

EMS Subcommittee

Monday, January 30, 2023 - 9:00 am

Robin DeLoria - Chairman

Chairman DeLoria called this EMS Subcommittee to order at 9:18 am with the following in attendance: Robin DeLoria, Derek Doty, Shaun Gilliland, Roy Holzer, Noel Merrihew, Jim Monty, Matt Stanley, Ike Tyler, Meg Wood, Mark Wright, and Mike Mascarenas.

Also present: Dina Garvey, Rob Wick, Bryse Taylor and Matt Watts.

DELORIA: Good morning, I'll turn it over to Rob

WICK: So, we do have a print of the end of year summary and there will probably a revision to this, because we're trying to get some additional information from themselves. The conversation that we had last month was in regard to per diem volunteers, so some of the information that we want to cover on this is how that actually operates for a lot of the agencies, as we're aware of it and some of the reasons why the volunteerism and per diem situation is the way it is and why in the past we had allocated a significant amount of the budget away from the per diem program that was a concept very early on. So, this will get revised with some of that information.

Okay, before we dive into that, we'll go over some current State stuff on the agenda. We don't have any resolution requests, right now. We do still have the medic car position that's opened and an EMT in Moriah, that we've identified, right, that's in the hiring process. So, that's been updated since this.

WATTS: So, Matt Rudow is moving from Willsboro to medic car and then we hired someone to replace him in Willsboro and we filled the Moriah one. So, we're up to staff, except there is still one medic car position open, but we haven't been able to identify anybody for that, just by advertising.

MASCARENAS: But, Moriah's losing Bryse, in terms of a volunteer.

WATTS: And lost another one that was doing 40-50 hours a week, as well. So, they've lost a couple of people.

WICK: So, we were able to get all the contract renewals out. We're just waiting on some of those to get fully executed and get those back in.

WOOD: Are they late?

WICK: On getting some of the contracts in?

WOOD: Back to you?

WICK: So, they are due back, but they didn't get out until like within the last 2 weeks, they have gone out to all the agencies. So, instead like them getting snail mailed around or emailed them around, like, these guys have been taking them around to each agency and towns and stuff.

WATTS: We'll let you know.

WOOD: Okay

WATTS: It should be getting to you, soon.

WICK: I was trying to avoid it getting lost in the paperwork, as it happens with all kinds of other stuff that goes across everybody's desk. That includes those new contracts that we had with Keene, AuSable and Keeseville for just the materials, supplies that we worked with them on.

Matt brought up some of the changes there in Willsboro.

Didn't know if there had any other information that came across with Lake Placid EMS. Last month we were waiting for a formal request to work with them. Has there been any formal, further meetings and discussions in that regard?

DOTY: There hasn't. I'm still waiting for a report from Rick Preston, one of councilmen, that's one of the volunteers on the force. Like I told you, we did augment their budget by \$52,000.00 to help them make it through a combination of, let's say salaries and potential closure of the ER, up there. Internally, they're trying to determine, like the sharing aspect that Bryse kind of put in front of us, as a starting point. I'll bring it up again this week and try to get some movement. Rick is asking for the ambulance service to give us a plan, so that it isn't just knocking at our door for more money each year. We need to develop something that will be, I think, mutual for both of us. At least that's the direction I'm trying to make.

WICK: Understood.

A couple of the other items, still on the agenda here that we haven't gotten any formal requests from; Willsboro/Essex, Etown/Lewis and I think at point it was either Keene or Keene Valley, I had them both listed here, but they were talking about asking for an EMT.

TAYLOR: Keene Valley

WATTS: Keene Valley

WICK: Okay.

