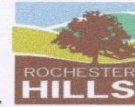


Packet of OTFD Information from Scot Rosati, 10-10-17

City Council FY 2017 Goals and Objectives



Goal #1: Public Safety

Protect the residents, businesses, and visitors of Rochester Hills by providing high quality public safety

City Council Objectives:

On-Going	Re-examine the Fire's Funding Structure
On-Going	Continue to examine current levels of police service for effectiveness and efficiency
Short-Term	Implement strategies to improve Fire and EMS facilities and service

Goal #2: Infrastructure Management

Provide reliable, safe, and effective infrastructure (roadways, utilities, buildings, etc...) throughout the City

City Council Objectives:

On-Going	Implement a comprehensive storm water policy including short and long-term funding strategies
On-Going	Continue neighborhood storm water education program (including HOA leadership)
Short-Term	Establish a cross connection education program
Short-Term	Develop and review a sump pump discharge inspection program (sanitary sewer vs. storm drain)

Goal #3: Economic / Tax base

Retain investment, maintain the tax and employment base, support redevelopment, and uphold high property values in the City

City Council Objectives:

On-Going	Continue to attract and retain businesses that focus on R&D and "High-Tech"
On-Going	Continue to review policies and ordinances for maintenance of existing residential and commercial buildings
On-Going	Support the redevelopment of blighted properties

Goal #4: Fiscal Management

Establish policies for fiscal responsibility that ensure short and long-term prosperity through effective fiscal planning and efficient management of the taxpayers' assets

City Council Objectives:

On-Going	Continue the policy of forecasting revenue, expense, and critical factors for up to the next seven years on a rolling basis and begin strategic analysis of the years beyond
On-Going	Continue to provide a three year budget plan

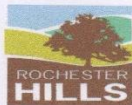
Goal #5: Recreation, Parks, Cultural

Preserve the City of Rochester Hills' natural resources and recreational character

City Council Objectives:

On-Going	Review the short and long-term needs of the Park system and provide a plan to meet those needs, including funding
On-Going	Examine alternate funding sources for park development
On-Going	Implement maintenance program of acquired Green Space and natural feature City owned property





City Council FY 2016 Goals and Objectives

Goal #6: Trust & Participation

Promote effective communication between City Council, administration, residents, businesses, and visitors so that decisions reflect the community's desires and expectations

City Council Objectives:

On-Going	Maintain and improve openness and transparency in conducting City business by way of cable broadcast and web cast of City Council meetings and accessibility to City documents
On-Going	Utilize web and technology to further enhance communication with residents and allow for online delivery of certain services
On-Going	Continue the policy of bi-annual public input via a community survey
On-Going	Involve youth in leadership growth and in the development of City's future by way of encouraging their participation on the Rochester Hills Government Youth Council

Goal #7: Community / Neighborhoods

Protect the family-oriented community from adverse events and conditions by strategic planning and proactive management in all aspects of municipal governance

City Council Objectives:

On-Going	Maintain and improve relationships with homeowner associations/neighborhoods to further neighborhood stability and to make the community a better place to live
On-Going	Continue to implement code enforcement/blight ordinances effectively to preserve existing neighborhoods
On-Going	Continue to evaluate and make recommendation(s) to reduce the adverse impact of the deer population in the City and educate HOA leadership and homeowners

Goal #8: Effective Governance

Provide clear policy direction to Administration for the execution of City programs and services

City Council Objectives:

On-Going	Promote cooperative purchases with other communities, i.e. MITN
On-Going	Explore opportunities for new public/private partnerships and possibilities for the consolidation of City services
On-Going	Explore privatization of certain City functions and develop a plan of action for implementation

Goal #9: Environmental

Promote conservation of water, electricity, etc...

City Council Objectives:

On-Going	Move towards a more "green city", not only City Hall and facilities but promotion within the community and businesses and which businesses we attract
----------	---



Goals:
Department

Decrease the number and severity of hazards within the City, as well as identifying the most common areas of vulnerability associated with property loss and injuries within the community.
Public Safety (#1)

City Council
Departmental Objectives:
On-Going

Coordinate a joint effort between the Oakland County Sheriff Arson Investigation Unit and the Rochester Hills Fire Department Fire Marshal's Office for fire cause and determination
Review fire cause information within our City and conduct fire and life safety education designed to address those specific causes
Conduct comprehensive fire safety inspections that identify and reduce life safety hazards

On-Going

On-Going

Goals:
Department

Reduce risk to fire department personnel while conducting fire operations at commercial/industrial buildings
Public Safety (#1)

City Council
Departmental Objectives:
Short-Term

Implement a tablet-based inspection/pre-plan system that streamlines processes and makes information obtained during inspections available to personnel on the scene using the latest technology

On-Going

Conduct pre-incident surveys to provide accurate up-to-date pre-plan information
Develop, evaluate and implement an on-line self-inspection program for low hazard occupancies such as office buildings and small retail stores

Short-Term

On-Going

Maintain self-inspection program with businesses that qualify with a rotating cycle of self-inspections and on-site inspection by fire department personnel

Goals:

Department

Implement a comprehensive Training, Health, and Safety Program that is all-inclusive and ensures a safe working environment and training practices

City Council

Public Safety (#1) / Infrastructure (#2)

Departmental Objectives:

Short-Term

Increase participation in a regional Fire & EMS training in cooperation with neighboring communities to share instructors and materials while reducing overall costs for required training

On-Going

Review and implement new training standards as necessary per local, state, and federal requirements

Oakland County Medical Control Authority
System Protocols
AGENCY AND EMS PERSONNEL CRITERIA FOR PARTICIPATION

January, 2017

Page 1 of 4

Agency and EMS Personnel Criteria for Participation

The Oakland County Medical Control Authority serves as the designee of the Michigan Department of Health and Human Services (MDHHS) pursuant to Act 368 of 1978, as amended in 2000, to serve as medical control authority for the Oakland County emergency medical services system. Pursuant to Sec. 20919(a) the medical control authority shall develop protocols and policies for the acts, tasks, and function that may be performed by EMS personnel and life support agencies.

NEW AND UPGRADING AGENCIES

(see New or Upgrading EMS Agency Policy)

RENEWING AGENCIES (ANNUALLY)

Renewing EMS Agencies will be eligible to be designated as a life support agency in Oakland County and receive Medical Control upon annual submission to the Professional Standards Review Organization (PSRO) of:

1. Evidence of licensure with the State EMS Division;
2. Evidence of compliance with OCMCA criteria for practice by completion of the Letter of Compliance;
3. List of current personnel including level of licensure, expiration dates, and current ACLS certification; and
4. Approval of the PSRO, MCC and Board of Directors.

AGENCY CRITERIA TO PARTICIPATE IN THE OCMCA

The Oakland County Medical Control Authority has an approval process in place to designate a life support agency in Oakland County to be eligible for Medical Control. This approval will be based on the PSRO review and approval; and MCC and Board of Directors approval. The criteria to operate as an OCMCA agency includes:

1. Licensed by the Michigan Department of Health and Human Services (MDHHS), or license pending.
2. The ability to comply with the Oakland County EMS Response Time Standards (6-18).
3. Medical supplies, communications, equipment, procedures and protocols utilized meet criteria as established by MDHHS and Oakland County Medical Control Authority.
4. Agency/Personnel will follow the OCMCA Medical Control Hospital Policy.
5. The agency designates the OCMCA (including its PSRO) to perform professional practice review functions on behalf of the agency, including review of pre-hospital care provided in Oakland County and recommendations for improvement of such care.
6. The agency agrees to participate in PSRO studies, and abide by the PSRO Incident Investigation Procedure.

MCA Oakland County
MCA Board Approval Date: December 2, 2016
MDHHS Approval Date: January 27, 2017
MCA Implementation Date: February 1, 2017

Section 6-1

Oakland County Medical Control Authority
System Protocols
AGENCY AND EMS PERSONNEL CRITERIA FOR PARTICIPATION

January, 2017

Page 2 of 4

7. Agency has designated a medical control hospital and medical control hospital physician.
8. Units are identified through standard terminology and uniform numbering system, administered by the Oakland County Medical Control Authority. The OCMCA unit number will be documented on each run form and/or e-PCR and used in all radio communications.
9. The agency has designated an EMS Coordinator and a State Licensed Instructor Coordinator.
10. The agency has Emergency Medical Dispatch (EMD) protocols to ensure the appropriate dispatching of a life support agency based upon medical need and capability of the emergency medical services system. All calls have access to pre-arrival instructions through an approved MCA EMD program that meets the standards of the American Society for Testing and Measurement (ASTM).
11. The agency has a policy to ensure that use of lights and sirens is based on EMD protocols and patient condition. The agency is responsible for completing and forwarding the necessary quality improvement data, approved by the OCMCA Board of Directors, to the OCMCA office on a monthly basis.

ALS Agencies Only

1. Provide a minimum of one paramedic and one EMT staffing an ALS unit at all times.
2. Personnel shall be trained and licensed in accordance with appropriate statutes, rules, and criteria and maintain current ACLS, with recommendations to include a nationally recognized pediatric program.
3. Contract for staffing services shall only be rendered with OCMCA approved Life Support Agencies.

BLS Agencies Only

LICENSED NON-TRANSPORTING BLS AGENCY

Must provide a minimum of one (1) EMT to staff BLS unit at all times. Assigned personnel shall maintain current BCLS with training and license in accordance with the appropriate statutes and criteria.

OR

LICENSED TRANSPORTING BLS AGENCY

A transporting BLS agency must provide a minimum of one EMT and one MFR to staff a BLS unit for transport. Assigned personnel shall maintain current BCLS with training and licensed in accordance with the appropriate statutes, rules and criteria.

MFR Agencies Only

Personnel be trained and licensed in accordance with appropriate statutes, rules criteria and maintain current BCLS.

MCA Oakland County
MCA Board Approval Date: December 2, 2016
MDHHS Approval Date: January 27, 2017
MCA Implementation Date: February 1, 2017

Section 6-1

Oakland County Medical Control Authority
System Protocols

EMS RESPONSE TIME STANDARDS

September, 2013

Page 1 of 6

EMS Response Time Standards

Purpose

Quality pre-hospital emergency care is directly related to high performance life support agencies with unified EMS response standards. The purpose of this protocol is to establish unified and consistent EMS response expectations for the Oakland County Life Support Agencies.

GLOSSARY OF TERMS

90% Fractile Value: The value or measurement at which 90% of all events occur. This is typically used in time measurements to better standardize performance across systems.

Automatic Aid: assistance provided by one agency to another that the dispatch center, without a command officer's input, can send or request equipment based on the information from the call to the public safety answering center. The intent of automatic aid is for day-to-day, pre-arranged, protocol driven, pre-hospital care deployment.

Cold Response: A normal traffic speed response (no lights and sirens) to or from an EMS event. For example, "cold" response may include Alpha, Omega, and occasionally a Charlie or Bravo response level.

Hot Response: A lights and sirens, emergent response to or from an EMS event. For example, "hot" response may be an Echo, Delta, and occasionally a Charlie or Bravo response level.

Mutual Aid: assistance provided by one agency to another and in return the other agency can expect help when needed; requires an agency's command officers to make a specific request for assistance from a neighboring jurisdiction.

Response Time Measurement: Response time is measured from Unit Notified by Dispatch to Unit Arrived on Scene.

DEFINITION OF EMS TIMES

PSAP Call Date/Time: The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.

Dispatch Notified Date/Time: The date/time dispatch was notified by the 911 call taker (if a separate entity).

Unit Notified By Dispatch Date/Time: The date/time the responding unit was notified by dispatch.

MCA Oakland County
MCA Board Approval Date: October 4, 2013
MDCH Approval Date: November 21, 2013
MCA Implementation Date: January 1, 2014

Section 6-18

Oakland County Medical Control Authority
System Protocols

EMS RESPONSE TIME STANDARDS

September, 2013

Page 2 of 6

Unit En Route Date/Time: The date/time the unit responded; that is, the time the vehicle started moving.

