - 6) Cervical collar--"stiffnecks" or equivalent
- d. The following equipment must be provided which will be standardized with the first responder agencies. A Standard Operating Procedure which accomplishes this must be provided.
  - 1) Trunk and neck immobilizer--"K.E.D." or equivalent.
  - 2) Wooden long spine board.
  - 3) Traction splint.
  - 4) Scoop stretcher.
  - 5) Pnuematic Anti-Shock garment.
- e. An agreement with the trauma centers to create a "Letterman" exchange system and an equipment cleaning program. The agreements and the Standard Operating Procedure which accomplishes this must be provided.
  - 1) C-collar "Stiffneck" or equivalent.
  - 2) Trunk and neck immobilizer "KED" or equivalent.
  - 3) Long spine board.
  - 4) Traction splint.
  - 5) Scoop stretcher.
  - 6) Pnuematic Anti-Shock garment.

4-B The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for equipment as above (see page 28 for evaluation criteria):

- a. Newer front-line (non-reserve) vehicles and those which have lower mileage and meet KFK1822E. This may be done by providing type, age, mileage, and "modifier" of each ALS ambulance vehicle to be used in Multnomah County. 4 pts.
- b. Preventive maintenance of ALS ambulances. 8 pts.
- c. Availability of reserve ambulances and gives the number of reserve ambulances including their proposed storage location and to what extent they will be stocked when held in reserve. 8 pts.
- d. Provision of up-to-date equipment with a maintenance program. This may be accomplished by providing the make, model, age of, and maintenance program for:
  - 1. Ambulance cots.
  - 2. Portable monitor defibrillators.
  - 3. Portable suction.6 pts.

5-A Business Practices: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 30 for evaluation criteria):

- a. Proposer has met all minimum requirements for credentialing and will meet them throughout the contract period, as well as license and compliance with all MCC and rules throughout the contract period. The proposal must state how the proposer intends to meet these requirements throughout the contract period.
- b. Have insurance coverage to at least the following minimums (with no exceptions to riders in the ambulance):
  - 1) Combined single limit for bodily injury and property damage (vehicular), \$500,000 and
  - 2) Malpractice, \$1 million and
  - 3) Umbrella liability, \$1 million and
  - 4) Contractor shall also carry workers' compensation insurance as required by law, or the legal equivalent, for the life of the contract. Contract shall require all of its subcontractors to maintain similar insurance coverages and shall require evidence of such coverage prior to commencement of work by any such subcontractor.

A copy of the policies must be submitted for review 30 days prior to the effective date of the contract. The policy must include a 30 day notice requirement for any material change or cancellation.

Comprehensive general liability, auto, and professional malpractice insurance may be arranged under a single policy for the full limits required or by a combination of underlying policies with a balance provided by an excess or umbrella liability policy or

- 5) Contractors may elect to self-insure part or all of the insurance requirement. If a contractor elects to self-insure areas b-1, 2, 3, 4, contractor shall provide evidence that contractor has qualified under all state and federal requirements for self-insurance. In addition, contractor shall provide documentation verifying that a funding mechanism is in place to meet the financial responsibilities of the indemnification agreement and name and credentials of the contractor's claims administrator.

This must be demonstrated by documentation of insurability by an insurance company licensed to do business in Oregon and a proposal to purchase the insurance required or proof of self-insurance as required by ORS.

- c. Information to be provided must be placed on worksheet attached as Form 1. The projections as requested below must be based upon data as provided in Appendix 4, which provides information from 1985, 1986, and most current 1987 data from EMS Central Dispatch, Multnomah County. The proposer is expected to use its own best judgment in determining the variables as requested below.
- 1) Cost per ALS ambulance per year and also ALS ambulance by unit hour. This must apply to appropriately staffed Advanced Life Support ambulances required in the minimums under personnel. Also, the number of ambulance units and unit hours per year should be projected. Costs must be reported on Form 1.
  - 2) The projected call volume from all 9-1-1 generated calls and the projected transport volume from these calls. The proposer must use the figures in Appendix 4 to project these numbers. These figures must be presented on Form 1.
  - 3) The projected volumes with ALS and BLS charged transport from the patient transport volume. The proposer must use the figures in Appendix 4 to project these numbers. These figures must be provided on the Form 1.
  - 4) The overall collection percentage projected for the cost which involved transport. This percentage must include actual collection rate tempered with the percentage that will be less than fully collected due to assignment (Medicare) or other reimbursement. This figure must be provided on Form 1.
  - 5) The BLS and ALS charges for all users of the system projected by the proposer. These figures must be provided on Form 1.
  - 6) The proposer must follow the ALS/BLS charge criteria as set forth in Appendix 19. The proposal must be fully presented on the worksheet. The proposal must represent cost. If cost and revenue figures are not adequately validated the proposal will be judged non-responsive.
- d. The contractor must accept the responsibility to provide standbys as requested by police and fire agencies within Multnomah County at no charge. If a patient is transported, any charge to that patient must be based upon charges to a similar patient with no standby time charges. A Standard Operating Procedure which accomplishes this must be provided.

- e. Incorporate the taxi Standard Operating Procedure as presented in Appendix 20. A Standard Operating Procedure which accomplishes this must be provided.
- f. Incorporate the CHIERS Program as presented in contract form in Appendix 9. A Standard Operating Procedure which accomplishes this must be provided.
- g. The authority and responsibility of the EMS Rate Review Committee as presented in Appendix 22 must be incorporated in billing and administrative Standard Operating Procedures. The Standard Operating Procedure which accomplishes this must be provided.
- h. Recognize the authority of the Emergency Medical Services Office to randomly sample billings and provide these billings to the Rate Review Committee. The mechanism for action to correct bills in which the charge is questioned must be described.
- i. Provide \$42,500 (estimate) yearly in quarterly payments for physician supervisor services to be provided by the County. These services are detailed in Appendix 7. The proposal must detail how the provider will make the payments.
- j. Plan of operation for the first six months of operation which reflects the following and recognizes the slow collection start-up problems and the need for outside resources to assist in meeting expenses:
  - 1) Payroll expenses
  - 2) Capital expenses
  - 3) Ancillary expenses
  - 4) Revenue from transports with projected timetable of receipt of income
  - 5) Other source or sources of revenue or assets which allow the contractor to meet expenses for the first six months.
- k. Description of the billing practices which recognizes the extreme importance of billing practices in this user funded system. The plan must also recognize the importance of humane billing practices.
  - 1) Billing procedure for Medicare
  - 2) Billing procedure for third party payors
  - 3) Billing practices for other public parties (county, corrections, AFS, etc.)
  - 4) Billing practices for private parties
  - 5) Billing practice for overdue payments
  - 6) Billing practices for write-offs
- l. The proposer's legal business structure must be described and must demonstrate that the structure is sound and meets all legal requirements.

- m. Document the method of public and consumer education to reduce 9-1-1 abuse, but to also assist the public in understanding the EMS system and provision of public emergency care (CPP, etc.). The proposal must detail teaching and education methods to be used, as well as the delivery process.
- n. Describe how a minimum of fifty hours per month of standby time free to appropriate "public" events will be provided. This is to be in addition to police and fire standbys.

5-B Business Practices - The proposer may propose plans to meet the following system goals which are above the minimum standards of the business practices (see page 31 for evaluation criteria):

- a. A flat, all inclusive rate to be charged for: ALS response, ELS treatment, and BLS transport to a 911 call, and ALS response, treatment, and transport to a 911 call. The rates must consider the ALS/BLS charge standards and be reported on form 2.

The rates must reflect the maximum efficiency in the system by displaying the lowest flat rate user fees with no decrease in system effectiveness. The ELS and ALS definitions per Appendix 19 are to be the guide for user charges. A uniform charge for any person in Multnomah County transported to any hospital in the Tri-County area regardless of time of day or day of week is to be the standard for the all-inclusive rate.

- |                                 |         |
|---------------------------------|---------|
| 1) BLS Rate/Medicare Assignment | 20 pts. |
| 2) ALS Rate/Medicare Assignment | 30 pts. |
| 3) Standby Charge (private)     | 10 pts. |

6. Safety Net: 6.A Proposers must provide documentation describing their compliance with the following minimum requirements (see page 32 for evaluation criteria):

- a. Emergency ambulance service as an essential service and ensure that no interruption of service will occur in the event of a work stoppage by employees.
- b. The safety net must ensure that in the event of contractor failure (due to contract, ordinance, or financial reasons) there is no interruption in call answering. The proposal must provide for delivery of all ambulances (fully stocked) which are used to answer calls to EMS. The ambulances must be free of any encumbrances (defined as able to be used by Multnomah County to provide ambulance service with no reimbursement or remuneration to the contractor or lienholder), and be available for service to EMS for no less than 6 months. Funds to allow answering of all calls to the level expected under the contract must be provided for in the plan. These funds must provide for the dollars to support the call answering system for 45 days. The call answering system is defined for safety net purposes as personnel (two EMT-4s per ambulance), maintenance and upkeep of each ambulance to include disposable medical equipment, radio equipment, and insurance to the level of ambulance and reserve ambulances provided by the contractor over the last 60 days before failure. The funds to be used for this purpose must be immediately accessible to EMS upon contractor financial failure or revocation of the contract (based upon non-performance of contract terms and conditions) by EMS, and the details of the accessibility of the vehicles and funds must be explained in detail.

## COST/REVENUE WORKSHEET

Form 1

(See next page for description of (1), (2), (3), (4), (5), (6))

## 1. ALS ambulance cost:

	Full Cost (1)	Cost to 911
Contract (2)		
Personnel	_____	_____
Operations	_____	_____
(_____ miles @ _____)		
Administration (4)	_____	_____
Capital (6)	_____	_____
Insurance (3)	_____	_____
Disposable Supplies	_____	_____
Drugs	_____	_____
All Other Expenses		
(depreciation, maintenance, etc.)	_____	_____
 Total Cost by ambulance	_____	_____
Total Cost by unit hour	_____	_____
Number of Ambulance Units (5)	_____	_____
Number of unit hours (5)	_____	_____
Inebriate outreach subcontract		
cost	_____	_____
	911 Revenue	Other Revenue
2. Projected call volume	_____	_____
Projected call transport volume	_____	_____
3. Volume of BLS charged transports	_____	_____
Volume of ALS charged transports	_____	_____
4. Overall collection percentage	_____	_____
5. BLS charge per call	_____	_____
ALS charge per call	_____	_____

Form 1 Cost/Revenue Worksheet Page 2

1. This must be full cost and consider all associated costs with each category. The total ambulance cost must be the best projection of total cost.
2. This must be the cost which the proposer projects this contract for 911 calls will incur. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in cost may be attributed to: other business interests, non-911 call ambulance use, cross use of personnel. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity. This must demonstrate that the 911 cost is the full cost of 911 service.
3. If self-insurance is used, the cost must be arrived at considering the past settlements and equating them to the increase in liability exposure due to the contract.
4. Must include the \$42,500 per annum for physician supervisor costs, also all other administrative or training personnel costs.
5. This must be the total number of ambulance units to meet the full 911 contract for ASA 2, this number may be reflected in fractions of an ambulance if peak load staffing or other staffing patterns are followed.
6. This must also include cost of back-up or reserve ambulances and other back-up equipment.

# RATE WORKSHEET

Form 2

1. BLS rate with Medicare assignment.<sup>a</sup>

\_\_\_\_\_

2. ALS rate with Medicare assignment.<sup>a</sup>

\_\_\_\_\_

3. Standby charge for private events  
(in addition to transport charge  
if patient transported).<sup>a</sup>

\_\_\_\_\_ hr.

<sup>a</sup> This is the contractor's rate for the four-year contract period. The Rate Review Committee and Emergency Medical Services Policy Board may allow rate increases based upon consumer price index, dramatic increase in cost of doing business, or more stringent or added system requirements. The proposer should not consider any of the aforementioned possibilities to be a reason for guarantee of a rate increase. All rate increases must be requested by the contractor. There is no charge or reimbursement for first responders. If first responders petition the Rate Review Committee for charges, the contractor is assured no additional uncompensated cost.

F. Contract

It is the intention of Emergency Medical Services to enter into a contract no later than \_\_\_\_\_, and extending four years with a potential for renewal for a one-year term. At the option of the County, upon one hundred and eighty days written notice, the contract may be extended for the additional one-year extension. Rate and other system changes will be considered in the event of a renewal. Rate changes must be approved by the rate committee and the Emergency Medical Services Policy Board, and the Multnomah County Board of County Commissioners.

G. Evaluation Criteria

The RFP is made up of six sections. Each section has a minimum requirements section and may have a point achievement section.

A proposal, to be considered, must meet all of the minimum requirements.

The minimum requirements will be evaluated on a pass/fail basis. If the proposal fails to pass any of the minimum requirements for any section, the proposal will be rejected.

Qualifying proposals will then be awarded points based upon the requirements specified in the RFP.

The following criteria will be used by the evaluation committee to judge whether a proposal meets the minimum requirements for category area A and the number of points to be awarded for category area B.

1-A Personnel:

- a. The proposal does provide for two Oregon Certified EMT 4s.
- b. The proposal does provide for a minimum annual wage of \$17,400 based upon first day of employment.

- c. The employee benefits proposal does include:
    - 1) A benefits package of at least 30% of gross EMT salary.
    - 2) All legally required benefits.
    - 3) A retirement plan which is "portable" (must be able to be transferred to the next contractor with all benefits, vesting, and accrual levels intact. PERS is considered portable for purposes of evaluation of this proposal) and meets all other requirements of the RFP will be considered as meeting this requirement.
    - 4) Benefits will begin the first day of employment for "Multnomah County" EMTs.
  - d. The personnel accessibility proposal does meet the requirements of the RFP.
  - e. The proposal does provide for hiring of EMT-4s currently working in Multnomah County with no loss of wage or benefit accrual levels.
  - f. The proposal does provide for a coordinated continuing education program as described in the RFP.
- 1-B a. The unit hour utilization rate must establish a minimum unit hour utilization rate of (based upon monthly staffing levels used in 2A-0):
- .17 24-hour ambulance
  - .33 12-hour ambulance
  - .40 10-hour ambulance
  - .50 8-hour ambulance
- 15 points are awarded for total compliance. Each .07 below this compliance level (a composite of all used staffing levels in 2A-0) will deduct 1 point to a maximum of 15.
- b. The unit hour utilization rate should establish a maximum unit hour utilization rate of (based upon monthly staffing levels used in 2A-0):
- .40 24-hour ambulance
  - .60 12-hour ambulance
  - .65 10-hour ambulance
  - .75 8-hour ambulance
- 15 points are awarded for total compliance. Each .056 below this compliance level (a composite of all used staffing levels in 2A-0) will deduct 1 point to a maximum of 15.
- c. The management structure program should address management in the following manner:
- 1) An on-duty non-patient care supervisor for each twelve ALS ambulances in service will gain 9 points. Points will be awarded by using the 12 to 1 ratio as the standard, for a greater ambulance-to-supervisor ratio.

- 2) The curriculum vitae of the management personnel will be awarded fifteen points using the following standards for each. If the personnel do not meet the criteria, fewer or no points will be awarded.

5 Points. Operations Manager. College degree (BS or BA) with at least four years experience in ambulance service delivery and with current EMT-P status. The experience to be gained in a system of at least 20,000 emergency calls per year. (Four years additional EMS supervisory experience may be substituted for the college degree.)

5 Points. Business Manager. College degree (BS or BA) with at least four years experience in ambulance third-party billing procedures, also experience working with labor groups. The experience to be gained in a system which bills at least 10,000 patients annually. (Four years additional EMS business experience may be substituted for the college degree.)

5 Points. Training Coordinator. EMT-P, ACLS instructor, PPTLS instructor, with three years experience as a training coordinator for fifty EMT-Ps. Experience in a peer-review process, having conducted a peer-review process for fifty EMT-Ps for three years.

If a job function on which the evaluation criteria is specific is performed by another titled evaluated management position the substitution can be made and the points awarded.

- 3) 15 points. The proposal providing a benefit package which is five percent of the EMT-gross salary (in addition to the minimum required 30 percent) or more will receive fifteen points. If less than five percent is proposed, for each percent drop there will be three points deducted.

30 points. The proposal providing a wage package which does provide for: a base wage scale of at least ten percent over the required minimum, which includes: the same percentage increase for in "Multnomah County" hired EMTs, is raised by at least the Consumer Price Index each year of the contract, progresses in at least six steps, and be ten percent above the current top wage (22,000) in Multnomah County. For each percent the proposal is above the required minimum three points will be given for a maximum of thirty. The proposal must also include a plan to hire those "Multnomah County" EMTs who possess the most experience in the Multnomah County EMS program in preference to those EMTs with less or no experience.

2-A Communications:

- a. The proposal does show each ambulance and EMT crew with UFF capability on MED 1-4-7-9-10 and personnel alerting on MFD 9.
- b. The proposal does state that the contractor will advise EMS dispatch of any vehicle status change.
- c. The proposal does state that the contractor will advise EMS dispatch of vehicle crew and status.

- d. The proposal does state that the contractor will use the Multnomah County EMS triage guide.
- e. The proposal does state that the contractor will adhere to the rules as listed in the RFP 2-A e, f, g, h(1),(2), i, j, k, l, m, n, p.
- f. (o) The proposal does provide a system status plan (SSP) for a one month period. There is a major holiday (New Year's, 4th of July, Labor Day, Thanksgiving, Christmas) in the month. The SSP does provide coverage for all of Multnomah County for a response time of eight minutes or less, ninety percent of the time. The judgement of this to be based upon call volume for geo-code areas of Multnomah County. The SSP must also not use mutual aid for more than five percent of the calls.
- g. (q)(n) The proposal does provide liability insurance, and "return transportation" for the first responders.
- h. (s) The proposal does propose mutual aid agreements with adjoining ASA's.
- i. (t) The proposal does provide for no more than five percent per four-week period of the calls to be answered by mutual aid.

2-B Communications:

- a. The proposal provides an Automatic Vehicle Locator system which is placed at EMS dispatch or an alternate plan which accomplishes an SSP with knowledge of EMS dispatch to always dispatch the closest ambulance. A proposal which does not use an AVL system will be judged on its effectiveness to accomplish dispatch of the closest ambulance.

15 pts.

3. Medical:

- a. The proposal does state that the contractor will adhere to the FMS rules as stated in the RFP in 3.A a, b, c, d, and e, and that if the contractor is not currently functioning under these rules how it will implement them.
- b. (f) The proposal does incorporate the ATAB Plan and sets a date within six months when all EMT-PS will be PHTLS or equivalent trained.
- c. (g)(h) The proposal does incorporate the MCI Plan and Quality Assurance Program and that the contractor will adhere to the standards.
- d. (i) The proposal does provide an adequate first responder training program at no cost to the first responder.
- e. (j) The proposal does provide for a role of the physician supervisor which includes hiring participation, absolute medical control, mandatory inservice scheduling, and ride-alongs.
- f. (k) The proposal does list the types and amounts of drugs to "run" two back-to-back same ALS protocol patients with no restock.

4-A Equipment:

- a. The proposal does list all the vehicles and equipment and all do meet or exceed ORS and Multnomah County standards.
- b. The proposal does list VHF radio equipment (155.340 MHz) that is capable of use for ambulance-to-hospital communications in Multnomah County. The radio license or a plan to obtain such is included.
- c. The proposal does provide for first responder equipment provision for disposable items as listed in the RFP.
- d. The proposal does provide for standardized equipment with first responders.
- e. The proposal does provide for signed agreements with the trauma centers for a "Letterman" exchange clean equipment program.

- 4-B a. The proposal does recognize the need for newer low-mileage vehicles which meet KKK1822B. All ambulances less than one year of age and less than 10,000 miles, and meeting KKK1822B will be considered newer low mileage vehicles. This does not include ambulances which are considered "extras" or "backup."

4 pts.

- b. The proposal provides for a preventive maintenance program and an ambulance reserve program which:
  - 1) Provides for safety inspections every 15,000 miles until 60,000 miles, then every 7,500 miles (these to be done by an outside shop familiar with the type of vehicles used).
  - 2) Provides maintenance to manufacturers extreme use recommendations. Provides for downtime for ambulance maintenance. Uses innovative methods to extend ambulance dependability, such as diesel engines, heavy-duty batteries, radial tires, metallic brakes, etc.
  - 3) Provides a history of ambulance maintenance which demonstrates the ability to keep ambulances in-service with no major failures.

If the proposal satisfactorily incorporates at least the above areas, 8 points will be awarded.

- c. Provides for a fully stocked (except for defibrillator and ALS drugs) ambulance for every three front-line (non-reserve) operating ambulances.

If the proposal meets this requirement 8 points will be awarded.

d. The proposal provides for up-to-date equipment.

- 1) Ambulance cots (Ferno model-MTS or equivalent).
- 2) Portable monitor-defibrillator (Life-Pak 5 or equivalent).
- 3) Portable suction (laerdal or equivalent).

If the equipment is of the appropriate model as shown above and a maintenance program is described and proposed which demonstrates the ability to keep the equipment operational and find faults before they affect patient care, 6 points will be given. If the equipment is not of appropriate model or up-to-date or the maintenance plan is not sufficient to keep the equipment operational, fewer or no points will be awarded using four years as the life expectancy of the equipment.

5-A Business Practices:

- a. The proposal provides ample information to assure that the provider can and will meet all applicable credentialing standards, MCC and EMS rules for the contract period.
- b. The proposal does provide for insurance to at least the RFP minimums.
- c. The proposal does provide all of the costing and revenue projections as requested in Form 1. The cost and revenue figures are reasonable and based upon EMS figures provided. The costs are fully accounted and adequately justified where not applied to the 911 contract.
- d. The proposal does provide for free-of-cost standbys for police and fire agencies.
- e. (e)(f)(g) The proposal does recognize and integrates into the contractor's operations, the TAXI and CHIERS and Pate Study Committee.
- f. (h) The proposal does recognize the EMS Office authority to sample billings and does provide a process to correct incorrect billings.
- g. (i) The proposal does provide for \$42,500 per annum in quarterly payments to EMS for physician-supervisor services.
- h. (j) The proposal does provide a plan of operation for the first six months which considers all aspects of the RFP requirements. The plan is reasonable and does demonstrate financial soundness.
- i. (k) The proposal does describe the billing practices. The billing practices are humane and encourage those who can pay to pay, but those who cannot pay are recognized and billings dealt with humanely. The billing practices also are legal and exhibit sound business practice.
- j. (l) The proposal does describe the legal business structure of the contractor, and it is the same as used in the credentialing process. The business structure is legal in Oregon.

5-B Business Practice:

- a. A BLS flat rate of \$150 will be awarded 20 points. For each ten dollar increase in the rate, 2 fewer points will be awarded. A flat rate of less than \$150 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$250 will be penalized by deducting 3 points for each ten dollar increase.
- b. An ALS flat rate of \$250 will be awarded 30 points. For each ten dollar increase in the rate, 3 fewer points will be awarded. A flat rate of less than \$250 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$350 will be penalized by deducting 3 points for each ten dollar increase.
- c. A \$60 charge per ambulance per hour for private standbys will be awarded 10 points. For each ten dollar increase 3 fewer points will be awarded.

ALL RATES MUST BE PROVIDED ON FORM 2 PAGE 22

6. Safety Net: 6.A.

- a. The proposal does provide for adequate ambulance coverage in the event of a work stoppage.
- b. The proposal does provide for adequate ambulance coverage per the RFP requirements in the event of contractor failure or contract revocation. The proposal does provide for ambulance turnover and use by the county and ready access for operating funds. If a performance bond is used, the bond and bonding company must meet all applicable Oregon and Multnomah County standards.

## H. Evaluation Procedure

All proposals will be evaluated by the EMS Proposal Evaluation Committee. The EMS Proposal Evaluation Committee is appointed by the EMS Policy Board and the Board of County Commissioners and is made up of:

- EMS Director (non-voting)
- Representative Citizen (2) (one of which will have financial expertise CPA, etc.)
- Medical Advisory Board Representative
- Multnomah County Medical Society Representative
- Multnomah County Purchasing Department Representative (non-voting)
- Emergency Medical Technician (outside of Multnomah County with no past or present ties to a proposer or licensee of Multnomah County)

When a consortium presents its proposal for evaluation, the consortium must clearly and in detail explain how its component entities or personnel will deliver services, equipment, or personnel in each area of activity. The Evaluation Committee shall not consider cumulative "qualifications." Only the qualifications of the person actually designated to perform the activity or the specifications of the item actually to be used are relevant when specific persons or items are at issue. When corporate or group characteristics are being reviewed, only the least qualified or least well-specified item put forward by the consortium will be considered.

During the evaluation point-award process, the Evaluation Committee may require interviews of personnel described in the proposals, and may hear oral presentations, conduct on-site visits to facilities, or both.

The proposals will be evaluated first to determine whether they meet the minimum requirements. Any proposals which do not pass the minimum requirements will be rejected. Those proposers who do not meet the minimum requirements will be notified by mail.

Those proposals which meet the minimum requirements will be awarded points in the Category B areas.

The top ranking proposal will be recommended to the Medical Advisory Board (MAB) who will comment on the medical efficacy of the proposal. The medical areas which MAB will consider are 1-B(a), 3-A in its entirety, and 4-A (b, c, d, e). The MAB may determine that the proposal is non-responsive in an area. If the proposal is determined by the MAB to be non-responsive, the next highest ranking proposal will be submitted for MAB consideration. The top ranking MAB approved proposal will then be recommended to the EMS Policy Board. The Policy Board will recommend to the Board of County Commissioners (BCC). The BCC will then direct that a contract be awarded.

Attachments:

### Ambulance Charge Standard

A BLS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with only those practices that are defined by ORS as EMT-1 practices.

An ALS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with any practice that is defined by ORS as an EMT-2, 3, or 4 level practice.

#### Examples:

Practice	Charge level	
	EMT-1 (BLS)	EMT-2, 3, 4 (ALS)
IV		X
Splinting	X	
CPR	X	
O <sub>2</sub> Administration	X	
Drugs		X
Epenephrine (Anaphylaxis)	X	
Intubation		X
Cardiac Monitoring		X
Defibrillation		X
Bag Valve Mask	X	

BLS and ALS protocols must serve as a standard of care. No patient must be denied appropriate care based upon a charge level. Also, no patient must be provided care beyond the BLS/ALS protocol standards to gain an additional charge level.

## DEFINITIONS

1. Non-emergency Any medical call in which there is no threat to life or limb.
2. Emergency Any medical call in which there is a definite or unknown threat to life or limb and time is of the essence, or that the call is placed to 911 requesting medical aid.
3. Basic Life Support (BLS) The level of care which an EMT-1 may provide. Usually this care will only stabilize a patient and will not result in an improvement in patient condition, i.e., patient assessment, CPR, splinting, etc.
4. Advanced Life Support (ALS) The level of care which an EMT-2, 3, or 4 can provide. It encompasses all basic life support, plus procedures which can improve the patient's condition, i.e., defibrillation, IV, drugs, endotracheal intubation, etc.
5. Code 1 Call The running condition of a patient call or transport in which no lights or siren is used and the ambulance proceeds with the normal traffic flow.
6. Code 3 Call The running condition of a patient call or transport in which lights or siren are used and the ambulance proceeds as rapidly as possible.
7. Private Call A request for transport which originates at the private ambulance and must be a non-emergency requiring only Code 1 running.
8. Emergency Medical Technician (EMT) An individual who has completed training in the recognition and treatment of medical emergencies in a prehospital environment. The training begins at 110 hours (EMT-1) and progresses to 900+ hours (EMT-4). Certification (2, 3, 4) is provided by the Board of Medical Examiners.

9. First Responder

A responder who usually only provides BLS and can arrive on the medical scene in four minutes or less to prevent brain death in a cardiac arrest or complete bleed-out in a severe bleeding situation.

10. BLS Ambulance

An ambulance which is able to provide only PLS and is staffed with at least one EMT-1 and a driver.

11. ALS Ambulance

An ambulance which is able to provide ALS/BLS care and is staffed with two EMT 4's.

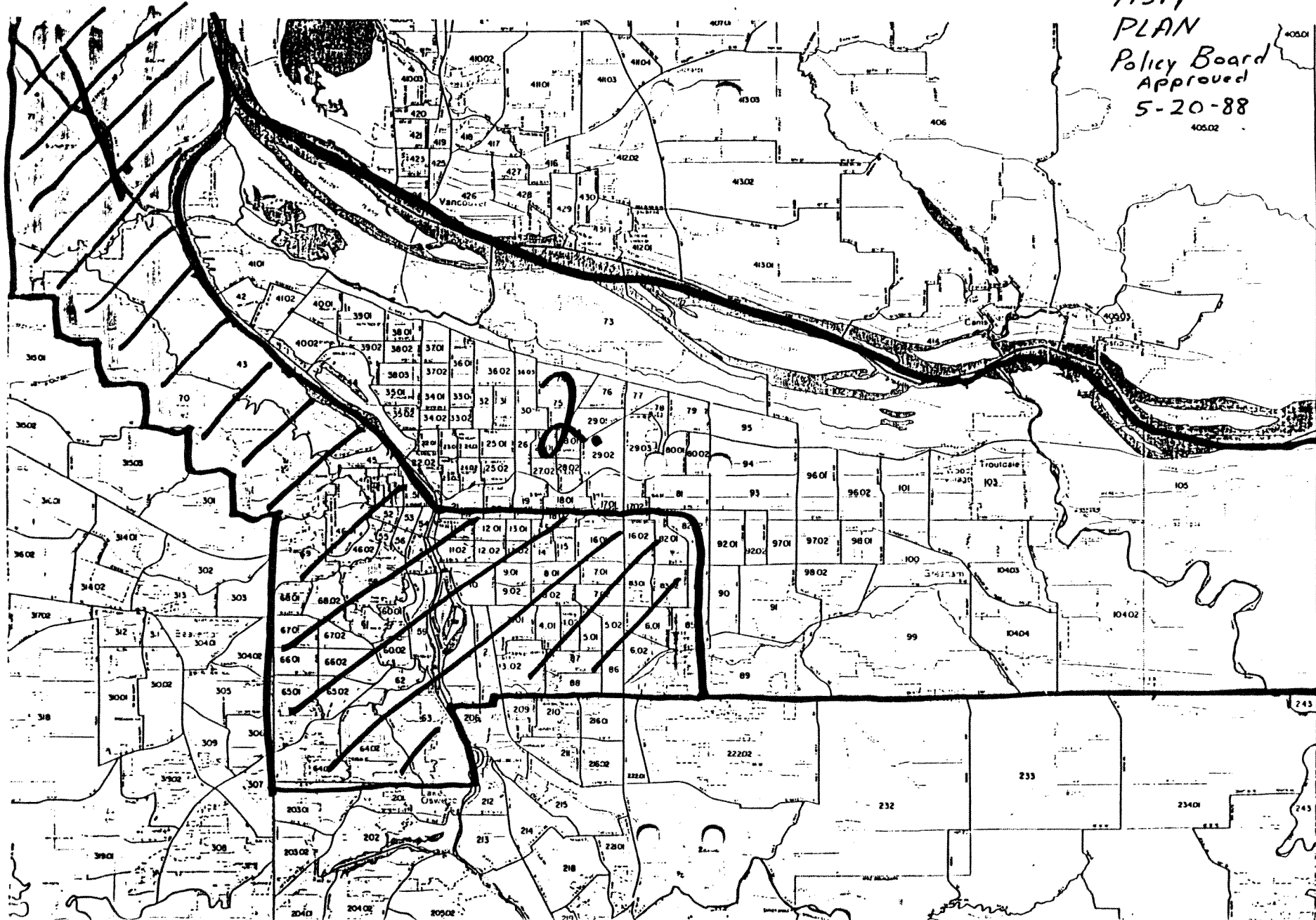
12. ALS Fire Vehicle

A vehicle operated by the Fire Department which is staffed to the state ALS level. The unit may respond either as a sole first responder or as a second first responder unit. A portion of the the vehicles do have the ability to transport patients, but normally do not.

13. ASA Plan

A document required by ORS. The document provides for state overview of a process which restrains free trade. The plan consists of procedures and specifications which address the effective (coordinated service delivery) and efficient (least costly) provision of ambulance services in a county. The plan must comply with relevant OAR's.

ASA  
PLAN  
Policy Board  
Approved  
5-20-88



## AMBULANCE RATE ACCOUNTABILITY COMMITTEE

Purpose: Review ambulance rates and billing practices for the 911 ambulance contractor. Recommend to the contractor and EMS office changes in billing procedure to correct problems. Recommend to the EMS Policy Board changes in the rate structure or billing practice of the 911 ambulance contractor based upon: public input, review of billing, advice of the EMS office, advice of the Medical Advisory board, and upon any new or changed performance standard or pre-hospital care procedure or equipment.

Method: The committee will consider testimony from two public hearings per year. The committee will consider staff reports which review contractor billing practices. The committee will consider requests from the contractor when any change in contract requirement or modification is considered. In addition, the committee will also consider input from the Medical Advisory Board and contractor on any medically related change which may affect contractor costs.

Membership: The committee is to be appointed by the EMS Policy Board.

Consumer (four years)

Consumer (three year term)

Consumer (two year term)

EMT-4 (two year term)

Contractor (four year term)

Medical Advisory Board (two years)

Multnomah County Medical Society (two years)

EMS Director

## Ambulance Charge Standard

A BLS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with only those practices that are defined by ORS as EMT-1 practices.

An ALS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with any practice that is defined by ORS as an EMT-2, 3, or 4 level practice.

### Examples:

Practice	Charge level	
	EMT-1 (BLS)	EMT-2, 3, 4 (ALS)
IV		X
Splinting	X	
CPR	X	
O <sub>2</sub> Administration	X	
Drugs		X
Epenephrine (Anaphylaxis)	X	
Intubation		X
Cardiac Monitoring		X
Defibrillation		X
Bag Valve Mask	X	

BLS and ALS protocols must serve as a standard of care. No patient must be denied appropriate care based upon a charge level. Also, no patient must be provided care beyond the BLS/ALS protocol standards to gain an additional charge level.

July 21, 1988

To: Joe Acker  
From: Pauline Anderson, Polly Casterline  
Re: R-15 and R-16

The following are changes we would like to consider making in the ASA Plan and the RFC and RFP documents. We would like for you to develop appropriate language (where not already done) to implement these changes and discuss your reactions to them at next Tuesday's informal. Please distribute the specific language you develop to the interested parties, so they can comment on these ideas at next week's Thursday formal meeting.

1. 2 ASAs with 2 winners

Adopt changes to RFP and ASA plan listed in memo from EMS office

2. Require proportional costing

Adopt appropriate language incorporating the approach suggested by the EMS Office.

Insure that the cost of ALS vehicles and EMT4s currently in the Fire budget which would be used as part of the EMS service are included by Fire as part of their bid.

3. Require Affirmative Action plan

"Bidder must present proof of a current affirmative action plan approved by the U.S. Department of Labor, and compliance with that plan".

4. Revise points Awarded Price

Revise base rate. Current base rate of approximately \$225 BLS and \$355 ALS. Subtract 10% for anticipated savings and set base at \$200 BLS and \$325 ALS. Adjust add on and penalty points.

a. A BLS flat rate of \$200 will be awarded 20 points. For each ten dollar increase in the rate, 2 fewer points will be awarded. A flat rate of less than \$200 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$300 will be penalized by deducting 2 points for each ten dollar increase.

b. An ALS flat rate of \$325 will be awarded 30 points. For each ten dollar increase in the rate, 2.5 fewer points will be awarded. A flat rate of less than \$325 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$450 will be penalized by deducting 3 points for each ten dollar increase.

c. A \$60 charge per ambulance per hour for private standbys will be awarded 10 points. For each ten dollar increase 2 fewer points will be awarded.

## PERFORMANCE PREDICTORS

The following are a list of possible performance predictors.

### 5. Require performance objective on EMT training

EMT Education and Training 5 points. EMT-4 Continuing Education and Training.

ACLS means Advanced Cardiac Life Support, PHTLS means Pre-Hospital Trauma life Support, and BTLS means Basic Trauma Life Support

- a. All EMT-4s (beyond each EMT-4's first six months of employment) ACLS certified;
- b. All EMT-4s (beyond each EMT-4's first six months of employment) PHTLS or BTLS certified;
- c. At least 10% of all EMT-4s certified as ACLS instructors;
- d. At least 10% of all EMT-4s certified as PHTLS or BTLS instructors;
- e. A history of at least 35 hours per month of training, performed by the proposers' training officer or a physician, regarding ALS medical issues and patient care protocols or case reviews

The documentation of the thirty-five hours must be furnished and include date, time, number of participants, subject matter, and location. The hours must be documented for the last two years.

Five points will be awarded if the proposer meets all of the above. If the proposer only partially meets the above, fewer points will be awarded with each area met contributing one point.

### 6. Field Supervisor Credentials

5 points. EMT Supervisors' qualifications. Each to be an EMT-4, ACLS, and PHTLS certified, with at least four years' experience as an EMT-4 delivering hands-on care in the field and also demonstrating at least two years of EMS/EMTS managerial experience or training, all such experience to be gained in a system of at least 20,000 emergency calls per year. Potential supervisor will be identified by qualification, but not by name.

### 7. Quality Assurance

Could use language currently in credentialing document and award points for performance above the minimum.

## 8. Public Education

## 9. Financial Stability

Clackamas County and other RFPs give points for stability and security indicators above the minimum required in the RFP. Consider some objective standards for awarding points for enhanced financial stability.

## 10. Record of Satisfactory Service in Providing Emergency medical care and transport qualifications.

20 points Four points will be awarded for each category that is met. Proof of each category compliance must be furnished through out of company validation (i.e. insurance company, Better Business Bureau, etc.)

- a. one or fewer written complaints regarding a patient's medical care made either to the provider or to its regulatory agency(ies) per every 500 911-originated responses
- b. one or fewer lawsuits or insurance settlements related to patient care per every 2,000 911-originated responses, and
- c. one or few collisions (which require a state accident report be filed) or other vehicle accidents per every 1,000 911-originated responses
- d. one or fewer Workers Compensation Claims filed per 1,000 911 originated responses
- e. one or fewer personnel grievances filed per 2,000 calls

## DETAILS TO CLARIFY

### 11. Four year Contract

Because this is a possible interim step, remove optional one year extension language. Reexamine in four years whether to bid one ASA.

### 12. Clarify Automatic Vehicle locator

Clarify in RFP that with two winners, each will be asked to only pay half of capital costs of AVL system (estimated to be \$75,000 for each provider)

### 13. Require specific contract accompanying RFP

### 14. Change to ASA Plan

Make clear that consolidation of dispatch should occur at the BOEC, not at the Fire Dept.

"The goal is that the first responders and ambulances of each ASA will be dispatched by the same dispatch point (BOEC).

There will be uniformity in application of all rules, protocols, and SOPs between the two ASAs."

Consistent with City Auditor's report.

## OTHER ITEMS

### 1. Selection Process

Clarify how Committee will actually select two bidders. Are they bound by the bidder with highest point totals.

### 2. Overall point sheet

Please provide a one page sheet listing how points will be awarded. Be prepared to discuss the rationale for the distribution of points among the categories.

### 3. Review how Hooper Contract will operate

### 4. Add to Department's Legislative Agenda that the State Legislature amend the pertinent language clearly to permit a county to have a single ASA area.

This clarification would be helpful to other counties (especially less populous counties where two areas is very impractical).



# Emergency Medical Services

Multnomah County · City of Portland · Fairview · Gresham · Troutdale · Wood Village

## MEMORANDUM

TO: Board of County Commissioners

FROM: Emergency Medical Services

DATE: July 27, 1988

SUBJECT: R-15/16 Changes Per Work Session 7/26/88

---

Attached are the changes based on board discussion of 7/26/88.

This document is still numbered to match the Anderson/Casterline requests.

After first reading, if these changes are approved, EMS will incorporate the changes for second reading.

BOARD OF  
COUNTY COMMISSIONERS  
1988 JUL 27 PM 3:25  
MULTNOMAH COUNTY  
OREGON

JA:rk

1. ASA/Contractor Issue

Changes to the ASA Plan, RFC, and RFP if a contractor is to be awarded only one ASA.

ASA Plan

Page	Present	Change
31	contractor(s)	<u>contractors</u>
40 (2nd paragraph, 3rd line)	to one or both of the two ASA's	<u>to one of the two ASA's</u>
41 (end of 1st paragraph)		<u>The same contractor may not serve both ASA's. Each provider bidding on both ASA will be asked to submit a choice of what ASA's they prefer to serve in the event that their proposals are best in both ASA's. The second best provider's proposal will then be selected and the contract awarded to it.</u>

RFC

3 (II last sentence)	An applicant may make proposals on both ASA's <u>but will be awarded the contract to serve only one.</u>
7 (IV first paragraph)	Delete last sentence.
10 (2nd paragraph)	Add: <u>The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA's to serve and the second best proposer will be awarded the contract for the non-chosen ASA.</u>

RFP ASA 1

RFP ASA 2

Page	Change
6 (7)	Add: <u>The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA;s to serve. The proposer's proposal for the second ASA will be rejected by the County. The proposer must include his choice of ASA's if both ASA's are proposed for.</u>

## 2. Costing Definitions

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

Appendix Add: 22 Emergency Ambulance Costing

16 (C1) Add after first sentence: Both costing columns and revenue columns must be completed. If either column is not full completed, the proposal will be determined non-conforming. Definitions of full, proportionate, and incremental costs are to be followed and are included in appendix 22. The first column on form 1 must provide full cost and revenue projections, and column two must provide proportional cost and revenue projections.

20 Form 1 Relabel column 2: Proportional Cost (911 call answering) (2)

21-1 Delete and replace with: 1. This must be full cost (see appendix 22).

21-2 2. This must be the proportional cost which the proposer projects. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in ambulance use, cross use of personnel, etc. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity.

30-C Add: The definitions contained in appendix twenty-two are followed. The cost and revenue projections used do demonstrate sound business practice, and are reasonable based upon projected staffing levels.

Emergency Ambulance Costing (For 9-1-1 Contract)

Cost Definitions:

1. Full Cost - is all of the cost in dollars to provide the necessary staffing, vehicles, and other associated resources (management, insurance, capitalization, debt retirement, etc.) for an emergency ambulance. Full cost level does not consider any cross use or extra use of personnel, equipment, etc.
2. Proportional Cost - the proportional cost of an emergency ambulance is the full cost divided into two components. The EMS proportional cost is that portion of full cost which is needed to provide for 9-1-1 medical call answering and transport functions. The EMS proportional cost also includes the cost of waiting for 9-1-1 medical calls. The "other" proportional cost is that portion of full cost which is needed to provide for the "other" functions of the emergency ambulance. The "other" functions may be transporting of non-emergency ambulance. The "other" functions may be transporting of utilization functions. Each component of the proportional cost must be justified by a methodology which is supported by historical figures and reasonable projections.
3. Incremental Cost - is the cost of resources which are new or must be added to provide 9-1-1 call answering and transport. This cost definition is based upon accepting the premise that resources presently in-place have no cost. Incremental cost thus comprises only the cost of any new elements (vehicles, manpower, etc.) which must be added to provide 9-1-1 call answering and transport.

9-1-1 Contract Costing Examples:

A series of contract costing examples is provided for demonstration purposes only. The areas of examples are vehicles, personnel, and management. Each of the areas is provided in example form for public and private. All costs are expressed in cost per ambulance.

The costing examples are provided with certain assumptions being made. These assumptions are:

- 1) An emergency ambulance costs \$50,000 dollars.
- 2) The proportional EMS cost is 70%, based upon a validated figure for private.
- 3) The proportional EMS cost is 69%, based upon a validated figure for public.

FULL COSTPROPORTIONALINCREMENTALPrivate:

1) Vehicles: total cost of ambulance to include replacement and backup vehicles.

1) Vehicles: the total cost of the ambulance including replacement, and backup vehicles for the proportion of time (or other factor) which the vehicle will be used for emergency (911 originated-calls) transport.

1) Vehicles: only the cost of new vehicles (including replacement and backup) which must be added to the existing fleet.

e.g. \$50,000

e.g.  $\$50,000 \times (\text{portion of time available for EMS calls}) .70 = \$35,000$

$\$50,000 \times (.90\% \text{ of new cost of one ambulance}) .10 = 5,000$ . (Based on only the new ambulances added to the total ASA, nine existing ambulances, and the total ASA needs only ten.)

Public:

1) Vehicle: total cost of ambulance to include replacement and backup vehicles.

1) Vehicle: total cost of the ambulance including replacement and backup for the proportion of time (or other factor) which the vehicle will be used for emergency transport functions.

2) Vehicle: only the cost of new vehicles which (including backup and replacement) which must be added to the existing fleet.

e.g. \$50,000

e.g.  $\$50,000 \times (\text{portion of responses are EMS versus other functions}) .69 = \$34,500$   
 $\$50,000 \times (90 \text{ of cost of two new ambulances}) = .20 = \$10,000$

e.g.  $50,000 \times (.90\% \text{ of new cost of one ambulances}) = \$5,000$

Private:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency transport.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

---

\$213,840

$\$213,840 \times .70 = \$149,688$

$\$213,840 (213,840 \times .10) =$   
 $\$21,380.$  (Based on only one of the  
ten ambulances requiring new staffing.)

---

Public:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency (911 call answering and transport) functions.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

---

\$213,840

$\$213,840 \times .69 = \$147,550$

$\$213,840 \times .20 = \$42,760.$  (Based on  
only two of ten ambulances requiring  
new staff.)

---

Private:

3) Management: total cost of management expenses to include all cost other than vehicles and personnel.

3) Management: total cost of management expenses to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services.

3) Management: only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services.

---

e.g. \$60,000

e.g.  $\$60,000 \times .70 = \$42,000$

e.g. \$20,000. (one and one-half billing clerks)

---

Public:

3) Management: total cost of management to include all cost other than vehicles and personnel.

3) Management: total cost of management to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services.

3) Management: only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services.

---

e.g. \$60,000

e.g.  $\$60,000 \times .10 = \$6,000$   
(90% of management time spent in non-9-1-1 contract functions.)

e.g. -0- (no new management needed)

---

3. Affirmative Action Plan

ASA Plan  
No Change

RFC

Page Change

16s (N) Delete (N)  
Add: Bidder must present proof of a current affirmative action plan which is in compliance with revised order number four issued by the U.S. Department of Labor or in the event that the potential contractor is too small for this, proof of compliance with Equal Employment Opportunities rules must be demonstrated.

RFP ASA 1  
RFP ASA 2  
No Change

6. Field Supervisor Qualifications

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Contract: The contract will require that the field supervisors are redirected from existing Multnomah County EMT's.

