

PUBLIC SAFETY TASK FORCE REPORT TO COUNTY AND MUNICIPAL GOVERNING BODIES

Presented on February 16, 2010

Background –

At the request of county and municipal managers, Cumberland County established a Public Safety Task Force in October 2008 to conduct a comprehensive review of the public safety system, specifically fire service, communications and EMS. The task force was charged with defining deficiencies and presenting findings and recommendations in a written report that would move the public safety system closer to national standards.

The group consists of public safety professionals and representatives from county management and municipalities.

- County: Kenny Currie, Director, Emergency Services
- Fire Chiefs' Association: Freddy Johnson, CFO, Fire Chief, Stoney Point
- City of Fayetteville: Benny Nichols, EFO, Fire Chief
- Cape Fear Valley Hospital System: Michael Roye, RN, BSN, MPH, EMT-P, Chief, CFV EMS
- Town of Hope Mills: Chuck Hodges, Fire Chief
- Eastover Fire Department: Mark McLaurin, Fire Chief
- Town of Spring Lake: Robert Doberstein, Fire Chief
- Wade Community Fire Department – Mike Hill, Fire Chief
- County Support Staff: Sally Shutt, Communications Manager
Candice White, Deputy Clerk

This report outlines system-wide recommendations and those for each of the three specific public safety components. The overriding objective is to provide an effective and efficient response to the community's public safety needs -- at a fair and equitable cost.

The recommendations look at funding, standards, and operations. The overarching imperative is that funding is essential to improved fire protection and public safety in general, and a new funding mechanism needs to be developed to meet current and future system demands. Therefore, the task force makes the following recommendations:

- Create a Public Safety Sales Tax as a long-term funding solution to handle increased system demands. Also, develop a secondary funding mechanism to compensate for economic downturns that will diminish sales tax revenues. The use of a sales tax dedicated to public safety should provide the needed additional funding from all users of the public safety services offered in Cumberland County, not just property owners.

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- Establish a Public Safety Commission to develop a system-wide long-range strategic plan and oversee funding requests.
- Require gradual implementation and attainment of nationally established standards for operating fire departments, both professional and volunteers. (NFPA 1001, 1021, 1061, 1201, 1500, 1521, 1710 & 1720, etc.)
- Establish minimum operating guidelines for all public safety agencies providing services.
- For communications, immediately establish plans and standardized protocol for an all-encompassing combined communications center and a Consolidated Public Safety Answering Point (PSAP), supporting all public safety agencies, to improve response times and increase responder safety.
- Consider further discussion of consolidation of fire code enforcement and inspections, and emergency management duties and functions.

Executive summaries, findings and recommendations for each area and for the overall public safety system are included in this report.

Communications

Consolidated Public Safety Answering Points

Cumberland County has four primary 911 centers - Cumberland, Fayetteville, Fort Bragg and Pope AFB. Prior to October 2008, Cumberland County had three secondary answering points – the Sheriff’s Office, Spring Lake and Hope Mills.

Multiple communication centers cause inherent delays in processing and transferring 911 calls. Past and current deficiencies have been that each center had different Computer Aided Dispatch (CAD) systems, training guidelines, staffing levels, procedures and policies. The Task Force recommends consolidating all communication centers.

In October 2008, the Sheriff’s Office dispatch was merged under the Cumberland County 911 Center. Spring Lake merged under Cumberland County 911 in November 2009, leaving one secondary dispatch center in the county. Pope will merge under Fort Bragg with BRAC realignment.

Talks have been underway with the Town of Hope Mills to merge under County 911, and this could be completed by July 2010. Several discussions have been held with Cumberland County 911 and the City of Fayetteville to consolidate the primary centers. This merger would require a new facility being built.

Several models that have already been established need to be considered in this process. Each of the following counties has already consolidated their communications: Johnston County, Guilford County, and Charleston, S.C. They each have similar, but different funding formulas and management features.

The North Carolina 911 Board is currently reviewing different options in the spending of 911 dollars. Additional funding for consolidated centers is one of those considerations. The North Carolina 911 board has committees working on making recommendations in changing 911 legislation to allow flexible spending within the 911 center. If this passes, grants may be available for building new consolidated 911 centers.

800 Systems - City 800 versus State Viper 800

Motorola completed a county survey in October 2008 that showed that the State Viper System had better countywide coverage. Plans are also in progress for Cumberland County, Fayetteville and Spring Lake to move forward on the North Carolina Viper 800 system. This will resolve any interoperability issues that currently exist.

In October 2009, the county ordered equipment to move to State Viper by June 30, 2010. Hope Mills Police are currently on State Viper 800, and Spring Lake will be moving to

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State Viper 800 along with County. The City of Fayetteville is moving to Viper when the system is digital compliant.

Boundaries and Jurisdictions

Various boundaries and jurisdictions cause delays in response to emergencies. The closest public safety agency should always be sent to stabilize emergencies. The task force recommends:

- All public safety units have Mobile Data Terminals and Automatic Vehicle Locator capabilities so closest public safety unit can be sent to calls regardless of jurisdiction.

Cape Fear Valley EMS division installed AVLs on their units and will be activated with new computer-aided dispatch system. This will allow dispatch to always send the closest unit to an EMS call. Fire departments have submitted a grant to get MDTs and AVLs for fire apparatus.

Standard Dispatch Protocols and training guidelines

No standard dispatch protocols or training guidelines exist between communication centers. The task force recommends that staff meet NENA and APCO standards.

- National Academy of Emergency Dispatch - National Academy emergency medical dispatch, fire and police protocol classes are being scheduled. This allows all callers to receive the same standard of care no matter which agency receives the 911 call. Each protocol has a quality performance measurement tool.
- Meet National Fire Protection Association 1221 Standards with give criteria to meet fire dispatch criteria.
- Follow State Office of Emergency Medical Services regarding emergency medical dispatch guidelines.
- Accredited center under CALEA standards. Follow Commission on Accreditation for Law Enforcement Agency Inc. (CALEA)
- Follow Association of Public Safety Communications Officials training requirements and meet APCO Project 33 standards

Outdated Computer-Aided Dispatch Systems

Outdated computer-aided dispatch systems do not allow agencies to share data from these systems. Agencies have to transfer callers to the appropriate jurisdiction, which causes delays and the potential for dropped calls. All agencies are in the process of switching to OSSI SunGard Dispatch and record management software. The tentative date to go online is March 2010.

Cumberland County and Fayetteville 911 are switching to OSSI-CAD system and both systems should be on line by March 2010. With the OSSI-CAD system,

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Cumberland County and Fayetteville will no longer have to transfer 911 calls. The CAD systems allow calls to be flashed after being taken by the agency that answers the calls.

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EMS

- To decrease county wide EMS response times.
- Improve ambulance availability throughout the county.
- Recommended fiscally sound, sustainable solution

EXECUTIVE EMS SUMMARY

A Public Safety Task Force was engaged to conduct a review of the public safety system, make recommendations for system design improvements, and assist Cumberland County in the preparation of planning and re-structuring.

This report addresses all phases of the project — the system review, design and funding recommendations.

During Phase One, representatives conducted more than 150 interviews; surveyed field personnel and emergency physicians (more than 400 responses); interviewed fire departments; analyzed financial and available system data; and visited the majority of public safety access points in the county. The overall assessment of the Cumberland County system is that it delivers a high level of care and response to patients utilizing up-to-date and progressive clinical policies and procedures. Firefighters, Paramedics and First Responders work well together and are dedicated to providing the best care possible for their patients. While the system delivers good clinical care, quality management processes utilized by both the County and the various providers are disjointed. In addition, the system would benefit from more structured and deliberate oversight.

The weaknesses identified in the EMS system revolve around lack of clarity of roles and responsibilities, absence of comprehensive data collection and analysis, and poor communication and interaction among stakeholder agencies. The Cumberland County EMS Agency is responsible for coordinating EMS activities, planning for future system improvements, providing medical control and oversight, and monitoring system performance. The Agency cannot fulfill its obligations without the full support and collaboration of all system stakeholder agencies. None of the EMS system participants can function autonomously — all must work together harmoniously in order for the EMS System to reach its potential.

In particular, there have been poor interactions between the Cumberland County EMS Agency and some of the fire agencies. The friction has developed over a number of years and has limited the ability of the stakeholders to function as a team to deliver the highest quality of emergency medical services to the sick and injured.

The leaders of the fire services and the EMS Agency have recognized these problems and have undertaken a facilitated process to improve communication and trust. The success of this process will enable the necessary steps to improve EMS in Cumberland County.

Emergency Medical Services: The Hospital System pays into the County System and requires no direct subsidy for the availability of Advanced Life Support service from local government and/or the municipalities served. The community supports the Fire System through voter-approved fire tax assessments based on property value. Both Fire and EMS portions of the system have been financially weakened for over a decade.

There are a number of opportunities for improvement delineated throughout the report. Recommendations are offered for consideration in the Fire Service, Emergency Medical Services and Communications as well as recommendations for action by current system participants. **It is important to note that improvements in the Cumberland County Emergency Response system cannot be achieved solely based on modifications to one participant versus another. All of the system participants will need to demonstrate progress and thereby contribute to the betterment of the system and ultimately benefit patients and citizens served.**

The recommendations key to ensuring the continued and on-going quality of the Cumberland County Emergency Response System and those that are suggested for inclusion in Process Improvement are highlighted below. Every agency that provides services along the continuum of care and response that is emergency services has certain fundamental responsibilities. It is incumbent on each provider to measure performance (e.g. response times), conduct comprehensive quality improvement activities, and to collect and share data with the system coordinator (County and Municipality Fire and EMS) and its governing body (County Government, EMSAC, City Councils, etc.). The System providers should use this data to plan for improvements and to correct problems. These responsibilities are incumbent on each system participant and cannot all be codified in agreements, but are inherent to successfully providing highest quality patient care and operational performance.

The County and its EMS Agency (Cape Fear Valley Health System) can assist and provide incentives to various First-Responder system groups to further advance EMS performance and delivery. One mechanism that is not currently used is to provide Sales Tax based funding support for Advanced Life Support, and its First Response partners. The funding and the agreements with the first responder agencies do not encompass all of the provider responsibilities of monitoring, measuring and reporting activities; but it is designed to help offset some of the increases in fire service costs and fund the availability of Advanced Life Support response which is currently provided at no cost for the citizens of Cumberland County. We are proposing significant changes, but not a reduction, in the current funding methodology and thus the delivery of said funding.

Below is the proposed plan and summary of Public Safety System Changes. These system changes will have incurred cost. That cost should be based upon a contracted response time expectation from all Cumberland County municipalities and townships using a standardized cost formula.

