CITY OF GREEN RIVER
CITY COUNCIL WORKSHOP
Agenda Documentation

Preparation Date: 3-28-12	Submitting Department: Police Department
Meeting Date: 4-10-12	Department Director: Chris Steffen
	Presenter: Chris Steffen

SUBJECT:
To advise the Governing Body of the results of the GRPD Customer Service survey.

PURPOSE STATEMENT
In February 2012 the GRPD sent out a Customer Service survey to all recipients of Utility billing within the city of Green River. The surveys were returned and the results compiled.

DESIRED OUTCOME
The desire of the Green River Police Department was to determine at what level we are providing public safety services to the citizens of Green River. A portion of the survey was included to determine demographics from respondents to the survey. The remaining portions of the survey were to ask specific questions relating to citizens perception of crime overall, their opinion on specific crimes and how it impacts their quality of life in our community. The remaining portion of the survey was used to determine our quality of service to them, if they have had contact with the Police Department, at what level, i.e. Patrol, Dispatch, Investigations, Records, Animal Control, etc. Citizens were also asked to rate our service quality to them and rate the department overall. We felt it was important to get a reading on the community, to know how we are serving them and what concerns they have regarding crime.

BACKGROUND / ALTERNATIVES
Previous surveys have been sent out to citizens, in the form of mailers, but it has been many, many years since that has happened. It would have probably resulted in a better involvement by doing a phone survey, but that would have been a much larger expense to the Police Department. This was done at a minimal cost.

STAKEHOLDER ANALYSIS
I am making the Governing Body aware of the survey results. I am also going to put it as a link on the City website for citizens to view the results. We will use the results to determine our focus of enforcement throughout the community and as a gage to our overall customer service quality to the citizens.

FISCAL IMPACT
There was a minimal fiscal impact to the Police Department to institute this survey and compile the results.

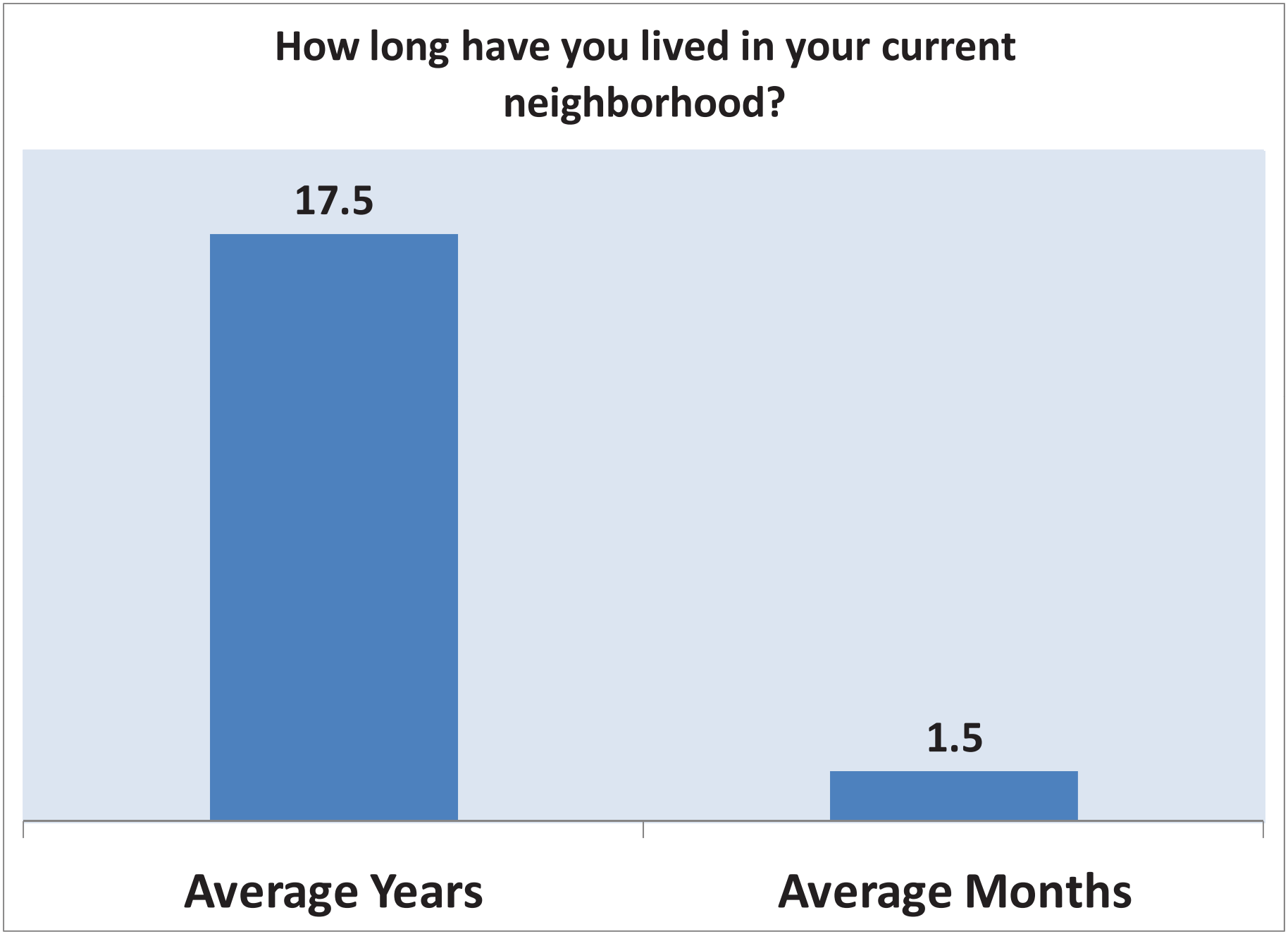
STAFF IMPACT
Some staff time in developing the survey and compiling the results.

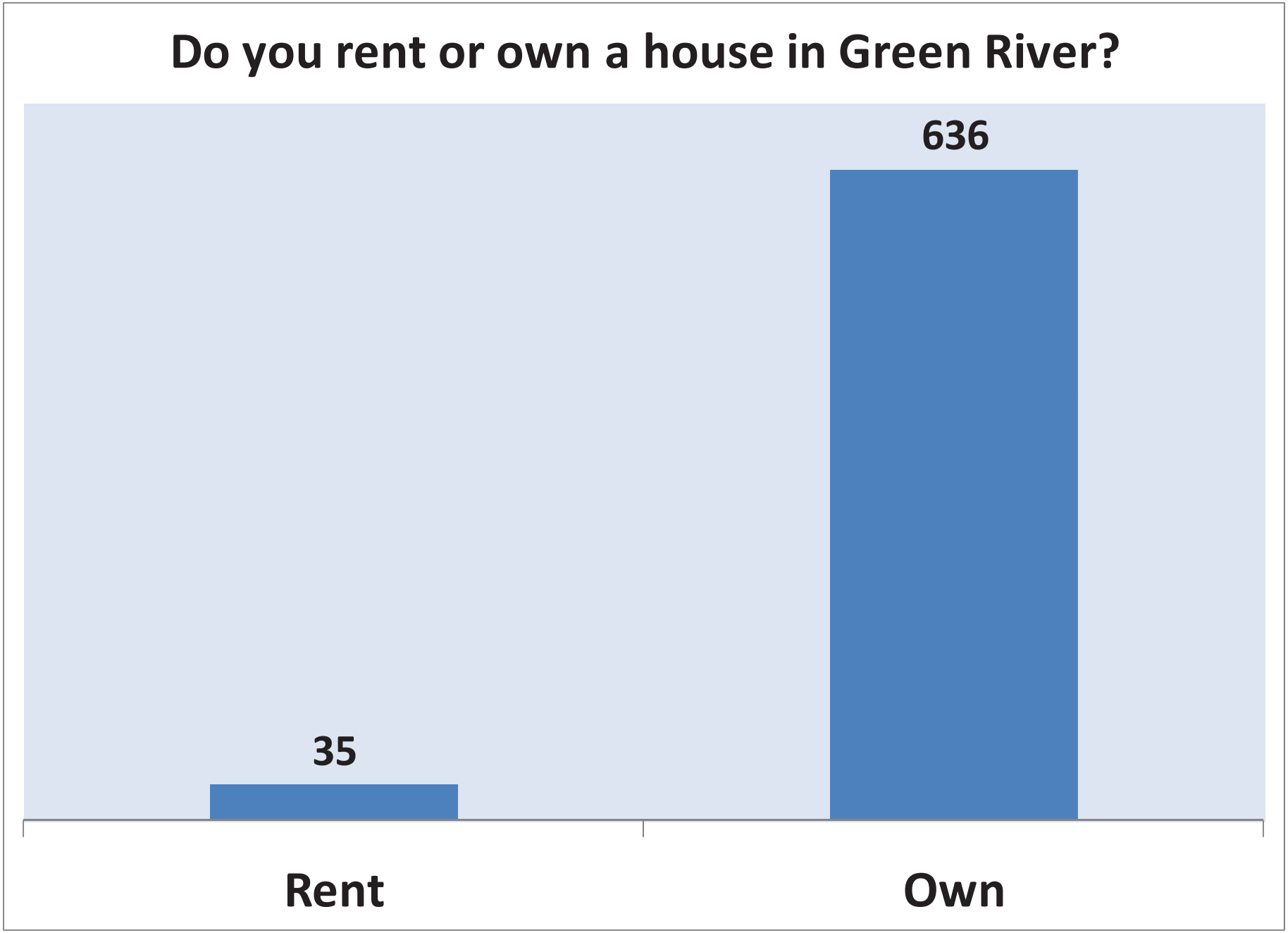
LEGAL ISSUES
None.

ATTACHMENTS
Powerpoint .

