



**CITY COUNCIL STUDY SESSION
DRAFT MINUTES**

Monday, November 15, 2021

Held Electronically

View on Channel 9 or Channels 180 and 181 (for Charter Communications customers)
or live stream via rvtv.sou.edu select RVTV Prime.

Written and oral testimony will be accepted for public input. For written testimony, email public-testimony@ashland.or.us using the subject line: Ashland City Council Public Testimony.

For oral testimony, fill out a Speaker Request Form at ashland.or.us/speakerrequest and return to the City Recorder. The deadline for submitting written testimony or speaker request forms will be on Monday, November 15th at 10 a.m. and must comply with Council Rules to be accepted.

Mayor Akins called the Study Session to order at 5:30 p.m. Councilors' Graham, Hyatt, DuQuenne, Seffinger, Moran and Jensen were present.

1. Public Input (15 minutes, maximum)
None.

2. Fire Department Finance Review Part II

Fire Chief Ralph Sartain gave a Staff report and went over a PowerPoint (*see attached*).
Items discussed were:

- ASA Plans
- Coordination
- Provider Selection
- Insurance Service office ISO
- ISO Rating distribution
- Ratings
- Volunteer vs Student Fire Fighters

Council discussed funding and staffing issues.

Chief Sartain continued with the PowerPoint. Items discussed were:

- Income potential and cost reduction
- Ambulance transport
- Surveys

Wildfire Division Chief Chris Chambers went over the PowerPoint Presentation. Items discussed were:

- Ashland's Comprehensive Approach to Wildfire Safety
- Wildfire Safety
- Cohesive strategy

- Resilient Landscapes
- Safe Effective Wildfire Response
- Supporting AFR
- Making smoke
- Wildfire safety Campaign
- New program wildfire risk assessment program (RAP)
- Real estate wildfire risk and trained home inspectors of fire hazards
- FEMA Grant
- Fire Response and training
- AFR Project.

Council thanked Staff for the presentation.

3. Look Ahead

Council discussed the Look Ahead.

4. Adjournment

The Study Session was adjourned at 7:00 PM.

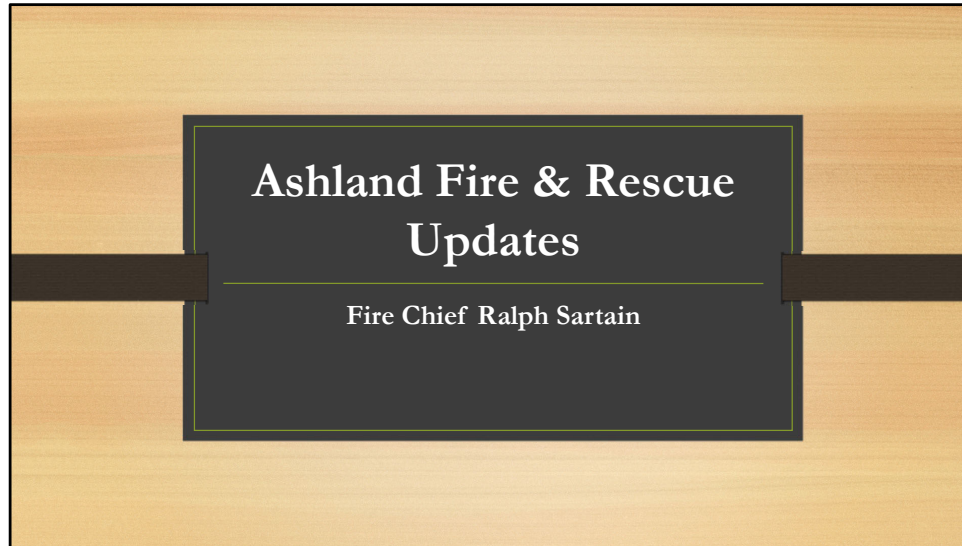
Respectfully submitted by:

City Recorder Melissa Huhtala

Attest:

Mayor Akins

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the City Administrator's office at (541) 488-6002 (TTY phone number 1-800-735-2900). Notification 72 hours prior to the meeting will enable the City to make reasonable arrangements to ensure accessibility to the meeting (28 CFR 35.102-35.104 ADA Title I).



Greetings. For our viewing and listening audience. My name is Ralph Sartain, Fire Chief of Ashland Fire & Rescue. I have been with Ashland Fire & Rescue for 4-years. I was hired in 2017 as the Division Chief of Fire and Life Safety. With the departure of Chief D’Orazi, it left a vacancy in the Administrative structure of Ashland Fire, leaving Chief Shepherd and me to run the department. I worked with Chief Shepherd in this position until his retirement on Oct 30 of 2020, leaving just me as the only Administrative Chief in the department. Since Oct 31, I have been the Interim Fire Chief until my appointment as the Fire Chief in June 2021.

As you are all aware, one of the primary concerns for this community and therefore the City Council is centered around the protection of the community, whether or not Ashland Fire & Rescue should continue to run the local ambulance service, emergency preparedness, proper staffing, smoke control and management of public funds in an ever-shrinking budget.

It is important for me to state that I am not here to “sell” you on fire department. I am here to give you the information you need so that you can make an educated decision about the future of Ashland Fire & Rescue.

As I begin my presentation tonight, I think it is also important to reiterate that the ambulance service here at Ashland Fire & Rescue is not its own entity. The services we provide as the holders of Ambulance Service Area #3 are very much integrated with our department's other services. Like all other fire departments in Southern Oregon, we respond to medical emergencies, we treat patients with medically qualified firefighting personnel, but then, instead of having someone else take the patient to the hospital, we take them ourselves. We are simply "finishing the job we started".

This is primarily a Qualitative review of AF&R and with some Quantitative information. A Qualitative review typically consists of words, while a quantitative review deals with data and numbers. A Quantitative review would require many more months and specific deep dives into individual topics, not a global request for information as was directed for tonight. I hold pride and integrity in the information I provide, and I could not gather the necessary data in such a short time to provide you with in-depth Quantitative data on so many topics.

What We Will Be Covering

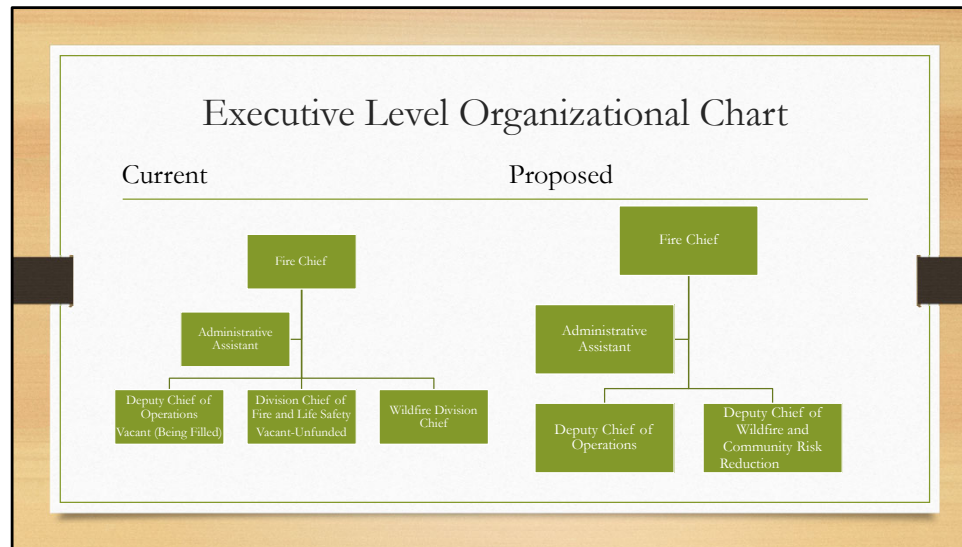
Primary Focus

- Fire Department Reorganization
- CERT
- Fire Inspection (Council Mandated)
- 8/10 vs 9/11 fire staffing
- Ambulance service and impact on overall staffing
- ISO rating
- Volunteers vs. Student Firefighters
- Fire Adapted Ashland
- Ashland Forest Resiliency Program
- Fire District/IGA

Fire Department Reorganization

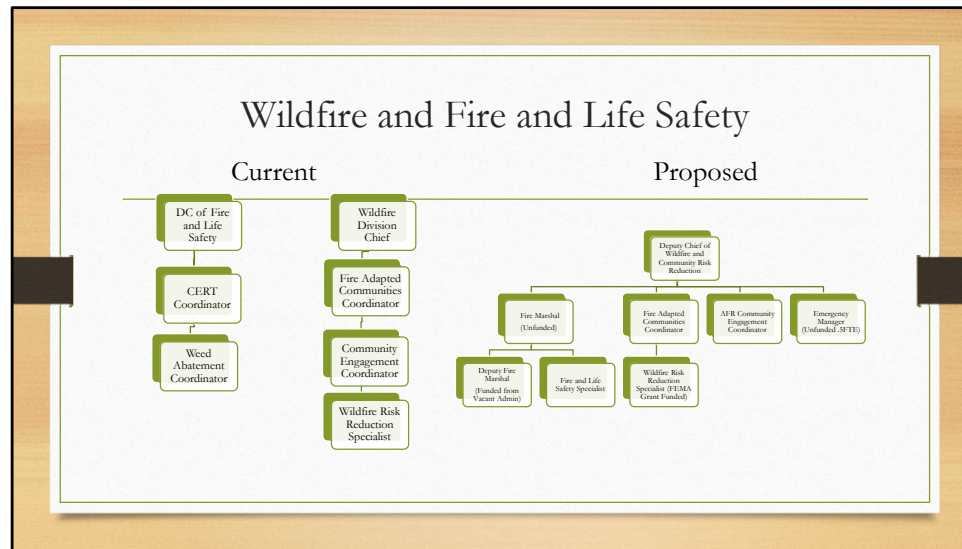
Executive/Fire and Life Safety/CERT/Wildfire





On the left, you see our current organizational chart with the Deputy Chief of Operations listed as Vacant (being filled) In a current hiring process. The Division Chief of Fire and Life Safety is currently unfunded and vacant; this is the actual Fire Marshal position and then the Division Chief of Wildfire currently staffed by Chris Chambers.

The reorganizational proposal would cause the elimination of the DC of Fire and Life Safety and reallocation into the Wildfire division; this will be explained in more detail in the next slide. It will change the title of the Wildfire Division Chief to the Deputy Chief of Wildfire and Community Risk Reduction. This position will oversee all items related to Wildfire and Community Risk Reduction. With the change in responsibility comes the change in title and a small pay raise to match the Deputy Chief of Operations. Chris will be required to attend specific training before the pay increase is to occur, which will allow his position and needed certifications to match.



This slide shows the existing organizational chart on the left and the proposed one on the right. This will remove the two executive-level positions in the organization chart for the two divisions and bring them under the direction of one executive level administrator. This creates the Deputy Chief of Wildfire and Community Risk Reduction. With this new organizational structure, the Fire Adapted Communities Coordinator remains funded, as does Chris through the water fee already being collected. The Community Engagement Coordinator and The Wildfire Risk Reduction Specialist are LDA position funded by Grants. The larger change comes into play under the restructured Fire and Life Safety Division.

The Division Chief of Fire and Life Safety title is changed to Fire Marshal and a lower pay scale and placed under the Deputy Chief of Wildfire and Community Risk Reduction. For the time being, the Fire Marshal will remain unfunded as I can maintain the executive portions of the position as the Fire Chief as long as there is a Deputy Fire Marshal to assist with the day-to-day inspections, plan reviews, and complaints, etc. The Fire Marshal position will be funded once the community comes out of the financial burdens, or more dedicated funding is available for the fire department's staffing issues. The current benefited .5 FTE of the CERT Coordinator and the benefited .4 FTE of the Weed Abatement Coordinator, which are both currently vacant, will be combined to create a Fire and Life Safety Specialist position. This position will also be required to be a firefighter as well as a basic fire inspector. The primary function for the position is

CERT coordination and Weed abatement, with the availability to respond to structure fires as a firefighter to add as an additional structural responder. The basic fire inspector portion of the job will be very basic inspections, complaints, and community risk reduction programs. Combining the two benefited positions will create a wash in the increase of the .10 FTE and pay raise. This position, along with the CERT leadership team, will refocus the mission and bring the CERT leadership more in line with a traditional volunteer organization and the FLSS as the liaison for the City. The Deputy Chief of Wildfire and Community Risk Reduction will be tasked with working with the FLSS and the CERT members to advance their training, community, and mission-ready needs.

The final piece to this is the Deputy Fire Marshal. As you know, the City Council mandated in 2006 that all commercial structures in Ashland be inspected every two years. An inspection fee schedule was created, authorizing the fire department to collect inspection fees associated with the inspections. When the downturn in the economy occurred, the fire inspector position was eliminated to save firefighter positions, and the council authorized an additional overtime budget to complete inspections. Three firefighters were trained to become fire inspectors at the basic level. The fire inspector world is a completely different track than a firefighter, and unfortunately, our call volume and mandatory overtime and departure of employees have removed this availability. When I was hired, I was told it was in the works to reinstate a Deputy Fire Marshal, but immediately this was sidelined because of budget issues as well as working with temporary Finance Directors, City Administrators now City Manager Pro-Tems. We kept having to start the discussions repeatedly; the work had to be re-organized to meet the demands of the increased staffing issues. While COVID may have shut down society, construction, land development, DHS inspections, and the need for fire inspections continued.

