

Emergency Medical Services in Lewis County

Overview of the Current State and Preparing for the Future

May 2026

Prepared for
Lewis County Legislature

Prepared by
Paul Bishop, MPA, NRP
Project Director

Wiley Little, PE
Project Manager

Executive Summary

1. Overview and Purpose of Study

Lewis County's Emergency Medical Services (EMS) system has historically performed well, but it now faces severe sustainability challenges common to rural New York: declining volunteerism and escalating costs. CGR was engaged in September 2025 to conduct a comprehensive, data-driven assessment of the current system and provide actionable recommendations to improve EMS service in the County.

2. Summary of Current EMS Service and Assets

- Number of active, in-county agencies: 7 (6 volunteer, 1 combination)
 - Lewis County Search and Rescue (LCSR) is a private not-for-profit combination agency with both paid and volunteer staff that holds the only County wide operating certificate (Certificate of Need, CON) in Lewis County.
 - The other volunteer agencies (Beaver Falls, Constableville, J.S. Koster Hose, Lyons Falls, Turin and West Leyden) are focused on serving their home communities and responding elsewhere on a mutual aid basis.
- Number of EMS bases in County: 7
- Number of volunteers in County: 207¹ (53 EMTs, 7 AEMTs, 10 paramedics)
- Number of paid EMS staff in County: 25 (9 part-time EMTs, 10 part-time paramedics, 6 full-time paramedics)
- Number of active, out-of-county agencies: 4 (3 combination, 1 paid part-time)
- Population of County: 26,570 residents
- Size of County: 1,275 square miles
- Number of in-County ambulances: 13 total (2 or 3 staffed 24/7, remainder are volunteer)
- Average number of incident calls per year (2022-2025): 3,381, or approximately 9.3 per day.
- Approximate annual cost of County EMS system, 2025 (accounts for operation of in-county agencies only)²: \$1.4M
- Approximate annual revenue of County EMS system, 2025 (account for operation of in-county agencies only): \$1.9M

¹ This total also represents support of fire department volunteers at combination fire/EMS agencies (e.g., this number of volunteers also represents people like drivers, volunteer firefighters, etc.) – see [summary table](#) for more details

² Approximate annual costs and revenues presented here are based on financial information provided by each agency – see [summary table](#) for more details.

- **Single dispatch:** All agencies are dispatched by the Lewis County 911 Dispatch Center located in Lowville in the Lewis County Emergency Management building.
- **Primary hospital:** Lewis County General Hospital is a County run hospital located in Lowville, NY. It is a critical access hospital that provides 24-hour essential emergency treatment for severe or urgent illness and injuries. The system includes a 25-bed hospital, a 5-bed Intensive Care Unit (ICU), a 160-bed nursing home, and three specialty centers (surgery, orthopedics and women's health). Patients that need additional comprehensive care outside of what Lewis County General Hospital can offer are transferred to other hospitals located outside Lewis County, such as Wynn Hospital in Utica, NY or Upstate Medical in Syracuse.

2. Key Findings

Challenges and Strengths

Stakeholder interviews and data analysis identified several critical factors impacting the system:

- **Critical Challenges:**
 - **Volunteer Workforce Depletion:** The availability of volunteer providers is the most critical issue, particularly during the workday (5:00 AM to 5:00 PM) when volunteers must prioritize full-time jobs.
 - **Rising Costs:** Operating costs for small, rural squads are outpacing inflation. Achieving economies of scale is difficult due to low call volumes and high fixed readiness costs.
 - **System Disruption and Frustration:** In March 2025, Harrisville Rescue Squad decided not to renew its ambulance operating certificate with the NYS Division of EMS. Without this certificate, the agency is no longer certified to provide EMS services in Lewis County. Although no other agencies in the County had indicated substantial issues that would lead to further closures of EMS agencies at the time of this study, Harrisville's closure represents a fraying of the EMS system in Lewis County.
- **System Strengths:**
 - **High Interagency Collaboration:** Despite organizational differences, volunteer providers all over the County maintain strong relationships and an effective mutual aid system.
 - **Deep Institutional Knowledge:** Many agencies benefit from veteran leaders with 30–50 years of experience, providing a stable foundation for transition.
 - **Strong Local Support:** Most agencies report high levels of support from their local communities and municipal boards.
 - **Lewis County General Hospital (LCGH) is a Critical Resource and has Built a Relationship with Many Providers:** LCGH is a County run hospital that meets many of the medical needs of residents. In recent years, the inter-facility transport system has gone through positive changes, as reported by leadership at the hospital.

Although there are many challenges confronting the Lewis County EMS system, it is highly evident that the leadership and providers in the County deeply care about the work they do and want to ensure the highest standard of care for the residents they serve. It is important to highlight these strengths and ‘wins’ to demonstrate that the system has assets that can be built upon.

Demand for Service Analysis

Some key findings from analysis of EMS call data in the County between 2022-2025 were that:

Total Incident Calls:

- Between 2022 and 2025, the following agencies had an increase in responses to emergency calls:
 - Natural Bridge (87 in 2022 to 127 in 2025; 46% increase)
 - J.S. Koster Hose (76 in 2022 to 225 in 2025; 196% increase)
 - West Leyden Ambulance (56 in 2022 to 75 in 2025; 34% increase)
- Between 2022 and 2025, all other agencies either responded to roughly the same number of calls or responded to fewer calls.
- The number of inter-facility transports³ being performed by LCSR decreased steadily between 2022 and 2025 (approximately 30% decrease) while its number of other responses increased (approximately 9% increase).⁴

Incidents by Day of Week:

- There was an almost even distribution of incidents among all 7 days of the week in Lewis County; however, Monday, Fridays, and Saturdays were slightly busier, with Friday having the most incidents cumulatively between 2022 and 2025.

Incidents by Month:

- Over the last 4 years (2022-2025), the busiest seasons for incidents were Winter (December-February, 3,478 total) and Summer (June-August, 3,456), while Spring (March-May, 3,362) and Fall (September-November, 3,227) were less busy; however, there was not a wide seasonal variation for numbers of incidents.

Calls by Time of Day:

³ Inter-facility transport refers to the medically supervised transfer of a patient between two healthcare facilities (i.e., between hospitals, specialized trauma centers, etc.). It is used when a patient requires a higher level of care, specialized treatments, or diagnostic services that their current facility cannot provide.

⁴ Refer to the Call [Data Analysis](#) section in LCSR’s profile for additional details about decreasing number of transports.

- Between 2022 and 2025, the busiest time of day for incidents was between 8:00 and 19:59, and it became progressively less busy as the night went on until it ticked up slightly in the early morning hours (4:00-7:59) followed by a sharp spike in incidents.
- The highest number of incidents occurred in the afternoon (12:00-15:59) with the total number of incidents during these hours increasing between 2022 and 2025, while the lowest number of incidents occurred Overnight (00:00-3:59) with the total number of incidents overnight decreasing between 2022 and 2025.

Top 20 Call Natures⁵:

- The Top 20 Call Natures (in order of the greatest number of calls overall between 2022 and 2025) were:
 - EMS Transport (23%) – inter-facility transport
 - Sick Person (15%)
 - Falls (11%)
 - Breathing (7%)
 - MVC with I (5%)
 - Alarm Medi (5%)
 - Chest Pain (4%)
 - Unconscious (3%)
 - Convulsion, Abdominal, Trauma, Unknown Problem, Diabetic (all with 2%)
 - Stroke, Fire Structure, Welfare Check, Back Pain (all with 1%)
- The top 20 incident types account for 92% of incidents in the County.

High Priority Calls:

- “High Priority Calls” are based on dispatch information for serious calls (natures summarized below). These were evaluated to better understand the nature of more serious versus lower acuity calls in the County between 2022 and 2025. The natures included in this evaluation were:
 - Allergy
 - ATV Accident
 - Breathing
 - Cardiac Arrest
 - Chest Pain
 - Choking
 - Convulsion
 - Diabetic
 - Electrocution
 - Heart Problem

⁵ What type of emergency or incident the call is reporting.

-
- Overdose
 - Snow Crash
 - Stroke
 - Trauma
 - Unconscious
- High priority incidents represented approximately 26% of all incidents in 2025.
 - 24% of high priority incidents in 2025 were for breathing related issues, 18% were for chest pain, and 14% were for reports of unconsciousness.

Full Response Times for High Priority Calls (2025):

- The Full Response Time is the time period from when the call entry process is begun at the 911 Center to the time the agency arrived at the scene. This includes the time for processing the call, an agency to be assigned, the crew to assemble, and an ambulance to travel to the scene.
- Only the times for high priority calls were evaluated. **While a shorter interval is preferred, there is no industry standard.** The percentiles indicate what share of calls had a shorter interval than the time shown. For example, 90% of high priority calls (90th percentile) in the afternoon time block had a response time of less than 18.87 minutes for the Beaver Falls Fire Department.
- In 2025, 75% of high priority calls in Lewis County had a Full Response Time of under 30 minutes with the exception of the Town of Camden Ambulance (which had a low number of responses that can skew the response time towards a slow response), and Turin Ambulance (only during the Night hours of 20:00-23:59).
- LCSR's longest Full Response Time occurred during the Early Morning window of 4:00-07:59 (75% of incidents had a response time of under 29.5 minutes) while its fastest Full Response Time occurred during the Night window between 20:00 and 23:59 (75% of incidents had a response time of under 20.5 minutes).
 - Although they are the only paid agency, LCSR has the largest service area (the whole county) and is often asked to respond with advanced life support to assist a volunteer basic life support ambulance. They are also the "safety net" ambulance that receives requests for response after the "home" agencies have already responded. This context is needed when looking at their response time in comparison to other agencies.
- Although there was variability in which window of time had the longest and shortest Full Response Time across agencies, interestingly, all agencies had faster response times during the Early Morning window of 4:00-07:59 than LCSR (its slowest response time), ranging from response times faster than 14.2 minutes up to 28.95 minutes.

Where are EMS Calls Coming From (2023-2025)?

- LCSR holds the only County-wide CON and responded the most in multiple communities throughout the County.

- Despite having the largest number of responses by a significant margin, Lowville had a proportionally lower number of responses per 1,000 residents than all other municipalities besides Croghan and Turin.
- The highest demand area in terms of responses per 1,000 residents were the Village of Castorland and the Village of Port Leyden (468 responses/1,000 residents per year and 358 responses/1,000 residents per year, respectively) while the lowest was Croghan (57 responses/1,000 residents per year).
- An interactive map that shows distribution of calls in the County is located at: <https://arcg.is/ne9Wz>.

Who is Making EMS Calls (2023-2025)?

- **Age:** The demand for EMS service increased as the population aged and accelerated quickly for individuals 70 and above.
 - 140% increase in incidents per 1,000 people between 60-69 and 70-79 age groups.
 - 115% increase in incidents per 1,000 people between 70-79 and 80+ age groups.
- **Age:** When just EMS transports are analyzed, this trend is largely repeated, with the exception that the incidents per 1,000 people are almost identical for the 18-24, 25-29, and 30-39 age groups.
- **Race:** The majority of residents reporting EMS incidents in the County were White (98% of all incidents); the share of incidents in the County was consistent with the demographic makeup of the County (i.e., the population of Lewis County in 2024 was 96.3% White, < 2% Hispanic/Latino, approximately 1% Black or African American, < 1% Asian).
- **Sex:** Incidents were split almost evenly between men and women in the County, with a slightly higher value for women (272 more). This is likely because women tend to live longer than men, meaning the number of incidents will skew towards women in the higher age groups.

3. Recommended Actions

The goal for the County is to establish a sustainable EMS system that will meet the needs of the residents and visitors to the County. The existing system developed over generations by well-meaning individuals seeking to provide a responsive EMS system in the most cost-effective way possible. The initial EMS system was fully volunteer, but as the number of volunteers in EMS has declined and the expectations of the residents and community for system performance have increased, the EMS system evolved to include paid staff and charges for services. As noted in the key findings, the existing EMS system has gaps that should be addressed by the County and other municipalities as soon as possible.

The recommendations fall into three broad categories: EMS Transportation Model, Workforce Sustainability, and System Operations. Additionally, there is a discussion of several potential funding mechanisms for the County to meet an expanded role in EMS.

EMS Transportation Model

The current EMS transportation model has reliability gaps and little capacity to handle a surge in call volume. At different times, all agencies have struggled to meet the demands for service resulting in an increased reliance on mutual aid or the single county-wide agency responding from a central location with an extended response time to the communities at the edge of the County. Additionally, Lewis County General Hospital (LCGH) has identified that they regularly need to request an out-of-county ambulance service for long-distance transports of patients.

Below, we identify immediate and mid-range (2 to 5 year) actions for Lewis County to consider as well as other options that were considered but have significant drawbacks compared to the recommended actions.

LCGH Ambulance Service

Lewis County General Hospital (LCGH) should move immediately to develop an EMS service to supplement existing services. Creating the EMS agency through the Hospital has several opportunities for economies of scale and cross operation efficiencies that make it preferable to creating an EMS Agency that was an independent department in the County. LCGH is an existing department in the County that already provides an essential health service to the community. The Hospital has extensive experience employing a round-the-clock healthcare work force, billing for services, and purchasing expensive capital, while it additionally has a long-standing deep connection to the community.

Model 1- Supplemental Ambulance

- This model of ambulance service would staff a paramedic ambulance at all times to focus on interfacility transport for the Hospital, while also being available as a back up to 911 demand. The ambulance crew would be available for work in the Hospital between EMS duties. A second ambulance would also be on duty during the busier daytime hours when volunteer ambulances struggle to staff. For this model, we considered a 24-hour crew and a 16- hour crew on duty seven days a week. It would be

necessary to have three ambulances to support this size of operation. There would be approximately 13 full-time employees for this model.

- The estimated annual cost of this level of an ambulance service is \$1.7 million. A summary of the expenses are shown below (additional details are in Appendix C). Some of these costs may be lower for an operation integrated with the Hospital and County such as vehicle maintenance, physicals and payroll.

Expenses by Category	
Payroll (FT/PT/OT/Benefits)	\$ 1,235,402.31
EMS Operations (Vehicle, Supplies, Software Licensing)	\$ 118,500.00
Administrative (Billing, Physicals, Computers)	\$ 68,750.00
Insurance (Disability, Liability, Comp.)	\$ 89,500.00
Reserve Funds	\$ 200,000.00
Training	\$ 11,000.00
Utilities	\$ 9,500.00
Miscellaneous Expenses	\$ 1,000.00
Total Expenses	\$ 1,733,652.31

- The estimated revenue for the ambulance would be \$931,000 based on 1,095 transports/billable calls⁶ per year and an average per call revenue of \$850. This is projected on a mix of 2 interfacility transports and 1 emergency transport/billable call each day on average.
- Using these assumptions, there would be a revenue gap of about \$800,000 that would need to be covered through other means such as property taxes or sales taxes (See section on [System Funding](#) below).
- The capital costs of establishing an ambulance service include between \$375,000 and \$425,000 for each fully outfitted paramedic ambulance. For this model at least two new ambulances would be needed, and three ambulances would be preferred. The total cost for the two or three fully outfitted ambulances is estimated to range from \$750,000 to \$1.5 million depending on the number and specifications.
- There would also be costs associated with a garage for the vehicles, workspace for the crews, and storage of equipment. Estimates for these costs are beyond the scope of this report.

⁶ A billable call is a transport or an appropriate treatment in place of a patient. Some insurance providers (including Medicaid and some commercial insurances) now allow EMS agencies to bill for some treatment in place.

Model 2- Full Scale EMS Service

- Lewis County should anticipate that it will need to expand the role of its ambulance service to handle a larger call volume if LCSR or one of the busier volunteer ambulance services reduces its service levels or stops providing service. This could occur with little warning. **It is not a recommendation that any existing agencies stop operating, but it is a reasonable scenario to consider.**
- To anticipate this need, we have modeled the operational costs of 3 paramedic ambulances at all times and a fourth EMT ambulance for 12 hours per day. This model would also be housed at LCGH. There would be approximately 27 full time equivalent employees for this model.

Expenses by Category	
Payroll (FT/PT/OT/Benefits)	\$ 2,638,761.30
EMS Operations (Vehicle, Supplies, Software Licensing)	\$ 285,500.00
Administrative (Billing, Physicals, Computers)	\$ 298,300.00
Insurance (Disability, Liability, Comp.)	\$ 147,500.00
Reserve Funds	\$ 350,000.00
Training	\$ 38,000.00
Utilities	\$ 38,200.00
Miscellaneous Expenses	\$ 2,500.00
Total Expenses	\$ 3,798,761.30

- Under this model, an LCGH EMS service would be the primary EMS provider for both emergency and non-emergency transports in the County. Volunteer services should be encouraged to continue to operate, this increases the overall EMS capabilities in the County especially for surges in volume and multiple patient calls. Agencies should be supported with administrative services from the County. LCGH would be the primary 911 responder to the majority of events and also be responsible for handling interfacility transport work for the Hospital. This model is a substantial increase in the minimum number of on duty ambulances on a daily basis and should lead to an improvement in response for emergency calls in the County.
- The estimated revenue for the ambulance would be \$1.9 million based on 2,190 transports/billable calls⁷ per year and an average per call revenue of \$850. This is

⁷ A billable call is a transport or an appropriate treatment in place of a patient. Some insurance providers (including Medicaid and some commercial insurances) now allow EMS agencies to bill for some treatment in place.

projected on a mix of 2 interfacility transports and 4 emergency transport/billable call each day on average.

- Using these assumptions, there would be a revenue gap of about \$1.9 million that would need to be covered through other means such as property taxes or sales taxes (See section on [System Funding](#) below).
- The capital costs of establishing an ambulance service include between \$375,000 and \$425,000 for each fully outfitted paramedic ambulance. For this model at least four new ambulances would be needed, and six ambulances would be preferred. The total cost for the four to six fully outfitted ambulances is estimated to range from \$1.5 million to \$2.6 million depending on the number and specifications.
- There would also be costs associated with a garage for the vehicles, workspace for the crews, and storage of equipment. Estimates for these costs are beyond the scope of this report.

Other Transport Options Considered

CGR considered a range of possibilities to improve EMS transportation in the County. The models presented above were identified as the most likely to have a positive impact on the EMS system. Below we highlight two other potential models that were considered but thought to be less likely to have a long-term positive impact.

- **Create a County EMS Department as a safety net service**
- **Develop a relationship with LCSR to ensure they can serve as the EMS provider for all calls in the County.**

Workforce Sustainability

Well trained providers are the cornerstone of any EMS system. Historically, many of the EMS workers joined the workforce through volunteering, but this situation has changed in recent years with fewer volunteers resulting in fewer people participating in the EMS workforce. The County has a role to play in supporting existing providers and in developing the future workforce. We recommend the following actions for the County.

- **Strengthen the EMS workforce pipeline.**
- **Facilitate EMS training.**
- **EMS Instructor Coordinator.**⁸ The County should hire a Certified Instructor Coordinator (CIC) to serve on record to assist with recertification courses for the existing EMTs, AEMTs, and paramedics. Currently, agencies often must search outside the County to find a CIC.
- **EMS workforce housing.** The growing expense of housing in the County was a stated concern for EMS providers and their families. The County should explore the development of dedicating housing spaces or a stipend for employees of the EMS workforce. The

⁸ Advanced, state-certified designation given to veteran EMS providers who are officially qualified to lead certification courses, overseeing continuing education, and manage the academic integrity of EMS training.

relative cost of this program should be compared to the cost of training a new provider who might leave because of the cost of housing.

- **Enhance Basic Life Support First Responder (BLS-FR) program and training.**

System Operations

System operations refer to the different factors that influence how care is provided on a day-to-day basis in the County. The current system has developed over decades with leadership making decisions based on the circumstances at hand. However, the result is a system that is underfunded in places and has not been able to develop a unified vision for the optimal delivery of EMS to residents and visitors. The following recommendations are designed to address several of those key operational challenges.

- **Dedicated EMS Coordinator.** The County should hire a full-time EMS Coordinator regardless of the decisions related to the transportation model. This position could also fill the role of CIC mentioned above if a qualified candidate is found. This was a recommendation in the NYS Rural Ambulance Task Force Report.
- **Conduct an audit of effectiveness of new Power Phone call triage system.**
- **EMS leadership development.** Across the universe of volunteering and small organizations, poor leadership is often cited as a cause for people to leave the position. EMS is no different. One trend commonly seen, especially in EMS, is that there are relatively few “leaders of tomorrow.” The County, in coordination with the regional EMS council, should seek to identify future leaders within the various departments and work to foster their skills.

System Funding

The County providing direct EMS services would have significant new costs as outlined above. The following are some suggested funding mechanisms for assisting with paying for the expanded services:

- **The ambulances service will be able to bill.** In particular, interfacility transport work could be a significant source of revenue for the County. However, with the call volume in the County and the costs of providing services in a rural area, this billing will not be able to cover all operating costs.
- **The County could pursue a motor vehicle registration tax:** A new tax could be applied for all vehicle registrations in Lewis County. Chenango County raises about \$320,000 on \$5-\$10 per vehicle tax. It is anticipated that Lewis County could expect about half this revenue as the County has about half the population of Chenango County.
- **A portion of Sales or Occupancy Tax revenue could be designated towards EMS.** The County retains all of the revenue from the Sales Tax and the revenue from the Occupancy Tax is shared based on an application basis. The Sales Tax revenue has been between \$15 and \$18 million over the last decade.
- The following table shows the increased tax impact that various amounts of subsidy would have on the County Property Tax Rate and the impact on a variety of property values. **For a**

home value of \$200,000 the increased costs are modeled at \$36 to \$119 annually depending on the needed ambulance service subsidy. For Model 1, the anticipated cost would be \$48 for a home at \$200,000 and \$107 for Model 2.

Subsidy Needed for EMS Service	Increase per Thousand	Home Value in Thousands			
		\$150	\$200	\$250	\$300
\$600,000	\$0.18	\$26.75	\$35.67	\$44.59	\$53.51
\$800,000	\$0.24	\$35.67	\$47.56	\$59.45	\$71.34
\$1,000,000	\$0.30	\$44.59	\$59.45	\$74.31	\$89.18
\$1,200,000	\$0.36	\$53.51	\$71.34	\$89.18	\$107.01
\$1,400,000	\$0.42	\$62.42	\$83.23	\$104.04	\$124.85
\$1,600,000	\$0.48	\$71.34	\$95.12	\$118.90	\$142.68
\$1,800,000	\$0.54	\$80.26	\$107.01	\$133.76	\$160.52
\$2,000,000	\$0.59	\$89.18	\$118.90	\$148.63	\$178.35

Table of Contents

Executive Summary.....	ii
1. Overview and Purpose of Study.....	ii
2. Summary of Current EMS Service and Assets.....	ii
2. Key Findings.....	iii
3. Recommended Actions	viii
Table of Contents	xiv
I. Introduction.....	1
Project Background	1
Methodology.....	1
II. Key Findings	3
Challenges.....	3
Strengths and Successes.....	6
Strength and Risk	7
Current Demographics	8
Existing Conditions and Assets	8
Demand for Service Analysis	10
III. Recommended Actions	18
IV. Demographic Information.....	27
County Wide Demographic Information	27
Town and Village Demographic and Tax Assessment Information	29
V. Existing Conditions.....	34
Informational Summary Tables.....	35
EMS Agency Profiles	43
Lewis County General Hospital and Health Care in the County.....	111
Lewis County 911 Center	117
Air Medical Usage and Needs in Lewis County.....	119
VI. Demand for Service Analysis.....	122
Number of Annual Responses by Agency, All Agencies Providing Service in Lewis County (2022-2025)	122
Incidents by Day of Week, All Dispatched Incidents in Lewis County (2022-2025)	124
Incidents by Month, All Dispatched Incidents in Lewis County (2022-2025)	125

Incidents by Time of Day, All Dispatched Incidents in Lewis County (2022-2025).....	126
Top 20 Incident Call Natures, All Dispatched Incidents in Lewis County (2022-2025)	127
High Priority Calls, All Dispatched Incidents in Lewis County (2022-2025)	128
Where are EMS Calls Coming From?.....	132
Who is Making EMS Calls?	135
Appendices	138
Appendix A: Lewis County Map of Operating Territories	139
Appendix B: Certification Information, Legislation Changes, and Statewide Provider Data	140
Appendix C: Detailed Financial Model.....	144
Appendix D: 50 th and 90 th Percentile Response Time Analysis Summary (2025).....	150

I. Introduction

This report is organized with a brief background description of the project and its key findings in the first two sections (for ease of access and reading), followed by the recommended actions for the County. The last sections of the report are a more in-depth analysis of the system for those readers who want additional detail.

Project Background

The Emergency Medical Services (EMS) system in Lewis County, NY has been facing increasing challenges and pressures in the last decade largely due to increased costs and a trending decline of volunteerism – challenges faced by rural EMS systems all over NYS and the U.S. at large. This has been documented by reports such as “Where are the Emergency Medical Responders?”⁹– written in 2019 and updated in 2024 – and the “New York State 2023 Evidence Based EMS Agenda for the Future”¹⁰. On a national level, there has also been concern as evidenced in reports such as “Access to Emergency Medical Services in Rural Communities”-¹¹

Although Lewis County’s EMS system has historically functioned well, amidst the many increasing challenges all over NYS and the U.S., County and EMS leadership have expressed growing concerns about the current system’s sustainability.

To better understand the existing conditions and to identify options for the future, Lewis County commissioned a study to identify areas for improvement as well as to explore and evaluate alternative service models that could better meet the County’s needs. A data-driven analysis of the current EMS system, including staffing, infrastructure, equipment, service delivery, and financial sustainability was desired to provide actionable recommendations for improvement.

CGR was engaged in September 2025 to conduct this comprehensive assessment of current EMS operations and make recommendations for improvement in Lewis County. This report investigates and summarizes the current challenges, opportunities, and resources of the EMS system in Lewis County.

Methodology

To better understand and characterize the EMS system in Lewis County, CGR met with leaders from the County, members from each EMS agency in the County, members from several out-of-county EMS agencies that provide services via contracts or mutual aid, dispatchers at the

⁹ https://www.health.ny.gov/professionals/ems/reports/docs/2019_workforce_study.pdf and https://www.health.ny.gov/professionals/ems/reports/docs/2024_ems_workforce_report.pdf

¹⁰ https://www.health.ny.gov/professionals/ems/reports/docs/2023_state_ems_sustainability_white_paper.pdf

¹¹ <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/access-to-ems-rural-communities.pdf>

County 911 Center, leadership at the Fort Drum Regional Health Planning Organization (FDRHPO) and staff at Lewis County General Hospital.

Information included in the report was gathered from on-site interviews conducted September 24 – 26, 2025 as well as through data requests (general profile information on each agency and EMS call data from the County Department of Emergency Management, the County 911 Center, and the Fort Drum Regional Health Planning Organization (FDRHPO)).

The eight agencies in Lewis County that were interviewed as part of this process were:

- Beaver Falls Fire Department
- Constableville Ambulance
- Lewis County Search and Rescue (LCSR)
- Village of Lyons Falls Fire Department
- Natural Bridge¹²
- J.S. Koster Hose (Village of Port Leyden)
- Turin Ambulance
- West Leyden Ambulance

Stakeholder interviews were also conducted with three out-of-county agencies that all provide primary EMS service and ALS Intercepts in Lewis County. These interviews were conducted by CGR remotely on October 30, November 4, and November 6, 2025, respectively:

- Carthage Area Rescue Squad – Jefferson County
- Boonville Ambulance – Oneida County
- Camden Ambulance Service – Oneida County

Additionally, the following Lewis County departments were interviewed:

- Lewis County General Hospital
- Lewis County 911 Center
- Lewis County Management – Chairperson of County Legislators, Sheriff, County Manager

A map that shows operating territories and different agencies is provided in **Appendix A**.

¹² Natural Bridge is located in Jefferson County, but it is dispatched for calls by Lewis County in the former Harrisville Rescue Squad response territory (which ceased service provision in March 2025).

II. Key Findings

Challenges

Access to EMS is critical to a community's wellbeing, but it can be difficult to provide in rural areas such as Lewis County. Rural EMS provides essential care to remote and isolated communities, but they are often overstretched, understaffed, and underfunded. Rural EMS is faced with greater physical geographical challenges (i.e., distance and topography) when responding to calls and typically has greater difficulty recruiting and retaining its workforce. While these types of issues are not exclusive to rural areas, rural geography and demography pose fundamental problems for EMS access, as the goal is to provide timely care for the patients that rely on them.

During stakeholder interviews, nearly all agency leadership identified the following key challenges:

- **Staffing challenges** – The number of volunteer EMS providers available to respond to calls has declined and the remaining personnel are stretched thin.
- **Cost increases** – Operating costs for individual squads are rising at a rate greater than inflation, making the current system unsustainable for many towns.

These key challenges are like those that are reported in the 2024 NYS EMS Workforce Shortage Update¹³ and the 2026 NYS EMS Rural Taskforce Report¹⁴.

In addition to the more universal EMS challenges cited above, two additional significant challenges occurred in 2025 in Lewis County:

- In March 2025, Harrisville Rescue Squad decided not to renew its ambulance operating certificate with the NYS Division of EMS. Without this certificate, the agency is no longer certified to provide EMS services in Lewis County. Although no other agencies in the County had indicated substantial issues that would lead to further closures of EMS agencies at the time of this study, Harrisville's closure represents a fraying of the EMS system in Lewis County.
- In the summer of 2025, LCSR gave a presentation to the County legislature proposing itself to become the sole EMS provider for the County. According to its plan, all volunteer agencies would likely cease operation, and financial resources would be pooled to LCSR as a solution to the County's EMS challenges. LCSR requested \$3.5 million in municipal subsidy for this service but did not provide a detailed budget explaining the request at the

¹³ Report: https://www.health.ny.gov/professionals/ems/reports/docs/2024_ems_workforce_report.pdf

¹⁴ Report at <https://nysvara.org/legislative/2026/2026%20Rural%20Ambulance%20Task%20Force%20Report.pdf>

time of the proposal¹⁵. This proposal was largely met with frustration and confusion from other providers as there was no major dialogue with the other agencies regarding the proposal prior to LCSR presenting it.

While many agencies saw that a countywide EMS service in some format was a viable and likely long-term solution to EMS service sustainability in Lewis County, many agencies voiced concern and reluctance to the proposed approach by LCSR.

Staffing Challenges

Of the challenges identified above, the availability of volunteer EMS providers was the most critical problem in Lewis County. Specifically cited was a lack of availability of EMS providers during the workday hours (as many volunteers are working daytime jobs during these hours). Additionally, availability for calls by volunteers occurring after 5 am during weekdays steeply fell off, predominantly because volunteer providers must evaluate whether they have time to complete a call and still make it to a full-time, paying job on time.

Although these volunteer staffing challenges exist at all agencies in the County, the level of burden is not equal as the ability for agencies to handle individual call volume demands is highly variable. Further compounding the issue of availability is that while some County agencies notify the County 911 Center when they are “offline” (i.e., no volunteer staff are available), others do not. Alerting the County 911 Center is not a standardized practice which can sometimes lead to delays in knowing which agency is available and dispatching the appropriate agency.

Interviewed agencies cited the following major reasons for the difficulty in attracting and retaining volunteers:

- The time it takes to complete training requirements to become a certified EMT or paramedic, and to retain the certification once it is obtained.
- Electronic patient care reports (E-PCR) have been an issue with numerous data rule changes that confuse and frustrate providers. Providers have no control over many of these changes.¹⁶
- Employers today do not offer time off to their employees to provide volunteer EMS service.
- Dual income families work multiple jobs (financial obligations require job change, overtime, etc.), leaving little time for volunteer services.
- Lengthy transport/patient contact time takes away time with family.
- Additional EMS demands beyond patient care, such as administrative duties (record keeping, scheduling).

¹⁵ However, this budgetary information was provided later to CGR after we requested it to use as a side-by-side comparison when developing our budgets for recommended solutions.

¹⁶ In 2024, with the update to the NEMSIS V3.5, the number of rules by NYS EMS dropped from approximately 800 to around 250.

- Providers aging out.
- Aging communities (greater number of older people with higher needs increasing the call volume and complexity of patients).

Another common staffing issue was that many of the EMS agencies are reliant on a select few volunteers that respond to the bulk of an agency's calls, meaning even if an agency has a higher number of volunteer providers on its roster, many of them are not responding to calls on a regular basis. If the overcontributing providers were to move away, become injured or cease service, it would have a severe effect on an agency's ability to respond to calls. This is a common theme across New York State and the nation with the decline of volunteer EMS providers.

General information on training requirements, data on the change in numbers of providers in NYS, and initiatives and changes being made at the NYS wide level to help ease the burden and offer policy solutions can be found in **Appendix B** of this report.

Cost Increases

Financing rural EMS is challenging due to factors such as lower call volume, longer miles of travel, and an eroding tax base. The current Centers for Medicare and Medicaid Services (CMS) payment system and the Ambulance Fee Schedule (AFS) for Medicare Part B, reimburse ambulance services at a base rate for the level of service plus payment for mileage. Moreover, rural EMS services incur significant costs maintaining sufficient personnel that are ready to respond at all times. They also face a higher burden with fixed costs, such as ambulances, equipment maintenance, facility costs, and employee salaries because low call volume makes it hard to recoup these expenses. Additionally, training for rural EMS providers can often cost more than urban EMS providers due to mileage and the time required to attend classes, expenses that are often not reimbursed. These challenges are less of an issue in urban areas as per-run ambulance costs decline with higher run volumes. The low call volume in rural areas makes achieving economies of scale difficult.

Availability of Housing and Affordability

At a public meeting held on Wednesday February 25, 2026 in Lewis County, the issues of an increasing cost of living and a lack of availability of affordable/work force housing were elevated as a major concern, both for the County in general, but also more specifically for how it relates to attracting and retaining people to volunteer and work as EMS service providers.

Although housing was not deeply considered as a part of this project, the [Housing Needs and Market Analysis for Lewis County Report](#)¹⁷ that was published in May of 2022 (by LaBella Associates) can be used as a resource. This study was conducted to attract various housing

¹⁷ https://lewiscountyny.gov/wp-content/uploads/2023/08/2022.05.12_Lewis-County-Housing-Strategy-Issued-5-12-2.pdf

developers to the area. A list of recent and pending/on-going projects that will add quality, lower cost housing opportunities for the County is provided below:

- Rochester Cornerstone Group purchased the Glenfield Elementary School in the Town of Martinsburg to be redeveloped into 60+ affordable housing units. This project is set to break ground in spring/summer 2026.
- TopView Construction purchased the decommissioned Lyons Falls Elementary School, which should yield 16-23 market-rate housing units sometime 2027.
- Stevens Block (located at 7623 North State Street in Lowville, Lewis County) is undergoing a major rehabilitation project to convert the building's upper floors (above the Dollar General in downtown Lowville) into new market-rate housing. It is anticipated that this project will bring 8 new units by the end of 2026.

Communication Center

The Lewis County 911 Communication Center is operated by employees of the Sheriff's Office that are primarily assigned to communications tasks with the public (answering both emergency and non-emergency phone calls) and dispatching all public safety units in the County. They also are tasked with serving as the door controllers for the 62-bed jail and are called to assist corrections officers if a female in custody needs to be searched. These multiple roles can create task saturation for the two dispatchers that are typically on duty that can restrict their ability to complete their assigned tasks in an efficient manner.

Additionally, the Communication Center recently changed its EMS call triage software to Power Phone. While this software has a shorter list of questions, it places the key decision of whether or not to send advanced life support on the dispatcher with little guidance. This is in contrast to the prior system that had more questions and led to a recommendation of the level of care to send that has been validated across multiple communities.

Power Phone decides if a call is ALS or BLS based on the questions asked. It automatically defaults every call to BLS when initially started but can upgrade to ALS criteria based on the way questions are answered. The software does not break down calls to the Priority levels that were available in the previous Pro-QA EMS software. This could be a challenge in the future with recommendations in the Rural Task Force Report in addressing holding low acuity calls or whether an EMS unit should respond in an emergency vs non-emergency mode.

Strengths and Successes

On the flipside of the challenges identified during stakeholder interviews, agency membership and leadership were also asked what the strengths of their agencies were as well as what they felt was working in the County wide system.

