
BUILDING RESILIENT COMMUNITIES DURING DISRUPTIVE CHANGE

PART 2: Public Safety

Introduction

Local government leaders and staff face disruptive challenges each and every day. And one area where those challenges have reached a critical point is public safety.

Gun violence. Police use-of-force incidents. Attacks on police officers. Evolution in fire/EMS services. Emergency response. All call for new approaches, collaboration, communication, and strong leadership.

This ebook brings together articles from ICMA's *Public Management (PM)* magazine and the ICMA website, written by thought leaders in local government and public safety management. It includes case examples from cities and counties that have met the challenges of change, along with advice and lessons learned from experts on the front lines.

Whether you're a local government manager or hold a leadership position in police, fire, or another public safety service, you'll find best practices and tips to help you meet and overcome disruptive challenges and achieve leadership excellence in your organization.

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Cops and Body-Worn Cameras

Lessons Learned from Phoenix's Deployment of Body-Worn Cameras

By Vivian Elliott and Mike Kurtenbach

Interest in body-worn cameras (BWCs) has grown rapidly among law enforcement agencies nationwide ever since controversial police use-of-force incidents have transpired in communities across the United States. Diverse groups that include law enforcement, civil rights leaders, politicians, and even the public support the use of this technology due to its potential to enhance transparency and public trust, promote accountability, and improve officer safety.

Over the past year, police departments have deployed cameras on their officers, improved their current body-camera policies and programs, or begun exploring their possible use. When this was written, at least 35 states are working on BWC legislation regarding funding for the technology, video storage and retention, and policies or regulations regarding camera and video use.¹

The federal government also supports this movement toward BWCs. At the close of 2014, President Obama proposed investing \$263 million in body-worn cameras to strengthen community policing.²

As part of this initiative, the U.S. Department of Justice (DOJ) announced on May 1, 2015, a \$20 million BWC Partnership Program to aid agencies in purchasing

cameras, to support the evaluation of BWC practices, and to provide training and technical assistance for local and tribal law enforcement organizations.

Later that month, DOJ's Bureau of Justice Assistance (BJA) launched a BWC implementation toolkit to serve as a comprehensive clearinghouse for criminal justice practitioners interested in planning and implementing camera usage.³

The police department isn't the only institution that has a stake and interest in law enforcement's use of cameras. Local government agencies also have a role in the use of the technology in these areas:

- A financial management role in camera procurement.

- An IT role in data and technology infrastructure.

- Local leaders' role in policy development to address camera use and privacy concerns.

- A prosecutor's office role in processing and using video files in court.

Moving beyond the technology as a tool for police, communities also have recently explored the use of cameras by other public employees, in such departments as parking, code enforcement, facilities, animal control, and fire inspection.

With police and nonpolice organizations moving toward adopting body-worn cameras, it is important for local government managers to understand research and best practices from their peers who have already adopted and evaluated BWCs in their organizations.

The remainder of this article describes findings and lessons learned from the Phoenix, Arizona, Police Department's recent deployment of BWCs.

PHOENIX FINDS INVESTIGATIVE VALUE

In 2013, the Phoenix Police Department (PPD) deployed the cameras and evaluated their impacts as part of a BJA-funded grant through the Smart Policing Initiative.⁴ From this study, PPD found that cameras have tremendous value from an investigative standpoint.

The cameras capture spontaneous utterances, evidence, and situations that could not otherwise be recreated in a courtroom. This also enhances community relations because cameras' documentation increases transparency, builds trust, and encourages more civilized behaviors from individuals who realize they are being captured on film.

The project evaluation also showed that police perceptions of the technology changed notably over time, as officers reported improved comfort and ease and increased recognition of the benefits of the technology.

BWCs also appear to have produced greater arrest activity, as well as significant reductions in complaints against officers (23 percent drop) when compared to officers in a comparison squad area that did not have cameras (10 percent increase).

Finally, BWCs improved the processing of domestic violence incidents, as cases with video were more likely to be charged and successfully prosecuted, though BWCs did result in longer case-processing times.⁵

LESSONS LEARNED

Include all appropriate city and county stakeholders. The deployment and management of body cameras should be a collaborative effort so that all public safety stakeholders understand how the technology will impact them.

Suggested local stakeholders include the manager's office, police department, city and county attorneys, information technology, finance, public information, courts, mental health, fire, and others as deemed appropriate.

In Phoenix, the IT department staffs of both the city

and the police department were involved due to their overlapping and connected roles related to data and information sharing between police, prosecutors, and courts. This was key to moving beyond the archaic systems of burning video files on discs, to creating a portal for PPD to virtually transfer videos in a timely manner, and to support the use of videos in prosecutions.

Public information officers from the police department, city, and county were also important stakeholders. The officers participated in group meetings, and whenever a formal report was developed, it was done collaboratively to ensure community messaging was consistent with the police goals and objectives, which are to promote transparency and to improve the way justice stakeholders do their jobs.

Phoenix's fire department also was included to address concerns regarding HIPAA and information redaction; for example, making sure responders understand how protected information from an officer's camera is used in prosecution.

Develop a communitywide strategic plan. The deployment of BWC is a complicated, costly, and administratively complex process that requires a communitywide strategic plan. The plan should include at a minimum: an operational camera deployment plan (i.e., scope, nature, and timeline); IT and data infrastructure management; training and policy needs; auditing procedures; and estimated budgets.

Though BWCs have tremendous value, public safety partners should also be cautious in how quickly they deploy the technology. Even if there is political or community pressure or mandates, partners should make sure to set up the back-end solutions for managing the data, to budget costs for storage and infrastructure, and to establish policies for video processing and use—in court or for Freedom of Information Act requests. These are all critical components of a strategic plan that must be in place before the deployment of cameras.

When establishing its BWC program, Phoenix established a citywide task force of the key stakeholders noted above. This task force and the strategic plan are dynamic in that the city realizes its policies, procedures, and protocols need to be continually evaluated and updated.

Collaborate with unions and community organizations. In Phoenix, officer and supervisor labor unions expressed significant concern in two main areas: language captured by the cameras and possible "fishing expeditions" by management designed to find policy violations that were not the subject of a formal complaint.

PPD included the unions in procurement and policy development processes to ensure unions could provide input on BWCs regularly and so that rules for police officers were not entirely driven by police management. To respond, for example, to union concerns of “fishing expeditions” or the management review of any video that was not associated with a specific resident complaint, PPD created a monthly audit program in which sergeants and lieutenants are encouraged to randomly review and inspect captured video.

Union representatives also participated in interest-based relationship training hosted by the Federal Mediation and Conciliation Service with the police department. Consequently, the unions were treated as joint stakeholders in BWC processes affecting their members.

A body-worn camera program should also involve open communication with the community. In Phoenix, the police department leveraged its existing community advisory boards, including the Hispanic Advisory Board, African American Advisory Board, LGBTQ Advisory Board, Muslim Advisory Board, and Community Response Squad to provide a place for open communication and for groups to raise any concerns with BWCs.

PPD made presentations to each advisory board to educate and solicit feedback on the technology and related policies. One of the common concerns the department received was regarding officers’ control over the activation of cameras, so it spent considerable time educating the community through advisory boards, town hall meetings, and informal conversations on this matter.

Using these settings, they explained that during an officer’s 10-hour shift there are times when it would be inappropriate for their conversations or actions to be caught on video. These could involve going to the restroom, being in the locker room before or after a shift, or having a private conversation with a significant other. If officers are entrusted to carry a firearm and handcuffs, the community should trust protocols or policies that require them to turn cameras on at the appropriate time.

Proactively educate city partners in the technology.

PPD engaged in a number of formal and informal activities to ensure that stakeholders understood the physical technology of BWCs (how they are used, and where officers wear them), and also the institutional aspects of their use (purpose of the cameras and videos and policies and regulations).

