**Approved by OMB**

**3060-1122**

**Expires: March 31, 2021**

**Estimated time per response: 10-55 hours**

Annual Collection of Information

Related to the Collection and Use of 911 and E911 Fees by States and Other Jurisdictions

Pursuant to OMB authorization 3060-1122, the FCC’s Public Safety and Homeland Security Bureau seeks the following specific information in order to fulfill the Commission’s obligations under Section 6(f)(2) of the NET 911 Act:

1. **Filing Information**
2. **Name of State or Jurisdiction**

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| **State or Jurisdiction** |
| State of Texas[[1]](#footnote-1) [[2]](#footnote-2) |

1. **Name, Title and Organization of Individual Filing Report**

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| **Name** | **Title** | **Organization** |
| Patrick Tyler | General Counsel | Commission on State Emergency Communications (CSEC)  |

1. **Overview of State or Jurisdiction 911 System**
2. **Please provide the total number of active Public Safety Answering Points (PSAPs) in your state or jurisdiction that receive funding derived from the collection of 911/E911 fees during the annual period ending December 31, 2018:**

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| **PSAP Type[[3]](#footnote-3)** | **Total** |
| Primary | 505 |
| Secondary | 72 |
| **Total** | 577 |

1. **Please provide the total number of active telecommunicators[[4]](#footnote-4) in your state or jurisdiction that were funded through the collection of 911 and E911 fees during the annual period ending December 31, 2018:**

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| **Number of Active Telecommunicators** | **Total[[5]](#footnote-5)** |
| Full-Time | 745 |
| Part-time | 18 |

1. **For the annual period ending December 31, 2018, please provide an estimate of the total cost to provide 911/E911 service in your state or jurisdiction.**

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| **Amount****($)** | $283,736,341.24[[6]](#footnote-6) |

**3a. If an amount cannot be provided, please explain why.**

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1. **Please provide the total number of 911 calls your state or jurisdiction received during the period January 1, 2018 to December 31, 2018.**

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| **Type of Service[[7]](#footnote-7)** | **Total 911 Calls**[[8]](#footnote-8) |
| Wireline | 2,065,023 |
| Wireless  | 15,664,166 |
| VoIP | 794,428 |
| Other[[9]](#footnote-9) | 269,291 |
| **Total** | 18,792,908 |

1. **Description of Authority Enabling Establishment of 911/E911 Funding Mechanisms**
2. **Has your State, or any political subdivision, Indian tribe, village or regional corporation therein as defined by Section 6(f)(1) of the NET 911 Act, established a funding mechanism designated for or imposed for the purposes of 911 or E911 support or implementation (please include a citation to the legal authority for such mechanism)?** *Check one.*
* Yes ………………….. [x]
* No ………………..….. [ ]

**1a. If YES, provide a citation to the legal authority for such a mechanism.**

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| Wireline 9-1-1 fees: Texas Health and Safety Code Ann. §§ 771.071, 772.114, 772.214, 772.314, 772.403, 772.516, 772.616; and via municipal ordinances. Municipal ordinances to establish Municipal ECDs’ wireline fees pursuant to Home-Rule City constitutional authority.[[10]](#footnote-10) Statewide Wireless/Prepaid Wireless 9-1-1 Fees: Texas Health and Safety Code Ann. §§ 771.0711, 771.0712; Comptroller of Public Accounts Rule 3.1271, *Prepaid Wireless 9-1-1 Emergency Service Fee* (34 Tex. Admin. Code § 3.1271).Statewide Equalization Surcharge: Texas Health and Safety Code Ann. § 771.072. |

**1b. If YES, during the annual period January 1, 2018 to December 31, 2018, did your state or jurisdiction amend, enlarge, or in any way alter the funding mechanism.**

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| NO. |

1. **Which of the following best describes the type of authority arrangement for the collection of 911/E911 fees?** *Check one*.
* The State collects the fees ………………………………….. [ ]
* A Local Authority collects the fees ……………………….. [ ]
* A hybrid approach where two or more governing bodies

 (*e.g.*, state and local authority) collect the fees …………….. [x]

1. **Describe how the funds collected are made available to localities.**

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| 9-1-1 service in Texas is provided via the CSEC 9-1-1 Program administered by CSEC and implemented through 21 Regional Planning Commissions (RPCs), and by 27 statutory 772 ECDs and 27 public agency/municipal ECDs. (772 refers to the Health and Safety Code Chapter under which statutory ECDs are created.)Funding of the CSEC 9-1-1 Program is provided for by the Texas Legislature via a biennial appropriation to CSEC from collected wireline, wireless, prepaid wireless, and equalization surcharge fees remitted to the Texas Comptroller of Public Accounts (Texas Comptroller) and deposited into dedicated accounts. Funds in the dedicated accounts may be appropriated to CSEC only for “planning, development, provision, or enhancement of the effectiveness of 9-1-1 service or for contracts with [RPCs] for 9-1-1 service.”[[11]](#footnote-11) More specifically, appropriated wireline fees are allocated by CSEC to RPCs “for use in providing 9-1-1 services as provided by contracts executed under Section 771.078.”[[12]](#footnote-12) Per state law, wireless 9-1-1 fees “may be used only for services related to 9-1-1 service;”[[13]](#footnote-13) and with respect to the CSEC 9-1-1 Program, may be appropriated “only for planning, development, provision, or enhancement of the effectiveness of 9-1-1 service or for contracts with [RPCs].”[[14]](#footnote-14) In 2013 the Texas Legislature amended Health and Safety Code § 771.079 to authorize the Legislature to appropriate 9-1-1 fees to “provide assistance to volunteer fire departments” but only if 9-1-1 service is fully funded and all other sources of revenue dedicated to assisting volunteer fire departments are obligated for the fiscal period. To date, no 9-1-1 fees have been appropriated to volunteer fire departments. The RPCs pay 9-1-1 service expenses directly to service providers and make grant funds available through Interlocal Agreements to public agencies within each RPC’s region to provide 9-1-1 service. Equalization surcharge revenue is appropriated to CSEC by the Texas Legislature and allocated by CSEC to “fund approved plans of regional planning commissions and regional poison control centers [under § 777.009][[15]](#footnote-15) and to carry out its duties under this chapter.” There are six regional poison control centers (RPCCs) that comprise the Texas Poison Control Network.[[16]](#footnote-16) CSEC administers the poison control program in a manner similar to that of the CSEC 9-1-1 Program by providing grants to fund CSEC approved strategic plans of the RPCCs. Surcharge may also be appropriated to fund the state emergency medical dispatch program;[[17]](#footnote-17) “fund county and regional emergency medical services, designated trauma facilities, and trauma care systems;” [[18]](#footnote-18) and “to fund the [NG9-1-1 telemedicine medical services] pilot project.”[[19]](#footnote-19)ECDs impose, collect and use wireline/VoIP 9-1-1 fees at the regional level in accordance with Health and Safety Code Chapter 772 or via their local public agency governing bodies and municipal ordinances. Wireline/VoIP 9‑1-1 fees collected within the areas of 772 ECDs are accounted for in the ECDs’ annual budget and may be expended only for 9-1-1 purposes as expressly provided by Texas Health and Safety Code Chapter 772.[[20]](#footnote-20) The use of wireline 9‑1‑1 fees collected by Municipal ECDs is prescribed by applicable laws or ordinances for expending funds in accordance with city and county budgets.[[21]](#footnote-21) ECD wireless and prepaid wireless fees are collected at the state level and distributed by CSEC on a monthly basis to each ECD based on the ratio of each ECD’s population to the population of the state.[[22]](#footnote-22) ECDs use their proportion of wireless and prepaid wireless fees consistent with state law for their participating jurisdictions in the same manner as they do so with their wireline 9-1-1 fees. Per state law, wireless 9-1-1 fees “may be used only for services related to 9-1-1 service.”[[23]](#footnote-23)  |

1. **Description of State or Jurisdictional Authority That Determines How 911/E911 Fees are Spent**

