



**DEPARTMENT OF STATE HEALTH SERVICES**

# **Continuity of Operations (COOP) Plan**

## **For All- Hazards**

A conceptual overview of agency-wide strategies that facilitate DSHS' ability to resume and/or continue operations to ensure essential public health service delivery in an emergency response event

**May 2008**



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## I. EXECUTIVE SUMMARY

With a vision of “A Healthy Texas,” the Department of State Health Services (DSHS) seeks to fulfill its mission “To improve health and well-being in Texas” by providing effective health, mental health, and substance abuse services to Texans.

DSHS recognizes that unexpected disruptive events may bring significant risks to essential public health service delivery and business processes. This department has a legal obligation to operate in a prudent and efficient manner, even during an impending threat or following a disaster. The purpose of this Continuity of Operations (COOP) plan is to build organizational resilience to respond and recover critical business and program functions across a wide range of potential emergencies, specifically when the primary facilities and/or the agency leadership are either threatened, incapacitated or inaccessible.

This COOP plan provides a framework to delineate and coordinate efforts that facilitate DSHS’ ability to continue its essential functions during a variety of emergency or crisis situations. It identifies DSHS mission essential functions; presents the roles and procedures for implementing the plan; outlines necessary lines of command; and identifies critical systems needed to continue operations.

### **Document Background**

On January 31<sup>st</sup>, 2007, the DSHS COOP Plan was submitted to the Governor’s Division of Emergency Management (GDEM) to meet Strategic Objective 3.7 of the Texas Homeland Security Plan 2005 –2010. This document represents the updated and validated version of that plan. Upon approval, this plan will be submitted (as part of the HHS COOP Plan packet) to the Texas State Office of Risk Management (SORM) by May 1<sup>st</sup>, 2008 as directed by Senate Bill 908.

The format of this plan remains consistent with the [Federal Emergency Management Agency \(FEMA\) COOP plan template](#).

### **Contact Information**

For more information about the updates and outcomes regarding the current DSHS Business Continuity Planning process, please visit the [DSHS Business Continuity Management](#) website.

Questions concerning this document may be directed to [bcpforum@dshs.state.tx.us](mailto:bcpforum@dshs.state.tx.us)

## **II. INTRODUCTION**

Unexpected disruptive events may bring significant risks to essential public health service delivery and business processes. To reduce these risks, DSHS has developed a COOP management program that includes the maintenance of this strategic level agency COOP plan. This plan outlines strategies to facilitate the performance of agency essential functions during an emergency event that may cause an extended disruption to normal operations and/or the timely resumption of normal operations following such an event.

DSHS response and recovery efforts may require the cooperative effort of intra- and inter-agency administrative departments supporting Health and Human Services (HHS) Enterprise agencies. DSHS strategies include leveraging shared HHS Enterprise resources and working cooperatively and collaboratively with the HHS Enterprise Emergency Management Council.

## **III. PURPOSE**

The purpose of this COOP plan is to establish guidance that ensures DSHS will continue critical business and programmatic operations to the extent possible in an emergency response event. COOP planning objectives include the following:

- Ensure the safety of personnel and visitors.
- Provide for the ability to continue essential operations.
- Provide for the protection of critical equipment, records, and other assets.
- Maintain efforts to minimize damage and losses.
- Provide for an orderly response and recovery from any incident.
- Serve as a foundation for the continued survival of leadership.
- Assure compliance with legal and statutory requirements.

## **IV. APPLICABILITY AND SCOPE**

This document describes the strategic actions and processes DSHS may utilize to resume and/or continue the operations necessary to continue essential public health service delivery in an emergency response event. This plan refers to agency-level actions that management and recovery team leads may refer to when implementing program-level COOP plans.

With the exception of the Pandemic Influenza Annex to the DSHS COOP Plan (for all-hazards), this plan does not address specific disasters. The procedures, strategies and identified resources in this document may be applied to any event, which as determined by the DSHS Commissioner

or designee, requires the recovery of essential agency operations. Furthermore, the scope of the plan does not apply to temporary disruptions where services are anticipated to be restored quickly to primary facilities.

