Proposal for Ambulance Service
For
Camden, Hope, Lincolnville and Rockport

Prepared by:
Timothy A. Beals
Executive Director
Delta Ambulance
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Executive Summary:

Delta Ambulance is honored by the invitation to respond to this Request for Proposal to serve as the ambulance provider for the towns of Camden, Hope, Lincolnville and Rockport (Region). We share the Region’s commitment to provide high quality Emergency Medical Services to their residents in an efficient and cost effective manner.

Our commitment to provide a professional quality ambulance service and engage in community events and offer many value added benefits in the communities we serve is evident with 41 years of continuous service to the Greater Waterville area and 22 years of continuous service to the Greater Augusta area. It is this commitment we will bring to your Region.

After analyzing the content of the RFP we have identified that the Region currently has an ambulance provider with a long history of service to the four communities. Because the current provider is seeking a significant increase in funding from the four towns, it was decided by town officials to seek alternative proposals for ambulance service.

Delta Ambulance is proposing a model of EMS that will provide the Region with a well-designed and effective emergency ambulance service including many of the desired value added benefits. Our model utilizes a combination of full time employees, per diem employees and seeks to maintain the volunteer Access Team and High Angle Rescue Team. It is also our goal to develop a robust system of volunteer 1st Responders within the four town region.

Since ambulance providers are only reimbursed for transport of a patient (with two exceptions), we have determined that revenue derived solely from a fee for service operation is not sufficient to financially support an ambulance service appropriate for the Region. Therefore we would require from each Community a $44 per capita subsidy fee for each year of the two year contract. It is our goal to grow this ambulance operation to include a larger percentage of non-emergency transports and Specialty Care transports which has the potential to off-set the need for such a substantial subsidy. We are hopeful that the ensuing three year contract would be at a lower subsidy rate.

We look forward to the opportunity to further discuss how Delta Ambulance can be of service to your Region. Further inquiries should be directed to our Executive Director, Tim Beals.

Any final contract must be approved by the Delta Board of Directors.
Scope:

It is our assessment that the Region is seeking proposals of EMS models that will deliver a high quality ambulance system to the four town region. The current provider operates four ambulances twenty four hours per day, seven days a week, providing a combination of Basic Life Support (BLS) and Advanced Life Support (ALS) medical care. Additionally there are many value added benefits provided including extrication, high angle rescue and stand-by services.

It is the goal of Delta Ambulance to first meet the emergency ambulance needs of the residents in the Region and second provide ambulance transportation for local hospitals. The model that we propose will utilize EMS staff and equipment that meets the standards set forth by Maine EMS.

We propose the following EMS model:

**Ambulance Service License:**
Basic EMT permitted to Paramedic

**Operations:**
1-Advanced Life Support Ambulance staffed twenty four hours a day/seven days a week
   Staff configuration to be 1-Paramedic, 1-EMT or Advanced EMT
   Shift: 7am-7pm and 7pm – 7am.

1-Basic Life Support Ambulance staffed twelve hours per day/ seven days a week
   Staff configuration to be 2-EMT or Advanced EMT or combinations thereof
   Shift: 7am-7pm.

1-Paramedic Intercept Vehicle staffed 12 hours per day/seven days a week/on call
   Staff: 1-Paramedic
   Shift: 7am-7pm, on call

This operational model accounts for the overall low ambulance call volume of the Region, estimated to be 2,000 requests for service per year of which we estimate 1,600 are ambulance transports. Based upon data obtained from Maine EMS, peak call volume hours are 7am-7pm. By licensing at the Basic EMT level and permitting to Paramedic we gain the most flexibility and cost efficiency in terms of staffing. Often time’s requests for emergency ambulance service do not require the advanced skills and training of a Paramedic and the patient can be safely treated and transported by lower licensed EMS personnel. Under this licensing either ambulance could respond to emergency requests. It is our plan to take advantage of recent changes to Maine EMS Rules that allow for the development of a “Response Plan”. In co-operation with Emergency Medical Dispatchers who will be able to triage emergency ambulance requests for severity and assign a response code that indicates whether the call requires a BLS or ALS response we will be able to utilize our ambulance crews with optimal efficiency. Where we have an on-call paramedic available in an intercept vehicle we will be able to ensure ALS care is available to patients if the primary ALS ambulance is unavailable. This Intercept Paramedic
would respond with or at the request of the BLS ambulance on calls where ALS skills are needed.

