CALL TO ORDER: The Chair called the meeting to order at 6:31 p.m.

ROLL CALL: The clerk called the roll and recorded as follows:

PRESENT: Kevin Shively, Chairman, Mary Isaac, Vice Chairman, Nikki Satin, Dawn Cantafio, Steve Choi, Tony Scinto, Joy Colon, Alternate, Mike Buswell, Alternate

ALSO PRESENT: First Selectman Vicki A. Tesoro, Chief Administrative Officer Cynthia Katske, Town Attorney Daniel Schopick, Finance Director Maria Pires, Assistant Finance Director Dan Martin, Internal Auditor Rebecca Lopez, Town Council Chairman Ashley Gaudiano, Town Council members Jason Marsh, Thomas Whitmoyer, Carl Massaro, Kelly Mallozzi, Christopher DeCruze, Steve Lemoine, Dede Robinson, EMS Chief Leigh Goodman

1. RESOLUTION TC29-44: Moved by Satin, seconded by Choi

Chief Goodman shared her screen with the Committee, (Presentation Attached):
- EMS wants to expand staffing and their deployment pattern to meet current needs.
- EMS considered expanding just before the pandemic, but the pandemic affected their call volume and it trended down. Those changes were put on hold.
- Call volume continues to go up and has been for the last six months, and are asking mutual aid regional partners to take calls during specific time periods.
- The other indicator for change is Trumbull EMS is being requested to go out of town to respond mutual aid to area neighbors. This has increased by 89%.
• One of Chief Goodman’s main goals was to have less mutual aid coming in and were doing well until this recent volume trend back to pre-pandemic times.
• EMS wants to add a paramedic level unit. Currently there is paramedic truck on 24 hours a day and a second truck on Monday-Friday from 8:00 a.m.-5:00 p.m. They would like to change that truck to 6:00 a.m.-2:00 p.m. and 2:00 pm-10pm, (8-hour shifts), and want to increase the EMTs shift to 9:00 a.m.-10:00 p.m., currently it is 9:00 a.m.-9:00 p.m. Quite a few times they’re missing the third call right just before the truck starts. This allows two paramedics on and decreases the chance of overtime because the 24-hour a day car is the minimum car they ever put on.
• Regional trends support this data. There a challenges with keeping long term staffing, which has been seen throughout the healthcare industry.
• EMS sees a much larger aging community and healthcare facilities in Trumbull which creates a greater request of services.
• Chief Goodman was hoping to ask for this in the next fiscal year’s budget, but the trends are changing, it is critical to act now and wants Trumbull to stay ahead of this.
• EMS could potentially increase the amount of calls covered by around 250 to 290 a year, and increase revenue.
• Chief Goodman is working with local legislators to get a healthier revenue stream.

Chief Goodman ended her presentation/screen sharing.

Discussion points are as follows:
• Chief Goodman meets with the area chiefs every Friday and they see the same trends.
• There are mutual aid agreements in place with at least 4 neighboring towns.
• Other towns are trying to build their own bases by hiring fulltime paramedics and EMT’s, the idea is if you are able to take care of your own town there will be less of pulling a resource from another town.
• Chief Goodman has looked into NRPA funding, and HRSA, recruitment and retention, funding, and is still very open to all of those ideas.
• She recognizes the trend will continue and if they keep going the way we're doing, we'll probably bring in about $120,000 more than they did last year, which is what they were trending before the pandemic.
• Trumbull is competing for the same pool of skilled paramedics and EMTs.
• Bridgeport does have two paramedic programs in our region. This does create. and issue as the EMT’s graduate from the program, Trumbull will lose some of their best EMT’s. Chief Goodman hopes to have our own program once EMS has a bigger space.
• EMS hasn’t sent anyone to train as paramedic. It was something the Chief was considering before the pandemic, possibly using the special agency account with some of the donations to put together a scholarship. There is a stumbling block, if a brand new paramedic is brought on, essentially they're a third person riding on the ambulance and EMS doesn't always have wiggle room in my budget. Chief Goodman is working on this, this would benefit them by not losing their very good employees.
• There is an area in town where the 911 calls bounce to other towns, they are working on that with Emergency Management, and this is a telecommunications issue.
Moved by Cantafio, seconded by Satin to amend the title of account #01013400-522110 to read as Fringe Benefits-Defined Contribution Plan, striking the word Deferred. VOTE: Motion CARRIED by unanimous consent.

