

# Regional Services Subcommittee

## Medic One/EMS Strategic Plan and Levy Reauthorization

---

Thursday, June 20, 2024

1:00 PM – 3:00 PM

Mercer Island Community Center, Room 103  
8236 SE 24<sup>th</sup> Street, Mercer Island

Chair: Angela Birney, Mayor, City of Redmond

### Agenda

- **Opening Remarks, Task Force Recap & Introductions** 10 minutes
- **Report from other subcommittees** 5 minutes
- **Proposals** 90 minutes
  - ❖ Existing Strategic Initiatives
    - ECHO (formerly VPSI)
    - PRIME (formerly AEIOU)
    - STRIVE
  - ❖ New Strategic Initiatives
    - Emergency Medical Dispatch
  - ❖ King County Fire Chiefs Association
    - DEI/ERSJ
    - Mental Wellness
- **2026-2031 Initial Proposed Regional Services Budget** 10 minutes
- **Next steps** 5 minutes

**Medic One/EMS Levy Planning contact:** Helen Chatalas, 206-263-8560;

[helen.chatalas@kingcounty.gov](mailto:helen.chatalas@kingcounty.gov);







[kingcounty.gov/ems/levy](https://kingcounty.gov/ems/levy)

**EMS Advisory Task Force**  
2026-2031 Medic One/EMS Levy Reauthorization Calendar

2024						
<b>JANUARY</b>						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	0	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
<b>FEBRUARY</b>						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	TF 15	16	17
18	19	20	21	FIN 22	23	24
25	26	27	28	29		
<b>MARCH</b>						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	BLS 7	8	9
10	11	12	13	14	15	16
17	18	19	20	RS 21	22	23
24	25	26	27	ALS 27	28	29
30	31					
<b>APRIL</b>						
S	M	T	W	Th	F	S
	1	2	3	BLS 4	5	6
7	8	9	ALS 10	11	12	13
14	15	16	17	RS 18	19	20
21	22	23	24	25	26	27
28	29	30				
<b>MAY</b>						
S	M	T	W	Th	F	S
			1	BLS 2	3	4
5	6	7	ALS 8	9	10	11
12	13	RS 14	15	FIN 16	17	18
19	20	21	TF 22	23	24	25
26	27	28	29	30	31	
<b>JUNE</b>						
S	M	T	W	Th	F	S
						1
2	3	4	5	BLS 6	7	8
9	10	11	ALS 12	13	14	15
16	17	18	19	RS 20	21	22
23	24	25	26	27	28	29
30						
<b>JULY</b>						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	BLS 11	12	13
14	15	16	ALS 17	18	19	20
21	22	RS 23	24	FIN 25	26	27
28	29	30	TF 31			
<b>AUGUST</b>						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	BLS 8	9	10
11	12	13	ALS 14	15	16	17
18	19	20	21	RS 22	23	24
25	26	27	28	29	30	31
<b>SEPTEMBER</b>						
S	M	T	W	Th	F	S
1	2	3	4	BLS 5	6	7
8	9	10	ALS 11	12	13	14
15	16	17	18	RS 19	20	21
22	23	24	25	FIN 26	27	28
29	30					
<b>OCTOBER</b>						
S	M	T	W	Th	F	S
		1	2	BLS 3	4	5
6	7	8	ALS 9	10	11	12
13	14	15	16	RS 17	18	19
20	21	22	TF 23	24	25	26
27	28	29	30	31		
<b>NOVEMBER</b>						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
<b>DECEMBER</b>						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Econ forecasts: 3/1-3/15; 7/14-7/28; 8/16-8/30

5/9/2024

- |   |                                |   |   |
|---|--------------------------------|---|---|
|  | Task Force                     |  | Tukwila Community Center - 12424 42nd Ave S, Tukwila, WA 98168                |
|  | BLS Subcommittee               |  | Renton Fire Station 14 - 1900 Lind Ave SW, Renton, WA 98057                   |
|  | ALS Subcommittee               |  | Seattle Joint Training Facility - 9401 Myers Way S, Seattle, WA 98108         |
|  | Regional Services Subcommittee |  | Mercer Island Community Center - 8236 SE 24th Street, Mercer Island, WA 98040 |
|  | Finance Subcommittee           |  | Bellevue City Hall - Room 1E-112 - 450 110th Ave NE, Bellevue, WA 98004       |
|   |                                |  | 3/27/2024 Bellevue City Hall - Room 1E-112                                    |
|   |                                |  | 6/6/2024 Renton City Hall - 7th Floor Conferencing Center                     |
|   |                                |  | 10/3/2024 Need location   |

# Vulnerable Populations Strategic Initiative (VPSI) -> ECHO Strategic Initiative

## 2026-2031 Medic One/EMS Strategic Plan and Levy Reauthorization

### Mission

Partner with community organizations and conduct programmatic community-based activities, trainings, and evaluations to ensure the interface between emergency medical services (EMS) and historically underserved communities in our county are equitable and of the highest quality.

