



# Snohomish County Fire Department Consortium Expansion Study

All Stakeholder Workshop

September 20, 2023 | 11 am – 2 pm

Location: Sno911 Future Facility

# CONSULTANT INTRODUCTIONS



**Brian Murphy**  
Project Manager  
& Lead Facilitator



**Julia Tesch**  
Co-Facilitator  
& Analyst

## Our role as consultants

- Serve as process guides, facilitators, and objective analysts.
- Create opportunities for safe and productive input from stakeholders.
- Facilitate decision-making and strategy setting.

# TODAY'S MEETING

## Objectives

- Gather input on draft recommendations.
- Provide an opportunity for stakeholders to understand the perspectives of other stakeholders.

*This is not a decision-making meeting*

## Agenda

Time	Item	Lead(s)
11:05 am – 11:10 am	Welcome	Chief Hovis (South County) and Chief Kraski (North County)
11:10 am – 11:25 am	Introductions, meeting objectives and agenda, project overview	Brian Murphy and Julia Tesch (BERK Consulting)
11:25 am – 11:50 am	Current state and recommendations	Brian, Julia, and members of the Fire Chiefs Ass'n E-Board
11:50 am – 12:15 pm	Break and org huddles	N/A
12:15 pm – 1:15 pm	Recommendations activity	All
1:15 pm – 1:50 pm	Closing roundtable comments	One person per organization
1:50 pm – 2:00 pm	Conclusion	Brian and Julia

# STAKEHOLDER INTRODUCTIONS

## FIRE AND EMS PROVIDERS

- District 4
- District 5 (Sultan)
- District 15 (Tulalip Bay)
- District 16 (Lake Roesiger)
- District 17 (Granite Falls, inc'l Dist. 23)
- District 19 (Silvana)
- District 21 (Arlington Rural)
- District 22 (Getchell)
- District 24 (Darrington)
- District 25 (Oso)
- District 26 (Gold Bar/Sky Valley)
- District 27 (Hat Island)
- Everett Fire Department
- Marysville RFA
- Mukilteo Fire Department
- North County RFA
- Paine Field Airport Fire
- Snohomish Regional Fire & Rescue
- South County RFA

## OTHER STAKEHOLDERS

- Everett Community College
- Snohomish County 911
- Snohomish County EMS/TC Council (SCEMS)
- Snohomish County Fire Marshal
- Snohomish County Medical Program Director



# PROJECT OVERVIEW



# CONTEXT AND DESIRED OUTCOMES



## Context

- Rapid growth and fiscal constraints are straining fire/EMS providers in Snohomish County
- There are opportunities to strengthen the efficiency and effectiveness of fire/EMS service delivery in Snohomish County through greater cooperation among providers



## Desired Outcomes for this Phase

- Shared understanding of the current state
- Consensus around a long-term vision for fire/EMS provision in Snohomish County, including:
  - Risks and areas of concern
  - Planning for the future

**Potential future phase of work:** Implementation planning for functions we identify for collaboration: identifying potential governance and decision-making structures; cost-sharing and funding models; and implementation steps



# APPROACH

## Engage Snohomish County Fire/EMS providers and key partners

- **Done:** Stakeholder interviews
- **Done:** Fire Chiefs E-Board engagement
- **Today:** Workshop with all fire and EMS stakeholders in the county

