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New York State Emergency Call Locator Partnership

The U.S. Department of Transportation (DOT) is providing funding support to the Department of Emergency Medicine at the State University of New York Upstate Medical University in Syracuse, NY for development of an implementation plan for a statewide wireless enhanced 9-1-1 system (wireless E9-1-1 system) and implementation assistance to other states and localities.

New York State is an ideal testing ground for identifying the institutional barriers to implementation of wireless E9-1-1 and exploring alternative strategies for addressing these barriers. New York is a large state with a mix of urban, rural and suburban communities. Its counties are arrayed across a broad spectrum of readiness for wireless E9-1-1. While some counties have launched, others are preparing to declare readiness for wireless E9-1-1,

and still other counties have yet to institute wireline 9-1-1. New York State also faces a wide variety of institutional, financial, and political barriers to wireless E9-1-1 implementation that are representative of states and counties throughout the nation.

An initial three-year grant funded in the fall of 1999 through the DOT's ITS Public Safety Program allowed the Department of Emergency Medicine to engage key stake-

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holders from across New York State. Early in the project, key stakeholders were gathered to define barriers to implementation, identify key resources and develop strategies. At their first meeting, this group of stakeholders formed the New York State Emergency Call Locator Partnership.

Key Barriers

The Partnership identified three key barriers to implementation in New York State:

- Wireless 9-1-1 call routing;
- funding for necessary systems upgrades, including wireless surcharge money allocation; and
- need for statewide agreements on mutual aid protocols.

Other barriers identified included lack of universal Public Safety Answering Point (PSAP) readiness, confidentiality concerns, technical interoperability, and political and legislative issues.

Solutions

Funding for technical upgrades remains the most pressing barrier in New York. Legislation is required to change the flow of wireless surcharge funds to that county PSAPs may make use of them.

The majority of New York counties are moving forward with hardware and software upgrades despite the lack of financial support. Most of these have declared readiness for wireless E9-1-1 data and are negotiating with wireless carriers for service.
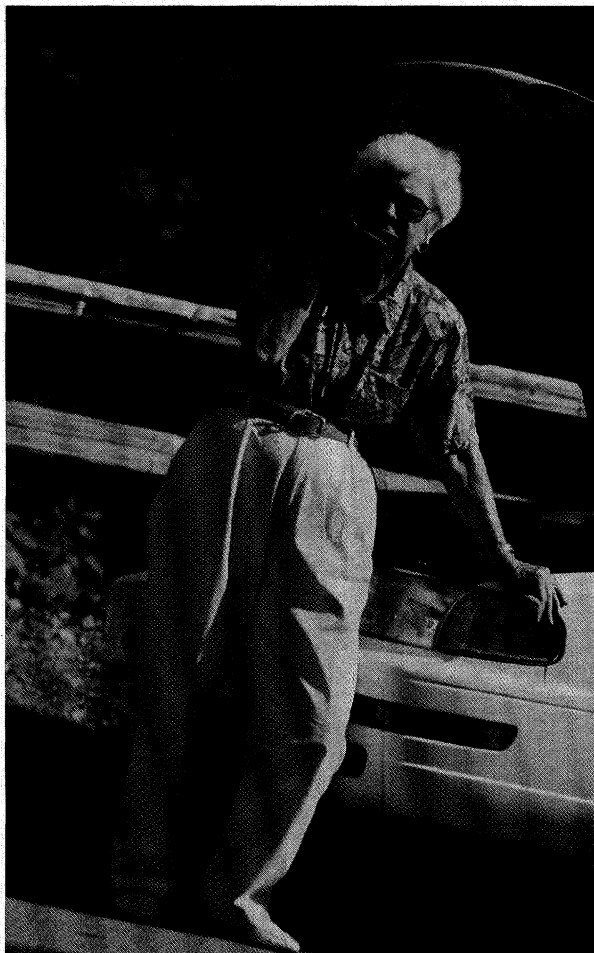
Included in the fiscal year 2002-2003 New York State budget are provisions for funding assistance for municipal and county PSAPs based on per capita distribution. PSAPs would also be able to apply for grants or participate in bonding programs for reimbursement of eligible 9-1-1 expenses. The New York State Assembly intends for this funding to expedite the roll-out of a wireless E9-1-1 emergency system as quickly as possible.

Lessons Learned

Some of the key lessons learned in New York State that may be ben-

eficial to other states as they move forward are summarized below, and discussed more fully in the *Lessons Learned* report available on the Internet at *www.its.dot.gov*. (Click on "Public Safety" and then "Wireless Enhanced 9-1-1."

Technology is not the major barrier to the deployment of wireless E9-1-1. While there are some technological barriers to wireless E9-1-1 implementation, the private sector is already addressing these issues. Institutional barriers to implementation are often more difficult and more time-consuming to address than the technological barriers.

The primary requirement is getting stakeholders together and agreeing on an implementation strategy ("what" and "how"). Building a workable wireless E9-1-1 infrastructure requires the involvement of many stakeholder groups with varying and often competing interests. These major stakeholder groups include: county government and county associations (e.g. county administrators, sheriffs); municipal associations; law enforcement agencies; emergency medical system (EMS) practitioners (EMS organizations, firefighters); the medical community (emergency physicians, trauma surgeons, cardiologists, public health and other nonprofit organizations (e.g. American

Heart Association); state organizations (e.g. state technology/telecommunications organizations, state departments of transportation, public health); intelligent transportation system (ITS) organizations; highway authorities; politicians (state and local); industry (e.g. wireless carriers, manufacturers, ITS technology providers) and others. Three steps for stakeholder involvement are:

- Identify the stakeholders;
- Engage the stakeholders;
- Keep the stakeholders engaged.

