



Emergency Medical Services Consolidation Feasibility Study

Town and Village of Cohocton
Town and Village of Wayland
Atlanta-North Cohocton Fire District

April 2011

This document was prepared with funds provided by the New York State Department of State under the Local Government Efficiency Grant Program



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**Town and Village of Cohocton
Town and Village of Wayland
Atlanta-North Cohocton Fire District
New York**

**Emergency Medical Services
Consolidation Feasibility Study**

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Acknowledgements

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Thomas Oas, Trustee
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Village of Cohocton

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Executive Summary

The Town and Village of Cohocton, the Town and Village of Wayland, and the Atlanta-North Cohocton Fire District engaged Emergency Services Consulting International (ESCI) to conduct an analysis and make recommendations in regard to a consolidation of Emergency Medical Services (EMS) within the region. This project was funded in part through a Shared Services Feasibility Grant received through the New York Department of State. This document is the product of the evaluation of the current service delivery model and serves as an analysis of the feasibility of consolidating efforts into a more efficient and effective system.

The report that follows is divided into two primary parts: Baseline Agency Evaluations and Future Opportunities for Cooperation and/or Consolidation. Each component is summarized in the paragraphs that follow.

Baseline Agency Evaluations

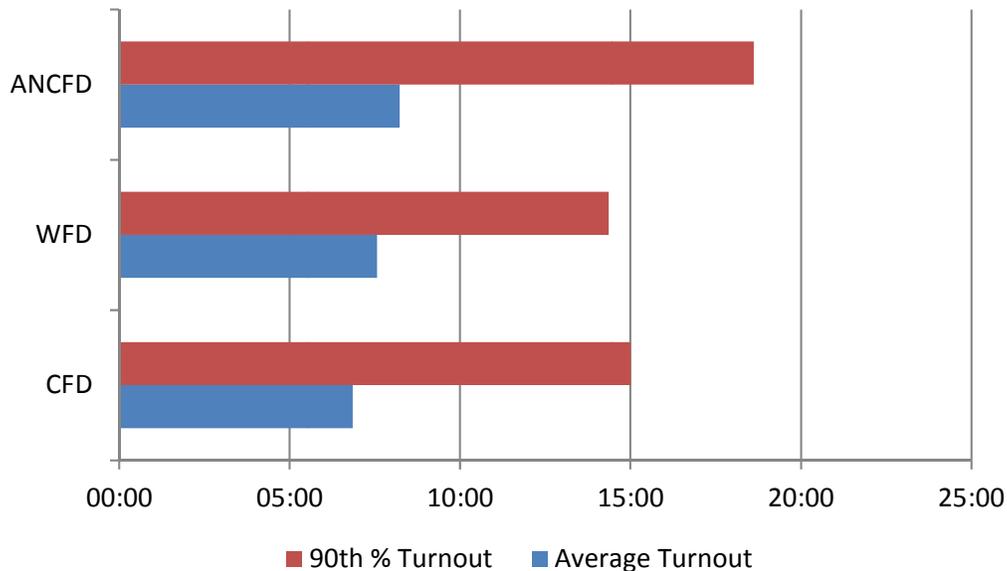
Each department evaluated during this project is an independent organization. Thus, each has its own unique history, culture, social considerations, and methods of operation. This report section provides an overview of each of the three departments and begins to build the foundation for how any potential consolidation may or may not be appropriate. In doing so the section evaluates history, formation, and general descriptions of each department along with a cursory overview of organizational structure, chain of command, governance and lines of authority, and budgeting and financial practices. The following table summarizes each organization's service delivery area and statistics.

	Square Mileage	Population	Total Personnel	Medical Personnel
Cohocton FD	37.98	2,480	38	7
Wayland FD	40.5	6,207	47	21
Atlanta-North Cohocton FD	17.9	1,000	17	3
Total	96.38	9,687	102	31

One of the primary concerns expressed by stakeholders throughout this process was the inability of the current organizations to generate sufficient volunteer personnel to handle the service demand (workload) of the region. A significant volume of emergency dispatched incidents waited substantially long periods for a unit to arrive on scene due to unavailability of personnel, dispatch procedures, and responses from neighboring agencies. For example, if an incident is dispatched in the ANCFD territory

and no one is available to respond, dispatchers (located at the Steuben County 911 center in Bath) wait nine minutes before dispatching another jurisdiction. This is by policy. Likewise, if the second jurisdiction is unavailable to respond, another nine minutes passes before a third jurisdiction is dispatched. This accounts for a total of 18 minutes in what is referred to as “chute time”, assuming that the third agency is able to respond and does so immediately upon being dispatched. This series of multiple dispatches for single incidents occurs relatively frequently. For the data period analyzed for this report (9/1/09 – 8/31/10), multiple dispatches accounted for 13.2 percent, 12.1 percent, and 14.9 percent of incidents for CFD, WFD, and ANCFD, respectively.

During the analysis of response performance for the three current agencies, it was found that a significant amount of the total response time was being consumed during turnout, the time between when a unit is dispatched and when the unit is actually en route to the incident. The figure below, excerpted from the body of the report, illustrates the average and 90th percentile turnout times of each study agency.



Although there is no national standard for turnout for volunteer organizations, *NFPA® 1720 Standards of the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Volunteer Fire Departments* identifies a 14-minute total response time to rural incidents. As evidenced in the figure above, turnout time when measured at the 90th percentile is in excess of this recommended standard. In regard to overall response time, the departments are well

above the standard. In fact, when measured at the 80th percentile as recommended by *NFPA 1720*, overall response times calculated to 19:42, 18:41, and 21:31 for CFD, WFD, and ANCFD respectively. The table below summarizes the study area response times.

	NFPA 1720	CFD	WFD	ANCFD
90 th Percentile Turnout	N/A	15:01	14:22	18:37
80 th Percentile Response	14:00	19:42	18:41	21:31

The overall operations and management of the three study agencies were evaluated during this process; although a consolidation of resources would require a significant amount of work on the part of policy-makers and personnel alike, the overriding issue to address is response time. In that regard, policy-makers should gauge the communities' current level of expectations in regard to ambulance response. The longest response time, when measured at the 80th percentile, stands at 21:31. What must be determined is whether or not this level of response meets the communities' expectation. If not, then substantial modification of the current service delivery model must be undertaken. The next section of the report addresses several different service delivery models based on the assumption that the current level of service does not meet community expectations.

Future Opportunities for Cooperation and/or Consolidation

Four basic strategies are generally available when considering consolidation of services, beginning with a do-nothing approach and ending with complete unification of the organizations into what is, essentially, a new emergency service provider.

Although most consolidation studies revolve around the joining of two or more departments, the situation for CFD, WFD, and ANCFD is markedly different. In this case, each department realizes that problems exist with each agency's ability to deliver emergency medical services independently; although partnering of the fire departments is not a topic of discussion, each department acknowledges that a separate EMS delivery system would, in all likelihood, benefit the region as a whole. Modification of the current delivery system (three separate providers) will require cooperation and collaboration by all stakeholders for the new organization to be successful. Entering into any new venture of collaboration without ultimate success as the goal will increase the likelihood of system failure.

It should be noted here that, upon delivery and review of the draft report for this project, the Village of Wayland opted to discontinue its participation in this process, thereby changing some of the outcomes of the scenarios that are presented. This sudden change in scope will be addressed within each strategy presented.

Based on the evaluation of each organization and the analysis conducted in regard to response performance for the region, ESCI was able to evaluate three individual strategies within which several options exist. Each strategy and option is summarized below.

Cohocton-Wayland Ambulance District

Under this scenario, rather than three organizations operating independently from one another (although currently dependent on mutual aid from each other), services would be provided through a single entity. Although the CFD and ANCFD stations would remain in operation in regard to EMS service delivery, it is recommended under this strategy that EMS in Wayland be delivered from one of two new locations; one to the north of Interstate 390 (I-390) and one to the south of Interstate 390.

Relocating the existing ambulance from WFD to a location just south of I-390 would improve the coverage of historical service demand from the current level of 88.7 percent to nearly 92 percent. Relocating the ambulance from WFD to a new location just to the north of I-390 increases coverage of historic service demand from the current 88.7 percent to 92.4 percent and provides slightly better coverage into Dansville.

Based on the fact that the Village of Wayland withdrew from this process, ESCI evaluated the potential of a single facility deployment due to a reduction in overall service demand once the workload within the Village of Wayland was removed from the dataset analyzed. This strategy would locate a single response facility within the Village of Cohocton and create a situation where 83.5 percent of service demand within the region (but outside the Village of Wayland and Dansville) is reachable within 12 minutes of travel. Current turnout time is substantially higher than national recommendations and could significantly impact this option negatively. It is ESCI's opinion that should this option be implemented, policy-makers move forward with paid/career staffing to ensure that turnout time is substantially reduced thereby reducing the overall response time throughout the region.

Cohocton Ambulance District/Wayland Ambulance District

Under this scenario, it is assumed that Cohocton Fire Department and Atlanta-North Cohocton Fire District relinquish their independent EMS functions and allow the Town of Cohocton to create an ambulance district comprised of the entirety of the Town boundaries, including the Atlanta-North Cohocton Fire District and the Village of Cohocton. Separately, Wayland Fire Department would relinquish its EMS function and allow the Town of Wayland to form its own ambulance district comprised of the entirety of the Town of Wayland, including the Village of Wayland and the Perkinsville Fire Protection District.

This scenario assumes that a new facility would be constructed centrally between CFD and ANCFD stations while WFD could feasibly remain within the current location or relocate to one of the previously discussed locations near the I-390 interchange. Based on an analysis of coverage of historic service demand, this scenario would actually create a reduction in coverage from the current level of 88.7 percent to approximately 83.2 percent. Relocation of the WFD ambulance to one of the previously discussed new locations would increase this coverage slightly but not enough to exceed the current level of service.

North Cohocton-Wayland Ambulance District/Cohocton Ambulance District

As with the previous scenario, the likelihood of Cohocton not participating in the consolidated ambulance district is low; however, ESCI evaluates here the potential for Wayland Fire Department and Atlanta-North Cohocton Fire District to relinquish their independent EMS functions and allow the Towns of Cohocton and Wayland to form a joint ambulance district. Separately, the Town of Cohocton would form another ambulance district comprised of the remaining areas outside the areas served by the newly created ambulance district to the west and north of the Town, served by the Cohocton Fire Department.

With this scenario, CFD would maintain an ambulance presence within the existing facility and the newly created district to the north and west of Cohocton would construct a new facility midway between WFD and ANCFD on Route 21. Unfortunately, since a large portion of the current WFD service demand is

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occurring to the west in Dansville, relocating a facility midway between WFD and ANCFD would reduce service demand coverage to 78.4 percent.

The following table summarizes the aforementioned strategies.

Scenario	Current Performance	Projected Performance	Change	Recommendation
Single Consolidated District – Option 1	88.7%	91.8%	3.1%	Feasible
Single Consolidated District – Option 2	88.7%	92.4%	3.7%	Feasible and Recommended
CFD-ANCFD Consolidation	88.7%	83.2%	-5.5%	Not Recommended
WFD-ANCFD Consolidation	88.7%	78.4%	-10.3%	Not Recommended
Single Consolidated District without Village of Wayland at	88.7%	46.2%	-42.5%	Not feasible
Single Consolidated District without Village of Wayland at 12-minute travel		83.5%		Feasible
Single Consolidated District without Village of Wayland at 14-minute travel		94.9%		Feasible

Models were not developed for a 12-minute travel for the initial scenarios but it should be assumed that the current performance (if based on a 12-minute travel) would increase substantially over the current 88.7 percent at the eight-minute model.

With each scenario presented, ESCI assumed that paid/career staffing would be necessary to eliminate or substantially reduce the turnout times that are adversely affecting the overall response time throughout the region. As with any operation, personnel costs would account for a majority of the new organizations’ budgets. Personnel costs were estimated based on regional averages for Emergency Medical Technician (EMT) and EMT-Paramedic personnel (EMTs to staff the transport units and an administrator/supervisor to oversee the operation). Personnel costs for each scenario are summarized below.

Strategy	Estimated Annual Personnel Costs
Single Consolidated District	\$725,029
Single Consolidated District without Village of Wayland	\$388,699
Two Separate Districts	\$777,398

In addition to personnel costs, several of the options recommend the construction of a new facility that houses operations resources as well as administration, training, and logistical functions. The cost of this facility was determined based on a similar construction project in another area of the country with

pricing adjustment made based on the Rochester, New York, market. The estimated construction cost calculated to \$1,039,912 but does not include land acquisition.

The following table summarizes the total estimated fiscal impact, both for the first year and annually, of each strategy including personnel, capital, and miscellaneous costs.

Strategy	First Year Costs	Annual Costs
Single Consolidated District	\$1,964,941	\$925,029
Single Consolidated District Without the Village of Wayland	\$1,678,611	\$588,699
Two Separate Districts	2,067,310	\$1,027,398

Each of the strategies presented here and in the body of the report assumes implementation of paid/career staffing in order to produce an estimate of costs. Alternative staffing patterns and methodologies are available to policy-makers and are provided within the body of the report for the purposes of comparison, including continuing with a totally volunteer system, paid-on-call personnel, part-time staffing, peak demand staffing, and continuous paid/career staffing.

At the completion of this section of the report, ESCI provides policy-makers with options in regard to funding the new system, regardless of which strategy is implemented. Alternatives discussed include billing for services, mill levy, and other cost allocations options based on area served, assessed value, service demand, fixed rate, population, or a multiple-variable allocation.

Upon completion of the strategies, ESCI held two public input meetings (one in Atlanta and one at the Perkinsville fire hall) to present the initial findings and recommended strategies. The input sessions were well attended and input was gathered by means of a written survey instrument developed by ESCI. By and large, the sentiment of the communities is that they desire to have a well trained staff consisting of both volunteers and paid personnel that are able to deliver quality emergency medical services in a timely manner throughout both towns. A summary of comments and priorities are provided within the body of the report.

Conclusion

ESCI in no way intends to suggest that any of the organizations involved in this project are not already operating at a high level. In fact, ESCI is pleased to report that all available evidence shows that each

organization consistently provides excellent service to the citizens of their respective communities, although each agency is having difficulty producing sufficient personnel to handle the increasing service demand throughout the area. In keeping with the notion of continuous improvement wherein an unending loop of performance, measurement, and evaluation leads to system enhancements that would otherwise be impossible, ESCI offers recommendations to assist the region in implementing strategies that will best benefit the public.

The ESCI project team began collecting information concerning the EMS system in the Towns and Villages of Cohocton and Wayland and the Atlanta-North Cohocton Fire District in August 2010. The team members recognize that the report contains a large quantity of information and ESCI would like to thank the elected officials of each organization involved as well as the volunteers of the three fire departments for their tireless efforts in bringing this project to fruition. ESCI would also like to thank the various individuals and external organizations for their input, opinions, and candid conversations throughout this process. It is ESCI's sincere hope that the information contained in this report is utilized to its fullest extent and that the emergency services provided to the citizens of Cohocton, Wayland, and the surrounding areas are improved by its implementation.

Baseline Agency Evaluations

Emergency Services Consulting International (ESCI) was engaged by the Town and Village of Cohocton, the Town and Village of Wayland, and the Atlanta-North Cohocton Fire District (ANCFD) to evaluate the feasibility of consolidating the delivery of Emergency Medical Services (EMS) throughout the region. This project was funded through a Shared Services Feasibility Grant from the New York Department of State. The report sections that follow describe the current state of EMS within the region and evaluated the potential for enhanced cooperative efforts and/or consolidation of services. Unlike a typical fire department consolidation or cooperative effort analysis that would evaluate the potential of combining distinct organizations into a new agency, the focus of this study is solely emergency medical services. For this report, the sections that follow will apply to the delivery of emergency medical services rather than overall service delivery of the fire departments.

Organization Overview

Each department evaluated during this project is an independent organization. Thus, each has its own unique history, culture, social considerations, and methods of operation. This report section provides an overview of each of the three departments and begins to build the foundation for how any potential consolidation may or may not be appropriate. In doing so, the section evaluates history, formation, and general descriptions of each department along with a cursory overview of organizational structure, chain of command, governance and lines of authority, and budgeting and financial practices.

To begin this section, ESCI thought it prudent to provide a brief description of each of the municipalities involved in this project.

Town of Cohocton

The Town of Cohocton served as the 'lead agency' for this project. The Town, with the assistance and input from the other municipalities and fire departments, completed and submitted the grant application that made this project possible. The Town of Cohocton is recognized by the State of New York as a division of local government with statutory authority to provide services to the citizens within its municipal boundaries. The Town covers approximately 56.2 square miles (including ANCFD) and serves a population of 2,626 (including ANCFD) as of the 2000 U. S. Census.

The Town of Cohocton, as allowed by NYS law established both a Fire Protection District and a Fire District (Atlanta-North Cohocton). The Town contracts fire protection and EMS in the southern portions of the Town to the Village of Cohocton while fire protection and EMS in the northern part of the Town is provided by the Atlanta-North Cohocton Fire District, as will be discussed later.

Village of Cohocton

The Village of Cohocton is recognized by the State of New York as a division of local government and, as such, has the authority to establish and maintain a fire department. The Village operates the Cohocton Fire Department and receives revenue from the Town of Cohocton for provision of fire protection and EMS to the areas outside the Village boundaries. The Village occupies approximately 1.5 square miles with a population of 854 as of the 2000 U. S. Census.

Town of Wayland

The Town of Wayland is recognized by the State of New York as a unit of local government and has statutory authority to provide services to the citizens within its municipal boundaries as well as contract areas outside the municipal limits. The Town covers approximately 39.5 square miles and provides services to a population of 4,314 as of the 2000 U. S. Census.

Village of Wayland

The Village of Wayland is recognized by the State of New York as a division of local government and, as such, has the authority to establish and maintain a fire department. The Village operates the Wayland Fire Department and receives revenue from the Town of Wayland for provision of fire protection and EMS to the area outside the Village boundaries. The Village occupies approximately 1.0 square mile with a population of 1,893 as of the 2000 U. S. Census.

History, Formation, and General Description

Cohocton Fire Department

Originally formed as the Cohocton Volunteer Fire Department, Cohocton Fire Department (CFD) is now an operating department of the Village of Cohocton. The department provides services throughout the Town of Cohocton (excluding the Atlanta-North Cohocton Fire District) through a contract with the Town of Cohocton to a population of 1,279¹ in an area covering 37.98² square miles.

The department maintains a fleet of two engines, one ambulance, and one brush unit and has a staff of 38 total volunteer personnel, with seven personnel certified at the Emergency Medical Technician (EMT) level or above. The department is licensed by the State of New York as an Advanced Life Support (ALS) transport provider at the Emergency Medical Technician-Intermediate (EMT-I) level but is currently only functioning at the EMT level due to insufficient EMT-I personnel.

Wayland Fire Department

Formed in 1873 as the Champion Hook and Ladder Company #1, Wayland Fire Department (WFD) is now an operating department of the Village of Wayland. The Village owns all capital assets, including the primary facility and all apparatus. The Wayland Hose Company operates as a 501(c)(3) not-for-profit membership corporation and supplies the personnel to the Village for the operation of the fire department. The department provides fire protection services throughout the Town of Wayland (excluding the primary response area of Perkinsville Fire Department [PFD]) through contract with the Town of Wayland to a population of 6,207³ in an area covering 40.5 square miles.⁴ WFD provides emergency medical services to the entire area, including the PFD response area. In addition to the primary response area, WFD provides primary emergency medical services to a substantial area within the Town of Dansville through contract. This area consists of approximately 20.5 square miles⁵ with an approximate population of 1,000.⁶

¹ Calculated with Geographical Information Systems data.

² Data provided by Cohocton Fire Department.

³ US Census Bureau. 4,314 within the Town of Wayland and 1,893 within the Village of Wayland.

⁴ US Census Bureau. 39.5 for the Town of Wayland and 1.0 for the Village of Wayland.

⁵ Calculated with Geographical Information Systems data.

⁶ Data provided by Wayland Fire Department.

The department maintains a fleet of two engines, one telesquirt, one heavy rescue, two ambulances, and one brush unit and has a staff of 47 total personnel with 21 certified at the EMT level or above. The department is licensed by the State of New York as Basic Life Support (BLS) transport provider.

Atlanta-North Cohocton Fire District

Formed in 1969 as the Hatch Hose Company, the Atlanta-North Cohocton Fire District is now a quasi-governmental entity under state law and operates as an independent organization providing fire, EMS, and rescue services to an estimated population of 1,000⁷ in an area covering 17.9⁸ square miles.

The fire district was created from the pre-existing Cohocton Fire Protection District created by the Town of Cohocton; and District boundaries have continued to be modified since its establishment. The department maintains a fleet of two engines and two ambulances and has a staff of 17 total personnel with three certified at the EMT level. The department is licensed by the State of New York as a Basic Life Support (BLS) transport provider.

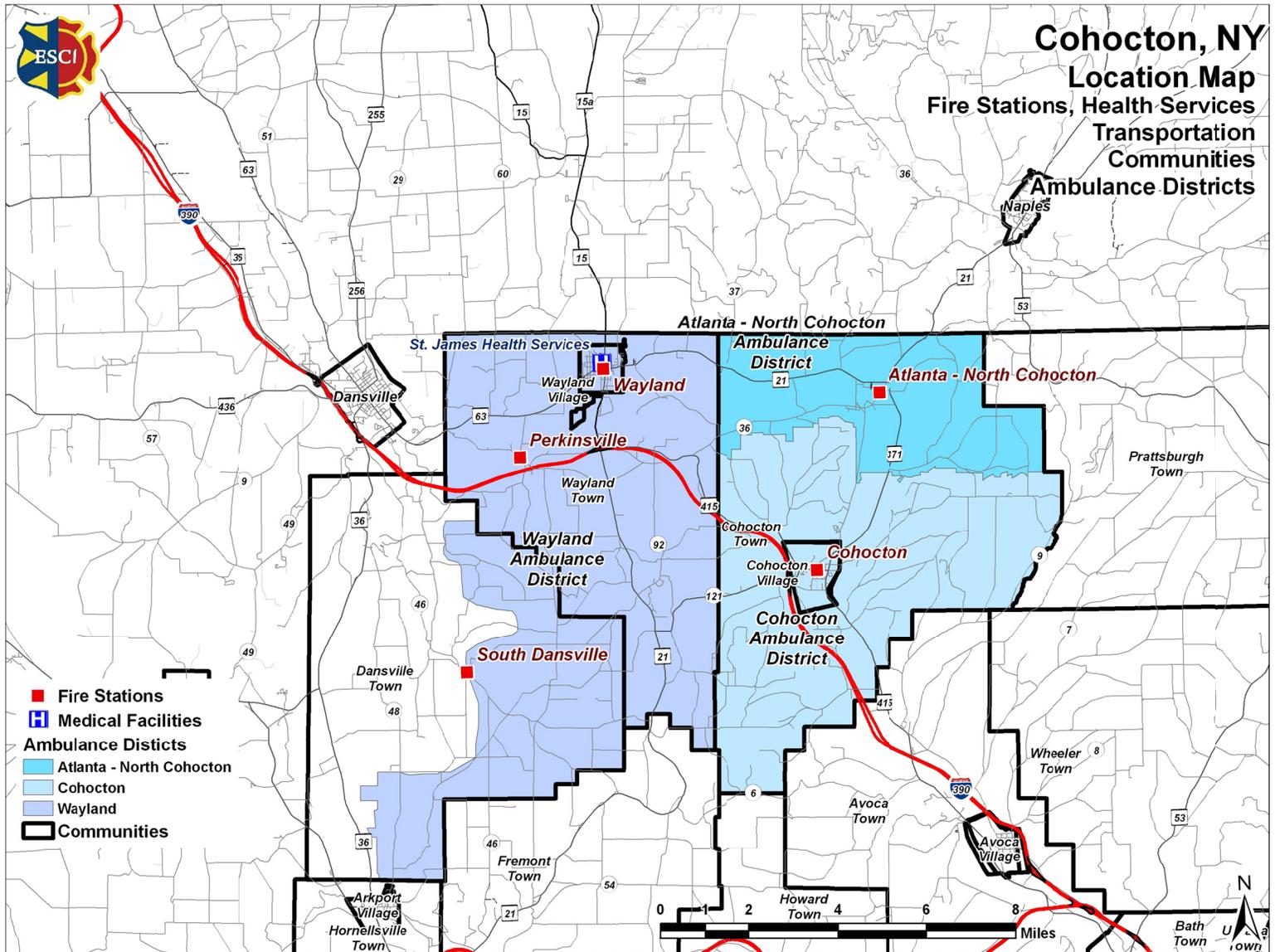
The following figure illustrates how all three of the study agencies relate to each other geographically.

