MEDIC ONE/EMERGENCY MEDICAL SERVICES
STRATEGIC PLAN & LEVY REAUTHORIZATION

Regional Services Subcommittee meeting 5/14/2024

Summary

The EMS Division and partners briefed the group on Regional Medical Quality Improvement activities, Data Management and Analysis undertakings, and Overhead/Indirect costs.

Attendees

Chair: Angela Birney, City of Redmond
Will Aho, Eastside Fire & Rescue
Cynthia Bradshaw, King County EMS Division
Matt Burrow, Bellevue Fire
Helen Chatalas, King County EMS Division
Andrea Coulson, King County Medic One
Tim Day, Valley Regional Fire Authority
Larry Doll, Seattle Fire
Becky Ellis, King County EMS Division
Jason Gay, Burien Fire
Don Gentry, Mountain View Fire
Jason Hammond, King County EMS Division
Cory James, NORCOM
Doug McDonald, Eastside Fire & Rescue
Tania Mondaca, King County Council
Amy Moorhead, Redmond Fire
Kelly O'Brien, King County EMS Division
Andres Orams, Shoreline Fire
Michele Plorde, King County EMS Division
Tom Rea, King County EMS Division
Lynne Robinson, City of Bellevue
Mark Sawdon, King County Medic One
Adrian Sheppard, Redmond Fire
Aaron Tyerman, Puget Sound Fire
Jim Whitney, Redmond Fire
Todd Wollum, Shoreline Fire
Ryan Woodey, Kirkland Fire
Rose Young, King County EMS Division

Issues discussed:

1. **Regional Medical Quality Improvement & Data Management Systems**

The EMS Division has broken its Regional Services and Strategic Initiatives into "Lines of Business" and will brief the Subcommittee on these Lines of Business during the first three meetings. The EMS Division briefed participants on the Regional Medical Quality Improvement activities and Data Management Systems.

<u>Regional Medical Quality Improvement (QI) activities highlighted:</u>

- Regional Medical Direction
  - Clinical Guidelines/Standards
  - Regional Surveillance
  - Conditions of Focus
- Emergency Medical Dispatch QI
- Clinical QI
  - QI Reports
  - QI Dashboards
  - Cardiac Case Review

Data Management Systems

- ESO
- AEIOU Strategic Initiative
- Patient data links with Hospitals
- Snowflake
- eCBD/CAD
- King County Public Access Defibrillator (PAD) Registry
    - Public Access Defibrillator-related discussion included PAD data (how often PADs are used; law enforcement vs public usage; in-home vs 'off the wall' usage) and the idea of using drones to deliver AEDs.

Indirect and Infrastructure

- It was asked whether the King County EMS Division's percentage of indirect costs could increase due to anticipated budget concerns at King County.

Issues discussed:
Integrating artificial Intelligence (AI) usage in dispatch (Corti); looking at AI through an equity lens as we embrace technology; "simplifying/refining" dispatch systems; efforts to retain dispatch personnel should include mental wellness; and handling behavioral health needs of patients as well as EMS providers.

Next Meeting
Thursday, June 20, 2024: 1:00 – 3:00 pm Mercer Island Community Center

Topics include discussing regional programs and Strategic Initiative proposals for the 2026-2031 levy span.

5/14/2024 Regional Services Subcommittee meeting 2026-2031 Medic One/EMS levy planning

Reports from Other Subcommittees - ALS

5/8/2024 – ALS SUBCOMMITTEE

Actual ALS costs to identify any issues with the allocation, reserve and contingency usage to determine future funding levels.

Key Takeaways :

1. ALS Allocation is sufficiently covering costs for ALS agencies although minor modifications are needed.

2. Funding reserves and contingencies at Status Quo plus inflation will help ensure programs can meet unanticipated needs in next levy span.

Next meeting – 6/10/24

Provision of ALS services to the Skykomish region and a review of a 2026-2031 Initial Proposed Financial Plan for ALS.

Reports from Other Subcommittees - BLS

5/2/24 – BLS SUBCOMMITTEE

BLS allocation distribution methodology, MIH 2026-2031 Proposal, and 2026-2031 "Programmatic Status Quo" funding level.

Key Takeaways :

1. Equity is an important consideration for distributing the BLS allocation.
2. There is regional support for funding MIH in the next levy span.

Next meeting – 6/6/24

Further discussion of allocation distribution formula and programs that specifically support BLS.

Regional Services: Lines of Business

Regional Services Lines of Business

A. Training and Education

B. Community-Centered Programs

C. Regional Medical Quality Improvement

D. EMS Data Management

E. Regional Leadership and Management

F. Indirect and Infrastructure

Regional Services: Lines of Business

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A. Training and Education

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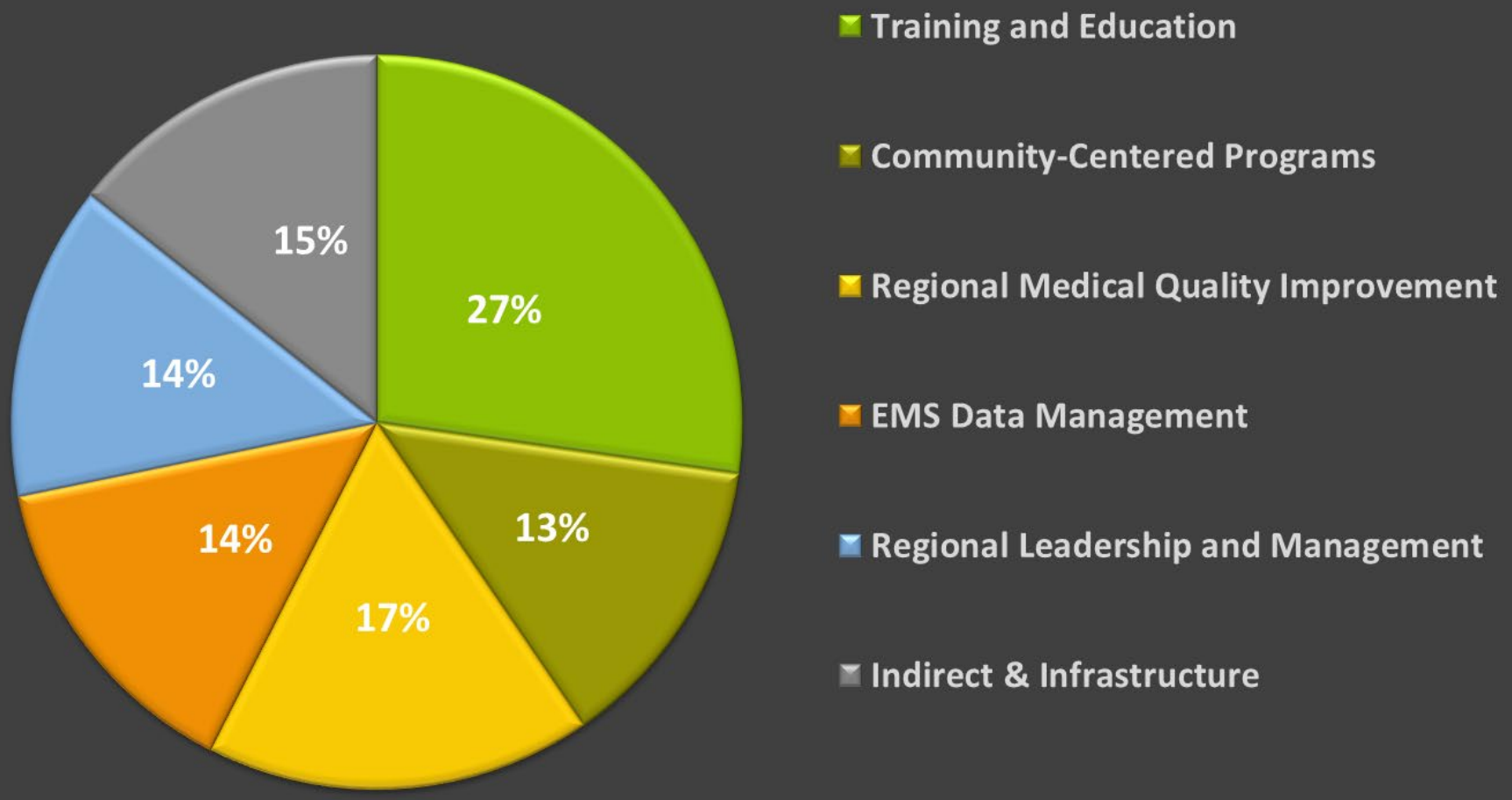
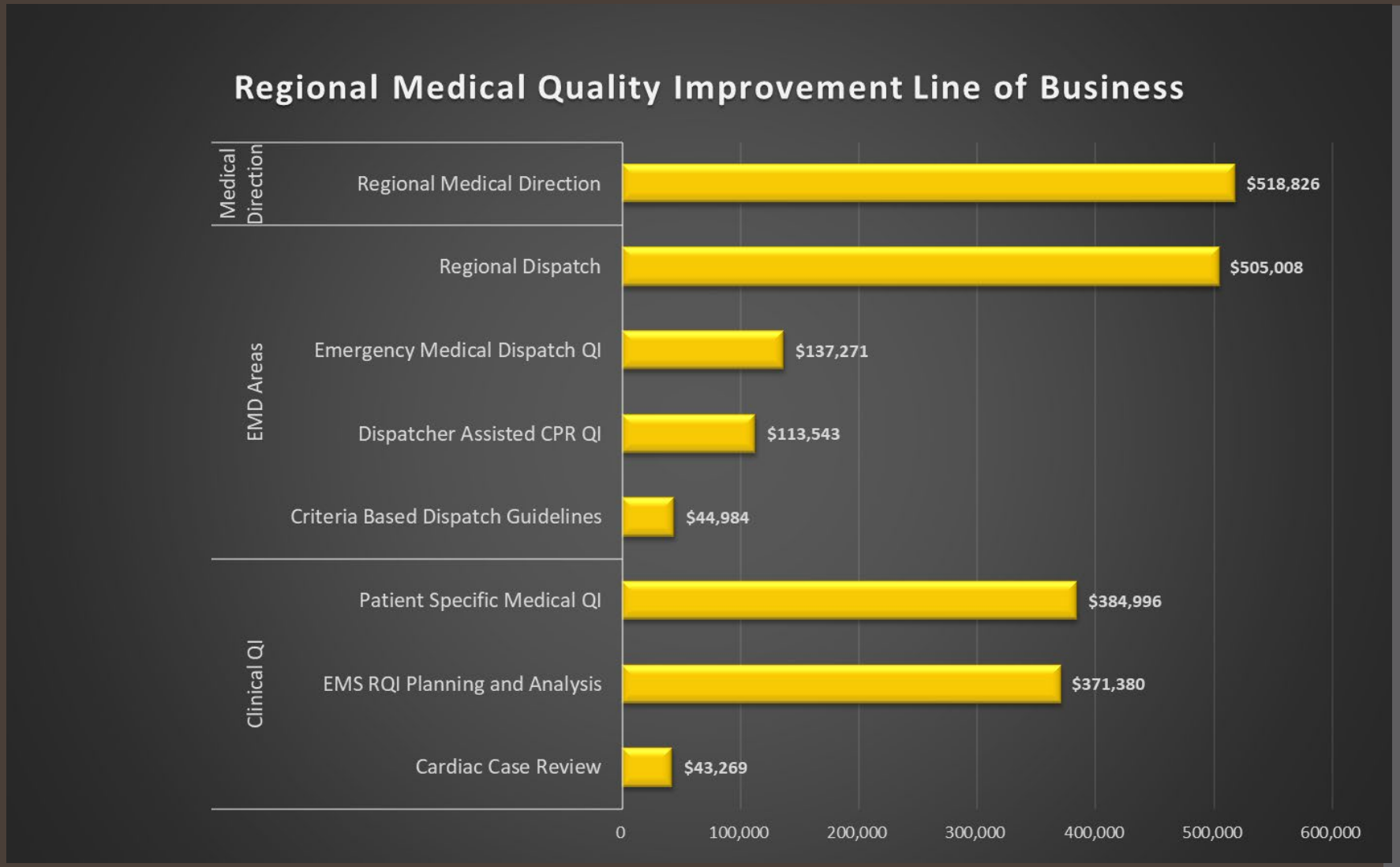
Regional Services Line of Business (based on 2022 actuals)



Regional Medical Quality Improvement

(Line of Business)



2022 Actuals $2,119,277 ($518,826 Medical Direction, $800,806 EMD Areas, $799,645 Clinical QI)

King County EMS Levy

Clinical Guidelines, Training & Education, Medical Oversight & Quality Improvement

A Physician Perspective

Physician Perspective

The goal of the King County EMS system is to provide the highest-quality regional prehospital emergency healthcare that supports and improves the public's health..... by effectively combining clinical and operational excellence.

Seattle and
King County

Physician Perspective

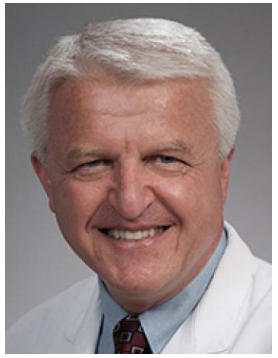
The goal of the King County EMS system is to provide the highest-quality regional prehospital emergency healthcare that supports and improves the public's health..... by effectively combining clinical and operational excellence.

The system's success is based on its design, partnerships, medically-based strategies, and commitment to constantly improve.

