

BLS Subcommittee

Medic One/EMS Strategic Plan & Levy Reauthorization

**Thursday, April 5,
2018 1:00 PM – 3:00 PM**
Renton City Hall, Council Chambers (7th Floor)
1055 South Grady Way

Chair: Denis Law, Mayor of Renton

Agenda

- **Opening Remarks & Introductions** (10 minutes)
 - **Report from Other Subcommittees** (5 minutes)
 - **BLS Funding & Priorities** (90 minutes)
 - Status Quo funding
 - Program priorities – MIH and others
 - Total BLS funding – allocation methodologies
 - **Next Steps** (15 minutes)
-

Future Meetings of the BLS Subcommittee

Thursdays, 1:00 pm - 3:00 pm at various Renton sites

May 3, 2018	Renton City Hall, Council Chambers, 7 th Floor	1055 South Grady Way
June 7, 2018	Renton Fire Station 14	1900 Lind Ave SW
July 12, 2018	Renton City Hall, Council Chambers, 7 th Floor	1055 South Grady Way
August 9, 2018	Renton City Hall, Council Chambers, 7 th Floor	1055 South Grady Way
September 6, 2018	Renton City Hall, Council Chambers, 7 th Floor	1055 South Grady Way
October 4, 2018	TBD	

Medic One/EMS Strategic Plan & Levy Reauthorization

EMS STAKEHOLDER PRINCIPLES

As regional EMS Stakeholders, we are committed to these fundamental principles:

1. **REGIONAL SYSTEM**

The Medic One/EMS system is based on partnerships that are built on regional, collaborative, cross-jurisdictional coordination. This seamless cohesion allows the system to excel in pre-hospital emergency care.

2. **TIERED MEDICAL MODEL**

The medical model, with its tiered system and intensive dispatch, EMT and paramedic training and protocols, has led to our success in providing high quality patient care throughout the region.

3. **PROGRAMS & INNOVATIVE STRATEGIES**

State of the art science-based strategies and programmatic leadership have allowed us to meet the needs and expectations of our residents and our system.

4. **FOCUS ON COST EFFECTIVENESS AND EFFICIENCIES**

The Medic One/EMS system has maintained financial viability and stability due to the region's focus on operational and financial efficiencies, effectiveness and cost savings.

5. **MAINTAINING AN EMS LEVY AS FUNDING SOURCE**

The EMS levy is a reliable and secure source of funding our world-renowned system.

MEDIC ONE/EMERGENCY MEDICAL SERVICES STRATEGIC PLAN & LEVY REAUTHORIZATION Future Meetings

EMS Advisory Task Force:

✓ Thursday, January 18, 2018	1pm – 3 pm	Tukwila Community Center
Wednesday, May 30, 2018	1 pm – 3 pm	Tukwila Community Center
Tuesday, July 31, 2018	1 pm – 3 pm	2100 Building Community Room B
Tuesday, October 16, 2018	1 pm – 3 pm	Tukwila Community Center

SUBCOMMITTEES:

Advanced Life Support (ALS)	<i>Tuesdays from 1:00 – 3:00, South Seattle location</i>	
✓ February 15, 2018		Renton Fire Station 14
✓ March 15, 2018	1:30 – 3:30	2100 Building Community Room B
April 10, 2018		2100 Building, Community Room A
May 8, 2018		2100 Building, Community Room A
June 12, 2018		2100 Building, Community Room A
July 10, 2018		TENTATIVE - 2100 Building
August 14, 2018		TENTATIVE - 2100 Building
September 11, 2018		TENTATIVE - 2100 Building
October 9, 2018		TENTATIVE - 2100 Building

