The discussion of funding secondary PSAP locations resurfaced during the past few years for a number of reasons. Among them was the then recognition of surplus funds across the state having been collected and “banked” by a number of localities. On its face that seemed to indicate that there was in fact excess funds available to allow some to be passed to secondary locations without material injury to any of the primary sites. When the excess or surplus fund reserves were approved on a limited basis for “non-traditional” expenses by localities where these monies were banked, the issue of fairness became a question; more frequently posed by the localities that were funding 100% of the cost to operate their 911 centers which were designated as secondary PSAP locations. The existing secondary locations are in most aspects very much like comparable primary venues, as is the level of training and skill of the personnel in many of the unfunded secondary sites, who are counted by APCO and NENA among their members. The existence of the centers and why some are now designated as either primary or secondary may well have been the result of a local political decision to seek that status and the associated funding. That election or oversight, should not preclude the possibility of future funding, nor a discussion thereof at this point in time.

Local government control, I believe, lies at the base of why there are currently almost 130 primary PSAP locations within the 100 counties. In most, I would offer there was possibly some belief that the citizens there would be better served by a more localized center, rather than being part of a larger entity. As I reviewed the listing of the primary PSAP locations, I found the existence of eight counties where there are currently three primary centers in each county. Inasmuch as these eight counties vary greatly in geography, terrain and population, the concept of local control or the desires and wishes of those within each of those seems to have been the driving force behind those centers.

It is that same local choice that brought into existence the current secondary locations. While they may not in every instance deliver ALL of the functions of a primary center they do connect the designated “first responder” in that town to the caller who depends on them for the direction of critical and frequently life changing assistance. These callers, no doubt, at that moment are concerned with but one issue and place their trust in the skills of the voice on the other end of the line, with no idea of the difference between primary or secondary.
Funding for secondary sites should be based upon the recognition of the area served, level of service provided and the center’s ability to meet reasonable and appropriate standards. A funding model where by verified expenses for maintenance and system upgrades are reimbursed would certainly be a positive step until a formula that parallels the recently adopted funding model for primary centers could be developed.

Unless the mandate is statewide consolidation, resulting in perhaps only a handful of centers each serving a large region, it seems only fair and equitable that the election to operate multiple PSAPs, primary and secondary, based upon the concept of local government control in counties where more than one PSAP exist, there should be funding for all…

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