Second Floor Conference Room, City Hall
401 South Alamo
Marshall, TX 75671
903-935-4421

Members
Amy Ware, District 4 - Mayor
Risa Jordan-Anderson, District 1
Leo Morris, District 2
Dathaniel Campbell, District 3
Reba Godfrey, District 5
Amanda Abraham, District 6
Micah Fenton, District 7

PLEASE SILENCE ALL DEVICES
SPECIAL-CALLED CITY COUNCIL MEETING
February 26, 2026
4:15 PM

1. **Call to Order and Roll Call**

2. **Citizen Comments**
   Texas Government Code, Sec. 551.007 requires that a governmental body must allow each member of the public who desires to address the body regarding an item on the agenda the opportunity to do so before or during the body's consideration of the item. The “Citizens Comments” portion of the meeting meets the requirements of this law and is the public’s opportunity to speak on any item on the agenda. Those who wish to speak are requested to fill out a public comment form and will have three (3) minutes to speak unless additional time has been requested.

3. **Discussion and Reports for City Council Consideration and Direction**
   A. Presentation and Discussion on Marshall’s Emergency Medical Services. (Fire / City Manager)
   B. Discussion of the FY26 Street Program. (City Engineer / Interim Public Works Director)

4. **Adjournment**

Posted: February 20, 2026
5:00 PM
N. Smith

This meeting will be conducted in accordance with the Americans with Disabilities Act. Requests for sign interpretive services will be available with at least 72-hour notice prior to the meeting. To make arrangements for these services, please call the City Secretary’s Office at 903-935-4446.

TO:	City Council
DATE:	February 26, 2026
ITEM #:	3.A
SUBJECT:	Presentation and Discussion on Marshall's Emergency Medical Services. (Fire / City Manager)

Recommendation for Action: Annual Report for information only

Executive Summary: EXECUTIVE SUMMARY

The Marshall Fire Department currently operates two Advanced Life Support (ALS) ambulances serving the City of Marshall and six contracted Emergency Service Districts (ESDs) across Harrison County, responding to over 5,400 emergency medical calls annually for approximately 71,000 residents. While the department maintains strong operational performance, growing service demands and an unsustainable cost structure require immediate strategic action.

This report presents a comprehensive analysis of current EMS operations, existing financial inequities in ESD cost-sharing, and three distinct service delivery options for City Council consideration. The Fire Chief recommends Option 1 – expansion to a third ambulance with revised ESD contract rates – as the most operationally sound and financially advantageous path forward.

BACKGROUND AND ISSUE

Two critical challenges are driving this review:

1. Ambulance Capacity Deficit

In 2025, 2,080 of 5,444 EMS calls (38%) occurred while both ambulances were already committed to other incidents. This systemic capacity gap forces reliance on mutual aid, fire apparatus (which cannot transport patients), and delayed responses – directly impacting patient outcomes. Marshall is the only career fire department in Harrison County, meaning no adequate career mutual aid backup exists.

2. Financial Inequity in ESD Contracts

ESDs generate approximately 26–27% of total call volume but currently contribute only 18% of operating costs through annual contract payments totaling $208,175. This arrangement creates an estimated $107,500 annual subsidy borne by Marshall taxpayers. Current contract rates range from $14,000 to $67,000 per district and have not kept pace with actual service costs.

FIRE CHIEF RECOMMENDATION

The Fire Chief recommends Option 1: Expand Marshall EMS with a Third Ambulance.

Key benefits of Option 1 include:

- Adds a third fully-staffed ALS ambulance, reducing overlapping incident rate from 38% to an estimated 7%, achieving near-NFPA compliance for unit availability.
- Reopens Station 4 with a dedicated Medic 4 unit, improving geographic coverage in eastern Marshall.
- Fair-share ESD contract rates ($450,697 total vs. current $208,175) recover actual proportional service costs and eliminate Marshall's taxpayer subsidy.

- Despite higher operating costs, Option 1 is $127,575 cheaper annually to Marshall taxpayers than discontinuing ESD service, while delivering superior coverage.
- A SAFER Grant application could offset 75% of new personnel costs ($553,122) for three years, reducing the City's annual match to approximately $138,281 during the grant period.
- Maintains Marshall's regional leadership role and critical relationships with Harrison County and ESD partners.

KEY CONSIDERATIONS FOR COUNCIL

- **ESD Tax Cap Constraint:** All six ESDs are currently taxing at the Texas constitutional maximum rate. ESD funding increases will likely require Harrison County Commissioners Court to allocate General Fund support. Early engagement with County Commissioners is a critical prerequisite to successful ESD negotiations.
- **Contract Flexibility:** ESDs retain the right to cancel contracts with 60 days' notice. If multiple ESDs decline revised rates, the City retains the option to scale back the third ambulance or redirect additional personnel to improve staffing ratios across existing stations.
- **SAFER Grant Timing:** A formal SAFER Grant application should be initiated immediately upon Council direction, as the annual application cycle is time-sensitive.
- **Option 2 Financial Reality:** Discontinuing ESD service (Option 2) is not recommended and would cost Marshall taxpayers $127,575 more annually than Option 1 while generating severe political consequences and a potential public safety crisis during transition.

Focus Area(s):

Budget Cost: None at this time, this presentation is for information purposes only

Staff Contact:

Attachments:

1. Execitive Summ Council Work Session Presentation on Ambulance Service Delivery and Strategic Options
2. MFD EMS Service Delivery Report- Current Operations, Financial Analysis, and Future Service Models

To: Melissa Vossmer, City Manager

Date: 2/20/2026

From: David Rainwater, Fire Chief

RE: EMS Service Delivery Strategic Options

EXECUTIVE SUMMARY

The Marshall Fire Department currently operates two Advanced Life Support (ALS) ambulances serving the City of Marshall and six contracted Emergency Service Districts (ESDs) across Harrison County, responding to over 5,400 emergency medical calls annually for approximately 71,000 residents. While the department maintains strong operational performance, growing service demands and an unsustainable cost structure require immediate strategic action.

This report presents a comprehensive analysis of current EMS operations, existing financial inequities in ESD cost-sharing, and three distinct service delivery options for City Council consideration. The Fire Chief recommends Option 1 – expansion to a third ambulance with revised ESD contract rates – as the most operationally sound and financially advantageous path forward.

BACKGROUND AND ISSUE

Two critical challenges are driving this review:

1. Ambulance Capacity Deficit

In 2025, 2,080 of 5,444 EMS calls (38%) occurred while both ambulances were already committed to other incidents. This systemic capacity gap forces reliance on mutual aid, fire apparatus (which cannot transport patients), and delayed responses – directly impacting patient outcomes. Marshall is the only career fire department in Harrison County, meaning no adequate career mutual aid backup exists.

