CITY OF BALTIMORE

BRANDON SCOTT – MAYOR ZEKE COHEN - COUNCIL PRESIDENT



OFFICE OF COUNCIL SERVICES NANCY MEAD – DIRECTOR 100 N. HOLIDAY STREET BALTIMORE MD, 21202

HEARING NOTES

Bill: LO25-0006

Title Baltimore City Fire Department & EMS Operations & Oversight

Committee: Public Chaired by: Mark	2			
Hearing Date: Time (Beginning): Time (Ending): Location: Total Attendance: Committee Member	Approximately 36 p	Chamber / Webex Virt beople	tual Hearing	
Mark Conway	Antonio Glover	Phylicia Porter	Zach Blanchard	Paris Gray
Attendance sheet in Agency reports read Hearing televised or	the file? 1? c audio-digitally reco	orded? ces in the file?		□ NO □ N/A □ NO □ N/A

Major Speakers

(This *is not* an attendance record.)

James Wallace – Fire Chief – BCFD James Matz – Assistant Chief – BCFD Dante Stewart -Assistant Chief -BCFD John Eid – Assistant Chief - BCFD

Major Issues Discussed

- 1. Chairman Conway called the hearing to order, introduced the committee members in attendance, and invited the sponsor to make opening remarks.
- 2. Opening comments from Chief Wallace
- 3. Presentation from BCFD
 - a. Notes about tariffs From DC Stewart parts are covered under NAFTA for the most part so no big impact yet except for raw materials, which may come from impacted countries.
- 4. During the presentation, Members were permitted to ask questions. Topics included:
- 5. Do we track life usage with materials like we do with apparatus?
 - a. Yes -i.e., useful life of a fire hose -10 years
- 6. With safety sweeps, does data reflect a reduction in fire?
 - a. Yes, and the data can be used later, i.e., in the case of a fire at a location that may be known to horde.
 - b. The average age of fatalities was 53 years, but this age was brought down by two young children (outliers). BCFD uses census data to focus on older adults.
- 7. Vacant structures comprise ¹/₂ or nearly ¹/₂ of all structure fires— is this primarily due to people occupying these buildings?
 - a. Yes particularly when the power is disconnected and folks inside use fire to warm the house or cook.
- 8. *Asking for which code x buildings had been raised and which ones had been rehabbed and put back into use.
 - a. *Code X should equal a VBN (Vacant Building Notice) classification– can that process be automated? *
 - b. Need to clarify data on addresses. Some code x are next to vacant properties and may have been misclassified BCFD is looking and thinks it may be a data entry issue.
- 9. The 911 system how old is the system? What would it mean to update the system?
 - a. 911 uses a number of systems -i.e., Vesser, which was updated last year.
 - b. CAD system for dispatch 13 or 14 years old useful life is 7-10 years can cause a lot of interruptions or outages, some as long as 4 hours. Results in needing to physically write and run messages to various offices for dispatch.
 - i. What would a new CAD system cost?
 - Was meant to be updated in 2020 or 2021 system is under BCIT would cost between 10-13 million. The process is currently at a standstill at RFI. It takes approximately 2 years to build.
 - 2. *Needs an update on the status of this process from the admin*
 - c. Increase in structure fires and vacant building fires what is the cause behind this?
 - i. Lots of outbuildings like sheds and non-traditional heating sources in vacant houses.
 - d. What supports do we offer after a fire?

