

Regional and Local Health Services (RLHS) Division

David Gruber, Assistant Commissioner

FTEs: 963.4

The RLHS Division coordinates, standardizes, and provides regional public health services and assists local health departments across the state. The division provides central oversight to the operation of the eight health service regions (HSRs) and supports the DSHS regional medical directors, who lead the service delivery operations in the HSRs. Additionally, the division provides strategic leadership and direction to ensure public health preparedness for bioterrorism, natural epidemics, and other public health threats and emergencies in Texas. Detailed information about regional and local health services administration and public health preparedness and response is included in separate Section VII descriptions.

Note: Many staff organizationally assigned to RLHS and included in the above FTE count are officed in the regions and provide services through one of the programs described in other Section VII descriptions. Those FTEs are funded by those program strategies and are reported in the corresponding Section VII descriptions.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Regional and Local Health Services (RLHS) Administration
Location/Division	1100 W. 49 th Street, Austin - RLHS Division
Contact Name	David Gruber, Assistant Commissioner, RLHS Division
Actual Expenditures, FY 2012	\$1,525,544
Number of Actual FTEs as of June 1, 2013	22.6
Statutory Citation for Program	Chapter 121, Texas Health and Safety Code

B. What is the objective of this program or function? Describe the major activities performed under this program.

RLHS Administration provides central oversight to the operation of the eight DSHS health service regions (HSRs) and supports DSHS regional medical directors, who lead the service delivery operation. Staff facilitates coordination of cross cutting programmatic and operational issues and provides agency liaison activities with local health departments (LHDs), local health authorities, and various public health associations in order to maintain and enhance continuous collaborative relationships throughout Texas. Major activities include the following.

HSRs

HSRs provide leadership and coordination for public health issues within the regions, including disaster preparedness and response. HSRs provide essential public health services directly to residents in areas not served by a LHD and carry out statutorily defined local health authority (LHA) duties for areas without a LHA, as well as provide support as needed to LHDs and districts.

Regional Liaison Services

This staff serves as the primary contact for the HSRs, as well as DSHS central office programs. Staff collaborates with state and local public health officials on public health policy development and public health advocacy, conducts assessment and evaluation of public health systems and effectiveness, and provides public health consultation and technical assistance to other health and human services agencies regarding shared issues.

Local Liaison Services

This staff serves as the primary contact for LHDs and facilitates discussion of program policies and issues impacting local public health services. They provide consultation and technical

assistance to promote quality, efficiency, and effectiveness in the delivery of essential local public health services. Additionally, staff conducts assessment and evaluation of public health systems and effectiveness, facilitates the involvement of LHDs in DSHS initiatives, in coordination with public health associations, and manages activities related to LHAs. They also coordinate funding for public health improvement activities to support the local public health system infrastructure for the State of Texas.

Contract Management Oversight Services

This staff acts as the liaison between contractors and DSHS program and contract staff and serves as the single point of contact for contractual accountability activities between the division and contractors. Staff reviews contractor expenditure data, performance reports, and other pertinent data as it relates to contractor performance, according to contract terms. Staff processes contract renewals, initiates contract amendments, and coordinates approval of amendments with appropriate division managers. Additionally, they monitor activities to ensure local services adhere to requirements and meet projected goals and objectives, and monitor the division's operating budget and the LHD contract funds to ensure the budget is not overspent.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

RLHS Administration evaluates effectiveness and efficiency through ongoing analyses of projects and response activities.

West Nile Virus Response

DSHS supported the response to a serious West Nile Virus (WNV) outbreak beginning in August 2012. Although cases were statewide, the most severe cluster of illness occurred in the Dallas/Ft. Worth region. During the outbreak, DSHS maintained statewide situational awareness; activated the State Medical Operations Center to manage requests for support from regional and local health agencies; coordinated and monitored aerial and ground spraying activities in the Dallas/Ft. Worth region; developed and promoted public service announcements; managed a high volume of media requests; and compiled and reviewed lab reports, epidemiological trends, and information on mosquito trapping and pools.

Accreditation of Local Public Health Entities

RLHS concluded its fiscal year 2012 contract with the University of North Texas Health Science Center (UNTHSC) to improve state and local readiness for public health accreditation as described in the National Public Health Improvement Initiative (NPHII) application. UNTHSC conducted focus groups and completed a readiness assessment, a report of LHDs accreditation readiness, and a toolkit and trainings. RLHS is contracting with UNTHSC in fiscal year 2013 with additional funds from NPHII to identify two or three LHDs that will receive remote and on-site

guidance and assistance on preparing for two or more components of accreditation, as identified by the Public Health Accreditation Board.

