Crime in the San Diego Region
2019 Mid-Year Crime Statistics
September 2019

What Information is Presented?

• Annualized crime rates per 1,000 population and mid-year numbers of reported crimes
• Region and jurisdictions
• FBI Index or Part I crimes
Not all Crime Reported to Law Enforcement

- Violent crime reported: 45%
- Property crime reported: 36%

- 40% rapes
- 49% robberies
- 57% aggravated assaults
- 30% larceny thefts
- 49% residential burglaries
- 79% motor vehicle thefts

2019 Annualized Violent Crime Rate Up From 2018

Regional Violent Crime Rate Per 1,000
One-Year Increases at Mid-Year in Two of the Four Categories

Percent Change in Number of Crimes

Overall Violent: -5%
Homicide: 1%
Rape: 5%
Robbery: 1%
Aggravated Assault: -11%

Mid-Year 2019 Violent Crime Rates and Change Varies Across Departments

Violent Crime Rates from lowest to highest
Note: Blue bars indicate one-year increases, yellow bars one-year decreases, and white bars numbers were too small to compare
How Did the San Diego Region Compare to Other Jurisdictions for Mid-Year Violent Crime Changes?

<table>
<thead>
<tr>
<th></th>
<th>Homicide</th>
<th>Rape</th>
<th>Robbery</th>
<th>Aggravated Assault</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Diego Region</td>
<td>-5%</td>
<td>-11%</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>1%</td>
<td>-27%</td>
<td>-9%</td>
<td>1%</td>
</tr>
<tr>
<td>Long Beach</td>
<td>18%</td>
<td>20%</td>
<td>-14%</td>
<td>-18%</td>
</tr>
<tr>
<td>San Francisco</td>
<td>-9%</td>
<td>-20%</td>
<td>-12%</td>
<td>-14%</td>
</tr>
<tr>
<td>Oakland</td>
<td>28%</td>
<td>-14%</td>
<td>5%</td>
<td>17%</td>
</tr>
</tbody>
</table>

2019 Annualized Property Crime Rate Down From 2018

[Graph showing regional property crime rate per 1,000 from 2009 to 2019]
One-Year Decreases at Mid-Year in All Three Categories

Percent Change in Number of Crimes

- Overall Property: -2%
- Burglary: -7%
- Larceny: -1%
- MV Theft: -2%

Mid-Year 2019 Property Crime Rates and Change Varies Across Departments

Property Crime Rates from smallest to largest
Note: Blue bars indicate one-year increases and yellow bars one-year decreases
How Did the San Diego Region Compare to Other Jurisdictions for Mid-Year Property Crime Changes?

<table>
<thead>
<tr>
<th></th>
<th>Burglary</th>
<th>Larceny</th>
<th>Motor Vehicle Theft</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Diego Region</td>
<td>-7%</td>
<td>-1%</td>
<td>-2%</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>-14%</td>
<td>&lt;-1%</td>
<td>-13%</td>
</tr>
<tr>
<td>Long Beach</td>
<td>6%</td>
<td>&lt;-1%</td>
<td>-8%</td>
</tr>
<tr>
<td>San Francisco</td>
<td>-16%</td>
<td>-10%</td>
<td>2%</td>
</tr>
<tr>
<td>Oakland</td>
<td>25%</td>
<td>-8%</td>
<td>-1%</td>
</tr>
</tbody>
</table>
City of Chula Vista
2019 Police Department Resident Opinion Survey

September 2019

Methodology

• English and Spanish surveys mailed to 4,000 households randomly selected by council district
• Unique ID assigned to each household
• Complete online or return paper survey
• Four opportunities to respond
• One question postcard
• Final results weighted to reflect distribution by council district
• Nonrandom survey opportunity offered to all residents (results not included here)
Survey response rates

- 814 surveys
- 20% response rate (19%-22% across council districts)
- 199 one question postcards
- Increased response rate of 25% (24% to 27%)
- 91% returned in English
- 82% returned on paper

9 in 10 residents consistently satisfied with the CVPD
Residents give high ratings to CVPD staff they interacted with

- Treated fairly: 75% (Strongly agree: 15%, Somewhat agree: 60%)
- Was professional: 78% (Strongly agree: 13%, Somewhat agree: 65%)
- Seemed knowledgeable: 73% (Strongly agree: 19%, Somewhat agree: 54%)
- Showed respect: 76% (Strongly agree: 15%,Somewhat agree: 61%)
- Solution offered: 64% (Strongly agree: 21%, Somewhat agree: 43%)

Top reasons people avoid areas of Chula Vista

1. Homeless
2. People using drugs
3. Suspicious people
4. Gang members
5. Crime happens there

Parks (33%)
Shopping (11%)
Other Places (19%)

1. Homeless
2. Crime happens there
3. People using drugs
4. Thefts/robberies
5. Unsafe drivers

1. Homeless
2. Crime happens there
3. Dark/isolated
4. People using drugs
5. Suspicious people
Differences by council district in perception of crime and safety

Think crime in Chula Vista has gone up or stayed the same over the past year

Differences across council districts in being a crime victim and reporting to the police

Household was a crime victim in last year in Chula Vista

Reported crime(s) to CVPD

- District 1
- District 2
- District 3
- District 4
### Top ways the CVPD could improve by council district

<table>
<thead>
<tr>
<th>District 1</th>
<th>District 2</th>
<th>District 3</th>
<th>District 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>More visible/patrols</td>
<td>More visible/patrols</td>
<td>More visible/patrols</td>
<td>More visible/patrols</td>
</tr>
<tr>
<td>More focus on traffic</td>
<td>More officers</td>
<td>More officers</td>
<td>More focus on traffic</td>
</tr>
<tr>
<td>More officers</td>
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<td>More officers</td>
</tr>
<tr>
<td>More of presence on east side</td>
<td>Better handle homeless issue</td>
<td>Ensure officers are courteous</td>
<td>Faster response time</td>
</tr>
<tr>
<td>More community involvement</td>
<td>Faster response times</td>
<td>More of presence on east side</td>
<td>Ensure officers are courteous</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Better handle homeless issue</td>
</tr>
</tbody>
</table>

Note: Blue text indicates suggestion not in overall top responses.

