

# 9-1-1 IN TEXAS



## CITIZENS RELY ON 9-1-1 TO REACH ASSISTANCE IN TIMES OF CRISIS

- ☐ 9-1-1 service is statutorily defined as a communications service that connects users to a 9-1-1 Center, or Public Safety Answering Point (PSAP) through a 9-1-1 system.
- ☐ Service is provided by a mix of 9-1-1 entities consisting of 53 Emergency Communication Districts and the state program administered by the CSEC and operated by 22 Regional Planning Commissions.
- ☐ The CSEC's State 9-1-1 Program serves:
  - 206 Texas counties
  - 24.3% of Texas population (Approximately 6.7 million residents, larger than 36 states)

FY 2018-19 Legislative Appropriations Request Quick Facts					
	Requested FY 2018	Requested FY 2019			
GOBPP/LBB Approved FY 2017 GR-Dedicated Base	\$78,235,400	\$67,759,226			
Less 4% Biennial Reduction	\$ 4,241,729	\$ 1,598,056			
Base Appropriations Request	\$73,993,671	\$66,161,170			
LBB House/Senate Recommendation	\$73,365,568	\$65,560,254			
Exceptional Item Requests					
1. TPCN Cybersecurity	\$209,283	\$182,095			
2. RPC Equipment Replacement	\$8,738,228	\$ 4,998,992			
3. ESINet Project	\$8,082,936	\$19,362,498			
4. AAPCC Standardization Levels	\$2,567,157	\$ 2,567,157			
5. 9-1-1 GIS Database and Network	\$4,939,778	\$ 3,301,461			
6. Text-to-911 Services	\$1,133,860	\$ 234,246			
7. Poison Public Education and Awareness	\$ 644,788	\$ 644,788			
8. 9-1-1 Call Center Support Services	<u>\$ 503,899</u>	<u>\$ 549,729</u>			
Total Cost of Exceptional Items	\$ 26,819,929	\$31,840,966			
Total LBB Recommendation and Exceptional Requests	\$100,185,497	\$97,401,220			
Total Adjusted FTE's	25	25			

#### **NEXT GENERATION 9-1-1**

- ☐ Digital replacement of the current system is needed Next Generation 9-1-1 (NG9-1-1).
- ☐ Existing system is outdated. National infrastructure is going digital. Public uses latest digital technologies.
- ☐ Current 9-1-1 system is not interoperable with other public safety communications systems.
- ☐ Texas Legislature has authorized and funded the initial phases to Next Generation 9-1-1.

## **TEXT TO 9-1-1**

- ☐ FCC now requires wireless companies to provide Text-to-9-1-1 when 9-1-1 center is capable
- $\hfill \square$  Additional funding requested for full implementation.