### Overview

Since its inception in 2014, the **Vulnerable Populations Strategic Initiative (VPSI)** has partnered with EMS agencies, community leaders, and organizations to reduce disparities in EMS access and foster positive health outcomes by providing EMS education and information to communities. Based on an early needs assessment with first responders, VPSI worked with local EMS agencies to develop **focused pilot projects** to better understand the needs of patients with behavioral health, substance use disorder or experiencing homelessness. The findings have been used to influence regional policy in how best to serve these patients and published reports to assist others in understanding the complexity in serving these patients.

We have also **fostered community partnerships** with five organizations, concentrating on communities that have distinct challenges accessing EMS care that include cultural disparities, communication difficulties, disabilities, language access, historical injustices and racism. These include the Chinese Information and Service Center, St. Vincent de Paul's Centro Rendu, the Somali Health Board, the City of Seattle's Office of Emergency Management, and the University of Washington (UW) School of Public Health. Educational outreach includes 9-1-1 education, hands-on CPR and AED utilization, stroke awareness, stroke recognition and response, choking response, and falls prevention.

The UW plays a unique role in VPSI through active engagement in the outreach and education of seniors in King County using undergraduate students, and leading projects and publications that explore different facets of fire agencies' interactions with vulnerable communities.

### 2020-2025 Impacts

- **Languages:** VPSI/EMS resources have been developed in 17 languages.
- **Community Impact:** VPSI outreach and education has helped reduce barriers in accessing EMS care. Communities have built trust with EMS providers and improved access. This has led to improved awareness about preventative measures and EMS resources.
- **Projects and Publications:** Students from the UW School of Public Health have authored numerous publications that explored diverse aspects of EMS care. Student-led projects have highlighted the positive interaction between vulnerable communities and EMS agencies.
- **Social Media:** The growth of social media utilization has enhanced effective information sharing and video conferencing platforms like Zoom increased participation among groups that previously avoided face-to-face events because of travel obstacles.

### Budget and Expenditures for 2020-2025

Community Based	2020	2021	2022	2023	2024 F	2025 F	Total
Expenditures	\$288,475	\$277,778	\$270,053	\$262,269	\$334,589	\$331,618	<b>\$1,764,782</b>
Levy Budget	\$267,964	\$278,441	\$288,549	\$298,937	\$309,579	\$321,312	<b>\$1,764,782</b>
Difference	(\$20,511)	\$663	\$18,496	\$36,668	(\$25,010)	(\$10,306)	\$0

**Proposal for 2026-2031**

Continued support for VPSI efforts will further empower communities to actively engage with EMS agencies and reduce disparities in access to service. The future of VPSI is bright as we seek to consolidate and expand our community partnerships, connect local EMS agencies to these community-led organizations and build on the success of the initiative while addressing the needs identified by our community partners.

- **EMS Agency Local Area Engagement:** Surveys conducted with Limited English Proficiency (LEP) communities highlight a high level of satisfaction, indicating exceptional care provided by first responders. However, there is also evidence of on-going challenges that indicate additional efforts are needed to enhance communication effectiveness and efficiency. We plan to build upon the current collaborations that uphold and enhance EMS interactions with vulnerable communities to ensure the overall well-being of these populations.
- **Community Partnership Expansion:** Based on the quite successful model of community-led partnership and collaboration, we aim to increase the number of community organizations in our network, expanding our collective impact.
- **Increase Community Organization Support:** To bolster capacity and effectiveness, we will increase capacity for our community organizations for more staffing to support their work and increase connection with EMS agencies. These additions will meet growing demands and enhance overall effectiveness.
- **Career Pathways:** We support and promote developing a diverse EMS workforce that reflects the unique needs of the communities that we serve. We will work to increase the community connections with EMS partners and emphasize the importance of supporting regional diversity in the workforce.
- **Training Programs:** We aspire to introduce innovative training programs to broaden the scope of skills and knowledge we offer. This includes introducing new and varied types of training programs to address evolving community needs such as bystander emergency response training, and mental health first aid. It's also important for providers to have more access to training opportunities, particularly focusing on effective communication strategies with LEP populations.
- **Increase EMS Division VPSI Support:** With the increase workload, we will need additional staffing support to maintain quality standards, meet our strategic objectives, and ensure VPSI's continued success.

