



CITY OF MOUNT VERNON

FIRST-OF-ITS-KIND IN NEW YORK STATE

CMV HYBRID FIRE-EMS MODEL

2025 Performance Review & 2026 Strategic Outlook

Executive Summary

On January 1, 2025, the City of Mount Vernon launched the **first-of-its-kind** Hybrid Fire-EMS model in New York State – a transformational redesign of its 911 emergency management system serving approximately 74,000 residents (nearly 100,000 during the workday). Built across seven operational pillars – Administration, Training, Operations, Logistics, Communications, Legislation, and Community Engagement – the FDMV-EMS system was engineered to **introduce an innovative and transformative 911-focused and designed Community Paramedicine/Mobile Integrated Healthcare (CP/MIH) program to reduce unnecessary 911 calls, to reduce response times, and to cut reliance on mutual aid.**

2025 Performance Highlights

Fleet & Staffing Expansion:

Ambulance coverage grew from 2 full-time 24-hour and 1 part-time 12-hour ambulances to 4 full-time 24-hour ambulances plus a dedicated CP/MIH unit (Mon–Fri, 10am–8pm). EMS personnel hours increased by 120%, totaling over 920 hours per week – a direct response to EMS incidents rising 18% since 2019, reaching 9,897 in 2024.

Sector-Based Dispatching:

The introduction of geographic sector-based dispatching was one of the year's most transformative operational win. By assigning ambulances to designated zones, the city eliminated centralized dispatch inefficiencies and dramatically reduced mutual aid reliance.

Response Time Improvements:

ALS response times dropped from 10.5 to 6.5 minutes (38% reduction).
BLS response times dropped from 13.5 to 7.5 minutes (44% reduction).
These gains translate directly into improved outcomes for cardiac, stroke, and trauma patients.

CP/MIH Program:

The 2025 target was a 30% reduction in 911 call volume by utilizing CP/MIH through the 911 system. Consequently, this transformative and innovative approach achieved a 4% reduction in 911 EMS incidents (9,547 911-accountable calls vs. 9,897 in 2024 with CP1 handling 327). The shortfall was primarily due to a lack of dedicated program oversight and three partially activated or unactivated partnerships: the Slip & Fall initiative, the MVPD Wellness Center, and the Westchester Community Health Center (WCHC). Despite this, CP1 proved the model works – when engaged, it consistently reduced repeat 911 utilization.

2026 Strategic Outlook

30% Reduction Target (Renewed):

The 2026 goal remains a 30% reduction in 911 call volume over the 2024 baseline – now backed by lessons learned, dedicated oversight, and a data-informed execution plan.

Five Strategic Initiatives:

1. Renewed focus of CP1 on all senior slip & fall calls in the home
2. CP1 co-dispatch on low-acuity calls
3. CP1 co-dispatch on Dementia/Alzheimer's-related calls
4. WCHC partnership for ER alternatives
5. MVPD Wellness Center partnership for persons in crisis requiring medical intervention

Champion Legislative Initiatives that:

1. Protects EMS service delivery
2. Appropriates funding to offset the cost of operational readiness based on call volume and geographic need
3. Reforms the Medicaid reimbursement schedules to reflect the cost of operational readiness

Powered by Partnership:

Success depends on continued collaboration with Empress EMS, Westchester County, Montefiore-Mount Vernon Hospital, local elected officials, and community input plus partnerships with MVPD Wellness Center and WCHC

The Path Forward:

With proven results, activated partnerships, and structured program management, Mount Vernon is positioned to reach – and potentially exceed – its 30% reduction target in 2026, ensuring sustainable community well-being for every resident.



A Revolutionary Approach to Emergency Care

On January 1, 2025, the City of Mount Vernon implemented revolutionary changes to its 911 emergency management system – becoming the **first-of-its-kind Hybrid Fire-EMS model in New York State** and potentially the nation. At the core of this transformation is a design to significantly reduce response times and reliance on mutual aid, and the introduction of a **Community Paramedicine / Mobile Integrated Healthcare (CP/MIH)** program—designed to reduce unnecessary 911 calls and ensure better access to care for every resident.

This isn't just about efficiency; it's about safeguarding a city of approximately **74,000 residents** that swells to nearly **100,000 during the workday**. This dynamic population demands nothing less than the most robust and agile emergency services. The groundbreaking success of this model is so profound that the Mayor has personally urged the Governor to champion its adoption **state-wide**, underscoring its transformative potential for all of New York.

