



# Council Agenda

Council Chambers  
Windsor Town Hall  
November 6, 2023



## Zoom Instructions

### Dialing in by Phone Only:

Please call: **312 626 6799** or **646 558 8656**

When prompted for participant or meeting ID enter: **835 8816 3693** then press #

1. You will then enter the meeting muted. During Public Comment if you wish to speak press \*9 to raise your hand.

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1. Only if your computer has a microphone for two way communication, then during Public Comment if you wish to speak press **Raise Hand** in the webinar control. If you do not have a microphone you will need to call in on a phone in order to speak.
2. During Public Comment if you do not wish to speak you may type your comments into the Q&A feature.

## **7:30 PM Regular Council Meeting**

1. ROLL CALL
2. PRAYER OR REFLECTION – Councilor Naeem
3. PLEDGE OF ALLEGIANCE – Councilor Naeem
4. PROCLAMATIONS/AWARDS
  - a) Proclamation honoring Mike Cook, WIN-TV
  - b) Proclamation honoring Jim Shea, Windsor Volunteer Fire Department
  - c) Proclamation honoring Fire Chief Bill Lewis
5. PUBLIC COMMUNICATIONS AND PETITIONS  
(Three minute limit per speaker)
6. COMMUNICATIONS FROM COUNCIL MEMBERS
7. REPORT OF APPOINTED BOARDS AND COMMISSIONS
  - a) Board of Education
8. TOWN MANAGER'S REPORT
9. REPORTS OF STANDING COMMITTEES
10. ORDINANCES



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11. UNFINISHED BUSINESS

- a) \*Provide direction to Town Manager relative to Emergency Medical Services Study recommendations including approval of capital equipment replacement. (Town Manager)

12. NEW BUSINESS

- a) \*Approve acceptance and expenditure of a grant from the State of Connecticut for Adult Day Services (Town Manager)
- b) Consider possible settlement in Cristofaro vs Town of Windsor (Town Manager)
- c) Consider possible settlement in Gagnon vs Town of Windsor (Town Manager)

13. \*RESIGNATIONS AND APPOINTMENTS

14. MINUTES OF PRECEDING MEETINGS

- a) \*Minutes of the October 16, 2023 Public Hearing
- b) \*Minutes of the October 16, 2023 Regular Town Council meeting
- c) \*Minutes of the October 18, 2023 Special Town Council meeting

15. PUBLIC COMMUNICATIONS AND PETITIONS  
(Three minute limit per speaker)

16. EXECUTIVE SESSION

- a) Strategy and negotiations with respect to pending claims and litigation (Cristofaro vs Town of Windsor)
- b) Strategy and negotiations with respect to pending claims and litigation (Gagnon vs Town of Windsor)

17. ADJOURNMENT

★Back-up included

# Proclamation

## *Honoring Mike Cook for his dedication to WIN-TV and the Windsor community*

**WHEREAS,** Mike Cook is a Windsor resident, Windsor High School graduate, and has been a volunteer at Windsor Community Television (WIN-TV) since 2011, and,

**WHEREAS,** Mike's tenure began with WIN-TV when he was a volunteer at the Cat Connection and he assisted a WIN-TV volunteer who was doing a story on the organization. When he began volunteering he would walk three miles from his home to the studio located at the L.P. Wilson Community Center, occasionally hitching a ride with station Manager Jenny Hawran, and,

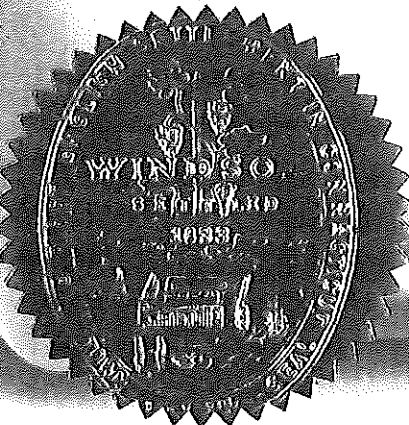
**WHEREAS,** Mike is WIN-TV's "go to" videographer to cover all events happening in the center of town. He is a talented videographer, audio technician and proficient in Final Cut Pro Editor. He is the kind of volunteer that when called upon, always says "yes," and,

**WHEREAS,** Mike loves music and loves being involved in any event with music. He has made many musician friends over the years covering these events, and,

**WHEREAS,** in addition to special assignments, Mike covers many events on a regular basis including: summer concerts on the green, Nightmare on Broad Street, Shad Derby, Union Street Tavern Trot, Memorial Day, Wreaths Across America, Torchlight Parade and Carol Sing.

**NOW, THEREFORE, BE IT PROCLAIMED BY THE MAYOR OF WINDSOR THAT:**

*Mike Cook be recognized for his dedication to Windsor Community Television and for documenting the many events that enhance Windsor's sense of community and make it the special place it is.*



Donald S. Trinks  
Mayor of Windsor  
November 6, 2023

# ***PROCLAMATION***

***honoring James (Jim) Shea  
for 50 years of dedicated service to the  
Windsor Volunteer Fire Department***

***WHEREAS,*** Jim Shea joined the Town of Windsor Volunteer Fire Department in October of 1973; and,

***WHEREAS,*** Jim rose through the ranks of the Windsor Fire Company holding the position of Chief twice (1992-1994 & 2006-2020), and,

***WHEREAS,*** in 2020 he was promoted to the position of Assistant Chief of the Windsor Volunteer Fire Department, and,

***WHEREAS,*** during his time with the fire department he spent countless hours working on sufficient water supplies for fire suppression and general training of the department members. Much of this work centered around upgrading the fire hoses and appliances to put out fires, and,

***WHEREAS,*** Jim shared his knowledge and expertise gained from his experience as a Bradley Airport Fire Officer to other members of the Windsor department in case of an airport emergency.

***NOW, THEREFORE, BE IT PROCLAIMED BY THE MAYOR OF WINDSOR THAT:***

**Jim Shea be recognized and honored for his outstanding performance as a firefighter and a leader during his 50 years of dedicated service to the Windsor Volunteer Fire Department.**



A handwritten signature in black ink, appearing to read 'Donald S. Trinks', is written over a horizontal line.

Donald S. Trinks  
Mayor of Windsor  
November 6, 2023



# PROCLAMATION

## *Honoring Bill Lewis for his contributions to the Town of Windsor Volunteer Fire Department*

*WHEREAS*, Bill Lewis joined Windsor's Volunteer Fire Department in June of 1970. Some of the greatest changes to the Wilson Fire Company happened during his term; and,

*WHEREAS*, During his tenure as Chief of the Wilson Fire Company, Bill finished the work that Chief Hallgren began by assisting with the consolidation of the four fire companies in town. Part of this transition included the change of title from Chief to Assistant Chief, making Bill the last "official" Chief of the fire company and,

*WHEREAS*, Chief Lewis served as "clerk of the works" in the construction of the new Pine Lane firehouse. Although this was not his official title, he spent countless hours meeting with the contractor to ensure the new firehouse met the needs and specifications of the fire department. One of his proudest moments has to be the dedication of one of the nicest firehouses around, and,

*WHEREAS*, Bill was a leader in the design and purchase of a 105' ladder truck. A committee of firefighters worked many weekend to create a specification that would meet the needs of the fire department. Chief Lewis took this specs and ensured the ladder desired was the ladder purchased. Also during this time a 1996 Pierce pumper was delivered, causing the retirement of Engine 1 and Engine 3, and,

*WHEREAS*, Bill became the third Chief of the Windsor Fire Department in the year 2000. He oversaw the rebuilding of the Hayden Station Firehouse and the Fire/EMS building at 340 Bloomfield Ave. During his tenure he updated the apparatus replacement plan, created several committees for the betterment of the department and authorized special parking spaces for firefighters at each firehouse to ensure safety and efficiency on calls, and,

*WHEREAS*, Upon his retirement, Bill will be the longest lasting Chief of the Department.

***NOW, THEREFORE, BE IT PROCLAIMED BY THE MAYOR OF WINDSOR THAT:***

*Windsor Fire Chief Bill Lewis be honored for his years of dedication and service to the Town of Windsor Volunteer Fire Department and recognized for his contributions to the betterment of the department and safety of our community.*




Donald S. Trinks  
Mayor of Windsor  
November 6, 2023

## Agenda Item Summary

Date: November 6, 2023

To: Honorable Mayor and Members of the Town Council

Reviewed By: Peter Souza, Town Manager 

Subject: EMS System Study Recommendations

### Background

The Windsor Volunteer Ambulance Association (Windsor EMS) is a private not-for-profit entity that provides emergency medical response and transportation to the Windsor community. There are over 4,000 calls for emergency medical service (EMS) per year in the town. The ambulance association, along with the Police Department responds to these calls. If the association does not have personnel available, an outside EMS agency is requested to respond.

This spring the town engaged The Holdsworth Group, an emergency medical services consulting firm, to complete a review of the emergency medical services delivery system. The system review was prompted by questions raised by the public and Town Councilmembers related to Windsor EMS' staffing levels, response times, financial stability and greater reliance on mutual aid from surrounding EMS agencies.

The Council's Health & Safety Committee reviewed in detail the EMS System Study on August 14th. The Committee requested that the report be placed on the Town Council's September 5<sup>th</sup> meeting agenda for a high level overview. The Town Council held a workshop on October 18, 2023 to discuss the report and recommendations.

At this time the Town Council is respectfully requested to provide direction to the Town Manager relative to negotiating a multi-year operations agreement with Windsor EMS and to consider an additional annual town contribution to fund a multi-year capital equipment replacement plan.

### Discussion/Analysis

Attached is the study report which includes information regarding topics such as current system overview, community demographics, EMS economics, system utilization, response times, capital investment needs, recruitment and retention, service delivery options, and budget forecasts.

Primary recommendations of the study on page 25 of the report include:

- Begin aggressively recruiting EMT and paramedic staff through word of mouth, social media, direct mail and developing in-house training programs to 'grow your own' (*Underway*).
- Make capital reinvestments in medical equipment by taking advantage of capital leasing programs. Payments could be deferred until the FY 25 budget.
- Order five new identical ambulances on a staggered schedule as soon as possible. The acquisition will reduce down time and maintenance costs. Delivery time will be at least 18 months.
- Add a dispatch priority field to each call for both EMS and police units so that response times to high and low priority calls can be better tracked (*this recommendation has been implemented*).

- Analyze call volumes, mutual aid use and completed transports monthly (*underway*). Adjust staffing times of the peak unit to capture the most calls – potentially on a quarterly basis or as needed (*will be implemented as staff is hired & trained*).
- Work together to create an Operating Agreement between Windsor EMS and the Town memorializing both the transparency of EMS operations and finances as well as the commitment from the Town in the form of planned subsidies to stabilize the system going forward. This has a by-product of assisting in recruiting since staff can see there is career stability in joining the Windsor EMS.
- Utilizing the FY 24 approved budget resources, add ambulance coverage during the 9 AM – 9 PM peak period as soon as personnel can be hired.

Based on discussion at the Town Council's October workshop the primary focus areas for next steps include the following areas:

- Recommend Windsor EMS' Board of Directors have a range of professional experience and skills, update organizational bylaws, as well as increase board engagement and oversight roles.
- Address capital reinvestments in medical equipment by taking advantage of capital leasing programs before November 30th to lock in existing pricing. (Payments can be deferred until the FY 25 budget).
- Address aging ambulance fleet by ordering five ambulances prior to January 2024 with a staggered delivery schedule. Please note delivery time is expected to be at least 18 months. (Lease payments would start in late FY 25/early FY 26 and FY 27 based on delivery time and staggered schedule.)
- Negotiate a multi-year Operating Agreement between Windsor EMS and the Town to include elements such as service delivery expectations, staffing levels, board structure, regular financial and operating reporting as well as planned town financial contributions / subsidies for ongoing operations and capital needs.

Reinvestment in patient care equipment is recommended to be initiated prior to the end of this month to avoid an expected price increase prior to the end of the year. The consulting report recommends use of a multi-year lease payment plan versus a capital expenditure of approximately \$490,000.

Replacement of the aging ambulance fleet is recommended to be initiated as soon as possible prior to the end of the year utilizing a five year lease. Windsor EMS currently has five ambulances ranging in age from 6 years to 14 years. The mileage of the fleet range from 89,127 to 221,257 with the median being 162,661 miles. With the goal of staffing three ambulances during peak hours, the consultant recommends Windsor EMS maintain a fleet of five ambulances. This will help ensure adequate reserve units are available if others are off line for service or repairs.

It is recommended ambulances be replaced on a 5 to 6 year cycle based on expected annual usage. As outlined in the attached report, it is recommended that five ambulances be ordered with delivery of three to occur as soon as possible within 18 months and two to be delivered one year later.

#### Financial Impact

Reinvestment in medical /patient care equipment is recommended to be done prior to the end of this month. It is recommended that Windsor EMS utilize a multi-year lease payment plan versus a capital expenditure of approximately \$490,000. Based on updated pricing, a five year lease structure would require a \$104,550 annual payment (starting July 2025) for a total of \$522,750 over the life of the lease. Alternatively, a 5 year lease with a 20% (\$98,000) upfront payment would result in an \$82,000 annual payment and a total of \$508,000 over the 5 year lease term.

It is recommended five ambulances be ordered with delivery of three to occur as soon as possible within 18 months and two to be delivered one year later. Assuming a 5 year lease term, the annual payment per vehicle is estimated to be approximately \$55,000. Assuming an 18 month production and delivery time for the first three vehicles, the annual lease payments would be \$165,000 starting the first part of FY 26. Delivery of the additional two replacement units would be expected in early FY 27 with a projected annual lease payment of \$120,000 (reflects inflation factor)

<u>Fiscal Year</u>	<u>Patient Equipment</u>	<u>Ambulance</u>	<u>Total</u>
FY 25	105,000		105,000
FY 26	105,000	165,000	270,000
FY27	105,000	285,000	390,000
FY 28	105,000	285,000	390,000
FY 29	105,000	285,000	390,000
FY 30		285,000	285,000
FY 31		120,000	120,000

Other Board Action

The Health & Safety Committee reviewed the EMS System Study on August 14th. The full Town Council received an overview on September 5<sup>th</sup> and held a workshop on October 18<sup>th</sup> to discuss report findings and recommendations.

Recommendations

If the Town Council is in agreement, the following motion is recommended for approval:

**“MOVE to direct the Town Manager to negotiate a multi-year Operations Agreement with Windsor Volunteer Ambulance Association to include elements related to service delivery expectations, staffing levels, board structure, financial and operating reporting as well as planned Town financial contributions for ongoing operations and capital needs; in addition the Town Council agrees to incrementally increase the town’s annual financial contribution to Windsor EMS by up to an additional \$390,000 over the upcoming three fiscal years to assist in funding a capital equipment replacement plan.”**

Attachments

- Overview of EMS System Review report
- EMS System Review Report



## High Level Overview of the August 2023 EMS System Review report

Windsor EMS is doing a good job with response times that are within industry guidelines. There is room for improvement in three areas: shortening times, keeping better statistics, and adding resources into the system.

### Growing Need/Utilization.

The number of requests for an ambulance is growing each year, currently over 4,100 requests per year. The Town averages 11.5 EMS requests per day.

### State of the EMS system statewide.

More than 7,000 people have left the CT EMS industry. There is a recruitment and retention crisis in CT and nationally. Additionally, as hospitals continue to buy up EMS services and pay higher wages, competition for staffing increases. The Greater Hartford region is particularly sensitive to this issue because of the large number of fire based, hospital based and commercial EMS providers.

### Funding.

Of the 4,100 requests for an ambulance in Town each year, only about 2,800 can be billed to bring revenue into the system. Of the 2,800, more than 68% of the total are paid at a significantly reduced rate due to the Medicare/Medicaid fee schedule.

Revenue projections have been included on **pages 28 and 29** showing the revenue from the 2,800 transport as well as the potential revenue from handling one additional call per day that is currently being handled by mutual aid ambulance services. This will be accomplished with the revised staffing plan which includes a third 'peak time' ambulance (9a-9p)

A subsidy of the EMS system is a reality going forward regardless of the provider.

### Staffing/Recruitment

Windsor is currently recruiting for EMTs and Paramedics and this month will also be advertising for shift supervisors who will be able to provide agency/system oversight as well as provide paramedic staffing. This process will take several months to fully implement. The commitment by the Town Council in FY23 and FY24 plus any additional commitment for capital improvement will show potential candidates that Windsor EMS is a stable organization and a solid career step for them.



### Capital investment.

Capital replacement has been pushed off for several years. The equipment is safe to use but it needs to be updated or replaced. As the chart on **page 17** of the report shows, the ambulances are all at or over their useful life and the mileage continues to increase at a rate of approximately 30,000 miles per year.

Due to supply chain issues maintenance is getting more costly and time consuming and ordering new ambulances is currently a 12–18-month process. It is recommended the Town Council commitment resources now even though the financial impact will start in FY 25 and FY 26. (**pages 31 & 32 of report**)

The cardiac monitors, stretchers and power loading systems are in the same situation although those will arrive faster, and delivery can begin in FY 24.

### Summary

The above issues are all intertwined and must be looked at in their entirety as they impact the Town's EMS system. People, equipment, vehicles, and funding are all equally important pillars of success. Neglect any one of them and the system begins to destabilize. Response times and service to those depending on timely life saving care will be impacted.

Primary recommendations on **page 25** of the report include:

- Begin aggressively recruiting EMT and paramedic staff through word of mouth, social media, direct mail and developing in-house training programs to 'grow your own'
- Make capital reinvestments in medical equipment by taking advantage of capital leasing programs to lock in existing pricing and rates. Payments are deferred until the FY 25 budget.
- Create specifications and order five new identical ambulances on a staggered schedule as soon as possible. It is recommended to place the order within 60 days. The acquisition will reduce down time and maintenance costs. Delivery time will be at least 18 months.
- Add a dispatch priority field to each call for both EMS and police units so that response times to high and low priority calls can be better tracked.
- Analyze call volumes, mutual aid use and completed transports monthly. Adjust staffing times of the peak unit to capture the most calls – potentially on a quarterly basis or as needed
- Work together to create an Operating Agreement between Windsor EMS and the Town memorializing both the transparency of EMS operations and finances as well as the commitment from the Town in the form of planned subsidies to stabilize the system going forward. This has a by-product of assisting in recruiting since staff can see there is career stability in joining the Windsor EMS
- Utilizing the FY 24 approved budget resources, add ambulance coverage during the 9 AM – 9 PM peak period as soon as personnel can be hired.

Below is a link to recent article outlining the state of EMS in Pennsylvania which is one of a number of other states facing the same situation as CT is:

[Unsustainable funding model, shrinking workforce leave ambulance services in critical condition | TribLIVE.com](#)





# EMS System Review

prepared for the

## Town of Windsor

Prepared by



[www.Holdsworth.com](http://www.Holdsworth.com)

August 2023

## **Town of Windsor - EMS System Review**

<b>Project Overview</b>	<b>page 3</b>
<b>Community Demographics / System Impact</b>	<b>page 3-5</b>
<b>Current System Overview</b>	<b>page 5-6</b>
<b>EMS Economics</b>	<b>page 6-9</b>
<b>System Utilization</b>	<b>page 9-10</b>
<b>Activation and Response Times</b>	<b>page 11-12</b>
<b>System Model Options</b>	<b>page 12-16</b>
<b>Capital Investment Needs</b>	<b>page 17-19</b>
<b>Mission, Board, By-laws &amp; SOPs</b>	<b>page 20-21</b>
<b>Recruitment and Retention</b>	<b>page 22</b>
<b>Training Division</b>	<b>page 23</b>
<b>Recap of Findings</b>	<b>page 24</b>
<b>Recommendations</b>	<b>page 25</b>
<b>Conclusion</b>	<b>page 26</b>
<b>Appendix A</b>	<b>page 27-29</b>
<ul style="list-style-type: none"><li>• Revenue projection 2800 transports</li><li>• Revenue projection 365 transports – Peak truck</li></ul>	
<b>Appendix B</b>	<b>page 30-32</b>
<ul style="list-style-type: none"><li>• Pro-forma budget FY 24-25</li><li>• Pro-forma budget FY 25-26</li></ul>	
<b>Appendix C</b>	<b>Page 33-47</b>
<ul style="list-style-type: none"><li>• Dispatch data analysis information</li></ul>	



## **Project Overview**

The Holdsworth Group was retained to conduct a review of the Windsor Volunteer Ambulance (WEMS) and a high-level look at the EMS system in the Town of Windsor. We reviewed the current system components, looking back approximately 30 months for trends as well as looking ahead to help plan for immediate and long-term future needs.

