

EMS Subcommittee

Monday, January 29, 2024 - 9:00 am

Robin DeLoria - Chairman

Chairman DeLoria called this EMS Subcommittee to order at 9:00 am with the following in attendance: Clayton Barber, Chris Clark, Robin DeLoria, Jim Monty, Matt Stanley, Cathleen Reusser, Matt Stanley, Ike Tyler, Meg Wood, Mark Wright, Josh Favro and Mike Mascarenas. Matt Watts had been previously excused.

ALSO PRESENT: Dina Garvey, Rob Wick, and Alison Webbinaro - Governor's Representative to the North Country.

DELORIA: We can get started Rob. We have a guest that I would like to introduce myself, my name is Supervisor Robin DeLoria from Newcomb and we'll have everybody go around.

AT THIS TIME INTRODUCTIONS WERE MADE.

DELORIA: Robert, I'll give you the floor.

WICK: Okay, good morning, as mentioned in the email last week, I have a lot of resolutions to go through, today, a lot of them, all we talked through over the last couple of months. The first one that I would like to get to are for the additional EMS staffing. These we talked through, after we actually approved the budget for 2024. So, along with the Moriah and Ticonderoga staffing requests, I also have the budget modification, also. So, I printed three copies of each of these and other than the budget request, Judy has copies of these for today. So, I want to make sure that you get the copy of that one.

So, that is the budget modification resolution to increase that. So, the first one, we have here for Ticonderoga EMS to increase the two EMTs that they requested, in addition to the additional one that was already in the budget. So, a total for 2024, so far, this will be an additional three. They've got one there now, we approved one and this request is to add two more.

DELORIA: Okay, so a motion and second and then move for discussion, Clayton mover, Mark is second.

RECOMMENDATION FOR A RESOLUTION TO AUTHORIZE STAFFING REQUESTS FOR THE TOWN OF TICONDEROGA EMS.

Barber, Wright

DELORIA: Any questions for Robert on this one? All in favor, aye? Any opposed? Carried

WICK: The next one is to add one more EMT for Moriah EMS. We had some discussion on this one. This is in response to basically they have, for quite a while, very few people other than our

staff people that are able to respond. So, their ability to have people on a regular basis that are there in squad, so they have had like one EMT that's been doing the majority of the legwork there for quite a while. So, this is a request to add one more. So, in addition to the individuals that we have there now, which we do have some that are load sharing between Moriah and Westport. I think they're going to be up to a total of four.

DELORIA: I'll move that, a second? Mark.

RECOMMENDATION FOR A RESOLUTION TO AUTHORIZE THE HIRING OF ONE EMT FOR THE MORIAH EMS

DeLoria, Wright

DELORIA: Any discussion?

TYLER: Well, I don't know if this is a good time to have the discussion, but we had a meeting down in Westport, about our issues, there were some issues and I was at the meeting, but it seemed like they were working on ironing out some issues. I don't know if you want to add anything to it, Josh? I know they have had some dropped calls.

FAVRO: We had one dropped call, since then we added, Joe Norton, responding from the Emergency Service's building. The rest of the stuff that we've dealt with there is mainly personnel, misunderstandings I guess is the way to put it, the best way. Such as, we had a paramedic wash the car in the firehouse, they don't allow their people to do that in the firehouse. They're on a septic system, so they have to protect that really good, so mainly stuff like that we've worked through. They didn't understand that our medics, at the beginning of our shift will do a truck check, so they'll go through the drug bags, make sure everything is up to date and have everything, because ultimately, when they go to a call, especially working for the County, that's their responsibility to make sure they have to do their job. So, that was explained a little bit better than what it originally was. I think we're on the right track there and we're talking about possibly adding some more staffing to help them out, because like everybody else, they're extremely shorthanded, as far as EMTs go. So, like I said, I think we're on the right track and we're going to stay transparent with them and work through it all.

DELORIA: They're submit a proposal to you for additional staffing?

FAVRO: Yeah, they've been working with Michael on that, already.

MONTY: What was the reason they didn't want people going through the truck check?

TYLER: There was more to it than just that.

MONTY: That doesn't make sense to me.

TYLER: No, there's two sides to that story.

MONTY: I get it.

TYLER: And the issue with washing the truck, it isn't just washing the truck, we don't have a system for it, but they took the ambulance and put it outside for an hour, it wasn't on, according to them, in the freezing weather.