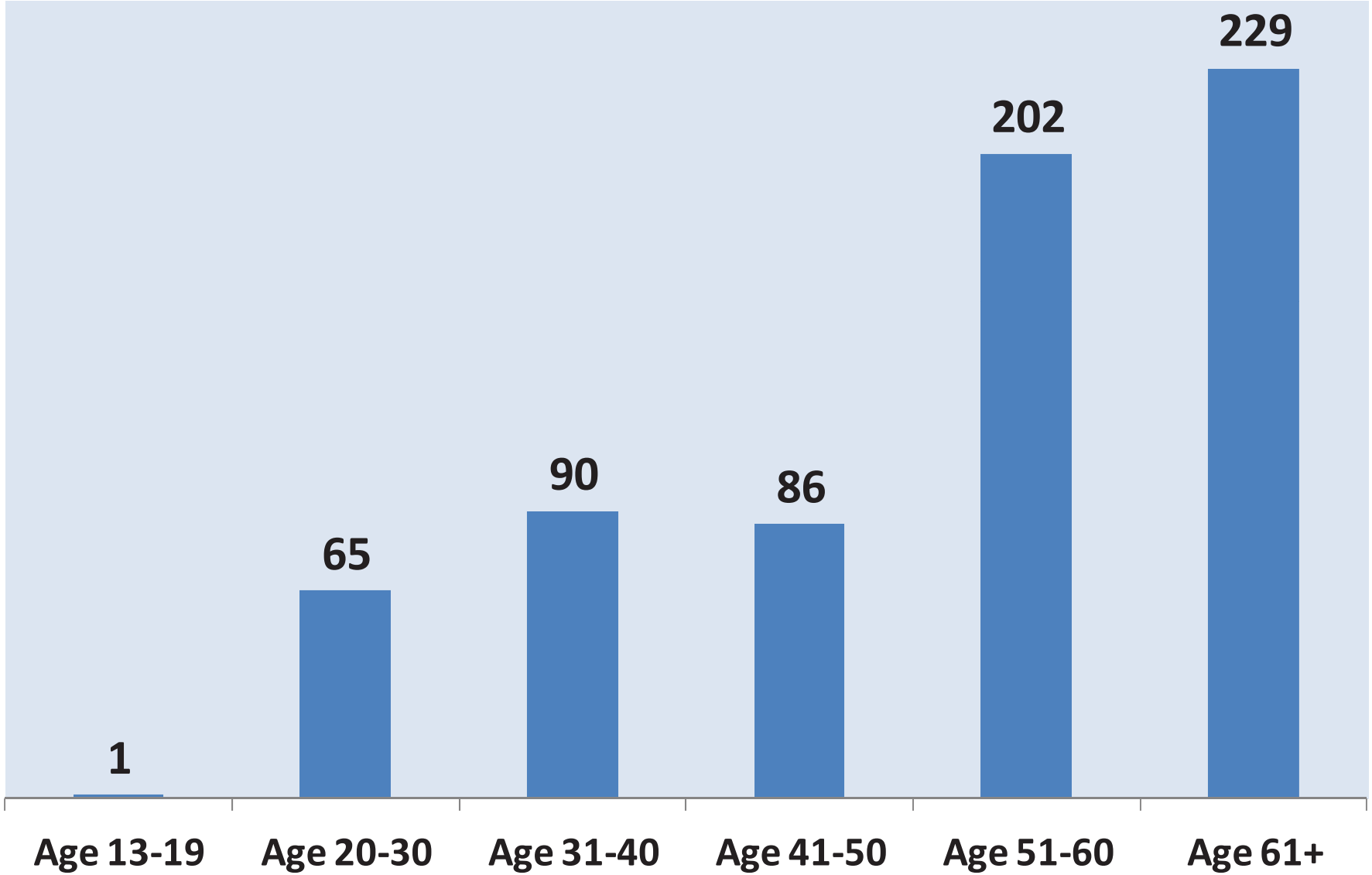
Green River Police Department Survey Results

- The survey was distributed in February 2012
- 4,600 Surveys were distributed
- 673 responses were received

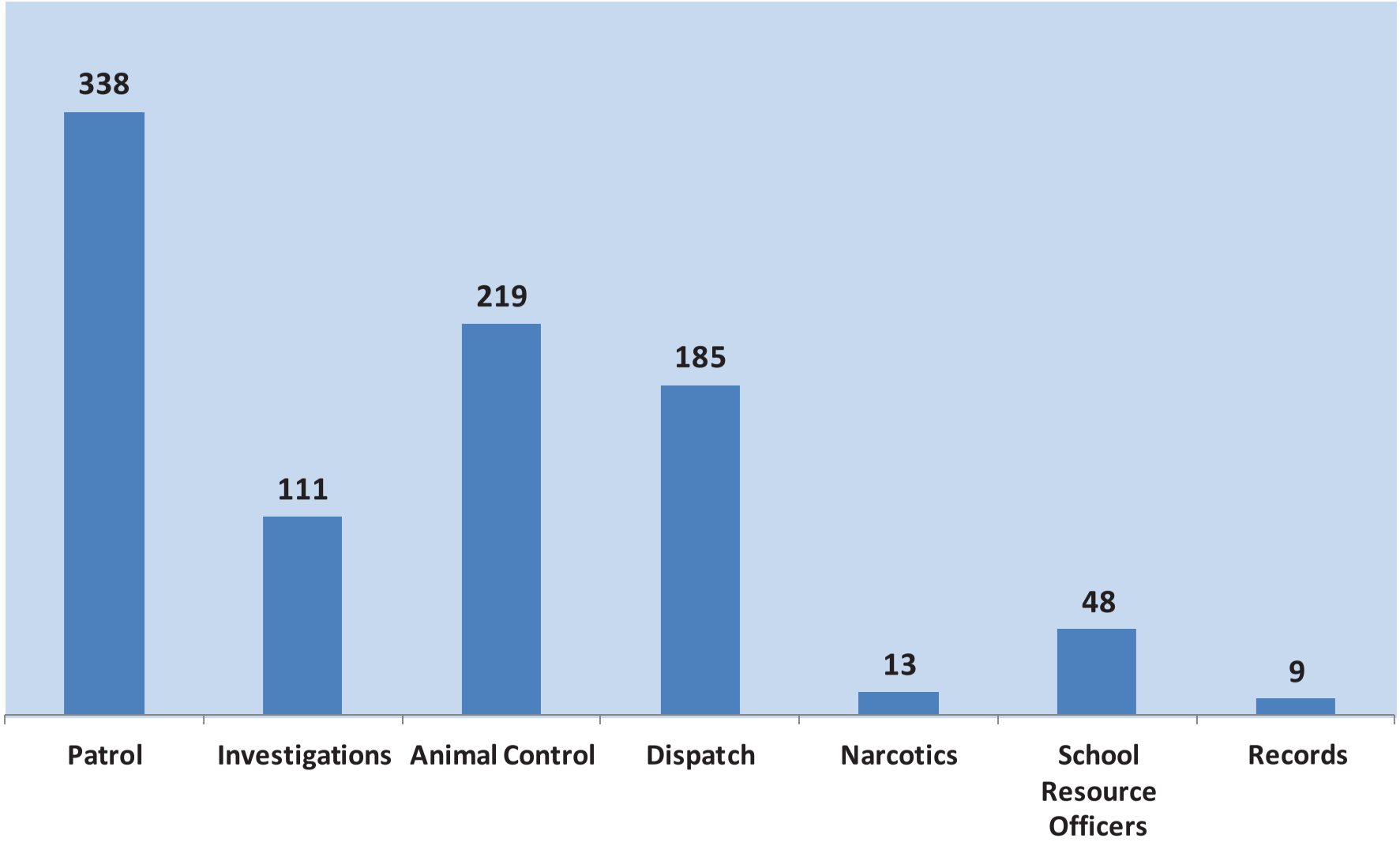

How long have you lived in your current neighborhood?
17.5
1.5
Average Years
Average Months