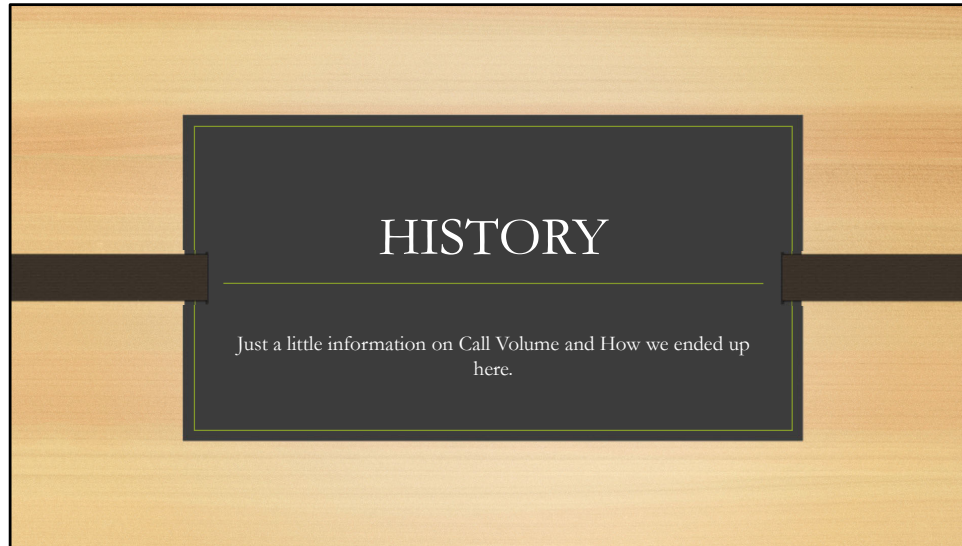
I implemented a third-party inspection program for real-time tracking of fire systems in the City at no cost to the City. This does not give us a fire inspection of the building; however, it lets me know if a fire system is functional or deficient and keeps real-time records. With this, I moved the crews from inspecting businesses to inspecting multi-family residences, care facilities, apartments, and dormitories. This was done to match the national data that shows this is the highest risk for life loss in our community and an increase in firefighter injuries during a fire. Currently, I am able to use the retirement of the Fire Marshal from Medford to assist me in plan reviews, land development, and inspections. However, once his certification period ends, I cannot use him, as, under Oregon Law, you must carry DPSST credentials to conduct fire inspections, plan reviews, and comment on land development. The only way to carry DPSST credentials is through a fire department or upon retirement or separation from the fire department until the end of your credentialed time.

The Deputy Fire Marshal is needed to complete all of the inspections to continue to move the construction and development aspects of this community forward, complete higher-level commercial inspections, and handle the day-to-day operational needs

of fire and life safety for the community. I am requesting the DC Fire and Life Safety funding to be reallocated from a Division Chief to a Captain Level wage through the Labor agreement. Because the position will be doing a fire commercial plan review, a portion of the FTE income will be covered by developmental income for all new construction and plan reviews. This will not cover the entire FTE; however, this is a necessary position for the continued advancement of development in the community and fire protection at a much more reasonable cost to the community. The Deputy Fire Marshal position with the limited availability of the FLSS to conduct basic inspections should allow for the Council directive of community inspections to be completed every two years. I will continue to update you on this progress.

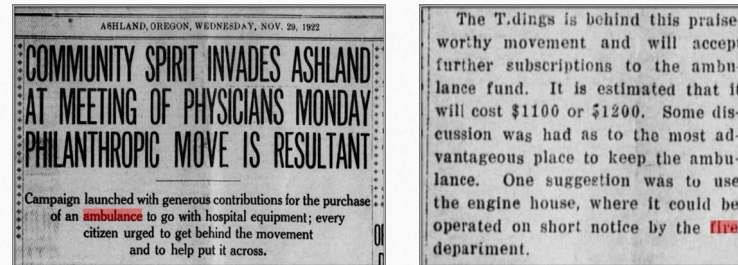


Any Questions?



Now for Staffing and how AF&R came to be a transporting ambulance service and how our staffing model has become so intertwined with the operation of the ambulance and that there is no difference from one to the other.

A little Something from 1922



Having an ambulance and transporting patients is not a new idea to the citizens of Ashland. This article from 1922 is talking about a city owned ambulance service giving this community nearly 100 years of interest in an ambulance service. This headline comes from the Ashland "Weekly" Tidings from November of 1922.

1983

Litwillers (operating since the Great Depression) officially sells the ambulance service to Gordon Brown, who establishes Ashland Life Support

It's a little unclear how it turned out in 1922, but sometime around the Great Depression, the local funeral home, Litwillers, began operating the ambulance service. This continued until 1983 when the owners sold the ambulance side of the business to a family member, Gordon Brown. The private ambulance service became Ashland Life Support.

1995

Mr. Brown looks to sell the ambulance business.
Ashland Community Hospital expresses interest in
purchasing Ashland Life Support

Due to significant call volume increases in the City and surrounding area, Ashland Life Support could not keep up with responses (they only staffed one ambulance). Both AF&R and the Fire District 5 had licensed ambulances in their fleet and a contract with ALS to provide transports when ALS was not available. In 1995 this was occurring if not every day, at least every other day.

Sometime during 1995, Mr. Brown decided that he wanted to get out of the ambulance business. With Ashland Life Support directly across the street from Ashland Community Hospital, it made logistical sense for the hospital to buy the business and associated property. ACH began discussions with Mr. Brown.

During this time period, the hospital was still part of the City. Instead of creating an entirely new division at ACH to handle the ambulance, City Administrator Almquist directed Fire Chief Woodley to start gearing up the fire department to take on this responsibility.

1. AMBULANCE TRANSPORTATION SERVICE

Primary Responsibility - Keith E. Woodley, Don A. Paul, Walt Anders

The department desires to maintain a reliable, high quality emergency medical service within the Ashland area. Ashland Life Support has approached the City to purchase their ambulance company. The department believes it to be in the best interests of the citizens of Ashland for the Fire Department to manage the ambulance service. Key objectives within this action plan are as follows:

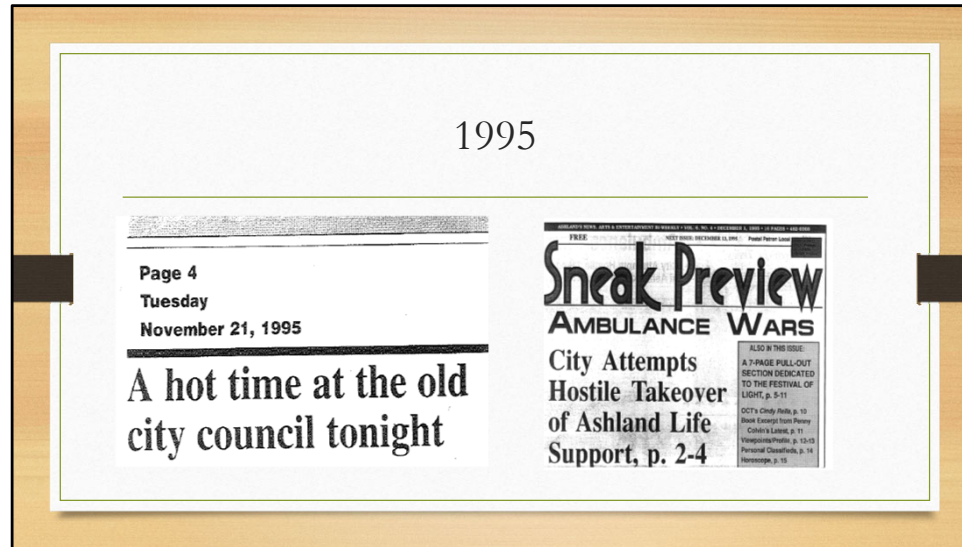
- A. Obtain City Council commitment to the concept. (9/95).
- B. Successfully complete negotiations with ALS (10/95).
- C. Establish business plan: (11/95).
 - revenue/expenditure forecasts
 - program staffing
 - capital equipment replacement
 - input from union
- D. Obtain ASA approval from County Commissioners (12/95).
- E. Media publicity/information release (1/96).

As the fire department was in the process of creating a new strategic plan that year, the acquisition of the ambulance service became the #1 action item in the plan.

1995

An offer is made and not accepted. Tensions rise between the City and Mr. Brown. And Mr. Brown decides to sell to Mercy

News articles suggest that the City offered close to \$300k to Mr. Brown who refused this amount and opened his discussions with Mercy Flights.



The City decided that they were going to have an ambulance service. Or, at the very least, they were going to make sure that anyone who operated an ambulance in the City of Ashland would have to meet very stringent response, facility, and personnel requirements. This was done by passing a new City ordinance that addressed these issues.

Consequently, there was a fair amount of backlash from some of our community members who thought the City had overstepped its bounds.

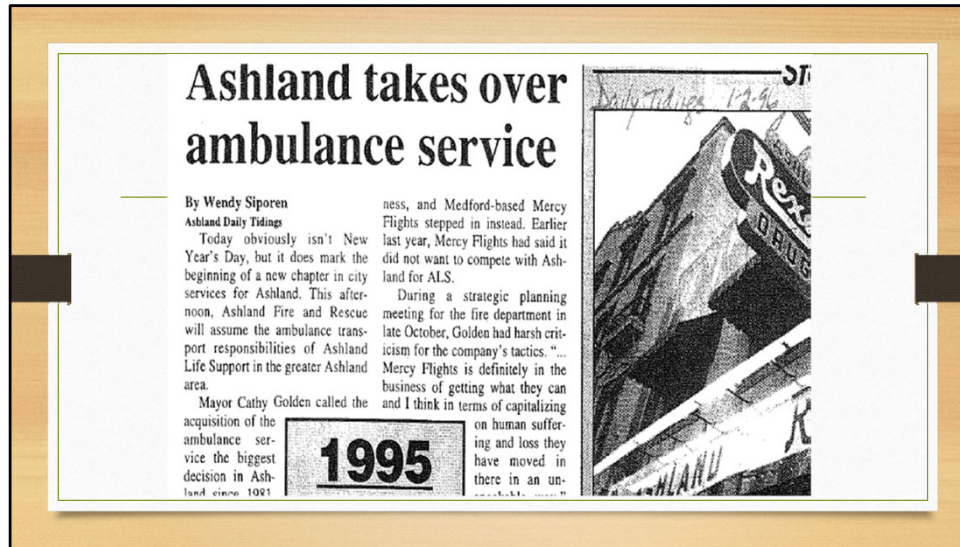
1995



The ordinance even attracted attention at the state level.

Citing financial concerns related to the ordinance, and not wanting to be operating in a city that they did not feel welcome, Mercy Flights backs out of the deal to purchase Ashland Life Support.

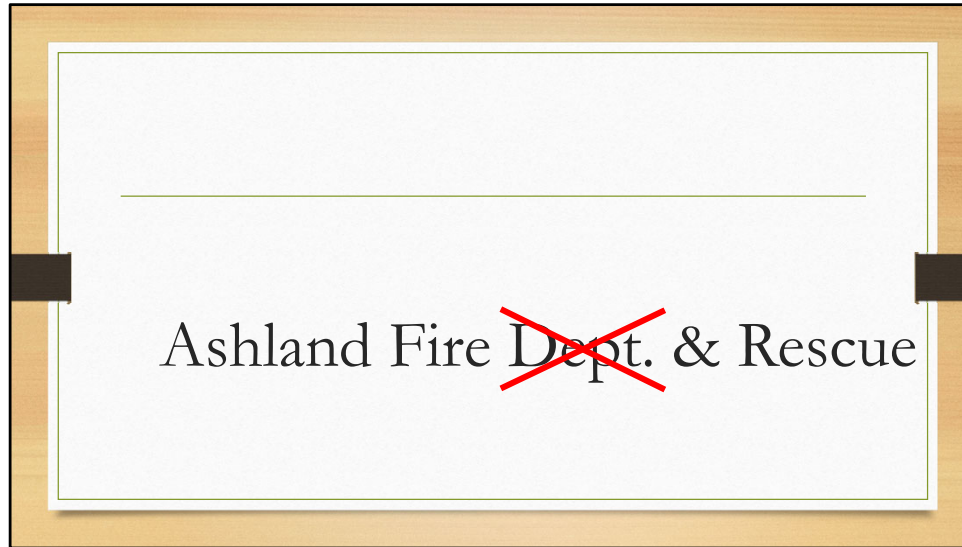
Without Mercy Flights, Mr. Brown is forced to begin talks with the City again.



The City agrees to pay Mr. Brown the \$500k which Mercy Flights was going to. The City also gets approval from Jackson County for the ASA assignment.

Most City Admin agreed that the ambulance service would provide needed General Fund revenues and thus was a good financial decision.

We now enter 1996 as the owners of an ambulance service.

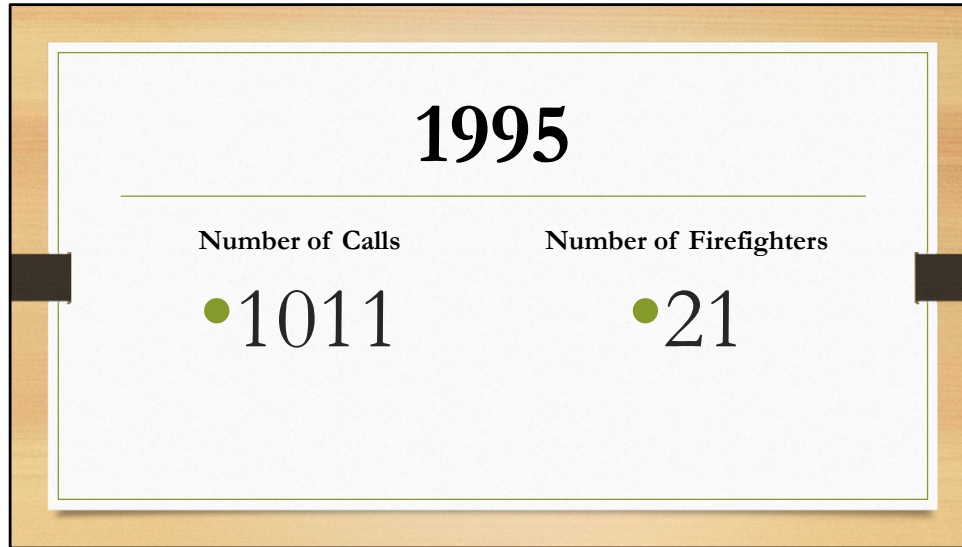


No longer just a fire department, we change our name to Ashland Fire & Rescue.



Call Volume & Staffing History

Let's now take a look at what has occurred with the department regarding call volume and staffing since taking over the ambulance service.



Prior to taking over the ambulance service, Ashland Fire Department responded to 1011 emergency calls in 1995. We were staffed with 21 full time firefighters.



The following year, with one year of ambulance service under our care, Ashland Fire & Rescue responded to 1896 calls or an 84.87% increase in the calls for service with the same number of staff. This increase in calls for service was not planned for and placed a tremendous burden on department personnel.



