

# History of the Oakland Township Fire Department

- **October 2017:** Lou Danek is hired as full-time Maintenance Technician and Assistant Fire Chief. His duties include maintaining all Oakland Township buildings, but also performing the role of Assistant Fire Chief. This position also allows for Station 2 to have an extra person available to respond to calls most of the time during business hours.
- **Spring 2017:** OTFD hosts a state-sponsored Firefighter I & II class for all of North Oakland County. The class covers all aspects of firefighting and includes live fire training in conjunction with Oakland Community College.
- **Spring 2017:** In cooperation with Rochester Hills FD and the OPC, OTFD initiates a Senior Citizen Safety Program that educates senior citizens on potential hazards in their home. The program includes home visits and assistance with things such as changing smoke detector batteries.
- **Fall 2016:** OTFD hosts EMT-Basic Academy for all of North Oakland County. The academy trains new recruits to obtain a medical license and to be utilized for medical emergencies at their respective departments.
- **June 2016:** OTFD purchases 2 new potentially life-saving pieces of equipment. The first piece of equipment, the LUCAS II, is a battery operated device that provides continuous chest compressions for a person in cardiac arrest. Once placed on the patient, it can run for 45 minutes and frees up a responder from having to perform chest compressions – allowing them to execute other patient care tasks simultaneously. The second piece of equipment, the King Vision, is a camera laryngoscope that allows easier intubation (breathing tube placement) for a patient in respiratory arrest. The camera laryngoscope greatly improves visibility and success rates of intubation.
- **Spring 2016:** In an effort to educate the community and improve cardiac arrest survival, Paul Elder of OTFD initiates CPR classes every month that are open to the public.
- **Winter 2016:** Shift Officers are implemented for all 3 of the duty shifts. The Shift Officer programs ensures that there is a supervisor available 24/7 that is able to make decisions and manage any issues that may arise.
- **Winter 2015:** All full-time staff and Officers complete nationally recognized "Blue Card" command training. The training is a standardized program that has gained wide acceptance locally, and it ensures all supervisors run fire scenes in a similar fashion.
- **January 2015:** After a testing and interview process, OTFD promotes 2 full time personnel to Officer Positions. Derek Young and David Ludington are promoted to the rank of Lieutenant, and other Officers moved up the ranks as a result. This marked the first time that full-time personnel were eligible for Officer Positions.
- **Summer 2014:** OTFD receives a FEMA Assistance to Firefighters Grant (AFG) in excess of \$120,000 for replacement of all the department's Self Contained Breathing Apparatus (SCBA) that are used for firefighting. The SCBAs increased the breathing air time from 22 minutes to 45 minutes and include safety features such as buddy-breathing for emergency situations. The SCBAs are also outfitted with Pak-Tracker technology to assist in locating injured/trapped firefighters.
- **Spring 2014:** After a generous donation from the Moceri family, OTFD goes "paperless" for all EMS run reports by receiving tablet PCs. The tablet PCs, coupled with an electronic patient care record program make for easier recordkeeping and billing for ambulance runs.
- **Summer 2013:** Identifying the need to improve response, Chief Strelchuk implements a minimum of 2 Firefighter/Paramedics per shift (1 at each station). Traditionally, when a full-time person took a vacation or was sick, the station would become unmanned – requiring paid-on-call staff to respond to the station and pick up an ambulance. This old process

increased response time, and did not guarantee that the other ambulance would even respond to calls.