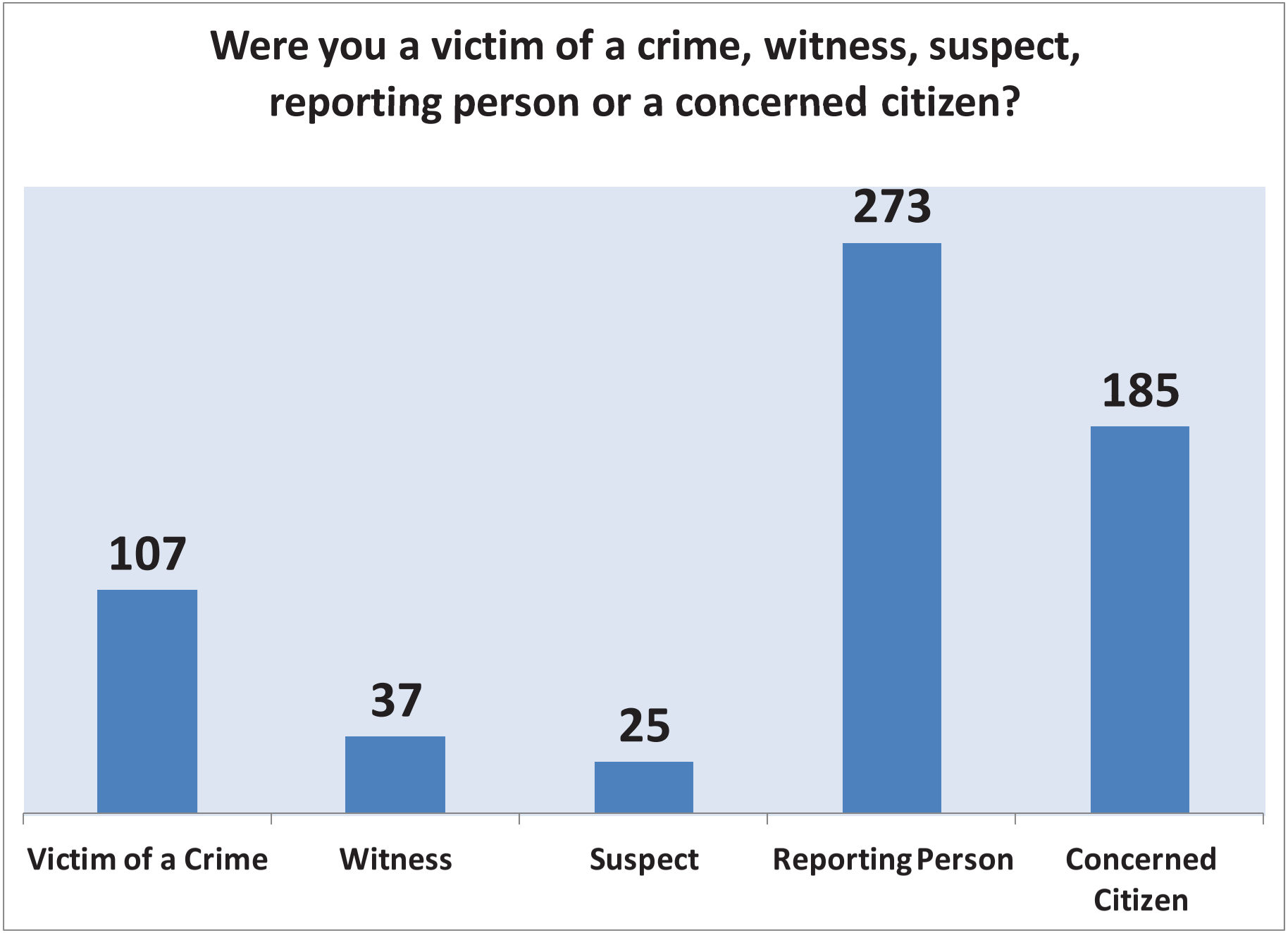

Do you rent or own a house in Green River?
636
35
Rent
Own

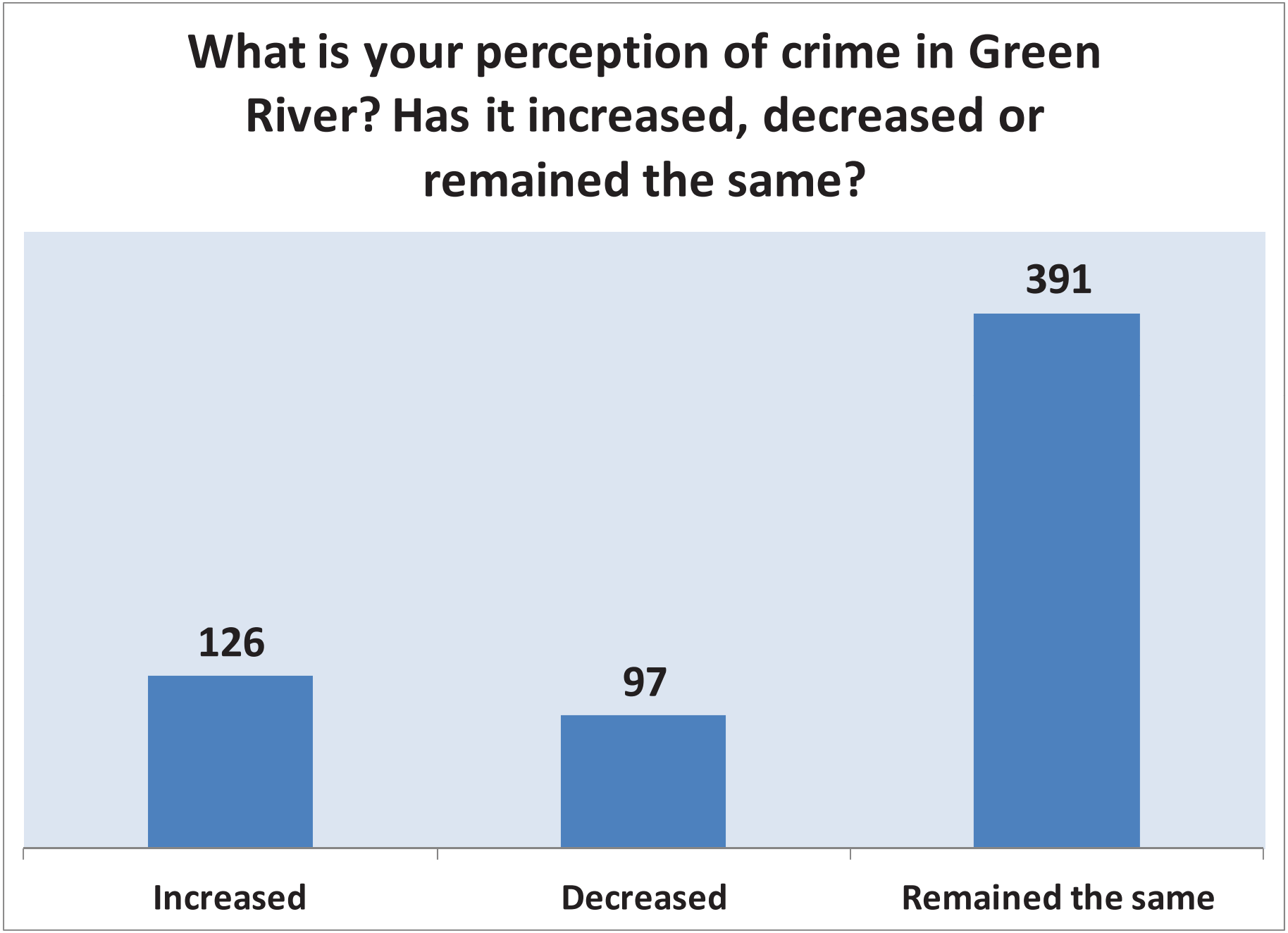
What is your age range in years?

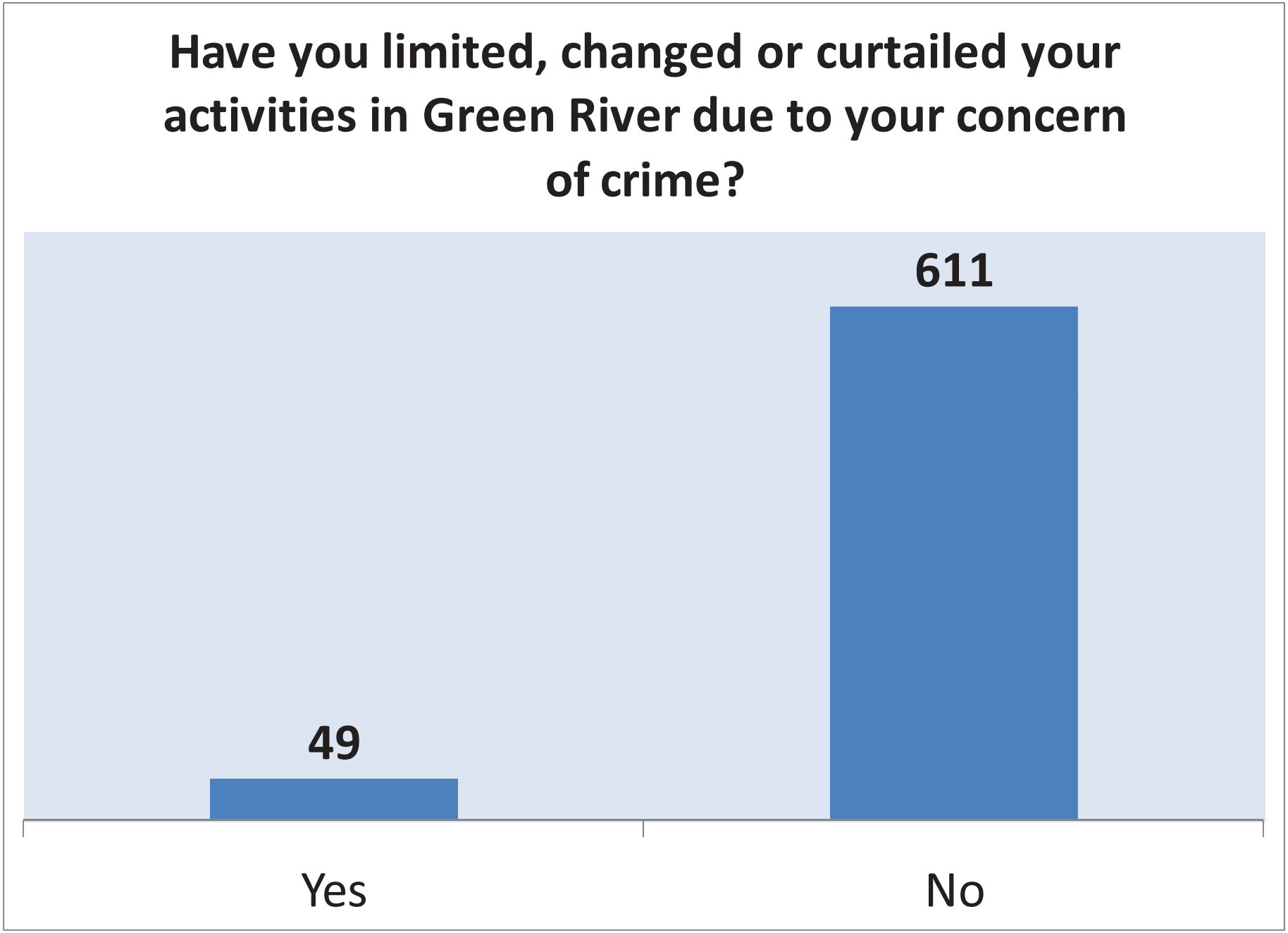


Have you ever had contact with a Division of the GRPD, who was that contact with?



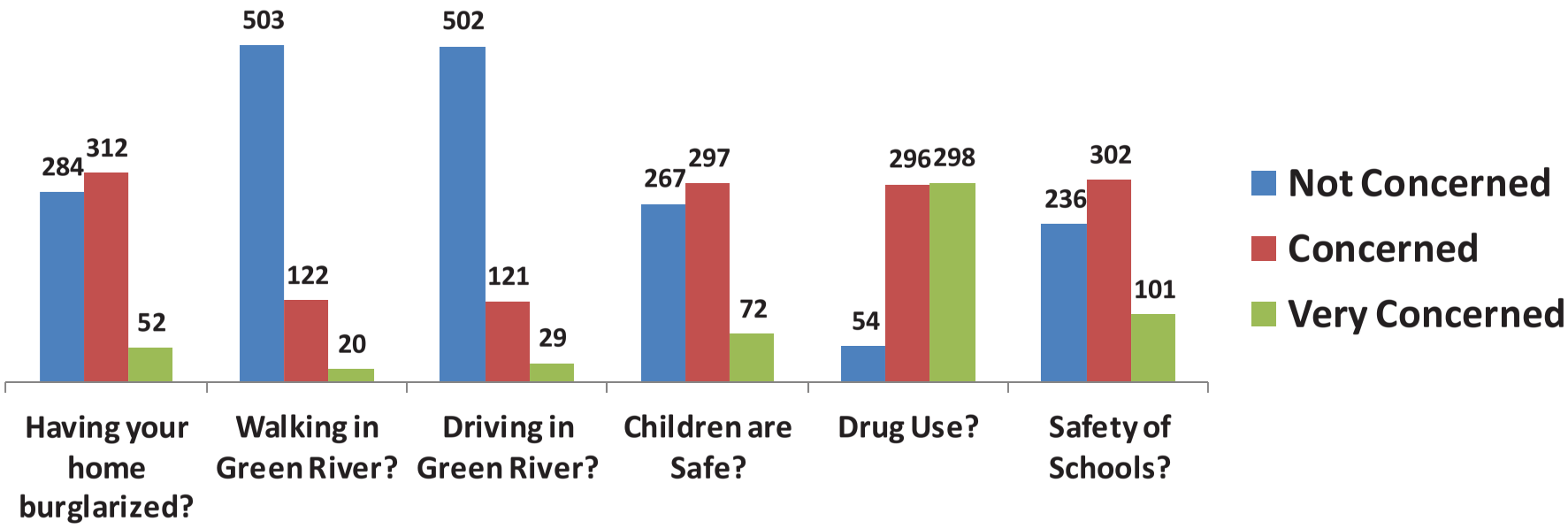

Were you a victim of a crime, witness, suspect, reporting person or a concerned citizen?
107
37
25
273
185
Victim of a Crime
Witness
Suspect
Reporting Person
Concerned Citizen

