



DISTRIBUTION DATE: March 16, 2021


MEMORANDUM

TO: HONORABLE MAYOR &
CITY COUNCIL

FROM: Melinda Drayton, Interim Fire
Chief
Ian Appleyard, Director HRM

SUBJECT: MACRO Pilot Program

DATE: March 15, 2021

City Administrator 
Approval

Date: Mar 16, 2021

INFORMATION

SUMMARY

At the March 2, 2021 meeting of the City Council, Council President Bas made a motion seconded by Councilmember Kalb authorizing and directing the City Administrator to explore options for expediting the one-year pilot phase of the Mobile Assistance Community Responders of Oakland (MACRO) program.

The full motion approved by the City Council at its March 2, 2021 meeting was as follows:

Adopt A Resolution authorizing and directing the City Administrator to explore options for expediting the one-year pilot phase of the MACRO program, including but not limited to (1) contracting with the County of Alameda, including but not limited to county mental health specialists, and/or (2) expeditiously hiring and training limited-duration staff within the Fire Department's newly designated division and/or (3) entering into professional services agreement(s) with one or more nonprofits qualified in mental health outreach; and (4) directing the City Administrator to return to the Council on March 16 to report his progress and seek Council approval of any legislation He needs to expedite the MACRO pilot, including staffing and budgeting of the designated Division, after considering the Urban Strategies Council's recommendations and input from Labor Representatives and City departments as appropriate; and (5) directing the City Administrator to contract for an evaluation of the initial phase of MACRO and develop recommendations, with community input, for adding additional categories of calls for services after the initial phase.

Since then, the City Administrator's Office and a number of Agency Directors and their integral staff from various City departments have met to discuss the most efficient path to launch the MACRO pilot program in Oakland. The City Administrator has also engaged with the County of Alameda regarding MACRO to share the goals of the program and gain clarity regarding existing County public health programs and discuss opportunities for partnership. As a group, members

from the Oakland Fire and Police Departments, and the Departments of Race and Equity, Human Services, Violence Prevention and Human Resource Management have collectively engaged to explore how to implement the Council's direction with respect to this innovative pilot program, recognizing the significant opportunities while also identifying a range of initial and potentially ongoing challenges that will need immediate attention for the program to achieve the goals set forth by both the community stakeholders who initially designed the program and the Oakland City Council.

This informational memorandum seeks to provide the Council and the public with insight into actions, challenges, and timelines the City is considering while working to implement the pilot program.

A resolution is scheduled to be voted on during the March 16, 2021 special meeting of the City Council.

Background On Planning

In 2019, the Oakland City Council allocated \$40,000 to research the feasibility of a CAHOOTS-like program in Oakland. The Crisis Assistance Helping Out On The Streets model operating in Eugene-Springfield Metro Area, or is widely recognized as a non-law enforcement mobile crisis intervention that has seen significant success since its inception. With the support of the Urban Strategies Council, several stakeholder groups and community members including people in Oakland's most impacted communities, engaged in nine months of analysis to determine the best pathway forward. This work resulted in a recommendation for a pilot program in two geographic areas of Oakland

The City of Oakland initially sought community-based organizations to engage in planning and implementation of an 18-month pilot of the Mobile Assistance Community Responders of Oakland (MACRO) program to serve as a community response program for non-violent 911 calls. The goal is to reduce responses by police, resulting in fewer arrests and negative interactions, and increased access to community-based services and resources, for impacted individuals and families, and most especially for Black, Indigenous, and People of Color. However, following a competitive process and a staff recommendation to the City Council that was requested for scheduling and approval at the January 19, 2021 City Council meeting, the City Council took actions that changed the course of the pilot. In turn, the City Council made the determination during the March 2, 2021 meeting of the City Council that the City should house the pilot program within the Fire Department and deliver the pilot via City staff, instead of via a community-based provider, as the community-driven report commissioned by the Council intended.

