

# ADDITIONS A G E N D A



Joint Meeting of the City of Salem Budget Committee and the Salem Urban Renewal Agency Budget Committee

DATE: Thursday March 21, 2024  
TIME: 6:00 PM  
CHAIRPERSON: Dr. Irvin Brown  
PLACE: Hybrid Meeting  
Council Chambers and Youtube

STAFF LIAISON:  
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Written comments on agenda items may be submitted at [budgetoffice@cityofsalem.net](mailto:budgetoffice@cityofsalem.net). Public comment may also be provided in person or via ZOOM. If using ZOOM, please pre-register between 8:00AM and 2:00PM on the day of the meeting at the following link: [Comment and Participate in a City Council Meeting | Salem, Oregon \(cityofsalem.net\)](#)

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## \*\*\*ADDITIONS AGENDA\*\*\*

### 5. INFORMATION ITEMS

- a. Staff Report – Responses to Committee Member Questions

### 8. PUBLIC TESTIMONY

- a. Correspondence from David Patterson regarding Salem ambulance services.

The City of Salem budget information can be accessed on the internet at: [www.cityofsalem.net/departments/budget](http://www.cityofsalem.net/departments/budget)

NOTE: Disability-related accommodations, including auxiliary aids or services, in order to participate in this meeting, are available upon request. Sign language and Spanish interpretation is available at the meeting. For languages other than English are also available upon request. To request such an accommodation or interpretation, contact Kelli Blechschmidt, (503) 588-6049 or [kblechschmidt@cityofsalem.net](mailto:kblechschmidt@cityofsalem.net) at least 2 business days before this meeting. TTD/TTY telephone (503) 588-6439 is also available 24/7.

The City of Salem values all persons without regard to race, color, religion, national origin, sex, age, marital status, domestic partnership, disability, familial status, sexual orientation, gender identity and source of income.



For the Budget Committee Meeting of: March 21, 2024  
Agenda Item No.: 5.a.

**TO:** Budget Committee Members

**THROUGH:** Keith Stahley, City Manager

**FROM:** Josh Eggleston, Chief Financial Officer

**SUBJECT:** Responses to Committee Member Questions

**SUMMARY:**

Committee members have reached out to City departments with excellent questions. In the interest of sharing information and increasing understanding, the questions and responses are compiled in this document.

**ISSUE:**

Responses to member questions through March 20, 2024.

**RECOMMENDATION:**

Information only.

**BACKGROUND:**

1. During the March 14 meeting, a committee member asked if there was data related to police calls and activities at managed sheltering sites. The police department provided two existing reports in response (Attachments 1 and 2). Both reports indicate a relatively low level of calls, arrests, and crime reports associated with the City's three micro shelter sites, supporting the general assertion that properly managed sheltering presents much less demand for police services than unmanaged camping environments.
2. In slide 19, general fund resources for the fire department total \$64.63 million. In Slide 20, general fund expenditures total \$48.5 million (25% lower). The financial picture for the police department lists \$59.26 million in general fund resources (slide 24) and \$59.3 million in general fund expenditures (slide 25 – close to an exact match). Why is there such a big difference in the share of general fund resources that flow through as expenditures for these two departments?

We appreciate you identifying this issue. On slide 19, the General Fund Revenues are overstated by \$16.1 M. The budget for WVCC was inadvertently included when calculating the unrestricted General Fund amount. This was an isolated issue and only occurred on the Fire Department slide. The Departmental General Fund budgeted expenditures and revenues should match except for Non Departmental that includes the General Fund beginning working capital.

3. What is "organizational consulting" and how much is spent on it from the general fund?

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The City has been engaged with Moss Adams as a consultant of record for organizational consulting since 2019. The FY 2024 budget included \$350,000 and the City Council authorized an additional \$120,000 to facilitate the Revenue Task Force. Organizational consulting includes various assessments, audits, and group facilitation. Some examples of completed work from Moss Adams include: an Internal Controls Review, Homelessness Response Assessments, Equity Assessment, and Strategic Plan update.

4. How much from the general fund is spent on downtown parkade security?

The cost for security services at downtown parkades has traditionally been paid out of the Downtown Parking Fund, for which the main revenue source is downtown parking tax. This revenue is not sufficient to pay for all of the expenses in the downtown parking district including security so the General Fund has picked up a portion of the expense in FY 2022, FY 2023, and FY 2024. Overall for the past three fiscal years, the General Fund has expended just over \$250k on this service. In FY 2025, the current plan is the General Fund will pay for the entire cost for the downtown security service.

5. Where does alley maintenance occur and how much is spent on it from the general fund?

The City responds to complaints, as well as having proactive spring programs. Throughout the year the City will respond to individual complaints regarding isolated issues, such as a pothole. During the late winter / early spring, the City completes an alley survey of our rock alleys and provide maintenance to them based on that inspection, this could be hand rocking, a grading that rips the alley and relays it down, or a rip/remove and regrade. The City also picks 3-6 rock alleys and pave them in asphalt to reduce the following years maintenance requirements.

Historically, the funding from the General Fund has come from Garbage Hauler Franchise Fees (Solid Waste) and has been used to perform two different functions in the City:

- a. Alley Maintenance – the purpose is to use the Garbage Hauler Franchise Fees to keep the City’s alleys open, clear, and maintained for the use of garbage collection trucks. The maintenance activities include grading, rocking, and patching gravel alleys, and the paving and patching of asphalt and concrete alley pavements. From a PBB perspective, these services are in the Alley Maintenance program.
- b. General Garbage Clean-up in the Public Street Right-of-Way – the purpose is to pay for the removal and disposal of illegal garbage dumping that occurs within the public street right-of-way. This does not apply to garbage generated by homeless camping – just general garbage removal from illegal dumping. From a PBB perspective, these services are in the Right-of Way Maintenance program.
- c. The actuals for the three previous years are:

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- i. \$125,818 – FY 2021
- ii. \$161,078 – FY 2022
- iii. \$ 69,306 – FY 2023

6. When will the results of the revenue task force focus groups and community surveys be available?

The first preview of the focus group results were presented to the Revenue Task Force (RTF) on March 18, 2024. You can view the meeting at this link:

<https://www.youtube.com/watch?v=ehAf1-NAB6Y>

The meeting materials and presentation will be posted on the RTF web page here:

<https://www.cityofsalem.net/government/boards-commissions/other-advisory-groups/2024-revenue-task-force>

The detailed results of the focus groups and the community survey will be presented to the RTF at their future meetings.

7. Slide 5 shows the departmental general fund totaling \$181.7 million. But slide 6 shows general fund revenues totaling \$217.59 million. That's a difference of \$35.89 million. Where is the extra \$35.89 million going if not to the departments?

The General Fund total budgeted resources for FY 2024 are \$206.3 M (slide 6 was overstated by 11.32 due to the ICAP). The difference between that and the \$181.5 M in departmental budgets is the unappropriated ending fund balance. Fund balance, or working capital, is carried over from year-to-year for fund balance policy compliance and cash flow needs.

8. The City has added 31 positions to the Fire Department, but the staffing level hasn't increased. Why?

From 2015 to 2024, the Fire Department's staffing levels have increased from 152 to 183 Full-Time Equivalents (FTEs), marking an addition of 31 FTEs. Here's a detailed breakdown of the changes over the years:

- a. 2015 - 2016: The department ended the FY with 152 FTEs.
- b. 2016 - 2017: The number of FTEs increased to 164 due to the reopening of a previously closed station (nine (9) personnel were added), and three (3) personnel were introduced for Kelly Day relief.
- c. 2017 - 2018: Reached 165 FTEs, with the increment attributed to adding a new Deputy Fire Marshal (DFM) position.
- d. 2018 - 2019: The number of FTEs increased to 177, following the pattern of reopening another closed station (adding nine (9) personnel) and incorporating three (3) more personnel for Kelly Day relief.
- e. 2022 - 2023: Climbed to 180 FTEs due to the introduction of 3 personnel to support Commercial Air Service.

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- f. 2023 - 2024: The latest increase brought the total to 183 FTEs, adding three (3) personnel for Kelly Day relief.

This structured increase in FTEs aimed to address specific operational requirements to include - opening previously closed Stations 8 & 11, Kelly Day Relief, and Commercial Air Service, which all explain the strategic additions over the years without a direct increase in baseline staffing levels.

9. What sort of calls do the Fire Departments go on? Is there any available data?

The Fire Department publishes an annual statistics document that breaks down the call type that the Department receives annually. This document can be found online on the Department webpage. The link is:

<https://www.cityofsalem.net/community/safety/fire/resources-statistics-and-measures>

The preliminary FY 2023 statistics are included as Attachment 3 to this staff report.

10. What are the restrictions for expenditure of TOT funds? What are our contractual, City code or City Charter limits?

See attached (Attachment 4) TOT and TPA Frequently Asked Questions (FAQ)

11. When the City conducts an event or supports an event through the Transient Occupancy Tax (TOT), can costs like Police and Fire that support that event be reimbursed by TOT or those hosting the event?

A City sponsored event using TOT funds can use TOT to reimburse departments for eligible costs. For events that are awarded a TOT grant and are using a City facility, City costs (police, parks staff, fire, etc.) are charged to an event organizer and would be an eligible costs for the TOT grant.

## Location Information in Salem

### Introduction

Marion County Commissioner Bethell requested information on Calls for Service and Incidents for three locations in Salem: 1280 Center St NE, 2410 Turner Rd SE, and 2640 Portland Road NE for January 1, 2022, through June 28, 2023.

### Executive Summary

All three of these locations provide services to unhoused persons in some capacity. Combined, the locations had 245 Calls for Service (CFS), but this only resulted in 44 incidents, 12 arrests, and nine citations. Four people were taken into non-arrest custody for mental health evaluation.

For context, during this period, the Salem Police Department responded to 169,151 CFS, issued 42,501 incidents, made 9,565 arrests, issued 37,025 citations, and took 458 people into non-arrest custody for mental health evaluation citywide. Therefore, the CFS at the three shelter/services locations equates to 0.00014% of all police calls.

Emotionally Disturbed Persons calls were the most common type at all three locations. Trespassing was the second most common at two of the locations.

This analysis only addresses CFS and incidents for the Salem Police Department and does not address actions of any other City or County departments.

### Data

LOCATION	CALLS FOR SERVICE	INCIDENTS	ARRESTS	CITATIONS	NON-ARREST CUSTODY
1280 Center St NE	98	18	2	4	2
2410 Turner Rd SE	77	11	4	2	1
2640 Portland Road NE	70	15	6	3	1
Salem Police Department totals	169,151	42,501	9,565	37,025	458

The information above includes all CFS, the number of those CFS where an incident report was written, the number of incidents where an arrest was made, the number where citations were made, and the number of non-arrest custodies for mental health evaluation.

The Salem Police Department totals are included to give perspective as to how many of each type of activity the Salem Police Department responded to and engaged in during the same period.

## Call Types

### 1280 Center St NE call types

This location began hosting homeless services in August 2022.

Emotionally Disturbed Person calls were the most common of the 98 CFS to 1280 Center St NE. The call type on nine of the CFS was changed when the incident report was written. The new incident type is included in the “Changed Type” chart.

Calls for Service				
Call Type	Count		Call Type	Count
EDP	27		FOLLUP	3
TRESP	14		CIVIL	2
UNCON	9		DIAB	2
AOA	6		CRIME	2
CITCON	6		ANIMAL	1
SUSPER	4		OD	1
TOW	4		HARASS	1
SUSACT	4		SUSVEH	1
CKWELF	3		SEXOFF	1
DOMDIS	3		HANGUP	1
THEFT	3		-	-

Changed Type	Count
IMPROPER USE OF 911	3
WARRANT	2
RO VIOLATION	1
MISSING PERSON	1
HARASSMENT-PHYSICAL	1
ASSAULT IV	1

### 2410 Turner Rd SE

This location was originally a day services site, then added “Safe Park Services” in 2020 and is currently in preparation for becoming a micro-shelter village.

Emotionally Disturbed Person calls were the most common of the 77 CFS to 2410 Turner Rd SE. The call type on seven of the CFS was changed when the incident report was written. The new incident type is included in the “Changed Type” chart.



Calls for Service				
Call Type	Count		Call Type	Count
EDP	11		HARASS	2
TRESP	8		ORDVIO	2
CITCON	7		DOMDIS	2
THEFT	6		FIR	1
CKWELF	5		FNDPRO	1
SUSACT	5		TOW	1
NOISE	4		MISPER	1
DISTRB	4		ASLT	1
HANGUP	4		UNCON	1
AOA	3		ANIMAL	1
SUSPER	3		FOLLUP	1
OD	2		CIVIL	1

Changed Type	Count
PV Warrant	3
ASSAULT IV	1
NON-ARREST CUSTODY	1
HARASSMENT-PHYSICAL	1
ASSIST CIVIL	1

### **2640 Portland Rd NE**

This location ceased micro-shelter operations and soon after became a day center in August 2022.

