

# **INTERIM JOINT COMMITTEE ON LOCAL GOVERNMENT**

## **Minutes of the 3rd Meeting of the 2018 Interim**

**September 26, 2018**

### **Call to Order and Roll Call**

The third meeting of the Interim Joint Committee on Local Government was held on Wednesday, September 26, 2018, at 10:00 AM, in Room 171 of the Capitol Annex. Representative Rob Rothenburger, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Joe Bowen, Co-Chair; Representative Rob Rothenburger, Co-Chair; Senators Ralph Alvarado, Christian McDaniel, Morgan McGarvey, Albert Robinson, Dan "Malano" Seum, and Damon Thayer; Representatives Danny Bentley, George Brown Jr, Ken Fleming, Kelly Flood, Kenny Imes, DJ Johnson, Kim King, Adam Koenig, Stan Lee, Michael Meredith, Jerry T. Miller, Phil Moffett, Steve Riggs, Attica Scott, Arnold Simpson, and John Sims Jr.

Guests: John Holiday, Mike Sunseri, and LeAnn Straley, Kentucky Office of Homeland Security; Joe Baer, Kentucky Professional Firefighters; Dr. Kerry Ramella, International Association of Firefighters Advisory Committee for the Center of Excellence for Behavioral Health Treatment and Recovery; Valerie Areaux, Bluegrass Family Therapy; Jo Terry, Covington; Ehrin Ehlert, First Responder Network Authority; and Eric Flannery, FirstNet Program, AT&T.

LRC Staff: Mark Mitchell, John Ryan, Joe Pinczewski-Lee, and Cheryl Walters.

### **Approval of Minutes**

Upon the motion of Senator Alvarado, seconded by Representative Bentley, the minutes of the August 22, 2018 meeting were approved.

### **NextGen 911 Services and 2016 HB 585 Update**

Mr. John Holiday, Executive Director of the Kentucky Office of Homeland Security (KOHS) and Chairman of the Commonwealth's 911 Service Board, told the Committee that while 911 is primarily a communications operation, Geographic Information System (GIS) is a critical element of innovative, 21<sup>st</sup> century emergency communications. For 911 purposes, timely and accurate mapping data is of paramount importance. GIS as a whole must be elevated in stature if Kentucky hopes to compete on a national scale.

Increased GIS capability in the state can propel state government and the private sector to new heights, in terms of profits, savings and security. GIS is far more than points on a map. GIS creates the opportunity to share layer upon layer of information to an easy-to-interpret manner that gives users the opportunity to critically analyze multiple data points, identify trends and determine courses of action based on accurate, real-time information.

Mr. Mike Sunseri, Deputy Executive Director of KOHS, told the Committee that no matter what type of phone people have or where they are in the United States, dialing 911 connects people in need with telecommunicators—first responders ready to offer timely and professional assistance, whether that be a police, fire or medical response. In a world where seconds can literally mean the difference between life and death, it is vitally important that Kentucky has the best possible emergency response infrastructure.

Kentucky's 911 system is at a critical crossroads. Last year, the Governor issued an executive order giving KOHS daily oversight and management of the 911 Services Board. The General Assembly codified, in large part, the executive order with the passage of HB 424 this past legislative session. Since taking over daily operations in May of 2017, KOHS has taken aggressive action to strengthen the board's operational foundation. For example, KOHS enlisted the State Auditor to do a four-year audit of the board's administrative fund as the past board was behind on its statutory requirement of auditing the books every two years. The audit revealed the past board had improperly spend more than \$250,000 from a fund dedicated by statute to be used exclusively for 911 call center grants. Once KOHS learned of the issue, Director Holiday took immediate action and repaid the grant fund out of the Board's administrative fund. As Kentucky's 115 certified 911 call centers work toward adopting Next Generation 911 (NG 911) technology, every penny counts. So it is critical that as many dollars flow to local call centers as possible.

For the last ten years, 911 call centers, also known as public safety answering points (PSAPs), have been looking for guidance on how to move from antiquated, voice-only technology to NG911 technologies. While a copper-wired based analog system can only carry voice data NG911 uses internet-based digital networks to allow 911 call centers to receive and send texts, photos, video and other data.

