



Louisville Metro Emergency Services

Budget Presentation to Metro Council
06/07/2022





Organizational Overview

- **Mission**

- The mission of Louisville Emergency Services is to provide high quality and compassionate emergency and non-emergency response to the citizens and visitors of Louisville Metro and its local, state and regional partners in order to achieve the most favorable outcomes for people, property and the environment.



Team Values

Teamwork – Integrity – Compassion – Resolve – Competency – Continuous Improvement – Cohesiveness – Sense of Urgency



Louisville Metro Emergency Services

The Office of Emergency Services through its emergency response efforts, is committed to leading and assisting Louisville Metro Government in achieving its racial equity goals, by continuing to ensure that equity is reflected and applied across the Emergency Services organization

- 1) Goal # 1: Attract and hire a more diverse workforce reflective of the community in which we serve**
- 2) Goal # 2: Assure adequate staffing and levels of expertise are equitably distributed throughout the community at any given time of day.**
- 3) Goal # 3: Re-establish the Louisville Metro EMS Community Paramedicine Program to assist with underserved and marginalized communities.**



Emergency Medical Services

Louisville Metro Emergency Medical Services (LMEMS) provides emergency medical care 24/7/365 throughout the Louisville Metro area. LMEMS is committed to the development of the latest advances in basic and advanced life support patient care.

- **2021 Quick Facts**

- 137,964 calls for service (system wide); 7.4% increase
 - 68,041 calls for service for LMEMS;
- 48,952 LMEMS Transports;
- Cardiac arrest survival to discharge - 53

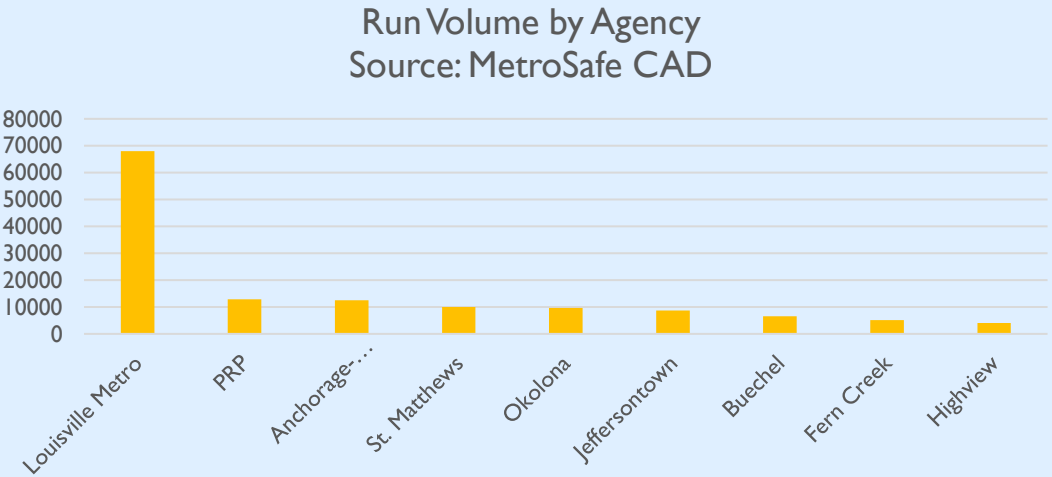
- **Continued focus on workforce development**

- EMT classes: 28 recruits completed training in 2021, 12 began training on 5/23 and will be complete in mid-August
- Paramedic classes: 17 current students on track to graduate April 2023
- Promoted: two EMS Managers, three Paramedic-II, five Lieutenants, xx Sergeants as part of workforce development
- Multiple conferences/symposiums featured LMEMS staff as speakers