Emotionally Disturbed Person calls were the most common of the 70 CFS to 2640 Portland Rd NE. The call type on nine of the CFS was changed when the incident report was written. The new incident type is included in the "Changed Type" chart.

Calls for Service				
Call Type	Count		Call Type	Count
EDP	18		CRIME	1
SUSACT	9		NOISE	1
AOA	5		UNCON	1
THEFT	4		BURG	1
TRESP	4		ANIMAL	1
CIVIL	4		SUSVEH	1
DISTRB	4		ATL	1
SUSPER	3		ASLT	1
CKWELF	2		HANGUP	1
SEXOFF	2		MISPRO	1
CITCON	2		DOMDIS	1
DIAB	2		-	-

Changed Type	Count
WARRANT	3
SUSPICIOUS ACTIVITY	1
DISORDERLY CONDUCT	1
UUMV RECOVERED	1
CONTEMPT OF COURT	1
SEX ABUSE II	1
HARASSMENT-PHYSICAL	1

## Appendix: Call Type Meanings

EVENT TYPE	POLICE
AIREM	Air Emergency
ALERT	Air Emergency from Tower
ALRMA	Audible Burglar Alarm
ALRMS	Silent Burglar Alarm
ANIMAL	Animal Complaint
APT	Apartment Fire
ARMPER	Armed Person
ARMROB	Armed robbery
ARSON	Arson
ATL	Attempt to Locate
AOA	Assist Other Agency
AOAOSP	AOA with OSP
AREACK	Area check
ASLT	Assault
APB	All-Points Bulletin
BOAT	Boat Accident
BOATCK	Boat Check or complaint (inspection)
BOMB	Bomb threat/device
BURG	Burglary
CAR	Car Fire – If blocking traffic or suspicious
CIVIL	Civil Complaint/Problem
CITCON	Citizen Contact
CHECK	Patrol Check
CKWELF	Welfare Check
CODE5	All marked units clear the area
CODE6	Cover request – Code 2
COMEVT	Community Event
COMML	Commercial Fire
COVER	Cover request
CRASH	Motor Vehicle Crash
CRIME	Miscellaneous Crime
CRIMIS	Criminal Mischief
DISTRB	Disturbance
DOA	Death Investigation
DOMDIS	Domestic Disturbance
DRIVING	Driving hazard ATL
DRUG	Drug Offense
DUII	Driving under the influence of Intoxicants
DWS	Driving while suspended
EDP	Emotionally Disturbed Person
ELUDE	Eluding a police officer

EMSG	Emergency Message
ESCAPE	Prisoner escape
EXPLOD	Explosion
FIGHT	Fight
FIR	Field Interrogation Report
FIRWKS	Fireworks complaint – normally used July 4 & New Year’s Eve
FNDPER	Found Person
FNDPRO	Found Property
FRAUD	Fraudulent Document or activity
FOLLUP	Follow up
GRAF	Graffiti
GSW	Gun Shot Wound
HANGUP	911 Hang-up
HARASS	Harassment
HAZMAT	Hazardous Materials or more than 10-gallon spill of gas/oil
HITRUN	Hit and Run Crash
HOM	Homicide
HOMECK	Home Check
HOUSE	House Fire
ILPARK	Illegal Parking
IMPPRO	Impounded Property
INTOX	Intoxicated Person
KIDNAP	Kidnapping
LIQVIO	Liquor Violation
MAINT	Vehicle Maintenance
MPI	Multi-patient Incident
MCI	Mass Casualty Incident
MENACE	Menacing
MISPER	Missing Person
MISPRO	Missing Property
MISVEH	Missing Vehicle
MSG	Message for Officer
NOISE	Noise Complaint
OD	Overdose
OPEN	Open door/window
ORDVIO	Ordinance Violation
P&PCK	Parole & Probation Check
PREMCK	Premise Check
PROWL	Prowler
ROB	Robbery (strong-arm)
RUN	Runaway
SEARCH	Search and Rescue
SEXOFF	Sex Offense
SHOTRE	Shots fired at residence

SHOTS	Shots fired
STAB	Stab wound
SPILL	Fuel spill – less than 10 gallons
STALK	Stalking Violation
STLVEH	Stolen Vehicle
SUSACT	Suspicious Activity
SUSPER	Suspicious Person
SUSVEH	Suspicious Vehicle
TESTP	Test Message – Police (to advise dispatch on road closures or pertinent info)
THEFT	Theft of Property
THEFTS	Shoplift
TRAIN	Train Derailment
TRAP	Person Trapped
TOW	Towed Vehicle
TRESP	Trespassing
TRF	Traffic Stop or Violation
TRFASS	Traffic Assist or Hazard
WRNT	Warrant Service
XPORT	Transport (police)

## Location Information in Salem

### Introduction

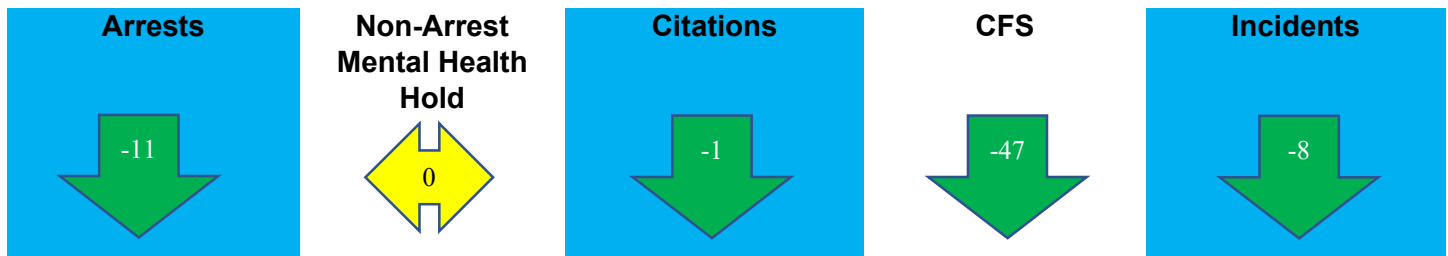
ISU is providing information on arrests, non-arrest mental health holds, citations, Calls for Service (CFS), and incidents for three locations in Salem: 1280 Center St NE, 2410 Turner Rd SE, and 2640 Portland Road NE for the fourth quarter (October 1 through December 31) 2021, 2022, and 2023. All three of these locations provide homeless services.

This report only includes contacts made by the Salem Police Department and does not include activities by any other agency.

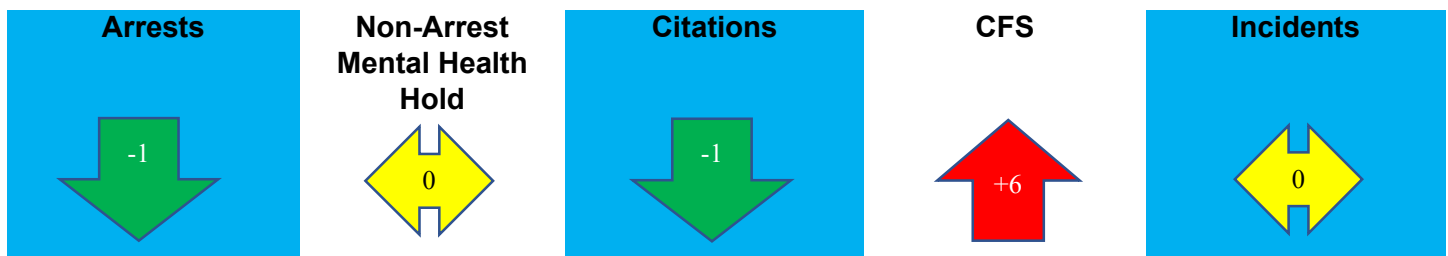
### Executive Summary

The services provided at each location have changed over the three years evaluated.

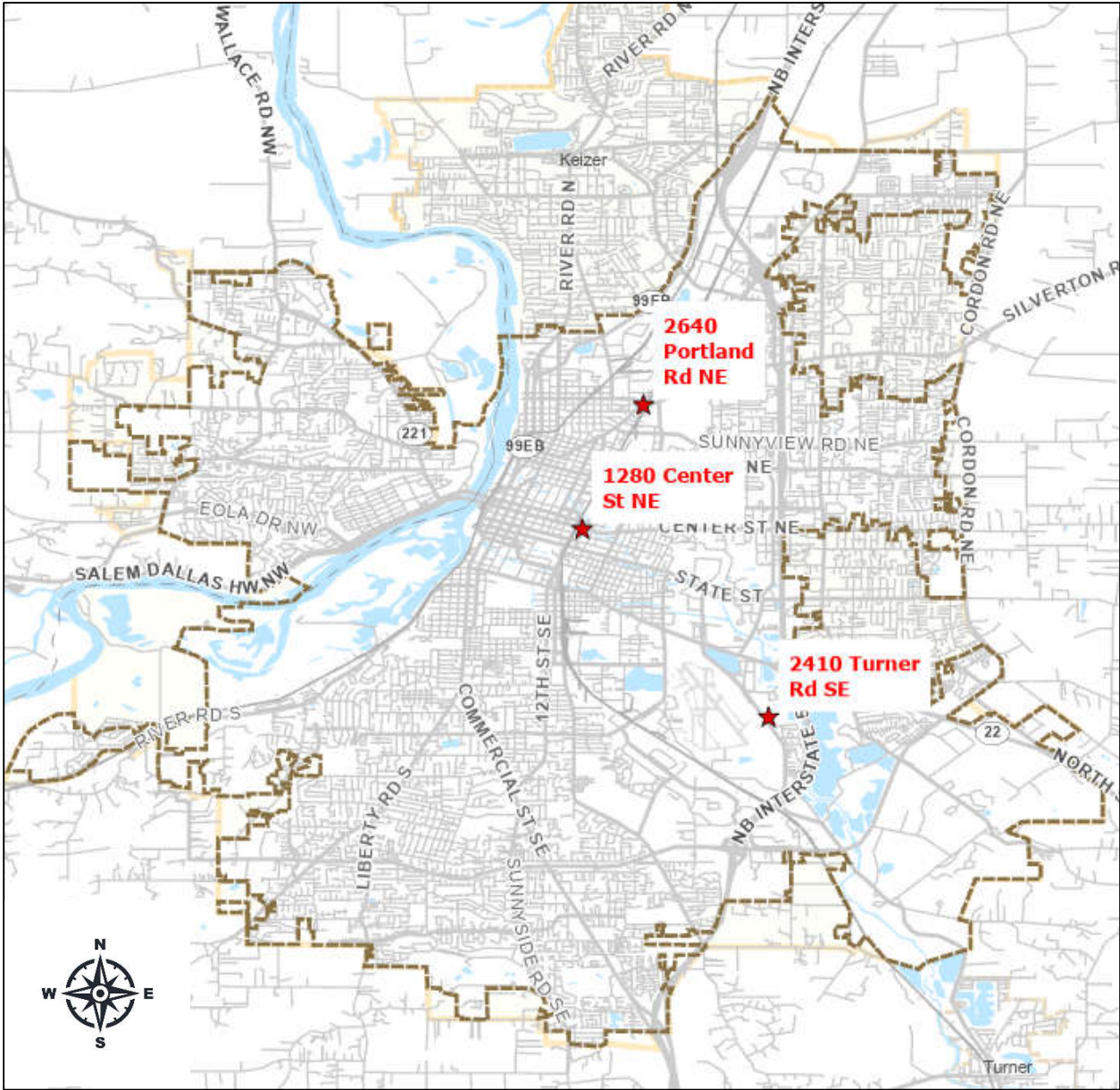
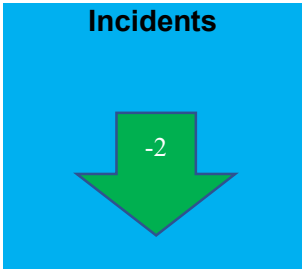
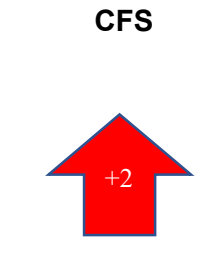
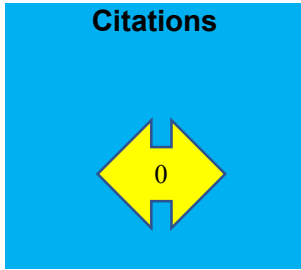
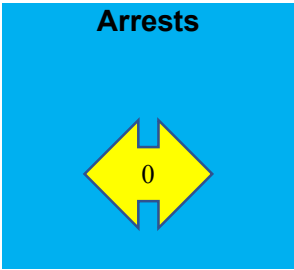
**1280 Center St NE** began providing homeless services in August 2022. The location did not provide homeless services in 2021. This chart shows changes in activity from last year.



