2019 PSAP Survey

Due to the length of this survey we highly recommend you print out the survey and have the information ready as you proceed through filling it out online. If you have any questions about the survey please call 573-200-6018 or 573-489-1088 or email [admin@missouri911.org](mailto:admin@missouri911.org) or

[brian.maydwell@missouri911.org.](mailto:brian.maydwell@missouri911.org)

Within this survey are elements from the NENA EPRC, FCC and NASNA Surveys as well as some local questions about COVID and sales tax revenue status. These surveys were consolidated to lessen the number of PSAP surveys being sent out. However, by combining the information it has increased the number of questions. We understand that these surveys take time and effort and we greatly appreciate you taking your time and effort to complete this survey as best as possible!

Missouri state statute 650.330.4(13) requires that the Missouri 911 Service Board conduct and annual survey of public safety answering points in Missouri to evaluate potential for improved services, coordination, and feasibility of consolidation. This survey will also be used to inform the 911 Service Board’s triennial report to the governor and general assembly regarding the status of 911 services statewide, as well as specific efforts to improve efficiency, cost effectiveness, and levels of service, as required under 650.330.4(5) RSMO.

We are requesting PSAP representatives to complete this survey, which will allow the Board to provide the legislature, NENA, FCC and NASNA with an accurate picture of emergency telecommunications capabilities, their structure, and funding in Missouri. These efforts may produce more funding opportunities for 911 in Missouri in the future

State statute prohibits any PSAP from receiving grants and loans from the Missouri 911 Service Trust Fund established (190.420 RSMO) if the applicant failed to complete this survey (650.355.13 RSMO).

\* Required

1. Email address \*

PSAP Information

In this section we will collect contact information about your PSAP.

1. PSAP Name \*

Name of your Public Safety Answering Point (for example, Dallas County Sheriff's Office).

1. PSAP County \*

County your PSAP resides within (for example, Dallas County).

1. PSAP County FIPS Code \*

County Federal Information Processing Standards (FIPS) Code (for example, 19139).

1. PSAP FCC Registry Number \*

Typically a four digit code (for example, 8563)

1. PSAP Street Address 1 \*

Address Line 1 is your street address (for example, 1234 Line Avenue South). Note that this is the physical address of the PSAP, not the mailing address.

1. PSAP Street Address 2

Address Line 2 is your sub-address such as a suite number (for example, Suite 602). If you don't have sub- address information for your PSAP location, you can leave this blank.

1. PSAP Community \*

The name of the city/community where your PSAP is located (for example, Saint Cloud).

1. PSAP Zip Code \*

The 5-digit postal code of your PSAP street address (for example, 56301).

1. PSAP 24 Hour Phone #1 \*

A primary emergency/priority answer phone number for your PSAP that can be reached 24/7 (use format ###-###-####).

1. PSAP 24 Hour Phone #2

A secondary emergency/priority answer phone number for your PSAP that can be reached 24/7 (use format ###-###-####).

1. Additional 24x7 Phone Numbers

List any additional 24x7 emergency/priority answer phone numbers for your PSAP that can be reached 24/7 (use format ###-###-####, and use commas to separate phone numbers).

1. 24x7 Phone Line Instructions

Describe any automated attendant or extension information callers should be aware of when contacting any of the 24x7 phone numbers.

1. PSAP FAX # \*

A FAX number for transmitting scanned or printed documents to your PSAP (use format ###-###-####).

1. Outbound PSAP Phone Numbers for Robocaller protection.

List outbound PSAP phone numbers you wish to be protected from robocallers (use format ###-###- ####, and use commas to separate phone numbers).

1. PSAP Point of Contact \*

The primary contact person for your PSAP. This could be an individual at the PSAP, or someone at the county level or somewhere else.

1. PSAP Point of Contact \*

Primary contact's job title.

1. PSAP Point of Contact \*

The name of the organization your PSAP's primary contact is associated with (for example, Dallas County Sheriff's Ofﬁce).

1. PSAP Point of Contact \*

Telephone number for your PSAP's primary contact.

1. PSAP Point of Contact \*

E-Mail Address for your PSAP's primary contact.

1. Wireline Type \*

Specify if you are a primary or secondary PSAP for wireline 911 calls.

*Mark only one oval.*

Primary PSAP Secondary PSAP Neither

Other:

1. Wireless Type \*

Specify if you are a primary or secondary PSAP for wireless 911 calls.

*Mark only one oval.*

Primary PSAP Secondary PSAP Neither

Other:

1. Governing Authority \*

List the governing authority for your PSAP (for example, Saint Clair County 9-1-1 Emergency Telephone System Board or Saint Clair County Commission or City Council).

1. 9-1-1 Authority Contact \*

A contact name for the 9-1-1 Authority associated with the PSAP.

