I. CALL TO ORDER

Mr. Malter called the meeting to order at 8:30 a.m.

II. DEPARTMENT REQUESTS

A. Emergency Services/E-911

1. Motorola Change Order – Mr. Marshall requested authorization to approve a change order from Motorola in the amount of $198,535. This is for the engineering and redesign of the combiner, as well as installation. We do have money available in the State Interoperable Communications Grant and there will be no County cost.

Mr. Mullen asked if this is for a redesign? Mr. Marshall replied yes. This is for the re-engineering and changes to the combiner. Mr. Mullen asked what was done incorrectly? Mr. Marshall explained there is inter-modulation between the frequencies for VHF Fire and VHF EMS and combined, that makes it harmonic. The input frequency for the EMS channel is too close to the harmonic frequency. Motorola had to redesign/re-engineer for a new frequency to get away from the harmony that was being produced. Mr. Mullen asked was this a predictable event? Mr. Marshall replied there was some documentation about this within Motorola, and it was determined that it would be quite rare to have it cause a problem with a receiver like this. Mr. Horton asked is the $198,000 change order a guarantee that the issue will be fixed? Mr. Marshall replied our own engineers are pretty confident that it will be mastered at this time. This is within the scope of Motorola’s best practices. Mr. Wheeler commented with all the testing of this new frequency it looks like it is good to go.

MOTION: APPROVING A CHANGE ORDER FOR MOTOROLA IN THE AMOUNT OF $198,535 FOR THE ENGINEERING AND RE-DESIGN OF THE COMBINER, INCLUDING INSTALLATION MADE BY MR. RYAN. SECONDED BY MR. HORTON. ALL BEING IN FAVOR. MOTION CARRIES 4-0. (MR. POTTER ABSENT FOR VOTE)

2. Presentation of EMS Study – Mr. Marshall introduced Matt Zavadsky from the Center for Public Safety Management, LLC who will be reviewing the results of the EMS study. Mr. Zavadsky stated the EMS study is nearly complete. The EMS agencies you have do a great job, along with the Sheriff and your local hospitals. They are all dedicated and gave good insight. He commented that they hope to wrap up the study by the end of the month.
Mr. Zavadsky stated the EMS agencies struggle to meet the response volume in the County and the pandemic has exacerbated the staffing issues. Staffing of EMS agencies is a struggle across the country and is not just unique to Steuben County. The main challenges are the fact that the County has numerous EMS agencies that are volunteers, a large geographic area to cover and low response and transport values. When you have low call volumes, that leads to low revenue generation. Ambulance corps are only paid if they transport. In New York, many of the municipal fire departments are precluded from billing for ambulance services. Mr. Zavadsky noted the County has done a great job working with the EMS agencies. You have a very robust mutual aid plan and 911 does a great job managing the radio traffic. However, when the dispatchers have to tone out mutual aid, that delays the activation time and the overall response time is delayed. We used 2019 data for this study, before COVID hit. He noted for those agencies that are highlighted, they responded to their calls 80 percent of the time or less and had to rely on mutual aid. There is a high percentage that use mutual aid.

Mr. Zavadsky stated what is happening is not the fault of the agencies as they have been doing a great job to keep their ambulances and personnel up to respond. The County is at a crossroads and you have to realize that the system is failing. Our recommendation is that you have a safety-net provider. It is not good to have a 911 medical call not be responded to at all, and you see that happening. It could take 10 – 20 minutes or longer to get a confirmation that someone is responding to the call. You could either contract with a private provider or this is something that could be developed by the County. It is time for the County to figure out a way to fund that safety-net provider. This gives you some assurance that someone is responding to the call. It would also help with emergency transports out of the hospital. The hospitals have indicated having challenges getting patients transferred to other areas. It could take 5 – 7 hours for a transport and if it is an emergency transport, that could take up to 1 ½ hours.

Mr. Zavadsky stated there are a number of options for this scenario. The first is to provide continuous safety-net coverage 24/7, 365 days. That would require two ambulances on duty to serve in that role. He noted they are basing these cost estimates on answering 2,500 calls per year. Mr. Malter asked are you talking about having these in one central location? Mr. Zavadsky replied we would recommend that they not be centrally located but strategically located based on call prevalence. In this option, the cost per unit hour is $67.50 and the annual unit hours necessary to provide this coverage would be 17,520, bringing the annual cost to $1,182,600. We estimated the average revenue per transport at $350 and annual revenue would be $387,765. That would leave a $794,835 shortfall.

