DRAFT

October 2, 2000

CITY OF SHORELINE

SHORELINE CITY COUNCIL
SUMMARY MINUTES OF WORKSHOP MEETING

Monday, October 2, 2000
6:30 p.m.

Shoreline Conference Center
Mt. Rainier Room

PRESENT: Mayor Jepsen, Deputy Mayor Hansen, Councilmembers Grossman, Gustafson, Montgomery and Ransom

ABSENT: Councilmember Lee

1. CALL TO ORDER

The meeting was called to order at 6:30 p.m. by Mayor Jepsen, who presided.

2. FLAG SALUTE/ROLL CALL

Mayor Jepsen led the flag salute. Upon roll call by the City Clerk, all Councilmembers were present with the exception of Councilmember Lee.

Councilmember Gustafson moved to excuse Councilmember Lee. Councilmember Montgomery seconded the motion, which carried unanimously.

3. CITY MANAGER'S REPORT AND FUTURE AGENDAS

Assistant City Manager Larry Bauman discussed proposed dates for City Council budget workshops: November 6, 13 and 20. He acknowledged that Councilmember travel to the December 5-9 National League of Cities Conference may conflict with a December 4 target date for Council adoption of the 2001 budget. He proposed November 27 and December 11 as alternatives, depending upon the progress of Council review in the earlier workshops. Council concurred.

In response to Mayor Jepsen, Mr. Bauman advised that staff will present the proposed 2001 budget to Council October 23.

City Manager Robert Deis provided materials from the September 26 open house regarding the Interurban Trail Project. He said staff plans to brief Council on Interurban Trail options at workshops in November and January.

Next, Mr. Deis reported that a power outage at the Hidden Lake Pumping Station resulted in the discharge of 67,000 gallons of sewage through the emergency outfall pipe just north of Boeing Creek.

Finally, Mr. Deis requested an executive session after "Continued Public Comment" to discuss one item of personnel.

4. COUNCIL REPORTS

Councilmember Ransom mentioned difficulty obtaining materials from King County in advance of King County Jail Advisory Committee consideration of the jail budget.

Deputy Mayor Hansen said he attended the Puget Sound Regional Council meeting last week. He also noted media reports of a large sockeye salmon run on the Cedar River and of the significant return migration of coho salmon to the Issaquah Hatchery. He advocated a hatchery program in Shoreline.

Mayor Jepsen mentioned an exhibit at the Shoreline Historical Museum celebrating the first five years of the City's incorporation.

Mayor Jepsen discussed the September 21 Special Joint Workshop between the Planning Commission and the City Council regarding the North City Sub-area Plan. He said a recommendation to consider tax abatement will require consultation with other taxing jurisdictions, considering that the City receives a small portion of Shoreline property tax revenues.

In response to Mr. Deis, Council supported cancellation of its October 16 workshop.

5. PUBLIC COMMENT: None

6. WORKSHOP ITEMS

(a) Russ McCurdy, 17532 Aurora Avenue N, recommended the Aurora Improvement Council (AIC) as a source of information about the Aurora Corridor. He said the AIC supports sidewalks in the Aurora Corridor Project of eight feet in width. He mentioned the redevelopment of Aurora Avenue in Edmonds, which includes eight-foot-wide sidewalks and a right-of-way of approximately 110 feet with left- and right-turn lanes. He advocated Council reconsideration of these aspects of the Aurora Corridor Project and of related elements in the Comprehensive Plan.

(b) Ken Howe, 745 N 184th Street, mentioned the Richmond Highlands centennial celebration at Costco, where four photographs of the Echo Lake trolley stop, taken in 1919, are on display. He noted his attendance at the Heritage 2000 conference in Portland, Oregon. He commented that representatives of King and Snohomish Counties, and Seattle, Bothell and Lynnwood also attended.

Mayor Jepsen explained that Council adopted policies to facilitate the progress of the Aurora Corridor Project. He noted that Council has not yet received specific engineering analysis of the project impacts. He said he wants to see that analysis before reaching conclusions about the width of the sidewalks. He stressed the importance of such

analysis to understanding the corridor, the alignment of the right-of-way and the impacts on businesses. Councilmember Gustafson concurred.

6. WORKSHOP ITEMS

(a) Briefing Regarding King County Local Option Tax Ballot Measure for Transit Funding

Mr. Deis addressed the statement in the "Recommendation" section on page four of the staff report that "Your Council may also want to comment in support of the ballot measure." He explained that staff would need to schedule consideration of the measure at another Council meeting, including a public hearing and speakers supporting and opposing the measure, to enable Council to take a position on the measure.

Transportation Planner Sarah Bohlen reviewed the staff report. She also reviewed the King County decision-making structure regarding transit services. The Regional Transit Committee, the Transportation Committee and the Budget Committee are responsible for planning/policy work, implementation/operation decisions and capital improvement/ funding, respectively. She discussed the role of the County Council and the County Executive. She mentioned the Transit Advisory Committee, a group of 15 County citizens which serves as a "sounding board" to the County Council and County Executive on transit issues.

King County Councilmember Maggi Fimia mentioned that she attended the September 26 open house regarding the Interurban Trail Project. She expressed her enthusiasm about the project.

County Councilmember Fimia noted that Paulette Gust, who represents the Shoreline area, was elected chair of the Transit Advisory Committee.

County Councilmember Fimia said County Executive Ron Sims used emergency powers to eliminate approximately 160,000 hours of bus services last year after passage of Initiative 695. She noted Regional Transit Committee opposition to the size of the cuts. She said the County Executive based the cuts on the productivity of routes without consideration to "lifeline issues."

County Councilmember Fimia noted projected revenues from the King County Local Option Tax Ballot Measure (Proposition 1) at $78 million the first year and $82 million the following year. She said a proposed fare increase will replace approximately $12.8 million more of the funding lost after passage of I-695. Noting that fare increases decrease ridership, she advocated the identification of other revenue sources. She mentioned that the Regional Transit Committee, on which Councilmember Montgomery participates, will have input on fare policy.

County Councilmember Fimia said if Proposition 1 fails, the County will implement a schedule of additional service cuts in June 2001. She discussed the policy decisions for

such reductions. She mentioned disagreement between representatives of the west sub-area (which includes Seattle, Shoreline, Lake Forest Park and Kenmore) and the east and south sub-areas about the method for measuring the productivity of bus routes and about the reduction of services below the base level in a given sub-area. She also noted the choice between providing more frequent service to areas of higher density and providing service to more geographic areas.

County Councilmember Fimia went on to discuss Initiative 745, which would direct the State Legislature to adopt legislation requiring the expenditure of 90 percent of transportation funds on road construction.

Finally, County Councilmember Fimia discussed the October 4 "Expert Review Panel on Sound Transit Light Rail: Costs, Ridership, Impacts and Alternatives," which Councilmember Grossman is co-sponsoring.

David Hopkins, Regional Transit Manager, King County Executive's Office, explained that County Executive Sims has prepared two budgets, one assuming no new revenue source for transit and one assuming passage of Proposition 1. He went on to review the proposal based on passage of the proposition.

Mayor Jepsen invited public comment.

(1) Richard Johnsen, 16730 Meridian Avenue N, asserted the futility of supporting Proposition 1 given the potential passage of I-745. He advocated the extension of bus route 301 into non-peak service from the Shoreline Park and Ride to the Northgate Transit Center. He requested additional discussion of the Link light rail system.

Mayor Jepsen said the City advocates more east-west bus service in Shoreline and more bus service between Shoreline and places besides downtown Seattle.

County Councilmember Fimia acknowledged the ambiguity of passage of both I-745 and Proposition 1. She expressed her willingness to consider changes to route 301 as part of a process of service enhancements.

Mayor Jepsen noted that Council supported County Executive Sims' TRIP 21 proposal assuming 1) full restoration of bus service in Shoreline and 2) the extension of light rail to Northgate. He distinguished the 148,000 hours of bus service that the County proposes to restore throughout the system should Proposition 1 pass from the restoration of those specific bus services previously cut in Shoreline. He noted that Shoreline has received no additional transit services from the implementation of Sound Transit. He commented that Council has considered transit services from a regional perspective in the past and that it is now asking for transit services for Shoreline.

County Councilmember Fimia asserted that the County should restore the number of bus service hours that Shoreline previously lost. She said Shoreline will need to decide

whether to recreate the exact same service or to distribute the hours differently. She commented that the County Executive "has ideas about what's productive and what's not" and that communities may or may not agree.

Councilmember Montgomery attested to the disagreement on the Regional Transit Committee between the Seattle City Councilmembers and the representatives of the Suburban Cities Association (SCA) about the method for measuring the productivity of bus routes. She noted that most of the SCA representatives are from communities in the south and east sub-areas. She said she has explained that she must "somewhat support" the productivity measurement advocated by the west sub-area (i.e., number of passengers). She encouraged Councilmembers to review the materials regarding the October 4 expert review panel on light rail. She said she shares many of the concerns that have been raised about the Link light rail system.

Mr. Hopkins said the County wants to work with Shoreline to determine how to restore the service hours previously cut. He mentioned three alternatives: restoration of the previous services; restructuring of the service network to fill gaps in coverage or hours; or focusing on a transit priority investment in the six-year plan.

Councilmember Montgomery said the bus services that the County eliminated in Shoreline involved routes without heavy ridership. She asserted that Shoreline is more heavily impacted by cuts than some communities because of its large disabled population.

County Councilmember Fimia explained that, because Shoreline shares a sub-area with Seattle, the productivity of bus routes in Shoreline is measured against the productivity of routes in Seattle. She said the standards in the east and south sub-areas are "somewhat lower"—a route needs fewer riders per hour to qualify as productive. She advocated that the Regional Transit Committee separate the north King County area (i.e., Shoreline, Lake Forest Park and Kenmore) from Seattle and that this area be subject to the same productivity standards as the east and south sub-areas. Mayor Jepsen and Councilmember Gustafson expressed support for this approach.

Councilmember Ransom asked what it will take, and how Council can help, to restore bus routes in the north end of King County. County Councilmember Fimia stressed the importance of the passage of Proposition 1, the failure of I-745 and work with County Executive Sims to insure his support for the restoration of service hours to the jurisdictions from which they were cut. She said County Councilmembers support the restoration of service hours to the jurisdictions.

Referencing Section 6 of King County Ordinance 13931, Councilmember Fimia confirmed that the "capital needs of public transportation" refers solely to Metro bus services.

Mayor Jepsen asserted the difficulty of trying to tell Shoreline residents who ask how to vote on Proposition 1 what they will receive. He said the County says Shoreline will

receive additional bus service hours, but it cannot say where it will deploy the hours. He reiterated that Shoreline received similar assurances about Sound Transit.

Deputy Mayor Hansen asserted that the County cannot assure anything if Proposition 1 passes. It can assure that if it doesn't pass, the result will be the dismantling of the Metro bus system. He commented that it would cost a lot more to restore the system in the future than it will to maintain it now.

County Councilmember Fimia said the jurisdictions are all on very firm ground if Proposition 1 passes to say the County should restore the service hours previously cut.

Councilmember Montgomery predicted that Proposition 1 will pass and that I-745 will not pass. She expressed concern that media coverage of the failure of an expensive County computer project and of concerns about Sound Transit will cause people to vote against Proposition 1.

Councilmember Gustafson reiterated the concern about what Shoreline will receive from passage of Proposition 1. He said he has advocated the extension of light rail to Northgate. He expressed disappointment that the proposition does not include funding for that purpose. He described the efficient, integrated transit services in the New York City area. He asserted that construction of light rail in the Puget Sound region will only grow more expensive.

In response to Councilmember Gustafson, County Councilmember Fimia explained that Sound Transit has unused taxing capacity. She said Sound Transit could seek voter approval of additional taxes to fund light rail. She went on to explain her concern about the "opportunity cost" of investing in light rail. She said the $50 billion investment over 30 years in the Metropolitan Area Transportation Plan (MTP), which includes 125 miles of light rail as well as high-occupancy-vehicle (HOV) lanes, achieves only an incremental shift in mode ridership. She noted the question of "how to maximize those investments in any kind of road capacity improvements."

Mr. Hopkins said County Executive Sims supports the extension of light rail to Northgate in the belief that it will enhance the carrying capacity of the regional transit system and allow the redeployment of additional bus service hours in other areas. He described the Smart Card project as a continuation of the regional fare integration that Sound Transit initiated. He said riders will soon be able to transfer between any of the transit systems in the region.

In summary, Mayor Jepsen said Council looks forward to working with the County to insure the restoration of bus service hours to Shoreline.

7. CONTINUED PUBLIC COMMENT: None

8. EXECUTIVE SESSION

At 8:15 p.m., Mayor Jepsen announced that Council would recess into executive session for 30 minutes to discuss one item of personnel.

At 9:00 p.m., the executive session concluded, and the workshop reconvened.

9. ADJOURNMENT

At 9:01 p.m., Mayor Jepsen declared the meeting adjourned.

_____
Sharon Mattioli, CMC
City Clerk

October 9, 2000

DRAFT

CITY OF SHORELINE

SHORELINE CITY COUNCIL
SUMMARY MINUTES OF DINNER MEETING

Monday, October 9, 2000
6:00 p.m.

Shoreline Conference Center
Highlander Room

PRESENT: Mayor Jepsen, Deputy Mayor Hansen, Councilmembers Grossman, Gustafson, Lee and Ransom

ABSENT: Councilmember Montgomery

STAFF: Robert Deis, City Manager; Larry Bauman, Assistant City Manager; Rob Beem, Health and Human Services Manager

The meeting convened at 6:15 p.m.

Mayor Jepsen noted that U.S. Representative Jay Inslee announced that he had secured a line item of $6 million in the federal transportation budget for the City of Shoreline Aurora Corridor Project. Mayor Jepsen suggested that Council set aside time for Representative Inslee to speak at the beginning of the meeting. Councilmembers supported a suspension of the meeting rules to provide time for Representative Inslee to speak.

Mayor Jepsen went on to introduce the topic of the capital needs of non-profit agencies located in Shoreline. Health and Human Services Manager Rob Beem and Assistant City Manager Larry Bauman described staff work to assess such needs.

Councilmember Lee left the meeting at 6:45 p.m.

Councilmembers discussed options for City budget support of the capital plans of non-profit agencies located in Shoreline.

Councilmember Ransom suggested the creation of a process with criteria for providing capital funds to non-profit agencies.

Mayor Jepsen said establishment of a pool of capital funds should follow after the Council budget workshops. He commented that the City will know then how much money it has available for other groups.

There was Council consensus to direct the City Manager to maintain the $15,000 he had intended to include in the proposed 2001 City budget to allow further discussion during the budget workshops.

Next, Mayor Jepsen noted a letter from King County Councilmember Maggi Fimia concerning the budget proviso she sponsored to create a steering committee for the transit oriented development at Aurora Avenue and 192nd Street. Mayor Jepsen suggested that the City refuse to participate in the process developed by County Councilmember Fimia.

Councilmembers discussed the potential impact of the steering committee and its potential role in directing the master planning of the project.

City Manager Robert Deis suggested that City staff clarify with County Councilmember Fimia whether the Steering Committee would exist for input and communication about the project or whether it would have authority to direct the project.

There was Council consensus to invite County Councilmember Fimia to participate in the project advisory committee. Councilmembers agreed that the City would not participate in the committee as described by County Councilmember Fimia. Mayor Jepsen agreed to send a letter describing this decision to County Councilmember Fimia.

Mr. Deis asked if Council wants to hold a public hearing to take a position on Initiative 722. There was Council consensus not to take a position on the initiative.

At 7:27 p.m., the meeting adjourned.

_____

Larry Bauman, Assistant City Manager

Council Meeting Date: October 23, 2000 **Agenda Item: 7(b)**

CITY COUNCIL AGENDA ITEM

CITY OF SHORELINE, WASHINGTON

AGENDA TITLE:	Approval of Expenses and Payroll as of October 5, 2000
DEPARTMENT:	Finance
PRESENTED BY:	Al Juarez, Financial Operations Supervisor

EXECUTIVE / COUNCIL SUMMARY

It is necessary for the Council to approve expenses formally at the meeting. The following claims expenses have been reviewed by C. Robert Morseburg, Auditor on contract to review all payment vouchers.

RECOMMENDATION

Motion: I move to approve Payroll and Claims in the amount of $1,515,110.57 specified in the following detail:

Payroll and benefits for September 17 through September 30 in the amount of $287,897.33 paid with ADP checks 2891 through 2893, 4839 through 4898, vouchers 400001 through 400108 and benefit checks 6152 through 6162.

the following claims examined by C. Robert Morseburg paid on September 28, 2000:

Expenses in the amount of $30,921.75 paid on Expense Register dated 9/21/00 with the following claim check: 5969 and

Expenses in the amount of $33,288.10 paid on Expense Register dated 9/21/00 with the following claim checks: 5970-5973 and

Expenses in the amount of $2,305.54 paid on Expense Register dated 9/26/00 with the following claim checks: 5985-5999 and

Expenses in the amount of $7,843.13 paid on Expense Register dated 9/26/00 with the following claim check: 6000 and

Expenses in the amount of $1,120.00 paid on Expense Register dated 9/27/00 with the following claim checks: 6001-6007 and

Expenses in the amount of $57,810.37 paid on Expense Register dated 9/27/00 with the following claim checks: 6008-6028 and

Expenses in the amount of $23,408.55 paid on Expense Register dated 9/27/00 with the following claim checks: 6029-6048 and

Expenses in the amount of $19,164.54 paid on Expense Register dated 9/28/00 with the following claim checks: 6049-6063 and

the following claims examined by C. Robert Morseburg paid on October 5, 2000:

Expenses in the amount of $1,118.59 paid on Expense Register dated 10/3/00 with the following claim checks: 6082-6083 and

Expenses in the amount of $11,760.57 paid on Expense Register dated 10/4/00 with the following claim checks: 6084-6101 and

Expenses in the amount of $9,066.11 paid on Expense Register dated 10/4/00 with the following claim checks: 6102-6122 and

Expenses in the amount of $1,029,405.99 paid on Expense Register dated 10/5/00 with the following claim checks: 6123-6151

Approved By: City Manager ____ City Attorney ___

Council Meeting Date: October 23, 2000 **Agenda Item:** 7(c)

CITY COUNCIL AGENDA ITEM

CITY OF SHORELINE, WASHINGTON

AGENDA TITLE:	Approval of Echo Lake Neighborhood Mini-Grant for $3,000
DEPARTMENT:	Community/Government Relations
PRESENTED BY:	Ellen Broeske, Neighborhoods Coordinator Joyce Nichols, C/GR Manager

EXECUTIVE / COUNCIL SUMMARY

The Echo Lake Neighborhood Association is requesting $3,000 in 2000 Mini-Grant funds to purchase and install three benches and two picnic tables at Shoreline Park. Neighborhood volunteers, supervised by the Shoreline Parks, Recreation and Cultural Services staff, will excavate for concrete slabs, build forms, mix, pour and finish cement to secure the equipment.

Project Coordinator Dwight Stevens, who has experience with concrete work and general construction, will serve as project superintendent. Twelve neighborhood volunteers have been identified to assist with the labor required to install the equipment.

The benches and tables to be purchased are standard Parks approved outdoor equipment (Attachment A). They will be installed in the area along the west side of Shoreline Park just north of the Shoreline pool with precise locations selected in consultation with and approval from the Shoreline Parks Superintendent who has approved the project proposal (Attachment B).

The Echo Lake Neighborhood Association is requesting $3,000 for this project. The neighborhood will provide $3,050 in volunteer labor as matching funds for the Mini-Grant. The total project value is $6,050.

