

**FIRE DATA LAB**

# **COMMUNITY SOLUTIONS SUMMIT REPORT**

February 2019 | Seattle, WA

# INTRO

This report covers outcomes from the Fire Data Lab 2019 Community Solutions Summit held in February 2019 in Seattle, WA. Attendees from Seattle community partners and West Coast fire departments engaged in an open dialogue on collaborative community solutions.



## THE ROAD TO THE SUMMIT

In 2018, the Fire Data Lab (FDL) hosted a series of workshops that identified the most urgent data challenges for fire departments. Heavy resource usage by non-emergent calls related to unhoused community members, drug abuse, and mental health was a common growing concern. To better understand and address this growing concern, the FDL invited community providers and fire departments with successful programs to exchange ideas. Seattle Fire volunteered to host the summit.

# UNDERSTANDING THE PROBLEM

The most visible problem for fire departments is that heavy resource usage impacts reliability, which in turn costs the fire departments money. The group dug deeper into defining that problem and determined that the fire service has become not only the service of last resort, but the service of first resort as well. As such, responders have been increasingly tasked with providing social service functions to their communities. For emergencies, fire departments have the training, tools, and ability to handle the situation. For community solutions (related to unhoused community members, drug abuse, and mental health) firefighters are bearing the weight of those issues on their shoulders, without the ability to bring the appropriate resources to their community to improve the situation.

These community issues cannot be solved with the resources fire departments have available to them. More training cannot be stacked onto firefighters and paramedics, as their priority as a discipline is to keep pace with the constantly advancing science of emergency response. It is therefore necessary for the fire service to look outside of itself and drive partnerships with other agencies for solutions to these challenges.

## SUCCESSFUL COMMUNITY SOLUTIONS PROGRAM OVERVIEW

Attendees were asked to share their experiences in creating successful community partnership programs and took questions in an open forum format. The programs that were shared were from a wide variety of regions, but had four common features:

- A focus on outcome data
- An Integrated response
- Policy alignment
- Access to funding