**Estimated Budget for 2026-2031**

	3.49%	3.46%	3.41%	3.43%	3.44%
--	-------	-------	-------	-------	-------

2026-2031 Levy							
	2026	2027	2028	2029	2030	2031	TOTAL
Community Based	\$ 349,080	\$ 361,262	\$ 373,732	\$ 386,508	\$ 399,765	\$ 413,517	\$ 2,283,896
Partnership Expansions	\$ 50,000	\$ 103,490	\$ 160,606	\$ 166,083	\$ 171,779	\$ 177,689	\$ 829,647
Community Support	\$ 40,000	\$ 41,396	\$ 42,828	\$ 44,289	\$ 45,808	\$ 47,384	\$ 261,705
<b>Subtotal</b>	<b>\$ 439,080</b>	<b>\$ 506,149</b>	<b>\$ 577,197</b>	<b>\$ 596,879</b>	<b>\$ 617,352</b>	<b>\$ 638,589</b>	<b>\$ 3,375,247</b>
Indirect	\$ 43,908	\$ 50,615	\$ 57,720	\$ 59,688	\$ 61,735	\$ 63,859	\$ 337,525
<b>TOTAL</b>	<b>\$ 482,988</b>	<b>\$ 556,764</b>	<b>\$ 634,917</b>	<b>\$ 656,567</b>	<b>\$ 679,088</b>	<b>\$ 702,448</b>	<b>\$ 3,712,772</b>

## AEIOU Strategic Initiative -> PRIME Strategic Initiative

### 2026-2031 Medic One/EMS Strategic Plan and Levy Reauthorization

#### **Background:**

In today's data-driven environment, efficient data collection and analysis are crucial for informed decision-making and medical research. The EMS Division anticipated significant challenges while planning for the 2020-2025 levy period and recommended investments to improve our infrastructure. This included creating standardized systems for data analysis, updating outdated sharing mechanisms, and providing sufficient training on new, more efficient systems. Our Geographical Information System (GIS), ESO Solution's Electronic Health Record (EHR) and Tableau also required modernization and standardization with how the data was collected, analyzed, and shared.

#### **2020-2025 Impacts:**

- Created and shared COVID-19 data surveillance and dashboards.
- Improved EMS RQI data repository.
- Initiated and purchased supplies for FACT study.
- Conducted a request for proposals and purchased new GIS Software (DECCAN).
- Purchase reader for improved data analysis and sharing (Snowflake - projected in 2024).
- Provide seed money for ESO's iOS app pilot project (projected in 2024-2025).

#### **2020-2025 Expenditures/Budget:**

	2020	2021	2022	2023	2024E	2025E	Total
<b>Expenditures</b>	\$5,446	\$19,004	\$42,675	\$157,568	\$611,666	\$432,228	<b>\$1,268,587</b>
<b>Budget</b>	\$187,542	\$197,042	\$206,171	\$215,581	\$225,246	\$237,004	<b>\$1,268,587</b>

#### **2026-2031 Proposal:**

Formerly known as the (AEIOU) *Strategic Initiative*, the **Pioneering Research for Improved Medical Excellence (PRIME) Strategic Initiative (SI)** aims to modernize and standardize quality improvement systems and activities in the EMS Division. PRIME is the next iteration of efforts to upgrade current processes pertaining to data retrieval, collection, assessments, and enhancements of our overall data management capabilities. Addressing current challenges and modernizing our data analysis and sharing systems is crucial for the EMS Division's growth and success. By upgrading and improving our data infrastructure, we can ensure we remain efficient, accurate and excellent in an increasingly data-centric world.

Goal: Create projects that collectively provide accurate, consistent and relevant data driven results that serve our community partners and excel our focus towards emergency medical quality improvement and research.