7. Peer Review

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

12. Add: 3B. The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for medical as above (see page 30 for evaluation criteria).

- a. It is thought that a proposer's history of having a functioning peer review process will predict that the proposer will provide better emergency medical care if chosen as a contractor. The proposer must describe his peer review process. The description must be provided for the past two years (1986, 1987) and be for the credentialed population.

27 Add: 3B. A proposal which describes a peer review process history with at least the following characteristics will be awarded seven and a half points:

1. A meeting each month attended by the off-line medical director, and with at least 90 percent of the members attending.
2. A peer review committee made up of representatives representing ALS, BLS, and communications (this committee is to only review ALS care).
3. A peer review process with a set of bylaws which assure patient confidentiality, rules of order, autonomy from management, and the responsibility to take action in medical areas they deem appropriate.

If the proposal describes and properly documents all of the above areas of peer review seven and a half points will be awarded. If all areas are not met, 2.5 points will be awarded for each area met for a maximum of seven and a half points.

10. Satisfactory Care

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

18 Add: B. A history of excellence of past performance in providing emergency medical care and transport is thought to predict a contractor's ability to provide better emergency medical care and transport. The proposer should describe and fully validate the following components of the system used for credentialing. Validation of the numbers must be provided by an organization other than the proposers for the past two years (86, 87).

1. A history of lawsuits or insurance settlements.
2. A history of collisions (which require a state accident report be filed).
3. A history of workers compensation claims.

31 Add: B. The proposal which describes a history over the past two years in the credentialing population which meets the following criteria will be awarded seven and a half points.

1. One or fewer lawsuits or insurance settlements related to patient care per every 2,000, 911-originated responses, and
2. One or fewer collisions (which require a state accident report be filed) or other vehicle accidents per every 1,000, 911-originated responses.
3. One or fewer Workers Compensation Claims filed per 1,000, 911-originated responses.

If the proposal does not meet all of the above areas, 2.5 points will be awarded for each of the above area to a maximum of seven and a half points total.

12. Automatic Vehicle Locator

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page	Change
10 2-B(a)	Delete all of 2B(a).
26	Delete all of 2B(a).

13. Contract

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2  
No Change

Additional:

Direct Purchasing, County Counsel, and EMS staff to prepare the contracts for emergency ambulance service and include it as an attachment to the RFP. The contract should minimally include: standard contract requirements, use of the selected proposal contents and MCC (EMS rules) as performance standards, an informal conference process for contract violations, and be for no more than a four-year period.

14. Consolidation of Dispatch

ASA Plan

Page

Change

34

Add new paragraph: The goal is that first responders and emergency ambulances will be dispatched by the same dispatch point at the Bureau of Emergency Communications.

Contractor selection by high point

1 - Other items

ASA Plan

Page

Change

43 VIII B

Add: The evaluation committee will recommend the highest point ranking proposal (for each ASA) to the Medical Advisory Board.

AFC

No Change

RFP ASA 1

RFP ASA 2

No Change

# POINTS DISTRIBUTION

Total points: 200

	Points (%)		
I. <u>Personnel:</u>			
a) Unit hours:	30 (15%)	_____	_____
b) Management:			
Ratio of supervisors:	9 (4.5%)	_____	_____
Three top positions:	15 (7.5%)	_____	_____
c) Employee wage/benefits:	45 (22.5%)	_____	_____
TOTAL	<u>99</u> (49.5%)	_____	_____
II. <u>Communications:</u>		_____	_____
III. <u>Medical:</u>	7.5 (3.75%)	_____	_____
IV. <u>Equipment:</u>			
Newer vehicles:	4 (2%)	_____	_____
Preventive maintenance:	8 (4%)	_____	_____
Reserves:	8 (4%)	_____	_____
Equipment:	6 (3%)	_____	_____
TOTAL	<u>26</u> (13%)	_____	_____
V. <u>Rates:</u>			
BLS:	20 (10%)	_____	_____
ALS:	30 (15%)	_____	_____
Standby:	10 (5%)	_____	_____
Past Performance	7.5 (3.75%)	_____	_____
TOTAL	<u>60</u> (30%)	_____	_____
VI. <u>Safety Net:</u>	0 (0%)	_____	_____



# Emergency Medical Services

Multnomah County . City of Portland . Fairview . Gresham . Troutdale . Wood Village

## MEMORANDUM

TO: Pauline Anderson/Polly Casterline

FROM: Emergency Medical Services

DATE: July 26, 1988

SUBJECT: Requested Changes R-15/16

---

[MW-4539E-m/1]

1. ASA/Contractor Issue

Changes to the ASA Plan, RFC, and RFP if a contractor is to be awarded only one ASA.

ASA Plan

Page	Present	Change
31	contractor(s)	<u>contractors</u>
40 (2nd paragraph, 3rd line)	to one or both of the two ASA's	<u>to one of the two ASA's</u>
41 (end of 1st paragraph)		<u>The same contractor may not serve both ASA's. Each provider bidding on both ASA will be asked to submit a choice of what ASA's they prefer to serve in the event that their proposals are best in both ASA's. The second best provider's proposal will then be selected and the contract awarded to it.</u>

RFC

3 (II last sentence)	An applicant may make proposals on both ASA's <u>but will be awarded the contract to serve only one.</u>
7 (IV first paragraph)	Delete last sentence.
10 (2nd paragraph)	Add: <u>The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA's to serve and the second best proposer will be awarded the contract for the non-chosen ASA.</u>

RFP ASA 1  
RFP ASA 2

Page	Change
6 (7)	Add: <u>The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA;s to serve. The proposer's proposal for the second ASA will be rejected by the County. The proposer must include his choice of ASA's if both ASA's are proposed for.</u>

## 2. Costing Definitions

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

Appendix Add: 22 Emergency Ambulance Costing

16 (C1) Add after first sentence: Both costing columns and revenue columns must be completed. If either column is not full completed, the proposal will be determined non-conforming. Definitions of full, proportionate, and incremental costs are to be followed and are included in appendix 22. The first column on form 1 must provide full cost and revenue projections, and column two must provide proportional cost and revenue projections.

20 Form 1 Relabel column 2: Proportional Cost (911 call answering) (2)

21-1 Delete and replace with: 1. This must be full cost (see appendix 22).

21-2 2. This must be the proportional cost which the proposer projects. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in ambulance use, cross use of personnel, etc. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity.

30-C Add: The definitions contained in appendix twenty-two are followed. The cost and revenue projections used do demonstrate sound business practice, and are reasonable based upon projected staffing levels.

## Emergency Ambulance Costing (For 9-1-1 Contract)

### Cost Definitions:

1. Full Cost - is all of the cost in dollars to provide the necessary staffing, vehicles, and other associated resources (management, insurance, capitalization, debt retirement, etc.) for an emergency ambulance. Full cost level does not consider any cross use or extra use of personnel, equipment, etc.
2. Proportional Cost - the proportional cost of an emergency ambulance is the full cost divided into two components. The EMS proportional cost is that portion of full cost which is needed to provide for 9-1-1 medical call answering and transport functions. The EMS proportional cost also includes the cost of waiting for 9-1-1 medical calls. The "other" proportional cost is that portion of full cost which is needed to provide for the "other" functions of the emergency ambulance. The "other" functions may be transporting of non-emergency ambulance. The "other" functions may be transporting of utilization functions. Each component of the proportional cost must be justified by a methodology which is supported by historical figures and reasonable projections.
3. Incremental Cost - is the cost of resources which are new or must be added to provide 9-1-1 call answering and transport. This cost definition is based upon accepting the premise that resources presently in-place have no cost. Incremental cost thus comprises only the cost of any new elements (vehicles, manpower, etc.) which must be added to provide 9-1-1 call answering and transport.

### 9-1-1 Contract Costing Examples:

A series of contract costing examples is provided for demonstration purposes only. The areas of examples are vehicles, personnel, and management. Each of the areas is provided in example form for public and private. All costs are expressed in cost per ambulance.

The costing examples are provided with certain assumptions being made. These assumptions are:

- 1) An emergency ambulance costs \$50,000 dollars.
- 2) The proportional EMS cost is 70%, based upon a validated figure for private.
- 3) The proportional EMS cost is 69%, based upon a validated figure for public.

3. Affirmative Action Plan

ASA Plan  
No Change

RFC

Page Change

16s (N) Delete (N)  
Add: Bidder must present proof of a current affirmative action plan which is in compliance with revised order number four issued by the U.S. Department of Labor or in the event that the potential contractor is too small for this, proof of compliance with Equal Employment Opportunities rules must be demonstrated.

RFP ASA 1  
RFP ASA 2  
No Change

4. Points for Rates

ASA Plan

No Change

RFC

No Change

RFP ASA - 1

RFP ASA - 2

Page

31 5B (a, b, c)

Change

Delete

Add:

- a. A BLS flat rate of \$200 will be awarded 20 points. For each ten dollar increase in the rate, 2 fewer points will be awarded. A flat rate of less than \$200 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$300 will be penalized by deducting 2 points for each ten dollar increase.
- b. An ALS flat rate of \$325 will be awarded 30 points. For each ten dollar increase in the rate, 2.5 fewer points will be awarded. A flat rate of less than \$325 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$450 will be penalized by deducting 3 points for each ten dollar increase.
- c. A \$60 charge per ambulance per hour for private standbys will be awarded 10 points. For each ten dollar increase, 2 fewer points will be awarded.

5. EMT Training

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
AFP ASA 2

Page Change

6

Add: D. A good history of continuing and specialized education for EMTs is thought to predict a proposer's capability to offer excellent prehospital emergency medical care. The proposer should detail in the proposal the proposer's experience in EMT education over the last two years. EMT education experience must be based on the population which was used to credential the proposer. The proposer must provide proof of EMT continuing education through dates offered, lecturer, content, and number of EMTs attending. The proposer must also describe an evaluation process for cognitive and motor skill areas. A proposer who meets all of the goals will be awarded five points.

25

Add: D. The proposer who describes and validates a history of EMT continuing education which meets the following criteria will be awarded five points:

1. The program must have been offered to at least 40 EMT paramedics.
2. The program must offer at least the number of hours and variety (whichever is greater) required for state recertification or National Registry of EMTs recertification.
3. Ten percent of the EMT-Ps recognized as Prehospital Trauma Life Support instructors or Basic Trauma Life Support instructors and Advanced Cardiac Life Support instructors or a contract with an educational institution to provide this education.

If the proposer does not meet each of the above, 1.66 points will be awarded for each area met for a maximum of five points.

6. Field Supervisor Qualifications

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

6 Add: E. The proposer must describe in detail the qualifications of the field supervisors which it will use if awarded the contract. The names of the EMTs are not to be included, however, the contractor will be responsible for providing field supervisors with the qualifications described in the proposal. A proposer who meets the goal will be awarded five points.

25 Add: E. The proposal to meet the field supervisor goal must describe field supervisors which have the following characteristics:

1. Supervision experience as evidenced by supervision of at least 14 EMT-Ps for two or more years.
2. Experience with the Multnomah County EMS program as evidenced by employment by a Multnomah County EMS/ALS licensee for at least the past four years.
3. Knowledge of prehospital care as evidenced by certification in Oregon as an EMT III or IV for at least five years.

A proposal which meets all of the above will be awarded five points. If the proposer does not meet all of the above, 1.66 points will be awarded for each area met for a maximum of five points.

7. Peer Review

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

12. Add: The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for medical as above (see page 30 for evaluation criteria).
- a. It is thought that a proposer's history of having a functioning peer review process will predict that the proposer will provide better emergency medical care if chosen as a contractor. The proposer must describe his peer review process. The description must be provided for the past two years (1986, 1987) and be for the credentialed population.

- 30 Add: A proposal which describes a peer review process history with at least the following characteristics will be awarded five points:
1. A meeting each month attended by the off-line medical director, and with at least 90 percent of the members attending.
  2. A peer review committee made up of representatives representing ALS, BLS, and communications (this committee is to only review ALS care).
  3. A peer review process with a set of bylaws which assure patient confidentiality, rules of order, autonomy from management, and the responsibility to take action in medical areas they deem appropriate.

If the proposal describes and properly documents all of the above areas of peer review five points will be awarded. If all areas are not met, 1.66 points will be awarded for each area met for a maximum of five points.

8. Public Education

ASA Plan

No Change

RFC

No Change

RFP ASA 1

RFP ASA 2

Page

Change

18

Add: B. A history of public education is thought to predict a contractor's ability to deliver good public education. The proposer should describe the public education which he has provided over the past two years (1986, 1987). The system to which the public education was delivered must be the system used for credentialing. Proof of public education must include date, location, educator, and number of participants. A proposer who meets the goal will be awarded five points.

31

Add: D. The proposal which describes a history over the past two years in the credentialing population which meets the following criteria will be awarded five points.

1. Provision of at least thirty public education sessions per year in CPR, First Aid, or other education (at least three hours in duration).
2. Participation in at least four large public gatherings per year with an educational display (fair, health fair, school, etc).
3. Participation in at least three specialized response education sessions per year (nursing home, adult foster care, shipyard, industrial problems, etc.).

If the proposal does not meet all of the above areas, 1.66 points will be awarded for each of the above areas to a maximum of five points total.

9. Financial Stability

Unable to suggest alternate language.

10. Satisfactory Care

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

18 Add: C. A history of excellence of past performance in providing emergency medical care and transport is thought to predict a contractor's ability to provide better emergency medical care and transport. The proposer should describe and fully validate the following components of the system used for credentialing. Validation of the numbers must be provided by an organization other than the proposers for the past two years (86, 87).

1. A history of written complaints filed with regulatory agencies.
2. A history of lawsuits or insurance settlements.
3. A history of collisions (which require a state accident report be filed).
4. A history of workmans compensation claims.

31 Add: C. The proposal which describes a history over the past two years in the credentialing population which meets the following criteria will be awarded five points.

1. One or fewer written complaints regarding a patient's medical care made either to the provider or to its regulatory agency(ies) per every 500, 911-originated responses.
2. One or fewer lawsuits or insurance settlements related to patient care per every 2,000, 911-originated responses, and
3. One or fewer collisions (which require a state accident report be filed) or other vehicle accidents per every 1,000, 911-originated responses.
4. One or fewer Workers Compensation Claims filed per 1,000, 911-originated responses.

If the proposal does not meet all of the above areas, 1.25 points will be awarded for each of the above area to a maximum of five points total.

11. Four Year Contract

ASA Plan

Page

Change

44

Delete from first paragraph first sentence [plus an optional renewal for a one year period.]

RFC

No Change

RFP ASA 1

RFP ASA 2

No Change

12. Automatic Vehicle Locator

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

10(a) Add: If an AVL system is proposed, the proposer should consider a capital outlay of one-half of the cost of transmitter/responder sites and of the equipment for EMS dispatch.

13. Contract

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2  
No Change

Additional:

Direct Purchasing, County Counsel, and EMS staff to prepare the contracts for emergency ambulance service and include it as an attachment to the RFP. The contract should minimally include: standard contract requirements, use of the selected proposal contents and MCC (EMS rules) as performance standards, an informal conference process for contract violations, and be for no more than a four-year period.

14. Consolidation of Dispatch

ASA Plan

Page

Change

34

Add new paragraph: The goal is that first responders and emergency ambulances will be dispatched by the same dispatch point at the Bureau of Emergency Communications.

Contractor selection by high point

1 - Other items

ASA Plan

Page

Change

43 VIII B

Add: The evaluation committee will recommend the highest point ranking proposal (for each ASA) to the Medical Advisory Board.

AFC

No Change

RFP ASA 1

RFP ASA 2

No Change

# POINTS DISTRIBUTION

Total points: 200

	Points (%)		
I. <u>Personnel:</u>			
a) Unit hours:	30 (15%)	_____	_____
b) Management:			
Ratio of supervisors:	9 (4.5%)	_____	_____
Three top positions:	15 (7.5%)	_____	_____
c) Employee wage/benefits:	45 (22.5%)	_____	_____
TOTAL	<u>99</u> (49.5%)	_____	_____
II. <u>Communications</u> (incl. AVL):	15 (7.5%)	_____	_____
III. <u>Medical:</u>	0 (0%)	_____	_____
IV. <u>Equipment:</u>			
Newer vehicles:	4 (2%)	_____	_____
Preventive maintenance:	8 (4%)	_____	_____
Reserves:	8 (4%)	_____	_____
Equipment:	6 (3%)	_____	_____
TOTAL	<u>26</u> (13%)	_____	_____
V. <u>Rates:</u>			
BLS:	20 (10%)	_____	_____
ALS:	30 (15%)	_____	_____
Standby:	10 (5%)	_____	_____
TOTAL	<u>60</u> (30%)	_____	_____
VI. <u>Safety Net:</u>	0 (0%)	_____	_____

Emergency Medical Services  
Policy Board Recommended  
5/20/88

REQUEST FOR CREDENTIALS

911 Ambulance Contract  
Multnomah County, Oregon

This document is intended to determine the qualifications of applicants to furnish emergency ambulance service to Multnomah County, Oregon and its inclusive incorporated municipalities.

EXHIBIT A

Contents:

	Page
I. Purpose	3
II. Nature of the Contracts	3
III. Term of Contract	3
IV. Description	3
V. Contract System Requirements	5
VI. Credentialing Evaluation Process	7
VII. Reimbursement	9
VIII. RFP Organization	10
IX. Submission Process	11
X. Minimum Credentialing Requirements	12
XI. Notification of Completion of Credentialing Process	18
XII. Attachments:	
a) Brief Description of the Portland Multnomah County Emergency Medical Services Rules System.	19
b) Multnomah County Code Governing EMS	
c) Emergency Medical Services Rules	
d) Basic Life Support Protocols	
e) Advanced Life Support Protocols	
f) Ambulance Service Areas for Multnomah County, Oregon	
g) ORS Governing Ambulance Services and Administrative Rules	
h) Quality Assurance	
i) Call Data Availability	

#### I. The Purpose of this Request for Credentials

Multnomah County will be seeking proposals for emergency and ambulance services in Multnomah County. Proposals will only be accepted from qualified applicants which will be determined by the criteria set out in this document.

#### II. Nature of the Contracts to be Awarded

There will be two contracts awarded for two ambulance service areas (ASA) (see map attachment F) to answer all 9-1-1 generated emergency calls within Multnomah County. The applicants must expect to provide Advanced Life Support (ALS) responses to all 9-1-1 generated emergency calls. An applicant may make proposals on both ASAs and may be awarded both contracts.

#### III. Term of Contract

The contract will be for a term of four years. The expected start date for this service is no later than July 1, 1989. The contract will include all customary standard provisions required by state public contracting law as well as county contract requirements, including, but not limited to insurance requirements, indemnification and budgetary limitations.

#### IV. Description

The area to be covered by this contract is all of Multnomah County divided into two ASA's. (See map attachment F.) This includes the cities of Portland, Gresham, Wood Village, Troutdale, and Fairview and unincorporated Multnomah County. The response area will be approximately 465 square miles. Population base in Multnomah County, according to the latest census, is 566,200. In addition, the population of Multnomah County increases during the day, because Portland and Multnomah County are the hub of a tri-county area and non-residents come into Portland to work or shop.

Multnomah County is currently served by 14 general and acute care hospitals. A trauma program is in place with OHSU and Emanuel Hospitals designated as level 1 trauma hospitals. An interim trauma program has been in place since February of 1985. Trauma statistics are available from this program and will be provided to potential proposers after completion of credentialing.

The current system within Multnomah County is governed by Multnomah County Code (MCC) and its rules (see Attachments b and c). MCC and its existing rules will probably not change substantially for the contractor. All applicants must become familiar with MCC and its rules which set forth requirements for response time, licensing, staffing, dispatch, mutual aid, trauma program, medical direction, and penalties.

Mutual aid is available in the fringe areas of Multnomah County by rule under MCC. Because of the extreme rural nature and geographical barriers in the extreme East and West ends of the County, applicants are encouraged to use mutual aid agreements to meet minimum response time requirements.

The current Multnomah County system uses four private ambulance service providers who are assigned ambulance service areas under the Oregon Revised Statutes. These current providers meet all Advanced Life Support criteria as set forth in MCC and its rules. In addition, a first responder program is available throughout the County by Portland Fire Bureau, and the fire departments of Gresham, Corbett, Skyline, and Sauvie Island. Gresham Fire Department, and Portland Fire Bureau are each Advanced Life Support first responders maintaining a total of eight ALS first responder rescues in their operations. First responders are governed under MCC and its rules.

Currently, all 911 call-answering and dispatch is provided from a central location in the County, through a contract between the Office of Emergency Medical Services and the Bureau of Emergency Communications. The Emergency Medical Services dispatch system functions under standard operating procedures, triage guidelines, pre-arrival instructions, and other medical administrative areas as determined by the Office of Emergency Medical Services. A computerized dispatch system is currently used, and information from this system is provided as a part of this credentialing document. Triage guidelines and pre-arrival instructions are similar to the Emergency Medical Priority Dispatching system. Dispatchers are trained to the emergency medical dispatch level as recognized by the State of Oregon.

The Office of Emergency Medical Services is responsible under Multnomah County Code (MCC) for the development of Basic Life Support and Advanced Life Support protocols. These protocols are attached for your information (d and e). Applicants must know the requirements of these protocols, which are not expected to substantially change when contractors are chosen.

The current Emergency Medical Services system uses a contract arrangement with the Hooper Detoxification Center to respond to and arrange transportation for some man-down calls in the central City area. These are calls which may be telephone-triaged as being alcohol-related, and they are not responded to by normal first responder or ALS ambulance. This has reduced the number of no patient transports in the inner-City area. The contractor for ASA 1 will be required to contract with Hooper Center to offer this service. A subsidy will be offered which will pay for a portion of the cost of this service.

The total number of responses for 1986 was 31,140. The total number of transports was 21,175.

## V. Contract System Requirements

The responsibilities of the contractor and the office of Emergency Medical Services under the proposed contract for ambulance service for 911 calls for Multnomah County are outlined below.

### Contractor Responsibilities:

1. The contractor for each ASA must furnish all vehicles and Advanced and Basic Life Support equipment per rule. This material is detailed in MCC and its rules. Also attached for the applicant's information are the ORS requirements (attachment G) which must be met.
2. The contractor for each ASA must furnish all mobile communications equipment. Currently the Multnomah County Emergency Medical Services program functions on UHF and VHF. The contractor for each ASA must furnish VHF mobile communications equipment capable of operating on 155.340 mhz with a digital encode capability. In addition, the contractor for each ASA must furnish mobile communications equipment for communication on Med-Nets 1, 4, 7, and 9. This mobile communications equipment must also provide for the technician to speak over the Med-Net radio from the patient compartment of the ambulance. Also UHF paging capability must be a part of the contractor-provided system. The paging on Med-Net-9 will be used for ambulance crew alerting and dispatch.
3. The contractor for each ASA must furnish all personnel needed to carry out the requirements of this contract. The personnel requirements are detailed in Multnomah County Code (MCC) and its rules. The requirement is two EMT IV's Oregon-certified on each Advanced Life Support ambulance. In addition, the contractor must furnish personnel sufficient for supervisory, billing and collection, and administrative functions.
4. The contractor for each ASA must furnish \$42,500 per year paid in quarterly payments to provide for medical administrative costs of the system. This amount may increase or decrease based upon proposals from the physician supervisor RFP. Currently ORS requires that each EMT above the level of 2 function with an immediate physician supervisor. The County will provide the physician supervisor for the contractor(s) at a total cost of \$85,000 (2 ASAs), as previously mentioned. The contractor(s) will not be required to carry liability insurance for the physician supervisor.
5. The contractor for each ASA must provide liability insurance to meet the minimum ORS and Multnomah County requirements as stated in Section VIII paragraph M.
6. The contractor for ASA 1 will contract with Hooper Center to provide inebriate outreach services.

EMS Responsibilities:

1. The Emergency Medical Services office shall furnish dispatch by 911 call-takers and dispatchers. This also includes the maintenance of the Med-Net radio system.
2. Provision of on-line medical control through a contract.
3. Physician supervisor for all 911 activities as detailed previously.
4. Liability provisions for the physician supervisor.
5. Support of continuing education for EMT's will be provided through a contract.
6. A taxi fund is administered by EMS, this allows for indigent ambulatory patients to be moved by paid-cab to a hospital, when their medical condition requires care, but not the services of an ambulance.
7. A subsidy will be paid to the contractor for ASA 1. The subsidy is intended to underwrite the major portion of the cost of inebriate outreach services.

## VI. Credentialing Evaluation Process

To have the opportunity to respond to the RFP the applicant must meet minimum credentialing requirements which are detailed further in this document. If the applicant intends to propose for both ASA's, a separate credentialing document must be completed for each ASA. The applicants must use a different population and capital source for each credentialing. An applicant credentialed for both ASA's must have a total population served in VIII B of 250,000 and a total capitalization of \$550,000 in VIII C.

Upon completion of the credentialing phase the successful applicants will be presented with a Request For Proposal which sets certain minimum requirements and a mechanism for evaluation of each of those requirements. A point-ranking process will be followed for those responses which meet all the minimum requirements.

The credentialing process and the Request For Proposal have been prepared by the RFP Construction committee. This committee was chosen by the Emergency Medical Services Policy Board at its December 15, 1986, meeting. That committee is made up of the Emergency Medical Services director, a representative of the Medical Advisory Board, a citizen-at-large, a Multnomah County Medical Society representative, a representative of County Counsel, a Multnomah County representative of small business, and an Emergency Medical Technician-Paramedic representative. This committee will conduct the credentialing evaluation and the pre-proposal hearing for all potential proposers.

The evaluation of the RFP will be made by another committee, composed of the EMS director, Medical Advisory Board member, two citizens-at-large, Multnomah County Medical Society representative, County Purchasing representative, and Emergency Medical Technician representative. All the members of this committee with the exception of the Emergency Medical Services director, will be different from the previously mentioned committee. The Medical Advisory Board will review and make recommendations to the evaluation committee concerning the selected provider's medical areas of the proposal.

The monitoring process for the contract will be through the Emergency Medical Services office. In addition, the Medical Advisory Board will provide contractor monitoring in the medical areas in concurrence with the single physician supervisor as contracted by the Office of Emergency Medical Services. Quality assurance as designed and accepted by the Medical Advisory Board and as detailed in an attached document (attachment E) will remain in existence as a subcommittee of the Medical Advisory Board. System accountability will be the responsibility of the Medical Advisory Board and the Emergency Medical Services office. The Emergency Medical Services office will maintain a prospective and retrospective quality assurance process with regard to both medical and system accountability issues. A citizens' rate committee will review proposed rate increases or decreases and will have the responsibility for semiannual public hearings and rate reviews for the contractor. This rate review committee will be made

up of representatives of the contractor as well as representatives of the general public. This committee will not be able to make final determination on rate increases or decreases but will have the ability to recommend these changes to the Emergency Medical Services Policy Board and the Multnomah Board of County Commissioners.

## VII. Reimbursement

The proposed Multnomah County Emergency Medical Services system as described here will be paid for by the user; the contractor(s) must not expect any subsidy from Multnomah County or any of the incorporated cities within this jurisdiction. Except that the contractor in ASA 1 will receive a subsidy to assist in funding inebriate outreach services.

#### VIII. RFP Organization

The Request For Proposal will be organized in six areas; personnel, communications, medical, equipment, business practices, safety net. The RFP will describe minimums under each of these component areas which must be met by each proposer and will ask proposers to provide information as to how the minimum requirements will be met and to state any additional services the proposer will provide to improve the level or quantity of service established by the minimum requirements.

The RFP will allow a proposer to propose for only one of the two ASA's or for both ASA's. If the proposer is proposing for both ASA's, each proposal will be provided separately and judged on its merits as a "stand alone" proposal.

## IX. Submission Process

Applicants for the credentialing process must provide all information as requested in this document to:

Multnomah County Purchasing, 2505 SE 11th Avenue, Portland, Oregon 97202, telephone number (503) 248-5111, contact person Franna Pitz.

All information must be submitted with no fewer than 15 copies three-hole punched. Late applications will not be accepted.

The following is general information which must be addressed on the initial pages of an applicant's credentialing document. If this information is not provided the applicant will not be credentialed.

- . Name and address of organization.
- . Name of organization's liaison for the credentialing process.
- . List of names, addresses, and share of ownership of all owners of the organization.
- . Brief narrative description of the organization's holdings together with the organization's chart depicting the company's infrastructure.
- . List of financial interests of the organization or parent company in other related businesses and a description of those related businesses.
- . Brief narrative description of services currently provided by the applicant.
- . Brief history of the organization's involvement in delivery of Advanced Life Support services over the last ten years.

X. Minimum Credentialing Requirements

The following minimum credentialing requirements must be met by each applicant. A recommended method of how to demonstrate each of these minimum credentialing requirements is included in a narrative following the requirement. The information must be provided in the credentialing document in the order listed here. If the applicant expects to propose for each ASA, a separate credentialing document must be provided for each. The "second" credentialing document can refer to the specific areas of the first document in all areas except VIII A2, VIII C, and VIII E.

A. The applicant must meet either 1 or 2 below:

1. The applicant must have been licensed by Multnomah County to provide ambulance service for the calendar years of 1986 and 1987 and during that period must have provided advanced life support care as defined by the Multnomah County advanced life support and basic life support protocols. The necessary experience may have been gained as a first responder at the ALS level or by providing ALS transport in Multnomah County.
2. If the applicant does not meet number 1 above, the applicant must have served a population of at least 125,000 with primary (exclusively served with at least 90 percent of the care and transport) advanced life support services for the last two calendar years. The population must be contiguous (may cross geopolitical lines) and be verified by census data.

The applicant must furnish proof of ambulance licensure within Multnomah County, if it has such, or documentation of advanced life support service to a population of at least 125,000 to meet the above credentialing requirements.

Proof of requirements having been met must be furnished by attached census data and proof from the jurisdictions served that the ambulance supplier is the primary provider of Advanced Life Support in those areas for the required period of time.

If the required information is not furnished or the data does not support the minimum population base and length of service, the applicant will not be credentialed.

- B. The applicant must have a response time to the previously served population base of no greater than 8 minutes 90 percent of the time. This must be calculated from the most recent 12 months. If a different response time standard is in place, it must be stated but converted to the 8 minute/90 percent scale. The existing response time required in the former system must be currently met or exceeded. This must be for the last 12 months.

The state, region, county, or city regulator of the operation used to qualify under Section VIII paragraph A above must provide documentation which establishes that the above mentioned response time was met.

If there is no regulator of response times, the applicant must furnish validated information establishing the satisfaction of the requirement; the validity of the information must be by a sworn statement attached to the response time material. If the required information is not provided or the information demonstrates a deficiency in response-time, the applicant will not be credentialed.

- C. The applicant must demonstrate sufficient existing capital or credit to establish the ability to operate this system with little or no cash flow for 45 days. The amount demonstrated must be no less than \$225,000. This amount may be made up of either assets to be dedicated to the system or credit line. Accounts receivable may be used if the income is dedicated to the Multnomah County contract. The accounts receivable must be no more than one year old and discounted 40 percent.

Documentation must be provided from a recognized source (CPA, bank, other lending institution) stating that the applicant can meet the above requirement. If the required information is not provided or the minimum capital is not available the applicant will not be credentialed.

- D. The applicant must provide an audited or reviewed operating statement for the last two fiscal years and the most recent balance sheet (within 12 months). If this information is marked as proprietary it will remain confidential information and not be a part of the public record.

This information must be provided in such a way that it adequately provides information as to the financial stability of the applicant. The information need not include more than the information for the company which is serving the population used in Section VIII, paragraph A above.

The exception to this is if a joint venture or consortium of operators process is used. (See paragraph H.)

If the required information is not provided or the statements show unsound business practices the applicant will not be credentialed.

- E. The applicant must provide information which verifies its current business structure, and its having met the appropriate state legal requirements for establishing such a structure (corporate certificate, articles of incorporation).

Applicants not meeting the legal requirements in the area used in Section VIII, paragraph A, will not be credentialed.

F. A Dunn and Bradstreet rating, if available.

A Dunn and Bradstreet rating must be provided if available and it must be the most current.

If a Dunn and Bradstreet rating is not available, this must be so noted.

If an applicant does not provide a Dunn and Bradstreet rating when it is available, the applicant will not be credentialed. The lack of a Dunn and Bradstreet rating in and of itself will not disqualify an applicant in the credentialing process.

G. The applicant must present demonstrated billing experience to include billing practices with no less than a 60 percent collection rate. Also, the ability to work with third party payors as evidenced by letters from the Medicare and Medicaid fiscal agents must be demonstrated. If the applicant does not possess this billing experience, a proposed billing process must be explained and any present or past parallel billing experience must be included.

The applicant must provide proof from a CPA that current experience is at least a 60 percent or above collection rate in the population served in Section VIII, paragraph A. Also needed is a letter from the Medicare and Medicaid fiscal agents for the area served in Section VIII, paragraph A, stating that the applicant is performing adequately in billing procedures.

Failure to supply proof of the collection rate or having a collection rate lower than 60 percent will cause the applicant to fail credentialing if it is currently providing billing activities. Failure to supply proof of satisfactory billing procedures from Medicare and Medicaid fiscal agents will cause the applicant to fail the credentialing process if it is currently providing billing activities. In the absence of the applicant's providing billing activities, the applicant must provide a detailed description of the billing process it will use, and it must provide the educational process it will use to acquaint personnel with third-party billing methodology. Failure to provide the description of billing practice process or educational process or its insufficiency to adequately accomplish billing will cause the applicant to fail the credentialing process.

H. A consortium of operators may apply as an applicant. Each individual member of such an applying consortium must meet all minimum credentialing requirements listed (below/above) except that a pooling of capital or credit will be allowed to meet the \$225,000 required in Section VIII, paragraph C. Each individual member of that consortium must, not later than at the time it submits its credentialing materials, contractually accept equal liability with all other consortium members for all compliance with legal and contractual requirements if the consortium receives the contract, and joint and several liability with each other

consortium member for any tort, rule infraction, or penalty, and must guarantee that all legal and contractual requirements will be met. Written documents confirming the precise nature of the legal relationship between the members of the consortium must be furnished. The structure of the consortium must be fully explained. The consortium's legal counsel (who must be admitted to practice in Oregon) must provide an opinion letter confirming without qualification that the consortium agreement is valid, binding, and not illegal under state or federal laws.

In the event that the required information is not provided, the applying consortium will not be credentialed.

- I. The applicant must provide ALS and triage protocols from the system used in the credentialing population. These protocols must demonstrate a level of medical care similar to that of the current Multnomah County system.

The Advanced Life Support protocols must be included as a part of the credentialing document. The Advanced Life Support protocols must be clear and concise and describe the relationship of off-line and on-line medical direction or control.

Triage protocols which are used for telephone answering, and/or field triage from Basic Life Support to Advanced Life Support or Advanced Life Support to Basic Life Support must be included. These protocols must also include any pre-arrival instructions which are used by EMS call-takers and dispatchers as well as any other pertinent information. In the event that the required information is not provided, the applicant will fail the credentialing process.

- J. The applicant must furnish a description of medical control from the system used as a credentialing population, and this description must demonstrate a degree of medical control similar to that of the present Multnomah County system.

The description of medical control must include off-line and on-line medical control. Current quality assurance must also be included as a portion of the description of off-line medical control.

In the event of failure to provide a description of medical control, the applicant will not be credentialed.

- K. The applicant must furnish the drug list from the system used as the credentialing population and it must be at least equal in content to the drugs needed to provide Advanced Life Support as listed in the Advanced Life Support protocols in Section VIII, paragraph I.

The drugs carried on each ambulance must be provided under this heading and listed as to the dosage carried. In addition, a listing of IV fluids must also be considered part of this requirement.

In the event of failure to provide the drug list or failure of the drug list to provide for pre-hospital care according to the standards as set forth in the Advanced Life Support protocols in Section VIII, paragraph I, the applicant will fail credentialing.

- L. The applicant must furnish a letter or letters from state, regional, or local authorities stating that it has been in substantial compliance with all rules and regulations in all areas served for the past two years.

Letters must very clearly state that the applicant has been in substantial compliance. All infractions which may be noted by state, regional, or local authorities must be fully explained. In addition, a letter from the applicant reflecting on the circumstances for each infraction noted must be provided.

Failure to provide these letters or failure of the applicant to be in substantial compliance will cause the applicant to fail in the credentialing process.

- M. The applicant must provide proof of liability insurance coverage carried for credentialing in the amounts of: combined single limit for bodily injury and property damage (vehicular) \$500,000 minimum, malpractice \$1,000,000, and umbrella liability \$1,000,000. If the applicant uses self-insurance, proof of the self-insurance must be provided. Also the self-insured must provide proof that its program meets all of the legal requirements of the state in which it is legally based.

Proof of insurability to the minimum stated or required by the credentialing population system must be provided by the applicant's insurance company. If the credentialing population system does not require insurance at the current stated amounts, the applicant must provide a letter from its insurance agent stating that the applicant is able to obtain insurance at the amounts stated.

Failure to provide proof of insurability, self-insurance, or enough information to assure proof of insurability will cause the applicant to fail the credentialing process.

- N. The applicant must present proof of maintenance of an affirmative action plan as described by the U.S. Department of Labor, or proof that the applicant is in active pursuit of an affirmative action plan and proof of maintenance with the plan.

Applicants must provide a copy of this plan or documentation that states their position in implementation of an affirmative action plan. In the event of failure to provide a copy of this plan, or the required information for plan implementation, the applicant will not be credentialed.

- C. The applicant must provide a description of the peer review process and internal quality assurance program which is used in the credentialing system (Section VIII, paragraph A).

The program and process must demonstrate a method for identifying problems by prospective and retrospective review and the specific measures which are undertaken to solve the problems. The following areas must be considered by the process: response times in excess of the standard of the system, substandard EMT performance, EMT deviation from protocols or on-line medical direction disputes at the scene, or billing irregularities. In addition, the process for handling (including outcome) complaints from the medical community and public must be described.

The applicant must include for the past two years any and all correspondence from any system-wide quality assurance process and outcome within the ambulance operation which the quality assurance process has caused. In addition, any significant protocol deviations, lack of following medical direction (on-line or off-line) or patient death where questionable care was rendered by the EMT, must be provided (name of patient, EMT, date, location, or any other identifying factors deleted).

If the information required is not fully provided or the information demonstrates that the applicant has no peer review process or internal quality assurance, the applicant will not be credentialed. If the information demonstrates noncompliance with medical control, response time criteria, or a substandard quality of pre-hospital care as evidenced by many protocol deviations or high patient morbidity or mortality, the applicant will not be credentialed.

XI. Notification of Completion of Credentialing Process

Purchasing will notify each applicant in writing by  
approximately \_\_\_\_\_ as to the outcome of the credentialing  
process.

Any applicant that fails the credentialing process may appeal that  
action to the Board of County Commissioners via the Multnomah County  
Purchasing Director within five days of written notification.

A. BRIEF DESCRIPTION OF PORTLAND-MULTNOMAH COUNTY EMS SYSTEM

1. Population served: 566,200
2. Political units: Multnomah County, cities of Portland, Gresham, Troutdale, Fairview, and Wood Village
3. EMS calls per year: 31,000 in 1986
4. Notification and dispatch: 911 is available throughout the County.

Medical calls received via 911 are transferred to EMS Central Dispatch. Through the use of a computer aided dispatch system, requests for medical assistance are triaged and the appropriate ambulance and fire units are dispatched.

EMS dispatchers provide pre-arrival instructions to callers over the telephone until aid arrives.

Average Process Time;

88 seconds. This includes non-emergency calls.

5. Response:

First Responders:

75+ apparatus are operated by the 5 fire departments with the County. The personnel on these units all have received at least Crash Injury Management training with the majority trained and certified as EMT-I.

All departments provide first response to life-threatening medical emergencies. Five fire departments respond to all medical emergencies. Five fire departments respond to all medical calls. Two fire departments have a total of eight transport capable ALS rescue units. In addition, two ALS first responder fire apparatus are used.

6. Public accountability (see organizational chart attached):

- A. Multnomah County passed an FMS Ordinance in 1980 which authorized a Policy Board to oversee licensing and recommend rulemaking in an EMS system.
- B. The City of Portland and the East County cities of Gresham, Fairview, and Wood Village signed agreements with Multnomah County in 1980 authorizing enforcement of the ordinance. The City of Fairview signed an agreement in 1985.
- C. The EMS Policy Board is composed of the Multnomah County Executive, a Portland City Commissioner, and a representative of the mayors of the East County cities. :
- D. The Policy Board meets approximately two times per year in public hearings to recommend to the Board of County Commissioners the amendment, adoption, or repeal of administrative rules concerning the EMS system.
- E. The City-County Office of EMS is responsible for the administration of the EMS Ordinance and Rules.
- F. A Medical Advisory Board composed of four physicians, a nurse, and two paramedics must approve all rules to be adopted by the Policy Board which directly concern patient care. To date, the Board has written a standard set of ALS Treatment Protocols, as well as protocols concerning the use of on-line medical control.

7. Medical Accountability:

Off-Line Medical Control:

- A. The ambulance contractor(s) and the fire departments will have the same EMS physician supervisor.
- B. A uniform set of Treatment Protocols has been adopted by rule for use by all ALS providers in the system.
- C. All providers must use the Treatment Protocols written by the Medical Advisory Board.

On-Line Medical Control

- A. The Oregon Health Sciences University (OHSU) provides a single and centralized source of physician advice to paramedics in the field via UHF radio and telephone.

Quality Assurance

- A. A quality assurance committee does provide for random sample and specific case review with regard to call dispatch, appropriateness of patient care, and hospital use. (See attachment h.)

8. CPR Training:

The following organizations and groups conduct regular CPR Training in the community:

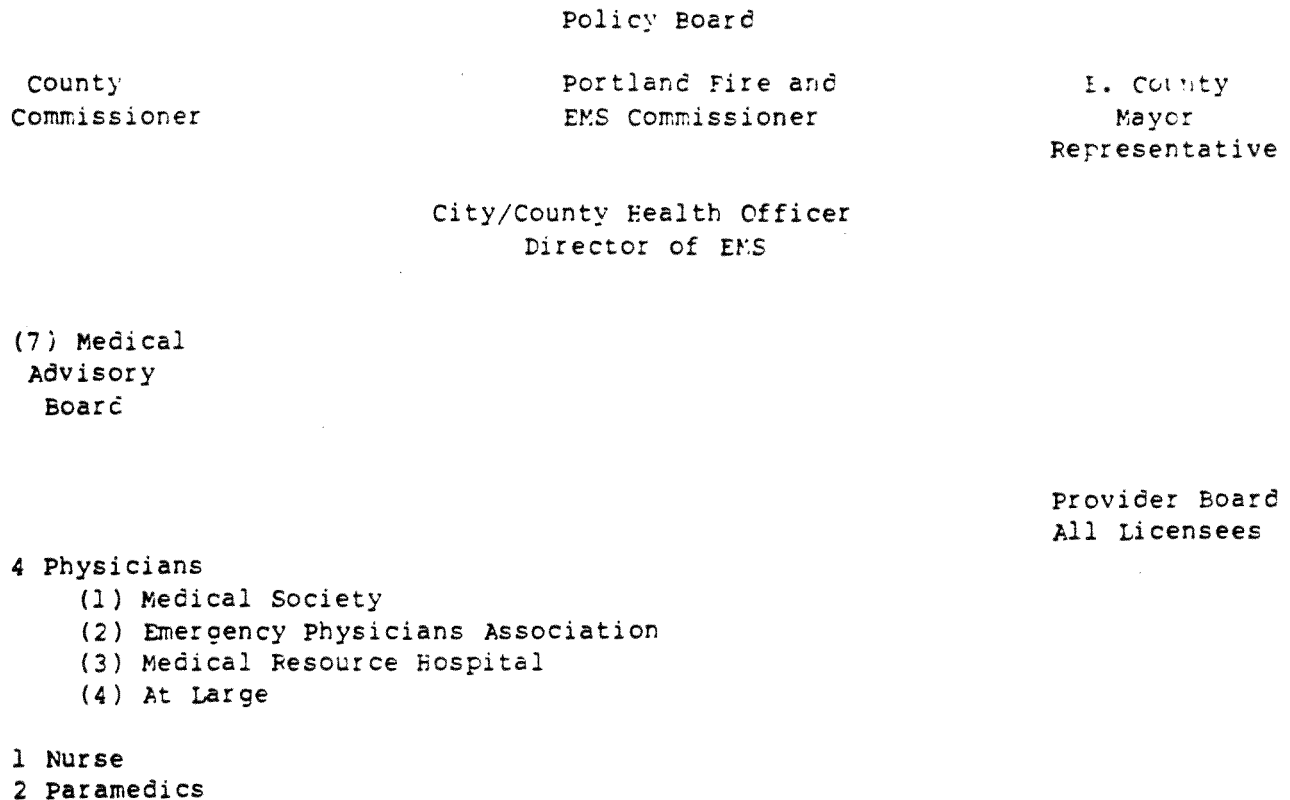
American Red Cross  
American Heart Association  
Area Hospitals  
Private Companies

9. Present Providers:

AA Ambulance	Portland Fire Bureau
Buck Ambulance	Gresham Fire Department
(Willamette Falls Ambulance)	Skyline Fire Department
Tualatin Valley Ambulance	Sauvie Island Fire
(Southwest Ambulance)	District 14 Fire
CARE Ambulance	

## ORGANIZATION CHART

Multnomah County Board of County Commissioners



## HISTORY OF EMS IN PORTLAND - MULTNOMAH COUNTY

- 1913 Buck Ambulance incorporated as city's first private ambulance company.
- 1966 City Club recommends regulation of ambulance services.
- 1969 Dr. Leonard Rose trains first paramedics at Buck Ambulance in cardiac defibrillation.
- 1971 City Club recommends adoption of county-wide ordinance.
- 1974 State of Oregon Established EMT training.
- 1975-6 Multnomah County EMS Advisory Council prepares draft of ordinance.
- 1978 City and County agree to establish representative EMS system.
- 1980 Multnomah County enacts comprehensive EMS ordinance. Portland, Gresham, Troutdale, Wood Village approve agreements.
- 1981 Central Dispatch initiated.  
Licensing begins.  
911 implemented.
- 1982 Central Dispatch converted to computer-aided system.  
On-line medical control implemented.  
Standard Treatment Protocols adopted.
- 1983 Two EMT-4s required on all emergency ambulances.  
Ambulance districts reduced from twenty-eight to six.
- 1985 Trauma system implemented with nation's first computer processing of available hospitals.
- 1986 Rate Study Task Force recommends a single emergency ambulance provider chosen by competitive bid.
- 1987 Circuit Court rules on case brought against EMS by ambulance companies, judge rules County cannot be one ambulance service area and Policy Board cannot make rules.
- 1988 EMS ordinance revised to provide rule-making responsibility to Multnomah Board of County Commissioners.

