

**GRAND JUNCTION CITY COUNCIL  
WORKSHOP AGENDA**

**MONDAY, JANUARY 17, 2005, 7:00 P.M.  
CITY HALL AUDITORIUM, 250 N. 5<sup>TH</sup> STREET**

**MAYOR'S INTRODUCTION AND WELCOME**

- 7:00 **COUNCILMEMBER REPORTS**
- 7:10 **CITY MANAGER'S REPORT**
- 7:15 **REVIEW FUTURE WORKSHOP AGENDAS** [Attach W-1](#)
- 7:25 **REVIEW WEDNESDAY COUNCIL AGENDA**
- 7:30 **UPDATE ON WATER ISSUES:** The City's Water Attorney Jim Lochhead will present an annual report to City Council on water issues. [Attach W-2](#)
- 8:15 **REVIEW YOUTH COUNCIL BYLAWS:** As discussed in the 2005 Strategic Plan, the City Council will review the CYC bylaws. [Attach W-3](#)
- 8:30 **EMS TRANSPORTING DECISION MAKING PROCESS:** A discussion of how to proceed with the selection of an ambulance provider(s) to serve the Grand Junction Ambulance Service Area. [Attach W-4](#)
- 9:05 **CITY COUNCIL TEAM ASSIGNMENTS FOR STRATEGIC PLAN:** City Council Members will make assignments to the five teams identified to work on sections of the Strategic Plan. [Attach W-5](#)
- 9:20 **ADJOURN**

This agenda is intended as a guideline for the City Council. Items on the agenda are subject to change as is the order of the agenda.

**Attach W-1  
Future Workshop Agenda**

# **CITY COUNCIL WORKSHOP AGENDAS**

**→ JANUARY 24, 2005 MONDAY 11:30 AM (at GJHA offices)**

*11:30 MEET WITH GRAND JUNCTION HOUSING AUTHORITY BOARD*

**\* JANUARY 31, 2005 MONDAY 11:30 AM**

*11:30 EXECUTIVE SESSION FOR PERSONNEL MATTERS RELATIVE  
TO CITY COUNCIL EMPLOYEES*

**→ → THURSDAY 27 JANUARY 2005 12:00 NOON @ TRCC**

*12:00 MEET WITH THE MESA COUNTY COMMISSIONERS*

**JANUARY 31, 2005 MONDAY 7:00 PM**

7:00 COUNCIL REPORTS, REVIEW WEDNESDAY AGENDA AND REVIEW  
FUTURE WORKSHOP AGENDAS

7:25 CITY MANAGER'S REPORT

7:30 NEIGHBORHOOD PROGRAM UPDATE AND OVERVIEW

9:00 INTERGOVERNMENTAL AGREEMENT WITH COLORADO  
DEPARTMENT OF TRANSPORTATION

**\* FEBRUARY 14, MONDAY 11:30 AM AT TWO RIVERS CONVENTION  
CENTER**

*11:30 DOWNTOWN DEVELOPMENT AUTHORITY BOARD*

**FEBRUARY 14, MONDAY 7:00 PM**

7:00 COUNCIL REPORTS, REVIEW WEDNESDAY AGENDA AND REVIEW  
FUTURE WORKSHOP AGENDAS

7:25 CITY MANAGER'S REPORT

7:30 JARVIS PROPERTY PLAN

**\* FEBRUARY 28, 2005 MONDAY 11:30 AM**

*11:30 SCHOOL BOND ISSUE PROJECTS AND BURKEY PARK*

**FEBRUARY 28, 2005 MONDAY 7:00 PM**

7:00 COUNCIL REPORTS, REVIEW WEDNESDAY AGENDA AND REVIEW  
FUTURE WORKSHOP AGENDAS

7:25 CITY MANAGER'S REPORT  
7:30 DEPARTMENT PRESENTATION: CODE ENFORCEMENT

~~\* MARCH 14, 2005 MONDAY 11:30 AM Cancel for National League of Cities?  
11:30 OPEN~~

