

# Office of Emergency Services



# Current Department Highlights

- OES Business Operations
  - Fleet: Third mechanic added, new facility located/upfitted, move-in set for June 1, eleven new ambulances due in June/July
  - Worked with Finance on revenue cycle, completing contracts for payment
  - Implementing new inventory tracking system
- OES Emergency Management
  - Response and Recovery Coordination for weather events, EOC activations
  - Communications: Joint City County Crisis Communications Plan, Countywide Radio Project
  - Full scale mass casualty incident drill, Integrated Preparedness Planning Workshop, Classes brought to Durham



# Current Department Highlights

- OES Emergency Medical Services
  - Completed a gap analysis identifying areas of vulnerability and a plan to improve to meet community demand
  - Implemented work plans/started initial phases to upgrade service delivery using data to guide improved response plans and formal tiered EMS system (basic life support and advanced life support)
  - Fifteen new hires start on June 1, total of 43 for FY26
- OES Fire Marshal
  - Inspectable Properties list reviewed/revised/updated, all hazardous occupancies and school inspections completed
  - Creation of formal Fire Marshal position, filling of two new positions, Community Risk Reduction Program
  - Implementation of BlazeStack and LivSafe to aid with both investigations and inspections



# Current Department Highlights

## ■ OES Workload Continues to Increase

- Business Operations – Budget, Fleet, and Ambulance Revenue are challenges.
- Emergency Management – Staff retention/capacity concerns and decreased grant funding
- EMS – Increased workload, limited resources
  - 2-3% increase in call volume annually (**over 21%** FY21 to FY25).
  - Primarily low priority calls are being held daily (**11%** of overall call volume) with increased quantity and duration (up from **5%** last year).
  - Call volume demand exceeds available units **16 hours** of the day.
- Fire Marshal – staffing/filling vacancies



# FY 2026-27 Recommended Budget Highlights

- **Staffing**

- EMS – ten FTEs (Paramedic/AEMT/EMT)

- **Vehicles**

- 1 Expansion (new) Ambulance - \$475,000 each, 30–36-month delivery\*
- 5 Replacement Ambulances – \$475,000 each, 30 - 36-month delivery\*
- 1 EMS Replacement SUVs/Quick Response Vehicle

Ordered	Ambulance Quantity	Original Delivery	Anticipated Delivery with new model
FY24	11	Summer 2026	N/A
FY25	5	Fall 2027	N/A
FY26	5	Early 2029	Late Fall 2027
FY27 (recommended)	6	Late Fall 2029	Late Spring 2028
<b>Total</b>		<b>27</b>	

\***Note:** We have a new option with our ambulance vendor where the units meet the same safety and environmental standards but offer a 15-16-month delivery and offers ~40k dollar savings per unit.





# EMS Challenges

- Staffing
  - Deployment Model is 10 years old
  - FY26 was first addition of new FTEs since FY2018
  - Compensation
  - Limited depth
  
- Fleet
  - Vehicles have been taking 36 months to build
  - No reserve fleet – should have 1 spare for every 2 frontline units
  
- Call Volume
  - Continuing to rise in number with growth in volume and intensity