2. Financial Inequity in ESD Contracts

ESDs generate approximately 26–27% of total call volume but currently contribute only 18% of operating costs through annual contract payments totaling $208,175. This arrangement creates an estimated $107,500 annual subsidy borne by Marshall taxpayers. Current contract rates range from $14,000 to $67,000 per district and have not kept pace with actual service costs.

FIRE CHIEF RECOMMENDATION

The Fire Chief recommends Option 1: Expand Marshall EMS with a Third Ambulance.

Key benefits of Option 1 include:

- Adds a third fully-staffed ALS ambulance, reducing overlapping incident rate from 38% to an estimated 7%, achieving near-NFPA compliance for unit availability.
- Reopens Station 4 with a dedicated Medic 4 unit, improving geographic coverage in eastern Marshall.
- Fair-share ESD contract rates ($450,697 total vs. current $208,175) recover actual proportional service costs and eliminate Marshall's taxpayer subsidy.
- Despite higher operating costs, Option 1 is $127,575 cheaper annually to Marshall taxpayers than discontinuing ESD service, while delivering superior coverage.
- A SAFER Grant application could offset 75% of new personnel costs ($553,122) for three years, reducing the City's annual match to approximately $138,281 during the grant period.
- Maintains Marshall's regional leadership role and critical relationships with Harrison County and ESD partners.

KEY CONSIDERATIONS FOR COUNCIL

- **ESD Tax Cap Constraint:** All six ESDs are currently taxing at the Texas constitutional maximum rate. ESD funding increases will likely require Harrison County Commissioners Court to allocate General Fund support. Early engagement with County Commissioners is a critical prerequisite to successful ESD negotiations.
- **Contract Flexibility:** ESDs retain the right to cancel contracts with 60 days' notice. If multiple ESDs decline revised rates, the City retains the option to scale back the third ambulance or redirect additional personnel to improve staffing ratios across existing stations.
- **SAFER Grant Timing:** A formal SAFER Grant application should be initiated immediately upon Council direction, as the annual application cycle is time-sensitive.

- **Option 2 Financial Reality:** Discontinuing ESD service (Option 2) is not recommended and would cost Marshall taxpayers $127,575 more annually than Option 1 while generating severe political consequences and a potential public safety crisis during transition.

Respectfully Submitted,

David Rainwater

Fire Chief / Emergency Management Director

Marshall Fire Department

Marshall Fire Department

EMS Service Delivery Report:

Current Operations,

Financial Analysis, and

Future Service Models

INTRODUCTION

Marshall Fire Department serves as the primary advanced life support (ALS) ambulance provider for the City of Marshall and six surrounding Emergency Service Districts, responding to over 5,400 emergency medical calls annually across a service area of approximately 71,000 residents. As the backbone of Harrison County's emergency medical services system, the department currently operates two staffed ambulances with 11 minimum daily personnel across two stations. With existing ESD service contracts reaching their term and operational demands continuing to increase, this report provides a comprehensive analysis of current ambulance service delivery, associated costs, and the fiscal sustainability of regional EMS coverage. The following assessment examines operational data, cost allocation across service areas, and presents multiple strategic options for ensuring adequate, equitable, and financially sustainable ambulance services for both City of Marshall residents and regional partners. This analysis is intended to inform discussions with City Council, ESD leadership, Harrison County officials, and other stakeholders as we collaboratively determine the future structure of emergency medical services in our region.

Table of Contents

INTRODUCTION 2

EXECUTIVE SUMMARY 4

1. CURRENT EMS OPERATIONS 5
2. CURRENT CHALLENGES IN EMS SERVICE DELIVERY 7

STRATEGIC OPTIONS FOR EMS SERVICE DELIVERY 12

OPTION 1: EXPAND MARSHALL EMS WITH THIRD AMBULANCE 12
OPTION 2: CEASE AMBULANCE SERVICE TO ESDs 18
OPTION 3: PARTNERSHIP WITH PRIVATE AMBULANCE PROVIDER.....23

FIRE CHIEF RECOMMENDATION.....29

CONCLUSION.....34

EXECUTIVE SUMMARY

The Marshall Fire Department currently operates two Advanced Life Support (ALS) ambulances serving both the City of Marshall and six contracted Emergency Service Districts (ESDs) across Harrison County. This service area encompasses approximately 71,000 residents. While our department maintains strong operational performance and excellent working relationships with regional partners, significant challenges in service delivery capacity and financial sustainability require immediate strategic attention.

This analysis presents three strategic options for consideration, each with distinct operational, financial, and political implications. The City Council's decision will fundamentally shape emergency medical services delivery across Harrison County for years to come.

