



Prepared by  
ROBB Consulting, LLC  
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## EXECUTIVE SUMMARY

### PURPOSE

The purpose of the project was to collaborate with the Upper Dauphin Council of Governments EMS Committee and the leadership of the EMS departments that serve Northern Dauphin County to assess the existing EMS system and identify and recommend governance and operational objectives for the future success of the system. At the time of the assessment, there was no current strategic plan in place for the existing EMS system in Northern Dauphin County. The stakeholders agreed that an outside assessment to provide recommendations, guidance for change, and new initiatives would be helpful in charting a path forward.

ROBB Consulting, LLC (ROBB) was retained to accomplish this task. The focus of this assessment and strategy recommendations plan is to develop objectives that would be adopted by the EMS departments in cooperation with one another, the Upper Dauphin Council of Governments and local municipalities to promote and advance a strong cooperative working relationship.

ROBB was tasked to assess the following core areas:

- *Organizational Governance and Administration*
- *Funding*
- *EMS Operations*
- *Communications and Community Relations*

### HOW DID WE DETERMINE YOUR NEEDS?

Through a series of first-person interviews, small group interviews, and an online survey as well as a review of existing organizational and operational data and practices, ROBB identified objectives and recommended outcomes that will advance the region's EMS departments, Upper Dauphin Council of Governments, and municipal governments, which are legislatively required to provide fire and emergency services.

## **OUR GOALS FOR YOU TO SUCCEED**

As a result of the assessment, the resulting eight objectives listed in this report have been developed that ROBB envisions will strengthen the volunteer EMS departments and will position the region and local municipalities to better support the EMS system for the long term.

1. Implement a communication plan to build support for the future of EMS in Northern Dauphin County.
2. Formalize a municipal government stakeholder committee to finalize representation of municipal governments, develop performance expectations to meet community expectations, service agreements and reporting requirements for transparency and accountability.
3. Establish the regional municipal government entity to govern and fund the operational and staffing needs of the proposed EMS system.
4. Develop consistent and reliable funding for the short-term and long-term health of the proposed EMS system.
5. Establish a community EMS advisory committee to build community support of the proposed EMS system.
6. Encourage and support the existing 9-1-1 basic life support EMS departments to pursue new partnership opportunities between their organizations.
7. Develop a workforce recruitment and retention plan to develop the next generation of EMS professionals.
8. Start thinking about the future of the volunteer fire service in Northern Dauphin County.

## **OUTCOMES**

This assessment and its strategy recommendations outline the best course of action for the future success of the EMS departments in Northern Dauphin County and provide a solid foundation for the start of a new series of discussions on the future of EMS.

By implementing the recommendations identified in this assessment, Northern Dauphin County can develop and expand a stronger, more resilient 9-1-1 EMS system for the long term.

Fundamental to achieving this outcome is creating greater accountability, transparency, and visibility by improving communication to develop and maintain a higher level of trust among all stakeholders. By strengthening county-wide relationships and working together, Northern Dauphin County EMS departments, council of government and municipal officials, business and school leaders, and the volunteer fire departments will be able to quickly adapt to the outside forces and challenges that impact people and communities like yours across the country every day. At the end of the day, ultimately the people of Northern Dauphin County need to support what is best for all their families, neighbors, and businesses.

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## BACKGROUND

### Historical and Contemporary Community Overview

The elected officials of the municipalities of Northern Dauphin County created the Upper Dauphin Council of Governments (COG) to help improve the efficiency of local municipal governments by providing general and technical information to member municipalities, as well as promoting legislation that is beneficial the area. The COG also allows for the exchange of ideas and provides for effective communication and coordination among area municipalities.

#### Upper Dauphin Council of Governments Participating Municipalities

<b>Boroughs</b>	Berrysburg	Elizabethville	Gratz
	Halifax	Lykens	Millersburg
	Pillow	Williamstown	
<b>Townships</b>	Halifax	Jackson	Jefferson
	Lykens	Mifflin	Reed
	Rush	Upper Paxton	Washington
	Wayne	Wiconisco	Williams

Northern Dauphin County is comprised of eight boroughs: Berrysburg, Elizabethville, Gratz, Halifax, Lykens, Millersburg, Pillow, and Williamstown; and twelve townships: Halifax, Jackson, Jefferson, Lykens, Mifflin, Reed, Rush, Upper Paxton, Washington, Wayne, Wiconisco, and Williams. The area is served by five school districts: Upper Dauphin School District, Millersburg School District, Williams Valley School District, Halifax School District, and Susquenita School District, which is located in Perry County but covers part of Northern Dauphin County.

The region has a total area of approximately 259 square miles, of which 239.5 square miles is land and the remainder is water, most of which is the Susquehanna River. Northern Dauphin County's terrain is composed of ridges and valleys, formed by the Appalachian Mountain ridges which run from southwest to northeast across the county. Mountains in the area include Peters, Mahantango, Stony, Berry, and Short. The region's water resources, including the Armstrong, Clark, Mahantango, Powell, and Wiconisco Creeks, drain into the Susquehanna River which forms Northern Dauphin County's western boundary. DeHart Reservoir is located in Rush Township.

Northern Dauphin County's economy is primarily agricultural, with various farmers markets,

roadside stands, farm produce stands, food festivals, meat stores, and plant nurseries present throughout the county.

Northern Dauphin County is home to many attractions, including the following:

- Ned Smith Center for Nature and Art
- Lake Tobias Wildlife Park
- Millersburg Ferry
- Armstrong Valley Winery
- Gratz Fair
- Haldeman State Forest
- Henninger Farm Covered Bridge Park
- Lykens Glen Park
- Wiconisco Creek Park
- The Susquehanna River
- The Appalachian Trail
- Historic downtowns

Because Northern Dauphin County is located within Pennsylvania's capital region and South Central Pennsylvania region and sits approximately twenty minutes north of the state capital, the City of Harrisburg, major transportation routes crisscross the county. Pennsylvania State Routes 22/322 handle tens of thousands of personal and commercial vehicles daily. Additional large amenities in the area (e.g., casinos, museums, parks, sports teams, performing arts theaters, and universities) contribute to the public safety demands of the region's EMS and fire department and the communities they serve.

### **Northern Dauphin County Demographics**

In 2020, Northern Dauphin County encompasses an area of 259.91 square miles and is home to 27,197 people according to the 2020 U.S. Census.



**Northern Dauphin County Data Municipality**

<b>Boroughs</b>	<b>Population</b>	<b>Households*</b>	<b>Housing units**</b>	<b>Area in Square Miles</b>
Berrysburg	326	130	154	0.62
Elizabethville	1,357	587	695	0.54
Gratz	743	408	338	2.9
Halifax	796	271	399	0.34
Lykens	1,873	829	922	1.2
Millersburg	2,545	1,119	1,335	0.76
Pillow	292	108	134	0.49
Williamstown	1,303	554	685	0.26
<b>Townships</b>				
Halifax	3,349	1,438	1,448	31.8
Jackson	1,827	751	803	40.1
Jefferson	360	169	197	24.4
Lykens	1,559	517	512	26.5
Mifflin	816	260	275	15.5
Reed	230	100	109	8.6
Rush	228	106	121	24.5
Upper Paxton	4,010	1,738	1,720	31.2
Washington	2,219	859	873	17.7
Wayne	1,266	452	513	13.9
Wiconisco	1,159	413	539	9.8
Williams	1,067	522	497	8.8
<b>Totals:</b>	<b>27,325</b>	<b>11,331</b>	<b>12,269</b>	<b>259.91</b>

Source: 2020 U.S. Census

\*Households: a house and its occupants regarded as a single unit

\*\*Housing Units: A housing unit is one unit within a larger structure where a person or family eats, lives, and sleep.

## EMS Service Delivery

EMS delivery in Pennsylvania, like the state's fire services, has been challenged over the years to find its place at the table of basic municipal and county government services. With increasing challenges, in 2008, the General Assembly of the Commonwealth of Pennsylvania enacted House Bills No. 1131, 1133, 1134, and Senate Bill 987, amending the borough, first-class township, second-class township, and third-class city codes.

By doing so, a clause was added to those respective municipal government codes stating municipalities "shall be responsible for ensuring that fire and emergency medical services are provided within the municipality by the means and to the extent determined by the municipality, including the appropriate financial and administrative assistance for these services. The municipalities shall consult the fire and emergency medical service providers to discuss the emergency service needs of the municipality and shall require any emergency services organization receiving funds to provide an annual itemized listing of all expenditures of these funds before considering budgeting additional funding."

To attain the delivery of optimum EMS services, municipal governments must recognize and accept the responsibility to fulfill the obligation to provide appropriate guidance and direction to the following:

- Overseeing the formation process of the organization of EMS services.
- Ensuring that the EMS service organization reflects the public interest.
- Protecting the EMS service from undesirable external interference.
- Determining basic policies for providing services.
- Legally defining the duties and responsibilities of EMS service providers.
- Operating with transparency and accountability.

Section 3-1 of the National Fire Protection Association (NFPA) 1201, *Standard for Delivering Fire and Emergency Services to the Public*, identifies this authority and responsibility as follows:

*"The government agency responsible for establishment and operation of the fire department shall adopt a formal statement (by laws, resolution, or statute) of purpose and policies for the fire department that includes the type and levels of services that are to be provided, the area to be served, and the delegation of authority to the fire chief and other officers to manage and operate the fire department."*

In 2001, the NFPA proposed a deployment standard for volunteer fire and EMS departments that was successfully adopted as NFPA 1720, *Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations and Special Operations to the*

*Public.* Response time and staffing benchmarks throughout the standard are based on a community's population density. A community may have more than one response benchmark based on varying population densities and/or demographics.

This national deployment standard does not, however, recognize local issues, conditions, service demands, or community needs. One example is population density. The larger the population density is per mile the higher the rate of 9-1-1 services needed compared to those communities which are less dense. Communities should adopt realistic response expectations based on local needs and conditions. NFPA 1720 serves as a goal and should only be utilized as a foundation for a community to establish its own service level goals.

## **Northern Dauphin County Emergency Services Delivery System**

### **Emergency Management and 9-1-1 Organization (County and Municipal)**

County-level public safety in Dauphin County is provided by the ***Dauphin County Department of Public Safety (DPS)***. The department consists of three (3) offices or divisions for the delivery of public safety services. They include the Office of Emergency Communications, Office of Emergency Management, and Office of Safety and Security. In addition to these operational offices/divisions, the department also includes two (2) administrative offices/divisions including the Office of Administration and Office of Technical Systems.

The Office of Emergency Communications takes on the dual role of serving as the County's primary 9-1-1 Public Safety Answering Point (PSAP) and for non-emergency phone calls. It is a full service, all-hazards, 24-hour a day service. All municipal police, Pennsylvania State Police, county sheriff's office, fire, and emergency medical calls for service come to the dispatch center.

The Office of Emergency Management is the county's disaster team during day-to-day and major emergency events using the "all-hazard" principle that focuses on the full spectrum of potential emergencies and disasters, rather than just specific types. The office helps municipal governments and citizens mitigate against, prepare for, respond to, and recover from emergencies including natural disasters, acts of terrorism, or other human-made disasters. The office, along with its Emergency Operations Center, works with municipal emergency management, coordinates all local activities, programs, and activities for every community within the County.

In Northern Dauphin County, the DPS recognizes local emergency management coordinators appointed by municipal governments and regional municipal emergency management groups.

The Office of Safety and Security is responsible for physical security protection of the County's employees and visitors as well as county facilities.

In Northern Dauphin County 9-1-1 Municipal PSAP Coverage includes the following:

<b>Boroughs</b>	Berrysburg	Elizabethville	Gratz
	Halifax	Lykens	Millersburg
	Pillow	Williamstown	
<b>Townships</b>	Halifax	Jackson	Jefferson
	Lykens	Mifflin	Reed
	Rush	Upper Paxton	Washington
	Wayne	Wiconisco	Williams

In addition to the county's fire, EMS, county sheriff's office, municipal and state police, the county also recognizes the following public safety organizations who support Northern Dauphin County and its emergency service needs:

Dauphin County DPS is located at 911 Gibson Boulevard, Steelton, PA 17113.

### **Emergency Medical Services**

9-1-1 Emergency Medical Services (EMS) are provided by three (3) non-profit EMS departments and one (1) hospital EMS department all working independently. The EMS departments provide Basic Life Support (BLS), Intermediate Advanced Life Support (IALS), and Advanced Life Support (ALS) services. The EMS departments are staffed by a combination of full-time, part-time, and per diem career staff and volunteers.

### **Northern Dauphin County Basic Life Support (BLS) EMS Departments**

<b>Department</b>	<b>Station Address</b>	<b>City</b>
Halifax Area Ambulance and Rescue	31 Bunker Hill Road	Halifax, PA 17032
Millersburg Area Ambulance	380 State Route 25	Millersburg, PA 17061
Williamstown Area EMS, Inc.	204 Station Street	Williamstown, PA 17098
Community Life Team EMS	466 West Main St	Elizabethville, PA 17023

### **Northern Dauphin County Advanced Life Support (ALS) EMS Departments**

<b>Department</b>	<b>Station Address</b>	<b>City</b>
Community Life Team EMS	466 W Main Street	Elizabethville, PA 17023

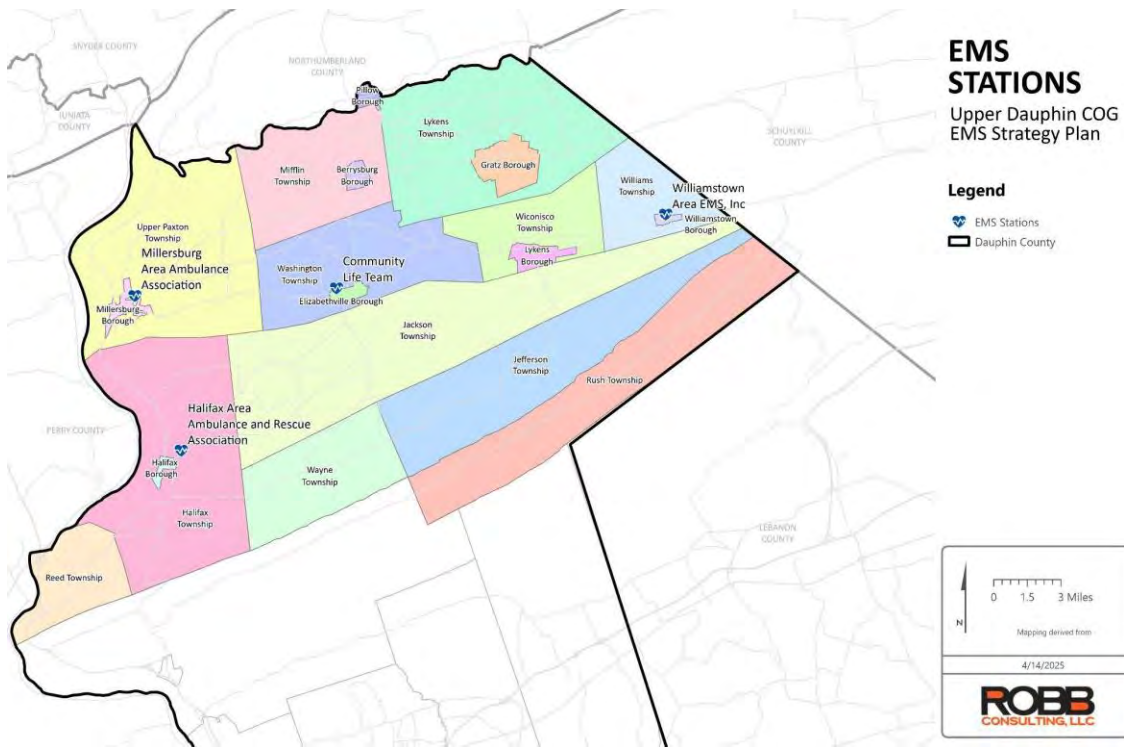
Due to the ongoing challenges within the EMS system, Dauphin County, including the Northern Dauphin County region, has lost at least eight ambulance services.

