

# AGENDA

## Recessed Meeting of the Board of Supervisors of Northampton County, Virginia

Board Chambers, 16404 Courthouse Road  
Eastville, Va.

February 22, 2016

5:00 p.m.

### Call to order

### Tabled Item:

(1) Special Use Permit 2016-2: Hecate Energy has applied to obtain a special use permit for a 20-megawatt solar energy facility on property located 15446 Seaside Rd., near Cape Charles. The property, described as Tax Map 59, double circle A, parcel 2, is zoned AG, Agriculture, and contains approximately 185 acres of land.

### Action Items:

- (2) EMS Staffing/Funding Proposal
- (3) Consider creating a new committee to work with volunteer EMS agencies
- (4) EMS Garage Discussion
- (5) Projects and Issues Listing
- (6) Code Compliance Officer Position
- (7) Accounting Technician Position re: delinquent personal property responsibility

Conduct Closed Session in accordance with Section 2.2-3711 of the Code of Virginia of 1950, as amended:

Paragraph 7: Consultation with legal counsel and briefings by staff members, consultants, or attorneys pertaining to actual or probable litigation, and consultation with legal counsel employed or retained by the Board of Supervisors regarding specific legal matters requiring the provision of legal advice by such counsel.

*Pending zoning action – legal issues and options*

### Adjourn

Tabled Item

February 10, 2016

Mr. Everett N. Watson, Jr.  
15446 Seaside Road  
Cape Charles, Va 23310

Dear Mr. Watson:

At its meeting of February 9, 2016, the Northampton County Board of Supervisors tabled action on this petition until such time as a meeting can be held with the applicant, possibly at the next work session.

If you have any questions, please advise.

Sincerely yours,

KATHERINE H. NUNEZ  
County Administrator

Cc: Patti Shorr  
Hecate Energy  
115 Rosa Parks Blvd.  
Nashville, TN 37203

# Action Agenda Items

# EMS Staffing/Funding Proposal

**NORTHAMPTON COUNTY**  
*Department of Emergency Medical Services*  
 13294 Lankford Highway  
 PO Box 235  
 Eastville, VA 23347  
 Office: (757) 678-0411 ~ Fax: (757) 678-7288

**Proposal Recommending Staggered Hiring of EMS Personnel**  
*Preparation for Hospital Move to Onley*  
 February 12, 2016

**Overview**

The hospital is projected to move from Nassawadox to Onley in December 2016. I am recommending we ensure there are 4 ambulances staffed during the day time hours (6a/p) and 3 ambulances staffed during the night time hours. This is based on call volume, and a 60/40 split of calls for the day/night hours. I am hopeful we can do this with a combination of career employees and volunteers, however an option is outlined in the event all career employees need to be utilized.

By December 2016 we need to hire a maximum of twelve (12) new EMS Providers and a minimum of eight (8). Hiring of eight (8) to twelve (12) EMS providers at one time will be difficult due to limited local resources. Thereby, I recommend staggered hiring in three (3) phases beginning immediately. This will spread out orientations and placement of new recruits, as well as provide for extensive advertising with planned start dates and processes for FY17.

It is imperative formal agreements with the volunteer agencies be reached as soon as possible in order to identify the absolute required number of staff and funding streams to fully support EMS operations in FY17 and beyond. Phase 3 and the cost associated with it can be eliminated if Cape Charles RS and Community (Exmore) FC provide one (1) volunteer for every night shift.

As an operational note, all EMS Providers will continue to work a rotating 24 hour shift schedule. The typical schedule involves two (2) twenty-four (24) hour shifts per week. Based on a forty (40) hour work week this incorporates eight (8) hours of overtime for each employee per week, when worked. Currently we have five (5) EMS Providers still on a thirty-six (36) hour work week. These budget requests support the movement of all employees to a 40/48 hour work week.

The phases represent the following time lines for hiring:

Phase	Advertise/Interviews/Offers	Start Date	Orientation Complete
Phase 1	12/23/16 – 03/23/16	12/27/16	04/30/16
Phase 2	07/13/16 – 08/10/16	08/14/16	09/17/16
Phase 3	09/07/16 – 10/05/16	10/09/16	11/12/16

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**4/3 ambulances – 24/7**

**Full-time Employee Budget Request (includes salary, overtime and benefits)**

	FY16 <i>amended</i>	FY17	FY18
<b>FY16 funded</b>	\$ 1,089,000	\$ 1,089,000	\$ 1,089,000
<b>Phase 1</b>	\$ 86,000	\$ 218,000	\$ 218,000
<b>Phase 2</b>	\$ -	\$ 202,000	\$ 228,000
<b>Phase 3</b>	\$ -	\$ 167,000	\$ 228,000
<b>TOTAL</b>	\$ 1,175,000	\$ 1,776,000	\$ 1,863,000
<b>increase</b>	\$ 86,000	\$ 687,000	\$ 774,000

**Full-time Personnel Budget Request (includes salary, overtime and benefits)**

	FY16 <i>Approved</i>	FY16 <i>Amended</i>	FY17	FY18
<b>Administrative</b>	3	3	3	3
<b>Captains/Supervisors</b>	3	4	4	4
<b>Intermediate/Paramedic</b>	6	8	12	12
<b>Basic/Enhanced</b>	7	8	12	12
<b>TOTAL</b>	19	23	31	31
<b>increase</b>	0	4	8	8

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**Phases**

**Phase 1**

- 1) Appropriate additional funding in the amount of:
  - a. \$ 86,000 for FY16 (7 pay periods in FY16)
  - b. \$ 318,000 for FY17
- 2) Increase 5 current full-time employees from 36 hour work week to 40 hours with OT
- 3) Start four (4) new employees beginning March 27, 2016
- 4) New hires complete orientation April 30, 2016 and begin shift rotation
- 5) Requires Cape Charles RS & Community FC providing one (1) volunteer 6p/a on all nights

**Phase 2**

- 1) Appropriate additional funding in the amount of:
  - a. \$ 202,000 for FY17 (23 pay periods in FY17)
  - b. \$ 228,000 for FY18
- 2) Start four (4) additional employees on August 14, 2016
- 3) New hires complete orientation September 17, 2016 and begin shift rotation
- 4) Requires on Cape Charles RS & Community FC providing one (1) volunteer 6p/a on all nights

**Phase 3**

- 1) Appropriate additional funding in the amount of:
  - a. \$ 167,000 for FY17 (19 pay periods in FY17)
  - b. \$ 228,000 for FY18
- 2) Start (4) additional employees on October 9, 2016
- 3) New hires complete orientation November 12, 2016 and begin shift rotation
- 4) No volunteers available

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**Placement of Personnel**

✦ 6a/p (Day)

- 2 EMS providers in Exmore
- 2 EMS providers in Machipongo
- 2 EMS providers (recommend varying placement based on call volume and time of year)
- 2 EMS providers in Cape Charles
- 1 EMS Supervisor (Intermediate/Paramedic) in Machipongo

✦ 6p/a (NIGHT)

- 2 EMS provider in Exmore
- 2 EMS providers in Machipongo
- 2 EMS provider in Cape Charles
- 1 EMS Supervisor (Intermediate/Paramedic) in Machipongo

**Placement Considerations**

Population, Accommodations and Centralization

- Cape Charles RS and Community (Exmore) FC are located with the population bases of the County.
- Cape Charles RS and Community FC have adequate facilities to accommodate two (2) EMS providers overnight in their stations.
- Northampton (Nassawadox) FR does not currently meet the standard of care with a power stretcher on their first due ambulance. Cape Charles RS will also have to meet this standard, as their second ambulance does not have a power stretcher.
- Northampton (Nassawadox) FR is requesting staff only daytime Monday through Friday. Daytime staffing needs to be consistent all seven (7) days of the week, ensuring four (4) ambulances are available.
- Northampton (Nassawadox) FR has no plan for covering all night time and weekend shifts, whereas Community (Exmore) and Cape Charles RS have recognized they cannot cover these shifts and are seeking County assistance to do so.
- Machipongo station is located midway between Cape Charles RS and Community (Exmore) FC, offering coverage to the residents in the middle of the County.

CBBT Challenge and Response Time

- Cape Charles RS will have the longest distance of travel to any hospital with a significant number of transports across the CBBT, which could provide transport and return delays due to weather, traffic, accidents and hospital overload. This could cause a significantly increased turnaround time.

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- The next closest station to Cape Charles for second calls is Machipongo, 9.5 miles north. The next closest station from there is Nassawadox, an additional 6.5 miles. With a required minimum of 3 minutes out the door the whole twenty (20) minute response time would be exhausted waiting for an ambulance from Nassawadox traveling to Cape Charles. This would jeopardize compliancy with our set response time performance measure.

Resources

- Accomack County is considering the placement of Fire/Medics in Painter 24/7. This funding is requested in their FY17 budget. Placement of an ambulance at Painter VFC will lower the number of calls we answer in Accomack County and provide a resource 5.2 miles closer than Melfa Volunteer FR. While we should not have any dependency on Accomack for ambulance support, it will be a resource we can consider.

Service Needs

- The location of a combined Rural Health Facility (Franktown and Bayview) in Eastville could place an increased call load on Cape Charles RS. This Rural Health Facility will NOT be a place for us to transport patients. It will be a place for us to retrieve patients from.
- All Riverside Physician Offices will relocate to Onley, leaving only specialty services in the former Cancer Center. It is unknown at this time if Dialysis services will remain in Nassawadox.
- Included are maps, with a dividing line of our Machipongo station, depicting the location of calls for 2015. These maps show 36% of the calls south of Machipongo, 59% north of Machipongo and 5% in Accomack County.