MONTY: I see

TYLER: There was some issues going on there that were two sided, Josh makes it sound like a lot easier than it was.

MASCARENAS: It's that what we all do?

TYLER: They had a nice conversation.

FAVRO: They worked a lot out.

DELORIA: So, we'll vote on this, all in favor? Any opposed? Carried

WICK: The next one, we met with Personnel, last week and figured out kind of the best way to deal with the very dynamic nature of our part time and per diem staff. So, the best way we felt to deal with this was to establish, what I kind of refer to as billets positions and there's a lot on here, as you'll see when we pass this out here. Billet slots are going to consist of 20 EMTs, 10 AEMTs/critical care, 10 AEMTs and 10 paramedics. Now, this is not a request to actually hire that many people, this is a request to establish the positions, so that as people are sliding in and out of either full time or part time positions that we have a place for them so they can come onboard, as like per diems, very quickly. So, that they're still technically on our staffing rolls without having to go through the entire hiring process all over again.

DELORIA: Okay, so let's address the critical care issue now and maybe we can get the Governor to step out in front of that, so we can have a voice and this July do away with that position mandate. Why don't you speak to that, Josh.

FAVRO: So, it's been brought to our attention that the New York State is doing away with the EMT Critical Care position. So, effective July 1st of this year, it doesn't matter if you've got two years left on card or an expired card, you're going to either have to take the bridge class to become a paramedic, which is extremely difficult, especially for people that are trying to hold a full time job and whatnot or drop down to an AEMT level, which the whole issue to that is you're limiting the access to ALS care for your patient. Critical Cares have a lot more standing orders, so if I was a critical care I could do a lot more for my patient without having to go and ask permission to do so. Being told that it's because the State is following National standards, pretty much means that there's going to be one test, so if you take your EMT test, you can be an EMT throughout the country. It doesn't do a thing for us here in Essex County, as far as help us out any and it seems

to be cut and dry, they're pulling the cards. They're not going to let the people age out, which I think would be the smart thing to do, especially people that are just re-certing now and in July they will be bumped back down. We currently have 19 active, responding critical care technicians in Essex County. There's currently 98 available responding critical care technicians in the Mountain Lakes Region, so it's going to be a huge dent within the whole system. New York State's system wasn't built around the national standard to begin with. So, to try and reinvent the wheel, it's going to hurt more than help us.

DELORIA: I relate that to, are we going to go to a national standard of drivers' licenses and you aren't going to be able to drive after July 1st, see what I'm saying? So, this is absolutely asinine and ridiculous and I think you've got a resolution for our Board to submit?

FAVRO: I do for Ways and Means.

DELORIA: And I think we need a closed door meeting with those people, so that they can understand, that they're just basically cutting 98 positions in the Mountain Lakes Region, which is our local.

FAVRO: It's a whole generation of like senior, seasoned EMTs. So, Matt Watts is a Critical Care Tech, Patty Bashaw is a Critical Care Tech, Larry Bashaw is a Critical Care Tech, they're big players in the game, right now and if they get bumped down to a lesser level, like I said before, it's just going to hurt us, it doesn't make any sense.

DELORIA: Right, well, the July 1st, is it the 1st?

FAVRO: July 1st.

DELORIA: That makes absolutely no sense, whatsoever.

FAVRO: I mean you guys have worked real hard to build us up to where we are now and this is going to set us back, a lot.

DELORIA: We're going to end up trying to figure out what the solution is to this July 1st and we may not have one, so there is no reason in the world that this should be permitted to take place, in my opinion.

WOOD: I have a question; in lots of professions, New York State exceeds over state's standards for requirements for professionals, like attorneys and physicians and things like that. So, is this purely a money thing?

FAVRO: I am not 100% sure.

WOOD: Because you make it sound like...

FAVRO: I'm not sure if it's a money thing or a paperwork thing.

WOOD: Which is a money thing.

FAVRO: Yeah, try and make it simpler for them to keep track. I know not a lot of, or not every State has, obviously has the critical care level.

WOOD: Right

FAVRO: But, like I said, this State was built with it. They're just trying to simplifying it for themselves, in my opinion.

DELORIA: But, they're also demoting their professional expertise.

WOOD: Right

FAVRO: Exactly

DELORIA: They're saying, we're sorry, you're trained for that, because we're not going to accept that training anymore, therefore, you can only do this by dropping back or trying this bridge course. How many hours is the bridge course?