Unit Arrived on Scene Date/Time: The date/time the responding unit arrived on the scene; that is, the time the vehicle stopped moving.

Arrival at Patient Date/Time: The date/time the responding unit arrived at the patient's side.

Transfer of Patient Care Date/Time: This is the time the patient was transferred from one EMS agency to another EMS agency for care.

Unit Left Scene Date/Time: This is the time the responding unit left the scene (started moving).

Patient Arrived at Destination Date/Time: This is the date/time the responding unit arrived with the patient at the destination or transfer point.

Arrival Time of Transport Unit: The time that the transporting unit has arrived on scene; that is, the time the vehicle stopped moving.

Unit Back in Service Date/Time: This is the date/time the unit is back in service and available for response (finished with the call, but not necessarily back in the home location).

Unit Back at Home Date/Time: The date/time the responding unit was back in their service area. In agencies that utilized Agency Status Management, home location means the service area as assigned through their agency status management protocol.

EMS RESPONSE OPERATIONS

Tiered Response Configurations

The Oakland County EMS System has two types of response structures.

Single tier - one agency provides response and transport at one level of care. It is expected that a single tier system meet the Primary Unit Response Time Requirement.

Primary Response Unit: a MDCH licensed vehicle that is dispatched as part of an initial EMS response in a single tier deployment.

Multi-tier - EMS systems with **multiple** organizations providing varying levels of response or care. It is expected that life support agencies with multi-tiered response configurations meet the Primary Unit and Transport Unit Response Time Requirements

First Response Unit: a MDCH licensed vehicle that is dispatched in a multi tiered response to provide initial patient care.

Oakland County Medical Control Authority
System Protocols
EMS RESPONSE TIME STANDARDS

September, 2013

Page 3 of 6

Transport Unit: a BLS or ALS MDCH licensed vehicle that is dispatched in a multi tiered response to provide transportation to the hospital.

Examples of **Multi-tiered** response configurations include:

Primary First Response Unit	Transport Response Unit
<i>*Primary Unit Response Time Requirement</i>	<i>*Transport Unit Response Time Requirement</i>
MFR	ALS/BLS transport
BLS	ALS/BLS transport
ALS	ALS/BLS transport

Scene Arrival

The time of arrival on scene for "hot" responses for both single and multi-tier systems is considered the arrival of a licensed EMS Unit.

Individual licensed EMS responders responding with an unlicensed vehicle or personal operating vehicles (POV) should report their on-scene time to dispatch. However, the MCA is only collecting the response time of licensed EMS units.

GEOGRAPHIC SERVICE AREA DESIGNATION CRITERIA

GSA Designation	Demographics	Primary Unit Emergency Response Time Requirement*	Transport Unit Emergency Response Time Requirement*
Urban area	>1000 people/sq mi	6 mins 0 secs	10 mins 0 secs
Suburban area	500–1000 people/sq mi	6 mins 0 secs	10 mins 0 secs
Rural area	<500 people/sq mi	8 mins 0 secs	14 mins 0 secs

- 90% of the time, fractile.

GEOGRAPHIC SERVICE AREA

1. LSAs authorized to operate within the OCMCA will have a defined geographic service area (GSA) within the OCMCA.
2. The minimum service area defined for any Advanced Life Support (ALS), Basic Life Support (BLS), or Medical First Response (MFR) agency will be a municipality jurisdiction. Municipality jurisdictions will be designated by the township, village, city, or county governmental body authorized to designate public safety contracts whether subsidized or unsubsidized.
3. LSAs shall provide the OCMCA with written verification of all geographic service area agreements.

MCA Oakland County
MCA Board Approval Date: October 4, 2013
MDCH Approval Date: November 21, 2013
MCA Implementation Date: January 1, 2014

Section 6-18

Oakland County Medical Control Authority
System Protocols

EMS RESPONSE TIME STANDARDS

September, 2013

Page 4 of 6

4. The geographic response area shall be explicitly declared on the Michigan Department of Community Health (MDCH) Life Support Agency License application (form BHS/EMS – 180).
5. The LSA will maintain 24 hour, 7 day per week availability and respond or assure a response to all requests for emergency assistance occurring in their designated geographic service area.
6. LSAs providing ancillary non-emergent and/or inter-facility transport services shall provide sufficient coverage through extra staffing and vehicles to maintain emergency availability.
7. When a LSA is responding outside of its designated GSA to a non-emergency run (e.g. nursing home, urgent care, physicians office, private residence, etc.) for a patient with a potentially life threatening condition, EMS personnel, the LSA or the LSA dispatcher must activate the LSA responsible for that geographic service area.

EMS EMERGENCY “HOT” RESPONSE TIME REQUIREMENTS

Urban And Suburban Geographic Service Areas

When providing Single Tiered emergency response for an urban and suburban geographic service area, assure a response time not to exceed six (6) minutes, 90% of the time, from receipt of call (unit notified time) to time of arrival on scene for the Life Support Agency's Primary Response Unit, when responding to emergency (“hot”) calls.

When providing Multi Tiered emergency response for an urban and suburban geographic service area, assure a response time not to exceed six (6) minutes, 90% of the time, from receipt of call (unit notified time) to time of arrival on scene for the Life Support Agency's First Response Unit, when responding to emergency (“hot”) calls. Additionally, assure a response time not to exceed eight (10) minutes, 90% of the time, from receipt of call (unit notified time), to time of arrival on scene for the Life Support Agency's Transport Response Unit, when responding to emergency (“hot”) calls

Rural Geographic Service Areas

When providing Single Tiered emergency response for an urban and suburban geographic service area, assure a response time not to exceed eight (8) minutes, 90% of the time, from receipt of call (unit notified time) to time of arrival on scene for the Life Support Agency's Primary Response Unit, when responding to emergency (“hot”) calls.

When providing Multi Tiered emergency response for an urban and suburban geographic service area, assure a response time not to exceed eight (8) minutes, 90% of the time, from receipt of call (unit notified time) to time of arrival on scene for the Life Support Agency's First Response Unit, when responding to emergency (“hot”) calls. Additionally, assure a response time not to exceed fourteen (14) minutes, 90% of the time, from receipt of call (unit notified time), to time

Oakland County Medical Control Authority

System Protocols

EMS RESPONSE TIME STANDARDS

September, 2013

Page 5 of 6

of arrival on scene for the Life Support Agency's Transport Response Unit, when responding to emergency ("hot") calls.

Response Time Exceptions

1. Severe weather conditions that would provide reason to believe that attempting to comply with the response time performance would be hazardous to the responders or others, or where the road or other weather conditions would not allow safe driving.
2. During disaster situations within the primary service area or neighboring communities.
3. Response time compliance should not include Automatic or Mutual Aid Responses.

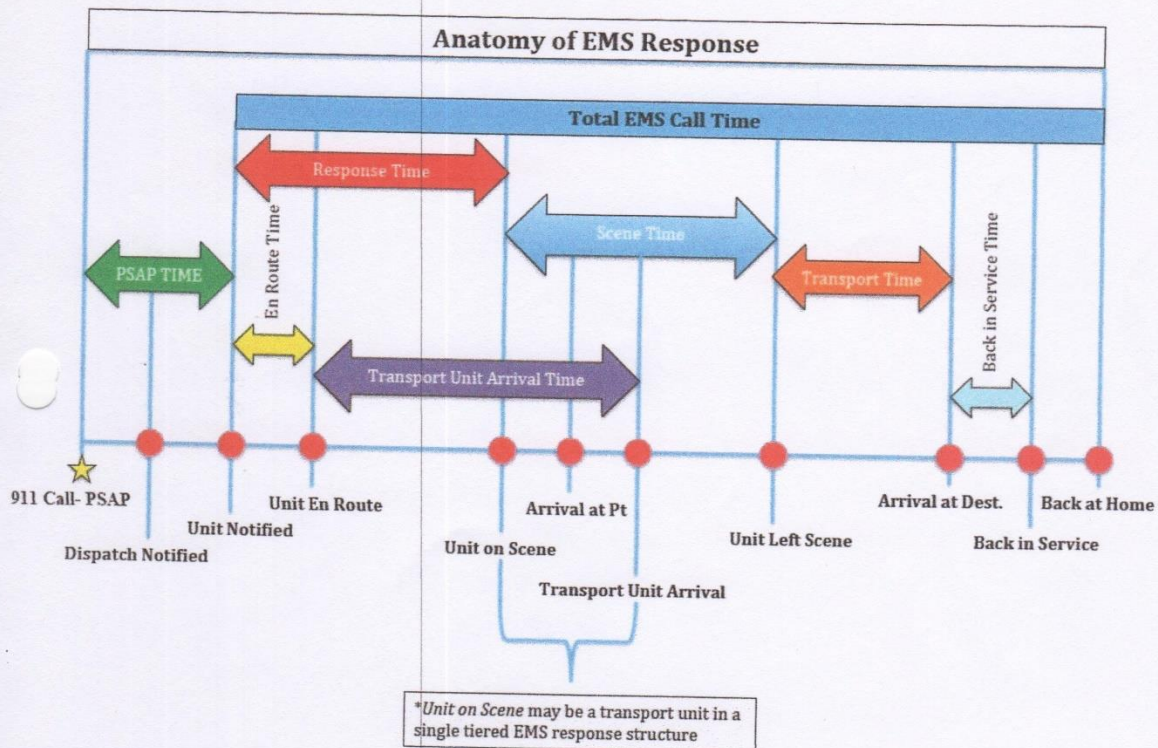
Compliance

The OCMCA will address individual compliance issues in accordance with the PSRO Due Process and Disciplinary Procedures Protocol (6-22.3).

Oakland County Medical Control Authority
System Protocols
EMS RESPONSE TIME STANDARDS

September, 2013

Page 6 of 6



MCA Oakland County
MCA Board Approval Date: October 4, 2013
MDCH Approval Date: November 21, 2013
MCA Implementation Date: January 1, 2014

Section 6-18

**Michigan
System Protocols**

Licensure Level Requirement of Attendant during Transport (Optional)

Date: October 21, 2011

Page 1 of 1

Licensure Level Requirement of Attendant during Transport

- X Medical Control Authorities choosing to adopt this protocol may do so by selecting this check box.

Purpose: To provide a protocol to fulfill the requirement that allows for EMS personnel to transport patients up to their individual licensure level in the event that the vehicle is licensed at a higher level as set forth in Michigan Administrative Code Part 3, Ambulance Operations R325.22133 (f).

Michigan Administrative Code Part 3, Ambulance Operations R 325.22133 (f) states:
Require that an individual whose license is at least equal to the level of vehicle license is in the patient compartment when transporting an emergency patient, or consistent with department approved medical control authority protocols.

1. Patient care transport level is to be determined by the individual(s) whose license is at least equal to the level of the vehicle license. This individual will perform a patient assessment to determine the level of patient care transport.
 - a. EMT-Basic may attend in the patient compartment during transport on a patient deemed to be within the scope of practice for an EMT-Basic as defined by the State of Michigan.
 - b. EMT-Specialist may attend in the patient compartment during transport on a patient deemed to be within the scope of practice for an EMT-Specialist as defined by the State of Michigan.
 - c. EMT-Paramedic may transport a patient at any level.
2. Ambulance(s) must maintain minimum staffing in accordance with Public Health Code Act 368 of 1978 Section 333.20921:
 - (3a) If designated as providing basic life support, with at least 1 emergency medical technician and 1 medical first responder.
 - (3b) If designated as providing limited advanced life support, with at least 1 emergency medical technician specialist and 1 emergency medical technician.
 - (3c) If designated as providing advanced life support, with at least 1 paramedic and 1 emergency medical technician.

PUBLIC HEALTH CODE (EXCERPT)

Act 368 of 1978

333.20921 Ambulance operation; duties; prohibitions; staffing; operation at higher level of life support; occupants of patient compartment; applicability of subsection (5).