Attachment I

The call data of calls for ambulance service through 9-1-1, formulated upon geocode base, and hour of day, compiled for the first nine four-week periods of 1987, and the data of all over-eight-minute response times by an ambulance, by geocode base and specific address, is available upon request.

This information, in a more complete form, will be a part of the RFP. The present data has not been checked for its accuracy with regard to the data itself or the actual computer printouts.

If you determine it would be beneficial for your organization to have this data, it can be obtained by contacting Multnomah County Purchasing and requesting the data. The cost for this material will be \$83 plus postage and handling.

Multnomah County Purchasing  
Franna Ritz, Buyer, (503) 248-5111  
2505 SE 11th Ave.  
Portland, OR 97202

Emergency Medical Services  
Policy Board Recommendation  
May 20, 1988

Request for Proposal

for

Call Answering Ambulance Service for all  
911 Generated Calls Within ASA 1 Multnomah County, Oregon

---

Date

Exhibit B

## Index

A. Statement of Purpose	Page _____
E. Program Objective	Page _____
C. Background	Page _____
D. Proposer Instructions	Page _____
E. Proposal Elements	Page _____
1. Personnel	Page _____
2. Communications	Page _____
3. Medical	Page _____
4. Equipment	Page _____
5. Business Practice	Page _____
6. Safety Net	Page _____
F. Contract	Page _____
G. Evaluation Criteria	Page _____
H. Evaluation Procedure	Page _____
I. Attachments	Page _____
BLS/ALS Billing Criteria	Page _____
Rate Committee	Page _____
Definitions	Page _____

I. Appendix

1. Multnomah County Code 6.31.005 through 6.31.990
2. Map of Multnomah County Showing 2 Ambulance Service Areas and a description of ASA boundaries
3. Hospital listing Multnomah County
4. EMS Dispatch Information concerning calls generated
5. Basic Life Support Protocols
6. Advanced Life Support Protocols
7. Physician Supervisor RFP Description
8. Area Trauma Advisory Board Trauma Plan
9. CHIERS contract
10. Mass Casualty Incident Plan
11. Quality Assurance Plan
12. Oregon Health Division EMS rules
13. Multnomah County EMS rules
14. EMS Med-Net Communications System design
15. EMS Dispatch tape of dispatchers
16. EMS Dispatch Triage Guide
17. EMS Continuing Education Program Description
18. EMT training institutions in Multnomah County
19. EMS TAXI Program
20. EMS Dispatch SOPs
21. Multnomah County ASA plan

## A. STATEMENT OF PURPOSE

Multnomah County is requesting proposals for contracts to provide emergency ambulance services within Multnomah County which meet the requirements and conditions set forth in this document.

The contract which will be awarded will include standard provisions required by state public contracting law as well as county contract requirements. Those provisions will include, but not be limited to, insurance requirements, indemnification, budgetary limit actions, compliance with state and federal tax laws, access to records, and affirmative action goals.

## B. Program Objective

The Emergency Medical Services Office intends to obtain emergency medical care responses and transports to all 9-1-1 generated medical calls within Multnomah County ASA 1 to achieve the greatest efficiency (cost) and effectiveness (care delivery) available.

It is the policy of Multnomah County that selection of contractors who provide a service to the county will be made in an open and competitive manner.

## C. Background

System Description - The EMS System in Multnomah County is governed by Multnomah County Code (MCC) 6.31.005 through 6.31.990 and Emergency Medical Services (EMS) Administrative Rules. These are a portion of the requirements which must be met for contractor consideration and ongoing compliance with the contract.

Multnomah County is 465 square miles with a population base of 566,200.

Emergency Medical Services Dispatch generated ambulance call data to include number of responses, number of transports for 1985, 1986, 1987, and until the present, is included as part of this proposal as appendix 4.

The Emergency Medical Services communications system is described in appendix 14.

Emergency Medical Services Dispatch description (see appendix 15, 16, 20).

Basic Life Support Protocols and Advanced Life Support Protocols are included as appendix 5 and 6.

The Physician Supervisor RFP and contract descriptions are included as appendix 7.

The Area Trauma Advisory Board I Trauma Plan is included as appendix 8.

The CHIERS contract and program description for ASA I are included as appendix 9.

A description of the Taxi Program is included as appendix 19.

### C. Proposer Instructions

1. Respondents must submit an original and 23 complete copies of the proposal to: Purchasing Director, Multnomah County, 2505 SE 11th Avenue, Portland, OR, 97202, no later than 2:00 p.m. on \_\_\_\_\_. Late proposals will not be accepted. An optional pre-proposal conference will be held on \_\_\_\_\_ at \_\_\_\_\_. Questions to be considered at the pre-proposal conference must be submitted in writing to the Purchasing Director Multnomah County no later than \_\_\_\_\_.
2. The proposer must respond to the RFP in a format which identifies the proposal in the same manner as the RFP notations (i.e., 1 Personnel 1.A.(a)). This will allow the Evaluation Committee to use the PFP and evaluation outline. If the proposer does not follow this format, the proposal will be considered non-conforming and will not be evaluated.
3. The proposal will be evaluated using two procedures. All category A minimum requirements must be met. Those proposals meeting all of the category A requirements will then be scored in category P areas.

If a proposal is evaluated as being non-responsive in a Category A requirements area, it will be rejected.

4. The original proposal and copies must be bound or in ring binders.
5. Award Cancellation

Multnomah County reserves the right to cancel award of the contract at any time before execution of the contract by both parties if cancellation is deemed to be in Multnomah County's best interest. In no event shall Multnomah County have any liability for the cancellation of award. The bidder assumes the sole risk and responsibility for all expenses connected with the preparation of its proposal.

6. Clarification or Protest of Specifications

Any proposer requiring clarification of the information or protesting any provision herein, must submit specific comments in writing to:

Director of Purchasing  
2505 SE 11th Avenue  
Portland, OR 97202

The deadline for submitting such questions or comments is \_\_\_\_\_. If, in the director's opinion, additional information or interpretation is necessary, such information will be supplied in the form of an Addendum which will be delivered to all individuals, firms and corporations having taken out specifications and such Addendum shall have the same binding effect as though contained in the main body of the specifications. Oral instructions or information concerning the specifications or the project given out by County managers, employees, or agents to prospective bidders shall not bind Multnomah County. All Addenda shall be issued by the Purchasing Director not later than five (5) days prior to the proposal deadline.

7. Rejection of Proposals

Multnomah County reserves the right to reject any or all responses to this Request for Proposal.

8. Cost of Preparation of Response

Costs incurred by any proposer in the preparation of the response to this Request for Proposal are the responsibility of the proposer agency and will not be reimbursed by the County.

9. State Law Compliance

The successful proposer agrees to make payment promptly as due to all persons supplying such successful proposer with labor or materials for the prosecution of the work provided for in this contract, and that said successful proposer will not permit any lien or claim to be filed or prosecuted against the County on account of any labor or material furnished and agrees further that no person shall be employed for more than eight hours in any one day, or forty hours in any one week; unless in case of necessity or emergency, or where the public policy absolutely requires it, and in such case to pay wages in accordance with the provisions of ORS 279.334 and ORS 279.336, where applicable.

The successful proposer agrees that should the successful proposer fail, neglect or refuse to make prompt payment of any claim for labor or services furnished by any person for the prosecution of the work provided in this contract as said claim becomes due, whether said services and labor be performed for said successful proposer or a subcontractor, fail, neglect, or refuse to make all contributions or amounts due the State Industrial Accident Fund or to the State Unemployment Compensation Fund, and all sums withheld from employees due the State Department of Revenue, then and in such event the said County and the other proper officers representing said County may pay such claim or funds to the person furnishing such labor or services or to the State Industrial Accident Commission or to the State Unemployment Compensation or to the State Department of Revenue and charge the amount thereof against funds due or to become due said successful proposer by reason of his said contract, but payment of any such claims in the manner herein authorized shall not relieve the successful proposer or his surety from his or its obligation with respect to any unpaid claims.

The successful proposer shall promptly, as due, make payment to any person, copartnership, association or corporation furnishing medical, surgical or hospital care or other needed care and attention incident to sickness or injury to the employees of such successful proposer of all sums which the said successful proposer agrees to pay for such services, and all monies and sums which the successful proposer may or shall have deducted from the wages of his employees for such services.

10. Equivalent Products

Product brands or models, if stated or implied by the specifications, indicate type, design, and quality desired, and shall not restrict proposer to one manufacturer. Products which meet or exceed specification requirements for design, quality, and functional utility will be considered. Ref. ORS 279.017.

If the proposal includes an equivalent item, include descriptive information brochure and/or specifications sufficient for the County to make a determination as to equivalency.

Any variations from specifications on equivalent products must be itemized.

11. Assignment

Neither the resultant contract nor any of the requirements, rights, or privileges demanded by it may be sold, assigned, contracted, or transferred by the Contractor without the express written consent of the EMS Director of Multnomah County.

12. Nondiscrimination in Employment

The successful proposer's attention is directed to the provisions of Oregon Revised Statutes, Chapter 659, prohibiting discrimination in employment.

E. Proposal Elements

1-A Personnel: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 23 for evaluation criteria):

- a. Two EMT-4s for each Advanced Life Support ambulance within the county. These EMT-4s must be currently Oregon Certified Emergency Medical Technician 4s.
- b. At least the following minimum wage for each EMT-4 to be employed:
  - A minimum salary per annum of \$17,400 (based upon FLSA defined working hours).

- c. Employee benefits with at least a value equal to 30% of the total gross payroll (of each EMT-4 employed in direct patient care services). The benefits must include:
  - 1) Legally required benefits (as defined by U.S. Department of Labor).
  - 2) Retirement program which vests in five years with all proceeds returned to vested members. The retirement program must be portable to the next contractor (see evaluation criteria).
  - 3) Other benefits at the discretion of the employer in accordance with labor agreements.
- d. The process for personnel accessibility at time of recontract. The process must address the procedure that would be followed in the event of contractor failure which provides for access to personnel during the time period between contractor notification of substandard contract performance and actual contractor failure or contract revocation.
- e. A new employee hire program for the first six months of the contract which:
  - 1) Hires EMT-4s who have worked for a Multnomah County licensee since at least July 1, 1987 with no loss of wage level or benefits accrual level for those EMT-4s hired by the new contractor.
  - 2) Hires EMT-4s who have worked for a Multnomah County AIS licensee since July 1, 1987 in preference to other applicants. This employee preference hiring is to consider "working in Multnomah" EMT-4s as appropriate hires if they meet the contractor's knowledge and performance criteria.
- f. A program for continuing education which provides the EMT-4s with adequate training to meet the minimum recertification requirements. The program must consider and incorporate:
  - 1) Coordination with the county continuing education program as described in Appendix 17.
  - 2) A process for recognition of quality of care problems (internal peer reviews) and the educational process to correct the recognized problems.
  - 3) Coordination with the quality assurance program as described in Appendix 11.
  - 4) Cooperation with the EMT training facilities located in Multnomah County. (See Appendix 18.)

1-B The proposal will be scored on how it proposes plans to reach the following system goals which are above the minimum acceptable requirements as listed for personnel (see page 24 for evaluation criteria).

- a. A unit hour utilization\* with highest and lowest rates acceptable to maintain EMT knowledge and skills but does not cause "job burnout." The plan as presented may consider less than 24-hour vehicles and may also consider higher pay scales for those employees at higher utilization rates. The plan must state staffing patterns by hour and day per week, the housing and standby station procedures to be used. These must be applied in 2A-0 in the system status plan. The system status plan prepared for section 2A-0 must be provided to comply with this section.

30 pts.

\*Unit hour utilization is defined as the total number of transports divided by the number of staffed hours per shift (3 transports - 12 hours = .25). The proposer in considering utilization rates must use the following standards: eight minute response, twenty minute on scene time, fifteen minute hospital transport time, seventeen minute chart and clean-up time. The highest and lowest rates are evaluated with the above fixed variables. If less than 24-hour staffing is used, the unit hour utilization figures must also be listed.

- b. A proposal which describes the management structure of the contractor. The proposal may consider:

- 1) The ratio of ambulance EMT-4s on duty to on duty field supervisors (above the level of senior EMT on the ambulance).

9 pts.

- 2) The names, curriculum vitae, and current job status of at least the following: operations manager, business manager, training coordinator.

15 pts.

- c. A proposal which describes an employee benefit plan or pay incentive which provides a higher level of employee benefits or pay than is required. The purpose of this proposal must be to encourage employee stability as well as attracting the best EMT-4s available. Also, in-place EMT-4s with seniority of service shall be given preference in hiring and wage scale due to knowledge of the Multnomah County geography, hospitals, and EMS system.

45 pts.

2-A Communications: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 25 for evaluation criteria):

- a. Each vehicle of the contractor shall be equipped with a radio which shall be used to send and receive information over the central dispatch frequencies. In addition, the radio must be able to transmit and receive on Med-1, 4, 7, 9, and 10. A personnel alerting system which will be used on Med-9 to alert the ambulance crew of their need to respond to a call is required and must be described. The radio must be capable of transmitting outside of the vehicle (porta-mobile).
- b. The contractor shall promptly advise EMS Central Dispatch when a change in personnel or equipment on a vehicle results in the vehicle's classification changing from ALS or BLS. A Standard Operating Procedure accomplishing this must be provided.
- c. Each morning, at a time specified by the Office of Emergency Medical Services, the contractor shall advise EMS Central Dispatch of the following for each vehicle: The present status, the EMT certification numbers of the crew members, and whether the vehicle is an ALS service. EMS Central Dispatch shall be informed immediately of any personnel changes on a vehicle. A Standard Operating Procedure accomplishing this must be provided.
- d. If the contractor receives requests for emergency medical assistance from a source other than 9-1-1, the contractor must use the current Multnomah County EMS triage guidelines to process these calls. A Standard Operating Procedure accomplishing this must be provided.
- e. Only EMS Central Dispatch may cancel or revise a dispatch order. Vehicles arriving at the emergency scene shall promptly advise EMS Central Dispatch of information relevant to whether a dispatch order should be canceled or revised. A vehicle which receives a cancellation order may continue to the scene of an emergency, provided that EMS Central Dispatch is so advised and the vehicle's emergency lights and siren are not employed. A Standard Operating Procedure accomplishing this must be provided.
- f. The crew of each vehicle of the contractor shall promptly inform EMS Central Dispatch of the following changes in status by radio: In service at station, in service out of station, location or destination shall be stated, in service at scene of emergency, enroute to emergency scene, arrived at emergency scene, enroute to hospital or medical facility from emergency, arrived at hospital or facility from emergency scene, returned to service, out of service. A Standard Operating Procedure accomplishing this must be provided.

- g. Contractor's vehicle crews shall use the ten codes attached to this RFP as Appendix 13 when communicating with EMS Central Dispatch. Each ambulance crew shall be equipped with one tone-coded pager or radio which allows direct access of EMS Central Dispatch to the ambulance crew. The contractor's ambulance crews must provide the following information to EMS Central Dispatch by radio for each ambulance responding to an emergency as directed by EMS Central Dispatch. When an ambulance is dispatched from other than its base, it shall be identified. When the ambulance is enroute to a hospital or other medical facility, the number of patients being transported, response code, and the identity of the hospital or facility shall be stated. When an ambulance does not transport a patient, the reason for this action shall be identified. The Standard Operating Procedure accomplishing this must be provided.
- h. All patients requiring transport by ambulance (using the most current BLS and ALS treatment protocols) must be transported in the responding ALS ambulance but must be billed as determined by the billing procedure as defined per Appendix 19. The ALS ambulance may make appropriate use of the CHIEFS and TAXI programs as described in Appendix 9 and 19.
- i. EMS Central Dispatch may request an Advanced Life Support ambulance from outside Multnomah County to respond in Multnomah County to a medical emergency if the expected response time of the ambulance in Multnomah County exceeds ten minutes and the out-of-county ambulance is closer to the emergency than any other Multnomah County ambulance, and the out-of-county ambulance meets ALS ambulance requirements as established by the Oregon State Health Division. The Standard Operating Procedure accomplishing this must be provided.
- j. The contractors shall utilize helicopter ambulance service in Multnomah County (Life Flight) when it is determined that transport of a seriously ill medical patient or trauma patient would be more advantageous by helicopter than by ground ambulance. A Standard Operating Procedure accomplishing this must be provided.
- k. The helicopter ambulance will be requested through EMS Dispatch. A Standard Operating Procedure accomplishing this must be provided.
- l. The contractor may provide ambulance service for a special event in the city or county. A Standard Operating Procedure accomplishing this must be provided.
- m. At any time the contractor stands by at such an event, the contractor shall advise the EMS Office and EMS Dispatch by letter one week prior to the date of the event the following information: Date and time of the event, location of the event, name of the person responsible for arranging ambulance coverage for the event. A Standard Operating Procedure accomplishing this must be provided.

- n. The contractor shall respond to 90 percent of the calls within their service area in eight minutes or less measured from the time of dispatch and until the time the unit is on the scene. Time will be calculated in minutes with any seconds over the minute considered the next minute (7 minutes 04 seconds becomes 8 minutes). The contractor is fully responsible for ambulance crews being available for notification of a call. EMS Records will be the final authority in response time determination. No area (geo-code) of the county may be consistently underserved (for a period of two or more months). A statement from the proposer which acknowledges this set of requirements and methodology for determining compliance must be provided.
- o. The proposer must furnish a system status plan for a one-month period. The month must include a major holiday (Thanksgiving, Christmas, New Year, or July 4th) and the call volume must be projected based upon the provided EMS call data in Appendix 4. The system status plan must include: number of ambulances, hours which each ambulance is staffed, location of ambulances by hour of day and day of week, and number of transports per ambulance per shift expected. This information will also be used to award points in section 1B-a.
- p. The contractor shall not monitor or intercept police or other radio dispatcher transmission for profit or gain. Contractor shall not fail or refuse to promptly advise Emergency Medical Services Dispatch Office of receipt of a request for emergency medical assistance or when a licensee's ambulance becomes available or non-available to respond to dispatch orders. The contractor shall not respond by ambulance to an emergency call unless so authorized by the EMS Central Dispatch Office. The Contractor shall not fail or refuse to respond to a dispatch order from EMS Central Dispatch Office when the ambulance subject to the call is available for service. The ambulance contractor shall not refuse to transport any patient in need of emergency medical care regardless of the patient's ability to pay. A Standard Operating Procedure which accomplishes this must be provided.
- q. Contractor shall defend, indemnify and hold all first responders harmless from and against all claims, damages, losses, and expenses, including attorney's fees arising out of and resulting from the performance of services by first responders under the direction or control of the contractor.

Contractor shall maintain at all times during the performance of the contract comprehensive general, auto, and professional malpractice insurance endorsed to show first responders as additional named insureds. A statement from the proposer insurance agent and the "hold harmless" language must be provided which demonstrates this coverage.

- r. Contractor must provide first responder transportation to the appropriate fire station from the hospital when the first responder accompanies the patient to the hospital. The transportation should be furnished in such a way that the first responder is returned to the fire station in no more than thirty minutes from hospital arrival time. A description of and the Standard Operating Procedure which accomplishes this must be provided.
- s. Proposer must propose to provide mutual-aid agreements with the ambulance service in each adjoining ambulance service area. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
- t. Contractor must provide for no more than 5 percent per four-week period of calls to the Multnomah County ambulance service area to be answered by an out-of-Multnomah County licensed Advanced Life Support ambulance provider or the adjoining Multnomah County ASA provider unless the contractor is one and the same. A description of and the Standard Operating Procedure which accomplishes this must be provided.

2-B The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements as listed above for communications (see page 26 for evaluation criteria).

- u. The importance of EMS dispatch and contractor interaction to make efficient use of ambulances. The plan may include dispatch assistance through an automatic vehicle locator system.

15 pts.

3. Medical: 3.A Proposers must provide documentation describing their compliance with the following minimum requirements (see page 27 for evaluation criteria):
- a. The Multnomah County Advanced Life Support and Basic Life Support procedures and protocols must be adhered to by all working Emergency Medical Technicians.
  - b. The contractor's Emergency Medical Technicians shall promptly contact the Medical Resource Hospital by UHF radio or telephone when required by the Advanced Life Support treatment protocols or an approved Medical Resource Hospital study. If the Medical Resource Hospital is not available, then the receiving hospital shall be contacted.
  - c. The contractor's EMTs shall relay the following information to the MRH: Unit number, receiving hospital and estimated time of arrival, purpose of call, age and sex of patient, chief complaint, brief history, prior medical history, medications, allergies, vital signs, pertinent physical findings, treatment at the scene.
  - d. At the discretion of the contractor's emergency medical technicians, the receiving hospital may also be contacted by the EMT. The EMT will transmit to the receiving hospital the following information: Unit number, age and sex of patient, estimated time of arrival, condition, chief complaint, advanced life support treatment provided.
  - e. Each Advanced Life Support unit of the contractor shall have a set of treatment protocols on the unit itself at all times.
  - f. Incorporates the Area Trauma Advisory Board Trauma Plan provided as an Appendix 8. All EMT-4s will be Pre-Hospital Trauma Life Support (PHTLS) or equivalent trained within six months of contract award. A description of this, and the Standard Operating Procedure which accomplishes this must be provided.
  - g. Incorporates the Mass Casualty Incident Plan as attached in Appendix 10. Participates in one major drill and two mini-drills per year. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
  - h. Incorporates the Quality Assurance Plan attached as Appendix 11. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
  - i. Proposer must provide a plan which describes a first responder training program provided by the contractor at no cost to all first responders to keep the first responders aware of ambulance orientation, equipment changes, or protocol changes as they apply to the first responders.

- j. Proposer must provide for the role of the EMS physician-supervisor in administrative protocols which accomplishes:
- 1) Participation in hiring of EMTs.
  - 2) Absolute authority for all medical direction of the contractor.
  - 3) Scheduling of mandatory inservice.
  - 4) "Ride-alongs" to meet ORS requirements.
  - 5) Absolute authority to remove an EMT from the provider's ambulance.

The administrative protocols for the above must be provided.

- k. Proposer must provide a list of type and amount of each drug which will be carried on each ambulance and is needed to comply with ALS protocols so that two patients with the same medical or trauma problem can be treated without an ambulance restock. These drugs in type and amount are to be carried on all staffed ALS ambulances.

4-A Equipment: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 28 for evaluation criteria):

- a. All ALS ambulances or ELS ambulances and equipment must meet current ORS and Multnomah County requirements for ambulances (see Appendix 1-12-13). A listing of all ambulances by make, age, mileage, modifier, and equipment contained must be provided. This must include all vehicles which are to be used in Multnomah County.
- b. Provision of mobile VHF radio equipment with a dial encoder and capable of transmission on 155.340 mhz for each ALS ambulance at no less than 25 watts. The radios must be identified by make, model, and output. A copy of the FCC license for this frequency or plans for obtaining the rights to mobiles on this frequency from the Greater Portland Hospital Association must be included.
- c. The following disposable equipment must be provided at no cost to the first responder agency when the first responder has cared for a transported or "charged" patient. The equipment will be exchanged on the "scene" if it does not interfere with patient care. The proposer must contact the first responder agencies to assist in this development. See Appendix 21. A field and billing Standard Operating Procedure which accomplishes this must be provided.
  - 1) Oxygen administration items.
  - 2) Suction items.
  - 3) Intravenous materials.
  - 4) Drugs.
  - 5) Disposable splints.
  - 6) Cervical collar--"stiffnecks" or equivalent
- d. The following equipment must be provided which will be standardized with the first responder agencies. A Standard Operating Procedure which accomplishes this must be provided.
  - 1) Trunk and neck immobilizer--"K.E.D." or equivalent.
  - 2) Wooden long spine board.
  - 3) Traction splint.
  - 4) Scoop stretcher.
  - 5) Pneumatic Anti-Shock garment.
- e. An agreement with the trauma centers to create a "Letterman" exchange system and an equipment cleaning program. The agreements and the Standard Operating Procedure which accomplishes this must be provided.
  - 1) C-collar "Stiffneck" or equivalent.
  - 2) Trunk and neck immobilizer "KED" or equivalent.
  - 3) Long spine board.
  - 4) Traction splint.
  - 5) Scoop stretcher.
  - 6) Pneumatic Anti-Shock garment.

4-B The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for equipment as above (see page 28 for evaluation criteria):

- a. Newer front-line (non-reserve) vehicles and those which have lower mileage and meet KKK1822B. This may be done by providing type, age, mileage, and "modifier" of each ALS ambulance vehicle to be used in Multnomah County. 4 pts.
- b. Preventive maintenance of ALS ambulances. 8 pts.
- c. Availability of reserve ambulances and gives the number of reserve ambulances including their proposed storage location and to what extent they will be stocked when held in reserve. 8 pts.
- d. Provision of up-to-date equipment with a maintenance program. This may be accomplished by providing the make, model, age of, and maintenance program for:
  - 1. Ambulance cots.
  - 2. Portable monitor defibrillators.
  - 3. Portable suction.6 pts.

5-A Business Practices: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 30 for evaluation criteria):

- a. Proposer has met all minimum requirements for credentialing and will meet them throughout the contract period, as well as license and compliance with all MCC and rules throughout the contract period. The proposal must state how the proposer intends to meet these requirements throughout the contract period.
- b. Have insurance coverage to at least the following minimums (with no exceptions to riders in the ambulance):
  - 1) Combined single limit for bodily injury and property damage (vehicular), \$500,000 and
  - 2) Malpractice, \$1 million and
  - 3) Umbrella liability, \$1 million and
  - 4) Contractor shall also carry workers' compensation insurance as required by law, or the legal equivalent, for the life of the contract. Contract shall require all of its subcontractors to maintain similar insurance coverages and shall require evidence of such coverage prior to commencement of work by any such subcontractor.

A copy of the policies must be submitted for review 30 days prior to the effective date of the contract. The policy must include a 30 day notice requirement for any material change or cancellation.

Comprehensive general liability, auto, and professional malpractice insurance may be arranged under a single policy for the full limits required or by a combination of underlying policies with a balance provided by an excess or umbrella liability policy or

- 5) Contractors may elect to self-insure part or all of the insurance requirement. If a contractor elects to self-insure areas b-1, 2, 3, 4, contractor shall provide evidence that contractor has qualified under all state and federal requirements for self-insurance. In addition, contractor shall provide documentation verifying that a funding mechanism is in place to meet the financial responsibilities of the indemnification agreement and name and credentials of the contractor's claims administrator.

This must be demonstrated by documentation of insurability by an insurance company licensed to do business in Oregon and a proposal to purchase the insurance required or proof of self-insurance as required by CRS.

- c. Information to be provided must be placed on worksheet attached as Form 1. The projections as requested below must be based upon data as provided in Appendix 4, which provides information from 1985, 1986, and most current 1987 data from EMS Central Dispatch, Multnomah County. The proposer is expected to use its own best judgment in determining the variables as requested below.
- 1) Cost per ALS ambulance per year and also ALS ambulance by unit hour. This must apply to appropriately staffed Advanced Life Support ambulances required in the minimums under personnel. Also, the number of ambulance units and unit hours per year should be projected. Costs must be reported on Form 1.
  - 2) The projected call volume from all 9-1-1 generated calls and the projected transport volume from these calls. The proposer must use the figures in Appendix 4 to project these numbers. These figures must be presented on Form 1.
  - 3) The projected volumes with ALS and BLS charged transport from the patient transport volume. The proposer must use the figures in Appendix 4 to project these numbers. These figures must be provided on the Form 1.
  - 4) The overall collection percentage projected for the cost which involved transport. This percentage must include actual collection rate tempered with the percentage that will be less than fully collected due to assignment (Medicare) or other reimbursement. This figure must be provided on Form 1.
  - 5) The BLS and ALS charges for all users of the system projected by the proposer. These figures must be provided on Form 1.
  - 6) The proposer must follow the ALS/BLS charge criteria as set forth in Appendix 19. The proposal must be fully presented on the worksheet. The proposal must represent cost. If cost and revenue figures are not adequately validated the proposal will be judged non-responsive.
- d. The contractor must accept the responsibility to provide standbys as requested by police and fire agencies within Multnomah County at no charge. If a patient is transported, any charge to that patient must be based upon charges to a similar patient with no standby time charges. A Standard Operating Procedure which accomplishes this must be provided.

- e. Incorporate the taxi Standard Operating Procedure as presented in Appendix 20. A Standard Operating Procedure which accomplishes this must be provided.
- f. Incorporate the CHIEPS Program as presented in contract form in Appendix 9. A Standard Operating Procedure which accomplishes this must be provided.
- g. The authority and responsibility of the EMS Rate Review Committee as presented in Appendix 22 must be incorporated in billing and administrative Standard Operating Procedures. The Standard Operating Procedure which accomplishes this must be provided.
- h. Recognize the authority of the Emergency Medical Services Office to randomly sample billings and provide these billings to the Rate Review Committee. The mechanism for action to correct bills in which the charge is questioned must be described.
- i. Provide \$42,500 (estimate) yearly in quarterly payments for physician supervisor services to be provided by the County. These services are detailed in Appendix 7. The proposal must detail how the provider will make the payments.
- j. Plan of operation for the first six months of operation which reflects the following and recognizes the slow collection start-up problems and the need for outside resources to assist in meeting expenses:
  - 1) Payroll expenses
  - 2) Capital expenses
  - 3) Ancillary expenses
  - 4) Revenue from transports with projected timetable of receipt of income
  - 5) Other source or sources of revenue or assets which allow the contractor to meet expenses for the first six months.
- k. Description of the billing practices which recognizes the extreme importance of billing practices in this user funded system. The plan must also recognize the importance of humane billing practices.
  - 1) Billing procedure for Medicare
  - 2) Billing procedure for third party payors
  - 3) Billing practices for other public parties (county, corrections, AFS, etc.)
  - 4) Billing practices for private parties
  - 5) Billing practice for overdue payments
  - 6) Billing practices for write-offs
- l. The proposer's legal business structure must be described and must demonstrate that the structure is sound and meets all legal requirements.

- m. Document the method of public and consumer education to reduce 9-1-1 abuse, but to also assist the public in understanding the EMS system and provision of public emergency care (CPR, etc.). The proposal must detail teaching and education methods to be used, as well as the delivery process.
- n. Describe how a minimum of fifty hours per month of standby time free to appropriate "public" events will be provided. This is to be in addition to police and fire standbys.
- o. Describe how the inebriate outreach program for the central city will be carried out using a subcontract with Hooper Detox.

5-B Business Practices - The proposer may propose plans to meet the following system goals which are above the minimum standards of the business practices (see page 31 for evaluation criteria):

- a. A flat, all inclusive rate to be charged for: ALS response, BLS treatment, and BLS transport to a 911 call, and ALS response, treatment, and transport to a 911 call. The rates must consider the ALS/BLS charge standards and be reported on form 1.

The rates must reflect the maximum efficiency in the system by displaying the lowest flat rate user fees with no decrease in system effectiveness. The BLS and ALS definitions per Appendix 19 are to be the guide for user charges. A uniform charge for any person in Multnomah County transported to any hospital in the Tri-County area regardless of time of day or day of week is to be the standard for the all-inclusive rate.

1) BLS Rate/Medicare Assignment	20 pts.
2) ALS Rate/Medicare Assignment	30 pts.
3) Standby Charge (private)	10 pts.

6. Safety Net: 6.A Proposers must provide documentation describing their compliance with the following minimum requirements (see page 32 for evaluation criteria):

- a. Emergency ambulance service as an essential service and ensure that no interruption of service will occur in the event of a work stoppage by employees.
- b. The safety net must ensure that in the event of contractor failure (due to contract, ordinance, or financial reasons) there is no interruption in call answering. The proposal must provide for delivery of all ambulances (fully stocked) which are used to answer calls to EMS. The ambulances must be free of any encumbrances (defined as able to be used by Multnomah County to provide ambulance service with no reimbursement or remuneration to the contractor or lienholder), and be available for service to FMS for no less than 6 months. Funds to allow answering of all calls to the level expected under the contract must be provided for in the plan. These funds must provide for the dollars to support the call answering system for 45 days. The call answering system is defined for safety net purposes as personnel (two EMT-4s per ambulance), maintenance and upkeep of each ambulance to include disposable medical equipment, radio equipment, and insurance to the level of ambulance and reserve ambulances provided by the contractor over the last 60 days before failure. The funds to be used for this purpose must be immediately accessible to FMS upon contractor financial failure or revocation of the contract (based upon non-performance of contract terms and conditions) by EMS, and the details of the accessibility of the vehicles and funds must be explained in detail.

## COST/REVENUE WORKSHEET

Form 1

(See next page for description of (1), (2), (3), (4), (5), (6))

## 1. ALS ambulance cost:

Contract (2)	Full Cost (1)	Cost to 911
Personnel	_____	_____
Operations	_____	_____
(_____ miles @ _____)		
Administration (4)	_____	_____
Capital (6)	_____	_____
Insurance (3)	_____	_____
Disposable Supplies	_____	_____
Drugs	_____	_____
All Other Expenses	_____	_____
(depreciation, maintenance, etc.)	_____	_____
 Total Cost by ambulance	_____	_____
Total Cost by unit hour	_____	_____
Number of Ambulance Units (5)	_____	_____
Number of unit hours (5)	_____	_____
Inebriate outreach subcontract cost	_____	_____

	911 Revenue	Other Revenue
2. Projected call volume	_____	_____
Projected call transport volume	_____	_____
3. Volume of BLS charged transports	_____	_____
Volume of ALS charged transports	_____	_____
4. Overall collection percentage	_____	_____
5. BLS charge per call	_____	_____
ALS charge per call	_____	_____
6. Inebriate outreach subsidy	_____	_____

1. This must be full cost and consider all associated costs with each category. The total ambulance cost must be the best projection of total cost.
2. This must be the cost which the proposer projects this contract for 911 calls will incur. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in cost may be attributed to: other business interests, non-911 call ambulance use, cross use of personnel. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity. This must demonstrate that the 911 cost is the full cost of 911 service.
3. If self-insurance is used, the cost must be arrived at considering the past settlements and equating them to the increase in liability exposure due to the contract.
4. Must include the \$42,500 per annum for physician supervisor costs, also all other administrative or training personnel costs.
5. This must be the total number of ambulance units to meet the full 911 contract for ASA 1, this number may be reflected in fractions of an ambulance if peak load staffing or other staffing patterns are followed.
6. This must also include cost of back-up or reserve ambulances and other back-up equipment.

# RATE WORKSHEET

Form 2

1. BLS rate with Medicare assignment.<sup>a</sup> \_\_\_\_\_
2. ALS rate with Medicare assignment.<sup>a</sup> \_\_\_\_\_
3. Standby charge for private events \_\_\_\_\_ hr.  
(in addition to transport charge  
if patient transported).<sup>a</sup>

<sup>a</sup>This is the contractor's rate for the four-year contract period. The Rate Review Committee and Emergency Medical Services Policy Board may allow rate increases based upon consumer price index, dramatic increase in cost of doing business, or more stringent or added system requirements. The proposer should not consider any of the aforementioned possibilities to be a reason for guarantee of a rate increase. All rate increases must be requested by the contractor. There is no charge or reimbursement for first responders. If first responders petition the Rate Review Committee for charges, the contractor is assured no additional uncompensated cost.

F. Contract

It is the intention of Emergency Medical Services to enter into a contract no later than \_\_\_\_\_, and extending four years with a potential for renewal for a one-year term. At the option of the County, upon one hundred and eighty days written notice, the contract may be extended for the additional one-year extension. Rate and other system changes will be considered in the event of a renewal. Rate changes must be approved by the rate committee and the Emergency Medical Services Policy Board, and the Multnomah County Board of County Commissioners.

G. Evaluation Criteria

The RFP is made up of six sections. Each section has a minimum requirements section and may have a point achievement section.

A proposal, to be considered, must meet all of the minimum requirements.

The minimum requirements will be evaluated on a pass/fail basis. If the proposal fails to pass any of the minimum requirements for any section, the proposal will be rejected.

Qualifying proposals will then be awarded points based upon the requirements specified in the RFP.

The following criteria will be used by the evaluation committee to judge whether a proposal meets the minimum requirements for category area A and the number of points to be awarded for category area B.

1-A Personnel:

- a. The proposal does provide for two Oregon Certified EMT 4s.
- b. The proposal does provide for a minimum annual wage of \$17,400 based upon first day of employment.

- c. The employee benefits proposal does include:
    - 1) A benefits package of at least 30% of gross EMT salary.
    - 2) All legally required benefits.
    - 3) A retirement plan which is "portable" (must be able to be transferred to the next contractor with all benefits, vesting, and accrual levels intact. P.E.P.S. is considered portable for purposes of evaluation of this proposal) and meets all other requirements of the RFP will be considered as meeting this requirement.
    - 4) Benefits will begin the first day of employment for "Multnomah County" EMTs.
  - d. The personnel accessibility proposal does meet the requirements of the RFP.
  - e. The proposal does provide for hiring of EMT-4s currently working in Multnomah County with no loss of wage or benefit accrual levels.
  - f. The proposal does provide for a coordinated continuing education program as described in the RFP.
- 1-B a. The unit hour utilization rate must establish a minimum unit hour utilization rate of (based upon monthly staffing levels used in 2A-0):
- .17 24-hour ambulance
  - .33 12-hour ambulance
  - .40 10-hour ambulance
  - .50 8-hour ambulance
- 15 points are awarded for total compliance. Each .07 below this compliance level (a composite of all used staffing levels in 2A-0) will deduct 1 point to a maximum of 15 .
- b. The unit hour utilization rate should establish a maximum unit hour utilization rate of (based upon monthly staffing levels used in 2A-0):
- .40 24-hour ambulance
  - .60 12-hour ambulance
  - .65 10-hour ambulance
  - .75 8-hour ambulance
- 15 points are awarded for total compliance. Each .056 below this compliance level (a composite of all used staffing levels in 2A-0) will deduct 1 point to a maximum of 15 .
- c. The management structure program should address management in the following manner:
- 1) An on-duty non-patient care supervisor for each twelve ALS ambulances in service will gain 9 points. Points will be awarded by using the 12 to 1 ratio as the standard, for a greater ambulance-to-supervisor ratio.

- 2) The curriculum vitae of the management personnel will be awarded fifteen points using the following standards for each. If the personnel do not meet the criteria, fewer or no points will be awarded.

5 Points. Operations Manager. College degree (BS or BA) with at least four years experience in ambulance service delivery and with current EMT-P status. The experience to be gained in a system of at least 20,000 emergency calls per year. (Four years additional EMS supervisory experience may be substituted for the college degree.)

5 Points. Business Manager. College degree (BS or BA) with at least four years experience in ambulance third-party billing procedures, also experience working with labor groups. The experience to be gained in a system which bills at least 10,000 patients annually. (Four years additional EMS business experience may be substituted for the college degree.)

5 Points. Training Coordinator. EMT-P, ACLS instructor, PHTLS instructor, with three years experience as a training coordinator for fifty EMT-Ps. Experience in a peer-review process, having conducted a peer-review process for fifty EMT-Ps for three years.

If a job function on which the evaluation criteria is specific is performed by another titled evaluated management position the substitution can be made and the points awarded.

- 3) 15 points. The proposal providing a benefit package which is five percent of the EMT-gross salary (in addition to the minimum required 30 percent) or more will receive fifteen points. If less than five percent is proposed, for each percent drop there will be three points deducted.

30 points. The proposal providing a wage package which does provide for: a base wage scale of at least ten percent over the required minimum, which includes: the same percentage increase for in "Multnomah County" hired EMTs, is raised by at least the Consumer Price Index each year of the contract, progresses in at least six steps, and be ten percent above the current top wage (22,000) in Multnomah County. For each percent the proposal is above the required minimum three points will be given for a maximum of thirty. The proposal must also include a plan to hire those "Multnomah County" EMTs who possess the most experience in the Multnomah County EMS program in preference to those EMTs with less or no experience.

2-A Communications:

- a. The proposal does show each ambulance and EMT crew with UHF capability on MED 1-4-7-9-10 and personnel alerting on MFD 9.
- b. The proposal does state that the contractor will advise EMS dispatch of any vehicle status change.
- c. The proposal does state that the contractor will advise EMS dispatch of vehicle crew and status.

- d. The proposal does state that the contractor will use the Multnomah County EMS triage guide.
- e. The proposal does state that the contractor will adhere to the rules as listed in the RFP 2-A e, f, g, h(1),(2), i, j, k, l, n, n, p.
- f. (c) The proposal does provide a system status plan (SSP) for a one month period. There is a major holiday (New Year's, 4th of July, Labor Day, Thanksgiving, Christmas) in the month. The SSP does provide coverage for all of Multnomah County for a response time of eight minutes or less, ninety percent of the time. The judgement of this to be based upon call volume for geo-code areas of Multnomah County. The SSP must also not use mutual aid for more than five percent of the calls.
- g. (c)(n) The proposal does provide liability insurance, and "return transportation" for the first responders.
- h. (s) The proposal does propose mutual aid agreements with adjoining ASA's.
- i. (t) The proposal does provide for no more than five percent per four-week period of the calls to be answered by mutual aid.

2-B Communications:

- a. The proposal provides an Automatic Vehicle Locator system which is placed at EMS dispatch or an alternate plan which accomplishes an SSP with knowledge of EMS dispatch to always dispatch the closest ambulance. A proposal which does not use an AVL system will be judged on its effectiveness to accomplish dispatch of the closest ambulance.

15 pts.

3. Medical:

- a. The proposal does state that the contractor will adhere to the FMS rules as stated in the RFP in 3.2 a, b, c, d, and e, and that if the contractor is not currently functioning under these rules how it will implement them.
- b. (f) The proposal does incorporate the ATAP Plan and sets a date within six months when all EMT-Ps will be PHTLS or equivalent trained.
- c. (g)(h) The proposal does incorporate the MCI Plan and Quality Assurance Program and that the contractor will adhere to the standards.
- d. (i) The proposal does provide an adequate first responder training program at no cost to the first responder.
- e. (j) The proposal does provide for a role of the physician supervisor which includes hiring participation, absolute medical control, mandatory inservice scheduling, and ride-alongs.
- f. (k) The proposal does list the types and amounts of drugs to "run" two back-to-back same ALS protocol patients with no restock.

4-A Equipment:

- a. The proposal does list all the vehicles and equipment and all do meet or exceed ORS and Multnomah County standards.
- b. The proposal does list VHF radio equipment (155.340 MFR) that is capable of use for ambulance-to-hospital communications in Multnomah County. The radio license or a plan to obtain such is included.
- c. The proposal does provide for first responder equipment provision for disposable items as listed in the RFP.
- d. The proposal does provide for standardized equipment with first responders.
- e. The proposal does provide for signed agreements with the trauma centers for a "Letterman" exchange clean equipment program.

- 4-B a. The proposal does recognize the need for newer low-mileage vehicles which meet KKK1822B. All ambulances less than one year of age and less than 10,000 miles, and meeting KKK1822B will be considered newer low mileage vehicles. This does not include ambulances which are considered "extras" or "backup."

4 pts.

- b. The proposal provides for a preventive maintenance program and an ambulance reserve program which:
  - 1) Provides for safety inspections every 15,000 miles until 60,000 miles, then every 7,500 miles (these to be done by an outside shop familiar with the type of vehicles used).
  - 2) Provides maintenance to manufacturers extreme use recommendations. Provides for downtime for ambulance maintenance. Uses innovative methods to extend ambulance dependability, such as diesel engines, heavy-duty batteries, radial tires, metallic brakes, etc.
  - 3) Provides a history of ambulance maintenance which demonstrates the ability to keep ambulances in-service with no major failures.

If the proposal satisfactorily incorporates at least the above areas, 8 points will be awarded.

- c. Provides for a fully stocked (except for defibrillator and ALS drugs) ambulance for every three front-line (non-reserve) operating ambulances.

If the proposal meets this requirement 8 points will be awarded.

d. The proposal provides for up-to-date equipment.

- 1) Ambulance cots (Ferno model-MTS or equivalent).
- 2) Portable monitor-defibrillator (Life-Pak 5 or equivalent).
- 3) Portable suction (laerdal or equivalent).

If the equipment is of the appropriate model as shown above and a maintenance program is described and proposed which demonstrates the ability to keep the equipment operational and find faults before they affect patient care, 6 points will be given. If the equipment is not of appropriate model or up-to-date or the maintenance plan is not sufficient to keep the equipment operational, fewer or no points will be awarded using four years as the life expectancy of the equipment.

5-A Business Practices:

- a. The proposal provides ample information to assure that the provider can and will meet all applicable credentialing standards, MCC and EMS rules for the contract period.
- b. The proposal does provide for insurance to at least the RFP minimums.
- c. The proposal does provide all of the costing and revenue projections as requested in Form 1. The cost and revenue figures are reasonable and based upon EMS figures provided. The costs are fully accounted and adequately justified where not applied to the 911 contract.
- d. The proposal does provide for free-of-cost standbys for police and fire agencies.
- e. (e)(f)(g) The proposal does recognize and integrates into the contractor's operations, the TAXI and CHIERS and Rate Study Committee.
- f. (h) The proposal does recognize the EMS Office authority to sample billings and does provide a process to correct incorrect billings.
- g. (i) The proposal does provide for \$42,500 per annum in quarterly payments to EMS for physician-supervisor services.
- h. (j) The proposal does provide a plan of operation for the first six months which considers all aspects of the RFP requirements. The plan is reasonable and does demonstrate financial soundness.
- i. (k) The proposal does describe the billing practices. The billing practices are humane and encourage those who can pay to pay, but those who cannot pay are recognized and billings dealt with humanely. The billing practices also are legal and exhibit sound business practice.
- j. (l) The proposal does describe the legal business structure of the contractor, and it is the same as used in the credentialing process. The business structure is legal in Oregon.
- k. The proposal does describe how the inebriate outreach program will function. The description does at least equal the standards of the Hooper Detox contract (Attachment 9). There is a letter from the Hooper Center which does state that Hooper will enter into a contract with the proposer beginning July 1, 1989, if the proposer is the successful contractor.

5-B Business Practice:

- a. A ELS flat rate of \$150 will be awarded 20 points. For each ten dollar increase in the rate, 2 fewer points will be awarded. A flat rate of less than \$150 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$250 will be penalized by deducting 3 points for each ten dollar increase.
- b. An ALS flat rate of \$250 will be awarded 30 points. For each ten dollar increase in the rate, 3 fewer points will be awarded. A flat rate of less than \$250 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$350 will be penalized by deducting 3 points for each ten dollar increase.
- c. A \$60 charge per ambulance per hour for private standbys will be awarded 10 points. For each ten dollar increase 3 fewer points will be awarded.