Your Council has previously approved a total of $2,100 in 1999 Mini-Grant funds for the addition of benches and picnic tables at Echo Lake Park. That project was successfully completed in September 1999.

Project Budget		**Project Match**	
Benches $310 x 3	$ 930	Volunteer labor to: build concrete forms, prepare five sites,	
Tables $571 x 2	1,142	mix, pour & finish five concrete slabs, remove	
Freight	575	forms, install benches, backfill dirt, level	
Tax	228	200 hours x $10/hr	$2,000
Contingency	125	Site supervisor 35 hours x $30/hr.	1,050
TOTAL	**$3,000**	**TOTAL MATCH**	**$3,050**

Background:

Resolution No. 54 established the Neighborhoods Mini-Grant Program, with the process and administration of the funds to be handled by the Office of Neighborhoods. The allocation of the total funds available is determined from year to year by appropriation of the City Council. All such grants to individual neighborhood associations are governed by rules approved by the City Council on October 7, 1996 and amended on November 23, 1998. Grants must be approved by your Council prior to their implementation.

Mini-Grants provide equal grants of up to $5,000 to each of the active, organized, qualifying neighborhood associations in the City of Shoreline. Neighborhood associations are required to match Mini-Grant funds. A match may be generated from co-sponsoring groups, businesses, organizations, schools, media, in-kind donations and/or "sweat equity."

Mini-Grant project categories include the following:

- Projects that create or enhance a tangible improvement in the neighborhood;
- Projects that disseminate information and increase awareness of the goals and mission of the neighborhood association to the neighborhood community;
- Projects that directly benefit a public agency or organization and its immediate neighborhood, and that require the active involvement of both the public agency and members of the neighborhood in planning and carrying out the program.

RECOMMENDATION

Staff recommends authorization of $3,000 in Mini-Grant funds for the Echo Lake Neighborhood Association to purchase benches and picnic tables for Shoreline Park.

Approved By: City Manager City Attorney 

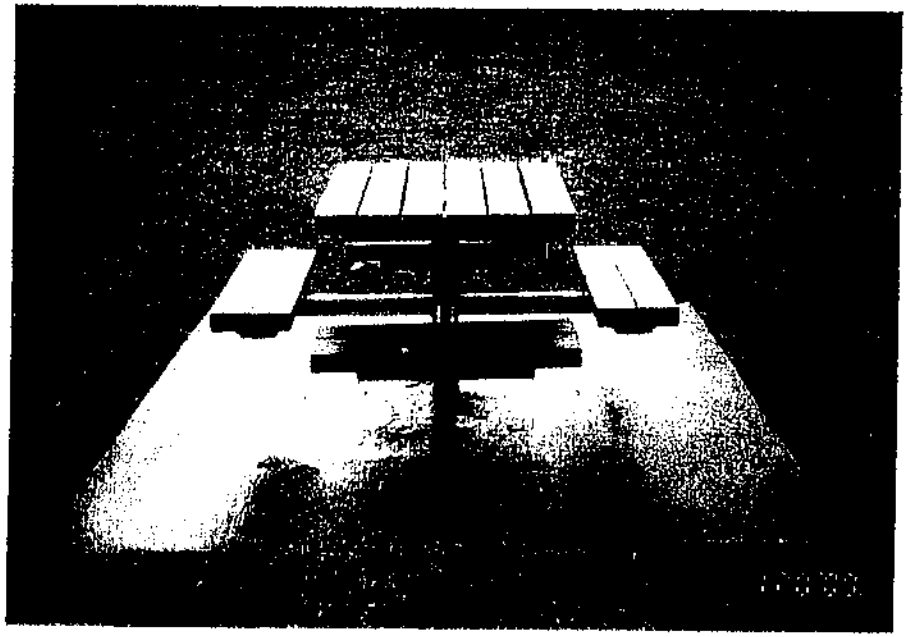
ATTACHMENTS

Attachment A: Photo of selected picnic tables
Attachment B: Photo of selected benches
Attachment C: Letter of Endorsement from Parks Superintendent

Picnic Tables

Minimum Standards

- *Pressure treated wood planks*
- *Beveled edges on all planks*
- *Hot dipped galvanized metal*

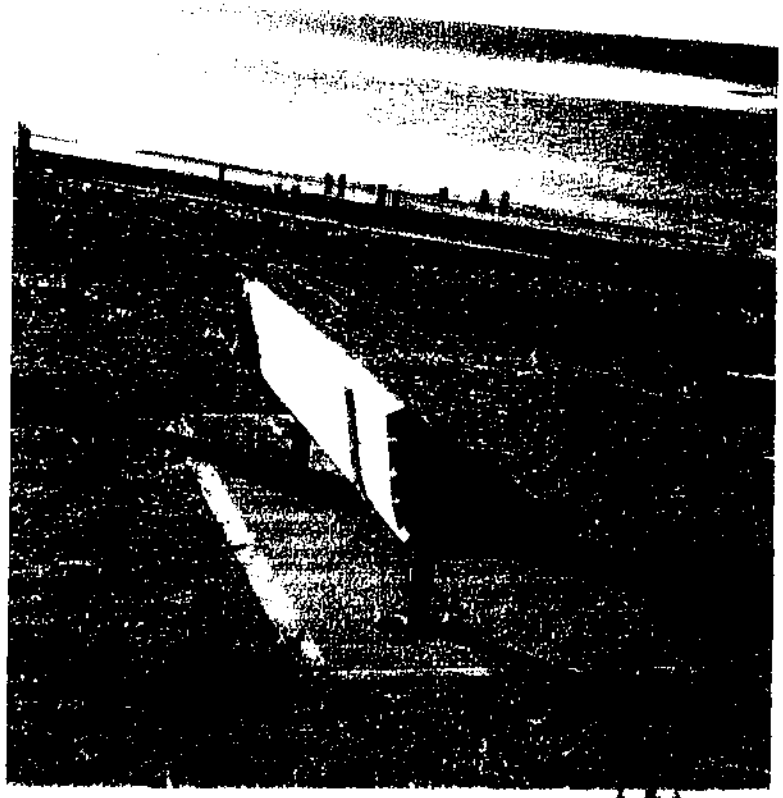


CITY OF SHORELINE

Benches

Minimum Standards

- ***Contour bench supports - 3.8" X 4" rolled steel***
- ***Memorial benches 8'***
- ***Other benches 6'***
- ***Redwood decay resistant sealer***
- ***Where applicable, place on cement pad***



CITY OF SHORELINE

9/22/00

Dear Office of Neighborhoods:

The City of Shoreline Parks, Recreation and Cultural Services Department has reviewed Echo Lake Neighborhood Association's mini-grant proposal for park improvements at Shoreline Park. The benches and picnic tables proposed by the Association would be a valuable contribution to the park.

Staff appreciates Echo Lake Neighborhood Association's hard work and the Park Maintenance Department endorses their efforts.

Please do not hesitate to contact me with any questions.

Thank you,

Kirk Peterson

Kirk Peterson

Parks Superintendent

Cc. Wendy Barry, Parks Director

Council Meeting Date: October 23, 2000 **Agenda Item: 7(d)**

CITY COUNCIL AGENDA ITEM

CITY OF SHORELINE, WASHINGTON

AGENDA TITLE:	Approval of Ridgecrest Neighborhood Association Mini-Grant of $5,000
DEPARTMENT:	Community/Government Relations
PRESENTED BY:	Ellen Broeske, Neighborhoods Coordinator Joyce Nichols, C/GR Manager

EXECUTIVE / COUNCIL SUMMARY

The Ridgecrest Neighborhood Association is requesting $5,000 in 2000 Mini-Grant funds to purchase trees to plant in the Ridgecrest neighborhood.

The neighborhood will purchase 106 plum, maple, pear, hawthorn and cherry trees to plant on NE 165th from 5th to 15th NE, 5th NE from 145th to 175th, NE 155th from I-5 to 15th NE, locations on NE 175th, 10th NE and possibly, in Ridgecrest Park. Once exact locations are identified, site plans will be submitted to Public Works Department staff for approval, and the species of trees to be used will be consistent with types previously approved by the City.

The Ridgecrest Neighborhood Association has experience planting and maintaining trees in its neighborhood. In 1998 members planted over 50 trees along portions of 5th NE, NE 165th, NE 155th and on NE 174th near the Shoreline Public Library. Volunteers from the Ridgecrest Neighborhood Association as well as adjacent neighbors have cared for the original trees and most are doing well. About six trees have been lost to vandalism and tree death and those will be replaced as part of this project.

Volunteers will select and purchase trees in consultation with City staff, plant and maintain trees for a minimum of two years. Residents near the trees will be asked to water the tree weekly for the first two years after planting.

Because volunteers will be working in City right-of-way, a right-of-way permit and insurance covering Ridgecrest Neighborhood Association and the City of Shoreline will be obtained.

Project Budget		**Volunteer Match**	
106 Trees @ $40 ea.	$4,240	Site evaluations, tree selection, consultation w/ staff, Purchasing, tree transport - 40 hrs. x $10/hr.	400
212 Stakes @1.85 ea	392		
Insurance	185		
Mulch/soil	65		
Wire/miscellaneous	43	Tree planting - 230 hrs. x $10/hr.	2,300

Contingency @15%	75	Tree maintenance –240 hrs. x $10	2,400
TOTAL	**$5,000**	**MATCH**	**$5,100**

Background:

Resolution No. 54 established the Neighborhoods Mini-Grant Program, with the process and administration of funds to be handled by the Office of Neighborhoods. The allocation of total funds available is determined from year to year by appropriation of the City Council. All such grants to individual neighborhood associations are governed by rules approved by the City Council on November 23, 1998. Grants must be approved by your Council prior to their implementation.

Mini-Grants provide equal grants of up to $5,000 to each of the active, organized, qualifying neighborhood associations in the City of Shoreline. Neighborhood associations are required to match Mini-Grant funds. A match may be generated from co-sponsoring groups, businesses, organizations, schools, or media, in the form of cash, in-kind donations and/or "sweat equity."

Mini-Grant project categories include the following:

- Projects that create or enhance a tangible improvement in the neighborhood;
- Projects that disseminate information and increase awareness of the goals and mission of the neighborhood association to the neighborhood community;
- Projects that directly benefit a public agency or organization and its immediate neighborhood, and that require the active involvement of both the public agency and members of the neighborhood in planning and carrying out the program.

The Ridgecrest Neighborhood Association project is appropriate for Mini-Grant funding, providing a tangible and lasting improvement to the neighborhood. Addition and replacement of trees enhances neighborhood livability, provides habitat for wildlife, provides a buffer in the urban environment, and increases community pride.

RECOMMENDATION

Staff recommends authorization of $5,000 in 2000 Mini-Grant funds for the Ridgecrest Neighborhood Association to purchase trees for the Ridgecrest Neighborhood.

Approved By: City Manager LB City Attorney

Council Meeting Date: October 23, 2000 **Agenda Item:** 7(e)

CITY COUNCIL AGENDA ITEM

CITY OF SHORELINE, WASHINGTON

AGENDA TITLE:	Adoption of Resolution No. 170 Establishing Revised City Personnel Policies and Revised Code of Ethics
DEPARTMENT:	Human Resources; City Attorney
PRESENTED BY:	Ian Sievers, City Attorney Marci Wright, Human Resources Director

EXECUTIVE / COUNCIL SUMMARY

In June 1999, your City Council adopted revised Personnel Policies. In our ongoing effort to ensure that our policies are viable and effective, we have identified three additional needed revisions: 1) revision to the policy that controls employees outside employment opportunities to better state existing policy; 2) add new language covering employee's use of the City's telephone systems, including long distance and wireless phone service; and 3) amendment of the policy on other communication systems to clarify that City systems shall not be used to promote any profit making activity or outside employment.

On a related matter, the Shoreline Code of Ethics adopted by Resolution 30 in August 1995 also includes restrictions on outside financial interests and misuse of confidential information or City resources under Section 6 of that document. This section currently allows an interest in contracts with the City of "less than $9,000 per year as provided in the State law." This section was not an accurate reflection of the limited interests allowed under State law. RCW 42.23.030 allowed a $9,000 interest in contracts made by or for the employee's office only in cities of less than 10,000 population. This law was amended in 1999 to increase the limited interest amount but the amendment did not change the population threshold. Section 6 is corrected to show that no interest in City contracts connected to the employee's responsibilities are permitted unless allowed by State law.

These revisions have been reviewed by the City Management Team and we provided an opportunity for review by all City employees. We are satisfied that City managers and employees are comfortable with the revised draft and are requesting your Council's adoption of revised policies.

We have attached for your Council's review two different versions of the draft revised policies:

- A copy with revised sections of the policies (Attachment A and B)
- A copy of the revisions in "bill form" highlighting all proposed additions and deletions to the policies. (Attachment C)

We have also attached Resolution No. 170, adopting the revised policies. (Attachment D)

RECOMMENDATION

Staff recommends that Council approve Resolution No. 170 adopting revisions to City of Shoreline Personnel Policies.

ATTACHMENTS

A. Employee Handbook
B. Code of Ethics
C. Amended Sections Showing Revisions
D. Resolution No. 170

Approved By: City Manager LB City Attorney

4.15 Outside Employment

The City expects that it shall be the primary employer for all regular employees. Therefore, employees shall not engage in employment or render services for pay for any public or private interest (including self-employment) when such activity may:

A. Occur during working hours;
B. Detract from the efficiency of the employee while performing City duties;
C. Constitute a conflict of interest or create an appearance of impropriety as determined by the City Manager;
D. Utilize confidential information or contacts made during City employment which would give an unfair insider advantage or would otherwise be an inappropriate use or disclosure of such information or contacts;
E. Take preference over extra duty required by City employment;
F. Interfere with emergency callout duty;
G. Tend to impair independence of judgment or action in performance of official duties;
H. Involve the use of any City resources such as copiers, telephones, supplies, other equipment, or time; or
I. Interfere in any other manner with the employee's provision of quality customer service.

In order to protect the interests of both the City and the employee, it is important that an employee and his or her Department Director have an opportunity to discuss any outside employment with the goal of avoiding any possible conflicts between the City and the other employment. Prior to engaging in any outside employment, an employee shall provide his or her Department Director with written notice of his or her intent to engage in the outside work. If an employee is unsure as to these criteria or the effect of his or her outside employment, he/she should consult with his or her Department Director or the Human Resources Director for clarification. After receiving the employee's request, the Department Director shall consult Human Resources and if the request complies with this policy, the Director may approve the outside employment.

If the Department Director, in consultation with the Human Resources Director, determines that the outside employment interferes with or reduces the efficiency of City employment, then the Director shall recommend to the City Manager that the request to engage in the employment shall be denied. After considering the employee's written request and the recommendation of the Department Director and Human Resources, the City Manager shall make a decision approving or denying the request.

Failure to comply with these provisions concerning outside employment may be grounds for disciplinary action, up to and including termination.

8.12 Telephone, E-Mail, Voice Mail and Other Communication Systems and City Equipment

Computers, electronic mail, telephones, voice mail, facsimile machines, copy machines and other information-related City equipment are provided to employees to be used for City business purposes and may be accessed by other City staff. No message or file monitoring by the City will occur without prior permission of the City Manager, however employees should keep in mind that supervisors are responsible for regular monitoring of phone call identification logs to enforce this policy.

As a public agency, most City records are public and can be protected from disclosure only as provided by law. As a result, employees must be aware that e-mail, along with most other written documents, may be subject to public disclosure.

Employees are not to attempt to gain access to another employee's computer file, e-mail messages or voice mail messages without that employee's permission.

The City's e-mail, voice mail and other information systems may not be used in a way that could be disruptive or offensive to others. Employees shall not negligently or willfully damage City equipment nor engage in unauthorized use.

The personal use of equipment should be minimized. It is permissible to place or receive occasional personal calls or e-mail for the convenience of the employee. The City also recognizes that it is unrealistic to expect employees assigned cellular phones for certain positions to maintain separate equipment for personal use. Long distance calls and cellular calls must be accounted for on a regular basis, with reimbursement provided to the City for personal use outside the following exceptions:

- De minimus incidental activity not to exceed $2.00 per billing cycle
- Placing calls to notify family of emergencies or unexpected changes in a work schedule.

Employees shall not use information equipment or systems in any way that supports any profit-making business or outside employment, solicits contributions for any cause, or advocates for or against any ballot measure.

Violation of this policy may be grounds for disciplinary action, up to and including termination.

Attachment B

CITY OF SHORELINE
CODE OF ETHICS

The purpose of the City of Shoreline Code of Ethics is to strengthen the quality of government through ethical principles which shall govern the conduct of the City's elected and appointed officials, and employees, who shall:

1. Be dedicated to the concepts of effective and democratic local government.

Guidelines

Democratic Leadership. Officials and staff shall honor and respect the principles and spirit of representative democracy and set a positive example of good citizenship by scrupulously observing the letter and spirit of laws, rules and regulations.

2. Affirm the dignity and worth of the services rendered by government and maintain a deep sense of social responsibility as a trusted public servant.

3. Be dedicated to the highest ideals of honor and integrity in all public and personal relationships.

Guidelines

Public Confidence. Officials and staff shall conduct themselves so as to maintain public confidence in city government and in the performance of the public trust.

Impression of Influence. Officials and staff shall conduct their official and personal affairs in such a manner as to give the clear impression that they cannot be improperly influenced in the performance of their official duties.

4. Recognize that the chief function of local government at all times is to serve the best interests of all the people.

Guidelines

Public Interest. Officials and staff shall treat their office as a public trust, only using the power and resources of public office to advance public interests, and not to attain personal benefit or pursue any other private interest incompatible with the public good.

5. Keep the community informed on municipal affairs; encourage communication between the citizens and all municipal officers; emphasize friendly and courteous service to the public; and seek to improve the quality and image of public service.

Guidelines

Accountability. Officials and staff shall assure that government is conducted openly, efficiently, equitably and honorably in a manner that permits the citizenry to make informed judgments and hold city officials accountable.

Respectability. Officials and staff shall safeguard public confidence in the integrity of city government by being honest, fair, caring and respectful and by avoiding conduct creating the appearance of impropriety or which is otherwise unbefitting a public official.

6. Seek no favor; believe that personal benefit or profit secured by confidential information or by misuse of public time is dishonest.

Guidelines

Business Interests. Officials and staff shall have no beneficial interest in any contract which may be made by, through or under his or her supervision, or for the benefit of his or her office, or accept directly or indirectly, any compensation, gratuity or reward in connection with such contract unless allowed under State law.

Private Employment. Officials and staff shall not engage in, solicit, negotiate for, or promise to accept private employment or render services for private interests or conduct a private business when such employment, service or business creates a conflict with or impairs the proper discharge of their official duties.

Confidential Information. Officials and staff shall not disclose to others, or use to further their personal interest, confidential information acquired by them in the course of their official duties.

Gifts. Officials and employees shall not directly or indirectly solicit any gift or accept or receive any gift whether it be money, services, loan, travel, entertainment, hospitality, promise, or any other form - under the following circumstances: (a) it could be reasonably inferred or expected that the gift was intended to influence the performance of official duties; or (b) the gift was intended to serve as a reward for any official action on the official's or employee's part.

Investments in Conflict with Official Duties. Officials and employees shall not invest or hold any investment, directly or indirectly, in any financial business, commercial or other private transaction that creates a conflict with their official duties.

Personal Relationships. Personal relationships shall be disclosed in any instance where there could be the appearance of a conflict of interest.

Business Relationships. Officials and staff shall not use staff time, equipment, or facilities for marketing or soliciting for private business activities.

Reference Checking. Reference checking and responding to agency requests are a normal function of municipal business and is not prohibited if it does not adversely effect the operation of the City.