As we talk about the ambulance service, fire department staffing, and the budget, this is probably one of the more important slides I will show you. In 1997, Ashland Fire & Rescue finished the year with 2146 calls for service or an increase of 112.27% in call volume. Not only does AF&R have this increase in call volume, but we also have extra duties associated with ambulance transports, such as patient care reports, billing procedures, ambulance restocking, normal training, fire inspections, etc.

At this point, firefighters have to work 5-6 days in a row; if they aren't willing to volunteer to work, they were force hired. It is getting so bad that spouses are calling the fire chief, voicing their frustration about not allowing their loved ones to come home. Understanding that this is a huge issue, that we desperately need more people, the fire chief asks for more firefighters, and Council gives permission to hire.....3.

In 1997, having taken over the ambulance service and increased our call volume by 112.27%, we should have gone from 21 to 30 firefighters. For the last 24 years, we have always been behind the curve, and while we have managed to do more with less, we have never had the proper number of responders, and it all began here.



In 2002 still behind the curve and responding to now 2740 calls for service or an additional increase of 27.68%, Ashland Fire was given permission to hire 3 more firefighters bringing our total to 27 firefighters.



From 2002 until mid-2015, no firefighting staff was added; however, the call volume went from 2740 calls for service in 2002 to 3968 in 2015 or an increase of an additional 44.82%. Our ISO assessment was conducted shortly after the addition of the three firefighters in 2015.

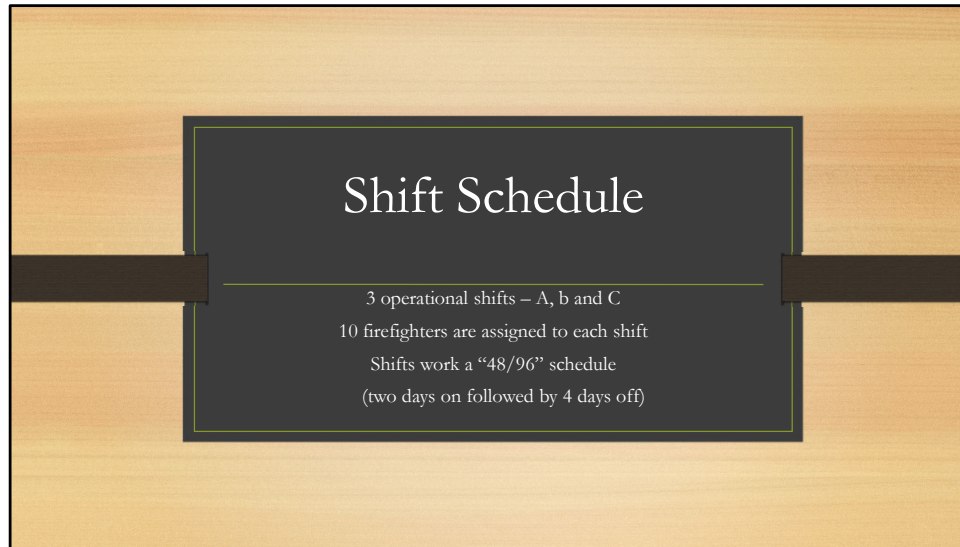
In 2018 Fire Chief Mike D’Orazi was hired with a promise of taking the staffing level from an 8/10 to a 9/10 staffing model. Chief D’Orazi rolled out the implementation of the plan, and AFR for one year was able to see the benefits of one additional FTE per shift. However, because the labor agreement allows for two people off per shift, FMLA vacancies, retirements, injuries, and so on, the fire department budget became unsustainable. Every day, there was one or more OT positions to meet the 9/10 staffing model. The argument at the time should have been to take the staffing model to 9/11, to avoid the daily OT assignment.

During budget discussions in 2019, Chief D’Orazi chose to resign and vacate an Administrative role causing Deputy Chief Shepherd to Become Fire Chief and me to assume more administrative duties. In early 2020 Chief Shepherd reduced the fire department from the 9/10 staffing back to 8/10 staffing, where we currently remain.



Remember, in 1995, we had 21 firefighters, and we were responding to 1011 calls for service; last year, we responded to 4510 calls for service with 30 firefighters. Our call volume has increased by 345.7%, and staffing has only increased by 42.86%.

The additional problem with this exponential increase in calls is the increase in multiple calls for service occurring simultaneously. I cannot obtain records for repeat calls for service prior to 2015; however, I was able to pull our 2015 numbers when the ISO rating was completed. At that time, we had 3968 calls for service with 8/10 staffing, availability of three executive officers, and an overlapping call volume of 1453 calls. In 2020 we had 4510 calls for service with 1687 overlapping calls for service (37.41% of the time) or an increase of 16.10% over 2015 with three fewer firefighters from the 9/10 staffing and one fewer executive officer to respond or a net decrease in the staff of 11.11%.



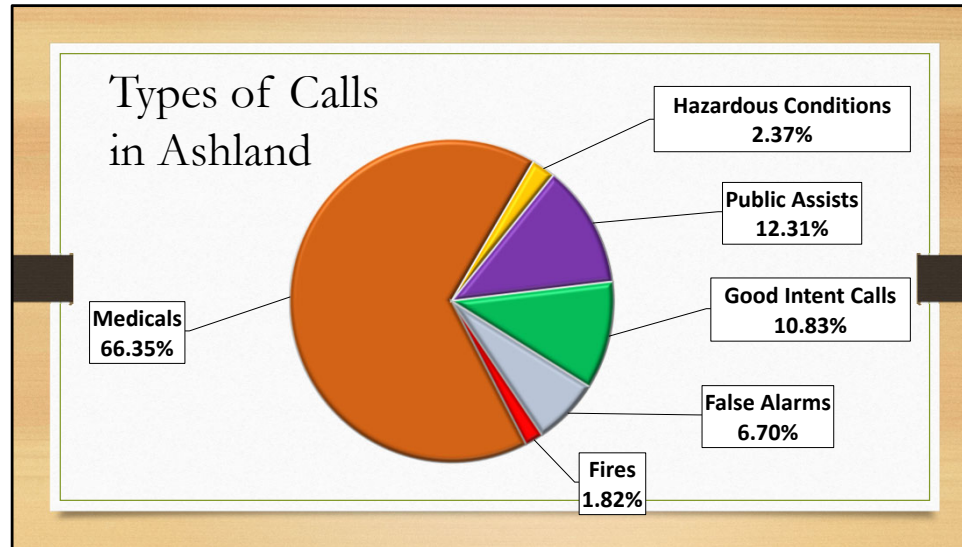
The department is divided into three operational shifts, A, B, and C Shift. There is 10 personnel assigned to each shift, for a total of 30 firefighters. Each shift works a 48-hour cycle, then gets 96 hours off. We refer to this common fire department schedule as a "48/96".

It has been suggested that we change the firefighter schedule by some to a 12-hour workday. While this seems like a great idea to combat fatigue, stress, and burnout and I appreciate the sentiment. The cost to the City would be impossible to overcome. What do I mean? Currently, the fire service has created its own monster in staffing while trying to save the communities money.

Let's look at one day 24 hours, and let's look at an individual FTE for a second, not what's needed for staffing but a singular person covering the 24-hour day. The current fire staffing has one firefighter covering the entire 24-hour period. If we move that one firefighter to 12 hours, it will now take two firefighters to cover the same 24-hour period.

In a workweek based on one firefighter covering the shift, you need three firefighters on a 48/96 to cover the entire week in a rotation; you will need four firefighters to cover the week rotation on a 12-hour schedule. This is to say, if we

wanted to keep the same coverage we have right now, with no increase in service level, we would need an additional ten firefighters. We have no option but to maintain the 24-hour work periods.



In case you are wondering. Hazardous Conditions are things like natural gas leaks. Public Assists include lifting uninjured fall victims off the floor. Good Intent Calls occur when someone calls 911, we respond, and enroute we are told we are no longer needed (pt. gets a ride to the hospital). False Alarms can be something like a smoke detector activation from dust or steam.



Before we get deeper into staffing levels, I need to re-address a question that keeps coming up. Does the fire engine respond to every medical call with the ambulance, and the answer is **NO**. Well, as long as we keep the ASA, the answer is NO.

If we were dispatched on an Alpha level call or a low acuity call (such as lift assists, welfare checks, non-injury falls, agency assists), we would only send one ambulance Code 1. Code-1 means without lights and sirens. Only the ambulance generally responds on Bravo level calls (such as medical alarm activation, unknown medical problem, suicide, injury from fall); however, this is where the fire engine may begin to start responding to calls.

In some calls, such as a motor vehicle collision, the fire engine, and the ambulance are both dispatched to the call so they both would respond. In other Bravo calls, the ambulance will be dispatched by itself, and then the medic on the call can read the information from dispatch, and if they believe they need more help, they can request additional assistance from the fire engine.

We can dispatch in this manner as we hold the ASA, and our dispatch criteria are based on us responding to the call. If

we do not hold the ASA and a private ambulance service holds the ASA, we will be sending the fire engine to more calls for service, causing the fire engines to be used more often and thus having to replace them more often, keeping them out of service for longer periods while waiting for the private ambulance service to arrive.

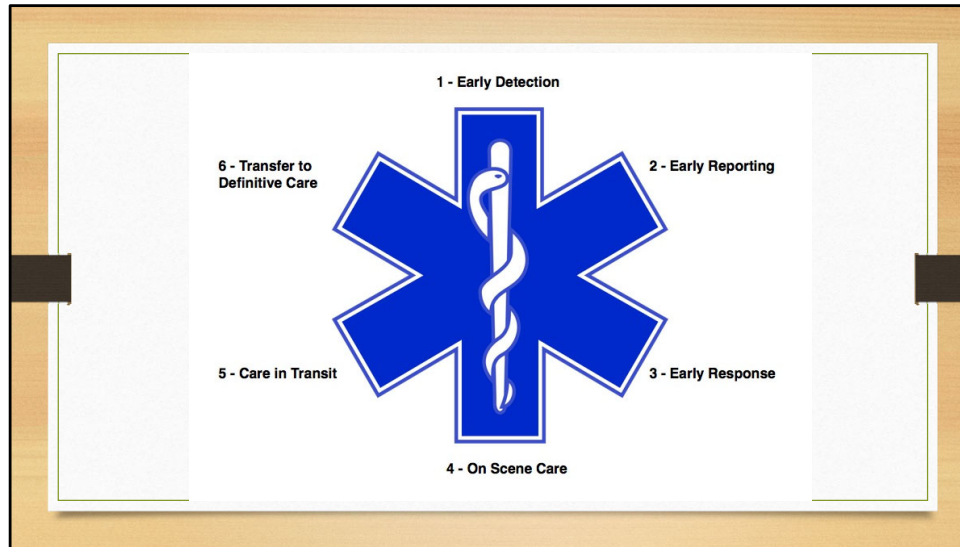


A Charlie call (such as diabetic problems, seizures, Covid cases) or David level response (such as overdose, stabbing, gunshot wounds, breathing problems, or unconscious people), would send both an ambulance and a fire engine Code 3. Code 3 being with lights and sirens on. This assures us that we get to the scene quickly and have the necessary personnel on the scene to treat an immediate life-threatening emergency.

As we talk about how and why we respond, I think this is a good time to point out that all fire departments respond to most medical emergencies. Their crew members are EMTs and/or Paramedics. They carry all of the necessary equipment to handle the most difficult medical and trauma situations. Their goal is to stabilize the patient and make them ready for transport by ambulance. At Ashland Fire & Rescue, we just took the next step and added ambulances into our fleet. We are allowing our Firefighter EMT's/Paramedics who were already on scene, to load the patient into an ambulance and take them to the hospital.

A statement was made that if the ASA were to go away, the fire department could stop training in EMS and focus on fire training only. This is an unbelievably false statement; the only way we could ever stop training on EMS was if council via the citizens of Ashland said that's it, we only want the fire department to respond to fires and nothing else, stay in your

fire stations when a citizen has a heart attack, stroke, fall in the watershed or whatever type of medical emergency you can think of the fire department does not respond. This is the only way we could not support EMS training for firefighters.



As you noticed from the earlier slide, almost 2/3 of our 911 calls are for medical emergencies. There are a couple of graphics floating around that try to capture the essence of emergency medical services. The graphic on the screen takes the six points of the Star of Life and relates them to the process that should occur when a citizen is suffering from a medical or traumatic event. The six steps are Early Detection, Early Reporting, Early Response, On Scene Care, Care in Transit, and Transfer to Definitive Care.

Whether we have the ambulance service or not, our crews will always be part of #3, Early Response, and #4, On Scene Care.

While it is not written into law, I believe that fire departments have a moral obligation to the taxpayers of their communities to initiate an Early Response and provide On Scene Care until the arrival of the ambulance service. Again, this is not something that is regulated by law; it has simply become a national fire service best practice.



Any Questions



We are currently staffed with what we call an 8/10 staffing level. What this means is we have determined that we need to have at least 8 firefighters on duty each and every day. We start each day with 10 firefighters assigned to the shift; however, we can have up to two people off without having to hire someone back on overtime. The union contract allows for two firefighters to be off duty on any given day due to vacation or comp time requests. Additionally, we have vacancies due to sick calls, family leave, injuries, and employee vacancies. Occasionally, we grant employees time off to attend mandated training or meetings. If we end up with more than two personnel off shift for any reason, we must fill any openings using overtime. We fill open slots until our minimum staffing is back to 8 personnel.

This is probably a good time to discuss overtime and the difference in the meaning of overtime from the non-ems understanding. We really need to change the word overtime in the fire service to mandatory staffing hours. Overtime to most, is something controllable. This controllable overtime would be limited to extra training hours, meetings on our days off, etc. Mandatory staffing is not something we can control; we do not have the availability to run short like the private side of the world; we cannot say, hey, I know you are having an emergency, but we didn't hire someone back to respond to your emergency.

NFPA Overview

- NFPA 1710 Standards:
 - Arrival of first fire engine at a fire: 4 min. or less, 90% of the time
 - Arrival of second fire engine: 6 min., 90% of the time
 - Deployment of a full first-alarm assignment: 8 min., 90% of the time



Before we show the staffing level response, how do we determine how many firefighters we need, is there a national standard, or an unwritten rule?