ALL RATES MUST BE PROVIDED ON FORM 2 PAGE 22

6. Safety Net: 6.A.

- a. The proposal does provide for adequate ambulance coverage in the event of a work stoppage.
- b. The proposal does provide for adequate ambulance coverage per the RFP requirements in the event of contractor failure or contract revocation. The proposal does provide for ambulance turnover and use by the county and ready access for operating funds. If a performance bond is used, the bond and bonding company must meet all applicable Oregon and Multnomah County standards.

## H. Evaluation Procedure

All proposals will be evaluated by the EMS Proposal Evaluation Committee. The EMS Proposal Evaluation Committee is appointed by the EMS Policy Board and the Board of County Commissioners and is made up of:

- EMS Director (non-voting)
- Representative Citizen (2) (at least one of which will have financial knowledge and experience CPA etc.)
- Medical Advisory Board Representative
- Multnomah County Medical Society Representative
- Multnomah County Purchasing Department Representative (non-voting)
- Emergency Medical Technician (outside of Multnomah County with no past or present ties to a proposer or licensee of Multnomah County)

When a consortium presents its proposal for evaluation, the consortium must clearly and in detail explain how its component entities or personnel will deliver services, equipment, or personnel in each area of activity. The Evaluation Committee shall not consider cumulative "qualifications." Only the qualifications of the person actually designated to perform the activity or the specifications of the item actually to be used are relevant when specific persons or items are at issue. When corporate or group characteristics are being reviewed, only the least qualified or least well-specified item put forward by the consortium will be considered.

During the evaluation point-award process, the Evaluation Committee may require interviews of personnel described in the proposals, and may hear oral presentations, conduct on-site visits to facilities, or both.

The proposals will be evaluated first to determine whether they meet the minimum requirements. Any proposals which do not pass the minimum requirements will be rejected. Those proposers who do not meet the minimum requirements will be notified by mail.

Those proposals which meet the minimum requirements will be awarded points in the Category B areas.

The top ranking proposal will be recommended to the Medical Advisory Board (MAB) who will comment on the medical efficacy of the proposal. The medical areas which MAB will consider are 1-B(a), 3-A in its entirety, and 4-A (b, c, d, e). The MAB may determine that the proposal is non-responsive in an area. If the proposal is determined by the MAB to be non-responsive, the next highest ranking proposal will be submitted for MAB consideration. The top ranking MAB approved proposal will then be recommended to the EMS Policy Board. The Policy Board will recommend to the Board of County Commissioners (BCC). The BCC will then direct that a contract be awarded.

Attachments:

### Ambulance Charge Standard

A BLS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with only those practices that are defined by ORS as EMT-1 practices.

An ALS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with any practice that is defined by ORS as an EMT-2, 3, or 4 level practice.

#### Examples:

Practice	Charge level	
	EMT-1 (ELS)	EMT-2, 3, 4 (ALS)
IV		X
Splinting	X	
CPR	X	
O <sub>2</sub> Administration	X	
Drugs		X
Epenephrine (Anaphylaxis)	X	
Intubation		X
Cardiac Monitoring		X
Defibrillation		X
Bag Valve Mask	X	

BLS and ALS protocols must serve as a standard of care. No patient must be denied appropriate care based upon a charge level. Also, no patient must be provided care beyond the BLS/ALS protocol standards to gain an additional charge level.

## AMBULANCE RATE ACCOUNTABILITY COMMITTEE

Purpose: Review ambulance rates and billing practices for the 911 ambulance contractor. Recommend to the contractor and EMS office changes in billing procedure to correct problems. Recommend to the EMS Policy Board changes in the rate structure or billing practice of the 911 ambulance contractor based upon: public input, review of billing, advice of the EMS office, advice of the Medical Advisory Board, and upon any new or changed performance standard or pre-hospital care procedure or equipment.

Method: The committee will consider testimony from two public hearings per year. The committee will consider staff reports which review contractor billing practices. The committee will consider requests from the contractor when any change in contract requirement or modification is considered. In addition, the committee will also consider input from the Medical Advisory Board and contractor on any medically related change which may affect contractor costs.

Membership: The committee is to be appointed by the EMS Policy Board.

- Consumer (four years)
- Consumer (three year term)
- Consumer (two year term)
- EMT-4 (two year term)
- Contractor (four year term)
- Medical Advisory Board (two years)
- Multnomah County Medical Society (two years)
- EMS Director

## DEFINITIONS

1. Non-emergency Any medical call in which there is no threat to life or limb.
2. Emergency Any medical call in which there is a definite or unknown threat to life or limb and time is of the essence, or that the call is placed to 911 requesting medical aid.
3. Basic Life Support (BLS) The level of care which an EMT-1 may provide. Usually this care will only stabilize a patient and will not result in an improvement in patient condition, i.e., patient assessment, CPR, splinting, etc.
4. Advanced Life Support (ALS) The level of care which an EMT-2,3, or 4 can provide. It encompasses all basic life support, plus procedures which can improve the patient's condition, i.e., defibrillation, IV, drugs, endotracheal intubation, etc.
5. Code 1 Call The running condition of a patient call or transport in which no lights or siren is used and the ambulance proceeds with the normal traffic flow.
6. Code 3 Call The running condition of a patient call or transport in which lights or siren are used and the ambulance proceeds as rapidly as possible.
7. Private Call A request for transport which originates at the private ambulance and must be a non-emergency requiring only Code 1 running.
8. Emergency Medical Technician (EMT) An individual who has completed training in the recognition and treatment of medical emergencies in a prehospital environment. The training begins at 110 hours (EMT-1) and progresses to 900+ hours (EMT-4). Certification (2, 3, 4) is provided by the Board of Medical Examiners.

9. First Responder                      A responder who usually only provides PLS and can arrive on the medical scene in four minutes or less to prevent brain death in a cardiac arrest or complete bleed-out in a severe bleeding situation.
10. BLS Ambulance                      An ambulance which is able to provide only PLS and is staffed with at least one EMT-1 and a driver.
11. ALS Ambulance                      An ambulance which is able to provide ALS/PLS care and is staffed with two EMT 4's.
12. ALS Fire Vehicle                      A vehicle operated by the Fire Department which is staffed to the state ALS level. The unit may respond either as a sole first responder or as a second first responder unit. A portion of the vehicles do have the ability to transport patients, but normally do not.
13. ASA Plan                              A document required by ORS. The document provides for state overview of a process which restrains free trade. The plan consists of procedures and specifications which address the effective (coordinated service delivery) and efficient (least costly) provision of ambulance services in a county. The plan must comply with relevant OARS.

Emergency Medical  
Services Policy Board  
Recommendation  
5/20/88

Request for Proposal

for

Call Answering Ambulance Service for all  
911 Generated Calls Within ASA 2 Multnomah County, Oregon

---

Date

Exhibit C

## Index

A. Statement of Purpose	Page _____
B. Program Objective	Page _____
C. Background	Page _____
D. Proposer Instructions	Page _____
E. Proposal Elements	Page _____
1. Personnel	Page _____
2. Communications	Page _____
3. Medical	Page _____
4. Equipment	Page _____
5. Business Practice	Page _____
6. Safety Net	Page _____
F. Contract	Page _____
G. Evaluation Criteria	Page _____
H. Evaluation Procedure	Page _____
I. Attachments	Page _____
BLS/ALS Billing Criteria	Page _____
Rate Committee	Page _____
Definitions	Page _____

1. Appendix

1. Multnomah County Code 6.31.005 through 6.31.990
2. Map of Multnomah County Showing 2 Ambulance Service Areas and a description of ASA boundaries
3. Hospital listing Multnomah County
4. EMS Dispatch Information concerning calls generated
5. Basic Life Support Protocols
6. Advanced Life Support Protocols
7. Physician Supervisor RFP
8. Area Trauma Advisory Board Trauma Plan
9. CHIEFS contract
10. Mass Casualty Incident Plan
11. Quality Assurance Plan
12. Oregon Health Division EMS rules
13. Multnomah County EMS rules
14. EMS Med-Net Communications System design
15. EMS Dispatch tape of dispatchers
16. EMS Dispatch Triage Guide
17. EMS Continuing Education Program Description
18. EMT training institutions in Multnomah County
19. EMS TAXI Program
20. EMS Dispatch SOPs
21. Multnomah County ASA plan

A. STATEMENT OF PURPOSE

Multnomah County is requesting proposals for contracts to provide emergency and ambulance services within Multnomah County which meet the requirements and conditions set forth in this document.

The contract which will be awarded will include standard provisions required by state public contracting law as well as county contract requirements. Those provisions will include, but not be limited to, insurance requirements, indemnification, budgetary limit actions, compliance with state and federal tax laws, access to records, and affirmative action goals.

B. Program Objective

The Emergency Medical Services Office intends to obtain emergency medical care responses and transports to all 9-1-1 generated medical calls within Multnomah County ASA 1 to achieve the greatest efficiency (cost) and effectiveness (care delivery) available.

It is the policy of Multnomah County that selection of contractors who provide a service to the county will be made in an open and competitive manner.

C. Background

System Description - The EMS System in Multnomah County is governed by Multnomah County Code (MCC) 6.31.005 through 6.31.990 and Emergency Medical Services (EMS) Administrative Rules. These are a portion of the requirements which must be met for contractor consideration and ongoing compliance with the contract.

Multnomah County is 465 square miles with a population base of 566,200.

Emergency Medical Services Dispatch generated ambulance call data to include number of responses, number of transports for 1985, 1986, 1987, and until the present, is included as part of this proposal as appendix 4.

The Emergency Medical Services communications system is described in appendix 14.

Emergency Medical Services Dispatch description (see appendix 15, 16, 20).

Basic Life Support Protocols and Advanced Life Support Protocols are included as appendix 5 and 6.

The Physician Supervisor RFP and contract are included as appendix 7.

The Area Trauma Advisory Board I - Trauma Plan is included as appendix 8.

The CHIERS contract and program description for ASA I are included as appendix 9.

A description of the Taxi Program is included as appendix 19.

### C. Proposer Instructions

1. Respondents must submit an original and 23 complete copies of the proposal to: Purchasing Director, Multnomah County, 2505 SE 11th Avenue, Portland, OR, 97202, no later than 2:00 p.m. on \_\_\_\_\_. Late proposals will not be accepted. An optional pre-proposal conference will be held on \_\_\_\_\_ at \_\_\_\_\_. Questions to be considered at the pre-proposal conference must be submitted in writing to the Purchasing Director Multnomah County no later than \_\_\_\_\_.

2. The proposer must respond to the RFP in a format which identifies the proposal in the same manner as the RFP notations (i.e., 1 Personnel 1.A.(a)). This will allow the Evaluation Committee to use the RFP and evaluation outline. If the proposer does not follow this format, the proposal will be considered non-conforming and will not be evaluated.

3. The proposal will be evaluated using two procedures. All category A minimum requirements must be met. Those proposals meeting all of the category A requirements will then be scored in category B areas.

If a proposal is evaluated as being non-responsive in a Category A requirements area, it will be rejected.

4. The original proposal and copies must be bound or in ring binders.

5. Award Cancellation

Multnomah County reserves the right to cancel award of the contract at any time before execution of the contract by both parties if cancellation is deemed to be in Multnomah County's best interest. In no event shall Multnomah County have any liability for the cancellation of award. The bidder assumes the sole risk and responsibility for all expenses connected with the preparation of its proposal.

6. Clarification or Protest of Specifications

Any proposer requiring clarification of the information or protesting any provision herein, must submit specific comments in writing to:

Director of Purchasing  
2505 SE 11th Avenue  
Portland, OR 97202

The deadline for submitting such questions or comments is \_\_\_\_\_. If, in the director's opinion, additional information or interpretation is necessary, such information will be supplied in the form of an Addendum which will be delivered to all individuals, firms and corporations having taken out specifications and such Addendum shall have the same binding effect as though contained in the main body of the specifications. Oral instructions or information concerning the specifications or the project given out by County managers, employees, or agents to prospective bidders shall not bind Multnomah County. All Addenda shall be issued by the Purchasing Director not later than five (5) days prior to the proposal deadline.

7. Rejection of Proposals

Multnomah County reserves the right to reject any or all responses to this Request for Proposal.

8. Cost of Preparation of Response

Costs incurred by any proposer in the preparation of the response to this Request for Proposal are the responsibility of the proposer agency and will not be reimbursed by the County.

9. State Law Compliance

The successful proposer agrees to make payment promptly as due to all persons supplying such successful proposer with labor or materials for the prosecution of the work provided for in this contract, and that said successful proposer will not permit any lien or claim to be filed or prosecuted against the County on account of any labor or material furnished and agrees further that no person shall be employed for more than eight hours in any one day, or forty hours in any one week; unless in case of necessity or emergency, or where the public policy absolutely requires it, and in such case to pay wages in accordance with the provisions of CRS 279.334 and CRS 279.338, where applicable.

The successful proposer agrees that should the successful proposer fail, neglect or refuse to make prompt payment of any claim for labor or services furnished by any person for the prosecution of the work provided in this contract as said claim becomes due, whether said services and labor be performed for said successful proposer or a subcontractor, fail, neglect, or refuse to make all contributions or amounts due the State Industrial Accident Fund or to the State Unemployment Compensation Fund, and all sums withheld from employees due the State Department of Revenue, then and in such event the said County and the other proper officers representing said County may pay such claim or funds to the person furnishing such labor or services or to the State Industrial Accident Commission or to the State Unemployment Compensation or to the State Department of Revenue and charge the amount thereof against funds due or to become due said successful proposer by reason of his said contract, but payment of any such claims in the manner herein authorized shall not relieve the successful proposer or his surety from his or its obligation with respect to any unpaid claims.

The successful proposer shall promptly, as due, make payment to any person, copartnership, association or corporation furnishing medical, surgical or hospital care or other needed care and attention incident to sickness or injury to the employees of such successful proposer of all sums which the said successful proposer agrees to pay for such services, and all monies and sums which the successful proposer may or shall have deducted from the wages of his employees for such services.

10. Equivalent Products

Product brands or models, if stated or implied by the specifications, indicate type, design, and quality desired, and shall not restrict proposer to one manufacturer. Products which meet or exceed specification requirements for design, quality, and functional utility will be considered. Ref. CRS 279.017.

If the proposal includes an equivalent item, include descriptive information brochure and/or specifications sufficient for the County to make a determination as to equivalency.

Any variations from specifications on equivalent products must be itemized.

11. Assignment

Neither the resultant contract nor any of the requirements, rights, or privileges demanded by it may be sold, assigned, contracted, or transferred by the Contractor without the express written consent of the EMS Director of Multnomah County.

12. Nondiscrimination in Employment

The successful proposer's attention is directed to the provisions of Oregon Revised Statutes, Chapter 659, prohibiting discrimination in employment.

E. Proposal Elements

1-A Personnel: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 23 for evaluation criteria):

a. Two EMT-4s for each Advanced Life Support ambulance within the county. These EMT-4s must be currently Oregon Certified Emergency Medical Technician 4s.

b. At least the following minimum wage for each EMT-4 to be employed:

- A minimum salary per annum of \$17,400 (based upon FLSA defined working hours).

- c. Employee benefits with at least a value equal to 30% of the total gross payroll (of each EMT-4 employed in direct patient care services). The benefits must include:
  - 1) Legally required benefits (as defined by U.S. Department of Labor).
  - 2) Retirement program which vests in five years with all proceeds returned to vested members. The retirement program must be portable to the next contractor (see evaluation criteria).
  - 3) Other benefits at the discretion of the employer in accordance with labor agreements.
- d. The process for personnel accessibility at time of recontract. The process must address the procedure that would be followed in the event of contractor failure which provides for access to personnel during the time period between contractor notification of substandard contract performance and actual contractor failure or contract revocation.
- e. A new employee hire program for the first six months of the contract which:
  - 1) Hires EMT-4s who have worked for a Multnomah County licensee since at least July 1, 1987 with no loss of wage level or benefits accrual level for those EMT-4's hired by the new contractor.
  - 2) Hires EMT-4s who have worked for a Multnomah County AIS licensee since July 1, 1987 in preference to other applicants. This employee preference hiring is to consider "working in Multnomah." EMT-4s as appropriate hires if they meet the contractor's knowledge and performance criteria.
- f. A program for continuing education which provides the EMT-4s with adequate training to meet the minimum recertification requirements. The program must consider and incorporate:
  - 1) Coordination with the county continuing education program as described in Appendix 17.
  - 2) A process for recognition of quality of care problems (internal peer reviews) and the educational process to correct the recognized problems.
  - 3) Coordination with the quality assurance program as described in Appendix 11.
  - 4) Cooperation with the EMT training facilities located in Multnomah County. (See Appendix 18.)

1-B The proposal will be scored on how it proposes plans to reach the following system goals which are above the minimum acceptable requirements as listed for personnel (see page 24 for evaluation criteria).

- a. A unit hour utilization\* with highest and lowest rates acceptable to maintain EMT knowledge and skills but does not cause "job burnout." The plan as presented may consider less than 24-hour vehicles and may also consider higher pay scales for those employees at higher utilization rates. The plan must state staffing patterns by hour and day per week, the housing and standby station procedures to be used. These must be applied in 2A-0 in the system status plan. The system status plan prepared for section 2A-0 must be provided to comply with this section.

30 pts.

\*Unit hour utilization is defined as the total number of transports divided by the number of staffed hours per shift (3 transports - 12 hours = .25). The proposer in considering utilization rates must use the following standards: eight minute response, twenty minute on scene time, fifteen minute hospital transport time, seventeen minute chart and clean-up time. The highest and lowest rates are evaluated with the above fixed variables. If less than 24-hour staffing is used, the unit hour utilization figures must also be listed.

- b. A proposal which describes the management structure of the contractor. The proposal may consider:

1) The ratio of ambulance EMT-4s on duty to on duty field supervisors (above the level of senior EMT on the ambulance).

9 pts.

2) The names, curriculum vitae, and current job status of at least the following: operations manager, business manager, training coordinator.

15 pts.

- c. A proposal which describes an employee benefit plan or pay incentive which provides a higher level of employee benefits or pay than is required. The purpose of this proposal must be to encourage employee stability as well as attracting the best EMT-4s available. Also, in-place EMT-4s with seniority of service shall be given preference in hiring and wage scale due to knowledge of the Multnomah County geography, hospitals, and EMS system.

45 pts.

2-A Communications: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 25 for evaluation criteria):

- a. Each vehicle of the contractor shall be equipped with a radio which shall be used to send and receive information over the central dispatch frequencies. In addition, the radio must be able to transmit and receive on Med-1, 4, 7, 9, and 10. A personnel alerting system which will be used on Med-9 to alert the ambulance crew of their need to respond to a call is required and must be described. The radio must be capable of transmitting outside of the vehicle (porta-mobile).
- b. The contractor shall promptly advise EMS Central Dispatch when a change in personnel or equipment on a vehicle results in the vehicle's classification changing from ALS or PLS. A Standard Operating Procedure accomplishing this must be provided.
- c. Each morning, at a time specified by the Office of Emergency Medical Services, the contractor shall advise EMS Central Dispatch of the following for each vehicle: The present status, the EMT certification numbers of the crew members, and whether the vehicle is an ALS service. EMS Central Dispatch shall be informed immediately of any personnel changes on a vehicle. A Standard Operating Procedure accomplishing this must be provided.
- d. If the contractor receives requests for emergency medical assistance from a source other than 9-1-1, the contractor must use the current Multnomah County EMS triage guidelines to process these calls. A Standard Operating Procedure accomplishing this must be provided.
- e. Only EMS Central Dispatch may cancel or revise a dispatch order. Vehicles arriving at the emergency scene shall promptly advise EMS Central Dispatch of information relevant to whether a dispatch order should be canceled or revised. A vehicle which receives a cancellation order may continue to the scene of an emergency, provided that EMS Central Dispatch is so advised and the vehicle's emergency lights and siren are not employed. A Standard Operating Procedure accomplishing this must be provided.
- f. The crew of each vehicle of the contractor shall promptly inform EMS Central Dispatch of the following changes in status by radio: In service at station, in service out of station, location or destination shall be stated, in service at scene of emergency, enroute to emergency scene, arrived at emergency scene, enroute to hospital or medical facility from emergency, arrived at hospital or facility from emergency scene, returned to service, out of service. A Standard Operating Procedure accomplishing this must be provided.

- g. Contractor's vehicle crews shall use the ten codes attached to this RFP as Appendix 13 when communicating with EMS Central Dispatch. Each ambulance crew shall be equipped with one tone-coded pager or radio which allows direct access of EMS Central Dispatch to the ambulance crew. The contractor's ambulance crews must provide the following information to EMS Central Dispatch by radio for each ambulance responding to an emergency as directed by EMS Central Dispatch. When an ambulance is dispatched from other than its base, it shall be identified. When the ambulance is enroute to a hospital or other medical facility, the number of patients being transported, response code, and the identity of the hospital or facility shall be stated. When an ambulance does not transport a patient, the reason for this action shall be identified. The Standard Operating Procedure accomplishing this must be provided.
- h. All patients requiring transport by ambulance (using the most current BLS and ALS treatment protocols) must be transported in the responding ALS ambulance but must be billed as determined by the billing procedure as defined per Appendix 19. The ALS ambulance may make appropriate use of the CHIEFS and TAXI programs as described in Appendix 9 and 19.
- i. EMS Central Dispatch may request an Advanced Life Support ambulance from outside Multnomah County to respond in Multnomah County to a medical emergency if the expected response time of the ambulance in Multnomah County exceeds ten minutes and the out-of-county ambulance is closer to the emergency than any other Multnomah County ambulance, and the out-of-county ambulance meets ALS ambulance requirements as established by the Oregon State Health Division. The Standard Operating Procedure accomplishing this must be provided.
- j. The contractors shall utilize helicopter ambulance service in Multnomah County (Life Flight) when it is determined that transport of a seriously ill medical patient or trauma patient would be more advantageous by helicopter than by ground ambulance. A Standard Operating Procedure accomplishing this must be provided.
- k. The helicopter ambulance will be requested through EMS Dispatch. A Standard Operating Procedure accomplishing this must be provided.
- l. The contractor may provide ambulance service for a special event in the city or county. A Standard Operating Procedure accomplishing this must be provided.
- m. At any time the contractor stands by at such an event, the contractor shall advise the EMS Office and EMS Dispatch by letter one week prior to the date of the event the following information: Date and time of the event, location of the event, name of the person responsible for arranging ambulance coverage for the event. A Standard Operating Procedure accomplishing this must be provided.

- n. The contractor shall respond to 90 percent of the calls within their service area in eight minutes or less measured from the time of dispatch and until the time the unit is on the scene. Time will be calculated in minutes with any seconds over the minute considered the next minute (7 minutes 04 seconds becomes 8 minutes). The contractor is fully responsible for ambulance crews being available for notification of a call. EMS Records will be the final authority in response time determination. No area (geo-code) of the county may be consistently underserved (for a period of two or more months). A statement from the proposer which acknowledges this set of requirements and methodology for determining compliance must be provided.
- o. The proposer must furnish a system status plan for a one-month period. The month must include a major holiday (Thanksgiving, Christmas, New Year, or July 4th) and the call volume must be projected based upon the provided EMS call data in Appendix 4. The system status plan must include: number of ambulances, hours which each ambulance is staffed, location of ambulances by hour of day and day of week, and number of transports per ambulance per shift expected. This information will also be used to award points in section 1B-a.
- p. The contractor shall not monitor or intercept police or other radio dispatcher transmission for profit or gain. Contractor shall not fail or refuse to promptly advise Emergency Medical Services Dispatch Office of receipt of a request for emergency medical assistance or when a licensee's ambulance becomes available or non-available to respond to dispatch orders. The contractor shall not respond by ambulance to an emergency call unless so authorized by the EMS Central Dispatch Office. The Contractor shall not fail or refuse to respond to a dispatch order from EMS Central Dispatch Office when the ambulance subject to the call is available for service. The ambulance contractor shall not refuse to transport any patient in need of emergency medical care regardless of the patient's ability to pay. A Standard Operating Procedure which accomplishes this must be provided.
- q. Contractor shall defend, indemnify and hold all first responders harmless from and against all claims, damages, losses, and expenses, including attorney's fees arising out of and resulting from the performance of services by first responders under the direction or control of the contractor.

Contractor shall maintain at all times during the performance of the contract comprehensive general, auto, and professional malpractice insurance endorsed to show first responders as additional named insureds. A statement from the proposer insurance agent and the "hold harmless" language must be provided which demonstrates this coverage.

- r. Contractor must provide first responder transportation to the appropriate fire station from the hospital when the first responder accompanies the patient to the hospital. The transportation should be furnished in such a way that the first responder is returned to the fire station in no more than thirty minutes from hospital arrival time. A description of and the Standard Operating Procedure which accomplishes this must be provided.
  - s. Proposer must propose to provide mutual-aid agreements with the ambulance service in each adjoining ambulance service area. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
  - t. Contractor must provide for no more than 5 percent per four-week period of calls to the Multnomah County ambulance service area to be answered by an out-of-Multnomah County licensed Advanced Life Support ambulance provider or the adjoining Multnomah County ASA provider unless the contractor is one and the same. A description of and the Standard Operating Procedure which accomplishes this must be provided.
- 2-B The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements as listed above for communications (see page 26 for evaluation criteria).
- a. The importance of EMS dispatch and contractor interaction to make efficient use of ambulances. The plan may include dispatch assistance through an automatic vehicle locator system.  
15 pts.

3. Medical: 3.A Proposers must provide documentation describing their compliance with the following minimum requirements (see page 27 for evaluation criteria):
- a. The Multnomah County Advanced Life Support and Basic Life Support procedures and protocols must be adhered to by all working Emergency Medical Technicians.
  - b. The contractor's Emergency Medical Technicians shall promptly contact the Medical Resource Hospital by UHF radio or telephone when required by the Advanced Life Support treatment protocols or an approved Medical Resource Hospital study. If the Medical Resource Hospital is not available, then the receiving hospital shall be contacted.
  - c. The contractor's EMTs shall relay the following information to the MRH: Unit number, receiving hospital and estimated time of arrival, purpose of call, age and sex of patient, chief complaint, brief history, prior medical history, medications, allergies, vital signs, pertinent physical findings, treatment at the scene.
  - d. At the discretion of the contractor's emergency medical technicians, the receiving hospital may also be contacted by the EMT. The EMT will transmit to the receiving hospital the following information: Unit number, age and sex of patient, estimated time of arrival, condition, chief complaint, advanced life support treatment provided.
  - e. Each Advanced Life Support unit of the contractor shall have a set of treatment protocols on the unit itself at all times.
  - f. Incorporates the Area Trauma Advisory Board Trauma Plan provided as an Appendix 8. All EMT-4s will be Pre-Hospital Trauma Life Support (PHTLS) or equivalent trained within six months of contract award. A description of this, and the Standard Operating Procedure which accomplishes this must be provided.
  - g. Incorporates the Mass Casualty Incident Plan as attached in Appendix 10. Participates in one major drill and two mini-drills per year. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
  - h. Incorporates the Quality Assurance Plan attached as Appendix 11. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
  - i. Proposer must provide a plan which describes a first responder training program provided by the contractor at no cost to all first responders to keep the first responders aware of ambulance orientation, equipment changes, or protocol changes as they apply to the first responders.

- j. Proposer must provide for the role of the EMS physician-supervisor in administrative protocols which accomplishes:
- 1) Participation in hiring of EMTs.
  - 2) Absolute authority for all medical direction of the contractor.
  - 3) Scheduling of mandatory inservice.
  - 4) "Ride-alongs" to meet ORS requirements.
  - 5) Absolute authority to remove an EMT from the provider's ambulance.

The administrative protocols for the above must be provided.

- k. Proposer must provide a list of type and amount of each drug which will be carried on each ambulance and is needed to comply with ALS protocols so that two patients with the same medical or trauma problem can be treated without an ambulance restock. These drugs in type and amount are to be carried on all staffed ALS ambulances.

4-A Equipment: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 28 for evaluation criteria):

- a. All ALS ambulances or ELS ambulances and equipment must meet current ORS and Multnomah County requirements for ambulances (see Appendix 1-12-13). A listing of all ambulances by make, age, mileage, modifier, and equipment contained must be provided. This must include all vehicles which are to be used in Multnomah County.
- b. Provision of mobile VHF radio equipment with a dial encoder and capable of transmission on 155.340 mhz for each ALS ambulance at no less than 25 watts. The radios must be identified by make, model, and output. A copy of the FCC license for this frequency or plans for obtaining the rights to mobiles on this frequency from the Greater Portland Hospital Association must be included.
- c. The following disposable equipment must be provided at no cost to the first responder agency when the first responder has cared for a transported or "charged" patient. The equipment will be exchanged on the "scene" if it does not interfere with patient care. The proposer must contact the first responder agencies to assist in this development. See Appendix 21. A field and billing Standard Operating Procedure which accomplishes this must be provided.
  - 1) Oxygen administration items.
  - 2) Suction items.
  - 3) Intravenous materials.
  - 4) Drugs.
  - 5) Disposable splints.
  - 6) Cervical collar--"stiffnecks" or equivalent
- d. The following equipment must be provided which will be standardized with the first responder agencies. A Standard Operating Procedure which accomplishes this must be provided.
  - 1) Trunk and neck immobilizer--"K.E.D." or equivalent.
  - 2) Wooden long spine board.
  - 3) Traction splint.
  - 4) Scoop stretcher.
  - 5) Pneumatic Anti-Shock garment.
- e. An agreement with the trauma centers to create a "Letterman" exchange system and an equipment cleaning program. The agreements and the Standard Operating Procedure which accomplishes this must be provided.
  - 1) C-collar "Stiffneck" or equivalent.
  - 2) Trunk and neck immobilizer "KED" or equivalent.
  - 3) Long spine board.
  - 4) Traction splint.
  - 5) Scoop stretcher.
  - 6) Pneumatic Anti-Shock garment.

4-B The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for equipment as above (see page 28 for evaluation criteria):

- a. Newer front-line (non-reserve) vehicles and those which have lower mileage and meet KFK1822E. This may be done by providing type, age, mileage, and "modifier" of each ALS ambulance vehicle to be used in Multnomah County. 4 pts.
- b. Preventive maintenance of ALS ambulances. 8 pts.
- c. Availability of reserve ambulances and gives the number of reserve ambulances including their proposed storage location and to what extent they will be stocked when held in reserve. 8 pts.
- d. Provision of up-to-date equipment with a maintenance program. This may be accomplished by providing the make, model, age of, and maintenance program for:
  - 1. Ambulance cots.
  - 2. Portable monitor defibrillators.
  - 3. Portable suction.6 pts.

5-A Business Practices: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 30 for evaluation criteria):

- a. Proposer has met all minimum requirements for credentialing and will meet them throughout the contract period, as well as license and compliance with all MCC and rules throughout the contract period. The proposal must state how the proposer intends to meet these requirements throughout the contract period.
- b. Have insurance coverage to at least the following minimums (with no exceptions to riders in the ambulance):
  - 1) Combined single limit for bodily injury and property damage (vehicular), \$500,000 and
  - 2) Malpractice, \$1 million and
  - 3) Umbrella liability, \$1 million and
  - 4) Contractor shall also carry workers' compensation insurance as required by law, or the legal equivalent, for the life of the contract. Contract shall require all of its subcontractors to maintain similar insurance coverages and shall require evidence of such coverage prior to commencement of work by any such subcontractor.

A copy of the policies must be submitted for review 30 days prior to the effective date of the contract. The policy must include a 30 day notice requirement for any material change or cancellation.

Comprehensive general liability, auto, and professional malpractice insurance may be arranged under a single policy for the full limits required or by a combination of underlying policies with a balance provided by an excess or umbrella liability policy or

- 5) Contractors may elect to self-insure part or all of the insurance requirement. If a contractor elects to self-insure areas b-1, 2, 3, 4, contractor shall provide evidence that contractor has qualified under all state and federal requirements for self-insurance. In addition, contractor shall provide documentation verifying that a funding mechanism is in place to meet the financial responsibilities of the indemnification agreement and name and credentials of the contractor's claims administrator.

This must be demonstrated by documentation of insurability by an insurance company licensed to do business in Oregon and a proposal to purchase the insurance required or proof of self-insurance as required by ORS.

c. Information to be provided must be placed on worksheet attached as Form 1. The projections as requested below must be based upon data as provided in Appendix 4, which provides information from 1985, 1986, and most current 1987 data from EMS Central Dispatch, Multnomah County. The proposer is expected to use its own best judgment in determining the variables as requested below.

- 1) Cost per ALS ambulance per year and also ALS ambulance by unit hour. This must apply to appropriately staffed Advanced Life Support ambulances required in the minimums under personnel. Also, the number of ambulance units and unit hours per year should be projected. Costs must be reported on Form 1.
- 2) The projected call volume from all 9-1-1 generated calls and the projected transport volume from these calls. The proposer must use the figures in Appendix 4 to project these numbers. These figures must be presented on Form 1.
- 3) The projected volumes with ALS and BLS charged transport from the patient transport volume. The proposer must use the figures in Appendix 4 to project these numbers. These figures must be provided on the Form 1.
- 4) The overall collection percentage projected for the cost which involved transport. This percentage must include actual collection rate tempered with the percentage that will be less than fully collected due to assignment (Medicare) or other reimbursement. This figure must be provided on Form 1.
- 5) The BLS and ALS charges for all users of the system projected by the proposer. These figures must be provided on Form 1.
- 6) The proposer must follow the ALS/BLS charge criteria as set forth in Appendix 19. The proposal must be fully presented on the worksheet. The proposal must represent cost. If cost and revenue figures are not adequately validated the proposal will be judged non-responsive.

d. The contractor must accept the responsibility to provide standbys as requested by police and fire agencies within Multnomah County at no charge. If a patient is transported, any charge to that patient must be based upon charges to a similar patient with no standby time charges. A Standard Operating Procedure which accomplishes this must be provided.

- e. Incorporate the taxi Standard Operating Procedure as presented in Appendix 20. A Standard Operating Procedure which accomplishes this must be provided.
- f. Incorporate the CHIERS Program as presented in contract form in Appendix 9. A Standard Operating Procedure which accomplishes this must be provided.
- g. The authority and responsibility of the EMS Rate Review Committee as presented in Appendix 22 must be incorporated in billing and administrative Standard Operating Procedures. The Standard Operating Procedure which accomplishes this must be provided.
- h. Recognize the authority of the Emergency Medical Services Office to randomly sample billings and provide these billings to the Rate Review Committee. The mechanism for action to correct bills in which the charge is questioned must be described.
- i. Provide \$42,500 (estimate) yearly in quarterly payments for physician supervisor services to be provided by the County. These services are detailed in Appendix 7. The proposal must detail how the provider will make the payments.
- j. Plan of operation for the first six months of operation which reflects the following and recognizes the slow collection start-up problems and the need for outside resources to assist in meeting expenses:
  - 1) Payroll expenses
  - 2) Capital expenses
  - 3) Ancillary expenses
  - 4) Revenue from transports with projected timetable of receipt of income
  - 5) Other source or sources of revenue or assets which allow the contractor to meet expenses for the first six months.
- k. Description of the billing practices which recognizes the extreme importance of billing practices in this user funded system. The plan must also recognize the importance of humane billing practices.
  - 1) Billing procedure for Medicare
  - 2) Billing procedure for third party payors
  - 3) Billing practices for other public parties (county, corrections, AFS, etc.)
  - 4) Billing practices for private parties
  - 5) Billing practice for overdue payments
  - 6) Billing practices for write-offs
- l. The proposer's legal business structure must be described and must demonstrate that the structure is sound and meets all legal requirements.

- m. Document the method of public and consumer education to reduce 9-1-1 abuse, but to also assist the public in understanding the EMS system and provision of public emergency care (CPP, etc.). The proposal must detail teaching and education methods to be used, as well as the delivery process.
- n. Describe how a minimum of fifty hours per month of standby time free to appropriate "public" events will be provided. This is to be in addition to police and fire standbys.

5-B Business Practices - The proposer may propose plans to meet the following system goals which are above the minimum standards of the business practices (see page 31 for evaluation criteria):

- a. A flat, all inclusive rate to be charged for: ALS response, PLS treatment, and BLS transport to a 911 call, and ALS response, treatment, and transport to a 911 call. The rates must consider the ALS/BLS charge standards and be reported on form 2.

The rates must reflect the maximum efficiency in the system by displaying the lowest flat rate user fees with no decrease in system effectiveness. The PLS and ALS definitions per Appendix 19 are to be the guide for user charges. A uniform charge for any person in Multnomah County transported to any hospital in the Tri-County area regardless of time of day or day of week is to be the standard for the all-inclusive rate.

- |                                 |         |
|---------------------------------|---------|
| 1) BLS Rate/Medicare Assignment | 20 pts. |
| 2) ALS Rate/Medicare Assignment | 30 pts. |
| 3) Standby Charge (private)     | 10 pts. |

6. Safety Net: 6.A Proposers must provide documentation describing their compliance with the following minimum requirements (see page 32 for evaluation criteria):
- a. Emergency ambulance service as an essential service and ensure that no interruption of service will occur in the event of a work stoppage by employees.
  - b. The safety net must ensure that in the event of contractor failure (due to contract, ordinance, or financial reasons) there is no interruption in call answering. The proposal must provide for delivery of all ambulances (fully stocked) which are used to answer calls to EMS. The ambulances must be free of any encumbrances (defined as able to be used by Multnomah County to provide ambulance service with no reimbursement or remuneration to the contractor or lienholder), and be available for service to EMS for no less than 6 months. Funds to allow answering of all calls to the level expected under the contract must be provided for in the plan. These funds must provide for the dollars to support the call answering system for 45 days. The call answering system is defined for safety net purposes as personnel (two EMT-4s per ambulance), maintenance and upkeep of each ambulance to include disposable medical equipment, radio equipment, and insurance to the level of ambulance and reserve ambulances provided by the contractor over the last 60 days before failure. The funds to be used for this purpose must be immediately accessible to EMS upon contractor financial failure or revocation of the contract (based upon non-performance of contract terms and conditions) by EMS, and the details of the accessibility of the vehicles and funds must be explained in detail.

## COST/REVENUE WORKSHEET

Form 1

(See next page for description of (1), (2), (3), (4), (5), (6))

## 1. ALS ambulance cost:

	Full Cost (1)	Cost to 911
Contract (2)		
Personnel	_____	_____
Operations	_____	_____
(_____ miles @ _____)		
Administration (4)	_____	_____
Capital (6)	_____	_____
Insurance (3)	_____	_____
Disposable Supplies	_____	_____
Drugs	_____	_____
All Other Expenses	_____	_____
(depreciation, maintenance, etc.)	_____	_____
 Total Cost by ambulance	_____	_____
Total Cost by unit hour	_____	_____
Number of Ambulance Units (5)	_____	_____
Number of unit hours (5)	_____	_____
Inebriate outreach subcontract cost	_____	_____

	911 Revenue	Other Revenue
2. Projected call volume	_____	_____
Projected call transport volume	_____	_____
3. Volume of BLS charged transports	_____	_____
Volume of ALS charged transports	_____	_____
4. Overall collection percentage	_____	_____
5. BLS charge per call	_____	_____
ALS charge per call	_____	_____

Form 1 Cost/Revenue Worksheet Page 2

1. This must be full cost and consider all associated costs with each category. The total ambulance cost must be the best projection of total cost.
2. This must be the cost which the proposer projects this contract for 911 calls will incur. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in cost may be attributed to: other business interests, non-911 call ambulance use, cross use of personnel. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity. This must demonstrate that the 911 cost is the full cost of 911 service.
3. If self-insurance is used, the cost must be arrived at considering the past settlements and equating them to the increase in liability exposure due to the contract.
4. Must include the \$42,500 per annum for physician supervisor costs, also all other administrative or training personnel costs.
5. This must be the total number of ambulance units to meet the full 911 contract for ASA 2, this number may be reflected in fractions of an ambulance if peak load staffing or other staffing patterns are followed.
6. This must also include cost of back-up or reserve ambulances and other back-up equipment.

# RATE WORKSHEET

Form 1

1. BLS rate with Medicare assignment.<sup>a</sup> \_\_\_\_\_
2. ALS rate with Medicare assignment.<sup>a</sup> \_\_\_\_\_
3. Standby charge for private events \_\_\_\_\_ hr.  
(in addition to transport charge  
if patient transported).<sup>a</sup>

<sup>a</sup> This is the contractor's rate for the four-year contract period. The Rate Review Committee and Emergency Medical Services Policy Board may allow rate increases based upon consumer price index, dramatic increase in cost of doing business, or more stringent or added system requirements. The proposer should not consider any of the aforementioned possibilities to be a reason for guarantee of a rate increase. All rate increases must be requested by the contractor. There is no charge or reimbursement for first responders. If first responders petition the Rate Review Committee for charges, the contractor is assured no additional uncompensated cost.

## F. Contract

It is the intention of Emergency Medical Services to enter into a contract no later than \_\_\_\_\_, and extending four years with a potential for renewal for a one-year term. At the option of the County, upon one hundred and eighty days written notice, the contract may be extended for the additional one-year extension. Rate and other system changes will be considered in the event of a renewal. Rate changes must be approved by the rate committee and the Emergency Medical Services Policy Board, and the Multnomah County Board of County Commissioners.

## G. Evaluation Criteria

The RFP is made up of six sections. Each section has a minimum requirements section and may have a point achievement section.

A proposal, to be considered, must meet all of the minimum requirements.

The minimum requirements will be evaluated on a pass/fail basis. If the proposal fails to pass any of the minimum requirements for any section, the proposal will be rejected.

Qualifying proposals will then be awarded points based upon the requirements specified in the RFP.

The following criteria will be used by the evaluation committee to judge whether a proposal meets the minimum requirements for category area A and the number of points to be awarded for category area B.

### 1-A Personnel:

- a. The proposal does provide for two Oregon Certified EMT 4s.
- b. The proposal does provide for a minimum annual wage of \$17,400 based upon first day of employment.

- c. The employee benefits proposal does include:
    - 1) A benefits package of at least 30% of gross EMT salary.
    - 2) All legally required benefits.
    - 3) A retirement plan which is "portable" (must be able to be transferred to the next contractor with all benefits, vesting, and accrual levels intact. PERS is considered portable for purposes of evaluation of this proposal) and meets all other requirements of the RFP will be considered as meeting this requirement.
    - 4) Benefits will begin the first day of employment for "Multnomah County" EMTs.
  - d. The personnel accessibility proposal does meet the requirements of the RFP.
  - e. The proposal does provide for hiring of EMT-4s currently working in Multnomah County with no loss of wage or benefit accrual levels.
  - f. The proposal does provide for a coordinated continuing education program as described in the RFP.
- 1-B a. The unit hour utilization rate must establish a minimum unit hour utilization rate of (based upon monthly staffing levels used in 2A-0):
- .17 24-hour ambulance
  - .33 12-hour ambulance
  - .40 10-hour ambulance
  - .50 8-hour ambulance
- 15 points are awarded for total compliance. Each .07 below this compliance level (a composite of all used staffing levels in 2A-0) will deduct 1 point to a maximum of 15.
- b. The unit hour utilization rate should establish a maximum unit hour utilization rate of (based upon monthly staffing levels used in 2A-0):
- .40 24-hour ambulance
  - .60 12-hour ambulance
  - .65 10-hour ambulance
  - .75 8-hour ambulance
- 15 points are awarded for total compliance. Each .056 below this compliance level (a composite of all used staffing levels in 2A-0) will deduct 1 point to a maximum of 15.
- c. The management structure program should address management in the following manner:
- 1) An on-duty non-patient care supervisor for each twelve ALS ambulances in service will gain 9 points. Points will be awarded by using the 12 to 1 ratio as the standard, for a greater ambulance-to-supervisor ratio.

- 2) The curricular vitae of the management personnel will be awarded fifteen points using the following standards for each. If the personnel do not meet the criteria, fewer or no points will be awarded.

5 Points. Operations Manager. College degree (BS or BA) with at least four years experience in ambulance service delivery and with current EMT-P status. The experience to be gained in a system of at least 20,000 emergency calls per year. (Four years additional EMS supervisory experience may be substituted for the college degree.)

5 Points. Business Manager. College degree (BS or BA) with at least four years experience in ambulance third-party billing procedures, also experience working with labor groups. The experience to be gained in a system which bills at least 10,000 patients annually. (Four years additional EMS business experience may be substituted for the college degree.)

5 Points. Training Coordinator. EMT-P, ACLS instructor, PFTLS instructor, with three years experience as a training coordinator for fifty EMT-Ps. Experience in a peer-review process, having conducted a peer-review process for fifty EMT-Ps for three years.

If a job function on which the evaluation criteria is specific is performed by another titled evaluated management position the substitution can be made and the points awarded.

- 3) 15 points. The proposal providing a benefit package which is five percent of the EMT-gross salary (in addition to the minimum required 30 percent) or more will receive fifteen points. If less than five percent is proposed, for each percent drop there will be three points deducted.

30 points. The proposal providing a wage package which does provide for: a base wage scale of at least ten percent over the required minimum, which includes: the same percentage increase for in "Multnomah County" hired EMTs, is raised by at least the Consumer Price Index each year of the contract, progresses in at least six steps, and be ten percent above the current top wage (22,000) in Multnomah County. For each percent the proposal is above the required minimum three points will be given for a maximum of thirty. The proposal must also include a plan to hire those "Multnomah County" EMTs who possess the most experience in the Multnomah County EMS program in preference to those EMTs with less or no experience.

2-A Communications:

- a. The proposal does show each ambulance and EMT crew with UHF capability on MED 1-4-7-9-10 and personnel alerting on MFD 9.
- b. The proposal does state that the contractor will advise EMS dispatch of any vehicle status change.
- c. The proposal does state that the contractor will advise EMS dispatch of vehicle crew and status.

- d. The proposal does state that the contractor will use the Multnomah County EMS triage guide.
- e. The proposal does state that the contractor will adhere to the rules as listed in the RFP 2-A e, f, g, h(1),(2), i, j, k, l, m, n, p.
- f. (o) The proposal does provide a system status plan (SSP) for a one month period. There is a major holiday (New Year's, 4th of July, Labor Day, Thanksgiving, Christmas) in the month. The SSP does provide coverage for all of Multnomah County for a response time of eight minutes or less, ninety percent of the time. The judgement of this to be based upon call volume for geo-code areas of Multnomah County. The SSP must also not use mutual aid for more than five percent of the calls.
- g. (q)(n) The proposal does provide liability insurance, and "return transportation" for the first responders.
- h. (s) The proposal does propose mutual aid agreements with adjoining ASA's.
- i. (t) The proposal does provide for no more than five percent per four-week period of the calls to be answered by mutual aid.