A **Public Safety Commission** should be developed to create processes and procedures to distribute performance and penalty funds, fund balances and other identified funds to

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initiate new technologies, procedures or system improvements. Jurisdictions and contractors receive the funding with the understanding that ongoing maintenance and sustainment is the responsibility of the individual jurisdiction/system providers.

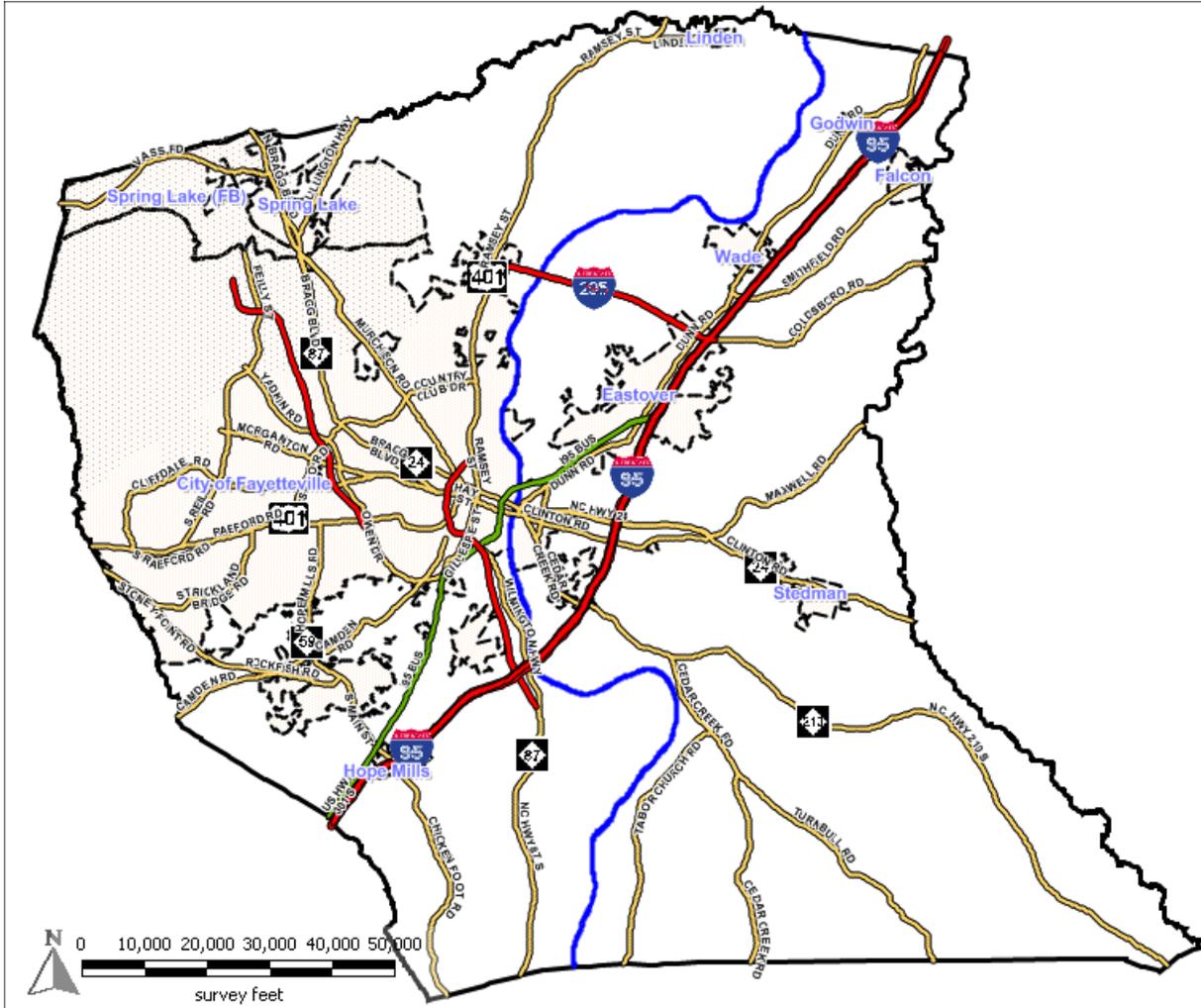
We recommend that the first use of such funds be devoted to implementing a comprehensive data collection and management system, with individual grants sought to assist in improving data collection and reporting.

Review options with mandated GPO purchases for capital items

The net effect of the recommendations is additional expense for the Ambulance Provider, however the use of an RFP could provide some “total system cost,” for GPO Purchases and allow for open discussion in future funding vs. a contractor being utilized. Ambulance service contracts would be required to provide service within the Cumberland County Emergency Services for dispatch services, which would most likely provide the contractor with a forum to discuss contract requirements such as response times and minimal staffing.

County Fire Agency Enhancements

The report identifies major areas of needed emphasis in the day-to-day management of the system. Those areas where additional emphasis is recommended include contract management across all system participants, system monitoring, acting as the system advocate, and reporting with transparency.



***Cape Fear Valley EMS
Cumberland County
Public Safety Task Force
Unit Deployment Task Force***

Introduction:

In an effort to reduce overall EMS response times within the Cumberland County response area, this task force has addressed current vehicle deployment plans, planned for changes to better utilize our current resources, and prepared a plan for change related to future growth of the community and our service. The first finding: While patients treated are charged for services rendered, no municipality, township or citizen in Cumberland County pays for the ‘availability of Advanced Life Support’ and that oversight has taken a toll on the response system as a whole. The citizens of Cumberland County deserve a high level availability and lower response time that will allow for Advanced Life Support methods to be utilized properly.

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The Cumberland County EMS Service has traditionally utilized a unit deployment system that is based on a six zone coverage plan. As our population has increased, this has caused increasingly unacceptable response times. Even with the addition of units, in an effort to offset for the increased volume, the same six zone plan has been left in place. This causes multiple units to all be responding from similar locations in some instances, and in other instances has resulted in some units not staying in a predictable response location. Our effort has been to take these additional units, plan them into our response pattern to create a system in which units have backups in place to cover smaller zone areas, and to provide for coverage when units are occupied during transport of patients to the hospital.

Cumberland County has a unique challenge to the movement of ambulance units. The population growth has been in the western Fayetteville areas and those areas with the highest access to Fort Bragg. Our current road structure is a challenge to the rapid movement of ambulances throughout those areas, due to the absence of high speed interstate. Main routes through the county, such as Skibo Road and Hope Mills Road, may become obstructions to response times due to increased traffic demands. Long range improvement looks to the development of the outer loop interstate system and plans within city and county governments to improve overall traffic flow.

Our process is one of a continuing performance improvement. We highly recommend the evaluation of response times based on the past six months of coverage, and an ongoing weekly review of response times. In order to get a broad picture of the strengths and weaknesses of this plan, we must continue to review the results, and be prepared to make changes based on these results. We recommend getting a better vision of the state of our service by further reviewing the times associated with overall on scene times, our in service time, (the time from dispatch until the unit checks in service for the call), and our turn-around times, (the time from arrival at any hospital until the crew gives their patient report, turns over their patient, does any needed decontamination of the ambulance and becomes available for another call). Obviously, any reduction in these areas will increase unit availability to respond to emergency calls.

This change will follow the current “Plan, Do, Check and Act” system of quality improvement that is utilized throughout the hospital system. The plan that is outlined by this task force is only a starting point. Additional resources must be considered in order to create a system of change that will address our service coverage, and to make available the tracking of the system and the units in order to ensure that the closest unit is always dispatched to our emergency calls.

This does not change the current utilization of the “Priority Dispatch System” within the Cumberland County Emergency Operations Center, (EOC). Those calls which are currently identified as being of highest need and priority will still require that ambulances may be pulled off of a lower priority call in order to respond to the call with the greatest need of an ALS unit.

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The overall restructuring of the Cumberland County EMS Service, (CCEMS), and Lifelink, (LL) into Cape Fear Valley EMS, is an attempt to bring about a change in our coverage and to increase the number of units available to respond to emergencies in the Cumberland County region. Units that are currently assigned to the transportation of non-emergency patients will be used to assume a greater role in the CCEMS coverage plan. To that end, there is an attempt to place a paramedic on each Advanced Life Support, (ALS), ambulance, dependant on staffing availability. By accepting a greater role in the transport of convalescent patients, Lifelink is expanding their primary mission goal and allowing resources to be utilized more efficiently in the Cumberland EMS system.

Making this change happen requires that a greater interaction be placed between CFV EMS and the fire departments which are already providing our first response providers within Cumberland County. Part of this plan requires that the fire departments within our region be asked to provide shelter for crews within their fire houses. The fire departments in the county are already spread with an emphasis on providing overall emergency coverage. We have attempted to identify those departments and stations which are in the highest coverage demand areas, as well as utilizing departments that are best able to access current roadways to move ambulance units to areas of increased need when demands are increased on our system.

We wish to emphasize the importance of changing the environment in which our ambulance service operates. The increase in the population of this county has caused significant demands on an already stressed system. The technology that is employed in the CFV EMS units has, until recently remained relatively unchanged for many years. While other systems in this country have employed such changes as computer aided dispatch, (CAD), and global positioning systems, (GPS), the CFV EMS system is still relying on the individual ambulance crew to be able to identify every call that is dispatched and to know the streets well enough to be able to know when they are the closest unit and to volunteer to respond to these calls. With the size and scope of this county, it is unreasonable to expect this system to always work. We must place the improvement of how we respond to our calls on as high a level as what our crews do when they arrive on the scene of an emergency.

Our Current State of Response:

Within Cumberland County there are 30 fire department stations, divided between the city of Fayetteville and the surrounding county townships. Of these 30 stations, CCEMS currently utilizes the facilities at Eastover Fire Department, Fayetteville Fire Stations number 7, 8, 9 and 17, a free standing CFV EMS building on the 1100 block of Cedar Creek Road, Cape Fear Valley EMS base on Gillespie Street, and splits coverage between days and nights at the Hope Mills Fire Department and the Cotton Fire Department. The remaining units are primarily based at EMS base, with the exception of three lead medic vehicles. The three lead medic vehicles are based at CFV EMS base, Spring Lake Fire Department, and the Stedman Fire Department, but are not considered a part of the coverage plan due to the differences in their missions.

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The lead medic vehicles are expected to be interacting with the crews within their response areas and must be kept mobile in order to achieve that goal. These units act as ALS first response units, on scene supervision, and assume command functions on multiple injury scenes, in keeping with the directions and goals of Homeland Security. They also serve to meet the needs of our ambulance teams by bringing resources to crews as needed, and place paramedic first response to areas that currently are not served by Cumberland County fire services.

During times of ideal staffing, the current plan is designed to utilize 7 ambulances during the times of reduced load, and peaks at 14 ambulances during the times of heaviest demand. Of the 14 ambulances that are utilized for this high demand time period, three ambulances have historically been tied up on non-emergency transport of convalescent patients.

