

JOURNAL OF COMMISSION WORK SESSION
April 20, 2010

City Commission Work Session

Mayor Winters presiding

CALL TO ORDER: 5:45 p.m.

ROLL CALL: City Commissioners present: Michael J. Winters, Robert Jones, Bill Bronson, Mary Jolley and Fred Burow. Also present were the City Manager, City Attorney, Directors of Fiscal Services, Park and Recreation, Public Works and Planning and Community Development, Interim Library Director, Police Chief, Fire Chief and the Administrative Secretary.

City Manager Greg Doyon noted the new seating configuration for the Work Session. He added that speakers should be careful to speak directly into the microphone. New microphones may also be installed in both the Gibson Room and the Commission Chambers in the near future.

1. CONFINED SPACE

Fire Chief Randy McCamley provided a PowerPoint presentation update on Great Falls Fire Rescue's (GFFR) Confined Space Rescue program. He explained that, because of budget limitations, he decided last year to stop trying to make improvements in the Confined Space Rescue program. However, he noted they have been trying to find alternate funding so the program can continue to be available to the community and local industry.

Chief McCamley reported that an ad hoc committee under Assistant Fire Chief Steve Hester has met regularly over the past year with members of industry and GFFR officials to discuss community needs for confined space rescue. He explained that Confined Space Rescue is part of the Technical Rescue Program that also includes river and trench rescues, and ice and rope rescue teams. However, he noted that confined space rescue requires special certification and specialized equipment.

Chief McCamley explained that grassroots efforts during the past ten years to get into the confined space business involved sending one or two people to confined space rescue school or purchasing a piece of equipment. The training was designed to provide some 911 response capability for GFFR. However, he noted the goal is to have certain cadre that are confined space rescue trained and the necessary equipment.

Chief McCamley explained there are three levels of confined space rescue. The first level is 911 First Response operations, and that is the level GFFR has been working toward the last 10 years. The second level, which is specific to industry, is Confined Space Technician with OSHA compliance and agreement. That training has to be done each year to maintain competency. Chief McCamley noted that some industries do permitted entries that are dangerous and must either provide that capability for their employees or have a contract to do that work. He provided a draft contract for an industry willing to fund certified technician-level confined space rescue teams. He noted that he's not aware of any in Montana.

Chief McCamley reported the third level is a Dedicated Onsite Team Standby that is needed to stand by when an industry needs to clean a vault/tank that previously held a flammable liquid or hazardous waste. He explained that each level has different funding needs. The first level has been a piece-meal effort that will continue toward 911 capability as funding is available. The second and third levels will require an infusion of a lot of capital money upfront, and an annual infusion of revenue to maintain that level of competency. He explained that an industry would incur additional cost for an extended onsite standby of several hours.

Assistant Fire Chief Steve Hester reported that the Confined Space program began six years ago. He stated that approximately 26 organizations were contacted and a few responded and started attending meetings. Currently three or four are interested, but still inquiring about the cost. Mr. Hester explained that to maintain 911 First Response requires \$17,200 per year. The OSHA Compliance level costs approximately \$64,000 in training, personnel costs and equipment. The Dedicated Onsite Team Standby level costs approximately \$250 per hour.

Chief McCamley stated GFFR is considering their capabilities to protect the public and help industry protect their people. He explained that the City of Great Falls, as an employer, must provide the training and the equipment in order to comply with the OSHA standard. He noted efforts have been made to move toward capability to provide 911 First Response, but have not moved toward providing that capability for industry. Unless funding is available to continue training, there is no reason to move toward technician-level.

Chief McCamley reported that a poll showed 23 businesses with confined entry spaces. Of those organizations, six were interested in GFFR providing a confined space rescue team. Over the past week, two organizations have said they are very interested. Therefore, at this point it is cost-prohibitive to have only two organizations share the costs. He explained that they will continue to meet with the interested parties. If industry wants this service, they will have to pay to start the program and to maintain the program. The City's commitment would be to provide staff and training.

Mr. Doyon asked Chief McCamley for an update on the conflict of OSHA requirements and certification levels. Chief McCamley noted that Helena is working toward having a technician-level team. The City of Helena was fined after OSHA asked utility people about their team. The funding is now available.