The Phoenix police department found interactive learning opportunities the most valuable for educating stakeholders. While piloting potential camera vendors,

for example, it had representatives from labor unions wear the cameras and participate in scenario testing developed by its training bureau.

This firsthand testing not only allowed union representatives to be involved in the camera selection process, but also provided them a practical understanding of how the cameras would be used in the field for a variety of police activities. These included foot pursuits, traffic stops, use of a weapon, or in a low-light building search, thus impacting their feedback on body camera policies and protocols.

PPD also encouraged stakeholders whose jobs don’t normally put them out on the streets to participate in police ride-alongs. This was particularly useful for city prosecutors because it allowed them to see the processes officers go through, from using cameras in the field to uploading videos after their shifts and completing their departmental reports.

While engaging stakeholders through practice, police officials also found value in educating stakeholders in formal settings. PPD created and led a citywide working group, conducted stakeholder interviews in small-group settings, developed regular city council reports, and participated in council and town hall meetings.

Increase attention on the needs of the city prosecutor’s office. During the implementation of cameras in Phoenix, PPD discovered that evidence flow was a key issue for the use of BWC video. The city prosecutor’s office was one of the most impacted due to staff responsibility over misdemeanor cases.

The county prosecutor’s office was also important for violent crime charges. County prosecutors, however, often have months to prepare violent crime cases for trial, whereas city prosecutors have only days, thus requiring efficient and timely information flow for videos from the police department.

To overcome this information requirement, the department had dozens of meetings with staff and paralegals from the city and county prosecutors’ offices to work through processes, policies, and procedures to ensure that prosecutors got as much lead time as possible to prepare for trials.

Currently, Phoenix allocates specially assigned personnel called court liaison officers who work alongside the prosecutor’s office to ensure the proper chain of custody of evidence and to attend to logistical issues pertaining to the camera data. The police and prosecutors also worked with IT to create the electronic portal to expedite the transfer of video files.

Aside from a communitywide strategic plan, police, prosecutors, and the manager's office should discuss issues related to evidence flow and identify a short-, medium-, and long-term sustainability strategy for addressing logistical issues associated with video files.

The Phoenix Police Department continues to collaborate with local government partners for the ongoing use of officer body-worn cameras and has plans to expand their use in the upcoming year.

ENDNOTES

- 1 <http://www.landlinemag.com/Story.aspx?StoryID=29522#.Vcos9HFVhBd>.
- 2 <http://www.justice.gov/opa/pr/justice-department-announces-20-million-funding-support-body-worn-camera-pilot-program>.
- 3 <https://www.bja.gov/bwc>.
- 4 www.smartpolicinginitiative.com.
- 5 Reference for SPI Phoenix Spotlight at <http://www.smartpolicinginitiative.com/tta/spotlight/phoenix-az-site-spotlight?device=desktop>.

ONLINE RESOURCES

For more information, check these websites:

U.S. Department of Justice, Bureau of Justice Assistance, Body Worn Camera Toolkit: <https://www.bja.gov/bwc>.

Smart Policing Initiative (SPI) webinar, Evaluating the Impacts of Officer-Worn Body Cameras in the Phoenix Police Department: <http://www.smartpolicinginitiative.com/tta/body-worn-cameras>.

Arizona State University study: https://publicservice.asu.edu/sites/default/files/ppd_spi_feb_20_2015_final.pdf.

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Thinking “Smart” About 21st Century Policing

Collaborative Approaches To Public Safety

By Vivian Elliott

For years, the public safety community has recognized that managers must establish open lines of communication with residents and community leaders in order to perform their jobs effectively. In most cases, it is neither possible nor advisable to go forward with a new public safety initiative, especially one that targets offenders or neighborhoods, without public outreach and engagement, education, and buy-in.

The importance of interorganizational dependencies—collaboration and partnerships with other public and private organizations—has grown even more critical due to the “new normal” for public safety. This new normal, which author Leonard Matarese described in the September 2013 PM cover story, “[Is the Current Model for Public Safety Service Delivery Sustainable?](#)”, is one in which operating under smaller budgets and reduced staffing will become commonplace.

Thus, collaboration is vital for maximizing and leveraging available resources. This approach is one that law enforcement agencies across the country are embracing, particularly those participating in the Smart Policing Initiative (SPI).

SPI is a U.S. Department of Justice, Bureau of Justice Assistance (BJA)–funded initiative focused on building and testing evidence-based, data-driven law enforcement strategies that are effective, efficient, and economical.¹ Working with research partners, police agencies nationwide use smart policing to address a range of crime problems, including street robberies, homicides, traffic crashes and fatalities, prescription drug abuse, repeat violent offenders, victimization of immigrants, neighborhood drug markets, burglary, and quality-of-life issues.

Law enforcement agencies are tackling these crime problems with such diverse strategies as intelligence-led policing, problem-oriented policing, community policing, focused deterrence, place-based policing, social network analysis, and predictive analytics (see Figure 1, “SPI Targets and Strategies”).²

A LOOK AT THREE SPI INITIATIVES

When implementing these strategies, SPI sites can engage in partnership, outreach, and collaboration, one of the five core components of Smart Policing.³ As noted by

BJA Director Denise E. O'Donnell, "A central principle of SPI is ensuring effective collaboration between law enforcement agencies and other stakeholders, including prosecutors, community organizations, and researchers who each play a crucial role in protecting the public.

"SPI has facilitated partnerships among all the stakeholders in a community that must be at the table when devising a comprehensive crime reduction strategy. Communities with long histories of chronic violence have been able to reduce violent crime, save lives, and improve community safety as a result."

Here are descriptions of such efforts in three SPI sites.

Reno, Nevada: Combating Prescription Drug Abuse

The Reno SPI (its project recently completed) combated prescription drug abuse using a prevention and intervention strategy that involved collaboration with many non-traditional partners in the public and medical communities.

When the initiative began in 2009, the Reno Police Department partnered with local schools in order to understand the nature and extent of the problem.

Working with a university research partner, the department surveyed more than 1,100 students across six different middle schools and high schools on drug-use patterns, including self-reported drug use and perceptions about prescription drugs. Results of the teen surveys validated the hypotheses that the team had about teen drug abuse and revealed several key findings on the level of use:

15 percent of students reported recreational use of prescription drugs in the past year and more than half found these drugs easy to obtain from friends.



A portion of the 268,000 plus pills collected at Reno SPI's fifth prescription drug roundup in October 2011

Drugs commonly abused were painkillers (56 percent) followed by stimulants (14 percent) and depressants (15 percent).

This knowledge helped guide the development of informational videos aimed at educating students and parents about the dangers and effects of prescription drug abuse.⁴

Involving the medical community was also critical. Medical partners included the local school of medicine; pharmacy tech schools; retail associations; pharmacy, medical, and dental boards; and individual pharmacies and employees.

Through interactions with these partners, the team learned that many medical professionals were unaware of the prevalence and consequences of prescription drug abuse, as well as strategies employed by abusers to obtain their pills. Thus, the team developed and delivered focused training on prescription drug abuse to more than 800 physicians, nurses, pharmacists, and dentists.

The prosecutor's office also played an important role. The Reno SPI team learned it was critical to include representatives from this office early in the initiative. In addition, the team learned that officers were less likely to pursue prescription drug abuse cases vigorously if they believed that the prosecuting attorney would allow the case to be pleaded down to a minor charge.

As a result, law enforcement explained its goals and strategies and obtained prosecutor buy-in. This partnership with the prosecutor's office also revealed challenges faced by the prosecution and how to document investigations to improve the likelihood of conviction.