Recommendations - A Solution for Improvement:

Re-allocation of resources will continue to use the resources that are currently employed, and will attempt to place resources in new areas. In order to meet this goal we are working with the perceptions of the task force members on where the highest ambulance demand areas will be. This is the only rapid cycle improvement approach that is available at this time, and will be re-evaluated after the placement of a CAD system by the EOC. In some cases when applicable, we have implemented changes in the utilization and assumed importance of some sites to enhance the citizens' service. We recommend placing units based on Population, area coverage and demand first, ability to move second, and finally coverage to underserved rural areas. Some unit changes are attempts to get improved coverage to rural residents, while still being available for higher demand areas in the city of Fayetteville.

The plan is based on the time of day in which we have our lowest number of available units. From midnight until 7:00am, CFV EMS currently has 7 available units scheduled for coverage. During the middle of the night, when unit availability is at its lowest, we routinely have seven staffed ambulance units, covering, 9 Municipalities, 661 square miles and an estimated population of 356,105 citizens. During peak demand hours, additional ambulances are placed into service, to a peak load of 14 ambulances. It is the recommendation of this task force that we adopt a four tier response system that takes into account the priority of our available units. Ambulance units will rotate on a daily basis throughout the system, based on their tier of priority. This rotation, it is hoped, will foster stronger working relations with our first response fire departments.

Establishment of a priority system places the fire stations which house our ambulance crews into a plan that we then divide into tiers of coverage. In order to maintain our coverage, ambulances may be forced, based on the level of ambulances which are in service to move into more central coverage. This plan will be defined in greater detail, later in this document.

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The first tier of our response is comprised of units which are on a 24-hour-a-day, seven-day a week coverage plan. These units will have as an initial deployment point, and assigned shift start times of:

Post 1: Eastover Fire Department – 0700 – 1900 / 1900 – 0700	7 days/week
Post 2: FFD Station 17, Bailey Lake Road – 0700 – 1900 / 1900 – 0700	7 days/week
Post 3: FFD Station 1, Person Street – 0700 – 1900 / 1900 – 0700	7 days/week
Post 4: FFD Station 7, Stacy Weaver - 0700 – 1900 / 1900 – 0700	7 days/week
Post 5: Stedman Fire Department – 0800 – 2000 / 2000 – 0800	7 days/week
Post 6: Cotton Fire Department – 0800 – 2000 / 2000 – 0800	7 days/week
Post 7: FFD Station 6, Cliffdale Road – 0800 – 2000 / 2000 – 0800	7 days/week

Each crew within this tier of response would rotate within the same tier of priority. The desire to this plan is that during shift change operations, each zone will still have backup coverage from bordering zones. The bulk of shift changes will be performed at times when either call volume is low, such as in mornings, or while peak load coverage is in place to help offset the demand on the system. A crew that initiates their 28 day cycle at Post 1 will go to Post 2 on their next shift, and so on through the response tier. Additional staffing of 24 hour coverage units would bring up the highest priority unit from the next tier of response. In this case, the next unit to be staffed would go to Gray's Creek Fire Department Station 24.

The above rotation is based on current staffing. The lowest coverage time of midnight until 0700 is the only time that coverage should be this low. It also takes into account that these units may NOT actually be serving in the primary response site identified in this plan. As an example, in the next tier of coverage there is planned deployment of an ambulance to the Vander Fire Department. When that unit goes out of service at 20:00 (8PM), the Stedman unit would be running the night shift from the Vander Fire Department; in order to greater expand coverage. This unit is an example of risks associated with this low level of staffing. At this point, this ambulance is covering the entire Vander Fire District, Cedar Creek Fire District, the Stedman Fire District, and the Beaver Dam Fire District, as well as acting as the back-up coverage for calls in the downtown Fayetteville Region, and to the Fire Districts of Bethany, Wade, Eastover, and Godwin – Falcon.

It is hoped that additional staffing options may create better coverage over the night shift. It is unfortunate that an area of this size should have planned coverage with such extended response time. The reason and purpose of this coverage is the attempt to place the ambulances in the sites with highest potential for calls, and requires reduced staffing in rural settings due to low call volume.

In the second tier of coverage are ambulance units that are utilized during peak loads to the system. It is recommended that the hours of service which were utilized for convalescent coverage be reassigned to expand overall coverage times. The reduction of one 1600 – midnight time slot, would allow expansion of coverage of what is currently a 0800 – 1800 time slot, and two 1000 – 1800 time slots to three additional units covering

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until 2000 hours. The unit that would be eliminated in this plan has traditionally been difficult to staff.

With this change in mind, the next tier of response and the related hours are:

Post 8: Gray's Creek Fire Department 24, Hwy 87 – 0700 – 1900	7 days/week
Post 9: Spring Lake Fire Department, 0800 – 2000	7 days/week
Post 10: Vander Fire Department, 0800 – 2000	M – F
Post 11: FFD Station 4, 0800 – 2000	7 days/week
Post 12: FFD Station 5, 1000 – 2000	M – F

As staffing changes, each of these units has the capability of being moved up to a Tier 1 unit, and falling into that service rotation. These time slots are currently being dispatched out of EMS base. It was hoped that by spreading these ambulances out into the community, and in fact we have created a shortened response of 16:00 minutes from a 2008 time of 19:00 minutes by the re-deployment efforts. Also, the units within this level are capable of being rotated throughout the stations in their tier, with minimal interruption or disturbance to the schedule.

Our third tier of response encompasses ambulances that we have experienced difficulty staffing due to current staff availability, and units which frequently are staffed with Intermediate Level EMT's. Paramedic availability has hampered our ability to staff each of these ambulances with a paramedic at all times. Tier 3 of our response encompasses:

Post 13: FFD Station 8, 71 st School Road, 1600 – 0000	7 days/week
Post 14: Carvers Creek Fire Department 15, 1000 – 2000	7 days/week

It is hoped that at this level of ambulance coverage, the on duty supervisor will make decisions based on the coverage level of these personnel. We recommend that in times when the highest level of certification available on any of these units is that of an EMT-Intermediate, that the unit will be moved into an area in which a Lead Medic is available for Paramedic backup to those units. We recommend placement of such a unit at the Post 12 location, which will allow backup from Lead Medics in both the EMS-102 and EMS-103 positions. Also, this location provides increased back up from ambulances coming available from Cape Fear Valley Medical Center.

Finally, this plan contains a schedule for future expansion in Tier 4. These are units which are being staffed by crews when available and do not fall into our current staffing plan. As additional staffing and vehicles become available, we foresee a need for planned expansion. Tier 4 is that plan. There are no time slots in place for the Tier 4 coverage. In times of disaster, expansion of our service, or extra unit availability, these are sites where we wish to see additional unit placement.

Post 15: FFD Station 3, Rosehill Road

Post 16: Stony Point Fire Department 13, Stony Point Road

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Post 17: Cedar Creek Fire Department 8, Tabor Church Road

Post 18: Wade Fire Department 16

Post 19: FFD Station 12, Hope Mills Road

Post 20: Pearce's Mill Fire Department

Post 21: FFD Station 15, Cliffdale Road

Post 22: FFD Station 9, Bonanza Road/Santa Fe Drive

Each of the sites in Tier 4 are locations where we identify a distinct need for coverage based on both demand and the distance that an ambulance must travel to reach residents. The ambulance in Wade, for example, reduces by half the response time to residents who are currently isolated in Godwin – Falcon Fire District, as well as being a backup to Eastover, Northern Fayetteville, Linden, and Bethany.

Stations alone will not meet all of the needs. In order for this plan to work, it requires that the system be able to expand and collapse based on unit availability. A single call in downtown Fayetteville may not cause the need for any units to collapse into the response zones. However, a call in Post 3, and Post 10 would trigger the need for Post 5 to move in to Vander. By the same token, it can be foreseen that if enough units are occupied, Post 15, the post at FFD Station 3 on Rosehill Road, may become an extremely valuable place to position a unit temporarily until additional ambulances may come available.

It should be stressed that this is only the plan for where we WANT the unit to be. When demands are high enough on the system, units will be moved to the highest priority post, until such time as the system demands change. System saturation will always be a trigger for moving units to high priority posting locations.

Lead Medic Positioning

The role of the Lead Medic within CCEMS is a recent development that replaces the former utilization of Quick Response Vehicles. It is an additional level of coverage when the system is low on resources, Paramedic First Response in areas which would otherwise be underserved, and at times it has given our system the opportunity to quickly place another ambulance into service to decompress in times of system overload.

The Lead Medic role remains in a state of development. The potential for community impact from units such as these is only beginning to be examined. We look to the Lead Medics to assume an even greater role as this action plan is initiated.

To that end, it is felt that these units should be moved into positions with higher impact potential. The Lead Medic is a roving position, going to the area of greatest need, and it is felt that they should be moved from their current positions. The current position of EMS 101 in Stedman becomes redundant with the plan that we are submitting. With

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ambulances being moved away from the EMS Rescue 60 substation on Cedar Creek Road, it offers that position as a remote area for service, supplies, and administrative needs. Future development and the crowding of ambulances at CCEMS base points to a need to spread out operations. While not completely ideal, it is available for use as a remote base of operations. We recommend the relocation of EMS 101 to that site.

EMS 102 will remain at CFV EMS base. Additional duties which are assigned to this unit require that it remain in this site.

EMS 103 is currently housed at the Spring Lake Fire Department. While this does greatly enhance ALS first response to that area, the unit is often pulled into Fayetteville, and at the times in which it is needed for multiple casualty scenes, responding across Fort Bragg causes delays in response. It is hoped that by relocating this unit to FFD Station 9 at Bonanza and Santa Fe Drives, this unit can make a greater impact and support to its service area, and that the location of an ambulance in Tier 2 of this plan to Spring Lake during the daytime will help to maintain, if not enhance the commitment of CFV EMS to the citizens of that city.

Unit Numbers

As CFV EMS has grown, we have moved beyond our initial planning. Medic Units that were traditionally associated with the initial six zone system gave way to units associated with convalescent transport, unit identifiers specific to day or night coverage, and the identification of peak load ambulances.

Single digit unit identifiers have been replaced by double digit, and there is still a ceiling where the unit identifiers do not give adequate information. It is our belief that the ambulance unit identifier should be structured in a way as to concisely provide information to all personnel regarding unit hours of operation, primary response location.

We will implement a three digit unit number. Each part of the unit number provides information to dispatch as well as field staff. The first digit of the unit number will designate whether the unit is scheduled for day or night staff. This will assist in getting ambulance crews off duty on time, within the demands of the system. In order to avoid confusion with other Cumberland County emergency resources, we will designate all day units with the prefix 7, night shift with the prefix 9, and special event units as well as tactical medic teams will be designated with Alphanumeric prefix Siera.