The actions and processes in this document are based on the following planning assumptions:

- The event will be limited geographically and in duration
- Personnel and resources (including federal assistance) located beyond the area affected by the emergency or threat will be available to provided support as necessary
- Outside assistance may be interrupted or unavailable for the first 72 hours
- Essential agency functions may need to be moved to an alternate, safe worksite
- In a catastrophic event, selected essential functions may devolve to another entity until agency capability is reconstituted
- Planning for a worst-case scenario will provide protection applicable to other exigencies.

This plan pertains only to those actions that will sustain the agency’s ability to continue its core objectives in the event of an emergency response event. It does not include emergency response actions directed by the agency to the citizens of Texas.

## V. ESSENTIAL FUNCTIONS

DSHS promotes optimal health for individuals and communities by providing effective health, mental health, and substance abuse services to Texans. The agency serves the entire population of Texas, including public and private providers, and specific populations at increased risk or with specialized needs in accordance with the following goals.

*Table 1: DSHS Mission Essential Functions*

<b>DSHS Mission Essential Functions</b>
Protect and promote the public’s health by decreasing health threats and sources of disease.
Improve the health of children, women, families, and individuals, and enhance the capacity of communities to deliver health care services.
Promote the recovery of persons with infectious disease and mental illness who require specialized treatment.
Achieve a maximum level of compliance by the regulated community to protect public health and safety.

## VI. CONCEPT OF OPERATIONS

During events that threaten or disrupt DSHS essential functions, recovery teams are activated to respond and to recover DSHS' critical business and program functions. Implementing COOP plans occur in the following phases: activation and relocation, alternate facility operations, and reconstitution.

### A. Activation and Relocation (Phase I)

This section describes how DSHS will activate and implement its COOP plans in an emergency response event.

#### 1. DECISION PROCESS

The decision process for activating agency COOP plans will occur in three steps: initial notification, impact assessment, and decision and declaration of COOP activation

##### **Initial Notification**

The decision process for activating the DSHS COOP plan begins when an actual, threatened, or perceived event with potentially serious consequences to people, or property, is reported to DSHS and HHS Enterprise management staff. The person who observes the incident determines if life or property is in immediate jeopardy. If so, that person seeks safety and calls 911 before alerting his or her supervisor or nearest supervisor.

The supervisor contacts the DSHS Chief Operating Officer (COO) and then reports the incident up DSHS' division management chain. Upon being notified of an incident or event that threatens to or disrupts agency operations, the DSHS COO acts as the COOP Incident Commander (IC) or the role is delegated to the Deputy IC. The COOP IC notifies the DSHS Commissioner and other key DSHS staff, and follows the [HHS Enterprise Central Office Notification policy](#) to notify appropriate HHS staff, (Notification phone numbers and other supporting materials are located in the BCPForum Public Directory Folders.)

If the incident response requires the evacuation of a facility, DSHS staff will follow evacuation procedures outlined in the DSHS evacuation plan found on the [DSHS Intranet Safety Office Homepage](#). The steps to activate and implement the agency's COOP will be implemented only after the safety of all personnel is assured.

##### **Impact Assessment**

After notifying the DSHS Commissioner, the IC alerts the DSHS COOP Incident Management Team (IMT) Section Chiefs and Officers of a possible COOP activation.

