



# EMS FEASIBILITY STUDY

January 20, 2026

SAN MARCOS, TEXAS

**MATRIX**  
CONSULTING GROUP

# AGENDA

**STUDY OBJECTIVES**

**FINDINGS AND ASSUMPTIONS**

**STAFFING COSTS/CONSIDERATIONS**

**RECOMMENDATIONS**

**DISCUSSION**



# ABOUT MATRIX CONSULTING GROUP

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**21**  
**YEARS**

**42**  
**STATES**

**400+**  
**POLICE STUDIES**

**85%**  
**IMPLEMENTATION**

Our approach is fact-based, emphasizing stakeholder input to create detailed and achievable implementation strategies.

All our teams combine former leaders in public safety with experienced analysts.



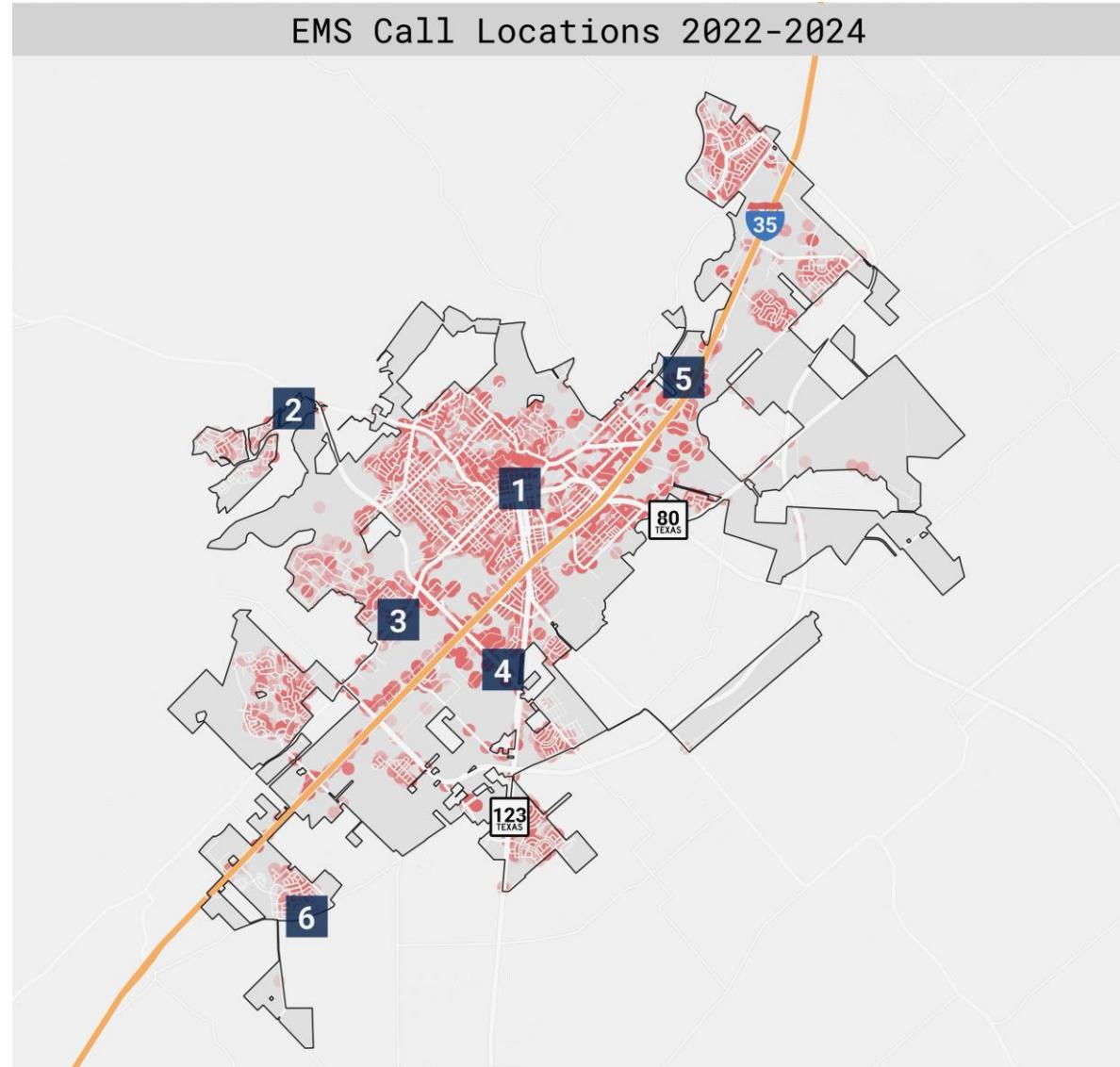
# TASK PLAN





# # FINDINGS/ASSUMPTIONS

# EMS CALL LOCATIONS 2022 - 2024



# CITY EMS INCIDENT DEMAND

## 2023 - 2024

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Medical Emergency	80.7%
Motor Vehicle Accident	12.7%
Medical Alarms	3.1%
Fire Calls	2.4%
Rescue/Service	1.1%