Mr. Zavadsky commented the revenue per transport should average about $625, but for this study we did it for $350 based on what your ambulance services typically receive. Mr. Mullen asked why not be conservative, but have the number closer to the average of $625? Mr. Zavadsky replied when the payor reports what they paid, that number generally includes the deductible or co-pay that is required by the insured. The patient is still responsible for the deductible. This is something that happens a lot, especially with the high-deductible insurance plans. Mr. Mullen asked how many calls are there where no money is collected at all? Mr. Zavadsky stated we will ask the services if they are willing to give us that information. In Texas, the self-pay runs at about 37 percent of our overall response volume.

Mr. Van Etten asked if we provided the safety-net coverage with two full-time units, would this start a slippery slope where agencies have trouble getting volunteers and decide that they won’t need to provide this service and will that push us into the next option over time? Mr. Zavadsky replied it is a possible slippery slope. In some cases local agencies respond because they don’t want to rely on another agency. However, it is more likely in Steuben County, the number of calls that the safety-net responds to will increase over time. In your county, your cities have full-time coverage. The response volume outside of the cities has not increased dramatically. If they are responding to more calls and transporting more patients, then over time the additional revenue would help mitigate the additional costs.

Mrs. Ferratella stated our towns and villages pay for contracted ambulance services. How would this affect the contracts for coverage that they pay for? Mr. Zavadsky replied if they already contract with AMR for example, those contracts could continue, or if the county could offer both options, they could switch to the county’s
contract. In this first option, we are suggesting a contracted provider and they could also have those separate agreements with the towns and villages that want to use them.

Mr. Malter asked if the cities are providing their own services and if the County provides it for the rest of the County, will the cities come after us for assistance? Mr. Van Etten commented it would not surprise me. Mr. Zavadsky stated my response would be they are already benefiting, so if they didn’t provide the service then their taxes would go up.

Mr. Zavadsky reviewed the second option which is safety-net coverage for peak demand. The coverage would be from 11am – 6pm and there would be one or two dedicated ambulance units that would work 12 hour days. The annual cost would be $591,300 and the annual shortfall would be $358,641. The third option would be to provide a county-based ambulance service to provide continuous safety-net coverage. This model would be similar to what Livingston County has. The annual cost would be $1,362,451 with a shortfall of $974,686. He noted that public systems are generally more expensive. The fourth option would be a county-based peak demand safety-net coverage for an annual cost of $681,725 and an annual shortfall of $448,566.

Mr. Zavadsky stated the fifth option would be to create a public utility model system through a joint powers/inter-local agreement. This would essentially create an administrative agency which is a public body and governing board for the EMS system. This could be either contract or county-run. There are several of these across the country. This would be a publicly accountable EMS agency that would have representatives from different sectors of the community that are participating. This also would allow for a more nimble governing board which will be able to make decisions quickly. He noted in Texas they have this model and their board is made up of physicians, council members, etc.

Mr. Zavadsky reviewed three other recommendations related to the study. The first is to enhance the 911 dispatch center technology. Currently they use a manual EMD/ProQa system and he would recommend that they move to the automated system. This will improve call taking and the QA process. Additionally this will reduce staff time and they will gain efficiencies. The second is to integrate the computer aided dispatch with AMR. They are the largest responder in the County and being able to know how many AMR units are available would be beneficial for the call taking process, as well as accountability. The third is to enhance the role of the Sheriff’s Office in the EMS response system. This would mean designating them as a First Responder agency. Mr. Van Etten asked is there money associated with these three recommendations? Mr. Zavadsky replied we have not associated a cost, but we can estimate the County cost and include that in the final report.

Mr. Mullen replied this might impact AMR and if the call volume goes up substantially they may lose revenue. Mr. Zavadsky stated in communities that have reliable service now, those areas are doing okay covering calls. If the contract is contracting or providing services to those areas that are responding 80 percent or less to calls, those additional one or two calls per week will probably not have a huge financial impact. That remains to be seen.