~~MARCH 14, 2005 MONDAY 7:00 PM Cancel for National League of Cities?  
7:00 COUNCIL REPORTS, REVIEW WEDNESDAY AGENDA AND REVIEW  
FUTURE WORKSHOP AGENDAS  
7:25 CITY MANAGER'S REPORT~~

~~\* APRIL 4, 2005 MONDAY 11:30 AM  
11:30 OPEN~~

~~APRIL 4, 2005 MONDAY 7:00 PM  
7:00 COUNCIL REPORTS, REVIEW WEDNESDAY AGENDA AND REVIEW  
FUTURE WORKSHOP AGENDAS  
7:25 CITY MANAGER'S REPORT  
7:30 OPEN~~

## **BIN LIST**

1. Traffic calming: Discussion of current policy
2. Clifton Sanitation District #2 boundary expansion (February 28?)
3. Storm water program
4. City owned property update

## **Department Presentations to City Council**

### **2005**

<b>March</b>	Golf Course/Recreation
<b>April</b>	Public Works Utilities – Water

**Attach W-2  
Water Report**

**CITY OF GRAND JUNCTION**

<b>CITY COUNCIL AGENDA</b>						
<b>Subject</b>		Report from City Special Counsel				
<b>Meeting Date</b>		January 17, 2005				
<b>Date Prepared</b>		December 19, 2011			File #	
<b>Author</b>		John Shaver		<b>City Attorney</b>		
<b>Presenter Name</b>		Jim Lochhead		<b>Special Counsel</b>		
<b>Report results back to Council</b>		<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	When
<b>Citizen Presentation</b>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Name
<input checked="" type="checkbox"/>	Workshop	<input type="checkbox"/>	<b>Formal Agenda</b>		<input type="checkbox"/>	Consent
					<input type="checkbox"/>	<b>Individual Consideration</b>

**Summary:**

At the January 17, 2005 workshop the City's special legal counsel for inter and intra state water cases, Mr. James S. Lochhead, will present his annual report. That report may include but not be limited to information about:

- Statewide Water Supply Initiative
- Aspinall EIS and Black Canyon reserved rights
- Green Mountain Reservoir/Heeney Slide
- Shoshone Power Plant
- Transbasin diversion issues
  - Denver's Moffatt System firming
  - Denver/Blue River Decree issues
  - Fry-Ark issues
- Recreational In-channel diversion issues
- Legislative update -- anticipated issues
- Colorado River issues

Due to the complex nature of these matters and the press of other business, not all of these matters may be addressed or will be addressed in depth.

If the Council has specific topics that it would like to have addressed in the report please let me know.

## **Attach W-3**

### **Youth Council Bylaws**

#### **BYLAWS OF THE GRAND JUNCTION, COLORADO CITY YOUTH COUNCIL**

(D R A F T)

#### **NAME AND SCOPE**

This body shall be called the Grand Junction City Youth Council and along with the other Boards and Commissions of the City, be an advisory board to the Grand Junction City Council.

#### **MISSION STATEMENT**

To better our community by providing a representative perspective to the City Council on issues concerning the young people of Grand Junction and inspiring a desire in youth to become responsible, involved citizens who positively affect the future of our City.

#### **CITY YOUTH COUNCIL OFFICERS – DUTIES, POWERS, ELECTION and TERMS OF OFFICE**

##### **1. Chair**

- a) Presides at all meetings of the Youth Council
- b) Votes under the same procedures as other members of the Youth Council
- c) Elected by a majority vote of the Youth Council at the beginning of each new term
- d) Signs all documents of the Youth Council
- e) Acts as the Youth Council's official representative
- f) Calls special meetings in accordance with these bylaws
- g) Responsible for compiling agenda for transmittal to the Youth Council Secretary.