LHA Education and Coordination

LHAs are physicians appointed at the municipal/county level with broad responsibility to administer state and local laws relating to public health within the appointing body's jurisdiction. It is essential that LHAs receive education, guidance, and coordination in order for them to be effective in fulfilling their statutory duties. RLHS, in partnership with the Galveston County Health District, hosted a meeting of Texas LHAs in order to improve communication and share best practices. As an outcome of this meeting, DSHS established a steering committee to do the following.

- Develop programs that will assure a basic understanding of the roles and responsibilities of LHAs.
- Explore training opportunities in collaboration with schools of public health and other academic centers.
- Enhance existing methods of disseminating critical public health information to LHAs in a timely and effective manner.

Public Health Funding and Policy Committee

RLHS provides oversight and staffing to the Public Health Funding and Policy Committee, created by S.B. 969, 82nd Legislature, Regular Session, 2011. The Committee consists of nine public health professionals representing local and regional health departments, local health authorities, and schools of public health, all appointed by the DSHS Commissioner. The legislation requires the Committee to do the following.

- Define core public health services a local health department should provide.
- Evaluate public health in Texas and identify initiatives for areas that need improvement.
- Identify all funding sources available for use by local health entities to perform core public health functions.
- Establish public health policy priorities.
- Make formal recommendations, at least annually, to DSHS regarding the use and allocation of funds available exclusively to local health entities to perform core public health functions; ways to improve the overall health of Texans; and methods for transitioning from a contractual relationship between DSHS and the local health entities to that of a cooperative-agreement.

The Committee conducted a survey to collect services provided by and funding sources of LHDs in the state and completed its annual report to the Governor and Legislative Budget Board.

HSRs

HSRs provide essential public health services that promote and protect the health of Texans, including activities to prevent disease, protect against environmental hazards, prevent injuries, promote healthy behavior, respond to disasters, and ensure access to health services.

Examples of the many activities performed in the HSRs in the last six months include:

- conducting large-scale tuberculosis investigations in HSRs 1, 2/3, and 6/5;
- responding to the WNV outbreak in HSR 2/3;
- working with counties to ensure continuity of services and funding as they realign some of their public health programs under the 1115 Healthcare Transformation Waiver process;
- working with area coalitions and local partners on Preventable Hospitalizations Grants and Texas Transformation Grants; and
- conducting Operation Lone Star during the last week of July. Approximately 8,000 individuals were seen in five counties in South Texas. This is a joint training exercise with DSHS, local public health entities, other Health and Human Services System agencies, Texas Military Forces, and U.S. Public Health Services to bring medical care and immunizations to uninsured indigent populations along the border.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

2006 – DSHS creates the RLHS Division to serve the needs of local public health agencies, DSHS HSRs, and local communities in building and maintaining capacity to provide essential public health services responsive to local needs.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

The RLHS Division serves the needs of local public health agencies, DSHS HSRs, and local communities in building and maintaining capacity to provide essential public health services responsive to local needs in Texas. RLHS represents and supports ongoing, diverse public health functions and operations that cross division lines, while strategically working across the agency for the design and delivery of coordinated public health services at the local, regional, and state level. The division reflects DSHS' commitment to work in partnership with agencies, providers, and communities in order to build and maintain the capacity to provide essential public health services responsive to local needs.

The RLHS Division coordinates contracts, public health nursing, and public health improvement activities with regional offices. The division also facilitates information sharing with LHDs and LHAs. The division performs legislative monitoring and internal and external liaison services on cross cutting public health issues; manages the community preparedness budget, contract, and grant administration; promotes health and prevents disease and injury; and effectively responds to all types of health emergencies including bioterrorism, infectious disease outbreaks, and natural disasters.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The Assistant Commissioner for the RLHS Division reports directly to the Commissioner and oversees the activities of the RLHS Division. The Community Preparedness Section resides within the division, as do the agency’s eight HSR offices.

A regional medical director who reports directly to the RLHS Assistant Commissioner heads each HSR. Each regional office handles the following responsibilities.

- Provides essential public health services that promote and protect the health of all Texans, including activities to prevent diseases, protect against environmental hazards, prevent injuries, promote healthy behavior, respond to disasters, and ensure access to health services.
- Serves as the LHD where local jurisdictions are unable to fulfill that role.
- Provides support, when requested, to LHDs or local health districts.
- Carries out statutorily defined LHA duties for areas without a locally appointed health authority.
- Conducts regional disaster planning and preparedness activities related to mitigating natural or manmade chemical, biological, radiological, nuclear, or explosive events.