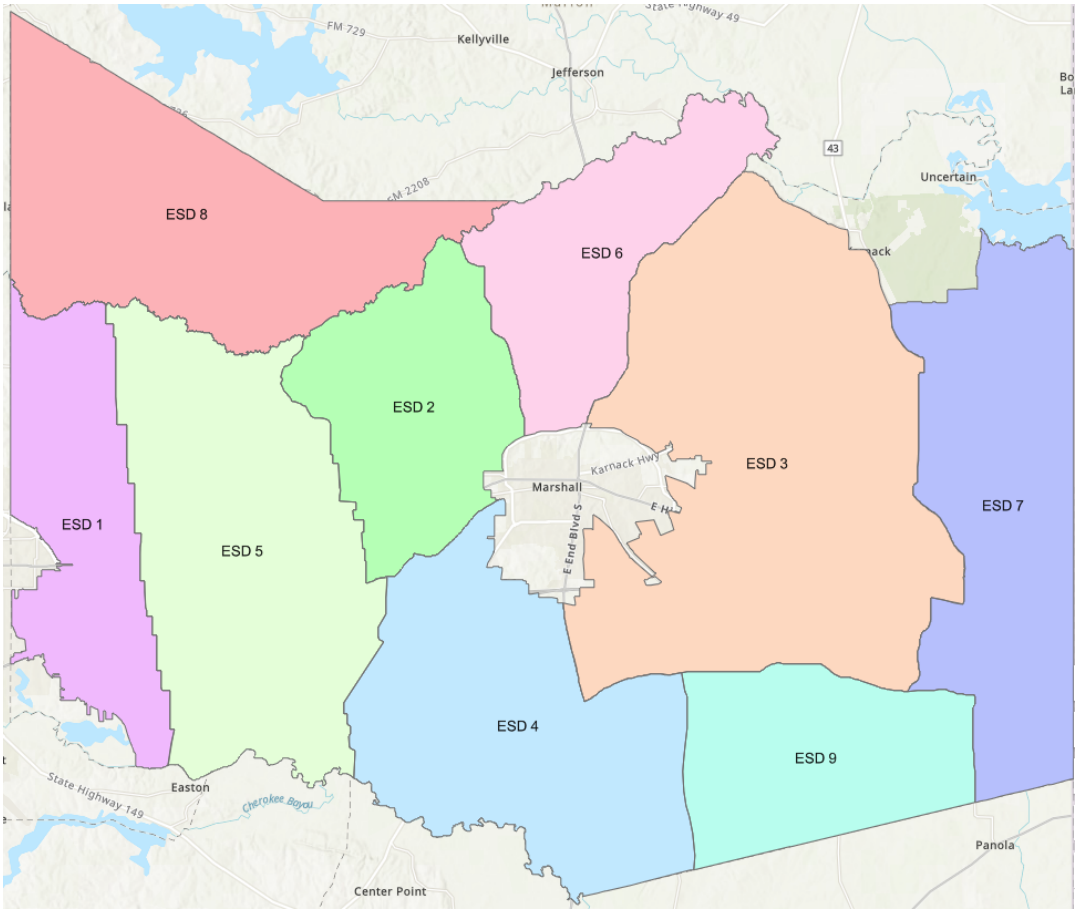
1. CURRENT EMS OPERATIONS

1.1 Service Area and Scope

Marshall Fire Department provides Advanced Life Support emergency medical services 24 hours a day, 365 days a year to:

- City of Marshall (primary service area)
- ESD 2 (Nesbitt)
- ESD 3 (Scottsville/Karnack)
- ESD 4 (Gill, Cave Springs, Grange Hall)
- ESD 6 (Woodlawn)
- ESD 7 (Waskom)
- ESD 9 (Elysian Fields)

This regional service model makes Marshall Fire Department the backbone of Harrison County emergency medical services, serving a population of approximately 71,000 residents across a geographically diverse area.



1.2 Current Staffing and Resources

Our current operational structure includes:

Station 1	Station 2	Total Daily Minimum
Engine 1: 3 personnel **Medic 1:** 2 personnel **Battalion Chief:** 1 personnel	**Engine 2:** 3 personnel **Medic 2:** 2 personnel	**11 personnel**

We currently staff 15 personnel per shift (A, B, C shifts), providing minimum daily staffing of 11 with 4 positions available for leave coverage. Station 4 remains temporarily closed due to staffing limitations.

Station 4 Reopening (Planned)

Station 4 will be reopened once newly hired personnel complete their comprehensive training requirements, including fire academy, EMT school, and paramedic school. Upon reopening, the operational structure will shift to:

Station 1	Station 2	Station 4	Total Daily Minimum
Engine 1: 3 personnel **Medic 1:** 2 personnel **Battalion Chief:** 1 personnel	**Engine 2:** 3 personnel **Medic 2:** 2 personnel	**Quint 4:** 3 personnel *(Cross-staffed ambulance)*	**14 personnel**

Cross-Staffed Ambulance Concept: Station 4 would operate with a cross-staffed ambulance model, where the three personnel assigned to Station 4 would respond on either Quint 4 (for fire calls) or an ambulance (for medical calls), depending on the nature of the emergency. This cross-staffed unit would respond only to calls within Marshall city limits, though it may need to transport patients to hospitals in Longview or Shreveport.

Staffing Impact: With 15 personnel per shift, reopening Station 4 increases minimum daily staffing from 11 to 14, leaving only 1 position available for leave coverage (down from the current 4 positions). This reduced leave flexibility will

increase overtime costs, as the department typically needs to accommodate two people scheduling time off on any given day. However, Station 4's reopening provides critical geographic coverage for eastern Marshall and improved response flexibility through the cross-staffed model.

Training Timeline: The reopening of Station 4 is contingent upon newly hired personnel completing comprehensive training requirements. New firefighters must successfully complete fire academy, EMT school, and paramedic school before Station 4 can become operational. This training sequence typically requires 18-24 months from hire date to full operational status.

1.3 Call Volume and Service Distribution

Our emergency medical services call volume demonstrates both the demand for our services and the significant regional role we play:

Year	Total EMS Calls	Marshall Calls	ESD Calls
2023	5,636	4,195 (74%)	1,440 (26%)
2024	5,480	3,977 (73%)	1,502 (27%)
2025	5,057	3,742 (74%)	1,315 (26%)

Key observation: Approximately 26% of our emergency medical calls occur outside Marshall city limits in the contracted ESD areas, demonstrating the significant regional role our department plays in Harrison County emergency medical services.

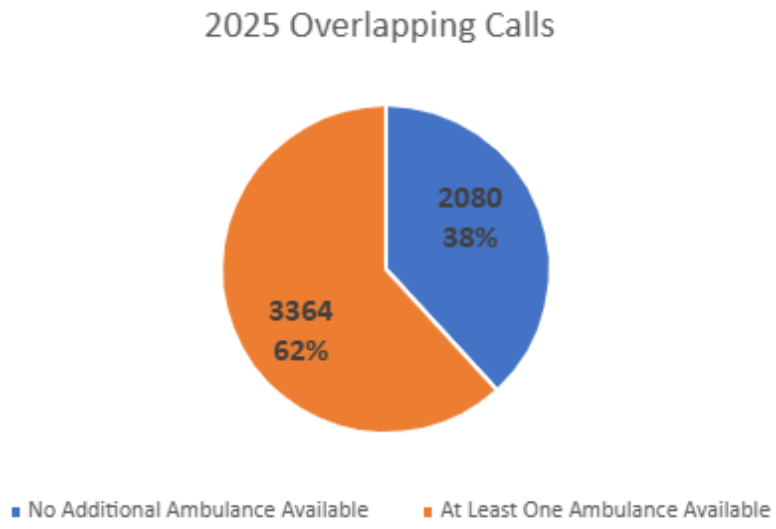
2. CURRENT CHALLENGES IN EMS SERVICE DELIVERY

2.1 Insufficient Ambulance Capacity

Operating only two ambulances for a service area of 71,000 residents creates significant capacity challenges. The severity of this issue is clearly demonstrated by our 2025 call data:

2025 OVERLAPPING INCIDENTS: 2,080 out of 5,444 EMS calls (38%)

Critical Impact: This means that more than one-third of all emergency calls in 2025 occurred while our ambulances were already committed to other incidents. During these 2,080 overlapping incidents, emergency response required either mutual aid from other agencies, deployment of fire apparatus (which cannot transport patients), or delayed response while waiting for an ambulance to clear from a previous call. This represents a systemic capacity deficit that directly impacts patient outcomes and response times.