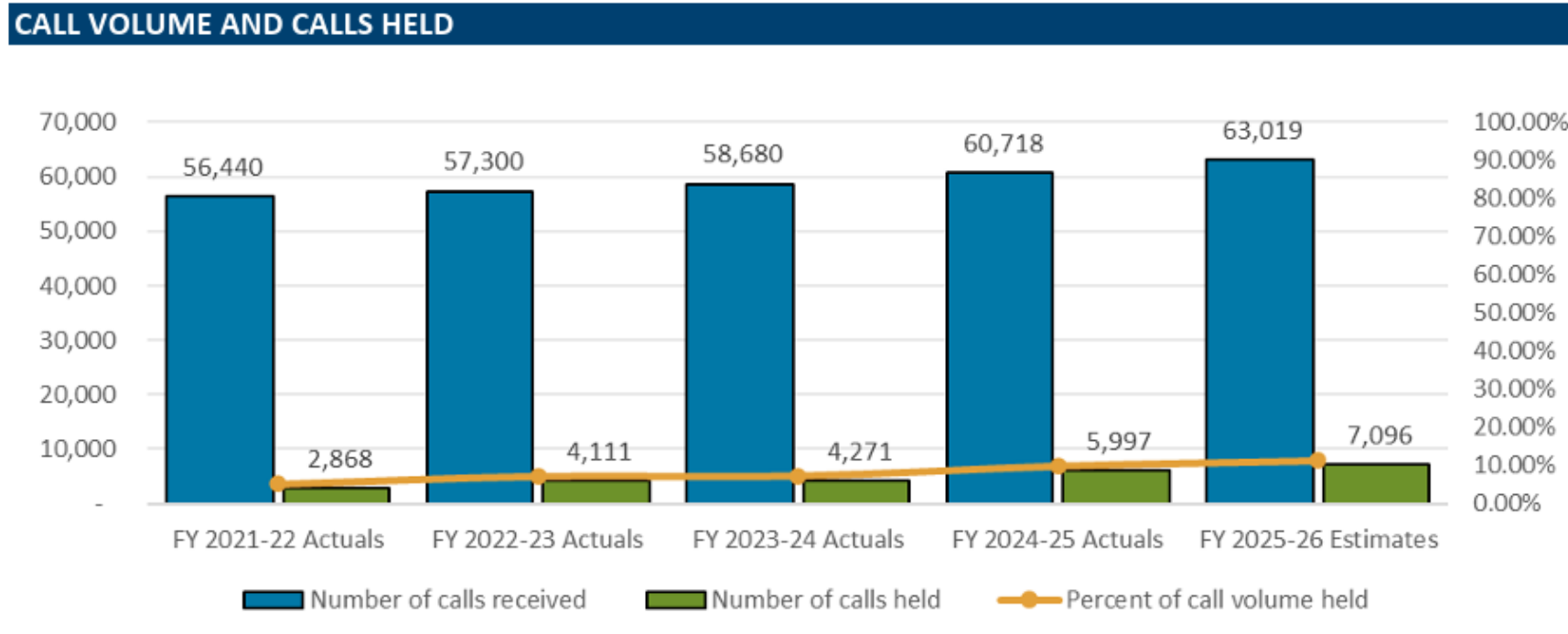
# EMS Challenges – What have we done?

- Staffing
  - Gap Analysis – initiated move to tiered system
  - Explored alternate service delivery models
  - Refined application and hiring process, working to remain competitive with recruitment
- Fleet
  - Added third mechanic, in process of re-locating to new facility with more space
  - Switching to different model ambulance – shorter delivery, less expensive
- Call Volume
  - Exploring alternate response options
  - Reviewing current response plans and revising as needed

# Additional Issues or Topics for Discussion

The current system is **overloaded and not sustainable**:

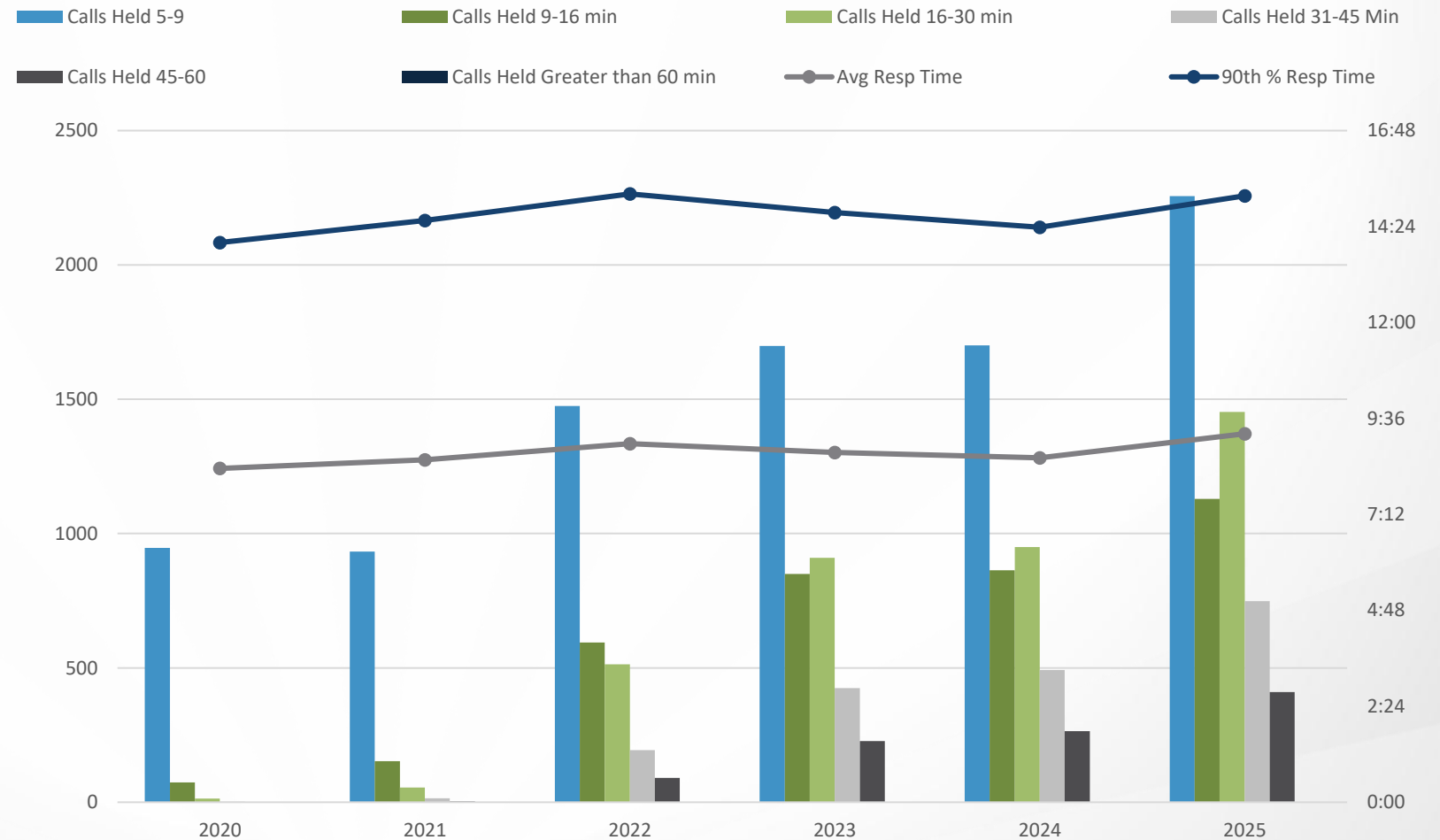
- **Increased** Call Holding (both quantity and duration)
- **Higher** Staff Burnout
- **Reduced** Unit Reliability