7. Conduct business of the city in a manner which is not only fair in fact, but also in appearance.

Guidelines

Personal Relationships. In a quasi-judicial proceedings elected officials shall abide by the directives of RCW 42.36 which requires full disclosure of contacts by proponents and opponents of land use projects which are before the City Council. Boards and Commissions are also subject to these fairness rules when they conduct quasi-judicial hearings.

8. Not knowingly violate any Washington statutes, City ordinance or regulation in the course of performing their duties.

4.15 Outside Employment

The City expects that it shall be the primary employer for all regular employees. Therefore, employees shall not engage in~~, accept public or private~~ employment ~~from~~ , ~~or~~ render services for pay for any public or private interest (including self-employment) when such activity may:

A. Occur during working hours;
B. Detract from the efficiency of the employee while performing City duties;
C. Constitute a conflict of interest or create an appearance of impropriety as determined by the City Manager;
D. ~~Stem from~~ Utilize ~~privileged~~ confidential information or contacts made during City employment which would give an unfair insider advantage or would otherwise be an inappropriate use or disclosure of such information or contacts;
E. Take preference over extra duty required by City employment;
F. Interfere with emergency callout duty;
G. Tend to impair independence of judgment or action in performance of official duties;
H. Involve the use of any City resources such as copiers, telephones, supplies, other equipment, or time; or
I. Interfere in any other manner with the employee's provision of quality customer service.

In order to protect the interests of both the City and the employee, it is important that an employee and his or her Department Director have an opportunity to discuss any outside employment with the goal of avoiding any possible conflicts between the City and the other employment. Prior to engaging in any outside employment, an employee shall provide his or her Department Director with written notice of his or her intent to engage in the outside work. If an employee is unsure as to these criteria or the effect of his or her outside employment, he/she should consult with his or her Department Director or the Human Resources Director for clarification. After receiving the employee's request, the Department Director shall consult Human Resources and if the request complies with this policy, the Director may approve the outside employment.

If the Department Director, in consultation with the Human Resources Director, determines that the outside employment interferes with or reduces the efficiency of City employment, then the Director shall recommend to the City Manager that the request to engage in the employment shall be denied. After considering the employee's written request and the recommendation of the Department Director and Human Resources, the City Manager shall make a decision approving or denying the request.

Failure to comply with these provisions concerning outside employment may be grounds for disciplinary action, up to and including termination.

8.12 Telephone, E-Mail, Voice Mail and Other Communication Systems and City Equipment

Computers, electronic mail, telephones, voice mail, facsimile machines, copy machines and other information-related City equipment are provided to employees to be used for City business purposes. ~~Employees are granted access to the City's e-mail and voice mail systems, but employees should keep in mind that this City equipment, including e-mail and other computer files are supplied for business purposes~~ and may be accessed by other City staff. No message or file monitoring by the City will occur without prior permission of the City Manager, however employees should keep in mind that supervisors are responsible for regular monitoring of phone call identification logs to enforce this policy.

As a public agency, most City records are public and can be protected from disclosure only as provided by law. As a result, employees must be aware that e-mail, along with most other written documents, may be subject to public disclosure.

Employees are not to attempt to gain access to another employee's computer file, e-mail messages or voice mail messages without that employee's permission.

The City's e-mail, voice mail and other information systems may not be used in a way that could be disruptive or offensive to others. Employees shall not negligently or willfully damage City equipment nor engage in ~~excessive or~~ unauthorized use.

The ~~cost of any~~ personal use of equipment should be minimized. ~~and must be authorized by the Department Director, recorded and reimbursed to the City.~~ It is permissible to place or receive occasional personal calls or e-mail for the convenience of the employee. The City also recognizes that it is unrealistic to expect employees assigned cellular phones for certain positions to maintain separate equipment for personal use. Long distance calls and cellular calls must be accounted for on a regular basis, with reimbursement provided to the City for personal use outside the following exceptions:

- De minimus incidental activity not to exceed $2.00 per billing cycle
- Placing calls to notify family of emergencies or unexpected changes in a work schedule.

Employees shall not use information equipment or systems in any way that supports any profit-making business or outside employment, solicits contributions for any cause, or advocates for or against any ballot measure.

Violation of this policy may be grounds for disciplinary action, up to and including termination.

Attachment C

CITY OF SHORELINE
CODE OF ETHICS

The purpose of the City of Shoreline Code of Ethics is to strengthen the quality of government through ethical principles which shall govern the conduct of the City's elected and appointed officials, and employees, who shall:

1. Be dedicated to the concepts of effective and democratic local government.

Guidelines

Democratic Leadership. Officials and staff shall honor and respect the principles and spirit of representative democracy and set a positive example of good citizenship by scrupulously observing the letter and spirit of laws, rules and regulations.

2. Affirm the dignity and worth of the services rendered by government and maintain a deep sense of social responsibility as a trusted public servant.

3. Be dedicated to the highest ideals of honor and integrity in all public and personal relationships.

Guidelines

Public Confidence. Officials and staff shall conduct themselves so as to maintain public confidence in city government and in the performance of the public trust.

Impression of Influence. Officials and staff shall conduct their official and personal affairs in such a manner as to give the clear impression that they cannot be improperly influenced in the performance of their official duties.

4. Recognize that the chief function of local government at all times is to serve the best interests of all the people.

Guidelines

Public Interest. Officials and staff shall treat their office as a public trust, only using the power and resources of public office to advance public interests, and not to attain personal benefit or pursue any other private interest incompatible with the public good.

5. Keep the community informed on municipal affairs; encourage communication between the citizens and all municipal officers; emphasize friendly and courteous service to the public; and seek to improve the quality and image of public service.

Guidelines

Accountability. Officials and staff shall assure that government is conducted openly, efficiently, equitably and honorably in a manner that permits the citizenry to make informed judgments and hold city officials accountable.

Respectability. Officials and staff shall safeguard public confidence in the integrity of city government by being honest, fair, caring and respectful and by avoiding conduct creating the appearance of impropriety or which is otherwise unbefitting a public official.

6. Seek no favor; believe that personal benefit or profit secured by confidential information or by misuse of public time is dishonest.

Guidelines

Business Interests. Officials and staff shall have no beneficial interest in any contract which may be made by, through or under his or her supervision, or for the benefit of his or her office, or accept directly or indirectly, any compensation, gratuity or reward in connection with such contract unless allowed under State law. ~~disclose and limit any business or contract relationship with the city to less than $9,000 per year as provided in the State law.~~

Private Employment. Officials and staff shall not engage in, solicit, negotiate for, or promise to accept private employment or render services for private interests or conduct a private business when such employment, service or business

creates a conflict with or impairs the proper discharge of their official duties.

Confidential Information. Officials and staff shall not disclose to others, or use to further their personal interest, confidential information acquired by them in the course of their official duties.

Gifts. Officials and employees shall not directly or indirectly solicit any gift or accept or receive any gift whether it be money, services, loan, travel, entertainment, hospitality, promise, or any other form - under the following circumstances: (a) it could be reasonably inferred or expected that the gift was intended to influence the performance of official duties; or (b) the gift was intended to serve as a reward for any official action on the official's or employee's part.

Investments in Conflict with Official Duties. Officials and employees shall not invest or hold any investment, directly or indirectly, in any financial business, commercial or other private transaction that creates a conflict with their official duties.

Personal Relationships. Personal relationships shall be disclosed in any instance where there could be the appearance of a conflict of interest.

Business Relationships. Officials and staff shall not use staff time, equipment, or facilities for marketing or soliciting for private business activities.

Reference Checking. Reference checking and responding to agency requests are a normal function of municipal business and is not prohibited if it does not adversely effect the operation of the City.

7. Conduct business of the city in a manner which is not only fair in fact, but also in appearance.

Guidelines

Personal Relationships. In a quasi-judicial proceedings elected officials shall abide by the directives of RCW 42.36 which requires full disclosure of contacts by proponents and opponents of land use projects which are before the City Council. Boards and Commissions are also subject to these fairness rules when they conduct quasi-judicial hearings.

8. Not knowingly violate any Washington statutes, City ordinance or regulation in the course of performing their duties.

Attachment D

RESOLUTION NO. 170

A RESOLUTION OF THE CITY OF SHORELINE, WASHINGTON, ADOPTING REVISIONS TO PERSONNEL POLICIES AND CODE OF ETHICS FOR THE CITY OF SHORELINE TO CORRECT AND CLARIFY POLICY RELATED TO FINANCIAL CONFLICTS.

WHEREAS, the City of Shoreline has been operating under Personnel Policies last revised on June 28, 1999 by Resolution No. 154; and

WHEREAS, the City of Shoreline has adopted a Code of Ethics governing conduct of all employees and officials on August 14, 1995 by Resolution No. 30; and

WHEREAS, the City Council wishes to revise its Personnel Policies and Code of Ethics to clarify personal and financial conflicts of employees; now therefore

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF SHORELINE, WASHINGTON AS FOLLOWS:

Section 1. Revision. The City Manager is authorized to implement a revised *Personnel Policies,* filed with the City Clerk under receiving number____; and to apply these policies to employees of the City of Shoreline until modified by future action of the Council.

Section 2. Revision. The revised *City of Shoreline Code of Ethics* attached hereto as Exhibit B is adopted.

Section 3 Effective Date. The revised *Personnel Policies* and *Code of Ethics* shall take effect immediately.

ADOPTED BY THE CITY COUNCIL ON , 2000.

_____
Mayor Scott Jepsen

ATTEST:

_____
Sharon Mattioli, CMC
City Clerk

Council Meeting Date: October 23, 2000 **Agenda Item: 7(f)**

CITY COUNCIL AGENDA ITEM

CITY OF SHORELINE, WASHINGTON

AGENDA TITLE:	Approval of an Interim City Manager Agreement with Larry Bauman
DEPARTMENT:	City Council
PRESENTED BY:	Mayor Scott Jepsen and Deputy Mayor Ron Hansen

EXECUTIVE / COUNCIL SUMMARY

The services of an Interim City Manager are required in order to provide for continuing administration of the City until the Council appoints a permanent City Manager. Because the Interim City Manager serves at the pleasure of the Council, an agreement with the Council is required. The attached agreement (Attachment A) was developed to fulfill the Council's intentions to appoint Assistant City Manager Larry Bauman as Interim City Manager during this period.

The agreement provides for a term of service to last until the Council appoints a new City Manager and that person can assume the duties of office. Compensation for the Interim City Manager agreement is 10 percent above the current pay rate of the Assistant City Manager. In addition, the agreement calls for providing an automobile allowance of $300 per month. This allowance will compensate the Interim City Manager for the cost of purchasing, insuring, operating and maintaining his personal vehicle to be used for City business during this interim period. Regarding all leaves, insurance programs and other employee benefits, the Interim City Manager would continue to be eligible for the same benefits as other regular, full-time City employees.

The agreement also stipulates that the Interim City Manager would have return rights to his position as Assistant City Manager at the termination of this agreement. At that point the Assistant City Manager would also return to his regular rate of pay.

RECOMMENDATION

The Mayor and Deputy Mayor recommend that Council approve the agreement for services of an Interim City Manager and that the Mayor be authorized to execute the agreement.

ATTACHMENTS

Attachment A: Employment Agreement

Approved By: City Manager LB City Attorney

EMPLOYMENT AGREEMENT BETWEEN THE CITY OF SHORELINE, WASHINGTON AND LARRY BAUMAN

THIS AGREEMENT, made and entered into this 23rd day of October, 2000, by and between the City of Shoreline, Washington, a municipal corporation, hereinafter called "City Council" or "City", and Larry Bauman, hereinafter called "Employee" or "Interim City Manager", both of whom understand as follows:

WITNESSETH:

WHEREAS, the City Council desires to designate Larry Bauman as Interim City Manager of the City of Shoreline, as provided for in RCW 35A13.150 to perform the duties of the manager pending selection and appointment of a new manager; and

WHEREAS, it is the desire of the City Council to provide certain benefits, establish certain conditions of employment and to set working conditions of said Employee; and

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

Section 1. Powers and Duties of the Interim City Manager

The City Council hereby agrees to appoint Larry Bauman as Interim City Manager of the City of Shoreline to perform the functions and duties specified in Chapter 35A RCW, and to perform other legally permissible and proper duties and functions as the City Council shall from time to time assign.

Section 2. Term

A. Employment shall commence on the 24th day of October, 2000, and extend until a city manager is selected and appointed, unless terminated earlier by either party.

B. The Interim City Manager serves at the pleasure of the City Council and nothing herein shall be taken to imply or suggest a guaranteed tenure.

C. Nothing in this Agreement shall prevent, limit or otherwise interfere with the right of the Interim City Manager to resign at any time from his position with Employer.

Section 3. Termination and Right of Return to Previous Position

Upon the appointment of a city manager, the Employee shall return to his previous position as Assistant City Manager at the rate of pay to which he would be entitled upon the date of reinstatement had he been continuously employed as Assistant City Manager. The Employee shall return to the position of Assistant City Manager without loss of any earned vacation, holidays, and other benefits accrued prior to and during appointment as Interim City Manager.

Section 4. Salary

Employer agrees to pay Interim City Manager for his services rendered at a rate of ten percent higher than the rate of pay he would receive in the position as Assistant City Manager under the City employee policies. During this appointment as Interim City Manager he will continue to receive any other cost of living or other adjustments to salary as would be granted to the regular, full-time employees of the City. Salary shall be paid in installments at the same time that all other regular, full-time employees are paid.

Section 5. Leaves, Insurance and Retirement Benefits

A. Employee shall continue to receive the full range of benefits provided to all regular, full-time employees.

B. Employee shall continue to receive all health, dental, vision, life, disability and any other insurance benefits as called for in the City's approved plans for regular, full-time employees.

C. Employee shall carry forward all leave balances accrued at time of appointment as Interim City Manager and shall continue to accrue all leave benefits based upon accrual rates and policies in the City's adopted Employee Handbook.

D. Employee shall continue to receive all retirement benefits based upon the City's retirement plan for regular, full-time employees.

Section 6. Automobile

Employer agrees to provide a car allowance in the amount of $300 per month, paid monthly to Employee. Such a car allowance is to reimburse Employee for the cost of purchasing, insuring, operating and maintaining a vehicle for use in the performance of his duties as Interim City Manager. Parking, tolls and operating expenses beyond a 300-mile radius of Shoreline shall be considered outside the allowance and subject to reimbursement.

Section 7. Professional Liability

So long as the Employee acts within the scope of his lawful authority and in accordance with the terms and conditions of this Agreement, the City agrees to defend, save harmless and indemnify Employee against any tort, professional liability claim or demand or other legal action whether groundless or otherwise, arising out of an alleged act or omission occurring in the performance of his duties as Interim City Manager.

Section 8. General Provisions

A. In addition to the rights and benefits detailed herein, the Interim City Manager shall receive all benefits accruing to other full-time, regular employees of the City of Shoreline, except where they are in conflict with the specific provisions of this Agreement.

B. The text herein shall constitute the entire Agreement between the parties.

C. The Agreement shall be binding upon and inure to the benefit of the heirs at law and executors of the parties.

D. This Agreement shall be subject to approval by the City Council of the City of Shoreline.

E. If any provisions, or any portion thereof, contained in this Agreement are held unconstitutional, invalid or unenforceable, the remainder of this Agreement, or portion thereof, shall not be affected and shall remain in full force and effect.

IN WITNESS THEREOF, the City of Shoreline has caused this agreement to be signed and executed on its behalf by the Mayor and duly attested by its City Clerk, and the Interim City Manager has signed and executed this Agreement, dated this _____ day of October, 2000.

_____ _____

Scott Jepsen
Mayor

Larry Bauman
Interim City Manager

ATTEST:

APPROVED AS TO FORM:

_____ _____

City Clerk

City Attorney

Council Meeting Date: October 23, 2000 **Agenda Item: 8(a)**

CITY COUNCIL AGENDA ITEM

CITY OF SHORELINE, WASHINGTON

AGENDA TITLE:	Report and Recommendations by the Shoreline Fire Department Regarding the Proposed Emergency Medical Services Levy
DEPARTMENT:	City Manager/Shoreline Fire Department
PRESENTED BY:	J.B. Smith, Fire Chief LB (for)

EXECUTIVE / COUNCIL SUMMARY

As your Council may recall, through Mayor Scott Jepsen your Council appointed Fire Chief J.B. Smith of the Shoreline Fire Department in December 1999 to represent the City on the Emergency Medical Services (EMS) 2002 Task Force. The Task Force addressed various levy options to provide continued funding for emergency medical services in King County. The Task Force has also discussed how future cost increases should be handled and how growth of EMS needs should be accommodated. Another key issue the Task Force has discussed is the potential of assessing a transport fee to users of the services to supplement levy funding.

Chief Smith will report on the work of the Task Force and make recommendations (see Attachment A for his written report and recommendations). This item is provided at this time on your agenda essentially for Council discussion and to provide Chief Smith with direction for the next Task Force meeting in November.

RECOMMENDATION

No formal Council action is required at this time. However, Chief Smith is seeking direction in regard to Council preferences for the levy term and associated funding issues outlined in his recommendations.

ATTACHMENTS

Attachment A: EMS 2002 Task Force Update

Approved By: City Manager LB City Attorney N/A

Scott Keeny
Jon Kennison
Katherine S. Williamson
Commissioners

J.B. Smith
Fire Chief

Shoreline Fire Department

Dedicated to the Protection of Life and Property

BOARD MEETING DATE: October 19, 2000

AGENDA ITEM TITLE: EMS 2002 Task Force Update

I. Description: (Report Only)

History - In May of 1999, following the Medic One levy failure of 1997, the Final Report of the EMS Financial Planning Task Force was issued outlining four options for funding EMS in King County. Based on that report the County Council passed motion number 10779 accepting and modifying the report and establishing a new EMS 2002 Task Force. The purpose of the new Task Force is to develop inter-jurisdictional agreement on an updated EMS Strategic Plan and financing package for the next funding period in 2002 and report that plan to the county and cities with populations over 50,000 no later than March 31, 2001.

On December 20, 1999 Mayor Scott Jepson appointed Fire Chief J.B, Smith as his representative to this task force. The task force has met in March, May, July and September of 2000. During this time we have reviewed the EMS system, it's funding alternatives, service level projections, demographic issues concerning EMS, strategic plan initiatives, as well as discussing the potential levy duration and supplemental funding issue of transport fees.

The following is a brief description of each major topic:

Levy Duration – All parties recognize that in a post I-695 environment a levy is the only viable alternative to funding the majority of EMS in King County. The discussion has centered on levy duration with Kent, Federal Way, Bellevue, and King County indicating support for a status quo six-year levy. The City of Seattle has suggested a compromise ten-year levy. Shoreline has expressed concern that without a baseline source of permanent funding an essential public service could be left with no funding, as it was in 1998. We expressed concern that this was not an acceptable outcome and that there was a perception by the public that EMS was a service that was considered essential and should have a stable funding source. There seems to be little support to fund, at least partially, the system with a permanent levy at this time. It is likely the final recommendation will be for a six-year levy, the historical time frame.

Transport Fees as Supplemental Funding - This was the most viable option, other than levy funding, that had been recommended by the previous Task Force. Although used in some areas of the State it raises many concerns for the Task

Force. Two recent studies (attachment 1 & 2) were reviewed that indicated such fees could cause a reduction in use by those who most need the system. Other concerns centered on cost to administer the system, impact on levy support, confusion over differing transport policies for ALS and BLS, and others (attachment 3, 4, 5, & 6). It was decided that the transport fee issue needed additional study that would take much longer than the time between now and the next levy election. A recommendation will be made to continue to review this issue during the next levy period for possible implementation during a subsequent levy period.