Basic Life Support (BLS)	<i>Thursdays from 1:00 – 3:00, various Renton sites</i>	
✓ February 8, 2018		Renton Fire Station 14
✓ March 8, 2018		Renton Fire Station 14
➔ April 5, 2018		Renton City Hall, Council Chambers, 7 th Floor
May 3, 2018		Renton City Hall, Council Chambers, 7 th Floor
June 7, 2018		Renton Fire Station 14
July 12, 2018		Renton City Hall, Council Chambers, 7 th Floor
August 9, 2018		Renton City Hall, Council Chambers, 7 th Floor
September 6, 2018		Renton City Hall, Council Chambers, 7 th Floor
October 4, 2018		TBD

Regional Services (RS)	<i>Tuesdays from 1:00 – 3:00, Renton location</i>	
✓ February 20, 2018		City of Seattle Joint Training Facility
✓ March 20, 2018		Renton Highlands Library conference room
April 17, 2018		Renton Highlands Library conference room
May 15, 2018		Renton Highlands Library conference room
June 19, 2018		TENTATIVE - Renton Highlands Library
July 17, 2018		TENTATIVE - Renton Highlands Library
August 21, 2018		TENTATIVE - Renton Highlands Library
September 18, 2018		TENTATIVE - Renton Highlands Library

Finance	<i>Tuesdays or Thursdays 1:00 – 3:00, Kirkland location</i>	
✓ February 1, 2018 (Thursday)		Renton Fire Station 14 (1900 Lind Ave SW)
May 17, 2018 (Thursday)	12:00 – 2:00	Peter Kirk Room, Kirkland City Hall
July 24, 2018 (Tuesday)		Peter Kirk Room, Kirkland City Hall
September 25, 2018 (Tuesday)		Peter Kirk Room, Kirkland City Hall

Bold = recently revised

LOCATIONS:

Renton Fire Station 14
1900 Lind Ave SW, Renton

Phone: (425) 430-7000

City of Seattle Joint Training Facility
9401 Myers Way South, Seattle

Phone: (206) 386-1600

The 2100 Building
2100 24th Ave S, Seattle

Phone: (206) 407-2100

Renton City Hall
1055 South Grady Way, Renton

Phone: (425) 430-6400

Kirkland City Hall
123 5th Ave, Kirkland, WA

Phone: (425) 587-3000

Renton Highlands Library conference room
2801 NE 10th Street, Renton

Phone: (425) 277-1831

EMS Advisory Task Force
Medic One/EMS Levy Reauthorization Calendar

2018

JANUARY

S	M	T	W	Th	F	S
	H1	2	3	4	5	6
7	8	9	10	11	12	13
14	H15	16	17	IF	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

FEBRUARY

S	M	T	W	Th	F	S
				FIN	1	2
				BLS	8	9
4	5	6	7	8	9	10
11	12	ALS	13	14	15	16
17	18	RS	19	20	21	22
23	24	25	26	27	28	29

MARCH

S	M	T	W	Th	F	S
				1	2	3
				BLS	8	9
4	5	6	7	8	9	10
11	12	13	14	ALS	15	16
17	18	RS	19	20	21	22
23	24	25	26	27	28	29

ALS - revised

APRIL

S	M	T	W	Th	F	S
1	2	3	4	BLS	5	6
7	8	9	ALS	10	11	12
13	14	RS	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY

S	M	T	W	Th	F	S
		1	2	BLS	3	4
		ALS	8	9	10	11
6	7	8	9	10	11	12
13	14	RS	15	FIN	16	17
18	19	20	21	22	23	24
25	26	27	H28	29	TF	30

Finance and Task Force meetings - revised

JUNE

S	M	T	W	Th	F	S
					1	2
				BLS	7	8
3	4	5	6	7	8	9
10	11	ALS	12	13	14	15
16	17	RS	18	19	20	21
22	23	24	25	26	27	28

JULY

S	M	T	W	Th	F	S
1	2	3	H4	5	6	7
8	9	ALS	10	BLS	11	12
13	14	RS	15	16	17	18
19	20	FIN	21	22	23	24
25	26	TF	27	28	29	30

AUGUST

S	M	T	W	Th	F	S
			1	2	3	4
			BLS	9	10	11
5	6	7	8	9	10	11
12	13	ALS	14	15	16	17
18	19	RS	20	21	22	23
24	25	26	27	28	29	30

SEPTEMBER

S	M	T	W	Th	F	S
						1
				BLS	6	7
2	H3	4	5	6	7	8
9	10	ALS	11	12	13	14
15	16	RS	17	18	19	20
21	22	FIN	23	24	25	26
27	28	29	30			

