



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

**Public Health Capabilities Planning Guide
Instructions**

February 2014

Purpose

To better define public health preparedness and establish national standards, the Centers for Disease Control and Prevention (CDC) published the *Public Health Preparedness Capabilities: National Standards for State and Local Planning* in March 2011. Similarly, to better define healthcare preparedness across the nation, the Assistant Secretary for Preparedness and Response (ASPR), published the *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* in January 2012. Together, these documents serve as resources for public health and healthcare preparedness programs throughout the nation and in other countries. They also serve as the foundation for the Public Health Emergency Preparedness (PHEP) and the Hospital Preparedness Program (HPP) cooperative agreements.

The Public Health and Capabilities Planning Guide (CPG) is a decision support tool designed to facilitate self-assessments of preparedness programs based on these national standards. The CPG allows local health departments and health service regions to document:

- 1) Relative importance each capability has to jurisdictions;
- 2) Current ability and capacity to perform the capabilities;
- 3) Any challenges or barriers to fully achieving the capabilities;
- 4) Gaps in resource elements; and
- 5) Gaps in abilities to perform the tasks associated with the capability functions.

Over time, the CPG data can be used to document progress in achieving the capabilities and also inform technical assistance plans. The CPG has been designed to be modular, portable, and reusable so that state, regional, and local public health departments can use the CPG to help identify program or administrative gaps at the state, regional, local, tribal or coalition level.

Upon receipt of completed CPG files, DSHS will submit it to the CDC for data analyses. Local health departments and health service region offices will receive customized reports that graphically display the data for each capability and provide suggested focus areas. When used with other sources of information such as the Texas Public Health Emergency Risk Assessment (TPHRAT) tool, and after-action reports, the customized reports can provide important information to determine strategic priorities, plan program investments, and prepare budgets accordingly.

Please note, the “function” data reported in a jurisdiction’s CPG will also be entered into that jurisdiction’s Texas Public Health Risk Assessment Tool (TxPHRAT). This information will be shared across tools because a jurisdiction’s ability to prepare for an event is highly correlated with its ability to recover from that same hazard. Please be aware the information entered into your jurisdiction’s CPG will also be entered into your jurisdiction’s TxPHRAT and can be updated as each jurisdiction makes progress toward accomplishing the functions of each capability.

CPG Structure

Overview

The CPG is comprised of 15 total documents (one for each capability). Each capability document contains pre-populated capability and function definitions and editable form fields. Each capability document contains all the functions for that specific capability. Local health departments are required to answer three questions related to each function and then review a list of the tasks and resource elements for each function, checking those tasks and resource elements that have gaps. Please complete an assessment for each capability.

The documents are pre-populated with all the functions, tasks and resource elements. Names of resource elements are included, but due to length, the full resource element descriptions are not. These descriptions are available in the *Public Health Preparedness Capabilities: National Standards for State and Local Planning* and the *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* documents.

Capability Name and Definition

Each document begins with the pre-populated **capability name and definition** – see sample below. This section cannot be edited.

Figure 2: Sample Capability Name and Definition

Capability 6 – Information Sharing	
Capability	Information Sharing
Capability Definition	Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to events or incidents of public health significance.

Function Name and Description

Each **function** begins with the pre-populated **function name** and **function description**. See sample below. This section cannot be edited.

Figure 3: Sample Function Name and Description

Capability 6 – Information Sharing Function 1	
Function	1. Identify stakeholders to be incorporated into information flow
Function Description	Identify stakeholders within the jurisdiction across public health, medical, law enforcement, and other disciplines that should be included in information exchange, and identify inter-jurisdictional public health stakeholders that should be included in information exchange. Determine the levels of security clearance needed for information access across and between these stakeholders.

1. Function Importance

The **function importance** field allows participants to indicate the function’s importance relative to the overall jurisdictional needs. The importance may be influenced by a number of factors including:

- 1) Hazards and vulnerabilities assessment/jurisdictional risk assessment/hospital risk assessment
- 2) Jurisdictional strategic plans and objectives
- 3) Jurisdictional needs

Function importance should be determined regardless of which agency is responsible for performing or achieving the function. For example, some participants may not have primary responsibility for the fatality management capability, but they are still expected to have a support or assurance role. In cases such as these, participants should consider the importance of the function to overall jurisdictional needs even if they do not have primary responsibility.

Participants should choose one option from the scale of 1 to 5. Selecting “1” represents the lowest importance and selecting “5” represents the highest importance. Please refer to **Table 1** for more detailed descriptions of each item on the scale.

Figure 4. Function Importance

Please select only one box.

