

City of Redmond



Agenda

Tuesday, March 17, 2026

4:30 PM

City Hall: 15670 NE 85th St; Remote: Comcast Ch. 21/321, Ziplly Ch. 34,
Facebook (@CityofRedmond), Redmond.gov/rctlive, or 510-335-7371

Committee of the Whole - Public Safety and Human Services

Committee Members

Vivek Prakriya, Presiding Officer

Jessica Forsythe

Vanessa Kritzer

Angie Nuevacamina

Sayna Parsi

Menka Soni

Melissa Stuart

Meetings can be attended in person, viewed live on RCTV (redmond.gov/rctvlive), Comcast Channel 21/321, Ziply Channel 34, Facebook/YouTube (@CityofRedmond), or listen live at 510-335-7371

AGENDA

ROLL CALL

A. Action Items - 30 minutes

1. Approval of Washington State Opioid Settlement with [CM 26-179](#)
Remnant Defendants

[Attachment A: Remnant Defendants Participation Form](#)

[Attachment B: One Washington Memorandum of Understanding](#)

[Attachment C: List of Opioid Remediation Uses](#)

Department: Executive, 10 minutes

Requested Action: Consent, April 7th

2. Acceptance of a Washington State Department of Ecology [CM 26-190](#)
Grant Award in the Amount of \$1,500,000 for the Purchase of
an Electric Fire Engine

[Attachment A: Ecology Grant Application \(2026\)](#)

[Attachment B: Ecology Grant 2 Narratives](#)

[Attachment C: Fleet List](#)

[Attachment D: Community Engagement](#)

[Attachment E: Budget](#)

Department: Fire, 5 minutes

Requested Action: Consent, March 17th

3. Authorization to Accept Grant Funding from the Washington [CM 26-194](#)
Association of Sheriffs and Police Chiefs

[Attachment A: Washington Association of Sheriffs and Police Chiefs Grant
Award Letter](#)

Department: Police, 5 minutes

Requested Action: Consent, April 7th

4. A Resolution Amending the City's User Fee Schedule to Add a [CM 26-196](#) Bodyworn Camera Video Redaction Fee for Public Records Requests

[Attachment A: BWC Redaction Fee Resolution](#)

[Attachment B: BWC Fee Cost Study](#)

Department: Police, 10 minutes

Requested Action: Consent, April 7th

B. Feedback for Staff Report - 5 minutes

1. 2026 Transportation Demand Management Overview [CM 26-188](#)

[Attachment A: Transportation Demand Management Resources & Programs](#)

Department: Planning and Community Development, 5 minutes

Requested Action: Staff Report, April 7th

C. Informational - 30 minutes

1. Housing and Human Services Overview: Get People Housed [CM 26-185](#)
(Presentation 3 of 4)

[Attachment A: Presentation](#)

Department: Planning and Community Development, 30 minutes

Requested Action: Informational

D. Read Only - N/A

1. Quarterly Overtime Report: October 1, 2025, through [CM 26-189](#)
December 31, 2025

[Attachment A: Quarterly Overtime Report](#)

Department: Fire

Requested Action: Read Only

ADJOURNMENT

Meeting videos are usually posted by 12 p.m. the day following the meeting at redmond.legistar.com, and can be viewed anytime on Facebook/YouTube (@CityofRedmond) and OnDemand at redmond.gov/OnDemand



Memorandum

Date: 3/17/2026
Meeting of: Committee of the Whole - Public Safety and Human Services

File No. CM 26-179
Type: Committee Memo

TO: Committee of the Whole - Public Safety and Human Services
FROM: Mayor Angela Birney
DEPARTMENT DIRECTOR CONTACT(S):

Executive	Malisa Files, COO	425-556-2166
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DEPARTMENT STAFF:

N/A	N/A	N/A
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TITLE:

Approval of Washington State Opioid Settlement with Remnant Defendants

OVERVIEW STATEMENT:

On June 7, 2022, the City Council was briefed on the Attorney General’s Washington State Opioid Settlement. At that time, the City signed the One Washington Memorandum of Understanding between Washington Municipalities to participate in the settlement agreement. Currently, Redmond has participated in five settlement agreements (see details below). The State of Washington has entered into an additional settlement agreement with Remnant Defendants including Associated Pharmacies, Inc (and American Associated Pharmacies); J M Smith Corporation; Louisiana Wholesale Drug Company, Inc.; Morris and Dickson Co.; North Carolina Mutual Wholesale Drug Company, Inc.; and United Natural Foods, Inc. (including its subsidiaries SuperValu and Advantage Logistics). A total of \$97.625 million will be distributed among participating organizations who sign the participation agreement contained in Attachment A.

Additional Background Information/Description of Proposal Attached

REQUESTED ACTION:

Receive Information Provide Direction Approve

REQUEST RATIONALE:

- **Relevant Plans/Policies:**
One Washington Memorandum of Understanding between Washington Municipalities
- **Required:**
The distribution of the opioid settlement is governed by the court approved settlement documents.
- **Council Request:**
Council has already approved Redmond’s participation by signing the One Washington Memorandum of Understanding between Washington Municipalities. Signing the additional participation agreement will ensure

the City is a part of the distribution of funds from the Remnant Defendants settlement.

• **Other Key Facts:**

N/A

OUTCOMES:

In June 2022, Redmond signed on to the One Washington Memorandum of Understanding that allowed the City to participate in the state opioid settlements. Redmond has participated in five opioid settlements, including:

- Amerisource Bergen Corporation, Cardinal Health, Inc, and McKesson Corporation
- CVS, Walgreens, Walmart, TEVA and Allergan
- Johnson & Johnson Corporation
- Kroger
- Purdue Pharma and Generic Manufacturers

The total the City is set to receive from the Remnant Defendants settlement is approximately \$1.2 million. Adding the past settlements, the City will receive a little over \$6 million in total to use for programs such as law enforcement expenditures relating to the opioid epidemic, education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs, connecting those who need help to the help they need (connections to care) as well as other abatement strategies. A list of opioid remediation uses can be found in Attachment C.

For those municipalities over 10,000 population, the allocation formula is a combination of population and the effect of opioids on a community. The total allocation amount that will go to municipalities equals approximately \$97.625 million from the Remnant Defendants. Redmond’s portion would be 0.0124955509% or approximately \$1.2 million after legal fees are deducted. You can find the settlement documents and more details in the Attorney General’s Office website here <<https://nationalopioidsettlement.com/>>.

To date the City has collected approximately \$856,885. The funds have been spent on a combination of Police equipment (approximately \$34,000) and funds to support human services (approximately \$545,000) specializing in connecting those who need help with the help they need.

COMMUNITY/STAKEHOLDER OUTREACH AND INVOLVEMENT:

• **Timeline (previous or planned):**

N/A

• **Outreach Methods and Results:**

N/A

• **Feedback Summary:**

N/A

BUDGET IMPACT:

Total Cost:

The City of Redmond will receive approximately \$1.2 million from the Remnant Defendant settlement agreement.

Approved in current biennial budget: Yes No N/A

Budget Offer Number:
N/A

Budget Priority:
Safe and Resilient

Other budget impacts or additional costs: Yes No N/A
If yes, explain:
N/A

Funding source(s):
General Fund

Budget/Funding Constraints:
The opioid funds are earmarked for designated uses as outlined in Attachment C.

Additional budget details attached

COUNCIL REVIEW:

Previous Contact(s)

Date	Meeting	Requested Action
9/6/2022	Business Meeting	Approve
3/19/2024	Business Meeting	Approve
7/2/2024	Business Meeting	Approve
9/16/2024	Business Meeting	Approve

Proposed Upcoming Contact(s)

Date	Meeting	Requested Action
4/7/2026	Business Meeting	Approve

Time Constraints:

The Participation Agreement for the Remnant Defendants settlement must be signed by May 4, 2026.

ANTICIPATED RESULT IF NOT APPROVED:

If the Participation Agreement is not approved, Redmond will not receive the approximate \$1.2 million to spend on opioid abatement programs.

ATTACHMENTS:

- Attachment A: Participation Agreement
- Attachment B: One Washington Memorandum of Understanding

Date: 3/17/2026

Meeting of: Committee of the Whole - Public Safety and Human Services

File No. CM 26-179

Type: Committee Memo

Attachment C: List of Opioid Remediation Uses

ATTACHMENT A

**Six (6) Remnant Defendants’
Combined Subdivision Participation and Release Form
 (“Combined Participation Form”)**

Governmental Entity:	State:
Authorized Official:	
Address 1:	
Address 2:	
City, State, Zip:	
Phone:	
Email:	

The governmental entity identified above (“Governmental Entity”), in order to obtain and in consideration for the benefits provided to the Governmental Entity pursuant to the six (6) Remnant Defendants’ Settlement Agreement (“RDSA”), dated February 23, 2026, and described further in Paragraph 1, and acting through the undersigned authorized official, hereby elects to participate in the RDSA, release all Released Claims against all Released Entities, and agrees as follows:

1. The Governmental Entity hereby elects to participate in the RDSA as a Participating Subdivision with each of the following six (6) Remnant Defendants that are parties to the RDSA: (1) Associated Pharmacies, Inc. (and American Associated Pharmacies), (2) J M Smith Corporation, (3) Morris and Dickson Co., L.L.C., (4) Louisiana Wholesale Drug Company, Inc., (5) North Carolina Mutual Wholesale Drug Company, Inc., and (6) United Natural Foods, Inc. (and SuperValu).
2. The Governmental Entity is aware of and has reviewed the RDSA, understands that all capitalized terms not defined in this Combined Participation Form have the meanings defined in the RDSA, and agrees that by executing this Combined Participation Form, the Governmental Entity elects to participate in the RDSA and become a Participating Subdivision as provided in the RDSAs.
3. The Governmental Entity shall promptly, and in any event no later than 14 days after the Reference Date and prior to the filing of the Consent Judgment, dismiss with prejudice any Released Claims that it has filed against any Released Entity in the RDSA. With respect to any Released Claims pending in *In Re National Prescription Opiate Litigation*, MDL No. 2804, the Governmental Entity authorizes the Plaintiffs’ Executive Committee to execute and file on behalf of the Governmental Entity a Stipulation of Dismissal with Prejudice for each of six (6) Remnant Defendants listed in Paragraph 1 above substantially in the form found at <https://nationalopioidsettlement.com/additional-settlements/>.
4. The Governmental Entity agrees to the terms of each of the RDSA pertaining to Participating Subdivisions as defined therein.

5. By agreeing to the terms of the RDSA settlements and becoming a Releasor, the Governmental Entity is entitled to the benefits provided therein, including, if applicable, monetary payments beginning after the Effective Date.
6. The Governmental Entity agrees to use any monies it receives through the RDSA solely for the purposes provided therein.
7. The Governmental Entity submits to the jurisdiction of the MDL Court and agrees to follow the process for resolving any disputes described in the RDSA.
8. The Governmental Entity has the right to enforce the RDSA as provided therein.
9. The Governmental Entity, as a Participating Subdivision, hereby becomes a Releasor for all purposes of the RDSA, including without limitation all provisions related to release of any claims, and along with all departments, agencies, divisions, boards, commissions, districts, instrumentalities of any kind and attorneys, and any person in his or her official capacity whether elected or appointed to serve any of the foregoing and any agency, person, or other entity claiming by or through any of the foregoing, and any other entity identified in the definition of Releasor, provides for a release to the fullest extent of its authority. As a Releasor, the Governmental Entity hereby absolutely, unconditionally, and irrevocably covenants not to bring, file, or claim, or to cause, assist or permit to be brought, filed, or claimed, or to otherwise seek to establish liability for any Released Claims against any Released Entity in the RDSA in any forum whatsoever. The release provided for in the RDSA is intended by the Parties to be broad and shall be interpreted so as to give the Released Entities in the RDSA the broadest possible bar against any liability relating in any way to Released Claims and extend to the full extent of the power of the Governmental Entity to release claims. The RDSA shall be a complete bar to any Released Claim against the Released Entities.
10. The Governmental Entity hereby takes on all rights and obligations of a Participating Subdivision as set forth in the RDSA.
11. In connection with the releases provided in the RDSA, each Governmental Entity expressly waives, releases, and forever discharges any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States or other jurisdiction, or principle of common law, which is similar, comparable, or equivalent to § 1542 of the California Civil Code, which reads:

General Release; extent. A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release that, if known by him or her would have materially affected his or her settlement with the debtor or released party.

A Releasor may hereafter discover facts other than or different from those which it knows, believes, or assumes to be true with respect to the Released Claims in the RDSA, but each Governmental Entity hereby expressly waives and fully, finally, and forever settles, releases and discharges, upon the Effective Date, any and all Released Claims that may exist as of such date but which Releasors do not know or suspect to exist, whether through ignorance, oversight, error, negligence or through no fault whatsoever, and which, if known, would materially affect the Governmental Entities' decision to participate in the RDSA.

12. The Governmental Entity understands and acknowledges that nothing herein is intended to modify in any way the terms of any of the RDSA, to which Governmental Entity hereby agrees. To the extent this Combined Participation Form is interpreted differently from the RDSA in any respect, the RDSA controls.

I have all necessary power and authorization to execute this Combined Participation Form on behalf of the Governmental Entity.

Signature: _____

Name: _____

Title: _____

Date: _____

ATTACHMENT B

ONE WASHINGTON MEMORANDUM OF UNDERSTANDING BETWEEN WASHINGTON MUNICIPALITIES

Whereas, the people of the State of Washington and its communities have been harmed by entities within the Pharmaceutical Supply Chain who manufacture, distribute, and dispense prescription opioids;

Whereas, certain Local Governments, through their elected representatives and counsel, are engaged in litigation seeking to hold these entities within the Pharmaceutical Supply Chain of prescription opioids accountable for the damage they have caused to the Local Governments;

Whereas, Local Governments and elected officials share a common desire to abate and alleviate the impacts of harms caused by these entities within the Pharmaceutical Supply Chain throughout the State of Washington, and strive to ensure that principals of equity and equitable service delivery are factors considered in the allocation and use of Opioid Funds; and

Whereas, certain Local Governments engaged in litigation and the other cities and counties in Washington desire to agree on a form of allocation for Opioid Funds they receive from entities within the Pharmaceutical Supply Chain.

Now therefore, the Local Governments enter into this Memorandum of Understanding (“MOU”) relating to the allocation and use of the proceeds of Settlements described.

A. Definitions

As used in this MOU:

1. “Allocation Regions” are the same geographic areas as the existing nine (9) Washington State Accountable Community of Health (ACH) Regions and have the purpose described in Section C below.
2. “Approved Purpose(s)” shall mean the strategies specified and set forth in the Opioid Abatement Strategies attached as Exhibit A.
3. “Effective Date” shall mean the date on which a court of competent jurisdiction enters the first Settlement by order or consent decree. The Parties anticipate that more than one Settlement will be administered according to the terms of this MOU, but that the first entered Settlement will trigger allocation of Opioid Funds in accordance with Section B herein, and the formation of the Opioid Abatement Councils in Section C.
4. “Litigating Local Government(s)” shall mean Local Governments that filed suit against any Pharmaceutical Supply Chain Participant pertaining to the Opioid epidemic prior to September 1, 2020.

5. “Local Government(s)” shall mean all counties, cities, and towns within the geographic boundaries of the State of Washington.

6. “National Settlement Agreements” means the national opioid settlement agreements dated July 21, 2021 involving Johnson & Johnson, and distributors AmerisourceBergen, Cardinal Health and McKesson as well as their subsidiaries, affiliates, officers, and directors named in the National Settlement Agreements, including all amendments thereto.

7. “Opioid Funds” shall mean monetary amounts obtained through a Settlement as defined in this MOU.

8. “Opioid Abatement Council” shall have the meaning described in Section C below.

9. “Participating Local Government(s)” shall mean all counties, cities, and towns within the geographic boundaries of the State that have chosen to sign on to this MOU. The Participating Local Governments may be referred to separately in this MOU as “Participating Counties” and “Participating Cities and Towns” (or “Participating Cities or Towns,” as appropriate) or “Parties.”

10. “Pharmaceutical Supply Chain” shall mean the process and channels through which controlled substances are manufactured, marketed, promoted, distributed, and/or dispensed, including prescription opioids.

11. “Pharmaceutical Supply Chain Participant” shall mean any entity that engages in or has engaged in the manufacture, marketing, promotion, distribution, and/or dispensing of a prescription opioid, including any entity that has assisted in any of the above.

12. “Qualified Settlement Fund Account,” or “QSF Account,” shall mean an account set up as a qualified settlement fund, 468b fund, as authorized by Treasury Regulations 1.468B-1(c) (26 CFR §1.468B-1).

13. “Regional Agreements” shall mean the understanding reached by the Participating Local Counties and Cities within an Allocation Region governing the allocation, management, distribution of Opioid Funds within that Allocation Region.

14. “Settlement” shall mean the future negotiated resolution of legal or equitable claims against a Pharmaceutical Supply Chain Participant when that resolution has been jointly entered into by the Participating Local Governments. “Settlement” expressly does not include a plan of reorganization confirmed under Title 11 of the United States Code, irrespective of the extent to which Participating Local Governments vote in favor of or otherwise support such plan of reorganization.

15. “Trustee” shall mean an independent trustee who shall be responsible for the ministerial task of releasing Opioid Funds from a QSF account to Participating Local Governments as authorized herein and accounting for all payments into or out of the trust.

16. The “Washington State Accountable Communities of Health” or “ACH” shall mean the nine (9) regions described in Section C below.

B. Allocation of Settlement Proceeds for Approved Purposes

1. All Opioid Funds shall be held in a QSF and distributed by the Trustee, for the benefit of the Participating Local Governments, only in a manner consistent with this MOU. Distribution of Opioid Funds will be subject to the mechanisms for auditing and reporting set forth below to provide public accountability and transparency.

2. All Opioid Funds, regardless of allocation, shall be utilized pursuant to Approved Purposes as defined herein and set forth in Exhibit A. Compliance with this requirement shall be verified through reporting, as set out in this MOU.

3. The division of Opioid Funds shall first be allocated to Participating Counties based on the methodology utilized for the Negotiation Class in *In Re: National Prescription Opiate Litigation*, United States District Court for the Northern District of Ohio, Case No. 1:17-md-02804-DAP. The allocation model uses three equally weighted factors: (1) the amount of opioids shipped to the county; (2) the number of opioid deaths that occurred in that county; and (3) the number of people who suffer opioid use disorder in that county. The allocation percentages that result from application of this methodology are set forth in the “County Total” line item in Exhibit B. In the event any county does not participate in this MOU, that county’s percentage share shall be reallocated proportionally amongst the Participating Counties by applying this same methodology to only the Participating Counties.

4. Allocation and distribution of Opioid Funds within each Participating County will be based on regional agreements as described in Section C.

C. Regional Agreements

1. For the purpose of this MOU, the regional structure for decision-making related to opioid fund allocation will be based upon the nine (9) pre-defined Washington State Accountable Community of Health Regions (Allocation Regions). Reference to these pre-defined regions is solely for the purpose of

drawing geographic boundaries to facilitate regional agreements for use of Opioid Funds. The Allocation Regions are as follows:

- King County (Single County Region)
- Pierce County (Single County Region)
- Olympic Community of Health Region (Clallam, Jefferson, and Kitsap Counties)
- Cascade Pacific Action Alliance Region (Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum Counties)
- North Sound Region (Island, San Juan, Skagit, Snohomish, and Whatcom Counties)
- SouthWest Region (Clark, Klickitat, and Skamania Counties)
- Greater Columbia Region (Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima Counties)
- Spokane Region (Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens Counties)
- North Central Region (Chelan, Douglas, Grant, and Okanogan Counties)

2. Opioid Funds will be allocated, distributed and managed within each Allocation Region, as determined by its Regional Agreement as set forth below. If an Allocation Region does not have a Regional Agreement enumerated in this MOU, and does not subsequently adopt a Regional Agreement per Section C.5, the default mechanism for allocation, distribution and management of Opioid Funds described in Section C.4.a will apply. Each Allocation Region must have an OAC whose composition and responsibilities shall be defined by Regional Agreement or as set forth in Section C.4.