Chief McCamley explained that GFFR will do the best job possible in response to a 911 call. However, firefighters will not be put in situations without proper training or equipment.

Mr. Doyon questioned what process is followed when a 911 response is a hazardous situation and technicians aren't on site for proper rescue/recovery. Chief McCamley noted the best effort would be to try to convert to a non-dangerous situation. When technicians have to be called, the 30-45 minute time lapse can result in a recovery rather than a rescue. He noted that Helena is the only municipality moving toward having enough technicians on duty at all times.

Commissioner Burow asked if additional staff is requested to provide this service. Chief

McCamley noted the request is for training current firefighters. Commissioner Burow asked how often in the last few years has GFFR had to do a recovery rather than a rescue because there were no technicians on site. Chief McCamley explained that those situations are not tracked. However, he questioned how many confined space situations in industry are unreported. He noted that the City Public Works Department operates in confined spaces and has participated in discussions.

Mr. Doyon noted that Confined Space Rescue is a specialized/unique service. He asked what other options are available to industry for such high-level service. Chief McCamley explained that industry can contract for the service, provide their own team or turn confined spaces into non-confined spaces (add additional escapes, etc.)

Mayor Winters questioned if Malmstrom Air Force Base (MAFB) has confined space technicians. Chief McCamley stated he believes MAFB has some capability because of the missile sites. He noted GFFR has sent staff to MAFB when they bring in a training instructor. He cautioned reliance on assistance from MAFB because their priority is their mission. Mr. Hester noted that MAFB cannot contract with industry for that service.

Mr. Doyon directed Chief McCamley to do the best job possible with the level of training that the City can provide the firefighters, and continue seeking additional participation from industry to share the costs of this specialized service. Mr. Doyon requested comments from the Commissioners, and they agreed with his direction.

Commissioner Burow encouraged continued efforts to take advantage of training opportunities at MAFB for as many staff as possible. Chief McCamley noted that, because of the number of staff MAFB has to train, they only offer a couple of seats. Mayor Winters questioned if MAFB requires compensation for the training opportunities. Chief McCamley stated that compensation is typical. He explained, however, that it is difficult to send staff to training because of the minimum staffing every day.

Commissioner Jolley questioned if thousands of confined spaces would occur if an earthquake happened in Great Falls. Chief McCamley agreed. He explained that the Federal Government maintains urban search and rescue teams when natural disasters happen. The closest teams are in Denver and Seattle. However, they typically don't arrive on scene for forty-eight hours, assuming there wasn't a natural disaster of greater magnitude elsewhere.

Mayor Winters questioned if grants are available, specific to confined space training. Mr. Hester explained that a grant application was made to Homeland Security but wasn't successful because the priorities of other departments met the higher need of their program.

2. COMMUNITY HEALTH CARE CENTER

Alicia Thompson, MSW, Health Officer/Executive Director, Cascade City/County Health Department & Community Health Care Center, presented a PowerPoint presentation regarding background for an upcoming community meeting April 27, 2010. She noted her objectives were to 1) develop an understanding of the City/County Health Department and Community Health

Care Center (CHCC), 2) identify who CHCC serves, 3) review challenges to the current governance structure of CHCC, and 4) discuss possibilities for the future of CHCC.

Ms. Thompson reported there is confusion when discussions occur regarding primary care services provided out of the building. Reference is made to the City/County Health Department. She noted that is incorrect; there are two separate entities. The City/County Health Department was created by a 1975 interlocal agreement between Cascade County and the City of Great Falls, and both the City and County are to support the Health Department as outlined in MCA 50-2-111. She explained that the building that currently houses the Health Department and CHCC is owned equally by the City and the County.

Ms. Thompson reported the City of Great Falls contributes \$250,000 per year to the Health Department, and Cascade County contributes over \$350,000. She explained that all of those tax dollars go specifically to mandated public health services; a small match contributes to maternal and child health.