Details about health services regions are located at:

<http://www.dshs.state.tx.us/regions/default.shtm>.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$159,546
General Revenue	\$1,330,978
General Revenue-Dedicated	\$35,020
Other	\$0

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

External Programs

Name	Similarities	Differences
LHDs	LHDs provide public health services such as restaurant inspections, immunizations, tuberculosis treatment, and human immunodeficiency virus (HIV) and sexually transmitted disease (STD) treatment. In some cases, HSRs supplement the services offered by LHDs and, in other cases, LHDs provide all services.	According to Chapter 121, Texas Health and Safety Code, the State is the guarantor of public health services and must fill in where LHDs do not offer those services. The LHDs can choose which services they offer, because no legislative mandate describes minimal service provision requirements for LHDs.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency’s customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

The RLHS Division coordinates the delivery of public health services between local and regional public health services, LHDs, and DSHS programs. HSRs provide services where no LHD currently exists or where the LHD has requested assistance. The RLHS Division also communicates closely with the various public health associations and organizations by attending their meetings regularly, providing policy updates, and hearing concerns and recommendations from the membership.

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

Local Units of Government

Name	Description	Relationship to DSHS
Local units of government that contract with DSHS	City and county governments that are involved in the provision of healthcare services to their respective constituents.	DSHS conducts fiscal monitoring of local units of government when determined appropriate based on risk and provides financial training and technical assistance as needed.
Local and county governments, LHDs, and health authorities	These local entities are involved in public health nuisance matters.	DSHS is a necessary and indispensable party to litigation by local governments in public health nuisance actions under Chapter

Name	Description	Relationship to DSHS
		343, Texas Health and Safety Code.

Regional Units of Government

Name	Description	Relationship to DSHS
Councils of Government (COGs)	COGs are voluntary associations of local governments formed under Texas law that deal with the problems and planning needs that cross the boundaries of local governments or that require regional attention. COGs coordinate planning and provide a regional approach to problem solving through cooperative action.	HSRs are key participants in Homeland Security Task Forces coordinated by the COGs. In addition, a number of HSRs contract with COGs to obtain assistance and assure coordination in emergency preparedness planning, training, and exercising. DSHS Business Continuity works with COGs in the coordination of planning and response activities as needed.
Disaster District Committee (DDC)	The DDC is the first step in management of state resources during emergencies. When an emergency occurs or threatens to occur and is beyond the capability of local government to respond, the local government chief elected official may request state assistance through the appropriate DDC Chairman prescribed in the state emergency management plan.	HSR employees are the designated representatives from DSHS on all DDCs in Texas. These staff members take the lead in coordinating Emergency Support Function 8 (Health and Medical) activities during emergency events.
Regional Advisory Councils (RACs)	The RACs facilitate the development, implementation, and operation of a comprehensive emergency services plan encompassing all healthcare-related issues, including trauma, natural and manmade disasters, and medical and population specific needs.	DSHS defines the accepted standards of care in an emergency response in order to decrease illness and death. HSRs coordinate emergency response and recovery activities with the RACs in their areas of coverage. HSR staff takes the lead for the public health function whenever an appropriate RAC activates a Regional Medical Operation Center. In addition, HSRs partner

Name	Description	Relationship to DSHS
		with RACs and infection control officers in their constituent hospitals in gathering and analyzing communicable disease information.

Federal Units of Government

Name	Description	Relationship to DSHS
Native American tribes living in Texas	Three federally recognized Native American tribes reside in Texas: Alabama-Coushatta, Kickapoo, and Ysleta del Sur Pueblo.	The DSHS HSRs provide technical assistance to tribal nations in the development of emergency response and recovery plans and in planning for outbreak control.
Federal prisons	Federal prisons located in Texas house offenders charged with federal crimes.	Upon request, HSRs assist federal prisons in helping to assure effective communicable disease control and prevention, including education, screening, technical assistance, disease surveillance, and treatment.
Federal detention centers	Federal detention centers located in Texas house offenders who have allegedly committed a federal crime but who have not yet been brought to trial.	Upon request, HSRs assist federal detention centers in helping to assure effective communicable disease control and prevention, including education, screening, technical assistance, disease surveillance, and treatment.

K. If contracted expenditures are made through this program please provide:

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;
- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

RLHS establishes contracts with a focus on providing public health functions at the local level. Governmental entities, such as LHDs, carry out the services. In addition, client services contracts within the DSHS HSRs include services for the following:

- tuberculosis (TB) directly observed therapy;

- TB elimination;
- radiological interpretation;
- medical laboratory services;
- radiographic imaging;
- medical evaluation;
- alteration of TB drugs;
- professional services (doctors, nurses, and other healthcare professionals);
- Women, Infants and Children (WIC) breastfeeding peer counselors; and
- **HIV/STD** testing, diagnosis, and/or treatment services.