3. King County's Regional Agreement is reflected in Exhibit C to this MOU.

4. All other Allocation Regions that have not specified a Regional Agreement for allocating, distributing and managing Opioid Funds, will apply the following default methodology:

a. Opioid Funds shall be allocated within each Allocation Region by taking the allocation for a Participating County from Exhibit B and apportioning those funds between that Participating County and its Participating Cities and Towns. Exhibit B also sets forth the allocation to the Participating Counties and the Participating Cities or Towns within the Counties based on a default allocation formula. As set forth above in Section B.3, to determine the allocation to a county, this formula utilizes: (1) the amount of opioids shipped to the county; (2) the number of opioid deaths that occurred in that county; and (3) the number of people who suffer opioid use disorder in that county. To determine the allocation within a county, the formula utilizes historical federal data showing how the specific Counties and the Cities and Towns within the Counties have

made opioids epidemic-related expenditures in the past. This is the same methodology used in the National Settlement Agreements for county and intra-county allocations. A Participating County, and the Cities and Towns within it may enter into a separate intra-county allocation agreement to modify how the Opioid Funds are allocated amongst themselves, provided the modification is in writing and agreed to by all Participating Local Governments in the County. Such an agreement shall not modify any of the other terms or requirements of this MOU.

b. 10% of the Opioid Funds received by the Region will be reserved, on an annual basis, for administrative costs related to the OAC. The OAC will provide an annual accounting for actual costs and any reserved funds that exceed actual costs will be reallocated to Participating Local Governments within the Region.

c. Cities and towns with a population of less than 10,000 shall be excluded from the allocation, with the exception of cities and towns that are Litigating Participating Local Governments. The portion of the Opioid Funds that would have been allocated to a city or town with a population of less than 10,000 that is not a Litigating Participating Local Government shall be redistributed to Participating Counties in the manner directed in C.4.a above.

d. Each Participating County, City, or Town may elect to have its share re-allocated to the OAC in which it is located. The OAC will then utilize this share for the benefit of Participating Local Governments within that Allocation Region, consistent with the Approved Purposes set forth in Exhibit A. A Participating Local Government's election to forego its allocation of Opioid Funds shall apply to all future allocations unless the Participating Local Government notifies its respective OAC otherwise. If a Participating Local Government elects to forego its allocation of the Opioid Funds, the Participating Local Government shall be excused from the reporting requirements set forth in this Agreement.

e. Participating Local Governments that receive a direct payment maintain full discretion over the use and distribution of their allocation of Opioid Funds, provided the Opioid Funds are used solely for Approved Purposes. Reasonable administrative costs for a Participating Local Government to administer its allocation of Opioid Funds shall not exceed actual costs or 10% of the Participating Local Government's allocation of Opioid Funds, whichever is less.

f. A Local Government that chooses not to become a Participating Local Government will not receive a direct allocation of Opioid Funds. The portion of the Opioid Funds that would have been allocated to a Local Government that is not a Participating Local Government shall be

redistributed to Participating Counties in the manner directed in C.4.a above.

g. As a condition of receiving a direct payment, each Participating Local Government that receives a direct payment agrees to undertake the following actions:

- i. Developing a methodology for obtaining proposals for use of Opioid Funds.
- ii. Ensuring there is opportunity for community-based input on priorities for Opioid Fund programs and services.
- iii. Receiving and reviewing proposals for use of Opioid Funds for Approved Purposes.
- iv. Approving or denying proposals for use of Opioid Funds for Approved Purposes.
- v. Receiving funds from the Trustee for approved proposals and distributing the Opioid Funds to the recipient.
- vi. Reporting to the OAC and making publicly available all decisions on Opioid Fund allocation applications, distributions and expenditures.

h. Prior to any distribution of Opioid Funds within the Allocation Region, The Participating Local Governments must establish an Opioid Abatement Council (OAC) to oversee Opioid Fund allocation, distribution, expenditures and dispute resolution. The OAC may be a preexisting regional body or may be a new body created for purposes of executing the obligations of this MOU.

i. The OAC for each Allocation Region shall be composed of representation from both Participating Counties and Participating Towns or Cities within the Region. The method of selecting members, and the terms for which they will serve will be determined by the Allocation Region's Participating Local Governments. All persons who serve on the OAC must have work or educational experience pertaining to one or more Approved Uses.

j. The Regional OAC will be responsible for the following actions:

- i. Overseeing distribution of Opioid Funds from Participating Local Governments to programs and services within the Allocation Region for Approved Purposes.

- ii. Annual review of expenditure reports from Participating Local Jurisdictions within the Allocation Region for compliance with Approved Purposes and the terms of this MOU and any Settlement.
- iii. In the case where Participating Local Governments chose to forego their allocation of Opioid Funds:
 - (i) Approving or denying proposals by Participating Local Governments or community groups to the OAC for use of Opioid Funds within the Allocation Region.
 - (ii) Directing the Trustee to distribute Opioid Funds for use by Participating Local Governments or community groups whose proposals are approved by the OAC.
 - (iii) Administrating and maintaining records of all OAC decisions and distributions of Opioid Funds.
- iv. Reporting and making publicly available all decisions on Opioid Fund allocation applications, distributions and expenditures by the OAC or directly by Participating Local Governments.
- v. Developing and maintaining a centralized public dashboard or other repository for the publication of expenditure data from any Participating Local Government that receives Opioid Funds, and for expenditures by the OAC in that Allocation Region, which it shall update at least annually.
- vi. If necessary, requiring and collecting additional outcome-related data from Participating Local Governments to evaluate the use of Opioid Funds, and all Participating Local Governments shall comply with such requirements.
- vii. Hearing complaints by Participating Local Governments within the Allocation Region regarding alleged failure to (1) use Opioid Funds for Approved Purposes or (2) comply with reporting requirements.

5. Participating Local Governments may agree and elect to share, pool, or collaborate with their respective allocation of Opioid Funds in any manner they choose by adopting a Regional Agreement, so long as such sharing, pooling, or collaboration is used for Approved Purposes and complies with the terms of this MOU and any Settlement.

6. Nothing in this MOU should alter or change any Participating Local Government's rights to pursue its own claim. Rather, the intent of this MOU is to join all parties who wish to be Participating Local Governments to agree upon an allocation formula for any Opioid Funds from any future binding Settlement with one or more Pharmaceutical Supply Chain Participants for all Local Governments in the State of Washington.

7. If any Participating Local Government disputes the amount it receives from its allocation of Opioid Funds, the Participating Local Government shall alert its respective OAC within sixty (60) days of discovering the information underlying the dispute. Failure to alert its OAC within this time frame shall not constitute a waiver of the Participating Local Government's right to seek recoupment of any deficiency in its allocation of Opioid Funds.

8. If any OAC concludes that a Participating Local Government's expenditure of its allocation of Opioid Funds did not comply with the Approved Purposes listed in Exhibit A, or the terms of this MOU, or that the Participating Local Government otherwise misused its allocation of Opioid Funds, the OAC may take remedial action against the alleged offending Participating Local Government. Such remedial action is left to the discretion of the OAC and may include withholding future Opioid Funds owed to the offending Participating Local Government or requiring the offending Participating Local Government to reimburse improperly expended Opioid Funds back to the OAC to be re-allocated to the remaining Participating Local Governments within that Region.

9. All Participating Local Governments and OAC shall maintain all records related to the receipt and expenditure of Opioid Funds for no less than five (5) years and shall make such records available for review by any other Participating Local Government or OAC, or the public. Records requested by the public shall be produced in accordance with Washington's Public Records Act RCW 42.56.001 *et seq.* Records requested by another Participating Local Government or an OAC shall be produced within twenty-one (21) days of the date the record request was received. This requirement does not supplant any Participating Local Government or OAC's obligations under Washington's Public Records Act RCW 42.56.001 *et seq.*

D. Payment of Counsel and Litigation Expenses

1. The Litigating Local Governments have incurred attorneys' fees and litigation expenses relating to their prosecution of claims against the Pharmaceutical Supply Chain Participants, and this prosecution has inured to the benefit of all Participating Local Governments. Accordingly, a Washington

Government Fee Fund (“GFF”) shall be established that ensures that all Parties that receive Opioid Funds contribute to the payment of fees and expenses incurred to prosecute the claims against the Pharmaceutical Supply Chain Participants, regardless of whether they are litigating or non-litigating entities.

2. The amount of the GFF shall be based as follows: the funds to be deposited in the GFF shall be equal to 15% of the total cash value of the Opioid Funds.

3. The maximum percentage of any contingency fee agreement permitted for compensation shall be 15% of the portion of the Opioid Funds allocated to the Litigating Local Government that is a party to the contingency fee agreement, plus expenses attributable to that Litigating Local Government. Under no circumstances may counsel collect more for its work on behalf of a Litigating Local Government than it would under its contingency agreement with that Litigating Local Government.

4. Payments from the GFF shall be overseen by a committee (the “Opioid Fee and Expense Committee”) consisting of one representative of the following law firms: (a) Keller Rohrback L.L.P.; (b) Hagens Berman Sobol Shapiro LLP; (c) Goldfarb & Huck Roth Riojas, PLLC; and (d) Napoli Shkolnik PLLC. The role of the Opioid Fee and Expense Committee shall be limited to ensuring that the GFF is administered in accordance with this Section.

5. In the event that settling Pharmaceutical Supply Chain Participants do not pay the fees and expenses of the Participating Local Governments directly at the time settlement is achieved, payments to counsel for Participating Local Governments shall be made from the GFF over not more than three years, with 50% paid within 12 months of the date of Settlement and 25% paid in each subsequent year, or at the time the total Settlement amount is paid to the Trustee by the Defendants, whichever is sooner.

6. Any funds remaining in the GFF in excess of: (i) the amounts needed to cover Litigating Local Governments’ private counsel’s representation agreements, and (ii) the amounts needed to cover the common benefit tax discussed in Section C.8 below (if not paid directly by the Defendants in connection with future settlement(s)), shall revert to the Participating Local Governments *pro rata* according to the percentages set forth in Exhibits B, to be used for Approved Purposes as set forth herein and in Exhibit A.

7. In the event that funds in the GFF are not sufficient to pay all fees and expenses owed under this Section, payments to counsel for all Litigating Local Governments shall be reduced on a *pro rata* basis. The Litigating Local Governments will not be responsible for any of these reduced amounts.

8. The Parties anticipate that any Opioid Funds they receive will be subject to a common benefit “tax” imposed by the court in *In Re: National Prescription Opiate Litigation*, United States District Court for the Northern District of Ohio, Case No. 1:17-md-02804-DAP (“Common Benefit Tax”). If this occurs, the Participating Local Governments shall first seek to have the settling defendants pay the Common Benefit Tax. If the settling defendants do not agree to pay the Common Benefit Tax, then the Common Benefit Tax shall be paid from the Opioid Funds and by both litigating and non-litigating Local Governments. This payment shall occur prior to allocation and distribution of funds to the Participating Local Governments. In the event that GFF is not fully exhausted to pay the Litigating Local Governments’ private counsel’s representation agreements, excess funds in the GFF shall be applied to pay the Common Benefit Tax (if any).

E. General Terms

1. If any Participating Local Government believes another Participating Local Government, not including the Regional Abatement Advisory Councils, violated the terms of this MOU, the alleging Participating Local Government may seek to enforce the terms of this MOU in the court in which any applicable Settlement(s) was entered, provided the alleging Participating Local Government first provides the alleged offending Participating Local Government notice of the alleged violation(s) and a reasonable opportunity to cure the alleged violation(s). In such an enforcement action, any alleging Participating Local Government or alleged offending Participating Local Government may be represented by their respective public entity in accordance with Washington law.

2. Nothing in this MOU shall be interpreted to waive the right of any Participating Local Government to seek judicial relief for conduct occurring outside the scope of this MOU that violates any Washington law. In such an action, the alleged offending Participating Local Government, including the Regional Abatement Advisory Councils, may be represented by their respective public entities in accordance with Washington law. In the event of a conflict, any Participating Local Government, including the Regional Abatement Advisory Councils and its Members, may seek outside representation to defend itself against such an action.

3. Venue for any legal action related to this MOU shall be in the court in which the Participating Local Government is located or in accordance with the court rules on venue in that jurisdiction. This provision is not intended to expand the court rules on venue.

4. This MOU may be executed in two or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. The Participating Local Governments approve the use of electronic signatures for execution of this MOU. All use of electronic signatures

shall be governed by the Uniform Electronic Transactions Act. The Parties agree not to deny the legal effect or enforceability of the MOU solely because it is in electronic form or because an electronic record was used in its formation. The Participating Local Government agree not to object to the admissibility of the MOU in the form of an electronic record, or a paper copy of an electronic document, or a paper copy of a document bearing an electronic signature, on the grounds that it is an electronic record or electronic signature or that it is not in its original form or is not an original.

5. Each Participating Local Government represents that all procedures necessary to authorize such Participating Local Government's execution of this MOU have been performed and that the person signing for such Party has been authorized to execute the MOU.

[Remainder of Page Intentionally Left Blank – Signature Pages Follow]

This One Washington Memorandum of Understanding Between Washington Municipalities is signed this _____ day of _____, 2022 by:

Name & Title _____

On behalf of _____

4894-0031-1574, v. 2

EXHIBIT A

OPIOID ABATEMENT STRATEGIES

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.
2. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including but not limited to:
 - a. Medication-Assisted Treatment (MAT);
 - b. Abstinence-based treatment;
 - c. Treatment, recovery, or other services provided by states, subdivisions, community health centers; non-for-profit providers; or for-profit providers;
 - d. Treatment by providers that focus on OUD treatment as well as treatment by providers that offer OUD treatment along with treatment for other SUD/MH conditions, co-usage, and/or co-addiction; or
 - e. Evidence-informed residential services programs, as noted below.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based, evidence-informed, or promising practices such as adequate methadone dosing.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction and for persons who have experienced an opioid overdose.
6. Support treatment of mental health trauma resulting from the traumatic experiences of the opioid user (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose

or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support detoxification (detox) and withdrawal management services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including medical detox, referral to treatment, or connections to other services or supports.
8. Support training on MAT for health care providers, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
10. Provide fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
12. Support the dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.
13. Support the development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in treatment for and recovery from OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Provide the full continuum of care of recovery services for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, and connections to community-based services.
2. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.

3. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including supportive housing, recovery housing, housing assistance programs, or training for housing providers.
4. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
5. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
6. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
7. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
8. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to manage the opioid user in the family.
9. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma.
10. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have – or are at risk of developing – OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Support Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Support training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
6. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, or persons who have experienced an opioid overdose, into community treatment or recovery services through a bridge clinic or similar approach.
7. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or persons that have experienced an opioid overdose.
8. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
9. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or to persons who have experienced an opioid overdose.
10. Provide funding for peer navigators, recovery coaches, care coordinators, or care managers that offer assistance to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or to persons who have experienced on opioid overdose.
11. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
12. Develop and support best practices on addressing OUD in the workplace.
13. Support assistance programs for health care providers with OUD.
14. Engage non-profits and the faith community as a system to support outreach for treatment.
15. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
16. Create or support intake and call centers to facilitate education and access to treatment, prevention, and recovery services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.

17. Develop or support a National Treatment Availability Clearinghouse – a multistate/nationally accessible database whereby health care providers can list locations for currently available in-patient and out-patient OUD treatment services that are accessible on a real-time basis by persons who seek treatment.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are involved – or are at risk of becoming involved – in the criminal justice system through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Support pre-arrest or post-arrest diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including established strategies such as:
 - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);
 - b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
 - c. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;
 - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative;
 - f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise and to reduce perceived barriers associated with law enforcement 911 responses; or
 - g. County prosecution diversion programs, including diversion officer salary, only for counties with a population of 50,000 or less. Any diversion services in matters involving opioids must include drug testing, monitoring, or treatment.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, but only if these courts provide referrals to evidence-informed treatment, including MAT.

4. Provide evidence-informed treatment, including MAT, recovery support, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are leaving jail or prison have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, and the needs of their families, including babies with neonatal abstinence syndrome, through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based, evidence-informed, or promising treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Provide training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
3. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
4. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

5. Offer enhanced family supports and home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including but not limited to parent skills training.
6. Support for Children’s Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
2. Academic counter-detailing to educate prescribers on appropriate opioid prescribing.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
 - a. Increase the number of prescribers using PDMPs;
 - b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs or by improving the interface that prescribers use to access PDMP data, or both; or
 - c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD.
6. Development and implementation of a national PDMP – Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to:
 - a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for health care providers relating to OUD.

- b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database.
7. Increase electronic prescribing to prevent diversion or forgery.
8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Corrective advertising or affirmative public education campaigns based on evidence.
2. Public education relating to drug disposal.
3. Drug take-back disposal or destruction programs.
4. Fund community anti-drug coalitions that engage in drug prevention efforts.
5. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).
6. Engage non-profits and faith-based communities as systems to support prevention.
7. Support evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
8. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
9. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
10. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
11. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses or other school staff, to

address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, or other members of the general public.
2. Provision by public health entities of free naloxone to anyone in the community, including but not limited to provision of intra-nasal naloxone in settings where other options are not available or allowed.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, and other members of the general public.
4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
10. Support mobile units that offer or provide referrals to treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
11. Provide training in treatment and recovery strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
12. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items C8, D1 through D7, H1, H3, and H8, support the following:

1. Current and future law enforcement expenditures relating to the opioid epidemic.
2. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, and coordination to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Community regional planning to identify goals for reducing harms related to the opioid epidemic, to identify areas and populations with the greatest needs for treatment intervention services, or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to in various items above, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Invest in infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, or implement other

strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
5. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).
6. Research on expanded modalities such as prescription methadone that can expand access to MAT.

