Emergency Communications in Kennebec County – Fragmented Network Presents Challenges; Quality and Rate Issues Need to be Addressed to Optimize Public Safety

What issues did OPEGA identify during the course of this review?

- PSAP centers are making blind transfers to dispatch centers
- Emergency Communications Centers are not handling 9-1-1 calls consistently
- CMRCC needs more active supervision on the call center floor
- Dissatisfaction persists among CMRCC’s customer groups
- ECC rate methodologies are inconsistent and not comparable
- Costs of handling 9-1-1 cell phone calls are not equitably covered
- PUC rate case on DPS rates did not address root causes of higher rates
- CMRCC has vacant space

More information about these issues, including OPEGA’s recommendations for addressing them, are included in the Recommendations section of the full report.

What questions did this review focus on, and what are OPEGA’s answers?

1. What does the current network of Public Safety Answering Points (PSAP) and dispatch service providers for Kennebec County customers look like? Does the current configuration provide adequate coverage for rural communities?

   The current network has become fractured as each community has sought to balance cost and quality to secure a good value. Five primary emergency communications centers (ECCs) serve Kennebec County: three providing only dispatch services and two that provide both PSAP and dispatch services. All Kennebec communities have access to ECC service and the network presents no public safety issues unique to rural communities.

2. Are there differences in the quality of services provided by the Department of Public Safety’s Central Maine Regional Communications Center (CMRCC) compared to other entities that are serving customers in Kennebec County? If so, what factors are creating those differences? Is public safety being jeopardized?

   OPEGA compared Kennebec's two larger ECCs to best practices and found both have room for improvement. The need for improvement in the areas of standardized protocols and quality assurance practices was evident from the call handling issues OPEGA noted while listening to a sampling of calls. To the extent that call handling issues result in errors or affect timely response, public safety is not optimized. CMRCC, in particular, should also make improvements to supervision of staff.
3. How do cost structures and rate methodologies differ between CMRCC (the regional PSAP) and other entities that provide PSAP and dispatch services to customers in Kennebec County? Are costs being equitably allocated to those who are benefiting from the services?

CMRCC is the only ECC with a formal rate methodology that includes all operating costs in its rates. Other centers either charge what CMRCC did prior to its 2009 rate increase, or they charge rates based roughly on the incremental costs they incur when taking on external customers. CMRCC has higher costs in the area of personnel and also has additional costs associated with services it provides that benefit both customers and non-customers. As a result, CMRCC’s rates are higher than the other four centers.

4. What are the funding streams for each of the PSAP and dispatch service providers and how are they affecting the cost of providing service and/or the rates charged to customers? Are there more efficient and/or equitable ways to fund the provision of PSAP and dispatch services?

Funding is relatively consistent among all centers other than CMRCC, which is the only ECC funded solely through rates charged to customers. Other centers get some rate revenue from external customers, but are mostly funded with municipal and county revenue. No centers get surcharge revenue to cover any operating costs, even if those costs are directly related to PSAP service. This is similar to other states, although a few do use E9-1-1 surcharges for operating costs. Establishing special districts and collecting revenue through those districts is another possible option for funding emergency communications services.

5. What are the impacts on the State, County and municipalities in Kennebec County from towns not participating in the CMRCC or from towns changing service providers? Are there factors other than cost and service quality driving the changes?

CMRCC loses revenue each time a customer leaves, but some of the workload remains because CMRCC receives all cell phone calls for Kennebec County regardless of which ECC municipalities utilize. CMRCC operates as an enterprise fund, so its revenue must cover all expenses. As a result, when customers leave, costs must be cut or rates must be raised for remaining customers which include several State agencies. OPEGA’s survey results show cost and quality are the primary factors driving municipalities to change providers.

