**Approved by OMB**

**3060-1122**

**Expires: March 31, 2024**

**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** |
| Texas |

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 |

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| **Addendum Section A** |
| CSEC submits the Texas Response on behalf of the state's 77 9-1-1 Entities. 9-1-1 service is provided via the CSEC-administered state 9-1-1 Program implemented through 21 Regional Planning Commissions (RPCs), and by 56 independent 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, including the Dallas County Sheriff's Office serving the unincorporated area of Dallas County). The CSEC state 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. And 29 municipal ECDs provide 9-1-1 service primarily in the Dallas-Fort Worth area and Corpus Christi, Texas.  Texas’ response includes the information from all RPCs and 772 ECDs; and all municipal ECDs except for the Cities of Aransas Pass, Coppell, Corpus Christi, Ennis, Glenn Heights, Mesquite, and Dallas County representing 1.93% of Texas’s population. |

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 received funding derived from the collection of 911/E911 fees during the annual period ending December 31, 2020:**

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| **PSAP Type[[1]](#footnote-1)** | **Total** |
| Primary | 495 |
| Secondary | 72 |
| **Total** | 567 |

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| **Addendum Section B1** |
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1. **Please provide the total number of active telecommunicators[[2]](#footnote-2) in your state or jurisdiction that were funded through the collection of 911 and E911 fees during the annual period ending December 31, 2020:**

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| **Number of Active Telecommunicators** | **Total** |
| Full Time | 928 |
| Part Time | 15 |

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| **Addendum Section B2** |
| Per state law and/or policy, the CSEC RPC state 9-1-1 program and a majority of statutory (Ch. 772) ECDs prohibit the use of 9-1-1 fees to fund telecommunicators/dispatchers. |

1. **For the annual period ending December 31, 2020, please provide an estimate of the total cost to provide 911/E911 service in your state or jurisdiction.**

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| **Amount**  **($)** | 287,989,340 |

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

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| **Addendum Section B3** |
| Amount equals the combination of: (1) municipal ECD provided actual costs/estimates of costs; (2) 772 ECD wireline/VoIP/wireless/prepaid wireless revenues collected; and (3) CSEC state 9-1-1 program wireline/wireless/prepaid wireless and equalization surcharge appropriations from the Texas Legislature for 9-1-1 service. |

1. **Please provide the total number of 911 calls your state or jurisdiction received during the period January 1, 2020 to December 31, 2020.**

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| **Type of Service** | **Total 911 Calls** |
| Wireline | 1,636,233 |
| Wireless | 16,538,709 |
| VoIP | 776,735 |
| Other | 761,005 |
| **Total** | 22,186,515 |

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| **Addendum Section B4** |
| Total is greater than the combination of Wireline, Wireless, VoIP, and Other due to some municipal ECDs either not able to track or not reporting 9-1-1 calls by call type.  Compared with CY 2019, reported total Texas call volume increased by approximately 2 million (and CY 2019 total call volume increased by 1.5 million as compared to CY 2018). CY 2018 compared with CY 2017 and the Texas call volume was down by nearly 6 million. Possible explanations include reporting inconsistencies, further deployment of call tracking/counting technology, cities instituting and promoting non-emergency three-digit numbers (e.g., 3-1-1 for non-emergencies). |

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 …………………..
* 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 include Tex. Local Gov. Code, Chapter 102 (city budgets); Tex. Local Gov. Code, Chapter 111 (county budgets); and 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. comment in Addendum Section C1). (Note: the Town of Sunnyvale was recognized by CSEC as a municipal ECD during CY 2020; thereafter, Sunnyvale's Town Council passed ordinances to establish its landline/VoIP 9-1-1 fee.)  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. The equalization surcharge is a mixed purpose fee with 60%. |

**1b. If YES, during the annual period January 1, 2020 to December 31, 2020, did your state or jurisdiction amend, enlarge, or in any way alter the funding mechanism.**

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| No. |

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| **Addendum Section C1** |
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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 ……………..