**Response Times:**

We are not able to estimate response times. (See page 14 Implementation for explanation)

**Vehicles and Equipment:**

All ambulances will be equipped with state of the art medical equipment that meets or exceeds the Maine EMS Rules for ground ambulances.

We plan to assign the following three ambulances to the Region:

- 2010 Chevy 3500 PL Custom Coach Type III, Replacement scheduled for 2016
- 2010 Chevy 3500 PL Custom Coach Type III, Replacement scheduled for 2017
- 2010 Chevy 3500 PL Custom Coach Type III, Replacement scheduled for 2017

Paramedic Fly Car to be purchased upon award of contract. It will be an SUV style vehicle equipped to operate at the Paramedic level.

We employ a rigorous preventive maintenance schedule for our ambulances that includes routine service every 7,500 miles and a comprehensive service every 15,000 miles. All ambulances are equipped with a *Road Safety* “black box” which has proven to reduce wear and tear on vehicles as it provides an audible warning tone to drivers when certain parameters are exceeded such as forceful stops, sudden acceleration, hard cornering or excessive speed. The data from these devices is downloaded monthly and individual reports are given to our staff on their driving behavior. Ultimately this tool provides for a safer environment during transport for our patients and staff.

**Personnel:**

At this time we are not able to identify personnel that would be assigned to this operation. Should we be awarded the contract we would be very interested in offering positions to the EMS professionals that work for the current provider and meet our employment standards. Additionally we expect that many of our 120 employees would have interest in working at this operation either in a full time or per diem capacity.

Our Operations Model would employ 8 full time employees (4 Paramedics and 4 EMT or Advanced EMT). The remainder of our staff would be classified Per Diem.

At Delta our hiring process includes:
- Interview-conducted by a panel of EMT's and leadership
- Criminal Background and Driver License check
- Functional Capacity –fitness test, Conducted by a neutral third-party
- Orientation Program- consists of classroom, clinical proficiency and ride time
Minimum Qualifications for Clinical providers are:

EMT and EMT Advanced:
- Must be 18 years of age with High Diploma or equivalent
- Maine EMS License in good standing
- Maine Driver License in good standing
- Valid CPR certification
- Pre-Hospital Trauma Life Support
- Pediatric Education for Pre Hospital Providers
- Geriatric Education for Emergency Medical Services
- Advanced Vehicle Operators Course
- Advanced Cardiac Life Support (Advanced EMT and Paramedic)
- HazMat and Weapons of Mass Destruction Training

Paramedic:
- All of the above qualifications plus,
  - Paramedic Inter-facility Transport Module
  - Advanced Trauma Life Support

We provide numerous in-house opportunities for continuing education that include but are not limited to recertification of existing credentials. Employees are also afforded the opportunity to attend local state and national educational opportunities.

Full Time employee benefits:
- Health, Life, Dental Insurance paid 100% for employee. Dependents at employee’s expense
- Optional Vision, Short Term Disability at employee’s expense
- 401K, company match up to 4%
- Uniform Allowance
- 100% tuition for approved clinical education
- 100% reimbursement for licensure upgrade (if certain requirements are met)
- Wellness Program

Per Diem employee benefits:
- 401K, company match up to 4%
- Uniform Allowance
- 50% tuition for approved clinical education
- 50% reimbursement for licensure upgrade (if certain requirements are met)
- Wellness Program
Overview of Clinical Quality Program:

Delta Ambulance Medical Director Dr. Steve Diaz is actively engaged in our clinical quality program.

We utilize a systematic and team oriented approach for measuring performance, clinical standards, and patient outcomes. The Clinical Standards and Practice Team (CSPT) is comprised of the following:

- Clinical Quality Manager
- Service Medical Director
- Education Coordinator
- A minimum of one individual from each operation locations
- A minimum of one individual from each license level: EMT, Advanced EMT, Paramedic, Critical Care Paramedic

With the implementation of our Community Paramedic Program the CSPT has added the Community Paramedicine Medical Director, Dr. Amy Madden to the team.