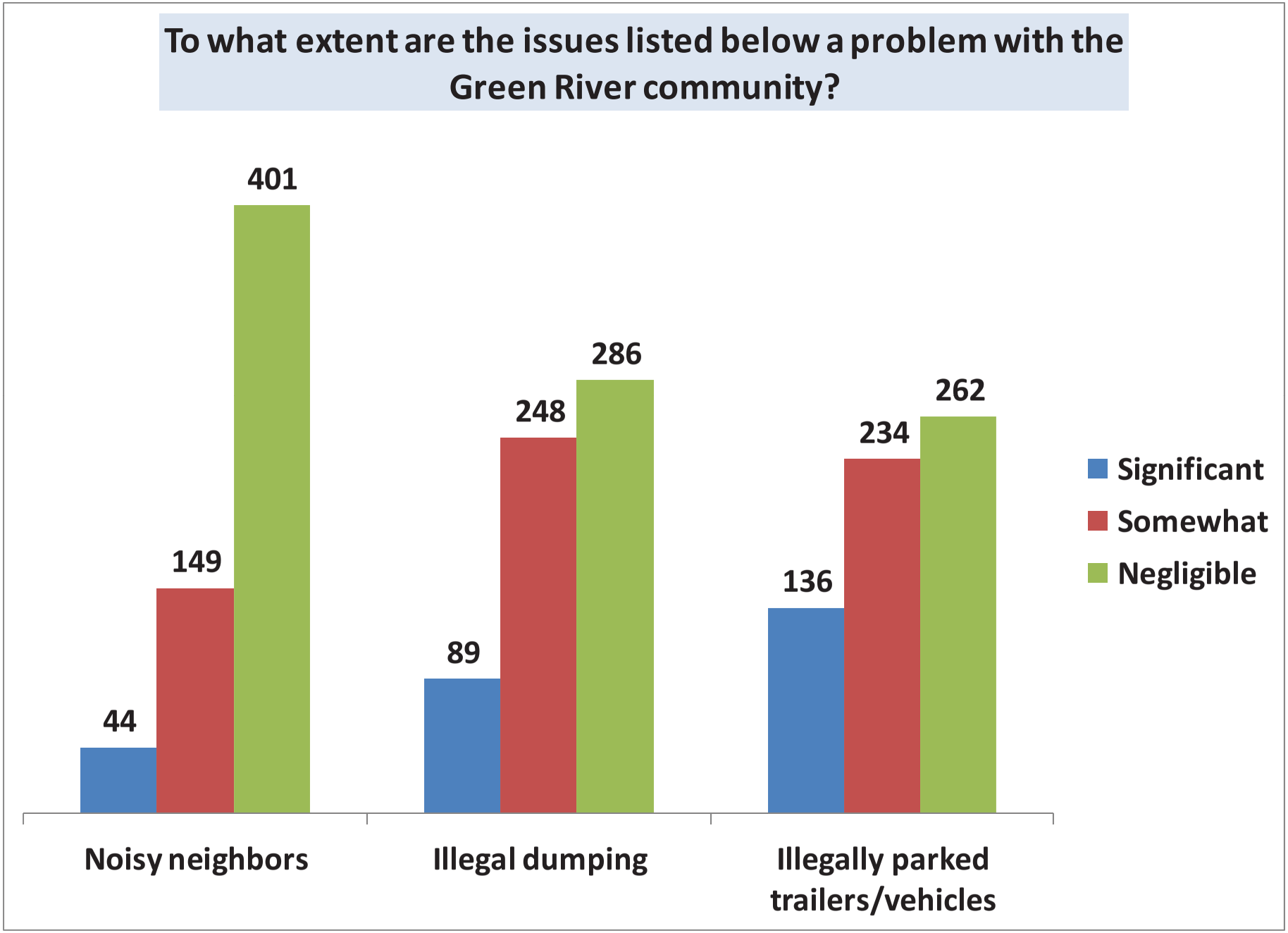

What is your perception of crime in Green River? Has it increased, decreased or remained the same?
126
97
391
Increased
Decreased
Remained the same

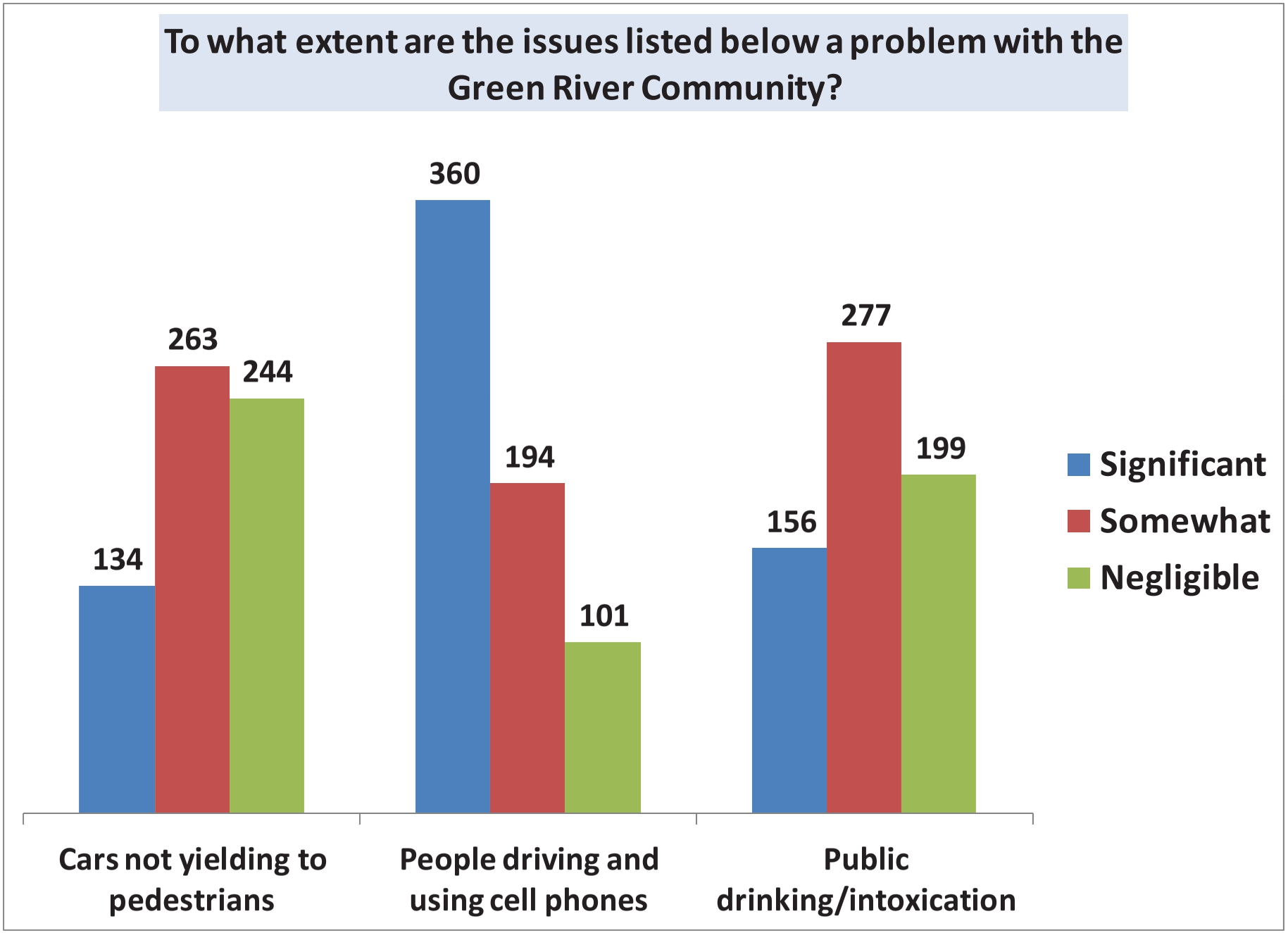

Have you limited, changed or curtailed your activities in Green River due to your concern of crime?
49
611
Yes
No

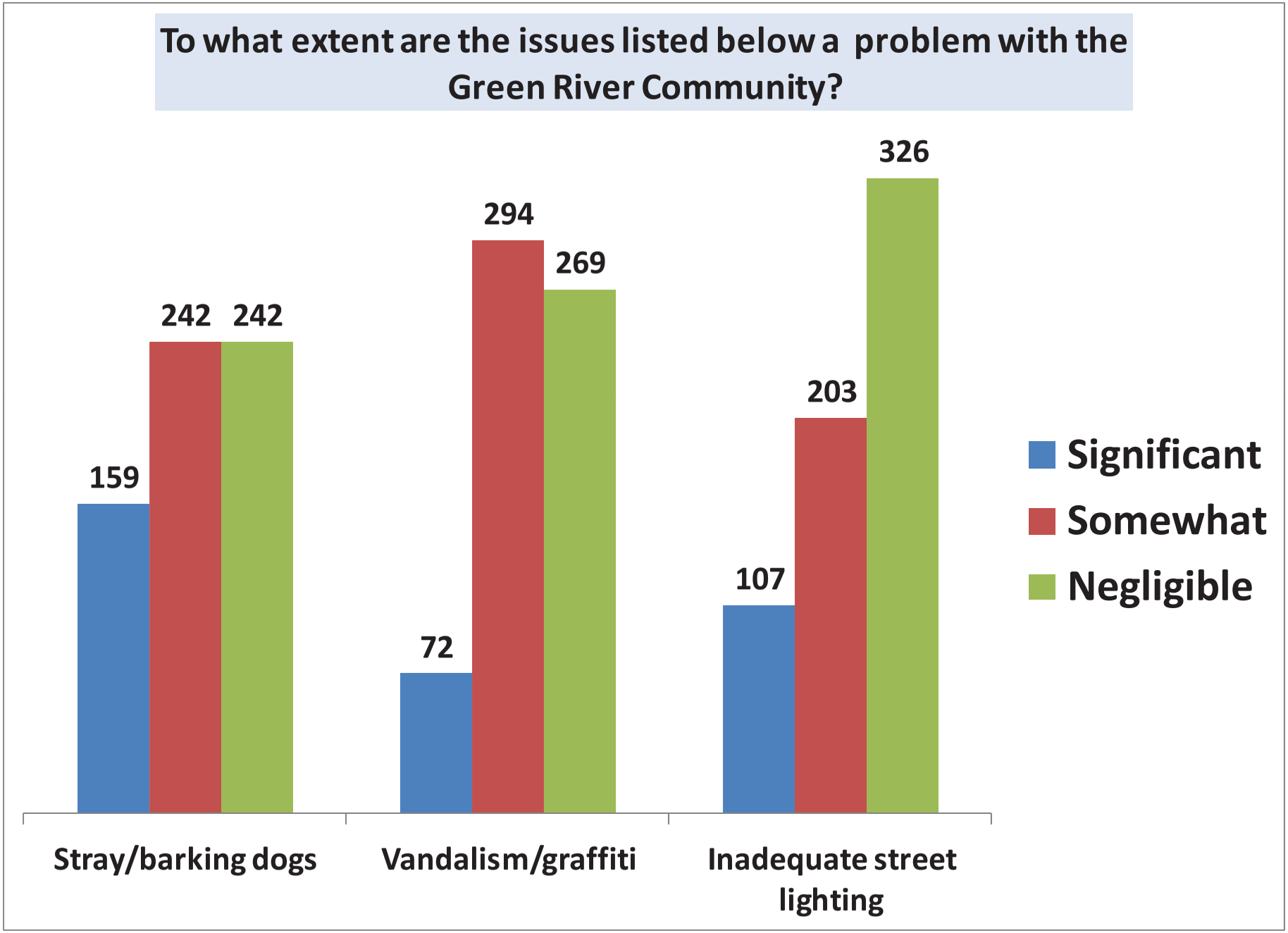
How significant do you view the following situations in Green River?