SYSTEM OVERVIEW & INFRASTRUCTURE

Understanding the foundational changes that power Mount Vernon's new emergency response capabilities.



The FDMV-EMS SYSTEM is a Multi-Pronged System Built for Modern Emergency Response



Administration

Ensuring efficient management and oversight of the FDMV-EMS system's resources and personnel.



Training

Developing and maintaining high standards of medical and emergency response skills for all personnel.



Operations

Coordinating the rapid and effective deployment of emergency medical services to incidents.



Logistics

Managing the medical supply chain and equipment necessary for sustained emergency response capabilities.



Communications

Establishing clear and reliable communication channels for dispatch, field units, and command.



Legislation

Navigating and adhering to legal frameworks and regulations governing emergency medical services (including the first NYS DOH BEMS approved FDMV-EMS CME Program, WREMSCO approved PAD Agreement, and WREMSCO approval to carry additional medications).



Community Engagement

Fostering strong relationships and trust with the public to enhance safety and collaboration.

2025 Goal #1: Expanded Ambulance Fleet & Staffing

Our updated 911 emergency medical services now feature a dramatically expanded operational footprint, ensuring Mount Vernon residents have access to faster, more reliable emergency care around the clock.

1

Before: Legacy Configuration

- 2 ambulances operating 24 hours
- 1 ambulance operating 12 hours
- Limited coverage during peak demand

2

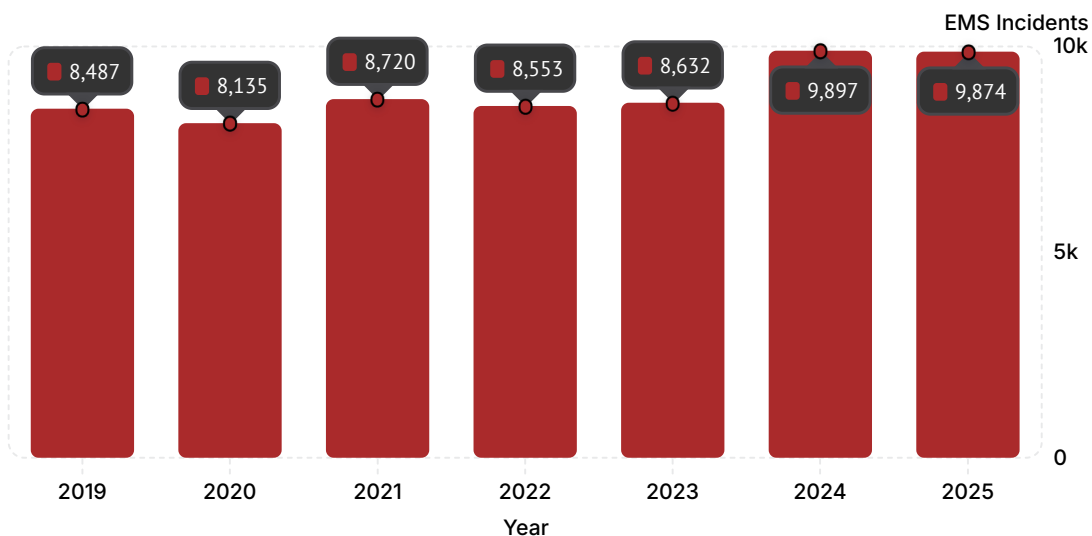
After: 2025 Configuration

- 4 ambulances operating 24 hours a day
- Full-time rapid response vehicles
- CP/MIH unit Mon–Fri, 10am–8pm

EMS personnel hours rose by **120%**, now totaling over **920 hours per week** – a massive investment in the safety of our community.

Rising Demand Drove Urgent Action

62,298 2019 – 2025
Total EMS Incidents



A Growing Crisis

Over the past five years, EMS-related incidents climbed to **9,897 in 2024**, up from an average of 8,500 since 2019 – a nearly **18% increase**. This surge, combined with growing reliance on mutual aid from neighboring jurisdictions, underscored the urgency of our system enhancements.

Rapid response vehicles are now strategically positioned throughout the city to significantly reduce on-scene delays and ensure coverage citywide.

Notably, of the 9,874 EMS-related incidents in 2025, **the 911 system is accountable for 9,547 (a 4% reduction over 2024) and CP1 for 327 appointments**

Sector-Based Dispatching: A Transformative Win

One of the most significant operational achievements in 2025 was the implementation of **sector-based dispatching**. By strategically assigning ambulances to designated geographic sectors, we dramatically reduced reliance on mutual aid and response times across both ALS and BLS units – delivering faster care to the residents of Mount Vernon when every second counts.

