

# **CENTRAL CASCADES FIRE & EMS AND CRFPD JOINT BOARD MEETING MINUTES October 5, 2009 @ 6:00 PM**

## **I. Opening of Meeting: Steve Stewart (to order at 6:01pm)**

-Roll Call: CC Members present were: Steve Stewart, Brad Kahler, Bill Gibbs and Richard Carlson. Fire Chief, Tim Cramblit was in attendance. CRFPD members present were: Rick Ward, Terri Anderson, Mike Manis and Denny Larios. David Crider was absent. Chief Kyle Kirchner was in attendance. Introductions were made.

-Agenda Review: no comments.

-Meeting was called at the request of the Crescent Rural Fire District.

## **II. Financial Status of CRFPD: Rick Ward**

-Rick requested Kyle to present current status of financials. Kyle reported that they had approximately 31 thousand dollars in the bank account and expecting 15-20 thousand dollars in expenses for each operating month. They have been approved for a line of credit and they consider that a fail safe position. Most costs are wages and salaries. The balance in the account appears to be enough to cover operations through November.

-Their policy is not to attempt to rely on invoices pending collection since they can't be assured they will collect.

-Their bank line of credit is 90 thousand dollars.

-They are going to collect tax revenue from the County about December 1 at 80% which amounts to about 90 thousand dollars.

-Question was asked on what brought CRFPD to the brink of closing its doors. Past income is gone and what caused this present position? Kyle characterized his start in May of 08' and several issues included the loss of their paramedic. Myself and two paramedics accounted for added staff that had not been on roll in the past. We didn't look at the historical data closely enough and it was confused by a good previous year that had corrections and additional billing which also skewed the results that otherwise would not have allowed the added paramedics. Subsequently the economy took a dive and medicare/medicaid adjustments have made things even worse. In analysis of the past years the general funds have always subsidized EMS but now it is glaringly apparent with the decline in calls and recoveries. In addition, the decision to let the paramedic staff continue on the hopes of a recovery proved to be poor judgment. Bill was satisfied with this response. It was offered that the average age of the population in CRFPD has increased to a point where it has impacted recoveries for EMS calls more so than in their history.

-CRFPD has a desire to continue service but cannot based upon current conditions. This will impact Central Cascades and that is why Crescent asked for this meeting. Several questions raised concerns for statistics and Chief Kirchner referenced handouts with the

call volumes from Central Cascades. Costs associated with all calls should be evaluated to determine which ones are paying their way and which ones need policy revisions. Several examples were given without a clear direction or conclusion. The summary appeared to be that the core problems had not been identified beyond expense exceeding income. Other problems were identified with lack of billing integrity, follow up to calls for invoices and general administrative failures. Investigations have shown a long term management failure. Write offs have continued as a result of finding delinquent bills or delayed invoicing beyond timelines for collection. These have been substantial drains on income. Transports to Bend are \$2135 and Medicare transports to Bend are \$735, Willamette Pass calls are usually 100% recovered but down, automobile accidents are usually paid under good insurance but the economy has caused more uncollectables.

**Thank You Joan.**

-Volunteers have been a good portion of success in the past what are the causes of their decline? Chief Kirchner offered explanation that currently it seems to be a universal problem but they have tried to encourage training and certifications on the EMS team. This has included trying to find local candidates who desire to progress beyond Basic skills. Volunteer requirements have been increasing and are a deterrent to gaining and maintaining volunteers. Bottom line is what service do we have to provide and what can they afford and they are currently down to two paid EMS staff of which one is on medical leave and not expected to return soon and the second has tendered his resignation. So very shortly they will have no paid staff on the EMS service. This pushes the issue of increasing volunteer staff through difficult times. By mid October ALS will not be possible. Will this result in a loss of billing based upon declining service level? General discussion followed on billing levels for ALS/BLS service with several suggestions on program differences and ALS/BLS programs. Difference in recovery is zero and when an invoice is paid they do better than breaking even. Problem is again collecting on every call when call volumes are at current levels.

-A needs model should be developed that defines needs and costing to determine requirements and what can be afforded.

-An extensive discussion took place on various insurance programs and centered on Firemed as a great option for community members but a loss for the Fire District. Options do exist for doing Firemed in house for about 20% of the fee's but the costs surpass the recovery. Further discussion was held on transport to a transfer point and variations of ALS versus BLS transfers. Follow up will be made on this discussion since it appears a change in policy and practice could be made. It boils down to patient care and a higher level of care transfer. Speed is a key factor in care and both parties billing. Waivers for care level were also discussed.

-What kind of feedback are they receiving from their community? (Tape Break 6:45) Feedback seems to center on why and then the level of care they will be receiving. The largest challenge appears to be educating the community on the facts and that they do not pay for EMS service in their taxes. (Meeting break 6:50)

-(Reconvene 7 pm) Discussion started on community impacts on services. Forest Service and other agencies as well as business's draw users into the area without the means to pay for EMS services. Are there ways to mitigate this kind of impact? Increasing growth and demands for service should be first but we need to consider how these changes affect our future needs and costs. We can expect increases in costs and also level of services.

