

Draft Recommendations

Collaborative Fire and EMS Service Delivery in Snohomish County: A Feasibility Study

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Current State

Current State Overview

More than 20 providers deliver fire and EMS services in Snohomish County. These providers operate independently, though there is increasing coordination and interdependence, particularly given borderless dispatch and mutual aid agreements. This coordination means that independent providers are a de facto “system” that accomplishes necessary tasks in providing fire and EMS services to Snohomish County, but for which refinement could provide better service and relationships.

There is a great deal of variation in community context and provider resources. Providers would like to see additional collaboration to align response resources, achieve resource efficiencies, and provide the best possible service to customers.

Problem Statements: A Case for Change

EMS System

- External forces, including increasing population, changing demographics and social conditions, and resource constraints place significant pressure on EMS service delivery.
- There is currently little centralized capacity to help providers learn, adapt, or coordinate a countywide standardization of EMS service delivery models.
- Differences in training approaches lead to differences in response approaches, hindering collaboration.
- Many stakeholders do not see SCEMS to be effective in its role and reference past challenges with the organization. Many stakeholders note recent improvements. Stakeholders are not clear on SCEMS’s role and cite some duplication in effort between SCEMS and individual providers.
- A few large providers provide a significant proportion of funding to SCEMS, which creates risk should these providers choose to pull their support.

Fire Training

- Differences in training approaches at different training groups lead to differences in response approaches, hindering collaboration.
- Firefighters who move between providers may be required to take duplicative training (see also Recruitment).

Recruitment

- Members at smaller providers often move laterally to larger providers, which typically offer career positions with higher wages. This is happening increasingly quickly after a member starts work at smaller provider, hindering smaller providers’ ability to receive a return on their investment in recruiting and training these individuals.
- Members who make these moves typically go through basic training at both organizations (see also Fire Training).

Vision for a Desired Future

Interviews with leadership of fire and EMS providers indicated a vision for the future:

Greater coordination, alignment, and collaboration strengthens individual agencies, countywide systems for fire and EMS service delivery, and the development of personnel.

Essential attributes of this long-term Vision include:

- **Effective and efficient support for providers' EMS functions contributes to a high level of EMS care in the county.** This could include some countywide services and some opt-in functions. Centralized data collection and continuous learning informs protocol development and ongoing provider education to meet the highest standards and evolving best practices.
- **Countywide alignment in training establishes a foundation for greater collaboration,** including shared standards for rural, suburban, and urban providers. While some logistical aspects of training needs will continue to differ based on the provider deployment model and culture, all members are part of a countywide system and have access to excellent training and career development opportunities.
- **Collaborative recruitment mitigates staffing challenges created by a rapidly growing community.** There is a strong pipeline of volunteer, part-time, and full-time career opportunities across agencies and recognition that provider competition and lateral moves are part of a natural career progression for individuals.

The outcomes associated with this Vision include:

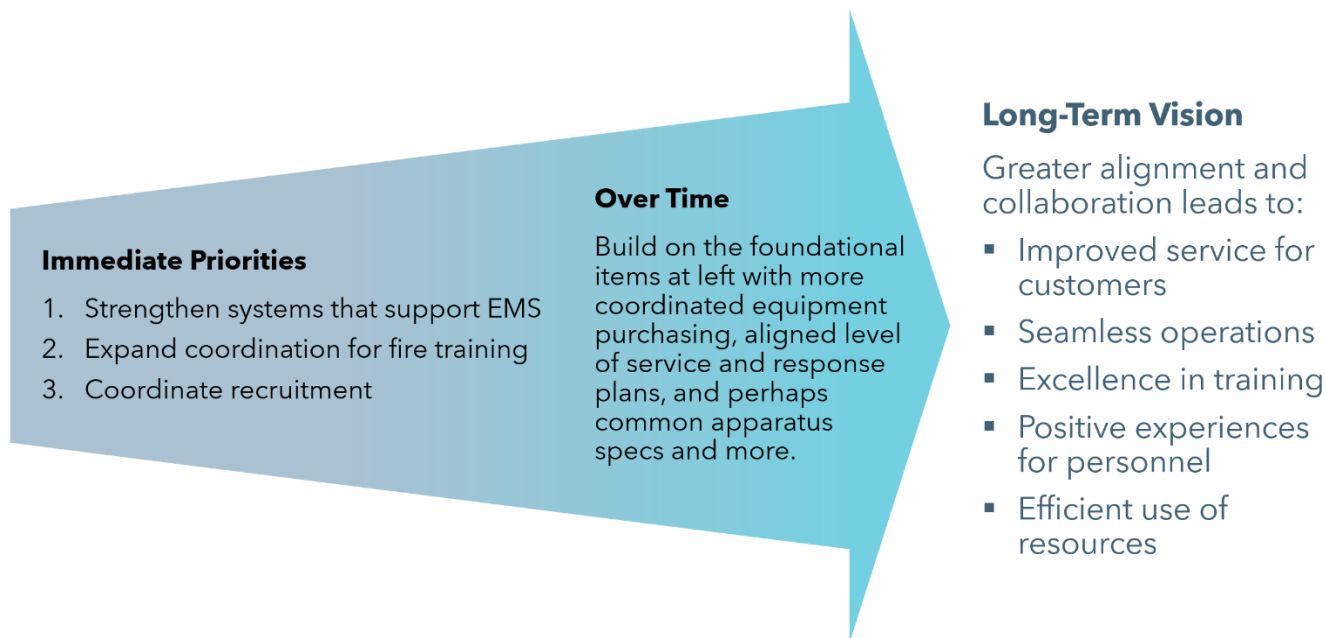
- Improved service and better outcomes for customers.
- Seamless countywide operations, with enhanced interoperability of equipment and apparatus, and greater safety for personnel.
- Excellence in fire and EMS training and service delivery that is aligned across agencies of all sizes and tailored to the Snohomish County context through a process of continuous learning and improvement.
- A more positive experience for personnel entering and advancing their careers in Snohomish County.
- More efficient use of public resources, including taxpayer dollars and staff time.