1

Geographic Mapping

2

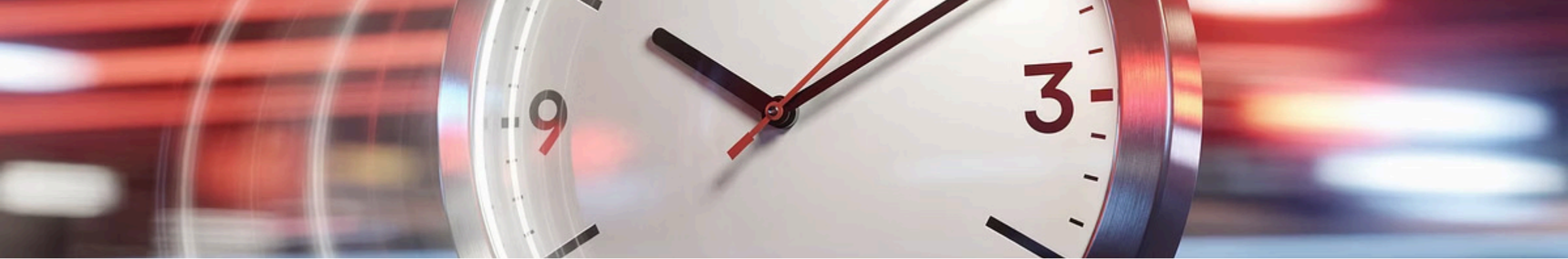
Strategic Assignment

3

Faster Response

This model ensures that the closest available unit responds to every emergency, eliminating the inefficiencies of centralized dispatching.





2025 Goal #3: Response Time Improvement

Dramatic reductions in average response times are translating directly into lives saved.

1

ALS Reduction

Advanced Life Support response dropped from 10.5 min to 6.5 min

2

BLS Reduction

Basic Life Support response dropped from 13.5 min to 7.5 min

3

ALS Time Saved

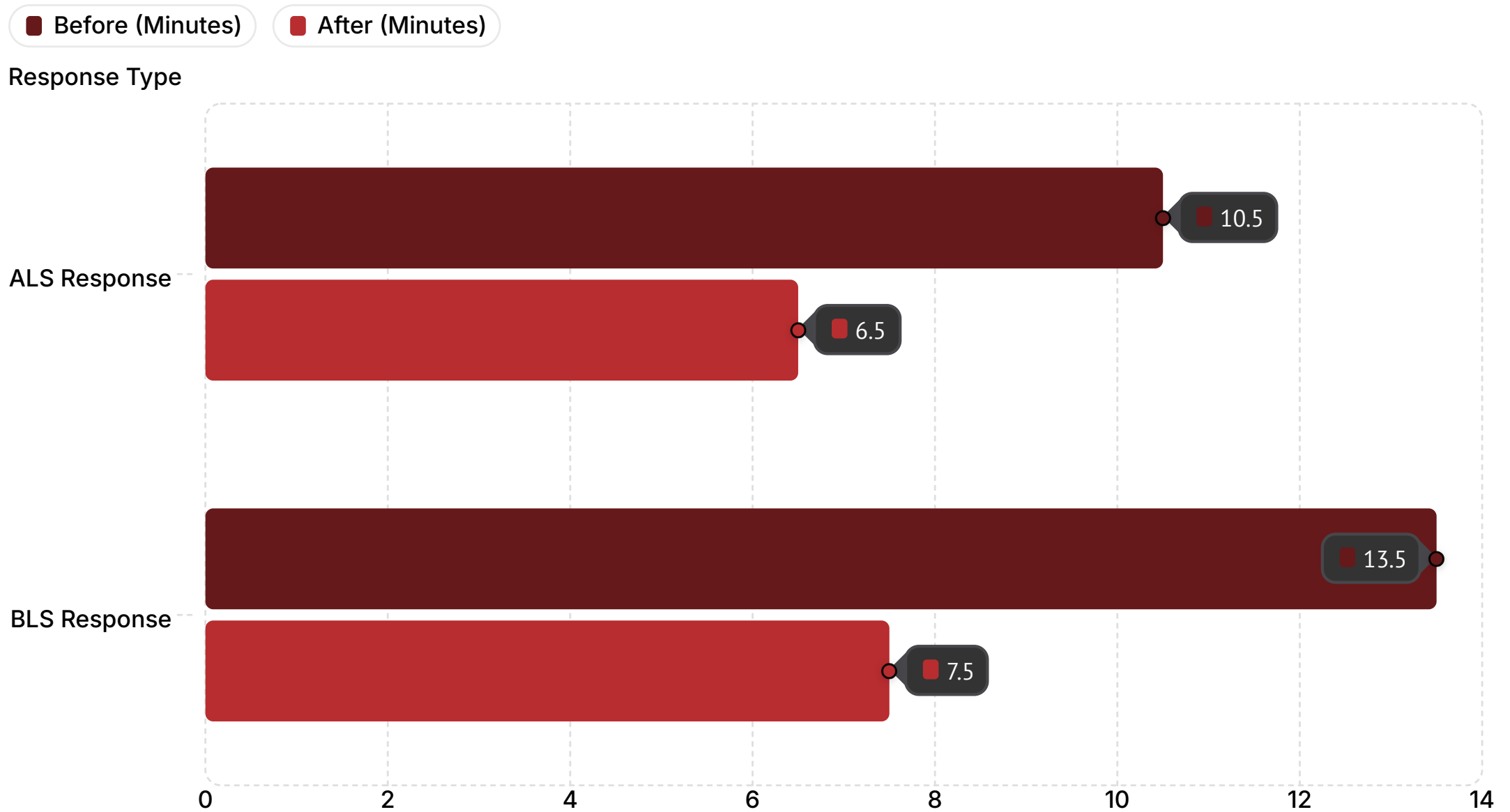
Critical minutes recovered on every ALS call