**2410 Turner Rd SE** was originally a day services site, then added “Safe Park Services” in 2020 and began operation as a micro-shelter village this year. This chart shows changes in activity from last year.



**2640 Portland Rd NE** ceased micro-shelter operations and soon after became a day center in August 2022. This chart shows changes in activity from last year.



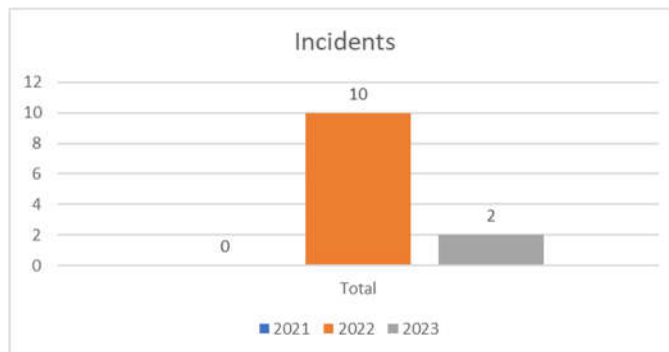
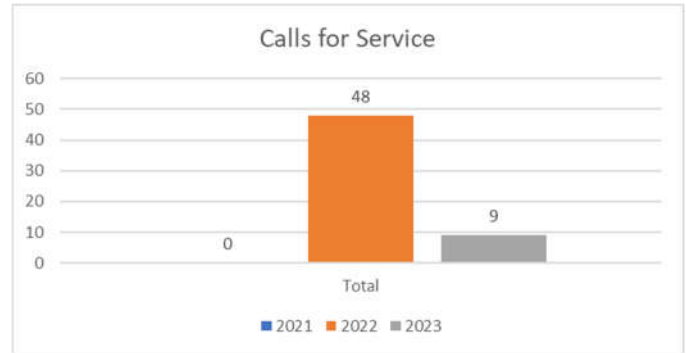
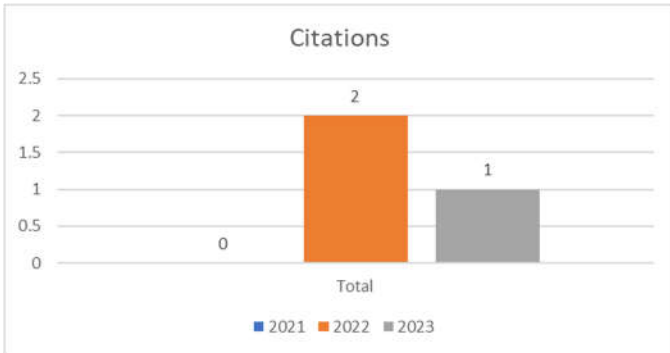
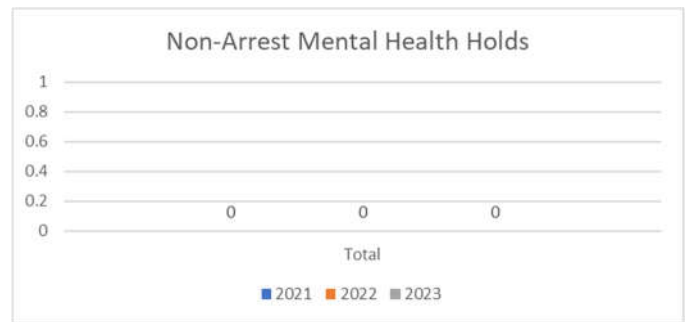
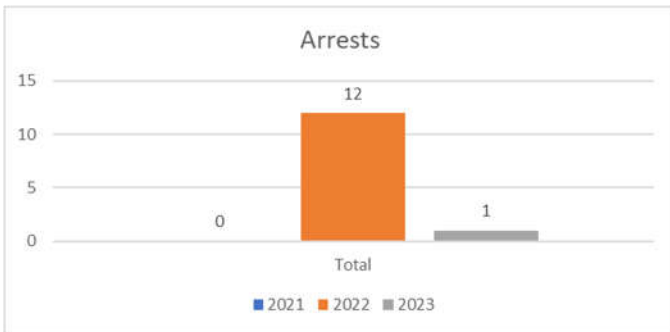
❖ Reasonable accommodations and accessibility services will be provided upon request. ❖  
 Servicios razonables de acomodación y accesibilidad se facilitarán por petición.

## Charts by Location

The information includes the number of arrests, non-arrest mental health holds, citations, CFS, and incidents at each location for the fourth quarter of the past three years.

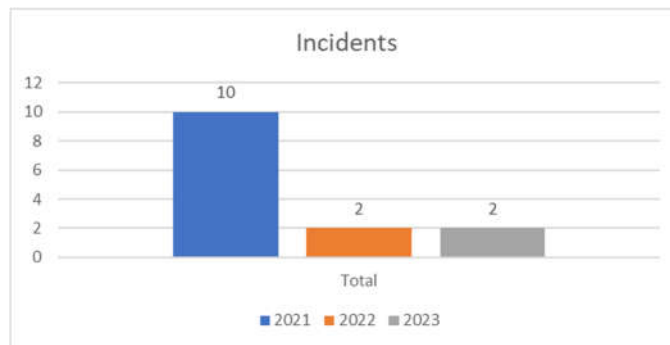
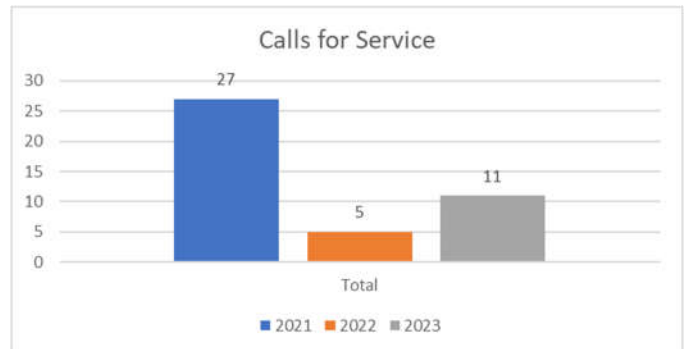
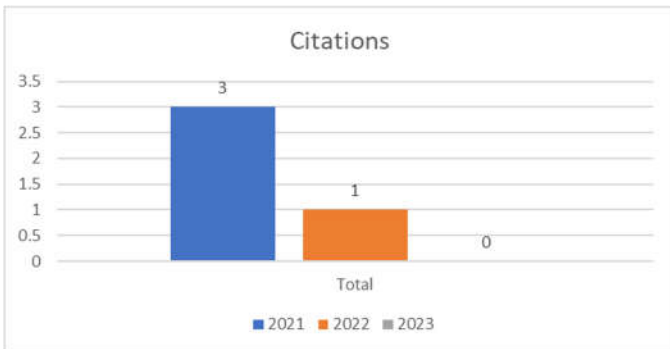
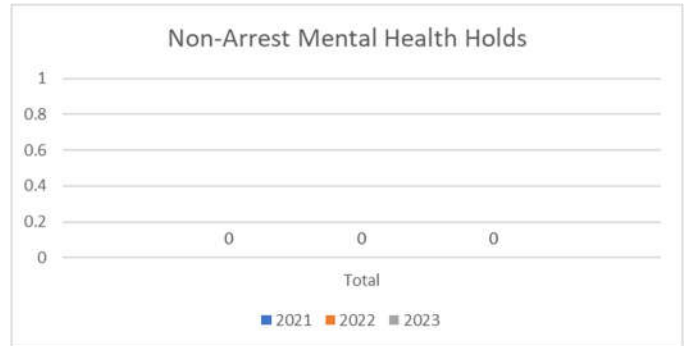
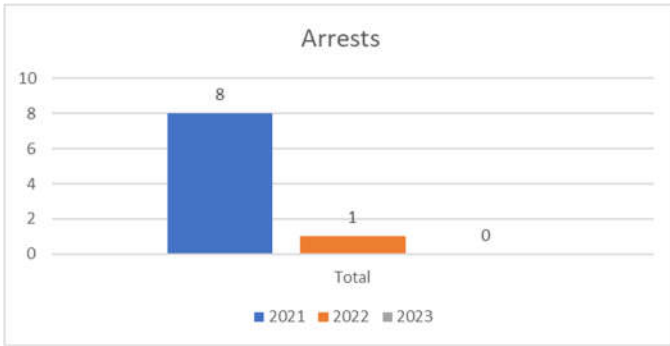
### 1280 Center St NE

This location began hosting homeless services in August 2022. The location did not provide homeless services in 2021. Direct comparison of activities at this address is not relevant for 2021 as the land use at the location is different. All types of police contact decreased from last year.



**2410 Turner Rd SE**

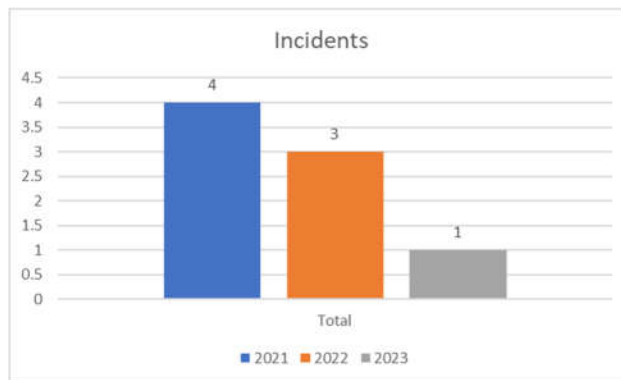
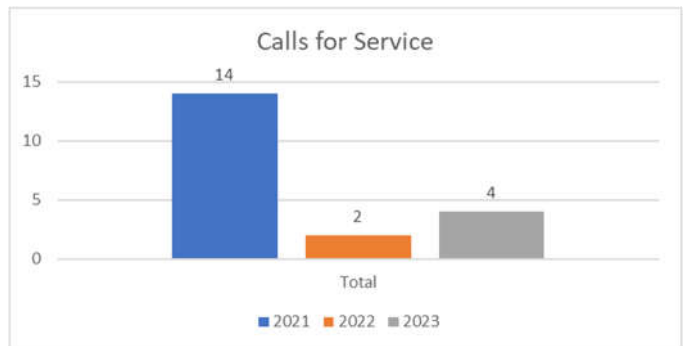
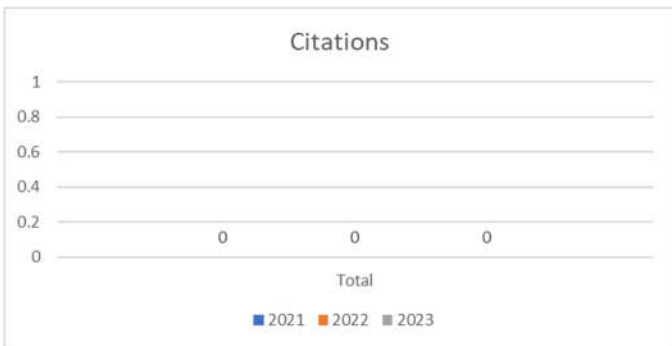
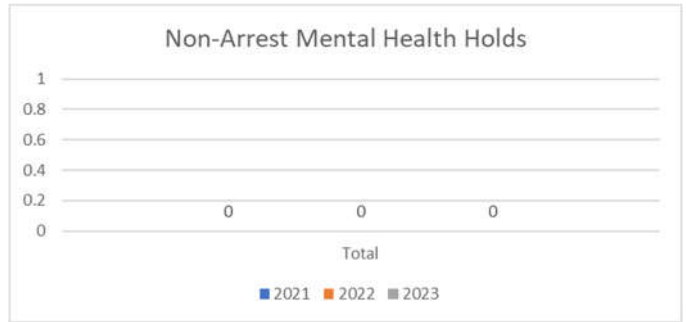
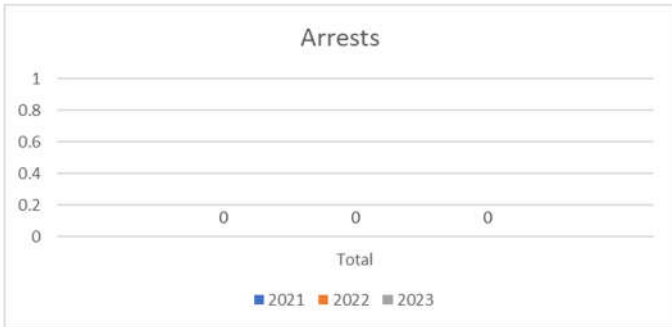
This location was originally a day services site, then added “Safe Park Services” in 2020 and is currently a micro-shelter village. 2023 had the fewest arrests and citations of the three years.