Reno SPI's outreach and collaboration efforts have resulted in positive outcomes, including a reduction in new prescriptions and increase in unused pills collected. Analysis showed that medical professionals trained through SPI prescribed fewer drugs compared to the control group not given training.

In addition, community outreach through the youth campaign and the distribution of 100,000 educational stickers that pharmacies placed on prescription bags given to customers, resulted in the collection and destruction of more than 1,000,000 pills.

Palm Beach County, Florida: Increasing Police Legitimacy and Protecting the Community

The Palm Beach County SPI team is addressing a robbery problem, as well as challenges encountered when providing public safety services to immigrant communities. In this case, members of a Mayan community with little English-

FIGURE 1: Smart Policing Initiatives Targets and Strategies

JURISDICTION	RESEARCH PARTNER	PRIMARY TARGET/FOCUS	SPI STRATEGY
Baltimore, MD	Johns Hopkins School of Public Health	Gun violence	Offender-based policing
Boston, MA Project 1	Harvard University	Gun violence	Place-based policing, community and problem-oriented policing, offender-based policing
Boston, MA Project 2	Harvard University	Homicides	Organizational change, offender-based policing
Brooklyn Park, MN	George Mason University	Crime, community relations	Collective efficacy, hot spot policing
Cambridge, Everett and Somerville, MA	Justice & Security Strategies	Gun violence	Coordinated approaches to policing (involving multiple police agencies)
Chula Vista, CA	North Carolina Central University	Domestic violence	Problem-oriented policing
Cincinnati, OH	University of Cincinnati	Robbery	Place-based policing, offender-based policing, intelligence-led policing
Columbia, SC	University of South Carolina	Violent and property crime	Institutionalization of evidence-based policing
East Palo Alto, CA	University of California, Berkeley	Gun violence	ShotSpotter, hot spot analyses
Evans County, GA	Georgia Southern University	Intelligence gathering	Technology implementation, organizational change
Frisco, TX	The University of Texas at Dallas	Property crime	Community outreach, place-based policing
Glendale, AZ Project 1	Arizona State University	Crime at convenience stores	Place-based policing, problem-oriented policing
Glendale, AZ Project 2	Arizona State University	Offender crime at hot spots (mall, apartment)	Offender-based policing, organizational change
Indio, CA	University of California, Riverside	Residential burglary	Place-based policing, predictive policing
Joliet, IL	Loyola University of Chicago	Gangs, gun violence, drugs	Place-based policing, offender-based policing
Kansas City, MO	University of Missouri at Kansas City	Violent crime	Social network analysis, offender-based policing
Lansing, MI	Michigan State University	Drugs, violent crime	Place-based policing, offender-based policing
Las Vegas, NV	University of Nevada, Las Vegas	Violent crime	Place-based policing, hot spot policing
Los Angeles, CA	Justice & Security Strategies	Gun violence	Place-based policing, problem-oriented policing
Lowell, MA Project 1	Suffolk University	Drug-related crime	Problem-oriented policing, place-based policing, offender-based policing
Lowell, MA Project 2	Suffolk University	Gun violence, drugs, organizational change	Community- and problem-oriented policing, hot spot policing, organizational change
Memphis, TN	University of Memphis	Robbery, burglary	Place-based policing, offender-based policing
Michigan State Police	Michigan State University	Violent crime, organizational change	Evidence-based policing, hot spot policing
New Haven, CT	University of New Haven	Violent crime	Evidence-based policing, hot spot policing, problem-oriented policing
New York City, NY	Temple University	Police staffing, operations efficiency	Experimentation with impact model of force deployment, , hot spot policing
Palm Beach, FL	Lynn University	Robbery	Place-based policing, victim-based policing
Pharr, TX	The University of Texas - Pan American	Domestic violence	Problem-oriented policing, hot spot policing
Philadelphia, PA	Temple University	Violent crime	Experimentation with place-based policing, offender-based policing, and foot patrol
Phoenix, AZ	Arizona State University	Neighborhood disorder	Technology implementation
Port St. Lucie, FL	Florida Atlantic University	Repeat offenders, organizational change	Institutionalization of offender-based and evidence-based policing
Pullman, WA	Washington State University	Violent crime	Place-based policing, technology
Reno, NV	University of Nevada-Reno	Prescription drug abuse	Offender-based policing, problem-oriented policing
Rochester, NY	Rochester Institute of Technology	Violent retaliatory disputes	Data-driven research, offender-based policing, place-based policing
San Diego, CA	San Diego Council of Governments	Gangs	Place-based policing, offender-based policing, intelligence-led policing
Savannah, GA	Georgia Southern University	Violent offenders	Place-based policing, offender-based policing, problem-oriented policing
Shawnee, KS	Benedictine College	Data-driven approaches to crime and traffic safety (DDACTS)	Place-based policing
Winston-Salem, NC	Winston-Salem State University	Drugs	Place-based policing, intelligence-led policing
York, ME	Justice & Security Strategies	Data-driven approaches to crime and traffic safety (DDACTS)	Place-based policing



Community Liaison Benito Gaspar interacts with community members while on the job in Palm Beach County, Florida

language familiarity were being repeatedly robbed due to their mistrust of such American institutions as banks and police.

The strategic centerpiece of this SPI involved hiring a community liaison—a Guatemalan-born naturalized citizen who speaks English, Spanish, and the Mayan language Kanjobal—to serve as an advocate and intermediary between law enforcement and the immigrant community.

This liaison position focuses on developing partnerships with community-based organizations, including clergy, business leaders, county health department, banks, media, and local schools. These partnerships provide outreach events where issues related to victimization, crime prevention, and social services availability can be discussed.

The liaison, for example, has worked with the Guatemalan Consulate and local banks to host events that provided immigrants with information on behaviors that put them at risk for victimization. Such events have also focused on crime prevention, explained the importance of opening bank accounts, and outlined methods for securing formal documentation.

The community liaison has also been instrumental for overcoming fear and resistance among the residents of the Guatemalan immigrant community, who did not trust the police in their native country and did not use banks to secure their money.

The liaison's ability to connect with individuals on a familiar level has laid an important foundation for increasing police legitimacy in the eyes of the residents. It will con-

tinue to help the sheriff's department achieve its long-term objectives of community engagement and crime reduction.

Analysis of crime data also shows positive impacts of the liaison position. Robberies in the immigrant community dropped 22 percent between 2010 and 2011.

Pullman, Washington: Enhancing Campus Safety Using Camera Technology

The Pullman SPI, which began in 2011, is using fixed safety cameras to deter criminal behavior, increase investigations of previously unreported crimes, and boost clearance rates for reported crimes.

Collaborations with the community and the research partners played an important role in this technology-based initiative. Due to the public—and sometimes controversial—nature of using cameras, garnering community support was a critical first step for the project.

The Pullman SPI team used feedback from public meetings, student surveys, and business owner interviews to craft a security camera policy and implementation plan that satisfied community concerns. The community-at-large has been supportive of the use of security cameras in public places, though some individuals expressed concerns about data storage and privacy.

Active engagement with the community has not only garnered support for implementing cameras, but has also improved community participation in responding to police calls for assistance. The Pullman Police Department has provided both still images and video clips of alleged suspects on the police department's website for local media and to reach out to potential witnesses of crime.

This has been invaluable for public identification of suspects when witnesses have been unwilling to provide concrete information. Footage from the cameras, for example, was used to help solve a serious crime involving the assault of a Washington State University professor, who sustained a serious brain injury.

With the suspect fleeing the scene and witnesses at the scene uncooperative, the police department provided still images and video clips of the suspect and possible witnesses to the local media. The multimedia information was posted to its department website and social media sites, which resulted in an anonymous tip that led to the identification and arrest of four suspects.