None of the other items had really moved forward, but I did have a note here on item 11 and that's what I wanted to have more data detail in the program summary for the end of year that I will update and push back out to everybody. So, as some of these bullets are listed her, the program was first introduced way back as a concept in 2017 when this first came about, the per diem program, I'm referring to. We pushed that out year over year to all the towns, all the agencies about the intent of the per diem program, how we intended to fund it, how much money we had to fund it throughout the course of the entire term of the grant and how we'd like to do that. There

were a number of folks, Mike went to some of the town hall meetings with Patty and Matt to talk about, like, okay, here's this per diem program. We want to try and get more volunteers into the mix. We want to be able to subsidize that with the on-call, hourly rate that was lower, but then full-time, activated hourly rate, once they're, you know, actually going to be performing some work. But, for 3 years, nobody really bit, nobody had any interest in it and the agencies continued to operate, as they were going to, unless they had the full-time EMS members from the County. That seemed to be the only desire they had, was just, to have full time people to fill in gaps and just let it ride with that or in the case of a couple of agencies, just material requests. So, that's what it's been and when we shifted into the full scale phase of this grant we had to kind of commit how we were going to allot the rest of those funds for the duration and pretty much, everybody moved to the idea of sustaining all the costs that we knew that we were going to have to incur over the course of the next couple years to keep the program running, as opposed to having this budgetary figure out there for a program that nobody had interest in. So, I mean, obviously if the County wants to pay for a per diem program, if that's something that everybody has an interest in, it definitely can be done. I don't think anyone would say no to that, but it's not really something that we can have grant funded at this point, because all those grant funds have been allocated to sustain the program to the end of year. So, what I would advocate for is if we, the County, proposed to have a per diem program, under EMS, that the agencies, themselves, like develop their pool of volunteers that actually are going to participate in the program and bring that as a part of their formal asks. So, that way we understand like how many people are even there to be part of the program to start generating the management aspect of that in terms of scheduling and part-time employees and that sort of thing.

MASCARENAS: So, at the time, Dan and I, Rob, when we were sitting down, looking at this program, what we quickly realized was that 24/7 operation, countywide is unsustainable and unaffordable, when you start putting what that looks like for the taxpayers. It's simply something that's unachievable. What was our original figure? 12 million, maybe, something like that?

TAYLOR: Over 5 year though.

MASCARENAS: It was a different format. It was basically following, there's other ways to do it, but when we were looking at it, it was every agency operating, as they are today and what's it going to take to do a 24/7 operation and that cost. So, what we said was, at the time, we need per diems and that's a cheaper way and a way to kind of value the work that those folks are doing. So, we were willing to, at that time, pay anybody that's showing up for a call. They just had to sign up and be part of that per diem program and what we have, Rob, maybe \$300,000.00-\$400,000.00 allocated that was part of the grant?

WATTS: I think it was \$300,000.00.

WICK: We originally had \$600,000.00.

MASCARENAS: \$600,000.00?

HOLZER: How much did you use?

MASCARENAS: None, we sent letters to every volunteer in the County. Patty got us a list of every volunteer. We sent them letters explaining what this program was, we did the outreach, we went to towns and communities. I don't know if there was a real good understanding of what it was, but our goal was really to get those people that work every day in some other profession that may want to make a few extra bucks. If you're on call that weekend, you would get paid. If you are activated that weekend, you would get paid the active rate. So, if the on-call rate was, say, \$100.00 just for that weekend to be on-call and be available, that's what you'd get, but once you got called into action, you'd get the hourly rate of whether you were an EMT, AEMT, paramedic, whatever your credentials were. For some reason that never took off. I do think long term that's probably a mechanism that is going to have to be relooked at. But, as Rob said, now how do you fit it in and who pays it and how do you go forward with that? At the time, Dan and I were willing to pay it, because if we could keep full-time people off the list, it was cheaper for us to pay a per diem rate than it was to pay the benefits. So, our thought process was if we're paying \$25,000.00-\$30,000.00, well, \$25,000.00 just for health care, so our benefit is probably in the \$30,000.00, it would be a significant savings and a way to keep those costs under control. But, currently there are no placeholders in the budget for any of those things.

TYLER: It's just hard for me to believe why they wouldn't. Was it education of how they were going to get paid? They were going to do it anyways, why not get paid?

MASCARENAS: I agree, I like. I think it's like anything else. I think misinformation, perception, kind of rules the rumor mill.

