

## *Toward robust All-Hazards Incident Management Teams: Progress and priorities*

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### **ABSTRACT**

*In 2008, an effort to enhance the capability of All-Hazards Incident Management Teams (AHIMTs), and thereby improve the nation's ability to respond to incidents of all types, was launched. To date, there have been three national learning conferences for AHIMT stakeholders. At the first conference, in 2008, attendees participated in a systematic process to identify priorities for the national AHIMT program. At the most recent conference, in December 2010, attendees participated in a study designed to review and update the insights gained from the 2008 conference. This article presents the findings of the 2010 study. The results can help federal, state, and local stakeholders understand AHIMT capabilities and the challenges teams face.*

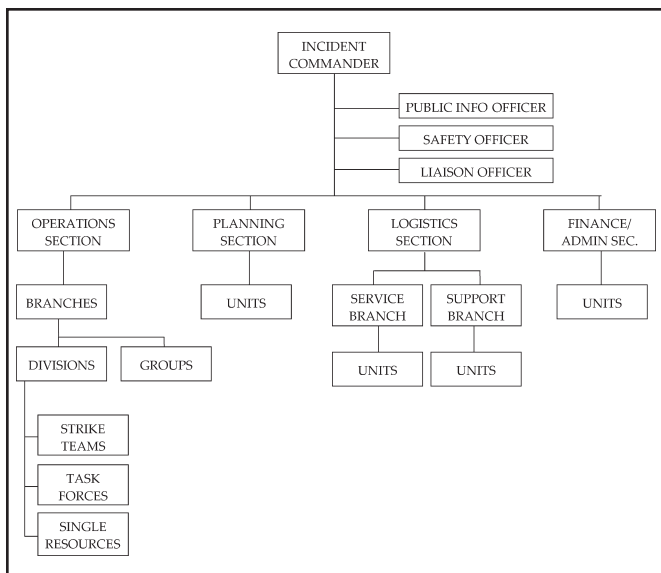
*Key words: all-hazards, incident management, response capability*

Emergency responders have long understood the value of a systematic methodology for the management of incidents. The need for a clear set of coordination, command, and control procedures is especially acute when incidents are complex, and multiple agencies are involved in a response. Moreover, a common approach that can be applied across all hazard types allows agencies to work together regardless of function or discipline.

Forty years ago, these principles gave rise to a standard system, the Incident Command System (ICS), now commonly used by responders nationwide.<sup>1</sup> Meanwhile, the wildland firefighting community formalized a national program called the National Interagency Incident Management System (NIIMS) that to this day develops and deploys functional Incident Management Teams (IMTs) to direct responses to wildfires and other types of incidents using ICS. In 2003, the Department

of Homeland Security (DHS) began work to adapt NIIMS to create the National Incident Management System (NIMS). NIMS now “provides a systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, to reduce the loss of life and property and harm to the environment.”<sup>2</sup>

More generally, incident management refers to the collection of command and control activities exercised to prepare and execute plans and orders designed to mitigate the effects of an emergency event. It is usually effected through ICS, as a functionally oriented system that can be tailored to the type, scope, scale, complexity, and dynamism of the incident. ICS is employed to systematize multiple tasks, disciplines, jurisdictions, and responsibilities on an emergency scene under one organization that incorporates five functions: command, logistics, plans, operations, and finance. It is a scalable concept—it can be employed to direct relatively small, simple events or to manage large, complex disasters. On larger incidents, sophisticated ICS approaches include adoption of a formal Unified Command, a multiagency governance structure that incorporates officials from agencies with jurisdictional or functional responsibility at the incident scene and allows them to jointly provide management and direction within a commonly conceived set of incident objectives and strategies. Figure 1 shows a generic ICS structure, as typically represented in training materials used by the National Wildfire Coordinating Group (NWCG) and the Federal Emergency Management Agency (FEMA).