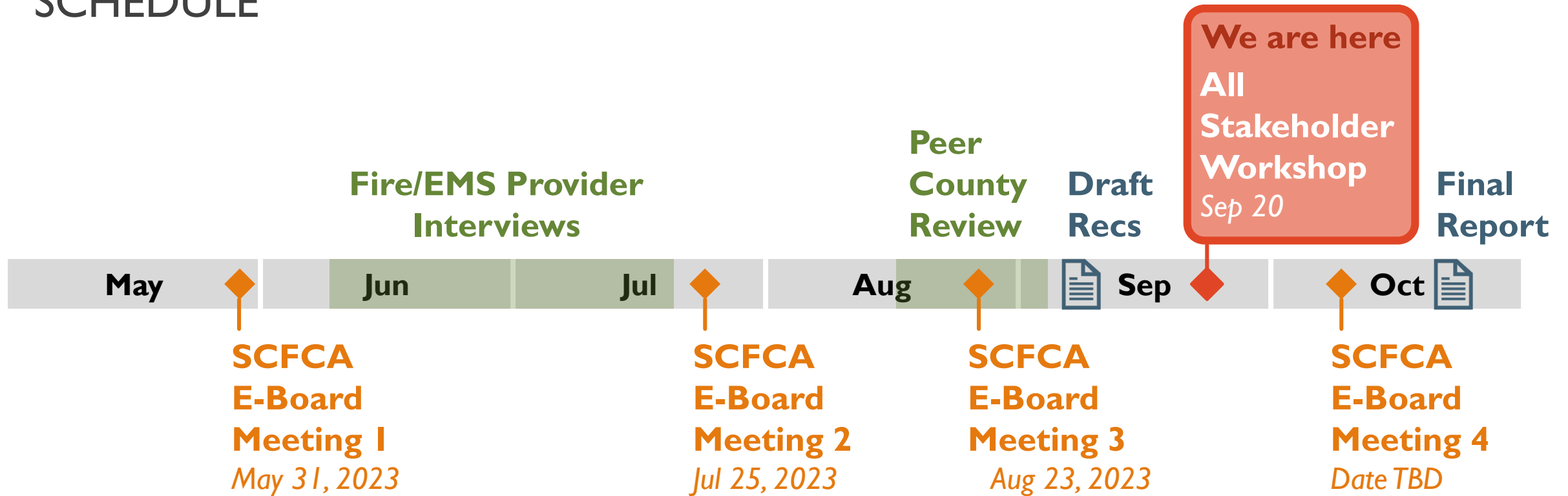
## Peer review

- **Done:** Identify learnings from models elsewhere

## Role of the E-Board has been to:

- Provide input into the process
  - Represent the diversity of perspectives in the county
- Review findings and identify key takeaways

# SCHEDULE







# CURRENT STATE AND WHAT WE HEARD



## CURRENT STATE OVERVIEW

- 20+ providers deliver fire and EMS services in Snohomish County with differences in communities and resources
  - **Community differences:** population size and density
  - **Agency differences:** deployment model (full-time career, part-time, all-volunteer) and local EMS levy
- Increasing coordination and interdependence, particularly given mutual aid agreements and borderless dispatch for some calls
  - Independent agencies and some collaborative bodies operate as a de facto, but not well-coordinated, “system”

Provider	Pop (2020 OFM)
South Snohomish County RFA	270,367
Snohomish Regional Fire & Rescue	176,499
Everett Fire Department	112,300
Marysville RFA	86,517
North County RFA	45,864
District #4	29,723
Mukilteo Fire Department	21,560
District #17 (Granite Falls, inc'l Dist. #23)	14,770
District #21 (Arlington rural)	9,358
District #5 (Sultan)	9,292
District #15 (Tulalip Bay)	5,177
District #22 (Getchell)	5,275
District #26/#28 (Sky Valley/Gold Bar)	5,565
District #19 (Silvana)	3,554
District #24 (Darrington)	3,330
District #16 (Lake Roesinger)	3,112
District #25 (Oso)	955
District #27 (Hat Island)	89
Paine Field Airport Fire	0



## WHAT WE HEARD: HIGH-LEVEL INTERVIEW FINDINGS

- Consensus that interagency collaboration has improved significantly in recent years and should continue to increase
- 3 primary focus areas:
  1. **EMS system**
  2. **Fire training**
  3. **Recruitment**
- Barriers: differences within the county create legitimate challenges and concern with “egos”
- Guiding principle that should guide collaboration: “focus on the customer”
- Over the long-term, some level of agency consolidation is likely



## AN EDITORIAL NOTE ON CONSOLIDATION

- This project is not a consolidation study
- Nearly all interviewees anticipate consolidation in the long-term
- Nearer-term consolidation could enhance resource efficiency and the desired collaboration that is described by nearly all stakeholders