##### **2. Vice-Chair**

- a) During the absence, disability, or disqualification of the Chairperson or any other Youth Council officer, the Vice-Chairperson shall exercise or perform all the duties and be subject to all the duties of the Chairperson or other officer.
- b) Elected by a majority vote of the Youth Council at the beginning of each new term
- c) Responsible for assisting the Youth Council Historian with his/her duties
- d) Shall succeed the Chairperson if the office is vacated before the term of the Chairperson has expired; The Vice-Chairperson shall serve the unexpired term of the vacated office. A new Vice-Chairperson shall be elected by a majority vote of the members of the Youth Council at the next regular meeting following the Vice-Chairperson assuming the Chair.
- e) Shall be a resource for rules of order during meetings

f) Shall act as a liaison to City Council and write a memo to them once a month

3. Secretary

a) Shall prepare and distribute meeting agendas to all members of the Youth Council at least two (2) days in advance of each regularly scheduled meeting.

b) Elected by a majority vote of the Youth Council at the beginning of each new term

c) Responsible for keeping accurate minutes of Youth Council meetings and forwarding those minutes to the designated City Staff member upon their completion.

d) Shall take attendance and keep track of referrals at all meetings and notify members of absences

e) Responsible for checking e-mail on a regular basis and reporting back to the Youth Council when necessary

4. Treasurer

a) Shall be responsible for keeping accurate financial records for City Youth Council activities and report to the Youth Council when requested.

b) Elected by a majority vote of the Youth Council at the beginning of each new term

5. Staff Support

a) At least one member of City staff (to be appointed by the City Manager) shall be provided.

#### CITY YOUTH COUNCIL MEMBER CONDUCT

1. All members are required to attend all regular meetings of the Youth Council. After two (2) absences during a one-year term, the Secretary will report the member to the rest of the Youth Council. At that point the Youth Council will discuss and determine the repercussions of the absences. A 2/3<sup>rd</sup> majority vote can remove the member.
2. All Youth Council members shall take an oath of office to be administered by the City Clerk or his/her designee. If a member is found by the Youth Council to violate that oath or to otherwise damage the integrity of the Youth Council, they may be removed by a 2/3<sup>rd</sup> majority vote.

#### CITY STAFF RESPONSIBILITIES TO THE CITY YOUTH COUNCIL

1. Transmits messages between the Youth Council and the Grand Junction City Council.

2. Assists Chair and Secretary in preparation and distribution of agendas, minutes and other related documents.
3. Informs the Youth Council of correspondence relating to the business of the group and attends to such correspondence when necessary.
4. Administers funds allocated to the Youth Council in accordance with its directives, law and City regulations.

## CONDUCT OF MEETINGS

1. The Youth Council shall meet a minimum of once a month during the academic year.
2. Additional meetings may be held at any time upon the call of the Chairperson or by a majority of the voting members of the Youth Council upon request of the Grand Junction City Council. All members of the Youth Council and the general public must be given four (4) days notice of such a meeting.
3. A majority of the members of the Youth Council in attendance at a meeting shall constitute a quorum for the transaction of business.
4. Ten (10) minutes at each regularly scheduled meeting will be set aside for public input. No one person will be allowed to speak for more than two (2) minutes unless approved by a majority of the Youth Council.
5. The Youth Council shall conduct all meetings in accordance with generally accepted parliamentary procedure unless otherwise provided for in these rules.

## YOUTH COUNCIL COMMITTEES

The Youth Council, by a majority vote, may form standing or temporary committees to work on issues in depth, and then report back to the Youth Council. The Youth Council, at its discretion, may choose to name members of the general public to these committees. Committee chairs will be chosen by a majority vote of committee members.

## AMENDMENT OF CITY YOUTH COUNCIL BYLAWS

These rules may be recommended to be amendment at any meeting by a vote of the majority of the entire membership of the Youth Council provided five (5) days notice has been given to each member of the Youth Council. Proposed amendments approved by the Youth Council must be considered and approved by the City Council.

