

Webster Town Board

June 8, 2023

A special meeting of the Webster Town Board was held at 7:00 p.m. at the Webster Thomas High School Auditorium, 800 Five Mile Line Road, Webster, New York, with the following officials present:

Supervisor	Thomas J. Flaherty
Councilman	William G. Abbott
Councilman	John J. Cahill
Councilwoman	Patricia T. Cataldi
Councilwoman	Ginny L. Nguyen
Town Attorney	Charles J. Genese
Town Clerk	Dorothy M. Maguire

Supervisor Flaherty opened the meeting by stating the following:

Just a little recap of why we are here tonight. In July of last year, the NEQALS leadership approached the Town Board and requested an \$800,000.00 tax district as early as January of 2023. The Town Board decided at that point to enter into a due diligence process so they could make an informed fact-based decision on how much money, if any, into a tax district. Two weeks ago, we had a Town Board Workshop where we presented the to date at that point results of that due diligence process, and also offered up some short-term and long-term EMS options for Webster. At that workshop, and I totally understood, people in attendance said you know, we want a chance from the public to speak. We totally understand that, and that is what tonight is about. We are having this meeting because we understand that everybody involved in this community discussion has good intentions on how to best provide a vital service without overburdening property owners and tenants who rent. This requires an open and honest fact-based discussion. I want to start by being sure that we first acknowledge and thank the professionals, the paramedics and EMT 's who answered the call. We acknowledge that you are not adequately compensated. This is true at the local level as well as across the State and nationally. How do we make a decision that is fact based? We have been told by the leadership of NEQALS that they need more funding. The specific amount that they request is varied from \$480,000.00 annually to the \$800,000.00 previously stated. We have not been told how the money will be used. Will it be used to increase the compensation for the underpaid paramedics and EMT 's? What percentage will be used to upgrade outdated and failing equipment? The Town Board needs to see the most recent audited financial statements. We need to see a business plan. We need transparency to make that fact-based decision. The Town Board will make this decision based on governance. It is our responsibility to provide a critical often lifesaving service to our Town residents. It is our fiduciary responsibility as your elected Town Board to provide this service in a way that allows growing families as well as grandma and grandpa to remain in their homes and not be financially overwhelmed with increasing taxes.

Supervisor Flaherty introduced the following five-member panel to answer questions from Webster residents on the future of Emergency Medical Services in Webster.

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Paul Adams – Webster Town Finance Director

Tim Cazpranski – Monroe County EMS Administrator

Ahmed Mustafa – CEO, Chairman of the Board of NEQALS

Russ Ziskind – Webster resident, CEO of North Onondaga Volunteer Ambulance

John Cahill – Webster Town Councilman

Barry Howard, Chamber of Commerce President/CEO, appeared before the Webster residents to act as moderator of the meeting.

Portal Questions:

Q: NEQALS proposed additional taxpayer funding with no changes to the organizational structure or leadership. Since the Town owns the CON, can the Town require changes to the agency's operation, even if the NEQALS Board is not in agreement? Can they require metrics and oversight, including consequences for non-compliance?

Councilman Cahill: We currently have a contract with NEQALS for service I believe through 2025 and part of the due diligence and decision-making process that the Board will be making will address those issues and when we get through the due diligence and part of the due diligence are the questions tonight, then we will enter into discussions.

Q: In the 05/25 presentation, page 8 says the most recent contract was for one year – 2021, but on page 9 it says the contract with NEQ to provide BLS services covers the period of 2021 to 2025. Can you clarify which is correct?

Councilman Cahill: Correct five-year contract.

Q: What has happened to overall call volume since the days of Union Hill and West Webster Fire Department covering calls in Webster – the 05/25 presentation indicates that WEMS, compared to surrounding similar agencies, has the highest mutual aid into Webster where an outside agency provides the call response because WEMS can't – why is that and does NEQ have a clear plan to reduce the need for outside mutual aid coverage into Webster?

Ahmed Mustafa: I remember that chart, let me see if I can reference it really quickly, that was not mutual aid given into Webster. Let me see if I can get it, that was mutual aid out and the reason that Webster gives much less mutual aid out is it's a decision we made. There is something that we've called reserve capacity. Many EMS agencies in Monroe County chose to do this, some did not. The idea was we wanted to always make sure there was an ambulance in Town as many of you heard, during the COVID period the City was a tremendous black hole for EMS calls. They were short staffed, call volume was up, and those agencies most close to the City, Irondequoit, Brighton, Penfield, Pittsford, were doing a lot of mutual aid calls. Over time, some of them said we have responsibilities to our Town and so we developed a thing called a matrix which basically said when there are limited resources we are going to refuse mutual aid. Webster, we have adhered to that very strenuously to make sure that we had resources in Town other agencies didn't and that's why you see the disparity. That chart was not reflecting calls into Webster, that was reflecting the amount of mutual aid out that they accepted elsewhere. We chose to not give a lot of mutual aid out of Webster.

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Q: What's the cause of the 275 coming in to cover calls in Webster?

Ahmed Mustafa: We tend to get calls in what we call waves. We get them two, three, four at a time. We staff two, sometimes three ambulances depending on the day. You will never cover 100% of your calls and so we took mutual aid in. Also, in the fourth quarter of last year, we had a terrible time with staffing, our crews were burned out, and we had very low numbers and so we again chose to make sure that whatever we had we kept in Town.

Q: What efforts are you making now to reduce outside Mutual Aid coverage into Webster?

Ahmed Mustafa: When we look at quarter one, which the Town has seen the numbers for quarter one and through May of this year, our call coverage has gone from as low as the low 70% in December because we had a tough December, we're now running in the mid to upper 90's consistently. It's a matter of staffing. If there are not people, we cannot staff ambulances and the people are just not there. We have had a very long two years and we just don't have the numbers like some other agencies so we did the best we could.

Q: We received several questions regarding paid staff versus volunteers. It's a little bit of a misnomer sometimes when an agency is called a volunteer ambulance and so models that use paid and volunteer staff such as multiple fire departments use. How is NEQALS/WEMS staffing their operations and how do other agencies staff regarding paid and volunteers?

Ahmed Mustafa: So WEMS has always been a fully paid Ambulance Service. We didn't have the benefit of starting with volunteers. We always have paid all of our staff and that is the model we continue to use.

Russ Ziskind: So, our agency started off all volunteer when we founded it back in 1994 and we are down to literally zero ALS providers that volunteer, which is very common throughout the State, and we have very few basic EMT's that volunteer so volunteerism is just significantly down everywhere.

Q: According to the 05/25 presentation, similar EMS agencies with higher call volume have received fewer tax dollars over the past six years than NEQ has received. Why is there a discrepancy in call volume and tax dollars between the 05/25 presentations and the NEQ presentation in 2022, and how is it that these agencies have well maintained ambulances on the road, staffed with experienced ALS crews, yet Webster strives to get there?

Ahmed Mustafa: So, as Russ said, many agencies in Monroe County in fact almost all of them started with volunteers and started billing in advance, they were able to save money and build what I call war chests up. WEMS started paying staff from the beginning and we did not have the opportunity to raise you know a war chest like that, so we have been trying to balance our budget and continue to operate as we have gone forward, and we've done a good job for the last six years.

Paul Adams: I think a lot of the probability depends on the mix too, the volume of calls and the types of those calls. If you're doing Medicare/Medicaid that's a much lower payment into NEQALS.

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Russ Ziskind: I think I can add a little to that which is one of the things that I think folks need to understand is there's this thing called payer mix right. You have commercial pairs like Blue Cross Blue Shield and you have Medicare and Medicaid. For instance at our agency we have about 75% of the people we transport are Medicare/Medicaid patients and only 17% are commercial payers even though it's only 17% commercial payers they represent more than 50% of our net income and so the payer mix is a very fragile thing and that is town to town. You can't look at one agency and say like Nova where we did 6768 calls last year and look at another town that does the exact same number and say oh you should be about the same. If we went from our 17% payer mix to 15%, if we lost 2% of that commercial payer mix, we would be going to our town asking for money. So, it's a very fragile thing, and I'll give you an example of cost. If you were to say the cost of running an ambulance call is say somewhere between \$500.00 and \$700.00 depending on your call volume and economies of scale, I just talked to my billing company just before this meeting to make sure I have this number right, the average Medicaid reimbursement we get is \$236.00. Where's the rest of the money coming from? Again, the commercial side, so payer mix is hugely important and that is something that we need to evaluate in our community in order to have a proper way of managing the money side of this. It doesn't matter whether it's NEQALS or anybody else, our payer mix won't change right. The people that live in our community will not change depending on who's coming, so pretty important as part of this process to look into that.