- **August 2013:** Oakland Township FD receives 3rd wheeled coach ambulance. Due to increasing calls and the Fire Department now working with the Sheriff's Department for psychiatric committals, the department will now operate 2 Advanced Life Support ambulances and 1 Basic Life Support ambulance.
- **May 2013:** After nearly 18 years as Fire Chief, Bill Benoit retires and Paul Strelchuk is hired as the next Fire Chief.
- **November 2004:** As approved by the Board of Trustees the Fire Department begins providing Advanced Life Support transport services with 24 hour a day 7 day a week coverage. A total of 6 full time Fire Fighter/Paramedics are appointed.
- **January 2004:** Due to extended response times from private ambulance providers, the Board of Trustees approves a plan to upgrade to Advanced Life Support and provide two full time fire fighter/paramedic coverage 24 hours a day 7 days a week starting in November of 2004.
- **September 2003:** The Oakland Township Fire Department takes delivery of a second Wheeled Coach Ambulance to be located at Station Two.
- **September 2002:** The Fire Department receives approval from the Oakland County Medical Control Committee to upgrade medical licensure to a Basic EMT transporting agency.
- **June 2002:** Station two is opened and delivery of new apparatus is accepted.
- **April 2001:** Board of Trustees awards a contract to Marion Body Works to deliver three new engines and one new tanker.
- **March 2001:** Construction begins on station #2.
- **January 2001:** Bids are received and a contract awarded to Bedzyk Bros. Inc. to construct new fire station on Rochester Road.
- **December 2000:** The Oakland Township Fire Department celebrates its 5 year anniversary by presenting certificates of appreciation to 16 members of the department for their 5 years of service.
- **April 2000:** The Oakland Township Fire Department purchases 8 acres on Rochester Road just north of Stoney Creek Road as a location for a second fire station.
- **September 1999:** The Fire Department takes delivery of a new 1999 Marion rescue vehicle.
- **January 1998:** Oakland Township cancels contract with the City of Rochester and starts responding to all fire and medical emergencies in Oakland Township.
- **October 1997:** The Fire Department takes delivery of its first new fire engine, a 1997 Marion pumper/tanker.
- **December 1995:** The Oakland Township Fire Department starts responding to fire and medical emergencies in the eastern portion of the township. The City of Rochester Fire Department covers the western portion.
- **September 1995:** The Board of Trustees votes to purchase a second pre-owned fire truck.
- **July 1995:** Construction begins on Fire Station #1.
- **April 1995:** Bill Benoit is appointed as the first chief of the newly formed fire department.
- **March 1995:** The Board of Trustees approves plans to build a fire station behind the current township hall and purchase a refurbished fire truck.
- **February 1995:** The Board of Trustees votes to start the fire Department, and authorizes the funds for training and equipment.
- **January 1995:** A proposal is made to the Board of Trustees by then Building Director Bill Benoit, outlining cost and time frame for starting the Fire Department.
- **November 1994:** The Board of Trustees is advised by Orion Township that they are no longer interested in providing fire protection services to Oakland Township. Board considers starting their own fire department

The following report and supporting data has been prepared to give the BOT an analysis of the current status of the OTFD and suggestions for potential changes. The report is a frank discussion of alternatives to the current deployment model we are using. The level of service the township provides its residents is entirely within the purview of the BOT. We request that you do not send this report to any third parties or share the contents with any third parties.

The township cannot reasonably be prepared to deal with every possible emergency 24/7 relying only on our staff and equipment. The cost of such preparedness would be prohibitive.

Certain levels of preparedness are mandated by the OCMCA (Oakland County Medical Control Authority), the State, and national standards of best practice. For instance, based on our population, (the 2010 census figure of 16,779), OCMCA System Protocols Section 6-18 mandates that we provide a vehicle manned with one ALS employee and one EMT employee to the site of the emergency within 8 minutes, 90% of the time. With our current deployment model, with an ALS unit responding from one of two fixed sites, this standard is not achievable.

Standard NFPA 1710 and 1720 (Contained in the data books provided---too large to attach here) provides that in a fire situation, 10 personnel should be at a scene within 10 minutes. Using our full time staff only this is not achievable. A listing of the personnel we have available at various hours of the day is provided later in this report. We rely heavily on mutual aid to achieve the necessary manpower.

Regardless of the level of readiness that the BOT determines the OTFD should achieve, it will take considerable time to implement some of potential changes. With that in mind, this report makes recommendations for immediate action (1-2 years), intermediate action (3-5 years) and long term action (5-10 years).

