

# MEDIC ONE/EMERGENCY MEDICAL SERVICES

## STRATEGIC PLAN & LEVY REAUTHORIZATION

Regional Services Subcommittee meeting 6/20/2024

### Summary

*The group was briefed on proposed Strategic Initiatives for the 2026-2031 levy span and reviewed the 2026-2031 "Initial Proposed" Financial Plan for Regional Services.*

### Attendees

Jen Blackwood, King County EMS Division  
Cynthia Bradshaw, King County EMS Division  
Matt Burrow, Bellevue Fire  
Helen Chatalas, King County EMS Division  
Jasmine Chau, Chinese Information & Service Center  
Andrea Coulson, King County Medic One  
Lisa Defenbaugh, South King Fire  
Chuck DeSmith, Renton RFA  
Leah Doctorello, King County EMS Division  
Chris Drucker, King County EMS Division  
Becky Ellis, King County EMS Division  
Jason Gay, Burien Fire  
Maymuna Haji, Somali Health Board  
Jason Hammond, King County EMS Division  
Cory James, NORCOM  
Ben Lane, Eastside Fire & Rescue

Herlinda Martin, St. Vincent De Paul, Centro Rendu  
Doug McDonald, Eastside Fire & Rescue  
Hendrika Meischke, UW School of Public Health  
Kristine Mejilla, King County EMS Division  
Kelly O'Brien, King County EMS Division  
Andres Orams, Shoreline Fire  
Michele Plorde, King County EMS Division  
Tom Rea, King County EMS Division  
Kenney Tran, Seattle Office of Emergency Management  
Dave VanValkenburg, South King Fire  
Jim Whitney, Redmond Fire  
Todd Wollum, Shoreline Fire  
Ryan Woodey, Kirkland Fire  
MeiPo Yip, Chinese Information & Service Center  
Rose Young, King County EMS Division

### ISSUES DISCUSSED:

#### Report from other subcommittees

BLS Subcommittee: The group has been considering how to distribute BLS funding to better reflect equity. They decided against a reset the first year of the levy because of the impacts on agencies, and settled on a methodology for all BLS funding that is based 60% on call volumes, and 40% on assessed Valuation (AV). They supported an increase in MIH funding (amount to be determined) and folding the Training and QI funds that are earmarked for QI activities into the Basic allocation to be used at agencies' discretion. The Subcommittee will discuss BLS funding levels at its July 11<sup>th</sup> meeting.

ALS Subcommittee: The Subcommittee agreed to continue the current practice of contracting with Snohomish County Fire District #26 (now known as Sky Valley Fire) to provide ALS services to Skykomish/KCFD 50 for the 2026-2031 levy span. It supported proposed changes to the allocation which slightly increased funding for the equipment allocation and added funding to cover and increased number of paramedic students. Finally, it agreed to move forward with the 2026-2031 Initial Proposed Financial Plan, which identifies and funds the ALS programmatic needs for the next levy span. Recognizing that it had completed its tasks, the group canceled its July 17, 2024 meeting.

## **Proposals for Existing Strategic Initiatives**

### **1. Vulnerable Populations Strategic Initiative**

Community partners support continuing the Vulnerable Populations Strategic Initiative in the 2026-2031 levy to further empower communities to actively engage with EMS agencies and reduce disparities in access to service. Focus will be on consolidating and expanding community partnerships, connecting local EMS agencies to these community-led organizations and building on the success of the initiative while addressing the needs identified by community partners. The program will be renamed EMS Community Health Outreach (ECHO).

### **2. AEIOU Strategic Initiative**

For the 2026-2031, the AEIOU Strategic Initiative will be known as the Pioneering Research for Improved Medical Excellence (PRIME) Strategic Initiative (SI). This project will modernize and standardize quality improvement systems and activities in the EMS Division. It is the next iteration of efforts to upgrade processes pertaining to data retrieval, collection, assessments, enhancements of the Division's overall data management capabilities, and potential integration with other data systems. By upgrading and improving its data infrastructure, the Division can ensure it remains efficient, accurate and excellent in an increasingly data-centric world.

### **3. STRIVE Strategic Initiative**

The STRIVE Initiative modernized EMS Online by transitioning to an external vendor that 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. For the 2026-2031 levy span, the EMS Division is proposing that the ongoing operations and maintenance of these systems be integrated into Regional Support Services.

## **Proposal for a New Strategic Initiative**

### **4. Emergency Medical Dispatch Strategic Initiative**

Based on concepts shared by its regional partners, the EMS Division is proposing investments to improve the quality and delivery of emergency medical dispatch. The Initiative recommends finding an external vendor to host the eCBD guidelines which will modernize the platform with stronger security measures and increase the integrated of data across different sources. It also includes seed funding for pilot QI activities including integrating artificial Intelligence (AI) to improve the quality and delivery of services during and after 9-1-1 calls.