PASSED and APPROVED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

ATTEST

\_\_\_\_\_  
President of Council

\_\_\_\_\_  
City Clerk



**Attach W-4**  
**EMS Transporting Decision-making Process**  
**CITY OF GRAND JUNCTION**

CITY COUNCIL AGENDA						
<b>Subject</b>		Mesa County EMS Resolution				
<b>Meeting Date</b>		January 17, 2005				
<b>Date Prepared</b>		January 13, 2005			File #	
<b>Author</b>		Rick Beaty		<b>Fire Chief</b>		
<b>Presenter Name</b>		Rick Beaty		<b>Fire Chief</b>		
<b>Report results back to Council</b>		<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	When
<b>Citizen Presentation</b>		<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Name
<input checked="" type="checkbox"/>	Workshop	<input type="checkbox"/>	<b>Formal Agenda</b>		<input type="checkbox"/>	Consent
<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	<b>Individual Consideration</b>

**Summary:** The Mesa County Board of County Commissioners adopted a resolution on the delivery of emergency medical services on December 6, 2004. The resolution became effective on January 1, 2005. The primary goal of the resolution is to formalize support components and the delivery of emergency medical services county-wide. A major item for consideration by the City of Grand Junction is how and who will provide patient transport and continued care within the Grand Junction Ambulance Service Area.

**Budget:** There will be an impact to the budget although the net impact of a change to the system cannot be determined until direction and decision on system design is established.

**Action Requested/Recommendation:** Preliminary direction to staff on how to proceed with the selection of an ambulance provider(s) to serve the Grand Junction Ambulance Service Area.

- Direct staff to negotiate an interim agreement with AMR for the continuation of the existing two-tier system to a date certain.
- Notify the County that the City will not be able to comply with the May 31, 2005 deadline and request an extension to November 31, 2005.
- Consider hiring an outside resource to develop an RFQ/RFP process for Ambulance Service Provider selection.
- Consider using a public process such as SDIC as a communication and input tool for the decision process.

**Attachments:** Memorandum to Kelly Arnold dated December 19, 2004.

## **Background Information:**

The City of Grand Junction has a long history of involvement and commitment to the provision of high-quality emergency medical services. In order to provide these services, a variety of service delivery models have been applied. Variations have been mostly reactive as a result of growth, evolving citizen service-level expectations and changes in laws and regulations. In recent years, there has been a growing recognition of the need to modify the system with a county-wide focus. The need has been based on professional views of system entities, including the City of Grand Junction, and has been supported by the results of three independent service studies. The studies include:

- Long & Associates Study (1992)
- ECRC Study (1999)
- ESci Study (2002)

All three studies provided recommendations that would improve system effectiveness and efficiency, although each had a slightly different approach to system design. The most recent study by ESci recommended that the County adopt a resolution to provide overall control of the EMS system county-wide. The County hired ESci to assist in the development of a resolution with input from system stakeholders. On December 6, 2004, the Mesa County BCC adopted an EMS Resolution which became effective on January 1, 2005.

The majority of items contained in the resolution are similar to the current City of Grand Junction EMS Ordinance. Therefore, most of the items/issues are already addressed by the Grand Junction Fire Department and only minor adjustments will be needed. However, there is one major issue placed on the City of Grand Junction which will require thought and policy direction from the Grand Junction City Council. That issue includes the development of a process and selection of an ambulance service provider(s). Article VII.3 of Mesa County's EMS Resolution state that "The City of Grand Junction may, at it's option, develop a process to recommend one or more providers to serve the Grand Junction ASA." The Resolution sets a target for receipt of a recommendation by the City of Grand Junction for May 31, 2005, but the Resolution also states that the recommendation may be extended to November 31, 2005.

The following information in this document is intended to provide information to Council for educational purposes and to provide recommendations to staff.

