

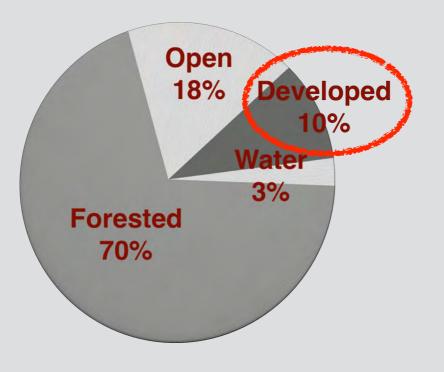
ashford - brooklyn - canterbury - chaplin - eastford - hampton - killingly - plainfield pomfret - putnam - scotland - sterling - thompson - union - voluntown - woodstock

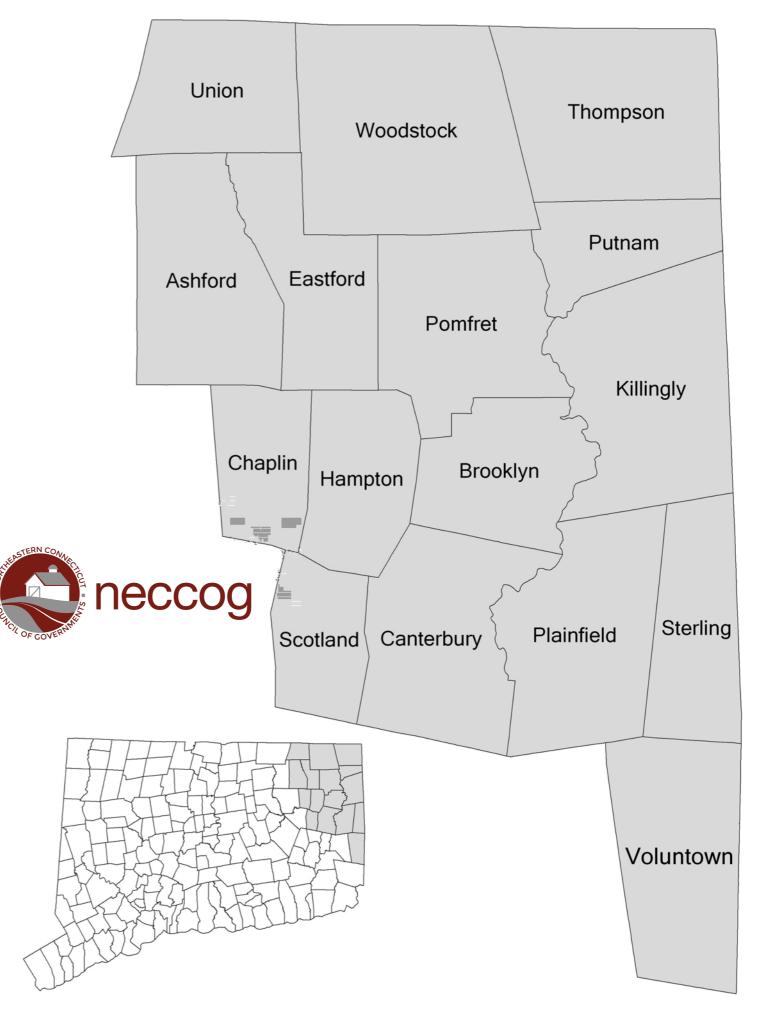
MORE Commission April 23, 2015 562.8 square miles just over 10% of Connecticut's total area