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| 1. **Indicate which entities in your state have the authority to approve the expenditure of funds collected for 911 or E911 purposes.**
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| **Jurisdiction** | **Authority to Approve** **Expenditure of Funds*****(Check one)*** |
| **Yes** | **No** |
| State | **[x]**  | **[ ]**  |
| Local (*e.g.*, county, city, municipality) | **[x]**  | **[ ]**  |
| **1b. Please briefly describe any limitations on the approval authority per jurisdiction (*e.g.*, limited to fees collected by the entity, limited to wireline or wireless service, etc.)** |
| For the CSEC 9-1-1 Program, CSEC approves RPC biennial strategic plans detailing how 9-1-1 service will be provided, and allocated 9-1-1 fees and surcharge will be used, throughout the RPC’s region. CSEC’s authority over the use of 9-1-1 fees and surcharge is limited by statute.The authority of CSEC and the state’s 75 Texas 9-1-1 Entities is limited to the 9-1-1 service jurisdictional boundaries of each entity. CSEC’s jurisdiction regarding the equalization surcharge is statewide. The use of wireline 9-1-1 fees is determined by either statute (Health and Safety Code Chapters 771 and 772) or municipal ordinance. Wireline 9-1-1 fees are set by CSEC for the CSEC 9-1-1 Program and individually by ECDs, but per statute the fee may only be imposed on local exchange access lines or their equivalent as defined by CSEC rule. The statewide wireless/prepaid wireless fees and the equalization surcharge are established in statute. Limitations on the use thereof by any Texas 9-1-1 Entity is also determined by the Legislature. |

1. **Has your state established a funding mechanism that mandates *how* collected funds can be used? *Check one*.**
* Yes ………………….. [x]
* No ………………..….. **[ ]**

**2a.** **If you checked YES, provide a legal citation to the funding mechanism of any such criteria.**

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| The use of appropriated wireline/VoIP 9-1-1 fees for the CSEC 9-1-1 program is determined by statute (Health and Safety Code §§ 771.071, 771.075, 771.0751, 771.079); for statutory 772 ECDs, use is determined by statute (Health and Safety Code Chapter 772); and, for municipal ECDs, by city/county ordinance. Wireline 9-1-1 fees are set by CSEC for the CSEC 9-1-1 program (capped by the Texas Legislature at $0.50). Each 772 ECD annually sets its wireline/VoIP fee as part of annual budgeting (capped at a maximum percentage of the base rate charges for local exchange access lines and with a 100-line limitation at a single location served by a service provider). Municipal ECDs are set by each ECD for its service area. Per state law (Health and Safety Code § 771.063), wireline 9-1-1 fees may only be imposed on “local exchange access lines” or “equivalent local exchange access lines” as defined by CSEC rule. CSEC Rule 255.4, *Definition of a Local Exchange Access Line or an Equivalent Local Exchange Access Line* (1 Tex. Admin Code § 255.4), defines an access line to include interconnected VoIP. The statewide wireless/prepaid wireless fees and equalization surcharge are established in statute. Limitations on the uses thereof is determined by the Legislature (Health and Safety Code §§ 771.0711(c), 771.072(d)-(e), 771.075, 771.0751, 771.079(c), 771.156(a).)  |

**2b.** **If you checked NO, describe how your state or jurisdiction decides how collected funds can be used.**

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1. **Description of Uses of Collected 911/E911 Fees**
2. **Provide a statement identifying with specificity all activities, programs, and organizations for whose benefit your state, or political subdivision thereof, has obligated or expended funds collected for 911 or E911 purposes and how these activities, programs, and organizations support 911 and E911 services or enhancements of such services.**

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| **State Administered Activities, Programs, and Organizations:****Activities**Statewide 9-1-1 Service: Planning, developing, provisioning, and/or enhancement of 9‑1-1 service.Poison Control Services: Maintain high quality telephone poison referral and related service, including community programs and assistance, in Texas. 9-1-1 Program Administration: Provide for the timely and cost-effective coordination and support of statewide 9-1-1 service by CSEC, including regulatory proceedings, contract management and monitoring, and requirements contained in Health and Safety Code § 771.051.Poison Program Management: Provide for the timely and cost-effective coordination and support by CSEC of the Texas Poison Control Network and service providers, including monitoring, administration of the telecommunications network operations, and the operations of Texas’ six regional poison control call centers. Funded on a reimbursement basis solely out of collected equalization surcharge.Emergency Medical Dispatch: Support the regional emergency medical dispatch resource center program.Trauma Care System: Support the emergent, unexpected needs of approved licensed providers of emergency medical services (EMS), registered first responder organizations, or licensed hospitals.Next Generation 9-1-1 Telemedicine Medical Services Pilot Project: Effective September 1, 2015, a pilot project to provide emergency medical services instruction and emergency prehospital care instruction through a NG9-1-1 telemedicine medical service provided by regional trauma resource centers to: (1) health care providers in rural area trauma facilities; and (2) emergency medical services providers in rural areas. (Health and Safety Code §§ 771.151 – 771.160.)**Programs**9-1-1 Network Operations, Equipment Replacement and NG 9-1-1 Implementation: CSEC contracts with Regional Planning Commissions (RPCs) or, on their behalf for the efficient operation of the state 9-1-1 emergency telecommunications system; provides the RPCs with contract authorization and funding for the replacement of equipment supporting Public Safety Answering Points (PSAPs) participating in the state’s 9-1-1 program; and provides for the planning, development, transition and implementation of a statewide Next Generation 9-1-1 (NG9-1-1 system to improve the effectiveness and efficiency of 9-1-1 service. *This program supports emergency communications and public health and safety by providing the network, equipment, database and administration necessary to provide 9‑1-1 telecommunications service.* Next Generation 9-1-1 Implementation: CSEC provides for the planning, development, transition, and implementation of a State-Level Next Generation 9-1-1 (NG9-1-1) system to improve the effectiveness and efficiency of 9-1-1 service. Functional activities include implementation of 1) a CSEC State-level digital 9-1-1 network, otherwise referred to as the emergency services internet protocol network (ESInet); 2) 9-1-1 geospatial database and data management; 3) NG9-1-1 applications and network security provisions; and, 5) standards-based system operations and procedures. *This program supports emergency communications and public health and safety by providing a planned transition to NG9-1-1 to ensure existing 9-1-1 centers and public safety providers are able to provide emergency communications and service to the public with advances in communications devices and systems.* Regional Poison Control Center Operations and Texas Poison Control Network Operations: CSEC contracts with six RPCCs to provide poison control services and to assist in maintaining the Texas Poison Control Network. Citizens calling 1-800-222-1222, or a 9-1-1 call transferred from a PSAP, receive medical information to treat a possible poison or drug interaction before medical services are required to be dispatched. CSEC also contracts and funds the telecommunications services necessary to operate and maintain the poison control telecommunications network, including network, equipment and software to facilitate call delivery and treatment.*This program supports an enhancement to 9-1-1 emergency communications and public health and safety by providing the network, equipment, databases, administration and staffing to provide poison control service to the public, first responders, and health care facilities.**The Texas Legislature enacted the statewide poison control program in 1993. Per the enabling statute (Texas Health and Safety Code Chapter 777), specifically § 777.002, each PSAP in the state must “have direct telephone access to at least one poison control center” and “shall be available through all 9-1-1 services in the region.” To implement, each Texas PSAP has the ability to “one-button” conference in an RPCC as appropriate on a 9-1-1 call. The toll-free poison hotline helps to reduce the number of non-emergency calls to 9-1-1. One-button transfer helps to ensure the appropriate response to a 9-1-1 call involving a potential poisoning—including overdoses caused by opiates and other licit or illicit drugs or chemicals (e.g., Tide-pods). State funding of the statewide poison control program is provided solely from the statewide equalization surcharge (Health and Safety Code § 771.072) and the program is administered by CSEC.*Regional Emergency Medical Dispatch Resource Center: The purpose of this program is to serve as a resource to provide pre-arrival instructions that may be accessed by selected public safety answering points that are not adequately staffed or funded to provide those services. (Health and Safety Code § 771.102.) PSAPs subscribe to emergency medical dispatch services provided by the resource center.*This program supports 9-1-1 emergency communications and public health and safety with a resource for pre-arrival instructions when 9-1-1 calls originate from persons in remote or inaccessible areas to which the dispatch of emergency service providers may be difficult or take a long period of time.**The Texas Legislature enacted the statewide emergency medical dispatch program in 2001in which:**[E]mergency medical dispatchers located in regional emergency medical dispatch resource centers are used to provide life-saving and other emergency medical instructions to persons who need guidance while awaiting the arrival of emergency medical personnel. The purpose of a regional emergency medical dispatch resource center is not to dispatch personnel or equipment resources but to serve as a resource to provide pre-arrival instructions that may be accessed by selected public safety answering points that are not adequately staffed or funded to provide those services.[[24]](#footnote-24)* *In order to participate, a public safety answering point (PSAP) must agree to participate in any required training and to provide regular reports required by CSEC for the program; and must:*1. *have a fully functional quality assurance program that measures each emergency medical dispatcher ’s compliance with the medical protocol;*
2. *have dispatch personnel who meet the requirements for emergency medical dispatcher certification or the equivalent as determined by the Department of State Health Services;*
3. *use emergency medical dispatch protocols approved by a physician medical director knowledgeable in emergency medical dispatch;*
4. *have sufficient experience in providing pre-arrival instructions; and*
5. *have sufficient resources to handle the additional workload and responsibilities of the program.*