- Chief Goodman explained she waited to address the trends, because when the pandemic hit, the trends changed, everything was changing day-to-day. The need wasn’t critical. Now the trends are back as they were before the pandemic, she tried to wait for the FY2023 budget, but the numbers show it is critical now. Neighboring towns are seeing the same trends. Chief Goodman analyzes the trends all the time to see early on what the trend is.

- All EMS agencies have faced some staffing shortages over the last few years. And due to the pandemic, it really took a knock.

- Moving forward for next year, Chief Goodman plans to continue to have these positions and is looking at expanding more. Her ideal goal would be to pull that 24 hour-a-day paramedic ambulance and have that paramedic be in a fly car for 24 hours a day. That would be the major change. The other part of this is pulling out paramedic staff who do a hybrid role, they do three shifts on the road and two off the road, and wants to pull them fully off the road. Because what happens is when we are short staffed, they jump on a call. It keeps the overtime down. She is using the benefit of having them behind the scenes helping her with the tracking and some of the day to day operations. If they were doing that, they could still do two or three shifts on the road when help is needed to keep those costs down and step in when somebody’s sick or doing multiple things like COVID clinics but still work with her on the administrative side. They have made progress on analytics, and restructuring and are doing a lot of drilling down into the financials. It's really hard to do that on the road. If they go out to take a call, that's an hour to two hours out of the day, then they come back to write the electronic patient healthcare record.

- EMS supervisors are exempt employees.

- It is not known at this time if expansion beyond this will be necessary, but based on what the Chief has analyzed to date, she is sure these changes need to be made.

- The additional apartments will have a minimal impact initially, but as people settle and a community is established at some point it will have an impact. The biggest impacts come from the Medical facilities in town. EMS is working on the education and community outreach.

- Collection rates are good. They changed collection agencies and have seen an increase in bills being paid. Credit card payments were added as well. Medicare and Medicaid do not support treatment transport rates, but that is a national problem.

- If Easton has an ambulance, but doesn't have a paramedic, we send our paramedic and then Easton will send the bill and we charge Easton for the paramedic. It is a great system, we're guaranteed income for that call. There is the same partnership with AMR and Nelson, and is working on this with Monroe and Shelton.

- We pay for mutual aid regardless of whether we collect. There is potential for more profit if we could provide paramedics to the other towns, but first wants to make sure our team is set up and solid.

- Vacation/Weekend account is for the per diem staff, the Chief has discussed changing the name of the account.
- Mutual Aid Account-The Chief will try to break down the information, but it is based on the reports from the communication center, their reports are not as user friendly as they would like and are working with them on that. Many times they pull data by hand and insert it into a spreadsheet.
- The Chief waited to make sure it was the right time to expand the deployment pattern, if the call volume doesn't support it, it is a large expense. So during the pandemic they saw a huge shift, and the numbers changed dramatically. It didn't make sense to try to implement a funding plan that had made perfect sense in January of 2020. She wanted to have peace of mind before asking the town to take on a large financial and long term investment. She wanted to know that there was enough demand to support it.
- Chief Goodman’s goal is to reduce the mutual aid by 50%. Trumbull used to go to their towns 2-6 times, now they are going 35 times a month. A basic support is $813, but can only bill what is allowed, but based on what people can pay it is approximately $600 per call.
- Chief Goodman confirmed the increase in personnel pay a couple of years ago did help and have seen a high caliber of staff.

The Committee questioned whether they could vote on this, since the BOF is scheduled to vote at a later date. The Chair recommended passing it to the Council without recommendation.

Moved by Cantafio, seconded by Choi to PASS as amended without recommendation.
VOTE: Motion CARRIED by unanimous consent.

ADJOURNMENT: There being no further business to discuss and upon motion made by Choi, seconded by Cantafio the Finance Committee adjourned at 7:40 by unanimous consent.

Respectfully Submitted,

_______________________
Margaret D. Mastroni
Town Council Clerk
Trumbull EMS Funding Request

Presented by:
Chief Leigh Goodman,
Director of Emergency Medical Services, Town of Trumbull
Trumbull Emergency Medical Services (EMS) provides prompt advanced (ALS) and basic (BLS) life support pre-hospital 911 care to ensure the health, safety and well-being of our community. Our department was founded in 1976 and continues to deliver evidence-based, patient-focused care using progressive and innovative treatment protocols to ensure best practice care to ensure the health, safety and well-being of our community. Our department was founded in 1976 and continues to deliver evidence-based, patient-focused care using progressive and innovative treatment protocols to ensure best practice care.