HOLZER: Let's be honest, I think what happened is, when it was first starting, is every department, ambulance department, fire district, they're very protective of their sandboxes. You're dealing with a ton of personalities. I know in my own town, I can see where, you know everyone was standoffish on the County program. Oh, they're going to come in and take control and it's evolving, but I think it's like anything else and it's taking some time for them to wrap their head around it. You know, Wilmington for example, we went from 40 members down to 15.

WATTS: I think they were afraid of losing control. You're starting to see that turn, now.

MASCARENAS: At the meetings I went and did, people were misinformed and I'm not sure they were certain they could believe the folks that were giving them the message.

TYLER: From what I am hearing from Roy, it might be more receptive now, to do.

TAYLOR: So, the reality of it is that EMS as a professional is evolving, just like nursing did many years ago and volunteerism in this profession is just not a realistic thing to look forward to, just like you don't see volunteer nurses anymore. There's a strong national push to be recognized as allied healthcare providers. There's strong national pushes by all of the governing bodies for accreditation, degree requirements. EMS is moving away from call mentality, moving towards

clinicians and actual medical providers and if you try to implement a per diem rate, there's not enough of us to go around. If I'm working in Moriah and they say, we're not going to pay you for your shift, we're going to pay you on-call and you'll get an hourly rate, I can go to 6 other agencies that are willing to pay me my hourly rate, the whole night, whether I run a call or not. So, we really are evolving away from the volunteerism that used to run this industry. Which is unfortunate in that there's a significant cost to healthcare, especially which the way that healthcare in America, as a whole, is. But, it is better for the people that need us, because you're getting trained, educated, motivated, compensated providers that come take care of you or your family members.

WOOD: Your key word is industry. It's a profession, it's business then.

STANLEY: I think the other problem is, you start paying full-time staff, those volunteer people don't want to do the work, because somebody else is getting paid to do the same thing they're doing.

HOLZER: And it's evolving, too, because I know on like different, potential EMTs that we've looked at hiring for Wilmington, all of sudden they're coming in and trying to set the tables of what their work schedule's going to be like, for example, everyone seems to want 24-hour shifts, now, instead of a traditional 9-5 or a 10-hour shift, they want a 24-hour shifts. They want to make sure that the building has cable and internet and stuff like that and it's like, we've done everything from checklists, if you're working, you're going to be working. You know, one wanted to make sure that there were beds and showers in our department, if they came onboard.

MONTY: In talking to some of the volunteers that have left the volunteer service in Elizabethtown/Lewis, they're upset the fact that they're stuck with the hours that nobody wants to work and stuff. They're the ones that are covering the weekends or the ones that are covering nights and so the animosity there, for them, towards the paid staff is what's keeping them from volunteering.

MASCARENAS: But, going back to Ike's point. I get what everybody is saying, we were offering to pay those volunteers.

MONTY: Oh, I understand that.

MASCARENAS: Without an interview, without anything. So, I get what everybody's saying in the room, but there still are volunteers, are there not?

TAYLOR: Very few, anymore, honestly.

DOTY: We only have three in Lake Placid.

WATTS: They dwindled, but there are some.

MASCARENAS: But, you would think they would want, go back to what Ike said, why wouldn't they want that? Why wouldn't those three people that are volunteering want that? I don't know. I don't know the answer to that.

DELORIA: So, is the suggestion to bring this back around for discussion to the various departments? Do you want to bring it back?

MASCARENAS: I think long term, Robin, unless there's a total change in the way this service is provided that you're not going to be able to afford it any other way. Unless you had, substations and all those things like other places that went to.

TAYLOR: And the crux of the matter is the staffing model that we're using, currently, the logical conclusion of that is staff 11 to 13 agencies, 24/7, 365 by County staff. When an agency is on the verge of failing, they're coming here for help. That's not sustainable.

GILLILLAND: inaudible

TAYLOR: Maintaining these individualized squads is not sustainable. It's not sustainable logistically. There's not enough healthcare providers to go around. It's not sustainable financially, because of the burden that would place on the taxpayers.