As noted by Pullman Police Chief Gary Jenkins, "Given the initial unwillingness of witnesses at the scene to provide any concrete information, it is very likely that this serious assault would have gone unsolved without the assistance of the camera footage."

LESSONS FOR MANAGERS

Agencies that reflect the spirit of smart policing are heavily reliant on analysis to understand problems and evaluate interventions as well as partnerships to bolster their intervention strategies. Local government managers can take away these lessons learned from SPI agencies when approaching collaboration and data-driven decision making:

- 1. Create a diverse “smart” project brand.** Before building relationships, identify your relevance, purpose, and connection to all internal and external partners. Do so while gaining input, agreement on goals, and buy-in from partners in order to help all build a sense of ownership and commitment. Ask how you can help them, especially resistant groups.
- 2. Look beyond typical police and public safety approaches.** Show interest in the problem as a whole, not just from the law enforcement or public safety perspective but also from economic (cost-benefit), community, and public health perspectives.
- 3. Communicate early and often.** When trying to establish new principles and strategies, create a compelling elevator pitch that can be shared from the onset of the initiative and delivered to diverse audiences. Be sure to also listen, add value, and be a trusted partner.
- 4. Inform, consult, coordinate, and partner.** To build effective relationships, facilitate communication and sharing through face-to-face meetings, focus groups, surveys, social media, e-mail blasts, or open meetings.

- 5. Be consistent.** Some partnerships are sensitive and fragile, so it's important to show continuous commitment to the efforts, especially beyond the initial project or grant funding.

Remember that small successes are important. Celebrate and advertise the successes of the efforts, no matter how small they may be, to build positive perceptions of the efforts.

In my organization's experience, these are the key activities regarding outreach and collaboration that contribute to the success of innovative public safety initiatives. For more information on SPI, visit www.smartpolicinginitiative.com.

ENDNOTES

- 1 Since its inception in 2009, the Bureau of Justice Assistance has provided more than \$14.4 million to 35 local and state law enforcement agencies conducting 38 Smart Policing Initiative (SPI) projects.
- 2 More information on each SPI project is detailed on the SPI website at www.smartpolicinginitiative.com/SPIsites.
- 3 The five core components of Smart Policing are performance measurement and research; partnership, outreach, and collaboration; organizational change; strategic targeting; and informed use of data and intelligence.
- 4 The informational video can be viewed on the SPI website at <http://www.smartpolicinginitiative.com/SPIsites/reno-nevada>.

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Gun Violence: Management Steps to Take Now

By Ron Carlee

Norcross, Oakland, Seattle, Aurora, Oak Creek, Minneapolis, and Newtown—seven U.S. cities from coast to coast, all of which experienced mass shootings in 2012: 72 dead, 70 injured, and many others emotionally scarred for life.

The magnitude of gun violence in the United States is undeniable. As with all social phenomena, the extent of the problem and the dominant public attitudes vary dramatically from one community to another. The stark reality is that mass gun deaths can occur in any community on any day. The challenge for managers is to be prepared.

10 ISSUES REQUIRING ATTENTION

City managers who have experienced mass shootings in their communities have accumulated valuable experiences that can help other managers prepare for similar emergencies. Based on interviews and reports from these communities, here are 10 critical issues that have emerged.

1. Stay involved. Managers walk a line between disengagement and micromanagement, but at all stages—emergency preparedness, response, and recovery—the chief executive needs to be visible and engaged.

Blacksburg, Virginia, is the home of Virginia Tech, the location of the 2007 mass shootings that killed 33 people and injured 23. Blacksburg Police Chief Kim Crannis

advises that a manager needs to be involved so that the manager understands what the police and emergency management personnel are doing and why. Mark Verniel, Blacksburg's city manager, confirmed that participating in simulation training "gave me an entirely different perspective on what active shooter policies really mean."

2. Plan and train. The Columbine High School murders in 1999 changed everything, showing how lessons can be learned and put into place. Active shooter plans are now commonplace and direct first responders to encounter and neutralize the shooter as the immediate priority.

Most police departments now plan and train based on this model. Mass events, however, require responses across all of the assets of a local government. Planning, training, and testing cannot be limited to public safety.

Police Chief Mike Kehoe, Newtown, advises that cities need to practice and drill for these incidents with all of the stakeholders and in the locations where the incidents can occur. In the case of a school, for example, that means training with the fire department, the emergency medical service (EMS) responders, the state police and local neighboring police, the teachers, and the school administrators all at the same time.

This is extremely difficult from a scheduling standpoint, but it is critical. Bill Halstead, fire marshal and emergency management director for Newtown, says it is critical for a fire department to have standard operat-

ing procedures and operating guidelines in place for its response to violent incidents, and to coordinate its practices with other responders.

At the 2008 shooting at Northern Illinois University (NIU) in DeKalb, Illinois, six people were killed and 21 injured. City Manager Mark Biernacki shared an independent study that reported how the fire department, department of public safety, hospital, and other mutual-aid responders were well prepared for the shooting because employees had practiced emergency drills together.

They had also studied the official report published on the Virginia Tech shootings and had integrated lessons learned from that tragedy into the university's and DeKalb's emergency response procedures.

3. Activate the plan. The actual incident, however, will not match the plan and the scenario training. Having a strong foundation enables responders to improvise based on the uniqueness of the situation. Expect the unexpected; be prepared to be surprised.

A 2012 shooting at a nursing school in Oakland, California, left seven people killed and three injured. City Manager Deanna Santana shared a police department after-action report that advised responders to be flexible and prepared to change tempo depending on the situation.

Dan Singer is city manager of Goleta, California, where seven people were killed at a mail processing plant. He notes that government is accustomed to “following the rules,” which can help guide an organization in a time of crisis, but that not every scenario can be predetermined. Singer says key participants must think creatively, intuitively, and non-bureaucratically.

4. Take care of the victims and their loved ones.

This is one of the most critical and most challenging tasks. Once the scene is secured and people are out of danger, a new phase of difficult and emotional work begins. In everything that is done, it is critical to show the highest possible regard for the dignity of the people who may have died and the highest possible level of sensitivity to people who have lost loved ones.

Family assistance is critical. Families need to have a number to call and someone with whom to talk. Many family members will gather at the scene. A safe, secure, and private location needs to be established for the families where they can get accurate information and support services and have their basic needs met.

Delays in identifying victims and clearing the crime scene will seem endless and create considerable anxiety for family members. They need to know that people are aware of their needs and are doing everything possible to meet them. They need empathy with action.

The Oakland Police Department reports that it needed to get translators for victims and witnesses and needed water and food for them during the long period that it took to identify the deceased and to take statements. Everyone was in shock: victims, witnesses, and responders.

Skip Noe is city manager of Aurora, Colorado, where 12 people were killed and 58 injured during the 2012 shooting in a movie theater. Noe advises local government staff to take their time and follow the lead of victims. “Putting the victims first will always put responders and the local government in the best position.”

5. Take care of your people, yourself, and the community. It may seem strange that the community is listed last in this heading; however, if first responders and other officials, including the manager, are emotionally impaired, they cannot take care of others.

A mass death event, however, presents images never imagined, images indelibly etched into everyone's memory. Early intervention can make a difference. Critical stress debriefing is an essential part of the preplanning and requires immediate deployment. It's a mistake to think that intervention is only needed for first responders. A mass death event takes an emotional toll and counseling needs to be rapidly available for everyone, including local government staff members.

Of less severe but real impact is overwork and obsession with the incident. All participants, including the police and fire chiefs, the manager, the mayor or board chairman, and the public information officer, are all at risk of over-extending themselves and diminishing their effectiveness. Self-discipline rarely works. People engaged in a major event must take care of each other, up and down the hierarchy.