Sec. 20921. (1) An ambulance operation shall do all of the following:

(a) Except as provided in section 20921a, provide at least 1 ambulance available for response to requests for emergency assistance on a 24-hour-a-day, 7-day-a-week basis in accordance with local medical control authority protocols.

(b) Respond or ensure that a response is provided to each request for emergency assistance originating from within the bounds of its service area.

(c) Operate under the direction of a medical control authority or the medical control authorities with jurisdiction over the ambulance operation.

(d) Notify the department immediately of a change that would alter the information contained on its application for an ambulance operation license or renewal.

(e) Subject to section 20920(7) to (12) and section 20921a, provide life support consistent with its license and approved local medical control authority protocols to each emergency patient without prior inquiry into ability to pay or source of payment.

(2) An ambulance operation shall not do any of the following:

(a) Knowingly provide a person with false or misleading information concerning the time at which an emergency response will be initiated or the location from which the response is being initiated.

(b) Induce or seek to induce any person engaging an ambulance to patronize a long-term care facility, mortuary, or hospital.

(c) Advertise, or permit advertising of, within or on the premises of the ambulance operation or within or on an ambulance, the name or the services of an attorney, accident investigator, nurse, physician, long-term care facility, mortuary, or hospital. If 1 of those persons or facilities owns or operates an ambulance operation, the person or facility may use its business name in the name of the ambulance operation and may display the name of the ambulance operation within or on the premises of the ambulance operation or within or on an ambulance.

(d) Advertise or disseminate information for the purpose of obtaining contracts under a name other than the name of the person holding an ambulance operation license or the trade or assumed name of the ambulance operation.

(e) If the ambulance operation is operating under an ambulance operation upgrade license issued under section 20920(7) to (12), advertise or otherwise hold itself out as a full-time transporting limited advanced life support service or a full-time transporting advanced life support service unless the ambulance operation actually provides those services on a 24-hour-per-day, 7-day-a-week basis.

(3) Except as provided in subsection (4) and section 20921a, an ambulance operation shall not operate, attend, or permit an ambulance to be operated while transporting a patient unless the ambulance is, at a minimum, staffed as follows:

(a) If designated as providing basic life support, with at least 1 emergency medical technician and 1 medical first responder.

(b) If designated as providing limited advanced life support, with at least 1 emergency medical technician specialist and 1 emergency medical technician.

(c) If designated as providing advanced life support, with at least 1 paramedic and 1 emergency medical technician.

(4) An ambulance operation that is licensed to provide advanced life support and has more than 1 ambulance licensed under its operation may operate an ambulance licensed to provide basic life support or limited advanced life support at a higher level of life support if all of the following are met:

(a) The ambulance operation has at least 1 ambulance under its operation that is properly staffed and available to provide advanced life support on a 24-hour-a-day, 7-day-a-week basis.

(b) The licensed personnel required to operate at that higher level of life support are available at the scene and in the ambulance during the patient transport to provide life support to that patient at that higher level.

(c) The ambulance meets all equipment and communication requirements to operate at that higher level of life support.

(d) The ambulance operation that is unable to respond to a request for emergency assistance immediately requests assistance pursuant to protocols established by the local medical control authority and approved by the department under this part.

(5) Except as provided in subsection (6), an ambulance operation shall ensure that an emergency medical

Oakland County Medical Control Authority
System Protocols
MUTUAL AID POLICY

September, 2013

Page 1 of 1

Mutual Aid Policy

The Oakland County Medical Control Authority (OCMCA) requires all life support agencies, operating within the OCMCA area, have written mutual aid agreements with agencies that are geographically within and adjacent to the OCMCA.

Definitions

Automatic Aid: assistance provided by one agency to another that the dispatch center, without a command officer's input, can send or request equipment based on the information from the call to the public safety answering center. The intent of automatic aid is for day-to-day, pre-arranged, protocol driven, pre-hospital care deployment.

Mutual Aid: assistance provided by one agency to another and in return the other agency can expect help when needed; requires an agency's command officers to make a specific request for assistance from a neighboring jurisdiction.

Procedure

1. Mutual and Automatic aid agreements entered into by life support agencies within the OCMCA, shall be retained by the agency and a copy given to the OCMCA office.
2. Automatic aid is restricted to congruent staffing and level of licensure. Mutual aid is not restricted to congruent staffing and level of licensure.

Request for mutual aid (as defined above) should not exceed more than 5% of the requesting LSA's normal call volume.



ISO's Public Protection Classification
(PPC™) Program

Access to Technical Documents

100. Introduction

Section I: Public Fire Suppression

200. General

300. Needed Fire Flow

400. Receiving and Handling Fire Alarms

500. Fire Department

600. Water Supply

700. Total Credit and Classification

800. Class 8B and Class 9 Protection

Section II: Individual Property Fire Suppression

900. General

1000. Fire Department Companies

1100. Water Supply System

1200. Credit and Classification

Fire Suppression Rating Schedule — Introduction

100. PURPOSE:

The purpose of this Schedule is to review the available public fire suppression facilities, and to develop a Public Protection Classification for fire insurance rating purposes.

101. SCOPE:

The Schedule measures the major elements of a city's fire suppression system. These measurements are then developed into a Public Protection Classification number on a relative scale from 1 to 10, with 10 representing less than the minimum recognized protection.

The Schedule is a fire insurance rating tool, and is not intended to analyze all aspects of a comprehensive public fire protection program. It should not be used for purposes other than insurance rating.

102. PUBLIC PROTECTION CLASSIFICATION:

The Public Protection Classifications developed by this Schedule are only one of several elements used to develop fire insurance rates for individual properties. Other features specifically relating to individual properties such as construction, occupancy, processing hazards, exposures and private fire protection have similar importance in the development of fire insurance rates.

103. CITY:

The word "city" is used in this Schedule in a broad sense to include cities, towns, villages, districts, counties, or other civil jurisdictions.

104. FORMAT:

This Schedule consists of 2 major sections:

1. Public Fire Suppression:

This section develops a Public Protection Classification for all class-rated properties and for specifically rated properties with a Needed Fire Flow of 3,500 gpm or less (Items 300 to 701).

2. Individual Property Fire Suppression:

This section develops Public Protection Classifications for specifically rated properties that have a Needed Fire Flow greater than 3,500 gpm (Items 900 to 1211).

105. CALCULATIONS: [Commentary available for this item](#)

Whenever in this Schedule it is necessary to prorate credits, or to make any calculation using less than a whole percent or point, the following rules shall apply unless otherwise directed.

1. All calculations that result in a 3 or more decimal place figure shall be rounded to a 2 decimal place figure, promoting 0.005 or more, and dropping 0.004 or less (e.g., 12.544 = 12.54; 12.555 = 12.56).
2. All calculations using points shall be rounded to the nearest whole number, promoting 0.5 points or more, and dropping 0.4 points or less (e.g., 12.4 points = 12 points; 12.5 points = 13 points).

106. MINIMUM FACILITIES FOR APPLYING THIS SCHEDULE:

In order to develop a Public Protection Classification other than Class 10 the following minimum facilities must be available:

1. Organization: [Commentary available for this item](#)

The fire department shall be organized on a permanent basis under applicable state or local laws. The organization shall include one person responsible for operation of the department, usually with the title of chief.

The fire department must serve an area with definite boundaries. If a city is not served by a fire department operated solely by or for the governing

body of that city, the fire department providing such service shall do so under a legal contract or resolution. When a fire department's service area involves one or more cities, a contract should be executed with each city served.

2. **Membership:** [Commentary available for this item](#)

The department shall have sufficient membership to assure the response of at least 4 members to fires in structures. The chief may be one of the 4 responding members.

3. **Training:**

Training for active members shall be conducted at least 2 hours every 2 months.

4. **Alarm Notification:** [Commentary available for this item](#)

Alarm facilities and arrangement shall be such that there is no delay in the receipt of alarms and the dispatch of fire fighters and apparatus.

5. **Apparatus:** [Commentary available for this item](#)

There shall be at least one piece of apparatus meeting the general criteria of National Fire Protection Association (NFPA) Standard 1901, Automotive Fire Apparatus.

6. **Housing:**

Apparatus shall be housed to provide protection from the weather.

[Back to Top](#) | [Next](#)»

© 1996, 2007 ISO Properties, Inc. All rights reserved.

106.B. Minimum Facilities for Applying the FSRS - Membership

Automatic aid personnel cannot satisfy the graded fire department minimum response of at least 4 members required to respond to fires in structures.

A fire department that can meet the 4-person response criterion in at least one station's response area within the graded area may meet the intent of FSRS Item 106.B. For this to happen the following would need to apply:

A minimum of 4 persons must respond with primary (first-in) obligations in the station's response area.

- The response may be by their own station personnel or by assistance from other stations.
 - Automatic aid can be considered if the fire department receiving aid and the fire department providing aid each have sufficient membership to assure the response of at least 4 members to fires in structures.
- Stations necessary to assist in providing the minimum 4-person response shall be located no more than 5 road miles from the primary responding station.
- The minimum 4-person response must be to all structure fires (with an occasional exception).

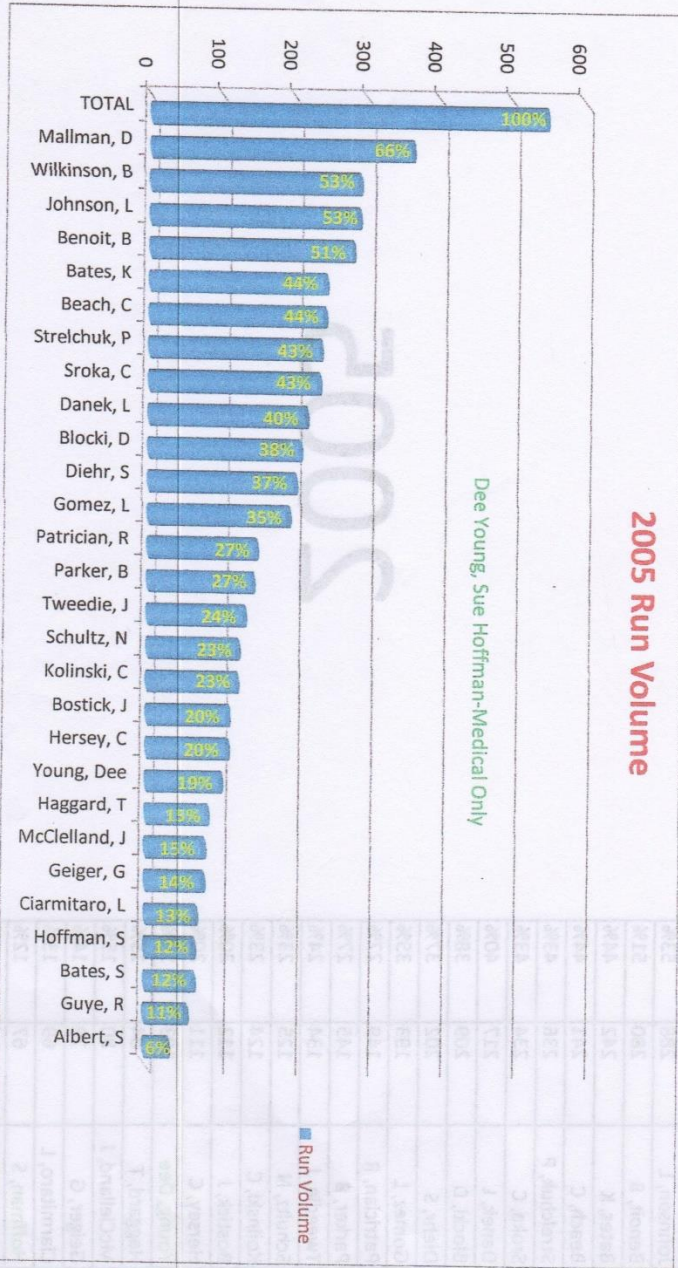
Stations with primary response obligations (first-in) in the graded area that are unable to provide a 4-person response to all structure fires either by their own station personnel or by assistance from other stations shall be published as nonrecognized fire stations.