**Figure 1. Typical ICS structure.**<sup>3,4</sup>

Even as NIMS (including ICS as its centerpiece) is evolving at the national level, states and local governments have recognized the need to develop their own incident management capabilities to direct response to the incidents they face. In 2003, this crystallized as what is now known as the All-Hazards Incident Management Team (AHIMT) program.\* AHIMTs provide a regional incident management capability that can quickly assist local jurisdictions when their own incident management capabilities are overwhelmed or exceeded. The National Fire Programs Branch of the United States Fire Administration in FEMA supports the implementation of AHIMTs through a technical assistance program.

The extension of the IMT model to create state AHIMTs is emergent. As teams mature and states and local governments learn how to employ and collaborate with them, teams continue to confront needs and challenges that demand attention to ensure a robust capability can emerge nationwide. To help state governments, DHS, and the teams themselves

\*In this context, the term “AHIMT program” refers to the national endeavor to develop and implement a plan, system, and set of activities that enables the formation, sustainment, and deployment of AHIMTs. This endeavor requires funding to succeed, and many respondents believe the program should be supported by federal (as well as state and local) funds, but the term “program,” as used in this study, does not refer to a designated funding line.

better understand the myriad development challenges teams face, it is useful to ask AHIMT members directly about their needs and priorities to obtain their perspective as the leaders working to make this program succeed in the field. To facilitate this, the Incident Management Training Consortium (IMTC)<sup>†</sup> convened the first national AHIMT learning conference in DeKalb, IL, in October 2008. More than 100 AHIMT managers, training coordinators, and team members representing 30 states and Puerto Rico attended the conference to discuss issues, concerns, and opportunities surrounding the development of AHIMTs. These stakeholders participated in an exercise that helped them systematically identify and rank their priorities for the AHIMT program. The results of that study were disseminated to assist DHS, FEMA, and a variety of interested agencies, offices, programs, and working groups in developing the strategy, infrastructure, and guidance required for a robust national all-hazards incident management capability. AHIMT stakeholders came together again in Houston in 2009.

In December 2010, IMTC convened the third annual national AHIMT Training and Education conference. Approximately 600 AHIMT managers, team members, and stakeholders from multiple disciplines and all levels of government attended. At FEMA’s behest, the conference agenda included a process to update the findings from the 2008 DeKalb conference. Specifically, the conference members participated in a series of surveys and discussions designed to identify current AHIMT priorities, important barriers to success, and areas of concern for the national program and at the local level. This article describes methodology used at the 2010 conference and presents the findings of the study.

#### SUMMARY OF THE INITIAL STUDY

In October 2008, more than 100 AHIMT team managers, training coordinators, and team members representing more than 30 states and Puerto Rico

<sup>†</sup>The Incident Management Training Consortium (IMTC) is a private organization that offers subject matter expertise, training, and professional development programs in the area of all-hazards incident management. See <http://www.imtcllc.com/>.

attended the first national learning conference to discuss issues and opportunities surrounding the development of AHIMTs. Conference organizers collaborated with a research team to design and execute a methodology to systematically characterize the broad range of issues relevant to developing national AHIMT capacity. Ahead of the 2008 conference, participants were queried about the topics they thought were most pressing for AHIMTs. The responses fell into six broad categories: credentialing, deployment, formation, funding, support, and training. At the conference, the research team began by facilitating a series of 12 interactive discussions during which two groups of participants explored in detail each of the six areas. The 12 groups identified some 60 needs and concerns. The stakeholders then participated in a sorting exercise to prioritize those needs. Finally, an analytic technique called Q Methodology<sup>5,6</sup> was used to analyze the exercise data and to identify patterns of viewpoints and areas of consensus across all participants. The research method and findings are described in detail in the conference report published in March 2009.<sup>7‡</sup>

Although many imperatives were identified, a preponderance of the 2008 AHIMT conference participants agreed about the primary importance of the following six issues, in addition to several other priorities:

1. DHS needs to ensure that sufficient ICS, team, position-specific, and unit-level training opportunities are available to meet credentialing requirements.
2. A single web-based repository for important information and resources should be created.
3. A national standard that specifies required minimum training, knowledge, and experience should be developed for all IMTs and for all positions.