2-B Communications:

- a. The proposal provides an Automatic Vehicle Locator system which is placed at EMS dispatch or an alternate plan which accomplishes an SSP with knowledge of EMS dispatch to always dispatch the closest ambulance. A proposal which does not use an AVL system will be judged on its effectiveness to accomplish dispatch of the closest ambulance.

15 pts.

3. Medical:

- a. The proposal does state that the contractor will adhere to the FMS rules as stated in the RFP in 3.A a, b, c, d, and e, and that if the contractor is not currently functioning under these rules how it will implement them.
- b. (f) The proposal does incorporate the ATAB Plan and sets a date within six months when all EMT-Ps will be PHTLS or equivalent trained.
- c. (g)(h) The proposal does incorporate the MCI Plan and Quality Assurance Program and that the contractor will adhere to the standards.
- d. (i) The proposal does provide an adequate first responder training program at no cost to the first responder.
- e. (j) The proposal does provide for a role of the physician supervisor which includes hiring participation, absolute medical control, mandatory inservice scheduling, and ride-alongs.
- f. (k) The proposal does list the types and amounts of drugs to "run" two back-to-back same ALS protocol patients with no restock.

4-A Equipment:

- a. The proposal does list all the vehicles and equipment and all do meet or exceed ORS and Multnomah County standards.
- b. The proposal does list VHF radio equipment (155.340 Mhz) that is capable of use for ambulance-to-hospital communications in Multnomah County. The radio license or a plan to obtain such is included.
- c. The proposal does provide for first responder equipment provision for disposable items as listed in the RFP.
- d. The proposal does provide for standardized equipment with first responders.
- e. The proposal does provide for signed agreements with the trauma centers for a "Letterman" exchange clean equipment program.

- 4-B a. The proposal does recognize the need for newer low-mileage vehicles which meet KKK1822B. All ambulances less than one year of age and less than 10,000 miles, and meeting KKK1822B will be considered newer low mileage vehicles. This does not include ambulances which are considered "extras" or "backup."

4 pts.

- b. The proposal provides for a preventive maintenance program and an ambulance reserve program which:
  - 1) Provides for safety inspections every 15,000 miles until 60,000 miles, then every 7,500 miles (these to be done by an outside shop familiar with the type of vehicles used).
  - 2) Provides maintenance to manufacturers extreme use recommendations. Provides for downtime for ambulance maintenance. Uses innovative methods to extend ambulance dependability, such as diesel engines, heavy-duty batteries, radial tires, metallic brakes, etc.
  - 3) Provides a history of ambulance maintenance which demonstrates the ability to keep ambulances in-service with no major failures.

If the proposal satisfactorily incorporates at least the above areas, 8 points will be awarded.

- c. Provides for a fully stocked (except for defibrillator and ALS drugs) ambulance for every three front-line (non-reserve) operating ambulances.

If the proposal meets this requirement 8 points will be awarded.

d. The proposal provides for up-to-date equipment.

- 1) Ambulance cots (Ferno model-MTS or equivalent).
- 2) Portable monitor-defibrillator (Life-Pak 5 or equivalent).
- 3) Portable suction (laerdal or equivalent).

If the equipment is of the appropriate model as shown above and a maintenance program is described and proposed which demonstrates the ability to keep the equipment operational and find faults before they affect patient care, 6 points will be given. If the equipment is not of appropriate model or up-to-date or the maintenance plan is not sufficient to keep the equipment operational, fewer or no points will be awarded using four years as the life expectancy of the equipment.

5-A Business Practices:

- a. The proposal provides ample information to assure that the provider can and will meet all applicable credentialing standards, MCC and EMS rules for the contract period.
- b. The proposal does provide for insurance to at least the RFP minimums.
- c. The proposal does provide all of the costing and revenue projections as requested in Form 1. The cost and revenue figures are reasonable and based upon EMS figures provided. The costs are fully accounted and adequately justified where not applied to the 911 contract.
- d. The proposal does provide for free-of-cost standbys for police and fire agencies.
- e. (e)(f)(g) The proposal does recognize and integrates into the contractor's operations, the TAXI and CHIERS and Pate Study Committee.
- f. (h) The proposal does recognize the EMS Office authority to sample billings and does provide a process to correct incorrect billings.
- g. (i) The proposal does provide for \$42,500 per annum in quarterly payments to EMS for physician-supervisor services.
- h. (j) The proposal does provide a plan of operation for the first six months which considers all aspects of the RFP requirements. The plan is reasonable and does demonstrate financial soundness.
- i. (k) The proposal does describe the billing practices. The billing practices are humane and encourage those who can pay to pay, but those who cannot pay are recognized and billings dealt with humanely. The billing practices also are legal and exhibit sound business practice.
- j. (l) The proposal does describe the legal business structure of the contractor, and it is the same as used in the credentialing process. The business structure is legal in Oregon.

5-E Business Practice:

- a. A ALS flat rate of \$150 will be awarded 20 points. For each ten dollar increase in the rate, 2 fewer points will be awarded. A flat rate of less than \$150 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$250 will be penalized by deducting 3 points for each ten dollar increase.
- b. An ALS flat rate of \$250 will be awarded 30 points. For each ten dollar increase in the rate, 3 fewer points will be awarded. A flat rate of less than \$250 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$350 will be penalized by deducting 3 points for each ten dollar increase.
- c. A \$60 charge per ambulance per hour for private standbys will be awarded 10 points. For each ten dollar increase 3 fewer points will be awarded.

ALL RATES MUST BE PROVIDED ON FORM 2 PAGE 22

6. Safety Net: 6.A.

- a. The proposal does provide for adequate ambulance coverage in the event of a work stoppage.
- b. The proposal does provide for adequate ambulance coverage per the RFP requirements in the event of contractor failure or contract revocation. The proposal does provide for ambulance turnover and use by the county and ready access for operating funds. If a performance bond is used, the bond and bonding company must meet all applicable Oregon and Multnomah County standards.

## H. Evaluation Procedure

All proposals will be evaluated by the EMS Proposal Evaluation Committee. The EMS Proposal Evaluation Committee is appointed by the EMS Policy Board and the Board of County Commissioners and is made up of:

- EMS Director (non-voting)
- Representative Citizen (2) (one of which will have financial expertise CPA, etc.)
- Medical Advisory Board Representative
- Multnomah County Medical Society Representative
- Multnomah County Purchasing Department Representative (non-voting)
- Emergency Medical Technician (outside of Multnomah County with no past or present ties to a proposer or licensee of Multnomah County)

When a consortium presents its proposal for evaluation, the consortium must clearly and in detail explain how its component entities or personnel will deliver services, equipment, or personnel in each area of activity. The Evaluation Committee shall not consider cumulative "qualifications." Only the qualifications of the person actually designated to perform the activity or the specifications of the item actually to be used are relevant when specific persons or items are at issue. When corporate or group characteristics are being reviewed, only the least qualified or least well-specified item put forward by the consortium will be considered.

During the evaluation point-award process, the Evaluation Committee may require interviews of personnel described in the proposals, and may hear oral presentations, conduct on-site visits to facilities, or both.

The proposals will be evaluated first to determine whether they meet the minimum requirements. Any proposals which do not pass the minimum requirements will be rejected. Those proposers who do not meet the minimum requirements will be notified by mail.

Those proposals which meet the minimum requirements will be awarded points in the Category B areas.

The top ranking proposal will be recommended to the Medical Advisory Board (MAB) who will comment on the medical efficacy of the proposal. The medical areas which MAB will consider are 1-B(a), 3-A in its entirety, and 4-A (b, c, d, e). The MAB may determine that the proposal is non-responsive in an area. If the proposal is determined by the MAB to be non-responsive, the next highest ranking proposal will be submitted for MAB consideration. The top ranking MAB approved proposal will then be recommended to the EMS Policy Board. The Policy Board will recommend to the Board of County Commissioners (BCC). The BCC will then direct that a contract be awarded.

Attachments:

### Ambulance Charge Standard

A BLS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with only those practices that are defined by ORS as EMT-1 practices.

An ALS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with any practice that is defined by ORS as an EMT-2, 3, or 4 level practice.

#### Examples:

Practice	Charge level	
	EMT-1 (BLS)	EMT-2, 3, 4 (ALS)
IV		X
Splinting	X	
CPR	X	
O <sub>2</sub> Administration	X	
Drugs		X
Epenephrine (Anaphylaxis)	X	
Intubation		X
Cardiac Monitoring		X
Defibrillation		X
Bag Valve Mask	X	

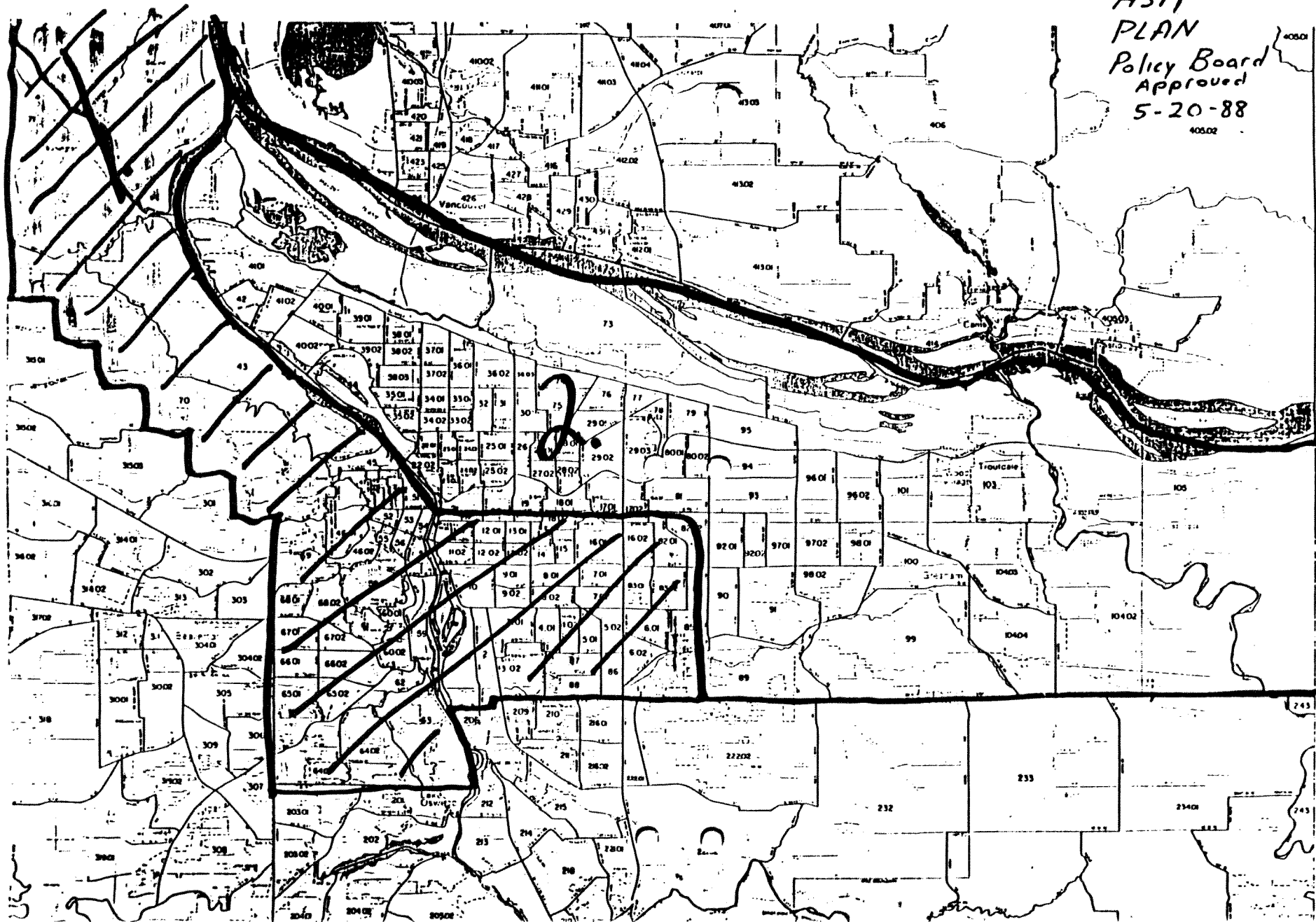
BLS and ALS protocols must serve as a standard of care. No patient must be denied appropriate care based upon a charge level. Also, no patient must be provided care beyond the BLS/ALS protocol standards to gain an additional charge level.

## DEFINITIONS

1. Non-emergency                      Any medical call in which there is no threat to life or limb.
2. Emergency                         Any medical call in which there is a definite or unknown threat to life or limb and time is of the essence, or that the call is placed to 911 requesting medical aid.
3. Basic Life Support (ELS)        The level of care which an EMT-1 may provide. Usually this care will only stabilize a patient and will not result in an improvement in patient condition, i.e., patient assessment, CPR, splinting, etc.
4. Advanced Life Support (ALS)    The level of care which an EMT-2,3, or 4 can provide. It encompasses all basic life support, plus procedures which can improve the patient's condition, i.e., defibrillation, IV, drugs, endotracheal intubation, etc.
5. Code 1 Call                        The running condition of a patient call or transport in which no lights or siren is used and the ambulance proceeds with the normal traffic flow.
6. Code 3 Call                        The running condition of a patient call or transport in which lights or siren are used and the ambulance proceeds as rapidly as possible.
7. Private Call                       A request for transport which originates at the private ambulance and must be a non-emergency requiring only Code 1 running.
8. Emergency Medical Technician (EMT)    An individual who has completed training in the recognition and treatment of medical emergencies in a prehospital environment. The training begins at 110 hours (EMT-1) and progresses to 900+ hours (EMT-4). Certification (2, 3, 4) is provided by the Board of Medical Examiners.

9. First Responder A responder who usually only provides BLS and can arrive on the medical scene in four minutes or less to prevent brain death in a cardiac arrest or complete bleed-out in a severe bleeding situation.
10. BLS Ambulance An ambulance which is able to provide only PLS and is staffed with at least one EMT-1 and a driver.
11. ALS Ambulance An ambulance which is able to provide ALS/BLS care and is staffed with two EMT 4's.
12. ALS Fire Vehicle A vehicle operated by the Fire Department which is staffed to the state ALS level. The unit may respond either as a sole first responder or as a second first responder unit. A portion of the the vehicles do have the ability to transport patients, but normally do not.
13. ASA Plan A document required by ORS. The document provides for state overview of a process which restrains free trade. The plan consists of procedures and specifications which address the effective (coordinated service delivery) and efficient (least costly) provision of ambulance services in a county. The plan must comply with relevant OAR's.

ASA  
PLAN  
Policy Board  
Approved  
5-20-88



## AMBULANCE RATE ACCOUNTABILITY COMMITTEE

**Purpose:** Review ambulance rates and billing practices for the 911 ambulance contractor. Recommend to the contractor and EMS office changes in billing procedure to correct problems. Recommend to the EMS Policy Board changes in the rate structure or billing practice of the 911 ambulance contractor based upon: public input, review of billing, advice of the EMS office, advice of the Medical Advisory board, and upon any new or changed performance standard or pre-hospital care procedure or equipment.

**Method:** The committee will consider testimony from two public hearings per year. The committee will consider staff reports which review contractor billing practices. The committee will consider requests from the contractor when any change in contract requirement or modification is considered. In addition, the committee will also consider input from the Medical Advisory Board and contractor on any medically related change which may affect contractor costs.

**Membership:** The committee is to be appointed by the EMS Policy Board.

Consumer (four years)

Consumer (three year term)

Consumer (two year term)

EMT-4 (two year term)

Contractor (four year term)

Medical Advisory Board (two years)

Multnomah County Medical Society (two years)

EMS Director

### Ambulance Charge Standard

A BLS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with only those practices that are defined by ORS as EMT-1 practices.

An ALS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with any practice that is defined by ORS as an EMT-2, 3, or 4 level practice.

#### Examples:

Practice	Charge level	
	EMT-1 (BLS)	EMT-2, 3, 4 (ALS)
IV		X
Splinting	X	
CPR	X	
O <sub>2</sub> Administration	X	
Drugs		X
Epenephrine (Anaphylaxis)	X	
Intubation		X
Cardiac Monitoring		X
Defibrillation		X
Bag Valve Mask	X	

BLS and ALS protocols must serve as a standard of care. No patient must be denied appropriate care based upon a charge level. Also, no patient must be provided care beyond the BLS/ALS protocol standards to gain an additional charge level.

**DRAFT**

Add Business Practice:

5 points

A history of public education is thought to predict a contractor's ability to deliver good public education. The proposer should describe the public education which he has provided over the past two years (1986, 1987). The system to which the public education was delivered must be the system used for credentialing. Proof of public education must include date, location, educator, and number of participants.

Evaluation: 5 points

The proposal which describes a history (over the past two years in the credentialing population which meets the following criteria will be awarded five points.

1. Provision of at least sixty public education sessions per year in CPR, First Aid, or other education (at least three hours in duration).
2. Participation in at least four large public gatherings per year with an educational display (fair, health fair, school, etc).
3. Participation in at least three specialized response education sessions per year (nursing home, adult foster care, shipyard, industrial problems, etc.).

If the proposal does not meet all of the above areas, 1.66 points will be awarded for each of the above areas to a maximum of five points total.

**DRAFT**

**DRAFT**

Medical add:

5 points

It is thought that a proposer's history of having a functioning peer review process will predict that the proposer will provide better emergency medical care if chosen as a contractor. The proposer must describe his peer review process. The description must be provided for the past two years (1986, 1987) and be for the credentialed population.

Evaluation: 5 points

A proposal which describes a peer review process history with at least the following characteristics will be awarded five points:

1. A meeting each month attended by the off-line medical director, and with at least 90 percent of the members attending.
2. A peer review committee made up of representatives representing ALS, BLS, and communications.
3. A peer review process with a set of bylaws which assure patient confidentiality, rules of order, autonomy from management, and the responsibility to take action in medical areas they deem appropriate.

If the proposal describes and properly documents all of the above areas of peer review five points will be awarded. If all areas are not met, 1.66 points will be awarded for each area met for a maximum of five points.

**DRAFT**

**DRAFT**

Personnel add:

five points

A good history of continuing and specialized education for EMTs is thought to predict a proposer's capability to offer excellent prehospital emergency medical care. The proposer should detail in the proposal the proposer's experience in EMT education over the last two years. EMT education experience must be based on the population which was used to credential the proposer. The proposer must provide proof of EMT continuing education through dates offered, lecturer, content, and number of EMTs attending. The proposer must also describe an evaluation process for cognitive and motor skill areas. A proposer who meets all of the goals will be awarded five points.

Evaluation: EMT Continuing and Specialized Education

The proposer who describes and validates a history of EMT continuing education which meets the following criteria will be awarded five points:

1. The program must have been offered to at least 65 EMT paramedics.
2. The program must offer at least the number of hours and variety (whichever is greater) required for state recertification or National Registry of EMTs recertification.
3. Twenty-five percent of the EMT-Ps recognized as Prehospital Trauma Life Support instructors or Basic Trauma Life Support instructors and Advanced Cardiac Life Support instructors.

If the proposer does not meet each of the above, 1.66 points will be awarded for each area met for a maximum of five points.

**DRAFT**

**DRAFT**

Personnel add:

Field Supervisor Qualifications: 5 points

The proposer must describe in detail the qualifications of the field supervisors which he will use if awarded the contract. The names of the EMTs is not to be included, however, the contractor will be responsible for providing field supervisors with the qualifications described in the proposal.

Evaluation: Field Supervisor Qualifications 5 points

The proposal to meet the field supervisor goal must describe field supervisors which have the following characteristics:

1. Supervision experience as evidenced by supervision of at least 20 EMT-Ps for two or more years.
2. Experience with the Multnomah County EMS program as evidenced by employment by a Multnomah County EMS/ALS licensee for at least the past four years.
3. Knowledge of prehospital care as evidenced by certification in Oregon as an EMT III or IV for at least five years.

A proposal which meets all of the above will be awarded five points. If the proposer does not meet all of the above, 1.66 points will be awarded for each area met for a maximum of five points.

**DRAFT**

**DRAFT**

Personnel add:

five points

A good history of continuing and specialized education for EMTs is thought to predict a proposer's capability to offer excellent prehospital emergency medical care. The proposer should detail in the proposal the proposer's experience in EMT education over the last two years. EMT education experience must be based on the population which was used to credential the proposer. The proposer must provide proof of EMT continuing education through dates offered, lecturer, content, and number of EMTs attending. The proposer must also describe an evaluation process for cognitive and motor skill areas. A proposer who meets all of the goals will be awarded five points.

Evaluation: EMT Continuing and Specialized Education

The proposer who describes and validates a history of EMT continuing education which meets the following criteria will be awarded five points:

1. The program must have been offered to at least 65 EMT paramedics.
2. The program must offer at least the number of hours and variety (whichever is greater) required for state recertification or National Registry of EMTs recertification.
3. Twenty-five percent of the EMT-Ps recognized as Prehospital Trauma Life Support instructors or Basic Trauma Life Support instructors and Advanced Cardiac Life Support instructors.

If the proposer does not meet each of the above, 1.66 points will be awarded for each area met for a maximum of five points.

**DRAFT**

BEFORE THE BOARD OF COMMISSIONERS

FOR THE COUNTY OF MULTNOMAH

ORDINANCE NO. \_\_\_\_\_

An Ordinance adopting an Ambulance Service Plan and amending MCC 6.31.039.

Multnomah County ordains as follows:

Section 1. Findings.

1. ORS 823.180 and rules of the State Health Division require the County to adopt a plan relating to the need for and coordination of ambulance services. MCC 6.31.038 authorizes the Board of Commissioners to adopt the plan after requesting a recommendation from the Emergency Medical Services Policy Board.

2. On April 4 and May 20, 1988 the Emergency Medical Service Policy Board conducted a hearing on a plan and recommended that the Board of County Commissioners adopt it.

3. The Board has considered the draft plan at a public hearing and has determined that the plan should be adopted.

4. The plan provides, among other things, for the division of the county into two emergency ambulance service areas. It is the Board's intent, however, to establish a single area system, served by a single provider, if that option is determined to be legally allowable.

5. The Multnomah County Circuit Court has enjoined implementation of a single area plan. However, appeals of that decision are now pending. The plan adopted by this ordinance establishes two emergency ambulance service areas as an interim measure, pending resolution of those appeals. Section 3 of this ordinance is intended to express that policy.

Section 2. Plan Adoption.

The Multnomah County Ambulance Service Area Plan, attached hereto as Exhibit A and incorporated herein by this reference, is adopted. The Director of The Emergency Medical Services Program shall transmit the plan to the State Health Division, but shall retain the original in the offices of the Program.

Section 3. Amendment.

MCC 6.31.039 is amended to read as follows:

6.31.039 Ratification of Rules  
Previously Adopted by Policy Board.

A. The rules adopted by the EMS Policy Board prior to March 31, 1988 are hereby ratified. EMS Rule 631-[080] 320 (single ambulance area) is subject to Circuit Court judgements declaring the rule invalid. The judgements are on appeal. The rule is hereby ratified, but it shall take effect only if the judgements are reversed and any applicable period for further appeal of those judgments has expired.

B. During the pendency of the appeal referred to in subsection A., there shall be established two ambulance service areas as described in the plan adopted by Ordinance No. . Contracts for serving those areas shall be awarded as provided in the plan. However, upon expiration of those contracts, the two ambulance service areas shall be replaced by a contract for a single area/single provider if the judgements referred to in subsection A. have been reversed.

Section 4. Adoption.

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 1988, being the date  
of its \_\_\_\_\_ reading before the Board of County Commissioners  
of Multnomah County.

BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_  
Gladys McCoy  
Multnomah County Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL  
FOR MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_

Laurence Kressel  
County Counsel

1431R/dm  
071288:6:1

R-15-

DRAFT II  
5/5/88

AMBULANCE SERVICE  
AREA PLAN

Multnomah County  
Oregon

[4016E p/1]

**DRAFT**

## INDEX

- p. \_\_\_\_ 1. Definitions list related to county ASA plan.
- 2. Communications:
  - p. \_\_\_\_ a) Access to Emergency Medical (EMS) System.
  - p. \_\_\_\_ b) Procedures for dispatch of ambulances.
  - p. \_\_\_\_ c) Ambulance notification procedures.
  - p. \_\_\_\_ d) Emergency radio communications systems.
  - p. \_\_\_\_ e) Notification and response time monitoring process.
  - p. \_\_\_\_ f) Standards for response times.
  - p. \_\_\_\_ g) Training of EMS dispatchers.
- 3. Provider Profile:
  - p. \_\_\_\_ a) ASA financial viability.
  - p. \_\_\_\_ b) Service effectiveness.
  - p. \_\_\_\_ c) Service efficiency.
  - p. \_\_\_\_ d) Level of response.
  - p. \_\_\_\_ e) Level of care.
  - p. \_\_\_\_ f) Staffing.
  - p. \_\_\_\_ g) Patient care equipment.
  - p. \_\_\_\_ h) Emergency patient transport vehicles (ambulances).
  - p. \_\_\_\_ i) Initial and continued training for ambulance personnel.
- 4. Disaster Response Plan:
  - p. \_\_\_\_ a) Responsibilities.
  - p. \_\_\_\_ b) Identification of additional personnel and equipment resources:
    - 1. hazardous material
    - 2. search and rescue
    - 3. specialized rescue
    - 4. extrication

- p. \_\_\_ c) Coordination of resources.
- p. \_\_\_ d) Method for obtaining out-of-county resources.
- p. \_\_\_ e) Ambulance disaster response plan recognition.

5. Mutual Aid Agreements:

- p. \_\_\_ a) Mutual aid agreements for ambulance response outside of service area.
- p. \_\_\_ b) Mutual aid agreements between ambulance providers.

6. Boundaries:

- p. \_\_\_ a) ASA geographic area.
- p. \_\_\_ b) "911", fire district incorporated city boundaries.
- p. \_\_\_ c) ASAs designation considering fire district and cites.
- p. \_\_\_ d) ASA boundaries considering artificial and geographic barriers to response times.
- p. \_\_\_ e) County coverage by an ASA(s).

7. Quality Assurance and System Development:

- p. \_\_\_ a) Quality assurance program.
- p. \_\_\_ b) Legal sanctions for violations.
- p. \_\_\_ c) Input to the county from:
  - 1. consumers
  - 2. providers
  - 3. medical community
- p. \_\_\_ d) EMS Policy Board

8. Provides Selection:

- p. \_\_\_ a) Mechanism for responding to an application by a provider for an ASA.
- p. \_\_\_ b) Mechanism for assignment and reassignment of providers to ASAs.
- p. \_\_\_ c) Mechanism for responding to notification that an ASA is being vacated.
- p. \_\_\_ d) Procedures for resolving disputed cases.

9. County Executive Approval:

- p. \_\_\_ a) Signed statement.

ATTACHMENTS:

Number

- 1 Bureau of Emergency Communications Performance Agreement
- 2 Triage Guide
- 3 MCC 6.31
- 4 Emergency Medical Services Rules
- 5 Basic Life Support Protocols
- 6 Advanced Life Support Protocols
- 7 Radio System Configuration
- 8 Over Eight-Minute Response Time Printout
- 9 Emergency Medical Services Dispatch Training Document
- 10 Credentialing Document
- 11 Request For Proposal Document
- 12 Quality Assurance Plan
- 13 Mass Casualty Incident Plan
- 14 Hazardous Materials Procedures
- 15 Portland Fire Bureau Locations
- 16 Gresham Fire Department Locations
- 17 Bureau of Emergency Communications Standard Operating Procedures
- 18 Emergency Management Letter
- 19 Mutual Aid Agreements
- 20 Rate Control Committee
- 21 Fire District Map
- 22 Two ASA Map

1. DEFINITIONS

- (A) "Advanced Life Support Services" means prehospital and interhospital emergency care which encompasses, in addition to basic life support functions, cardiac monitoring, cardiac defibrillation, administration of antiarrhythmic agents, intravenous therapy, administration of medications, drugs, and solutions, use of adjunctive medical devices, and other techniques and procedures, identified by rules adopted under MCC 6.31.000.
- (B) Advanced Life Support (ALS) Units - means those units staffed by an Oregon-certified Emergency Medical Technician IV as defined in ORS 677.610(1).
- (C) "Ambulance" means any vehicle so certified by the State Health Division.
- (D) Ambulance Service Area (ASA) - means a geographic area which is served by one ambulance provider, and may include a county, two or more contiguous counties, or a portion of such county(ies).
- (E) Ambulance Service Area Plan - means a plan which describes the need for and coordination of ambulance service and establishes an ambulance service areas.
- (F) Ambulance Services - means any person, as hereinafter defined, who operates an ambulance which is either stationed within or without the County and dispatched from within or without the County to pick up and transport patients within the County.
- (G) "Appeals Hearings Officer" or "Hearings Officer" means the person or persons designated by the policy board to conduct contested case hearings concerning actions on licenses under this chapter.
- (H) Basic Life Support (BLS) - the level of care which an EMT-1 may provide.
- (I) Basic Life Support (BLS) Units - means those units staffed by two Oregon-certified Emergency Medical Technician I's.
- (J) "Board" means the Board of County Commissioners of Multnomah County, Oregon.
- (K) "City" means the City of Portland.
- (L) Code 1 Call - the running condition of a patient call or transport in which no lights or siren are used and the ambulance proceeds with the normal traffic flow.
- (M) Code 3 Call - the running condition of a patient call or transport in which lights or siren are used and the ambulance proceeds as rapidly as possible. (ORS 820.300-320)

- (N) "Director" means the Director of the Office of Emergency Medical Services of the Department of Human Services of Multnomah County, or the director's authorized representative.
- (O) "Do business in Multnomah County" means to provide emergency ambulance service or any other emergency medical services in Multnomah County, provided, however, that transporting patients from outside the county to within the county only shall not be considered doing business within the county.
- (P) "Emergency" means any non-hospital occurrence or situation involving illness, injury, or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.
- (Q) "Emergency Medical Services" or "EMS" means those prehospital functions and services which are required to prepare for and respond to emergencies, including rescue, ambulance, treatment, communications, evaluation, and public education. "Emergency Medical Services" does not include services of fire department which do not provide advanced life support services.
- (R) "Emergency Medical Technician" or EMT" means a person so certified by the State Health Division or the State Board of Medical Examiners.
- (S) Emergency Medical Technician I (EMT I) - means a person certified by the Division to attend any ill, injured, or disabled person in connection with her/his transportation by ambulance and in accordance with ORS 820.310, 820.330, 820.350, and 823.010 to 823.990.
- (T) Emergency Medical Technician II (EMT II) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(3).
- (U) Emergency Medical Technician III (EMT III) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(4).
- (V) Emergency Medical Technician IV (EMT IV) - means a person certified by the Board of Medical Examiners as defined in ORS 67.610(5).
- (W) "Emergency Medical Services (EMS) Central Dispatch Office" means the communications center established under the auspices of the EMS Director.
- (X) "Employee" means an employee, agency, or driver of an ambulance employed by a licensee.
- (Y) First Responder - a responder who usually only provides ELS and can arrive on the medical scene in four minutes or less 90% of the time to prevent brain death in a cardiac arrest or complete bleed-out in a severe bleeding situation.
- (Z) Health Officer - means the Multnomah County Health Officer.

- (AA) "License" means a nontransferable, nonassignable permit, personal to the person to whom it is issued, issued by the director authorizing the person whose name appears as licensee to do business in Multnomah County.
- (BB) "Licensee" means a person possessing a valid license from Multnomah County.
- (CC) "Medical Advisory Board" means the Emergency Medical Services Medical Advisory Board .
- (DD) "Medical Advice" means instruction, direction, advice, and professional support given to an EMT via radio or telephone communications by personnel at medical resource hospital, for the purpose of assisting in the provision of pre-hospital on-site and in-transit basic and advanced life support services.
- (EE) "Medical Resource Hospital" means a medical facility designated as such under the rules adopted under MCC from which medical advice may be provided.
- (FF) "Multnomah County" or "county" means the unincorporated areas of Multnomah County.
- (GG) Non-emergency - any medical call in which there is no threat to life or limb.
- (HH) Notification Time - means length of time between the ambulance service's receipt of the request for the ambulance and the notification of the ambulance crew.
- (II) Owner - means the person having all the incidents of ownership in a vehicle or, where the incidents of ownership are in interest holder or lessor, entitled to the possession of a vehicle under a security agreement of a lease for a term of ten (10) or more successive days.
- (JJ) "Party means:
- (1) Each person or agency entitled as of right to a hearing.
  - (2) Each person or agency named by the hearings officer or policy board.
  - (3) Any person requesting to participate as a party or in a limited status who is determined either to have an interest in the outcome of the proceeding or represents a public interest in such results.
- (KK) "Patient" means an individual who, as a result of illness or injury, needs immediate medical attention.
- (LL) "Person" means an individual, partnership, company, association, corporation, or any other legal entity, including any receiver, trustee, assignee, or similar representative.

- (MM) "Policy Board" means the Emergency Medical Services Policy Board established under MCC 6.31.000.
- (NN) Private Call - a request for transport which originates at the private ambulance and must be a non-emergency requiring only Code 1 running.
- (OO) "Provider Board" means the EMS Provider Board established under this chapter.
- (PP) Response Time - means the length of time between notification of the ambulance crew and arrival of the ambulance at the incident scene.
- (QQ) "State Health Division" means the Health Division of the Department of Human Resources of the State of Oregon, or its successor.
- (RR) Supervising Physician - means a medical or osteopathic physician licensed under ORS 677, actively registered and in good standing with the Board of Medical Examiners and affiliated with an EMS agency for the purpose of medical accountability and pre-hospital emergency medical care education.
- (SS) "Vehicle" means an ambulance or fire department rescue unit which is used in the provision of emergency medical services, but does not include a fire engine or ladder truck. [Ord. 229 s. 1 (1980)]

## 2a. Communications

- (A) 9-1-1 calls placed for emergency medical assistance within Multnomah County are predominantly answered at the Bureau of Emergency Communications (located at Kelley Butte within Multnomah County).

Several other potential answering points occur within portions of Multnomah County. In the deep east portion of the county (I-84 Columbia Gorge area) phone prefix numbers 374 are answered at the Hood River Public Safety answering point (PSAP). Phone prefixes in the southwest area bordered by Washington County with the phone prefix numbers 291, 292, and 297 are answered at the Washington County Public Safety answering point located in Hillsboro. Phone prefixes 639, 620, 684 are answered by the Tualatin PSAP. Phone prefixes 652, 653, 654, 619 are answered by the Milwaukie PSAP. Phone prefixes 635, 636, 697 are answered by the Lake Oswego PSAP. Phone prefix 543 is answered by the Columbia County PSAP.

The Bureau of Emergency Communications at Kelley Butte is under contract to the Emergency Medical Services office. The Multnomah County ordinance which establishes the Emergency Medical Services administration within Multnomah County, assigns the responsibility to establish and maintain a 9-1-1 medical answering point and dispatch facility for all emergency medical calls originating within Multnomah County, to the EMS Director.

The administrative arrangement between the office of Emergency Medical Services and the Bureau of Emergency Communications (BOEC) and the participating cities within Multnomah County is attached and is entitled Bureau of Emergency Communications User Agreement, Attachment \_\_\_\_.

In those two areas of Multnomah County which are not answered by Multnomah County, the Public Safety Answering Points return the calls to the Bureau of Emergency Communications which dispatches the appropriate ambulance and first-responder to the calls. There is one area of exception. In the Skyline area PFB is notified directly by Washington County to respond first responders.

In addition, the Bureau of Emergency Communications answers 9-1-1 calls which originate out of Multnomah County based upon telephone company switching procedures. Counties which have a portion of their 9-1-1 calls answered by Multnomah County are Clackamas, Washington, and Columbia County. Also, the majority of cellular telephone call drops occur at BOEC even though the call may be two counties away.

## 2b. EMS Dispatch Procedures

The Bureau of Emergency Communications (BOEC) dispatches all transporting emergency ambulances within Multnomah County. A caller's request for emergency ambulance service will be processed by a BOEC call-taker. The BOEC call-taker will use the call triage guide to determine the level of response of ambulance needed by the patient (Attachment 2).

The call-taker will then transfer the information via computer screen to an EMS dispatcher. The EMS dispatcher is aware of all ambulance locations/availability and current staffing level within Multnomah County. The information is continually provided by all licensees under Multnomah County rule (see Attachment 4). Portland Fire Bureau, Fire Alarm Dispatch (FAD) is notified of all medical emergencies which require a first responder (triage guide). FAD then dispatches the first responder for all in Multnomah County fire agencies except Skyline Fire Department.

In the event the ambulance is needed in a fringe area of Multnomah County, where an out-of-county ALS provider can respond and the in-county ambulance is more than ten minutes away, the out-of-county ambulance will be dispatched. Dispatching of the out-of-county ambulance occurs by either direct communication with the ambulance or by placing a call to the appropriate Public Safety Answering Point (PSAP).

The Multnomah County Code sites which govern this area of medical call dispatching and call triage are: 631-306, -307, -308, -310, -312, -314, -318, -320, -330, -335, -338, -390, Subsections A, B, C, and D. These rules are attached (see Attachment 4).

## 2c. Ambulance Notification Procedures

The Bureau of Emergency Communications EMS dispatch will notify the closest ambulance service area ambulance when a call is received which requires an emergency dispatch. All calls requiring a first responder are reported to Fire Alarm Dispatch by nature code, running code, and address.

The information of the central dispatch order is included in the MCC Rule 631-310. In addition, cancellation of the ambulance as a part of the central dispatch order is included in Rule 631-312.

These rules are as attached (see Attachment 4).

## 2d. Emergency Radio Communication System

The radio communication system used in Multnomah County is ultra high frequency design. Specific Med Nets are assigned and used in Multnomah County according to the State of Oregon Emergency Medical Services Communication Plan. Equipment required on ambulances is addressed by the EMS Administrative Rules 631-302, 631-310, 631-318 (see Attachment 4).

Hospital communications are provided in Multnomah County by ultra high frequency and very high frequency design. The ultra high frequency uses Med Net 4 and the very high frequency used the HEAR frequency 155.340mhz. Hospital communications requirements are addressed by EMS Administrative Rule 631-410. The basic life support and advanced life support protocols adopted under EMS Administrative Rules also requires certain levels of communications from Emergency Medical Technicians. This information is attached (see Attachments 5 and 6). Fire first responders use VHF fire frequencies. The ALS rescues (8) and two ALS apparatus (Swad 1, Quad 1) also have the UHF med nets.

The configuration of the UHF system is described in Attachment 7.

## 2e. Ambulance Notification and Response Times

Notification of an ambulance is governed by the user contract between Multnomah County Emergency Medical Services and the Bureau of Emergency Communications. The current user performance contract requires that all emergency medical services calls be processed<sup>1</sup> in 80 seconds time 90 percent. This document is attached as Attachment 1.

Ambulance response times are governed by EMS Administrative Rule 631-326. This rule is attached (see Attachment 4).

The Emergency Medical Services office receives, on a four-week period, all response times within the emergency medical services system. Those response times contain the number of responses in an ambulance services area, number of responses which are under eight minutes and the number over eight minutes.

For each response over eight minutes, specific information is generated; that information consists of the date of the response, the BOEC dispatch number, location of response, unit number of responding unit, actual response time. In addition, ambulance services which are assigned service areas provide to the Emergency Medical Services office, on a four week by four week period, a list of all beyond-eight-minute response times in the ambulance service area. A sample of this report is attached (see Attachment 8).

<sup>1</sup>Processed is defined as the time between initial call answering and dispatch of an ambulance.

## 2f. Ambulance Notification and Response Times

These two sources of information are used to determine if an ambulance service area is being underserved and is not meeting the requirements of the EMS Administrative Rules. If the EMS Administrative Rule is not being met, fines may be levied on the ambulance service area operator or the ambulance service area operator's license and ambulance service area may be withdrawn by the Emergency Medical Services office. Specific requirements for this process are contained in the Multnomah County Code and EMS Rules, and are contained in Attachment 4. All ALS ambulances must respond in eight minutes or less 90 percent of the time.

All portions of review of the beyond-eight-minute response times are currently performed by EMS administrative staff with periodic reports made to the Emergency Medical Services Quality Assurance Subcommittee, which functions under the Emergency Medical Services Medical Advisory Board. This process is described in Attachment 12.

In addition, first-responders function under an agreement to provide first-responder basic life support services or advanced life support to the scene of a medical emergency with a response time of four minutes or less ninety percent of the time. This information is monitored by the Portland Fire Bureau, Gresham Fire Department, and other first-response agencies within Multnomah County. It is expected that each of the fire departments will maintain their own quality assurance mechanism to assure these response times are being met.

## 2g. Training for EMS Dispatchers

All Emergency Medical Services dispatchers functioning at the Bureau of Emergency Communications have been trained to the Emergency Medical Dispatch level.

The training is provided by staff at the Bureau of Emergency Communications and Emergency Medical Services staff.

The training complies with the state-approved Emergency Medical Dispatcher training and uses the majority of material produced by Dr. Clausen of Salt Lake City. A copy of this training program is attached as Attachment 9.

### 3a. Provider Profile

Each of the two ambulance service areas within Multnomah County must financially support itself. Financial support is provided through user fees. The determination of cost with reference to user fees charged is a part of the Request For Proposal document. The costing document will allow for cross subsidization of emergency ambulance cost through the use of non-emergency transports or cross utilization of personnel. See Attachment 11.

The RFP assures that any non-ASA revenues are reported and considered as a part of the selection of the ambulance service area contractor to serve the ambulance service area. The organizations as they provide proposals must provide projections of revenues and costs for the time period in the beginning when revenues do not meet cost, then through the time period in which revenues exceed cost, to equal, the deficit incurred in the initial operating time period. This assures the financial soundness of the contractor and that the proposal selected is financially sound.

ASA I also will be supported by County alcohol and drug monies because the contractor will have subcontracting responsibilities to perform inebriate outreach services.

### 3b. Service Effectiveness Demonstration

The effectiveness of the ambulance service to deliver pre-hospital emergency medical care will be continuously monitored by the quality assurance process as detailed in Attachment 12.

A prospective study of the ambulance service area contractor will be provided through the Request For Proposal. Please see Attachments 10 and 11. The Request For Proposal and credentialing process assure that any potential contractor for the ambulance service area must be in substantial compliance with all rules and regulations by state, regional, or local authorities. In addition, the organization must have met its response times for an area and the evidence of these response times being met must be provided as a part of the prospective examination process. The credentialing process to select potential providers will also require reports from system-wide quality assurance processes which demonstrate that the organizations who wish to bid or file a proposal must have provided quality care with no major deviations in morbidity, mortality outcomes for the ambulance service areas which they have served prior to requesting to be assigned an ambulance service area within Multnomah County.

The process of determination of effectiveness is provided through a prospective process of credentialing and proposal evaluation and a retrospective process governed by the quality assurance.

### 3c. Service Efficiency

Service Efficiency will be demonstrated by the request for proposal, see Attachment 11.

The request for proposal will consider cost as a mechanism of service efficiency. In addition, the unit hour utilization figures with maximum and minimums acceptable as a part of this document. Also, the overall requirement for response times assists in determining service efficiency is maintained as well as service effectiveness.

The cost to the consumer will not be known until the request for proposal is released and acted upon by potential contractors.

The rate control committee will also assist in determining reasonable cost of ambulance cost to consumers over the period of the contract as changes in the delivery of emergency medical services occur - see Attachment 20.

### 3d. Level of Response

All calls for medical assistance placed to the 911 system within Multnomah County are call triaged. See Attachment 2. This call triaging and pre-arrival instruction process requires that a certain level of response be provided.

First responders within the Emergency Medical Services ASA-1 and ASA-2 areas are trained to the Quick Responder or above level. All ambulance personnel who respond on Advanced Life Support ambulances within Multnomah County must be trained and certified to the EMT-4 level. This is demonstrated by MCC and EMS Rules, see Attachments 3 and 4.

### 3e. Level of Care

The ambulance service areas within Multnomah County only provide for the call answering for 911 calls. All ambulances dedicated to this effort must respond as Advanced Life Support ambulances meeting the state minimum requirements plus additional Multnomah County requirements. Those requirements are that certain pieces of equipment in addition to the state requirements are provided, a UHF radio is in place and operational, and that two EMT-4s are in attendance with the ambulance.

Non-emergency providers will continue to answer private calls within Multnomah County. These organizations will be licensed by Multnomah County and will be required to process any calls which they receive which require an under 30 minute response by the call triaging guide attached as Attachment 2. This assures that non-ASA contractors do not provide emergency ambulance service within Multnomah County. Emergency in this context to mean that the patient must be rendered care within a half an hour or less and that the patient is not exhibiting any signs or symptoms which would require an emergency response as dictated by the EMS call triaging guide.

### 3f. Staffing

Staffing for emergency ambulance service within Multnomah County for the ASA contractor is considered in Multnomah County Code and EMS Rules, see Attachments 3 and 4. In addition, the Request For Proposal document details even further the requirements with specific reference on unit hour utilization, reimbursement levels for Emergency Medical Technicians, and staffing levels as reported through an ambulance service area plan. See Attachment 11. This examination in a prospective manner of an ambulance service area assignee will allow a detailed process to determine that adequate staffing levels to assure EMT competency with no burnout are maintained.

### 3g. Ambulance Equipment

Ambulances operated by the contractor for each ambulance service area are required to meet standards above those of ORS.

Those standards which are required are detailed in the MCC and EMS Rules, see Attachments 4 and 3.

In addition, the Request For Proposals determines other standards for equipment, see the equipment portion of the Request For Proposal, Attachment 11.

### 3h. Patient Transport Vehicles

The ambulance service area contractor is required by Multnomah County Code and EMS Rule to meet minimum ORS requirements with regard to vehicle construction and standard.

In addition, the Request For Proposal, see Attachment 11 requires that the ambulance contractor to receive points, provide specific up to date ambulances meeting KKK1822B and that the contractor maintains the mechanical stability of the vehicle by the ambulance operator required to have inspections provided at specific mileage increments.

### 3i. Initial and Continued Training For Personnel

The ambulance service area operator will be examined to determine their initial personnel training and maintenance of personnel training prospectively and retrospectively.

The prospective examination process is provided through the Request For Proposal which requires personnel to be currently certified at the EMT-4 level. It is the responsibility of the ASA contractor to maintain certification levels for his personnel. In addition, the single physician supervisor will require inservicing and Multnomah County requires attendance at mandatory inservicing for the personnel.

