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 or 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.

2.   PSAP Name *

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

_____

3.   PSAP County *

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

_____

4.   PSAP County FIPS Code *

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

_____

5.   PSAP FCC Registry Number *

Typically a four digit code (for example, 8563)

_____

6.   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.

_____

7.   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.

_____

8.   PSAP Community *

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

_____

9. PSAP Zip Code *

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

10. PSAP 24 Hour Phone #1 *

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

11. PSAP 24 Hour Phone #2

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

12. 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).

13. 24x7 Phone Line Instructions

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

14.   **PSAP FAX #** *

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

_____

15.   **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).

_____

16.   **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.

_____

17.   **PSAP Point of Contact** *

Primary contact's job title.

_____

18.   **PSAP Point of Contact** *

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

_____

19.   **PSAP Point of Contact** *

Telephone number for your PSAP's primary contact.

_____

20.   **PSAP Point of Contact** *

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

_____

21.   **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: _____

22.   **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: _____

23.   **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).

_____

24.   **9-1-1 Authority Contact** *

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

_____

25.   9-1-1 Authority Contact *

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

_____

_____

_____

_____

_____

26.   9-1-1 Authority Contact *

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

_____

27.   9-1-1 Authority Contact *

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

_____

28.   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.

_____

29.   24/7/365 Contact Phone # for PSAP Outage Notification *

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

_____

30.   PSAP Supervisor's 24x7x365 Phone # *

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

_____

31.   PSAP Contact Phone # (Administrative Offices) *

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

32.   PSAP Mailing Address *

Provide the mailing address for your PSAP.

33.   PSAP Secondary Point of Contact *

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

34.   PSAP Secondary Point of Contact *

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

35.   PSAP Secondary Point of Contact *

Provide the email address of your secondary PSAP contact.

36.   Back-Up PSAP *

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

_____

_____

_____

_____

_____

37.   PSAP Overflow Rollover *

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

_____

_____

_____

_____

_____

38.   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

39.   PSAP Service Area Description *

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

_____

_____

_____

_____

_____

40.   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 Call Volume	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".

41.   Number of 911 Landline Calls *

_____

42.   Number of 911 Wireless Calls *

_____

43.   Number of 911 Text Messages

_____

44.   Number of 911 Voice-Over-Internet Protocol (VoIP) *

_____

45.   Number of 911 Multi-line Telephone Systems (MLTS)

_____

46.   Number of Admin Calls (please define) *

_____

47.   Number of 911 transfers to other PSAPs? *

_____

48.   Number of Outbound Calls *

_____

49.   TOTAL NUMBER OF 2019 incoming 911 Contacts (Including both calls and text messages) *

_____

Emergency Medical Dispatch (EMD) Capability

50.   EMD Protocol Use *

Does your agency utilize Emergency Medical Dispatch Protocols?

Mark only one oval.

◯ Yes

◯ No

51. EMD Protocol Providers

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

_____

52. If utilizing an EMD protocl who is your Medical Director?

_____

53. If utilizing an EMD protocol how frequently do you communicate with the Medical Director per year?

_____

54. If utilizing an EMD protocol how much do you pay for the Medical Director services?

_____

55. If utilizing an EMD protocol who in your agency is assigned to monitor CPR and EMD certification expiration dates?

_____

56. If utilizing an EMD protocol describe your QA/QI process.

_____

_____

_____

_____

_____

57.   If you selected No for utilizing EMD protocols what are the barriers for
         implementation?

_____

_____

_____

_____

_____

58.   Is your agency interested in implementing Emergency Medical Dispatch at your
         PSAP? *

Mark only one oval.

◯ Yes

◯ No

◯ Other: _____

Text-to-911 Capability

59.   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

60.   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

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

Mark only one oval.

◯ Yes

◯ No

◯ Other: _____

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

_____

PSAP Services

63.   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: ☐ _____

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

_____

_____

_____

_____

_____

PSAP Staffing

65. Does your PSAP share any equipment with another PSAP? *

Mark only one oval.