Summer Influx

- Cherrystone Campground has 725 sites with additional rentals & seasonal.
- Kiptopeke State Park has 140 sites with additional rentals.
- New camping resort in Sunset Beach will place an additional influx of tourists in the summer months thus potentially an increase call load in the far southern end of the county. They are planning for 330 sites, seasonal and a 72 room hotel.
- Town of Cape Charles has 125+ rentals which are booked from Memorial Day to Labor Day.
- Approximately 20 Migrant Camps become populated in the summer months with 50% located south of the Cape Charles Traffic Light.
- Camp Silver Beach
- Camp Occohannock

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Low Income, Disability and Senior Housing Locations

Community (Exmore) District

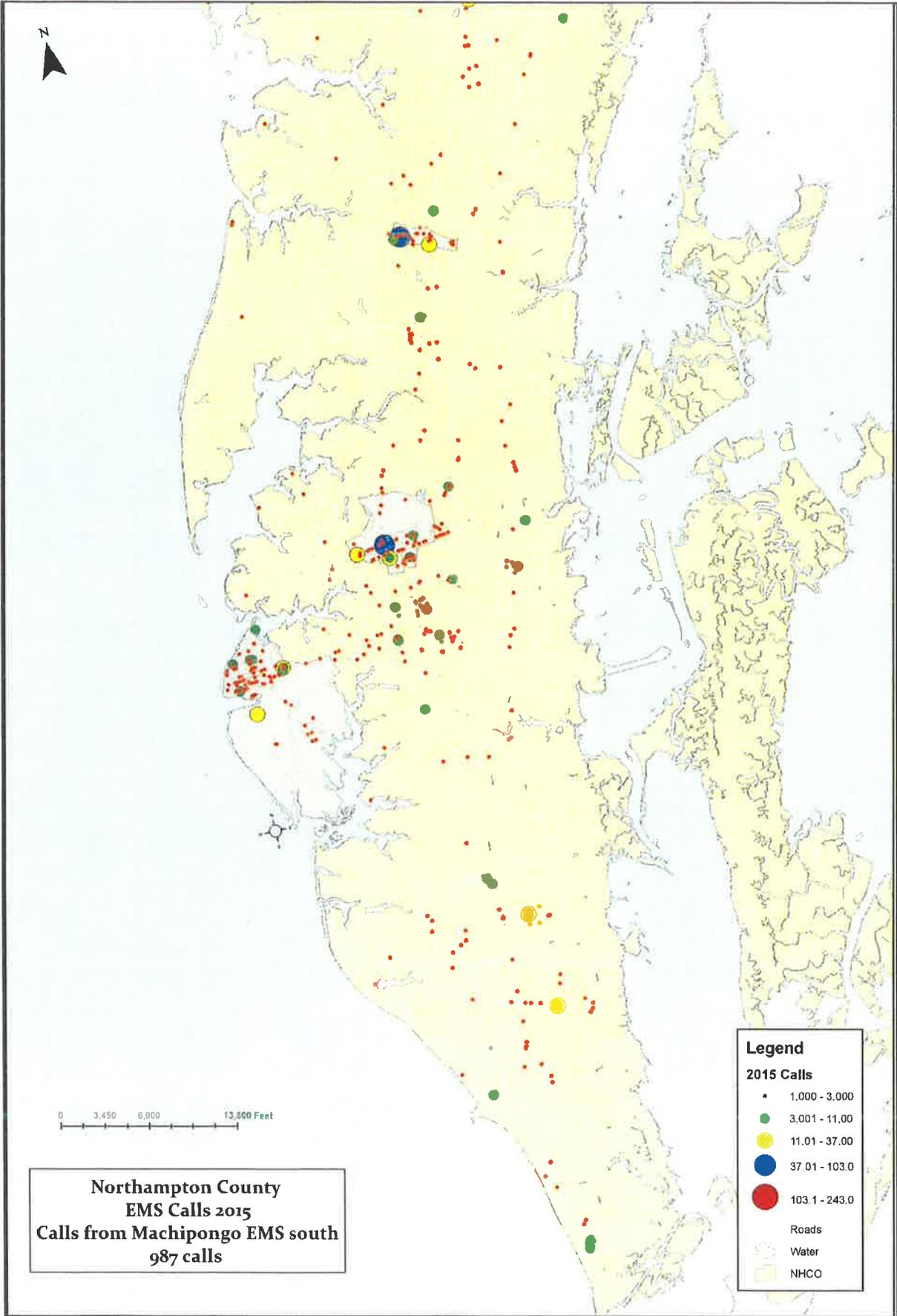
- AP's Freedom – income restricted and *disability*
- Eastern Shore Arc House – income restricted and *disability*
- Exmore Village – income restricted
- Mill Run Apartments – income restricted
- New Road Village Apartments – income restricted
- Peter Cartwright Manor – income restricted and *senior citizen*
- Virginia Street – income restricted

Northampton (Nassawadox) District

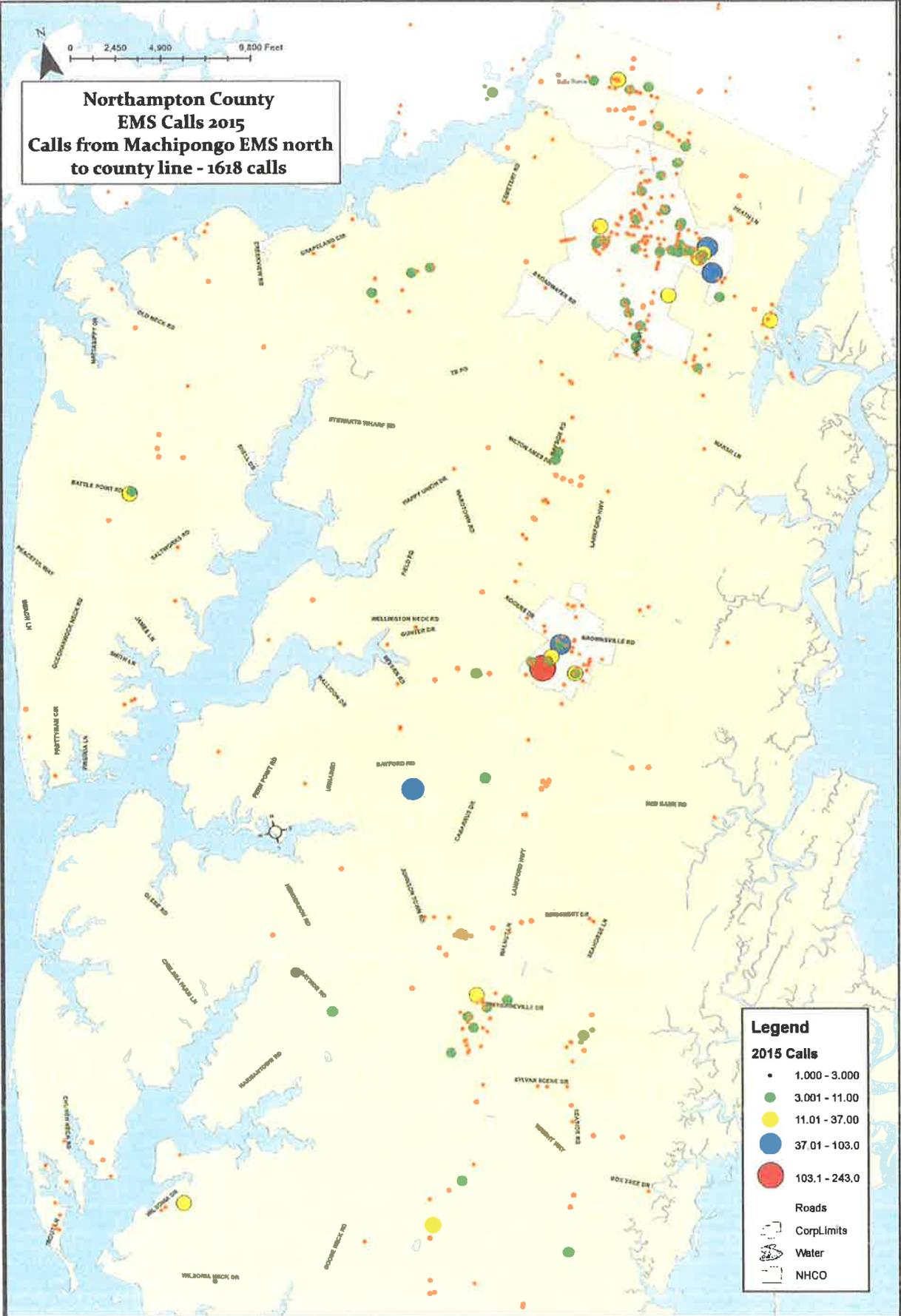
- Dogwood View Apartments – income restricted and *disability*
- Sawmill Apartments - ? income restricted

Cape Charles District

- Bayview – income restricted
- Heritage Hall – income restricted and *senior citizen*
- Sea Breeze – income restricted
- Sunnyside Village – income restricted
- Williams Hughes Apartments – income restricted



**Northampton County  
EMS Calls 2015  
Calls from Machipongo EMS north  
to county line - 1618 calls**



**Legend**

**2015 Calls**

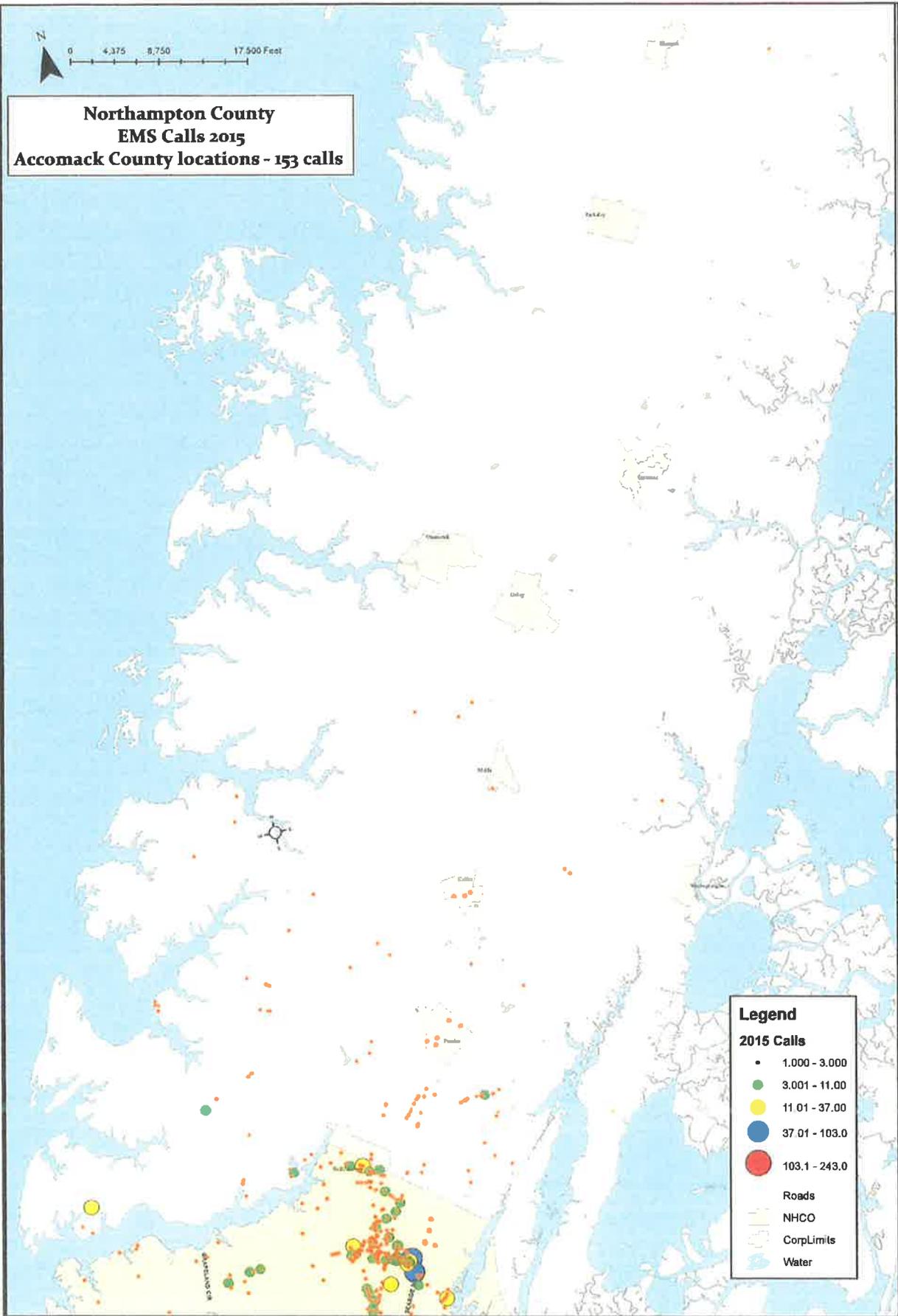
- 1,000 - 3,000
- 3,001 - 11,00
- 11,01 - 37,00
- 37,01 - 103,0
- 103,1 - 243,0