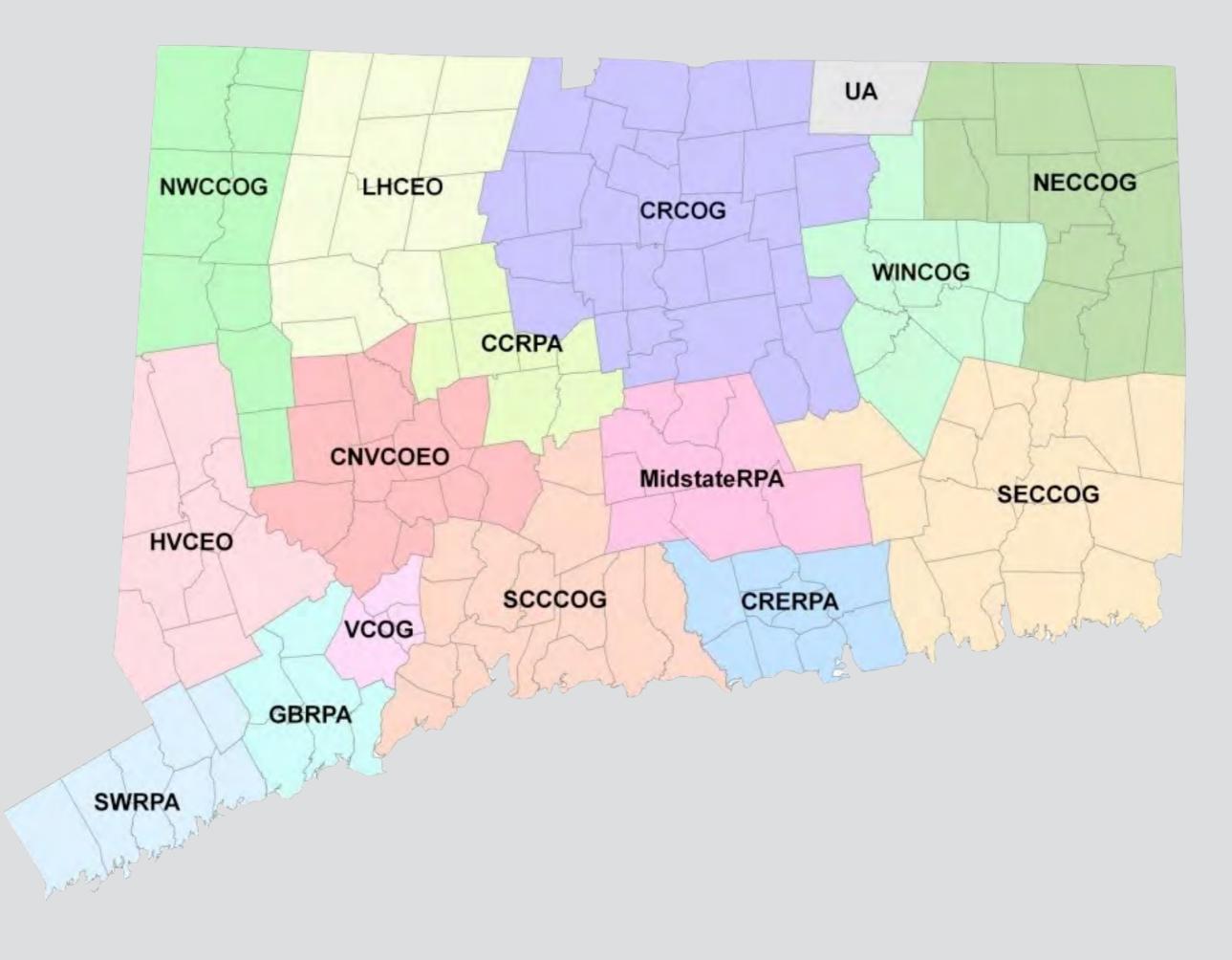
95,971 persons (2012)
170.5 persons per square mile - compared to 647.6 for the State
2.7 % of the State's population.

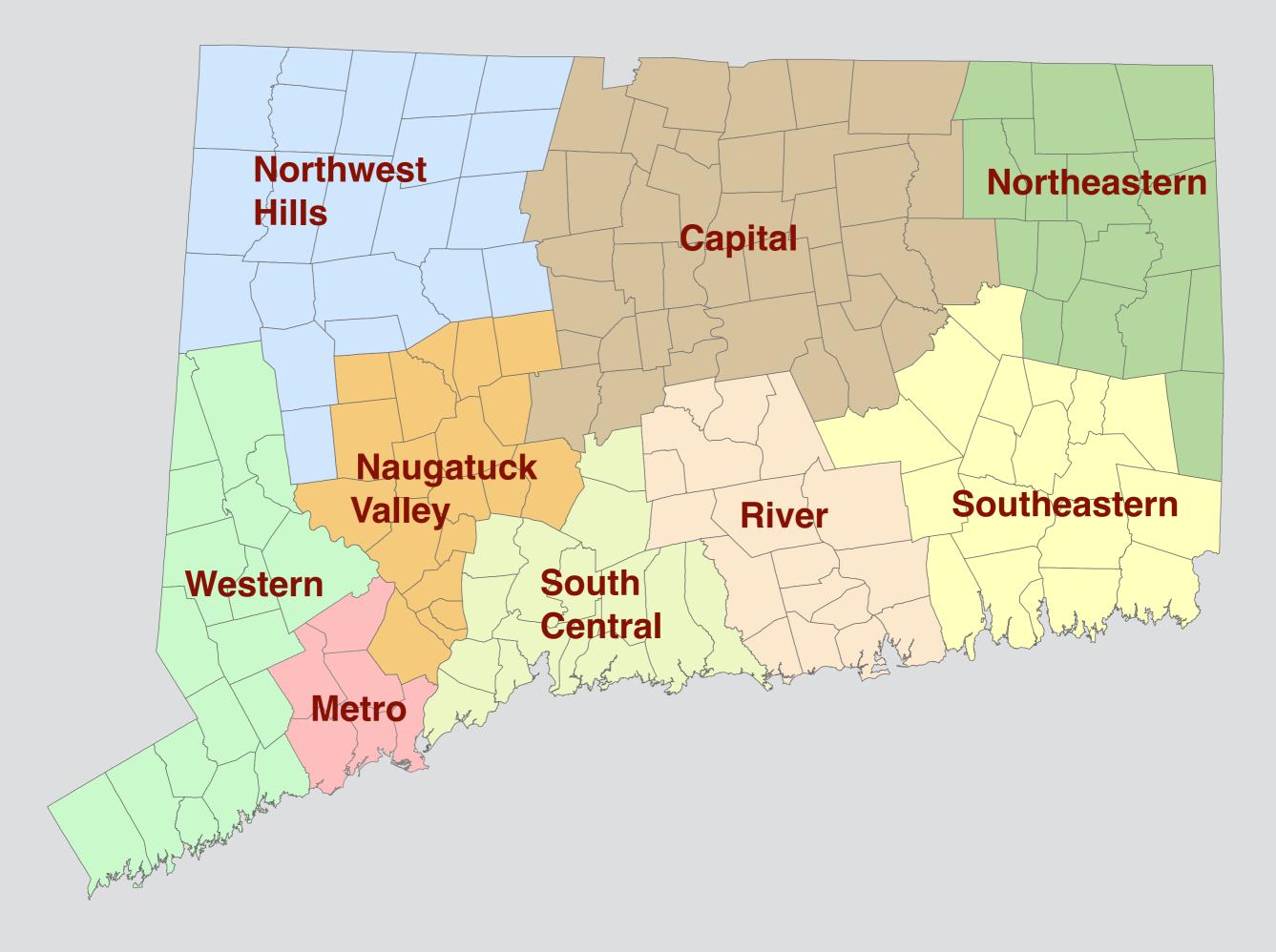
1970 to 2012 the Region gained more than 29,000 persons - a 43.7% increase 36,681 Housing Units