Our role includes community health, education and safety programs and extensive clinical education programs including initial and continuing medical education programs to public safety professionals in the State of Connecticut. In the past 45 years, our population has grown by 5000, our fleet houses 9 vehicles and we are staffed by 50 career employees & 60 volunteers. Call volume has increased from around 1000 calls to almost 5000 calls a year.

In addition, we play a vital role in our Town of Trumbull disaster/emergency planning and response team.
Trumbull EMS and EMS within our region are seeing continuing, significant increases in call volumes, and alarming lack of mutual aid availability which could have critical ramifications for our town. The current mutual aid trends along with the ongoing region wide EMS staff shortage has begun to and will continue to impact our own Town of Trumbull 911 system and response capacity.

As you know, I proposed a tiered deployment pattern change to allow us to increase the amount of transport units and staff available to meet the demands of our community. I believe we must act now with implementing the initial phase of this plan to ensure the continued wellbeing and safety of the community we serve, along with our employees.
Industry accepted indicators that change/action is warranted to ensure continuity of operations:

<table>
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<th>Current call volume has increased from the pandemic lows by approximately 34%.</th>
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<td>We did 480 calls in November as opposed to pandemic call low average of 330.</td>
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<tr>
<td>Requests for mutual aid response to our neighboring towns have increased 89% since February.</td>
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<tr>
<td>Requests for mutual aid into town have increased by 39% since February despite our supervisors covering extra calls</td>
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**Expanded Deployment Pattern**

Trumbull EMS would like to expand our deployment pattern by adding an additional ALS unit 5 days a week, our BLS truck by an extra hour a day and pull our administrative staff off the road to allow them to work in multiple different roles responding to the global pandemic, as well as day to day operations.

**Funding Request Summary**

Trumbull EMS is requesting $109,769.00 which includes initial onboarding and uniform costs.
FUNDING REQUEST OBJECTIVES

- Provide our community of approximately 36,000 residents, visitors, workforce members and those who travel the multiple limited access highways in our town essential 911 services and cohesive emergency response teams
- To respond to the current and any future public health emergencies using effective disaster recovery strategies (pre- or post-disaster plans), preparedness, or response plans
- Allow for Capability- and Capacity-Building Activities that enhance the knowledge, skills, and expertise of the current workforce to expand or improve the administration of mitigation assistance; joint department comprehensive and strategic community development plans, capital improvement or economic development plans
- Collaborative resource management & sustainability plans; Evaluating the current and future built environment to assess risks and vulnerabilities
- Long-term community health, prevention and mitigation planning initiatives
- Hazard identification or mapping for the implementation of mitigation planning-related activities
- Enhanced, timely and accurate public health surveillance
- Improving mitigation strategies, specifically strengthening the linkage between mitigation plan implementation and well-defined actions and projects
Trumbull EMS call volume has been steadily climbing towards prepandemic rates, Transport rates are trending up but at a slightly slower rate.
INDICATORS FOR CHANGE

MISSED CALLS & EXTENDED RESPONSE TIMES
Over-reliance on mutual aid for coverage and the lack of adequate personnel to handle subsequent calls when primary units are on an assignment is a red flag. Responding from the ED or after clearing when a mutual aid unit is in route is a sign you need to look at deployment patterns.

RESPONSIBILITIES OUTPACE CAPABILITIES
Mandated and selected responsibilities and response commitments exceed the department’s capability to manage outcomes properly. Mandated responsibilities may have their basis in state statutes or local resolutions, proclamations and ordinances. As EMS scope of practice has grown, so have regulations with consistently rising minimum equipment lists, with reimbursement options not increasing, and at times decreasing.
INDICATORS FOR CHANGE

PROVIDER FINANCIAL PRESSURE

In many communities the price of homes and property taxes makes it difficult for the children of current volunteers or others who have time to volunteer to live in the community, thus reducing the pool of potential members. Additionally education requirements keep increasing, at significant cost.