EXHIBIT B

County	Local Government	% Allocation
<u>Adams County</u>		
	Adams County	0.1638732475%
	Hatton	
	Lind	
	Othello	
	Ritzville	
	Washtucna	
	County Total:	0.1638732475%
<u>Asotin County</u>		
	Asotin County	0.4694498386%
	Asotin	
	Clarkston	
	County Total:	0.4694498386%
<u>Benton County</u>		
	Benton County	1.4848831892%
	Benton City	
	Kennewick	0.5415650564%
	Prosser	
	Richland	0.4756779517%
	West Richland	0.0459360490%
	County Total:	2.5480622463%
<u>Chelan County</u>		
	Chelan County	0.7434914485%
	Cashmere	
	Chelan	
	Entiat	
	Leavenworth	
	Wenatchee	0.2968333494%
	County Total:	1.0403247979%
<u>Clallam County</u>		
	Clallam County	1.3076983401%
	Forks	
	Port Angeles	0.4598370527%
	Sequim	
	County Total:	1.7675353928%

EXHIBIT B

County	Local Government	% Allocation
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Clark County

Clark County		4.5149775326%
Battle Ground		0.1384729857%
Camas		0.2691592724%
La Center		
Ridgefield		
Vancouver		1.7306605325%
Washougal		0.1279328220%
Woodland***		
Yacolt		
County Total:		6.7812031452%

Columbia County

Columbia County		0.0561699537%
Dayton		
Starbuck		
County Total:		0.0561699537%

Cowlitz County

Cowlitz County		1.7226945990%
Castle Rock		
Kalama		
Kelso		0.1331145270%
Longview		0.6162736905%
Woodland***		
County Total:		2.4720828165%

Douglas County

Douglas County		0.3932175175%
Bridgeport		
Coulee Dam***		
East Wenatchee		0.0799810865%
Mansfield		
Rock Island		
Waterville		
County Total:		0.4731986040%

Ferry County

Ferry County		0.1153487994%
Republic		
County Total:		0.1153487994%

EXHIBIT B

County	Local Government	% Allocation
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Franklin County

Franklin County		0.3361237144%
Connell		
Kahlotus		
Mesa		
Pasco		0.4278056066%
County Total:		0.7639293210%

Garfield County

Garfield County		0.0321982209%
Pomeroy		
County Total:		0.0321982209%

Grant County

Grant County		0.9932572167%
Coulee City		
Coulee Dam***		
Electric City		
Ephrata		
George		
Grand Coulee		
Hartline		
Krupp		
Mattawa		
Moses Lake		0.2078293909%
Quincy		
Royal City		
Soap Lake		
Warden		
Wilson Creek		
County Total:		1.2010866076%

EXHIBIT B

County	Local Government	% Allocation
<u>Grays Harbor County</u>		
	Grays Harbor County	0.9992429138%
	Aberdeen	0.2491525333%
	Cosmopolis	
	Elma	
	Hoquiam	
	McCleary	
	Montesano	
	Oakville	
	Ocean Shores	
	Westport	
	County Total:	1.2483954471%
<u>Island County</u>		
	Island County	0.6820422610%
	Coupeville	
	Langley	
	Oak Harbor	0.2511550431%
	County Total:	0.9331973041%
<u>Jefferson County</u>		
	Jefferson County	0.4417137380%
	Port Townsend	
	County Total:	0.4417137380%

EXHIBIT B

County	Local Government	% Allocation
King County		
	King County	13.9743722662%
	Algona	
	Auburn***	0.2622774917%
	Beaux Arts Village	
	Bellevue	1.1300592573%
	Black Diamond	
	Bothell***	0.1821602716%
	Burien	0.0270962921%
	Carnation	
	Clyde Hill	
	Covington	0.0118134406%
	Des Moines	0.1179764526%
	Duvall	
	Enumclaw***	0.0537768326%
	Federal Way	0.3061452240%
	Hunts Point	
	Issaquah	0.1876240107%
	Kenmore	0.0204441024%
	Kent	0.5377397676%
	Kirkland	0.5453525246%
	Lake Forest Park	0.0525439124%
	Maple Valley	0.0093761587%
	Medina	
	Mercer Island	0.1751797481%
	Milton***	
	Newcastle	0.0033117880%
	Normandy Park	
	North Bend	
	Pacific***	
	Redmond	0.4839486007%
	Renton	0.7652626920%
	Sammamish	0.0224369090%
	SeaTac	0.1481551278%
	Seattle	6.6032403816%
	Shoreline	0.0435834501%
	Skykomish	
	Snoqualmie	0.0649164481%
	Tukwila	0.3032205739%
	Woodinville	0.0185516364%
	Yarrow Point	
	County Total:	26.0505653608%

EXHIBIT B

County	Local Government	% Allocation
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Kitsap County

Kitsap County		2.6294133668%
Bainbridge Island		0.1364686014%
Bremerton		0.6193374389%
Port Orchard		0.1009497162%
Poulsbo		0.0773748246%
County Total:		3.5635439479%

Kittitas County

Kittitas County		0.3855704683%
Cle Elum		
Ellensburg		0.0955824915%
Kittitas		
Roslyn		
South Cle Elum		
County Total:		0.4811529598%

Klickitat County

Klickitat County		0.2211673457%
Bingen		
Goldendale		
White Salmon		
County Total:		0.2211673457%

Lewis County

Lewis County		1.0777377479%
Centralia		0.1909990353%
Chehalis		
Morton		
Mossyrock		
Napavine		
Pe Ell		
Toledo		
Vader		
Winlock		
County Total:		1.2687367832%

EXHIBIT B

County	Local Government	% Allocation
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Lincoln County

Lincoln County		0.1712669645%
Almira		
Creston		
Davenport		
Harrington		
Odessa		
Reardan		
Sprague		
Wilbur		
County Total:		0.1712669645%

Mason County

Mason County		0.8089918012%
Shelton		0.1239179888%
County Total:		0.9329097900%

Okanogan County

Okanogan County		0.6145043345%
Brewster		
Conconully		
Coulee Dam***		
Elmer City		
Nespelem		
Okanogan		
Omak		
Oroville		
Pateros		
Riverside		
Tonasket		
Twisp		
Winthrop		
County Total:		0.6145043345%

Pacific County

Pacific County		0.4895416466%
Ilwaco		
Long Beach		
Raymond		
South Bend		
County Total:		0.4895416466%

EXHIBIT B

County	Local Government	% Allocation
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Pend Oreille County

Pend Oreille County		0.2566374940%
Cusick		
Ione		
Metaline		
Metaline Falls		
Newport		
County Total:		0.2566374940%

Pierce County

Pierce County		7.2310164020%
Auburn***		0.0628522112%
Bonney Lake		0.1190773864%
Buckley		
Carbonado		
DuPont		
Eatonville		
Edgewood		0.0048016791%
Enumclaw***		0.0000000000%
Fife		0.1955185481%
Fircrest		
Gig Harbor		0.0859963345%
Lakewood		0.5253640894%
Milton***		
Orting		
Pacific***		
Puyallup		0.3845704814%
Roy		
Ruston		
South Prairie		
Steilacoom		
Sumner		0.1083157569%
Tacoma		3.2816374617%
University Place		0.0353733363%
Wilkeson		
County Total:		12.0345236870%

San Juan County

San Juan County		0.2101495171%
Friday Harbor		
County Total:		0.2101495171%

EXHIBIT B

County	Local Government	% Allocation
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Skagit County

Skagit County		1.0526023961%
Anacortes		0.1774962906%
Burlington		0.1146861661%
Concrete		
Hamilton		
La Conner		
Lyman		
Mount Vernon		0.2801063665%
Sedro-Woolley		0.0661146351%
County Total:		1.6910058544%

Skamania County

Skamania County		0.1631931925%
North Bonneville		
Stevenson		
County Total:		0.1631931925%

Snohomish County

Snohomish County		6.9054415622%
Arlington		0.2620524080%
Bothell***		0.2654558588%
Brier		
Darrington		
Edmonds		0.3058936009%
Everett		1.9258363241%
Gold Bar		
Granite Falls		
Index		
Lake Stevens		0.1385202891%
Lynnwood		0.7704629214%
Marysville		0.3945067827%
Mill Creek		0.1227939546%
Monroe		0.1771621898%
Mountlake Terrace		0.2108935805%
Mukilteo		0.2561790702%
Snohomish		0.0861097964%
Stanwood		
Sultan		
Woodway		
County Total:		11.8213083387%

EXHIBIT B

County	Local Government	% Allocation
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Spokane County

Spokane County		5.5623859292%
Airway Heights		
Cheney		0.1238454349%
Deer Park		
Fairfield		
Latah		
Liberty Lake		0.0389636519%
Medical Lake		
Millwood		
Rockford		
Spangle		
Spokane		3.0872078287%
Spokane Valley		0.0684217500%
Waverly		
County Total:		8.8808245947%

Stevens County

Stevens County		0.7479240179%
Chewelah		
Colville		
Kettle Falls		
Marcus		
Northport		
Springdale		
County Total:		0.7479240179%

Thurston County

Thurston County		2.3258492094%
Bucoda		
Lacey		0.2348627221%
Olympia		0.6039423385%
Rainier		
Tenino		
Tumwater		0.2065982350%
Yelm		
County Total:		3.3712525050%

Wahkiakum County

Wahkiakum County		0.0596582197%
Cathlamet		
County Total:		0.0596582197%

EXHIBIT B

County	Local Government	% Allocation
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Walla Walla County

Walla Walla County	0.5543870294%
College Place	
Prescott	
Waitsburg	
Walla Walla	0.3140768654%
County Total:	0.8684638948%

Whatcom County

Whatcom County	1.3452637306%
Bellingham	0.8978614577%
Blaine	
Everson	
Ferndale	0.0646101891%
Lynden	0.0827115612%
Nooksack	
Sumas	
County Total:	2.3904469386%

Whitman County

Whitman County	0.2626805837%
Albion	
Colfax	
Colton	
Endicott	
Farmington	
Garfield	
LaCrosse	
Lamont	
Malden	
Oakesdale	
Palouse	
Pullman	0.2214837491%
Rosalia	
St. John	
Tekoa	
Uniontown	
County Total:	0.4841643328%

EXHIBIT B

County	Local Government	% Allocation
<u>Yakima County</u>		
	Yakima County	1.9388392959%
	Grandview	0.0530606109%
	Granger	
	Harrah	
	Mabton	
	Moxee	
	Naches	
	Selah	
	Sunnyside	0.1213478384%
	Tieton	
	Toppenish	
	Union Gap	
	Wapato	
	Yakima	0.6060410539%
	Zillah	
	County Total:	2.7192887991%

ATTACHMENT C

List of Opioid Remediation Uses

Schedule A

Core Strategies

Participating Subdivisions shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (“*Core Strategies*”).

- A. NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES
 - 1. Expand³ training for first responders, schools, community support groups and families; and
 - 2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

- B. MEDICATION-ASSISTED TREATMENT (“MAT”) DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT
 - 1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
 - 2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
 - 3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
 - 4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

- C. PREGNANT & POSTPARTUM WOMEN

³ As used in this Exhibit D, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

1. Expand Screening, Brief Intervention, and Referral to Treatment (“SBIRT”) services to non-Medicaid eligible or uninsured pregnant women;
 2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co- occurring Opioid Use Disorder (“OUD”) and other Substance Use Disorder (“SUD”)/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
 3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.
- D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME (“NAS”)
1. Expand comprehensive evidence-based and recovery support for NAS babies;
 2. Expand services for better continuum of care with infant- need dyad; and
 3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.
- E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES
1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
 2. Expand warm hand-off services to transition to recovery services;
 3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
 4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
 5. Hire additional social workers or other behavioral health workers to facilitate expansions above.
- F. TREATMENT FOR INCARCERATED POPULATION

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. PREVENTION PROGRAMS

1. Funding for media campaigns to prevent opioid use (similar to the FDA’s “Real Cost” campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre- arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. EXPANDING SYRINGE SERVICE PROGRAMS

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (“OUD”) and any co-occurring Substance Use Disorder or Mental Health (“SUD/MH”) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:⁴

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“MAT”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“ASAM”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“OTPs”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

⁴ As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“DATA 2000”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—**OD** and any co-occurring **SUD/MH** conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for **OD** and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for **OD** treatment.
2. Fund **SBIRT** programs to reduce the transition from use to disorders, including **SBIRT** services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of **SBIRT** in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of **SBIRT** and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin **MAT** in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for **MAT**, recovery case management or support services.
7. Support hospital programs that transition persons with **OD** and any co-occurring **SUD/MH** conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with **OD** and any co-occurring **SUD/MH** conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“PAARI”);
 2. Active outreach strategies such as the Drug Abuse Response Team (“DART”) model;
 3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“LEAD”) model;
 5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
 3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
 4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
 5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
 6. Support critical time interventions (“CTI”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
 7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.
- E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“NAS”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women-or women who could become pregnant-who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.
5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any co- occurring SUD/MH conditions.
7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children’s Services-Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs (“PDMPs”), including, but not limited to, improvements that:
 1. Increase the number of prescribers using PDMPs;
 2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
 3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience

OD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA").
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co- occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g., Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.



Memorandum

Date: 3/17/2026
Meeting of: Committee of the Whole - Public Safety and Human Services

File No. CM 26-190
Type: Committee Memo

TO: Committee of the Whole - Public Safety and Human Services
FROM: Mayor Angela Birney
DEPARTMENT DIRECTOR CONTACT(S):

Fire	Adrian Sheppard	425-556-2200
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DEPARTMENT STAFF:

Fire	Ameé Virelle	Deputy Fire Chief
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TITLE:

Acceptance of a Washington State Department of Ecology Grant Award in the Amount of \$1,500,000 for the Purchase of an Electric Fire Engine

OVERVIEW STATEMENT:

The Fire Department is seeking Council's approval to accept funding from a Washington State Department of Ecology grant award in the amount of \$1,500,000 for the purchase of a second electric fire engine. This award furthers the department's alignment with the City's environmental sustainability goals and supports the health and welfare of Redmond firefighters by eliminating diesel exhaust exposure at station and incident scenes.

Additional Background Information/Description of Proposal Attached

REQUESTED ACTION:

Receive Information Provide Direction Approve

REQUEST RATIONALE:

- **Relevant Plans/Policies:**
Redmond Fire Department Strategic Plan; City of Redmond Environmental Sustainability Action Plan; Redmond 2050 Climate Resilience and Sustainability Element; City Fleet Electrification Strategy; 2025-2050 Redmond Fire Department Functional Plan
- **Required:**
Council approval is required for acceptance of grant awards and execution of grant agreements.
- **Council Request:**
N/A
- **Other Key Facts:**
The Washington State Department of Ecology awarded this grant to support acquisition of zero-emission emergency response apparatus. Electric fire engines reduce tailpipe emissions, lower long-term fuel and maintenance costs, and eliminate occupational diesel exhaust exposure for firefighters. The department is

proactively planning infrastructure upgrades at affected stations to support electric vehicle deployment, consistent with the Fire Functional Plan.

OUTCOMES:

Accepting this grant award will result in the purchase of one electric fire engine for the Redmond Fire Department, advancing two core departmental priorities:

- Environmental Sustainability: The electric engine will eliminate tailpipe emissions from one front-line apparatus, reducing the department's contribution to greenhouse gas output and local air pollutants in alignment with the City's climate commitments and Redmond 2050.
- Firefighter Health and Welfare: Research links cumulative diesel exhaust exposure to elevated cancer risk among firefighters. Transitioning to electric apparatus eliminates idling emissions at stations and incident scenes, materially reducing occupational carcinogen exposure for Redmond personnel.

COMMUNITY/STAKEHOLDER OUTREACH AND INVOLVEMENT:

- **Timeline (previous or planned):**
Grant award effective upon Council acceptance; procurement to follow upon executed grant agreement.
- **Outreach Methods and Results:**
N/A
- **Feedback Summary:**
N/A

BUDGET IMPACT:

Total Cost:

\$2,423,050.24 based on the current vehicle quote.

Up to 75% of eligible costs funded by awarded Washington State Department of Ecology grant, not to exceed \$1,500,000.

Approved in current biennial budget: Yes No N/A

Budget Offer Number:

N/A

Budget Priority:

Healthy and Sustainable

Other budget impacts or additional costs: Yes No N/A

If yes, explain:

25% match required

Funding source(s):

Washington State Department of Ecology grant funding for up to 75% of eligible costs, not to exceed \$1,500,000, and City matching funds from the Apparatus Replacement Fund.

Budget/Funding Constraints:

The award acceptance deadline in the email is March 20, 2026. Ecology has also advised that no reimbursable costs may be incurred and no vehicle order may be placed until a fully executed grant agreement is in place. The current vendor quote was valid through March 9, 2026, which may require coordination on timing, updated pricing, or a refreshed quote before purchase authorization. The grant application states the City can meet grant requirements by October 31, 2027.

Additional budget details attached

COUNCIL REVIEW:

Previous Contact(s)

Date	Meeting	Requested Action
N/A	Item has not been presented to Council	N/A

Proposed Upcoming Contact(s)

Date	Meeting	Requested Action
3/17/2026	Business Meeting	Approve

Time Constraints:

The Department of Ecology requested that the City accept the grant award by **March 20, 2026**. In addition, the current vehicle quote was valid only through **March 9, 2026**, and the Sourcewell contract referenced in the quote was valid through **February 10, 2026**, which will require updated pricing or procurement coordination. Ecology also advised that the City **may not incur reimbursable costs or place any vehicle order until the grant agreement is fully executed** by both parties. Finally, the City represented in its grant application that it can meet all grant requirements by **October 31, 2027**.

ANTICIPATED RESULT IF NOT APPROVED:

If Council does not approve acceptance of the award, the City risks forfeiting up to \$1.5 million in external grant funding for replacement of an older diesel fire engine. Delay or non-acceptance would burden the city’s General Fund for apparatus costs which may also reduce the City’s ability to advance fleet decarbonization goals, realize projected emissions reductions, and build on the operational investment already made in EV fire apparatus and charging infrastructure at Station 11.

ATTACHMENTS:

- Attachments A: Ecology Grant Application 2026
- Attachment B: Ecology Grant 2 Narratives
- Attachment C: Fleet List
- Attachment D: Community Engagement
- Attachment E: Budget

For reference:
The following documents were a part of the 2026 Washington
Department of Ecology Application Package.

Project Title*	Switcher Locomotive, Tugboat, Emergency Vehicle, Paratransit, and Local Freight Decarbonization
Project Short Description*	City of Redmond requests \$1,500,000 in grant funding to purchase an NFPA-certified, Type 1 electric fire engine
Project Long Description	<p>In September 2020, the City of Redmond formally declared a climate emergency and adopted measurable policies through its Environmental Sustainability Action Plan (ESAP), including achieving carbon neutrality from municipal operations by 2030, divesting from fossil fuels, and implementing comprehensive monitoring of municipal energy and carbon impacts. These policies directly align with the goals of the Volkswagen Environmental Mitigation Trust (VW EMT), which prioritizes permanent reductions in nitrogen oxides (NO_x) and diesel emissions through the replacement of older diesel engines with zero-emission alternatives.</p> <p>To achieve meaningful emissions reductions, the City identified heavy-duty municipal equipment—particularly fire apparatus—as a priority sector. Fire engines are high-emitting diesel vehicles that operate under frequent load, idle extensively during emergency response and training, and are typically located within residential neighborhoods. Based on EPA and CARB emissions factors, over a conservative 15-year service life, an EV fire engine can displace approximately 270 metric tons of CO₂ and 1.95 metric tons (3,900 pounds) of NO_x. Replacing a diesel engine with a battery-electric fire engine eliminates these emissions at the point of use, directly advancing VW EMT mitigation objectives.</p> <p>In October 2021, the Redmond Fire Department adopted a community-driven strategic plan that included explicit environmental sustainability goals and evaluation of alternative fuels for fire apparatus. In November 2022, a team of Redmond firefighters traveled to Madison, Wisconsin, to evaluate the first electric fire engine in active front-line service in North America. The evaluation focused on operational performance, reliability, and firefighter safety, and concluded unanimously that electric fire apparatus could meet or exceed Redmond’s emergency response needs while significantly reducing emissions and noise impacts.</p> <p>Following this evaluation, the City was awarded \$587,154 through the Washington State Department of Ecology Air Quality Volkswagen DERA Grant. In March 2025, Redmond placed the first electric fire engine in service in the State of Washington, demonstrating operational feasibility, trained staffing, and reduced implementation risk.</p> <p>Building on this proven success, the City seeks funding through the Air Quality Volkswagen Rails, Keels and Wheels Grant to purchase a second NFPA-certified, Type 1 electric fire engine. This project will permanently retire a 2002 diesel fire engine, resulting in estimated lifetime emissions reductions of approximately 1.95 metric tons of NO_x and 270 metric tons of CO₂, while eliminating diesel particulate matter and toxic exhaust exposure.</p> <p>The electric fire engine will be assigned to Fire Station 11, which serves neighborhoods scoring “8” and “9” on the Washington Environmental Health Disparities Map—areas disproportionately impacted by diesel emissions. Fire Station 11 is currently being upgraded with DC Fast Charging capabilities, a project approved in 2024, so no funding will be needed for infrastructure.</p> <p>The City has a robust community engagement plan that is based in part on the success of the first EV fire engine outreach plan.</p>

The City of Redmond respectfully requests \$1,500,000 to offset the \$2,423,050 cost of a new EV fire engine, and to accelerate diesel displacement, improve air quality in overburdened communities, and advance the intent of the Volkswagen Environmental Mitigation Trust while maintaining the highest standards of emergency response. The City of Redmond can meet all grant requirements by the deadline of October 31, 2027.

Total Cost* \$2,423,050.24 Total Eligible Cost* \$1,500,000.00

Effective Date* 01/08/2026 Expiration Date* 03/09/2026

Ecology Program* AQVW

Project Category* Rails, Keels, and Wheels

Will Environmental Monitoring Data be collected? No

Overall Goal* Reduce harmful air pollution and greenhouse gas emissions associated with diesel vehicles and equipment. Help accelerate the transition to zero emission and increase public awareness of zero-emission technology feasibility.

Project Themes

Select a primary and secondary theme that best describes the work to be achieved during this project.