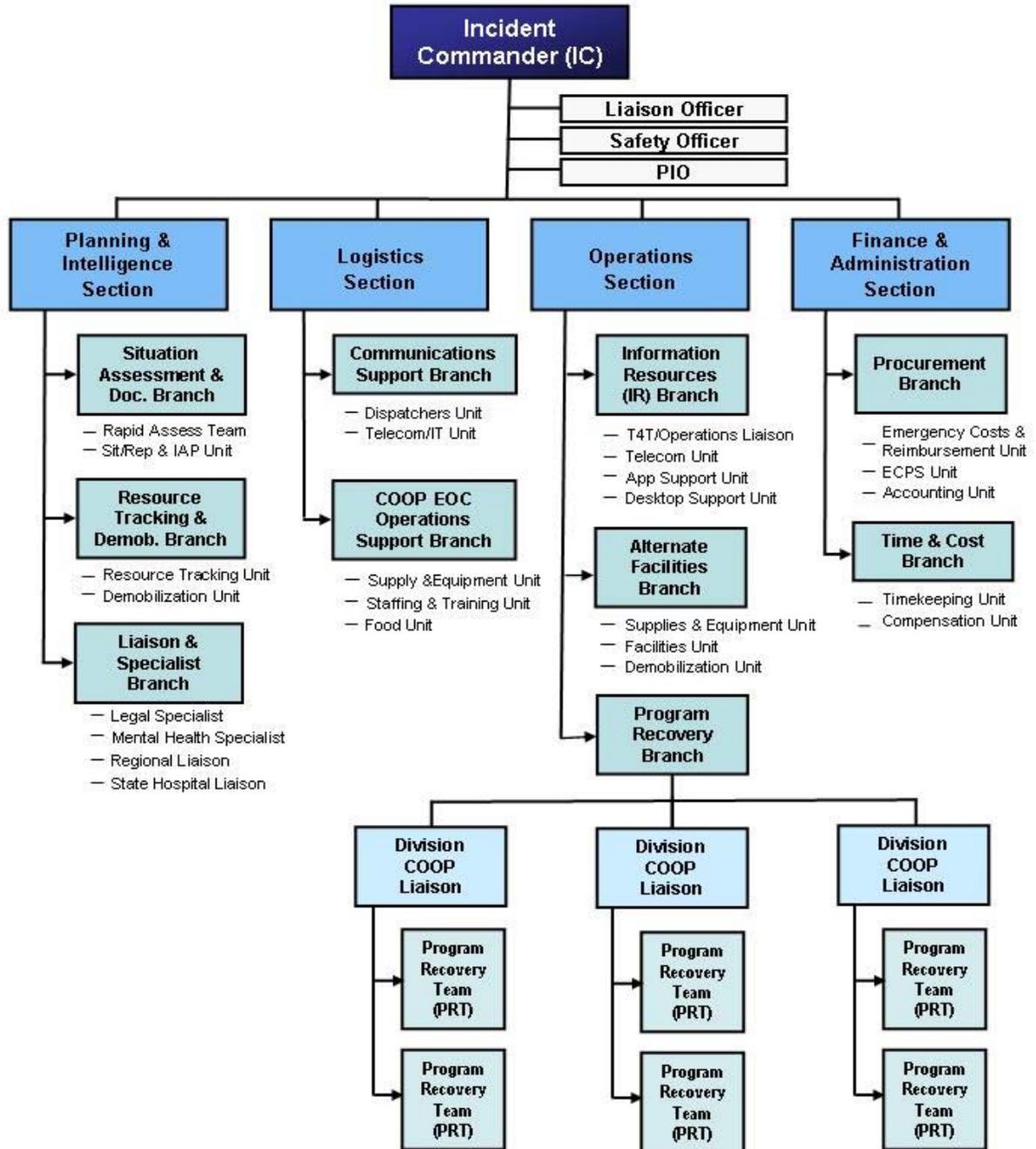
The IMT is a NIMS compliant, all-hazards, incident command system-based (ICS) management structure for handling incidents that may cause a significant, extended disruption to agency operations. The structure is flexible, scalable and provides a common framework for people to work together to continue critical agency operations that may be impacted by both planned and unplanned events. The COOP IMT differs from the IMT for the DSHS Multi-Agency Coordination Center (MACC) in its role, which is to support the agency's ability to continue critical operations and not to coordinate and provide critical resources and capability to facilitate state, regional and local community needs as result of an incident of catastrophic proportion.

The composition and roles of the COOP IMT are compliant with the National Incident Management System (NIMS) as released by the Department of Homeland Security. All Section Chief and Officers will receive appropriate Incident Command System (ICS) training to facilitate their roles in a COOP activation.

The following flowchart provides a visual overview of the COOP Incident Management organizational layout.

Flowchart 2: Overview of IMT and PRT Coordination

**DSHS COOP Incident Management Team**



The IC directs the Planning and Intelligence Section Chief to activate the COOP Rapid Assessment Team (RAT) to conduct an initial, comprehensive incident impact assessment. If possible, the assessment will include an on-site physical inspection and be conducted within 24 hours of the incident. The only instances when an on-site physical inspection is not conducted before activating COOP operations are when it is obvious that damage is catastrophic, or when access to the facility is not possible for an indeterminate period of time due to contamination, severe structural damage or other limiting factors.