During stakeholder interviews, the following were key strengths identified by the agencies:

- **High Levels of Interagency Collaboration and Mutual Aid** – A consistent theme across almost every agency interviewed was that the agencies in Lewis County by and large work well together and support one another. Despite individual organizational challenges, the

"boots on the ground" providers maintain strong relationships, and the mutual aid system is viewed as effective and reliable for ensuring calls are covered.

- **Deep Institutional Knowledge and Longevity of Service** – The system benefits from veteran leadership and volunteer service. Many agencies feature leaders and providers with 30–50 years of experience. This provides the County with a stabilizing foundation of expertise and historical perspective during the current period of transition.
- **Strong Local Community and Municipal Support** – Most agencies report high levels of community support. This manifests as successful and supportive relationships with local village and town boards.
- **Fiscal Stability and Financial Resourcefulness** – While the future of funding and sustainability of the system is a concern, many agencies are currently described as financially stable. Some agencies demonstrate resourcefulness through successful revenue recovery/billing transitions while others exhibit creative cost-management like utilizing in-house fire department mechanics or purchasing used equipment with high return on investment (ROI).
- **Strong Relationships with County 911 Center and Air Medical** – All agencies stated that they had a good working relationship with the 911 Center, and vice versa. Additionally, the agencies stated that air medical providers (LifeNet and Mercy Flight Central) were reliable when needed.
- **Lewis County General Hospital is a Critical Resource and has Built a Relationship with Many Providers** – LCGH is a County run hospital that meets many of the medical needs of residents. In recent years, the inter-facility transport system has gone through positive changes, as reported by leadership at the hospital.

Although there are many challenges confronting the Lewis County EMS system, it is highly evident that the leadership and providers in the County deeply care about the work they do and that they want to ensure the highest standard of care for the residents they serve. It is important to highlight these strengths and ‘wins’ to demonstrate that the system has assets that can be built upon.

Strength and Risk

The Emergency Management Office is currently staffed by two dedicated, experienced and very involved individuals – a Director and Deputy Director. The office is charged with supporting and promoting an organized, systematic approach to Emergency Planning, Preparedness, Mitigation, Response and Recovery in the event of a natural or man-made disaster in Lewis County, and to support the day to day operations of the many Emergency Service, Public Service, Public Safety, and Emergency Management organizations.”

This study focused on EMS and it was clear that supporting this vital service is only one of the many essential tasks assigned to this small office. Both individuals demonstrated a substantial depth of knowledge in their subject matters and a breadth of relationships that enable them to provide the necessary support for the mostly volunteer agencies to ensure an appropriate response in times of need. They are clearly a strength of the Lewis County operation.

However, the numerous responsibilities of the Emergency Management Office demand long hours and near constant need to be available to assist when an emergency occurs. This presents a potential risk for the County, particularly in succession planning and if there is an expansion of responsibilities. Also, when there is a transition in the office, it will be very difficult to transfer the institutional knowledge, and the County should consider how to prepare for this eventuality. Additionally, the large workload puts the County at risk that low priority items may not be dealt with in the best possible manner because of lack of time.

Current Demographics

A high-level summary of information on Lewis County's demographics (based on data from U.S. Census Bureau's American Community Survey, ACS, 5-Year Estimates, 2024) is provided in the bulleted listed below:

- The total population of the County in 2024 was 26,607 and the population decreased by approximately 1.3% since 2000.
- The County is majority White (96%).
- The County has an estimated total of 15,637 housing units, of which 71% are occupied and 29% are vacant.
- Lewis County is a rural County made up of towns and villages varying in population size between a low of 134 people (Town of Osceola) and a high of 4,875 people (Town of Lowville). The low density of population (i.e., people live spread out over a large area of land with hilly and windy roads) makes providing effective EMS services challenging.
- The total population living in these towns and villages in 2024 was 22,486 (85% of the County's total population).
- Individuals 65 years+ require a greater level of EMS and medical care than other segments of the population. Like many rural places all over the US, Lewis County's population is aging. In 2024:
 - Among this sample of towns/villages, the lowest proportion of population 65 years+ was in the Town of Lewis (9.9%) while the largest was in Lyons Falls (31.5%).
 - Based on the number of residents, the Town of Osceola had the least (37; however this represents more than 1/4 of its population) while the Town of Lowville had the highest (1,048, which represents about 1/5 of its population).
 - The total population of individuals 65 and older among these towns was 4,413, or about 17% of the County's total population in 2024.

Existing Conditions and Assets

A high-level summary of information on the Lewis County EMS system as it existed in 2025 is provided in the bulleted list below:

- Number of active, in-county agencies: 7 (6 volunteer, 1 combination)

- Lewis County Search and Rescue (LCSR) is a private not-for-profit combination agency with both paid and volunteer staff that holds the only County wide operating certificate (Certificate of Need, CON) in Lewis County.
- Number of EMS bases in County: 7
 - 6 out of 7 perform billing, and 5 of these use Certified Ambulance Group (CAG) (LCSR performs all billing in-house)
 - 6 out of 7 have training rooms
 - All 7 have security systems
 - All 7 have generators (mix of natural gas, diesel, and propane)
 - Only LCSR has sleeping quarters
- Number of volunteers in County: 207¹⁸ (53 EMTs, 7 AEMTs, 10 paramedics)
- Number of paid EMS staff in County: 25 (9 part-time EMTs, 10 part-time paramedics, 6 full-time paramedics)
- Number of active, out-of-county agencies: 4 (3 combination, 1 paid part-time)
- Population of County: 26,570 residents
- Size of County: 1,275 square miles
- Number of in-County ambulances: 13 total (2 or 3 staffed 24/7, remainder are volunteer)
- Average number of incident calls per year (2022-2025): 3,381, or approximately 9.3 per day.
 - The number of incidents stayed mostly consistent over 2022-2025 (+/- 10-60 incidents).
- Approximate annual cost of County EMS system, 2025 (accounts for operation of in-county agencies only)¹⁹: \$1.4M
- Approximate annual revenue of County EMS system, 2025 (account for operation of in-county agencies only): \$1.9M
- Single dispatch: All agencies are dispatched by the Lewis County 911 Dispatch Center located in Lowville in the Lewis County Emergency Management building.
- Primary hospital: Lewis County General Hospital is a County run hospital located in Lowville, NY. It is a critical access hospital that provides 24-hour essential emergency treatment for severe or urgent illness and injuries. The system includes a 25-bed hospital, a 5-bed Intensive Care Unit (ICU), a 160-bed nursing home, and three specialty centers (surgery, orthopedics and women's health). Patients that need additional comprehensive care outside of what Lewis County General Hospital can offer are transferred to other

¹⁸ This total also represents support of fire department volunteers at combination fire/EMS agencies (e.g., this number of volunteers also represents people like drivers, volunteer firefighters, etc.) – see [summary table](#) for more details

¹⁹ Approximate annual costs and revenues presented here are based on financial information provided by each agency – see [summary table](#) for more details.

hospitals located outside Lewis County, such as Wynn Hospital in Utica, NY or Upstate Medical in Syracuse.

Demand for Service Analysis

Key findings from analysis of EMS call data in the County (summaries of individual agency response data are provided in the [Agency Profiles](#) section of the report while tables/figures and a more detailed analysis of County data is provided in the [Demand for Service Analysis](#) section of this report) between 2022-2025 are presented below.

An important distinction is the difference between the number of “incidents” and “responses” that are recorded: An incident is recorded when an individual call for help is made to 911 Dispatch (e.g., a breathing issue is called in to 911 Dispatch), while a response is recorded when an agency is assigned to and responds to a call (e.g., Lewis County Search and Rescue responds to this breathing issue call after being dispatched).

This distinction is important because an incident – depending on its severity – may require multiple agencies to respond such as one for Basic Life Support and another for Advanced Life Support. This translates into there **being more responses than incidents** in the call data presented in this report (i.e., average number of incidents in the County between 2022-2025 was 3,381, while the average number of responses was 3,858, a difference of roughly 500).

Both numbers of incidents and responses are important to analyze and present because the number of incidents demonstrates volume and the burden on the EMS system, while the response shows the proportional burden of work that falls on each agency as well as allows for the analysis of response times to incidents.

Total EMS Responses:

Agency	Agency Responses				Total
	2022	2023	2024	2025	
Am Care	6	3	3	3	15
Beaver Falls	113	101	103	112	429
Boonville	62	114	86	59	321
Camden	14	20	23	10	67
Carthage	164	212	154	145	675
Constableville	103	81	75	73	332
Harrisville	29	19			48
LCSR- Interfacility	830	741	717	588	2876
LCSR- Emergency	2,102	2,079	2,119	2,284	8584
Lyons Falls	151	152	108	112	523
Natural Bridge	87	82	108	127	404
J.S. Koster Hose/Port Leyden Ambulance	76	187	214	225	702
Turin	97	79	52	47	275

Agency Responses					
Agency	2022	2023	2024	2025	Total
West Leyden	56	41	68	75	240
Total Responses	3855	3889	3827	3857	15,428

- Between 2022 and 2025, the following agencies had an increase in responses:
 - Natural Bridge (87 in 2022 to 127 in 2025; 46% increase)
 - J.S. Koster Hose (76 in 2022 to 225 in 2025; 196% increase)
 - West Leyden Ambulance (56 in 2022 to 75 in 2025; 34% increase)
- Between 2022 and 2025, all other agencies either responded to roughly the same number of calls or responded to fewer calls.
- The vast majority (75%) of incidents in Lewis County are responded to by LCSR, with 19% being inter-facility transport calls and 56% being all other EMS calls.
- The number of inter-facility transports being performed by LCSR decreased steadily between 2022 and 2025 (approximately 30% decrease) while its number of other responses increased (approximately 9% increase).²⁰
 - Overall, LCSR's total number of responses decreased slightly (2,932 total responses in 2022 to 2,872 responses in 2025).
- Between 2022 and 2025, the out-of-county agencies (Boonville, Camden, Carthage, and Natural Bridge) provided approximately 9% of Lewis County's EMS responses.
- J.S. Koster Hose (in the Village of Port Leyden) responded to the second most number of incidents in Lewis County (5% of responses) and its number of responses increased dramatically since 2022 (as noted under the first bullet point).

Incidents by Day of Week:

Calls by Day of Week	2022	2023	2024	2025	Sum	%
Sunday	420	488	410	442	1760	13%
Monday	484	513	524	500	2021	15%
Tuesday	495	444	469	479	1887	14%
Wednesday	494	455	484	481	1914	14%
Thursday	474	513	445	494	1926	14%
Friday	527	500	550	457	2034	15%
Saturday	468	513	501	499	1981	15%
Total Incidents	3,362	3,426	3,383	3,352	13,523	

²⁰ Refer to the Call [Data Analysis](#) section in LCSR's profile for additional details about decreasing number of transports.

- There was an almost even distribution of incidents among all 7 days of the week in Lewis County; however, Monday, Fridays, and Saturdays were slightly busier, with Friday having the most incidents cumulatively between 2022 and 2025.
- The number of incidents decreased between 2022 and 2025 on Tuesdays, Wednesdays, and Fridays, while they increased on Sundays, Mondays, Thursdays, and Saturdays. This change was minimal for most days but the most pronounced on Fridays (13% decrease after a spike in 2024).
- Sunday was the least busy day of the week in terms of incident volume and was this way every year (with the exception of 2023) between 2022 and 2025.

Incidents by Month:

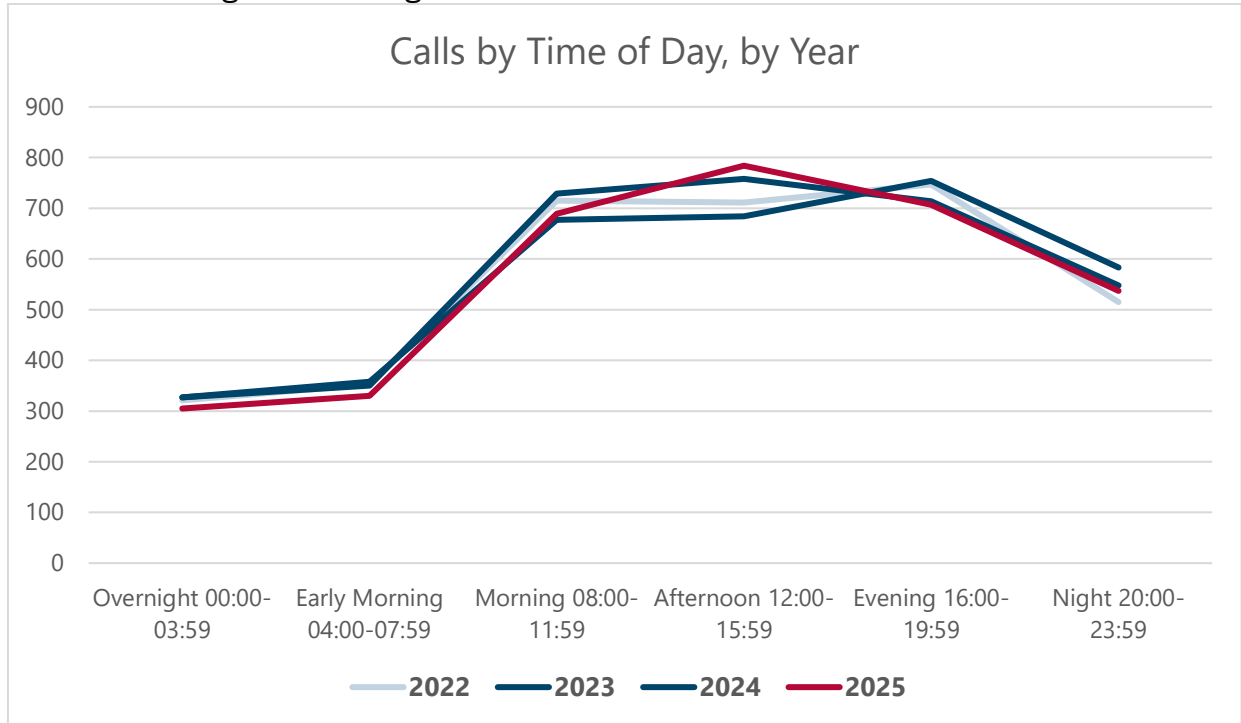
- Over the last 4 years (2022-2025), the busiest seasons for incidents were Winter (December-February, 3,478 total) and Summer (June-August, 3,456), while Spring (March-May, 3,362) and Fall (September-November, 3,227) were less busy; however, there was not a wide seasonal variation for numbers of incidents.

Incident Volume per Day by Month	2022	2023	2024	2025
January	8.9	9.0	9.7	10.2
February	9.5	8.4	8.8	9.87
March	9.3	9.0	8.3	9.74
April	8.4	9.1	8.5	8.81
May	8.6	10.7	9.5	8.42
June	8.6	9.0	8.9	8.68
July	9.1	10.4	10.6	9.55
August	10.0	8.9	9.1	8.55
September	8.4	9.4	9.0	8.45
October	8.5	9.2	7.9	8.52
November	9.6	8.1	9.1	8.03
December	9.5	9.4	9.7	9.35

- Several values are highlighted in the table above which show values that exceeded 10 incidents per day in the County.
- The number of incidents by month increased between 2022 and 2025 in all months except for May (decreased after increasing in 2023 and 2024), August (decreased), November (decreased), and December (stayed relatively consistent).
- The busiest month between 2022 and 2025 was July (1,232 incidents), while the least busy was October (1,058 incidents).
- In 2025 in terms of daily incidents, February was the busiest month while October was the least busy.

Calls by Time of Day:

- Between 2022 and 2025, the busiest time of day for incidents was between 8:00 and 19:59, and it became progressively less busy as the night went on until it ticked up slightly in the early morning hours (4:00-7:59) followed by a sharp spike in incidents.
- The highest number of incidents occurred in the afternoon (12:00-15:59) with the total number of incidents during these hours increasing between 2022 and 2025, while the lowest number of incidents occurred Overnight (00:00-3:59) with the total number of incidents overnight decreasing between 2022 and 2025.



Top 20 Call Natures:

- The Top 20 Call Natures (in order of the greatest number of calls overall between 2022 and 2025) were:
 - EMS Transport (23%)
 - Sick Person (15%)
 - Falls (11%)
 - Breathing (7%)
 - MVC with I (5%)
 - Alarm Medi (5%)
 - Chest Pain (4%)
 - Unconscious (3%)
 - Convulsion, Abdominal, Trauma, Unknown Problem, Diabetic (all with 2%)
 - Stroke, Fire Structure, Welfare Check, Back Pain (all with 1%)
- The top 20 incident types account for 92% of incidents in the County.

- EMS inter-facility transports accounted for the highest number of incidents between 2022 and 2025 (3,057 incidents or 23% of all incidents); however, the number of transports dispatched by the County 911 decreased during this time period by approximately 33%.
 - Notably, this mirrors the trend for LCSR – which provides the majority of inter-facility transports in the County – as it experienced a decrease of 30% in inter-facility transport responses over the last 4 years.
- In the [Air Medical Usage and Needs in Lewis County](#) section of this report, the number of EMS transports by air medical between 2023 and 2025 was summarized. If these same years are compared to ground transport usage, air medical was utilized 121 times (for both medical and trauma incidents, provided by LifeNet and Mercy Flight Central) while ground transport was utilized 2,237 times. If this total number of responses is combined, 5% of transports are provided by air medical while 95% are provided by ground transport.
 - For all other EMS calls, air medical was utilized 122 times between 2023 and 2025 (1.5% of all other calls), while the ground EMS agencies were utilized for 98.5% of calls.

High Priority Calls:

- “High Priority Calls” are based on dispatch information for serious calls (natures summarized below). These were evaluated to better understand the nature of more serious versus lower acuity calls in the County between 2022 and 2025. The natures included in this evaluation were:
 - Allergy
 - ATV Accident
 - Breathing
 - Cardiac Arrest
 - Chest Pain
 - Choking
 - Convulsion
 - Diabetic
 - Electrocution
 - Heart Problem
 - Overdose
 - Snow Crash
 - Stroke
 - Trauma
 - Unconscious
- Despite a slight decrease in the overall number of incidents between 2022 and 2025, the number of high priority incidents increased slightly (852 to 887).
- High priority incidents represented approximately 26% of all incidents in 2025.
 - 24% of high priority incidents in 2025 were for breathing related issues, 18% were for chest pain, and 14% were for reports of unconsciousness.

- High priority incidents represented approximately 25% of all incidents between 2022 and 2025. The percentages of nature types for 2022-2025 are similar to those for 2025, alone.

Full Response Times for High Priority Calls (2025):

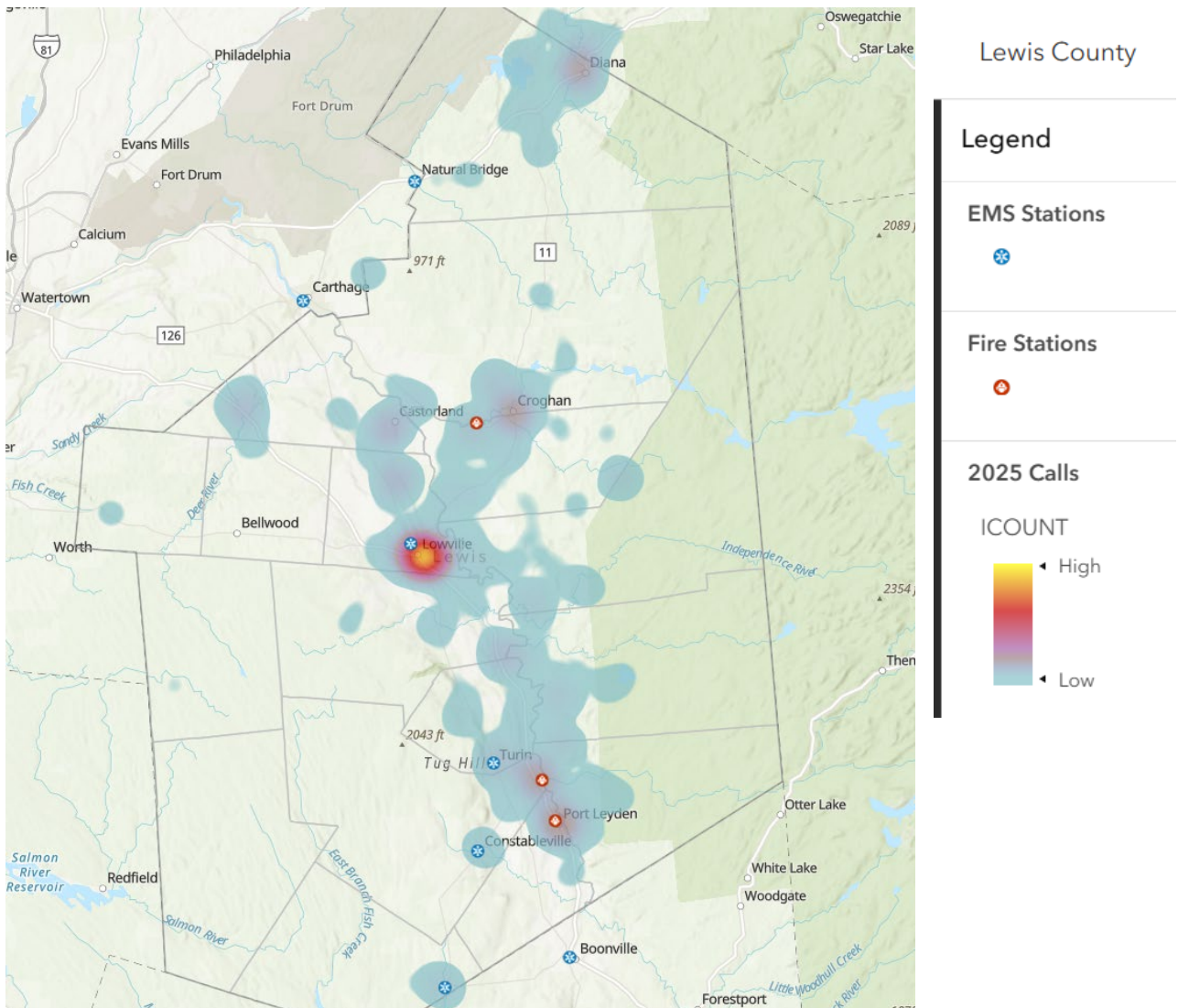
- The Full Response Time is the time period from when the call entry process is begun at the 911 Center to the time the agency arrived at the scene. This includes the time for processing the call, an agency to be assigned, the crew to assemble, and an ambulance to travel to the scene.
- The table below shows the response times for the busiest period of the day, 16:00 to 19:59 for high priority calls that were received during 2025. Detailed tables for each agency appear later in the report. Comparisons between agencies must be done cautiously. For example, LCSR has the longest response interval on the table below but they are the only agency with a response area for the full county and they are regularly asked to respond as the advanced life support unit to back up a closer BLS unit which accounts for some of their long response time.

	Responses	50th Percentile	75th Percentile	90th Percentile
Beaver Falls	18	14.95 mins	15.24 mins	21.48 mins
Constableville	18	17.16 mins	17.38 mins	17.41 mins
LCSR	608	17.47 mins	25.25 mins	32.81 mins
Lyons Falls	31	14.48 mins	18.57 mins	27.66 mins
Port Leyden	48	14.18 mins	20.15 mins	24.66 mins
Turin	20	14.03 mins	14.7 mins	15.56 mins
West Leyden	15	14.43 mins	21.6 mins	25.3 mins

- Only the times for high priority calls were evaluated. While a shorter interval is preferred, there is no industry standard. The percentiles indicate what share of calls had a shorter interval than the time shown. For example, 90% of high priority calls (90th percentile) in the evening time block had a response time of less than 21.48 minutes for the Beaver Falls Fire Department.
- In 2025, 75% of high priority calls in the evening in Lewis County had a Full Response Time of under 25 minutes.
- LCSR's longest Full Response Time occurred during the Early Morning window of 4:00-07:59 (75% of incidents had a response time of under 29.5 minutes) while its fastest Full Response Time occurred during the Night window between 20:00 and 23:59 (75% of incidents had a response time of under 20.5 minutes).
 - Although they are the only paid agency, LCSR has the largest service area (the whole county) and is often asked to respond with advanced life support to assist a volunteer basic life support ambulance. They are also the "safety net" ambulance that receives requests for response after the "home" agencies have already responded. This context is needed when looking at their response time in comparison to other agencies.

Where are EMS Calls Coming From (2023-2025)?

- The detailed analysis of this appears later in the report. The map below shows the approximate density of calls in county for 2025.
- Despite having the largest number of responses by a significant margin, Lowville had a proportionally lower number of responses per 1,000 residents than all other municipalities besides Croghan and Turin.
- The highest demand area in terms of responses per 1,000 residents were the Village of Castorland and the Village of Port Leyden (468 responses/1,000 residents per year and 358 responses/1,000 residents per year, respectively) while the lowest was Croghan (57 responses/1,000 residents per year).
- An interactive map that shows distribution of calls in the County is located at: <https://arcg.is/ne9Wz>.



Who is Making EMS Calls (2023-2025)?

- **Age:** The demand for EMS service increased as the population aged and accelerated quickly for individuals 70 and above.
 - 140% increase in incidents per 1,000 people between 60-69 and 70-79 age groups.
 - 115% increase in incidents per 1,000 people between 70-79 and 80+ age groups.
- **Age:** When just EMS transports are analyzed, this trend is largely repeated, with the exception that the incidents per 1,000 people are almost identical for the 18-24, 25-29, and 30-39 age groups.
- **Race:** The majority of residents reporting EMS incidents in the County were White (98% of all incidents); the share of incidents in the County was consistent with the demographic makeup of the County (i.e., the population of Lewis County in 2024 was 96.3% White, < 2% Hispanic/Latino, approximately 1% Black or African American, < 1% Asian).
- **Sex:** Incidents were split almost evenly between men and women in the County, with a slightly higher value for women (272 more). This is likely because women tend to live longer than men, meaning the number of incidents will skew towards women in the higher age groups.

III. Recommended Actions

The goal for the County is to establish a sustainable EMS system that will meet the needs of the residents and visitors to the County. The existing system developed over generations by well-meaning individuals seeking to provide a responsive EMS system in the most cost-effective way possible. The initial EMS system was fully volunteer, but as the number of volunteers in EMS has declined and the expectations of the residents and community for system performance have increased, the EMS system evolved to include paid staff and charges for services. As noted in the key findings, the existing EMS system has gaps that should be addressed by the County and other municipalities as soon as possible.

The recommendations fall into three broad categories: EMS Transportation Model, Workforce Sustainability, and System Operations. Additionally, there is a discussion of several potential funding mechanisms for the County to meet an expanded role in EMS.

EMS Transportation Model

As noted in the Key Findings, the current EMS transportation model has reliability gaps and little capacity to handle a surge in call volume. At different times, all agencies have struggled to meet the demands for service resulting in an increased reliance on mutual aid or the single county-wide agency responding from a central location with an extended response time to the communities at the edge of the County. Additionally, Lewis County General Hospital (LCGH) has identified that they regularly need to request an out-of-county ambulance service for long-distance transports of patients.

In this section we identify immediate and mid-range (2 to 5 year) actions for Lewis County to consider as well as other options that were considered but have significant drawbacks compared to the recommended actions.

Model 1- Supplemental Ambulance

Lewis County General Hospital (LCGH) should move immediately to develop an EMS service to supplement existing services. Creating the EMS agency through the Hospital has several opportunities for economies of scale and cross operation efficiencies that make it preferred to if the EMS Agency was an independent department in the County. LCGH is an existing department in the County that already provides an essential health service to the community. The Hospital has extensive experience employing a round-the-clock healthcare work force, billing for services, and purchasing expensive capital, while it additionally has a long-standing deep connection to the community.

- This model of ambulance service would staff a paramedic ambulance at all times to focus on interfacility transport for the Hospital, while also being available as a back up to 911 demand. The ambulance crew would be available for work in the Hospital between EMS duties. A second ambulance would also be on duty during the busier daytime hours when volunteer ambulances struggle to staff. For this model, we considered a 24-hour crew and a 16- hour crew on duty seven days a week. It would be

necessary to have three ambulances to support this size of operation. There would be approximately 13 full-time employees for this model.

- The estimated annual cost of this level of an ambulance is \$1.7 million. A summary of the expenses are shown below (additional details are in Appendix C). Some of these costs may be lower for an operation integrated with the Hospital and County such as vehicle maintenance, physicals and payroll.

Expenses by Category	
Payroll (FT/PT/OT/Benefits)	\$ 1,235,402.31
EMS Operations (Vehicle, Supplies, Software Licensing)	\$ 118,500.00
Administrative (Billing, Physicals, Computers)	\$ 68,750.00
Insurance (Disability, Liability, Comp.)	\$ 89,500.00
Reserve Funds	\$ 200,000.00
Training	\$ 11,000.00
Utilities	\$ 9,500.00
Miscellaneous Expenses	\$ 1,000.00
Total Expenses	\$ 1,733,652.31

- The estimated revenue for the ambulance would be \$931,000 based on 1,095 transports/billable calls²¹ per year and an average per call revenue of \$850. This is projected on a mix of 2 interfacility transports and 1 emergency transport/billable call each day on average.
- Using these assumptions, there would be a revenue gap of about \$800,000 that would need to be covered through other means such as property taxes or sales taxes (See section on [System Funding](#) below).
- The capital costs of establishing an ambulance service include between \$375,000 and \$425,000 for each fully outfitted paramedic ambulance. For this model at least two new ambulances would be needed, and three ambulances would be preferred. The total cost for the two or three fully outfitted ambulances is estimated to range from \$750,000 to \$1.5 million depending on the number and specifications.
- There would also be costs associated with a garage for the vehicles, workspace for the crews, and storage of equipment. Estimates for these costs are beyond the scope of this report.
- The implementation steps for creating an ambulance service through the Hospital include:
 - **Obtain a Paramedic Ambulance operating certificate from the NYS Department of Health (DOH) for all of Lewis County through the Municipal CON process.** The

²¹ A billable call is a transport or an appropriate treatment in place of a patient. Some insurance providers (including Medicaid and some commercial insurances) now allow EMS agencies to bill for some treatment in place.

County can obtain a temporary two-year operating certificate (CON) for an ambulance service through its own legislative action. It can use this CON to operate for two years from the date of issuance at which point it must demonstrate that there was a need for the service in order to convert it into a permanent CON. The County can also operate a paramedic or ALS intercept vehicle under this CON. The process of establishing a municipal CON is outlined in [Policy 09-01](#) with additional details on a [dedicated website](#) -.

- **Establish an EMS Agency.** The first hire for the agency should be a person to serve full time as the initial agency leader. This person would work to establish job descriptions, develop a staffing model, create operating guidelines, plan for equipment and vehicle purchases, and work with appropriate department heads to accomplish the above tasks. The existing emergency management staff do not have the bandwidth to serve as the leader of this new ambulance service.
- **Acquire an ambulance and necessary equipment.** A new ambulance with full equipment costs between \$250,000 and \$325,000, with about a one-year lead time from the date of order to date of delivery. To meet the immediate need for a service, the County should look for a used ambulance or lease an ambulance from an existing service. Additionally, for other large capital equipment acquisitions (cardiac monitors, power gurneys, power load systems, trac stair chairs, etc.) there are after-market companies that sell reconditioned equipment at significantly lower cost, this may be another process for the County to consider.
- **Identify and contract with a third-party billing agency specializing in EMS transport** or ensure that Hospital billing staff obtain the appropriate billing education.
- **Apply for appropriate licenses and billing permits.** An EMS service needs to have permission from the Center for Medicare and Medicaid Services to bill for transportation. They need to have a license to carry narcotics on the ambulance and a NYS Department of Health (DOH) Clinical Laboratory Evaluation Program (CLIA) permit. This step may not be necessary if the EMS Agency operates under the Hospital.
- **Several other counties have recently established EMS agencies and would likely serve as a resource for Lewis.** Niagara County, Madison County, and Erie County have all recently established ALS Ambulance services that are safety net services for their counties.

A note of caution: if this service is created, it may draw employees from LCSR which could hinder their ability to maintain staff. A municipal hospital job may be enticing for EMS workers because of the better retirement and benefits that are available. A potential outcome is that LCSR would lose enough employees and be unable to hire more which would prevent it from remaining in operation in its current form. This contingency would require the Hospital system to rapidly expand its service to take over the role of primary ambulance provider for some communities and serve as the backstop for the whole County.

Model 2- Full Scale EMS Service

- Lewis County should anticipate that it will need to expand the role of its ambulance service to handle a larger call volume if LCSR or one of the busier volunteer ambulance services reduces its service levels, or stops providing service. This could occur with little warning. **It is not a recommendation that any existing agencies stop operating, but it is a reasonable scenario to consider.**
- To anticipate this need, we have modeled the operational costs of 3 paramedic ambulances at all times and a fourth EMT ambulance for 12 hours per day. There would be approximately 27 full time equivalent employees for this model.

Expenses by Category	
Payroll (FT/PT/OT/Benefits)	\$ 2,638,761.30
EMS Operations (Vehicle, Supplies, Software Licensing)	\$ 285,500.00
Administrative (Billing, Physicals, Computers)	\$ 298,300.00
Insurance (Disability, Liability, Comp.)	\$ 147,500.00
Reserve Funds	\$ 350,000.00
Training	\$ 38,000.00
Utilities	\$ 38,200.00
Miscellaneous Expenses	\$ 2,500.00
Total Expenses	\$ 3,798,761.30

- Under this model, an LCGH EMS service would be the primary EMS provider for both emergency and non-emergency transports in the County. Volunteer services should be encouraged to continue to operate, this increases the overall EMS capabilities in the County especially for surges in volume and multiple patient calls. Agencies should be supported with administrative services from the County. LCGH would be the primary 911 responder to the majority of events and also be responsible for handling interfacility transport work for the Hospital. This model is a substantial increase in the minimum number of on duty ambulances on a daily basis and should lead to an improvement in response for emergency calls in the County.
- The capital costs of establishing an ambulance service include between \$375,000 and \$425,000 for each fully outfitted paramedic ambulance. For this model at least four new ambulances would be needed, and six ambulances would be preferred. The total cost for the four to six fully outfitted ambulances is estimated to range from \$1.5 million to \$2.6 million depending on the number and specifications.
- There would also be costs associated with a garage for the vehicles, workspace for the crews, and storage of equipment. Estimates for these costs are beyond the scope of this report.
- The LCGH EMS service could anticipate a minimum of 2 interfacility transports per day and 4 billable emergency calls per day for a total of 6 billable events per day. This

would lead to a forecasted 2,190 billable events per day²² and potential revenue of \$1.86 million.

- Using these assumptions, there would be a revenue gap of \$1.9 million that would need to be covered through other means such as property taxes or sales taxes (See section on [System Funding](#) below).
- Removing one 24/7 paramedic unit from this model would result in a less reliable and resilient system with longer response times but would save about \$900,000 and could generate similar revenue. This would result in a revenue gap of about \$1 million.

Other transport options considered:

CGR considered a range of possibilities to improve EMS transportation in the County. The models presented above were identified as the most likely to have a positive impact on the EMS system. Below we highlight two other potential models that were considered but decided to be less likely to have a long-term positive impact.

- **Create a County EMS Department as a safety net service.** The County could establish an EMS Agency outside of the Hospital to serve as a back up to the 911 system and to handle a share of interfacility transports. This Agency would be staffed by a mix of full and part-time staff employed directly by the County. *This option was not selected because the costs would be similar to those outlined above for the Hospital, but there would not be an opportunity for the ambulance staff to contribute to the operations of the Hospital between calls and it would not be able to take advantage the existing supervisory infrastructure of the Hospital.*
- **Develop a relationship with LCSR to ensure they can serve as the EMS provider for all calls in the County.** LCSR proposed this option to the other EMS agencies and the County in 2025. They suggested that they need a \$3.5 million annual subsidy to ensure a smooth fiscal operation. An independent non-profit organization may be able to perform the service in a more cost-effective manner than either the LCGH based option or the separate County Agency options primarily because of lower personnel costs. However, during this study there were several findings that led to this not being a preferred option. They include:
 - During the course of the engagement there were many EMS stakeholders that expressed concern about the long-term health of LCSR and the wisdom of relying on an independent non-profit organization as the sole EMS provider in the County.
 - LCSR's compensation model, despite recent increases, has made recruitment and retention difficult and it has not been able to appropriately sustain its workforce.