Seattle and
King County

King County Physician Involvement


Mark Bellis


Peter Kudenchuk


Andy McCoy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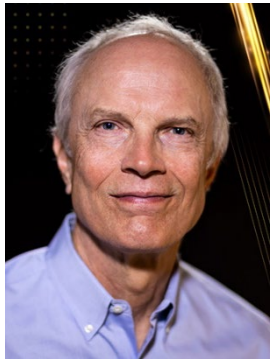
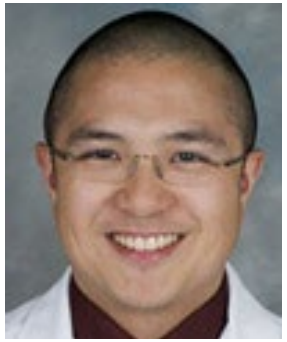
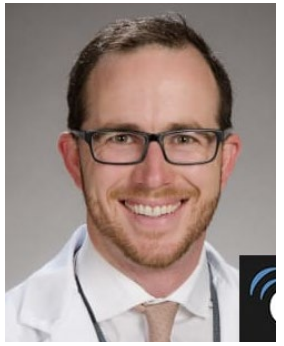

Sam Sharar


Andy Celestia


Bryan McNeilly


Andrew Latimer


Rich Utarnachitt


David Murphy


Jessica Wall


Team Sport
Physician's Perspective
2.3 Million Population
4 Communication Centers
3500 EMTS / FDs
300 Paramedics / ALS agencies
Public Health-EMS Division
Law Enforcement
ALNW
Nurses and Physicians
13 Hospitals
Department of Health

Physician Responsibility

Clinical Guidelines & Standards

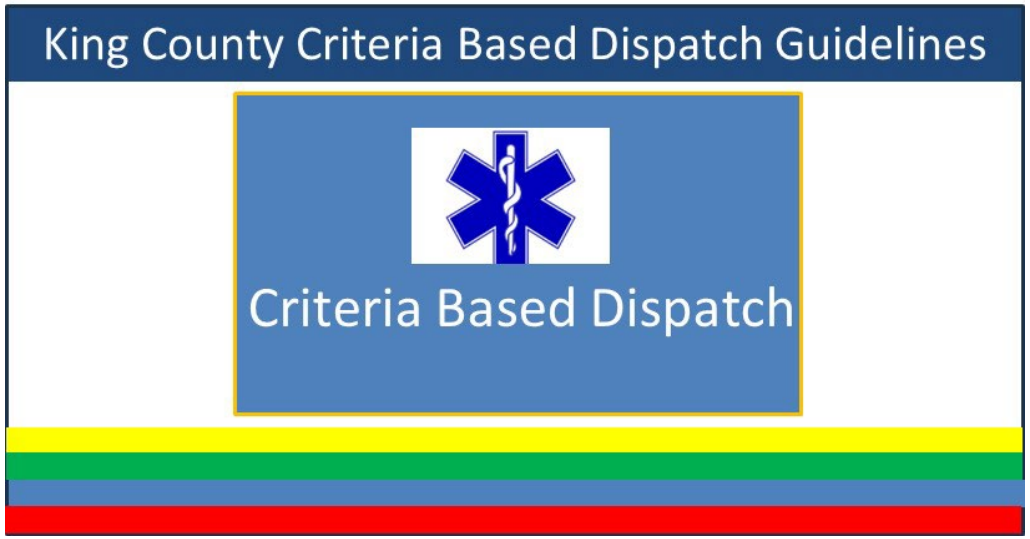
Training & Education

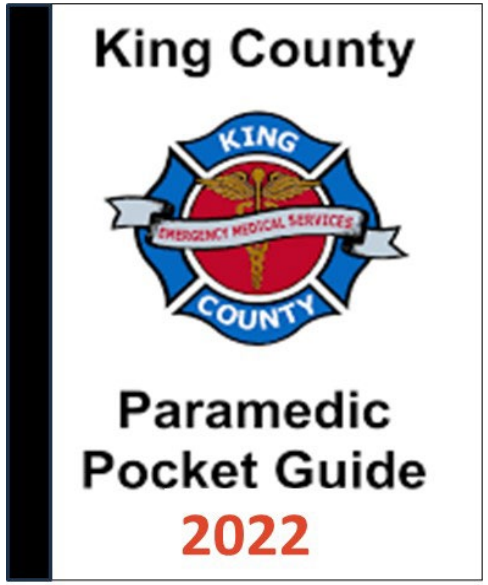
Quality Improvement

Advocacy

Seattle and
King County

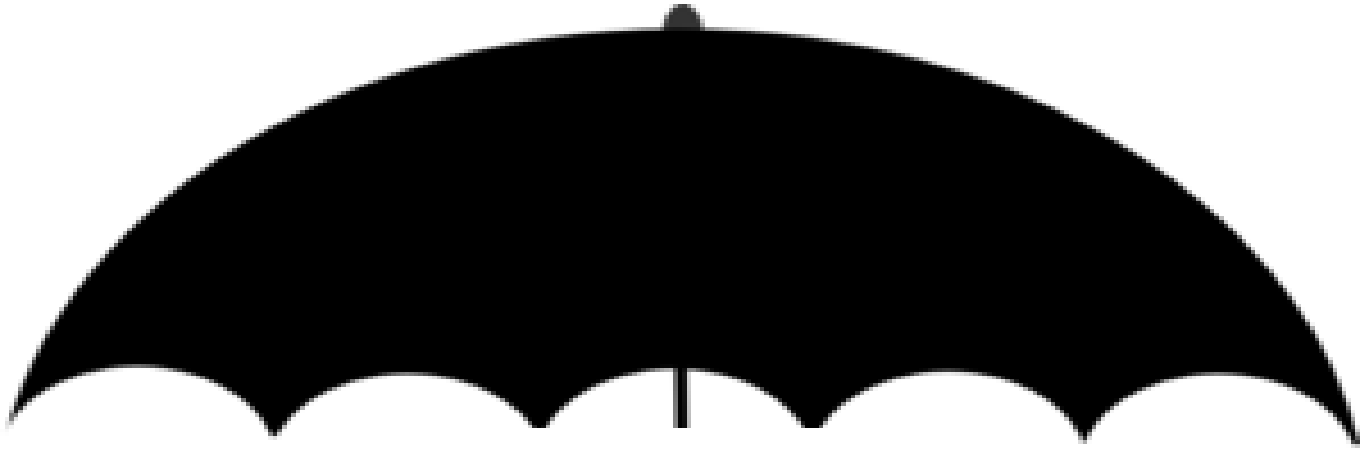
King County Dispatch, EMT & Medic Guidelines





Dispatch, EMT, & Paramedic Training

State Department of Health



Dispatch Training	EMT Training	Paramedic Training
King County EMS	King County EMS Fire Departments Seattle Colleges Private Ambulance	UW Harborview

Program of Quality Improvement

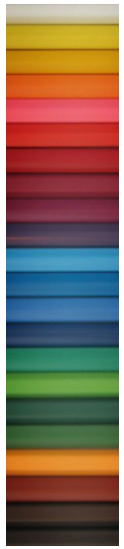
Standing activities
Project-based evaluation
Program-based direction

Seattle and
King County

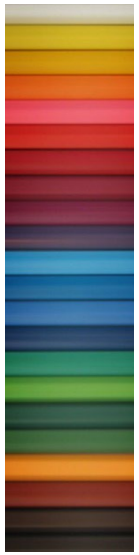
Regional Surveillance: KCEMS Dashboards

Real-time metrics to help assess the emergency response and regional health.

Ongoing KCEMS Dashboards



- BLS, ALS, & Total Volumes
- Suspected drug overdose
- Gunshot injuries
- Assisted & skilled living
- Environmental emergencies
- Mental health responses



- Suspected drug OD
- Cardiac arrest
- Advanced airway
- Stroke
- ST-elevation MI
- Wall Times

Information for Fire Departments and EMS stakeholders, Hospitals, Public Health, and DoH.

Project-based Evaluation

Quality of Dispatcher CPR

Dispatcher CPR for Pediatric Arrest

EMS & LEP patients

Tourniquet Use by EMS

BLS Naloxone

Seizure & Keppra

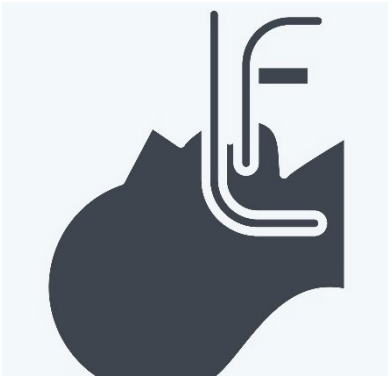
BLS Airway for Cardiac Arrest

ABD & Ketamine

Standing Condition-Focused Evaluation

Cardiac Arrest Resuscitation

Traumatic Shock

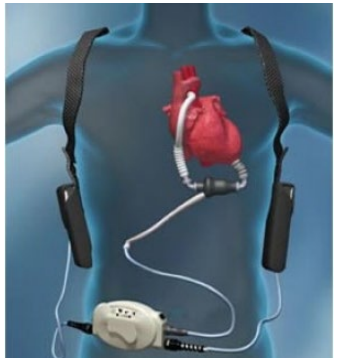


Advanced Airway

Pediatric Seizure

Project-based Evaluation

Coming Attractions:



EMS and Left Ventricular Assist Device

EMS & Crisis Centers

Field therapy with buprenorphine

Program-based Quality Improvement

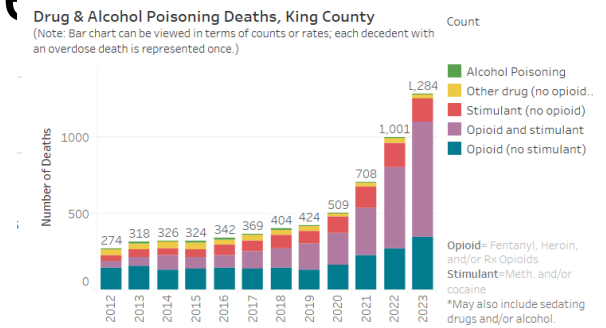
Pediatrics

Trauma

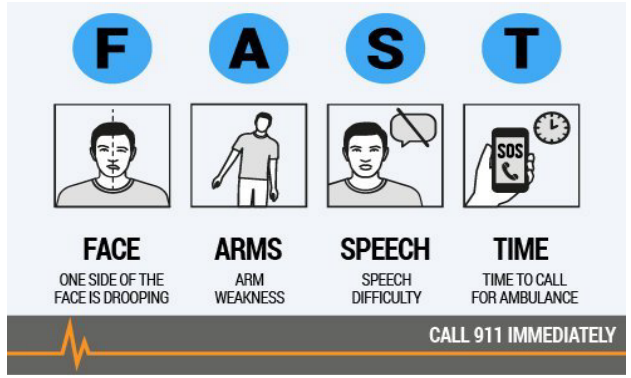
Substance Use Disorder

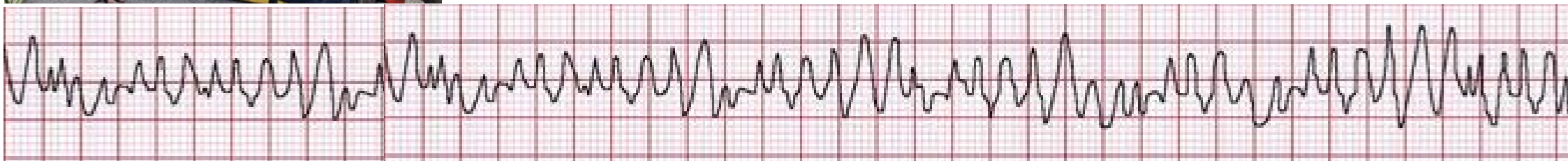
Stroke

Cardiac Arrest



Seattle and King County





Program-based Direction

Physician case review

Paramedic case review across all Fire Departments

- ESO review and feedback
- In-person / classroom case discussion

Advocacy

Represent and support EMS to external organizations and persons.

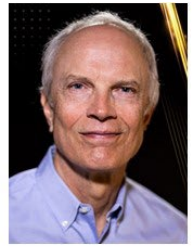

Mark Bellis


Peter Kudenchuk


Andy McCoy

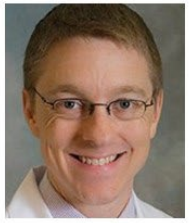

Michael Sayre


Adrian Whorton




Andy Celestia


Bryan McNeilly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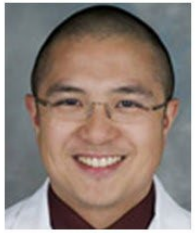
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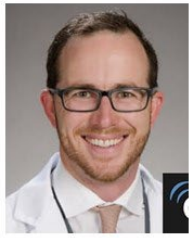

David Murphy

Seattle and
King County

Physician Responsibility

Clinical Guidelines & Standards

Training & Education

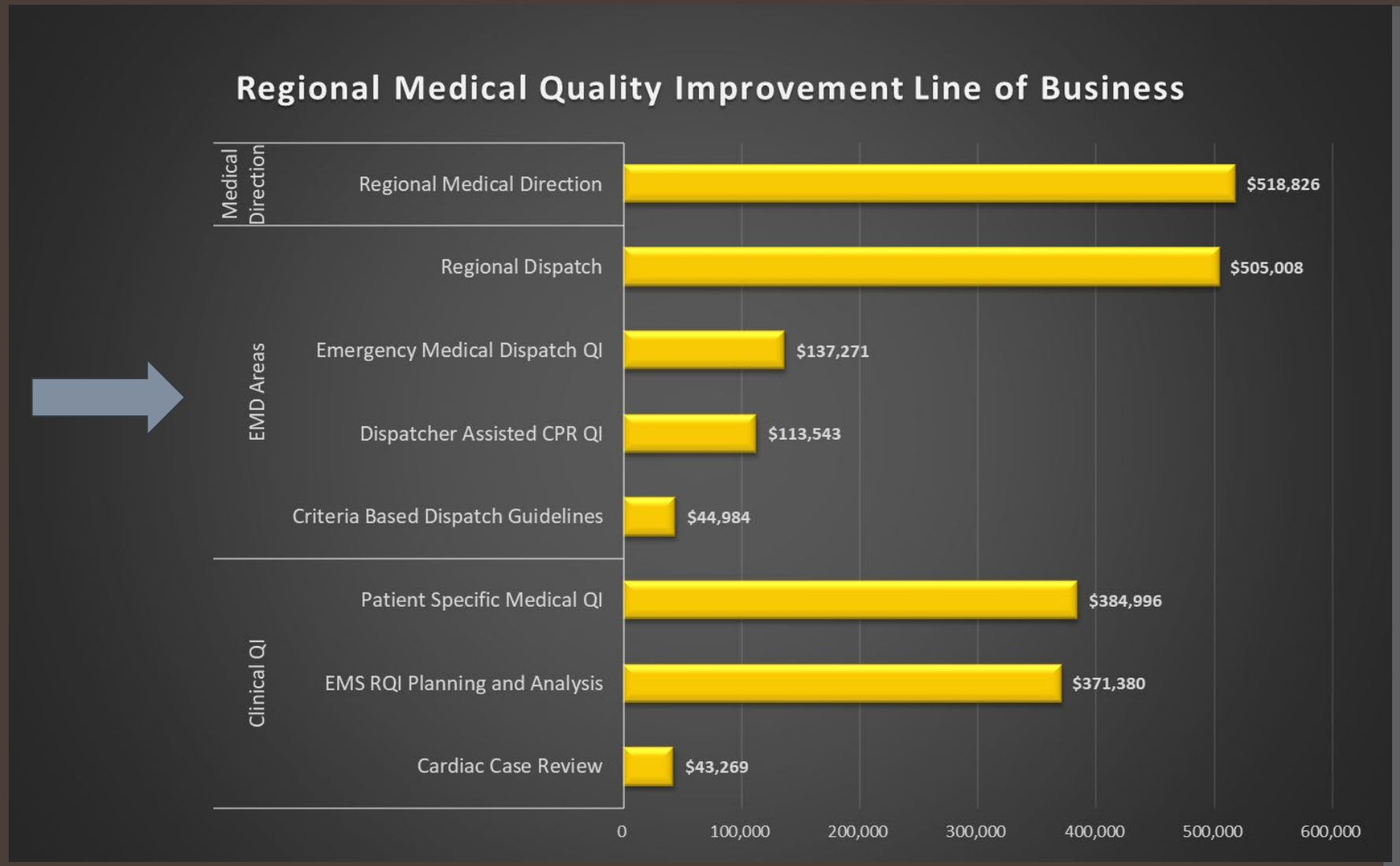
Quality Improvement

Advocacy

Seattle and
King County

Regional Medical Quality Improvement

(Line of Business)



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Regional Medical Quality Improvement: *EMD Areas*

Regional Dispatch

- NORCOM 9-1-1, ValleyCom 9-1-1, and Port of Seattle

Criteria Based Dispatch Guidelines

- Implemented 1990
- Based on:
  - Specific medical criteria
  - Level of care + Urgency of care = level of response
- Guidelines, not protocols