GILLILLAND: Let me ask you a question; what is sustainable? What is your model?

TAYLOR: A consolidated, transporting ambulance service, staffed by County employees, 24/7 with distributing ambulances.

GILLILLAND: For the entire county?

TAYLOR: For the county.

GILLILLAND: What's the price tag?

TAYLOR: Before revenue recovery, \$3.4 million a year.

GILLILLAND: No, you're way low. You are way, way low. We've done this again and again. That was the fight that we had with this Board of trying to get this whole thing established, was the \$14 million in initial.

TAYLOR: So, there's a misconception, if you read the CGR report, that's \$14 million over 5 years. that's not \$14 million a year in the original CGR report that was the foundation of this. If you staff, even if I staffed every agency and I've run the numbers, I can provide the numbers, if you staff every agency with one EMT and one paramedic, 24/7, 365, it's ^6.8 million a year in salary and then the fringes are an additional 60%.

GILLILLAND: And who is picking up the infrastructure?

TAYLOR: Right

GILLILLAND: Who is picking up the infrastructure?

TAYLOR: You eliminate the infrastructure.

GILLILLAND: You can't eliminate the infrastructure.

TAYLOR; You eliminate the infrastructure and take it over.

GILLILLAND: Take it over, but you don't eliminate it.

TAYLOR: instead of having 13 stations, you have one central station, people come and work a shift on an ambulance, and that ambulance goes out and covers the County and that ambulance could end up in Lake Placid. That ambulance could end up in Ticonderoga. It doesn't matter. The ambulance is a county asset and you can do this with 7 ambulances and 4 to 6 fly cars during the day and drop it down to 4 to 5 ambulances at night and that brings your costs down, you're not maintaining every building, you're not maintaining two or three ambulances in every agencies, half of which never get used. You're not paying for the power. You're not paying for the heat. You're not paying for a ton of it.

HOLZER: Geographical, how you would handle one ambulance? I mean let's say there's a call up in...

DELORIA: Newcomb, Minerva, North Hudson, Schroon

TAYLOR: So, Newcomb is an outlier, because you would have to leave a truck there, that's just an inefficiency in the system.

DELORIA: But, Minerva is with Warren County, now.

TAYLOR: So, you can stack three ambulances in Crown Point to cover Ti and Moriah and here's the thing, this isn't static. We don't just, you're in Crown Point, today. You move ambulances around, it's a concept called, system status management and it works in geographically equivalent counties of the same size as ours. This is an established workable system in the Country. So, you stack three ambulances in Crown Point, they can go up to Westport, they can go out to Moriah, they can go down to Ticonderoga, they can go to Crown Point. If they start getting calls, you pull one of your two ambulances that's at like Exit 31, because they can go north, south, east, west from there and hit anywhere at the same, your time on-scene would be equivalent to what you're getting now, because you have an ambulance that's immediately moving, as soon as somebody's calling 911. Right now, you're waiting for a driver to come to the building, get the ambulance out,

respond, and get the scene. By eliminating three of those four factors, you don't lose any time getting an ambulance to a patient.

DELORIA: But the response time would be critical to certain 911 calls.

TAYLOR: Yeah

DELORIA: What is that span? Do we have any idea what that span would be? How many minutes before they actually responded on-scene?

TAYLOR: So, your time on-scene would be roughly, when you move the resources around, you're maintaining that time to dispatch to on-scene. That's why you move your resources around.

DELORIA: You know what I'm saying, brain dead after 4 minutes, I learned that 25 years ago, so that's 4 minutes, not 15, not 20.

TAYLOR: So, without a significant expenditure that is not sustainable you won't ever have four-minute response times everywhere in the County. It's just not feasible, because of the geography.

DELORIA: Countywide, no. I think Newcomb runs pretty tight with their numbers, as far as getting out there, because we staff the building.

TAYLOR: Your average time, for most agencies to get an ambulance out of their station, regardless of travel time to the call is between 8 ½ and 11 minutes.