The CSPT measures important aspects of patient care and services through concurrent or retrospective reviews and identifies areas of:

- High Volume- 12 lead usage
- Low frequency and/or high risk procedures and/or equipment utilization- Transport Ventilators
- Morbidity/Mortality – Cardiac arrests, Major Trauma
- Standards of Care identified by the Community Paramedic or EMS Medical Director
- Sentinel events or “near misses” that occur in the delivery of clinical care

Analyzes any performance deficits, identifies the root cause (RCA) that contributed- either system or individual. Then the CPST generates an action plan for improvement:

- System improvement – equipment, supplies, staffing etc.
- Knowledge – education, CMEs, case reviews
- Individual skills – informal or formal counseling with the medical director, disciplinary actions

Delta Ambulance Quality Improvement reviews 100% of all Patient contacts through a concurrent approach to identify established clinical, operational and customer satisfaction benchmarks. These Benchmarks include:

- Cardiac Bundle- Time to 12 lead acquisitions, Cardiac Scene times, aspirin administration
- Stroke- Stroke Scene times, accuracy of a neurological assessment, time last seen normal
- Airway
- Capnography wave form for all advanced airway placement
- Patient refusals of care or treatment
- Spinal immobilization assessment and rule out
• Sepsis- Temperature measurement, time last seen normal
• Customer satisfaction
• Medicare compliance in conjunction with Delta Ambulance Billing Department

Each provider receives a quarterly QI report outlining their benchmark inclusions and a % of meets quality markers vs. does not meet quality markers. Those providers who fall below an established percentage are identified and Performance Improvement Plans are put in place. Quarterly companywide benchmark reports are generated and reviewed to ensure that as a company we are meeting the established quality markers and percentage. The benchmark areas that fall below a set percentage are reviewed and actions plans are generated to improve outcomes.
Company Background:

Delta Ambulance was formed in 1972 by three hospitals located in Waterville, Maine to provide transportation services to the hospitals and to meet the surrounding communities need for ambulance service. Today, Delta Ambulance is a not-for-profit 501 (c) 3 corporation. A volunteer Board of Directors consisting of hospital and community representatives governs the corporation. The administrative offices are located in Waterville, which also include our billing office, dispatch office and crew quarters for our Waterville ambulance and wheel chair operations. Our Augusta ambulance and Wheel Chair operation as well as our Community Relations office is located at our base on Cony Rd. in Augusta.

Delta Ambulance supplies emergency ambulance service to 17 communities. As well as serving over 30 communities in Central Maine with routine ambulance transfers from base locations in Augusta and Waterville. We supply routine and critical care transfers to MaineGeneral Medical Center-Thayer, Augusta and Alfond Cancer Care Center campuses and Inland Hospital. Delta also supplies routine and critical care ambulance service to Togus Medical Center.

_Compassion, Leadership and Excellence_ our Mission Statement is derived from a long standing dedication to providing patient care with highly trained personnel who continually seek to improve their methods and understanding of emergency medical care. Our staff is supported by a Leadership Team and Board of Directors who understand the challenges of an every changing healthcare environment.

We invite the Review Team to visit our website [www.deltaambulance.org](http://www.deltaambulance.org) for a more comprehensive view of Delta and our role in the community. Also available on our website is data from our Patient Surveys and Clinical Quality Reports.

**Leadership Team:**

**Executive Director- Timothy Beals, Paramedic**

Prior to joining Delta Ambulance as a Paramedic in 1984, Tim served as a volunteer fire fighter and EMT while living in Vermont. At Delta Tim has held the positions of Paramedic, Fleet Manager, Field Supervisor, Associate Director, Interim-Executive Director and in 1997 he became Executive Director. Tim is actively engaged in EMS leadership having served as President of Kennebec Valley EMS on three occasions as well as holding other Executive Board positions, is a Board member of Atlantic Partners EMS and chairs the Human Resource Committee. He is a current member and past chair of the Maine Board of EMS, current President of the Maine Ambulance Association and member of the Maine Communications System Policy Board. On a civic level Tim has been a board member of the United Way, Waterville Community Dental Board, current member and past president of the Waterville Rotary Club. He is a youth soccer, hockey and lacrosse coach.