Specific Operational Challenges:

- **Simultaneous Emergency Calls:** When both ambulances are committed to active calls or transports to hospitals in Longview or Shreveport, the department must rely on mutual aid from Waskom (which operates only a part-time ambulance) or other regional providers. This creates response delays and coverage gaps.
- **Hospital Diversions:** When the local hospital is on divert status or patients require specialized trauma centers, both units may be out of the service area simultaneously, leaving no immediately available ALS ambulance coverage.
- **Limited Backup Resources:** In 2025, we have deployed fire apparatus with medical personnel to assist with calls almost 400 times when ambulances were unavailable. While this demonstrates our commitment to service, fire engines cannot transport patients and represent a stopgap measure rather than a sustainable solution.
- **No Regional Career Mutual Aid:** Unlike urban areas with multiple career fire departments providing mutual aid, Marshall Fire Department is the only career department in Harrison County. Our ESD partners are

primarily volunteer-based, which inherently delays their response capability and limits their availability for mutual aid.

2.2 Staffing Constraints

With Station 4 temporarily closed, we currently staff 15 personnel per shift with a minimum daily staffing requirement of 11. This provides 4 positions available for leave coverage, which has yielded significant operational benefits:

- **Overtime Reduction:** The 4-position leave coverage has significantly reduced overtime usage compared to previous years, providing substantial cost savings.
- **Training Flexibility:** The additional leave coverage has allowed us the flexibility to accommodate the comprehensive training of our newly hired personnel, including fire academy, EMT school, and paramedic school, without excessive overtime costs.
- **Station 4 Closure Impact:** While our third station remains closed, reducing our geographic coverage and response flexibility, the temporary closure has provided the staffing flexibility necessary to support our current training and operational needs.

Future Staffing Challenge - Station 4 Reopening:

When Station 4 reopens, minimum daily staffing will increase from 11 to 14 personnel. With only 15 personnel per shift, this leaves just 1 position available for leave coverage, creating significant operational challenges:

- **Increased Overtime:** Current projections show that approximately 20 shifts per month (24-hour shifts) will require 1 position of overtime to maintain minimum staffing levels. This represents a substantial increase in overtime costs compared to our current reduced overtime budget.
- **Scheduling Constraints:** The department typically needs to accommodate two personnel scheduling time off on any given day. With only 1 leave coverage position, one of these will require overtime while the other can be covered within normal staffing.
- **Limited Operational Flexibility:** The reduction from 4 leave positions to 1 leave position significantly constrains our ability to handle unexpected absences, continued training needs, and routine leave requests without resorting to overtime.

2.3 Systems and Technology Gaps

Several operational systems need improvement to maximize resource utilization:

- **CAD System Programming:** Our Computer-Aided Dispatch system lacks programmed response protocols that would automatically recommend appropriate units based on call type and availability. This places excessive burden on dispatchers and Battalion Chiefs to manually coordinate resources during high-demand periods.
- **Emergency Medical Dispatcher Certification:** Dispatchers are not currently certified as Emergency Medical Dispatchers (EMD), limiting their ability to prioritize calls appropriately and provide pre-arrival medical instructions to callers.
- **Limited Automated Unit Recommendations:** Without automated systems to recommend engine companies for medical calls when ambulances are unavailable, or to request mutual aid from Christus or Waskom, response coordination depends entirely on manual processes.

2.4 Financial Inequity in ESD Contracts

Current ESD contract rates do not reflect the true cost of service delivery:

- **Below-Cost Rates:** Annual payments from ESDs range from $14,000 to $25,000, which represent only a fraction of the actual cost to provide Advanced Life Support ambulance service.
- **Marshall Taxpayer Subsidy:** The gap between ESD payments and actual service costs creates an ongoing subsidy from Marshall taxpayers for regional emergency medical services.
- **Unsustainable Model:** As operational costs continue to increase with personnel, fuel, maintenance, and supply expenses, this subsidy becomes increasingly unsustainable for the City of Marshall.

2.5 Impact on Marshall Residents

Recent incidents illustrate the real-world impact of these challenges on Marshall residents. Council inquiries have documented situations where

ambulances were unavailable when needed in the city because both units were committed to ESD calls or long-distance transports. While we make every effort to provide coverage through mutual aid or deploying fire apparatus with medical personnel, these situations create understandable concern among residents who expect immediate ambulance availability within city limits.

STRATEGIC OPTIONS FOR EMS SERVICE DELIVERY

The following three options present distinct approaches to addressing our EMS service delivery challenges. Each option has been analyzed for operational impact, financial implications, and strategic considerations.

OPTION 1: EXPAND MARSHALL EMS WITH THIRD AMBULANCE

3.1.1 Operational Description

This option maintains and expands our current regional service model by adding a third fully-staffed ALS ambulance to the Marshall Fire Department fleet. With the additional 9 personnel, Station 4 would reopen with a dedicated, full-time ambulance (not a cross-staffed unit). The third ambulance would:

- Provide additional capacity to handle concurrent calls without relying on mutual aid
- Enable Station 4 reopening with a full-time Medic 4 staffed with 2 dedicated personnel
- Improve response times and reduce delayed responses throughout the service area
- Continue providing regional ALS coverage to ESDs under revised contract terms

Important distinction: The full-time staffed third ambulance under Option 1 differs from the cross-staffed ambulance concept described in section 1.2. A cross-staffed ambulance only applies when personnel levels are insufficient to maintain three dedicated ambulance crews. Under Option 1's full staffing model, all three ambulances operate with dedicated two-person crews at all times.

3.1.2 Staffing Requirements

Adding a third ambulance with Station 4 reopening requires significant staffing expansion:

Station 1	Station 2	Station 4	Daily Minimum
Engine 1: 3 Medic 1: 2 Battalion: 1	Engine 2: 3 Medic 2: 2	Quint 4: 3 Medic 4: 2	**16 personnel**

Personnel Requirements:

- **New Hires Needed:** 9 additional personnel (3 per shift across A, B, C shifts)
- **Total Per Shift:** 18 personnel (increase from current 15)
- **Minimum Daily Staffing:** 16 personnel
- **Leave Coverage:** 2 positions available
- **Station 4 Configuration:** With 5 personnel assigned to Station 4 (3 on Quint 4 + 2 on Medic 4), both apparatus are staffed simultaneously at all times. This is NOT a cross-staffed model—Medic 4 operates as a dedicated, full-time third ambulance.