4. The federal government should identify a specific, sustainable funding stream for the creation and ongoing support of AHIMTs.

5. The relationship between national-level teams, state teams, and AHIMTs should be formalized and expanded to enhance field training, shadowing, and opportunities to build experience.

6. A process for specifying equivalency of training and experience across disciplines should be established.

#### **METHODOLOGY FOR THE 2010 STUDY**

In early 2010, FEMA and IMTC agreed that it was time to revisit the issues first identified by AHIMT stakeholders in 2008 to assess progress and to identify current priorities. Specifically, the goals of the 2010 study were to solicit stakeholder input about priorities for the national AHIMT agenda, successes that should be supported, lessons that should be shared, and barriers that inhibit the success of AHIMTs locally and the program nationally. To meet the study goals, a three-phase study design was used:

##### *Phase 1: preconference survey*

In the first phase, AHIMT stakeholders who registered for the December 2010 conference were asked to participate in a self-administered Internet survey. Ahead of the conference, registrants were provided a link to the survey, which they could complete online. In addition, a small number of attendees completed the survey when they arrived at the conference. All participants were informed that their responses were voluntary, would remain confidential, and would not be attributed to them personally. This survey provided respondents information about the AHIMT priorities identified at the 2008 conference in DeKalb and asked respondents to provide their independent, individual assessments of these priorities. Specifically, they were asked how important the priorities are currently, how urgent they are now, and how successful the nation has been at meeting these needs. They also identified important barriers to success for each priority. For

<sup>‡</sup>The research method and findings are described in detail in the conference report published in March, 2009.<sup>7</sup>

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each priority, respondents ranked importance, urgency, and success on a scale of zero to 10, where zero means not at all and 10 means extremely. The order in which priorities were presented varied randomly across respondents to control for ordering effects. In addition, respondents were asked to indicate which three of the ten 2008 priorities they consider to be the top priorities. A total of 484 of the roughly 600 conference attendees completed the survey. The survey instrument is available from the author. The results of this survey were used to design the second and third stages of the study.

### *Phase 2: focus group discussions*

In the second phase, facilitated break-out discussions were conducted during the 2010 conference. The purpose of the focus groups was to allow conference participants to review and update the national priorities for the AHIMT program collaboratively. The sessions enabled participants to express their views on existing priorities, to propose new priorities, and to explain in detail their perspective on the health, progress, and needs of their own team and the national AHIMT program overall. The sessions also offered participants an opportunity to learn from each other.

Ten 2-hour sessions were held. Approximately 30-50 people participated in each. Participants were assigned to groups at random. In cases where there was more than one attendee from the same AHIMT, these attendees were assigned to different sessions. Attendees participated in the focus groups voluntarily. Each session was facilitated according to a standardized protocol, to ensure that discussions accomplished study goals, and to get an indication about the stability of views across the population of conferees. Specifically, the facilitators' charge was to determine, for each of the 2008 priorities, whether members felt it had been addressed adequately enough to be dropped from the list of priorities or it remained an urgent issue. Facilitators also queried their groups about new issues and priorities not raised in 2008. At the end of the session, each group created an unranked list of their top 10 priorities, which could include 2008 priorities or new priorities or both. These discussions allowed a diverse set of

stakeholders to develop inputs about progress and priorities collaboratively. While consensus was neither expected nor required, interactive discussions served to draw out the nuances of key issues. Each session was recorded by two note-takers using standardized forms to help ensure comprehensive documentation.