⁷ Data provided by Atlanta-North Cohocton Fire District.

⁸ Ibid.

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Figure 1: Regional Primary Response Area



Organizational Structure

Cohocton Fire Department

As a unit of local government, CFD reports to the Village Board as its oversight authority. Department officers are voted on by the members and approved by the Village. Village Trustees serve as the overall authority as with any other department within that unit of local government. Within the department itself, the Fire Chief serves as the administrative head of the fire department with three Assistant Chiefs, one Fire Captain, one Ambulance Captain and four Lieutenants (two fire and two ambulance). In addition to the aforementioned positions, the fire department maintains a separate not-for-profit organization that is headed by a President, Vice President, Treasurer, Secretary, and Executive Board (comprised of the Fire Chief, Assistant Chiefs, and both Captains). Three members are also elected at-large to serve three-year staggered terms on the Executive Board.

Wayland Fire Department

Similarly to CFD, Wayland Fire Department reports to the Village Board as its oversight authority. Although voted on by the membership, all department officers are approved by the Village Trustees. Within the department, the Fire Chief serves as the administrative head with one Deputy Chief, three Assistant Chiefs, four Captains (fire police, fire, rescue, and ambulance), and five Lieutenants (three fire and two ambulance). In addition to the department officers, the department maintains a not-for-profit organization overseen by an Executive Committee comprised of a President, Vice-President, Secretary, the Fire Chief, Assistant Chiefs, and Captains.

Atlanta-North Cohocton Fire District

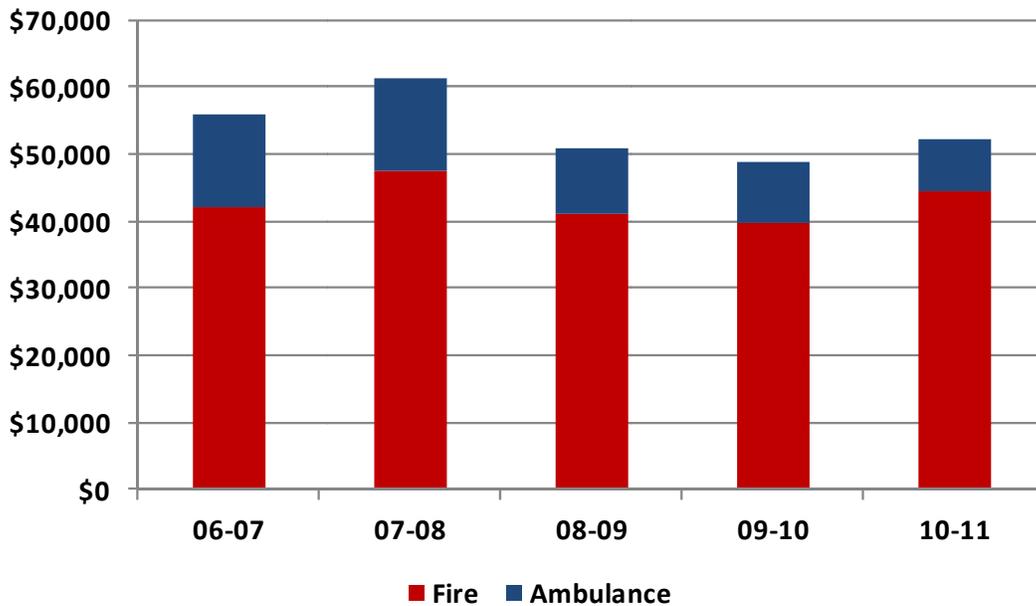
As an independent fire district, ANCFD has an elected Board of Commissioners that function as the oversight authority of the fire district. Department officers are voted on by the members and report to the Board of Commissioners. The Fire Chief reports to the Board of Fire Commissioners and is assisted in the operations of the fire department by two Assistant Chiefs, one Deputy Chief, one Fire Captain, one Ambulance Captain, and one Fire Lieutenant. In addition to the district administration, Hatch Hose Company still exists and is overseen by a President, Vice President, Treasurer, and Secretary. All personnel assigned to ANCFD are members of Hatch Hose Company.

Operating Budget and Financial Resources

Cohocton Fire Department

CFD is an operating division of the Village of Cohocton and, as such, receives operating funds from the taxes levied by the Village and through the contract with the Town of Cohocton. The following figure illustrates how the department’s budget has varied over the last five years. All expenses associated with housing the ambulances and associated equipment are included within the fire lines of the budget.

Figure 2: CFD Budget History

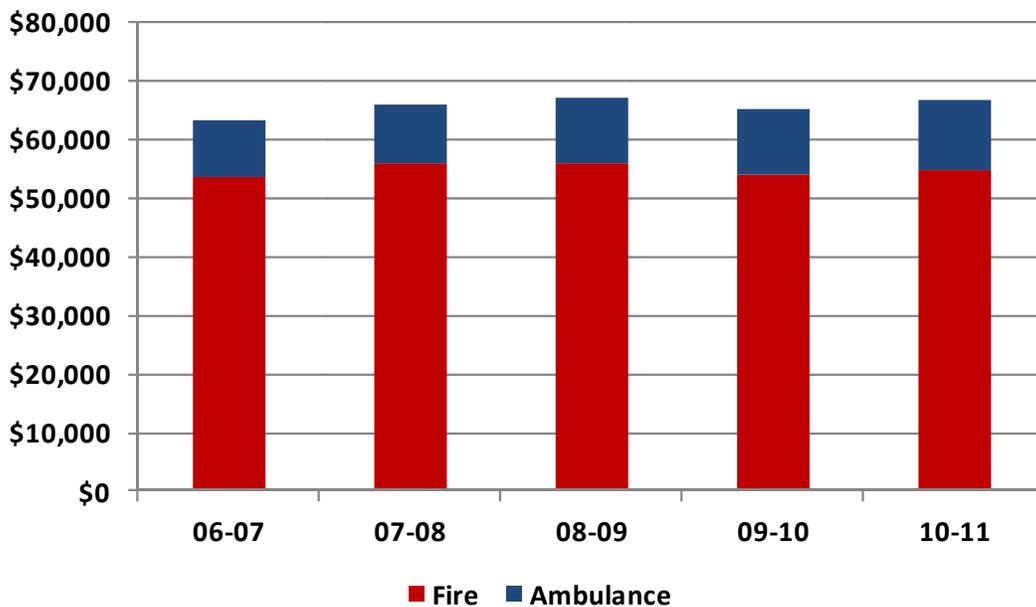


In regard to debt, CFD is not holding any debt as it relates to the delivery of emergency medical services. The only debt currently outstanding is for fire suppression apparatus. Likewise, the department reports no open claims that could represent a financial liability.

Wayland Fire Department

WFD is an operating division of the Village of Wayland and, as such, receives operating funds from the taxes levied by the Village and through the contract with the Town of Wayland and the Town of Dansville. The figure below illustrates how the department’s budget has varied over the last five years. All expenses associated with housing the ambulances and associated equipment are included within the fire lines of the budget but are estimated by department personnel to comprise about 20 percent of the fire budget.

Figure 3: WFD Budget History

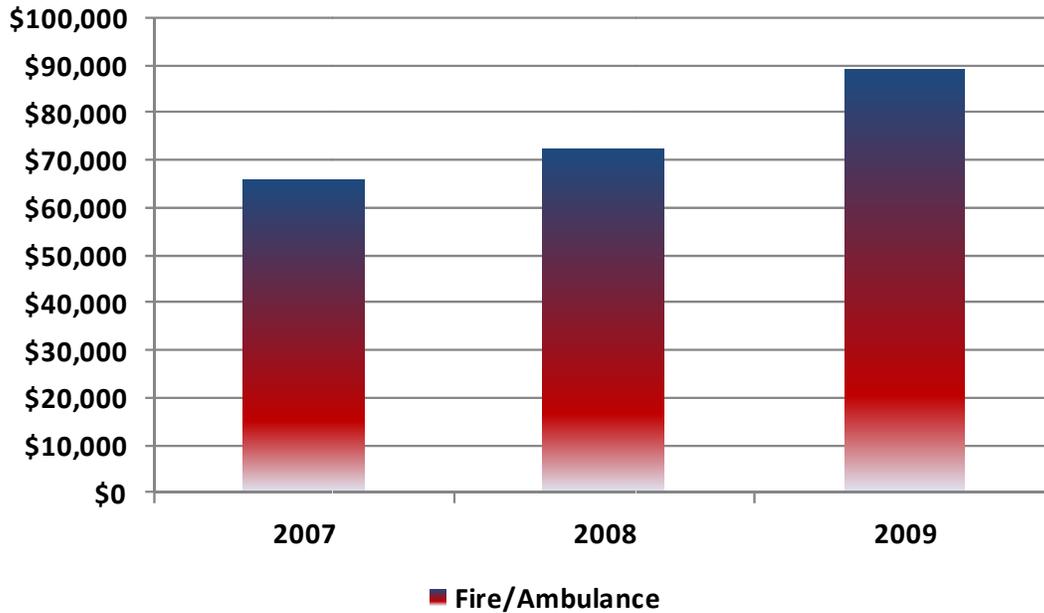


In regard to debt, WFD is not holding any debt as it relates to the delivery of emergency medical services. The only debt currently outstanding is for fire suppression and rescue apparatus. It should be noted, however, that ambulance A-4 is currently slated for replacement. The department reports no open claims that could represent a financial liability.

Atlanta-North Cohocton Fire District

ANCFD is an independent quasi-governmental organization and, thus, is allowed by state statute to levy its own taxes for operations. Unlike Cohocton and Wayland, ANCFD does not separate fire expenses from ambulance expenses. The figure below illustrates how the department’s total budget has varied over the last three years as provided by the department.

Figure 4: ANCFD Budget History



Although the department does not separate fire from ambulance expenses in the budgeting process, department staff report that, anecdotally, ambulance operations are estimated to cost approximately \$18,000 annually, with another \$4,000 set aside annually for vehicle replacement.

In regard to debt, ANCFD is not holding any debt as it relates to the delivery of emergency medical services. The only debt currently outstanding is for fire suppression apparatus. The department reports no open claims that could represent a financial liability.

Aggregate Analysis

Since the intent of this study is to determine the feasibility of a consolidated emergency medical services system, it would be prudent to evaluate the region as a whole to determine the overall financial characteristics. The following figure illustrates the total valuation for the Town and Village of Cohocton, the Town and Village of Wayland, and the Atlanta-North Cohocton Fire District.

Figure 5: Regional Taxable Assessed Value (TAV)

Taxable Valuation	
Cohocton Town	\$132,310,838
Wayland Town	\$127,753,771
Wayland Village	\$118,130,025
ANCFD	Not Available
Total	\$378,194,634

The next area of analysis illustrates the total estimated costs of delivering the current level of ambulance service throughout the region considering costs currently incurred by each organization.

Figure 6: Regional Costs Attributable to Ambulance Services

2009 Cost		
CFD	\$7,462	20.14%
WFD	\$11,810	31.88%
ANCFD	\$17,770	47.97%
Total	\$37,042	100.00%

This information will be evaluated later in this report as options for future delivery of service are analyzed in more depth.

Staffing and Personnel Management

Deployment of physical resources is crucial to any emergency services function but without sufficient quality personnel, delivery of those services cannot occur. Although numbers and availability will be addressed in this report section, ESCI also presents other components of an overall personnel management system that are every bit as critical to organizational success as availability of personnel. Elements to be evaluated include: Rules, regulations, and handbooks; credentialing and licensing; disciplinary processes; counseling services; recruitment and application processes; testing, measurement, and promotion processes; and health and wellness programs. The section concludes with an analysis of personnel distribution and response performance.

Rules, Regulations, and Handbooks

Cohocton Fire Department

CFD maintains a number of documents that provide rules, regulations, policies, and procedures for both general department and EMS operations. The documents include:

- *Constitution and By-Laws of the Cohocton Fire Department*
- *CFD Standard Operating Guidelines*
- *Cohocton Volunteer Ambulance Corp Standard Operating Procedures*
- *NYS Basic Life Support Adult & Pediatric Treatment Protocols*

In addition, there are a number of miscellaneous policies regarding the delivery of emergency medical services. All documents are relatively well-organized and readily available to personnel.

Wayland Fire Department

WFD maintains three primary documents that provide rules, regulations, policies, and procedures for department operations. The documents include:

- *WFD Constitution and By-Laws*
- *WFD Standard Operating Guidelines*
- *WFD EMS Department Crew Chief Guidebook and Member Orientation*
- *NYS Basic Life Support Adult & Pediatric Treatment Protocols*

All policy and procedure documents are very well organized and readily available to all personnel.

Atlanta-North Cohocton Fire District

In similar fashion to CFD and WFD, ANCFD maintains several documents that provide rules, regulation, policies, and procedures for the operation of the department. The documents include:

- *ANCFD Constitution and By-Laws*
- *ANCFD Standard Operating Guidelines*
- *NYS Basic Life Support Adult & Pediatric Treatment Protocols*

All policy and procedures documents are well organized and maintained in the office of the Fire Chief.

Credentialing and Licensing

All personnel operating within the current EMS delivery system are credentialed through the NYS Department of Health, Bureau of EMS. Personnel are ‘certified’ rather than ‘licensed’, which requires affiliation with a service provider to use the knowledge, skills, and abilities gained through EMS education. Certifications, regardless of level, are generally valid for 37 months from the last day of the month during which the certification examination was passed.⁹ Continuing education programs are required for recertification and are conducted as part of each agency’s routine training and education programs.

Recruitment and Application Processes

Perhaps the most difficult task in the operations of a volunteer-based emergency services organization is the ability to recruit and then retain sufficient qualified personnel to meet the needs of the community. It should come as no surprise that as the economy has declined and today’s society has become more mobile and busier, volunteerism has been on a steady decline. Unfortunately, as economies decline, it is also possible for workload on emergency services agencies to increase as more of the population faces the inability to access healthcare through normal channels.

None of the participating agencies have a formal recruitment program but instead rely on an informal process of obtaining new members through direct contact with existing personnel. Unfortunately, the community, at least in the Cohocton and Atlanta areas, is unable to produce sufficient volunteer

⁹ Obtained from the NYS Department of Health, Bureau of EMS website.

resources to sustain the delivery of quality emergency medical services. As will be discussed later in this report, ANCFD is down to only three medically trained personnel while CFD currently lists seven medically trained personnel on its roster. Conversely, WFD has a healthy cadre of medical response personnel.

Although recruitment of additional volunteer personnel is, by far, the most cost effective method of delivering service to the community, there is no guarantee that once trained those personnel will remain engaged and involved in their respective departments.

Staff Distribution

The delivery of emergency medical services is dependent upon several components: recognition of the emergency, rapid activation of the EMS system by calling 911, and rapid response by trained personnel in dependable apparatus and with the appropriate equipment. Without adequate staffing, however, responses to life-threatening emergencies can be delayed and community confidence in the system can falter. This section of the report documents how well the system staff of each agency is distributed.

Cohocton Fire Department

CFD currently maintains a roster of 8 Emergency Medical Technicians, 1 Emergency Medical Technician–Intermediate, and 13 additional personnel certified to drive the ambulance. The department ‘desires’ to respond one driver and two medically trained personnel (one of which MUST be an EMT or above) to every incident. The minimum staffing allowable for EMS incidents is one driver and one EMT.

Wayland Fire Department

WFD currently maintains a roster of 21 Emergency Medical Technicians (including officers), 2 Certified First Responders (CFR), and 14 additional personnel certified to drive the ambulances. Daytime and evening incident coverage is provided by the first EMT and Driver combination that arrives at the station. The department states that there are approximately four to six EMT personnel available during daytime hours and that minimum staffing allowable for EMS incidents is one driver and one EMT.

Atlanta-North Cohocton Fire District

ANCFD currently maintains a roster of three Emergency Medical Technicians with 14 additional personnel certified to drive the ambulances. Personnel assigned to ambulance duty through sign-up are scheduled during the evening hours (9:00 p.m. to 6:00 a.m. Sunday through Thursday) in crews of four: Driver, EMT, and two-person crew; the minimum staffing allowable for EMS incidents is one driver and one EMT. The following figure summarizes the available personnel within the current system.

Figure 7: Summary of Available Personnel

	CFD	WFD	ANCFD	Total
CFR	0	2	0	2
EMT	8	21	3	32
EMT-I	1	0	0	1
Driver	13	14	14	41
Total	22	37	17	76

Incident Staffing Performance

In most communities around the country, the number of fire calls has declined over the past decade. Yet as the frequency of fires diminishes, in part due to stricter fire codes and safety education, the workload of fire departments has risen sharply—medical calls, hazardous materials calls, and every sort of household emergency are now addressed by fire departments, particularly those involved in the delivery of emergency medical services. Therefore, the need for a ready group of personnel has increased.

Nationally, the number of volunteers available during daytime hours is declining. While it was once common for departments to rely on employees from local businesses to respond during emergencies, the practice is much less prevalent now. Today, people frequently work more than one job; family responsibilities and long commutes only compound the difficulties for volunteers, lessening the time available for training and emergency duty.

Unlike fire incidents that are typically entered into a National Fire Incident Reporting System (NFIRS) 5.0 compliant records management system, emergency medical services records (patient care reports) are much less likely to be entered into an electronic recordkeeping system. Similarly, NFIRS records tracks the number of personnel that are involved in a particular incident, whereas EMS incidents typically use only two to three personnel per response.

Therefore, a comprehensive per incident staffing performance analysis cannot be conducted; ESCI did evaluate the number of dispatched incidents for which no unit was available from the study agencies during the data period 9/1/2009 to 8/31/2010. This information was provided by Steuben County E911 and took a considerable amount of cleaning in order to glean the necessary information. Since Priority 1 and 2 incidents coincide with the more urgent patient conditions, only those incident types were used during this analysis. The figure below illustrates the number of incidents that required multiple dispatches in order to secure a response from an ambulance within the area.

Figure 8: Multiple Dispatch Volume

Department	Number of Multiple Dispatches	Percentage of Total Workload
CFD	16	13.2 %
WFD	65	12.1 %
ANCFD	11	14.9 %

Although the preceding data indicates that a certain percentage of dispatched incidents require multiple dispatches to secure an ambulance response, the method by which data was provided would not allow analysis to determine if the primary cause of multiple dispatches is insufficient personnel, multiple simultaneous incidents, or other issues. Insufficient personnel, as admitted by CFD and ANCFD, is a problem for these agencies; and, although the departments have made attempts to rectify their personnel issues, there remains a lack of qualified and routinely available personnel to handle the current workload.

Multiple simultaneous incidents, or unit concurrency, can affect the ability of an agency to delivery adequate services to the community. Based on the data provided, this does not appear to be the case within the study region. Although there have been instances where multiple incidents caused excessive resource drawdown, the frequency of such multiple incidents is low and not considered a substantial problem.

At least one department, CFD, reported that mechanical issues with its ambulance have caused an increase in incidents requiring the dispatch of another provider to handle calls within its area. This does not appear to be an issue with WFD or ANCFD.

Capital Assets

In order for an EMS system to be effective, physical resources must be sufficient to handle the current and expected workload and be adequately distributed throughout the primary response area so as to affect the quickest response possible to the greatest number of incidents. Additionally, the apparatus or vehicles used in service delivery must be reliable and sufficient in number to accommodate the anticipated workload. This section of the report will evaluate the facilities and apparatus currently in use by the three departments. Distribution of those resources throughout the response area will be analyzed in the next section of this report.

Facilities

Inadequate facilities for housing personnel and apparatus detract from an organization's mission. Limited space can significantly impact the available options for resource assignment, hinder the ability to maintain a well-trained workforce, and may affect member and employee morale. The primary functions that take place within the station should provide adequate and efficient space for all functions. Some examples include:

- Housing and cleaning of apparatus and equipment
- Administrative office duties where necessary
- Personnel training
- Residential living that is gender compatible for on-duty members when necessary
- Operations that include enough room for community groups and parking

While this list may seem elementary, the lack of dedicated space compromises the ability of the facility to support these functions, and can detract from its primary purpose. ESCI did not conduct an in-depth review of the stations in the study area but did note locations, access to the community, and general size and condition.



Cohocton Fire Department

CFD maintains two structures for housing apparatus and equipment. The primary station is located on Maple Avenue in the Village of Cohocton and consists of three double-deep back-in apparatus bays. Ambulances share space within the primary facility with fire suppression apparatus. A second structure is located behind the primary facility and also houses apparatus.

Wayland Fire Department

WFD maintains one primary facility located on West Naples Street in the Village of Wayland. The station consists of three single-deep (two of which are double wide) back-in apparatus bays; both of the department's ambulances share space with fire suppression apparatus.



Atlanta-North Cohocton Fire District

ANCFD maintains one primary facility located on University Avenue in the Atlanta community. The station consists of three double-deep back-in apparatus bays and both of the district's ambulances share space with fire suppression apparatus.



Apparatus

In regard to apparatus, although it is understood that fire apparatus respond with ambulances on occasion, only EMS specific apparatus will be evaluated here.

Cohocton Fire Department

CFD operates one ambulance that is owned by the Village of Cohocton. That vehicle is described below.

Year	Make/Model	Mileage	Comments
1999	Osage	Unknown	The vehicle has experienced multiple mechanical failures recently and has spent a considerable amount of time out of service and unable to respond to incidents.

Wayland Fire Department

WFD operates two ambulances that are owned by the Village of Wayland. Those vehicles are described below.

Year	Make/Model	Mileage	Comments
2006	Ford/PL Custom	19,324	
1997	Ford/Horton	58,614	This vehicle has experienced multiple mechanical problems recently and has spent a considerable amount of time out of service and unable to respond to incidents.

Atlanta-North Cohocton Fire District

ANCFD operates two ambulances that are owned by the District. Those vehicles are described below.

Year	Make/Model	Mileage	Comments
1993	Ford/Marque	Unknown	
1987	Ford/Wheeled Coach	Unknown	

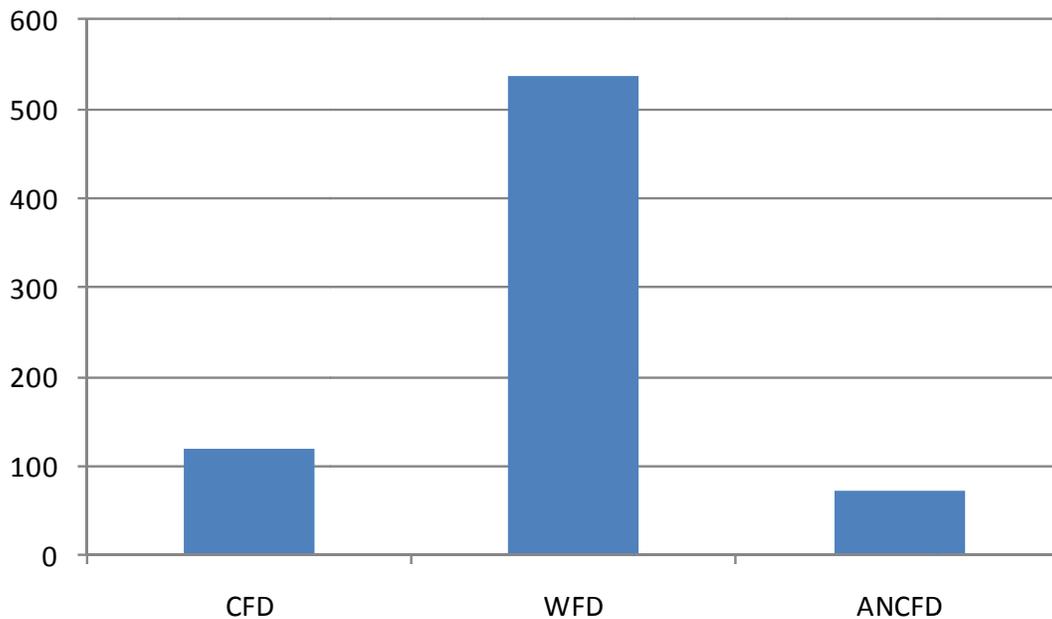
Service Delivery and Performance

The delivery of fire suppression, rescue, and emergency medical services is no more effective than the sum of its parts. It requires efficient notification of an emergency and rapid response from well-located facilities in appropriate apparatus with a sufficient number of well trained personnel following a well-practiced plan of action. In this section, an analysis of current conditions as they relate to each organization's facility resources, service demand, and performance is conducted.