²² This is similar call volume to LCSR's average for interfacility transports(719) and transporting 70% of their average for 911 calls (1502) for a total of 2,221.

Workforce Sustainability

Well trained providers are the cornerstone of any EMS system. Historically, many of the EMS workers joined the workforce through volunteering, but this situation has changed in recent years with fewer volunteers resulting in fewer people participating in the EMS workforce. The County has a role to play in supporting existing providers and in developing the future workforce. We recommend the following actions for the County:

- **Strengthen the EMS workforce pipeline.** The most valuable resource for the EMS system is the responders. The number of EMTs in the state has declined in the last decade. The County should work to develop a pipeline that will stabilize and grow the EMS workforce. This is best addressed as a regional effort, perhaps in parallel with other workforce development efforts for mid-skill professions. The Jefferson-Lewis Board of Cooperative Educational Services (BOCES) has an EMT program that should be supported and integrated into the EMS system with a pathway to hiring after graduation. ‘Earn while you learn’ programs have been successful in bringing interested candidates into the profession.
- **Facilitate EMS training.** There are limited opportunities to obtain EMT education in the County. LCSR has a course sponsorship, but the offerings appear to be inconsistent based on training announcements. BOCES teaches a program to its enrolled students, but not to the general public. The County needs to work with the Program Agency and existing course sponsors to establish regular EMT Original and CFR Original course offerings in the County with hybrid (online and in person) training. The County should support and grow their partnerships with Jefferson County and Faxton St. Lukes to ensure that course scheduling and funding are not barriers for people wishing to join the EMS workforce.
- **EMS Instructor Coordinator.** There are few NYS Certified Instructor Coordinators (CIC) in the County. These positions play an essential role in both original and continuing certification for EMS providers. As noted above, the County should continue its relationship with existing course sponsors for initial certification. However, the County should hire a CIC to serve as the CIC of record to assist with recertification courses for the existing EMTs, AEMTs, and paramedics. Currently, agencies often must search outside the County to find a CIC. This position could be part-time or stipend position to assist with recertification of the existing EMTs.
- **EMS workforce housing.** A challenge that has been identified is affordable housing for the EMS workforce. Anecdotes were shared of EMTs or paramedics that relocated to another community because of the cost of housing. The County should explore the development of dedicated housing spaces or a stipend for employees of the EMS workforce. The relative cost of this program should be compared to the cost of training a new provider who might leave because of the cost of housing.
- **Enhance Basic Life Support First Responder (BLS-FR) program and training.** As transport ambulances across the County struggle to get a timely response or any response, the need for EMS first response becomes more evident, especially for serious events or delayed response. The County should encourage the development of community based Certified First Responder programs, perhaps through the fire department, to help ensure a timely response. While fire departments are an obvious tool to use for this situation, independent BLS first response agencies could also be developed with volunteers or as an alternative

responsibility for another group such as Department of Transportation workers. With an updated regulation in 2026, there are now specific equipment requirements for recognized BLS-FR unit vehicles.

System Operations

System operations refer to the different factors that influence how care is provided on a day-to-day basis in the County. The current system has developed over decades with leadership making decisions based on the circumstances at hand. However, the result is a system that is underfunded in places and has not been able to develop a unified vision for the optimal delivery of EMS to residents and visitors. The following recommendations are designed to address several of those key operational challenges.

- **Dedicated EMS Coordinator** The role of EMS Coordinator falls to the Emergency Manager for the County. This position has several important responsibilities including the Fire Coordinator. The Emergency Management Office only has an Emergency Manager and a Deputy Director. The current staff is overworked and should not be burdened with expanded responsibilities related to supporting the growing needs of the EMS agencies and planning to improve EMS in the County. The County should hire a full-time EMS Coordinator regardless of the decisions related to the transportation model. This position could also fill the role of CIC mentioned above if a qualified candidate is found. This was a recommendation in the NYS Rural Ambulance Task Force Report.
- **Conduct an audit of effectiveness of new Power Phone call triage system** The 911 Center switched to a new EMS call triage system as a cost savings measure. This new system lacks the extensive research into its validity of its predecessor. The County should monitor the triage decisions (ALS vs. BLS) made by the Power Phone system for a period of 90 days to evaluate if it is making appropriate decisions about the severity of the patient's condition. If the audit shows that the decisions are inaccurate or indeterminant, the County should return to the previous triage system. A properly implemented call triage system can help ensure that the right resources are sent to each event.
- **Support existing EMTs and EMS agencies.** As noted above in the [Key Findings](#), the existing EMS agencies have certain areas of difficulty related to non-patient care matters. The administrative paperwork burdens on agencies have been increasing. The County could have staff that would support the agencies in completing that necessary paperwork, especially with a new EMS Coordinator position. Purchasing proper EMS supplies is another burden that could be solved by the County. If the County or LCGH became an active EMS provider, they could serve as the hub for a cooperative buying program.
- **Improve EMS performance tracking.** The existing records management system used by the 911 Center does not accurately track the exchange of aid between the EMS agencies nor does it monitor response times on a regular basis. These functions should be added and monitored by the County 911 Center to document the challenges that are observed anecdotally. A manual system that tracks mutual aid has been developed but it requires significant work from full-time staff to maintain. This was a recommendation in the NYS Rural Ambulance Task Force Report.

- **Moving 911 Dispatch out of the Sheriff's Office should be studied.** The 911 Dispatchers are currently multi-purpose employees that, in addition to answering emergency calls and dispatching units, are also responsible for a number of tasks inside the jail including helping with female prisoner screening and controlling access points. These other roles pull them away from answering phones and managing units over the radio. The County should evaluate moving the 911 Center into a separate office or removing the jail focused tasks from these critical positions.
- **Call triage for non-urgent 911 calls.** An emerging trend in EMS is the utilization of a nurse navigation system for less urgent 911 calls to reduce the need for ambulances to respond. The process is focused on diverting low acuity calls made to 911 by connecting these calls to an appropriate alternative care scenario which could be an urgent care center or a telehealth visit. This system has recently been started in Oneida, Onondaga and Monroe Counties in New York. The system works when a caller contacts 911 and their condition meets specific local criteria for nurse navigation. The caller is then transferred to a nurse navigator who asks additional questions and helps identify an appropriate local resource for the patient. The program used by those three counties is operated by Global Medical Response. The costs for the program are based on the call volume of the 911 center and the number of calls transferred to the system. The nurse navigator system has been shown to reduce the number of 911 responses by up to 10% for communities, although information is primarily from the vendor and needs to be confirmed with communities that use the program.
- **Establish community response targets.** In order to improve the service in the County, reasonable and appropriate community response targets should be set. The performance targets should be in the areas of ability to respond, the timeliness of response based on dispatch criteria, and performance of clinical care bundles. For example, an agency should target being able to respond to 90% of first calls in district, have an ambulance on scene of serious calls in under 15 minutes 90% of the time, and ensure that suspected cardiac chest pain patients receive aspirin and a 12 lead EKG.
- **EMS leadership development.** Across the universe of volunteering and small organizations, poor leadership is often cited as a cause for people to leave the position. EMS is no different. One trend commonly seen, especially in EMS, is that there are relatively few "leaders of tomorrow." The County, in coordination with the regional EMS council, should seek to identify future leaders within the various departments and work to foster their skills. This includes bringing appropriate leadership courses to the community or sponsoring candidates to travel to regional workshops. The Division of EMS has a leadership development course that they will bring to a community to provide an overview of leadership skills. Local educational institutions could also serve as a resource for developing the next generation of leaders.

System Funding

The County providing direct EMS services would have significant new costs as outlined above. The following are some suggested funding mechanisms for assisting with paying for the expanded services:

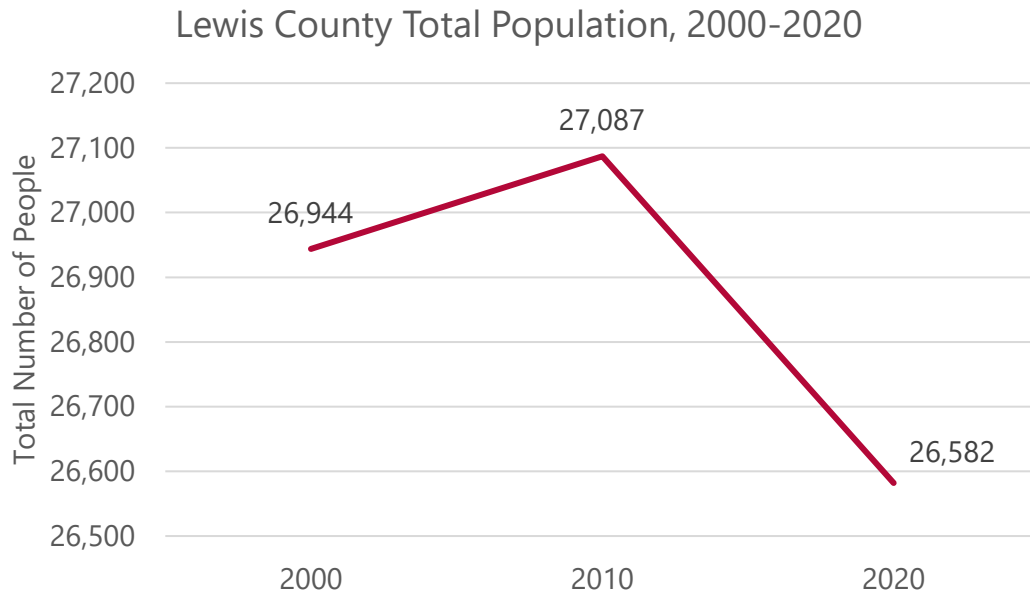
- **The ambulances service will be able to bill.** In particular, interfacility transport work could be a significant source of revenue for the County. However, with the call volume in the County and the costs of providing services in a rural area, this billing will not be able to cover all operating costs.
- **The County could pursue a motor vehicle registration tax:** A new tax could be applied for all vehicle registrations in Lewis County. Chenango County raises about \$320,000 on \$5-\$10 per vehicle tax. It is anticipated that Lewis County could expect about half this revenue as the County has about half the population of Chenango County.
- **A portion of Sales or Occupancy Tax revenue could be designated towards EMS.** The County retains all of the revenue from the Sales Tax and the revenue from the Occupancy Tax is shared based on an application basis. The Sales Tax revenue has been between \$15 and \$18 million over the last decade.
- The following table shows the increased tax impact that various amounts of subsidy would have on the County Property Tax Rate and the impact on a variety property values. **For a home value of \$200,000 the increased costs are modeled at \$36 to \$119 annually depending on the needed ambulance service subsidy.** For Model 1, the anticipated cost would be \$48 for a home at \$200,000 and \$107 for Model 2.

Subsidy Needed for EMS Service	Increase per Thousand	Home Value in Thousands			
		\$150	\$200	\$250	\$300
\$600,000	\$0.18	\$26.75	\$35.67	\$44.59	\$53.51
\$800,000	\$0.24	\$35.67	\$47.56	\$59.45	\$71.34
\$1,000,000	\$0.30	\$44.59	\$59.45	\$74.31	\$89.18
\$1,200,000	\$0.36	\$53.51	\$71.34	\$89.18	\$107.01
\$1,400,000	\$0.42	\$62.42	\$83.23	\$104.04	\$124.85
\$1,600,000	\$0.48	\$71.34	\$95.12	\$118.90	\$142.68
\$1,800,000	\$0.54	\$80.26	\$107.01	\$133.76	\$160.52
\$2,000,000	\$0.59	\$89.18	\$118.90	\$148.63	\$178.35

IV. Demographic Information

This section of the report provides a brief snapshot of Lewis County's demographic information and tax assessment value.

County Wide Demographic Information



Source: U.S. Decennial Census

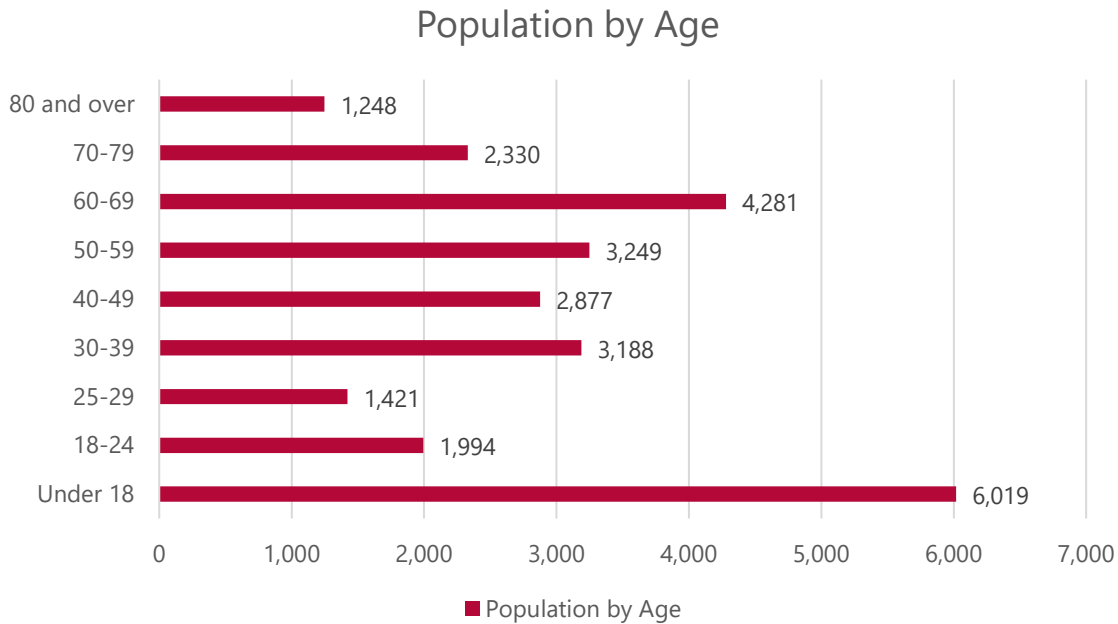
Between 2000 and 2010, Lewis County experienced a small amount of growth (0.5% increase), but the population then decreased over the next 10 years (1.9% decrease).

Total Population by Race in Lewis County (2020-2024)

Measurement/Data	Number of People	Share of County Population
Total population (2020-24)	26,607	
Hispanic or Latino	480	1.8%
Not Hispanic or Latino:	26,127	98.2%
Population of one race:		
White alone	25,626	96.3%
Black or African American alone	193	0.7%
American Indian and Alaska Native alone	8	0%
Asian alone	78	0.3%
Native Hawaiian and Other Pacific Islander alone	0	0%
Some Other Race alone	144	0.5%

Source: U.S. Census Bureau's American Community Survey (ACS) 5-Year Estimates, 2024

According to the 2024 ACS, the total population of Lewis County increased slightly (by 25) since 2020, and the County is majority White (96.3%).



Source: U.S. Census Bureau's American Community Survey (ACS) 5-Year Estimates, 2024

In 2024, the breakdown of the total population in the County was:

- 7,859 people were 60 years and older, approximately 30% of the total population.
 - 5% were 80 and over.
 - 9% were 70-79.
 - 16% were 60-69. This had the second largest population for an individual age bracket behind those under 18.
- 6,126 people were between 40 and 59 years old, approximately 23% of the total population.
- 4,609 people were between 25 and 39 years old, approximately 17% of the total population.
- 1,994 people were between 18 and 24, approximately 7% of the total population.
- 6,019 people were under 18, approximately 23% of the total population.

Older individuals require a greater level of EMS and medical care than other segments of the population. Like many rural places all over the US, Lewis County's population is aging. An aging population in the County is indicative of both volunteer providers aging out, as well as a higher number of EMS related calls (increased demand on services).

Housing Unit Occupancy Rate in Lewis County (2020-2024)

<u>Measurement/Data</u>	<u>Number</u>	<u>Share of County Units</u>
Housing Units	15,637	
Occupied	11,110	71%
Vacant	4,527	29%

Source: U.S. Census Bureau's American Community Survey (ACS) 5-Year Estimates, 2024

Most of the County's housing stock is occupied, but it does have a sizable portion of vacant units (nearly 1/3).

Town and Village Demographic and Tax Assessment Information

The following tables present demographic and tax assessment information for the individual municipalities in the County. Lewis County is a rural County made up of towns and villages ranging in population size from a low of 130 people (Town of Montague) and a high of 4,875 people (Town of Lowville). The low density of population/widespread nature of where people live in the County makes providing effective EMS service challenging.

Total Population by Municipality in Lewis County (2020-2024)

<u>Municipality</u>	<u>Total Population²³</u>
Town of Croghan	3,209
Town of Denmark	2,603
Town of Diana	1,383
Town of Greig	1,004
Town of Harrisburg	478
Town of Lewis	913
Town of Leyden	1,661
Town of Lowville	4,875
Town of Lyonsdale	1,159

²³ There are several hamlets located in some of these municipalities that are served by and/or have EMS agencies, but they are not included in this table as obtaining accurate, official census population data is challenging in hamlets because they are unincorporated, lack legal boundaries, and are not considered municipalities. Hamlet population is included in the estimates of these municipalities.

<u>Municipality</u>	<u>Total Population²³</u>
Town of Martinsburg	1,189
Town of Montague	130
Town of New Bremen	2,783
Town of Osceola	134
Town of Pinckney	285
Town of Turin	1,065
Town of Watson	1,976
Town of West Turin	1,733
Village of Castorland (Inside Town of Denmark)	481
Village of Constableville (Inside Town of West Turin)	322
Village of Copenhagen (Inside Town of Denmark)	635
Village of Croghan	642
Village of Lowville (Inside Town of Lowville)	3,404
Village of Lyons Falls (on Border Between Town of West Turin and Lyonsdale)	569
Village of Port Leyden (Inside Town of Leyden)	659
Village of Turin (Inside Town of Turin)	297

Source: U.S. Census Bureau's American Community Survey (ACS) 5-Year Estimates, 2024

Population 65 Years and Over by Municipality in Lewis County (2020-2024)

The share of population over 65 is an important consideration for EMS as those residents are more likely to use ambulance services than younger residents. In Lewis County, residents over 70 use the ambulance at a rate of 227 calls per 1,000 residents compared to the overall population of 103 calls per 1,000 residents.

<u>Municipality</u>	<u>Population 65 Years and Over</u>	<u>Share of Total Population in Municipality</u>
Town of Croghan	551	17.2%

<u>Municipality</u>	<u>Population 65 Years and Over</u>	<u>Share of Total Population in Municipality</u>
Town of Denmark	603	22.9%
Town of Diana	319	23.1%
Town of Greig	254	25.3%
Town of Harrisburg	50	10.5%
Town of Lewis	90	9.9%
Town of Leyden	333	20%
Town of Lowville	1,048	21.5%
Town of Lyonsdale	257	22.2%
Town of Martinsburg	292	24.6%
Town of Montague	20	15.4%
Town of New Bremen	453	16.3%
Town of Osceola	37	27.6%
Town of Pinckney	52	18.2%
Town of Turin	261	25.1%
Town of Watson	398	20.1%
Town of West Turin	442	25.5%
Village of Castorland	77	16.0%
Village of Constableville	54	16.3%
Village of Copenhagen	53	8.3%
Village of Croghan	128	19.9%
Village of Lowville	556	16.3%
Village of Lyons Falls	179	31.5%
Village of Port Leyden	152	23.1%
Village of Turin	107	36.0%

Source: U.S. Census Bureau's American Community Survey (ACS) 5-Year Estimates, 2024

It is important to evaluate the trends in density of the older population in the County at a more granular scale to better understand which municipalities in the County might have a higher call volume.

Among the municipalities in the County, the lowest proportion of population 65 years and older was in the Village of Copenhagen (8.3%; 53 people) while the largest was in the Village of Turin (36%; 107 people).

Based on number of residents, the Town of Montague had the fewest (20; 15.4%) while the Town of Lowville had the highest (1,048; 21.5%).

Total Assessed Value by Municipality in Lewis County (2026)

The taxable value is the assessed value of a property established by the local assessor. Because each community has a different schedule for conducting their assessment, it is necessary to equalize the assessment values across the area in an effort to compare across communities and ensure that each taxpayer is equitably assessed. The table below shows the equalized tax able value across the County.

<u>Municipality</u>	<u>County Taxable Value</u>	<u>Equalization Rate</u>	<u>Equalized Taxable Value</u>	<u>% of Total Equalized Taxable Value</u>
Town of Croghan	\$198,856,007	0.440	451,971,039	13%
Town of Demark	170,082,810	0.765	222,334,392	7%
Town of Diana	231,935,845	0.970	239,114,582	7%
Town of Greig	232,525,350	0.650	357,737,308	11%
Town of Harrisburg	45,480,612	0.700	64,972,303	2%
Town of Lewis	62,290,914	0.533	116,868,507	3%
Town of Leyden	107,300,091	0.710	151,126,889	4%
Town of Lowville	404,201,238	1.000	404,201,238	12%
Town of Lyonsdale	82,122,679	0.540	152,106,785	5%
Town of Martinsburg	156,083,859	1.00	156,083,859	5%
Town of Montague	38,605,680	0.710	54,374,197	2%
Town of New Bremen	182,812,619	0.745	245,392,106	7%

<u>Municipality</u>	<u>County Taxable Value</u>	<u>Equalization Rate</u>	<u>Equalized Taxable Value</u>	<u>% of Total Equalized Taxable Value</u>
Town of Osceola	48,634,813	0.645	75,402,811	2%
Town of Pinckney	39,378,008	0.830	47,443,383	1%
Town of Turin	81,357,411	0.710	114,587,903	3%
Town of Watson	217,465,360	0.710	306,296,282	9%
Town of West Turin	134,717,942	0.660	204,122,639	6%
TOTAL	2,433,851,238		3,364,141,230	

Source: Lewis County Department of Real Property Tax Services, 2026

When considering the approach to change the County wide EMS system, it is important to look at the assessed value of communities for modeling the proportional expense per community. The total assessed value in the County ranges widely, with the lowest equalized taxable value in the Town of Pinckney (\$47,443,383) and the highest in Town of Lowville (\$404,201,238).

V. Existing Conditions

The current EMS system in Lewis County consists of seven active EMS transport agencies²⁴ that are physically located in the County. Six out of the seven in-county agencies are 100% volunteer – responding to operating territories as well as responding to mutual aid calls. Lewis County Search and Rescue (LCSR) is a private not-for-profit combination agency with both paid and volunteer staff that holds the only County wide operating certificate (Certificate of Need, CON) in Lewis County.

These agencies are housed out of seven EMS bases throughout the County, covering 1,275 square miles and a population of 26,570 residents²⁵. In addition to County residents, there are numerous visitors to the County depending on the time of year. There has been an emphasis on driving year-round visitation in the County – with a noticeable increase in the number of visitors operating utility and all-terrain vehicles (UTVs and ATVs) since 2020 and reliable turnout for several weekend long festivals – but historically the fall hunting season and snowmobiling season are peak times for visitation.

In 2025, there were 13 total ambulances located inside the County, but only 2 or 3 were staffed 24/7 and the remainder were staffed when possible by volunteer crews.

Tables summarizing information about EMS agencies (both in-county and out-of-county) that provide service in Lewis County. These tables present information from the various agencies for ease of comparison.

²⁴ The eighth agency would be the Town of Osceola, which holds a Municipal Certificate of Need (Muni-CON) to provide EMS services; however, it has a contractual agreement with Camden Ambulance Service to provide this service, which means the Town of Osceola does not have its own EMS station and/or vehicles. Boonville and Carthage Area Rescue Squad are two other out-of-county agencies that provide EMS services to select areas inside of Lewis County. Natural Bridge – another agency located outside of Lewis County – has been providing EMS service to the Town of Diana (and the Village of Harrisville) since March 2025 when Harrisville Rescue Squad decided to not renew its ambulance operating certificate with the NYS Division of EMS

²⁵ Based on the U.S. Census Bureau's 2023 estimates.

Informational Summary Tables

Table 1: Basic Information on EMS Agencies

<u>Agency Name</u>	<u>Level of Service</u>	<u>Staffing Model</u>	<u>Avg # Responses/Year (Agency's % Share of All Responses) ²⁶</u>	<u>Charting Software</u>
In-County Agencies				
Beaver Falls Fire Department	EMT-P ²⁷	Volunteer	107 (3%)	Image Trend
Constableville Ambulance	EMT	Volunteer	83 (2%)	I-PCR
J.S. Koster Hose (Village of Port Leyden)	EMT	Volunteer	176 (5%)	Image Trend
Lewis County Search and Rescue (LCSR)	EMT-P	Combination	2,865 (75%) ²⁸	AIM
Village of Lyons Falls Fire Department	EMT-P	Volunteer	131 (3%)	I-PCR ²⁹
Town of Osceola Ambulance ³⁰	EMT-P	Contracted	-	-
Turin Ambulance	EMT-AEMT	Volunteer	69 (2%)	I-PCR
West Leyden Ambulance	EMT	Volunteer	60 (2%)	I-PCR
Out-of-County Agencies				
Boonville Ambulance (Oneida County)	EMT-P	Combination	80 (2%)	Image Trend

²⁶ The average represents call data between 2022 and 2025 received by County 911 Dispatch. The percentage represents an agency's share of all the calls responded to by all agencies in Lewis County (i.e., an agency's total number of calls per year divided by the total number of calls responded to by all agencies added together per year in Lewis County)

²⁷ EMT-P indicates an agency with BLS and ALS level service (EMT-Paramedic)

²⁸ Includes both transports and all other EMS calls (719 and 2,146 calls, respectively)

²⁹ During an interview it was stated that Lyons Falls Fire Department is considering changing its charting software to the NYS version of Image Trend.

³⁰ Town of Camden Ambulance provides service to the Town of Osceola under a contractual agreement; the Town of Osceola has a Municipal Operating Certificate.

<u>Agency Name</u>	<u>Level of Service</u>	<u>Staffing Model</u>	<u>Avg # Responses/Year (Agency's % Share of All Responses) ²⁶</u>	<u>Charting Software</u>
Town of Camden Ambulance (Oneida County) ³¹	EMT-P	Paid (Part-Time)	17 (<1%)	Image Trend (NYS Version)
Carthage Area Rescue Squad (Jefferson County)	EMT-P	Combination	169 (4%)	Zoll emsCharts
Natural Bridge (Jefferson County)	EMT	Combination	101 (3%)	I-PCR

Table 2: EMS Agency Staffing

<u>Agency Name</u>	<u>Total Volunteers³²</u>	<u>EMTs (Vol/FT/PT)</u>	<u>AEMTs (Vol/FT/PT)</u>	<u>Paramedic (Vol/FT/PT)</u>	<u>Other Positions</u>
In-County Agencies					
Beaver Falls FD	25	4/0/0	2/0/0	1/0/0	All Volunteers: 1 non-EMS, 1 Chief, 3 Asst. Chief, 3 Capt
Constableville Ambulance	40	9/0/0	0/0/0	1/0/0	All Volunteers: 1 EMS Chief, 1 EMS-Captain, 2 Field Training Officers (FTOs)
J.S. Koster Hose (Village of Port Leyden)	48	5/0/0	2/0/0	1/0/0	All Volunteers: 40 non-EMS
Lewis County Search and Rescue (LCSR)	39	23/0/9	1/0/0	4/6/10	1 non-EMS Volunteer. Career FT: 2 Captains, 2 Billing Clerks/EMTs, 1 Billing

³¹ As stated under the footnote above, Town of Camden Ambulance is the contracted ambulance service for the Town of Osceola.

³² Number of volunteers also represents support of fire department volunteers – Beaver Falls, Constableville, Turin, West Leyden, and Natural Bridge (data provided to CGR).

<u>Agency Name</u>	<u>Total Volunteers</u> ³²	<u>EMTs (Vol/FT/PT)</u>	<u>AEMTs (Vol/FT/PT)</u>	<u>Paramedic (Vol/FT/PT)</u>	<u>Other Positions</u>
					Lead/AEMT, 1 EMT/Clerical, 1 Chief of Operations/ Paramedic
Village of Lyons Falls FD	4	2/0/0	0/0/0	2/0/0	All Volunteers: 2 drivers
Turin Ambulance	22	4/0/0	2/0/0	0/0/0	1 Chief of Operations, Volunteer
West Leyden Ambulance	29	6/0/0	0/0/0	1/0/0	All Volunteers: 22 non-EMS, 1 Ambulance Capt., 7 F.D. Line Officers
Total, In-County	207	53/0/9	7/0/0	10/6/10	Various
Out of-County Agencies					
Boonville Ambulance (Oneida County) ³³	13	8/0/0	1/0/0	4/0/0	-
Town of Camden Ambulance (Oneida County)	0	0/0/15	0/0/5	0/0/10	3 paid drivers
Carthage Area Rescue Squad (Jefferson County)	-	2/0/6	0/0/1	0/0/16	5 drivers

³³ Boonville Ambulance contracts with AmCare Ambulance out of Rome, NY for a paid 24/7 paramedic (which is the only paid employee on the agency's books).

<u>Agency Name</u>	<u>Total Volunteers</u> ³²	<u>EMTs (Vol/FT/PT)</u>	<u>AEMTs (Vol/FT/PT)</u>	<u>Paramedic (Vol/FT/PT)</u>	<u>Other Positions</u>
Natural Bridge (Jefferson County)	35	15/0/0	0/0/0	0/0/0	-
Total, Out-of-County	48	23/0/23	1/0/4	4/0/26	Various

Table 3: EMS Station Capabilities

<u>Agency Name</u>	<u>Oxygen Cascade System?</u>	<u>Exhaust Capture System?</u>	<u>Training Room?</u>	<u>Security System?</u>	<u>Generator? (ng, d, p)</u> ³⁴	<u>Sleeping Quarters?</u>
In-County Agencies						
Beaver Falls FD	Yes	Yes	Yes	Yes	Yes (ng)	No
Constableville Ambulance	Yes	No	Yes	Yes	Yes (d)	No
JS Koster Hose (Village of Port Leyden)	No	No	No	Yes	Yes (p)	No
Lewis County Search & Rescue (LCSR)	No	No	Yes	Yes	Yes (ng)	Yes
Village of Lyons Falls FD	Yes	No	Yes	Unk	Yes (d)	No
Turin Ambulance	No	No	Yes	Yes	Yes (d)	No
West Leyden Ambulance	No	No	Yes	Yes	Yes (d)	No

³⁴ Ng = natural gas generator, d = diesel generator, p = propane generator, unk. = unknown

Table 4: Enhanced BLS Skill Capabilities of EMS Agencies

<u>Agency Name</u>	<u>Epi Check / Inject</u>	<u>CPAP</u>	<u>Narcan</u>	<u>Albuterol / Atrovent</u>	<u>12-Lead</u>	<u>Blood Glucose</u>	<u>I-Gel Airway</u>
In-County Agencies							
Beaver Falls FD	Yes	Yes	Yes	Yes	No	Yes	No
Constableville Ambulance	Yes	Yes	Yes	Yes	Yes	Yes	Yes
JS Koster Hose (Village of Port Leyden)	Yes	No	Yes	Yes	No	Yes	No
Lewis County Search & Rescue (LCSR)	Yes	Yes	Yes	Yes	No	Yes	Yes
Village of Lyons Falls FD	Yes	Yes	Yes	Yes	No	Yes	No
Turin Ambulance	Yes	No	Yes	Yes	No	Yes	No
West Leyden Ambulance	Yes	No	Yes	Yes	No	Yes	No

In New York State, the above list of skills are within the scope of practice for EMT/Basic providers, but each EMS agency has to obtain approval by the local Regional Emergency Medical Services Council (REMSCO) and Regional Emergency Medical Advisory Committee (REMAC) and complete additional training.

For the 12 Lead skill, this only allows EMT/Basic providers to acquire a 12 Lead ECG and transmit a report to the receiving hospital. EMT/Basics providers are not trained to interpret the 12 Lead ECG. Paramedics and AEMT can read them to differing degrees.

For the I-Gel airway skill, the BLS agency must have the capability of Capnography³⁵.

³⁵ Capnography is a non-invasive medical monitoring method that measures and displays the concentration of carbon dioxide in a patient's exhaled breath, providing a numerical value and a graphical waveform which can be crucial for confirming the placement of an advanced airway such as an I-Gel or endotracheal tube

Table 5: Capabilities and Vehicles of EMS Agencies³⁶

<u>Agency Name</u>	<u>Level of Service</u>	<u># Ambulances</u>	<u>EASV³⁷</u>	<u>Sets of ALS Gear</u>	<u>Power Stretchers</u>	<u>Mechanical CPR Devices</u>
In-County Agencies						
Beaver Falls FD	ALS	1	0	1	Yes	No
Constableville Ambulance	BLS	1	0	0	Yes	No
JS Koster Hose (Village of Port Leyden)	BLS	1	0	0	Yes	No
Lewis County Search & Rescue (LCSR)	ALS	7	2	6	Yes	Yes
Village of Lyons Falls FD	ALS	1	0	1	Yes	No
Turin Ambulance	AEMT ³⁸	1	0	1 AEMT	Yes	No
West Leyden	BLS	1	0	0	Yes	No
Out-of-County Agency						
Boonville	ALS	2	0	2	-	-

³⁶ As of 2025, there is no agency in Lewis County that has a Bariatric Stretcher capable of moving a larger person, generally more than 650 pounds.

³⁷ EASV is the NYS EMS official designation for a "Flycar", whether it be ALS or BLS level of care.

³⁸ Advanced EMT (AEMT) AEMT Level of Care is considered Advanced level, but not to the full capacity that a Paramedic can do.

<u>Agency Name</u>	<u>Level of Service</u>	<u># Ambulances</u>	<u>EASV³⁷</u>	<u>Sets of ALS Gear</u>	<u>Power Stretchers</u>	<u>Mechanical CPR Devices</u>
Carthage Area Rescue	ALS	4	4	4	.39	-
Camden Ambulance	ALS	1	0	1	-	-
Natural Bridge	BLS	2	0	0	1	Yes

Table 6: Summary of Financial/Billing Information

<u>Agency Name</u>	<u>Level of Service</u>	<u>Does Agency Bill?</u>	<u>Who Does Billing?</u>	<u>Est. Annual Revenue / Expenses (in 1000s)⁴⁰</u>
In-County Agencies				
Beaver Falls FD	ALS	No	N/A	\$24 / \$8
Constableville Ambulance	BLS	Yes	Certified Ambulance Group (CAG)	\$14.9 / \$16.6
JS Koster Hose (Village of Port Leyden)	BLS	Yes	CAG	\$60 / \$43
Lewis County Search & Rescue (LCSR)	ALS	Yes	In-House	\$1,724 / \$1,200
Village of Lyons Falls FD	ALS	Yes	CAG	N/A ⁴¹ / \$30

³⁹ This information was not requested from these agencies.

⁴⁰ Estimated annual revenue and expenses based on FY 2025 – no agency has a billing and collection all in the same fiscal year, so revenue versus expenses should NOT be viewed as a hardline annual budget. For example, time of call versus payment for the call could be 6 months to a year later depending on insurance carrier. Therefore, this data should be used as a general reference for scale of revenue and costs rather than a true operational budget.

⁴¹ In Lyons Falls, ambulance and fire is combined in the Village; therefore there is no separate contract for revenue.

<u>Agency Name</u>	<u>Level of Service</u>	<u>Does Agency Bill?</u>	<u>Who Does Billing?</u>	<u>Est. Annual Revenue / Expenses (in 1000s)⁴⁰</u>
Turin Ambulance	AEMT ⁴²	Yes	CAG	\$24.5 / \$24.5
West Leyden	BLS	Yes	CAG	\$34 / \$16
Out-of-County Agency				
Natural Bridge	BLS	Yes	EMR	N/A ⁴³

⁴² AEMT Level of Care is considered Advanced level, but not to the full capacity of a Paramedic.

⁴³ Natural Bridge does not receive payment directly from Lewis County through a formal arrangement, but it does have a formal agreement and receive annual payment from the Town of Diana (Town in Lewis County).