It is helpful to create a variety of vehicles and layers for stakeholder involvement. New York State started the process of involving stakeholders by holding a conference with 100 stakeholders representing 24 different groups. They selected a smaller advisory committee from that group to meet with project staff every threemonths.

Stakeholder conferences are a useful means of engaging a wide representation of relevant stakeholders. New York State organized and conducted statewide stakeholder conferences biannually. These conferences kept stakeholders informed about these issues and provided an opportunity for stakeholders to network and learn about other perspectives on the issues.

It is important to be very clear about the role and the limits of an advisory committee. An advisory committee can be helpful, but it must have a clear-cut mission and role. For example, be clear about whether the group is expected to set policy or to make policy recommendations.

Having a credible third party that can provide strong, committed leadership is critical. A neutral party is needed to unify stakeholder groups. A neutral party can listen to what others have to say and not become emotionally invested. The neutral party also can continually refocus the dialogue on the primary goal—saving lives.

The medical community is ideally poised to play the credible third party leadership role. The medical community has a vested interest in the outcome: patient care. Other stakeholders often have difficulty arguing against those who "are here to protect the patient." Physicians and other medical professionals are well suited to provide objective patient advocacy without bias. However, there are challenges in getting the medical community engaged in the process. There may be a need to educate physicians on the crises facing the 9-1-1 system and to sell

the opportunity for physicians and others in the EMS community to play a leadership role.

The leadership organization must be perceived as neutral and politically credible, must have knowledge of local and regional issues and a network of contacts. And, it must be willing to assume the role of leader. Leadership also might come from the state EMS or public health organization, or government.
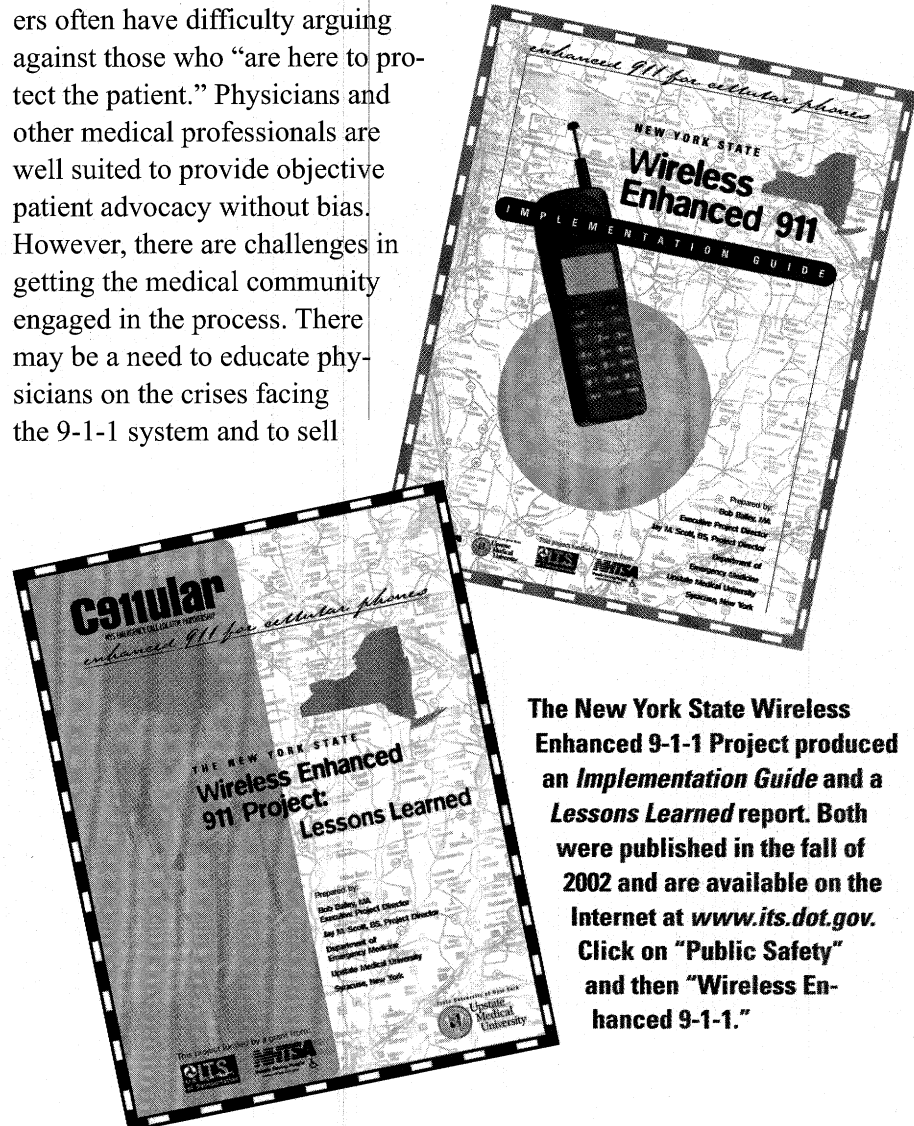
The New York State Wireless Enhanced 9-1-1 Project produced an *Implementation Guide* and a *Lessons Learned* report. Both were published in the fall of 2002 and are available on the Internet at *www.its.dot.gov.* Click on "Public Safety" and then "Wireless Enhanced 9-1-1."

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