*CSEC, with the assistance of an advisory council, defines the criteria establishing the need for emergency medical dispatch intervention to be used by participating PSAPs to determine which calls are to be transferred to the regional emergency medical dispatch resource center for emergency medical dispatch intervention.**CSEC contracts with the Montgomery County Hospital District (MCHD) as the sole emergency medical dispatch resource center at a cost of less than $110,000 for each Texas biennium. For Calendar Year 2018, MCHD provided emergency medical dispatch to seven 9-1-1 Entities (a total of 25 PSAPs) on 4,250 9-1-1 calls.*Emergency Medical Services and Trauma Care Systems: The purpose of the emergency medical services and trauma care system is to provide for the prompt and efficient transportation of sick and injured patients, after stabilization, and to encourage public access to that transportation in each area of the state. Equalization surcharge is used to fund the system, in connection with an effort to provide coordination with the appropriate trauma service area, the cost of supplies, operational expenses, education and training, equipment, vehicles, and cost of supplies, operational expenses, education and training, equipment, vehicles, and communications systems for local emergency medical services. (Texas Health & Safety Code § 773.122(a) – (c).) *This program supports an enhancement to 9-1-1 emergency communications and public health and safety by enhancing the communications systems and response of local emergency medical service responders.**The Texas Legislature enacted the statewide Emergency Services Health Care Act in 1989 (the Act). In 1999, the Legislature amended the Act and Health and Safety Code § 771.072 to authorize the appropriation of equalization surcharge to fund “county and regional emergency medical services, designated trauma facilities, and trauma care systems.”**The Texas Department of State Health Services (DSHS) implements the over $250 million a biennium Emergency Medical Services (EMS)/Trauma program. For the 2018-2019 biennium ending on August 31, 2019, just over $3.6 million in equalization surcharge was appropriated by the Texas Legislature to DSHS. For the 2020-2021 biennium which began September 1, 2019, the legislature appropriated the same amount. (No other 9-1-1 related funding is provided to DSHS to implement the state EMS/Trauma program.)**Subchapter F of the Act, Medical Information Provided by Certain Emergency Medical Services Call Takers, authorizes an “emergency medical services call taker” to “provide medical information to a member of the public during an emergency call. The Act defines emergency medical services call taker to mean a “person who, as a volunteer or employee of a public agency, as that term is defined by Section 771.001,[[25]](#footnote-25) receives emergency calls.” “’Emergency call’” means a telephone call or other similar communication from a member of the public, as part of a 9-1-1 system or otherwise, made to obtain emergency medical services.”**Per the Act, only a qualified person that has successfully completed an emergency medical services call taker training program and holds a certificate is authorized to provide medical information to the public during an emergency call; and the information provided must substantially conform to the protocol for delivery of the information adopted by DSHS in a rule. The Act extends to EMS call takers the same state liability protection covering 9-1-1 call takers/telecommunicators under Civil Practices and Remedies Code § 101.032, 9-1-1 Emergency Service.* *DSHS adopted rules to implement the emergency medical services call taker training and certification program; specifically, Title 1, Part 1, Chapter 157, Subch. D § 157.49. The rule provides in part that a person who completes a department-approved training program, or whose credentials issued by an emergency medical dispatch certification agency, organization, or by another state as being equivalent to DSHS’ program may be certified as an EMS information operator[[26]](#footnote-26) for four years. Recertification requires the operator to maintain current CPR certification and complete a minimum of 12 hours of continuing education. (DSHS’ rule also includes requirements for EMS information operator instructor certification and training.)* Next Generation 9-1-1 Telemedicine Medical Services Pilot Project: Effective September 1, 2015, a pilot project to provide emergency medical services instruction and emergency prehospital care instruction through a NG9-1-1 telemedicine medical service provided by regional trauma resource centers to: (1) health care providers in rural area trauma facilities; and (2) emergency medical services providers in rural areas. (Health and Safety Code §§ 771.151 – 771.160.)*Funds in the equalization surcharge dedicated account are appropriated to CSEC to provide a grant to Texas Tech University Health Science Center (TTUHSC) to fund a pilot project to provide emergency medical services instruction and emergency prehospital care instruction through a NG9-1-1 telemedicine medical service provided by regional trauma resource centers to: (1) health care providers in rural area trauma facilities; and (2) emergency medical services providers in rural areas. $250,000 for both fiscal years 2018 and 2019 have been appropriated for the pilot project. (Health and Safety Code §§ 771.151 – 771.160.)**The pilot project is focused on West Texas, a predominately rural area the vast majority of which is part of CSEC’s 9-1-1 service area program. At nearly 132,000 square miles the area is equal to the combined size of New York, New England, and the District of Columbia. Per Health and Safety Code § 771.158, the operations of TTUHSC and participating trauma centers in the pilot project “are considered to be the provision of 9-1-1 services” for purposes of liability protection.**The pilot project expires on January 1, 2021, following submission by TTUHSC and CSEC of an evaluation report to the governor and the presiding officer of each house of the Texas Legislature. TTUHSC may appoint a project work group to assist it and CSEC in evaluating the project and preparing the report.* *CSEC oversees and provides the funding for the pilot project per an interagency contract with TTUHSC. With assistance from CSEC, TTUHSC:*1. *designed criteria and protocols for the telemedicine medical service and related instruction and provide the oversight necessary to conduct the pilot project;*
2. *defined criteria to determine when telemedicine medical services that provide instructions for emergency medical services, emergency prehospital care, and trauma care should be transferred to an emergency medical resource center for intervention; and*
3. *collect the data necessary to evaluate the project.[[27]](#footnote-27)*