Singer observed that everyone's attention—the manager, police and fire chiefs, public information officer, mayor, and others—is focused outward during a mass event. Employees in the organization, or those who have responded or have simply been touched by the incident, also need attention, support, reassurance, and information.

6. Manage the media and other outsiders. The number of media outlets is overwhelming and their reach is global. Media transmit 24/7, with an insatiable appetite. Have a media management plan in place, including contingency resources from outside the organization. Be prepared to take these actions:

- Designate a media manager.
- Find a place to stage the media.
- Meet the media's basic safety and sustenance needs.
- Give the media visuals.

- Schedule regular briefings.
- Select a spokesperson; have a clear message and stick to it.

Kirsten Zimmer Deshler, former public information officer for Goleta, says that “from a communications standpoint, it would be an understatement to say Goleta was not prepared for this crisis.” City Manager Singer goes on to point out that managers “shouldn’t worry about over communicating: You can’t say too much, too often,” he asserts, “when providing pertinent and helpful information to the community and media.”

Blacksburg Manager Verniel notes that in addition to the media, there will be many “official” visits and that “people with issues” will appear. Among the most common in Blacksburg were protestors from Westboro Baptist Church. When the independent church known for its extreme ideologies came to Blacksburg wanting to create a scene, Verneil reports, “We didn’t take the bait; we let them do their thing and then they moved on.”

7. Facilitate an ad hoc memorial and appropriate events. People are compelled to demonstrate their sadness and hurt. Help make a memorial happen. Find a place for it and protect it. At an appropriate time, retire it and preserve the artifacts as appropriate.

Noe says there was an overwhelming outpouring of support and a need for the community to come together in Aurora. Accordingly, the city planned and executed a vigil in 48 hours, with an attendance estimated at 10,000.

8. Manage donations and volunteers. Beyond the ad hoc memorial, a number of people will want to help, often with money, which needs a depository and a trustworthy administrator to oversee it. People will also want to make donations of goods and services, whether these are needed or not. Realize that these are good people with good intent who sincerely want to help. Give them a way to do so and have a strategy in place to accomplish it.

9. Plan a permanent memorial. Involve the families of victims and others intimately connected to the event. Set realistic goals that are achievable within a reasonable period of time.

10. Move on. In the immediate term, practical issues need managers’ attention. Trash still needs to be collected, water mains have to be repaired, and responses must be made to routine 911 calls. There is a compelling need to return to normalcy or as close as one can get in the community.

In the mid-term, the community has to resolve a long list of tasks: clearing the crime scene; reopening or permanently closing the site of the incident; attending to

such legal matters as lawsuits and trials; and handling the many requests from outside organizations for presentations about the event, with the heaviest demands likely to be on the police and fire chiefs.

Aurora Manager Noe relates what a difficult decision it was to reopen the movie theater where the shootings took place. In the end, the conclusion was to reopen, in many ways as an act of defiance against the shooter.

And then there are the official reviews—after-action reports, commission reports, legislative reports—any and all of which may second-guess what the manager and his or her team did and how they performed. Blacksburg Manager Verniel recommends embracing legitimate criticism and using it as a lesson for everyone. He notes that Columbine is a great example of how people learned to operate differently.

The ability to “move on” for the long-term may be the hardest task of all. Dealing with all of the above issues creates a new day-to-day reality that can become an obsession. All involved will be changed forever.

“Surreal” is a word that has often been used to describe gun-violence tragedies. Managers must find the support to move on themselves, so that they can help the community move on, honoring those lost and building a community for the living, for their children, and for posterity.

JOIN THE CONVERSATION

Readers can find a “Gun Violence” topic on the ICMA website that is open to all contributors. Its intent is to share lessons learned and to create an environment to discuss civilly the issue of gun violence and its impact at the local level.

Material for this article is based on interviews and e-mail messages with staff members from affected communities and written reports that they provided. Leonard Matarese and Thomas Wieczorek of the Center for Public Safety Management made contact with the police and fire chiefs from Newtown, Connecticut. ICMA staff member Gabriel Brehm also conducted research. Figures were obtained from various news sources.

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When Protests Turn Violent

With major protests disrupting communities on issues ranging from police shootings to pipelines, local governments are searching for ways to balance community safety with protecting the free speech rights of protesters. Public safety and local government leaders say some of the fundamental approaches that have been in place for several decades are still effective today. Here are eight best practices:

- 1. Building trust over time.** John Shirey, city manager of Sacramento, California, reiterated an idea that he shared in a *PM* article he wrote in 2002 when he was manager of Cincinnati dealing with protests over the killing of an African American man by a white police officer. “While it is good to have a police force that looks like the community, that alone does not improve the relationship between the police and the community.... And while it’s good to encourage police to live in the communities where they work, it’s probably more important to have police officers who are committed to engaging with the community beyond what the job requires.” While it does take time to build these relationships, it’s time well invested.
- 2. Change the rules.** Work with the police union and elected officials to see that contracts and charters are not keeping good candidates from becoming leaders. For example, Cincinnati used to require that a new chief come from the ranks of the deputy chiefs. This may not be the best solution for a city that needs to signal change to a community that may be demanding it. Shirey said he worked with the NAACP and others to help get this rule changed.
- 3. Flip the script.** Train police officers that their job is to facilitate peaceful protests, rather than to prevent a riot, and to continually reinforce that message with demonstrators.
- 4. Creative policing.** At the Republican Presidential Convention in Cleveland, Ohio, officers on bicycles raced ahead of marchers to form makeshift barricades between opposing groups, preventing shouting matches from turning physical. In 2016 in Knoxville, Tennessee, police directed traffic around a group of protestors who blocked an intersection rather than force a violent confrontation. Some of the reference documents below share other creative ideas.
- 5. Get citizens involved.** Rod Gould, former city manager, ICMA board member, and now a consultant with the [Center for Public Safety Management](#), advises having citizen involvement and oversight in police matters ranging from recruitment of officers to decisions about use of force. These citizens can help on the front lines reinforce communication messages related to protests.
- 6. Training.** “The key is to have your tactical plans well thought out before the protest,” Gould said. With the help of your citizens, identify the right policy and then train your officers in advance—before emotions boil over. Lessons learned from peaceful protests that became riots are good starting points, Gould points out.

Training exercises that demonstrate how to protect people—those exercising their First Amendment rights, other civilians who live in the protest zones, and the officers themselves—need to happen well before an incident occurs.

7. Engage community leaders. For all that may have gone wrong when protests turned violent in Charlotte, North Carolina, the city asked for and received help from community leaders. Pastors of churches from all denominations, area academic leaders, and organizations like the NAACP called on the community to stop violent protests.

8. Avoid militarization. Gould and others recommend avoiding the tendency toward military tools and tactics in managing demonstrations. A former Washington, D.C., police chief advises that officers show

up in their regular uniforms. Gould also said that many chiefs suggest not showing all of your officers at the scene of the protest. Holding some in reserve in a separate area may help to avoid exacerbating the tension.

Obviously this is not an exhaustive list, and even communities that have put best practices in place and have excellent community/police relations experience violent demonstrations. Here are some additional resources that might be helpful.

[Engaging the Community in Public Safety](#)

[Preserving Community Policing in a Recession](#)

[Policing Immigrant Communities](#)

[ICMA White Paper on ICMA Summit on Police and Community Relations](#)



Local Crime and Violence Prevention: 8 Steps to Engage Residents

By Isabelle Bully-Omicin

ICMA has implemented municipal crime and violence prevention programs in Central America and Mexico since 2009. Our work was launched with a regional program funded by the U.S. Agency for International Development (USAID) called Municipal Partnerships for Violence Prevention in Central America and the Dominican Republic. Known by the Spanish acronym AMUPREV, the program focuses on promoting the role of local governments and is designed to build the capacity of local stakeholders to coordinate and carry out crime and violence prevention activities at the local level.