The second and third numbers designate the primary post assignment for any individual unit. This plan creates the availability of unique identifiers for Cumberland County EMS ambulances, and additional identifiers for special events teams. While this does leave a ceiling in place for exhausting all available unit numbers, growth to that level of demand within this county is not expected in the foreseeable future.

When applied to the deployment plan, a paramedic unit assigned for primary response to Post 7 during the daytime shift would be designated as "Medic 706." Conversely, a night

shift unit with an intermediate level crew in the same post assignment would hold the designation of “Medic 906.”

When applied in conjunction with ongoing placard projects, this allows for the rapid identification of resources on the scene. Scene commanders can rapidly identify ambulances with the highest level of efficacy, and lead paramedics will be able to identify at dispatch a unit with lower levels of error. Unit’s out of posted areas due to call volume will be an automatic cue to Lead Medics to begin moving into a region to be available for rapid ALS back- that is dispatched to requests with a probability of high severity as defined by dispatch coding.

This numbering system will remove our current “ceiling” of unit identifiers and opens the possibility of expansion without concern for a revamping of the process.

Ambulance Rotation

While our goal is to improve the response of EMS crews to the first responders and community, the variety of shifts and start times restricts the movement of crews while maintaining uniform coverage of the county. Ultimately, when demand on the system is at its highest, all crews will need to show flexibility in covering the highest priority posts without concern for primary post assignment. The goal of this plan is a starting point. Further revision of this plan, based on system performance, will force adjustments to this prioritization.

It should be stressed that while the listing of tier one assignments do form the basis of a prioritization plan, the basic time slots assigned were designed to aid in system coverage and are not the highest priority posts. In times of high demand on the system, when limited resources are available, those resources will be placed in areas of greatest demand, in an effort to reduce response times.

Each unit will be assigned a primary response post on a daily rotating basis, within their tier of operation. Tier One crews will rotate numerically through Posts 1 through 7. This is our core units that provide 24/7 coverage on a day/night rotation.

Tier Two will have similar rotation within the coverage plan, with the exception of the Post 12 crew. Posts 8 through 11 have similar reporting times. With the minimal displacement of crew starting times associated with this tier, the one hour time difference associated with the crew start and ending times does not perceptibly create a concern for differences in coverage. EMS supervisors should be able to accommodate the rotation of these crews within the system.

The Post 12 crew, while important to the overall success of this plan falls into a time slot that does not easily rotate. Due to the difference in starting times, it will rotate with a Tier 3 crew assigned to Carvers Falls Fire Department, when available. These two units share a start/end time. At times when the staffing does not permit the coverage of both units, the higher priority post at FFD Station 5 will be staffed.

This leaves one unit in Tier 3 that does not share a time slot with any other unit. This crew falls to the lowest priority post based on daily staffing levels. Expected/anticipated staffing does not take into effect system growth, or the availability of additional crews. The attached Appendices section is based only on the current staffing. It leaves available areas for growth of the system. As additional staffing becomes available, the priority of those units and the associated positioning is anticipated to change. This plan is intended to create flexibility in staffing as well as application.

Expansion and Collapse of the Response System

Spreading units out will only go so far to improve overall response times. In order for this or any plan to be effective, it requires that a more fluid approach be taken in ambulance dispatch. This plan is limited by the current staffing structure, with no additional units having been made available for coverage. While it does leave open the possibility of additional staffing, until more such resources are made available, it is forced to compensate by moving units throughout the county. This requires trigger points in ambulance dispatch that have not been attempted in the past.

The dispatch of a single unit does not require the movement of any ambulance units. By spreading out resources, we are taking a first step towards overlapping our coverage areas and reducing our overall response times. With the available overlap of resources, an ambulance when dispatched to a call still has the bordering ambulances available to provide coverage within the perceived response area. When a coverage area loses that overlap of coverage, it will require the movement of resources in order to provide coverage in areas of increased demand.

The movement of ambulances will be triggered by the dispatch of any two units in overlapping coverage areas. For instance, the dispatch of Post 3 (Person Street) would not require any ambulances to move. Coverage of the downtown area would be shared by Post 11 (FFD Station 4), Post 10 (Vander Fire Department) and Post 6 (Cotton Fire Department). Should another call inside of that area remove another resource such as Post 11, this would trigger an inward collapse of resources by moving Post 10 to the downtown area and Post 5 (Stedman Fire Department) to move in to cover the Vander post assignment.

Staffing levels during night time coverage, does not provide the ability to maintain this form of redundancy. Ambulance availability will take on even greater significance on how and where coverage will be available. Dispatchers will be expected to move resources into the highest demand areas during times of limited resources. Once again, the prioritization of the locations for placement of resources during the times of greatest demand will require that placement be *perceived* as the highest priority location until such time as statistical verification is made available for improved system design.

Implementation:

As mentioned earlier, some system changes have been implemented where severe needs occurred and for this plan to be implemented as written. Many of these changes are related to the mindset of our crews and dispatch staff, while other changes are related to the schedules which our crews work.

One basic mindset change in relation to making this change function has to do with breaking away from the idea of Zone Assignments as opposed to Time Slot Assignments. Currently, our crews are assigned to a Zone. The Zone to which each crew is assigned refers both to the duty time that the crew is assigned, as well as a relevant area county fire station and area of coverage.

This plan is based upon the movement of vehicles within the county as needs change, and crews need to understand that the stations where they are primarily assigned are not going to be maintained throughout the day.

Ambulance crews will rotate time slots with the intent of causing minimal changes in the hours that each crew works. In order to cover this plan, some of the hours related to current assignments have been changed to better cover the deployment plan. A summary of these changes follows in Appendix 3.

Initial implementation of this plan requires meeting with the Cumberland County EOC, to conduct training on the new standards for EMS deployment and truck movement. Success of this approach requires communications staff to have a working knowledge of how to manage EMS vehicle rotations in times of high as well as low volume coverage. Table top drills, in concert with direct shift training and overview by EOC supervisors will allow the system to be tested prior to implementation. Developing a timeline for implementation of the plan will be dependent on this training.

EMS crews will also require additional in-services to prepare for implementation. Each crew member should be aware of the changes to the approach to ambulance deployment and utilization.

It should be stressed at this time, that while the system can work without additional resources, the implementation of GPS locators and the coming EOC CAD are critical to effective resource management. The investment in these two tools create the possibility of tracking to ensure that the closest unit is always dispatched to each emergency, and that weaknesses in the system are identified early and managed with changes to the deployment strategy. Upgrades to the technology of EMS dispatch are necessary for the management of future system growth.

Conclusions:

This plan, while an improvement over the historic CFV EMS deployment plan, has definite weaknesses. Certain questions remain that are based on the weaknesses associated with a technology poor system. The question of insuring that the closest unit

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is dispatched will not be answered without GPS tracking being made available to EOC operators. Without the presence of a CAD system within the EOC, the deployment plans are limited to perceptions instead of facts and run the risk of placing resources into areas of coverage that do not meet the actual system requirements. The tedious task of re-evaluation in the system remains one of guesswork. This technology for addressing ambulance deployment has been available for nearly 20 years. Without improvements to the system, design for improvement works on little better than a blind approach. The proper tools need to be made available to this system if the answers to our improvement questions are to be addressed.

No plan for improvement can be as effective as desired without the presence additional staffing. At current levels, during the night shift, two calls in the right places are all that it takes to leave a third of the county without any coverage. It takes little foresight to realize that with minimal demand on the system at night, extended response times in excess of 20 minutes can and should be anticipated. For example current staffing model allows the following ambulance to population ratios based on the following: (ALS UNIT PER POPULATION)

Population: 356,105* Coverage area: 661 Square miles Municipalities 9

CURRENT:	PEAK TIMES:	1: 25,436
	24/7:	1: 50,872
	Average Response time:	16:00 minutes

This is not to say that improvement on the current system is not possible at current levels of support. The single greatest task that can be addressed in relation to the improvement of response times is in taking the limited resources of this system and making them as fluid as possible. A comprehensive, ongoing evaluation of the system is the only available indicator of the effectiveness of this plan. When properly performed, it will indicate the areas for our continued improvement. For example this recommendation staffing model allows the following ambulance to population ratios based on the following: (ALS Unit per Population) and (Contracted Response Expectations)

RECOMMENDED:	PEAK TIMES:	1: 16,186
	24/7:	1: 23,740
	Average Response time:	Less than 9 minutes

We started this project with the simple question, “*If you had only one ambulance, where would you put it?*” The attached priority model is our answer to that question. The validity of this model should be studied through the EMSAC (Emergency Medical Services Advisory Committee) system oversight and an evaluation of the impact on system response.

The final question regarding this plan lies in cost. What is the cost of making the changes recommended by this task force? An annual subsidy of \$8.2 million for EMS will be

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needed to facilitate migration to a national standard response time and the infrastructure required to support those standards. Because there is currently no agreed upon “response time” expectations, we recommend following NFPA 1710 and 1720 respectively as a start in the development of a five-year system plan.

In our system, changes already implemented we have attempted to remain as budget neutral as possible, however the changes are not sustainable without additional funding. As earlier stated, while patients treated are charged for services rendered, no municipality, township or citizen in Cumberland County pays for the availability of Advanced Life Support and is has taken a toll on the response system as a whole.

One thing is certain. The failure to address the issues of improved response time threatens this community. Our system resources are strained and require an attention to additional funding that is long past due. Even with additional staffing and vehicles, even with CAD systems and GPS locators, change in this Public Safety System is needed.

We welcome the opportunity to further develop this process, additional funding sources and the investment in our community.