Q: We know that Medicaid and Medicare reimbursements as Paul indicated have an impact on revenue. What efforts are being done now to lobby politicians for increases in Medicaid and Medicare reimbursement for ambulance services?

Ahmed Mustafa: Some of you may or may not know I sit on the New York State Senate Rural EMS Task Force. We have had lobbying days recently in Albany. You know the challenge is that while we consider EMS's payer mix in the Medicare/Medicaid issues to be significant, we've met with Congressman Morelle, we have met with our local state officials, the challenge is we are a small percentage of a very large problem in health care. The nursing homes, the hospitals, they're losing millions of dollars a day. So, while we worry about losing a few hundred dollars on a few thousand calls, in aggregate that percentage is far smaller. They are focused on keeping hospitals and nursing homes alive. We hope at some point that EMS will get swept into some of those discussions but right now there is such an underfunding for Medicare and Medicaid at both the State and Federal levels they've got to make sure that people that need hospitals and places to live are funded and right now that is priority number one and we've been told that for years.

Russ Ziskind: On top of that, there's some laws that are specific to New York State that are certainly problematic for instance, ambulances can't balance bills so that means that if you get a bill and your insurance company pays a piece of it and we can't bill you the rest. The other thing that says is, we are not allowed to do anything to affect your credit so we don't have a way to even ask you for that money right, and the State and the government gets to determine how much we're supposed to charge. We don't get to say here's what you know our business costs are and what it costs to provide this service, so they say we're going to give you \$236.00 for Medicaid. They get to determine what's called unusual and customary fees. There is legislation pending as of right now introduced in April that talks about excluding ambulances as part of a greater exclusion for health care when it comes to this thing called balance billing but it doesn't take into

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account, folks now listen to this, it doesn't take this into account. Let's say we bill you \$800.00, and the insurance company pays 80% for you so you get a check for \$640.00 in your name and you deposit it in your bank account and you go spend that on a stereo, there's no way for us to ask you for that money. We can't collect it; you get to keep it and we don't get it. We had like almost \$7 million in write-offs last year because of money we're not allowed to collect because of regulations and laws, and that again is not going to change no matter who answers the calls.

Q: Webster is the only Town in Monroe County that owns their own CON and that's a Certificate of Need. I'm pretty sure most everybody in this room knows what that is but most other agencies use a model staffing their ambulances with an ALS paramedic, but NEQ uses BLS ambulances with a separate ALS paramedic fly car model. If NEQ has financial difficulties using this model and other agencies are seemingly financially stable, why doesn't NEQ use the more successful model? Does the County have any requirements regarding the model that an agency uses?

Ahmed Mustafa: I don't think we should confuse the response model with the financial situation. Last year in Monroe County we heard during EMS week Monroe County graduated twenty paramedics in the entire year. Twenty paramedics. That is to cover eighteen EMS agencies throughout the County and all the towns that we have. There is a shortage of paramedics and a majority of the calls that we take are basic life support calls. They do not warrant a paramedic and so we have very successfully for many years operated a model that we send the paramedic in some cases separately. If they are not needed, they can return to service which will either allow them to respond with another ambulance or in some cases first respond until a mutual aid ambulance can come. Many days we do run the paramedic on the ambulance, but we leave ourselves the option. So that like yesterday when we had multiple calls that are dispatched the priorities determined by the 911 Center not by us but are dispatched ALS and we get there and there's no need for it, that paramedic can free up and be used somewhere else.

Tim Czapranski: The County doesn't have any requirements or regulations regarding staffing or whether the use of fly, a tiered response into a system with BLS ambulance or ALS fly car. What we do have is a REMAC - Regional Medical Advisory Council, which there are eighteen regions in the State. Our REMAC is Monroe and Livingston County so a CON holder can make an application to REMAC to become an ALS provider and so they're the ones that look at regulating the advanced life support portion in our community.

Q: Do you have any indication or any thought on how many agencies work with which model in the County?"

Tim Czapranski: Of the seventeen transport agencies, the majority of them put ALS on the ambulances. Pittsford ambulance acquired SEQ years ago and they pretty much retired that model. It works for them. Each jurisdiction is a little bit different. I like to say EMS is local because it is different throughout the County.

Q: NEQ has recently been cited for violations by the State. Are there regular inspections of equipment and supplies, mandatory training, and documentation to show the violations have been resolved, including actions taken to prevent future violations and are there written reports supplied to the Town when this happens?

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Ahmed Mustafa: Yes, we did have a bad week a couple of weeks ago. There's no denying it. It was a fact. Crews had come off a cardiac arrest call, the ambulances were not properly secured, the ambulances were not properly gone through before the shift and we came back. You know there's two things you can do, you can sit and say oh you know we didn't do the right thing and complain about it and point fingers. Instead, we rallied we got two of our backup ambulances in service within a few hours and patient care continued. So, you know we have worked with our operations staff, our new operations Chief Lloyd, our Lieutenant and crews to remind them that ambulances should be locked at all times, that equipment should be checked. You know some of the things that were cited were alcohol swabs there were expired. I'm not sure that's going to impact patient care. There was a sharp that was left out that impacts patient safety, right? So, we have revisited our policies and procedures, we've become more rigorous in our rig checks and it's important to know NEQ is not the only agency that was cited that day there was two other agencies that were also cited. You know for many years and I hate to say this, you know during COVID things got a little bit lax. Right, now the Department of Health is coming back and checking and they're going to get us back up to the level we should be. So, we learned from it, we won't do it again.

Q: Are there written reports supplied to the Town when something like that happens?

Ahmed Mustafa: Yep, so the County sent a report to us and the Town Supervisor the date that we were notified, apparently they didn't have the right email for the Supervisor, and then we subsequently sent a corrective action plan. So, with the exception of the physical maintenance of the ambulances which are waiting for shop time, all the other issues have been fixed.

Paul Adams: Based on the liability that comes with the CON, the Town may actually consider requiring some reporting requirements as part of future metrics; something we're thinking about.

Q: The 05/25 presentation indicated that NEQ has staffing contracts with other towns – do these contracts reduce the ability of WEMS to answer calls in Webster and why should Webster taxpayer money be used to staff ambulances in other towns?

Ahmed Mustafa: So, let's be very, very clear, because this has become a very confusing point. The staffing contracts in no way impact WEM's operation. Those are employees that are hired for those locations. Many of them live geographically close to those locations and those contracts generate a profit not a loss. So, if anything they're helping WEMS and NEQ stay operational as opposed to you know losing that revenue and that profit. But just to be very clear again those personnel don't work at headquarters, they stay at their locations, they live geographically close and the last one that we have is in Livingston County at the moment.

Q: Russ do you have staffing contracts for your people who go out into other ambulance corps?

Russ Ziskind: No but it is very common in our County to do that.

Paul Adams: I think there were actually two active contracts in 2022 and only one in 2023. I think at 2022 about a third of the man hours were devoted to that but as Ahmed said, you're not thinking that it had any impact.

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Ahmed Mustafa: No and we tracked the income and expenses for them as line items in our budget, which the Town has had full access to and they were in no way costing us money to operate those, we were making a small profit on each.

Q: Can the Town decide to fund a specific purchase, such as equipment or an ambulance rather than just providing a lump sum?

Councilman Cahill: Well, I know that the Town can utilize that option and I believe that Irondequoit recently did that, purchased a new ambulance for the ambulance provider in Irondequoit so the answer is yes.