FAVRO: I'm not sure. I know it's a full time college class, now. I mean it would be impossible for somebody like Matt to work his job, or anybody to work a full time job and then you know go to paramedic class 5 days a week.

DELORIA: And again, we have 19 out of the 98.

MONTY: So, these people that have the critical care qualification, wouldn't any of that expertise go towards a paramedic position qualification, similar to life experience?

FAVRO: Yeah, I believe it's a bridge course, so it's a shorter class.

MONTY: They wouldn't have to take the full paramedic.

FAVRO: But, still it's a big chunk out of it.

MASCARENAS: And how many years, say, Matt Watts, has been a critical care or Patty Bashaw?

FAVRO: I mean, they're at the point in the career that it's not, honestly, cut and dry, would it be worth it for them to put time into it?

DELORIA: We have Patty Bashaw and Patty is absolutely, it is imperative that we have her in Newcomb. We're an hour away from any hospital.

FAVRO: Yup, there's a lot of years of experience and a lot of talent there, that they're just going to throw out the window.

DELORIA: I know, so back to my question I asked you, before the meeting, we have a list of 19 people, what is there certification date? I think we need to look at that and have that on hand.

FAVRO: I can get that.

DELORIA: And then we'll know how tight the wire is. I think July 1st has got to go, until there is a better solution, because I don't think the State is offering one.

WOOD: I would like a really clear explanation of why this is being done, because it seems like if we're making clerical people or whatever, their lives easier and putting the lives of our residents at risk, I mean this is direct healthcare, this is not just some kind of, we need a new sewer. To not have a clear reasoning and how much is this really saving and I know we won't get anything in writing, because we never do, but at least we're asking.

MASCARENAS: Rural New York is in crisis with EMS service, that's what it really comes down to and to up the ante at a time where service provision is very difficult is a problem. If anything you should be going the other way to get people involved in the system. It's kind of opposite of what you would think. So, maybe it's an intended consequence of something else, I don't really know, but certainly doesn't make sense for Rural New York.

DELORIA: Michael, speak for Alison, speak for this whole program.

MASCARENAS: I wanted to do that, but I didn't want to hijack your meeting.

DELORIA: Okay, I'll give you 5-minutes.

MASCARENAS: Okay, we started this now, 5-6 years ago in reaction to the crisis that we were experiencing in Essex County with EMS. We were able to secure a substantial amount from Department of State to kind of be the guinea pig, so what you're seeing in action, right now is a one of a kind system that doesn't really exist anywhere else in New York State.

WEBBINARO: I can tell that, the minute that I sat down.

MASCARENAS: So, what we settled on in the end is we are really a staffing agency for all of our EMS agencies across Essex County. So, Essex County is second largest state geographically in New York State, with no real population centers. So, service provisions always going to be a little more difficult. So, these, all these agencies that we work with have been able to remain on their own per se, with the assistance of us, acting as the catalyst to provide training opportunities, try to get staffing accomplished, we're running fly cars in certain regions so that we have responses when people lose ambulances, so on and so forth. What I can tell you is it's working, and it's

working well. we haven't dropped calls like we were dropping calls before and we've now created an avenue of professionalism for this workforce that never existed before. Which is also a problem, because you lose them in other sectors, in a time where getting a workforce could be difficult. So, we're kind of getting to the end of that trial run, you can see that are more coming in more every day, probably to the point where volunteers won't exist anymore in this sector or every few will. Fire probably isn't too far away from having a similar outcome, but I feel like we've solved a problem for now. So, things like this, when we're ramping up and we're providing these people opportunity, really set us back, in terms of that, because we don't have those individuals here, so now to remove a critical component from a program, I mean when people call an ambulance, somebody should show up and we were literally at a point where that wasn't happening.

DELORIA: Autonomous isn't the right word to use, but all the towns are built a little bit differently. I can speak for Newcomb, because we're different from everybody. We staff our rescue squad building with blankets and cots and those people are in there 24/7, so we have that coverage. We do have a local medical center, so we do ship to that first if we can forsake doing a run, and that has worked from time to time, but as far as the cost and the availability of people and paying the health insurance and all those caveats. We have a contract we're getting ready to sign now for another year. So, we're in it to win it, and 18 towns run through the County and again, autonomous isn't the right word, but again we are.