OCTOBER

S	M	T	W	Th	F	S
	1	2	3	BLS	4	5
	H8	9	10	11	12	13
14	15	TF	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER

S	M	T	W	Th	F	S
				1	2	3
				8	9	10
4	5	6	7	8	9	10
11	H12	13	14	15	16	17
18	19	20	21	H22	H23	24
25	26	27	28	29	30	

DECEMBER

S	M	T	W	Th	F	S
						1
						8
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	H25	26	27	28	29
30	31					

Econ forecasts: 3/7-3/14; 7/18-7/27; 8/17-8/27

3/30/2018

BLS FUNDING -- 2014-2019 Inflated to 2020-2025 Status Quo

4/4/2018

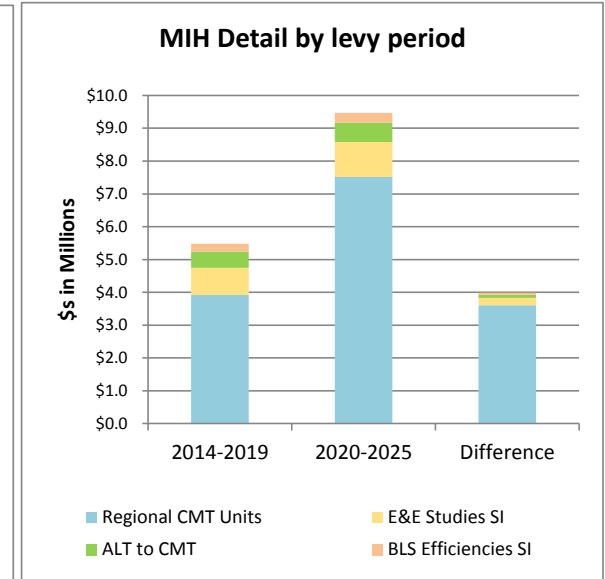
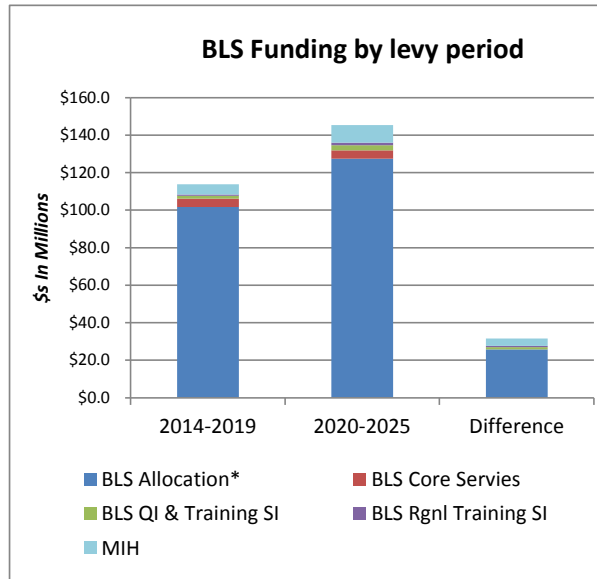
(In Millions)

BLS Funding Categories	2014-2019	2020-2025	Difference	% Incr**
BLS Allocation*	\$101.7	\$127.4	\$25.7	25%
BLS Core Servies	\$4.5	\$4.5		0%
BLS QI & Training SI	\$1.5	\$2.7	\$1.2	82%
BLS Rgnl Training SI	\$0.6	\$1.4	\$0.7	116%
MIH	\$5.5	\$9.5	\$4.0	73%
TOTAL	\$113.8	\$145.4	\$31.6	28%