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| **Addendum Section C2** |
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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 state 9-1-1 Program administered by CSEC and implemented through 21 RPCs, and by 27 statutory 772 ECDs and 29 public agency/municipal ECDs. (772 refers to the Health and Safety Code Chapter under which statutory ECDs are created.)  Funding of the CSEC state 9-1-1 Program is provided 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.” 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 [Health and Safety Code] 771.078.” Per state law, wireless (and prepaid wireless) 9-1-1 fees “may be used only for services related to 9-1-1 service;” (Health and Safety Code § 771.0711(c)) and with respect to the CSEC state 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]” (Health and Safety Code § 771.079(c)). ECD wireless and prepaid wireless fees are collected at the state level by the Texas Comptroller and distributed monthly by CSEC to each ECD based on the ratio of each ECD’s population to the population of the state. (Tex. Health & Safety Code Ann. § 771.0711(c).) Per state law, wireless (prepaid wireless) 9-1-1 fees “may be used only for services related to 9-1-1 service.” (Tex. Health & Safety Code Ann. § 771.0711(c).) NOTE: The statewide wireless service fee is $.50 a month on each wireless telecommunications connection. The statewide prepaid wireless service fee (Tex. Health & Safety Code Ann. § 771.0712) is "two percent of the purchase price of each prepaid wireless telecommunications service purchased by any method."  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 may make grant funds available through Interlocal Agreements to public agencies within each RPC’s region who operate PSAPs 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] and to carry out its duties under this chapter.” (Tex. Health & Safety Code Ann. § 771.072(f).) By statute, equalization surcharge revenues are dedicated 60% to poison control and 40% for 9-1-1 service. There are six regional poison control centers (RPCCs) that comprise the Texas Poison Control Network. CSEC administers the poison control program in a manner similar to that of the CSEC state 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; “fund county and regional emergency medical services, designated trauma facilities, and trauma care systems;” and “to fund the [NG9-1-1 telemedicine medical services] pilot project.” Tex. Health & Safety Code §§ 771.106, 771.072(g) (quotation from § 773.122 regarding Emergency Medical Services), and 771.156, respectively.  ECDs impose, collect, and use wireline/VoIP 9-1-1 fees at the regional/level 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 budgets and may be expended only for 9-1-1 purposes as expressly provided by Texas Health and Safety Code Chapter Sections 772.114, 772.214, 772.314, 772.516, and 772.616; and Texas Att’y Gen Op. No. JC-410. 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. E.g., 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. (See above for the description of CSEC's monthly distribution of wireless/prepaid wireless revenues to Texas's 56 ECDs; and limitations on the uses thereof.) |

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.** | | |
| **Jurisdiction** | **Authority to Approve**  **Expenditure of Funds**  ***(Check one)*** | |
| **Yes** | **No** |
| State |  |  |
| Local  (*e.g.*, county, city, municipality) |  |  |
| **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.)** | | |
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| **Addendum Section D1** |
| For the CSEC state 9-1-1 Program, CSEC approves RPC biennial strategic plans detailing how 9-1-1 service will be provided and how allocated 9-1-1 fees and surcharge will be used throughout an RPC’s region. CSEC’s authority over the use of 9-1-1 fees and the equalization surcharge is limited by statute.  The authority of CSEC and the state’s 77 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/VoIP 9-1-1 fees are set by CSEC for the CSEC state 9-1-1 Program and capped by the Texas Legislature at $.50 per month per local exchange access line; and individually by each ECD. Per state law, all Texas 9-1-1 Entities (including ECDs) must use CSEC's definition of "local exchange access line as defined in CSEC Rule 255.4 (Title 1, Part 12, Tex. Admin. Code. § 255.4) in applying their wireline/VoIP rates.  The statewide wireless/prepaid wireless fees and the equalization surcharge rate are established by the Texas Legislature in state law. Limitations on the use thereof by a Texas 9-1-1 Entity are also established in state law. (Tex. Health & Safety Code Ann. §§ 771.0711(c), 771.072(d)-(e), 771.075, 771.0751, 771.079(c), 771.156(a).) |