4

BLS Time Saved

Significant improvement on every BLS call

Response Time Transformation: At a Glance



Sector-based dispatching delivered **38% and 44% reductions** in ALS and BLS response times respectively. These improvements translate directly into better clinical outcomes for cardiac, stroke, and trauma patients – conditions where every second counts.

Faster Care, Better Outcomes

Sector-based dispatching cut ALS response times by **4 minutes** and BLS response times by **6 minutes**. These improvements translate directly into **lives saved** and better clinical outcomes for cardiac arrest, stroke, and trauma patients – conditions where every second of delay diminishes the chance of survival and full recovery.

- ❑ Reduced mutual aid reliance means our own crews are providing the care – crews who **know the community** and its needs. This familiarity builds trust and improves the quality of pre-hospital patient care.





2025 Goal #4: Reduce 911 Calls by 30% through 911 CP/MIH Implementation

An ambitious target focused on the highest-impact patient populations in Mount Vernon

The 30% Reduction Target

Our ambitious target for 2025 was a **30% reduction in 911 call volume** by focusing on three critical categories of 911 patients who generate disproportionate call volume.

What started as a request for 10 patients quickly gained momentum – FDMV enrolled 30 from the outset, and by year's end, the program had grown to **140 active patients**.

High Utilizers

Patients who call 911 repeatedly due to unmanaged chronic conditions

Senior Slip & Falls

Seniors experiencing falls in the home – a preventable, high-frequency call type

Persons in Crisis

Individuals in behavioral crisis who also present with underlying medical issues

2025 Result: A 4% Reduction – and Lessons Learned

While we fell short of the 30% benchmark, the program still delivered a measurable **4% reduction in 911 calls** – a meaningful step forward, particularly given the significant operational challenges encountered throughout the year.

The primary barrier was a **lack of direct program oversight for several months**. Without a dedicated manager driving accountability, critical initiatives stalled and opportunities for patient engagement and call diversion were missed. The program was essentially minimally managed during this period of transition in the FDMV, preventing us from capitalizing on the full potential of our CP/MIH model.

We remain confident that the 30% target is achievable with sustained leadership, structured oversight, and full activation of our Community Paramedicine initiatives.

Key Takeaway

Even without direct oversight, the integration of CP1 with the 911 system still delivered measurable results – **proving the model works**. Full leadership commitment will unlock far greater impact in 2026.



Specific Gaps Identified in 2025

A deeper analysis reveals three key breakdowns where oversight failures directly impacted our ability to meet the 30% target. Each must be addressed in 2026.

1

Slip & Fall Initiative – No Reinforcement

The slip and fall prevention program – a core component of the CP1 strategy – had minimal consistent oversight through the 911 system.

2

Wellness Center Partnership – Not Activated

We did not establish a working partnership with the redesigned MVPD Wellness Center during 2025. This left a critical gap in our ability to address patients in crisis who also present with medical issues – a population that frequently generates repeat 911 calls.

3

WCHC Partnership – Not Activated

The planned collaboration with the Westchester Community Health Center was never formalized. **This partnership is essential for providing continuity of care and offering ER alternatives** – two proven strategies for reducing repeat call volume.