This study was prompted by the realization that WEMS's current staffing and response capabilities are not keeping up with the growing demand and that mutual aid is being used routinely. It is also clear that enhancements to the current system will require additional investment and staffing.

For this review, we evaluated call and revenue data for the period January 2021 through May 2023.

The deliverable is this report which outlines options for the WEMS and considerations for modification and enhancements to the service.

The findings and recommendations are outlined on pages 24-25. These should set the stage for both short and mid-range actions to be developed with the overall goal of maintaining a strong, reliable, and resilient EMS response capability in Town.

## **Community Demographics / System Impact**

Windsor is a community encompassing thirty square miles with a population of approximately 28,859.

An industry predictive formula identifies that for every 10,000 residents there should be approximately 1-3 EMS system requests per day. Where there are special circumstances such as a high senior population, significant poverty levels, an influx in daytime population or high tourist populations these numbers rise to 3-6 activations or more per day.

Using this formula, we would expect to see an average of approximately nine activations per day.

The 30-month average is currently at **11.15** activations per day.

This formula is derived from the conclusions of multiple studies of different EMS systems around the country in the early 1990's.

The following chart shows the percentage of the population that is already of Medicare age or is close to it. This demographic group is typically the highest user of EMS services and all transports for this age group are provided at contracted pricing, typically deeply discounted. This is vital information from a budgeting standpoint.

Town	50-59	60-69	70-79	80 +	Total	Over 65
Windsor	16%	14%	7%	4%	41%	~ 18%
State of CT	15%	12%	7%	5%	39%	16%

The age 65 and older component is approximately 18% right now and is growing each year. As this trend continues, the impact on the EMS system will be an increase of about one (1) call per day over the next several years.

The reasons for this impact are obviously the higher use by aging individuals but also the larger number of seniors and others released home for recuperation and follow-up care by VNA and others. EMS is accessed more by this population group when their care providers are not readily available.

This is important for system planning and formulating budgets and subsidy requests to the Town. As the population ages, the volume will remain high, and grow, but the revenue will not match the operational needs of the organization.

Each time a citizen transitions from private/commercial insurance to Medicare, the organization loses over \$450 per transport because the payment rates are so different.

Another important thing to remember when evaluating the resources needed and structuring budgets is to remember the industry term: *Cost of Readiness*.

This concept requires that you build the EMS system to ensure that the number of staffed ambulances is sufficient to answer the number of historical and **anticipated 9-1-1 REQUESTS** for service.



The anticipated requests for service should be evaluated by day of week and hour of day and staffing adjusted accordingly. The two currently staffed ambulances are not enough for the call volume, and over the 30-month period mutual aid was called more than 1,900 times. Our analysis reveals that additional 'peak demand' staffing is needed to improve the level of service in Windsor.

While all REQUESTS for service demand a timely response, the revenue to support the system is currently derived only from actual patient transports.

By utilizing mutual aid so heavily, not only is potential revenue lost to outside agencies but, more importantly, your citizens are waiting longer periods of time for ambulances and paramedics during the busiest hours.

In Windsor, the three-year average shows that 15% of all EMS requests do not result in a transport but these calls must be accounted for in amended staffing plans.

### **Current System Overview**

When citizens dial 9-1-1, the call rings at the Public Safety Answering Point (PSAP) at the Windsor Police Department.

If the call is for a medical event, pre-arrival medical instructions are provided to the caller. The closest police officer is dispatched as a first responder.

The WEMS ambulances are staffed both at the Basic Life Support (BLS) level which has two (EMTs) as the crew and also at the Advanced Life Support (ALS) level which has one EMT and one licensed paramedic as the crew.

An EMS industry best practice, as well as the American Heart Association's Chain of Survival, sets forth the guidelines for responding to a Heart Attack/Cardiac Arrest as follows:

- Citizen or other CPR-trained responder with an AED within four minutes
- Basic Life Support (BLS) ambulance on scene within eight minutes
- Advanced Life Support (ALS/paramedic) on scene within twelve minutes

As we look forward to whichever system design is eventually adopted, it is important that monitoring systems and reporting standards be put in place to evaluate the performance of the system, keeping these standards in mind as benchmarks for all critical responses.



Windsor was awarded the HEARTSafe Community designation and as we understand it, the recertification process is currently underway. Automated External Defibrillators (AEDs) are present in all municipal buildings, school buildings, on-duty police units as well as all ambulances. This is a program that should be maintained and enhanced with *Stop the Bleed* programming as well. WEMS can and should be the lead agency for this training.

## **EMS Economics**

The current EMS system in Connecticut, as in almost all parts of the country, is funded through a combination of tax revenue and billing Medicare, Medicaid, Commercial insurance plans and patients for completed transports.

The retail billing rates are set annually by the State of Connecticut Department of Public Health as well as third party insurers. The actual reimbursement rates vary widely from payer to payer. Additionally, all reimbursement is based upon the level of medically necessary care provided to the patient. It is NOT based on the level of personnel that respond to the call.

There are significant changes proposed for the EMS systems of the future which are expected to include an expansion of payment for non-transports, as well as something called Community Paramedicine which utilizes specially trained EMS staff to evaluate patients in their homes. Right now, few insurers pay for either of these programs, but funding is proposed. WEMS does bill for treat, no transport calls under the few insurance plans that do cover that service, such as CT Medicaid.

The eventual goal of these proposed changes is to provide better healthcare, with fewer transports, all at a lower cost. There is value added to these initiatives when local responders are intimately familiar with the patients, their homes, and the services in the community.

As the EMS system is being re-designed, being prepared to participate in Community Paramedicine/EMS initiatives should be included in the operations planning as these programs become available.

Because WEMS does provide paramedic service, there may well be options for participating in these programs as they evolve. Seniors, who are the highest users of EMS services and who can also benefit most from in-home, coordinated health care and wellness checks will be the primary targets of these programs.

As you review the information contained in the charts that follow, please understand that we are explaining the state of EMS reimbursement as it currently exists. As you look at the payer mix, it is critically important to understand a couple of things about the charges and the insurance revenue stream:

- Regardless of the actual number of requests for service (911 calls), only **completed** calls result in a billable event. Cancellations, refusals, and stand-bys do not result in any revenue, yet the organization must expend resources / expenses to have an ambulance staffed and able to respond.
- The amount listed as the Medicare Allowable Rate is the amount that, by participating in the Medicare program, you agree is the maximum compensation you're allowed.
- Medicare then pays 80% of the Allowable Rate and the patient or their supplemental insurance is responsible for the remaining 20% co-pay.
- The amount listed as the Medicaid Allowable Rate is the amount that, by participating in the Medicaid program, you agree is the maximum compensation you're allowed.
- Medicaid then pays 100% of the Allowable Rate. The difference between the Retail Rate and the Medicaid Allowable Rate is money that can neither be billed nor collected, it is a contractual allowance.

The bulk of the transports and the reimbursement come from government funded, heavily discounted payers.

WEMS shows a consistent trend that about 70% of reimbursable services are provided to Medicare or Medicaid eligible patients and those are the most heavily discounted payers in the EMS industry.

Refer to the chart below to see how heavily discounted each trip is.



This chart shows the State and Federal authorized rates for EMS in 2024.

Charge Item	2024 State Authorized Rate BLS	2024 State Authorized Rate ALS-1	2024 State Authorized Rate ALS-2	Medicare Rate BLS	Medicare Rate ALS-1	Medicare Rate ALS-2	Medicaid Rate ALL
BLS Base	\$960.00	\$1,517.00	\$1,606.00	\$455.20	\$540.55	\$782.37	\$293.92
Actual payment	Varies by plan	Varies by plan	Varies by plan	\$364.16 80% Care, 20% patient co-pay	\$432.44 80% Care, 20% patient co-pay	\$625.89 80% Care, 20% patient co-pay	\$293.92
Mileage	\$23.32	Same	Same	\$7.92	Same	Same	\$5.88
Percentage of volume	24.0% Insurance 6.0% Private pay			49%	NA	NA	21%

Rates are reset every January and the proposed increase for 2024 is 4.3%

There was a one-time special rate increase of 10% that took effect on July 1, 2023. The only payers that it applies to are the insurance and self-pay patients.

The other factor that drives reimbursement is the payer mix, which is the breakdown of insurance providers that pay for the transport.

WEMS's payer mix has been relatively stable with some fluctuations as populations shift. The two green shaded boxes in the next chart reflect the two years that WEMS did their own billing in-house. The percentages seem off due to the way the Medicare HMOs were reported.

They were reported as private insurance rather than Medicare related which is why there appears to be a disparity when there actually isn't.

The chart below shows the payer mix for the previous seven fiscal years.

<b>Windsor EMS Collections History</b>								
	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	
Billable calls	2,246	2,455	2,557	2,962	2,535	2,858	2,800* *estimate	
ALS usage	63.0%	64.0%	59.0%	65.0%	66.0%	55.0%	57.0%	
<b>Payer Mix</b>								
Medicare	57.0%	58.9%	58.0%	50.0%	27.0%	23.0%	46%	46%
Medicaid	17.4%	15.6%	23.0%	23.0%	23.0%	27.0%	25%	22%
Insurances	13.7%	15.7%	11.0%	23.0%	45.0%	46.0%	24%	25%
Self-pay	11.9%	9.8%	8.0%	4.0%	5.0%	4.0%	5%	7%
								<b>7 yr avg.</b>

### System Utilization

After reviewing the dispatch data, and the corresponding data from the billing service, it is very clear that the busiest hours are 09:00-21:00 (9am-9pm).

The industry uses a metric called Unit Hour Utilization (UHU) to determine if the staffing patterns are sufficient to meet the demands, or potential demands, based upon a historical retrospective review.

The industry typically aims for a UHU between .4 -.5 meaning that the units staffed are on an assignment 40-50% of the time. The closer to 1.0, the higher the chance that an ambulance will not be available.

In looking at the data, WEMS is getting busier and while they typically staff two ambulances, mutual aid is still being utilized 2-3 times per day. The concern that we have is that your mutual aid departments also seem to be struggling so relying on this system design model is not wise in the long run for patient care and there is a significant revenue loss to the Windsor system some of which can be reclaimed.

<b>WEMS</b>	<b>Overall</b>	<b>Peak</b>	<b>Problem Hours</b>
2021	.25	1.88	09:00-21:00
2022	.27	2.16	09:00-21:00
2023	.34	2.28	09:00-21:00



The data clearly shows that the two staffed ambulances, during the peak/problem hours, are not sufficient to meet demand.' Therefore, regardless of the system design chosen, mutual aid agreements in place should be continued with agencies who are also staffed during the peak hours and/or WEMS should plan to staff a third unit for all or part of the hours.

The data shows that the 'peak unit,' if staffed for the entire 12-hour period, would help to capture up to 70% of the missed calls that currently are passed to your mutual aid partners. See the detailed data analysis in Appendix C Leadership should be watching the UHU monthly to determine busiest hours and adjust the staffing accordingly, typically on a quarterly basis.

Mutual Aid Dispatched by Windsor EMS

	2021	2022	2023 (to 5/15)	Total
12:00:00 AM	19	25	13	57
1:00:00 AM	19	29	9	57
2:00:00 AM	15	17	6	38
3:00:00 AM	7	6	10	23
4:00:00 AM	10	14	2	26
5:00:00 AM	19	13	4	36
6:00:00 AM	24	25	3	52
7:00:00 AM	10	17	4	31
8:00:00 AM	9	30	7	46
9:00:00 AM	18	24	15	57
10:00:00 AM	25	36	22	83
11:00:00 AM	32	39	29	120
12:00:00 PM	36	56	24	116
1:00:00 PM	32	44	23	99
2:00:00 PM	21	43	12	76
3:00:00 PM	16	43	12	71
4:00:00 PM	35	42	15	92
5:00:00 PM	29	42	8	79
6:00:00 PM	31	49	11	91
7:00:00 PM	63	72	30	165
8:00:00 PM	72	69	18	159
9:00:00 PM	49	77	20	146
10:00:00 PM	33	50	21	104
11:00:00 PM	32	41	15	88

Total	656	923	332	1,912
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1pm-9pm	384 / 60%	481 / 50%	149 / 45%
9am-9pm	459 / 70%	656 / 70%	239 / 72%

## Activation & Response Times.

The following times are important to know, and regularly review, as a way to evaluate the system's effectiveness in getting care to a patient once 911 is called.

**Activation (chute) Time** is defined as: 'the elapsed time from EMS agency notification to having a staffed unit on the air and responding.'

- 2021 average chute time 1 min 20 seconds
- 2022 average chute time 1 min 24 seconds
- 2023 average chute time 1 min 07 seconds

These are the average of all time periods and all priorities.

**Response Time** is defined as: 'the elapsed time from EMS agency notification to a unit arrived on scene.' (sometimes this is further defined to read as 'personnel at the patient's side').

- 2021 response time 11 min 25 seconds - 90<sup>th</sup> percentile all \*  
7 min 11 seconds - average
- 2022 response time 11 min 53 seconds - 90<sup>th</sup> percentile all\*  
7 min 31 seconds - average
- 2023 response time 12 min 17 seconds - 90<sup>th</sup> percentile all \*  
7 min 47 seconds - average

## Police First Responder Times

- 30-month average 8 min 35 seconds\*

**\* These are average of all response times, including Priority 3 (non-light & siren responses).**

Given the size of your community and the overall volume of calls, these times are reasonable. All agencies should be looking to continuously improve, and we believe that the response times to Priority One calls are significantly better, especially the response times of the police first responder units, however we did not have the hours in this project to dissect the PD data further as the PD was not the primary focus of this project.

As the data is collected going forward, Priority One and Priority Three calls should be separated, this will provide better reporting and show a truer picture of response times. ESO (WEMS's electronic charting software) should be able to build a custom report for you that breaks out these times by response criteria.

Additionally, the police dispatch software could add a field that would identify the priority of the dispatched EMS and police units. Doing that would allow easy creation of data reports from the NexGen system.

Additionally, there is no good metric available to know how much time has elapsed from answering the phone, gathering information from the caller to the activation of WEMS which starts the Activation Time clock.

NOTE: If an individual call is challenged in a legal proceeding, all of the times can be gathered for that incident. However, there is currently no effective way to determine if the system as a whole is managing calls in a time-efficient manner. This should be corrected.

In high performance EMS systems, Activation Time targets are typically expected to be under 90 seconds and Response Time goals target the <8min mark at 90% or better of all Priority One calls.

In EMS, every second counts and it is important to be able to dissect the data in a more meaningful systemwide format on a weekly, monthly, and annual basis.

### **System Model Options**

As a community you are at a crossroads. What you are currently doing is working, but can benefit from improvement. Ambulances are getting on the road, activation times (chute times) are good and response times are acceptable but can always be better.

We have identified four options for consideration:

- Option #1 Maintain the current system.
- Option #2 Invest in the WEMS operated system long term (see pages 16-17)
- Option #3 Create a municipal EMS organization.
- Option #4 Outsource EMS to another provider.

We'll outline each of the options in greater detail for clarity.



### **Option #1**

#### **Maintain the current system.**

While we do not recommend this option, we are obligated to present it. Improving the system will require long-term investment, especially in the upgrading of capital equipment.

This study is the result of dissatisfaction with the significant use of mutual aid and a recognition that WEMS had some financial issues. The Council's investment in the 2023 budget year helped resolve the immediate financial issues and allowed for a wage increase to make WEMS competitive in the Greater Hartford region. This will need to be maintained as an ongoing subsidy.

This option however realizes that adding additional crews and upgrading capital equipment might not be something the Council wishes to commit to in the long term and therefore choosing to limit additional financial resources is an option.

We do not believe that it is the best option for the Town and therefore we are not providing much detail on it. If the Council wishes to explore the ramifications further, we can certainly do that.

### **Option #2**

#### **Invest in the WEMS operated system long term.**

WEMS is facing the same problems that many EMS agencies in this country are facing, namely a decreasing number of people coming into or staying in EMS as a career, increasing call volumes and insufficient funding.

In Connecticut there is an EMT and paramedic shortage, more than 7,000 EMTs have left the ranks over the past 10-15 years with no effective plan to replace them. In addition, acquisition of several EMS agencies by various hospitals has created a 'wage war' for staff.

This led to the financial issues that WEMS experienced and has additionally resulted in a deferral of capital investment.

The WEMS vehicles are safe and have been getting basic maintenance, but none have been scheduled for replacement. Much of the patient care and patient movement equipment has reached or surpassed the manufacturers recommended service life and also needs to be replaced.

WEMS has provided service to the Town for the last 43 years. A lot has changed since the organization's inception in 1980. The organization was founded as a direct result of the Town wanting better service for its residents. Prior to WEMS's creation, ambulances responded from neighboring communities, most notably Hartford.

Population growth, call volume increases, moving to WEMS-based paramedics all have improved service but now there is a need for ongoing municipal support since billing revenue alone cannot sustain a service of the size required to ensure high quality and timely service.

We believe that of all the options presented, this is the one that accomplishes the goal of delivering high quality EMS services, fosters effective communication between the parties and overall is the most cost effective for the Town.

That said, the next few years will be expensive as the Town and WEMS partner to bring all the capital equipment back to state-of-the-art technology and bring the EMS personnel up to regional standards for wages and benefits allowing WEMS to attract and retain top talent. (see pages 17-19)

We have included pro-forma budgets in Appendix B which include the following:

- lease payments on five ambulances by FY25-26
- lease payments for upgrading clinical and patient movement equipment,
- wage increases already approved,
- our recommended changes to the operational deployment patterns,
- the addition of an administrative support part-time person,
- addition of shift supervisors to build the leadership team,
- the addition of a peak time ambulance which will reduce mutual aid.



### **Option#3**

#### **Create a municipal EMS organization.**

As the Town evaluates the subsidy amount required to make the necessary improvements to the system the discussion of transparency and input always surfaces. While we advocate for a strong and transparent relationship with an EMS vendor outlined in an operating Agreement between the parties, another option would be for the Town to absorb the organization and create a Town EMS Department. That would of course require the approval of the WEMS Board of Directors.

There would be some savings on the operations side with health benefits, insurances, legal expenses, HR functions and other costs being absorbed into existing Town services and policies which would result in potentially lower costs or at least the elimination of redundant costs. The downside would be the potential for higher labor and retirement costs.

We are not recommending this option at this time because the labor and retirement costs could surpass the operational savings. A more detailed review of this option may be needed in the future if there are any substantive changes to the reimbursement process or costs unpredictably skyrocket in the future.

### **Option #4**

#### **Outsource to another provider.**

If at any time the Town were to become dissatisfied with the WEMS responses, or if a future Board or Administration became uncooperative, the Town does have the recourse to petition the State for a change in Primary Service Area Responder (PSAR).