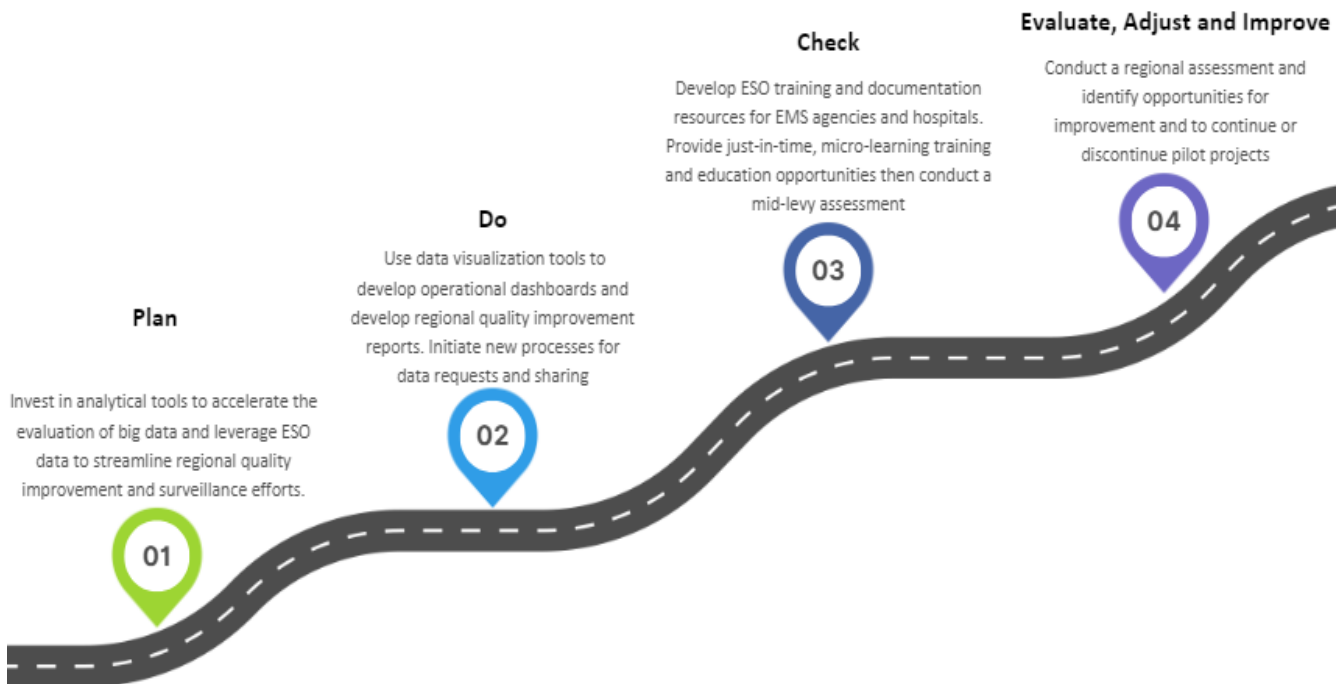
**Objectives:**

1. Enhance ESO Solutions, data sharing, standardization, and data automation.
2. Improve integration pertaining to data systems with Public Health, ESO and agencies.
3. Innovations by conducting pilot projects.

**2026-2031 Proposed Budget:**

	2026	2027	2028	2029	2030	2031	Total
Data Enhancements	\$100,000	\$103,490	\$107,071	\$110,722	\$114,520	\$118,459	\$654,262
Data Integration	\$75,000	\$77,618	\$80,304	\$83,042	\$85,890	\$88,845	\$490,699
Innovations	\$50,000	\$51,745	\$53,535	\$55,361	\$57,260	\$59,230	\$327,131
<b>Subtotal</b>	<b>\$225,000</b>	<b>\$232,853</b>	<b>\$240,910</b>	<b>\$249,125</b>	<b>\$257,670</b>	<b>\$266,534</b>	<b>\$1,472,092</b>
Indirect	\$22,500	\$23,285	\$24,091	\$24,913	\$25,767	\$26,653	\$147,209
<b>Total</b>	<b>\$247,500</b>	<b>\$256,138</b>	<b>\$265,001</b>	<b>\$274,038</b>	<b>\$283,437</b>	<b>\$293,187</b>	<b>\$1,619,301</b>

**Implementation Road Map:**



# Strategic Transition to Regionalized Innovation, Value, & Education (STRIVE)

Closeout of 2020-2025 Strategic Initiative

## 2026-2031 Medic One/EMS Strategic Plan and Levy Reauthorization

**EMS Online** is an interactive teaching platform, offering low-cost, high-fidelity online learning to our King County EMS partners. This tech-savvy approach to continuing education uses web-based technologies and allows each user 24/7 continuous access to nationally accredited training modules. In addition to producing all course content, the King County EMS Division's Training and Education Section provides technical support for the website and a variety of other regional services including Cardiac Case Review and the Advanced Airway Reporting tool.

Between 2002-2018, EMS Online activities have focused on:

- Providing high-quality on-line learning for a fraction of the cost associated with the traditional classroom setting; and
- Providing individual agencies and training officers with the data support services to meet Washington State EMT recertification requirements and support paramedic continuing education.

After nearly two decades, EMS Online required financial investments to keep pace with the changing educational, data, and technological needs of King County's first responders. **The Strategic Transition in Regionalized Innovation, Value, & Education (STRIVE) Strategic Initiative** modernized EMS Online by:

- Transitioning to an external vendor which supports a modern Learning Management System (LMS);
- Implementing a Learning Records Store (LRS) to enhance integration, reporting and dashboard capabilities; and
- Training the region's 5,000 EMS Online users on the new LMS and LRS systems.

### 2020-2025 Impacts:

- **Modernization:** Transitioned to a new LMS and LRS, enhancing the online educational experience;
- **User Training:** Successfully transitioned approximately 5,000 EMS Online users to the updated LMS/LRS systems using single sign-on and multifactor authentication security technologies;
- **High Fidelity Content Library:** Centralized hundreds of lectures, online courses, videos, and exams from a variety of sources including Tuesday Series, EMS Online, and our regional training partners; and
- **Data Integration:** Improved reporting and dashboard capabilities for our regional fire departments, training officers, and individual users.

In 2024 and 2025, the EMS Division will finalize the systemwide adoption of the new LMS and LRS architecture, thereby closing out the STRIVE Strategic Initiative.

**2026-2031 Proposal:** As the STRIVE initiative concludes in 2025, the EMS Division will finalize the systemwide adoption of the new LMS and LRS. Beginning with the 2026-2031 EMS levy, the ongoing operations and maintenance of these systems will be integrated into regional support services.

This phase anticipates the LMS accommodating up to 7,500 users from fire, law enforcement, and ambulance services, ensuring sustained, high-quality training and education for first responders. The LRS will expand opportunities for data retrieval, collection, management, and integration with our regional and state partners by centralizing learner data from multiple sources, streamlining data access, and ensuring data integrity and compliance.