Primary Theme: Air Quality
Secondary Theme(s): Volkswagen - Settlement

Project Website

If your project has a website, please enter the web address below. To add another website, click the + button to the right. Up to three websites may be provided. To delete a website, click the - button to the right, then click confirm.

Website Title/Name

Website Address

Location Type	Location Value	Location Percent
Ecology Region	NWRO	100%
County	King	100%
Congressional District	1	99%
Congressional District	8	0%
Congressional District	9	0%
Legislative District	45	33%
Legislative District	48	66%
Water Resource Inventory Area (WRIA)	8 (Cedar - Sammamish)	100%

Project Manager

Adrian Sheppard

Contact Information

Fire Chief
8450 161st Ave NE
Redmond, Washington 98052-
3848
(425) 979-8386

asheppard@redmond.gov

Authorized Signatory

Adrian Sheppard

Contact Information

Fire Chief
8450 161st Ave NE
Redmond, Washington 98052-3848
(425) 979-8386

asheppard@redmond.gov

Billing Contact

Adrian Sheppard

Contact Information

Fire Chief
8450 161st Ave NE
Redmond, Washington 98052-
3848
(425) 979-8386

asheppard@redmond.gov

Other recipient signatures on printed agreement

Name

Title

*1. Have you read the guidelines for this grant opportunity? Yes No
Date guidelines were read: 12/09/2025
Initials: MD

*2. Please select your project category. Note: applicants may apply for more than one **vehicle/category**, but must submit separate applications for each project.
To request additional applications beyond the initial five, please contact the VW grants team at wwsettlements@ecy.wa.gov.

- Emergency Vehicles Class 8 (> 33,001 lb.)
- Emergency Vehicles Class 4 - 7 (14,001-33,000 lb.)
- Freight Switcher Locomotive
- Tugboat
- Other Class 8 Vehicle (> 33,001 lb.)
- Other Class 4-7 Vehicle (14,001-33,000lb.)

*3. What is the average annual fuel consumption of the diesel vehicle/equipment proposed for repower or scrap?
754

*4. What is the engine model year of the diesel vehicle/equipment proposed for repower or scrap?
2002

- *5. Please select your organization type:
- Business registered in the State of Washington
 - Non-profit 501(c)(3) organizations
 - City
 - County
 - State Government
 - Public Utility District
 - Public port / public port authority
 - School district, public college, university
 - Tribe
 - Other

*6. Do you own the vehicle/equipment you intend to scrap and replace or repower?
Yes
No

*7. Please enter the address where the fueling infrastructure to support the new zero emission vehicle/equipment will be installed.
8450 161st. Ave. NE. Redmond, WA 98052

*8. Is the address where the fueling infrastructure will be installed on land managed by a Tribal Government?
Yes
No

*9. What type of fueling infrastructure will you install to support the proposed zero emission vehicle/equipment?
 Level 2
 DC Fast Charger
 Hydrogen

*10. Do you own the property on which the fueling infrastructure will be installed? Note: If you do not own the property, you must submit a Site-Host agreement certifying you have permission to install fueling infrastructure.
Yes
No

*11. Will the installation of fueling infrastructure have the potential for ground disturbance? If yes, Please describe the extent of ground disturbance in the text box below. Example: trenching to install conduit and a concrete pad to support the EVSE installation.

Yes

No

The charging infrastructure for this location (Fire Station 11) is already being installed to charge existing electric vehicles, separate from this grant request.

*12. To be eligible for award, your organization must agree to provide community outreach to inform your service area of the benefits of decarbonizing transportation. Please upload your Community Engagement Plan. A Community Engagement Plan template is available on the Application Menu page.
2527AQVWRKWCommunityEngagement.docx

*13. Please upload a quote for the purchase and installation of fueling infrastructure. This should include all eligible projects costs. Ecology will use this information to verify grant funding amounts. **NOTE: Do not pre-order. Pre-ordered vehicles/equipment do not qualify for a grant.**
No Fueling Equipment to be Requested.docx

*14. Please upload a quote for the new zero emission vehicle/piece of equipment you are proposing to purchase or repower. Ecology will use this information to verify grant funding amounts. **NOTE: Do not pre-order. Pre-ordered vehicles/equipment do not qualify for a grant.**
MC1092 Redmond Volterra Quote 010526.pdf

Ecology Grant 2 – Narratives

Project Short Description: 500 words or less

In September 2020, the City of Redmond formally declared a climate emergency and adopted measurable policies through its Environmental Sustainability Action Plan (ESAP), including achieving carbon neutrality from municipal operations by 2030, divesting from fossil fuels, and implementing comprehensive monitoring of municipal energy and carbon impacts. These policies directly align with the goals of the Volkswagen Environmental Mitigation Trust (VW EMT), which prioritizes permanent reductions in nitrogen oxides (NO_x) and diesel emissions through the replacement of older diesel engines with zero-emission alternatives.

To achieve meaningful emissions reductions, the City identified heavy-duty municipal equipment—particularly fire apparatus—as a priority sector. Fire engines are high-emitting diesel vehicles that operate under frequent load, idle extensively during emergency response and training, and are typically located within residential neighborhoods. Based on EPA and CARB emissions factors, over a conservative 15-year service life, an EV fire engine can displace approximately 270 metric tons of CO₂ and 1.95 metric tons (3,900 pounds) of NO_x. Replacing a diesel engine with a battery-electric fire engine eliminates these emissions at the point of use, directly advancing VW EMT mitigation objectives.

In October 2021, the Redmond Fire Department adopted a community-driven strategic plan that included explicit environmental sustainability goals and evaluation of alternative fuels for fire apparatus. In November 2022, a team of Redmond firefighters traveled to Madison, Wisconsin, to evaluate the first electric fire engine in active front-line service in North America. The evaluation focused on operational performance, reliability, and firefighter safety, and concluded unanimously that electric fire apparatus could meet or exceed Redmond's emergency response needs while significantly reducing emissions and noise impacts.

Following this evaluation, the City was awarded \$587,154 through the Washington State Department of Ecology Air Quality Volkswagen DERA Grant. In March 2025, Redmond placed the first electric fire engine in service in the State of Washington, demonstrating operational feasibility, trained staffing, and reduced implementation risk.

Building on this proven success, the City seeks funding through the Air Quality Volkswagen Rails, Keels and Wheels Grant to purchase a second NFPA-certified, Type 1 electric fire engine. This project will permanently retire a 2002 diesel fire engine, resulting in estimated lifetime emissions reductions of approximately 1.95 metric tons of

NO_x and 270 metric tons of CO₂, while eliminating diesel particulate matter and toxic exhaust exposure.

The electric fire engine will be assigned to Fire Station 11, which serves neighborhoods scoring “8” and “9” on the Washington Environmental Health Disparities Map—areas disproportionately impacted by diesel emissions.

The City of Redmond respectfully requests \$1,500,000 to accelerate diesel displacement, improve air quality in overburdened communities, and advance the intent of the Volkswagen Environmental Mitigation Trust while maintaining the highest standards of emergency response.

Project Long Description: 4000 words or less

In September 2020, the City of Redmond formally declared a climate emergency, recognizing the urgent need to reduce greenhouse gas (GHG) emissions and criteria pollutants that adversely affect public health. Guided by the City’s Environmental Sustainability Action Plan (ESAP), Redmond adopted clear, measurable policies and performance targets, including:

- Achieving carbon neutrality from municipal operations by 2030
- Divesting from fossil fuels
- Implementing a comprehensive system to monitor and report the full carbon and energy footprint of all municipal departments and capital projects

These policies directly align with the intent of the Volkswagen Environmental Mitigation Trust (VW EMT), which prioritizes the reduction of nitrogen oxides (NO_x) and diesel-related emissions through the replacement or repowering of older diesel engines with zero-emission alternatives.

Addressing Diesel Emissions from Heavy-Duty Municipal Equipment

To achieve meaningful emissions reductions, the City identified heavy-duty municipal equipment—particularly fire apparatus—as a critical sector requiring early action. Fire engines are high-emitting diesel vehicles that operate under frequent load, idle extensively during emergency response and training, and are typically housed within or adjacent to residential neighborhoods.

Based on EPA and CARB heavy-duty diesel emissions factors, a single aging diesel fire engine emits approximately:

- 18 metric tons of carbon dioxide (CO₂) annually
- 0.13 metric tons (260 pounds) of nitrogen oxides (NO_x) annually

- Measurable particulate matter (PM_{2.5}) and diesel exhaust toxics associated with adverse respiratory and cardiovascular outcomes

Over a conservative 15-year service life, one diesel fire engine can be expected to emit:

- ≈270 metric tons of CO₂
- ≈1.95 metric tons (3,900 pounds) of NO_x

Replacing a diesel fire engine with an electric fire engine helps eliminate these emissions at the point of use, directly fulfilling VW EMT objectives related to NO_x reduction, diesel displacement, and public-health benefit.

Fire Department Strategic Planning and Early Adoption of Zero-Emission Technology

In October 2021, the Redmond Fire Department adopted a community-driven strategic plan that included explicit environmental sustainability objectives, including the evaluation and adoption of alternative fuels for fire apparatus. This effort was informed by community input, City climate goals, and emerging national best practices within the fire service.

Recognizing the limited real-world data available on electric fire engines at the time, the Department made a deliberate investment in first-hand evaluation. In November 2022, a team of Redmond firefighters traveled to Madison, Wisconsin, to assess the first and only electric fire engine in active front-line service in North America. The evaluation focused on emergency response performance, reliability, operational readiness, and firefighter safety.

The evaluation team reported unanimous agreement that electric fire apparatus could meet or exceed the operational requirements of the Redmond Fire Department while significantly reducing emissions and noise impacts in the community.

Proven Implementation and Demonstrated Readiness

Following this evaluation, the City of Redmond applied for and was awarded \$587,154 through the Washington State Department of Ecology Air Quality Volkswagen DERA Grant in November 2022. In March 2025, the City successfully placed the first electric fire engine in service in the State of Washington, demonstrating operational feasibility and institutional readiness.

This deployment represents a verified, real-world displacement of a diesel fire engine and its associated emissions. It also provides the City with direct operational experience, trained personnel, maintenance protocols, and charging infrastructure—substantially reducing implementation risk for subsequent electric apparatus.

Proposed Project: Second Electric Fire Engine Acquisition

Building on this demonstrated success, the City of Redmond is now seeking funding through the Air Quality Volkswagen Rails, Keels and Wheels Grant to procure a second NFPA-certified, Type 1 electric fire engine.

The proposed project will result in the permanent retirement of a 2002 diesel fire engine, producing immediate and long-term reductions in NO_x, CO₂, and diesel particulate emissions.

Estimated lifetime emissions reductions for this single EV engine replacement in lieu of a traditional diesel engine include:

- ≈1.95 metric tons of NO_x avoided
- ≈270 metric tons of CO₂ avoided
- Elimination of diesel particulate matter (PM_{2.5}) and toxic exhaust exposure at emergency scenes, fire stations, and surrounding neighborhoods

These reductions are directly attributable to the project and align squarely with VW EMT mitigation priorities.

Delivery Timeline and Grant Compliance

The City of Redmond can meet all grant requirements except the delivery deadline of October 31, 2027. At present, no manufacturer of electric fire engines can guarantee delivery in less than approximately 26 months from the date of order, due to limited manufacturing capacity and specialized component supply chains. Redmond's first electric fire engine was delivered in 23 months, demonstrating efficient procurement and project management within the limitations of the manufacturing industry.

However, if awarded, the City believes it can deploy the electric fire engine within 28 months of grant approval, ensuring rapid realization of emissions-reduction benefits.

Deployment in Disproportionately Impacted Communities

The new electric fire engine will be assigned to Redmond Fire Department Station 11 (8450 161st Ave NE, Redmond). This station is currently undergoing installation of multiple DC fast-charging units, ensuring charging capacity is fully operational prior to apparatus delivery.

Station 11 serves neighborhoods that score "8" and "9" on the Washington Environmental Health Disparities Map, identifying them among the areas most adversely impacted by diesel exhaust and cumulative environmental health burdens. Deployment of a zero-emission fire engine at this location directly advances

environmental justice objectives by reducing diesel emissions in communities that experience disproportionate exposure.

Public Outreach, Education, and Transparency

The City of Redmond is committed to broad public outreach and transparent reporting on the outcomes of this grant. The City's Communications Division—a six-person team reporting directly to the mayor—will integrate the project into existing outreach platforms, reaching a daytime population of 130,523 and an evening population of 73,256 through:

- Digital email newsletters (68,000 subscribers)
- Social media (73,000 total followers across City accounts)
- Redmond.gov (≈2,100 daily visitors)
- RCTV cable television station and video programming
- Media releases and earned media coverage
- *Focus* print newsletter (34,000 residents and businesses, three times annually)
- Citywide posters, brochures, and educational materials
- Unit showcased at regional climate impact meetings/events

Outreach related to Redmond's first electric fire engine generated strong local and regional support, including engagement from:

- State and federal legislators
- Seattle & King County Public Health and EMS leadership
- Kiwanis Club of Redmond
- Amazon
- Microsoft

This project will continue to serve as a visible demonstration of how VW EMT funds produce tangible, community-level air-quality improvements.

Conclusion and Funding Request

The Redmond Fire Department has made a sustained and strategic investment in transitioning to a zero-emission fire apparatus fleet. Grant funding will accelerate this transition by offsetting the higher upfront cost of early-market electric fire engines while delivering measurable NO_x and diesel emissions reductions consistent with the Volkswagen Environmental Mitigation Trust.

Accordingly, the City of Redmond respectfully requests \$1,500,000 in grant funding to purchase an NFPA-certified, Type 1 electric fire engine, achieving permanent diesel displacement, improving air quality in disproportionately impacted communities, and maintaining the highest standards of emergency response capability.

Notes:

Unit 8017 – 2002 Pierce VIN: 4P1CT02S92A002113

Fuel – 754 gals per year

Address: 8450 161st. AVE. NE Redmond, WA 98052

Narratives as submitted on the website:

City of Redmond requests \$1,500,000 in grant funding to purchase an NFPA-certified, Type 1 electric fire engine

In September 2020, the City of Redmond formally declared a climate emergency and adopted measurable policies through its Environmental Sustainability Action Plan (ESAP), including achieving carbon neutrality from municipal operations by 2030, divesting from fossil fuels, and implementing comprehensive monitoring of municipal energy and carbon impacts. These policies directly align with the goals of the Volkswagen Environmental Mitigation Trust (VW EMT), which prioritizes permanent reductions in nitrogen oxides (NO_x) and diesel emissions through the replacement of older diesel engines with zero-emission alternatives.

To achieve meaningful emissions reductions, the City identified heavy-duty municipal equipment—particularly fire apparatus—as a priority sector. Fire engines are high-emitting diesel vehicles that operate under frequent load, idle extensively during emergency response and training, and are typically located within residential neighborhoods. Based on EPA and CARB emissions factors, over a conservative 15-year service life, an EV fire engine can displace approximately 270 metric tons of CO₂ and 1.95 metric tons (3,900 pounds) of NO_x. Replacing a diesel engine with a battery-

electric fire engine eliminates these emissions at the point of use, directly advancing VW EMT mitigation objectives.

In October 2021, the Redmond Fire Department adopted a community-driven strategic plan that included explicit environmental sustainability goals and evaluation of alternative fuels for fire apparatus. In November 2022, a team of Redmond firefighters traveled to Madison, Wisconsin, to evaluate the first electric fire engine in active front-line service in North America. The evaluation focused on operational performance, reliability, and firefighter safety, and concluded unanimously that electric fire apparatus could meet or exceed Redmond's emergency response needs while significantly reducing emissions and noise impacts.

Following this evaluation, the City was awarded \$587,154 through the Washington State Department of Ecology Air Quality Volkswagen DERA Grant. In March 2025, Redmond placed the first electric fire engine in service in the State of Washington, demonstrating operational feasibility, trained staffing, and reduced implementation risk.

Building on this proven success, the City seeks funding through the Air Quality Volkswagen Rails, Keels and Wheels Grant to purchase a second NFPA-certified, Type 1 electric fire engine. This project will permanently retire a 2002 diesel fire engine, resulting in estimated lifetime emissions reductions of approximately 1.95 metric tons of NO_x and 270 metric tons of CO₂, while eliminating diesel particulate matter and toxic exhaust exposure.

The electric fire engine will be assigned to Fire Station 11, which serves neighborhoods scoring "8" and "9" on the Washington Environmental Health Disparities Map—areas disproportionately impacted by diesel emissions. Fire Station 11 is currently being upgraded with DC Fast Charging capabilities, a project approved in 2024, so no funding will be needed for infrastructure.

The City has a robust community engagement plan that is based in part on the success of the first EV fire engine outreach plan.

The City of Redmond respectfully requests \$1,500,000 to offset the \$2,423,050 cost of a new EV fire engine, and to accelerate diesel displacement, improve air quality in overburdened communities, and advance the intent of the Volkswagen Environmental Mitigation Trust while maintaining the highest standards of emergency response.

The City of Redmond can meet all grant requirements by the deadline of October 31, 2027.

Fleet List: Air Quality
7

Instructions: LIST ONLY THE VEHICLE(S)/EQUIPMENT YOU ARE INTERESTED

- Fill out Table 1 if applying to repower or replace on road vehicles and Table 2 if applying to off-road equipment
- For replacement projects, the listed vehicle(s)/equipment(s) (engine & chassis) will be replaced
- For repower projects, listed vehicle(s)/equipment engines will be required to be replaced
- If applying for multiple vehicles, you only need to complete one fleet list to upload
- Please refer to Funding Guidelines for full eligibility information.

Applicant Information	
Organization Name	City of Redmond

Table 1. On road vehicle to be scrapped or repowered (Class 4-8 Emergent)

	Vehicle 1
EAGL Application Number	AQVWRKW-2527-Redmon-00033
Vehicle Category (Class 8 Local Freight, Paratransit etc)	8
Vehicle Manufacturer	Pierce
Engine Manufacturer	Detroit S60
Vehicle Class	Fire Engine
Vehicle Identification Number (VIN)	4P1CT02S92A002113
Engine Model Year	2002
Fuel Type	Diesel
Average Annual Fuel Usage (gallons)	754
Estimated Annual Idling Hours	200
Current Odometer Reading	129485
Estimated Years of Use Left	5
Vehicle Owner (must be same as applicant)	City of Redmond
Number of years licensed (if applicable) and operational in Washington (minimum 2 years prior to Oct 2025)	23

Table 2. Off Road Equipment to be scrapped or repowered (Freight Switc

EAGL Application Number	
Equipment type (switcher or tugboat)	
Equipment manufacturer	
Engine Manufacturer	
Horsepower	
Emissions tier	
Identification number (VIN, SIN, other)	
Engine Model Year	
Fuel Type	
Average Annual Fuel Usage (gallons)	
Use hours per year (sum of idling hours and active hours)	
Estimated Years of Use Left	
Vehicle Owner (must be same as applicant)	
Number of years licensed (if applicable) and operational in Washington (minimum 2 years prior to Oct 2025)	

Comments

Community Engagement Plan

Background

All Washington residents, regardless of income, race, ethnicity, color, or national origin, have a right to live, work, and recreate in a clean and healthy environment. Low-income communities, communities of color, and indigenous people in Washington and across the country often bear the brunt of pollution and the impacts of climate change.

Ecology is committed to making decisions that do not create disproportionate environmental burdens on any community and would like to understand your plans for implementing these practices within the community that you serve.

Applicant Information

Organization name: City of Redmond

EAGL application number: AQVWRKW-2527-Redmon-00033

Project location: 8450 161st. AVE. NE Redmond, WA 98052

Engagement Plan

When answering the following questions, consider the community impact of your project, the strategies you will use for engagement, and how you can build relationships within your community to ensure your project's success.