Ahmed Mustafa: I would also like to say that you know last year the Town gave us \$204,000.00 of Federal money, the ARPA money that they were responsible for disbursing to the community, and as we committed, all of that money was used 100% for payroll. We told them what we're going to use it for, we've tracked it and that is all it has been used for and they have seen the books to show that.

Q: Other agencies, such as Gates, Irondequoit, Brighton, Henrietta and Penfield have received grants, some for new equipment, including recent grants from Monroe County. Why have they received grants and NEQ has not? Does NEQ/WEMS apply for grants, have they received any grants, and do they have any fundraising programs similar to other agencies, like the fire departments?

Ahmed Mustafa: So, we did apply for grants. We've applied for grants to Congressman Morelle's office, to Senator Brouk's office and to Monroe County and here's what I will tell you, that I've been told twice now. The confusion and concerns of what's going on in Webster has dissuaded them from giving us any money because they're not sure what the outcome of our organization will be. So, we were qualified for grants, we were on the grant lists and two of the three people have said we did not give you grants because we were not sure what your future was going to be. So, all of the confusion and discussions we're having are now having a negative impact on our ability to secure grants. The County has \$10 million I think they allocated for fire and EMS from the ARPA money?

Tim Czapranski: For EMS I think the total grants were, I think \$5.4 million.

Ahmed Mustafa: \$5.4 million. Ambulances were awarded, some for as much as \$360,000.00. Our application was reviewed, and I was told very directly that is why we did not get money.

Q: NEQ/WEMS has asked for additional funding from the Town in the form of immediate funding and long-term funding using a taxing district. The Town of Webster has provided \$605,000.00 to NEQ over the last 6 years, so how can they say that the Town doesn't support them? Why is additional funding needed when NEQ has received more public funding than other similar agencies in our area and has seen an increase in revenue from taking over the West Webster calls? Has NEQ provided details for how they used the funds that were already provided including the \$205,000.00 in ARPA funds and do they supply a line-item budget of their income and spending cash flow projection, how they will spend the money for any additional funding received from the taxpayers?

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Ahmed Mustafa: We do provide line-item data. The Town has had full access to our books all the way through the end of 2022 so earlier it was said I heard somewhere that the Town has not seen our books or anything. Mr. Adams is sitting right here. Our office manager is sitting here. Our accountant sat for days and had full access to all of our QuickBooks files through the end of December 2022. We do provide accountability for the \$204,000.00 that the Town awarded us. That was as I said used 100% for payroll because that was our first priority and remains our first priority and is about 74% of our expense, of our operating expense.

Paul Adams: As part of the ARPA Grant Agreement, the Town does have the right to audit. We have not done so at this point. I think there's an assumption that most of the money was needed for staffing, some equipment and supplies but we have not asked for specifics, and we have not seen a detailed budget. Not sure that we really asked for a budget.

Q: So, the data you have is, covers what period Paul?

Paul Adams: The data I reviewed went through November, the end of November 2022, but the ARPA funds could be spent over a multi-year period.

Audience Questions

Resident: I've reviewed both presentations and neither presentation that are on the Town website show any actual financials. You know basically NEQALS is asking the taxpayer to subsidize what is essentially a private company, a 501(c)(3) but still a private company. I don't see any evidence of financial need and I don't see any evidence of a business plan for how any tax dollars will be spent and since the Town has set a deadline of June 30th for coming up with a short-term solution and hopes to get to a longer term solution later on. My question is you know when will the taxpayers be able to see audited financial figures for 2022 and when will we see a business plan for where and how and just what this money will be used for?

Ahmed Mustafa: So just to be clear one, two, three, four, five, six, seven, eight, nine, ten EMS agencies that cover Monroe County are 501(c)(3)'s, of those they get \$3.7 almost \$4 million in tax money. This is not an unusual model. The County operates with private entities, that is how EMS is provided in Monroe County for the majority of the time. Our 990's are available publicly. We provide them to the Town every year. You can get them on a website called guidestar.org. You can look us up, they're out there. Our audited financials have not been made public. We are a private business and putting some of that information out in the public will give some of our competing agencies a competitive vantage on how we run our operations. That is why the information that we have shared with the Town has been done in a way that only the Town can see it because we are competing interests in some ways and it's not in our best interest to share that in a way that our competitor can see that. I'm sure you understand that.

Paul Adams: As part of the due diligence process I did a statement of cash flow for 2022 and projected it for 2023 and based on the expenditures is projecting that net income or loss and need for cash, I had them burning between \$15,000.00 and \$20,000.00 per month in 2023 and from what I've heard thus far that's seems to be on track there. Things are getting tighter and tighter. They finish the year with some cash in the bank, leftover ARPA money, but they're burning through that quickly and dipping into their credit line.

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Ahmed Mustafa: You know one other thing that we'd like to say just coming back to the ambulance disaster we had a few weeks ago. You know we cannot in good faith go to a bank and ask for a loan to take out and buy an ambulance that costs \$250,000.00 if I'm not sure I can pay my people and keep the lights on the building. I'm not going to do that, my Board won't do that, right, that's irresponsible and so that is why we're asking for help. There's something called the cost of readiness. Russ can fill in the gap if I don't say it correctly, but EMS only gets paid when we transport a patient. So right now, I've got my staff sitting here, we're not on a call, we are not generating any revenue. However, we are generating expense and so the help that we need is filling in this cost of readiness, to help us pay for some of the downtime when we are not generating revenue. As Russ shared earlier, some of the revenue we generate is at a loss right, it doesn't cover the cost of our calls. Additionally, you know we would like to be in a situation where we could save some money. Last year we were up for a grant with Congressman Morelle or sorry Senator Gillibrand, where I was terrified that we would win it. We asked for six new ambulances to the tune of \$1.2 million. The problem is it was a 75% Grant which means we would have to come up with \$300,000.00 which I didn't have. So actually, we would have won that grant and not been able to accept it. So, this is the kind of thing we're trying to work, it's not a complicated business plan. Seventy four percent of our expense is people. We have lights, electricity, utilities, and then we try and save some and at the end of the month, we can't save any, we don't get the equipment and supplies we'd like to upgrade.

Q: Paul what's the last year that you have a 990 for?

Paul Adams: Last 990 is for 2021. That is typical. It takes a few months to wrap up the audited financial statement then the 990 follows, so I think they're close for 2022.

Ahmed Mustafa: Yep, our Auditors sent us a letter the other day saying that we expect to have our audit hopefully done by the end of June. Please realize this is something beyond our control. Sue, our office manager, sits with them, gives them all the data you need, then it's up to them to go do all the work that they do to generate an audit. It is not something we have any influence on the timing or the results of. So, when it's done it will be done and we will share it with the Town as we have in the past, and as Paul said, I'm not the financial expert in the room, Supervisor Flaherty and Paul are, but we understand that they like to finish the audit first and then complete the 990 so the numbers are aligned.

Paul Adams: That's correct, I think you're better off reviewing the audit report anyway. It has footnotes and explains into more detail than a 990 would.

Resident: Q: My question is why should Webster taxpayers give NEQALS/WEMS one red penny more when the CEO signed a five-year legal binding contract in November 2020, that doesn't include them getting any money from the Webster community? On top of that, the CEO signed a confidentiality agreement in 2021 or 2022 that doesn't allow for the Webster taxpayers to look at any financial statements and the CEO continues to stonewall the Webster Town Board to obtain these documents. I continue to file FOIL after FOIL after FOIL and I get denied as a taxpayer in this Town. So why should I want to give NEQALS any more of my taxpayer dollars if I can't look at the financials?