**Budget and Expenditures Overview:**

**2020-2025 STRIVE Strategic Initiative Budget & Expenditures**

	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024E</b>	<b>2025E</b>	<b>2020-2025</b>
BUDGET	\$630,429	\$652,209	\$672,931	\$517,986	\$668,947	\$327,846	<b>\$3,470,348</b>
EXPENDITURES	\$2,805	\$329,599	\$325,100	\$730,692	\$1,509,250	\$572,903	<b>\$3,470,348</b>

**2026-2031 STRIVE Budget (for ongoing maintenance)**

<b>STRIVE SI TO RS</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>	<b>2031</b>	<b>2026-2031</b>
LRS Annual License	\$85,408	\$88,389	\$91,447	\$94,566	\$97,809	\$101,174	<b>\$558,794</b>
LMS Annual License	\$276,837	\$286,499	\$296,412	\$306,519	\$317,033	\$327,939	<b>\$1,811,238</b>
MFA (Authentication)	\$31,886	\$32,999	\$34,140	\$35,305	\$36,516	\$37,772	<b>\$208,616</b>
Special Projects	\$150,000	\$155,235	\$160,606	\$166,083	\$171,779	\$177,689	<b>\$981,392</b>
<b>TOTAL</b>	<b>\$544,131</b>	<b>\$563,121</b>	<b>\$582,605</b>	<b>\$602,472</b>	<b>\$623,137</b>	<b>\$644,573</b>	<b>\$3,560,041</b>



# Emergency Medical Dispatch Strategic Initiative

## 2026-2031 Medic One/EMS Strategic Plan and Levy Reauthorization

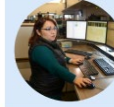
### Overview

The Medic One/EMS system serving Seattle and King County uses a tiered response system to ensure the most appropriate care provider responds to each 9-1-1 call. A patient or bystander accesses the EMS system by calling 9-1-1 for medical assistance. These calls are received and triaged by telecommunicators at one of three regional communication centers: Northeast King County Regional Public Safety Communication Agency (NORCOM), Valley Communication Center, and Port of Seattle 9-1-1 Communications. Telecommunicators assign a level of care needed and dispatch appropriate BLS and ALS units to provide pre-hospital emergency care or transfer non-emergent low-acuity calls to a nurse consulting line for advice and care instructions. Telecommunicators provide pre-arrival instructions and guide callers through life-saving steps for the most critical medical emergencies, including cardiopulmonary resuscitation (CPR) and public access defibrillation (PAD) instructions until EMS providers arrive.

### EMS TIERED RESPONSE SYSTEM



**ACCESS TO EMS SYSTEM**  
Bystander calls 9-1-1



**TRIAGE BY DISPATCHER**  
Use of Emergency Medical Response Assessment Criteria



**FIRST TIER OF RESPONSE**  
Basic Life Support (BLS) by firefighter/EMTs, CMTs, and Nurseline



**SECOND TIER OF RESPONSE**  
Advanced Life Support (ALS) by paramedics

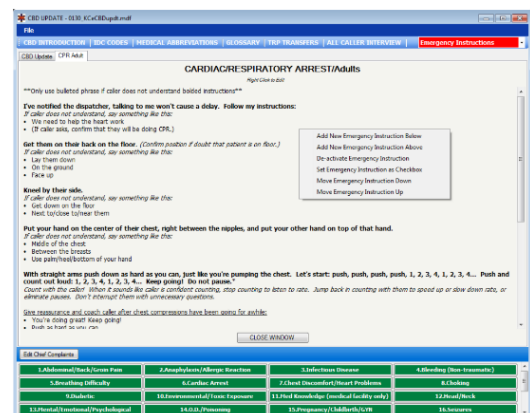


**ADDITIONAL MEDICAL CARE**  
Transport to hospital

The EMS Division implements pilot programs through levy-funded Strategic Initiatives to improve the quality of the regional EMS system. Initiatives undertaken during the 2020-2025 levy span focused on ensuring a well-trained and competent workforce of first responders, and continuously measuring the effectiveness and responsiveness of the EMS system. **The EMS Division is proposing investments to improve the quality and delivery of services for the initial components of the tiered response system – access and triaging of medical calls using the Emergency Medical Dispatching (EMD) Criteria-Based Dispatch (CBD) guidelines.** This proposal encompasses ideas supported by regional partners.

### Hosting of CBD Guidelines

Telecommunicators use EMD CBD guidelines to determine the appropriate level of care and response type for dispatching needs. The CBD guidelines are available in paper and electronic (eCBD) versions at telecommunicator terminals. The eCBD tool was developed by Metia Solutions in 2008; however, vendor support ceased in 2016. Currently, the hosting and updates of the guidelines are maintained by the EMS Division and King County IT. The current system does not allow for enhancements - only operations and maintenance updates that are minimal in scope.