Demand

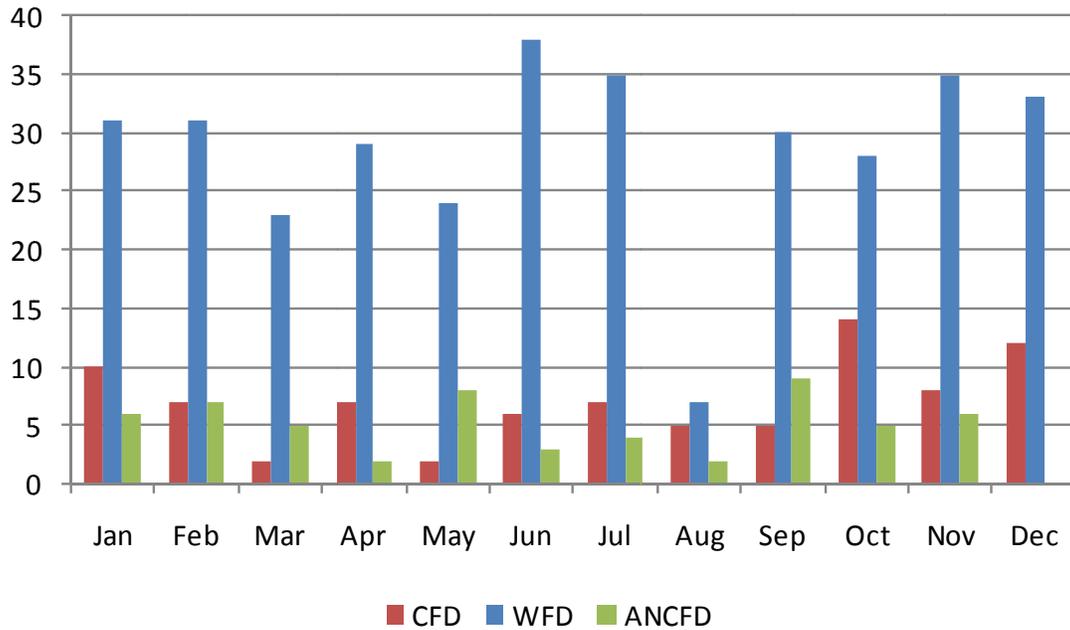
Steuben County E911 provided incident information for the three study agencies for the period 9/1/09 to 8/31/10 covering all EMS incidents. The reports ignored fire and/or rescue incidents unless those responses also required an ambulance. The following figure illustrates the gross service demand for the three agencies over the data period provided.

Figure 9: Overall Workload - EMS



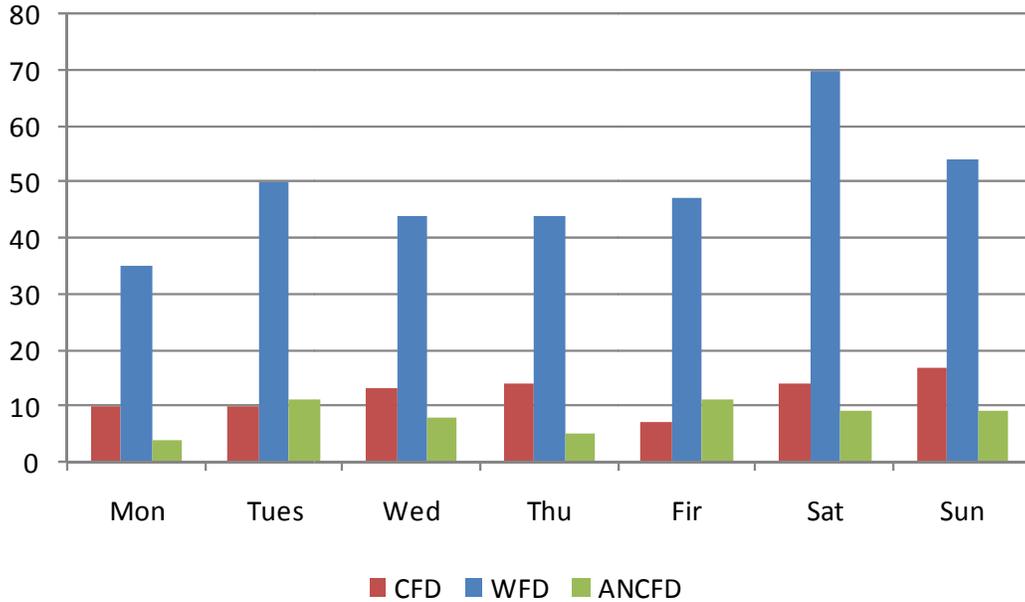
In addition to overall workload, it is useful to evaluate how service demand fluctuates temporally. The following figures illustrate how service demand varies by month, day of week, and hour of day. That analysis begins with service demand presented by month.

Figure 10: Workload by Month



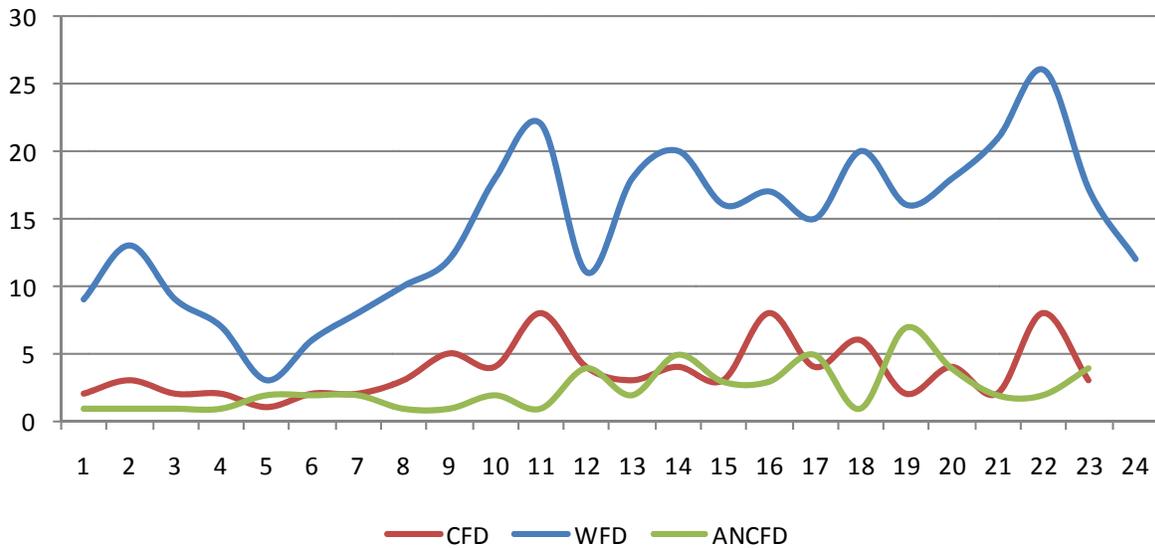
As illustrated in Figure 10 workload varies by month. The provided data indicate that all three agencies saw a significant decrease in service demand in August 2010 but it is likely that the data was incomplete for that month. Otherwise, the summer months were less busy for CFD and ANCFD while those months were the busiest for WFD. Temporal analysis of service demand continues with a representation of workload by day of week.

Figure 11: Workload by Day of Week



Workload, when analyzed by day of week, reveals a relatively stable pattern with high service demand volumes over the weekend; a pattern typical for rural EMS systems that see more human activity in the area. The final temporal analysis evaluates workload by hour of day.

Figure 12: Workload by Hour of Day



Unlike many providers of EMS across the nation, CFD, WFD, and ANCFD’s hourly workload is highly variable. The normal pattern of service demand is low overnight, increasing notably in the early morning

as residents head to work, peaking around 10:00 a.m., and remaining stable through about 7:00 p.m. before diminishing into the evening and overnight hours. The workload of the study region, although lower during the overnight hour as would be expected, is highly variable during normal business hours and does not follow the expected bell curve distribution. This could be a factor of the provided data or could be influenced by a simple variance in the demographics of the community.

Distribution

In addition to the temporal analysis of the current service demand, it is useful to examine geographic distribution of that workload. This analysis will allow for assessing the location of stations in comparison to the actual service demand within the area. The following map indicates the distribution of emergency incidents responded to during the period noted previously.

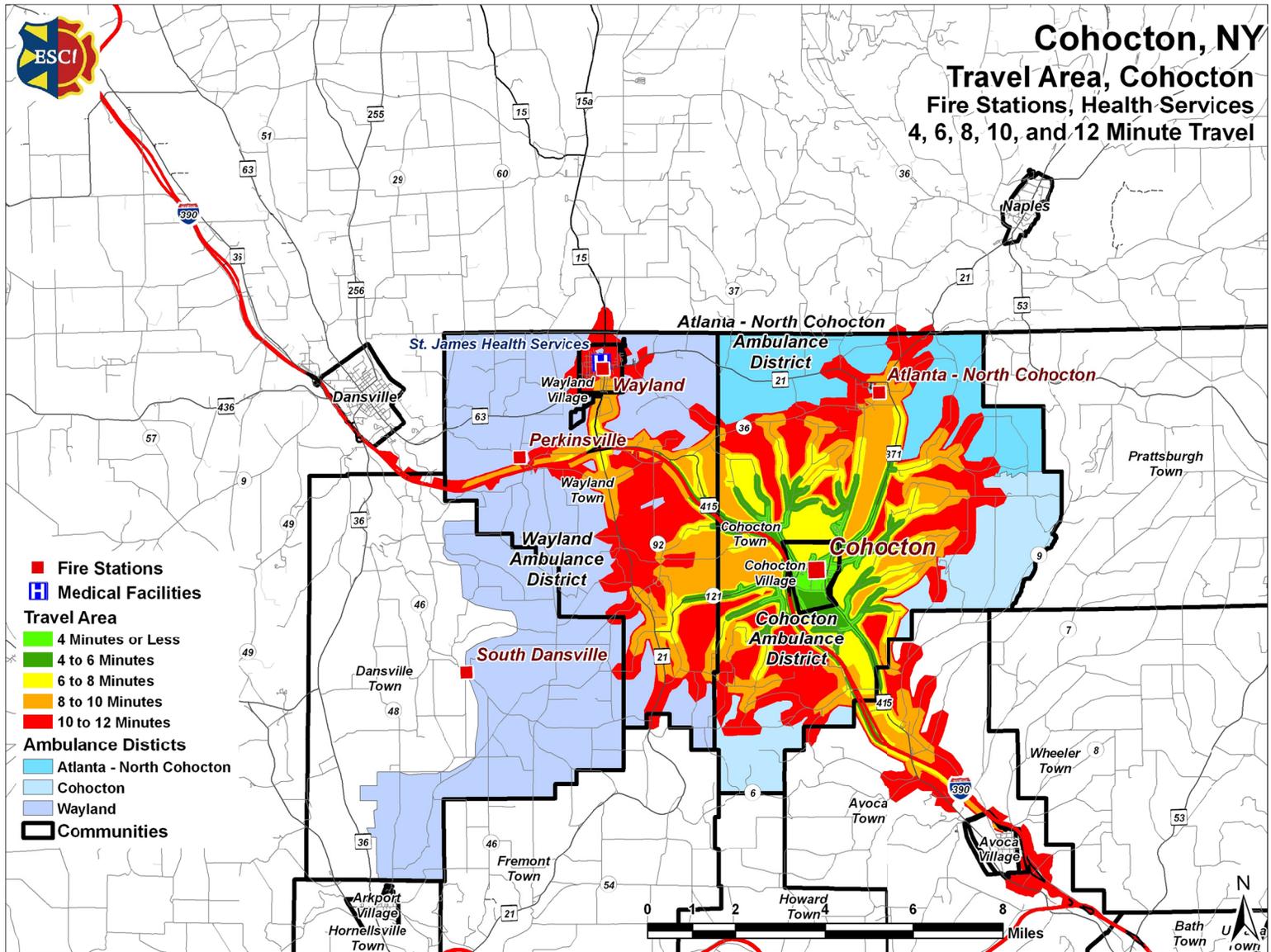
A majority of service demand occurs along major thoroughfares with clusters of service demand in the Village of Cohocton, the Village of Wayland, and the central ANCFD community. A significant amount of service demand is also occurring in the southern portion of the WFD response area as well as in Dansville. The following map illustrates how this service demand is distributed across the three agencies.

The previous figure illustrates that although many incidents do occur within the respective primary response area, WFD is responding to an inordinate number of incidents outside its primary and contacted service areas.

The following figures illustrate the travel time models from each of the study stations with regard to 4, 6, 8, 10, and 12-minutes travel times.

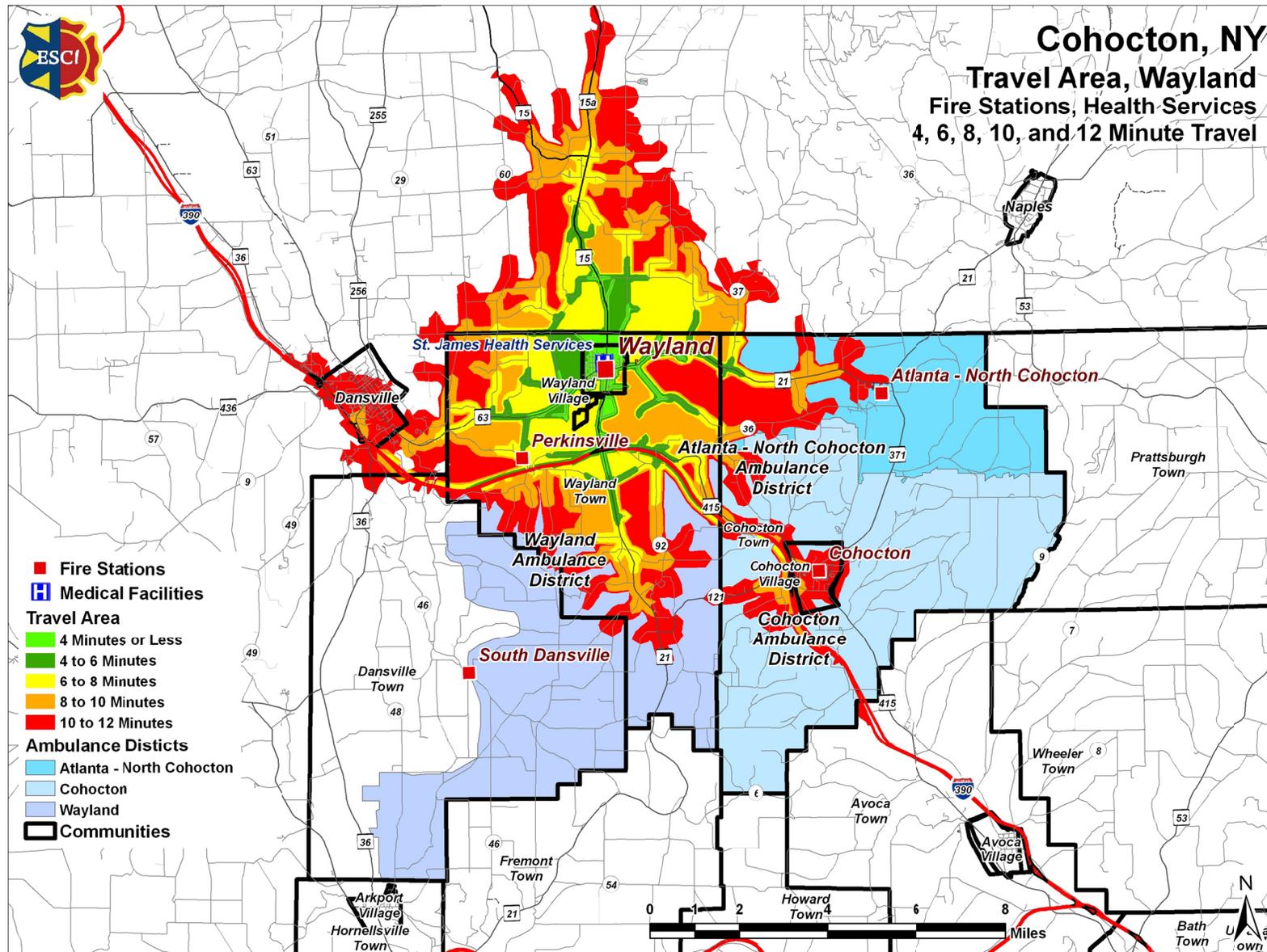
Town and Village of Cohocton, Town and Village of Wayland, Atlanta-North Cohocton Fire District
 Emergency Medical Services Consolidation Feasibility Study

Figure 15: CFD Modeled Travel Time



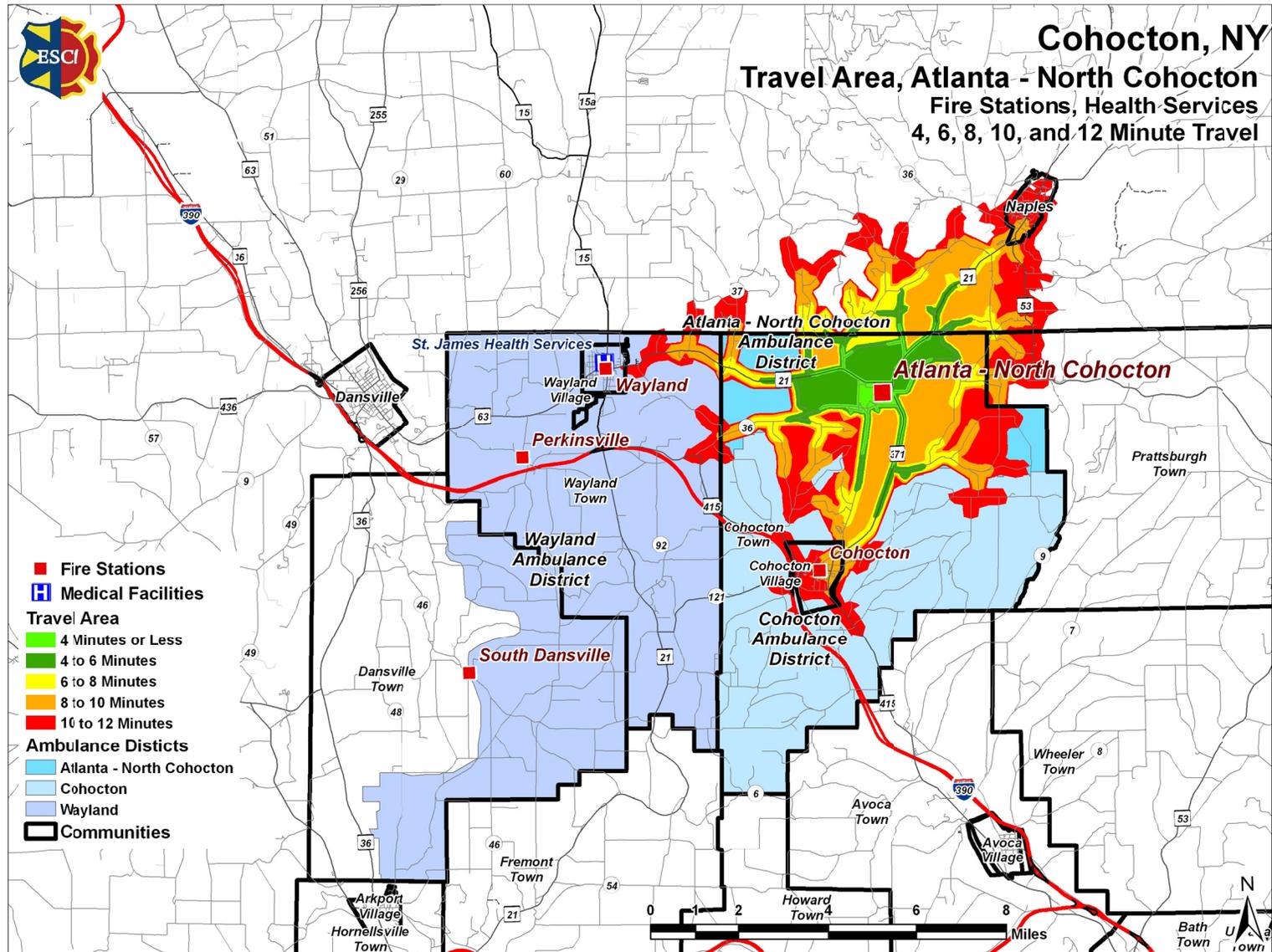
Town and Village of Cohocton, Town and Village of Wayland, Atlanta-North Cohocton Fire District
 Emergency Medical Services Consolidation Feasibility Study

Figure 16: WFD Modeled Travel Time



Town and Village of Cohocton, Town and Village of Wayland, Atlanta-North Cohocton Fire District
 Emergency Medical Services Consolidation Feasibility Study

Figure 17: ANCFD Modeled Travel Time



The preceding figures illustrates that a significant amount of historic service demand within CFD's primary response area can be reached within eight minutes of travel. Likewise, a substantial portion of the WFD central area is within six minutes of travel; an equally substantial portion of the primary response area, notably to the extreme south and into South Dansville, is outside the extent of a 12-minute travel model. As with WFD, the central portion of the ANCF primary response area is within a six-minute travel model.

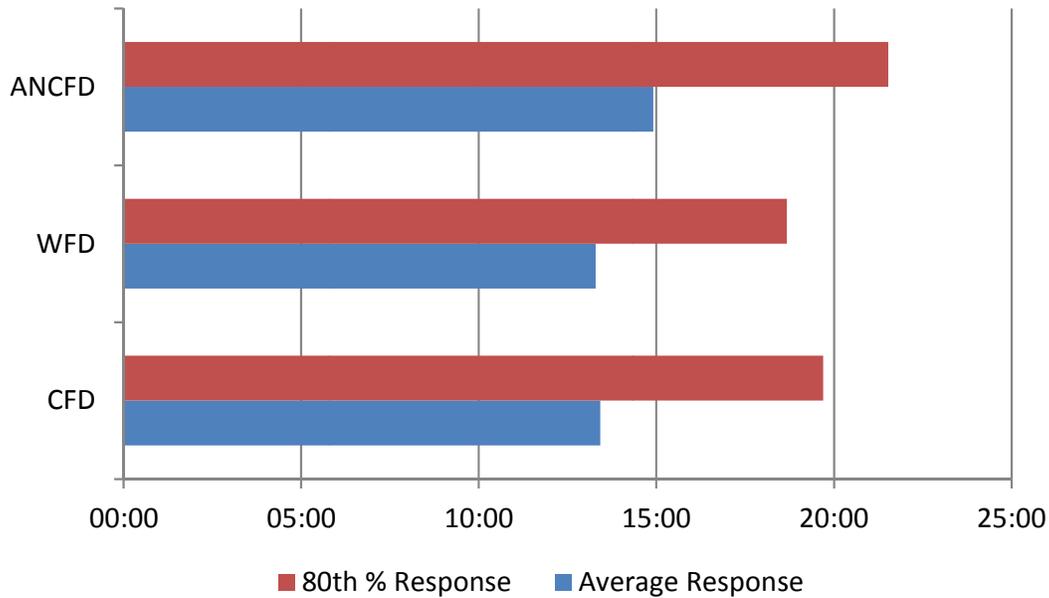
Although travel time can be modeled with GIS software as presented above, travel time is only one element of overall response time. Response times for each of the study agencies are presented in the following paragraphs.

Response Performance

Total response time is the amount of time a resident or business waits until an apparatus arrive at the scene of an emergency beginning when they first call the designated emergency number, often 911. As is common for most fire departments, none of the study agencies have direct influence on call processing time; therefore, the departments measure response time from the time of dispatch to the arrival on scene.