ALS Unit Projected Growth – A number of the strategic initiatives center on reducing the growth in calls for service from six percent a year to three percent a year in the ALS programs. Even with success in this area additional medic units will be needed. In fact, there is already a need for additional medic unit capacity in the Seattle, Shoreline, Evergreen and Vashon Island programs (attachment 7). These needs, along with other needs through 2006, will be included in the strategic plan and funding recommendations for 2002.

Demographic Information – Demographic information on population density, work centers, and population centers by age group play an important role in identifying projected ALS needs. Maps (attachment 8 & 9) of King County depicting where ALS calls occur show a direct correlation between population density and call volume. This is especially true when viewed from the population base of sixty-five and older residents. A graph (attachment 10) of calls by age group shows that the elderly have a much higher utilization per capita of the system than do younger populations. When Shoreline is viewed in this capacity it is seen why there is a need for additional ALS resources. Based on the 1990 census data Shoreline's sixty-five or over population is approximately 15%. It is expected that this percentage will increase with the 2000 census data in Shoreline, as well as other areas of the County.

ALS Funding Formula – The ALS system is funded almost entirely through the levy funds. Actual costs are gathered for each of the five ALS provider programs and then broken down into a unit cost. Historically, the unit cost has funded 90 to 95 percent of the actual cost of providing a medic unit. The hosting agency (in our case Shoreline Fire Department) has supplemented the remaining cost. Approximately 54% of the levy is dedicated to ALS (attachment 11). The current average unit cost is slightly over $1,050,000 and is funded at $986,000. There is no proposal to change this funding formula at this time. There is one issue still under discussion, cost of living increases. The proposal uses IPD, in the past we used actual CPI. There is concern that with this formula for both ALS & BLS the cost will continue to shift to the local provider. This is especially true for ALS providers whose payroll drives costs. Seldom are labor agreements held to IPD.

BLS Funding Formula – Basic life support funding has traditionally supplemented fire department direct costs to providing EMS response. The

funding level varies but seldom represents more than 25% of the actual cost of providing the service. For Shoreline Fire Department that figure is $360,082. Approximately 31% of the levy, or a little more than $8 million is dedicated to BLS funding. The same discussion on IPD vs. CPI is taking place with BLS as ALS. There is no recommendation to change the BLS funding formula at this time.

Regional Services Funding – Regional services have yet to be discussed. This, along with the final levy rate estimate, will be next on our agenda. Included in regional services are training programs, quality improvement programs, strategic initiatives, data collection and overall administration and medical oversight. Approximately 15% of the levy is allotted to regional services. This area is the most likely to receive pressure for increased direct County funding. The City of Kent has already gone on record as being unwilling to support the new levy without an increase amount of direct funding from King County (attachment 12). Most of the group appears to recognize that in the post I-695 environment it is unlikely that King County will be able to increase funding in this area.

II. Recommendation:

We recommend that the Shoreline City Council support the positions outlined in this document, specifically:

- A minimum six-year levy term
- A future study of transport fees with no implementation during the next levy period
- ALS unit growth needs, including an additional ½ unit for Shoreline Fire Department
- The need for CPI based funding increases to prevent cost shifting

III. Impact:

Support of these positions will drive the final levy rate and total dollar amount available to the system. At this time it is not anticipated that the levy rate will increase, but is more likely to decrease. In early 2001 the Council will be given the opportunity to review the final recommendations, including actual costs and levy rate, and make a determination of support or request revisions.

IV. Options:

The Council has the option to support the positions outlined here or direct that the City's representative take a differing position to the Task Force on any or all of the issues.

At a future date, after the Task Force final report there will be basically two options left for the City Council (as well as those of Seattle, Bellevue, Kent and Federal Way), support a renewed EMS levy ordinance by the County as recommended by the Task Force or deny the County authority to place the levy on the ballot. If the latter option were chosen then an alternate means of local or regional EMS funding would have to be found before January of 2002. Shoreline Fire Department would need to immediately begin discussions with the City of Shoreline, Lake Forest Park and Kenmore (ore current ALS service area), to provide an alternate plan.

V. Attachments:

1. "Association Between Prepayment Systems and Emergency Medical Services Use Among Patients with Acute Chest Discomfort Syndrome"
2. "Demographic, Belief, and Situational Factors Influencing the Decision to Utilize Emergency Medical Services Among Chest Pain Patients"
3. Transport Fee Update
4. Letter from King County Fire Commissioners dated September 22, 2000
5. Letter from Jim Compton, Seattle City Council, dated August 4, 2000
6. Letter from King county Fire Chiefs Association dated September 25, 2000
7. Timing of New or Expanded ALS Units for the Financial Forecasting Plan
8. ALS Call Volume - Map – 1999
9. Residential Population Density 65 years of Age and Older - Map – 1999
10. EMS and ALS Patients by Age – Line Graph – 1999
11. 2000 EMS Budget – Pie Chart
12. Letter from City of Kent – dated September 22, 2000

VI. Follow Up: By: J.B. Smith, Fire Chief By Date: 2001

Approved for Submission: _____ 12 Oct 2000
Fire Chief Date

ATTACHMENT 1

Association Between Prepayment Systems and Emergency Medical Services Use Among Patients With Acute Chest Discomfort Syndrome

David B. Siepmann, BS*
N. Clay Mann, PhD, MS*
Jerris R. Hedges, MD, MS*
Mohamud R. Daya, MD, MS*
For the Rapid Early Action for Coronary Treatment (REACT) Study

From the Department of Emergency Medicine, Oregon Health Sciences University, Portland, OR; and the Intermountain Injury Control Research Center, University of Utah School of Medicine, Salt Lake City, UT.**

Received for publication October 8, 1999. Revision received January 24, 2000. Accepted for publication February 22, 2000.

Presented at the Society for Academic Emergency Medicine annual meeting, Chicago, IL, May 1998.

Supported by grant No. HL53141-03 from the National Heart, Lung and Blood Institute, National Institutes of Health, Bethesda, MD, and an American Heart Association Summer Student Award to Mr. Siepmann. The authors are solely responsible for the content of the article, and the opinions do not necessarily represent the views of any listed funding source.

Mr. Siepmann was a medical student at Oregon Health Sciences University (OHSU) during the time this research was conducted. The majority of Dr. Mann's efforts on this project occurred during his activity on the faculty at OHSU, Department of Emergency Medicine.

Address for reprints: N. Clay Mann, PhD, MS, Intermountain Injury Control Research Center, University of Utah School of Medicine, Department of Pediatrics, 410 Chipeta Way, Suite 222, Salt Lake City, UT 84108-9161; 801-585-9161, fax 801-581-8686; E-mail: clay.mann@hsc.utah.edu.

0-0644/2000/$12.00 + 0
+7/1/106790
doi:10.1067/mem.2000.106790

Study objective: Cost concerns may inhibit emergency medical services (EMS) use. Novel tax-based and subscription prepayment programs indemnify patients against the cost of EMS treatment and transport. We determine whether the presence of (or enrollment in) prepayment plans increase EMS use among patients with acute chest discomfort, particularly those residing in low-income areas, those lacking private insurance, or both.

Methods: This study uses a subset of baseline data from the REACT trial, a multicenter, randomized controlled community trial designed, in part, to increase EMS use. The sample includes 860 consecutive noninstitutionalized patients (>30 years old) presenting with nontraumatic chest discomfort to hospital emergency departments in 4 Oregon/Washington communities. The association between prepayment systems and EMS use was analyzed using multivariable logistic regression.

Results: Overall EMS use was 52% (n=445). Among EMS users, 338 (75%) were subsequently admitted to the hospital and 110 (25%) were released from the ED. Prepayment was not associated with increased EMS use in the overall patient sample. However, patients residing in low-income census block groups (median annual income <$30,000) were 2.6 times (95% confidence interval [CI] 1.4 to 4.8) more likely to use EMS when a prepayment system was available than when no system was present. No association was noted among higher-income block group residents. Among low-income block group residents lacking private insurance, prepayment systems were associated with 3.8 times (95% CI 1.2 to 13.4) greater EMS usage.

Conclusion: Economic considerations may affect EMS system utilization among underinsured and low-income patients experiencing a cardiac event. Prepayment systems may increase EMS utilization among these groups.

[Seipmann DB, Mann NC, Hedges JR, Daya MR, for the Rapid Early Action for Coronary Treatment (REACT) Study. Association between prepayment systems and emergency medical services use among patients with acute chest discomfort syndrome. *Ann Emerg Med.* June 2000;35:573-578.]

INTRODUCTION

Potential benefits associated with the use of emergency medical services (EMS) among patients with symptoms of an acute myocardial infarction (AMI) include early diagnosis and treatment and the ability to manage life-threatening complications such as dysrhythmias.[1,2] Despite these benefits, studies have shown that fewer than half of patients admitted for possible AMI use the 911 service of an EMS system.[3]

Reasons given by chest pain patients for choosing to self-transport rather than call 911 include believing their symptoms were not severe enough, not thinking of calling 911, and considering self-transportation to be quicker.[4,5] Conversely, increasing age, the presence of other people during the cardiac event, medical history of angina, and increasing symptom severity have been associated with increased EMS usage.[4] The influence of cost concerns on the decision to activate (or not activate) the EMS system during a supposed cardiac event has not been well established because currently available studies evaluating the "intent to use EMS" were conducted in regions served entirely by tax-based, prepaid EMS systems.[3-7]

Previous research indicates that financial factors do influence care-seeking behaviors. For example, among those admitted to the hospital for any condition, the uninsured were 9 times more likely to delay seeking care because of cost concerns than those with insurance. Those both poor and uninsured were most likely to delay seeking care.[8]

Financial liability associated with EMS use varies considerably across communities in the United States. In areas with no prepayment systems, patients may be billed from $390 to $900 for a cardiac-related ambulance transport.[9] Locations with a tax-based prepayment system (publicly funded EMS) may not bill patients for their services. Also, hybrid EMS programs offer an optional "subscription" prepayment service in which members may be indemnified from the cost of EMS use by paying an annual membership fee.

This article examines the effect of tax-based and hybrid prepayment systems on EMS utilization among patients with chest pain in 4 cities in Oregon and Washington. It is hypothesized that prepayment systems will be associated with greater EMS use, especially among low-income patients and those without private insurance.

MATERIALS AND METHODS

This study uses baseline data collected from October 22, 1995, to March 31, 1996, as part of the Rapid Early Action for Coronary Treatment (REACT) trial. REACT is a randomized, controlled, matched-pair community trial designed to test an intervention intended to reduce patient delay between the time of cardiac symptom onset to arrival at the hospital. The design and rationale for the REACT trial have been described in detail previously.[10,11] Retrospective data abstracted from all area hospitals in one matched-pair set of communities from each state (Oregon and Washington) were included to assess the effect of prepayment systems on EMS utilization controlling for factors known to affect EMS use. This study was considered exempt from patient consent requirements by the Oregon Health Sciences University Institutional Review Board.

Data were collected from EDs in 2 community hospitals in 2 Oregon cities and 4 community hospital EDs in 2 Washington cities. Participating hospitals capture 9[illegible] of patients with acute coronary heart disease seeking emergency care in each community. The 4 cities were pair-matched within each state by size and demographics (Table 1). In one Oregon community, EMS are provided by a private company and the patient's insurance company is billed for the service. Patients are directly responsible for charges not covered by health insurance. The second Oregon community offers an optional prepayment scheme (nominal fee of $35/year) that indemnifies the patient for any charges not covered by health insurance. In the Oregon community with an EMS prepayment system, 57% of study subjects subscribed to the prepayment system. The 2 Washington communities have tax-based EMS systems and do not bill patients for their services. Enhanced 911 coverage in each study community was absolute.

ED logs in each study hospital were monitored for patients presenting with chest pain, pressure, or tightness with or without discomfort. Patients were included in the sample if (1) there was no obvious trauma etiology explaining the complaint of chest discomfort, (2) the patient was older than 30 years and resided within ZIP code boundaries defining REACT communities, and (3) the patient was not institutionalized or transferred from another hospital.

Variables abstracted from ED records included mode of transport (ambulance versus other) and several demographic variables previously associated with the decision to use EMS (ie, age <65 versus ≥65 years, subsequent hospital admission, gender, employment status, and living with a significant other).[4,5] The prepayment subscription status of each patient in the second Oregon community was obtained from local EMS billing records. Tax-based and subscription services were combined to create a binary variable (prepayment [yes, no]).

Because no measure of socioeconomic status was available in REACT baseline data, a process of address matching was used to classify each patient as a resident of either a high-income (median annual household income ≥$30,000) or a low-income (median annual household income <$30,000) census block group based on US census data.[12] Census block groups are the smallest geographic units for which detailed demographics are available from the US Census Bureau. Block groups in this study included from 250 to 476 housing units per group and demonstrated median annual household incomes ranging from $6,145 to $88,081.

Standard bivariate statistics were used to examine patient demographics. Multivariate logistic modeling was used to assess the influence of prepayment systems on EMS usage, controlling for covariates previously associated with EMS use (ie, age dichotomized as <65 and ≥65 years, gender, whether admitted, whether employed, and existence of a significant other).[3-5] Multivariate analyses were performed on all residents, residents of high- and low-income census block groups, and those with and without private insurance. All of the covariates were entered into the logistic models in a single step (ie, a "forced entry" technique). The dichotomous measure identifying the presence of a prepayment system was then entered in a second step.[13] The appropriateness of resulting models was assessed using a Hosmer-Lemeshow goodness-of-fit statistic.[14] All database management and statistical analyses were conducted using SPSS for Windows version 9.01 (SPSS Inc, Chicago, IL).

RESULTS

Of 1,086 patients presenting to participating EDs with chest discomfort, data regarding the mode of transport to the ED were available for 929 (85%). There were no meaningful differences with respect to demographic variables between patients with and without transport data. Ninety-three percent (860) of patients with transport data were successfully matched to a census block group. The remaining patients could not be matched because of missing or incomplete address data, or because addresses were in new construction areas. Unmatched patients did not differ in age, gender, admission status, employment status, level of EMS usage, or in the presence or absence of a payment system from those with matched addresses. Patients without mode of transport data or valid addresses were excluded from further analysis. The final study sample consisted of 860 patients, of whom 448 (52%) used the EMS system. Among those using EMS, 75% were subsequently admitted to the hospital compared with 25% who were released from the ED (Table 2).

The study sample was generally well insured (Table 3); 71.1% of patients had private insurance and only 5.9% of patients were completely uninsured. Residents of low-income census block groups were less likely to possess private insurance ($\chi^2[1]=7.05$, $P=.007$) compared with residents of high-income census block groups.

The logistic models reported below demonstrate a moderate to good fit of the data ($P=.338$ to $P=.832$), cor-

Table 1.
Demographic characteristics of the 4 Northwest REACT communities.

Site	Population	Area (sq mi)	Income ($, median household)	Age (%)		Race/Ethnicity				
				30–54 y	55+ y	White	Black	Hispanic	Asian	Other
Oregon A	87,594	35.5	$36,253	39.6	13.2	90.0	0.9	3.5	7.2	2.0
Oregon B	112,669	39.1	$25,369	31.4	19.2	93.4	1.3	2.7	3.5	1.8
Washington A	126,647	33.7	$36,258	37.9	24.1	86.0	2.2	2.7	9.8	1.9
Washington B	69,156	35.8	$28,686	35.2	22.5	90.5	2.1	3.1	5.2	2.2
Mean for US 1990 census			$29,943	33.9	20.9	81.3	12.5	10.0	3.5	1.8

A and B indicate blinded communities

rectly classifying between 64% and 72% of all patients. All models included as covariates age, gender, admission status, employment status, and presence of a significant other in the household.

Findings based on the overall patient sample suggest that individuals older than 65 years and those who were subsequently admitted to the hospital are significantly more likely to activate the EMS system compared with younger patients and those released from the ED (Table 4). Prepayment systems for EMS were not found to significantly affect EMS usage in the overall patient sample. Other covariate factors not significantly associated with EMS use included employment status, gender, or presence of a significant other.

When the patient sample was subdivided by residence in either a high (≥$30,000) or low (<$30,000) annual income census block group (Table 5), both models continued to demonstrate that older age and hospital admission are significant predictors of EMS usage. The analysis also indicated that among patients residing in low-income census block groups, the presence of a prepayment system was associated with 2.6 times greater EMS use (95% confidence interval [CI] 1.41 to 4.79) compared with similar patients with no regional system (or

Table 2.
Sample characteristics and EMS use (by hospital admission and release from the ED) for study communities.

Sample Characteristic	Oregon A	Oregon B	Washington A	Washington B
Patient age (y, mean±SD)	62±16	66±15	65±16	63±15
Sex (% female)	56 (51.9)	91 (48.1)	116 (56.0)	173 (48.6)
Has partner (% yes)*	68 (63.0)	112 (59.3)	115 (55.6)	215 (60.4)
Employed (% yes)	43 (39.8)	47 (24.9)	64 (30.9)	118 (33.1)
Median annual household income ($)	34,908	28,725	35,313	31,387
EMS use (% yes)	62 (57.4)	75 (39.7)	117 (56.5)	194 (54.5)
Hospital admission (% yes)†	55 (88.7)	58 (77.3)	87 (74.4)	138 (71.1)
ED release (% yes)	7 (11.3)	17 (22.7)	30 (25.6)	56 (28.9)
EMS use (% no)	46 (42.6)	114 (60.3)	90 (43.5)	162 (45.5)
Hospital admission (% yes)	17 (37.0)	65 (57.0)	37 (41.1)	89 (54.9)
ED release (% yes)	29 (63.0)	49 (43.0)	53 (58.9)	73 (45.1)
Total no. of patients	108	189	207	356

A and B indicate blinded communities.
*Percentages based on the entire sample in each community.
†Percentages in subcategories based on the sample in the parent category.

Table 3.
Insurance coverage by census block median annual household income.

Insurance Coverage	Low-Income (<$30,000) No. (%)	High-Income (≥$30,000) No. (%)
Private non–health maintenance organization	144 (40.8)	270 (53.3)
Private health maintenance organization	92 (26.1)	111 (22.2)
Medicare without supplement	65 (18.4)	61 (11.9)
Uninsured	27 (7.6)	24 (4.7)
Medicaid/state insurance	15 (4.2)	24 (4.7)
Military insurance	6 (1.7)	8 (1.5)
Unknown	4 (1.2)	9 (1.7)
Total no. of patients	353	507

Table 4.
Logistic regression modeling for factors associated with EMS use (all patients).

Variables	b*	Adjusted OR	95% CI
Age (≥65 y)	0.767	2.15	1.45–3.19
Admitted (yes)	0.964	2.62	1.88–3.65
Sex (male)	0.203	1.22	0.88–1.70
Employed (yes)	−0.262	0.76	0.50–1.16
Has partner (yes)	0.086	1.09	0.77–1.53
Prepayment system (yes)	0.403	1.49†	0.98–2.18

*Estimated variable coefficients.
†Odds ratio adjusted for covariate factors by including the prepayment variable in a second step.

those failing to subscribe to a prepayment plan). A similar effect was not found among patients residing in high-income census block groups.

Among residents of low-income census block groups without private insurance (n=113), the presence of a prepayment program was associated with 3.87 times (95% CI 1.22 to 13.36) greater EMS use compared with similar patients with no such system available. Among those residing in low-income census block groups with private insurance (n=236), prepayment programs were also associated with greater EMS usage (adjusted odds ratio [OR] 2.38, 95% CI 1.15 to 4.94) when compared with similar patients without prepayment coverage. The only covariate measure remaining a consistent and significant predictor of EMS use in these analyses was admission status.