Justification for the MACRO Program

A review of the number and types of incoming 911 calls to the Oakland Police Department from June 2019- June 2020 suggest that some incidents involving people who are homeless, have mental health challenges or substance use disorders could be served by a social services response

such as MACRO. Examples of such quality-of-life calls include people who are disturbing the peace, intoxicated on the street, engaging in disorderly conduct, or involved in nonviolent incidents at homeless encampments as well as requests for wellness checks. The 2019 Alameda County Homeless Point in Time Count indicated that the City of Oakland has 4,071 unsheltered persons, a number that increased by 47% in the last two years and is 51% of Alameda County's total homeless count of 8,022. Data on psychiatric assessment (5150 holds) obtained from Alameda County Emergency Medical Services further demonstrated that for the first two quarters in 2019, Oakland reported 1,665 total 5150 holds and 14% of this total, or 219 people, had two or more holds during the same period. A 5150 refers to the California law code for the temporary, involuntary psychiatric commitment of individuals who present a danger to themselves or others due to signs of mental illness. Furthermore, there are significant racial health disparities in Oakland among all of these issues, especially within the Black community. In 2017, African Americans living in Oakland had the highest emergency department visit rate for both serious mental illness and substance abuse related visits. African Americans were also far more likely to be homeless than Whites, Asians, or Latinos. Statistically, African Americans are also found to be far more likely to be homeless than Whites, Asians, or Latinos, representing 70% or more of the Oakland's total homeless population, further demonstrating the impact of racial inequities.

Currently, most behavioral health (BH) calls made to 911 in the City of Oakland are routed to the Oakland Police Department and may result in an involuntary, 72-hour hold for psychiatric assessment (5150 hold) with transportation to the Psychiatric Emergency Services (PES) unit. Yet, as reported by Alameda County Behavioral Health, 75-78% of those who are placed on a 5150 hold do not meet medical necessity criteria for inpatient acute psychiatric services. Under the MACRO model, as it was initially proposed, whenever possible, a team consisting of an Emergency Medical Technician (EMT) and a Crisis Support Specialist would respond to and provide medical assessment and clearance, de-escalation and support, and connection to care. Connections to care can be immediate and provide a range of possible options beyond an involuntary 5150 hold including: detox centers, longer term residential rehabilitation, primary care with a private medical provider, or to a safe place determined by the person in crisis, such as their own home or that of a loved one. Transportation and follow-up would be voluntary and next steps will be determined in consultation with the individual in crisis. The MACRO team will also provide follow-up support from a Community Resource Specialist (i.e., a social worker, outreach worker, or case manager) to support connection to additional available resources including clinical care, medication access, and residential treatment or drop-in clinics, as needed.

By employing the EMT-Crisis Support Specialist team matched with a Community Resource Specialist, MACRO provides an opportunity for hiring peer professionals, like credible messengers or community navigators, as community responders trained to respond, de-escalate, and support individuals in need.

Intended MACRO Outcomes and Key Equity Components

Whether an external community-based organization or the Oakland Fire Department leads MACRO, the program's important intended outcomes remain unchanged.

They include:

1. Decreased negative outcomes from law enforcement response to nonviolent 911 emergency calls, especially among Black, Indigenous, People of Color;
2. Decreased criminal justice system involvement for people in crisis, especially among Black, Indigenous, People of Color;
3. Increased connections to community-based services for people in crisis, especially among Black, Indigenous, People of Color;
4. Redirection of MACRO-identified 911 calls to an alternative community response system; and
5. Reduced Oakland Police expenses and call volume related to 911 nonviolent calls involving people with mental health, substance use, and unsheltered individuals.

Existing MACRO Related Services in Alameda County

Alameda County Behavioral Health (ACBH) is the lead agency providing coordination of mental health and substance use services in Alameda County. ACBH offers access to treatment and support programs for adults with mental health support needs, including those experiencing Serious Mental Illness (SMI).

There are currently other mobile response units facilitated by Alameda County Behavioral Health (ACBH) that operate within the City of Oakland such as the Community Assessment and Transport Team (CATT), Mobile Crisis Team (MCT), and Mobile Evaluation Team (MET). Ongoing collaboration among these teams would ensure stronger coordination of resources and referrals and increased overall communication. The Community Health Record implemented by Alameda County Care Connect may also be available to the MACRO program.

Budget for the MACRO Pilot

Currently there is \$1.85 million dollars to execute the MACRO pilot. Additional funding may be available contingent upon approval from the City Council and initial pilot evaluation data.