Due to the nature of the Cohocton/Wayland/Atlanta-North Cohocton system of providing EMS to the region, although multiple dispatches may have been necessary for an ambulance to respond to an incident, the timestamps that were utilized to create the following analysis used the 'Creation' time, 'Dispatch' time, 'En Route' time of the first unit recorded en route regardless of primary response area, and 'On Scene' time of the first arriving unit regardless of primary response area. The following figure illustrates how the average and 80th percentile response times compare across the three agencies.

Figure 18: Average and 80th Percentile Response Time Comparison



Specifically, the average response times were calculated to be 13:25 (13 minutes 25 seconds) , 13:17, and 14:55 for CFD, WFD, and ANCFD, respectively. When measured at the 80th percentile, those times rose to 19:42, 18:41, and 21:31, respectively. *NFPA (National Fire Protection Association) Standard 1720*, the standard that applies to volunteer and combination fire departments, recommends that initial units arrive on the scene of emergency incidents within 14 minutes when measured at the 80th percentile in rural environments and 10 minutes when measured at the 80th percentile in suburban environments. While ordinarily applied to fire incidents, the same response performance measure can be applied to emergency medical incidents and is done so within the standard. *NFPA 450*, the standard that applies to the deployment and operation of emergency medical services, does not indicate that departments should deploy units such that a specific response time is achieved. Rather, that standard simply leaves that decision in the hands of local policy-makers but encourages jurisdictions to establish performance measures commensurate with the community’s level of risk and capabilities.

Although these standards set the baseline from which to measure a department’s performance, few departments, particularly those that utilize volunteers as the primary service provider, are capable of achieving these response performance objectives. A report recently released by the U. S. Fire Administration indicates that the national average response time is well above those recommended in

NFPA standards. The figure below compares the NFPA recommendations to the current performance of the three agencies serving the study region.

Figure 19: Response Performance Comparison

	Performance	Measure
NFPA 1720 (Rural)	14:00	80 th Percentile
NFPA 1720 (Suburban)	10:00	80 th Percentile
CFD Actual	19:42	80 th Percentile
WFD Actual	18:41	80 th Percentile
ANCFD Actual	21:31	80 th Percentile

Response times can vary by time of day in reflection of service demand workload, traffic congestion, weather, and distance to the call from the station, to name but a few. The following charts illustrate how the average response time performance varies by the hour of day for each agency.

Figure 20: Average Response Time by Hour of Day – CFD

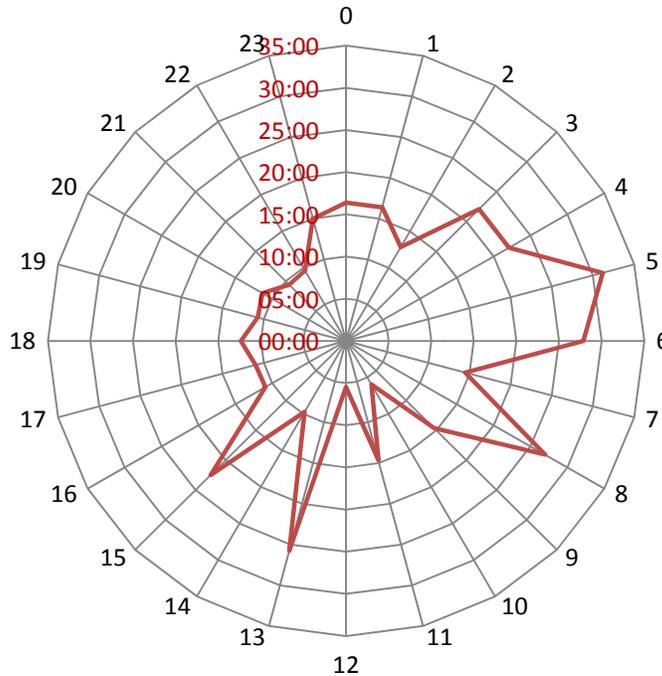


Figure 21: Average Response Time by Hour of Day – WFD

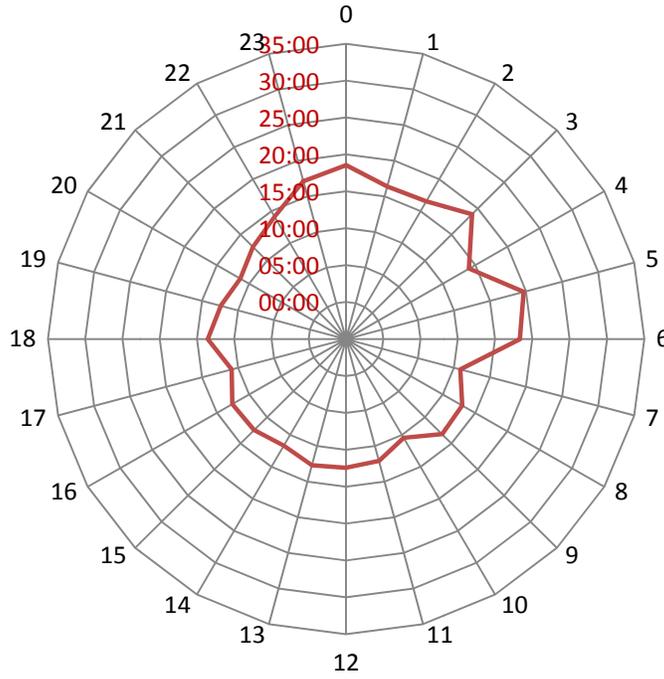
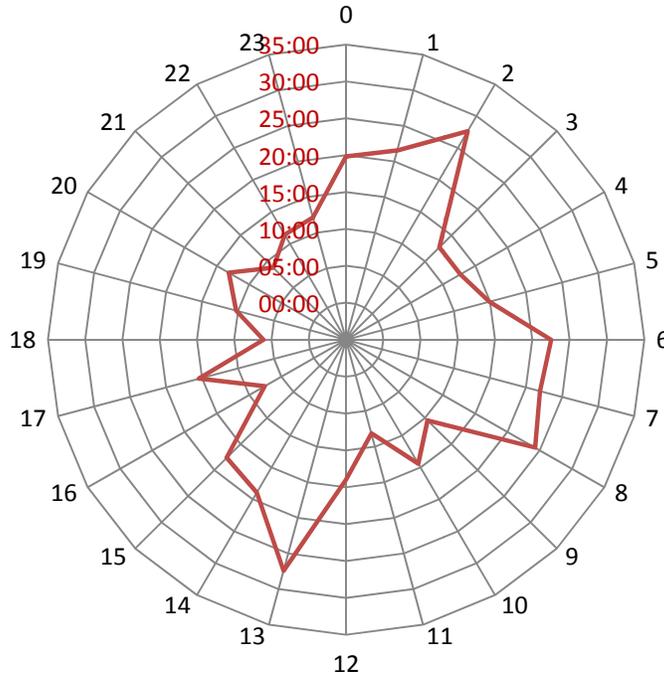


Figure 22: Average Response Time by Hour of Day – ANCFD



Average response time is one useful measure to determine how well geographic-based coverage is achieved. More significant is how well the majority of emergency response demand is being serviced. One useful way to determine how well demand-based coverage is achieved is by determining maximum response time to a larger percentage of the incidents. The 80th percentile response performance by hour of day is similar in pattern to the averages noted above with higher response times noted during the overnight and early morning hours.

There are several factors that affect overall response time, including but not limited to weather, distance, construction, and traffic congestion. However, one element of the overall response time performance that firefighters can control is the turnout time interval. Turnout time represents the period between the radio dispatch of a call and the time the unit actually leaves the building or location where it is staged and begins travel to the incident. It can include activities such as moving to the apparatus, donning gear and equipment, verifying travel routes and maps, and buckling safety harnesses. The following figures illustrate the average turnout of EMS resources by hour of day within the study region.

Figure 23: Average Turnout Time by Hour of Day - CFD

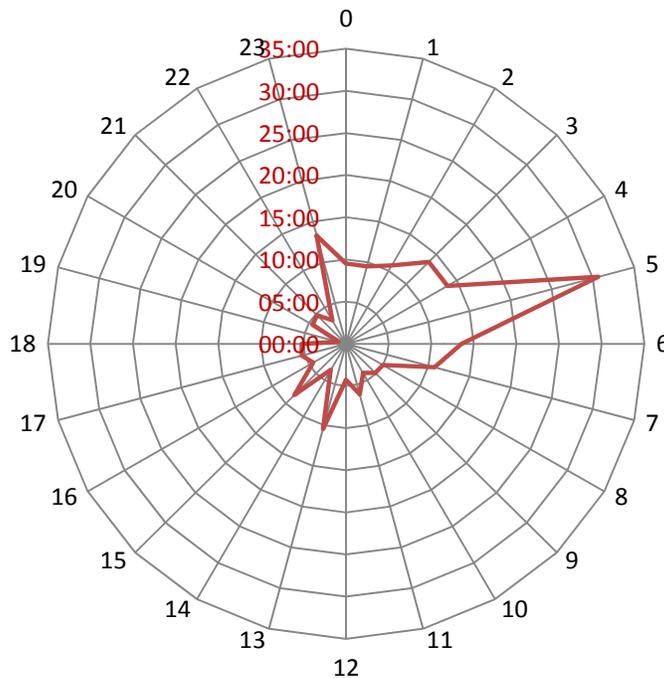


Figure 24: Average Turnout Times by Hour of Day - WFD

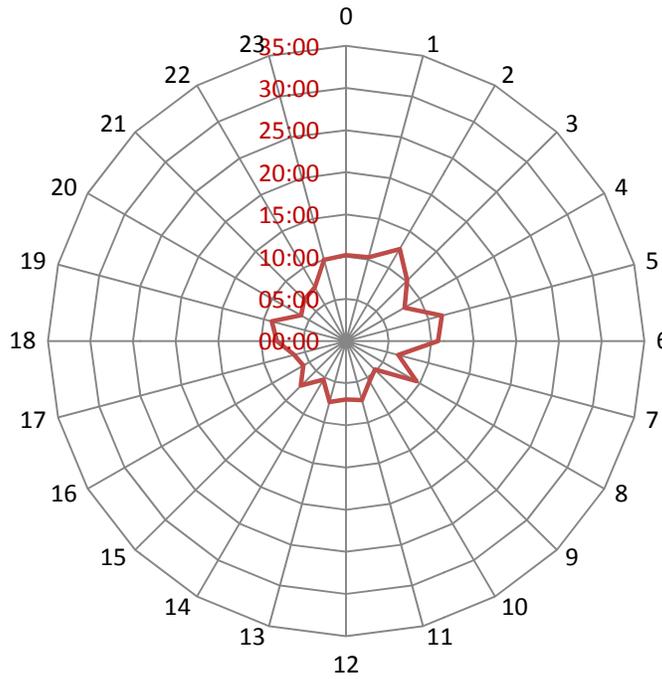
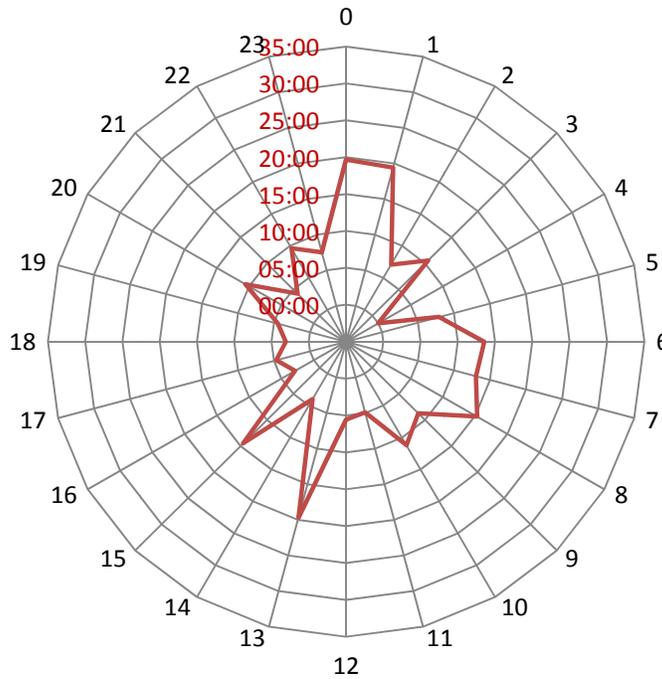
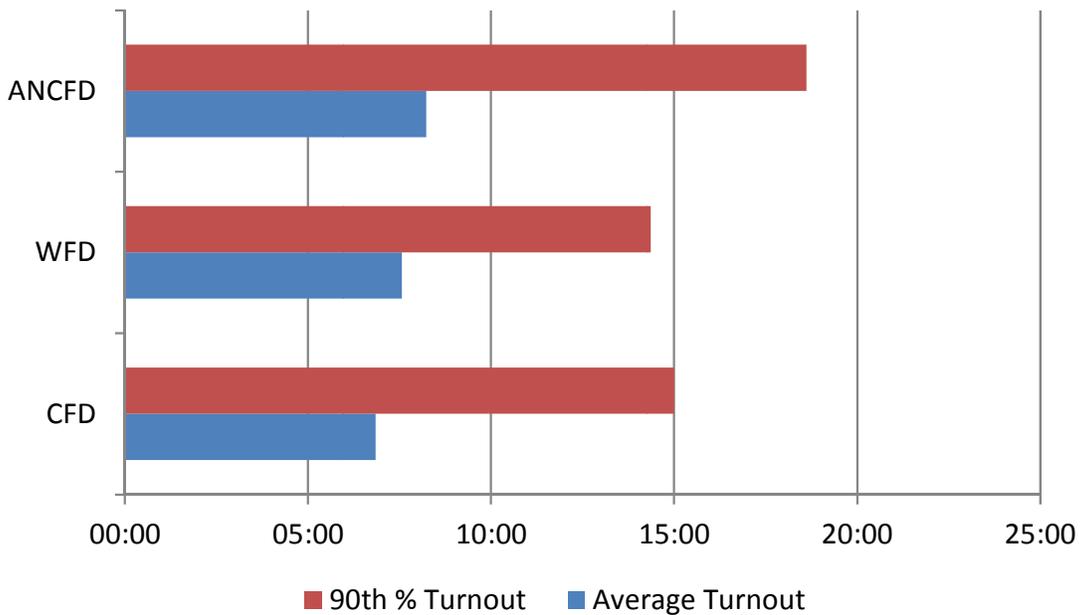


Figure 25: Average Turnout Times by Hour of Day - ANCFD



The average turnout time was calculated to be 6:51, 7:33, and 8:14 for CFD, WFD, and ANCFD, respectively. When measured at the 90th percentile (to determine the performance based on the greatest number of data points within the dataset), turnout time for each agency was calculated to be 15:01, 14:22, and 18:37, respectively. The overall comparison of these turnout times is illustrated in the following figure.

Figure 26: Average and 90th Percentile Turnout Time Comparison



The longer turnout times of each agency within the study region correspond to longer average response times of each agency. In other words, prolonged turnout times are the primary reason for the unusually long overall response times for each agency. When comparing the average response times of each agency to their respective average turnout times, CFD, WFD, and ANCFD have average travel times of 6:34, 5:44, and 6:41, respectively. If personnel were housed at each of the current locations and an average turnout time of 60 seconds were assumed, each agency's average total response time could conceivably be under eight minutes from the time of dispatch.

Future Opportunities for Cooperation and/or Consolidation

The previous sections of this report surveyed the emergency service systems of the fire departments serving the Town and Village of Cohocton, the Town and Village of Wayland, and the Atlanta-North Cohocton Fire District. ESCI addressed each agency individually based on an analysis of service, personnel, and equipment. This section will investigate the possibility for emergency service improvements in the area based on the potential unification of the emergency medical services components.

General Partnering Strategies

Four basic strategies are generally available when considering consolidation of services, beginning with a do-nothing approach and ending with complete unification of the organizations into what is, essentially, a new emergency service provider. A description of the four methodologies is found below:

Autonomy

The departments can decide to continue as separate organizations by not taking advantage of any further partnering opportunities. Autonomy provides each governing board with the most organizational control because, under this strategy, the agencies continue to make decisions considering only unilateral issues. The strategy represents a perpetuation of the status quo, and it is useful as a means by which to measure the other strategies.

Functional Consolidation

Public entities usually have broad authority under law to enter intergovernmental agreements (IGAs) for the purpose of cost and service efficiency. New York is no different in this regard. The laws of the State of New York address the issue, allowing intergovernmental contracts for any lawfully authorized

Operational Consolidation

This strategy joins two or more entities, in their entirety, through the execution of an intergovernmental agreement (IGA). The resulting organization features a single organizational structure and chain of command. Depending on the form of the agreement(s) establishing the organization, members may remain with the original agency, transfer to one of the other agencies, or transfer to an entirely new

Legal Unification

Under certain circumstances in law, fire departments can join into a single entity. This formal approach unites not only the programs but also the organizations themselves. State laws addressing political subdivisions usually detail a process for legal unification.

Typically, state laws draw a distinction between words like *annexation*, *merger*, and *consolidation* when speaking of legal unification. Organizationally, however, the outcome of any such legal process results in one unified organization. The major differences between the legal strategies relate to governance and taxation issues. In many states, some process of *inclusion* exists that essentially involves the annexation of one entity to another, preserving the governing board and taxing authority of the surviving agency. A legal merger, on the other hand, usually entails the complete dissolution of two or more agencies with the concurrent formation of a single new entity (and board) in place of the former.

Operational Analysis

Although most consolidation studies revolve around the aforementioned partnering strategies, the situation for CFD, WFD, and ANCFD is markedly different. In this case, each department realizes that problems exist with each agency's ability to deliver emergency medical services independently and, although partnering of the fire departments is not a topic of discussion, each department acknowledges that a separate EMS delivery system would in all likelihood benefit the region as a whole.

This section of the report evaluates several possible scenarios for creating an organization separate from the local fire departments to delivery emergency medical services to the region. In any feasibility analysis for enhanced cooperative effort the current method of service delivery is always an option. However, it should be understood that the intent of this project was to evaluate the feasibility of consolidating and sharing resources so that the entire region becomes more effective and efficient with the available resources and to evaluate the potential for system improvement through enhanced cooperation.

Modification of the current delivery system (three separate providers) will require cooperation and collaboration by all stakeholders for the new organization to be successful. Entering into any new

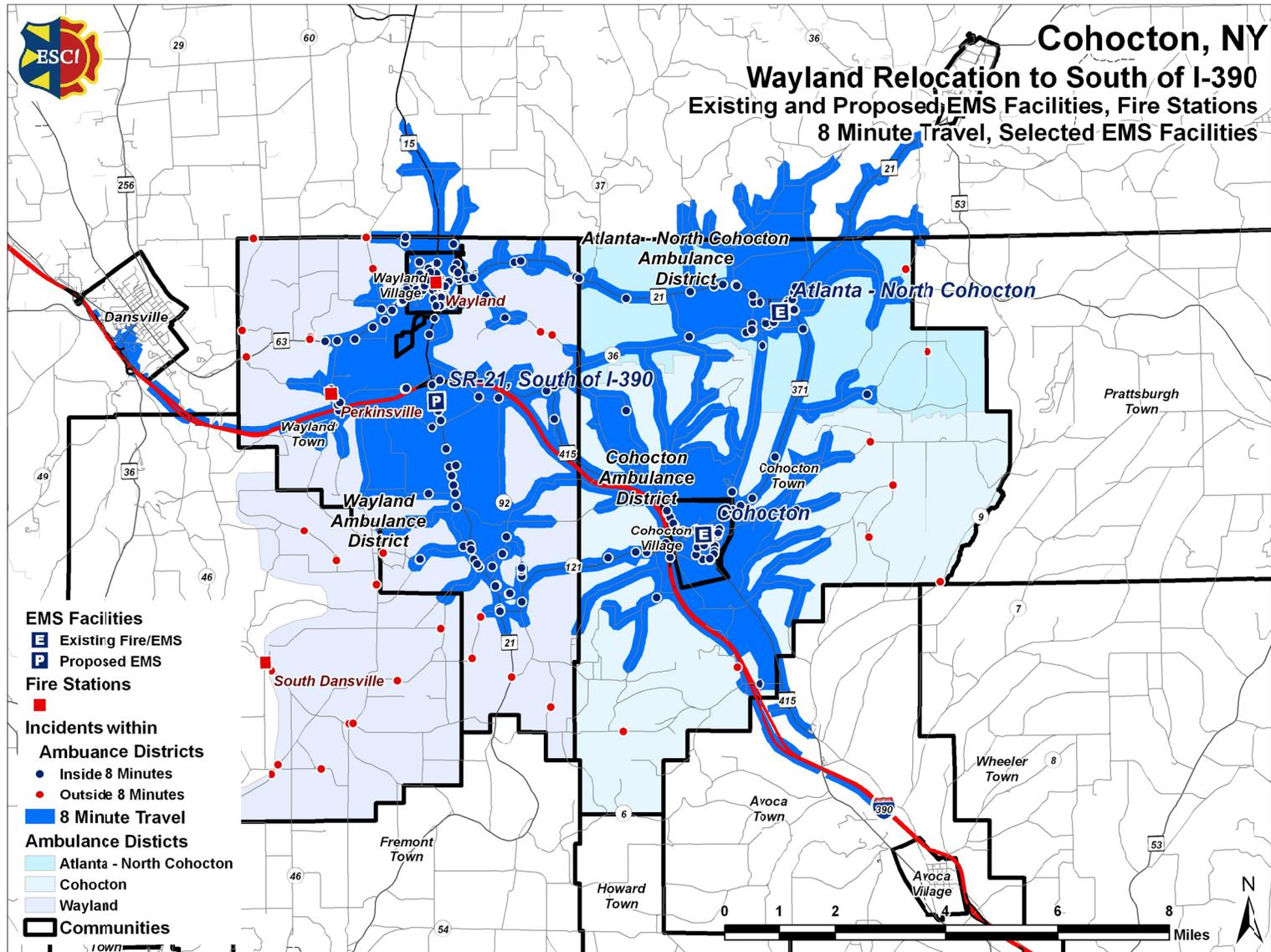
venture of collaboration without ultimate success as the goal will increase the likelihood of system failure.

Cohocton-Wayland Ambulance District

This analysis begins with an evaluation of a single consolidated organization that would combine the EMS operations of the three existing fire departments into a single, region-wide provider of services to the Town and Village of Cohocton, the Town and Village of Wayland, and the Atlanta-North Cohocton Fire District. For the purposes of this scenario, the name Cohocton-Wayland Ambulance District has been used but should not be considered as the formal name of the new organization. That is to be determined by the governing board upon creation of the new entity.