MASCARENAS: You are, we're a staffing agency. The County picks up the benefits on the individual that works there and they are employee of the county, but the agency reimburses the actual cost of the wage. So, there's a shared service component there. What you're hearing from these guys and sometimes there's a hiccup and wait a minute, I am the Town of Westport and I'm the County and we've had that issue a few times, with who do I work for? Who do I answer to, kind of thing, but I think we're getting better at it all the time and we'll likely be a model from the rest of New York State. We do get a lot of calls, how did you do this? How are you getting there and it's been a long, hard road and if you could help us get reimbursements back from DOS, that would be great.

MONTY: We're three years behind Mike?

MASCARENAS: So, we got the money, we just don't get paid and Rob has specifics.

DELORIA: I think it's part of the packet?

WICK: Yes

MASCARENAS: It should be.

DELORIA: Okay, so again, this is another step in trying to smooth out any wrinkles that we have in the program. So, this resolution that we have in front us for the per diem staff. We have been pushing it since day one.

MASCARENAS: Yes, and so Rob what I need from you is actual budget numbers, because in terms of a budget and you throw in, say, 20 per diem staff, all those in Munis have got to have an amount.

WICK: Right

MASCARENAS: Or is it a total amount?

WICK: This is going to come out of our existing part time budget line item.

MASCARENAS: Okay

WICK: I think they had like \$50,000.00 some odd, allocated to that.

MASCARENAS: Okay

MONTY: That would be my question, where is that money, is it budgeted, where is it coming from?

MASCARENAS: It's not currently and the way Munis works, it's a technicality, it's kind of weird, anytime you see a staff in our budget and Rob, knows this, because he has done it, it has a number tied to that individual or it's unfunded. So, we've got to change that way that we do that a little bit, so that he doesn't exceed that amount of \$58,000.00. but it isn't to anyone particular staffing person. So, I can figure that out with you.

WICK: So, this isn't to actually increase the amount of people that we have on staff. It's to deal with when we have people that have full-time to part-time, or from the opposite maybe, they went from part-time to full-time, the difficult thing with this entire community is whether they hire on with Essex County has full-time or not, the way the employment situation works with these EMTs, is they get used to being able to go to different agencies to get their hours, so whether they want to have 3-4 days block of 10 hours or 3 12 hours, whatever they are trying to accomplish, or if they're working for his full-time and then they go volunteer somewhere, what we've seen overtime is some of the turnover that we have is not necessarily that we come into deficient, but we get like this evolution where someone wants to go into part-time so they can take advantage of more hour slots they can get for a year or a half a year even, working for a number of the agencies and later on, well, I kind of what to come back and be full-time again. We can't necessarily change the nature of that culture and the work relationship, so this is a way for us to be able to keep a lot of those folks on the working rolls and offer a little bit of flexibility, but not necessarily change the budget.

MASCARENAS: Because Civil Service doesn't make that easy.

DOTY: So, it's a paper chase.

MASCARENAS: It is and it takes time.

RECOMMEDATION FOR A RESOLUTION OPPOSING THE GOVERNOR'S PROPOSAL TO ELIMINATE THE NEW YORK STATE EMT CRITICAL CARE LEVEL, EFFECTIVE JULY 1, 2027
Stanley, Barber

DELORIA: And further discussion on this? All in favor? Opposed? Carried

WICK: Okay, the next resolution is to go ahead and get the procurement cycle rolling on the ambulance that is already included in our budget. So, this is going to be an all-wheel drive type 2 ambulance and what that means, kind of similar to what we did with Minerva, a Sprinter type ambulance that we bought for them a couple of years ago, similar thing. The problem is, those things have gone up astronomically in price, so that's why it's got a \$300,000.00 budget associated with it.

DELORIA: And that would come from our grant?

MASCARENAS: Correct

MONTY: Have we looked at potentially buying a used ambulance?

WICK: Well, we did that before.

MONTY: I won't go into that one, but has that been, because I am quite sure that if you went out, you could probably find one. There has got to be some out there that might not be \$300,000.00. I know we have grant money, but it's just a thought.

WICK: Yeah, I don't know if we talked about that aspect of it when we put it in the budget, back last fall, but I think a big part of it was trying to take advantage of the grant funds while we have it to try and get one that's brand new, versus potentially one might have been abused that we would have to put more money in later on. So, I mean I will put it out to the committee to see how you want to move forward with that, but at least we have the budget to cover it, if we decide to go the route of the brand new one. We can cast about and see if we can find a decent used one, first, if you would like to do that.