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Ahmed Mustafa: Yeah, I'm not going to answer the FOIL question. You're not foiling me. I don't know the FOIL rules. I'm not a foilable organization so that is something you're going to have to ask the Town Attorney. I'm not familiar enough for that. As far as the contract, Ron you were right, you and I started this ambulance service, right? Let's just say it very openly and publicly, we walked hand in hand, and we started WEMS right? Why you have taken such a turn is completely beyond me, but the reality is the situation has changed. The economics of providing EMS in the last three years have changed dramatically, dramatically, right, and so if you cannot acknowledge that times change then I'm sorry I can't help you. But the reality is all of our costs have gone up and our reimbursements have gone down. As Russ said we cannot chase patients for collections for a minimum of a year right and we have no opportunity to deny service, right? So, if the taxpayer doesn't understand that costs are going up, that income is going down and we need help, then I can't do anything else for you. But that is a reality and fourteen other, ten other towns in Monroe County have understood the model. We're the last one to do it and I hope through this session and this process the Town will understand that we are a valuable service. We do what we say we're going to do. We've done it for the last six years, and the last thirty-five years and we need help.

Paul Adams: There was an increase in 2022 for the WEMS portion, actually WEMS revenue went from an average of about a million to about a million five. So that was a result of the West Webster Fire District Contract ending and them picking up more calls. So that did have a positive impact overall, but you know that's the revenue side of it and there are expenses to go along with that.

Q: Why are we not adhering to a legally binding contract?

Councilman Cahill: We are adhering to the current contract. At the same time, we're doing due diligence to see where the Town goes next with respect to EMS.

Paul Adams: I think if we choose to provide additional funding then I think the contract is open for renegotiation because it's a different contract in my book.

Q: So, the contract that's there would be renegotiated if additional funding were to be supplied?

Councilman Cahill: Correct.

Paul Adams: In my view, I think that would include additional money and additional metrics.

Councilman Cahill: With respect to the metrics, that is a discussion that the Town Board will have and the conclusion that we will come to as an entire Town Board, what that new contract, if we get to that point, will include.

Russ Ziskind: Trying to take a little of the emotion out of this particular question, you know why things changed the last couple years. Anybody in the room knows about COVID? Raise your hand, right? Businesses have changed. I'm a business owner, several of you in this room probably are as well. Didn't some of us get PPP money? What did we do to deserve that ERC money? I mean my call volume at Nova in 2020 was way down. We're doing 6,700 calls this year. In 2020 when nobody wanted to get in an ambulance to go to the hospital, they were all scared, we were down to 5,000 calls. Attrition rate in the United States for EMS providers is about 5% a year which we refill with about 5% a year but during since COVID we've had some

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states, not necessarily New York, have attrition rates at 30%, right? Still only filling and now filling them with less than 5%. Like Ahmed said, eighteen paramedics for the whole County of Monroe that's crazy. So there have not just been some small changes that you could attribute to a single business. We have gone through catastrophic changes that demand that we have to re-look at things like contracts. Like how any business operates but in particular EMS and Medical Services have just been through the ringer, nothing is the same.

Portal: Q: When will the Town's NDA with NEQ end?

Paul Adams: I'm not certain that there's an end date on it but it was the intention for it to cover during the period of the due diligence process, which in my mind is still going on. Until we at least get to a short-term, possibly a long-term solution, I think that period is still open.

Councilman Cahill: I would agree with that.

Resident: Q: My primary concern is a long-term goal. I've been in EMS myself for my whole career and I realize EMS is in trouble right now. So, adding funds, taxpayer funds to your current budget I think is a band-aid and I'm more concerned about perhaps making this more of a civil service position, giving these folks proper benefits, retirement, and so on and so forth. Where are you with that? I'm assuming we're not going to see the rest of the slides behind this one, but I was able to see them earlier on the website and I appreciate that. I think that seems to be a more viable plan to give our folks a little bit of, maybe competition to come to Webster instead of begging people to come to Webster. Before the rest of Monroe County gets on board with this, I think maybe this is a good time for Webster to perhaps look at that long-term solution.

Ahmed Mustafa: I think that's a great question and as I've told this Town Board many a time, you will see the taillights of my boat when my people can work forty hours a week and earn a decent living. That has been a statement of fact, I've said it a dozen times in Town meetings. The reality is the current income model does not allow that to happen and sure we'd be [inaudible] to go civil service. We wouldn't be asking for \$400,000.00 a year; we'd ask for \$2 million right? This is all about what you want to pay for. You pay for what you get right? We have never denied an employee a raise at NEQ. They're sitting right here, you can ask them, right? We offer them benefits if they want them which by the way we pay 100%, not many other EMS agencies do that right? We have built a base to make a comfortable environment for them, right? We're working on getting good equipment. We have done everything we can to make NEQ the place it can and as a result we have no EMT openings in our schedule at the moment. One of the only EMS agencies around. Paramedics are hard to find but even then, we're doing a pretty good job of staffing. So, money is one part, right? Part of it is culture and we focus on culture you know that right? We do things to make sure that our employees feel valued. When they're having bad days, we make sure we're with them. When the ambulance debacle happened a few weekends ago there was no finger pointing, there was no yelling, there was no screaming. We all got in there, we did our jobs and that is what we're trying to do and that is why I think NEQ has maintained. When COVID came, before we had our base, we lived in four bays of a garage, our medics slept on roll-up cots in between ambulances, and we still kept all our staff. We have never been the highest paying agency, we've never had the best equipment, but we keep our rigs on the road. Part of that is because of culture and part of it is because of leadership.

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Councilman Cahill: The difficult thing with long-term planning with respect to EMS is that they are not considered an essential business. Which I, for the life of me, can't understand. So, a lot of I think there's like ten municipalities that have ambulance districts. So, is that something that the Town Board is looking to consider? Absolutely, there are short-term goals and that is one of the long-term goals that we are considering and will be considering.

Portal: Q: Why would the Town tax residents for a service and then outsource it? We don't do that for other departments in the Town that residents are taxed for, such as the police or the highway or the water treatment. So, is there anybody else in the County, any other towns that have their own ambulance service?

Tim Czapranski: The Village of Honeoye Falls does. It covers Honeoye Falls and Mendon and those are civil service. They're employees of the Village.

Q: So, they're Village employees and the ambulances are owned by the Village? So that model is the one that does exist?

Tim Czapranski: Yes.

Ahmed Mustafa: And their cost is a whole lot more than what we're asking.

Resident: Q: If the Town collects money for NEQ to operate WEMS, why hasn't this contract gone out to bid? New York State municipal bidding process says that municipalities will put contracts out to bid. This contract has never, ever gone out to bid and there are other agencies within Monroe County and beyond that can handle this.

Paul Adams: I think this would be considered professional service which is not required to be put out to bid, although it's always a good best practice to test the water occasionally but in this case it's very specialized and it's a professional service so I think that's the reason.

Councilman Cahill: I believe that that is one of the options that's listed that we will be discussing as the Town Board.

Q: So, they're not required but they could if they wanted to?

Councilman Cahill: Correct.

Resident: Q: I've lived here for thirty-three years. I've been a member of West Webster for that time. Was in EMS so I understand that, and I also understand contracts. I was purchasing manager for twenty years. A contract is a contract. If one party fails to uphold their side of it, the other side needs to do something. If they can't, it has to go into default. It looks like this situation that we're in is a result of inadequate planning on both sides. It looks like NEQ bit off more than they could chew. It looks like the Town tried to do one-stop shopping for their EMS situation. It doesn't look like there is a viable business plan going forward of what we're going to do with this money. I think the taxpayers of Webster are entitled to negotiations that are in the open, with contracts that are precise and detailed and that have the contingencies of doing business going forward. I'm still a little in the gray area about that NDA. If NEQ comes and asks for money, there should not be an NDA still in effect. We should be able to look at all of their finances, wherever they're coming from, wherever they're going to. I'm wondering what that NDA is actually sheltering and I'm wondering what it'll show if it is and when it should be

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opened to the public. I also from a financial point of view, I'm wondering if NEQ is a top-heavy organization. The paramedics and the medics on the road make \$17 an hour. I'm wondering if management is a little bit over the top. So, I was just wondering that. Dollars and cents are dollars and cents. A contract is a contract.

Barry Howard: I pulled a question out of that with regard to the NDA. I think but I don't know if we could give it an answer.

Councilman Cahill: I think we've already addressed the NDA issue.