1. Identify the communities that will be affected by this project (example: drivers and operators, nearby neighborhoods, Tribal communities, schools, community organizations, etc.). Please include a description of the values and demographics (such as social and economic demographics) of those communities. Please also identify the specific Tribal communities, with current and historic connections to the area, that may be impacted by this project.
 - a. The new electric fire engine will be assigned to Redmond Fire Department Station 11 (8450 161st Ave NE, Redmond). Station 11 serves neighborhoods that score "8" and "9" on the Washington Environmental Health Disparities Map, identifying them among the areas most adversely impacted by diesel exhaust and cumulative environmental health burdens. Deployment of a zero-emission fire engine at this location directly advances environmental justice objectives by reducing diesel emissions in communities that experience disproportionate exposure.

2. Describe the potential impacts (both positive and negative) of this project on the communities identified in the previous question. How does your organization currently acknowledge and support the environmental, cultural, and economic values in these communities?

a. In September 2020, the City of Redmond formally declared a climate emergency, recognizing the urgent need to reduce greenhouse gas (GHG) emissions and criteria pollutants that adversely affect public health. Guided by the City’s Environmental Sustainability Action Plan (ESAP), Redmond adopted clear, measurable policies and performance targets, including:

- Achieving carbon neutrality from municipal operations by 2030
- Divesting from fossil fuels
- Implementing a comprehensive system to monitor and report the full carbon and energy footprint of all municipal departments and capital projects

These policies directly align with the intent of the Volkswagen Environmental Mitigation Trust (VW EMT), which prioritizes the reduction of nitrogen oxides (NO_x) and diesel-related emissions through the replacement or repowering of older diesel engines with zero-emission alternatives.

b. The deployment of an electric fire engine also helps reduce exposure to loud noise during its routine/non-emergency travels throughout the community.

3. What steps will you take to build relationships with the communities identified above? Examples could include attending community events, producing educational materials, distributing press releases, sharing information with industry-specific outlets, etc.

The City of Redmond is committed to broad public outreach and transparent reporting on the outcomes of this grant. The City’s Communications Division—a six-person team reporting directly to the mayor—will integrate the project into existing outreach platforms, reaching a daytime population of 130,523 and an evening population of 73,256 through:

- Digital email newsletters (68,000 subscribers)
- Social media (73,000 total followers across City accounts)
- Redmond.gov (≈2,100 daily visitors)
- RCTV cable television station and video programming
- Media releases and earned media coverage
- *Focus* print newsletter (34,000 residents and businesses, three times annually)

- Citywide posters, brochures, and educational materials
- Unit showcased at regional climate impact meetings/events

Outreach related to Redmond’s first electric fire engine generated strong local and regional support, including engagement from:

- State and federal legislators
- Seattle & King County Public Health and EMS leadership
- Kiwanis Club of Redmond
- Amazon
- Microsoft

This project will continue to serve as a visible demonstration of how VW EMT funds produce tangible, community-level air-quality improvements.

4. Identify the person(s) in your organization responsible for community engagement related to the zero-emission equipment or vehicle(s).
 - a. The City’s Communications Division—a six-person team reporting directly to the mayor—will integrate the project into existing outreach platforms. In addition, the Fire Department’s public outreach program will continue to market the viability and benefits of EV fire engines, similar to the method used (and still used today) for the current EV fire engine already in service since March 2025.
5. What metrics will you use to track and demonstrate community engagement?
 - a. Annual public education events (number of community members contacted) will be the primary metric.

Is there anything else you would like to share about your community engagement plans?

- a. In March 2026, the Redmond Fire Department will initiate a community-driven strategic planning process where the current electric fire engine will be highlighted with hands-on demonstrations to the community members in attendance.
- b. The current electric fire engine is routinely profiled in media stories.

Reminder: if awarded a grant from Ecology under this grant program, you will be required to report to Ecology on outreach and engagement activities completed through the expiration of the grant period.

Project Budget

Instructions:

Please enter all eligible costs related to this project. One application may only inc

Name of Applicant:

EAGL Application Number:

Ecology use only

Total Eligible Cost. This includes the Ecology grant plus required match. Eco

Applicant Match Percentage. Ecology to calculate

%

Ecology Share Percentage. Ecology to calculate

%

*Please enter the grant amount you are requesting from Ecology for your pro

*Please enter the cost share amount you will contribute to the project. Please

*Please enter the total cost of the equipment/vehicles included in this applica

*Please enter the total cost of the charging infrastructure, including purchase

Please enter all other eligible expenditures below. Please see [page 15](#) of the

Expenditure Description
Total

clude one vehicle/piece of equipment. See the grant guidelines for more informati

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ject. Please see [page 13](#) of the grant guidelines for Ecology's funding level requirement

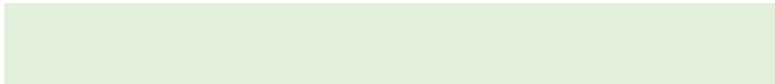
see [page 13](#) of the grant guidelines for required match.

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and installation.

grant guidelines for eligible costs.

	Expenditure Amount
	\$0.00



on on project categories and eligible costs.



ts.





Project Budget

Instructions:

Please enter all eligible costs related to this project. One application may only inc

Name of Applicant:

EAGL Application Number:

Ecology use only

Total Eligible Cost. This includes the Ecology grant plus required match. Eco

Applicant Match Percentage. Ecology to calculate

%

Ecology Share Percentage. Ecology to calculate

%

*Please enter the grant amount you are requesting from Ecology for your pro

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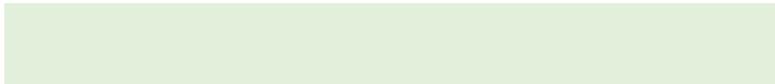
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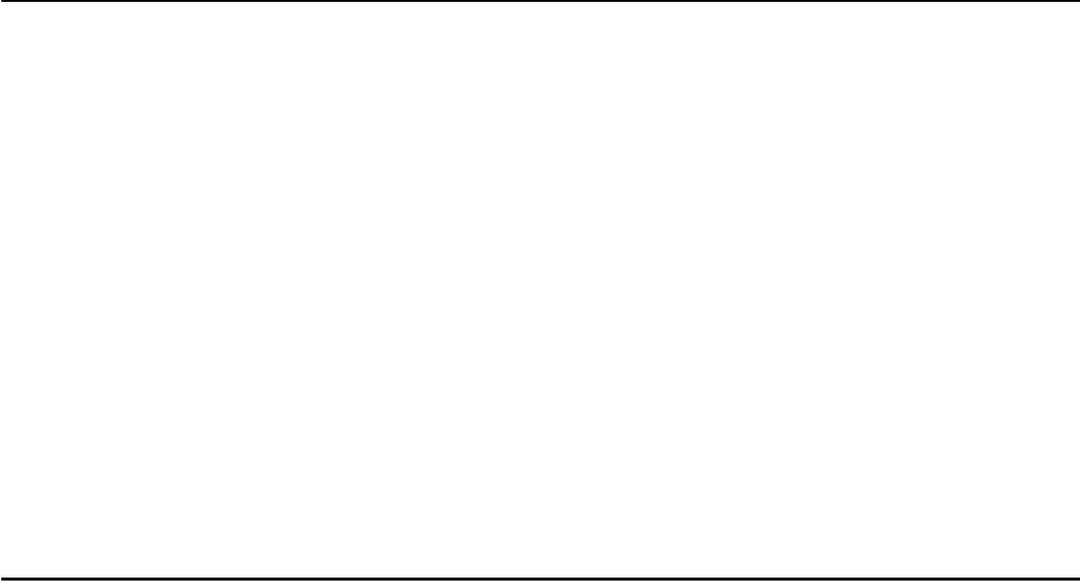
	Expenditure Amount
	\$0.00

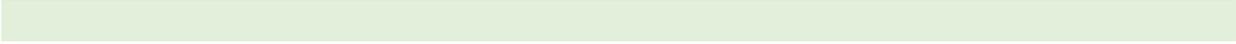


on on project categories and eligible costs.



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Project Budget

Instructions:

Please enter all eligible costs related to this project. One application may only include one vehicle. Each vehicle and related cost should be entered on a separate sheet, copy sheets as needed.

Name of Applicant:

EAGL Application Number:

Ecology use only

Total Eligible Cost. This includes the Ecology grant plus required match. Ecology to calculate

Applicant Match Percentage. Ecology to calculate

%

Ecology Share Percentage. Ecology to calculate

%

*Please enter the grant amount you are requesting from Ecology for your project.

*Please enter the cost share amount you will contribute to the project. Please include all eligible costs.

*Please enter the total cost of the equipment/vehicles included in this application.

*Please enter the total cost of the charging infrastructure, including purchase and installation.

Please enter all other eligible expenditures below. Please see [page 15](#) of the

Expenditure Description
Total

clude one vehicle/piece of equipment. See the grant guidelines for more information as needed

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ject. Please see [page 13](#) of the grant guidelines for Ecology's funding level requirement

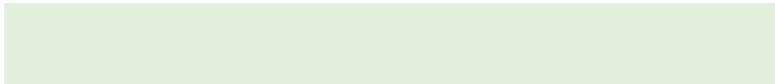
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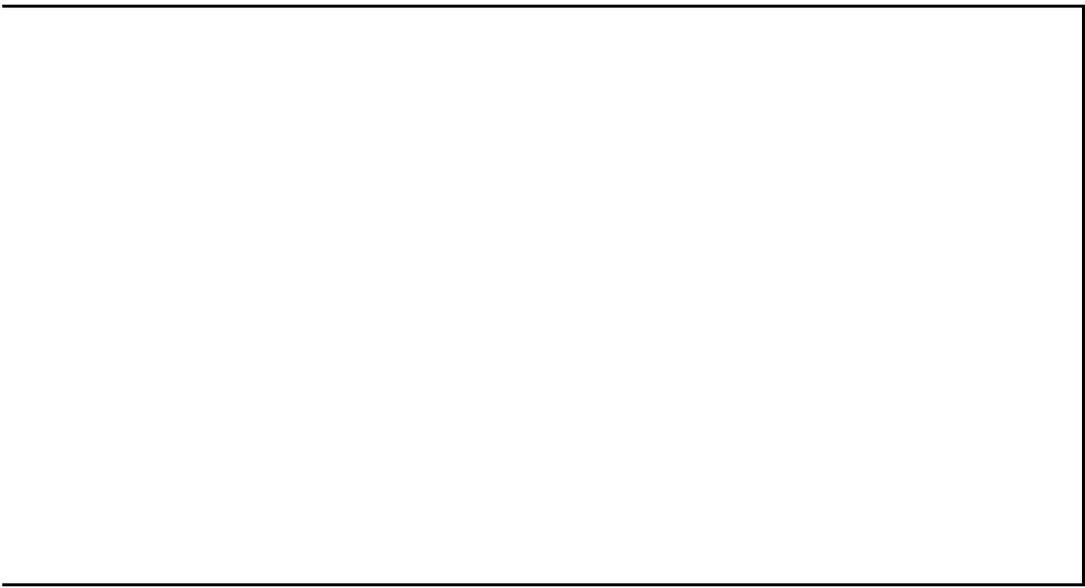
	Expenditure Amount
	\$0.00

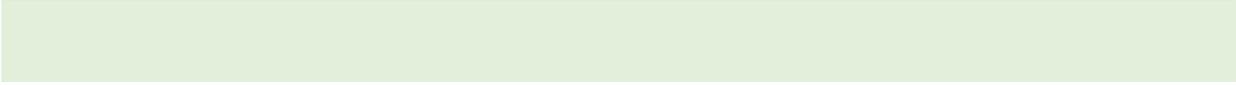


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Memorandum

Date: 3/17/2026
Meeting of: Committee of the Whole - Public Safety and Human Services

File No. CM 26-194
Type: Committee Memo

TO: Committee of the Whole - Public Safety and Human Services
FROM: Mayor Angela Birney
DEPARTMENT DIRECTOR CONTACT(S):

Police	Chief Darrell Lowe	425-556-2521
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DEPARTMENT STAFF:

Police	Jesse Bollerud	Lieutenant
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TITLE:

Authorization to Accept Grant Funding from the Washington Association of Sheriffs and Police Chiefs

OVERVIEW STATEMENT:

The Washington Association of Sheriffs and Police Chiefs (WASPC) has awarded the City a \$3,000 Traffic Safety Grant to purchase one LIDAR unit to support traffic enforcement operations. The grant requires participation in at least one Washington Traffic Safety Commission-funded High Visibility Enforcement (HVE) patrol during federal fiscal year 2025-2026, along with continued support of statewide and national traffic safety initiatives and a commitment to proactive traffic enforcement. Acceptance of this grant will enhance the department’s speed enforcement capabilities and further support community traffic safety efforts.

Additional Background Information/Description of Proposal Attached

REQUESTED ACTION:

Receive Information Provide Direction Approve

REQUEST RATIONALE:

- **Relevant Plans/Policies:**
Target Zero
Transportation Master Plan
- **Required:**
N/A
- **Council Request:**
Council has requested they be informed and approve revenue from grants prior to acceptance or purchase of equipment using grant funding.
- **Other Key Facts:**
LIDAR (Light Detection and Ranging) is a handheld or vehicle-mounted speed measurement device that uses laser pulses to calculate the speed of a moving vehicle. Unlike traditional radar, which emits a broader radio

wave, LIDAR produces a narrow, focused beam that allows officers to precisely target a specific vehicle in traffic. This improves accuracy, especially in multi-lane or high-volume environments.

The department currently operates six LIDAR units: four older models previously used in the Traffic Unit and two newer "Stalker" units assigned to patrol. Each traffic officer is equipped with a newer Stalker LIDAR, which provides faster target acquisition, greater accuracy, and improved performance in low light and adverse weather conditions. With the onboarding of an additional traffic officer this year, the department plans to assign them a new, modern LIDAR, which is essential to his daily traffic enforcement duties.

OUTCOMES:

Acceptance of this \$3,000 WASPC Traffic Safety Grant will enhance the department's ability to conduct precise and effective speed enforcement through the acquisition of a LIDAR unit. This equipment will support High Visibility Enforcement patrols, strengthen participation in statewide traffic safety initiatives, and reinforce the City's commitment to proactive traffic enforcement. The anticipated outcome is improved speed compliance, reduced speed-related collisions, and increased roadway safety for residents, visitors, and first responders.

COMMUNITY/STAKEHOLDER OUTREACH AND INVOLVEMENT:

- **Timeline (previous or planned):**
N/A
- **Outreach Methods and Results:**
N/A
- **Feedback Summary:**
N/A

BUDGET IMPACT:

Total Cost:

There is no anticipated cost to the City.

Approved in current biennial budget: Yes No N/A

Budget Offer Number:

228

Budget Priority:

Safe and Resilient

Other budget impacts or additional costs: Yes No N/A

If yes, explain:

N/A

Funding source(s):

General Fund

Budget/Funding Constraints:

N/A

Additional budget details attached

COUNCIL REVIEW:

Previous Contact(s)

Date	Meeting	Requested Action
N/A	Item has not been presented to Council	N/A

Proposed Upcoming Contact(s)

Date	Meeting	Requested Action
4/7/2026	Business Meeting	Approve

Time Constraints:

Invoices are due to WASPC no later than May 1, 2026.

ANTICIPATED RESULT IF NOT APPROVED:

The police department will not accept grant funding for this LIDAR unit.

ATTACHMENTS:

Attachment A: Washington Association of Sheriffs and Police Chiefs Grant Award Letter



February 12, 2026

Redmond Police Department
Chief Darrell Lowe
8701 160 Ave NE
Redmond, WA 98052

Chief Darrell Lowe:

Thank you for applying for a WASPC Traffic Safety Grant. We are pleased to inform you that your agency is approved to purchase the following items:

Equipment	Number of Units Awarded	Max Price Per Unit	Total
Lidar	1	\$ 3,000.00	\$ 3,000.00
Total Awarded			\$ 3,000.00

Award details and conditions:

- Federal Identification number for this grant is **CFDA# 20.600**.
- HVE participation in at least one WTSC funded impaired driving or speed HVE patrol during federal fiscal year 2025-2026 is a grant requirement. **Agencies that do not meet this grant condition will be required to refund the grant award.** Please contact your Target Zero Manager or Jerry Noviello at jnoviello@wtsc.wa.gov for more information.
- Agencies will support statewide/national traffic safety initiatives, projects, and programs.
- Agencies will subscribe and commit to aggressive traffic enforcement.
- An annual report is required for the Traffic Safety Grant funds awarded to your department. The 2025-2026 Traffic Safety Grant reports are due by October 2, 2026. **Failure to report will result in denial of 2026 – 2027 grant funds.** Agencies must report grant results to WASPC in a timely manner.
- Invoices are due to WASPC **no later than May 1, 2026**. Any invoices not received by the deadline may not be reimbursed and the award money will be forfeited. ***Please note: WASPC is responsible for the amount of your grant award only. Any expense in excess of the grant award is agency responsibility.***

- **Vendor invoices in excess of \$5,000.00 total purchase for a single piece of equipment requires preapproval.** Please contact WASPC prior to making any purchases in excess of \$5,000.00 regardless of local contributions.
- Grantees must collect and provide data to support the objectives identified in the Washington Strategic Highway Safety Plan. Prior to receiving a grant reimbursement, agencies must provide the following:

For the period Oct. 2024 - Sep. 2025

- Total citations issued
- Speed citations issued
- DUI citations issued

This data will also be collected on the end-of-year report for the period Oct. 2025 - Sep. 2026

To submit A-19 reimbursement forms and online report forms, or to get copies, please go to www.waspc.org/traffic-safety .

Thank you for your dedication to traffic safety in the State of Washington. If you have any questions, please contact Anastasia Raybon at araybon@waspc.org. If you would like more information regarding state or federal traffic safety grant funding, please contact the Washington Traffic Safety Commission at (360) 725-9896.

Sincerely,

Sheriff Drew Hyer, Garfield County
Traffic Safety Committee Co-Chair

Chief Shawn Boyle, Yakima Police Department
Traffic Safety Committee Co-Chair



Steve Strachan
Executive Director



Memorandum

Date: 3/17/2026
Meeting of: Committee of the Whole - Public Safety and Human Services

File No. CM 26-196
Type: Committee Memo

TO: Committee of the Whole - Public Safety and Human Services
FROM: Mayor Angela Birney
DEPARTMENT DIRECTOR CONTACT(S):

Police	Chief Darrell Lowe	425-556-2521
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DEPARTMENT STAFF:

Police	Mavic Hizon	Civilian Commander
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TITLE:

A Resolution Amending the City’s User Fee Schedule to Add a Bodyworn Camera Video Redaction Fee for Public Records Requests

OVERVIEW STATEMENT:

All commissioned officers are authorized to use and/or are equipped with Body-Worn Cameras (BWCs). Recordings captured by BWCs constitute public records and are subject to disclosure under the Washington Public Records Act (Chapter 42.56 RCW). The Department requests approval to establish a redaction fee for BWC video recordings in the amount of \$0.88 per minute.

Additional Background Information/Description of Proposal Attached

REQUESTED ACTION:

Receive Information Provide Direction Approve

REQUEST RATIONALE:

- **Relevant Plans/Policies:**
Washington Public Records Act (Chapter 42.56 RCW)
- **Required:**
RCW 42.56.070
RCW 42.56.120
RMC Chapter 1.03, Section 1.03.080 - Public access to records.
- **Council Request:**
N/A
- **Other Key Facts:**
This item is being presented to the City Council for approval of a cost recovery fee to cover the production costs associated with releasing public records that contain Body-Worn Camera (BWC) footage. The Police Department has experienced a significant increase in public records requests for BWC video, which has placed a growing

burden on the Records Division. This division is currently staffed by only two employees dedicated to processing these requests, resulting in a substantial backlog in production.

Public Records Requests for Redmond Police Department's BWC video footage:

2023 - 1,913

2024 - 2,111

2025 - 2,128

Under the Washington Public Records Act (PRA), Chapter 42.56 RCW, all BWC recordings are considered public records, subject to disclosure upon request, and may require redaction to protect privacy or other sensitive information. The PRA allows an agency to charge reasonable costs associated with redacting, altering, or obscuring portions of a BWC recording prior to disclosure, except for certain requesters such as individuals directly involved in the incident recorded, their attorneys, or other designated parties.