CP1 Impact: Proof of Concept

Despite oversight gaps, the data clearly shows that when CP1 is attached to qualifying calls, outcomes improve dramatically.

Success Stories: The Human Impact of CP1

CP1 engagement is directly correlated with reduced repeat 911 utilization – validating the core model even in a year of underperformance. These real patient outcomes demonstrate the transformative power of community paramedicine.



High Utilizer – Full Success

One of our most frequent 911 callers in 2024 was connected to CP1 on **January 1, 2025** – the program's first day. This patient has not called 911 since January 19, 2025, a direct result of sustained community paramedicine engagement.



High Utilizer – Partial Success

Another high utilizer rejected formal CP enrollment, but our CP1 team still provided oversight when appropriate. This patient **significantly reduced their 911 calls** – demonstrating that even informal CP1 touchpoints move the needle.



Slip & Fall – Prevention Success

A high utilizer connected with CP1 after a slip and fall. CP1 provided a fall reduction assessment and worked closely with the patient's doctors and social workers to ensure appropriate care without repeat hospitalization. **This patient has not called 911 since.**

More Success Stories: Crisis & Referral Cases

Persons in Crisis – Behavioral & Medical Resolution

A call initiated for a psychiatric evaluation of an irate patient revealed multiple medical issues and medication non-compliance, which were triggering behavioral episodes. CP1 engaged the mobile crisis response team, connected the patient with social services, and assisted in finding a primary care physician and psychiatrist. **Since CP1's initial visit, this patient has had no more outbursts nor called 911.**

Referral – Addressing Root Causes of Frequent ED Visits

A patient with both mental and medical concerns was discovered to lack proper equipment for medication, was missing a needed medical device, and was suffering from food insecurity. CP1 obtained the necessary equipment, provided patient education on proper use, and enrolled the patient in a meal home delivery program – **addressing the underlying causes** of frequent emergency department visits.

- ☐ All patients enrolled in the CP/MIH program receive not only support and education, but also a **special hotline number** to call with problems, concerns, or general illnesses – providing a direct alternative to dialing 911.



MORE WINS ACROSS THE BOARD

The 2025 program delivered additional successes strengthening Mount Vernon's EMS infrastructure and improving patient outcomes citywide.

Building a Stronger EMS Foundation



Crew Familiarity & Patient Care

Sector-based dispatching creates a regular group of EMTs assigned to Mount Vernon. Patients and crews are becoming familiar with each other – **building trust** and meaningfully improving the quality of pre-hospital patient care.



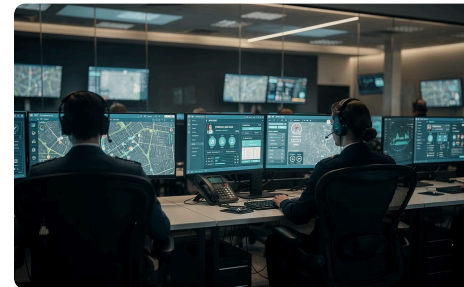
Lucas Device – Saving More Lives

The department-wide introduction and training on the **Lucas mechanical CPR device** has been a game-changer. Consistent, high-quality chest compressions are improving cardiac arrest survival rates across the city.



Reduced Mutual Aid Reliance

With additional ambulances now in service, Mount Vernon has **significantly reduced its dependence** on mutual aid from neighboring jurisdictions – keeping response times lower and ensuring residents are served by our own crews. In turn, CMV has greatly expanded its capacity to provide mutual aid assistance to surrounding municipalities.



911 & CP1 System Synergy

It was the 911 system working in conjunction with CP1 that produced the 4% call reduction. This integration **proves the model works** – and with full oversight, the results will scale dramatically.

2026 STRATEGIC OUTLOOK

Positioning Mount Vernon's Hybrid Fire-EMS system for maximum impact.



2026 Goal: 30% Reduction in 911 Calls

30%

Target reduction in 911 call volume over 2024 baseline

Our target for 2026 remains a **30% reduction over 2024 call volume**. With lessons learned from 2025, dedicated program oversight and activated community partnerships, we will be positioned to execute on the full suite of CP/MIH initiatives that will drive this reduction.

The path to 30% is not aspirational – it is a **data-informed, operationally grounded strategy** built on proven CP1 outcomes and five targeted initiatives designed to intercept specific patient populations before they dial 911.

Five Strategic Initiatives for 2026

Each initiative is designed to intercept specific patient populations before they dial 911 – diverting calls through proactive care, partnerships, and targeted response protocols.