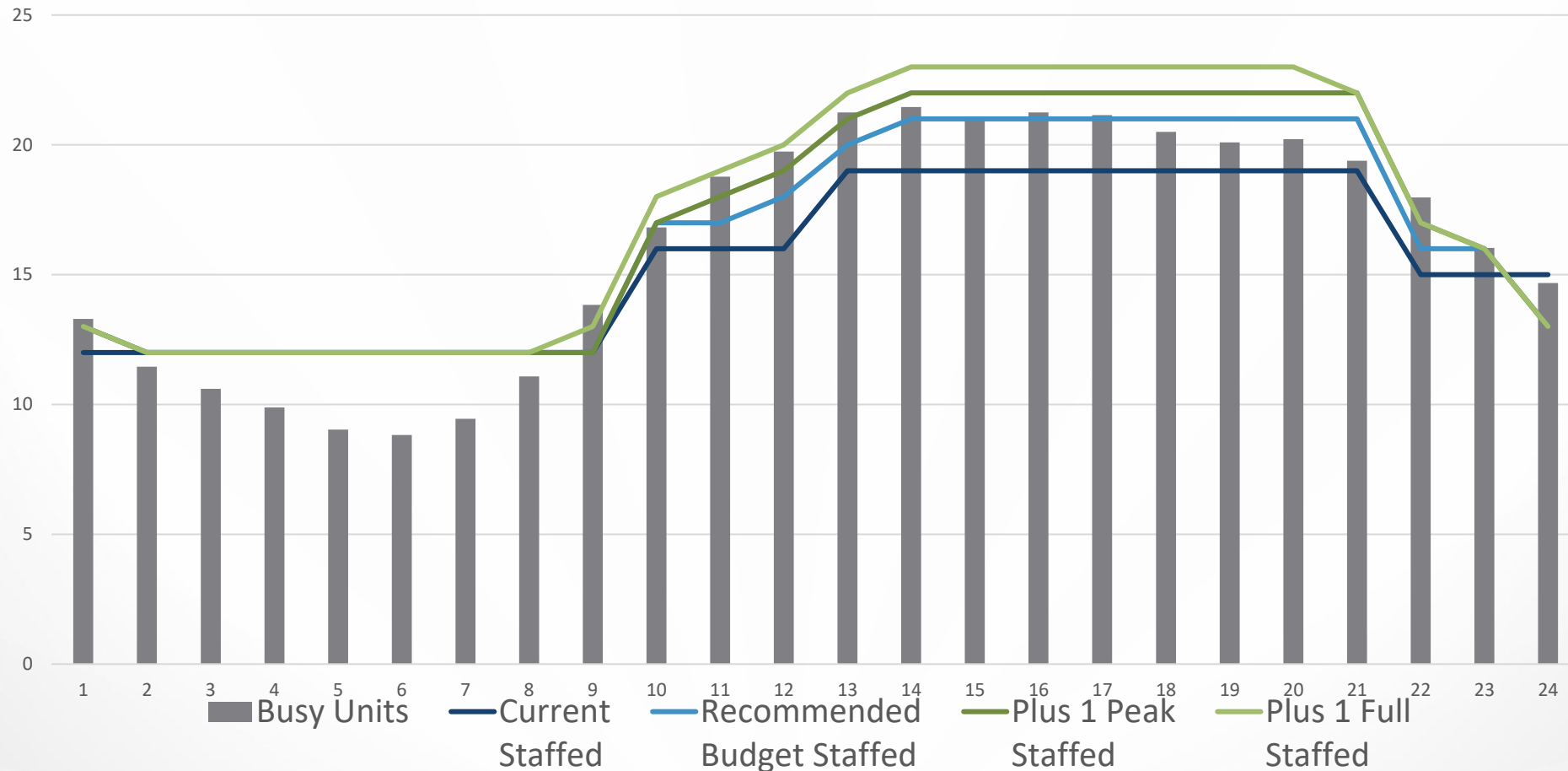
# Additional Issues or Topics for Discussion