Tim holds a BS in Secondary Education from the University of Vermont and an MBA from Thomas College.
Director of Reimbursement- Karen M. LaPlante
Karen has 14 years of medical billing experience and has been Director of Reimbursement at Delta for three years and oversees a staff of four billing specialists. Karen holds an Associate Degree in Music from the University of Maine-Augusta. She has attended numerous National Seminars on ambulance billing and Medicare compliance. Karen has also been active with local theatre groups in the Greater Augusta area.

Director of Human Resources: Wendy Zamler
Wendy joined Delta as Director of Human Resources within the past year. She brings over 20 years of expertise in employee relations, conflict management, and workforce development. Wendy’s key qualifications include recruitment and retention strategies, benefits administration, performance management, affirmative action planning and policy development.
Wendy holds a BA from Oakland University, Michigan and a Master’s Degree in Education from the University of Michigan. She is a member of the Society of Human Resources Management, Northeast Human Resources Association and Kennebec Valley Human Resources Association.

Director of Education: Kevin Gurney, Paramedic, CCTP
Prior to joining Delta in 1998, Kevin had a combined five years of experience in the Pennsylvania EMS system and the University of Maine Orono’s student ambulance. At Delta Kevin has been a Field Paramedic, Field Training Officer, and Education Coordinator. He became Director of Education last year. Kevin holds many EMS Instructor Certifications and a Maine State Firefighter I certification. Kevin serves on the Maine EMS Education Committee and Chairs the Atlantic Partners EMS-Kennebec Valley Education Committee. Kevin is also an Officer with the Industry Volunteer Fire Department and active in the Boy Scouts.
Kevin holds an Associates Degree in EMS from Camden County Community College, NJ, BS from the University of Maine Orono and Critical Care Transport Certification from the University of Maryland –Baltimore County.

Director of Community Relations: Bill McKenna, Paramedic
Bill became involved in EMS in 1983 after years in the business community. Since joining Delta in 1985 he has served in the capacities of EMT, Dispatch, Billing, Paramedic, Field Supervisor, and Operations Manager of Augusta. Since 2000 Bill has served as Delta's Director of Community Relations where he continues to serve on many State and Regional boards and committees for Emergency Planning and social service organizations. Bill is also a member of the Atlantic Partners EMS Regional Critical Incident Support Team.
Assumptions:

In order to prepare a revenue and expense forecast for ambulance service to the Region. Several assumptions were made on the available data provided by Maine EMS and the Regions Review Team.

1. The Regions ambulance call requests are approximately 2,000 per year based upon data obtained from Maine EMS.
2. Our interpretation of the Maine EMS data shows there are approximately 1,640 billable ambulance transports.
3. The average transport is 15 miles. We assume a total of 24,600 billable miles.
4. For purposes of determining revenue we used the payor mix supplied by the Region Review Team (62% Medicare, 10% MaineCare, 22% Insurance, 6% Private Pay).
5. That the level of Federal and State reimbursement for ambulance providers does not decrease over the contract period.
6. That all four towns will participate in the arrangement.
7. Our expectation is to be able to negotiate a continuance of the volunteer extrication and high angle rescue teams.
Reporting and Claims Processing:

Delta Ambulance employs its own billing specialists, several of whom are Certified Ambulance Coders. It is our policy to maximize reimbursement opportunities through:

- the prudent and accurate application of billing codes
- thorough and accurate documentation of patient care by field providers
- the use of modern electronic patient charting and billing of patient claims
- the timely processing of patient claims to ensure a consistent cash flow
- in-house collection of payments for the first 120 days

Our in-house billing department processes claims to all third party Insurance, Medicare, MaineCare and Self Pay clients. In situations where it is permissible we will bill the patient any remaining balance after payment of insurance benefits. In situations where the patient does not have insurance we will arrange a payment plan if the party is agreeable to that type of arrangement.

Our billing cycle is 30, 60 and 90 days. If payment has not been received after this time period the patient is sent a letter of anticipated collection action. An additional 30 days are given to the patient to make payment arrangements, if none are made then the claim is sent to collections. Our collection agency is Credit Control Services of Newton, MA.