Resident: Q: I speak I guess on behalf of being a patient of various ambulance services over the years. I have a genetic heart defect unfortunately and so I've ridden with everybody. I've ridden with West Webster and with Ontario, Williamson, not by choice, and the Webster ambulance as well. Unfortunately, the last time I had to ride with anybody it was with WEMS and the service was not good. It was very poor and so coming from the side of being a patient, I'm concerned that the money wouldn't fix anything. Potentially there's a deeper problem somewhere within WEMS that's unknown or unfound of yet. I don't think anybody should have to be told you know oh just go to urgent care, we're not going to take you even though you called 911 and requested an ambulance and the ambulance didn't take you. My mom fell in the front yard and broke her nose open, and the service pulled up and they're like just go to urgent care you're good, and with me I had a heart issue and they came in with no equipment. They didn't monitor me, nothing. Walked me out the door and took you know half an hour sitting in the driveway before we even got to the hospital. So, my concern is, will the service actually improve? I don't think it's, I mean, I've had better service all these years from every other agency so far. So, it's kind of unfortunate.

Ahmed Mustafa: I think first of all I'm sorry that you had a bad experience with us. I cannot discuss the call; I don't know enough about it but here are the people right there. Why don't you ask me if the service is going to improve? We put out pretty good service day in and day out. You had a bad day and I'm sorry for that, but I would be willing to say that 95% of our patients don't have a similar experience. We have done patient surveys for years with scores well over 4.7 out of 5 consistently. So, I'm very sorry that you had a terrible experience with us. We can talk about it afterwards. So, I won't discuss any patient specific issues openly, but the men and women are right here, we do not provide bad service in Webster.

Resident: Q: I'm the Chair of Webster Citizens Action League. We've been an advocate for the Town of Webster residents for this is going on ten years. I'm representing WCAL right now and I'd just like to make a statement that we feel an ambulance district is not the answer. We feel the answer is to make it a Town department like the police department and that way there'd be transparency and more control and personally myself I also am a patient of WEMS in April twice. I had good care the second time. First time what happened was I was hemorrhaging from my nose both times it was bad, very bad. I had an EMT came to my home the first time. They weren't prepared, they couldn't even get a blood pressure cuff on me. They took me to hospital. My husband and my family could have taken me to the hospital. I wanted to be helped just at least on my way, in route to the hospital to stop the bleeding or do something. I bled the whole time, no siren, as slow as you could go to General. Second time was within a short time after that, within the next week. I had paramedics, it was the same situation. I was bleeding. I was losing blood majorly. I had a lady that was very helpful, put two IVs in me and comforted me. I

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didn't have that with the first ones. They put the siren on and sped me there as fast as possible. So, I don't know where I stand with this personally but I'm not happy that of what happened with the first time. The second time I was much happier with them but anyways I told you how WCAL stands.

Ahmed Mustafa: I'm sorry you had a bad experience. I'm glad your second was better but as we've said earlier if the Town wants to fund a civil service ambulance, we will gladly support that, as long as this Town has the stomach for the expense that it will generate.

Resident: Since my retirement from the service, I have had service with Webster EMS multiple times over the last two and a half years. I probably had to be taken to the hospital over sixteen times with heart conditions, bug conditions and I've never had any problems with Webster EMS. I praise every one of them, very professional with me. I'm sorry about anybody else that didn't have those situations but that's my stand on Webster EMS.

Q: I just have a couple questions if you guys could clarify a couple things for people that might not understand. Before you were talking about ALS and BLS can you explain the difference between ALS and BLS and why you might have an ALS rig versus a BLS rig? Also, just at the beginning Supervisor Flaherty had mentioned that \$800,000.00 that kept going around and around. I wanted to know if that was an actual number or just an idea of a number that might come up, if that was just a fabricated number that was thrown out to be used as an example. And lastly, not that I've lived this the past bazillion years in my house where my husband does this every day, on vacation we have the phone ringing all the time about ALS, BLS, EMS stuff. If you go to a patient's house, you assess a patient but you don't transport, are you paid for that service that you've provided in the house without transporting?

Russ Ziskind: ALS stands for Advanced Life Support. BLS is Basic Life Support. If you have, a call can be considered ALS or BLS for instance, a sprained ankle at a baseball game would be BLS. It doesn't require any advanced things. BLS calls only require the level of a basic EMT. An ALS is more advanced call such as heart, heart attacks, strokes, hemorrhaging, trauma and requires advanced care of a paramedic. The difference between a basic EMT and a paramedic is some significant education. At basic EMT you can get in but you know somewhere around six months of education and then on top of that you'd have to add another year or two years to become a paramedic and so when it comes the other differences in how those things are classified by the insurance companies. ALS is classified differently than BLS and the reimbursement rates are different. They reimburse sometimes slightly more sometimes quite a bit more for ALS depending. Like I said the Medicaid I told you before, there's not much to add to that but in commercial your ALS and BLS will be reimbursed differently.

The pay for no transports, that's a tough one. In EMS we don't get paid for no transports and if we do it's insignificant. It's certainly not paid by the insurance companies. That is a self-pay thing. So, if you are an unconscious diabetic and our paramedics from any ambulance respond to your home and it's one of the times that we actually can significantly impact a life is by giving an IV and giving you some sugar. So, we've treated you and you wake up and you say I'm a diabetic, I've had to be treated many times this way, I'm not going to the hospital. So, we've had that, we've had some significant expense and sometimes reimbursement will be somewhere between zero and \$50.00.

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Tim Czapranski: I just wanted to clarify something on insurance so different insurance companies pay differently. So, there are codes that you can use for treatment, no transport and the insurance companies will reimburse, usually at a fraction of the transport cost. The other thing with the patients getting the check instead of it being sent to the service provider that's an option. So, EMS like blood, labs or x-ray labs can be what's called a participating provider with the insurance companies. If you're a part provider with insurance companies they'll deposit the check into your account, not send it to the patient. So, there is an agency in Monroe County that is a part provider that doesn't have these issues because they have an agreement with the insurance companies, but when the insurance companies want you to be a part provider they expect you to reduce your cost to give them a discount. So, a lot of agencies can't financially support being a part provider because the revenue gets so low.

Russ Ziskind: It's a spreadsheet issue right. You have to figure out if how many patients are going to keep the checks and what is that going to equal and is my total revenue or my billings minus the checks the patients keep, going to actually be less than the billing everybody getting 100% but billing them less. You know most agencies don't participate but I mean there's certainly going to be payer mixes in the minority where you can actually participate and still maximize the revenue that you can have.

Q: Russ is your organization a participating provider with any of the insurance companies?

Russ Ziskind: Well, we're mandatory participants with the government. We are mandated to accept the rates that they tell us to anyway but right we don't participate.

Portal Q: When I call for a lift assist and WEMS responds, I get billed but when Penfield responds as mutual aid it is free. How do other agencies handle lift assist and/or calls for vitals but no transport?

Ahmed Mustafa: So, I can't address Penfield's billing process I don't know the answer to that, and I don't know if the lift assist was a lift assist with any medical treatment or care, so that question is a little too vague to address. If treatment is given and the patient still signs off there is a bill generated.

Resident: Q: I have one comment and then a question. The comment is and I'm actually surprised I'm saying this because I'm the last person that would ever consider expanding government, making government bigger, but when it comes to providing ambulance service, EMS care, I think the Town of Webster should seriously look at long-term having it be a department of the Town. I just did brief research and while the model in Western New York is not municipally owned ambulance services, downstate the Capital Area it is. So, you got to look beyond Western New York for comparisons. Quickly I looked at the Town of Colony, which is the largest suburb of Albany, 80,000 residents. If you look at their last year, their expenses were roughly \$5 million for their ambulance department service and their revenues were \$5.7 million. They made money. So, Ahmed, I would question your off the cuff conclusion that it's more expensive for government to do it. It may not be the case. My question is in the short term and because there's this contract that goes the end of 2025, the Town is a bit handcuffed in what short-term solutions they could consider, unless NEQALS/WEMS is willing to seriously renegotiate what's left of that contract and in that renegotiation would and I'm confused, it's unclear. Ahmed said that audited financial statements weren't provided to the Town, the 990s

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that's a tax return, that you can't tell anything from a tax return, and I'm unclear as to what exactly Paul Adams looked at. It doesn't sound like he looked at audited financial statements from WEMS in any renegotiation. In the short term is WEMS willing to provide its audited financial statements to the Town of Webster, beyond an NDA, so that it's available for the public to look at?