The federal government is investing almost \$110 million in a new grant to help states adopt NG911 equipment and operations, and Kentucky now stands poised to receive \$1.7 million from that grant. However, the project requires a 40 percent local match. With Kentucky's own contribution, the combined project would total nearly \$3 million.

After the grant was announced, a letter was sent to all 115 certified PSAP directors to seek their input on how to best move forward Kentucky's NG911 efforts. The board received good feedback from the 911 community thus far. The one common element shared

by those in the trenches was GIS. For the NG911 to work, there must be updated and accurate electronic mapping on a statewide level.

Looking beyond the grant, the Kentucky 911 Services Board is in better shape than ever before. During the last year, KOHS has realized significant operational savings. The Board's administrative fund finished fiscal year 2018 well under budget, and is in such a sound financial position, that it can provide the first round of matching funds for the federal grant.

The passage of 2016 HB 585 established a new method of collecting 911 fees from prepaid cellular customers. While most people (2.7 million subscribers) pay a 70-cent-per-month 911 fee along with their monthly cell phone bill, more than a half-million people have pay-as-you-go, or prepaid, wireless plans. For prepaid wireless customers, 93 cents is collected by retailers at the point-of-sale for each prepaid wireless transaction—either the initial sale or adding minutes to an existing account. The new prepaid collection model went into effect in January, 2017. In the first full year of the program, Kentucky collected \$9 million in prepaid 911 fees. Because 95 cents out of each dollar collected in 911 fees goes right back to Kentucky's 115 certified call centers, this new prepaid program led to a record amount of funding for PSAPs, many of which are struggling with decreasing revenues from landline customers. Receipts totaled just under \$30 million in FY 18. This compares to revenues of \$26.8 million in FY 16.

As Kentucky moves toward NG911, it will require PSAPs to utilize more technology to keep pace, which has a price tag. One of the benefits of NG911 is that, once a statewide network is created, all participating call centers will be connected, much like computer workstations on a business network. So if a natural disaster were to strike and a call center lost the ability to take calls, all 911 call traffic could be instantly switched over to a neighboring call center, or even one on the other side of the state. Adopting NG911 technology will not be an easy task for many. Each PSAP will need to have its electronic mapping updated on a regular basis by GIS professionals. NG911 simply cannot work without accurate GIS data, so this will need to be a major focus of Kentucky's new statewide NG911 plan.

In response to a question from Representative Fleming, Mr. Sunseri said he did not have statewide figures of what it would cost to fully bring all the GIS systems up to date, but that it costs the City of Owensboro \$8,000 per month to maintain its GIS.

In response to another question from Representative Fleming, Mr. Sunseri stated that moving forward, there has never been greater accuracy on cell phones in terms of fixing a person's location in an emergency. Local governments and their related PSAPs have the responsibility of ensuring the GIS systems they use are accurate and updated regularly.

Representative Fleming commented that there should be a coordinated effort between fire departments, police, and local officials to find out the total cost for GIS.

In response to a question from Representative Johnson, Mr. Sunseri said that in terms of matching the money for the federal grant, there are presently enough agency funds in reserve to cover one or two years of the four year grant term.

In response to a question from Representative Miller, Mr. Sunseri said the 37.5 cent flow back from the wireless phone tax to PSAPs is a flat, equal share.

In response to a question from Senator McDaniel, Mr. Sunseri replied that, statewide, emergency texting has been highly beneficial. When a 911 operator texts a caller after a hang-up, the response rate has been greater than when they call.

Representative Riggs commented that there should be consequences for the people who misused the 911 funds. He also commented that other states have 90 percent fewer PSAPs than Kentucky and that having 115 PSAPs is costly. He suggested that a task force or subcommittee be formed to look into the efficient distribution of PSAPs.

In response to a question from Representative Riggs, Mr. Sunseri said that there have been no requests to merge PSAPS since July 2016 despite a \$200,000 incentive in 2016 HB 585 which was increased from \$100,000.

Representative Koenig said that the General Assembly should look into the possibility of taxing smart phones, and a cost analysis should be performed for PSAP operations at current levels and various other numbers of PSAPs at less than the present 115.

In response to a question from Representative Lee, Mr. Sunseri stated that grant money was spent on a technical consultant which was never completed. No documentation could be found regarding the work. Some staff salaries were also charged to the grant contrary to law.