We use TriTech billing software and ImageTrend patient reporting software. These two software packages will allow us to provide the necessary reports required to fulfill contract obligations on a timely basis.
Cost:

Our goal is to deliver an emergency ambulance system that will meet the needs of the Region. Ideally we would desire a self-sufficient system where revenues from fee for service billing would meet the operational needs, however in this situation where call volume does not generate sufficient revenue we must seek additional funding from the contracted towns. We propose to charge a $44/per capita fee to each of the four towns in each year of the two contract years. The total cost to the Region is $552,640. Below are tables showing the town cost breakdown.

Cost of Region EMS System

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Cost</td>
<td>$1,033,245</td>
<td>$1,090,073</td>
</tr>
<tr>
<td>Operational Loss</td>
<td>(508,531)</td>
<td>(549,618)</td>
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</table>

Cost per Town and Region

<table>
<thead>
<tr>
<th>Town</th>
<th>Population</th>
<th>Subsidy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden</td>
<td>5,259</td>
<td>$231,396</td>
</tr>
<tr>
<td>Hope</td>
<td>1,428</td>
<td>$62,832</td>
</tr>
<tr>
<td>Lincolnville</td>
<td>2,350</td>
<td>$103,400</td>
</tr>
<tr>
<td>Rockport</td>
<td>3,523</td>
<td>$155,012</td>
</tr>
<tr>
<td>Region Total</td>
<td>12,560</td>
<td>$552,640</td>
</tr>
</tbody>
</table>

(Population data obtained from Maine Municipal Association Directory)

Percent of Expense by Category

- Salary & Benefits: 59%
- Ambulance Operations: 32%
- Administration & Support Staff: 9%
**Insurance:**

At Delta our Commercial and Medical Liability insurance packages exceed the requirements listed in the RFP. We intend to comply as requested and list the individual towns as additional insured. Our commercial insurance is *Emergency Services Insurance Program (ESIP)* offered through McNeil and Company. We are insured for Workers Compensation by *Maine Employers Mutual Insurance Corporation (MEMIC)*.

**Implementation Timing:**

If awarded this contract we would desire to negotiate a startup date. While it is very possible that we could have staff prepared in time for July 1, 2013, we have yet to secure an adequate facility from which to conduct operations. Since the publication of this RFP we have not identified a suitable facility centrally located to the operational area. We would ask for a September 1, 2013 start date in order to secure a base location. If the current provider should decide to cease operations we would seek to lease/purchase their existing facility.

Further we expect to need Mutual Aid back-up from time to time as do all EMS systems. It would be our expectation to negotiate these services with other ambulance providers located in nearby towns.
Value added Services:

1. Fire Scene Stand-by: Yes, we would respond to the scene of fire when requested by the Fire Department. However, we would bill for transport of an ill/injured Firefighter. It is our experience that these transports would be covered under the Fire Department’s workers compensation insurance.

2. Stand-by at Town Functions: Yes, we will provide ambulance coverage at events where attendance is expected to be 500 or more people. We reserve the right to bill any persons transported from the event.

3. Stand-by at Athletic Events: Yes, we will provide ambulance coverage at high school athletic events for the purposes of transporting injured/ill athletes or spectators. However, we will not serve as the “athletic trainer” at these events.

4. Community Wellness Education: Yes, community wellness education is part of our mission and we embrace the opportunity to offer these programs. However, in some cases there may be a small fee for participating.

5. Community Paramedicine: Yes, we are very interested in the opportunity that this program represents. Currently we have been approved for a Community Paramedic Project by Maine EMS. However, there are only 12 pilot project slots available. It is our understanding they are all awarded at this time. Further as there is no reimbursement available for Community Paramedicine, we think the development of this program in the Region must be carefully weighed in the cost formula and not detract from the primary mission of emergency ambulance service.

6. Extrication and High Angle Rescue: These are not services that we currently provide in our other operations. However, as these are volunteer organizations with a history of service to the Region, we would look to partner with them so that they may continue to serve. Further we would offer resources within our means to sustain their operation.