## **King County Fire Chiefs Association (KCFCA) proposals**

### **5. Diversity, Equity, and Inclusion (DEI)/Equity, Racial and Social Justice (ERSJ) proposal**

The KCFCA's DEI Subcommittee developed a proposal that will continue to establish best DEI practices. This includes sustaining recruitment and hiring efforts that improve the diversity of the workforce and supporting the implementation of the Regional Diversity Toolkit for EMS agencies. It would also help with integrating ERSJ principles into the EMS Division's policies and practice, including continuing to support and expand the Future Women in EMS/Fire and the STAR programs.

## 6. Mental Wellness Proposal

The KCFCA's The Mental Wellness Subcommittee is committed to supporting the health of our region's first responders, medics, and dispatchers. Its proposal aims to 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. Included in the proposal is developing a broad strategic approach to support agency-based and regional-level culture change that reflects frontline worker needs.

### **Discussion**

Vulnerable Populations SI: At the heart of the Initiative is understanding how EMS response is working in the community. It has brought together EMS agencies, community leaders, and organizations to collaboratively reduce disparities in EMS access by providing EMS education and information. Subcommittee participants voiced their support for better communication and connection with the community partners to coordinate education efforts. Connecting the community liaisons to agency PIOs or Public Educators and reporting to the EMS Advisory Committee for greater awareness at the Chief and agency leadership level were suggestions made to help enhance communications about the work underway.

Mental Wellness: There is consensus around needing investment in mental wellness for first responders. The funding level may not meet what is truly needed, but it's a step forward.

### **2026-2031 Initial Proposed Financial Plan**

At the May 14, 2024, meeting, the Regional Services Subcommittee reviewed the cost of current Regional Services and Strategic Initiative funding projected into the 2026-2031 levy period, which was referred to as the Preliminary Status Quo (PSQ) Financial Plan.

The EMS Division showed an updated PSQ that included the new Strategic Initiative proposals and projected to some regional services programs. This new Financial Plan is now called Initial Proposed.

- The Regional Services Subcommittee **agreed to move forward** with the proposed Strategic Initiatives and Initial Proposed Financial Plan as put forth by the EMS Division.

### **Next Steps**

The EMS Division will bring the Regional Services Subcommittee's programmatic recommendations and Financial Plan to the Finance Subcommittee and Task Force in July for review.

Recognizing that the Subcommittee has completed its tasks of developing recommendations for the next levy span, **it was decided that the July 23, 2024, Regional Services Subcommittee meeting be canceled.** The August meeting will be kept as a placeholder in case the Task Force requires additional work from the Subcommittee following its July 31<sup>st</sup> meeting.

6/20/2024 Regional Services Subcommittee meeting

2026-2031 Medic One/EMS levy planning

## Reports from Other Subcommittees - BLS

### 6/6/24 – BLS SUBCOMMITTEE

Review of new BLS allocation distribution methodology.

#### Decisions made:

1. Do not reset the 1<sup>st</sup> year of the new levy; use a BLS funding distribution methodology that is based 60% on call volume and 40% on AV.
2. Increase MIH funding.
3. Combine BLS Training & QI funding into Basic allocation.

## Reports from Other Subcommittees - ALS

### 6/23/24 ALS SUBCOMMITTEE

Discussed ALS service to the Skykomish region, changes to the ALS allocation, and 2026-2031 ALS program "Initial Proposed" Financial Plan.

### Decisions made:

1. Continue contract with Sno County FD #26 (Sky Valley Fire) for ALS service to Skykomish.
2. Move forward with the 2026-2031 "Initial Proposed" Financial Plan.



Public Health  
Seattle & King County

# VPSI / ECHO Proposal

Kristine Mejilla, Kenney Tran, Jasmine Chau  
Regional Services & Strategic Initiatives  
June 20th, 2024



# Agenda

**01** — INTRODUCTION

**02** — SEATTLE OFFICE OF  
EMERGENCY MANAGEMENT

**03** — CHINESE INFORMATION  
& SERVICE CENTER

**04** — PROPOSAL

**05** — BUDGET





# VPSI

## Vulnerable Populations Strategic Initiative



# ECHO

EMS Community  
Health Outreach



# VPSI MISSION

Conduct programmatic, scientific and case-based evaluations to ensure that the interface between EMS and vulnerable populations is of the highest quality.

# ECHO MISSION

Provide the highest possible patient care by partnering with community organizations and conducting programmatic community-based activities, trainings, and evaluations to ensure the interface between EMS and historically underserved communities in our county are equitable and of the highest quality.

# VPSI MISSION

Conduct programmatic, scientific and case-based evaluations to ensure that the **interface** between EMS and vulnerable populations is of the **highest quality**.

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Provide the highest possible patient care by partnering with community organizations and conducting programmatic community-based activities, trainings, and evaluations to ensure the **interface** between EMS and historically underserved communities in our county are equitable and of the **highest quality**.

# VPSI MISSION

Conduct programmatic, scientific and case-based evaluations to ensure that the interface between EMS and **vulnerable populations** is of the highest quality.

# ECHO MISSION

Provide the highest possible patient care by partnering with community organizations and conducting programmatic community-based activities, trainings, and evaluations to ensure the interface between EMS and **historically underserved communities** in our county are equitable and of the highest quality.