Retrospective analysis of the training level and continuing education is provided through examination of ambulance contractor records to assure that all personnel are maintaining EMT certification and re-certification standards with regard to continuing education. This will be provided through random checks of the continuing education and certification files which the contractor must maintain.

In addition, the county through contract with Oregon Health Sciences University offers two inservice training courses per month which are also coordinated with local hospitals. These provide for the provision of a didactic lecture and at least two case reviews involving on-line medical direction physicians. This process assures that the Emergency Medical Technicians within the community are provided many chances to interrelate with on-line medical direction and be provided a mechanism to assure them of meeting continuing education requirements for the state of Oregon.

#### 4a. Mass Casualty Incident Response Plan

Mass Casualty Incident Response Plan is a requirement of the EMS Rules of Multnomah County. EMS Administrative Rule 631-514 assigns responsibility to develop the Mass Casualty Incident Response Plan and Protocols to the Emergency Medical Services office.

This plan and protocols have been provided and are adopted as a portion of the rules of Multnomah County. The Mass Casualty Incident Response Plan is attached as Attachment 13.

#### 4b. Extra Personnel, Facilities, or Equipment Needs

Hazardous materials situations within Multnomah County are dealt with by the Portland Fire Bureau and the Gresham Fire Department. Standard operating procedures of these two organizations as well as their protocols are attached as Attachment 14.

Notification of these organizations of hazardous materials incidents is made by the Bureau of Emergency Communications and Fire Alarm Dispatch. In addition, the Port of Portland functions with these two fire organizations, which offer hazardous materials services for the Port.

Search and Rescue functions are assigned to the Multnomah County Sheriff's Office by state statute.

Notification of the Multnomah County Sheriff's Office Department for Search and Rescue needs is made by the Bureau of Emergency Communications. In addition, the 304th Search and Rescue is coordinated for search and rescue activities through the Multnomah County Sheriff's Office.

Specialized rescue such as vertical terrain, water rescue, and other types of specialized rescue are provided by Portland Fire Bureau, Gresham Fire Department, Fire District 14, Sauvie Island Fire, and Skyline Fire. Portland Fire Bureau maintains a dive rescue unit as well as vertical terrain personnel. Gresham Fire also maintains vertical terrain rescue personnel.

#### 4b. Vehicle Rescue

Vehicle rescue is provided by Portland Fire Bureau, Gresham Fire, Corbett Fire, and Sauvie Island Fire. The Vehicle Rescue apparatus includes Hurst Tools, other types of forcible entry tools, and air bags. Personnel are trained in the use of these tools, and the Emergency Medical Technicians who function with each of the fire agencies as first-responders also provide vehicle rescue services.

A listing of station locations for Portland Fire Bureau and the Gresham Fire Department are attached as Attachments 15 and 16.

Sauvie Island responds from only one location. Corbett Fire responds from three locations. Skyline Rural Volunteer Fire responds only one location in Multnomah County.

All requests for specialized rescue services are directed through the Bureau of Emergency Communications 9-1-1 center, which has standard operating procedures for the response of these units. The standard operating procedure for the Bureau of Emergency Communications is attached as Attachment 17.

#### 4c. Coordination of Special Resources

Coordination of special resources needed in emergency medical situations is provided through the Bureau of Emergency Communications Standard Operating Procedure which is attached as Attachment 17.

Multnomah County Advanced Life Support and Basic Life Support Protocols assign the person in charge responsibilities to the first arriving Emergency Medical Technician, and these responsibilities are maintained by the Emergency Medical Technician, until transport is imminent (see Attachments 5 and 6). This applies except in situations which meet Mass Casualty Incident (MCI) definitions. In MCI's the Medical Sector Coordinator remains the P.I.C.

Responsibility for unsecured or dangerous situations is assigned to the fire agency by county and city statute.

Incident responsibilities which involve a Mass Casualty Incident (MCI) are assigned by the Mass Casualty Incident Plan, which is attached as Attachment 18.

#### 4d. Methods for Obtaining Out-Of-County EMS Resources Other Than Ambulances

The responsibilities for out-of-county resources which might be needed in the event of a Mass Casualty Incident, or specialized resource not available within Multnomah County are assigned to the Bureau of Emergency Communications through their standard operating procedures and by the Mass Casualty Incident Plan.

The coordination of this process is through the Bureau of Emergency Communications, and may involve Providence Hospital as the regional hospital, Multnomah County Sheriff's Office with regard to search and rescue, fire departments within the county with regard to mutual aid agreements, and other counties' mass casualty incident plans.

It is also anticipated that the Area Trauma Advisory Board I Plan will adopt a mass casualty incident plan which will provide additional out-of-county resources for each county which finds its resources overcome in a mass casualty incident.

Overall coordination of these specialized resources and their inclusion in the Multnomah County process is through the Office of Emergency Management Multnomah County, and the Office of Emergency Management Portland Fire Bureau, City of Portland.

#### 4e. Mass Casualty Incident Plan Recognition

The Mass Casualty Incident Plan has been recognized and adopted by Multnomah County. This plan is incorporated as a part of the Emergency Medical Services rules of Multnomah County, and as an annex to the Multnomah County Emergency Management's Plan. A letter from the Multnomah County Emergency Manager stating that the plan is a part of the Multnomah County Disaster Plan is attached as Attachment 18.

#### 5a.b. Mutual Aid Agreements

Mutual aid agreements are provided between each ambulance service area provider (in and out of county). It is anticipated that the contractor(s) selected by the RFP will use these same agreements.

Copies of these mutual aid agreements are attached as Attachment 19.

These standards are a part of the information required by EMS Administrative Rule 361-316 adopted December 15, 1986 (see Attachment 4).

6a. Boundaries

AMBULANCE SERVICE AREA FOR TWO AMBULANCE SERVICE AREAS

MULTNOMAH COUNTY

ASA 1 All of Multnomah County west of the Willamette river, and including Sauvie Island. The Washington County, Columbia County, and Clackamas County lines will form the outside boundaries of this section of ASA 1. The Burnside Bridge will be the north/south divider for the Willamette River. The boundary line for the area east of the Willamette River will be Burnside Street, with Burnside being the Northern most boundary of the Ambulance Service Area, following Burnside until it reaches I205 and then I205 southerly until it joins the Clackamas County line.

ASA 2 Boundaries:

The area of Multnomah County contained between the Willamette and Columbia rivers (but not to include Sauvie Island) proceeding south-eastward following the Willamette river shore until it reaches Burnside Bridge and then following Burnside street easterly until I205, then southerly to the Clackamas county line and easterly following the Clackamas county line, to the Hood River county line, then northerly following the Clackamas county line, then to the Columbia River shores westerly until this line joins the western boundary of this ASA.

All "dividing lines" will have the closest emergency ambulance responded.

Basically the two ASAs are: ASA 1 - all of the area in Multnomah County west of the river including Sauvie Island and the area east of the river, south of Burnside. ASA 2 includes all other areas of Multnomah County.

6b. Other Districts

The fire districts are illustrated in Attachment \_\_\_\_\_. In addition, city and water district boundaries are illustrated.

The ASA plan respects fire districts with only the area served by Portland Fire Bureau being served by two ASA's. A single call receiving point for ALS ambulances and first responders overcomes this potential problem.

#### 6c. Coordination

The ambulances of each ASA will be dispatched by the same dispatch point (BOEC). This will be uniformity in application of all rules, protocols, and SOP's between the two ASA's. In addition, the RFP (see attachment 11) require mutual aid agreements.

First responders are dispatched by FAD. A subcommittee of the EMS Policy Board and the EMS Policy Board have recommended consolidation of EMS and Fire Dispatch functions at BOEC.

6d. Barriers to Service

The boundaries were designed with the following factors and logic:

1. Similar size - geographic area and population are of similar makeup.
2. Similar EMS responses - the EMS calls answered and number of transports are of similar volume.
3. Hospital location/patient flow - patient hospital destinations when transported by ambulance were considered so as to minimize out of ASA hospital destinations.
4. Geographical impediments to service - the Willamette River is used as a boundary for a portion of the ASA. The southwest hills with road ingress egress problems was considered and placed in a single ASA. The same service provider (ASA 1 serves North and South of I-84 which might be considered an impediment due to a small number of traffic arterials which cross.

The response times are the same standard for each ASA. The RFP (see attachment 11) requires that each contractor propose a system status plan which meets response time requirements.

6e. ASA County Inclusion

The ASA map (see attachment 22 ) illustrates that all of Multnomah County is Covered by an ASA.

#### 7a. Quality Assurance

Multnomah County's quality assurance measures are assigned under Multnomah County Code to the Emergency Medical Services Director under MCC 6.31.040 and 6.31.060, A-4; and to the Medical Advisory Board under MCC 6.31.055.

The quality assurance mechanism currently used by Multnomah County functions under the auspices of the Emergency Medical Services Director and the Medical Advisory Board. The current quality assurance process is described in Attachment 12.

7b. Legal Sanctions for Violation of Ambulance Service Area Plan

Legal sanctions are provided under Multnomah County Code 631-110, -130, -140, -160, -165, -180, -182, -184, -190, and EMS Administrative Rules 631-030 and the Administrative Fines Attachment. These are attached as Attachment 4 and 5.

7c.

Consumers will be provided a chance for input to the Emergency Medical Services program through two main measures.

The first of these measures is the provision of a rate control committee made up of citizens as well as the provider of service and the medical community. This committee will hold hearing every six months to determine that the level of service within the community is meeting the consumers' needs and then any complaints are addressed. In addition, any raising or lowering of rates must begin with that committee. The public will have the right in hearings before the EMS Policy Board and the Board of County Commissioners to provide any complaints or issues which they determine are appropriate to bring forward.

The office of Emergency Medical Services as a representative of the public in its quality assurance monitoring process assures each complainant that their issue will be brought before a quality assurance committee, adequately aired, and that the outcome will be provided back to them. The office of Emergency Medical Services must accept public complaints and provide for outcome. See Attachment 12.

#### 8a. Provider Selection

If an ambulance service requests licensing within Multnomah County to provide ambulance service Multnomah County Code provides a mechanism for licensing of the ambulance service. If the ambulance service meets the minimum criteria as listed in the licensing requirements it will be issued a license. This is detailed in attachment 3.

Any ambulance service requesting assignment of an ambulance service area will be provided a chance to bid in a open competitive procurement process for delivery of ambulance service to one, both of the two ASAs on a four to five year basis. Ambulance service will be provided to the ambulance service areas by contract.

## 8b. ASA Provider Selection Process

This section process is to select the most effective, efficient provider of emergency ambulance service.

Selection by competition for an ambulance provider for ASA 1 and 2 is to be done through a request for proposal. The RFP building will involve participation of persons knowledgeable in EMS and other persons who have areas of technical expertise that will be useful in constructing various components of an RFP. An RFP construction committee will organize the RFP using point ranking. Consideration and recommendations for award of the contract will be made by an evaluation committee.

Steps of Selection of a provider:

### I. Construct a Request For Proposal

- A. RFP construction is to be done by the construction committee.
- B. The EMS system RFP is broken into six components.
  - 1. Personnel, i.e. working conditions, level of training, continuing education accessibility at time of recontract, benefits, etc.
  - 2. Communications, i.e. response, triaging, ambulance placement, level of response, integration with first responses.
  - 3. Medical, i.e. protocols, off-line, on-line, drugs, quality assurance.
  - 4. Equipment, i.e. ambulance, communications, housing, ALS/BLS medical equipment.
  - 5. Business Practices, i.e. rates, billing procedures, third party reimbursement.
  - 6. Safety Net, i.e. guarantee: no loss of service delivery, no low quality of care or inability of operator to comply with the standards of the contract and minimum bidding qualifications.
- C. A construction committee is to guide the overall construction of the RFP.
- D. The committee will be staffed by the EMS office.

8b. ASA Provider Selection Process cont'd

E. The RFP construction committee is to be selected by the EMS Policy Board. The makeup of the committee is:

EMS Director Ex-Officio Chairman  
Medical Advisory Board Representative  
Representative of Small Business  
Attorney (County Counsel)  
Multnomah County Medical Society Representative  
Emergency Medical Technician-Paramedic  
Citizen

No member of the committee may have a vested interest in the current EMS delivery system or have a vested interest in any potential contractor.

- II. The Medical Advisory Board will review the proposed RFP and any changes requested will be returned to the Construction Committee.
- III. The Emergency Medical Services Policy Board will review the RFP and advise the Board of County Commissioners (BCC).
- IV. The Board of County Commissioners will approve the RFP after considering the EMS Policy Board recommendation.
- V. Advertisement for bids will be made by Multnomah County Purchasing using the RFP and RFC.
- VI. A bidder qualification study will be performed using a Request For Credentials (RFC).
  - A. The RFP Construction Committee is to review and select potential bidders based on preset minimum qualifications criteria as set forth in the RFC.
- VII. A pre-bid conference for qualified bidders will be conducted.
- VIII. Proposal Evaluation

A. An Evaluation Committee is to consider and recommend a provider for the ASA based upon compliance with minimum elements and points accumulated in the six component areas of the RFP. The evaluation committee is to be selected by the EMS Policy Board and ratified by the BCC and made up of the following positions (no person is to serve in a voting capacity on both committees):

EMS Director Ex-Officio Chairman  
Medical Advisory Board Representative  
Citizen (1)  
Multnomah Medical Society Representative  
County Purchasing Representative (non-voting)  
Emergency Medical Technician Paramedic Representative

8b. ASA Provider Selection Process cont'd

- B. The Evaluation Committee will evaluate all proposals.
  - C. The Medical Advisory board will review and make recommendations concerning the recommended proposal.
  - D. The EMS Policy Board will recommend the proposal to the BCC based upon the Evaluation Committee and the MAB recommendations. If the EMS PB determines the proposal is not acceptable, the proposal will be returned to the Evaluation Committee.
  - E. The BCC will receive the recommendation from the EMS PB. If the BCC determines the proposal is unacceptable, the proposal will be returned to the EMS PB. If the BCC, upon determining the proposal is acceptable, will direct Multnomah County Purchasing to negotiate a contract with the successful proposer.
- IX. The contractor will be monitored by the EMS office to assure that contract requirements are met.
- A. Medical (Medical Advisory Board)
  - B. System (Medical Advisory Board)
  - C. Business (Rate Committee)
- X. The competitive bid process will meet all Multnomah County purchasing standards.

#### 8b./c. ASA Provider Reselection Process

##### Provider reselection criteria.

A provider of ASA 1 and ASA 2 of Multnomah County will be reselected after a period of four years plus an optional renewal for a one year period.

The process to be followed for provider reselection is the same as that of initial provider selection. An RFP will be provided with the provider being selected on the basis of the proposals which are submitted. The proposal which provides the most effective, efficient delivery of the emergency ambulance service for ASA 1 and ASA 2 will be selected.

If the provider should fail in less than the four year contract period or the county determined that contract standards were not being met and revoked the contract the following procedure would be used:

1. The provider will be notified and all appropriate legal measures with regard to contract negotiations and appeals as required by ORS and MCC will be followed.
2. In the event that the provider can be left in place during the time period required to receive requests for proposals and award a new contract, such will occur.
3. In the event that the contractor will not or cannot provide service during the interim period between contract default and new provider implementation, the safety net portions of the proposal will take effect. The county will operate the emergency ambulance service during this period of time, using the equipment, personnel and funds provided under the proposal. The county may elect during this time to provide this equipment to the other ambulance service area contractor as a means of continuing service.

It is intended that this provider reselection procedure will at no time leave Multnomah County without effective, efficient emergency ambulance service.

#### 8d. Procedures for Resolving Disputed Cases

The procedure for resolving disputes with regard to ambulance service area operators or contractors is a two-fold process.

The contract between the county and the ambulance service area operator will provide for measures to reduce conflict and provide effective outcome.

MCC and EMS Rules also provide a mechanism for solving of disputes and hearing process. These are detailed in Attachment 3 and 4.

*Buck Ambulance*  
*8/2/88*

MILLER, NASH, WIENER, HAGER & CARLSEN  
ATTORNEYS AND COUNSELORS AT LAW  
3500 U.S. BANCORP TOWER  
III S. W. FIFTH AVENUE  
PORTLAND, OREGON 97204-3699  
TELEPHONE (503) 224-5858

THOMAS E. LINDLEY  
ADMITTED IN OREGON, WASHINGTON AND ILLINOIS

TELEX 364462 KINGMAR PTL  
TELECOPY (503) 224-0155

SEATTLE OFFICE  
6500 COLUMBIA CENTER  
701 FIFTH AVENUE  
SEATTLE, WASHINGTON 98104-7075  
TELEPHONE (206) 622-6484  
TELECOPY (206) 622-7485

To: Multnomah County Commissioners  
Joseph E. Acker III  
Larry Kressel

From: Thomas E. Lindley

Subject: Affirmative Action Requirements

Date: August 2, 1988

Insert BOTH:

1. In Request for Credentials [p. 16, item N]:

The applicant must present proof of maintenance of an affirmative action plan that complies with United States Executive Order 11246, the rules and regulations promulgated thereunder by the Office of Federal Contract Compliance Programs, and other relevant Department of Labor rules and regulations. The plan must be that of the specific corporate entity, governmental bureau, or organizational group that is proposing to deliver the ambulance service; plans of parent or related corporations or of states, counties, or cities, but not specifically of the proposing agency itself, are not acceptable. If the applicant has not previously been required to prepare such a plan, then it must do so, and must submit the opinion of legal counsel that its plan does fully comply with the foregoing requirements. The applicant's proof must include a copy of the plan. If the Department of Labor has audited the plan, proof must also include its final comments on the plan as presented (that is, its certificate of compliance or its show cause letter).

The applicant shall not be credentialed if it fails to provide such proof.

2. In Request for Proposals:

a. [p. 6, item E, 1-B, d] [Description]:

\_\_\_\_\_ points. A proposal both demonstrating a history of the proposing entity's commitment to affirmative action hiring and promotion and continuing that commitment.

b. [p. 25; item G, 1-B, d] [Evaluation Criteria]:

\_\_\_\_\_ points. The proposal does both demonstrate the proposing entity's history of commitment to affirmative action hiring and promotion and continues that commitment. To receive the total points, (1) if the proposing entity has had a plan in place prior to its proposal, its history shall include a demonstration that for the prior plan year it has set annual hiring goals as required by United States Executive Order 11246 and its implementing regulations, and has met at least 95 percent of each such goal; (2) the proposing entity must provide information confirming that, for at least the past three years, it has neither (a) paid off a discrimination claim made by a current or former employee nor (b) had such a claim determined or adjudicated to be valid, whether or not yet paid; and (3) the proposing entity must address in detail how it proposes to continue its affirmative action program. Any proposal not meeting all the requirements shall receive fewer points.



# Emergency Medical Services

Multnomah County · City of Portland · Fairview · Gresham · Troutdale · Wood Village

**DRAFT**

8/2/88-  
Dr. Orman.

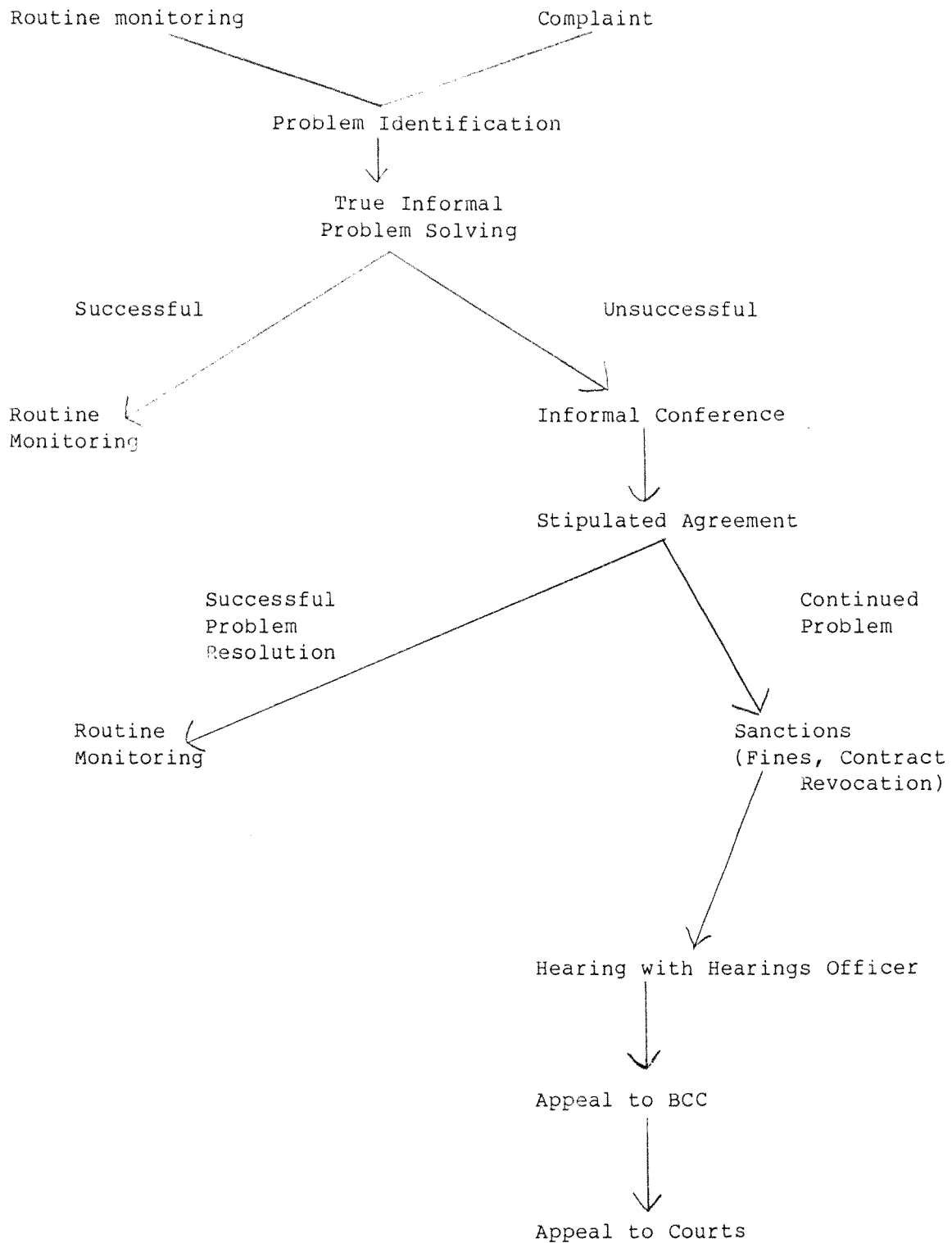
## EMS AMBULANCE CONTRACT Compliance Enforcement

This enforcement mechanism is designed to promote the development of a positive, effective and efficient working relationship between the ambulance contractors and the EMS Office. It is intended that this mechanism will serve the goals of ensuring compliance with routine contract provisions as well as promoting rapid and enforceable problem identification and resolution.

There are four major elements to the enforcement mechanism:

- 1) A mutually agreed upon contract which clearly sets performance standards for the contractor;
- 2) Regular performance monitoring by the EMS Office with regular feedback to the contractor;
- 3) A system of pre-defined interactions between the contractor and the County EMS Office; and
- 4) A system of implicit rewards for compliance and successful problem solving, and significant graded explicit sanctions for contract non-compliance or failure to solve identified problems.

The proposed contract enforcement mechanism will have several strengths relative to our current system. First, it will be based on a contractual relationship between the County and the ambulance contractor in each ASA. This relationship is inherently stronger than the current regulator/licensee relationship. Second, the contract will clearly define the County's and the contractors' responsibilities. There will be relatively little room for doubt as to performance standards. Third, there will be a well-defined, formalized, but largely non-adversarial system for problem solving. There will be ample opportunities for problem solving before remedies should be sought before the Board of County Commissioners or the judicial system. Finally, the multi-level enforcement/problem-solving system, coupled with the ability to use graded but significant sanctions, will create motivation for appropriate contractor action.



DRAFT III  
7/29/88

AMBULANCE SERVICE  
AREA PLAN

Multnomah County  
Oregon

## INDEX

- p. 5 1. Definitions list related to county ASA plan.
- 2. Communications:
  - p. 9 a) Access to Emergency Medical (EMS) System.
  - p. 10 b) Procedures for dispatch of ambulances.
  - p. 11 c) Ambulance notification procedures.
  - p. 12 d) Emergency radio communications systems.
  - p. 13 e) Notification and response time monitoring process.
  - p. 14 f) Standards for response times.
  - p. 15 g) Training of EMS dispatchers.
- 3. Provider Profile:
  - p. 16 a) ASA financial viability.
  - p. 17 b) Service effectiveness.
  - p. 18 c) Service efficiency.
  - p. 19 d) Level of response.
  - p. 20 e) Level of care.
  - p. 21 f) Staffing.
  - p. 22 g) Patient care equipment.
  - p. 23 h) Emergency patient transport vehicles (ambulances).
  - p. 24 i) Initial and continued training for ambulance personnel.
- 4. Disaster Response Plan:
  - p. 25 a) Responsibilities.
  - p. 26 b) Identification of additional personnel and equipment resources:
    - 1. hazardous material
    - 2. search and rescue
    - 3. specialized rescue
    - 4. extrication

p. 28 c) Coordination of resources.

p. 29 d) Method for obtaining out-of-county resources.

p. 30 e) Ambulance disaster response plan recognition.

5. Mutual Aid Agreements:

p. 31 a) Mutual aid agreements for ambulance response outside of service area.

p. 31 b) Mutual aid agreements between ambulance providers.

6. Boundaries:

p. 32 a) ASA geographic area.

p. 33 b) "911", fire district incorporated city boundaries.

p. 34 c) ASAs designation considering fire district and city boundaries.

p. 35 d) ASA boundaries considering artificial and geographic barriers to response times.

p. 36 e) County coverage by an ASA(s).

7. Quality Assurance and System Development:

p. 37 a) Quality assurance program.

p. 38 b) Legal sanctions for violations.

p. 39 c) Input to the county from:

1. consumers
2. providers
3. medical community

8. Provider Selection:

p. 40 a) Mechanism for responding to an application by a provider for an ASA.

p. 41 b) Mechanism for assignment and reassignment of providers to ASAs.

p. 44 c) Mechanism for responding to notification that an ASA is being vacated.

p. 45 d) Procedures for resolving disputed cases.

9. County Executive Approval:

p. 46 a) Signed statement.

ATTACHMENTS:

Number

- 1 Bureau of Emergency Communications Performance Agreement
- 2 Triage Guide
- 3 MCC 6.31
- 4 Emergency Medical Services Rules
- 5 Basic Life Support Protocols
- 6 Advanced Life Support Protocols
- 7 Radio System Configuration
- 8 Over Eight-Minute Response Time Printout
- 9 Emergency Medical Services Dispatch Training Document
- 10 Credentialing Document
- 11 Request For Proposal Document
- 12 Quality Assurance Plan
- 13 Mass Casualty Incident Plan
- 14 Hazardous Materials Procedures
- 15 Portland Fire Bureau Locations
- 16 Gresham Fire Department Locations
- 17 Bureau of Emergency Communications Standard Operating Procedures
- 18 Emergency Management Letter
- 19 Mutual Aid Agreements
- 20 Rate Control Committee
- 21 Fire District Map
- 22 Two ASA Map

1. DEFINITIONS

- (A) "Advanced Life Support Services" means prehospital and interhospital emergency care which encompasses, in addition to basic life support functions, cardiac monitoring, cardiac defibrillation, administration of antiarrhythmic agents, intravenous therapy, administration of medications, drugs, and solutions, use of adjunctive medical devices, and other techniques and procedures, identified by rules adopted under MCC 6.31.000.
- (B) Advanced Life Support (ALS) Units - means those units staffed by an Oregon-certified Emergency Medical Technician IV as defined in CRS 677.610(1).
- (C) "Ambulance" means any vehicle so certified by the State Health Division.
- (D) Ambulance Service Area (ASA) - means a geographic area which is served by one ambulance provider, and may include a county, two or more contiguous counties, or a portion of such county(ies).
- (E) Ambulance Service Area Plan - means a plan which describes the need for and coordination of ambulance service and establishes ambulance service area .
- (F) Ambulance Services - means any person, as hereinafter defined, who operates an ambulance which is either stationed within or without the County and dispatched from within or without the County to pick up and transport patients within the County.
- (G) "Appeals Hearings Officer" or "Hearings Officer" means the person or persons designated by the policy board to conduct contested case hearings concerning actions on licenses under this chapter.
- (H) Basic Life Support (BLS) - the level of care which an EMT-1 may provide.
- (I) Basic Life Support (BLS) Units - means those units staffed by two Oregon-certified Emergency Medical Technician I's.
- (J) "Board" means the Board of County Commissioners of Multnomah County, Oregon.
- (K) "City" means the City of Portland.
- (L) Code 1 Call - the running condition of a patient call or transport in which no lights or siren are used and the ambulance proceeds with the normal traffic flow.
- (M) Code 3 Call - the running condition of a patient call or transport in which lights or siren are used and the ambulance proceeds as rapidly as possible. (CRS 820.300-320)

- (N) "Director" means the Director of the Office of Emergency Medical Services of the Department of Human Services of Multnomah County, or the director's authorized representative.
- (O) "Do business in Multnomah County" means to provide emergency ambulance service or any other emergency medical services in Multnomah County, provided, however, that transporting patients from outside the county to within the county only shall not be considered doing business within the county.
- (P) "Emergency" means any non-hospital occurrence or situation involving illness, injury, or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.
- (Q) "Emergency Medical Services" or "EMS" means those prehospital functions and services which are required to prepare for and respond to emergencies, including rescue, ambulance, treatment, communications, evaluation, and public education. "Emergency Medical Services" does not include services of fire department which do not provide advanced life support services.
- (R) "Emergency Medical Technician" or EMT" means a person so certified by the State Health Division or the State Board of Medical Examiners.
- (S) Emergency Medical Technician I (EMT I) - means a person certified by the Division to attend any ill, injured, or disabled person in connection with her/his transportation by ambulance and in accordance with ORS 820.310, 820.330, 820.350, and 823.010 to 823.990.
- (T) Emergency Medical Technician II (EMT II) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(3).
- (U) Emergency Medical Technician III (EMT III) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(4).
- (V) Emergency Medical Technician IV (EMT IV) - means a person certified by the Board of Medical Examiners as defined in ORS 67.610(5).
- (W) "Emergency Medical Services (EMS) Central Dispatch Office" means the communications center established under the auspices of the EMS Director.
- (X) "Employee" means an employee, agency, or driver of an ambulance employed by a licensee.
- (Y) First Responder - a responder who usually only provides BLS and can arrive on the medical scene in four minutes or less 90% of the time to prevent brain death in a cardiac arrest or complete bleed-out in a severe bleeding situation.
- (Z) Health Officer - means the Multnomah County Health Officer.

- (AA) "License" means a nontransferable, nonassignable permit, personal to the person to whom it is issued, issued by the director authorizing the person whose name appears as licensee to do business in Multnomah County.
- (BB) "Licensee" means a person possessing a valid license from Multnomah County.
- (CC) "Medical Advisory Board" means the Emergency Medical Services Medical Advisory Board .
- (LD) "Medical Advice" means instruction, direction, advice, and professional support given to an EMT via radio or telephone communications by personnel at Medical Resource Hospital, for the purpose of assisting in the provision of pre-hospital on-site and in-transit basic and advanced life support services.
- (EE) "Medical Resource Hospital" means a medical facility designated as such under the rules adopted under MCC from which medical advice may be provided.
- (FF) "Multnomah County" or "county" means the unincorporated areas of Multnomah County.
- (GG) Non-emergency - any medical call in which there is no threat to life or limb.
- (HH) Notification Time - means length of time between the ambulance service's receipt of the request for the ambulance and the notification of the ambulance crew.
- (II) Owner - means the person having all the incidents of ownership in a vehicle or, where the incidents of ownership are in interest holder or lessor, entitled to the possession of a vehicle under a security agreement of a lease for a term of ten (10) or more successive days.
- (JJ) "Party means:
- (1) Each person or agency entitled as of right to a hearing.
  - (2) Each person or agency named by the hearings officer or policy board.
  - (3) Any person requesting to participate as a party or in a limited status who is determined either to have an interest in the outcome of the proceeding or represents a public interest in such results.
- (KK) "Patient" means an individual who, as a result of illness or injury, needs immediate medical attention.
- (LL) "Person" means an individual, partnership, company, association, corporation, or any other legal entity, including any receiver, trustee, assignee, or similar representative.

- (MM) "Policy Board" means the Emergency Medical Services Policy Board established under MCC 6.31.000.
- (NN) Private Call - a request for transport which originates at the private ambulance and must be a non-emergency requiring only Code 1 running.
- (OO) "Provider Board" means the EMS Provider Board established under this chapter.
- (PP) Response Time - means the length of time between notification of the ambulance crew and arrival of the ambulance at the incident scene.
- (QQ) "State Health Division" means the Health Division of the Department of Human Resources of the State of Oregon, or its successor.
- (RR) Supervising Physician - means a medical or osteopathic physician licensed under ORS 677, actively registered and in good standing with the Board of Medical Examiners and affiliated with an EMS agency for the purpose of medical accountability and pre-hospital emergency medical care education.
- (SS) "Vehicle" means an ambulance or fire department rescue unit which is used in the provision of emergency medical services, but does not include a fire engine or ladder truck. [Ord. 229 s. 1 (1980)]

## 2a. Communications

- (A) 9-1-1 calls placed for emergency medical assistance within Multnomah County are predominantly answered at the Bureau of Emergency Communications (located at Kelly Butte within Multnomah County).

Several other potential answering points occur within portions of Multnomah County. In the deep east portion of the county (I-84 Columbia Gorge area) phone prefix numbers 374 are answered at the Hood River Public Safety answering point (PSAP). Phone prefixes in the southwest area bordered by Washington County with the phone prefix numbers 291, 292, and 297 are answered at the Washington County Public Safety answering point located in Hillsboro. Phone prefixes 639, 620, 684 are answered by the Tualatin PSAP. Phone prefixes 652, 653, 654, 659 are answered by the Milwaukie PSAP. Phone prefixes 635, 636, 697 are answered by the Lake Oswego PSAP. Phone prefix 543 is answered by the Columbia County PSAP.

The Bureau of Emergency Communications at Kelly Butte is under contract to the Emergency Medical Services office. The Multnomah County ordinance which establishes the Emergency Medical Services administration within Multnomah County, assigns the responsibility to establish and maintain a 9-1-1 medical answering point and dispatch facility for all emergency medical calls originating within Multnomah County, to the EMS Director.

The administrative arrangement between the office of Emergency Medical Services and the Bureau of Emergency Communications (BOEC) and the participating cities within Multnomah County is attached and is entitled Bureau of Emergency Communications User Agreement, Attachment 1.

In those two areas of Multnomah County which are not answered by Multnomah County, the Public Safety Answering Points return the calls to the Bureau of Emergency Communications which dispatches the appropriate ambulance and first-responder to the calls. There is one area of exception. In the Skyline area, PFB is notified directly by Washington County to dispatch first responders.

In addition, the Bureau of Emergency Communications answers 9-1-1 calls which originate out of Multnomah County, based upon telephone company switching procedures. Counties which have a portion of their 9-1-1 calls answered by Multnomah County are Clackamas, Washington, and Columbia County. Also, the majority of cellular telephone call drops occur at BOEC even though the call may be two counties away.

## 2b. EMS Dispatch Procedures

The Bureau of Emergency Communications (BOEC) dispatches all transporting emergency ambulances within Multnomah County. A caller's request for emergency ambulance service will be processed by a BOEC call-taker. The BOEC call-taker will use the call triage guide to determine the level of response of ambulance needed by the patient (Attachment 2).

The call-taker will then transfer the information via computer screen to an EMS dispatcher. The EMS dispatcher is aware of all ambulance locations, availability, and current staffing level within Multnomah County. The information is continually provided by all licensees under Multnomah County rule (see Attachment 4). Portland Fire Bureau, Fire Alarm Dispatch (FAD) is notified of all medical emergencies which require a first responder (triage guide). FAD then dispatches the first responder for all in Multnomah County fire agencies except Skyline Fire Department.

In the event the ambulance is needed in a fringe area of Multnomah County, where an out-of-county ALS provider can respond, and the in-county ambulance is more than ten minutes away, the out-of-county ambulance will be dispatched. Dispatching of the out-of-county ambulance occurs by either direct communication with the ambulance or by placing a call to the appropriate Public Safety Answering Point (PSAP).

The Multnomah County Code sites which govern this area of medical call dispatching and call triage are: 631-306, -307, -308, -310, -312, -314, -318, -320, -330, -335, -338, -390, Subsections A, B, C, and D. These rules are attached (see Attachment 4).

## 2c. Ambulance Notification Procedures

The Bureau of Emergency Communications EMS dispatch will notify the closest ambulance service area ambulance when a call is received which requires an emergency dispatch. All calls requiring a first responder are reported to Fire Alarm Dispatch by nature code, running code, and address.

The information of the central dispatch order is included in the MCC Rule 631-310. In addition, cancellation of the ambulance as a part of the central dispatch order is included in Rule 631-312.

These rules are as attached (see Attachment 4).

## 2d. Emergency Radio Communication System

The radio communication system used in Multnomah County is Ultra High Frequency design. Specific Med Nets are assigned and used in Multnomah County according to the State of Oregon Emergency Medical Services Communication Plan. Equipment required on ambulances is addressed by the EMS Administrative Rules 631-302, 631-310, 631-318 (see Attachment 4).

Hospital communications are provided in Multnomah County by Ultra High Frequency and Very High Frequency design. The Ultra High Frequency uses Med-Net 4 and the Very High Frequency uses the HEAR frequency 155.340mhz. Hospital communications requirements are addressed by EMS Administrative Rule 631-410. The basic life support and advanced life support protocols adopted under EMS Administrative Rules also require certain levels of communications from Emergency Medical Technicians. This information is attached (see Attachments 5 and 6). Fire first responders use VHF fire frequencies. The ALS rescues (8) and two ALS apparatus (Squad 1, Quad 1) also have the UHF med nets.

The configuration of the UHF system is described in Attachment 7.

## 2e. Ambulance Notification and Response Times

Notification of a transporting ambulance is governed by the user contract between Multnomah County Emergency Medical Services and the Bureau of Emergency Communications. The current user performance contract requires that all emergency medical services calls be processed<sup>1</sup> in 80 seconds or less at least 90 percent of the time. This document is attached as Attachment 1.

Transport ambulance response times are governed by EMS Administrative Rule 631-326. This rule is attached (see Attachment 4).

The Emergency Medical Services office receives, in a four-week period, all response times within the emergency medical services system. Those response times contain the number of responses in an ambulance services area, number of responses which are under eight minutes and the number over eight minutes.

For each response over eight minutes, specific information is generated; that information consists of the date of the response, the BOEC dispatch number, location of response, unit number of responding unit, and actual response time. In addition, transport ambulance services which are assigned service areas provide to the Emergency Medical Services office, in a four week by four week period, a list of all beyond-eight-minute response times in the ambulance service area. A sample of this report is attached (see Attachment 8).

<sup>1</sup>Processed is defined as the time between initial call answering and dispatch of a transporting ambulance.

## 2f. Ambulance Notification and Response Times

These two sources of over eight minutes responses are used to determine if an ambulance service area is being underserved and is not meeting the requirements of the EMS Administrative Rules. If the EMS Administrative Rule is not being met, fines may be levied on the ambulance service area operator, or the ambulance service area operator's license and ambulance service area may be withdrawn by the Emergency Medical Services office. Specific requirements for this process are contained in the Multnomah County Code and EMS Rules, and are contained in Attachment 4. All ALS transporting ambulances must respond in eight minutes or less, 90 percent of the time.

All portions of review of the beyond-eight-minute response times are currently performed by EMS administrative staff with periodic reports made to the Emergency Medical Services Quality Assurance Subcommittee, which functions under the Emergency Medical Services Medical Advisory Board. This process is described in Attachment 12.

In addition, first-responders function under an agreement to provide first-responder basic life support services or advanced life support to the scene of a medical emergency with a response time of four minutes or less, ninety percent of the time. This information is monitored by the Portland Fire Bureau, Gresham Fire Department, and other first-response agencies within Multnomah County. It is expected that each of the fire departments will maintain its own quality assurance mechanism to assure these response times are being met.

## 2g. Training for EMS Dispatchers

All Emergency Medical Services dispatchers functioning at the Bureau of Emergency Communications have been trained to the Emergency Medical Dispatch level.

The training is provided by staff at the Bureau of Emergency Communications and Emergency Medical Services staff.

The training complies with the state-approved Emergency Medical Dispatcher training and uses the majority of material produced by Dr. Jeff Clausen of Salt Lake City. A copy of this training program is attached as Attachment 9.

### 3a. Provider Profile

Each of the two ambulance service areas within Multnomah County must financially support itself. Financial support is provided through user fees. The determination of cost with reference to user fees charged is a part of the Request For Proposal document. The costing document will allow for cross subsidization of emergency ambulance cost through the use of non-emergency transports or cross utilization of personnel. See Attachment 11.

The RFP assures that any non-ASA revenues are reported and considered as a part of the selection of the ambulance service area contractor to serve the ambulance service area. The organizations, as they provide proposals, must provide projections of revenues and costs for the time period in the beginning when revenues do not meet cost, then through the time period in which revenues exceed cost, to equal the deficit incurred in the initial operating time period. This assures the financial soundness of the contractor and that the proposal selected is financially sound.

ASA I also will be supported by County alcohol and drug monies because the contractor will have subcontracting responsibilities to perform inebriate outreach services.

### 3b. Service Effectiveness Demonstration

The effectiveness of the ambulance service to deliver pre-hospital emergency medical care will be continuously monitored by the quality assurance process as detailed in Attachment 12.

A prospective study of the ambulance service area contractor will be provided through the Request For Proposal. Please see Attachments 10 and 11. The Request For Proposal and credentialing process assure that any potential contractor for the ambulance service area must be in substantial compliance with all rules and regulations by state, regional, or local authorities. In addition, the organization must have met its response times for an area, and the evidence of these response times being met must be provided as a part of the prospective examination process. The credentialing process to select potential providers will also require reports from system-wide quality assurance processes which demonstrate that the organizations who wish to bid or file a proposal must have provided quality care with no major deviations in morbidity and mortality outcomes for the ambulance service areas which they have served prior to requesting an ambulance service area assignment within Multnomah County.

Determination of effectiveness is provided through a prospective process of credentialing and proposal evaluation and a retrospective process governed by quality assurance review.

### 3c. Service Efficiency

Service Efficiency will be demonstrated by the request for proposal, see Attachment 11.

The request for proposal will consider cost as a mechanism of service efficiency. In addition, the unit hour utilization figures with maximum and minimums acceptable are a part of this document. Also, the overall requirement for response times assists in determining that service efficiency is maintained.

The cost to the consumer will not be known until the request for proposal is released and acted upon by potential contractors.

The rate control committee will also assist in determining reasonable cost of ambulance service to consumers over the period of the contract as changes in the delivery of emergency medical services occur - see Attachment 20.

### 3d. Level of Response

All calls for medical assistance placed to the 911 system within Multnomah County are call triaged. See Attachment 2. This call triaging and pre-arrival instruction process requires that a certain level of response be provided.

First responders within the Emergency Medical Services ASA-1 and ASA-2 areas are trained to the Quick Responder or above level. All ambulance personnel who respond on transporting Advanced Life Support ambulances within Multnomah County must be trained and certified to the EMT-4 level. This is demonstrated by MCC and EMS Rules, see Attachments 3 and 4.

### 3e. Level of Care

The ambulance service areas within Multnomah County only provide for the call answering for 911 calls. All transporting ambulances dedicated to this effort must respond as Advanced Life Support ambulances meeting the state minimum requirements plus additional Multnomah County requirements. Those Multnomah County requirements are that certain pieces of equipment in addition to the state requirements are provided, a UHF radio is in place and operational, and that two EMT-4s are in attendance with the ambulance.

Non-emergency providers will continue to answer private calls within Multnomah County. These organizations will be licensed by Multnomah County and will be required to process any calls which they receive which require an under 30 minute response by the call triaging guide attached as Attachment 2. This assures that non-ASA contractors do not provide emergency ambulance service within Multnomah County. Non-emergency, in this context, means that the patient must be rendered care within a half an hour or more, and that the patient is not exhibiting any signs or symptoms which would require an emergency response as dictated by the EMS call triaging guide.

### 3f. Staffing

Staffing for emergency ambulance service within Multnomah County for the ASA contractor is considered in Multnomah County Code and EMS Rules, see Attachments 3 and 4. In addition, the Request For Proposal document details even further the requirements with specific reference on unit hour utilization, reimbursement levels for Emergency Medical Technicians, and staffing levels as reported through a system status plan. See Attachment 11. This examination, in a prospective manner, of an ambulance service area assignee will allow a detailed process to determine that adequate staffing levels to assure EMT competency with no burnout are maintained. Non-transporting ambulances (ALS Rescues) are required to staff only to the state ALS required level.

### 3g. Ambulance Equipment

Ambulances operated by the contractor for each ambulance service area are required to meet standards above those of ORS.

Those standards which are required are detailed in the MCC and EMS Rules, see Attachments 3 and 4.

In addition, the Request For Proposal determines other standards for equipment, see the equipment portion of the Request For Proposal, Attachment 11.

### 3h. Patient Transport Vehicles

The ambulance service area contractor is required by Multnomah County Code and EMS Rule to meet minimum ORS requirements with regard to vehicle construction and standards.

In addition, the Request For Proposal (see Attachment 11) requires that for the ambulance contractor to receive goal points, he/she must provide specific up to date ambulances meeting KKK1822B. Also, the contractor must maintain the mechanical reliability of the vehicle by the ambulance operator by requiring inspections at specific mileage increments.

### 3i. Initial and Continued Training For Personnel

The ambulance service area operator will be examined to determine its initial personnel training and maintenance of personnel training prospectively and retrospectively.

The prospective examination process is provided through the Request For Proposal which requires personnel to be currently certified at the EMT-4 level. It is the responsibility of the ASA contractor to maintain certification levels for his/her personnel. In addition, the single physician supervisor will require inservice education, and Multnomah County requires attendance at mandatory inservice education for the personnel.

Retrospective analysis of the training level and continuing education is provided through examination of ambulance contractor records to assure that all personnel are maintaining EMT certification and re-certification standards with regard to continuing education. This will be provided through random checks of the continuing education and certification files which the contractor must maintain.

In addition, the county, through contract with Oregon Health Sciences University, offers two inservice training courses per month which are also coordinated with local hospitals. These provide for the provision of a didactic lecture and at least two case reviews involving on-line medical direction physicians. This process assures that the Emergency Medical Technicians within the community are provided many chances to interrelate with on-line medical direction and also a mechanism to assure of meeting continuing education requirements for the state of Oregon EMTs.