**Roads**

**Corp Limits**

**Water**

**NHCO**





**Board of Supervisors of Northampton County**  
**P.O. Box 66 • Eastville, Virginia 23347**

*Katherine H. Nunez*  
County Administrator

PHONE: 757-678-0440  
FAX: 757-678-0483

BOARD OF SUPERVISORS  
*Richard L. Hubbard, Chairman*  
*Oliver H. Bennett, Vice Chairman*  
*Granville F. Hogg, Jr.*  
*Larry LeMond*  
*Laurence J. Trala*

**MEMORANDUM:**

**TO:** Ad-Hoc Emergency Care Committee

**FROM:** Katherine H. Nunez, County Administrator

A handwritten signature in cursive script, appearing to read "Katherine H. Nunez", is written over the "FROM:" line.

**DATE:** January 13, 2016

**RE:** Extension of Charge to Committee

At its meeting of January 12, 2016, the Northampton County Board of Supervisors unanimously agreed to extend the charge to the Ad-Hoc Emergency Care Committee for another ninety days (until April 1, 2016). Additionally, the Board reappointed Supervisors Hogg and LeMond to continue service on the Committee.

If you have any questions, please advise.

Consider creating a new committee to work with volunteer EMS agencies

Report of the Ad Hoc Emergency Services Committee  
January 12, 2016

Summary

Northampton County needs to address five issues to ensure adequate EMS coverage when the hospital moves to Onley. These are:

- Building
- Staffing (both County and Volunteer)
- Equipment
- Pay and benefits
- Contractual relationship between the County and the three volunteer agencies.

The remaining work undertaken by the Ad Hoc Committee has import for overall medical outcomes for our citizens and can continue to be explored and addressed. However, to ensure we maintain the speed and quality of EMS service to our citizens, the above five issues must be addressed in the remaining part of this fiscal year and be fully included in Fiscal 2017 and beyond. The committee specifically supports the need for an adequate building for our county EMS, the purchase of an additional ambulance and related equipment, the gradual increase in staff, and ensuring an appropriate replacement schedule for capital and major equipment for all EMS units.

The specific recommendations from the committee and the EMS director are contained in Appendices A & B.

The county does not have the population/demand to support a critical access hospital, nor a standalone emergency room. It is not clear that we can even support a full service “urgent care center”. Most Urgent Care Centers are dependent upon more volume and a higher percentage of fully insured patients than our patient base provides. A variation of “urgent care” with extended hours and appropriate services may be feasible and should continue to be pursued.

The Riverside Healthcare Association should be encouraged to meet at least the spirit of their promises as expressed in the COPN. Failing that, the County should seek other medical providers more willing to provide needed services.

The current expected demand upon and fiscal and staffing needs of EMS after December 2016 appear to be justified and should be planned for and implemented as needed. This includes an appropriate building for County EMS and a gradual ramp-up of training and staffing in the remaining fiscal year-2016, expecting the major impact to fall in fiscal 2017.

Report of the Ad Hoc Emergency Services Committee  
January 12, 2016

A strong volunteer EMS is of great benefit both to the taxpayer and the sense of community as a whole. To the extent possible and feasible, the volunteer agencies should be supported and assisted. However, the national trend is not positive. When volunteer agencies cannot fulfill their obligations, the County must be in position to continue to offer prompt fully qualified coverage to all citizens. To work co-operatively and successfully there must be fair and firm agreements between the agencies and the County to cover all contingencies. Currently, paid County staff provides assistance for approximately 85% of all calls. The County provides more than 75% of the staffing requirement for two volunteer units and the third unit has experienced having more than 2/3 of their regional calls handled by another unit. If the county were not providing volunteer units with extensive staffing, the call response would be low for all volunteer units.

The committee's current charge (April 8, 2014, amended August 11, 2015) from the Board of Supervisors is to:

1. Engage in discussions with existing medical service providers as well as potential new providers to determine level of interest to extend existing hours of operation and/or establish new levels of service delivery in Northampton County; determine costs for providing new and/or expanded hours of operation and if financial assistance either by the County or through outside funds (federal or state grants or through donations) is necessary in order for such expanded service to be offered.
2. Work with County personnel and the volunteer companies in examining the requirements and potential implementation of an "EMS" tax to support the cost of increasing the number of qualified EMTs, as identified in the Ad-Hoc Committee report.
3. Work with the County EMS Department, the volunteer EMS companies, and the appropriate state agencies to review the current required EMS protocols relating to EMS response and transport to "defined medical facilities" and determine if flexible language can and should be pursued to expand the types of medical facilities that can receive transports from EMS units.
4. Work with County personnel to develop recommendations for specific property locations for helipads in the northern, central and southern locations; include in this recommendation an estimated cost to improve the potential properties and rank the suitability of property, if there is

Report of the Ad Hoc Emergency Services Committee  
January 12, 2016

more than one choice per the 3 “zones” of northern, central and southern locations.

5. Work with County personnel and the volunteer EMS companies to develop a proposed agreement that addresses staffing needs and assignments, including the usage of paid County staff within the volunteer companies, status of equipment and development of a proposed capital plan for ambulance replacement, requirements of training to maintain certifications, and consideration of potential stipend payments relative to both staffing needs and training needs.
6. Develop a 12-month pilot program known as the “EMS Utilization Intervention Program,” including partners and funding support.

Summary of work and recommendations relative to the charges:

- 1) Our discussions with service providers are ongoing. Both Riverside and Rural Health are offering longer or Saturday hours at some locations. We are still short of ensuring access to non-emergency room care seven days a week and for not less than 12 hours a day.
  - a) Our recommendation is to continue to seek a provider and funding willing to commit to extended hour care with at least a nurse practitioner or physician’s assistant on duty. This care should include access to lab, radiology, and pharmacy as needed.
- 2) The committee recommended to the Supervisors implementation of an Emergency Services tax in January 2015.
  - a) At its December 17, 2015 meeting the committee re-affirmed that recommendation.
- 3) The determination of appropriate protocols is a prime responsibility of the Operational Medical Director. The EMS department will have a new OMD in January.
  - a) Review of protocols will be among the OMD’s tasks.
- 4) The recommendation for additional helipads is considered low priority and can be taken up as any appropriate development arises.
- 5) Contractual agreement between County and Volunteers
  - a) *The development of a comprehensive funding and operating agreement between the County and the volunteer EMS departments is critical.* The County is currently providing staff support for up to 85% of all calls. At present, loss of access to volunteer owned buildings or

Report of the Ad Hoc Emergency Services Committee  
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ambulances would be greatly detrimental to providing proper EMS response; far more so than the loss of any particular volunteer company's staffing.

- b) The committee recommends the Supervisors assign a task force to explore and seek a comprehensive agreement with the volunteer agencies. We recommend two Supervisors be part of the task force. The parameters to be considered in such an agreement are covered in Appendix B.
- 6) The pilot program is on track to start in January and we should begin to have actionable data within six months.
- a) If the data demonstrates better EMS transport demand and health outcomes, then consideration can be given to making the program permanent and appropriate funding determined. If the pilot proves successful, it is in the benefiting agencies interest to make the program permanent.

Under the original committee charge of: "Any other service offerings that could improve the provision of emergency care in Northampton County"; the committee has been working with a Strategic Plan that outlined seven goals. These goals are:

Goal I: Create a strong, well-equipped, well-staffed EMS system to serve all residents of Northampton County.

Goal II: Enhance, support and increase primary care resources in the county.

Goal III: Provide urgent care service in Northampton County.

Goal IV: Create telecommunications infrastructure to support medical services.

Goal V: Educate the public regarding health care resources and how to best use such resources.

Goal VI: Generate revenue to support medical services in Northampton County.

Goal VII: Develop a system for accountability and monitoring of health services in Northampton County.

Report of the Ad Hoc Emergency Services Committee  
January 12, 2016

- Goal I The committee's recommendations for Goal I are the major consideration of this report and are covered above and in Appendix A. A significant part of accomplishing this goal is greater involvement of the educational community in advising our citizens of EMS opportunities and providing the education and testing required.
- Goal II is being partially met with expanded hours at Cape Charles Medical Center and the proposed consolidation of Rural Health at a new facility in Eastville. More work needs to be done in this area. The citizens need providers that are available seven days a week and at least 12 hours a day. With such service available and an educated public, some pressure on our EMS services would be lessened.
- Goal III: Riverside is clearly not keeping their promise to provide "urgent care" in Nassawadox. "Urgent Care" is a somewhat nebulous term. What is really needed in Northampton, for both lower utilization of EMS and better health outcomes, is expanded availability of primary care with available diagnostic lab, radiology, and pharmacy as needed. Discussions should continue with alternative providers and the Northampton Medical Foundation to fulfill this outstanding need.
- Goal IV: This goal is progressing. ESVBA has offered an RFP for full wireless broadband coverage and is in negotiation with one or more respondents. Our request for a wireless tower study to develop a strategic plan for current and future communication needs including public safety, broadband and cellular will be partially fulfilled by an agreement between Virginia Tech and the state Center of Innovation Technology. This study will cover ideal tower locations with detailed propagation maps. We still need to obtain grant funding to cover surveying providers and users as to their plans and needs.  
One method by which we can reduce the need for EMS services and improve patient health is through telemedicine both for patient monitoring and care provision. Full implementation of this goal would make telemedicine feasible for our citizens.
- Goal V: Through publication, websites and social media, we will need an ongoing program to inform the public of available medical services as well as transportation options.