# Seattle Office of Emergency Management

Community Safety Ambassador – EMS



# Office of Emergency Management – Outreach Overview

- 13 Community Safety Ambassadors
- 11 languages
- Focusing on disaster preparedness and EMS/ Life Safety skills.
  - Stroke and Cardiac Arrest Education
  - Fall Prevention
  - CPR and How To Call 9-1-1
  - Signing Up for AlertSeattle and Language Access



# Community Involved Education

- Building Community Resiliency.
- Trusted Messengers.
- Focus groups and feedback sessions.
- Social Work, Non Profit, and Education Settings.
- Cultural Competency.





# Before and After COVID-19

- Before COVID-19:
  - In person tabling and workshops.
  - Scheduled courses and coordination with community leaders required.
- After COVID-19:
  - Asynchronous focus and recorded material.
  - Community feedback to ensure that mixed media is included (not all just written format).



# Community Impact



EMERGENCY ALERTS AND NOTIFICATIONS

[alert.seattle.gov](https://alert.seattle.gov)



How has our changed approach, led by community response to COVID-19 gone?

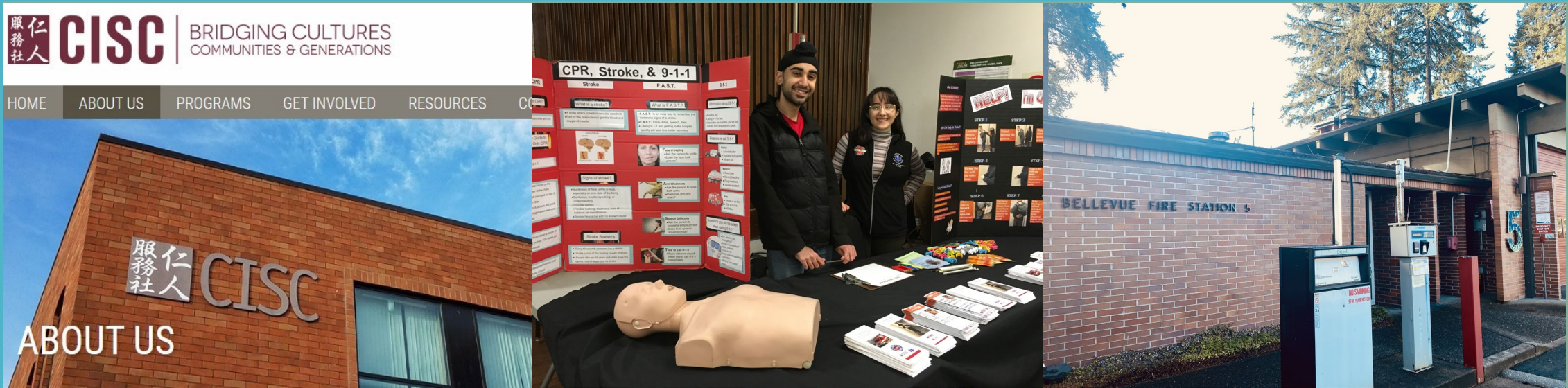
- On average, 150 community members in Seattle / King County per month are trained on programs such as signing up to Alert Seattle or learning how and when to Call 9-1-1.
- We have partnered with four nonprofits to continue sharing these materials and train community leaders to become educators in their own communities.
- Six completed language curriculums.
- Five language translations in process.
- This has led to much more community buy in and more people have requested trainings, due to increased accessibility.

# Thank You!



**Seattle**  
Office of Emergency  
Management





## Vulnerable Population Strategic Initiative (VPSI) –Community Partnership

Jasmine Chau, Chinese Information and Service Center (CISC)

# ABOUT US

The mission of CISC is to support immigrants and their families by creating opportunities for them to succeed, while honoring their heritage. Through VPSI, we empowered immigrants with Limited English Proficiency (LEP) through education and outreach with the goal to improve communication and interface between LEP populations and the EMS.



## Language, culture, low health literacy are barriers for LEP to effective communication when calling 9-1-1

- Estimate of King County Limited English Proficient (LEP) Population in 2022 is 9.6%. Spanish, Chinese (Mandarin & Cantonese speaking), Vietnamese, and Somali are the largest LEP subgroups.
- Individuals with low health literacy has limited capacity to access, process, understand basic health information and services, including calling 9-1-1.