1 CP1 Co-Dispatch on All Senior Slip & Fall Calls (Continuation)

Attach CP1 to every 911 call involving a slip and fall in the home for senior residents. Proactive follow-up prevents repeat incidents and reduces recurring call volume from this high-frequency category.

2 CP1 Co-Dispatch on Low Acuity Calls

Dispatch CP1 alongside the 911 ambulance on low acuity calls. Community paramedics assess, educate, and connect patients to appropriate resources – reducing unnecessary ER transports and future 911 calls.

3 CP1 Co-Dispatch on Dementia/Alzheimer's-Related Call Response

Deploy CP1 with 911 units responding to patients experiencing dementia and its effects in the home. Specialized engagement addresses root behavioral and medical triggers that generate repeat calls.

4 WCHC Partnership – ER Alternatives

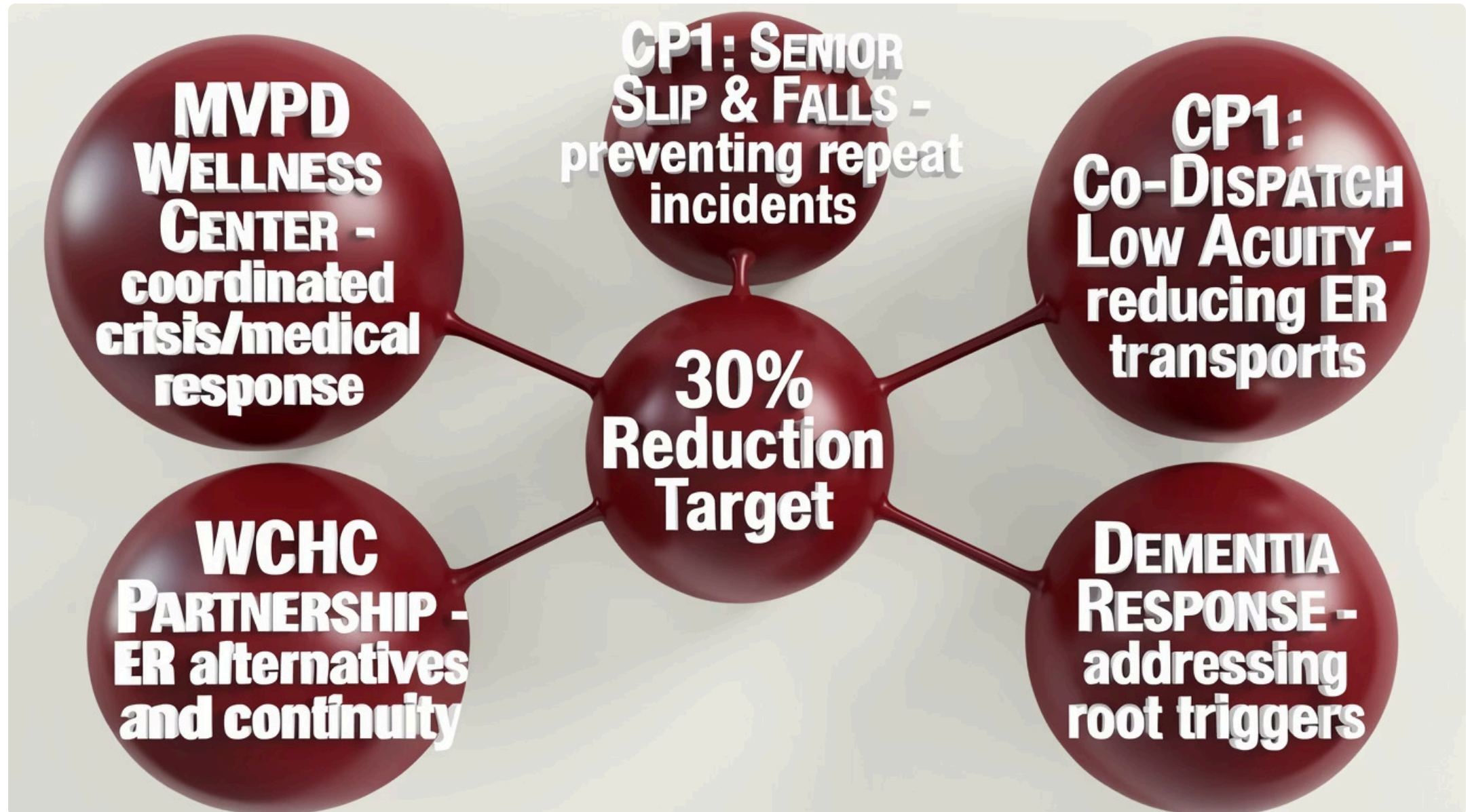
Partner with the Westchester Community Health Center as an alternative to ER transport. Patients receive continuity of care through a community health provider – reducing ER overcrowding and ensuring appropriate follow-up.