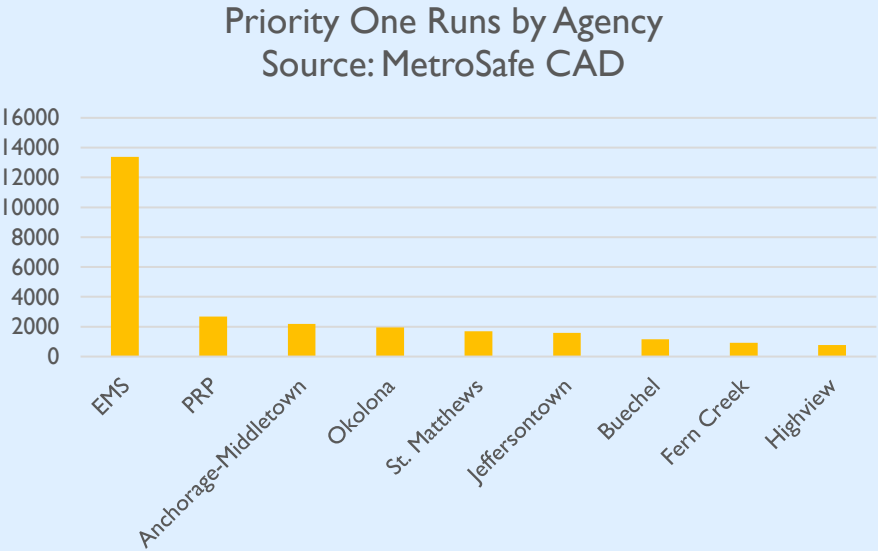


Emergency Medical Services

- Call volume



- Priority I calls for service are the highest acuity calls based on the severity of the illness or injury as related to the call-taker

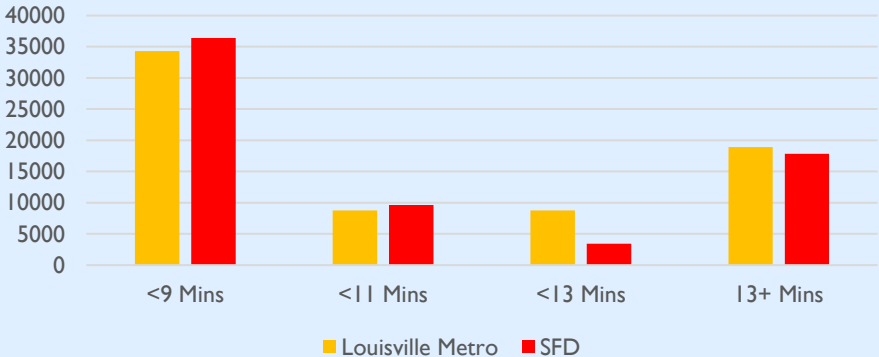




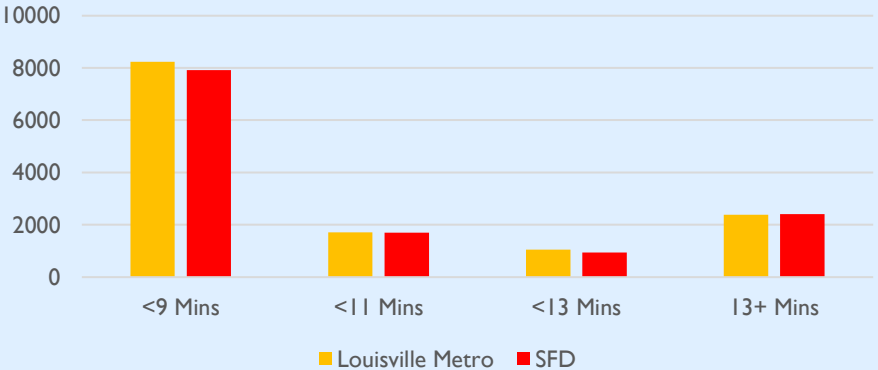
Emergency Medical Services

- Response Times

CY 2021 Response Time Benchmarks
Source: MetroSafe CAD



CY Benchmark Response Times to Priority I
Runs
Source: MetroSafe CAD





Emergency Management

“...to lessen the possible impact of potential disasters through emergency planning, advance preparation, coordinated response and recovery.”