The presence of a prepayment subscription service in one Oregon study community makes it possible to compare EMS usage among residents with subscriptions (and those without) in the same community. Prepayment subscribers residing in low-income census block groups were 2.89 times more likely (95% CI 1.20 to 6.94) to activate the EMS system than low-income nonsubscribers. None of the other included covariates were significantly associated with EMS use (n=115).

Among residents of low-income block groups in all 4 communities who were subsequently admitted to the hospital (n=116), the presence of a prepayment mechanism significantly increased EMS use (adjusted OR 2.75, 95% CI 1.30 to 5.83) compared with those with no such mechanism. Prepayment was not significantly associated with increased EMS use, comparing patients with and without a prepayment mechanism, who were released from the ED (adjusted OR 2.11, 95% CI 0.73 to 6.04 [n=123]). No other covariates proved significant in either of these analyses.

DISCUSSION

Findings indicate that tax-based and hybrid EMS prepayment plans were not associated with EMS use among the overall sample of patients with acute chest discomfort. However, patients with chest pain who reside in lower-income census areas were 2.6 times more likely to use EMS if a prepayment system was available. Similarly, prepayment mechanisms increased EMS usage fourfold among residents of low-income census block groups without private insurance. These findings suggest that economic factors may affect the decision to use the EMS system among lower-income and underinsured patients with acute chest discomfort.

Additional research will be required to determine whether financial considerations affect EMS utilization under varying circumstances (eg, acute versus chronic conditions). In addition, future research may investigate the cost-effectiveness of prepayment plans in differing health care environments using a broader case definition.

There are several limitations in study design that qualify the findings of this study. The use of census block groups to assign individual patient household income infers an ecologic bias. In addition, household income may be a poor proxy for ability to pay for ambulance services. There are potentially confounding unmeasured community factors that may influence the decision to use EMS, such as differences in community structure (number of hospitals, population density) and differences in the medical care systems (penetration of managed care,

Table 5.
Logistic regression model of factors associated with EMS use (by high- and low-income census block groups).

Variables	Low-Income Group			High-Income Group		
	b*	Adjusted OR	95% CI	b*	Adjusted OR	95% CI
Age (≥65 y)	0.665	1.94	1.05–3.58	0.860	2.36	1.38–4.02
Admitted (yes)	1.090	2.97	1.75–5.04	0.886	2.42	1.57–3.74
Sex (male)	0.475	1.60	0.94–2.72	–0.012	0.98	0.64–1.51
Employed (yes)	–0.529	0.58	0.30–1.14	–0.093	0.91	0.52–1.58
Has partner (yes)	0.329	1.39	0.81–2.37	–0.086	0.91	0.57–1.45
Prepayment system (yes)	0.956	2.60†	1.41–4.79	0.005	1.00†	0.61–1.63

*Estimated variable coefficients.
†Odds ratio adjusted for covariate factors by including the prepayment variable in a second step.

public confidence in the EMS system, and so on). The community-matching process used in the REACT trial attempted to minimize some of these potential sources of bias. It is also possible that EMS that offer indemnity programs or are tax-based may promote EMS more aggressively than traditional fee-for-service programs. Notwithstanding this concern, an unpublished survey conducted in one of the Washington study communities indicated that only one third of resident seniors were aware that EMS usage was free of cost.

Finally, because this study is based on a chart review and not on patient surveys, we did not directly address issues of patient motivation in decisionmaking regarding EMS use. Previous survey research has shown that cardiac symptom severity, recognition of symptoms, and medical history of angina are all associated with increased EMS use.[4] Future studies should incorporate case-specific financial measures to better assess the interplay between physiologic factors, environmental factors, and economic concerns in patient decisions surrounding EMS use.

The analysis based solely on patients in the second Oregon community provided a comparison of EMS use among those who did and did not participate in an EMS subscription prepayment service within the same community environment, thus mediating the confounding effect of unmeasured community factors. However, the interpretation of this data is limited by the self-selection of prepayment subscribers. It may be that those who chose to subscribe are more health conscious and therefore more likely to use EMS regardless of the influence of the prepayment system.

Finally, results associated with insurance status are less than straightforward. Because most study patients "without private insurance" were insured by federal or state sources, it is unclear why the presence of a prepayment system produced such a profound effect on EMS use among this population. Perhaps lower-income Medicare recipients are more likely to have experienced marginal costs from prior EMS use.

Prior research asserts that Medicaid recipients who lack financial liability for EMS use are more likely to request an ambulance transport that was considered "medically unnecessary."[15] Concern may be expressed that prepayment systems could augment overuse of EMS by low-income populations. Although it is questionable to equate admission status with "appropriateness" of EMS transport, our findings do indicate that among residents of low-income areas, prepayment was associated with significantly increased EMS use only in those subsequently admitted to the hospital.

In summary, despite potential limitations, this study documents that prepayment systems for EMS use, including publicly funded tax-based systems and optional subscription systems, may serve to increase the appropriate use of EMS among underinsured and low-income patients experiencing acute chest discomfort.

REFERENCES

1. Dean NC, Haug PJ, Hawker PJ. Effect of mobile paramedic units on outcome in patients with myocardial infarction. *Ann Emerg Med.* 1988;7:1034-1041.

2. Lewis RP, Lanese RR, Stang JM, et al. Reduction of mortality from prehospital myocardial infarction by prudent patient activation of mobile coronary care system. *Am Heart J.* 1982;103:123-130.

3. Ho MT, Eisenberg MS, Litwin PE, et al. Delay between onset of chest pain and seeking medical care: the effect of public education. *Ann Emerg Med.* 1989;18:727-731.

4. Meischke H, Eisenberg MS, Schaeffer SM, et al. Utilization of emergency medical services for symptoms of acute myocardial infarction. *Heart Lung.* 1995;24:11-18.

5. Meischke H, Ho MT, Eisenberg MS, et al. Reasons patients with chest pain delay or do not call 911. *Ann Emerg Med.* 1995;25:193-197.

6. Meischke H, Dulberg EM, Schaeffer SS, et al. "Call fast, call 911": a direct mail campaign to reduce patient delay in acute myocardial infarction. *Am J Public Health.* 1997;87:1705-1709.

7. Eppler E, Eisenberg MS, Schaeffer S, et al. 911 and emergency department use for chest pain: results of a media campaign. *Ann Emerg Med.* 1994;24:202-208.

8. Weissman JS, Stern R, Fielding SL, et al. Delayed access to healthcare: risk factors, reasons and consequences. *Ann Intern Med.* 1991;114:325-331.

9. Dickinson ET, Verdile VP, Kostyun CT, et al. Geriatric use of emergency medical servi *Ann Emerg Med.* 1996;27:199-203.

10. Simmons-Morton DG, Goff DC, Osganian S, et al. Rapid early action for coronary treatment: rationale, design, and baseline characteristics. *Acad Emerg Med.* 1998;5:726-738.

11. Feldman HA, Proschan MA, Murray DM, et al. Statistical design of REACT (Rapid Early Action for Coronary Treatment), a multi-site community trial with continual data collection. *Control Clin Trials.* 1998;19:391-403.

12. *1990 Census of Population and Housing.* Washington, DC: US Department of Commerce, Bureau of the Census; 1992.

13. Kleinbaum DG, Kupper LL, Muller KE. *Applied Regression Analysis and Other Multivariable Methods.* Boston, MA: PWS-Kent; 1988.

14. Hosmer DW, Lemeshow S. *Applied Logistic Regression.* New York, NY: John Wiley & Sons; 1989.

15. Billittier AJ, Moscati R, Janicke D, et al. A multisite survey of factors contributing to medically unnecessary ambulance transports. *Acad Emerg Med.* 1996;3:1046-52.

ATTACHMENT 2

Demographic, Belief, and Situational Factors Influencing the Decision to Utilize Emergency Medical Services Among Chest Pain Patients

Adam L. Brown, BS; N. Clay Mann, PhD, MS; Mohamud Daya, MD, MS; Robert Goldberg, PhD; Hendrika Meischke, PhD; Judy Taylor, EDD; Kevin Smith, MA; Stavroula Osganian, MD; Lawton Cooper, MD; for the Rapid Early Action for Coronary Treatment (REACT) Study

Background—Empirical evidence suggests that people value emergency medical services (EMS) but that they may not use the service when experiencing chest pain. This study evaluates this phenomenon and the factors associated with the failure to use EMS during a potential cardiac event.

Methods and Results—Baseline data were gathered from a randomized, controlled community trial (REACT) that was conducted in 20 US communities. A random-digit-dial survey documented bystander intentions to use EMS for cardiac symptoms in each community. An emergency department surveillance system documented the mode of transport among chest pain patients in each community and collected ancillary data, including situational factors surrounding the chest pain event. Logistic regression identified factors associated with failure to use EMS. A total of 962 community members responded to the phone survey, and data were collected on 875 chest pain emergency department arrivals. The mean proportion of community members intending to use EMS during a witnessed cardiac event was 89%; the mean proportion of patients observed using the service was 23%, with significant geographic differences (range, 10% to 48% use). After controlling for covariates, non-EMS users were more likely to try antacids/aspirin and call a doctor and were less likely to subscribe to (or participate in) an EMS prepayment plan.

Conclusions—The results of this study indicate that indecision, self-treatment, physician contact, and financial concerns may undermine a chest pain patient's intention to use EMS. (***Circulation***. 2000;102:173-178.)

Key Words: coronary disease ■ epidemiology ■ public policy

Every year, ≈1 250 000 persons in the United States experience an acute myocardial infarction (AMI).[1] Of these, >50% die before reaching a medical facility. A majority of these deaths occur within 1 hour of the onset of acute symptoms.[1,2] Thrombolytic therapy and other coronary reperfusion strategies are critical in altering the course of an AMI; they can reduce mortality by 25% if initiated within 1 hour of the onset of acute symptoms.[3] Unfortunately, only a fraction of patients who are eligible for thrombolytic therapy receive treatment; this is due, in large part, to the time delay between the onset of acute symptoms and arrival at the hospital.[4–10]

Little is known about a patient's decision to use the emergency medical service (EMS) system during a chest pain event. EMS system use can be crucial to receiving prompt therapy for a possible AMI. Benefits include early diagnosis and treatment, emergency department (ED) forewarning of patient arrival, and the ability to address life-threatening complications, such as dysrhythmias, during transport.[11,12] However, studies indicate that only 50% to 60% of patients with chest pain use the EMS system.[13,14]

Factors associated with EMS use among chest pain patients presenting to EDs were previously investigated in 2 concurrent studies in King County, Washington.[9,15] The first study focused on the association between EMS use and demographic, situational, and clinical factors; the authors of this study reported that greater education and being physically active at the time of symptom onset were related to decreased EMS system use.[9] The second study evaluated knowledge and belief issues surrounding EMS use and found that chest pain patients fail to use EMS because they do not perceive their symptoms as being life-threatening, they did not think of calling 911, or they thought self-transport would be faster.[15] An important limitation in the current literature is that all

Received November 22, 1999; revision received January 28, 2000; accepted February 8, 2000.

From the Department of Emergency Medicine, Oregon Health Sciences University, Portland (A.L.B., N.C.M., M.D.); the Intermountain Injury Control Research Center, University of Utah School of Medicine, Salt Lake City (N.C.M.); the Department of Cardiology, University of Massachusetts School of Medicine, Worcester (R.G.); the Department of Health Services, University of Washington, Seattle (H.M.); the Division of Health and Kinesiology, Mississippi University for Women, Columbus (J.T.); New England Research Institutes, Watertown, Mass (K.S., S.O.); and the National Heart, Lung, and Blood Institute, Bethesda, Md (L.C.).

Correspondence to N. Clay Mann, PhD, MS, Intermountain Injury Control Research Center, 410 Chipeta Way, Suite 222, Salt Lake City, UT 84108-1226. E-mail: clay.mann@hsc.utah.edu

Circulation is available at http://www.circulationaha.org

published studies evaluating EMS use among chest pain patients originate from one state with a tax-based, prepaid EMS system.[9,13,15–18] Thus, geographic differences and the impact of cost concerns on EMS use remain uninvestigated.

The objective of the current study was to determine if community members recognize the benefit of the EMS system in a cardiac emergency and to compare these findings to actual EMS usage. This study documented geographic variations in bystander intention to use EMS services among 20 diverse communities in the United States and compared these findings to actual EMS utilization rates among chest pain patients in each community. In addition, survey data provided by chest pain patients presenting to participating EDs were used to determine how demographic factors, situational attributes, and patient perceptions influence the decision to access the EMS system.

Methods

Study Design

The data for this study were drawn from a subgroup of all patients included in the REACT trial.[19] REACT was a multicenter, randomized, controlled community trial designed to evaluate the effects of a community intervention on the time interval between onset of AMI symptoms to contact with hospital-based emergency medical care.[19,20] In brief, 20 communities were pair-matched by demographic characteristics in 5 regions throughout the United States. One community of each pair was randomly assigned as the intervention site and the other served as a control site. Four months of baseline data were collected in all communities; this was followed by an 18-month, multifaceted education program in the intervention communities. Data used in this study were collected from all 20 communities during the baseline period (December 1995 through March 1996) before the intervention was initiated. In the REACT trial, patient consent requirements were reviewed and approved by all participating hospitals.

Sample Characteristics

For this study, data were provided by 2 sample sources: a random-digit-dial (RDD) community telephone survey and a telephone follow-up survey of chest pain patients presenting to participating EDs and either released or admitted to the hospital with a possible or confirmed coronary event. A review of the medical records for patients participating in the telephone follow-up survey was also conducted.

The RDD community survey was administered among ~60 adults who were ≥18 years of age in each of the 20 communities. Telephone exchanges and a count of households with listed phone numbers were obtained for specific zip code areas designating the geographic boundaries of each community. Counts of listed households were supplemented with estimates of unlisted households. Disproportionate stratified sampling was used to increase the overall household rate. To adjust for the complex sample design, survey responses were weighted by the reciprocal of the probability of selection. For purposes of this study, only community respondents ≥30 years of age were included in the analysis to facilitate comparison with the follow-up survey.

The telephone follow-up survey included both an ED telephone survey and a hospital inpatient telephone survey. The ED follow-up telephone survey was conducted 7 to 13 weeks after the ED visit for patients presenting to EDs with chest pain but who were subsequently released without a hospital admission. The inpatient follow-up telephone survey, which was conducted 7 to 13 weeks after hospital discharge, was administered to admitted patients with a confirmed *International Classification of Diseases*[21] discharge code of AMI (410) or acute cardiac ischemia (411). Disproportionate stratified random sampling was applied with sampling fractions adjusted for community size and patient response for both the F survey and inpatient survey. Because patient sampling and sur response rates differed by community, responses were weighted b the number of eligible persons (released from the ED or admitted the hospital) divided by the number of completed interviews.

The 2 follow-up telephone surveys were appended and merged with hospital medical chart data. This combined database, referred to as the patient follow-up survey, was limited to patients who were ≥30 years of age who presented to the hospital with non-traumatic chest pain.[19] Patients were excluded if they were institutionalized or transferred from another hospital.

Additionally, each EMS and fire service agency in each REACT community was queried regarding the availability of a prepayment system. EMS prepayment systems indemnify citizens against the cost of EMS treatment and transport.[13] Systems may be tax-based (publicly funded EMS) programs, which do not bill patients for services, or hybrid EMS programs that offer an optional prepayment service that, on the basis of an annual membership fee, indemnifies the patient against any charges not covered by health insurance.

Measurements

Data contained in the RDD community telephone survey were used to identify community perceptions regarding the value of EMS services during a cardiac event. Specifically, the following question addressed bystander intentions during a coronary emergency: "If you thought someone was having a heart attack, what would you do?" Two optional responses, among many, were the following: (1) call 911 or an ambulance and (2) drive the person to the hospital. By comparing the community telephone survey findings with the EMS utilization data contained in the patient follow-up survey, we could compare community perceptions regarding intended bystander EMS usage with actions taken by community members experiencing a suspected coronary event.

The patient follow-up survey also contained questions assessi demographic, situational, and belief factors associated with the ch pain event that led patients to seek medical attention. Thus, we cou also associate EMS use with patient demographics, patient appraisals of their medical condition, actions taken before seeking medical attention, and various beliefs and perceptions that facilitated or hindered quick action when seeking medical care.

Data Analysis

Descriptive statistics were used to assess the similarity among the independent samples used in this study. In addition, an exploratory analysis was conducted with patient follow-up survey data to identify demographic, belief, and situational factors associated with the decision to activate (or not activate) the EMS system. Demographic factors and other variables associated with EMS activation in the exploratory analysis were included in a mixed-effects logistic regression model predicting the primary mode of transport (EMS versus other). Design effects associated with the REACT trial were incorporated into the model, in which "study pair" was nested within "geographic region," and "community" was nested within "pair" and "region" using the glimmix macro for the SAS system.[22] Contributions to the model are reported as adjusted odds ratios. All analyses were conducted using SAS, version 6.12.

Results

Survey Response Rates

In the RDD community telephone survey, 36.9% of the randomly generated telephone numbers were for zip code–eligible households (n=2067). In addition, 55 calls to households resulted in no contact after 15 attempts. Among those contacted, 520 resulted in refusals, 62 were ineligible due to a language barrier (non-Spanish or English) or illness, ar 136 provided incomplete interviews. The overall intervie rate (completed interviews divided by potentially eligible

TABLE 1. Summary of Sample Characteristics for the 3 Telephone Surveys

Variable	Community Survey	ED Survey	In-Patient Survey	P
Age, y	49.2±13.8	52.0±15.4	64.9±13.0	<0.001
Male sex	379 (41.7)	243 (57.1)	161 (34.2)	<0.001
Ethnicity				<0.001
White	778 (82.0)	318 (76.3)	387 (87.9)	
Hispanic	86 (10.4)	38 (9.2)	27 (5.7)	
Black	68 (7.9)	56 (12.1)	21 (3.5)	
Education level				<0.001
<High school	88 (10.1)	122 (29.0)	128 (27.7)	
High school	255 (28.6)	111 (26.2)	144 (32.2)	
Some college	267 (25.8)	121 (28.1)	103 (23.7)	
Completed college	346 (35.4)	68 (16.7)	71 (16.4)	

Values are mean±SD or n (%). Calculated values were based on weighted survey responses.

households) was 62.5%. The total sample (≥30 years of age) included 962 respondents.

Response rates for the ED telephone survey and hospital inpatient telephone survey that were appended into the patient follow-up survey are reported separately. For the ED telephone survey, 426 people provided complete interviews out of the 1338 we attempted to contact. Because of a slow study start-up, 18.1% (n=243) of cases were excluded because the 13-week interview window had expired before consent could be obtained. An additional 300 people could not be contacted (eg, non-working phone number). Among those contacted (n=795), 46.4% of people refused the interview or were found to be ineligible during the interview process (ie, too ill, died, deaf, or currently in a nursing home). The overall response rate (number interviewed/[number selected−number ineligible]) was 34.4%.

For the inpatient survey, 449 of 1787 patients provided complete interviews. Among contacted patients (n=1521), 23.3% refused the interview and 47.1% of respondents were found to be ineligible during the interview. The overall response rate was 42.0%. The final sample sizes for the surveys were 962 and 875 for the RDD community survey and the patient follow-up survey, respectively.

Sample Characteristics

Table 1 lists demographic variables for each of the survey samples. The inpatient survey respondents were older and more frequently reported their ethnicity as non-Hispanic white. A greater proportion of ED survey respondents were male. Participants in the RDD community survey reported higher levels of education.