The OTFD has established an equipment replacement schedule (see attached asset exhibit). That schedule has largely not been achieved. This has left us with aged equipment resulting in ever increasing repair charges. That situation is not devastating in and of itself. There are certainly situations where repairing existing equipment is better than buying new equipment. For that reason, it is suggested that our replacement schedule should be restructured from an elapsed time methodology to criteria that is based on miles driven, amount of on-going repairs, and whether the equipment is outdated with respect to its technical abilities.

Historical Run Statistics:

Year	Runs
2002	382
2003	541
2004	499
2005	547
2006	600
2007	740
2008	733
2009	701
2010	761
2011	641
2012	673
2013	716
2014	923
2015	892
2016	916
2017	942

Data prior to 2002 is not in our system.

The Oakland Township Fire department currently serves the residents of Oakland Township in the response to emergency situations ranging from Medical runs to Structure Fires. We began Advanced Life Support(ALS) Transportation in 2004, and staffed the ambulances with what was interpreted to be adequate staffing levels of one EMT Paramedic/Fire fighter per unit, 24 hours a day seven days a week, supplemented by the paid on call staff to provide a legal rig at the scene. We have operated under this interpretation and understanding of the rules since that time. A legal ALS rig as defined by OCMCA is a vehicle manned by two individuals of one Paramedic and one EMT and equipped with the appropriate ALS equipment.(see advisory #44 and protocol 6-18) It is the position of the OCMCA that an approved ALS rig should not be on the road unless it is staffed as indicated above. Current response times for EMS related Runs *average* 6 minutes and 20 seconds based on the data within our reporting system. The 90% fractile time is 9 minutes and 5 seconds. This exceeds the protocol set by the Oakland County Medical Control Authority for our population of 8 minutes.

**The Departments current staffing numbers are:**

6 fulltime EMT- Paramedic/Fire Fighter, 1 on each of three shifts at each station 7days a week, 24 hours a day.

1 EMT – Paramedic/Fire Fighter/EMS coordinator, Monday thru Friday, 8 hours a day. (8:00 AM to 4:30 PM)

1 Full-time Fire Chief, EMT- Basic (8:00 AM to 4:30 PM) Monday through Friday

1 part-time Assistant Chief, MFR (8:00 AM to 4:30 PM) Monday through Friday

19 paid on call personnel

7 are Medical only

10 EMT-Basic/Fire fighter

2 EMT-Paramedic/Fire fighter

**Department Assets:**

**Equipment:**

The fire department (FD) owns the following equipment. It is listed by type and date purchased.

	year	mileage	issues
Tanker 1	2002	12352	Rear Track bar bushings need replacing passed DOT
Engine 1-1	2002	17906	Passed DOT
Engine 1-2	1997	12322	Passed DOT
Rescue 2	1998	21657	frame rot being watch still passes DOT
Engine 2-1	2002	19954	Needs right rear track bar bushings. Passed DOT
Engine 2-2	2002	18737	Needs right rear track bar bushings. Passed DOT
Grass 1	2002	5323	Needs to be replaced or new rear springs
Utility 1	2002	34054	Needs to be replaced , considerable rust
utility 2	2005	57000	Needs to be replaced, rotting out
Alpha 1	2013	42915	Passed DOT
Alpha 2	2014	8685	Passed DOT
Bravo 1	2013	51727	out of service, unsafe to drive
Chief 1	2014	65000	Scheduled replacement in 2019
Chief 2	2018	2500	new

The FD has prepared an equipment replacement schedule (see attached). This schedule is prepared based on industry established best practices (see policy #122 attached). The last pieces of FD, firefighting apparatus were purchased in 2002. These vehicles were 3 engines and a tanker. As our equipment ages, maintenance expenses increase. For the last three budget years, maintenance expense has been 2014 -\$26,916.00, 2015 - \$32,570.00 and 2016 - \$43,995.76 respectively with current years totals to exceed \$60,000.00