The EMS Division proposes to seek an external vendor to host eCBD guidelines. Doing so would provide:

- Modernized stable platform with robust security measures;
- Increased scalability for guideline revisions and critical protocol changes (e.g., implementation of infectious disease card for local outbreaks and epidemics);
- Increased interoperability, enabling concurrent systems (e.g., computer-aided dispatch [CAD], PAD registry), to work together seamlessly to exchange critical information; and
- Increased efficient integration of data across different sources.

Additional cost considerations for implementing a new external vendor includes:

- King County procurement process (e.g., business analyst, request for proposal process, and contracting requirements); and
- King County IT support and services ensuring continuity of data systems and regional eCBD system readiness through transition.

### Seed Funding for EMD Program Pilot Activities

The Medic One/EMS system has a long history of exploring pilot activities and evaluating impact prior to programmatic implementation and revisions to standards of care. Use of big data technology for extraction and analytics processing, including artificial intelligence, within 9-1-1 communication centers are becoming more common. Such usages are currently in operation within the regional EMS system. Early indications have shown utility in its incorporation for call processing along with opportunities for continuous quality assurance/quality improvement activities.

The EMS Division proposes to explore pilot activities to improve the quality and delivery of services during and after 9-1-1 calls, focused on appropriate level of care and response type for dispatching needs:

- Increase overall system evaluation to ensure medical emergency calls across jurisdictions are handled effectively and efficiently.
  - Evaluations based on specific medical conditions and CBD guideline cards, community health inequities (e.g., language line), emergent needs and crisis response.
- Increase support to telecommunicators for improve decision making, dispatching, and call routing.

### Strategic Initiative Cost Estimates

<b>Proposal Areas</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>	<b>2031</b>	<b>6-YEAR</b>
<i>Hosting of eCBD</i>	\$100,000	\$103,490	\$107,071	\$110,722	\$114,520	\$118,459	<b>\$654,261</b>
<i>IT System/Data Mgmt.</i>	\$75,000	\$25,000	\$25,865	\$26,747	\$27,664	\$28,616	<b>\$208,892</b>
<i>Seed Funding</i>	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	<b>\$450,000</b>
<b>Subtotal</b>	<b>\$250,000</b>	<b>\$203,490</b>	<b>\$207,936</b>	<b>\$212,469</b>	<b>\$217,184</b>	<b>\$222,075</b>	<b>\$1,313,154</b>
<i>10% Indirect</i>	\$25,000	\$20,349	\$20,794	\$21,247	\$21,718	\$22,208	<b>\$131,315</b>
<b>Total</b>	<b>\$275,000</b>	<b>\$223,839</b>	<b>\$228,729</b>	<b>\$233,716</b>	<b>\$238,902</b>	<b>\$244,283</b>	<b>\$1,444,469</b>

# Stronger Together

## Diversity, Equity, and Inclusion (DEI)/Equity, Racial and Social Justice (ERSJ)

### 2026-2031 Medic One/EMS Strategic Plan and Levy Reauthorization

#### **Commitment to ERSJ/DEI Best Practices**

The King County Fire Chiefs Association (KCFCFA) and the Emergency Medical Services (EMS) Division, Public Health – Seattle & King County are deeply committed to dismantling systemic racism, advancing equity, and fostering social justice in our own organizations and within the diverse communities we serve. We are dedicated to growing our ERSJ/DEI infrastructure in a way that honors these values in order to ensure inclusive, culturally competent, and equitable patient experiences for all, including vulnerable populations historically marginalized with respect to access to care.

#### **Expenditures/Budget for the 2020-2025 Levy Period (Combined EMS Division & Fire Department support).**

	2020	2021	2022	2023	2024E	2025E	Total
Expenditures	\$49,480	\$11,390	\$29,918	\$24,877	\$68,500	\$75,800	\$259,965
Budget	\$43,432	\$43,432	\$43,432	\$43,432	\$43,433	\$43,433	\$260,594

Internal EMS Division and external Fire Dept. financial support to be clearly delineated for the next levy period.

#### **KCFCFA Objectives: Diversity, Equity, and Inclusion (DEI)**

Long-term objectives to establish best DEI practice and support regional EMS partners efforts include:

- Continue to support recruitment and hiring efforts that improve the diversity of the workforce.
- Develop processes to establish and review EMS agency DEI data and policies.
- Continue to support DEI training for EMS personnel and leaders.
- Support implementation of the Regional Diversity Toolkit for EMS agencies.
- Ensure sustainable funding for ongoing DEI priorities, including the DEI Network.

#### **Proposed Budget for KCFCFA 2026-2031 Levy Period (External Fire Dept. DEI Funding).**

	2026	2027	2028	2029	2030	2031	Total
Fire Dept DEI Funds	\$38,500	\$39,844	\$41,222	\$42,628	\$44,090	\$45,607	\$251,891

#### **EMS Division Objectives: Equity, Racial and Social Justice**

Long-term objectives to integrate ERSJ principles into EMS policies and practices include:

- Solidify the role of the Equity Inclusion and Belonging Manager and EMS ERSJ Core Team in EMS/Public Health business.
- Comprehensive ERSJ training for all staff (beginning with EMS leadership & EMS ERSJ Core Team).
- Continue to support and expansion of the Future Women in EMS/Fire program.
- Continued support of the S.T.A.R. program.
- Continued support of the Vulnerable Populations Strategic Initiative (VPSI).
- Incorporate Best Practices for Language Access in EMS programs.