5 MVPD Wellness Center Partnership

Collaborate with the Mount Vernon Police Department Wellness Center to serve persons in crisis experiencing medical issues. A coordinated response ensures both behavioral health and medical needs are addressed simultaneously.

How the 2026 Initiatives Connect

All five initiatives feed directly into the 30% reduction target. Each one addresses a distinct patient population and call type – ensuring comprehensive coverage across the highest-volume 911 call categories in Mount Vernon.



Legislative Priorities for 2026

Mount Vernon champions and calls on the New York State Legislature to act on four interconnected priorities that will strengthen EMS sustainability, close funding gaps, and protect emergency service delivery for every community.

Protect EMS service delivery in every county and municipality

Enact legislation that guarantees baseline EMS coverage standards across all New York State counties and municipalities, preventing service gaps and ensuring every community has access to timely emergency medical response.

Establish dedicated state appropriation to help offset the cost of operational readiness distributed to agencies based on call volume and geographic need

Create a sustainable state funding stream that helps EMS agencies cover the fixed costs of maintaining operational readiness – staffing, equipment, and infrastructure – allocated equitably based on call volume and geographic demand....**urban and rural.**

Reform Medicaid reimbursement schedules to reflect the true cost of EMS responses

Update outdated Medicaid reimbursement rates to accurately reflect the real cost of providing emergency medical services, closing the chronic funding gap that forces agencies to operate at a deficit on every Medicaid call.

Create a supplemental payment program for uncompensated and low-reimbursement calls

Establish a state-funded supplemental payment mechanism to compensate EMS agencies for calls that generate little or no reimbursement – including uninsured patients and low-acuity transports – ensuring financial sustainability across the system.

☐ EMS is not a luxury – it is a life-saving public utility. The Legislature must treat it as such. Underfunded EMS systems directly translate to preventable deaths across New York State.

THE PATH FORWARD

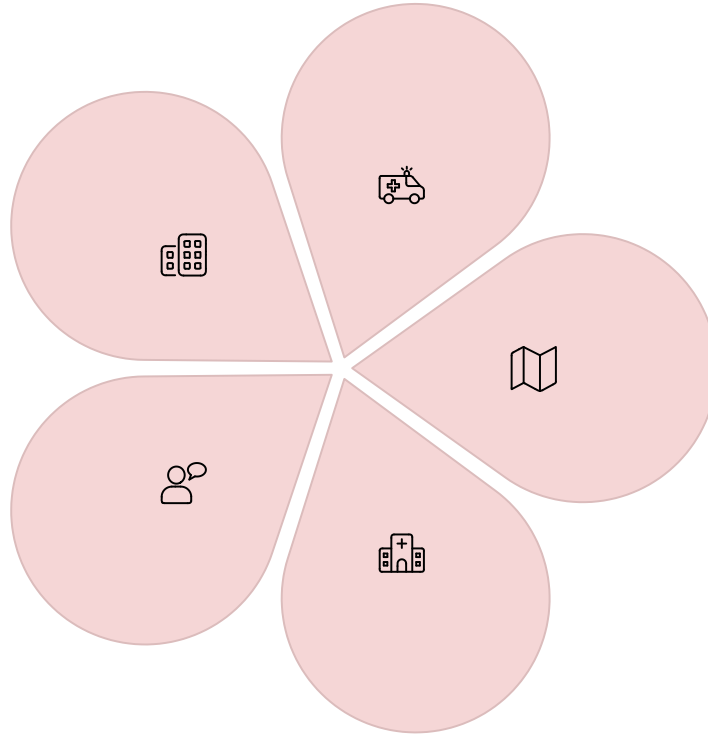
Our main goal remains Mount Vernon's safety. We've planned new steps to improve our services and help the community even more, building on the momentum and successful strategies from 2025.

This commitment drives us forward, reinforcing our dedication to achieving the 30% reduction target for 911 call volume in 2026, ensuring sustainable community well-being.