The FD owns 3 ambulance rigs. Two are equipped and licensed as Advance Life Support Transport vehicles and the third is equipped as a BLS unit. Typically we would expect to replace these units after 5 years' service. This replacement schedule is necessary because of our road conditions and overall repair costs. At a minimum, we need 2 ALS rigs to minimally equip 2 stations. A third ALS rig should be held in reserve to ensure 2 functional rigs at all time. If we institute a "roving" EMT-P unit, we will need 1 additional ALS rig. New ambulances will cost between \$220,000.00 and \$240,000.00. From the date of order, it will take 6 to 12 months to receive the vehicle. It will cost approximately \$80,000.00 to outfit these vehicles in addition to the purchase price. It will take 1 month to place the delivered vehicles into service with preordered equipment. If the units are to replace current in service ALS rigs that will be decommissioned, the equipment costs are minimal. New ALS rigs being placed in service will require the additional purchase of equipment (\$80,000.00) to make them an ALS rig, if the rig is not replacing an existing ALS rig.

**Key concerns with the current state of the department.**

**1:** Oakland County Medical Control Authority has recently changed the interpretation of the requirements for staffing ALS units. Attached is the most recent pronouncement on this subject. In the past we felt that responding with one EMT-Paramedic/FF and having a paid on call person meet them at the scene was an acceptable practice. OCMCA has stated that this is not acceptable and the ALS Transport Unit must leave the station with the required personnel of at least 1 EMT-Paramedic and 1 EMT Basic. Recently North Oakland Fire Authority (Rose Township, See attached) was cited by OCMCA for similar practices.

**1B:** The core Of the Department has been the paid on call staff, the number of active participants has dwindled and the future of this type of supplemental staffing is in question. This is not just a local issue but a problem that is happening nationwide. This issue applies to both the EMS runs and to the Fire related incidents, where certain standards (NFPA 1710 and 1720, OCMCA Protocols) expect sufficient personnel on scene within a defined timeline.

The on-call staff we have today are aging and the numbers of requests for service continue to grow. This raises concerns for both the burn out rate and that the staff will at some point in the next 5 to 10 years will not exist.

**2:** Response times. Response times for EMS runs currently exceed the mandated time of the 90% fractile at 8 minutes or less. After the 2020 census, it is likely that the mandated time will change to 6

minutes or less 90% of the time. Response times are greatly affected by the distances traveled and road conditions (Approximately 43 miles of gravel roads).

**3: Capital/General funding.** We currently have a growing need to address the capital needs (equipment and facilities) for the department.

This Document examines alternatives to resolving the issues that we are facing and will face for short term and long term sustainability of the Department. The goal is to provide a level of service that complies with the state, local and National requirements as promulgated by the authoritative bodies and provides the level of service the BOT determines in appropriate for Oakland Township.

**Section 1:** Potential changes to staffing must address the current requirement from the OCMCA of having two people on the ALS unit when it leaves the station for a run. We must achieve the two people for each in service ALS unit, 7 days a week, 24 hours a day to continue to provide ALS services. After the Department achieves the minimum staffing level, future staffing and equipment needs will have to be addressed to improve response times. The staffing of the stations to the minimal required level for ALS EMS response will benefit the citizens for the other activities of the Department. Fire responses will have an initial response of 4 people, allowing for more fire equipment to be deployed in less time. In addition we could train personnel and implement a fire inspection program for our commercial facilities and a voluntary inspection program for our large commercial sized residences if that is considered to be an important service. We could attempt to backfill any time off for the first EMT-Paramedic/FF at each station with either a part time EMT-Basic/FF or a Part time EMT- Paramedic/FF reducing the potential impact of overtime to cover time off. Many runs will still require the participation of the paid on call staff. We could utilize the paid on –call staff to free up one of the EMT-Paramedics/FF, allowing them to return to the station and staff the third ambulance with an EMT-Basic to keep our available units at two.