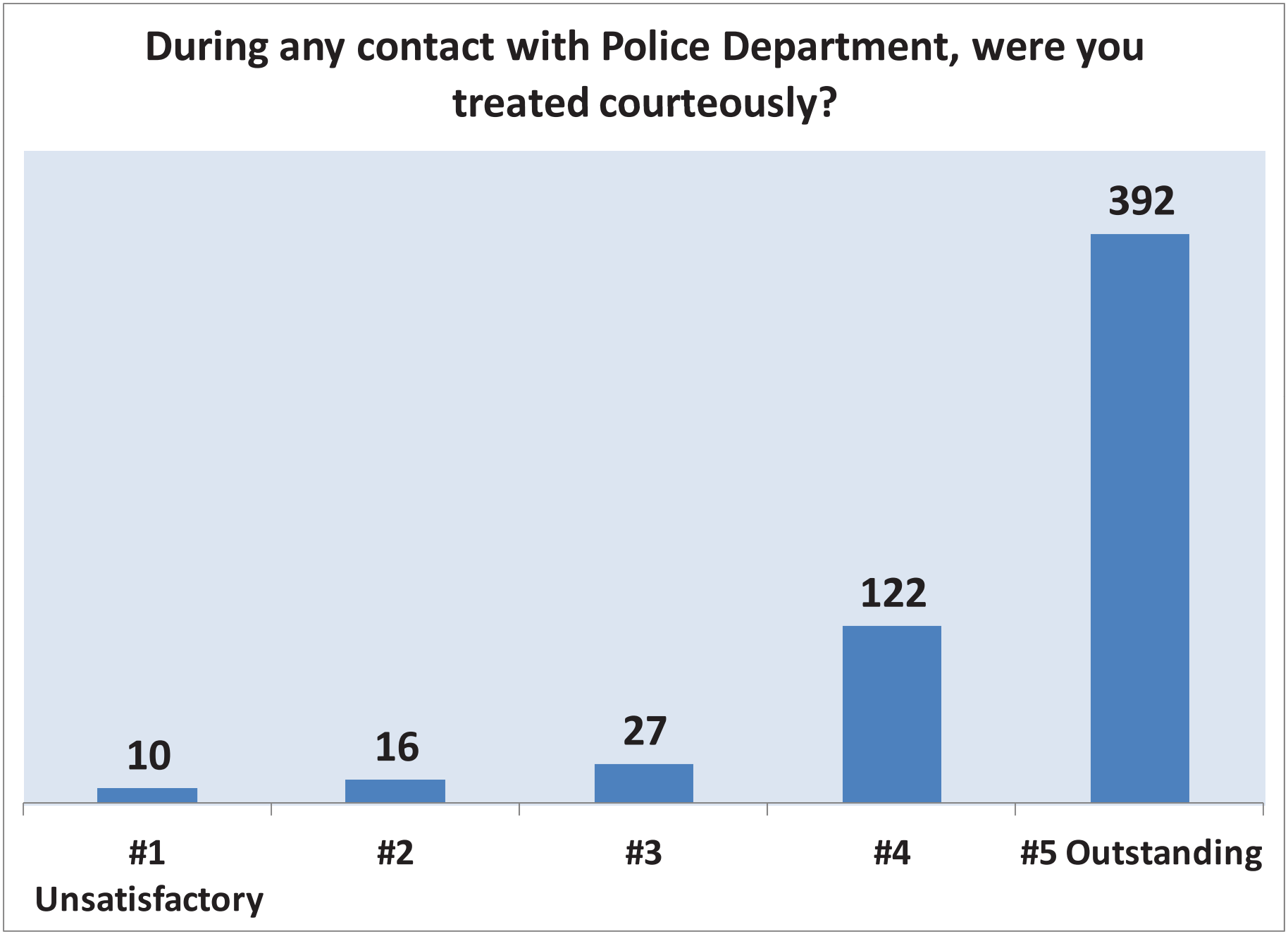
Having your home burglarized?
Walking in Green River?
Driving in Green River?
Children are safe?
Drug Use?
Safety of Schools?

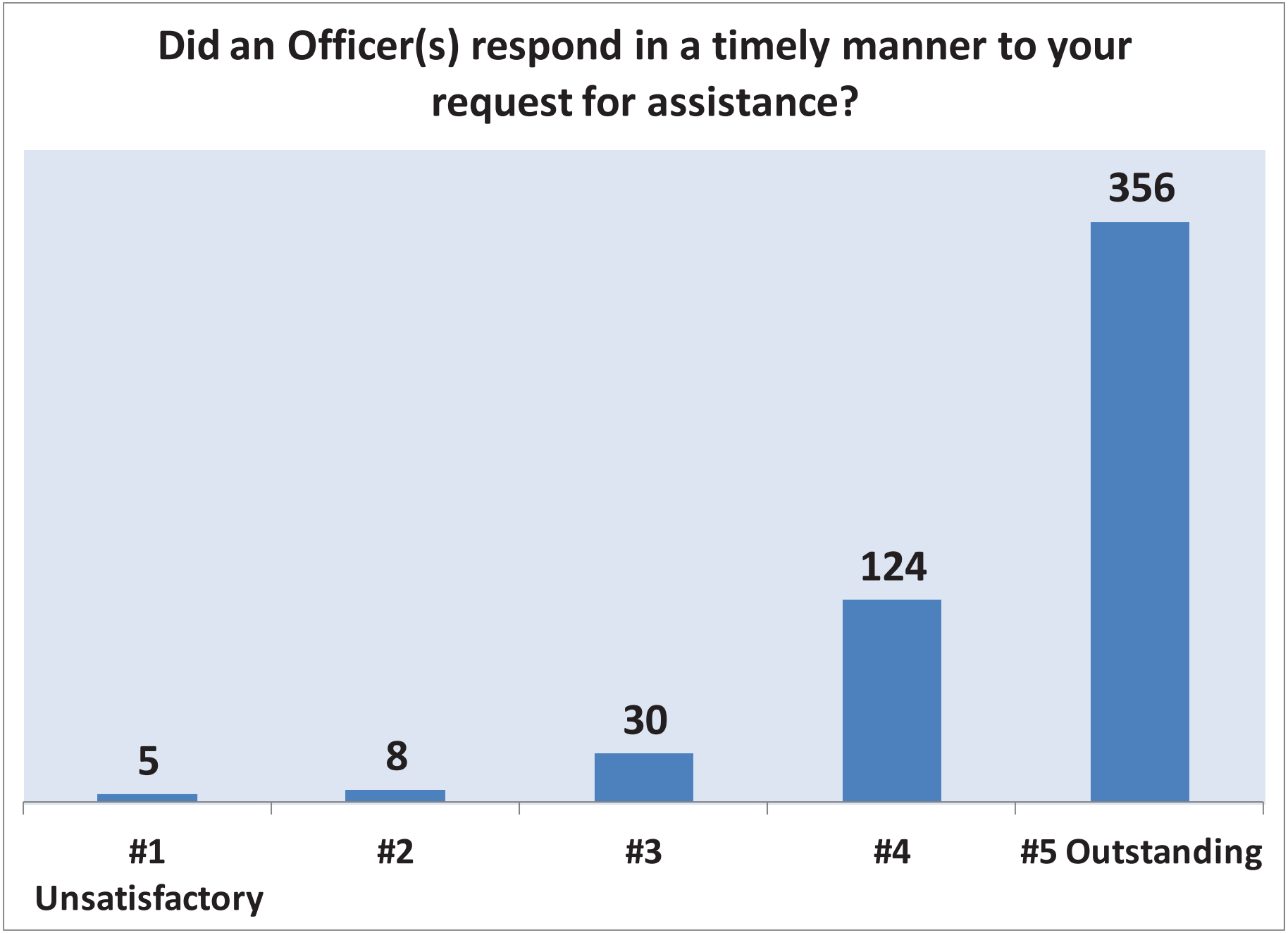


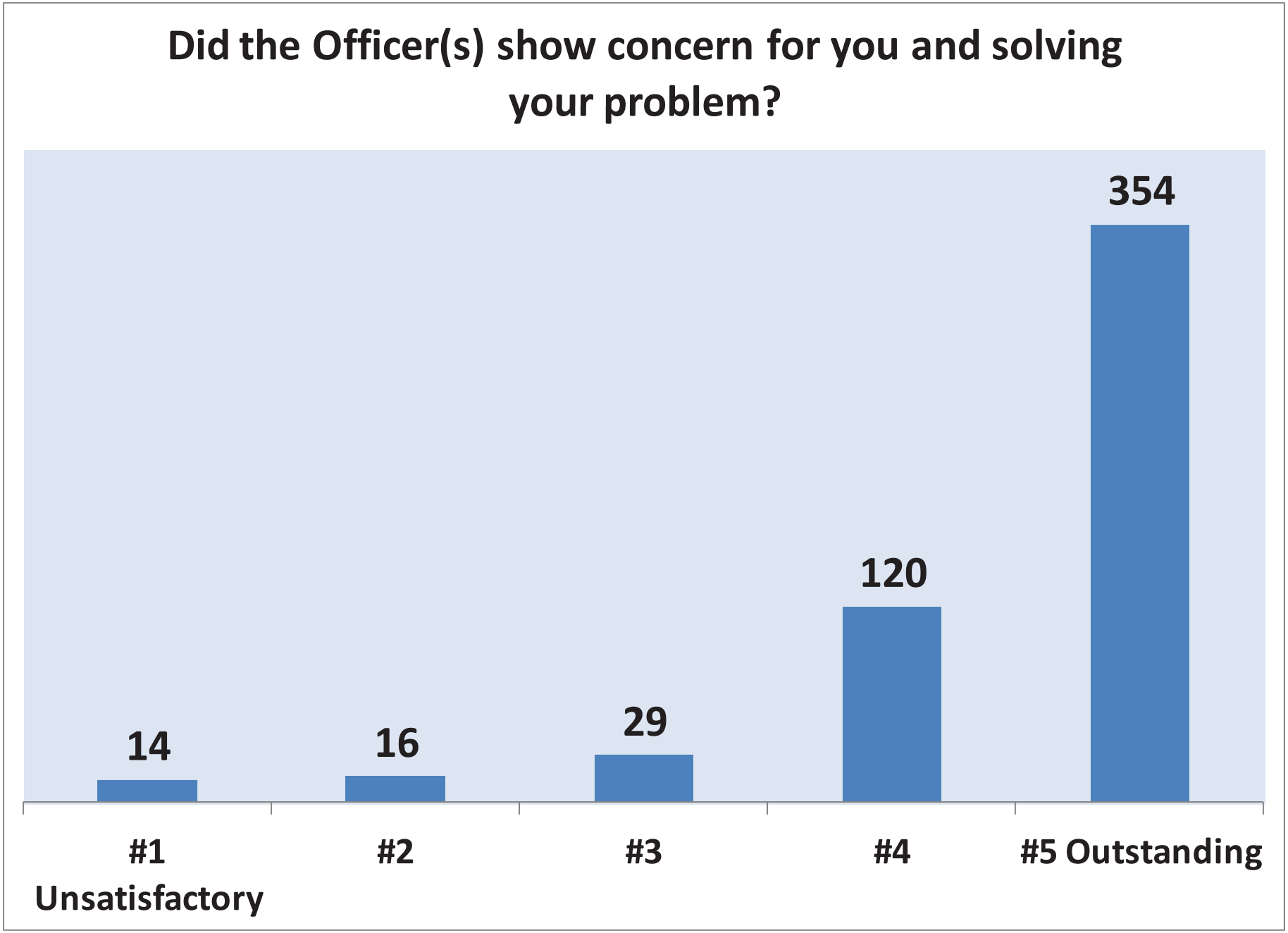

To what extent are the issues listed below a problem with the Green River community?
401
149
44
286
248
89
262
234
136
Significant
Somewhat
Negligible
Noisy neighbors
Illegal dumping
Illegally parked trailers/vehicles

