

## ESF AND EPD ALTERNATIVE RESPONSE

EUGENE BUDGET  
COMMITTEE PRESENTATION  
MAY 2025



*Our Mission: To serve our communities by preserving life, protecting property, and the environment through prevention, education, emergency medical services, rescue, and fire suppression services.*

## FIRE & EMS ALTERNATIVE RESPONSE COMPASS

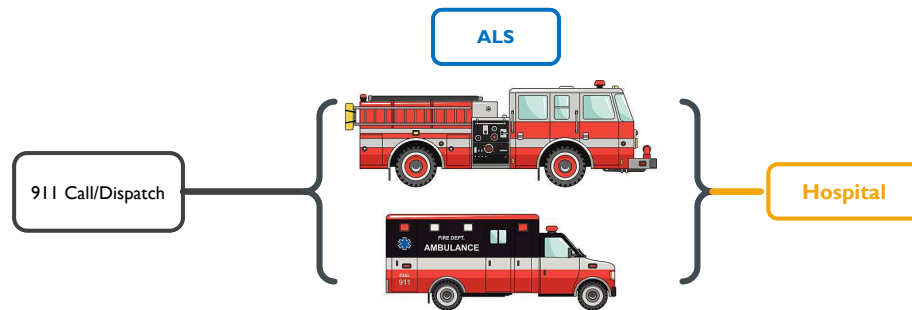


Our guiding direction for alternative response development is to address system challenges through sustainable funding models, innovative service delivery, and enhanced integration with other components of the healthcare system.

Our plan to achieve this is through our “Getting it Right” lens:

- Right patient
- Right resource
- Right level of service or care
- Right mode of transportation
- Right destination

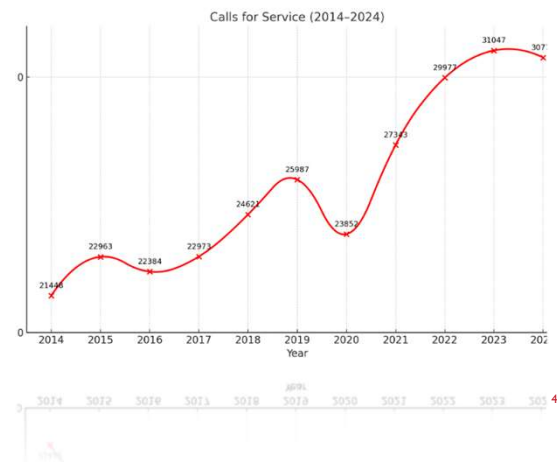
## TRADITIONAL SERVICE DELIVERY



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## DEMAND AND ACTION

- **Call Volume**
  - Service demand continues to rise in the City of Eugene specifically, increasing by 50% in the last 10 years.
- **Alternative Response**
  - Alternative response prioritizes unique and specialized resources for calls that do not require traditional responses.
- **Service Prioritization**
  - Leveraging data and experience to inform deployment and resource utilization.
- **Workforce Resilience**
  - Adding staff and realigning the work schedule to allow for workforce recovery in a demanding system.
  - Leveraging physicals, cancer screening and peer support to monitor staff.



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## CHANGING LANDSCAPE, MOBILE CRISIS ALTERNATIVE RESPONSE

- Mutual Termination of the CAHOOTS Contract
  - In late March, White Bird notified the City of a 90% service level reduction beginning 4/7/25.
  - Contract was mutually terminated on 4/7/25.
- Challenges
  - Staffing, Data collection, Cost recovery efforts.
- Post Contract Public Safety Impacts
  - Increase of less than one call per day in Police, Fire & EMS.
- Work to fill the gaps
  - Efforts are ongoing to understand unseen impacts on the system.

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## ALTERNATIVE RESPONSE CHANGES

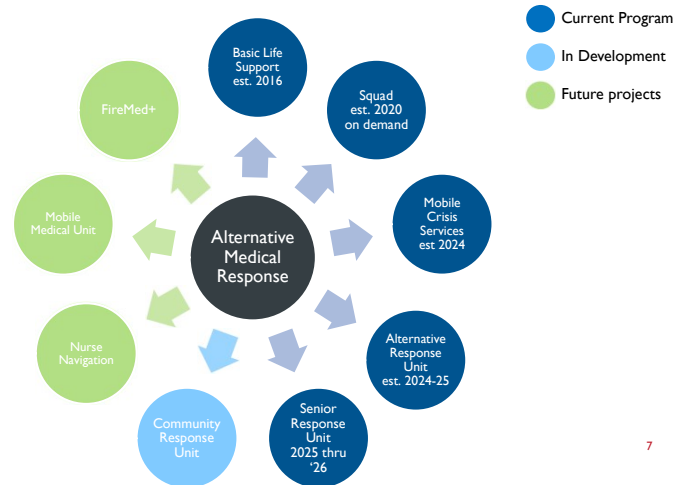


- Mental Health Crisis
  - LC-Mobile Crisis, EMS, EPD Patrol, or EPD Co-responder Team
  - TIP
- Intoxicated Persons
  - EPD Patrol, EPD Co-responder Team, EMS
- Non-Medical Mental Health Transport
  - LC-Mobile Crisis, Secure transport, EPD Patrol
- Immediate Shelter Transport
  - GAP-TBD
- First Aid/Chronic Medical Care
  - Mobile Medical, ARI, Ride Source
- Welfare
  - CSO, EPD Patrol, EPD Co-Responder Team, EMS