1. 9-1-1 Authority Contact \*

Job title of the 9-1-1 Authority contact.

1. 9-1-1 Authority Contact \*

Mobile phone number for the 9-1-1 Authority contact (use the format ###-###-####).

1. 9-1-1 Authority Contact \*

E-Mail address of the 9-1-1 Authority contact.

1. Generic E-Mail address for PSAP Outage Notiﬁcation \*

A monitored E-Mail address for receiving PSAP outage notifications. This should a 24x7 monitored inbox,

e.g. outages @ stearns. co.mn.us. Note: a personal email address may be used if no alternative is available, but this practice is not recommended.

1. 24/7/365 Contact Phone # for PSAP Outage Notiﬁcation \*

A 24/7/365 monitored telephone line for receiving PSAP outage notifications (use format ###-###- ####).

1. PSAP Supervisor's 24x7x365 Phone # \*

Provide the 24x7x365 phone number for your PSAP supervisor (use the format ###-###-####).

1. PSAP Contact Phone # (Administrative Ofﬁces) \*

Provide the phone number for your PSAP administrative offices (use the format ###-###-####).

1. PSAP Mailing Address \*

Provide the mailing address for your PSAP.

1. PSAP Secondary Point of Contact \*

Provide the name of a person acting as a secondary contact for your PSAP.

1. PSAP Secondary Point of Contact \*

Provide a phone number for your secondary PSAP contact (use the format ###-###-####).

1. PSAP Secondary Point of Contact \*

Provide the email address of your secondary PSAP contact.

1. Back-Up PSAP \*

Does your agency have a back-up facility available, should your primary facility become inoperable (please describe)?

1. PSAP Overﬂow Rollover \*

Do your calls automatically roll over to another PSAP in the event of an overflow (please describe)?

1. PSAP Alternate Routing \*

Do your calls automatically route to a different PSAP in the event of a system failure (please describe)?

PSAP Service Area

Service Communities Supported by this PSAP

1. PSAP Service Area Description \*

Describe the area served by your PSAP, for example, the entire county of Butler including some areas in Grundy county).

1. Service Communities Supported by this PSAP \*

List the names of the communities your PSAP supports, separated by commas (for example, Stearns County, Saint Cloud, Albany, Holdingford, Melrose). This can include informal community names.

PSAP

What was the TOTAL number of in-bound contacts your PSAP recieved in the 2019 calendar or budget year? If possible, please list your call in-bound volume for each of the following modes. If your PSAP is unable to receive calls of any of these types, please state "n/a".

Call Volume

1. Number of 911 Landline Calls \*
2. Number of 911 Wireless Calls \*
3. Number of 911 Text Messages
4. Number of 911 Voice-Over-Internet Protocol ( VoIP) \*
5. Number of 911 Multi-line Telephone Systems (MLTS)
6. Number of Admin Calls (please define) \*
7. Number of 911 transfers to other PSAPs? \*
8. Number of Outbound Calls \*
9. TOTAL NUMBER OF 2019 incoming 911 Contacts (Including both calls and text messages) \*

Emergency Medical Dispatch (EMD) Capability

1. EMD Protocol Use \*

Does your agency utilize Emergency Medical Dispatch Protocols?

*Mark only one oval.*

Yes No

1. EMD Protocol Providers

If you selected Yes for the previous question, please list the EMD protocol provider you use.

1. If utilizing an EMD protocl who is your Medical Director?
2. If utilizing an EMD protocol how frequently do you communicate with the Medical Director per year?
3. If utilizing an EMD protocol how much do you pay for the Medical Director services?
4. If utilizing an EMD protocol who in your agency is assigned to monitor CPR and EMD certification expiration dates?
5. If utilizing an EMD protocol describe your QA/QI process.
6. If you selected No for utilizing EMD protocols what are the barriers for implementation?
7. Is your agency interested in implementing Emergency Medical Dispatch at your PSAP? \*

*Mark only one oval.*

Yes No

Other:

Text-to-911 Capability

1. Text Message Capability \*

Can your PSAP accept text-to-9-1-1? SMS (Short Message Service)and RTT (Real Time Text)

*Mark only one oval.*

Interim SMS Only RTT

Both SMS and RTT No Text Capabilities

1. Text Message Initiate Capability \*

Can you initiate outbound text messages to SMS and/or RTT 9-1-1 callers?

*Mark only one oval.*

Yes No

1. I am interested in implementing Text-to-911 at my PSAP. \*

*Mark only one oval.*

Yes No

Other:

1. If you selected Yes for the previous question, when do you plan on implementing text-to-911?

PSAP Services

1. Types of Service Provided \*

Describe the types of services provided by your PSAP. Check all that apply to your PSAP.