Please note: this Word document does not check to make sure that you have checked only one.

1. Function Importance	
Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this Function is to your Jurisdiction's overall preparedness and response mission. PLEASE CHECK THE OPTION THAT IS MOST APPLICABLE. PLEASE CHECK ONLY ONE OPTION.	
<input type="checkbox"/> 1. Not relevant <input type="checkbox"/> 2. Limited importance <input type="checkbox"/> 3. Important <input type="checkbox"/> 4. Highly important <input type="checkbox"/> 5. Critical	

Table 1: Function Importance Option Descriptions

Option	Description
1. Not relevant	Having the ability to perform this function (or having an agreement with another agency to perform this function) has been assessed as not relevant to the jurisdiction
2. Limited importance	Having the ability to perform this function (or having an agreement with another agency to perform this function) has been assessed as having limited importance to the jurisdiction
3. Important	Having the ability to perform this function (or having an agreement with another agency to perform this function) has been assessed as important to the jurisdiction
4. Highly important	Having the ability to perform this function (or having an agreement with another agency to perform this function) has been assessed as highly important to the jurisdiction
5. Critical	Having the ability to perform this function (or having an agreement with another agency to perform this function) has been assessed as critical to the jurisdiction

2. Function Current Status

The **function current status** field allows participants to specify their current ability/capacity to perform a function as it relates to their overall jurisdictional needs.

Participants should choose one option from the scale of 1 to 5. Selecting “1” represents the lowest level of ability/capacity and selecting “5” represents the highest level of ability/capacity. Please refer to **Table 2** for more detailed descriptions of each item on the scale.

Figure 5. Function Current Status

Please select only one box. Note: this Word document does not check to make sure that you have checked only one.

2. Function Current Status	
Please indicate your CURRENT ability to perform this Function. PLEASE CHECK THE OPTION THAT IS MOST APPLICABLE. PLEASE CHECK ONLY ONE OPTION.	
<input type="checkbox"/> 1. No ability / capacity <input type="checkbox"/> 2. Limited ability / capacity <input type="checkbox"/> 3. Some ability / capacity <input type="checkbox"/> 4. Significant ability / capacity <input type="checkbox"/> 5. Full ability / capacity	

Table 2. Function Current Status Option Descriptions

Option	Description
1. No ability / capacity	No progress has been made toward achieving the ability to perform this function. This may be because there has been no activity in this area or because barriers exist.
2. Limited ability / capacity	Preliminary efforts and plans are underway for this function. Required activities related to this function are identified and an action plan may be developed. Few, if any, of the tasks associated with this function can be performed.
3. Some ability / capacity	Some of the tasks associated with this function can be performed but important program gaps or challenges remain. Remaining program gaps areas are identified and a resource plan to fill these gaps is developed but not yet fully implemented.
4. Significant ability / capacity	Most of the tasks associated with this function can be performed but a few program gaps or challenges remain. These remaining gaps are minor in nature and there is a resource plan developed to fill these gaps. The ability to perform this function is well established and stable.
5. Full ability / capacity	All of the tasks associated with this function can be performed even if continued resources may be required to sustain this level of performance. Evidence is readily available to document the ability to perform this function.

3. Function Challenges/Barriers

If an awardee assesses a **function current status** (above) with a value that is less than 5, the **function current challenges/barriers** field allows participants to indicate the primary challenges/barriers which are constraining their ability to fully implement the function. Although there is no specific limit to how many options can be checked, please select the top 3 - 5 challenges or barriers.

If “Other” is checked, please enter a brief description of any other challenges or barriers in the text box.

Please refer to **Table 3** for more detailed descriptions of each item on the scale.

Figure 6: Sample Function Challenges/Barriers

Please check all that apply.

3. Function Challenges/Barriers	
Please indicate the primary challenges or barriers from the list below if this Function is not fully in place (for example, top three or top five options).	
<input type="checkbox"/>	1. Lack of personnel due to funding issues
<input type="checkbox"/>	2. Lack of personnel due to hiring issues
<input type="checkbox"/>	3. Lack of trained personnel
<input type="checkbox"/>	4. Lack of subject matter experts
<input type="checkbox"/>	5. Lack of plans / incomplete plans
<input type="checkbox"/>	6. Legal barriers
<input type="checkbox"/>	7. Administrative barriers
<input type="checkbox"/>	8. Issues with procurement / contracting process
<input type="checkbox"/>	9. Lack of equipment
<input type="checkbox"/>	10. Lack of IT Systems
<input type="checkbox"/>	11. Lower priority Function
<input type="checkbox"/>	12. Lack of supporting infrastructure
<input type="checkbox"/>	13. Corrective actions and/or exercising is required
<input type="checkbox"/>	14. Other – please explain below