**Option 1:**

Eliminate one ALS unit and only run 1 unit with 2 EMT-Paramedic/FF.

Time to implement: Immediately

Cost: Same as today

Pro:

- We would not increase staffing costs
- Total overtime expected would remain at \$75,000.00 annually

Cons:

- Would expand the use of mutual aid agreements at least 20% of the time based on back to back calls.
- No ability to be flexible when covering vacations and sick time, increasing overtime

- Response times will get worse not better.
- No improvement in Structural Firefighting response
- No second unit available

#### **Option 2:**

Convert two ALS units (Alpha) to Basic Life Support (BLS) and maintain back up as an ALS unit. This would be an immediate fix to bring us into compliance with OCMCA protocols. The two current ALS units would compartmentalize their ALS equipment and supplies into a locked device on the rig.

Cost: \$80,000.00 for ALS equipment

Pros:

- Requires no additional staffing
- Appears to meet the required OCMCA Standards
- Allows the BLS units to leave the station with 1 Person on board

Cons:

- Seems to conflict with the State of Michigan Act 368 of 1978 Section 20921 4 and 4A.(see attached)
- Does not address non-EMS related scenarios for minimal staffing
- Provides no improvement to the initial Quality of care that we provide our residents
- Does not address the expected growth from the Moceri Projects.

#### **Option 3:**

Hire 3 paramedics to bring one station to 2 paramedics per shift for three shifts 24/7. The second station would rely on paid on-call to maintain a legal rig or change the unit to BLS with ALS gear on board. A BLS rig can be operated within the protocols by one EMT.

Cost: \$330,000.00

Pro:

- Provides 1 fully staffed licensed ALS ambulance
- Allows for meeting the State of Michigan Act 368 Requirements
- Meets the minimal Staffing requirements of OCMCA
- Provided some flexibility to the staffing model
- Could staff other station peak times with part time person if available

Cons:

- Does not address non-EMS related scenarios for minimal staffing

- Potential increase in overtime if someone takes time off to maintain the desired staffing level  
\$45,000.00
- Does not address future growth expected from the Moceri Projects

#### **Option 4:**

Operate from two stations with two ALS units 24/7.

6 EMT-Paramedic/FF

Time to Implement: 12 months

Cost: 6\*Average loaded cost of \$110,000.00 = \$660,000 annually

Pro:

- Impact to staffing is predictable
- Scheduling is simplified
- Consistent staff with long term predictable turnover rates
- Would contribute to initial fire attacks
- Provides minimal staffing levels for up to two runs at a time
- Could back fill the first person on each shift to take time off with BLS/Part time

Cons:

- Cost
- Finding qualified applicants
- Total overtime expected at \$150,000.00 annually

#### **Option 5:**

6 EMT-Basic/FF

Time to implement: 6 to 12 months

Cost: 6\*average loaded cost of \$95,000.00= \$570,000.00 annually

Pro:

- Reduced cost from EMT-Paramedic/FF
- Predictable scheduling
- Contributes to initial fire attacks
- Would provide 2 personnel at each station 24/7

Cons:

- Not able to cover for ALS person when absent

- Increased ALS overtime expected to be \$75,000.00 annually
- BLS overtime is expected at \$50,000.00 annually
- Potential union issues, not addressed in current contract
- Long term training issues if we upgrade EMTS to ALS

**Option 6:**

Fill open shifts with Paid on call staff and outside part-time EMT-B's

Need to cover 28 shifts of 12 hours and keep total hours under 32 hours per person to remain a part time position. This would result in needing 14 people to cover the shifts.

Time to Implement: 12 months

Cost: 168 hrs.\*2 FTE\*\$18.00\*52 weeks = \$314,496.00 annual cost.