Initial Challenges for Oakland Fire Department

At this time, the Oakland Fire Department is made up of the following core Divisions:

- Office of the Fire Chief
- Fiscal & Administration Services Division
- Field Operations Bureau
- Medical Services Division
- Emergency Management Services Division
- Fire Prevention Bureau
- Support Services Bureau

The Oakland Fire Department's Medical Services Division (MSD) is an integral component of critical pre-hospital care in the community. Almost 80% of the emergency calls that the Oakland Fire Department responds to are medical in nature. That is why all members of the Oakland Fire Department are either certified Emergency Medical Technicians or Paramedics. Together with other emergency care providers, the Oakland Fire Department is committed to providing expedient, reliable, and professional medical care to all in any situation dispatched. The Fire Department is supportive of the MACRO concept and is prepared to meet the needs for a crisis response team in Oakland, however there are some limitations and considerations that may impact the success of the program as it is currently envisioned.

Most of the tools and resources the MSD can produce and provide are dependent on the additional personnel brought in to staff the MACRO program. MSD could hire civilian personnel with EMT certification and can help vet other staff personnel to function as the community outreach workers. MSD is equipped with in-house staff that could address accountability with Continuous Quality Improvement (CQI). CQI in Health Care is a structured organizational process that involves physicians and other medical service personnel jointly planning and implementing ongoing proactive improvements in processes of care to provide quality health care outcomes. MSD, in conjunction with the EMS Coordinator who currently oversees the QA/QI at Fire Dispatch, can also monitor the calls for volume and accurate dispatching, and with additional external support, could provide training for the crisis response staff, dispatch, and program evaluators. MACRO teams could use their presence in the community and work with other resources such as food banks, shelters, housing programs and other service providers.

At incidents, the MACRO teams could address medical needs on a basic life support level. The team will also need to have the knowledge of when to seek a higher level of care when basic life support is not enough. This team could be equipped to deal with some behavioral health needs, address quality of life issues, social and emotional needs, help with non-violent crisis intervention and all-around wellness and well-being.

A serious and legitimate concern for Oakland Fire regarding MACRO is for the safety of its personnel. Staff from MSD reviewed a list of probable calls the Oakland Police Department responded to that may trigger a MACRO team response and found that a significant percentage of the probable incident calls may include factors that require the MACRO team to contact law enforcement for incident support, which would be contrary to some of the goals of the program. In theory, the ongoing concern for the safety of this team can be addressed by significant training to enhance their overall awareness and by using a process to ensure that the types of calls the MACRO team responds to is consistent with the level of training they have received. Working with community-based organizations on outreach and recruitment may also lessen the need for law enforcement and getting qualified community members who are already doing this work and have training to apply for these positions will increase the program's success of meeting the community's expressed needs. Community engagement training, crisis intervention classes, and conflict de-escalation curriculum and trauma informed care training must be incorporated into this program for the duration of the program's existence.

Specific questions, comments and items of concern raised by the Fire Department that should be considered include:

- The current Memorandum of Understanding (MOU) with Local 55 (the Oakland Firefighters Union) *explicitly prevents* OFD personnel from responding to calls for service for 5150 incidents.
- Per “Section 201” of the EMS Act (Health & Safety Code § 1797.201), the Oakland Fire Department *is not lawfully allowed to transport patients*. Unless a fire agency has provided EMS transport service since June 1, 1980, it is ineligible from providing EMS transport services. The City of Oakland currently is under contract with Falck Ambulance for transport service. In Alameda County, only the following agencies are authorized to transport patients:
 - City of Alameda Fire Department
 - City of Albany Fire Department
 - City of Berkeley Fire Department
 - City of Piedmont Fire Department
 - Falck Northern California
- Launching a mobile response program of this type will require the City to consider an array of one-time and ongoing equipment considerations for use by staff both in the field and in an office. It is customarily not considered prudent for the City to purchase on-going capital equipment with one-time monies. The budget for the pilot did not include one-time capital costs and could impact into the programming budget. Initial equipment needs to stand up the program may include:
 - Vehicles
 - Radios for MACRO personnel to communicate with first responders, dispatch and transport agencies.
 - A Mobile Data Terminal (MDT) for each of the vehicles being dispatched to incidents.
 - Cell phones
 - Tablets, Laptops, and Desktop computers
 - Miscellaneous medical equipment and supplies
 - Miscellaneous office supplies.
- In addition to the one-time cost, there is an on-going cost to consider as we continue to vet the budget. These costs include items such as:
 - Internal Services Charges for Equipment and Radio (limited impacts to facilities): This includes the user fee for radios from East Bay Regional Communications System Authority (EBRCSA), the cost of gas, and general maintenance of the equipment.
 - Monthly cost of WiFi services for the MDTs and cell phones.
 - Repair and maintenance of all equipment and monthly/annual software subscriptions and/or licenses.