1. **Has your state established a funding mechanism that mandates *how* collected funds can be used? *Check one*.**

* Yes …………………..
* 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 state 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 state 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. E.g., 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. 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 (Tex. Health & Safety Code Ann. §§ 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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| 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 (4) standards-based system operations and procedures.  For the CSEC state 9-1-1 Program, CSEC is developing and implementing a separate and distinct Next Generation 9-1-1 Program to establish standards and rules for the participating RPCs; including establishing standards for interconnectivity and interoperability with other NG9-1-1 systems. Additionally, CSEC is revising its existing RPC monitoring program as NG9-1-1 evolves to include: Programmatic Financial Audits; RPC 9-1-1 Information Security (InfoSec) Compliance; and NG9-1-1 Data Quality. (Target completion date for both is 2023.)  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.  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.  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.  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.  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. Health and Safety Code § 771.102 (emphasis added).  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 2019, MCHD provided emergency medical dispatch to seven 9-1-1 Entities (a total of 25 PSAPs) on 4,332 9-1-1 calls.  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.  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).)  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 2020-2021 biennium ending on August 31, 2021, just over $3.6 million in equalization surcharge was appropriated by the Texas Legislature to DSHS. (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, 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.” (\* 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.)  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 Tex. Admin. Code 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 for four years. (The terms “EMS information operator,” “EMS operator,” and “emergency medical services call taker” are used interchangeably by DSHS.) 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.)  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.  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.) 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.  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 2019 and 2020 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.  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.  Health and Safety Code § 771.152(c).  In 2015, when the pilot project was enacted, the features and functionality afforded by Next Generation  9-1-1 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 between NG9-1-1 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. Leveraging lessons learned from the NG9-1-1 Telemedicine Pilot Project, and the current Emergency Medical Dispatch Program, a sub-project pilot is being considered to minimize fatality rates in rural Texas utilizing NG9-1-1 PSAPs once deployed. (Target completion date: August 31, 2025.)  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 state 9-1-1 Program in which 9-1-1 service is provided by 21 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 use state appropriated funds via grants from CSEC to purchase goods and services used to provide provision 9-1-1 service by PSAPs. By state law, use of 9-1-1 fees by an RPC for administration expenses of the CSEC state 9-1-1 Program is capped at $10,000,000 for the biennium.  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 § 773.122(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/dispatchers are part of the costs of providing 9-1-1 service. E.g., for the CSEC state 9-1-1 Program, and 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  • CAD system, mapping, radios, 911 PR activities, 9-1-1 furniture and equipment. Training, Administrative Assistant (assists with operational functions), IT positions (maintain, install, troubleshoot, and document all 911 technologies). Purchase, installation, operation, maintenance, and upgrade expenses of the 9-1-1 emergency services.  • 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  The City of Dallas uses the collected fees to operate and maintain the operations of the Primary and Backup 911 Emergency Call Center for the Dallas Police and Fire Rescue Departments. This includes all telephone circuits, computers and computer accessories, call processing and CAD hardware and software, call recording hardware and software, agent and call statistic reporting software, call and agent statistical dashboards, managed services and the salaries of the staff.  City of Longview reported that its 9-1-1 Fees were utilized to cover staff (Manager, Administrator, Training Coordinator and Admin Assistant) salaries, maintenance costs for E911 System, new hardware for E911 System (PCs and PolyCom phones), and for professional development costs for staff.  City of Wylie reported that per city ordinance, 9-1-1 service fees shall be utilized to provide for the purchase, installation, operation, and maintenance expenses of 9-1-1 services, including required personnel. The 9-1-1 service fee may only be imposed upon service users' local exchange access lines and equivalent local exchange access lines as defined in rulemaking by the Commission on State Emergency Communications. All 9-1-1 funds have been made available or used for the purposes designated by the funding mechanism, or otherwise used for the implementation or support of 9-1-1. |