Apparatus and personnel from nonrecognized fire stations may contribute to the grading of those stations that meet the FSRS minimum requirements.

[»close window](#)

2005 Run Volume

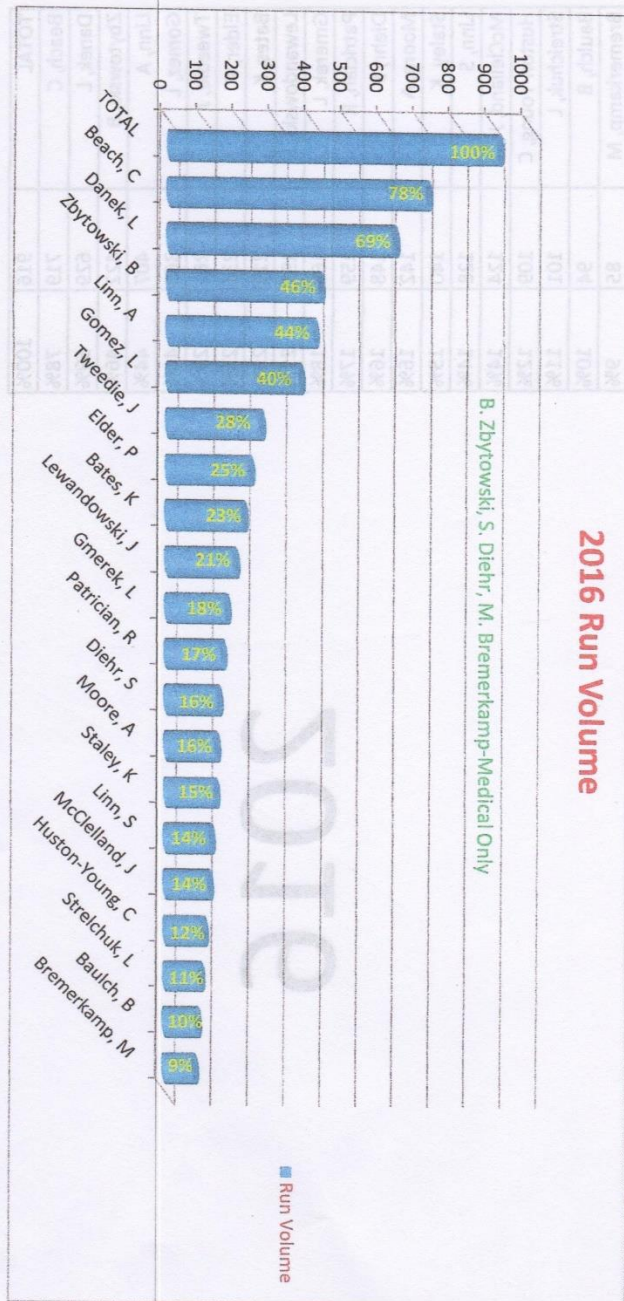
Dee Young, Sue Hoffman-Medical Only



TOTAL	547	100%
Mallman, D	362	66%
Wilkinson, B	289	53%
Johnson, L	288	53%
Benoit, B	280	51%
Bates, K	242	44%
Beach, C	241	44%
Strelchuk, P	236	43%
Sroka, C	234	43%
Danek, L	217	40%
Blocki, D	209	38%
Diehr, S	202	37%
Gomez, L	193	35%
Patrician, R	149	27%
Parker, B	145	27%
Tweedie, J	134	24%
Schultz, N	125	23%
Kolinski, C	124	23%
Bostick, J	112	20%
Hersey, C	111	20%
Young, Dee	103	19%
Haggard, T	84	15%
McClelland, J	80	15%
Geiger, G	79	14%
Clarrifaro, L	69	13%
Hoffman, S	67	12%
Bates, S	67	12%
Guye, R	58	11%
Albert, S	33	6%

2005

2016 Run Volume



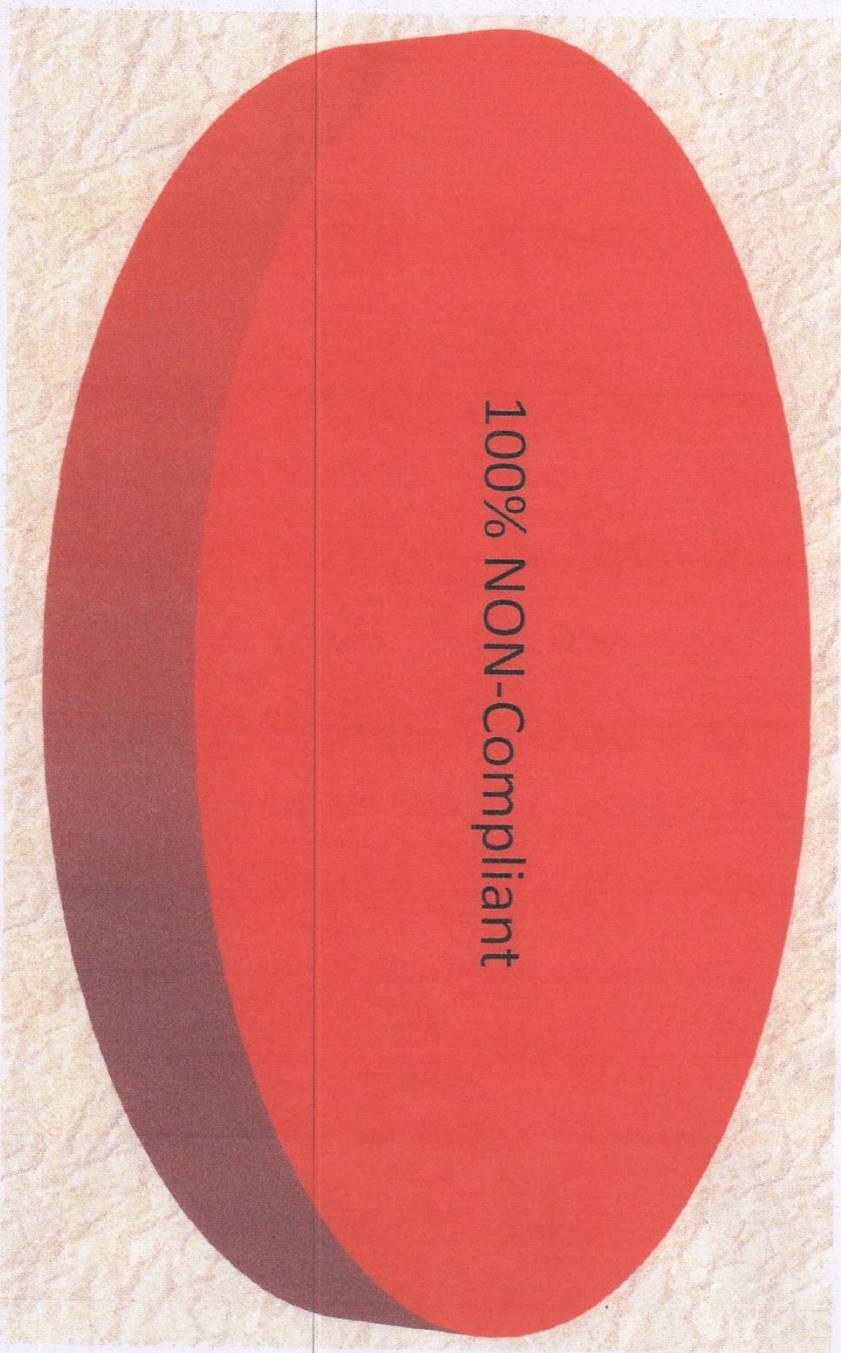
TOTAL	916	100%
Beach, C	719	78%
Danek, L	629	69%
Zbytowski, B	422	46%
Linn, A	407	44%
Gomez, L	369	40%
Tweedie, J	261	28%
Elder, P	231	25%
Bates, K	215	23%
Lewandowski, J	191	21%
Gmerek, L	168	18%
Patrician, R	159	17%
Diehr, S	148	16%
Moore, A	142	16%
Staley, K	140	15%
Linn, S	128	14%
McClelland, J	124	14%
Huston-Young, C	109	12%
Strelchuk, L	101	11%
Baulch, B	94	10%
Bremerkamp, M	85	9%

2016

Suburban 500-1000 people sq. mile

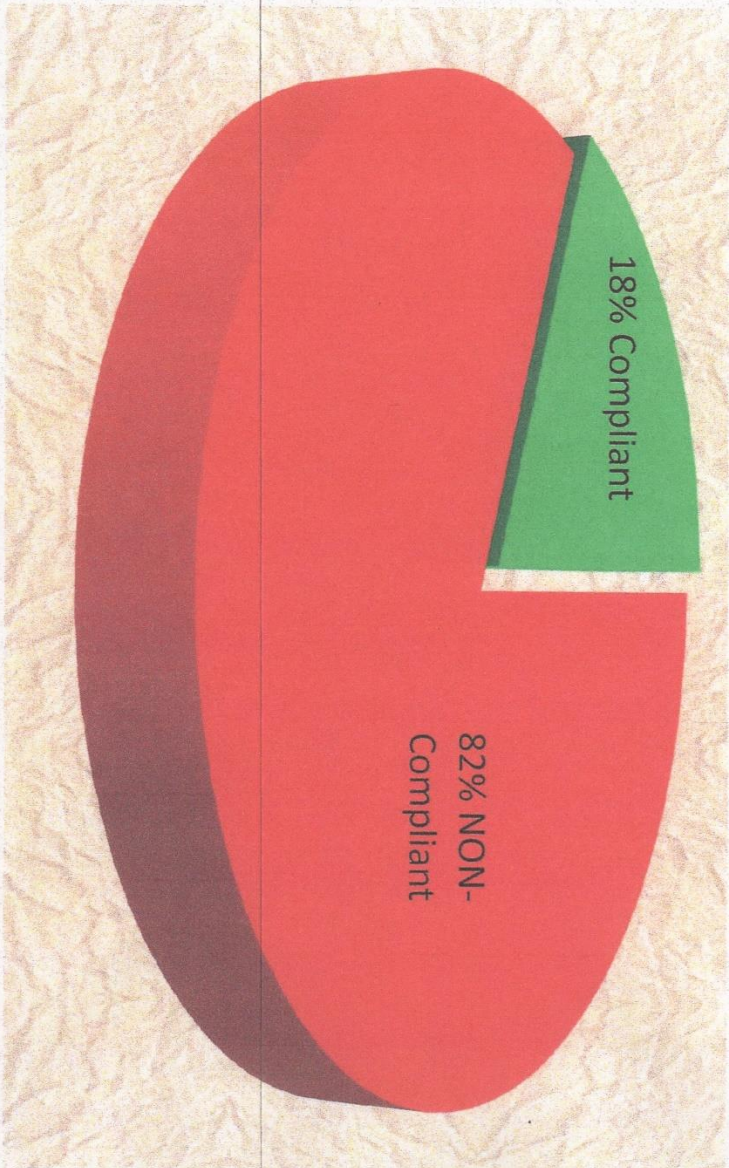
■ NFPA 1720 (10/10) Non-Compliant ■ NFPA 1720 (10/10) Compliant

