



SUBMISSION FORM

All submission forms must include the following information. Separate submission forms must be turned in for each eligible program. **Deadline: Tuesday, April 7, 2026.** Please include this submission form as the first page of your electronic entry. Contact [Gage Harter](#) with any questions.

PROGRAM INFORMATION

County: Orange County, Virginia
Program Title: Community Paramedic Program
Program Category: Health & Human Services

CONTACT INFORMATION

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SIGNATURE OF COUNTY ADMINISTRATOR OR DEPUTY/ASSISTANT COUNTY ADMINISTRATOR

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Executive Summary

Orange County Fire & EMS created the Community Paramedic Program (CPP) to address rising nonemergent 911 use and gaps in access to basic health and social services. A review of 2024 EMS data showed high call volumes driven by preventable falls, repeated low acuity calls, and limited access to primary care. In a rural county with limited EMS coverage, these avoidable calls increased response times, strained emergency departments, and contributed to provider burnout. The CPP was designed to meet these needs through a proactive, community-based approach.

Launched in 2025, the program includes three targeted initiatives: Fall Prevention, High Utilizer Support, and Resource Assistance. Through home visits, individualized care plans, and coordinated support, the Community Paramedic works directly with residents to address underlying issues that lead to preventable 911 calls. Referral pathways were developed with EMS crews, primary care providers, DSS, the Sheriff's Office, and community organizations. Services include home safety assessments, medication support, health education, home health coordination, durable medical equipment, and connections to primary care.

Initially funded by CARES Act resources, the program demonstrated early success and is now part of the Fire & EMS operational budget. In its first year, the CPP received 92 referrals, completed 161 home visits, enrolled 48 residents, and graduated 42. The program reduced EMS calls, improved safety for older adults, and strengthened links to

essential services. Through this preventive model, Orange County has boosted emergency response capacity while supporting long-term community health.

Demonstration of Need

Analysis of Orange County's 2024 EMS data revealed a clear and growing need for a new approach to supporting residents who frequently relied on emergency services for issues that were non emergent or preventable. A significant portion of 911 calls were generated by individuals experiencing chronic health challenges, unmanaged medical conditions, mobility limitations, or unmet social needs rather than acute medical emergencies. High frequency EMS use, repeated fall related injuries among older adults, and the lack of consistent access to primary care or basic resources all contributed to avoidable transports and unnecessary strain on the emergency response system.

In a rural county with no local hospitals and limited EMS units available at any given time, these non-emergent calls created critical system pressures. When resources were committed to low acuity situations, response times for life threatening emergencies increased, and the overall availability of ambulances was reduced. This dynamic placed additional stress on EMS providers, contributing to compassion fatigue, operational inefficiencies, and increased workload in already demanding conditions. Local emergency departments also experienced the downstream impact, as many of these preventable transports resulted in overcrowding and longer waiting times.

The need for a community-based solution was reinforced by feedback from multiple partners, including primary care offices, the Department of Social Services, the Sheriff's Office, community organizations, and family members. These groups routinely

encountered residents who needed assistance navigating medical appointments, medication management, home safety concerns, or access to supportive services, but who did not require a 911 response. Without a coordinated system to meet these needs proactively, many individuals had no alternative but to rely on EMS.

These data trends and partner observations demonstrated a clear need for a proactive, mobile, and preventive program designed to reduce preventable 911 utilization, address social and clinical barriers, and improve long term health and safety outcomes for Orange County residents.

Implementation & Innovation

In 2025, Orange County Fire & EMS implemented the Community Paramedic Program (CPP) as a proactive, community-based solution to rising non-emergent 911 use and growing gaps in access to essential services. The program was built around



Figure 1: Orange County's Community Paramedic Kristen Cook

three targeted initiatives, Fall Prevention, High Utilizer Support, and Resource Assistance, each designed in direct response to trends identified through a detailed analysis of EMS call data. This review highlighted the populations most frequently calling 911 for preventable issues, geographic clusters with higher call volume, and the underlying conditions contributing to avoidable emergency responses.

To launch the program, Orange County created an extensive network of referral pathways that engaged EMS crews, primary care providers, the Department of Social Services, the Sheriff's Office, community organizations, churches, family members, and neighbors. Once a resident was referred, the Community Paramedic conducted in-home assessments to evaluate health, safety, mobility, and resource needs. These visits formed the foundation for individualized care plans tailored to each patient, ensuring the program addressed both immediate concerns and long-term stability.

