TORCH LAKE TOWNSHIP

ANTRIM COUNTY, MICHIGAN

Torch Lake Township

Public Informational Meeting

Community Service Building

Draft Minutes

March 1, 2018

**Present:**  All TLT Board Members; Meeting presented by Alan Martel

**Audience:**    Several Residents (see sign in sheet)

**Recording Secretary:** J. Petersen

Documents made available at the meeting were;

* Fractile Response Report for “Unit EnRoute time to “Unit Arrived Scene Time” for TLT EMS
* Ambulance and other EMS Terms / Levels of Priority reference sheet dated 2/9/18
* A visual was also prepared by Martel displaying millage data regarding EMS

Martel began meeting at 7:00pm by stating the purpose of the meeting was to discuss issues and ideas directly with the public, which the board is facing, in regard to the upcoming annual budget finalization and subsequent decision regarding our EMS. Martel stated this meeting was to give information, invite comments in regards to EMS services you have received and build a flavor of direction.

Martel was asked why MMR was not present

Martel stated that due to a glitch in his computer, MMR did not receive the information necessary to compile a proposal, but they have been invited to the meeting on 3-14-18 if they would like to give a presentation before the board decides that night.

Martel stated that MMR had also indicated they were looking into a consortium possibility

Martel also stated that 4 years ago we became Ltd ALS, which is 1 step down from paramedic.

3-14-18 Board Meeting to make decision regarding EMS

3-24-18 Annual meeting of electors and public hearing on the 2018 budget

Martel stated the goal in making this decision is to stabilize EMS. Wages and healthcare are very important to full time employees. If TLT is to opt to form its own ALS/Paramedic system it would require insurance and other costs. Martel also said the board was asked in January to discuss 6 months ahead, which was too early, that is why a community meeting was called. What kinds of things will help you decide? Tonight we can get the questions about money out of the way. A special assessment district has taxing authority and its own separate millage. Last year it was raised .1 to cover cost. Special assessment districts can be established as part of an effort to fund projects. Refer to chart A (ambulance run times). Tom Person added that the data includes all calls in the timeframe - both local and out of the community runs. Martel stated 47% of TLT is 65 years+. Most calls are falls, sugar related, heart and auto accident. Getting to the scene as quick as possible is what we want and Person does a great job. How do we get employees to want to work for TLT ambulance services? How do we create a package of stability that keeps people here regardless of ALS or privatization.

Looking at health insurance benefits for potential employees - Martel stated it would take 60K-70K to provide a decent program for a full time person. As well as a cost of 6K or more to increase wages to a $15/hr start and necessary drug bags required in ALS are $1000 each.

Audience members asked Martel how they can weigh cost without numbers from MMR. Many questions and disappointments were expressed by the audience as to why MMR was not present and the unfair nature of making a decision upon only hearing one side.

Another audience member also pointed out the the numbers presented by Martel in the visuals and the charts were the **revenue sides** of millage in regards to EMS and not the **expense side.** A request was made to see this data from the expense side.

Martel went on to say if the millage was increased 4/10 it would equate in $465,084 for the EMS, or $100,000 extra, which is ok. The average 250K home (taxable value) would raise taxes about $200 per year. Every 100’ of lake front is worth 500K min - houses on the lake under 200K are all but gone.

Audience member asked about our current ALS status - Martel stated we are limited ALS and must make a decision by June whether we go to Advanced ALS, stay the same or privitize, however before June we must budget for it in our March budget finalization.

If we decide to go advanced ALS we must apply with the state, which can take up to 60 days. Also rehiring and reorganizing takes place and we have 4 years to lock it in. But it means we would have full time EMS for TLT.

Kathy Windiate read 5 letters that were sent and emailed to TLT and asked to be read aloud at this meeting.

Letter 1 was not in support of privatization

Letter 2 was not in support of privatization

Letter 3 expressed a desire for paying for integrated 911 and wished to be assured of a timely response in any decision made

Letter 4 was in support of full ALS and “declaring independence”

Letter 5 was not in support of privatization, wished to raise the ALS level to advanced, or continue as is.

Martel stated $25K in fund equity meant $25K not spend. The board has the authority to raise mills by 10 as part of a 1997 decision granting the board this authority.

Audience member stated $26K of fund equity could be used to pay wages above $365K - Martel stated $348K but he will get the info. Audience member asked why isn’t $26K transferred to pay wages/cover? Martel stated overtime - TLT was 160 hours past and Tom’s hours are also when he fills in ( on duty and EMT) without pay and takes place of a person.

Audience member (Bob Spencer) spoke -He has the audited figures available for the last decade except the fiscal year 2016/2017. Substantial fund equity has accrued over the years and TLT EMS has $541K that by law (having been generated by special assessment district) can only be spent on that special assessment district . As of 3/31/17 $541 is still there. We could operate a year with no budgetary changes. Until the true audit is done we will not truly know true costs - it is always done after the fact, but we are in good shape financially to go ALS - the question is what do you (the community) want to do.