- What is the Scope for a civilian EMT?
- Where would the MACRO teams be stationed/housed?
- OFD will need to review Federal Financial Participation re: Medi-Cal reimbursement directly connected with job classifications and scope to ensure OFD can reimbursement for intervention.
- Training for Dispatchers at OPD and OFD and 311 to distinguish which calls are appropriate for MACRO response will have to be developed and implemented, once the algorithm for making that distinction has been determined and tested.
- What are the implications of deviating from Emergency Medical Dispatch and Pro QA Dispatch Software on our accreditation at Fire Dispatch Center as a “center of excellence”?
- The County’s Community Assessment and Transport Team (CATT) model must be called at the beginning of an incident to do the initial evaluation or else they cannot submit for Medi-Cal reimbursement. They respond jointly with law enforcement but engage only after law enforcement has responded and assessed the circumstance of the incident. CATT cannot be brought in as a MACRO contact solely to augment transport needs. In a situation where transportation is needed for a MACRO client, it may potentially require FALCK transport services.
- Access to the Community Health Record at ACBH, which the City does not currently have, is critical according to ACBH to obtain history of known members of our community who are already in their database, which can make our interactions much more informed.
- Who reports to whom? Do the EMT and outreach worker have equal authority and will they both report to the MACRO program manager? What is the appropriate training and classification for a program manager, especially given that this function is not a traditional City function for which we have competency and subject matter expertise?
- What are the operating hours of the program and what is the shift schedule for the staff? The Department is recommending five 8-hour shifts or four 10-hour shifts for the pilot during peak dispatch times for these types of calls that will require data from OPD.
- The Fire Department is recommending the pilot launch in just one geographic area to start, as opposed to two, beginning in East Oakland. Given the significant unknowns with this program, a modest and phased approach would be most prudent; and given the significantly higher costs associated with City employees, it would also better fit with the available budget.
- Field staff/units will most likely not have the capacity to provide the required comprehensive follow-up needed to meet the client's needs. Who will handle the case management follow-up for the MACRO customers? After review of similar programs around the country, some jurisdictions appear to have Case Managers that address the required follow-up after the initial contact/intervention is made by the field team. With a projected 10-15K calls for service annually, this may be a significant workload. To meet the proposed objectives, dedicated staff will be needed to assist the MACRO clients’ long term to succeed in the mission.
- A plan for staff retention and program sustainability will need to be developed to offset the possibility that MACRO employed EMTs may be concurrently seeking employment

as sworn members of a Fire Department, and or using the MACRO program as a steppingstone to higher-pay EMT positions. If this did manifest, it could present challenges with maintaining minimum staffing levels to sustain the field units. The CATT program's added value is that they have the staffing depth to support fluctuations in the CATT program's EMT position. OFD will need to ensure there is depth in all positions or a contingency plan if staffing levels drop.

Human Resources and Staffing

The following information reflects the initial actions taken, specific concerns and other issues raised by the Human Resources Management Department regarding the MACRO program.

I. Actions:

- Convened an internal working group consisting of City Administrator, OFD, DHRM, DVP and Department of Race and Equity.
- The City invited Service Employees International Union (SEIU) to meet and discuss the program on March 6, 2021. They have responded and meetings are being scheduled.
- Program and compensation surveys have been initiated.

II. Staffing Considerations:

The classifications as proposed in the program description do not currently exist in the City's Classification Plan. ¹ MACRO Teams consist of an **Emergency Medical Technician (EMT)** to provide urgent medical care such as CPR, first aid, and wound management and a **Crisis Support Specialist** skilled in crisis assessment, de-escalation, and harm reduction. Teams are supported by an on-call **Behavioral Health Clinician**.²

Since these classifications need to be developed, Exempt Limited Duration Employees would initially staff the program ³ as the City defines the duties, responsibilities, knowledge, skills, abilities, minimum qualifications, license requirements and any other job parameters. These temporary appointments would be unrepresented by a labor group, at-will and would be limited to just a year of employment.

Conceptually, staff preliminarily recommends that the management would potentially be an Administrative Services Manager I or new classification of Program Manager with assistance from a Program Analyst, for which there is a current vacant position in MSD that could be used to work on MACRO 50% of the time.

As for the on-call Behavioral Health Clinician, that position does not exist in the City organizational structure and would require licensed oversight, which also does not exist in the

¹ Civil Service Rule 3.02 – Definition of Classification Plan

² Department of Violence Prevention Pilot Program Draft Document

³ Civil Service Rule 5.06 (d) Exempt Limited Duration Employees

City structure. Staff recommends the County or another third-party that has the appropriate licensing, expertise, insurance, etc provide this function.