The answer is yes to both NFPA 1710 Organization and Deployment of Fire Suppression Operations, EMS, and Special Operations in Career Departments.

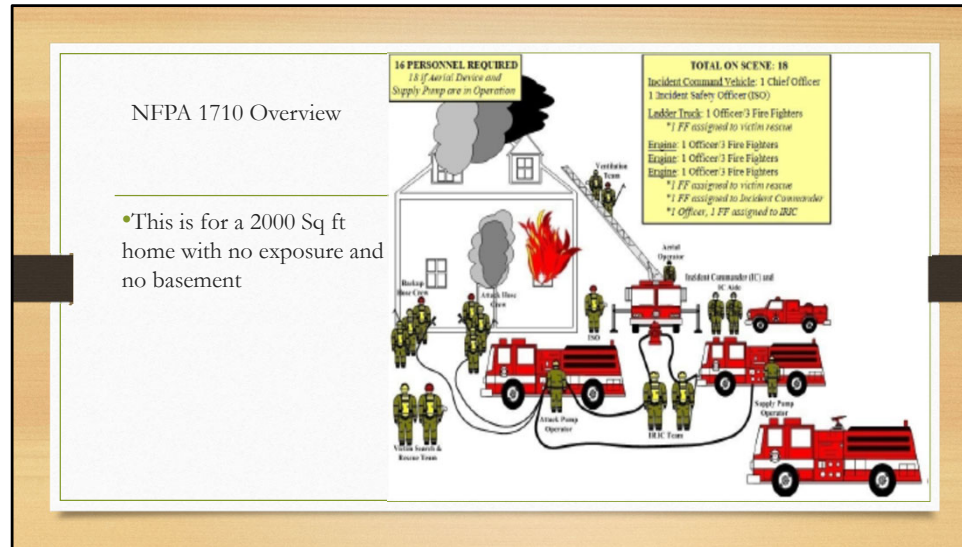
The 2020 release of NFPA 1710 with research from NIST now sets the standard at 16/18 firefighters to the scene of a single-family home 2000sq ft or less with no exposures and no basement. 28 firefighters for garden apartments and strip malls, and 43 firefighters for high-rise fires during the first alarm assignment.

NFPA 1710 applies to AFR currently compared to NFPA 1720 (the standard for volunteer fire departments), a definition of a career fire department was added that identifies a career department as one that utilizes full-time or full-time equivalent (FTE) personnel to comprise at least 50% of an initial full alarm assignment. In other words, if 50% or more of the personnel dispatched on the first alarm to a reported structure fire are career/FTE personnel, the department falls under NFPA 1710. The new definition will have no impact on fire departments that only employ career personnel. The

biggest impact will be on fire departments that have a career and part-time and/or volunteer personnel.

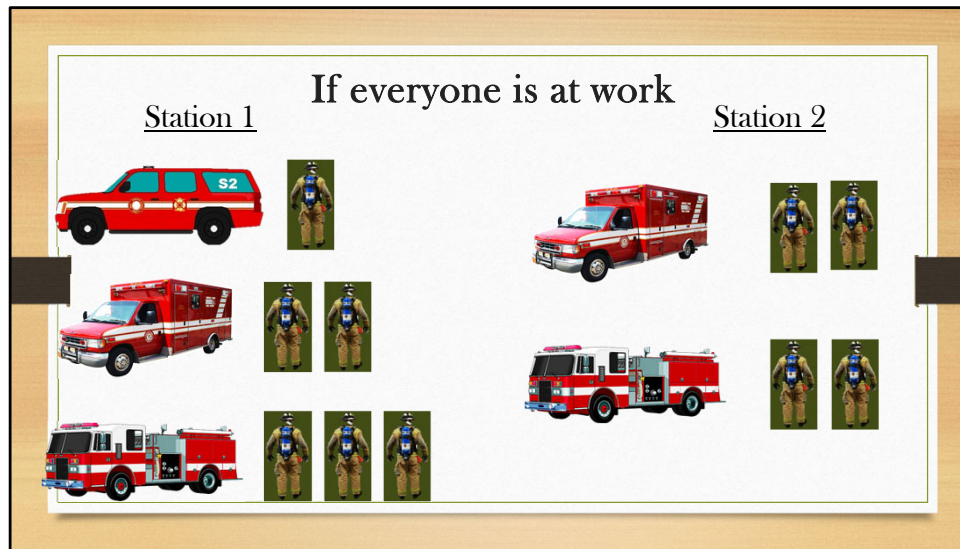
The unwritten rule is you should have five firefighters on duty for every 10000 persons being protected; this includes primary residents, college students, and tourists. Ashland's current population is approximately a little over 21000, with nearly 350,000 visitors a year. Just on our population alone, not taking into account any visitors, we should be at a minimum staffing of 10/12 staffing.

What does NFPA 1710 staffing look like at a fire?



As you can see this is 1 Chief Officer, 1 Safety Officer (we do not have a ladder company yet, but when it does arrive from District 5 it will be staffed with 2 personnel). 4 Engine companies with 4 firefighters each.

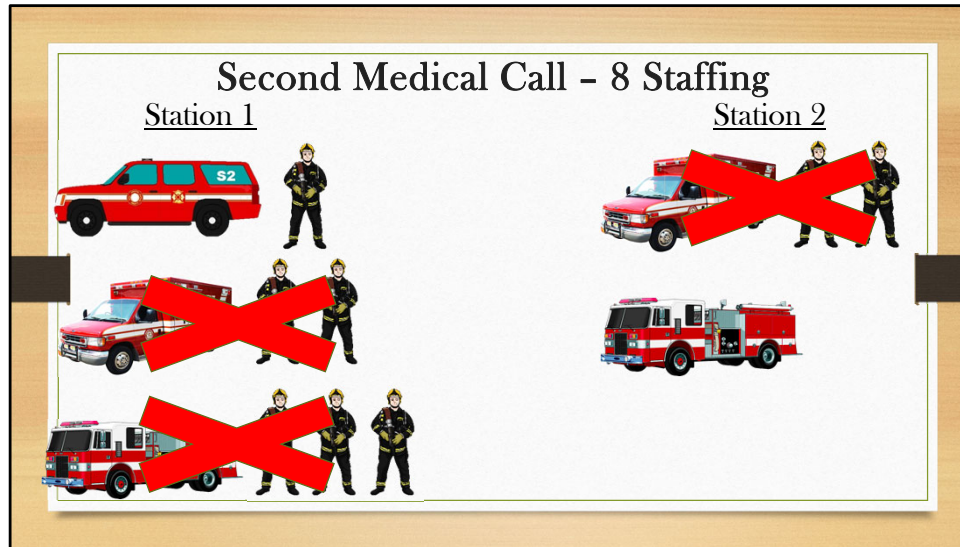
AF&R does not meet the staffing provisions of NFPA 1710 even with the assistance of automatic aid from District 5. This includes counting the current minimum staffing of both fire departments. If we use the current minimum staffing of Fire District 5 and Ashland Fire & Rescue, we will put 14 firefighters at the scene or 4 less than the standard for safe operation utilizing an aerial apparatus.



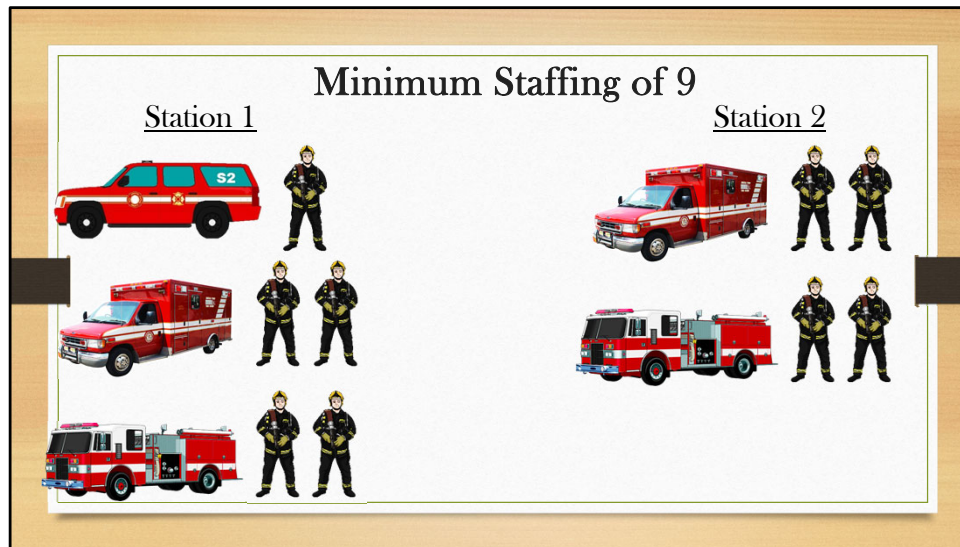
- The following slides give a graphic representation of how we deploy those 8, 9, or 10 firefighters that are on duty each day.
- This slide shows our maximum staffing or staffing at 10. As in, there is no one that is off duty because of vacation, sick leave, vacancies, FMLA, or injury.
- At Station 1, we have a shift commander (Battalion Chief), a fire engine with three, and an ambulance with two. Station 2 has a fire engine with two and an ambulance with two. This has only occurred a few times in the past 12 months.



- As you can see from the previous slide our minimum staffing causes the loss of two staff members from station two leaving the station available to respond to just one call.



- Due to our volume of calls we find ourselves at zero resources available on a daily basis as 37.41% of our calls occur simultaneously.



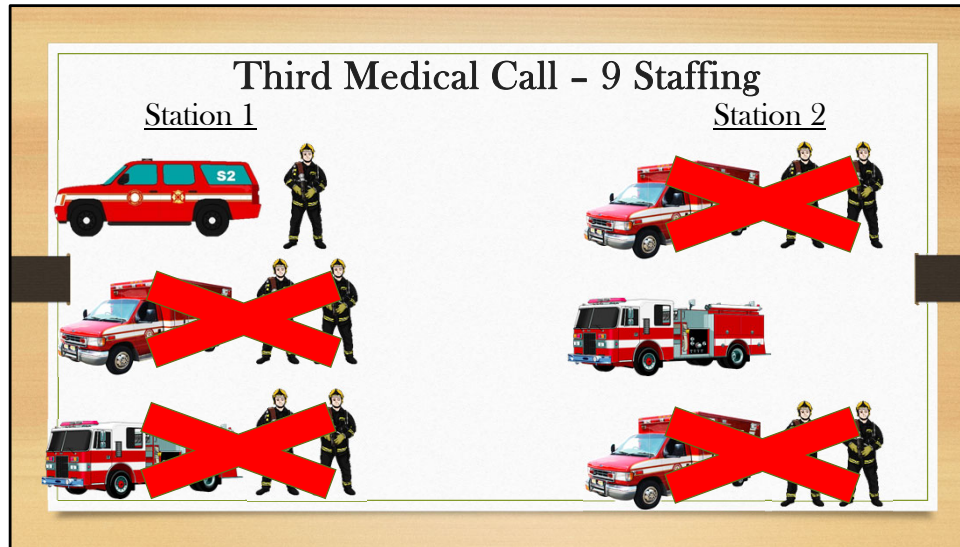
- What does Staffing of 9 look like:
- Having 9 firefighters on duty often allows us the flexibility to have 1 additional unit available to respond when we have overlapping emergencies
- It is important to note that over the last few years the fire department has been asking for an increase in staffing to get to a minimum 9-11 staffing model knowing that this is still not enough staff but absolutely needs to be done.
- A 9-11 staffing model means an additional three firefighter positions would need to be added to AFR staffing.
- I have included in your packet the NIST Fireground Field Experiments, if you turn to page 10 and 11, I have highlighted significant time findings based on staffing models to help you understand the significance of adding 1 additional person to a fire engine, or the ability to operate as 4 firefighters on an engine as Medford does.



- One EMS call reduces available resources
- Can be for minutes or hours



- One EMS call reduces available resources
- Can be for minutes or hours



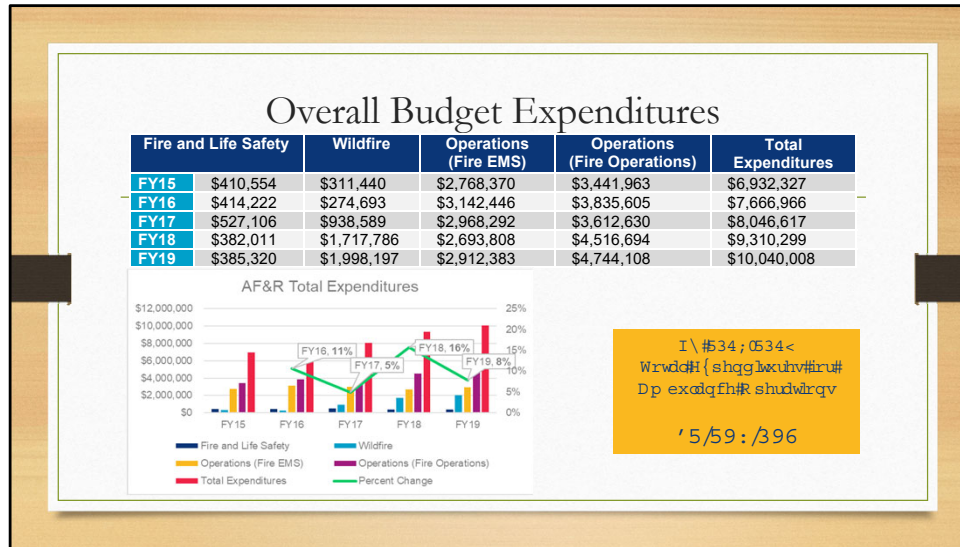
- As you can see from this slide at a minimum staffing of 9/11, we could handle 1 critical EMS call and two additional EMS calls for service simultaneously.



Questions?



The following information was provided by the Ambulance Transporting Services Cost and Services Analysis conducted by Public Consulting Group which presented its final copy of the report to the City on June 17, 2021.