1,353 miles of roads









Statutes specifically enable COGs, at their discretion, to provide the following services:

- Engineering;
- Inspectional and Planning;
- Economic Development;
- Public Safety;
- Emergency Management;
- Animal Control;
- Land Use Management;
- Tourism Promotion;
- Social;
- Health;
- Education;
- Data Management;
- Regional Sewerage;

- Housing;
- Computerized Mapping;
- Household Hazardous Waste Collection;
- Recycling;
- Public Facility Siting;
- Coordination of Master Planning;
- Vocational Training and Development;
- Solid Waste Disposal;
- Fire Protection;
- Regional Resource Protection;
- Regional Impact Studies; and
- Transportation

NECCOG Programs and Services



NECCOG Programs and Services

- Regional Property Revaluation Program
- Regional Paramedic Intercept Program
- Regional Animal Services Program
- Trap, Neuter, Release and Maintain Program
- Regional Engineering Program
- Regional Mapping (GIS) Services
- Land Use Technical Services
- Regional Comprehensive Planning
- Economic Development
- Eastern Connecticut Enterprise Corridor Administration
- Transit District Administration
- Transportation Planning and Technical Assistance
- Route 169 National Scenic Byway Administration
- Emergency Management Planning/Assistance
- Town Hall Management Assessment Including Job Descriptions
- Regional Human Services Advisory Council

- Board/Commission Training FOIA Training
- Grant Writing Assistance
- State Or Local Road Traffic Counts
- Regulation, By-Laws, Legislative Proposals
- Smart Growth Workshops
- Census And Other Demographic Data
- RFP Development
- Household Hazardous Waste Collection
- General Research
- Natural Hazard Mitigation Planning
 Regional, State Federal Relations