Access to 9-1-1 remains a problem for many LEP living in King County, WA

# The key to improve interactions between LEP callers and 9-1-1 call taker

- **Empower** our LEP residents with tools : how to interact with 9-1-1 call taker effectively
- **Educate** our LEP residents about 9-1-1 related emergencies (e.g. stroke, fall, choking) with the goal of increase knowledge of certain diseases.
- **Learn** how the EMS system works: two-tiered system



# Engaging community members by every means



Tabling event at Hindu temple



Outreach in Community fair



Workshop at SHA Low-income housing



Presentation at Federal quality community health center

# Reach out to vulnerable populations & LEP individuals

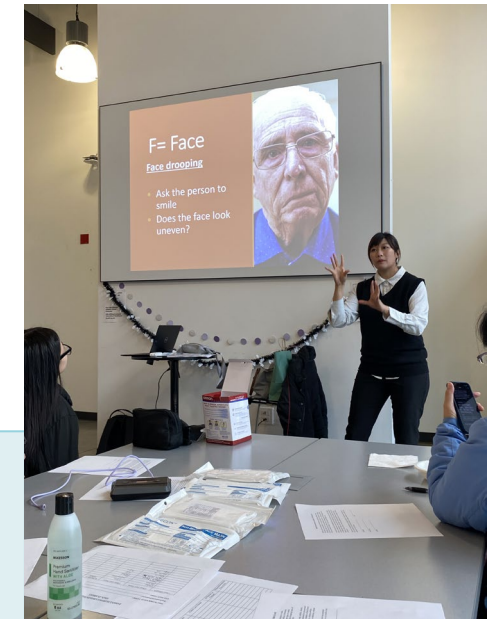


Family with disabled children

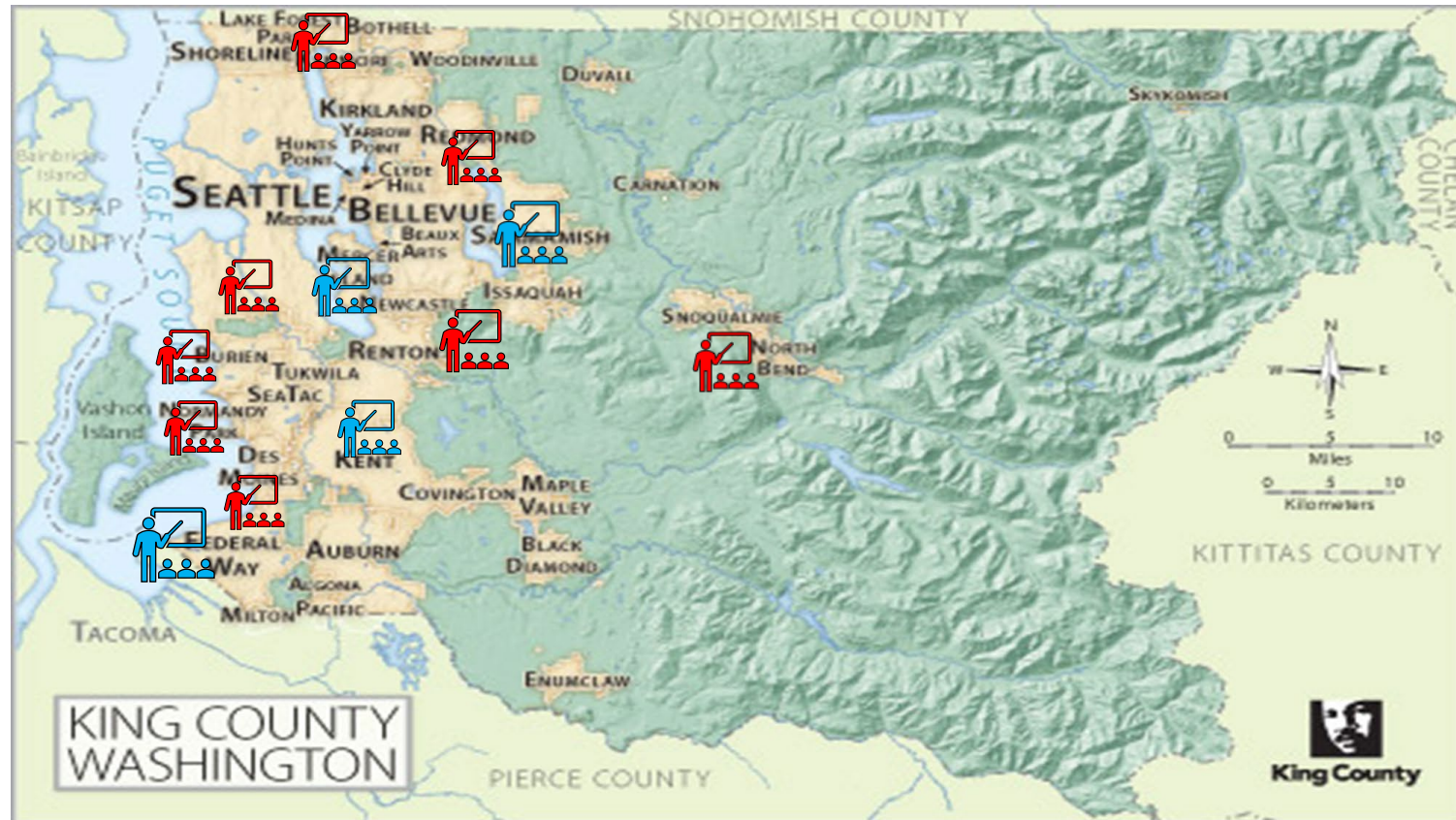


Seniors who do not speak English

Caregivers who takes care LEP individuals



# VPSI presence through out King County: now and the future



 Previous Outreach  Expansion In 2024 and beyond

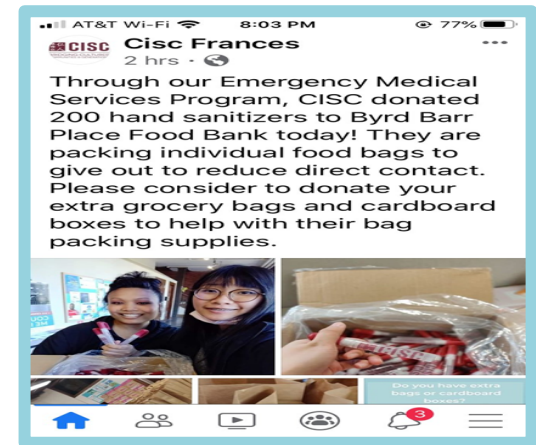
# UNIQUE ROLE IN DIFFICULT TIMES: COVID



Fighting against hate & bias crime



Creating online platform



Supporting community partners

# TOOLS THAT GUIDE OUR EFFORTS TODAY AND TOMORROW

## DATA DRIVEN STRATEGY

Community needs assessments

- Conduct surveys
- Identify unique needs (e.g **mental health**) and obtain feedback

## OUTREACH EFFECTIVENESS

Workshop evaluation &  
Data collection

- Cultural appropriateness
- Language specific
- Up-to-date knowledge

## PARTNERSHIP SUCCESS

Leverage resources and technical skills within VPSI

- Content expert
- Translation
- Mentoring UW PH students

# See our results



\*

# SUMMARY

Participating in VPSI/ECHO provides us the opportunity to expand our health care access program to include

9-1-1 community education outreach.

Every time when we reach out, we hear about people's story, from fear of calling 9-1-1 to the shared joy of learning how to do CPR to help take care of the ones you love.