MIH Detail	2014-2019	2020-2025	Difference	% Incr.
Regional CMT Units	\$3.9	\$7.5	\$3.6	92%
E&E Studies SI	\$0.8	\$1.1	\$0.2	27%
ALT to CMT	\$0.5	\$0.6	\$0.1	19%
BLS Efficiencies SI	\$0.2	\$0.3	\$0.1	27%
MIH Subtotal	\$5.5	\$9.5	\$4.0	73%

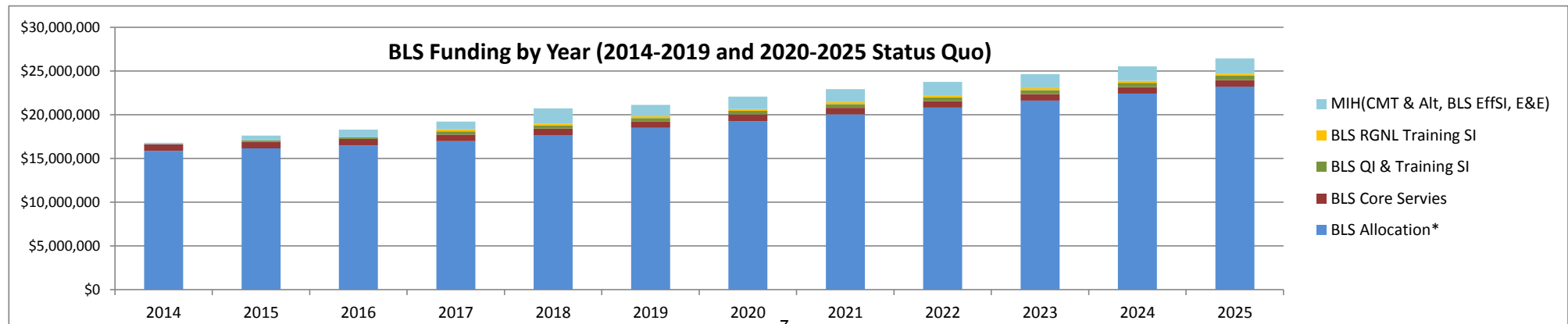
*Includes supplement of \$219,144 in 2014 to keep allocation at same level as 2013.

**Increase at CPI-W=1%; at CPI-W increase is 18.5%



BLS Funding Categories	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2014-2019	2020-2025	Difference
BLS Allocation*	15,871,030	16,157,444	16,493,517	16,986,671	17,671,236	18,489,414	19,284,459	20,042,338	20,809,960	21,606,981	22,408,600	23,222,032	101,669,312	127,374,370	25,705,058
BLS Core Servies	750,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000	4,500,000	4,500,000	0
BLS QI & Training SI		170,833	176,539	365,046	377,640	390,820	407,625	423,645	439,871	456,718	473,662	490,856	1,480,878	2,692,376	1,211,498
BLS RGNL Training SI				236,507	200,000	200,000	208,600	216,798	225,101	233,723	242,394	251,193	636,507	1,377,809	741,301
MIH(CMT & Alt, BLS EffSI, E&E)	159,874	530,295	878,218	880,332	1,744,534	1,288,550	1,433,957	1,490,312	1,547,391	1,606,656	1,666,263	1,726,748	5,481,803	9,471,328	3,989,525
TOTAL	16,780,904	17,608,572	18,298,274	19,218,557	20,743,410	21,118,784	22,084,642	22,923,093	23,772,322	24,654,077	25,540,919	26,440,829	113,768,500	145,415,882	31,647,382