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Appendix 1 Ambulance Tier Coverage

Tier One	Post 1: Eastover Fire Department Post 2: FFD Station 17 Post 3: FFD Station 1 Post 4: FFD Station 7 Post 5: Stedman Fire Department Post 6: Cotton Fire Department Post 7: FFD Station 6
Tier Two	Post 8: Grey's Creek Station 24 Post 9: Spring Lake Fire Department Post 10: Vander Fire Department Post 11: FFD Station 14 Post 12: FFD Station 5
Tier Three	Post 13: FFD Station 8 Post 14: Carver's Creek Fire Department 15
Tier Four	Post 15: FFD Station 3 Post 16: Stony Point Fire Department 13 Post 17: Cedar Creek Fire Department 8 Post 18: Wade Fire Department 16 Post 19: FFD Station 12 Post 20: Pearce's Mill Fire Department Post 21: FFD Station 15 Post 22: FFD Station 9

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Appendix 2 Priority Model

Level 1	Post 7
Level 2	Post 7, Post 3
Level 3	Post 7, Post 3, Post 2
Level 4	Post 7, Post 3, Post 2, Post 4
Level 5	Post 7, Post 3, Post 2, Post 4, Post 10
Level 6	Post 7, Post 3, Post 2, Post 4, Post 10, Post 6
Level 7	Post 7, Post 3, Post 2, Post 4, Post 10, Post 6, Post 1
Level 8	Post 7, Post 3, Post 2, Post 4, Post 10, Post 6, Post 1, Post 8
Level 9	Post 7, Post 3, Post 2, Post 4, Post 10, Post 6, Post 1, Post 8, Post 9
Level 10	Post 7, Post 3, Post 2, Post 4, Post 5, Post 6, Post 1, Post 8, Post 9, Post 10
Level 11	Post 7, Post 3, Post 2, Post 4, Post 5, Post 6, Post 1, Post 8, Post 9, Post 10, Post 11
Level 12	Post 7, Post 3, Post 2, Post 4, Post 5, Post 6, Post 1, Post 8, Post 9, Post 10, Post 11, Post 12
Level 13	Post 7, Post 3, Post 2, Post 4, Post 5, Post 6, Post 1, Post 8, Post 9, Post 10, Post 11, Post 12, Post 13
Level 14	Post 7, Post 3, Post 2, Post 4, Post 5, Post 6, Post 1, Post 8, Post 9, Post 10, Post 11, Post 12, Post 13, Post 14
Level 15	Post 7, Post 3, Post 2, Post 4, Post 5, Post 6, Post 1, Post 8, Post 9, Post 10, Post 11, Post 12, Post 13, Post 14, Post 15
Level 16	Post 7, Post 3, Post 2, Post 4, Post 5, Post 6, Post 1, Post 8, Post 9, Post 10, Post 11, Post 12, Post 13, Post 14, Post 15, Post 16

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Level 17	Post 7, Post 3, Post 2, Post 4, Post 5, Post 6, Post 1, Post 8, Post 9, Post 10, Post 11, Post 12, Post 13, Post 14, Post 15, Post 16, Post 17
Level 18	Post 7, Post 3, Post 2, Post 4, Post 5, Post 6, Post 1, Post 8, Post 9, Post 10, Post 11, Post 12, Post 13, Post 14, Post 15, Post 16, Post 17, Post 18

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Appendix 3

Current Zone/Time Slot	Current Assignment	Related Change
Medic 1/11 0800-2000/2000-0800 7 days a week	Eastover Fire Department	Post 1 remains with primary assignment to Eastover, with time slot changing to 0700-1900/1900-0700 7 days a week
Medic 2/12 0800-2000/2000-0800 7 days a week	FFD Station 17	Time slot changes to 0700-1900/1900-0700 7 days a week
Medic 3/13 0800-2000 7 days a week	FFD Station 9	Time slot remains unchanged, Station Changes to FFD Station 6
Medic 4/14 0700-1900/1900-0700 7 days a week	FFD Station 7	Time slot changes 0800-2000/2000-0800
Medic 5/15 0700-1900/1900-0700 7 days a week	CCEMS Base	Station assignment changes to Post 3, FFD Station 1 and time slot changes to 0800-2000/2000-0800 7 days a week
Medic 6/16 0700-1900/1900-0700 7 days a week	Hope Mills Fire Department Cotton Fire Department	Station assignment unchanged. Time slot changes 0800-2000/2000-0800 7 days a week.

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Appendix 3 (Continued)

Current Zone/Time Slot	Assignment	Related Change
Medic 7	EMS Base	Hours from Medic 7, Medic 9, and Medic 10 adjusted to create 2 units for coverage 7 days a week.
Medic 8 0900 – 2100 7 days a week	Rescue 60/EMS Base	Hours related to Medic 8/18 will be combined to form 24 hour a day/7 day per week coverage. Time slot moves 0700-1900 7 days a week.
Medic 18 2000-0600 Monday – Thursday 2000-0800 Friday 1900-0700 Saturday, Sunday	Rescue 60/EMS Base	Hours change, doing away with holes in coverage and doubling of coverage. Day switches to 0700-1900. Nights change to 1900-0700 7 days a week. MAY be able to align shifts to work with school schedules.
Medic 9	EMS Base	Hours from Medic 7, Medic 9 and Medic 10 adjusted to create 2 units for coverage 7 days a week.
Medic 10	EMS Base	Hours from Medic 7, Medic 9 and Medic 10 adjusted to create 2 units for coverage 7 days a week.
Medic 17 1600-0000 7 days a week	FFD Station 8	Hours remain the same. Falls into Tier 3 coverage, rotating as possible, limited by staffing availability.

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Appendix 3 (Continued)

Medic 20 0700-1900 7 days a week	EMS Base	Hours remain the same, placed into Tier 2 coverage, 7 days a week. Paramedic Staffed. Now goes to rotating primary assignment.
Medic 21 0800-1600 M-F	EMS Base	Receives hours from removal of Medic 24 and is staffed Monday through Friday, 0800-2000
Medic 22 1000-1800 M-F	EMS Base	Medic 24 hours are moved to give 2 hours each to Medic 22 and Medic 25 creating a time slot for 1000 – 2000 M-F
Medic 24 1600 – 2400 7 days a week	EMS Base	Hours from this unit will be split up and combined with other units to extend coverage later during peak demand hours.
Medic 25 1000 – 1800 M-F	EMS Base	Medic 24 hours are moved to give 2 hours each to Medic 22 and Medic 25 creating a time slot for 1000 – 2000 M-F

Appendix 4 Projected Shift Starting Times:

07:00 – 19:00/19:00 – 07:00	Tier One	Posts 1,2,3	
08:00 – 20:00/20:00 – 08:00	Tier One	Posts 4,5,6,7,	
08:00 – 20:00	Tier Two	Posts 9, 11	7
	days/week		
10:00 – 20:00	Tier Two	Post 10	M-F
	Tier Three	Post 14	7
16:00 – 00:00	days/week		
	Tier Three	Post 13	7
	days/week		

FIRE SERVICE

- Provide fire service by the closest unit to the event, regardless of political jurisdictions, resulting in seamless service across the county
- Provide effective and efficient fire service at a fair cost and reasonable response time
- Increase funding to low-wealth departments
- Adhere to “best practice” standards
- Develop uniform countywide standard operating procedures

Executive Fire Summary

This report is the result of a 13-month local fire/rescue, EMS and emergency communications review by an appointed public safety task force of local emergency services professionals from Cumberland County and the municipalities. It spells out recommendations for how the services should be evaluated, improved and expanded in the future, utilizing local resources to meet both local and overall system demands based on nationally recognized standards, growth, technology, and new and modern best practices.

Fire service in Cumberland County is paid for by property owners through property taxes initially instituted in the 50s and 60s for the purpose of protecting lives and property from the threat of fire. Municipal fire protection is also funded through taxes levied on citizens. However, over the years many unfunded mandates such as hazardous material response, rescue, emergency medical, as well as responding to natural and man-made disasters and domestic terrorism, were added to the required services without changing the method of funding.

It should be noted that Cumberland County fire service gives the best possible protection against an often very challenging and occasionally life-threatening set of risks. While the fire service can be justifiably proud of its many accomplishments, it is entirely reasonable that from time to time, provided services should be examined to ensure that the service has adequate funding sources and that services are delivered in a cost-effective manner.

Recently, there have been concerns and debate about the Cumberland County fire service. The PSTF recognizes that overall the fire system is deficient and critically under-funded. The current antiquated fire tax system based on property values fails to provide adequate funding to meet service demands.

The PSTF, established by county and municipal managers, worked independently and objectively to carry out a comprehensive review and offer final recommendations.

The task force did not realize until after we started our journey just how much potential transformation is possible here in Cumberland County with an adequate funding source. We were struck by the reality of the extent to which our county fire service, once a leader

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in North Carolina, has fallen behind other counties, with similar demographics, in terms of service delivery due to inadequate funding.

No one group can be blamed for this current state of service delivery, and certainly all involved in the fire and emergency services must accept their share of responsibility. Cumberland County officials should clearly define service expectations for the county fire service. Challenging inter-agency relationships, the lack of clear guidance set forth in antiquated fire protection contracts and an antiquated funding source are additional issues.

Changes and new best practices are feasible only with aggressive fundamental and overall system modifications. The Cumberland County Fire & Emergency Services (Fire\Rescue-EMS-Communications) require a much needed overhaul to bring them into line with best practices in order to meet current and future public service demands. However, without fundamental funding changes, required system changes cannot be accomplished or obtained as needed.

Adequate funding with proper oversight and system requirements is the cornerstone to providing emergency services to the public in order to meet both national standards set out in NFPA 1201 (Providing Emergency Services to the Public); NFPA 1710 (Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments); and NFPA 1720 (Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Volunteer Fire Departments).

Note that the PSTF utilized the National Fire Protection Agency (NFPA), as well as Insurance Services Office (ISO) standards to evaluate our various levels of fire service. The PSTF also felt that as a fair-minded evaluation process, the NFPA and ISO presented the fairest assessment of service delivery. Finally, the PSTF agrees that it is important to recognize both the need for immediate change and the benefits that can be achieved from implementing the recommendations set forth in this report.