Paul Adams: I did see the audit of financial statement for 2021 and for the years prior to that, 2022 is not available yet.

Councilman Cahill: I believe the date for the 2022 will be the end of June.

Q: So, the second part of that question Ahmed is, will you in the part of that renegotiation of the contract if that were to come, would you be willing to make your financial statements public?

Ahmed Mustafa: I said earlier we have to be careful, right? Our financial statements give our competitors an advantage so we will have to do so carefully and with proper legal counsel.

Russ Ziskind: To your first point Don though, one of the things as I said earlier is this payer mix stuff, the levers are actually pretty huge. You move this one stick a millimeter like I said that payer mix goes from 17% to 15%, and my organization would go from having some surplus cash at the end of the year of about a quarter of a million dollars to about a loss of a quarter million. Two percent will do that. So, you can't compare a suburb of Albany at 80,000 with a town that I come from of 60,000, so it's similar, you can't compare that. You can't compare any two zip codes or any two geographies without a serious investigation into how that payer mix has looked over time and over the years right. It's not worth even bantering about because you have to have that information, that data to make a predictive model.

Ahmed Mustafa: One other thing that I'll tell you Don, I pulled up Colony EMS' payroll. Their starting paramedics start at \$22.30. Every one of mine makes more than that. Their paramedics at the end of ten years make \$26.96. Half of mine started at more than that. So yeah, you will make more if you pay less. You're in a more competitive environment. I'm fighting here with eight districts that get over \$4 million to keep their staff and Wayne County EMS has just gone to a civil service. So yes, our expenses are different than Colony's EMS.

Resident: Q: I have a background in EMS. I was a EMT in a volunteer organization in Perinton, and I was the director of operations when we went through the process where we had to convert from volunteer to paid people so I fully understand what you're going through in Webster EMS with the insurance companies and with your Medicare and Medicaid. My question to you is how are the two commercial ambulances AMR and Monroe still turning a profit with all of the problems that they're having and you're having with the reimbursements from the government?

Ahmed Mustafa: You know what, you'll have to ask them. You'll have to ask them, we don't do Monroe and AMR's finances.

Tim Czapranski: One of them is a family-owned business, Monroe Ambulance. The other's held by a private equity firm so we don't look at their books.

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Resident: Q: If the special tax district is approved who will approve any rate increases going forward and will they be subject to the tax cap?

Paul Adams: It will be part of the tax cap calculation, which is they say two percent, is two to three percent a year max.

Q: Just to clarify a little bit, this district if it were to be formed would be like a Park District or a Water District or a Sewer District rather than like a Fire District that has its own separate Board and its own separate entity. This would be a district that falls under the Town Board?

Paul Adams: I think it would be separate like the Fire District.

Ahmed Mustafa: No, it would not. So, if I could without giving a legal opinion, Mr. Genese if I'm wrong correct me, but anytime a special use district is formed the Town Board becomes the Board for that special use district. Now it is not our full budget but certainly if that was to happen there would be a much different level of cooperation and collaboration with the Town. I want to be very clear right we have worked very closely to this Town Board for thirty-five years. We started the ambulance service together right. Some of the challenges that we're facing in the discussions that we're happening are normal and quite honestly you know last July Supervisor Flaherty and Councilman Cahill said we'd have this meeting and we're having it right. We have been very transparent with the Town. They had full access to our QuickBooks, they had the available audited financial statements. There's no smoke and mirrors here and if the Town says, hey to ensure that WEMS will survive we would like to do things as long as those things are negotiated fairly and to the benefit of both organizations and the community there's no reason not to do it. We're not holding out for anything we're not [inaudible].

Paul Adams: Just to be clear. I think you're right it would be a special district within the Town's tax cap.

Councilman Cahill: Am I correct in this understanding that the Town Board would set the rate?

Paul Adams: The Town Board would, and the rate be set based on the budget which is approved by the Town Board.

Resident: Q: Given that there's seventeen agencies in Monroe County is that correct Tim?

Tim Czapranski: Seventeen transport agencies.

Resident: Q: Of those Seventeen agencies how many have metrics?

Tim Czapranski: Performance metrics? I'd have to leave that up to those different agencies on what they measure. So, there are standard performance metrics that were adopted by Monroe County Office of EMS and the EMS Advisory Board. Those can be found on the MLREMS website and those performance standards are everything from response time reliability, to accidents, to vehicle breakdowns, and it's very detailed. So, while those are performance metrics are there we want people to strive for them but some of them are going to be almost impossible to meet, like you can't have an ambulance never break down and be up 100% of the time but they're goals and everyone should be working collectively, collaboratively towards those goals. Each of those agencies usually has their own quality assurance system which looks at their own internal metrics. We don't look at them as a whole from the County other than through Dr. Cushman who is the County Medical Director.

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Resident: Q: There was mention of the 990, I have it right here if anybody wants to see it. There's \$2.9 Million in revenue and over \$528,000.00 left at the end, in what they call balance funds. So, year over year there's been a balance fund. I don't get to see the financials I'm just looking at what's provided to me publicly. Can you tell me what is different than this than what's actually in the financials?

Ahmed Mustafa: So, 2021 we had a hell of a reserve fund because we're building a building and that was all consumed by the down payment of construction. It all disappeared in 2022.

Resident: Q: So, we will be able to see that when the 2022 comes out. Given the numbers identified in the slides that were up there, in order to continue to fund your organization, it was mentioned that you didn't ask for any changes organizationally or operationally. Why would we as taxpayers want to fund this operation if we're not going to have any organizational and operational changes to make it better and provide accountability?

Ahmed Mustafa: So organizationally operationally, I want you ask all these people right here are we a poorly run or poorly operated organization? Ask them because they work for us and I'm sure they wouldn't if it was. As far as your last question which now I just completely forgot sorry. So organizationally operationally you can go ahead and ask our staff, you can ask any of our line officers if we are poorly run or poorly operated organization. Accountability we have traditionally always given reports to the Town usually in January of our prior year right. The last few years we haven't been as rigorous about that. There are no secrets, if the Town would like to set metrics and their logical metrics that are achievable, we're 100% for that. We have a QA/QI process, we do all the things that other agencies do or we strive to within our means.

Resident: Q: What year did you actually start this ambulance squad? You said thirty-five years it hasn't been thirty-five years. I just started seeing Webster ambulance a few years ago when everybody else was put out of business. That's my first question. My second question is really simple, how much of your money did you put in this thing to get it started? How did you ever get it started? I'm a businessman okay, fifty-four years a businessman. You don't start a business and just borrow and borrow and borrow. I started with money ahead of time because I knew I wasn't going to make money in the first two or three years. I just can't understand how you're doing it other than borrowing from me, a taxpayer. Everybody else here is a taxpayer and you got the Town Board on your pocket it's just ludicrous to me. I know you're going to give me all the smooth answers that you're going to give me, everybody's going to help you, but as a businessman I don't like what you're doing here. I just don't like it.

Ahmed Mustafa: NEQ has been around for thirty-five years this June, we just celebrated our 35th anniversary. We started WEMS in 2016. So, all the capital in came from NEQ's budget we had allocated for it and we have operated this with 100% NEQ funds. You can ask those that have looked at our books, we have very little debt for our organization, we do not run on debt and that's why we don't take loans that we aren't sure we can pay off.