One of the large problems we keep addressing and it keeps coming back up is the addition of grant funds in the Wildfire Division as expenditures. When the community looks at our budget it is consistently fluctuating and then gets a huge net increase such as in FY18 and 19 when a 1.7 million and 1.99 million Grant for fuels management were added. This is not an increase in the FD budget from the general fund and is not used for an increase in FD Operations. This coming 21 and 23 Wildfire Division added an additional 2 million in Grants that will not be an increase in Fire Department Operational Budget but will be recorded as such.

Personnel & Shared Costs

Total Operations Personnel Costs		Ambulance Personnel Costs	
FY15	\$4,706,082		\$1,418,403
FY16	\$4,845,552		\$1,498,209
FY17	\$4,919,705		\$1,604,004
FY18	\$5,399,631		\$1,742,770
FY19	\$5,894,849		\$1,876,224

Total Other Shared Costs		Ambulance Shared Costs	
FY15	\$129,294		\$38,969
FY16	\$163,613		\$50,588
FY17	\$133,224		\$43,436
FY18	\$183,600		\$59,258
FY19	\$151,366		\$48,177

If we continue to staff the ambulance service with FF/s and not augment with single role EMT's and Medics, this will continue to climb and not stabilize or decrease.

Ambulance Revenue

	911 Transports		Interfacility-Transfers		AF&R Ambulance Membership Program		Total Ambulance Revenue
FY15	\$1,017,293	93.6%	\$836	0.1%	\$69,117	6.4%	\$1,087,246
FY16	\$1,089,835	93.8%	\$3,250	0.3%	\$68,267	5.9%	\$1,161,352
FY17	\$1,187,678	94.2%	\$4,646	0.4%	\$68,558	5.4%	\$1,260,883
FY18	\$1,061,335	93.9%	\$4,124	0.4%	\$65,132	5.8%	\$1,130,591
FY19	\$1,119,974	94.0%	\$5,468	0.5%	\$66,050	5.5%	\$1,191,492



This slide is showing that our interfacility transports are not being realized as a true asset to the ambulance service and that we are continually sending transfers out of our department as we do not have staffing available to handle non-emergent transfers. This is an area additional staffing can realize an increase in income to the general fund.

Charges & Payments

	Trips	Gross Charges	Contract Allow	Net Charges	Payments
FY16	2,068	\$2,329,765	\$1,158,313	\$1,171,451	\$992,886
FY17	2,205	\$2,501,085	\$1,277,595	\$1,223,490	\$1,039,694
FY18	2,120	\$2,394,233	\$1,267,111	\$1,127,122	\$954,093
FY19	2,085	\$2,423,855	\$1,223,857	\$1,199,998	\$1,007,568

Payor Type	Average Annual Trips	Payor Mix by Trips	Average Annual Payment	Payor Mix by Billing Payments
Medicare	1,299	61%	\$523,114	52%
Medicaid	385	18%	\$134,091	13%
Insurance	301	14%	\$301,744	30%
Facility Contract	32	2%	\$24,364	2%
Bill Patient	104	5%	\$15,246	2%

In this slide there appears to be about \$200,00 from net charges to payments received this appears to be in membership write offs. This will be addressed later in ways to increase funding.

Net Cost

	Ambulance Expenditures	Ambulance Revenue	Net Cost
FY15	-\$1,760,231	\$1,087,246	-\$672,985
FY16	-\$1,881,099	\$1,161,352	-\$719,747
FY17	-\$1,994,551	\$1,260,883	-\$733,668
FY18	-\$2,133,123	\$1,130,591	-\$1,002,532
FY19	-\$2,267,063	\$1,191,492	-\$1,075,571

5-year average Net Cost to operate ambulance services: **\$840,900**

Analysis

- Ambulance transport is an **enhancement**, not a detriment, for the City
- If ambulance transport services are discontinued, there would be **additional costs** such as fuel consumption, increased apparatus maintenance costs, etc.
- Staffing would remain and the City would need to locate over 1.1 million + GEMT revenues to replace the loss
- If ambulance transport services are discontinued, it will **cut the department's ability** to respond to concurrent calls by 50%

Many questions are surrounding the ambulance service, such as subsidies, additional charges, cost, etc.

Can the City charge a higher fee for ambulance service outside the City Limits? The answer to this question is no; the billing is set during the ASA contract bid. We have to live with the rate set at the time of the contract with “cost of service built-in increases” on an annual basis. This is a small percentage, but it does occur.

The general fund heavily subsidizes the ambulance. I realize this is not a question but a repeated statement. The definition of subsidy is a sum of money granted by the government or a public body to assist an industry or business so the price of a commodity or service may remain low or competitive such as a farming subsidy. As you can see from the previous slides and the PCG review, the ambulance service and our staffing model have completely been intertwined since the inception of the ambulance service in 1996 and are funded out of the general fund.

The fire department staffing would not change if the ambulance service went away, as we would still be required to respond to medical calls and fires. We would simply move the two firefighters from the ambulance and put them on the fire engine with the other two employees to meet NFPA 1710 engine staffing requirements. However, we would

decrease our availability to respond to simultaneous calls for service. The units would remain on scene for longer periods of time as we wait for a private ambulance to arrive at the scene to transport the patient.

If the question is, does it cost money to operate the ambulance, then the answer from PCG would be yes, it costs about \$840,900 a year on average to operate the ambulance. In the same manner, like the statement the general fund subsidizes the ambulance, it could be argued the fire department subsidizes the general fund in excess of 1.1 million a year, which would need to be located from the general fund if the ambulance service went away.

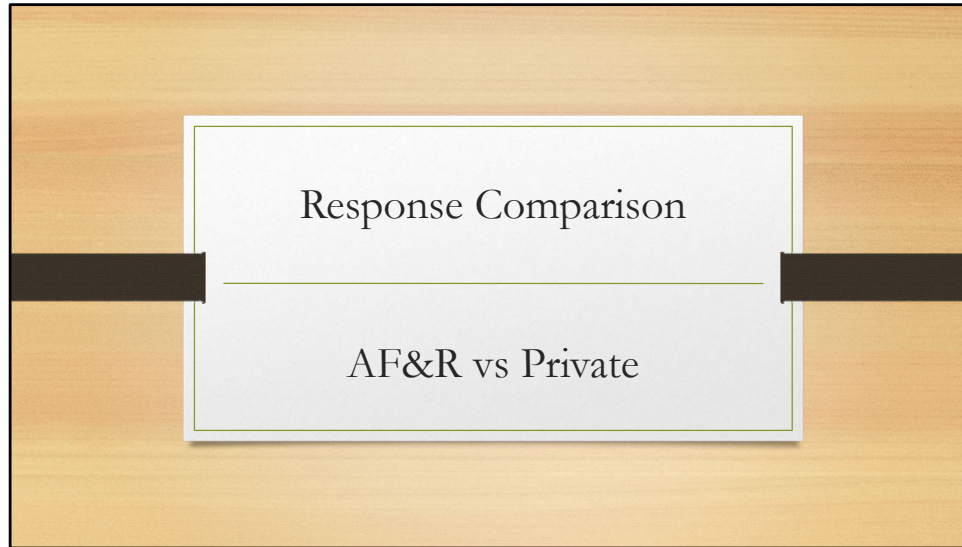
What would it look like if the ambulance service went away, and the Council did not provide the replacement of the 1.1 million plus GEMT revenues?

Ashland Fire with Loss of Ambulance Service and No Make up funding from Council

- Call volume will decrease by approximately 20 % from 4510 to 3608 (Remember in 2015 we had 3968 Calls with 30 firefighters)
- Fire Station 2 will close its doors
- We will lay off 6 firefighters taking staffing from 30 to 24 (1997 24 firefighters responded to 2146 calls for service)
- Staffing will move to 6/8
- Battalion Chiefs, Captains and Engineers will be demoted and only 1 Captain will remain on each shift

Ashland Fire with Loss of Ambulance Service and No Make up funding from Council

- We will remove the 5 Ambulances from Fleet and place more miles on the Fire Engines.
- We will only be able to respond to two calls for service
- Our ISO score will tank, and the citizens homeowner's insurance rates will increase and could be cancelled depending on their company.
- Our response to Dist. 5 will cause a decrease in their ISO rating
- Our response to structure fires will go from 14 staff to 12 with the national standard per NFPA 1710 at 18 firefighters needed



The following slides give an idea of what it might look like if the fire department did not transport. For the purpose of this comparison, we are assuming that someone living in the City of Ashland is suffering from chest pain and calls 911.

1. Dispatch

AF&R with Private

AF&R Currently



For this comparison, let's assume that someone living in the City of Ashland suffers from breathing difficulties. They have recognized that they need immediate assistance, they have called 911, and units are dispatched. As this is a "D" or David level response, both a fire engine and an ambulance are sent on the call. The right column shows how we currently respond; one of our fire engines with 2-firefighter/paramedics and one of our ambulances with 2-firefighter/paramedics will go enroute at the time of dispatch. The left column shows what would happen if we didn't have the ambulance service. One of our fire engines would respond with 4-Firefighter Paramedics, and the private ambulance provider would respond with 1-Paramedic and 1 EMT.

2. Arrival

AF&R with Private

AF&R Currently



The units would arrive on scene and care would be initiated.

3. Patient Transported

Private Ambulance



AF&R Currently



The patient would be transported to a local hospital.

4. Return to Quarters

AF&R with Private

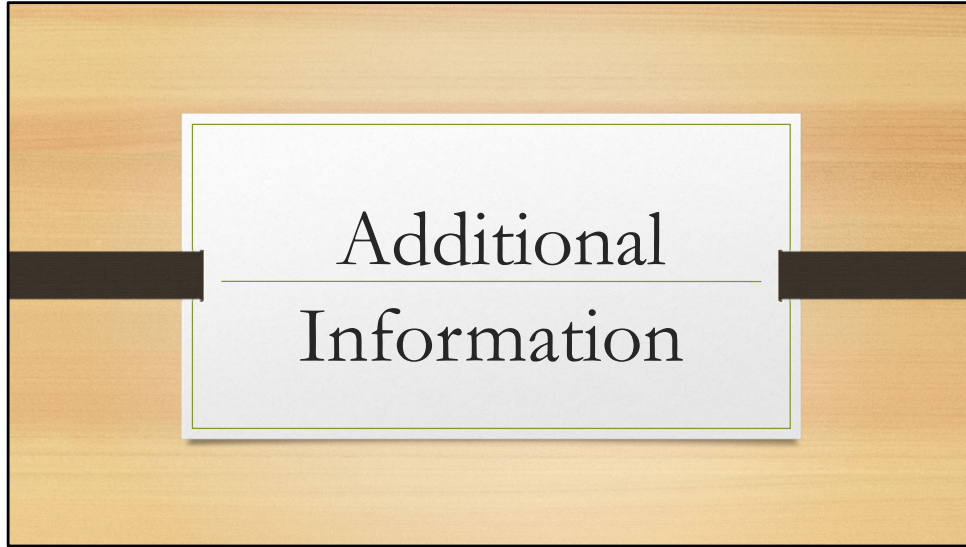


AF&R Currently



The fire engine would return to quarters. Once back at the station, the remaining personnel would ready themselves for the next call. Currently, with the ambulance, as 2 of the FF/Paramedics are transporting the patient to the hospital, the remaining crew will either staff a fire engine or an ambulance depending on the type of the next emergency. Without the ambulance, the four firefighters would ready the engine for the next response.

It is important to note that this entire presentation is built on the foundation of comparing existing services to those we might do with out and the finances associated with those decisions. What we have not talked about, but should be considered, are those things that the department still needs, especially if we continue to run the ambulance service, and associated finances



ASA Plans

- Set boundaries
- Identify system elements
- Coordination with other providers
- Identify provider selection process

All county ASA Plans must contain four certain features as identified by state law. Those features are boundaries, system elements, coordination and provider selection.

System Elements

- Response time standards
- Level of care provided
- Medical supervision
- Equipment standards
- Quality assurance practices

The next component of the ASA Plan are system elements. System elements are those things such as:

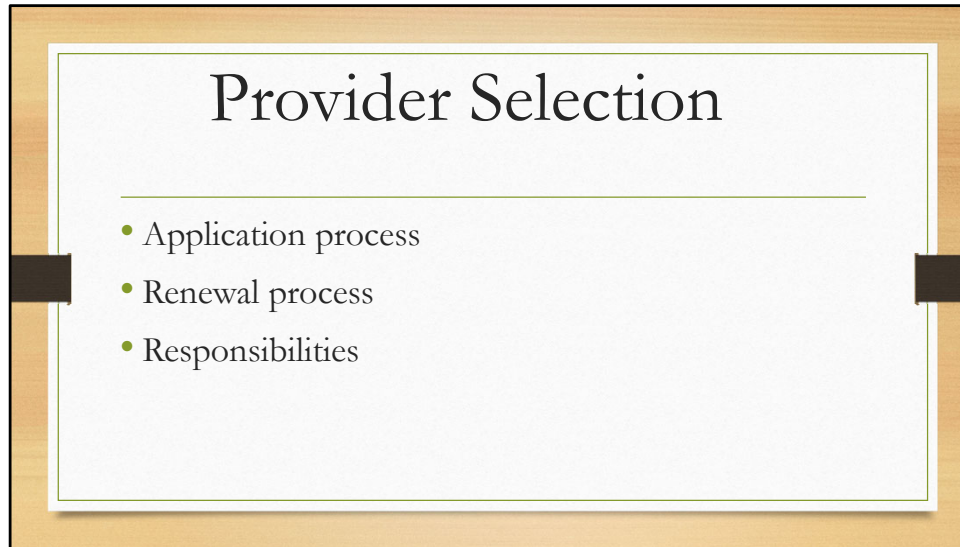
- Response time standards
- Level of care provided
- Medical supervision standards
- Equipment standards
- And Quality Assurance practices

Coordination

- Mutual aid agreements
- Disaster response
- Dispatching procedures
- Communication protocols

Coordination is the next feature. Coordination identifies those things such as:

- Mutual aid agreements
- Disaster response
- Dispatching procedures
- And communication protocols



The last key feature of an ASA Plan speaks to how the county will assign an ambulance service area. Key components of provider selection include:

- The application process
- The renewal process
- And the responsibilities of ASA holders during their assignment

As previously shown, Ashland Fire & Rescue has maintained the contract for ASA #3 since 1996. We are currently in a three-year extension on our last contract which was signed in November of 2020, and we will need to apply for the ASA contract by July of 2023.