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## ALTERNATIVE MEDICAL RESPONSE

The objective of alternative medical response is to provide timely and appropriate medical care to individuals in need by focusing on situations where traditional emergency services (911) may not be immediately available or suitable. This program aims to ensure efficient deployment of resources paired with the collaboration and integration of current healthcare system services to enhance overall community health and well-being.



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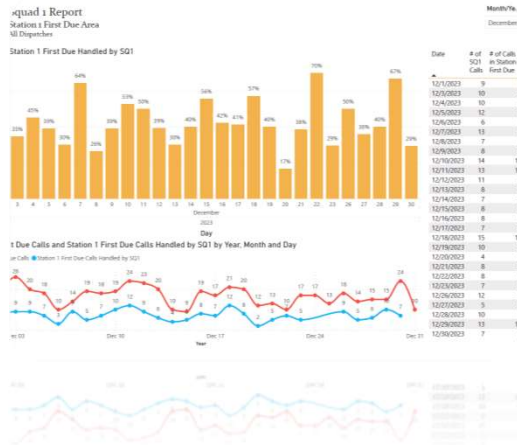
## CURRENTLY IN ACTION: BASIC LIFE SUPPORT (BLS), SQUAD, MOBILE CRISIS

Calendar Year	ALS Ambulance	BLS Ambulance	Total
2025	9446	3127	<b>12573</b>
2024	30876	11463	<b>42339</b>
2023	31656	13494	<b>45150</b>
2022	33390	13023	<b>46413</b>
2021	31539	11911	<b>43450</b>
2020	27550	10819	<b>38369</b>
2019	29925	11097	<b>41022</b>
2018	28287	10369	<b>38656</b>
2017	27804	8154	<b>35958</b>
2016	32991	1058	<b>34049</b>
2015	33261		<b>33261</b>
2014	30000		<b>30000</b>

- **BLS Units:** Established in 2016, taking care of lower acuity calls to keep higher level response units available for incidents of a higher risk to patient life and wellbeing.

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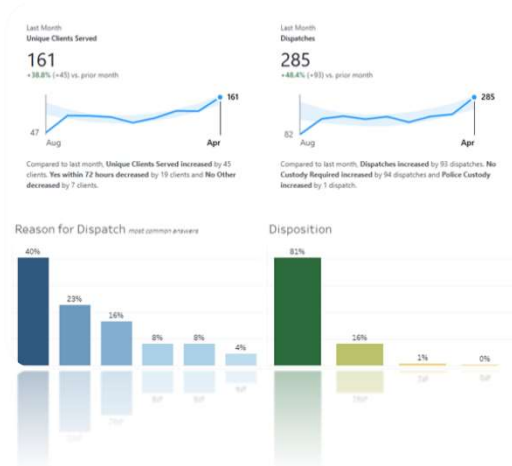
## CURRENTLY IN ACTION: SQUAD



- **Squads:** Are smaller apparatus which are staffed with a cross-trained staff that can assist with medical/fire, usually during extreme weather, fire weather, UofO events and call back due to large incidents.
- Data represents the squad deployment in the downtown core following the closure of University District in 2023.

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## CURRENTLY IN ACTION: MOBILE CRISIS



**Mobile Crisis Response:** Mandated by legislation in 2019, recently went live in fall of 2024 with mental health professionals responding to higher level, acute mental health crisis throughout the county. Deployed by Lane County Behavioral Health. Expands to 24-hour coverage in June 2025.

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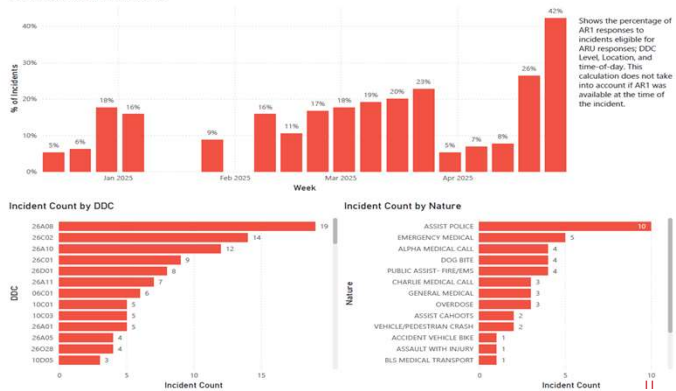
## CURRENTLY IN ACTION: ALTERNATE RESPONSE UNIT (AR1)

- These units are funded through Innovation Grants.
  - ESF Alternate Response Unit (AR1)** is funded by HB4136 in cooperation with PeaceHealth. Staffed with a Paramedic and either Nurse Practitioner or Physicians Associate.