#### 4a. Mass Casualty Incident Response Plan

A Mass Casualty Incident Response Plan is a requirement of the EMS Rules of Multnomah County. EMS Administrative Rule 631-514 assigns responsibility to develop the Mass Casualty Incident Response Plan and Protocols to the Emergency Medical Services office.

This plan and protocols have been provided, and are adopted, as a portion of the rules of Multnomah County. The Mass Casualty Incident Response Plan is attached as Attachment 13.

4b. Extra Personnel, Facilities, or Equipment Needs

Hazardous materials situations within Multnomah County are dealt with by the Portland Fire Bureau and the Gresham Fire Department. Standard operating procedures of these two organizations as well as their protocols are attached as Attachment 14.

Notification of these organizations of hazardous materials incidents is made by the Bureau of Emergency Communications and Fire Alarm Dispatch. In addition, the Port of Portland functions with these two fire organizations, which offer hazardous materials services for the Port.

Search and Rescue functions are assigned to the Multnomah County Sheriff's Office by state statute.

Notification of the Multnomah County Sheriff's Office Department for Search and Rescue needs is made by the Bureau of Emergency Communications. In addition, the 304th Search and Rescue is coordinated for search and rescue activities through the Multnomah County Sheriff's Office.

Specialized rescue such as vertical terrain, water rescue, and other types of specialized rescue are provided by Portland Fire Bureau, Gresham Fire Department, Fire District 14, Sauvie Island Fire, and Skyline Fire. Portland Fire Bureau maintains a dive rescue unit as well as vertical terrain personnel. Gresham Fire also maintains vertical terrain rescue personnel.

#### 4b. Vehicle Rescue

Vehicle rescue is provided by Portland Fire Bureau, Gresham Fire, Corbett Fire, Sauvie Island Fire, and Skyline Fire. The Vehicle Rescue apparatus includes Hurst Tools, other types of forcible entry tools, and air bags. Personnel are trained in the use of these tools, and the Emergency Medical Technicians who function with each of the fire agencies as first-responders also provide vehicle rescue services.

A list of station locations for Portland Fire Bureau and the Gresham Fire Department is attached as Attachments 15 and 16.

Sauvie Island responds from only one location. Corbett Fire responds from three locations. Skyline Rural Volunteer Fire responds from only one location in Multnomah County.

All requests for specialized rescue services are directed through the Bureau of Emergency Communications 9-1-1 center, which has standard operating procedures for the response of these units. The standard operating procedure for the Bureau of Emergency Communications is attached as Attachment 17.

#### 4c. Coordination of Special Resources

Coordination of special resources needed in emergency medical situations is provided through the Bureau of Emergency Communications Standard Operating Procedure which is attached as Attachment 17.

Multnomah County Advanced Life Support and Basic Life Support Protocols assign the person in charge (PIC) responsibilities to the first arriving Emergency Medical Technician, and these responsibilities are maintained by the Emergency Medical Technician, until transport is imminent (see Attachments 5 and 6). This applies except in situations which meet Mass Casualty Incident (MCI) definitions. In MCI's the Medical Sector Coordinator remains the P.I.C.

Responsibility for unsecured or dangerous situations is assigned to the fire agency by county and city statute.

Incident responsibilities which involve a Mass Casualty Incident (MCI) are assigned by the Mass Casualty Incident Plan, which is attached as Attachment 13.

4d. Methods for Obtaining Out-Of-County EMS Resources  
Other Than Ambulances

The responsibilities for out-of-county resources which might be needed in the event of a Mass Casualty Incident, or specialized resource not available within Multnomah County, are assigned to the Bureau of Emergency Communications through their standard operating procedures and by the Mass Casualty Incident Plan.

The coordination of this process is through the Bureau of Emergency Communications, and may involve Providence Hospital as the Regional Hospital; Multnomah County Sheriff's Office, with regard to search and rescue; fire departments within the county, with regard to mutual aid agreements, and other counties' Mass Casualty Incident plans.

It is also anticipated that the Area Trauma Advisory Board I Plan will adopt a Mass Casualty Incident plan which will provide additional out-of-county resources for each county which finds its resources overcome in a mass casualty incident.

Overall coordination of these specialized resources and their inclusion in the Multnomah County process is through the Office of Emergency Management, Multnomah County, and the Office of Emergency Management, Portland Fire Bureau, City of Portland.

#### 4e. Mass Casualty Incident Plan Recognition

The Mass Casualty Incident Plan has been recognized and adopted by Multnomah County. This plan is incorporated as a part of the Emergency Medical Services rules of Multnomah County, and as an annex to the Multnomah County Emergency Management's Plan. A letter from the Multnomah County Emergency Manager stating that the plan is a part of the Multnomah County Disaster Plan is attached as Attachment 18.

#### 5a.b. Mutual Aid Agreements

Mutual aid agreements are provided between each ambulance service area provider (in and out of county). It is anticipated that the contractor selected by the RFP will use these same agreements.

Copies of these mutual aid agreements are attached as Attachment 19.

These standards are a part of the information required by EMS Administrative Rule 361-316 adopted December 15, 1986 (see Attachment 4).

6a. Boundaries

AMBULANCE SERVICE AREA FOR TWO AMBULANCE SERVICE AREAS

MULTNOMAH COUNTY

ASA 1 All of Multnomah County west of the Willamette river, and including Sauvie Island. The Washington County, Columbia County, and Clackamas County lines will form the outside boundaries of this section of ASA 1. The Burnside Bridge will be the north/south divider for the Willamette River. The boundary line for the area east of the Willamette River will be Burnside Street, with Burnside being the Northern most boundary of the Ambulance Service Area, following Burnside until it reaches I205 and then I205 southerly until it joins the Clackamas County line.

ASA 2 Boundaries:

The area of Multnomah County contained between the Willamette and Columbia rivers (but not to include Sauvie Island) proceeding south-eastward following the Willamette river shore until it reaches Burnside Bridge and then following Burnside street easterly until I205, then southerly to the Clackamas county line and easterly following the Clackamas county line, to the Hood River county line, then northerly following the Clackamas county line, then to the Columbia River shores westerly until this line joins the western boundary of this ASA.

All "dividing lines" will have the closest emergency ambulance responded.

Basically the two ASAs are: ASA 1 - all of the area in Multnomah County west of the river including Sauvie Island and the area east of the river, south of Burnside and west of I205. ASA 2 includes all other areas of Multnomah County.

#### 6b. Other Districts

The fire districts are illustrated in Attachment 21. In addition, city and water district boundaries are illustrated.

The ASA plan respects fire districts with only the area served by Portland Fire Bureau being served by two ASA's. A single call receiving point for ALS ambulances and first responders overcomes this potential problem.

#### 6c. Coordination

The transporting ambulances of each ASA will be dispatched by the same dispatch point (BOEC). There will be uniformity in application of all rules, protocols, and SOP's between the two ASA's. In addition, the RFP (see Attachment 11) requires mutual aid agreements.

First responders are dispatched by FAD. A subcommittee of the EMS Policy Board and the EMS Policy Board have recommended consolidation of EMS and Fire Dispatch functions at BOEC. The goal is that first responders and emergency ambulances will be dispatched by the same dispatch point at the Bureau of Emergency Communications.

#### 6d. Barriers to Service

The boundaries were designed with the following factors and logic:

1. Similar size - geographic area and population are of similar makeup.
2. Similar EMS responses - the EMS calls answered and number of transports are of similar volume.
3. Hospital location/patient flow - patient hospital destinations when transported by ambulance were considered so as to minimize out of ASA hospital destinations.
4. Geographical impediments to service - the Willamette River is used as a boundary for a portion of the ASA. The southwest hills with road ingress/egress problems was considered and placed in a single ASA. The same service provider ASA 1 serves North and South of I-84 which might be considered an impediment due to a small number of traffic arterials which cross the freeway.

The response times are the same standard for each ASA. The RFP (see Attachment 11) requires that each contractor propose a system status plan which meets response time requirements.

6e. ASA County Inclusion

The ASA map (see Attachment 22) illustrates that all of Multnomah County is Covered by an ASA.

#### 7a. Quality Assurance

Multnomah County's quality assurance measures are assigned under Multnomah County Code to the Emergency Medical Services Director under MCC 6.31.040 and 6.31.060, A-4; and to the Medical Advisory Board under MCC 6.31.055.

The quality assurance mechanism currently used by Multnomah County, functions under the auspices of the Emergency Medical Services Director and the Medical Advisory Board. The current quality assurance process is described in Attachment 12.

7b. Legal Sanctions for Violation of Ambulance Service Area Plan

Legal sanctions are provided under Multnomah County Code 631-110, -130, -140, -160, -165, -180, -182, -184, -190, and EMS Administrative Rules 631-030 and the Administrative Fines Attachment. These are attached as Attachments 4 and 5.

7c.

Consumers will be provided a chance for input to the Emergency Medical Services program through two measures.

The first of these measures is the provision of a rate control committee made up of citizens as well as the provider of service and the medical community. This committee will hold a hearing every six months to determine that the level of service within the community is meeting the consumers' needs and that any complaints are addressed. In addition, any raising or lowering of rates must begin with that committee. The public will have the right, in hearings before the EMS Policy Board and the Board of County Commissioners, to discuss any complaints or issues which they determine are appropriate to bring forward.

The office of Emergency Medical Services, as a representative of the public in its quality assurance monitoring process, assures each complainant that its issue will be brought before a quality assurance committee, adequately aired, and that the outcome will be provided back to him/her. The office of Emergency Medical Services must accept public complaints and provide for outcome. See Attachment 12.

#### 8a. Provider Selection

If an ambulance service requests a license within Multnomah County to provide ambulance service, Multnomah County Code provides a mechanism to license the ambulance service. If the ambulance service meets the minimum criteria as listed in the licensing requirements, it will be issued a license. This is detailed in Attachment 3.

Any ambulance service requesting assignment of an ambulance service area will be provided a chance to bid in an open competitive procurement process for delivery of ambulance service to one of the two ASAs on a four year basis. Ambulance service will be provided to the ambulance service areas by contract.

## 8b. ASA Provider Selection Process

This section process is to select the most effective, efficient provider of emergency ambulance service.

Selection by competition for an ambulance provider for ASA 1 and 2 is to be done through a request for proposal. The RFP building will involve participation of persons knowledgeable in EMS and other persons who have areas of technical expertise that will be useful in constructing various components of an RFP. An RFP construction committee will organize the RFP using point ranking. Consideration and recommendations for award of the contract will be made by an evaluation committee.

The same contractor may not serve both ASAs. Each provider who proposes on both ASAs will be asked to submit a choice of which ASA the proposer would prefer to serve if its proposal is the highest point ranking proposal in each ASA. The evaluation committee will determine which ASA to award to a proposer whose proposals are the highest point ranking proposal in each ASA. The committee will consider the request of the proposer as well as the point spread between proposers in making their decision. The second best proposal in the chosen ASA will be chosen as the winner in that ASA.

Steps for Selection of a provider:

### I. Construct a Request For Proposal

- A. RFP construction is to be done by the construction committee.
- B. The EMS system RFP is broken into six components.
  - 1. Personnel, i.e. working conditions, level of training, continuing education accessibility at time of recontract, benefits, etc.
  - 2. Communications, i.e. response, triaging, ambulance placement, level of response, integration with first responses.
  - 3. Medical, i.e. protocols, off-line, on-line, drugs, quality assurance.
  - 4. Equipment, i.e. ambulance, communications, housing, ALS/BLS medical equipment.
  - 5. Business Practices, i.e. rates, billing procedures, third party reimbursement.
  - 6. Safety Net, i.e. guarantee: no loss of service delivery, no low quality of care or inability of operator to comply with the standards of the contract and minimum bidding qualifications.
- C. A construction committee is to guide the overall construction of the RFP.
- D. The committee will be staffed by the EMS office.

8b. ASA Provider Selection Process, cont'd

- E. The RFP construction committee is to be selected by the EMS Policy Advisory Board and the Board of County Commissioners. The makeup of the committee is:

EMS Director, Ex-Officio Chairman  
Medical Advisory Board Representative  
Representative of Small Business  
Attorney (County Counsel)  
Multnomah County Medical Society Representative  
Emergency Medical Technician-Paramedic  
Citizen

No member of the committee may have a vested interest in the current EMS delivery system or have a vested interest in any potential contractor.

- II. The Medical Advisory Board will review the proposed RFP and any changes requested will be returned to the Construction Committee.
- III. The Emergency Medical Services Policy Advisory Board will review the RFP and advise the Board of County Commissioners (BCC).
- IV. The Board of County Commissioners will approve the RFP after considering the EMS Policy Board recommendation.
- V. Advertisement for bids will be made by Multnomah County Purchasing using the RFP and RFC.
- VI. A bidder qualification study will be performed using a Request For Credentials (RFC).
- A. The RFP Construction Committee is to review and select potential bidders based on preset minimum qualifications criteria as set forth in the RFC.
- VII. A pre-bid conference for qualified bidders will be conducted.
- VIII. Proposal Evaluation

- A. An Evaluation Committee is to consider and recommend a provider for the ASA based upon compliance with minimum elements and points accumulated in the six component areas of the RFP. The evaluation committee is to be selected by the EMS Policy Advisory Board and ratified by the BCC, and made up of the following positions (no person is to serve in a voting capacity on both committees):

EMS Director, Ex-Officio Chairman  
Medical Advisory Board Representative  
Citizen (2) (at least one with a financial background, etc., CPA)  
Multnomah Medical Society Representative  
County Purchasing Representative (non-voting)  
Emergency Medical Technician Paramedic Representative

8b. ASA Provider Selection Process, cont'd

IX. The contractor will be monitored by the EMS office to assure that contract requirements are met.

A. Medical (Medical Advisory Board)

B. System (Medical Advisory Board)

C. Business (Rate Committee)

### 8c. ASA Provider Reselection Process

#### Provider reselection criteria.

A provider for the ASA of Multnomah County will be reselected after a period of four years plus an optional renewal for a one year period.

The process to be followed for provider reselection is the same as that of initial provider selection. An RFP will be provided with the provider being selected on the basis of the proposals which are submitted. The proposal which provides the most effective, efficient delivery of emergency ambulance service will be selected.

If the provider should fail in less than the four year contract period, or the county determined that contract standards were not being met, and revoked the contract, the following procedure would be used:

1. The provider will be notified and all appropriate legal measures with regard to contract negotiations and appeals as required by ORS and MCC will be followed.
2. In the event that the provider can be left in place during the time period required to receive requests for proposals and award a new contract, such will occur.
3. In the event that the contractor will not or cannot provide service during the interim period between contract default and new provider implementation, the safety net portions of the proposal will take effect. The county will operate the emergency ambulance service during this period of time, using the equipment, personnel and funds provided under the proposal. The county may elect during this time to provide this equipment to the other ambulance service area contractor as a means of continuing service.

It is intended that this provider reselection procedure will at no time leave Multnomah County without effective, efficient emergency ambulance service.

#### 8d. Procedures for Resolving Disputed Cases

The procedure for resolving disputes with regard to ambulance service area operators or contractors is a two-fold process.

The contract between the county and the ambulance service area operator will provide for measures to reduce conflict and provide effective outcome.

MCC and EMS Rules also provide a mechanism for solving of disputes and hearing process. These are detailed in Attachment 3 and 4.



# **Emergency Medical Services**

**Multnomah County . City of Portland . Fairview . Gresham . Troutdale . Wood Village**

## MEMORANDUM

TO: Board of County Commissioners

FROM: Emergency Medical Services

DATE: August 2, 1988

SUBJECT: R-16 Changes Per Session of 7/28/88

Attached are the issues based on board discussion of 7/28/88.

This document is still numbered to match the issues as listed below:

1. Changes to reflect 2 ASA/2 contractor
2. Costing definitions
3. Affirmative Action Plan
4. Field supervisor qualifications
5. Peer review
6. Satisfactory care
7. Automatic vehicle locator
8. Contract
9. CHIERS
10. Transportation/billing experience
11. Contract enforcement
12. Contractor selection procedure

1. RFC

3 (II last sentence)

An applicant may make proposals on both ASA's but will be awarded the contract to serve only one.

7 (IV first paragraph)

Delete last sentence.

10 (2nd paragraph)

Add: The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the evaluation committee will choose which ASA the proposer will serve (based on proposer choice and point spread) and the second best proposer will be awarded the contract for the non-chosen ASA.

RFP ASA 1

RFP ASA 2

Page

Change

6 (7)

Add: The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the evaluation committee will choose which ASA the proposer will serve (based on proposer choice and point spread). The proposer's proposal for the second ASA will be rejected by the County. The proposer must include his choice of ASA's if both ASA's are proposed for.

## 2. Costing Definitions

RFC

No Change

RFP ASA 1

RFP ASA 2

Page

Change

Appendix

Add: 22 Emergency Ambulance Costing

16 (C1)

Add after first sentence: Both costing columns and revenue columns must be completed. If either column is not fully completed, the proposal will be determined non-conforming. Definitions of full, proportionate, and incremental costs are to be followed and are included in appendix 22. The first column on form 1 must provide full cost and revenue projections, and column two must provide proportional cost and revenue projections.

20 Form 1

Re-label column 2: Proportional Cost (911 call answering) (2)

21-1

Delete and replace with: 1. This must be full cost (see appendix 22).

21-2

2. This must be the proportional cost which the proposer projects. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in ambulance use, cross use of personnel, etc. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity.

30-C

Add: The definitions contained in appendix twenty-two are followed. The cost and revenue projections used do demonstrate sound business practice, and are reasonable based upon projected staffing levels.

Emergency Ambulance Costing (For 9-1-1 Contract)

Cost Definitions:

1. Full Cost - is all of the cost in dollars to provide the necessary staffing, vehicles, and other associated resources (management, insurance, capitalization, debt retirement, etc.) for an emergency ambulance. Full cost level does not consider any cross use or extra use of personnel, equipment, etc.
2. Proportional Cost - the proportional cost of an emergency ambulance is the full cost divided into two components. The EMS proportional cost is that portion of full cost which is needed to provide for 9-1-1 medical call answering and transport functions. The EMS proportional cost also includes the cost of waiting for 9-1-1 medical calls. The "other" proportional cost is that portion of full cost which is needed to provide for the "other" functions of the emergency ambulance. The "other" functions may be transporting of non-emergency patients. Each component of the proportional cost must be justified by a methodology which is supported by historical figures and reasonable projections.
3. Incremental Cost - is the cost of resources which are new or must be added to provide 9-1-1 call answering and transport. This cost definition is based upon accepting the premise that resources presently in-place have no cost. Incremental cost thus comprises only the cost of any new elements (vehicles, manpower, etc.) which must be added to provide 9-1-1 call answering and transport.

9-1-1 Contract Costing Examples:

A series of contract costing examples is provided for demonstration purposes only. The areas of examples are vehicles, personnel, and management. Each of the areas is provided in example form for public and private. All costs are expressed in cost per ambulance.

The costing examples are provided with certain assumptions being made. These assumptions are:

- 1) An emergency ambulance costs \$50,000 dollars.
- 2) The proportional EMS cost is 70%, based upon a validated figure for private.
- 3) The proportional EMS cost is 69%, based upon a validated figure for public.

FULL COSTPROPORTIONALINCREMENTALPrivate:

1) Vehicles: total cost of ambulance to include replacement and backup vehicles.

1) Vehicles: the total cost of the ambulance including replacement, and backup vehicles for the proportion of time (or other factor) which the vehicle will be used for emergency (911 originated-calls) transport.

1) Vehicles: only the cost of new vehicles (including replacement and backup) which must be added to the existing fleet.

e.g. \$50,000

e.g. \$50,000 x (portion of time available for EMS calls) .70  
= \$35,000

\$50,000 x (.90% of new cost of one ambulance) .10 = 5,000. (Based on only the new ambulances added to the total ASA, nine existing ambulances, and the total ASA needs only ten.)

Public:

1) Vehicle: total cost of ambulance to include replacement and backup vehicles.

1) Vehicle: total cost of the ambulance including replacement and backup for the proportion of time (or other factor) which the vehicle will be used for emergency transport functions.

2) Vehicle: only the cost of new vehicles which (including backup and replacement) which must be added to the existing fleet.

e.g. \$50,000

e.g. \$50,000 x (portion of responses are EMS versus other functions) .69 = \$34,500  
\$50,000 x (90 of cost of two new ambulances) = .20 = \$10,000

e.g. 50,000 x (.90% of new cost of one ambulances) = \$5,000

Private:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency transport.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

---

\$213,840

$\$213,840 \times .70 = \$149,688$

$\$213,840 (213,840 \times .10) = \$21,380.$  (Based on only one of the ten ambulances requiring new staffing.)

---

Public:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency (911 call answering and transport) functions.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

---

\$213,840

$\$213,840 \times .69 = \$147,550$

$\$213,840 \times .20 = \$42,760.$  (Based on only two of ten ambulances requiring new staff.)

---

Private:

- |   |  |  |
|---|--|--|
| 3) <u>Management</u> : total cost of management expenses to include all cost other than vehicles and personnel. | 3) <u>Management</u> : total cost of management expenses to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services. | 3) <u>Management</u> : only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services. |
|---|--|--|

---

e.g. \$60,000

e.g.  $\$60,000 \times .70 = \$42,000$

e.g. \$20,000. (one and one-half billing clerks)

---

Public:

- |  |   |  |
|--|---|--|
| 3) <u>Management</u> : total cost of management to include all cost other than vehicles and personnel. | 3) <u>Management</u> : total cost of management to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services. | 3) <u>Management</u> : only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services. |
|--|---|--|

---

e.g. \$60,000

e.g.  $\$60,000 \times .10 = \$6,000$   
(90% of management time spent in non-911 contract functions.)

e.g. -0- (no new management needed)

---

3. Affirmative Action Plan

ASA Plan

No Change

RFC

Page Change

16s (N) Delete (N)

Add: Bidder must present proof of a current affirmative action plan which is in compliance with revised order number four issued by the U.S. Department of Labor or in the event that the potential contractor is too small for this, proof of compliance with Equal Employment Opportunities rules must be demonstrated.

RFP ASA 1

RFP ASA 2

Page 4(12) Change

Add: The proposers attention is called to Section \_\_\_\_ of the contract.

Contract The following language be required to be a part of the contract which will accompany the RFP:

The contractor agrees to not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. Such action shall include but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.

The contractor will develop and maintain a written affirmative action compliance program or policy for each of its establishments within 120 days from the award of the contract in accordance with the regulations of the Secretary of Labor promulgated under Executive Order No. 11246 as amended.

The contractor is required to report to the county affirmative action officer any and all complaints regarding the requirements of this section.

If at any time during the course of the contract the county's affirmative action officer finds that the contractor is not in compliance with this section, he may recommend that the county cause the contractor to enter the informal conference process to correct deficiencies or to recommend that the Contract be revoked for nonperformance of minimum standards.

4. Field Supervisor Qualifications

RFC

No Change

RFP ASA 1

RFP ASA 2

Contract:

The contract will require that the field supervisors are recruited from existing Multnomah County EMT's. The contract will determine only the qualifications of "current employment" to include the preceding two years by a Multnomah County licensee and current certification in Oregon as an EMT 4 as minimum qualifications.

5. Peer Review

RFC

No Change

RFP ASA 1

RFP ASA 2

Page

Change

12.

Add: 3B. The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for medical as above (see page 30 for evaluation criteria).

- a. It is thought that a proposer's history of having a functioning peer review process will predict that the proposer will provide better emergency medical care if chosen as a contractor. The proposer must describe his peer review process. The description must be provided for the past two years (1986, 1987) and be for the credentialed population.

27

Add: 3B. A proposal which describes a peer review process history with at least the following characteristics will be awarded seven and a half points:

1. A meeting each month attended by the off-line medical director, and with at least 80 percent of the members attending.
2. A peer review process made up of representatives representing ALS, BLS, and communications (this committee is to only review ALS care).
3. A peer review process with a set of bylaws which assure patient confidentiality, rules of order, autonomy from management, and the responsibility to take action in medical areas they deem appropriate.

If the proposal describes and properly documents all of the above areas of peer review seven and a half points will be awarded. If all areas are not met, 2.5 points will be awarded for each area met for a maximum of seven and a half points.

6. Satisfactory Care

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

18 Add: B. A history of excellence of past performance in providing advanced life support emergency medical care and transport is thought to predict a contractor's ability to provide better emergency medical care and transport. The proposer should describe and fully validate the following components of the system used for credentialing. Validation of the numbers must be provided by an organization other than the proposers for the past two years (86, 87).

1. A history of lawsuits or insurance settlements.
2. A history of collisions (which require a state accident report be filed).
3. A history of workers compensation claims.

31 Add: B. The proposal which describes a history over the past two years in the credentialing population which meets the following criteria will be awarded seven and a half points.

1. One or fewer lawsuits or insurance settlements related to patient care per every 2,000, 911-originated responses which have resulted in a payment for settlement.
2. One or fewer collisions which require a state accident report be filed and in which the proposer's vehicle is cited, or the proposer's insurance company provides a settlement to another party, per every 1,000, 911-originated responses.
3. One or fewer Workers Compensation Claims which result in a settlement to the employee per 1,000, 911-originated responses.

If the proposal does not meet all of the above areas, 2.5 points will be awarded for each of the above area to a maximum of seven and a half points total.

7. Automatic Vehicle Locator

RFC

No Change

RFP ASA 1

RFP ASA 2

Page

Change

10 2-B(a)

Delete all of 2B(a).

26

Delete all of 2B(a).

8. Contract

RFC

No Change

RFP ASA 1

RFP ASA 2

No Change

Additional:

Direct Purchasing, County Counsel, and EMS staff to prepare the contracts for emergency ambulance service and include it as an attachment to the RFP. The contract should minimally include: standard contract requirements, use of the selected proposal contents and MCC (EMS rules) as performance standards, an informal conference process for contract violations, and be for no more than a four-year period.

9. CHIERS

RFC  
Page  
4

Change  
Delete the last two sentences of paragraph 4.

Option a.

Add: The county will continue to contract for this service. The contractors should expect to pay the county at least \$17,500, but no more than \$21,000 per year for this service.

Option b.

Add: The proposer of each ASA should anticipate negotiating with Hooper Detox to continue this service. A subsidy will be provided to assist in the underwriting of the cost of this contract.

RFP ASA 1  
RFP ASA 2  
Option a.  
Page  
17(L)

Change  
Delete E and add: The county will continue to contract for inebriate pickup services and MN9 (person down) call-answering in the central city area (see map Attachment 9). The contractor should expect to pay an annual cost of no less than \$17,500 and no more than \$21,800. The cost to the contractor will be based upon the county's yearly cost to provide these services. The contractor must provide these funds to the county in quarterly installments. The proposal must describe how the contractor will implement this requirement.

30(e)

Add: The proposal does describe and provide for adequate reimbursement of the county for the CHIERS program.

Option b.  
Page  
17(E)

Change  
Delete E and add: The proposer must provide a description of its involvement and coordination with the CHIERS program. The proposal must consider a contract with Hooper Detox to provide the service. The cost of service must be borne by the contractor. The county will reimburse the contractor for a portion of the cost of this service. The reimbursement level is included as a part of Attachment 9.

10. Transportation/Billing Experience

The current language does not exclude the Bureau of Fire Rescue and Emergency Services (FRES).

11. Contract Enforcement

Standard County Provisions

MCC and EMS Rules

Special Contract Provisions

Informal Consent Process With Large Penalties for Noncompliance

## 12. Contractor Selection

Present language in RFP:

### H. Evaluation Procedure

All proposals will be evaluated by the EMS Proposal Evaluation Committee. The EMS Proposal Evaluation Committee is appointed by the EMS Policy Advisory Board and the Board of County Commissioners and is made up of:

- EMS Director (non-voting)
- Representative Citizen (2) (which will have financial knowledge and experience CPA etc.)
- Medical Advisory Board Representative
- Multnomah County Medical Society Representative
- Multnomah County Purchasing Department Representative (non-voting)
- Emergency Medical Technician (outside of Multnomah County with no past or present ties to a proposer or licensee of Multnomah County)

When a consortium presents its proposal for evaluation, the consortium must clearly and in detail explain how its component entities or personnel will deliver services, equipment, or personnel in each area of activity. The Evaluation Committee shall not consider cumulative "qualifications." Only the qualifications of the person actually designated to perform the activity or the specifications of the item actually to be used are relevant when specific persons or items are at issue. When corporate or group characteristics are being reviewed, only the least qualified or least well-specified item put forward by the consortium will be considered.

During the evaluation point-award process, the Evaluation Committee may require interviews of personnel described in the proposals, and may hear oral presentations, conduct on-site visits to facilities, or both.

The proposals will be evaluated first to determine whether they meet the minimum requirements. Any proposals which do not pass the minimum requirements will be rejected. Those proposers who do not meet the minimum requirements will be notified by mail.

Those proposals which meet the minimum requirements will be awarded points in the Category B areas.

The top ranking proposal will be recommended to the Medical Advisory Board (MAB) who will comment on the medical efficacy of the proposal. The medical areas which MAB will consider are 1-B(a), 3-A in its entirety, and 4-A (b, c, d, e). The MAB may determine that the proposal is non-responsive in an area. If the proposal is determined by the MAB to be non-responsive, the next highest ranking proposal will be submitted for MAB consideration. The top ranking MAB approved proposal will then be recommended to the EMS Policy Advisory Board. The EMS Policy Advisory Board will recommend to the Board of County Commissioners (BCC). The BCC will then direct that a contract be awarded.

Purchasing language from procedure manual (2703 page 5 and 6)

V. EVALUATION AND SELECTION OF CONTRACTOR

The following procedure describes the required activities for selection of a screening committee and conduct of the evaluation of the RFPs. Any deviation from this procedure requires prior approval by the Purchasing Director.

Screening Committee: The department shall establish a committee of at least three (3) objective persons to evaluate the proposals. No more than one third of the screening committee shall be from the initiating division. At least one member of the committee should be from a non-county organization. No committee member can have a conflict of interest with any person or organization responding to the RFP. Departments are expected to recruit minorities to serve on all evaluation committees. The screening committee must be approved by the Purchasing Director.

The screening committee shall evaluate each proposal using the evaluation method described in the RFP. All proposals not meeting the mandatory criteria set forth in the RFP shall be rejected. Each screening committee member shall independently rate each proposal assigning points as set forth in the RFP.

Members of the screening committee may contact applicants for clarification of proposals; however, no additions, deletions, or substitutions may be made to proposals that cannot be termed as clarifications.

If the evaluation process includes oral interviews, the criteria for ranking must be described in the RFP.

The screening committee may recommend that the department head select among the top three applicants or that the award be given to the top ranked applicant. The RFP must state which method will be used. The recommended award is forwarded to Purchasing with the following documentation:

1. Completed letter of transmittal;
2. List of screening committee members;
3. Originals of all rating sheets, including analytical or explanatory comments (should be identified only by alpha designations and not by signatures), a summary sheet of averaged scores by applicant in rank order, and;
4. A statement identifying the respondent selected by the committee and the reason for selection.

Purchasing will approve all materials submitted for accuracy and adherence to RFP procedures and disperse Notice of Award letters to all applicants.

Purchasing language from procedure manual (2703 page 5 and 6)

V. EVALUATION AND SELECTION OF CONTRACTOR (continued)

Departments are cautioned that information contained in the evaluation will become public record at the conclusion of the evaluation process, which occurs at the time the award letters are disbursed by Purchasing. From the time the RFPS are publicized to the date award letters are sent by Purchasing, department staff contact with applicants should be limited to clarification of RFPS or proposals.

## Options for Awarding RFP

- A. Evaluation Committee (reviews all proposals and forwards highest score) --- MAB (forwards highest score which has MAB approval) --- EMSPAB (forwards highest "approved") (EMSPAB review to assure that proposals meets geopolitical needs of the cities and county) --- BCC (reviews by accepting testimony in open meeting as well as EMS staff presentations) --- Award at formal meeting.
- B. Evaluation Committee (forwards 3 top proposals for each area) --- MAB (reviews each proposal forwarded) --- BCC (evaluates each of 3 top proposals for each area in work session) --- Award at formal meeting.
- C. Evaluation Committee (ranks all proposals and forwards all proposals) --- BCC (ranks all proposals and forwards highest score) --- MAB --- BCC --- Award at formal meeting.
- D. BCC (evaluates all proposals and forwards highest score) --- MAB (reviews for medical efficacy the top proposal) --- BCC --- Award at formal meeting.

Pg  
42 VIII add

- B. The final decision shall be made by the Board of County Commissioners in accord with the procedures of the RFP. The BCC reserves the right to reject all proposals.

# POINTS DISTRIBUTION

Total points: 200

	Points (%)		
I. <u>Personnel:</u>			
a) Unit hours:	30 (15%)	_____	_____
b) Management:			
Ratio of supervisors:	9 (4.5%)	_____	_____
Three top positions:	15 (7.5%)	_____	_____
c) Employee wage/benefits:	45 (22.5%)	_____	_____
TOTAL	<u>99</u> (49.5%)	_____	_____
II. <u>Communications:</u>		_____	_____
III. <u>Medical:</u>	7.5 (3.75%)	_____	_____
IV. <u>Equipment:</u>			
Newer vehicles:	4 (2%)	_____	_____
Preventive maintenance:	8 (4%)	_____	_____
Reserves:	8 (4%)	_____	_____
Equipment:	6 (3%)	_____	_____
TOTAL	<u>26</u> (13%)	_____	_____
V. <u>Rates:</u>			
BLS:	20 (10%)	_____	_____
ALS:	30 (15%)	_____	_____
Standby:	10 (5%)	_____	_____
Past Performance	7.5 (3.75%)	_____	_____
TOTAL	<u>60</u> (30%)	_____	_____
VI. <u>Safety Net:</u>	0 (0%)	_____	_____

BEFORE THE BOARD OF COMMISSIONERS

FOR THE COUNTY OF MULTNOMAH

In the Matter of Approving	)	ORDER APPROVING REQUEST
a Request for Credentials and	)	FOR CREDENTIALS AND
Requests for Proposals for	)	REQUESTS FOR PROPOSALS
Emergency Ambulance Service	)	FOR EMERGENCY AMBULANCE
	)	SERVICE FOR MULTNOMAH
	)	COUNTY

WHEREAS, the EMS Policy Board recommended adoption of an Ambulance Plan that divides Multnomah County into two ambulance service areas and has recommended that the service providers be selected by a competitive bid process; and

WHEREAS, the Board of Commissioners has adopted the Plan; and

WHEREAS, in order to implement the plan, it is necessary to issue a Request for Credentials (RFC) and Requests for Proposals (RFPs) to potential service providers; and

WHEREAS, the Emergency Medical Services Policy Board has reviewed such documents and has recommended approval of them, NOW THEREFORE

IT IS HEREBY ORDERED that the RFC AND RFPs attached hereto and marked Exhibits A, B and C are approved.

BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

By

Gladys McCoy  
Multnomah County Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL  
FOR MULTNOMAH COUNTY, OREGON

By

Laurence Kressel  
County Counsel



# Emergency Medical Services

Multnomah County . City of Portland . Fairview . Gresham . Troutdale . Wood Village

## MEMORANDUM

TO: Board of County Commissioners

FROM: Emergency Medical Services

DATE: July 27, 1988

SUBJECT: R-15/16 Changes Per Work Session 7/26/88

---

Attached are the changes based on board discussion of 7/26/88.

This document is still numbered to match the Anderson/Casterline requests.

After first reading, if these changes are approved, EMS will incorporate the changes for second reading.

JA:rk

1. ASA/Contractor Issue

Changes to the ASA Plan, RFC, and RFP if a contractor is to be awarded only one ASA.

ASA Plan

Page	Present	Change
31	contractor(s)	<u>contractors</u>
40 (2nd paragraph, 3rd line)	to one or both of the two ASA's	<u>to one of the two ASA's</u>
41 (end of 1st paragraph)		<u>The same contractor may not serve both ASA's. Each provider bidding on both ASA will be asked to submit a choice of what ASA's they prefer to serve in the event that their proposals are best in both ASA's. The second best provider's proposal will then be selected and the contract awarded to it.</u>

RFC

3 (II last sentence)	An applicant may make proposals on both ASA's <u>but will be awarded the contract to serve only one.</u>
7 (IV first paragraph)	Delete last sentence.
10 (2nd paragraph)	Add: <u>The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA's to serve and the second best proposer will be awarded the contract for the non-chosen ASA.</u>

RFP ASA 1  
RFP ASA 2

Page	Change
6 (7)	Add: <u>The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA;s to serve. The proposer's proposal for the second ASA will be rejected by the County. The proposer must include his choice of ASA's if both ASA's are proposed for.</u>

## 2. Costing Definitions

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

Appendix Add: 22 Emergency Ambulance Costing

16 (C1) Add after first sentence: Both costing columns and revenue columns must be completed. If either column is not full completed, the proposal will be determined non-conforming. Definitions of full, proportionate, and incremental costs are to be followed and are included in appendix 22. The first column on form 1 must provide full cost and revenue projections, and column two must provide proportional cost and revenue projections.

20 Form 1 Relabel column 2: Proportional Cost (911 call answering) (2)

21-1 Delete and replace with: 1. This must be full cost (see appendix 22).

21-2 2. This must be the proportional cost which the proposer projects. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in ambulance use, cross use of personnel, etc. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity.

30-C Add: The definitions contained in appendix twenty-two are followed. The cost and revenue projections used do demonstrate sound business practice, and are reasonable based upon projected staffing levels.

Emergency Ambulance Costing (For 9-1-1 Contract)

Cost Definitions:

1. Full Cost - is all of the cost in dollars to provide the necessary staffing, vehicles, and other associated resources (management, insurance, capitalization, debt retirement, etc.) for an emergency ambulance. Full cost level does not consider any cross use or extra use of personnel, equipment, etc.
2. Proportional Cost - the proportional cost of an emergency ambulance is the full cost divided into two components. The EMS proportional cost is that portion of full cost which is needed to provide for 9-1-1 medical call answering and transport functions. The EMS proportional cost also includes the cost of waiting for 9-1-1 medical calls. The "other" proportional cost is that portion of full cost which is needed to provide for the "other" functions of the emergency ambulance. The "other" functions may be transporting of non-emergency ambulance. The "other" functions may be transporting of utilization functions. Each component of the proportional cost must be justified by a methodology which is supported by historical figures and reasonable projections.
3. Incremental Cost - is the cost of resources which are new or must be added to provide 9-1-1 call answering and transport. This cost definition is based upon accepting the premise that resources presently in-place have no cost. Incremental cost thus comprises only the cost of any new elements (vehicles, manpower, etc.) which must be added to provide 9-1-1 call answering and transport.

9-1-1 Contract Costing Examples:

A series of contract costing examples is provided for demonstration purposes only. The areas of examples are vehicles, personnel, and management. Each of the areas is provided in example form for public and private. All costs are expressed in cost per ambulance.

The costing examples are provided with certain assumptions being made. These assumptions are:

- 1) An emergency ambulance costs \$50,000 dollars.
- 2) The proportional EMS cost is 70%, based upon a validated figure for private.
- 3) The proportional EMS cost is 69%, based upon a validated figure for public.

FULL COSTPROPORTIONALINCREMENTALPrivate:

1) Vehicles: total cost of ambulance to include replacement and backup vehicles.

1) Vehicles: the total cost of the ambulance including replacement, and backup vehicles for the proportion of time (or other factor) which the vehicle will be used for emergency (911 originated-calls) transport.

1) Vehicles: only the cost of new vehicles (including replacement and backup) which must be added to the existing fleet.

e.g. \$50,000

e.g.  $\$50,000 \times (\text{portion of time available for EMS calls}) .70 = \$35,000$

$\$50,000 \times (.90\% \text{ of new cost of one ambulance}) .10 = 5,000$ . (Based on only the new ambulances added to the total ASA, nine existing ambulances, and the total ASA needs only ten.)

Public:

1) Vehicle: total cost of ambulance to include replacement and backup vehicles.

1) Vehicle: total cost of the ambulance including replacement and backup for the proportion of time (or other factor) which the vehicle will be used for emergency transport functions.

2) Vehicle: only the cost of new vehicles which (including backup and replacement) which must be added to the existing fleet.

e.g. \$50,000

e.g.  $\$50,000 \times (\text{portion of responses are EMS versus other functions}) .69 = \$34,500$   
 $\$50,000 \times (90 \text{ of cost of two new ambulances}) = .20 = \$10,000$

e.g.  $50,000 \times (.90\% \text{ of new cost of one ambulances}) = \$5,000$

Private:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency transport.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

---

\$213,840

$\$213,840 \times .70 = \$149,688$

$\$213,840 (213,840 \times .10) =$   
 $\$21,380.$  (Based on only one of the  
ten ambulances requiring new staffing.)

---

Public:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency (911 call answering and transport) functions.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

---

\$213,840

$\$213,840 \times .69 = \$147,550$

$\$213,840 \times .20 = \$42,760.$  (Based on  
only two of ten ambulances requiring  
new staff.)

---

Private:

- |  |   |   |
|--|---|---|
| 3) <u>Management:</u> total cost of management expenses to include all cost other than vehicles and personnel. | 3) <u>Management:</u> total cost of management expenses to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services. | 3) <u>Management:</u> only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services. |
|--|---|---|

---

e.g. \$60,000

e.g.  $\$60,000 \times .70 = \$42,000$

e.g. \$20,000. (one and one-half billing clerks)

---

Public:

- |   |  |   |
|---|--|---|
| 3) <u>Management:</u> total cost of management to include all cost other than vehicles and personnel. | 3) <u>Management:</u> total cost of management to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services. | 3) <u>Management:</u> only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services. |
|---|--|---|

---

e.g. \$60,000

e.g.  $\$60,000 \times .10 = \$6,000$   
(90% of management time spent in non-9-1-1 contract functions.)

e.g. -0- (no new management needed)

---

3. Affirmative Action Plan

ASA Plan

No Change

RFC

Page

Change

16s (N)

Delete (N)

Add: Bidder must present proof of a current affirmative action plan which is in compliance with revised order number four issued by the U.S. Department of Labor or in the event that the potential contractor is too small for this, proof of compliance with Equal Employment Opportunities rules must be demonstrated.

RFP ASA 1

RFP ASA 2

No Change

6. Field Supervisor Qualifications

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Contract: The contract will require that the field supervisors are redirected from existing Multnomah County EMT's.

7. Peer Review

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

12. Add: 3B. The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for medical as above (see page 30 for evaluation criteria).

- a. It is thought that a proposer's history of having a functioning peer review process will predict that the proposer will provide better emergency medical care if chosen as a contractor. The proposer must describe his peer review process. The description must be provided for the past two years (1986, 1987) and be for the credentialed population.

27 Add: 3B. A proposal which describes a peer review process history with at least the following characteristics will be awarded seven and a half points:

1. A meeting each month attended by the off-line medical director, and with at least 90 percent of the members attending.
2. A peer review committee made up of representatives representing ALS, BLS, and communications (this committee is to only review ALS care).
3. A peer review process with a set of bylaws which assure patient confidentiality, rules of order, autonomy from management, and the responsibility to take action in medical areas they deem appropriate.

If the proposal describes and properly documents all of the above areas of peer review seven and a half points will be awarded. If all areas are not met, 2.5 points will be awarded for each area met for a maximum of seven and a half points.

10. Satisfactory Care

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page

Change

18

Add: B. A history of excellence of past performance in providing emergency medical care and transport is thought to predict a contractor's ability to provide better emergency medical care and transport. The proposer should describe and fully validate the following components of the system used for credentialing. Validation of the numbers must be provided by an organization other than the proposers for the past two years (86, 87).

1. A history of lawsuits or insurance settlements.
2. A history of collisions (which require a state accident report be filed).
3. A history of workers compensation claims.

31

Add: B. The proposal which describes a history over the past two years in the credentialing population which meets the following criteria will be awarded seven and a half points.

1. One or fewer lawsuits or insurance settlements related to patient care per every 2,000, 911-originated responses, and
2. One or fewer collisions (which require a state accident report be filed) or other vehicle accidents per every 1,000, 911-originated responses.
3. One or fewer Workers Compensation Claims filed per 1,000, 911-originated responses.

If the proposal does not meet all of the above areas, 2.5 points will be awarded for each of the above area to a maximum of seven and a half points total.

12. Automatic Vehicle Locator

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page	Change
10 2-B(a)	Delete all of 2B(a).
26	Delete all of 2B(a).

13. Contract

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2  
No Change

Additional:

Direct Purchasing, County Counsel, and EMS staff to prepare the contracts for emergency ambulance service and include it as an attachment to the RFP. The contract should minimally include: standard contract requirements, use of the selected proposal contents and MCC (EMS rules) as performance standards, an informal conference process for contract violations, and be for no more than a four-year period.

14. Consolidation of Dispatch

ASA Plan

Page

Change

34

Add new paragraph: The goal is that first responders and emergency ambulances will be dispatched by the same dispatch point at the Bureau of Emergency Communications.

Contractor selection by high point

1 - Other items

ASA Plan

Page

Change

43 VIII B

Add: The evaluation committee will recommend the highest point ranking proposal (for each ASA) to the Medical Advisory Board.

AFC

No Change

RFP ASA 1

RFP ASA 2

No Change

# POINTS DISTRIBUTION

Total points: 200

	Points (%)		
I. <u>Personnel:</u>			
a) Unit hours:	30 (15%)	_____	_____
b) Management:			
Ratio of supervisors:	9 (4.5%)	_____	_____
Three top positions:	15 (7.5%)	_____	_____
c) Employee wage/benefits:	45 (22.5%)	_____	_____
TOTAL	<u>99</u> (49.5%)	_____	_____
II. <u>Communications:</u>		_____	_____
III. <u>Medical:</u>	7.5 (3.75%)	_____	_____
IV. <u>Equipment:</u>			
Newer vehicles:	4 (2%)	_____	_____
Preventive maintenance:	8 (4%)	_____	_____
Reserves:	8 (4%)	_____	_____
Equipment:	6 (3%)	_____	_____
TOTAL	<u>26</u> (13%)	_____	_____
V. <u>Rates:</u>			
BLS:	20 (10%)	_____	_____
ALS:	30 (15%)	_____	_____
Standby:	10 (5%)	_____	_____
Past Performance	7.5 (3.75%)	_____	_____
TOTAL	<u>60</u> (30%)	_____	_____
VI. <u>Safety Net:</u>	0 (0%)	_____	_____



# Emergency Medical Services

Multnomah County · City of Portland · Fairview · Gresham · Troutdale · Wood Village

## MEMORANDUM

TO: Board of County Commissioners

FROM: Emergency Medical Services

DATE: July 27, 1988

SUBJECT: R-15/16 Changes Per Work Session 7/26/88

---

Attached are the changes based on board discussion of 7/26/88.