#### **Closed Dauphin County and Area Ambulance Services**

<b>Closed EMS Department</b>
Carsonville Ambulance
Elizabethville Ambulance
Gratz Ambulance
Lower Swatara EMS
Londonderry Fire Company Ambulance
Lykens Ambulance
Wiconisco Ambulance
Dalmatia Ambulance (Northumberland County)

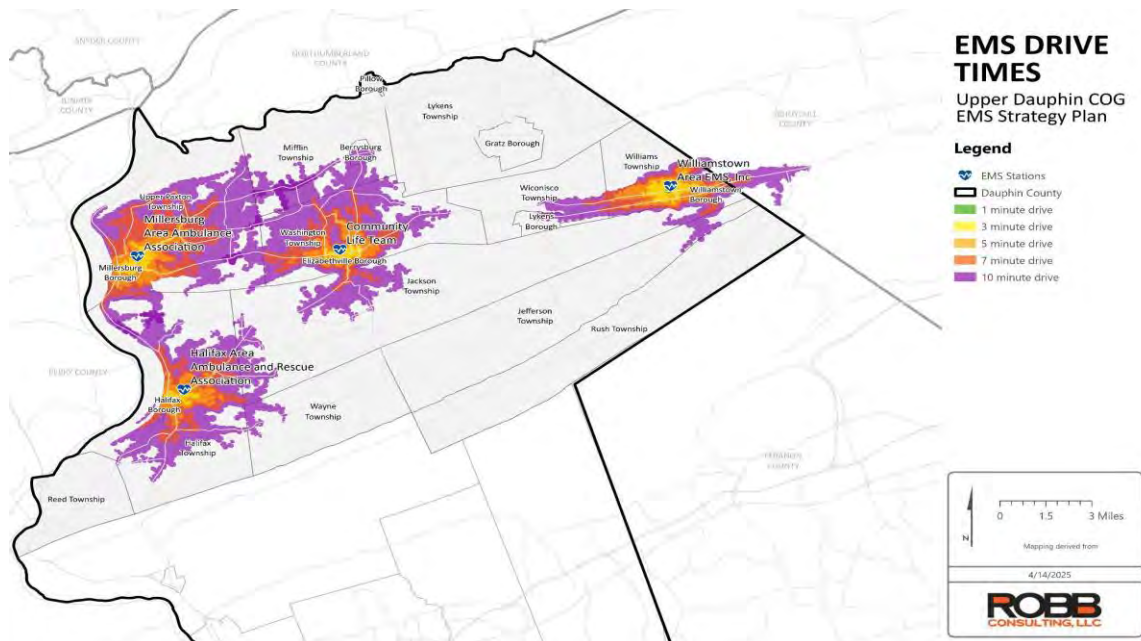
A review of the Northern Dauphin County EMS Stations and Station Drive Times maps show a large gap in coverage in specific areas of Northern Dauphin County. In response to that, a robust QRS service, developed in collaboration with fire departments, should be considered.

## EMS Station Map





## EMS Drive Times Map





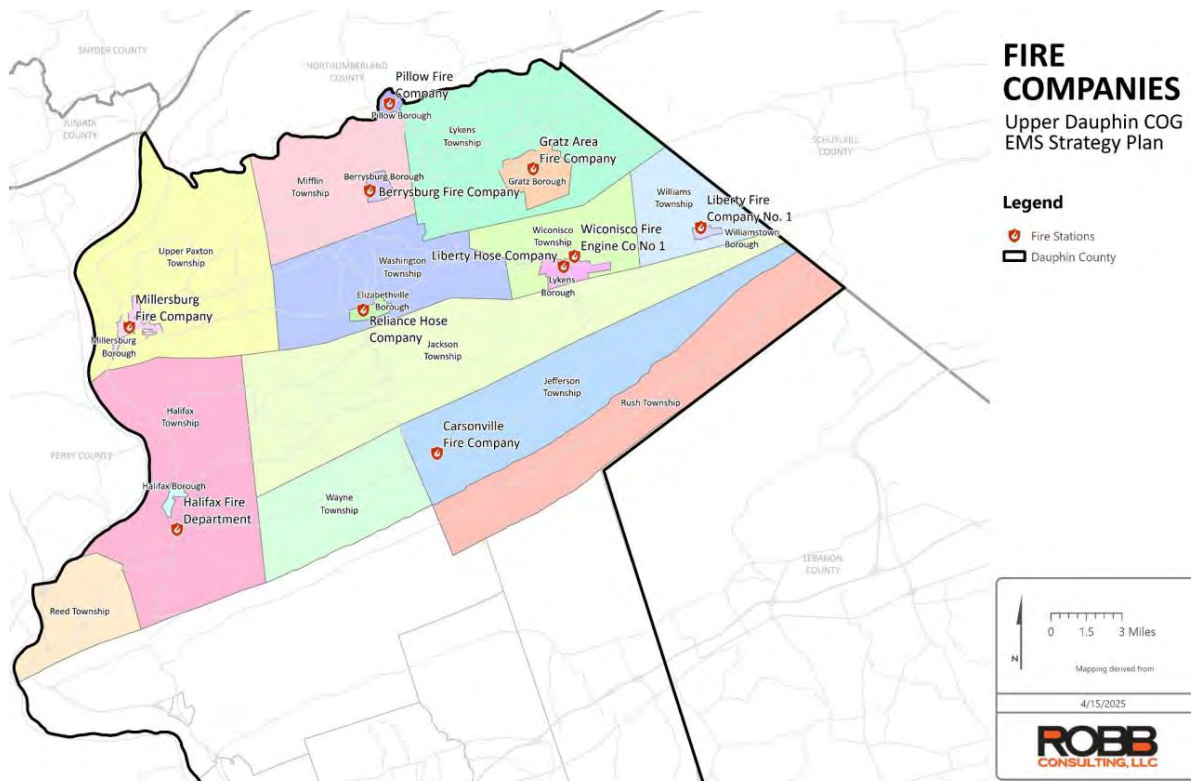
**Fire Services**

9-1-1 fire rescue services are provided by ten non-profit, fire departments working independently of one another. Staffing for the fire departments is 100% volunteer.

**Northern Dauphin County Fire Services**

<b><u>Department</u></b>	<b><u>Station Address</u></b>	
Berrysburg Fire Company	196 West Main Street	Berrysburg, PA 17005
Carsonville Fire Company	2990 Powells Valley Road	Halifax, PA 17032
Gratz Area Fire Company	202 South Center Street	Gratz, PA 17030
Halifax Fire Department	22 South River Road	Halifax, PA 17032
Liberty Hose Company No. 1	225 West Broad Street	Williamstown, PA 17098
Liberty Hose Company No. 2	553 South Second Street	Lykens, PA 17048
Millersburg Fire Company	325 Center Street	Millersburg, PA 17061
Pillow Fire Company	193 Market Street	Pillow, PA 17080
Reliance Hose Company	333 West Main Street	Elizabethville, PA 17023
Wiconisco Fire Engine Co. No 1	387 Arch Street	Wiconisco, PA 17097

## Fire Station Map



## **Northern Dauphin EMS Member Perspective**

To further inform the state of Northern Dauphin County EMS departments, the Upper Dauphin Council of Governments agreed to gather objective information from a designated number of emergency services stakeholders via a survey open from August 8 – 18, 2024. The goal of the survey was to leverage these stakeholders' perspectives to help leaders better understand blind spots, areas of opportunity, and areas of challenge within their EMS community.

The results showed that Northern Dauphin County EMS departments enjoy significant foundational strengths on which to build. Survey participants commented that the EMS community works well together. No matter what role paid staff and volunteers play, people dedicate themselves to making sure they do the job correctly every time. As a result, survey participants believe that the community trusts and can count on EMS and that EMS can trust and count on community support as well. In addition, survey participants believe that EMS is always willing to improve by constantly adapting and staying sharp to respond to whatever comes next.

Careful analysis of the survey data offers the following summary:

1. **Limited awareness of the current state of EMS exists among key internal and external stakeholders** – Only about half of survey respondents had any awareness that the Council of Governments had hired an external consultant to study EMS and recommend a course of action to improve services. In addition, respondents perceive that only about 18% of the public has at best a moderate understanding of the current state of EMS operations. In addition, only about 17% of respondents believe trust among the Council of Governments, EMS, and municipal governments is high or extremely high. Creating awareness is an essential ingredient for building the trust needed for change to occur successfully, particularly between EMS and the community it serves.
2. **EMS has elements in place that can support a change to how it operates** – Several factors indicate that conditions are ripe for EMS to evolve. First, limited satisfaction exists with how EMS currently operates. Only 14% of respondents are satisfied with the current state of operations, with about 50% indicating they are dissatisfied or very dissatisfied with current operations. Second, slightly less than 50% of respondents believe EMS groups are at least moderately effective in communicating, sharing information, coordinating, and collaborating. Third, about 4 in 10 respondents believe the public has at least a somewhat positive perception that EMS is effective in providing community safety. Collectively, these conditions indicate that EMS is ready to at least explore alternatives to the way it functions currently.

3. **Shared energy exists to address recruitment, retention, and funding resources** – Similar to other clients across the Commonwealth, EMS in Northern Dauphin faces similar challenges. Within fire service, the biggest challenges include decreasing numbers of volunteers (45%), increased capital costs associated with equipment and facilities (24%), and lack of financial support (21%). For EMS, about 80% of respondents say adequate staffing is a significant or substantial challenge. The role of volunteers has a somewhat or extremely important part to play in emergency response rates (83%), but only 28% believe the current approach for recruiting and retaining paid and volunteer staff is at least fair. Financially, about 30% of respondents believe individually operating EMS providers are at least moderately sustainable. For these reasons, respondents believe that any new operating model should focus on enhancing professional staffing and development (83%) and address financial sustainability (87%).
4. **Support for an alternative approach to EMS exists, but skepticism remains** – About 75% of respondents say they are mostly or extremely open to considering alternative approaches to improve EMS in Northern Dauphin County. About 50% of respondents are somewhat or extremely confident that a new operating model will improve how EMS operates, with 33% feeling neutral. As part of that exploration, about 60% of respondents say that standardizing service operations would improve service. However, the perceived level of trust among EMS, the Council of Governments, and municipal governments is limited, with only 17% of respondents saying trust is high or extremely high among these groups. About 42% of respondents remained neutral on this question.

## STRATEGY RECOMMENDATIONS

This section outlines eight recommendations along with recommended actions in six key focus areas – Communications, Organizational Governance, Funding, Community Engagement, Cooperative Partnerships®, Workforce Development, and Future Considerations – to achieve in order to move Northern Dauphin County EMS departments toward a successful future. They have been developed as a result of the evaluation. It also includes a customized implementation plan for each objective. As every organized group works differently, more than one objective can be advanced at the same time, and the implementation dates can be adjusted based on positive progress with the objectives and recommended outcomes.

### Key Focus Area – Communications

#### **Recommendation 1:** Implement Communications and Messaging Plan

##### **RECOMMENDED ACTIONS**

- Determine key audiences
- Build support for the future of EMS
- Implement appropriate communication strategies

A multi-faceted communications strategy will be critical to the success of Northern Dauphin County's solution to provide emergency medical services on a long-term, sustainable basis. The goal of the communications program for Northern Dauphin County's EMS project is to raise awareness of the state of emergency services in the county and generate support for the solution proposed by the county to sustain and improve high-quality emergency services.

To build support for the future of EMS, it is crucial that stakeholders understand the concerns about the current EMS model in the county; the financial sustainability of EMS department in the county; and the significant challenge that agencies are facing to recruit and retain adequate volunteer and career EMS staff.

Likewise, it is essential that stakeholders are informed about the county's plan to ensure that the long-term future of EMS is secure for citizens and visitors. Forward actions and communication must provide credibility that the county's new EMS system model will remedy the challenges of the current system - including financial stability and staffing.

**SUPPORTING DOCUMENTATION****Emergency Services Project Communications Plan**

*Prepared by PRworks in Partnership with ROBB Consulting – Rev. Oct. 21, 2024*

**Emergency Services Project Purpose**

To develop a regional plan to sustain high-quality emergency services for Northern Dauphin residents

**Key Preliminary Survey Findings**

Based on a survey conducted in August 2024 of emergency services staff and municipal representatives in Northern Dauphin (margin of error +/- 6% at a 90% confidence level):

- **50%** of respondents believe EMS providers are at risk of closing
- **90%** say volunteer declines, cost increases and lack of financial support are EMS' biggest challenge
- **90%** believe a new model emphasizing financial stability is needed
- **83%** believe a new model emphasizing professional staffing is needed to improve response time

**Communications Goal**

Raise awareness of the emergency services crisis in Northern Dauphin and generate public support to develop a long-term solution that will sustain high-quality emergency services for residents

**Stakeholders**

- State legislative representatives
- County elected officials
- Northern Dauphin municipal leaders
- Northern Dauphin emergency services stakeholders (EMS, fire, police)
- Northern Dauphin residents (est. 16,000 households)
- Halifax Area Chamber of Commerce
- Millersburg Area Chamber of Commerce
- Northern Dauphin employers
- Northern Dauphin churches
- Northern Dauphin schools



- Northern Dauphin Amish community

### **Municipal-owned Communications Methods**

- Municipal newsletters
- Municipal websites
- Municipal Facebook pages

### **Other Local Communications Methods**

- Facebook pages:

### **Local News Media**

- Online / Newspapers
  - [Citizen Standard](#) (reporter: Rob Wehry)
  - [The Daily Item](#) (Sunbury)
  - [Republican Herald](#) (Pottsville)
  - [PennLive](#)
- Television
  - ABC27
  - CBS21
  - WGAL News 8
  - FOX43

### **In-Person Communication Methods**

- Upper Dauphin CoG meetings
- Municipal meetings
- Senior centers

### **Statistics / Facts**

- Current staffing level in the region vs. needed staffing level (or current staff vacancy level)
- Average length in hours of a volunteer EMT / paramedic shift in the region
- Number of inactive ambulances in the region due to inadequate staffing
- Current average response time in the region vs. national average (7 min.) (2023, 2024 YTD)
- Average number of 9-1-1 calls agencies couldn't respond to due to staff shortages (2023, 2024 YTD)

- When an ambulance is called in the region, it can take 2-3 hours before it becomes available for another call; with limited resources, multiple calls quickly put the system and lives at risk
- Cost of a new ambulance is \$300K+; refurbished \$220K

### **Strategy**

- Inform and educate stakeholders on the state of emergency services in the region
- Inform and educate stakeholders on the project to develop a long-term solution

### **Tactics**

- Develop key messages to equip project representatives to speak with one voice
- Develop a project slide presentation for use at municipal meetings and other in-person opportunities
- Host the project slide presentation on UDCOG's website
  - Recommend updating outdated site content before directing public to the site
- Develop a series of social media posts for project representatives to post to select Facebook pages that link to the project slide presentation
- Develop periodic articles to submit to municipal newsletters and for posting on municipal websites
- Develop news release(s) and periodic media pitches to earn news coverage on the issue and project

### **Calls-to-Action (What we want stakeholders to do)**

- Learn more about the issue and project by visiting UDCOG's website
- Attend UDCOG meetings to stay informed and have a voice in the project
- Contact your local municipal elected officials to voice support for developing a long-term solution to Northern Dauphin's emergency services crisis

**Task Assignment:** The objective should be put into action by the Upper Dauphin Council of Governments EMS Committee and the leadership of the participating EMS departments.

**Timeline:** Year 1



## Key Focus Area – Organizational Governance

### Objective 2: Formalize Municipal Government Stakeholder Committee

#### Recommended Actions

- Finalize municipal representation framework
- Develop service agreements for designated 9-1-1 EMS providers
- Develop performance expectations for designated 9-1-1 EMS providers
- Determine reporting requirements for designated 9-1-1 EMS providers

In order to advance the objectives and recommended actions of the EMS assessment and strategy plan, a recognized group needs to be in place. This group will be tasked with coordination and implementation of each key objective.

The existing Upper Dauphin Council of Governments EMS Committee should be reorganized into the Municipal Government Stakeholder Committee. The authority to act as such would be given by formal action at a Council of Government's meeting. Upon receiving approval, the Stakeholder Committee would begin its work on several areas. Those areas include the following areas:

- Finalize municipal representation framework
- Develop service agreements for designated 9-1-1 EMS providers
- Develop performance expectations for designated 9-1-1 EMS providers
- Determine reporting requirements for designated 9-1-1 EMS providers

The Stakeholder Committee would report back to the Upper Dauphin Council of Governments, participating municipalities, and EMS departments on a monthly basis. Additional duties and responsibilities would be determined.

**Task Assignment:** The actions should be started by Upper Dauphin Council of Governments.

**Timeline:** Year 1

**Objective 3: Establish municipal government governance entity****Recommended Actions**

- Pursue a regional approach to governance and management of EMS
- Form EMS Authority to manage and fund the day-to-day operations and staffing needs of the participating EMS departments
- Authority members should be diverse group of local stakeholders
- If Authority disbands, assets will be returned to the participating agencies

EMS departments in Northern Dauphin County are managed by a combination of leadership elected or appointed by the EMS department membership or existing board, citizens or businesspersons from the community, and full-time and part-time administrative and operational staff.

During the interview process, representatives from the EMS departments indicated that these existing governance and administrative models are probably not sustainable long-term. The long-term sustainability of this model also occurred during most of the EMS Committee meetings. Each EMS department works independently from one another, and governing boards and administrative and operations staff sometimes make decisions based on the day's current challenge. The ability to plan strategically and long-term is lost when the basic goal of the day is to make sure ambulances are staffed not by day, but sometimes from shift to shift.

The current assessment process has created an ideal opportunity for the Upper Dauphin Council of Governments EMS Committee, proposed in Objective 2 to become the Municipal Government Stakeholder Committee, to work hand-in-hand with the 9-1-1 EMS departments, municipal governments and local stakeholders to pursue a regional approach to assist with managing and funding a regional EMS system in Northern Dauphin County. To accomplish this objective, the proposed Municipal Government Stakeholder Committee working with municipal members of the Upper Dauphin Council of Government should form a regional EMS Authority. The regional EMS Authority would also relieve each of the 20 boroughs and townships in Northern Dauphin County from having to develop a solution separately for the delivery of EMS in their communities.

