



Eugene City Council

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EUGENE CITY COUNCIL AGENDA AMENDED

January 18, 2023

12:00 p.m. CITY COUNCIL WORK SESSION

City Council meetings will continue to be held in hybrid format using in person and virtual meeting technology. Information about online or other options for access and participation will be available at <https://www.eugene-or.gov/3360/Webcasts-and-Meeting-Materials>

NOTE: This agenda has been amended to add an executive session agenda item

Meeting of January 18, 2023; Her Honor Mayor Lucy Vinis Presiding

Councilors

Randy Groves, President

Mike Clark

Lyndsie Leech

Jennifer Yeh

Matt Keating, Vice President

Emily Semple

Alan Zelenka

Greg Evans

12:00 p.m. CITY COUNCIL WORK SESSION

1. EXECUTIVE SESSION Pursuant to ORS 192.660(2)(e) real property transactions
2. WORK SESSION: Alternative Response Study

The Eugene City Council welcomes your interest in these agenda items. This meeting location is wheelchair-accessible. For the hearing impaired, an interpreter can be provided with 48 hours' notice prior to the meeting. Spanish-language interpretation will also be provided with 48 hours' notice. To arrange for these services, contact the receptionist at 541-682-5010. City Council meetings are telecast live on Metro Television, Comcast channel 21, and rebroadcast later in the week.

El consejo de la Ciudad de Eugene agradece su interés en estos asuntos de la agenda. El lugar de la reunión tiene acceso para sillas de ruedas. Se puede proveer a un intérprete para las personas con discapacidad auditiva si avisa con 48 horas de anticipación. También se puede proveer interpretación para español si avisa con 48 horas de anticipación. Para reservar estos servicios llame al 541-682-5010. Las reuniones del consejo de la ciudad se transmiten en vivo por Metro Television, Canal 21 de Comcast y son retransmitidas durante la semana.

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EUGENE CITY COUNCIL AGENDA ITEM SUMMARY



Work Session: Alternative Response Study

Meeting Date: January 18, 2023
Department: Central Services, City Manager's Office
www.eugene-or.gov

Agenda Item Number: 2
Staff Contact: Kristie Hammitt
Contact Telephone Number: 541-682-5524

ISSUE STATEMENT

This work session will reveal the overall findings and recommendations identified through the Alternative Response Study and marks the conclusion of the initial four-phase evaluation of specific programs and provides recommendations to improve the overall system response. This work began in June 2022 to assess the system for service overlap, to consider providing service in an equitable manner and to identify service gaps.

Council will also receive an update on an additional phase of work identified during this evaluation to recommend and better align dispatched calls for service by aligning and prioritizing the right skilled resource (advanced/basic) with a specific need.

BACKGROUND

Our community has a reputation for continuously being on the forefront of developing new solutions that respond to current and developing needs and is regularly looked to by other communities as a resource when modeling their own responses.

The Community Safety Initiative, funded by the City Payroll Tax, is an example of organization wide efforts to shift from traditional systems to alternative programs such as Community Court, Single-Role Fire Service Response, and Community Service Officers. The long-standing partnership for CAHOOTS services is another example of aligning service response with the need to assist individuals in crisis. Alternative service models are also an opportunity to serve the community in a cost-efficient manner while delivering positive outcomes.

Over the course of the past two years, the City has received community feedback in support of alternative response programs and council provided direction to evaluate the current system of services with a specific emphasis on CAHOOTS. Council approved funding to complete the service evaluation in December 2021. In February, staff initiated the evaluation process by defining the scope of work and hiring a consultant. BerryDunn Consulting services was selected to complete this evaluation and assessment.

The consultant launched the Alternative Response Study in June 2022. Council received updates for the first three phases of the study in the fall.