100% NON-Compliant



Rural <500 people sq. mile

■ NFPA 1720 (6/14) Non-Compliant ■ NFPA 1720 (6/14) Compliant



Call Percentages

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
K. Bates	31.51%	46.43%	42.39%	0.00%	1.37%	0.00%
B. Baulch	12.33%	10.71%	13.04%	2.47%	5.48%	3.33%
C. Beach	75.34%	89.29%	92.39%	40.74%	76.71%	76.67%
C. Crisco	X	X	7.61%	2.47%	15.07%	8.89%
L. Danek	72.60%	73.21%	86.96%	70.37%	56.16%	60.00%
S. Diehr	19.18%	19.64%	23.91%	8.64%	8.22%	12.22%
R. Duff	0.00%	5.36%	5.43%	6.17%	6.85%	10.00%
P. Elder	9.59%	16.07%	18.48%	7.41%	21.92%	8.89%
L. Gmerek	19.18%	12.50%	26.09%	25.93%	6.85%	5.56%
L. Gomez	26.03%	32.14%	43.48%	34.57%	19.18%	31.11%
M. Lang	15.07%	14.29%	15.22%	3.70%	0.00%	17.78%
J. Lewandowski	24.66%	25.00%	21.74%	3.70%	5.48%	4.44%
A. Linn	27.40%	41.07%	35.87%	32.10%	0.00%	0.00%
S. Linn	9.59%	16.07%	21.74%	14.81%	10.96%	7.78%
M. Matthews	30.14%	21.43%	33.70%	37.04%	19.18%	27.78%
J. McClelland	24.66%	10.71%	3.26%	13.58%	17.18%	10.00%
R. McLatcher	X	1.79%	10.87%	7.41%	2.74%	4.44%
A. Moore	10.96%	8.93%	16.30%	6.17%	8.22%	2.22%
K. Ondersma	9.59%	16.07%	23.91%	24.69%	6.85%	11.11%
R. Patrician	38.36%	35.71%	65.22%	58.02%	47.95%	21.11%
M. Prange	9.59%	8.93%	11.96%	2.47%	6.85%	5.56%
K. Staley	10.96%	19.64%	16.30%	18.52%	15.07%	16.67%
L. Strelchuk	12.33%	25.00%	28.26%	4.94%	9.59%	3.33%
P. Strelchuk	21.92%	39.29%	50.00%	40.74%	34.25%	16.67%
J. Tweedle	24.66%	19.64%	20.65%	16.05%	15.07%	18.89%
J. Verran	5.48%	1.79%	14.13%	1.23%	1.37%	1.11%
C. Young	2.74%	10.71%	0.00%	3.70%	2.74%	4.44%
B. Zbytowski	35.62%	44.64%	25.00%	38.27%	32.89%	34.44%
	73	56	92	81	73	90

of POC's missed per month 7 5 4 14 15 14

% of POC's missed per month 21% 15% 12% 42% 45% 42%

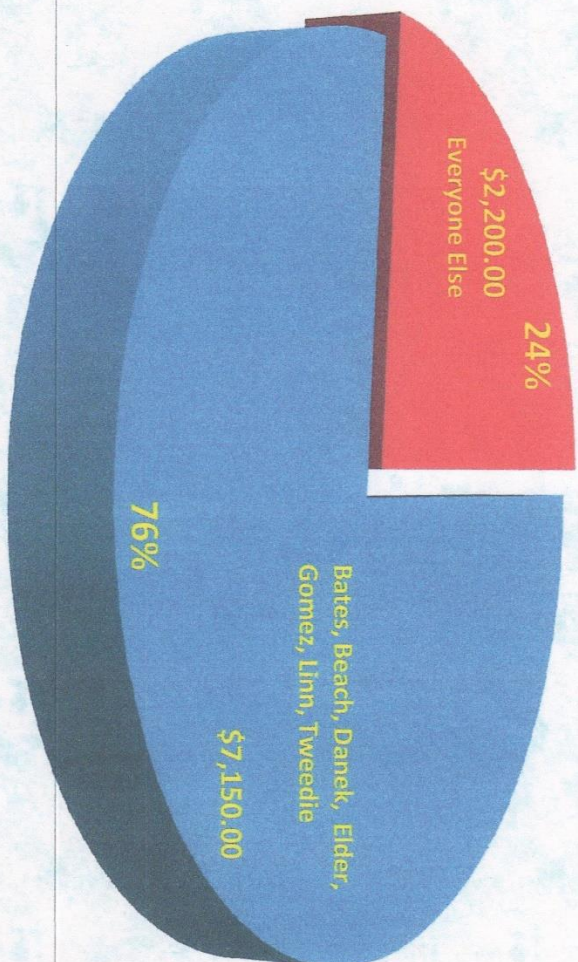
Call Percentages

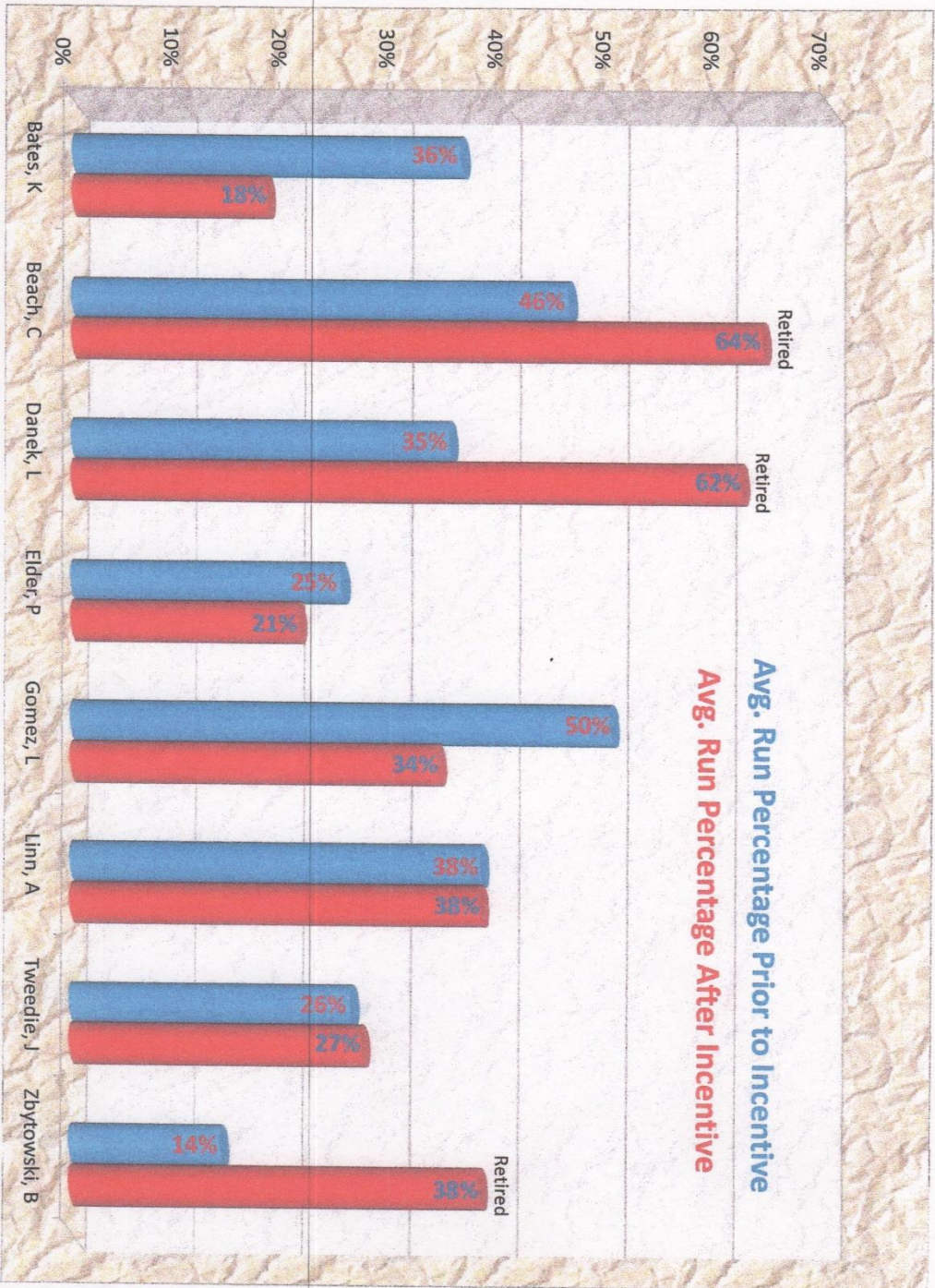
	4	6	2	4	5	6	6	5	7	6	7	5
	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
K. Bates	28.36%	34.72%	28.95%	39.71%	18.60%	19.90%	28.57%	22.34%	4.00%	12.00%	25.61%	24.66%
B. Baulch	5.97%	8.33%	9.21%	10.29%	12.79%	16.90%	10.39%	10.64%	8.00%	13.33%	12.20%	8.22%
C. Beach	77.61%	79.17%	86.84%	72.06%	56.98%	83.10%	84.42%	93.62%	76.00%	86.67%	69.51%	76.71%
M. Bremerkamp	8.95%	22.22%	13.16%	19.12%	8.14%	5.63%	6.49%	1.06%	12.00%	9.33%	4.88%	4.11%
L. Danek	71.64%	80.56%	85.53%	75.00%	67.44%	80.28%	29.87%	53.19%	61.33%	73.33%	78.05%	76.71%
S. Diehr	16.42%	19.44%	19.74%	8.82%	9.30%	16.90%	15.58%	6.38%	33.33%	16.00%	14.63%	20.55%
R. Duff	X	X	X	X	X	X	X	X	18.67%	21.33%	7.32%	5.48%
P. Elder	23.88%	30.56%	21.05%	23.53%	17.44%	26.76%	24.68%	35.11%	32.00%	17.33%	18.29%	31.51%
L. Gmerek	16.42%	13.89%	36.84%	22.06%	17.44%	14.08%	19.48%	34.04%	21.33%	1.33%	6.10%	26.03%
L. Gomez	41.79%	44.44%	55.26%	45.59%	40.70%	33.80%	44.16%	25.53%	46.67%	21.33%	40.24%	47.95%
M. Lang	X	X	X	X	X	X	X	X	8.00%	21.33%	9.76%	15.07%
J. Lewandowski	34.33%	23.61%	28.95%	16.18%	39.53%	19.72%	14.29%	15.96%	21.33%	18.67%	12.20%	10.96%
A. Linn	50.74%	44.44%	40.79%	33.82%	41.86%	53.52%	28.57%	42.55%	48.00%	54.67%	46.34%	49.32%
S. Linn	29.85%	13.89%	22.37%	16.18%	25.58%	14.08%	0.00%	0.00%	0.00%	16.00%	15.85%	17.81%
M. Matthews	X	X	X	X	X	X	X	X	17.33%	26.67%	24.39%	12.33%
J. McClelland	4.48%	2.78%	17.11%	5.88%	3.49%	4.23%	6.49%	10.64%	44.00%	8.00%	19.51%	35.62%
A. Moore	16.42%	16.67%	10.53%	8.82%	5.81%	4.23%	5.19%	11.70%	25.33%	16.00%	8.54%	10.96%
K. Ondersma	X	X	X	X	X	X	X	X	25.33%	6.67%	13.41%	9.59%
R. Patrician	14.93%	9.72%	6.58%	20.59%	16.28%	8.45%	11.69%	19.15%	22.67%	12.00%	15.85%	50.68%
K. Staley	7.46%	6.94%	0.00%	29.41%	20.93%	14.08%	16.88%	17.02%	20.00%	21.33%	15.85%	12.33%
L. Strelchuk	20.90%	16.67%	15.79%	13.24%	18.60%	7.04%	7.79%	9.57%	5.33%	1.33%	4.88%	17.81%
J. Tweedle	26.87%	25.00%	28.95%	25.00%	29.07%	16.90%	22.08%	32.98%	42.67%	34.67%	26.83%	28.77%
C. Young	10.45%	6.94%	13.16%	19.12%	12.79%	11.27%	11.69%	11.70%	1.33%	14.67%	13.41%	19.18%
B. Zbylowski	47.76%	52.78%	51.32%	60.29%	52.33%	26.76%	59.74%	56.38%	28.00%	48.00%	41.46%	38.36%
	67	72	76	68	86	71	77	94	75	75	82	73