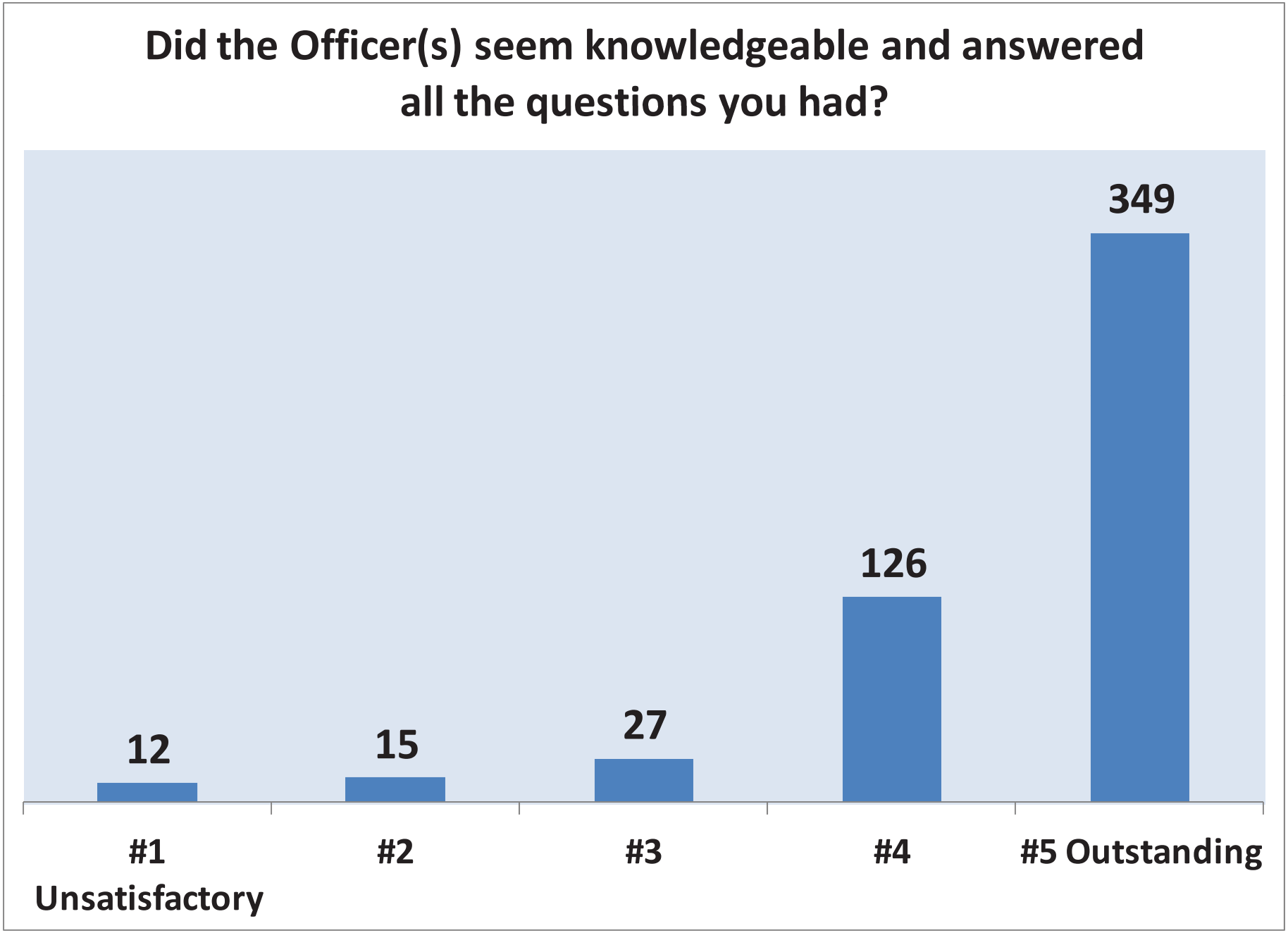

To what extent are the issues listed below a problem with the Green River Community?
134
263
244
360
194
101
156
277
199
Significant
Somewhat
Negligible
Cars not yielding to pedestrians
People driving and using cell phones
Public drinking/intoxication

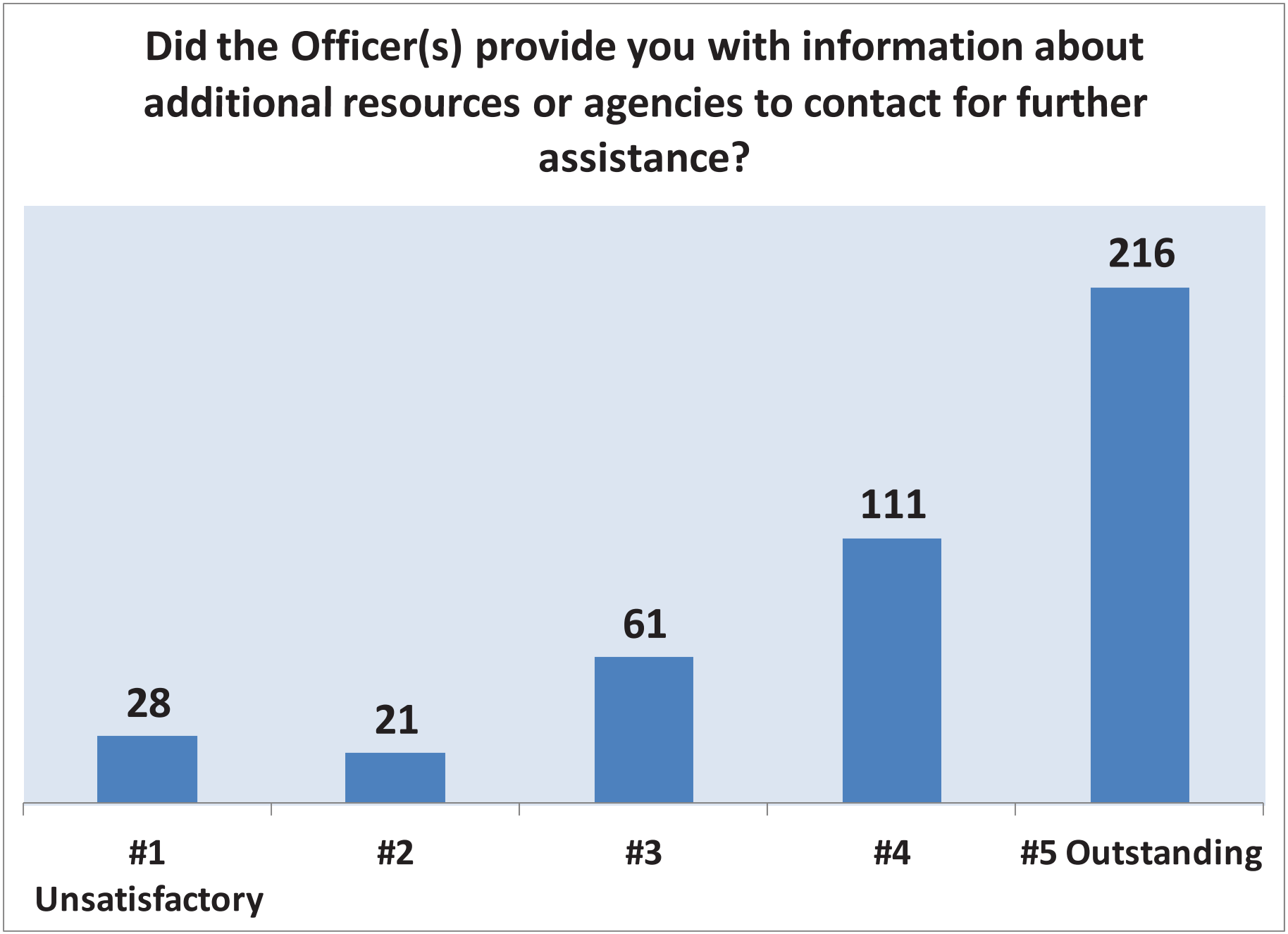

To what extent are the issues listed below a problem with the Green River Community?
159
242
242
72
294
269
107
203
326
Stray/barking dogs
Vandalism/graffiti
Inadequate street lighting
Significant
Somewhat
Negligible

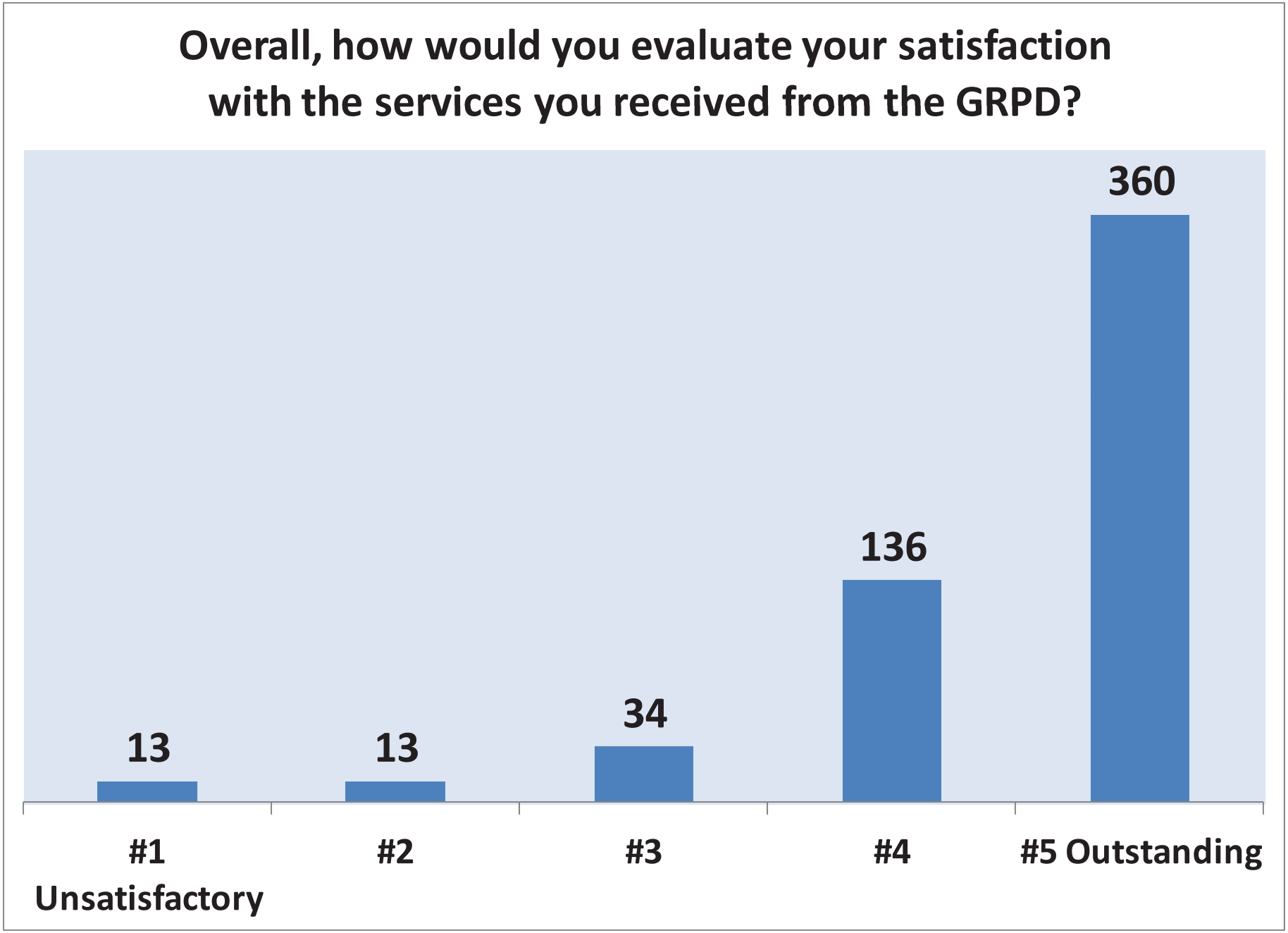

During any contact with Police Department, were you treated courteously?
10
16
27
122
392
#1 Unsatisfactory
#2
#3
#4
#5 Outstanding