STANLEY: They're not going to get any cheaper.

DELORIA: That's true, too, that's true, too, but we can always keep a second hand ambulance in focus for the future. I mean once the grant money runs out.

WICK: What we can do, too, is we can always go out to bid, first for the brand new ones and see what those costs actually come back at and we can always elect to reject those bids and also seek used ones.

DELORIA: Okay, I like that idea.

RECOMMENDATION FOR A RESOLUTION THE PURCHASE OF A NEW AMBULANCE TO COME FROM GRANT FUNDS

Stanley, DeLoria

DELORIA: Any other decision? If not all in favor? Opposed? Carried

WICK: Okay, the next one is GPS tracking system for the existing medic cars and ambulances that we have. We already went through the current cycle for the hardware and installation. This is for the annual service agreement associated with that.

RECOMMENDATION FOR A RESOLUTION TO AUTHORIZE THE PURCHASE OF AN ANNUAL SERVICE AGREEMENT ASSOCIATED WITH GPS TRACKING FOR EXISTING MEDIC CARS AND AMBULANCES IN THE EMERGENCY SERVICES DEPARTMENT.

DeLoria, Stanley

DELORIA: Any discussion? Being none, all in favor? Any opposed? Carried

WICK: Okay, the last, but not least, the equipment to support Etown-Lewis. They had requested some AED monitors, so this is to go out to bid for some refurbished units to get them hooked up. Part of their prior ask was also for a, Lucas Chest Compression Device. We have those in inventory, already, because it was initially procured for Keeseville, their ambulance squad, but if you recall, they had issue with signing the agreement to actually allow us to convey that to them, so we figured, they haven't really said anything else about wanting to see the agreement, so they can get that equipment, we have the one in inventory, already and you know, probably best use to go ahead and convey that the Etown-Lewis, get that done, since we have to already, so we don't have to buy a new one right now and then hopefully we can reengage with Keeseville EMS and figure out what we want to do with that agreement.

BARBER: Okay, I was going to ask what modifications are they asking for and I haven't spoken to anybody.

WICK: Yeah, I don't recall specifically what their issue was with the agreement, because basically what was put out to all the agencies and towns was kind of a boilerplate document, a baseline contract that would allow for a couple of different service types and then appended to that was, like an outline of specifically what they were requesting for that year, whether it be a bulk purchase or they wanted some staffing agreements or it was only the medic car support. In most cases the medic car support was a part of all of them and it was generally a choice of either the staffing or they wanted the discount that the County has for the like bulk procurements and stuff like that and trying to acquire some stuff for the agency through the grant. I don't know, they had some issues with that and I think that that was hung up between Dan Manning's office and EMS squad. We can circle back with that and see find out, because we do have 2024 agreements that have been circulating, so hopefully we have get that straightened out.

BARBER: I am sure it wasn't staffing. We have always been staffed.

DELORIA: Ike, do you want to move that?

TYLER: Okay

DELORIA: And Meg?

WOOD: Sure

RECOMMEDATION FOR A RESOLUTION TO PURCHASE EQUIPMENT FOR THE ELIZABETHTOWN-LEWIS EMS SQUAD.

Tyler, Wood

DELORIA: All in favor? Opposed? Carried

Budget amendment, do we need that here or is that going to Ways and Means?

WICK: Yeah

DELORIA: Speak to that?

WICK: So, that budget amendment is for the staffing for Moriah and EMS. Those additional staff that kind of came after the 2024 budget was approved.

DELORIA: Right

WICK: So, this is the increase for the wages and the fringes for that and also that will be covered by the grant.

DELORIA: Okay, Ike, Jim Monty second.

RECOMMENDATION FOR A BUDGET AMENDMENT IN THE EMERGENCY SERVICES DEPARTMENT FOR STAFFING POSITIONS, MORIAH EMS

Tyler, Monty

DELORIA: Any other questions? Being none, all in favor? Opposed? Carried

WICK: So, this is a not a resolution for today, but I did get a late response from CGR. They gave us a quote response on updating that baseline strategic plan that they did back in 2017. That was kind of the basis for addressing the known issues and deciding the recommendations that pretty much this whole program was built on to move forward on. So, last year we did talk about trying to get somebody onboard to provide a more comprehensive, detailed update to that, which is taking, not just the data we have in hand and how it will be performing and the increase in services, but also going back to each of the individual agencies and kind of pulling them on like their status, readiness and some other issues and challenges, it's kind of an overall update to it. So, I spoke

with Paul Bishop there and he was the one that had a hand in it, originally, creating that one and he proposed that they could do it for \$19,500.00, so that falls underneath our procurement policy for having to go out to a formal bid. So, if everyone's in agreement, then next month I will get a formal resolution request to enter into an agreement with them and I can get a more formal proposal, if we need anything beyond, kind of the one page that presented.