of POC's Missed Per Month 4 5 2 3 4 5 5 4 6 5 6 4

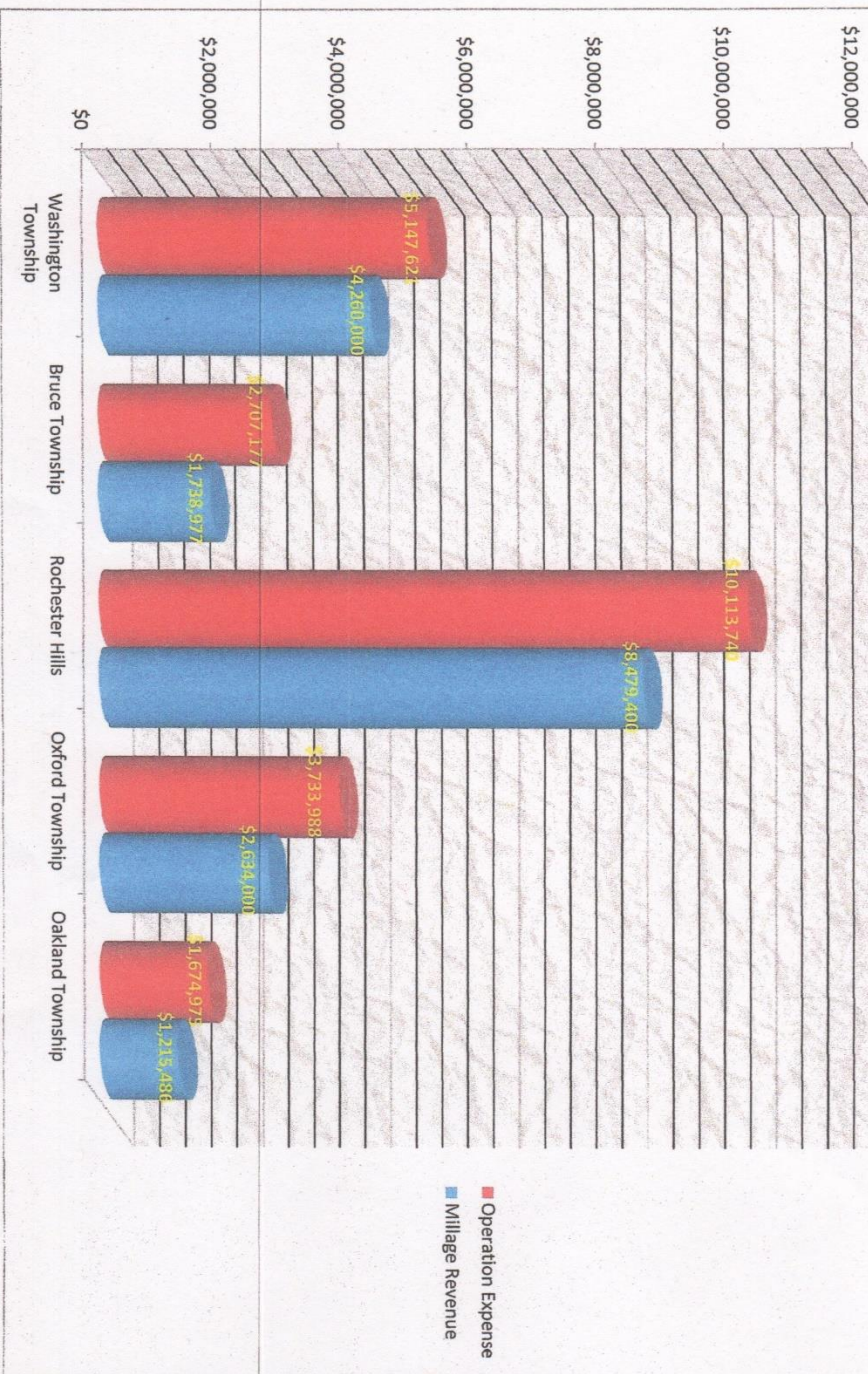
% of POC's Missed Per Month 20.00% 25.00% 10.00% 15.00% 20.00% 25.00% 25.00% 20.00% 25.00% 20.83% 25.00% 16.67%

2016 Incentive Program

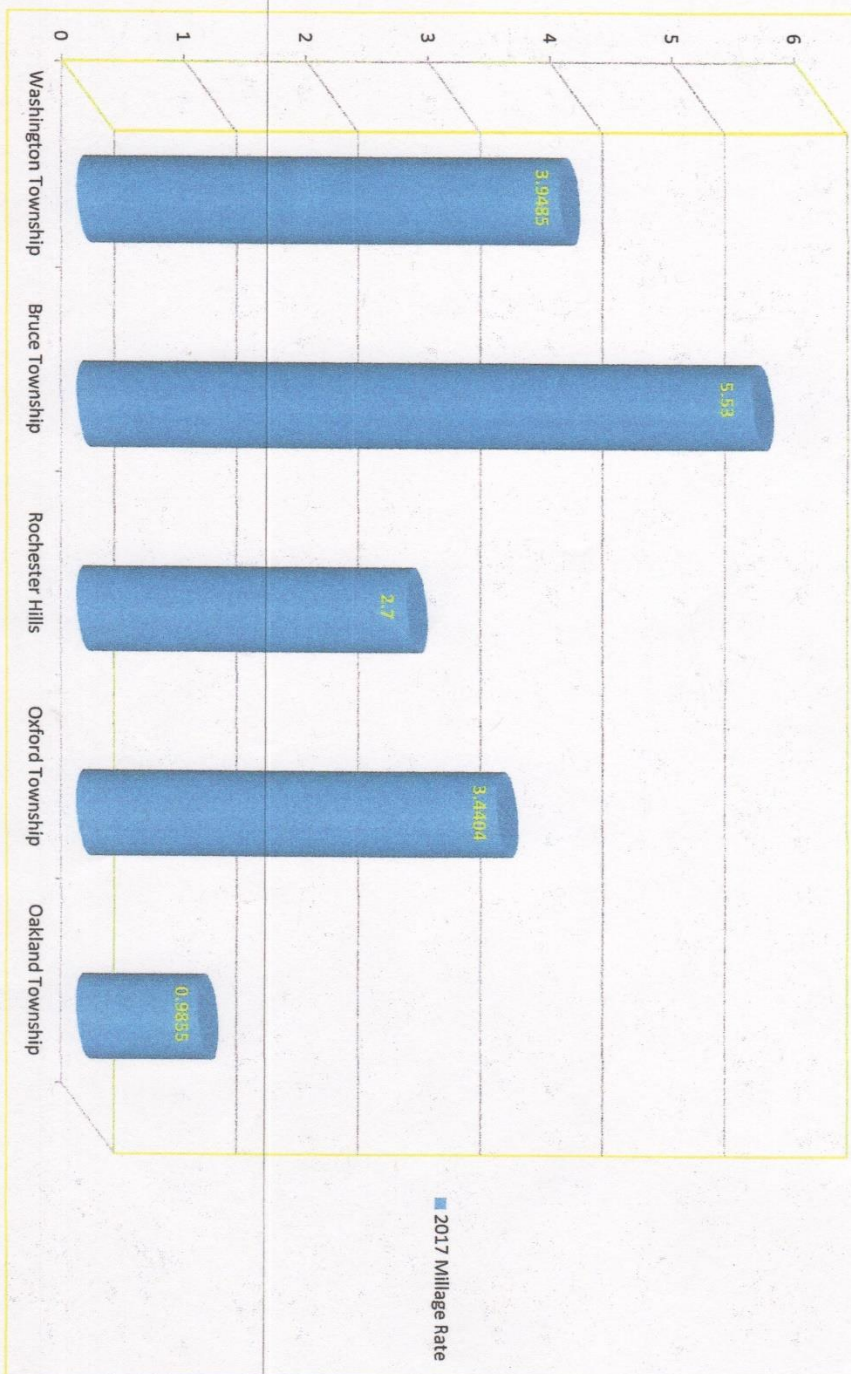




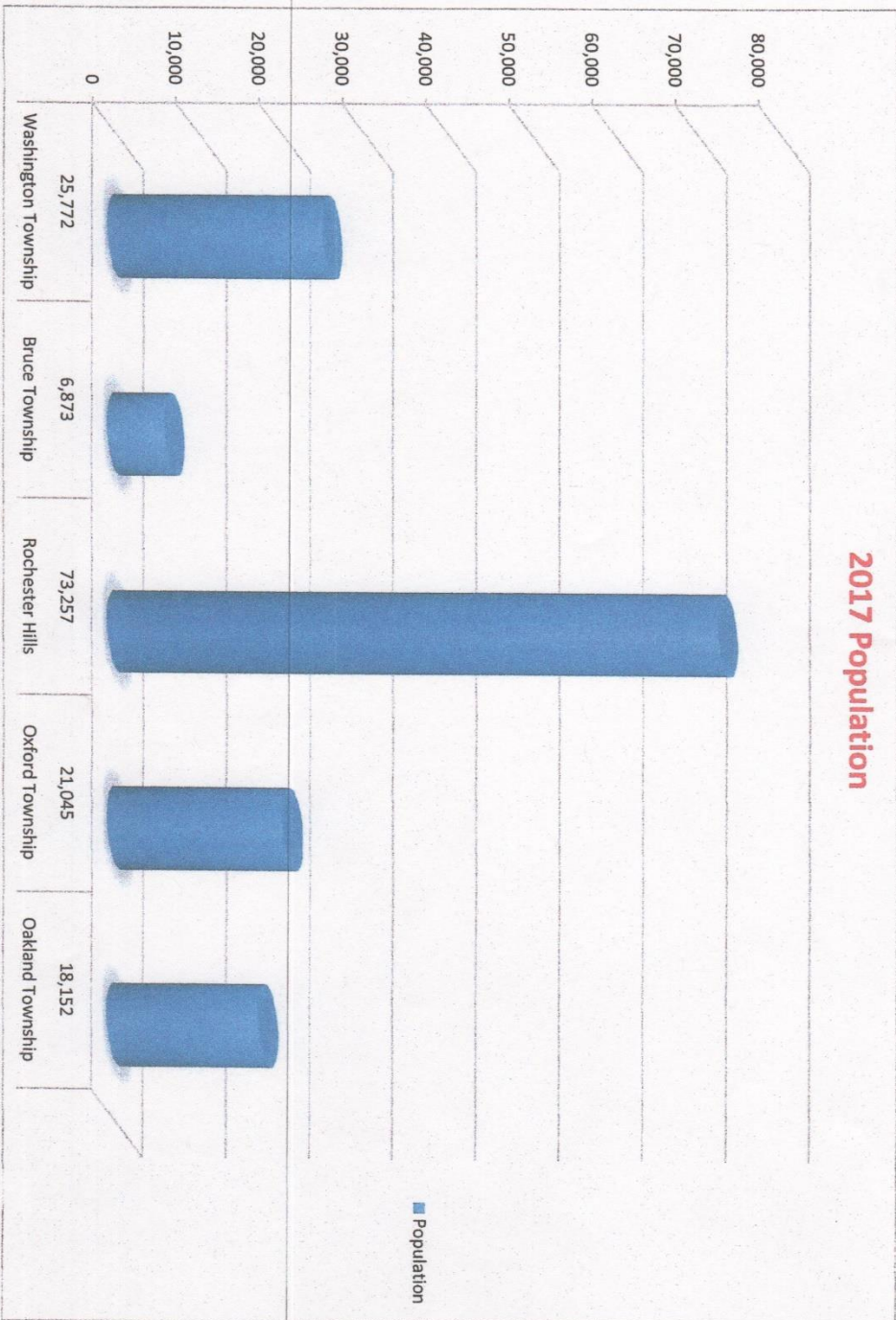
Fire/EMS Millage Revenue & Operating Costs