EMS Agency Profiles

The following sections of the report provide:

- Basic descriptions of these EMS agencies, key findings from stakeholder interviews and informational data requests, and evaluations of calls for service data by each agency between 2022 and 2025.
 - “High Priority Calls” for each agency are discussed in these profiles. These are based on dispatch information for serious incidents (incident call type outlined below) and analyzed to illustrate the portion of higher acuity calls being responded to by EMS agencies. The full list of incident call types that were considered High Priority were:
 - Allergy
 - ATV Accident
 - Breathing
 - Cardiac Arrest
 - Chest Pain
 - Choking
 - Convulsion
 - Diabetic
 - Electrocution
 - Heart Problem
 - Overdose
 - Snow Crash
 - Stroke
 - Trauma
 - Unconscious
- “Full Response Time” was evaluated for each agency in these profiles. The Full Response Time is the time interval from when the call entry process is begun at the 911 Center to the time the agency arrived at the scene. This includes the time for processing the call, an agency to be assigned, the crew to assemble, and ambulance to travel to the scene. Only the times for high priority calls were evaluated. While a shorter interval is preferred, there is no industry standard. The percentiles indicate what share of calls had a shorter interval than the time shown. For example, if the 90th percentile lists a time of 18.87 minutes in an afternoon time block, this means that 90 percent of high priority calls in the afternoon time block had a response time of less than 18.87 minutes.

Beaver Falls Fire Department

Beaver Falls Fire Department is a not-for-profit volunteer agency with ALS level EMS service. The agency has been providing EMS service since the early 1930s. The agency provides service to the towns of New Breman and Croghan including the hamlet of Beaver Falls.

The agency’s average annual call volume is approximately 107 calls (data 2022-2025), and this number has increased slightly between 2020 and 2025, which the agency has at least

partially associated with the aging of the population resulting in a population with a greater need of care.

Vehicles and Station

The Beaver Falls Fire Department's station is approximately 5,000 square feet, has 6 bays, and is located at 9583 Main Street, Beaver Falls, NY. It was originally constructed as a 2-bay station in the 1930s, and it was expanded to its current footprint in the early 1980s.

The agency currently owns and operates 1 ALS ambulance (Radio ID Amb. 1). It is a 2004 Modular Type III ambulance with approximately 56,500 miles on it. It was stated during an interview in September 2025 that the agency was looking to replace this ambulance with a new vehicle soon.

Funding/Billing

The Beaver Falls Fire Department is in a Fire District and has a total annual budget of \$100,000. The ALS ambulance does not bill.

Information on general annual revenue and expenses for Fiscal Year 2025 EMS operations at the agency is summarized below:

- Revenue: Approximately \$24,000
 - \$5,000 from fundraisers – the money from fundraisers goes towards the “wants” of the agency.
 - \$19,000 from 2 town contracts (New Breman and Croghan) – the money from these contracts goes directly into an Ambulance Fund (which had a balance of \$300,000 in September 2025, prior to the planned purchase of a replacement ambulance) to help cover maintenance and replacement of the agency's ambulance.
- Expenses: \$6,000 - \$8,000
- Net: \$16,000 - \$18,000⁴⁴

Strengths of Agency – What's Going Well

- **Longevity and transition:** The agency has been providing EMS since the early 1930s. It has successfully transitioned from a BLS to a Paramedic transport agency.
- **Personnel and training:** In December 2025, Beaver Falls had three ALS providers, four EMTs, and two people in an EMT class. The current EMS Captain has been with the agency for 36 years.

⁴⁴ Estimated annual revenue and expenses based on FY 2025 – no agency has a billing and collection all in the same fiscal year, so revenue versus expenses should NOT be viewed as a hardline annual budget. For example, time of call versus payment for the call could be 6 months to a year later depending on insurance carrier. Therefore, this data should be used as a general reference for scale of revenue and costs rather than a true operational budget.

- **Operational health:** The organization is financially stable and has a low scratch rate (low number of calls it cannot cover).
- **Community/political Support:** The community provides good support through Fire Department fundraisers which have very good turnouts. The agency has good relations with elected officials as a Fire District.

Largest Challenges for Agency

- **Workforce and volunteer decline:** The agency faces workforce challenges, and the number of volunteers has shrunk because people's personal schedules are busier. It was reported during an interview that leadership anticipates the number of volunteer members will continue to decline in the next decade
- **Financial costs:** The cost of everything keeps increasing, which makes it difficult for a small volunteer department to function and provide quality service.
- **Resistance to change:** Many volunteer members of the organization are likely not ready to change despite growing concerns about EMS service sustainability in the County.

Perceived Strengths of EMS County Wide

- **Volunteer collaboration:** The volunteers of the County work well together overall.
- **Improved 911 relationship:** It is perceived that the working relationship between agencies and the 911 Center continues to improve as both sides work more collaboratively together.

Perceived Weakness and Challenges of EMS County Wide

- **Resource and power sharing:** The whole system faces challenges from "Big Brother being a Bully" and "Robbing Peter to pay Paul" (i.e., one agency using force to control the actions of the others, and agencies adjusting incentives/pay and recycling providers rather than bringing new providers into the system).
- **Lack of volunteers:** The decline/lack of volunteers is a system-wide challenge.
- **Resistance to change:** System-wide change will be challenging, with barriers like the "This is my sandbox" mentality and the belief that "This is how we have always done it".
- **Paid staff behavior:** Some of the paid providers in the County are from out of the area and do not treat the patients the same as the volunteers who live in the County.

Proposed Solutions

- **Consolidation/paid service:** The agency anticipates that future changes will involve some sort of combination or paid EMS service, though this raises concerns about the cost of service to small communities.
- **911 Center improvement recommendation:** The 911 Center should focus on dispatch and not corrections duties to avoid burning out of staff and potential declining quality of the critical dispatch service provided.

Call Data Analysis

The following section evaluates EMS incident response data in Lewis County by Beaver Falls Fire Department. Call data was requested by CGR from the Lewis County 911 Dispatch Center for 2022-2025. The data in the table indicates the agency's responses to calls for service. If they were unable to respond, those calls are not tracked in this data.

Responses by Day of Week, Beaver Falls Fire Department (2022-2025)

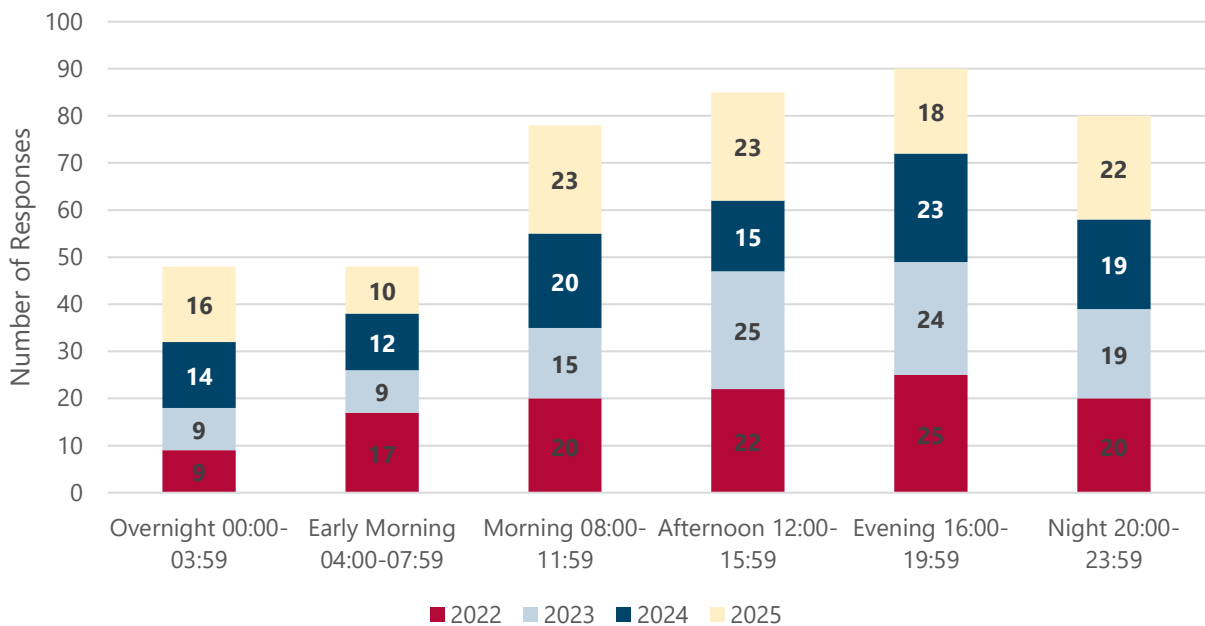
<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Responses on Day Total</u>
Sunday	16	15	17	16	15%
Monday	15	20	13	14	14%
Tuesday	10	10	11	17	11%
Wednesday	21	16	13	17	16%
Thursday	11	18	16	18	15%
Friday	25	9	19	10	15%
Saturday	15	13	14	20	14%
Year Total	113	101	103	112	

Responses by Month, Beaver Falls Fire Department (2022-2025)

<u>Month</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Month Total Responses</u>	<u>2025 Daily Responses, Average</u>
January	10	6	7	15	38	0.5
February	11	9	15	5	40	0.2
March	7	6	1	12	26	0.4
April	14	10	9	12	45	0.4
May	12	11	13	3	39	0.1
June	6	5	10	14	35	0.5

Month	2022	2023	2024	2025	Month Total Responses	2025 Daily Responses, Average
July	10	10	11	2	33	0.1
August	10	4	8	7	29	0.3
September	3	12	5	5	25	0.2
October	8	9	12	14	43	0.4
November	12	8	5	8	33	0.2
December	10	11	7	15	43	0.2
Year Total	113	101	103	112	429	

Responses by Time of Day, Beaver Falls Fire Department (2022-2025)



High Priority Call Responses, Beaver Falls Fire Department (2022-2025)

High Priority Calls are: Allergy, ATV Accident, Breathing, Cardiac Arrest, Chest Pain, Choking, Convulsion, Diabetic, Electrocutation, Heart Problem, Overdose, Snow Crash, Stroke, Trauma, Unconscious

<u>High Priority</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>
Yes	44	40	35	38	157
No	69	61	68	74	272
Total	113	101	103	112	429
Yes %	39%	40%	34%	34%	37%
No %	61%	60%	66%	66%	63%

Full Response Time (High Priority Calls) by Time of Day, Beaver Falls Fire Department (2025)

The Full Response Time is the time from when the call entry process is begun at the 911 Center to the time the agency arrived at the scene. This includes the time for processing the call, an agency to be assigned, the crew to assemble, and ambulance to travel to the scene. Only the times for high priority calls were evaluated. While a shorter interval is preferred, there is no industry standard. The percentiles indicate what share of calls had a shorter interval than the time shown. For example, 90 percent of high priority calls in the afternoon time block had a response time of less than 18.87 minutes.

<u>Time of Day</u>	<u>50th Percentile</u>	<u>75th Percentile</u>	<u>90th Percentile</u>
Overnight 00:00-03:59	23.75 mins	23.75 mins	23.75 mins
Early Morning 04:00-07:59	15.83 mins	18.53 mins	18.76 mins
Morning 08:00-11:59	18.6 mins	22.03 mins	24.09 mins
Afternoon 12:00-15:59	13.98 mins	18.32 mins	18.87 mins
Evening 16:00-19:59	14.95 mins	15.24 mins	21.48 mins
Night 20:00-23:59	15.27 mins	18.28 mins	21.27 mins

Top 10 Call Natures Responded to, Beaver Falls Fire Department (2022-2025)

The top 10 call natures represent 68% of all responses for the agency.

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Responses</u>
Sick Perso	16	11	15	26	68	16%
Falls	13	15	12	4	44	10%
Breathing	16	8	8	11	43	10%
Mvc With Inj	11	3	12	14	40	9%
Unconscious	9	4	4	6	23	5%
Chest Pain	3	4	5	7	19	4%
Diabetic	4	6	5	2	17	4%
Fire - Structure	4	4	5	3	16	4%
Ems Transport	4	6	2	3	15	3%
Trauma	2	6	3	3	14	3%

Top 5 Communities/Municipalities Responded to in Lewis County (NO TRANSPORTS), Beaver Falls Fire Department (2023-2025)

<u>Community</u>	<u>Count</u>	<u>% of Total Responses by Agency</u>
Village of Castorland (Inside Town of Denmark)	157	54%
Beaver Falls (Hamlet in Town of Croghan)	54	19%
Naumburg (Hamlet in Town of Denmark)	22	8%

<u>Community</u>	<u>Count</u>	<u>% of Total Responses by Agency</u>
Lowville ⁴⁵	19	7%
Croghan ⁴⁶	8	3%

Constableville Ambulance

Constableville Ambulance is a not-for-profit volunteer agency with BLS level EMS service. The agency has been providing EMS care since 1960. When EMS service was started, it was under the same umbrella as the Fire Company, but in 2019, EMS service split off from the Fire Company and formed its own corporation as ‘Constableville Ambulance’ so that it could bill for its services.

The agency’s municipal certificate of need (CON) for primary service encompasses the following:

- The entire Village of Constableville
- A portion of the Town of West Turin
- A portion of the Town of Leyden

The agency’s average annual call volume is approximately 83 calls (data 2022-2025). They reported that the volume of low acuity calls had increased in its service area since 2020.

Vehicles and Station

The station is approximately 9,000 square feet (100’ x 90’), has 4 bays, and is located at 3059 Main Street, Constableville, NY. It was originally constructed in the 1980s and it was reported that it will be receiving an addition soon.

Constableville currently owns and operates 1 ambulance (Radio ID Amb. 1). It is a 2019 F-450, Type 1 PL Custom “medic in mind” diesel ambulance with approximately 25,000 miles on it. This ambulance is 4 wheel drive.

Funding/Billing

Constableville Ambulance contracts with Certified Ambulance Group (CAG) for all facets of billing. The agency’s main forms of revenue generation are fee for service, donations, and a contract with the Village of Constableville.

⁴⁵ Town and Village undifferentiated in count of calls in data.

⁴⁶ Town and Village undifferentiated in count of calls in data.

Information on annual revenue and expenses for Fiscal Year 2025 EMS operations at the agency is summarized below:

- Revenue: Approximately \$14,900
 - \$14,150 from ambulance insurance (billing revenue)
 - \$25 from ambulance supplies income
 - \$700 from 'In Memory of' (IMO) donations
- Expenses: Approximately \$16,625
 - \$5,375 for ambulance repairs
 - \$300 for ALS links
 - \$2,500 for ambulance billing
 - \$1,700 for ambulance supplies
 - \$1,300 for contract services – accounting fees
 - \$850 for fuel
 - \$3,000 for training/continuing education
 - \$1,600 for ambulance cell phone
- Net: - (\$1,725)⁴⁷

In 2025⁴⁸, Constableville Ambulance had the following schedule of service charges (non-emergency and emergency charges are the same):

- ALS - \$1,234.00 (3% increase from 2024 into 2025)
- ALS 2 - \$1,712.00
- BLS - \$747.00
- Mileage - \$22.00/mile

Strengths of Agency – What's Going Well

- **Organizational structure:** The agency views its internal organizational and leadership structure as strong.

⁴⁷ Estimated annual revenue and expenses based on FY 2025 – no agency has billing and collection all in the same fiscal year, so revenue versus expenses should NOT be viewed as a hardline annual operating budget. For example, time of call versus payment for the call could be 6 months to a year later depending on insurance carrier. Therefore, this data should be used as a general reference for scale of revenue and costs rather than a true operational budget. In Constableville's case, it additionally stated it had a savings account that had previous years ambulance insurance income revenue in it along with what was in the primary checking account from previous years to help offset operational costs.

⁴⁸ All charges went up by approximately 3% from 2024 with the exception of mileage, which went up by approximately 5%.

- **Advanced BLS skills:** As a BLS agency, Constableville utilizes enhanced BLS skills and equipment, including 12 Lead ECG, I-Gel Airway, LP-15 for ECG and Capnography for I-Gel, BG Monitoring, Epi Check/Inject, Narcan, and Albuterol/Atrovent.
- **Strong community support:** It receives great community support. As an example, the community raised funds for the LP-15 for the BLS ECG and I-Gel Capnography (or about \$50k in funding).

Largest Challenges for Agency

- **Call coverage:** The agency struggles to cover calls depending on the time of day (primarily during daytime/work hours during the week).
- **Documentation:** The E-PCR charting (Electronic Patient Care Report) is a challenge for the agency.
- **Future workforce:** Anticipates future challenges with workforce, retention, and recruitment, as well as many of its providers aging out.
- **Volunteer benefits:** Volunteers do not get any benefits such as Length of Service Award Program (LOSAP)⁴⁹, per call incentives, or property tax abatement.

Perceived Strengths of EMS County Wide

- **Interagency relations:** Providers in the Lewis County EMS system work well with each other overall.
- **Willingness to change:** The agency believes that most providers in the County are ready to change and that a new way to provide service needs to be explored.

Perceived Weakness and Challenges of EMS County Wide

- **Financial barriers:** Finances are seen as a barrier to making system-wide changes as it is not easily seen where the money for improved services will come from.
- **Increasing mutual aid:** Mutual Aid is perceived as increasing for all agencies, which is putting a strain on already limited agencies.
- **911 Center changes:** The 911 Center used to have Pro-QA for EMD but now utilizes another product and it is believed that information is not as high quality as it used to be.

Proposed Solutions

- **New service models:** The County needs to look at new, bold, and expansive changes to the way service is provided.
- **911 Center improvement recommendation:** The return to, or adoption of, a system that provides better information for E-PCR (like the former Pro-QA) would be beneficial.

⁴⁹ This program is a retirement benefit for volunteer emergency service members who receive tax-deferred income for their service.

Call Data Analysis

Responses by Day of Week, Constableville Ambulance (2022-2025)

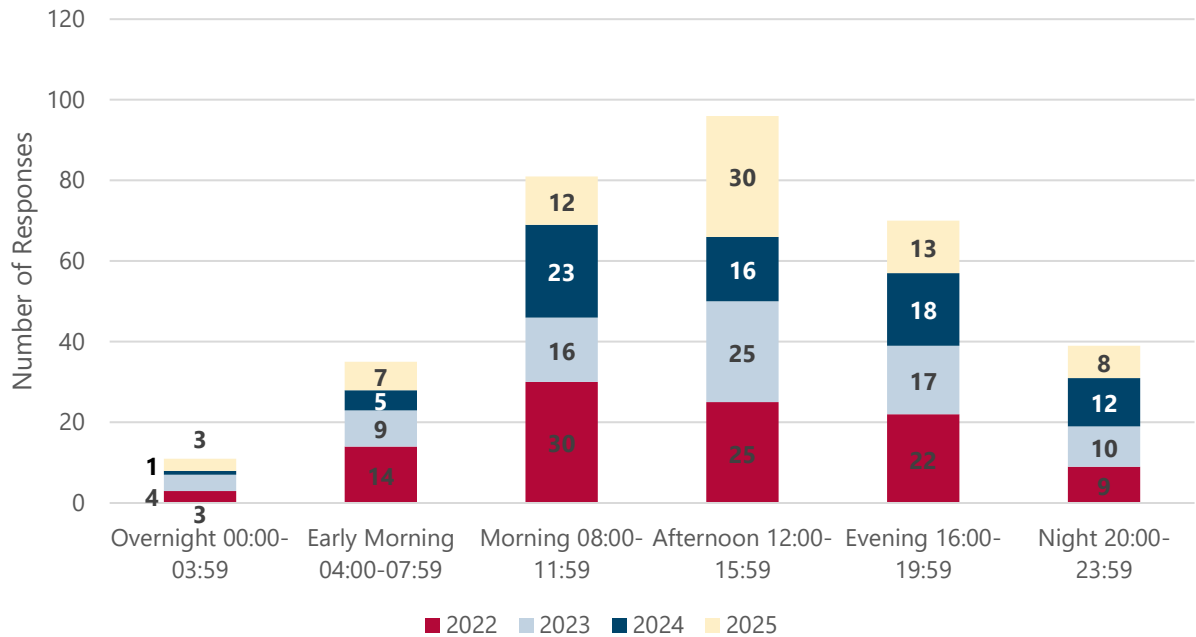
<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Responses on Day Total</u>
Sunday	9	11	8	5	10%
Monday	16	14	15	14	18%
Tuesday	17	15	6	7	14%
Wednesday	11	7	8	6	10%
Thursday	15	17	14	7	16%
Friday	17	9	12	20	17%
Saturday	18	8	12	14	16%
Year Total	103	81	75	73	

Responses by Month, Constableville Ambulance (2022-2025)

<u>Month</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Month Total Responses</u>	<u>2025 Daily Responses, Average</u>
January	10	8	7	7	32	0.2
February	11	6	5	10	32	0.4
March	10	3	6	8	27	0.3
April	4	9	7	4	24	0.1
May	6	6	7	2	21	0.1
June	3	3	2	6	14	0.2
July	3	8	11	5	27	0.2
August	11	5	6	11	33	0.2

Month	2022	2023	2024	2025	Month Total Responses	2025 Daily Responses, Average
September	10	6	8	5	29	0.3
October	11	6	2	4	23	0.1
November	13	10	9	7	39	0.3
December	11	11	5	4	31	0.2
Year Total	103	81	75	73	332	

Responses by Time of Day, Constableville Ambulance (2022-2025)



High Priority Call Responses, Constableville Ambulance (2022-2025)

High Priority Calls are: Allergy, ATV Accident, Breathing, Cardiac Arrest, Chest Pain, Choking, Convulsion, Diabetic, Electrocutation, Heart Problem, Overdose, Snow Crash, Stroke, Trauma, Unconscious.

<u>High Priority</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>
Yes	39	26	27	28	120
No	64	55	48	45	212
Total	103	81	75	73	332
Yes %	38%	32%	36%	38%	36%
No %	62%	68%	64%	62%	64%

Full Response Time (High Priority Calls) by Time of Day, Constableville Ambulance (2025)

<u>Time of Day</u>	<u>50th Percentile</u>	<u>75th Percentile</u>	<u>90th Percentile</u>
Overnight 00:00-03:59	28.13 mins	30.05 mins	31.21 mins
Early Morning 04:00-07:59	20.88 mins	23.93 mins	25.76 mins
Morning 08:00- 11:59	20.78 mins	26.26 mins	29.1 mins
Afternoon 12:00-15:59	18.53 mins	20.41 mins	22.23 mins
Evening 16:00- 19:59	17.16 mins	17.38 mins	17.41 mins
Night 20:00- 23:59	15.81 mins	16.68 mins	17.2 mins

Top 10 Call Natures Responded to, Constableville Ambulance (2022-2025)

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Responses</u>
MVC with Injuries	13	7	13	19	52	16%
Falls	16	13	8	5	42	13%
Sick Perso	11	8	8	8	35	11%
Fire - Structure	5	9	7	1	22	7%
Convulsion	4	5	6	5	20	6%
Unconscious	7	4	2	3	16	5%
Trauma	5	1	7	2	15	5%
Breathing	7	3		5	15	5%
Snow Crash	5	3	3	4	15	5%
Chest Pain	2	2	4	3	11	3%

Top 5 Communities/Municipalities Responded to in Lewis County, Constableville Ambulance (2023-2025)

<u>Community</u>	<u>Count</u>	<u>% of Total Responses by Agency</u>
Village of Constableville (Inside Town of West Turin)	125	71%
Turin ⁵⁰	17	10%
Village of Port Leyden (Inside Town of Leyden)	8	5%

⁵⁰ Town and Village undifferentiated in count of calls in data.

<u>Community</u>	<u>Count</u>	<u>% of Total Responses by Agency</u>
Lyons Falls (on Border Between Town of West Turin and Lyonsdale)	7	4%
West Leyden (Hamlet in Town of Lewis)	3	2%

J.S. Koster Hose

J.S. Koster Hose (located in the Village of Port Leyden) is a not-for-profit volunteer dual role fire/EMS agency that provides BLS level EMS service. The agency has been providing fire protection services since 1897, was incorporated in 1955, and has been providing EMS services since the 1970s.

The agency provides EMS service to the Village of Port Leyden and portions of the Town of Leyden and Town of Lyonsdale.

The number of calls that the agency responds to has increased since 2022 when it received 76 calls, to 2025 when it received 225 calls. The annual average calls of the agency is approximately 176 calls (data 2022-2025). The agency associated this increase in calls partially to mutual aid calls in Boonville, but believed most of the increase was from unnecessary 911 calls in Lewis County.

Vehicles and Station

The station is located at 3387 Douglas Street, Port Leyden, NY, was built in the 1970s and has 4 bays.

Port Leyden currently owns and operates 1 ambulance (Radio ID A341). It is a Type III Chevy from 2016 with 130,000 miles on it.

Funding/Billing

The agency contracts with Certified Ambulance Group (CAG) for all facets of billing.

Information on annual revenue and expenses for Fiscal Year 2025 is summarized below:

- Revenue: approximately \$60,000
 - Ambulance billing/reimbursement: approximately \$52,000
 - Contract Town of Leyden Ambulance: approximately \$8,000, negotiated annually
- Expenses: approximately \$43,000

- Maintenance and repairs: approximately \$3,500
- Supplies: approximately \$6,000
- Training/education: approximately \$550
- Security system: approximately \$1,300
- Other/misc. (electronic PCR contract, phone bill, insurance, etc.): approximately \$31,650
- **Net: \$17,000⁵¹**

Strengths of Agency – What’s Going Well

- **Strong, tight-knit group:** The agency is described as a tight knit group with a core of three people who consistently run calls. The agency can talk about difficult calls and support anyone who is struggling.
- **Institutional knowledge:** The President of the agency has been in EMS for 36 years and provides great institutional knowledge.
- **Diverse skillsets and resources:** The agency has good resources, including people in the Fire Company who are mechanics (and are in the shared station with the EMS providers), eliminating the need to send vehicles to an outside shop.
- **Effective mutual aid coverage:** The agency can cover mutual aid calls effectively.
- **Improved charting software:** The agency transitioned from I-PCR, which took 45 minutes to produce a chart, to Image Trends (NYS version), which now takes only 15–20 minutes.
- **Increased revenue from billing:** The agency had been billing for about 18 months (since approximately March 2024) at the time this report was written, which was a plus for its revenue source.

Largest Challenges for Agency

- **Volunteerism decline:** Volunteerism has decreased, with a noticeably worse decline in the last 5–10 years (2015-2020). While the agency had about 10 EMTs in 2020, it had only 7–8, with 3 running consistently, in 2025.
- **Time commitment:** State requirements, keeping up on CMEs, and protocols are time consuming, scaring away people from dedicating the time required.
- **Overburdened active members:** The handful of active people are carrying a heavy load, with one person managing the duties of captain, CMEs, a full-time and part-time job, and home life.
- **Regional protocol hurdles:** The agency faces issues with regional councils and layers of paperwork to get permission for certain procedures. For example, a provider stated they

⁵¹ Estimated annual revenue and expenses based on FY 2025 – no agency has billing and collection all in the same fiscal year, so revenue versus expenses should NOT be viewed as a hardline annual operating budget. For example, time of call versus payment for the call could be 6 months to a year later depending on insurance carrier. Therefore, this data should be used as a general reference for scale of revenue and costs rather than a true operational budget.

could not do IGELs at the agency while they COULD at AMCare (as the individual worked at both agencies), despite the state saying it is allowed with medical director's permission.

- **Reliance on fundraising:** Before ambulance billing, the agency had to fundraise about one-third of its budget to meet financial needs. The fire company only gets 35% of fire contract money, with the Village keeping 65% for things like the building, fuel, and trucks.
- **Medicaid billing delay:** The agency was still working on getting its backlogged Medicaid numbers due to an issue with an unnotarized signature.

Perceived Strengths of the County Wide System

- **Weekend coverage:** The southern end of the County is usually good on weekends because people can answer calls.
- **Effective mutual aid system:** Mutual aid in the County is mainly very good.
- **Excellent 911 Center relationship:** The agency has an excellent working relationship with the 911 Center.

Perceived Weakness and Challenges of the County EMS System

- **Lack of ALS dispatch differentiation:** The 911 Center's new program for dispatching ALS is considered not as good as before and sometimes requires the crew to request ALS once on scene.
- **School obstacle to recruitment:** Several schools in the County have denied requests from the agency to talk to students about volunteering because the role does not involve a paycheck and so it is viewed as less important to provide education opportunities about.
- **Staffing gaps:** The system struggles to cover calls during the week, especially during working/daytime hours.

Proposed Solutions

- **Full County-based EMS system:** The ultimate fix is a County based EMS system.
 - The system should be run out of two different locations (one slightly north, one slightly south).
 - It must offer paramedic ALS and cover transfers.
 - Volunteers should be allowed to keep their rigs as long as they can get out the door.
 - The system should have paid staffing levels at each agency per shift, with an overlap shift from 10 a.m. to 10 p.m., allowing volunteers to take what they can.
- **Fly cars for daytime coverage:** A simple solution would be to implement a few fly cars during the day (like Madison County) to build a safety net.
- **Enhanced ALS dispatch:** The 911 Center should come up with a different program to dispatch ALS that allows for more judgment on the type of call.
- **Local ALS support:** It would be helpful to have a paramedic stationed in the southern end of the County (like what Boonville does) to allow the local agencies to utilize them for an ALS link. Turin is suggested as a central location for this service

Call Data Analysis

Responses by Day of Week, J.S. Koster Hose (2022-2025)

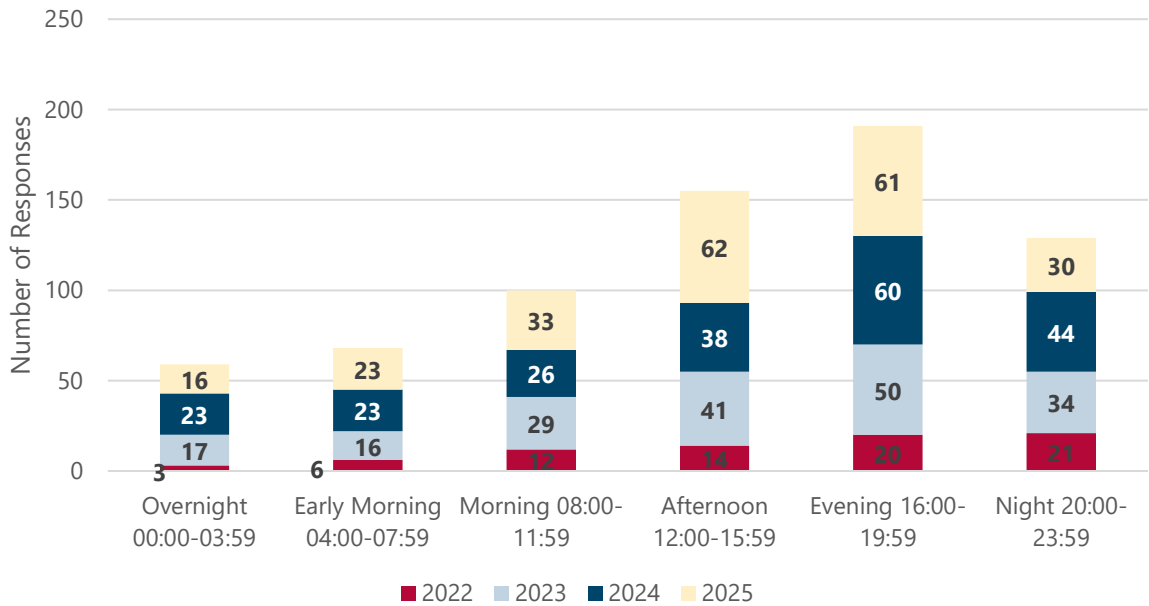
<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Responses on Day Total</u>
Sunday	15	28	30	22	14%
Monday	8	26	35	43	16%
Tuesday	15	18	26	31	13%
Wednesday	8	24	31	27	13%
Thursday	5	32	18	31	12%
Friday	8	21	28	38	14%
Saturday	17	38	46	33	19%
Year Total	76	187	214	225	

Responses by Month, J.S. Koster Hose (2022-2025)

<u>Month</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Month Total Responses</u>	<u>2025 Daily Responses, Average</u>
January	6	2	18	20	46	0.6
February	6	2	12	28	48	1.0
March	10	11	15	27	63	0.9
April	5	26	13	16	60	0.5
May	5	29	20	16	70	0.5
June	5	14	22	13	54	0.4
July	8	23	22	35	88	1.1
August	9	12	26	13	60	0.4

Month	2022	2023	2024	2025	Month Total Responses	2025 Daily Responses, Average
September	4	22	8	15	49	0.5
October	3	19	1	16	39	0.4
November	9	8	30	12	59	0.4
December	6	19	27	14	66	0.5
Year Total	76	187	214	225	702	

Responses by Time of Day, J.S. Koster Hose (2022-2025)



High Priority Call Responses, J.S. Koster Hose (2022-2025)

High Priority Calls are: Allergy, ATV Accident, Breathing, Cardiac Arrest, Chest Pain, Choking, Convulsion, Diabetic, Electrocutation, Heart Problem, Overdose, Snow Crash, Stroke, Trauma, Unconscious

High Priority	2022	2023	2024	2025	Total
Yes	29	76	76	86	267
No	47	111	138	139	435

<u>High Priority</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>
Total	76	187	214	225	702
Yes %	38%	41%	36%	38%	38%
No %	62%	59%	64%	62%	62%

Full Response Time (High Priority Calls) by Time of Day, J.S. Koster Hose (2025)

<u>Time of Day</u>	<u>50th Percentile</u>	<u>75th Percentile</u>	<u>90th Percentile</u>
Overnight 00:00-03:59	18.15 mins	21.28 mins	23.16 mins
Early Morning 04:00-07:59	15.95 mins	17.78 mins	21.95 mins
Morning 08:00- 11:59	13.8 mins	16.54 mins	21.01 mins
Afternoon 12:00-15:59	13.62 mins	18.24 mins	21.16 mins
Evening 16:00- 19:59	14.18 mins	20.15 mins	24.66 mins
Night 20:00- 23:59	14.02 mins	19.46 mins	23.3 mins

Top 10 Call Natures Responded to, J.S. Koster Hose (2022-2025)

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Responses</u>
Sick Perso	10	39	35	40	124	18%
Falls	6	26	24	27	83	12%
Breathing	11	22	18	22	73	10%
Mvc With Injuries	8	12	15	21	56	8%

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Responses</u>
Chest Pain	5	11	16	18	50	7%
Unconscious	6	10	7	15	38	5%
Convulsion	1	9	12	7	29	4%
Abdominal		7	6	9	22	3%
Alarm Medical		2	7	11	20	3%
Stroke	2	3	8	5	18	3%

Top 5 Communities/Municipalities Responded to in Lewis County (NO TRANSPORTS), J.S Koster Hose (2023-2025)

<u>Community</u>	<u>Count</u>	<u>% of Total Responses by Agency</u>
Village of Port Leyden (Inside Town of Leyden)	307	69%
Lyons Falls (on Border Between Town of West Turin and Lyonsdale)	99	22%
Turin ⁵²	16	4%
Village of Constableville (Inside Town of West Turin)	7	2
West Leyden (Hamlet in Town of Lewis)	6	1

⁵² Town and Village undifferentiated in count of calls in data.

Lewis County Search and Rescue

Lewis County Search and Rescue (LCSR) is a not-for-profit, combination (volunteer and paid staff) ALS/BLS level service agency. LCSR has been providing EMS service for 50 years (since the 1970s). It started out as 100% volunteer but transitioned into a mixed agency. Up until 10 years ago (2015), the agency only had 1-2 paid employees (a chief and a paramedic), until the decline in volunteerism began to accelerate, leading the agency to pay more staff. LCSR's workforce today is now more than 90% paid career staff.

LCSR provides service to all of Lewis County as the only county-wide CON holder.

The agency's average annual call volume is approximately 2,865 for all calls, inclusive of transports (average 719) and other EMS calls (average 2,146) (data 2022-2025).

Vehicles and Station

The station was built in 1978 and is approximately 3,150 square feet with 6 bays. The Admin Building is 5,250 square feet, was built in 1991 and was upgraded in 2008. These buildings are located at 7782 West State Street, Lowville, NY.

LCSR currently owns and operates 7 ambulances and 2 intercept fly cars, which are summarized below:

- LSR 1: Modular, 2008, 170,000 miles
- LSR 2: Van, 2023, 103,489 miles
- LSR 3: Modular, 2015, 122,000 miles
- LSR4: Van, 2023, 74,938 miles
- LSR5: Modular, 2020, 132,561 miles
- LSR6: Modular, 2002, 128,332 miles
- LSR7: Modular, 1999, 142,878 miles
- CAR1: EASV, 2008, 146,627 miles
- CAR2: EASV, 2012, 117,982 miles

Funding/Billing

LCSR handles all billing in-house with staff dedicated to all facets of the process.