Report of the Ad Hoc Emergency Services Committee  
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Goal VI: Combined with goal seven we have an opportunity, in co-operation with the new Foundation, to seek funding for improved patient outcomes, which benefit not only the patients, but also the payers. The “Healthy Communities” program and the state push toward “accountable care” can both assist in achieving these goals. Medicare and Medicaid reimbursements are beginning to allow for more non-traditional care reimbursements. These changes, if they continue and are adopted by insurers, will significantly assist our efforts. An Emergency Services Tax can provide the funding necessary to absorb the impact of the hospital move on EMS.

Goal VII: The pilot study will provide important data on some of our most severe medical needs. Combined with the above-mentioned two initiatives, we should have considerable data available. HIPPA restrictions will, of course, be met.

### Transportation

Transportation issues continue to significantly affect good patient outcomes. Lack of transportation leads to delayed seeking of care, many missed appointments, and inappropriate use of ambulances services—whether for transportation or due to critical issues which should have been addressed earlier. The current state contract for “medical taxi” services does not serve the Eastern Shore in an effective manner.

The Shore needs to establish a medical transport system, which provides door-to-door service for poorly mobile patients. We have many vans already in service on the Shore, some with wheel chair capability, which sit idle for large portions of the day. A Shore based medical taxi service with co-operative agreements with van operating agencies and appropriate funding/reimbursement mechanisms needs to be made operational. The Eastern Shore Healthy Communities may be the choice for lead agency in this effort. Under the initiative of Ms. Stern, Rural Health is moving forward on a portion of this need in co-operation with CSB.

Report of the Ad Hoc Emergency Services Committee  
January 12, 2016

Appendix A

Excerpts from: Northampton County Emergency Medical Services  
EMS System Overview and Plan  
December 17, 2015

**Requirements**

An EMS agency shall provide service within its primary service area on a 24-hour continuous basis.

Each locality shall seek to ensure that emergency medical services are maintained throughout the entire locality.

In accordance with our response plan, an EMS agency will 90% of the time have a unit on scene within 20 minutes of the time of dispatch, 24 hours a day.

**Considerations to Lessen Impact of Hospital Move**

Implement strong EMS training program

Rebuild the volunteer EMS system

Pilot program, "Advanced/Community Public Health Nurse Assist"

**Considerations/Recommendations**

**Equipment – Vehicles**

The increase of county personnel in the volunteer stations lessens the need for volunteers to run calls. If an agency does not have personnel and call volume, their ability to maintain state licensure as an EMS agency comes into question.

An agency's loss of licensure brings the following struggles for County staff:

Loss of ambulance(s) to utilize

Loss of needed building in call district to house ambulance(s) and personnel

It is recommended a contract be put in place with each agency outlining how their ambulances, equipment and supplies can continue to be used both on a temporary and/or permanent basis if the need should arise. These details should be formulated with input from the VA Office of EMS, the County Attorney and others as identified.

Enough space should be considered at the Machipongo site in the event services need to be centralized due to loss of any or all facilities. This is not the recommended way to provide EMS services to the County, however, it would be an interim option on county owned property and could be cost saving. An appropriate agreement between the agencies and the county can reduce this need.

**Disposable Supplies & Training**

While not a current problem, concerns exist with ensuring vehicles/equipment are properly maintained and disposable medical/cleaning supplies are readily available.

Consideration should be made to place the \$90,000 received from Exmore and Cape Charles into a fund to bulk purchase disposable medical/cleaning supplies for all ambulances, oxygen and potential capital purchases.

## Report of the Ad Hoc Emergency Services Committee January 12, 2016

A review of this fee needs to be considered to ensure it is assessed fairly across all stations with assigned county personnel. Potentially this could be based on shifts county staff cover thereby affecting the revenue generated in each station.

Any leftover funds could be utilized to purchase new/updated equipment to benefit all.

### **Capital Plan**

A Capital plan needs to be developed to include a replacement schedule of all EMS vehicles and any piece of equipment costing more than \$5,000 (monitor/defibrillator, stretcher, etc.). A unified approach to ambulance/vehicle design, equipment specifications and funding sources should be included with this plan.

Examples of needs:

#### 1. Ambulances

Three (3) ambulances at or near replacement time

#### 2. CPR devices

Need a Lucas Chest Compression System on each ambulance, for a total of three (3) more needed

#### 3. Difficult airway management equipment

Need difficult airway management equipment on all ambulances

#### 4. Power stretchers

Need a power stretcher on each ambulance, for a total of two (2) more needed

Consider six (6) patient loading systems as now required on all new ambulances beginning July 1, 2015

### **Personnel**

The logistics and funding required to provide a dual role fire/medics is significant and is not recommended at this time. The EMS impact with the hospital move is enough burden for the County to bear.

Career Recruitment/Retention:

Need additional pay incentive

Need Hazard Duty Retirement Package

Majority of EMS providers lost to Accomack County. Accomack is losing providers to Wallops, Virginia Beach, Norfolk, etc.

Need to reach into Tidewater market by providing payment of bridge tolls

Volunteer Recruitment:

Work with high school to offer elective for juniors and seniors to attend EMT class.

Work with TEMS to get EMT practical testing back on the Shore.

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Work with ESCC to provide EMT written testing, as a Pearson Vue Testing Center.

Long term, work with ESCC to offer EMT training as a career studies course.

**Funding the Stations**

The Board of Supervisors should set the ambulance billing fee schedule used by all agencies, including write offs. Pursuit of collections will be at the discretion of each agency.

All EMS agencies shall utilize the same billing company, negotiated by the County. This will allow for electronic submission through EMS charts for all EMS agencies.

Billing monies will remain separate and payable to each transport agency.

Operational Medical Director:

Dr. Grimes is set to take over the role as Operational Medical Director for all NC EMS agencies on or about February 1, 2015.

Dr. Hatch will remain our Physician Course Director as we begin to move through the training accreditation process, with the hopes of another physician undertaking these responsibilities shore wide upon acquiring three (3) years of experience.

EMS Charts should be used County wide, but on four separate systems with OMD access to all for QA purposes. Each agency should have an appointed QA Specialist responsible for review of all charts and quarter report submission to OMD.

**Summary**

Prepare to career staff four (4) ambulances during the day time (6a/p) hours and three (3) ambulances during the night time (6p/a) hours. This requires the following:

- Hiring of an additional six (6) EMT-Intermediates/Paramedics and seven (7) EMT- Basic/Enhanced. This will bring us to a total of twenty-four (24) field EMS providers.
- An increase funding of \$697,000 will be required, totaling \$1,785,000 for full-time personnel costs (salaries & benefits).
- Staggered hiring should be done over the next 9 months, beginning in January 2016, to ensure full staff upon the hospital move slated for December 2016.

It is anticipated a total EMS budget of \$2,025,000 will be required to fully fund all positions and operational costs. This does not include anything related to a capital plan.

Report of the Ad Hoc Emergency Services Committee  
January 12, 2016

Summary of Salary Request

	FY16	FY17	Increase	Percentage
Full-time Salary	\$ 695,229	\$1,077,862	\$ 382,633	55%
Full-time Overtime	\$ 142,382	\$ 273,795	\$ 131,413	92%
Full-time Benefits	\$ 320,672	\$ 432,884	\$ 112,212	35%
Part-time	\$ 70,460	\$ 70,460	\$ -	0%
Part-time FICA	\$ 5,390	\$ 5,390	\$ -	0%
<b>TOTAL SALARY</b>	<b>\$ 1,234,133</b>	<b>\$ 1,860,391</b>	<b>\$ 626,258</b>	<b>51%</b>
Operations estimated	\$ 105,395	\$ 164,610	\$ 59,215	56%
Capital pending	\$ 17,650		\$ (17,650)	
<b>TOTAL BUDGET - estimated</b>	<b>\$ 1,357,178</b>	<b>\$ 2,025,001</b>	<b>\$ 667,823</b>	<b>49%</b>

Report of the Ad Hoc Emergency Services Committee  
January 12, 2016

Appendix B

**Parameters to be considered in a County/EMS Volunteer Agency agreement**

- 1) If an agency loses its certification or for other reasons ceases to provide service
  - a) Equipment and supplies will continue to be available as needed to the citizens to ensure adequate coverage
  - b) Physical Facilities will likewise continue to be available to service the citizens who supported their creation through donations and taxes
  - c) A unified approach should be developed to provide for capital vehicle and equipment needs, including specifications and funding sources.
  - d) Agencies should agree to maintain vehicles in full working order or notify County of any inability to do so, so that corrective actions can be taken.
  - e) Consideration should be given in any agreement toward the bulk purchase of supplies, maintenance levels, and co-operative funding of those purchases
- 2) Billing
  - a) Agencies should all have billing service providers who can provide appropriate electronic data to "EMS Charts"
  - b) Consideration should be given to having the Board of Supervisors set a billing fee schedule for all units, including policy for write-offs.
- 3) Staffing
  - a) County and Agencies to agree on percentage of revenue paid to county for paid staff at the volunteer agency.
  - b) Parameters of this agreement may include:
    - i) If volunteers are unable to meet agreed staffing percentages and the County provides the necessary staff, revenue allocations may adjust accordingly
    - ii) Agencies agree to support and co-operate with all County efforts for training both additional and current **Error! Reference source not found.**
    - iii) Agencies agree to assist and support County efforts in staffing for more fully trained volunteers
- 4) Employment, paid and volunteer
  - i) Agreement should address need to reduce loss of personnel, (stop being a training ground for others); this may include:
    - (1) Offer bridge toll reimbursement to more fully tap tidewater market
    - (2) Need to do actuarial study on retirement incentive
      - (a) Design and provide an appropriate Hazard Duty Retirement Incentive
- 5) Revenue
  - a) Agencies and County agree on a percentage of the standard hourly cost which will be reimbursed to the County based on # of hours filled by paid staff.
  - b) Sufficient revenue to remain with volunteer agency to enable their operations and maintenance. It is not anticipated that billed revenue will fully cover personnel costs.