*In 2015 when the pilot project was enacted, the features and functionality afforded by Next Generation9-1-1 technology were in the initial stages. The pilot project and evaluation report will, in part, address future capabilities of emergency dispatch and response in a Next Generation 9-1-1 environment. The CSEC will utilize the data collected and lessons learned from the pilot project to help inform the integration of similar technologies and data rich content into Texas PSAPs when NG9-1-1 is fully implemented in the state.* *The interrelation between 9-1-1 service and emergency telemedicine is analogous to that betweenNG9-1-1 and FirstNet. To paraphrase the National 911 Program Office information document, NG911 and First Net: A Guide for State and Local Authorities, the information available through NG9-1-1 will help drive better patient care in emergencies in a variety of circumstances. NG9-1-1 telemedicine and the communications infrastructure and services needed to support it will help by allowing PSAP telecommunicators and dispatchers to dispatch specialized equipment (e.g., telemedicine equipped and networked emergency vehicles) to assist EMS responders in triaging and navigating patients to the appropriate care resulting in better medical outcomes and use of resources.* *In a fully-implemented NG9-1-1 Telemedicine program, operating on a fully implemented NG9-1-1 system, telecommunicators/dispatchers, particularly those with EMD/EMS call taker certification, will be able to assist EMS responders by utilizing provided data to triage a 9-1-1 call and dispatch when needed specialized equipment such as telemedicine-equipped and networked vehicles. The telehealth data (including video and imaging) received by the NG9-1-1 PSAP could be provided via FirstNet directly to EMS responders.* **Organizations** Commission on State Emergency Communications (CSEC): Established as a state agency under Texas Health and Safety Code Chapter 771, CSEC is the state’s authority on emergency communications and administers the CSEC 9-1-1 Program in which 9-1-1 service is provided by 22 Regional Planning Commissions (RPCs). CSEC is directly involved in the RPCs’ provisioning of 9-1-1 service and in the planning, development, transition, and implementation of a State-Level Next Generation 9-1-1 (NG9-1-1) system.Regional Planning Commissions: Established under Texas Local Government Code, Chapter 391. Political subdivisions with whom CSEC is required to contract for the provision of 9-1-1 service. RPCs purchase goods and services that provision 9-1-1 service to PSAPs with state appropriated funds that are granted by CSEC.Regional Poison Control Centers: Texas Health and Safety Code Chapter 777 designates six regional centers for poison control in Texas. RPCCs provide 24-hour toll-free referral and information service for the public and health care professionals and provide community programs and assistance on poison prevention. Each PSAP in the state of Texas is required to have direct access to at least one poison center. Emergency Medical Dispatch—Montgomery County Hospital District: Funds in the equalization surcharge dedicated account are appropriated to CSEC to partly fund the emergency medical dispatch program. (Texas Health and Safety Code § 771.106.) Appropriated funds are used by CSEC to contract with the Montgomery County Hospital District to operate and maintain the emergency medical dispatch resource center that provides services, on a subscription basis, to PSAPs in Texas. Bureau of Emergency Management, Texas Department of State Health Services: Funds in the equalization surcharge dedicated account are appropriated by the Texas Legislature directly to the Texas Department of State Health Services, and authorized to be used for the provision and coordination regional trauma services, which may include the cost of supplies, operational expenses, education and training, equipment, vehicles, and communications systems for local emergency medical services. (Texas Health and Safety Code § 773.112 (a) – (c).)Texas Tech University Health Sciences Center: Funds in the equalization surcharge dedicated account are appropriated to CSEC to provide a grant to Texas Tech University Health Science Center (TTUHSC) to fund a pilot project to provide emergency medical services instruction and emergency prehospital care instruction through a NG9-1-1 telemedicine medical service provided by regional trauma resource centers to: (1) health care providers in rural area trauma facilities; and (2) emergency medical services providers in rural areas. $250,000 for both fiscal years 2018 and 2019 have been appropriated for the pilot project. (Health and Safety Code §§ 771.151 – 771.160.)Statutory 772 Emergency Communication Districts: The 772 ECD expenditures include ongoing contracts or expenses for Selective Routing, Automatic Location Identification, Customer Premises Equipment, Geographic Information Systems and Mapping, NG9-1-1 transition migration, IP and/or wireless networks, security, legal, regulatory, advocacy, accounting, auditing, emergency notification, training, employer/employee related amounts, and memberships or conferences that support 9-1-1 services and/or enhancements and sponsored by organizations such as the National Emergency Number Association, the Texas Emergency Number Association, and the ATIS Emergency Services Interconnection Forum (ESIF).  Municipal Emergency Communication Districts (Incl. Dallas County Sheriff’s Office): Municipal ECD expenditures are substantially used to purchase, install, maintain 9-1-1 equipment; and staff and operate PSAPs (including consolidated PSAPs/emergency communications centers), including personnel salaries, training of call-takers, dues and subscriptions to professional organizations which enhance the development of 9-1-1 service. Additionally, 9-1-1 funds are used to pay for 9-1-1 network and 9-1-1 database maintenance costs, and reimbursing service providers costs incurred in providing 9-1-1 service. Funds are also used for location services, public education, emergency warning sirens/systems, emergency medical dispatch training and certification, and general support of a Municipal ECDs 9-1-1 division. 9-1-1 funds are often only a minor part of the funding needed to provide 9-1-1 service or operate an emergency communications center.**9-1-1 Entities Generally**(Application of the following varies by 9-1-1 entity, including each entity’s determination as to whether telecommunicators are part of the costs of providing 9-1-1 service. *E.g.,* for the CSEC 9-1-1 Program, ad most 772 ECDs, telecommunicators salaries/benefits and dispatch costs are not considered costs of providing 9-1-1 service. CSEC and the 772 ECDs do use 9-1-1 funds to pay for telecommunicator training.)* Operating Costs, Personnel Costs, Administrative Costs, Dispatch Costs
* 911 Employees’ salaries/benefits, training
* Lease/Purchase, installation, operation, and maintenance of PSAP CPE
* Training, Administrative Assistant (assists with operational functions), IT positions (maintain, install, troubleshoot, and document all 911 technologies)
* 911 public education program
* Maintenance and support of the Emergency Callworks E911 Phone system
* City's GIS department to maintain accurate CAD and 911 maps for call and responder routing
* Monthly recurring expenses for phone/truck lines for 911 service
* Quality assurance associated expenses as relates to 911 service
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| 1. **Please identify the allowed uses of the collected funds. *Check all that apply*. [[28]](#footnote-28)**
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| **Type of Cost** | **Yes** | **No** |
| **Operating Costs** | Lease, purchase, maintenance of customer premises equipment (CPE) (hardware and software) | **[x]**  | **[ ]**  |
| Lease, purchase, maintenance of computer aided dispatch (CAD) equipment (hardware and software) | **[x]**  | **[x]**  |
| Lease, purchase, maintenance of building/facility | **[x]**  | **[x]**  |
| **Personnel Costs** | Telecommunicators’ Salaries | **[x]**  | **[x]**  |
| Training of Telecommunicators | **[x]**  | **[x]**  |
| **Administrative Costs** | Program Administration | **[x]**  | **[ ]**  |
| Travel Expenses | **[x]**  | **[ ]**  |
| **Dispatch Costs** | Reimbursement to other law enforcement entities providing dispatch | **[x]**  | **[x]**  |
| Lease, purchase, maintenance of Radio Dispatch Networks | **[x]**  | **[x]**  |
| **Grant Programs** |  | **[x]** **If YES, see 2a.** | **[x]**  |
| **2a. During the annual period ending December 31, 2018, describe the grants that your state paid for through the use of collected 911/E911 fees and the purpose of the grant.** |
| The CSEC 9-1-1 Program provides grants of legislatively appropriated 9-1-1 and equalization surcharge funds to 21 RPCs for the specific purpose of providing 9-1-1 service in each RPC’s region. CSEC provides grants of appropriated surcharge revenues to six Regional Poison Control Center host hospitals to partially fund the state Poison Control Program. (Equalization surcharge revenue is also appropriated to the Department of State Health Services and TTUHSC to fund county and regional emergency medical services and trauma care, and a telemedicine medical services pilot program, respectively.) |

1. **Description of 911/E911 Fees Collected**

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| 1. **Please describe the amount of the fees or charges imposed for the implementation and support of 911 and E911 services. Please distinguish between state and local fees for each service type.**
 |
| **Service Type** | **Fee/Charge Imposed** | **Jurisdiction Receiving Remittance****(*e.g.*, state, county, local authority, or a combination)** |
| Wireline | CSEC 9-1-1 Program (CSEC/RPC):The wireline fee is set by CSEC at $0.50 per access line/month (the rate is capped by statute at $0.50).ECDs: Res: $0.20 - $1.56 per local exchange access line/month. Bus: $0.46 - $7.50 per access line/month, up to a 100-line maximum in most ECD service areas. Bus. Trunk: $0.50 to $7.56.Several ECDs’ wireline fee is imposed as a percentage of the charges for base service; typically set at 6% – 8%.  | In the CSEC 9-1-1 Program area (CSEC/RPCs), wireline fees are collected and remitted to the Texas Comptroller of Public Accounts (Texas Comptroller) and deposited into a general revenue dedicated account (GRD). Funds in the GRD are appropriated by the Texas Legislature to CSEC on a biennial basis to fund 9-1-1 service in the CSEC 9-1-1 program.In ECD (statutory and municipal) service areas, wireline fees are set by each ECD; and collected and remitted directly to the ECD. |
| Wireless | State wireless 9-1-1 fee: $0.50 per month per wireless telecommunications connection. | The statewide wireless and prepaid wireless fees are collected and remitted to the Texas Comptroller. On a monthly basis, CSEC distributes to each ECD its proportional share of remitted wireless/prepaid wireless revenues based on population. The remaining funds (*i.e.*, attributable to RPC areas) are deposited into the GRD account referenced above and appropriated by the Legislature to CSEC to fund RPC strategic plans. |
| Prepaid Wireless | State prepaid wireless 9-1-1 fee: 2% of the purchase price of each prepaid wireless telecommunications service |
| Voice Over Internet Protocol (VoIP) | Wireline rates applicable. | See answer above regarding Wireline. |
| Other | State equalization surcharge: $0.06/month per local exchange access line access line or wireless telecommunications connection (excluding connections that constitute prepaid wireless telecommunications service). | The statewide equalization surcharge is collected and remitted to the Texas Comptroller and placed into its own GRD account. Out of the account, the Texas Legislature appropriates to CSEC the amounts deemed necessary to fund 9-1-1 service in those areas in which wireline/wireless fee revenue is insufficient to provide a specific level of 9-1-1 service; and for other 9-1-1 related programs (e.g., emergency medical dispatch) and the Texas Poison Control Program. |

1. **For the annual period ending December 31, 2018, please report the total amount collected pursuant to the assessed fees or charges described in Question F 1.**

|  |  |
| --- | --- |
| **Service Type[[29]](#footnote-29)** | **Total Amount Collected ($)** |
| Wireline | $61,990,769 |
| Wireless | $133,143,396 |
| Prepaid Wireless | $5,253,643 |
| Voice Over Internet Protocol (VoIP) | (Included in Wireline) |
| Other (All Equalization Surcharge except for $176K reported by the City of Dallas) | $19,777,193 |
| **Total** | $220,165,001 |