### *Phase 3: final survey*

The preconference survey and facilitated discussions informed the design of the third study phase, a survey conducted at the conclusion of the conference. The survey was a self-administered, 62 question, anonymous written survey. Participants were informed that participation in the survey was voluntary and that their responses were anonymous, because no personally identifying information was collected. A total of 236 individuals were in attendance at the final session and responded to the survey.<sup>§</sup>

The purpose of the final survey was to obtain each participant's overall assessment of the needs and issues discussed in both the 2008 and 2010 conferences to generate a current set of priorities for the national program. The survey asked respondents to evaluate a total of 17 priorities that emerged from the focus group discussions. Eight of these were new priorities. Nine were among the top priorities identified at the 2008 conference. For each of the priorities, respondents were instructed to rate the level of urgency of the priority from "Not at all urgent" to "Extremely urgent." Then, to determine the top priorities, respondents were asked to choose three from the list of 17, and to rank their highest priority as "1," their next highest priority as "2," and their third highest priority as "3." In addition, the respondents were asked to evaluate a set of 13 problems and barriers that had been raised during the focus group discussions. Respondents reported how serious each problem was for their team and for the national AHIMT program as a whole by indicating whether each was "Not a problem," "A

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<sup>§</sup>Effectively, all who attended the last day of the conference completed the second survey. This constitutes ~49 percent of those who completed the preconference survey. It is unclear why some conferees were not present when the second survey was conducted. They may have elected not to participate in the survey, or they may have left early for other reasons.

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minor problem,” or “A major problem.” Respondents were also asked to assess the value of the new AHIMT association and its role. Finally, to permit classification, respondents provided demographic information about themselves and their team. The survey instrument is available from the author.

### *Respondent profile*

A total of 484 registrants responded to the pre-conference survey. Of these, about 12 percent had attended the 2008 conference in DeKalb. The 236 respondents to the final survey represent 34 states and have an average of 17 years of incident management experience. Most of the respondents (81 percent) are members of an AHIMT, and most of these AHIMTs are Type 3 teams. The average age of the respondents' teams is 5.2 years, with an average roster size of 50, and an average of about nine total deployments. Most teams have their own equipment cache. Most respondents work in the local government sector (64 percent), and the remainder work in state government (22 percent), federal government (10 percent), or the private (4 percent), and non-profit/NGO (2 percent) sectors. About a third of respondents are employed in municipal fire departments and about a third in emergency management. Eleven percent of the respondents work in wildland fire and 10 percent in law enforcement. About three percent work in the emergency medical services.

## **FINDINGS**

This section presents findings from the surveys conducted before and after the 2010 AHIMT conference.

### *Current assessment of the 2008 priorities*

During the preconference survey, respondents were asked how well they think AHIMTs nationwide are doing, compared with how they were doing in 2008. A strong majority (64 percent) consider AHIMTs to be doing better (58 percent) or a lot better (6 percent). Less than three percent of respondents believe that AHIMTs are doing worse than they were in 2008. Respondents were then asked to reflect on 10 top priorities that emerged during the 2008 conference in DeKalb. The results for all 10 of the 2008

priorities are given in Table 1. The table shows mean scores out of 10 for importance, urgency, and success.

Overall, the respondents judged the importance and urgency of all the 2008 priorities to be high (mean scores above 7 for all). Evaluations of success were moderate (mean scores in the range, 3.5-5.75). Of the ten 2008 priorities, respondents judged the need for “sufficient ICS, team, position-specific, and unit-level training opportunities to meet credentialing requirements” to be the most important today. At the same time, they find that the nation has been most successful with respect to this priority. They believe that “a standardized road map that explains the steps in team formation from concept to completion” is the most urgent of the 2008 needs. Conference participants from the National Integration Center (NIC) did point out that the NIC has developed qualification guidance, incident management job titles, resource type definitions, and all-hazards task books, and that FEMA is developing guidance specific to Incident Management Assistance Team formation and operations which may be adaptable as a “road map” for AHIMTs at the local level. Finally, respondents think the nation has been least successful at creating “a national deployment coordination center that tracks all teams nationwide, their capabilities, and their availability for emergency and planned events.” Participants from the NIC and others in the 2010 discussion groups noted, though, that Emergency Management Assistance Compact (EMAC) offers some capacity here. Several respondents agree that a system similar to the Resource Ordering Status System is desirable to avoid the problem of “multiple teams showing up with various assignments.”