6. What benefits have been realized from Statewide PSAP consolidation and how do they compare to what was expected?

The Legislature’s intent in consolidating PSAPs was to keep the E9-1-1 surcharge low. To date, that goal has been met. However, stakeholders expected a variety of other benefits from consolidation that have not emerged and, in many cases, the opposite of what they were expecting has occurred.
Highlights of
OPEGA Special Project for AFA on
Professional and Administrative Services Contracts Supported by General Fund

OPEGA Objective
Suggest contracted professional and administrative services supported by FY11 General Fund appropriations that the State could consider no longer procuring or procuring on a less frequent basis.

Definition of Professional and Administrative Services
Expenditures for services provided to the State, as opposed to a citizen, for the purposes of managing State Government and administering its programs.

-OR-
Expenditures for outsourced services where the State is really procuring staffing resources for functions/positions that might otherwise be, or historically been, filled by State employees.

Methodology
OPEGA employed a specific multi-stage methodology and criteria to select a subset of contracted services that were within our scope, held the greatest potential for reducing GF budget for FY11 and could reasonably be reviewed within our timeframe. As part of the process, we reviewed contract documents for 140 contracts and captured pertinent details in a database. Those details were used to determine the final subset of contracts that would be our focus.

We ultimately selected 34 contracts to review in detail, most of which involved the procurement of multiple individual services. We reviewed the continued need for each service through interviews with the agencies that focused on why the service was being procured and how the resulting deliverables were being used. The breakdown of contracts by Department is:

<table>
<thead>
<tr>
<th>Department</th>
<th># of Contracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrections</td>
<td>4</td>
</tr>
<tr>
<td>Education</td>
<td>15</td>
</tr>
<tr>
<td>Economic and Community Development</td>
<td>2</td>
</tr>
<tr>
<td>Health and Human Services</td>
<td>11</td>
</tr>
<tr>
<td>Environmental Protection</td>
<td>1</td>
</tr>
<tr>
<td>Administrative and Financial Services</td>
<td>1</td>
</tr>
</tbody>
</table>

OPEGA further assessed the purpose of each service that was planned to be procured through FY11 in terms of how directly related it was to just maintaining existing direct services and existing programs in their current state.
Key Results

Agencies reported that they were planning to continue procuring services – through FY11 - associated with 31 of the contracts that we reviewed with them. We provided AFA with a listing of these 31 contracts along with pertinent details, including descriptions of the specific services being procured. We suggested that AFA could direct the agencies to analyze the historical actual expenditures associated with procuring these services over the last two full fiscal years and report back on how those expenditures compare to the most current contracted budget for those services. If historical actual expenditures were typically substantially lower than the current budget, opportunity might exist to reduce the budgets (and related FY11 appropriations) for those contracted services.

We also identified multiple services within 18 of the 31 contracts that appeared to go beyond what was necessary to just maintain the status quo on existing programs or services as they were more related to goals of improving program effectiveness or efficiency. These are certainly important aims and agency staff were able to articulate why the contract services were important and valuable to the citizens of Maine. Given the current fiscal environment, however, OPEGA suggested that these contracted services could be considered for possible temporary suspension in FY11 as alternatives to other budget cuts or as options to address situations where budget gaps remain. We provided AFA with a detailed listing of these contracts and services which are summarized below.
<table>
<thead>
<tr>
<th>Department</th>
<th># Contracts</th>
<th>FY10 GF</th>
<th>FY10 SPEC</th>
<th>FY10 FED</th>
<th>FY10 OTHER</th>
<th>Total FY10$**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrections</td>
<td>4</td>
<td>$768,318</td>
<td></td>
<td></td>
<td></td>
<td>$768,318</td>
</tr>
<tr>
<td>Education</td>
<td>7</td>
<td>$1,160,957</td>
<td></td>
<td>$58,560</td>
<td></td>
<td>$1,219,517</td>
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<tr>
<td>Economic &amp; Community Development</td>
<td>1</td>
<td>$100,000</td>
<td></td>
<td></td>
<td></td>
<td>$100,000</td>
</tr>
<tr>
<td>Health &amp; Human Services</td>
<td>6</td>
<td>$1,064,218</td>
<td>$172,750</td>
<td>$808,104</td>
<td>$0</td>
<td>$2,045,072</td>
</tr>
<tr>
<td>Total for All Departments</td>
<td>18</td>
<td>$3,093,493</td>
<td>$172,750</td>
<td>$866,664</td>
<td>$0</td>
<td>$4,132,907</td>
</tr>
</tbody>
</table>

**Actual $ that could be reduced would be less than total contract $ because contract also contains other services not put forward for consideration and contract contained no breakdown by service.