**2640 Portland Rd NE**

This location ceased micro-shelter operations and soon after became a day center in August 2022. 2023 had the fewest incidents of the three years.



**Appendix 1: 1280 Center St NE Details**

One person was arrested in 2023 for trespassing.

Arrest	2021	2022	2023	3-Year Average	Expected Range	Change from 3-Year Average
<b>Total</b>	<b>0</b>	<b>12</b>	<b>1</b>	<b>4</b>	<b>0-18</b>	<b>-77%</b>
TRESPASS   95.550	0	0	1	0	0-1	200%
FTA - BENCH WARRANT   137.050	0	5	0	2	0-7	-100%
IMPROPER USE OF 911 EMERGENCY SYSTEM   165.570	0	5	0	2	0-7	-100%
ASSAULT IV - SIMPLE (MISD.)   163.160(B)	0	1	0	0	0-1	-100%
MENACING - THREATS/INTIMIDATION   163.190(B)	0	1	0	0	0-1	-100%

There were no non-arrest mental health holds in the past three years.

One person was cited for trespassing in 2023.

Citation	2021	2022	2023	3-Year Average	Expected Range	Change from 3-Year Average
<b>Total</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0-3</b>	<b>0%</b>
TRESPASS   95.550	0	0	1	0	0-1	200%
IMPROPER USE OF 911 EMERGENCY SYSTEM   165.570	0	2	0	1	0-3	-100%

CFS decreased by 39 from 2022 to 2023.

CFS	2021	2022	2023	3-Year Average	Expected Range	Change from 3-Year Average
<b>Total</b>	<b>0</b>	<b>48</b>	<b>9</b>	<b>19</b>	<b>0-70</b>	<b>-53%</b>
TRESP	0	4	3	2	0-6	29%
THEFT	0	2	1	1	0-3	0%
CKWELF	0	1	1	1	0-2	50%
TOW	0	1	1	1	0-2	50%
HANGUP	0	0	1	0	0-1	200%
HARASS	0	0	1	0	0-1	200%
STLVEH	0	0	1	0	0-1	200%
EDP	0	20	0	7	0-30	-100%
CITCON	0	5	0	2	0-7	-100%
AOA	0	3	0	1	0-4	-100%
SUSACT	0	3	0	1	0-4	-100%
DIAB	0	2	0	1	0-3	-100%
SUSPER	0	2	0	1	0-3	-100%
UNCON	0	2	0	1	0-3	-100%
CRIME	0	1	0	0	0-1	-100%
DOMDIS	0	1	0	0	0-1	-100%
FOLLUP	0	1	0	0	0-1	-100%

The number of incidents decreased by eight.

Incident Type	2021	2022	2023	3-Year Average	Expected Range	Change from 3-Year Average
<b>Total</b>	<b>0</b>	<b>10</b>	<b>2</b>	<b>4</b>	<b>0-15</b>	<b>-50%</b>
Not Reportable to NIBRS	0	4	1	2	0-6	-40%
Trespass of Real	0	0	1	0	0-1	200%
Disorderly Conduct	0	3	0	1	0-4	-100%
All Other Larceny	0	1	0	0	0-1	-100%
All Other Offenses	0	1	0	0	0-1	-100%
Simple Assault	0	1	0	0	0-1	-100%

**Appendix 2: 2410 Turner Rd SE Details**

In prior years, this location generated multiple arrests per year. There were no arrests in 2023.

Arrest	2021	2022	2023	3-Year Average	Expected Range	Change from 3 Year Average
<b>Total</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>0-12</b>	<b>-100%</b>
ASSAULT IV - SIMPLE (MISD.)   163.160(B)	2	0	0	1	0-3	-100%
FTA - BENCH WARRANT   137.050	4	1	0	2	0-6	-100%
PAROLE VIOLATION - WARRANT   144.350	1	0	0	0	0-1	-100%
TRESPASS   95.550	1	0	0	0	0-1	-100%

There were no non-arrest mental health holds in the past three years.

In both 2021 and 2022 there were citations issued at this location. There were none issued in 2023.

Citation	2021	2022	2023	3-Year Average	Expected Range	Change from 3 Year Average
<b>Total</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0-4</b>	<b>-100%</b>
FTA - BENCH WARRANT   137.050	3	1	0	1	0-4	-100%

CFS increased from 2022 but were lower than in 2021.

CFS	2021	2022	2023	3-Year Average	Expected Range	Change from 3 Year Average
<b>Total</b>	<b>27</b>	<b>5</b>	<b>11</b>	<b>14</b>	<b>0-37</b>	<b>-23%</b>
EDP	1	2	3	2	0-4	50%
DOMDIS	2	0	3	2	0-5	80%
HARASS	0	0	3	1	0-4	200%
MISPRO	0	0	1	0	0-1	200%
SEXOFF	0	0	1	0	0-1	200%
THEFT	0	2	0	1	0-3	-100%
HANGUP	0	1	0	0	0-1	-100%
TRESP	5	0	0	2	0-7	-100%
MISPER	4	0	0	1	0-6	-100%
SUSPER	3	0	0	1	0-4	-100%
DISTRB	2	0	0	1	0-3	-100%
ANIMAL	1	0	0	0	0-1	-100%
AOA	1	0	0	0	0-1	-100%
CITCON	1	0	0	0	0-1	-100%
CKWELF	1	0	0	0	0-1	-100%
CRIME	1	0	0	0	0-1	-100%
FNDPRO	1	0	0	0	0-1	-100%
NOISE	1	0	0	0	0-1	-100%
ORDVIO	1	0	0	0	0-1	-100%
STLVEH	1	0	0	0	0-1	-100%
SUSACT	1	0	0	0	0-1	-100%

There were two incidents in each 2022 and 2023, down from 10 in 2021.

Incident Type	2021	2022	2023	3-Year Average	Expected Range	Change from 3 Year Average
<b>Total</b>	<b>10</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>0-14</b>	<b>-57%</b>
Not Reportable to NIBRS	4	0	2	2	0-6	0%
All Other Offenses	1	1	0	1	0-2	-100%
Destruction/Damage/Vandalism of Property	0	1	0	0	0-1	-100%
Aggravated Assault	2	0	0	1	0-3	-100%
Trespass of Real	2	0	0	1	0-3	-100%
Motor Vehicle Theft	1	0	0	0	0-1	-100%

**Appendix 3: 2640 Portland Rd NE Details**

There were no arrests at this location for the past three years.

There were no non-arrest mental health holds issued at this location for the past three years.

There were no citations issued at this location for the past three years.

CFS increased in 2023 over 2022 but decreased from 2021.

CFS	2021	2022	2023	3-Year Average	Expected Range	Change from 3-Year Average
<b>Total</b>	<b>14</b>	<b>2</b>	<b>4</b>	<b>7</b>	<b>0-20</b>	<b>-40%</b>
THEFT	2	2	1	2	1-3	-40%
AOA	1	0	1	1	0-2	50%
ATL	1	0	1	1	0-2	50%
SUSACT	0	0	1	0	0-1	200%
EDP	3	0	0	1	0-4	-100%
DOMDIS	2	0	0	1	0-3	-100%
ASLT	1	0	0	0	0-1	-100%
CITCON	1	0	0	0	0-1	-100%
DOA	1	0	0	0	0-1	-100%
SUSVEH	1	0	0	0	0-1	-100%
TRESP	1	0	0	0	0-1	-100%

The number of incidents has decreased each year.

Incident Type	2021	2022	2023	3-Year Average	Expected Range	Change from 3-Year Average
<b>Total</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>0-6</b>	<b>-63%</b>
Not Reportable to NIBRS	2	0	1	1	0-3	0%
All Other Offenses	0	1	0	0	0-1	-100%
Destruction/Damage/Vandalism of Property	0	1	0	0	0-1	-100%
Theft From Motor Vehicle	0	1	0	0	0-1	-100%
All Other Larceny	1	0	0	0	0-1	-100%
Motor Vehicle Theft	1	0	0	0	0-1	-100%

**Appendix 4: Call Type Meanings**

<b>EVENT TYPE</b>	<b>POLICE</b>
AIREM	Air Emergency
ALERT	Air Emergency from Tower
ALRMA	Audible Burglar Alarm
ALRMS	Silent Burglar Alarm
ANIMAL	Animal Complaint
APT	Apartment Fire
ARMPER	Armed Person
ARMROB	Armed robbery
ARSON	Arson
ATL	Attempt to Locate
AOA	Assist Other Agency
AOAOSP	AOA with OSP
AREACK	Area check
ASLT	Assault
APB	All-Points Bulletin
BOAT	Boat Accident
BOATCK	Boat Check or complaint (inspection)
BOMB	Bomb threat/device
BURG	Burglary
CAR	Car Fire – If blocking traffic or suspicious
CIVIL	Civil Complaint/Problem
CITCON	Citizen Contact
CHECK	Patrol Check
CKWELF	Welfare Check
CODE5	All marked units clear the area
CODE6	Cover request – Code 2
COMEVT	Community Event
COMML	Commercial Fire
COVER	Cover request
CRASH	Motor Vehicle Crash
CRIME	Miscellaneous Crime
CRIMIS	Criminal Mischief
DISTRB	Disturbance
DOA	Death Investigation
DOMDIS	Domestic Disturbance
DRIVING	Driving hazard ATL
DRUG	Drug Offense
DUII	Driving under the influence of Intoxicants
DWS	Driving while suspended
EDP	Emotionally Disturbed Person
ELUDE	Eluding a police officer

EMSG	Emergency Message
ESCAPE	Prisoner escape
EXPLOD	Explosion
FIGHT	Fight
FIR	Field Interrogation Report
FIRWKS	Fireworks complaint – normally used July 4 & New Year’s Eve
FNDPER	Found Person
FNDPRO	Found Property
FRAUD	Fraudulent Document or activity
FOLLUP	Follow up
GRAF	Graffiti
GSW	Gun Shot Wound
HANGUP	911 Hang-up
HARASS	Harassment
HAZMAT	Hazardous Materials or more than 10-gallon spill of gas/oil
HITRUN	Hit and Run Crash
HOM	Homicide
HOMECK	Home Check
HOUSE	House Fire
ILPARK	Illegal Parking
IMPPRO	Impounded Property
INTOX	Intoxicated Person
KIDNAP	Kidnapping
LIQVIO	Liquor Violation
MAINT	Vehicle Maintenance
MPI	Multi-patient Incident
MCI	Mass Casualty Incident
MENACE	Menacing
MISPER	Missing Person
MISPRO	Missing Property
MISVEH	Missing Vehicle
MSG	Message for Officer
NOISE	Noise Complaint
OD	Overdose
OPEN	Open door/window
ORDVIO	Ordinance Violation
P&PCK	Parole & Probation Check
PREMCK	Premise Check
PROWL	Prowler
ROB	Robbery (strong-arm)
RUN	Runaway
SEARCH	Search and Rescue
SEXOFF	Sex Offense
SHOTRE	Shots fired at residence