Regional Medical Quality Improvement: *EMD Areas*

Dispatch-Assisted CPR QI

- Review, analyze, feedback
- General resuscitation sciences

ELSEVIER

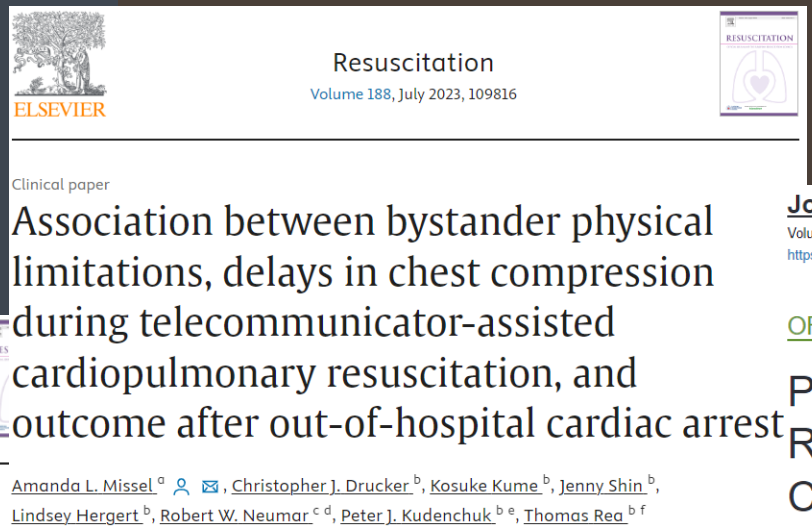
Resuscitation

Volume 156, November 2020, Pages 230-236

Clinical paper

Seizure-like presentation in OHCA creates barriers to dispatch recognition of cardiac arrest

Madison Schwarzkoph [a], Lihua Yin [b], Lindsey Hergert [b], Christopher Drucker [b], Catherine R. Counts [a], Mickey Eisenberg [a b]



ELSEVIER

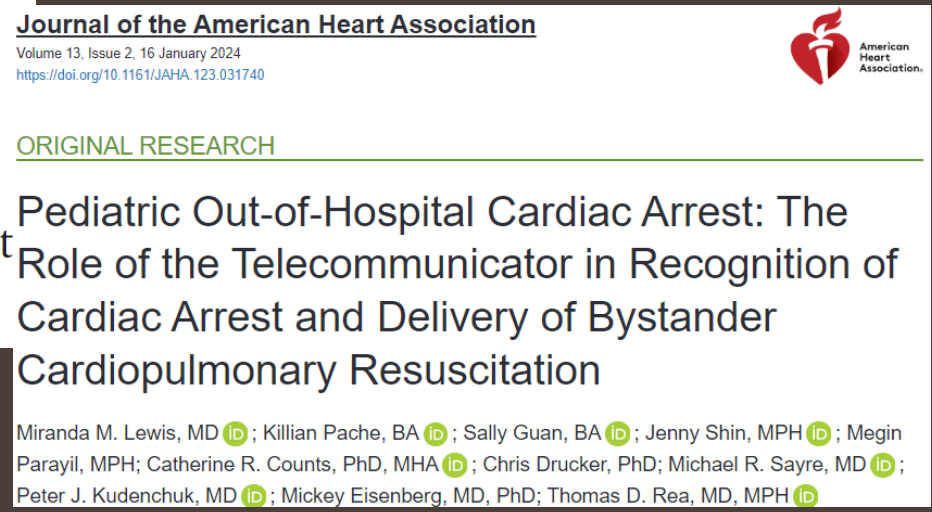
Resuscitation

Volume 188, July 2023, 109816

Clinical paper

Association between bystander physical limitations, delays in chest compression during telecommunicator-assisted cardiopulmonary resuscitation, and outcome after out-of-hospital cardiac arrest

Amanda L. Missel [a], Christopher J. Drucker [b], Kosuke Kume [b], Jenny Shin [b], Lindsey Hergert [b], Robert W. Neumar [c d], Peter J. Kudenchuk [b e], Thomas Rea [b f]



Journal of the American Heart Association

Volume 13, Issue 2, 16 January 2024

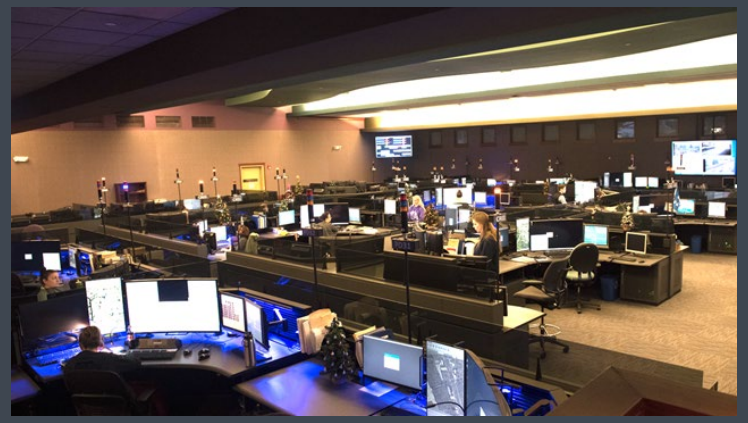
https://doi.org/10.1161/JAHA.123.031740

ORIGINAL RESEARCH

Pediatric Out-of-Hospital Cardiac Arrest: The Role of the Telecommunicator in Recognition of Cardiac Arrest and Delivery of Bystander Cardiopulmonary Resuscitation

Miranda M. Lewis, MD; Killian Pache, BA; Sally Guan, BA; Jenny Shin, MPH; Megin Parayil, MPH; Catherine R. Counts, PhD, MHA; Chris Drucker, PhD; Michael R. Sayre, MD; Peter J. Kudenchuk, MD; Mickey Eisenberg, MD, PhD; Thomas D. Rea, MD, MPH

Regional Medical Quality Improvement: *EMD Areas*



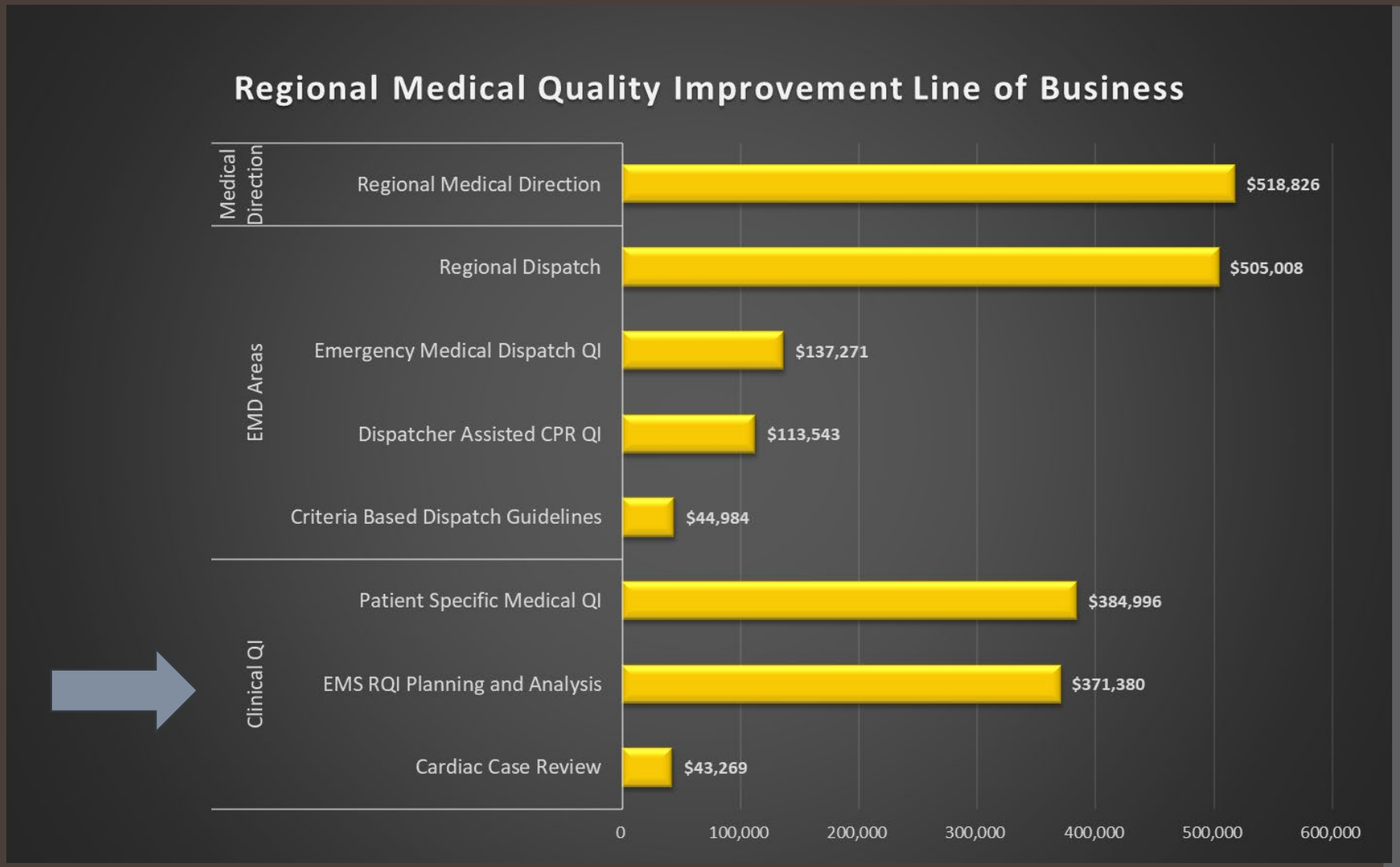
EMD QI

- IDC-specific reviews
- Multi-level approach
  - Call taker
  - Communication Center
  - Regional
- **Current topic – Cancelled ALS calls**

- EMD QI + Dispatch-Assisted CPR QI = <2% of all medical calls
  - What if we can evaluate 100% of calls?

Regional Medical Quality Improvement

(Line of Business)



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EMS-Suspected Injury/Trauma Incidents

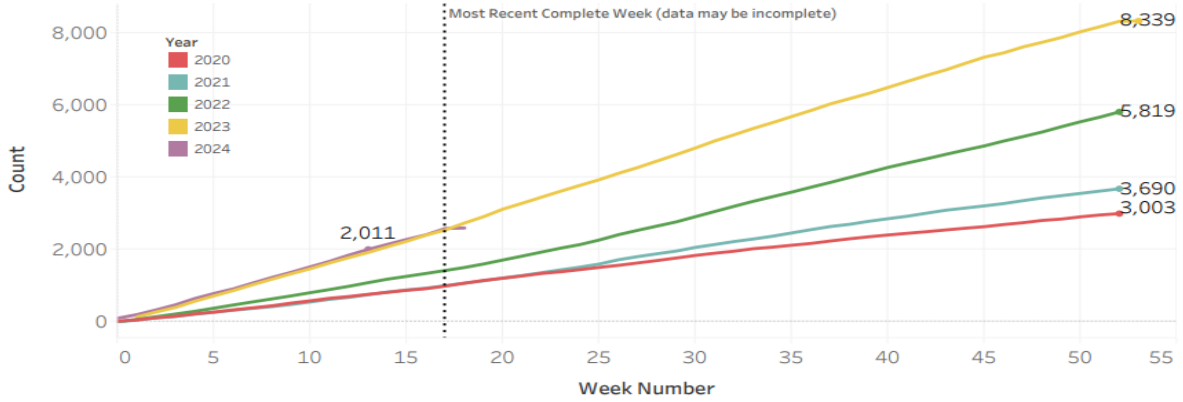
Public Health
Seattle & King County

Most recent date in file: 5/7/2024

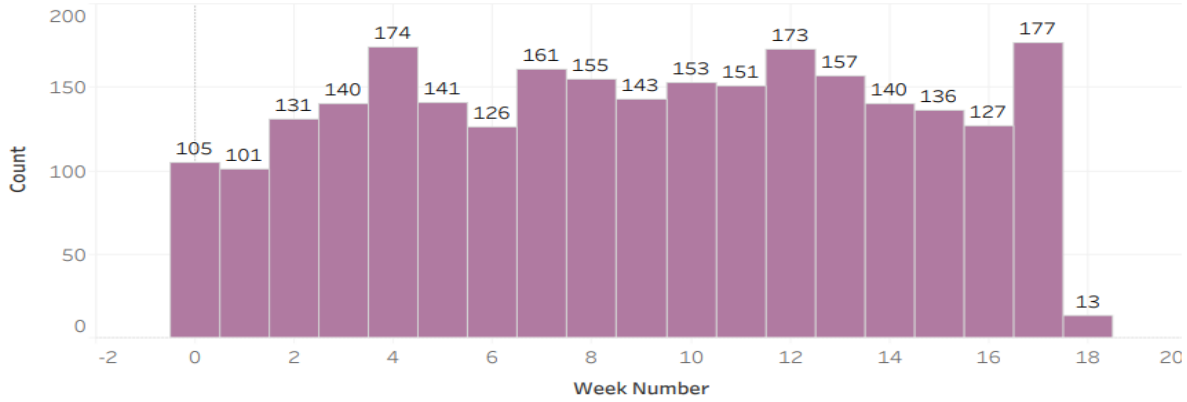
Opioid Overdose

Definition: Suspected overdose determined based on a sum of different factors that were documented in the electronic helath record. More details can be found: https://kingcounty.gov/depts/health/overdose-prevention/data.aspx