The last column of the table shows the percentage of respondents that included the priority as one of their current top three priorities. Interestingly, every one of the 2008 priorities was considered to be the top priority today by at least some respondents. Most respondents (42 percent) said that the need for specific and sustainable funding streams was the #1 priority.

### *Today's top priorities*

In the final survey, respondents were asked to evaluate 17 needs. All these issues were discussed in

**Table 1. Preconference assessment of 2008 AHIMT priorities**

2008 priority	Importance	Urgency	Success	A top 3 priority today, percent
The federal government should identify a specific, sustainable funding stream for the creation and ongoing support of AHIMTs.	8.94	8.63	4.12	69
A national standard that specifies required minimum training, knowledge, and experience should be developed for all IMTs and for all positions.	8.64	8.04	5.00	55
DHS needs to ensure that sufficient ICS, team, position-specific, and unit-level training opportunities are available to meet credentialing requirements.	9.10	8.70	5.72	41
A process for specifying equivalency of training and experience across disciplines should be established.	8.30	8.91	4.17	33
A national credentialing working group should be established to resolve issues and concerns related to credentialing.	8.22	7.78	3.97	32
The federal government should identify and define a lead agency to support, fund, and coordinate the AHIMT program.	8.24	7.83	4.81	28
DHS should ensure that State Homeland Security Strategies include IMTs as a resource.	8.86	8.35	4.49	27
DHS should develop and disseminate a standardized road map that explains the steps in team formation from concept to completion.	8.52	8.93	4.78	23
A single web-based repository for important information and resources should be created.	7.83	7.26	4.20	21
DHS should create a national deployment coordination center that tracks all teams nationwide, their capabilities, and their availability for emergency and planned events.	7.69	7.09	3.48	19

the break-out sessions. Nine of these were 2008 priorities that participants identified as continuing to require attention. Eight of these were new concerns that have emerged since the AHIMT program began as a national endeavor in 2008.

For each need, respondents were asked to rate the level of urgency of the need from “Not at all urgent” to “Extremely urgent.” The mean level of urgency for each of the 17 needs on a scale of zero (not at all urgent) to four (extremely urgent) is given in Table 2. On average, respondents judged the 17 needs to be somewhat or very urgent (with a mean score of 2.6 across all 17). Respondents identified the most urgent need to be a lead federal program office to support, fund, and coordinate the AHIMT program. The least

urgent need was a national standard that specifies minimum equipment and resource requirements for Type 3 AHIMTs, though this need was still rated as somewhat urgent overall. Participants from the NIC pointed out that some federal efforts are already under way that support these priorities. These include the position task books that FEMA coordinates, credentialing guidelines that are already under development, and efforts to reduce the extent to which projects of the Incident Management Work Group and NWCG are “stove-piped” (not integrated or well coordinated with each other).

Respondents were then asked to select their top three priorities from the 17 needs. The 17 priorities in rank order from the highest to the lowest based on the