At the time the program began, levels of violence in the region had already climbed to astronomical proportions, and the number of murders exceeded casualties in war zones. In Honduras, for example, murders per 100,000 people reached 86.5 in 2011.¹ Since then, the rate has gone down in some cities, although San Pedro Sula, a city in northern Honduras that is considered the country's economic hub, is still one of the world's most violent, with a homicide rate of 111 per 100,000.

EXAMPLE: STOCKTON, CALIFORNIA

ICMA promoted a partnership between three municipalities in Guatemala and the city of Stockton, California, under the AMUPREV Program in the interest of sharing Stockton's successful experience in putting together a multi-stakeholder coalition to address and prevent crime. Stockton's initiative, called the Marshall Plan, brings together representatives from the city, the criminal justice system, faith-based and nonprofit organizations, the private sector, and neighborhoods to address crime—from stopping violence to preventing it, addressing trauma, reclaiming neighborhoods, and creating a fair, humane, and evidence-based system. The city's role is as a direct service provider, convener and advocate/support organization.

In Central America and Mexico, policing was (and is) a national rather than a local responsibility. At the time, policing was reactionary (the so-called “iron fist approach”) and little or no attention was being paid by the police to crime prevention, which really fell mostly within the purview of nongovernmental organizations (including faith-based entities) working in vulnerable communities.

Crime prevention was not typically viewed as a local government function. Local governments were seen as just another actor, if they were engaged at all, providing support to the elderly, women, and children through community affairs offices or social programs in afflicted communities. Strategies to reduce risk were notably absent, and if these organizations did try to fight crime, it was by funding or advocating for more hardware for law enforcement, such as cameras for the police departments, or more patrols and operatives to sweep whole neighborhoods to arrest gang members and perpetrators of crimes.

DESIGNING A MODEL

Based on successful practices in the United States, ICMA knew that local governments should be the drivers for crime and violence prevention initiatives and began designing an approach for locally initiated crime prevention committees involving multiple stakeholders. ICMA has now applied this approach or model directly in 26 municipalities in Central America and Mexico. The model consists of creating entities that are led by the municipal mayor and incorporate municipal and national government staff, community and faith-based organizations, private-sector and educational sector representatives, and police to better coordinate and leverage crime and violence prevention initiatives.

We developed a toolkit and identified eight steps to creating what we called Municipal Violence Prevention Committees (MVPCs). We have refined the steps along the way. Nonetheless, they remain the basic building blocks to successfully creating an entity that can bring the community together to take steps to improve quality of life and citizen security. What's important to understand is that there is no one-size-fits-all approach. But we identified some common factors of success at each stage of the process. Even though we have applied these in Central America and Mexico, they are just as relevant to cities around the world that are struggling to collaborate more effectively and employ resources more efficiently to provide strategic services to vulnerable and at-risk populations.

EIGHT STEPS TO SUCCESS

Step 1: Obtain the support of municipal authorities

- Political buy-in is critical. Elected officials have to be convinced first that the community wants politicians to address citizen security. But they also have to understand that they can't politicize the issue. Good mayors who have benefited from the ICMA program's assistance have run for reelection on platforms that include their support for the MVPCs.

Step 2: Identify local leaders and institutions to participate

- Do your homework. Although the municipal authorities will have the ultimate say in who gets invited to be part of the MVPC, it's necessary to understand the municipal government and conduct a social mapping exercise to identify the key players who must have a seat at the table—private-sector organizations, individual leaders and community groups, nongovernmental organizations, and others. New organizations and leaders need to be constantly invited to participate.

Step 3: Formally launch the committee

- The inauguration event is critical. The local authorities must be able to explain the purpose of the MVPC so that its members and the general public see the entity as a participatory, democratic space for coordinating and supporting crime prevention, led by local authorities.

Step 4: Legalize the committee

- The MVPC needs to have a tailored organizational model with rules and regulations regarding the conduct of sessions, membership requirements from different sectors and demographics, roles and responsibilities of members, the directorate and working groups or subcommissions. The MVPC then needs to be presented for formal approval to the municipal council.

Step 5: Provide training and technical assistance

- At the start, members of the MVPCs will have differing concepts of crime prevention. Initial training is necessary to ensure that they have a common understanding of prevention. Subsequently, training can include topics such as gender and family violence, the role of police in prevention and community-based policing, inclusion of indigenous and marginalized people, child protection, conflict sensitivity, crime prevention through environmental design (CPTED), and the design and conduct of information and communication campaigns.

Step 6: Assess the current crime and violence situation in the municipality

- The MVPC cannot begin to draft a strategic plan of action without knowing the main risk factors for violence in the communities as well as those conditions that enable individuals to handle, mitigate, or eliminate the risks, known as protective factors. This should be a highly interactive exercise that draws on community knowledge as well as data from police, health authorities, crime observatories, victimization surveys, studies, and other assessments. This exercise needs to be repeated periodically and the activities of the MVPC need to be continuously informed by data.

Step 7: Develop a strategic plan and annual work plans with member participation

- This is the step at which you will identify the truly committed members! The MVPC Board will lead a strategic prioritization exercise based on the assessment described in step 6 and in line with national and/or municipal-level policies in crime and violence prevention, if they exist. Strategic plans should span several years, and work plans must be done annually, with resources allocated in the municipal budget. Work plans should include achievable objectives so that members can see results. Municipal departments

must be brought into this process so they can understand how they fit into the plan and contribute to it.

Step 8: Carry out the plans and monitor progress

- Implementation is the fun part, but stay focused and show results! If you can't point to concrete results, members may drop off. It's important to design a monitoring and evaluation system from the beginning and hold regular evaluations of progress and results. Emphasize accountability and sharing results with the community.

ICMA's experience is that these committees are challenging, and election transitions are always difficult, but they have made a real difference. MVPCs have been instrumental in helping to identify and support strategic services and opportunities to reduce violence risk factors in communities throughout Central America and in selected cities in Mexico.

1 Data from the National Violence Observatory, an academic research institution based in Honduras, cited in the Honduras 2016 Crime & Safety Report issued by the U.S. Department of State Bureau of Diplomatic Security. Accessed November 14, 2016.

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Fire Service at a Crossroads

Opportunity for innovation is at hand

By Randy Bruegman

Note to Readers: This article is a companion to the July 2014 PM magazine cover story “No Cause for Alarm – Sustainability in Fire Service Depends on Change.”

Over the course of the past 40 years, the fire service has undergone a significant evolution. The name, in fact, may not be reflective of what the majority of the fire agencies are called upon to do each day.

Forty years ago, the fire service was doing just that, responding only to fires and rescue calls, while emergency medical services (EMS) were handled by either the local mortuary or the local hospital. Hazardous materials were, if on fire, extinguished and when spilled, washed down the drain. Urban search and rescue, tactical medicine, hazmat, CBRNE (chemical, biological, radiological, nuclear, and explosives) defense teams, and paramedics were not even on the radar screen, yet are prevalent today in fire agencies.

Building and fire codes have made communities safer, and standards have made such equipment as fire apparatus, breathing equipment, ladders, and portable equipment better and easier to use. Firefighters in most local governments are better trained and educated than their predecessors. They have expanded their scope of work to include advanced life support, hazmat response, urban search and rescue, and homeland security. As a

result, the fire service has become an expensive service provider in communities today, often accounting for increased general fund expenditures. I know in my own organization, we account for 22.9 percent of the city's general fund expenditure, which is a significant commitment on behalf of the city.

LOOKING TO THE FUTURE

But the fire service is at another crossroads in its history, and that is: What is it to become in the future? The fire service today responds to millions of calls a year and most are for EMS. Therein lies the threat and the opportunity for the fire service in the immediate future. The current system has been built on a system of defined staffing and deployment that works well for structural fire response, but may not be the most effective nor efficient model for the majority of calls that are being responded to today.