Local Elected Officials
Legislative support and advocacy

Community Input
Resident voices shaping policy



Empress EMS

Emergency medical services partnership

Westchester County

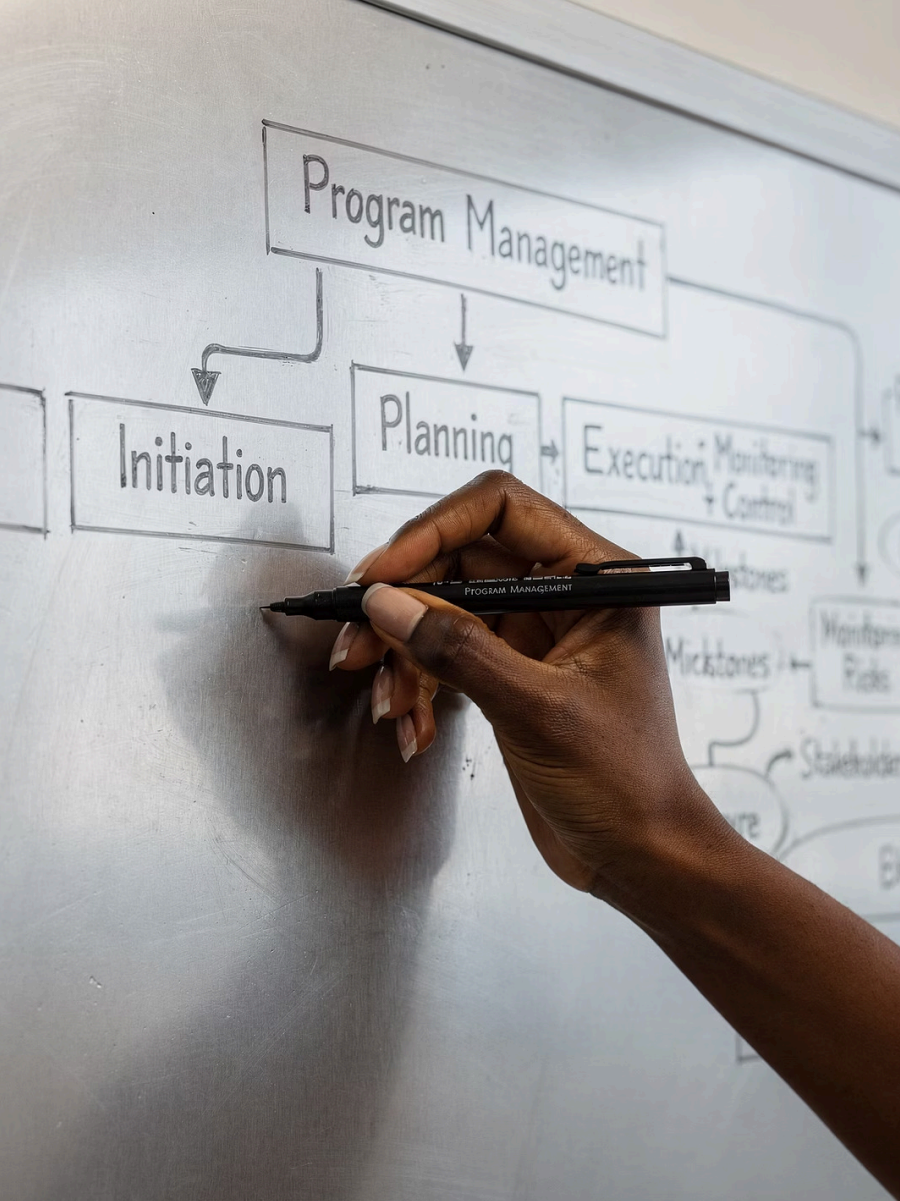
Regional coordination and resources

Montefiore-Mount Vernon

Hospital and clinical collaboration

Powered by Partnership

Our achievements were made possible through strong partnerships with organizations committed to the health and safety of Mount Vernon's residents.



2025 Proved the Model Works

Even without dedicated oversight, the integration of CP1 with the 911 system delivered a **4% reduction in calls**, dramatic response time improvements, and real patient success stories. With full leadership commitment, activated partnerships, and structured program management, we are confident that 2026 will be the year we reach – and potentially exceed – our 30% reduction target.



Oversight

Dedicated program oversight ensures no initiative falls through the cracks



Partnerships Activated

Formalize WCHC and MVPD Wellness Center collaborations



Proven Model

CP1 integration already demonstrating measurable call reductions



THANK YOU

The City of Mount Vernon's Hybrid Fire-EMS System is proof that bold innovation, community-centered care, and data-driven decision-making can transform public safety. We look forward to building on the foundation laid in 2025 and delivering on the promise of 2026.

"2025 proved the model works. 2026 is the year we scale it."