DELORIA: Okay, I think we're under that though. Only because of the way, we were setup. I wish all of our towns were the size of Newcomb, where you can throw \$400,000.00 a year at it and forget about it and that includes fire protection, but that's Newcomb.

TAYLOR: So, countywide the average is between 8 ½ and 11 minutes for an ambulance out the door and I know that even, like in the agencies, and that's one of the problems with our staffing model, is that even the agencies that we have a full time person at, we don't have the 0 minute response time, because we're still waiting for the agency driver to get there and the agency can't afford to pay somebody to be there 24/7.

MASCARENAS: So, at the end of the day what Bryse is referring to is maybe a concept that happens years from now. Right now, we're not ready to do any of that. So, I don't want to misinform the public.

GILLILLAND: And that has been the model that we've been looking at, is what he's talking about, down the road is what we will evolve to, eventually.

MASCARENAS: But, right now there's still enormity issues.

GILLILLAND: But, I disagree with him about substations and things like that, because I've lived in some pretty remote counties around the Country and they all have, you know, State Police have substations, but the best and Dan Palmer's thing when we put this together was we got to keep the volunteers as long as we possibly can with the understanding that we're going to attrite them until they're not there anymore.

MASCARENAS: Well and you have district issues.

WOOD: The towns like Schroon that are on the edge of another county, are we working in tandem with other counties towards this goal?

GILLILLAND: You're next to Warren County, right?

TAYLOR: Warren County had the process that we did and instead of forming anything, the agencies have refused to consolidate in anyway.

WOOD: I remember Johnsburgh, 10-15 years ago.

DELORIA: Let's bring this topic back up and put some time and thought into it, but can we introduce Mike, here? Because I don't know if anybody knows.

WATTS: I was going to do it in there.

DELORIA: You can do it out there, as well.

WATTS: So, this is Mike LaVallie, he's my Deputy Director, 911 Coordinator. Do you want to go around the room and introduce yourselves?

At this time, introductions were made around the room.

LAVALLIE: Nice to meet you all thank you.

DELORIA: So, the per diem thing has to come back. I think we need to focus on that. If there's people out there, let's find them, however that takes. You said something about, maybe the individual towns to put something together and pool, a pool of people and then something about adding it to the contract, how would that work?

WICK: So the agencies themselves are going to have a much better sense of the, well, let's just say their overall membership, whether they be active or inactive. I think the first step would be for each of the agencies to clean up their membership rolls and actual identify those members that are like willing and able to not just be volunteers, but if they also want some kind of per diem program subsidize. That would give us something to go off of. You know, like Mike said, we did the one on ones, way back when and if there is willingness to do this again, I think it has to start with the entities, it has to start with the agencies to push it up to us. That way we understand like

what we're working with in terms of the people that are available, not just from guesses and that was kind of one of the things that we had lacking from being able to have a more complete end of year report here was we have our own roasters, but there are a lot of unknowns in terms of the actual active roasters at the agencies. So, for us to kind of put together some information to bring before the committee here to have a more in-depth conversation about the per diem program and the volunteers and stuff, we have to understand like we they actually have, right now, on their rolls, that's active.

WATTS: We did put a request out and have gotten any back, yet.

TAYLOR: Three have.

WICK: Three agencies have responded, but that's really all we have. I didn't want to put that in here, it would be two pages of a lot of missing data. So, that's why I say, this will be updated and pushed back out once we have a little bit more clean information and that will be a huge part of that per diem program conversation.

DELORIA: So, you did send out a request for these lists and three out of how many got back to you? Three out of nine?

WATTS: 15 agencies?

TAYLOR: I think if we count the agencies that are staffed and dispatched with other counties, yeah.

DELORIA: Snail mail or hard mail, how was it put out?

WATTS: Email

TAYLOR: Directly to the agency leadership.

DOTY: Rob or Bryse, how many independents like Lake Placid are there? And are their volunteers qualified for per diem?

TAYLOR: Everywhere other than Keene Valley and Westport is independent and Newcomb. Newcomb, Keene Valley and Westport are fire districts or fire protection districts.