Amount of contracted expenditures in fiscal year 2012: \$8,555,211 (DSHS expends funds from various budget strategies across the agency, depending upon the type of services provided)
 Number of program contracts: 496 (includes contracts with no expenditures)

The top five contracts for the program are as follows.

Amount Expended FY 12	Contractor	Purpose
\$414,296	Northeast Texas Public Health District	Provide essential public health services
\$317,427	Tarrant County	Provide essential public health services
\$314,855	Galveston County Health District	Provide essential public health services
\$248,631	City of Houston	Provide essential public health services
\$230,095	City of Laredo	Provide essential public health services

To ensure accountability, the assigned contract manager monitors contract performance and takes action to resolve performance and compliance issues as needed. Additionally, staff in the Chief Financial Office audits each invoice to confirm accuracy. The accounting system includes edits to match invoices with purchase orders and verification of receipt of goods and services. Staff in the Chief Operating Office performs target financial compliance reviews and provides consultative services and technical assistance on financial management of contracts. DSHS uses an automated contract management system, SOURCE.Net, to document contractor information, contract management activities, and monitoring reports. The program has no known contracting problems.

L. Provide information on any grants awarded by the program.

DSHS awards grants in the program for the following services:

- local public health services,
- TB directly observed therapy,

- TB elimination,
- radiological interpretation,
- medical laboratory services,
- radiographic imaging,
- medical evaluation,
- alteration of TB drugs,
- professional services (doctors, nurses, and other healthcare professionals),
- WIC breastfeeding peer counselors, and
- **HIV/STD** testing, diagnosis, and/or treatment services.

Using sub-recipient contracts, the program awards grants in the following manner:

- through open enrollment;
- without competitive solicitation (not required when amount is under \$5,000);
- on a sole source basis when an approved sole source justification waives competition; and
- to a state or local governmental entity through direct negotiation and grant contract execution (these entities are exempt from competition).

M. What statutory changes could be made to assist this program in performing its functions? Explain.

DSHS suggests the following statutory change to assist the program in performing its functions.

Chapter 121, Texas Health and Safety Code – This statute promulgates responsibilities of local LHAs. These physicians are state officers performing duties necessary to implement and enforce laws protecting public health. In counties that have no LHAs, DSHS regional directors serve in this capacity. Specific issues that require attention follow.

- Roles and responsibilities between LHAs, LHDs, and DSHS are unclear.
- Many counties are unable to compensate LHAs adequately.
- Regional directors currently serve as the LHA for multiple rural counties. If a widespread epidemic or disaster should occur, the workload would be too difficult for these regional directors to respond effectively.
- LHAs should receive enhanced educational opportunities.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the program.

- O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:**
- **why the regulation is needed;**
 - **the scope of, and procedures for, inspections or audits of regulated entities;**
 - **follow-up activities conducted when non-compliance is identified;**
 - **sanctions available to the agency to ensure compliance; and**
 - **procedures for handling consumer/public complaints against regulated entities.**

Not applicable.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Community Preparedness
Location/Division	1100 W. 49 th Street, Austin - Regional and Local Health Services (RLHS) Division
Contact Name	David Gruber, Assistant Commissioner, RLHS Division
Actual Expenditures, FY 2012	\$86,852,813
Number of Actual FTEs as of June 1, 2013	253.9
Statutory Citation for Program	Chapter 121, Texas Health and Safety Code

B. What is the objective of this program or function? Describe the major activities performed under this program.

Community Preparedness has the following primary objectives.

- Develop and coordinate a statewide public health preparedness and response program to address the public health and medical response to all hazards, including natural disasters, major accidents, and terrorist acts.
- Work in partnership with United States and Mexico health entities to coordinate efforts to address bi-national public health issues.

Major activities include the following.

Preparedness Coordination

Staff in the Community Preparedness Section (CPS) coordinates and directs planning, training, and exercises for the public health and medical response to all public health emergencies and catastrophic events.

Response and Recovery

CPS staff initiates and manages the public health and medical response to disasters, provides response and recovery assistance to local governments, and coordinates the delivery of federal response assets.

Integration of Public Health and Medical Preparedness Efforts, Strategies, and Resources

CPS staff collaborates and strategizes preparedness activities with regional, local, tribal, and international health and medical organizations; public and private hospitals; healthcare systems; and non-governmental organizations. Additionally, staff identifies assets and understands the capacity and capability of stakeholders and response partners. Staff identifies

strategies and develops plans for assessing statewide preparedness, and provides subject matter expertise on emerging threats and preparedness activities.