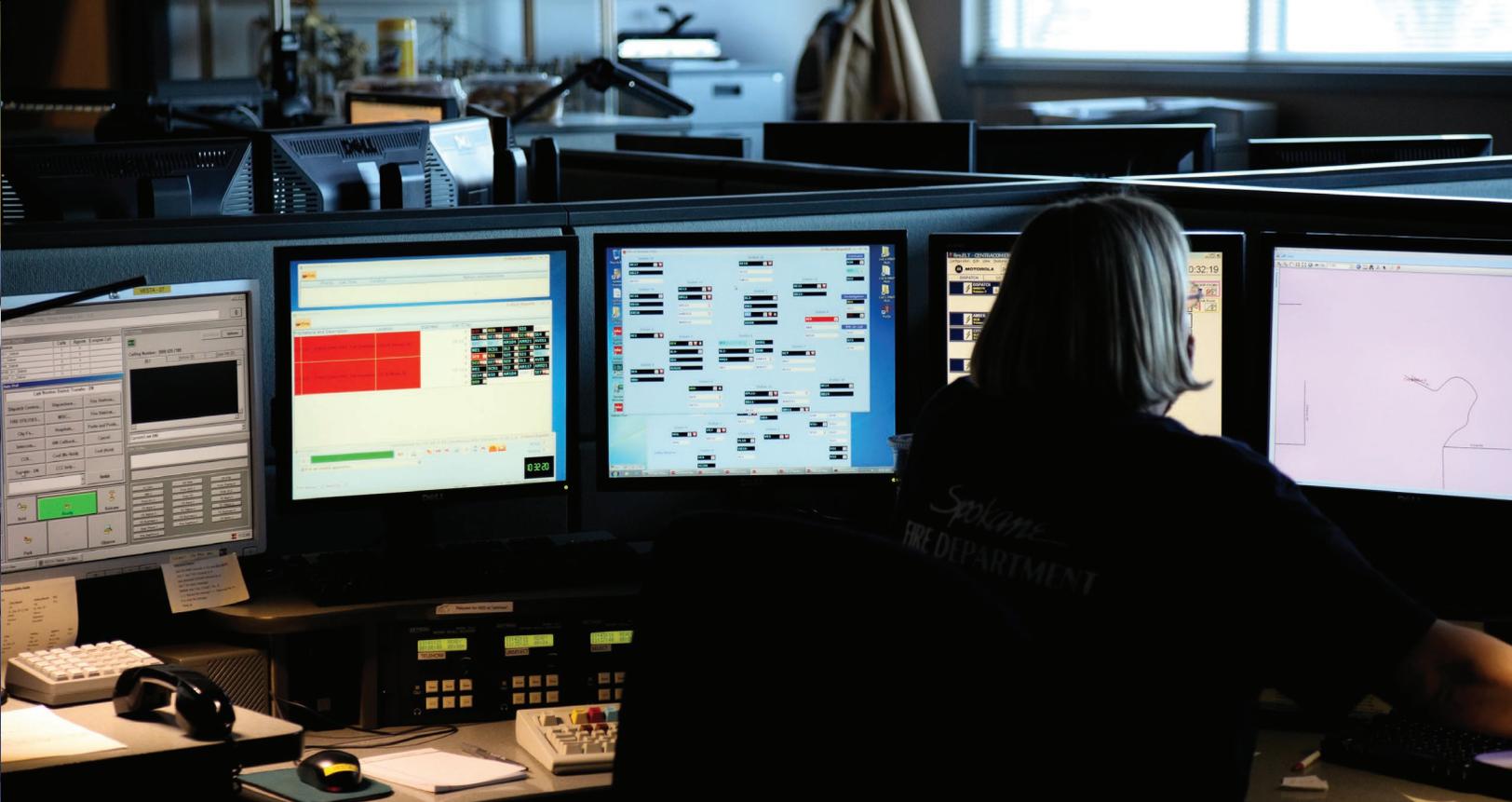
# A FOCUS ON OUTCOME DATA

Community partnerships are built around definitive and definable outcomes. These outcomes are measured using data. This data is focused on what is happening to the patient conclusively (i.e. were they just taken care of for the tonight, did they get kicked out, was a class c or type 1 hold used, etc.) Looking at the picture that outcome data paints allows departments to start targeting the casual factors. At times the fire service will be the only point of interaction with these community members, and therefore the fire department will have unique data on their community, and can leverage that data to create the most effective community partnerships.

Accessing outcome data is a hurdle that can be overcome. Solutions have been created at the local level, and vary depending on the local non-profits that exist, the structure of the local social services provided, and the state laws that apply to patient data sharing. Fire departments have found success in different ways:

1. Partnering with non-profits
2. Partnering with state agencies that hire administrators that have broader system access to connect city, county and state systems
3. Creating patient voluntary consent models





# INTEGRATED RESPONSE

Successful programs involve an integrated response that is much broader than only police and only fire. Utilizing public-private partnerships, contracts with non-profits, or inter-agency contracts, departments have expanded the resources they can utilize. Examples of integrated responses include:

1. A crisis counselor and a captain paramedic that respond on any kind of behavioral incident. They evaluate if there is a suicide threat, make a safety plan, and leave the patient at home, unless they determined a need to transport.
2. A social worker that has access to all city, county and state systems, who identifies high utilizers through records analysis, or firefighter referrals. The social workers reaches out directly, or reaches out to coordinate the other social services the patient is interacting with.
3. Alternative location agreements that allow the responders to take patients to resources like county mental health facilities, substance abuse facilities or shelters.
4. 211 or 311 systems that shift calls from the 911 system to low acuity response units.
5. Alternative response units (ARUs) that are created to response to low acuity calls. 2 EMTs run 22-25 calls a day, which come through emergency medical dispatch. The ARUs will call for an ambulance for transport, if there is a medical need, but have other resources if there is not a medical need, like the ability to connect to a social worker team or transport to a different treatment facility.
6. A non-profit that pairs paramedics with mental health professionals that run 22,000 calls a year. They can be dispatched by the dispatch center, or self-initiate. They can call for code 3 cover if needed.

# POLICY ALIGNMENT

Effective community solutions programs have a focus on policy alignment among all the players. Actions are predefined, and agreed upon (i.e. if I do this, you will do that). Agencies have had success utilizing versions of the Hot Spotters program that began in New York. Through the program, the bosses (the people who can dedicate resources), from all the non-profit and government agencies, who touch the unhoused population, are brought together to case manage the high utilizers that have been identified.

In Seattle, the Mayor declared an unhoused state of emergency. Every director from every department in the city came to the emergency operations center every morning, and talked through the mission and what the solution would look like. That built a system of connection points and trust that helped the solutions be more efficient.

# ACCESS TO FUNDING

It still remains very hard to convince the various stakeholders to providing funding for these programs. There is a need for fire departments to better communicate the impact of things like higher employee attrition, increased PTSD claims, compassion fatigue, and the costs of lower unit reliability. The programs that were shared at the summit were grant funded, or funded by taking resources from other department programs. In the future, these funds could be generated elsewhere. The Centers for Medicare and Medicaid Services are currently beginning tests in a payment model, called ET3, which aims to improve quality and lower costs by reducing avoidable transports to the emergency department and unnecessary hospitalizations following those transports. The Innovation Center anticipates releasing a Request for Applications this summer. More information can be found at: <https://innovation.cms.gov/initiatives/et3/>

Departments can also use their Standards of Cover (SOC) as a tool to communicate the need for these programs. The SOC is the scientific data driven analysis for how a department should be deploying resources. It is a great tool to see what is in a community from a response perspective. To be useful for the purposes of community solutions, the SOC must include open vacant land in the risk analysis platform, because these areas, that may be wooded with no buildings, can still be high incident areas.



## FUTURE EFFORTS

Fire departments are driving community partnerships that have improved their reliability, and improved the quality of care they are delivering to their communities. These efforts are in the emerging stages, and many challenges remain. The Fire Data Lab, and the Western Fire Chiefs Association, will continue sharing the learnings from departments that have successful programs, with a focus on the 4 areas identified in this report:

- Outcome data
- Integrated response
- Policy alignment
- Funding

The Fire Data Lab will continue to publish results at [www.firedatalab.com](http://www.firedatalab.com)



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