Phase 1: CAHOOTS

On October 10, 2022 BerryDunn consultants provided an overview of the process and key findings and observations for Phase I (CAHOOTS). During this phase BerryDunn completed interviews with CAHOOTS staff and City personnel. They gathered system response data to evaluate the service delivery model and capacity. BerryDunn identified the provided an update on the following observations:

- Service Demands are ongoing and persistent over the months and hours of the day
- The data demonstrates a service demand over the hours of the day
- Many of these services provided by CAHOOTS may need to be managed by someone else as we do a reset on what we want CAHOOTS to focus on in Crisis Response
- There is a substantial number of calls that CAHOOTS is unable to respond to due to volume
- CAHOOTS data is using multiple classifications per call they respond to (2.5 on average per incident) prohibiting the ability to get granular (finer detailed focus) with the data

Preliminary assessment identified the following improvements:

Service Scope - Clearly identify and establish the scope of services to be provided.

Data Submission - Establish consistent data reporting to aid the City in monitoring CAHOOTS workload and service response. This level of monitoring will provide both agencies with metrics to improve delivery of service.

Performance Metrics - Establish performance metrics relating to Calls for Service (CFS) volume, response times, on-scene time expectations, or availability for response. Monitoring key performance metrics will aid in adjusting service response to optimize availability for critical mental health crisis response.

On November 16, Council received an update on Phase 2 (Ambulance Response/Low Acuity Medical Calls) and Phase 3 (Community Response Services).

Phase 2: Ambulance Response/Low Acuity Calls

This portion of the study focused on the Eugene Springfield Fire Emergency Medical Services (ESF) Ambulance Redesign. The redesign service model is a shift from dual role (combination firefighter paramedic/Emergency Medical Technician (EMT)) to single role (staffed with one paramedic/EMT that are not cross trained in firefighter work).

The Ambulance Redesign evaluation was described as a largely qualitative assessment and BerryDunn provided the following observations:

- Clarification is needed about when to send the right EMS resource
- Contract Ambulance Service changes will impact the community service demand – specifically the handling of low-level acuity transports.
- BerryDunn indicated the plan for service change, and early implementation of the new model directly aligns with aligning service response with need. The service change will accomplish

the following:

- Address critical system capacity
- Actualize a fully tiered response system
- Provides 24-hour transport system supervision
- Stabilized basic life support staffing
- Creates an Emergency Medical Services (EMS) only career path

Phase 3: Community Response Services Evaluation

The City utilizes multiple alternative response services, those being evaluated include: Community Service Officers, Outreach Teams, Park Ambassadors, Downtown Ambassadors, Neighborhood Service Officers, Unhoused Response Services, and Parks and Downtown Resource Officers. These services provide critical response to community concerns and complaints related to safety.

This phase of the study evaluated the broad body of work provided where there was a service demand initiated by the community.

Observations in these areas included:

- **Benefits of geographic service response.** Several of the Alternative Response Services are geographically focused. Examples include Downtown Police Officers, Downtown Ambassadors, and Park Ambassadors. Geographic response allows for greater coordination of services, building relationships, and understanding and finding solutions to specific community challenges.
- **Data Collection - Maintenance Management System (MMS).** MMS is an in-house developed database tracking workorders. The system receives a large volume of service requests which are tracked in the system. The system has limitations to the activity types being tracked and expansion of data collection and reporting will provide a better understanding of workload volume, system capacity gaps, and improve distribution of system resources.
- **Creating a centralized database.** There is an opportunity to better leverage the data stored in CAD, MMS and other databases to better manage the City's Alternative Responses. Data could be exported to a centralized data base to track and monitor usage and effectiveness.

BerryDunn reported the City of Eugene has taken an unprecedented response at offering service to the unhoused population. They found the City of Eugene alternative response system to have a high volume of requests for service related to unhoused needs and safety concerns. They suggested there may be an opportunity to identify and expand service types through the proposed Calls for Service Evaluation. Through this evaluation the City will be able to better align response to need.

Phase 4: Alternative Response System Study Findings & Recommendations

The work session on January 18 will conclude the Alternative Response Study assessment and represents the culmination of data and feedback collected from internal and external stakeholders. The consultant will review Key findings and Recommendations (Attachment A) developed based upon analysis of core system functions, data, services, costs, and system gaps. The consultant will also provide an overview of system components as well as illustrate the strengths, complexity and challenges across the response system.