- Assuming we do not apply for the 5-year contract, prior to July 4, the county will advertise that ASA #3 is open to interested parties.
- The county will expect letters of intent from any interested parties by September 2nd
- Applications must be completed by November 2nd.
- If we apply for the Application and there are no challenges, the Jackson County Board of Commissioners usually receives a report from the public health division manager and ASA holders are granted another five years.

- If there is a challenge to an ASA, there will be a hearing(s) that are presented to the JaCo BOC. The hearing(s) would include presentations, public testimony, introduction of evidence and rebuttals.

I keep hearing we need to talk to Mercy Flights. Mercy Flights is not the only player in the area. I have no issues with Mercy Flights as this was my second job in the valley many years ago and can I speak with their current CEO at anytime I need. There are just a few things that must be understood and keeps getting overlooked.

The City Council will have absolutely no say as to what entity receives the ASA contract from the County. There will be other private companies looking to bid for ASA 3 in Southern Oregon market such as Cal-Or Life Flight, AMR, Reach, Metro West, Faulk, Medic West, all companies who have much deeper pockets than Mercy Flights. These companies could bid well below the county transport charge to get their feet into ASA 3 and be direct competition for Mercy Flights own ASA when it comes up for bid in a few years. Additionally, District 3, District 5 or Medford Fire could also bid for the ASA in this open process should they choose.

Additionally, it has been asked that Mercy Flights conduct a presentation for how they would serve the City of Ashland at a lower cost than AFR. This presentation has been held before the Cost Review Ad Hoc Committee in 2019 where the Mercy CEO stated the following:

“If Mercy Flights served the Ashland ASA, we would post an additional 2 ambulances within the Ashland City limits and post an additional ambulance in

South Medford allowing for a fast move up to Talent, Ashland and other areas of ASA-3. With this posting plan, the ambulances per capita ratio within the Ashland City limits would be approximately one ambulance per 11,000 people, matching and/or exceeding the coverage provided by AFR today.”

They also stated:

“With regard to how Mercy Flights would increase staff and ambulances: Mercy Flights would add 3 additional ambulances to our fleet, and we would hire an additional 8 paramedics and 8 Emergency Medical Technicians.”

Let's look at some numbers for a private ambulance service looking at the ASA for their bid. I will use \$100K for full salary and benefits for the employee, and I understand that the number may be lower for a single roll Basic EMT and a bit higher for a single roll Paramedic. I am trying to illustrate a general cost analysis; their cost analysis will be down to the dollar. By Mercy Flights statement above they would hire 16 system status single role EMT and Paramedics (8 each) to cover Ashland 24 hours a day with two ambulances in Ashland as AFR is currently doing. (This does not include any management, supervisory, ambulances, equipment, station rental fees and administration needs, only the staff on the

ambulances). This is \$1.6 million in salary and benefits for these 16 employees at the 100K salary and benefits.

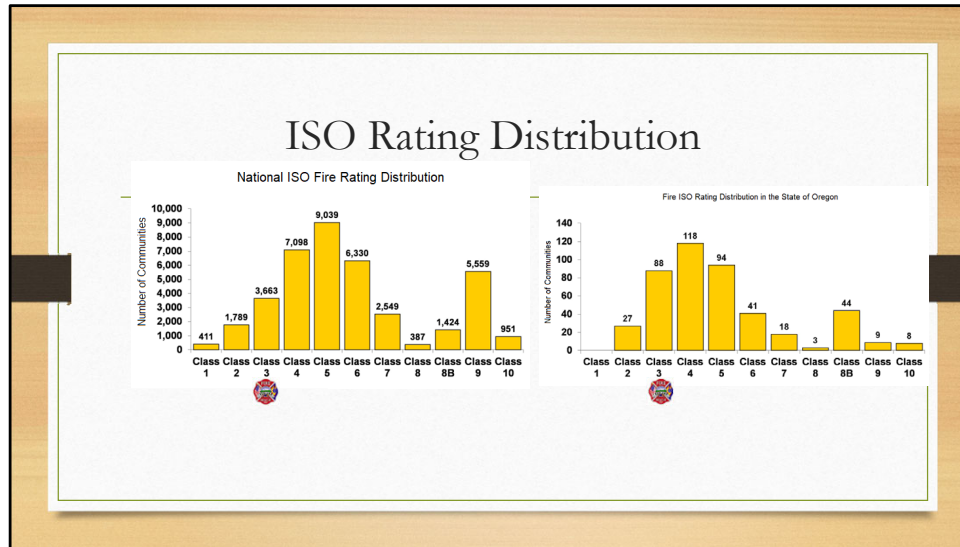
AFR is bringing in a little over 1.1 million in transport revenue. How long can a not-for-profit organization lose 500K a year, before it has to change its staffing model? Or receive a true subsidy from the City?



Questions?

Insurance Services Offices ISO

Last Completed March 27, 2015



How is ISO Calculated?

This is a complex process where evaluators review:

Emergency Communications: Emergency Reporting, Telecommunicators, and Dispatch circuits. This evaluation counts for 10% of the overall score.

They then examine the Fire department by looking at the following: Engine companies, reserve pumpers, pump capacity, ladder service companies, reserve ladder service, deployment analysis, company personnel, training, operational considerations, and Community Risk Reduction. This accounts for 50 % of the score.

The final 40% of the evaluation is water supply. For this they look at the supply system, hydrant size, type and installation, inspection programs and flow testing.

They put the numbers together and provide a PPC score with 10-point increments starting with a low score of 10 and the

best score of 1.



What do we need to do to maintain our current ISO 3, and What would happen if we were evaluated today?

The calculations ISO uses are not something that one can get to determine their final numbers. We are provided information on what is graded. Some items can include what equipment is on a fire engine and how much water our engines can pump. These items are easy to understand. What is not is how they calculate staffing. When they are looking at staffing, they are looking at calls for service, number and type of structures, existing fire suppression demands, and so on.

I can say that in 2015, the fire department received .84 out of 4 points for ladder service, .0 points out of .50 points for reserve ladder service, 6.22 points out of 10 points for our deployment strategies, and 7.5 out of 15 points for staffing. (We received a total of .84 of 4.5 points for ladder service). To put this in teaching prospective and grading we received a solid A in Community Risk Reduction an overall D+ with an F in staffing and deployment which drew down the fire department score the most. If we could get the staffing and deployment to a C, we stand a very real chance of being a high ISO 2 and possibly the first ISO 1 in Oregon.

However, If ISO showed up today, I know we will lose points in some areas and gain points in others. In the gain, working with District 5, once their primary ladder truck is in service, we will receive partial credit for their ladder truck, but it will not be full points as it is not staffed per NFPA 1710. We will also receive points for the reserve ladder truck as they will have a truck that will count in this category for at least three more years. Due to increasing our training requirements in the first year of probation and promotion, we will receive an increase in our training category as we are now meeting national standards for first-year training assignments.

We will, however, lose some points in our community risk reduction with loss in community fire inspections. Our big hit will be in personnel again, remember the last time they evaluated us, we had 3968 calls for service with 8/10 staffing, availability of three executive officers, and an overlapping call volume of 1453 calls. In 2020 we had 4510 calls for service with 1687 overlapping calls for service (37.41% of the time) or an increase of 16.10% with three fewer firefighters from the 9/10 staffing and one fewer executive officer to respond or a net decrease in the staff of 11.11%. We cannot overcome this number without increasing our staffing.

How does ISO Play into Insurance Premiums? ISO is a part of the insurance premium assignment of several insurance companies. To set a rate for consumers to pay. 15-years ago, this was the only game in town, and therefore the number was the only thing looked at. Since that time, insurance companies have gone to multiple parts in the determination of premiums, and other such as State Farm use their own completely proprietary process.

The first thing I learned was they, for the most part, don't call it ISO anymore; they call it PC or Protection class. This is the same thing as ISO just used as a different name, and it assigns the same 1 thru 10 scores to the fire service of the area. The next part is looking at a Fire Lane Score, which is really important to Ashland as it is trees around the home and defensible fire spaces. Next, they look at fire loss data (Types of fires and dollar loss) for a specific area. Then they look in the area to determine their loss potential and decide if they do or do not want to insure a specific location. Then they have a proprietary credit scoring system that looks at all aspects of your life to determine what their risk calculations are for the company. Then finally, some companies use Data mining of the person to decide additional risks based on social media, hobbies, etc.

There is no way to know what an individual's score will be taking into account everything above. However, as the PC (ISO) classification gets closer to 10, the rates in the area on renewal will increase above the normal adjustments for inflation. This means if our ISO drops our citizens will pay more for their insurance when their renewal comes around, additionally, depending on the severity of the drop, some insurance sompanies in areas prone with fire have chosen to cancel policies as to great of a risk.



Questions?

Volunteer vs Student Firefighters

- “Volunteer fire departments are a lower cost alternative to professional departments where less fire protection is demanded. Where longer response times, fewer emergency services (in both fire and EMS), and lower insurance ratings are acceptable to the community, volunteer fire departments are likely to cost less than professional departments.”
- Volunteers are not Free
- Need Command Level FTE just for Volunteer Program
- No time to train Volunteers with current Staffing and Call Volume
- Continual Revolving Door
- Volunteer Fire Departments in the area are replacing volunteers with Student Programs (D-3/D-5)

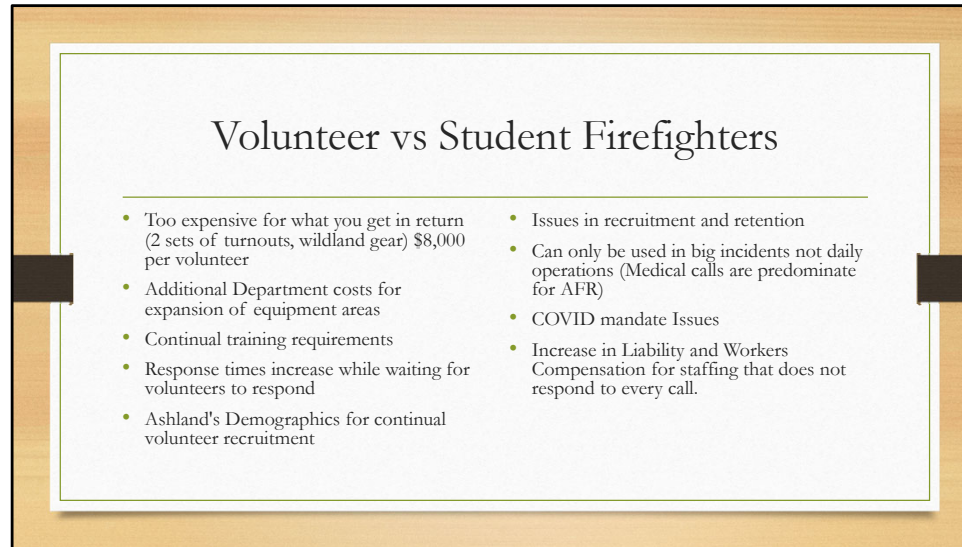
This quote is from the 2001 report volunteer vs professional FF-Study (Included in your packet).

Volunteer programs are time-intensive, place a strain on the department to consistently be recruiting and require a full-time retention officer or Chief of Volunteers. Volunteering is a noble pursuit, but in our current society with a decrease in an available work force, it is difficult to retain volunteers, so there is a constant revolving door of people willing to volunteer, which turns into a training nightmare for the volunteer who is also trying to maintain employment . Volunteer fire departments once depended on local employers who offered full-time jobs with benefits to their volunteers and were willing to have employees leave work to fight fires. Today a typical job is as a per-hour worker with unpredictable shifts.

According to a 2014 report from the National Fire Protection Association (NFPA). About 70 percent of America’s firefighters are volunteers, and 85 percent of the nation’s fire departments are all or mostly volunteer, according to NFPA with the smallest communities — those with fewer than 10,000 residents — are almost always served by volunteer departments.

Across the country, small, rural fire departments are struggling to recruit and retain volunteer firefighters. But even where the number of volunteer firefighters is holding steady, the number of calls is exploding. According to NFPA the number of volunteer firefighters nationwide has declined 15 percent between its all-time high in 1984 and its all-time low in 2011 and, because over that same period, the number of calls has increased nearly 300 percent (Most of that increase is in medical calls), existing firefighters are suffering from burnout.

Several local departments are moving away from volunteers due to the required work, time, and training. Fire Districts 3, 5 and Grants Pass have or are moving away from volunteers and replacing them with student firefighters. Some agencies are partnering with their colleges while others are conducting their own programs.



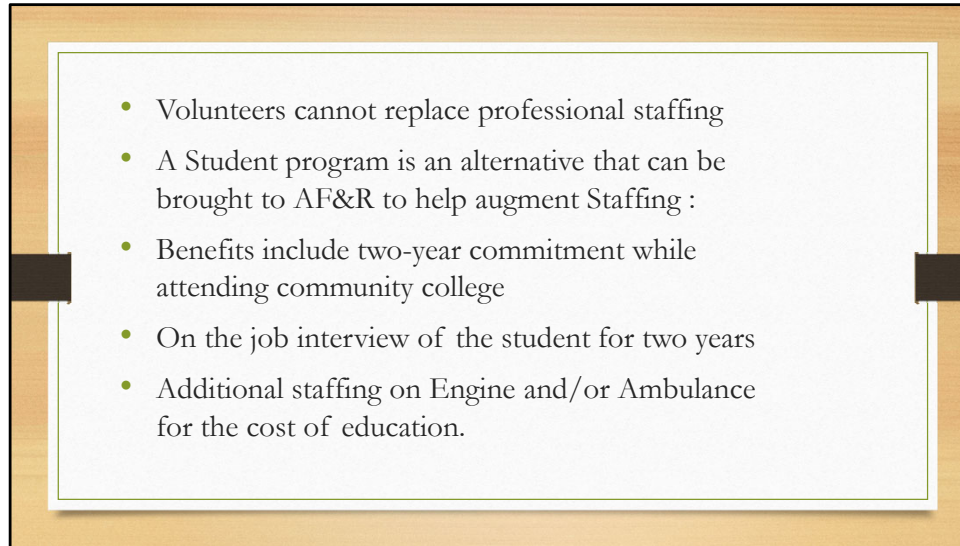
Volunteers must meet the exact requirements of professional Firefighters when assigned with a professional fire agency. With Ashland Fire and Rescue being an all-hazards department, this would be an expensive and nearly impossible task. Basic firefighting operations would be affected, and we might need to limit firefighters to defensive operations and not allow interior offensive operations due to the numbers needed and training required. Some volunteer agencies who cannot meet the minimum requirements are not allowed to enter a structure that is on fire.