So, typically I would be providing everybody with the end of the year report from the prior year at our January committee meetings, but there's still some information I'm waiting to come in before I put that together. So, I can put that out to everybody, hopefully at our February meeting or before then, I can send that out to everybody in an email and hopefully we can just kind of review it at our February meeting and see if there's any questions in that.

I don't know that there's a whole lot else within the agenda, some of these updates that we need to cover, I did have a conference call and meeting with the folks at Department of State regarding our claims and they did advance the one for 2022, finally, sorry 2021 and 2022 that have supposedly cleared the log jams internally and they're moving out to OSC from approval and payment.

DELORIA: What about 2020, it's still pending?

WICK: Yeah, that's another one, that was approved, we're kind of waiting. So, it's claim two and three, it would be 2020 and 2021, actually, 2022 is one that I am still waiting on them to affirm that there are no minor changes or anything like that. So, it would be the year associated with '19, '20 and '21 and part of '22 that were considered our short term pilot project phase and then we have parts of '22 on that are part of our current contracting phase of full. So, as soon that they have affirmed that they don't have an issue or more questions or more documents or anything else that require us to shift this around a little bit, then we can start submitting the next year's which will be the 2023 and so on and so forth.

DELORIA: I wouldn't want to overwhelm them with another year of money that they owe, if they would just get us caught up then they wouldn't be so overwhelmed about working on the next bit.

WICK: And that's the challenge to make sure that both their financial, their legal and all those folks go into an agreement that one claim for the entire year is needed.

WEBBINARO: Have they indicated why, what's taking so long?

WICK: Not really

STANLEY: They're probably still working from home.

MASCARENAS: Not to beat anybody up, the Department of State has always been historically slow. I was the County Planner prior to being the County Manager and those programs are always really slow at getting reimbursements out and those types of things. Why? I don't know, but certain program areas are way better at it than others. The Department of State just seems to struggle with that. I don't know, but on our end, it makes us a little apprehensive to even continue

to spend, as you know, you weren't the County, this was somebody else, you might have bankrupt them by now, by having such slow reimbursement times.

WOOD: Mike, can you give Alison, an idea of how many other counties have connected us to give some kind of direction on how we're moving with this? Just to show the value of the program.

MASCARENAS: It's pretty regular. I think they get more than I do even, where they're at conferences and whatnot from individuals. I've had, just in the last 6 months, three or four counties contact me about that.

WOOD: They see the value of it.

MASCARENAS: Yeah and they're at the point where we were 5-6 years ago, where they're having dropped calls and no one responding to ambulance calls and those types of things.

WOOD: And were they all rural?

MASCARENAS: Yeah, well, most of New York State really is rural, right? Like people don't realize that.

WOOD: I understand, like to me Dutchess County is rural, but down there they don't consider themselves rural.

STANLEY: Just to let you know, of course I deal with Black Brook in Clinton County with our EMS Service and last year we couldn't be any wider apart than we were on our contract negotiations with our ambulance service. This year with the way that Clinton County is doing, because they have no plan, it's just CVPH is helping do those towns that are around, but they have no real plan. They're starting to struggle in places like Lyon Mountain. So, this is a problem that we have been out in front of and sometimes you notice when you're proactive on something, you don't get the funding.

WEBBINARO: Because you're not in crisis.

STANLEY: Yeah, so I mean I've only been here two years, but how far this county is ahead of Clinton County and I see that. Black Brook has come right to the table this year and we have a signed contract, last year we didn't have a signed contract until August.

DELORIA: Robert, any other guidance for this, today?

WICK: Nope, just a quick note that we do have some more classes, already for March and April. We'll get some specific dates on the next meeting. So, it's going to be some CPR and First Aid classes and also some advanced wilderness first aid classes. So, we'll get some updated dates and hopefully we can get a number of registrants and the plan for the end of the year update to

also provide updates for like how many folks were able to get classes last year and how many of those are within Essex County.