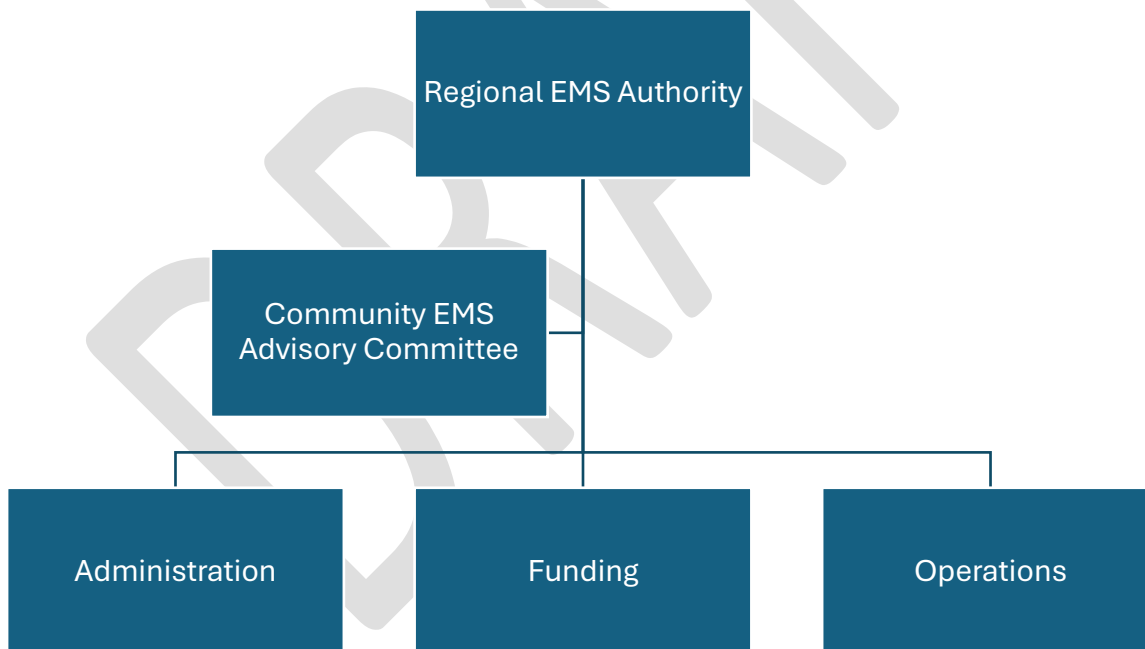
The Authority board would be made up by one (1) representative from four (4) EMS districts collectively representing the municipalities within each district. Additional board representation would be member-at-large from the Upper Dauphin Council of Governments. These five (5) positions would be the voting members of the Authority. In addition to the voting members, there could be non-voting members.

**SUPPORTING DOCUMENTATION**

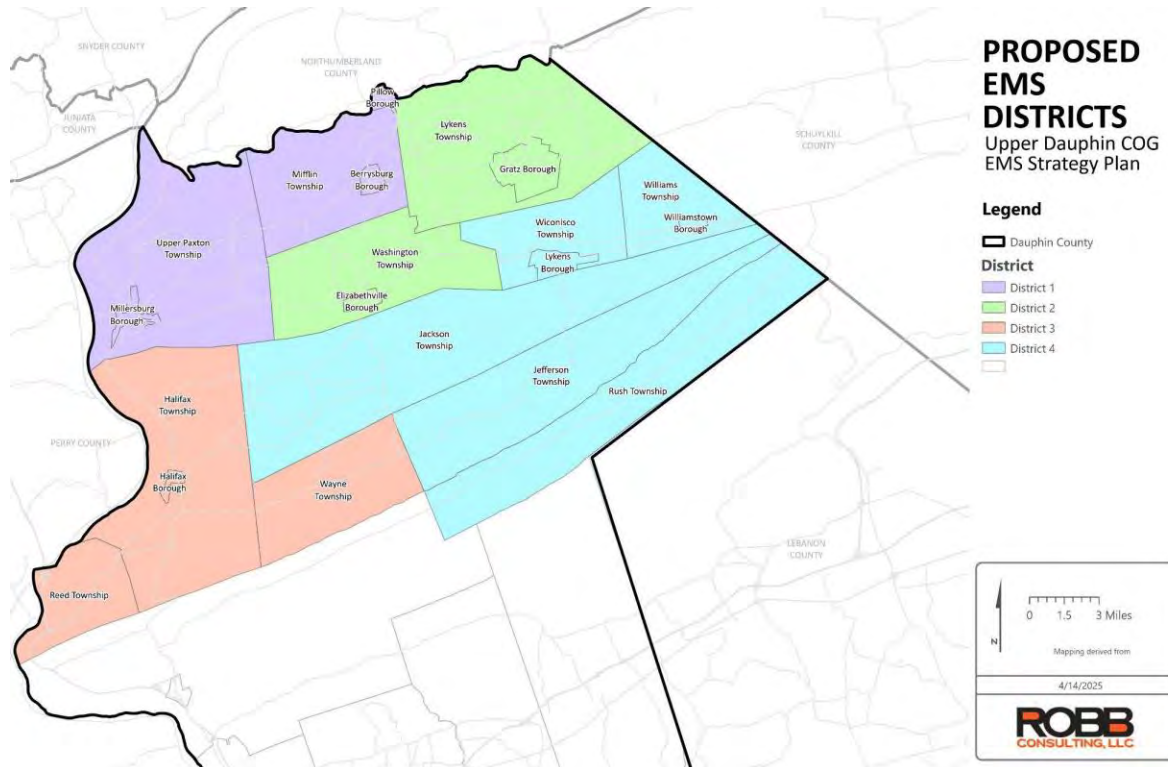
**Sample Regional EMS Authority Membership**

<b>Authority Members</b>	<b>Number</b>
EMS District Service Area 1	1
EMS District Service Area 2	1
EMS District Service Area 3	1
EMS District Service Area 4	1
Council of Governments Member-at-Large	1
<b>Total:</b>	<b>9 minimum</b>

**Sample Governance Organizational Chart**



## EMS Districts Map



**Task Assignment:** This action should be started by the Municipal Government Stakeholder Committee in conjunction with municipal members of the Upper Dauphin County Council of Governments and leadership of the participating EMS departments.

**Timeline:** Year 1

## Key Focus Area – Funding

**Objective 4:** Determine long-term funding solution

### Recommended Actions

- Review available funding models
- Adopt a fair and equitable funding model to support EMS
- Increase funding immediately or incrementally over two to three consecutive years

In order to provide knowledge and an understanding of how 9-1-1 emergency services are funded, an overview of the funding system is needed.

In Pennsylvania, the current funding system that provides operating revenue for EMS departments including ambulances and rescue squads is typically received from four sources:

- Fundraising including ambulance club fund drives
- Insurance billing including private insurance, Medicare, and Medicaid
- Municipal government
- Act 84 (also known as Volunteer Firefighter Relief Associations)

The first and second source of generating operating revenue is the EMS organization itself. Through ambulance club fund drives, insurance billing, public dinners, raffles, and bingo, ambulances and rescue squads have traditionally raised all or part of their day-to-day operating and capital funds on their own.

For ambulance services in Pennsylvania, ambulance club memberships, also known as ambulance club subscriptions, is the first source of revenue used to help offset the high cost of 9-1-1 emergency ambulance treatment and/or transport to a local or regional hospital facility. For a nominal annual fee, the member(s) receive access to free or discounted ambulance services for 9-1-1 calls. The purpose is to protect individuals and families from unexpected out-of-pocket expenses related to emergency ambulance transport.

With an ambulance club membership or ambulance club subscription, residents and businesses **voluntarily pay an annual fee**. The typical fee can range from \$45 to \$120 or more per year depending on the EMS organization and the varying types of membership that are offered. In the event of a 9-1-1 call requiring ambulance treatment and/or transport, the membership covers a portion of all of the costs, potentially reducing the final bill.

By many peoples' standards, the benefit of having an ambulance club membership or subscription provides peace of mind to the member(s) or subscriber(s) knowing that a major financial burden won't be incurred during a medical emergency. Participants are generally covered for all medically necessary treatment and/or transport by the participating ambulance service.

Additional considerations are that while a membership or subscription offer a cost-effective solution, it's important to note that the arriving ambulance service may not always be the one subscribed to, especially in areas with multiple ambulance providers. As a result, the ambulance provider who treats and/or transports the patient may not recognize the membership or subscription from the other ambulance service.

Another misconception is that the revenue generated by the membership or subscription covers the total cost of the delivery of 9-1-1 emergency medical services. This assumption is terribly incorrect. In many cases it only covers a portion of the actual call for service. ***The cost of "readiness for service" which means an 9-1-1 emergency service organizations ability to respond to a call for service 24 hours a day, 7 days a week, 365 days a week is substantially underfunded.*** This is one of the main reasons for the continuing EMS crisis in America.

Two challenges typically go along with the fundraising model. The *first challenge* is that few people recognize that generating operating revenue in the form of fundraising requires considerable staff hours. Those fundraising staff hours are in addition to the hundreds of hours each year the men and women of the EMS departments of Northern Dauphin County volunteer to serve their community. These hours include attending training and providing emergency medical care for the sick and injured, standby services for community events, providing fire ground support for large fire incidents, and many other public safety services.

The *second challenge* is the lack of everyone in the community helping to pay for a service they may need at some point in time. Not everyone "joins" the ambulance club, buys a raffle ticket, attends the carnival, or attends a public dinner.

The second source of revenue is insurance billing revenue. 9-1-1 ambulance services often bill insurance providers. Many health insurance plans cover 9-1-1 emergency medical treatment and transport. However, the extent of coverage varies by insurance companies and the type of insurance coverage the patient may have. Some plans cover a portion of the bill, while others may not cover it at all.

As already mentioned, insurance billing is done because the cost of providing emergency medical services treatment and/or transport is substantial. In addition to the "readiness for



service”, ambulance services, especially those involving advanced life support, can be very expensive.

Billing insurance helps offset these costs and reduces the financial burden on taxpayers and the local municipal government. The revenue generated by billing insurance companies helps to partially reduce the financial burden on taxpayers for this essential government service. Insurance billing may be managed internally by the EMS organization, or they may choose to use an outside ambulance transport billing service.

The third source of revenue is municipal government. In some communities across Pennsylvania, volunteer fire departments, ambulances, and rescue squads receive minimal financial support from the municipal government. In other communities, significant financial support is provided. In many cases, this is a direct result of the financial ability of the community to generate funds. If a municipal government does contribute, they have several methods at their disposal to generate revenue. These revenue sources include the following:

- General fund tax revenue
- Dedicated Fire tax revenue
- Dedicated EMS tax revenue
- Local Services Tax (LST) tax revenue
- And more recently, generating revenue by creating rate-setting entities.

The fourth source of operating revenue of the current funding system is contributions to the volunteer fire department, ambulances, and rescue squads from the Pennsylvania Foreign Fire Insurance Tax program. Commonly referred to as Act 84 funds, the annual allotment from the state passes through the municipal government’s general fund to the volunteer fire department, ambulance, or rescue squad’s affiliated volunteer firefighter’s relief association (VFRA). The Commonwealth of Pennsylvania levies this tax on out-of-state (also known as “foreign”) insurers and then passes the revenue to local municipalities for several uses, including fire-rescue funding.

The local municipality is required by law to pass the funds to the volunteer fire department, ambulance, and rescue squad’s affiliated volunteer firefighter or ambulance relief association that serves its jurisdiction. The state statute also provides for the management and audit of these funds and limits how an EMS department may spend those funds. This funding source fluctuates year to year based on tax revenue collected. In Pennsylvania, volunteer and career staffed EMS organizations do not directly benefit from this funding source. There are a handful of EMS department relief associations in existence in Pennsylvania. However, by act of the legislature, no new EMS relief associations may be formed. ***In Northern Dauphin County,***

***neither Halifax, Millersburg, nor Williamstown EMS departments have an active, dedicated relief association.***

Northern Dauphin County EMS departments are faced with the same financial challenges that all statewide and national EMS departments struggle with daily. Three items are at the top of the list. First, voluntary ambulance club membership or subscription drives lack community participation. Second, cost increases to maintain 9-1-1 services (staff salary and benefits, apparatus, equipment, supplies, and training) are becoming unsustainable. Finally, insurance payments, whether private insurance, Medicare, or Medicaid, only cover a percentage of the total cost on an EMS call. There is a significant difference in what is billed by an EMS department and what is actually collected. Insurance provides for fixed number for the service provided to the patient. As mentioned, insurance does not cover 100% of the total cost of the delivery of EMS services to the community.

One municipal government interviewee asked, “Why do we need to worry about long term funding?” Simply put, for any EMS department to be successful, consistent and reliable funding from municipal government is needed to plan strategically, both over the short- and long-term. Even if an organization has been around for decades and is going strong, its financial sustainability still makes sense to enable effective planning. During the survey interview process, region leaders including business leaders, recognized the need to financially support the efforts of EMS departments.

In Northern Dauphin County, EMS departments’ data show that voluntary membership or subscription drives have steeply declined over the past decade. Over the last ten years, the EMS department’s voluntary annual solicitation or membership drive has averaged only 24% or less of residential and commercial uses contributed to the fund drive. In other words, only one out of four users of the EMS system in Northern Dauphin County provided financial support. EMS departments have indicated that financial reserves are expected to be depleted within the next few years.

In simple terms, Northern Dauphin County EMS departments already are regional EMS service providers. Each EMS department covers multiple municipalities. With the proposed regional Authority, municipal officials will need to agree upon and adopt a fair and equitable cost sharing funding formula to contribute to the operation of the EMS departments. This will include direct funding for day-to-day operations and funding for capital projects. The funding agreement must be determined by municipal officials collectively working together.

With the answer to these two questions in hand and a cost sharing plan agreed upon, a budget development and approval process can be implemented. With a consistent and reliable funding



plan in place, the EMS department's finances will become more secure, which will directly impact the following:

- The ability of leadership, staff, and members of the EMS departments to focus on the real work of providing high quality emergency medical care.
- Improved efficiency over time within the organization.
- Greater resilience within the organization to address challenges when they arise.

The end result will be a sustainable funding program at the proper financial levels to cover the day-to-day operations, short-term capital needs, and long-term capital needs of the EMS departments.

## **SUPPORTING DOCUMENTS**

### **2024 Ambulance Subscription Rates**

<b>EMS Department</b>	<b>Adult</b>
Halifax EMS	\$40
Millersburg EMS	\$50*
Williamstown EMS	\$25

Source: EMS Departments

\*For Upper Paxton Twp Residents. All others adult rate is \$65

**Task Assignment:** The objective should be put into action by the proposed EMS Authority in conjunction with the Upper Dauphin County Council of Governments, leadership of the participating EMS departments, and the support of the proposed Community EMS Advisory Committee.

**Timeline:** Years 1-2

## Key Focus Area – Community Engagement

**Objective 5:** Establish a community EMS advisory committee

### Recommended Actions

- Increase communication
- Build better relationships
- Membership shall include a diverse mix of citizens, community leaders, business leaders, and school district leaders
- Shall meet quarterly and report to the regional EMS governance entity

The proposed EMS Authority, working with its partners, should ***establish a Community EMS Advisory Committee***. What is an advisory board or advisory committee? It is a type of sub-board or committee of the proposed EMS Authority and consists of representatives of the public who meet on a regular basis with representatives of the proposed EMS Authority. Its purpose is to build and foster partnerships among those who provide the 9-1-1 EMS services and those who rely every day on the quick and effective response of the EMS departments for a safe community.

There are two primary goals for the community EMS advisory committee:

1. ***To increase communication and build better relationships*** - During the interview and survey process, it was evident that engaging the community to educate them on the challenges of managing, funding, and maintaining an EMS system was a top priority for the Upper Dauphin Council of Governments EMS Committee. As in most places, there is an assumption that people understand how public safety is delivered and how municipal and county government works. Unfortunately, this is not necessarily true. Most participants in the assessment process reported that the community has no idea what EMS does on a day-to-day basis nor how much work it takes to run a successful EMS department or an EMS system.
2. To provide broad-based input into the planning and decision-making process to ***assist with advancing the objectives of this assessment***. With the rural, close-knit nature of Northern Dauphin County, the region's municipal governments do not have the personnel or resources to provide 9-1-1 EMS services on their own. This advisory committee can evaluate the broad range of stakeholder interests that are affected by a specific objective presented in the assessment and strategy plan and allows for in-depth and focused involvement and input from all stakeholders. As communities change and the emergency medical service needs evolve, funding needs typically change as well. Costs will continue to rise. This group can also be the information and educational

resource for the development of consensus when and where it is needed for resolving these complex issues that affect the broader community.

The membership of the advisory committee should consist of a ***minimum of seven (7) members with a broad range of experience***. This small group size allows for greater accountability and flexibility, both in terms of ideas and scheduling. Members can build greater trust among themselves and a stronger sense of ownership. Smaller groups also tend to outperform larger teams.

As with any working group, having the correct mix of participants is especially important along with the correct number. The group must not only have a perspective for today but also a historical perspective. Remembering where emergency services came from helps inform where services need to be today and in the future. Remember the community is who the EMS department serves, so ensuring the residents and businesses are represented is very important.