In response to another question from Representative Lee, Mr. Sunseri said there are seven members on the board and three staff members and that the board derives operational efficiency from its location within KOHS offices.

In response to a third question from Representative Lee, Mr. Holiday said that up-to-date GIS maps decrease response time, and decreasing response time means probably saving more lives. Each community needs to regularly update its GIS maps. The department is working toward quantifying the statewide costs for doing so.

Chairman Rothenburger shared an example of how accurate mapping of parkland covering multiple fire districts could shorten response times.

Senator Robinson commended Director Holiday for his military service and his work with KOHS.

In response to a question from Representative Imes, Mr. Sunseri said that some areas do have challenges with cell service. For example, certain areas of Perry County do not have cellular coverage. Service providers do look at costs versus benefits, and equipment is expensive. Ensuring cell phone coverage is definitely a challenge.

### **FirstNet Program Implementation from AT&T**

Mr. Ehrin Ehlert, Field Operations Director for First Responder Network Authority, told the Committee that the FirstNet Program is an independent federal agency charged with deploying a Public Safety Broadband Network. FirstNet became law February 22, 2012. The FirstNet board has 15 members with industry and public backgrounds. Each governor appoints one single point of contact (SPOC) and governing body to represent the state's interest to FirstNet. The 42 member Public Safety Advisory Committee (PSAC) advises FirstNet on public safety intergovernmental matters. Seven billion dollars was authorized to build the FirstNet network, funded by spectrum auctions through 2022. The band class is 14, and 20MHz of bandwidth has been dedicated to public safety in the prime upper 700 MHz frequency range which is an advantageous frequency range.

Regarding FirstNet request for proposals, the Middle Class Tax Relief and Job Creation Act requires "open, transparent, and competitive request for proposals to private sector entities for the purposes of building, operating, and maintaining the network." The Act also establishes a public/private partnership to deliver the best possible network solution for the public safety community.

FirstNet's journey began with the 9/11 attack in 2001, where radio communication challenges impacted responding law enforcement, fire, and EMS. In 2004, the 9/11 Commission Report recommended national radio spectrum for public safety purposes. Public safety united to advocate for a broadband network. In 2012, FirstNet was created. From 2012 to 2015, there was outreach to the public safety community and Governors identify SPOCs for FirstNet. In 2016 and 2017, there were network request for proposals, a partnership award to AT&T, and delivery of state plans. From 2018 through 2022, there will be nationwide expansion and buildout of Band 14 for the Public Safety Broadband Network.

FirstNet represents the First Responder Network Authority organization, which was established to deliver the nation's public safety broadband network, oversee the Network contract with AT&T, consult with the public safety community to ensure its voice and needs are heard, and drive public safety innovation for the Network. FirstNet also

represents the FirstNet network and services built with AT&T, whose key features include dedicated connection with priority and preemption over a secure and reliable network.

FirstNet is a public agency for public safety by public safety. It exists because public safety organizations wanted FirstNet to exist and to be available for their use. FirstNet continues to seek input from public safety organizations on a daily basis to improve the network so that more crimes can be solved and more lives can be saved.

In response to a question from Representative King, Mr. Ehlert said that Derek Nesselrode, Kentucky State Police, is the SPOC for Kentucky.

In response to a question from Representative Moffett, Mr. Ehlert said that FirstNet seeks to bring public safety's GIS network into the system in the best and non-duplicative manner.

Mr. Eric Flannery, Principal Consultant for AT&T's FirstNet Program, said that there is little overlap needed from NextGen 911.

In response to a question from Representative Rothenburger, Mr. Ehlert stated that the public safety broadband network has access to existing cellular communication towers. Public safety cellular traffic is routed differently than citizen cellular traffic. Public safety communications devices are registered with FirstNet to facilitate that. In addition to the \$7 billion that FirstNet and the government allocated, AT&T is allocating \$40 billion not only to improve the network for public safety and to help the citizens that public safety serves.

In response to another question from Representative Rothenburger, Mr. Ehlert said the time line includes a five year build-out plan with a 25 year contract.

### **Firefighter Post-Traumatic Stress Disorder**

Mr. Joe Baer, President of the Kentucky Professional Firefighters, told the Committee that firefighters' cumulative occupational exposure to traumatic events far exceeds civilians' exposure. The most common number of traumatic events Americans will experience in their lifetime is three. The number of traumatic event firefighters will routinely encounter on a single call is four. The majority of career firefighters work a minimum of 20 years.