Information received from LCSR on annual revenue and expenses for Fiscal Year 2025 is summarized below:

- Revenue: Approximately \$1,724,000
 - \$25,000 from fundraisers
 - \$2,000 from sale of property
 - \$1,637,374 from fees for services

- This is an estimated \$900 in revenue per transport based on 1,800 transports per year.
- \$60,000 contracts with communities
 - LCSR has contracts with 10 townships for a total subsidy of \$60,000 annually. The Town of Lowville pays the most (\$23,000/year), which is based on population size, while the rest of the contracts are between \$900 and \$5,000 a year. These contracts are negotiated/changed annually.
- Expenses: Approximately \$1,200,000
 - \$904,217 for personal services (salaries and wages)
 - \$132,000 for employee benefits
 - \$163,500 for equipment and capital outlays

The approximate mix of payors for transports in 2025 was⁵³:

- Medicare = 25%
- Medicaid = 15%
- Commercial = 54%
- Motor vehicle = 3%
- DA/Hospital/Workmans Comp = 2%
- Private Pay/No Insurance = 1%

A schedule of fees for services charged by LCSR in 2025 is provided below.

LCSR Billing Rates	2025
ALS 1	\$886.00
ALS 2	\$1,109.00
SCT	\$2,029.00
Paramedic Intercept	\$605.00
ALS Treat and Release	\$209.00
ALS Standby	\$400.00
BLS	\$553.00
BLS Treat and Release	\$106.00
BLS Standby	\$300.00
Mileage	\$19.00
VA Transport	\$553.00
VA Mileage	\$19.00

⁵³ This data was taken from a rolling 12-month period from October 2024 to September 2025. This data did not include the 624 non-billable charts which would include PT sign offs, cancellations, and certain ALS intercepts.

Source: Lewis County Search and Rescue

Strengths of Agency – What’s Going Well

- **Financial health:** The agency is financially stable, having overcome a debt of over \$100k to achieve \$1.3 million in net cash (reserves and general operating total).
- **Expert internal billing:** The office staff consists of certified providers (Basic and AEMT) who perform internal billing. This internal focus on tracking and documentation helps ensure the agency receives every possible dollar.
- **Staff morale and teamwork:** It was reported that the staff has good camaraderie and morale, with an ability to come together, face adversity, and work well together.
- **Strong training program:** The agency has four Certified Instructor Coordinators (CICs) on staff, which aids in training and development.
- **Effective cost management:** The agency manages funds by buying used ambulances (e.g., a 2020 Chevy with 1,500 miles) and focusing on purchasing used equipment with a quick Return on Investment (ROI).

Largest Challenges for Agency

- **Volunteer engagement:** The agency has 39 volunteers, but only 5 or less pull a shift on a regular basis.
- **Funding and reimbursement:** Reimbursement rates have not kept up with inflation.
- **Recruitment and staffing shortages:** Staffing has been a worsening challenge for the last six years (since 2019). The agency is currently experiencing a shortage of BLS providers.
- **Competitive pay gap:** Despite increasing pay to \$25/hour for ALS providers, this is significantly less than the average \$50/hour for an ER nurse in the region, making it difficult to recruit talent for a career in emergency medicine.
- **High cost of rent:** The agency reports losing several employees to other areas of the state because of the high cost of living in the County.

Perceived Strengths of the County Wide System

- **Call reliability:** The system is effective at ensuring calls are rarely pending, meaning patients are not waiting a significant amount of time.
- **Interagency collaboration:** There is good collaboration between fire departments and EMS for specialized needs like snowmobile, cold water, and swift water rescue.

Perceived Weakness and Challenges of the County EMS System

- **Resistance to change:** Belief that the biggest barrier to system-wide change is the local volunteer agencies’ unwillingness to lose their independence or identity.
- **Unsustainable volunteerism:** The decrease in volunteer numbers means the system is not sustainable long term, with some agencies being at risk of closing if they lose just two providers.
- **Interagency conflict:** LCSR has been seen as the "bad guy" and a threat to other agencies.
- **Volunteer burden:** The amount of time it takes to complete an electronic PCR is a challenge for volunteers.

- **Inadequate 911 Center data:** The CAD software could be improved by providing more narrative information and clearly differentiating between true ALS and BLS needs.

Proposed Solutions

- **Implement a BLS First Responder (BLSFR) Model:** For volunteers, LCSR suggests a BLSFR model where volunteer agencies could continue to provide service “when available” by responding with a vehicle equipped at its appropriate level of care. The volunteer agency would initiate care and then turn the patient over to a transporting crew.
 - This would reduce the challenge that volunteer agencies face with long transport times to appropriate hospitals by eliminating these long call times. If a volunteer was interested, they would still be able to elect to assist and ride with the transporting agency, but the volunteer would have more flexibility about the time spent on a call.
- **Create a consolidated County system:** The entire system should be "bundled together" to achieve sustainability. This consolidated system would have better buying power, run with the same equipment, and centralize training.
- **Raise pay and benefits:** If the County were to initiate a County run system, to make EMS a viable career, the County should pay appropriately and offer competitive benefits, including retirement, sick time, and vacation time. LCSR cited losing staff to city hospitals and ambulance agencies due to the inability to pay a reasonable salary for like services. It referenced comparison salaries to ER Techs (EMT equivalent) and RNs (Paramedic equivalent), with RNs making close to double what Paramedics make, despite similar training and services provided. Narrowing the pay gap and offering benefits would help retain quality medics in EMS.
- **Improve 911 Center information:** The 911 Center needs to better differentiate between call types and include a narrative in the dispatch CAD to help providers prepare for the call.

Call Data Analysis

All Calls (Inter-Facility Transports and Other EMS Calls) Responded to Annually, LCSR (2022-2025)

Type of Call	2022	2023	2024	2025	Total
All Calls	2,932	2,820	2,836	2,872	11,460
Interfacility Transports	830	741	717	588	2,876
Other EMS Calls	2,102	2,079	2,119	2,284	8,584
% Transports	28%	26%	25%	20%	25%
% Other EMS Calls	72%	74%	75%	80%	75%

All Calls (Inter-Facility Transports and Other EMS Calls) Responded to by Day of Week, LCSR (2022-2025)

<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Responses on Day Total</u>
Sunday	362	390	328	384	13%
Monday	430	416	457	409	15%
Tuesday	426	363	407	402	14%
Wednesday	431	379	398	430	14%
Thursday	420	414	370	432	14%
Friday	446	436	461	391	15%
Saturday	417	422	415	424	15%
Year Total	2,932	2,820	2,836	2,872	

Only Inter-Facility Transport Calls Responded by Day of Week, LCSR (2022-2025)

<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Responses on Day Total</u>
Sunday	82	101	85	69	12%
Monday	113	110	108	79	14%
Tuesday	147	99	105	87	15%
Wednesday	138	107	106	80	15%
Thursday	130	113	104	105	16%
Friday	118	119	115	83	15%
Saturday	102	92	94	85	13%
Year Total	830	741	717	588	

Emergency EMS Calls Responded by Day of Week, LCSR (2022-2025)

<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Responses on Day Total</u>
Sunday	280	289	243	315	13%
Monday	317	306	349	330	15%
Tuesday	279	264	302	315	14%
Wednesday	293	272	292	350	14%
Thursday	290	301	266	327	14%
Friday	328	317	346	308	15%
Saturday	315	330	321	339	15%
Year Total	2,102	2,079	2,119	2,284	

Only Inter-Facility Transport Calls Responded to by Month, LCSR (2022-2025)

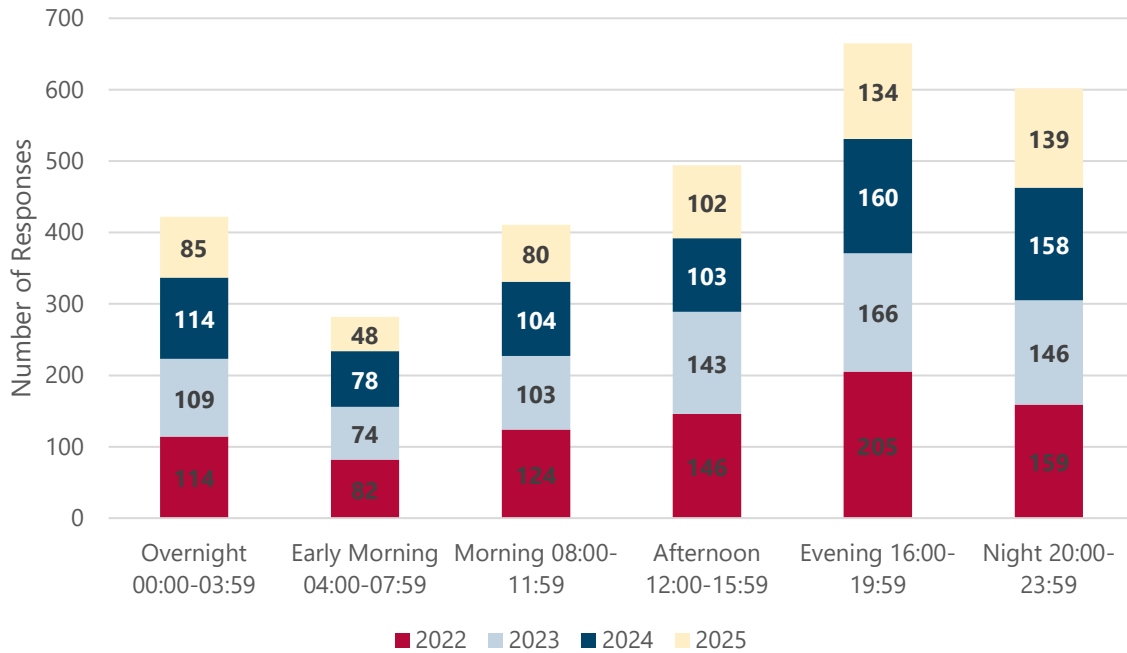
<u>Month</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Month Total Responses</u>	<u>2025 Daily Responses, Average</u>
January	66	64	59	50	239	1.6
February	85	59	64	37	245	1.3
March	82	49	60	61	252	2.0
April	73	57	67	57	254	1.9
May	76	72	60	40	248	1.3
June	70	66	60	55	251	1.8
July	66	80	69	41	256	1.3
August	59	73	66	52	250	1.7

<u>Month</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Month Total Responses</u>	<u>2025 Daily Responses, Average</u>
September	72	59	52	52	235	1.7
October	51	53	53	53	210	1.7
November	73	58	58	45	234	1.5
December	57	51	49	45	202	1.5
Year Total	830	741	717	588	2,876	

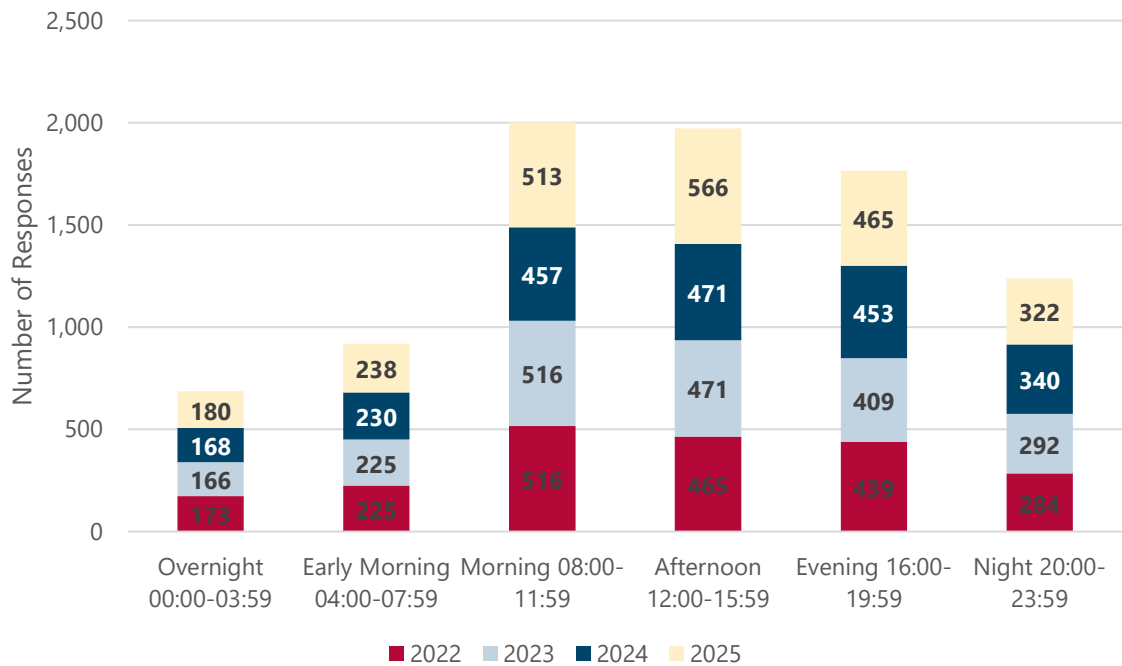
Emergency EMS Calls ONLY Responded to by Month, LCSR (2022-2025)

<u>Month</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Month Total Responses</u>	<u>2025 Daily Responses, Average</u>
January	169	156	173	215	713	6.9
February	178	169	154	208	709	7.4
March	159	185	161	187	692	6.0
April	155	167	154	176	652	5.9
May	165	194	199	169	727	5.5
June	174	180	172	168	694	5.6
July	188	191	219	213	811	6.9
August	203	171	171	172	717	5.5
September	168	167	186	188	709	6.1
October	164	173	161	194	692	6.3
November	181	147	183	182	693	5.9
December	198	179	186	212	775	6.8
Year Total	2,102	2,079	2,119	2,284	8,584	

Inter-Facility Transport Calls Respond to by Time of Day, LCSR (2022-2025)



Emergency EMS Calls ONLY Respond to by Time of Day, LCSR (2022-2025)



High Priority Calls Responded to, LCSR (2022-2025)

High Priority Calls are: Allergy, ATV Accident, Breathing, Cardiac Arrest, Chest Pain, Choking, Convulsion, Diabetic, Electrocutation, Heart Problem, Overdose, Snow Crash, Stroke, Trauma, Unconscious

High Priority	2022	2023	2024	2025	Total
Yes	782	689	727	773	2,971
No	2,150	2,131	2,109	2,099	8,489
Total	2,932	2,820	2,836	2,872	11,460
Yes %	27%	24%	26%	27%	26%
No %	73%	76%	74%	73%	74%

Full Response Time (High Priority Calls) by Time of Day, LCSR (2025)

With LCSR, they have the largest service area of all agencies because they serve the whole county. They are often the ALS unit for high priority calls anywhere in the County. They also are occasionally sent to calls after the “home” agency has already been requested and unable to respond for up to nine minutes before LCSR is requested.

Time of Day	50 th Percentile	75 th Percentile	90 th Percentile
Overnight 00:00-03:59	18.92 mins	27.45 mins	31.79 mins
Early Morning 04:00-07:59	20.32 mins	29.5 mins	34.79 mins
Morning 08:00-11:59	16.67 mins	24.5 mins	31.57 mins
Afternoon 12:00-15:59	17.12 mins	22.96 mins	31.98 mins
Evening 16:00-19:59	17.47 mins	25.25 mins	32.81 mins
Night 20:00- 23:59	12.17 mins	20.5 mins	29.03 mins

Top 10 Call Natures Responded to, LCSR (2022-2025)

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Responses</u>
Ems Transport ⁵⁴	830	741	717	588	2,876	25%
Sick Perso	413	437	373	433	1,656	14%
Falls	353	345	262	264	1,224	11%
Breathing	253	213	168	177	811	7%
Alarm Medi		62	240	241	543	5%
Mvc With Injuries	118	93	112	168	491	4%
Unconscious	136	86	106	117	445	4%
Chest Pain	90	94	97	141	422	4%
Convulsion	55	70	104	71	300	3%
Abdominal	59	57	59	77	252	2%

Top 10 Communities/Municipalities Responded to in Lewis County (NO TRANSPORTS), LCSR (2023-2025)

<u>Community</u>	<u>Count</u>	<u>% of Total Responses by Agency</u>
Lowville ⁵⁵	3,455	49%
Glenfield (Hamlet in Town of Martinsburg)	657	9%

⁵⁴ LCSR's requests from Lewis County General Hospital for transports decreased between 2022 and 2025 because LCSR began to decline interfacility transport calls for long-distance facility transports (mainly to Albany). Out of county agencies, including Marcellus ambulance has begun to take these calls after LCSR declines them; refer to the [Lewis County General Hospital](#) section for more details on this transition.

⁵⁵ Town and Village undifferentiated in count of calls in data.

<u>Community</u>	<u>Count</u>	<u>% of Total Responses by Agency</u>
Croghan ⁵⁶	648	9%
Village of Castorland (Inside Town of Denmark)	501	7%
Village of Copenhagen (Inside Town of Denmark)	456	6%
Village of Port Leyden (Inside Town of Leyden)	287	4%
Lyons Falls (on Border Between Town of West Turin and Lyonsdale)	252	4%
Turin ⁵⁷	139	2%
Greig	134	2%
Village of Constableville (Inside Town of West Turin)	120	2%

Village of Lyons Falls Fire Department

The Village of Lyons Falls Fire Department is a not-for-profit volunteer agency with ALS/BLS level EMS service. The agency has been providing EMS services since 1976. In 2025, the agency provides service to three towns and a village:

- Portion of the Town of West Turin
- Portion of the Town of Lyonsdale
- Portion of the Town of Greig

⁵⁶ Town and Village undifferentiated in count of calls in data.

⁵⁷ Town and Village undifferentiated in count of calls in data.

- Village of Lyons Falls

The agency's average annual call volume is approximately 131 (data 2022-2025), and this number has decreased in the last five years (since 2020) from approximately 250 calls, which the agency associated with demographic shifts, population reduction, and the agency's inability to do ALS links anymore in the southern part of Lewis because of a reduction in staff. The roster used to be larger, but several volunteers' cards ran out, and although the agency has some volunteers, most calls are only responded to by two volunteers.

Vehicles and Station

The station is located at 3907 High Street, Lyons Falls, NY and has 4 bays.

Lyons Falls currently owns and operates 1 ambulance (Radio ID A321). It is a 2009 vehicle with approximately 74,000 miles on it.

Funding/Billing

The agency contracts with Certified Ambulance Group (CAG) for all facets of billing.

The ambulance is combined with fire at Lyons Falls Fire Department, which means there is no separate contracts or revenue for the ambulance; however, in Fiscal Year 2025, the ambulance service had an operating cost of approximately \$30,000.

Strengths of Agency – What's Going Well

- **Community-centered patient care:** The agency knows its patients, and it is community and family-oriented.
- **Strong municipal support:** The Village of Lyons Falls owns the Village of Lyons Falls Fire Department and supports it well, including providing money through a contract (\$7,500 in support towards both fire and EMS) and putting funds into separate accounts for truck and equipment replacement (e.g., \$50k for a cardiac monitor).

Largest Challenges for Agency

- **Personnel shortages:** The agency has experienced a shrinking roster. The agency now essentially has two people (both paramedics) that respond to calls. Finding and retaining volunteers is a key challenge.
- **Outdated equipment:** The agency needs a new ambulance; however, it was reported that this was planned to be replaced soon.
- **Difficulty with card expirations:** Several providers in recent years have had cards expire, so they have left the agency, while others who might return to the agency often have expired certifications and require mentorship to get back on track.
- **Volunteer retention barrier:** The agency cannot offer a reward system like LOSAP, and the older generation of volunteers does not appear to see the value in introducing this system to attract and retain younger volunteers.

- **Declining call volume:** The call volume has gone way down, from a high of 300-350 calls before 2020 to approximately 150 calls in 2025, partly due to changing demographics and a reduced ability to do ALS links.

Perceived Strengths of the County Wide System

- **Timely response:** On average, response times in the County are very good.

Perceived Weakness and Challenges of the County EMS System

- **Helicopter overuse:** Helicopters are used frequently for transports, with several alleged "soft calls" that borderline met trauma criteria and could have gone by ground transport.
- **911 center call differentiation:** The 911 Center does not adequately differentiate between ALS and BLS calls, which has led the agency to miss calls that resulted in helicopter transport.
- **AEMT vs. paramedic definition:** Although this is a state level issue, it was noted that the state needs to better define the role of an AEMT versus a Paramedic.

Proposed Solutions

- **Return to appropriate PROQA use:** The 911 Center should go back to using appropriate PROQA (Protocol-Based Dispatch System) to better differentiate between the type of patient, especially to distinguish between ALS and BLS needs.
- **State-level definition clarification:** The State needs to better define the difference between AEMT and paramedic roles.
- **Consolidation consideration:** Given the uncertainty around sustainability of the current model of separate volunteer agencies, consolidation to a more regional model of EMS service should be considered. It was noted that consolidation was previously discussed in 2022 or 2023, but it ultimately was not acted upon.
- **Improve local recruitment:** It was suggested that recruitment in local schools should be bolstered to try to get more young volunteers interested in EMS service. Additionally, more instructional time at the BOCES should be provided.

Call Data Analysis

Calls Responded to by Day of Week, Lyons Falls Fire Department (2022-2025)

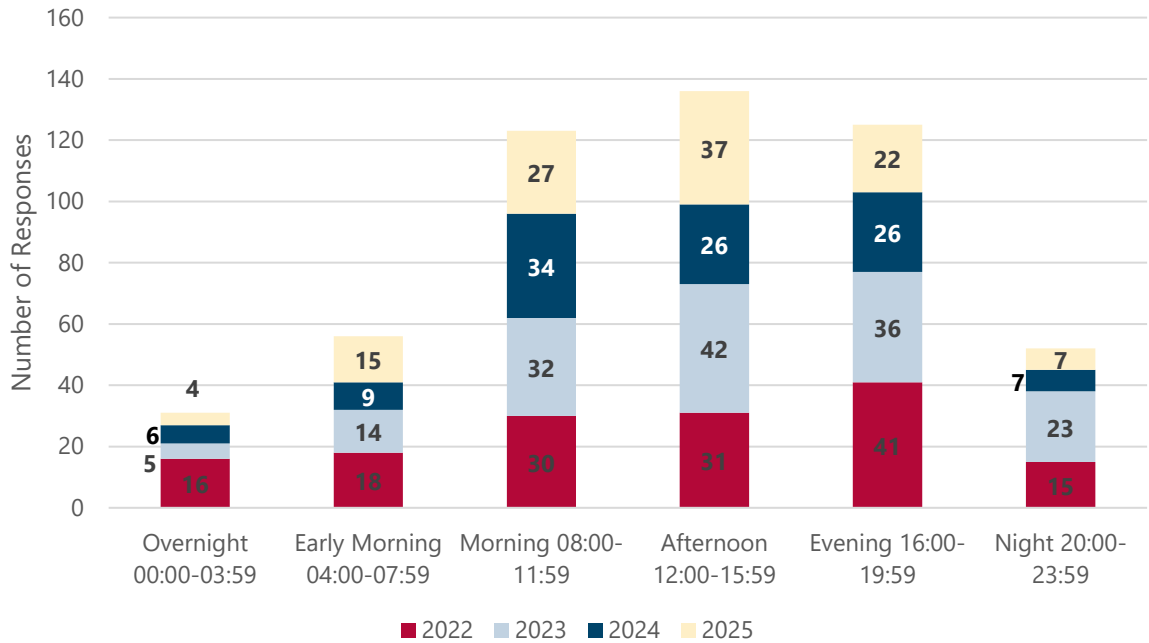
<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Responses on Day Total</u>
Sunday	27	19	17	13	15%
Monday	27	22	12	28	17%
Tuesday	18	29	13	22	16%

<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Responses on Day Total</u>
Wednesday	23	24	27	11	16%
Thursday	16	24	14	16	13%
Friday	23	14	11	9	11%
Saturday	17	20	14	13	12%
Year Total	151	152	108	112	

Calls Responded to by Month, Lyons Falls Fire Department (2022-2025)

<u>Month</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Month Total Responses</u>	<u>2025 Daily Responses Average</u>
January	10	10	12	8	40	0.3
February	8	16	13	19	56	0.7
March	8	14	8	9	39	0.3
April	5	20	5	11	41	0.4
May	12	22	2	12	48	0.4
June	22	11	11	9	53	0.3
July	8	11	15	13	47	0.4
August	28	9	14	14	65	0.5
September	7	13	9	6	35	0.2
October	7	12	5	4	28	0.1
November	20	3	7	0	30	0.0
December	16	11	7	7	41	0.2
Year Total	151	152	108	112	523	

Calls Responded to by Time of Day, Lyons Falls Fire Department (2022-2025)



High Priority Calls Responded to , Lyons Falls Fire Department (2022-2025)

High Priority Calls are: Allergy, ATV Accident, Breathing, Cardiac Arrest, Chest Pain, Choking, Convulsion, Diabetic, Electrocutation, Heart Problem, Overdose, Snow Crash, Stroke, Trauma, Unconscious

High Priority	2022	2023	2024	2025	Total
Yes	56	54	38	40	188
No	95	98	70	72	335
Total	151	152	108	112	523
Yes %	37%	36%	35%	36%	36%
No %	63%	64%	65%	64%	64%

Full Response Time (High Priority Calls) by Time of Day, Lyons Falls Fire Department (2025)

<u>Time of Day</u>	<u>50th Percentile</u>	<u>75th Percentile</u>	<u>90th Percentile</u>
Overnight 00:00-03:59	17.37 mins	17.43 mins	17.47 mins
Early Morning 04:00-07:59	19.44 mins	22.03 mins	23.23 mins
Morning 08:00-11:59	16.98 mins	23.62 mins	27.64 mins
Afternoon 12:00-15:59	19.15 mins	26.37 mins	29.12 mins
Evening 16:00-19:59	14.48 mins	18.57 mins	27.66 mins
Night 20:00-23:59	10.48 mins	10.48 mins	10.48 mins

Top 10 Call Natures Responded to, Lyons Falls Fire Department (2022-2025)

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Responses</u>
Sick Perso	30	30	18	20	98	19%
Breathing	25	19	11	11	66	13%
Falls	17	21	13	11	62	12%
Mvc With Injuries	9	12	7	11	39	7%
Chest Pain	7	5	6	9	27	5%
Abdominal	12	4	3	2	21	4%
Unconscious	7	4	5	3	19	4%
Trauma	4	4	5	3	16	3%

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Responses</u>
Stroke	3	3	2	7	15	3%
Alarm Medi		2	6	7	15	3%
Ems Transport	3	2	4	4	13	2%

Top 5 Communities/Municipalities Responded to in Lewis County (NO TRANSPORTS), Lyons Falls Fire Department (2023-2025)

<u>Community</u>	<u>Count</u>	<u>% of Total Responses by Agency</u>
Village of Lyons Falls (on border Between Town of West Turin and Lyonsdale)	145	46%
Village of Port Leyden (Inside Town of Leyden)	85	27%
Turin ⁵⁸	25	8%
Bratingham (Hamlet in Town of Greig)	18	6%
Village of Constableville (Inside Town of West Turin)	17	5%

Turin Ambulance

Turin Ambulance is a not-for-profit volunteer agency that provides AEMT and BLS level EMS services. The agency split from the Turin Fire Company in 2020 to be able to bill for its services; prior to this, the Turin Fire Company had been providing EMS services for at least 20+ years.

⁵⁸ Town and Village undifferentiated in count of calls in data.

The average annual number of calls that the agency responds to is approximately 69 (data 2022-2025), and the number of responses for the department has declined over the last four years from 97 in 2022 to 47 in 2025.

The agency provides EMS service to the Town of Turin, Village of Turin, and a portion of West Turin.

Vehicles and Station

The station is located at 4239 State Route 26, Turin, NY, was built in the 1980s, is approximately 8,000 square feet and has 3 bays. 1 of the 3 bays at the station is rented from the Turin Fire Company for ambulance usage, but Turin Ambulance has full usage of the entire facility.

Turin currently owns and operates 1 ambulance (Radio ID Turin Ambulance #1). It is a Type III vehicle from 2010 and has approximately 40,000 miles.

Funding/Billing

The agency contracts with Certified Ambulance Group (CAG) for all facets of billing.

Information on annual revenue and expenses for Fiscal Year 2025 is summarized below:

- Revenue: \$34,000 – all from fees for services/contracts and donations.
- Expenses: \$15,800
 - \$5,800 for annual agency insurance policy
 - \$10,000 for equipment and capital outlays

Turin had the following schedule of fees for its services in 2025:

- \$1,141 for ALS services
- \$725 for BLS services
- \$21/mile for transport services

The approximate mix of payors on claims that Turin received in 2025 was:

- 50% Medicare/Medicaid
- 40% commercial
- 7% motor vehicle
- 3% private pay

Strengths of Agency – What’s Going Well

- **Financial stability:** The agency's financials are good, with revenue up (getting more payments) despite a lower call volume than in the past.

- **Municipal support:** The Mayor is one of its loudest supporters. The Town Board is supportive, having cut a check to the agency two years ago (2023) for an upgraded heart monitor upon an open and honest request.
- **Active recruitment:** Started a junior program in summer 2025, and the number of certified providers increased from 3 to 6 over the course of the first few months of the program.

Largest Challenges for Agency

- **Personnel shortages:** The key challenge is a lack of certified personnel (EMTs/Medics), though the agency has plenty of drivers.
- **Volunteer gap:** The biggest gap in service providers is between 6 am and 6 pm.
- **Resistance to change:** Change is difficult due to older membership who believe "this is the way it has been" and resist mergers. The agency's readiness to change was approximated at 50% of volunteers in support of a large change, and 50% against.
- **Previous contract failure:** A previous attempt to contract with LCSR for a medic failed because the tremendous cost was not covered by billing, resulting in hundreds of thousands of dollars spent for limited-service delivery.
- **Misuse of EMS services:** The agency sometimes feels it is "more of a 'taxi-cab' than an EMS department".

Perceived Strengths of the County Wide System

- **Improved mutual aid:** Mutual aid calls (in terms of numbers and response time) have been good recently.
- **911 relationship:** The agency has no issues with the County 911 Center and has a good working relationship.

Perceived Weakness and Challenges of the County EMS System

- **Leadership/agency Conflict:** The agency believes that there should be a countywide system and that the transition to the system should be collaborative and consider the ongoing operations of the current ambulances.
- **Volunteer loss risk in consolidation:** There is a concern that if the wrong agency is to take over in a merger, a lot of volunteers could be lost (in protest).
- **Consolidation equity:** There is concern that one centralized service would not be fair to the taxpayers or guarantee equitable service across a big county.
- **911 dispatcher experience gap:** There are concerns that some newer dispatchers need more training and are sometimes hesitant or unsure. A long-term struggle is anticipated with the retirement of experienced dispatchers who hold critical institutional knowledge (e.g., intimate knowledge of the County for things like seasonal roads, same-named roads, etc.).
- **School consolidation impact:** Turin is the primary agency covering the large, consolidated South Lewis County School, which has over 1,500 students.

Proposed Solutions

- **Create a safety net system:** The system needs a way to create a safety net to back up agencies, especially during the hours when most agencies are off duty.
- **Regional or departmental consolidation:** Potential solutions include a northern and a southern agency split, or splitting up current agencies by putting them all under one department with centralized signups/duty crew.
- **Improve dispatch compensation/training:** Suggestions for the 911 Center include paying staff more and ensuring newer dispatchers receive more training.

Call Data Analysis

Calls Responded to by Day of Week, Turin Ambulance (2022-2025)

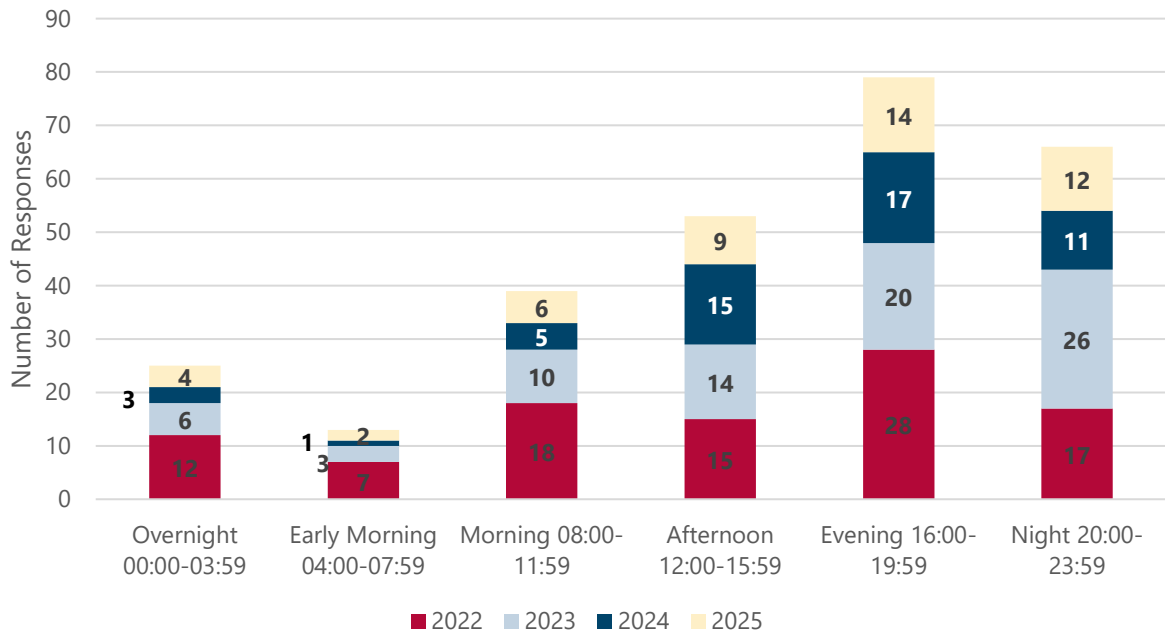
<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Responses on Day Total</u>
Sunday	22	15	8	13	21%
Monday	4	12	9	11	13%
Tuesday	5	6	2	3	6%
Wednesday	12	4	4	1	8%
Thursday	10	9	4	2	9%
Friday	16	11	8	2	13%
Saturday	28	22	17	15	30%
Year Total	97	79	52	47	

Calls Responded to by Month, Turin Ambulance (2022-2025)

<u>Month</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Month Total Responses</u>	<u>2025 Daily Responses Average</u>
January	5	9	9	7	30	0.2
February	8	3	4	4	19	0.1
March	8	8	3	7	26	0.2
April	7	11	1	0	19	0.0

Month	2022	2023	2024	2025	Month Total Responses	2025 Daily Responses, Average
May	13	13	7	7	40	0.2
June	8	6	2	3	19	0.1
July	8	6	7	1	22	0.0
August	10	5	2	2	19	0.1
September	5	5	3	5	18	0.2
October	7	3	2	2	14	0.1
November	6	9	4	2	21	0.1
December	12	1	8	7	28	0.2
Year Total	97	79	52	47	275	

Responses by Time of Day, Turin Ambulance (2022-2025)



High Priority Call Responses, Turin Ambulance (2022-2025)

High Priority Calls are: Allergy, ATV Accident, Breathing, Cardiac Arrest, Chest Pain, Choking, Convulsion, Diabetic, Electrocutation, Heart Problem, Overdose, Snow Crash, Stroke, Trauma, Unconscious

High Priority	2022	2023	2024	2025	Total
Yes	37	29	16	13	95
No	60	50	36	34	180
Total	97	79	52	47	275
Yes %	38%	37%	31%	28%	35%
No %	62%	63%	69%	72%	65%

Full Response Time (High Priority Calls) by Time of Day, Turin Ambulance (2025)

Time of Day	50 th Percentile	75 th Percentile	90 th Percentile
Overnight 00:00-03:59 ⁵⁹	-	-	-
Early Morning 04:00-07:59	14.2 mins	14.2 mins	14.2 mins
Morning 08:00-11:59	22.31 mins	26.08 mins	28.34 mins
Afternoon 12:00-15:59	17.43 mins	17.58 mins	17.66 mins
Evening 16:00-19:59	14.03 mins	14.7 mins	15.56 mins
Night 20:00-23:59	33.23 mins	41.4 mins	46.31 mins

⁵⁹ Insufficient number of calls to calculate percentiles.