The incident impact assessment will provide the following information.

- An initial determination of the cause of the incident
- An evaluation of the extent of personnel injuries and/or casualties
- An evaluation or estimate of the extent of damage to facilities and equipment (also includes an estimate of assets that may be usable)
- A determination of agency operations that have been impaired
- A list of immediate recovery needs and priorities (including where to concentrate recovery resources)
- An estimate of the time it may take to return to normal operations

**Decision and Declaration of COOP Activation**

The Planning and Intelligence Section Chief submits the incident impact assessment to the IC who delivers it to the DSHS Commissioner. The Commissioner reviews the assessment report and draws upon the information to determine whether or not to declare a COOP activation. (The guidelines in Table 2 present conditions for possible COOP actions.)

The authority to activate COOP operations for DSHS or any subordinate business/program area thereof rests with the DSHS Commissioner. If the Commissioner is unavailable or cannot be contacted, COOP activation authority is vested with the agency leadership in order of succession. The DSHS Information Resources Manager (IRM) may declare a COOP activation for an information systems disaster with the concurrence of the DSHS Commissioner or successor.

*Table 2: Guidelines for COOP Activation*

Action	Conditions
<p><b>COOP Activation Recommended</b></p>	<ul style="list-style-type: none"> <li>• The agency’s facility(ies) cannot be occupied due to structural damage, dangerous environmental conditions, or other limiting factors and the time to repair is estimated to exceed 14 days.</li> </ul> <p>Or</p> <ul style="list-style-type: none"> <li>• The agency’s information system technical environment is damaged, inoperable or uninhabitable and the estimated time to resume essential computer services exceeds 14 days.</li> </ul>

<p><b>COOP Activation Considered</b></p>	<ul style="list-style-type: none"> <li>• The agency’s facility(ies) is damaged or inaccessible and use of temporary or alternate facilities is necessary.</li> <li>• Critical equipment and/or vital records have been damaged and cannot be repaired, replaced or restored within 3-14 days.</li> <li>• Key personnel are injured or are otherwise not available.</li> <li>• Voice/communications cannot be restored within 3-14 days.</li> <li>• Public utilities (e.g., power, water and/or sanitation) and/or public services (e.g., transportation, law enforcement and/or communications) have been disrupted.</li> </ul>
<p><b>COOP Activation Not Recommended</b></p>	<ul style="list-style-type: none"> <li>• Damaged critical equipment and/or facilities can be repaired or replaced within 3 days.</li> <li>• Conditions do not seriously disrupt essential business functions.</li> <li>• The loss of critical data/vital records is minimal and restorable within 3 days.</li> </ul>

**2. ALERT, NOTIFICATION, AND IMPLEMENTATION PROCESS**

**Alert and Notification**

The DSHS Commissioner notifies the IC of the decision to activate or not activate COOP plans and processes. The IC notifies the IMT Section Chiefs and Officers, the DSHS Press Officer and other key stakeholders of the decision. The DSHS Press Officer notifies other appropriate stakeholders of the decision.

By DSHS policy and procedures, all calls and other inquiries or requests received by DSHS employees from the news media must be referred to the DSHS Press Officer. The DSHS Press Officer will determine how each call, inquiry or request from the news media will be handled. The DSHS Press Officer or designee is the only one authorized to respond to media inquiries, but may authorize the appointment of additional designees to respond on behalf of Hospital Superintendents and Regional Directors.

DSHS personnel are notified in a timely manner about the incident, the status of agency operations and COOP activation. Methods of relaying information to agency personnel may include, but are not limited to, scripted messages on 1-888-TEX-RING and the agency’s website. (TEX-RING is a toll-free number HHS employees across the state may call to find out if their offices are closed due to emergency situations.) In addition, DSHS supervisors maintain their direct reports current emergency contact information as part of the agency’s efforts to prepare for emergencies. Managers may use this “call tree” information to communicate pertinent information to their employees away from the worksite and/or during non-business hours in a timely manner.

Stakeholders external to the agency will also be informed of the incident and changes in agency operations as it affects them. The level of information relayed and the method of notification will be appropriate to the stakeholder’s relationship with the agency.