2021 Accolades

- Completed Complex Coordinated Terrorist Attack (CCTA) Grant

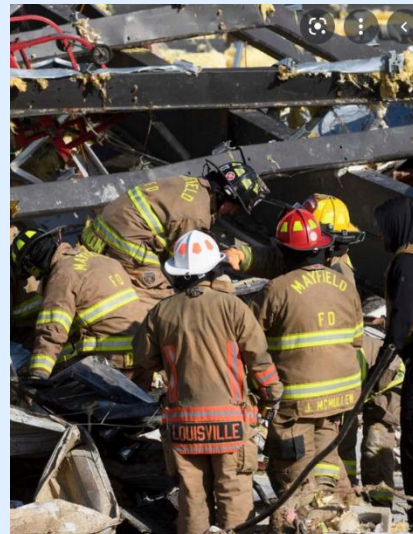
2022 Goals

- Continue Active Shooter Training
- Community Preparedness Education and Outreach



Response to Local and State Disasters

April 13, 2022 -a line of severe storms spawned multiple tornadoes as it moved east across central Kentucky and tore apart homes in Fern Creek in Southeastern Jefferson County



During the late evening of Friday, December 10, 2021, a violent, long-tracked tornado moved across Western Kentucky, producing severe to catastrophic damage in numerous towns, including Mayfield KY.



MetroSafe – 911

MetroSafe is the starting point for emergencies in Louisville. MetroSafe serves as the community's consolidated 9-1-1 communications center and the county's primary Public Safety Answering Point.



Smart911™

- 2021 Quick Facts:
 - 1,301,693 total calls
 - 674,967 calls for service
 - 87% of calls come from wireless phones
 - Answered 911 lines 90% 0-15 seconds
- Smart911
 - Provides life saving information to call takers via a Smart911 Safety Profile
 - Text back feature





Public Information

The Public Information Division engages the community by coordinating Emergency Services' outreach and education, entering service requests and answering questions in MetroCall 311 and handling media inquiries and MetroSafe's open records requests.

- **MetroCall 311 2020 Quick Facts**

- 200,397 MetroCall Interactions with the Community
 - 146,934 phone calls
 - 31,674 web and mobile requests
 - 21,251 emails
 - 538 Twitter interactions
- Entered 184,795 Service Requests





Questions So Far?



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Looking to the Future of Public Safety

● Roadmap to Re-Imaging Public Safety

Community Mobilization

Prevention

Intervention

Enforcement

Organizational Change and
Development

Re-Entry

Nurse Triage: The Emergency Services budget includes approximately \$1.6 million to reestablish, with 10 new positions, a nurse triage program intended to divert calls related to transportation or home health advice and eliminate unneeded EMS and police response.





Crisis Call Diversion Program

- The Crisis Call Diversion (CCD) Program focuses on diverting non-emergency mental health related calls away from LMPD (as well as fire and EMS) and to a Behavioral Health Hub located in the 911 center.
- The Pilot began March 21, 2022, in the LMPD 4th Division, and currently includes:
 1. 1st Party CIT Callers (which means they must call themselves when having a mental health crisis),
 2. 2nd party caller (person with the CIT subject),
 3. Calls from 4th Division officers who respond to or self-initiate on a CIT subject, secures the scene, and believes intervention from the CTW (Crisis Triage Worker) or Mobile Crisis Response Team (MCRT) will be beneficial, and repeat callers (TBD by MetroSafe).



Crisis Call Diversion Program

Calls that are not eligible for intervention are and are sent directly to LMPD are as follows:

1. An individual is determined by the 911 Call Taker to be physical in possession of firearms, knives, or any other weapons (i.e., simply having a weapon in the home is not a disqualifier and requires further triage)
2. An individual under the influence of alcohol or drugs to the extent requiring medical intervention (overdose or detox)
3. An individual in the process of hurting/killing self or threatening to hurt/kill others with the means and intent
4. An individual requiring medical attention because of a self-inflicted injury
5. An individual with known violent tendencies (i.e., dangerous location indicator) or exhibiting violent behavior



- Within the first two months, nearly 140 calls were diverted directly from a 911 caller to the CTW sitting in the 911 center.
- Additionally, there were over 450 - 911 calls that came into the center that were coded as “Deflection Not Available”

This data clearly continues to show a need for expansion as additional Seven Counties staff become available.



Any Further Questions?



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