7. Community 1st Responders: Yes, we would develop a system of first responders throughout the four town region. We have a long history of working with and supporting 1st Responder agencies with education and supply replenishment.
**Business References:**

David Grenier, Vice President  
Kennebec Savings Bank  
226 Main St  
Waterville, ME 04901  
207-872-5563

Barbara Woodlee, President  
Kennebec Community College  
92 Western Ave  
Fairfield, ME 04937  
207-453-5129

Peter Thompson, President  
Kennebec Valley Chamber of Commerce  
PO Box 676 Augusta, ME 04332  
207-623-4559

**Community References:** (Those communities served for 10 years or more)

- **Town of Albion**  
  22 Main St. Albion, ME 04910  
  207-437-2900
- **Town of Belgrade**  
  6 Manchester Rd. Belgrade, ME 04917  
  207-495-2258
- **Town of Benton**  
  1279 Clinton Ave. Benton, ME 04901  
  207-453-7191
- **Town of China**  
  571 Lakeview Dr. China, ME 04358  
  207-445-2014
- **Town of Fairfield**  
  PO Box 149 Fairfield, ME 04937  
  207-453-7911
- **Town of Oakland**  
  PO Box 187 Oakland, ME 04963  
  207-465-7357
- **Town of Rome**  
  8 Mercer Rd. Rome, ME 04963  
  207-397-4011
- **Town of Sidney**  
  2986 Middle Rd. Sidney, ME  
  207-547-3340
- **City of Waterville**  
  1 Common St. Waterville, ME 04901  
  207-680-4200
- **Town of Winslow**  
  114 Benton Ave. Winslow, ME 04901  
  207-872-2776

**Company Contact Information:**

Timothy Beals, Executive Director  
Delta Ambulance  
29 Chase Avenue  
Waterville, ME 04901

Telephone: 207-861-4225  
Fax: 207-861-4475  
Email: t.beals@deltaambulance.org
Delta Ambulance
Board of Directors 2013

I. Board Composition (13 members, Quorum = 7 Directors)

President:
Dean Bither
Chief Financial Officer
Inland Hospital
200 Kennedy Memorial Drive
Waterville, ME 04901

Vice President:
Edward Raupe, RN
Emergency Department Manager
MaineGeneral Medical Center Augusta
6 East Chestnut St
Augusta, ME 04330

Secretary/Treasurer:
P. James Nicholson, CPA
Nicholson & Associates
76 Silver St.
Waterville, ME 04901

Harvey DeVane, Community Representative
66 School St.
Gardiner, ME 04345

Vacant
MaineGeneral Medical Center Emergency Department Physician

Philip Haines, Community Representative
702 Bog Road
Vassalboro, ME 04989

Michael Palumbo, D.O.
Director of Emergency Services
Inland Hospital
200 Kennedy Memorial Drive
Waterville, ME 04901
Alan Sanford, Senior Financial Analyst  
MaineGeneral Medical Center  
Augusta Campus  
6 East Chestnut Street  
Augusta, ME  04330

Michael Roy, Community Representative  
City Manager  
1 Common St  
Waterville, ME 04901

Hope Pendexter, RN  
Inland Hospital  
200 Kennedy Memorial Drive  
Waterville, ME 04901

Sherri Woodward, RN  
Senior Vice President  
MaineGeneral Medical Center  
Thayer Campus  
149 North Street  
Waterville, ME  04901

David Whittier, Esquire, Community Representative  
45 Silver Street  
Waterville, ME 04901

Vacant  
Community Seat
Awards and Recognitions

2012  Business of the Year Award  
   Presented by the Mid Maine Chamber of Commerce

2012  Seven Seals Award  
   Presented by ESGR for meritorious leadership and initiative in support of the National Guard & Reserve

2011  Work Place Safety Award  
   Presented by MEMIC for 1,000,000 hours worked without a loss time injury

2011  Pro Patria Award  
   Presented by ESGR and Governor Paul LePage, this is the Nation’s second highest award to an employer of National Guard & Reserve men and women

2010  Presidents Award  
   Presented by Kennebec Valley Chamber of Commerce

2010  Community Service Award  
   Presented by the Waterville Board of Education

2006  Heart Safe Community Award-Platinum Level  
   Presented by Maine CDC, Maine Cardiovascular Health Association and Maine EMS

2000  Margaret Chase Smith Quality Award-Level I Commitment  
   Presented by Maine Quality Center