<b>Table 2. 2010 AHIMT priorities</b>		
<b>Priorities in rank order</b>	<b>Urgency</b>	<b>Percent</b>
The federal government should identify and define a lead federal program office to support, fund, and coordinate the AHIMT program.	3.06	45.0
A national standard that specifies required minimum training, knowledge, and experience should be developed for all IMTs and all positions.	2.98	41.0
Opportunities to complete task books, including during planned events and field exercises, should be expanded, improved, and clarified.	2.88	28.0
A marketing strategy to inform and educate federal, state, local, and tribal jurisdictions about the capabilities of AHIMTs should be developed.	2.63	23.2
DHS should develop a national training system to make sufficient ICS, team, position-specific, and unit-level training is available.	2.83	21.9
A national qualifications working group should be established to develop qualification standards for AHIMTs and individual members.	2.65	21.9
State, local, regional, tribal, and Urban Areas Security Initiative homeland security strategies should include AHIMTs as resources.	2.92	17.4
A process for specifying equivalency of training and experience across disciplines should be established.	2.70	14.9
DHS should create a national resource coordination center, process, and tools to track all AHIMTs, capabilities, and availability.	2.27	13.0
A national credentialing working group should be established to resolve issues and concerns related to credentialing.	2.58	12.6
The federal government should designate or create a single web-based system for sharing information.	2.51	12.5
A process should be formalized to facilitate the ability of newly formed AHIMTs to shadow well-established AHIMTs.	2.69	14.3
A streamlined process for review and dissemination of guidelines and standards should be developed.	2.91	11.7
A national standard should be established that specifies minimum equipment and resource requirements for Type 3 AHIMTs.	2.17	5.9
Mechanisms to share training and exercise opportunities across jurisdictions should be developed.	2.47	6.2
DHS should develop and disseminate a standardized road map that explains the steps in team formation from concept to completion.	2.22	6.3
A standardized lexicon (vocabulary and concepts) for AHIMTs should be developed and disseminated.	2.28	4.5

proportion of respondents that ranked each among their top three priorities are also given in Table 2. Notably, every one of the 17 priorities received a top ranking from at least some respondents. In general,

those needs that respondents ranked as higher priorities were judged to be more urgent, and lower priorities were less urgent, though priority and urgency are not perfectly correlated ( $r = 0.77$ ). The notion of

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urgency has to do with how soon action is required, whereas priority is a broader concept that encompasses a sense of importance in addition to urgency. Moreover, the level of urgency does not vary much across the 17 needs. Overall, the top priorities identified are as follows:

#1: A lead federal program office to support, fund, and coordinate the AHIMT program (also ranked as the most urgent need).

#2: A national standard that specifies required minimum training, knowledge, and experience for all IMTs and all positions.

#3: Expansion, improvement, and clarification of opportunities to complete task books, including during planned events and field exercises.

The issue of national leadership and the need for a national standard got considerable attention in the focus group discussions. The underlying question seems to be, as one stakeholder put it, “Is there going to be consistency between all states or are all states going to continue to do their own thing?” One particular challenge stakeholders raised in this regard is the wide variety of priorities a national standard would need to accommodate. As one participant put it, “What is important to those in a city is not necessarily as important to a more rural population”—and, at this point, “a Type 3 team from Montana and a Type 3 team from New York would not have comparable capability to handle the same type of incident.” Moreover, stakeholders emphasized the importance of teams as a local resource that should be focused on serving the local community. Beyond this, many stakeholders expressed the view that the wildfire standards and approaches offer a solid and useful conceptual foundation but do not necessarily “fit” the diversity of disciplines engaged in a truly all-hazards system.

At the same time, stakeholders lament a lack of standards and coordination of resources to meet them which means training programs are “scattered,” whereas working together would “build synergy” and

allow more teams access to qualified instructors. They also value the consistency and confidence in capability that adherence to national standards can bring. As one participant expressed it, “With NWCG I can go anywhere in the country and operate. I think it would be a terrible mistake if I have a major disaster and call in others from out of state and get a variety of responders with different experience and credentials.” Another said, “If we can’t be sure we can manage our own incidents locally, how can we help on the big ones?” Along these lines, stakeholders were reticent about having DHS dictate requirements to states but clearly do want federal leaders to bring states and locals together.

Ultimately, many stakeholders expressed not only the need for criteria that articulate minimum requirements and the need for commonality to facilitate better coordination and sharing, but also the flexibility and local control required to adapt to unique incidents and be responsive to local conditions and needs.

#### *Top barriers*

In the final survey, respondents were asked to evaluate a series of barriers to success that were identified during the focus group discussions. Respondents were asked to say how big a problem each was for their team and for the national AHIMT program. The barriers and the percentage of respondents that judged each to be a major problem for their team and the program as a whole are given in Table 3. The barriers are presented in rank order from the biggest to the smallest problem for the national program.