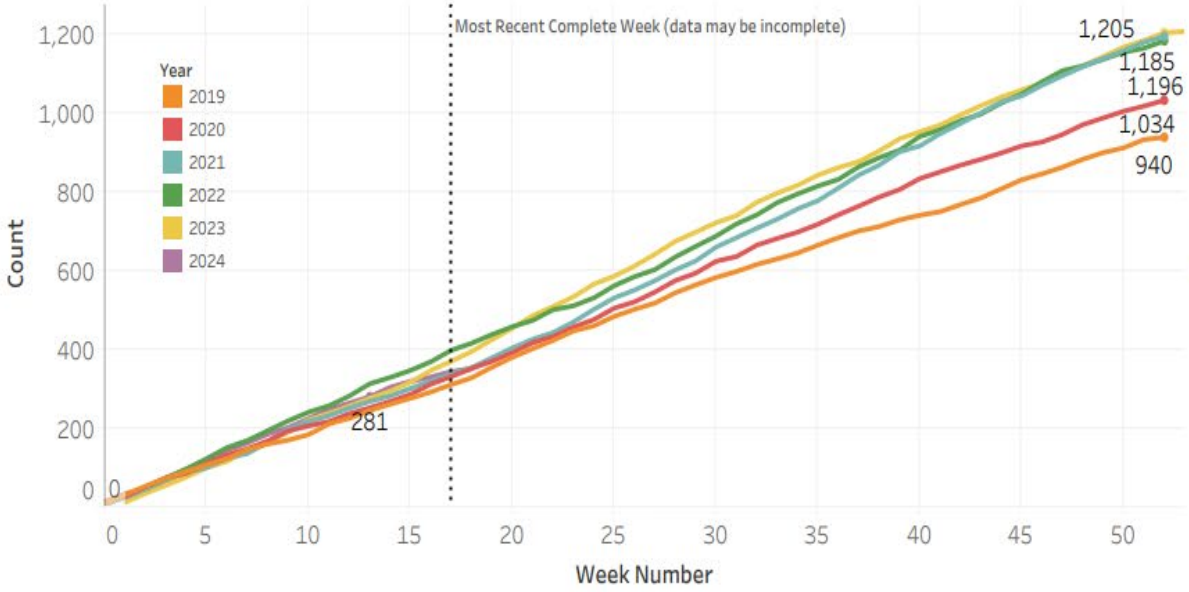
Cumulative Incidents of Opioid Overdose



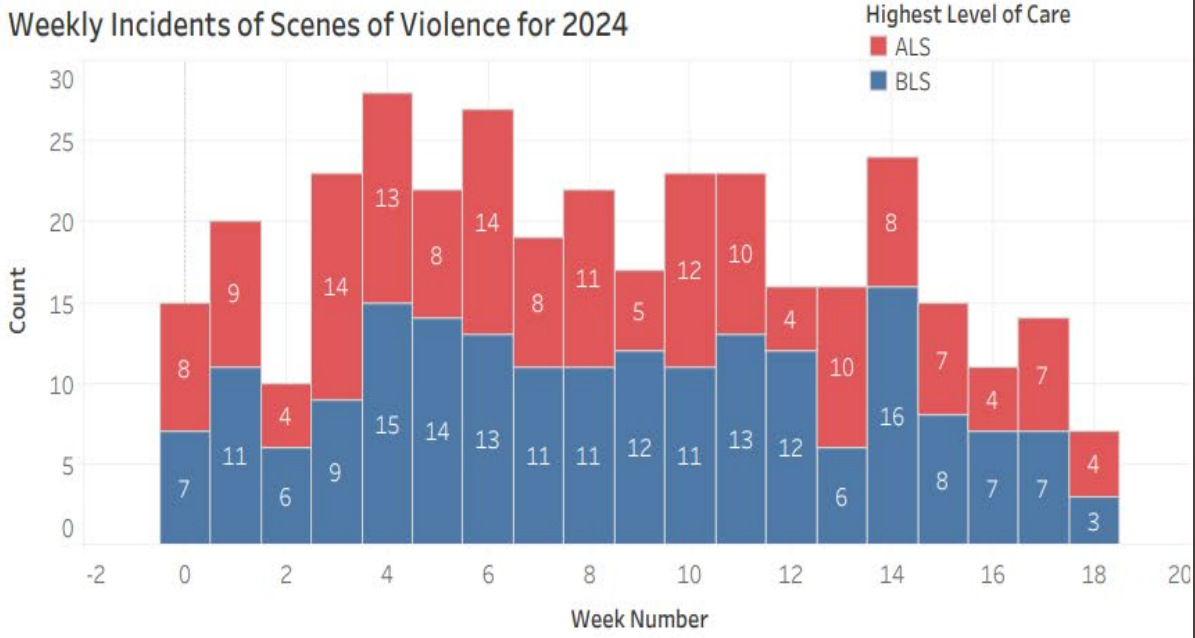
Weekly Incidents of Opioid Overdose for 2023



Cumulative Incidents of Scenes of Violence



Weekly Incidents of Scenes of Violence for 2024



Medical QI Report

-Kicked back up March 24'
-Sent quarterly

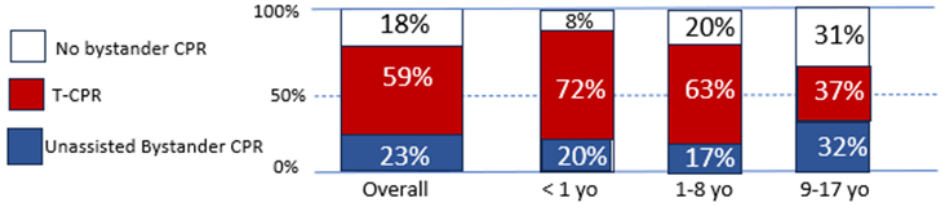
Pediatric Resuscitation: The Role of 9-1-1 Telecommunicator March 12, 2024

Background: In King County, the telecommunicator at the emergency communication center serves as an important part of the chain of survival by helping to identify the cardiac arrest patient and coaching CPR, a lifesaving activity termed "T-CPR". This evidence comes from evaluation of the care of adult cardiac arrest patients. As a consequence, the rate of bystander CPR in King County approaches 75%, a level that is substantially greater than most communities or systems. However, little is known about how the telecommunicator is involved and impacts the relatively rare event of pediatric cardiac arrest.

The current project reviewed nearly 200 9-1-1 calls for pediatric cardiac arrest that occurred prior to EMS arrival during a 7-year time period in Seattle and King County to understand how the telecommunicator interfaces with the layperson callers and impacts T-CPR. The specific goals of evaluation were to determine how often and how quickly telecommunicators help identify pediatric cardiac arrest and coach CPR.

Key Findings: Overall bystander CPR was performed in 82% of all pediatric cases, the majority due to active telecommunicator involvement (Figure 1). The telecommunicator was essential in identifying cardiac arrest and coaching CPR in 59% of all cases. The bystander provided unassisted CPR in about 23%. There was evidence that arrest recognition and bystander CPR was more challenging among older pediatric patients as bystander CPR occurred in 69% of 9-17 year olds compared to 80% among 1-8 year olds and 92% among those <1 year received bystander CPR.

Figure. Bystander CPR among Pediatric Arrest: Overall and according to Age Group

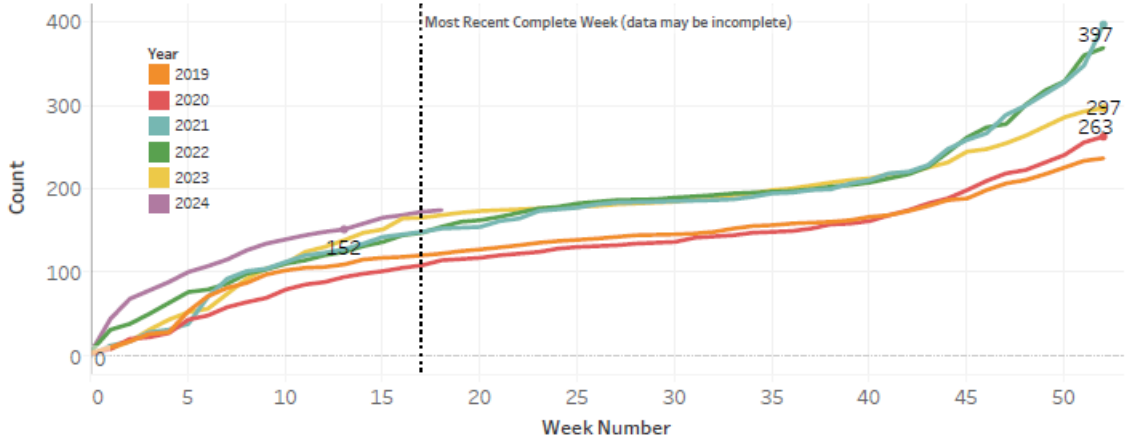


Among cases requiring telecommunicator assistance, the median interval from call receipt to cardiac arrest recognition was 59 seconds and the median time from call receipt to the start of CPR was 115 seconds – performance comparable to T-CPR best practices among adult OHCA. The coached compression rate was 93 per minute, a compression rate that rivals CPR by well-trained laypersons.

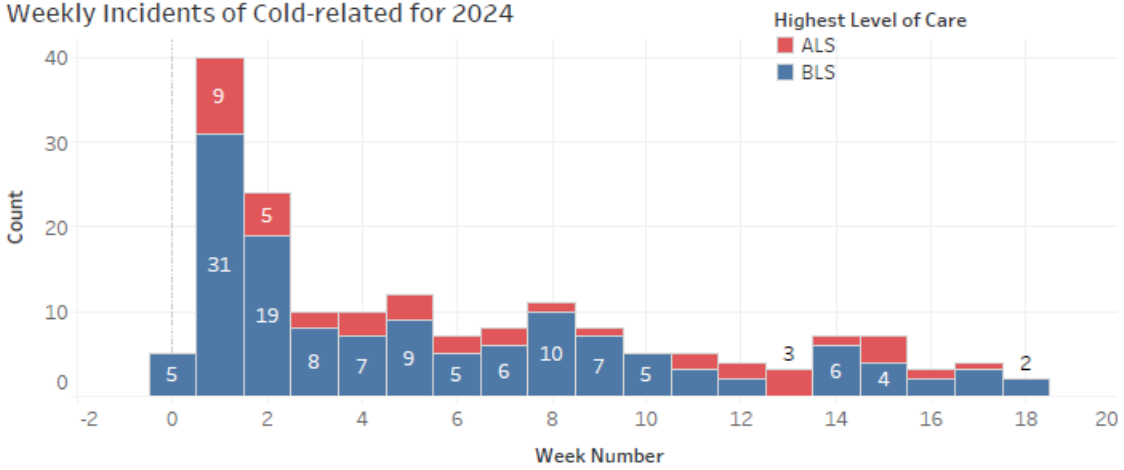
Summary: The telecommunicator is integral to increase timely arrest recognition and bystander CPR in cardiac arrest, providing a key strategy to improve survival following pediatric cardiac arrest.

Medical Director Comment: Although a common take-home, the project's findings underscore (again) the team effort involved in successful cardiac arrest resuscitation. We have long appreciated the important role of T-CPR in adult arrest, and this evaluation highlights similar impactful participation by the telecommunicator in pediatric arrest. The telecommunicator efforts help sustain patient physiology which in turn provides for more effective EMS treatment.

Cumulative Incidents of Cold-related



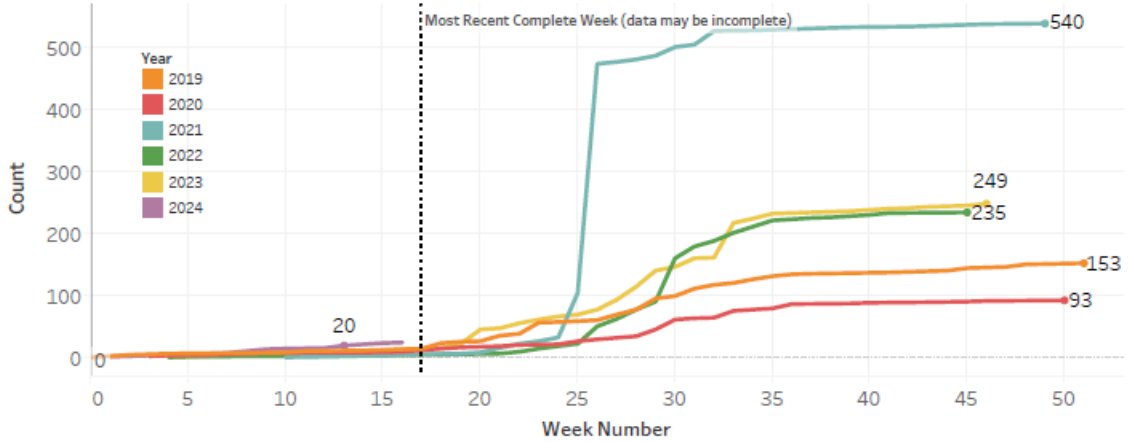
Weekly Incidents of Cold-related for 2024



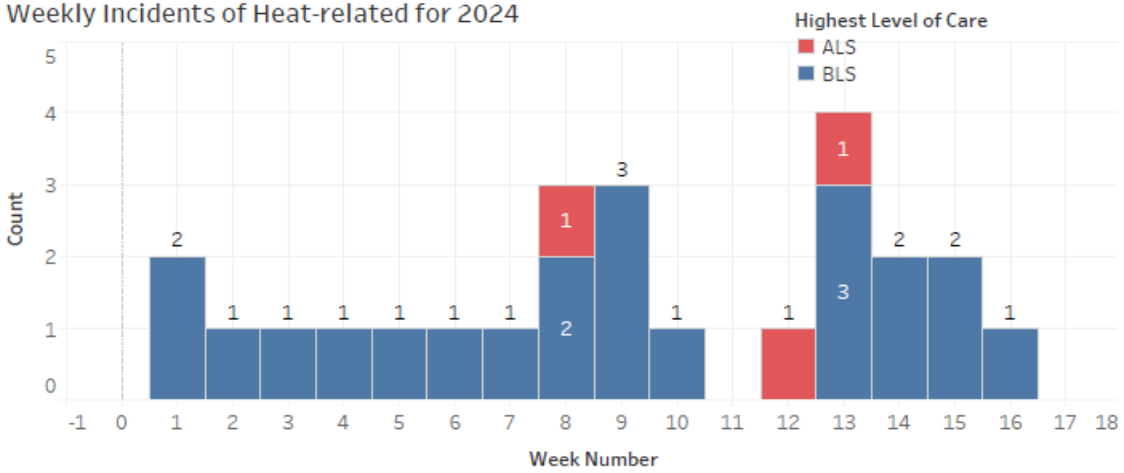
Heat-related

Definition: Primary/secondary impressions include "heatstroke and sunstroke", "heat exhaustion", "heat-related illness", and primary/other symptoms include "heatstroke and sunstroke", "heat exhaustion", "heat syncope", and "heat cramp".