Intention to Use EMS and Actual EMS Use

Table 2 uses data from the RDD community telephone survey and the patient follow-up survey to compare bystander intent to use EMS with self-reported EMS use in each study community. On average, 89.4% of respondents in each study community indicated that they would call 911 if they witnessed a cardiac event. Very few (8.1%) would consider driving someone with a coronary emergency to the hospital.

The patient follow-up survey provided EMS use information for chest pain patients presenting to participating EDs in each study community. Contrary to the bystander intentions expressed in the community survey, few actual chest pain victims used EMS (23.2%). Most victims were driven to the ED by someone else (60.4%) or drove themselves to the hospital (15.6%).

Factors Associated With Actual EMS Use

Demographic Variables

Using the patient follow-up survey data, demographic, situational, and belief factors were compared among EMS and non-EMS users. Several demographic variables were significantly associated with EMS use, including increasing age, white ethnicity, living alone, and presence of an ambulance service prepayment plan (Table 3).

Situational Factors

When considering actions taken by patients before calling 911 or going to the hospital, patients taking an antacid or aspirin were less likely to use EMS services. However, patients taking nitroglycerin were twice as likely to choose EMS transport. Regarding communications with others, requesting advice from family or friends before seeking medical attention was not associated with EMS use. However, patients communicating with a physician were less likely to use EMS transport to the hospital.

Belief Factors

The following question was significantly associated with EMS use (Table 3): "Did any factors or things cause you to go quickly (or wait to go) to the hospital?" Post hoc analyses of answer subcategories indicated that certainty that a patient's symptoms were caused by a "heart attack" was associated with an increased likelihood of choosing EMS transport, whereas patients who thought their symptoms would go away were significantly less likely to use EMS. Pain severity was not associated with EMS use.

Multivariate Analysis

Using a multivariable logistic regression model, we examined the associations of the following factors with EMS use: sex, ethnicity (white versus non-white), living alone, taking nitroglycerin, communicating with a physician, and being prompted to "go quickly" or "waiting" to go to the hospital. The variable identifying the presence of an EMS prepayment

TABLE 2. Comparison of Bystander Intention to Use EMS and Self-Reported EMS Utilization Rates

		Community Survey (n=962)		Patient Follow-Up Survey (n=875)		
State	Site	Would Call 911	Would Drive Someone*	Did Call 911	Did Drive Oneself*	Driven By Someone*
Alabama	Tuscaloosa	55 (77.9)	4 (10.3)	3 (10.3)	6 (16.7)	26 (73.0)
	Huntsville	43 (81.3)	5 (13.8)	16 (18.8)	12 (16.9)	41 (64.4)
	Anniston	48 (85.4)	6 (15.1)	13 (18.4)	9 (15.4)	45 (64.4)
	Opelika	45 (85.5)	6 (9.7)	5 (13.2)	4 (25.1)	12 (61.7)
Massachusetts	Worcester	40 (82.6)	3 (8.7)	29 (32.8)	13 (16.2)	40 (47.8)
	Lowell	37 (90.5)	3 (6.8)	16 (32.8)	6 (16.7)	20 (50.5)
	Pittsfield	50 (98.1)	2 (4.7)	13 (21.3)	5 (17.4)	20 (56.5)
	Westfield	40 (86.4)	4 (5.9)	9 (18.7)	8 (15.8)	27 (65.5)
Wisconsin	Lacrosse	44 (88.4)	1 (0.9)	6 (15.7)	10 (27.6)	22 (56.7)
	Eau Claire	41 (83.0)	2 (2.5)	5 (15.3)	2 (6.9)	22 (77.8)
South Dakota	Sioux Falls	51 (92.3)	4 (5.3)	12 (26.2)	8 (18.5)	24 (55.3)
Minnesota	Fargo	36 (95.7)	4 (10.2)	10 (15.7)	14 (24.4)	31 (59.9)
Texas	Tyler	43 (92.6)	5 (12.6)	6 (11.9)	10 (18.3)	40 (69.8)
	Lake Charles	36 (90.6)	3 (7.3)	5 (16.1)	4 (9.7)	24 (74.2)
	Brownsville	30 (85.1)	5 (8.9)	8 (22.3)	7 (20.7)	19 (57.0)
	Laredo	35 (85.3)	3 (7.3)	1 (14.4)	0 (0)	8 (85.6)
Washington	Shoreline	50 (97.2)	5 (18.7)	17 (42.2)	5 (19.1)	11 (35.4)
	Olympia	51 (98.2)	5 (9.0)	23 (42.8)	5 (10.0)	24 (47.2)
Oregon	Beavertown	44 (96.3)	2 (4.5)	8 (27.1)	1 (5.6)	13 (67.3)
	Eugene	54 (95.7)	0 (0.0)	13 (48.7)	3 (12.4)	10 (39.0)
Mean values		89.4%	8.1%	23.2%	15.6%	60.4%

Values are n (%), and percentages were based on weighted survey responses.
*Variables associated with "driving to the hospital."

system was trichotomized to independently assess the effect of subscription services verses tax-based programs. The variables "took antacid" and "took aspirin" were combined to address the issue of a patient's self-medicating during a potential cardiac event. Age was excluded from the model because of its strong association with 2 other variables, "living alone" and "taking nitroglycerin." Separate models were analyzed using weighted and unweighted survey responses. Regression coefficients between the models were similar; thus, we report only the unweighted results.

The overall fit of the logistic model was good; it correctly classified 76% of all cases (Table 4). The variables "living alone," "taking nitroglycerin," and being prompted to "go quickly" to the hospital were strong predictors of EMS use. The presence of a tax-based, prepaid EMS system doubled the likelihood of using EMS compared with communities with no such system. Because the presence of an EMS prepayment plan was measured on the community level rather than on an individual level, including random effects associated with community appropriately inflated the confidence band associated with this variable. Thus, the 95% confidence interval associated with the prepayment variable included unity, so that statistical significance could not be attributed to a prepayment effect. This variable should be interpreted with some care. Being prompted to "wait before going," taking an antacid/aspirin, or consulting with a physician significantly decreased the likelihood that respondents would use EMS services.

Discussion

Findings indicate that, in general, community members recognize the benefit of EMS transport when acting as a bystander to a "public" cardiac event but individuals personally experiencing symptoms of an AMI often choose not to use EMS services. One should note, however, that bystander intentions may favor an EMS response simply because respondants assumed they were unacquainted with the victim and his/her extenuating circumstances. Bystander decisions can be decisive if personal circumstances do not complicate bystander decision-making. Alternatively, actual patients may not have considered their symptoms to be indicative of a heart attack and were, therefore, less inclined use EMS. It is unclear if similar findings would be present if intentions and actual events were documented for the same subject. Nevertheless, the magnitude of difference between bystander intentions and actions for self and the uniformity of this finding across geographic regions suggest that further investigation may prove useful in determining why the public would choose alternative transportation when faced with a cardiac emergency.

Situational factors that decreased EMS use during a cardiac event included taking an antacid/aspirin or communicating with a doctor before going to the hospital. However, patients taking nitroglycerin and patients believing their condition was heart-related were more likely to use EMS. These findings suggest that patients with familiar symptoms or

TABLE 3. Demographic, Situational, and Belief Factors Associated With Use of EMS Services

Variable	EMS Transport	Other Transport	*P*	Odds Ratio
Demographics				
Age, y	64.8±16.5	54.8±15.1	<0.001	...
Ethnicity				
White	185 (82.8)	520 (80.0)	0.046	1.58
Nonwhite	26 (17.2)	116 (20.0)		
Male sex	115 (49.5)	356 (48.6)	0.386	0.94
Education				
≤High school	133 (60.3)	372 (55.8)	0.283	1.18
>High school	84 (39.7)	279 (44.2)		
Live alone, yes	68 (64.6)	113 (47.5)	0.006	1.90
EMS payment plan, yes	40 (30.1)	56 (22.6)	<0.001	2.41
Situational factors*				
Took an antacid	9 (3.1)	63 (9.8)	0.006	0.40
Took aspirin	15 (6.7)	78 (12.3)	0.022	0.54
Took nitroglycerin	82 (34.9)	139 (18.1)	<0.001	2.24
Advice from peers	31 (13.6)	69 (10.3)	0.141	1.41
Communicated with doctor	15 (7.0)	82 (12.3)	0.022	0.52
Belief factors*				
Went quickly	180 (82.1)	463 (70.3)	<0.001	2.03
Symptom certainty	45 (21.6)	86 (11.6)	0.006	1.72
Severe pain	101 (46.4)	300 (46.1)	0.876	1.02
Waited to go	91 (43.5)	372 (58.1)	<0.001	0.55
Symptoms go away	16 (5.4)	60 (9.0)	0.042	0.65

Values are mean±SD or n (%); calculated values were based on weighted survey responses.
*Responses to questions in yes/no format.

experience with a heart condition are more likely to rely on EMS care as a valued form of medical care and transport. Additional published work has associated symptom familiarity with increased EMS use.[15]

The fact that communication with a doctor decreased EMS use is problematic. It is unclear if doctors were acting as managed care "gatekeepers" to EMS care or if they reduced patient anxiety in a way that made EMS transport seem optional. There may be a variety of valid reasons why physicians who are familiar with individual patient histories may not dictate EMS use during phone contact with a concerned patient. However, our data indicate that 83% of patients who spoke with a physician and did not use EMS transport were subsequently admitted to the hospital.

TABLE 4. Multivariate Logistic Analysis of Demographic, Situational, and Belief Factors That Affect EMS Use

Variable	Parameter Estimate	Adjusted Odds Ratio	95% Confidence Intervals
Male sex	0.068	1.07	0.76, 1.50
Nonwhite ethnicity	−0.109	0.89	0.55, 1.45
Live alone, yes	0.645	1.90	1.30, 2.79
EMS payment plan, none	Reference	...	...
Subscription service, yes	0.168	1.18	0.51, 2.69
Tax-based system, yes	0.761	2.14	0.70, 6.49
Took antacid/aspirin, yes	−0.582	0.55	0.33, 0.92
Took nitroglycerin, yes	0.635	1.88	1.31, 2.70
Communicated with doctor, yes	−0.723	0.48	0.26, 0.89
Go quickly, yes	0.581	1.78	1.17, 2.71
Waited to go, yes	−0.464	0.62	0.44, 0.87
Intercept	−1.660	...	...

Model was based on unweighted survey responses.

Regarding belief factors, no correlation existed between seeking advice from peers or pain severity and EMS transport, which is contrary to other studies demonstrating a positive correlation between these factors and EMS use.[6,9,15] The perception among patients that their symptoms would go away decreased EMS use; this result is similar to findings reported elsewhere.[15]

Several demographic variables were associated with EMS use. Living alone and increasing age (although unadjusted) enhanced EMS use. These results may reflect the fact that the elderly and those in single-person households have fewer transportation options. Other demographic variables, including ethnicity, sex, and education, were not related to EMS use, which contrasts with the results of previous studies.[6,8,9] However, one should note that previous research addressing this question originated in one state with a relatively high EMS use rate.[9,13,15–18] Thus, contradictions between previous findings and current results may represent geographic differences in patient population, EMS structure, etc.

Of interest is the fact that the presence of an EMS prepayment system increased EMS use. One other study documented a similar increase among residents of lower income census blocks.[13]

There are several important limitations to this study. A potential source of bias relates to the fact that ED and inpatient survey data were obtained retrospectively, 7 to 13 weeks after the cardiac event. The event or the extended period of time between the event and our interviews may have affected patient responses. At least one other study, however, has shown that acute health conditions requiring medical attention often represent "sentinel events" and may be accurately recalled for up to 6 months.[23] A second limitation involved the low response rate to the ED and inpatient surveys (<42%). Missing interviews may systematically favor an income group, degree of chronic illness, or some other unmeasured variable that limits the generalizability of our findings. The fact that our study sample included communities with diverse mean incomes and ethnic distributions may temper some potential bias due to sample selection.[19]

In summary, people seem to understand the prudent actions to take when faced with a public cardiac event, but they may be unwilling to take the appropriate steps when facing a personal cardiac emergency, perhaps due to symptom uncertainty or other behavioral factors. Variables representing demographic, situational, and self-efficacy (or belief) factors can inhibit or promote EMS use during a cardiac event. Subscription services and taxed-based systems that offset the cost of EMS services need to be analyzed further to determine if these programs represent a major factor among patients evaluating options for emergency transportation.

Acknowledgment

Mr Brown was a summer research student in the Department of Emergency Medicine at Oregon Health Sciences University during the time this research was conducted. The majority of Dr Mann's efforts on this project occurred during his time as part of the faculty of the Department of Emergency Medicine at Oregon Health Sciences University. The REACT trial was supported by cooperative agreements U01-HL-53141, U01-HL-53412, U01-HL-53149, U01-HL-53155, U01-HL-53211, and U01-HL-53135 from the National Heart, Lung, and Blood Institute, Bethesda, Md. In addition, an American Heart Association Summer Student Award was made to Mr Brown. The authors are solely responsible for the content of the article, and their opinions do not necessarily represent the views of any listed funding source.

References

1. National Heart, Lung, and Blood Institute. *Morbidity and Mortality: Chart Book on Cardiovascular, Lung, and Blood Diseases*. Bethesda, Md: US Department of Health and Human Services, Public Health Service; 1992.
2. American Heart Association. *Heart Facts*. Dallas, Tex: American Heart Association; 1992.
3. Effectiveness of intravenous thrombolytic treatment in acute myocardial infarction: Gruppo Italiano per lo Studio della Streptochinasi nell' Infarto Miocardico (GISSI). *Lancet*. 1986;1:397–402.
4. Eisenberg MS, Ho MT, Schaeffer S, et al. A community survey of the potential use of thrombolytic agents for acute myocardial infarction. *Ann Emerg Med*. 1989;18:838–841.
5. Matthews KA, Siegal JM, Kuller LH, et al. Determinants of decisions to seek medical treatment by patients with acute myocardial infarction symptoms. *J Pers Soc Psychol*. 1983;44:1144–1156.
6. Hedges JR, Mann NC, Meischke H, et al. Assessment of chest pain onset and out-of-hospital delay using standardized interview questions: the REACT pilot study. *Acad Emerg Med*. 1998;5:773–780.
7. Dracup K, Moser DK. Treatment-seeking behavior among whose with signs and symptoms of acute myocardial infarction. *Heart Lung*. 1991; 20:570–575.
8. Meischke H, Eisenberg MS, Larsen MP. Prehospital delay interval for patients who use emergency medical services: the effect of heart-related medical conditions and demographic variables. *Ann Emerg Med*. 1993; 22:1597–1601.
9. Meischke H, Eisenberg MS, Schaeffer SM, et al. Utilization of emergency medical services for symptoms of acute myocardial infarction. *Heart Lung*. 1995;24:11–18.
10. Dracup K, Moser DK, Eisenberg M, et al. Causes of delay in seeking treatment for heart attack symptoms. *Soc Sci Med*. 1995;40:379–392.
11. Dean NC, Haug PJ, Hawker PJ. Effect of mobile paramedic units on outcome in patients with myocardial infarction. *Ann Emerg Med*. 1988; 7:1034–1041.
12. Lewis RP, Lanese RR, Stang JM, et al. Reduction of mortality from prehospital myocardial infarction by prudent patient activation of mobile coronary care system. *Am Heart J*. 1982;103:123–130.
13. Siepmann DB, Mann CN, Hedges JR, et al. Association between prepayment systems and EMS use among patients with acute chest discomfort syndrome. *Ann Emerg Med*. In press.
14. Simon AB, Feinleib M, Thompson H. Components of delay in the pre-hospital phase of acute myocardial infarction. *Am J Cardiol*. 19[illegible] 30:476–482.
15. Meischke H, Ho MT, Eisenberg MS, et al. Reasons patients with chest pain delay or do not call 911. *Ann Emerg Med*. 1995;25:193–197.
16. Meischke H, Dulberg EM, Schaeffer SS, et al. Call fast, call 911: a direct mail campaign to reduce patient delay in acute myocardial infarction. *Am J Public Health*. 1997;87:1705–1709.
17. Eppler E, Eisenberg MS, Schaeffer S, et al. 911 and emergency department use for chest pain: results of a media campaign. *Ann Emerg Med*. 1994;24:202–208.
18. Ho MT, Eisenberg MS, Litwin PE, et al. Delay between onset of chest pain and seeking medical care: the effect of public education. *Ann Emerg Med*. 1989;18:727–731.
19. Simons-Morton DG, Goff DC, Osganian S, et al. Rapid early action for coronary treatment: rationale, design, and baseline characteristics. *Acad Emerg Med*. 1998;5:726–738.
20. Feldman HA, Proschan MA, Murray DM, et al. Statistical design of REACT (rapid early action for coronary treatment), a multisite community trial with continual data collection. *Control Clin Trials*. 1998;19: 391–403.
21. *International Classification of Diseases*, 9th revision. Washington, DC: Public Health Service, US Dept of Health & Human Services; 1980.
22. Littell RC, Milliken GA, Stroup WW, et al. *SAS System for Mixed Models*. Cary, NC: SAS Institute Inc; 1996.
23. Schmidt TA, Mann NC, Federiuk CS, et al. Do patients refusing transport remember descriptions of risks after initial ALS assessment? *Acad Emerg Med*. 1998;5:796–801.

TRANSPORT FEE UPDATE

Should Transport Fees be considered an adjunct revenue for EMS system funding?

Background:
All paramedic units, including Seattle, transported 20,682 ALS patients in 1998. Fees are not charged for ALS transports. Some fire departments contract with private ambulance for BLS transport. Fees are charged and collected by the private ambulance provider for any contracted BLS transports.

Some members of the EMS Financial Planning Task Force suggested that transport fees for paramedic services be considered as a possible funding source for regional EMS services. Other members expressed their opposition to the imposition of transport fees. The Financial Planning Task Force did not arrive at a consensus on the issue. The staff group that supported the EMS Financial Planning Task Force identified several non-financial issues with imposition of paramedic transport fees:

- discouraging persons in need from accessing service;
- ensuring equal access to service;
- jeopardizing voter support for levy;
- uncertainty of changes in third party reimbursement practices;
- increased operating costs associated with collecting billing information; and,
- different transport practices among the region's ALS providers.

Additional preliminary information was distributed in the May Task Force packets.

New Information since the May Task Force materials:

- Health Care Financing Administration (HCFA) has completed its initial work and has filed a proposed ruling with the Federal Register on Medicare ambulance fee reimbursements. The proposal is currently open to public comment (through November 13), and the final Medicare ruling is anticipated prior to the end of the year with a graduated implementation schedule to begin in 2001. Updated cursory revenues estimates are attached.

- Two preliminary studies have been published on the impact of charging for service and the usage of EMS. Published studies attached as reference.

ATTACHMENT 4

KING COUNTY FIRE COMMISSIONERS ASSOCIATION

September 22, 2000

Honorable Ron Sims
King County Executive
Room 400
King County Courthouse
516 Third Avenue
Seattle, WA 98104

RE: EMS 2002 Task Force

Dear Executive Sims:

At a recent meeting of the King County Fire Commissioners Association, our members voted unanimously to oppose the use of transport fees as a funding option for EMS.

We continue to believe that transport fees may be appropriate for some individual fire districts or departments to augment their local BLS funding. However, we do not believe that such fees are of the magnitude or predictability needed to support our system of locally delivered, regionally coordinated emergency medical services that has effectively served King County for many years.

The King County Fire Commissioners Association strongly supports a property-based levy and will work to achieve that goal. Thank you for your leadership on this very important community.

Sincerely,

David K. Lawson
President

CC: Task Force Members

ATTACHMENT 5

Jim Compton
Seattle City Councilmember

August 4, 2000

Ron Sims, King County Executive
King County Courthouse
516 3rd Avenue, Room 400
Seattle, WA 98104

Ron

Dear Executive Sims:

I regret that I was unable to attend the Emergency Medical Services Task Force meeting of July 28. It is important to convey my thanks for your hard work and leadership, and assure you that the City Council is watching developments closely.