## **Components of an EMS System**

The federal document, "EMS Agenda for the Future," outlines 15 components of an EMS system. The goals of the document are to reduce cost, improve the effectiveness of health care and to provide direction in the fundamental way the public accesses and pays for medical treatment. The State of Colorado EMS Division has adopted the 15 components for use in the EMS planning process. The components include:

- Integration of Health Services
- EMS Research
- Legislation and Regulation
- System Finance
- Human Resources
- Education Systems
- Public Access
- Communications Systems
- Medical Direction
- Clinical Care
- Mass Casualty Systems
- Public Education
- Prevention
- Information Systems
- Evaluation and Improvement

The primary function of an EMS system is emergency response; however, to support this function most effectively, the 15 components of an EMS system must be in place. An EMS system does not operate in a vacuum but must be integrated with all the health services. Ideally, research will guide operations and clinical care. Legislation and regulation is a key component and the County EMS Resolution is an example. Similar legislative and regulatory efforts are ongoing at the state level.

System Finance will continue to impact EMS operations. EMS systems are expensive. While ambulance transports are chargeable, historically, first response costs were not. These costs have usually been supported by local taxes. However, recent changes in costing services and public-private partnerships have resulting in opportunities to charge for 1<sup>st</sup> response and stabilization. Methods to recover those costs are dealt with partially by federal legislation and by negotiated decisions between entities providing the service.

Human Resources and all of the services they provide are part of the support structure necessary to staff an EMS system. Also, an important part of the support structure is an education system that ensures qualified and competent personnel through initial training programs and continuing education programs.

Mass Casualty Systems must be in place to effectively handle incidents with patients with multiple injuries. These typically require many resources and must be pre-planned and handled as a system.

Public Access refers to the 911 system for emergency calls and for non-emergent calls. The Grand Junction Regional Communications Center is now in the final stages of implementing such a capability through its Priority Dispatch Program. Communications involves a whole network of radio, telephone, and microwave capabilities.

Medical Direction is a key component and links field care to the medical community. This component is now formalized with a Mesa County Medical Director, Dr. William Hall. The Medical Director's role is to ensure clinical care is appropriate and meets standards.

Public Information and Prevention is utilized to decrease the incidence and/or mitigate the effects of emergencies. Some examples of education programs are: drinking and driving education at local high schools, identifying tripping hazards for elderly patients at home, or bicycle helmet safety programs. Establishing a relationship through networking and partnering with the local prevention organizations is vital to the community education process.

Information Systems is the records management component and the support structure for maintaining and using information. It also includes a community-based health management system that provides surveillance, identification, intervention and evaluation of injury and disease.

To integrate EMS with health-care systems, relationships between EMS agencies and other public agencies, community health and safety organizations need to be identified and developed. City, County, State, and Federal government officials, community leaders, health-care providers, administrators, and medical directors need to be educated on EMS issues and help in the development of the EMS system. Most of the 15 components the components are in place in Grand Junction though not well coordinated and/or managed. The new County Resolution supports these components by establishing formal relationships and guidelines county-wide.

### **Current Model of Emergency Medical Service Delivery**

Utilizing 2004 statistics, the Grand Junction Fire Department (GJFD) responded to an average of 539 calls per month or 18 calls per day. This equals approximately 7,667 total fire and Emergency Medical Services (EMS) calls. The EMS calls are 80% of that total or about 6,170 calls. The call volume over the past eight years has increased by 24.8%, which is an average increase of 3.1% per year. As these numbers increase so does the liability and responsibilities that go hand-in-hand with assuring an efficient, safe EMS response to the public.

The City of Grand Junction utilizes a two-tier delivery system. The system is simple and can be broken down into two basic components. The first tier is comprised of "First Responders." The goal of the first responder is to send the closest trained and equipped resource to the scene of an emergency. This is accomplished by the Fire Department due to the strategic placement of fire resources and use of cross-trained personnel.

Cross-trained firefighter/EMTs provide emergency medical care until the second tier arrives. The second tier is the patient transport component and is accomplished with a private ambulance provider, American Medical Response (AMR). The Fire Departments applies a mixture of Basic Life Support (BLS) and Advanced Life Support (ALS) first-response resources. The difference between the BLS and ALS units is that the ALS units provide a higher level of life support and can be compared to services initially applied in a hospital emergency room for critical patients. The ALS units have a minimum of one paramedic and one EMT.