#### **Proposed Budget for EMS Division 2026-2031 Levy Period (Internal EMS Division ERSJ Funding).**

	2026	2027	2028	2029	2030	2031	Total
EMS Division ERSJ	\$38,500	\$39,844	\$41,222	\$42,628	\$44,090	\$45,607	\$251,891

# Mental Wellness Subcommittee Proposal

## King County Fire Chiefs Association

### 2026-2031 Medic One/EMS Strategic Plan and Levy Reauthorization

#### **Mission**

The King County Fire Chiefs Association Mental Wellness Subcommittee is proud of the many offerings, trainings, and workshops that have been provided to first responders to date, and advocates for continued support and funding through the 2026-2031 levy period. We do not wish mental wellness crises upon anyone within our community of first responders, medics, and dispatchers and *are committed to prevention first and foremost.*

#### **Overview**

Due to the many issues involving mental health fatigue, stress and even suicide in the first responder community, a survey was sent out to assess the resources needed to improve mental wellness of our King County first-responders. This included Fire and EMS personnel, 9-1-1 call receivers and dispatchers as well as administrative and support staff. The survey was conducted between January and March of 2018 and almost one-thousand individuals (N=984) responded.

Based on the survey results, the Subcommittee recommended several strategies, some of which were at the regional level and some at the agency level.

#### Regional Level:

- Training: Develop and offer regular training on mental wellness for FD leadership/Chief Officers; First Responders and other 9-1-1 personnel including retirees. Trainings can include annual face-to-face workshops; CBT on-line training or other ad hoc events.
- Conduct Gap Analysis and support pilot studies of FD mental wellness programs.
- Program Support: Organize and coordinate regular standing Mental Wellness Subcommittee meetings to ensure oversight and advocacy.

#### Local/Agency level:

- Adopt Policies to improve mental wellness culture; access to resources
- Offer targeted, regular Mental wellness training for First Responders in King County.
- Manage common registry of Peer Support Counselors in King County and increase awareness of Peer Support training opportunities.
- Increase awareness and availability of Wellness (prevention) training/programs at agency level.
- Improve access to Health Professionals (both in-person and “virtual” (on-line; phone)

#### **2020-2025 Impacts**

Since its inception, the Mental Wellness Subcommittee has met bi-monthly to organize and implement the following activities (through 2023):

- Sponsored speakers at FOUR KCFCA Leadership Conferences.
- Hosted FOUR basic trainings at Fire Academy.
- Sponsored EIGHT peer support trainings.
- Organized TWELVE focused trainings.
- Hosted TWO self-care retreats for leadership.
- Sponsored the purchase of TWO massage chairs for telecommunicators (NORCOM and Port of Seattle).
- Sponsored THREE telecommunicators to attend a conference.

**Expenditures/Budget 2020-2025**

Year	2020	2021	2022	2023	2024E	2025E	Total
Expenditures	\$18,211	\$21,567	\$40,413	\$59,855	\$63,000	\$75,000	\$278,046
Budget	\$46,975	\$46,975	\$46,975	\$46,976	\$46,976	\$46,976	\$281,853

**Proposal for 2026-2031**

The Mental Wellness Subcommittee and the King County Fire Chiefs Association proposes the following approach to support the health of our region’s first responders, medics, and dispatchers:

**Goal:** Create and implement an overarching comprehensive Mental Wellness program that focuses on a regional system of support, reflects the needs of frontline workers, and garners the expertise of leaders in the mental wellness field.

**Objectives:**

1. Develop a broad strategic approach (Roadmap) to support agency-based and regional-level culture change that reflects frontline worker needs.
2. Solicit guidance and direction from experts in the field of mental wellness for first responders.
3. Continue to support basic and advanced peer support training (train-the-trainer model).
4. Continue to organize a variety of training, workshops, and learnings including panel discussions, progressive learning, and focus for Leadership, Dispatch, Frontline, and Administration.
5. Continue to monitor our annual workplan that will be presented regularly at the King County Fire Chief’s meetings. Engaging in this manner allows transparency and visibility of the ongoing work being done in support of this important work.