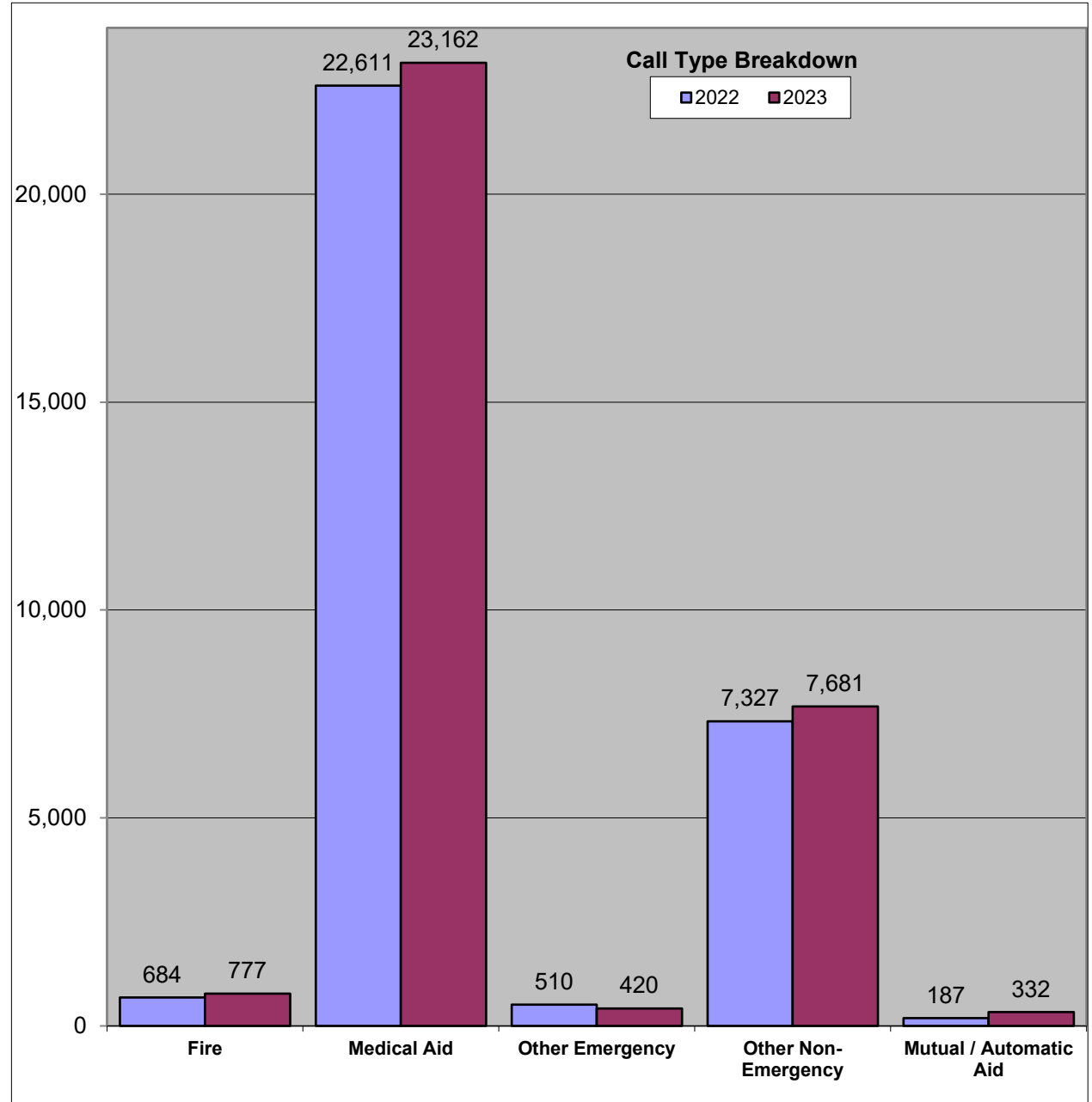
SHOTS	Shots fired
STAB	Stab wound
SPILL	Fuel spill – less than 10 gallons
STALK	Stalking Violation
STLVEH	Stolen Vehicle
SUSACT	Suspicious Activity
SUSPER	Suspicious Person
SUSVEH	Suspicious Vehicle
TESTP	Test Message – Police (to advise dispatch on road closures or pertinent info)
THEFT	Theft of Property
THEFTS	Shoplift
TRAIN	Train Derailment
TRAP	Person Trapped
TOW	Towed Vehicle
TRESP	Trespassing
TRF	Traffic Stop or Violation
TRFASS	Traffic Assist or Hazard
WRNT	Warrant Service
XPORT	Transport (police)



## Salem Fire Department 2023 Calendar Year Stats at a Glance (Preliminary)

Totals Salem Fire Department Calls		
Incident Type	2022	2023
Fire	684	777
Over Pressure / Rupture	2	5
Medical Aid	22,611	23,162
Hazardous Conditions	506	413
Service Calls	3,292	2,770
Good Intentions (includes Cancelled)	2,791	3,491
False Alarms	1,242	1,416
Severe Weather/Natural Disaster	2	2
Special / Other / Citizen Complaint	2	4
<b>Total in Salem / SSRFPD#1</b>	<b>31,132</b>	<b>32,040</b>
Mutual / Automatic Aid	187	332
<b>Grand Totals</b>	<b>31,319</b>	<b>32,372</b>

Mutual/Auto Aids Type Breakdown		
Incident Type	2022	2023
Fire	38	45
Over Pressure / Rupture	0	0
Medical Aid	84	153
Hazardous Conditions	6	14
Service Calls	35	43
Good Intentions	22	72
False Alarms	2	5
Severe Weather	0	0
Special / Other	0	0
<b>Totals</b>	<b>187</b>	<b>332</b>



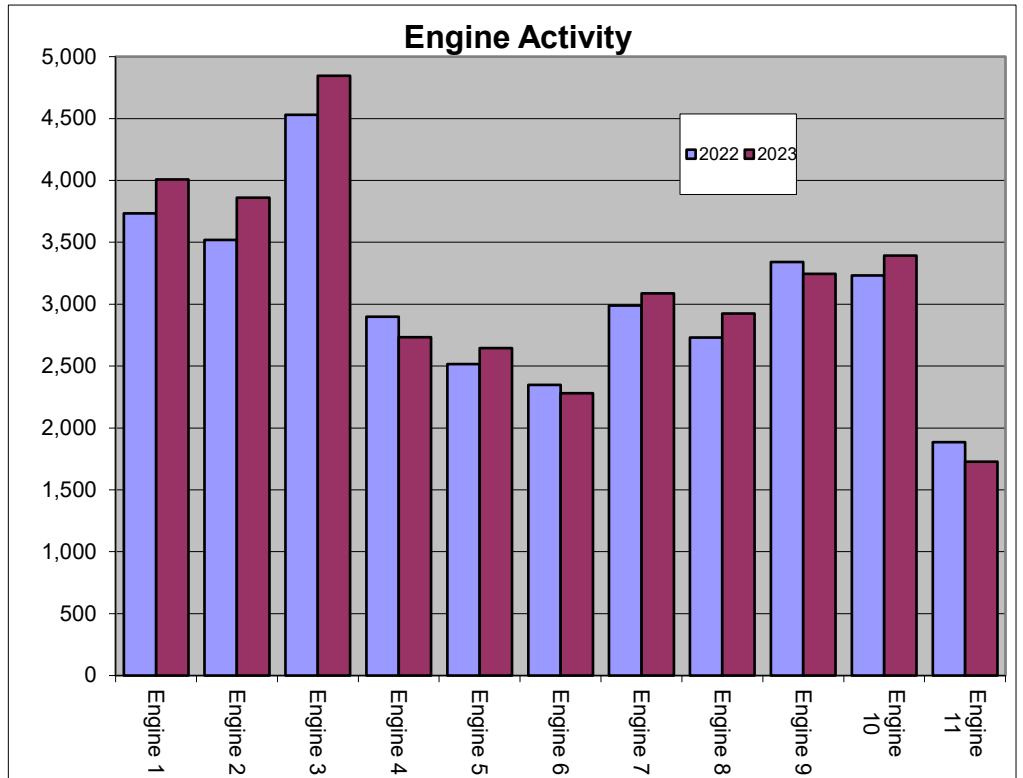
<b>SFD Calls in District Per Year, Percent of Increase &amp; Average Daily Calls</b>			
Year	Calls	% of Inc	Daily
2013	17,429		48
2014	18,860	8.21%	52
2015	19,976	5.92%	55
2016	22,046	10.36%	60
2017	23,176	5.13%	63
2018	25,431	9.73%	70
2019	26,170	2.91%	72
2020	25,799	-1.42%	71
2021	30,025	16.38%	82
2022	31,132	3.69%	85
2023	32,040	2.92%	88

<b>5.5 Minute Response Time Goal Percentage</b>			
	Jan - Jun	Jul-Dec	All Year
2013	70.8%	72.8%	71.8%
2014	73.9%	71.5%	72.7%
2015	71.3%	74.7%	73.0%
2016	74.8%	71.6%	73.1%
2017	73.6%	71.6%	73.1%
2018	70.9%	70.8%	70.9%
2019	70.6%	68.9%	69.8%
2020	67.3%	63.7%	65.4%
2021	61.1%	62.0%	61.6%
2022	61.3%	60.5%	60.9%
2023	73.3%	22.0%	47.0%



<b>Calls in Station Area, and Engine Reliability Percentages</b>								
	2022	Jan - Jun	Jul - Dec	All Year	2023	Jan - Jun	Jul - Dec	All Year
Station 1	3,584	88.7%	88.1%	88.3%	3,996	85.2%	77.7%	81.3%
Station 2	3,012	91.8%	92.9%	92.4%	3,130	90.9%	84.4%	87.6%
Station 3	4,537	83.2%	81.8%	82.5%	4,838	81.2%	73.5%	77.2%
Station 4	2,489	92.1%	90.7%	91.3%	2,347	92.4%	87.7%	90.0%
Station 5	2,580	86.1%	88.0%	87.1%	2,717	85.3%	78.2%	81.6%
Station 6	1,868	87.5%	86.4%	86.9%	1,773	83.0%	68.2%	75.3%
Station 7	2,816	87.7%	87.4%	87.6%	2,946	86.8%	81.3%	84.1%
Station 8	2,567	87.4%	88.2%	87.8%	2,555	83.4%	79.7%	81.6%
Station 9	3,380	86.3%	86.4%	86.4%	3,388	84.7%	76.1%	80.3%
Station 10	2,812	81.1%	81.8%	81.4%	2,959	81.4%	70.1%	75.5%
Station 11	1,487	85.7%	84.0%	84.8%	1,391	85.9%	76.9%	81.3%
Mutual/Auto Aid	187				332			
<b>Totals</b>	<b>31,319</b>	<b>86.7%</b>	<b>86.7%</b>	<b>86.7%</b>	<b>32,372</b>	<b>85.1%</b>	<b>77.4%</b>	<b>81.1%</b>

Unit Activity and Arrivals				
Unit	2022 Total	2022 Arrivals	2023 Total	2023 Arrivals
Engine 1	3,735	2,577	4,008	2,638
Engine 2	3,520	2,698	3,860	2,843
Engine 3	4,530	3,593	4,845	3,892
Engine 4	2,898	2,175	2,733	2,046
Engine 5	2,515	1,912	2,646	2,017
Engine 6	2,348	1,745	2,282	1,656
Engine 7	2,988	2,361	3,088	2,426
Engine 8	2,731	2,095	2,925	2,181
Engine 9	3,342	2,624	3,244	2,445
Engine 10	3,233	2,249	3,393	2,542
Engine 11	1,886	1,454	1,727	1,361
<b>Engine Totals</b>	<b>33,726</b>	<b>25,483</b>	<b>34,751</b>	<b>26,047</b>
Ladder 2	1,086	695	1,240	753
Ladder 4	887	577	931	582
<b>Ladder Totals</b>	<b>1973</b>	<b>1272</b>	<b>2171</b>	<b>1335</b>
Medic 16	1,775	1,360	3,622	2,695
Medic 18			1	0
Medic 19	79	35	188	125
<b>Medic Totals</b>	<b>1,854</b>	<b>1,395</b>	<b>3,811</b>	<b>2,820</b>
<b>Grand Totals</b>	<b>37,553</b>	<b>28,150</b>	<b>40,733</b>	<b>30,202</b>