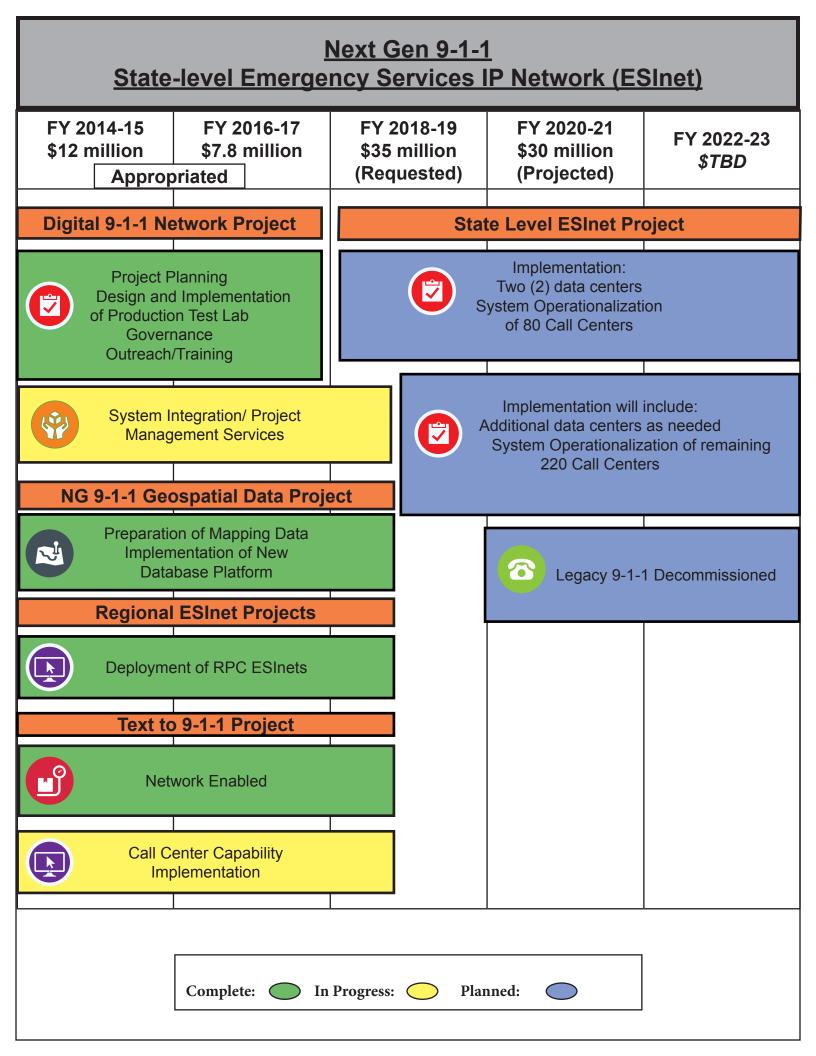
## **GR-DEDICATED FUNDING**

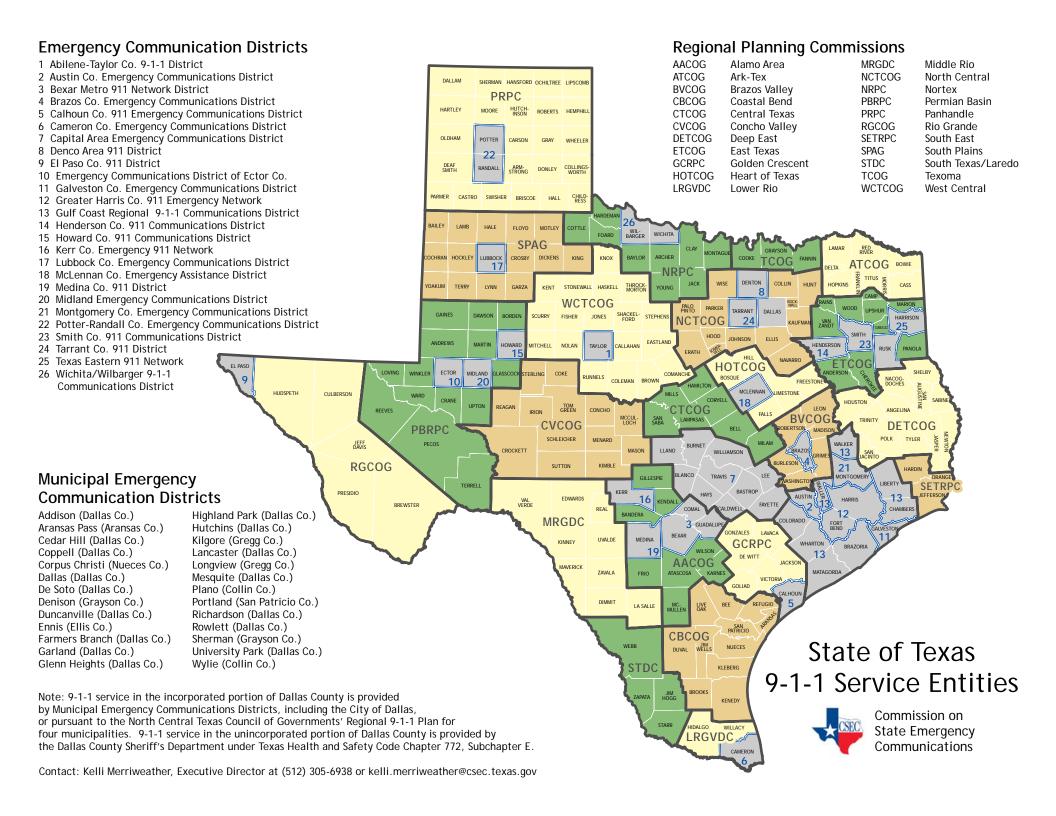
☐ Fees established in statute, billed to wireline and wireless telephone subscribers, collected by the phone companies, remitted to the State Treasury, and deposited into GR-D Accounts until appropriated by the Legislature.