Respondents perceive the biggest problem for the AHIMT program as a whole and for their own teams to be that state and local elected and appointed leaders are not aware of and do not understand the value, benefits, and advantages, of the use of AHIMTs (73.5 percent assessed this to be a major problem for the national program, and 59.7 percent assessed this to be a major problem for their team.) As one group said, “Even with federal leadership and great ideas, we can’t form teams without state and local support.”

The next largest barrier to success for the national program and for individual teams is inadequate opportunities for shadowing (where less experienced personnel seeking to fill particular incident



<b>Table 3. Barriers to success</b>		
<b>Barriers to success in rank order</b>	<b>Team</b>	<b>Nation</b>
State and local elected and appointed leaders are not aware of and do not understand the value, benefits, advantages, of the use of AHIMTs.	59.7	73.5
There are inadequate opportunities for shadowing.	58.2	73.3
Sustainable funding streams are too limited to provide for the ongoing support of AHIMTs.	54.6	72.7
There are not enough grant funds available to support the formation of AHIMTs.	41.2	69.0
There is no clear lead federal program office for the AHIMT program.	39.1	68.2
It is difficult to provide workers' compensation and liability protection across state lines or to people who are not insured by an agency.	45.8	60.5
Integration and coordination among IMTs at all levels is weak.	37.0	58.4
There are not enough evaluators at qualifying exercises to support certification/task book sign-off.	42.1	54.3
Cultural differences and "turf battles" across disciplines are impeding development of AHIMTs.	33.3	53.0
Existing web-based informational resources (tools and templates) are not coordinated.	39.6	51.9
Approved equipment lists for DHS grant funds do not account for AHIMT resource needs.	44.5	49.5
State exercise strategies do not include adequate opportunities for AHIMTs to participate.	36.6	48.3
There is no national standardized road map that explains the steps in team formation from concept to completion.	30.0	41.7

management roles follow and learn from observing those with more experience during an exercise or actual incident). As one group explained, "Since shadowing opportunities are not there, it is hard to get through the credentialing process." This is related to the high priority given to expansion, improvement, and clarification of opportunities to complete task books. In part, there seems to be a cultural problem here—in several of the focus groups, stakeholders reported that some evaluators accustomed to NWCG standards have not yet heard about all-hazards teams and therefore are reticent to sign off on their task books. Some stakeholders said that the wildland evaluators seemed biased against AHIMTs and did not want to sign off on their task books because the AHIMT members had not yet "paid their dues." This is exacerbated by confusion about appropriate credentials and the process of credentialing for Type 3 AHIMTs versus for Type 1 teams and by the question

of whether planned events are acceptable venues for demonstrating capability.

The third serious barrier stakeholders identify is the lack of sustainable funding streams. With regard to funding, stakeholders believe that AHIMTs do not get enough emphasis in federal grant guidance, and that federal grant programs could be employed more forcefully to support AHIMTs. Although the NIC does encourage the use of preparedness awards to support AHIMTs, stakeholders point out that states do not necessarily follow suit because the federal-level emphasis and requirements are not strong enough. Stakeholders also reported confusion about what grants were available to support AHIMT formation and sustainment and how these funds might be distributed to reach AHIMTs.

In all cases, more respondents perceived the barriers to be major problems for the AHIMT program nationwide than for their own individual teams. In two cases, problems seem to operate much more at the

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national level than at the team level. Sixty-nine percent of the respondents see the lack of grant funds available to support the formation of AHIMTs as a major problem for the nation, whereas only 41.2 percent see this as a major problem for their teams. This may be because most participants are from teams that are already formed. Also, participants from the NIC point out that AHIMTs can build justifications to use DHS preparedness awards for the development, maintenance, and deployment of local AHIMTs. Likewise, 68.2 percent of respondents see the lack of a clear lead federal program office for the AHIMT program as a major problem for the nation, whereas only 39.1 percent see this as a major problem for their teams.

