

**Department:** Health Department

**Program Contact:** Aaron Monnig

**Program Offer Type:** Operating

**Program Offer Stage:** Adopted

**Related Programs:**
**Program Characteristics:**
**Program Description**

The Multnomah County Emergency Medical Services (MCEMS) Program includes all of the functions related to the regulation, coordination, operational and clinical oversight required of a County by ORS 682.062, OAR 333-260, County Ordinance 1238, and County Code 21.400. The program carries out the enforcement of County Code 21.400 and implementation of the County's Ambulance Service Plan Ordinance 1238.

The Program inspects and licenses all ambulances doing business in the County. This includes inspections and for cause investigations related to the care and services performed by Ambulance agencies and EMS Providers. The County EMS Medical Director provides Medical Direction to all EMS Providers in the County. The Program administers contracts related to components of the Ambulance Service Plan including: administration of the contract for on-line medical control with OHSU, providing medical consultation to EMS Providers and managing patient distribution when the system's hospitals are stressed, and during multicase emergency and disaster; two contracts that provide general fiscal support of 911 medical first response in the areas of the County without fire department coverage. The EMS Program also operates a number of Quality Assurance groups to perform these functions. Program staff work with a number of entities who provide the EMS system services: the City of Portland Bureaus of Emergency Communications (BOEC) who is the Primary Public Safety Answering Point for the geographic County, and serves as a consolidated communications center that triages, and dispatches all resources to all 911 requests; the Port of Portland as the Secondary Public Safety Answer Point; Portland Fire and Rescue; Gresham Fire Department; Port of Portland Fire; Corbett Fire; Sauvie Island Fire; Scappoose; and Cascade Locks. All of these agencies provide 911 medical first response as well as other services as jurisdictional partners. There is close coordination with the bordering Counties who have similar functions and services.

The County receives 911 ambulance response services through an exclusive contract, which was awarded through a Competitive RFP process. The County operates a non-subsidized EMS system meaning the costs for the services and system are paid for through fees for services. The contracted ambulance provider pays franchise fees equal to the County's cost of performing the functions of administration and system coordination, administrative oversight, medical direction, and training expenses, as listed above. In addition to these statutorily required services, MCEMS has a program to work with frequent utilizers of the system to provide short term intensive case management and, when appropriate, connect these frequent 911 medical utilizers with more appropriate service through the Tri-County 911 Service Coordination Program (TC911). This is a codified service included in the Ambulance Service Plan Ordinance 1238 and provided through a contract with Health Share. Licensed clinicians help connect people to medical, behavioral health, housing, long term care, and other services.

**Performance Measures**

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	Perform Ambulance License inspections within 30 days	100%	100%	100%	100%
Efficiency	Respond to and open for cause investigations with 72 hours of initial complaint.	N/A	N/A	100%	100%
Output	Post Ambulance contract response time compliance within 48 hours of the monthly compliance final closing.	N/A	N/A	N/A	100%

**Performance Measures Descriptions**

For #3, response time contract compliance has a series of appeals, and following the final finding, the final compliance will be posted to a publicly available dashboard.

## Legal / Contractual Obligation

The County is responsible under ORS 682 to have an Ambulance Service Area Plan. The governing law and contractual obligations include the Multnomah County Ambulance Service Plan; ORS 682; OAR Chapter 333, County ordinance 1238, and County Code 21.400-21.433; County rules, medical policies, procedures, protocols, the exclusive ambulance franchise agreement with ambulance contractor, contracts with OHSU, and intergovernmental agreements with local fire and rescue jurisdictions.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,769,757	\$1,007,665	\$2,234,513	\$1,094,233
Contractual Services	\$545,858	\$18,700	\$481,401	\$29,643
Materials & Supplies	\$77,458	\$6,277	\$101,715	\$6,433
Internal Services	\$197,337	\$321,853	\$206,740	\$324,013
<b>Total GF/non-GF</b>	<b>\$2,590,410</b>	<b>\$1,354,495</b>	<b>\$3,024,369</b>	<b>\$1,454,322</b>
<b>Program Total:</b>	<b>\$3,944,905</b>		<b>\$4,478,691</b>	
<b>Program FTE</b>	7.87	5.93	7.87	6.13

Program Revenues				
Fees, Permits & Charges	\$2,368,865	\$0	\$3,029,606	\$0
Other / Miscellaneous	\$0	\$1,354,495	\$0	\$1,454,322
<b>Total Revenue</b>	<b>\$2,368,865</b>	<b>\$1,354,495</b>	<b>\$3,029,606</b>	<b>\$1,454,322</b>

## Explanation of Revenues

This program generates \$168,721 in indirect revenues.

Lic. fees, the ambulance franchise fee, and first responder medical direction contracts and ambulance medical direction pay for MCEMS administration and medical direction costs. Fees are established and collected through agreements with the exclusive emergency ambulance contractor and other jurisdictions. The services' revenues equal the County's expense in providing the service. If expenses increases, the County's exclusive ambulance contractor covers the difference. The County's exclusive ambulance services contract and MCC 21.400 provide authority for MCEMS to levy fines for substandard performance. Fines collected pay for EMS system enhancements. The County pays two fire first response agencies in eastern Multnomah County to provide EMS first response in areas of the County not otherwise served by a Fire Department to provide EMS first response. The EMS Social Work Program (aka TC911) has a contract with Health Share of Oregon through June 30, 2027 to serve Medicaid members.

TC 911 HealthShare Grant - GY04 - \$1,454,322

Medical Svcs, Fees, Medical Supervision, Training(50220 - License & Fees) \$3,029,606

## Significant Program Changes

**Last Year this program was:** FY 2025: 40004 Ambulance Services (Emergency Medical Services)

County General Funds for TC911 Program are reduced by \$116,995 for FY 2026. This reduces TC911 to Health Share contract funding and will result in only Health Share clients being served. EMS Administration is continuing to address Ambulance provider performance deficiencies with increased work associated with the Settlement agreement signed in FY 2025. Increase EMS Medical Supervision change of one on call Associate EMS Medical Director to a Permanent 0.50 FTE EMS Medical Director to account for credentialing and contract quality assurance and improvement workload. EMS Data Analysis from a 0.80 FTE to 1.00 FTE. Changes in FTE are funded by ambulance franchise fees, and medical direction fees paid for those services.