Proposed BWC Video Redaction Cost Recovery Fee. The Police Department has identified the need to set the cost of BWC video redaction at **\$0.88 per minute**, based on reasonable estimates of staff time. The Police Department proposes charging requesters for redaction costs based on the parameters outlined in the PRA and charging only for the actual staff time and costs incurred in the redaction process, using the salary and benefits of the lowest-paid employee assigned to the task. **A cost estimate will be provided to the requester before the records are produced.**

Financial Hardship: Requesters who cannot afford the Body-Worn Camera Redaction Fee may request a waiver or schedule an appointment to view materials at no cost. Individuals directly connected to the content—such as victims, accused parties, or their attorneys—are automatically exempt. To request a hardship waiver, provide documentation such as proof of participation in a government assistance program, recent pay stubs, or tax returns. Each request is reviewed individually, and waivers are granted when paying the fee would create an undue burden, ensuring equitable access while allowing the City to recover costs for general requests.

Fee Cap: Implementing a fee cap for large public records requests could conflict with the primary purpose of the Body-Worn Camera Redaction Fee, which is to offset the City's administrative costs. Large requests typically require more staff time and resources, and capping the fee could result in the City absorbing a significant portion of these costs. The current cost-based approach ensures that fees reflect the actual effort involved, while fee waivers and hardship accommodations maintain equitable access for those who cannot afford to pay.

Historical Data Tracking by Request Type: At this time, the Police Department does not have a tracking or reporting mechanism in place that categorizes body-worn camera (BWC) footage requests by requester type. Specifically, our records system has not historically distinguished between requests submitted by individuals who are exempt from fees under the PRA (such as victims, individuals directly involved in the incident, accused parties, their legal representatives or the Prosecutor's Office) and requests submitted by individuals or entities without a direct connection to the content (for example, members of the public seeking footage for personal use, media publication, social media platforms, or YouTube channels). **In one actual case, over a two-month period, a single requester with no connection to the incidents requested 26 separate video recordings for use on a monetized social media platform.**

Projected Cost Recovery Revenues: If the City Council approves the fee and a system for tracking request types is implemented, the City will be able to generate more accurate revenue projections during future budget planning cycles. This approach provides realistic estimates of potential collections while maintaining transparency and ensuring the fee does not create undue barriers for requesters. Revenues from the proposed

fee will be deposited into the City's general fund and can be paid in person at City Hall, by mail, or online.

Proposed Tracking and Reporting Improvements: The Department recognizes the value of greater transparency and more detailed reporting. To better track this information, we could implement a standardized classification system within our records management process. This could include:

- Adding a required requester category field at the time a public records request is submitted (e.g., victim, involved party, attorney, media, general public, commercial/social media use, etc.).
- Recording whether the requester qualifies for a statutory fee exemption.
- Tracking staff redaction time, production costs, and fees assessed and collected.
- Generating periodic summary reports (quarterly or annually) that provide anonymized statistical data on request volume, requester categories, and fee impacts.

Establishing this type of structured tracking system would allow the Department to provide clearer data regarding request patterns, exemption rates, and potential revenue projections in the future, while maintaining compliance with applicable privacy and public records laws.

Annual Public Reporting:

Since 2018, state law (RCW 40.14.026) has required government agencies to report each year to the Joint Legislative Audit and Review Committee (JLARC) on their public records activities. These reports include information such as the number of requests received, how long it took to respond, and the costs of handling the requests. The data is compiled into statewide summaries by JLARC to provide transparency about how public records laws are being followed. Agencies are responsible for the accuracy of the information they submit.

Other Agencies with Existing Body-Worn Camera Redaction Fees

Several cities and counties in Washington have already implemented a body-worn camera (BWC) redaction fee. These include cities such as Kirkland, Bellevue, Bellingham, Black Diamond, Blaine, Chehalis, Everett, Fircrest, Issaquah, Kent, Lake Stevens, Lakewood, Marysville, Medina, Monroe, Mount Vernon, Mukilteo, Olympia, Pacific, Port Townsend, Selah, Sequim, Steilacoom, Sumner, Tacoma, Tukwila, and Vancouver; counties including Clallam, Cowlitz, King, Pierce, Snohomish, Thurston, Whatcom, and Yakima; and state agencies such as the Washington Department of Fish and Wildlife (WDFW) and the Washington State Patrol (WSP).

OUTCOMES:

1. Cost Recovery for Processing Public Records Requests:

The implementation of the redaction fee will address the growing burden placed on the Police Department's Records Division, which has been experiencing a significant increase in public records requests for BWC footage. With only two dedicated employees currently handling these requests, the new fee will help offset the costs associated with managing the increasing volume and ensure that resources are allocated appropriately to process these requests in a timely manner.

2. Public and Requester Communication:

By establishing this fee, the City is aiming to improve the efficiency of processing public records requests. The fee structure helps to recover the costs of providing redacted BWC footage, while also ensuring that the Records Division is adequately funded to handle the increased workload. This will allow the department to continue fulfilling requests in a timely manner while managing the operational challenges posed by the growing number of requests.

3. Improved Access to Public Records:

The adoption of the redaction fee will also ensure that the Police Department remains able to fulfill public records

requests for BWC footage without compromising the City's ability to adhere to budgetary constraints or operational needs.

COMMUNITY/STAKEHOLDER OUTREACH AND INVOLVEMENT:

- **Timeline (previous or planned):**
N/A
- **Outreach Methods and Results:**
N/A
- **Feedback Summary:**
N/A

BUDGET IMPACT:

Total Cost:

The revenues generated from the BWC redaction fee will be incorporated into the current fiscal year's adopted budget as appropriated revenues.

Approved in current biennial budget: Yes No N/A

Budget Offer Number:
228

Budget Priority:
Safe and Resilient

Other budget impacts or additional costs: Yes No N/A
If yes, explain:
N/A

Funding source(s):
General Fund

Budget/Funding Constraints:
N/A

Additional budget details attached

COUNCIL REVIEW:

Previous Contact(s)

Date	Meeting	Requested Action
2/17/2026	Committee of the Whole - Public Safety and Human Services	Provide Direction

Proposed Upcoming Contact(s)

Date	Meeting	Requested Action
N/A	None proposed at this time	N/A

Time Constraints:

N/A

ANTICIPATED RESULT IF NOT APPROVED:

If the Body-Worn Camera (BWC) redaction fee is not adopted, the Police Department will face ongoing challenges in managing the increasing volume of public records requests for BWC footage. Without a dedicated fee to recover the costs associated with redacting these videos, the financial burden of processing these requests will continue to fall on the General Fund. The Records Division will likely experience further delays and backlogs, resulting in longer response times to records requests and diminished service quality.

ATTACHMENTS:

Attachment A: BWC Redaction Fee Resolution

Attachment B: BWC Redaction Fee Cost Study

CITY OF REDMOND
RESOLUTION NO. _____

A Resolution of the City Council of the City of Redmond, Washington, Amending the City's Public Records Fee Schedule to Add a Body Worn Camera Video Redaction Fee for Public Records Requests

WHEREAS, the City of Redmond is committed to transparency and public accountability in law enforcement; and

WHEREAS, the Redmond Police Department has equipped its commissioned officers with Body Worn Cameras (BWCs) to record interactions with the public in the course of their duties; and

WHEREAS, under the Washington Public Records Act (PRA), Chapter 42.56 RCW, all BWC recordings are considered public records, subject to disclosure upon request, and may require redaction to protect privacy or other sensitive information; and

WHEREAS, the PRA allows an agency to charge reasonable costs associated with redacting, altering, distorting, pixelating, suppressing, or obscuring portions of a BWC recording prior to disclosure, except for certain requesters such as individuals directly involved in the incident recorded, their attorneys, or other designated parties; and

WHEREAS, the Redmond Police Department has identified the need to establish a BWC video redaction fee of \$0.88 per minute, based solely on the direct staff labor time required to redact BWC recordings; and

WHEREAS, the Department will charge requesters separately for the actual cost of copies of BWC recordings, as authorized by the PRA and established in the City's adopted Public Records Fee Schedule; and

WHEREAS, the PRA mandates that an agency use redaction technology that is the least costly commercially available method for redacting BWC recordings, to the extent possible and reasonable; and

WHEREAS, the Redmond Police Department proposes to charge requesters for redaction costs based on the parameters outlined in the PRA and to charge only for the actual staff time cost incurred in the redaction process; and

WHEREAS, the Washington Public Records Act authorizes agencies to require a deposit of up to ten percent of the estimated cost of fulfilling a public records request when the estimated costs exceed a de minimis amount, in order to ensure recovery of costs associated with records production;

WHEREAS, the Department will not charge requesters for the costs of redaction technology software, and will additionally charge requesters only for the actual costs of copies of BWC recordings, as permitted by the PRA;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF REDMOND, WASHINGTON, as follows:

1. **Approval of Bodyworn Camera Redaction Fee:** The City Council hereby approves the establishment of the redaction fee for BWC recordings at \$0.88 per minute, based on direct staff time required to redact video recordings in accordance with the PRA.
2. **Application of Redaction Fees:** The Redmond Police Department is authorized to charge BWC redaction fees based on the parameters provided by the Washington Public Records Act, including direct staff time for redaction.
3. **Prohibition of Redaction Technology Fees:** The City Council directs that no fees shall be charged to requesters for the use, acquisition, or maintenance of redaction technology software.
4. **Cost of Copies of BWC Recordings:** In addition to redaction fees, the City Council authorizes the Redmond Police Department

to charge requesters for the actual cost of copies of BWC recordings, as provided in the Washington Public Records Act.

5. **Implementation:** The Mayor or designee is authorized to implement the policies set forth in this resolution and ensure compliance with all applicable provisions of the Washington Public Records Act.

ADOPTED by the Redmond City Council this _____ day of _____, 2026.

APPROVED:

ANGELA BIRNEY, MAYOR

ATTEST:

CHERYL XANTHOS, MMC, CITY CLERK

(SEAL)

FILED WITH THE CITY CLERK:
PASSED BY THE CITY COUNCIL:
RESOLUTION NO:

City of Redmond Body Worn Video Redactions 2026 Cost Study

Background

In July 2022, the Redmond Police Department (RPD) implemented a Body Worn Camera (BWC) program, equipping officers with body cameras that record video footage. These recordings are considered public records under the Washington Public Records Act (RCW 42.56). The PRA allows law enforcement agencies to charge certain requestors for the reasonable costs associated with redacting BWC videos before they are disclosed. These redaction costs are separate from the copying fees that agencies are also permitted to charge. The purpose of this cost study is to establish the reasonable fee that RPD may charge requestors for redacting BWC footage.

Introduction

Under the Washington Public Records Act (RCW 42.56.240), an agency is generally allowed to charge requestors for the reasonable costs of redacting, altering, pixelating, or obscuring portions of body-worn camera recordings before they are disclosed. However, certain requestors are exempt from these charges, including:

- Any individual who was directly involved in the incident captured by the requested body-worn camera recording;
- An attorney representing an individual directly involved in the incident captured by the requested recording;
- An individual, or their attorney, requesting a recording that is relevant to a criminal case involving that person;
- The executive director from either the Washington state commission on African American affairs, Asian Pacific American affairs, or Hispanic affairs; or
- If relevant to a cause of action, an attorney representing a person in a civil case or potential civil case involving the denial of civil rights under federal or state law, or a violation of a United States Department of Justice settlement.

Principles

- Redactions are based on the parameters provided in the PRA.
- Requestors will not be charged for the following costs associated with redacting BWC recordings: software/hardware, miscellaneous supplies, training fees, and office space for staff performing the work. Under RCW 42.56.240, any agency that charges for

redaction services must use the least costly commercially available method for redacting body-worn camera footage.

Although the least expensive redaction option is technically free, it is often inefficient and of limited quality. This option typically uses basic, commercially available tools, such as open-source or very low-cost software, which can perform redactions but may have significant limitations in efficiency, accuracy, and usability. As a result, the costs of more advanced or effective software and hardware cannot be charged to requestors, because the law requires the use of the least costly method, even if it does not produce the highest-quality results.

- Requestors will only be charged the actual staff time (salary and benefits) for the length of each of the redaction(s) applied to the BWC recordings.
- The City will charge staff time (salary and benefits) for no more than the lowest paid employee assigned responsibility for redacting videos.
- The City incurs substantial costs for video management, processing, storage, and redaction technology.
- In addition to allowable redaction costs, requestors are charged the actual cost of copying body-worn camera (BWC) recordings, as outlined in the Public Records Act (PRA). The cost of copies for BWC footage is specified in the City of Redmond's existing fee schedule, which is publicly available on the City's website. This schedule details the fees for various public records requests, including the cost of copying BWC recordings."

Types of Redactions

- Targeted Video Redaction of Person or Object with or without Targeted Audio Redaction: This blurs or blacks out the face or identifying features of an individual or object.
- Targeted Audio Redaction Alone: This removes exempt portions of the audio without redaction of related video.
- Screen Blur or Blackout: This blurs or blacks out the entire screen for a segment of video containing an exempt image, such as a Mobile Data Terminal (MDT) with exempt screen content, the interior of a place of residence where a person has a reasonable expectation of privacy, the interior of a medical or mental health facility, etc.

City Staff Time Actual Cost Estimating Figures (2026)

In calculating the actual cost of staff time per minute, the City used the following 2026 numbers to estimate figures:

Annual Staff Cost (Salary+ Benefits) of the lowest paid employee assigned responsibility for redacting videos. The fee is based on the pay rate of the lowest-paid employee who may be assigned to the body-worn camera redaction task. This approach ensures consistency and

fairness, as it avoids the potential fluctuations that could occur if we relied on an average or median pay rate, which could change throughout the year due to step increases or turnover.

Police Support Administrative Specialist:

Annual Salary (2026)	\$81,466
Annual Benefits (2026)	\$28,439
Total Annual Salary & Benefits (2026) =	\$109,905

Minutes Worked by Staff Per Year:

- 2,080 hours per year x 60 minutes per hour = 124,800 minutes per year.

The 2,080 hours serves as the baseline to calculate the per-minute employee rate. This figure represents the total annual hours worked by staff but is not the actual number of hours billed. Only the time spent specifically on body-worn camera (BWC) redactions will be charged, with the 2,080 hours used solely to determine the rate per minute for that work.

Actual Cost Per minute of Staff Time:

Annual Salary & Benefits / 124,800 minutes per year = Staff cost per minute
\$109,905/124,800 minutes= \$0.88 Per Minute

Example of Total Fee Charged:

If a 17-minute, 36-second body-worn camera (BWC) video requires 6 minutes and 15 seconds of redaction, the fee would be calculated as follows:

6.25 minutes (the decimal equivalent of 6 minutes and 15 seconds) multiplied by the rate of \$0.88, resulting in a charge of \$5.50.

The time spent on redactions is converted into decimal form to provide an accurate reflection of the time worked. In this example, 6 minutes and 15 seconds is converted to 6.25 minutes, where 15 seconds is a quarter of a minute (0.25). This conversion is a straightforward mathematical process and does not involve rounding.

Conclusion

The Redmond Police Department (RPD) has developed a clear and consistent methodology for charging requestors the reasonable costs of redacting body-worn camera (BWC) footage, in compliance with the Washington Public Records Act (RCW 42.56). Fees are based on actual staff time spent on redactions, calculated at a rate of \$0.88 per minute, ensuring fairness and transparency. This approach reflects the direct time spent on redactions, avoids charging for overhead costs such as software, hardware, and office space, and ensures that costs remain reasonable while maintaining public access to records.



Memorandum

Date: 3/17/2026

Meeting of: Committee of the Whole - Public Safety and Human Services

File No. CM 26-188

Type: Committee Memo

TO: Committee of the Whole - Public Safety and Human Services

FROM: Mayor Angela Birney

DEPARTMENT DIRECTOR CONTACT(S):

Planning and Community Development	Carol Helland	425-556-2107
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DEPARTMENT STAFF:

Planning and Community Development	Seraphie Allen	Deputy Director
Planning and Community Development	Michael Hintze	Transportation Planning Manager
Planning and Community Development	Caroline Chapman	TDM Program Manager
Planning and Community Development	LaNaya Taylor	TDM Program Administrator

TITLE:

2026 Transportation Demand Management Overview

OVERVIEW STATEMENT:

This memo provides an overview of the City’s 2026 Transportation Demand Management (TDM) initiatives that are a part of the Go Redmond program. Transportation Demand Management (TDM) is a set of resources and programs designed to reduce vehicle trips, especially drive-alone trips, and focuses on improving mobility, reducing congestion, and making more efficient use of existing transportation infrastructure. The City of Redmond is committed to creating a livable community with an accessible transportation network for residents of all ages, abilities, and incomes.

The City’s Go Redmond program aims to expand mobility options, encourage mode shift through education and incentives, reduce single-occupancy vehicle use, and improve multimodal connections. While Redmond’s TDM efforts originally focused on employee commute trips, Go Redmond has expanded offerings to include elementary schools via the SchoolPool program, outreach to low income and senior populations via a partnership with Hopelink, supporting and aligning Police’s parking enforcement efforts with policies to better manage parking resources; piloting enhanced transit service from Metro such as MetroFlex, Community Van, and the new RedLink pilot program.

With the new Crosslake light rail service coming in March, Go Redmond will focus on supporting resident connections to light rail stations from their neighborhood. Staff will give a brief overview of the TDM Program and then share changes and new resources that will be available in the next year.

Additional Background Information/Description of Proposal Attached

REQUESTED ACTION:

Receive Information

Provide Direction

Approve

REQUEST RATIONALE:

• **Relevant Plans/Policies:**

- **Redmond 2050, FW-TR-1:** Plan, design, build, operate, and maintain a safe transportation system that advances an equitable, inclusive, sustainable, and resilient community by providing for the mobility and access needs of all.
- **TR-14:** Prioritize transportation investments that reduce household transportation costs, such as investments in transit, bicycle and pedestrian system access, capacity, and safety.
- **TR-16:** Prioritize the comfort, safety, and convenience of people using pedestrian and bicycle facilities over other users of the transportation system. Establish standards for bicycle and pedestrian facilities to attract users of all ages and abilities. Prioritize improvements that address safety concerns, connect to centers or transit, create safe routes to school, and improve independent mobility for those who rely disproportionately on the pedestrian and bicycle network
- **Redmond 2050, FW-TR-4:** Plan, design, build, operate, and maintain a transportation system that supports the City’s sustainability principles.
- **Redmond 2050, FW-TR-5:** Influence regional transportation decisions and leverage regional transportation investments in support of Redmond’s transportation policy objectives.
- **Redmond 2050, FW-EV-2:** Support policies that contribute to a high quality of life in Redmond, such as career and education opportunities, housing, transportation, and recreation choices, as well as a healthy natural environment.
- **Redmond 2050, FW-CR-1:** Develop partnerships and programs to rapidly and equitably reduce greenhouse gas emissions and create a thriving, climate resilient community.
- **TMP TDM Strategy 1 :** Reduce the number of trips starting and ending in Redmond that utilize drive-alone methods and shift trip method choice to transit, carpooling, biking (or other micromobility), and walking through education and incentives
- **TMP TDM Strategy 4 :** Support parking changes that encourage individuals to consider non-drive-alone transportation options.
- **TMP TDM Strategy 5 :** Emphasize transportation demand management strategies to combat traffic congestion and safety concerns in school zones throughout Redmond.
- Redmond Transportation Management Program and Washington State Commute Trip Reduction Law

• **Required:**

N/A

• **Council Request:**

N/A

• **Other Key Facts:**

N/A

OUTCOMES:

Informational Only

COMMUNITY/STAKEHOLDER OUTREACH AND INVOLVEMENT:

- **Timeline (previous or planned):**
N/A
- **Outreach Methods and Results:**
N/A
- **Feedback Summary:**
N/A

BUDGET IMPACT:

Total Cost:

Staff working on TDM programs are funded through the adopted budget.