TYLER: Speaking of classes, real quick, Ali, should know how we helped North Country Community College.

DELORIA: Yes, yes

MONTY: They have been huge.

TYLER: When we first started doing this and they changed presidents over there, and they've got classes for EMTs and stuff going on.

MONTY: Paramedics and EMTs.

MASCARENAS: Yeah, Mountain Lake and Robin knows this probably better than anybody, essentially went defunct.

DELORIA: Well, it did, but what happened was, when North Country Community College applied, they were turned down, by the very same people that are eliminating that course. I don't know where they dig these people up, they need to clear the house down there and get some people that are from the North Country to run it, because we know what we're doing.

MASCARENAS: So, our college we were working with them, prior to, we didn't realize Mountain Lakes was the shape they were in, but it worked out well in the end, we were on a parallel path to try and provide more educational opportunities to fill these roles in communities and what niche that North Country has now picked up, which I think is helping, tremendously, while helping us is, training a lot of our people that now have careers in this field and you see like Clinton County, which makes me sad. Our college is still hanging on a little bit, but it's some of these things on the side that they're going that I think is helping them.

DELORIA: So, Josh do you have anything for us? Any updates at this point?

MONTY: How many people did we get into the critical, the first responders?

FAVRO: We got more in the first responder, than we did the EMT. I don't know off the top of my head. There's a lot from Lewis Fire.

MONTY: Yup, and I know there's going to be some more.

MASCARENAS: That's good

FAVRO: Both classes have a real good turnout.

DELORIA: The first responder is below the EMT class?

FAVRO: Yes

DELORIA: And they're doing away with critical care, telling them they can only be EMTs. Why are people opting for the first responder and not the EMT?

FAVRO: It's a short class.

DELORIA: There you go.

FAVRO: Like you said, we were talking, how many first responders did you have, back when the training was reasonable?

DELORIA: We had 35 in 1985, we had 35 first responders.

MONTY: I know for Lewis, the fire department, the last 9 months to a year, we respond to every EMS call and it makes sense for them to become first responders, because a lot of times, in some cases they're there first.

MASCARENAS: And just for your knowledge, too, all of your deputies, we have provisions in contract that pay them additional, I think every one, I don't want to say, at one time it was every one of our deputies were also EMT trained, so when they're out on the road.

FAVRO: Four of them are part of the new program.

MASCARENAS: They have a turnover.

WOOD: Josh, can you send us the specifics about this change, so I talk to our EMTs, knowledgeably?

FAVRO: Yes, I will just sent it out to everyone.

WOOD: We have one on our town board, so I know I will be hearing from him.

DELORIA: And Josh, you and I have had this conversation before. I still believe that speaking to the area of Public Health Law permits us to do so, is to offer these training classes on a remote basis. To me that's the group in Albany that wants to do away with classes that should be focusing and putting time on that. How can we set up these classes, so that people can absorb and learn and get credited without Newcomb driving 40 miles one way to take these classes. These remote areas, you know nobody lives within 140 minutes of the conference hall and so everybody is traveling and that's what keeps them away from their family. You know they want to help, but they don't have the ability to get these certifications in the manner that is conducive to the lifestyle that the live. Make sense?

WEBBINARO: Yes, I hear it.

FAVRO: And getting back to our relationship with the college in Saranac Lake. Right now they are running a remote paramedic program from the Emergency Services building. they got a grant, last year, to purchase equipment to update that classroom, it was installed, last week, actually. It will make it so the instructor can remote in and teach the class at the building, without having to have anybody at the building. So, I think we're moving in the right direction and I foresee fire training doing the same thing, we're already talking about that.

DELORIA: And you're talking the instructor, not the people taking the class, correct?

FAVRO: Correct

DELORIA: So, that's the flipside of the burger. You want to cook one side, you have to tip it over and cook the other. Okay, anything more for us today? If not, thank you, Alison. Any questions, talk to these three birds.

MASCARENAS: Thank you for coming.

WEBBINARO: My pleasure.

DELORIA: We're adjourned.

AS THERE WAS NO FURTHER BUSINESS TO COME BEFORE THIS SUBCOMMITTEE, IT WAS ADJOURNED AT 9:48 AM.

Respectively Submitted,

Dina Garvey, Deputy Clerk
Board of Supervisors