The kinds of traumatic events that firefighters encounter include: structural fires, multi-causality accidents, natural disasters, chemical or biological exposures, suicide of co-worker or civilian, terrorist attacks, life threatening events involving children, and large-scale catastrophic events.

Research says that approximately 22 percent of firefighters will meet full diagnostic criteria for PTSD at some point in their career. Between seven and 11 percent of firefighters

suffer from clinical depression. Combat veterans with PTSD are six times more likely to commit suicide. Many firefighters consider suicide at some point in their career—46.8 percent have had suicidal ideation, 19.2 percent have made suicidal plans, and 15.5 percent have made suicidal attempts.

The National Broadcasting Company (NBC) collaborated with the International Association of Firefighters (IAFF) on a national survey, which explored behavioral health concerns in the fire service. Nearly 7,000 IAFF members responded, and over 75 percent report stress of the job contributes to unresolved emotional issues. It is important to note that the survey was not a scientific study.

There were several behaviors identified in the survey that firefighters report are a result of the work-related stress and Mr. Baer noted the group's educational efforts toward de-stigmatizing the necessity of seeking psychological help.

Most firefighters will not receive a PTSD diagnosis. Of the total 459 patients treated at the IAFF Center of Excellence (COE) since it opened, 273 were not admitted with a PTSD diagnosis. Furthermore, of the five potential PTSD cases from Kentucky treated at COE since it opened, only three were diagnosed PTSD cases.

Dr. Kerry Ramella, with the IAFF Advisory Committee for the Center of Excellence for Behavioral Health Treatment and Recovery, told the Committee that firefighters can experience multiple traumatic exposures each shift over the course of their careers. The IAFF represents over 313,000 professional firefighters in the U.S. and Canada. For the last several years, behavioral health concerns and solutions have become the number one initiative. Breaking down the stigma for behavioral health will allow the firefighters to get the treatment they need to continue their careers and enjoy their retirement. The IAFF developed an online behavioral health class for firefighters, developed peer programs and curriculum, worked on legislation and partnered with a behavioral health provider to offer treatment.

Twenty-two percent of firefighters probably experience clinically-diagnosable PTSD sometime in their career and many more suffer the symptoms of post-traumatic stress. Every firefighter probably suffers symptoms of post-traumatic stress. Only a small percentage receives a clinical diagnosis of PTSD. There are many valid and reliable psychometric assessments that can be used to diagnose PTSD and determine whether or not it is a result of on-the-job exposure. PTSD is not something that someone can simply claim.

There is a cumulative effect to PTSD. Sometimes firefighters are asked to identify one incident or exposure that caused the PTSD which can be difficult to determine. Sometimes there can be one particular incident they can point to as a cause. Over the course of their career, symptomology can begin to occur with other life events.

Why is PTSD talked about more often now than in the past? As with any medical condition, diagnoses get better with time. Psychology is a fairly new science. PTSD has been there, but professionals are now better able to diagnose and treat it.

The Department of Veterans Affairs has spent millions of dollars researching treatments and concluded that there are multiple effective evidence-based treatments for PTSD. Sixty percent of those receiving an evidence based treatment report symptom improvement, with 40 percent no longer meeting PTSD diagnostic criteria at the end of treatment. Most patients report a return to functional status which is important because a preponderance of evidence indicates PTSD is treatable as opposed to being a chronic condition.

If mental health professionals are aware that there are certain events that can create long-lasting effects, they can intervene and begin treatment and forestall a clinical diagnosis. Firefighters tend to have a delayed response. While many studies occur after major incidents, mental health professionals are looking at everyday wear and tear. Life changes can change how firefighters respond to stressful exposures. In major incidences, there can be a two to ten year delay in a firefighter's presentation of symptoms. This is thought to be because of the perceived stigma of treatment and a delay in seeking treatment.

Legislation for presumption is so important because if PTSD can be acknowledged, accepted and treated without having to fight for treatment, prove and justify a need, secondary and betrayal trauma can actually be minimized and stigma can be reduced for early intervention.