Top 10 Call Natures Responded to, Turin Ambulance (2022-2025)

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Responses</u>
Sick Perso	21	14	4	10	49	18%
Falls	8	10	10	2	30	11%
Mvc With Injuries	4	6	7	10	27	10%
Breathing	12	6	1	2	21	8%
Trauma	5	5	4	4	18	7%
Diabetic	6	7	1		14	5%
Convulsion	2	3	6	1	12	4%
Abdominal	5	5		1	11	4%
Chest Pain	5	4		1	10	4%
Alarm Medi			4	5	9	3%
Atv Acc Injuries	3	4		1	8	3%

Top 5 Communities/Municipalities Responded to in Lewis County , Turin Ambulance (2023-2025)

<u>Community</u>	<u>Count</u>	<u>% of Total Responses by Agency</u>
Turin ⁶⁰	124	69%
Village of Port Leyden (Inside Town of Leyden)	19	11%
Village of Lyons Falls (on Border Between	15	8%

⁶⁰ Town and Village undifferentiated in count of calls in data.

<u>Community</u>	<u>Count</u>	<u>% of Total Responses by Agency</u>
Town of West Turin and Lyonsdale)		
Glenfield (Hamlet in Town of Martinsburg)	10	6%
Village of Constableville (Inside Town of West Turin)	6	3%

West Leyden Ambulance

West Leyden Ambulance is a not-for-profit volunteer agency that provides BLS level EMS service. The agency has been providing EMS service since the 1960s.

The annual average number of calls that the agency responds to is approximately 60 (data 2022-2025), which has increased in the last five years (since 2020) primarily because of mutual aid calls into Oneida County.

The agency provides EMS service to the Town of Lewis, which is an approximately 65 square mile rural area.

Vehicles and Station

The station is located at 1046 State Route 26, West Leyden, NY, was built in 1972, is approximately 5,400 square feet and has 4 bays.

West Leyden currently owns and operates 1 ambulance (Radio ID 958). It is a Type I vehicle with four-wheel drive from 2022 (placed in service December 2023) and has approximately 7,250 miles.

Funding/Billing

The agency contracts with Certified Ambulance Group (CAG) for all facets of billing.

Information on annual revenue and expenses for Fiscal Year 2025 is summarized below:

- Revenue: \$24,500
 - \$6,000 from fundraisers/donations
 - \$18,500 from fees for services or contracts
- Expenses: \$24,500
 - \$700 for books and training materials

- \$3,000 for insurance policy
- \$5,300 for supplies
- \$12,000 for contractual expenditures (ALS assist)
- \$3,500 for repair and maintenance

Strengths of Agency – What’s Going Well

- **Personnel qualifications:** The EMS Captain works full-time for a larger ambulance agency (Amcare) as an EMT/CC and is participating in the Paramedic bridge program.
- **Positive external relationships:** The agency has a good working relationship with Amcare and Boonville.
- **Dispatch relationship:** The agency has a good working relationship with the County 911 Center.
- **Municipal support:** Elected leaders provide overall good support.

Largest Challenges for Agency

- **Personnel shortages:** The primary challenge is a lack of certified personnel.
- **Financial costs:** The cost of everything keeps going up.
- **Resistance to change:** The agency is not ready for change due to the older generation that are not accepting of it.
- **Volunteer benefits:** Volunteers do not receive any benefits.

Perceived Strengths of the County Wide System

- **Volunteer collaboration:** The County volunteers work well together overall.
- **Mutual aid:** The mutual aid system works well.

Perceived Weakness and Challenges of the County EMS System

- **System readiness:** The agency perceives that the County system is not overall ready to change, with resistance from some volunteers agencies being a barrier.

Proposed Solutions

- **System consolidation/paid service:** The agency anticipates the future will involve a paid service and/or consolidation to address the system challenges.

Call Data Analysis

Calls Responded to by Day of Week, West Leyden Ambulance (2022-2025)

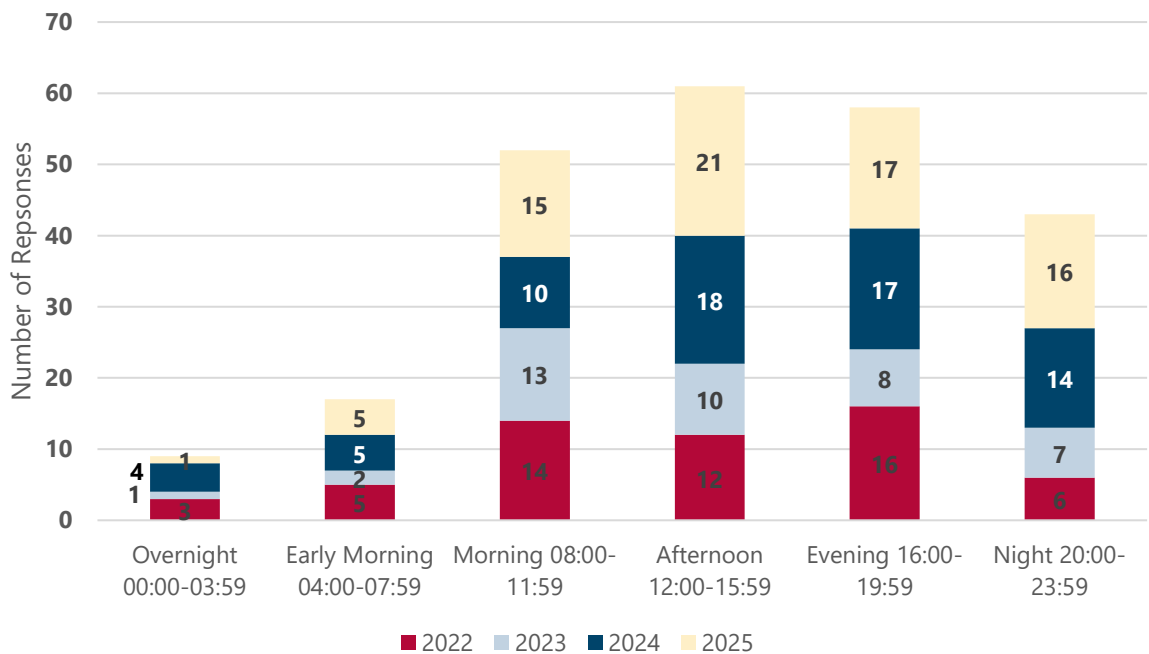
<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Responses on Day Total</u>
Sunday	7	7	14	13	17%
Monday	7	4	5	8	10%
Tuesday	5	5	5	8	10%
Wednesday	5	9	11	11	15%
Thursday	7	4	11	14	15%
Friday	9	3	12	10	14%
Saturday	16	9	10	11	19%
Year Total	56	41	68	75	

Calls Respond to by Month, West Leyden Ambulance (2022-2025)

<u>Month</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Month Total Responses</u>	<u>2025 Daily Responses, Average</u>
January	3	2	10	8	23	0.3
February	4	6	8	12	30	0.4
March	9	4	6	8	27	0.3
April	5	3	3	2	13	0.1
May	5	2	3	9	19	0.3
June	0	2	3	1	6	0.0
July	10	5	4	5	24	0.2

Month	2022	2023	2024	2025	Month Total Responses	2025 Daily Responses, Average
August	4	4	2	12	22	0.4
September	4	6	11	4	25	0.1
October	7	1	5	7	20	0.2
November	5	3	3	4	15	0.1
December	0	3	10	3	16	0.1
Year Total	56	41	68	75	240	

Calls Responded to by Time of Day, West Leyden Ambulance (2022-2025)



High Priority Calls Responded to, West Leyden Ambulance (2022-2025)

High Priority Calls are: Allergy, ATV Accident, Breathing, Cardiac Arrest, Chest Pain, Choking, Convulsion, Diabetic, Electrocutation, Heart Problem, Overdose, Snow Crash, Stroke, Trauma, Unconscious

<u>High Priority</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>
Yes	37	29	16	13	95
No	60	50	36	34	180
Total	97	79	52	47	275
Yes %	38%	37%	31%	28%	35%
No %	62%	63%	69%	72%	65%

Full Response Time (High Priority Calls) by Time of Day, West Leyden Ambulance (2025)

<u>Time of Day</u>	<u>50th Percentile</u>	<u>75th Percentile</u>	<u>90th Percentile</u>
Overnight 00:00-03:59 ⁶¹	-	-	-
Early Morning 04:00-07:59	-	-	-
Morning 08:00-11:59	18.13 mins	22.8 mins	26.62 mins
Afternoon 12:00-15:59	12.07 mins	20.41 mins	25.41 mins
Evening 16:00-19:59	14.43 mins	21.6 mins	25.3 mins
Night 20:00-23:59	29 mins	29 mins	29 mins

⁶¹ Insufficient number of calls to calculate percentiles.

Top 10 Call Natures Responded to, West Leyden Ambulance (2022-2025)

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Responses</u>
Assist Ems	16	7	14	18	55	23%
Sick Perso	9	8	7	7	31	13%
Falls	5	3	11	5	24	10%
Mvc With Injuries	1	1	5	9	16	7%
Breathing	2	1	8	3	14	6%
Mutual Aid	3	1	2	2	8	3%
Chest Pain		4	2	2	8	3%
Mvc	1	2	2	2	7	3%
Back Pain	1	3	2		6	3%
Abdominal		2	1	3	6	3%
Stroke	1	1	1	3	6	3%
Trauma	1	1	1	2	5	2%

Top 3 Communities/Municipalities Responded to in Lewis County (NO TRANSPORTS), Turin Ambulance (2023-2025)⁶²

<u>Community</u>	<u>Count</u>	<u>% of Total Responses by Agency</u>
West Leyden (Hamlet in Town of Lewis)	107	88%
Village of Constableville (Inside	10	8%

⁶² Data only showed 3 communities responded to in Lewis County.

<u>Community</u>	<u>Count</u>	<u>% of Total Responses by Agency</u>
of Town of West Turin)		
Village of Port Leyden (Inside Town of Leyden)	1	1%

EMS Agencies outside of Lewis County

As noted at the beginning of this section of the report, CGR interviewed several additional out-of-county agencies that are dispatched and respond to certain parts of Lewis County. A full data set was not available for some agencies because they are in a different EMS region.

Boonville Ambulance

Boonville Ambulance is a volunteer agency that is located in Oneida County near the southernmost boundary of Lewis County. It has been providing EMS service since the 1940s when it started as a part of a funeral home. The agency currently has a contract for EMS service with the Town and Village of Boonville.

The agency has 2 ambulances and has the following staffing:

- 4 paramedics
- 1 AEMT
- 8 EMTs
- Contract with AmCare Ambulance in Rome, NY for paid 24/7 paramedic staffing (the only paid employee at the agency)

The volunteer staff are all paged from home for service while the leased AmCare paramedic is paged from the station.

In terms of service in Lewis County, it has a contract with and has been providing EMS service to a portion of the Town of Leyden for at least eight years (since 2017). Additionally, the agency performs approximately 5-10 ALS intercepts a month with Lewis County agencies, with the most common scenario being that a Lewis County ambulance will stop at the Boonville EMS station and pick up the paramedic if a transport is going to Wynn Hospital in Utica.

The agency communicates with Lewis County when it is on-duty and utilizes I am Responding, a phone app available for calls for service. For Lewis County calls, the agency is toned by Lewis County on pagers and also on I am Responding. Additionally, Lewis County Dispatch calls Oneida County on the intercom to then dispatch and send I am Responding notifications for the call in Lewis County.

Calls Responded to by Day of Week, Boonville Ambulance (2022-2025)

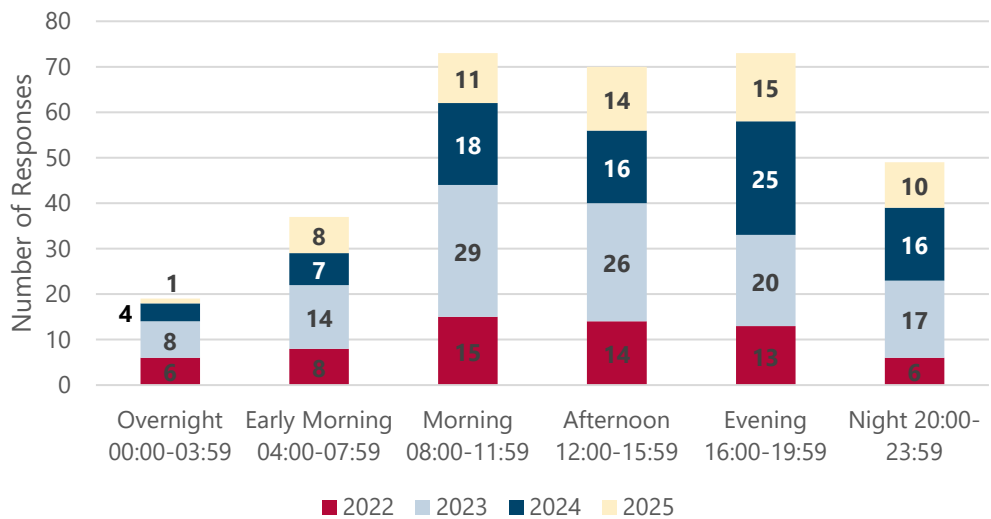
<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Responses on Day Total</u>
Sunday	5	16	18	8	15%
Monday	11	19	9	5	14%
Tuesday	10	11	10	7	12%
Wednesday	8	14	12	12	14%
Thursday	6	17	10	3	11%
Friday	12	17	15	13	18%
Saturday	10	20	12	11	17%
Year Total	62	114	86	59	

Calls Responded to by Month, Boonville Ambulance (2022-2025)

<u>Month</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Month Total Responses</u>	<u>2025 Daily Responses, Average</u>
January	8	11	4	5	28	0.2
February	2	5	6	6	19	0.2
March	5	9	17	5	36	0.2
April	3	17	8	2	30	0.1
May	3	13	3	4	23	0.1
June	5	8	7	6	26	0.2
July	3	7	8	7	25	0.2
August	8	4	6	13	31	0.4
September	5	11	9	1	26	0.0

Month	2022	2023	2024	2025	Month Total Responses	2025 Daily Responses, Average
October	11	12	5	0	28	0.0
November	3	10	5	6	24	0.2
December	6	7	8	4	25	0.1
Year Total	62	114	86	59	321	

Calls Responded to by Time of Day, Boonville Ambulance (2022-2025)



High Priority Calls Responded to, Boonville Ambulance (2022-2025)

High Priority Calls are: Allergy, ATV Accident, Breathing, Cardiac Arrest, Chest Pain, Choking, Convulsion, Diabetic, Electrocutation, Heart Problem, Overdose, Snow Crash, Stroke, Trauma, Unconscious

High Priority	2022	2023	2024	2025	Total
Yes	22	49	36	31	138
No	40	65	50	28	183
Total	62	114	86	59	321
Yes %	35%	43%	42%	53%	43%
No %	65%	57%	58%	47%	57%

Full Response Time (High Priority Calls) by Time of Day, Boonville Ambulance (2025)

<u>Time of Day</u>	<u>50th Percentile</u>	<u>75th Percentile</u>	<u>90th Percentile</u>
Overnight 00:00-03:59	25.32 mins	25.32 mins	-
Early Morning 04:00-07:59	19.6 mins	19.6 mins	14.2 mins
Morning 08:00-11:59	19.23 mins	22.86 mins	28.34 mins
Afternoon 12:00-15:59	20.65 mins	21.86 mins	17.66 mins
Evening 16:00-19:59	20.73 mins	23.88 mins	15.56 mins
Night 20:00- 23:59 ⁶³	-	-	-

Top 10 Call Natures Responded to, Boonville Ambulance (2022-2025)

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Responses</u>
Sick Perso	18	22	13	8	61	19%
Falls	13	23	12	3	51	16%
Breathing	7	12	14	10	43	13%
Chest Pain	5	13	8	3	29	9%
Mvc With I	2	3	5	8	18	6%
Unconscious	2	6	2	5	15	5%
Convulsion	1	4	2	4	11	3%

⁶³ Insufficient calls to calculate percentiles.

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Responses</u>
Abdominal	2	3	2	3	10	3%
Trauma	1	5	2	1	9	3%
Diabetic	2	2	1	1	6	2%
Hemorrhage	1	2	3		6	2%
Stroke		3	3	2	8	2%

Camden Ambulance Service

Camden Ambulance Service is a paid municipal agency that is located in Oneida County on the southwest corner of Lewis County and has been providing EMS service since the 1960s. The agency provides service to the Town of Camden and has a contract for providing service to the Town of Florence in Oneida County.

The agency has one ambulance and has the following staffing (all paid by the Town of Camden, part-time staff):

- 10 paramedics
- 5 AEMTs
- 15 EMTs
- 3 drivers

Most staff live five minutes from the station, so individuals are on duty from home and are dispatched from their residence. The agency tries to do 12-hour shifts, but if an individual can only do a 4-hour shift, the schedule is adjusted to accommodate a staff member. All staff are paid by the hour, regardless of whether calls occur while staff is on duty.

For Lewis County calls, the agency responds to calls under contract and utilizes the Town of Osceola CON to provide service. The contract with the Town of Osceola is approximately \$10,000 per year, negotiated annually. The agency is notified by Oneida County (who is notified by Lewis County) for calls in the Town of Osceola. It was stated in an interview that Lewis County 911 Center is likely not aware of when someone is on call at the agency due to radio coverage issues.

Calls Responded to by Day of Week, Camden Ambulance (2022-2025)

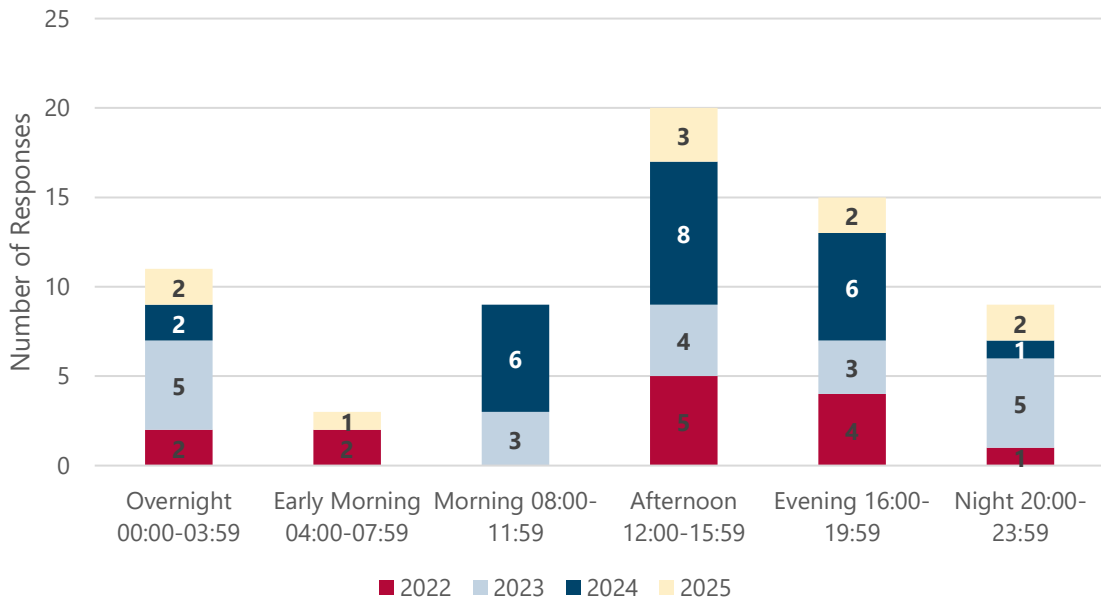
<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Responses on Day Total</u>
Sunday	3	4	3	2	18%
Monday	1	3	6	1	16%
Tuesday	1	3	3	2	13%
Wednesday		3	4	1	12%
Thursday	2	3	1	1	10%
Friday	3	1	2		9%
Saturday	4	3	4	3	21%
Year Total	14	20	23	10	

Calls Respond to by Month, Camden Ambulance (2022-2025)

<u>Month</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Month Total Responses</u>	<u>2025 Daily Responses, Average</u>
January	4	3	3	0	10	0.00
February	1	1	1	1	4	0.04
March	1	1	1	1	4	0.03
April	2	1	5	1	9	0.03
May	0	2	1	2	5	0.06
June	0	2	3	2	7	0.07
July	0	1	0	0	1	0.00
August	0	2	1	0	3	0.00
September	2	1	2	0	5	0.00

Month	2022	2023	2024	2025	Month Total Responses	2025 Daily Responses, Average
October	2	3	2	1	8	0.03
November	1	1	2	2	6	0.07
December	1	2	2	0	5	0.00
Year Total	14	20	23	10	67	

Calls Responded to by Time of Day, Camden Ambulance (2022-2025)



High Priority Calls Responded to, Camden Ambulance (2022-2025)

High Priority Calls are: Allergy, ATV Accident, Breathing, Cardiac Arrest, Chest Pain, Choking, Convulsion, Diabetic, Electrocutation, Heart Problem, Overdose, Snow Crash, Stroke, Trauma, Unconscious

High Priority	2022	2023	2024	2025	Total
Yes	10	9	9	6	34
No	4	11	14	4	33

Total	14	20	23	10	67
Yes %	71%	45%	39%	60%	51%
No %	29%	55%	61%	40%	49%

Full Response Time (High Priority Calls) by Time of Day, Camden Ambulance (2025)

<u>Time of Day</u>	<u>50th Percentile</u>	<u>75th Percentile</u>	<u>90th Percentile</u>
Overnight 00:00-03:59 ⁶⁴	-	-	-
Early Morning 04:00-07:59	-	-	-
Morning 08:00-11:59	-	-	-
Afternoon 12:00-15:59	31.13 mins	31.13 mins	31.13 mins
Evening 16:00-19:59	-	-	-
Night 20:00-23:59	42.92 mins	42.92 mins	42.92 mins

Top 10 Call Natures Responded to, Camden Ambulance (2022-2025)

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Responses</u>
Falls	1	3	4	2	10	15%
Breathing	2	5	1	1	9	13%
Sick Perso	1	6			7	10%

⁶⁴ Insufficient calls to calculate percentiles (all blanks, this table).

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Responses</u>
Snow Crash	3	2		1	6	9%
Chest Pain		1	2	3	6	9%
Trauma	2		2		4	6%
Mvc With I		1	3		4	6%
Abdominal	1		1	1	3	4%
Stroke	1		2		3	4%
Unconsciou	1	1	1		3	4%
Alarm Medi			2		2	3%
Cardiac Ar	1			1	2	3%

Carthage Area Rescue Squad

Carthage Area Rescue Squad is a not-for-profit combination agency of paid and volunteer staff that is located in Jefferson County and right on the northern border of Lewis County. The agency has been providing EMS service for more than 60 years (since at least 1965). The agency's service area includes the Village of Carthage as well as the towns of Wilna and Champion. The agency has municipal contracts with both towns.

The agency has 4 ambulances and 1 fly car and has the following staffing (predominantly paid):

- 16 paramedics
- 1 AEMT
- 8 EMTs
- 5 drivers

The agency always has two units staffed and runs 12-hour shifts (6am-6pm, 6pm-6am, and an overlapping 10am-10pm).

For Lewis County calls, the agency is dispatched by Lewis County with voice pagers. The agency communicates directly with Lewis County.

Calls Responded to by Day of Week, Carthage Area Rescue Squad (2022-2025)

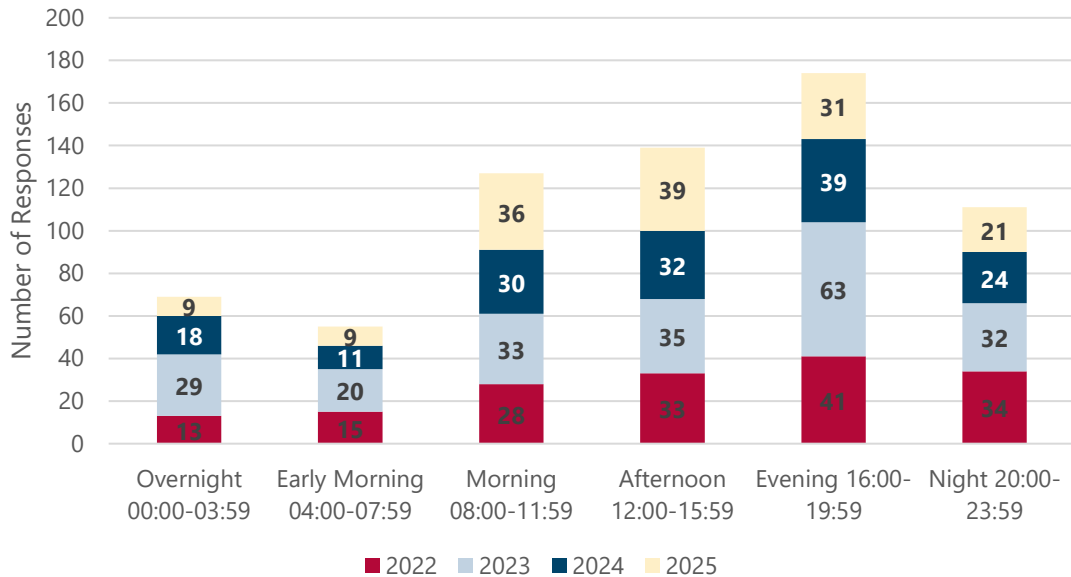
<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Responses on Day Total</u>
Sunday	23	31	15	18	13%
Monday	23	25	16	21	13%
Tuesday	24	25	24	29	15%
Wednesday	27	16	20	24	13%
Thursday	26	43	24	16	16%
Friday	24	31	34	16	16%
Saturday	17	41	21	21	15%
Year Total	164	212	154	145	

Calls Responded to by Month, Carthage Area Rescue Squad (2022-2025)

<u>Month</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Month Total Responses</u>	<u>2025 Daily Responses, Average</u>
January	14	32	21	8	75	0.3
February	7	10	20	17	54	0.6
March	15	15	13	9	52	0.3
April	14	12	15	10	51	0.3
May	14	16	12	13	55	0.4
June	11	18	13	19	61	0.6
July	19	25	9	14	67	0.5
August	13	12	12	14	51	0.5
September	5	19	8	8	40	0.3

Month	2022	2023	2024	2025	Month Total Responses	2025 Daily Responses, Average
October	16	18	9	13	56	0.4
November	14	16	14	10	54	0.3
December	22	19	8	10	59	0.3
Year Total	164	212	154	145	675	

Calls Responded to by Time of Day, Carthage Area Rescue Squad (2022-2025)



High Priority Calls Responded to, Carthage Area Rescue Squad (2022-2025)

High Priority Calls are: Allergy, ATV Accident, Breathing, Cardiac Arrest, Chest Pain, Choking, Convulsion, Diabetic, Electrocutation, Heart Problem, Overdose, Snow Crash, Stroke, Trauma, Unconscious.

<u>High Priority</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>
Yes	48	45	69	67	229
No	116	167	85	78	446
Total	164	212	154	145	675
Yes %	29%	21%	45%	46%	34%
No %	71%	79%	55%	54%	66%

Full Response Time (High Priority Calls) by Time of Day, Carthage Area Rescue Squad (2025)

<u>Time of Day</u>	<u>50th Percentile</u>	<u>75th Percentile</u>	<u>90th Percentile</u>
Overnight 00:00-03:59	22.49 mins	23.04 mins	23.37 mins
Early Morning 04:00-07:59	27.28 mins	28.95 mins	33.72 mins
Morning 08:00-11:59	20.75 mins	25.03 mins	29.46 mins
Afternoon 12:00-15:59	24.83 mins	26.17 mins	28.93 mins
Evening 16:00-19:59	28.22 mins	30.76 mins	33.98 mins
Night 20:00- 23:59	25.24 mins	26.43 mins	27.08 mins

Top 10 Call Natures Responded to, Carthage Area Rescue Squad (2022-2025)

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Responses</u>
Ems Transp ⁶⁵	67	94	28	2	191	28%
Sick Perso	16	23	17	24	80	12%
Breathing	17	15	13	16	61	9%
Falls	13	14	12	13	52	8%
Unconscious	9	5	17	6	37	5%
Chest Pain	4	6	11	11	32	5%
Mvc With I	4	6	7	12	29	4%
Heart Prob	2	3	7	9	21	3%
Stroke	3	5	4	5	17	3%
Trauma	3	3	6	5	17	3%
Abdominal	2	4	4	7	17	3%
Convulsion	2	5	2	4	13	2%

Top 5 Communities/Municipalities Responded to in Lewis County (NO TRANSPORTS), Carthage Area Rescue Squad (2023-2025)

<u>Community</u>	<u>Count</u>	<u>% of Total Responses by Agency</u>
Harrisville (Hamlet in Town of Diana)	189	74%

⁶⁵ Carthage Area Rescue Squad was being requested to provide transports for Lewis County General Hospital for when LCSR was unable to; however, this decreased between 2022 and 2025 because Marcellus Ambulance began to accept a greater number of long-distance inter-facility transports (namely to Albany; refer to the [Lewis County General Hospital](#) section for more details on this transition.

<u>Community</u>	<u>Count</u>	<u>% of Total Responses by Agency</u>
Village of Castorland (Inside Town of Denmark)	13	5%
Lowville ⁶⁶	6	2%
Croghan ⁶⁷	3	1%
West Leyden (Hamlet in Town of Lewis)	1	1%

Natural Bridge Volunteer Ambulance⁶⁸

Natural Bridge Volunteer Ambulance is a not-for-profit, combination (volunteer and paid staff) agency that provides BLS level service. The agency has been providing EMS service in Jefferson County since the 1950s. In 2003, the agency separated from the Natural Bridge Volunteer Fire Company, Inc. to allow for greater revenue recovery (although both services still share a station).

Since March 2025, the agency has been dispatched by Lewis County to provide mutual aid service to the Harrisville area since Harrisville Rescue Squad closed its doors.

The agency's average annual call volume is approximately 101 (data 2022-2025), and this number has experienced a slight uptick in the last five years (since 2020), which the agency mainly associated with the implementation of a daytime crew.

Vehicles and Station

The station is located at 27570 High Street, Natural Bridge, NY and has 7 garage bays (shared between Fire and Ambulance).

The agency currently owns and operates 2 ambulances:

- Ambulance 1: Radio ID 6991, 2007, 70,335 miles
- Ambulance 2: Radio ID 6992, 2014, 40,250 miles

⁶⁶ Town and Village undifferentiated in count of calls in data.

⁶⁷ Town and Village undifferentiated in count of calls in data.

⁶⁸ Natural Bridge Volunteer Ambulance is fully profiled (like the in-county agencies) because it was shortlisted as an agency to tour and interview by the County at the beginning of the project, whereas the other 3 out-of-county agencies were only interviewed and thus have shorter profiles.

Funding/Billing

The primary source of income for the agency is through revenue recovery. The agency uses EMR to handle all facets of billing. Additionally, the agency receives tax support from contracts (which are negotiated annually) with municipalities in Jefferson County:

- Wilna - \$17,000
- Diana - \$21,000
- Croghan - \$0
- Pickney - \$10,000

The agency bills customers for services via mutual aid in Lewis County, but there is no contract or formal arrangement between Natural Bridge and Lewis County; however, there is a formal arrangement with the Town of Diana paying an annual sum to the agency.

Strengths of Agency – What’s Going Well

- **Availability of some paid staffing:** The agency has a paid EMT crew on duty M-F, from 0800-1600 hours.
- **Proximity and response time:** Natural Bridge is approximately 10 minutes to the four corners of Harrisville, which is significantly faster than LCSR from Lowville, which is approximately 28 minutes. This explains why this arrangement is preferable for covering the former territory of Harrisville Rescue Squad.
- **Municipal support and contracts:** The agency has excellent relations with elected leaders in Jefferson County, meeting at least annually. It has annual contracts with municipalities, receiving financial support from Wilna (\$17,000), Diana (\$21,000), and Pickney (\$10,000).
- **Volunteer benefits:** Volunteers receive training and property tax abatement benefits.

Largest Challenges for Agency

- **Workforce shortages:** The EMS workforce (e.g., pipeline, retention, etc.) remains a key challenge for Natural Bridge. There is concern about whether volunteer EMS will still be around in the next decade
- **Hospital uncertainty:** The future of Carthage Hospital’s continued operation is a concern for the agency.

Perceived Strengths of the County Wide System

- **Interagency relations:** The agency believes the people working at the Lewis County Department of Emergency Management and at many of the volunteer agencies truly care about their communities and provide a high level of care.

Perceived Weakness and Challenges of the County EMS System

- **Non-collaborative approach to shifting to a single service:** The biggest challenge facing the whole system is concern about a non-collaborative transition to a new system where ongoing operations of the current ambulances is not considered.
- **Increased demand:** It is anticipated that call demand will continue to increase in the coming decade, which could lead to further issues with responding to calls in a timely manner.

Call Data Analysis

Calls Responded to by Day of Week, Natural Bridge Volunteer Ambulance (2022-2025)

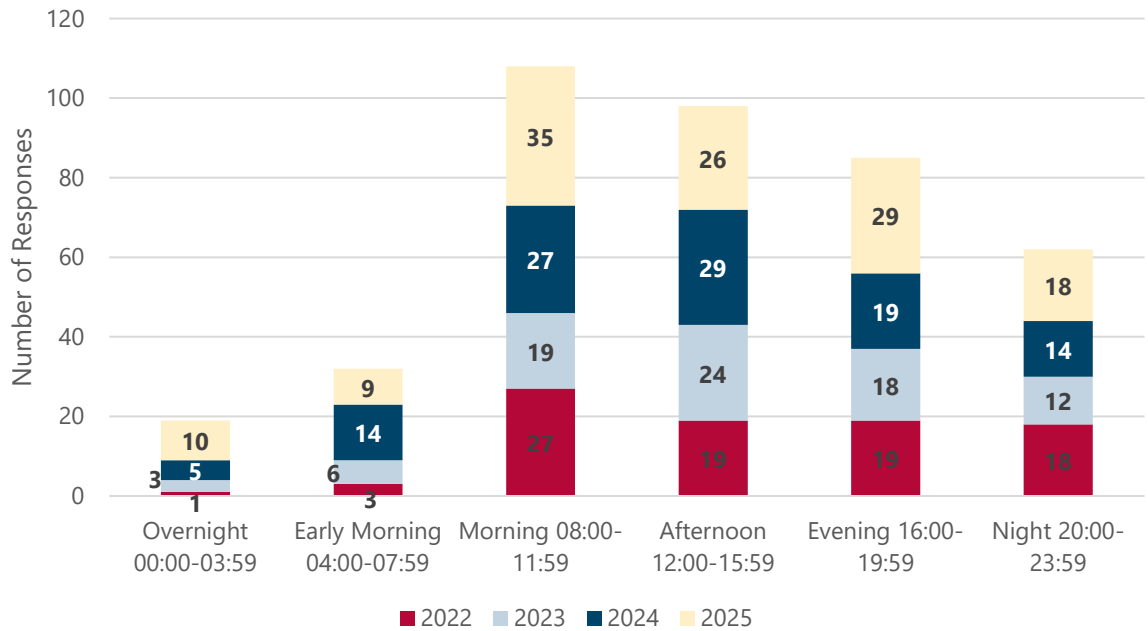
<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Responses on Day Total</u>
Sunday	6	16	13	15	12%
Monday	17	13	23	16	17%
Tuesday	19	11	20	26	19%
Wednesday	8	8	15	24	14%
Thursday	11	13	13	19	14%
Friday	20	12	13	14	15%
Saturday	6	9	11	13	10%
Year Total	87	82	108	127	

Calls Responded to by Month, Natural Bridge Volunteer Ambulance (2022-2025)

<u>Month</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Month Total Responses</u>	<u>2025 Daily Responses, Average</u>
January	7	9	14	15	45	0.5
February	7	4	3	10	24	0.4
March	6	8	8	4	26	0.1
April	12	8	9	11	40	0.4
May	3	7	3	8	21	0.3

Month	2022	2023	2024	2025	Month Total Responses	2025 Daily Responses, Average
June	6	7	10	11	34	0.4
July	11	7	10	12	40	0.4
August	8	6	13	12	39	0.4
September	1	7	12	13	33	0.4
October	10	7	5	13	35	0.4
November	11	2	8	12	33	0.4
December	5	10	13	6	34	0.2
Year Total	87	82	108	127	404	

Calls Responded to by Time of Day, Natural Bridge Volunteer Ambulance (2022-2025)



High Priority Calls Responded to, Natural Bridge Volunteer Ambulance (2022-2025)

High Priority Calls are: Allergy, ATV Accident, Breathing, Cardiac Arrest, Chest Pain, Choking, Convulsion, Diabetic, Electrocutation, Heart Problem, Overdose, Snow Crash, Stroke, Trauma, Unconscious

High Priority	2022	2023	2024	2025	Total
Yes	31	24	36	45	136
No	56	58	72	82	268
Total	87	82	108	127	404
Yes %	36%	29%	33%	35%	34%
No %	64%	71%	67%	65%	66%

Full Response Time (High Priority Calls) by Time of Day, Natural Bridge Volunteer Ambulance (2025)

Time of Day	50 th Percentile	75 th Percentile	90 th Percentile
Overnight 00:00-03:59	17.93 mins	20.08 mins	23.51 mins
Early Morning 04:00-07:59	19.92 mins	23.38 mins	31.46 mins
Morning 08:00-11:59	14.52 mins	15.77 mins	24.32 mins
Afternoon 12:00-15:59	15.75 mins	18.33 mins	28.47 mins
Evening 16:00-19:59	17.06 mins	22.42 mins	75.08 mins
Night 20:00-23:59	18.8 mins	22.12 mins	29.83 mins

Top 10 Call Natures Responded to, Natural Bridge Volunteer Ambulance (2022-2025)

Nature	2022	2023	2024	2025	Total	% of Total Responses
Sick Perso	12	13	10	21	56	14%
Falls	12	12	16	9	49	12%
Breathing	11	6	9	14	40	10%
Mvc With I	1	7	10	17	35	9%
Ems Transport	16	6	3	2	27	7%
Alarm Medi		1	11	8	20	5%
Unconscious	3	1	10	6	20	5%
Chest Pain	3	4	4	8	19	5%
Heart Prob	3	2	5	2	12	3%
Stroke	3	3	2	7	15	3%
Abdominal		1	3	8	12	3%
Stroke	2	3	1	6	12	3%

Lewis County General Hospital and Health Care in the County

Lewis County General Hospital is a County run hospital that opened its doors in August 1931 in Lowville, NY. It is a critical access hospital that provides 24-hour essential emergency treatment for severe or urgent illness and injuries. The system includes a 25-bed hospital, a 5-bed Intensive Care Unit (ICU), a 160-bed nursing home, and three specialty centers (surgery, orthopedics and women's health).