*Check all that apply.*

911

Law Enforcement Dispatch EMS Dispatch

Fire Dispatch Other:

1. Service Targets - Provide a list of agencies for whom the above services are provided. \*

PSAP Staffing

1. Does your PSAP share any equipment with another PSAP? \*

*Mark only one oval.*

Yes No

1. If answered Yes to previous question what equipment do you share? Select all that apply.

*Check all that apply.*

CAD

Radio Equipment Recording Equipment Buildings/facilities

Other:

1. Do telecommunicators perform services for your PSAP/Jurisdiction other than answering 911 calls and PSAP administration (i.e. jailer, warrant entry, clerical, etc.) If yes please specify. \*
2. Total number of Staff budgeted for the PSAP including (Admin, IT, GIS, Radio Tech, etc.) \*
3. Number of Personnel per Shift \*

Provide the approximate number of personnel active during a shift.

1. How many authorized, budgeted telecommunicator positions does your PSAP have? \*
2. How many authorized, budgeted full-time telecommunicator positions does your PSAP have? \*
3. How many authorized, budgeted part-time telecommunicator positions does your PSAP have? \*
4. How many of the budgeted telecommunicator positions do you have staffed at this time? \*
5. Headcount - How would you characterize the level of staffing at your Agency? \*

*Mark only one oval.*

Acceptable (100%)

Insufficient (75-99%)

Understaffed (50-74%)

Significantly understaffed (worse than 50%)

1. Training and Certiﬁcation Types \*

Do personnel in your agency have to meet certification requirements at the time of hire?

*Mark only one oval.*

Yes No

1. How many Continuing Education (CEU) credits do you require annually per employee? \*
2. Annual Refresh Training \*

Do personnel in your agency have a minimum amount of required refresher training per year?

*Mark only one oval.*

Yes No

1. Annual Training \*

Does your agency utilize a virtual or online training company to keep your telecommunicators trained and current?

*Mark only one oval.*

Yes No

1. If you answered Yes to previous question which company do you utilize for your annual training?
2. 911 Service Board Training \*

What training is a priority for your Agency to meet the Missouri Training Standards?

1. TERT Participation \*

Are your agency's personnel part of a TERT team? Telecommunicator Emergency Response Taskforce (TERT).

*Mark only one oval.*

Yes No

1. Field Response Roles \*

Do personnel in your PSAP have field response roles, such as Tactical Dispatch?

*Mark only one oval.*

Yes No

PSAP Funding

1. What was your PSAP's TOTAL operating budget for the 2019 calendar or budget year? (including personnel, equipment, overhead, supplies, etc.) \*
2. Is your jurisdiction interested in pursuing a different funding mechanism? If yes please specify. For example, County Sales Tax – County-level sales tax (190.335/190.292 RSMO) or Wireless Option - Tax of up to $1/month on any device capable of contacting 911 (190.455 RSMO) \*

PSAP Consolidation

1. Have consolidated with another PSAP in the last three (3) years? This includes virtual and physical consolidation.

*Mark only one oval.*

Yes No

1. If yes, list all participating PSAPs.
2. If yes, what was the date of consolidation?
3. If not, are you planning to consolidate with another PSAP?

*Mark only one oval.*

Yes No

1. If yes, please explain when and identify participating PSAPs

PSAP Equipment and Technology

1. How many physical workstations do you have at your PSAP to answer 911 calls? \*
2. Who is your 911 System Service Provider? \*
3. Computer-Assisted Dispatch (CAD) - Does your agency utilize Computer-Assisted Dispatch (CAD)? \*

*Mark only one oval.*

Yes No

1. What is your CAD system vendor? \*
2. When was your current CAD system purchased \*
3. When do you expect you will next need to upgrade or purchase a new CAD system? \*

PSAP Radio Technology

1. What is your radio console make and model? \*
2. How many radio consoles does your PSAP have? \*
3. When do you expect you will need will next need to upgrade or purchase a new radio console (Year)? \*

PSAP Customer Premise Equipment (CPE)

You provides your PSAP 911 phone system?

1. Who is your 911 Customer Premise Equipment provider? \*
2. When was your current customer-premise equipment purchased (Year)? \*
3. When do you expect you will next need to upgrade or purchase new customer- premise equipment (Year)? \*

PSAP GIS

The information utilized in the dispatch map is derived from GIS data. The following questions are about GIS (Geographic Information System) capabilities. Examples of GIS data layers are address points, roads, city/county boundaries, PSAP boundaries, and ESN boundaries.