This would require issuing an RFP, accepting a response from a qualified provider that can offer equal or better service at the same or cheaper cost.

We are including this option in the report to be thorough, but we see no reason to pursue this course of action. There is a good relationship between WEMS and the Town, this report has revealed the current situation and the data will allow all parties to work together to make the system better in a fiscally responsible way.

Under the current budget the Town has allocated approximately \$600,000 to improve the system. Based on RFPs received recently in other communities that number would more than double to pay a subsidy for another provider and the ability to had direct input, other than contract language, would be lost.

Additionally, the downside of eliminating WEMS and outsourcing is that if the new provider did not live up to the contract terms, the Town would have limited options as the numbers of capable providers is shrinking through acquisition and the cost to reconstitute a Town provider would be cost prohibitive.

We strongly recommend continuing the current path.

## Capital Investment

There is a definite need to upgrade several capital items. These have been under consideration for a couple of years; however, funding has not allowed WEMS to move forward with the expenditures.

In partnership with the Town these items now must be planned for, and the expenditures made.

## Vehicles

Regardless of the system design that is chosen, other than outsourcing, all the ambulances should be scheduled for replacement over the next 4-5 years.

Medic 1 - 2013 Chevy/GM, Type 3	Mileage 210,445	(10 yrs. old-new engine)
Medic 2 - 2009 Ford, Type 2	Mileage 162,661	(14 yrs. old)
Medic 3 - 2013 Chevy/GM, Type 3	Mileage 221,702	(10 yrs. old-new engine)
Medic 4 - 2017 Chevy/GM, Type 3	Mileage 132,259	( 6 yrs. old)
Medic 5 - 2011 Ford, Type 1	Mileage 89,127	(12 yrs. old-new engine)
Car 5 - 2016 Chevy Tahoe	Mileage 92,919	
Car 6 - 2004 Crown Vic	Mileage 95,675	
Car 7 - 2009 Crown Vic	Mileage 46,541	
Car 8 - 2022 Chevy Tahoe	Mileage 8,981	
Car 9 - 2022 Chevy Tahoe	Mileage 16,065	

Ordering all vehicles to the same specifications, same chassis and same manufacturer will allow for standardization of maintenance, stocking of parts and make it easier for the crews to move between vehicles with a standard equipment and cabinet layout.

Life expectation of an ambulance in a busy service is about 5-7 years and about 175,000 miles. If they are well maintained, the age expectation stays about the same but higher mileages may be tolerated since a lot of the mileage is highway rather than inner city stop & go. WEMS has high mileage on several of their units and they are over the life expectancy. The vehicles are safe, but WEMS does need an aggressive capital replacement plan from this point forward.

**We recommend ordering five ambulances now.** Three to be delivered as soon as possible, two to be delivered a year after the first two.

The vehicles should then be replaced on a 5-to-6-year cycle which is easily accomplished through a fleet leasing program. Currently, the average lease cost on these types of units is approximately \$3,500-\$4,300/month per truck based on a 60 or 72-month leasing plan. The proforma budget assumes a 60-month lease plan.

Currently new ambulance orders are taking an average of 18 months to arrive. If funds allow, a more aggressive delivery schedule would be advised since the existing fleet has maintenance issues, but that may not be achievable.

The expected retail cost of each ambulance today should be assumed to be about \$250,000 per unit (\$1,250,000 fleet total). Most manufacturers are taking the orders with minimal to no down payments because they know that the trucks can be sold to another EMS provider if you were to cancel your order. There is little to no risk to your ordering all the units now.

Another option would be to bond all five units for a one-time capital replacement acquisition and then lease replacements beginning five years out.

As the vehicles are added into the fleet, aggressive rotation of the units will allow for staffing of multiple calls, preventative maintenance, and overall longevity of the fleet by keeping mileage about even across the fleet.

WEMS currently has two ambulances in service, and the other three have a variety of maintenance issues which limit their consistent availability. By increasing the number of staffed ambulances, as outlined in Option 2, they will have three in service during peak times which means the preventative maintenance will be even more critical.

Ideally WEMS should maintain the five-ambulance fleet to ensure adequate reserve units during times when the 'peak truck' is in service.

As ambulances and other response vehicles are added or replaced in the future, we also HIGHLY recommend leasing them rather than buying.

The benefits of leasing include:

- Relatively low cost of acquisition
- Keeping the fleet younger due to lease expirations every 5-6 years
- Decreased maintenance costs over the life of the fleet



## Clinical and patient movement equipment

Stretchers, power load systems, stair chairs, cardiac monitors, AEDs, video laryngoscopes.

The primary manufacturer and the current supplier, Stryker, offers a multi-year payment plan and did provide three options to choose from.

After review, the best option is outlined below and features no payment until next year's budget, a fresh start on all equipment and a \$1 buyout at the end.

- 60-month payment plan which will allow WEMS to keep using the equipment for another 3-5 years following the last payment.
- There is no penalty for advance payment.
- If the order paperwork is signed by September before the pending October 1 price increase, the equipment can be ordered now and shipped in December. They have offered a six-month payment deferral so that the first of five annual payments would start in July 2024.
- Stryker has agreed to lock in interest rates 2.9% to allow time for a decision to be made. But the order must be executed before Sept 30<sup>th</sup> before the already announced price increases.
- Items included have trade-in credits applied:
  - Lifepack 15 cardiac monitors (4), \$35,000 each
  - PowerLOAD stretcher systems (4), \$30,000 each
  - PowerProXT ambulance stretchers (4), \$28,000 each
  - Stair Pro (4), \$ 4,300 each
  - LP 1,000 AEDs (6), \$ 2,600 each
  - McGrath video laryngoscopes (4) \$ 3,000 each
- Preventative onsite maintenance with annual inspections, unlimited repairs, and battery replacement is also included. (There is no additional warranty coverage for the AEDs or McGraths, but the LP 1,000s have a 5-year warranty and the McGraths have 3-year warranty)

If the Town chooses to make a 20% down payment at signing, the interest will be reduced to 1.9% and the annual payments will still begin July 2024. We don't think the savings of 1% per year is worth the \$96,000 down payment and recommend the no down payment option at 2.9%.



## **Mission, Board of Directors, By-laws, and SOPs”**

*“The purposes of the Corporation are to take all actions necessary and desirable to provide emergency medical transportation and treatment to the citizens of, residents of, and visitors to the Town of Windsor, Connecticut; to promote public awareness and education concerning first aid procedures; and to raise, plan for, manage and expend funds necessary for the carrying out of said purpose.”*

This is a strong mission statement encompassing the ideals of a community-centric, non-profit agency dedicated to patient care and training. There are key words in this statement that need to be highlighted and then used as the basis for policy modifications going forward.

- *“promote public awareness”*
- *“to plan for, manage ... for the carrying out of said purpose”*

The SOPs are very thorough although they are a bit outdated and need several areas of review for consistency and clarification. Once a decision about the staffing and leadership positions has been made, we can assist with the revisions.

If everything is driven to fulfill the mission statement, then there are changes that should be made in the best interests of the residents including improved public awareness and the potential for a training and education division that can become both a revenue stream as well as a potential source of new team members. More on this later.

## **Board of Directors**

Within the organization there is a clear line of demarcation between the Board and the Operations Team that we feel strongly needs to be eradicated for the good of the organization.

It will be important for the future of WEMS to attract and retain Board members who will be proactive. Board members, new and current, should be given a thorough orientation about the organization, the industry and how it works. No corporate Board member in the business world serves without a reasonable understanding of the company’s products, services, and operational methods.

A formal information packet should be provided to any newly elected Board member, and all should spend some time with an on-duty crew to see how the operations team works. Ride-alongs should be encouraged, but understandably some may not wish to go that far. As a standard expectation, and a show of solidarity to the mission, every member of the Board should be minimally certified in CPR.

The Chief of Service should be the primary spokesperson for all things operational to both the public and Town Council. The Board members should understand the information to be presented and the current standardized reporting should be further expanded.

There are less than 50 people on the roster of WEMS, email, texts, phone calls and face to face meetings are easy to accomplish. Members should be encouraged to attend Board meetings and Board members should attend Operations Team meetings.

The only purpose of the WEMS is to provide timely ambulance service and effective training. Whatever the Board can do to make that goal easier and keep true to the stated mission statement are the only responsibilities of each member.

### **By-laws**

The by-laws were last revised in 2015 and several updates are needed and advised.

We have provided a draft set of changes to the WEMS Board for their discussion and review.



## Recruiting & Retention

There has been no formal recruiting done on a consistent basis other than word of mouth and advertising when positions open. Until recently recruiting staff has been difficult because the WEMS wage scale was significantly below the regional average. Incremental raises have been made since April and a new pay scale adopted fully on July 1<sup>st</sup>. This should allow WEMS to compete for qualified individuals although with the hospitals and commercial services all actively hiring, the 'wage wars' are far from over.

We can expect that wages will continue to increase over the next few years until the 'new normal' regional base starting wages are established. Normal COLA raises will then simply be part of doing business. Building a training division, as several others have done, will help you train and retain your own feeder system of EMTs and EMRs. The cost of training your own paramedics is prohibitive and there are several local and competing programs.

There is still the potential that a small group of volunteers could be attracted to WEMS because of the quality of the headquarters, equipment, and call volume. Given the workforce climate this is not a solution to the staffing crisis, simply a possible outcome that could help ease payroll periodically.

By using the State's list and mailing recruiting information to all in Windsor, South Windsor, Bloomfield, East Windsor, and others, you will touch some who've chosen not to work with their local departments, fire and police officers from other communities who may welcome riding elsewhere in a higher volume service. Never count anyone out when recruiting.

And the obvious benefit is that should volunteers be recruited, staffing shifts for little or no cost is a budget friendly option. This is simply an adjunct to the paid positions, there will not be a flood of volunteers knocking on WEMS's door, but enough may to make the process worth doing.



### **Training Division**

We recommend that WEMS continue to develop an in-house EMT and community education training division. This is the best way to 'grow your own' and create a feeder system for new staff members and should yield a few new members each year.

Additionally, CPR, Stop the Bleed, Safe Sitter, Narcan/Opioid training, and others could become a source of revenue for WEMS. A training division would take a full year to develop, market and begin to see a reasonable profit.

The Training Officer position would also be able to conduct in-house refresher training including the development of a group of FTO's and preceptors.

The number of police, fire, EMS, municipal, Board of Ed, corporate and community members that need training can easily support the annual salary of a Training Officer position and a cadre of part time instructors.

We did not specifically inventory all of the training equipment but have been assured that there is sufficient capacity to begin this project and develop it over the upcoming year.

## Recap of Findings

- Windsor EMS is doing a good job despite labor and financial challenges.
- Response times to calls are good, improvement is possible.
- Paramedics are getting to the patients who require them.
- Mutual aid is being requested 2-3 times per day resulting in longer response times and lost revenue.
- There is a need during peak hours (9am-9pm) for another ambulance.
- Dispatch data needs slight modifications to allow for better segmentation and tracking of high and low priority call response times.
- There is a need for capital equipment investment which has been deferred for several years. Total investment needed is approximately \$1.8 million to be spread over five years.
- There is a significant paramedic and EMT shortage in the state and Windsor has had a hard time recruiting and retaining due to shifts in the regional labor market and agency consolidations.
- The Town Council's commitment in the 2023 budget helped WEMS to stabilize the EMS system and the subsidy in the 2024 budget has allowed for the implementation of a competitive wage scale package. It is still too new to know the impact on recruitment & retention.
- The continued subsidization of EMS in Windsor is a reality regardless of the provider serving the Town.
- WEMS needs to expand its leadership team and work towards having 24/7 operations supervisors rather than administrators on call.

## Recommendations:

- Begin aggressively recruiting EMT and paramedic staff through word of mouth, social media, direct mail and developing in-house training programs to 'grow your own'.
- Take advantage of the clinical and patient movement capital leasing program before 9/30/23 to lock in existing pricing and rates. Payments are deferred until the 2024-25 budget.
- Create specifications and order five new identical ambulances on a staggered schedule as soon as possible. We recommend having the order in to the manufacturer within 60 days. The acquisition will reduce down time and maintenance costs. Delivery time will be at least 18 months.
- Add a dispatch priority field to each call for both EMS and police units so that response times to high and low priority calls can be better tracked.
- Analyze call volumes, mutual aid use and completed transports monthly. Adjust staffing times of the peak unit to capture the most calls possible quarterly if needed.
- Work together to create an Operating Agreement memorializing both the transparency of WEMS' operations and finances but also the commitment from the Town in the form of planned subsidies to stabilize the system going forward. This has a by-product of assisting in recruiting since staff can see there is career stability in joining WEMS.
- Utilizing the FY 23-24 approved budget resources, add ambulance coverage during the 9am-9pm peak period as soon as personnel can be hired.



## Conclusion

We hope that you have found this report informative and useful in making some informed decisions about providing EMS service in your community.

WEMS is a good service, doing a good job. Increased staffing, competitive wages and benefits, long-term fiscal stability and aggressive capital improvement will make a good system a great system.

We want to offer our opinion about the options presented. We believe that given the state of the EMS labor market, the reimbursement situation, the payer mixes, and the timeliness of developing a lasting solution, Option#2 is the best choice.

A collaborative approach will serve both WEMS and the Town well in the years ahead and will also keep the costs relatively stable. Every community is beginning to come to grips with the reality that EMS is an essential service that cannot sustain the ever-increasing costs solely through the current antiquated model of fee-for-service.

Subsidization, strategic partnerships, consolidation, and regionalization are all a very real part of the landscape for the EMS system not just in Windsor or Connecticut, but nationally.

We stand ready to discuss each of the options with you, answer any questions and then once you have made the high-level decision about direction, we can take steps to move forward and discuss the implementation issues specific to that option.

It has been a pleasure to craft this analysis and we look forward to the next steps.

Respectfully submitted,



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860.200.0059

## **Appendix A**

Revenue projection 2800 transports

Revenue projection 365 transports – Peak truck





**Projected Billing  
Revenue**

**Windsor EMS**

**For Illustration Only  
2024**

<u>Number of Transports:</u>	Item:	Rate	# of Calls	Total
2800				
<u>Percentages:</u>				
0.49	Pvt. BLS Base	\$960.00	420	\$403,200.00
0.21	Pvt. Mileage	\$23.32	7728	\$180,216.96
0.3	Medicare BLS Base	\$0.00		\$0.00
	Medicare BLS Emergency Rate	\$455.20	686	\$312,267.20
	Medicare Mileage	\$8.54	12622	\$107,795.30
9.2	Medicaid Base	\$293.92	294	\$86,412.48
	Medicaid Mileage	\$5.88	5409.6	\$31,808.45
1372	ALS Charges Medicare - 1	\$540.55	679	\$367,109.13
	ALS Charges Medicare - 2	\$782.37	7	\$5,308.47
588	ALS Charges Medicaid	\$349.03	294	\$102,614.82
840	ALS Charges ALS-1 Pvt	\$1,517.00	416	\$630,768.60
	ALS Charges ALS-2 Pvt	\$1,606.00	4	\$6,745.20
				<b>\$2,713.20</b>
				<b>\$703,546.37 ALS Only</b>
<u>Bad Debt %:</u>				
0.1	Total Gross Revenue:			\$2,227,559.99
	Bad Debt Allowance:			\$222,756.00
	Potential Net Revenue:			\$2,004,803.99
	Monthly Deposit Average - ALL			\$167,067.00
	Assumes 50% ALS usage		2800	

**Projected Billing Revenue**      **Windsor EMS**      **For Illustration Only**      **2024**

	Number of Trips:	Item:	Rate	# of Calls	Total
	365				
<b>Percentages:</b>					
Medicare	0.49	Pvt. BLS Base	\$960.00	55	\$52,560.00
Medicaid	0.21	Pvt. Mileage	\$23.32	1007	\$23,492.57
Private	0.3				
		Medicare BLS Base	\$0.00		\$0.00
		Medicare BLS Emergency Rate	\$455.20	89	\$40,706.26
		Medicare Mileage	\$8.54	1645	\$14,051.89
<b>Billable Miles Per Trip:</b>	9.2				
		Medicaid Base	\$293.92	38	\$11,254.48
		Medicaid Mileage	\$5.88	705.18	\$4,146.46
<b>Number of Trips:</b>					
Medicare:	178.85	ALS Charges Medicare - 1	\$540.55	89	\$47,099.24
		ALS Charges Medicare - 2	\$782.37	1	\$692.00
Medicaid:	76.65	ALS Charges Medicaid	\$349.03	38	\$13,376.57
Private:	109.5	ALS Charges ALS-1 Pvt	\$1,517.00	54	\$30,190.79
		ALS Charges ALS-2 Pvt	\$1,606.00	1	\$353.69
					<b>\$91,712.29 ALS Only</b>
<b>Bad Debt %:</b>	0.1	<b>Total Gross Revenue:</b>			\$290,378.36
		<b>Bad Debt Allowance:</b>			\$29,037.84
		<b>Potential Net Revenue:</b>			\$261,340.52
		<b>Monthly Deposit Average - ALL</b>			\$21,778.38
		<b>Assumes 50% ALS usage</b>		365	

## **Appendix B**

### Option #2

Pro-forma budget FY 24-25

Pro-forma budget FY 25-26

Stryker annual payments are already included in both budgets beginning with the first due in July 2024.