# EMS SYSTEM PERFORMANCE at 90%

## **SMFD**

Call Processing	4:06
Turnout	2:26
Travel	6:45
< 6 Minutes Travel	
19.6%	

## **SMHCEMS**

Call Processing	4:10
Turnout	2:41
Travel	9:36
< 6 Minutes Travel	
7.2%	



# SERVICE DELIVERY OPTIONS

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## STATUS QUO

Continue to contract with San Marcos Hays County EMS as the EMS transport agency for the City. The Fire Department would continue as the EMS 1<sup>st</sup> responder.

## FIRE-BASED EMS

Provide EMS 1<sup>st</sup> responder and transport services as part of the Fire Department.

## CITY EMS

Form a separate City Department to oversee and deliver EMS transport services. The Fire Department would continue as the EMS 1<sup>st</sup> responder.



# SERVICE DELIVERY ASSUMPTIONS

EMS Response continues from existing fire stations

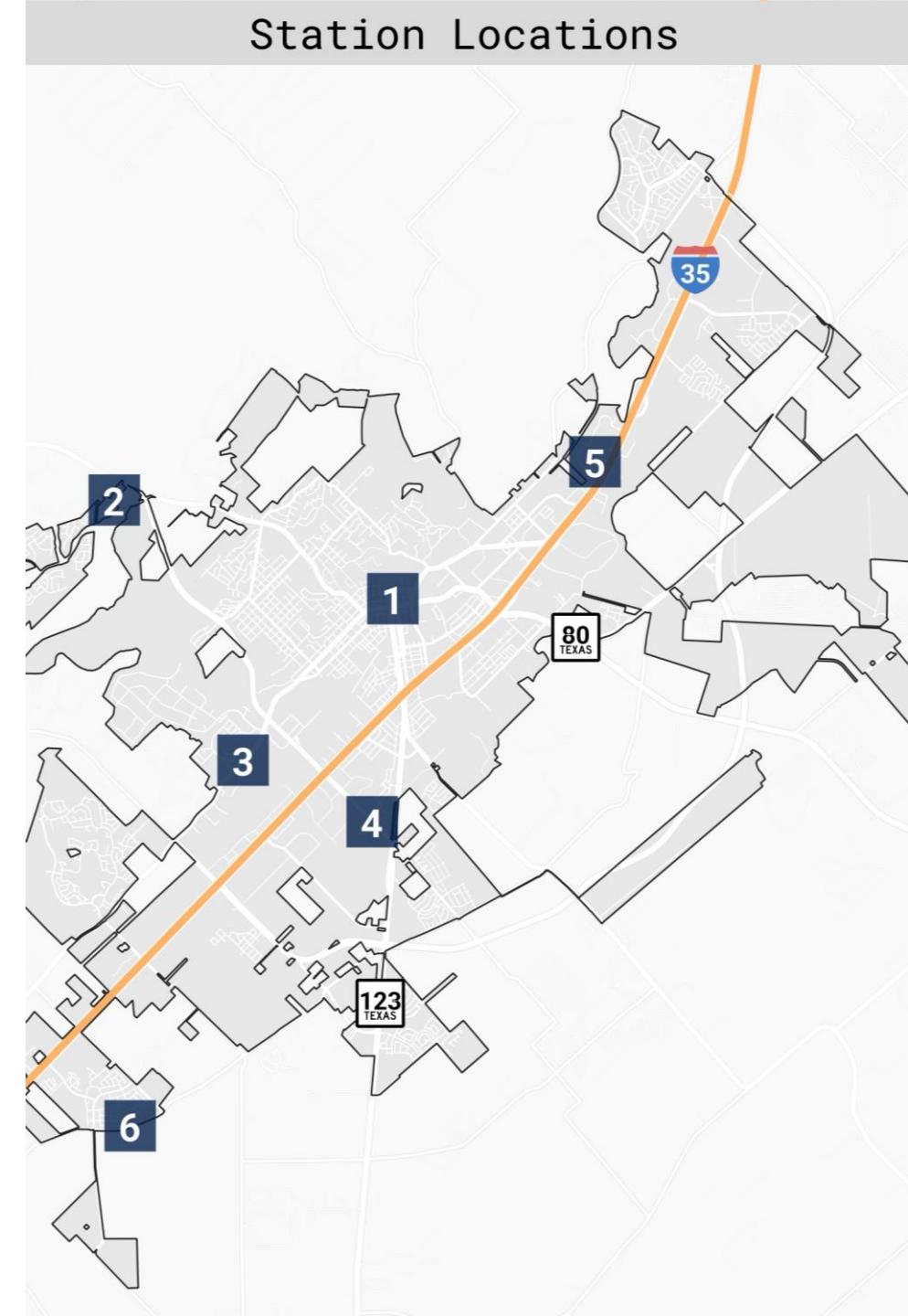
Six 24-hour transports will be needed initially.