#### *AHIMT association*

Several focus groups raised questions and made comments about the newly formed AHIMT professional association.<sup>¶</sup> Therefore, the survey asked respondents for their views about the association. There is a high degree of consensus among respondents about the value of the association. Almost everyone agrees that the association should play a leadership role in setting the agenda for the program. Stakeholders commented in particular about the need for a national vision for the future of all-hazards incident management to unify the diverse capabilities and interests of AHIMTs across the nation. Stakeholders pointed out that absent shared values “interagency disagreements will undermine how well the incident management system works.” Likewise, if AHIMTs form and operate in isolation, no national vision can emerge and future capability will be stifled.

In addition, almost all the stakeholder focus groups expressed frustration that they were not well understood by state and local government officials and expressed the need for AHIMTs to be included explicitly in response plans and actual responses. The survey results show that most participants believe the association can add value here—that it should be a key stakeholder and should facilitate relationships among all stakeholders. Some focus groups suggested

active engagement with the National Governor’s Association, the National League of Cities, the National Association of Counties, the International City/County Management Association, and other similar organizations.

#### **CONCLUSIONS**

The national effort to form AHIMTs and to make them more robust has clear momentum. The level of participation in the annual national learning conference has more than quadrupled. Most of the stakeholders who participated in the 2010 AHIMT conference concur that their own teams and the AHIMT program overall are stronger than they were 2 years ago. FEMA’s NIC continues to support the endeavor and to lead initiatives to strengthen all hazards incident management capacity writ large. That said, key needs identified in 2008 remain urgent priorities—in short, much has been accomplished, but there is more work to do.

As they did 2 years ago, AHIMT stakeholders express unambiguous support for federal leadership and continue to call for a lead federal program office to support, fund, and coordinate the AHIMT program. Stakeholders also assert that criteria are necessary to drive development of solid AHIMT capability. A national standard that specifies required minimum training, knowledge, and experience was a top priority in 2008 and—even in the light of considerable progress regarding qualification guidance, resource typing, job titles, and position task books—continues to be very important to stakeholders. Likewise, they want to see more robust qualification standards. With this foundation laid, another top priority in 2008 that remains a top priority today is training. Stakeholders continue to seek a national training system that can offer more and better field training opportunities and openings to meet credentialing requirements during planned events and exercises.

As AHIMTs mature, it is important to stakeholders that elected and appointed public leaders know about, understand, and use their capabilities. They view lack of awareness of the value AHIMTs add to be the most serious barrier to their success and see a marketing strategy for the program as an urgent need. Stakeholders expressed strong support for the

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<sup>¶</sup>The All-Hazards Incident Management Teams Association was incorporated on December 1, 2010. See <http://ahimta.com/>.

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new AHIMT association and see representation of AHIMT capability to all levels of governments as an important role for the association.

Overall, this study and the learning conferences on which it is based make the following three things plain: 1) the nation's incident management capability has grown ever more robust; 2) the nation benefits from AHIMT stakeholders deeply committed to keeping the nation and their communities safe, to their missions as emergency responders, and to the continuous improvement of AHIMT capability; and 3) absent continued and concerted attention to the maturation of AHIMTs and their integration into response systems at all levels of government, the substantial investments made in this capability will be squandered. The feedback provided by AHIMT stakeholders over the course of this study can serve to guide future decisions to further strengthen AHIMTs and secure this capability for the nation.

#### ACKNOWLEDGMENTS

*This project benefited greatly from excellent support from project manager Candace Fitzpatrick and graduate research assistants Beau Anderson and Chris Willis. The project exists and the endeavor it supports succeeds because of the foresight and commitment of the IMTC. The AHIMT program and this project have received invaluable*

*support and encouragement from Don Grant and the NIC at FEMA. Finally, the project is a tribute to the dedicated service of thousands of incident management professionals nationwide.*

*The views and conclusions contained in this document are those of the author and should not be interpreted as necessarily representing the official policies of any entity.*

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