FY 2024-25 Budget with Peak Hour staffing

	Hours	# staff	# days	Rate	Weekly	Annual	
<b>Direct Labor</b>							
Ambulance 1 - Medic	24	1	7	\$35.00	\$ 5,880.00	\$ 305,760.00	
Ambulance 1 - EMT	24	1	7	\$25.00	\$ 4,200.00	\$ 218,400.00	
Ambulance 2 - EMT	24	1	7	\$25.00	\$ 4,200.00	\$ 218,400.00	
Ambulance 2 - EMT	24	1	7	\$23.00	\$ 3,864.00	\$ 200,928.00	
Peak crew - EMT	12	1	7	\$23.00	\$ 1,932.00	\$ 100,464.00	
Peak crew - EMT	12	1	7	\$23.00	\$ 1,932.00	\$ 100,464.00	
Fly car - Medic Lt.	24	1	7	\$37.00	\$ 6,216.00	\$ 323,232.00	4 staff
Management team						\$ 196,000.00	
Administrative Assistant	8	1	4	\$21.00	\$ 872.00	\$ 34,944.00	
Overtime/call backs @ 5%	0	0	0	\$ -	\$ -	\$ 73,382.40	
Total direct labor					\$ 28,896.00	\$ 1,771,974.40	
<b>Non-labor costs</b>							
Marketing and recruitment						\$ 6,000.00	
OMED Fees						\$ 36,000.00	
COVID loan						\$ 7,700.00	
Dues & Subscriptions						\$ 2,500.00	
Vehicle Maintenance						\$ 62,200.00	
Insurance Employee Medical						\$ 144,000.00	
Medical supplies & equipment						\$ 145,000.00	
Information technology - software						\$ 36,000.00	
Office and facility						\$ 10,200.00	
Payroll taxes						\$ 177,187.44	
Postage						\$ 2,000.00	
Printing						\$ 2,000.00	
Professional Fees (AC/Leg/Billing)						\$ 91,280.00	
Service contracts - payroll						\$ 4,800.00	
Radio & communications						\$ 30,000.00	
Training and personnel						\$ 42,000.00	
Stryker equipment lease - annual						\$ 103,000.00	starting in 2024 - 5 years
Vehicle Lease Cost						\$ 77,450.00	starting mid-year @ \$4300/mo
Total Non-Labor						\$ 979,337.44	
Total operations expense						\$ 2,751,311.84	
Town Contribution		\$ 600,000					
Estimated billing revenue		\$ 2,200,000			Profitloss	\$ 48,688	Including subsidy
Cost per billable call			3165			\$ 869.29	Cost per call
Cost per response			5800			\$ 474.36	Cost per response
Population - Primary	28,859						
Population - Secondary	0						
Price per capita						\$ 95.34	

FY 2025-26 Budget with Peak Hour staffing

	Hours	# staff	# days	Rate	Weekly	Annual
<b>Direct Labor</b>						
Ambulance 1 - Medic	24	1	7	\$36.00	\$ 6,048.00	\$ 314,496.00
Ambulance 1 - EMT	24	1	7	\$26.00	\$ 4,368.00	\$ 227,136.00
Ambulance 2 - EMT	24	1	7	\$26.00	\$ 4,368.00	\$ 227,136.00
Ambulance 2 - EMT	24	1	7	\$24.00	\$ 4,032.00	\$ 209,664.00
Peak crew - EMT	12	1	7	\$24.00	\$ 2,016.00	\$ 104,832.00
Peak crew - EMT	12	1	7	\$24.00	\$ 2,016.00	\$ 104,832.00
Fly car - Medic Lt.	24	1	7	\$38.00	\$ 6,384.00	\$ 331,968.00
Management team						\$ 201,880.00
Administrative Assistant	8	1	4	\$22.00	\$ 704.00	\$ 36,608.00
Overtime-call backs @ 5%	0	0	0	-	-	\$ 76,003.20
Total direct labor					\$ 29,936.00	\$ 1,834,555.20
<b>Non-labor costs</b>						
Marketing and recruitment						\$ 4,000.00
COVID Fees						\$ 38,000.00
COVID loan						\$ 7,700.00
Dues & Subscriptions						\$ 2,500.00
Vehicle Maintenance						\$ 50,000.00
Insurance Employee Medical						\$ 155,520.00
Medical supplies & equipment						\$ 150,000.00
Information technology - software						\$ 36,000.00
Office and facility						\$ 10,200.00
Payroll taxes						\$ 163,455.52
Postage						\$ 2,000.00
Printing						\$ 2,000.00
Professional Fees (AC/leg/Billing)						\$ 91,290.00
Service contracts - payroll						\$ 4,800.00
Radio & communications						\$ 30,000.00
Training and personnel						\$ 42,000.00
Stryker equipment lease - annual						\$ 103,000.00
Vehicle Lease Cost						\$ 258,000.00
Total Non-Labor						\$ 1,170,465.52
Total operations expense						\$ 3,005,020.72
Town Contribution						\$ 700,000
Estimated billing revenue						\$ 2,200,000
Cost per billable call						\$ 949.45
Cost per response						\$ 518.11
Population - Primary	28,859					
Population - Secondary	0					
Price per capita						\$ 104.13
Profit/loss						\$ (105,021)
Including subsidy						
Cost per call						\$ 949.45
Cost per response						\$ 518.11



## **Appendix C**

### Dispatch data analysis information



**Overview of EMS  
Activations, 2021 - 2023**





## Data Process Notes

From the data provided, a process was developed to filter out redundant or erroneous dispatch records that didn't contain actual data.

Post-filtering, redundancies remained where multiple units were attached to the same incident. Without going row by row and attempting to classify each through context (which would be extremely time consuming), the most useful approach results in two different sums.

The first number is essentially "responses", so records containing response data for an EMS unit. It's the number of times an EMS unit responded somewhere for something. From that total, a second number of unique incidents requiring EMS was derived. Those numbers are highlighted in the data table on the next page. The two numbers are in the same ballpark, but depending on the specific question one is asking about EMS operations in Windsor, one number or the other will be more useful. I've listed several recommendations this issue can be eliminated going forward.

A few factors identified that obscured the accuracy of the Windsor dispatch data:

Self-dispatching of the Windsor units to assist primary units.

CAD system's auto-assignment of Windsor units to call.

Lack of notation for calls where a BLS unit called for an ALS unit, or where an ALS unit downgraded to a BLS unit, etc.

The retention of records with fragmented response data or no data at all without notation.

## Recommendations

Even with an ideal level of access and cooperation from the dispatch personnel (which was greatly appreciated), there are some basic questions about EMS operations in town that can't be answered because the information isn't being recorded as it happens. By making a few small changes to the process and recording a few pieces of information that are already being collected, Windsor could have accurate, real-time data about EMS operations in town.

Most importantly, the addition of a final disposition field from a few options (cancelled en route, refusal obtained, transported BLS / ALS) could make a lot of the data processing required here obsolete. It may have been assumed that CIMED would be the best source of the number of actual ambulance transports, but that is not the case.

The data table on the next page shows the wide range of numbers found in external EMS data on Windsor EMS. This is probably the best reason there is for Windsor to tighten its EMS data collection processes. At the moment, it would be difficult for Windsor to contest any external data published.

Beyond final disposition, each EMS activation should be classified at a few steps in the process. EMD-style classification of the reason for the call would create a new way of understanding the EMS needs of the town. When calls are passed to mutual aid, recording the reason (from a few basic options) would be extremely useful in evaluating the functioning of the EMS pieces of Windsor's public safety system.



**Validating CMED Transport Data**

We initially planned to use the NC CMED data to zoom in on the number of EMS activations resulting in a transport, but the numbers seemed far too low to account for all of the actual transports.

CMED Mutual Aid Transport Data Quality

	2021	2022	2023
Transport to Destination Time Recorded	129	103	52
Arrival at Destination Time Recorded	105	39	47
Destination Hospital Recorded	142	129	54

In order to evaluate the CMED data for use, we ran a day-by-day comparison of units dispatched by Windsor to those that appear in the CMED dispatch records. The comparison was run for 4 random weeks during the study period.

The results (next two pages) showed a significant difference between the units dispatched by Windsor and the ones that signed on with CMED, and this was particularly true of the mutual aid units.

There are many possible reasons for this discrepancy, both on the operational side (like units forgetting to sign on with CMED) and the data side (filtering of CMED CAD records sent to us), but it was clear the CMED data was not in a state that could be used as intended.

**Mutual Aid Transports**

Source: NC CMED Data

Hour of Day	2021	2022	2023	Total
12:00:00 AM	3	3	1	7
1:00:00 AM	2	4	1	7
2:00:00 AM	4	2	0	6
3:00:00 AM	2	1	0	3
4:00:00 AM	0	0	0	0
5:00:00 AM	1	0	1	2
6:00:00 AM	3	3	1	9
7:00:00 AM	2	3	2	7
8:00:00 AM	1	3	0	4
9:00:00 AM	4	7	1	12
10:00:00 AM	0	2	3	5
11:00:00 AM	7	11	2	20
12:00:00 PM	10	5	8	23
1:00:00 PM	11	6	3	20
2:00:00 PM	6	11	4	21
3:00:00 PM	6	5	3	14
4:00:00 PM	11	10	5	26
5:00:00 PM	5	8	4	17
6:00:00 PM	0	9	2	11
7:00:00 PM	9	2	3	14
8:00:00 PM	17	9	2	28
9:00:00 PM	6	7	4	17
10:00:00 PM	9	11	2	22
11:00:00 PM	7	13	2	22
Total	142	129	54	325



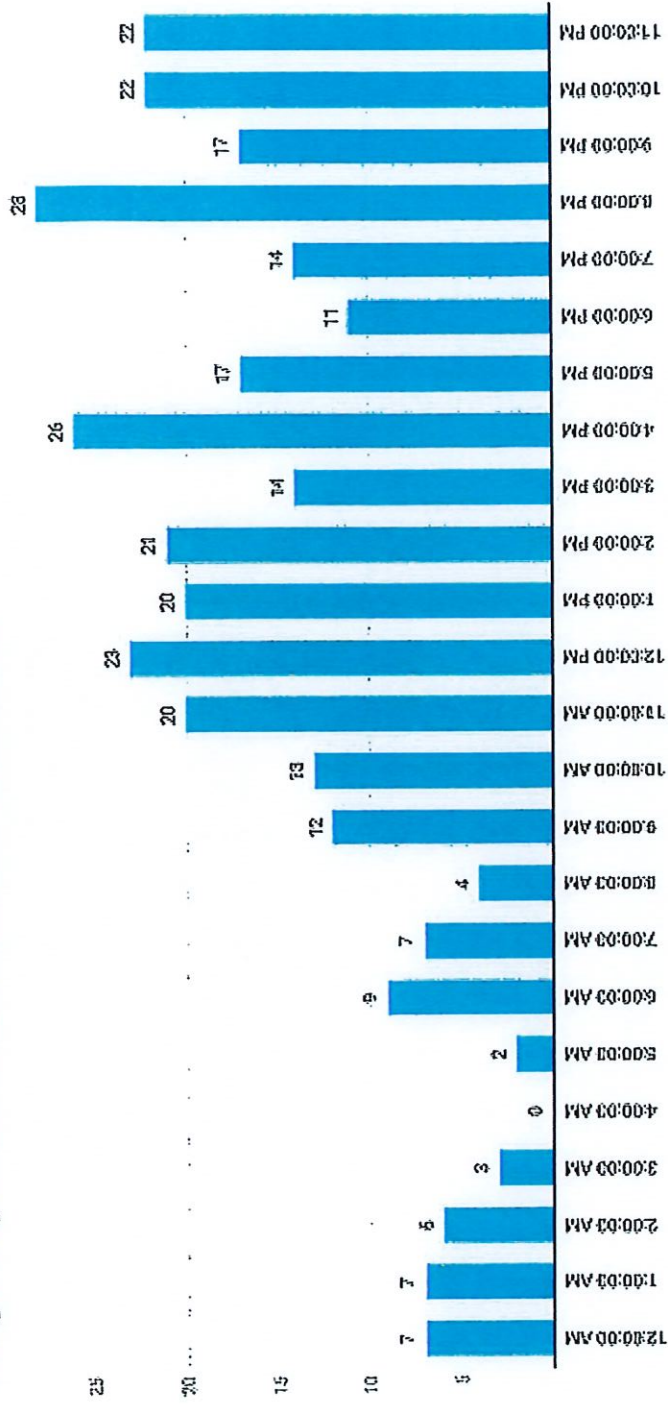
# Mutual Aid Data





Source: NC CMED Data

### Transports by Mutual Aid Services - 2021 - 2023 to Date



Created with StatCrunch

Source: Windsor Dispatch Data

### EMS Activations Requiring Mutual Aid Response into Windsor - 2021 by Hour of Day

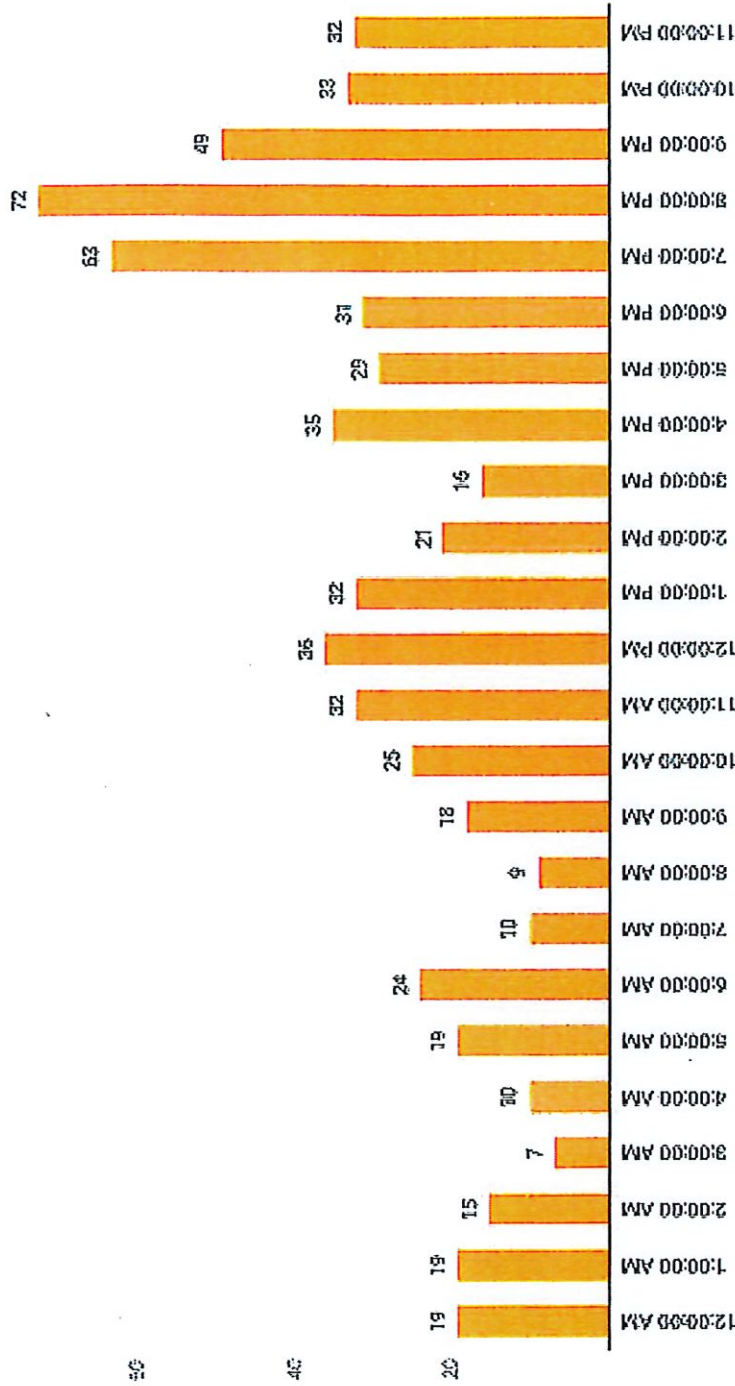
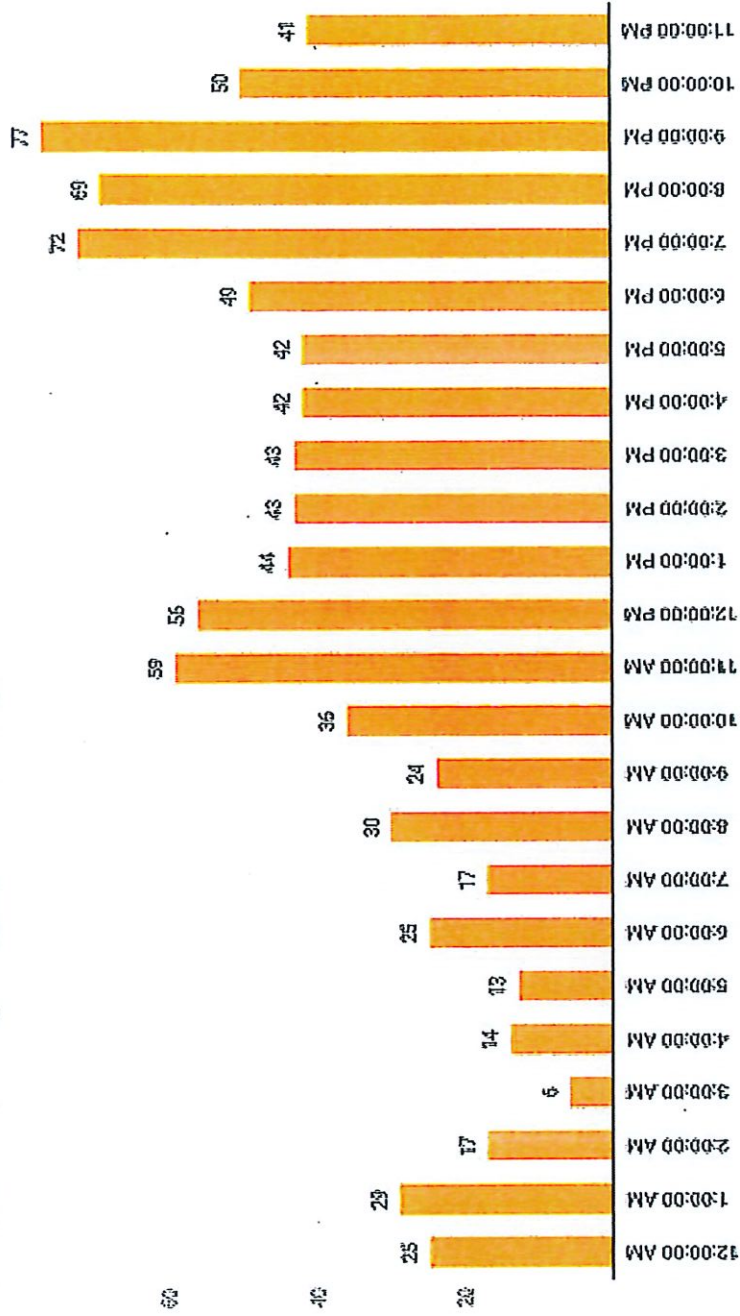


Chart: Ben Zura - Source: Windsor Dispatch - Created with Datawrapper



Source: Windsor Dispatch Data

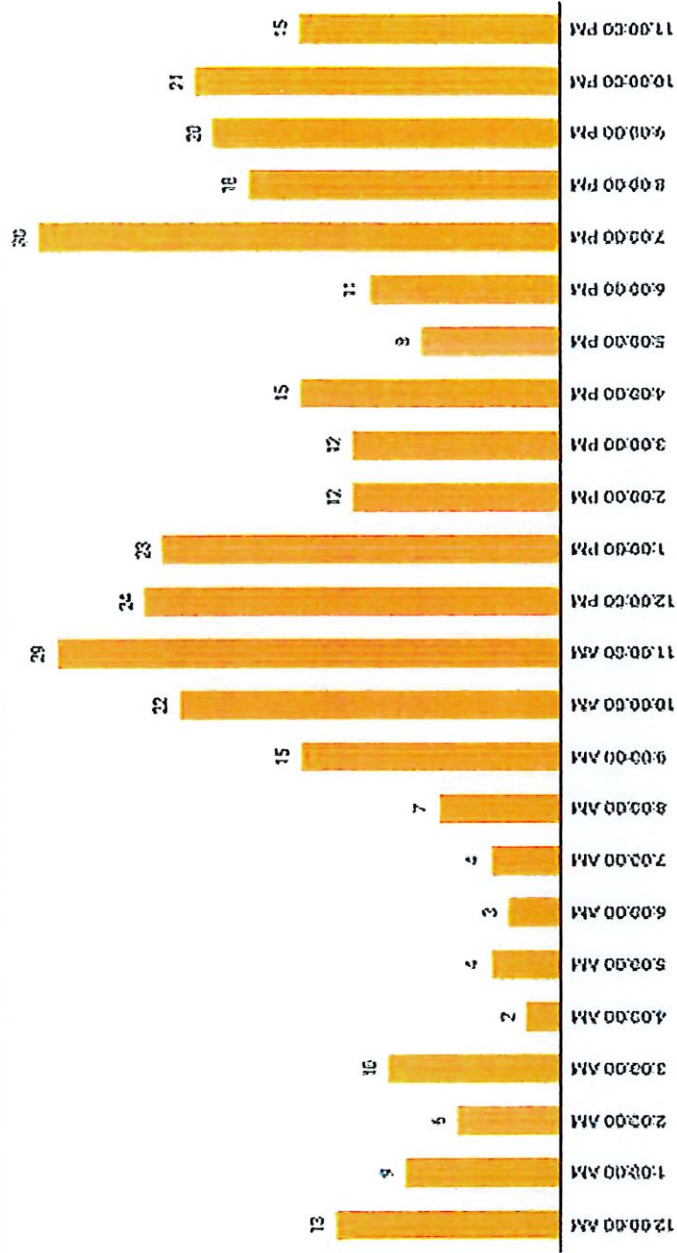
### EMS Activations Requiring Mutual Aid Response into Windsor - 2022 by Hour of Day