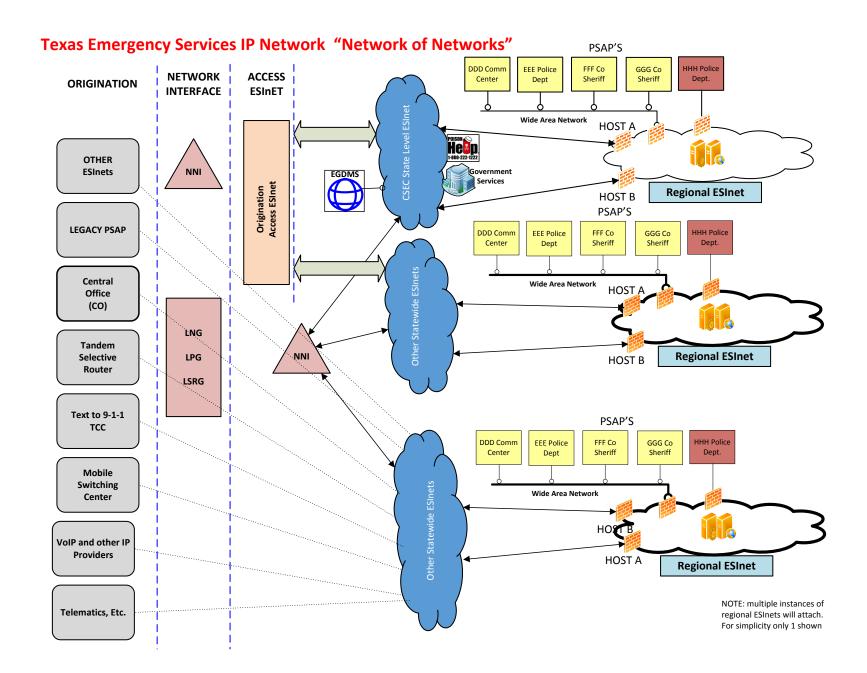
FY2018-19 Projections	Emergency Service Fee (Fund 5050)	Equalization Surcharge (Fund 5007)		
Revenue Collection	\$96.4M	\$39.7M		
Dedicated Fund Balance (FY17)	\$123M	\$39M		

	Number of 9-1-1 Jurisdictions	Text Capable	% Text Capable	
Texas	75	26	35%	
CSEC	22	3	13%	

☐ Sufficient 9-1-1 Service Fee and Equalization Surcharge revenue is collected from the public and remitted to the State to support the current system and the transition to NG9-1-1.







## MAINTAINING HIGH QUALITY POISON CONTROL SERVICES IN TEXAS

☐ Texas Poison Centers provide free, confidential, expert medical advice to people who have been exposed to
any poison. Whether it is for an over-the-counter or prescription medication, a rattlesnake bite, or a swimming
pool chemical, calls to the nationwide toll-free Poison Help line 1-800-222-1222 connect Texans with the Texas
Poison Control Network.