Pro:

- Provides minimal level of response at lower cost

Cons:

- Finding the people and scheduling would be tough to ensure 24\*7 coverage.
- Outfitting part time people with gear would be expensive and require large inventory
- Potential union issues
- Un-covered shifts would result in Non-compliance with OCMCA protocols
- Not sustainable long term

We will address other staffing options in the response time section of the document since they will have a potential impact to those solutions. All of the above solutions allow us to continue to operate as an Advanced Life Support agency under the current interpretation of the rules (OCMCA), which has changed since we first entered the ALS transporting business in 2004.

**Section 2: Response times**

Current response times average 7 minutes and 23 seconds based on the data we have and the 90%fractile time is 9 minutes and 1 second. This fractile time exceeds the target of 8 minutes set by the Oakland County Medical Control Authority. It is expected that after the 2020 census takes place that we will be subject to a mandate of 6 minutes for all EMS runs. After addressing the need of initial quality of care and man power, this is the concurrent problem to be addressed.

Response times are primarily a factor of speed and distance traveled. Our current staffing locations limit our ability to cover all areas of the township within the times expected (see map included with reference materials). You just can't safely travel that far in the time allotted. If you take a look at the map prepared to accompany this document you will see that the ability to cover certain portions of the township including the busiest areas is not achievable from our current origination sites.

There are several ways to make improvements on the EMS response times, and the surest way is to change the location of the EMS unit responding. We must be careful not to place the response to other emergency incidents such as fires at risk.

**Option 1:**

We could staff and place an ALS or BLS unit close to the areas that experience the most calls. As a short term solution we might place a *roving* unit in the highest call areas during the peak run times of the day. Keeping in mind that by removing a unit from its current quarters that response times to other incidents such as fires would be compromised unless we had a staffing solution in place to have that station manned even when the unit was posted to another area. To eliminate that risk it would be suggested that a third unit with staffing be utilized during these peak periods. Records indicate that those times are typically 8a.m. to 10 p.m. 7 days a week. We would recommend that if we use a *roving* unit that initially we staff the unit from Sunday through Thursday 12 P.M. to 8 P.M. and retain the flexibility to change the hours of the day and days of the week to deploy the personnel.

Potential costs of this action:

**ALS Crew**

**5 Day operation:**

Staffed with 2 EMT-Paramedic people 5 days a week, 8 hours a day

5 days 8 hours a day,  $2 * \$110,000.00$  loaded cost =  $\$220,000.00$  per year

Staffed with 1 EMT-Paramedic and 1 EMT-Basic

5 days 8 hours a day,  $1 * \$110,000.00 + 1 * \$95,000.00$  =  $\$205,000.00$  per year

**7 Day operation:**

Staffed with 2 EMT-Paramedic people 10 hours a day 7 days a week would require 4 people on a 40 hour schedule.

7 Days 10 hours a day  $4 * \$110,000.00$  loaded cost =  $\$440,000.00$  per year.

Staffed with 2 EMT-Paramedic and 2 EMT-Basic

7 days 10 hours a day  $2 * \$110,000.00 + 2 * \$95,000.00$  =  $\$410,000.00$  per year

Time to Implement: 6 to 12 months

**BLS crew**

$4 * \$95,000.00$  loaded cost =  $\$380,000.00$  per year for **7 day operation**

$2 * \$95,000.00$  loaded cost -  $\$190,000.00$  per year for **5 day operation**

Any of these options would require an additional ambulance at approximately \$240,000.00 with a replacement schedule of every 5 to 7 years plus ALS equipment at approximately \$80,000.00, I.E. Monitor, compression unit, stretcher, and supplies.

**Option2:**

Create a third-party *roving* unit that would either operate 24/7 or at select times and days identified as peak times of day and days of the week for the most calls. This option would use Star ambulance or another provider to act as our third party provider. This would not require us to add additional personnel or equipment. The provider would be asked to provide a dedicated ambulance that would be staged in the Township. We would ask that the roving rig would be maintained at all times. So that if the ambulance in service in the Township went on a call, a back-up would immediately take its place. We have begun discussions with Star but have not yet received a cost proposal.