Did an Officer(s) respond in a timely manner to your request for assistance?
5
8
30
124
356
#1 Unsatisfactory
#2
#3
#4
#5 Outstanding

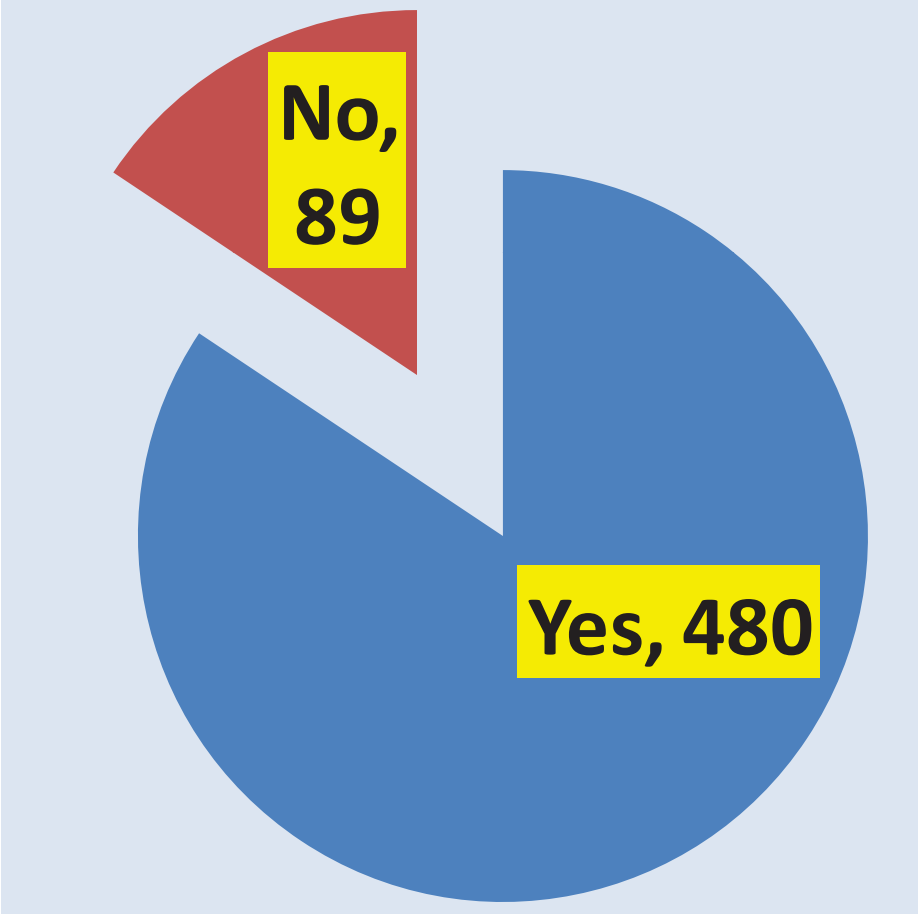

Did the Officer(s) show concern for you and solving your problem?
14
16
29
120
354
#1 Unsatisfactory
#2
#3
#4
#5 Outstanding

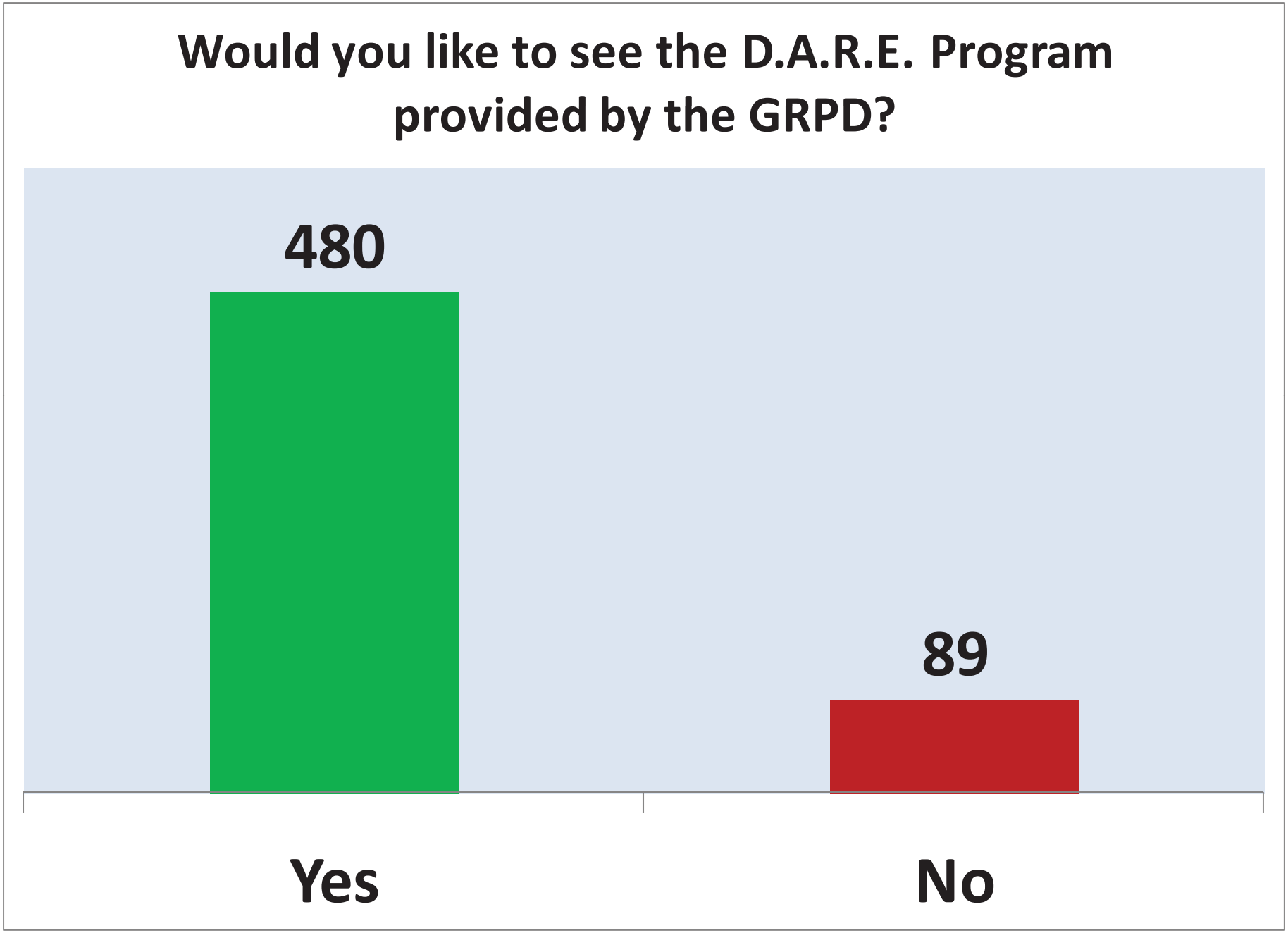

Did the Officer(s) seem knowledgeable and answered all the questions you had?
12
15
27
126
349
#1 Unsatisfactory
#2
#3
#4
#5 Outstanding


Did the Officer(s) provide you with information about additional resources or agencies to contact for further assistance?
28
21
61
111
216
#1 Unsatisfactory
#2
#3
#4
#5 Outstanding


Overall, how would you evaluate your satisfaction with the services you received from the GRPD?
13
13
34
136
360
#1 Unsatisfactory
#2
#3
#4
#5 Outstanding

Would you like to see the D.A.R.E. Program provided by the GRPD?




Would you like to see the D.A.R.E. Program provided by the GRPD?
480
89
Yes
No

CITY OF GREEN RIVER
CITY COUNCIL WORKSHOP
Agenda Documentation

Preparation Date: April 4, 2012	Submitting Department: Public Works
Meeting Date: April 10, 2012	Department Director: Mike Nelson
	Presenter: Mike Nelson

SUBJECT: Montana Way - Street Improvement Project

PURPOSE STATEMENT: To discuss construction details for the Street Improvement Project related to Montana Way.

DESIRED OUTCOME: To update the Governing Body on the Project.

BACKGROUND: Discuss curb, gutter and sidewalk widths and designs on Montana Way.

FISCAL IMPACT Varies

STAFF IMPACT: Oversee project

LEGAL REVIEW: Not Applicable

ATTACHMENTS: None

CITY OF GREEN RIVER
CITY COUNCIL WORKSHOP
Agenda Documentation

Preparation Date: 4/3/12	Submitting Department: Human Resources
Meeting Date: 4/10/12	Department Director: Debbie Klein Robertson
	Presenters: Debbie Klein Robertson

SUBJECT: City Employee Health Insurance Renewal

DESIRED OUTCOME

To provide the Governing Body with information regarding the health insurance renewal and gain direction regarding that renewal and the City's financial commitment for health insurance for FYE 2013.

BACKGROUND / ALTERNATIVES

The City has obtained its health insurance through the Wyoming Educators' Benefits Trust (WEBT) for four years. The plan utilizes Blue Cross Blue Shield of Wyoming and has been well-received by the City employees.

This year, the cost of the insurance will increase by 5.5%. (Last year's increase was 12.5%.) This year, WEBT member agencies received increases ranging from 4% to 17.5%.

Information regarding the plan modifications and the premium increases are attached. Also attached is the City's current plan/premium chart.

Staff is recommending that the City renew with WEBT. To do this, the Employee Plan Selection document will need to be signed and returned to WEBT by May 1.

Also needing to be decided is how much the City will pay for health insurance in FYE 2013. Once this is determined, staff can craft a chart that shows the cost distribution for each of the plans to be offered. This chart will be used for the employee enrollments tentatively scheduled for May 10 and 11.

ATTACHMENTS

Wyoming Educators' Benefits Trust renewal information and the City's chart of plans offered this year (with premiums).

FISCAL IMPACT

The cost to the City will depend on how much the City will commit to the renewal increase of 5.5%. If the City fully paid Plan B as it did last year, the increased cost to the City would be $96,400.

STAFF IMPACT

Direction from the Governing Body will enable staff to send the necessary renewal document to WEBT by May 1 and to prepare the necessary packets of information for the annual enrollment process.

LEGAL REVIEW

The City Attorney has not yet reviewed any of the documents.

RECOMMENDATION

Direct staff to bring the Employee Plan Selection document to the Governing Body for approval on April 17, 2012 and authorize staff to proceed with developing a monthly plan/premium chart for FYE 2013 that will be within the monetary guidelines provided by the Governing Body.

WEBT Changes

Effective July 1, 2012 WEBT will make the following changes:

MEDICAL:

WEBT is adding an annual $50 per employee and spouse benefit for preventive laboratory tests that may not otherwise be covered under **Preventive/Wellness Services**.