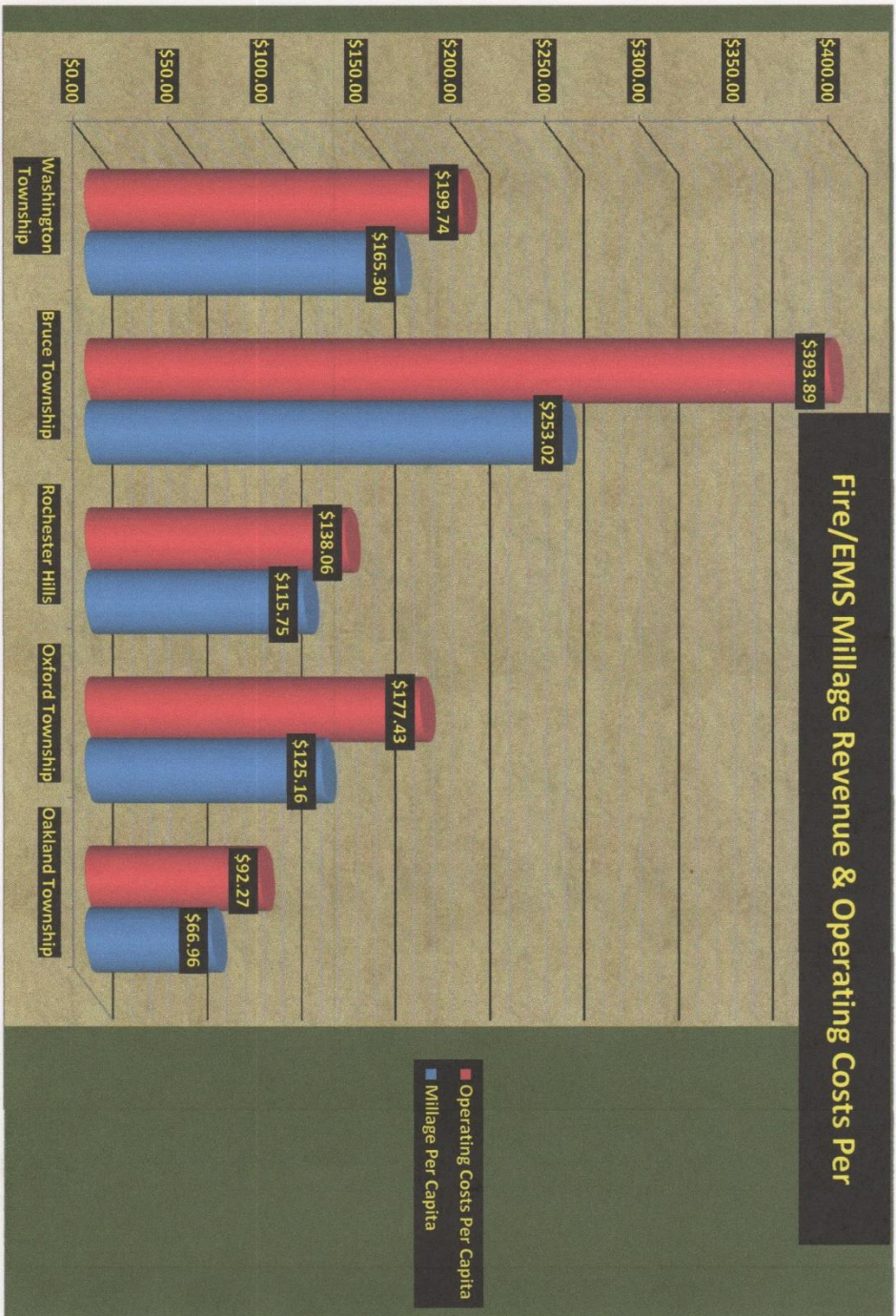
2017 Millage Rate

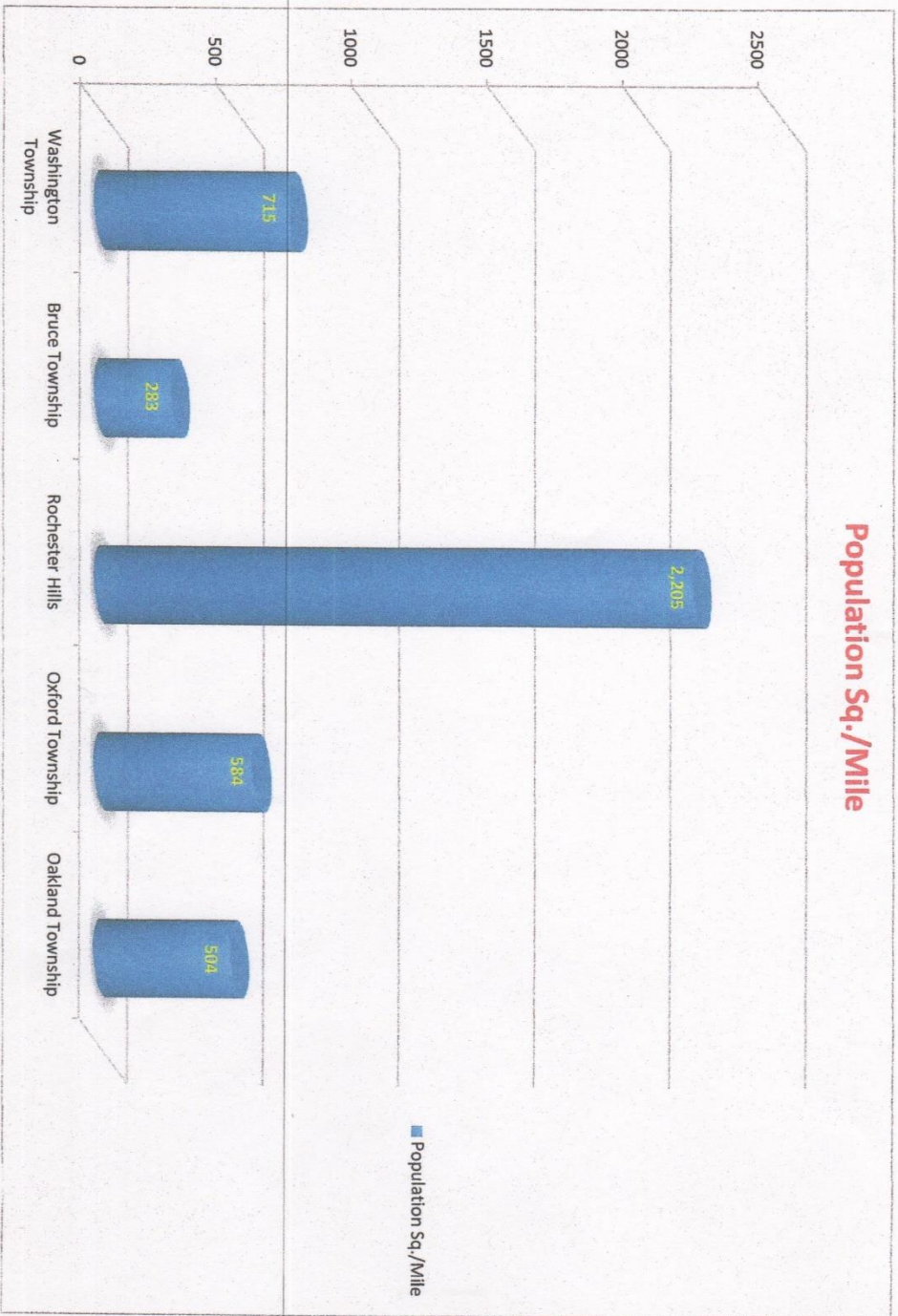


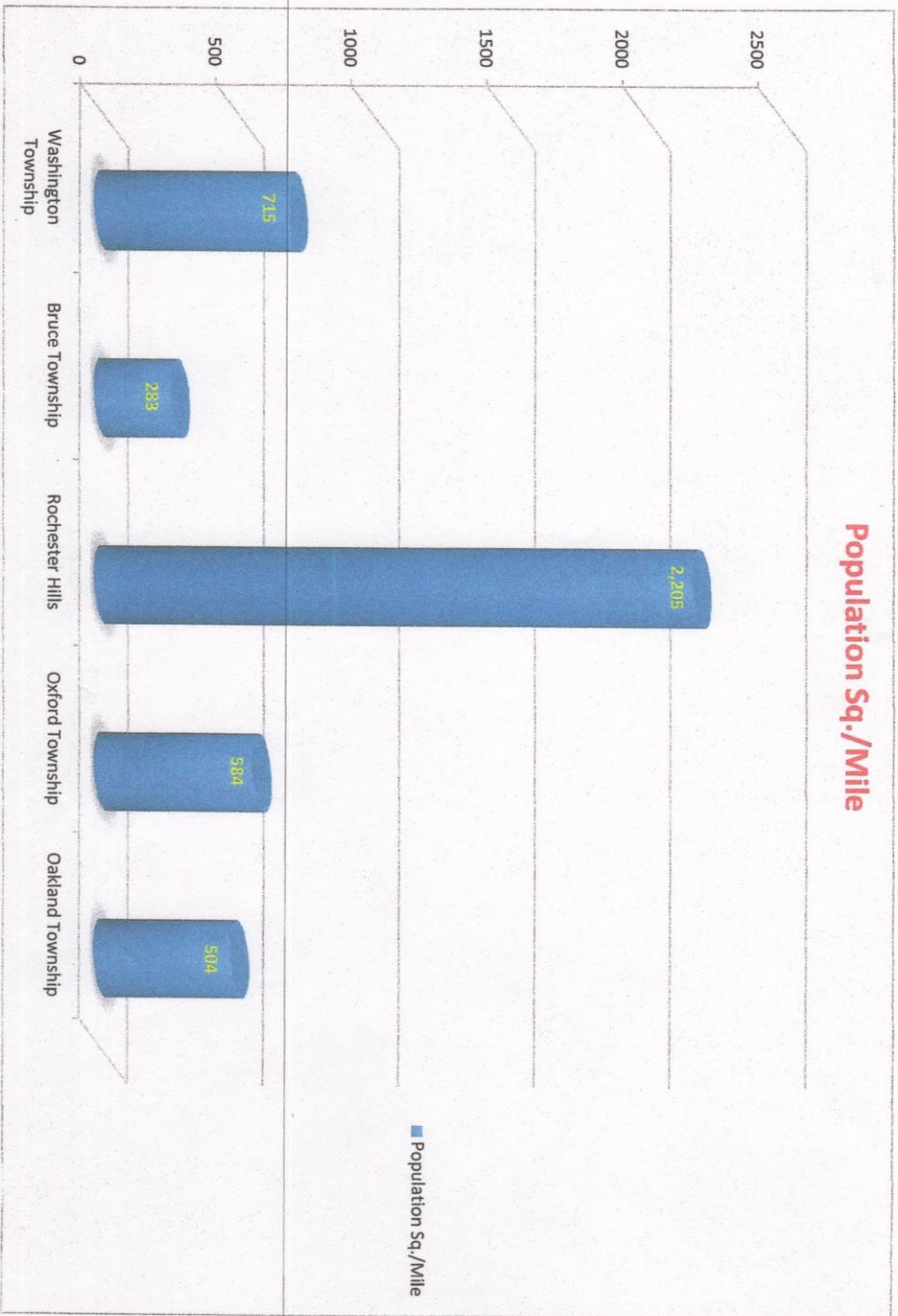
2017 Population



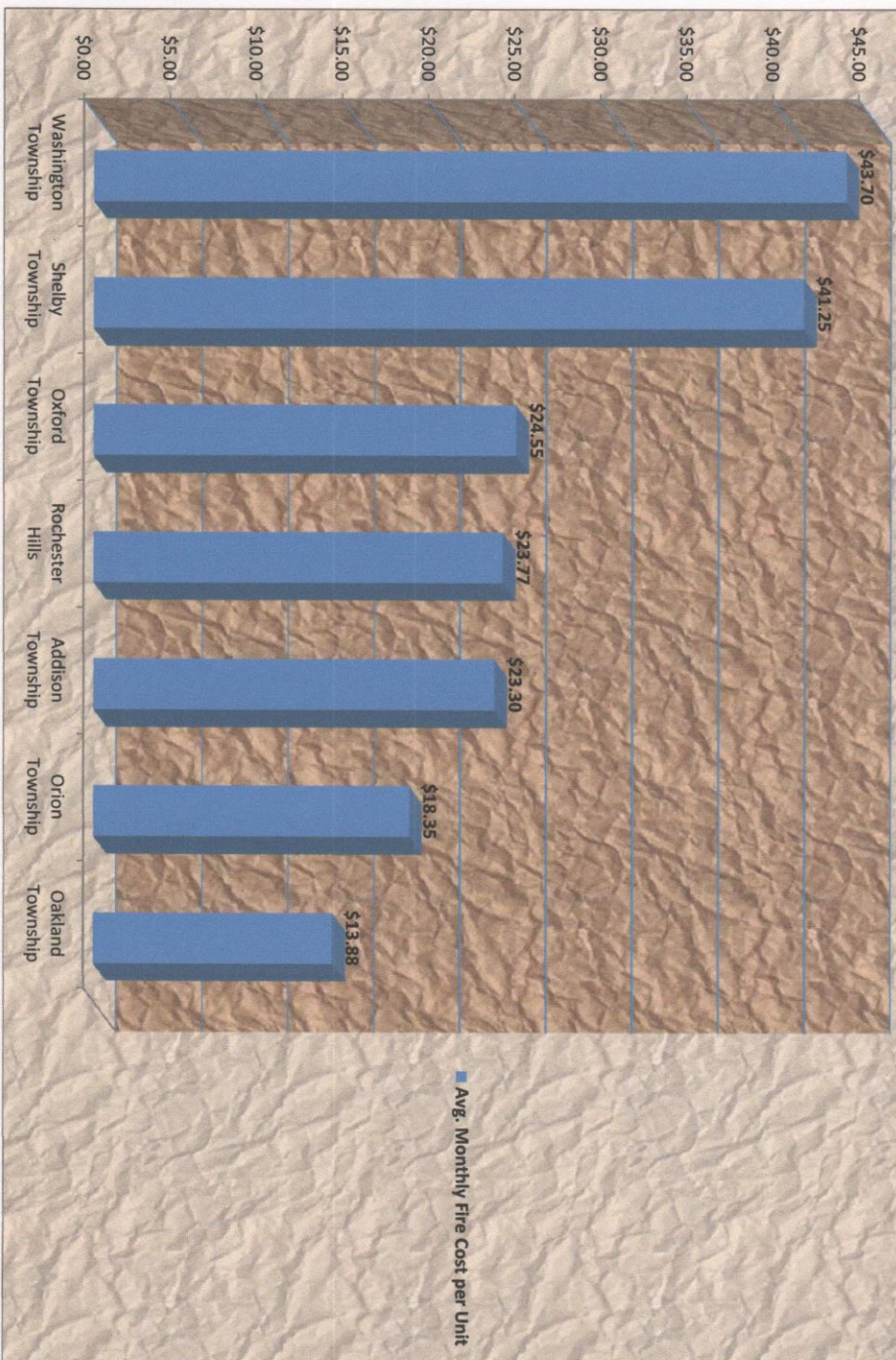
Fire/EMS Millage Revenue & Operating Costs Per







Avg. Monthly Fire Cost per Residential Unit



2004 Compared to 2017 Taxable Value

	Taxable 2004	Taxable 2016	Change
Oakland Township	\$1,085,952,826	\$1,301,509,910	\$215,557,084

Laid off 1 Fire Inspector

	Taxable 2004	Taxable 2016	Change
Rochester Hills	\$3,230,824,070	\$3,321,014,620	\$90,190,550

Hired 12

	Taxable 2004	Taxable 2016	Change
Oxford	\$717,106,711	\$814,204,000	\$97,097,289

Hired 3

	Taxable 2004	Taxable 2016	Change
Orion Township	\$1,677,675,240	\$1,576,203,760	\$101,471,480

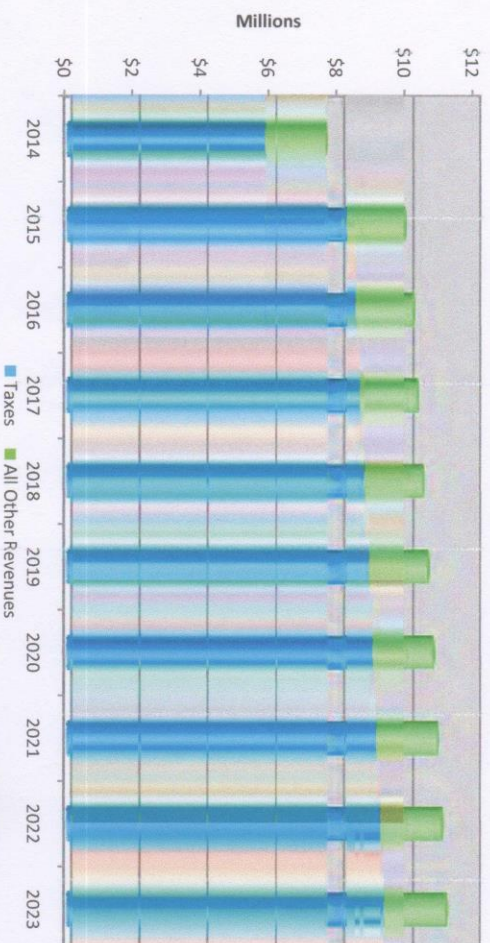
Hired 18

Fire Operating Fund (206): Revenue

Fire Fund:
2016 Revenue Sources



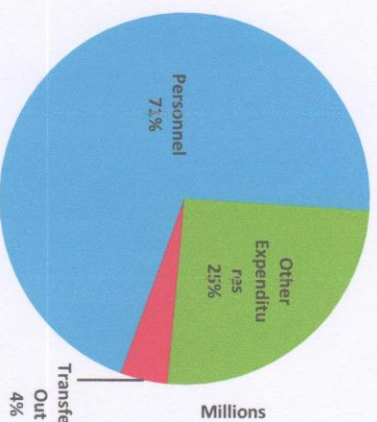