These voices are the living proof of the work of VPSI/ECHO and we are glad to see these impacts begins to show.

# THANK YOU

Jasmine Chau, Healthcare Access Program Supervisor

Chinese Information and Service Center

206.957.8539

[jasminec@cisc-seattle.org](mailto:jasminec@cisc-seattle.org)

[www.cisc-seattle.org](http://www.cisc-seattle.org)



Thank you, liaisons



# Proposal

## Community Based

Increase Community  
Organization Support

## Partner Expansion

Community Partnership  
Expansion

## Community Support

EMS Agency Local Area  
Engagement

Career Pathways

Increase Division Support  
ECHO

Training Programs

# Proposal

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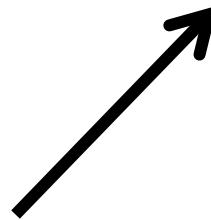
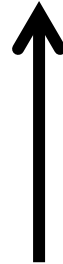
## Community Support

EMS Agency Local Area  
Engagement

Career Pathways

Training Programs

Increase Division Support  
ECHO





EMS Agency Local  
Area Engagement

Build on the current collaboration and  
enhance EMS interactions with  
historically underserved communities.



## Community Partnership Expansion

Increase the number of community organizations in our network, expanding our collective impact.



## Increase Community Organization Support

Increase capacity for our community organizations to support their work, meet growing demands, and enhance overall effectiveness.



## Career Pathways

Support and promote a diverse EMS workforce. Work to increase community connections with EMS partners and emphasize the importance of supporting regional diversity in the workforce.



## Training Programs

Introduce new and varied types of training programs to address evolving community needs such as bystander emergency response training, and mental health first aid.





## Increase EMS Division ECHO Support

With the increase workload, additional staffing needed to maintain quality standards, meet strategic objectives, and ensure ECHO's continued success.