Client: Elm Zurst • Scenario: Windsor Dispatch • Created with Datawrapper

Source: Windsor Dispatch Data

### EMS Activations Requiring Mutual Aid Response into Windsor - 2023 (to 5/15) by Hour of Day

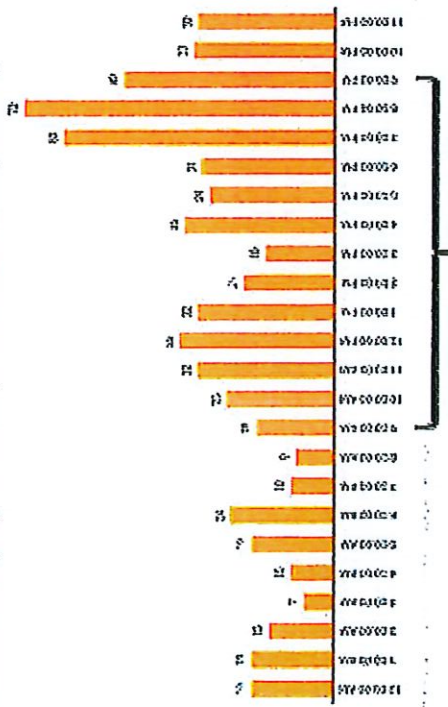


# Recovering Lost EMS Calls

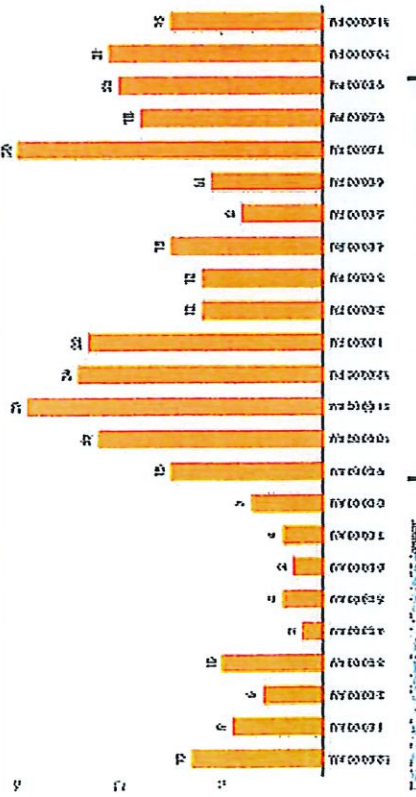




EMS Activations Requiring Mutual Aid Response into Windsor - 2021 By Hour of Day



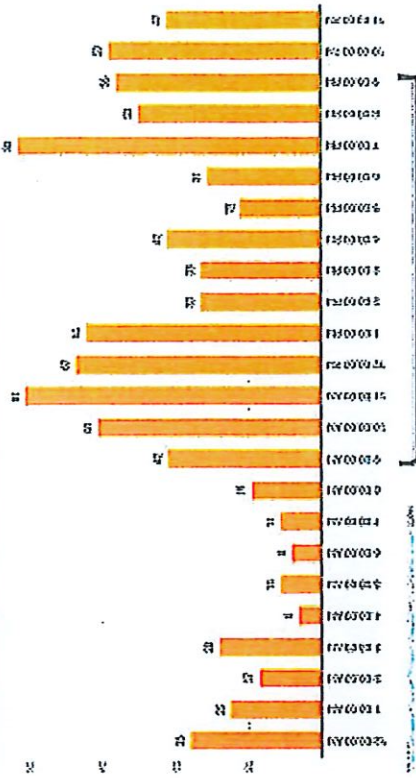
EMS Activations Requiring Mutual Aid Response into Windsor - 2023 (to 5/15) by Hour of Day



9am - 9pm = 72% of 2023 Mutual Aid Calls

1pm - 9pm = 45% of 2023 Mutual Aid Calls

EMS Activations Requiring Mutual Aid Response into Windsor - 2023 Full Year Extrapolation 1

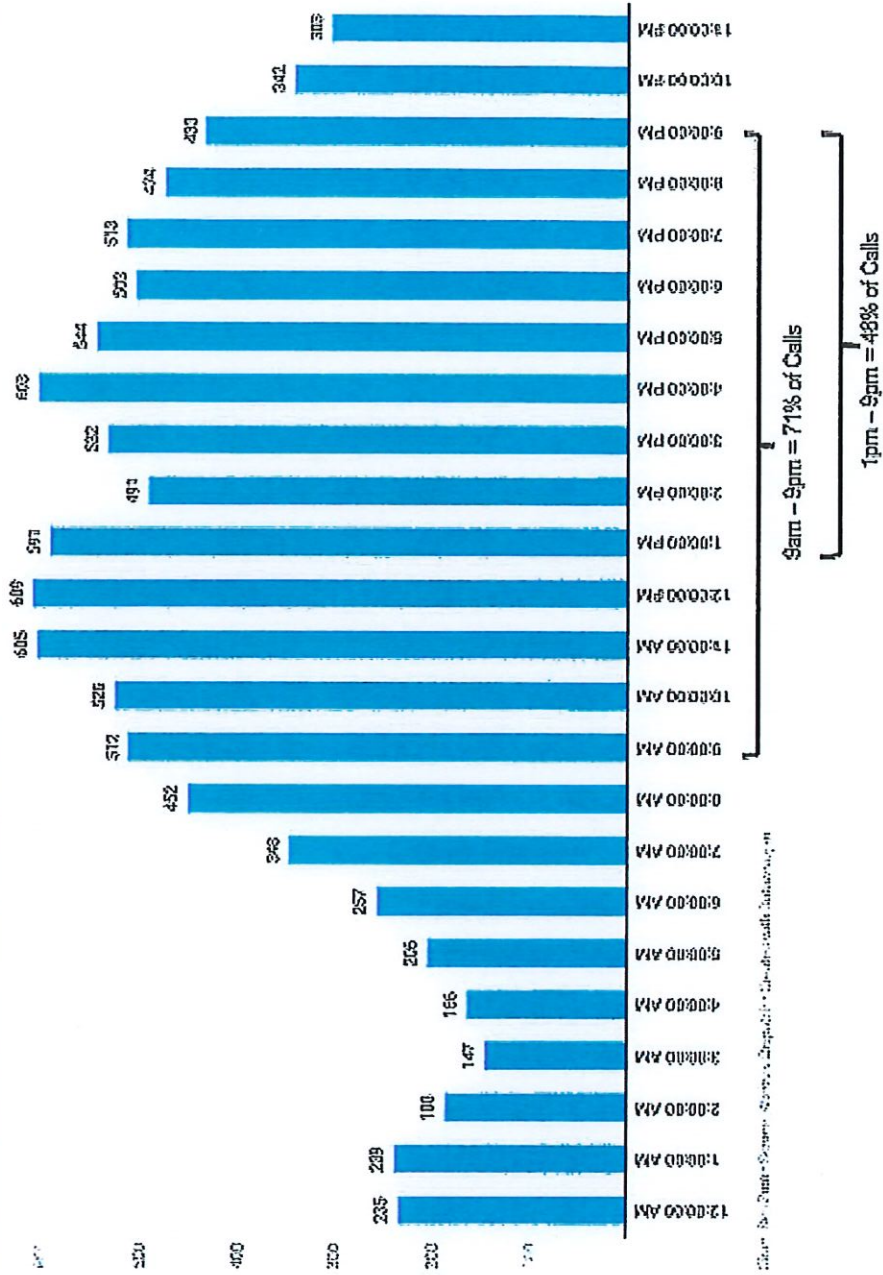


9am - 9pm = 72% of 2023 Mutual Aid Calls

1pm - 9pm = 45% of 2023 Mutual Aid Calls

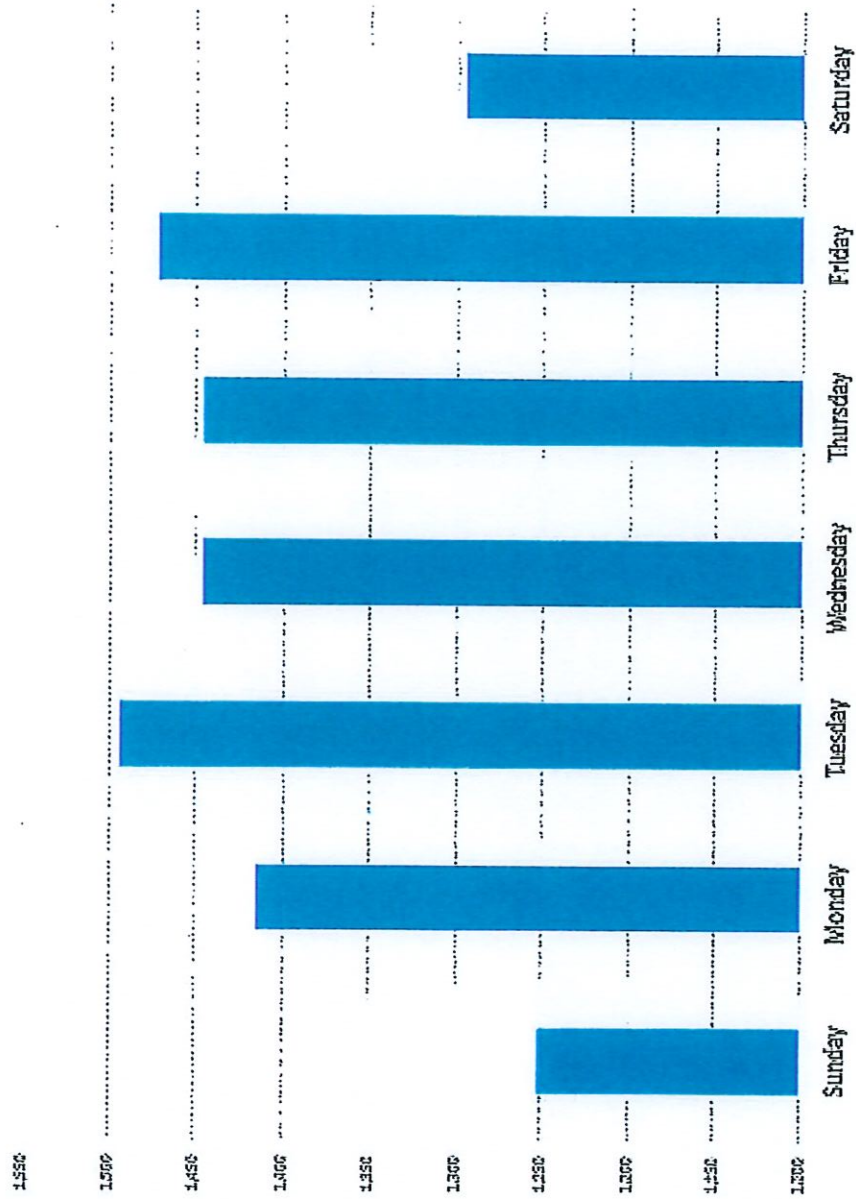
Source: Windsor Dispatch Data

**Total EMS Activations – 2021 – 2023 to Date**



Source: Windsor Dispatch Data

Total EMS Activations for Study Period by Day of Week






## Agenda Item Summary

Date: November 6, 2023

To: Honorable Mayor and Members of the Town Council

Prepared By: Cheryl Rosenbaum, Caring Connection Coordinator  
Enita Jubrey, Assistant to the Town Manager

Approved By: Peter Souza, Town Manager 

Subject: Connecticut Department of Social Services Grant Acceptance

### Background

The State of Connecticut Department of Social Services has awarded the Caring Connection Adult Day Health Care Center funding through a statewide initiative to support accredited Day Centers that remained operating during the COVID-19 pandemic.

The grant funding is in the amount of \$115,384.62. The Town Council is respectively asked to authorize the acceptance and expenditure of the grant funds.

### Discussion

The State of Connecticut Department of Social Service grant funds are planned to be used to adjust staff wages to be more market competitive, to aid in program marketing and client recruitment, provide staff training and development opportunities, as well as to meet increased costs of contract services, equipment and supplies.

The grant funds may be expended over several fiscal years.

### Other Board Action

None

### Recommendations

If the Town Council is in agreement, the following motion is recommended for approval:

**“MOVE to authorize the acceptance and expenditure of the Connecticut Department of Social Services Grant to Adult Day Centers in the amount of \$115,384.62.”**

### Attachments

None



**Town Council**  
**Resignations/Appointments/Reappointments**  
**November 6, 2023**

**Resignations**

None

**Appointments/Reappointments** (to be acted upon at tonight's meeting)

A. One Unaffiliated Member

Inland Wetlands and Watercourses Commission

Four Year Unexpired Term to expire March 31, 2026 or until a successor is appointed

(Kevin Washington – deceased)

**“MOVE to APPOINT Bradbury Stearns as an Unaffiliated member to the Inland Wetlands and Watercourses Commission for a four year unexpired term to expire March 31, 2026 or until a successor is appointed.”**

B. One Unaffiliated Member

Youth Commission

Three Year Term to expire January 30, 2025 or until a successor is appointed

(Russell Sills - resigned)

**“MOVE to APPOINT Marco Romero as an Unaffiliated member to the Youth Commission for a three year term to expire January 30, 2025 or until a successor is appointed.”**

C. One Democratic Member

Conservation Commission

Five Year Term to expire November 30, 2026 or until a successor is appointed

(James Klase – resigned)

**“MOVE to APPOINT Timothy Tomcho as a Democratic member to the Conservation Commission for a five year term to expire November 30, 2026 or until a successor is appointed.”**



November 6, 2023

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D. One Republican Alternate Member

Conservation Commission

Five Year Unexpired Term to expire November 30, 2024 or until a successor is appointed

(Ayse Adams– moved from alternate position to regular membership)

**“MOVE to APPOINT Joseph Zepperi as a Republican Alternate member to the Conservation Commission for a five year unexpired term to expire November 30, 2024 or until a successor is appointed.”**

E. One Unaffiliated Member

Library Advisory Board

Three Year Unexpired Term to expire April 30, 2025 or until a successor is appointed

(Kevin Washington - deceased)

**“MOVE to APPOINT Kaitlin Walsh as a Democratic member to the Library Advisory Board for a three year unexpired term to expire April 30, 2025 or until a successor is appointed.”**

F. One Unaffiliated Member

Zoning Board of Appeals

Four Year Term to expire November 10, 2026 or until a successor is appointed

(Robert Griffiths – resigned)

**“MOVE to APPOINT Dawn Kirkwood as an Unaffiliated member to the Zoning Board of Appeals for a four year term to expire November 10, 2026 or until a successor is appointed.”**

G. One Republican Alternate Member

Zoning Board of Appeals

Two Year Term to expire November 10, 2025 or until a successor is appointed

(James Durant)

**“MOVE to REAPPOINT James Durant as a Republican Alternate member to the Zoning Board of Appeals for a four year term to expire November 10, 2025 or until a successor is appointed.”**

H. One Democratic Member

Human Relations Commission

Three Year Term to expire May 31, 2026 or until a successor is appointed

(Charles Copeland)

**“MOVE to REAPPOINT Charles Copeland as a Democratic member to the Human Relations Commission for a three year term to expire May 31, 2026 or until a successor is appointed.”**



November 6, 2023

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- I. One *Republican* Member (Homeowner)  
Fair Rent Commission  
Three Year Term to expire March 31, 2026 or until a successor is appointed  
(Sandra Reault)

**“MOVE to REAPPOINT Sandra Reault as a Republican member (homeowner) to the Fair Rent Commission for a three year term to expire March 31, 2026 or until a successor is appointed.”**

- J. One *Democratic* Member  
Windsor Housing Authority  
Five Year Term to expire July 31, 2028 or until a successor is appointed  
(Carol Engelmann)

**“MOVE to REAPPOINT Carol Engelmann as a Democratic member to the Windsor Housing Authority for a five year term to expire July 31, 2028 or until a successor is appointed.”**

## **Names submitted for consideration of appointment**

None





**TOWN OF WINDSOR  
TOWN COUNCIL  
HYBRID MEETING  
OCTOBER 16, 2023  
PUBLIC HEARING**

**UNAPPROVED MINUTES**

**1) CALL TO ORDER**

The Public Hearing was called to order at 7:23 p.m. by Mayor Trinks.

Present: Mayor Donald Trinks, Deputy Mayor Lisa Rampulla Bress, Councilor Black-Burke, Councilor James Dobler, Councilor Ronald Eleveld, Councilor Kristin Gluck Hoffman, Councilor Ojala Naeem, Councilor Kenneth Smith, and Councilor Walker

Mayor Trinks read aloud the notice of the public hearing to hear public comment regarding the proposed amendments to the Town Center Tax Increment Financing Plan.

**2) PUBLIC COMMENT - None**

**3) ADJOURNMENT**

Mayor Trinks declared the Public Hearing closed at 7:30 p.m.

Respectfully Submitted,

Helene Albert  
Recording Secretary



**TOWN COUNCIL**  
**HYBRID MEETING – VIRTUAL AND IN-PERSON**  
**October 16, 2023**  
**Regular Town Council Meeting**  
**Council Chambers**

**UNAPPROVED MINUTES**

**1) CALL TO ORDER**

Mayor Trinks called the meeting to order at 7:30 p.m.

Present: Mayor Donald Trinks, Deputy Mayor Lisa Rampulla Bress, Councilor Black-Burke, Councilor James Dobler, Councilor Ronald Eleveld, Councilor Kristin Gluck Hoffman, Councilor Ojala Naeem, Councilor Kenneth Smith, and Councilor Walker

**2) PRAYER OR REFLECTION**

Councilor Gluck Hoffman led the group in prayer/reflection.

**3) PLEDGE OF ALLEGIANCE**

Councilor Gluck Hoffman led the group in the Pledge of Allegiance.

**4) PROCLAMATIONS AND AWARDS - None**

**5) PUBLIC COMMUNICATIONS AND PETITIONS – None**

Mayor Trinks stated that some councilors will be getting a flu shot at the Town Council meeting this evening, which is an annual tradition. This is done to emphasize the importance of everybody getting their flu shot.

Ms. Jennifer Waldo, Public Nurse, stated the vaccines that are available this fall includes COVID-19, Influenza or flu and RSV. Both COVID-19 and influenza vaccines are available for those 6 months or older. The RSV vaccine is available for 16 year olds and older. She encouraged all to get vaccinated by the end of October.

**6) COMMUNICATIONS FROM COUNCIL MEMBERS**

Councilor Naeem said her thoughts and prayers are with Eli's family. She appreciates all the people that have been engaging, the first responders, the Town Council, and Board of Education staff to ensure that all of the students and citizens physical and mental health is being taken care of. She said the Chili Challenge was an excellent event and was glad that the weather held out for the event. Thank you to all that came out to support the Jaycees. She did not attend the Business Breakfast, but heard from many people that it was a wonderful event. They heard from John Bourdeaux who is coming in as the head of Advance CT, which oversees lots of Economic Development activity

across the State of Connecticut. Hats off to Patrick McMahon, Peter Souza and the Chamber of Commerce for keeping these organizations engaged and making sure they continuously spotlight Windsor. When it comes to business activity across the state, we know that we are competing with a lot of our neighboring towns when it comes down to bringing the right type of business that is adding value to our town. Looking ahead, Nightmare on Broad Street is coming up on October 31<sup>st</sup>.

Councilor Dobler stated he is also concerned about Israel and the terrible incident with the student on the Windsor football team. Prayers and thoughts go out to the family as well as the entire school and all the players on the field. He had a chance to talk to a couple of them and he is glad to see they are adjusting well to what happened. This is for this present Town Council their second to last meeting and he wanted to thank everyone on both sides for the last two years. He is waiting to hear from Councilor Walker what the trophy in front of him is for.

