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Date: May 3, 2010
From: John Drake, Chairman – SC 9-1-1 Working Group
To: All County and Municipal Officials, 9-1-1 Work Group Members
CC: L.R. Kimball & Associates
Subject: 9-1-1 Report Addendum

On February 22, 2010 the Sussex County 9-1-1 Work Group released the consolidation report to municipalities and the public for review with a recommendation from the workgroup to move forward with consolidation.

In the short time since the report's release, we have fielded many questions with respect to specific sections of the report. In this time there has also been increased discussion of a potential "hard" 2.5% on local government budgets commencing in 2011. In order to answer some of the frequently asked questions and in order to address the potential change in the budgetary landscape caused by a 2.5% "hard" cap, we are issuing this "9-1-1 Report Addendum."

Section 1.
Impacts of 2.5% Hard Cap Proposed by Governor Chris Christie

As we are all aware Governor Christie has suggested that the voters of the State be given an opportunity to determine whether a "hard" 2.5% cap (the current debt service and health benefit cap exceptions to the current cap would be eliminated under this proposal) be placed on the revenues and expenditures of municipal and county governments across the State. The imposition of this cap would make it virtually impossible for the County to absorb the roughly \$4M in operating cost and \$1M in debt service costs without significantly reducing expenditures in its core functions.

We have been in contact with our State legislators with respect to the negative impact of the 2.5% cap on any major consolidation of local governmental services. Unfortunately until such time as the County has clarification on this issue, it is not possible to advance a serious discussion of the County moving forward on a centralized 9-1-1 facility.

Section 2.
Discussion about “Cost Comparison” chart on page 48.

Many questions have been raised regarding the table on page 48 which compares the cost of Next Generation upgrades for six individual upgrades to a single consolidated PSAP. There has been wide criticism from the current PSAP operators that these costs have been grossly overstated by Kimball Associates. The most common question has been, “Why would it cost me that much money to upgrade for NG 9-1-1 and why would I have to upgrade my facility to upgrade some software”.

After extensive discussions with Kimball Associates we believe the costs to be accurate and offer the following explanation. The chart represents the costs to upgrade all centers to NG 9-1-1 to Federal and State standards as well as industry best practices. This creates a true “apples to apples” comparison in that any new center would have to be built to these same standards. These include such standards and best practices as:

- Agency facilities should be expanded to cover the standard minimum square ft. per operator.
- Operators shall not serve multiple roles and shall not be accessible to the public. Renovation would be needed at all facilities comply with this standard.
- Operators should have access to a “quiet room” where they can go for 5 minutes to collect their thoughts before returning to duty after a stressful call.
- It includes access to lunch room, etc.
- Radio towers, cabling and upgrades.

The facility and furniture in the charts are costs estimated for those types of upgrades.

Other costs in the chart are associated with the new dimension of NG 9-1-1 communications and the systems used to process that information. Right now we are processing, logging, and cataloging, routing, reporting and disseminating two types of communications:

- Voice recordings (phone and radio traffic) and
- Text that is manually typed in our records systems, usually by an operator or officer.

With NG 9-1-1 we now have an unlimited dimension of communications, such as text, pictures and video messaging as well as an unlimited messaging such as strict data bursts coming from the “Onstars” crash notifications and other “intelligent devices” like the “Life Saver, help me I’ve fallen and I can’t get up”, and a virtually unlimited capacity to receive alarms from the traditional burglary and fire alarms to mechanical systems in public buildings to personal medical condition alarms, etc.

As we look at and reflect the impact of this new dimension of NG 9-1-1 communications we began to understand what this table is comparing. Virtually every system we have now in a 9-1-1 center will need upgrading or likely replacing to process the new data and communications. We will now need CAD systems, Loggers, MDT systems, 9-1-1 systems, Dispatch Consoles and Telephone Systems that will process the new communications, record it and log it, catalog it, route it and disseminate it to comply with the public records act. To assume that existing PSAP operations would be allowed to continue outside compliance with NG 9-1-1 and other standards would obviously skew the analysis in favor of the status quo.

In closing this discussion regarding the estimated upgrades it is important to keep in perspective two important facts. First, the Kimball & Associates policy is to estimate high on costs throughout the report so that a project would not be underfunded and secondly, the estimates in this chart are comparing the renovations of existing PSAP’s to the Standards level that a new facility would be built out at.

Section 3.
Reported Estimated Costs

Subsequent to release of the report was published we received many questions as to the cost estimates and if it was possible to reduce the reported costs. Certainly the answer to that question is “yes” and outlined in this section are the identified costs that will be reduced.

In the study conducted by the Sussex County 9-1-1 Work Group and L.R. Kimball & Associates it was found that the national and state model of consolidated 9-1-1 centers included an Emergency Operations Center in the same building. In the planning phases of the Sussex County Study, an Emergency Operations Center was included. It was determined to make sense for that inclusion but it did add to the cost of the project. The first reduction will be to remove the EOC from the 9-1-1 Center. The removal will basically reduce the cost capital costs in half and the impact will be shown in **Section 5. Revised Costs Estimates.**

Another reduction can be made in the yearly operating costs which will be reduced from 4.5 Million annually to 4 million annually. As was mentioned earlier in this addendum the cost estimates were formulated high, this is one area that could be reduced based on the operating costs as reported by our neighboring Warren County consolidated 9-1-1 center. This reduction will also be shown in **Section 5. Revised Costs Estimates.**

Section 4.
Conclusion

This addendum has been kept brief and is meant to disseminate the current information to the public elected and appointed officials especially to our municipal elected constituents. As you will remember this project was born in 2005 from the “from the ground up” by the majority of the municipalities requesting the county investigate the possibility of providing a consolidated 9-1-1 center for all of the municipalities in the county.

I would like to take this opportunity to thank all of the professional public officials and volunteers who have dedicated five years of their time to provide the information so that an informed decision can be made

As always if any information is needed please contact me and we will be happy to discuss any question you may have.

Section 5.
Revised Costs Estimates.

See attached PDF Document