Resident: Q: My only real interest here making sure that on what may be the worst day of my life someday if I call 911, a viable ambulance service is going to show up that's capable of transporting me where I need to go and that my tax money is spent responsibly right so that's really all my interest. Now when you start talking about your reimbursement, like I 100% appreciate the COVID thing it's really changed the employment model and the employee

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availability. It hasn't substantially changed your reimbursement model too much and we're really looking for an organization that understands their reimbursement model sufficiently to not have to come back for a 30% bump in their contract right. It just seems irresponsible that given that's where we ended up, that we're not really demanding to bid out our next step and then the other thing that kind of gets to me, if I'm going to hire a contractor to do something, the contractor is going to give me a price. I'm going to determine if it's the right price and if I can meet that price and if I can I'll hire them but it's not really the contractor that's going to come to me and say oh you don't have enough money to do this maybe you should go to Louis down the street and Louis will fix you up and that's how I really look at the request for a tax district. Why is it your business how we pay for our service?

Ahmed Mustafa: I don't know why, so I'm not going to address it.

Q: Why is it fair that the taxpayers should fund EMS?

Ahmed Mustafa: Well, I guess looking at nine other towns and many others in the State when the cost of readiness exceeds the income available, we need support from the community. You pay 100% for fire, police.

Resident: Why do you care where that support comes from the community as long as the [inaudible] giving it to you.

Ahmed Mustafa: I don't care, I don't care what the mechanism is.

Resident: I would really encourage the Town Board moving forward to treat all of these as separate issues. We shouldn't be wrapping up the tax district with who's going to be providing our service, there is no reason for that. Anybody could provide our service and we can make a tax district if we need to make a tax district and the short-term and the long-term question about who, are also different questions. So, I try not to conflate these as it makes for three much simpler problems.

Resident: Q: I wanted to just touch off what the previous gentleman said and I think that's an important thing to discuss about conflating these issues. My primary concern is that I believe the Town should be putting the funding behind this service. I'm happy to pay as a taxpayer an extra tax to support this very critical service but I really think that the Town should be funding this, that this support should be coming from the Town Board. So, my question is to Ahmed and to Russ. I'm wondering if you could paint a picture, provide a hypothetical if this agency does not get the funding it needs. You guys are operating on razor thin margins, what is that going to mean for every person in this room here if we do not have ambulance service coming from this community? What would that look like if I were to God forbid or anybody in here God forbid to have an incident where they needed service and it was outsourced or put out to bid like these other people are suggesting and you know it's no longer in-house? That is a very scary issue to me and I'm wondering if you could speak to what would that look like if we didn't have it in this community anymore because that is a very difficult situation and so what would that mean for us?

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Russ Ziskind: One of the things that I would tell you from my experience watching agencies go out of business over the years as you know, to wrap in a little bit of what somebody else said, you know how you manage money and why is reimbursement our problem. I mean I told you the average reimbursement of Medicaid we get is \$236.00 that's up from \$227.00 twenty years ago. So, you know we do see ambulances go out of business and one of the problems that you see when an ambulance goes out of business, I talked about the attrition rates, we see about half the people who leave EMS because their full-time agency has gone out of business do not re-enter the EMS world. So, the number of calls in Webster, however many thousands it is, that won't change and if another agency, doesn't matter who we're talking about, were to be doing the calls where are they going to get the people right? So, what's going to happen is we're going to have a reduced EMS staff, I mean we're seeing this I'm not making this up. These are stories you can see throughout the State and throughout the country. So, what that's going to translate to quite frankly is enhanced response times. Now I live up across from Hedges which is already a long haul, so I think you know what I'm going to tell you from my professional experience of thirty years is the minimum thing you're going to see is increased response times and that is going to have a negative impact. Now that doesn't mean, I'm certainly not saying anything against all the options we have talked about, however we have to figure out a way to do it so that we have the same number of people providing our services or more coming from a similar or closer location and that's a question. If somebody asks right now how you would do that, I don't know if anybody at this table would be able to answer that.

Tim Czapranski: So, in Monroe County we have had agencies close and merge. In my Town, Scottsville, the ambulance merged with Henrietta so it's Henrietta, Chili, Caledonia and Scottsville. Brockport and Spencerport merged. So, in those communities when they talked about going out of business, they were proactive enough to say how do we do this, so we do not impact the response time reliability, we do not negatively impact our residents and our patients. The EMS agencies that have closed in Monroe County have been very good at doing that. They do patient care for one reason because they love people and so they're not going to let their communities down. If they have to transition out into something, they're usually very good at doing it so that.

Portal Q: NEQ has indicated on multiple occasions that they're in financial difficulty and the continued operations are in jeopardy. Has the Town prepared an immediate contingency plan to provide ambulance service to the Webster residents that may include options such as a neighboring agency or agencies? Maybe Penfield taking back the West Webster Fire District and/or commercial services such as Monroe and AMR?

Councilman Cahill: That's why we are going through this due diligence at this point right now so that we can come up with a viable short-term resolution and I know that Penfield is one of the options that we will be talking about and looking at. That process is ongoing.

Resident: Q: I'd like clarification on a question that was raised before, and I didn't quite understand Paul's response. I guess my question is, everything we've seen so far, nothing goes back to the quality of service that's being provided. Your prior presentation talks about calls for service, but it doesn't define response times. For example, people here said they've had bad experiences. You need to have a baseline in which to measure, to say if you're going to use tax dollars to give to a company, we should see improvements not just to keep them afloat. Now I'm another person who didn't particularly like their service because it took twenty minutes for an

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ambulance to show up and my grandson cracked his head open, was bleeding and twenty minutes is unacceptable. So, where's the comparisons of baseline to other towns, baseline to what West Webster Fire Department did prior to them taking over. We don't have any of that information, yet you want us to give more money to the company and if I'm not mistaken, one of the short-term things in your last presentation was if we wanted metrics we have to pay for the metrics. The metrics exist why can't they provide those metrics? I know all first responding agencies have response time metrics. I worked for public safety agencies for fifteen years. It's one of the key things that they use to manage their environments, so I think we're missing a big piece. We keep talking about adding money to something and yet we don't understand where we are at a baseline other than the fact that they're losing money and they need money. Just to clarify one of the gentlemen mentioned the bid process and I thought you said that didn't apply. But what does apply is a request for proposal. I mean I've written many of them when I worked in the public sector. That is the place where you define requirements and also it didn't get mentioned we asked for metrics we have to pay for it. Are we going to hold them accountable financially if they don't make those metrics? I mean I think we need a baseline of public safety to measure events if we're going to give anyone any more money.

Q: The contract that we currently have does it call for metrics, does it call for response times, does it call for any kind of measurements?

Councilman Cahill: No, it does not.

Q: Do you have metrics? I think that in the past you've supplied the Town with metrics Ahmed?

Ahmed Mustafa: I mean we measure a lot of things and we have provided the data to the Town. I will caution you against response time metrics because more and more often we are not running red to calls. It is proven that A) has very little positive impact on the patient's outcome and B) greatly increases risk of accidents in route to calls. So, we're actually reducing the number of calls that we run red lights and sirens to and the number of calls that we actually transport a patient to the hospital is even fewer. So, response metrics is not really a great one. As Director Czapranski said there are metrics that we do hold ourselves against, you know that the County has set up and we have reported on those. We do measure those internally. We've not done that with the Town. In 2021, I think the Supervisor asked us to look at the existing contract, some metrics were proposed in 2021 and you know we gave some suggestions back and that process stalled.

Russ Ziskind: Okay just to be clear though when you say we don't necessarily go lights and sirens, that's not a NEQ/WEMS thing, that is industry, that is a County decision.

Tim Czapranski: Actually, the response time configuration has been in flux for many years. When I was at Rural Metro, we started going no lights and sirens to non-critical calls that's at reducing the number of accidents and injuries to our personnel and no patient detriment as a consequence of it. So really when the call comes into 911, the call taker grades it through a series of questions that drives additional questions, that drives the response time metric, which is defined by Dr. Cushman as the oversight position for 911.

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Ahmed Mustafa: One of the other things that's worth mentioning is we do not dispatch ourselves. We do not take the calls, the patient's call is sent to 911 center in the County and depending on what you tell them is how we get dispatched and the priority of our response. Somebody falling down and bleeding is not necessarily a life-threatening emergency. We may take that call in service, that means we stop at the red lights, we stop at stop signs, we obey the speed limits. So, it's based on the information provided to the telecommunicator that is then related to the dispatcher, then is relayed to us. That is what determines our response. We respond based on the priority of the call that we are given not on what we feel. Now that may change over time. So, if the person that fell, the bleeding is significant and bleeding you know from their head wound and it's a major event and they call back or upgrade it, then we'll upgrade our response but as we have all said we're trying to minimize our red lights and sirens response because it provides very little positive improvement to the patient it greatly increases the risk of the responders and the citizens that we're responding to.