# Proposal

## Community Based

Increase Community  
Organization Support

## Partner Expansion

Community Partnership  
Expansion

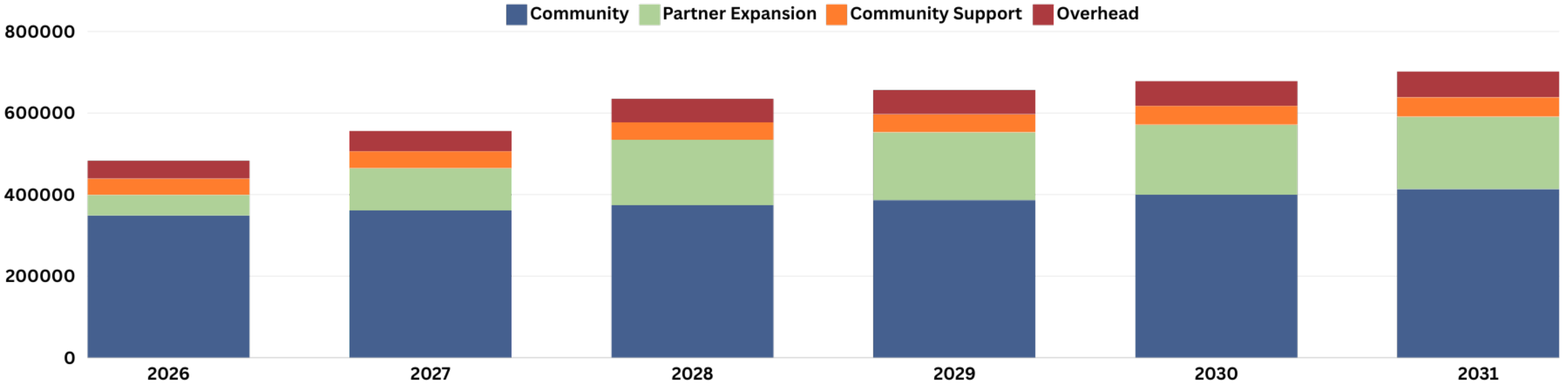
## Community Support

EMS Agency Local Area  
Engagement

Career Pathways

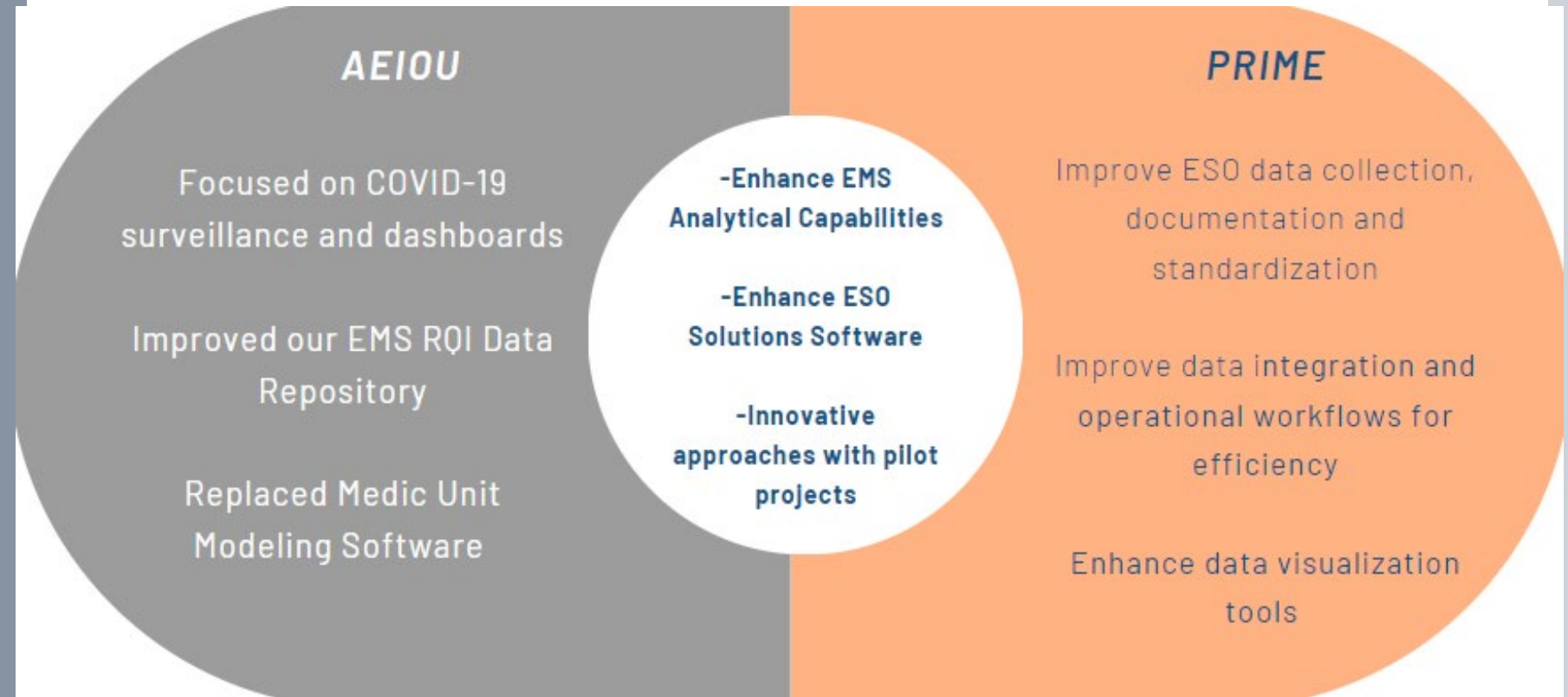
Increase Division Support  
ECHO

Training Programs



	2026	2027	2028	2029	2030	2031	2026-2031
Community Based	\$349,080	\$361,263	\$373,763	\$386,508	\$399,765	\$413,517	<b>\$2,283,896</b>
Partner Expansion	\$50,000	\$103,490	\$160,605	\$166,083	\$171,780	\$177,690	<b>\$829,647</b>
Community Support	\$40,000	\$41,396	\$42,828	\$44,289	\$45,808	47,384	<b>\$261,705</b>
<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>
Overhead	\$43,908	\$50,615	\$57,720	\$59,688	\$61,735	\$63,859	<b>\$337,525</b>
<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 -> PRIME Strategic Initiative