Audience member asked cost of new ambulance

Person stated $200k

Audience member then asked why raise mil if money is on hand to purchase a $200k ambulance

Martel stated that the $500k surplus is not “extra” money

Audience member asked what it is for

TLT Board Treasurer Sharon Schultz stated there is no surplus - and that the figure given is way off.

TLT has 2 ambulances currently; a 1999 and 2000. Martel stated he would like to upgrade to have the ability to self-load.

An audience member asked how many runs are made per year

Person: 132 (70 transports) others were for lift assist and other emergencies. TLT does not charge and will absorb in budget those type of runs. We pay North Flight (Munson) for licensed ALS whether we need them or not sometimes. Many times we can cancel the need for ALS, but often Munson requires they show up anyway. Meaning the call for ALS went out, TLT was on scene first and stabilized the situation either prior to or during transport and the need for ALS support was avoided, however as part of protocol, Munson sends and bills TLT for ALS support anyway. When these intercept paramedics get on board they many times are left with nothing to do. This has been the case many times, and up to 20 times a year costing sometimes more than $9k. North Flight gets $250 per visit out of station on 8th Street TC or out of Acme for dispatch within 10 minutes. ALS requires a drug box be on board. This is critical and costly. $2k to create.

An audience member asked what are the Pros to privatizing

Martel stated reduced payroll

Audience member: and what of the quality of care and run times of privatization?

Martel stated that the info is available from either him or Tom Person at any time but you can’t get that info from a controlled corporation. ER News has stated that MMR is on time 80% of their goal of 82% - all data we record is available anytime. A private company may have restrictions reporting this data.

Audience member: Where did this issue come from and why will MMR be here on 3/1/18? How can a decision be made with little and no information at a meeting where the decision is to be made?

Martel: Ive looked at cost. $25k was budget for EMS, pavement repair $75K, cleaning, utilities, building maintenance etc… are all fixed costs of $40-50K/year from EMS. These costs will stay the same, as we will still have these costs.

Audience member: In 2014 the board decided LtdALS - why are we having this conversation now again? Why did you ask MMR to come?

Martel: In January they were here as a courtesy, so I asked them for a proposal for our June deadline.

Audience: I think it should be taken off the agenda

Audience: (bob Spencer) Currently MMR was not given proper info to bid. Are constituents satisfied or shall we investigate a new solution? Also what will it cost for us to request the statistical data that Tom provides if we privatize and will it even be available or will it be considered proprietary information? Will it be available at all and what is the cost for a report?

Audience: (MD) MMR will come willingly to every board meeting with numbers if you want.

Char Lundy: 4 years ago when runs were 60-80/year the community embraced EMS. She served on a committee appointed by the board to assess this issue. The result was 65% in favor of keeping EMS in house. Much investigation was done at that time and surrounding townships were also considered as a possibility for consortiums. Char stated that she was pleased at that time that the decision to not privatize was made and that she is very happy and encouraged today to hear the general consensus is still in favor of keeping our ambulance services in house. Sharon Schultz furnished a copy of Lundy’s 2005 report to all board members. Char stated we do not need a proposal if we are going ALS. She stated Tom wont always be the director - we need to look at roles and match expenses - real figures of cost.

Audience member: MMR was here 3 years ago contracting with Milton and ER - at that time the cost was $250k - we could have had ALS this whole time.

Lundy: Research was done, but there was no official proposal. The Twp Supervisor at the time was not interested in taking time to review one.

Audience member: MMR will update, train and improve etc.. ER and Milton are doing well and have saved over $441K

Lundy: When was fact finding done? There are different leaders,

Audience member: Get them here

Audience member: (JK) Do they pay for facility?

Audience member: They lease

Lundy: Read the report - its from 4 years ago and it’s still the same

Audience member: (CG): As a taxpayer I want to see both sides of the fence - expenses and revenue

Audience member: (JK): a proposal must have both sides and if they will not provide statistical information, as in if it is proprietary then I am against it all together.

Martel: We can look into this again at any time - in the meantime we need to go forward with ALS budget. If next time our ALS system is already in place the cost may change the proposal anyway.

Lundy: It seems like the same questions discussed a year ago. Instead of what can you (MMR) do for us, let's ask ourselves what do we want from them.

Kulka: and confirm there will be no proprietary clause.

Martel stated he will send a letter

Audience: If we go ALS and increase cost then we decide to go private and they are less can the board take back the millage increase?

Also if citizens are to trust the board and that the board is not implying dishonesty - how can you say you are looking into it and guarantee a chance for us to look at the proposal?

Martel: Get it on the agenda for the next board meeting 3/20/18

Audience member: (MP) what about keeping things as they are (status quo) until all the proposals that we can entartian are in and complete and comparing apples to apples. We need 3 proposals. Not 1, not 2 and not 4. 3 detailed proposals so board can make decision not in a rush and carefully consider all angles and facts.

Martel:

Any other comments at this point may be submitted in writing for the board’s consideration.

Martel ended meeting at 8:52pm