MIH Projects	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2014-2019	2020-2025	Difference
E&E STUDIES SI	124,628	129,987	135,576	141,406	147,487	153,829	160,443	166,749	173,135	179,766	186,436	193,203	832,913	1,059,732	226,819
ALT to CMT				49,433	450,567		90,000	93,537	97,119	100,839	104,580	108,377	500,000	594,452	94,452
EMS SI BLS EFFICIENCIES	35,246	36,762	38,342	39,991	41,711	43,504	45,375	47,158	48,964	50,840	52,726	54,640	235,556	299,702	64,147
REGNL CMT UNITS		363,546	704,299	649,502	1,104,770	1,091,217	1,138,139	1,182,868	1,228,172	1,275,211	1,322,521	1,370,529	3,913,334	7,517,441	3,604,107
MIH Subtotal	159,874	530,295	878,218	880,332	1,744,534	1,288,550	1,433,957	1,490,312	1,547,391	1,606,656	1,666,263	1,726,748	5,481,803	9,471,328	3,989,525



BLS FUNDING SOURCES

Average Yearly Funding

Program	Projects	2014-2019	2020-2025
Mobile Integrated Healthcare (MIH)	*Reg'I CMT Units *Alt to CMT *BLS Efficiencies SI *E&E Studies	\$913,634	\$1,578,555
BLS Regional Initial EMT Training SI		\$212,169	\$229,635
BLS QI and Training SI		\$296,176	\$448,729
BLS Core Services		\$750,000	\$750,000
BLS Allocation		\$16,944,885	\$21,229,062
TOTAL		\$19,116,864	\$24,235,980

King County Mobile Integrated Healthcare

Giving Firefighters the Tools They Need

Why do we need Mobile Integrated Healthcare (MIH)?

Every fire department in King County experiences 9-1-1 calls from people that require help. Unfortunately, there are a growing number of such calls that our departments are not well resourced to truly assist - calls about caregiving for a loved one, transportation, housing needs and mental health assistance. These are complicated situations that cannot be assessed and addressed by firefighters in a traditional 20 minute response. But residents still turn to 9-1-1 for assistance because it is the system they know, trust and can easily access.

King County fire departments are addressing this issue through additional response and referral strategies, collectively known as the Mobile Integrated Health (MIH) network.

What is MIH?

MIH personnel work with local health care providers and social services to direct callers to the right care. Dedicated to connecting callers to the correct resources, the MIH network gives EMS the tools to provide a meaningful intervention and truly impact the patient's wellbeing.

Who is served by MIH?

- High volume callers
- Low acuity callers
- Patients with complex care needs

These groups call every department, every day. Traditional fire departments lack resources and time to provide the kind of intervention these patients need. As a result, the calls continue and/or the chance is lost to truly help the patient. Currently the network reaches 1.5 million residents. Excluding Seattle, 64% of King County has access to an MIH program today.

What are the benefits of the MIH program?

- Better service and care for callers seeking help through 911;
- Increased availability of EMS resources; and
- Accessible resources for firefighters facing burnout from responding daily to situations they feel unable to improve.

How does King County MIH work?

The MIH network currently consists of **six teams throughout King County**, and the seventh is launching this summer. The network is the outgrowth of the now completed CMT pilot programs. While each team is modeled a bit differently, each still operates on a blend of response and referral models:

Response Model Services and connections are provided at the time of a 911 call; may be an alternative response unit (ARU) or may be a resource requested by crews on scene; can allow for ER diversion.

Referral Model Services and connections are provided after the 911 call; often includes multiple home visits and coordination of care with multiple providers.

Where are MIH programs operating?

Currently:

- North King County Community Medicine Team
- NE King County MIH
- Seattle FD Low Acuity / Vulnerable Adults Program
- Bellevue CARES
- FD CARES
- South King County Community Medical Team

A seventh program is already slated to begin in Renton in summer, 2018.

MIH Goals & Funding

All the current MIH programs receive some degree of financial support through the regional levy. In 2018, the network outside Seattle will receive \$1.375 million dollars in levy funds to support its operation.