**2a. If an amount cannot be provided, please explain why.**

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1. **Please identify any other sources of 911/E911 funding.**

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| Many, if not a majority, of Municipal ECDs subsidize the cost of 9-1-1 service with local general revenue; as will local governing bodies in areas served by RPCs and 772 ECDs. |

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| **Question** | **Yes** | **No** |
| 1. **For the annual period ending December 31, 2018, were any 911/E911 fees that were collected by your state or jurisdiction combined with any federal, state or local funds, grants, special collections, or general budget appropriations that were designated to support 911/E911/NG911 services?** *Check one.*
 | **[x] [[30]](#footnote-30)** | **[ ]**  |
| **4a.** **If YES, please describe the federal, state or local funds and amounts that were combined with 911/E911 fees.** |
| Dallas $27MAransas Pass $281K general $37K Crime Prevention BoardGarland $2MLongview $2.2M to support PSAP—dispatcher/telecommunicators salaries, CAD, periphery systems.Several cities cited general city revenue but did not give amounts—including Portland, Lancaster, Wylie, Highland Park.  |

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| 1. **Please provide an estimate of the proportional contribution from each funding source towards the total cost to support 911 in your state or jurisdiction.[[31]](#footnote-31)**
 | **Percent** |
| State 911 Fees[[32]](#footnote-32) | 75.87% |
| Local 911 Fees[[33]](#footnote-33) | 24.13% |
| General Fund - State |  |
| General Fund - County |  |
| Federal Grants |  |
| State Grants |  |

1. **Description of Diversion or Transfer of 911/E911 Fees for Other Uses**

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| 1. **In the annual period ending December 31, 2018, were funds collected for 911 or E911 purposes in your state or jurisdiction made available or used solely for the purposes designated by the funding mechanism?** *Check one*.
 | **[x]**  | **[ ]**  |
| **1a.** **If NO, please identify what amount of funds collected for 911 or E911 purposes were made available or used for any purposes other than the ones designated by the funding mechanism or used for purposes otherwise unrelated to 911 or E911 implementation or support, including any funds transferred, loaned, or otherwise used for the state's general fund. Along with identifying the amount, please include a statement identifying the non-related purposes for which the collected 911 or E911 funds were made available or used.** |
| **Amount of Funds ($)** | **Identify the non-related purpose(s) for which the 911/E911 funds were used. (*Add lines as necessary*)** |
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1. **Oversight and Auditing of Collection and Use of 911/E911 Fees**

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| --- | --- | --- |
| **Question** | **Yes** | **No** |
| 1. **Has your state established any oversight or auditing mechanisms or procedures to determine whether collected funds have been made available or used for the purposes designated by the funding mechanism or otherwise used to implement or support 911?** *Check one.*
 | **[x] [[34]](#footnote-34)** | **[ ]**  |
| **1a.** **If YES, provide a description of the mechanisms or procedures and any enforcement or other corrective actions undertaken in connection with such auditing authority, for the annual period ending December 31, 2018.** *(Enter “None” if no actions were taken.)* |
| For the CSEC 9-1-1 Program, 9-1-1 service is provided by 21 Regional Planning Commissions (RPCs) and overseen and administered by CSEC. Health and Safety Code Chapter 771 governs the CSEC 9-1-1 program and includes requirements for providing 9-1-1 service and prescribes limits regarding the use of 9-1-1 fees and the equalization surcharge. CSEC rules and policy statements are used to implement9-1-1 service consistent with statutory requirements. Per these rules/policies, CSEC routinely monitors RPC expenditures of appropriated and allocated 9-1-1 service fees and equalization surcharge for uses consistency with statute. CSEC, in turn, is subject to audit by the Texas State Auditor, Texas Comptroller (*e.g.,* post payment audits), as well as by its internal auditor. The 772 ECDs are statutorily charged to provide 9-1-1 service in their participating jurisdictions’ areas. In addition, the 772 ECDs are required to submit a draft annual budget to their participating jurisdictions for 9-1-1 service, and adopt the final annual budget at an open public meeting. As soon as practicable after the end of each ECD fiscal year, the director of the ECD will prepare and present to the board and to all participating public agencies a sworn statement of all money received by the ECD and how the money was disbursed or otherwise disposed of during the preceding fiscal year. The report must show in detail the operations of the ECD for the period covered by the report. The board of managers of the ECD is required to perform an annual independent financial audit.As noted earlier, Municipal ECDs and the one county ECD are required by state law to set annual budgets at public open meetings and perform audits. (As also noted, however, 9-1-1 fees represent a fraction of the overall budgeting and auditing responsibilities of these governing bodies.) Additionally, and by way of example: * The City of Dallas responded that it identifies eligible expenses by categories and periodically audits expense reports from the financial system. Budget requests go through an approval process for new/one-time expenses.
* The City of Highland Park has an internal policy established by the Police Chief to ensure 9-1-1 funds are expended only for purposes designated by the funding mechanism.
* The City of Coppell’s finance department records all 911 fees and expenditures in separate, individual general ledger accounts.
* The City of Rowlett’s 9-1-1 funds are accounted for separately and placed into a restricted fund, which is audited every year.
* The City of Portland conducts an annual audit on all city funds to ensure all monies are spent prudently and according to guidelines established by the City Council, general accounting procedures, and GASB standards.
* The City of University Park reported no changes to any of its internal controls for our fiscal year 2019 (10/01/2018 to 09/30/2019), which will again be subject to independent audit after the close of fiscal year. The City believes our existing oversight, segregation of duties, financial functions and independent audit requirement provide adequate controls over received 911 funds and they are being used in providing our City's 911 services.
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| **Question** | **Yes** | **No** |
| 1. **Does your state have the authority to audit service providers to ensure that the amount of 911/E911 fees collected from subscribers matches the service provider’s number of subscribers?** *Check one.*
 | **[x]**  | **[ ]**  |
| **2a. If YES, provide a description of any auditing or enforcement or other corrective actions undertaken in connection with such auditing authority, for the annual period ending December 31, 2018.** *(Enter “None” if no actions were taken.)* |
| The Texas Comptroller is authorized to audit any service provider that has been set-up at the state level to remit 9-1-1 fees and/or the equalization surcharge to the Comptroller; including retailers of prepaid wireless telecommunications service. The Comptroller has exclusive jurisdiction over the statewide wireless/prepaid wireless and equalization surcharge fees, and regularly conducts (multi-year) audits of service providers. These audits, while typically initiated for sales tax and other purposes, will generally audit all taxes the provider is set-up to remit—including 9-1-1 fees and the equalization surcharge. CSEC lacks information regarding specific audits initiated by the Texas Comptroller during calendar year 2018. The board of managers of a statutory ECD may require a service provider to provide to the board any information the board requires (so long as the information and the format requested are readily available) to determine whether the service provider is correctly billing, collecting, and remitting the ECD’s wireline/VoIP 9-1-1 fee. The information required from a service provider may include: (1) the number of local exchange access lines that the service provider has in the district; and (2) the number of those local exchange access lines that CSEC has excluded from the definition of a local exchange access line or an equivalent local exchange access line under Health and Safety Code § 771.063. A statutory ECD may bring suit to enforce or collect its wireline/VoIP 9-1-1 fee. In a proceeding to collect unremitted fees, a sworn affidavit of the ECD specifying the amount of unremitted fees is prima facie evidence that the fees were not remitted and of the amount of the unremitted fees. Municipal ECDs, as Home-Rule Cities, generally have broad authority to do what they deem necessary unless such is expressly in conflict with state law. The one county ECD lacks statutory or Home-Rule City authority, and may have more limited collection options if not being mutually pursued along with either the Texas Comptroller and/or statutory or other municipal ECDs. |

1. **Description of Next Generation 911 Services and Expenditures**

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| **Question** | **Yes** | **No** |
| 1. **Does your state or jurisdiction classify expenditures on Next Generation 911 as within the scope of permissible expenditures of funds for 911 or E911 purposes?** *Check one.*
 | **[x]**  | **[ ]**  |
| **1a. If YES, in the space below, please cite any specific legal authority:** |
| Health and Safety Code §§ 771.0511, 771.0512, 771.0711, 771.0712, 771.072, 771.075, 771.0751, and 771.079. (The foregoing provisions applicable to the use of state wireless/prepaid wireless fees and the state equalization surcharge apply throughout the state—including in areas in which 9-1-1 service is provided by an ECD.) For statutory 772 ECDs, “allowable operating expenses include all costs attributable to designing a 9-1-1 system and all equipment and personnel necessary to establish and operate a public safety answering point and other related operations that the board considers necessary.” (Cf. Health and Safety Code §§ 772.117, 772.217, 772.317, and 772.519.) Two of the 27 statutory ECDs are expressly instructed to provide 9-1-1 service to their participating jurisdictions through “equivalent state-of-the-art technology.” (Cf. Health and Safety Code §§ 772.110 and 772.512.)Municipal ECDs generally have broad authority as home-rule cities or as a county to classify expenditures unless such are expressly in conflict with state law.  |