The committee shall be considered a sub-committee to the proposed EMS Authority, shall exist to support the administrative and operational needs of the proposed EMS Authority, and shall meet and report back on a quarterly schedule.

## **SUPPORTING DOCUMENTS**

### **Sample Community EMS Advisory Committee Membership**

<b>Members</b>	<b>Number</b>
Citizen representatives	2
Business representatives	2
School District representatives	2
Member-at-large	1
<b>Total:</b>	<b>7</b>

### Sample Advisory Committee Member Qualifications

Suggested qualifications for consideration may include, but are not limited to, the following:

21 years of age and older
Northern Dauphin County resident
Northern Dauphin County business owner
Knowledgeable about the local community
Has a diverse background and expertise (public safety, business management, finance, human resources)

**Task Assignment:** The objective should be put into action by the Vice Chairperson of the EMS Authority along with the EMS departments and the Northern Dauphin County business community.

**Timeline:** Years 1-2

## Key Focus Area – Cooperative Partnerships®

**Objective 6:** Pursue new partnership opportunities with existing 9-1-1 basic life support EMS organizations

### Recommended Actions

- Work towards new partnerships and collaboration
- Opportunities may include governance, administration, purchasing, staffing (career and volunteer), training

As the assessment process continued and more discussions were held during the organizational leadership and small group interviews, stakeholders admitted that some type of new partnership between the three local EMS organizations may be necessary in the near future for the long-term success of the proposed EMS system.

On more than one occasion, those interviewed stated the idea of merging ambulance organizations was discussed. Those talks progressed to only a few (2-3) meetings and then they stopped. These discussions were the first after many years of “thinking” about the idea. Merging was something that was not talked about in Northern Dauphin County openly. To put it simply, the idea was not appreciated nor tolerated by leadership, rank and file members, and in some cases community members. Why? Several reasons were provided during the interview process. More than one interviewee stated that some people still have not gotten over losses to rival neighboring high school football teams from decades ago. Other interviewees stated discussions started on money and finances and should have focused on other areas first.

For some interviewees, it was clear that for the present moment, there was a need to permit the existing EMS departments to remain separate and build on areas of agreement. This strategy would allow for home grown discussions, and as trust was built, a natural progression to a new partnership would occur. Several people reported the most recent discussions had not produced any resolutions but agreed that the important point was that at least discussions were held.

So, what is a Cooperative Partnership®? A Cooperative Partnership® is any new partnership formally adopted by two or more participating entities designed to serve a basic public safety need in the community. A Cooperative Partnership® can be a merger, consolidation, regionalization or some other combination of administrative and/or operational services used to create a stronger and more resilient emergency services system.

Merging or consolidating EMS agencies may offer several benefits, including cost savings, improved efficiency, enhanced training and standardization, and better interagency

coordination. It can also lead to technological advancements and more equitable access to services.

Here's a more detailed look at the potential advantages:

**Cost Avoidance and Efficiency:**

- **Reduced Duplication:**  
Eliminate redundancy in fixed and portable equipment, insurance policies, and administrative functions by utilizing the existing administrative and operational staff more efficiently.
- **Economies of Scale:**  
Leverage bulk purchasing power for apparatus, equipment, and supplies
- **Streamlined Operations:**  
Determine a base level of service and strive to meet that level daily.

**Improved Service and Response:**

- **Enhanced Coordination:**  
Facilitate better communication and cooperation between the EMS departments to guarantee staffing, which can lead to more effective and coordinated responses to emergencies.
- **Standardized Training and Procedures:**  
Implementation of standardized certification levels for all position levels of personnel and better coordination of training programs, ensuring all personnel are equipped with the same knowledge and skills.
- **Standardized Reporting Procedures:**  
Standardize reporting to build better operational data to create better operational decisions.
- **Better Access to Services:**  
By pooling resources and expertise in rural or underserved areas, new partnerships with fire departments, public health, and other health care providers may ensure equitable access to EMS services by pooling resources and expertise and working together.

**Technological Advancements and Other Benefits:**

- **Technological Upgrades:**  
Cost avoidance may create a budget for implementing advanced technologies, such as new staffing software, budgeting software, mobile data terminals, and other equipment.

- **Enhanced Public Safety:**  
By improving coordination, training, and response times, consolidation ultimately enhances public safety.
- **Scalability:**  
A regional, consolidated EMS system is more scalable, allowing it to handle increased demands and future growth more easily.

Inevitably, other forces may expedite this process and drive the discussion sooner than expected. As noted in Objective 3 and Objective 4 respectively, the development of a new governance model and a new funding model will speed discussions. The decrease in available, qualified EMS professionals and those wanting to enter the EMS field will continue if no plan to change this trajectory is implemented. The other driving force is the cost of capital assets. This includes apparatus, equipment, and facilities. Current estimates place Type 1 ambulances at \$340,000.

**Task Assignment:** The objective should be put into action by the Vice Chairperson of the EMS Authority along with the leadership of the EMS departments.

**Timeline:** Years 2-3



## Key Focus Area – Workforce Development

**Objective 7:** Develop a workforce recruitment and retention plan

### Recommended Actions

- Improve both volunteer and career workforce recruitment and retention
- Adopt Act 174 tax credit program
- Pursue the new state tuition and recruitment reimbursement program
- Develop a high school and return-to-work workforce training program

With increases in calls for service, demand by the public for more services, increased training needs, and challenging organizational and municipal government dynamics, the number of those who willingly volunteer for administrative and operational roles may well continue to decrease. The result will be a significant cost burden to provide these services. Despite the various studies, recommendations, and even proactive steps some communities have taken to date, the trend continues downward. As a result, the proposed EMS authority should work diligently to *improve both volunteer and career workforce recruitment and retention*.

An all-volunteer emergency service system exists only because of the dedicated members of the community who willingly donate a significant portion of their time and talent. There are many things that can be done to retain the dedicated volunteers we have today. Each organization must determine what it is that keeps their members coming back day to day. Everyone has a different reason to volunteer.

But this idea doesn't only apply to volunteers. Full-time, part-time, and per diem career EMS staff are part of the current and future staffing model for any EMS system. The need exists to promote emergency services locally as a professional career path through recruitment, training, professional development, competitive compensation, and comprehensive benefit programs.

There are many benefits of a strong workforce plan. Employees become more confident when given chances to build their skills and knowledge, allowing them to complete work more efficiently and effectively and be part of a successful organization. Based on many sources, several identifiable outcomes are continuously identified as direct benefit of a strong plan.

### Strong Workforce Plan Benefits

Increased Productivity	Improved Retention	Increased Engagement
Enhance Innovation	Faster Adaption to Change	Better Decision-making
Higher Quality of Work	Competitive Advantage	Positive Impacts



The Upper Dauphin Council of Governments member municipalities and the school districts should ***adopt the Act 174 Tax Credit Program***. There are two reasons to adopt this program. The first reason is to retain existing volunteer members who are residents of the region. The second reason is to provide an incentive to borough and township residents who may consider joining the EMS department and even the fire departments to serve in some capacity.

Another new state-wide program that should be pursued is the new tuition assistance program which started last year to help recruit and retain EMS professionals. The ***Provider Tuition Assistance and Agency Recruitment & Retention Expense Reimbursement Program*** comes as Pennsylvania and other states are focusing on efforts to grow the EMS workforce. Several state and national associations have reported that turnover rates for EMS professionals can range from six percent to more than 35% depending on their role within the system.

The Department of Health program, funded for the years 2024-2026 from the Fireworks Tax Act, is for both individuals who obtain an EMS certification and EMS agencies who engage in recruitment and retention activities. Reimbursement is available on a first-come, first-served basis. Applicants must be Pennsylvania residents who obtained a Pennsylvania state certification as an emergency medical responder, emergency medical technician, advanced emergency medical technician, or paramedic after July 1, 2023.

Awards are available in the following amounts based on the certification level:

- EMR Up to \$300
- EMT Up to \$800
- AEMT Up to \$1000
- Paramedic Up to \$5000

In addition to EMS certification part of the program, Pennsylvania licensed EMS agencies are eligible to receive reimbursement of expenses related to recruitment and retention, up to \$1,250 per fiscal year. Reimbursement will be awarded on a first come, first serve basis until the funding has been exhausted.

The creation of a high school training program, along with an opportunity to shadow or provide internship opportunities, could be a successful approach. No one envisioned any major roadblock to begin discussions with the region's school districts. In some cases, interviewees responded that the school districts, if approached with a solid plan, would embrace the program. Possibly going hand-in-hand with the high school training program, a program for adults re-entering the work force should be considered in cooperation with the school districts and local and regional business and economic development groups.

A highly skilled workforce is an asset to any business, including non-profit and government organizations. The benefits go beyond operational efficiency and encompass the development of leadership, customer satisfaction, compliance to regulatory requirements, cross-functional collaboration, continual advancement, global competitiveness, technological flexibility, empowerment of employees, and attracting talent.

By realizing and harnessing the potential of a well-trained workforce, the proposed EMS Authority can be positioned for long-term success in a changing business environment. A commitment to employee growth yields dividends, not just with regard to immediate benefits but also in the creation of an agile and creative company that is able to thrive with continuous change.

**Task Assignment:** The objective should be put into action by the proposed EMS Authority along with Northern Dauphin County school districts and business community.

**Timeline:** Years 2-3

## Key Focus Area – Future Considerations

### Objective 8: Future of the Volunteer Fire Service

#### Recommended Actions

- Develop a plan for the future for Northern Dauphin County's volunteer-staffed fire service

Maintaining an adequate number of volunteer members to provide administrative and operational staffing for fire departments, ambulances, and rescue squads continues to be challenging. Whether rural, suburban, or urban, no region of Pennsylvania is immune from decreasing volunteerism. Since the report "Pennsylvania Burning" was issued in 1976 to "SR6," the most recent legislative report on the health of the Fire and EMS community in Pennsylvania, the number of available and trained volunteers for fire companies, ambulances, and rescue squads has continued to decrease year after year. With an estimated decrease in active volunteers over 250,000 persons since the 1970s, some news outlets have recently reported there may be less than 30,000 active volunteer members in the Commonwealth.

What is an active member, versus a rostered member? An active member is defined as a member who regularly responds to incidents on apparatus and participates in training. Based on NFPA and ISO, volunteer staffed fire departments should maintain a minimum of 16 "active" volunteer members (driver/operators and suppression firefighters), with 25% or 4 volunteers at any given time to ensure adequate service delivery.

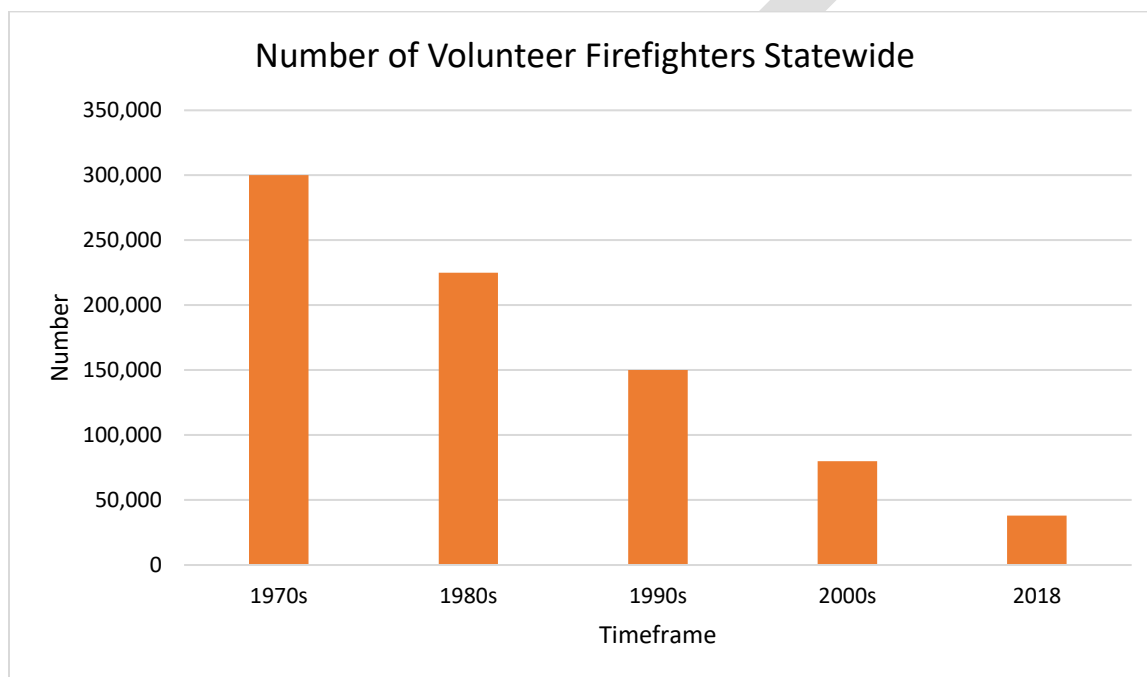
Based on feedback received during the two days of small group discussions and the follow-up discussions, the opinion of the region's fire department leadership is the same. In the not too distant future, Northern Dauphin County's volunteer-staffed fire departments will be struggling. Fire department leadership identified three areas of concern. Those areas included the following:

- Older, active members retiring and taking along years of institutional knowledge
- An existing population base that is not increasing and those who do live in the region have little or no interest in volunteering in the fire and emergency services
- High cost of capital assets including apparatus and equipment, along with current and future facility upgrades

Recruiting and retaining community members willing and able to fill the role of a qualified active volunteer firefighter may always be challenging. Like active EMS providers, these are the

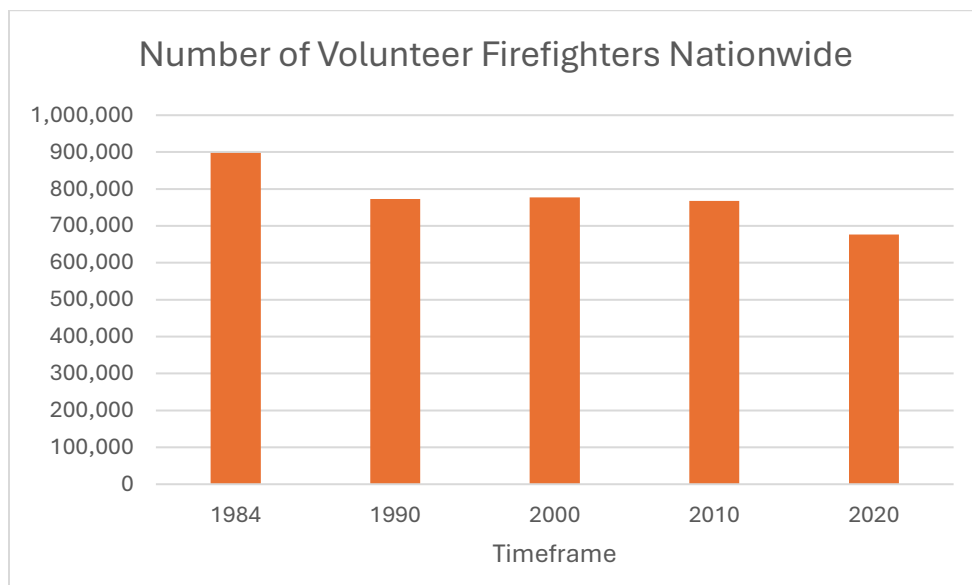
men and women who are trained and qualified to provide the physically demanding firefighting and rescue skills needed regularly in our communities. Also, current estimates place a fire engine (pumper) at \$800,000 to \$1.2 million and ladders trucks at \$1.2 million to \$1.8 million. With a little research, these purchases have been found recently in the Capital region. As one county fire chief stated, “None of our fundraisers will ever raise the funds needed to purchase a new piece of fire apparatus in 2025 or in the future.”

#### Pennsylvania Volunteer Firefighters



Source: PA Senate Resolution 6

### United States Volunteer Firefighters



Source: National Fire Protection Association

**SUPPORTING DOCUMENTS**
**Estimated Annual Budget for Career Firefighters in a 2-station Fire-Rescue System**

<b>Square Miles Protected</b>		260
<b>Population Protected</b>		27,197
<b>Number of Stations</b>		2
<b>Number of Apparatus</b>		
Engines		2
Aerial Trucks		1
Tankers		2
Rescue Trucks		1
Utility Vehicles		-
Brush Trucks		2
Ambulances		-
<b>Estimated Starting Salary for Career Firefighting Personnel</b>		
Chief	\$	90,000
Deputy Chief	\$	75,000
Assistant Chief	\$	-
Captain	\$	-
Lieutenants	\$	-
Drivers	\$	-
Medics	\$	-
Fire/ Rescue Personnel	\$	50,000
Administrative	\$	40,000
	\$	-
	\$	-
<b>Average Salary of Officers in the vicinity</b>	\$	33,000
<b>Number of Career Personnel Necessary</b>		
Officers		24
Firefighters		40
Drivers		32
Medics		-
Administrative		2
FEMA Staffing Grant Funding	\$	-
Career Fire Fighter Costs	\$	2,792,000
Career Administrative Costs	\$	80,000
<b>Total Start-up Costs</b>	\$	<b>2,872,000</b>

**Task Assignment:** The objective should be put into action by the Upper Dauphin Council of Governments along with Northern Dauphin County fire departments.