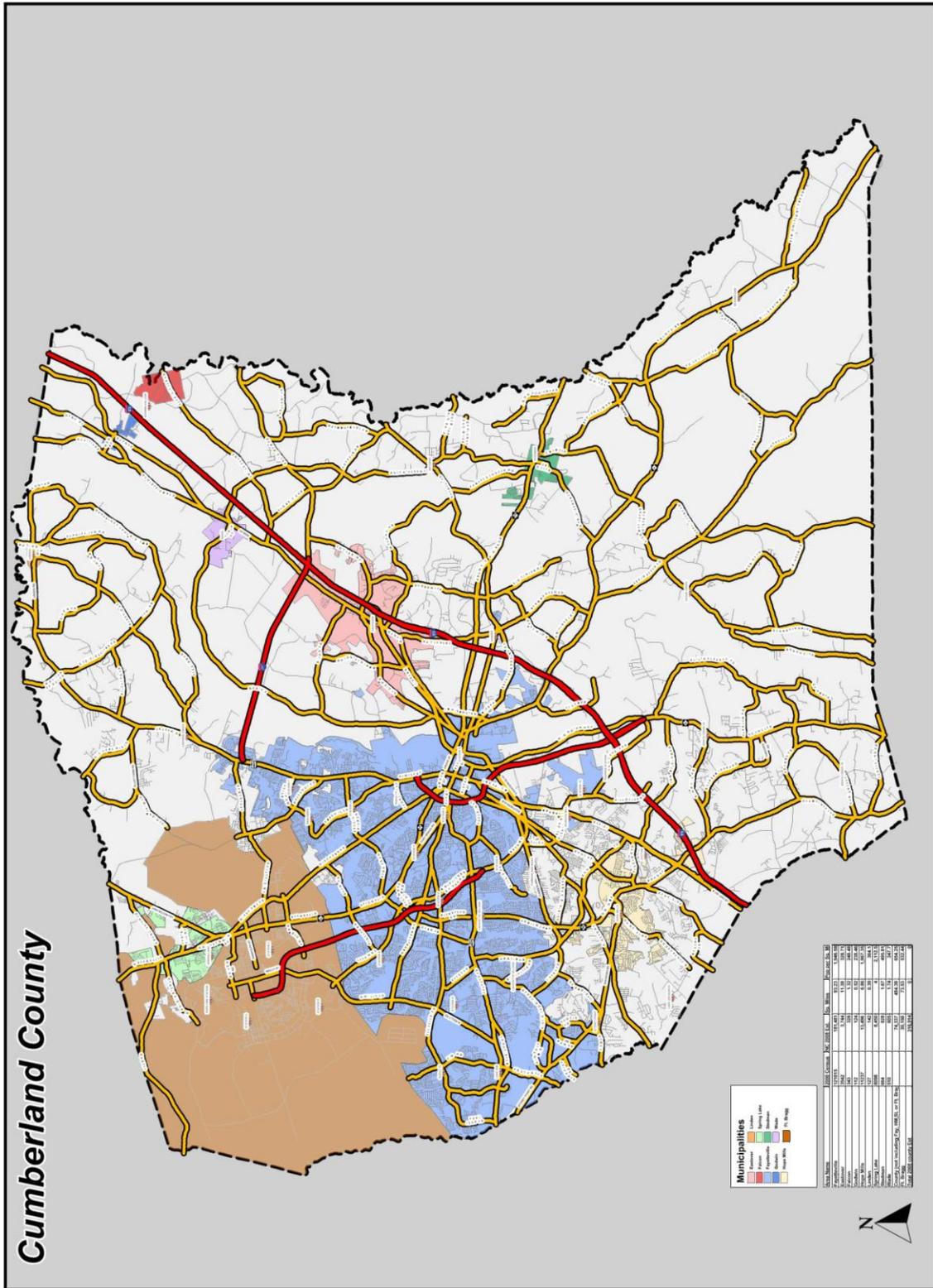
Fire/Rescue & Medical First-Responder Service Delivery

Fire/rescue and emergency medical services in Cumberland County are provided by nineteen (19) independent fire, rescue and emergency response agencies. Although independent in character, our agencies are interdependent upon each other operationally. For example, the majority of fire districts are unable to provide a full first-alarm assignment without the assistance of adjoining jurisdictions.

Demographic and geographic differences between municipal and rural fire districts affect the dispensation of a standardized fire\ rescue and EMS service delivery. The chart below describes key Cumberland County demographics & characteristics.

Area Name	2000 Census	NC 2008 Estimate	Sq Miles	Pop per Sq Mile	# Fire Stations
Fayetteville	121,015	181,481	93.23	1,946.59	16
Eastover*	3,542	3,744	11.39	328.71	0
Falcon*	343	328	1.32	248.48	0
Godwin*	112	124	0.52	238.46	0
Hope Mills	11,237	13,496	6.86	1,967.35	1
Linden*	127	142	0.39	364.1	0
Spring Lake	8,098	8,450	4	2,112.50	1
Stedman*	664	824	1.67	495.81	0
Wade*	510	605	1.74	347.7	0
County – Rural Areas		74,337	484.39	654.25	18
Fort Bragg		39,150	73.53	532.44	6
Total 2008 Estimates		316,914	0	0	42

(Source – Cumberland County GIS)* Fire, Rescue & Medical 1st Responder Service is provided by the Rural Fire Department serving both the municipal and rural area. - - - See attached GIS map ---



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The county serves a combination of urban, suburban, rural and wild-land densities with an average population density of 654.25 inhabitants per square mile. Major municipalities within Cumberland County are denser with an average population density of 2,008.81 inhabitants per square mile. The fire protection service areas for both rural and municipal fire districts also vary substantially, and the 18 fire stations within the unincorporated areas of Cumberland County serve an average of 26.91 square miles, while those within a major municipality (Fayetteville, Hope Mills and Spring Lake) serve an average of 5.82 square miles resulting in more rapidly emergency response times.

The study also identified inconsistency in the amount of available ambulances and the accompanying response times coupled with the vast amount of areas covered by our ambulance service. (It should be noted that vast improvements and the number of available ambulances at critical times have doubled since the on-set of this study – See EMS Report)

The study identified that fire facility distribution or spacing within the unincorporated areas of Cumberland County resulted in substantial longer response times, as well as higher ISO ratings. Fayetteville, our major metropolitan area, has an ISO rating of 2, while all other municipalities, as well as all rural departments, benefit from ratings between 3 and 9.

Therefore, more planning by local fire officials should be emphasized within the rural areas of the county where much future growth is planned as a result of BRAC, and the need for a rapid fire\rescue and emergency medical response force to respond to emergencies exists. Currently, the City of Fayetteville, Hope Mills and the Godwin Falcon Fire District are in the planning phases of new fire station facilities.

The Public Safety Task Force also acknowledged that our current delivery model led to significant duplication of services and inefficient utilization of resources and does not provide provisions to allow for closest unit response. Service levels such as rescue and medical response varied greatly depending on jurisdiction and geographic area within Cumberland County. Municipal annexations of unincorporated areas also fragments service levels and creates financial burdens on both the municipalities as well as the affected rural fire district.

Although countywide coordination of emergency, fire\ rescue, and emergency medical services is the common-sense approach to protecting lives and property within our local urban, suburban and rural Cumberland areas, the PSTF found in reviewing consolidation that it would not be feasible at this time because of overall inadequacies in budgets between municipal and county departments. Consolidation would present an adverse economic impact under the current funding system. (A 25-cent fire tax increase in the county would not be cost effective under the current system. A 35-cent fire tax today would collect \$20,744,377). Below are listed other additional factors that would impede current consolidation efforts:

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- Adequate funding for MINIMUM operating costs are lacking in the majority of county fire departments.
- Pay and benefit costs between municipal and county departments identified gross inadequacies, whereas most county departments do not provide benefits.
- Current county fire facility distribution would adversely affect a consolidated system by increasing higher ISO ratings resulting in higher insurance premiums. (Additional fire facilities are needed within the unincorporated areas of Cumberland County to meet ISO fire facility spacing recommendations as well as the needs of a rapid emergency response force and the applicable national response standards as outlined in NFPA 1710 & 1720
- Consolidation would also adversely affect volunteer turn-out, whereas many municipal firefighters volunteer and work within the county volunteer departments. A consolidated system would require compliance with the Fair Labor Standards Act, whereas volunteers cannot volunteer for the agency that employs them. (Currently, it is very difficult for many of our departments to attract and maintain qualified volunteer firefighters.)

Budget / Financing

The fire protection services within Cumberland County and especially our municipalities originated as volunteer organizations dating back to the turn of the 19th century. Our current rural fire districts were established as volunteer departments in the 50s and 60s. Both municipal and rural fire protection services are being supported primarily by property taxes levied against their citizens within the jurisdictional boundaries. In the rural areas of Cumberland County, the system is solely funded by a Property Tax Levy currently set at .10 per \$100 evaluation with another .005 collected within the Special Fire Service Tax District consisting of the combined un-incorporated areas in Cumberland County with a current collection rate of \$ 302,786 projected for Fiscal Year 2010.

The Special Fire Service Tax District supports and augments identified low-wealth fire districts and supports county-wide fire/rescue and EMS programs and initiatives benefiting all 19 agencies. For Fiscal Year 2009-2010, the total countywide and special fire service tax budget is \$5,926,965 compared to a combined municipal budget of \$22 million. (See Budget Chart below).

Also noteworthy is the fact that all but two (2) County fire departments (Pearce's Mill and Stedman) have assumed unfunded EMS requirements without any additional funding.

Allocation of Fire Tax Revenues:

Currently, and in accordance with North Carolina State Law, all Cumberland County Fire Tax revenues are allocated to the local fire district where the tax was collected. The amount of local fire tax revenues that individual fire districts receive differs significantly

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throughout Cumberland County and is based primarily on the level of development within each fire district.

Some fire districts are extensively developed with high-value homes and businesses, while others have little development and a very low tax base. Therefore, the difference in the extent and value of land development affects the amount of property tax revenue a fire district generates, yet the service expectation of fire districts with low property tax rates are the same as those with higher property tax bases.

Recommendation

The PSTF recommends implementing through legislation a local county-wide Public Safety Protection Sales and Use Tax to be used exclusively for all local public safety activities, including fire protection, rescue and emergency medical response and transportation and for the operation of a single and joint public safety answering point (PSAP) responsible for dispatching emergency resources to emergencies and incidents countywide. (This does not include Law Enforcement operating costs).

With the implementation of a Public Safety Protection Sales Tax funding system, the county and local municipalities will provide a concurrent local property tax reduction and relief to their citizens.

Organization	BUDGET-2008	Per Capita Budget-2008	Cost Per Call-2008
Fayetteville	19,246,423	106.05	829.40
Hope Mills	1,500,000	111.14	915.75
Spring Lake	867,488	102.66	543.87
Cumberland County	5,563,334	74.83	526.13
Beaver Dam	151,754	87.36	1297.04
Bethany	152,447	48.51	398.03
Cotton	587,900	95.54	493.20
Cumberland Road	468,724	71.23	305.35
Eastover	350,812	68.53	483.87
Godwin – Falcon	151,754	86.27	551.83
Grays Creek 18	230,446	59.17	592.40
Grays Creek 24	230,446	59.17	432.35
Pearce’s Mill	688,516	68.31	1240.56
Stedman	151,754	73.77	877.19
Stoney Point	805,709	100.71	649.76
Vander	652,637	78.07	589.02
Wade	151,754	111.25	489.52
West Area	896,837	78.64	557.73

(Source - Provided by Cumberland County Finance & Municipal Department).

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* ***Per Capita Budget*** – Resulting by dividing the organization’s budget by the population served. (Municipal per capita budgets average about 25 percent more than county per capita budgets). County per capita budget was derived from consolidating the entire county fire budget).

* **Funding Per Emergency Call** – Resulting by dividing each organization’s budget by the number of calls and dispatches.

Fayetteville, Spring Lake and Fort Bragg are fully staffed by career firefighters working 24-hour shifts, while Hope Mills and many of the county volunteer departments are considered combination departments utilizing both full and part-time career members working 24 or 12-hour shifts supplemented by volunteers. It should be noted that it is much less costly to deploy 12-hour staffing shifts versus staffing units 24 hours. (Many volunteer departments rely on part-time hourly staffing with no benefits.)