Cumulative Incidents of Heat-related



Weekly Incidents of Heat-related for 2024



QM - Clinical Review Dashboard: Training Consortium | EMS | + Widget

QM - Clinical Review Dashboard

Count of Reviews and Reviews with Messages

Analyze It

6374 Total Clinical Reviews

Total Clinical Review Message Thread Count **2,581**

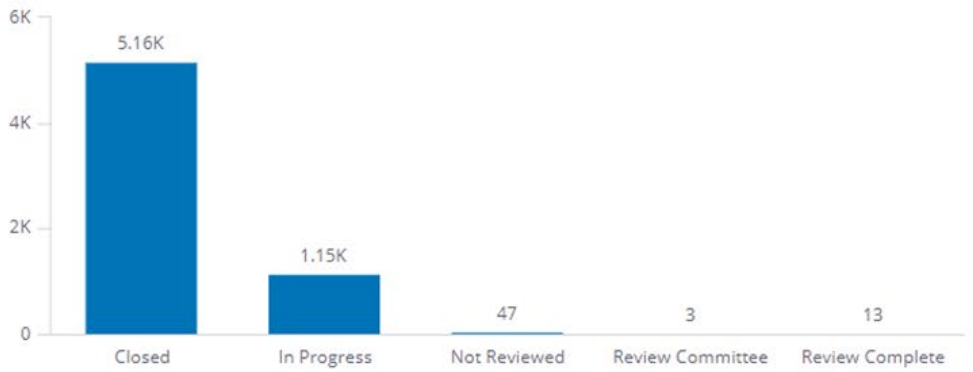
Count of Reviews with Messages

Analyze It

Percent Reviewed with Messages

40.5%

Count of Review by Status

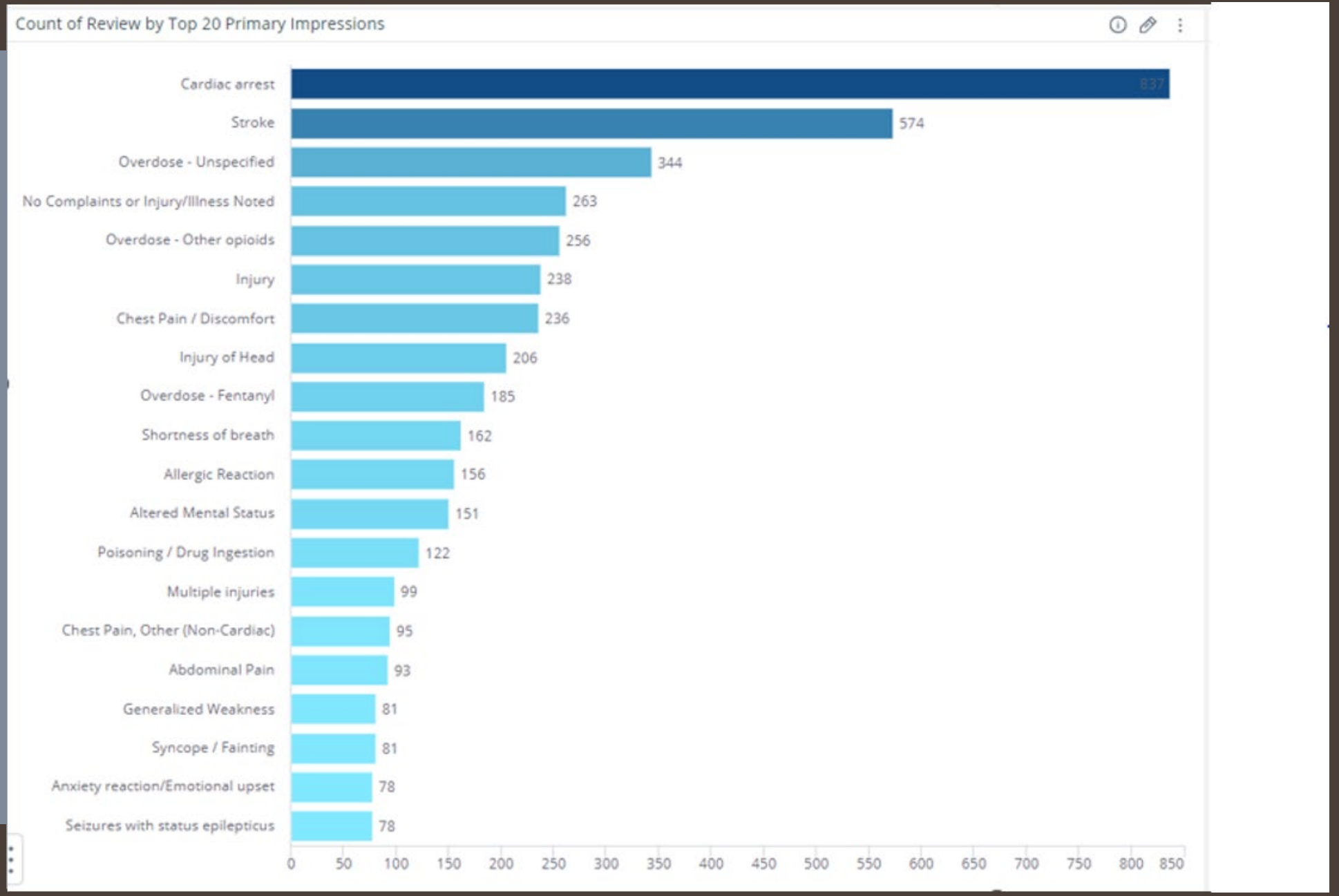


Clinical Reviewer Assignments by Status

Clinical Review Assigned To	Count of Completed/Closed	Count of In Progress	Count of Not Reviewed	Count of Total
[redacted]	1,122	16		1,138
	761	32		793
	590	24		614
	411	293		704
	336	10	46	392
	313	3		316
	306	11	1	318
	223	1		225
	162	699		861
	136	6		142
	128	2		132
	119	1		120
	116			116
	114			114
	109	39		148

Count of Clinical Reviews and Messages/Feedback Sent by Clinical Reviewers

Clinical Review Assigned To Name Last First	Count	Total Clinical Review Message Thread Count	Percent of Clinical Review Messages
[redacted]	1,138	190	16.7%
	861	137	15.9%
	793	489	61.7%
	704	277	39.3%
	614	186	30.3%
	392	157	40.1%
	318	302	95.0%
	316	58	18.4%
	225	154	68.4%
	148	69	46.6%
	142	92	64.8%
	132	55	41.7%
	120	109	90.8%
	116	29	25.0%
	114	112	98.2%


Count of Review by Top 20 Primary Impressions
Cardiac arrest
837
Stroke
574
Overdose - Unspecified
344
No Complaints or Injury/Illness Noted
263
Overdose - Other opioids
256
Injury
238
Chest Pain / Discomfort
236
Injury of Head
206
Overdose - Fentanyl
185
Shortness of breath
162
Allergic Reaction
156
Altered Mental Status
151
Poisoning / Drug Ingestion
122
Multiple injuries
99
Chest Pain, Other (Non-Cardiac)
95
Abdominal Pain
93
Generalized Weakness
81
Syncope / Fainting
81
Anxiety reaction/Emotional upset
78
Seizures with status epilepticus
78
0
50
100
150
200
250
300
350
400
450
500
550
600
650
700
750
800
850


HMC /
Swedish Cherry and First Hill /
V. Mason
Overlake Hospital
St. Anne's
Hospital
Swedish Issaquah
Valley Medical Center
Snaqualmie
Valley
Hospital
St. Francis
Hospital
Multicare Auburn
Multicare Covington
St. Elizabeths Hospital
South King County
Behavioral Health
Patient Catchment Areas
0 0.75 1.5 3
Miles
N
W E
S
Public Health
Seattle & King County
By D. Sharkov
BHH2-Brochure.mxd
Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri
Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, (c)
OpenStreetMap contributors, and the GIS User Community


Northwest Hospital
(UW Northwest Hospital)
Evergreen Hospital
Swedish Ballard
UW Montlake
Overlake Hospital
HMC /
Swedish Cherry and First Hill /
V. Mason
Swedish Issaquah
Snaqualmie
Valley
Hospital
Valley Medical Center
North and East
King County
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Patient Catchment Areas
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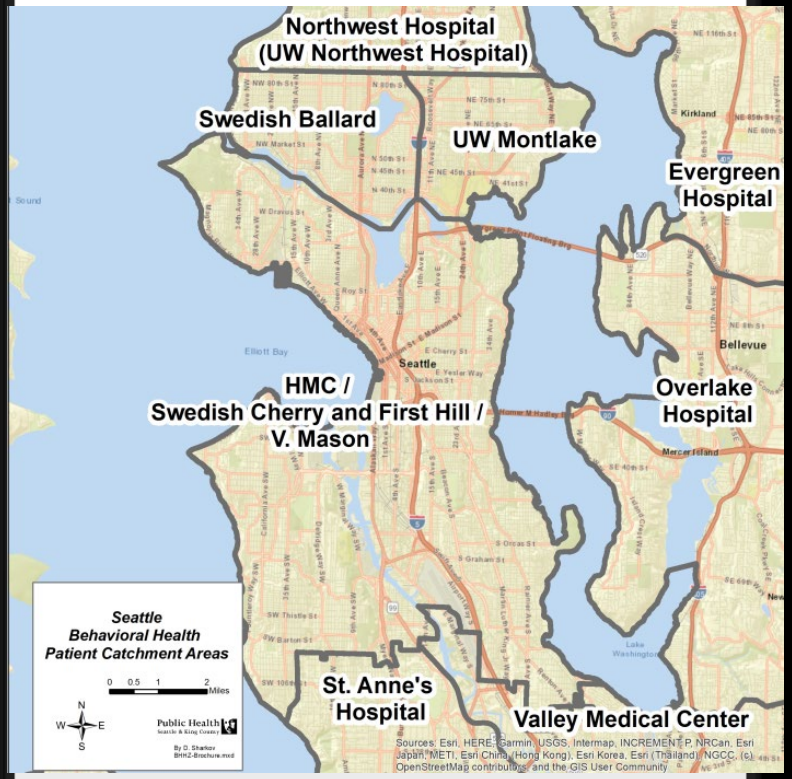
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Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, (c)
OpenStreetMap contributors, and the GIS User Community

Microsoft Teams

CCR video short

2024-05-10 19:46 UTC

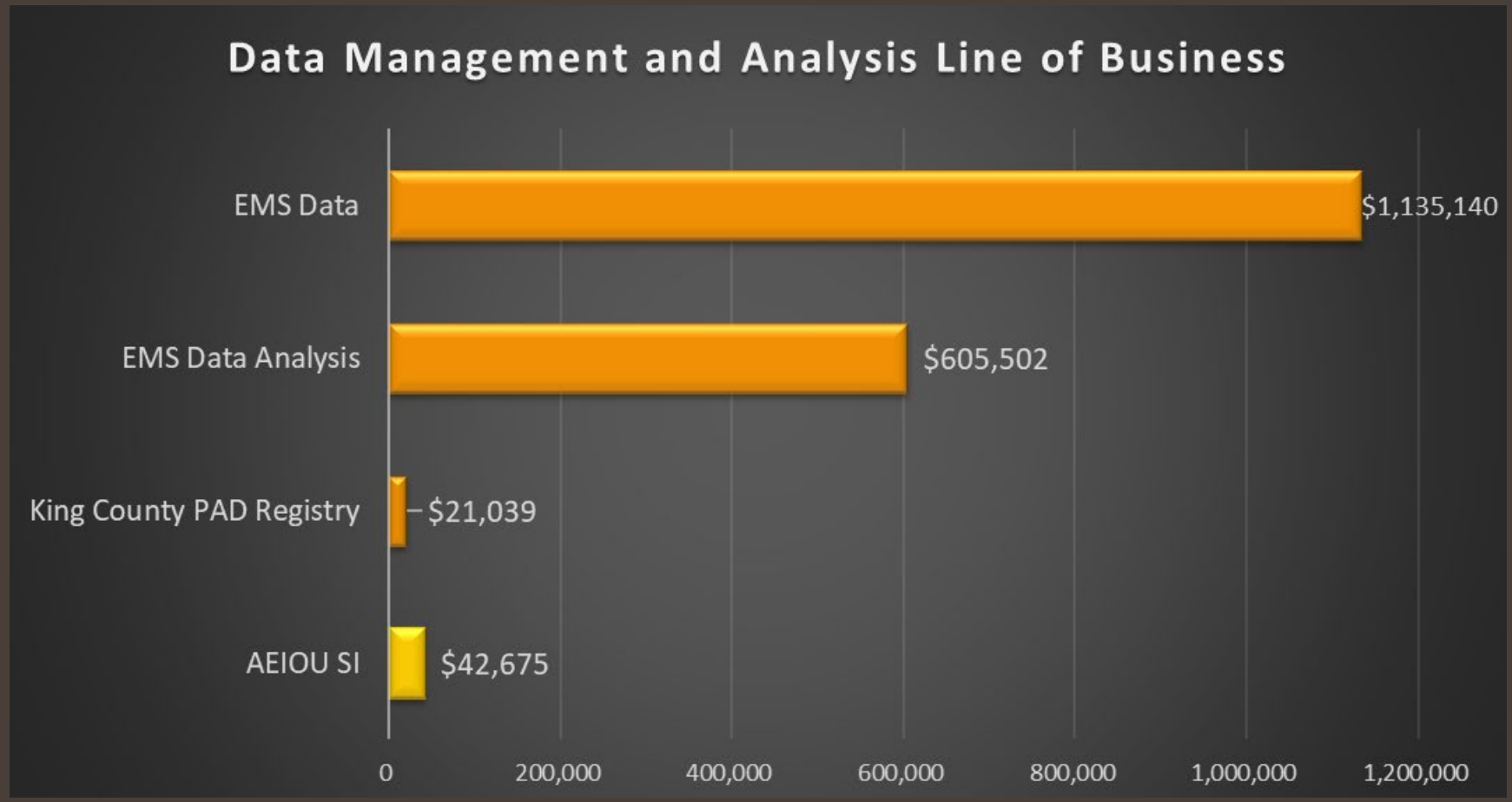
Recorded by
Henson, Hannah

Organized by
Henson, Hannah

Any Questions?

EMS Data Management and Analysis

(Line of Business)



2022 Actuals $1,804,355

ESO Data Management

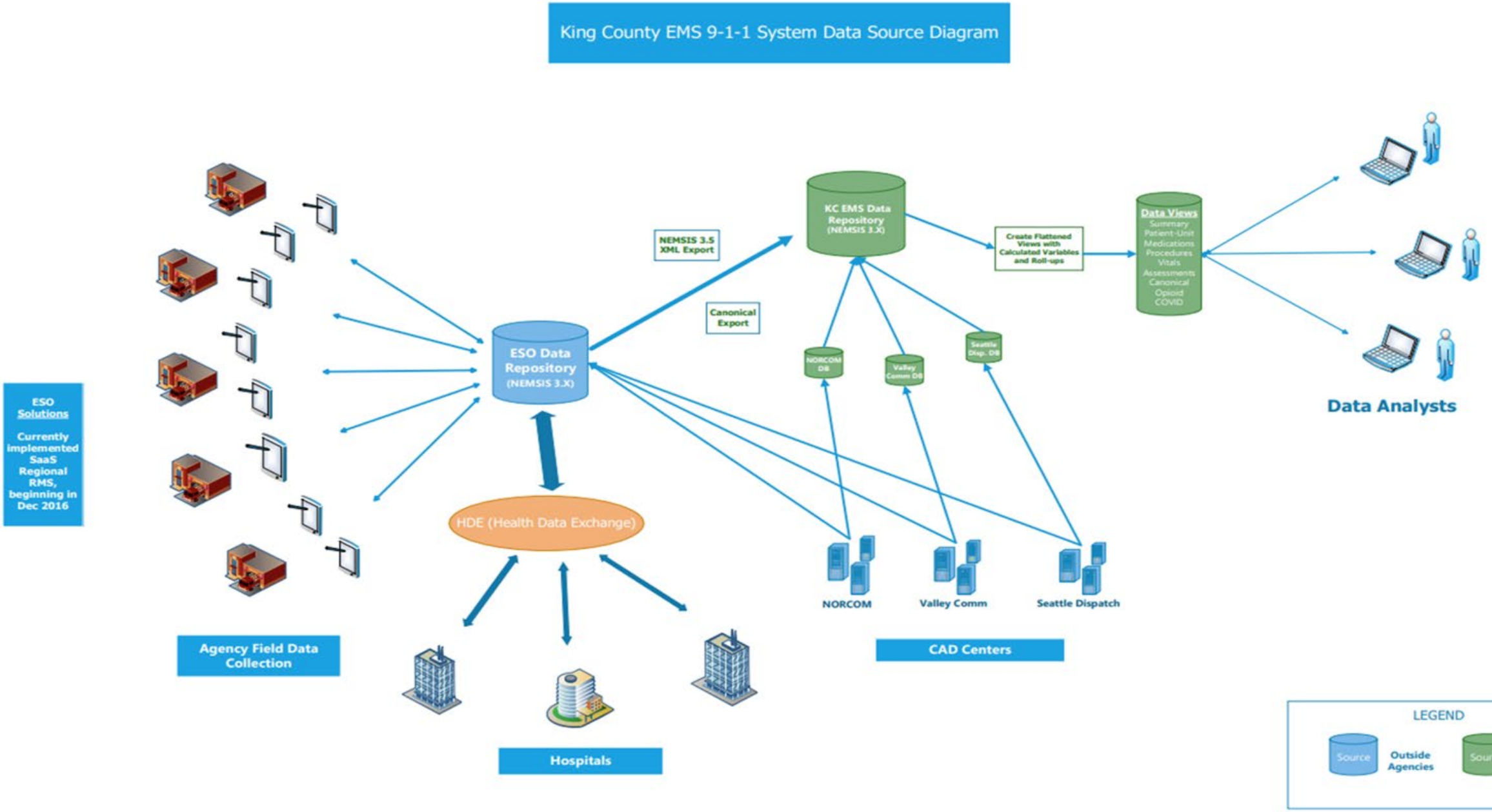
Help standardize documentation guidelines in collaboration with medical director