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| **Question** | **Yes** | **No** |
| 1. **In the annual period ending December 31, 2018, has your state or jurisdiction expended funds on Next Generation 911 programs?** *Check one.*
 | **[x]**  | **[ ]**  |
| **2a. If YES, in the space below, please enter the dollar amount that has been expended.** |
| **Amount****($)** | For the 2018 calendar year, the amounts expended on NG9-1-1 are as follows:CSEC 9-1-1 Program: A total of $5,934,004 in 9-1-1 funding was spent by the CSEC 9-1-1 program on activities related to the implementation of NG 9-1-1. CSEC spent a total of $1,737,563 in 9-1-1 funds on activities related to the implementation of its State-level ESInet. The RPCs spent $4,196,441 related to their regional ESInets, EGDMS, and GIS data cleanup.772 ECDs: $22,427,366 in 9-1-1 funds on NG9-1-1 related to implementation of regional ESInets.Municipal ECDs: $113,023. |

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| 1. **For the annual period ending December 31, 2018, please describe the type and number of NG911 Emergency Service IP Network(s) (ESInets) that operated within your state.**
 |
| **Type of ESInet** | **Yes** | **No** | **If Yes, Enter Total PSAPs Operating on the ESInet** | **If Yes, does the type of ESInet interconnect with other state, regional or local ESInets?** |
| **Yes** | **No** |
| 1. A single, state-wide ESInet
 | **[ ]**  | **[x]**  |  | **[ ]**  | **[ ]**  |
| 1. Local (*e.g.*, county) ESInet
 | **[x]**  | **[ ]**  | 1 | **[x]**  | **[ ]**  |
| 1. Regional ESInets
 | **[x]**  | **[ ]**  | [If more than one Regional ESInet is in operation, in the space below, provide the total PSAPs operating on each ESInet] | **[x]**  | **[x]**  |
| Name of Regional ESInet:Alamo Area Council of Governments | 8 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Ark-Tex Council of Governments | 13 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Brazos Valley Council of Governments | 7 PSAPs | **[x]**  | **[ ]**  |
| Name of Regional ESInet:Central Texas Council of Governments | 10 PSAPs | **[x]**  | **[ ]**  |
| Name of Regional ESInet:Coastal Bend Council of Governments | 18 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Concho Valley Council of Governments | 14 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Deep East Texas Council of Governments | 15 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:East Texas Council of Governments       | 18 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Golden Crescent Regional Planning Commission    | 9 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Heart of Texas Council of Governments | 7 PSAPs | **[x]**  | **[ ]**  |
| Name of Regional ESInet:Lower Rio Grande Valley Development Council | 18 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Middle Rio Grande Development Council | 12 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Nortex Regional Planning Commission | 8 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:North Central Texas  Council of Governments (Now North Texas ECD) | 42 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Panhandle  Regional Planning Commission | 22 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Permian Basin Regional Planning Commission | 11 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Rio Grande Council of Governments        | 4 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:South East Texas Regional Planning Commission | 13 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:South Plains Association of Governments | 12 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:South Texas Development Council | 6 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Texoma Council of Governments       | 6 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:West Central Texas Council of Governments       | 18 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Abilene-Taylor County | 2 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Bexar Metro 9-1-1 Network District(statutory ECD) | 19 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Denco Area 9-1-1 District (statutory ECD) | 11 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Brazos County Emergency Communication District(statutory ECD) | 2 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Capital Area Emergency Communication District(statutory ECD) | 31 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Denco Area 9-1-1 District (statutory ECD) | 10 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Galveston County Emergency Communication District(statutory ECD) | 8 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Greater Harris County 911 Emergency Network(statutory ECD) | 21 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Henderson County 911 Communications Network(statutory ECD) | 3 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Lubbock County Emergency Communication District(statutory ECD) | 8 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Smith County 9-1-1 Communications District(statutory ECD) | 7 PSAPs | **[ ]**  | **[x]**  |
| Name of Regional ESInet:Texas Eastern 911 Network (statutory ECD) | 4 PSAPs | **[ ]**  | **[x]**  |

1. **Please provide a description of any NG911 projects completed or underway during the annual period ending December 31, 2018.**

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| CSEC 9-1-1 Program: No i3 NG911 compliant networks turned up and operational during calendar year 2018. Significant progress made in preparing to implement NG911, such as:* Governance
* GIS Data Standards
* Development of NG9-1-1 Managed Service offering on the Texas Department of Information Resources Catalog of services. This will allow any governmental agency in the state to purchase NG9-1-1 Managed Services. Availability of this service offering is targeted for Sept.01, 2019.
* GIS Data Quality

772 ECDs: The Greater Harris County 9-1-1 Emergency Network is almost complete in their transition of PSAPs from single point of failure legacy 9-1-1 selective router to redundant, IP selective routers connectivity, and is in the process of continuing transition of wireless, VoIP, and legacy wireline transitions to IP system. The Lubbock 9-1-1 District awarded their contract, and has transitioned their PSAP to IP selective routers. As has been announced publicly (<https://about.att.com/story/2018/central_texas_emergency_communications.html>) the Capital Area Emergency Communication District executed a contract for AT&T ESInet. The Bexar Metro 9-1-1 Network has indicated an intent to award a contract to AT&T ESInet.Municipal ECDs: Longview in early stage discussions with Emergency Callworks to convert to a local ESInet. Plano--SMS implementation is underway. Upgrade of VESTA to VESTA Map Local, including Rapid SOS integration is in planning stages. ESInet project initial discussions are happening. Aransas Pass--Motorola software upgrade of entire 911 system, new interface software and continue to test Text to 911 to make sure the system handles such calls properly. |

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| **Question** | **Total PSAPs****Accepting Texts[[35]](#footnote-35)** |
| 1. **During the annual period ending December 31, 2018, how many PSAPs within your state implemented text-to-911 and are accepting texts?**
 | CSEC 9-1-1 Program - 138772 ECDs – 191Municipal ECDs - 15 |
| **Question** | **Estimated Number of PSAPs****that will Become Text Capable** |
| 1. **In the next annual period ending December 31, 2019, how many PSAPs do you anticipate will become text capable?**
 | CSEC 9-1-1 Program – 117772 ECDs – 49Municipal ECDs - 13 |

1. **Description of Cybersecurity Expenditures**

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| --- | --- | --- |
| **Question** | **Check the appropriate box** | **If Yes,****Amount Expended ($)** |
| 1. **During the annual period ending December 31, 2018, did your state expend funds on cybersecurity programs for PSAPs?**
 | Yes**[x]**  | No[ ]  | CSEC 9-1-1 Program – N/A772 ECDs – $1,156,233.68Municipal ECDs - $ $76,404.32 |

|  |  |
| --- | --- |
| **Question** | **Total PSAPs** |
| 1. **During the annual period ending December 31, 2018, how many PSAPs in your state either implemented a cybersecurity program or participated in a regional or state-run cybersecurity program?**
 | CSEC 9-1-1 Program – N/A772 ECDs – N/AMunicipal ECDs - 3 |

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| --- | --- | --- | --- |
| **Question** | **Yes** | **No** | **Unknown** |
| 1. **Does your state or jurisdiction adhere to the National Institute of Standards and Technology *Framework for Improving Critical Infrastructure Cybersecurity* (February 2014) for networks supporting one or more PSAPs in your state or jurisdiction?[[36]](#footnote-36)**
 | **[x]**  | **[x]**  | **[ ]**  |

1. **Measuring Effective Utilization of 911/E911 Fees**
2. **Please provide an assessment of the effects achieved from the expenditure of state 911/E911 or NG911 funds, including any criteria your state or jurisdiction uses to measure the effectiveness of the use of 911/E911 fees and charges.**  **If your state conducts annual or other periodic assessments, please provide an electronic copy (*e.g.*, Word, PDF) of the latest such report upon submission of this questionnaire to the FCC or provide links to online versions of such reports in the space below.**