Grant and Budget Development and Tracking and Contract Monitoring

CPS staff coordinates grants, budgets, and required reports for the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness cooperative agreement. This agreement provides funding to enable DSHS central office, health service region (HSR) offices, and local health departments (LHDs) to have the capacity and capability to prepare effectively for the public health consequences of infectious disease outbreaks, natural disasters, and terrorist threats, including chemical, biological, radiological, and nuclear attacks. In addition, CPS coordinates the Hospital Preparedness Program. Through this program, the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response provides resources to help hospitals and healthcare systems prepare for and respond to public health emergencies.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

The measurement of preparedness activities is a continuous, dynamic process that includes initial planning, staff training, and exercises. Evaluation occurs at each of these three steps. Staff then repeats this process using a variety of disaster scenarios to identify and address gaps and conducts comprehensive after-action reviews of actual responses. DSHS uses lessons learned to modify plans and address identified gaps.

An example of this process is the comprehensive, after-action assessment of the novel H1N1 influenza health and medical response in 2009. The process began with a series of interviews to obtain information from DSHS subject matter experts, DSHS leadership, and leadership of other organizations. Interviews with subject matter experts provided background information on areas of programmatic response (for example, vaccine allocation and distribution) and updates on response activities. Interviews with DSHS and other leadership organizations identified high-level, strategic input on the response. A comprehensive data gathering phase followed that included input from a broad range of internal and external stakeholders. DSHS stratified stakeholder groups as professional or state-level partners, regional partners, DSHS Austin staff, and DSHS HSR staff. Staff conducted data gathering sessions statewide using structured interviews, focus groups, and surveys. From this process, DSHS developed an improvement plan that compiled recommendations and corrective actions along with completion timelines to assure implementation.

DSHS preparedness and response activities rely heavily upon collaborative partnerships with multiple disciplines across a variety of agencies and jurisdictions. These critical partnerships across Texas include 45 LHDs, 566 hospitals, and 16 state agencies.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

2006 – CPS undergoes a reorganization to integrate public health and medical preparedness better. The section creates four distinct branches along with a Strategic Preparedness Team. Those branches evolve in future years and now include the Preparedness Coordination Branch, Health Care Systems Branch, Public Health Emergency Preparedness Branch, and the Response and Recovery Unit.

2008 – House Bill 1831 establishes a disaster and emergency education program designed to educate the citizens of Texas on disaster and emergency preparedness, response, and recovery.

2012 – DSHS transfers CPS to the RLHS Division. Due to this change, DSHS renames the Prevention and Preparedness Services Division, the former location of CPS, the Disease Control and Prevention Services Division. CPS works closely with other RLHS Division staff to assist with mitigation, preparedness, response and recovery from natural disasters, terrorist attacks, and other public health emergencies.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Disasters are possible anywhere in Texas; therefore, DSHS preparedness and response activities serve the entire population of Texas. Texas stands out as the state with more federally declared disasters than any other state, with 86 declarations between 1953 and 2012. Between 2005 and 2012, these declarations have included floods, hurricanes, tropical storms, tornadoes, droughts, and wildfires.

Federal Emergency Management Agency Ranking of States by Number of Federally Declared Disasters, 1953–2012		
Rank	State	Disasters Declared
1	Texas	86
2	California	78
3	Oklahoma	72
4	New York	66
5	Florida	65

Year	Disaster Type / Name
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Year	Disaster Type / Name
2005	Hurricane Rita
2006	Extreme Wildfire Threat
2006	Flooding
2007	Severe Storms and Tornadoes
2007	Severe Storms, Tornadoes, and Flooding
2007	Tropical Storm Erin
2008	Hurricane Dolly
2008	Hurricane Ike
2010	Hurricane Alex
2011	Wildfires (April 6 – August 29)
2011	Wildfires (August 30 – December 31), including Bastrop County fire

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The RLHS Division, CPS administers all public health preparedness and response activities. The section provides strategic leadership and direction to ensure public health preparedness. RLHS organizes the section into four branches (Health Care Systems Preparedness, Public Health Emergency Preparedness, Preparedness Coordination, and Strategic Preparedness) and one unit (Response and Recovery). The section determines preparedness activities based on the public health threats of Texas, and the goals and requirements outlined in federal preparedness guidance documents. Preparedness and response activities occur within and across the local, regional, and state levels. Stakeholders at these levels are extensively involved in determining preparedness priorities for the state and funding allocations for LHDs, healthcare systems, HSRs, and preparedness projects administered by DSHS.