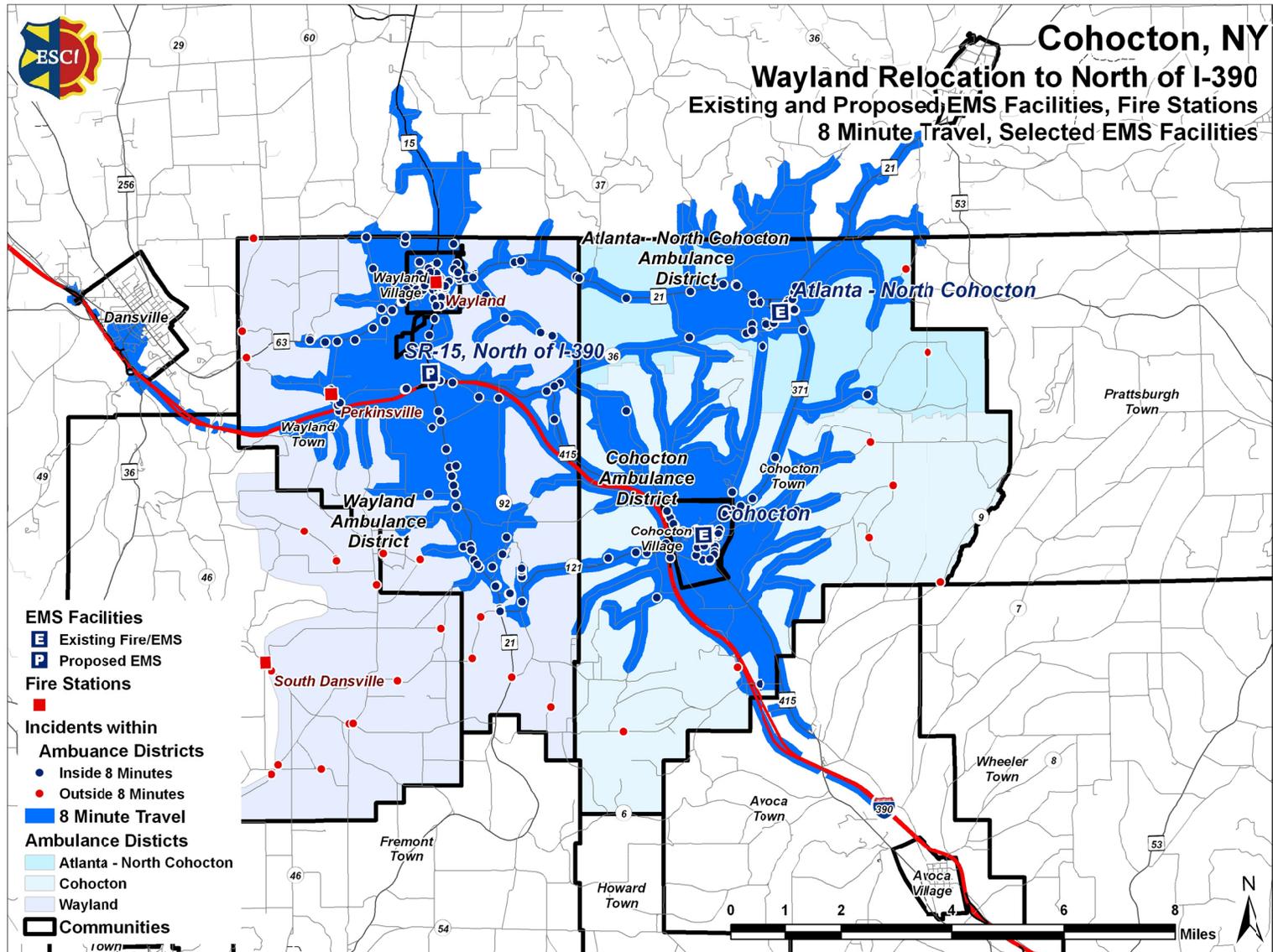
Under this scenario, rather than three organizations operating independently from one another (although currently dependent on mutual aid from each other), services would be provided through a single entity. The following figures illustrate this scenario's primary response area and estimated performance based on two Wayland station relocation scenarios; one to the south of I-390 and one to the north of I-390.

Figure 27: Cohocton-Wayland Ambulance District Option 1



Relocating the existing ambulance from WFD to a location just south of I-390 would improve the coverage of historical service demand from the current level of 88.7 percent to nearly 92 percent. Based on the geography and distribution of historical service demand, ESCI does not believe that a single primary response facility centrally located within a consolidated district would be sufficient to provide effective coverage to the entire area; therefore, the existing CFD and ANCFD stations would remain in operation relative to the delivery of EMS to the community. The following figure evaluates relocation of the existing ambulance from WFD to a location just north of I-390.

Figure 28: Cohocton-Wayland Ambulance District Option 2



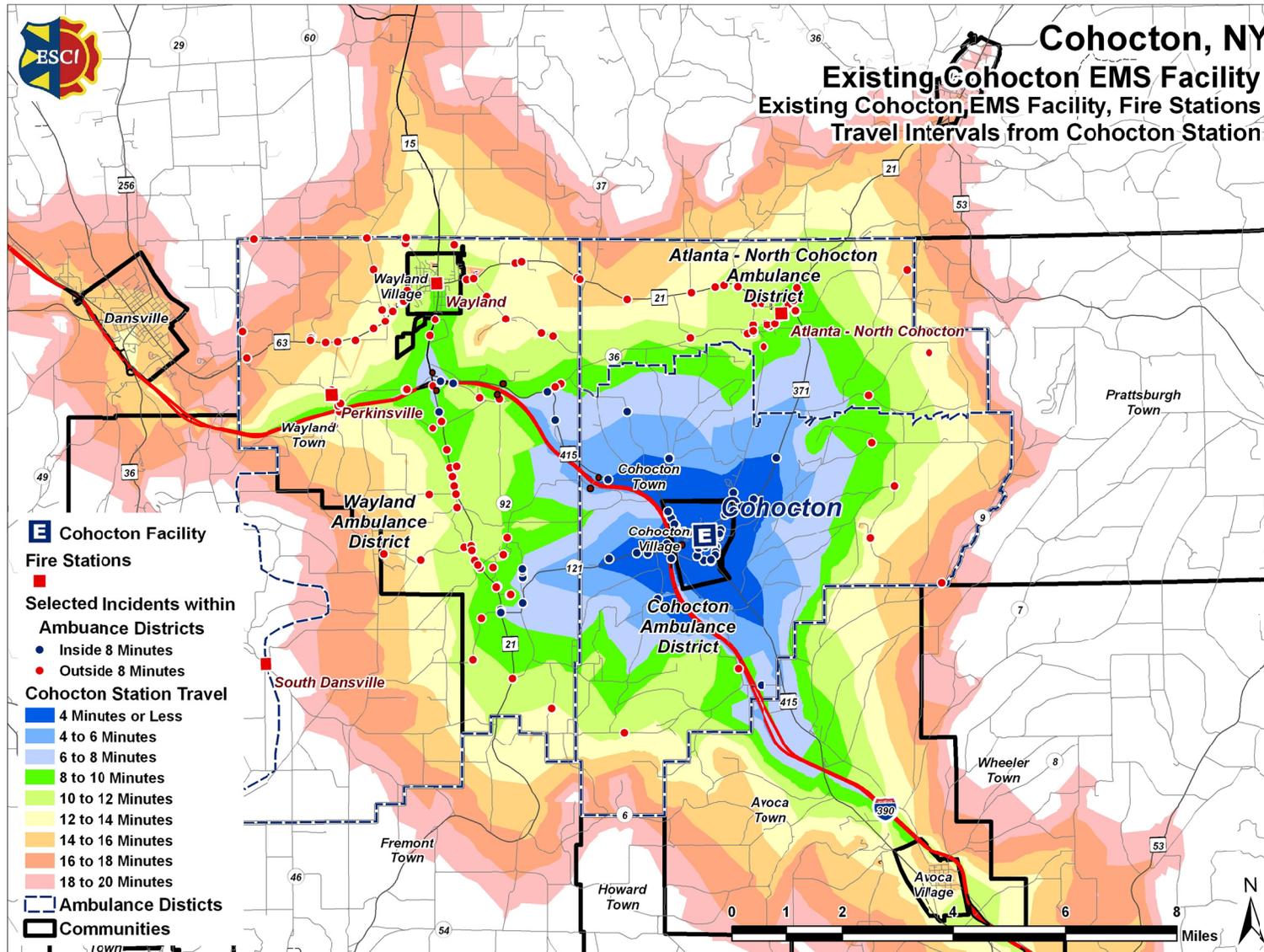
Relocating the ambulance from WFD to a new location just to the north of I-390 increases coverage of historic service demand from the current 88.7 percent to 92.4 percent and provides slightly better coverage into Dansville.

Unfortunately, the Wayland Fire Department (through the Village of Wayland) withdrew from this study at the draft report stage and chose to not to continue to participate in any implementation or regionalization strategies. This decision could severely impact the ability of the region to move forward with any cooperative or consolidated efforts due to the amount of service demand, population, and taxable property value located within the Village of Wayland. Nonetheless, ESCI has moved forward with alternate service delivery models to continue to provide service to the region both with and without the involvement of the Village of Wayland and Wayland Fire Department. Although based on national response benchmarks ESCI does not recommend that all EMS resources be deployed from a centralized facility, community expectations and desire make it prudent to evaluate the feasibility of a centralized single facility. This option is presented below.

The following strategy evaluates two separate ambulance districts; one serving the entirety of the Town of Cohocton and another serving the entirety of the Town of Wayland. Under the current structure, the Town of Wayland contracts for EMS with the Village of Wayland. Nothing in NYS law prohibits the Town from contracting with another provider for those same services. Thus, this strategy assumes that the Town of Wayland continues to participate in the cooperative efforts process along with the Town and Village of Cohocton and the Atlanta-North Cohocton Fire District. In other words, this strategy encompasses the entirety of the region except for the Village of Wayland proper. The following figure illustrates this primary response area and evaluates the potential for providing service to the entire region from a single facility.

Town and Village of Cohocton, Town and Village of Wayland, Atlanta-North Cohocton Fire District
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Figure 29: Cohocton-Wayland Ambulance District (Without the Village of Wayland)



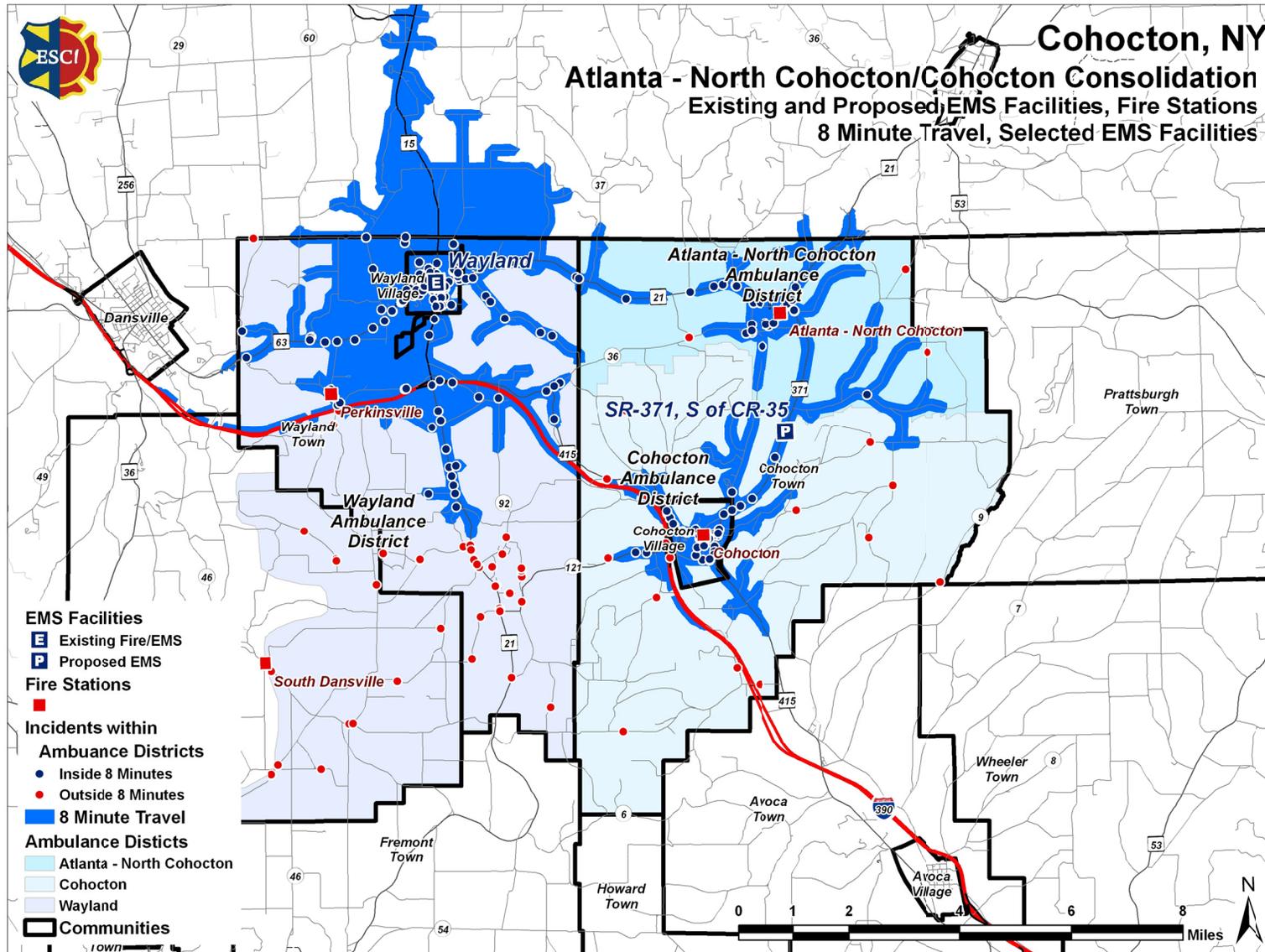
As would be expected, the centralizing of EMS resources creates a situation where 83.5 percent of service demand within the region (but outside the Village of Wayland and Dansville) is reachable within 12 minutes of travel. It should be mentioned again here that current turnout time is substantially higher than national recommendations and could significantly impact this option negatively. It is ESCI's opinion that, should this option be implemented, policy-makers move forward with paid/career staffing to ensure that turnout time is substantially reduced thereby reducing the overall response time throughout the region.

Cohocton Ambulance District/Wayland Ambulance District

Under this scenario, it is assumed that Cohocton Fire Department and Atlanta-North Cohocton Fire District relinquish their independent EMS functions and allow the Town of Cohocton to create an ambulance district comprised of the entirety of the Town boundaries, including the Atlanta-North Cohocton Fire District and the Village of Cohocton. Separately, Wayland Fire Department would relinquish its EMS function and allow the Town of Wayland to form its own ambulance district comprised of the entirety of the Town of Wayland, including the Village of Wayland and the Perkinsville Fire Protection District. The following figure illustrates this scenario's primary response area.

Town and Village of Cohocton, Town and Village of Wayland, Atlanta-North Cohocton Fire District
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Figure 30: Cohocton Ambulance District/Wayland Ambulance District



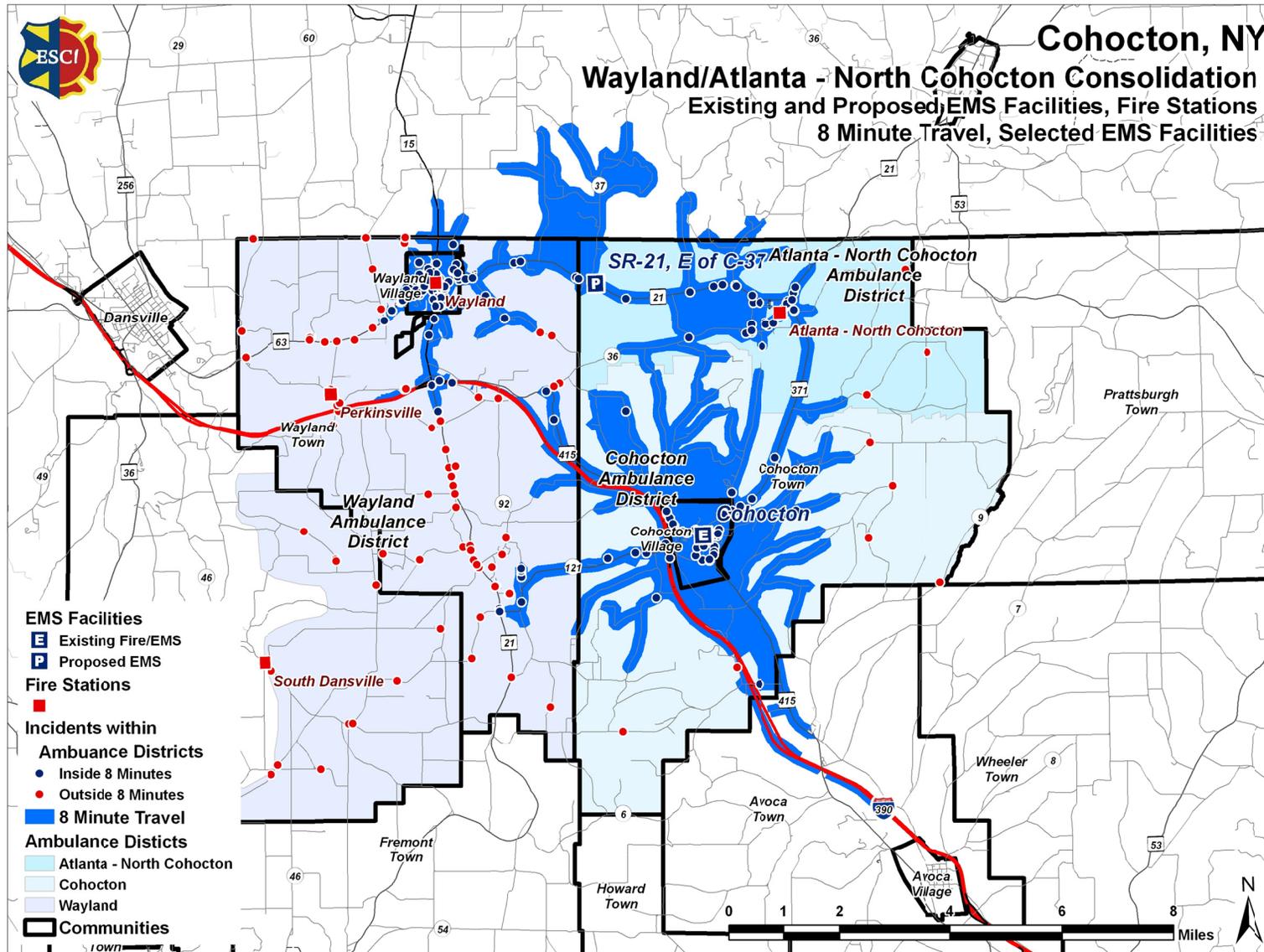
This scenario assumes that a new facility would be constructed centrally between CFD and ANCFD stations while WFD could feasibly remain within the current location or relocate to one of the previously discussed locations near the I-390 interchange. Based on an analysis of coverage of historic service demand, this scenario would actually create a reduction in coverage from the current level of 88.7 percent to approximately 83.2 percent. Relocation of the WFD ambulance to one of the previously discussed new locations would increase this coverage slightly but not enough to exceed the current level of service.

The next scenario evaluates a highly unlikely strategy; but, for the purposes of thoroughness, is presented here for comparison.

North Cohocton-Wayland Ambulance District/Cohocton Ambulance District

As with the previous scenario, the likelihood of Cohocton not participating in the consolidated ambulance district is low; however, ESCI evaluates here the potential for Wayland Fire Department and Atlanta-North Cohocton Fire District to relinquish their independent EMS functions and allow the Towns of Cohocton and Wayland to form a joint ambulance district. Separately, the Town of Cohocton would form another ambulance district comprised of the remaining areas outside the areas served by the newly created ambulance district to the west and north of the Town, served by the Cohocton Fire Department. The following figure illustrates this scenario's primary response area and estimated response performance.

Figure 31: North Cohocton-Wayland Ambulance District/Cohocton Ambulance District



With this scenario, CFD would maintain an ambulance presence within the existing facility and the newly created district to the north and west of Cohocton would construct a new facility midway between WFD and ANCFD on Route 21. Unfortunately, since a large portion of the current WFD service demand is occurring to the west in Dansville, relocating a facility midway between WFD and ANCFD would reduce service demand coverage to 78.4 percent.

Summary of Options

The following table summarizes the service demand coverage of each scenarios discussed above.

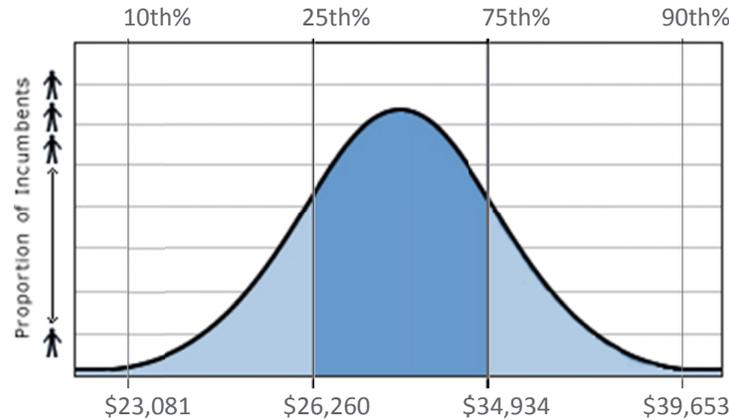
Figure 32: Summary of Deployment Options

Scenario	Current Performance	Projected Performance	Change	Recommendation
Single Consolidated District – Option 1	88.7%	91.8%	3.1%	Feasible
Single Consolidated District – Option 2	88.7%	92.4%	3.7%	Feasible and Recommended
CFD-ANCFD Consolidation	88.7%	83.2%	-5.5%	Not Recommended
WFD-ANCFD Consolidation	88.7%	78.4%	-10.3%	Not Recommended
Single Consolidated District without Village of Wayland at 12-minute travel		83.5%		Feasible
Single Consolidated District without Village of Wayland at 14-minute travel		94.9%		Feasible

Fiscal Analysis

As identified previously, the total funding attributable to EMS functions within the three agencies was estimated to be approximately \$37,042 during the 2009 fiscal year. Although this total represents lines within each agency’s budget that specify EMS activities, other costs such as insurance and building space are not included. These costs could add as much as an additional \$25,000 to the total cost of EMS operations. Based on the impetus of this study, this level of funding is not commensurate with the level of service demand or current community expectations. Based on this assumption, ESCI has developed a potential model budget to correspond with each of the previously presented deployment strategies. To begin the process of determining the total cost of each strategy, ESCI first obtained information to estimate the personnel costs associated with career personnel. The following figure illustrates the representative salary range for Emergency Medical Technicians within the general region.

Figure 33: Representative Emergency Medical Technician Salary¹⁰



Based on the information in the figure above, the medial salary for an EMT for this region would calculate to approximately \$30,597 plus benefits. The following figure estimates personnel costs above base salary for this position.

Figure 34: Estimated Total Salary and Benefits - EMT¹¹

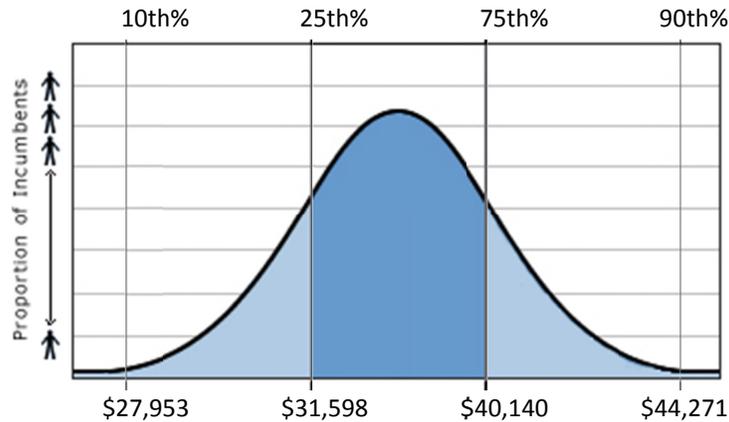
Benefit	Median Amount	% of Total
Base Salary	\$29,751	66.3%
Bonuses	\$0	0.0%
Social Security	\$1,681	3.7%
401k / 403b	\$1,131	2.5%
Disability	\$208	0.5%
Healthcare	\$6,507	14.5%
Pension	\$1,904	4.2%
Time Off	\$3,662	8.2%
Total	\$44,844	100.0%

The following figure illustrates the regional median for an EMT-Paramedic. This information is shown to give policy-makers the information necessary to make informed decisions about the service delivery level in the future as well as to provide guidance for administrative salary and benefits.

¹⁰ Obtained from salary.com at <http://swz.salary.com>. Accessed 11/18/2010.

¹¹ Based on national average.

Figure 35: Representative EMT-Paramedic Salary¹²



Based on the information in the figure above, the medial salary for and EMT-Paramedic for this region would calculate to approximately \$35,603 plus benefits. The following figure estimates personnel costs above base salary for this position.

Figure 36: Estimated Total Salary and Benefits - EMT-Paramedic¹³

Benefit	Median Amount	% of Total
Base Salary	\$35,603	68.0%
Bonuses	\$53	0.1%
Social Security	\$2,728	5.2%
401k / 403b	\$1,355	2.6%
Disability	\$357	0.7%
Healthcare	\$6,103	11.7%
Pension	\$1,783	3.4%
Time Off	\$4,388	8.4%
Total	\$52,369	100.0%

The total salary and benefits for an EMT-Paramedic within the study region is estimated at approximately \$52,369. It is also necessary to calculate the salary and benefits of other EMS personnel that may be necessary within the system. Those positions include:

Figure 37: Estimated Salary and Benefits – Additional Personnel¹⁴

Position Title	Base Salary	Benefits	Total Compensation
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¹² Obtained from salary.com at <http://swz.salary.com>. Accessed 11/18/2010.