Work with KCIT to clean up our data repository and manage data dictionary

ESO Umbrella account holder for King County and Seattle

Works with ESO and agencies on various elements with the WEMSIS/NEMSIS repository

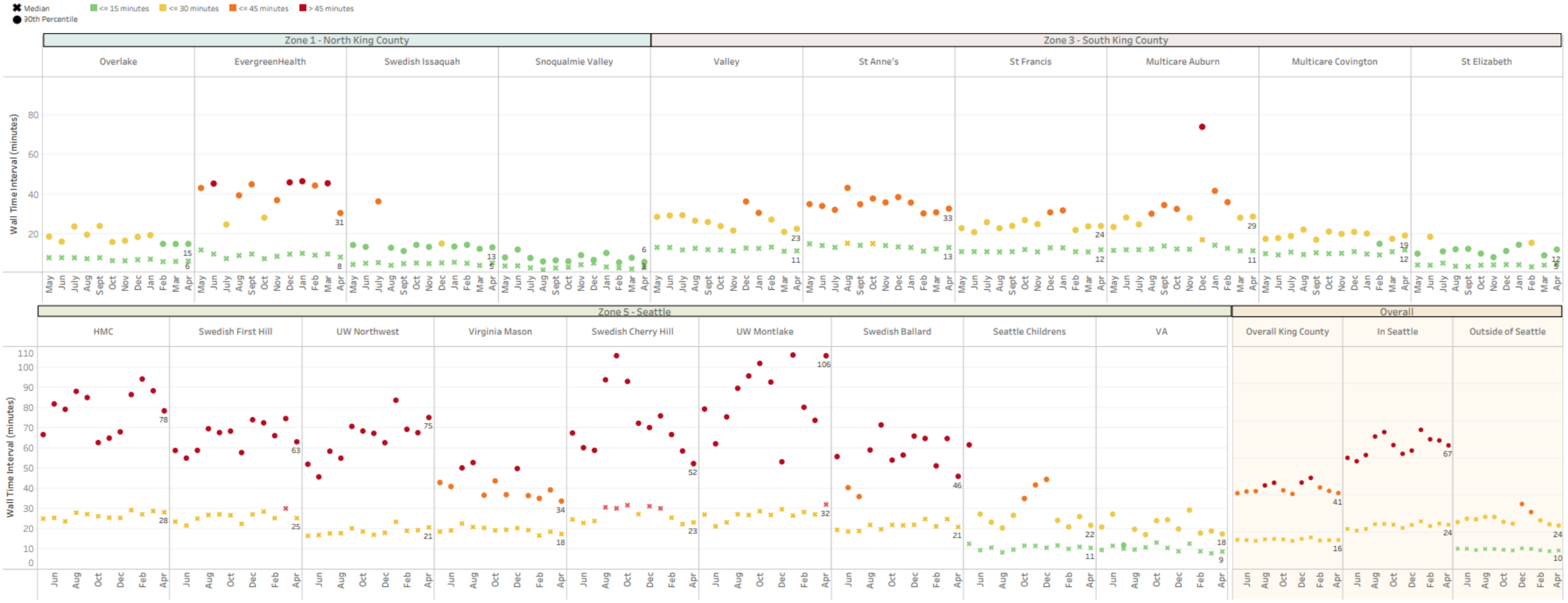
King County EMS 9-1-1 System Data Source Diagram

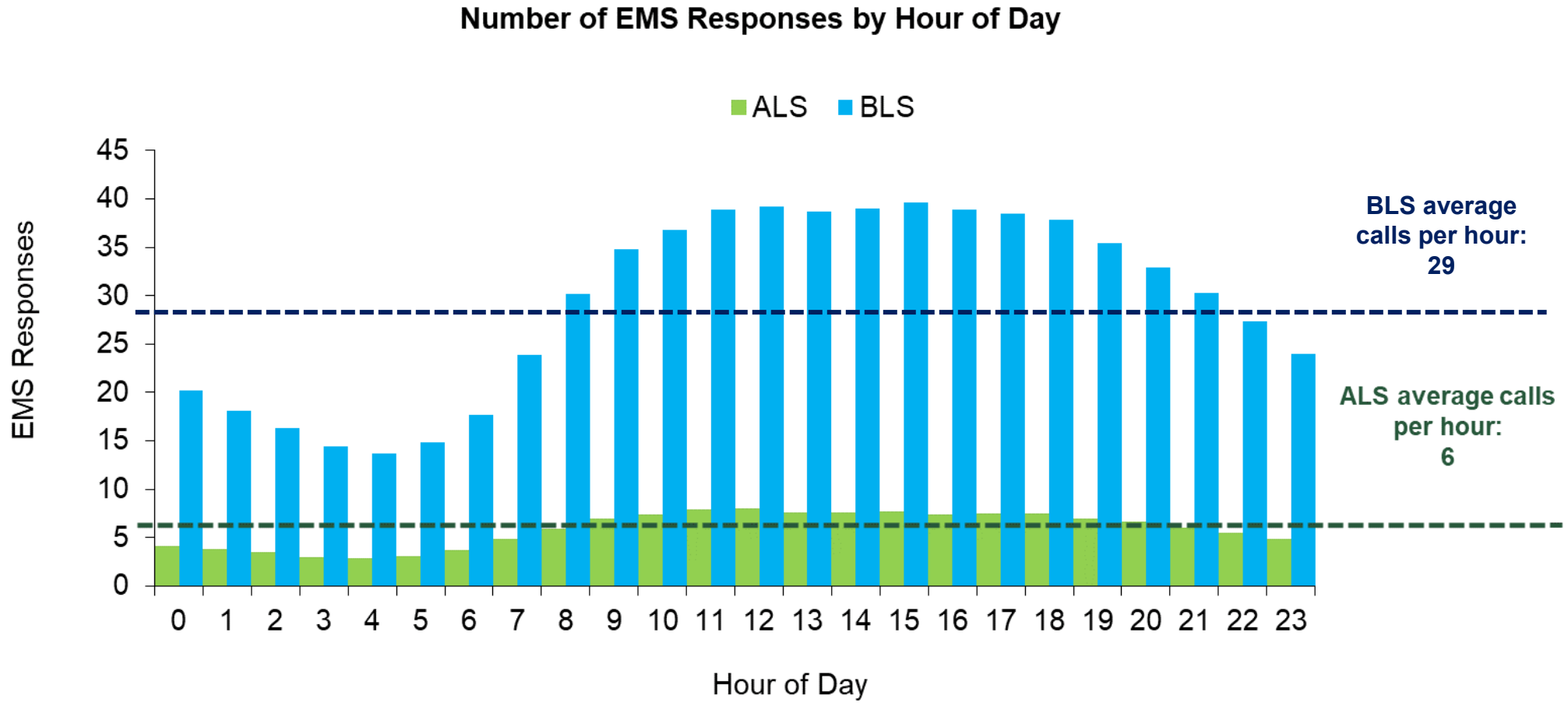


King County Wall Times: Median and 90th Percentile

Public Health
Seattle & King County

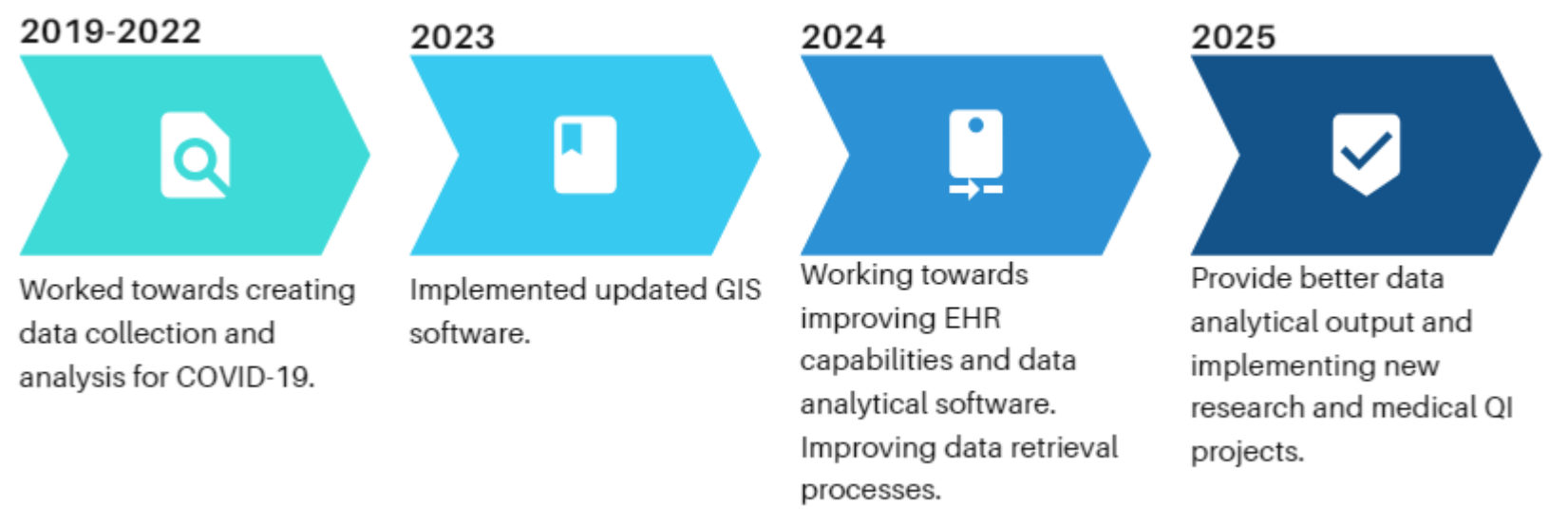
Time Frame: May 2023 - April 2024
Wall Time Definition: Time interval between Date/Time Patient Arrived at Destination and Date/Time Patient Transferred to Destination




Number of EMS Responses by Hour of Day
ALS
BLS
EMS Responses
45
40
35
30
25
20
15
10
5
0
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
Hour of Day
BLS average calls per hour: 29
ALS average calls per hour: 6

AEIOU Strategic Initiative (SI)

Overview: The AEIOU QI SI's goal is to Accelerate, Evaluate and Innovate Opportunities for Unprecedent Quality Improvement. This means working to modernize our technology, automate data retrieval, improve training techniques and improve data collection with our Electronic Health Record (EHR) system. We also worked towards upgrading our geographical software for accurate evaluation of resources.