SAFER Grant Opportunity:

The staffing additions required for Option 1 could be acquired through the federal SAFER (Staffing for Adequate Fire and Emergency Response) grant program. While grant awards are not guaranteed, Marshall Fire Department would be a high-priority candidate for several compelling reasons:

- **Personnel Need:** SAFER typically prioritizes applications requesting more personnel. Marshall's need for 9 additional firefighters represents a substantial staffing gap that aligns with the grant's mission.
- **Station Closure:** Station 4's closure due to insufficient staffing demonstrates a documented operational deficiency that directly impacts public safety and response capabilities—a key factor in SAFER grant evaluations.

Grant Benefits (if awarded):

- **Grant Coverage:** 75% of full salary and benefits for all 9 personnel
- **Grant Duration:** Three years of funding
- **City Match:** 25% local match on personnel costs (approximately $138,281 annually)
- **Financial Impact:** If awarded, the grant would reduce the City's annual personnel cost burden from $553,122 to approximately $138,281 for the first three years—a savings of $414,841 annually during the grant period.

Important Note: The cost analysis in section 3.1.3 reflects the full cost without SAFER grant funding to provide a conservative fiscal projection. If the grant is awarded, actual City costs would be substantially lower during the three-year grant period.

3.1.3 Cost Analysis

Cost Category	Annual Cost
Current Two-Ambulance Operation	**$1,100,000**
Additional Personnel (9 @ $61,458 avg. each)	$553,122
Third Ambulance Equipment & Supplies (annual)	$75,000
Station 4 Utilities & Maintenance	$25,000
TOTAL ANNUAL OPERATING COST	**$1,753,122**
ANNUAL INCREASE OVER CURRENT	**$653,122**

One-Time Capital Costs:

Note: The department currently has the necessary ambulance inventory and reserve units to implement a third ambulance immediately. No ambulance purchase is required.

- **Medical Equipment & Initial Inventory:** $100,000 (for outfitting the existing reserve ambulance with necessary medical equipment, communications equipment, and initial supplies)

3.1.4 Revised ESD Contract Rates

To support the third ambulance expansion while achieving fair cost recovery for regional services, ESD contract rates would need significant adjustment. The following analysis shows proportional cost allocation based on call volume:

District	Current Rate	2025 Calls	% of ESD Total	Fair Share (Year 1)
ESD 2 (Nesbitt)	$25,000	146	11.3%	**$50,839**
ESD 3 (Scottsville/Karnack)	$67,000	570	44.0%	**$198,569**
ESD 4 (Gill, etc.)	$39,300	232	17.9%	**$80,800**
ESD 6 (Woodlawn)	$30,200	176	13.6%	**$61,287**
ESD 7 (Waskom)	$25,000	78	6.0%	**$27,162**
ESD 9 (Elysian Fields)	$14,000	67	5.2%	**$23,334**
Uncertain (via HC Agmt.)	$7,675	25	1.9%	**$8,706**
TOTAL ESD REVENUE	**$208,175**	**1,294**	**100%**	**$450,697**

Note: These represent Year 1 fair share rates based on proportional call volume allocation of total three-ambulance operating costs. Implementation would likely require a multi-year phase-in approach with annual increases (e.g., 18% increases over three years) to reach fair share rates. This demonstrates the significant gap between current rates and actual service costs.

Critical Funding Constraint - ESD Tax Rate Caps:

Texas Constitutional Limitation: Emergency Service Districts in Texas are constitutionally capped on the maximum tax rate they can levy. All six ESDs currently served by Marshall Fire Department are already taxing at their highest allowable rate. This creates a fundamental funding challenge that must be addressed during contract negotiations.

Funding Options for ESDs:

- **Reallocation of Existing ESD Budgets:** ESDs could potentially redirect funds from other budget categories (equipment, facilities, reserves) to cover increased ambulance service costs. However, this may require cutting other critical services or capital improvements.
- **Use of ESD Reserves:** Some ESDs may have accumulated reserve funds that could be used to cover the rate increases, though this is not a sustainable long-term solution.
- **Harrison County General Fund Support:** The most likely scenario is that ESDs will request Harrison County Commissioners Court to allocate funds from the county general fund to cover the gap between current ESD payments and fair share rates. This would require county-level political support and budget approval.

Political Implications:

This funding constraint means that successful implementation requires not just agreement from the six independent ESD boards, but also political support and potential financial assistance from Harrison County Commissioners Court. While ESDs are independent governmental entities, they serve county residents who also pay county taxes, making county involvement politically essential. The City of Marshall will need to present a compelling case to County Commissioners that demonstrates:

- The current subsidy by Marshall taxpayers is inequitable and unsustainable
- Fair share rates represent dramatically lower costs than ESDs developing independent ambulance services
- Regional EMS service through Marshall benefits the entire county economically and from a public safety perspective
- County general fund investment in regional EMS is a worthwhile expenditure for county residents

Strategic Approach: The implementation strategy must include early coordination with Harrison County Commissioners Court, potentially presenting this analysis to Commissioners Court before or concurrent with individual ESD board presentations. County-level political support will be essential for successful implementation of Option 1 with fair share ESD rates.

3.1.5 Advantages of Option 1

- **Enhanced Service Delivery:** Three ambulances dramatically improve our ability to handle concurrent calls, reduce mutual aid requests, and improve response times throughout the service area.
- **Station 4 Reopening:** Cross-staffed ambulance at Station 4 improves geographic coverage and response times in eastern Marshall.
- **Regional Leadership:** Maintains Marshall's role as the backbone of Harrison County EMS, strengthening relationships with ESDs and regional partners.
- **Revenue Enhancement:** Fair cost recovery from ESDs reduces the subsidy currently borne by Marshall taxpayers.
- **Professional Growth:** Additional personnel and resources create career development opportunities for existing staff and attract qualified candidates.

3.1.6 Challenges and Considerations

- **One-Time Capital Investment:** $100,000 for medical equipment and initial inventory to outfit existing reserve ambulance.
- **Substantial Operating Cost Increase:** $653,122 annual increase in operating costs.
- **Complex Multi-Jurisdictional Negotiations:** Securing agreement from six independent ESDs for substantial rate increases is complicated by the fact that all ESDs are currently taxing at their constitutional maximum rate. This means ESDs cannot raise taxes to cover increased costs and will likely need Harrison County general fund support to bridge the gap. While County Commissioners Court doesn't have authority over ESDs or their contracts, successful implementation requires county political support and potential general fund allocation decisions—significantly increasing political complexity.