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| 1. **Please identify the allowed uses of the collected funds. *Check all that apply*.** | | | |
| **Type of Cost** | | **Yes** | **No** |
| **Operating Costs** | Lease, purchase, maintenance of customer premises equipment (CPE) (hardware and software) |  |  |
| Lease, purchase, maintenance of computer aided dispatch (CAD) equipment (hardware and software) |  |  |
| Lease, purchase, maintenance of building/facility |  |  |
| **Personnel Costs** | Telecommunicators’ Salaries |  |  |
| Training of Telecommunicators |  |  |
| **Administrative Costs** | Program Administration |  |  |
| Travel Expenses |  |  |
| **Dispatch Costs** | Reimbursement to other law enforcement entities providing dispatch |  |  |
| Lease, purchase, maintenance of Radio Dispatch Networks |  |  |
| **Grant Programs** |  | **If YES, see 2a.** |  |
| **2a. During the annual period ending December 31, 2020, describe the grants that your state paid for through the use of collected 911/E911 fees and the purpose of the grant.** | | | |
| The CSEC state 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.)  In CY 2020, CSEC provided Federal 9-1-1 Grant Program funding on a reimbursement basis to seven Texas 9-1-1 Entities totaling $1,233,699. (CSEC, specifically its Executive Director, is Texas's designated State 911 Coordinator of the federal grant program. Ten Texas 9-1-1 Entities were awarded subrecipient federal grants by CSEC's Executive Director.) | | | |

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| **Addendum Section E2** |
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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 state 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 - $1.68 per local exchange access line/month.  Bus: $0.46 - $8.70 per access line/month, up to a 100-line maximum in most ECD service areas.  Bus. Trunk: $0.50 to $8.70.  Several ECDs’ wireline fee is imposed as a percentage of the charges for base service; typically set at 6% – 8%. | In the CSEC state 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 (772 statutory and municipal) 9-1-1 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 fee is collected by wireless service providers 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. | The statewide prepaid wireless fee is collected at the point of sale by retailers of prepaid wireless services, including prepaid wireless service providers, 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. |
| 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. |

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| **Addendum Section F1** |
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1. **For the annual period ending December 31, 2020, please report the total amount collected pursuant to the assessed fees or charges described in Question F 1.**

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| **Service Type** | **Total Amount Collected ($)** |
| Wireline | $61,235,791 |
| Wireless | $125,436,142 |
| Prepaid Wireless | $18,222,271 |
| Voice Over Internet Protocol (VoIP) | $0.00 |
| Other | $21,318,135 |
| **Total** | $226,212,339 |

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

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| **Addendum Section F2** |
| VoIP 9-1-1 fee collections included in Wireline amount. Few Texas 9-1-1 Entities separately track VoIP 9-1-1 fee remittances—which are imposed at the same rates as wireline 9-1-1 service fees. Per CSEC rule (Title 1, Part 12 Tex. Admin Code § 255.4), "local exchange access line" is defined to include cable or broadband facilities "owned, controlled, or relied upon by a service provider" in providing 9-1-1 service to its end user customer’s premises.  Other represents equalization surcharge collections for CY 2020. |

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

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| Many, likely a majority, of Municipal ECDs subsidize the cost of 9-1-1 service with local general revenue; as do the local governing bodies in areas served by RPCs and a majority of 772 ECDs, including, for example, telecommunicator/dispatcher costs. |