## **COOP Implementation**

If the DSHS Commission does not declare a COOP activation, the Planning and Intelligence Section Chief leads the After Action Review of the incident response and decision process that includes recommendations for corrective action. This information is used to improve future notification, assessment and decision-making processes of unexpected disruptive events.

If the DSHS Commission declares a COOP activation, the IC activates the IMT and begins the COOP implementation process. The IMT Section Chiefs notify their teams and the Logistics Section Chief stands up the DSHS COOP Emergency Operations Center (EOC).

DSHS COOP EOC is where the coordination of information, resources and management decisions are facilitated. It is in close proximity to the Office of the Commissioner worksite. The pre-identified alternate locations for DSHS COOP EOC include:

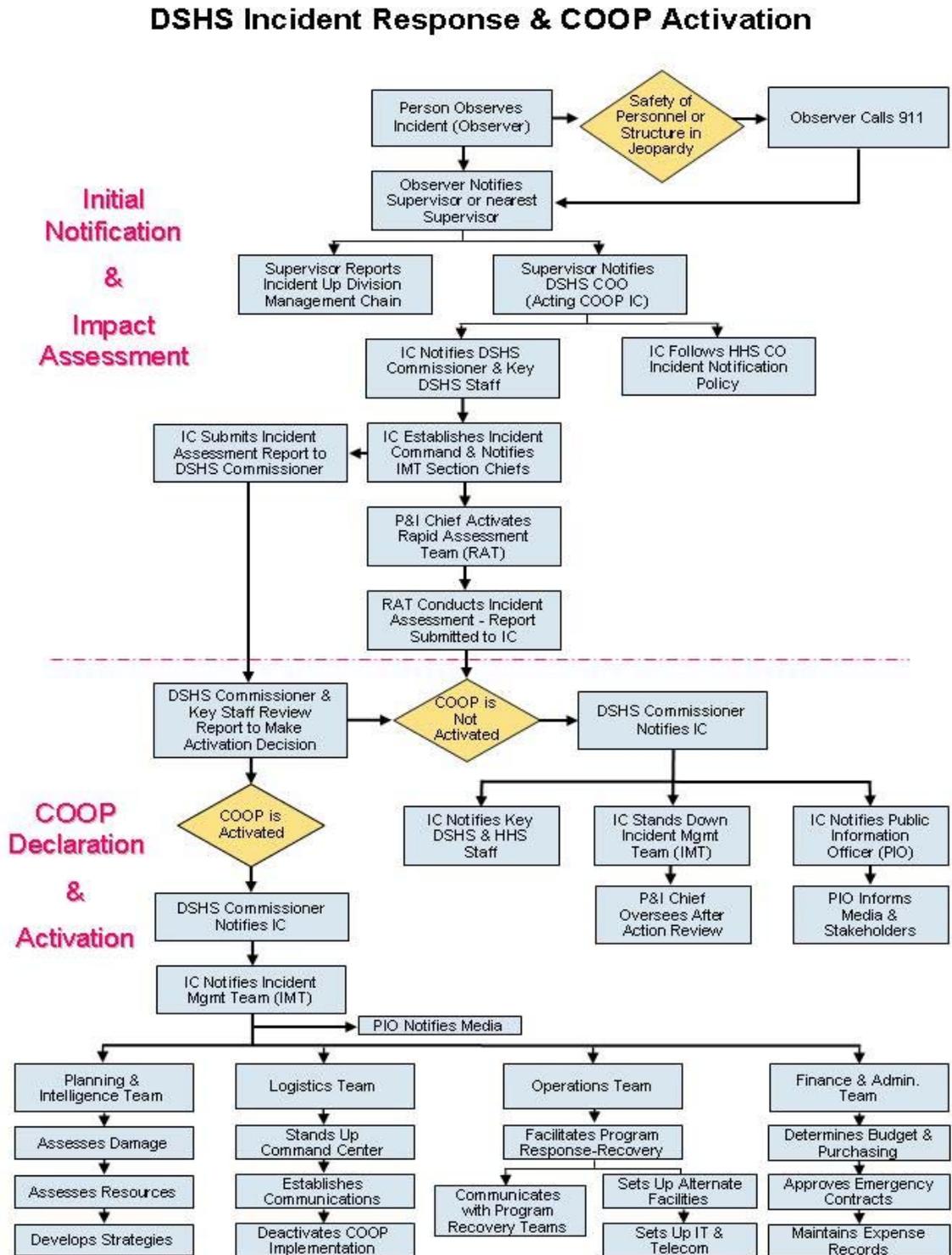
- Primary EOC Site: DSHS Central Office, Moreton Building
- Secondary EOC Site: Exchange Building
- Tertiary EOC Site: Austin State Hospital Campus
- Primary EOC Devolution Site: San Antonio State Hospital Campus