DSHS coordinates a grant and budget development process that includes stakeholder involvement at all levels. This process ultimately results in the disbursement of the majority of funding received from federal grantors to local and regional preparedness providers who are obligated through the DSHS contracting process to perform preparedness activities consistent with priorities that address the State’s preparedness goals. Providers receive technical assistance from DSHS program staff on the implementation of preparedness activities. DSHS staff conducts quality assurance visits to ensure compliance with federal guidance and with program guidance on specific preparedness activities developed by DSHS subject matter experts.

Pursuant to National Incident Management System, DSHS provides operational policies and procedures, guidelines, and instructions for the integrated management of health and medical services in preparation for, and in the aftermath of, a major emergency or catastrophic incident. DSHS provides for coordinated health and medical services to augment local

resources, as well as assistance in damage assessment and the restoration of essential health and medical services within the disaster area, as described below.

- DSHS provides state support and assistance, when requested, as quickly and as efficiently as possible. Consistent with the priority of need, attempts to provide assistance focus on providing supplemental assistance to local governments in identifying and meeting the health and medical needs of victims of a major emergency or catastrophic disaster.
- DSHS obtains additional support through state and/or federal medical response teams, such as the Disaster Medical Assistance Teams, the Disaster Mortuary Operational Response Teams, and the Veterinary Medical Assistance Teams.
- DSHS and the designated support agencies receive requests for assistance from local or regional jurisdictions with public health emergencies. DSHS representatives determine the most effective means of delivering the requested support, identify requested resources, and deliver them wherever needed.
- Upon notification of a significant event requiring state response, DSHS staff alerts pre-identified personnel to be prepared to meet requirements for representing the Health and Medical Services Emergency Support Function (ESF) 8 at various operations and command centers.

DSHS notifies all support agencies and organizations and requests that they provide representation, as necessary. Each support agency and organization is responsible for ensuring sufficient program staff members are available to accomplish the emergency response mission. Individuals representing agencies and organizations providing health and medical services support have extensive knowledge of their respective resources and capabilities. These representatives have direct or rapid access to the appropriate authority for committing those resources during activation.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$70,681,188
General Revenue	\$9,990,902
General Revenue-Dedicated	\$4,867,329
Other	\$1,313,394

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Internal Programs

Name	Similarities	Differences
Regulatory Services Division (RSD)	This division is also involved in planning and response to emergencies.	Primary focus of RSD is regulated industries and professions.
HSRs	HSRs are also involved in planning and response to emergencies.	Focus of the HSR is the geography of regional boundary. HSRs serve as the local public health authority in areas without a public health department.

External Programs

Name	Similarities	Differences
LHDs	LHDs are involved in planning and response to emergencies.	DSHS applies state assets to supplement local efforts, provides resources when local assets are exhausted, and coordinates the delivery of federal assets.
Health and Human Services Commission (HHSC)	HHSC is involved in planning and response to emergencies.	HHSC provides trained employees, pre-designated back-up facilities, resources, and associated systems to assist in emergencies.
Texas Department of Aging and Disability Services (DADS)	DADS is involved in planning and response to emergencies.	DADS assists in identifying licensed facilities in disaster areas that house persons with special needs and monitors licensed long-term care facilities for implementation of disaster plans formulated by the facilities and agencies under contract. During emergency and disaster situations, DADS monitors the evacuation of facilities and facilitates communication with their destination locations. DADS coordinates with local, state, private, and federal resources and agencies in meeting the needs of special needs persons that reside outside facilities licensed by DADS.
Department of Assistive and Rehabilitative Services (DARS)	DARS is involved in planning and response to emergencies.	DARS assists with resource information and identifies accommodation requirements for persons with disabilities and special needs. DARS provides liaison