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| **Question** | **Yes** | **No** |
| 1. **For the annual period ending December 31, 2020, 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.* |  |  |
| **4a.** **If YES, please describe the federal, state or local funds and amounts that were combined with 911/E911 fees.** | | |
| In CY 2020, CSEC provided Federal 9-1-1 Grant Program funding on a reimbursement basis to seven Texas 9-1-1 Entities totaling $1,233,699. (CSEC, specifically its Executive Director, is Texas's designated State 911 Coordinator of the federal grant program. Ten Texas 9-1-1 Entities were awarded subrecipient federal grants by CSEC's Executive Director.)  Whether a Texas 9-1-1 Entity combined other funds (primarily 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 non-911 local funds is specifically applicable to Municipal ECDs who, unlike the CSEC state 9-1-1 Program and that of the statutory 772 ECDs, are responsible for all costs directly associated with 9-1-1 service, plus emergency response/dispatch, law enforcement, fire, EMS. A Municipal ECD's distinguishing between costs of 9-1-1 service and emergency response is relevant only with respect to restrictions placed on the use of 9-1-1 fees. Which is not to say that Texas 9-1-1 Entities do not recognize the importance of and adhere to such restrictions.  A majority of Texas 9-1-1 Entities do not include telecommunicator/dispatcher or dispatch costs in the costs of providing 9-1-1 service. For the CSEC state 9-1-1 Program, RPCs are precluded from paying such costs; there's an exception applicable to the largest county in an RPC's service area. Similarly, a majority of statutory 772 ECDs do not allow 9-1-1 fees to be used for telecommunicator or dispatch related costs. Many if not most Municipal ECDs consider telecommunicators/dispatcher costs to be a fundamental part of 9-1-1 service.  By way of example, see below from several Municipal ECDs. (NOTE: The following examples were in response to FCC Questions F.4. and F.5. CSEC included with question F.5. a note instructing Texas 9-1-1 Entities to include costs listed in FCC Question E.2., "but not the costs of providing emergency response--law enforcement, fire, or EMS.")  Dallas reported that 86% ($32M) of the costs to provide 9-1-1 service were paid with city general revenues.  Carrollton reported 9-1-1 service costs of $2,908,727; of which 63%, or $1,836,966, were paid with city general revenues.  Lancaster -- State (wireless/prepaid wireless) $208,313.25  Local 911 Fees (Wireline/Landline and VoIP) $ 6,894.84  General Fund (City) $858,591.91  (80% of 9-1-1 costs paid with city general revenues.)  Town of Sunnyvale reported prepaying the town $313,340 for 9-1-1 dispatch pending collection of sufficient 9-1-1 reevenues.  Portland -- 70% of 9-1-1 costs funded with city general funds; Plano -- 62% funded with city general revenues;  Garland -- 64%; Richardson -- 31%; University Park -- 99%; Rowlett -- 46% ($415,571); Highland Park -- 90%. Several other Municipal ECDs cited using general revenues but did not provide amounts or funding percentages. | | |

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| **Addendum Section F4** |
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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.** | **Percent** |
| State 911 Fees | 57.3 |
| Local 911 Fees | 21.3 |
| General Fund - State |  |
| General Fund - County | 21 |
| Federal Grants | 00.4 |
| State Grants |  |

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| **Addendum Section F5** |
| Percentages of total cost to support 9-1-1 are derived from state and local 9-1-1 fee revenues (including state surcharge revenues) and federal grant reimbursements with each divided by the total cost to provide 9-1-1 service (FCC Question B.2.) The resulting quotients being the percentages listed in State 911 Fees, Local 911 Fees, and Federal Grants, respectively.  General Fund - County reflects the remaining percentage amount and is exclusively derived, notwithstanding the listing, from City, rather than County, general funds. General Fund -- City/Municipality, however, is not one of the listed categories. The 21% figure is a low percentage as the CSEC state 9-1-1 Program and most 772 ECDs preclude the use of 9-1-1 fees to pay expenses such as telecommunicators. The cost of providing telecommunicators in these two program areas exist but are simply not captured in their costs of providing 9-1-1 service (FCC Question B.2.). |