PREVIOUS COUNCIL DIRECTION

[November 16, 2022 City Council Meeting](#)

City Council received an update on the evaluation observations and findings for Phase 2 (Ambulance Response/ Low Acuity Medical calls) and Phase 3 (Community Response Services). In addition, staff provided additional information and data specific to Phase I (CAHOOTS).

[October 10, 2022 City Council Meeting](#)

City Council received an overview of the Alternative Response Study which included an update on the first phase process and observations related to CAHOOTS services provided.

[May 18, 2022 Budget Committee Meeting](#)

The Budget Committee received an update on the hiring of Berry Dunn to complete the Alternative Response Study.

[December 8, 2021 Budget Committee Meeting](#)

The Budget Committee met and received an overview of the American Rescue Plan Act (ARPA) which included a segment on the Alternative Response Study where they provided feedback and asked questions.

[October 20, 2021](#) and [October 27, 2021](#) Budget Committee Meetings

The Budget Committee met during two separate meetings to receive presentations on the American Rescue Plan Act (ARPA) funds and the Community Safety Initiative (CSI). The Budget Committee had an opportunity to provide feedback and ask questions on the proposed use of ARPA resources.

[July 20, 2020 Public Hearing](#)

City Council directed the City Manager to convene [engagement sessions](#) with organizations representing communities of color to specify changes or additions to the Community Safety Initiative (CSI) that would best respond to the needs of their communities. The [final report](#) released to City Council on May 10, 2021, and included the key finding of support for alternative responses and alternative to 911.

COUNCIL OPTIONS

Information Item Only

ATTACHMENTS

- A. Alternative Response Findings and Recommendations

FOR MORE INFORMATION

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Recommendation List

No.	Recommendation	Priority
1.	CFS Realignment	
3.	Crisis Response RFP and Contract	
7.	Alternative Response Coordination	
2.	Develop Data Collection, Sharing, and Monitoring Processes	
4.	EMS Response Protocols	
6.	CLCC CFS Protocol Development and Monitoring	
8.	Limited-Duration Positions	
9.	EPD Workload Analysis	
10.	Customize MMS Data Capture	
5.	Ambulance Hold/Wall Time	
11.	Working Conditions and Equipment Needs Analysis	
12.	Alternative and Unhoused Response and Community Communication	
13.	MIH-CP / Alternative EMS Services	

Recommendations

CFS Realignment			
No.	Finding	Recommendation	Priority
1	There is a lack of clarity over the distribution of work across the CFSRS within the City. Additionally, the system includes redundant response, and certain CFS are not managed by the appropriate resource. This has resulted in responses that are not provided in the most efficient and cost-effective way.	The City should conduct an assessment and realignment of all its CFSRS to more clearly distinguish CFS duties between all the various non-sworn and sworn services the City provides, including those that may be outsourced. Ultimately, the City should finalize a tiered matrix regarding which City service responds to specific CFS, including limited flexibility to cross-train and utilize other City staff as needed.	
Develop Data Collection, Sharing, and Monitoring Processes			
No.	Finding	Recommendation	Priority
2	Data for the CFSRS is currently maintained in multiple silos and is not shared across service groups. Additionally, collected data lacks granularity and critical data elements. These conditions interfere with appropriate monitoring of CFS/response activities across the City's service network and prohibit cross-unit knowledge of services provided to users across the system.	The City should develop minimum data collection and real-time reporting standards across its service network. The City should also develop a data repository that captures all relevant CFS/response data, that is shared and can be queried and monitored by all City responders.	
Crisis Response – RFP and Contract			
No.	Finding	Recommendation	Priority
3	There is significant value to the City in continuing to outsource crisis response efforts, and the current service contract will expire in June 2023. Because of this, the City is preparing to issue a new RFP for these services. For a variety of reasons, but primarily due to an expansion of CFS work into non-crisis-related events, the current contracted services by CAHOOTS have become inefficient and ineffective. Non-crisis-response by CAHOOTS has negatively impacted its availability for crisis response, which has had a negative impact on City departments and those in	The City should develop an RFP that outlines specific CFS response, performance, accountability, and data entry and reporting expectations for its contracted outsourced crisis response services.	