# Report of the Ad Hoc Emergency Services Committee

## January 12, 2016

### Appendix C

Call  
data

#### EMS Response Data

July 2014 through June 2015

Performance Measure: EMS agencies will 90% of the time have a unit on scene within 20 minutes from the time of dispatch. 24 hours a day  
Response Time = Time from 911 dispatch to arriving on scene

Table 1 Performance Measure Data

Daytime (Monday thru Friday, 6a-6p)				
District	#	Total Calls	Less than 21 min response time	% 95%
Community FC	13	561	546	97%
Northampton F&R	16	518	503	97%
Cape Charles RS	19	666	621	93%
Out of County	10/11	37	25	
Average Response Time		9:29	Max	64

Night-time/Weekend (Monday thru Friday, 6p-6a & all Saturday & Sunday)				
District	#	Total Calls	Less than 21 min response time	% 94%
Community FC	13	371	348	94%
Northampton F&R	16	272	260	96%
Cape Charles RS	19	398	375	94%
Out of County	10	17	11	
Average Response Time		10:42	Max	34

Table 2 Mutual Aid Data

Daytime (Monday thru Friday, 6a-6p)						
District: Receiving Aid	Station Giving Aid					% Calls Answered
	13	16	19	31	Other	
Community FC	13	14	2	16	33	96%
Northampton F&R	16	281	21	34	10	33%
Cape Charles RS	19	29	19	41	2	86%
					91	65

Night-time/Weekend (Monday thru Friday, 6p-6a & all Saturday & Sunday)						
District: Receiving Aid	Station Giving Aid					% Calls Answered
	13	16	19	31	Other	
Community FC	13	26	0	48	13	77%
Northampton F&R	16	82	2	97	1	33%
Cape Charles RS	19	4	1	132	0	65%
					277	14

Table 3 NCEMS Calls

Total Calls:	2842
Response Time < 21 mins:	2653 93%
	16 Max Response

Data represents calls which originated within a particular district  
Data Source: Eastern Shore of VA 911 Center

District: Receiving Aid	Call Type			Assists
	ALS	BLS	Other	
Community FC	13	200	343	258
Northampton F&R	16	134	337	147
Cape Charles RS	19	281	352	322
Other	10	14	8	29
TOTAL	428	1086	756	85%
				240

Resolved: The Ad Hoc Emergency Medical Committee recommends that the Board of Supervisors institute an EMS tax starting in 2015. It is further recommended that this tax be established at a rate that will cover both the current expenditures and a major portion of the increases which will be necessary to maintain coverage after the hospital moves.

This recommendation is based on the following factors:

- 1) The impending move of the hospital will require a significant increase in EMS expenses due to additional coverage required by the increased travel times; mandating additional equipment, staffing and coverage to provide appropriate service and protection for all the citizens of Northampton County. This increase is expected to be up to \$600k.
- 2) EMS will require a substantial period to recruit and train the additional staff and obtain the additional equipment required to meet our new demand.
- 3) Volunteer coverage for our community ambulances is a continual and increasing problem—though efforts are being made to reinforce those companies. This places additional demand on our paid staff.
- 4) The added hours and run length required after the hospital moves will only increase the volunteer strain.
- 5) Establishing the tax in 2015 may make the impact the following year of expected increased real property tax rate to equalize revenue due to reduced assessments easier to understand.
- 6) A separate tax shows the taxpayer what the demand is and where the funds are being used.
- 7) Our public needs to understand that EMS is a real community and government service and a real expense that needs reinforcement to continue to provide excellent service after the hospital move.

**RESOLUTION TO RE-AUTHORIZE THE AD-HOC COMMITTEE TO STUDY  
ALTERNATIVES TO PROVIDING EMERGENCY CARE IN NORTHAMPTON  
COUNTY**

Whereas, Riverside Hospital Corporation of Newport News, VA has acquired Shore Memorial Hospital in Nassawadox, VA and renamed it as Riverside Shore Memorial Hospital; and

Whereas, Riverside Shore Memorial Hospital has obtained approval from the Virginia State Health Commissioner to construct a new hospital facility in Onley, VA and to close the hospital in Nassawadox, VA; and

Whereas, Riverside Shore Memorial Hospital has indicated that some services will remain in Nassawadox, VA but will not encompass the retention of the Emergency Room; and

Whereas, the relocation of the hospital, including the Emergency Room, will negatively impact the current delivery of emergency medical services in Northampton County; and

Whereas, the Northampton County Board of Supervisors wishes to explore all alternatives to improve emergency medical services; and

Whereas, the Northampton County Board of Supervisors created an Ad-Hoc Committee to explore all options to provide emergency medical services to Northampton County including, but not limited to, the establishment of an emergency room, expand EMS Transport capabilities with associated staffing capabilities, and any other service offerings that could improve the provision of Emergency Care in Northampton County; and

Whereas, the Ad-Hoc Committee was composed of representation from the Board of Supervisors, representatives from the county that have experience and knowledge in the provision of medical services, financial experience and any other relevant areas; membership shall not exceed seven (7) members; and

Whereas, the Ad-Hoc Committee delivered a report to the Northampton County Board of Supervisors on February 11, 2014 which contained certain recommendations;

NOW THEREFORE, BE IT RESOLVED, the Northampton County Board of Supervisors authorizes the Ad-Hoc Committee this new charge as follows:

1. Engage in discussions with existing medical service providers as well as potential new providers to determine level of interest to extend existing hours of operation and/or establish new levels of service delivery in Northampton County; determine costs for providing new and/or expanded hours of operation and if financial assistance either by the County or through outside funds (federal or state grants or through donations) is necessary in order for such expanded service to be offered.
2. Work with County personnel and the volunteer companies in examining the requirements and potential implementation of an "EMS" tax to support the cost of increasing the number of qualified EMTs, as identified in the Ad-Hoc Committee report.

3. Work with the County EMS Department, the volunteer EMS companies, and the appropriate state agencies to review the current required EMS protocols relating to EMS response and transport to “defined medical facilities” and determine if flexible language can and should be pursued to expand the types of medical facilities that can receive transports from EMS units.
4. Work with County personnel to develop recommendations for specific property locations for helipads in the northern, central and southern locations; include in this recommendation an estimated cost to improve the potential property(ies) and rank the suitability of property, if there is more than one choice per the 3 “zones” of northern, central and southern locations.
5. Work with County personnel and the volunteer EMS companies to develop a proposed agreement that addresses staffing needs and assignments, including the usage of paid County staff within the volunteer companies, status of equipment and development of a proposed capital plan for ambulance replacement, requirements of training to maintain certifications, and consideration of potential stipend payments relative to both staffing needs and training needs.

The committee will present interim reports as needed to the Board of Supervisors; a final report addressing each charge will be presented to the Board of Supervisors no later than December 31, 2015.

Adopted this 8 day of \_\_\_\_\_ April \_\_\_\_\_, 2014.

# EMS GARAGE DISCUSSION

## Oliver Bennett

---

**From:** Spencer <hsmconsulting@msn.com>  
**Sent:** Tuesday, February 09, 2016 3:15 PM  
**To:** Granville Hogg; llemond66@gmail.com; Robert Duer; obennett@co.northampton.va.us  
**Cc:** Katherine Nunez; Janice Williams  
**Subject:** Fwd: preliminary figures for the new EMS building  
**Attachments:** NORTHAMPTON COUNTY EMS BUILDING MACHIPONGO 2-9-2016.pdf; Untitled attachment 00575.htm

Fellow Supervisors  
Please see the information below.  
Thank you  
Spencer

Sent from my iPhone

Begin forwarded message:

**From:** "John Chamberlain" <[john@bbcs.net](mailto:john@bbcs.net)>  
**Date:** February 9, 2016 at 1:27:23 PM EST  
**To:** <[hsmconsulting@msn.com](mailto:hsmconsulting@msn.com)>  
**Subject:** Re: preliminary figures for the new EMS building

Mr. Murray, attached is a preliminary budget proposal for the new EMS building that we discussed last week with Hollye Carpenter last week.

I based these figures on a Butler Building with three bays and a 20' x 40' office space on one end.

I hope this helps you with establishing a budget for the project.

Please share this with Mr. Hogg and anyone else that is or will be involved.

If you have any questions or need to meet with me again, please let me know.

Thank you for contacting Beauchamp Construction,

Sincerely,

John Chamberlain  
Beauchamp Construction  
[john@bbcs.net](mailto:john@bbcs.net)  
(410) 957-1100 (office)  
(410) 957-3030 (fax)  
(410) 603-6799 (cell)



## **BEAUCHAMP CONSTRUCTION**

P.O. Box 389/900 Clarke Avenue  
Pocomoke City, Maryland 21851  
410-957-1100  
[www.bbcs.net](http://www.bbcs.net)

February 9, 2016

Northampton County Board Of Supervisors  
P.O. Box 66  
Eastville, Virginia 23347

Attention: Board of Supervisors

Re: Budget figures for the proposed EMS facility in Machipongo

Dear Board Members:

It was a pleasure meeting Mr. Murray and Mr. Hogg at the site last week. I want to thank you for contacting Beauchamp Construction about your proposed new facility in Machipongo. We are happy to offer this preliminary budget proposal and look forward to working with you.

Our scope is based on our meeting at the site along with the preliminary floor plan drawing provided by Hollye Carpenter. We have based our building pricing on similar projects and our sitework budget is based on what we believe will be sufficient for the project as we understand it.

We discussed the project with our site engineer and our architectural design team and have included the cost of drawings that would be adequate for permitting and construction.

### **SCOPE OF WORK**

**General Conditions:** Beauchamp Construction shall provide all required design services and stamped drawings as necessary to obtain a building permit. We included building permit fees for Northampton County and for site plan/stormwater approval by DEQ.

Beauchamp shall also provide temporary facilities for construction to include job supervision by a qualified Beauchamp Construction Superintendent, temporary toilets, dumpsters and trash removal as necessary.

**Allowances for design and permit fees:**

- We included \$4,000 for building permit fees.
- We included \$4,500 for DEQ permit fee.
- We included \$1,200 for a site survey.
- We included \$6,000 for a site design and site plan.
- We included \$5,000 for bringing electric to the building.
- We have included \$30,000 for building design & drawings.
- We included \$5,000 for bringing electric to the building.
- We included \$5,000 for landscaping.
- We included \$3,000 for soils and concrete testing.