### Top priorities for the CVPD over the next five years

1. **Keep public safe** (24%)
2. **Homelessness** (21%)
3. **Enforcing traffic laws** (19%)
4. **Illegal drug use/sales** (17%)
5. **Hiring more officers** (11%)
City of Chula Vista
2019 Police Department Resident Opinion Survey
September 2019
The Nation’s healthcare system is transforming from a fee-for-service model to a patient-centered, outcomes-based model, known as:

- “Community Paramedicine” or
- “Mobile Integrated Health or MIH” or
- “CP-MIH” or
- “Healthcare 3.0”
Shared Vision = Industry Alignment!

• National Association of State EMS Officials
• National Association of EMTs
• National Association of EMS Physicians
• National EMS Management Association
• National Association of EMS Educators
• American Ambulance Association
• International Academy of Emergency Dispatch
• American Red Cross
• American Academy of Pediatrics
And, several other national EMS organizations

EMS Can Contribute

Community Paramedicine fills gaps in the care continuum with 24/7 medical resources that:
• Improve patient care experience
• Improve population health
• Reduce healthcare expenditures
Traditional EMS Response

- 24/7 call triage & emergency medical dispatch (911)
- Emergency and Critical Care transport
- Rapid response, medical assessment and treatment
- Urgent cardiac, stroke, trauma, disaster care

Challenges with Traditional EMS System

- Diminished access to primary care/physician shortage
- Overuse of 9-1-1 & high frequency users
- ACA increasing call volume (10-20%)
- Emergency Room overcrowding (2-3x historical wait time)
- High ambulance utilization rates (UHU)
- Paramedic shortage & high burn-out
- Ambulance operating costs $750k-$1M annually
- Declining insurance reimbursement rates (70%-35%)

Result = most EMS delivery systems now subsidized by tax base never designed to support current system
EMS is uniquely positioned to support our Nation’s healthcare transformation by assessing, treating and navigating patients

- Provides highly reliable patient assessment
- Under direction of physicians
- Provide coordinated patient care
- Right place, right time, first time

Community Paramedicine Expanded Roles

- Nurse advice
- Post-discharge follow up, preventive care
- Chronic disease management and support
- Alternative transportation or referral to community health or social services resources
How Community Paramedicine Works

- Nurse advice
- 24/7 call triage & emergency medical dispatch (911)
- Rapid response, medical assessment and treatment
- Alternative transportation or referral to community health or social services resources
- Emergency and Critical Care transport
- Alternative transportation or referral to community health or social services resources

Why Community Paramedicine Works

- Improves healthcare navigation
- Coordinated care w/ broad provider spectrum
- Fills gaps in care, preventing recurrent medical emergencies
Emergency Care + Expanded Services = Value

- Only 20-40% of 9-1-1 call require advanced life support
- Average EMS transport cost $1,500 base rate
- Emergency room visit base rate similar cost
- 60% of Emergency Room visits “totally avoidable”
- Urgent Care costs 10% of average Emergency Room visit
- Conservatively, Community Paramedicine can reduce Emergency care costs by 20% or $18 billion annually Nationwide

California Community Paramedicine Trials

Community Paramedicine Pilot Sites
6 of 7 models improving outcomes and providing financial savings to healthcare system:

- Post-discharge follow-up
- High frequency user referral
- Tuberculosis case management
- Hospice case management
- Alternative destinations-mental health

Paramedics work to keep patients out of the E.R.
Anna Gorman
May 10, 2015

SPARKS, Nev. -- Paramedic Ryan Ramsdell pulled up to a single-story house not far from Reno's towering hotels and casinos in a nondescript Ford Explorer.

No ambulance, no flashing lights. He wasn't there to rush 68-year-old Earl Mayes to the emergency room. His job was to keep Mayes out of the ER.

Ramsdell is part of an ambitious plan in Reno to overhaul the 911 system to improve patient care and cut costs. By using specially trained paramedics, health officials hope to help reduce avoidable trips to the emergency room and fill gaps in health care. They also hope to connect 911 callers—particularly repeat ER users – to the regular health care system.

Community Paramedicine Can Improve Your Hospital's Standing, Ease ED Burden

This emerging care model uses local emergency medicine technicians and paramedics to provide services outside of their traditional emergency response and transport roles.

November 30, 2015

Community paramedicine, also known as mobile integrated health care-community paramedicine, or MIH-CP, uses local emergency medicine technicians and paramedics to provide services outside of their traditional emergency response and transport roles. It shifts emergency medical services from being solely reactive to incorporating proactive measures that ensure the most efficient use of the EDs — all to reduce inappropriate use of local emergency care resources and improve the overall health of communities.

Paramedics Step Up to Cut Hospital Readmissions

Emergency medical workers find a new lucrative line of business: helping hospitals potentially save millions of dollars.

By Alan Neuhauser
October 9, 2014

Community paramedicine, in one sense, brings back the black-bag home-doctor visits of yore: rather than wait for a call to 911, paramedics swing by former patients' homes. They'll check vital signs, make sure patients are taking their medications, look for potential hazards like mold in the home or tricky stairs. In some programs, the paramedics may administer vaccines, draw blood for tests, and drive patients to the pharmacy or local clinic rather than the emergency room.
Net Cumulative Impact of
Community Paramedicine

Better patient health

Lowered costs