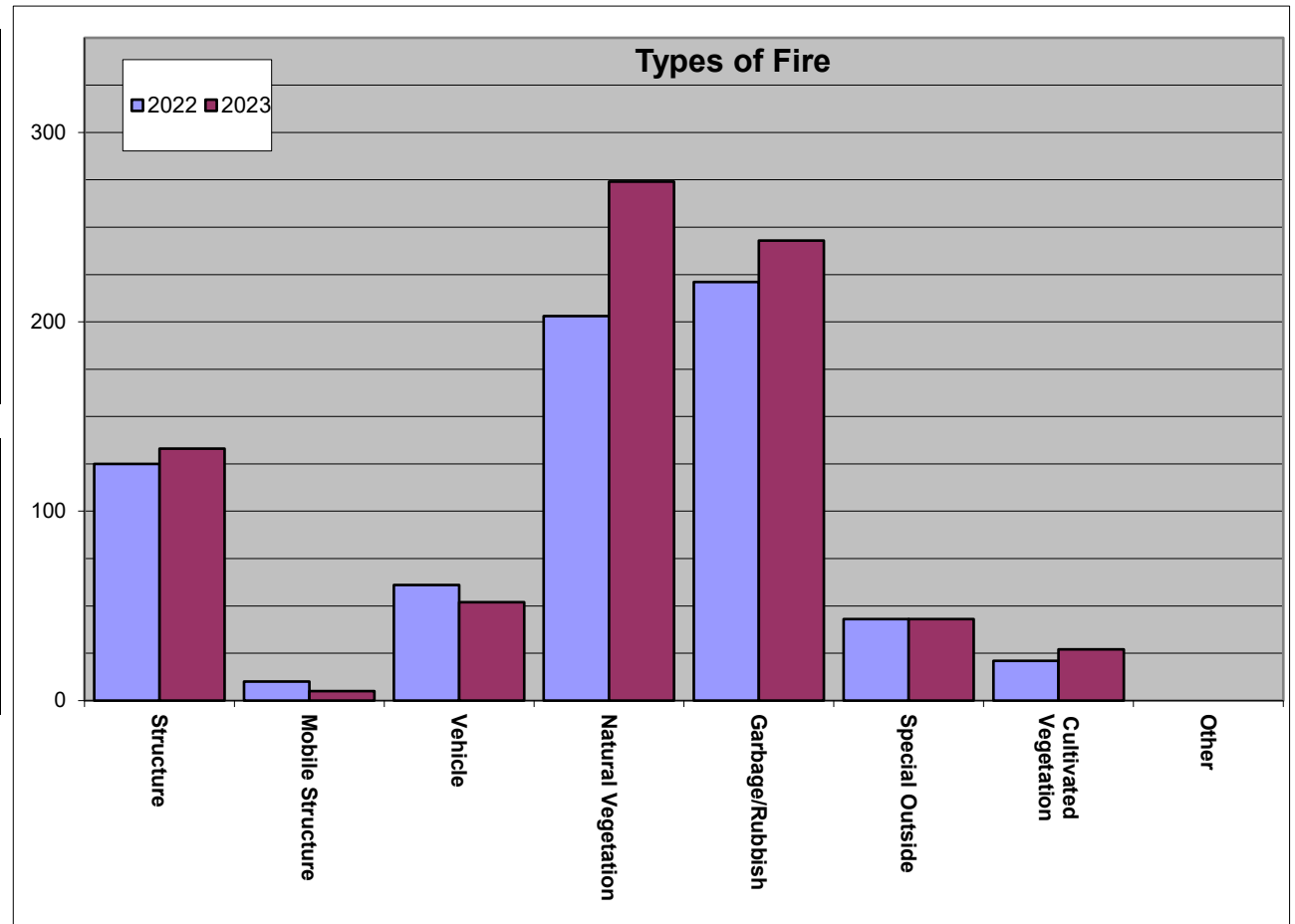


Total Fires and Multi-Alarm Fires					
Year	Fires	2nd	3rd	4th >	Total Multi-Alarm
2017	546	24	1	1	26
2018	564	12	0	0	12
2019	517	11	3	1	15
2020	586	14	1	0	15
2021	925	12	4	0	16
2022	684	11	0	2	13
2023	777	14	0	1	15

<b>Fire Value and Loss, and Loss Per \$1000 of Value</b>			
<b>Year</b>	<b>Value</b>	<b>Loss</b>	<b>Loss per \$1000</b>
2013	\$351,046,137	\$5,759,074	\$16.41
2014	\$281,093,060	\$3,090,112	\$10.99
2015	\$576,725,073	\$3,386,325	\$5.87
2016	\$158,125,675	\$4,846,465	\$30.65
2017	\$134,438,719	\$4,848,764	\$36.07
2018	\$395,575,690	\$2,509,265	\$6.34
2019	\$553,452,514	\$5,754,790	\$10.40
2020	\$209,158,701	\$10,689,151	\$51.11
2021	\$211,478,294	\$10,025,939	\$47.41
2022	\$195,820,180	\$6,304,430	\$32.19
2023	\$430,519,035	\$7,575,226	\$17.60

<b>Fires by Type Breakdown</b>		
<b>Call Type</b>	<b>2022</b>	<b>2023</b>
Structure	125	133
Mobile Structure	10	5
Vehicle	61	52
Natural Vegetation	203	274
Garbage/Rubbish	221	243
Special Outside	43	43
Cultivated Vegetation	21	27
Other	0	0
<b>Totals</b>	<b>684</b>	<b>777</b>

<b>Medical Calls by Type Breakdown</b>		
<b>Call Type</b>	<b>2022</b>	<b>2023</b>
Emergency Medical Aid	10,879	10,979
Accident w/Injuries	1,265	1,165
Transfer	5	4
Non-Emergency Medical Aid & Medic Only	10,462	11,014
<b>Totals</b>	<b>22,611</b>	<b>23,162</b>



## TOT and TPA FAQ

### Transient Occupancy Tax (TOT) and Tourism Promotion Area Fee (TPA)

Sometimes the TOT is referred to as the Hotel/Motel Tax or Lodging Tax.

Sometimes the TPA is referred to as STPA Salem Tourism Promotion Area Fee.

#### Transient Occupancy Tax (TOT):

- Established by City of Salem Charter (Section 56) in 1974
- Can only be changed by a vote of the public. (i.e. increase in % from 9% to 10% or 11% requires a ballot measure vote of the people.)
- TOT is a **9%** tax on the overnight stays at hotels, motels, Airbnb, campgrounds, etc. within city limits. (State of Oregon charges **1.5%** and the TPA fee is **2% for hotel/motel stays only, SRC 38**)
- **TOT funds, per Charter have (4) allowable uses:**
  1. Enhancement of entranceways to Salem
  2. Urban beautification (think Parks, \$1.5M of TOT)
  3. Improvements to and operation of major tourist attractions or cultural facilities
  4. Activities that promote using Salem for conventions, conferences, or general tourism
- City of Salem visitors staying at our local **hotels and motels only** pay **12.5%** in taxes and fees. Airbnb's and the like don't collect or pay the TPA fee, it is for hotels/motels only. (creates a 2% advantage to not staying in the hotels.)
- Any change in the TOT percentage that the City makes **per ORS 320.350** puts restrictions on the allowable uses by local jurisdictions (**70%** toward marketing and tourism/**30%** to general use) on the increase received.
- SRC 37 established the TOT collection and disbursement in accordance with section 56 of the 1996 Salem Charter (Sec. 37.165(a)), 25% distribution was included for Destination Tourism Marketing Sec. 37.165(b).
- SRC 16 Established the Cultural Tourism Promotion Advisory Board (CTPAB) or TOT Board for short and provides outline of responsibilities of the board.
- City Council Policy C-1 clarifies SRC 16 and the roles of the CTPAB and the City Manager as it relates to funding allocations and TOT grant criteria, review, and allocation. Here is where we find the "60/30/10" funding rule from City Council for TOT grant allocations.
- TOT grants receive approx. 15% of anticipated TOT collections annually.
- The CTPAB oversees the grant review and approval recommendation process (grant application criteria, scoring matrix, questions, reporting, etc.).
- City staff manage all the TOT grant contracts FY 2024 has 44 contracts and FY 2025 will have 51.

## **TOT BUDGET:**

### **FY 2023 Actuals TOT collections: \$4,668,844.40**

25% Travel Salem: \$1,166,087.52

10% Convention Center: \$466,593.83

TOT Grants from CTPAB Paid (\$545,000) (60% to cultural facility operators, the rest events and \$20k to CIP) Budget allocation is normally 12-15% of anticipated TOT collections any given year.

Remaining 50% of budget allocation spent on landscape maintenance (Parks GF offset, city owned historic buildings maintenance and painting or roof repairs/replacement, contract management, administrative overhead, and other parks or tourism related capital improvement projects).

### **FY 2024 Estimated TOT collections: \$5,470,140**

25% Travel Salem: \$1,367,540

10% Convention Center: \$547,020

15% TOT Grants (min. 60%/max. 10%/min. 25%): \$715,520

Remaining 50% of budget allocation spent on landscape maintenance (Parks GF offset, city owned historic buildings maintenance and painting or roof repairs/replacement, contract management, administrative overhead, and other parks or tourism related capital improvement projects).

## **Tourism Promotion Area (TPA) Fee:**

- Established in 2019 at the request of the Salem Area Lodging Association (SALA)
- Salem Revised Code (SRC) chapter 38 established the Salem Tourism Promotion Area (STPA) or TPA for short, and “is intended to provide supplemental funding for tourism promotion above and beyond what is currently provided.”
- “Revenues shall be used only for programs which promote overnight tourism and improve the lodging business environment. Programs shall be designed to benefit operators of transient lodging and that are subject to the TPA fee.”
- SRC 38 contains the regulations and boundary of the “area” as the territorial boundaries of the City of Salem, including any future annexed territory.
- Is a 5-year renewal and public hearing to determine if the TPA should be terminated by a vote from the licensed operators within the City.
- It comes up for its first review/renewal January 2025 if I am correct. Only needs 33% of those paying the fee saying “no” to the renewal for the TPA to be terminated. It is roughly 40% of the current Destination Marketing Operator’s (DMO) annual budget.
- 95% of “net” receipts are paid to the DMO (Travel Salem), the city may retain up to 5% for administrative cost associated with the fee. Year-End reconciliation of the 5% is made each year.

**TPA BUDGET:**

FY 2023 Actual TPA Collections: \$1,014,315

FY 2023 Actual paid to Travel Salem: \$966,029

FY 2024 Budget Estimated TPA Fee: \$1,350,000

FY 2024 YTD Paid to Travel Salem: \$493,640.50





**From:** [David Patterson](#)  
**To:** [budgetoffice](#)  
**Subject:** Written testimony for the 3/21 meeting  
**Date:** Wednesday, March 20, 2024 4:51:44 PM  
**Attachments:** [image001.png](#)  
[Falck Q&A - Salem Fire Ambulance Takeover.pdf](#)  
[Falck Letter to Salem City Council Regarding Ambulance Takeover March 25 meeting.pdf](#)

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Greetings,

I am writing related to Agenda Item 8 of the March 21 Budget Committee: "Public Testimony for Future Budget Issues".

Salem City Council (at their March 11 and March 25 meetings) are contemplating Salem Fire's Takeover of the Salem Ambulance Service. Attached is written testimony from Falck, the current contracted public/private ambulance provider for Salem. There is massive financial risk for the City of Salem and significant questions remain related to the proposed model.

The City should pause this decision until the community and stakeholders have had the chance for input and the financial analysis and risk to the City can be properly calculated.

Please let me know if you have any questions.

Thank you,

-----  
**David Patterson**  
**Regional Managing Director**  
-----



**Northwest**  
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March 20, 2024

Salem City Council  
555 Liberty Street SE Room 220  
Salem, OR 97301

Regarding the City of Salem Fire Department proposal to assume ambulance service

Dear Council members:

The Council has a very big decision and one that should not be made without having all the facts. A decision to insource ambulance service transfers significant risk to the City – risks that are currently held by Falck. As your partner in emergency medical services, I would like to provide the following data and facts to ensure that you have considered these risks and operational elements before deciding to insource ambulance service.

Considering the discussion at the City Council meeting of March 11, 2024 for Salem Fire to takeover ambulance service, it is important to note the following information:

**Response Times and Service Delivery**

While paramedic staffing has been challenging in the post-COVID environment across the country for EMS systems both public and private as noted in the attached Oregon State Ambulance Association Position Statement, the representations regarding Falck's inability to staff the 1,030 unit hours per week does not tell the full story. Beginning in January of this year, following months of request for a Basic Life Support (BLS) trial project and finally receiving Salem Fire approval, Falck has been staffing approximately 168 BLS unit hours per week. **This number is not included in the staffing unit hour count**, as the MOU between Falck and Salem Fire for this pilot specifically excludes those hours. However, it is important to note and reflect those Falck ambulance resources being deployed in Salem **are in addition to** the advanced life support (ALS) hours reported. To illustrate, the week prior to the March 11 City Council meeting, Falck staffed 840 ALS unit hours and 168 BLS unit hours for a total of 1,008 for the week. These hours do not include any that were provided by Salem Fire Department. Falck is responding to and transporting the majority of patients who call 911 in Salem.

At the March 11 City Council meeting (according to an article in the Salem Reporter on March 13) it was represented that over the past two years, there was a delay in 3,823 patient transports in Salem. However, when the City was queried via Open Records Request to provide a definition of what this delay meant, no answer was received. According to the same article, a 6.5 minute response time is the definition that was

used. It should be noted that nowhere is a 6.5 minute response time part of Falck's Agreement with Salem.

Despite current staffing challenges, the current Falck Salem EMS model staffs (at peak call demand times) up to 10 ambulances - more than the AP Triton/Salem Fire ambulance model proposed at eight ambulances. Instead of static staffing, Falck utilizes time of day, day of week historical call demand to schedule peak staffing when demand is the greatest. The City loses that advantage with the proposed static staffing model, and the proposed Fire-based model actually provides fewer ambulances on duty at peak times than the current model.

It should be reiterated that Paramedic wages need to be competitive to recruit sufficient staff to provide service. A rate increase request submitted to Salem Fire in December 2023 is pending with City Council. As a result of the March 11 Council meeting, it is clear there is universal support for this rate increase in July, so Falck has taken the calculated risk of adopting the new paramedic wage scale in partnership with our Union. This will be a major solution to Paramedic staffing and is recommended by Salem Fire and AP Triton, along with our Union. It is important to note that it appears the AP Triton model does not account for these increased wages in their proposed economic model for Salem Fire.