Approved in current biennial budget: Yes No N/A

Budget Offer Number:

0000034 - Mobility of People and Goods

Budget Priority :

Vibrant and Connected

Other budget impacts or additional costs: Yes No N/A

If yes, explain:

N/A

Funding source(s):

King County Metro Contract

Budget/Funding Constraints:

N/A

Additional budget details attached

COUNCIL REVIEW:

Previous Contact(s)

Date	Meeting	Requested Action
N/A	Item has not been presented to Council	N/A

Proposed Upcoming Contact(s)

Date	Meeting	Requested Action
4/7/2026	Business Meeting	Receive Information

Time Constraints:

N/A

ANTICIPATED RESULT IF NOT APPROVED:

N/A

ATTACHMENTS:

Attachment A: Transportation Demand Management Resources & Programs

Attachment: Transportation Demand Management Resources & Programs:

The City of Redmond's TDM team works within the Transportation Planning and Engineering Division. Together, they partner with other city departments, WSDOT, Metro, Sound Transit, Move Redmond TMA, and more to enhance transportation options for Redmond residents, employees, and visitors. The following is a list of recent resources or programs that the TDM Staff has brought to enhance mobility and green Redmond's transportation network.

1. Community Van

Redmond's Community Van program is a flexible, shared ride option for preplanned short trips, errands, and group outings within a two hour distance. A King County provided community van ride is \$3.00 fare, the same as taking transit. The community van is available to anyone in the community to use once they've completed online training.

Key points:

- Supports neighborhood mobility and reduces reliance on personal vehicles
- Offers low-cost, prescheduled trips operated by vetted volunteer drivers
- Complements fixed-route transit and Metro Flex service in lower density areas

2. Metro Flex

Metro Flex is a demand-responsive service that is currently operating in the Overlake neighborhood (only partially within City of Redmond). This service offers connections within the service area, which includes the two light rail stations in Overlake.

Key points:

- On-demand, app-based transportation with coverage across multiple service zones
- Integration with ORCA payment
- Bridging first-mile/last-mile gaps where fixed routes are limited
- Increased reliability and reduced wait times anticipated with 2026 system updates

3. RedLink

RedLink provides a critical first/last mile connection from neighborhoods, the Willows Corridor, and SE Redmond to light rail in downtown Redmond and Marymoor. This service will be free to use and will help connect neighborhoods to transportation hubs.

Key points:

- Enhancing frequency and midday service to Redmond residence
- Increasing alignment with the new light rail connection to enable smoother multimodal trips.
- Offers direct connection from Education Hill to the downtown light rail station.

4. Lime Scooters

Shared e-bikes and e-scooters will continue to be part of the City's micromobility network, supporting short distance travel and improving access to transit light rail stations.

Key Points:

- First/last mile promotion through King County Metro's Bike & Scoot to Transit program reduces cost of fares
- Targeted deployments near light rail stations, commercial areas, and high ridership corridors
- Safety campaigns and coordination with Lime to address rider behavior and compliance

6. Neighborhood Connection Program

Launching with the Cross Lake light rail connection, a new TDM initiative will focus on first/last mile neighborhood transit connections to light rail and outreach in Redmond's residential neighborhoods.

Key Points:

- Neighborhood focused marketing that provides neighborhood specific transit information that educates residents on how to connect to light rail.
- Multilingual materials covering how to use ORCA, trip planning apps, micromobility options, and limited ORCA card distribution.

7. Shared Bike Locker Pilot Program

Piloting bike lockers in several locations in downtown to provide secure bike parking for longer stays. The system will be similar to what is currently at light rail stations and use the same app to access. Lockers are anticipated to be in place summer of 2026.

8. E-Bike Giveaway and Education

The City of Redmond partnered with the City of Bellevue to secure a Puget Sound Energy grant to fund e-bike rebates. A total of 83 rebates will be given to Redmond residents, 65% of which will be for income-qualified individuals/households. Staff are having ongoing discussions with potential partners to provide e-bike education for rebate recipients.

9. Ongoing TDM Programs:

- Redmond School Pool: Safe Routes to School program hosted at all Redmond Elementary Schools in October and May.

- Go Redmond Employer Grant Program: Grants for businesses to enhance their transportation options on site-such as bike locker rooms, transit passes, etc.
- Commute Trip Reduction Program: Employers with 100+ staff are required by Washington State Law to have a Commute Trip Reduction Program. City staff help implement and manage this program for Redmond.

2025/2026 Programs and Pilots:

- Shared Parking Pilot and Outreach
- ORCA Neighborhood Pop Up
- Station Access Maps: partially funded by City of Redmond, created by Move Redmond, printed in multiple languages

Partnerships: Hopelink; Move Redmond; **King County Metro;**

Summary

Together, these programs form a cohesive 2026 strategy to expand transportation choices, improve multimodal access, and ease residents' transition to the new Cross lake light rail service. Staff will continue coordinating across agencies and community partners and will return to Council with updates as implementation milestones are reached.



Memorandum

Date: 3/17/2026

Meeting of: Committee of the Whole - Public Safety and Human Services

File No. CM 26-185

Type: Committee Memo

TO: Committee of the Whole - Public Safety and Human Services

FROM: Mayor Angela Birney

DEPARTMENT DIRECTOR CONTACT(S):

Planning and Community Development	Carol Helland	425-556-2107
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DEPARTMENT STAFF:

Planning and Community Development	Seraphie Allen	Deputy Director
Planning and Community Development	Brooke Buckingham	Human Services Manager
Planning and Community Development	Ian Lefcourte	Principal Planner

TITLE:

Housing and Human Services Overview: Get People Housed (Presentation 3 of 4)

OVERVIEW STATEMENT:

Staff will provide an overview of the regional homeless system and local efforts to get people housed. This is part three of a four-part civic education presentation series on Housing and Human Services.

Additional Background Information/Description of Proposal Attached

REQUESTED ACTION:

Receive Information Provide Direction Approve

REQUEST RATIONALE:

- **Relevant Plans/Policies:**
Community Strategic Plan, Comprehensive Plan Housing Element, Comprehensive Plan Human Services Element, Housing Action Plan, Human Services Strategic Plan
- **Required:**
N/A
- **Council Request:**
N/A
- **Other Key Facts:**
By providing a deeper analysis of gaps, challenges, and opportunities in area of housing, staff seek to engage Council and solicit their ideas to inform future plans and budget proposals.

OUTCOMES:

The City's investments in staff, systems, and resources help improve outcomes for unhoused clients.

COMMUNITY/STAKEHOLDER OUTREACH AND INVOLVEMENT:

- **Timeline (previous or planned):**
N/A
- **Outreach Methods and Results:**
N/A
- **Feedback Summary:**
N/A

BUDGET IMPACT:

Total Cost:
N/A

Approved in current biennial budget: Yes No N/A

Budget Offer Number:
0000307 - Housing and Human Services

Budget Priority:
Vibrant and Connected

Other budget impacts or additional costs: Yes No N/A
If yes, explain:
N/A

Funding source(s):
General Fund

Budget/Funding Constraints:
N/A

Additional budget details attached

COUNCIL REVIEW:

Previous Contact(s)

Date	Meeting	Requested Action
1/20/2026	Committee of the Whole - Public Safety and Human Services	Receive Information

Proposed Upcoming Contact(s)

Date	Meeting	Requested Action
6/16/2026	Committee of the Whole - Public Safety and Human Services	Receive Information

Time Constraints:

N/A

ANTICIPATED RESULT IF NOT APPROVED:

N/A

ATTACHMENTS:

Attachment A: 2026 Housing and Human Services Council - Get People Housed

Housing and Human Services

Part 3 of 4

Get People Housed

March 17, 2026

Brooke Buckingham, Human Services Manager

Ian Lefcourte, AICP, Principal Planner



Tonight's Conversation

Get People Housed.

Agenda

- Homeless Response System
- Regional Context
- The Need
- Local Context
- Council's Role

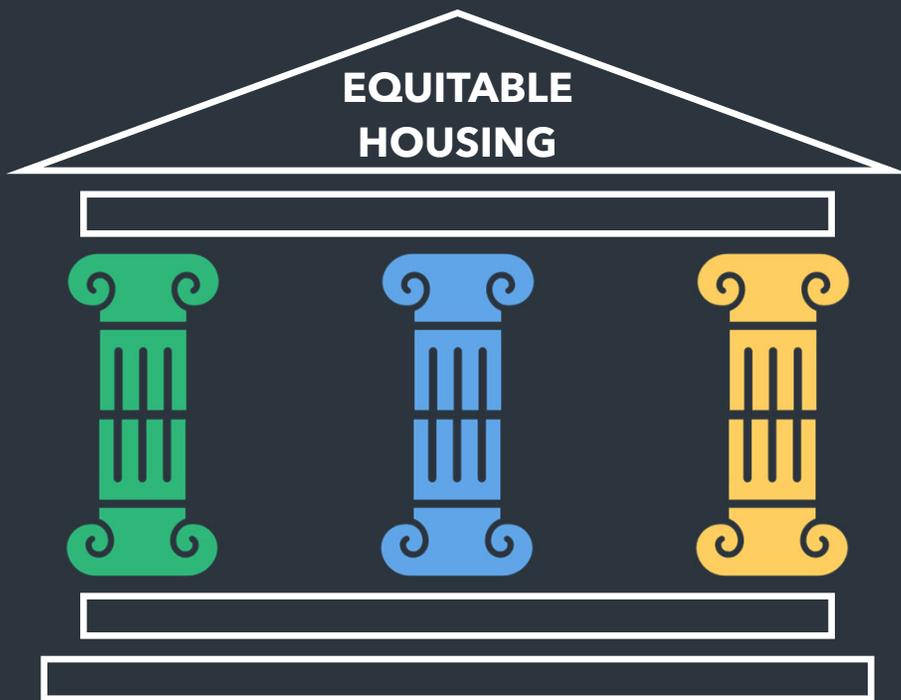
Key Lesson: Redmond contributes to the solution, but no single city can solve homelessness alone.



YWCA Family Village Redmond

Housing Framework

Building a strong foundation to support housing for all.



Build More Housing Faster

Support faster delivery of more housing to increase supply and variety.

Get People Housed

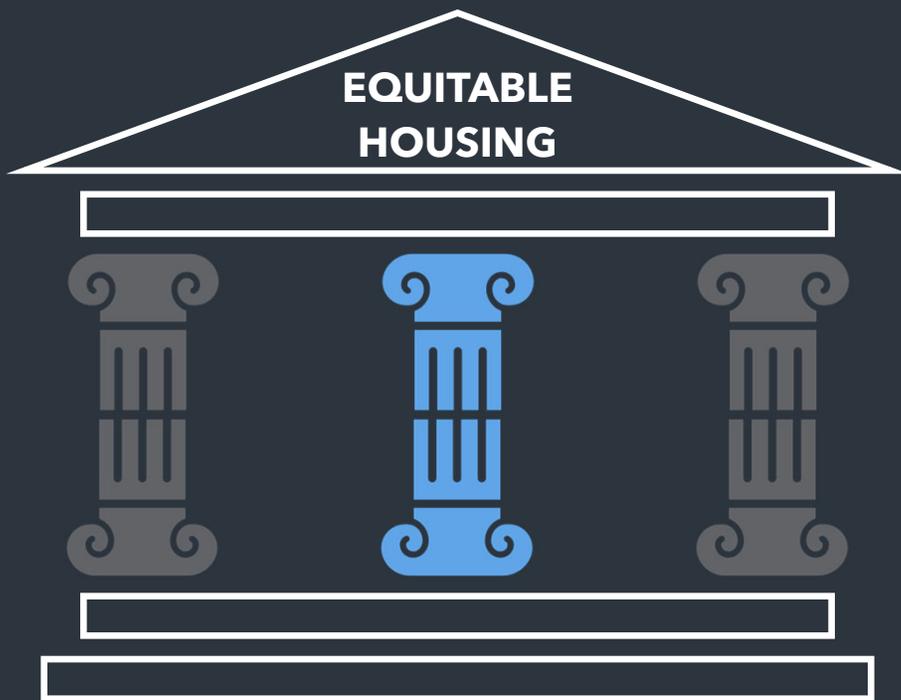
Address and provide a comprehensive response to homelessness.

Keep People Housed

Improve housing stability for those at risk of losing their housing.

Housing Framework

Helping community members get out of homelessness.



Get People Housed

Address and provide a comprehensive response to homelessness.

Homeless Response System

Federal, state, and local priorities influence:

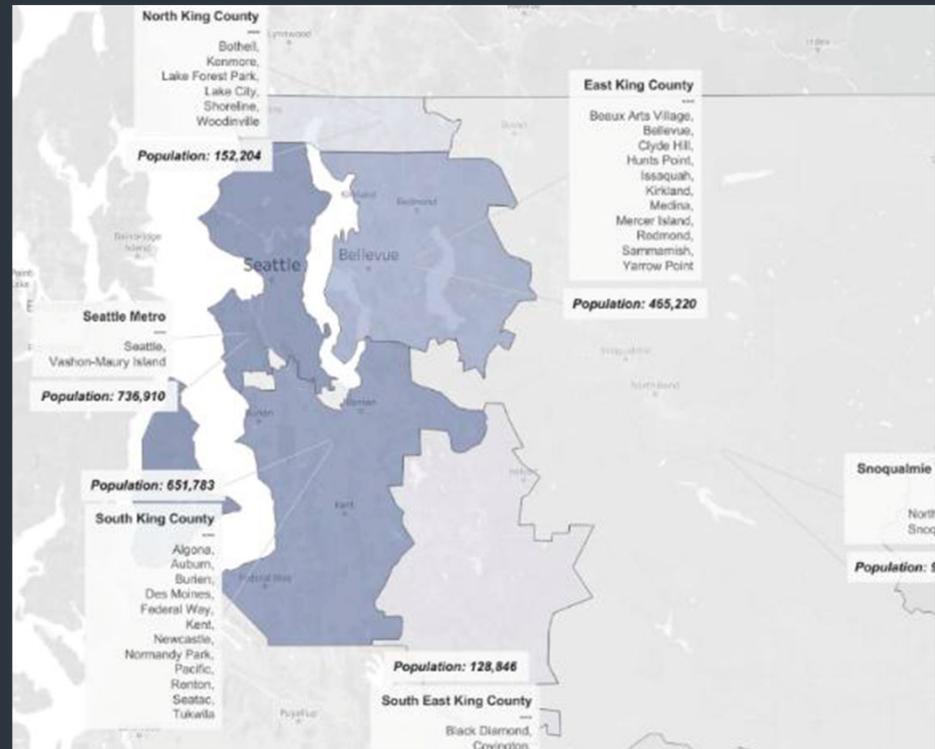
- Policy
- Funding
- Planning
- Programming



Regional Context

King County Regional Homlessness Authority (KCRHA) was designed to unify and coordinate policy, funding, and services for people experiencing homelessness across all of King County.

- Regional Policy
 - Coordinated Entry
- Funding
 - Continuum of Care
 - King County and Seattle
- Planning and Data
 - 5-Year Plan
 - Homeless Management and Information System
 - Point-in-Time Count (PIT)



The Need: By the Numbers

2024 Point-In-Time (PIT) Count



PIT - Estimated People Experiencing Homelessness by Subregion

Subregion	Unsheltered	Sheltered	Unsheltered (%)	Sheltered (%)	Total	Total %
Seattle Metro	4,585	4,855	27%	29%	9,440	56%
South King County	2,059	1,123	12%	7%	3,182	19%
East King County	1,114	796	7%	5%	1,910	11%
North King County	1,730	170	10%	1%	1,900	11%
SE King County	155	48	0.9%	0.2%	203	1%
Snoqualmie Valley	49	66	0.3%	0.4%	115	0.7%
Total	9,692	7,058	58%	42%	16,750	100%

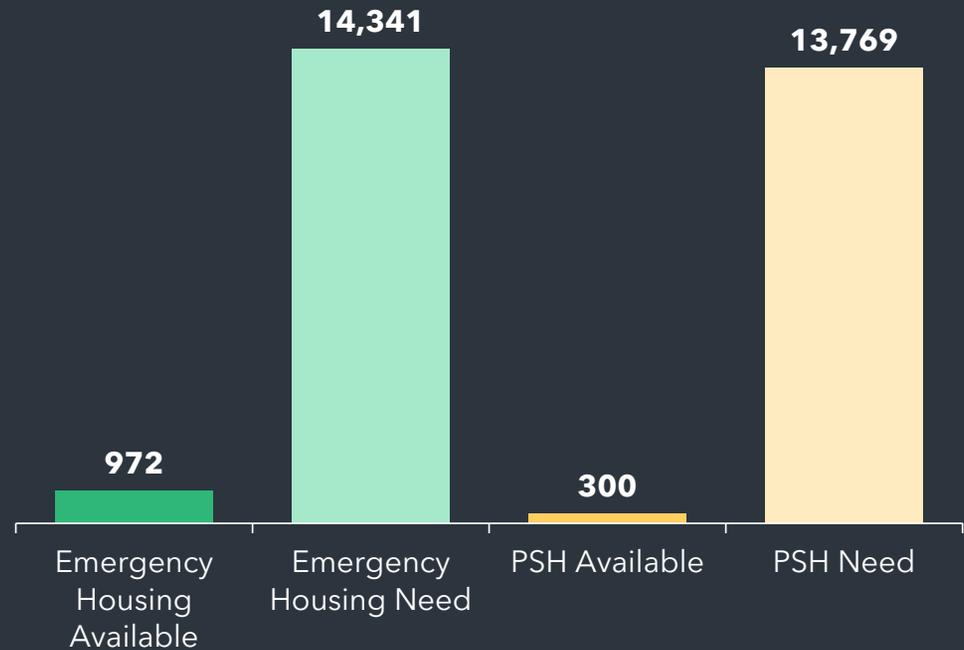
The Need: By the Numbers

Shelter, Emergency Housing, Transitional Housing, Permanent Supportive Housing (PSH) - STEP

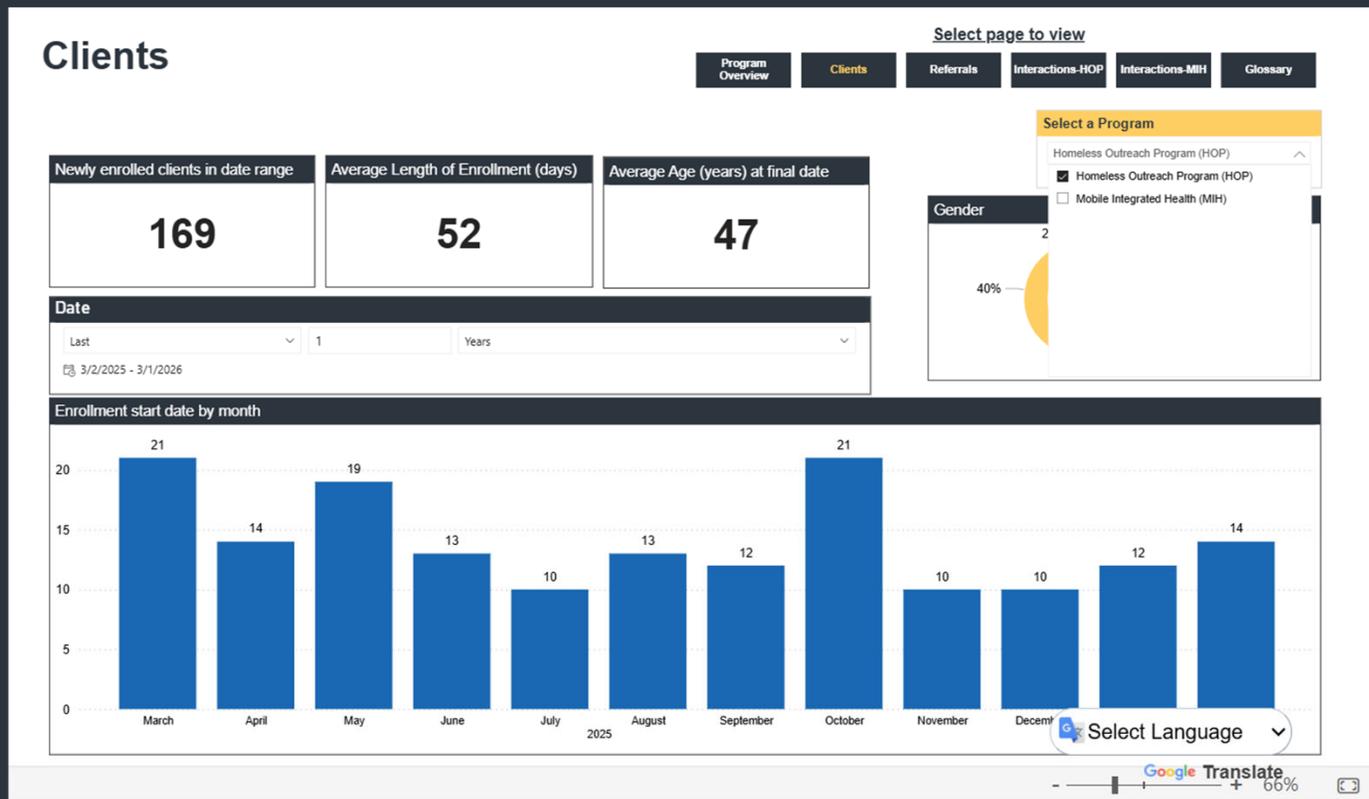
King County Planning Policies Net New Housing Needed 2019- 2044