Councilor Walker stated he brought the trophy to the meeting as they won 3<sup>rd</sup> place in the Chili Challenge. He thanked the cooks, Sophia Tetthe and Andrea Gamble for putting their hands together and helping them out. This year's theme was Jamaican chili. He has a question to the Council and Personnel Committee. He stated that we have an Arts Commission but our most famous artist, Lon Pelton, is not on it. The Windsor Fife & Drum Corps are in a serious financial predicament. Fundraising is down. They also have a bus that they use to transport kids but they can't use that bus any longer since their insurance premium just about quadrupled. There are parents helping to do carpooling but that is very inefficient and it's an additional burden on the parents. He talked to the Town Manager and a couple of councilors regarding how we could assist them the same way we assist other groups in town. If it comes to the kids and if we could do something for them to occupy their time that is positive, he is all for it. He added in regards to the horrible events in Israel, he had a good friend Rabbi Alan Lefkowitz that had him at one time read at that synagogue the names of Holocaust survivors and he spent time talking to him. At the First Cathedral this Sunday many went expecting a sermon but we listened to Rabbi Phillip Lasor, who is a 93 year old Holocaust survivor. He is glad to see the state capitol flying the Israeli flag and they lit up the dome to blue and white. He believes there is a lot of talk about the strain on both sides. He stated that during war we have soldiers and enemy combatants and there are rules of engagement in war. It is not war when one group attacks innocent citizens. It is not war when individuals look at the face of a baby and cut its head off. Councilor Walker said there's a time in life where we can stay quiet or we can speak out about it. Israel has the right to defend itself and he stands with Israel. He also knows there are innocent Palestinians and he prays for their safety and that they are protected and that they avoid injury because this is horrible. We're telling people to exercise restraints but what if it was our kids.

Councilor Black-Burke stated that it is important for us to keep addressing what has occurred in our town over the last few weeks. It has been heavy and she just wanted to take a moment to remind all of us to be friendly and neighborly and to lend a hand to those who are needing a shoulder or ear. The Rivera family's tragic loss and another family that experienced a horrific crash are some of the events that happened this week. She reminded people to share kind words. She thanked the EMS department for their

help during this time. She is hoping they are taking care of themselves after all these incidents. She added the Human Relations Commission is in the process of seeking nominations for their Bridge Builder's awards. She attended the Health & Wellness Fair on Thursday, October 12<sup>th</sup>. It was a great event, so shout out to all that had a hand in planning that. It was well attended. She saw a notice that Carol Ann Hubert passed away and she taught in town for many years. She was her kindergarten teacher. She has deep ties to First Church. She sends her condolences and well wishes to her family during this time.

Councilor Gluck Hoffman said one last statement regarding the Rivera family. The Back East family has been good enough to hold an event on this Friday on October 20<sup>th</sup> with half of their proceeds going to the Rivera family. The Rivera family is also raising donations via a Go Fund Me account to meet the funeral expenses. If you're interested in making a donation, the link is on the page from Back East Brewing Company.

Councilor Eleveld stated everybody has already spoken the thoughts that he has. He has nothing more to say.

Deputy Mayor Bress stated she agrees with Councilor Eleveld and she concurs with her fellow councilors. She didn't get a chance to be there, but she wanted to extend her condolences to Elijah's family and all who knew and loved him.

Councilor Smith echoed what Deputy Mayor Bress stated. He added that he'd like to thank Windsor Federal for sponsoring Shred Day that happened this Saturday. He'd also like to thank the League of Woman Voters for the meet the candidates debates that they hosted. He had one suggestion. The questions that are posed to the candidates should be given out randomly instead of targeted.

Mayor Trinks wanted to remind everyone to get their flu shots. The council did it tonight to promote doing it. It is so worth it.

## 7) REPORT OF APPOINTED BOARDS AND COMMISSIONS

### a) Public Building Commission

Rick Hazelton, Public Building Commission, gave the following report:

#### **Sage Park Middle School Energy HVAC Efficiencies Upgrades Project Phase 2 & 3 - 9542**

Work continues to progress with contractors working nights and weekends as needed to stay on schedule. The abatement of HazMat are complete. Replacement of air handlers in music wing is 90% complete. The installation of the completely new heating plant in boiler room is 100% complete and heat is currently on. The replacement of all classroom wall unit ventilators is on schedule. Current project schedules are for phase two and three to be end of November 2023.



**Aquatic Facilities Improvements Goslee Pool Houses Renovations - 9564**

Construction work is complete and pool opened on July 31st. Items remaining are minor punch list items, which should be completed by the end of October 2023.

**Milo Peck School HVAC Construction - 9538**

The PBC is waiting further directions from Town Council regarding this projects progression.

**Clover Street School Roof Replacement Design Project - 9549**

The project design architect, Hibbard & Rosa, has completed the construction and specification drawings. The PBC reviewed the completed drawings. Construction is scheduled for FY2026.

**LP Wilson Community Center HVAC Renovations Project - 9551**

Phase One of this project continues with contractors working nights and weekends as needed to stay on schedule. The HazMat abatement has been completed. New electrical power conduit installation has been completed. New flooring and room painting are completed. The GC will be setting the three new Dedicated Outside Air Systems on the roof Saturday, October 14<sup>th</sup>, depending on the weather. Phase One work is expected to be completed by the end of November 2023. The PBC expects to bid phase two in late fall 2023.

**330 Windsor Ave. Community Center Gym HVAC Renovations - 9550**

The three new roof top units are installed and are operating. The Direct Digital Controls are 90% complete. Roof top required new interface card to communicate with the Direct Digital Control system. Cards have been ordered and received. New cards are not a direct swap so, Contractor is working with manufacture to confirm wiring, before installing. The PBC expects the controls to be completed by mid-November 2023.

**Design for Clover Street School Restroom ADA Code Compliances - 9552**

The PBC reviewed completed drawings at our September 13, 2022 meeting. Hazardous Material testing will be scheduled for winter 2023 and Construction is scheduled for summer 2024.

**Design for LP Wilson BOE Restroom Renovations - 9553**

The PBC reviewed completed drawings at our September 13, 2022 meeting. Hazardous Material testing will be scheduled for winter 2023 and Construction is scheduled for FY2025.

**Sage Park Middle School Roof Design Project - 9541**

The design is substantially complete. This project would replace the remaining 93,000 sq. ft. of roof section that was installed in 1995 and is currently out of warranty. Funding has been approved by the Town Council for the construction portion of this project in the amount of \$2.9M. On October 7<sup>th</sup>, the BOE has submitted for a Grant from the State of Connecticut, Office of School Construction Grant (OSCG). Waiting for results from the OSCG before proceeding with the next steps.

**Poquonock Elementary School Roof Design Project - 9558**

The design is substantially complete. The PBC expects to review drawings at one of its spring 2024 meetings. Construction funding is scheduled for FY2025.

**JFK Elementary School HVAC System Upgrades Phase III Project - 1932**

The GC is continuing work on this project and is working nights and weekends as needed to stay on schedule. This project includes installing new HVAC units for the gymnasium and hallways. Old units in the gym and have been removed and new units installed on the roof. New ductwork is currently under way. Construction is expected to be completed by the end of November 2023.

**Sage Park Middle School Slab Moisture Mitigation Project**

The PBC has received the comprehensive report assessing the existing moisture conditions and had questions in regard to the findings and recommendations. PBC is not convinced that the current recommendation will solve correctly solve the moisture issue. MDC was asked to verify if any municipal water source to the building could be leaking. They have confirmed that all municipal water sourced to building are sound without leaks. Engineer has requested L-drawings to confirm existing footing drain design and has reached out to Geotechnical Engineering firm for further evaluation. PBC is awaiting response from the Engineer.

**Welch Park Pool House Renovations Project**

The PBC approved construction drawings for this project. This project is currently out for Bid with construction scheduled for Winter-Spring of 2024.

Councilor Naeem asked about the Sage Park/School slab moisture mitigation project. It was said that the PBC is not convinced that the recommendations will solve the issue. What more could we be doing if we're not feeling strongly about the current recommendation? Mr. Hazelton responded that as was stated in his last sentence on this item, we are looking for drawings to confirm the existing footing drain design to see where the outside drains and so forth are.

Councilor Naeem asked if Mr. Hazelton is stating that the exiting footing drains are in the right place or is making sure that all of them function properly. Town Manager Souza stated it would get into a much more of an extensive construction project. We'll potentially be doing under drains and removing the slab in certain sections at the school. We'll be able to rebuild that with a proper base and vapor barriers which is substantially different than the initial recommendation made by the consulting engineer. The PBC has asked for additional research analysis and further options.

Councilor Dobler stated that we will not be going forward with anything until we find where the moisture is coming from correct? Mr. Hazelton stated that was correct. Town Manager Souza added the moisture at this point is from ground water. There will be further analysis as to the best approach to rectify it on a long-term basis.

Councilor Eleveld said it's not MDC water since MDC has checked their lines. It's ground water so why isn't it affecting other parts of the building? Is it because they were built with a better vapor barrier underneath? Mr. Hazelton replied it could be the soil in that area.

Councilor Eleveld said you are looking at additional information before you move forward with the recommendation and action, correct. Mr. Hazelton said that was correct.

Councilor Smith stated just for clarification the section of the building you are talking about was added onto the original building, is that correct? Town Manager Souza said he believes so. It's a 1980's addition. Based upon borings that were done there does appear to be that the stone underneath the slab was not built to specifications and did not have proper or adequate vapor barrier which appears to be a part of the contributing factor.

Councilor Smith asked that is why it doesn't affect the rest of the building? Town Manager Souza said that is the conclusion.

Councilor Walker asked if this is tied into mold and will we be getting more mold into the schools? Town Manager Souza stated that based upon the report from the school facilities manager, we have not heard any indications that there is mold at Sage Park school. The moisture appears in one of the gymnasiums and a series of offices/classes in this addition area.

Mayor Trinks expressed his and the Council's thanks and appreciation to the Public Building Commission for all they do. They've got a lot on their plate. He gives his heartfelt gratitude.

b) Metropolitan District Commission

John Avedisian, Metropolitan District Commission, outlined the following:

- Drinking supply water – we're at 100% in the reservoirs.
- Water treatment production for the MDC – is still lower than the previous 5 year average per month. The average daily for 2022 is 48.51 million gallons per day. 2023 it was 47.32 million gallons per day. It's not at the 50.26 million GPD over a five year average. We still have to sell more water.
- Sewer House connection replacement program – in Windsor we do have one resident that is looking into the connection program. Hartford is two. People don't know about the back flow valve and that is something that needs to get out to the public.
- Outreach program – the outreach program for our communication people are planning to put something out in regards to the sewer back flow valves that can be installed in houses. That is a program that is out there which stops the water from coming into your house. It redirects it.

- They ran across another individual that has a septic tank. Every three years you can submit your bill to the MDC and they will pay it. However, this individual submitted it without the receipt but we eventually got the correct information and paid for it.
- Landfill – we are still going to court to get the MDC their money. The landfill has increased to about 105,000 GPD in the month of September and the current balance is \$18 million.
- Niagra Bottling – totals have gone up from 698,000 GPD to between 814,000-947,000 gallons per month.
- Operation Fuel – this year compared to last year. FY 22 we had a count of 30 individuals that received money at \$11,000. So far for FY 23 it is 13 at a cost of \$5,000.
- Hartford Courant – Mr. Avedisian asked if the Council had seen the article in the Hartford Courant entitled, “Exactly how safe is your water? Windsor’s PFAS for MDC has been checked over the last couple of months. Right now, there are no official numbers from the government, however, there is a number from the Health Department and we are at ‘0’. We have the best water going.
- PFAS coming out of the sewer plant – that is also below the threshold. They have checked above Poquonock and found a higher rate of PFAS because it’s coming down the river from above. They are doing the best they can. They have not figured out how to take anything out. They are working on that and with new technology.
- DEEP has revised MDC’s consent order. The reason for that is that with everything that is going on in Hartford and the flooding. We can now use money from the Clean Water Act to be able to help the people in Hartford in their houses, on the street to clean it up and make the necessary changes in the street and off the street to make sure that water flows where it should go.
- There are two great programs at the MDC. The back flow valve is one of them. You can get it installed at no cost from the MDC. You can all them to get on the list.
- The commissioners decided that if a lateral needs replacement, MDC will pay for it at no cost to the customer. If it had to be replaced a replacement would cost \$10,000. In the past they had to call someone to clean the lateral. This is for current housing. We now have come up with a plan that if laterals need to be cleaned out, the MDC will clean them out.

Councilor Eleveld asked about the landfill and is that the Hartford landfill he mentioned. Mr. Avedisian responded it is the Hartford landfill he is talking about.

Councilor Eleveld stated and the water that is coming out of it is basically water coming from the sky down through the body of the dump and being pulled out from the bottom. So it is picking everything up from the dump? Mr. Avedisian said yes, that is correct.



Councilor Eleveld asked if what's being picked up is caustic or acidic. Mr. Avedisian said that is a good wild guess. The PFAS is very toxic and is a cancerous compound. It doesn't go away. The only way you can get rid of it is by filtering it or bringing it up to 2,400 degrees. The problem is the equipment that the MDC has now cannot do that, however, we can do filtering. The Health Department says whoever creates it, is responsible for it.

Councilor Eleveld said he's guessing the City of Hartford, State of Connecticut that is liable for that? Mr. Avedisian said it's actually the Department of Energy and Environmental Protection that owns the dump and not the City of Hartford. That's why we are going to the State, Governor, etc. There's \$20 million there. That money, once MDC gets it, will go to the ad valorem to keep it low.

Councilor Eleveld said this would offset our expenses to the sewer aspect of our bills. Mr. Avedisian said yes that's correct.

Mr. Avedisian said the MDC is working on having no increase to the water bill and ad valorem as well for next year.

Councilor Naeem said in Mr. Avedisian's comments he stated that the use went up. Is that for the Town of Windsor or for all towns? Is that from Niagra? Mr. Avedisian said yes, it is from Niagra.

Councilor Naeem asked what is causing the increase. Mr. Avedisian said it could be sales (selling more water). The whole issue with Niagra was everyone was concerned with saving water. So they said hey, they are getting a cheaper price than we are and they are using more water. It was the hopes that they would use more water. Anything after 650,000 gallons they get the better rate.

Councilor Dobler asked how a typical homeowner of Windsor would go about finding out if there is an obstruction or if it's just a root from a tree. Mr. Avedisian said outreach is going out via MDC bills and stating these programs are available. You say that most people don't know about their lateral, but most people don't know that they have to clean it out and it is available via MDC. MDC's communication team is sending out information via the bill and via the website. Again, this is meant for existing housing not for new housing.

Councilor Smith clarified Councilor Dobler's question by stating that you'll know when your lateral is plugged because the stuff that you want to go away won't or it will come up in your front yard. Mr. Avedisian stated that if you have a back flow valve it will be in your front yard, which is better than in your basement.

Mayor Trinks stated for him and the leaving Council how he appreciates that Mr. Avedisian took the MDC spot and all he has done to keep them apprised of happenings.

## 8) TOWN MANAGER'S REPORT



### **Special Town Council meeting/workshop**

A Special Town Council meeting/workshop will be held on Wednesday, October 18<sup>th</sup> at 6:30 PM at the town hall in the Council Chambers. The focus of the workshop will be to review the Emergency Medical Services study prepared by the Holdsworth Group.

### **November 7 is Election Day**

All Windsor polling locations will be open from 6:00 AM to 8:00 PM. Absentee ballots for the election are currently available in the Town Clerk's Office, Monday – Friday 8:00 AM to 5:00 PM.

To request an absentee ballot, voters may visit the town website at [www.townofwindsorct.com](http://www.townofwindsorct.com) or call the Town Clerk's office at 860-285-1902.

Voters may return their voted ballot to the Windsor Town Clerk's Office by:

- Mail (It is recommended to mail your ballot as early as possible to insure delivery by November 7<sup>th</sup>)
- Depositing in the ballot into the secure absentee ballot box located behind Windsor Town Hall at 275 Broad Street no later than 8:00 PM on November 7<sup>th</sup>.
- Or hand deliver the ballot to the Town Clerk's Office.

All absentee ballots must be returned by 8:00 PM on November 7<sup>th</sup>. Any ballot received after that time will not be counted.

### **Windsor's 2023 Leaf Collection Program**

The 2023 residential leaf collection program begins on Monday, October 23<sup>rd</sup> and will end on Friday, December 15<sup>th</sup>. During this eight-week period, your bagged leaves will be picked up on the same day as your trash pick-up.

Residents need to place their leaves at the curb in 30 to 40 gallon paper leaf bags. Leaves may also be placed in similar-sized containers that are labeled with a "Leaves Only" sticker that can be easily identified by the driver (i.e., the sticker facing the road). Residents can obtain these stickers at the Town Clerk's Office or the Windsor Transfer Station.

In Windsor, the transfer station accepts residents' leaves at no charge and uses them to produce compost. Leaves must be clean and not contain other items that will compromise the quality of the mulch that will be created. These items include grass clippings, branches, or other items.

If you choose to self-haul your leaves to the transfer station, there is no charge during this period for dropping off clean loads of leaves, (no contaminants or plastic bags).

The transfer station accepts leaves Mondays and Fridays from 8:00 AM to 2:45 PM, Tuesdays and Wednesdays from 10:00 AM to 2:45 PM, and Saturdays from 8:00 AM to 3:45 PM. Residents should arrive at least 15 minutes prior to closing to allow sufficient





time to unload their vehicles. The Windsor Transfer Station is closed on Thursday and Sunday. It is located at 500 Huckleberry Road in Windsor. If you have any questions regarding recycling or composting in Windsor, please call the Transfer Station at 860-285-1833.

### **Nightmare on Broad Street**

First Town Downtown and Windsor Federal Savings will once again be sponsoring Nightmare on Broad Street in Windsor Center on October 31, 2023 from 5:30 PM – 7:30 PM. Businesses will be giving out treats to the youngsters. There will be hay rides and more! Broad Street from Batchelder Road to Palisado and Poquonock Ave will be closed to traffic. For more information call 860-247-8982 or go to [www.firsttowndowntown.org](http://www.firsttowndowntown.org).

### **We Are Here - Live Music, Spoken Word, Community Conversations**

The Windsor Art Center pleased to invite all to attend, "**We Are Here: Community Engagement Series**," a unique and enriching series of events designed to bring the community together through music, spoken word, and community conversations at the intersection of the arts and downtown revitalization.

Dates and Locations:

- Friday, October 20th, 6-8pm @ Windsor Art Center (40 Mechanic St.)
- Saturday, October 21st, 6-8pm @ Windsor Art Center (40 Mechanic St.)
- Sunday, October 29th, 4-6pm @ LP Wilson Community Center (599 Matianuck Ave.)

Here's what you can expect:

**Hour One:** Enjoy mesmerizing music performances, indulge in snacks and beverages, and mingle during our social hour. Performances by Tang Sauce and Quinn Mitchell.

**Hour Two:** Engage in facilitated community conversations about the arts, sharing your ideas for future expanded programming initiatives. Moderated by acclaimed spoken word artist, Tarishi "M.I.D.N.I.G.H.T." Shuler

Events are free, but registration is required.

To secure your spot and learn more, please visit our website at [www.windsorartcenter.org](http://www.windsorartcenter.org)

"We Are Here" is presented by the Windsor Art Center in partnership with First Town Downtown and Windsor Adult Education. It is made possible through the Town of Windsor's Community and Neighborhood Enhancement Grant Program, with support from the Town of Windsor Recreation Services.