Patients that need additional comprehensive care outside of what Lewis County General Hospital can offer are transferred to other hospitals located outside Lewis County, such as Wynn Hospital in Utica, NY or Upstate Medical in Syracuse.

In 2023, Lewis County General Hospital completed a two-year major renovation and addition. In 2025, the Hospital occupies over 14 acres of land with 220,000 square feet of floor space dedicated to the provision of quality healthcare to the residents of Lewis County and adjoining

counties. As a part of this renovation, the Labor and Delivery unit was completely updated, which includes two obstetrics suites.

A summary of other specialties that are provided at Lewis County Hospital or are provided at other facilities is provided in the table below.

<u>Care Level/Type of Care</u>	<u>Availability at Lewis County Hospital</u>	<u>Comments on Care Level</u>
Stroke Center	Yes, primary center	Patients transported to Wynn in Utica for enhanced stroke care
STEMI	No	Patients transported to Wynn in Utica
Psychiatric Care	No	
Cancer Infusion Center	No	
Dialysis Center	No	Patients can go to Davita Kidney Care facility in Lowville; emergency dialysis patients have to be transported to Samaritan Medical Center in Watertown or Wynn in Utica.
Trauma	No	Patients transported to Wynn in Utica for Level III; transported to Upstate Medical in Syracuse for Level I

It is also important to highlight that there are no Urgent Care Centers in Lewis County as of December 2025.

Emergency Department Staffing

Lewis County General Hospital's Emergency Department (ED) sees on average approximately 11,000 patients annually. However, Hospital leadership indicated to CGR that in 2025 the ED was on track to see 12,000 or more patients.

The ED currently has 10 beds in rooms and 4 beds in hallways for overflow patients. Additionally, there are 5 morgue beds that are located close to the ED.

Current staffing of the ED includes:

- Physician on duty 24/7
- Mid-level provider 12 hours daily
- Two RNs on duty 24/7
- One RN on duty 11:00AM to 11:00PM
- Patient care technician on duty 10:00AM – 8:00PM daily

The Hospital is currently reviewing the need for a second mid-level provider for the ED to help with the additional patient load. Hospital leadership reported that using a mid-level provider has been very successful when they have been used.

The Lewis County Health Care System – like most healthcare systems across the country – is facing staffing challenges. During the pandemic, the use of traveling nurses was high, but today in 2025, use is low and overall stable; however, leadership reported that it does not take much to affect staffing (i.e., if the Hospital loses 1 or 2 RNs in ED, the Hospital will have an increased stress level for managing its patient load without overworking staff). Additionally, it has been extremely difficult to replace Family Medicine Physicians as several long-standing providers have recently retired, and it has been a challenge to attract physicians.

The Lewis County Health Care System operates family practice clinics located in Beaver Falls, Copenhagen, Lowville, Harrisville and Lyons Falls, as well as a school-based health clinic at South Lewis Central School. Additionally, hospice and home health services are provided.

Interfacility Transfers and Transport Options

Patients that require additional specialty medical resources for acute trauma, cardiac or stroke emergencies are transferred to other medical facilities. Depending on the patient's condition, a determination is made whether to be transferred by ground or air ambulance. Approximately 40-50 patients per month are transferred to other facilities for further treatment using a mix of ground and air ambulances:

- Lewis County Hospital's ground ambulance transfer provider is LCSR.
- For air medical transport, Lewis County Hospital has a landing pad located near the ED. The primary air medical providers are either Mercy Flight Central in Rome, NY or Life-Net in Watertown, NY. Additionally, if there is severe weather, the nearby Fort Drum military base has a military air medical helicopter.⁶⁹

The table below summarizes some of the hospitals where patients can be transferred to, the skillsets these facilities have and the distance from Lewis County General Hospital.

⁶⁹ It is important to remember that air medical resources such as helicopters are increasingly more available in rural areas through the U.S. While expensive for the patient, these services provide a valuable and rapid emergency medical transport option to patients in rural and remote locations.

<u>Hospital Name</u>	<u>County</u>	<u>STEMI (Y/N)</u>	<u>Stroke Type</u>	<u>Trauma (Y/N)</u>	<u>Psych (Y/N)</u>	<u>Distance (from Lewis County Gen. Hospital)</u>
Lewis County General Hospital	Lewis	No	Primary	No	No	-
Carthage Area Hospital, Inc.	Jefferson	No	Primary	No	No	15 miles
Samaritan Medical Center	Jefferson	No	Primary	No	Yes	26 miles
Rome Memorial Hospital	Oneida	No	Primary	No	Yes	45 miles
Wynn Hospital	Oneida	Yes	Enhanced	Yes (Level 3) ⁷⁰	Yes	56 miles
Upstate Medical Center	Onondaga	Yes	Enhanced	Yes (Level 1)	Yes	90 miles

Mental Health Emergencies

Mobile Crisis Services are available 24/7, 365 days a year by calling (315) 405-0696. These free and confidential services are available to residents of Jefferson and Lewis County. Crisis response professionals are employed by Children's Home of Jefferson County (CHJC) and are trained to assist with suicide prevention, mental health, abuse, or domestic violence.

County EMS agencies get involved with a call if there is any indication of a medical issue or the patient is under the influence of drugs.

⁷⁰ Trauma centers are a specialized capability of hospitals, equipped and staffed 24/7 for varying services beyond a standard emergency department. A Level 1 Center can provide the full range of services required of trauma patients and provides training to surgical residents. A Level 3 Center serves communities that do not have immediate access to a Level 1 or 2 facility; it is capable of providing assessment and stabilization of trauma patients. To transfer a patient to a Level 1 Facility from a Level 3, there must be an agreement in place between them for a patient to be accepted.

EMS Interactions and Observations

Observations from Hospital staff about interactions with the Lewis County EMS agencies are summarized below:

- **When does the Hospital interact with EMS agencies:**
 - Calls for interfacility transfers (almost entirely LCSR).
 - The Hospital supplies controlled substances to ALS agencies through its Pharmacy Department.
- **What are the greatest positives/strengths of the Lewis County EMS system:** Hospital staff reported that they have had overall positive interactions with EMS crews and that the crews they have worked with show a willingness to help whenever they can: “No matter how strained some relationships may get... collaboration is off the charts... we always get the patient what they need”.
- **What are the greatest challenges/weaknesses of the Lewis County EMS system:**
 - There are challenging relationship dynamics between EMS agencies in different parts of the County.
 - Hospital staff noted that finding a facility to accept a transfer patient from its ER for things like stroke or cardiac issues had been a prevalent issue. Approximately one patient per day was being transferred to Albany (auto acceptance policy) because Wynn (facility located in Utica) was unable to accept the patient due to census or staffing challenges. This had a ripple effect on the EMS system at large because LCSR would have to send an ambulance out of County, which would lead to an ambulance regularly being out of service for a prolonged period of time.
 - Additionally, the Hospital, LCSR, and the County reached a consensus to use Marcellus Ambulance (Onondaga County) as a first call for transfers to Albany instead of LCSR; although this is not a perfect solution (it takes Marcellus approximately 1 hour to reach the Hospital for assistance). Hospital staff expressed extreme gratitude towards Marcellus Ambulance and that this arrangement has helped keep LCSR units available in Lewis County as well as eased tensions between Hospital ED staff and LCSR.
 - Staff noted that the challenges have improved over the last few months (summer 2025) since Wynn has begun accepting more patient transfers and LCSR staffing increased.
- **What systems are in place for providing feedback to EMS agencies (positive or negative):**
 - There is no formal process, however;
 - Most feedback is provided to LCSR directly – a meeting is held between hospital leadership and LCSR leadership.
 - If feedback is given to another agency, Lewis County Department of Emergency Management leadership receives the feedback and facilitates a conversation with the agency.

Inter-Facility Transport Data

Data was requested from LCGH on the numbers of inter-facility transports requested by the hospital between 2023 and 2025. Additionally, data was requested from Marcellus Ambulance (see note under “challenges” above for discussion) for this time period for comparison purposes. This data is summarized in the table below.

<u>Data Source</u>	<u># Transfers 2023</u>	<u># Transfers 2024</u>	<u># Transfers 2025</u>
Lewis County General Hospital	Requested: 581	Requested: 536	Requested: 500
Marcellus Ambulance	Responded: 0	Responded: 5 (2 ALS, 1 BLS, 1 SCT)	Responded: 38 (22 ALS, 13 BLS, 3 SCT)

- The total number of inter-facility transfers requested by LCGH decreased from 581 in 2023 to 500 in 2025.
- Marcellus did not respond to any requests for inter-facility transfers from LCGH until 2024, and its number of responses grew by more than 600% between 2024 and 2025; as of March 3, 2026, it had already provided 13 inter-facility transfers from LCGH.
 - Of these transfers, Marcellus transferred patients to:

<u>Transferred to</u>	<u># Transfers 2023</u>	<u># Transfers 2024</u>	<u># Transfers 2025</u>
Albany Hospitals	-	3	24
Syracuse Hospitals	-	1	2
Rochester Hospitals	-	1	6
Utica Hospitals	-	-	-
Other Hospitals (1)	-	-	5
Other Facility (2)	-	-	1
Home / Residence (3)	-	-	-

(1) Hospitals not located in general areas listed above, (2) Nursing home, rehab facility, etc., (3) Assisted/Independent Living Facilities or Private home.

Hospital Challenges on the Horizon

CGR asked Hospital staff and leadership what they believed were the largest threats/issues coming in the near and distant future. Responses are summarized below:

- **Unknown factors/effects of the Big Beautiful Bill Act:** It is almost entirely unknown what the effects will be on hospital operations/finances in 2027 with cutbacks and reductions. There has been no definitive information provided by the federal government as of October 2025.
- **Patient diversions:** There have been increasing capacity issues at hospitals in the region, which leads to patient diversion that has a further ripple effect on the entire health care system, including the EMS system. For example, if Carthage Area Hospital goes on diversion, it affects Lewis County as increased numbers of patients are transported to Lewis County which increases the chances of Lewis County Hospital having to go into diversion themselves. This increases transport times for EMS agencies to other facilities and takes EMS resources out of rotation for longer times.
- **Need for family medicine physicians:** Lewis County is in need of Family Medicine Physicians as several providers have retired (and in some cases, un-retired) and it has been difficult to recruit and replace them as needed.
- **Amish population has special needs:** Lewis County's population is between 8%-10% Amish, who are a patient population with specific needs and types of care. It was reported that there are two physicians in the County that specialize in caring for Amish patients.
- **Increase of mental health issues:** As mental health issues continue to increase, Lewis County is also losing two Psychiatric Physicians and is having a hard time recruiting and replacing them.

Lewis County 911 Center

The Lewis County 911 Center is located at 5252 Stowe Street, Lowville, NY, attached to the Lewis County Department of Emergency Management. CGR interviewed department staff while on-site on September 25 and 26, 2025 and asked staff about strengths and challenges of the center and the County EMS system as well as about operations and general information.

Staffing/Process

- 2 dispatchers are assigned per shift.
- There are a total of 11 dispatchers – 9 full time and 2 part time. The 911 Center has the budget for 4 part time dispatchers.
- Dispatchers are also trained correction officers (“Dispatcher/Correction Officer” dual civil service title). Staff stated that correction officer responsibilities are secondary to dispatch which takes priority. They believe that Lewis County is the last County in the state to have this setup where the dispatchers also have responsibilities for certain operations in the jail.
- To be eligible for a position at the 911 Center, candidates must sit for the civil service exam, take a polygraph, have a background check, take a drug test, and participate in an interview.

- Dispatchers work 12-hour days (6:30-6:30), every other weekend (“pitman schedule”). There is a day shift and a night shift, and a floating position that fills in all over. Teams work in partners for their shifts.
- **Time frame to call next agency:** The 911 Center waits for 3 minutes for both ALS and BLS calls. The EMS standard of practice (SOP) is written by Regional EMS Council. The 911 Center will call multiple agencies until a unit is available to respond.

Technology

- The 911 Center uses Spillman for its CAD software, which was installed in 2015. There was no current replacement cycle planned.
- The 911 Center updates its servers/computers every 5 years (policy of having no equipment older than 5 years at any given time).
- Its emergency medical dispatching (EMD) process is Total Response by Powerphone. This system change occurred in 2025, so the 911 Center was still getting used to this system at the time of the interview, but the staff had an overall positive feeling about the change. During interviews with EMS agencies, they stated that the Medical Priority Dispatch System ProQA EMD Software was a more helpful process.
- The County utilizes NY Alert for dissemination of mass notifications.
- The Center is able to receive 911 “calls” via text message, but not by video.

Strengths of Center

- All equipment is up to date/current. The radios and phones are stable with very little down time.
- The 911 Center has a fully operational backup center that gets tested once a month (located at the County Building downtown, which is offsite but nearby).
 - It takes less than 15 minutes for the backup center to get up and running, inclusive of the 3-minute drive to get there. It is run as a ‘hot center’ (equipment on, everything reciprocal/no switching) and it is a fully redundant system.
 - There is a third dispatch console available at the primary dispatch center that can be utilized during high call situations (e.g., windstorms, etc.).
- Telephone lines roll over to Herkimer County in an emergency situation, but Herkimer County does not have capability to dispatch Lewis County resources.
- At the time of the interview, the 911 Center was working on getting accredited by the NYS Sherriff Association; in 2025 it was not accredited by another group. The Center had previously looked at the NYS Sherriff for accreditation, but it was difficult because its demands are extremely steep for a rural agency to meet.
- The Center reported that it generally had good relationships with all agencies.
- The Center has several highly veteran dispatchers who can share institutional knowledge and train new employees.

Challenges/Weaknesses in Department

- Staff work a lot – lots of overtime charged.
 - The dispatch staff is the control center for the county jail, they monitor many cameras and operate many door accesses in the jail. Additionally, there is a public counter at the main entrance that the dispatch staff maintains.
- Finding staff is hard – as stated previously, the Center has the budget for 4 part time dispatchers, but it had not been able to fill these positions.
- There will be several staff that retire in the next couple of years. It was reported that it has been getting harder and harder to find people that can meet the requirements for the job (background etc.) and want to work the job.

Challenges/Weaknesses in EMS County Wide

- Because most agencies are staffed by volunteers, many are not available until into the evenings when volunteers are off from their day jobs.
- Politics: although it looks good with volunteer ambulances responding quicker to calls than LCSR, this is indicative of a competitive environment where people have personal conflicts/politics that are driving these competitions to respond faster.
- There is currently no status board or universal application that says who is marked in or out of service. Not every agency has this capability, and it is an opt-in situation.

Air Medical Usage and Needs in Lewis County

Access to healthcare can be a challenge in rural areas. Specialty hospitals may be hours away and emergency situations can quickly become critical when time is of the essence. As such, EMS air medical transport is another critical resource that is part of the EMS system for Lewis County in addition to the ground transport agencies discussed above.

EMS air medical services in rural areas like Lewis County provide crucial access to specialized care by rapidly transporting patients to hospitals, often bridging the gap created by long distances. These services are vital for both emergency responses and hospital-to-hospital transfers, allowing helicopters to bring advanced medical care directly to remote locations. Additionally, severe weather conditions can make ground transport slow and challenging. Snowstorms, icy roads, and other hazards can cause delays for ambulances, putting patients and EMS providers at risk during critical situations. Air medical transport provides an alternative, as helicopters can reach remote areas regardless of road conditions, ensuring patients receive timely care.

The dispatch of an air ambulance in rural areas typically is due to one of the following scenarios:

- In on-scene emergencies, first responders will request air medical transport after assessing a patient's condition and, recognizing the urgency, call for the closest and first available air ambulance.

- In cases of interfacility transfers, the medical staff at the hospital, identifying the need for specialized care, requests air ambulance services to transport the patient to a tertiary medical center capable of definitive care.

Air medical helicopters are equipped to function as mobile intensive care units and are staffed with a flight nurse, flight paramedic, and pilot.

Lewis County is fortunate that there are two air medical agencies that are in adjoining counties with three bases and helicopters available:

- LifeNet: Westernville in Oneida County and Watertown International Airport in Jefferson County.
- Mercy Flight Central: Griffiss Airport in Oneida County.

Requests for air medical resources are made by either the responding Fire or EMS agency to an incident. There is no standing dispatch protocol to place air medical on stand by for any incidents. Lewis County 911 Center calls a clearing house that will dispatch the closest available air medical unit and inform Lewis County of the responding unit. The LifeNet and Mercy Flight Central helicopters that are located in Jefferson and Oneida Counties have radio capability with Lewis County.

As part of this study, CGR reached out to both LifeNet and Mercy Flight Central to obtain some basic call data. Data from 2023 and 2024 are for full calendar years (January 1 – December 31) while data from 2025 is for January 1 through October 31.

911 Emergency Scene Incidents				
	LifeNet		Mercy Flight Central	
Year	Medical	Trauma	Medical	Trauma
2023	8	16	0	11
2024	15	27	2	7
2025	6	22	2	6
Total	29	65	4	24

Between 2023 and 2025, LifeNet was utilized more than Mercy Flight Central by Lewis County for **911 emergency scene incidents (more than 3x)**. Although 2025 was not complete at the time that data was received, there was an increase of air transports between 2023 and 2024, and the total number of calls in 2025 was on track to be higher than in 2023 but lower than in 2024.

Inter-Facility Requests, Lewis County General Hospital				
	LifeNet		Mercy Flight Central	
Year	Medical	Trauma	Medical	Trauma
2023	33	3	2	3
2024	39	4	4	0
2025	25	8	0	0
Total	97	15	6	3

Between 2023 and 2025, LifeNet was significantly more utilized by Lewis County than Mercy Flight Central for **inter-facility requests at Lewis County County General Hospital (more than 12x)**. The trends described for **911 emergency scene incidents** data is essentially mirrored here, but overall, air medical is used slightly more for inter-facility transports than responding to 911 emergency scene incidents in Lewis County.

VI. Demand for Service Analysis

The following section presents an evaluation of the call for service data in Lewis County as a whole. Call data was requested by CGR from the Lewis County 911 Dispatch Center for 2022-2025.

Summaries of individual agency response data are provided in the [Agency Profiles](#) section of the report.

An important distinction to make on this analysis is the difference between the number of “incidents” and “responses” that are recorded: An incident is recorded when an individual call for help is made to 911 Dispatch (e.g., a breathing issue is called in to 911 Dispatch), while a response is recorded when an agency is assigned to and responds to a call (e.g., Lewis County Search and Rescue responds to this breathing issue call after being dispatched and a BLS volunteer agency is also sent if the call is in their district).

This distinction is important because an incident – depending on its severity – may require multiple agencies to respond. This translates into there **being more responses than incidents** in the call data presented in this report (i.e., average number of incidents in the County between 2022-2025 was 3,381, while the average number of responses was 3,858, or a difference of roughly 500).

Both numbers of incidents and responses are important to analyze and present because the number of incidents demonstrates the volume and the burden on the EMS system, while the response shows the proportional burden of work that falls on each agency as well as allows for the analysis of response times to incidents. A portion of incidents have an agency requested and they do not respond because no crew is available. This is termed a “scratch”. Scratches are tracked manually by the Office of Emergency Management but were not analyzed for this study because of gaps in the reporting process.

Number of Annual Responses by Agency, All Agencies Providing Service in Lewis County (2022-2025)

<u>Agency</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Annual Average</u>	<u>% of Responses in County, Total</u>
Beaver Falls Fire Department	113	101	103	112	107	3%
Boonville Ambulance	62	114	86	59	80	2%

Town of Camden Ambulance	14	20	23	10	17	0%
Carthage Area Rescue Squad	164	212	154	145	169	4%
Constableville Ambulance	103	81	75	73	83	2%
LCSR (Inter-Facility Transports)	830	741	717	588	719	19%
LCSR (All Other Calls)	2,102	2,079	2,119	2,284	2,146	56%
Village of Lyons Falls Fire Department	151	152	108	112	131	3%
Natural Bridge	87	82	108	127	101	3%
Village of Port Leyden (J.S. Koster Hose)	76	187	214	225	176	5%
Turin Ambulance	97	79	52	47	69	2%
West Leyden Ambulance	56	41	68	75	60	2%
Year Total (with LCSR)	3,855	3,889	3,827	3,857	3,858	
Year Total (agencies other than LCSR)	923	1,069	991	985	992	25%

- Between 2022 and 2025, the following agencies had an increase in responses:
 - Natural Bridge (87 in 2022 to 127 in 2025; 46% increase)
 - J.S. Koster Hose (76 in 2022 to 225 in 2025; 196% increase)
 - West Leyden Ambulance (56 in 2022 to 75 in 2025; 34% increase)
- Between 2022 and 2025, all other agencies either responded to roughly the same number of calls or responded to fewer calls.
- The vast majority (75%) of incidents in Lewis County are responded to by LCSR, with 19% being for inter-facility transports and 56% being for all other EMS incidents.

- The number of inter-facility transports being performed by LCSR decreased steadily between 2022 and 2025 (approximately 30% decrease) while its number of other calls increased (approximately 9% increase).⁷¹
 - Overall, LCSR's total number of responses decreased slightly (2,932 total responses in 2022 to 2,872 responses in 2025)
- Between 2022 and 2025, the out-of-county agencies (Boonville, Camden, Carthage, and Natural Bridge) provided approximately 9% of Lewis County's EMS responses.
- J.S. Koster Hose (in the Village of Port Leyden) responded to the second most number of incidents in Lewis County (5% of responses) and its number of responses increased dramatically since 2022 (as noted under the first bullet point).

Incidents by Day of Week, All Dispatched Incidents in Lewis County (2022-2025)

<u>Day of Week</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>% of Incidents on Day Total</u>
Sunday	420	488	410	442	13%
Monday	484	513	524	500	15%
Tuesday	495	444	469	479	14%
Wednesday	494	455	484	481	14%
Thursday	474	513	445	494	14%
Friday	527	500	550	457	15%
Saturday	468	513	501	499	15%
Year Total	3,362	3,426	3,383	3,352	

- There was an almost even distribution of incidents among all 7 days of the week in Lewis County; however, Monday, Fridays, and Saturdays were slightly busier, with Friday having the most incidents cumulatively between 2022 and 2025.

⁷¹ Refer to the Call [Data Analysis](#) section in LCSR's profile for additional details about decreasing number of transports.

- The number of incidents decreased between 2022 and 2025 on Tuesdays, Wednesdays, and Fridays, while they increased on Sundays, Mondays, Thursdays, and Saturdays. This change was minimal for most days but the most pronounced on Fridays (13% decrease after a spike in 2024).
- Sunday was the least busy day of the week in terms of incident volume and was this way every year (with the exception of 2023) between 2022 and 2025.

Incidents by Month, All Dispatched Incidents in Lewis County (2022-2025)

Month	2022	2023	2024	2025	Month Total	2025 Daily Incidents ⁷²
January	275	278	302	315	1,170	10.2
February	293	260	273	306	1,132	10.9
March	289	279	257	302	1,127	9.7
April	261	283	264	273	1,081	9.1
May	267	332	294	261	1,154	8.4
June	268	278	277	269	1,092	9.0
July	283	323	330	296	1,232	9.5
August	310	276	281	265	1,132	9.1
September	261	290	278	262	1,091	9.3
October	264	286	244	264	1,058	7.9
November	297	251	281	249	1,078	9.4
December	294	290	302	290	1,176	9.7
Year Total	3,362	3,426	3,383	3,352	13,523	

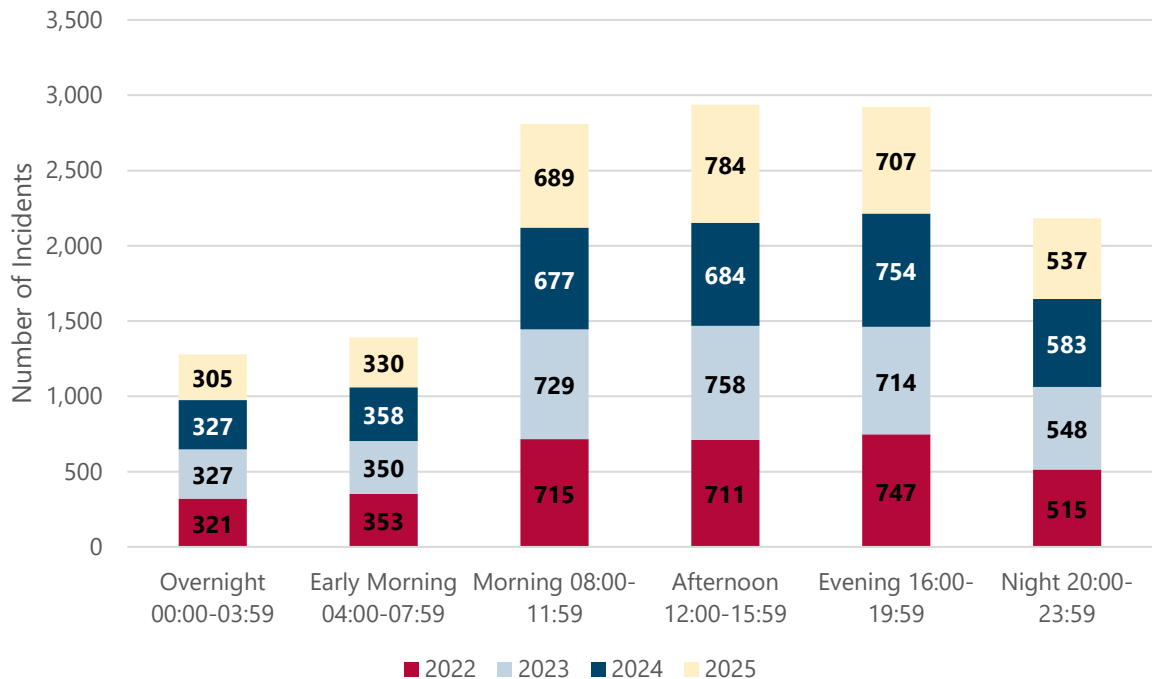
- Over the last 4 years (2022-2025), the busiest seasons for incidents were Winter (December-February, 3,478 total) and Summer (June-August, 3,456), while Spring (March-

⁷² Total number of incidents divided by 31 days (approximation of incidents per day).

May, 3,362) and Fall (September-November, 3,227) were less busy; however, there was not a wide seasonal variation for numbers of incidents.

- Several values are highlighted in the table above which show values that exceeded 10 incidents per day in the County.
- The number of incidents by month increased between 2022 and 2025 in all months except for May (decreased after increasing in 2023 and 2024), August (decreased), November (decreased), and December (stayed relatively consistent).
- The busiest month between 2022 and 2025 was July (1,232 incidents), while the least busy was October (1,058 incidents).
- In 2025 in terms of daily incidents, February was the busiest month while October was the least busy.

Incidents by Time of Day, All Dispatched Incidents in Lewis County (2022-2025)



- Between 2022 and 2025, the busiest time of day for incidents was between 8:00 and 19:59, and it became progressively less busy as the night went on until it ticked up slightly in the early morning hours (4:00-7:59) followed by a sharp spike in incidents.
- The highest number of incidents occurred in the afternoon (12:00-15:59) with the total number of incidents increasing between 2022 and 2025, while the lowest number of incidents occurred Overnight (00:00-3:59) with the total number of incidents decreasing between 2022 and 2025.

Top 20 Incident Call Natures, All Dispatched Incidents in Lewis County (2022-2025)

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Incidents⁷³</u>
EMS Transport	892	820	749	596	3,057	23%
Sick Person	513	556	458	537	2,064	15%
Falls	414	439	342	307	1,502	11%
Breathing	277	260	202	212	951	7%
MVC With I ⁷⁴	132	119	153	222	626	5%
Alarm Medi	-	76	267	277	620	5%
Chest Pain	101	115	124	164	504	4%
Unconscious	133	85	118	120	456	3%
Convulsion	61	84	110	79	334	2%
Abdominal	72	79	73	98	322	2%
Trauma	71	63	74	66	274	2%
Unknown Problem	116	74	19	18	227	2%
Diabetic	45	61	61	48	215	2%
Stroke	39	46	64	52	201	1%
Fire Struc ⁷⁵	49	53	53	43	198	1%

⁷³ % of total of all incidents that occurred between 2022-2025 in Lewis County.

⁷⁴ MVC with I = Motor Vehicle with Injury

⁷⁵ Fire Struc = Structural Fire

<u>Nature</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>	<u>% of Total Incidents⁷³</u>
Welfare Check	26	48	65	40	179	1%
Back Pain	43	46	50	27	166	1%
Heart Problem	33	37	41	49	160	1%
Hemorrhage	36	44	26	43	149	1%
Assist EMS	36	26	31	28	121	1%

- The top 20 incident types account for 92% of incidents in the County.
- EMS inter-facility transports accounted for the highest number of incidents between 2022 and 2025 (3,057 incidents or 23% of all incidents); however, the number of transports dispatched by the County 911 decreased during this time period by approximately 33%.
 - Notably, this mirrors the trend of LCSR – which provides the majority of inter-facility transports in the County – as it experienced a decrease of 30% in inter-facility transport responses over the last 4 years.
- In the [Air Medical Usage and Needs in Lewis County](#) section of this report, the number of EMS transports by air medical between 2023 and 2025 was summarized. If these same years are compared to ground transport usage, air medical was utilized 121 times (for both medical and trauma incidents, provided by LifeNet and Mercy Flight Central) while ground transport was utilized 2,237 times. If this total number of responses is combined, 5% of transports are provided by air medical while 95% are provided by ground transport.
 - For all other EMS calls, air medical was utilized 122 times between 2023 and 2025 (1.5% of all other calls), while the ground EMS agencies were utilized for 98.5% of calls.

High Priority Calls, All Dispatched Incidents in Lewis County (2022-2025)

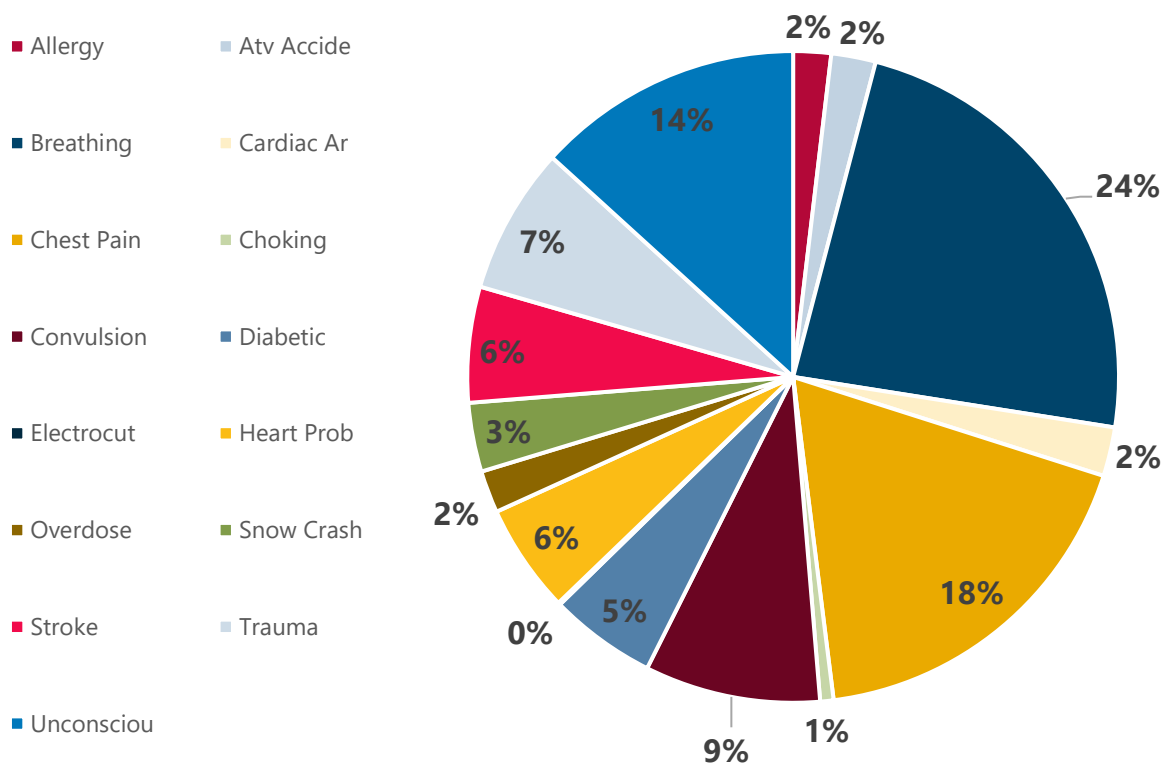
“High Priority Calls” are based on dispatch information for serious incidents (natures summarized below). These were evaluated to better understand the nature of more serious versus lower acuity incidents in the County between 2022 and 2025. The natures considered high priority for this evaluation were:

- Allergy
- ATV Accident
- Breathing

- Cardiac Arrest
- Chest Pain
- Choking
- Convulsion
- Diabetic
- Electrocution
- Heart Prob
- Overdose
- Snow Crash
- Stroke
- Trauma
- Unconscious

<u>High Priority</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Total</u>
Yes	852	829	858	887	3,426
No	2,510	2,597	2,525	2,465	10,097
Total Calls	3,362	3,426	3,383	3,352	13,523
Yes %	25%	24%	25%	26%	25%
No %	75%	76%	75%	74%	75%

- Despite a slight decrease in the overall number of all incidents between 2022 and 2025, the number of high priority incidents increased slightly (852 to 887).
- High priority incidents represented approximately 26% of all incidents in 2025. The percentages of natures that contributed to these incidents are shown in the chart below.



- 24% of high priority incidents in 2025 were for breathing related issues, 18% were for chest pain, and 14% were for reports of unconsciousness.
- High priority incidents represented approximately 25% of all incidents between 2022 and 2025. The percentages of nature types for 2022-2025 are similar to those shown in the chart above for 2025, alone.

