Intelligence/Information Sharing Dissemination

Resource	S/W	Comments
People	S	• Well trained and qualified staff. (3) • Good regional communications. Good communication flow. (2) • Hospitals are working collaboratively with law enforcement to facilitate communication. • The next phase of the AFIS protect is underway.
	W	• Need to increase the number of staff dedicated to intelligence gathering and dissemination across disciplines. All intelligence staff need to be linked electronically. (6) • Need a centralized, regional location for intelligence agencies to vet and organize intelligence information. (5) • Need to increase the number of medical/fire personnel with security clearance to help develop intelligence information systems and processes. (3) • Need to increase depth of disciplines in intelligence fields. (3) • Need to establish expedited means for performing security clearances in order to get more technical experts involved in planning process. (2) • Need to continue NCR surveillance – ESSENCE • Not enough staff to send people to RIC – there is no one left to do the job at home. • Currently, some agencies are relying on individual personal contact rather than agency relationships or official communications between agencies. • Need to increase support for LINX data sharing. • Need trained technical experts and managers for the radio cache. • Need WMATA communications upgrade.
Equipment	S	• 3 radio caches have been established for deployment • Basic start up equipment purchased for IMT • Initial procurement of communications for WMATA • Current system in place is functional • Funding to upgrade new AFIS is in place • Information sharing is easily obtained; AFIS approach works better against jurisdictional boundaries. • Current information is actionable and timely • We have invested in regional data messaging infrastructure – work is in process • NCR has sophisticated communications system • COG's efforts grant application enable COG agencies

		to garner M/S related equipment in a manner that allows for widespread response capabilities • Have equipment to deal with day-to-day activities and small surges
	W	• NCR secure communications network (5) • Lack multi-discipline secure warehouse for communication equipment (2) • Too many fractured and repetitive unverified databases that repeat some intelligence as each other; not enough effort to verify validity, not enough follow-up or accountability (2) • Determining communication devices, i.e., phone card or satellite (2) • To effectively/efficiently share information to other jurisdictions and disciplines, we will need to have state-of-the-art operating software and platform and common standardization. It's critical to replace/upgrade legacy system prior to integration (e.g. VDOT smart traffic center) • No long term program to sustain operational readiness (maintenance parts etc.) • Full compliment of support equipment required for readiness/deployment • Not enough secure telephone units • Addition of uniform intelligence databases/analysis on a county wide network would enhance current sharing capabilities • Health not well integrated in interdisciplinary communication system • Current system is obsolete • Mobile and facial recognition phase of AFIS is not funded • Funding exists for equipment (computers etc.) to bring 15 of the more than 70+ law enforcement agencies within the NCR, not counting federal agencies • No equipment in place for back up redundancy • Ability to monitor all NCR critical infrastructure sites. A traffic management center with room to handle analysis work. • DOT by nature do a lot of monitoring and information gathering. We need to get plugged into ensure information. • DDOT have incident managers who do not plug into law enforcement on a daily basis. • DDOT have traffic monitors that are not plugged into

		law enforcement
		• RMS and MDT capable software that enable electronic dissemination of critical infrastructure blue prints, schematics, contacts and tactical plans to responder units and EOCs
		• Lack equipment for large surge (deaths)
		• Need mobile AFIS compliment
Training	S	• Initial basic training provided for radio cache program start-up
		• IMT training provided for basic program and some positions
		• Well trained in medical activities
		• Fingerprint analysis won't change
		• Technical support won't change
		• New upgrade will require minimal training for officers
	W	• Training should be on a regional level (4)
		• Additional training needed for new personnel and maintenance of skills (2)
		• Additional basic and position specific training
		• Training should be simplified to make it more practical
		• Training first, policies second
		• Back training in federal-local emergency management systems
		• Actionable intelligence is held too long
		• Public health people need training on use of communication equipment
		• No forum in place for training department
		• Need tools to develop multi-disciplinary training
		• No law enforcement representatives on regional IMT
		• Lack of qualified analysts individual jurisdictions and no intelligence analysts to serve the region
		• Need information sharing training outside of Law Enforcement
		• Need full time training assets
		• No established information sharing protocols
		• No in depth training exists
		• Continued mainland and strengthening of the system to include utilization of system in pandemic flu
		• Additional advanced intelligence gathering need
		• System training for any acquired database systems
		• Very little involvement of healthcare delivery system
		• More POC training
Exercises/Evaluation	S	• Current system is functional and used by the NCR

		• Upgrade is a refresh and enhanced capabilities within NCR
	W	• Need for a regional, multidisciplinary exercise program • Need established exercise/evaluation protocols • Incorporate intelligence function and workflow as a significant part of exercises • Continued funds for maintenance to enhance exercises to public safety/emergency managers • Phase 2 (mobile AFIS) will require exercises and evaluation • Tools to develop multi-disciplinary exercises/evaluation • Inter-agency exercises necessary to test plans and equipment capabilities. • Joint BFO/WFO (FBI) collaboration/participation to ensure information flow across jurisdictional boundaries • Focus on communication and information sharing between federal, state, and local officials with the public health and healthcare community • Formal evaluation of the NCR-LINX • DC Medical Examiner's Office is rarely asked to attend exercises, despite many of them involving fatalities and medical issues • Table-tops and practices
Plans, Policies and Procedures	S	• Regional deployment procedures has been developed for radio cache • There is good information and intelligence from jurisdictions; needs central gathering point and inter-regional sharing/vetting mechanisms
	W	• Development of uniform intelligence gathering and investigational dissemination policies/basic validity vetting requirements/security clearance for health officials (10) • Need to implement regional information management procedures/link regional communication to WMATA communication (5) • Need to develop health information group with high level participation of law enforcement, fire/EMS, public health, hospital medical community to coordinate information sharing and provide basis for forensic epidemiology response/health intelligence MOUs/include medical examiner's office in emergency planning and training. (3)

| | | Need more personnel to write plans, policies, and procedures/conduct audit of MOAs, MOUS and mutual aid agreements in NCR FBIs jurisdictional boundaries are in conflict with COG boundaries in Montgomery County – hinders timely dissemination of information and actionable intelligence (3) |