Additionally, it is unclear the type of on-call service that would meet this need.

1. Oversight and Reporting requirements:
An EMT and Crisis Support Specialist will need oversight by a qualified professional in the field while making care decisions.
2. 24/7 Coverage:
Staffing a City service for 24 hours a day, 7 days a week (24/7) requires a significant investment in staffing and facilities.

Employees who staff 24/7 operations have minimum staffing requirements that result in significant overtime costs. Full staffing to avoid overtime costs is not achievable in the City of Oakland. Vacant positions, workers' compensation leave, medical leave and vacation leave contribute to minimum staffing challenges. Additionally, employees working normal 40 hours per week receive shift differentials and overtime holiday pay.

Facilities, equipment and workspaces are an important consideration. Public safety operates on a 24/7 schedule and employees are assigned to fire houses, the police administration building, police substations and dispatch centers. These facilities are adequately built to accommodate constant staffing. In this instance, there is not an identified staffing facility for MACRO employees.

III. Timeline:

The major time elements include program and compensation survey; drafting class specifications; recommending salary; meeting with impacted labor groups; recruiting qualified temporary employees; preparing for and obtaining legislative approval; conducting competitive civil service exam processes; and probationary period and training. While many of the below steps can occur simultaneously, there are distinct processes that have their own requirements.

1. Program and Compensation Survey (2-3 weeks)
Staff will be surveying Alameda County, City and County of San Francisco, City of Berkeley, City of Eugene, Oregon, and additional jurisdictions to assess program elements, job specifications and compensation. At the same time, staff will assess the internal alignment of supervisory duties, existing job specifications and compensation.
2. Drafting Class Specifications (2-4 weeks)
To define the work, job duties and responsibilities need to be identified. HRM staff will work with departmental and external Subject Matter Experts to draft accurate job specifications.
3. Recommended Salary (2-3 weeks after class specifications determined)

Staff has preliminary information about private sector compensation, but additional research is needed to match the City of Oakland pay scale.

4. Recruitment and Hiring of Temporary Employees (3 - 5 months)

As stated above, to staff the pilot program expeditiously, recruitment for qualified employees that meet all the qualifications, including license requirements, needs to occur. The steps to open a city position include the preliminary draft of a job announcement, a recruitment plan with sufficient budgeting and focused advertising. Since the positions are specialized, the recruitment window may be 3-4 weeks or opened continuously, depending on the level of interest among qualified candidates. Once a pool has been identified, candidates will proceed through a multiple step process to identify the most qualified: application assessment, interviews, reference and background checks, selection, on-boarding, orientation, training, and evaluation.

5. Meeting with Impacted Bargaining Groups (Unknown: possibly 1-4 months)

Resolution No. 55881C.M.S.⁴ is the City's applicable "Local Law" for the purposes of determining representational status of work. The City assigns the work to a representation group depending on the type of work that is being performed. Since this work is unique to the City, a determination still needs to be made about the representation group. Most likely, the work will be represented by Service Employees International Union, Local 1021. However, since the EMT and Behavior Health Clinician classifications have license requirements, there needs to be further analysis conducted.

Once the City engages with the impacted labor organization, the parties have an obligation to meet and confer in good-faith and bargaining over wages, hours and other terms and conditions of employment.⁵ The City does not control the timeline for this engagement since there are broad topics to cover, including wages, hours, uniform requirements, shift pay, safety, premium pays, professional development allowances, license requirements, bilingual pay, and other working conditions.

6. Preparing and Obtaining Legislative Approval (1.5-2 months)

The creation of new job classifications is also a multiple step process: report preparation, Sunshine Act requirements, Civil Service Board approval and City Council Salary Ordinance Amendment.⁶ Many of these requirements can occur simultaneously but, because of the posting and review requirement, it can still take between 1.5-2 months.