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| --- |
| For the CSEC 9-1-1 program, both CSEC and its RPC stakeholders are required to submit 9-1-1 strategic plans: CSEC to the Governor and Texas Legislative Budget Board for 9-1-1 service within the CSEC9-1-1 program; and the RPCs to CSEC, approval of which is a prerequisite to being awarded grants of appropriated 9-1-1 fees and equalization surcharge (Health and Safety Code §§ 771.055(e) and 771.055(a)-(c), respectively). CSEC Statewide 9-1-1 Strategic PlanFor each fiscal biennium, CSEC prepares a strategic plan for statewide 9-1-1 service for the following five state fiscal years “using information from the strategic information contained in the regional plans and provided by emergency communication districts and home-rule municipalities that operate 9-1-1 systems independent of the state system.” The plan must:(1) include a survey of the current performance, efficiency, and degree of implementation of emergency communications services throughout the whole state;(2) provide an assessment of the progress made toward meeting the goals and objectives of the previous strategic plan and a summary of the total expenditures for emergency communications services in this state;(3) provide a strategic direction for emergency communications services in this state;(4) establish goals and objectives relating to emergency communications in this state;(5) provide long-range policy guidelines for emergency communications in this state;(6) identify major issues relating to improving emergency communications in this state;(7) identify priorities for this state's emergency communications system; and(8) detail the financial performance of each regional planning commission in implementing emergency communications service including an accounting of administrative expenses. Included in the plan as Appendix 1 is CSEC’s Next Generation Master Plan detailing CSEC’s vision of Texas NG9-1-1 System as being comprised of interconnected and interoperable NG9-1-1 systems of local, regional, and other emergency services networks. As a “system-of-systems” and “network-of-networks,” the Texas NG9-1-1 System will provide Texas 9-1-1 Entities the choice to connect their PSAPs directly to emergency services networks and utilize NG9-1-1 Core Services (NGCS) provisioned by NG9-1-1 systems deployed by the CSEC, the Regional Planning Commissions (RPCs), the Emergency Communications Districts (ECDs) and collaborating 9-1-1 Entities at the local and regional level in Texas. These interconnected NG9-1-1 systems will serve as multiple input points for all 9-1-1 calls in the State of Texas. The plan, including the NG9-1-1 appendix, can be obtained at <https://csec.app.box.com/s/chxtyl6pskbw0akbyr43dmfoboj0w2iz>. RPC Strategic PlanningPer Health and Safety Code § 771.055:1. Each regional planning commission shall develop a regional plan for the establishment and operation of 9-1-1 service throughout the region that the regional planning commission serves. The 9-1-1 service must meet the standards established by the commission.
2. A regional plan must describe how the 9-1-1 service is to be administered. The 9-1-1 service may be administered by an emergency communication district, municipality, or county, by a combination formed by interlocal contract, or by other appropriate means as determined by the regional planning commission. In a region in which one or more emergency communication districts exist, a preference shall be given to administration by those districts and expansion of the area served by those districts.
3. A regional plan must be updated at least once every state fiscal biennium and must include:
4. a description of how money allocated to the region under this chapter is to be allocated in the region;
5. projected financial operating information for the two state fiscal years following the submission of the plan; and
6. strategic planning information for the five state fiscal years following submission of the plan.

772 ECDsAs noted earlier the director of a statutory 772 ECD is required to, as soon as practicable after the end of each ECD fiscal year, prepare and present to the board and to all participating public agencies in writing a sworn statement of all money received by the ECD and how the money was disbursed or otherwise disposed of during the preceding fiscal year, and the report must show in detail the operations of the district for the period covered by the report. In addition, the board of managers of a statutory ECD shall perform an annual independent financial audit. *E.g.,* <http://www.denco.org/annual-report-18>.  Municipal ECDsAs noted earlier, home-rule cities and county governments do annual plans and budgets that are approved by their respective elected officials. This allows mission and objectives to be considered at that time with opportunity for constituent input. Sample responses to this question from several Municipal ECDs are provided below.City of Highland ParkWe have no criteria for measuring the effectiveness of 911/E911 fees and charges (probably because the fees and charges collected do not adequately cover the cost of providing 9-1-1 services).City of PlanoMission: Provide professional, courteous, and timely assistance to the citizens and emergency responders of the City of Plano. 2017-18 Objectives • Achieve 90% staffing level for Public Safety Communications Specialist positions • 90% of Fire/Rescue, EMS, and Police (Priority 2,3,4) calls for service ready to be dispatched within 90 seconds of call being answered • Dispatch 90% of all police Priority 1 calls within 59-seconds of being entered into CAD • Answer 95% of 911 calls within 15-seconds and 99% of 911 calls within 40-seconds. • Maintain PSC Communications and Training Academy accredited status through CALEA • Complete implementation of new call handling protocol system • Complete implementation of new call review / feedback process  • Complete implementation of new 911 call taker training program  • Planning and implementation of Automated Secure Alarm Protocol system • Planning, procurement, and installation of digital recording solution 2018-19 Objectives • Achieve 90%, or higher, staffing level for emergency Telecommunicator positions • Dispatch 90% of all Police priority 1 calls within 59-seconds of being entered into CAD • Answer 95% of all 9-1-1 calls within 15-seconds and 99% of 9-1-1 calls within 40-seconds • Maintain Public Safety Communications accredited status through CALEA • Maintain Training Academy accredited status through CALEA • Begin self-assessment for P33 Certification for Training standards through APCO • Maintain public safety information on the Socrata dashboard • Complete implementation of the Automated Secure Alarm Protocol (ASAP) • Complete and install new digital recording system project • Complete enhanced video projectCity of LancasterProvide a standard of committed emergency services to the citizens of Lancaster that ensures a healthy, safe and engaged community by delivering the highest quality of service with integrity and professionalism. To provide timely and accurate information to the first responders of the City of Lancaster. \*Maintaining effective staffing by sustaining an operational vacancy rate at or below 20%. \*Satisfy emergency and routine communications and informational needs for the City's Public Safety Departments. \*Increase departmental efficiency through the recruitment, selection, and training of qualified communication personnel. \*Promote employee development through continuous education and training. City of PortlandThe City of Portland Police Department 911 Communications Centers operates 24/7 to provide citizens with an efficient and reliable answering point for all Police, Fire and EMS emergencies. Our Communications officers are trained and certified to the fullest extent possible, meeting and exceeding all standards set by the Texas Commission on Law Enforcement. (TCOLE) and APCO. Communications Center personnel provide quick, calm, professional and courteous service to all callers. Our department is currently in the process of receiving Recognition Program accreditation through the Texas Police Chief's Association.City of Richardson The funding through 911/E911 fees primarily fund the salaries, equipment and maintenance needs to operate our PSAP. This allows us to meet or exceed many of our established goals, which include: - Recognition through the Texas Police Chiefs Best Practices Program - Maintain the National Fire Protection Association call processing standards - Adherence to TCOLE and APCO training standards - Quality assurance review for established performance measures - Review and implement future NG-911 projects through a Departmentally directed Strategic Plan. We will serve as partners with our citizens to maintain a safe and peaceful community, committing ourselves to the preservation of life, protection of property, and safeguarding individual liberties. We are dedicated to accomplishing this with integrity and professionalism. City of Plano Mission StatementPUBLIC SAFETY COMMUNICATIONS Mission: Provide professional, courteous, and timely assistance to the citizens and emergency responders of the City of Plano2017-18 Objectives* Achieve 90% staffing level for Public Safety Communications Specialist positions
* 90% of Fire/Rescue, EMS, and Police (Priority 2,3, 4) calls for service ready to be dispatched within 90 seconds of call being answered
* Dispatch 90% of all police Priority 1 calls within 59-seconds of being entered into CAD
* Answer 95% of 911 calls within 15-seconds and 99% of 911 calls within 40-seconds.
* Maintain PSC Communications and Training Academy accredited status through CALEA
* Complete implementation of new call handling protocol system
* Complete implementation of new call review / feedback process
* Complete implementation of new 911 call taker training program
* Planning and implementation of Automated Secure Alarm Protocol system
* Planning, procurement, and installation of digital recording solution
 |