- ☐ Calls to poison centers are answered by health care professionals with specialized training in toxicology and poison emergencies. Poison specialists, including nurses, pharmacists and physicians, answer calls about exposures to harmful substances and provide medical advice.
- ☐ Accidental poisoning is the leading cause of unintentional injury death in the US, ahead of motor vehicle accidents and falls. In the state of Texas, it is the second cause of unintentional injury death.
- $\square$  42,000+ Americans die every year as a result of poisoning; over 14,000 are prescription painkiller overdoses. Over 3,000 Texans die every year as a result of poisoning; of those, 610 are related to prescription painkillers.
- ☐ Findings, detailed in the Final Report on the Value of the Poison Center System (2012, The Lewin Group), confirm an immense return on investment as poison centers generate significant savings to the nation annually.
  - \$1.8 billion savings in medical costs and productivity
  - \$752.9 million saved due to avoided medical utilization
  - \$441.1 million saved due to reduced hospital length of stay
  - \$23.9 million saved due to in-person outreach
  - \$603 million saved due to reduced work-loss days

\$1 INVESTED IN POISON CENTERS = \$13.39 IN SAVINGS

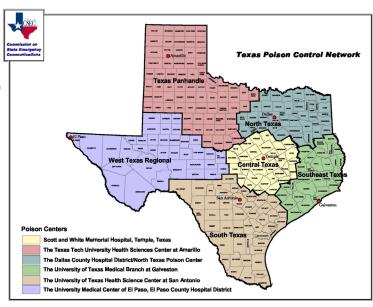
## TEXAS POISON CONTROL NETWORK RETURN ON INVESTMENT

\$12.8 million/biennium: Average Appropriation over past 6 biennia to Texas Poison Control Network \$171 million/biennium: Estimated savings in Texas' medical costs and productivity

## TEXAS REGIONAL POISON CONTROL CENTERS

Six statutorily designated regional poison control centers are depicted in the map:

- University of Texas Medical Branch at Galveston
- Dallas County Hospital District (Parkland Hospital)
- University of Texas Health Science Center at San Antonio
- El Paso County Hospital District (University Medical Center of El Paso)
- Texas Tech University Health Sciences Center at Amarillo
- Baylor Scott and White Memorial Hospital, Temple Regional poison centers are mission critical components of professional education for trainees in toxicology, emergency medicine, pediatrics, occupational & preventive medicine, pharmacy, and nursing.



#### **FUNDING OF THE TEXAS POISON CONTROL CENTERS**

☐ Each Poison Center is funded by a combination of state, federal and host funds.

FY 2016 – 2017 funding for all six po son center operations was from the following sources:

• Federal: \$2.7 million (13.5%)

Host: \$4.3 million (21.5%)State: \$13.0 million (65%)

• Total: \$20.2 million

## STATE FUNDING SOURCE: GR-DEDICATED REVENUE

☐ State funding is provided by the	Legislature through	h appropriations (	of general	revenue-dedicate	d (GR-D)
revenue to the Commission on Stat	e Emergency Com	munications (CS)	EC).		

- ☐ Fee established in statute is billed to telephone subscribers; collected by the phone companies; remitted to the State Treasury; and deposited into a GR-D account until appropriated by the Legislature.
- ☐ Equalization Surcharge (Fund 5007)
  - Revenue collection projected for FY 2016-17: \$39.5 million
  - Estimated Dedicated Fund Balance at end of FY 2017: \$39 million

## **USE OF STATE FUNDS FOR STATUTORY REQUIREMENTS**

- ☐ Rider 7 of CSEC appropriation requires state funds be prioritized first for poison specialist positions, and then on other positions directly affecting the required accreditation of the center by the American Association of Poison Control Centers (AAPCC).
- ☐ Health & Safety Code, Chapter 777, requires poison centers to provide the following services: (Percentages reflect the portion of each service funded by appropriated GR-D revenue, and are primarily related to personnel who provide these services.)
  - 75.9% Telephone information & referral services by licensed/certified healthcare professionals
  - 10.4% Community Outreach Programs to both the public and healthcare professionals
  - 11% Accreditation by the AAPCC
  - 0.93% Information at Birth materials to health care facilities for parents of newborns
  - 1.15% Internal Healthcare Facilities Database development and maintenance

#### **GOALS FOR THE FUTURE**

- $\square$  Maintain the existing high quality regionalized Texas Poison Control Network  $\square$  Increase outreach and public awareness of this valuable public health service
- $\square$  Modernize the poison network to better communicate with and serve the public & medical professionals