City	PSH	Emergency Housing
Beaux Arts		
Bellevue	6270	6688
Clyde Hill	2	2
Hunts Point		
Issaquah	575	669
Kirkland	2546	2522
Medina	3	
Mercer Island	178	237
Redmond	3694	3822
Sammamish	499	401
Yarrow Point	2	
	13769	14341

East King County - Unit Need vs Available



The Need: By the Numbers



Local Context

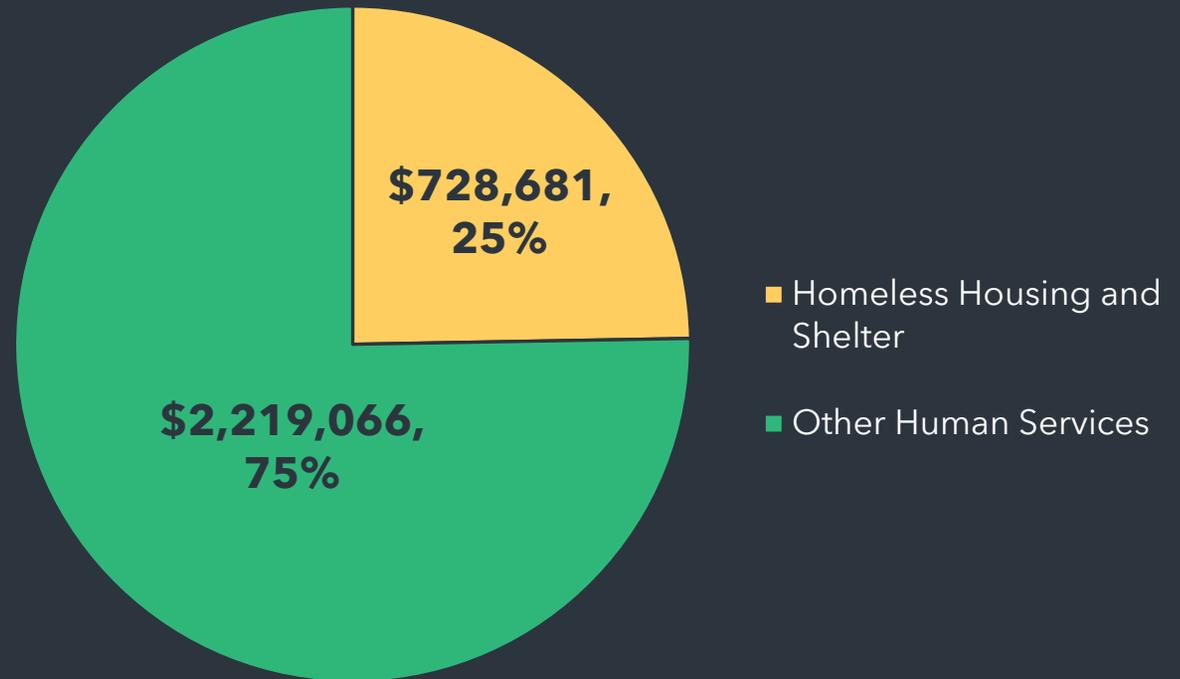


- Homeless Outreach Team
- Policies
 - Encampment Ordinance
 - Tenant Protection Ordinance
- Subregional Planning and Coordination
- Severe Weather Planning
 - Interlocal Agreement
 - Hotel Voucher Program
- Investments

Investments

Redmond's investments have made big wins.

- Staff Investments
- Capital and Land Investments
 - Plymouth
 - Prisma
 - Porchlight
 - Sophia's Place
- Service Investments
 - Subregional Shelter
 - Severe Weather Shelter
 - Flex Funding



2025 Human Services Funding Awards

Housing Tools

- Coordinated Entry
 - Regional homeless housing inventory
- Direct Local Referral Partnerships
 - Health through Housing - Haven Heights
- Housing Connector Program
 - Alleviates screening criteria
- Subsidies
- ARCH
 - East King County affordable rental and homeownership opportunities



Haven Heights in Honor of Bruce Thomas - Health Through Housing Initiative

Council's Role

Invest in staff, system, and tools that result in positive client outcomes and increased capacity.

- **Support for investments**
 - 2027-2028 Human Services Fund
 - Housing Trust Fund
- Adopt Housing and Human Services Strategic Plan Refresh Recommendations
- Legislative Advocacy



Porchlight, Men's Emergency Shelter



Thank You

Brooke Buckingham, Human Services Manager
Ian Lefcourte, AICP, Principal Planner





Memorandum

Date: 3/17/2026
Meeting of: Committee of the Whole - Public Safety and Human Services

File No. CM 26-189
Type: Committee Memo

TO: Committee of the Whole - Public Safety and Human Services
FROM: Mayor Angela Birney
DEPARTMENT DIRECTOR CONTACT(S):

Fire	Adrian Sheppard, Fire Chief	425-556-2200
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DEPARTMENT STAFF:

Fire	Ameé Virelle	Deputy Fire Chief
Fire	Jim Whitney	Deputy Fire Chief
Finance	Daniel Morgan	Sr. Financial Analyst

TITLE:
Quarterly Overtime Report: October 1, 2025, through December 31, 2025

OVERVIEW STATEMENT:
The Quarterly Overtime Report provides Fire department data from October 1, 2025, through December 31, 2025.

Additional Background Information/Description of Proposal Attached

REQUESTED ACTION:

Receive Information **Provide Direction** **Approve**

REQUEST RATIONALE:

- **Relevant Plans/Policies:**
N/A
- **Required:**
N/A
- **Council Request:**
Council requested updates on overtime in the Fire Department.
- **Other Key Facts:**
N/A

OUTCOMES:
Key highlights from the Quarterly Overtime Report include the following:

- Fire department Regular and Overtime salaries combined are 50.1% spent of budget relative to a 50% target

through the second quarter of 2025.

- Overtime costs are 73.2% spent of budget for a total of \$6.3 million, which is 23.2%, or \$1.99 million above target. Regular Salary savings due to vacancies contributes \$1.92 million to offset the total overtime costs.
- Fire Fighter recruits are paid while attending the Fire Academy, and since they are not yet working on the line, overtime by other staff is required to meet daily staffing levels. This year’s academy has seen slightly higher than normal level of attrition due to unforeseen circumstances.
- An increase in mandatory overtime caused by employees on family leave, medical leaves, and extended modified leaves. While the staff on medical leave continues to support department work, their unavailability for line service increases overtime costs.
- Fire Wildland overtime totals \$197 thousand due to a deployment to the California Wildfires. The overtime is fully reimbursable by regional agencies.

COMMUNITY/STAKEHOLDER OUTREACH AND INVOLVEMENT:

- **Timeline (previous or planned):**
N/A
- **Outreach Methods and Results:**
N/A
- **Feedback Summary:**
N/A

BUDGET IMPACT:

Total Cost:

N/A

Approved in current biennial budget:

Yes

No

N/A

Budget Offer Number:

N/A

Budget Priority:

Healthy and Sustainable, Safe and Resilient, Strategic and Responsive, and Vibrant and Connected

Other budget impacts or additional costs:

Yes

No

N/A

If yes, explain:

N/A

Funding source(s):

N/A

Budget/Funding Constraints:

N/A

Additional budget details attached

COUNCIL REVIEW:

Previous Contact(s)

Date	Meeting	Requested Action
N/A	Item has not been presented to Council	N/A

Proposed Upcoming Contact(s)

Date	Meeting	Requested Action
N/A	None proposed at this time	N/A

Time Constraints:

N/A

ANTICIPATED RESULT IF NOT APPROVED:

N/A

ATTACHMENTS:

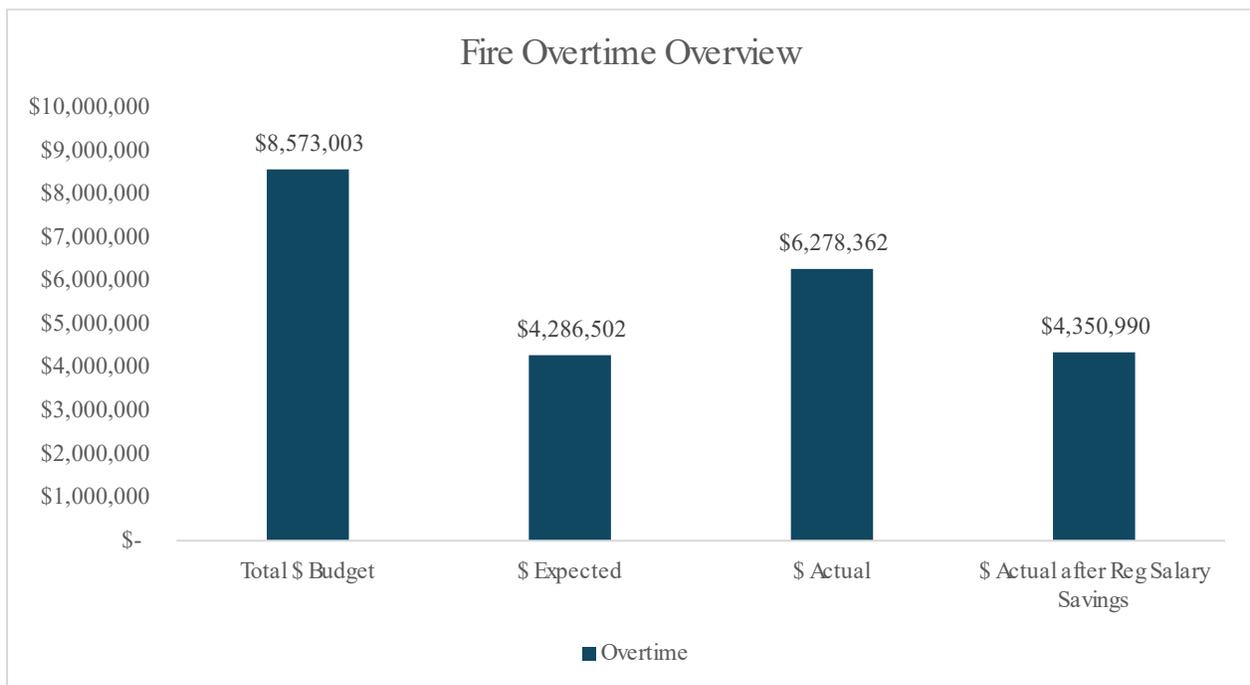
Attachment A: Quarterly Overtime Report

Fire Quarterly Overtime Report October 1, 2025, Through December 31, 2025

Fire Department	2025-2026 Budget	\$ Expected	\$ Actual	% Spent	% Over (Under) Expected	\$ Over (Under) Expected
Regular Salaries	\$58,700,349	\$29,350,175	\$27,422,803	46.7%	-3.3%	\$ (1,927,372)
Overtime Salaries	\$8,573,003	\$4,286,502	\$6,278,362	73.2%	23.2%	\$ 1,991,860
Total Salaries	\$67,273,352	\$33,636,676	\$33,701,164	50.1%	0.1%	\$ 64,488

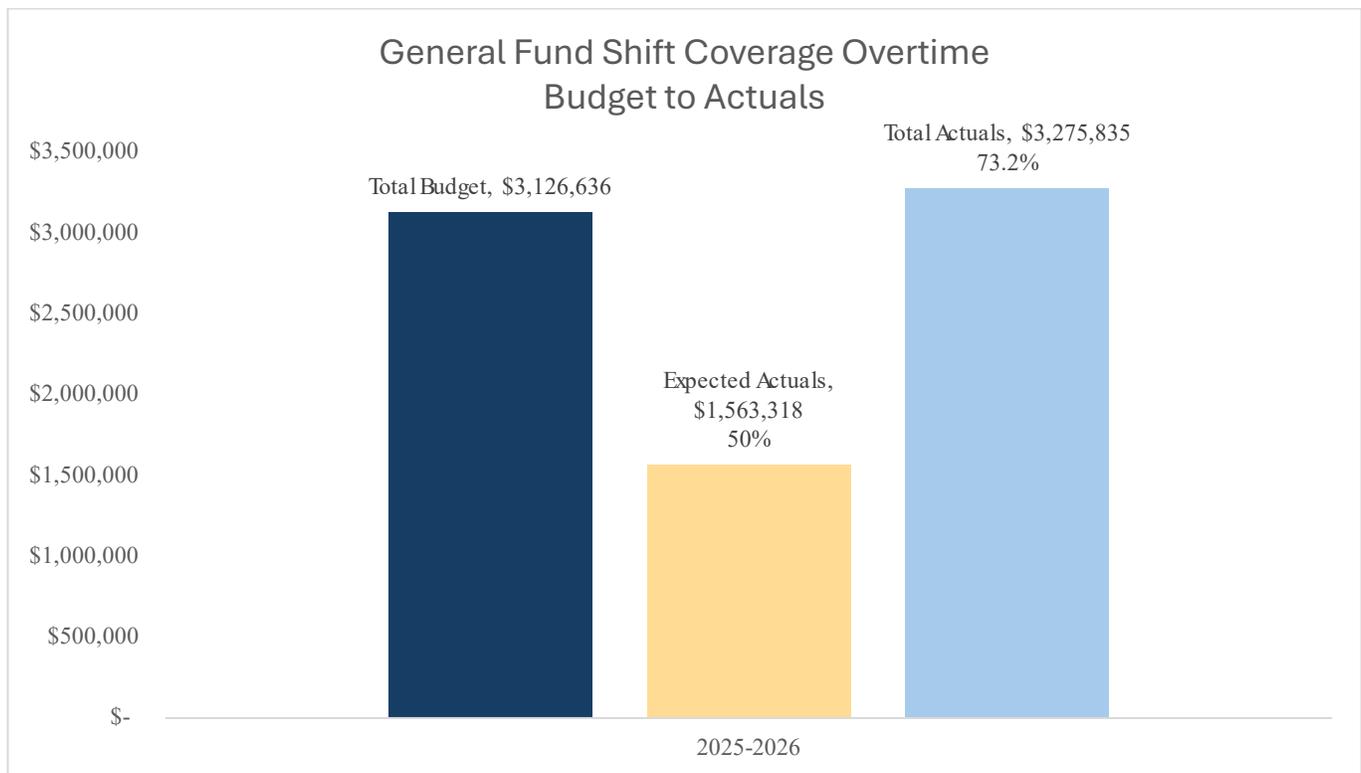
Total Regular and Overtime salaries combined are 50.1% spent of budget relative to a 50% target through the fourth quarter of 2025.

Overtime costs are 73.2% spent of budget for a total of \$6.3 million, which is 23.2%, or \$1.99 million above target. However, these additional costs are offset by the Regular Salary savings of \$1.92 million due to vacancies.



The primary causes of overtime include:

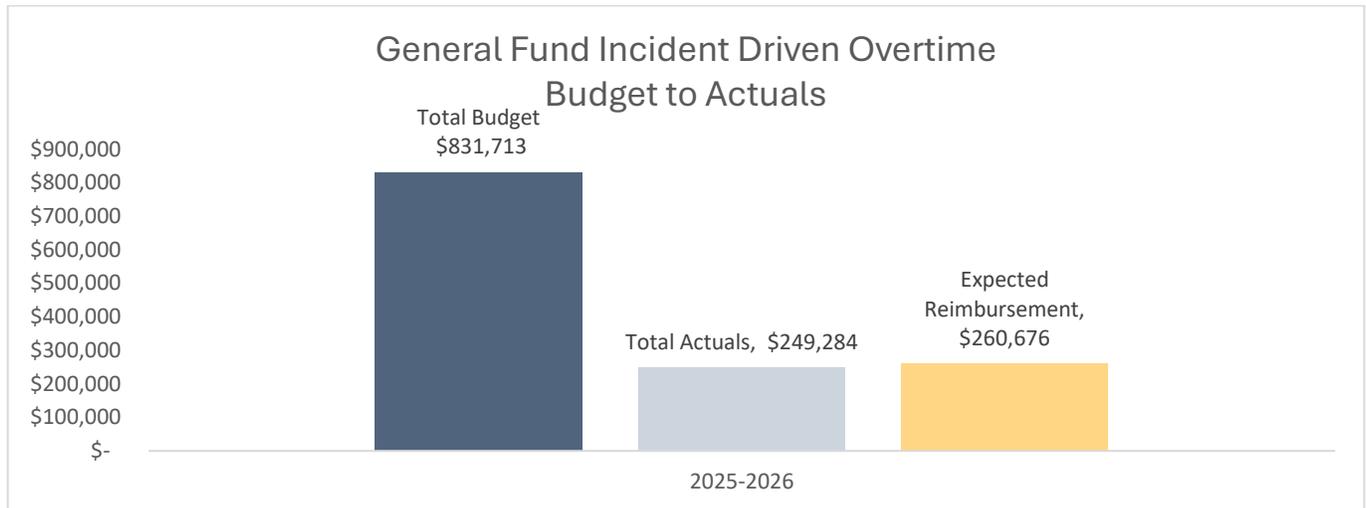
Shift Coverage Overtime (Hours worked to ensure adequate staffing for regular operations, including planned and unplanned leave, sick or injury leave, training, and academy):



- Fire Suppression overtime is 93%, or \$1.89 million, above target; however due to current vacancies, there are regular salary savings of \$1.36 million to offset overtime. Overtime causes can be attributed to the following:
 - Fire Fighter recruits are paid while attending the Fire Academy, and since they are not yet working on the line, overtime by other staff is required to meet daily staffing levels. This year's academy has seen slightly higher than normal level of attrition due to unforeseen circumstances.
 - An increase in mandatory overtime caused by employees on family leave, medical leaves, and extended modified leaves. While the staff on medical leave continues to support department work, their unavailability for line service increases overtime costs.
 - The requirement for higher ranks to be filled causes additional overtime since there are less positions that can fill that rank, and "actors" may be placed in the role with further backfill to their originally assigned shift.
- Advanced Life Support (ALS) Levy-funded overtime totals \$2.36 million and is fully reimbursable by King County. These costs are related to ALS operations, the Mobile Integrated Health Program, and Fire Fighters enrolled in the University of Washington/Harborview Medical Center Paramedic Training Program.

Incident-Driven Overtime (Hours worked due to responding to unplanned events, administrative assignments, or special events that require staff beyond minimum staffing):

- Fire Wildland overtime totals \$197 thousand due to deployment to the California wildfires and to Oregon/Eastern Washington. The overtime for the California wildfires has been fully reimbursed with additional reimbursements for Fire Engine maintenance and fuel. The Oregon/Eastern Washington deployment is expected to be fully reimbursed by regional agencies.



Seasonal Analysis

Looking at a 5-year history of Overtime, the data suggests that Q1 overtime increases between January to March, but is then relatively stable in Q2, with a drop in demand in June. There is typically higher demand leading up to the summer months in Q3, and then drops back down in the winter months in Q4.