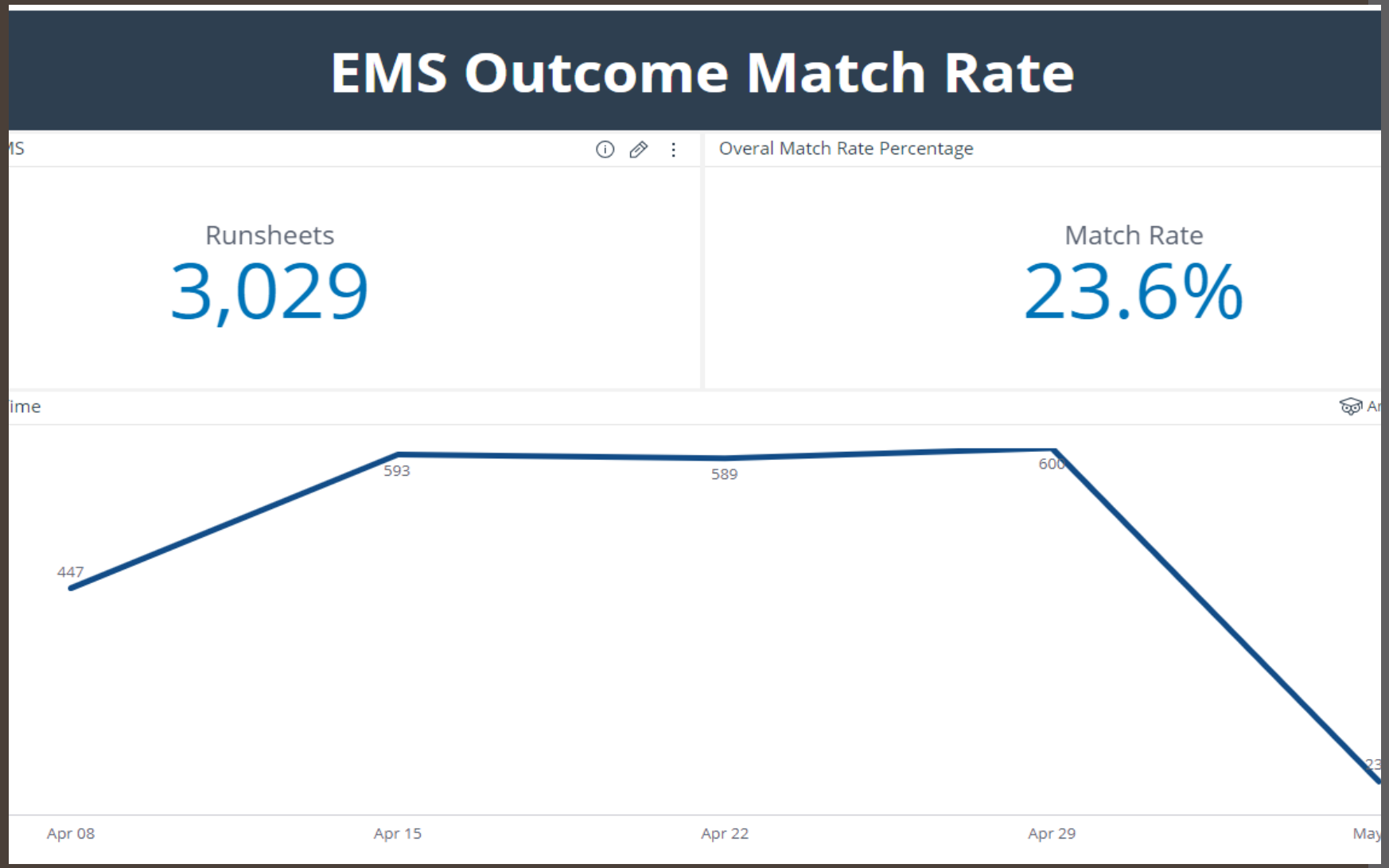


Improving EMS Hospital Outcomes with eMPI linking

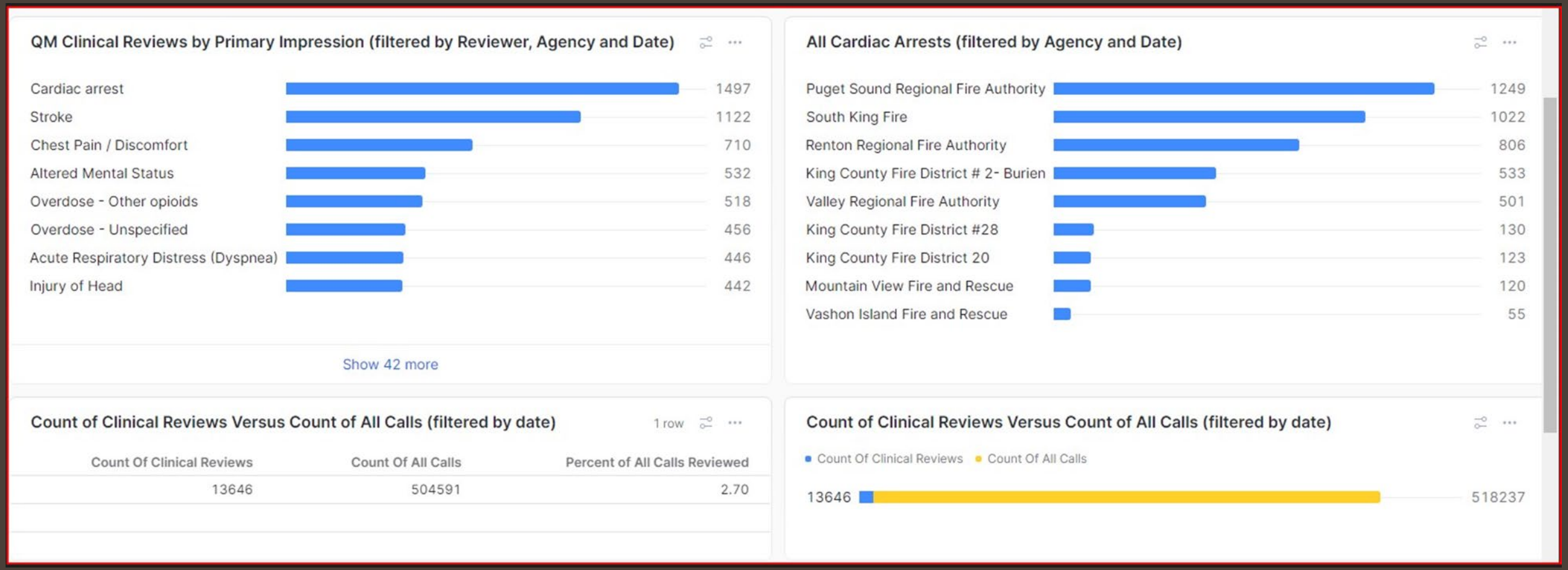
-Turned on eMPI 5/8/24

-Hospital Kick-off with ESO

-No changes to providers work flow, will still need to scan



Screenshot of Snowflake Reader



-Evaluating to see if we should purchase an umbrella account ($37,250.00/yr)

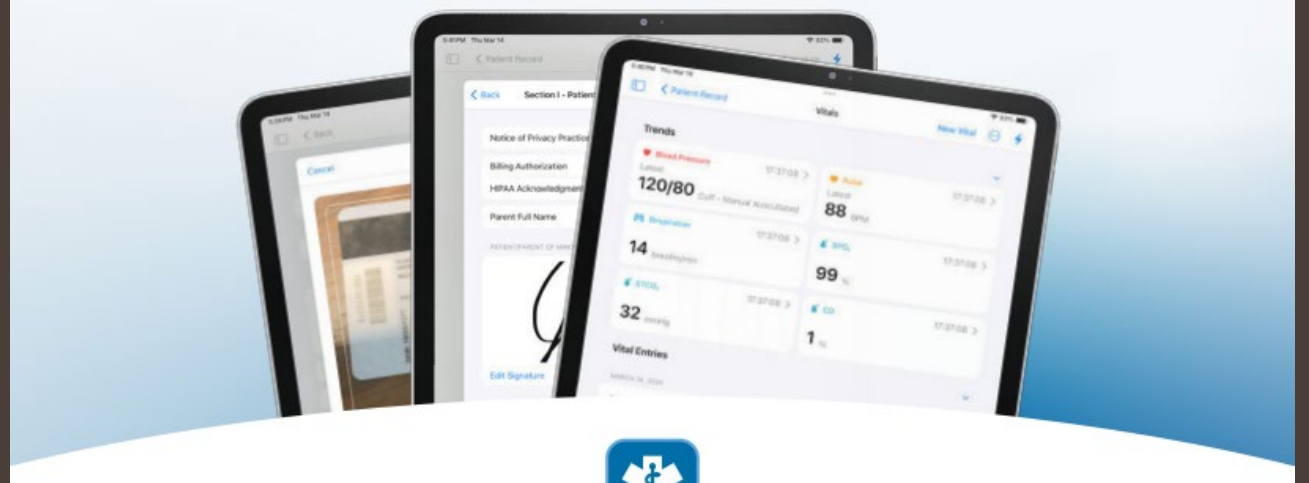
-QM Insights has limited views, sharing access and can't see user edits to dashboards

-Set up a database for each agency that's interested and customize dashboards with options for per user

NEW! ESO iOS App

-Working with ESO to be involved in Early Adopter Program

-Looking to pilot in Quarter 3 for possible use in patient care



Unlock the future of EHR right at your fingertips.

From adding vital signs hands-free to quickly scanning identification and medications, the new ESO Electronic Health Record (EHR) native iOS app is designed to bring the ultimate **ease and efficiency** to your daily work – so you can stay focused on the job at hand.

Smart scanning technology.
Quickly scan and populate patient demographics and medication details with advanced OCR (Optical Character Recognition) technology using your device's camera.

Hands-free workflows with Siri.
Use Siri for voice commands to manage incident times, vital signs, and flowchart entries. Plus, streamline and reduce manual data input with speech-to-text entry.

Effortless multitasking.
Open two EHR windows simultaneously for more efficient data entry and navigation within the same patient record.

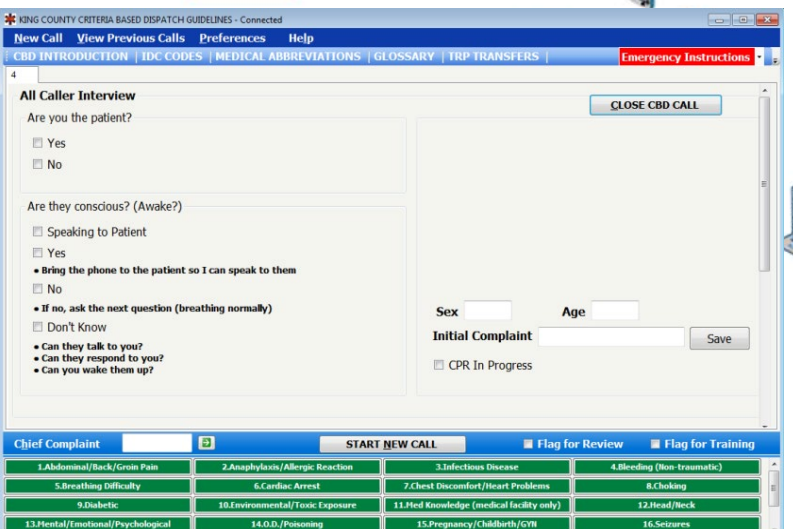
Comfortable viewing with dark mode.
Switch to dark mode for a strain-free viewing experience in low-light environments – perfect for night shifts or dimly lit rooms.

eso

Want to be the first to experience the new iOS app for EHR?
Sign Up Now at eso.com/ehr-ios

EMS Data Management and Analysis: *EMS Data Areas*

eCBD/CAD

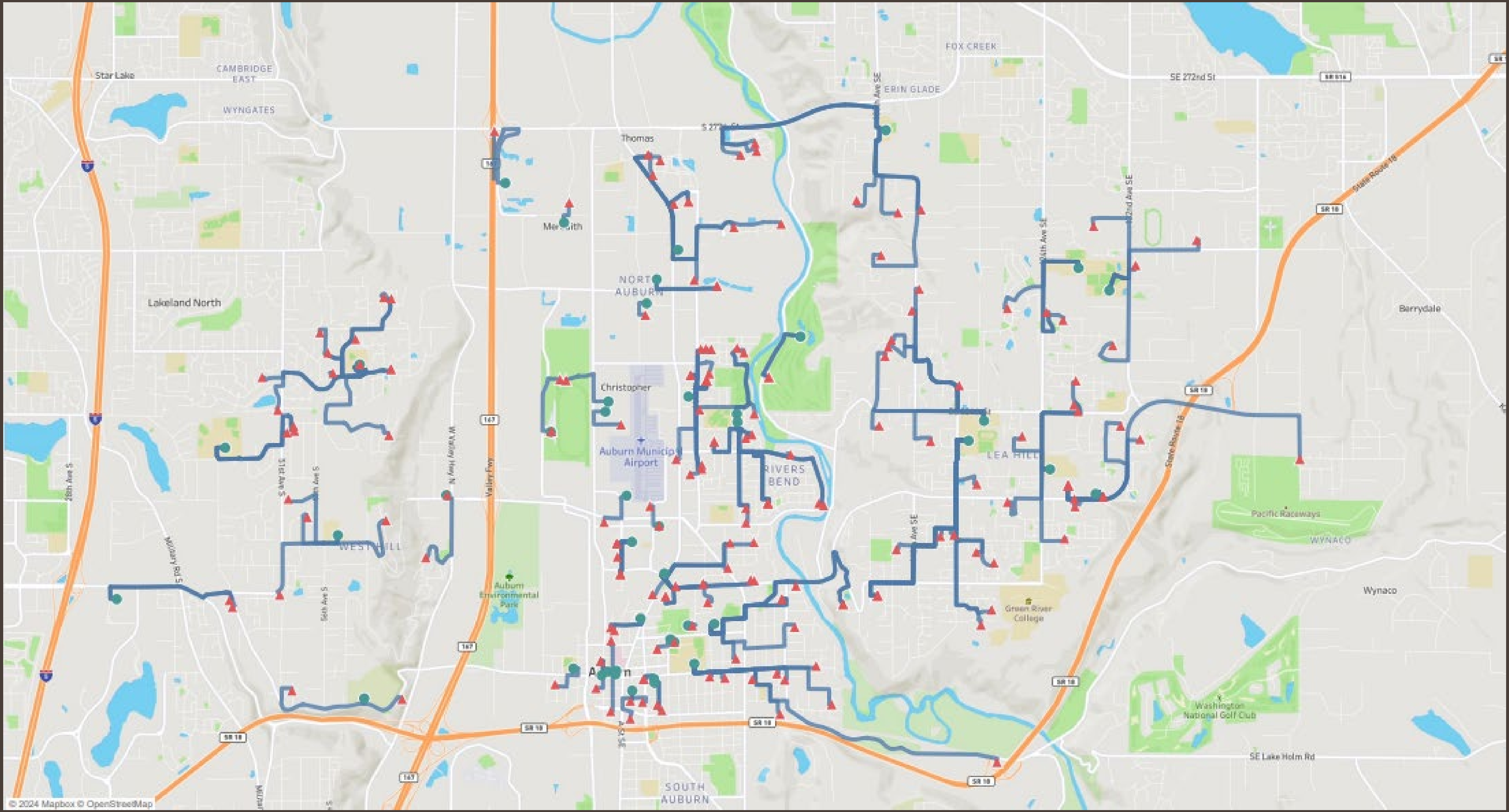


EMS Data Management and Analysis: *EMS Data Areas*

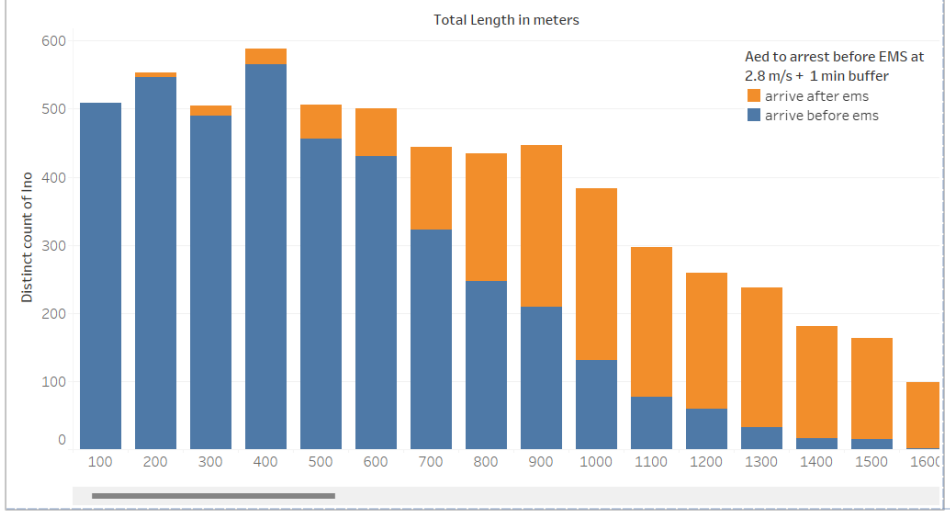
King County PAD Registry

- RCW 70.54.310 (enacted 1998)
- Community Responder CPR-AED Program developed
  - Goals:
    - Increased availability of PADs in the community,
    - Increase training in CPR and AED usage,
    - Improve OHCA outcomes.
  - Subsection (d) states …

"shall notify the local emergency medical services organization about the existence and the location of the defibrillator…"