**Timeline:** Year 3

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## Work Plan

### Work Plan Implementation Opportunities

The Work Plan to implement recommended actions will introduce significant change to stakeholders within Northern Dauphin County. Research shows that building on what is working within a system tends to produce desired results more effectively. Prosci®, a recognized leader in managing change, developed a five-step model (ADKAR) that represents the sequential process individuals follow when confronted with a change. The process involves understanding why a change is necessary (Awareness); having the opportunity to support or reject the change (Desire); learning what they need to learn to support the change (Knowledge); building capability by practicing new ways of functioning because of the change (Ability); and fully adopting and anchoring in the new way of operating (Reinforcement).

The most important factor to enabling this five-step process is for leadership to be active and visible in support of the change, build coalitions of like-minded stakeholders who can support the change, and communicate frequently and consistently about why the change is happening.

Northern Dauphin increases their likelihood of success if the Council of Governments, municipal government, fire company, and Emergency Medical Services leaders actively and visibly engage stakeholders in continuing dialogue about why the changes are happening and work to build trust and a coalition of support throughout the EMS system for any change(s) introduced.

ROBB Consulting proposes that the Council of Governments execute the following actions to prepare Northern Dauphin stakeholders in advance of moving forward with the action plan:

1. **Build awareness of the current state of emergency medical services “in house” to strengthen trust** – As noted above, only about half of respondents had any awareness that the Council of Governments hired an outside consultant to study its EMS prior to the email introducing the survey to the EMS community. Within the EMS community itself, only 17% of respondents perceive trust among the Council of Governments, EMS, and municipal governments to be high or extremely high.

Trust is the foundation upon which change occurs. For these reasons, it is imperative that the Council of Governments bring visibility and transparency to this endeavor. A lack of transparent, visible, collective performance of the whole Emergency Medical Services system reinforces a culture of competition vs. collaboration. Without a commonly shared, collective perspective on the current state of Northern Dauphin Emergency Medical Services, stakeholders cannot understand the urgency leaders perceive, cannot participate

in shaping a system in which they invest their time and talent, and cannot make an informed choice for themselves about whether or how to support changes that Northern Dauphin leadership may introduce.

This shared awareness involves both leaders and supervisors bringing knowledge, transparency, and visibility to the whole Northern Dauphin EMS and all other stakeholders stepping forward to inform potential blind spots. With limited resources, it is imperative that Northern Dauphin Emergency Medical Services officials make informed decisions. Doing so requires defining collective, visible, transparent measures that reflect the entire system's health and performance, so that leaders know where and how to invest.

2. **Build greater awareness of the current state of Emergency Medical Services with Northern Dauphin residents** – Comments from the survey show respondents believe that mutual trust and support exists already between EMS and the communities it serves, yet various studies continue to show public skepticism with government. Only 17% of respondents believe the public has at least a moderate awareness of the current state of EMS. Given that the public are really the customers of EMS services, key stakeholders should share the current state of EMS and course of action underway to move forward. Throughout the life cycle of this initiative, key stakeholders must continue to communicate with the public the reasons for the effort, gather feedback, and adjust plans as needed to build support for any changes to how EMS operates in Northern Dauphin.
3. **Reset the EMS system by reconnecting individual EMS companies to a shared purpose and leverage their respective strengths to form a collective future** – Independent cultures within each individual EMS operation may have taken priority over the brotherhood that exists across the Northern Dauphin EMS system. Competition stifles practical standardization of common processes, collective training, and shared best practices. People fail to learn from each other. They may hide individual successes and challenges to the detriment of the whole system.

Research supports building on what IS working, so a place for government and Emergency Medical Services leaders to start is to help people redefine how they see their individual operations within EMS. Holding a system-wide frame of reference may reorient people away from “my” EMS operation to a collective perspective on “our” EMS system. For example, reframing “my community” to mean “all of Northern Dauphin” enables stakeholders to expand responsibility to the whole. Strong collaborators see “their issues” as “my issues, too.” Based on survey results, the foundation exists for improving collaboration, cooperation, communication, and information sharing. A reset provides a reminder of “why we are all here” and lays a foundation for future oriented change.

4. **Experiment with new, collective approaches to urgent challenges** – Coordinated, low risk experimentation, past failure, and collective learning should inform ongoing efforts. Practicing in this way can improve communication, coordination, information sharing, and collaboration among member organizations. Two areas ripe for experimentation involve recruitment and retention.

For example, results indicate recruiting and retaining volunteers as perhaps the biggest pain point in the Northern Dauphin EMS. Experience shows that more recent members can often bring a new perspective to what works in how EMS recruits and retains volunteers as they have the freshest eyes for those efforts.

Relatedly, EMS are likely to experience knowledge gaps as new volunteers join and experienced members “retire.” To aid in closing these gaps, individual EMS operations, who already use standardization practices in house, could work to standardize processes *across operations* where it makes sense. With limited manpower and the need to sometimes share resources as a result, the EMS system can shorten learning curves for new, unskilled volunteers and improve efficiency and effectiveness by accomplishing similar tasks the same way. EMS companies should explore a common framework or way of working wherever possible. Then when multiple companies respond to a call, the coordination and efficiency of operations during a response should improve.

<b>Objectives</b>	<b>Time Frame</b>
Implement Communications and Messaging Plan	Year 1
Formalize Municipal Government Stakeholder Committee	Year 1
Establish Municipal Government Governance Entity	Year 1
Determine Long-term Funding Solution	Years 1-2
Establish a Community EMS Advisory Committee	Years 1-2
Pursue New Partnership Opportunities with Existing 9-1-1 Basic Life Support EMS Organizations	Years 2-3
Develop a Workforce Recruitment and Retention Plan	Years 2-3
Future of the Volunteer Fire Service	Year 3

## **Appendixes**

Appendix 1 – Stakeholder Engagement

Appendix 2 – Maps

Appendix 3 – Survey Results

Appendix 4 – December 2024 Press Release

Appendix 5 – Acronyms and Terminology

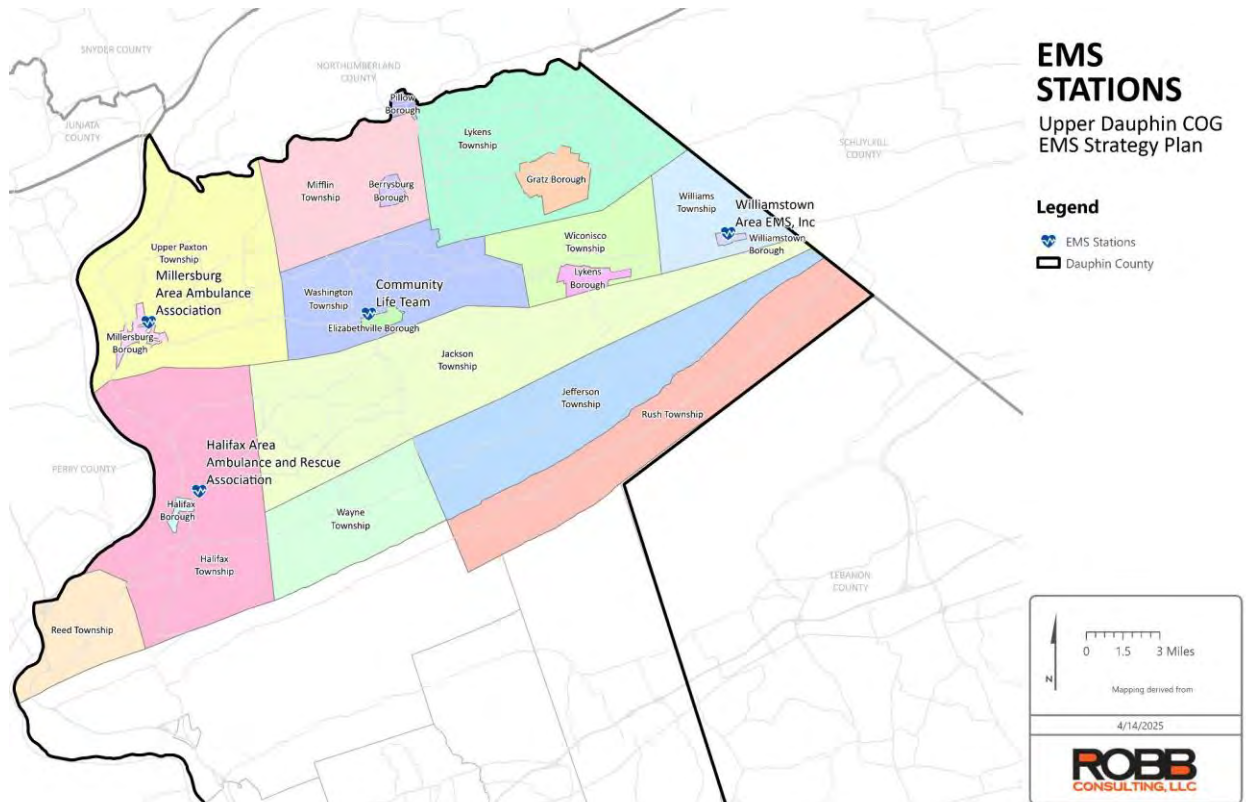
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## Appendix 1 – Stakeholder Engagement

Stakeholder Input and Interviews	Date
Kick-off meeting	April 2024
CoG EMS committee group interview	May 2024
Data collection and analysis	May-June 2024
EMS leadership and small group interviews	June-July 2024
Stakeholder survey and preliminary analysis	August-September 2024
Region wide focus groups	October-November 2025
Communications strategy development	November-December 2025
Region wide press release and media campaign	December 2025
Draft plan development	February 2025
Draft strategy recommendations review	March 2025
Draft plan review	March 2025
Draft plan presentation	April 2025
Draft plan review continues	May 2025
Final plan presentation to CoG	June 2025
Final plan public roll-out begins	July 2025