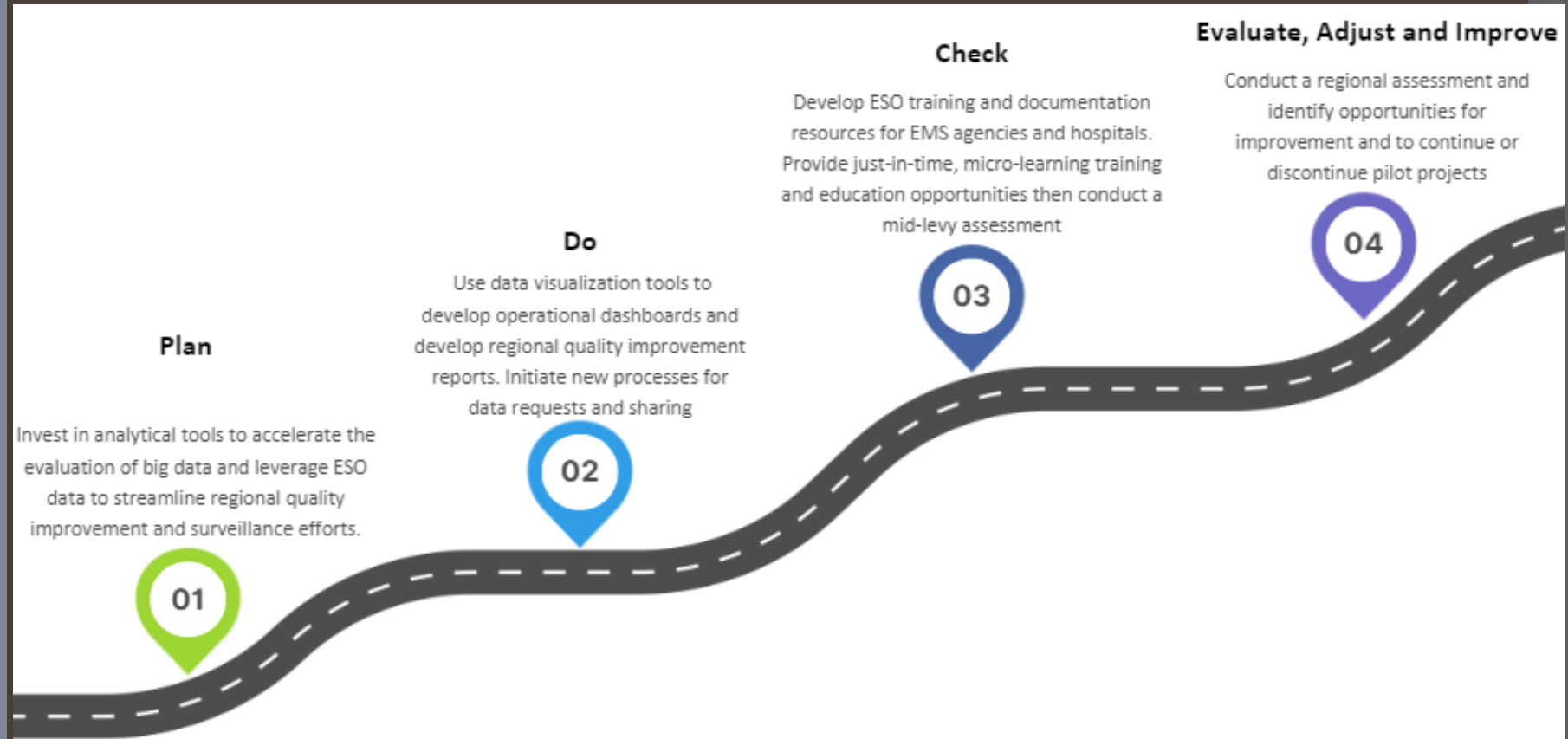
Pioneering Research for Improved Medical Excellence

# PRIME Objectives

Enhance ESO Solutions, Data Sharing, Standardization and Data Automation

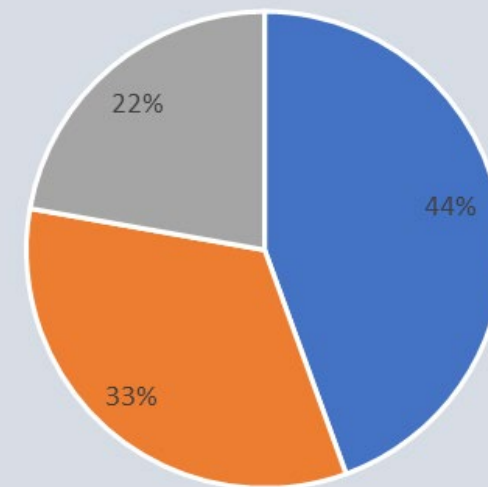
Improve Integration Pertaining to Data Systems with Public Health, ESO and agencies