DOTY: Okay, so all volunteers will qualify?

WATTS: Yes

MASCARENAS: Yeah, under the old system, I think we need to reevaluate and see, like Rob is saying; we need to start with the numbers. It's hard to make a decision without understanding the impact; right? What's that financial impact going to be? What's it look like? So, I think if we started

with that partnership with the agencies and getting an idea of what their numbers look like and who is interested, we could move forward with a decision.

WATTS: We have an EMS association meeting on Wednesday night, it's virtual, do you want to be part of that?

WICK: Sure

WATTS: At least get some dialogue started.
Do you want to be part of it, Mike?

MASCARENAS: Yeah, send it to me.

WATTS: Even if you can't make it, at least you'll have it.

MCNALLY: The on call-pay for, we're with Johnsburgh. The on-call has been very successful. They're taking 12-hour shifts for \$75.00. Our ambulance is only ran 18 times last year, but at least we're getting first responders signed up for that.

WATTS: And that's volunteers that you're paying that to; correct?

MCNALLY: Yup, and they get \$75.00 a shift. So, I was talking to Simon Gardner who's a paramedic for Luzerne, but he lives in Minerva and he takes every Friday night in Minerva, a 12-hour shift and he has all year and he's made just one call in Friday night. So, he gets the \$75.00 for being in town and being available. So, the on-call is and you can on-call an EMT. It gives us our local ambulance and first responder to get to the scene and if we do have a call, a lot of times they will take it and they get paid additional for that, but just having the on-call and having people scheduled and that little bit of money makes all the difference in the world.

DELORIA: How many do you have, Steve?

MCNALLY: On that system? I have about six people that take shifts.

DELORIA: Okay

MCNALLY: But, some of them take four shifts a week. You know it's \$300.00 a week and you might not go on a run. Last year I think we had 80 calls. That's not many.

DELORIA: And they're certified volunteers. You said first responders?

MCNALLY: They're all EMTs

DELORIA: They're all EMTs, at the minimum staffing level, EMT?

MCNALLY: Yeah, I have three paramedics.

MASCARENAS: Some people can roll ambulances, because they ain't got a driver.

MCNALLY: That's our biggest problem. Now we're going to start paying on-call for drivers.

DELORIA: Okay, you don't currently do that?

MCNALLY: No, but we're going to have to and that's probably going to a little, probably \$50.00 a shift, but that seems to be a big problem, drivers.

DELORIA: And of course, once you get this certified list of volunteers and get them in the system, they have to be recertified, so we monitor that on a County level to make sure that there's classes?

WATTS: The only ones that we currently monitor are the staff that we currently have.

DELORIA: So, if we move into this per diem program, we will monitor those people to make sure that they continue to be certified.

WATTS: I mean we'll make sure that they're certified, but it's their responsibility to make sure.

DELORIA: Well, the agency would have to.

MASCARENAS: We're really a staffing.

WATTS: Yeah, we're not there to babysit to make sure, oh, your card expired. You need to take responsibility yourself.

DELORIA: I understand, the agencies, the towns and the villages are going to have this program and certify these volunteers and pay them, they're on the payroll; okay. So, they qualify for it today. How do you make sure that they qualify for when their certification is expired? Somebody has to track that if they're going on somebody's payroll and it's really that simple. I don't know if we do it on the county level or the towns have to submit an annual report or whatever, monthly report.

WATTS: We can very easily run a report...

DELORIA: I thought that perhaps that would....

WATTS: To make sure they're certified.

DELORIA: Exactly, because you have access to that data.

MCNALLY: What has changed a lot and I was an EMT for 12 years, of the five or six people that respond in Minerva, they're all professional EMTs now. They work in other locations, that's what they do for a career, that take those shifts. When I was an EMT, we used to just like, three or four of us, every couple of years, would take the class. So, we had all these EMTs, some of them would show up at one call, every year. But, that's gone now, I mean now these are all career EMTs that are taking these shifts. They work for other agencies and then they'll take a shift.