¹³ Based on national average.

¹⁴ EMT and Operations Supervisor compensation obtained from salary.com.

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Emergency Medical Technician	\$29,751	\$15,903	\$44,844
Operations Supervisor	\$35,603	\$16,766	\$52,369

Staffing Options

With any development of a new service delivery models comes the decision as to how to staff the units that will be delivering the services to the community. This section evaluates the potential staffing options available to the community from retaining an all-volunteer workforce (status quo) to a fully paid/career EMS system.

Volunteer Staffing (Status Quo)

Although each of the foregoing scenarios evaluates the impact of paid/career personnel, alternative staffing options should not be overlooked. Based on ESCI's experience with multiple organizations across the United States and Canada, fire and EMS organizations have become rather creative with staffing in their attempts to reduce personnel costs. Considering that all three study agencies are currently staffed solely by volunteers, the status quo must be examined as a viable option.

Any of the strategies previously presented could be implemented with the use of volunteers as long as the communities understand that the level of service delivered along with the availability of volunteers may not solve the issues that currently exist. As presented earlier in this report, travel time from one location to another within the region is not a significant issue depending on the level of service desired. The element of most concern is turnout, that time between when the initial units are dispatched and when a unit actually arrives on the scene of the emergency. This is an issue because volunteers respond from a number of location:; home, work, shopping, and elsewhere both within and outside the area.

With this said, there is the chance that, based on a division of the EMS function from the fire departments, some personnel that previously served may return and volunteer once more. Personality conflicts, differing interests and philosophies, etc. may have caused some volunteers to leave their respective agencies in the past, and a reorganization of the EMS function may draw them back to volunteering. Additionally, some individuals may have the perception that, in order to volunteer for the EMS function, fire training and functions are also required. Separating the functions may open the door to individuals that wish to volunteer but have no desire to be a firefighter.

Maintaining a volunteer system, although substantially more cost effective, places an enormous amount of uncertainty on the level of service provided to the community, particularly a consolidated organization. It is ESCI's recommendation that the implementation of any of the preceding strategies be approached with the intention to develop a paid/career service supplemented by volunteer personnel.

In lieu of paid/career staff, volunteer personnel should be scheduled to station duty or dedicated on-call to ensure that resources will be available for emergency response. This strategy would allow the new ambulance district to staff response resources as the current agencies do with volunteer personnel. Alternatives to this type of on-call only staffing include resident programs, assigned station duty, student programs, etc., all with little or no additional cost.

Resident programs have been successful in many areas across the country where response personnel and funding for paid positions are limited. Under this type of program, departments provide housing and living conveniences to personnel that agree to reside at the station and accept an assigned duty shift. In essence, personnel provide response services in exchange for room and board in lieu of a salary. Many departments also pay these personnel minimal amounts to offset uncovered living and other expenses incurred by the individuals. This alternative, although inexpensive in personnel costs, may require capital expenditures for renovation of current facilities or construction of new facilities to accommodate 24-hour staffing. In addition, departments implementing this staffing arrangement tend to experience increases in station operation costs such as utilities and an increase in consumables.

Assigned station duty staffing methodologies take many different forms and depend greatly on the members' abilities to spend time dedicated to station duty. These programs are typically more successful in urban and suburban areas where shift work allows personnel to dedicate time to the volunteer department with little or no expectation of pay. This program will usually increase station operating costs as mentioned previously, but the increase is variable depending upon the total amount of time that is dedicated to station staffing.

Student programs are mentioned here only as an additional alternative, but ESCI understands that the study region area may not have the resources available to implement this type of program due to the lack of formal post-secondary educational institutions. Student programs function much like resident programs in that individuals are given room and board in exchange for assigned duty shifts. Entry-level training could be an obstacle for this type of program and turn-over is typically high as students move on

after graduation and new students come into the system seeking assistance. For more information on this type of program, ESCI suggests that the departments contact the Carolina Beach Fire Department (North Carolina), which has utilized this type of program through the University of North Carolina–Wilmington for some time with significant success.

There is no model that is specific in this situation, and any new ambulance district should tailor the staffing methodology to meet its goals. In the case of the three separate agencies, historical staffing performance suggests that there is currently a significant problem generating sufficient EMS personnel to handle emergency incident and this is likely to continue or worsen as time progresses and the communities continue to grow and develop.

Paid Part-time Staffing

When departments do not have the ability to staff stations and/or apparatus with volunteer, paid-on-call, resident, or assigned duty personnel during all hours, and have the financial resources to pay personnel, paid part-time staffing is often more practical and economical than progressing to full-time personnel.

With paid part-time personnel, scheduling can be accomplished to accommodate as many shifts as necessary based on availability of personnel, given a minimum requirement of time commitment and the agency's response needs. This staffing methodology allows organizations to provide personnel at the station and available for response without having the added financial responsibility of extended benefits. Many organizations use this type of staffing methodology as a temporary measure of how successful a more structured staffing system may be.

Paid part-time staffing systems allow organizations more flexibility than a full-time system while providing some administrative authority over personnel that is not afforded to volunteer or paid-on-call systems. The amount of funding and administrative time necessary for this process to function varies from system to system and will be determined by the number of personnel employed and the availability of said personnel. For more information on paid part-time staffing, ESCI suggests that the departments contact the Village of Tinley Park Fire Department (Illinois), which fully staffs three stations 24 hours per day as well as command and training personnel solely with part-time personnel. The only paid position in the Tinley Park Fire Department is that of fire chief.

Paid Full-time Peak Demand Staffing

For those agencies whose service demand is such that part-time personnel may not be the best scenario, peak demand staffing may be the preferred route. This staffing methodology utilizes full-time personnel; but rather than continuous staffing, personnel are on duty when service demand has historically been the highest or when staffing performance has historically been the lowest.

This type of staffing allows agencies the flexibility of staffing resources based on need rather than investing in a continuous full-time system that can be very expensive. The salary and benefits estimates offered previously would apply for each individual hired into these positions. For more information on this peak demand staffing with full-time personnel, ESCI suggests the departments contact Deptford Fire District (New Jersey), which staffs seven stations with peak demand personnel during the day and utilizes volunteers for night and weekend responses. Although presented here as an option, as illustrated previously, the region does not experience the typical daytime peaks as many other emergency services organizations across the county, particularly if the Village of Wayland service demand is removed. Peak-demand staffing is, in all likelihood, not appropriate for the Cohocton/Wayland region.

Paid Full-time Continuous Staffing

Full-time staffing is, by far, the most expensive of the staffing methodologies presented here. In many systems, as growth progresses, accompanied by increased service demand, the need for a full-time staffed agency increases. Full-time continuous staffing requires that agencies staff their facilities 24 hours a day in most cases. This is, however, based on service demand and the ability for personnel to be housed appropriately.

There are a variety of schedules available to agencies that progress to a continuously staffed department from 12-hour shifts on a rotating schedule, to 24-hour shifts on a typical 24/48 schedule, to any sort of schedule that provides for 24-hour staffing without producing excessive personnel costs through overtime and/or benefits. The number of personnel for the Cohocton/Wayland ambulance district or any of the other scenarios has already been presented.

Another issue to consider with paid, full-time continuous staffing is supervision. Although the individual departments currently have chief and line officers, these individuals would not be able to supervise full-time personnel 24 hours per day. In most cases, when full-time continuous personnel are put into place, there are also positions implemented to supervise those individuals in the form of a shift commander, operations supervisor, or other similar position. This should be taken into consideration if the jurisdictions decide to progress to a paid, full-time continuous staffing model.

Cohocton-Wayland Ambulance District

Under this strategy, all three study agencies would relinquish the responsibility to provide emergency medical services to the region and a newly created ambulance district would assume that role. Based on the historic response performance as discussed previously in this report, ESCI is recommending that paid personnel be implemented within the system in order to provide a more consistent and reliable level of service. In this scenario and for planning purposes, ESCI calculates personnel based on a full-time equivalent (FTE) in order to account for costs associated with back-filling for duty absences due to personal time off (PTO). The factor used in this calculation is 1.25. In other words, one position would require 1.25 FTE for budgeting purposes. The consolidated district’s estimated costs are summarized in the following figure.

Figure 38: Estimated Costs – Cohocton Wayland Ambulance District

Position Title	Number of Positions	Total
Operations Supervisor	1	\$52,369.00
EMT	15	\$672,660.00
Total Personnel		\$725,029.00
Facility Needs¹⁵		
Headquarters Facility	1	\$1,039,912.00
Total Facility		\$1,039,912.00
Operational Expenses		
Annual Supplies and Equipment		\$200,000.00
Total First Year Budget		\$1,964,941.00

The summary provided above assumes four EMT personnel on duty 24 hours per day, two in the headquarters facility and two in the CFD or ANCFD facility, plus the Operations Supervisor on duty

¹⁵ Facility costs are based on a new facility if necessary in a central location that can serve the greatest amount of service demand within the region. Details of facility cost estimates can be found in the appendix of this report.

during daytime hours Monday through Friday (the supervisor could also be available for emergency response).

The facility noted in the summary above is assumed to be constructed at one of the locations discussed previously near the interchange of I-390 and would house the administrative functions of the district as well as operations.

Operational costs are estimated at between 25 and 30 percent of the overall budget and would be adjusted as necessary through the normal budgeting process.

Cohocton Ambulance District/Wayland Ambulance District

For this scenario, many of the same assumptions apply with minor changes in staffing and overall budget.

Figure 39: Estimated Costs – Cohocton Ambulance District/Wayland Ambulance District

Position Title	Number of Positions	Total
Operations Supervisor	2	\$104,738.00
Emergency Medical Technician	15	\$672,660.00
Total Personnel		\$777,398.00
Facility Needs¹⁶		
Headquarters Facility	1	\$1,039,912.00
Total Facility		\$1,039,912.00
Operational Expenses		
Annual Supplies and Equipment		\$250,000.00
Total First Year Budget		\$2,067,310.00

Under this scenario, since two distinct districts would exist, it would be difficult to place paid coverage in one but not the other. Additionally, some surplus of system capacity must be maintained to accommodate concurrent incidents. Thus, two EMT personnel would be on duty 24 hours per day within each district plus one Operations Supervisor in each district.

¹⁶ Facility costs are based on a new facility if necessary in a central location that can serve the greatest amount of service demand within the region. Details of facility cost estimates can be found in the appendix of this report.

WFD could conceivably maintain ambulance coverage from their current facility and the new construction costs would be necessary for a centrally located Cohocton/Atlanta-North Cohocton district headquarters as described previously. Operational costs were estimated as previously discussed.

North Cohocton-Wayland Ambulance District/Cohocton Ambulance District

For this scenario, many of the same assumptions apply with minor changes in staffing and overall budget.

Figure 40: Estimated Costs – North Cohocton-Wayland Ambulance District/Cohocton Ambulance District

Position Title	Number of Positions	Total
Operations Supervisor	2	\$104,738.00
Emergency Medical Technician	15	\$672,660.00
Total Personnel		\$777,398.00
Facility Needs¹⁷		
Headquarters Facility	1	\$1,039,912.00
Total Facility		\$1,039,912.00
Operational Expenses		
Annual Supplies and Equipment		\$250,000.00
Total First Year Budget		\$2,067,310.00

Based on the premise that this scenario would mirror the previous strategy, the costs are assumed to also be similar.

Cohocton/Wayland Ambulance District (Without Village of Wayland)

If the community and elected officials are willing to accept a level of service similar to that currently being provided, then this can be accomplished from a single centralized facility staffed with paid personnel. Without the Village of Wayland, the total service demand is reduced such that a single unit could potentially handle the service demand. Although Unit Hour Utilization (UHU) does not apply to volunteer units, placing paid/career units into service raises the question of economic efficiency, which UHU measures.

By placing a paid/career unit into service in a system such as recommended here and establishing a quasi-governmental ambulance district, the system would be considered a ‘third service’ provider:

¹⁷ Facility costs are based on a new facility if necessary in a central location that can serve the greatest amount of service demand within the region. Details of facility cost estimates can be found in the appendix of this report.

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Neither fire-based nor private. In this case, the threshold UHU should be in the range of 0.30 to 0.35 (the higher the number, the busier the unit should be). Based on the service demand outside the Village of Wayland during the last full year of data provided, a consolidated district with one unit in service 24 hours per day would generate a UHU of approximately 0.04.

Figure 41: Estimated Costs – Cohocton Ambulance District/Wayland Ambulance District (Without Village of Wayland)

Position Title	Number of Positions	Total
Operations Supervisor	1	\$52,369.00
Emergency Medical Technician	7.5	\$336,330.00
Total Personnel		\$388,699.00
Facilities Needs¹⁸		
Headquarters Facility	1	\$1,039,912.00
Total Facility		\$1,039,912.00
Operational Expenses		
Annual Supplies and Equipment		\$200,000.00
Total First Year Budget		\$1,628,611.00

Under this scenario two EMT personnel would be on duty 24 hours per day to provide continuous service to the entire region plus one Operations Supervisor in each primary response area. Part-time personnel and/or call-back personnel could be used for those times when service demand exceeds the single unit's capacity.

It should also be noted here that the staffing methodology presented based on deployment from a single facility could potentially be applied to any of the aforementioned strategies. This, of course, would affect the overall cost of each strategy and would require that each of the scenarios continue to utilize volunteer personnel to supplement the paid/career personnel.

¹⁸ Facility costs are based on a new facility if necessary in a central location that can serve the greatest amount of service demand within the region. Details of facility cost estimates can be found in the appendix of this report.

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Fiscal Impact Summary

Scenario	Personnel Costs	Facility Costs	Operational Costs	Total
Single Consolidated District – Option 1	\$725,029	\$1,039,912	\$200,000	\$1,964,941
Single Consolidated District – Option 2	\$725,029	\$1,039,912	\$200,000	\$1,964,941
CFD-ANCFD Consolidation	\$777,398	\$1,039,912	\$250,000	\$2,067,310
WFD-ANCFD Consolidation	\$777,398	\$1,039,912	\$250,000	\$2,067,310
Single Consolidated District – Without Village of Wayland	\$388,699	\$1,039,912	\$200,000	\$1,628,611

Funding Alternatives

Prior to discussing alternative assessments, fees, or other increases to the current revenue stream, the governing boards of the agencies and municipalities should clearly define the level of community emergency service in measurable terms (commonly referred to as standards of cover). For example, standards of cover specify the service (emergency medical), the quantity (at least one ambulance with appropriate personnel), the quality (e.g., within nine minutes of dispatch), and the accuracy (e.g., 90 percent of the time). Once service is defined in specific and measurable terms, the tasks of determining cost and the consideration of funding alternatives become more focused.

Potential funding alternatives can be grouped into two general categories: untapped revenues and redirected funds. Untapped revenue is represented by existing funding alternatives that are not fully used, like a tax increase or the implementation of a new tax, and by the identification of fees that do not fully recoup service cost. Redirected funds are existing revenue identified as not contributing toward the essential goals of the organization and, therefore, may be more efficiently allocated to other programs or functions.

Untapped Revenue

Although not currently doing so, a newly created ambulance district could bill for transport services provided by the district. This type of user fee allows the district to offset at least a portion of the cost of providing the service by requiring those that actually use the service to pay a larger percentage of the overall costs.

Based on historic service demand within the Town and Village of Cohocton, the Town of Wayland, and the Atlanta-North Cohocton Fire District, this geographical area represented approximately 300

incidents annually with approximately 240 of those incidents resulting in transport to the hospital or intercept with an ALS provider from a neighboring jurisdiction. Assuming that the new district would bill for transport under the Centers for Medicare/Medicaid Services (CMS), ESCI assumes that the district could see potential revenue of \$61,874 when billed at the BLS Non-emergency rate and \$99,000 when billed at the BLS Emergency rate plus an additional \$49,920 in mileage charges annually based on current service demand levels. This should be considered to be gross potential revenue based on established CMS rates as determined by the Ambulance Fee Schedule.

One caveat to the revenue estimate noted above is that each transport would need to strictly follow industry guidelines in regard to patient care reporting, Health Information Privacy and Accountability Act (HIPAA) laws, billing practices and recordkeeping. Additionally, an annual review of payor mix and collection rates should be undertaken to ensure proper budgeting for the following year based on collectability of user fees and community resources.

Redirected Funds

There are essentially three methods that can be used to redirect public funding: 1) proving that money could be spent more effectively, 2) showing that a population or area is not receiving its fair share of service, and 3) changing a policy so that a program can access a funding stream that currently exists.¹⁹ In order to redirect funding, leadership researches what funding is there, who controls the funding, what the policies are, and whether or not allocation patterns can be changed.

This would involve altering the methodology for calculating the cost of serving the region. A formula for apportioning service cost may factor in assessed valuation, population, service demand, level of service, and area size. One option for leveling cost fluctuations is to employ a formula using multiple factors (population and assessed valuation, for instance). A more complete discussion of the principles of cost allocation is included later in this section.

Mill Levy

A mill equals a tenth of one cent; consequently, an ad valorem tax rate expressed in mills means that one dollar of tax revenue is generated for every \$1,000 of assessed value. The assessed value of the Cohocton-Wayland region is calculated to be slightly more than \$378,130,025. Given that assessed

¹⁹ *Sustainable Funding for Program Strategies*, Lessons Learned from an Ambitious Community Change Effort, June 2005, Urban Health Initiative, Seattle, WA.

value, ESCI estimates that a universal levy of about 2.59 mills is necessary to fund a consolidated ambulance district should the region proceed with a plan to completely fund the district through ad valorem taxes without considering the capital expenses of facilities and equipment.

Principles of Cost Allocation

Local governments provide services based on an assumption of public interest rather than the need for profitability, as in the private sector. Consequently, the limiting market forces of supply, demand, and price are not typically found at the forefront of policy decisions concerning emergency services. While elected officials may spend significant time and effort debating the overall cost of these services, it is very unusual that the point of service price is considered. In this light, it is not surprising that local governments find it difficult to establish a fair market price for essential services when entering into partnerships.

Usually, when a single local government provides ambulance services to its residents, that community bears the entire financial burden because of the presumption that everyone benefits from the service. In the case of municipalities, the full cost of the service may not be easily determined because administrative and support expenses are frequently borne by other municipal departments and not documented in the emergency services budget. It all works because individual users of the service are not charged; therefore, the real price of that service is never an issue. On the other hand, when two or more communities share in providing emergency services jointly, elected officials must assure that each community assumes only its fair *pro rata* share of the cost, thereby fulfilling an obligation to act as stewards to the best interest of their respective constituencies.

However, while purely economic considerations may suggest that those who benefit from a service should pay in direct proportion to the level of benefit (the “benefits received” principle), social and political concerns may also enter into the price-setting process. Therefore, the task of apportioning the cost of an allied emergency services system among partner agencies will likely require a fair amount of analysis and negotiation. The process should be approached with the recognition that any agreed-on allocation formula must fit the local situation, it should serve the best interests of the partners over the long-term, and everyone (especially the public) should easily understand it. It is also essential that the process be maintained completely transparent at the governance level. We generally advise clients to

keep cost apportionment formulas fair, simple, and intuitively logical to assure that the public accepts and supports the endeavor.

Allocation Options

What follows is an alphabetical listing of system variables that can be used (singly or in combination) to allocate cost between allied entities. Each option is summarized by the concept, its advantages and disadvantages, and other factors that should be considered. Regardless of the option(s) chosen to share the cost of fire protection, the resulting inter-local agreement needs to address the issues of full cost versus marginal cost and should be clear about the inclusion of administrative or overhead cost. In addition, service contracts often must reconcile the exchange of in-kind services between the participating agencies.

Area

Concept:

The cost of emergency service can be apportioned based on the geographic area served relative to the whole. For instance, the jurisdictional boundaries of the two towns (including ANCFD) represent about 96.3 square miles not including contract areas outside the two towns and the fire district. Allocation based on area would apportion about 40.0 percent of cost to Cohocton, about 41.3 percent to Wayland, and about 18.7 percent to ANCFD. Apportionment founded on service area alone may work best in areas that are geographically and developmentally homogeneous.

Pro:

Service area is easily calculable from a variety of sources.

Con:

Service area does not necessarily equate to greater risk or to greater workload.

Consider:

Service area may be combined with other variables (such as assessed value and number of emergencies) to express a compound variable (such as assessed value per square mile and emergencies per square mile).

Assessed Value

Concept:

The assessed value (AV) of municipalities is established by the local tax assessor under laws of the state. Usually, higher-valued structures and complexes carry a greater risk to the community from loss by fire; consequently, assessed value also tends to approximate the property at risk within a municipality. Emergency services agencies are charged with being sufficiently prepared to prevent loss of life. Therefore, the cost of contracted service may be apportioned relative to the assessed value of the jurisdictions. Typically, AV is used to apportion cost of shared service by applying the percentage of each partner's AV to the whole. For example, the 2009 combined AV of the Town and Village of Cohocton (inclusive of ANCFD) is listed as \$132,310,838 while the combined assessed value of the Town and Village of Wayland is listed at \$245,883,796. Under a system apportioned by AV, the Town of Cohocton would pay about 34.9 percent while the Town of Wayland would be responsible for the remaining 65.1 percent.

Pro:

AV is updated regularly helping to assure that adjustments for changes relative to new construction, annexation, and inflation are included. Because a third party (the assessor) establishes AV in accordance with state law, it is generally viewed as an impartial and fair measurement for cost apportionment. Although the provision of emergency medical services is not typically considered a *property-related service*, apportionment tied directly to property value has merit.

Con:

AV may not reflect the property risk associated with certain exempt property, such as schools, universities, government facilities, churches, and institutions. AV may not always represent the life risk of certain properties, such as nursing homes or places of assembly, which might dictate more significant use of resources. In addition, some large facilities may seek economic development incentives through AV exemptions or reductions. Adjustments may need to be made to AV if such large tracts of exempt property in one jurisdiction cause an imbalance in the calculation. Last, AV typically includes the value of land, which is not usually at risk of loss. Depending on the local circumstance, however, this may not be a significant factor if the relative proportion of land value to structure value is reasonably uniform over the whole of the territory.

Consider:

Some states discount AV depending on the class of property (commercial or residential), which may skew the overall proportion of those properties compared to risk. This does not appear to be the case in Cohocton and Wayland. As an additional consideration, assessors usually establish the AV in accord with the property tax cycle, which can lag somewhat behind the budget cycle of local agencies and the time when service contracts are reviewed or negotiated.

Service Demand

Concept:

Service demand may be used as an expression of the workload of an emergency service provider or geographical area. Cost allocation based on emergencies would consider the total emergency response of the service area, and apportion system cost relative to the percentage of emergencies occurring in the jurisdictions. ESCi was able to filter existing computer-aided dispatch data to determine the percentage of service demand within each jurisdiction. Under a system apportioned by service demand, the Town of Cohocton would pay 16.5 percent, the Town of Wayland would pay 73.5 percent, and ANCFD would pay 10.0 percent.

Pro:

Easily expressed and understood. Changes in the workload over the long term tend to mirror the amount of human activity (such as commerce, transportation, and recreation) in the corresponding area.

Con:

Emergency response fluctuates from year to year depending on environmental and other factors not directly related to risk, which can cause dependent allocation to fluctuate as well. Further, the number of incidents may not be representative of actual workload; for example, one large emergency event requiring many emergency workers and lasting many hours or days versus another response lasting only minutes and resulting in no actual work. Last, emergency response is open to (intentional and/or unintentional) manipulation by selectively downgrading minor responses, by responding off the air, or by the use of mutual aid. Unintentional skewing of response is most often found in volunteer fire systems, where dispatch and radio procedures may be imprecisely followed. Further, service demand does not follow a predetermined ratio to land area. As such, the service

demand per square mile ratios may produce large variations. In the study area, these ratio differences proved to be substantial – Cohocton: 2.1 per square mile; Wayland: 13.6 per square mile; ANCFD: 7.27 per square mile. This should be taken into consideration if this methodology is used.