Conduct Innovative Pilot Projects



	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>

# Funding



■ Data Enhancements
 ■ Data Integration
 ■ Innovations

# EMS Online STRIVE

2020-2025

- Modernization
  - Learning Management System
  - Learning Records Store
- User Training
- High Fidelity Content Library
- Data Integration



# STRIVE

2026-2031

County-wide adoption of LMS/LRS

- Anticipate user growth
- Expand data management strategies
- Streamline access, collaboration, and security





<b>STRIVE Ongoing Funding (RS)</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>	<b>2031</b>	<b>2026-2031</b>
<b>LRS Annual License</b>	\$85,408	\$88,389	\$91,447	\$94,566	\$97,809	\$101,174	\$558,794
<b>LMS Annual License</b>	\$276,837	\$286,499	\$296,412	\$306,519	\$317,033	\$327,939	\$1,811,238
<b>MFA (Authentication)</b>	\$31,886	\$32,999	\$34,140	\$35,305	\$36,516	\$37,772	\$208,616
<b>Special Projects</b>	\$150,000	\$155,235	\$160,606	\$166,083	\$171,779	\$177,689	\$981,392
<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 (EMD) Strategic Initiative

**Purpose: *Investments to improve  
quality and delivery of services***

- Hosting eCBD Guidelines
- IT/Systems Data Management
- Seed Funding – A.I. Pilot Activities
  - Medical condition specific QI
  - Community/emergent needs
  - Decision making support

## 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

<i>(\$s in thousands)</i>							
<b>EMD SI Categories</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>	<b>2031</b>	<b>2026-2031</b>
<b>Hosting eCBD Guidelines</b>	\$100.0	\$103.5	\$107.1	\$110.7	\$114.5	\$118.5	\$654.3
<b>IT Systems/Data Management</b>	\$75.0	\$25.0	\$25.9	\$26.7	\$27.7	\$28.6	\$208.9
<b>Seed Funding – A.I. Pilot Activities</b>	\$75.0	\$75.0	\$75.0	\$75.0	\$75.0	\$75.0	\$450.0
<b>Subtotal</b>	\$250.0	\$203.5	\$207.9	\$212.5	\$217.2	\$222.1	\$1,313.2
<b>10% Indirect</b>	\$25.0	\$20.3	\$20.8	\$21.2	\$21.7	\$22.2	\$131.3
<b>TOTAL</b>	<b>\$275.0</b>	<b>\$223.8</b>	<b>\$228.7</b>	<b>\$233.7</b>	<b>\$238.9</b>	<b>\$244.3</b>	<b>\$1,444.5</b>

Any Questions?



# INITIAL PROPOSED BUDGET

<i>(\$s in millions)</i>					
<b>RSSI Funding Categories</b>	<b>2020-2025*</b>	<b>2026-2031 PSQ</b>	<b>2026-2031 Initial</b>	<b>Change from PSQ</b>	<b>% Increase from PSQ</b>
<b>Regional Services</b>	\$83.0	\$108.0	\$122.5	\$14.5	13.4%
<b>Strategic Initiatives</b>	\$7.0	\$9.2	\$8.4	(\$0.7)	-7.9%
<b>TOTAL RSSI</b>	\$90.0	\$117.1	\$130.9	\$13.8	11.8%

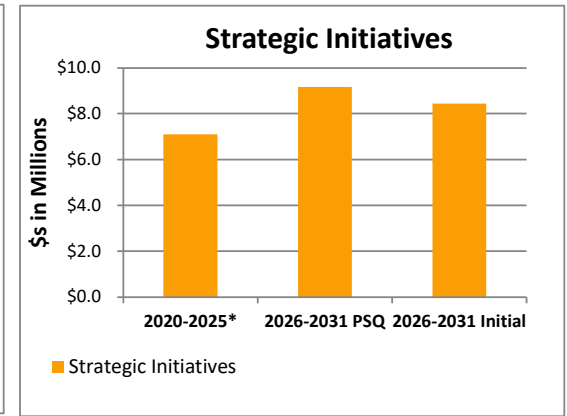
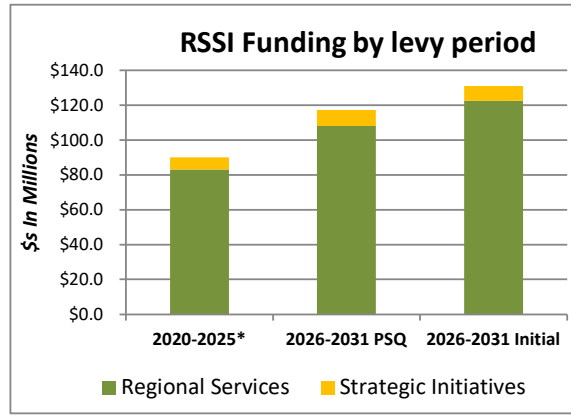
\*2020-2025 SI budgets adjusted to meet project needs (original plan \$6.7m); RS balances used to cover added expenses

# 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>