- **ESD Contract Negotiations:** Securing agreement from six ESDs for substantial rate increases will require extensive negotiation and potentially political capital with Harrison County Commissioners Court.
- **Revenue Uncertainty:** ESDs have the option to cancel contracts with 60 days notice. If multiple ESDs decline the new rates, Marshall could face the full operating cost of three ambulances without sufficient revenue offset.
- **Recruitment and Training:** Hiring and training 9 qualified paramedics/EMTs in the current competitive labor market may take 12-18 months.
- **Reduced Leave Flexibility:** Only 2 leave positions with 18-person shifts provides less scheduling flexibility than current 4-position coverage.

OPTION 2: CEASE AMBULANCE SERVICE TO ESDs

3.2.1 Operational Description

This option discontinues all ESD ambulance service contracts, restricting Marshall Fire Department ALS ambulance service exclusively to the City of Marshall. This would:

- Maintain two ambulances serving only Marshall city limits
- Reduce total service area from ~71,000 to ~24,000 residents
- Eliminate approximately 1,460 annual EMS calls (26% of current volume)
- Improve ambulance availability for Marshall residents
- Require ESDs to develop alternative ambulance service arrangements

3.2.2 Impact on Marshall Operations

Operational improvements for Marshall:

- **Enhanced Availability:** Both ambulances available for Marshall calls without competing demands from ESDs, virtually eliminating situations where both units are simultaneously committed to out-of-city calls.

- **Improved Response Times:** Units not committed to long-distance transports from ESDs, reducing delayed responses within Marshall.
- **Focused Resources:** All resources concentrated on serving Marshall taxpayers who fund the department.
- **Reduced Operating Costs:** Estimated 20-25% reduction in fuel, vehicle maintenance, and medical supply costs due to fewer runs and shorter transport distances.

3.2.3 Financial Analysis

Critical Financial Consideration: While discontinuing ESD service would reduce operating costs, Marshall would lose not only the ESD contract payments but also significant EMS billing revenue generated from transporting ESD patients to hospitals. This billing revenue represents a substantial income stream that offsets current operating costs.

CURRENT SITUATION:

Annual Operating Cost (two ambulances, full regional service)	$1,100,000
Less: ESD Contract Payments	($208,175)
Less: EMS Billing Revenue from ESD Transports	($550,000)
Current Net Cost to Marshall Taxpayers	**$341,825**

SCENARIO: IF MARSHALL DISCONTINUES ESD SERVICE:

Reduced Annual Operating Cost (Marshall only, ~1,460 fewer calls)	$880,000
Less: ESD Contract Payments (discontinued)	$0
Less: EMS Billing Revenue from ESD Transports (discontinued)	$0
New Net Cost to Marshall Taxpayers	**$880,000**

NET FINANCIAL IMPACT:

Operating Cost Savings	$220,000

Less: Lost ESD Contract Revenue	($208,175)
Less: Lost EMS Billing Revenue	($550,000)
NET ANNUAL COST INCREASE TO MARSHALL	**$538,175**

Financial Reality: Discontinuing ESD service would result in a net cost INCREASE of $538,175 annually to Marshall taxpayers. While operating costs would decrease by $220,000 (20% reduction from eliminating ~1,460 annual ESD calls), Marshall would lose $758,175 in total revenue ($208,175 in ESD contract payments plus $550,000 in EMS billing revenue from transporting ESD patients). This makes Option 2 financially untenable—Marshall taxpayers would pay MORE while regional residents lose critical emergency medical services.

3.2.4 Impact on Emergency Service Districts

If Marshall discontinues ambulance service to the ESDs, each district would need to secure alternative Advanced Life Support ambulance coverage. The options and associated costs are substantial:

Option A: Individual ESD Operates Own ALS Ambulance

For an ESD to independently operate a 24/7 Advanced Life Support ambulance service:

Cost Component	Annual Cost
Personnel (12 FTE @ $61,458 avg. each)	$737,496
Vehicle Operations, Fuel, Maintenance	$65,000
Medical Supplies & Equipment	$45,000
Insurance, Billing, Administration	$70,000
Station Facilities (lease or build)	$30,000
Training, Continuing Education, Certification	$25,000
TOTAL ANNUAL OPERATING COST	**$972,496**

Cost Component	Annual Cost
Plus: One-Time Capital Costs (ambulance, equipment, station)	**$600,000+**

This cost is 85-93% higher than proposed fair share rates under Option 1, and represents an insurmountable financial burden for most ESDs. Even the largest ESDs (2, 7) would face annual costs 35-40 times their current Marshall contract payments.

Option B: Private Ambulance Service Contract

ESDs could contract with private ambulance providers (e.g., American Medical Response, Acadian Ambulance, LifeNet). Estimated annual costs:

- **Dedicated 24/7 Unit:** $750,000 - $900,000 annually
- **Shared/On-Call Coverage:** $250,000 - $400,000 annually (with significantly longer response times)
- **Response Time Impact:** Private services operating from distant bases (Longview, Shreveport) would likely have 20-30 minute response times to many ESD locations

Option C: Regional Cooperative

Multiple ESDs could pool resources to create a joint ambulance service:

- **Estimated Cost:** $800,000 - $1,000,000 annually (split among participating ESDs)
- **Challenges:** Requires complex interlocal agreements, determination of cost allocation, facility location, governance structure, and 12-24 months to establish
- **Feasibility:** Difficult to achieve given the geographic dispersion of ESDs and competing interests

3.2.5 Political and Regional Ramifications

Discontinuing ESD ambulance service would create significant political consequences:

- **Harrison County Commissioners Court:** While ESDs operate as independent taxing entities with their own elected boards and the County Commissioners Court has no direct authority over them, the Commissioners Court does have a responsibility to residents living in ESD areas who also pay county taxes. County Commissioners would view discontinuing regional ambulance service as Marshall abandoning these county taxpayers, creating significant political tension. This could negatively impact future city-county cooperation on other initiatives including road projects, shared services, and economic development.

- **ESD Fire Chiefs and Boards:** Six ESD fire chiefs and their boards would face a crisis in emergency medical coverage for their constituents. These are our colleagues and partners in regional emergency services, and this decision would severely strain these relationships.

- **State Legislative Attention:** The political fallout could draw attention from state legislators representing Harrison County, potentially leading to legislative action that could constrain Marshall's future operational flexibility.

- **Regional Economic Development:** Emergency medical services are a key factor in business location decisions. Degraded EMS coverage across Harrison County could negatively impact regional economic development, which ultimately affects Marshall.

- **Public Safety Gap:** The transition period while ESDs establish alternative coverage could create a dangerous gap in emergency medical services, potentially resulting in loss of life or serious injury to county residents.

- **Media and Public Perception:** This decision would likely generate significant negative media coverage portraying Marshall as abandoning rural residents, which could affect the city's broader reputation and relationships.