Demographics are involved in all areas; employment versus retiree's, % of population working locally in mill, age of populations, medicare/Medicaid reimbursements and changing regulations all add to higher levels of costs and services. Regardless of projections we still have to satisfy our issues of current staffing levels and solving service concerns to the ASA.

-Current plans in CRFPD are to move toward a new Health Services District which is the apparent answer to problems but the hardest to achieve. This would affect the entire ASA and prompts us to get both Boards together and see if we had the support to succeed with this proposal in the Districts. Speed is important. Questions were raised on floating a Bond or raising current rates. Rates cannot be raised. We can also ask for a levy that covers 5 year increments which would assume that we would be better off in 5 years. That is not realistic. Secondly the demographics of the existing fire District versus the ASA is not equitable. A request to get back to evaluating costs and where they are based to give us a working tool is very much needed. Chiefs need to meet and put these metrics together. Can we control these kinds of items? These items demand time and may not change our problem of paying for a 24/7 staffing of EMS. This is true if we supplement with fire dollars or not.

-Does Eugene/Springfield analysis offer any answers for us? This is not clear at the moment but should be finalized in the next two days. The issue facing us is not new and has already put many Districts in jeopardy with declining revenues and personnel. All parties in the North County need to evaluate their requirements for long term solutions. Tim offered that a few weeks will be required to see the recommendations from the Lane Districts being evaluated. This may give us insights to a solution. Discussion continued on the various funding dilemma's including new Districts and working smarter as a group. Subsidies over a long period and the results of cross subsidies were discussed from several communities' history. It still boils down to what the community expects, what it costs to deliver and can we get the voters to accept increases in taxes to provide that service. Tax payers' education will be critical ingredient. Crescent has not built a model of how costs can translate equitably over the new District but estimates \$2.50/thousand is a quick guess. County inputs also raise questions but no apparent solution beyond adding taxable districts. A possible solution in Klamath County having a County wide area is another consideration. Still tax based and value based with equity to consider.

-Options appear to be limited to the one or two discussed in depth but also need to include why 4 districts can't be reduced. That subject will be addressed later. Eugene's results should be available soon and may give us a clearer path to an answer.

-While there are still questions to answer, CRFPD has got to move forward to a timeline that allows a solution in the near term. With a 6 month preparation before a ballot issue can be put forward timing is of the essence. The pace needs to be faster to deliver good care. There is no overnight solution for Crescent. They are seeking good volunteers willing to be professionals.

-The Boards have been committed to continue evaluations over the past several months to find ways to do things better. This has progressed well and now some of the inputs will be called out to help our assessment. We are not living in a vacuum and our Boards acted responsibly in staying together for a future that wasn't necessarily "more of the same". Ultimately, we can approach things from a common understanding that will serve us all

and may lead to solutions that otherwise would not have been considered. The urgency now is to move quickly to meet the ballot baseline so the voters can decide if they want to support one of our prime options; the medical service district.

-Questions were raised regarding ALS, ILS and BLS service levels. Are they currently ok? Currently ALS is not available but the long term plan is at least to provide ILS capability. These plans all depend on volunteers and staffing decisions. Districts are getting help to North County Study Group with presenters on how we might incent volunteers to volunteer and stay on call. We need to work together to create a better retention of volunteers.

### III. ASA

-Steve felt most items had been covered with the exception of Willamette Pass response agreement or arrangements. Kyle indicated they were unaware of a contract but they knew they were responsible for responding to the Ski Resort. It was agreed they needed to meet with the first Aid or Rescue unit at the resort and talk out any issues. Issues discussed included level of care and handoff from a higher level of care is generally not accepted. Pain care and administration are important to the rescue unit and it is now necessary to overcome a previous experience. Inviting Oakridge to any meetings would be a good idea. So much is dependent on attracting the correct personnel.

### IV. Carry-Over Issues

-It was important to consider study inputs from Eugene and continue to gather information to make a decision. This meeting was to establish a baseline and not make a decision but in the very near future we will have to support CRFPD by giving them a position that will allow them to proceed with their own direction. Obvious to all in this meeting is that we are together in the ASA and need to cooperate in coming to a conclusion that meets the needs of the entire ASA.

-Suggestion was made that the Chief's meet and review the data that develops from the study and other statistics that need clarification or a judgment on the applicability to our rural conditions. This will lead to recommendations from our chief and also avoid delays caused by waiting for future meetings. We want to support on going progress and avoid the gaps created by resource levels in Eugene and locally. All agreed.

-Cheryl Hukill was asked if she had anything to add. She indicated she was going to a working session in the next day and would be discussing what she collected at our meeting. They are searching for a good solution.

-We recognize that if we fail this could end up in the County Commissioners lap which is not what any of us want to happen. Some discussion took place on recent closure of an ambulance service area and the results. It was requested that Tim forward to Cheryl any of the concluding data in the study and the recommendations. He will do so. He will also forward a collection of summary data to Cheryl in the next few days.

-Steve thanked all for their attendance and support.

### IV. Adjourn/Schedule

Created by: R.R. Carlson

-Meeting was adjourned at 8:07 pm. No schedule was put forward for subsequent meetings between the Boards.

Submitted for approval,

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R.R. Carlson, Secretary/Treasurer

October 15, 2009

Secretaries file with following:  
Agenda