Mr. Van Etten stated that Al Lewis from AMR is here and he asked him to give a five-minute response to the options that have been presented and how that will affect AMR. Mr. Lewis stated just to clarify I do not run AMR. I would like to commend the Legislature for taking a look at this problem. I started in 1962 in Corning with an EMS service and that was sold to Rural Metro in 1995 and then AMR came in and purchased Rural Metro. I have a lengthy history of EMS service in this County and I am currently a consultant for AMR in Albany. A lot of what this is about is reimbursement and the difficulty in getting reimbursement from Medicaid and Medicare. Any time an ambulance responds to a call they lose money; lots of money. He commented so many of the EMS volunteers need to be patted on the back for what they have done for the County; these are awesome people that are getting tired. I am a member of the State EMS Council and I see this from 30,000 feet. Don’t forget the negative impact this may have on what you have now. I am not a representative for AMR, but I can tell you this will impact the system. AMR responds to over 10,000 calls per year in the County. The issue of not having transports was created by the 911 system. I totally embrace the 911 system, however, the downside is that 35 percent of the responses that AMR does there is no patient transport. If there is no transport, there is no charge, but there are costs. EMS provides top quality care and a lot of lives are saved. I would encourage you to
study this carefully and make your decision based on all of the information you can get. I tell you to be cautious and do a thorough investigation because you don’t want to lose the provider that you have. Mr. Lewis stated EMS is a $3 million service, but they only get $1.2 million in revenue as the government payors have not paid us to the point that they should. Across NYS Medicaid pays $31 million under what they should be annually. That gets us at 75 percent of what our costs are. Prior to COVID, about four years ago, I had stated that EMS was in crisis and they have been. Now COVID has devastated EMS.

Mr. Malter commented there was no option presented to subsidize local EMS services. Is that another option to look at? Mr. Wheeler replied that would be a subset of contracting with an agency to augment services. You could contract for additional resources. Mr. Marshall commented I believe Greene or Columbia County do something similar and that is something we could look at. Mr. Malter asked does AMR contract with only the City of Corning? Mr. Marshall replied the City of Hornell has their own ambulance service and the Village of Bath has a not-for-profit service that pays their own staff. Mr. Malter stated it would be interesting to see the cost for automating our 911 system and then look at other options.

Mr. Horton stated I would have to agree with the comment that this would be hurting AMR. The Town of Campbell contracts with AMR for $18,000 annually to respond to calls. If the County subsidized that, I am not sure that the taxpayers would want to pay AMR. When you talk about Medicaid and Medicare, the problem is not EMS, but the system. There are people out there that know how to work the system.

Mrs. Ferratella stated this is a national problem. Are there any future ideas of how to deal with this nationally? Mr. Lewis replied the entire country is struggling with this. It is all about people. Part of it started when minimum wage increased to $15.00 per hour. Our EMS workers have been underpaid for so many years and we are trying to introduce a bill in the upcoming session to improve the Medicaid and Medicare reimbursement.

Mr. Mullen asked if we went with the public utilities model, could that be levied back onto the taxes? Mr. Zavadsky replied yes it can. EMS is not considered an essential service and most communities do not use tax dollars to fund it. The public utilities model could specify that there could be, for example, a $0.005 property tax to fund the system and everyone pays into that and you could contract that service to AMR. You would be purchasing unit hours and you could fund it through that mechanism and just pay the contractor. That is not hurting AMR as you are using a local service and you are using an infrastructure that is in place. Mr. Mullen stated I am not talking about a special district. I am asking can there be a user fee for someone that makes a call and it goes unpaid; could that be put on the tax bill? Mr. Zavadsky replied yes, the community could put a lien on the property. The risk is that some may say that government is being too heavy handed. Mr. Van Etten commented the problem is that fifty percent of the ambulance calls are tenants and they don’t have an asset to put a lien against. Mr. Malter stated Wayland has a special district and they bill the third party and there is a tax on the taxpayers for the combined ambulance services. Mr. Van Etten stated there will be many more opportunities for discussion. He thanked Mr. Zavadsky for his presentation.

Mr. Marshall stated thank you for taking the time to review this with us. What is the timeline for the final project? Mr. Zavadsky replied you will have the final report at the end of August.

MOTION: TO ADJOURN MADE BY MR. HORTON. SECONDED BY MR. RYAN. ALL BEING IN FAVOR. MOTION CARRIES 5-0.

Respectfully Submitted by

Amanda L. Chapman
Deputy Clerk
Steuben County Legislature