### ALTERNATIVE RESPONSE UNIT AR1 REPORT RESPONSE RATE

AR1 Responses to ARU Incidents



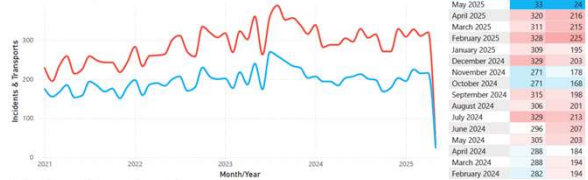
## CURRENTLY IN ACTION: SENIOR RESPONSE UNIT (AR2)

- These units are funded through Innovation Grants.
  - ESF Senior Response Unit (AR2)**: Funded by HB2397, Senior Emergency Medical Services Innovation Program, this unit responds only to care facilities for our senior and disabled community members. It focuses on providing care specific and treatment dispositions to their unique needs.

### AR2 CARE FACILITY REPORT OVERVIEW

Incident Count and Transport Count by Month/Year

Incident Count Transport Count



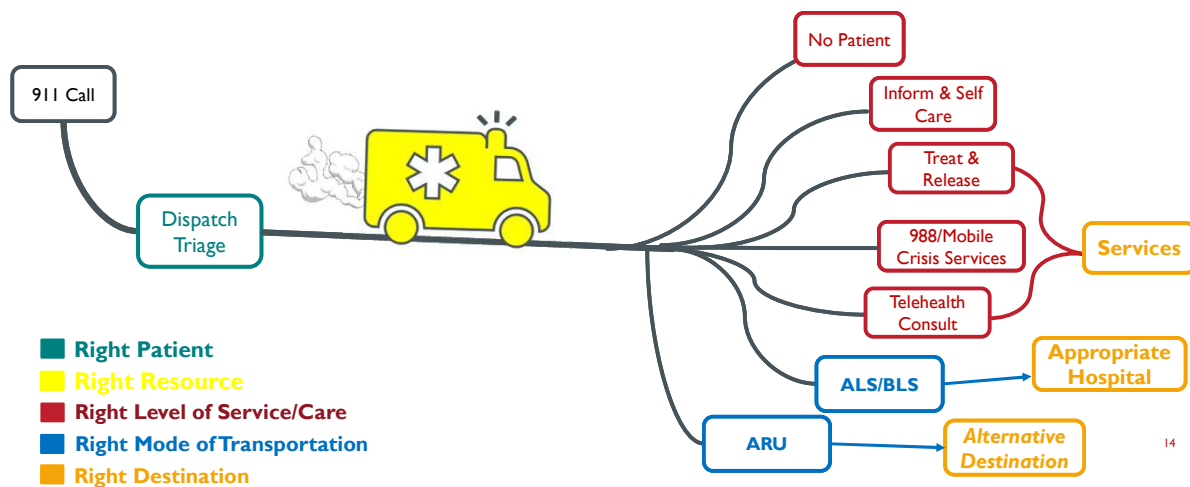
## CURRENTLY IN ACTION: MOBILE MEDICAL UNIT

- These units are funded through Innovation Grants.
  - **Mobile Medical Unit:** Operated by Lane County to provide mobile primary care services for unhoused and underserved communities. Utilizes unit equipped with exam room and provider.
  - Unique Patients – 56
  - Completed clinical visits – 107
  - New Patient visits – 49



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## GETTING IT RIGHT WITH THE ALTERNATIVE RESPONSE



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## FUTURE PROJECTS: COMMUNITY RESPONSE UNIT, NURSE NAVIGATION, FIREMED+

- **Community Response Unit:** Is a single resource supporting “up stream” efforts to reduce utilization of 911, EMS and emergency rooms. In partnership with other healthcare system providers, the CRU responds to patients that need on-going support outside of an immediate emergent response. Commonly called Community Paramedic.
- **Nurse Navigation:** Is a partnership with PeaceHealth where after calling 9-1-1, if the situation is not a pre-hospital concern, the caller can connect with a nurse over the phone for a care plan.
- **FireMed+:** Expand the current FireMed program to offer Community Paramedic like services versus a traditional 911 response

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## REIMAGINING OF THE EMS PROGRAM COORDINATOR ROLE

- EMS PROGRAM COORDINATOR role has moved from focusing solely on our Basic Life Support System (BLSS) to being a coordinator for all our various alternate response programs and community partnerships that allow us to integrate with other community programs of similar purpose.



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# QUESTIONS?