Ms. Thompson explained that CHCC is a separate, incorporated entity and is a Federally Qualified Health Center that has operated since 1994 as a division of the Health Department. A grant from the Health Resources and Services Administration (HRSA) subsidizes the CHCC. She emphasized that no general funds are directly appropriated to support the CHCC. However, Cascade County supports the CHCC indirectly through human resource and finance functions.

Ms. Thompson distributed the Organizational Chart and a separate chart listing the programs available for the two entities. She explained there are 34 funding streams that fund all the different programs for the Health Department.

Ms. Thompson reported CHCC served 5,165 patients in 2009; of that number, 4,372 were residents of the City of Great Falls. She distributed a handout listing the number of patients served in 2009 by zip code.

Ms. Thompson explained CHCC has been in a co-applicant agreement with Cascade County since 1994. She noted that Cascade County is awarded the HRSA grant; however, CHCC must operate according to grant expectations. She explained that, because of stronger oversight and increased monitoring, CHCC must reconsider the way business is done.

Ms. Thompson listed possibilities for the future of CHCC. Option #1 would revise the co-applicant agreement so the relationship between Cascade County and CHCC aligns with grant requirements. Option #2 would maintain status quo, which could lead to the community losing the grant and the health center. She explained that HRSA will be making an operational assessment to consider those areas that don't align with the expectations of the funding body. Option #3 suggests a change to a Health Services District. However, according to MCA, a Health Services District would be responsible for providing public health for Cascade County, including all the incorporated cities in the County. She noted that each city and the County would still be responsible for litigation actions. Option #4 suggests a change to a Stand Alone Health Center. She noted that 95% of all health centers in the United States (approximately 1,200) are Stand Alone Health Centers.

Ms. Thompson noted that HRSA will discuss the future of CHCC at a community meeting, Tuesday, April 27, 2010, Gibson room, 1:30 to 3:00 p.m. She stated the goal is for all decision-makers and community partners in the health care arena in the community attend the meeting. The community will have to make a decision, although the primary decision-makers are the Cascade County Commissioners and the CHCC Board.

Commissioner Bronson asked what concerns will be addressed by HRSA. Ms. Thompson explained that a primary concern involves Policy Information Notices that are requirements for all health centers. Policy Information Notice 9727 states that the Chief Executive Officer is to be a full-time employee of the health center. She noted that she is only a half-time employee. She explained HRSA is concerned about the operation and growth of CHCC. Currently, it takes six weeks to get an appointment for anyone requesting CHCC be established as their primary care. She explained that the CHCC's current leadership team consists of a .5 FTE Chief Executive Officer, a .5 FTE Chief Financial Officer, a full-time Medical Director who carries a full caseload of patients, and a Clinic Manager.

Commissioner Bronson asked Ms. Thompson if she sees a greater demand for services, but also recognizing the demand cannot be met as timely as a patient would prefer. Ms. Thompson noted that the community health care centers play an important role in health reform to provide care for those having difficulty accessing health care.

Commissioner Burow asked Ms. Thompson if she is a half-time employee at the CHCC and the Health Department. She responded that she is both Health Officer and Chief Executive Officer. Ms. Thompson added that HRSA expects the Chief Executive Officer to always make decisions that are in the best interest of CHCC. She explained that she reports to the Board of Health as the Health Officer; she reports to the Board of County Commissioners as the Department Head for the Health Department; she reports to the CHCC Board as Chief Executive Officer. Ms. Thompson reported that, because of wearing different hats, she must balance decisions. She acknowledged that sometimes decisions are at odds with one of the Boards.

Commissioner Burow questioned if a possible solution would be for CHCC to add a part-time employee to allow Ms. Thompson to only work with the Health Department. Ms. Thompson agreed that would be an idea that would address one of the concerns of HRSA. She added that the community meeting will allow specific questions to be answered by HRSA.

Commissioner Burow noted that the CHCC handout lists out-of-county patients. He questioned if CHCC is a regional and state facility. Ms. Thompson explained that CHCC is a Federally Qualified Health Center, and its sole purpose is to provide quality health care to those who otherwise would be unable to have access. Federally Qualified Health Centers do not have any boundaries across the country.

ADJOURN

There being no further discussion, Mayor Winters adjourned the work session of April 20, 2010, at 6:46 p.m.