**Sitework:** We included stripping the site as needed for the new building pad, exterior apron, etc. We shall strip the site of existing top soil, etc. and haul from the site. We will demolish and remove the existing roadway where it conflicts with new construction and haul from the site.

We included site stormwater management, sediment and erosion control measures. We included an allowance of \$15,000 for new asphalt aprons to tie into existing asphalt. We included \$12,725.00 for well & septic. We based this budget on a septic system to handle 600 gallons per day. Our budget was determined by Jimmy Bundick.

We will import select fill material as needed to bring the site to the proper grades. We included \$15,000 for an asphalt drive from the entrance to the building. The base for the asphalt shall be 6" of crushed and compacted concrete. Site concrete shall be limited to a door apron 4' wide x 70' long x 6" thick on the south side of the new building.

**Concrete:** Provide continuous footings below recognized frost line, 2'-0" wide x 1'-0" thick at exterior walls and reinforced building foundations designed per Butler's reactions. The building pads shall be 6" in thickness, reinforced as needed. Slab shall be thickened under the masonry wall as needed. The building slab shall receive a smooth trowel finish.

**Masonry:** We included a full-height, interior, 8" masonry wall between the vehicle bays and the office space for fire separation.

**Pre-Engineered Butler Steel Building:** The entire structure shall be constructed with Butler Steel. We have included standard 26 ga painted (insulated R-19) ribbed walls (26 ga) and Butler's, unpainted Galvalume 24 ga standing seam MR-24 roof with R-19 Insulation. We included all painted trims, gutters and downspouts. The main structure shall be 2,800 square feet at a 22'-0" eave height, designed to meet the local code and shall be considered an "Essential Facility".

**Thermal/Moisture Protection:** Building insulation shall be provided for all exterior framed walls and as needed for the required insulation R-value. Sound attenuation batts shall be

installed in interior walls as needed.

**Doors and Windows:** Exterior doors shall be painted hollow metal 3'-0" x 7'-0" with hardware as required by code and shall have panic devices, closers, stainless steel hinges, thresholds and weatherstripping. Interior doors shall be flush, painted, hollow metal doors in hollow metal frames. Windows shall be provided with the Metal building. The windows shall be constructed per the requirements of Butler and the selected wall panel. The windows shall be approximately 4'-0" wide x 4'-6" tall and shall have tinted, insulated glass (they are not operable).

**Steel Sectional Overhead Doors:** We included three (3) insulated overhead doors 12' x 12', HAAS model 712 with an R value of 16.8. Doors shall have electric operators and safety edges with photo eye sensors. There shall be one (1) full-view glass section in each door.

**Finishes:** Frame all interior walls with 2" x 4" wood studs at 16" centers (2" x 6" where needed for plumbing). Provide 5/8" drywall on interior walls to 10'. Provide moisture resistant drywall in all high humidity areas. Provide 2-hour fire separation (drywall) between the first and second floors. Provide insulated 2' x 2' acoustical drop ceilings throughout the office space (at 8'-0"). There is no ceiling in the engine bays. All offices and rest room shall receive 12" x 12" commercial grade VCT tile. Provide vinyl cove base in all office space, etc. Painting shall consist of one primer coat and two finish coats for all walls, doors, frames and trims, one color throughout for walls, and one color throughout for all doors and trim. This proposal includes floor framing and 3/4" Advantech decking for future second floor occupied space. There are no second floor walls, finishes, etc. included.

**Specialties:** Provide standard toilet accessories, mirrors, etc. as required. We included four (4) fire extinguishers.

**Furnishings:** We included an allowance of \$5,000 for the construction and installation of cabinets and counter tops.

**Plumbing:** We included \$15,000 for the plumbing. Our scope includes all required shower, fixtures, toilet, sink, mop sink, utility room sink & faucet.

**HVAC:** We included \$40,000 for HVAC required in occupied space. We included a total of 7-Tons of heat and air in the building. This will include split systems with fresh air supply as required by code. We have included two (2) large ceiling fans in the engine bays.

**Electrical:** We included \$25,000 for basic electric.

**Breezeway:** We included \$10,000 for the construction of a breezeway between the two buildings.

**Proposed costs:**

Cost for the site design and sitework:	<b>\$110,000.00</b>
Cost for Design & Construction of the building:	<b><u>\$385,000.00</u></b>
Total for design and construction:	<b><u>\$495,000.00</u></b>

**Exclusions:**

- Propane piping & tank
- Alarm systems
- Signage
- Window treatments
- Site lighting
- Floor drains & grease trap
- Furniture & appliances
- Sprinkler
- Painting of the engine bay floors
- VDOT entrance off Bayside Road or RT 13
- Stairs and second floor framing and finishes

Please let me know what else you need from me. If you would like to set up a time for discussion, I can be available at your convenience.

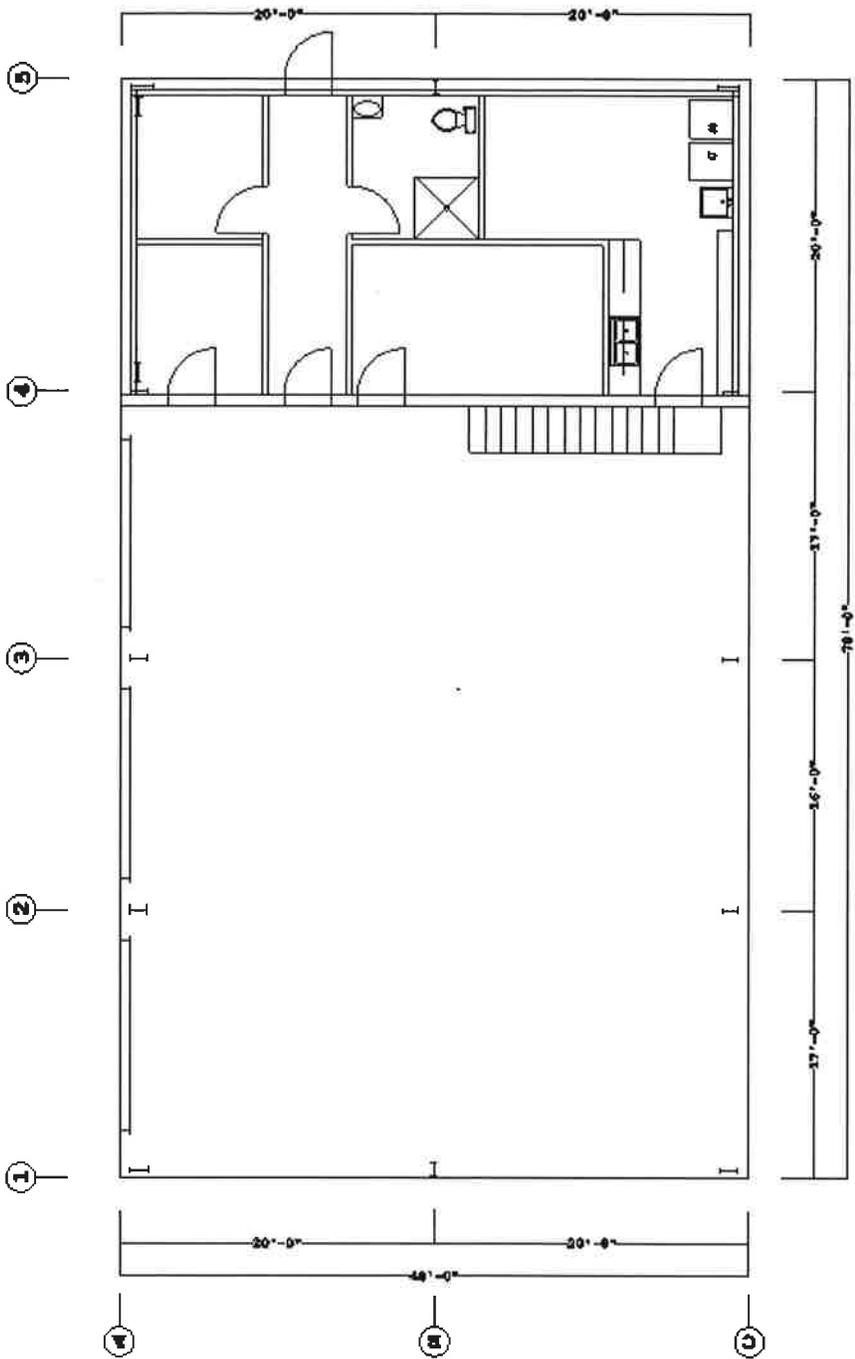
Thank you for inviting Beauchamp Construction to work with you on this budgeting process. I look forward to hearing from you.

Sincerely,

*John P Chamberlain*

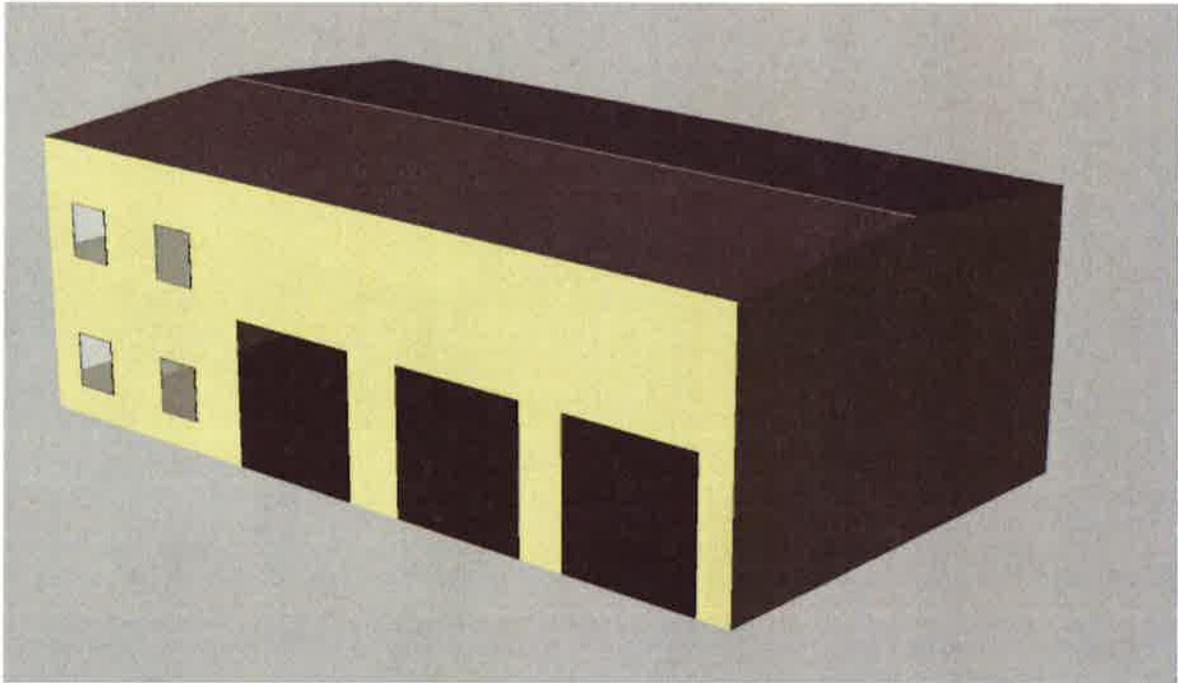
John P. Chamberlain, Estimator  
Beauchamp Construction