7. Conducting Civil Service and Examination Process (4-6 months)

This process is regulated by Civil Service Rule 4 – Applications, Recruitment, Examinations, Selection and Eligible Lists. Many of the steps that are stated in item 4 (above) are the same as this item with some important and formal distinctions. First, the job announcement is promulgated based on an agreed-upon and adopted job specification

⁴ Employer-Employee Relations Resolution

⁵ California State Law – Meyers Milias Brown Act

⁶ Two readings required for a Salary Ordinance Amendment

and salary. Second, the candidates are required to meet minimum qualifications and participate in a standardized testing procedure conducted by the Department of Human Resources Management. Third, successful candidates are placed on an eligible list, which is regulated by Civil Service Rule 5 – Certification and Appointment, and certified to the hiring department for appointment. This process takes approximately 4-6 months because of several factors that are unpredictable: recruitment success (may have limited number due to specializations), candidate pool (potentially limited number), examination and interview noticing (4-6 weeks), and required reference and background checks (2-3 weeks).

8. Probationary Period and Training (9-12 months)

Employees, whether temporary or civil service, need adequate training to be successful, safe and competent in their jobs. Probationary periods last between nine to twelve months to account for the time an individual takes to become fully effective. It is important to consider this factor as the pilot program is of a limited time depending on funding.

IV. Safety and Liability Concerns

There are many safety and liability considerations in implementing a MACRO program, including transporting patients, employee safety and community safety.

1. Transportation function

MACRO aims to provide immediate stabilization in case of urgent medical need or psychological crisis, assessment, information and referral, & (in some cases) transportation to the next step in treatment.⁷ The City is unable transport patients for many reasons including liability and contractual restrictions.

- Falck Contract
- City Attorney advice needed for transportation liability and risk assessment
- CATT program currently operating with Law Enforcement engagement

2. Employee Safety

There are significant safety concerns when responding to emergencies in the City of Oakland. With homicides and violence on an alarming rise in the City, employees are exposed to extremely dangerous and life-threatening situations.

- Public Works Homeless Encampment Crews: Union has required OPD support
- CATT – EMTs do not respond without law enforcement present
- Berkeley incident: Berkeley Mobile Crisis Team member was the victim of an attempted murder while responding to a crisis call.
- Bloodborne pathogens and Hepatitis exposure

⁷ Department of Violence Prevention Pilot Program Draft Document

- SEIU section 13.3 allows employees to refuse to work and immediately report a condition to Risk Management
 - Need City Attorney advice as to whether certain duties are precluded without law enforcement presence.
3. Insurance and Workers' Compensation implications
Further analysis needs to be completed to understand the general liability and Workers' Compensation costs and exposure.
 4. Community Safety
Further analysis needs to be completed to understand the Community Safety costs and exposure.

V. Labor Considerations

Requirements in labor agreements need to be accounted for when considering the MACRO Pilot Program. As noted above, the labor agreement with the International Association of Firefighters specifically prohibits member response to 5150 calls. The labor agreement with SEIU, Local 1021 has additional considerations:

- Premium pays: 5.5.11 Bilingual, 5.5.17 Licensing and Certification Premium, (anticipate another premium similar to the 5.5.9.9 Keep Oakland Clean and Beautiful clean-up premium).
- Safety: Section 13.3 allows employees to refuse to work and immediately report a condition to Risk Management.
- Traumatic Incident Leave: Definition of traumatic incident would be implicated for members responding to emergency calls.

VI. Legal Considerations

The City Attorney's Office needs to provide an overarching analysis of the legal risks and liabilities of the MACRO Pilot Program, including but not limited to: employee safety, patient transport, Fair Labor Standards Act (FLSA) impacts, job specification development, outside contract impacts, etc. There should also be an analysis of the potential lawsuits that may be filed from patients and other community members.

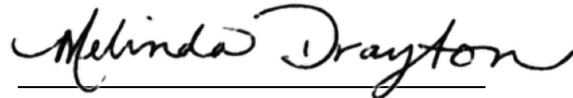
Additionally, once a service becomes a City service, the Charter prevents the City from contracting out that service. Piloting a service in-house may thereby commit the City to providing this service in perpetuity, whether the pilot results suggest doing so will best achieve the program goals or not.

VII. Cost Considerations

A thorough analysis needs to be undertaken to determine the fully burdened costs of the Pilot Program, which would include but not be limited to employee wages, employee fringe benefits, employee premium pays, facilities costs, management costs, vehicle costs, radios and mobile data terminals, medical equipment, training, continuing education, and supplies.

For questions, please contact Vena Sword-Ratliff, Medical Services Division Manager, OFD, at 510-238-3736, or by email at vsword-ratliff@oaklandca.gov.

Respectfully submitted,



Melinda Drayton
Interim Fire Chief



Ian Appleyard
Human Resources Management Director