	need of these services.		
EMS Response Protocols			
No.	Finding	Recommendation	Priority
4	The ESFD has created a new ambulance response model to help improve EMS response throughout the City (and for the City of Springfield). The model distinguishes between BLS and ALS services, and in part, leverages cost savings from ambulance staff qualification requirements, as an element of the model's design. NFPA Standard 1710 includes provisions for ambulance staffing qualifications by service type but also includes an expectation of additional personnel response for all ALS events. If the ESFD unilaterally adheres to this standard, hard costs, soft costs, and overall availability of ESFD resources could be negatively impacted.	The ESFD should carefully consider the implications of strict adherence to NFPA Standard 1710 relating to EMS response, and whether adopting a modified compliance policy would best position the ESFD to achieve the maximum benefit from the newly adopted ambulance response model.	
Ambulance Hold/Wall Time			
No.	Finding	Recommendation	Priority
5	Because of capacity issues at the ER, ESFD ambulance crews are frequently required to remain on-site and to tend to a transported patient as they await availability for the ER to accept the patient. During these periods (referred to as wall time), which can be lengthy, ambulance crews are unavailable for service, and this negatively affects EMS availability, efficiency, and effectiveness.	The ESFD should explore options to minimize wall time, so that ambulance crews can quickly return to an available status. Although there may be other solutions, BerryDunn recommends the City consider hiring and staffing an EMT-level person to work in the hospital ER. This staff member would monitor and provide immediate care until the hospital has the availability to accept the incoming patient. This would allow the ALS/BLS ambulances to respond to their service area and be available for other calls.	
CLCC CFS Protocol Development and Monitoring			
No.	Finding	Recommendation	Priority
6	The CLCC has experienced challenges in aligning dispatched resources with the appropriate CFS type. Despite efforts to improve these alignment challenges (particularly through the ESFD), there is	The CLCC should work with those within the CFSRS to develop and/or refine dispatch protocols associated with all CFS types, to help maximize the consistent alignment of CFS types with dispatched	

	<p>an ongoing need to develop protocols that more consistently result in identifying the correct CFS need and aligning that need with the appropriate CFSRS personnel. When the wrong personnel are sent to a CFS, or when too many or too few personnel are dispatched, overall system efficiency and effectiveness is compromised.</p>	<p>resources.</p> <p>The City should encourage and support the CLCC, City departments, and the entire CFSRS to work together collaboratively to fine-tune and align unit assignments, consistent with each CFS type. Protocols should be developed and/or refined, consistent with the CFS realignment work outlined in recommendation 2.</p>	
Alternative Response Coordination			
No.	Finding	Recommendation	Priority
7	<p>The CFSRS for the City involves effort by no less than four City departments, more than a dozen City units and personnel classifications, and various outsourced contracted services. The CFSRS is a complex service delivery system, with many overlaps in services provided, and regular collaboration across departments, units, and contracted personnel. The CFSRS currently lacks refined coordination of efforts, which has contributed to redundant and duplicated effort and other inefficiencies.</p>	<p>The City should create a non-sworn civilian CFSRS Response Coordinator position that serves as a liaison and resource for the CFSRS. This position should serve as a resource for management and supervision of all operational aspects of the CFSRS and monitor availability and distribution of resource needs across the City.</p>	
Limited-Duration Positions			
No.	Finding	Recommendation	Priority
8	<p>As it has expanded various services to the community, the City has created numerous limited-duration positions. These positions, which are not permanent, have created uncertainty among staff who hold them. The limited nature of these positions produces an environment in which many positions lack stability, including those who backfill the vacated positions of staff serving in a limited-duration role. This uneasiness and lack of stability can affect staff morale and contribute to retention and recruiting challenges.</p>	<p>The City should regularly evaluate limited-duration positions, and once a limited-duration position has been determined to be necessary and useful, the City should reclassify the position as permanent and make any backfill positions permanent at the same time.</p>	