Consider:

Using a rolling average of incidents over several years can help to suppress the normal tendency for the year-to-year fluctuation of emergencies. Combining the number of emergencies with the number of emergency units and/or personnel required may help to align incidents with actual workload more closely; however, doing so adds to the complexity of documentation. In a similar manner (and if accurate documentation is maintained), the agencies could consider using the total time required on emergencies as an aid to establish the comparative workload represented by each jurisdictional area.

Fixed Rate

Concept:

The use of fixed fees or rates (such as a percentage) to calculate allocation of shared cost is more common between municipalities and independent districts. Occasionally, fixed-rate contracts involve the exchange of in-kind services.

Pro:

The concept is simple and straightforward. A menu of service options and the fees corresponding to those alternatives can be developed by the contractor agency. The contracting agencies can tailor a desired level of service based on risk and community expectation by choosing from the various menu items.

Con:

Partnering communities may change (i.e. population, jobs, commerce, structures, and risk) at divergent rates causing disconnection between the rationale used to establish the fee and the benefit received. A fixed-rate contract may be difficult to coherently link to the services provided and/or received, which can lead to a lack of support by officials and the community.

Consider:

Partnering agencies need to assure that provision for rate adjustment is included in the agreement, including inflation. The agreement should address the issue of full cost versus marginal cost. The inclusion or non-inclusion of administrative and/or overhead cost also requires statement, as does the reconciliation of in-kind service exchange. The ownership and/or depreciation of capital assets should be addressed, as should rent, utilities, and liability insurance. In the case of a fixed fee, the agreement should establish how the participation of other public agencies in the partnership would affect cost.

Population

Concept:

Payment for service can be based on the proportion of residential population to a given service area. The 2000 U. S. Census combined population of the Town and Village of Cohocton (excluding ANCFD) is listed as 3,480; Town and Village of Wayland – 6,207; and ANCFD – 1,000. The population of the entire service area is estimated at about 9,687. Apportionment based on the estimated population of the service area would allocate about 25.6 percent of cost to Cohocton; 64.0 percent to Wayland; and 10.3 percent to ANCFD.

Pro:

Residential population is frequently used by governmental agencies to measure and evaluate programs. The U.S. Bureau of Census maintains an easily accessible database of the population and demographics of cities, counties, and states. Estimates of population are updated regularly. Laypersons intuitively equate residential population to the workload of fire departments.²⁰

Con:

The accurate population of unincorporated territory (like special districts) is often difficult to establish. Census tract boundaries and fire district boundaries infrequently match, forcing extrapolated estimates, which can fail to take into account pockets of concentrated population inside or outside of the district boundaries. Residential population does not include the daily and seasonal movement of a transient population caused by commerce, industry, transport, and

²⁰ The average citizen may easily associate population to emergency workload, but no statistical link can be made between the two.

recreation. Depending on the local situation, the transients coming in (or going out) of an area can be very significant, which can tend to skew community risk. Residential population does not statistically link with emergency workload; rather, human activities tend to be the linchpin that connects people to requests for emergency assistance.

For example, if residential population actually determined emergency workload, emergencies would peak when population was highest within a geographic area. However, in many communities where the residential population is highest from about midnight to about 6:00 a.m. (bedroom communities), that time is exactly when the demand for emergency response is lowest. It turns out that emergency demand is highest when people are involved in the activities of daily life — traveling, working, shopping, and recreating. Often, the persons involved in such activities do not reside in the same area.

Consider:

The residential population of unincorporated areas can sometimes be estimated by using the GIS mapping capability now maintained by most counties. By counting the residential households within the area in question then applying demographic estimates of persons per household, it may be possible to reach a relatively accurate estimate of population within the area in question. Alternately, residential population can be estimated by using information obtainable from some public utility districts by tallying residential electrical meters within a geographic area and then multiplying by the persons per household.

Some areas experience a daily or seasonal influx of people who are not counted as residential population. This transient population can be estimated by referring to traffic counts, jobs data, hotel/motel occupancy rates, and, in some cases, state or national park administrators. Residential population plus transient population is referred to as *functional population*. Where functional population is significantly different from residential population, service agreements based on population should be adjusted to account for it.

Multiple-Variable Allocation

Frequently, even though everyone may agree on the benefit of allied emergency services, officials find it difficult to reach an accord on the cost. The differences between community demographics and/or development, along with changes that occur within the system over the long term, can cause the perception of winners and losers. This can be especially prevalent when a single variable is used to apportion cost. A service contract based on more than one allocation determinate may help solve these problems.

For example, ESCI is familiar with a 911 dispatch center in Oregon that serves more than 20 fire agencies of all sizes and types—large, small, metropolitan, and rural; on-duty career, and on-call volunteer. Here, the service contract includes three determinates applied to each agency.

1. **Base charge** — Ten percent of the dispatch center’s budget is divided equally between all agencies. This charge is based on the acknowledgement that each agency is equally responsible to maintain the dispatch center on continuous stand-by, irrespective of size of the agency or its use of the dispatch services.
2. **Usage charge** — Forty-five percent of the dispatch center’s budget is divided between the agencies in accordance with the number of emergency dispatches made for each during the preceding year. The member agencies determined that this charge fairly assesses the overall use of the 911 dispatch system by each.
3. **Risk charge** — Forty-five percent of the dispatch center’s budget is divided between the agencies in accordance with the relative percentage of each department’s AV. The member agencies determined that this charge is relational to each department’s community risk and that it is closely associated with the overall ability to pay.

By apportioning the dispatch center cost over three variables, the members of this alliance have been able to reach a long-term agreement that fits the diversity of the partnering agencies. Other partnerships in other geographical areas may require a different solution involving different combinations of variables. In summary, we restate something said earlier — when choosing a cost-sharing strategy for partnered fire protection, it is important to keep any apportionment formula fair, simple, and intuitively logical to assure that the public accepts and supports the endeavor.

Allocation Summary

The information provided above serves as a detail of each funding alternative presented. Given the lengthy discussion provided with each alternative, ESCI has compiled the information into a summary table illustrating how each funding alternative would be distributed among the member jurisdictions. In

addition to the individual funding alternatives, several multiple-variable scenarios are also provided as an example of how this type of methodology can be applied and modified.

Figure 42: Summary of Alternative Funding Models

Jurisdiction	Area	Assessed Value	Service Demand	Population	Multiple Variable #1	Multiple Variable #2	Multiple Variable #3
Town of Cohocton	40.0%	35.0%	16.5%	23.4%	30.3%	33.4%	31.1%
Town of Wayland	41.3%	65.0%	73.5%	62.2%	62.7%	62.8%	57.3%
ANCFD	18.7%	Included in Town	10.0%	14.4%	7.0%	3.8%	11.6%

Figure 43: Multiple-Variable Funding Scenarios

Multiple Variable Weights	
Multiple Variable #1	
Area	15%
Assessed Value	50%
Service Demand	20%
Population	15%
	100%
Multiple Variable #2	
Area	10%
Assessed Value	75%
Service Demand	5%
Population	10%
	100%
Multiple Variable #3	
Area	35%
Assessed Value	25%
Service Demand	15%
Population	25%
	100%

Guidance

The formation of regional authorities or other cooperative efforts fail for many of the same reasons as a legal merger. As with a merger, sometimes law prohibits the idea at the outset and other times the proposal may be doomed by the unfavorable outcome of a public election or the reality of finance. These issues aside, however, the same four major pitfalls of cooperative effort that were discussed in the previous strategy presented in this report can also cause even the most feasible regional oversight strategy to go wrong.

Again, leaders must be aware of organizational culture and its role in the wellness of the agency's soul. Early recognition by leadership of the importance of culture to the success of a regional partnership can help to overcome differences and build on strengths.

- Consult with all system partners. The elected officials of the municipalities and the directors of the fire district should begin a dialog with each other regarding the proposed regional consolidation. Establish which municipalities are likely to participate if the system moved forward.
- Consult with legal counsel. The elected and appointed officials should consult with legal counsel regarding the statutory options and requirements for establishment of a regional EMS district.
- Joint adoption of a Regional EMS Vision. The municipalities should formally adopt a Regional EMS Vision and invite the individual organizations to consider its adoptions as well.
- Organize the steering committee. The municipalities should appoint members to the steering committee and then instruct the committee to formulate and report on all elements of a regional restructuring plan and the establishment of an EMS district. Invite the volunteer fire departments to participate as stakeholders. Establish leadership roles of the chair and other committee members. Create meeting guidelines and elect leadership. Set meeting dates and times. Review and adopt the work plan. Meetings are ongoing, as is the review and revision of the work plan. The committee should perform as a clearinghouse for all information concerning the effort so that service partners speak with a unified voice.
- Name the district. As an element of the work plan, the steering committee should establish a suitable name for the EMS district. The name should reflect the identity of the entire protected area. In this case, an example would be the Cohocton-Wayland Ambulance District.

Other considerations for guidance in establishing the joint district and developing an implementation plan and timeline include:

- Develop a system-wide, cross-functional committee to explore the needs of regional administration.
- Work with elected officials to adopt personnel requirements that help the system meet goals and guidelines.
- Develop job descriptions for those positions implemented.
- Inventory and evaluate current physical assets, apparatus, equipment, and operational/facility supplies.
- Contract for or align vendors to provide logistics and supply services.
- Evaluate other cooperative support service programs throughout the state.
- Determine support components that would best benefit all departments immediately and long-term for program expansion.

- Evaluate current levels of administrative and support functions and identify successful elements to incorporate into the joint program.
- Ensure that all aspects of a joint administration and support authority are based on recognized local, state, and national standards for command and control.
- Determine the most efficient and effective location for administrative functions.
- Involve the current fire companies and municipalities but consider the benefits of expanding the program to other local government entities outside the current region.
- Evaluate value in outsourcing of certain support services, such as maintenance, to a qualified outside vendor.

Policy Action

The municipalities can initiate action through inter-local governmental agreements that would lead to the joint district assuming administration and oversight of emergency medical services responsibilities of the participating municipalities. Reorganization would include terms and conditions to substantiate the district's obligation to provide for emergency services within the region.

Although the actual promulgation of an inter-local agreement establishing the district is one of the final steps of the process, a sample document is provided in the appendix of this report. This sample document, based on the content and format of the Town of Brookhaven program agreement, is not offered as a legal document and is intended only as an example to provide a point from which to begin discussion, consideration, and continuing dialogue on any actual agreement that might be created to establish the district in the Towns of Cohocton and Wayland.

Public Input

Upon development of what was determined to be the most feasible strategies for future service delivery throughout the Cohocton and Wayland communities, ESCI conducted two public input meetings wherein the initial findings of the study were presented along with the strategies that had been developed. Upon presentation of the information, each participant was asked to complete a short survey in order for policy-makers to gauge community expectations in regard to the delivery of emergency medical services. A copy of the survey instrument is included in the appendix of this report.

The figure below illustrates the attendance at each session and identifies where within the community participants live.

Figure 44: Distribution of Public Input Meeting Attendees

	Tuesday	Wednesday
Town of Cohocton	23	0
Village of Cohocton	12	1
Town of Wayland	2	15
Village of Wayland	0	13
Total	37	29
ANC	14	0

The following is a compilation of general comments received from the surveys completed during the public input meetings. Repetitive comments are not included.

Priorities

- Quick response
- Sufficient staff
- Technical competence
- Cost/tax rate
- Maintaining a volunteer system

Concerns

- Slow response
- Insufficient staff/lack of volunteers
- Costs of a fully staffed operation

Wayland not available due to outside responses

Current system lacks structure

Current system of multiple dispatching

“No expectation of Wayland EMS. When I need to go to the hospital, I go by car”

“...frustrated that the Village has backed out of this without asking the taxpayers first.”

Positive Feedback

Work well together

Dedicated volunteers

Have required little mutual aid from other areas

Importance of Volunteers

Important to keep costs down

Sufficient staff is more important than maintaining all volunteers

Combination paid/volunteer

Billing won't cover the costs of a paid service

Need both volunteers and paid personnel

Questions/Comments

How will changes impact tax rates

Consolidation

“Let Atlanta/Cohocton merge and leave Wayland out of it or provide ALS fly car and leave ambulance volunteer”

Cannot afford paid personnel and another tax

Publish help wanted ads for volunteers

Bid out EMS for the best possible response time

“...I would drive myself or have my neighbor take me.”

“It is about the citizens we serve.”

Planning Considerations

- 1 – Improving the response time of the first ambulance to arrive at a scene
- 2 – Keeping costs and tax rates as low as possible
- 3 – Expanding the types of EMS services offered
- 4 – Maintaining the existing response times of the first ambulance to arrive at a scene
- 5 – Technical competence of emergency medical personnel
- 6 – Sufficient response and staffing for emergency incidents

Ranking from Tuesday night

6 – 5 – 1 – 3 – 2 – 4

In other words, sufficient response and staffing for emergency incidents is considered most important following closely by the technical competence of those responders. Next is improving response times throughout the area. Of lower importance were expanding the types of services offered, keeping costs to a minimum, and maintaining current response times.

Ranking from Wednesday night

6 – 5 – 1 – 2 – 3 – 4

Similar results as Tuesday night with sufficient response and staffing for emergency incidents is considered most important followed closely by technical competence of those responders. Next is improving response times throughout the area. The only difference in the ranking from Tuesday night is that this group considered keeping costs to a minimum slightly more important than expanding the types of services offered. As with Tuesday night's group, maintaining current response times was ranked lowest

Implementation Process

This section of the report describes a recommended process for moving forward with the potential implementation of a cooperative service delivery effort. The word potential is used here because a part of this process includes the policy decisions necessary to determine, based on the results of the study, whether there is sufficient desire among the political bodies of the organization to continue with the process or not. The implementation begins with that step.

Conduct Vision Session(s) with Policy-makers

The initial stage of implementation begins with the most elementary decision: “Do we want to move forward or not?” It is extremely important that at this stage of the process it is clearly recognized that this is a public policy decision on the part of the governing entities involved. A decision to consider altering the way in which a critical public safety service is provided, in some cases even permanently altering the governance of those services, is clearly in the purview of the elected bodies. While senior management input should be considered, the final decision should not rest at any level lower in the organization than those who are elected to represent the customers.

For this reason, it is recommended that the elected bodies meet together for the initial discussion of the feasibility study and its projected operational and fiscal outcomes. Depending on the number of elected officials, the policy-makers can decide whether to include all elected officials or a representative group assigned to represent each governing entity. During this policy stage, involvement by additional staff should be kept to a minimum, perhaps at the senior management level and then for the sole purpose of providing technical support. It is important to limit the ability for the process to be “hijacked” at this point by strenuous arguments for or against the idea from those operations level personnel whose opinions may be influenced by turf, power, or control issues. Stakeholder input is important, but plentiful opportunity can be provided for this once the policy-makers have determined what is in the best interest of their citizens as a matter of public policy.

It is equally important that the policy-makers recognize exactly what decision is being considered in the initial vision meetings. The purpose is to weigh the strategies, operational advantages, fiscal outcomes, and potential impediments of the feasibility to determine whether to commit local resources to move the process forward. The decision is not, at this point, a final decision to “flip the switch”. The final

commitment to take legal actions necessary to finalize implementation of any given strategy will come much further into the process.

This initial vision meeting can be likened to the court process known as a probable cause hearing. The purpose of such a hearing is for a judge or grand jury to determine if sufficient evidence exists to warrant an arrest and a trial. The probable cause hearing does not determine the final verdict or sentence. That occurs after the much more thorough process and deliberation of the trial. Likewise, the vision meetings are for the policy-makers to judge whether sufficient evidence exists to warrant moving forward. The final verdict on whether to take legal or contractual actions to implement will come after weeks, months, or even years of additional detailed planning work involving stakeholders, operations staff, legal counsel, finance personnel, and others. As this actual implementation planning work moves forward, there may be several points at which new information or undefeatable obstacles arise that cause one community or the other to decide not to finalize and implement the plan.

The term “vision session” is used here because the policy-makers will be determining their joint decision on a future vision toward which the additional work of implementation will be directed. In many cases, several legal, operational, or functional strategies are presented as being feasible in the study. These may involve various options for governance, finance, and organizational structure. Which one or ones should the entities pursue, if any? This will become the joint vision of the policy-makers.

One of the best methods for initiating this vision process is to begin with policy-makers sharing an open discussion of critical issues. Each entity’s representative can present a short description of those critical issues, service gaps, or service redundancies that might be concerning them relative to their provision of public safety services. As each entity takes its turn presenting these issues, a picture typically emerges of those shared critical issues that two or more of the entities have in common. This assists in focusing the discussion on which of the feasible options from the study best address those critical common issues and how.

As the discussion focuses on those feasible options with the greatest opportunity to positively impact shared critical issues, the discussion can expand to the strengths and weakness of the strategies relative to the conditions, financial abilities, and cultural attitudes of the communities involved. There should be a concerted effort to remain at a policy level without becoming overly embroiled in operational

discussions of implementation details. Those will be addressed once a common vision has been established for a future strategy that is in the best interest of all the communities involved.

This is also the time that communities may make the decision to opt out of further involvement. This may occur for a number of reasons. There may be legitimate concern that an individual community does not truly share an adequate number of common critical issues with the other communities. There may also be a legitimate concern that the feasible strategies do not do enough to benefit a given community and would leave it with too many remaining critical issues. And, of course, there is always the possibility that a given community will not feel that the projected financial outcome is within their ability or provides a cost-benefit that is better than their current situation. Any such decisions by one or more communities should not be considered a discouraging factor, for that is the very purpose of the vision sessions. In many cases, other remaining entities continue moving forward with a shared vision for cooperative service delivery even after one or more communities determine not to.

The goal of the vision session(s) is to develop a decision by the policy-makers on whether to continue with the next steps and, if so, what direction those steps should take. The vision should be sufficiently decisive as to be actionable by senior appointed officials and staff. While there will be many, many details to work out in the implementation process, the vision should clearly articulate the intention of the agreeing policy bodies on the desired outcome from the specified cooperative service strategy or strategies. Once this occurs, the real work begins.

After setting the joint vision, this policy-maker group should meet together at set intervals or as needed to hear the progress of the Joint Implementation Committee and its Working Groups and refine direction when necessary. The appropriate interval will depend on the situation and the complexity and length of the process itself, but often a quarterly meeting is sufficient.

Establish a Joint Implementation Committee

The next step in the process is to establish a Joint Implementation Committee that will be given the overall responsibility with leadership and management of the planning and implementation process. This will be the “nuts and bolts” group that works through the details, overcomes the challenges, reacts to new information, and makes many of the actual decisions on the implementation plan. This group should have much wider representation from stakeholders both inside and outside of the individual

organizations involved. Membership in the Joint Implementation Committee may include senior management personnel and, where appropriate, labor representatives. The following is an example of a Joint Implementation Committee:

- City/District Manager (or equivalent) from each community
- Fire Chief from each community
- Finance Director from each community
- Labor Representative from each bargaining group involved
- Volunteer Representatives from each volunteer organization involved
- Community Representative from each community (Chamber of Commerce or similar)

The Joint Implementation Committee should select a chair or co-chairs to function as organizers and facilitators for the committee meetings. In addition, their first order of business should be to determine the rules and procedures of this committee. This should include such items as:

- How often does this group meet (monthly is typical)?
- How are absences handled (assigned alternates are recommended)?
- How does communication (occasionally secure) within this committee take place?
- How will meetings be conducted? Are there “rules of conduct” for the meetings?
- Under what circumstances will the meetings be opened to attendance by non-members?
- How will the group pursue consensus? When voting is necessary and how will that occur?

Develop an Implementation Strategic Plan

Once the ground rules have been set, the Joint Implementation Committee should schedule a strategic planning process. Consideration should be given to having this strategic planning process directed by neutral outside professionals trained in strategic planning facilitation. The strategic planning process should be held in a neutral setting away from the daily activities and noise of the usual office environment. It need not be an expensive retreat, but it should be organized in a way to focus energy and attention exclusively to the planning process for its duration. The purpose of the initial strategic planning session should be as follows:

- To further articulate and refine the joint vision set by the policy bodies.
- To identify critical issues that will be met as the implementation process unfolds.
- To identify potential impediments to implementation from:
 - Organizational culture
 - Availability of data and information

- Lack of sufficient staff to carry through implementation processes
- Outside influences and time demands
- To set the specific goals and objectives of the implementation process and the timelines for accomplishment.
- To establish the necessary Implementation Working Groups.

This process should result in the preparation of an implementation planning document that can be shared with the policy body, stakeholders, and others who will be involved in or affected by the implementation process. The document should provide the joint vision, describe the cooperative service strategy or strategies being pursued, the desired outcome, the goals that must be met in order for implementation to be achieved and the individual objectives, tasks, and timelines for accomplishment. When fully and adequately prepared, this document will serve as the master “road map” for the process and will help guide the next steps of developing working groups and assigning responsibilities.

Establish Implementation Working Groups

As part of the implementation strategic planning process, various Implementation Working Groups should be established that will be charged with responsibility for performing the necessary detailed work involved in analyzing, weighing, and deciding on specific processes. Membership for these Implementation Working Groups should be roughly identified as part of that process as well.

The number and titles of the working groups will vary depending on the type and complexity of the strategies begin pursued. However, the following list provides some typical working groups used in most consolidation processes and a description of some of their primary assigned functions and responsibilities.

Governance Working Group

This group will be assigned to examine and evaluate various governance options for the cooperative service effort. A recommendation and process steps will be provided back to the Joint Implementation Committee and the Policy-maker Group. Once approved, this working group is typically assigned the task of shepherding the governance establishment through to completion. The membership of this group typically involves one or more elected officials and senior city/district and agency management.

Finance Working Group

This group will be assigned to review the financial projections contained in the feasibility study and complete any refinements or updating necessary. The group will look at all possible funding mechanisms and will work in partnership with the Governance Working Group to determine impact on local revenue sources and options. Where revenue is to be determined by formula rather than a property tax rate, such as in a contractual cooperative venture, this group will evaluate various formula components and model the outcomes, resulting in recommendations for a final funding methodology and cost distribution formula. The membership of this group typically involves senior financial managers and staff analysts, and may also include representatives from the agencies' administrative staffs.

Legal Working Group

Working in partnership with the Governance Working Group, this group will identify study all of the legal aspects of the selected strategy and will identify steps to ensure the process meets all legal obligations of process and law. Where necessary, this group will oversee the preparation and presentation of policy actions such as ordinances, joint resolutions, dissolutions, and enabling legislation. The group will also be responsible for working with other elected bodies, such as State Legislatures, when necessary to accomplish establishment of local selected governance. The membership of this group typically involves legal counsel from the various entities involved and may also include senior city/district management staff.

Operations Working Group

This group will be responsible for an extensive amount work and may need to establish multiple sub-groups to accommodate its workload. The group will work out all of the details of necessary operational changes required by the strategy. This involves detailed analysis of assets, processes, procedures, service delivery methods, deployment, and operational staffing. Detailed integration plans, steps, and timelines will be developed. The group will coordinate closely with the Support Services and Logistics Working Group. The membership of this group typically involves senior agency management, mid-level officers, training staff, and labor representatives. This list often expands with the complexity of the services being provided by the agencies.

Support Services and Logistics Working Group

This group will be responsible for any required blending of capital assets, disposition of surplus, upgrades necessary to accommodate operational changes, and the preparation for ongoing administration and logistics of the cooperative effort. The membership of this group typically involves mid-level agency management, administrative, and support staffs. Where involved, support divisions such as Maintenance, Fire Prevention, and others may also be represented.

Labor Working Group

This group will have the responsibility, where necessary, for blending the workforces involved. This often includes the analysis of differences between collective bargaining agreements, shifts schedules, policies, and working conditions. The process also includes work toward developing a consensus among the various bargaining units on any unified agreement that would be proposed for the future. Often, once the future vision is articulated by the policy-makers, labor representatives are willing to step up and work together as a team to identify challenges presented by differing labor agreements and offer potential consensus solutions. The membership of this group typically involves labor representatives from each bargaining unit, senior agency management and, as needed, legal counsel.