OPEGA emphasized, however, that suspending or reducing these services would not be without impacts and consequences. Choices to suspend many of these services would have potentially significant impacts on achieving continuous improvement in the services and programs the State is currently providing. In other cases, there would be a reduction in current and relevant information for making policy decisions. We strongly suggested that reductions should not be made without agency input and discussions about those impacts.

A member of AFA pursued OPEGA’s suggestions by exploring possible reductions on specific contracted services with the commissioner of each agency. He ultimately proposed that AFA consider de-appropriating a total of $399,400 from the four agencies and re-appropriating $250,000 of it to restore proposed budget cuts to NAMI, the Coalition Against Sexual Assault and PMNI work with adolescent substance abuse. His proposals were accepted by AFA and incorporated into the Supplemental Budget that was approved by the Legislature.
The GOC added the review of the Maine Turnpike Authority (MTA) to OPEGA’s workplan at its meeting on May 8, 2009. OPEGA conducted preliminary research over March and April of 2010 with a focus on gaining a fuller understanding of MTA’s operations, learning what legislative questions exist about the Authority and reviewing prior audits or studies conducted of MTA or its peers in other states. On April 29, 2010 the GOC considered OPEGA’s Recommendation for Project Direction on a review of MTA and voted to have OPEGA focus on the following questions:

1. Why hasn’t MTA been transferring operating surplus to MDOT as required by statute? Does MTA have an operating surplus as defined by 23 MRSA §1964? What other types of financial support has MTA been providing to DOT, if any? To what degree can MTA provide financial support to DOT without driving increases in toll rates?

2. What factors most significantly affect MTA’s bond rating? How is the bond rating affected by legislative oversight actions, including OPEGA reviews, or by changes in MTA’s operations, governance structure, revenue stream, etc?

3. What specific obligations does MTA have to its bondholders as expressed in the Bond Resolution? Are these typical obligations for an entity that issues revenue bonds?

4. Is the amount of bond debt currently held by MTA reasonable, and has the full amount of that debt been necessary to ensure the Authority could effectively carry out its mission?

5. Are MTA’s policies, procedures and processes for selecting contractors and administering contracts adequate to ensure that MTA receives best value for contracted services?

6. What entities have a role in governing and overseeing MTA? What role is each entity supposed to play and how effectively does each entity carry out that role? How does MTA’s governance structure (including statutory budgetary approval by the Legislature’s Transportation Committee and appointments to the Authority’s board by both the Legislature and Governor) compare to that of comparable authorities in other states?

7. What is MTA spending its toll revenue on? How does MTA define reasonable expenditures? Are the Authority’s expenditures reasonable?

8. How does MTA compare to toll authorities in other states on financial and performance measures such as personnel and management costs and cost per mile?

A final report on this project is currently expected during the fall of 2010.
This topic was first brought to the Government Oversight Committee (GOC) at its March 27, 2009 meeting as a result of two different requests for OPEGA reviews: one from a citizen, and one from a legislator. The GOC considered these requests, in addition to information from prior OPEGA reviews and the fact that the 2010-2011 budget included $16.5 million in General Fund each year for the Correctional Medical Services Fund (0286). On December 14, 2009 the GOC considered OPEGA's Recommendation for Project Direction on a review of Medical Services in StateCorrectional Facilities and voted unanimously to have OPEGA focus on the following question:

- How well does the Department of Corrections manage its contracts for medical, dental, pharmaceutical, and adult mental health services to ensure compliance with contract terms, conditions and expectations with regard to performance, quality and cost?

To date a timeframe for completion of this project has not been set.