Long-term Consolidation: *Nearly all interviewees anticipate the consolidation of providers in the future, resulting in fewer agencies, or even one or three agencies, serving Snohomish County. While this was described as a likely long-term trend, it is worth noting that nearer-term consolidation could enhance resource efficiency and enhanced services for customers. Such consolidation would also likely support the desired collaboration described in the above Vision by reducing the number and diversity of providers that must come to agreement around great alignment.*

Recommended Next Steps

Based on input from interviews and the problem statements and the shared vision described above, we recommend the following steps for providers in Snohomish County. We have ordered these steps by their priority level based on what we have heard through interviews.

As shown in the illustration below, the intention is for these three priority recommendations to lead into further increased collaboration, all in pursuit of the shared vision of greater alignment and functional collaboration.



Priority 1. Strengthen the Systems that Support EMS

- A. **Rebuild and restructure SCEMS** to be an effective organization that can perform as desired.
 - a. **Integrate SCEMS into Sno911.** Establish SCEMS as a department within Sno911, with a department head reporting to Sno911 leadership and taking strategic direction from the SCEMS Board and county MPD. Sno911 will provide physical space and administrative/HR functions for SCEMS. Incorporate the SCEMS assessment into the Sno911 assessment.
 - b. **Establish a strong leadership role** to manage the organization and coordinate with the SCEMS board. This leader would have a standing agenda item at the Fire Chiefs monthly meeting to facilitate information-sharing and ensure alignment between SCEMS and the Fire Chiefs.
 - c. **Establish clear roles and responsibilities** for the organization and Board.
 - d. **Develop a strategic plan** to map out service priorities and resource needs for the coming five years. Include performance measures.
- B. **Focus the roles of SCEMS and the MPD on the following functions.** SCEMS's role will **not** dictate EMS responses for providers.
 - a. **Conduct QA/QI that ties to protocol development and ongoing training.**

- i. Develop protocols using countywide data analysis (with MPD oversight and State review).
 - ii. Develop content for ongoing training based on QA/QI findings to replace existing content in Target Solutions (with MPD oversight and State review).
 - iii. Provide recertification tracking as an opt-in service for providers.
- b. Coordinate the establishment of EMT training standards** aligned with IFSAC, National Registry requirements, and State requirements and **coordinate training delivery**.
- i. Consider options to deliver EMT training through community colleges or agency providers.
 - ii. Provide administrative support, coordination of instructors, and banking functions to collect fees and pay instructors.

Funding

The increase in countywide EMS coordination will require additional base funding for SCEMS. Some services would be offered as opt-in.

Priority 2. Expand Coordination for Fire Training

- A. Establish a committee under the Fire Chiefs to **develop training parameters**, a shared curriculum, and metrics for Firefighter 1 and Firefighter 2 training curriculum in line with IFSAC standards and agreed-upon county-level expectations.
- B. **Deliver training through multiple venues**, including existing training consortiums, with participants obtaining credit for Firefighter 1 training completed via any Snohomish County venue.
 - a. **Coordinate timing of training delivery**, including a connection to EMT training per below.
 - b. **Use IFSAC evaluators during testing** to ensure unbiased evaluation of student performance.
- C. **Full-time providers offer opt-in training opportunities for members countywide** to mitigate training costs for part-time and volunteer providers.
- D. **Providers continue to provide "finishing" training** and culture-building and skill refinement after members complete baseline Firefighter 1 or Firefighter 2 training.

Priority 3. Coordinate Recruitment

- A. **Full-time providers raise awareness of employment opportunities at part-time providers**.
- B. **Establish an interlocal agreement so that a provider that acquires a member from another provider in less than an agreed-up length of time reimburses the original provider** for a prorated portion of that member's training costs. Additional reimbursement could be provided to the member if the member pays for a portion of their own training.
- C. After building out standardized Firefighter 1 training (see Priority 2. Expand Coordination for Fire Training), **coordinate recruitment countywide**, including a shared recruitment timeline and a single recruitment platform with a shared pool (or full-time, part-time, and volunteer pools) of candidates and "draft" model.
- D. **Accommodate part-time and volunteer work across agencies** as possible.

Priority 4 (as feasible). Advance Other Collaborative Efforts

- A. **Coordinate equipment purchasing**, likely through the Fire Chiefs Association.
 - a. Continue to offer the ability for providers to purchase through other providers' agreements where possible.
 - b. In the short-term: establish shared specifications for more easily standardized equipment such as SCBAs and bunker gear. Raise awareness of when agencies are making purchases to encourage others to join.
 - c. In the longer-term: establish a committee to develop shared standards for more costly equipment and apparatus, with options for custom modification.
- B. **Offer additional shared learning opportunities**, such as officer development programs or driver training. Resources could be pooled to deliver these opportunities through existing training consortiums, with the opportunity for any provider in the county to participate.
- C. Implement an **opt-in shared community paramedicine program**, likely coordinated by SCEMS.
- D. **Coordinate the allocation of limited seats in paramedic training programs**, including at Harborview, Central Washington University, and Bellingham Technical College, likely through SCEMS.
- E. **Continue conversations about how to further the improvements offered by borderless dispatch.**