Call volume will increase from 9,361 in 2024 to 21,716 in 2040

Staffing needs based on current historical leave

Additional transport units will be needed by 2030

Revenue from patient transport fees will be over \$2 million annually





# STAFFING COSTS AND CONSIDERATIONS

# STAFFING PLANS

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## STATUS QUO

4 – Admin Personnel  
3 – Shift Commanders  
6 – 24/7 Ambulances  
42 – Operations Personnel  
3 – Training / QA/QI  
4 – Support Personnel  
**56 – Total Staff**

## FIRE-BASED EMS

2- Admin Personnel  
6 – 24/7 Ambulances  
57 – Operations Personnel  
3 – Training / QA/QI  
1 – City Fleet EVT  
**63 – Total Staff**

## CITY EMS

4- Admin Personnel  
3 – Shift Commanders  
6 – 24/7 Ambulances  
45 – Operations Personnel  
2 – Training / QA/QI  
2 Support Personnel  
**53 – Total Staff**



# FY 26 – 31 COST COMPARISON

## STATUS QUO

FY26 - \$9,464,748  
FY27 - \$9,570,236  
FY28 - \$9,697,695  
FY29 - \$10,146,563  
FY30 - \$10,745,116  
FY31 - \$11,108,327

## FIRE-BASED

FY26 - \$9,860,770  
FY27 - \$9,978,101  
FY28 - \$10,117,796  
FY29 - \$10,579,267  
FY30 - \$11,190,802  
FY31 - \$11,567,382

## CITY EMS

FY26 - \$9,205,636  
FY27 - \$9,303,314  
FY28 - \$9,422,766  
FY29 - \$9,863,385  
FY30 - \$10,453,443  
FY31 - \$10,807,902

Transitioning to a City Service will also require the Status Quo costs to continue until operations commence



# OTHER CONSIDERATIONS

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- For all options, the current EMS facility would remain leased.
- San Marcos is at the low end of pay relative to comparable communities, which could affect recruitment and retention.
- The following timelines for implementation are projected:
  - Status Quo – Up to 12 Months
  - Fire-Based EMS - Up to 21 Months
  - City-Based EMS – Up to 21 Months



# OPTIONS COMPARISON

Category	Fire-Based EMS	City EMS Department	Status Quo
Implementation Timeline	Up to 21 months	Up to 21 months	Already operating but shorter. Up to 12 months
Speed to Implement	Fastest	Moderate	N/A
Governance & Accountability	Direct City control through the Fire Chief and the City Manager	Direct City control through the EMS Director and the City Manager	Shared governance; reduced but still divided
Administrative Structure	Uses existing Fire Dept. admin, HR, finance, training	New department administration required	Shared administrative structure
Startup Complexity	Low	High	Low (but unstable long-term)
Upfront Costs	Low to moderate	Highest	Low
Long-Term Cost Control	Strong City control	Strong City control	Limited City control
Staffing & Labor Alignment	Aligns with the existing Meet and Confer agreement	Requires a new or modified labor framework	Mixed employment models
Operational Integration	High (fire & EMS coordinated)	Moderate (coordination required)	Varies by partner
System Stability During Transition	High	Moderate	Moderate to low
Risk Level	Lowest	Moderate	Moderate to high
Flexibility to Adjust Deployment	High	Moderate	Low
Primary Advantages	Fastest transition, lowest risk, fewer new costs, clear accountability	Dedicated EMS focus, independent leadership	Shared costs, regional coverage
Primary Challenges	Cultural integration of fire/EMS roles	Longer timeline, higher startup cost, new bureaucracy	Reduced partnership weakens sustainability
Best Use Case	Rapid, stable City control with minimal disruption	Long-term independent EMS vision	Short-term bridge only