# PROBLEM STATEMENTS

## EMS SYSTEM

- External forces place significant pressure on EMS service delivery
  - Increasing population
  - Changing demographics and social conditions
  - Resource constraints
- Little centralized capacity to help providers learn, adapt, or coordinate standardized 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, though note recent improvements
  - Lack of clarity about SCEMS's role and some duplication in effort between SCEMS and providers
- A few large providers provide a significant proportion of funding to SCEMS
  - Risk should these providers choose to pull their support

# PROBLEM STATEMENTS CONTINUED

## 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

## RECRUITMENT

- Members at smaller providers often move laterally to larger providers, which typically offer career positions with higher wages
  - Occurring 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



# RECOMMENDATIONS OVERVIEW





# LONG-TERM, HIGH-LEVEL VISION

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

## Key Attributes

1. Effective and efficient support for providers' EMS functions contributes to a high level of EMS care in the county
2. Countywide alignment in training establishes a foundation for greater collaboration
3. Collaborative recruitment mitigates staffing challenges

## Outcomes

- Improved service for customers
- Seamless operations
- Excellence in training
- Positive experiences for personnel
- Efficient use of resources

# RECOMMENDED PATH FORWARD

## Immediate Priorities

1. Strengthen systems that support EMS
2. Expand coordination for fire training
3. Coordinate recruitment

## Over Time

Build on the foundational items at left with more coordinated equipment purchasing, aligned level of service and response plans, and perhaps common apparatus specs and more.

## Long-Term Vision

Greater alignment and collaboration leads to:

- Improved service for customers
- Seamless operations
- Excellence in training
- Positive experiences for personnel
- Efficient use of resources

# PRIORITY I. STRENGTHEN THE SYSTEMS THAT SUPPORT EMS

## The Vision

*Effective and efficient support for providers' EMS functions contributes to a high level of EMS care in the county*

- 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

## Recommendations

- A. Rebuild and restructure SCEMS to be an effective organization:
  - i. Integrate SCEMS into Sno911, with SCEMS as a Sno911 department that takes strategic direction from the SCEMS Board and county MPD. Sno911 provides physical space and administrative/HR functions
  - ii. Establish a strong leadership role with alignment with the Fire Chiefs Association
  - iii. Establish clear roles and responsibilities for the organization and Board
  - iv. Develop a strategic plan, including service commitments and performance measures
- B. Focus the roles of SCEMS and the MPD on:
  - i. Conduct QA/QI that ties to protocol development and ongoing training
    - Develop protocols based on countywide data analysis
    - Develop content for ongoing training
    - Opt-in: track recertifications
  - ii. Coordinate the establishment of EMT training standards and training delivery

- Notes:**
- Increased coordination will require additional base funding for SCEMS
  - Some services would be offered as opt-in

## PRIORITY 2. EXPAND COORDINATION FOR FIRE TRAINING

### The Vision

***Countywide alignment in training establishes a foundation for greater collaboration***

- All members are part of a countywide training system and have access to excellent training and career development opportunities
- Some logistical aspects of training continue to differ based on the provider deployment model and culture

### Recommendations

- A. Establish a committee under the Fire Chiefs to develop training parameters for FF I and FF 2 training in line with IFSAC standards
- B. Deliver training through multiple venues, with transferable credit between venues
  - i. Coordinate timing of training delivery
  - ii. Use IFSAC evaluators during testing
- C. Full-time providers offer opt-in training opportunities for members countywide
- D. Providers continue to provide “finishing” training for culture-building and skill refinement

## PRIORITY 3. COORDINATE RECRUITMENT

### The Vision

***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
- Provider competition and lateral moves continue to be part of a natural career progression for individuals

### Recommendations

- 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 under a given amount of time reimburses the original provider and/or the member for a prorated portion of that member's training costs
- C. After building out standardized FF I 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: ADVANCE OTHER COLLABORATIVE EFFORTS (AS FEASIBLE)

- A. Offer additional shared learning opportunities, including officer training
- B. Coordinate equipment purchasing
- C. Implement an opt-in shared community paramedicine program
- D. Coordinate participation in paramedic training programs
- E. Continue conversations about how to further the improvements offered by borderless dispatch



CLARIFYING QUESTIONS?