To expect a volunteer to hold professional credentials and not get paid is absurd. The following are our training requirements for our professional firefighting staff, as stated this would not change for a volunteer. They include:

- DPSST Firefighter 1 and 2
- DPSST Driver
- DPSST Hazardous Materials awareness and operations
- DPSST Pumper operator
- DPSST Rope Rescue
- DPSST Trench Rescue

- DPSST Confined space rescue
- OHA Paramedic
- OHA EMT
- DPSST Fire Officer 1 and 2
- DPSST Wildland Credentials
- Oregon drivers license
- APD Background Check
- Psychiatric evaluation
- Health physical
- Annual physical fitness test

Training is not the only burden that volunteers carry along with career firefighters. Certain cancers, sudden cardiac death and trauma-induced mental health issues are additional health burdens carried by all firefighters.

- 
- Volunteers cannot replace professional staffing
 - A Student program is an alternative that can be brought to AF&R to help augment Staffing :
 - Benefits include two-year commitment while attending community college
 - On the job interview of the student for two years
 - Additional staffing on Engine and/or Ambulance for the cost of education.

When speaking of ISO from the previous group of slides, the new NFPA 1710 staffing has added the following statement for volunteers counting towards professional staffing.

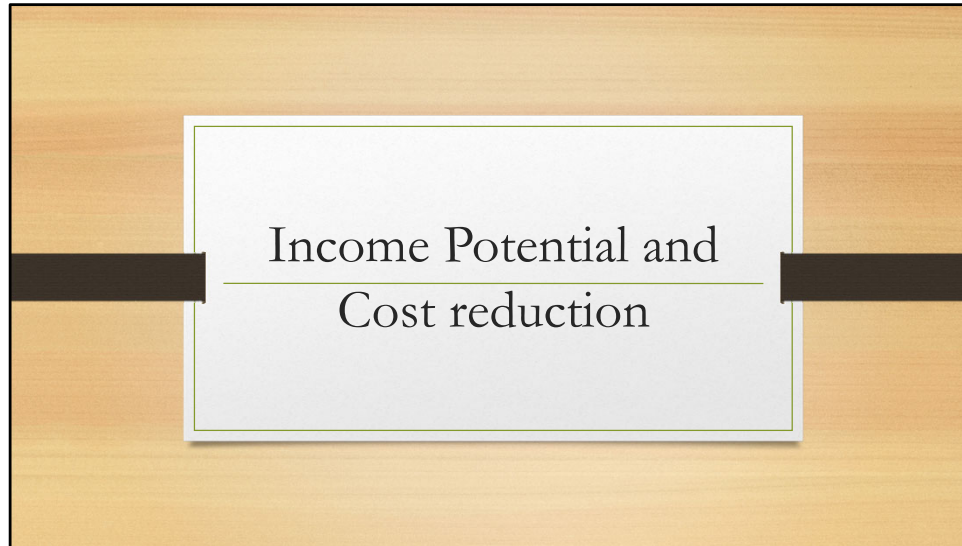
The FTEs would be several part-time employees whose combined hours equal a full-time employee. A simple example: if a fire department staffs a riding position 24/7 with 7 part time employees each working 24 hours a week while career personnel work 56 hours per week, the 7 part time personnel would constitute 1 FTE riding position.

This is to say it will take 7 volunteers to equal 1 professional firefighter for staffing

The best alternative for a professional agency looking to augment staffing at a reduced cost is to look towards student or journeyman firefighters.



Questions?



Income Potential and Cost reduction

Some reduction in costs for services I have already implemented: Having attended the ad-hoc committee's meetings on budget reduction, also under the advisement of outgoing Chief Shepherd, we listened and implemented one of the plans by hiring three firefighters EMTs and not three more Paramedics to the open vacancies. This one step reduced over \$30K in employee costs. I will not know the exact number per employee until the completion of their one year.

Before you ask if this is how we will move forward, the answer is yes and no, at this time, I have to keep paramedics to maintain an ALS presence, and with minimum staffing of 8, I cannot place one more EMT into permanent staffing. As our staffing numbers go up, I can hire more EMTs proportionately and further reduce staffing costs.

Another area where we have reduced costs already is in ambulances purchases. We were able to locate ambulances that were \$80 K less than what we are currently purchasing. We cannot for the firefighters purchase the van-style ambulances such as you see for Mercy Flights as the equipment, we carry is different. We have to isolate the firefighter's protective clothing from the patient and crew compartment. However, if we add single roll positions into the department, this style of ambulance can be ordered extending the replacement time on our current fleet and reducing the cost of new ambulance purchases even further.

Some areas where we can increase revenue for the ambulance service: Since the passage of this budget, Ashland Fire and Rescue has been invited to participate in an additional GEMT revenue program and believes we will see an increase in the revenues this coming year. This is additional monies that are written off under Medicare/Medicaid. We must participate in phase one to be allowed into this next program. I sent out an RFP and am pleased to announce I have signed a multi-year contract based on recovery. What the additional amount of income will be at this time is not known. However, if we do not have an ambulance service, we do not get this income.

Ambulance Membership, we are looking at ways to take the time-consuming method of ambulance membership currently to a new system in Utility Billing. This will help streamline our process and allow us to market and try and expand the program. This has been placed on hold while we are waiting for the full-time finance director to be hired. Once this is complete, we can begin a membership drive to increase our membership fees outside of the city limits.

We will also need to re-negotiate the pay rate we receive for signing our citizens up with the air ambulance part of the Mercy Flights program. Additionally, as you heard, we should look at a citizen-wide opt-out ambulance membership service to increase the program and help protect the community from the cost of ambulance transport for those uninsured or underinsured.

Here is the big one, as you remember from a previous slide we are leaving nearly 200K on the table every year. It appears this section is the reason for this. I cannot find out why or who started this with our Ambulance Membership, but we currently offer a 100% coverage write-off of uninsured patients in our basic membership fee. Mercy-flights has a write-off clause as well, but theirs is at 50%. What this means is, if a person has no health insurance and they sign up for our membership service, we will transport the patient every time and write off the entire amount. As you can see from the recovery side of the ledger, we are currently throwing away a significant amount of money in nonbillable ambulance membership transport fees. We need to reduce our write off clauses from 100% to at least 50% or less.

Our collection rate is increasing as we are getting more and more comfortable with data exchange and information collection between us and our new billing service. Because of government rules, we cannot collect the funding if we miss a form or miss-code something.

Additionally, with the passage of the new budget, we will be transitioning to new computer software for emergency reporting that will capture missed forms and codes and not allow the transport report to be complete until all the required information is submitted. The new system has a built-in quality assurance module that will assist us in assuring compliance in billing and the

treatment modalities offered to the community under the license of our physician advisor. This new software should also reduce staff time on report writing as it is linked to ECSO and auto-populates in real-time as dispatch receives the information. This system is scheduled to go online on January 1, 2022.

Rate recovery for outside calls for service (i.e., I-5 MVC's). While this is an area we are currently struggling to realize, the new software will also capture this information better and allow for additional revenue collections. This will also be one of the duties of the Operations Chief to ensure this information is tracked and recovered appropriately. The absence of the Operation Chief has allowed things like this to fall through the cracks.

One of the largest areas of missed financial opportunity for Ashland Fire is in daily Ambulance interfacility transports. The transport requests are all over the board and because we have been operating at 8/10 staffing, we have not been able to get crews free for these non-emergent transfers. We are in the process of streamlining this with Asante Ashland Community Hospital, and it will take several months to accomplish the rollout to streamline the process but we are moving in the correct direction. However, we still need people to do the transports.

We are suffering from staff fatigue, mandatory overtime for minimum staffing almost everyday right now, and trying to get staff to come in on their limited days off to transport patients from one hospital to another is challenging to say the least. As of writing this report last year to this date, we ran 3128 calls with 1196 overlapping calls for service; this year, we have run 3326 calls for service with 1438 overlapping calls for service. This is an increase of 6.33% in call volume and a 20.23% increase in overlapping calls for service.

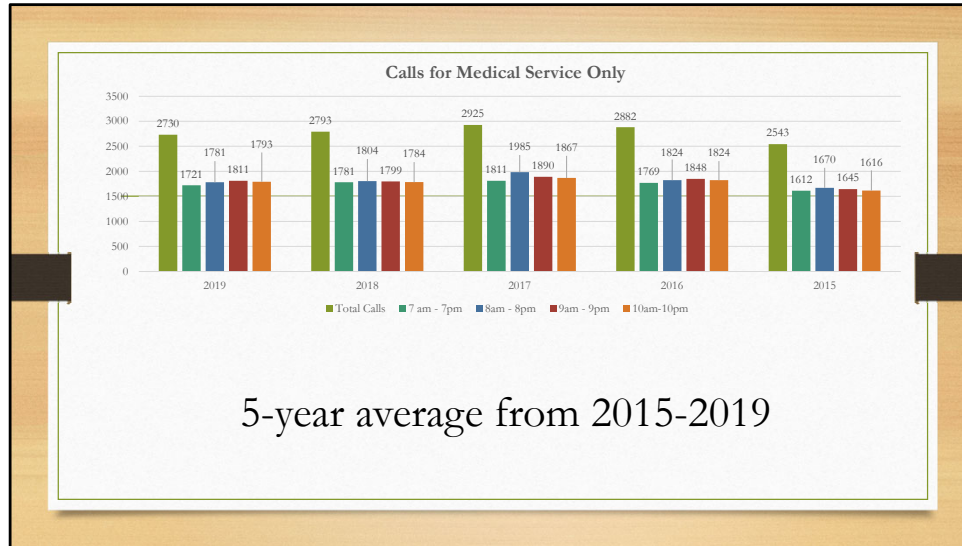
There is no other way to say this other than we need help with staffing immediately. I realize that we cannot hire 9 firefighters immediately to get us the additional staff we truly need. However, we can get temporary assistance and reduce the cost of the ambulance service while increasing the availability of transports with some steps.

Costs:

• AFR FF-P	5-year progressive w/29.65 PERS=	\$512,410.509
• EMT-P	5-year progressive w/25% PERS=	<u>\$325,816.84</u>
	Savings=	\$186,593.669

• AFR FF-P	5-year progressive w/29.65 PERS =	\$512,410.509
• EMT-B	5-year progressive w/25% PERS =	<u>\$261,597.945</u>
	Savings=	\$250,812.564

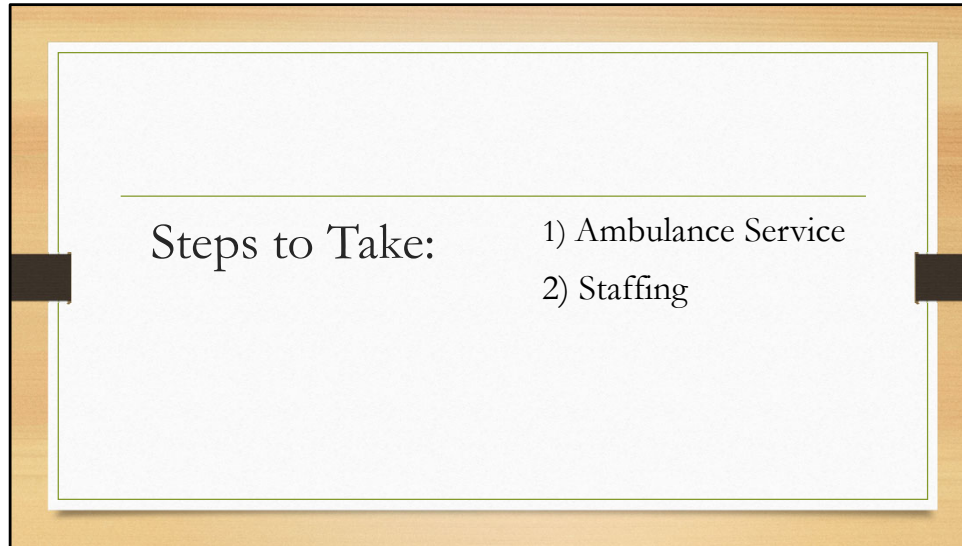
Total from Previous Slide



What did the previous slides tell us?

Year	Total Calls	Busy Time	# Calls	%	Per 12 hrs.
2019	2730	8 to 8	1811	66.34%	4.97
2018	2793	7 to 7	1804	64.59%	4.94
2017	2925	8 to 8	1985	67.86%	5.43
2016	2882	9 to 9	1848	64.12%	5.06
2015	2543	7 to 7	1670	65.67%	4.57

Medical Calls Only



1) Begin running the ambulance section of the fire department using private business models to reduce costs of service and bring the \$840,900 to more of a neutral cost.

2) We need 3 firefighters immediately, and we also need to augment the firefighters with an ambulance single roll Paramedic and EMT as Lebanon, Albany and Klamath County District 1 does. This assistance will allow for an additional ambulance in the system during peak times, allow for transports and will decrease costs of the ambulance service.

There are two ways this can be done; we can ease into single roll medics with 1 Paramedic and 1 EMT working Monday thru Friday 8 hrs. a day from 10 am until 6pm. After a year if it does what we believe it will do in reduction of fatigue, an increase in transports, and an increase in available additional resources then we can add 1 additional Paramedic and 1 EMT and run this ambulance 7 days a week 10 hours a day. This provides a third Ambulance with 2 FTE's during a peak time 5 days a week.

Or we jump into this right now and hire 2 Paramedics and 2 EMT's and provide an additional 3rd ambulance to our system 7 days a week 10 hours a day during our peak times. Our call volume shows we need the FTE during daylight hours

between 7 am and 9 pm and this ambulance will be available to assist in reducing this call load which occurs at 65%.

We also need the Deputy Fire Marshal as described previously.

There are other positions that are needed however, these 6 or 8 positions is what is needed to support the information provided to you in this document and protect this community immediately.