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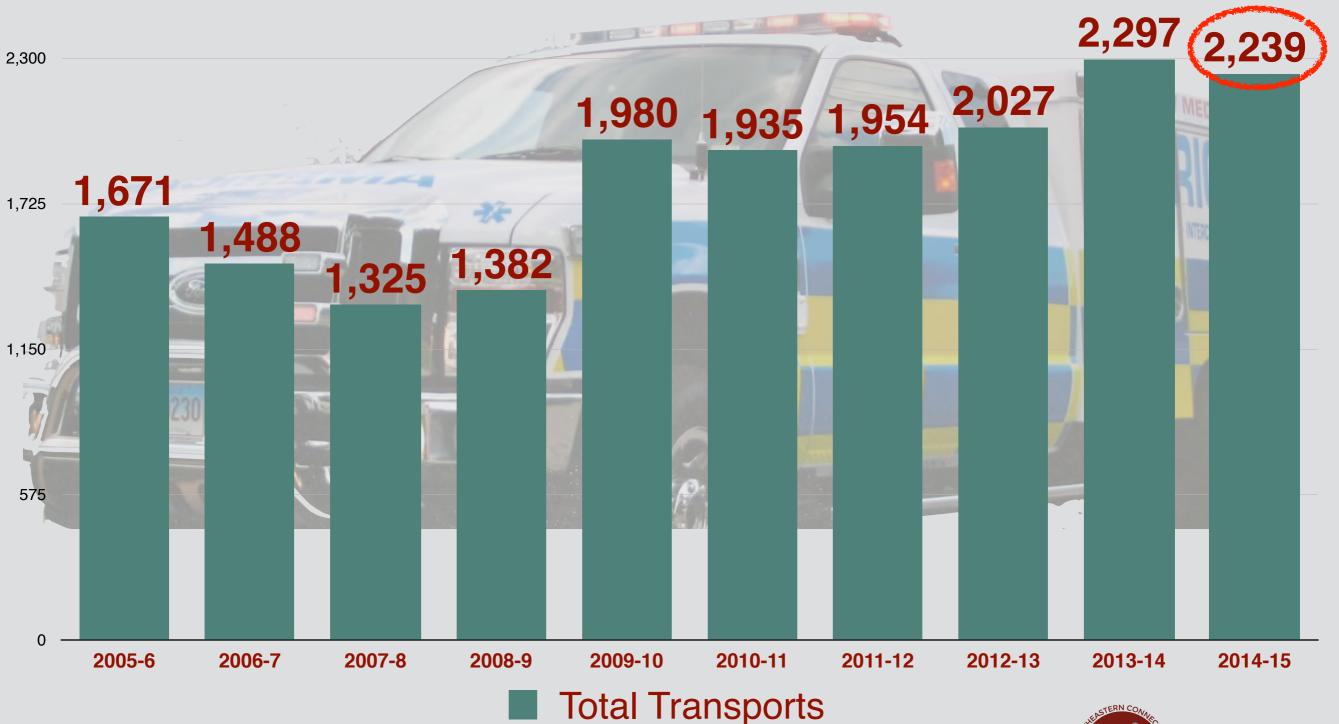


Paramedic Intercept Program

Pre-Hospital Emergency Care Enhancement Study



Paramedic Intercept Program





Pre-Hospital Emergency Care Enhancement Study

EMEDO

NECCOG was provided a RPI Grant to conduct a study of pre-hospital emergency care in the region covered by NECCOG. The goal of the study is to evaluate the current pre-hospital emergency care system in the Region, examine alternatives to the current delivery system and make recommendations (as warranted) to enhance patient care.

Pre-Hospital Emergency Care Enhancement Study

Evaluation of the existing pre-hospital emergency care services and future program options for such services. The goal of the study is to evaluate, in consultation/coordination with the region's pre-hospital care community, the current pre-hospital emergency care system in the Region, examine alternatives to the current delivery system and make recommendations (as warranted) to enhance patient care.



Study Details

- Examination of the current issues related to the recruitment and retention of volunteers as well as the impacts of hiring paid staff and/or services to perform in lieu of volunteers.
- Administrative options, including but not limited to collaboration/consolidation, primarily focusing on savings through combining human resources, clerical, and other functions across several departments.
- Partial collaboration/consolidation maintaining separate departments but creating a joint working group to identify potential efficiency gains, such as jointly operating a station or team.
- Functional collaboration/consolidation keeping departments legally separate, but having the departments work together to perform special functions, such as training services.
- Operational collaboration/consolidation combining aspects of functional and administrative consolidation to make multiple legally separate departments deliver standard and special services as if a seamless single entity.
- Selected geographical collaboration/consolidation taking advantage of variations in service demands across an area to keep certain functions separate where demand is high while taking advantage of economies of scale in low-density areas.
- Full regional consolidation combining departments to make one legal and operational entity.
- Costs for each potential approach as well as the possible benefits/adverse impacts and key indicators of system performance.



Basic Life Support (BLS)

33 Town-Based First Responders - Fire Departments 17 Ambulance Corps

Advanced Life Support (ALS)

6 Paramedic Responders7 Hospitals

11,000 EMS Calls - 4,000 +/- Paramedic Involvement



How are we doing this?

Regional Performance Incentive Grant - \$81,750

Oversight/Coordinating Committee:

- 2 Town CEOs
- 2 Hospitals (Medical Control) Hartford (Windham, Backus) and Day Kimball
- QVEC, Inc. Regional 911 Dispatch
- 4 Town Fire Department Representatives
- 3 Town Ambulance Services Representatives
- NECCOG Paramedic Vendor American Ambulance
- Windham Hospital Paramedic Program Director
- Regional EMS Director
- 2 ex-officio Paramedic Providers KB Ambulance and AMR

Consultant



Completion date - November 2015