EPD Workload Analysis			
No.	Finding	Recommendation	Priority
9	Based on a limited review of the workloads of the EPD, BerryDunn has determined that the EPD would benefit from a full and detailed workload analysis of its CFS responding personnel, both sworn and non-sworn. Lack of clarity of workloads against capacities interferes with long-term planning and meeting service delivery expectations of the community.	BerryDunn recommends that the EPD conduct a thorough workload analysis of its CFS response personnel, to identify and compare workloads and work demands against unit and department capabilities.	
Customize MMS Data Capture			
No.	Finding	Recommendation	Priority
10	The MMS that different City departments and staff use lacks various data elements that are vital to monitoring and determining the efficiency and effectiveness of the CFSRS for the City. The lack of this data interferes with the City's ability to understand workloads and demands, which complicates determining staffing needs and allocations. Additionally, workflows within the MMS do not provide real-time notification of a service demand to the department, unit, and/or staff responsible for completing it. This contributes to tasks taking longer than necessary to complete and can reduce community confidence in the system and City staff.	City staff should update the MMS to include various data reporting as outlined in recommendation 2. Additionally, the MMS should be updated to improve workflows, so that staff responsible for completing various MMS assignments receive real-time notification of pending work.	
Working Conditions and Equipment Needs Analysis			
No.	Finding	Recommendation	Priority
11	City staff may lack equipment that are critical to safe, efficient, and effective performance of the work assigned to them. Not having the right equipment can contribute to inefficient work and concerns about personal safety, particularly when staff must perform work under potentially dangerous conditions.	The City should conduct an analysis of the working conditions and equipment needs of all CFSRS staff. The analysis should focus on helping ensure that staff are reasonably equipped to perform assigned roles and have access to appropriate safety equipment.	

Alternative and Unhoused Response and Community Communication			
No.	Finding	Recommendation	Priority
12	The City allocates significant funding and resources to serve the unhoused and to provide efficient, effective, and cost-conscious services to the community. The community likely is unaware of the extent of these services and the City's efforts providing them and the myriad other services available throughout the City.	The City should develop a coordinated education and communication plan to inform visitors and residents about the City's efforts and about other resources available.	
MIH-CP / Alternative EMS Services			
No.	Finding	Recommendation	Priority
13	The ESFD has implemented a new ambulance response model, which should improve EMS availability and the efficient and effective delivery of those services. The ESFD initially considered pursuing MIH-CP as an opportunity for improving EMS availability and services, however, early discussions as part of the Community Safety Initiative (CSI) steered the ESFD toward revisions to its ambulance response model and did not include MIH-CP as part of the proposed solution. As a whole, however, the larger healthcare system within the City is overburdened. This includes ambulance response, ERs, and mental health resources. Without the provision of additional services, the healthcare system within the City will continue to struggle to meet the needs of visitors and residents.	The City should consider adopting a community paramedic or MIH-CP model, to supplement to its already robust EMS ambulance response system. Adopting a community paramedic or MIH-CP model would likely relieve a portion of the EMS ambulance CFS burden. However, because MIH-CP programs focus on low-level, high-volume services that are common to the unhoused, adding MIH-CP to the City's EMS response portfolio would also likely positively affect the overall capacity and effectiveness of the larger healthcare system within the City.	

Acronyms

Acronym	Description
ALS	Advanced Life Support
BLS	Basic Life Support
CAHOOTS	Crisis Assistance Helping Out On The Streets
CFS	Calls for Service
CFSRS	Calls for Service Response System
City	City of Eugene
CLCC	Central Lane Communication Center
CSI	Community Safety Initiative
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EPD	Eugene Police Department
ER	Emergency Room
ESFD	Eugene/Springfield Fire Department
MIH-CP	Mobile Integrated Healthcare Services – Community Paramedicine
MMS	Maintenance Management System
NFPA	National Fire Prevention Association
RFP	Request for Proposal