Cost: Awaiting a written proposal

**Pro:**

- Would provide Additional ALS unit
- Would make them the primary – transporting unit during hours of coverage
- Would not require new personnel
- Would eliminate the need for a fourth ambulance
- Would make the township a multi-tier agency under the OCMCA protocols raising expected transporting unit arrival expectations from 8 minutes to 14 minutes.

**Cons:**

- Loss of revenue from patient transport of \$200,000.00 to \$240,000.00
- No Benefit to non-EMS activities
- Perceived reduction in service stretch goals from 8 to 14 minutes

**Option 3:**

Place an Engine and an ALS/BLS unit in the proposed Moceri site. Current estimates are that 45% of our EMS runs are in this area. It is expected that this number will increase with the opening of the Moceri facilities. Having an engine housed here would provide a means to respond to both EMS runs and other Fire related emergencies from this location. Staffing of this location could be handled in several ways.

1: Move the crew from station 1 to this location and leave station 1 unmanned and paid on call could pull remaining equipment.

Cost: nothing unless it was decided to man old station 1.

2: staff with an additional crew of 2 people 7\*24.

Time to implement: 12 to 18 months

Costs:

EMT-Paramedic crew 6\*\$110,000.00 loaded cost = \$660,000.00 per year

EMT Paramedic crew 3\* \$110,000.00 + EMT-Basic crew 3\*95,000.00 loaded cost = \$615,000.00 per year

EMT-Basic crew 6\*95,000.00 loaded cost = \$570,000.00 per year

Note: if ALS option is chosen, the ability to fill in with Part time ALS/BLS people to eliminate potential overtime could save \$75,000.00 annually.

**Option 4:**

Build a complete fire station at the site on Adams and Orion and move the staff and equipment from Station 1 to this location. Based on the response mapping this looks like a location that would significantly improve overall response times to incidents along the Adams road corridor. This station could be built and utilized in place of the Moceri site or in addition to.

Time to implement: 24 to 36 months

Costs:

Staffing costs would not increase if the existing staff was moved to this location.

If we increased staffing to minimal levels, providing three stations, the cost would be:

6\*\$110,000.00 for a total annual cost of \$660,000.00 for EMT-Paramedic staffing

Building costs: Capital costs for a Fire Station would be in the 2 to 4 million dollar range depending on size and design.

All of the proposed solutions to response times are expected to result in a positive impact to the overall response times for EMS incidents. Along with having a qualified crew on the first arriving unit to provide a higher level of initial care will be a marked improvement in service. Expected response time improvements are hard to predict, but a reasonable expectation of 2-3 minutes would not be impossible.

We must also keep in mind that in all of these solutions we are still dependent on the paid on call staff and our surrounding community's mutual aid to supplement the duty staff.

**Capital/funding:**

The current budget is supported by three sources of funding and generates about 1.6 million a year. Those sources are:

Millage of: 1 mill. (Levied at .9616 mills generates \$1,249,336.65)

Revenue from EMS: \$200,000 to \$300,000 based on runs and ability to pay.

Allocations from the General fund: Typically \$100,000 to \$200,000.00 based on capital needs.

One mill currently generates approximately \$1.3 million dollars.

Those options listed above that require additional manpower and/or equipment cannot be funded by the current revenue stream. Long term Capital costs such as vehicles and major building repairs are projected in the recommended three year budget proposals. A review of the current asset lists that is part of this package will show that most of the vehicles in the fleet are up for replacement in the next 3 to 10 years. Many were purchased in the same year. As we look for solutions for funding the long and short term staffing scenarios, we should also identify the source of funding the forecasted capital needs. Estimated capital needs not including any new station builds, is approximately \$5.5 million in the next 3 to 10 years. See Equipment replacement schedule.

Respectfully submitted,

Chief Paul Strelchuk

Assistant Chief Lou Danek

Township Manager Dale A. Stuart