# FLOOR PLAN



FLOOR PLAN

**3-D VIEW**



**NORTHAMPTON COUNTY**  
*Department of Emergency Medical Services*  
13294 Lankford Highway  
PO Box 235  
Eastville, VA 23347  
Office: (757) 678-0411 ~ Fax: (757) 678-7288

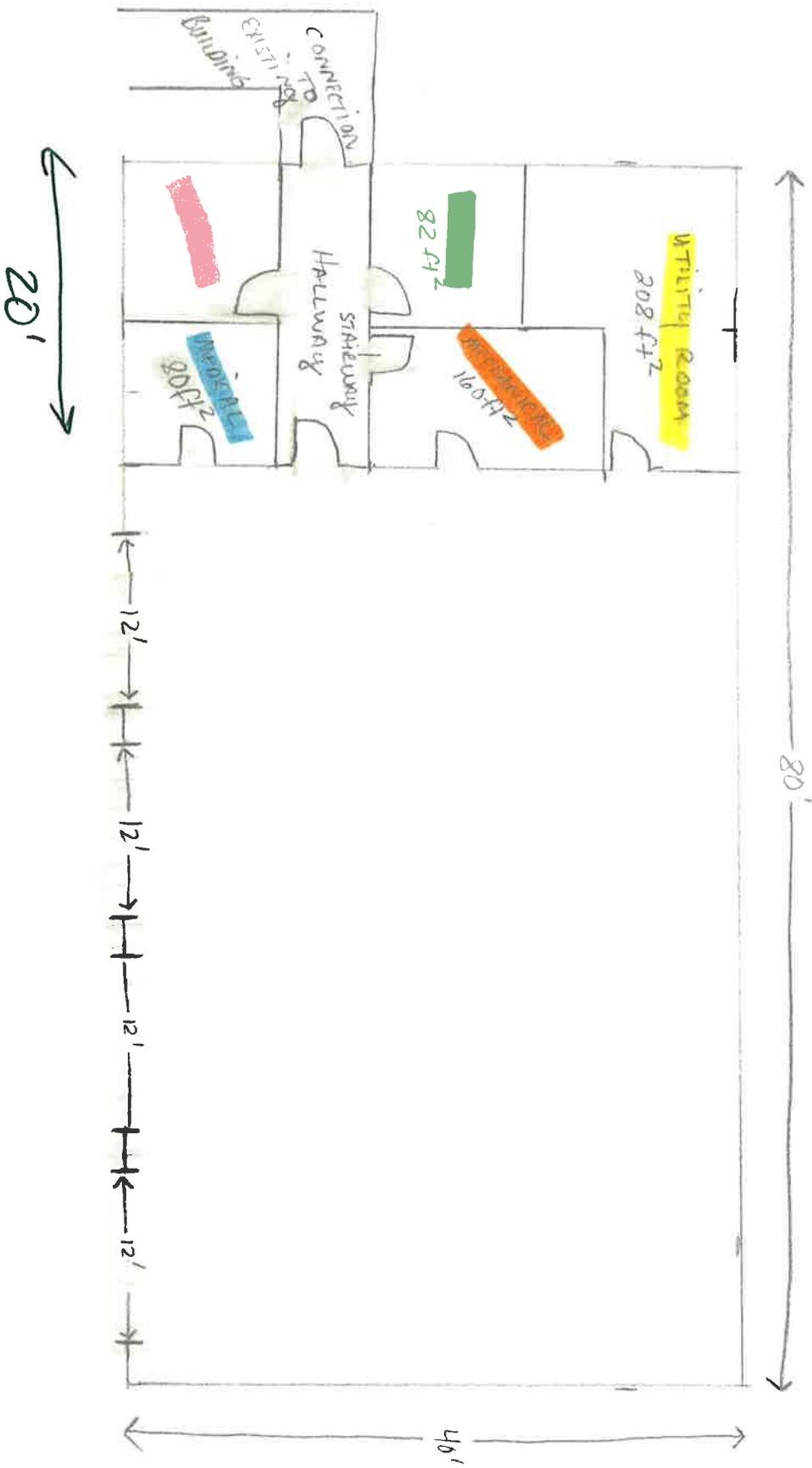
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- 80 ft x 40 ft building, running east to west with bay doors opening to the south
  - Included is a drawing depicting proposed layout
  - Included is a schematic for the Cape Charles Rescue Service (CCRS) building plans, utilizing a 20 x 40 space to accommodate the utility room, maintenance/mechanical room, medical supply room, coed bath/shower and an office (use to be determined). This schematic shows the space needs for each room.
  - Included schematic of CCRS building plans, showing bay area and slab requirements.
  
- 4 vehicle bays
  - 4 bays with 12 ft x 12 ft doors to accommodate:
    - 🚑 2011 Lifeline Ambulance
    - 🚑 2016 Chevrolet Tahoe
    - 🚑 2011 Chevrolet Tahoe
    - 🚑 Mass Casualty Trailer
    - 🚑 2016 Ambulance (FY17 budget request)
  - Minimum of 40 feet depth for vehicle bays
  - Radiant heat for bay area
  - Electrical needs are specific for each vehicle
  - Hose bib inside, middle, front of bay for outside vehicle washing
  
- Utility Room
  - Double Utility Sink
  - Mop sink
  - Shower
  - Washer/Dryer
  - Storage for cleaning supplies, mops, brooms, etc.
  
- Medical Supply and Equipment Storage Room
  
- Maintenance Storage Room for tools, parts, etc.