### **Medicare Seminar at L.P.Wilson Community Center**

A Medicare Seminar is being presented by the Social Services Department addressing changes to Medicare and the 2024 Medicare Plans. The guest speaker will be John Sheerin from The Senior Source, LLC.

This event will be held on Tuesday, October 24th from 10:00 AM - 11:30 AM at the L.P. Wilson Community Center, All Purpose One room. RSVP to Susan Nunes, Social Services Department at 860-285-1839.



### **Windsor Housing Authority Seminars**

In the coming months Windsor Social Services will be presenting informational seminars for residents who live in any of the Windsor Housing Authority properties. Topics will include information on energy assistance programs, emergency preparedness, mental health and wellness.

The first seminar session will be held on Tuesday, October 17<sup>th</sup> at 11:30 am in the Fitch Court community room at 156 Bloomfield Avenue. Registrations is not required. Residents from the other two housing authority properties are encouraged to schedule a ride with the Windsor senior transportation services, should they require transportation.

### **Discount Rate from Eversource for Familis with Financial Hardship**

On December 1, 2023, Eversource will introduce a new [discount rate](#) for electric customers with a financial hardship status. Based on household income or receipt of a public assistance benefit, customers may be eligible for a discount off their electric bill per month.

To become eligible, persons must apply for or verify the financial hardship status on their electric account before the new hardship year begins on November 1. This will prevent service shut-off and ensure that you get a discount. This verification is required annually. Visit [Eversource.com/billhelp](https://www.eversource.com/billhelp) for more information on the electric discount and to see if you qualify.

For assistance please contact Social Services at 860-285-1839.

Councilor Gluck Hoffman stated that she has been approached by individuals regarding the vacant buildings within town. She understands that many of the properties are private and the Economic Development team works diligently with the buyers to assist them in finding tenants. Unfortunately, these locations ended up staying vacant for much longer than was anticipated. She would like Patrick McMahon, Director of Economic Development, and Peter Souza, Town Manager, to consider a vacancy tax for these buildings. She knows it's something they had briefly talked about. A vacancy tax is where you tax an empty or unoccupied commercial structure, more specifically store fronts or buildings that could possibly be in Wilson/Windsor/Poqunock areas. The purpose is to discourage absentee property ownership while also getting tax revenue. All structures in intent can vary significantly. The concept at the core of the vacancy tax is to simply charge a specific tax for property owners whose properties are unused or underused. It also creates a penalty for letting properties sit vacant for a long time. These vacant buildings diminish the morale of the community. It's something she hopes we can look into moving forward. Town Manager Souza stated he will do some research and get back to the Council on this.

Deputy Mayor Bress said that is an intriguing idea. How would Council deal with mitigating circumstances that might be beyond the control of the property owner? We need to think about how to encourage the properties to be utilized and she totally agrees with that.



However, there may be personal, professional or other types of circumstances that can get in the way and some of these properties are owned by Windsor citizens. She asked that the Town Manager take that into consideration while doing his research for the vacancy tax.

## 9) REPORTS OF STANDING COMMITTEES

Town Improvements Committee – Councilor Dobler – nothing to report.

Finance Committee – Councilor Naeem said there is a meeting coming on October 30, 2023 at 6:30 PM for the Finance Committee.

Health and Safety Committee – Councilor Black-Burke said this Wednesday, we will be back here at 6:30 PM sharp. She hopes that everyone has been doing the light reading for the conversation at 6:30 PM.

Personnel Committee – Deputy Mayor Bress said the Personnel Committee met and there are some candidates up for approval by the Council and others awaiting approval. She commented on Councilor Walker's remarks. She said that the Personnel Committee is always willing to interview anyone that applies and are happy to see anyone in the community apply.

## 10) ORDINANCES - None

## 11) UNFINISHED BUSINESS

- a) Approve proposed amendments to the Town Center Tax Increment Financing Plan

MOVED by Deputy Mayor Bress, seconded by Councilor Naeem to approve the amended Windsor Center Tax Increment Financing District Master plan as attached.

Patrick McMahon, Director of Economic Development, stated it is important to have an accurate accounting of parcels with the TIF District in order to establish the Original Assessed Value (OAV) of the District. The OAV is the baseline to determine any Incremental Assessed Value (IAV) generated within the district each year – a portion of which will be reinvested within the District (75%) and a portion will be deposited into the General Fund (25%).

### Amendment 1

To incorporate the six property cards in the District Master Plan there are several resulting proposed amendments in the attached red-lined District Master Plan.

### Amendment 2 (page 7 of attachment)

Under state law, no more than 10% of taxable real property can be contained within all TIF Districts combined.

Amendment 3 (Exhibit A, page 17 of attachment)

The property card address for Geissler's Supermarket is 318 Broad Street instead of 330 Broad Street.

Amendment 4 (Exhibit D, page 25 of attachment)

Exhibit D – Forecasted Estimate of Captured Assessed Value (CAV) and Incremental Tax Revenue over a 20 year period has been updated to incorporate the assessed values of the six missing properties, as well as to account for input error in row 1 of the 'Remainder of District' column.

Financial Impact

These amendments are technical in nature, do not substantially change the finances of the District, and provide for a corrected base from which to determine incremental values and TIF revenue generation.

Motion Passed 8-0-1 (Councilor Gluck Hoffman abstained)

**12) NEW BUSINESS**

- a) Approve funding for Basswood Road design services

MOVED by Deputy Mayor Bress, seconded by Councilor Gluck Hoffman to approve an appropriation of \$25,000 from the Capital Projects Fund Assigned Fund Balance for the Design Phase of the Basswood Road Rehabilitation project.

Suzanne Choate, Town Engineer, stated that Basswood Road is in fair to poor condition, with a Pavement Condition Index (PCI) as low as 62 on the roadway. Linear pavement cracking and raveling are visible in the pavement.

Staff is seeking funding to initiate the design phase of this project by conducting a field survey and geotechnical investigation. Design funds will be used to complete a survey of the area and collect geotechnical data to evaluate the roadway condition and determine the scope of work for the project.

Staff will return to Town Council after determining the full scope of the project in order to seek funding for the complete design of the project.

Motion Passed 9-0-0

- b) Approve use of \$75,000 in FY 24 Community Investment Funds for improvements to the Town Clerk's office

MOVED by Deputy Mayor Bress, seconded by Councilor Black-Burke to approve an appropriation of \$75,000 from the FY 2024 Community Investment Fund and \$30,000 from Special Revenue Account #1304 for improvements to the Town Clerk's Office.

Marco Aglieco, Building and Facilities Manager, and Anna Posniak, Town Clerk, stated that the FY 2024 adopted budget includes a funding allocation for facility improvements to the Town Clerk's office. The goal of the renovation is to enhance the security of the office during non-business hours and increase functionality and security of the office space to better allow staff the ability to work with sensitive or confidential documents during business hours.

The Town Clerk's role lies in managing public records effectively, ensuring their accuracy and maintaining confidentiality. Staff computers access several state databases that contain sensitive and confidential information such as vital records and election databases.

The project includes the installation of doors, an enclosed plexiglas counter, ADA compliant customer counter, a perimeter wall along the hallway with the elevator, a cubicle partition wall within the office to create a walkway for continued public access to the vault and staff work stations set back from the customer counter. If approved, the project will begin in December and is anticipated to be completed in early January 2024.

Councilor Dobler asked if this renovation came about because of the third party assessment or was it something within the department that made you feel that we need to shore up on a security stand point. Ms. Posniak stated security was one reason but it was a few things that had her reach the decision that was needed. Some of it had to do with COVID and how they could not block their office off from the public during that time. Over the years, there have been issues where personnel are trying to work on confidential documents while at the front counter. The public at this time can walk up to your desk and see that information while you're working on the documents. This has been discussed with the Town Manager for several years and after the assessment from the State, it was decided to move forward.

Councilor Eleveld asked what is this going to look like. Mr. Aglieco stated that they had Transfer Enterprises do a layout for them. There will be three cubicles in the front. Anna's office will remain the same. The printers will be moved to the side. We have windows on the side door that are currently open that'll be closed with a new door. The smaller opening will be completely closed off. The front will be counter space with Plexiglas and a section for ADA compliant access.

Councilor Eleveld stated that we are basically enclosing everything except for the hallway to the vault. Mr. Aglieco said that will be the cubicles lined up that wall. There will be no access from there.

Councilor Eleveld asked if we are enclosing the whole area in Plexiglas. Mr. Aglieco said that the access to the vault will still be there. That will be open but there will be cubicles blocking that passageway into Anna's space.

Councilor Eleveld said there will be no solid wall? Mr. Aglieco said it will be a cubicle with a glass top. Ms. Posniak added that on the wall on the side closest to the elevator is,

there will be a wall with a window in it so the public can see in and we can see out into that hallway. Staff will be taken off of the counter where they will assist the customers and rather help the customer and then go back to their desks.

Councilor Black-Burke stated she feels this is a great piece for security. Are we getting everything we need to make the office secure? Ms. Posniak stated that what they are presenting tonight is sufficient to meet those needs.

Mayor Trinks stated that he is in favor of this project. It is important to have security of the data and the staff.

Motion Passed 9-0-0

- c) Approve use of \$60,000 in FY 24 Community Investment Funds and \$75,000 in donated funds for Windsor Food Bank improvements

MOVED by Deputy Mayor Bress, seconded by Councilor Black-Burke to approve an appropriation of \$60,000 in FY 2024 Community Investment Funds and the expenditure of an \$80,000 donation from the Windsor Food & Fuel Bank for improvements to the Windsor Food Bank at L.P. Wilson Community Center.

Marco Aglieco, Building and Facilities Manager, and Jasmine Hall, Social Services Coordinator stated that the proposed physical improvements to the space will increase capacity for the storage of food and create more efficient intake and output of food inventory. This will result in a smoother process for our donors, staff and the approximately 451 Windsor households served each month. In addition, the project will assist with the creation of a "client choice" area. This format of food distribution allows our residents in need to choose their own food, giving them a sense of power and dignity as they continue to face food insecurity.

The primary elements of the project scope include replacing all existing shelving with new stainless steel shelving, repainting, refinishing floors, upgrading lighting fixtures, and installing a ductless HVAC unit.

The project work would commence in January and be completed in approximately 30 to 45 days. During that time the food bank would operate out of 100 Addison Road in space adjacent to the police station.

Councilor Dobler said what they do is such an important part of the town. The funds that you are looking for, is that sufficient to reach your goals for the next few years? Ms. Hall stated that she thinks it is sufficient.

Deputy Mayor Bress agreed with Councilor Dobler. She attended a workshop there and Hartford Hospital did a beautiful presentation on a food bank program they had. One of the most significant things they talked about is the ability of people to come and shop and pick out their own foods, not only for dignity reasons but for health reasons. If we are moving in that direction, this is incredibly exciting for the people in our community



because it will give them some autonomy for their choices and it will look less like a service organization and more like an opportunity to be a part of our community. It would be great to do what they were doing in terms of healthy choices such as labeling healthy choices or giving people more guidance in terms of foods that would help people with certain food conditions.

Motion Passed 9-0-0

- d) Approve acceptance of \$15,000 Connecticut Department of Economic & Community Development grant related to youth violence prevention

MOVED by Deputy Mayor Bress, seconded by Councilor Gluck Hoffman that the Town Manager is authorized to accept and expend the grant award from the Connecticut Department of Economic and Community Development for youth violence prevention in the amount of \$15,000.

Paul Norris, Director of Recreation & Leisure Services, stated that the town has been awarded a \$15,000 grant by the State Department of Community and Economic Development (DECD) related to youth violence prevention. The goal of the grant is to promote positive youth development. These funds may be used to increase or enhance opportunities for youth.

The grant period will run through June 30, 2024. Funds will be used for youth violence prevention awareness programs, youth employment training during the school year, free school year access to the evening teen center at 330 Windsor Avenue Community Center, and free youth access to pools in the summer of 2024.

Councilor Black-Burke asked if they are looking for a certain type of student or can any student can be a part of this. Is this open to all students? Mr. Norris responded that one is open to all students. Along with that we will push students that are involved with the Juvenile Review Board to participate in these types of programs, may it be anger management, de-escalation or other types like it.

Councilor Gluck Hoffman stated with some of these kids, they have been under review by the Juvenile Board. Do we have a resource officer that would be there at the time if there were any issues? Mr. Norris stated he is not sure of that. What we do know is that there are one or two officers that can teach these types of classes, so we would tap into them if we could not find someone within the YSB division or contract out.

Councilor Black-Burke asked if there will be some type of report that will come back to the Town Council to hear about the programming or is that a part of the DECD and do we have to share with them. She'd love to hear more about the programming overall and how it turns out. Mr. Norris replied that yes, we could give the Town Council demographics and participation in the program. He also wanted to say that this is also about providing recreation opportunities for youth so they don't get into trouble. That is

why we have free access to the teen center from 6:00 PM – 9:00 PM at 330 Windsor Avenue as well as free access to the pool in the summer time.

Councilor Smith wasn't aware there was a fee for going to the Recreation center. How much does it cost for youth to use the pool? Mr. Norris responded \$1.50 per use or they can purchase a season pass for \$25. Most of the youth that use the pool get dropped off and they have a \$1.50 of change in their pocket and that is how they pay. This entices more youth to the pool. The drop-in center is \$1.00 per time or \$10 for the school year. Kids don't do well with buying a pass but rather pay the \$1.00 each time they go to the center. This grant gives youth the opportunity to not have to worry about the money and to still be able use the services and enjoy the facilities.

Councilor Smith commented that he didn't know why we were charging the kids for these services. He feels they should not be charged. He asked what the revenue was that was collected for the youth activities. He also stated that if Mr. Norris does not know the amount off the top of his head that maybe he can provide it later. If it's an insignificant amount of money and more kids could go for free, then you're going to keep more kids off the street. Mr. Norris said for the recreation center, it's about \$700 for the school year.

Councilor Eleveld asked if there is an underlying reason for the small fee. Mr. Norris explained that the charge came from having the youth and kids that participate have a sense of ownership and that they understand this is theirs and that they protect it. Some of the psychology behind it is if they don't have a financial investment, no matter how small it is, they don't respect themselves or the materials or the pool table that is there. We started charging \$1.00 per use and we've been doing that for 15 years now.

Deputy Mayor Bress stated when she thinks about youth violence prevention, she thinks about dating violence and things like that. Did the Recreation Department do something recently about that? It's a real problem for young people, men and women. There are organizations in Hartford that do a great job of presenting a teen violence for dating program. She just wanted to mention that.

Councilor Black-Burke thanked Councilor Smith for his comments. She thanked Mr. Norris for stating that we are not going to turn children away if they don't have the money for the use of the facilities.

Motion Passed 9-0-0

e) Approval of Fiscal Year 2023 Open Purchase Orders

MOVED by Deputy Mayor Bress, seconded by Councilor Eleveld that the remaining FY 23 General Fund purchase orders totaling \$5,189 be re-approved until January 2, 2024.

Town Manager Souza stated the Town Council approved fourteen FY 23 year-end encumbrances totaling \$209,832 on June 20, 2023. As of October 16, there are two remaining open purchase orders totaling \$5,189. Administrative tasks associated with regulatory compliance staff training still need to be completed by Fuss & O'Neill. HVAC

equipment related to the Pine Lane radio room was installed the week of October 2, but technical connectivity work will need to be done that will go beyond October 16.

Motion Passed 9-0-0

- f) Town Manager Annual Performance Evaluation

MOVED by Deputy Mayor Bress, seconded by Councilor Naeem to move item 12 f until after Executive Session.

Motion Passed 9-0-0

### 13) RESIGNATIONS AND APPOINTMENTS

MOVED by Deputy Mayor Bress, seconded by Councilor Gluck Hoffman to:

- APPOINT Marie Bendzans as a Democratic member to the Human Relations Commission for a three year unexpired term to expire May 31, 2025 or until a successor is appointed.
- APPOINT Judy-Ann Cooke as a Democratic member to the Human Relations Commission for a three year unexpired term to expire May 31, 2024 or until a successor is appointed.

Motion Passed 9-0-0

### 14) MINUTES OF PRECEDING MEETINGS

- a) Minutes of the October 2, 2023 Regular Town Council Meeting

MOVED by Deputy Mayor Bress, seconded by Councilor Black-Burke to approve the minutes of the October 2, 2023 Regular Town Council meeting as presented.

Motion Passed 9-0-0

### 15) PUBLIC COMMUNICATIONS AND PETITIONS

MOVED by Deputy Mayor Bress, seconded by Councilor Gluck Hoffman to enter into Executive Session at 9:16 p.m. for the purpose of:

- a) Discussion concerning the appointment, employment, performance, health or dismissal of a public officer or employee

Motion Passed 9-0-0

### 16) EXECUTIVE SESSION



Present: Mayor Donald Trinks, Deputy Mayor Lisa Rampulla Bress, Councilor Black-Burke, Councilor James Dobler, Councilor Ronald Eleveld, Councilor Kristin Gluck Hoffman, Councilor Ojala Naeem, Councilor Kenneth Smith, and Councilor Walker  
Staff: Peter Souza, Town Manager

MOVED by Deputy Mayor Bress, seconded by Councilor Naeem to exit Executive Session at 10:33 p.m.

Motion Passed 9-0-0

**17) ADJOURNMENT**

f) Town Manager Annual Performance Evaluation

MOVED by Deputy Mayor Bress, seconded by Councilor Dobler to approve the Town Manager annual evaluation and approve a market adjustment to \$181,296 plus a 3% merit increase effective 10/16/23.

Motion Passed 9-0-0

MOVED by Councilor Smith, seconded by Councilor Dobler to adjourn the meeting at 10:34 p.m.

Motion Passed 9-0-0

Respectfully Submitted,

Helene Albert  
Recording Secretary





**TOWN COUNCIL  
COUNCIL CHAMBERS  
SPECIAL HYBRID MEETING  
OCTOBER 18, 2023  
UNAPPROVED MINUTES**

**1) CALL TO ORDER**

Mayor Trinks called the meeting to order at 6:33 p.m.

Present: Mayor Donald Trinks, Deputy Mayor Lisa Rampulla Bress, Councilor Nuchette Black-Burke, Councilor Ronald Eleveld, Councilor Ojala Naeem, Councilor Kenneth Smith

Absent: Councilor Kristin Gluck Hoffman, Councilor Len Walker, Councilor James Dobler

**2) PUBLIC COMMENT - None**

**3) REVIEW AND DISCUSSION OF EMERGENCY MEDICAL SERVICES STUDY**

Town Manager Souza stated this spring the Town engaged the Holdsworth Group, an emergency medical services consulting firm, to complete a review of the emergency medical services delivery system. The system review was prompted by questions raised by the public and Town Councilmembers related to Windsor EMS' staffing levels, response times, financial stability and greater reliance on mutual aid from surrounding EMS agencies.

The Council's Health & Safety Committee reviewed in detail the EMS System Study on August 14th. The Committee requested that the report be placed on the Town Council's September 5<sup>th</sup> meeting agenda for a high level overview. On September 18, the Town Council decided to hold a separate workshop to review the report and recommendations.

Attached is the study report which includes information regarding topics such as current system overview, community demographics, EMS economics, system utilization, response times, capital investment needs, recruitment and retention, service delivery options, and budget forecasts.

The goal is to have the Town Council provide direction relative to the recommendations in the report. He gave an overview of how the town has been supportive to the EMS helping to stabilize their finances over the years.