Capabilities

Yes No

Other:

PSAP Cybersecurity

1. During 2019 did your PSAP implement or participate in a regional or state-run cybersecurity program? \*

*Mark only one oval.*

Yes No

1. Did your PSAP expend any funds on cybersecurity programs in 2019? \*

*Mark only one oval.*

Yes No

1. If you answered yes to the previous question, what was the amount expended?

COVID-19

1. Has your 911 revenue been impacted by COVID-19? \*

*Mark only one oval.*

Yes, there has been a decline in 911 revenue No, there has been a decline in 911 revenue

Unknown - I don't know yet if there has been a decline in 911 revenue Other:

1. If yes (decline in revenue), by what percentage has it decreased? \*

*Mark only one oval.*

1-5%

6-10%

11-15%

16-20%

21-25%

26%+

N/A

1. If yes (decline in revenue), what is your county's primary funding source? \*

*Mark only one oval.*

Landline Surcharge (up to 15%) Sales Tax

Fee on Any Device Capable of Contacting 911 (Cell phones and landlines up to $1) Locally funded

N/A

1. If yes (decline in revenue), does your county have sufficient funds in emergency reserves to offset the decline? \*

*Mark only one oval.*

Yes - we're covered

Maybe - we have some funds but it might not be enough No - we do not have sufficient funds to offset the decline Unknown

N/A

1. If no (do not have sufficient funds to offset the decline) how long could you continue to operate under current declines? \*

*Mark only one oval.*

Not applicable

Other:

1. Please discuss any other COVID-19-related concerns you would like to bring to the attention of the 911 Service Board. \*

NG911

1. During 2019 did your PSAP participate in any NG911 projects? \*

*Mark only one oval.*

Yes No

1. If you selected Yes for the previous question please provide a description of your NG911 project and if it has been completed.
2. If you selected Yes what is the dollar amount expended?
3. Has your agency developed an NG911 plan, concept of operations or its equivalent for your jurisdiction? \*

*Mark only one oval.*

Yes No

1. Has your agency met any of the following milestones for NG911 procurement? Check all that apply. \*

*Check all that apply.*

Database (GIS Services) NG Core Services

CAD

CPE (Hosted or Standalone) Recording

1. Is your agency capable of processing and interpreting NG911 location and caller information within your service area? \*

*Mark only one oval.*

Yes No

1. Is your PSAP connected to an ESInet? \*

*Mark only one oval.*

Yes No

1. Is your agency's CPE capable of processing IP calls from an ESInet? \*

*Mark only one oval.*

Yes No

PSAP

These questions relate to your Service level, as NG911 is implemented across Missouri new Levels of Service need to be defined.

Service Level

1. What is your Legacy 911 Service Level? \*

*Mark only one oval.*

No 911(citizens are required to call a 7-digit number for Emergency Services) Basic 911(Wireline calls no ANI/ALI information)

Enhanced 911(Wireline calls with ANI/ALI information)

Wireless Phase I (Wireless calls with tower and sector information only) Wireless Phase II (Wireless calls with x/y of caller's relative location)

1. Text to 911 Service Levels \*

The interim Text-to-911 solutions will be for the most commonly utilized texting technology, Short Message Service (SMS), texting only. The interim solutions will have three options in order to allow PSAPs that have not begun deploying NG911 services the capability to receive text messages. Select your Text- to-911 Service Level.

*Mark only one oval.*

Text to TTY/TDD – This option will allow the PSAP to receive incoming text messages via their current TTY/TDD system. The text would display on the 911 equipment exactly like a TTY call. The ALI display will show the caller’s text number in the location where the wireless caller’s Call Back Number is displayed on voice calls, and the x/y coordinates of the cell site centroid where the person is texting. The text messages will be delivered via the existing 911 trunks, which would mean that once a text came in via this method the 911 trunk would be tied up and unable to accept another call or text session.

Web Portal – This solution would require a PSAP to have internet access. A separate web portal would be opened at the beginning of the shift and would need to be monitored for incoming text messages. This solution currently requires a separate monitor for the web portal; however, some equipment manufacturers may have incorporated the portal into the 911 display. The ALI will display the number associated with the device used for texting, and x/y coordinates of the cell site centroid of the person texting.

NG911 Interface – This solution would require the PSAP to have IP capable equipment and IP connectivity to the carrier. The text message will be delivered directly into the 911 equipment. This solution should be compatible with a full NG911 I3 solution.

PSAP does not have Text to 911 capability

Additional PSAP Information

1. Is your agency interested in becoming more involved with your 911 region at an organizational level? \*

*Mark only one oval.*

Yes No

1. If answered Yes to previous question who would be the contact person for your agency regarding regional information?
2. Is there any additional information that was not asked in this survey that would help the Missouri 911 Service Board and Missouri Legislators gain a better understanding of how your unique PSAP functions? \*
3. NENA Follow-up Contact \*

May NENA contact you directly to ask for more information or to clarify any of your survey responses?

*Mark only one oval.*

Yes No

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