As building and fire codes are updated, sprinklers are used more, and community risk reduction becomes a common tool in use at the local level, the number of fires will continue to go down, as will the risk for other human-caused catastrophic events. The emergence of the Affordable Care Act may lead to the fire service finding itself in a “perfect storm,” a storm that fire service organizations simply will not be able to navigate.

Why a perfect storm? The organizational culture in most fire service agencies is resistant to change, and this poses a threat in the near future as the role in EMS service delivery may be changing quite rapidly. There is sometimes a lack of understanding or an unwillingness by people in the profession to accept the impact that fewer fires and the changing roles in EMS will have on integrated mobile health care in the future. For those departments that are fully engaged in and reliant on EMS to justify the current level of resources, this could be a game changer.

The pressure to privatize local EMS response historically provided by the fire service will increase dramatically at the local level, as policies are written to implement the Affordable Care Act. An objective to reduce or maintain healthcare costs will result in shifting as much care to out-of-hospital care and treatment. This will ultimately reduce the number of patients who are going to the local hospital emergency department and will have an impact on the overall number of calls the fire service responds to if localities are not providing the service.

There are a number of fire agencies already researching and implementing innovative concepts to expand their services and scope of practice in several states. Tualatin Valley Fire & Rescue in Oregon uses a single medic to assess low acuity calls and conduct follow up on the patient. Community paramedicine has been implemented in Minnesota due to an expanded scope of practice, and in Mesa, Arizona, a transitional response vehicle, which couples a paramedic and a nurse practitioner, is doing treat-and-release of medical issues that historically would have been transported to a local emergency department.

Such innovations are often not an easy task as there are those in the fire service profession who are fighting the changes and are totally focused on fire response as the saving grace for the fire service in the future. While this may be an effective strategy in larger metropolitan areas, for the majority of the fire service, this posture could be extremely problematic 10 years from now. In the next decade, fire agencies may find themselves in one of the final three stages of what author Jim Collins cites in his book *How the Mighty Fail*. Those stages are denial, salvation, and irrelevance.

In recent history we have been witness to this occurring over and over again in the private sector. Remember these companies: Pan Am, Bethlehem Steel, Polaroid, Woolworth's, Swiss Air, WorldCom/MCI, Tyco, Montgomery Ward, and TWA. Where are they now, and what led to their demise?

As the economy has become constrained, and the public sector has failed to re-engineer its practices, we are seeing this type of institutional demise occur in the public sector as well.

Ask yourself these questions:

- If your community's public safety department quit providing EMS service in the next year, how many private vendors would likely bid to replace it?
- Would it cost the local government more or less to outsource the service than what it costs to provide it today?
- If the locality bid out all services, could a community compete?
- Can your organization adapt to this rapidly changing environment in time to maintain and expand the services that it is now providing to the community?

The answer for most public-based agencies would be the same: probably not. So the operative question is: How can the fire service be sustained in the future? I think the answer is adaptability and innovation. Many organizations today use one model to provide service. We place three or four firefighters on an engine or ladder company, work them on a schedule of 24 hours, and respond them to everything.

Yet with minimal analytics, we often find that calls for service, our population, and ultimately, our overall community risk can fluctuate on an hourly and daily basis. Yet we use one static deployment model; that is, to provide service. As we look to adapt and innovate for the future, the fire service must look at such things as shift schedules, use of peak unit staffing, and expanding services to areas that would be viewed as nontraditional. If the fire service fails to do so, then an uncertain and difficult future lies ahead.

OPPORTUNITY FOR INNOVATION

In the next decade, the fire service has a great opportunity to innovate and re-engineer historic fire service models and practices. To do so, fire agencies must adapt their services and delivery of those services to meet what customers want and need, and must wholeheartedly embrace such changes as opportunities if they hope to sustain the profession into the future.

The question is, is the fire service up to the challenge?

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EMS in the Era of Health Care Reform

Collaborating to Reduce Costs and Improve Care

By Jay Fitch and Steve Knight

Despite a tremendous diversity in how emergency medical services (EMS) are provided in communities around the country, most U.S. EMS systems remain focused on responding quickly to serious accidents and critical emergencies, even though patients increasingly call 911 for less severe or chronic health problems.

Reimbursement schemes have also failed to adjust, as most EMS agencies receive payment from insurers based largely on transportation to the hospital, rather than the health care services provided.

Simply put, the existing EMS response model has failed to evolve as community needs for emergent and non-emergent health care delivery have changed. Recent efforts in health care to improve quality and reduce costs, including the Affordable Care Act, pose significant challenges to the existing EMS response model.

Health care payers have become increasingly unwilling to reimburse for services that fail to prove their value. As a consequence, EMS agencies will soon be required to demonstrate their worth like never before. At the same time, local governments continue to confront the economic realities of stagnant and even shrinking budgets.

It's critical for city and county managers to know that despite these challenges, the changing health care landscape also presents opportunities for EMS systems

to evolve from a reactive to a proactive model of health care delivery—one that better meets the needs of their communities by preventing unnecessary ambulance transports, reducing emergency department visits, and providing better care at a lower cost.

HEALTH CARE REFORM

Triple Aim. During the past decade, economists and policymakers have largely abandoned the belief that better health outcomes could only be achieved through increased spending. Instead, changes to the health care system, including some of those created by the Affordable Care Act, are now based on the Institute for Healthcare Improvement's Triple Aim Initiative, which suggests that it is possible to simultaneously improve the patient experience, reduce health care costs, and improve the population's health.¹

Fee for quality versus fee for service and value-based payments. Currently, most of health care works like a restaurant menu: The more you order, the more you (or your insurer) pay. Unlike a restaurant, however, consumers often don't know whether the services are any good, are often ignorant of the costs, and sometimes aren't aware that other options exist.

If they are treated but get sick again a few days later, their physician or the hospital treats them a second time and charges for the second visit—in some ways, making more money because their initial efforts were unsuccessful, whether or not that failure was preventable.

In a fee-for-quality model, the goal instead is to reward providers and hospitals who keep patients healthy by treating problems efficiently and effectively. There are different combinations of these two models, but the current health care system still relies heavily on fee for service.

One example of Medicare's attempt to tie reimbursement to quality is the penalties that hospitals face for high rates of readmission for certain conditions. In the past, when a pneumonia patient who was sent home from the hospital returned two weeks later, the hospital could bill in full for treating the patient a second time.

Now, in an effort to encourage hospitals to ensure the patient is able to remain healthy once he or she leaves the building, that return visit will also result in a financial penalty. The hope is that hospitals will now spend more time making sure that patients are prepared to go home, by providing adequate discharge instructions and ensuring such proper follow-up care as doctor's visits, prescription medications, rehab, and home health.

While the impact of these changes on EMS remains unclear, the head of the U.S. Centers for Medicare and Medicaid Services (CMS; www.CMS.gov) has publicly stated that the goal is to shift the payment system to a largely fee-for-quality model.

That will impact EMS indirectly as hospitals and other health care providers shift their focus from volume to achieving certain metrics, and possibly also directly if CMS adjusts payments for emergency medical services to include quality metrics or value-based purchasing.

RISE OF MOBILE INTEGRATED HEALTH CARE

The concept of community paramedicine—employing EMS providers to provide a broader array of services and focus on prevention and primary care—is not a new one, but it has gained renewed focus in recent years, thanks in large part to the advent of the Triple Aim and the Affordable Care Act.

Community paramedicine was initially developed as a way to provide basic primary care services to rural areas with limited medical resources and to avoid long, expensive trips to distant hospitals for minor problems. Urban and suburban communities have begun to experiment

with a new type of community paramedicine, which some are now calling mobile integrated health care.