Bob Holdsworth, The Holdsworth Group, and Dan Moylan, President and Chief of EMS gave an overview of the report as follows:

The consultant's report (page 24) includes a number of key findings such as:

- Windsor EMS is doing a good job despite labor and financial challenges
- Response times to calls are good, improvement is possible



- Mutual aid is being requested 2-3 times per day resulting in longer response times and lost revenue
- There is a need during peak hours (9 AM – 9 PM) for another ambulance
- Dispatch data needs slight modifications to allow for better segmentation and tracking of high and low priority call response times
- There is a need for replacement of capital equipment investment
- There is a significant paramedic and EMT shortage in the state and Windsor has had a hard time recruiting and retaining due to shifts in the regional labor market and agency consolidations
- The Town Council's commitment in the FY 23 budget helped Windsor EMS to stabilize the EMS system and the subsidy in the FY 24 budget has allowed for the implementation of a competitive wage scale package
- The continued subsidization of EMS by the Town is a reality regardless of the provider serving the Town
- Windsor EMS needs to expand its leadership team and work towards having 24/7 operations supervisors rather than administrators on call.

### **Funding**

Of the 4,100 requests for an ambulance in Town each year, only about 2,800 can be billed to bring revenue into the system. Of the 2,800, more than 68% of the total are paid at a significantly reduced rate due to the Medicare/Medicaid fee schedule.

Revenue projections have been included on pages 28 and 29 showing the revenue from the 2,800 transport as well as the potential revenue from handling one additional call per day that is currently being handled by mutual aid ambulance services. This will be accomplished with the revised staffing plan which includes a third 'peak time' ambulance (9a-9p)

A subsidy of the EMS system is a reality going forward regardless of the provider.

### **Staffing/Recruitment**

Windsor is currently recruiting for EMTs and Paramedics and this month will also be advertising for shift supervisors who will be able to provide agency/system oversight as well as provide paramedic staffing. This process will take several months to fully implement. The commitment by the Town Council in FY23 and FY24 plus any additional commitment for capital improvement will show potential candidates that Windsor EMS is a stable organization and a solid career step for them.

### **Capital investment.**

Capital replacement has been pushed off for several years. The equipment is safe to use but it needs to be updated or replaced. As the chart on page 17 of the report shows, the ambulances are all at or over their useful life and the mileage continues to increase at a rate of approximately 30,000 miles per year.



Due to supply chain issues maintenance is getting more costly and time consuming and ordering new ambulances is currently a 12–18-month process. It is recommended the Town Council commit resources now even though the financial impact will start in FY 25 and FY 26. (pages 31 & 32 of report)

The cardiac monitors, stretchers and power loading systems are in the same situation although those will arrive faster, and delivery can begin in FY 24.

Councilor Naeem stated that one recommendation was to create by-laws for the board. Do you know if this has been done? Mr. Moylan stated they are being reviewed by the current board. They will be following up with their attorney to review them. The goal is to get them in place at the beginning of 2024.

Councilor Naeem asked if the board has thought about what we can be doing more of from an engagement and recruitment perspective? Mr. Moylan stated the board has started preliminary discussions on trying to restructure it as a whole. He explained how they are doing that and how recruitment efforts are going.

Councilor Naeem asked about the training division. What's the first reaction of the Windsor EMS on that and what is the feasibility of it? What would be the financial impact? Mr. Moylan said Windsor EMS loves the idea and they already have a training division established. He would like to see it be more of its own entity and self-supportive. He described the training classes that are offered for the EMS and spoke of the possibility of having a dedicated full time person on staff to do them.

Councilor Naeem asked what did he mean about it being self-supportive? Does that mean that you want it to be where it's not pulling from the EMS folks that are coming in to train but having dedicated resources to it? Mr. Moylan answered that many of the instructors that they have are road employees and it means that they need to find coverage or need to rearrange their schedules for the road when they instruct the classes. Over the past two years or so it has been self-sufficient.

Councilor Naeem inquired about the recommendation of analyzing call volumes on a monthly basis and adjusting staff times on a quarterly basis. Do we have things in place right now that will allow us to do that on a monthly basis? If not, what do we need to put in place to make sure that is being analyzed on a monthly basis as well as being reported out to the appropriate channels? Mr. Holdsworth stated we have what we need to do that. He explained the way it could be done.

Councilor Naeem asked who would be doing the analysis on that. Mr. Holdsworth said it could be done internally with staff.

Councilor Walker stated there is an elderly population in Windsor. He feels the report was done well. He explained why we needed something beyond the EMS board to help with decision



making at times. He feels the Town Attorney should be involved and whatever rules there are should be changed.

Deputy Mayor Bress stated that the collected data can allow Mr. Holdsworth to look more carefully at response times or for different types of priorities. Is there any historical data before this that is available on response times or was it not being done before? Mr. Holdsworth stated the response times were there and they had to go through a manual process with some of the data. The data was good but there were some discrepancies between EMS and the Windsor Communications center for calls for Windsor. He explained how that data gets reported and what has been done to enhance it.

Deputy Mayor Bress asked will the EMT response data be able to delineate between mental health emergencies and heart attacks and different types of things or will it be response times to those types of calls. Mr. Holdsworth said calls are earmarked by type. We can look at the calls afterwards to see what the calls were originally dispatched as and then what it ended up as. They are not presently focusing on this as their focus is to get the ambulances on the road right now.

Deputy Mayor Bress asked about board members. Are they aware of this meeting and how many board members are there? Do they receive training? Mr. Moylan stated the board has seven positions with one being open. There is minimal training at this time.

Deputy Mayor Bress asked about the memorandum of understanding. She asked about accountability and oversight. The suggestion was to support a collaborative arrangement between the town and EMS. She asked without municipal control, how will oversight and accountability take place? Mr. Holdsworth said it all comes down to how far you want to be involved in the ownership and liability of the organization and how much you want to keep contractually at arms length. He outlined the different ways the EMS organizations work and what Windsor could do for oversight and accountability.

Councilor Black-Burke asked about the board. Has the board been involved and how involved have they been in this process to date? When is the last meeting that has taken place? Is the board supporting what we are trying to do? Have they been a part of the conversations during the process? Mr. Holdsworth stated that they have not been with him and that many boards are having to come to grips with facing things they've never seen before such as the pandemic and people leaving the industry, having recruiting issues, etc. He feels the board was waiting until the report was completed before they became involved.

Councilor Black-Burke asked about the number of calls. Are we able to see the prioritization and segmentation of the calls? Do we have the data on how many of them refused transport to the hospital. Mr. Holdsworth stated that yes, it is included in the report and explained where.

Councilor Black-Burke asked who is assisting in making sure that level of oversight for the revenue is actually being addressed. Mr. Holdsworth said it is being addressed. EMS staff is





looking over the reports as they come in and is quantifying and assigning them and then they are sent to the billing company. The billing company verifies they've received them and are being billed properly.

Councilor Black-Burke asked what is the pipeline to the schools for those that are interested in this field? Mr. Moylan responded that there is a medical emergencies program at the high school. The hope is to increase that pipeline by tagging onto the fire program.

Councilor Black-Burke thanked Mr. Holdsworth for the report and for working with the Windsor team.

Councilor Gluck Hoffman asked what the other incentives are for the students to do EMS or paramedic studies. Mr. Moylan said it is hard with the age range in the high school. They cannot get certification until they are 18. They have to be of legal age.

Councilor Eleveld said in the chart he made a comment about 65 and over and it is related to Medicare not Medicaid but in the demographic data that was not priced out. Mr. Holdsworth stated that in the budget there is a percentage of Medicare and Medicaid for billing purposes.

Councilor Eleveld stated the differential that Medicare pays is about 50% versus what a private insurance company should be paying. Medicaid pays almost half of that. Is that a state or legislative issue? Mr. Holdsworth said this past legislative cycle there was a bill proposed that would bring the Medicaid level up to the Medicare level. It failed. The state gave a one time 10% increase to the retail rates (OEMS rates on the chart). They said they gave the ambulance industry a 10% increase. That was the thinking. The reality is 68% of the patients that are transported by Windsor did not get impacted by that 10% increase.

Councilor Eleveld said the 10% is negotiated by the insurance companies, probably close down to where Medicare is. Mr. Holdsworth replied they tried to. He explained the process.

Councilor Eleveld looked at the capital investment page. He sees the newest piece of equipment is 2017. There are also have 6 cars. Why? Mr. Moylan explained they are down to five at this time. The fifth one is currently trying to be sold. Three out of four are licensed paramedic vehicles which hold our paramedic licenses from OEMS. This allows us to put a paramedic in a fly car to utilize them in that capacity or put them on an ambulance. Those licenses need to be held by a vehicle.

Councilor Eleveld asked what the fly car does. Mr. Moylan stated by having the license on the cars, it gives them the ability to put a paramedic and EMT on an ambulance and have that ambulance respond as a paramedic ambulance.

Councilor Eleveld asked about the five trucks. Why would we want five trucks within a two or three year period when you'll have to replace them in seven or eight years out? Mr. Holdsworth



said even if you said yes today to one truck, that won't be here until a year down the road. It makes sense to do it now.

Councilor Eleveld asked why someone didn't come to them two years ago to say there are trucks with high mileage that need to be replaced. Did your Board of Directors not say to you why are you doing this? Mr. Moylan responded the Board of Directors at that time was not in tune to what was going on and also the Chair of the Board.

Councilor Eleveld asked who maintains the vehicles. Mr. Moylan said they use two fleet service companies. One is an ambulance specific fleet service which is also the factory warrantee shop for our ambulances and the other is just for fleet cars to maintain them.

Councilor Eleveld asked about the proposed bonding of the ambulance for \$1.25 million. Why did they make that suggestion versus the leasing? Mr. Holdsworth said he was putting options on the table for the town to decide what they'd like to do. Some towns want to pay for it and others want to bond it out as they do with firetrucks.

Councilor Eleveld said you have about \$400,000 of equipment. What is the difference between an ambulance stretcher and a power load stretcher system? Mr. Moylan said the ambulance stretcher, which have power components to them, alleviate the physical labor and stress on provider's backs. The other stretcher is the cot, the stretcher that everyone thinks of.

Councilor Eleveld asked about other equipment on the ambulance or within the ambulance department.

Councilor Eleveld asked how often the Board members meet and are they compensated. Mr. Moylan said they meet quarterly and they are not compensated.

Councilor Eleveld stated that the report has financials going forward but none going backwards. He'd be interested in seeing them from the last two years.

Councilor Smith stated on the 2019 EMS plan, it states that the WVA staffs three ambulances during the day and two at night. Is that accurate? Mr. Moylan said it was for 2019.

Councilor Smith stated on the 2019 EMS plan, there were several full-time and part-time paramedics and EMTs in addition to 10 volunteers. Is that still accurate? Mr. Moylan responded there are several of each for paid staff, paramedics and EMTs. The volunteers are probably down to three.

Councilor Smith stated on the 2019 EMS plan it shows that they operated 4 MIC (Mobile Intensive Care) level ambulances and two paramedic fly cars. Mr. Moylan stated that was correct for what we had in 2019. Since then we've increased it to five ambulance licenses and three fly car licenses.



Councilor Smith said the public safety access points contact for your mutual aid companies in 2019 it said it was Ambulance Service of Manchester (ASM) if WVA is not available backed up by Bloomfield, Granby, Windsor Locks or AMR. Is that still accurate? Mr. Moylan stated those are all mutual aid companies. Now our primary for the last two years has been East Windsor.

Councilor Smith asked about how we rotate using the backup ambulances. Mr. Moylan said the dispatch center should probably use East Windsor first as they are the most reliable and available. Geographically, if it's in Rainbow, East Granby would be a smart choice instead of Hartford.

Councilor Smith inquired as to how stand by services are addressed or billed such as the Shad Derby, fire engine on stand by, etc. Do we get compensation for any of those things? Mr. Moylan said currently they do not charge any of the town entities for stand by services. Private events hosted in town are billed.

Councilor Smith asked if the sponsor hospital for EMS and the Police Department still use Hartford Hospital or is it St. Francis Hospital. Mr. Moylan replied it is Hartford Hospital. Only Police Department dispatch goes to St. Francis Hospital. Town Manager Souza added that St. Francis is for dispatch as they had the first emergency medical dispatcher or EMD protocol set up.

Councilor Smith said on the EMS 2019 report it said that hot responses were 5 minutes and cold responses were 8 minutes for the Police Department. Now, these times are longer. It goes to 7 and 10 minutes. Is that because we have fewer police officers on the road at one time now as compared to 2019? Town Manager Souza said it could be a variety of reasons, but he wouldn't say that was the primary reason.

Councilor Smith asked about the 9:00-9:00 time frame. His evaluation is very good. Monday-Friday the 9:00-9:00 works but on weekends it doesn't seem the same. If you were to do a third ambulance would you do it 7 days a week or 5 days per week where it is most predominant? Mr. Holdsworth stated that the current budget is for 7 days a week.

Councilor Smith asked if there are written mutual aid agreements with Manchester and Aetna? Mr. Moylan said yes along with Suffield, East Windsor and Bloomfield which is still in the works. Councilor Smith said the verbal will be with Granby and Windsor Locks? Mr. Moylan said yes.

Councilor Smith said in the 2019 plan there was a goal to apply for the National Accreditation through the Commission of Accreditation Ambulance Services. Is that still a goal? Mr. Moylan stated it is a goal but it hasn't been moved on in the past two years due to the lack of manpower.

Councilor Smith asked if they could briefly explain the role of the part-time Administrative person they're asking for? What duties/responsibilities would that person have? Mr. Moylan explained the duties of the administrative person.



Councilor Smith asked if we will still be able to get the discounted rate for the equipment even if it is past the cutoff mark of September 30<sup>th</sup>. Mr. Holdsworth said no. It's a 3% increase.

Councilor Smith asked if the call volume is up because of the density of some of the projects like Great Pond or Poqunock Village. Do you get a lot of calls in that area or is it more convalescent homes, traffic accidents, etc.? What is your biggest call volume calls? Mr. Moylan said it is split between all of those categories. He added that I-91 is a huge factor to their call volume, along with the nursing homes in town and the elderly communities.

Councilor Smith stated he'd like to see financial statements and maybe an audit if that is possible. Mr. Moylan stated he could do that.

Mayor Trinks stated his frustration lies with the State of Connecticut. There was supposed to be legislation that got us reimbursement for I-91 emergency calls. He doesn't think that we've got a check for that. They were supposed to be adding to Medicare. There are all these assurances that we are getting but they are not being followed through. He feel \$0.35 on the dollar from Medicaid is not acceptable. He appreciates what EMS is facing.

Councilor Naeem thanked them both for coming to the meeting. She went over some points that she took away from the conversation so far.

Councilor Walker stated the board is definitely a weakness. As far as getting additional staff, Windsor has thousands of people working in health care but most of them cannot work on an ambulance. A trauma doctor cannot volunteer at the WVA. The qualifications they are requiring to work on the ambulance is putting the cart before the horse. If you volunteer 'x' amount of hours how about you get a break on your taxes, similar to what we do for the fire department.

Deputy Mayor Bress asked what kind of incentives are other towns offering to attract EMS personnel besides the obvious salary. What kind of incentives have you seen across the state to attract volunteers? Mr. Holdsworth has not seen a lot of successful things completed to attract volunteers. In smaller towns (2,000-3,000 people), there has been some success with coming out with a program as it becomes a social event. Those are agencies that do a call every other day not 11.5 calls per day. They are not ALS providers. It is exceptionally difficult to get volunteers on the EMS side. He compared the fire department's strategy to the EMS. They will continue to try and get volunteers.

Deputy Mayor Bress stated that is the point she wanted to bring to the forefront. Speaking about students, we've heard that EMS work is extremely difficult and challenging. She hopes that the Town Council and the EMS board can come up with some ideas in how we might provide a greater incentive for people to think about volunteering and to make sure that the salary and benefits are competitive. Seems to her that type of person is rare to do this kind of work.





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Councilor Gluck Hoffman stated that there are people in the medical field who are not allowed to do volunteer work. If she is understanding correctly, it's the insurance that is a major issue

with this state. Mr. Holdsworth stated that is not the issue. It's the State Health Department and training equivalency. She believes the board should have CPR training, just the basic understanding, so these folks can see what EMS is dealing with.

Councilor Black-Burke said it's a matter of life and death to her. There are fiscal components, vehicles, infrastructure and training needs. She wants to make sure the EMS board is getting the support they need so they can be vigilant and visible to assist in getting the Windsor Ambulance what they need.

Councilor Eleveld asked Town Manager Souza how much are we talking about in funding over the next couple of years. Town Manager Souza said that on page 31 of the report there is a pro forma that Mr. Holdsworth prepared. He went through the pro forma with the Council. Mr. Holdsworth gave more information on the budget.

Councilor Eleveld asked if we are to go with the approach Mr. Holdsworth mentioned of leasing them, are there one year buy outs at the end of the lease, the same as with the equipment? Mr. Holdsworth said no, they are a dollar buy outs.

Councilor Eleveld asked Town Manager Souza if we are looking to vote on the budget at the next meeting? Town Manager Souza said not necessarily voting on the budget. It could be a sense of the Town Council to move forward with developing the MOU. Town Manager Souza spoke of other ways the Council could go forward at this time.

Councilor Eleveld asked why not consider a disbursement of \$100,000 or at least order two ambulances at this time to start the ball rolling. The ambulances and equipment are old. Town Manager Souza said he believes we could do that. We'd have to speak to Mr. Holdsworth about the logistics of doing that. Mr. Holdsworth added that the manufacturers are not taking deposits because they know they can sell the truck. Town Manager Souza said perhaps Council can put money toward the patient care equipment. That would potentially reduce the lease payments, which would reduce the manual operation costs. That might be something for possible consideration.

Councilor Black-Burke asked if we could solidify recommendations and then be prepared to vote on November 6<sup>th</sup>. The Council discussed the possibility.

Councilor Eleveld asked that they come back with some frame work of accountability. It is a government issue. We need to button up on this financial accountability. We need to have a better understanding or control or maybe a regular report to the Council if we are going to be funding this on a regular basis to know where we are and how that looks.



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Councilor Smith thanked them for their presentation tonight. When you initially said to purchase ambulances two, two and one he thought it was a good idea, however, there are three that need to be replaced right now. He is suggesting a tweak of doing three now, one in the following year

and then based on the metrics the next one after that. His concern is staffing levels. It's easy to buy the equipment, but it's harder to staff it. You can't get the equipment before you buy the ambulances because nothing will fit. Some equipment you can get like the cardiac monitors, etc. Is that correct? Mr. Holdsworth said it was not. The existing equipment that is specified for this will meet the current spec of the trucks. The plates that are already in existence are no longer compatible with the new system.

Councilor Smith asked Town Manager Souza if this would become like another enterprise fund. Town Manager Souza said he doesn't see it as an enterprise fund. He sees that if the Council chose to work with the WVA or Windsor EMS regarding a leasing approach, it would be built into that annual contribution.

Councilor Walker said we need to do something to help the WVA out. From what he has heard, he's thinking that something might be on the table for discussion and voting during the next Town Council meeting. Is that correct? Town Manager Souza yes that is correct.

Councilor Black-Burke stated something to consider is Medic 5 that is twelve years old and Medic 1 that has the highest mileage. She wanted to put that on the table for recommendation and consideration for the next Council meeting.

Town Manager Souza asked for clarification. Is the sense at this time working on the assumption that it would be both the patient equipment and vehicle replacement would be in a lease format versus a capital outlay? The Council left it up to Town Manager to decide which avenue would be the best. The Town Council then discussed the available options and Town Manager Souza gave his input.

Mayor Trinks thanked Mr. Holdsworth for an outstanding report.

### 3) ADJOURNMENT

MOVED by Councilor Naeem and seconded by Councilor Gluck Hoffman to adjourn the meeting at 8:45 p.m.

Motion Passed 8-0-0 (Councilor Walker absent from room)

Respectfully Submitted,

Helene Albert  
Recording Secretary