COMMUNITY AGING

The ability to recruit new members in part depends on the supply of new, younger people who can be tapped for service. A community’s age profile can be an indicator of problems ahead. The age factor in your community is revealed by data showing who are moving in and moving out.
First and foremost, as our regional EMS partners face critical staffing shortages, we see a huge increase in requests for mutual aid out of town, which increases the likelihood of reciprocal mutual aid requests into our town.
As the pandemic continues to place excessive strain on our already limited resources, staff turnover and attrition rates are greatly impacted. EMS employees around the region and the nation are increasing compensation packages to try to secure a long term employee retention rate.
As the pandemic continues to place excessive strain on our already limited resources, staff turnover and attrition rates are greatly impacted. EMS employees around the region and the nation are increasing compensation packages to try to secure a long term employee retention rate.
What matters?

"The nation’s EMS system is facing a crippling workforce shortage, a long-term problem that has been building for more than a decade. It threatens to undermine our emergency 9-1-1 infrastructure and deserves urgent attention by Congress."

Excerpt CT Post Article By Andrew Cohn, 11/26/2021

Fiscal Accountability

I am working with our local legislative leaders to ensure we are no longer forced to rely on an out of date and unequal revenue stream from EMS billing.

Access to 911 Service

Healthcare and access to 911 services should not be impacted by a lack of funding to support a highly regulated and expensive industry at the cost of our most import assets which are our clinicians and field providers.

Patient Advocacy

Our patients deserve more. Our most vulnerable populations deserve more. Our fellow community health, public safety and medical partners deserve more. We must plan ahead for their future.

May 2023
Region Wide Staffing Trends

EMS Professionals are feeling significantly impacted by the ongoing public health crisis.
Cumulative Stress
Pandemic Fatigue
Burnout

High Risk Environment
Lack of pay parity with other public safety departments, while facing higher risk
Region Wide Staffing Trends

Lack of career growth opportunities forcing them to move into alternate more stable environments such as nursing, physicians assistants, APRNS

Multiple Agencies within CT and specifically Region 1 are currently hiring multiple FTEs, both ALS and BLS.

They are offering significant sign on bonuses and 5-7 step salary ranges.
Region Wide Staffing Trends

Many EMTS are offered 2-3 x their wage to give vaccines, or scan temperatures in warm office buildings and clinic settings, which is more appealing than working in extreme high risk conditions for less compensation.
The practice of EMS medicine was born out of the realization that medical care in the out-of-hospital environment can positively impact health outcomes of the ill and injured. As a system, we must never lose sight of this primary objective.
Patients Before Profit

While EMS has always, and will always strive, to operate with the highest integrity. Our goal is to always deliver the highest quality care in the most fiscally responsible manner.

However, it is important to note, that we are not and will never be "for profit" and as such, will always use any revenue we recoup to offset our operating budget, and invest in maintaining and updating our capital assets.
Patients Before Profit

Historically Trumbull EMS has generated revenue that offset anywhere from 93% to 120% of our operating budget, on average almost always covering the entire budget. Any revenue over has gone back to the general fund.

While that continues to be our goal, we offer an essential public safety service and we must have enough resources to provide our prehospital care, regardless of billing revenue stream.

“No one will ever be denied necessary medical transport services due to either the inability to pay or lack of insurance”
SET STANDARDS & INSPIRE YOUR TEAM

Expanding our team, allows us to ensure we set the clinical performance benchmarks. It allows us to provide high level ongoing continuing education and ensure we meet and exceed national benchmarks. This allows opportunities for our team members to also grow as educators, training new, less experienced members to our high standards.

Our career staff are becoming experts in our town. They are familiar with local traffic patterns, closest appropriate medical facilities, local construction patterns & evolution. They form bonds with patient’s that need assistance beyond 911 transports facilitating community support through social and senior services.

Investing in career staff, means families who want to invest in the Town of Trumbull. Community members become active participants in their town, when they are given positive reasons to build their homes their and become vested in the success of the entire town.

Ultimately, we need to continue to set our own high standards and inspire team members to want to meet and exceed them. Continuing to grow our team with consistent and reliable staff, setting expectations that are fair and standard and enforced across the board ensures continued success.
Thank you!

For continuing to invest in your emergency medical services department and ensure the safety and wellbeing of the community we serve, providing critical life-saving care to our patients.