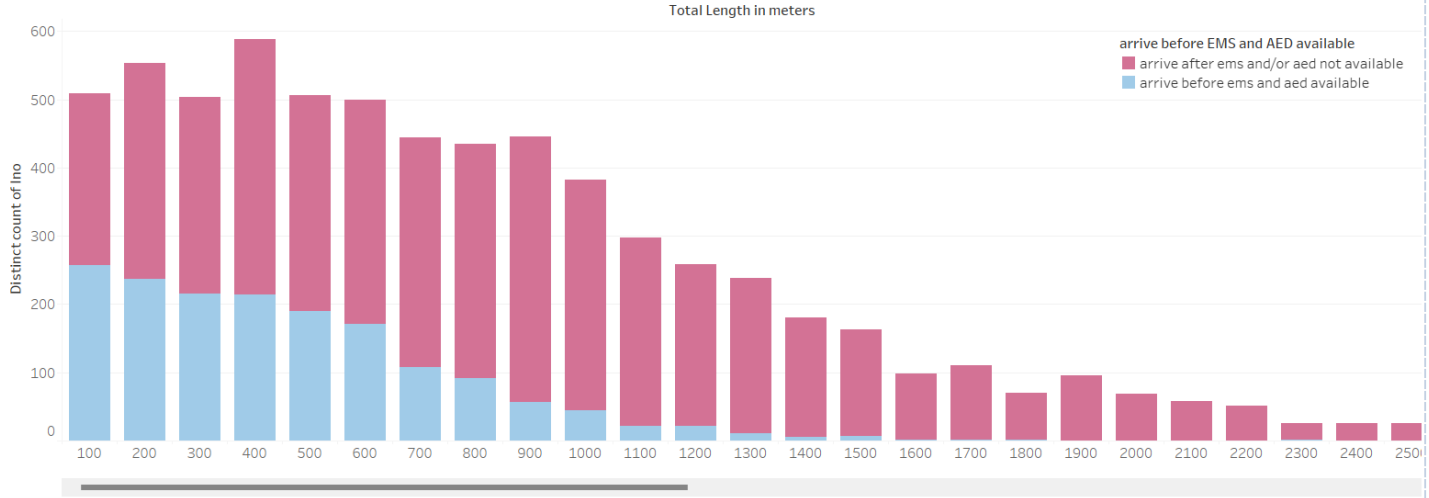

Star Lake
CAMBRIDGE EAST
WYNGATES
FOX CREEK
ERIN GLADE
SE 272nd St
Thomas
Meredith
NORTH AUBURN
Lakeland North
Berrydale
Christopher
Auburn Municipal Airport
RIVERS BEND
LEA HILL
WEST HILL
Pacific Raceways
WYNACO
Wynaco
Auburn Environmental Park
Green River College
Washington National Golf Club
SE Lake Holm Rd
SOUTH AUBURN
State Route 18
Valley Fwy
W Valley Hwy N
Military Rd S
51st Ave S
28th Ave S
132nd Ave SE
© 2024 Mapbox © OpenStreetMap

route length -arrest - time to walk



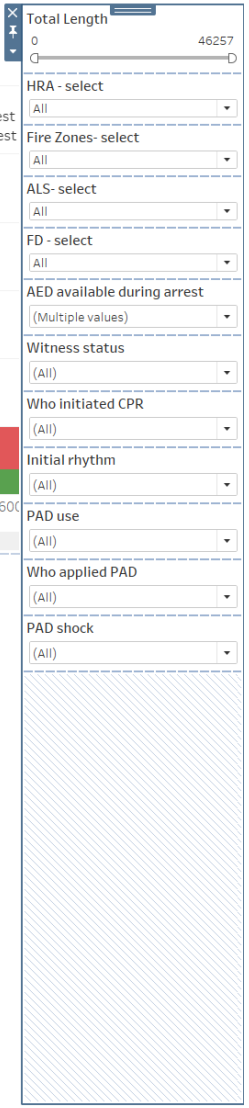
route length -arrests -availability/timing

route length -arrests - combination



Route calculations

The shortest route is 0 m long.
The median route is 671.2 m long.
The longest route is 46,257 m long.



Any Questions?

Regional Services: Lines of Business

Regional Services Lines of Business

A. Training and Education

B. Community-Centered Programs

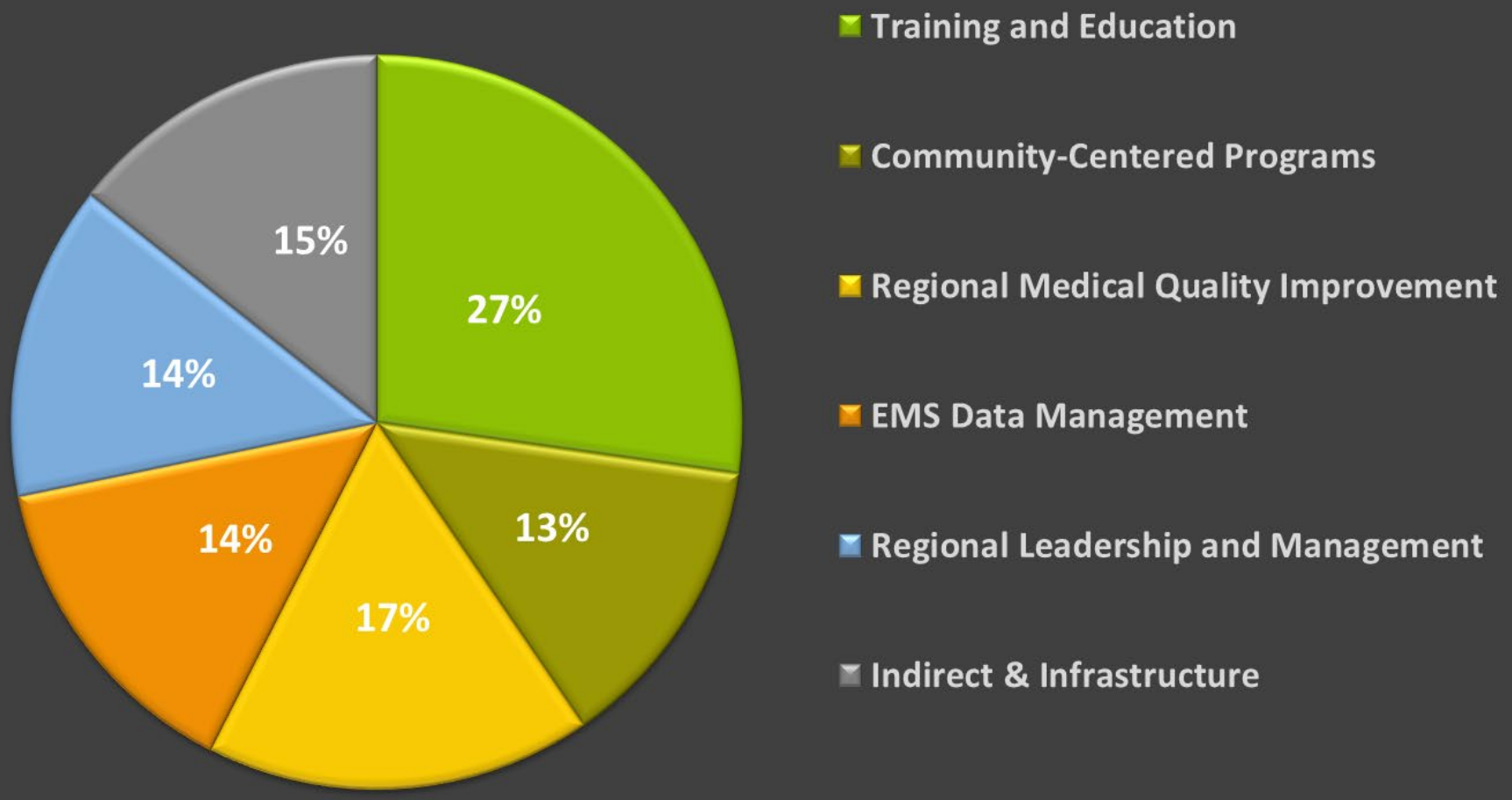
C. Regional Medical Quality Improvement

D. EMS Data Management

E. Regional Leadership and Management

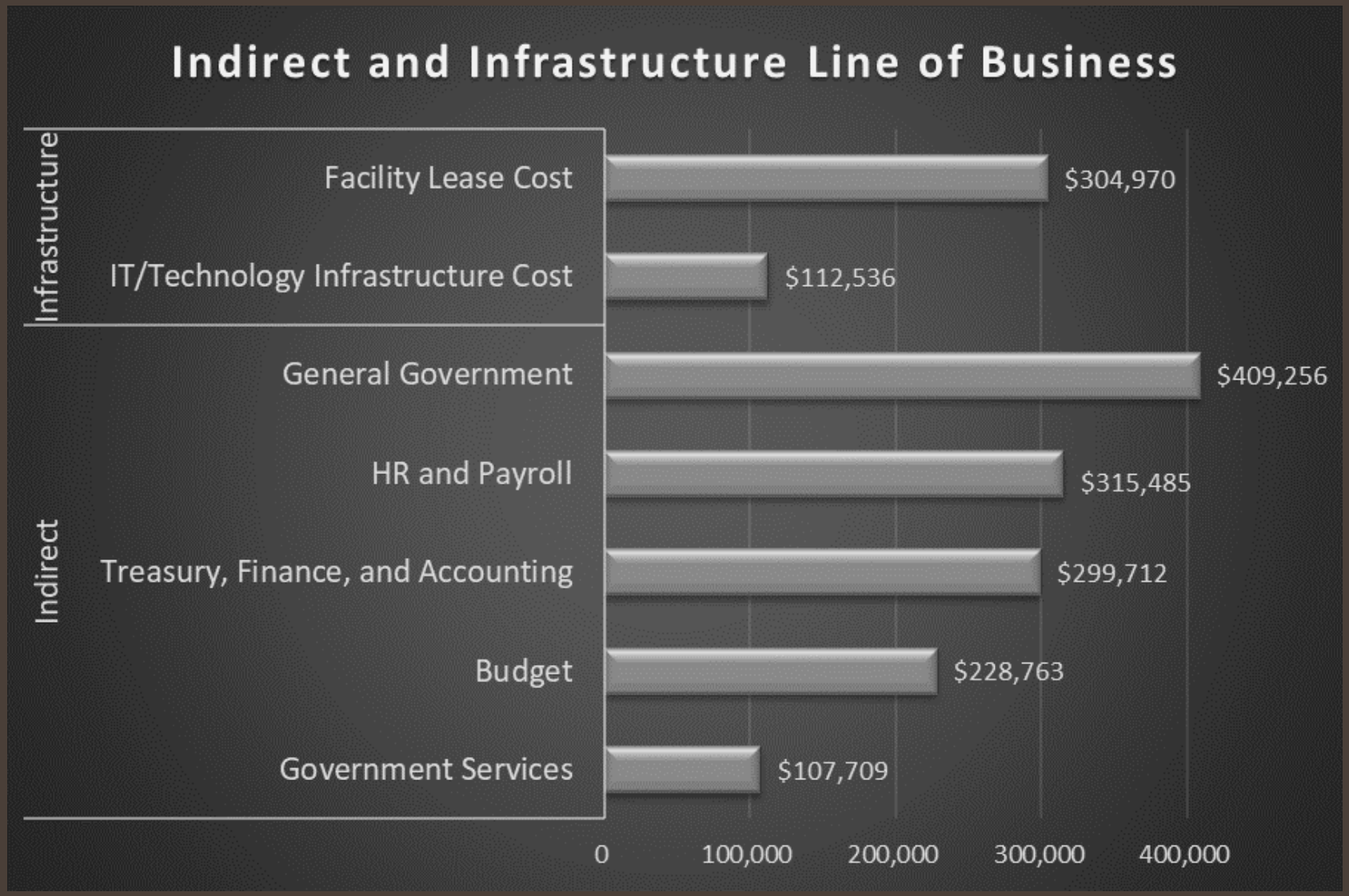
F. Indirect and Infrastructure

Regional Services Line of Business (based on 2022 actuals)



Indirect & Infrastructure

(Line of Business)



2022 Actuals $1,778,431 (Infrastructure $417,506, Indirect $1,360,925)

Any Questions?

2026-2031 Status Quo Budget

PRELIMINARY STATUS QUO

- What-if we continue existing programs and only add forecasted inflation

RSSI DASHBOARD

RSSI DASHBOARD

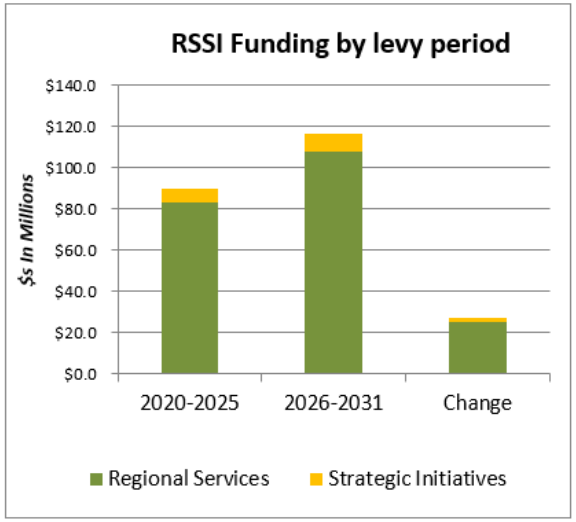
RSSI -- 2020-2025 Inflated to 2026-2031 Preliminary Status Quo

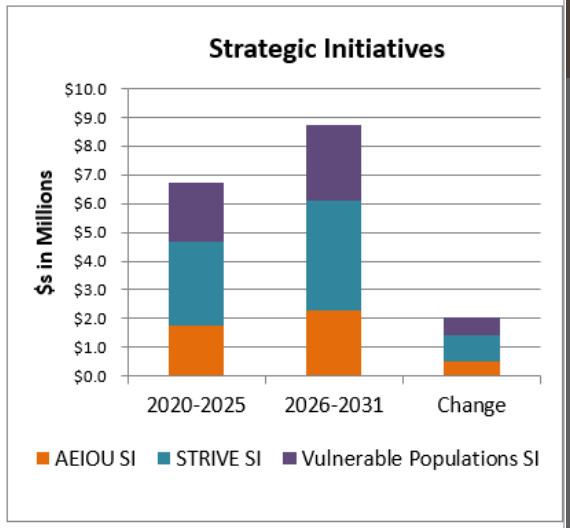
5/13/2024

(In Millions)

RSSI Funding Categories	2020-2025	2026-2031	Change	% Increase
Regional Services	$83.0	$108.0	$25.0	30%
Strategic Initiatives	$6.7	$8.7	$2.0	30%
TOTAL RSSI	**$89.7**	**$116.7**	**$27.0**	**30%**

Strategic Initiatives	2020-2025	2026-2031	Change	% Increase
AEIOU SI	$1.8	$2.3	$0.5	30%
STRIVE SI	$2.9	$3.8	$0.9	30%
Vulnerable Populations SI	$2.0	$2.7	$0.6	30%
TOTAL RSSI	**$6.7**	**$8.7**	**$2.0**	**30%**





	2.68%	*2.01%*	*7.29%*	*10.54%*	*5.51%*	*4.10%*	*3.68%*	*3.49%*	*3.46%*	*3.41%*	*3.43%*	*3.44%*			
RSSI Funding Categories	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**	**2031**	**2020-2025**	**2020-2025**	**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
Strategic Initiatives	1,209,732	1,254,162	1,296,735	957,247	988,215	1,022,479	1,572,651	1,630,411	1,685,756	1,244,421	1,284,679	1,329,223	6,728,570	8,747,141	2,018,571
TOTAL Current RSSI	**13,185,754**	**13,470,902**	**14,404,075**	**15,446,101**	**16,275,404**	**16,936,443**	**18,072,249**	**18,705,844**	**19,351,999**	**19,513,084**	**20,179,957**	**20,874,498**	**89,718,679**	**116,697,632**	**26,978,954**

Strategic Initiatives	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2020-2025	2020-2025	Difference
AEIOU SI	268,542	279,042	289,171	299,581	310,246	322,004	349,105	362,755	375,922	389,455	403,320	418,606	1,768,587	2,299,163	530,576
STRIVE SI	630,429	652,209	672,931	310,986	318,947	327,846	819,558	847,872	874,810	404,282	414,631	426,200	2,913,348	3,787,352	874,004
Vulnerable Populations SI	310,761	322,911	334,633	346,680	359,022	372,629	403,989	419,784	435,023	450,684	466,728	484,417	2,046,635	2,660,626	613,991
TOTAL Current RSSI	**1,209,732**	**1,254,162**	**1,296,735**	**957,247**	**988,215**	**1,022,479**	**1,572,651**	**1,630,411**	**1,685,756**	**1,244,421**	**1,284,679**	**1,329,223**	**6,728,570**	**8,747,141**	**2,018,571**