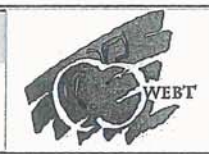
DENTAL:

WEBT is increasing the Annual Maximum per year to $1,200 and Orthodontia Lifetime maximum to $1,500 on its' Standard Dental product.

WEBT is adding a High Option dental product with an increased Annual Maximum per year of $1,500 and an increased Orthodontia Lifetime Maximum to $2,000

City of Green River

Contracts 113



Current Benefits
$500 Deductible 80/20 to $7,500
$1,000 Deductible 80/20 to $7,500, $35 office Co-pay
$1,500 Deductible 80/20 to $7,500, $45 Office Co-pay

Medical

			Premium	Claims
01/11 - 12/11	Large Claims		$1,666,018	$1,268,856
Less Claims Over $100,000	$ -	0		
Net Claims				$1,268,856

Categories for Increase

Paid Loss Ratio

One	Up To	73%	104.0%
Two	74%	81%	105.5%
Three	82%	89%	107.0%
Four	90%	97%	108.5%
Five	98%	105%	111.5%
Six	106%	113%	114.5%
Seven	114%	And Above	117.5%

76%
Paid Loss Ratio

Rate Adjustment Applied 105.5%

Dental

Categories for Increase

Paid Loss Ratio

One	Up To	90%	103.0%
Two	90%	And Above	106.0%

Premium	Claims
$80,466	$86,921

108%
Paid Loss Ratio

Rate Adjustment Applied 106.0%

Current Rates	Dental	$500	$1,000	$1,500
Single	$ 22.74	$ 649.45	$ 603.65	$ 554.97
Adult + Dep	$ 67.01	$ 1,107.26	$ 1,029.16	$ 946.16
2 Adults	$ 56.12	$ 1,306.04	$ 1,213.95	$ 1,116.06
Family	$ 86.79	$ 1,739.55	$ 1,616.87	$ 1,486.49

Renewal Rates Effective 7/1/12	Dental	$500	$1,000	$1,500
Single	$ 24.10	$ 685.17	$ 636.85	$ 585.49
Adult + Dep	$ 71.03	$ 1,168.16	$ 1,085.76	$ 998.20
2 Adults	$ 59.49	$ 1,377.87	$ 1,280.72	$ 1,177.44
Family	$ 92.00	$ 1,835.23	$ 1,705.80	$ 1,568.25

Rate Adjustment History

Jul-12	5.5%
Jul-11	12.5%
Jul-10	7.0%
Jul-09	4.5%
Jul-08	7.0%

Average **7.3%**

City of Green River
Effective July 1, 2012

	Employee	EE + Dep	EE + Spouse	Family
$500 Deductible	$ 685.17	$ 1,168.16	$ 1,377.87	$ 1,835.23
$1,000 Ded/$35 Co-Pay	$ 636.85	$ 1,085.76	$ 1,280.72	$ 1,705.80
$1,500 Ded/$45 Co-Pay	$ 585.49	$ 998.20	$ 1,177.44	$ 1,568.25
WEBT Standard Dental	$ 24.10	$ 71.03	$ 59.49	$ 92.00
Vision Service Plan	Voluntary			
	EE Only	$ 10.31		
	EE + One	$ 14.52		
	EE + 2 or More Children	$ 26.04		
	EE + Family	$ 26.04		
Life & AD&D	Per $1,000 is $0.225		Dependent Life $1.25/Unit	
OPTIONS				
$2,500 Ded/$50 Co-Pay	$ 532.80	$ 908.36	$ 1,071.47	$ 1,427.10
$1,500 HDHP	$ 614.77	$ 1,048.11	$ 1,236.32	$ 1,646.66
$2,500 HDHP	$ 556.22	$ 948.29	$ 1,118.57	$ 1,489.83
WEBT Dental High Option	$ 26.03	$ 76.71	$ 64.25	$ 99.36
WEBT Vision - BCBSWY	$ 4.85	$ 8.35	$ 9.70	$ 12.96
Vision Service Plan	Please See Attached Flyers			

I acknowledge that I have been informed that the above rates are based on the fact that all new eligible employees will enroll in this benefit program. The signature below acknowledges receipt of the WEBT optional plan designs being offered.

Received by: _____ Date: _____
Title: _____

WEBT
City of Green River
Summary of Medical Benefits

Benefit	Plan 2	Plan 3	Plan 4	Plan 5	HDHP 1500	HDHP 2500
Office Visits	Deductible, then coinsurance	$35 Co-Pay	$45 Co-Pay	$50 Co-Pay	Deductible, then Coinsurance	Deductible, then Coinsurance
Prescription Drugs	$1,500 per calendar year out of pocket maximum	$1,500 per calendar year out of pocket maximum	$1,500 per calendar year out of pocket maximum	$1,500 per calendar year out of pocket maximum	Deductible, then Coinsurance	Deductible, then Coinsurance
	Retail - for 30 day supply: Generic $15	Retail - for 30 day supply: Generic $15	Retail - for 30 day supply: Generic $15	Retail - for 30 day supply: Generic $15		
	Listed Brand $40	Listed Brand $40	Listed Brand $40	Listed Brand $40		
	Non-Listed Brand $60	Non-Listed Brand $60	Non-Listed Brand $60	Non-Listed Brand $60		
	Specialty Rx 20%	Specialty Rx 20%	Specialty Rx 20%	Specialty Rx 20%		
	Mail Order - for 90 day supply: Generic $30	Mail Order - for 90 day supply: Generic $30	Mail Order - for 90 day supply: Generic $30	Mail Order - for 90 day supply: Generic $30		
	Listed Brand $80	Listed Brand $80	Listed Brand $80	Listed Brand $80		
	Non-Listed Brand $120	Non-Listed Brand $120	Non-Listed Brand $120	Non-Listed Brand $120		
	Specialty Rx 20%	Specialty Rx 20%	Specialty Rx 20%	Specialty Rx 20%		
Deductible	$500 ($1,000 Family)	$1,000 ($2,000 Family)	$1,500 ($3,000 Family)	$2,500 ($5,000 Family)	$1,500 Individual $3,000 All Other Contracts	$2,500 Individual $5,000 All Other Contracts
Coinsurance	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%
Maximum Out of Pocket	$2,000 ($4,000 Family)	$2,500 ($5,000 Family)	$3,000 ($6,000 Family)	$4,000 ($8,000 Family)	$3,000 Individual $6,000 All Other Contracts	$4,000 Individual $8,000 All Other Contracts
Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

WEBT
City of Green River
Summary of Medical Benefits

Benefit	Plan 2	Plan 3	Plan 4	Plan 5	HDHP 1500	HDHP 2500
In-Hospital	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance
Pre-Certification	Required for non-emergency, non-maternity admissions	Required for non-emergency, non-maternity admissions	Required for non-emergency, non-maternity admissions	Required for non-emergency, non-maternity admissions	Required for non-emergency, non-maternity admissions	Required for non-emergency, non-maternity admissions
Pre-Certification Penalty	$200 additional penalty	$200 additional penalty	$200 additional penalty	$200 additional penalty	$200 additional penalty	$200 additional penalty
Hospital Misc.	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance
Surgery	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance
Work Related Injuries	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance
Manipulation of the Spine	$500 Annual Maximum	$500 Annual Maximum	$500 Annual Maximum	$500 Annual Maximum	$500 Annual Maximum	$500 Annual Maximum
Physical Therapy	40 visit maximum annually	40 visit maximum annually	40 visit maximum annually	40 visit maximum annually	40 visit maximum annually	40 visit maximum annually
Ambulances	$1000 Maximum per ground trip	$1000 Maximum per ground trip	$1000 Maximum per ground trip	$1000 Maximum per ground trip	$1000 Maximum per ground trip	$1000 Maximum per ground trip
Mental & Nervous / Substance Abuse	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance	Deductible, then Coinsurance
Wellness Benefit	Unlimited Services as Defined by PPACA	Unlimited Services as Defined by PPACA	Unlimited Services as Defined by PPACA	Unlimited Services as Defined by PPACA	Unlimited Services as Defined by PPACA	Unlimited Services as Defined by PPACA
Dependent Eligibility	To Age 26	To Age 26	To Age 26	To Age 26	To Age 26	To Age 26
Rehabilitation Services	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

EMPLOYER PLAN SELECTION

All Required Documents must be completed and returned to Willis no later than **May 1, 2012**. Effective July 1, 2012, City of Green River selects the following benefit options to be offered to our staff.

_____NO PLAN CHANGES, DELETIONS OR ADDITIONS

MEDICAL (Maximum of 3 options per group)

_____ $500 Deductible, 80/20 to $7,500

_____ $1,000 Deductible, 80/20 to $7,500, $35 Office Copay

_____ $1,500 Deductible, 80/20 to $7,500, $45 Office Copay

_____ $2,500 Deductible, 80/20 to $7,500, $50 Office Copay

_____ $1,500 Deductible, High Deductible Health Plan

_____ $2,500 Deductible, High Deductible Health Plan

DENTAL

_____ BCBSWY Standard Option _____ BCBSWY High Option

VISION

_____ BCBSWY Vision

_____ VSP Employer Paid Vision _____ VSP Voluntary Vision

LIFE

_____ Life and AD&D

_____ LTD

_____ Voluntary Life

CAFETERIA PLANS

_____ Premium Only Plan

_____ Flexible Spending

Group Name City of Green River Branch **WEBT**

Authorized by _____ Date _____

City of Green River

Monthly Premiums for Health Insurance Options: 07-01-11 to 06-30-12

Authorized 05-12-11 by Governing Body

Medical & Prescription Drug Coverage

*Plan A: $500 / $1,000 Deductible**

	Total Premium	City Share	Employee Share
Employee Only	$649.45	$603.65	$45.80
Employee + Spouse	$1,306.04	$1,213.95	$92.09
Employee + Dependents	$1,107.26	$1,029.16	$78.10
Family	$1,739.55	$1,616.87	$122.68

Plan B: $1,000 / $2,000 Deductible / $35 Co-Pay*

	Total Premium	City Share	Employee Share
Employee Only	$603.65	$603.65	$0.00
Employee + Spouse	$1,213.95	$1,213.95	$0.00
Employee + Dependents	$1,029.16	$1,029.16	$0.00
Family	$1,616.87	$1,616.87	$0.00

Plan C: $1,500 / $3,000 Deductible / $45 Co-Pay*

	Total Premium	City Share	Remaining Premium	*May be used to purchase Dental or VSP. No refund!*
Employee Only	$554.97	$603.65	$48.68	
Employee + Spouse	$1,116.06	$1,213.95	$97.89	
Employee + Dependents	$946.16	$1,029.16	$83.00	
Family	$1,486.49	$1,616.87	$130.38	

*Annual Deductibles: The first number in the plan options above denotes the single person deductible. The second number denotes the maximum annual deductible if dependents are also covered.

Dental Coverage

	Total Premium	Employee Share
Employee Only	$22.74	$22.74
Employee + Spouse	$56.12	$56.12
Employee + Dependents	$67.01	$67.01
Family	$86.79	$86.79

VSP Vision Coverage - revised 06-20-11

	Total Premium	Employee Share
Employee Only	$10.31	$10.31
Employee + 1 Dependent	$14.52	$14.52
Family (EE + 2 or more Dep)	$26.04	$26.04