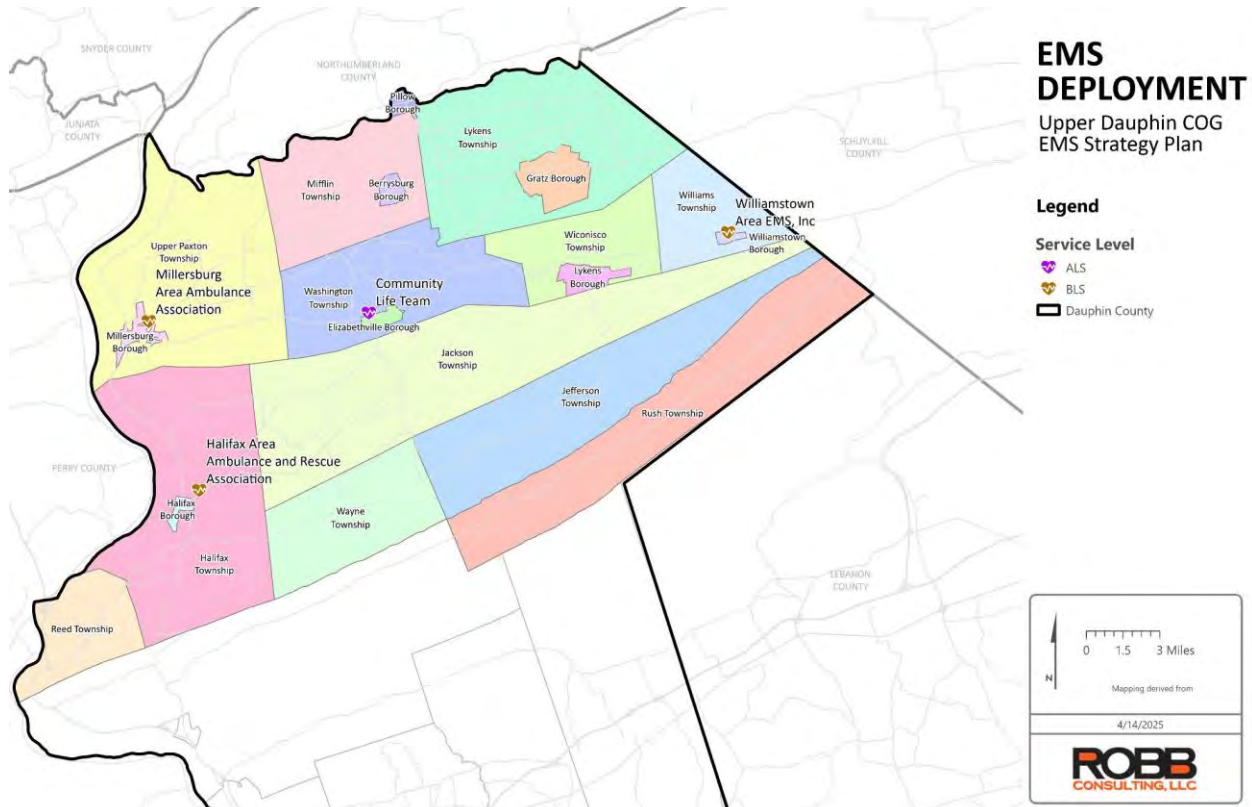
## Appendix 2 – Maps

### EMS Station Map



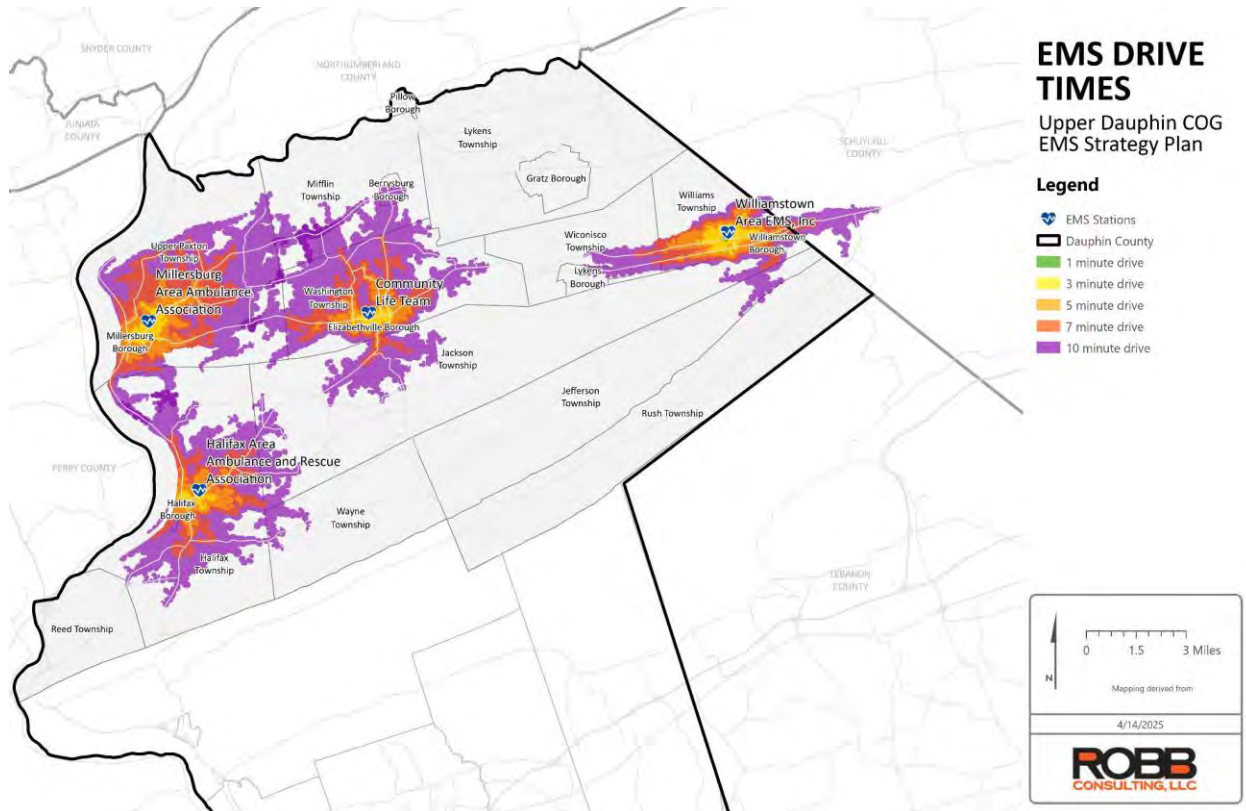


## EMS Deployment Map

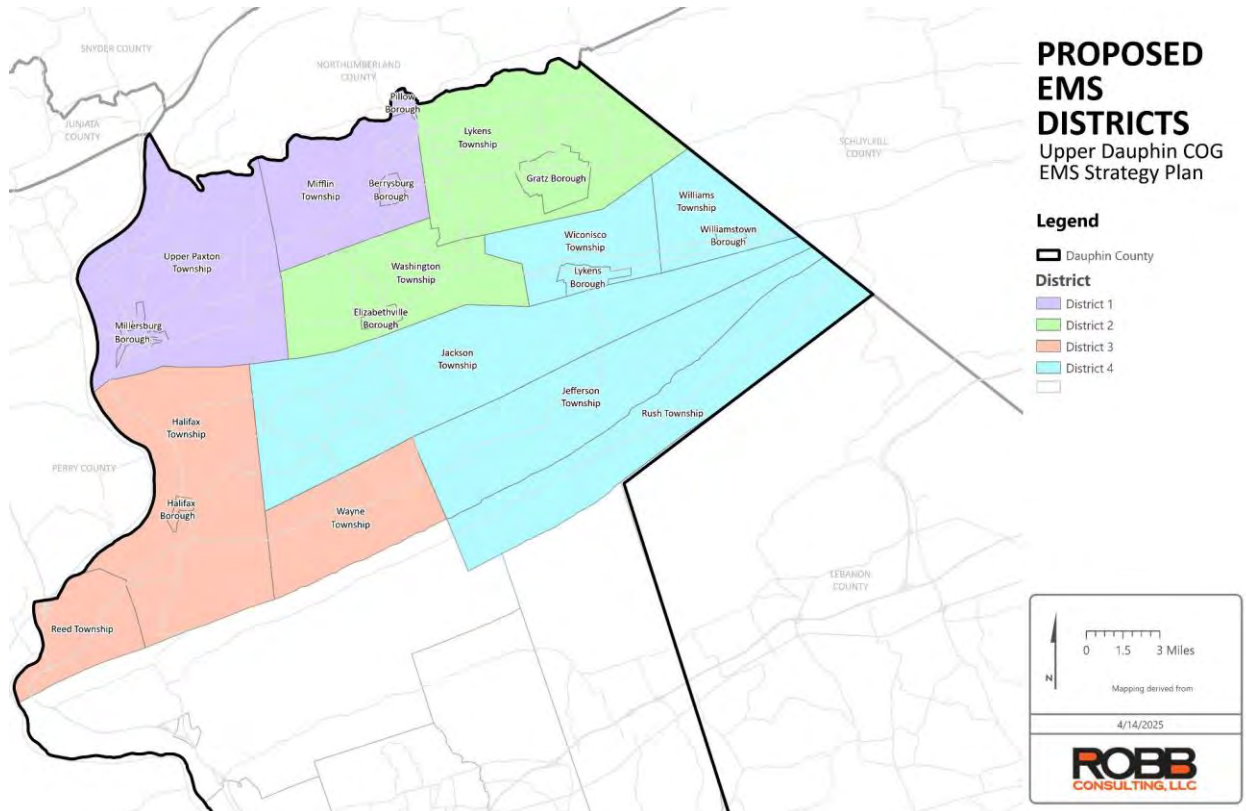




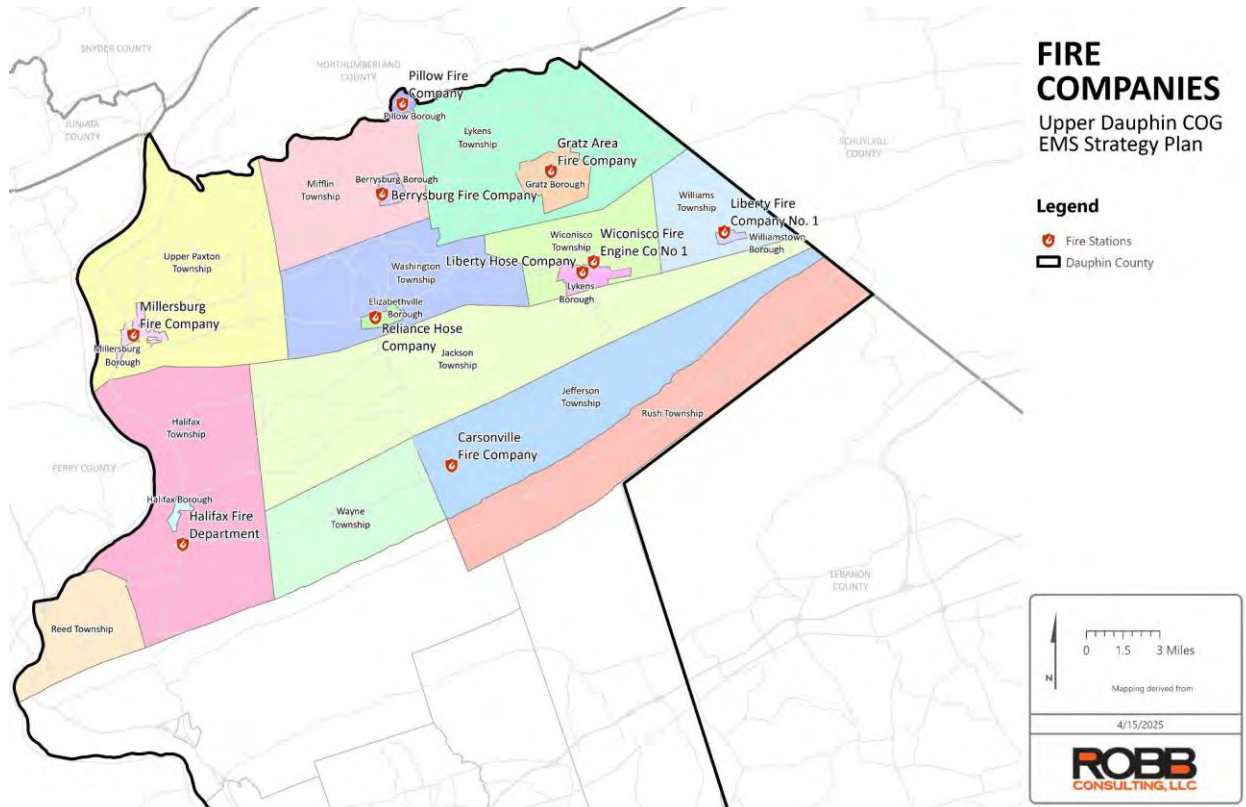
## EMS Drive Times Map



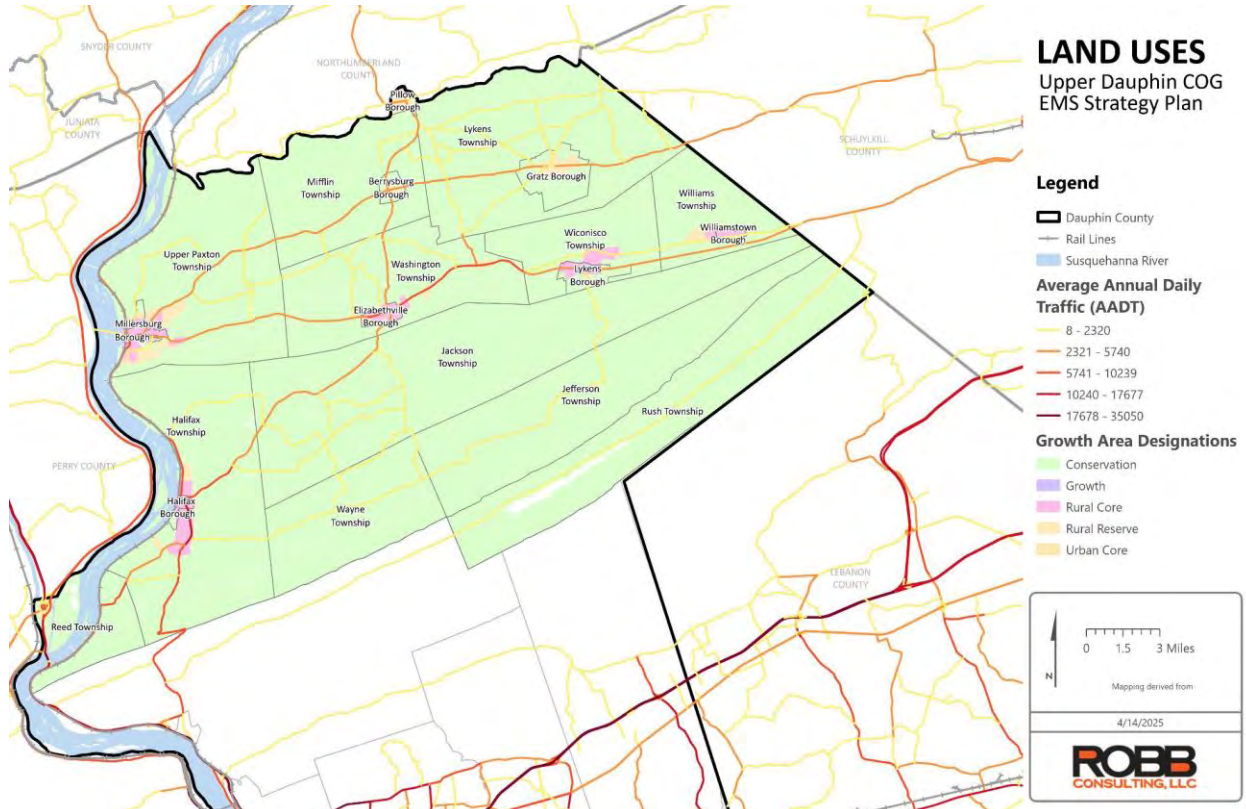
## Proposed EMS Districts Map



## Fire Station Map

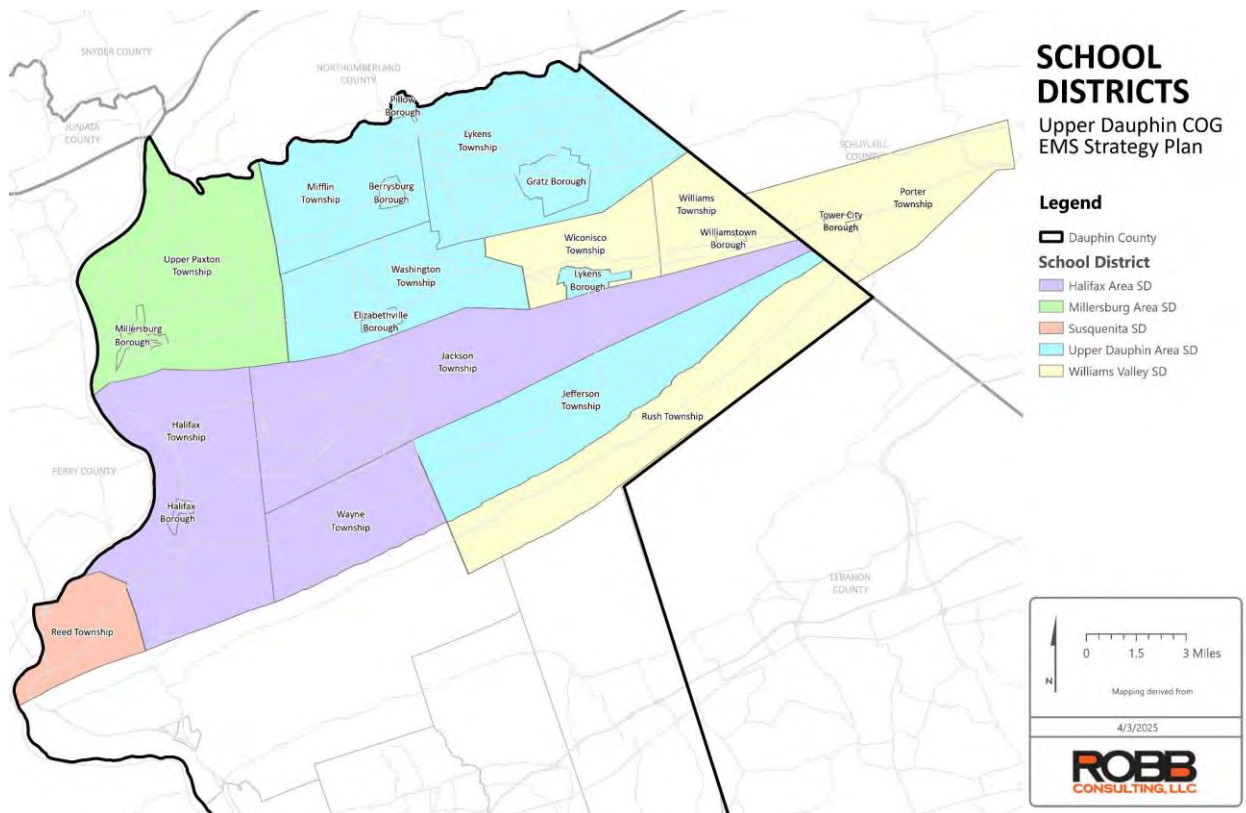


## Land Use Map





## School Districts Map



## Appendix 3 – Survey Results

**Target Group:** Northern Dauphin Emergency Medical Services Members and Stakeholders

**Dates:** August 8 – 18, 2024

**Response Rate:** 133 respondents/639 invitees = 21% response rate

### General Background

The Upper Dauphin Council of Governments agreed to gather objective information via a survey open to a designated number of Emergency Medical Services stakeholders. In general, surveys cannot provide conclusive findings on a given topic. At best, the results provide an opportunity for the Upper Dauphin Council of Governments leadership and EMS Committee members to engage survey participants by sharing the survey’s results and validating the interpretation of those results with that stakeholder population. Results can help leaders further investigate identified trends and better understand blind spots, areas of opportunity, and areas of challenge.

In this case, survey administrators analyzed the data to identify the story the data is telling and the opportunities available to Northern Dauphin officials to improve the state of EMS.

### General Approach and Survey Information

The Upper Dauphin Council of Governments EMS Committee members, in partnership with ROBB Consulting, collaborated to design and launch the “Upper Dauphin Emergency Medical Services Survey” on August 8, 2024. Christopher Dietz, President, Upper Dauphin Council of Governments and Millersburg Borough Council invited 639 stakeholders from emergency medical services, municipal government, and fire services stakeholders from the following groups to participate:

#### EMS

- Halifax
- Millersburg
- UPMC Life Team
- Williamstown

#### Fire

- Berrysburg
- Carsonville
- Elizabethville
- Fisherville
- Gratz
- Halifax
- Lykens
- Millersburg
- Pillow
- Wiconisco
- Williamstown

#### Municipality

- Berrysburg
- Elizabethville
- Gratz
- Halifax
- Halifax Twp
- Jackson
- Jefferson
- Lykens
- Lykens Twp
- Mifflin
- Millersburg
- Pillow
- Reed
- Rush
- Upper Paxton
- Washington
- Wayne
- Wiconisco
- Williams Twp
- Williamstown

The survey was comprised of five demographic-related questions and 20 questions with the following areas of focus:

- Questions 1 – 5: stakeholder demographics questions to aid in analyzing the data.
- Questions 6 – 9: stakeholder engagement and alignment.
- Questions 10 and 11: degree of awareness of the current state of EMS.
- Questions 12 – 13: current state of financial health within EMS.
- Questions 14 – 17: staffing perceptions within EMS.
- Question 18 – 20: collaboration and communication within EMS.
- Questions 21 – 23: future solution orientation within EMS.
- Questions 24 and 25: open ended questions to discover what is working well and what could work better in EMS, respectively.

## **Results**

Figures 1 shows a breakdown of survey participants by stakeholder group. Figures 3 – 7 within this appendix show a summary of the numerical results of the survey.