First response encompasses all 13 steps of EMS calls except for patient transport. The steps involved in the care of patients are:

- Reception of call through 911
- Dispatchers send the appropriate response units
- A dispatcher, trained in Emergency Medical Dispatch, provides life-saving instructions over the phone before units arrive on the scene
- Fire Department units responds to the scene, arriving first 80% of the time
- Concurrently, the private ambulance (AMR) unit responds for transport
- Stabilization of the scene through the Incident Command System
- Stabilization of the patient
- Treatment of the patient
- Prepare the patient for transport
- Transport the patient
- Personnel from GJFD accompany the patient to the hospital
- A report is completed on the incident and patient
- Response is processed through the quality assurance program

The GJFD responds based on what type of incident has occurred and how units are staffed at a particular time. A response could be a full engine company with four personnel and a private ambulance company for incidents such as car crashes, cardiac arrests, multiple patients or other situations where added staffing or equipment is needed. Or, the response could be a GJFD ambulance or squad (utility pickup) with two personnel, an Emergency Medical Technician (EMT) and a Paramedic, and a private ambulance, with an EMT and a Paramedic. In a number of responses, a GJFD ambulance is the responding unit and could be utilized for transport. If the squad or ambulance is on another call, the call is covered by the next closest responding fire department engine, which is usually staffed at the EMT level. This fire department engine may have a Paramedic assigned to it if the Captain or Engineer is certified to the Paramedic level.

American Medical Response continues to provide 911 transport capabilities through the City's permit process. They also provide non-emergent services to the community. These services include intra-facility transfers, standbys at sporting or mass gathering events, and out-of-town patient transfers. They currently staff three ambulances from 0600-1800 hrs each day and two ambulances from 1800-0600 hrs. They respond with

an EMT and a Paramedic, as the Fire Department does. This allows for two Paramedics on most calls and is a legitimate level of staffing for critical patient care.

While there are no perfect systems, this system does allow the Fire Department to service a higher call volume with existing resource levels. This is possible by keeping Fire resources available a higher percentage of the time than would occur if the Department also transported. It also provides for shared ALS resources needed for critical patient care.

## Spectrum of EMS Models

EMS system configurations vary widely in the U.S. and abroad. Considering the broad range of populations and locations served, the resources available locally, and differences in system evolution, it is safe to say that there are no two systems that are identical. However, some broad generalizations can be made.

The guiding question in system design is the level of care expected by the community. Most systems use basic life support (BLS) level personnel in varying degrees as part of the emergency response team. Advanced life support personnel, while more highly trained and able to provide more sophisticated care, require higher levels of support. It is an accepted ideal that ALS response is the standard in an urban and suburban setting. Most agencies, whether they are volunteer, paid, or combination, whether they serve frontier or urban centers, strive to provide ALS levels of care full time. Many, however, do not have the resources needed and/or cannot justify the higher costs.

The second major decision in system design is how first-responses and transports are addressed. First response is most often provided by fire agencies, and is possible because of the geographical placement of fire stations. Typically, personnel from the closest fire station and the closest ambulance are dispatched simultaneously on an emergency medical call. This has evolved in order to speed help arriving, to provide needed staffing on scene, and to make available their specialized equipment. The ambulance is the second “tier” and is the means of transporting the patient(s) to the emergency department. How this second tier is configured varies considerably across jurisdictions.

According to a survey of the 200 most populated cities, conducted by the Journal of Emergency Medical Services, February, 2004, the following statistics provide some insight on system design:

EMS service configurations in most U.S. cities involve two components: first response and the transport. In 2003 for the 200 most populous U.S. cities, the configuration numbers are:

BLS first response, BLS transport	8%
BLS first response, ALS transport	44%
ALS first response, BLS transport	5%
ALS first response, ALS transport	43%

Fire Departments are the dominant agency type in the delivery of first response. In 2003, more than 98% of the first responder agencies are fire departments. The other 2% are comprised of third party, hospital based, public utility model, private, not-for-profit, and volunteer.