Mobile integrated health care is broader than community paramedicine in that it contemplates using providers and organizations of all types to provide the best care in both the home and other nonclinical environments.² MIH programs often employ EMS providers who receive advanced training on such topics as chronic disease management and mental health issues, but whose technical and medical scope of practice remains unchanged.

Among some EMS leaders, there is a concern that EMS agencies are diving headfirst into mobile integrated health care without a clear path to sustainability—even while there is also growing agreement that the current EMS response and funding model is not sustainable.

As with any service delivery, local governments should assess community needs; available resources; and the financial, political, and regulatory climate before deciding which type of mobile integrated health care services, if any, are appropriate for their particular communities—and also who should provide those services. In any case, mobile integrated health care programs will not eliminate the need for emergency medical response or the use of EMS as a safety net by some members of a community.

Here are three local government examples of how three different types of EMS systems have implemented integrated health care programs.

FORT WORTH, TEXAS

In 2013, MedStar EMS, the sole provider of nonemergency and emergency ambulance services in Fort Worth and 14 other surrounding cities changed its name to MedStar Mobile Healthcare. The new moniker reflected a realization in the EMS community that 911 calls do not always result in emergency medical care so much as unscheduled health care.

The provider has been one of the most aggressive innovators in the realm of mobile integrated health. As a public utility system, it has a government-mandated monopoly of EMS services in the community but also the flexibility to adapt.

The provider also has launched several community health programs in recent years, which highlight the importance of establishing partnerships to ensure both positive patient outcomes and fiscal sustainability. The programs include:

- Nurse triage of low-acuity 911 calls to avoid ambulance transports to the emergency department when not medically necessary.

- An EMS loyalty program to reduce EMS and emergency department use by frequent users.
- Readmission avoidance to prevent return visits to the hospital within 30 days of discharge.
- Hospice revocation avoidance to prevent unnecessary hospital visits for hospice patients.
- Home health partnership to provide after-hours care.

Specially trained mobile health paramedics who use vehicles that are not equipped to respond to emergencies perform in-home visits with enrollees in the high-utilizer program. As a provider can't bill Medicare and Medicaid service centers (or most other insurers) for these programs, it has partnered with local hospitals, physician groups, and hospice and home-health agencies, each of which has a financial interest in keeping their patients out of the hospital whenever possible.³

The provider, who launched the first of these programs in 2009, has reported that in the first several years:

- Patients in the High Utilizer Group who graduated the program had an 84 percent reduction in use of 911.
- Readmission rates for patients in the program were reduced by more than 90 percent.
- 911 calls referred to the nurse triage line resulted in alternatives to ambulance transport to the emergency department more than 40 percent of the time.

MESA, ARIZONA

The Mesa Fire Department recently acknowledged the shifting priorities of the fire service by changing its name to the Mesa Fire and Medical Department. The department also received a \$12.5 million Center for Medicare and Medicaid Innovation (CMMI) award to expand its Community Care Units program.

This program partners paramedics with other health care providers to provide appropriate care to patients at the scene, keeping other department resources available to respond to emergency calls. The innovation awards were established by the Affordable Care Act to fund programs that would test innovative ways to provide better care and reduce costs.

The department's Community Care Units look like typical ambulances, but are staffed with a combination of senior paramedics and midlevel practitioners in a public-private partnership between the city and a local hospital. One unit partners the paramedic with a nurse practitioner or physician assistant, who is employed by Mountain Vista Medical Center.

That midlevel practitioner can often handle low-acuity emergencies by prescribing a medication, treating someone's pain, or even suturing a wound in the field, preventing an unnecessary ambulance ride and emergency department visit.

A second unit partners a paramedic with a crisis counselor to respond to behavioral emergencies and determine if a patient might be better served at a psychiatric facility rather than the emergency room. Partnering with these other health care providers has allowed the department to expand the scope of services it can provide in the field.

Although Mesa's program has only recently expanded, the department reports that in 2014, emergency department transports have been avoided for more than half of the low-acuity patients seen by a Community Care Unit.

WAKE COUNTY, NORTH CAROLINA

In Wake County, North Carolina, the county EMS agency that provides 911 EMS response and transport added a new level of provider: the advanced practice paramedic. These paramedics receive additional training and supplement the emergency medical response system, ensuring the presence of an additional, experienced paramedic on critical incidents.

But the main success of the program has been the use of the paramedics to conduct in-home visits with frequent callers and patients who are referred by other EMS providers when they determine that a patient needs additional services other than emergency transport.

Wake's advanced practice paramedics are also able to medically clear intoxicated patients so they can be taken directly to a detox facility, preventing the use of both an ambulance and emergency department bed for a person without a medical need for either.

Similarly, they can evaluate psychiatric patients in the field in order to determine the most appropriate transport destination and arrange the services they need in a more timely and cost-effective manner, often avoiding ambulance transports in favor of police escorts to a psychiatric facility.

Unlike Mesa and Fort Worth, Wake County funds the advanced practice paramedic program through the agency's budgeted funds and not with agreements with hospitals or other payers. The aim of the program is to avoid unnecessary ambulance transports, which may certainly help patients but also increases the efficiency of the EMS system.

Wake County's advanced practice paramedics now divert more than 300 patients per year to alternative destinations. They reported that in a nine-month period in 2013, of the 171 patients diverted to one mental health and addiction recovery facility, only 24 were subsequently seen in the emergency department, and none suffered any adverse consequences from the diversion.⁴

LESSONS FOR MANAGERS

These local government examples of how EMS systems are adjusting to the changing health care landscape offer these insights:

1. Changes in health care financing will impact EMS. Already, it is clear that changes in how the Centers for Medicare and Medicaid Services reimburses hospitals have had significant impacts on the health care system. Hospitals now want to avoid having certain patients show up in the emergency department. While the future remains unclear, the Centers for Medicare and Medicaid Services has made no secret of the fact that it wants less fee-for-service and more value-based purchasing. This will create opportunities for EMS to help other health care providers meet this mandate, but it also means that EMS must itself be prepared to demonstrate value in order to survive.
2. EMS must develop relationships with other health care partners. Successful community paramedic and mobile integrated health care programs rely on public-private partnerships with hospitals, physicians, payers, and other members of the health care community. No longer can an EMS agency see itself as independent from the rest of the health care system.
3. Not all mobile integrated health care programs should look the same. Since the passage of the Affordable Care Act, EMS agencies across the country have rushed to start MIH programs. While some have been successful, their long-term sustainability is still unclear.

Each community should conduct an assessment to determine its needs, available resources, and what role EMS can play in improving the health of the community.

4. Not every EMS call needs the same response. What mobile integrated health care programs are doing, essentially, is recognizing that EMS providers can provide (and patients require) services other than immediate transport to the ED.

In order to truly serve the community, by providing both patient-centered care and fiscally responsible service, leaders should examine whether the services they currently provide match the demands and expectations of those they serve.

Health care is evolving at a rapid pace, and EMS agencies can play a significant role in improving the health of their communities and reducing costs. Although the long-term value and sustainability of new programs is still unclear, with so much change occurring, managers and elected officials need to ensure that local EMS services are preparing for the new health care world in a way that meets the needs of their communities.

ENDNOTES AND RESOURCES

- 1 For more information on the IHI Triple Aim Initiative, visit <http://www.ih.org/Engage/Initiatives/TripleAim/pages/default.aspx>.
- 2 Learn more about MIH at <http://mihpresources.com>.
- 3 More on MedStar mobile health care programs can be found at <http://www.medstar911.org/community-health-program>.
- 4 Wake County, North Carolina, described its results in an article found at <http://www.emsworld.com/article/11289649/advanced-practice-paramedics-and-alternative-destinations>.

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