Portal Q: What is the differential in response time from Webster EMS handling the call versus an outside agency handling the call?

Ahmed Mustafa: That's impossible to answer, it depends where you're coming from, time of day, nature of the call, response category. That is too vague to answer that question.

Resident: Q: If you stand at the corner of Gravel Road and Ridge Road right now and call for an ambulance, you're waiting for it to come from Jackson Road depending on time of day to their point, it could be ten to fifteen minutes. However, there's another agency's ambulance within eyesight of that intersection that won't respond because it's not in their jurisdiction. So, if that agency was to be given that portion of the Town and I'll say it's Penfield ambulance. So, Penfield ambulance keeps an ambulance at West Webster's Firehouse to cover calls in the Town of Penfield portion of the West Webster Fire District. So, if you live in the Town of Webster portion of the West Webster Fire District, you're actually waiting for an ambulance to come from further away, not an ambulance that's closer. So, if you live in any of that region, you're waiting for an ambulance to come from Jackson Road even though there's one sitting on Gravel Road right now.

Ahmed Mustafa: I'll answer that question if you don't mind. So, the Penfield ambulance is only stationed in Gravel Road for twelve hours a day five days a week I believe, not seven days a week. So, for the other twelve hours a day and twenty-four hours of the two days of the weekend you are getting an ambulance from further and Penfield is very clear that if they get busy in Penfield that ambulance gets pulled out and they go down south. Whereas Webster is able to stay in Town. That is my understanding.

Resident: Penfield had agreed if they had the entire district, they would have put two ambulances 24/7, one being ALS and one being BLS. Currently they have the one 12 hours a day and it's not often that I've personally noticed I can't speak to their data, but it doesn't get pulled out that often other than when it is running on calls.

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Ahmed Mustafa: So, though we have different patches on our sleeves our collective interest is always in patient care. Just the other day there was a high priority call that Penfield ambulance was closer to and WEMS staff did dispatch Penfield to go first respond because geographically they were closer and they were available and we were coming from a distance and it was a very sick patient. So, when the need arises, we do ask for help and we do use our brother and sister EMTs and paramedics to lend assistance because it's not about the turf, it's not about the patch on their shoulder, it's about patient care.

Portal Q: If the Town chooses to do a RFP or a Request for Proposal, how long would that process take?

Councilman Cahill: I've heard anywhere from three to six months that the process could take, does that sound about right Paul?

Paul Adams: Yeah, it does. I think it probably takes about three months to locate a new provider and probably another three months for them to get up to speed and ready to go.

Don White: Q: It's not a question. As most of you know, I'm the Attorney for the Village of Webster. If you're considering an ambulance district, the Town cannot establish one that includes the Village without the Village first passing a local law subject to permissive referendum agreeing to join that district. So, I would hope that if you're thinking of an ambulance district route, you include the Village Board of Trustees in those discussions.

Resident: Q: My question goes to governance. Somebody had discussed earlier who would be the commissioners of this district that you're talking about? My question is if NEQ's budget is about \$3 million, \$2.9 million I think it was on the 2021 990, my question is you're basically looking for the taxpayers to fund a third of your budget. What will the Town get and the Village as well, in terms of governance on the NEQALS's Board? When the Federal government invested in GM, they became one of the major stockholders. Are a third of the Board seats going to go to Town representatives? There's a whole bunch of questions around governance that we really haven't gotten into you know, in addition to the questions about financial need.

Councilman Cahill: Those are things that as we look deeper into what's involved in a tax district, those issues will be addressed, and we'll be speaking with other towns and municipalities that currently have ambulance districts in them.

Ahmed Mustafa: You know we have had a very collaborative and collegial relationship with this Town Board. For some reason it's being perceived as a very adversarial one right. If governance and whatever has to happen, it will not be done with resistance right. As long as the metrics and measures make sense and can be measured and are achievable there's no reason not to do it. We're not trying to have a bad agency right. We have not survived for thirty-five years because we don't do a good job. We have not been an ambulance service for six years because we don't do a good job right. So please don't perceive. I don't know why there's this perception, but I want to put it to bed from NEQ's side at least. This is not an adversarial relationship. We have a Town Board member that sits in our Board meetings every single month. We are the only EMS agency in the County that I know of that does that and we do it with open arms and we welcome Councilman Cahill when he comes.

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Q: My name is Jan Thompson and in transparency I am on the Board of NEQALS and I have been for five years. I am a West Webster resident and I think I spoke not too long ago. Between my children and grandchildren, we own twenty-one residences in Webster, so I certainly understand the tax district issue. One of the things that I really wanted to address and there may not be an answer, perhaps Mr. Adams can answer this. I listened to Bob Lonsberry this morning and our Supervisor Flaherty gave an interview with Bob and he made two points. The first I will address, and Karen Mustafa did, on several of the meetings and in these slides it was stated by Mr. Flaherty that NEQALS wanted and requested \$800,000.00. We don't know where that number came from. We sat on the Board and we prepared that number with the exception of the time that Mr. Flaherty and Ahmed began the negotiations. This morning on Bob Lonsberry's he clearly stated that we asked for between \$400,000.00 and \$450,000.00 annually. So that's the first question I would like to have clarified. What is the actual number that the Town is looking at or is being shared by the emails from the Town Supervisor? The second that I'd like to ask is Mr. Flaherty also stated that he had not received any financial data or financial information from NEQALS for seventeen months. Mr. Adams perhaps you can address that, is that true?

Paul Adams: I can say that as I stated earlier, it looks like the organization is going through about \$20,000.00 a month. So, we originally thought that the short-term solution would be about \$20,000.00 a month, then take a step back and try to come up with a long-term solution.

Councilman Cahill: Ahmed's presentation back in July, was it 25th? One of those slides did address the \$800,000.00 and I think that was utilizing \$.25 per thousand, would generate \$800,000.00 and was used as an example. To your question with respect to the seventeen months, I could be wrong, but I listened to the interview and I think he may have been referring to the audited financials he hasn't seen in seventeen months but clearly NEQALS has been going through a great deal of financial disclosure to the Town of Webster since September and you know they call it a deep dive. This is the deepest dive I've ever seen into any type of business whatsoever and it's taken a long time because more questions are generated as more information is provided to the Town. So that's the seventeen months I believe that the Supervisor was referring to, was the audited financial but I can clearly understand why it may have been misinterpreted by a lot of the people that were listening to the interview today so I'm just trying to add clarity to that.

Resident: Q: Of the seventeen agencies a majority put ALS in an ambulance. Does that mean that Webster residents are paying more for an ambulance trip to the hospital if it includes ALS and BLS?

Councilman Cahill: I think if I understand your question correctly, so there's an ALS call that a fly car responds to a residence right and it's determined that that patient needs to get transported to the hospital, so they're going to get a bill for ALS and they're going to get a bill for BLS.

Ahmed Mustafa: What happens is when the paramedic gets on the ambulance if it's an ALS level call then the BLS ambulance bills at an ALS rate and they pay the difference from the BLS rate to NEQ. We don't do the billing, but my understanding is the patient gets one bill.

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Resident: I was a patient, and thankfully EMS came through perfect, within a couple of minutes. My thought is from a Fire Company from way back, if you didn't pay the fire company and they came to your house they didn't fight the fire. Is that what we want for an ambulance service? If you can't pay them, they'll [inaudible] you. We're looking at taxes like insurance, we're spreading it across the Town so that all of us pay less totally. It's the same with floods. I don't think the expense individually is expensive when you think of it from an insurance standpoint unless you want to buy your own insurance which is another option.

There being no further questions or comments, the meeting was adjourned at 9:00 p.m.

Dorothy M. Maguire, Town Clerk