- i. BCFD has a booklet (FEMA Resources) with resources to help introduce folks. DHCD had their Neighborhood Services team that helps *Asking for booklet* Looking for Baltimore-tailored resource.
- ii. Incident commander designates the last on the scene member
- iii. *Asking for DHCD team at the next ¹/₄ hearing*
- e. Permit time from initial request to approval how can this be improved (asking for an offline conversation)
- 10. Do we have a count of vacancies v new hires
 - a. EMT firefighters vacancies should be filled by a new class
 - b. EMTs 25? Check record
- 11. Public safety apprentice program asking for a status update
 - a. Framework has been created with the Fire academy, working with Public Schools with a CTE program
- 12. Do we have a community engagement team that speaks to fire education, particularly with seniors
 - a. Local firehouses should be reaching out to community organizations.
- 13. Asking for context on community outreach that has led to increased survivability for cardiac issues. What would it take to make similar progress on opioids.
 - a. Outreach to schools and a focus on early recognition
 - b. W/ opioids a lot of naloxone has helped with overdose, but it doesn't help with stopped hearts more education is needed to help the public recognize and report.
- 14. 33 million in overtime, how are we working to reduce the reliance on this with staff
 - a. Not all of it is a result of staffing issues grants for education allow for overtime backfill for more training.
 - b. There is a structural component to overtime, which leads to about 5 millioni. Special events, ect...
 - c. Staffing issues are being addressed
- 15. *What is the average # of hours of overtime the typical EMS provider works* 1 week
- 16. Increase in ALS & BLS calls what is contributing to this?
 - a. Call volume is rebounding to pre-pandemic levels, particularly low acuity calls, 35% working to divert these calls.
- 17. Overtime projections for FY 26 compared to actual for FY 25?
 - a. As numbers come up, it should go down fire suppression, full or nearly, EMS (paramedics, particularly) are the outliers in hiring.
 - b. BCFD is working with local unions to help EMTs train as paramedics. It does have an operational impact, but the department is working to address that. Candidates get tuition reimbursement and a pay raise.
 - c. What would be an incentive program to get more paramedics?
- 18. Low acuity calls what training could be given to 911 operators to help identify and divert these to other opportunities for care?
 - a. Low acuity calls are coded based on the national protocol

- b. EMS is analyzing data based on survivability and need for intervention other items are things like tele-911, contracted ambulances, telemedicine, and nurse triage.
- c. How can we bring EDS and meds into this to help provide diversionary care
- 19. Mortality tracking how does this influence administrative decisions on coding and work with low acuity codes?
 - a. Low acuity is a catch-all, but BCFD/EMS is looking to constantly check the determinants and review how these calls get operationalized.
- 20. What would be the cost of a whole blood system for EMS
 - a. 250k-300k dollars, there is a reimbursement program which can help, but it would be a significant investment.
- 21. What is behind the increase in overdose numbers in District 8
 - a. 11-16 so not a huge jump but there is a process for involving community resources from BCFD. Working on that now.
 - b. Not sure what the pharmacological reason for this is, but the BCFD is targeting communities needing attention on overdoses.
 - c. *Where did these overdoses happen in District 8?*
- 22. Big drop in overdose in district how do we know what drives this naloxone being left behind, efforts to reduce use,
 - a. BCFD is seeing decreased calls, but hears about the use of naloxone, so we know that people are continuing to use. Would need to talk to the Health Dept about drivers (epidemiology)
- 23. When does Goldi go online
 - a. No timeline on that yet but maybe 6 months based on other jurisdictions.
- 24. Do we have emergency evacuation plans
 - a. That is on emergency management. Their area is disaster planning. Agencies would be organized based on the type of disaster. Oftentimes, the best action is to shelter in place. BCFD would often be the mitigation or 1st line of defense in such an emergency.
- 25. Long-term treatment for opioids The Population Health team can offer buprenorphine how often is it being used?
 - a. *No one has been a successful candidate yet various reasons such as being contraindicated, refusals, polysubstance use, etc... Asking for breakdowns of candidates and why they didn't get the medication*
- 26. The step after buprenorphine how do we get people into therapy & taking the therapeutic dosage? How can we track that and get that information to the community health?
 - a. The refusal rate is 47% harm reduction approaches begin with withdrawal dose, but then how do they connect with additional support?
- 27. Closing comments from the chair.
- 28. Chairman Conway recessed the meeting.

Was further study requested?

🖂 Yes 🔰 🛛 No

If yes, describe.

- Asking for the addresses of the code x properties that were raised or returned to use
- A code x designation for a property should result in a vacant building notice (VBN) can this process be automated so that when BCFD issues a Code X DHCD issues a VBN
- What is the current state of the RFI for a new 911 CAD dispatch system
- Asking for the FEMA resource booklet that BCFD gives to those displaced by fire (BCFD currently working on a Baltimore centered resource guide)
- Requesting that DHCD team be present at the next oversight hearing
- What is the average number of overtime hours the typical EMS provider works in a week
- Where did the recent increases in overdoses happen in District 8
- What is driving decreases in overdoses in district 11 (less use, more access to nalxone, ect...)
- Asking for a breakdown of candidates and why they didnt get buprenorphine (refused, contraindicated, polysubstance use ect...)

Committee Vote:

M. Conway:
K. Burnett:
Z. Cohen:
E. Costello:
A. Glover:
P. Porter:
O. Ramos:

Tony Leva, Committee Staff

Cc: Bill File OCS Chrono File Date: May 7, 2025