The task of providing transport after this first-response component is fulfilled is done by:

Fire Department		38.3%
Private, for profit service	39.1	
Third party		8.2
Hospital based		6.2
Public Utility Model	5.5	
Other		3

### **Conclusion/Staff Recommendations:**

The County EMS Resolution will benefit emergency services agencies county-wide by providing a formal structure for EMS system support. Additionally it ties system components together, addresses emergency response oversight, and establishes basic performance criteria. Implementation of the resolution will take time and will require the sharing of information and careful consideration. The most significant issue for the City of Grand Junction is the development of a process and selection of an ambulance service provider(s) for the Grand Junction Ambulance Service Area. The following staff recommendations are offered for City Council consideration:

- Direct staff to negotiate an interim agreement with AMR for the continuation of the existing two-tier system to a date certain.
- Notify the County that the City will not be able to comply with the May 31, 2005 deadline and request an extension to November 31, 2005.
- Consider hiring an outside resource to develop an RFQ/RFP process for Ambulance Service Provider selection.



Picture 1: Amtrak Derailment - Ruby Canyon



**TO: Kelly Arnold**  
**FROM: Rick Beaty**  
**DATE: December 19, 2004**  
**SUBJECT: County EMS Resolution Implementation**

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As you are aware, the Mesa County Board of Commissioners passed a resolution which places overall regulation of emergency medical services in their court. This change has been a point of discussion for a number of years and should serve to improve services for the entire County. There are a number of issues which will have immediate impact on the City. Therefore, some policy direction will be needed before we can move forward with implementation in the City.

Following adoption of the resolution, we held four internal meetings to discuss various options for implementation in the City. One of the issues discussed involved beginning to put together a time line (PERT chart) to serve as a visual tool to look at meeting the County's implementation dates. I have attached a working draft of the main PERT chart.

Although the County's resolution does not go into effect until January, 2005, there are dates which already impact the City. Applications for the EMS Council became available on December 10, 2004. We have picked up a copy of the application and have it available for completion. Since the City is guaranteed only one position on the EMS Council, it is important to make sure we have a good representative. **Should we obtain City Council input on this decision or do you want us move forward with a recommendation?** The application is due back to the County on January 15, 2005.

The next set of dates, which we need policy direction on, involve the designation of an ambulance provider for the Grand Junction ambulance service area (ASA). The resolution states that the *City of Grand Junction (City) may, at its option, develop a process to recommend one or more Licensees to serve the Grand Junction ASA.* The resolution further establishes that ratification of the City's recommendation by the County will be based on criteria contained in the resolution. In order to establish a City process, we considered the following questions for City Council:

- **What model does City Council endorse?** For example, does Council wish to maintain a two-tier system, or is it their direction to establish a sole provider via an open RFQ/RFP process.
- **If an open RFQ/RFP process is chosen, do they want the Fire Department to bid for the service?** If the Department is a bidder, then I would assume that legal council will ask that the Department not be involved in developing the RFQ/RFP document. If the Department does not bid, I would suggest that we have active involvement in developing the document as well as being involved in the selection process.

- **Does City Council want a public input process such as the SDIC model used in developing a direction?** If a public input model is used I strongly suggest that we consider an interim agreement with AMR and notify the County that our selection process and recommendation will not be made until the November, 2005, date.