Implementation involved multiple coordinated interventions, including home-safety assessments for fall-risk residents, weekly visits for high utilizers focused on medication organization and



Figure 2: A referral form is conveniently located on the County website.

health-literacy improvement, and short-term support for residents requiring help accessing primary care, home health, durable medical equipment, transportation, DSS services, or benefit navigation. Education on appropriate EMS use was also provided, even to individuals who declined formal program enrollment, resulting in measurable improvements in call patterns.

The program's design is innovative within the region, representing a shift from reactive emergency response to preventive, relationship-based mobile integrated healthcare. Its structure combines clinical assessment, social support, public health coordination, and cross-agency collaboration into a single, streamlined service capable of addressing complex needs that traditional EMS models cannot accommodate. Weekly

contact and direct system navigation build trust, improve compliance, and support long-term change for vulnerable residents.

Looking ahead, the program will expand into telemedicine in 2026, increasing access for individuals who face transportation or mobility barriers and strengthening coordination with local providers. This integration of technology, proactive care, and community partnership positions the Community Paramedic Program as a forward-thinking model that enhances emergency response capacity while improving overall health and safety outcomes for Orange County residents.

Cost and Funding

The Community Paramedic Program was launched in 2025 using CARES Act funding to address increasing community health needs identified in the years following the COVID-19 pandemic. Although the public health emergency had ended, the county continued to see high EMS utilization for non-emergent issues, gaps in access to primary care, and a growing need for in-home support for vulnerable residents. CARES Act funds allowed Orange County Fire & EMS to establish the program, develop referral pathways, and begin delivering proactive, community-based services that reduced preventable 911 calls and unnecessary emergency department use.

As the program evolved throughout its first year, it demonstrated measurable improvements in patient safety, EMS efficiency, and community health outcomes. The success of the Fall Prevention, High Utilizer, and Resource Assistance initiatives confirmed that the program filled longstanding service gaps and provided benefits well beyond its initial funding period. In recognition of this continued need and the program's

positive impact, Orange County transitioned the Community Paramedic Program from temporary federal funding to a permanent component of the Fire & EMS operational budget. This shift ensures stable long-term support and enables the program to expand, including future integration of telemedicine and growth based on ongoing community needs.

Results and Impact

During its first year, the Community Paramedic Program (CPP) produced measurable, wide-ranging improvements in patient outcomes, EMS system efficiency, and community health. Across all program components, the CPP received 92 referrals, completed 161 home visits, enrolled 48 patients, and successfully graduated 42 individuals who met their care-plan goals. These outcomes demonstrate that the program addresses longstanding gaps in preventive care and reducing unnecessary 911 utilization.

The Fall Prevention Program received 19 referrals, with 10 patients enrolled and 6 graduating from individualized care plans. Participants received comprehensive home-safety assessments that identified environmental hazards and physical risk factors contributing to falls. After intervention, enrolled individuals experienced fewer fall-related EMS calls, fewer lift assists, and reduced hospital transports. This not only improved personal safety and independence for older adults but also reduced pressure on EMS crews responding to repeat fall incidents.

The High Utilizer Program focused on individuals who frequently used 911 for non-emergent concerns. In 2025, the program received 11 referrals, with 5 enrolling, 4

graduating, and 3 declining formal participation. Even for those who refused enrollment, education provided by the Community Paramedic resulted in decreased use of 911. Several participants showed significant reductions in EMS calls, including:

- **Patient A:** 53 calls reduced to 9
- **Patient B:** 38 reduced to 1 after medication organization and weekly support
- **Patient F:** 9 reduced to 0 after connection to primary care and medication assistance

These reductions strengthened EMS response capacity, decreased emergency department strain, and improved individual stability and quality of life.

The Resource Assistance Program was the most heavily utilized, receiving 42 referrals, enrolling 26 patients, and graduating 20. This initiative supported residents needing short-term help accessing appropriate resources rather than emergency care. Services arranged included primary care appointments, wound care, durable medical equipment, prescription pickup, Guardian Alert pendants, home health services, Project Lifesaver visits, transportation, and smoke detector installations. By addressing these unmet needs proactively, the program prevented inappropriate 911 calls and empowered residents to manage their health more effectively.

Collectively, these initiatives resulted in fewer 911 responses, improved patient safety, expanded access to essential services, and strengthened collaboration across community partners. The program delivered meaningful improvements for both residents and the EMS system, demonstrating its value as an essential, long-term component of public safety and community health.