The MIH Advisory Board is committed to:

- growing MIH services in a coordinated way
- continuing to research MIH strategies and benefits
- unifying data collection methods
- extending MIH into every community in King County

To accomplish this, a **total of \$4 - \$5 million a year through the EMS levy is requested for the MIH program**. That would mean continuing and expanding the funds already supporting the network under the current levy. These requested funds would carry part of the burden for continuing existing programs through the next levy and allow those programs to expand or new programs to launch to cover the rest of the county.

COMMUNITY MEDICINE TEAM

Shoreline, Northshore, Bothell and Woodinville Fire Departments

2016-17 Dispatches & Referrals: 1206

2018 Hours of Operation: Monday–Friday, Day shift

The Community Medicine Team was a CMT pilot program using fire fighters assigned full time to provide ARU and wrap around services to three jurisdictions. In 2018, the Community Medicine Team transitioned away from alternative response in order to be more cost effective and currently employs one firefighter and one clinical social worker to provide MIH services to four jurisdictions.

BELLEVUE CARES

Bellevue Fire Department

2016-17 Dispatches and Referrals: 504

2018 Hours of Operation: Monday–Friday, Day shift

Launched in 2012 and modeled after a program in Spokane, Bellevue CARES utilizes Masters of Social Work students to provide additional resources and support following a 9-1-1 call. The students earn practicum hours towards their degree. In 2017, the program expanded to include CARES1 which can be requested by fire or police at the time of call to provide social work assistance.

FD CARES

Puget Sound Fire Authority

2016-17 Dispatches and Referrals: 4843

2018 Hours of Operation: 7 days a week, 24 hours a day

Puget Sound Fire's FDCARES Division was a CMT pilot program and is designed to connect 9-1-1 callers and individuals with complex care needs to the right care in the community. Our CARE unit is staffed with a Registered Nurse and Firefighter/Emergency Medical Technician, the mobile care team responds to low-acuity 9-1-1 callers and conducts proactive outreach visits to individuals with complex care needs. The team operates outside the traditional time constraints of the emergency service system to deliver and coordinate care when and where community members need it.

COMMUNITY MEDICAL TEAM

South King and Valley Regional Fire Authority

2016-17 Dispatches and Referrals: 2662

2018 Hours of Operation: Monday-Friday, Day shift

CMT36 was also a CMT pilot program and is a partnership between SKFR and VRFA providing an ARU to low acuity incidents while connecting patients with the appropriate care. In March 2018, the staffing model changed to two dedicated full time firefighters and a full time social worker. CMT36 has noticed a steady rise in both call volume and referrals to the program.