Fire Fund: Total Revenue Trend



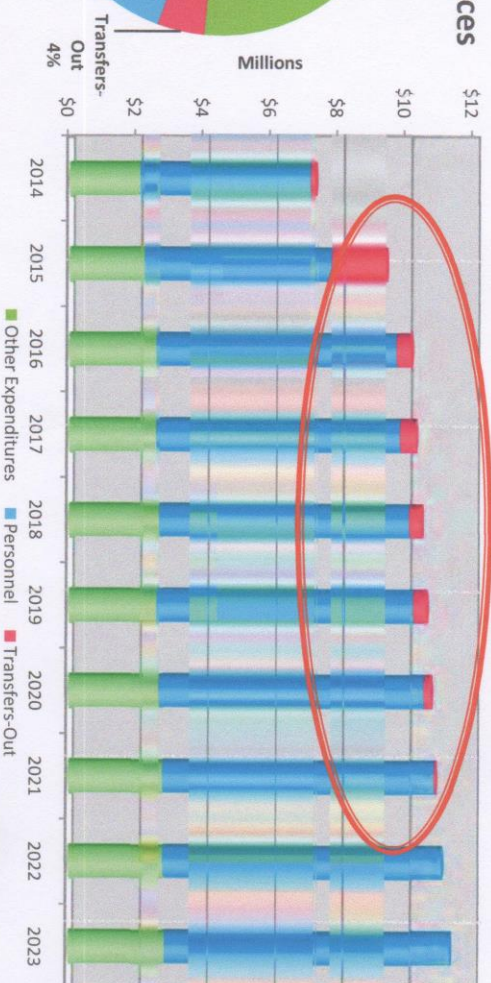
Fire Operating Fund (206): Expenditure

Fire Fund:

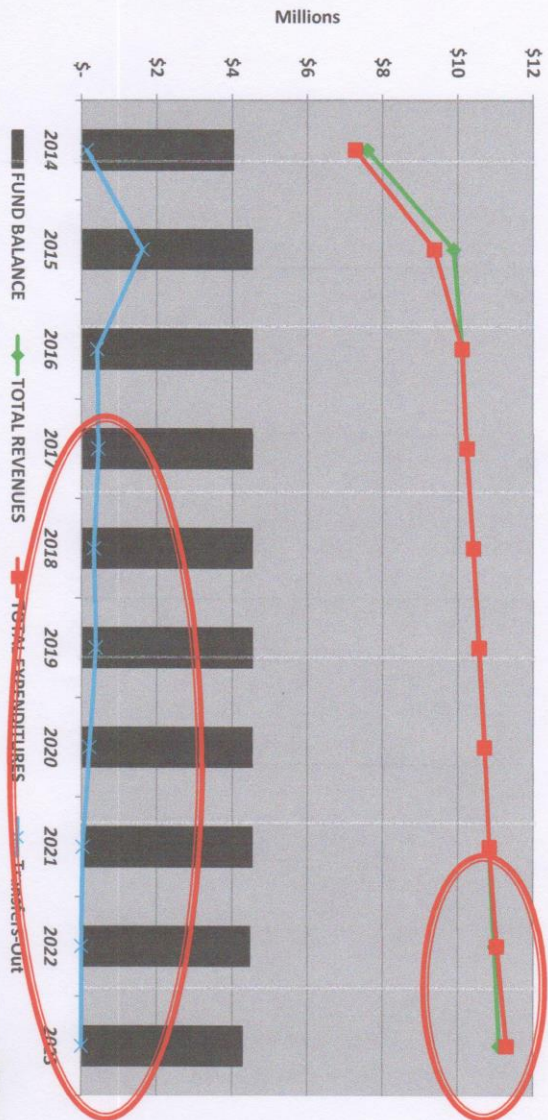
2016 Expenditure Sources



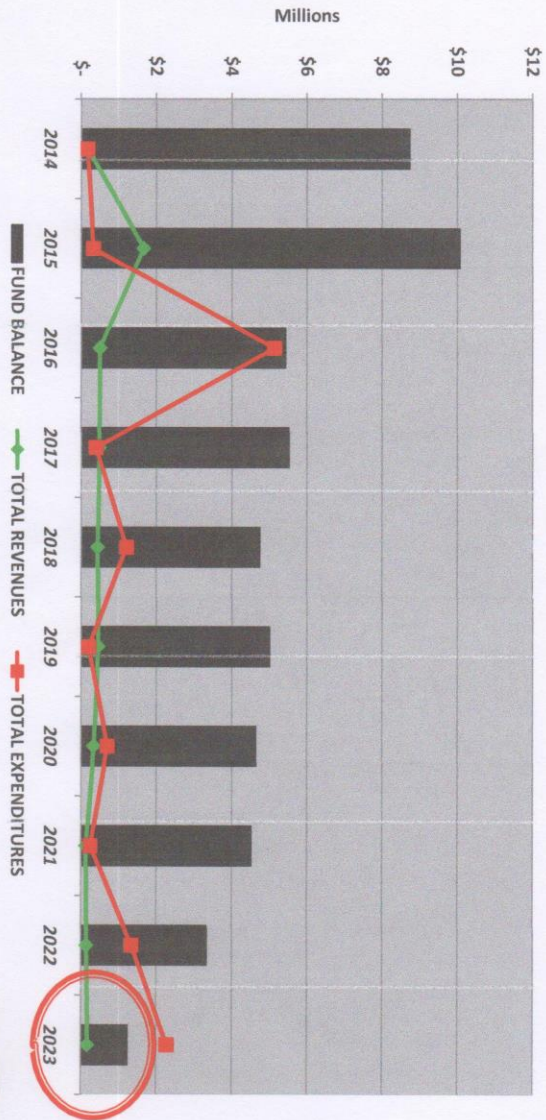
Fire Fund: Total Expenditure Trend



Fire Operating Fund (206): Revenues, Expenditures, Changes in Fund Balance



Fire Capital Fund (402): Revenues, Expenditures, Changes in Fund Balance



Fire Fund (206 & 402): Takeaways

- ▶ It is projected that by FY 2022, the existing Fire millage levy of 2.7000 mill will not be adequate to fully fund Fire Operating Fund (206) annual operations
- ▶ It is projected that by FY 2022, the existing Fire millage levy of 2.7000 mill will not be adequate to contribute funding to the (402) Fire Capital Fund
- ▶ Shortly after the time period included as part of this 7-Year Forecast, the Fire Capital Fund (402) is projected to require additional funding options