This document is still numbered to match the Anderson/Casterline requests.

After first reading, if these changes are approved, EMS will incorporate the changes for second reading.

JA:rk

1. ASA/Contractor Issue

Changes to the ASA Plan, RFC, and RFP if a contractor is to be awarded only one ASA.

ASA Plan

Page	Present	Change
31	contractor(s)	<u>contractors</u>
40 (2nd paragraph, 3rd line)	to one or both of the two ASA's	<u>to one of the two ASA's</u>
41 (end of 1st paragraph)		<u>The same contractor may not serve both ASA's. Each provider bidding on both ASA will be asked to submit a choice of what ASA's they prefer to serve in the event that their proposals are best in both ASA's. The second best provider's proposal will then be selected and the contract awarded to it.</u>

RFC

3 (II last sentence)	<u>An applicant may make proposals on both ASA's but will be awarded the contract to serve only one.</u>
7 (IV first paragraph)	Delete last sentence.
10 (2nd paragraph)	<u>Add: The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA's to serve and the second best proposer will be awarded the contract for the non-chosen ASA.</u>

RFP ASA 1  
RFP ASA 2

Page	Change
6 (7)	<u>Add: The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA's to serve. The proposer's proposal for the second ASA will be rejected by the County. The proposer must include his choice of ASA's if both ASA's are proposed for.</u>

## 2. Costing Definitions

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

Appendix Add: 22 Emergency Ambulance Costing

16 (C1) Add after first sentence: Both costing columns and revenue columns must be completed. If either column is not full completed, the proposal will be determined non-conforming. Definitions of full, proportionate, and incremental costs are to be followed and are included in appendix 22. The first column on form 1 must provide full cost and revenue projections, and column two must provide proportional cost and revenue projections.

20 Form 1 Relabel column 2: Proportional Cost (911 call answering) (2)

21-1 Delete and replace with: 1. This must be full cost (see appendix 22).

21-2 2. This must be the proportional cost which the proposer projects. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in ambulance use, cross use of personnel, etc. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity.

30-C Add: The definitions contained in appendix twenty-two are followed. The cost and revenue projections used do demonstrate sound business practice, and are reasonable based upon projected staffing levels.

Emergency Ambulance Costing (For 9-1-1 Contract)

Cost Definitions:

1. Full Cost - is all of the cost in dollars to provide the necessary staffing, vehicles, and other associated resources (management, insurance, capitalization, debt retirement, etc.) for an emergency ambulance. Full cost level does not consider any cross use or extra use of personnel, equipment, etc.
2. Proportional Cost - the proportional cost of an emergency ambulance is the full cost divided into two components. The EMS proportional cost is that portion of full cost which is needed to provide for 9-1-1 medical call answering and transport functions. The EMS proportional cost also includes the cost of waiting for 9-1-1 medical calls. The "other" proportional cost is that portion of full cost which is needed to provide for the "other" functions of the emergency ambulance. The "other" functions may be transporting of non-emergency ambulance. The "other" functions may be transportation of utilization functions. Each component of the proportional cost must be justified by a methodology which is supported by historical figures and reasonable projections.
3. Incremental Cost - is the cost of resources which are new or must be added to provide 9-1-1 call answering and transport. This cost definition is based upon accepting the premise that resources presently in-place have no cost. Incremental cost thus comprises only the cost of any new elements (vehicles, manpower, etc.) which must be added to provide 9-1-1 call answering and transport.

9-1-1 Contract Costing Examples:

A series of contract costing examples is provided for demonstration purposes only. The areas of examples are vehicles, personnel, and management. Each of the areas is provided in example form for public and private. All costs are expressed in cost per ambulance.

The costing examples are provided with certain assumptions being made. These assumptions are:

- 1) An emergency ambulance costs \$50,000 dollars.
- 2) The proportional EMS cost is 70%, based upon a validated figure for private.
- 3) The proportional EMS cost is 69%, based upon a validated figure for public.

FULL COSTPROPORTIONALINCREMENTALPrivate:

1) Vehicles: total cost of ambulance to include replacement and backup vehicles.

1) Vehicles: the total cost of the ambulance including replacement, and backup vehicles for the proportion of time (or other factor) which the vehicle will be used for emergency (911 originated-calls) transport.

1) Vehicles: only the cost of new vehicles (including replacement and backup) which must be added to the existing fleet.

e.g. \$50,000

e.g.  $\$50,000 \times (\text{portion of time available for EMS calls}) .70 = \$35,000$

$\$50,000 \times (.90\% \text{ of new cost of one ambulance}) .10 = 5,000$ . (Based on only the new ambulances added to the total ASA, nine existing ambulances, and the total ASA needs only ten.)

Public:

1) Vehicle: total cost of ambulance to include replacement and backup vehicles.

1) Vehicle: total cost of the ambulance including replacement and backup for the proportion of time (or other factor) which the vehicle will be used for emergency transport functions.

2) Vehicle: only the cost of new vehicles which (including backup and replacement) which must be added to the existing fleet.

e.g. \$50,000

e.g.  $\$50,000 \times (\text{portion of responses are EMS versus other functions}) .69 = \$34,500$   
 $\$50,000 \times (90 \text{ of cost of two new ambulances}) = .20 = \$10,000$

e.g.  $50,000 \times (.90\% \text{ of new cost of one ambulances}) = \$5,000$

Private:

2) <u>Personnel:</u> total cost of two EMT 4s to staff ambulance including fringe benefits.	2) <u>Personnel:</u> total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency transport.	2) <u>Personnel:</u> only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.
\$213,840	$\$213,840 \times .70 = \$149,688$	$\$213,840 (213,840 \times .10) = \$21,380.$ (Based on only one of the ten ambulances requiring new staffing.)

Public:

2) <u>Personnel:</u> total cost of two EMT 4s to staff ambulance including fringe benefits.	2) <u>Personnel:</u> total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency (911 call answering and transport) functions.	2) <u>Personnel:</u> only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.
\$213,840	$\$213,840 \times .69 = \$147,550$	$\$213,840 \times .20 = \$42,760.$ (Based on only two of ten ambulances requiring new staff.)

Private:

- |   |  |  |
|---|--|--|
| 3) <u>Management</u> : total cost of management expenses to include all cost other than vehicles and personnel. | 3) <u>Management</u> : total cost of management expenses to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services. | 3) <u>Management</u> : only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services. |
|---|--|--|

---

e.g. \$60,000

e.g.  $\$60,000 \times .70 = \$42,000$

e.g. \$20,000. (one and one-half billing clerks)

---

Public:

- |  |   |  |
|--|---|--|
| 3) <u>Management</u> : total cost of management to include all cost other than vehicles and personnel. | 3) <u>Management</u> : total cost of management to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services. | 3) <u>Management</u> : only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services. |
|--|---|--|

---

e.g. \$60,000

e.g.  $\$60,000 \times .10 = \$6,000$   
(90% of management time spent in non-9-1-1 contract functions.)

e.g. -0- (no new management needed)

---

3. Affirmative Action Plan

ASA Plan  
No Change

RFC

Page Change

16s (N) Delete (N)  
Add: Bidder must present proof of a current affirmative action plan which is in compliance with revised order number four issued by the U.S. Department of Labor or in the event that the potential contractor is too small for this, proof of compliance with Equal Employment Opportunities rules must be demonstrated.

RFP ASA 1  
RFP ASA 2  
No Change

6. Field Supervisor Qualifications

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Contract: The contract will require that the field supervisors are redirected from existing Multnomah County EMT's.

7. Peer Review

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

12. Add: 3B. The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for medical as above (see page 30 for evaluation criteria).

- a. It is thought that a proposer's history of having a functioning peer review process will predict that the proposer will provide better emergency medical care if chosen as a contractor. The proposer must describe his peer review process. The description must be provided for the past two years (1986, 1987) and be for the credentialed population.

27 Add: 3B. A proposal which describes a peer review process history with at least the following characteristics will be awarded seven and a half points:

1. A meeting each month attended by the off-line medical director, and with at least 90 percent of the members attending.
2. A peer review committee made up of representatives representing ALS, BLS, and communications (this committee is to only review ALS care).
3. A peer review process with a set of bylaws which assure patient confidentiality, rules of order, autonomy from management, and the responsibility to take action in medical areas they deem appropriate.

If the proposal describes and properly documents all of the above areas of peer review seven and a half points will be awarded. If all areas are not met, 2.5 points will be awarded for each area met for a maximum of seven and a half points.

10. Satisfactory Care

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

18 Add: B. A history of excellence of past performance in providing emergency medical care and transport is thought to predict a contractor's ability to provide better emergency medical care and transport. The proposer should describe and fully validate the following components of the system used for credentialing. Validation of the numbers must be provided by an organization other than the proposers for the past two years (86, 87).

1. A history of lawsuits or insurance settlements.
2. A history of collisions (which require a state accident report be filed).
3. A history of workers compensation claims.

31 Add: B. The proposal which describes a history over the past two years in the credentialing population which meets the following criteria will be awarded seven and a half points.

1. One or fewer lawsuits or insurance settlements related to patient care per every 2,000, 911-originated responses, and
2. One or fewer collisions (which require a state accident report be filed) or other vehicle accidents per every 1,000, 911-originated responses.
3. One or fewer Workers Compensation Claims filed per 1,000, 911-originated responses.

If the proposal does not meet all of the above areas, 2.5 points will be awarded for each of the above area to a maximum of seven and a half points total.

12. Automatic Vehicle Locator

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page	Change
10 2-B(a)	Delete all of 2B(a).
26	Delete all of 2B(a).

13. Contract

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2  
No Change

Additional:

Direct Purchasing, County Counsel, and EMS staff to prepare the contracts for emergency ambulance service and include it as an attachment to the RFP. The contract should minimally include: standard contract requirements, use of the selected proposal contents and MCC (EMS rules) as performance standards, an informal conference process for contract violations, and be for no more than a four-year period.

14. Consolidation of Dispatch

ASA Plan

Page

Change

34

Add new paragraph: The goal is that first responders and emergency ambulances will be dispatched by the same dispatch point at the Bureau of Emergency Communications.

Contractor selection by high point

1 - Other items

ASA Plan

Page

Change

43 VIII B

Add: The evaluation committee will recommend the highest point ranking proposal (for each ASA) to the Medical Advisory Board.

AFC

No Change

RFP ASA 1

RFP ASA 2

No Change

# POINTS DISTRIBUTION

Total points: 200

	Points (%)		
I. <u>Personnel:</u>			
a) Unit hours:	30 (15%)	_____	_____
b) Management:			
Ratio of supervisors:	9 (4.5%)	_____	_____
Three top positions:	15 (7.5%)	_____	_____
c) Employee wage/benefits:	45 (22.5%)	_____	_____
TOTAL	<u>99</u> (49.5%)	_____	_____
II. <u>Communications:</u>		_____	_____
III. <u>Medical:</u>	7.5 (3.75%)	_____	_____
IV. <u>Equipment:</u>			
Newer vehicles:	4 (2%)	_____	_____
Preventive maintenance:	8 (4%)	_____	_____
Reserves:	8 (4%)	_____	_____
Equipment:	6 (3%)	_____	_____
TOTAL	<u>26</u> (13%)	_____	_____
V. <u>Rates:</u>			
BLS:	20 (10%)	_____	_____
ALS:	30 (15%)	_____	_____
Standby:	10 (5%)	_____	_____
Past Performance	7.5 (3.75%)	_____	_____
TOTAL	<u>60</u> (30%)	_____	_____
VI. <u>Safety Net:</u>	0 (0%)	_____	_____



# Emergency Medical Services

Multnomah County · City of Portland · Fairview · Gresham · Troutdale · Wood Village

## MEMORANDUM

TO: Board of County Commissioners

FROM: Emergency Medical Services

DATE: July 27, 1988

SUBJECT: R-15/16 Changes Per Work Session 7/26/88

---

Attached are the changes based on board discussion of 7/26/88.

This document is still numbered to match the Anderson/Casterline requests.

After first reading, if these changes are approved, EMS will incorporate the changes for second reading.

JA:rk

1. ASA/Contractor Issue

Changes to the ASA Plan, RFC, and RFP if a contractor is to be awarded only one ASA.

ASA Plan

Page	Present	Change
31	contractor(s)	<u>contractors</u>
40 (2nd paragraph, 3rd line)	to one or both of the two ASA's	<u>to one of the two ASA's</u>
41 (end of 1st paragraph)		<u>The same contractor may not serve both ASA's. Each provider bidding on both ASA will be asked to submit a choice of what ASA's they prefer to serve in the event that their proposals are best in both ASA's. The second best provider's proposal will then be selected and the contract awarded to it.</u>

RFC

3 (II last sentence)	<u>An applicant may make proposals on both ASA's but will be awarded the contract to serve only one.</u>
7 (IV first paragraph)	Delete last sentence.
10 (2nd paragraph)	<u>Add: The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA's to serve and the second best proposer will be awarded the contract for the non-chosen ASA.</u>

RFP ASA 1  
RFP ASA 2

Page	Change
6 (7)	<u>Add: The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA's to serve. The proposer's proposal for the second ASA will be rejected by the County. The proposer must include his choice of ASA's if both ASA's are proposed for.</u>

## 2. Costing Definitions

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

Appendix Add: 22 Emergency Ambulance Costing

16 (C1) Add after first sentence: Both costing columns and revenue columns must be completed. If either column is not full completed, the proposal will be determined non-conforming. Definitions of full, proportionate, and incremental costs are to be followed and are included in appendix 22. The first column on form 1 must provide full cost and revenue projections, and column two must provide proportional cost and revenue projections.

20 Form 1 Relabel column 2: Proportional Cost (911 call answering) (2)

21-1 Delete and replace with: 1. This must be full cost (see appendix 22).

21-2 2. This must be the proportional cost which the proposer projects. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in ambulance use, cross use of personnel, etc. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity.

30-C Add: The definitions contained in appendix twenty-two are followed. The cost and revenue projections used do demonstrate sound business practice, and are reasonable based upon projected staffing levels.

Emergency Ambulance Costing (For 9-1-1 Contract)

Cost Definitions:

1. Full Cost - is all of the cost in dollars to provide the necessary staffing, vehicles, and other associated resources (management, insurance, capitalization, debt retirement, etc.) for an emergency ambulance. Full cost level does not consider any cross use or extra use of personnel, equipment, etc.
2. Proportional Cost - the proportional cost of an emergency ambulance is the full cost divided into two components. The EMS proportional cost is that portion of full cost which is needed to provide for 9-1-1 medical call answering and transport functions. The EMS proportional cost also includes the cost of waiting for 9-1-1 medical calls. The "other" proportional cost is that portion of full cost which is needed to provide for the "other" functions of the emergency ambulance. The "other" functions may be transporting of non-emergency ambulance. The "other" functions may be transportation utilization functions. Each component of the proportional cost must be justified by a methodology which is supported by historical figures and reasonable projections.
3. Incremental Cost - is the cost of resources which are new or must be added to provide 9-1-1 call answering and transport. This cost definition is based upon accepting the premise that resources presently in-place have no cost. Incremental cost thus comprises only the cost of any new elements (vehicles, manpower, etc.) which must be added to provide 9-1-1 call answering and transport.

9-1-1 Contract Costing Examples:

A series of contract costing examples is provided for demonstration purposes only. The areas of examples are vehicles, personnel, and management. Each of the areas is provided in example form for public and private. All costs are expressed in cost per ambulance.

The costing examples are provided with certain assumptions being made. These assumptions are:

- 1) An emergency ambulance costs \$50,000 dollars.
- 2) The proportional EMS cost is 70%, based upon a validated figure for private.
- 3) The proportional EMS cost is 69%, based upon a validated figure for public.

FULL COSTPROPORTIONALINCREMENTALPrivate:

1) Vehicles: total cost of ambulance to include replacement and backup vehicles.

1) Vehicles: the total cost of the ambulance including replacement, and backup vehicles for the proportion of time (or other factor) which the vehicle will be used for emergency (911 originated-calls) transport.

1) Vehicles: only the cost of new vehicles (including replacement and backup) which must be added to the existing fleet.

e.g. \$50,000

e.g.  $\$50,000 \times (\text{portion of time available for EMS calls}) .70 = \$35,000$

$\$50,000 \times (.90\% \text{ of new cost of one ambulance}) .10 = 5,000$ . (Based on only the new ambulances added to the total ASA, nine existing ambulances, and the total ASA needs only ten.)

Public:

1) Vehicle: total cost of ambulance to include replacement and backup vehicles.

1) Vehicle: total cost of the ambulance including replacement and backup for the proportion of time (or other factor) which the vehicle will be used for emergency transport functions.

2) Vehicle: only the cost of new vehicles which (including backup and replacement) which must be added to the existing fleet.

e.g. \$50,000

e.g.  $\$50,000 \times (\text{portion of responses are EMS versus other functions}) .69 = \$34,500$   
 $\$50,000 \times (90 \text{ of cost of two new ambulances}) = .20 = \$10,000$

e.g.  $50,000 \times (.90\% \text{ of new cost of one ambulances}) = \$5,000$

Private:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency transport.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

---

\$213,840

$\$213,840 \times .70 = \$149,688$

$\$213,840 (213,840 \times .10) =$   
 $\$21,380.$  (Based on only one of the  
ten ambulances requiring new staffing.)

---

Public:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency (911 call answering and transport) functions.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

---

\$213,840

$\$213,840 \times .69 = \$147,550$

$\$213,840 \times .20 = \$42,760.$  (Based on  
only two of ten ambulances requiring  
new staff.)

---

Private:

- |   |  |  |
|---|--|--|
| 3) <u>Management</u> : total cost of management expenses to include all cost other than vehicles and personnel. | 3) <u>Management</u> : total cost of management expenses to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services. | 3) <u>Management</u> : only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services. |
|---|--|--|

---

e.g. \$60,000

e.g.  $\$60,000 \times .70 = \$42,000$

e.g. \$20,000. (one and one-half billing clerks)

---

Public:

- |  |   |  |
|--|---|--|
| 3) <u>Management</u> : total cost of management to include all cost other than vehicles and personnel. | 3) <u>Management</u> : total cost of management to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services. | 3) <u>Management</u> : only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services. |
|--|---|--|

---

e.g. \$60,000

e.g.  $\$60,000 \times .10 = \$6,000$   
(90% of management time spent in non-9-1-1 contract functions.)

e.g. -0- (no new management needed)

---

3. Affirmative Action Plan

ASA Plan  
No Change

RFC

Page Change

16s (N) Delete (N)  
Add: Bidder must present proof of a current affirmative action plan which is in compliance with revised order number four issued by the U.S. Department of Labor or in the event that the potential contractor is too small for this, proof of compliance with Equal Employment Opportunities rules must be demonstrated.

RFP ASA 1  
RFP ASA 2  
No Change

6. Field Supervisor Qualifications

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Contract: The contract will require that the field supervisors are redirected from existing Multnomah County EMT's.

7. Peer Review

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

12. Add: 3B. The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for medical as above (see page 30 for evaluation criteria).

- a. It is thought that a proposer's history of having a functioning peer review process will predict that the proposer will provide better emergency medical care if chosen as a contractor. The proposer must describe his peer review process. The description must be provided for the past two years (1986, 1987) and be for the credentialed population.

27 Add: 3B. A proposal which describes a peer review process history with at least the following characteristics will be awarded seven and a half points:

1. A meeting each month attended by the off-line medical director, and with at least 90 percent of the members attending.
2. A peer review committee made up of representatives representing ALS, BLS, and communications (this committee is to only review ALS care).
3. A peer review process with a set of bylaws which assure patient confidentiality, rules of order, autonomy from management, and the responsibility to take action in medical areas they deem appropriate.

If the proposal describes and properly documents all of the above areas of peer review seven and a half points will be awarded. If all areas are not met, 2.5 points will be awarded for each area met for a maximum of seven and a half points.

10. Satisfactory Care

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

18 Add: B. A history of excellence of past performance in providing emergency medical care and transport is thought to predict a contractor's ability to provide better emergency medical care and transport. The proposer should describe and fully validate the following components of the system used for credentialing. Validation of the numbers must be provided by an organization other than the proposers for the past two years (86, 87).

1. A history of lawsuits or insurance settlements.
2. A history of collisions (which require a state accident report be filed).
3. A history of workers compensation claims.

31 Add: B. The proposal which describes a history over the past two years in the credentialing population which meets the following criteria will be awarded seven and a half points.

1. One or fewer lawsuits or insurance settlements related to patient care per every 2,000, 911-originated responses, and
2. One or fewer collisions (which require a state accident report be filed) or other vehicle accidents per every 1,000, 911-originated responses.
3. One or fewer Workers Compensation Claims filed per 1,000, 911-originated responses.

If the proposal does not meet all of the above areas, 2.5 points will be awarded for each of the above area to a maximum of seven and a half points total.

12. Automatic Vehicle Locator

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page	Change
10 2-B(a)	Delete all of 2B(a).
26	Delete all of 2B(a).

13. Contract

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2  
No Change

Additional:

Direct Purchasing, County Counsel, and EMS staff to prepare the contracts for emergency ambulance service and include it as an attachment to the RFP. The contract should minimally include: standard contract requirements, use of the selected proposal contents and MCC (EMS rules) as performance standards, an informal conference process for contract violations, and be for no more than a four-year period.

14. Consolidation of Dispatch

ASA Plan

Page

Change

34

Add new paragraph: The goal is that first responders and emergency ambulances will be dispatched by the same dispatch point at the Bureau of Emergency Communications.

Contractor selection by high point

1 - Other items

ASA Plan

Page

Change

43 VIII B

Add: The evaluation committee will recommend the highest point ranking proposal (for each ASA) to the Medical Advisory Board.

AFC

No Change

RFP ASA 1

RFP ASA 2

No Change

# POINTS DISTRIBUTION

Total points: 200

	Points (%)		
I. <u>Personnel:</u>			
a) Unit hours:	30 (15%)	_____	_____
b) Management:			
Ratio of supervisors:	9 (4.5%)	_____	_____
Three top positions:	15 (7.5%)	_____	_____
c) Employee wage/benefits:	45 (22.5%)	_____	_____
TOTAL	<u>99</u> (49.5%)	_____	_____
II. <u>Communications:</u>		_____	_____
III. <u>Medical:</u>	7.5 (3.75%)	_____	_____
IV. <u>Equipment:</u>			
Newer vehicles:	4 (2%)	_____	_____
Preventive maintenance:	8 (4%)	_____	_____
Reserves:	8 (4%)	_____	_____
Equipment:	6 (3%)	_____	_____
TOTAL	<u>26</u> (13%)	_____	_____
V. <u>Rates:</u>			
BLS:	20 (10%)	_____	_____
ALS:	30 (15%)	_____	_____
Standby:	10 (5%)	_____	_____
Past Performance	7.5 (3.75%)	_____	_____
TOTAL	<u>60</u> (30%)	_____	_____
VI. <u>Safety Net:</u>	0 (0%)	_____	_____



# Emergency Medical Services

Multnomah County · City of Portland · Fairview · Gresham · Troutdale · Wood Village

## MEMORANDUM

TO: Board of County Commissioners

FROM: Emergency Medical Services

DATE: July 27, 1988

SUBJECT: R-15/16 Changes Per Work Session 7/26/88

---

Attached are the changes based on board discussion of 7/26/88.

This document is still numbered to match the Anderson/Casterline requests.

After first reading, if these changes are approved, EMS will incorporate the changes for second reading.

JA:rk

1. ASA/Contractor Issue

Changes to the ASA Plan, RFC, and RFP if a contractor is to be awarded only one ASA.

ASA Plan

Page	Present	Change
31	contractor(s)	<u>contractors</u>
40 (2nd paragraph, 3rd line)	to one or both of the two ASA's	<u>to one of the two ASA's</u>
41 (end of 1st paragraph)		<u>The same contractor may not serve both ASA's. Each provider bidding on both ASA will be asked to submit a choice of what ASA's they prefer to serve in the event that their proposals are best in both ASA's. The second best provider's proposal will then be selected and the contract awarded to it.</u>

RFC

3 (II last sentence)	<u>An applicant may make proposals on both ASA's but will be awarded the contract to serve only one.</u>
7 (IV first paragraph)	Delete last sentence.
10 (2nd paragraph)	<u>Add: The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA's to serve and the second best proposer will be awarded the contract for the non-chosen ASA.</u>

RFP ASA 1  
RFP ASA 2

Page	Change
6 (7)	<u>Add: The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA;s to serve. The proposer's proposal for the second ASA will be rejected by the County. The proposer must include his choice of ASA's if both ASA's are proposed for.</u>

## 2. Costing Definitions

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

Appendix Add: 22 Emergency Ambulance Costing

16 (C1) Add after first sentence: Both costing columns and revenue columns must be completed. If either column is not full completed, the proposal will be determined non-conforming. Definitions of full, proportionate, and incremental costs are to be followed and are included in appendix 22. The first column on form 1 must provide full cost and revenue projections, and column two must provide proportional cost and revenue projections.

20 Form 1 Relabel column 2: Proportional Cost (911 call answering) (2)

21-1 Delete and replace with: 1. This must be full cost (see appendix 22).

21-2 2. This must be the proportional cost which the proposer projects. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in ambulance use, cross use of personnel, etc. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity.

30-C Add: The definitions contained in appendix twenty-two are followed. The cost and revenue projections used do demonstrate sound business practice, and are reasonable based upon projected staffing levels.

Emergency Ambulance Costing (For 9-1-1 Contract)

Cost Definitions:

1. Full Cost - is all of the cost in dollars to provide the necessary staffing, vehicles, and other associated resources (management, insurance, capitalization, debt retirement, etc.) for an emergency ambulance. Full cost level does not consider any cross use or extra use of personnel, equipment, etc.
2. Proportional Cost - the proportional cost of an emergency ambulance is the full cost divided into two components. The EMS proportional cost is that portion of full cost which is needed to provide for 9-1-1 medical call answering and transport functions. The EMS proportional cost also includes the cost of waiting for 9-1-1 medical calls. The "other" proportional cost is that portion of full cost which is needed to provide for the "other" functions of the emergency ambulance. The "other" functions may be transporting of non-emergency ambulance. The "other" functions may be transportation utilization functions. Each component of the proportional cost must be justified by a methodology which is supported by historical figures and reasonable projections.
3. Incremental Cost - is the cost of resources which are new or must be added to provide 9-1-1 call answering and transport. This cost definition is based upon accepting the premise that resources presently in-place have no cost. Incremental cost thus comprises only the cost of any new elements (vehicles, manpower, etc.) which must be added to provide 9-1-1 call answering and transport.

9-1-1 Contract Costing Examples:

A series of contract costing examples is provided for demonstration purposes only. The areas of examples are vehicles, personnel, and management. Each of the areas is provided in example form for public and private. All costs are expressed in cost per ambulance.

The costing examples are provided with certain assumptions being made. These assumptions are:

- 1) An emergency ambulance costs \$50,000 dollars.
- 2) The proportional EMS cost is 70%, based upon a validated figure for private.
- 3) The proportional EMS cost is 69%, based upon a validated figure for public.

FULL COSTPROPORTIONALINCREMENTALPrivate:

1) Vehicles: total cost of ambulance to include replacement and backup vehicles.

1) Vehicles: the total cost of the ambulance including replacement, and backup vehicles for the proportion of time (or other factor) which the vehicle will be used for emergency (911 originated-calls) transport.

1) Vehicles: only the cost of new vehicles (including replacement and backup) which must be added to the existing fleet.

e.g. \$50,000

e.g. \$50,000 x (portion of time available for EMS calls) .70  
= \$35,000

\$50,000 x (.90% of new cost of one ambulance) .10 = 5,000. (Based on only the new ambulances added to the total ASA, nine existing ambulances, and the total ASA needs only ten.)

Public:

1) Vehicle: total cost of ambulance to include replacement and backup vehicles.

1) Vehicle: total cost of the ambulance including replacement and backup for the proportion of time (or other factor) which the vehicle will be used for emergency transport functions.

2) Vehicle: only the cost of new vehicles which (including backup and replacement) which must be added to the existing fleet.

e.g. \$50,000

e.g. \$50,000 x (portion of responses are EMS versus other functions) .69 = \$34,500  
\$50,000 x (90 of cost of two new ambulances) = .20 = \$10,000

e.g. 50,000 x (.90% of new cost of one ambulances) = \$5,000

Private:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency transport.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

---

\$213,840

$\$213,840 \times .70 = \$149,688$

$\$213,840 (213,840 \times .10) =$   
 $\$21,380.$  (Based on only one of the  
ten ambulances requiring new staffing.)

---

Public:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency (911 call answering and transport) functions.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

---

\$213,840

$\$213,840 \times .69 = \$147,550$

$\$213,840 \times .20 = \$42,760.$  (Based on  
only two of ten ambulances requiring  
new staff.)

---

Private:

3) Management: total cost of management expenses to include all cost other than vehicles and personnel.

---

e.g. \$60,000

3) Management: total cost of management expenses to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services.

---

e.g.  $\$60,000 \times .70 = \$42,000$

3) Management: only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services.

---

e.g. \$20,000. (one and one-half billing clerks)

---

Public:

3) Management: total cost of management to include all cost other than vehicles and personnel.

---

e.g. \$60,000

3) Management: total cost of management to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services.

---

e.g.  $\$60,000 \times .10 = \$6,000$   
(90% of management time spent in non-9-1-1 contract functions.)

3) Management: only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services.

---

e.g. -0- (no new management needed)

---

3. Affirmative Action Plan

ASA Plan  
No Change

RFC

Page Change

16s (N) Delete (N)  
Add: Bidder must present proof of a current affirmative action plan which is in compliance with revised order number four issued by the U.S. Department of Labor or in the event that the potential contractor is too small for this, proof of compliance with Equal Employment Opportunities rules must be demonstrated.

RFP ASA 1  
RFP ASA 2  
No Change

6. Field Supervisor Qualifications

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Contract: The contract will require that the field supervisors are redirected from existing Multnomah County EMT's.

7. Peer Review

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

12. Add: 3B. The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for medical as above (see page 30 for evaluation criteria).

- a. It is thought that a proposer's history of having a functioning peer review process will predict that the proposer will provide better emergency medical care if chosen as a contractor. The proposer must describe his peer review process. The description must be provided for the past two years (1986, 1987) and be for the credentialed population.

27 Add: 3B. A proposal which describes a peer review process history with at least the following characteristics will be awarded seven and a half points:

1. A meeting each month attended by the off-line medical director, and with at least 90 percent of the members attending.
2. A peer review committee made up of representatives representing ALS, BLS, and communications (this committee is to only review ALS care).
3. A peer review process with a set of bylaws which assure patient confidentiality, rules of order, autonomy from management, and the responsibility to take action in medical areas they deem appropriate.

If the proposal describes and properly documents all of the above areas of peer review seven and a half points will be awarded. If all areas are not met, 2.5 points will be awarded for each area met for a maximum of seven and a half points.

10. Satisfactory Care

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

18 Add: B. A history of excellence of past performance in providing emergency medical care and transport is thought to predict a contractor's ability to provide better emergency medical care and transport. The proposer should describe and fully validate the following components of the system used for credentialing. Validation of the numbers must be provided by an organization other than the proposers for the past two years (86, 87).

1. A history of lawsuits or insurance settlements.
2. A history of collisions (which require a state accident report be filed).
3. A history of workers compensation claims.

31 Add: B. The proposal which describes a history over the past two years in the credentialing population which meets the following criteria will be awarded seven and a half points.

1. One or fewer lawsuits or insurance settlements related to patient care per every 2,000, 911-originated responses, and
2. One or fewer collisions (which require a state accident report be filed) or other vehicle accidents per every 1,000, 911-originated responses.
3. One or fewer Workers Compensation Claims filed per 1,000, 911-originated responses.

If the proposal does not meet all of the above areas, 2.5 points will be awarded for each of the above area to a maximum of seven and a half points total.

12. Automatic Vehicle Locator

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page	Change
10 2-B(a)	Delete all of 2B(a).
26	Delete all of 2B(a).

13. Contract

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2  
No Change

Additional:

Direct Purchasing, County Counsel, and EMS staff to prepare the contracts for emergency ambulance service and include it as an attachment to the RFP. The contract should minimally include: standard contract requirements, use of the selected proposal contents and MCC (EMS rules) as performance standards, an informal conference process for contract violations, and be for no more than a four-year period.

14. Consolidation of Dispatch

ASA Plan

Page

Change

34

Add new paragraph: The goal is that first responders and emergency ambulances will be dispatched by the same dispatch point at the Bureau of Emergency Communications.

Contractor selection by high point

1 - Other items

ASA Plan

Page

Change

43 VIII B

Add: The evaluation committee will recommend the highest point ranking proposal (for each ASA) to the Medical Advisory Board.

AFC

No Change

RFP ASA 1

RFP ASA 2

No Change

# POINTS DISTRIBUTION

Total points: 200

	Points (%)		
I. <u>Personnel:</u>			
a) Unit hours:	30 (15%)	_____	_____
b) Management:			
Ratio of supervisors:	9 (4.5%)	_____	_____
Three top positions:	15 (7.5%)	_____	_____
c) Employee wage/benefits:	45 (22.5%)	_____	_____
TOTAL	<u>99</u> (49.5%)	_____	_____
II. <u>Communications:</u>		_____	_____
III. <u>Medical:</u>	7.5 (3.75%)	_____	_____
IV. <u>Equipment:</u>			
Newer vehicles:	4 (2%)	_____	_____
Preventive maintenance:	8 (4%)	_____	_____
Reserves:	8 (4%)	_____	_____
Equipment:	6 (3%)	_____	_____
TOTAL	<u>26</u> (13%)	_____	_____
V. <u>Rates:</u>			
BLS:	20 (10%)	_____	_____
ALS:	30 (15%)	_____	_____
Standby:	10 (5%)	_____	_____
Past Performance	7.5 (3.75%)	_____	_____
TOTAL	<u>60</u> (30%)	_____	_____
VI. <u>Safety Net:</u>	0 (0%)	_____	_____



# Emergency Medical Services

Multnomah County . City of Portland . Fairview . Gresham . Troutdale . Wood Village

## MEMORANDUM

TO: Board of County Commissioners

FROM: Emergency Medical Services

DATE: July 27, 1988

SUBJECT: R-15/16 Changes Per Work Session 7/26/88

---

Attached are the changes based on board discussion of 7/26/88.

This document is still numbered to match the Anderson/Casterline requests.

After first reading, if these changes are approved, EMS will incorporate the changes for second reading.

JA:rk

1. ASA/Contractor Issue

Changes to the ASA Plan, RFC, and RFP if a contractor is to be awarded only one ASA.

ASA Plan

Page	Present	Change
31	contractor(s)	<u>contractors</u>
40 (2nd paragraph, 3rd line)	to one or both of the two ASA's	<u>to one of the two ASA's</u>
41 (end of 1st paragraph)		<u>The same contractor may not serve both ASA's. Each provider bidding on both ASA will be asked to submit a choice of what ASA's they prefer to serve in the event that their proposals are best in both ASA's. The second best provider's proposal will then be selected and the contract awarded to it.</u>

RFC

3 (II last sentence)	An applicant may make proposals on both ASA's <u>but will be awarded the contract to serve only one.</u>
7 (IV first paragraph)	Delete last sentence.
10 (2nd paragraph)	Add: <u>The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA's to serve and the second best proposer will be awarded the contract for the non-chosen ASA.</u>

RFP ASA 1  
RFP ASA 2

Page	Change
6 (7)	Add: <u>The proposer will be awarded only one ASA. If the proposer is judged the "best" in both ASA's, the proposer will be given its choice of ASA;s to serve. The proposer's proposal for the second ASA will be rejected by the County. The proposer must include his choice of ASA's if both ASA's are proposed for.</u>

## 2. Costing Definitions

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

Appendix Add: 22 Emergency Ambulance Costing

16 (C1) Add after first sentence: Both costing columns and revenue columns must be completed. If either column is not full completed, the proposal will be determined non-conforming. Definitions of full, proportionate, and incremental costs are to be followed and are included in appendix 22. The first column on form 1 must provide full cost and revenue projections, and column two must provide proportional cost and revenue projections.

20 Form 1 Relabel column 2: Proportional Cost (911 call answering) (2)

21-1 Delete and replace with: 1. This must be full cost (see appendix 22).

21-2 2. This must be the proportional cost which the proposer projects. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in ambulance use, cross use of personnel, etc. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity.

30-C Add: The definitions contained in appendix twenty-two are followed. The cost and revenue projections used do demonstrate sound business practice, and are reasonable based upon projected staffing levels.

Emergency Ambulance Costing (For 9-1-1 Contract)

Cost Definitions:

1. Full Cost - is all of the cost in dollars to provide the necessary staffing, vehicles, and other associated resources (management, insurance, capitalization, debt retirement, etc.) for an emergency ambulance. Full cost level does not consider any cross use or extra use of personnel, equipment, etc.
2. Proportional Cost - the proportional cost of an emergency ambulance is the full cost divided into two components. The EMS proportional cost is that portion of full cost which is needed to provide for 9-1-1 medical call answering and transport functions. The EMS proportional cost also includes the cost of waiting for 9-1-1 medical calls. The "other" proportional cost is that portion of full cost which is needed to provide for the "other" functions of the emergency ambulance. The "other" functions may be transporting of non-emergency ambulance. The "other" functions may be transporting of utilization functions. Each component of the proportional cost must be justified by a methodology which is supported by historical figures and reasonable projections.
3. Incremental Cost - is the cost of resources which are new or must be added to provide 9-1-1 call answering and transport. This cost definition is based upon accepting the premise that resources presently in-place have no cost. Incremental cost thus comprises only the cost of any new elements (vehicles, manpower, etc.) which must be added to provide 9-1-1 call answering and transport.

9-1-1 Contract Costing Examples:

A series of contract costing examples is provided for demonstration purposes only. The areas of examples are vehicles, personnel, and management. Each of the areas is provided in example form for public and private. All costs are expressed in cost per ambulance.

The costing examples are provided with certain assumptions being made. These assumptions are:

- 1) An emergency ambulance costs \$50,000 dollars.
- 2) The proportional EMS cost is 70%, based upon a validated figure for private.
- 3) The proportional EMS cost is 69%, based upon a validated figure for public.

FULL COSTPROPORTIONALINCREMENTALPrivate:

1) Vehicles: total cost of ambulance to include replacement and backup vehicles.

1) Vehicles: the total cost of the ambulance including replacement, and backup vehicles for the proportion of time (or other factor) which the vehicle will be used for emergency (911 originated-calls) transport.

1) Vehicles: only the cost of new vehicles (including replacement and backup) which must be added to the existing fleet.

e.g. \$50,000

e.g. \$50,000 x (portion of time available for EMS calls) .70  
= \$35,000

\$50,000 x (.90% of new cost of one ambulance) .10 = 5,000. (Based on only the new ambulances added to the total ASA, nine existing ambulances, and the total ASA needs only ten.)

Public:

1) Vehicle: total cost of ambulance to include replacement and backup vehicles.

1) Vehicle: total cost of the ambulance including replacement and backup for the proportion of time (or other factor) which the vehicle will be used for emergency transport functions.

2) Vehicle: only the cost of new vehicles which (including backup and replacement) which must be added to the existing fleet.

e.g. \$50,000

e.g. \$50,000 x (portion of responses are EMS versus other functions) .69 = \$34,500  
\$50,000 x (90 of cost of two new ambulances) = .20 = \$10,000

e.g. 50,000 x (.90% of new cost of one ambulances) = \$5,000

Private:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency transport.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

---

\$213,840

$\$213,840 \times .70 = \$149,688$

$\$213,840 (213,840 \times .10) =$   
 $\$21,380.$  (Based on only one of the  
ten ambulances requiring new staffing.)

---

Public:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency (911 call answering and transport) functions.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

---

\$213,840

$\$213,840 \times .69 = \$147,550$

$\$213,840 \times .20 = \$42,760.$  (Based on  
only two of ten ambulances requiring  
new staff.)

---

Private:

3) Management: total cost of management expenses to include all cost other than vehicles and personnel.

e.g. \$60,000

3) Management: total cost of management expenses to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services.

e.g.  $\$60,000 \times .70 = \$42,000$

3) Management: only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services.

e.g. \$20,000. (one and one-half billing clerks)

Public:

3) Management: total cost of management to include all cost other than vehicles and personnel.

e.g. \$60,000

3) Management: total cost of management to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services.

e.g.  $\$60,000 \times .10 = \$6,000$   
(90% of management time spent in non-9-1-1 contract functions.)

3) Management: only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services.

e.g. -0- (no new management needed)

3. Affirmative Action Plan

ASA Plan  
No Change

RFC

Page Change

16s (N) Delete (N)  
Add: Bidder must present proof of a current affirmative action plan which is in compliance with revised order number four issued by the U.S. Department of Labor or in the event that the potential contractor is too small for this, proof of compliance with Equal Employment Opportunities rules must be demonstrated.

RFP ASA 1  
RFP ASA 2  
No Change

6. Field Supervisor Qualifications

ASA Plan

No Change

RFC

No Change

RFP ASA 1

RFP ASA 2

Contract: The contract will require that the field supervisors are redirected from existing Multnomah County EMT's.

7. Peer Review

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

12. Add: 3B. The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for medical as above (see page 30 for evaluation criteria).

- a. It is thought that a proposer's history of having a functioning peer review process will predict that the proposer will provide better emergency medical care if chosen as a contractor. The proposer must describe his peer review process. The description must be provided for the past two years (1986, 1987) and be for the credentialed population.

27 Add: 3B. A proposal which describes a peer review process history with at least the following characteristics will be awarded seven and a half points:

1. A meeting each month attended by the off-line medical director, and with at least 90 percent of the members attending.
2. A peer review committee made up of representatives representing ALS, BLS, and communications (this committee is to only review ALS care).
3. A peer review process with a set of bylaws which assure patient confidentiality, rules of order, autonomy from management, and the responsibility to take action in medical areas they deem appropriate.

If the proposal describes and properly documents all of the above areas of peer review seven and a half points will be awarded. If all areas are not met, 2.5 points will be awarded for each area met for a maximum of seven and a half points.

10. Satisfactory Care

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page Change

18 Add: B. A history of excellence of past performance in providing emergency medical care and transport is thought to predict a contractor's ability to provide better emergency medical care and transport. The proposer should describe and fully validate the following components of the system used for credentialing. Validation of the numbers must be provided by an organization other than the proposers for the past two years (86, 87).

1. A history of lawsuits or insurance settlements.
2. A history of collisions (which require a state accident report be filed).
3. A history of workers compensation claims.

31 Add: B. The proposal which describes a history over the past two years in the credentialing population which meets the following criteria will be awarded seven and a half points.

1. One or fewer lawsuits or insurance settlements related to patient care per every 2,000, 911-originated responses, and
2. One or fewer collisions (which require a state accident report be filed) or other vehicle accidents per every 1,000, 911-originated responses.
3. One or fewer Workers Compensation Claims filed per 1,000, 911-originated responses.

If the proposal does not meet all of the above areas, 2.5 points will be awarded for each of the above area to a maximum of seven and a half points total.

12. Automatic Vehicle Locator

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2

Page	Change
10 2-B(a)	Delete all of 2B(a).
26	Delete all of 2B(a).

13. Contract

ASA Plan  
No Change

RFC  
No Change

RFP ASA 1  
RFP ASA 2  
No Change

Additional:

Direct Purchasing, County Counsel, and EMS staff to prepare the contracts for emergency ambulance service and include it as an attachment to the RFP. The contract should minimally include: standard contract requirements, use of the selected proposal contents and MCC (EMS rules) as performance standards, an informal conference process for contract violations, and be for no more than a four-year period.

14. Consolidation of Dispatch

ASA Plan

Page

Change

34

Add new paragraph: The goal is that first responders and emergency ambulances will be dispatched by the same dispatch point at the Bureau of Emergency Communications.

Contractor selection by high point

1 - Other items

ASA Plan

Page

Change

43 VIII B

Add: The evaluation committee will recommend the highest point ranking proposal (for each ASA) to the Medical Advisory Board.

AFC

No Change

RFP ASA 1

RFP ASA 2

No Change

# POINTS DISTRIBUTION

Total points: 200

	Points (%)		
I. <u>Personnel:</u>			
a) Unit hours:	30 (15%)	_____	_____
b) Management:			
Ratio of supervisors:	9 (4.5%)	_____	_____
Three top positions:	15 (7.5%)	_____	_____
c) Employee wage/benefits:	45 (22.5%)	_____	_____
TOTAL	<u>99</u> (49.5%)	_____	_____
II. <u>Communications:</u>		_____	_____
III. <u>Medical:</u>	7.5 (3.75%)	_____	_____
IV. <u>Equipment:</u>			
Newer vehicles:	4 (2%)	_____	_____
Preventive maintenance:	8 (4%)	_____	_____
Reserves:	8 (4%)	_____	_____
Equipment:	6 (3%)	_____	_____
TOTAL	<u>26</u> (13%)	_____	_____
V. <u>Rates:</u>			
BLS:	20 (10%)	_____	_____
ALS:	30 (15%)	_____	_____
Standby:	10 (5%)	_____	_____
Past Performance	7.5 (3.75%)	_____	_____
TOTAL	<u>60</u> (30%)	_____	_____
VI. <u>Safety Net:</u>	0 (0%)	_____	_____

**CHRISTOPHER P. THOMAS**

ATTORNEY AT LAW  
2000 S.W. 1ST AVENUE  
SUITE 400  
PORTLAND, OREGON 97201  
TELEPHONE (503) 227-1116

July 26, 1988

Multnomah County Clerk  
6th Floor, Multnomah County Courthouse  
1021 SW Fourth Avenue  
Portland, OR 97204

Subject: ASA Plan and Bid Documents

Dear Clerk:

With regard to items R-14 and R-15 on the Agenda for the Multnomah County Commission Meeting of Thursday, July 28, 1988, I am enclosing for the Commission's meeting a three-ring binder of written material plus a letter from myself dated May 28, 1988 with attachments, all of which I previously have provided to the Commissioners. I am providing these to you to be sure they will be included in the record of the proceedings on items R-14 and R-15. Please be sure that they are included.

Very truly yours,

*Ch. P. Thomas*

Christopher P. Thomas

CPT:mab  
cc: Jeff Merrick  
Pete Robedeau

BOARD OF  
COUNTY COMMISSIONERS  
1988 JUL 28 AM 9:50  
MULTNOMAH COUNTY  
OREGON