In order to help Council make these decisions, we have proceeded with a draft presentation to serve as an informational base. My direction on a presentation is to develop a written piece that is intended to provide general information to Council prior to the discussion scheduled for January 17, 2005. The second will involve a Powerpoint presentation which will take information from the written material and allow me to summarize the issues and give Council an opportunity for questions. The following will be included:

- Overall description of the existing EMS model (we are using information contained from various sources including consulting reports, the City web site, and past written documents as well as our knowledge of the system).
- Current data involving call volume distribution, number of resources needed to deliver services, description of the two-tier system including general pros and cons, the difference between advanced life support (ALS) and basic life support (BLS), and revenue estimates using support material from HIPA, and other fire-based transport systems.
- A general overview of the 13 major steps involved in critical care incidents which include:
  - Reception of the call by at the PSAP
  - Dispatch of appropriate resources
  - Application of emergency medical dispatch protocol by dispatcher
  - Response of resources to the scene
  - Scene stabilization
  - Patient stabilization and care
  - Treatment of the patient
  - Preparing the patient for transport
  - Transport of the patient
  - Level of care needed during transport
  - Report of patient care – verbal and written
  - Follow-up visit with patient
  - Quality assurance review on care provided to the patient
- The final section would provide information on alternative models such as a full fire-based emergency medical system, public/private partnership, or full private-based model. As you know, each of these models has their own sets of pro and cons.

We look forward to moving ahead with this issue and are confident that the system will be improved as a result regardless of the model selected. It is our belief that a fire-based system or public-private partnership offer the best potential solutions.

**Attach W-5  
Strategic Plan Team Assignments  
CITY OF GRAND JUNCTION**

CITY COUNCIL AGENDA							
<b>Subject</b>		Team Assignments for Strategic Plan					
<b>Meeting Date</b>		19 January 2005					
<b>Date Prepared</b>		12 January 2005					
<b>Author</b>		David Varley		Assistant City Manager			
<b>Presenter Name</b>		David Varley		Assistant City Manager			
<b>Report results back to Council</b>		X	No		Yes	When	
<b>Citizen Presentation</b>			Yes	X	No	Name	
X	Workshop		Formal Agenda			Consent	Individual Consideration

**Summary:** During development of the Strategic Plan Update for 2005/6 City Council identified five different teams that will work on various parts of the Plan. Assignments to these teams need to be made so they can begin their work.

**Action Requested/Recommendation:** Assign City Council Members to the five teams identified to work on sections of the Strategic Plan.

**Attachments:** A list of the five areas the teams will be assigned to.

**Background Information:** During development of the Strategic Plan Update for 2005/6 it was decided that some of the Goals and Objectives could be best accomplished by a team of City Council Members and City staff. Five different teams were identified in addition to the Gateway/Beautification Team that was formed as part of the first Strategic Plan and is still operating.

The following attachment lists the five teams and the specific areas they will work on. We request that City Council assign Council Members to work with staff on each of the five teams.

# Strategic Plan Update 2005-2006

## STRATEGIC PLAN TEAMS

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### **Team #1 works on:**

#### OBJECTIVES:

2A Evaluate zoning and infrastructure as tools to encourage development along major corridors.

2B Explore citizen-based planning.

⊙ City Staff: Community Development, City Manager's Office & City Attorney's Office

→ ⊙ City Council Member(s):

### **Team #2 works on:**

6-Goal: Develop a strategy to gain Colorado Department of Transportation support for better local utilization of I-70 as a transportation corridor.

9-Goal: Explore a wide range of funding options (including bonds) to accelerate road construction.

⊙ City Staff: City Manager's Office & Public Works

→ ⊙ City Council Member(s):

### **Team #3 works on:**

15-Goal: Re-evaluate the Parks Master Plan.

⊙ City Staff: Parks & Recreation

→ ⊙ City Council Member(s)::

### **Team #4 works on:**

17-Goal: Evaluate and redefine the problem and level of effort required to manage weeds

⊙ City Staff: Community Development & Public Works

→ ⊙ City Council Member(s)::

### **Team #5 works on:**

SOLUTION: SHELTER AND HOUSING THAT ARE ADEQUATE

All City residents will have adequate shelter, whether their need is for permanent or temporary housing.

⊙ City Staff: City Manager's Office

→ ⊙ City Council Member(s):