### **Survey Figure Reference Guide**

Figure 1: Breakdown by Stakeholder Groups

Figure 2: Analysis – Stakeholder Engagement and Alignment (Questions 6 - 9)

Figure 3: Analysis – Awareness of the Current State of EMS (Questions 10, 11)

Figure 4: Analysis – Current State of Financial Health within EMS (Questions 12, 13)

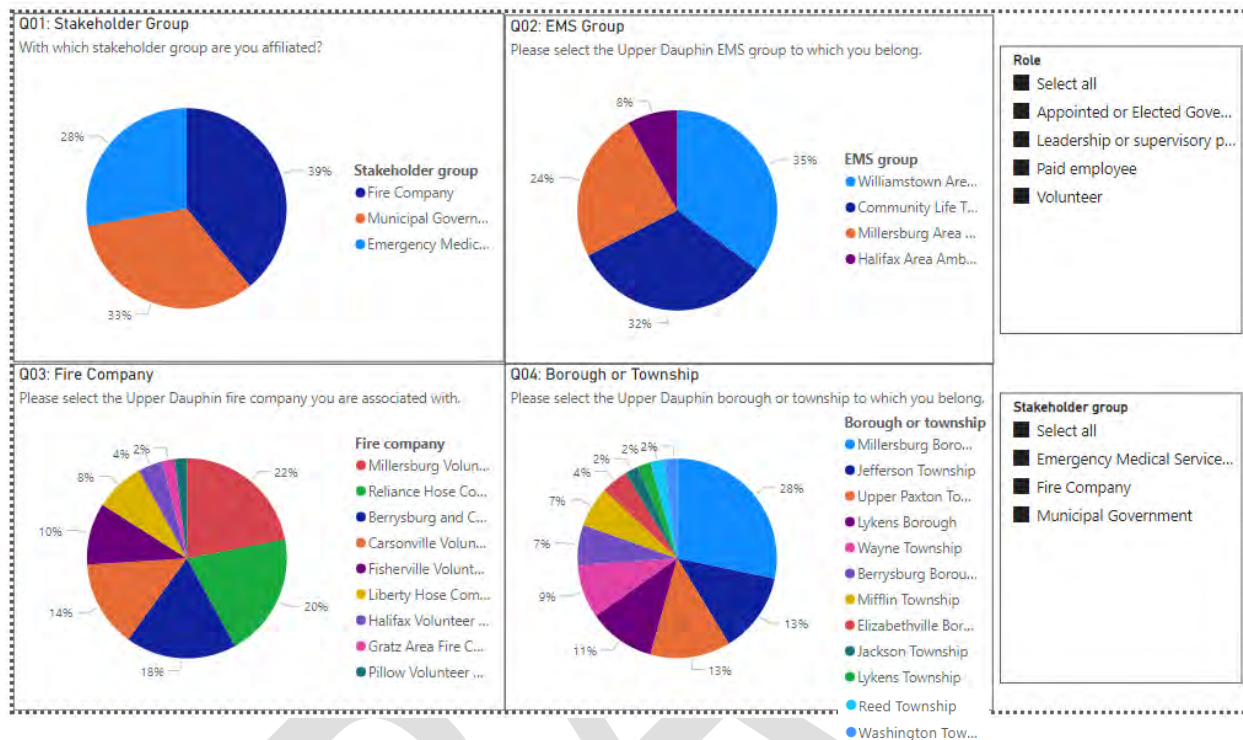
Figure 5: Analysis – Staffing Perceptions within EMS (Questions 14 – 17)

Figure 6: Analysis – Collaboration and Communication within EMS (Questions 18 – 20)

Figure 7: Analysis – Future Solution Orientation within EMS (Questions 21 – 23)

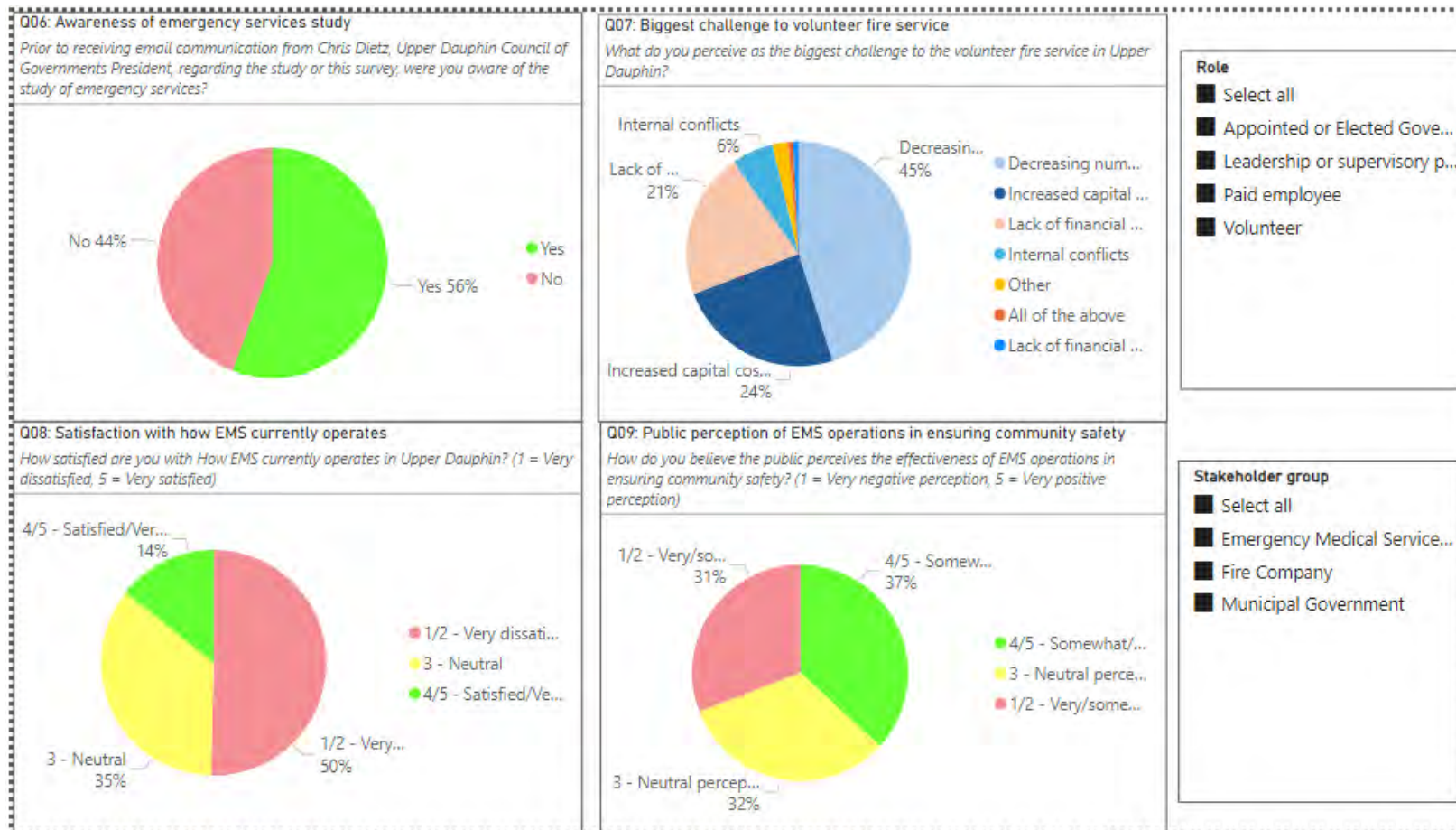


**Figure 1: Breakdown by Stakeholder Groups**



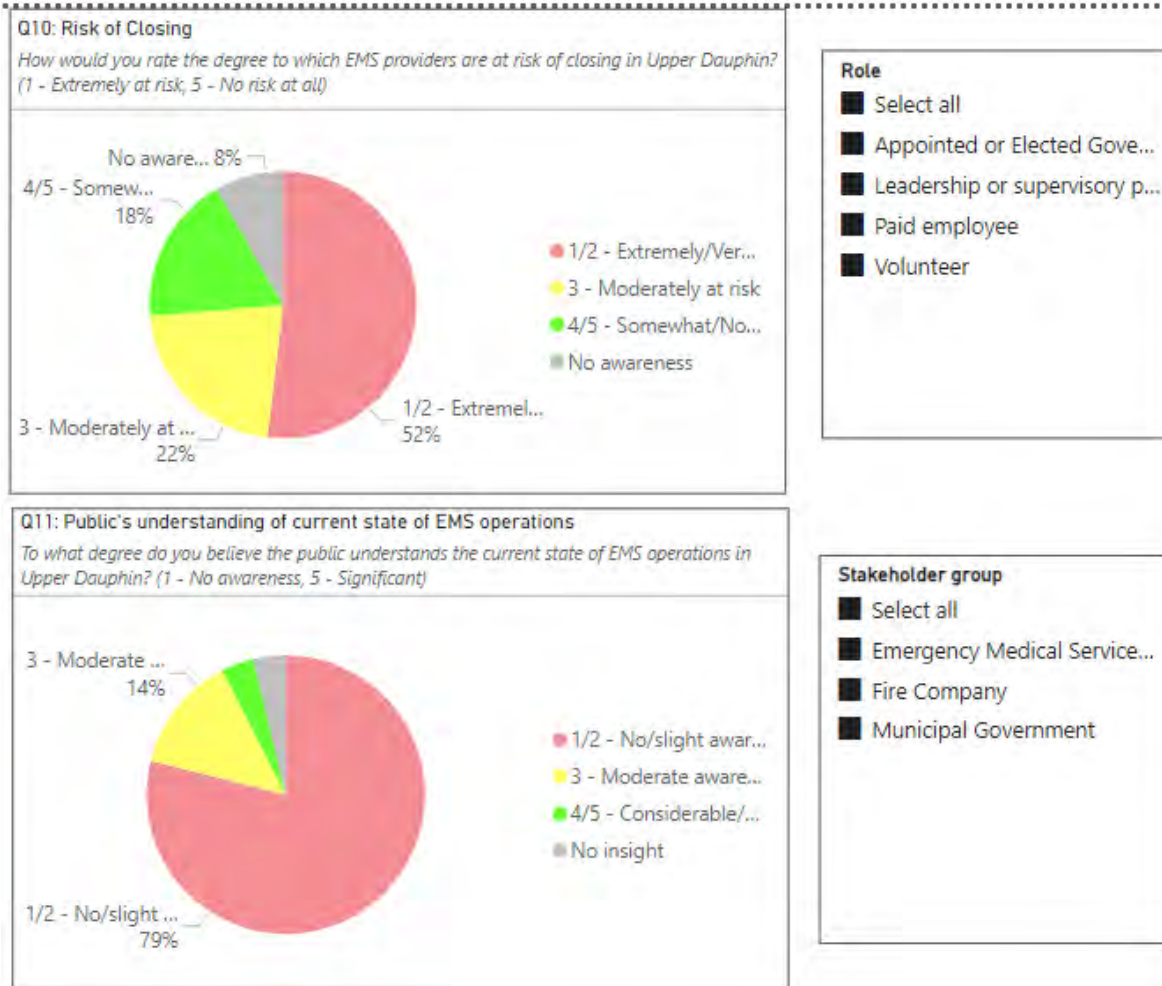
**Figure 2: Analysis – Stakeholder Engagement and Alignment (Questions 6 - 9)**

This cluster of results shows the degree to which respondents were aware that the Council of Governments sought outside assistance in developing a strategy to enhance county-wide EMS. Respondents also identified the biggest challenges to volunteer fire service, the degree of satisfaction with how EMS operates, and how well they believe the public perceives the effectiveness of EMS operations in ensuring community safety.



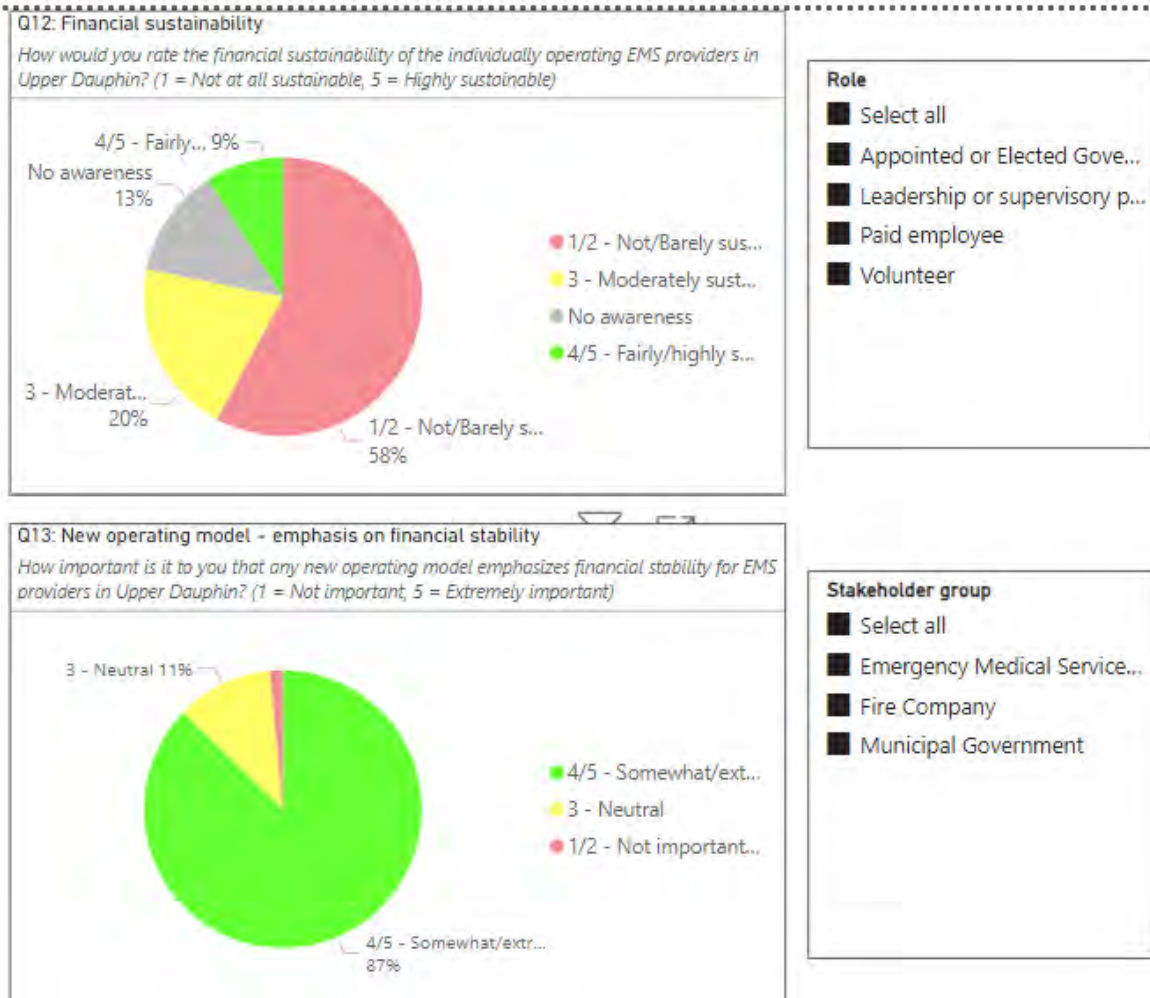
### Figure 3: Analysis – Awareness of the Current State of EMS (Questions 10, 11)

Figure 3 represents how much respondents perceive EMS providers to be at risk of closing and the degree to which responders believe the public understands the current state of operations within EMS in Northern Dauphin.



**Figure 4: Analysis – Current State of Financial Health within EMS (Questions 12, 13)**

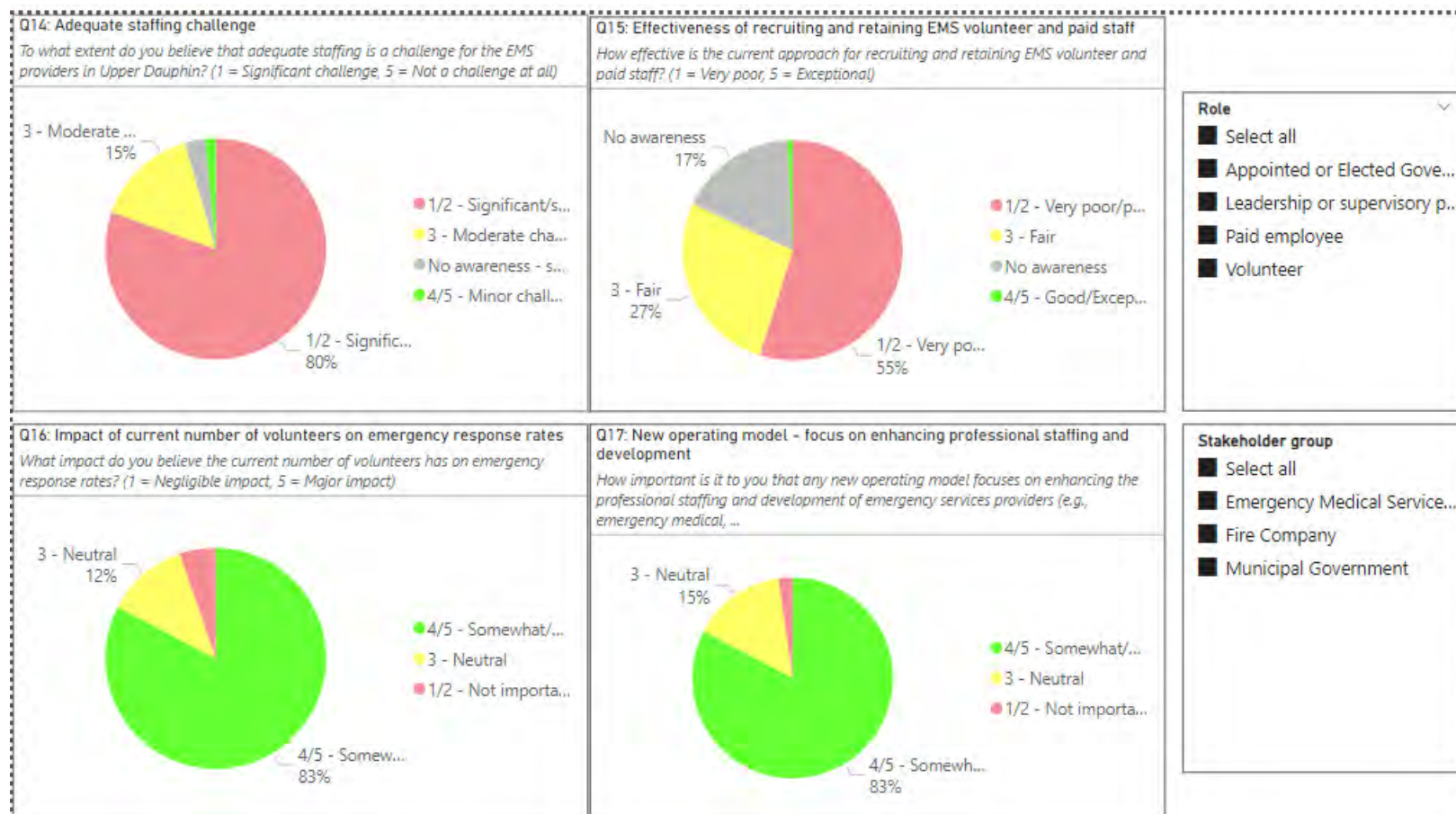
These results show how respondents perceive the financial sustainability of individually operating EMS providers and the degree to which a future operating model should emphasize financial stability for these providers.