The recommendations this Task Force will make to the County Council will be very important, and I am committed to helping the Task Force decide on those recommendations.

I believe there was a brief discussion at the end of the meeting in which one or two Task Force members relayed the current views of their jurisdictions' legislative bodies on whether EMS should be funded in part by Advanced Life Support transport fees and what the term of a renewed EMS levy should be. Regarding ALS transport fees, I have no reason to believe that the Seattle City Council's position will change from last year, when it was that such fees would not be a suitable means of funding EMS. Regarding the length of a new levy, I believe the new option of a 10-year term would be a good compromise between the desire for funding stability and the desire to maintain accountability through periodic votes.

I hope this information will help advance the Task Force's work. I look forward to joining you at the next Task Force meeting.

Sincerely,

Jim Compton

1100 Municipal Building, 600 Fourth Avenue, Seattle, WA 98104-1876
(206) 684-8802, Fax: (206) 684-8587, TTY: (206) 233-0025, E-Mail Address: jim.compton@ci.seattle.wa.us
Website: http://www.p :g/compton
An EEO/AA employer. Accommodations bilities provided upon request.

King County Fire Chiefs Association

Web Site: www.metrokc.gov/kcchiefs

ATTACHMENT 6

September 25, 2000

Ron Sims, Chair
EMS 2002 Task Force
King County Courthouse
516 Third Avenue – Room 400
Seattle, Washington 98104-2312

Dear Executive Sims,

I am writing on behalf of the King County Fire Chief's Association concerning the issue of emergency medical service transport fees. This issue is currently under review by the EMS 2002 Task Force, a committee that you chair. At our September 20, 2000, meeting the membership present voted to officially ask the Task Force to reject the proposal of initiating transport fees as part of the funding mechanism for our regional emergency medical system.

Transport fees are seen as detrimental to our long-standing regional approach to providing superior emergency medical services to all residents and visitors of King County for the following reasons:

- Economic considerations may affect utilization of a publicly funded EMS system by discouraging the use by low income and uninsured patients. This affect has been demonstrated in at least two studies. One chronicled in the Annals of Emergency Medicine in June of 2000 (AnnEmerg Med 2000 Jun; 35(6):573-8) and the other a study published in the "Circulation," a publication of the American Heart Association (Circulation 2000; 102:173). This study in particular included data derived from our system in King County, as well as systems in seven other states. The study centered on chest pain patients and factors that would influence the decision to utilize the emergency medical system. It concluded that, among other things, "The presence of a tax based, prepaid EMS system doubled the likelihood of using EMS compared with communities with no such system." It is our opinion that adding a direct cost to the caller would jeopardize the freedom callers now feel in King County to access the system.

- King County maintains a unique public/private partnership using first response by fire departments and the Medic One system in cooperation with private ambulance service. The presence of private ambulance services assures quicker in-service times for first response units and significant back-up capability during major incidents and disasters. The impact of cutting into the private sector business model could have adverse effects on the future availability of private ambulances in King County.

- The Task Force can only influence the ALS portion of the transport issue, as it is predominantly funded by the regional levy. BLS transport issues would still fall under the authority and decision making structure of the local governing bodies of City and Fire District. Such a non-uniform approach to when users receive a bill and when they do not is likely to add further confusion and adversely affect the system.

- Finally, it is our belief that a tax-supported system that also charges a fee for use places support for the levy portion at risk. We have traditionally received overwhelming support for the Medic One levy, including the second vote on the 1997 failure. The polling data commissioned by the County after the 1997 failure indicated confusion by the voter as a primary cause for failure. Transport fees would likely add to that confusion.

In closing, the King County Fire Chief's Association asks that the EMS 2002 Task Force not support partial funding of the regional system through transport fees.

Thank you for your time and consideration in this matter and your continued support for emergency medical services in King County.

Very truly yours,

James E. Sewell, President
King County Chief's Association

JES:tmc

TIMING OF NEW OR EXPANDED ALS UNITS FOR THE FINANCIAL FORECASTING PLAN

King County EMS:

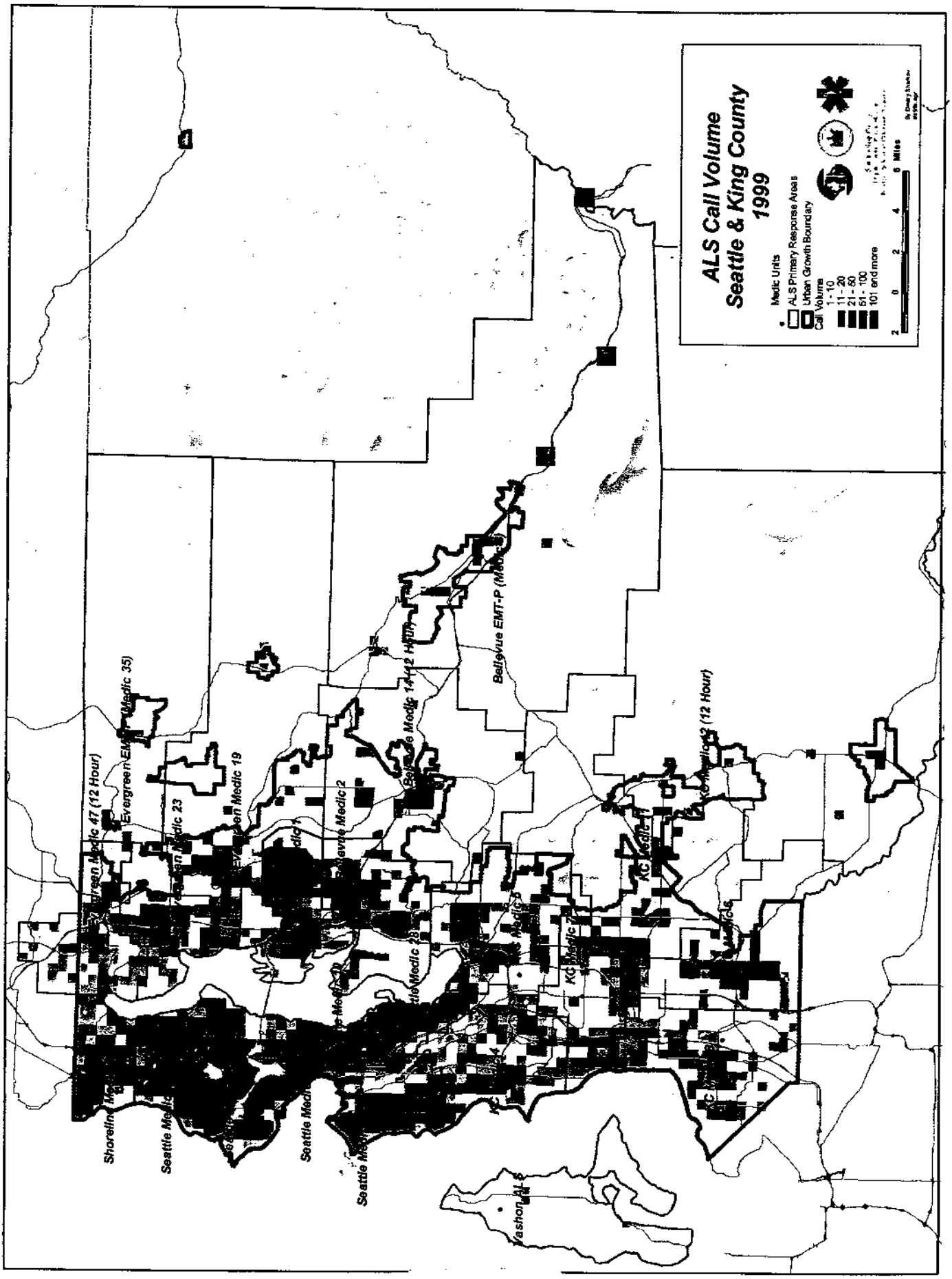
Year	New Units	Expand a current unit	Total Units
2001			13.5
2002	.5 (Shoreline)	.5 (Evergreen) .5 (Vashon)[1]	15.0
2003		.5 (Bellevue)	15.5
2004	.5 (SKC M1 Proposed)[2]		16.0
2005			16.0
2006	.5 (SKC M1 Proposed)[2]		16.5
2007			16.5

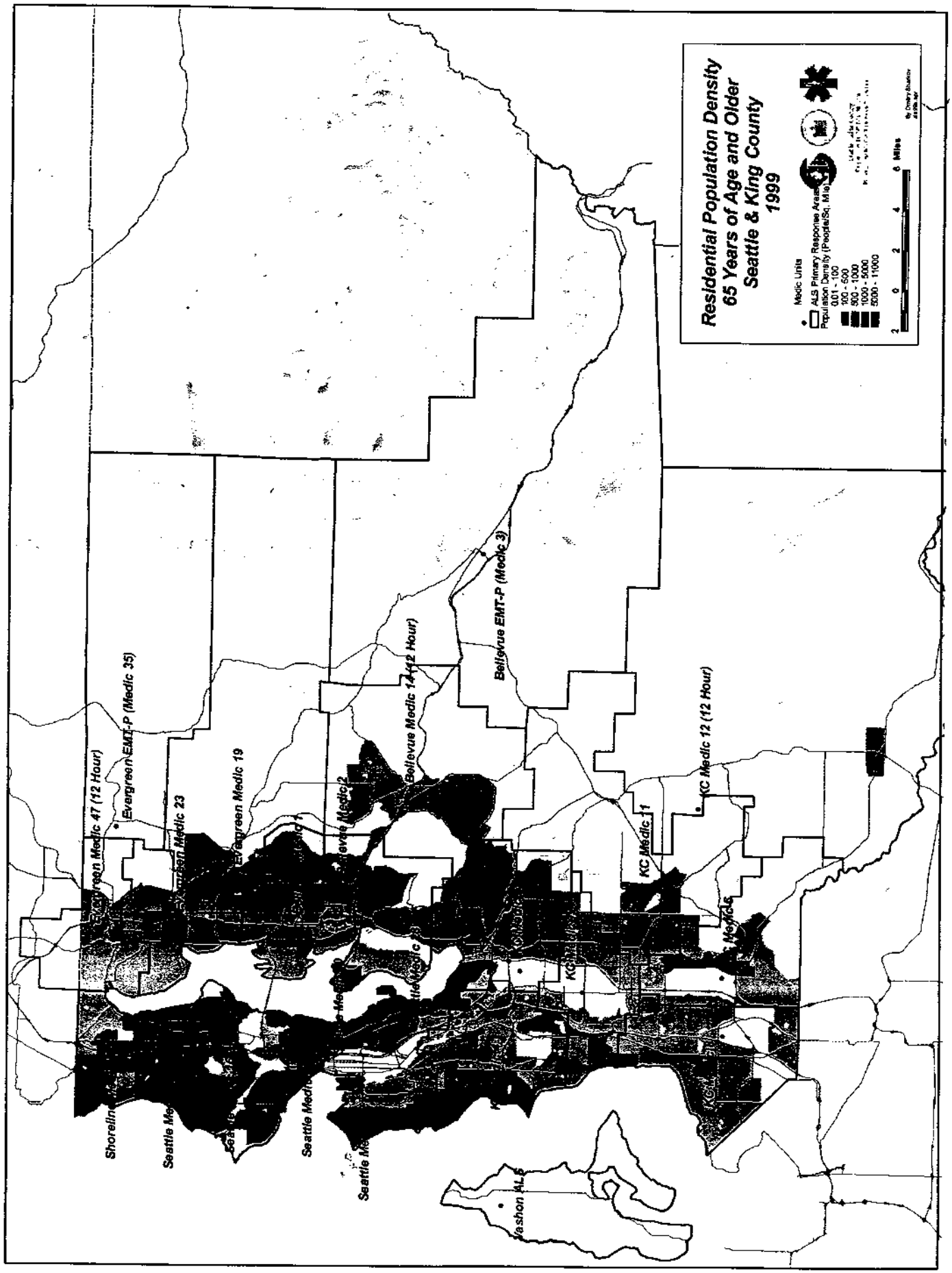
1. In 2000: Vashon is currently being funded at approximately $116,000 a year or .12 of a full unit. Under this scenario, Vashon would increase to be funded at a .5 unit or $493,000 a year. The increase in funding to Vashon would be approximately $377,000 a year or .38 of a unit.
2. The South King County proposed Medic Units for 2004 and 2006 could also be Expanded units based on need in 2004 and 2006.

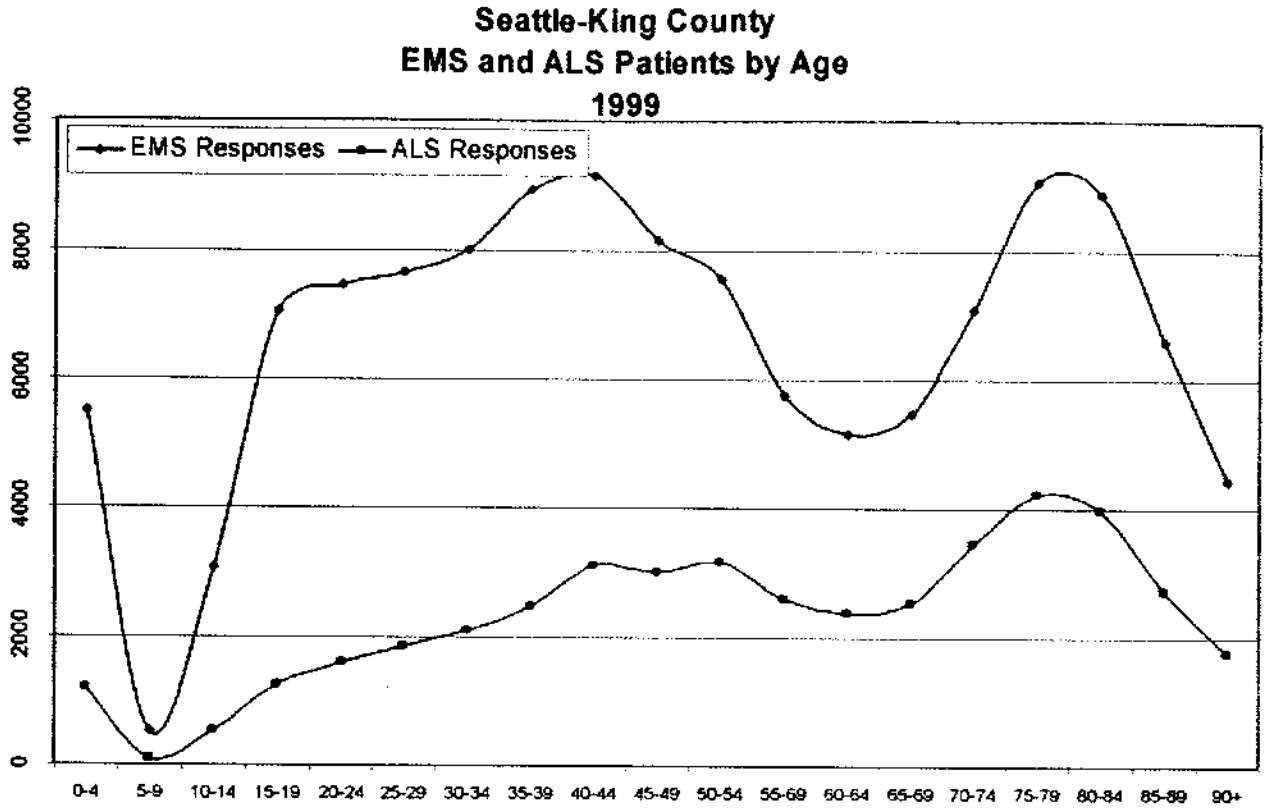
Seattle:

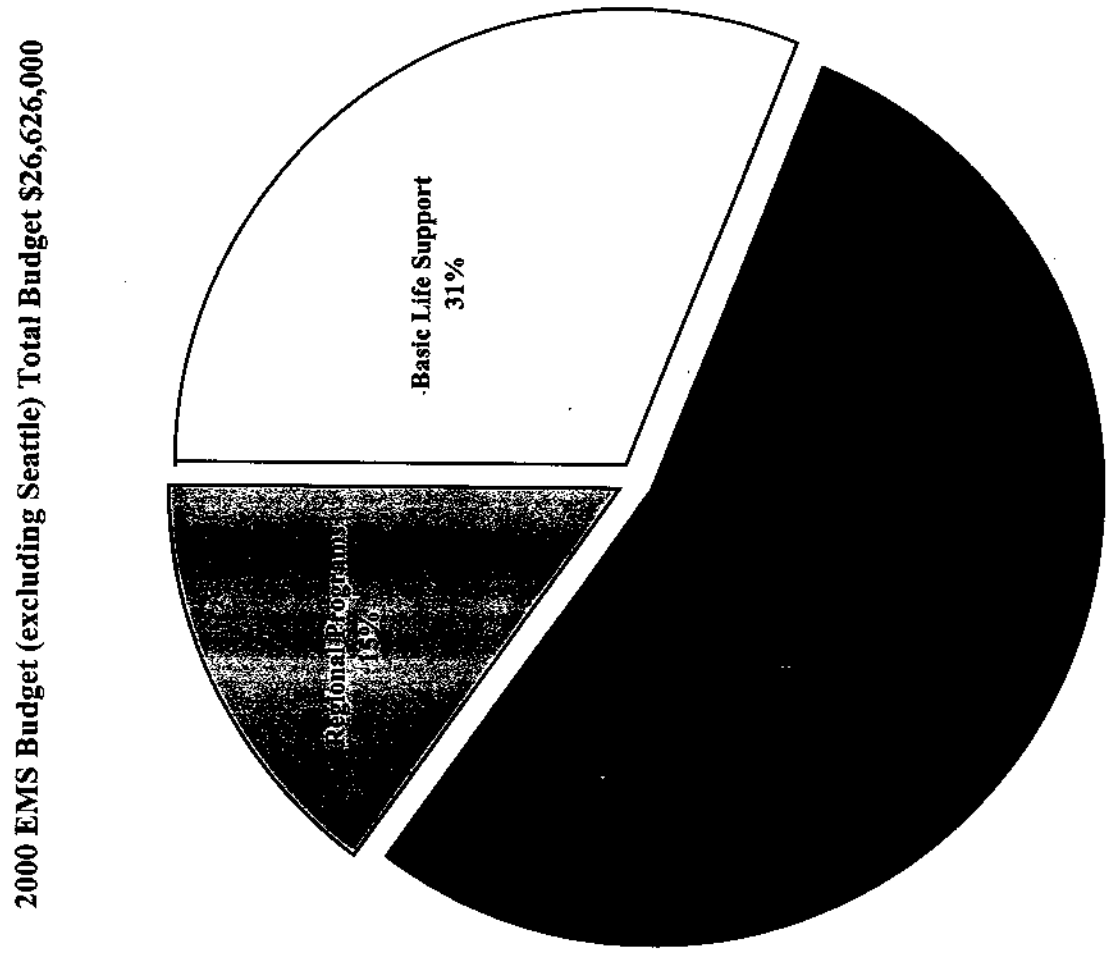
Year	New Units	Expand a current unit	Total Units
2001	.5 (Location under consideration)[3]		6.5
2002		.5 (Location under consideration)[3]	7.0
2003	1.0 (Interbay/ Ballard)		8.0
2004			8.0
2005			8.0
2006			8.0
2007			8.0

3. Seattle has requested through the Seattle budget process for the addition a new half unit 2001 and to expand the half unit to a full unit in 2002. Seattle biennial budget process is on-going and will be completed in November 2000.