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

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| **Question** | | **Yes** | **No** |
| 1. **In the annual period ending December 31, 2020, 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*. | |  |  |
| **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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| **Addendum Section G1** |
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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.* |  |  |
| **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, 2020.** *(Enter “None” if no actions were taken.)* | | |
| No Texas 9-1-1 Entity reported corrective actions for CY 2020.  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 implement  9-1-1 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:  • 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.  • 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.  • Coppell’s finance department records all 911 fees and expenditures in separate, individual general ledger accounts.  • Rowlett’s 9-1-1 funds are accounted for separately and placed into a restricted fund, which is audited every year.  • 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.  • Cities of Cedar Hill, DeSoto, Duncanville (which combined to establish and operate a single PSAP/ECC) conducts 9-1-1 auditing through the Finance Department of the DeSoto.  Richardson's financial statements and underlying accounting records are subject to audit by a third-party, independent audit firm. The 911 fees and their use fall within the scope of the audit. Also, Budget and Accounting staff review the use of 911 fees as part of the budget preparation process each year.  Longview reported that Funds collected from 911 fees are collected and maintained in a budget separate from the City's general fund. All expenditures made from the E911 account are vetted and approved by the communications manager. Funds are only used for 911, 911 training, and 911 program administration. | | |

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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.* |  |  |
| **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, 2020.** *(Enter “None” if no actions were taken.)* | | |
| No Texas 9-1-1 Entity reported any enforcement or corrective actions for CY 2020.  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 2020. Anecdotally, CSEC is aware of ongoing Comptroller audits of some wireless service providers, including particularly prepaid wireless service providers.  The board of managers of a statutory 772 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 772 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 (Dallas County) 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.* |  |  |
| **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. E.g., Dallas Ordinances 30651 (9/20/2017) and 30991 (9/7/2018)  approved by the Dallas City Council under Resolution Nos. 17-1505 and 18-1337. | | |

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| **Question** | | **Yes** | **No** |
| 1. **In the annual period ending December 31, 2020, has your state or jurisdiction expended funds on Next Generation 911 programs?** *Check one.* | |  |  |
| **2a. If YES, in the space below, please enter the dollar amount that has been expended.** | | | |
| **Amount**  **($)** | CSEC State 9-1-1 Program: A total of $7,899,832 in appropriated 9-1-1 funding was spent by CSEC on activities related to the implementation of NG 9-1-1: $3,390,381.35 (Regional ESInet); $685,480 (EGDMS); $642,301 (GIS Data Clean-up); $174,926 (NG9-1-1 Implementation); and $3,006,743 (NG9-1-1 Capital Project Expenditures).  772 ECDs: $20,322,328.  Municipal ECDs: $303,958. | | |

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| **Addendum Section I2** |
| Several Municipal ECDs answered this question "no" or answered "yes" but were unable to specify the amount expended on NG9-1-1. |