The call volume is not sustainable with the staffing model we are operating under.



Questions?

Wildfire Division

**Fire Adapted Ashland
Ashland Forest Resiliency Stewardship Project**



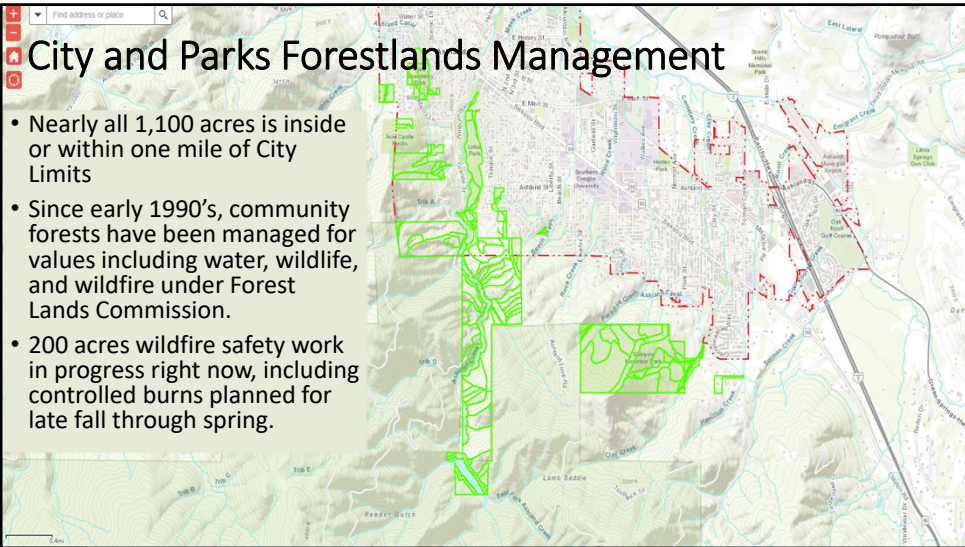
Ashland's Cohesive Approach to Wildfire Safety

www.fireadaptedashland.org

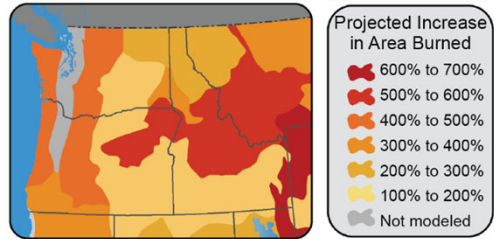
www.smokewiseashland.org

www.ashlandwatershed.org



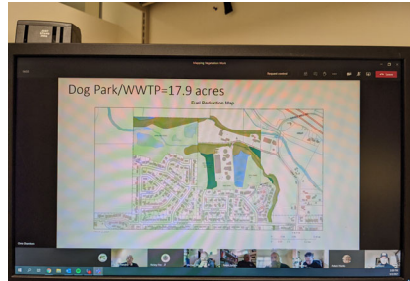


Adapting City and Parks Forests to Climate Change

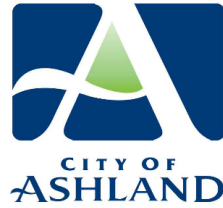


- A cutting-edge plan is being put together via Forest Lands Commission to chart adaptation to changing climate on City/Parks forestlands
- Complements the City's Climate and Energy Action Plan and 2016 Ashland Forest Plan.

Interdepartmental Vegetation Management Team



- **Inventoried all City/Parks property for fire hazards in 2020**
- **Majority is blackberry bushes along creeks**
- **151 acres of mowing/cutting fuel breaks already takes place *every year***
- **Implementing work plan to remove as much blackberry starting close to homes and maintain fire safety over time.**



Controlled burns protect forests and our watershed.



- Reduce fire danger to firefighters, residents, and the places we love
- Reduce the fuels that feed catastrophic fires
- Produce much less smoke than severe wildfires

When you see controlled burns during the cool time of year, know we are working for healthier forests and community for today and for future generations.

Ashland Forest Resiliency Stewardship Project

- 10+ years of work across U.S. Forest Service and private lands has stitched together 13,000 acres of wildfire risk reduction on public and private land.
- City investment of \$2.25 Million over 10 years has returned **\$32.5 Million** in external funds!!
- Need to more than double controlled burning to greatly heighten fire safety and forest health.

Smoke Preparedness

smokewiseashland.org

- One-stop-shop for smoke information:
 - Air Quality Index
 - Smoke and health
 - Creating indoor air quality
 - Business preparedness
 - Controlled burn information

2018 Summer
Moderate AQI
2018 Summer
Unhealthy AQI

	Air Quality Index Level of Health Concern	Numerical Range	Meaning
	Good	0 to 50	Air quality is satisfactory, and air pollution poses little or no risk.
	Moderate	51 to 100	Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.
	Unhealthy for Sensitive Groups	101 to 150	Members of sensitive groups may experience health effects. The general public is not likely to be affected.
	Unhealthy	151 to 200	Everyone may begin to experience health effects; members of sensitive groups may experience more serious health effects.
	Very Unhealthy	201 to 300	Health warnings of emergency conditions. The entire population is more likely to be affected.
	Hazardous	301 to 500	Health alert: everyone may experience serious health effects.

City of Ashland
Air Quality Index:
13
Good
Last Update: 8:59 PM

On the topic of smoke, we are also working really hard to keep our most smoke-vulnerable residents safe from wildfire smoke. Smoke is a common visitor to ashland, particularly in recent years. 2020 was no exception proving insult to injury after the Alameda fire

-I mentioned the smokewise ashland website. That website includes info on how to create and maintain clean air in your home, we post the current air quality in ashland, and provide information about how smoke impacts your health.

Fire Adapted Ashland: Our Community Wildfire Safety Program

- Free Home Safety Assessments
- Grants for mitigation
- Community Risk Assessment Data and Portals
- Firewise Communities USA
- Evacuation Planning and Outreach
- Wildfire Safety Commission
- Realtor Wildfire Awareness
- FEMA Pre-Disaster Grant Program
- Codes and Ordinances
- Business Preparedness
- Smokewise Ashland
- Outreach and Education
- Fire Prevention
- Weed Abatement
- Drone Patrol Program
- Volunteer Risk Assessment (WRAP)
-and growing

www.fireadaptedashland.org

So that is a Fire Adapted Community in concept, but what does it look like in practice? In Ashland, we have several highlights that we are proud of that I will be sharing with you today, but in the spirit of the FAC concept, I'll also share some areas that we are actively working to improve –because becoming a Fire adapted Community never has an end point. To start, a lot of the information on our various FAC work can be found all in one place a website – fireadaptedashland.org – I do not know about Eugene, but Ashland likes to have as much custom information specific to our place as possible. We point everyone we talk to about wildfire in ashland to the various pages on this website. Information about the programs that I talk to you about today can all be found here, so I welcome you to check it out if anything peaks your interest.

General Fuel Modification Area for New Construction on Vacant Lots
18.3.10.100.B.1.a

Codes & Ordinances

- **Weed Abatement**
 - June 15th deadline - Dry Grass and Weeds 4 inches
- **Wildfire Safety Ordinance**
 - Affects New Development/Additions from 2018 on.
 - Wildfire Safety Requirements
 - Prohibited flammable plants list
 - Fence connections made of non-flammable material
 - No wood roofing

In ashland, we have several codes and ordinances that we can use to both tackle wildfire risks that currently exist in our community, and halt future fire risks from being planted or constructed in our community. We have a weed abatement ordinance that requires residents to cut their tall dry grass and weed each year by June 15th.. In 2018 we adopted our wildfire safety ordinance, which allows us to prevent new construction and landscaping that presents a wildfire risk. This includes requirements for defensible space to be created around new constructions and additions, prohibits installation of new bark mulch within 5 feet of the home and new plantings of a list of flammable plants which are listed on our website, and requires that newly constructed fences be constructed of non-flammable within the first 5 feet of attaching to the home.

APRIL

Harden your home!
Protect against embers and flames

MAY

Be Firewise!
Keep your yard lean, clean, and green

JUNE

Be Ready!
Prepare to evacuate or shelter in place

JULY

Be Smokewise!
Prepare for smoke

Wildfire Safety Campaign


fireadaptedashland.org/wildfireprep

Harden Your Home!

*This April, harden your home's exterior against embers.
We must all do this work to protect the community.*

Wildfire Risk Assessment Program (WRAP)

- One-on-one wildfire risk home assessments
- Fire department + Wildfire Safety Commission creating volunteer training program



Interested in volunteering?
[Fireadaptedashland.org/wildfireprep](https://fireadaptedashland.org/wildfireprep)

Drop off your flammable green debris at
Green Debris Drop-off Day!
Sunday, May 2nd
Learn more here

Apply to get a
Green Debris Bin
in your neighborhood
Apply here

Listen to our
Wildfire Preparedness Webinar
Series
Coming Soon

Sign up to become a
Wildfire Risk Assessment Volunteer
Learn more here

For all residents in our community, we offer 1-hour, one-on-one home wildfire risk assessments. We've offered this service for nearly a decade, and the program basically advertises itself. I conduct 100-150 home assessments per year. The assessment is no cost to the resident and provides an opportunity to provide advice about what risk reduction action is most important to take around the home. The wildfire safety commission is looking to expand this program, since one-on-one interaction with homeowners is proven to be the most effective way to help residents take action to reduce their wildfire risk. So we have been working with OSU extensions program to develop a volunteer training. If you are interested in being one of these volunteers, go to fireadaptedashland.org/wildfireprep and click on this box.

Real Estate Wildfire Education Program

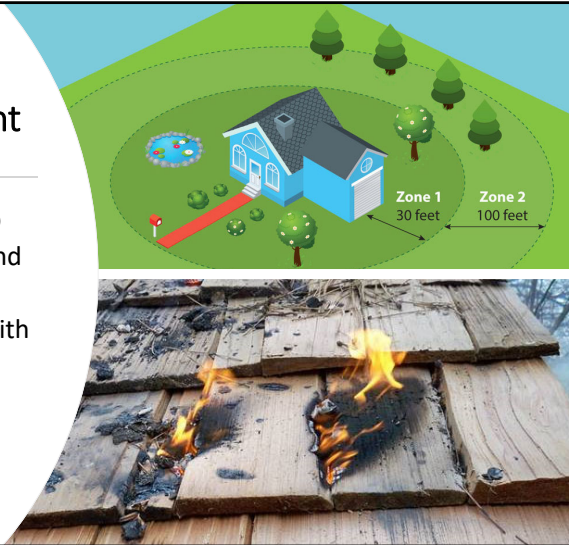
- Course for real estate professionals to learn about wildfire history, wildfire preparedness, and programs in the Ashland area
- Hosted course for home inspectors to understand the relationship between wildfire and the home structure

Guidelines for Wildfire Safety when buying a home



FEMA Mitigation Grant

- Defensible space around top 1,100 at-risk homes in Ashland
- Replace wood shake roofs with Class A or Class B shingles



Wildfire Risk is Rising; There Will be Fire What More Can We Do to Save our Community?

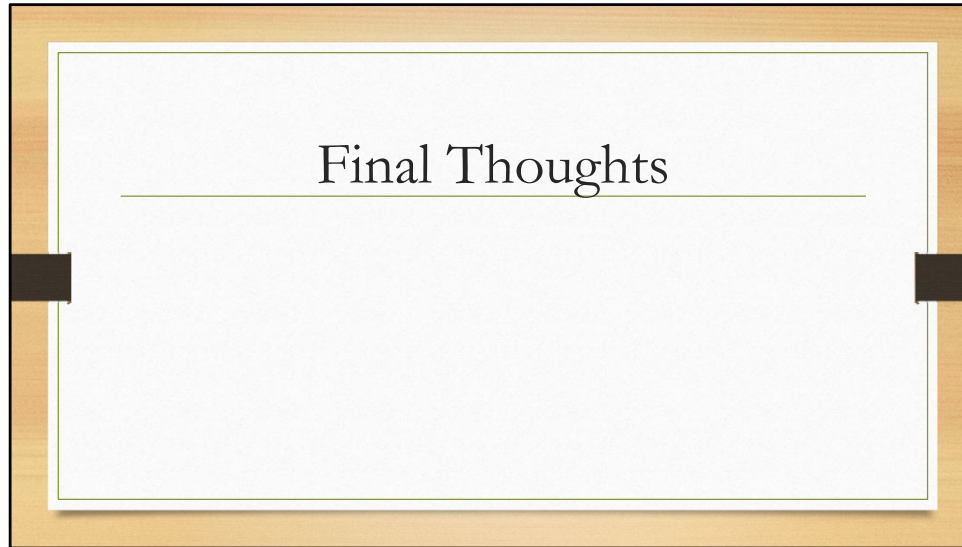
- Largest gap is the balance of over **6,000 homes and businesses** who we don't serve due to limited staff. Ashland Fire & Rescue and the Wildfire Safety Commission previously recommended a Wildfire Mitigation Assistant position to Council. Cost is approximately \$70,000/year.
- Contract for an updated Community Wildfire Protection Plan, to include a Wildfire Recovery Plan. Cost: Approximately \$75,000.
- Emergency Manager position to coordinate evacuation planning and outreach, public emergency notifications, preparedness, EOC training, County/State liaison, and to seek external funds (.5 FTE).



Questions?

Fire District/IGA/Agreements?

Fire agency consolidation, IGA's and Agreements will be a topic of discussion at the Regionalization Study Session now scheduled for November 1. The City Manager Pro Tem has solicited a proposal from Portland State University, Center for Public Service, for services to evaluate the feasibility of consolidation with one or more neighboring fire agencies



Final Thoughts

I believe that Ashland Fire & Rescue provides exceptional service to the citizens of our community. However, that service comes with a significant financial burden.

As shown in this presentation, we got behind the staffing needs over 24 years ago and have not come close to getting staffing caught up.

I have provided ways to bring the cost of the ambulance service to a more cost-neutral position through reductions and increasing income; however, we can't start until we get staffing help. We need Council to help us and get our staffing up. We need to staff our Ambulance Service properly to provide the proper response times, have an ability to respond to multiple calls for service at once, and still have staff available to respond to additional calls.

Thank you for listening to me tonight, and I look forward to working with you in addressing our communities needs.