Name	Similarities	Differences
		between major coalitions, advocacy organizations for persons with disabilities, and the health and medical community during disasters.
Department of Family and Protective Services (DFPS)	DFPS is involved in planning and response to emergencies.	DFPS assists vulnerable populations including children who are abused, neglected, or lost and elderly adults.
Texas Division of Emergency Management (TDEM)	TDEM is involved in planning and response to emergencies.	TDEM oversees all aspects of a disaster response, beyond the health and medical focus of DSHS.
Texas Military Forces	Military forces participate in planning and response to emergencies.	The response of Texas Military Forces expands beyond health and medical to include all state response.
Salvation Army	The Salvation Army is involved in planning and response to emergencies.	The Salvation Army provides mass feeding operations for special needs shelters, pastoral crisis counseling, and emergency personnel needs.
American Red Cross	The American Red Cross is involved in planning and response to emergencies.	The American Red Cross provides general shelters and services, and assists in coordinating health and medical volunteers.
Texas Department of Criminal Justice (TDCJ)	TDCJ is involved in planning and response to emergencies.	TDCJ provides first aid services, provides medical personnel, and assists with medically related transportation of ill, injured, or individuals with special needs.
Texas Commission on Environmental Quality (TCEQ)	TCEQ is involved in planning and response to emergencies.	TCEQ provides assistance in evaluating the quality of potable water and provides technical assistance for locating and/or establishing an authorized waste disposal facility. TCEQ provides technical assistance in the disposition of dead livestock and/or poultry, as a result of a major emergency or disaster.
Texas Animal Health Commission (TAHC)	TAHC is involved in planning and response to emergencies.	TAHC prevents, surveys, controls, diagnoses, and eradicates certain diseases and conditions affecting livestock, poultry, and exotic animals,

Name	Similarities	Differences
		some of which may have human health implications. TAHC provides advice and assists in the disposition of dead, injured, or displaced livestock and poultry, as a result of a major emergency or disaster; provides advice for the care of injured livestock and other animals, as a result of a major emergency or disaster; and assists the state and local jurisdictions in coordinating the evacuation and sheltering of companion animals (for example, pets, service animals, etc.), and livestock, as a result of a hurricane or similar event.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency’s customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

The State Emergency Management Plan outlines specific ways each agency will eliminate duplication of public health and medical preparedness and response activities at the local, regional, and state levels. By integrating preparedness planning activities at all levels, DSHS further reduces duplication of efforts and services and fosters improved collaboration among public health and medical preparedness providers. DSHS takes the following steps to reduce duplication of activities.

- Partner with health and medical preparedness managers at the local, regional, state, and national levels.
- Accomplish integrated planning at the state level with health and medical professionals, emergency management officials, and other public health and medical response organizations.
- Communicate effectively by involving partners in early planning stages, maintaining communication throughout the preparedness process.
- Keep partners informed as new guidance and information is received on funding.
- Collaborate with partners to optimize use of current federal preparedness funds and prepare for anticipated reductions.
- Provide guidance and technical assistance in a timely manner.

Additionally, health and medical partners at the regional and local levels work together to accomplish the following activities.

- Assess public health threats.
- Prioritize preparedness needs.
- Integrate planning, training, and exercise activities.
- Facilitate the accomplishment of common goals by sharing information and resources and developing joint strategies for emergency preparedness stakeholders.
- Include mental health/behavioral health partners.
- Collaborate with emergency management.
- Support preparedness efforts in surrounding communities and in the regions.
- Ensure interoperability of communication equipment and coordination of communication processes.
- Reduce duplication.
- Maximize the use of federal preparedness funds and address anticipated reductions.
- Work with DSHS to develop and meet integrated preparedness planning performance measures.

The current Texas Homeland Security Strategic Plan 2010-2015 capitalizes on the successes of the previous plan (Texas Homeland Security Strategic Plan 2005-2010) that improved interoperability and coordination among agencies and jurisdictions throughout Texas. The existing plan takes these efforts a step further by outlining the direction and prioritization of effort for all stakeholders and guiding decision making about securing and applying resources during an emergency.

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

Local Units of Government

Name	Description	Relationship to DSHS
County/local governments	These administrative authorities in local cities and counties are involved with disaster response and preparedness activities in their jurisdictions.	DSHS coordinates planning, exercising, and training with local governments. During disasters that overwhelm local resources, local governments also request health and medical assistance from DSHS.
LHDs	LHDs provide public health services and participate in disaster response and preparedness activities in their jurisdictions.	LHDs are the recipients of preparedness grants and contracts.

Regional Units of Government

Name	Description	Relationship to DSHS
Councils of Government (COGs)	COGs are voluntary associations of local governments formed under Texas law that, as one of their responsibilities, assist with a regional coordinated response during a disaster.	DSHS sometimes coordinates planning, exercising, and training with local governments through a regional council. COGs may also request assistance when local resources are exhausted.
Trauma Service Areas	The Texas Board of Health adopted rules in 1992 to divide the state into 22 called trauma service areas. Each area develops and implements a regional trauma system plan and a delineated trauma facility designation process.	These are DSHS contractors that include health and medical partners who are the recipients of healthcare systems preparedness contracts and grants.