Another critical question not mentioned in the AP Triton report is how urgent patient transports from Salem Health to Portland will be handled. There are regular patient care needs that require specialized services only available in Portland. This is a frequent occurrence. These patient transports easily take three hours or more before the crew returns in service to Salem. How will this be handled with only 7-8 ambulances, especially emergency transfers required to be completed by the 24-hour ambulance crew in the 18<sup>th</sup> hour of their 24-hour shift?

Falck is proud to be operational with CAHOOTS-style programs in California and Colorado. As suggested separately by both AP Triton and Falck previously, this is a critical need in Salem. This program, along with community paramedics and PSAP caller navigation need to be considered as a priority in Salem, and not delayed for years until Salem Fire is able to generate sufficient extra revenue. We should collectively provide the right response to the right patient at the right time, and it is imperative that systems evolve to respond to community needs. A public/private partnership provides that flexibility and opportunity. Unfortunately, we have never been asked to participate in these innovations in Salem.

### **Financial Concerns of the Proposal**

Falck is providing over \$1 million per year (\$932,900 base payment) in fees and revenue to the City of Salem – and additional in medical supplies. Those revenues and cost offsets will disappear if Salem Fire takes over, and that is not accounted for in the AP Triton model.

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AP Triton mentioned in the March 11 Council meeting that the seven 24-hour ambulances and one 12-hour ambulance had the ability for a variety of shift length, personnel scheduling, and staffing. However, this is incorrect based on their proposal that 42 field staff are needed to staff the proposed model. 42 full time employees are the minimum needed to staff seven ambulances working 24-hour shifts. There are no full-time staff designated in the AP Triton report for the 12 hour a day, seven day a week ambulance and there is no flexibility with the full-time proposed staff to schedule anything outside of 24-hour shifts. To staff 12-hour shifts, you would need two additional full-time personnel for each ambulance – or 14 more full time staff at additional and material cost. **This is a critical cost driver to note, in addition to the fatigue issues related to 24-hour shifts.**

In the March 13 article in the Salem Reporter on this issue, a spokesperson for the Salem Fire Department said: “The plan would require onboarding 50-70 personnel as single-role paramedics and EMT Basics. If a medic unit is ever understaffed, the department would have the flexibility to assign dual-role firefighters trained as paramedics to fill in.” The AP Triton financial model calls for 42 EMTs and Paramedics to be hired for the Salem Fire Department system. **If Salem Fire hires “50-70 personnel”, it dramatically changes the operational expenses compared to the 42 that are proposed in the AP Triton report. Additionally, the use of “dual-role firefighters” for staffing ambulances is more expensive, especially if they are in overtime, and this expense is also not included in the AP Triton report either.** Indeed, it appears Salem Fire’s staffing approach for ambulances is already deviating to a more expensive model versus what is recommended in the AP Triton report before this change is even approved by City Council.

The Chief’s comments related to the financial approach to pay for the startup expenses was lacking detail. He mentioned at the March 11 Council meeting that it would take (paraphrasing) “2-3 years” to pay off the loan to pay for the capital needed. More detailed and exact analysis and prediction of this major capital investment implication is needed. **With the initial capital costs, when would this proposed system return the excess revenues projected of \$2M/year?**

The Chief mentioned \$3M in overtime costs to staff ambulances today, however, this doesn’t include the revenue offset the Fire Department receives for ambulance service from billing of patients. The net cost today for the City to staff the supplemental ambulances is nowhere near the \$3M represented due to the revenues the City receives for providing this fee-for-service.

The AP Triton study and the Fire Chief cite the GEMT model that provides public providers with a higher reimbursement rate doesn’t tell the full story. Oregon has approved the “Quality Assurance Fee” (a program already in place in Washington and California) that provides non-public ambulance providers with additional Medicaid reimbursement. This program was placed into Oregon Administrative Rules permanently on July 1, 2023, and the program has just received approval from the Center for Medicare and Medicaid Services (CMS). Regardless, if the City sees a

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revenue generation advantage with GEMT, why not consider the Consultant's "Alliance" model that allows the City to capture the system revenues and control, while outsourcing the operational risks and liabilities to a private partner while the City retains potential excess revenues?

Falck has a fleet of 16 ambulances with 80 employees in Salem. It is noted that 12 ambulances would be procured by the Fire Department. What is the plan for reserve fleet for maintenance issues, accidents, and disaster/surge response?

AP Triton is not without controversy regarding their financial projections in their consulting studies. Please see the attached Statement regarding work they completed in Pflugerville, Texas.

### **EMS Professionals Currently Serving Salem**

If City Council approves this change, what will happen to the current and dedicated EMS professionals serving Salem? How will a hiring, selection, and onboarding process work? What is the wage scale the City is prepared to offer this talented and experienced team? Will this include PERS retirement, and what is that cost to the City?

There remains little information from AP Triton's report on the costs and methods to recruit adequate EMS professionals. Additionally, the cost of personnel turnover in this model is not fully accounted for. This is cited as a major risk in the recommended model on Page 115: "The task of onboarding 42 new employees and the constantly high turnover rate expected for this class of employees is a significant undertaking."

At the March 11 City Council meeting, AP Triton's presentation on Slide 20 references a Paramedic and EMT pay rate (only one each) with only a 44 cent per hour differential, which is not the reality of the current EMT and Paramedic workforce. Details are a must and should be provided to those EMS professionals prior to a decision of this magnitude being made that impacts their lives. If City Council moves forward with this decision, it is imperative to note that it will have a significant impact on the EMTs and Paramedics currently working in the system.

**Finally, if Salem were to make this decision to change 15 months before the contract term, it would have devastating effects on our ability to recruit and retain EMS professionals in Salem during this unprecedented 15-month "lame duck" period.**

### **Alternatives**

There are many different models of EMS provision. Four of the five models proposed by AP Triton are different ways of total insourcing and only one option of a public/private contracting. There are many more public/private partnership models to consider. Falck has experience in multiple jurisdictions with various models. We are willing to discuss those models with the City to truly build the next generation EMS system in the City of

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Salem. There is no doubt that the Salem EMS system needs to evolve, but the AP Triton report is limited in the options presented.

Competition is healthy to ensure the best solutions are presented for consideration. Should Salem Fire want to be the primary ambulance provider, would they be required to bid and compete for the ambulance contract via a request for proposal (RFP) process conducted independently at the appropriate time? This would ensure the best service solution is selected for the community. The selection panel would need a firewall between Fire and City Departments but could utilize community members and outside subject matter experts. This is a common practice in other communities.

### **Conclusion**

Falck is committed to providing the best service to Salem and we continue to want to be your partner.

**I respectfully recommend that the City Council delay a vote on this decision to seek additional information, clarity, details, and alternatives to ensure the best EMS delivery model possible for the Salem community.**

Thank you for your consideration, and I am happy to meet and discuss further and answer any questions you may have.

Respectfully,



David Patterson  
Regional Managing Director

attachments

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Oregon State Ambulance Association

## Position Statement: EMS Workforce Crisis

### Purpose

Workforce shortages in the EMS system is threatening public health and jeopardizing the ability to respond to healthcare emergencies on a timely basis. This statement articulates the OSAA position regarding the critical need for collaboration between EMS providers, healthcare delivery systems and state and local government officials in understanding and addressing the urgency of the unprecedented EMS workforce crisis in our state.

### Statement

EMS providers, healthcare delivery systems and state and local government officials have a shared responsibility to ensure community access to a well-trained and adequate ground ambulance services workforce that includes underserved, rural and Tribal areas, and addresses health disparities related to accessing pre-hospital ground ambulance healthcare services, including critical care transport.

Pre-hospital EMS service providers are at a breaking point because there are not enough paramedics (ALS providers) to meet the increasing demands for EMS services and inter-facility medical transports. As a result, EMS providers are experiencing decreasing availability to respond to 911 calls and increasing response time. The strain on these EMS services is also compounded by workforce shortages among hospital and skilled nursing facility partners with increasing handoff times between EMS and Emergency Department and hospital and nursing home staff.

As stewards of community health, safety and well-being, EMS providers, healthcare delivery systems and state and local government officials must work collaboratively to develop real-time strategies that proactively address the critical challenges facing communities in light of the EMS workforce shortage. These challenges include:

- Pandemic-driven loss of 1-2 years of paramedic school cohorts
- Decreasing enrollment in paramedic education programs
- Increasing labor costs due to premium pay, incentives, higher wages to address staffing shortages and pay equity laws that require retention bonuses for existing staff when recruitment incentives are offered
- Increasing fuel, supply, and equipment costs
- Supply chain issues that are impacting EMS providers' ability to meet community needs and regulatory compliance due to unreasonably long waits for new equipment and supplies including ambulance chassis (18-24 months) and other critical medical equipment such as gurneys and monitors (6 months to 2 years). The current 200,000 milage cap on ambulance vehicles is exacerbating this challenge as EMS providers experience much longer wait times for new chassis.
- Changes in fire department employment parameters (more relaxed testing requirements and criteria, increased compensation, early retirement programs, migration of paramedics from small fire departments and private ambulance companies to larger metropolitan areas)
- Increasing demand for hospital paramedic positions which is drawing from the available workforce pool
- FEMA and AARP incentives that make it difficult for small, rural, and special district agencies to compete with recruitment
- Public payer reimbursement that is below the cost to provide care
- Workforce burnout



The above challenges have an impact on an agency's ability to provide timely responses to healthcare emergencies.

According to the U.S. Bureau of Labor Statistics, Employment Projections program, the 2020-2030 workforce forecast shows that EMTs, paramedics and health technologists/technicians are projected to leave their professional employment between 2020 and 2030 at a higher rate than all occupations in the US economy:

- 11% for EMTs and paramedics
- 9% for health technologists and technicians
- 8% total for all occupations

As these professionals exit the EMT/Paramedic workforce (to largely pursue different occupations and/or retire), there will be an anticipated 20,700 job openings for these positions each year over the decade (2020-2030).

In Oregon, based on a survey by OSAA and the Oregon Fire Chiefs, Oregon's private and public EMS agencies are experiencing a 50 – 75% decrease in paramedic applicants since the beginning of the pandemic. In addition, both initial and renewal EMS licensure trends were relatively flat between 2019 and 2022, yet the demand for paramedics – and other EMS providers -- is increasing with volume escalations. This is a cause for great concern given the projected demand for these professionals over the next 10 years.

### **Impact**

The critical nature of the current EMS workforce crisis is impacting service to patients, as well as health outcomes. As response times for 911 emergency medical care increase, regulatory compliance for EMS providers declines, creating barriers for EMS providers working to deliver care and services. The increases in staffing costs (without reimbursement rates increasing) and resources dedicated to recruitment are simply not financially sustainable for private or public sector providers.

Among OSAA's greatest concerns is the fact that communities are losing their ALS emergency pre-hospital services due to the EMS workforce shortage. This loss is particularly devastating to small, rural communities that already have fragile healthcare systems.

### **EMS Provider Actions to Date**

To address the critical need for more paramedics, EMS providers have been working diligently to implement creative solutions, including:

- Developing scholarships to support education for EMTs who pursue paramedicine degrees
- Incentivizing paramedic staff with premium pay to recruit, retain and provide additional coverage (including hiring bonuses)
- Working collaboratively with healthcare organizations within the delivery system to address operational challenges and infrastructure designs
- Working collaboratively with community colleges to streamline paramedic degree program application processes and completion pathways.

### **Policymaker Actions**

To ensure access to a well-trained and adequate ground ambulance services workforce, OSAA is calling on legislators to:

- Support legislation to join the EMS Compact, which allows licensed EMTs and paramedics from compact States to practice in Oregon quickly and effectively

- Assist with workforce development initiatives
- Support flexibility for hiring and retention bonuses
- Review regulatory relief of financial penalties and punitive adverse actions in relation to Ambulance Service Area compliance metrics (specifically response times and 200,000 milage cap on ambulance vehicles)
- Support expanded access for temporary international EMS providers (Australia)
- Offer tax relief for paramedic student tuition
- Advocate for easier, more accessible EMS education pathways:
  - online training
  - more community college access points
  - modification of AA requirements (provisional license for paramedics with 2 years to get AA)
- Establish an Emergency Services task force, bringing together experts from across Oregon to evaluate the current state of the EMS system and make recommendations for improvements
- Make strategic state investments to:
  - Paramedic Students + all provider types
    - Earn to Learn programs
    - Fifth year senior programs
    - Future Ready Oregon grants directed at EMS Industry
  - Medicare/Medicaid reimbursement increases
  - Innovation projects to redesign delivery of pre-hospital EMS services
  - Interfacility Non-Emergent Transport Reimbursement

### **Healthcare Delivery Systems Action**

As partners in community health, OSAA is asking healthcare delivery systems to recognize how hospital and skilled nursing facility capacity constraints and workforce shortages are affecting the EMS sector performance and viability.