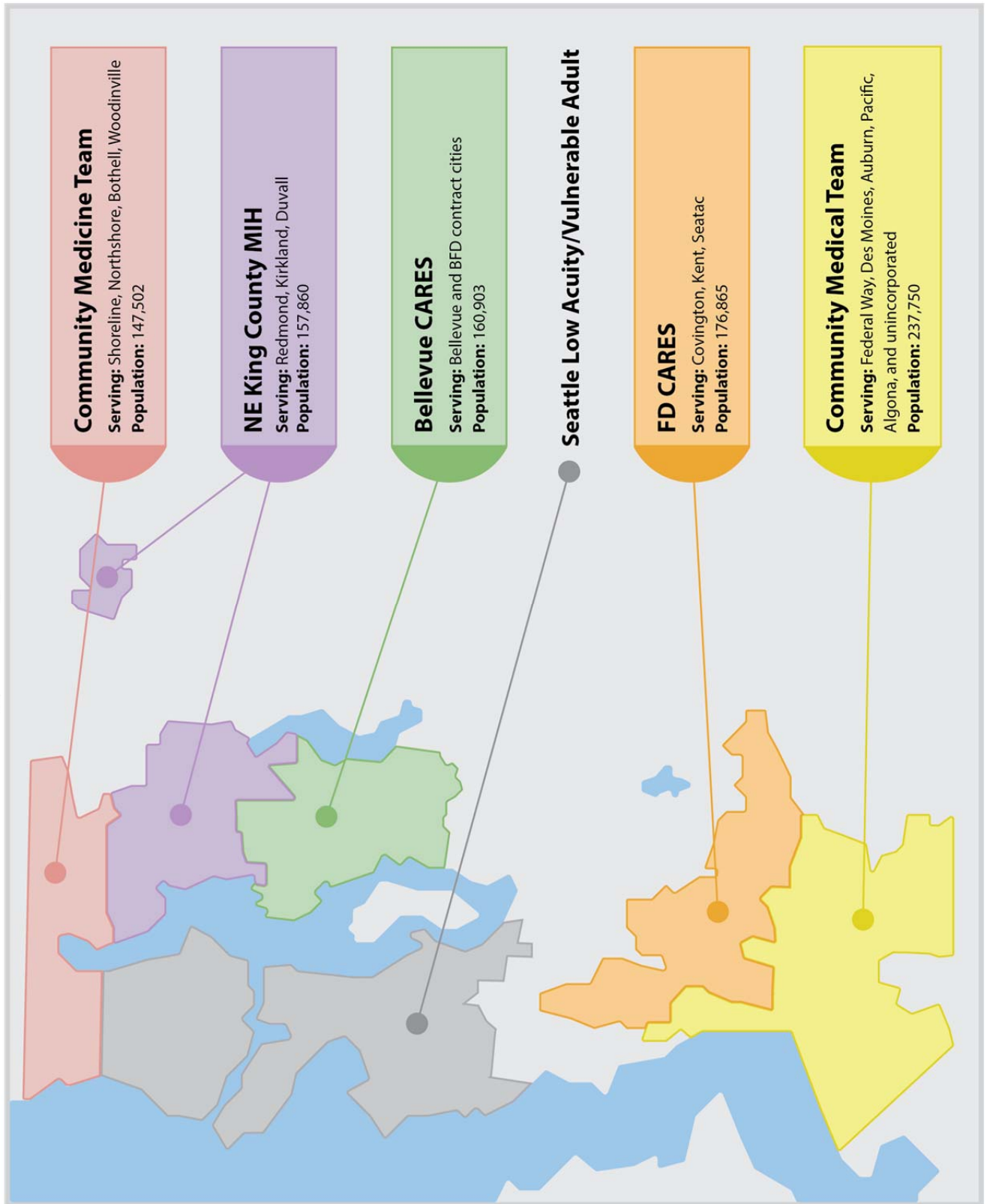
NE KING COUNTY MIH

Redmond, Kirkland, Duvall Fire Departments

Launched in June 2017, NE King County's MIH main purpose is to see patients that have been referred by EMT's and Paramedics who need more than what 9-1-1 can traditionally provide. Additionally, when staffed we are able to respond to a scene at request of 9-1-1 units. We work to navigate the patient to the right resources. Our average patient is 70 years old and has fallen and we assist in mitigating future falls. The next most common scenario is elderly patients who don't seem to have enough resources in place and need extra help staying independent.

*Each MIH program has been collecting data that demonstrates the success of their program in their community but each program has been using different collection methods and definitions. We can't accurately compare performance or paint a comprehensive picture until data management is unified.