# BREAK AND ORGANIZATIONAL HUDDLES



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## INSTRUCTIONS

- 25 mins: huddle with others from your organization and complete the Google Jamboard activity
- Cross-reference the abbreviated recommendations in the Jamboard with the full-length recommendations

[www.tinyurl.com/SnoCollab](http://www.tinyurl.com/SnoCollab)



# CLOSING ROUNDTABLE COMMENTS



# ROUNDTABLE

## FORMAT

- One person from each organization shares concluding thoughts
- 60 seconds maximum per organization

## OPTIONAL PROMPTS (pick 1)

- What is your main takeaway from today's workshop?
- What questions or concerns remain for you?
- What are you most excited about?

## RANDOMIZED ORDER FOR SPEAKING

1. District 25 (Oso)
2. Everett Fire Department
3. District 27 (Hat Island)
4. District 24 (Darrington)
5. Paine Field Airport Fire
6. SCEMS
7. District 16 (Lake Roesiger)
8. Sno911
9. Snohomish County Fire Marshal
10. District 4
11. District 22 (Getchell)
12. Everett Community College
13. District 19 (Silvana)
14. SRFR
15. District 26 (Gold Bar/Sky Valley)
16. North County RFA
17. MPD (Dr. Keay)
18. District 5 (Sultan)
19. District 17 (Granite Falls, inc'l Dist. 23)
20. South County RFA
21. District 15 (Tulalip Bay)
22. Mukilteo Fire Department
23. District 21 (Arlington Rural)
24. Marysville RFA



# CONCLUSION



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# CONCLUSION

Thank you for your time and contributions today.

## Next steps

- **DATE TBD:** E-Board meets to review today's feedback; modify recommendations as needed; and discuss implementation steps
- **DATE TBD:** Presentation of final recommendations to full Fire Chiefs Association and anticipated move to adopt recommendations
- Additional planning for agreed-upon areas of short-term action



# APPENDIX



# LEGAL CONTEXT: MEDICAL PROGRAM DIRECTOR (MPD)

MPD duties are required by statute RCW 18.71.212, are described in WAC 246-976-920, and include:

## Medical control

- Develop and adopt protocols for prehospital patient care, controlled substances, and special training
- Participate with local/regional EMS/TC councils to develop:
  - Patient care procedures
  - County operating procedures
  - Regional plans

## Supervise EMS training and certification

- Special training
- Examinations
- Training forms
- Recommend certification or denial for EMS/TC personnel

## Audit medical care performance

- Periodic audits (includes working with QI Committee)
- Recommend disciplinary action against EMS/TC personnel
- Counseling and remedial action

# LEGAL CONTEXT: EMS/TC COUNCILS

## Regional EMS/TC Councils

- 8 EMS/TC regions
  - Snohomish County is in the North Region (with Island, San Juan, Skagit, and Whatcom counties)
  - Supported by grants from DOH
  - Each has a regional council that functions as an equivalent of a public agency, plus a subset of the council that serves as an executive board to govern the council
- Role: develop the regional plan, regional patient care procedures, and prevention/public education programs

## Local EMS/TC Councils

- Optional for a county or group of counties to establish
- Carries out the same duties as a regional EMS/TC Council on a local basis
  - Also recommends members for the regional council
- If there is no local EMS/TC council, the regional council is the authority for a county

## SNOHOMISH COUNTY EMS (SCEMS)



Snohomish County has opted to have a local EMS/TC council: Snohomish County EMS

- Works with the Snohomish County MPD – Dr. Ryan Keay
- Has two part-time staff
- Office in North County Regional Fire Authority in Stanwood
- Funding from an assessment of fire and EMS organizations in the county

# FINANCIAL CONTEXT

- No countywide EMS levy
  - Some agencies have local levies
- All providers make contributions to some existing regional or collaborative bodies (e.g., Sno911, SCEMS)
  - Some are countywide, e.g., Sno911, SCEMS
  - Some serve a subset, e.g., Mechanics Consortium, FTC
  - All contributions are technically opt-in
- The Snohomish County MPD is contracted with Washington Department of Health, with a small salary
  - Additional funding comes through SCEMS, which is funded by fire agencies