Full Responses Times for High Priority Incidents, All Agencies (2022-2025)

The Full Response Time is the time from when the call entry process is begun at the 911 Center to the time the agency arrived at the scene. This includes the time for processing the call, an agency to be assigned, the crew to assemble, and an ambulance to travel to the scene. This time interval is used because it presents the concern of response time from the perspective of the patient or caller.

Only the times for high priority calls were evaluated. While a shorter interval is preferred, there is no industry standard. The percentile indicates what share of calls had a shorter interval than the time shown. For example, 75% of high priority calls (75th percentile) in the afternoon time block had a response time of less than 18.32 minutes for the Beaver Falls Fire Department.

The 75th percentile is presented here because it focuses on the share of calls that likely occurred in the ambulance services’ home service area and excludes mutual aid calls that typically have a longer response time. Mutual aid calls have a longer response time because of travel and also because the incident may have had multiple agencies requested before an agency is finally found to respond.

There were a total of 887 high priority incidents in Lewis County in 2025. Some additional caveats to data analysis are summarized below:

- Boonville Ambulance did not have enough high priority incidents occur at night (20:00-23:59) to calculate full response times during this window of time.
- Camden Ambulance did not have enough high priority incidents occur overnight (00:00-03:59), early morning (04:00-7:59), morning (08:00-11:59), or evening (16:00-19:59) to calculate full responses times during these windows of time.
- Turin and West Leyden did not have enough high priority incidents occur overnight (0:00-03:59) to calculate full response times during this window of time.

Results for full response times at the 50th and 90th percentiles are provided in the **Appendix D**.

75th Percentile (75% of high priority incidents had a response time of less than these times)

<u>Time of Day</u>	<u>Overnight 00:00- 03:59</u>	<u>Early Morning 04:00- 07:59</u>	<u>Morning 08:00- 11:59</u>	<u>Afternoon 12:00- 15:59</u>	<u>Evening 16:00- 19:59</u>	<u>Night 20:00- 23:59</u>
Beaver Falls Fire Department	23.75 mins	18.53 mins	22.03 mins	18.32 mins	15.24 mins	18.28 mins
Boonville Ambulance	25.32 mins	19.6 mins	22.86 mins	21.86 mins	23.88 mins	-
Town of Camden Ambulance	-	-	-	31.13 mins	-	42.92 mins
Carthage Area Rescue Squad	23.04 mins	28.95 ins	25.03 mins	26.17 mins	30.76 mins	26.43 mins
Constableville Ambulance	30.05 mins	23.93 mins	26.26 mins	20.41 mins	17.38 mins	16.68 mins
LCSR	27.45 mins	29.5 mins	24.5 mins	22.96 mins	25.25 mins	20.5 mins

<u>Time of Day</u>	<u>Overnight 00:00- 03:59</u>	<u>Early Morning 04:00- 07:59</u>	<u>Morning 08:00- 11:59</u>	<u>Afternoon 12:00- 15:59</u>	<u>Evening 16:00- 19:59</u>	<u>Night 20:00- 23:59</u>
Village of Lyons Falls Fire Department	17.43 mins	22.03 mins	23.62 mins	26.37 mins	18.57 mins	10.48 mins
Natural Bridge	22.22 mins	25.8 mins	20.55 mins	21.3 mins	27.89 mins	29.78 mins
Village of Port Leyden (J.S. Koster Hose)	21.28 mins	17.78 mins	16.54 mins	18.24 mins	20.15 mins	19.46 mins
Turin Ambulance	-	14.2 mins	26.08 mins	17.58 mins	14.7 mins	41.4 mins
West Leyden Ambulance	-	-	22.8 mins	20.41 mins	21.6 mins	29 mins

- In 2025, 75% of high priority calls in Lewis County had a Full Response Time of under 30 minutes with the exception of the Town of Camden Ambulance (which had a low number of responses, which can skew the response time towards a slow response), and Turin Ambulance (only during the Night hours of 20:00-23:59).
- LCSR's longest Full Response Time occurred during the Early Morning window of 4:00-07:59 (75% of incidents had a response time of under 29.5 minutes) while its fastest Full Response Time occurred during the Night window between 20:00 and 23:59 (75% of incidents had a response time of under 20.5 minutes).
 - Although they are the only paid agency, LCSR has the largest service area (the whole county) and is often asked to respond with advanced life support to assist a volunteer basic life support ambulance. They are also the "safety net" ambulance that receives requests for response after the "home" agencies have already responded. This context is needed when looking at their response time in comparison to other agencies.
- Although there was variability in which window of time had the longest and shortest Full Response Time across agencies, interestingly, all agencies had faster response times during the Early Morning window of 4:00-07:59 than LCSR (its slowest response time), ranging from response times faster than 14.2 minutes up to 28.95 minutes.

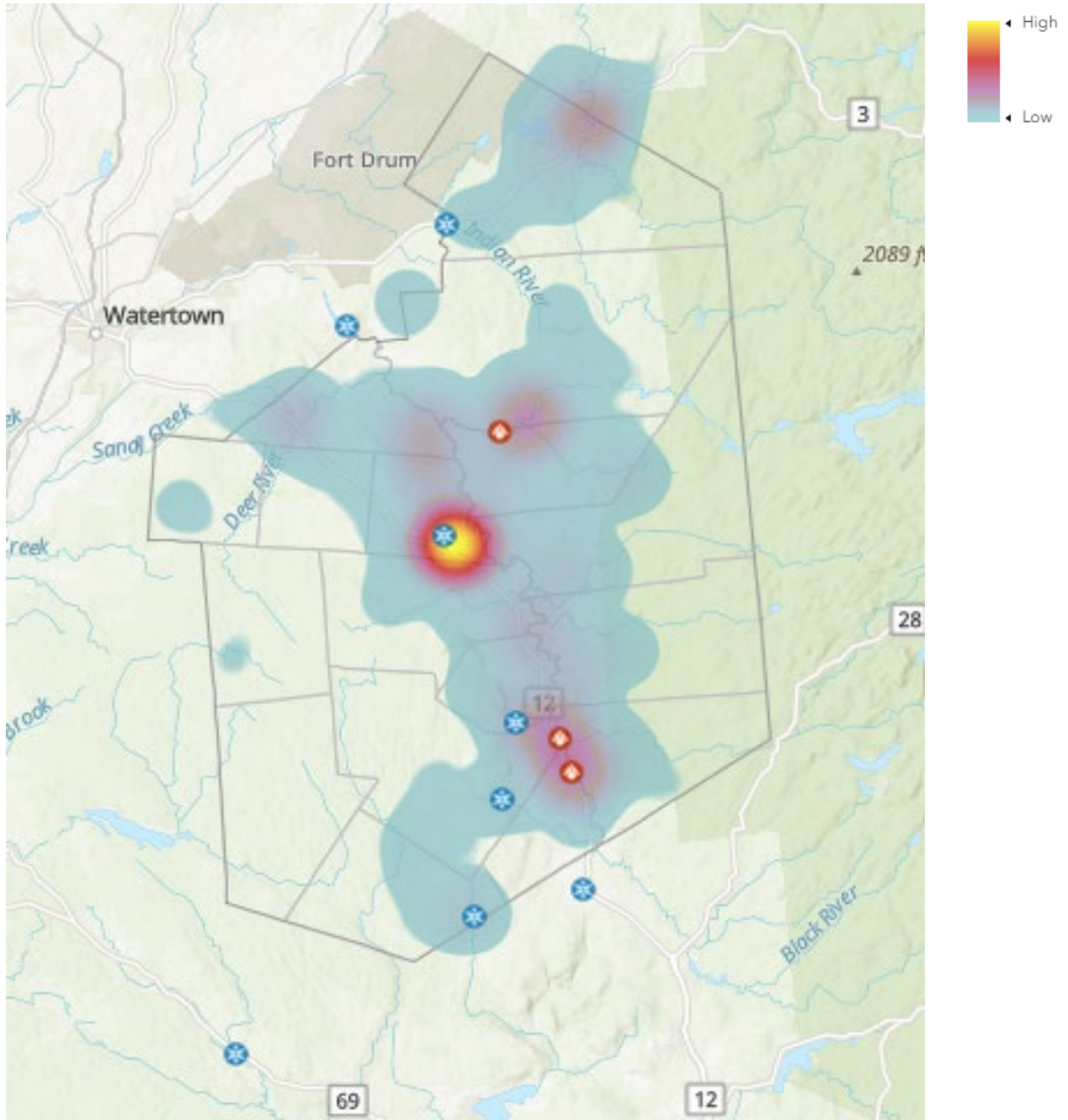
Where are EMS Calls Coming From?

CGR created a 'heat map' that indicates where EMS calls are occurring in Lewis County using data between 2023-2025 received from the Fort Drum Regional Health Planning Organization

(FDRHPO). This heat map can be used for better understanding of the spatial distribution of where calls are occurring for modeling of future service provision.

A static image of the heat map is provided below, while an interactive map is available at the following link: <https://arcg.is/ne9Wz>.

EMS agency stations are indicated by the blue symbols while fire stations (which also house EMS services) are indicated by the red symbols. Density of call volume is represented by the shading (lowest call volume density is light blue, while yellow is the highest).



Additionally, the following table summarizes the communities that have had the most EMS responses provided between 2023 and 2025, and which agencies have been the top responders.

Top 10 Communities/Municipalities Responded to in Lewis County (NO EMS TRANSPORTS), All Agencies (2023-2025)

<u>Community</u>	<u># Responses TOTAL</u>	<u>% of ALL RESPONSES</u>	<u>Responses/1,000 in Municipality (Per Year)</u>	<u>Top Agencies Responding (TOTAL RESPONSES)</u>
Lowville ⁷⁶	3,488	37%	141	LCSR (3,455; 99%) Beaver Falls (19; <1%)
Village of Port Leyden (Inside Town of Leyden)	707	8%	358	J.S. Koster Hose (307; 43%) LCSR (287; 41%) Lyons Falls Fire Dept. (85; 12%)
Harrisville (Hamlet in Town of Diana)	682	7%	164	Natural Bridge (264; 39%) Carthage (215; 32%) LCSR (81; 12%) ⁷⁷
Village of Castorland (Inside Town of Denmark)	674	7%	468	LCSR (501; 77%) Beaver Falls (157; 23%)
Glenfield (Hamlet in Town of Martinsburg)	672	7%	188	LCSR (657; 98%) Turin (10; 1%)
Croghan ⁷⁸	659	7%	57	LCSR (648; 98%) Beaver Falls (8; 1%)
Village of Lyons Falls (on Border Between Town of	518	6%	303	LCSR (252; 49%) Lyons Falls (145; 28%)

⁷⁶ Town and Village undifferentiated in count of calls in data.

⁷⁷ Gouverneur Volunteer Rescue Squad, Inc. was shown as providing 105 responses (15%) to Harrisville in the data between 2023 and 2025; this agency was not evaluated as a part of this study.

⁷⁸ Town and Village undifferentiated in count of calls in data.

<u>Community</u>	<u># Responses TOTAL</u>	<u>% of ALL RESPONSES</u>	<u>Responses/1,000 in Municipality (Per Year)</u>	<u>Top Agencies Responding (TOTAL RESPONSES)</u>
West Turin and Lyonsdale)				J.S. Koster Hose (99; 20%)
Village of Copenhagen (Inside Town of Denmark)	475	5%	258	LCSR (456; 96%)
Turin ⁷⁹	321	3%	79	LCSR (139; 43%) Turin Ambulance (124; 39%)
Village of Constableville (Inside Town of West Turin)	285	3%	295	Constableville (125; 44%) LCSR (120; 42%) Lyons Falls (17; 6%)

- LCSR holds the only County-wide CON and responded the most in multiple communities throughout the County.
- Despite having the largest number of responses by a significant margin, Lowville had a proportionally lower number of responses per 1,000 residents than all other municipalities listed here besides Croghan and Turin.
- The highest demand area in terms of responses per 1,000 residents were the Village of Castorland and the Village of Port Leyden (468 responses/1,000 residents per year and 358 responses/1,000 residents per year, respectively) while the lowest was Croghan (57 responses/1,000 residents per year).

Who is Making EMS Calls?

This section provides a brief snapshot of the demographics of Lewis County residents making EMS calls between 2023-2025 based on data received from the Fort Drum Regional Health Planning Organization (FDRHPO).

For reference, demographics in Lewis Count were provided in the [Demographics](#) section of this report.

⁷⁹ Town and Village undifferentiated in count of calls in data.

Annual Incidents by Age Group, All Dispatched Incidents except EMS TRANSPORTS in Lewis County (Avg. 2023-2025)

Age Group	Population (2024 ACS 5 Year Estimate)	Avg # Incidents/Year	% Total ⁸⁰	Incidents/1,000 in Age Group (Per Year)
Under 18	6,019	169	6%	28
18-24	1,994	131	5%	66
25-29	1,421	99	4%	70
30-39	3,188	229	8%	72
40-49	2,877	255	9%	89
50-59	3,249	319	12%	98
60-69	4,281	401	15%	94
70-79	2,330	528	19%	227
80+	1,248	608	22%	487
Total	26,607	2,741	100%	100

- The demand for EMS service increased as the population aged and accelerated quickly for individuals 70 and above.
 - 140% increase in incidents per 1,000 people between 60-69 and 70-79 age groups.
 - 115% increase in incidents per 1,000 people between 70-79 and 80+ age groups.
- When just EMS transports are analyzed, this trend is largely repeated, with the exception that the incidents per 1,000 people are almost identical for the 18-24, 25-29, and 30-39 age groups.

⁸⁰ Includes only calls that had age entered; does not include roughly 13% of TOTAL calls that did not have an age recorded.

Incidents by Race, All Dispatched Incidents in Lewis County (2023-2025)

Race	Count	% Total ⁸¹
Asian	20	0%
Black or African American	123	1%
Hispanic or Latino	63	1%
White	10,461	98%

- The majority of residents reporting EMS incidents in the County were White; the share of incidents in the County was consistent with the demographic makeup of the County (i.e., the population of Lewis County in 2024 was 96.3% White, < 2% Hispanic/Latino, approximately 1% Black or African American, < 1% Asian).

Incidents by Sex, All Dispatched Incidents in Lewis County (2023-2025)

Sex	Count	% Total ⁸²
Male	5,166	49%
Female	5,438	51%

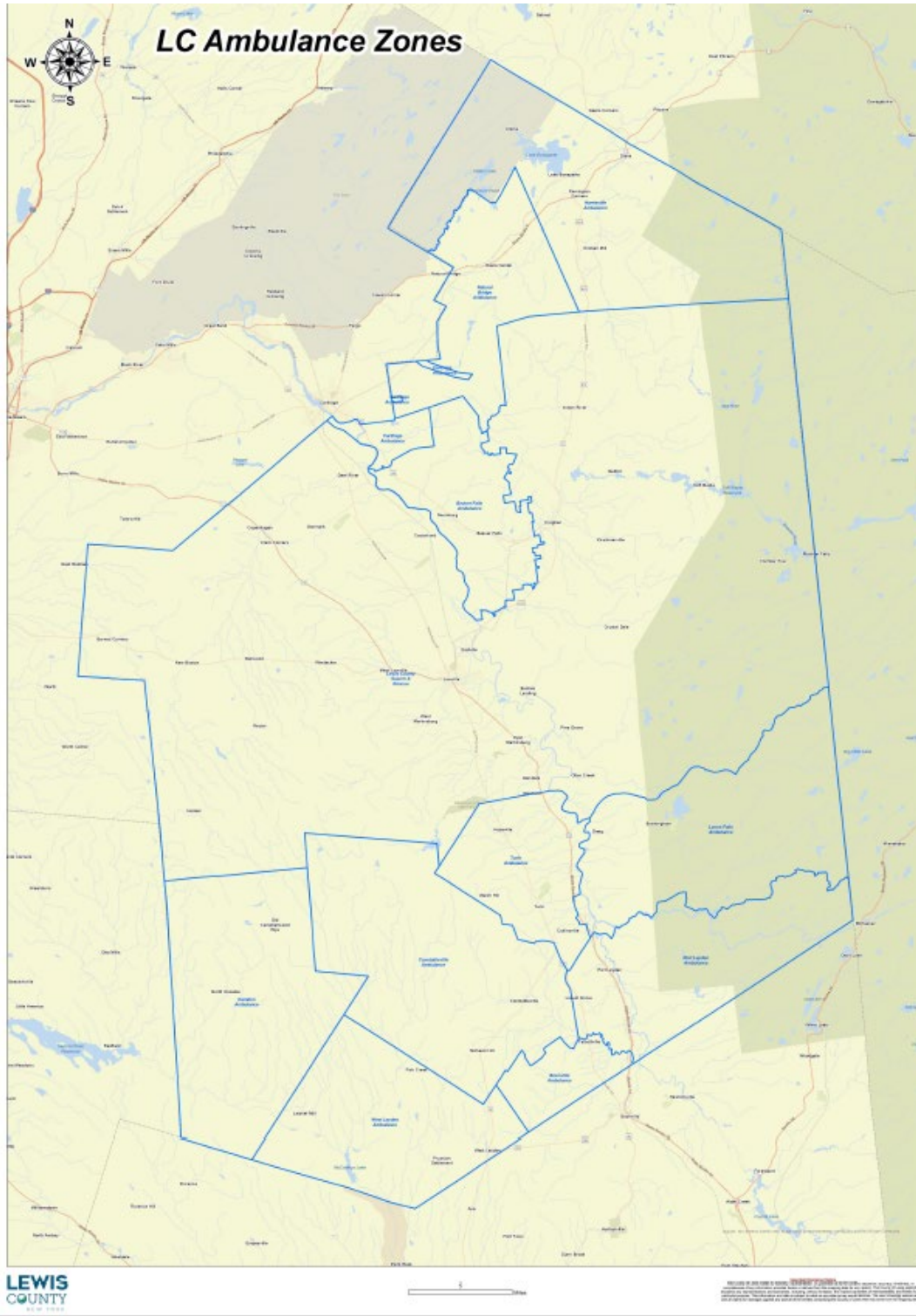
- Incidents were split almost evenly between men and women in the County, with a slightly higher value for women (272 more). This is likely because women tend to live longer than men, meaning the number of incidents will skew towards women in the higher age groups.

⁸¹ Includes only calls that had race entered; does not include roughly 10% of TOTAL calls that did not have a race recorded.

⁸² Includes only calls that had sex entered; does not include roughly 12% of TOTAL calls that did not have a sex recorded.

Appendices

Appendix A: Lewis County Map of Operating Territories



Appendix B: Certification Information, Legislation Changes, and Statewide Provider Data

Training/Certification Requirements

New York State has several levels of Emergency Medical Services professionals with varying amounts of required training hours for certification.

- Certified First Responder (CFR) certification classes generally require 50 hours.
- Basic EMT classes run between 150 and 190 hours of classroom, lab and field training
- Advanced EMT classes require between 160 and 200 hours in addition to Basic EMT.
- Paramedic classes require 1,000 to 2,000 hours to complete in addition to Basic EMT.

For recertification, EMS providers have one of two options:

1. Take a “traditional” refresher course, which entails going back to the classroom and taking a NYS skills or written exam.
2. Enroll in the Continuing Medical Education (CME) program. Those who complete the required number of hours of appropriate education can renew their certification and not have to take a NYS skills or written exam. All the agencies in Lewis County have stated that they are utilizing the CME program, The program has an option where – if approved – the provider can obtain the required training through 100% on-line training.

Reports, Initiatives and Policy

Below is a general summary of some work at the state level that has been undertaken in recent years to help alleviate challenges faced by EMS agencies all over the state:

- The New York Legislature in 2022 authorized a 12-member committee to develop “The Rural EMS Task Force Report”. In December 2024 at the NYS EMS Council meeting, it was stated that the report was completed and would be released soon. This report was released in January 2026. The report is at <https://nysvara.org/legislative/2026/2026%20Rural%20Ambulance%20Task%20Force%20Report.pdf>
- In 2024 there were some changes made to the certification process to help with recertification and the length of certification cycle.
 - For all EMS providers that recertify after September, 2024, the certification cycle was increased from three to four years. Also depending on the level of certification, the number of hours required were amended: as an example, for an EMT/B the time decreased from 72 to 45 hours while the time for a paramedic decreased from 72 to 60 hours.
 - This is another small step to help retain EMS providers. With the on-line training programs available, over the four-year cycle it breaks down to 1.0-1.5 hours a month of

training, but a provider now has more flexibility to complete the required hours at home.

- In January 2019, the EMT/Basic age requirement was lowered to 17 to recruit more volunteers. As of January 2024, Jefferson-Lewis-Hamilton Herkimer-Oneida BOCES is expanding its Career & Technical Education (CTE) opportunities for students in Lewis County by offering a new Emergency Medical Services (EMS) program beginning in the 2024-25 school year. With two-year successful completion, students will be qualified to earn certification through the NYS Emergency Medical Technician exam.

Statewide Provider Data

According to a Division of EMS provider data released in a 2023 report, the number of certified EMS personnel statewide decreased by approximately 13% between 2019 and 2021 (from approximately 80,000 to 70,000). Making matters worse, only about 40,000 of these providers were considered active in 2019 and that number had dropped 17% to about 33,000 by 2022.

Below is a summary provided by the Division of EMS in August, 2023 of the number of EMS Providers in New York State that are actually providing care to a patient. More up to date information was requested via FOIL but has not been provided as of yet.

<u>Certification Level</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>% Change 2019-2022</u>
EMT - Basic	27,063	20,563	24,939	23,412	-13.5%
EMT - Advanced	1,325	1,279	1,549	1,462	10.3%
EMT-Critical Care	1,074	914	723	610	-43.2%
EMT-Paramedic	10,584	7,257	7,495	7,538	-28.8%
Total	40,046	30,013	34,706	33,022	-17.5%

Source: NYS Division of EMS presentation, August 2023 (number of active providers whose license numbers appear on a patient care report)

Counties Directly Providing EMS

County	BLS Ambulance	AEMT Ambulance	Paramedic Ambulance	ALSFR AEMT	ALSFR Paramedic
Albany	Yes				Yes
Broome					Yes
Cattaraugus				Yes	

County	BLS Ambulance	AEMT Ambulance	Paramedic Ambulance	ALSFR AEMT	ALSFR Paramedic
Cayuga	Yes				
Chautauqua			Yes		
Chenango			Yes		
Columbia			Yes		
Erie			Yes		Yes
Essex					Yes
Franklin					Yes
Greene					Yes
Livingston			Yes		
Madison			Yes		
Montgomery			Yes		
Nassau			Yes		
Niagara			Yes		Yes
Ostego			Yes		
Schenectady			Yes		
Schoharie			Yes		
Steuben			Yes		
Suffolk			Yes		
Suffolk					Yes
Sullivan		Yes			
Ulster			Yes		
Washington		Yes			
Wayne			Yes		Yes

County	BLS Ambulance	AEMT Ambulance	Paramedic Ambulance	ALSFR AEMT	ALSFR Paramedic
Wyoming			Yes		
Yates			Yes		

Appendix C: Detailed Financial Model

Operational Costs

Payroll Expense	Model 1- Supplemental	Model 2 – Full Service	Notes
Payroll Regular	\$ 820,048.00	\$ 1,751,584.00	\$33/hr. Paramedic,\$22/hr. EMT, this is based on the Pitman Schedule, and the scheduled OT is based in this figure. Actual wages would be dependent on collective bargaining.
Payroll - Overtime	\$ 65,603.84	\$ 140,126.72	10% of Gross payroll, late calls, sick coverage, etc.
Payroll Taxes	\$ 62,733.67	\$ 133,996.18	Employer FICA Share 8.00% of payroll
Benefits	\$ 287,016.80	\$ 613,054.40	Healthcare & Pension. NYS Tier 6 Pension costs utilized (35%)
Total Payroll	\$ 1,235,402.31	\$ 2,638,761.30	
EMS Operation Expenses			
Building Supplies	\$ 2,500.00	\$ 2,500.00	Cleaning Supplies,
E-PCR	\$ 5,000.00	\$ 8,500.00	Software Costs
Fuel - Vehicle	\$ 40,000.00	\$ 100,000.00	Due to size of the County and IFT incidents, this may be a high estimate.
Maintenance Contracts	\$ 7,500.00	\$ 20,000.00	Monitors, Gurneys, etc
Medical Supplies Disposal	\$ 20,000.00	\$ 62,500.00	ALS, BLS and CS Supplies
Medical Waste	\$ 1,000.00	\$ 2,000.00	
Oxygen	\$ 2,500.00	\$ 5,000.00	Cascade system and hydrotest for D tanks.
Radios	\$ 5,000.00	\$ 10,000.00	
Uniforms	\$ 5,000.00	\$ 15,000.00	
Vehicle Maintenance	\$ 30,000.00	\$ 60,000.00	

Payroll Expense	Model 1- Supplemental	Model 2 – Full Service	Notes
Total EMS Operations Expense	\$ 118,500.00	\$ 285,500.00	
Administrative Expenses			
Bank Fees	\$ 5,000.00	\$ 9,800.00	Credit Card Processing From Billing
Billing Service Fees	\$ 50,000.00	\$ 180,000.00	10% of net billing receivable Some vendors are in the 7%-8% range.
Computer / IT	\$ 5,000.00	\$ 12,000.00	PC Hardware, Software, IT Support, etc.
Contingency/Miscellaneous	\$ 2,500.00	\$ 50,000.00	A high figure for estimate,
Copier Lease	\$ -	\$ 5,000.00	
Dues & Subscriptions	\$ 1,000.00	\$ 5,000.00	Professional Organizations, Etc.
Fundraising / Grant Writer	\$ -	\$ 10,000.00	Agencies need to look for grants, but the process can be complex.
Legal	\$ -	\$ 15,000.00	Based on \$300/hr.
Office Supplies	\$ 1,500.00	\$ 4,000.00	
Postage	\$ 500.00	\$ 3,500.00	
Pre-Employment, Health & Safety	\$ 2,000.00	\$ 2,000.00	Physicals, Background Checks, Flu Shots, Hep-B, etc.
Public Relations	\$ 1,250.00	\$ 2,000.00	EMT Alert, Loan Closet,
Total Administrative Expenses	\$ 68,750.00	\$ 298,300.00	
Insurance			
Disability Insurance	\$ 4,500.00	\$ 12,500.00	Estimated high on all insurance coast, due not knowing rating experience.
Liability Insurance	\$ 55,000.00	\$ 75,000.00	
Workers Comp	\$ 30,000.00	\$ 60,000.00	
Total Insurance	\$ 89,500.00	\$ 147,500.00	

Payroll Expense	Model 1- Supplemental	Model 2 – Full Service	Notes
Reserve Accounts			
Building Reserve			HVAC, Generator, Windows, Roof. Assumed to be part of hospital
Medical Equipment Reserve	\$ 50,000.00	\$ 100,000.00	Monitors, Stair Chairs, Gurneys,
Vehicle Replacement Reserve	\$ 150,000.00	\$ 250,000.00	
Total Reserve Accounts	\$ 200,000.00	\$ 350,000.00	
Training			
Class Reimbursement	\$ 7,500.00	\$ 18,000.00	Paramedic or AEMT Sponsorship,
Conferences	\$ 1,000.00	\$ 10,000.00	Vital Signs, etc
Training	\$ 2,500.00	\$ 10,000.00	Online Program for CME, CPR, PALS, ACLS, etc
Total Training	\$ 11,000.00	\$ 38,000.00	
Utilities			
Cellular Telephones	\$ 2,000.00	\$ 6,000.00	
Electric & Gas			Zero because considered as part hospital
Internet / Cable TV	\$ 6,000.00	\$ 20,000.00	Also Internet Hot Spots for Laptops in Ambulances
Telephone	\$ 1,500.00	\$ 3,500.00	
Trash	\$ -	\$ 6,000.00	
Water	\$ -	\$ 2,700.00	
Total Utilities	\$ 9,500.00	\$ 38,200.00	
Member Expenses			
EMS Week	\$ 1,000.00	\$ 2,500.00	Gift and Food for Crews?

Payroll Expense	Model 1- Supplemental	Model 2 – Full Service	Notes
Member Appreciation	\$ -	\$ -	Annual Dinner, Food for Holidays?
Member Awards	\$ -	\$ -	Awards similar to Regional and NYS Awards?
Total Member Expenses	\$ 1,000.00	\$ 2,500.00	
Total Expenses	\$ 1,733,652.31	\$ 3,798,761.30	
Summary Expenses by Category	Model 1 – Supplemental	Model 2- Full Service	
Payroll	\$ 1,235,402.31	\$ 2,638,761.30	
EMS Operations	\$ 118,500.00	\$ 285,500.00	
Administrative	\$ 68,750.00	\$ 298,300.00	
Insurance	\$ 89,500.00	\$ 147,500.00	
Reserve Funds	\$ 200,000.00	\$ 350,000.00	
Training	\$ 11,000.00	\$ 38,000.00	
Utilities	\$ 9,500.00	\$ 38,200.00	
Member Expenses	\$ 1,000.00	\$ 2,500.00	
Total Expenses	\$ 1,733,652.31	\$ 3,798,761.30	

Capital Costs

	Type I	Type III
	CK3500 4x4	E-350
Vehicle Chassis/Box Costs	\$228,950.00	\$246,645.00
Based on Crestline for Madison County		
Power Gurney	\$24,726.00	\$24,726.00
IV Pole	\$407.00	\$407.00
Head End D Tank Holder	\$281.00	\$281.00
XPS Wings	\$4,000.00	\$4,000.00
Power Load System	\$34,355.00	\$34,355.00
Trac Stair Chair	\$4,950.00	\$4,950.00
Knox CS Storage	\$4,500.00	\$4,500.00
Mobile Radio (1)	\$10,000.00	\$10,000.00
Portable Radios (2)	\$12,000.00	\$12,000.00
Total Estimated Vehicle Equipment Costs	\$95,219.00	\$95,219.00
BLS Supply Costs Categories		
Protective Equipment	\$109.30	\$109.30
Bio-Hazard Equipment	\$34.17	\$34.17
Airway Equipment	\$1,549.13	\$1,549.13
Bandaging Supplies	\$382.92	\$382.92
Assessment Equipment	\$217.47	\$217.47
Patient Movement Equipment	\$1,030.79	\$1,030.79
Miscellaneous Equipment	\$4,213.88	\$4,213.88
Immobilization Equipment	\$2,786.74	\$2,786.74
BLS Medic Bag Supplies:	\$1,209.32	\$1,209.32
BLS Medications Required	\$10.59	\$10.59
Infant / Pediatric Bag:	\$161.85	\$161.85
Total All BLS Categories:	\$11,706.16	\$11,706.16
ALS Supply Cost Categories		
Total IV Supplies Costs	\$305.32	\$305.32
Total Airway Costs	\$5,537.27	\$5,537.27
Total Medications Costs	\$1,567.73	\$1,567.73
Total Cardiac Equipment Costs	\$56,936.86	\$56,936.86
Total Miscellaneous Items Costs	\$722.19	\$722.19
Total Controlled Substances	\$75.46	\$75.46
Total All ALS Categories Costs	\$65,144.83	\$65,144.83

Summary Table of Estimated Ambulance Costs		
	Type I 4x4	Type III 4x2
Vehicle Chassis	\$228,950.00	\$246,645.00
Stretcher, Mount, Stair Chair, Radios	\$95,219.00	\$95,219.00
BLS Supply Costs	\$11,706.16	\$11,706.16
ALS Supply Costs incl Monitor & Airway	\$65,144.83	\$65,144.83
Estimated Costs of Fully Outfitted Ambulance	\$401,019.99	\$418,714.99

Appendix D: 50th and 90th Percentile Response Time Analysis Summary (2025)

Full Response Time Data and Analysis

50th Percentile (50% of high priority calls had a response time of less than these times)

<u>Time of Day</u>	<u>Overnight 00:00- 03:59</u>	<u>Early Morning 04:00- 07:59</u>	<u>Morning 08:00- 11:59</u>	<u>Afternoon 12:00- 15:59</u>	<u>Evening 16:00- 19:59</u>	<u>Night 20:00- 23:59</u>
Beaver Falls Fire Department	23.75 mins	15.83 mins	18.6 mins	13.98 mins	14.95 mins	15.27 mins
Boonville Ambulance	25.32 mins	19.6 mins	19.23 mins	20.65 mins	20.73 mins	-
Town of Camden Ambulance	-	-	-	31.13 mins	-	42.92 mins
Carthage Area Rescue Squad	22.49 mins	27.28 mins	20.75 mins	24.83 mins	28.22 mins	25.24 mins
Constableville Ambulance	28.13 mins	20.88 mins	20.78 mins	18.53 mins	17.16 mins	15.81 mins
LCSR	18.92 mins	20.32 mins	16.67 mins	17.12 mins	17.47 mins	12.17 mins
Village of Lyons Falls Fire Department	17.37 mins	19.44 mins	16.98 mins	19.15 mins	14.48 mins	10.48 mins
Natural Bridge	20.08 mins	23.38 mins	15.77 mins	18.33 mins	22.42 mins	22.12 mins
Village of Port Leyden (J.S. Koster Hose)	18.15 mins	15.95 mins	13.8 mins	13.62 mins	14.18 mins	14.02 mins
Turin Ambulance	-	14.2 mins	22.31 mins	17.43 mins	14.03 mins	33.23 mins

<u>Time of Day</u>	<u>Overnight</u> <u>00:00-</u> <u>03:59</u>	<u>Early</u> <u>Morning</u> <u>04:00-</u> <u>07:59</u>	<u>Morning</u> <u>08:00-</u> <u>11:59</u>	<u>Afternoon</u> <u>12:00-</u> <u>15:59</u>	<u>Evening</u> <u>16:00-</u> <u>19:59</u>	<u>Night</u> <u>20:00-</u> <u>23:59</u>
West Leyden Ambulance	-	-	18.13 mins	12.07 mins	14.43 mins	29 mins

90th Percentile (90% of high priority calls had a response time of less than these times)

<u>Time of Day</u>	<u>Overnight</u> <u>00:00-</u> <u>03:59</u>	<u>Early</u> <u>Morning</u> <u>04:00-</u> <u>07:59</u>	<u>Morning</u> <u>08:00-</u> <u>11:59</u>	<u>Afternoon</u> <u>12:00-</u> <u>15:59</u>	<u>Evening</u> <u>16:00-</u> <u>19:59</u>	<u>Night</u> <u>20:00-</u> <u>23:59</u>
Beaver Falls Fire Department	23.75 mins	18.76 mins	24.09 mins	18.87 mins	21.48 mins	21.27 mins
Boonville Ambulance	25.32 mins	19.6 mins	29.2 mins	22.58 mins	25.76 mins	-
Town of Camden Ambulance	-	-	-	31.13 mins	-	42.92 mins
Carthage Area Rescue Squad	23.37 mins	33.72 mins	29.46 mins	28.93 mins	33.98 mins	27.08 mins
Constableville Ambulance	31.21 mins	25.76 mins	29.1 mins	22.23 mins	17.41 mins	17.2 mins
LCSR	31.79 mins	34.79 mins	31.57 mins	31.98 mins	32.81 mins	29.03 mins
Village of Lyons Falls Fire Department	17.47 mins	23.23 mins	27.64 mins	29.12 mins	27.66 mins	10.48 mins
Natural Bridge	23.51 mins	31.46 mins	24.32 mins	28.47 mins	75.08 mins	29.83 mins
Village of Port Leyden (J.S. Koster Hose)	23.16 mins	21.95 mins	21.01 mins	21.16 mins	24.66 mins	23.3 mins

<u>Time of Day</u>	<u>Overnight</u> <u>00:00-</u> <u>03:59</u>	<u>Early</u> <u>Morning</u> <u>04:00-</u> <u>07:59</u>	<u>Morning</u> <u>08:00-</u> <u>11:59</u>	<u>Afternoon</u> <u>12:00-</u> <u>15:59</u>	<u>Evening</u> <u>16:00-</u> <u>19:59</u>	<u>Night</u> <u>20:00-</u> <u>23:59</u>
Turin Ambulance	-	14.2 mins	28.34 mins	17.66 mins	15.56 mins	46.31 mins
West Leyden Ambulance	-	-	26.62 mins	25.41 mins	25.3 mins	29 mins