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| 1. **For the annual period ending December 31, 2020, 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 |  |  |  |  |  |
| 1. Local (*e.g.*, county) ESInet |  |  |  |  |  |
| 1. Regional ESInets |  |  | [If more than one Regional ESInet is in operation, in the space below, provide the total PSAPs operating on each ESInet]  510 Total |  |  |
| Name of Regional ESInet 1:  Alamo Area Council of Governments | | | 8 |  |  |
| Name of Regional ESInet 2:  Ark-Tex Council of Governments | | | 13 |  |  |
| Name of Regional ESInet 3:  Brazos Valley Council of Governments | | | 5 |  |  |
| Name of Regional ESInet 4:  Central Texas Council of Governments | | | 10 |  |  |
| Name of Regional ESInet 5:  Coastal Bend Council of Governments | | | 18 |  |  |
| Name of Regional ESInet 6:  Concho Valley Council of Governments | | | 14 |  |  |
| Name of Regional ESInet 7:  Deep East Texas Council of Governments | | | 15 |  |  |
| Name of Regional ESInet 8:  East Texas Council of Governments | | | 18 |  |  |
| Name of Regional ESInet 9:  Golden Crescent Regional Planning Commission | | | 9 |  |  |
| Name of Regional ESInet 10:  Heart of Texas Council of Governments | | | 7 |  |  |
| Name of Regional ESInet 11:  Lower Rio Grande Valley Development Council | | | 18 |  |  |
| Name of Regional ESInet 12:  Middle Rio Grande Development Council | | | 12 |  |  |
| Name of Regional ESInet 13:  Nortex Regional Planning Commission | | | 8 |  |  |
| Name of Regional ESInet 14:  Panhandle Regional Planning Commission | | | 22 |  |  |
| Name of Regional ESInet 15:  Permian Basin Regional Planning Commission | | | 11 |  |  |
| Name of Regional ESInet 16:  Rio Grande Council of Governments | | | 4 |  |  |
| Name of Regional ESInet 17:  South East Texas Regional Planning Commission | | | 13 |  |  |
| Name of Regional ESInet 18:  South Plains Association of Governments | | | 12 |  |  |
| Name of Regional ESInet 19:  South Texas Development Council | | | 6 |  |  |
| Name of Regional ESInet 20:  Texoma Council of Governments | | | 6 |  |  |
| Name of Regional ESInet 21:  West Central Texas Council of Governments | | | 18 |  |  |
| Name of Regional ESInet 22:  Abilene-Taylor County (statutory ECD) | | | 5 |  |  |
| Name of Regional ESInet 23:  Bexar Metro 9-1-1 Network District (statutory ECD) | | | 22 |  |  |
| Name of Regional ESInet 24:  Denco Area 9-1-1 District (statutory ECD) | | | 13 |  |  |
| Name of Regional ESInet 25:  Brazos County Emergency Communication District (statutory ECD) | | | 5 |  |  |
| Name of Regional ESInet 26:  Capital Area Emergency Communication District (statutory ECD) | | | 31 |  |  |
| Name of Regional ESInet 27:  North Texas Emergency Communications Center (For Municipal City ECDs Addison, Carrollton, Coppell, Farmers Branch) | | | 1 |  |  |
| Name of Regional ESInet 28:  Galveston County Emergency Communication District (statutory ECD) | | | 9 |  |  |
| Name of Regional ESInet 29:  Greater Harris County 911 Emergency Network (statutory ECD) | | | 35 |  |  |
| Name of Regional ESInet 30:  Henderson County 911 Communications Network (statutory ECD) | | | 3 |  |  |
| Name of Regional ESInet 31:  Lubbock County Emergency Communication District (statutory ECD) | | | 8 |  |  |
| Name of Regional ESInet 32:  North Central Texas Emergency Communications Districts (statutory ECD) | | | 42 |  |  |
| Name of Regional ESInet 33:  Smith County 9-1-1 Communications District (statutory ECD) | | | 7 |  |  |
| Name of Regional ESInet 34:  Texas Eastern 911 Network (statutory ECD) | | | 4 |  |  |
| Name of Regional ESInet 35:  Tarrant County 911 District | | | 41 |  |  |

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| **Addendum Section I3** |
| Regional ESInet List continued.  Austin County Emergency Communications District (statutory ECD) -- 2 PSAPs. Does not interconnect.  Howard County 911 Communications District (statutory ECD)-- 1 PSAP. Does not interconnect.  Potter Randall County Emergency Communications District (statutory ECD) -- 4 PSAPs. Does not interconnect. |

1. **Please provide a description of any NG911 projects completed or underway during the annual period ending December 31, 2020.**