Federal Units of Government

Name	Description	Relationship to DSHS
CDC	CDC provides information to enhance health decisions and promotes health through partnerships with state health departments and other organizations.	CDC is a federal funder and public health partner. CDC provides resources to help public health departments prepare for and respond to public health emergencies through the Public Health Emergency Preparedness Program.
Office of the Assistant Secretary for Preparedness and Response (OASPR)	OASPR within the U.S. Department of Health and Human Services has the responsibility to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters.	OASPR is a federal funder and public health partner. OASPR provides resources to help hospitals and healthcare systems prepare for and respond to public health emergencies through the Hospital Preparedness Program.
Federal Emergency Management Agency (FEMA)	FEMA coordinates the response when disasters overwhelm the resources of local and state authorities.	FEMA is an emergency preparedness and response partner.
U.S. Department of Defense (DOD)	DOD coordinates and supervises all agencies and functions of the government relating directly to national security and the U.S. armed forces.	DOD is an emergency preparedness and response partner.

Name	Description	Relationship to DSHS
U.S. Food and Drug Administration (FDA)	The FDA is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, the nation's food supply, cosmetics, and products that emit radiation.	FDA provides technical assistance and is an emergency preparedness and response partner.
U.S. Department of Agriculture (USDA)	The USDA is responsible for developing and executing federal government policy on farming, agriculture, and food.	USDA provides technical assistance and is an emergency preparedness and response partner.
Federal Bureau of Investigation (FBI)	FBI serves as both a federal criminal investigative body and an internal intelligence agency.	FBI provides technical assistance and is an emergency preparedness and response partner.
U.S. Environmental Protection Agency (EPA)	EPA protects human health and the environment.	EPA provides technical assistance and is an emergency preparedness and response partner.

K. If contracted expenditures are made through this program please provide:

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;
- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

Contracts established in this program focus on the mitigation, preparedness, response and recovery from natural disasters, terrorist attacks, and other public health emergencies. Examples of activities include:

- hospital preparedness program to enhance the ability of hospitals and healthcare systems to prepare for and respond to bioterrorism and other public health emergencies with a primary focus on coalition building;
- public health emergency preparedness (e.g. Cities Readiness Initiative, upgrade and integrate lab response networks, and assess risks and propose strategies for reducing public health hazards);
- medical staffing during an emergency or disaster response; and
- response and recovery efforts (e.g. mortuary services and confidential contracts for points of dispensing emergency immunizations during public health emergencies).

Amount of contracted expenditures in fiscal year 2012: \$41,917,438
 Number of program contracts: 734 (includes contracts with no expenditures)

The top five contracts for the program are as follows.

Amount Expended FY 12	Contractor	Purpose
\$4,603,571	North Central Texas Trauma Regional Advisory Council	Prepare regional healthcare system for terrorism or other health emergencies
\$2,752,381	Southeast Texas Trauma Regional Advisory Council	Prepare regional healthcare system for terrorism or other health emergencies
\$2,365,774	Southwest Texas Trauma Regional Advisory Council	Prepare regional healthcare system for terrorism or other health emergencies
\$1,425,721	Dallas County	Prepare regional healthcare system for terrorism or other health emergencies
\$1,356,092	City of Houston	Prepare regional healthcare system for terrorism or other health emergencies

To ensure accountability, the assigned contract manager monitors contract performance and takes action to resolve performance and compliance issues as needed. Additionally, staff in the Chief Financial Office audits each invoice to confirm accuracy. The accounting system includes edits to match invoices with purchase orders and verification of receipt of goods and services. Staff in the Chief Operating Office performs target financial compliance reviews and provides consultative services and technical assistance on financial management of contracts. DSHS uses an automated contract management system, SOURCE.Net, to document contractor information, contract management activities, and monitoring reports. The program has no known contracting problems.

L. Provide information on any grants awarded by the program.

DSHS awards grants in this program for the following services:

- hospital preparedness program,
- public health emergency preparedness,
- medical staffing during an emergency or disaster response, and
- response and recovery efforts.

Using sub-recipient contracts, the program awards grants in the following manner:

- through open enrollment and memorandums of agreement;
- through competitive solicitations;

- on a sole source basis when an approved sole source justification waives competition; and
- to a state or local governmental entity through direct negotiation and grant contract execution (these entities are exempt from competition).

M. What statutory changes could be made to assist this program in performing its functions? Explain.

The program does not have any statutory changes to suggest.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the program.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- why the regulation is needed;
- the scope of, and procedures for, inspections or audits of regulated entities;
- follow-up activities conducted when non-compliance is identified;
- sanctions available to the agency to ensure compliance; and
- procedures for handling consumer/public complaints against regulated entities.

Not applicable.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.

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