3.2.6 Advantages of Option 2

- **Immediate Cost Savings:** Net annual savings of approximately $428,175 for the City of Marshall.
- **Enhanced Marshall Service:** Both ambulances available exclusively for Marshall residents, virtually eliminating delayed response situations.
- **Operational Simplicity:** Eliminates complex contract administration with six separate ESDs.
- **Focused Mission:** Department resources concentrated on serving the taxpayers who fund operations.

3.2.7 Challenges and Considerations

- **Severe Political Backlash:** Significant political costs with Harrison County Commissioners Court, ESD leadership, and state legislators.
- **Regional Leadership Loss:** Marshall's position as regional emergency services leader would be permanently damaged.
- **Potential Public Safety Crisis:** Transition period could create dangerous coverage gaps in ESDs.
- **Economic Development Impact:** Degraded regional EMS coverage could discourage business investment in Harrison County.
- **Negative Publicity:** Likely to generate sustained negative media coverage.
- **Irreversible Decision:** Once ESDs establish alternative services, rebuilding the regional partnership would be extremely difficult if not impossible.

OPTION 3: PARTNERSHIP WITH PRIVATE AMBULANCE PROVIDER

3.3.1 Operational Description

This hybrid model partners with a private ambulance service to supplement Marshall Fire Department EMS operations:

- Marshall Fire Department continues operating two ALS ambulances with primary responsibility for Marshall and ESD coverage
- Private ambulance provider (e.g., American Medical Response, Acadian Ambulance) stations a third ALS ambulance in Marshall under contract
- Private unit responds to both Marshall and ESD calls based on availability, serves as overflow/backup capacity
- Coordinated dispatch through Marshall's CAD system ensures seamless integration
- Contract structured with shared costs among City of Marshall and ESDs

3.3.2 Operational Structure

Several partnership structures could be considered:

Structure A: Full Integration Model

- Private ambulance operates as a full third unit in Marshall's system
- Dispatched equally with Marshall units to all calls
- Based at Marshall location (Station 4 or other facility)
- Estimated annual cost: $450,000 - $550,000

Structure B: Backup/Overflow Model

- Private ambulance responds only when both Marshall units are committed
- Maintains standby status with guaranteed response time
- May be based in Longview or Marshall depending on cost structure
- Estimated annual cost: $250,000 - $350,000

Structure C: Peak Demand Model

- Private ambulance operates during identified high-demand periods (e.g., 10 AM - 8 PM daily)
- Full integration during operating hours
- Based in Marshall during operational hours
- Estimated annual cost: $300,000 - $400,000

3.3.3 Cost Analysis and Funding Structure

Under Option 3, the existing contractual relationship between Marshall Fire Department and the ESDs would remain unchanged. ESDs would continue paying their current annual fees totaling $208,175 to Marshall for the two existing Marshall ambulances. The third private ambulance would be funded through an additional cost-sharing agreement between the City and ESDs.

Full Integration Model Example:

Cost Component	Annual Amount
EXISTING MARSHALL AMBULANCE SERVICE	
ESD Contract Payments to Marshall (current agreements)	$208,175
THIRD AMBULANCE - PRIVATE PROVIDER CONTRACT	
City of Marshall Share (50% of private ambulance)	$250,000
ESD Pooled Share (50% of private ambulance)	$250,000
Total Private Ambulance Contract Cost	**$500,000**
TOTAL ANNUAL ESD PAYMENTS	**$458,175**

Cost Distribution Among ESDs:

The $250,000 ESD share of the private ambulance contract would be divided proportionally among the six ESDs based on their call volume percentages. When combined with their existing Marshall Fire Department contract payments of $208,175, total ESD payments would be $458,175 annually. Individual ESD contributions would range from approximately $23,000 to $110,000 per district depending on call volume—substantially less than fair share rates under Option 1 and dramatically less than independent operation costs.

Important Note on Marshall Subsidy: Under this model, Marshall would continue to subsidize a portion of ESD service through the existing two-ambulance contracts (ESDs currently pay $208,175 but generate approximately 26% of call volume, which would equate to approximately $286,000 in proportional costs). This subsidy would remain approximately $77,825 annually. However, the addition of the private third ambulance with 50/50 cost sharing represents a more equitable distribution of incremental capacity costs.

3.3.4 Advantages of Option 3

- **Lower Capital Investment:** No ambulance purchase required, no additional Marshall Fire Department personnel needed.
- **Shared Financial Burden:** Costs distributed among City and ESDs, reducing impact on Marshall taxpayers.
- **Rapid Implementation:** Could be operational within 3-4 months through contract with established private provider.
- **Improved Coverage:** Adds third unit capacity without Marshall Fire Department expansion.
- **Operational Flexibility:** Contract can be adjusted or terminated more easily than permanent staffing commitments.
- **Political Viability:** Maintains regional cooperation while addressing Marshall's service challenges.
- **No Additional Facilities Required:** Private provider manages their own facilities and administrative overhead.

3.3.5 Challenges and Considerations

- **Quality Control Concerns:** Less direct oversight of private provider's personnel, training standards, and operational protocols compared to Marshall Fire Department staff.
- **Contract Complexity:** Requires detailed agreements covering service levels, response times, billing procedures, insurance, and performance standards.

- **Integration Challenges:** Coordinating dispatch, communication, and operations between Marshall Fire Department and private provider requires careful planning and ongoing management.
- **Provider Availability:** Major private ambulance companies may not be interested in a single-unit contract in Marshall's market, or may require higher rates than estimated.
- **ESD Buy-In Required:** Success depends on ESDs agreeing to participate in shared funding arrangement.
- **Ongoing Contract Costs:** Annual contract costs likely to escalate over time with inflation and provider cost increases.
- **Limited Local Control:** Private provider makes personnel decisions, training standards, and operational policies for their unit.

FIRE CHIEF RECOMMENDATION

After careful analysis of operational needs, financial implications, and political considerations, I recommend that the City Council pursue **Option 1: Expand Marshall EMS with Third Ambulance** with the following implementation approach:

4.1 Rationale for Recommendation

- **Sustainable Long-Term Solution:** This option addresses the fundamental service delivery challenge while maintaining Marshall's regional leadership role. Unlike Option 3's ongoing contract costs and quality control concerns, Option 1 provides complete operational control and builds permanent capacity.
- **Fair Cost Allocation:** While the subsidy problem is currently acute, fair share ESD rates would recover actual service costs and eliminate the inequity where Marshall taxpayers subsidize regional coverage.
- **Operational Excellence:** Three Marshall Fire Department ambulances staffed by our personnel provide superior service quality, seamless integration with fire operations, and direct oversight compared to hybrid models.
- **Career Development:** Expansion creates promotional opportunities and attracts high-quality candidates to Marshall Fire Department.