Especially noteworthy is the fact that the entire fire/rescue and emergency medical first-responder services within the unincorporated areas of Cumberland County are totally dependent on volunteers. This is especially critical from 7 a.m. until 7 p.m. Monday through Friday when volunteers are at work and not available to respond to emergency calls. We also recognized that during periods when volunteer resources are not available, there was an increase in high and unacceptable response times. As a result, we found major differences in compensation and personnel practices between all career, combination and all-volunteer departments that directly affect overall system overheads.

Fire Organizational Staffing & Budget Chart

February 16, 2010

##	Fire Organization	#OF STA.	#			NO# VOL	TOTALS	2010 BUDGET	% OF GEN FUND	TAX RATE SUPT FIRE
			PAID FT	PAID PT	ADM PAID					
1	** Beaver Dam	1	1	0	0	29	30	129,661	N/A	.10.5
2	Bethany Sta. 12	1	1	0	0	23	24	192,455	N/A	.10.5
3	Cotton Sta. 4	1	6	12	0	26	44	686,643	N/A	.10.5
4	Cumberland Road	1	0	20	0	30	50	440,352	N/A	.10.5
5	Eastover Sta. 1	1	0	11	0	34	45	391,294	N/A	.10.5
6	Fayetteville	16	322	0	8	0	330	20,887,715	15.28%	16.5
7	** Godwin Falcon	1	0	5	0	27	32	128,706	N/A	.10
8	Grays Creek #18	1	3	0	0	27	30	315,103	N/A	.10
9	Grays Creek #24	1	3	0	0	37	40	315,103	N/A	.10
10	Hope Mills	1	19	6	0	12	37	1,415,444	14.17%	16.41
11	Pearce's Mill	1	6	11	1	17	35	725,801	N/A	.10
12	Spring Lake	1	11	12	0	0	23	844,245	13.31 %	20.84
13	Stedman	1	1	2	0	28	31	190,883	N/A	.10
14	Stoney Point	2	13	8	1	95	116	768,782	N/A	.10
15	Vander	2	1	32	0	19	61	767,421	N/A	.10
16	** Wade	1	0	7	0	19	26	104,957	N/A	.10
17	West Area	3	1	28	0	72	101	1,024,352	N/A	.10
18	Fort Bragg/Pope	6	110	0	0	0	110	N/A	N/A	N/A
	TOTAL FD	42	497	154	10	495	*1165			

(Source Department Chiefs, County & Municipal Finance Departments) * Because many career members within municipal departments also volunteer within volunteer departments, some members are counted twice) ** Department's budget is supplemented by the Special Fire Tax District. Low-wealth department with a budget of less than \$150,000 – Highlighted departments should be augmented to a minimum of \$ 250,000.

Therefore, current demands for a standardized countywide emergency response delivery system utilizing modern and best practices resulted in a re-evaluation of our current delivery system and the formation of the Public Safety Task Force, by county and municipal managers. The PSTF studied and examined all best practices and options for the delivery of fire\rescue and emergency medical services. We found that most county fire districts lack adequate funding to support the standards-based fire protection services identified in NFPA 1710 and 1720. The PSTF has identified this as a **systemic issue** that requires further examination and review that will lead to needed corrective actions. The current system of funding fire protection is solely supported by county property owners not service users.

3-Year Budget Chart

ORGN #	FIRE ORGANIZATION	2008	2009	2010
4260	Beaver Dam Fire District	151,754	155,767	181,665
4262	Bethany Fire District	152,447	161,336	192,455
4264	*Bonnie Doone Fire District (FFD)	1,225	8,132	3,957
4266	Cotton Fire District	588,153	615,264	686,643
4268	Cumberland Road Fire District	353,124	386,644	440,352
4270	Eastover Fire District	332,612	352,150	391,294
4272	Godwin Falcon Fire District	151,754	155,767	181,665
4274	Grays Creek Fire District	230,446	251,083	315,103
4275	Grays Creek Fire Dept 24	230,446	251,083	315,103
4276	*Lafayette Village Fire Dist (FFD)	1,144	6,325	1,168
4278	*Lake Rim Fire District (FFD)	9,903	15,371	7,583
4282	Manchester Fire District (SPLFD)	77,572	81,518	86,253
4284	Pearce's Mill Fire District	645,298	667,621	725,801
4286	Raeford Road Fire District	00.0	00.0	00.0
4288	Stedman Fire District	151,754	167,902	190,883
4290	Stoney Point Fire District (2 stations)	587,561	621,467	768,782
4292	Vander Fire District (2 stations)	632,271	665,720	767,421
4294	Wade Fire District	151,754	155,767	181,665
4296	West Area Fire District (3 stations)	869,077	868,486	1,024,352
4261	Special Fire District Tax	221,829	264,831	302,786
	Total County Fire Budget	4,871,375	5,122,317	5,926,965
N/A	Fayetteville Fire Department (16 Stations)	19,246,423	20,292,639	20,887,715
N/A	Hope Mills Fire Department	1,500,000	1,497,945	1,415,444
N/A	Spring Lake Fire Department	782,784	847,360	844,245
	COMBINED TOTALS	26,400,582	27,760,261	29,074,369

- Information provided by County Finance Department. FFD = Rural areas within the old boundaries of identified fire district under contract for service with the Fayetteville Fire Department ** Rural Fire Districts with multiple departments. ---Yellow identifies department considered low wealth with a total budget of less < \$ 250,000 and departments highlighted in gray are departments just above the threshold but still require assistance up to \$ 250,000 the current short term minimum recommended budget until a systems overhaul is complete.

The study also found that a major difference in costs between municipal and county fire department operations exists. The county relies primarily on volunteers to provide its fire/rescue and first-responder services, while municipalities rely primarily on paid staffs.

Approximately 80 percent of all municipal fire departments' budgets are devoted to personnel costs. Therefore, any conclusion about the use of volunteer and career assets within the county system have a major impact on service delivery costs and budgets. To meet minimum NFPA staffing requirements of one supervisor, one driver/operator and two firefighters assigned to each county fire station 365 days a year would require a 25-cent tax increase, equaling a 35-cent county fire tax.

Equipment

The PSTF found that on an average both the municipal and county fire departments were sufficiently equipped with rolling stock and support equipment to respond and mitigate day-to-day fire, rescue and EMS emergencies. However, high costs of both apparatuses and equipment make it impossible for some departments to meet and comply with current life-safety standards. Apparatuses and equipment for specialized services such as Medium & Heavy Rescue, and Mobile Air Supply services are already regionalized, while services for Confined Space & Trench Rescue and Hazardous Material responses are solely provided by the City of Fayetteville countywide.

Training

The PSTF found that each individual fire district organizes and manages its own training program based on Insurance Services Office (ISO) and Department of Insurance (DOI) requirements. Certified training is generally coordinated through the Fayetteville Technical Community College (FTCC) as well as community colleges throughout the region and DOI. The PSTF recommends implementing multiple and joint agency training at the management levels in conjunction with Emergency Management to address UNIFIED command issues and prepare our combined organizations to better respond to and recover from future major disasters that will simultaneously affect multiple jurisdictions. This is also an opportunity to practice our countywide emergency operations plan.

Mutual and Automatic Aid

Currently all emergency response agencies participate in an Automatic Aid response plan. This means all agencies responding to an emergency incident are notified and dispatched at the same time when possible. There is a current delay between the City of Fayetteville and Cumberland County Public Safety Answering Points (PSAP) whenever both county and city units are required to respond to the same incident. The recommended consolidation of both PSAP's will eliminate fix this dilemma.

Fiscal Affairs

Each fire district maintains its own finances and record-keeping system and submits an annual financial audit completed by a certified public accountant to the Cumberland County finance department in accordance with contract requirements. Municipal departments also maintain their own finances and records-keeping system in accordance with city guidelines.

Recommended Minimum Standards for Fire Departments

General Fire Department Requirements (Recommended to be specified in contracts)

- Follow NFPA Standard 1201 & 1720
- Meet NC Department of Insurance 9S Rating Requirements
- Ensure NIMS compliance with regard to training of personnel and incident management.
- Follow Countywide Operating Guidelines and Policies (or) adherence to Cumberland County Fire Chiefs' Association Standard Operating "Procedures"
- Utilize "Firehouse Software"
- Report data to NFIRS within established time lines.
- Participate in a Group Purchasing Organization
- Prepare and submit a written Annual Report to a Public Safety Commission, when formed
- Each department shall utilize a promotion process that incorporates national minimum standards for all officer positions
- Each department shall complete background checks on all applicants for consideration on membership

Minimum Requirements – Volunteer Firefighter

- **New hires** must complete the following within 18 months of hire date (Compliance benchmark, 100 percent New Hires)
 - Structured Orientation Training (*Define*)
 - CPR Certification
 - NC Hazardous Materials Level I Responder Certification
 - NC Firefighter II Certification
 - All position specific levels of NIMS training
- **Existing personnel** must complete the following within 18 months of implementation (Compliance benchmark, 80 percent of existing personnel)
 - CPR Certification
 - NC Hazardous Materials Level I Responder Certification
 - NC Firefighter II Certification
 - All position specific levels of NIMS training

Minimum Requirements – Paid Firefighter

- **New hire** candidates must meet the following pre-requisites prior to assignment to full duty (Compliance benchmark, 100 percent of new hire candidates)
 - CPR Certification
 - NC Hazardous Materials Level I Responder Certification
 - NC Firefighter II Certification
 - All position specific levels of NIMS training
 - Structured Orientation Training

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- **Existing personnel** must complete the following within 18 months of implementation (Compliance benchmark, 100 percent of existing personnel)
 - CPR Certification
 - NC Hazardous Materials Level I Responder Certification
 - NC Firefighter II Certification
 - All position specific levels of NIMS training

Minimum Requirements – Officer Positions – (NFPA 1021)

- Pre-requisites for promotion (Compliance benchmark, 100 percent of promotions)
 - Must be 21 years old
 - Must have 3 years of fire service experience
 - CPR Certification
 - NC Hazardous Materials Level I Responder Certification
 - NC Firefighter II Certification
 - All pre-requisite levels of NIMS training
- Newly promoted officers must complete within 6 months all position specific levels of NIMS training (Compliance benchmark, 100 percent of promotions)
- Existing officers must complete within 6 months of implementation all pre-requisite and position specific levels of NIMS training (Compliance benchmark, 100% of existing officers)
- Existing officers must complete the following within 18 months of implementation (Compliance benchmark, 100 percent of existing officers)
 - NC Hazardous Materials Level I Responder Certification
 - NC Firefighter II Certification