ALS Call Volume
Seattle & King County
1999
Medic Units
ALS Primary Response Areas
Urban Growth Boundary
Call Volume
1 - 10
11 - 20
21 - 50
51 - 100
101 and more
0
2
4
8 Miles
Shoreline Medic 47 (12 Hour)
Evergreen Medic 35)
Evergreen Medic 19
Evergreen Medic 23
Bellevue Medic 2
Bellevue Medic 14/12 Hour
Bellevue EMT-P (Medic
Seattle Medic 28
Seattle Medic
KC Medic 7
KC Medic 1
Vashon M1-8


Residential Population Density
65 Years of Age and Older
Seattle & King County
1999
Medic Units
ALS Primary Response Areas
Population Density (People/Sq. Mile)
0.01 - 100
100 - 500
500 - 1000
1000 - 5000
5000 - 11000
0 2 4 6 Miles
Evergreen Medic 47 (12 Hour)
Evergreen EMT-P (Medic 35)
Evergreen Medic 23
Evergreen Medic 19
Bellevue Medic 14 (12 Hour)
Bellevue EMT-P (Medic 3)
KC Medic 12 (12 Hour)
KC Medic 11
Vashon ALS


Seattle-King County
EMS and ALS Patients by Age
1999
EMS Responses
ALS Responses
0
2000
4000
6000
8000
10000
0-4
5-9
10-14
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-79
80-84
85-89
90+


2000 EMS Budget (excluding Seattle) Total Budget $26,626,000
Basic Life Support
31%
Regional Programs
15%

ATTACHMENT 12

KENT
WASHINGTON

FICE of the MAYOR
Jim White, Mayor

Phone: 253-856-5700
Fax: 253-856-6700

220 4th Avenue South
Kent, WA 98032-5895

September 22, 2000

The Honorable Ron Sims
King County Executive
King County Courthouse, Rm. 400
516 Third Avenue
Seattle, WA 98104-2312

Dear Mr. Sims:

I have been asked by the Kent City Council to write to express our concerns about the funding solutions that are being offered for the financing of Emergency Medical Services (EMS) in King County. As you know, this issue has been studied by two separate task forces, and the options being considered seem to have narrowed to questions of how long the voter approved levy should last. We do not consider this a solution to the question of how the fund EMS services.

The City of Kent has consistently stated that we consider Emergency Medical Services to be an essential, regional, governmental service. As such, it should be a priority for financing out of the county's current expense budget rather than subject to periodic voter approval of an excess property tax levy. We recognize the integrated nature of the service, and are prepared to continue to fund a portion of the cost of Basic Life Support (BLS) service out of the city's operating budget. We believe that the county should be prepared to act similarly when funding the balance of the service. At the very least, King County should be absorbing a larger portion of the administrative and training costs of EMS out of its current budget.

Under current state law, cities with a population in excess of 50,000 must concur with the county's proposal to place an EMS excess property tax levy on the ballot. At this time, I cannot provide you with assurance that the Kent City Council will grant its approval. Enclosed is a copy of a previously adopted Resolution of the Council, which states its concerns. At its meeting of September 5, 2000, the Kent City Council voted to continue to support the position stated in the resolution.

The City of Kent stands ready to work with you to find solutions to this problem. As yet, we have not been satisfied with the options being offered. Please feel free to contact Councilmember Connie Epperly, Fire Chief Norm Angelo, or me with any questions or ideas you may have.

Sincerely,

Jim White

Jim White
Mayor

cc: Kent City Council
Norm Angelo, Fire Chief
King County Council

RESOLUTION NO. 1503

A RESOLUTION authorizing, with conditions, a county-wide ballot proposition for funding emergency medical services pursuant to RCW 84.52.069, as amended; and encouraging maintenance of funding of the EMS program.

WHEREAS, the City of Kent ("City") has a population of over 70,000 people and cities in King County of greater than 50,000 in population must approve the Emergency Medical Services ("EMS") levy being placed on a county-wide ballot; and

WHEREAS, the City supports EMS as a regional system that requires a continuing leadership for the County; and

WHEREAS, the King County Council on September 8, 1997, as a companion to the Ordinance authorizing the November 4, 1997, election on EMS, passed Ordinance No. 12849, the Preamble of which states "[T]he current, near total reliance on a six-year voter-approved levy puts the [emergency medical services] program's funding in regular jeopardy and connotes that the county considers it an optional program. . . . [T]he county council is committed to researching more secure, permanent funding sources for this important program"; and

WHEREAS, the City supports the foregoing statement in County Ordinance No. 12849, and agrees that a voter-approved property tax is not the preferable funding mechanism and is committed to finding a new, permanent funding source for the EMS system in partnership with the County; and

WHEREAS, it has been to the benefit of the citizens of the City to support and

participate in the county-wide partnership of delivering Advanced Life Support and Basic Life Support services; and

WHEREAS, the delivery of emergency medical services is an essential function of the fire and life safety responsibilities of the City's Fire Department; and

WHEREAS, the King County adopted EMS Strategic Plan has emphasized the need for proactive methods aimed at controlling the future growth in the demand for services, thereby making the initially proposed levy rate of twenty-nine cents ($.29) per thousand dollars ($1,000) of assessed valuation viable; and

WHEREAS, the failure of the EMS levy on November 4, 1997 resulted in the potential loss of strongly integrated Advanced Life Support/Basic Life Support services delivered in conjunction with King County Fire Protection District #37 to the City's citizens; and NOW THEREFORE,

THE CITY COUNCIL OF THE CITY OF KENT HEREBY RESOLVES AS FOLLOWS:

SECTION 1: The Kent City Council authorizes King County to place the King County EMS levy renewal before the voters at the February, 1998 special election, with a county-wide property tax levy rate of up to twenty-nine cents ($.29) per thousand dollars ($1,000) of assessed valuation for a period of three (3) years.

SECTION 2: The City of Kent supports the levy with the understanding that the County agrees by appropriate amendment to County Ordinance No. 12849 to create the EMS Financial Planning Task Force no later than February 15, 1998; provided, however that:

a. City representatives on the task force shall be appointed directly by each

jurisdiction so represented (in the case of Seattle, Bellevue, Federal Way, Kent and Shoreline) and the Suburban Cities Association (in the case of the two (2) smaller city representatives).

b. In preparing its "analysis of long-term funding alternatives that would allow the county to reduce its reliance on property tax levies to support emergency medical services" as required by Ordinance No. 12849, the Task Force shall (1) explore all reasonable operational models for financing and delivering EMS service; (2) identify and recommend possible efficiencies and operational models that could reduce or otherwise contain long-term as well as interim costs of the EMS system; and (3) focus its long-term recommendations on alternatives to financing EMS through means other than periodically voter-approved property tax levies.

c. The membership of the EMS Financial Planning Task Force called for by Ordinance No. 12849 shall be amended to consist of the King County Executive, two (2) representatives from the County Council, one (1) representative from each city with the county with a population over 50,000, two (2) representatives from small cities appointed by the Suburban Cities Association, two (2) fire district Commissioners and two (2) citizens-at-large from the unincorporated area. The Task Force shall be supported by an interjurisdictional staff team.

d. The County will direct the EMS Advisory Committee recommended by the 1998-2003 Emergency Medical Services Strategic Action Plan, dated June, 1997, to work in cooperation with the EMS Financial Planning Task Force, and that the EMS Advisory Committee place its highest priority on implementing cost containment strategies identified in that Strategic Plan that can reduce the cost of the EMS system as soon as possible.

Passed at a regular meeting of the City Council of the City of Kent, Washington this 9 day of December, 1997.

Concurred in by the Mayor of the City of Kent, this 9 day of December, 1997.

JIM WHITE, MAYOR

ATTEST:

BRENDA JACOBER, CITY CLERK

APPROVED AS TO FORM:

ROGER A. LUBOVICH, CITY ATTORNEY

I hereby certify that this is a true and correct copy of Resolution No. 1503, passed by the City Council of the City of Kent, Washington, the 9 day of December, 1997.

BRENDA JACOBER, CITY CLERK

P:\LAW\RESOLUTT\EMSRES#4.KFD

Council Meeting Date: October 23, 2000 **Agenda Item: 8(b)**

CITY COUNCIL AGENDA ITEM

CITY OF SHORELINE, WASHINGTON

AGENDA TITLE:	Adoption Of Ordinance No. 250 Amending Shoreline Municipal Code (SMC) 9.05.010 Defining Public Disturbance Noise To Provide An Exemption For Utility and Related Construction and Maintenance Work In The Right-Of-Way And Emergencies.
DEPARTMENT:	Public Works
PRESENTED BY:	William L. Conner, Public Works Director WLC

EXECUTIVE / COUNCIL SUMMARY

As some of your Council may recall, in 1995 your Council adopted Ordinance No. 62 defining and regulating Public Disturbance Noise. This ordinance, which contained a sunset clause, was later re-adopted by Ordinance No. 121 in 1997, codified as Shoreline Municipal Code (SMC) 9.05. This regulation has had the unintended affect of restricting utility and related construction and maintenance work in the right-of-way between 10:00 p.m. and 7:00 a.m. Work during these times is not only desirable, due to the reduction in costs and improved safety of working during times of low traffic, but also necessary for some activities that must necessarily extend past these times. Bypass pumping for significant water and sewer improvements is one example. Proposed for Council consideration is an ordinance amending SMC 9.05.010 to exempt utility work in the right-of-way appropriately conditioned to minimize the impact on adjacent property owners and emergency work necessary to protect public safety and property from these time restrictions.

SMC 9.05 was originally proposed in response to a request from the Shoreline Police department for an enforcement tool for use in mediating noise complaints between neighbors mostly residential to residential, but occasionally residential to commercial. A sunset provision was added to the first enacting ordinance due to Council concerns that the new regulation would lead to overly punitive enforcement. The regulation uses a "reasonableness" test that is purposefully subjective. After two years of successful enforcement without negative public responses, the Council re-adopted the regulation without sunset. At the time, the City did not have an active Capital Improvement Program and was inexperienced in the regulation of utility activities in the right-of-way.

A recent review of the regulation by staff in planning for the recent overly of 175th Street N.E. revealed that a strict construction of its provisions would disallow some of the construction activities in the right-of-way that may result in noise after 10:00 p.m.[1] This restriction lengthened the time to complete the 175th Street N.E. overlay project and increased its impact on traffic.

[1] SMC 9.05.010 (C) states that certain categories of noise, e.g (8) "Sound originating from construction sites...between the hours of 10:00 p.m. and 7:00 a.m.," are prohibited public disturbance noises.

A more critical problem resulting from this restriction is illustrated by a recent permit inquiry from the Washington State Department Of Transportation (WSDOT). As your Council may recall, WSDOT has plans to improve the 175th Street N.E. interchange with I-5. That project will require the closing of two lanes on 175th Street during portions of its construction. For traffic and public safety reasons, WSDOT would like to complete this construction in the very early hours of morning, but the current regulations would preclude this. As a final illustration, King County Wastewater Treatment Division is planning maintenance on a major conveyance interceptor in the Richmond Beach area. This project will require the wastewater conveyed by this interceptor to be pumped around the construction area. This pumping will generate noise but must continue through the currently restricted time period.

The proposed ordinance includes three specific changes to the current regulation to address these issues. First, the regulation contains a series of illustrative enumerations in Paragraph C intended to provide examples of what could be considered noise that "unreasonably disturbs" the peace and comfort of an adjacent property owner. The proposal replaces an "are" with a "may, depending upon location, be" to indicate that the listed examples may not always be restricted. Late night whistling or singing near a public street[2] is likely to be much more unreasonable along a quiet residential street then perhaps along Aurora Ave. N. for example. This change would allow this dimension of "reasonableness" to be considered during enforcement.

The second change is the addition of a specific exemption for construction or maintenance activities in the City right-of-way that have been appropriately conditioned by the City Manager or designee. This change provides additional flexibility to the City in regulating activities of utilities and others within the right-of-way, but still places a duty on the City to condition such activities to minimize the impact on adjacent property owners. This allows the City to balance the potentially competing interests of quiet enjoyment against interests of traffic, public safety, and simple necessity. The City would also still have an ability to respond to complaints by changing the conditions established in order to allow late night activities in the right-of-way.

The third change provides a broader exemption for noise emanating from activities to protect public safety or property in response to an emergency situation. This has not become an issue, but staff is recommending that it be addressed at this opportunity to ensure that it does not become an issue in the future.

RECOMMENDATION

Staff recommends that your Council adopt the Ordinance No. 250 Amending Shoreline Municipal Code Section 9.05.010 Defining Public Disturbance Noise To Exempt Certain Emergency Activities And Activities Within The City Right-Of-Way.

Approved By: City Manager DB City Attorney

ATTACHMENTS

Attachment A – Proposed Ordinance No. 250 Amending Shoreline Municipal Code Section 9.05.010 Defining Public Disturbance Noise To Exempt Certain Emergency Activities And Activities Within The City Right-Of-Way

[2] SMC 9.05.010 C(3)

ATTACHMENT A

ORDINANCE NO. 250

AN ORDINANCE OF THE CITY OF SHORELINE, WASHINGTON AMENDING SHORELINE MUNICIPAL CODE SECTION 9.05.010 DEFINING PUBLIC DISTURBANCE NOISE TO EXEMPT CERTAIN EMERGENCY ACTIVITIES AND ACTIVITIES WITHIN THE CITY RIGHT-OF-WAY

WHEREAS, the City Council adopted Ordinance No. 62 on December 11, 1995 regulating Public Disturbance Noise and re-adopted that regulation by Ordinance No. 121 on March 24, 1997; and

WHEREAS, it is in the public interest to allow construction activities to occur in the City right-of-way at night in order to protect worker and public safety and to minimize traffic impacts; and

WHEREAS, some activities in the right-of-way, bypass pumping for example, that were prohibited due to the creation of Public Disturbance Noise, are necessary to allow for the maintenance or improvement of essential utility infrastructure; and

WHEREAS, it is in the public interest for emergency response vehicles and emergency response activities to remain free from restrictions due to Public Disturbance Noise; and

WHEREAS, it is in the public interest to amend SMC 9.05.010 to exempt emergency activities and activities within the city right-of-way from strict regulation related to Public Disturbance Noise; NOW, THEREFORE,

THE CITY COUNCIL OF THE CITY OF SHORELINE, WASHINGTON DOES ORDAIN AS FOLLOWS:

Section 1. Amendment. Section 9.05.010 of the Shoreline Municipal Code is amended as follows:

9.05.010 Noise.

A. General Prohibition. It is unlawful for any person to cause, or for any person in possession of property to allow to originate from the property, sound that is a public disturbance noise.

B. Definition. For purposes of this chapter, a "public disturbance noise" is any noise which unreasonably disturbs or interferes with the peace and comfort of owners or possessors of real property.

C. Illustrative Enumeration. The following sounds may, depending upon location, be ~~are~~ public disturbance noises in violation of this chapter:

1. The frequent, repetitive or continuous sounding of any horn or siren attached to a motor vehicle, except as a warning of danger or as specifically permitted or required by law.

2. The creation of frequent, repetitive or continuous sounds in connection with the starting, operation, repair, rebuilding or testing of any motor vehicle, motorcycle, off-highway vehicle or internal combustion engine within a residential district.

3. Yelling, shouting, whistling or singing on or near the public streets, particularly between the hours of 10:00 p.m. and 8:00 a.m.

4. The creation of frequent, repetitive or continuous sounds which emanate from any building, structure, apartment or condominium, such as sounds from musical instruments, audio sound systems, band sessions or social gatherings.

5. Sound from motor vehicle audio sound systems, such as tape players, radios and compact disc players, operated at a volume so as to be audible greater than 50 feet from the vehicle itself.

6. Sound from portable audio equipment, such as tape players, radios and compact disc players, operated at a volume so as to be audible greater than 50 feet from the source, and if not operated upon the property of the operator.

7. The squealing, screeching or other such sounds from motor vehicle tires in contact with the ground or other roadway surface because of rapid acceleration, braking or excessive speed around corners or because of such other reason; provided, that sounds which result from actions which are necessary to avoid danger shall be exempt from this section.

8. Sounds originating from construction sites, including but not limited to sounds from construction equipment, power tools and hammering between the hours of 10:00 p.m. and 7:00 a.m. on weekdays and 10:00 p.m. and 9:00 a.m. on weekends.

9. Sounds originating from residential property relating to temporary projects for the maintenance or repair of homes, grounds and appurtenances, including but not limited to sounds from lawnmowers, power hand tools, snow removal equipment and composters between the hours of 10:00 p.m. and 7:00 a.m. on weekdays and 10:00 p.m. and 9:00 a.m. on weekends.

D. Exclusion. This chapter shall not apply to the following:

1. R~~r~~egularly scheduled events at parks, such as public address systems for baseball games or park concerts between the hours of 9:00 a.m. and 10:30 p.m.

2. Construction or maintenance activities in the City's right-of-way for the benefit of the general public. The City Manager or designee shall appropriately condition such activities to minimize the impact on adjacent residents from noise.

3. Construction noise under Section .010 C (8) or other noise generated in response to emergency situations; that is times when unexpected and uncontrollable events result in an imminent risk of physical harm or property damage. [Ord. 121 § 1, 1997]

Section 2. Effective Date, Publication. A summary of this ordinance consisting of its title shall be published in the official newspaper of the City. This ordinance shall take effect and be in full force five days after the date of publication.

PASSED BY THE CITY COUNCIL ON OCTOBER ___, 2000

_____
Mayor Scott Jepsen

ATTEST:

_____
Sharon Mattioli, CMC
City Clerk

APPROVED AS TO FORM:

_____
Ian Sievers
City Attorney

Date of Publication: , 2000
Effective date: , 2000

Council Meeting Date: October 23, 2000 **Agenda Item: 8(c)**

CITY COUNCIL AGENDA ITEM

CITY OF SHORELINE, WASHINGTON

AGENDA TITLE:	Transmittal of the 2001 City of Shoreline Proposed Budget
DEPARTMENT:	City Manager's Office
PRESENTED BY:	Bob Deis, City Manager LB (for)

EXECUTIVE / COUNCIL SUMMARY

The Proposed City of Shoreline Year 2001 Budget is currently in the process of being developed. Work will be continuing through the week of October 16, with the actual Proposed Budget document being transmitted to your City Council on October 23.

The purpose of this presentation will be to introduce the budget document to your Council, provide the policy background concerning its development, explain its organization and structure, and to answer any questions you may have at this time.

As your Council is aware, the final outcome of the budget is somewhat dependent on the results of the November 7th election, in which Initiative 722 (I-722) will appear on the ballot, and the State Supreme Court ruling on the constitutionality of Initiative 695. Since I am legally obligated to produce a budget by the end of October and we do not have the benefit of the November 7th election results, the formal budget assumes the status quo funding mix and I-722 is not in effect, except for the proposed property tax levy. Yet, we have included the list of proposed expenditure cuts from 2000 when the outcome of I-695 was unknown. We would expect similar cuts if I-722 were to pass and there were no backfilling of revenues.

As your Council agreed, budget workshops have been scheduled for November 6th and 13th, with a third workshop on November 20th if needed. On November 13th your Council will have a public hearing on the 2001 proposed property tax levy. The adoption of the levy is scheduled for that evening. Budget adoption is scheduled for November 27th barring any unforeseen complications in the budget discussions or resulting from the November 7th election.

RECOMMENDATION

Staff recommends that Council receive the Proposed Year 2001 City Budget on October 23, 2000.

Approved By: City Manager LB City Attorney

\\CITY_HALL\SYS\DEPT\FIN\Debbie\2000\Staff Reports\Budget Transmittal.dot