People have to fight claims, have to find attorneys, and find providers who are skilled to render the treatment that they need. Firefighters are using their own money and leave time which make recovery challenging. Sometimes in treatment, the firefighter must be removed from the stressful environment. They need time off, or placement in a non-operational position. These factors can inhibit progress in treatment.

In conclusion, epidemiological and clinical assessment studies clearly document that firefighters are exposed to trauma at higher levels in their work. Data also clearly shows that firefighters are at increased risk of developing PTSD. The current workers' compensation system places an enormous burden on an individual firefighter who is diagnosed with PTSD from a work related exposure. Presumption of PTSD in the fire service is becoming accepted throughout the US and Canada, as well as within the mental health provider community.

Ms. Valerie Areaux, a therapist with Bluegrass Family Therapy, told the Committee that she currently treats seven firefighters with PTSD, three of whom presented with

suicidal ideation, and all of whom had exhausted their employee assistance program (EAP) therapy sessions before seeking her services. Being out of the network, the firefighters are directly paying for her service. In 2017, she treated four firefighters with PTSD, so the number of firefighters diagnosed with PTSD is increasing. She reaffirmed Dr. Ramella's statement that with skilled intervention, the PTSD symptomology can resolve, and the firefighters can return to work with reasonable mental health.

Typically firefighters are referred to her through peer support intervention, or after the exhaustion of EAP benefits. She noted common symptoms patients exhibit related to PTSD which includes avoidance of triggering stimuli that can affect job performance.

Ms. Areaux is collaborating with the local union president and the Lexington Fire Department to develop a tiered approach to treating PTSD where the groups hope to provide education to all members of the fire department and their families, to offer a bi-monthly peer support open meeting for firefighters and their families, to expand one-on-one peer support to firefighters who request it, to provide access to qualified therapists and to provide referrals to the IAFF Recovery Center in Maryland. She hopes that the legislature will support firefighters' psychological health.

Ms. Jo Terry told the Committee that her husband, a retired firefighter, committed suicide five years after he retired. He suffered from PTSD and did not know there was treatment available specifically for PTSD. She wanted to bring a face to PTSD and showed a video of her husband at his retirement wherein he talked about his experiences as a firefighter.

He had himself admitted to the University of Cincinnati Medical Center's psychiatric unit. Once out of the unit, he received intensive out-patient therapy—three hours a day for four days a week as he tried to balance being a husband, father, and work all at the same time. During counseling sessions, persons with substance abuse problems were present and he ended up counseling them about how to change. Unbeknownst to her, this was the wrong counseling setting for her husband and she indicated that she felt let down by the services.

The best possible care through workers compensation, through health benefits, or any means should be provided to the first responders. Ms. Terry then read a portion of her husband's final note.

Representative Riggs commented that mental injuries are just as important as physical injuries.

In response to a question from Representative Riggs, Mr. Baer said that most employers were self-insured and that the benefits vary. While some employer assistance programs are effective, some are not. The programs of which he had experience were not

beneficial for firefighters. Dr. Ramella noted that EAPs are not designed for the firefighter community. Mrs. Areaux responded that with a presumption status, the firefighter could take time off work to obtain the necessary treatment without having to schedule around a work schedule treatment and possibly compounding existing trauma.

In response to a question from Representative Meredith, Mr. Baer replied that there has been an effort to include PTSD awareness training within the Firefighters Foundation Program Fund basic and continuing education training.

In regard to another question from Representative Meredith, Mr. Baer said the difference between PTSD Presumption states and PTSD Benefit Eligibility states, is the assumption that mental injuries are the same as physical injuries.

Representative Meredith asked that the volunteer firefighters not be left out.

Representative Flood stated that she would work with the chairman and the firefighters to get presumption legislation.

In response to a question from Senator Alvarado, Ms. Terry said there was some movement to partner with the VA.

In response to another question from Senator Alvarado, Dr. Ramella replied that any health care professional can make a PSTD diagnosis.

In response to a question from Representative Koenig, Dr. Ramella said peer support is used to help with trauma before it progresses to PTSD.

Representative Fleming commented that he is interested in doing something similar to 2018 HB 68 with the firefighters. He also said that the EAP services compensation rates needed to be addressed.

Representative Rothenburger stated that he was fully supportive of legislation that will help emergency services providers.

There being no further business, the meeting was adjourned at 12:15 p.m.