◯ Yes

◯ No

66. 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: ☐ _____

67. 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. *

_____

68. Total number of Staff budgeted for the PSAP including (Admin, IT, GIS, Radio Tech, etc.) *

_____

69. Number of Personnel per Shift *

Provide the approximate number of personnel active during a shift.

_____

70. How many authorized, budgeted telecommunicator positions does your PSAP have? *

_____

71. How many authorized, budgeted full-time telecommunicator positions does your PSAP have? *

_____

72. How many authorized, budgeted part-time telecommunicator positions does your PSAP have? *

_____

73. How many of the budgeted telecommunicator positions do you have staffed at this time? *

_____

74. 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%)

75. 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

76. How many Continuing Education (CEU) credits do you require annually per employee? *

_____

77. Annual Refresh Training *

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

Mark only one oval.

◯ Yes

◯ No

78.   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

79.   If you answered Yes to previous question which company do you utilize for your annual training?

_____

80.   911 Service Board Training *
What training is a priority for your Agency to meet the Missouri Training Standards?

_____

_____

_____

_____

_____

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

Mark only one oval.

◯ Yes

◯ No

82.   Field Response Roles *

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

Mark only one oval.

◯ Yes

◯ No

PSAP Funding

83.   What was your PSAP's TOTAL operating budget for the 2019 calendar or budget
        year? (including personnel, equipment, overhead, supplies, etc.) *

_____

84.   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

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

Mark only one oval.

◯ Yes

◯ No

86.   If yes, list all participating PSAPs.

_____

_____

_____

_____

_____

87.   If yes, what was the date of consolidation?

_____

88.   If not, are you planning to consolidate with another PSAP?

Mark only one oval.

◯ Yes

◯ No

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

_____

_____

_____

_____

_____

PSAP Equipment and Technology

90.   How many physical workstations do you have at your PSAP to answer 911 calls? *

_____

91.   Who is your 911 System Service Provider? *

_____

92.   Computer-Assisted Dispatch (CAD) - Does your agency utilize Computer-Assisted
        Dispatch (CAD)? *

        Mark only one oval.

        ◯ Yes

        ◯ No

93.   What is your CAD system vendor? *

_____

94.   When was your current CAD system purchased *

_____

95.   When do you expect you will next need to upgrade or purchase a new CAD
        system? *

_____

PSAP Radio Technology

96.   What is your radio console make and model? *

_____

97.   How many radio consoles does your PSAP have? *

_____

98.   When was your current radio console purchased (Year)? *

_____

99.   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?

100.   Who is your 911 Customer Premise Equipment provider? *

_____

101.   When was your current customer-premise equipment purchased (Year)? *

_____

102.   When do you expect you will next need to upgrade or purchase new customer-premise equipment (Year)? *

_____

PSAP GIS Capabilities

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.

103.　Does your PSAP have GIS? *

Mark only one oval.

○ Yes

○ No

○ Other: _____

PSAP Cybersecurity

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

Mark only one oval.

○ Yes

○ No

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

Mark only one oval.

○ Yes

○ No

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

_____

COVID-19

107.   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: _____

108.   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

109.   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

110. 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

111. 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: _____

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

      _____

      _____

      _____

      _____

      NG911

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

Mark only one oval.

◯ Yes

◯ No

114.   If you selected Yes for the previous question please provide a description of your
        NG911 project and if it has been completed.

_____

_____

_____

_____

_____

115.   If you selected Yes what is the dollar amount expended?

_____

116.   Has your agency developed an NG911 plan, concept of operations or its
        equivalent for your jurisdiction? *

Mark only one oval.

◯ Yes

◯ No

117.   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

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

Mark only one oval.

◯ Yes
◯ No

119.   Is your PSAP connected to an ESInet? *

Mark only one oval.

◯ Yes
◯ No

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

Mark only one oval.

◯ Yes
◯ No

PSAP
Service
Level

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

121. 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)

122. 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

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

        Mark only one oval.

        ( ) Yes

        ( ) No

124.   If answered Yes to previous question who would be the contact person for your
        agency regarding regional information?

        _____

125.   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? *

        _____

        _____

        _____

        _____

        _____

126.   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

Google Forms