MASCARENAS: Yeah, that's what a lot of our folks do.

DELORIA: How many hours is the EMT course, coming out the box for a newbie?

TAYLOR: 148

DELORIA: 148?

TAYLOR: Yes

DELORIA: Use to be 120, right?

WATTS: You don't want to know what it was when I took it. So, we just had 14 graduate from the class that just finished up in Crown Point. About half of them have taken their test already and passed. So, that will help a little bit. It helped with Westport; Westport had a ton of people in it.

DELORIA: Of course, that brings me back to the virtual attendance of these programs and having it setup, so that can be done virtual. I'll probably say that every meeting for the next six years of me being here.

MCNALLY: Those people that took that class, they're not going to use this as a career. That \$75.00 signup time makes a big different to keep their attention. You may turn them into more than that.

WATTS: I just had one thing from last meeting that Ike wanted me to check into and you guys, with regards to Essex County and the hospital. I have a meeting on Thursday with them; finally, it took me almost a whole month to get things together.

TYLER: With Matt?

WATTS: No, with the Director of Nursing from each place.

TYLER: Wouldn't you think Matt should be involved with that?

WATTS: I figured that was at least a place to start and it seemed to be more....

TYLER: Would you like me to come to it, too?

WATTS: If you want to.

TYLER: If I can, I will.

WATTS: It seems to be more on the Essex Center side of things that the issue was.

TYLER: You're meeting with their people, too?

WATTS: Yes, they're both coming that day. 9:00 at the hospital board room. Noel, if you want to come, too, you're welcome.

MERRIHEW: Is that about the access?

WATTS: Yes

MERRIHEW: They use that for dialysis.

WATTS: Yes, there's no reason they can't use it for some of the other stuff.

DELORIA: Sure, that's a good point, so you're going to go to that meeting?

MERRIHEW: No

DELORIA: Okay, this there anything else that's super relevant to this particular meeting?

TAYLOR: I have a letter that I would like to read.

DELORIA: Yup, go ahead, Bryse.

TAYLOR: So, this is my goodbye letter.

To the Board of Supervisors,

Is it with sincere regret that I have resigned my position. My last day was Friday. I have nothing but appreciation for the job I have held and the impacts I have made. My leaving is in no way a reflection of the office environment or leadership of Office of Emergency Services.

I have spent the last year as a subject matter expert for EMS and I hope I've earned your trust and I feel it is irresponsible of me to not use my parting words to continue the mission I have carried for the last decade in this county, taking care of the people who call 911.

EMS is in a dire situation. Not just in our county but in the country as a whole. The EMS system that has implemented and overseen by OES is the only reason that the system, as whole has survived. I cannot overstate the importance of the continued support and growth of the County System moving forward.

EMS is a service and it has a cost. That cost will be paid, either by money, or the wellbeing for your constituents. It is an unfortunate, but hard reality that volunteerism is not going to be the

solution to the problems in the EMS system. Relying on volunteers has led us to this point and unfortunately cannot be relied upon to get us out of it.

There is a viable solution in consolidation, but it must be embraced from the top down. Gone are the days were each town can or even should pay for its own ambulance service. Pooling resources and sharing ambulances can and will work here, as it does in other counties.

I have dedicated my entire life to EMS, and the last decade to EMS in this county. Know the only motivation that I have in offering this publicly is for the well-being and care of the people who call this county home.

I cannot overstate how much of an honor holding this position and helping serve the people of this county has been, and I will remain available to assist OES going forward, as needed. Thank you for the amazing opportunity I was given.

DELORIA: Thank you, Bryse.

STANLEY: Thank you

WOOD: Thank you.

DELORIA: Okay, is there anything else that can't wait for our next meeting? We stand adjourned.

**AS THERE WAS NO FURTHER BUSINESS TO COME BEFORE THIS TASK FORCE
IT WAS ADJOURNED AT 9:55 AM.**

Respectively Submitted,

Dina Garvey, Deputy Clerk
Board of Supervisors