1. 9-1-1 service in Texas is provided via the CSEC 9-1-1 Program administered by CSEC and implemented through 21 Regional Planning Commissions (RPCs), and by 54 Emergency Communication Districts (ECDs) as defined in Texas Health and Safety Code § 771.001(3)(A) and (B). There are two types of ECDs—statutory ECDs established under Texas Health and Safety Code Chapter 772 (772 ECDs); and public agency ECDs created and operated under local ordinances (municipal ECDs). The CSEC 9-1-1 Program provides 9‑1‑1 service in 192 of Texas’ 254 counties, covering at least 55% of the state’s geography and 18.5% of the state’s population. Twenty-seven statutory 772 ECDs provide 9-1-1 service to approximately 62% of the population of Texas. Twenty-seven municipal ECDs (including one county ECD) provide 9-1-1 service primarily in the Dallas-Fort Worth area. [↑](#footnote-ref-1)
2. Texas’ response includes the information from all RPCs and 772 ECDs but not all municipal ECDs. The municipal ECDs not providing information are the Cities of Corpus Christi and Glenn Heights representing 1.20% of Texas’ population. [↑](#footnote-ref-2)
3. A Primary PSAP is one to which 911 calls are routed directly from the 911 Control office. A secondary PSAP is one to which 911 calls are transferred from a Primary PSAP. *See* National Emergency Number Association, Master Glossary of 9-1-1 Terminology (*Master Glossary*), Apr. 13, 2018, at 162, available at <https://cdn.ymaws.com/www.nena.org/resource/resmgr/standards/NENA-ADM-000.22-2018_FINAL_2.pdf>. [↑](#footnote-ref-3)
4. A telecommunicator, also known as a call taker or a dispatcher, is a person employed by a PSAP who is qualified to answer incoming emergency telephone calls and/or who provides for the appropriate emergency response either directly or through communication with the appropriate PSAP. *See* *Master Glossary* at 192. [↑](#footnote-ref-4)
5. The uses of 9-1-1 fees to fund telecommunicators varies based on the jurisdiction’s interpretation of applicable state statutes and local ordinances. *E.g.,* for the CSEC 9-1-1 Program and for most 772 ECDs, 9-1-1 fees are not used to pay telecommunicators. [↑](#footnote-ref-5)
6. Amount equals total 772 ECD wireline/wireless/prepaid wireless revenues collected; for the CSEC 9-1-1 program appropriated wireline/wireless/prepaid wireless and (9-1-1 only) equalization surcharge funds, and for the municipal ECDs a total cost estimate. [↑](#footnote-ref-6)
7. The number of 9-1-1 calls reported for each Type of Service is based on the National Emergency Number Association’s “class of service” or “CoS” codes assigned to each call. Additionally, some municipal ECDs do not track 9-1-1 calls by type of service, *e.g.,* VoIP and other calls may be included in wireline and wireless call numbers. CoS itself, however, may not accurately reflect the type of call. For example, whether a 9-1-1 call is displayed with a CoS of “wireline” or “VoIP” may depend on whether the service provider, including a VoIP cable telco, has loaded a record containing relevant information including Automatic Location Information (ALI) into the traditional legacy ALI database, or whether the service provider utilizes a pANI, dynamically populated record approach provided by a VoIP Positioning Center. The foregoing applies as well to Multi-Line Telephone System 9-1-1 calls. [↑](#footnote-ref-7)
8. As compared to CY 2017, reported Texas call volume is down by nearly 6 million. Possible explanations include reporting inconsistencies, advancements in call tracking/counting technology, cities instituting and promoting non-emergency three-digit numbers (*e.g.,* Corpus Christi instituted such in 2017 and reported that over 58% of its calls went to the non-emergency number), fewer NSI or pocked-dialed calls due to public awareness and updates in software, hang-ups due to answering delays. [↑](#footnote-ref-8)
9. Includes reported Multi-Line Telephone System, telematics, and text-to-911 calls. [↑](#footnote-ref-9)
10. Tex. Local Gov. Code, Chapter 102 (city budgets); Tex. Local Gov. Code, Chapter 111 (county budgets). *See also e.g.,* City of University Park Code of Ordinance 1.1102; City of Lancaster Ordinance, Chapter 1, Article 1.400, Sec. 1.402; City of Hutchins, Ordinance No. 692, Sec. 1., Art. 11.801. [↑](#footnote-ref-10)
11. Tex. Health & Safety Code Ann. § 771.079(c). [↑](#footnote-ref-11)
12. § 771.071(f). [↑](#footnote-ref-12)
13. § 771.0711(c). [↑](#footnote-ref-13)
14. § 771.079(c). [↑](#footnote-ref-14)
15. CSEC administers the Texas Poison Control Program via approved strategic plans and grants to six host medical institutions. [↑](#footnote-ref-15)
16. Tex. Health & Safety Code Ann. § 771.072(f). [↑](#footnote-ref-16)
17. *Id*. at § 771.106. [↑](#footnote-ref-17)
18. *Id*. at § 771.072(g) (quotation from § 773.122 regarding Emergency Medical Services). [↑](#footnote-ref-18)
19. *Id*. at § 771.156. [↑](#footnote-ref-19)
20. §§ 772.114, 772.214, 772.314, 772.516, and 772.616; Texas Att’y Gen Op. No. JC-410. [↑](#footnote-ref-20)
21. Tex. Local Gov. Code, Chapter 102 (city budgets); Tex. Local Gov. Code, Chapter 111 (county budgets). *See also e.g.,* City of University Park Code of Ordinance 1.1102; City of Lancaster Ordinance, Chapter 1, Article 1.400, Sec. 1.402; City of Hutchins, Ordinance No. 692, Sec. 1., Art. 11.801. [↑](#footnote-ref-21)
22. Tex. Health & Safety Code Ann. § 771.0711(c). [↑](#footnote-ref-22)
23. Id. [↑](#footnote-ref-23)
24. Health and Safety Code § 771.102 (emphasis added). [↑](#footnote-ref-24)
25. Section 771.001 is the definitions section to Health and Safety Code Chapter 771, *State Administration of Emergency Communications*. This state law is CSEC’s enabling statute and one of two primary statutes governing the providing of 9-1-1 service; the other being Health and Safety Code Chapter 772 applicable to statutory Emergency Communication Districts. [↑](#footnote-ref-25)
26. The terms “EMS information operator,” “EMS operator,” and “emergency medical services call taker” are used interchangeably by DSHS. [↑](#footnote-ref-26)
27. Health and Safety Code § 771.152(c). [↑](#footnote-ref-27)
28. “Yes” and “No” answers to a given line item reflect different uses of 9-1-1 fees; different local laws; different interpretations and applications of state law regarding the use of wireless/prepaid wireless 9-1-1 fees; and different interpretations as to the classification of a cost (*e.g*., operating cost as opposed to an administrative cost). [↑](#footnote-ref-28)
29. Amounts reflect actual collections for ECDs and for the CSEC 9-1-1 program. Total amounts collected and the estimate of total costs to provide 9-1-1 service (Question B.3.) differ primarily because the CSEC 9-1-1 program was appropriated more funds than were collected during calendar year 2018. [↑](#footnote-ref-29)
30. Whether a Texas 9-1-1 Entity combined other funds (primarily, if not exclusively, local general revenues) with 911/E911 fees to support 9-1-1 service depends, in part, on the Entity’s determination of what costs are attributable to 9-1-1 service. Utilizing local funds is exclusively applicable to Municipal ECDs given that they are responsible for all costs associated with 9-1-1 service, but also emergency response/dispatch. By way of example, a majority of Texas 9-1-1 Entities do not include telecommunicator and emergency dispatch costs to be part of 9-1-1 service. For many, if not most, Municipal ECDs, such costs are considered part of 9-1-1 service. Texas’ answered “Yes,” in order to provide samples from Municipal ECDs of the general revenues that are necessary to subsidize 9-1-1 service—including telecommunicator and dispatch costs. [↑](#footnote-ref-30)
31. Percentages of total cost to support 9-1-1 are derived from state and local 9-1-1 fee and state equalization surcharge revenues. Revenues are used in part because of the lack of a “General Fund – City” option which would allow for determination of what percentage of city general revenues contribute to the costs of providing 9-1-1 service. [↑](#footnote-ref-31)
32. State 9-1-1 fees for the purpose of this response consist of wireline/wireless/prepaid wireless fees and equalization surcharge revenues appropriated to CSEC for the CSEC 9-1-1 program, and actual wireless/prepaid wireless 9-1-1 fee revenues of the ECDs. [↑](#footnote-ref-32)
33. Local 9-1-1 fees consist only of ECD wireline 9-1-1 fee revenue—which is remitted by service providers directly to each ECD directly. [↑](#footnote-ref-33)
34. A few small Municipal ECDs answered this question, “No.” [↑](#footnote-ref-34)
35. Totals equal number of PSAPs accepting Text-to-911, irrespective of the year in which the PSAPs began accepting Text-to-911. [↑](#footnote-ref-35)
36. Response indicates that some, but not all, of the 75 9-1-1 Entities in Texas adhere to the *NIST Framework*. [↑](#footnote-ref-36)