Additional Requirements – Officer Positions

- All officers must complete the following within 6 months of meeting all minimum officer requirements
 - NFA PICO
 - NFA STICO (Strategy and Tactics for Initial Company Operations)

Additional Requirements – Chief Officer Positions

- Chief officers must complete the following within 6 months of meeting all minimum and additional officer requirements
 - NFA Leadership I, II, and III, or a Pro Board or IFSAC accredited Fire Officer Certification

Minimum Requirements – Driver Operator (Minimum Age – 21)

- New Driver Operator candidates must meet the following minimum requirements (Compliance benchmark 100 percent of all new candidates)
 - Completion of all minimum firefighter requirements
 - NC EVD certification prior to approval to drive/operate any emergency vehicle

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- NC Driver Operator certification prior to approval to drive/operate vehicles with a GVWR of 26,001 pounds or more
- Existing Driver Operators must meet the minimum requirements for the type of vehicle for which they are approved to drive within 12 months of completion of all position specific requirements (Compliance benchmark of 100 percent of all existing driver operators)

(Optional) Requirements – Medical Response

- Departments providing medical response shall ensure that each response is staffed with a minimum of (1) personnel certified at minimum as follows: (Compliance benchmark, 100 percent of responses)
 - NC Medical Responder
 - NC Hazardous Materials Awareness Level
 - All position specific levels of NIMS training

(Optional) Requirements – Rescue Provider

- Departments providing rescue services shall be certified by the NCAREMS for the level of service (s) provided. (*Address staffing & minimum training, see existing CCFCA policy “Medium Duty Rescue Services”*)

Performance Criteria Comparison

NFPA 1710 (Applies to Career Fire Departments)

- Performance standards, non-dependant on census data
- Effective Firefighting Force – Initial company, four (4) personnel
Full-alarm assignment, fifteen (15) personnel
- Turnout Time, sixty (60) seconds
- Call Processing Time, sixty (60) seconds

Initial Company (4 personnel)	Response time of four (4) minutes 90 percent
Full-Alarm Assignment (15 personnel)	Response time of eight (8) minutes 90 percent

Total response time = Call processing time + turn-out time + response time

NFPA 1720 (Applies to Volunteer Fire Departments)

- Performance standards dependant on census demand categories

Demand Zone	Demographics	Effective Firefighting Force	Response Time	Percentage
Urban	>1000 /sq mi	15	9 minutes	90 percent
Suburban	500-1000/sq mi	10	10 minutes	80 percent
Rural	<500/sq mi	6	14 minutes	80 percent
Remote	Travel distance > 8 miles	4	ISO Travel Formula (1.7 x distance x 0.65 = travel time)	90 percent

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Commission on Fire Association I Model

- Does not differentiate between career and volunteer department
- Effective Firefighting Force to be determined by the AHJ through risk assessment and critical task analysis. Based on hazard class.
- Baseline – minimum performance standard that all departments should meet
- Benchmark – recommended minimum performance standard that all departments should be trying to meet
- Performance standards based on demographics and risk category of alarm
- Alarm Handling – 90 seconds/90% baseline
60 seconds/90% benchmark
- Turnout Time – 90 second/90% baseline (all calls)
80 second/90% benchmark (fire and special operations calls)
60 second/90% benchmark (EMS calls)
- Metropolitan – Total population of over 200,000 and/or a population density of > 30,000/sq mi
- Urban – Total population of over 30,000 and/or a population density > 2,000/sq mi
- Suburban – Total Population of 10,000-29,999 and/or population density of 1,000 to 2000/sq mi
- Rural – Total population of less that 10,000 or a population density of < 1000/sq mi
- Wilderness- rural area not accessible by public or private road.

Class	Baseline/Benchmark	1 st Unit	2 nd Unit	Total Alarm Assignment	Performance Standard
Metropolitan	Baseline	5min/12 secs	10min/24 secs	10 min/24 secs	90%
	Benchmark	4 min	8 min	8 min	90%
Urban	Baseline	5min/12 secs	10min/24 secs	10 min/24 secs	90%
	Benchmark	4 min	8 min	8 min	90%
Suburban	Baseline	6min/30 secs	10min/24 secs	13 min	90%
	Benchmark	5 min	8 min	10 min	90%
Rural	Baseline	13 min	18 minutes/12 secs	18 minutes/12 secs	90%
	Benchmark	10 min	14 min	14 min	90%
Wilderness	Baseline	N/A	N/A	N/A	N/A
	Benchmark	N/A	N/A	N/A	N/A

COMPARISON OF INSURANCE PREMIUMS RELATIVE TO ISO PUBLIC PROTECTION CLASSIFICATIONS

This chart compares annual insurance premiums for a new brick veneer home valued at \$150,000.00 with no credits and \$250.00 deductible. This report was provided by an actual agent in Harnett County.

<u>ISO CLASS</u>	<u>AGENT 1</u>
10	999.00
9	825.00
9S	825.00
8	708.00
7	648.00
6	620.00
5	620.00
4	620.00
3	620.00
2	620.00
1	620.00

Comparisons clearly indicate that a typical residential structure does not enjoy further reduced insurance premiums when **THE ISO PUBLIC PROTECTION CLASSIFICATION** goes below Class 6.

COMPARISON OF INSURANCE PREMIUMS RELATIVE TO ISO PUBLIC PROTECTION CLASSIFICATIONS

This chart compares annual insurance premiums for a new wood frame home valued at \$100,000.00 with smoke detectors. This report was provided by an actual agent in Wake County.

<u>ISO CLASS</u>	<u>AGENT 1</u>	<u>AGENT 2</u>	<u>AGENT 3</u>
10	470.00	514.00	585.00
9	376.00	411.00	469.00
9S	376.00	411.00	469.00
8	353.00	384.00	438.00
7	318.00	347.00	394.00
6	259.00	283.00	320.00
5	259.00	283.00	320.00
4	259.00	283.00	320.00
3	259.00	283.00	320.00
2	259.00	283.00	320.00
1	259.00	283.00	320.00

Comparisons clearly indicate that a typical residential structure does not enjoy further reduced insurance premiums when **THE ISO PUBLIC PROTECTION CLASSIFICATION** goes below Class 6.

Recommendations –

The Public Safety Task Force recommends the following:

- Increase funding immediately for low-wealth departments to a minimum of \$250,000
- Consolidate of all communications centers (PSAPs)
- Establish a Public Safety Commission to oversee funding allocation, verify performance benchmarks are achieved, and ensure accountability of established service delivery
- Initiate closest unit dispatch protocol regardless of jurisdictional boundaries
- Establish minimum service level objectives
- Establish minimum performance criteria based on NFPA standards
- Establish minimum qualifications for personnel
- Use Fire House RMS/Report to NFIRS
- Establish minimum standard operating guidelines countywide
- Eliminate duplicated efforts (EMS, communications, code enforcement, emergency management)
- Establish new funding mechanism

Funding

In the short term, the PSTF recommends immediate relief for low-wealth departments and funding for critical countywide systems requirements.

Various options include:

- Increase *Special Fire District Tax* by .75 cent (from .50 cent to 1.25 cents)
 - *Personnel for low-wealth departments*
 - *MDTs, AVLs upgrades and maintenance (Interoperability between responding agencies and CAD)*
 - *800 MHz upgrades and maintenance*
 - *Fire house upgrades to accommodate MDTs, AVLs and OSSI Cad integration*
 - *Provide funding to comply with NFPA 1281 Infectious Control*
 - *Provide funding to comply with NFPA 1281 Comprehensive Occupational Medical Program for Fire Departments*
 - *Maintain current established countywide programs*
- Fund from General Fund
- Increase Fire Tax District Rate to 15 cents per \$100 valuation (Not Recommended)
- Assist departments with SAFER Grants

LOW WEALTH AUGMENTATION CHART

DEPARTMENT	COUNTY- FY10	MUNICIPAL FY-10	COMBINED FY-10	5% - TAX FY-10	COMBINED FY-10	AUGMENT TO - 250K	TOTAL
Beaver Dam	129,661	0.00	129,661	52,004	181,665	68,335	250,000
Bethany	192,455	0.00	192,455	0.00	192,455	57,545	250,000
Godwin - Falcon	80,245	-48,461	128,706	52,959	181,665	68,335	250,000
Stedman	133,764	57,119	190,883	0.00	190,883	59,117	250,000
Wade	78,528	26,429	104,957	76,708	181,665	68,335	250,000
						321,667	

FISCAL YEAR 2010 – 5% Special Fire District Fund Approved at \$ 302,786 = 60/40 Split
 = 181,665 towards Low Wealth
 = 121,114 towards County-wide Programs

Stedman only municipality not participating with the collection of Special Fire Tax within corporate limits.

Raise from current .05 to 1.25 = a .75 increase

Public Safety Task Force Report to County and Municipal Governing Bodies

For the long term, there are various options:

- Increase the current Fire Tax rate from 10 cents to 35 cents
- Establish alternate funding mechanism
- Public Safety Sales Tax Model:
 - Becomes a systems-users tax
 - Will generate enough to fund fire, communications, EMS
 - Should provide significant relief for County and municipal property owners

Current expenses for all three services equal approximately \$45 million. To meet the recommended goals presented in this report, the cost would be approximately \$65 million. The PSTF thinks the best method to get there is a Public Safety Sales Tax.

Property Tax Impact:

- City of Fayetteville 16.50 cents = \$20,887,715
- Hope Mills 16.41 cents = \$1,415,444
- Spring Lake 20.84 cents = \$844,245
- Cumberland County 10.5 cents = \$5,926,965
- TOTAL - \$29,074,369 – potential savings to current property tax payers

For example, the tax impact for a Cumberland County resident living outside any municipal limits for a house with a tax value of \$150,000 would be approximately a \$150 reduction on the tax bill for fire protection. Within the Spring Lake municipal limits, for a house with a tax value of \$150,000, the reduction on the tax bill would be approximately \$300 for fire protection.

CONCLUSION

In conclusion, the PSTF studied and reviewed the entire emergency service system as it relates to our charter. The task force realized many opportunities for improvement and implemented changes as they were available. The PSTF has concluded its review with following recommendations:

- Immediate relief for low-wealth fire departments. Immediate need for a Public Safety Sales Tax
- Supported clear expectations of service delivery, encompassed in contracts, for all stakeholders.
- Supported expectations of nationally benchmarked standards for all stakeholders, fire, EMS and communications.

These recommendations enable the entire system to migrate to a service level the Cumberland County citizens deserve. We believe that the citizens served deserve a progressive emergency services system that will expect standards and compliance and that is fiscally responsible and driven by quality.

What are your expectations for fire, EMS and communications services?

What does the public expect from fire, EMS and communications services?