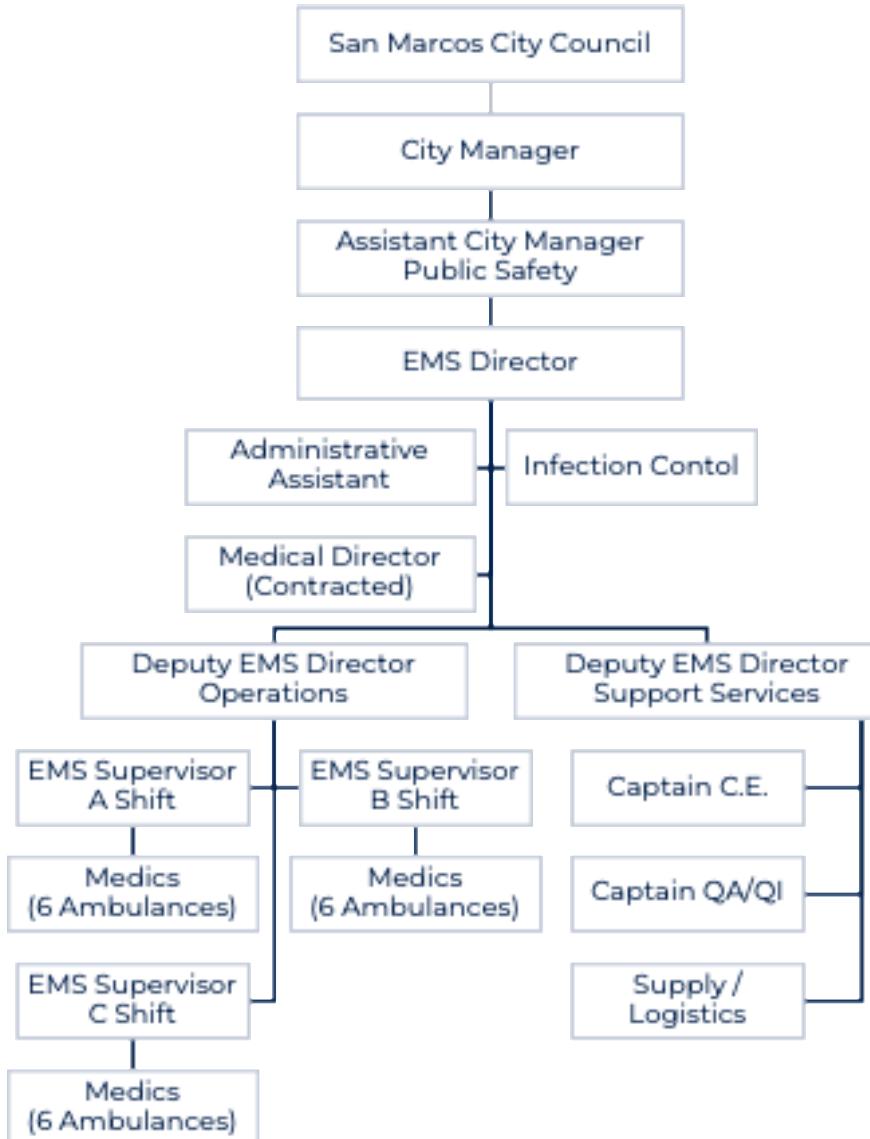
# FINDING/RECOMMENDATIONS

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- Advantages of City-Operated EMS (Direct oversight, Dedicated EMS leadership and mission, Financial transparency, Cost control, Scalability, and Continuity of service) make it the optimal choice for the City.
- Begin planning for providing EMS Transport Services
- Plan to lease the existing EMS building until space is available for EMS administrative and support personnel.
- Plan to continue contracting with SMHCEMS until the stand-alone City EMS Department is operational.



# ORGANIZATIONAL DESIGN



# IMPLEMENTATION TIMELINE

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## **Phase 1:** Council Direction and Department Design (months 0 - 3)

- City Council authorizes creation of a standalone EMS department.
- Define mission, service level, and the San Marcos–only service area.
- Establish organizational structure (EMS Director/Chief, Medical Director, and Command Staff).
- Engage the Capital Area Trauma Regional Advisory Council (CATRAC).
- Maintain SMHCEMS operations during transition.



# IMPLEMENTATION TIMELINE

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## **Phase 2:** Legal, Financial, and Governance Setup (months 3 - 6)

- Amend or terminate remaining interlocal agreements.
- Transfer EMS assets, contracts, and liabilities to the City.
- Establish department budget, financial controls, and billing systems.
- Adopt City policies for EMS operations, HR, risk management, and compliance.



# IMPLEMENTATION TIMELINE

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- **Phase 3:** Staffing and Systems Build-Out (months 6–18 months)
  - Hire department leadership, administrative staff, and contract medical director.
  - Establish pay, benefits, schedules, and labor framework.
  - Transition existing EMS personnel to City employment/hire additional staff as needed.
  - Procure or reassign ambulances, equipment, and IT systems.
  - Create training, QA/QI, and medical oversight structures.
  - Join the CATRAC



# IMPLEMENTATION TIMELINE

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- **Phase 4:** Operational Readiness and Go-Live (16–21 months)
  - Application, inspection, and licensure by the Texas Department of State Health Services (DSHS).
  - Finalize deployment and response plans.
  - Conduct training, orientation, and system testing.
  - Coordinate with dispatch, hospitals, and mutual-aid partners.
  - Launch EMS operations as a City department.
  - Monitor and adjust operations during the initial months.



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# QUESTIONS AND DISCUSSION



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