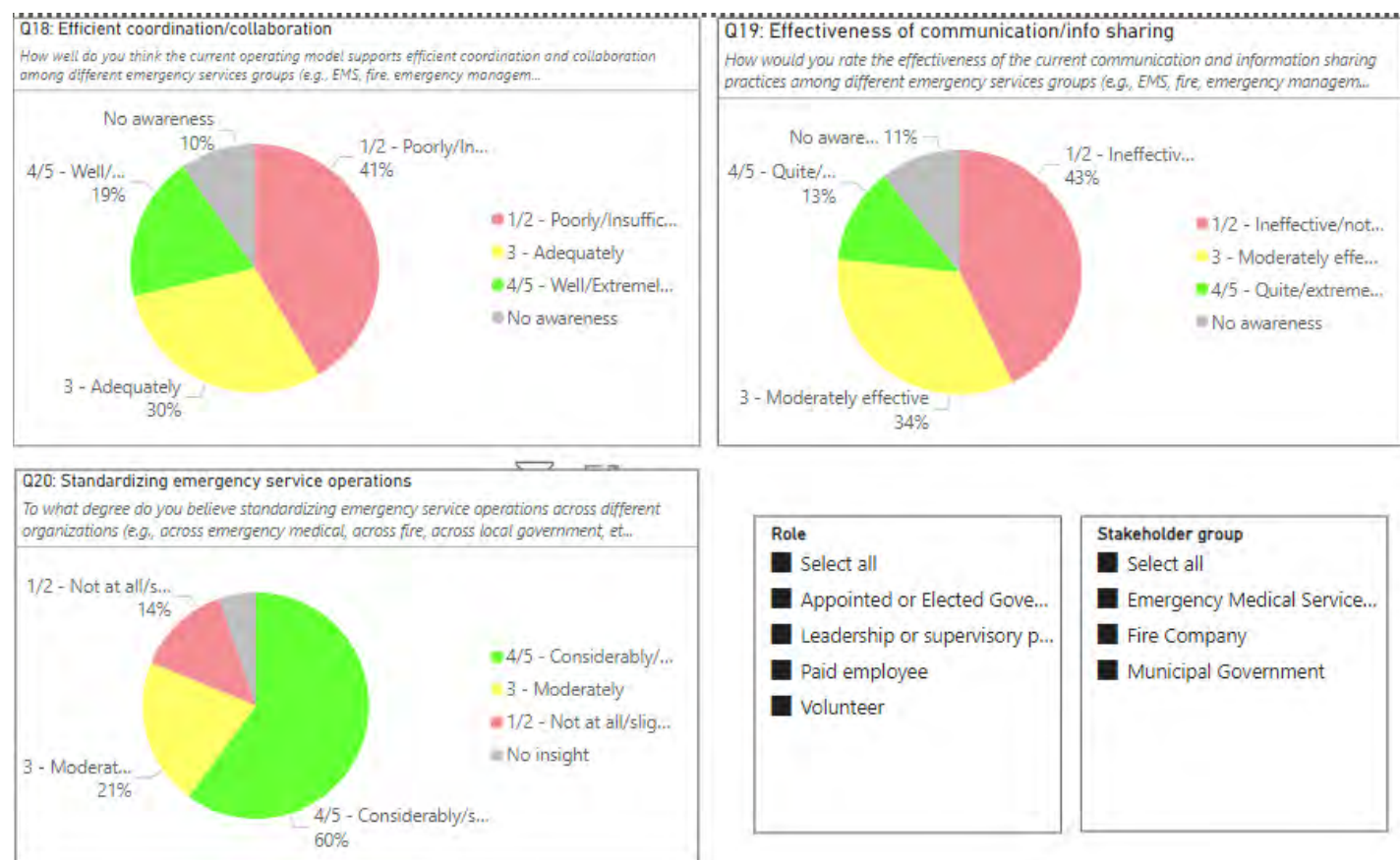
### Figure 5: Analysis – Staffing Perceptions within EMS (Questions 14 – 17)

Respondents recognize that adequate staffing is a challenge. While the current number of volunteers has a somewhat or significant impact on emergency response rates, the data shows that respondents believe the current approach to recruiting and retention of paid staff and volunteers could improve. To that end, respondents indicate overwhelmingly that any future operating model must focus on enhancing professional staffing and development of emergency services providers.



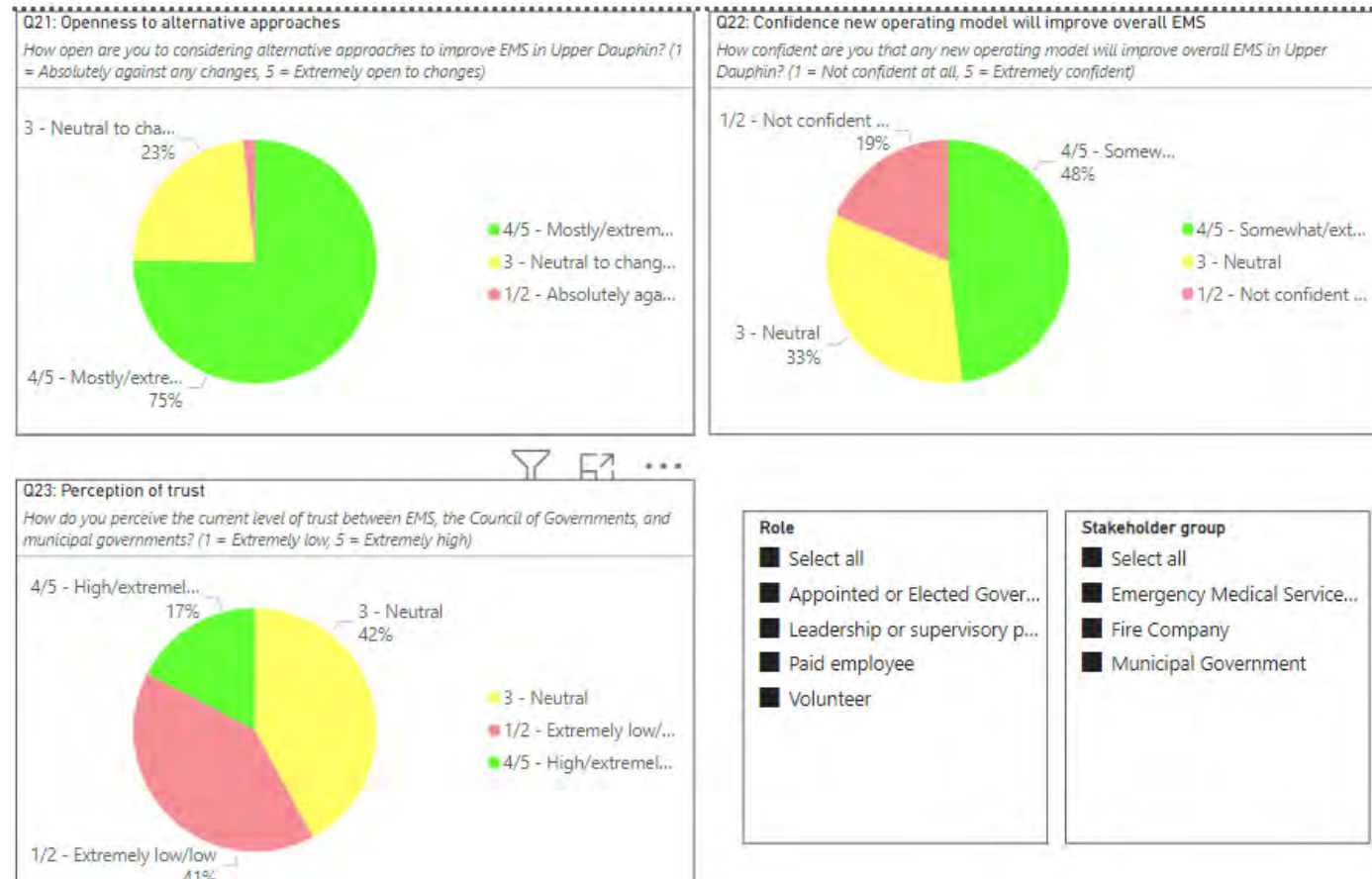
### Figure 6: Analysis – Collaboration and Communication within EMS (Questions 18 – 20)

Respondents indicate a solid foundation exists specific to coordination, collaboration, communication, and information sharing. Results also show the degree to which respondents believe standardization across individual providers can improve emergency services operations.



### Figure 7: Analysis – Future Solution Orientation within EMS (Questions 21 – 23)

Respondents indicate an openness to exploring alternative approaches, with about half feeling somewhat or extremely confident that a new operating model will improve overall EMS. However, stakeholders must work together to improve the degree of trust among those groups who are essential to support an effective change within Northern Dauphin EMS.





## Appendix 4 – December 2024 Press Release



### FOR IMMEDIATE RELEASE

**Contact:** Jason Kirsch, 717.857.5645, [jkirsch@prworksinc.com](mailto:jkirsch@prworksinc.com)

### **Upper Dauphin Council of Governments Undertakes Study to Address Region’s EMS Challenges**

**Halifax, PA (December 17, 2024)** – The Upper Dauphin Council of Governments (UDCOG), comprised of elected officials of municipalities in northern Dauphin County, today announced it has undertaken a study to address challenges facing the region’s emergency medical services (EMS) system. The study will inform the development of a regional plan to sustain high-quality EMS for area residents.

“EMS organizations throughout the country are experiencing significant challenges including declining voluntary membership subscriptions, inadequate insurance reimbursements and staff shortages,” said Christopher Dietz, president of the UDCOG. “EMS organizations in the Upper Dauphin region have not been immune to these challenges. Add in growing call volumes and increasing costs to operate and we have a scenario that puts our local EMS system at risk.”

A recent survey of the region’s emergency services providers found that 50% believe local EMS providers are at risk of closing. Ninety percent of respondents reported their biggest challenges are volunteer declines; increasing costs; and lack of community financial support. Ninety percent of respondents also indicated that a new model emphasizing financial stability is needed; and 80% indicated a new model emphasizing professional staffing is needed.

Local municipalities are legally obligated to provide emergency services in Pennsylvania, Dietz notes.

“It is critical that local leaders and the citizens they represent are aware of the situation our EMS system is facing,” Dietz said. “Unless our local municipalities address this issue together, the system may not be able to provide emergency care when you or a family member, friend, neighbor or co-worker needs it.”

The EMS system in northern Dauphin County is further strained because the region is a rural area.

“With fewer EMS resources and a population spread out over a large area, response times to 911 calls are already dangerously long,” Dietz said. “A cardiac arrest patient, for example, can’t wait over a half hour for an EMS response from outside our region because a closer unit isn’t staffed and available.”

The study is engaging Upper Dauphin region EMS providers, fire companies, municipal officials and other community stakeholders. The UDCOG expects to complete the study by spring 2025, after which it will present recommendations to its participating municipalities to create a better and sustainable EMS system for the region. ROBB Consulting, LLC, a multi-disciplinary firm that specializes in solutions for EMS agencies, fire companies and local government, is conducting the study for UDCOG.

Northern Dauphin County residents are encouraged to learn more and get involved by attending their local municipal public meetings and contacting their local elected officials to voice support for a sustainable solution for EMS in Upper Dauphin County.

# # #

### **About Upper Dauphin Council of Governments**

The Upper Dauphin Council of Governments (UDCOG) is a regional organization comprised of participating local governments in northern Dauphin County. UDCOG’s mission is to provide a forum for regional cooperation and preparing for and handling issues of municipalities in Upper Dauphin County. UDCOG typically meets on the third Thursday evening of each month, except July, August and December at various local government offices in northern Dauphin County.

Municipalities that participate in the UDCOG include: The boroughs of Berrysburg, Elizabethville, Gratz, Halifax, Lykens, Millersburg, Pillow and Williamstown; and the townships of Halifax, Jackson, Jefferson, Lykens, Mifflin, Reed, Rush, Upper Paxton, Washington, Wayne, Wiconisco and Williams.

## Appendix 5 – Acronyms and Terminology

**Emergency medical services (EMS):** according to the National Highway Traffic Safety Administration, “a system that provides emergency medical care.” This system may include medical personnel like doctors, nurses, and therapists, administrative professionals such as dispatchers or government officials, and either professional or volunteer pre-hospital care teams. It may also include locations such as trauma centers, hospitals, rehabilitation facilities, or special care centers.

**EMS System:** the network of people and systems which respond to urgent situations in which people may be hurt or in serious, immediate danger. These teams work with other public resources such as safety networks to ensure that the community they serve remains safe and healthy.

**EMS Service:** may be public organizations run by government officials or private companies employed by individual business owners for their businesses or events, such as Joffe Emergency Services. Either way, the responsibility of the service is the same: to protect their community during serious medical events.

Within an emergency medical services system are emergency medical technicians. Commonly shortened as EMTs, these professionals are specially trained to tend to urgent medical needs on-site and if needed, transport patients to longer-term care facilities safely and efficiently.

There are several kinds of EMT:

**EMT-B, also known as EMT Basic:** is a certified professional who is qualified to respond to common emergencies such as burns, breaks, and minor injuries, as well as can administer supplemental O2. EMT-B certification requires a minimum commitment of 120+ hours, and the successful completion of the National Registry of Emergency Medical Technicians (NREMT) exam.

**EMT-I or EMT Intermediate:** has more medical knowledge and training than an EMT-B. They are often able to assess a patient’s condition, protect their airway in more advanced ways, use certain medical devices such as defibrillators or supplemental oxygen, and administer some medications.

**EMT-A, or EMT Advanced:** is a step below a paramedic in certification and is able to use more complex techniques and equipment. They often assist paramedics by suctioning intubated patients and preparing IVs.

**EMT-P is a paramedic:** the highest certification in emergency medical care. These professionals can perform medical processes that regular EMTs cannot, such as administering an IV, intubating a patient, and administering life support.

Joffe Emergency Services works with EMTs across the spectrum of certification, and supports our professional team in advancing their certifications if and when they choose to.

**CPR (Cardiopulmonary Resuscitation):** an emergency treatment for sudden cardiac arrest in which a person pushes hard and fast on the center of the chest to keep the heart beating until help arrives.

**AED (Automated External Defibrillators):** lightweight, portable and battery-operated devices that check the heart's rhythm, and will send an electric shock to the heart in order to reset its rhythm or restart the muscle's function completely.

**Anaphylactic shock:** is when the circulatory system's function is severely impacted by an allergic reaction. This reaction can include swelling of the face, throat, and body, the development of hives, and extreme skin irritation. If a person is experiencing anaphylactic shock, they will need an immediate epinephrine injection and medical care. (See Epipen, above).

**Cardiac arrest:** is the sudden, total cessation of heart function, which, if not immediately treated correctly, is fatal. Victims in cardiac arrest will collapse and become unresponsive, need immediate CPR, and may require the use of a defibrillator. (For more on defibrillators, see AED definition above.)

**Basic Life Support (BLS):** refers to the treatments that can be administered by an EMT of any level to promote patient safety before paramedics arrive.

**Advanced Life Support (ALS):** it refers to a variety of life-saving treatments administered by paramedics prior to and during their transportation to the hospital.

**Mobile Intensive Care Unit (MICU):** a vehicle equipped to provide ALS onsite. It is often mistaken for an ambulance - a transport vehicle with BLS supplies - and sometimes even labeled as one for the sake of convenience.

**Motor Vehicle Accident or Collision (MVA or MVC):** a road traffic incident involving a motorized vehicle.

**Emergency Medical Services (EMS):** – Prehospital EMS includes basic life support (BLS) up to advanced life support (ALS) paramedics. All EMS personnel and equipment must conform to the regulations promulgated by the Virginia Office of Emergency Medical Services.

**Quick Response Unit (QRS):** Responds to medical emergencies with trained personnel and equipment. This unit does not have the capability to transport a patient to the hospital.

**Basic Life Support (BLS) Unit:** The BLS unit is staffed and equipped to provide Basic Life Support. This will include immediate life-saving interventions that are non-invasive such as oxygen therapy and defibrillation. The unit is capable of transporting the patient to the closest appropriate medical facility.

**Trauma Unit:** The Trauma unit is staffed and equipped with trained personnel and equipment to provide intermediate care above the BLS level. This would include IV therapy, some advanced airway techniques, defibrillation, and limited medications approved by the medical director. The trauma unit is authorized to transport.

**Medic Unit:** The Medic unit is staffed and equipped to the highest level outside the hospital. The paramedic is trained in many advanced life-saving skills that include advanced airways, advanced IV access & administration, and is authorized to administer a broader scope of pharmaceutical interventions.

**EMS Supervisor:** Each shift is staffed with an EMS Supervisor who is a Paramedic. The EMS Supervisor responds to assist for any incident deemed immediately life threatening. The EMS Supervisor also responds to any complex incidents in support of the Incident Commander and may be assigned a support role within the Incident Command System.

**PRN:** an acronym for the Latin term “pro re nata,” which means “as the situation demands,” or simply, “as needed.” PRN nurses are fully licensed professionals who want to work on-call instead of as a full-time.