**Proposed Budget:**

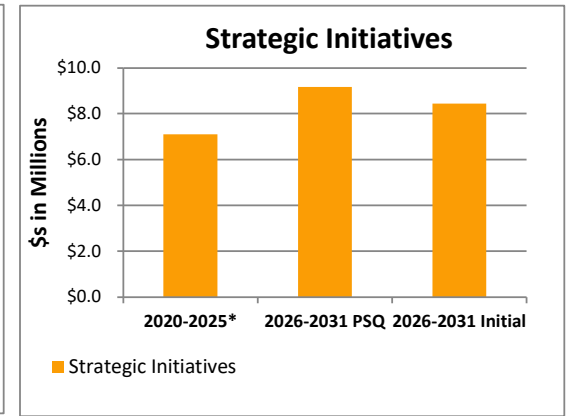
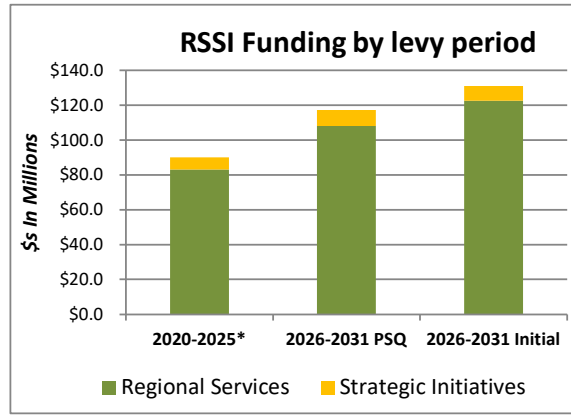
Year	2026	2027	2028	2029	2030	2031	Total
Budget	\$160,000	\$165,584	\$171,313	\$177,155	\$183,231	\$189,535	<b>\$1,046,818</b>

# RSSI -- 2026-2031 Initial Proposal

(In Millions)

RSSI Funding Categories	2020-2025*	2026-2031 PSQ	2026-2031 Initial	Change from PSQ	% Increase from PSQ
Regional Services	\$83.0	\$108.0	\$122.5	\$14.5	13.4%
Strategic Initiatives	\$7.1	\$9.2	\$8.4	(\$0.7)	-7.9%
<b>TOTAL RSSI</b>	<b>\$90.1</b>	<b>\$117.1</b>	<b>\$130.9</b>	<b>\$13.8</b>	<b>11.8%</b>

\* 2020-2025 SI budgets adjusted to meet project needs (Original Plan is \$6.7);  
RS balances used to cover added expenses



Inflator	2.68%	2.01%	7.29%	10.54%	5.51%	4.10%	3.68%	3.49%	3.46%	3.41%	3.43%	3.44%			
RS Funding Categories	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2020-2025	2026-2031	Difference
Regional Services	11,976,022	12,216,740	13,107,340	14,488,854	15,287,189	15,913,964	16,499,598	17,075,434	17,666,244	18,268,663	18,895,278	19,545,275	82,990,109	107,950,492	24,960,383
Convert STRIVE							544,131	563,121	582,605	602,472	623,137	644,573		3,560,041	3,560,041
Suppt Initial PM Training							269,827	279,244	288,906	298,758	309,005	319,635		1,765,375	1,765,375
EMT Initial Training							879,606	910,304	941,800	973,916	1,007,321	1,041,973		5,754,920	5,754,920
VPSI Support							211,284	218,658	226,224	233,938	241,962	250,286		1,382,353	1,382,353
Telephone Referral Proj							313,332	324,267	335,487	346,927	358,827	371,170		2,050,010	2,050,010
<b>TOTAL Regional Services</b>	<b>11,976,022</b>	<b>12,216,740</b>	<b>13,107,340</b>	<b>14,488,854</b>	<b>15,287,189</b>	<b>15,913,964</b>	<b>18,717,779</b>	<b>19,371,029</b>	<b>20,041,267</b>	<b>20,724,674</b>	<b>21,435,530</b>	<b>22,172,912</b>	<b>82,990,109</b>	<b>122,463,191</b>	<b>39,473,082</b>
Strategic Initiatives	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2020-2025	2026-2031	Difference
VPSI / ECHO	267,964	278,441	288,549	298,937	309,579	321,312	482,988	556,764	634,917	656,567	679,088	702,448	1,764,782	3,712,772	1,947,990
AEIOU SI / PRIME	187,542	197,042	206,171	215,581	225,246	237,004	247,500	256,138	265,001	274,038	283,437	293,187	1,268,587	1,619,301	350,714
STRIVE SI	630,429	652,209	672,931	517,986	668,947	327,846							3,470,348		-3,470,348
EMD SI							275,000	223,839	228,729	233,716	238,902	244,283		1,444,469	1,444,469
Mental Wellness	46,975	46,975	46,975	46,976	46,976	46,976	176,000	182,142	188,445	194,870	201,555	208,488	281,853	1,151,500	869,647
ERSJ	43,432	43,432	43,432	43,432	43,433	43,433	77,000	79,687	82,444	85,256	88,180	91,214	260,594	503,781	243,187
<b>TOTAL Current SI</b>	<b>1,176,342</b>	<b>1,218,099</b>	<b>1,258,058</b>	<b>1,122,912</b>	<b>1,294,181</b>	<b>976,571</b>	<b>1,258,488</b>	<b>1,298,570</b>	<b>1,399,536</b>	<b>1,444,447</b>	<b>1,491,162</b>	<b>1,539,619</b>	<b>7,046,164</b>	<b>8,431,823</b>	<b>1,385,660</b>