## Response Times slightly increased vs. Duration of times of Calls Held Drastically Increased

- Response times remain relatively stable year over year.
- The **calls held** “response phase” continue to increase in **both quantity and duration**.
  - Some lower priority calls have held for **hours** before an ambulance can be assigned.
  - In current year we have seen **mid-priority** call types hold for short duration.
  - This requires **active management** of the system in real time.



# Demand by Hour of the Day with Current Unit Availability, Recommended Budget, Recommended plus 1 peak, and EMS Request for 2 new ambulances and 20 FTEs

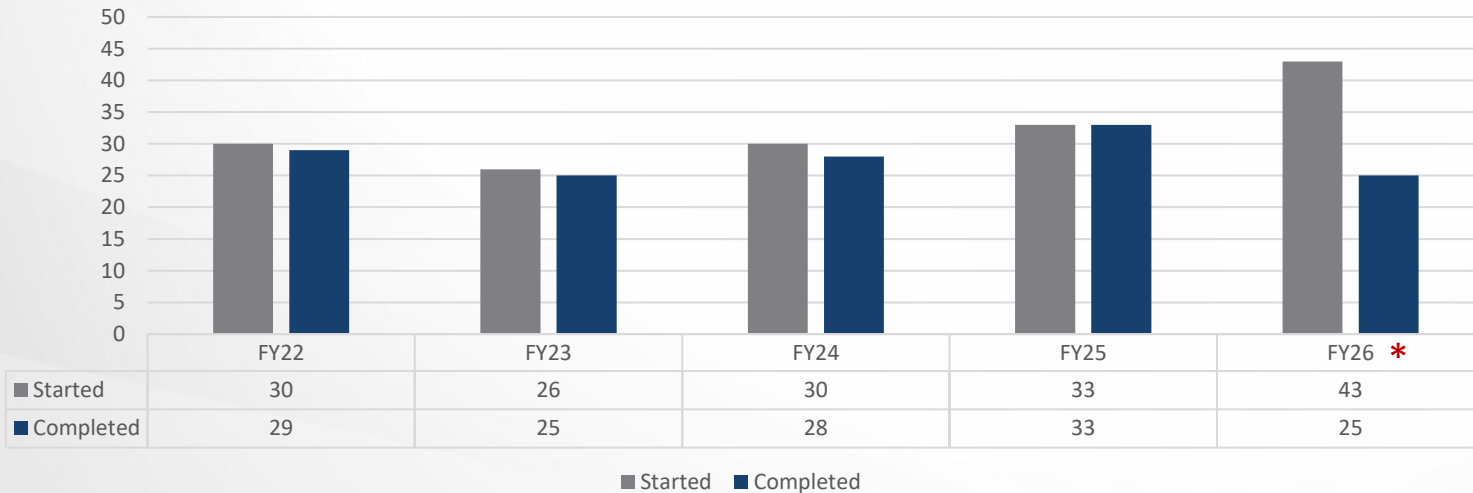


# Additional Issues or Topics for Discussion

## ■ Compensation

- Pay remains lower than most competitive counties.
- For those where Durham is above in the region, there is notably far less demand on staff. (significantly lower call volume, lower capita utilization per units)
  - Lost good candidates to several surrounding counties with a fraction of Durham workload and very close pay offers.

## ■ Hiring



\*Note: FY26 academy 42 begins in June with 15 candidates.

TITLE	Count	Status
COMMUNITY PARAMEDIC	1	Posted Currently
EMS DISTRICT SUPERVISOR	2	Plan to post this summer; focused on ambulance hiring
EMS SIMULATION COORDINATOR	1	Posted - Need to rework qualifications
PARAMEDIC	5	Posting for September Academy
PEER SUPPORT SPECIALIST	3	Holding to fill due to grant uncertainty
SENIOR PARAMEDIC FIELD TRAINING OFFICER	3	Will post after supervisor for resulting cascade
<b>Total Vacancy</b>	<b>15</b>	<b>Vacancy Rate for EMS: 8.3%</b>



# FY 2025-2026 Recommended Budget

## Questions?