### **ABOUT Oregon State Ambulance Association**

For nearly fifty years, the Oregon State Ambulance Association has promoted high standards of ambulance and emergency medical services (EMS). OSAA members provide air and ground emergency ambulance service throughout Oregon. The OSAA mission is to help members do the best possible job of protecting the public and saving lives. [Members](#) of the Oregon State Ambulance Association (OSAA) are private and public organizations that provide 9-1-1 emergency ambulance service and transportation throughout Oregon.

Contact: Sabrina Riggs ([sabrina@daltonadvocacy.com](mailto:sabrina@daltonadvocacy.com)), Amanda Dalton ([amanda@daltonadvocacy.com](mailto:amanda@daltonadvocacy.com))

Pflugerville (TX) Fire Department / Travis County Emergency Services District 2  
"District Rebuttal Analysis of the AP Triton Report"

Retrieved March 17, 2024 from:

<https://www.pflugervillefire.org/district-rebuttal-analysis-of-the-ap-triton-report/>

Friday, September 10th, 2021

The Board of Commissioners directed staff to perform a comprehensive review of the AP Triton Fire & EMS Assessment Service Options for the City of Pflugerville report.

District staff reviewed the report with the assistance of three recognized experts in the fields of municipal financial advising, data science consulting, and emergency medical care.

The analysis of the report identified 34 significant errors, inaccuracies, and omissions. The three most critical errors are:

1. AP Triton consultants used outdated financial data and completely omitted capital outlay plans of any kind in their forecasts.
2. AP Triton consultants used overly simplistic population and call volume estimates that do not follow actual historical trends, and therefore provide invalid estimates for policy level decision making.
3. Inaccurate conclusions seem to form the basis for the options and recommendations in the AP Triton report and therefore should be re-evaluated.

Decisions for funding for emergency fire and medical services to the community we serve must be based on sound and complete data that is analyzed with integrity. It is our assessment that the AP Triton report does not provide local officials accurate and unbiased information needed to determine a long-term strategic plan to provide adequate funding for advanced life support and ambulance transport service in our community.



## Salem Fire Proposal to Takeover Ambulance Service Omits Critical Information – Q&A

### 1. Why has Falck not met their contractual obligations to provide sufficient service hours?

- Falck's recent inability to meet its service hour obligations is due to challenges recruiting Paramedic staff. This is a problem across the State, as well as nationally, and not specific to Falck or Salem. See attached report from the Oregon Ambulance Association.
- Falck began a Basic Life Support (BLS) trial project with approval and in cooperation with Salem Fire Department in January that has increased ambulance hours. In the first week of March, Falck provided 1,008 hours (less than 3 percent below contract requirements). However, the BLS hours are not reflected and do not count during the pilot phase per Salem Fire.
- Falck continues to aggressively recruit for new paramedics with its national talent acquisition team.
- Based on AP Triton and Salem Fire support, Falck is moving forward with a dramatically improved Paramedic wage scale that relies on the July rate increase pending before City Council. **Allow this wage increase and the BLS pilot program to be effective before making a risky and drastic decision for Salem.**

### 2. Has Falck failed to meet their contractual obligations for response times?

- The AP Triton analysis of Falck's response times is misleading, as AP Triton uses a different calculation than Falck's Agreement with Salem. Falck is meeting its contractual requirements for response times.

### 3. Is Salem Fire really subsidizing Falck?

- Salem Fire is taking EMS calls, but they are also billing for these services and have been breaking even on the cost according to the Fire Chief's comments at the March 11 City Council meeting. The Fire Department payroll cost of overtime to staff these ambulances is offset by revenues received.
- Falck is providing over \$1 million per year to Salem Fire in revenue sharing from the EMS system per the terms of our Agreement. This is eliminated in the proposed AP Triton model.



#### 4. Can Salem Fire provide better service than Falck?

- If Salem Fire moves ahead with their proposed model, they will have the same difficulty recruiting civilian paramedic staff as Falck. Falck is not meeting service requirements due to staffing shortages of civilian paramedics. Salem Fire will have the same problem.
- Salem Fire's proposed delivery model will be 24 hour shifts rather than 12 hours. This could create an undesirable work situation for EMTs and Paramedics compared to Falck. It could also create hazardous work situations when EMTs and Paramedics need to transport individuals to Portland hospitals, which can take more than three hours and can happen at any time during a shift – even at hour 22 of a shift.
- Salem Fire is proposing a static staffing model. This means that they will be overstaffed during slow times and understaffed during busy times. This will result in increased costs during slow times and poor service during busy times.
- Falck is currently scheduling more ambulances at peak hours than is proposed in the AP Triton model by Salem Fire. The AP Triton proposal will reduce the number of ambulances available to Salem during peak times compared to the current model.
- If Salem Fire cannot staff sufficiently, they will continue to use more expensive sworn firefighter/paramedics to supplement their civilian EMTs. Importantly, in the March 13 article in the Salem Reporter, a spokesperson for the Salem Fire Department said: **“The plan would require onboarding 50-70 personnel as single-role paramedics and EMT Basics. If a medic unit is ever understaffed, the department would have the flexibility to assign dual-role firefighters trained as paramedics to fill in.”** The AP Triton financial model is for 42 EMTs and Paramedics to be hired for the Salem Fire Department system. If Salem Fire hires “50-70 personnel”, it dramatically changes the operational expenses compared to the 42 that are proposed. Additionally, the use of “dual-role firefighters” is more expensive, especially if in overtime, and this expense is also not included in the AP Triton report. Indeed, it appears Salem Fire's staffing approach for ambulances is already deviating from the AP Triton report before it is approved by City Council.

#### 5. Can Salem Fire really make money from ambulance services?

- AP Triton has not accounted accurately and fully for the expenses of running ambulance services.



- i. What will be Salem Fire's cost for staffing ambulance services? What will the employee pay and benefits be? Will that be sufficient for recruitment? If they must increase their wages to recruit, can they afford it? Will the medics be represented? By which Union? What will their Union contract be? Would they be IAFF members? Would they re-form a Union and under what entity? Public employees are typically more expensive than private employees.
- ii. Salem Fire has not accounted for all the liability costs, staff turnover, staff training, vehicles, and supplies needed.
- iii. Falck has a fleet of 16 ambulances with 80 employees in Salem. Salem Fire proposes 12 ambulances. What is the plan for reserve fleet for maintenance issues, accidents, and disaster/surge response?
- iv. For services Salem Fire is currently providing, they are billing the patient, but they are frequently re-stocking their ambulances for free from Falck's inventory. Have they accurately accounted for these expenses?
- v. Salem Fire has said they will likely need to take out loans to fund both ambulances and staffing. What size will the loan be? What will the rate be? How long will it take to pay it back? What if Salem Fire is not able to produce the revenue as projected? How will they pay back the loan?

## **6. Salem Fire is relying on a best-case scenario revenue model that is unrealistic.**

- i. AP Triton's financial model provides a \$2M profit. Falck currently pays Salem Fire \$1M for the ability to provide service. That means Salem Fire is only projecting to be \$1M ahead of where they are currently, but they assume all the costs and liabilities of EMS service. Remember that they are currently breaking even for providing supplemental service for Falck.
- ii. Salem Fire is relying on a congressional funding allocation to GEMT that is authorized on a year-by-year basis to claim that they will generate revenue. They project the revenue from GEMT based on the number of projected transports for individuals on Medicaid. The number of transports and the number of individuals on Medicaid can change over time. Their estimates are not guaranteed and subject to change annually.

## **7. Because Falck can't access GEMT, why should the City leave revenue on the table?**

- GEMT revenues are just estimates based on projections for how many Medicaid patients receive transports and are not guaranteed.
- There is a new program called the Quality Assurance Fee (QAF) that Oregon has already approved and is only awaiting approval by CMS. It will provide



**Falck**

supplemental payments for Medicaid patients to private medical transport like Falck. This is the non-public provider approach to the public's GEMT reimbursement system.

**8. What will happen to Falck's current and dedicated unionized EMS professionals if Salem Fire moves forward with their proposal?**

- Details should be provided to EMS professionals prior to a decision of this magnitude that impacts the lives of so many dedicated first responders in our community.
  - i. How will the hiring, selection, and onboarding process work?
  - ii. What are the wage scales the city is prepared to offer this talented and experienced team?
  - iii. Will these professionals receive PERS and what is the cost to the City?
  - iv. Wage information presented by AP Triton are lacking detail and realistic differential between EMTs and Paramedics for today's market.
  - v. Will this workforce of non-sworn Salem Fire professionals be unionized? Would that happen under IAFF? Or some other union?

**9. If Salem Fire can generate revenue from EMS, doesn't that provide a revenue stream for programs we have been wanting to do, like CAHOOTS?**

- Bringing EMS in-house to Salem Fire is not the only way to run a CAHOOTS program. In fact, Falck sees the need for this program in Salem, and has experience running CAHOOTS programs in other states, including California and Colorado. Falck has never been approached about how to partner to bring CAHOOTS to Salem. Falck is interested in a public/private partnership that could result in CAHOOTS being operationalized in Salem in the near term.



**Oregon State Ambulance Association**  
**Position Statement: EMS Workforce Crisis**

**Purpose**

Workforce shortages in the EMS system is threatening public health and jeopardizing the ability to respond to healthcare emergencies on a timely basis. This statement articulates the OSAA position regarding the critical need for collaboration between EMS providers, healthcare delivery systems and state and local government officials in understanding and addressing the urgency of the unprecedented EMS workforce crisis in our state.

**Statement**

EMS providers, healthcare delivery systems and state and local government officials have a shared responsibility to ensure community access to a well-trained and adequate ground ambulance services workforce that includes underserved, rural and Tribal areas, and addresses health disparities related to accessing pre-hospital ground ambulance healthcare services, including critical care transport.

Pre-hospital EMS service providers are at a breaking point because there are not enough paramedics (ALS providers) to meet the increasing demands for EMS services and inter-facility medical transports. As a result, EMS providers are experiencing decreasing availability to respond to 911 calls and increasing response time. The strain on these EMS services is also compounded by workforce shortages among hospital and skilled nursing facility partners with increasing handoff times between EMS and Emergency Department and hospital and nursing home staff.

As stewards of community health, safety and well-being, EMS providers, healthcare delivery systems and state and local government officials must work collaboratively to develop real-time strategies that proactively address the critical challenges facing communities in light of the EMS workforce shortage. These challenges include:

- Pandemic-driven loss of 1-2 years of paramedic school cohorts
- Decreasing enrollment in paramedic education programs
- Increasing labor costs due to premium pay, incentives, higher wages to address staffing shortages and pay equity laws that require retention bonuses for existing staff when recruitment incentives are offered
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- Supply chain issues that are impacting EMS providers' ability to meet community needs and regulatory compliance due to unreasonably long waits for new equipment and supplies including ambulance chassis (18-24 months) and other critical medical equipment such as gurneys and monitors (6 months to 2 years). The current 200,000 milage cap on ambulance vehicles is exacerbating this challenge as EMS providers experience much longer wait times for new chassis.
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### **Impact**

The critical nature of the current EMS workforce crisis is impacting service to patients, as well as health outcomes. As response times for 911 emergency medical care increase, regulatory compliance for EMS providers declines, creating barriers for EMS providers working to deliver care and services. The increases in staffing costs (without reimbursement rates increasing) and resources dedicated to recruitment are simply not financially sustainable for private or public sector providers.

Among OSAA's greatest concerns is the fact that communities are losing their ALS emergency pre-hospital services due to the EMS workforce shortage. This loss is particularly devastating to small, rural communities that already have fragile healthcare systems.

### **EMS Provider Actions to Date**

To address the critical need for more paramedics, EMS providers have been working diligently to implement creative solutions, including:

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### **Policymaker Actions**

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    - Future Ready Oregon grants directed at EMS Industry
  - Medicare/Medicaid reimbursement increases
  - Innovation projects to redesign delivery of pre-hospital EMS services
  - Interfacility Non-Emergent Transport Reimbursement

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Contact: Sabrina Riggs ([sabrina@daltonadvocacy.com](mailto:sabrina@daltonadvocacy.com)), Amanda Dalton ([amanda@daltonadvocacy.com](mailto:amanda@daltonadvocacy.com))