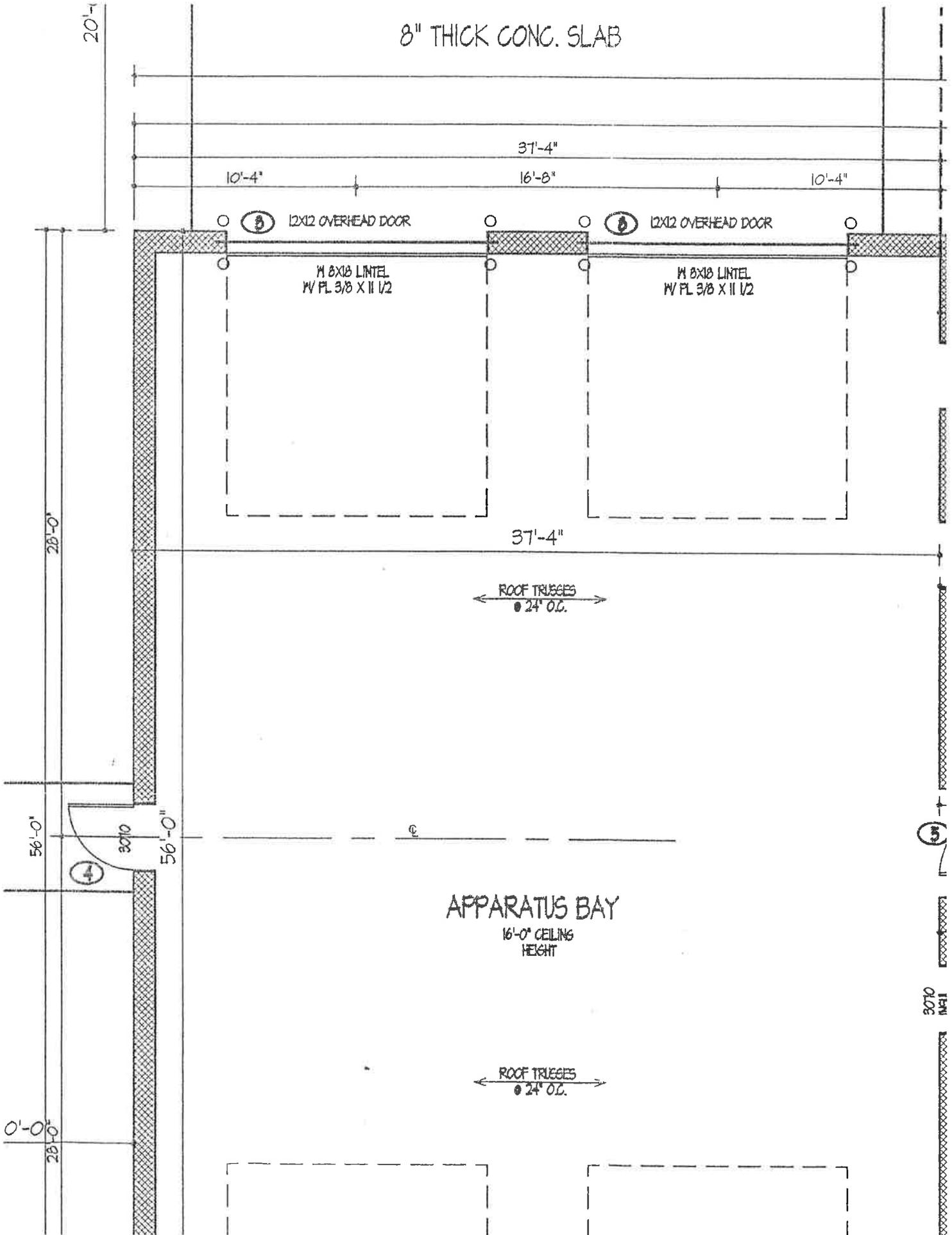
**NORTHAMPTON COUNTY**  
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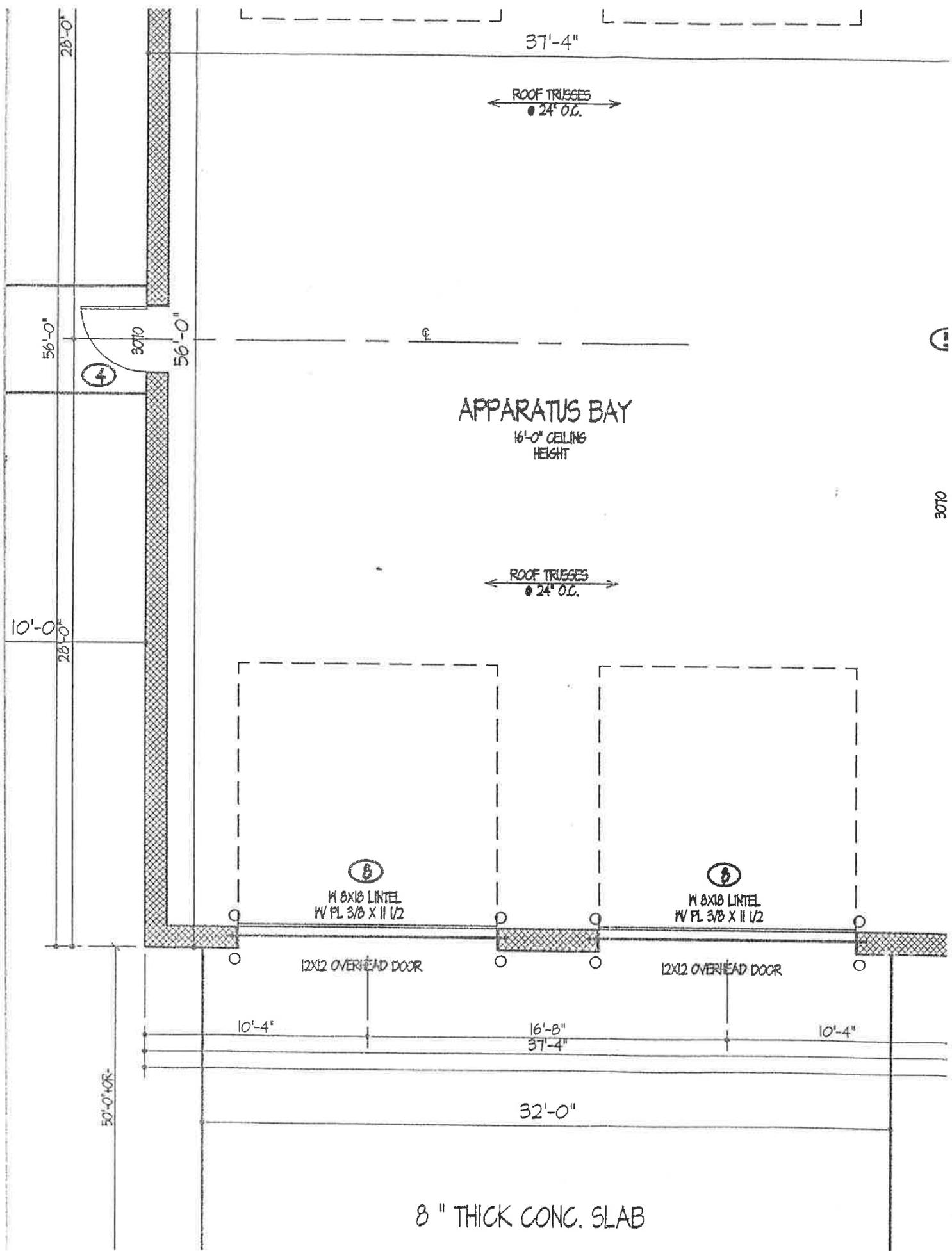
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- Coed Bathroom w/shower
- Other
  - Place for oxygen bottle storage cage (we have a cage in storage)
  - Place for personnel lockers (we have lockers in storage)
  - 25 – 30 foot cement pad in front of building
- New building and existing building attached. Connection can be with existing double doors or window on northern side of building.
- Second floor area over lower rooms (20 ft x 40 ft) and possibly one bay to accommodate future buildout of living space, offices, storage, etc. Stairway to upstairs will be located in hallway, utilizing part of the mechanical/maintenance room.



8" THICK CONC. SLAB





37'-4"

ROOF TRUSSES  
@ 24' O.C.

56'-0"

3070

56'-0"

APPARATUS BAY  
16'-0" CEILING  
HEIGHT

ROOF TRUSSES  
@ 24' O.C.

10'-0"  
28'-0"

⑥  
W 8X18 LINTEL  
W PL 3/8 X 11 1/2

12X12 OVERHEAD DOOR

10'-4"

16'-8"  
37'-4"

⑥  
W 8X18 LINTEL  
W PL 3/8 X 11 1/2

12X12 OVERHEAD DOOR

10'-4"

32'-0"

8" THICK CONC. SLAB

3070

3070

50'-0" x 4'-0"



## Project and Issues Listing

**Northampton County Board of Supervisors**

**Projects and Issues Listing—Not in Priority Order**

January 25, 2016

<b><u>Project or Issue</u></b>	<b><u>Comments</u></b>
<b><u>1.</u></b> Complete 2017 Budget.....	see schedule
<b><u>2.</u></b> Implement 2009 ZO and Amendments.....	see schedule
<b><u>3.</u></b> Finalize USDA obligation.....	Need release letter
<b><u>4.</u></b> Finalize/Adopt Board Manual.....	February Meeting?
<b><u>5.</u></b> EMS/Volunteer Agreement.....	Task Force comments
<b><u>6.</u></b> EMS Garage Decision.....	Review options
<b><u>7.</u></b> EMS Staffing/Equipment Plan and Funding.....	2017 Budget
<b><u>8.</u></b> VDH Services Contract FY 17.....	Set meeting
<b><u>9.</u></b> Update Capital Plan needs.....	List and \$\$\$
<b><u>10.</u></b> Properties (OWNED).....	BOS 10/26/15
<b><u>11.</u></b> Cape Charles Access Road.....	Target March 2016
<b><u>12.</u></b> Compensation and Classification Study.....	Board Employees
<b><u>13.</u></b> AFD Application Ranking System (Advisory Group).....	Comm of Revenue
<b><u>14.</u></b> Stronger Economies Together (SET).....	Meetings/ANPDC
<b><u>15.</u></b> Facilities, Utilities, Harbors and Ramps, Solid Waste.....	Develop Action List
<b><u>16.</u></b> E-911 System, Public Safety Communications (Southern).....	Study options
<b><u>17.</u></b> Town of Eastville-Request for Boundary Adjustment.....	In progress
<b><u>18.</u></b> Town of Cape Charles-Request for historic overlay district.....	Pending
<b><u>19.</u></b> Appropriate staffing-Code Comp, Building, Parks and Rec.....	Restructure?
<b><u>20.</u></b> Restructure Quarterly Financial Statements.....	Finance
<b><u>21.</u></b> Review Financial Policies (update).....	Finance
<b><u>22.</u></b> Review Personnel Policy Manual.....	Finance, Legal, HR
<b><u>23.</u></b> Centralization of all finance staff.....	Recommendations ?
<b><u>24.</u></b> Rural Health, Hecate, Sunset Inn, Bay Storage.....	Track and Assist
<b><u>25.</u></b> Follow Riverside Plans and actions in Nassawadox.....	Town Issue
<b><u>26.</u></b> Review County Website content and updates.....	Resources?
<b><u>27.</u></b> Identify Storm water management Facilities (pond maintenance).....	Code Enforcement?
<b><u>28.</u></b> Re-draft Residential Rental Ordinance (deal with vacant only).....	Confirm legality
<b><u>29.</u></b> Consider/Plan Review session for Strategic Plan.....	Offsite event
<b><u>30.</u></b> Track Legislative Agenda (VACO releases) like DEQ Stormwater.....	Adopted 10/13/15

*Additions Added by Board on January 25, 2016:*

- 31.** Elimination of Paper Through Automated Agenda Preparation  
And Delivery .....In Progress
- 32.** Request Assistance from the Commissioner of the Revenue on  
SLEAC Values.....

## Code Compliance Officer Position

In the FY 2016 budget, the full-time position of Code Compliance Officer was eliminated and \$20,000 was included for part-time funding for code enforcement. County Administration has recently advertised for filling the part-time vacancy. Supervisor Murray would like to discuss this part-time position as well as re-filling the position in the FY 2017 budget in some capacity.



## Office of the Sheriff Northampton County

5211 The Hornes • P.O. Box 68 • Eastville, Virginia 23347-0068  
Telephone (757) 678-0495 • Fax (757) 678-0494



**David L. Doughty, Jr.**  
Sheriff

February 18, 2016

Northampton County Board of Supervisors  
Attn: Chairman Spencer Murray  
P.O. Box 66  
Eastville, Va. 23347

Dear Chairman Murray:

In 2015, Northampton County decided to eliminate the Code Compliance Position. Since that position has been eliminated my office has been handling some of the citizen's complaints involving code enforcement. Some of the complaints are involving illegal dumping of tires, road side trash, unlicensed vehicles on private property, and excessive visible debris on private property. Currently my deputies are enforcing the county ordinances that have been adopted by our Board of Supervisors. In the past we have been requested to provide law enforcement assistance to the previous code compliance officer. These issues usually involved repeat offenders.

If the Board decides to restore the Code Compliance Position, I would like to formally request that it be under the supervision of my department. Currently Accomack County Sheriff's Office has one full time position assigned to Code Compliance. I have been communicating with Sheriff Godwin about their progress and he informs me that both Accomack County and the Sheriff's Office are extremely pleased with how things are going. I believe that having this position uniformed and law enforcement certified will achieve an overall higher level of compliance. My staff actively patrols all areas of the county and will be able to effectively identify issues that need to be addressed. The Code Compliance Deputy will also be able to utilize law enforcement resources available through my department. Finally, I believe there are many other advantages to having this position supervised by my department.

I would like to thank you for your time and consideration regarding this matter. I want the Board to know that I am committed to supporting whatever decision you decide to make and will offer the complete assistance of my department. Please let me know if you would like me to discuss the budgetary element of this request. Please don't hesitate to let me know if you should have any questions regarding this matter.

Sincerely,

David L. Doughty, Jr.  
Sheriff

Accounting Technician Position re: delinquent personal property responsibility

General discussion relative to the placement of this position (remain as currently located within the Finance Department or transfer to the Treasurer's Office)