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| CSEC state 9-1-1 Program: No i3 NG911 compliant networks were turned up and operational during CY 2020. Significant progress was made preparing to implement NG911, including: Governance, GIS Data Standards; GIS Data Quality; Development of NG9-1-1 Managed Service offering on the Texas Department of Information Resources Catalog of services. The latter allows any governmental entity, including Texas 9-1-1 Entities, to obtain ATT ESInet NG9-1-1 solution via managed services. The remaining four RPCs (Nortex, Deep East Texas and South East Texas) selected Motorola Vesta Solutions and initiated activities for their NG9-1-1 deployment project during CYs 2019 and 2020.  Municipal ECDs: Sherman indicated that it prepared to implement AT&T ESInet solution during CY 2020. Plano initiated its procurement process for ESInet and next generation core services. Longview conducted internal discussions regarding possibly contracting for NGCS from a vendor or possibly becoming a satellite agency from its local Council of Governments' existing network.  772 statutory ECDs: Several 772 ECDs reported ongoing NG9-1-1 projects during CY 2020, including Greater Harris County 9-1-1, Lubbock County, Bexar Metro 9-1-1, El Paso, North Central Texas, Austin County, and Abilene-Taylor. HC 9-1-1. No descriptions of the projects were provided. |

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| **Question** | **Total PSAPs**  **Accepting Texts** |
| 1. **During the annual period ending December 31, 2020, how many PSAPs within your state implemented text-to-911 and are accepting texts?** | 507 |
| **Question** | **Estimated Number of PSAPs**  **that will Become Text Capable** |
| 1. **In the next annual period ending December 31, 2021, how many PSAPs do you anticipate will become text capable?** | 9 |

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| **Addendum Section I5** |
| Total reflects the number accepting Text-to-911 irrespective of implementation date; and includes all 255 PSAPs in the CSEC state 9-1-1 Program; and 280 statutory 772 ECD PSAPs. |

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| **Addendum Section I6** |
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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, 2020, did your state expend funds on cybersecurity programs for PSAPs?** | Yes | No | CSEC state 9-1-1 Program -- $400,309  Statutory 772 ECDs -- $2,553,593  Municipal ECDs -- $92,102 |

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| **Addendum Section J1** |
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| **Question** | **Total PSAPs** |
| 1. **During the annual period ending December 31, 2020, how many PSAPs in your state either implemented a cybersecurity program or participated in a regional or state-run cybersecurity program?** | CSEC state 9-1-1 Program -- 84  Statutory 772 ECDs -- 139  Municipal ECDs -- 11 |

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| **Addendum Section J2** |
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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?** |  |  |  |

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| **Addendum Section J3** |
| Response indicates that some, but not all, of Texas’s 77 9-1-1 Entities adhere to the NIST Framework; and some do not know. The CSEC state 9-1-1 Program anticipates implementing NIST cybersecurity framework by CY 2022. |

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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| CSEC state 9-1-1 Program: 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 CSEC state 9-1-1 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 Plan: For 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 current plan including the NG9-1-1 appendix can be obtained at https://www.csec.texas.gov/s/next-generation-9-1-1?language=en\_US.  RPC Strategic Planning  Per Health and Safety Code § 771.055:  (a) 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.  (b) 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.  (c) A regional plan must be updated at least once every state fiscal biennium and must include:  (1) a description of how money allocated to the region under this chapter is to be allocated in the region;  (2) projected financial operating information for the two state fiscal years following the submission of the plan; and  (3) strategic planning information for the five state fiscal years following submission of the plan.  Statutory 772 ECDs  As 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.  Municipal ECDs  Several commented about the declining overall amount in 9-1-1 fees or that 9-1-1 fees alone were insufficient in providing effective 9-1-1 service; hence the municipality relies upon general revenues in order to provide effective 9-1-1 service. A couple of Municipal ECDs provided their performance objectives (e.g., staffing levels, call-wait times, certification/licensing levels), paid with 9-1-1 fees to the extent sufficient, as indicators of effectiveness. |

**We have estimated that your response to this collection of information will take an average of 10 to 55 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD‑PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060‑1122). We will also accept your PRA comments via the Internet if you send an e-mail to** [**PRA@fcc.gov**](mailto:PRA@fcc.gov)**.**

**Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060‑1122.**

**THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**

1. 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-1)
2. 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-2)