The King County MIH Network



2016 BLS Funding Formula -- Rebase total allocation

With comparisons to 2015 and 2016 allocations

Agency*	Original 2016 Allocation	Rebase 2016 Rebase Alloc	Dif Rebase (2016)
Bellevue	\$2,191,255	\$2,539,208	347,953
Eastside	\$1,484,242	\$1,309,572	(174,670)
Redmond	\$1,000,549	\$1,108,674	108,125
Kirkland	\$924,738	\$1,058,549	133,811
Kent Regional Fire Auth.	\$1,340,123	\$1,545,653	205,530
South King Fire & Rescue	\$1,416,468	\$1,463,881	47,413
Renton	\$959,193	\$1,118,305	159,112
Mercer Island	\$434,821	\$445,895	11,074
Woodinville	\$542,766	\$466,232	(76,534)
Valley Regional Fire Auth.	\$804,529	\$858,846	54,317
Shoreline (FD #4)	\$676,281	\$709,871	33,590
FD #2	\$433,185	\$490,791	57,606
Northshore (FD #16)	\$371,193	\$379,309	8,116
Maple Valley	\$444,616	\$313,756	(130,860)
Tukwila	\$414,319	\$418,479	4,160
Bothell	\$365,732	\$265,008	(100,724)
SeaTac	\$390,331	\$371,083	(19,248)
Snoqualmie Fire	\$101,222	\$134,688	33,466
Vashon	\$200,570	\$158,646	(41,924)
FD #40	\$213,430	\$150,815	(62,615)
FD #44	\$307,239	\$146,527	(160,712)
FD #45	\$162,806	\$121,434	(41,372)
Enumclaw	\$307,427	\$199,276	(108,151)
North Highline (FD #11)	\$450,895	\$325,266	(125,629)
FD #20	\$190,023	\$165,516	(24,507)
FD #27	\$103,441	\$75,865	(27,576)
FD #25	\$108,745	\$73,803	(34,942)
Black Diamond	\$55,994	\$33,974	(22,020)
FD #47	\$24,501	\$11,673	(12,828)
FD #50	\$46,055	\$21,992	(24,063)
FD #51 (Snoqualmie Pass)	\$26,828	\$10,927	(15,901)
Total	\$16,493,517	\$16,493,514	(3)

Rebase difference per year where total is less than 2016 allocation (1,204,276)

DIF Two years (2,408,552)

DIF Three years (3,612,828)

BLS Allocation - 2020-2025 levy span

Unit Allocation Methodology for BLS allocation

Overview:

The EMS levy provides BLS agencies with an annual allocation to help offset the costs of providing EMS services. The current formula distributes the total yearly increase to agencies based 50% on Assessed Valuation and 50% on call volumes. The individual agency increase is then added to the base funding that each agency received the previous year.

Discussion:

We are proposing that the region consider a different methodology.

Proposal:

1. Consolidate all BLS funding awards into a single contract at the beginning of the levy period. This single contract/award would include:
 - BLS Allocation
 - BLS Core Services *
 - BLS Training and QI Strategic Initiative funding *
 - Other funding (current and new) that contributes to MIH activities
2. Distribute BLS allocation on a “per unit” basis, based on 3 definitions/categories:
 1. Career unit allocation for every station that is staffed 24/7/365 by at least two firefighters
 2. Second unit allocation (lower than the first unit allocation) for every station that houses two or more units as described above
 3. Volunteer unit allocation for every station that is staffed with volunteers

This proposal:

1. Recognizes that the costs and benefit of providing BLS services is similar across the region, and compensates agencies in a manner to meet needs;
2. Reflects the fundamental role and importance that the BLS plays within the regional system;
3. Incentivizes a jurisdiction’s investment in the BLS response system;
4. Creates a more level playing field:
 - Does not pit areas with higher AV against those with lower AV;
 - Does not penalize agencies when making significant progress in the MIH arena;
5. Streamlines and minimizes the time, effort and administrative expense for administering the allocation; and
6. Aligns with the ALS allocation system, which is already based on a per unit allocation system.

Request:

We are asking that the BLS Working Group convene a in April to review this, and other, ideas, and bring forth a recommendation to the May 3, 2018 Levy Planning – BLS Subcommittee meeting. Recommendation should include an appropriate funding level, and a mechanism to ensure each jurisdiction’s allocation is not less than the previous year’s allocation.

* Contract can stipulate dedicated uses for BS Core and QI funding, if desired.