- **Regional Stability:** Maintains the proven regional partnership model rather than creating service disruption (Option 2) or introducing operational complexity (Option 3).

4.1.1 Critical Financial Comparison

Important Discovery: When all revenue sources are properly accounted for, Option 1 is actually LESS EXPENSIVE to Marshall taxpayers than Option 2, while providing vastly superior service. This finding fundamentally changes the financial calculus:

Financial Component	Option 1 Expand to 3rd Ambulance	Option 2 Discontinue ESDs
Annual Operating Cost	$1,753,122	$880,000
Less: ESD Contract Revenue	($450,697)	$0
Less: EMS Billing Revenue	($550,000)	$0
Net Cost to Marshall	**$752,425**	**$880,000**
Current Net Cost	$341,825	$341,825
Annual Cost INCREASE	**$410,600**	**$538,175**

OPTION 1 COSTS MARSHALL TAXPAYERS $127,575 LESS ANNUALLY THAN OPTION 2

What Marshall Gets for $127,575 LESS:

- THREE ambulances instead of two
- Station 4 reopened with full staffing
- BETTER service to Marshall residents—reduces overlapping incidents from 38% to 7%, meaning 93% unit availability meeting NFPA standards
- Maintained regional partnerships and political goodwill
- Fair cost recovery from ESDs rather than Marshall subsidy

4.2 Recommended Implementation Strategy

Implementation Context: Current ESD contracts remain in effect until December 31, 2027. The following phased approach balances the need for deliberate stakeholder engagement with timely service improvements.

Phase 1: Contract Negotiations (March - July 2026)

- **Engage Harrison County Commissioners Court EARLY:** Present comprehensive analysis to County Commissioners demonstrating that ESDs are at maximum tax rates and will require county general fund support to reach fair share payments. This is a critical first step given the funding constraints.
- Present analysis and proposed rate structure to individual ESD boards, emphasizing the cost comparison to independent operations and the need for County general fund supplementation
- Work with ESDs and County to identify funding sources (ESD budget reallocation, reserves, County general fund allocation)
- Develop new 3-year interlocal agreements with willing ESDs
- **Target:** Tentative agreements by July 2026
- For ESDs declining new terms, assist in transition planning to alternative providers

Phase 2: SAFER Grant Application (Immediate - September 2026)

- Upon City Council approval, immediately begin preparing SAFER grant application
- Submit grant application: May or June 2026
- Expected award notification: September 2026
- If awarded, grant covers 75% of personnel costs for 9 positions for three years ($414,841 annual savings)

Phase 3: CAD System Enhancement (June - August 2026)

- **Prerequisite:** Server and upgrade must be completed
- Begin CAD system enhancements: June 2026
- Program automatic unit recommendation protocols
- Implement EMD call prioritization system
- Enhance mutual aid request automation
- **System live:** August 2026

Phase 4: Station 4 Initial Reopening (July 2026)

Purpose: Temporarily address current deficiencies in EMS delivery while recruitment and training are underway. This intermediate step improves service before full third-ambulance implementation.

- Reopen Station 4: July 2026
- **Initial configuration:** Cross-staffed ambulance model (personnel respond on either Quint 4 or Medic 4 depending on call type)
- Utilize existing personnel with minimum daily staffing of 11 (no additional hiring required for this phase)
- Provides immediate improvement in geographic coverage and response times for eastern Marshall

Phase 5: Recruitment and Training (November 2026 - February 2027)

- Begin recruitment for 9 additional personnel positions: November 2026
- **Target:** All positions filled by February 2027
- Initiate training programs as necessary (fire academy, EMT certification, paramedic training)
- Establish EMD certification program for dispatch personnel

Phase 6: Full Implementation - Dedicated Third Ambulance (Late Summer 2027)

- **Target:** Late summer 2027
- Transition from cross-staffed model to dedicated third ambulance
- Station 4 operates with fully-staffed Quint 4 (3 personnel) and dedicated Medic 4 (2 personnel) simultaneously
- Three full-time ambulances in continuous service (Station 1, Station 2, Station 4)
- Full 16-person minimum daily staffing across three stations

Implementation Timeline Summary: Initial service improvements begin in July 2026 with Station 4 reopening. Full three-ambulance capability achieved by late summer 2027. This phased approach allows immediate capacity improvements while completing comprehensive expansion.

4.3 Risk Mitigation

If multiple ESDs decline the new contract terms:

- The City retains the option to scale back to two ambulances
- Personnel hired could be reassigned to achieve full Engine 1, Engine 2, and Quint 4 staffing with improved leave coverage
- Third ambulance could serve as peak demand unit or be placed in reserve status

CONCLUSION

The Marshall Fire Department stands at a critical juncture. Our current two-ambulance operation, while professionally managed and well-executed, cannot sustainably meet the demands of serving 71,000 residents across the city and six ESDs. Recent incidents of delayed responses and unavailable ambulances demonstrate that the status quo is not acceptable.

Each option presented offers a distinct strategic direction:

- **Option 1** builds permanent capacity, maintains regional leadership, and achieves fair cost recovery
- **Option 2** reduces costs but creates severe political consequences and abandons regional partnerships
- **Option 3** offers a middle ground with shared costs but introduces quality control and integration challenges

While Option 1 requires the largest financial investment, it represents the best long-term solution for Marshall and Harrison County. The combination of operational excellence, fair cost allocation, and sustained regional partnerships justifies the investment.

I stand ready to present this analysis in detail at the Council's convenience and to answer any questions regarding these strategic options. The decision before the Council will shape emergency medical services in our community and region for the next decade. I am confident that with careful consideration and strategic implementation, we can achieve a sustainable solution that serves Marshall residents excellently while maintaining our vital role as the backbone of Harrison County emergency services.

Respectfully submitted,

David Rainwater

Fire Chief / Emergency Management Director

Marshall Fire Department

Date: February 13, 2026

TO:	City Council
DATE:	February 26, 2026
ITEM #:	3.B
SUBJECT:	Discussion of the FY26 Street Program. (City Engineer / Interim Public Works Director)

Recommendation for Action: Provide direction to the City Engineer and Staff concerning the FY26 Street Program.

Executive Summary:

Focus Area(s): Presentation of a recap of the types of maintenance that can be done, recap of the schedule, summary of what was requested and then a summary of what is recommended to get to the budget. Keep in mind we have $2,100,00 less engineering at $118,500 and reserving $100,000 for driveway transitions, valve adjustments, manhole adjustments, striping, etc. We need this preliminary list to be below $1,900,000.

Budget Cost:

Staff Contact:

Attachments: None