Communications Working Group

Perhaps one of the most important, this group will be charged with developing an internal and external communication policy and procedure to ensure consistent, reliable, and timely distribution of information related to the cooperative effort. The group will develop public information releases to the media and will select one or more spokespersons to represent the communities in their communication with the public on this particular process. The importance of speaking with a common voice and theme, both internally and externally, cannot be overemphasized. Fear of change can be a strong force in motivating a group of people to oppose that which they do not clearly understand. A well informed workforce and public will reduce conflict. The membership of the group typically involves public information officers and senior city or agency management.

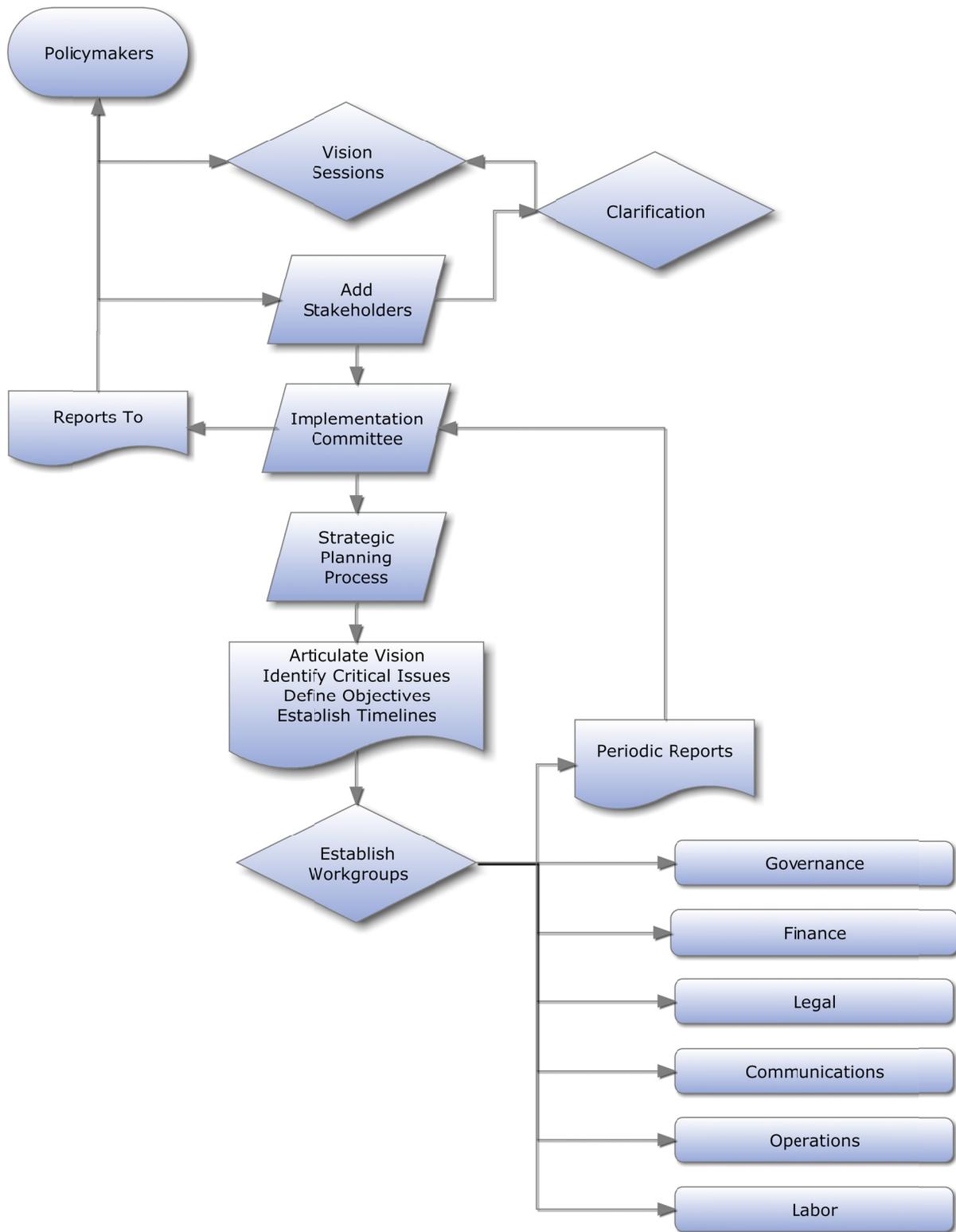
Meet, Identify, Challenge, Refine, and Overcome

Once the working groups are established, meeting, and completing their various responsibilities and assignments, it will be important to maintain organized communication up and down the chain. The working group chairs should report regularly to the Joint Implementation Committee. When new

challenges, issues, impediments, or opportunities are identified by the working groups, this needs to be communicated to the Joint Implementation Committee so that the information can be coordinated with findings and processes of the other working groups. Where necessary, the Joint Implementation Committee and a working group chairperson can meet with the policy-makers to discuss significant issues that may precipitate a refinement of the original joint vision.

The process is continual as the objectives of the strategic plan are accomplished one by one. When sufficient objectives have been met, the Joint Implementation Committee can declare various goals as having been fully met until the point comes when the actual implementation approval needs to be sought from the policy bodies. This formal “flipping of the switch” will mark the point at which implementation ends and integration of the agencies begins. The following flowchart is provided as an example of how the implementation of this process should work.

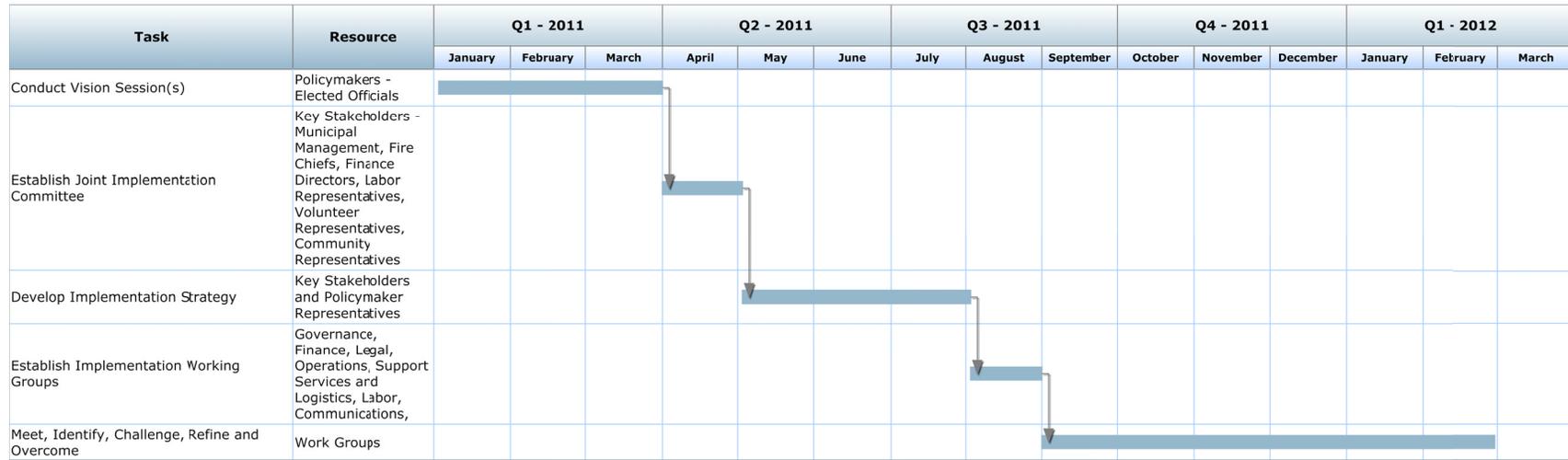
Figure 45: Example Implementation Flowchart



As an additional guideline, the implementation process and flowchart provided above have been broken down into a potential timeline for implementation. This is provided only as an example as implementation for any specific agency will be highly variable and depend on a number of factors including willingness of stakeholders to proceed, fiscal resources, timing, etc.

**Town and Village of Cohocton, Town and Village of Wayland, Atlanta-North Cohocton Fire District
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Figure 46: Sample Implementation Timeline



Conclusion

It is common for those in emergency services to tout themselves or their organization in terms such as *a pride-driven organization that is at their best every day*, or simply, *the best*. The true marks of quality of the best organizations, however, are those that work continuously for measurable improvement in organizational performance. By undertaking this study, the leadership of the Towns and Villages of Cohocton and Wayland and the Atlanta-North Cohocton Fire District has begun the task of organizational and system evaluation that is necessary to plan for and reach the goal of truly being the best.

ESCI in no way intends to suggest that any of the organization involved in this project are not already operating at a high level. In fact, ESCI is pleased to report that all available evidence shows that each organization consistently provides excellent service to the citizens of their respective communities, although each agency is having difficulty producing sufficient personnel to handle the increasing service demand throughout the area. However, in keeping with the notion of continuous improvement wherein an unending loop of performance, measurement, and evaluation leads to system enhancements that would otherwise be impossible, ESCI offers recommendations to assist the region in implementing strategies that will best benefit the public.

The ESCI project team began collecting information concerning the EMS system in the Towns and Villages of Cohocton and Wayland and the Atlanta-North Cohocton Fire District in August 2010. The team members recognize that the report contains a large quantity of information and ESCI would like to thank the elected officials of each organization involved as well as the volunteers of the three fire departments for their tireless efforts in bringing this project to fruition. ESCI would also like to thank the various individuals and external organizations for their input, opinions, and candid conversations throughout this process. It is ESCI's sincere hope that the information contained in this report is utilized to its fullest extent and that the emergency services provided to the citizens of Cohocton, Wayland, and the surrounding areas are improved by its implementation.

Appendix A – Ambulance District Resolution

**Inter-Municipal Agreement on Order to form a Joint Ambulance District between the
Town of Cohocton (Cohocton), the Town of Wayland (Wayland),
and the Atlanta-North Cohocton Fire District (the District)**

IN THE MATTER OF THE ESTABLISHMENT OF
THE COHOCTON-WAYLAND AMBULANCE DISTRICT, IN THE
TOWNS OF COHOCTON AND WAYLAND, COUNTY OF STEUBEN,
STATE OF NEW YORK, PURSUANT TO ARTICLE
12-A OF THE TOWN LAW

WHEREAS, a map, plan and report have been prepared in such manner and detail as determined by the Town Board of the Towns of Cohocton and Wayland, regarding the establishment of a proposed ambulance district in the area following the boundaries of the Towns of Cohocton and Wayland; and

WHEREAS, said map, plan and report have been filed in the office of the Town Clerk; and

WHEREAS, said map and plan were prepared by the Cohocton Town Planning Board showing the boundaries of the proposed district; and

WHEREAS, a preliminary budget indicating needed operating expenses and needed capital improvements for the first year of operation has been submitted to the Town Boards; and

WHEREAS, the improvements proposed include the following: acquisition of a new ambulance, acquisition of land and construction thereon of station and crew quarters, furniture and furnishings therefor, and base station communications equipment, and

WHEREAS, the proposed method of financing the cost of the improvements shall consist of assessments levied on benefitted real property in the proposed district; and

WHEREAS, the maximum amount proposed to be expended for operating costs and capital budget improvement items as set forth herein is One Hundred Thousand (\$100,000) Dollars; and

WHEREAS, the map, plan and report are on file in the Office of the Town Clerk for public inspection,

WHEREAS, Section Article 12 of the Town Law specifically authorizes municipalities to establish an Ambulance District for the provision of emergency and non-emergency ambulance services to the general citizenry; and

WHEREAS, Section 122-b of the General Municipal Law specifically authorizes municipalities to join together to provide for emergency ambulance services, general ambulance services or a combination of

such services for the purpose of providing pre-hospital emergency medical treatment or transporting sick or injured persons to a hospital, clinic, or other place of treatment for such illness or injury; now, therefore, it is

AGREED that the undersigned communities join together to create an Ambulance District for the purposes of providing ambulance services to the Towns of Cohocton, the Town of Wayland, and the Atlanta-North Cohocton Fire District and further agree as follows:

1. Emergency Medical Services Board

In order to monitor the operational and financial performance of Cohocton-Wayland Ambulance District and to perform other duties as delineated therein, the parties will establish an Emergency Medical Services Board.

- A. The Board shall have seven (7) voting members based on the following assignment:
 - a. The Supervisor of the Town of Cohocton
 - b. The Supervisor for the Town of Wayland
 - c. The Mayor of the Village of Cohocton
 - d. The Mayor of the Village of Wayland
 - e. The Fire Chief (or his designee) of the Atlanta-North Cohocton Fire District
 - f. One resident from each of the Towns appointed by joint resolution of the Towns for a term of three (3) years
- B. The Board members shall elect among themselves a Chair and a Vice-Chair.
- C. Pending the appointment of community representatives, the administrative officers shall serve as the interim Board.
- D. The Committee shall review and approve the annual appropriation request of the service provider before its submission to the governing boards of the Participating Municipalities.

NOW, on motion of Councilperson XX and seconded by Councilperson XX, it is hereby ORDERED, that the Town Boards of the Towns of Cohocton and Wayland shall meet and hold a public hearing at the XX Building, XX, Town of Cohocton and a second public hearing at the XX Building, XX, Town of Wayland, on the 4th day of July, 2011, at 11:00 A.M. to consider the map, plan and report prepared in relation to the proposed Cohocton-Wayland Ambulance District, and to hear all persons interested in the proposal and to take action as is required and authorized by law; and

be it further ORDERED that the Town Clerks of the Towns of Cohocton and Wayland shall cause a copy of this order to be published at least once in the local newspaper, the first publication thereof to be not

less than 10 nor more than 20 days before the set herein for the public hearing, and shall also cause a copy hereof to be posted on the sign board of the Town, maintained pursuant to Section 20 of Town Law, not less than 10 nor more than 20 days before such date designated for such public hearing. The vote adopting this order is as follows:

Supervisor
Councilperson
Councilperson
Councilperson
Councilperson

Supervisor
Councilperson
Councilperson
Councilperson
Councilperson

This order was duly adopted.

Dated:

Appendix B – Intergovernmental Agreement to Provide Emergency Medical Transport Services

Inter-Municipal Agreement for Emergency Ambulance Services
and General Ambulance Services between the
Town of Cohocton (Cohocton), the Town of Wayland (Wayland),
and the Atlanta-North Cohocton Fire District (the District)

WHEREAS, Section 122-b of the General Municipal Law specifically authorizes municipalities to join together to provide for emergency ambulance services, general ambulance services or a combination of such services for the purpose of providing pre-hospital emergency medical treatment or transporting sick or injured persons to a hospital, clinic, or other place of treatment for such illness or injury; and

WHEREAS, the quality of such service should not depend upon municipal boundary lines; and

WHEREAS, it is in the best interest of Cohocton, Wayland, and the District to join in an inter-municipal cooperative agreement in regard to emergency ambulance and general ambulance services provided to residents of the three communities; and

WHEREAS, Article 5-G of the General Municipal Law allows local governmental units to make the most efficient use of their powers by enabling them to cooperate with other governmental units on a basis of mutual advantage and thereby to provide services and facilities in a manner and pursuant to forms of governmental organization that will accord best with geographic, economic, population, and other factors influencing the needs and development of local communities; now, therefore, it is

AGREED that the undersigned communities join together to create an Emergency Ambulance Services and General Ambulance Services Inter-Municipal Cooperative Agreement (“Ambulance IMA”), and further agree as follows:

1. Requirements for Membership. Requirements for joining the Cohocton-Wayland IMA shall include all of the following:

- A. The applicant jurisdiction shall approve and execute this Ambulance IMA.
- B. The applicant jurisdiction shall be approved for membership by the then current member municipalities.
- C. The pro-rata subsidy requirements for each jurisdiction shall be adjusted to reflect the added savings and/or costs of the new jurisdiction.

2. Definitions: For purposes of this Agreement, the following definitions shall apply:

- A. Advanced Life Support (ALS) – Emergency pre-hospital care that uses invasive medical acts under the medical supervision and control of a licensed physician. ALS ambulance personnel use these services: intravenous therapy, endotracheal airway, cardiac monitor (EKG), cardiac defibrillator, drugs, relief of pneumothorax or other advanced procedures and services.
- B. Basic Life Support (BLS) – Emergency pre-hospital care that uses non-invasive medical acts. The provision of basic life support may be under the medical supervision and control of a licensed medical physician. For ambulance services, includes only transportation and first aid for the ABC's of life support (airway, breathing, circulation) without adjunctive equipment and/or invasive procedures.
- C. Emergency Ambulance Services or Emergency Medical Services (“EMS”) – Emergency pre-hospital care including both Advanced Life Support (“ALS”) and Basic Life Support (“BLS”).
- D. Emergency Medical Technician (EMT) – a person certified by the State of New York as either EMT.
- E. General Ambulance Services – services to be rendered by the ambulance service provider pursuant to the Emergency Medical Transport Agreement (Par. 3) which are of a non-emergency nature.
- F. Paramedic – a person certified by the State of New York as EMT-P, or Paramedic.

3. Emergency Medical Transport Agreement:

The parties agree to enter into an Emergency Medical Transport Agreement for calendar year 2009 with the Cohocton-Wayland Ambulance District (CWAD), which is a newly established ambulance district created to serve the areas previously served by Cohocton Fire Department, Wayland Fire Department, and Atlanta-North Cohocton Fire District to the Town and Village of Cohocton, the Town and Village of Wayland, and the Atlanta-North Cohocton Fire District. Pursuant to such agreement, the parties will be providing CWAD with funding sufficient to cover the cost of four (4) paramedics and three (3) Emergency Medical Technicians (“EMTs”), such funding not to exceed \$425,000 for calendar year 2009. The Town of Cohocton agrees to pay XX% of the amount of such funding while the Town of Wayland agrees to pay XX% of the amount of such funding, and the Atlanta-North Cohocton Fire District agrees to pay XX% of the amount of such funding, which takes into account of the cost of providing Advanced Life Support.

4. Emergency Medical Services Committee:

In order to monitor the operational and financial performance of Cohocton-Wayland Ambulance District and any subsequent service provider under the above referred to Emergency Medical Transport Agreement, and to perform other duties as delineated therein, the parties will establish an Emergency Medical Services Committee (“EMSC”).

- E. The EMSC shall have the same composition as the Emergency Medical Services Board developed as part of the creation of the Cohocton-Wayland Ambulance District.
 - a. The Medical Director shall serve as an ex-officio (non-voting) member of the EMSC.
- F. The Committee shall review and approve the annual appropriation request of the service provider before its submission to the governing boards of the Participating Municipalities.
- G. The EMSC shall undertake a quarterly review of the service provider’s response time compliance and quality assurance/improvement reports and will monitor citizen input as necessary

5. Termination. Each member jurisdiction's participation in this Agreement may be separately terminated upon 180 days advance notice. In the event this Agreement is terminated and any money remains on hand, all such money shall be distributed, pro rata, according to the contribution formula in effect at the time of such termination.

6. Signatures. The Town of Cohocton, the Town of Wayland, and the Atlanta-North Cohocton Fire District are the initial signatories to this Ambulance IMA and recognize that additional jurisdictions may join in this cooperative arrangement. Provided such newly added entities shall meet the Requirements for Membership, approval by their bodies shall automatically entitle them to the benefits and responsibilities of membership in this Ambulance IMA.

**Town and Village of Cohocton, Town and Village of Wayland, Atlanta-North Cohocton Fire District
Emergency Medical Services Consolidation Feasibility Study**

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals this ____ day of,
_____ 2010.

TOWN OF Cohocton

By: _____

TOWN OF Wayland

By: _____

Atlanta-North Cohocton Fire District

By: _____

Appendix C – Facility Detail

The information contained within this detail was obtained from Design Cost Data – DCD Archives, a service that ESCI subscribes to in order to assist in developing facility cost estimates. This facility example was actually constructed for the Montville Township (NJ) First Aid Squad and is in use today. Construction cost estimates have been adjusted for the Cohocton/Wayland market with an estimated construction schedule of Spring/Summer 2011.

Project Data

Case Number:	CV990752	Project Name:	Cohocton-Wayland Ambulance District Headquarters	
Building Use:	Civic/Gov.	PDF in DCD Magazine		
Building Size:	5407	Site Size:	43560	
Building Cost:	\$816,391	Non-Building Cost:	\$223,521	
Project Cost:	\$1,039,912			
Name		Percent	\$/ft ²	Cost
Bidding Requirements		6.25%	\$9.44	\$51,058
General Requirements		1.58%	\$2.38	\$12,883
Concrete		6.32%	\$9.54	\$51,568
Masonry		12.48%	\$18.85	\$101,926
Metals		0.59%	\$0.90	\$4,845
Wood & Plastics		10.62%	\$16.03	\$86,697
Thermal & Moisture Protection		6.57%	\$9.92	\$53,645
Doors & Windows		7.77%	\$11.73	\$63,450
Finishes		10.78%	\$16.27	\$87,983
Specialties		4.21%	\$6.35	\$34,333
Equipment		0.00%	\$0.00	\$0
Furnishings		0.00%	\$0.00	\$0
Special Construction		0.00%	\$0.00	\$0
Conveying Systems		0.00%	\$0.00	\$0
Mechanical		21.04%	\$31.77	\$171,787
Electrical		11.79%	\$17.79	\$96,215
Total Building Costs		100.00%	\$150.99	\$816,391
Site Work				\$223,521
Total Non-Building Costs				\$223,521
Total Project Costs				\$1,039,912

Town and Village of Cohocton, Town and Village of Wayland, Atlanta-North Cohocton Fire District
Emergency Medical Services Consolidation Feasibility Study



Appendix D – Public Input Form

THE FUTURE OF EMERGENCY MEDICAL SERVICES IN COHOCTON AND WAYLAND CUSTOMER INPUT

The Towns and Villages of Cohocton and Wayland and the Atlanta-North Cohocton Fire District are in the process of assessing the future of emergency medical services (EMS) throughout the area. Input from you, the “customer”, is a critical component of this process. Please take some time to fill out the information requested below. Your responses will be held in strict confidence.

Please list, in priority, the expectations you have of EMS in your community:

Please list any concerns you have regarding EMS in your community:

Please list any positive feedback or strengths you would like to share regarding EMS in your community:

How important is it to you that EMS continues to use volunteers as an integral part of the overall emergency medical response force? Should there be times when the community relies solely on volunteer emergency responders?

Additional comments:

Please indicate the community in which you live (Circle One):

Village of Cohocton

Village of Wayland

Town of Cohocton

Town of Wayland

Also indicate if you live within the Atlanta-North Cohocton Fire District:

Yes

No

Listed below are the planning elements that are being used to determine how policy-makers should proceed regarding the future delivery of EMS throughout the area. Personnel will take a moment to explain them so you have a good understanding of each before you begin the process of prioritizing these elements.

Once this explanation is given, please compare each service against the others, circling the service that you feel is more important in each instance. The facilitator will give you an example.

PLANNING CONSIDERATIONS

1. Improving the response time of the first ambulance to arrive at a scene
2. Keeping costs and tax rates as low as possible
3. Expanding the types of EMS services offered
4. Maintaining the existing response times of the first ambulance to arrive at a scene
5. Technical competence of emergency medical personnel
6. Sufficient response and staffing for emergency incidents

Considering only item 1 and item 2 , which is more important to you?	1 or 2
Considering only item 1 and item 3 , which is more important to you?	1 or 3
Considering only item 1 and item 4 , which is more important to you?	1 or 4
Considering only item 1 and item 5 , which is more important to you?	1 or 5
Considering only item 1 and item 6 , which is more important to you?	1 or 6
Considering only item 2 and item 3 , which is more important to you?	2 or 3
Considering only item 2 and item 4 , which is more important to you?	2 or 4
Considering only item 2 and item 5 , which is more important to you?	2 or 5
Considering only item 2 and item 6 , which is more important to you?	2 or 6
Considering only item 3 and item 4 , which is more important to you?	3 or 4
Considering only item 3 and item 5 , which is more important to you?	3 or 5
Considering only item 3 and item 6 , which is more important to you?	3 or 6
Considering only item 4 and item 5 , which is more important to you?	4 or 5
Considering only item 4 and item 6 , which is more important to you?	4 or 6
Considering only item 5 and item 6 , which is more important to you?	5 or 6

Please count the total number of times each of numbers was circled and place that count in the box below the number:



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