Table 3: Function Challenges / Barriers Option Description

Option	Description
1. Lack of personnel due to funding issues	There is insufficient funding to hire personnel.
2. Lack of personnel due to hiring issues	Issues with hiring processes have constrained the ability to hire needed personnel.
3. Lack of trained personnel	Available personnel lack required training.
4. Lack of subject matter experts	The jurisdiction lacks access to subject matter experts.
5. Lack of plans / incomplete plans	The jurisdiction lacks defined plans or has incomplete plans.
6. Legal barriers	Administrative barriers have constrained the ability to implement this function.
7. Administrative barriers	Administrative barriers have constrained the ability to implement this function.
8. Issues with procurement / contracting processes	Issues with procurement / contracting processes have constrained the ability to implement this function.
9. Lack of equipment	The jurisdiction lacks sufficient equipment.
10. Lack of IT Systems	The jurisdiction lacks sufficient access to IT systems / support.
11. Lower priority function	This function was / is a relatively lower priority for the jurisdiction. Resources and funding were historically focused elsewhere.
12. Lack of supporting infrastructure	The jurisdiction lacks sufficient infrastructure to support this function.
13. Corrective actions and / or exercising is required	This function appears to be almost fully in place, but some additional corrective actions and / or exercising / testing is required to confirm a fully in place status.
14. Other (please explain)	Describe additional challenges / barriers not listed in this table.

4. Task Gap Assessment

The **task gap assessment** allows participants to indicate any **tasks** that have gaps in the context of their overall jurisdictional needs. All the tasks for each function are listed. Participants should select any task that cannot be performed or that they are have difficulty performing to the required level for their jurisdiction. There should be a general correlation between the **task gap assessment** and the **function current status**. For instance, if an awardee selected “No ability / capacity” for a **function current status**, it is likely there would be multiple tasks selected. Please select all that apply.

Figure 7: Sample Task Gap Assessment
Please check all that apply.

4. Task Gap Assessment	
Please indicate any Tasks that have gaps. PLEASE CHECK ALL THAT APPLY.	
<input type="checkbox"/>	Task 1: Before an incident, identify the essential elements of incident specific healthcare information that are timely, relevant, actionable and can be reasonably delivered during the response
<input type="checkbox"/>	Task 2: Before, during, and after an incident, utilize coordinated information sharing protocols to receive and transmit timely, relevant, and actionable incident specific healthcare information to incident management during response and recovery

5. Resource Element Gap Assessment

The **resource element gap assessment** allows participants to indicate any **resource elements** that have gaps as related to their overall jurisdictional needs. All the resource elements for each function are listed, and participants should check any resource element that they do not **have or have sufficient access to** as required by their jurisdiction. There should be a general correlation between the **resource element gap assessment** and the **function current status**. For instance, if an awardee selects “No ability / capacity” for a **function current status**, it is likely there would be multiple resource elements selected. Please select all that apply.

Note: Due to space constraints, only the resource element names are listed. Participants can find the full resource element descriptions in these documents: *Public Health Preparedness Capabilities: National Standards for State and Local Planning*, and *Healthcare Preparedness Capabilities National Guidance for Healthcare System Preparedness*.

Figure 8: Sample Resource Element Gap Assessment

Please check all that apply.

5. Resource Element Gap Assessment	
Please indicate any Resource Elements that have gaps. PLEASE CHECK ALL THAT APPLY.	
<input type="checkbox"/>	P1. Healthcare information sharing plans
<input type="checkbox"/>	P2. Healthcare essential elements of information
<input type="checkbox"/>	P3. Healthcare incident information validation
<input type="checkbox"/>	P4. Healthcare information sharing with the public
<input type="checkbox"/>	E1. Healthcare Information systems
<input type="checkbox"/>	P5. Bed tracking
<input type="checkbox"/>	E2. Bed tracking system
<input type="checkbox"/>	S1. Bed tracking system training
<input type="checkbox"/>	P6. Patient tracking
<input type="checkbox"/>	E3. Patient tracking system
<input type="checkbox"/>	P7. Patient record tracking

Submission

Please submit your completed Capabilities Planning Guide to DSHS by emailing to document to: PHEP@DSHS.State.TX.US. Please save each capability with the name of the capability, BP2 and the name of your jurisdiction. (e.g. Community Preparedness_BP2_Allegheny Co)

Thank you for your assistance. We are confident the completion of this guide by all jurisdictions will help Texas gain a better understanding of state-wide preparedness capacities and capabilities.