## **Overview of Activation and Relocation Phase**

The strategies and procedures for initial notification and response of an emergency event, the decision making process for determined whether or not to declare a COOP activation, and the initial steps taken to implement a COOP activation are encapsulated in the following flowchart.

*Note:* COOP activation processes and procedures specific to COOP implementation during an influenza pandemic are located in the Pandemic Influenza Annex to the DSHS COOP Plan for All-Hazards.

Diagram 2: Overview of DSHS Incident Response and COOP Activation



### Program Recovery Teams

DSHS COOP implementation includes the activation of individual COOP plans specific to critical agency functions in affected program or business areas. Activating these specific COOP plans begin when the Division COOP Liaison(s) in the IMT Operations Section notifies the lead of each Program Recovery Team (PRT) that their COOP plan is being implemented. A COOP PRT is a group of subject matter experts who are assigned specific duties to relocate or otherwise implement their program area's COOP plan in order to restore/continue critical operations if there is a significant, extended disruption to the program's operations. The DSHS COOP PRTs work at the direction of the COOP IMT. .

The PRT Lead activates team members. If necessary, the PRT lead notifies program leadership of the need to alert all staff via the program's "Call Tree." The PRT facilitates communications to stakeholders affected by the disruption. The approval authority for information communicated will vary based on the level of response required. The DSHS Press Officer also responds to media inquiries.

The PRT assesses the incident's impact on the program's critical operations. The assessment includes a description of the incident, its impact on infrastructure and core activities, and the estimated time to resume operations. The PRT identifies and prioritizes steps to mobilize resources toward the function's resumption and reconstitution as quickly as possible. The Team Lead reports this information to program leadership for approval and to the DCC to facilitate coordination transitioning resources to the alternate worksite.

The PRT then monitors the recovery process of the program. Monitoring facilitates adequate resourcing of each task, and addresses difficulties experienced in one recovery task that may affect the progress of other tasks. Issues that cannot be resolved at the program level are escalated through the DCC(s) to the DSHS COOP IMT. Issue resolution is fed back to the PRT by the same line of communication.

When agency leadership determines that capability at the primary worksite is reestablished, the PRT implements the actions necessary to return the program from a COOP environment to normal operations (reconstitution). Once normal operations are reestablished, the PRT conducts an after action review of the activities taken during the COOP implementation, and develops a "Corrective Action Plan" to address deficiencies.

### 3. ORDERS OF SUCCESSION

The DSHS Orders of Succession (OOS) allow for an orderly and predefined transition of leadership of senior agency offices during an emergency if any officials are unavailable to execute their legal duties. The designation as a successor enables that individual to act for and exercise the powers of a principal if necessary. The following table presents the DSHS Orders of Succession for senior agency offices.

**Table 3: Order of Succession for DSHS Senior Agency Offices**

DSHS Senior Agency Offices - Orders of Succession	
Position	Successors
DSHS Commissioner	1. Associate Commissioner
	2. Deputy Commissioner
	3. Chief Operating Officer
Chief Financial Officer	1. Assistant Chief Financial Officer
	2. Budget Director
	3. Accounting Director
Chief Operating Officer	1. General Counsel
	2. Special Assistant to COO
	3. Executive and Staff Operations
Division for Family & Community Health Services, Assistant Commissioner	1. Office of Title V & Family Health Director
	2. Community Health Services Section Director
	3. Nutrition Services Section Director
Division for Mental Health & Substance Abuse Services, Assistant Commissioner	1. Contract Services Section Director
	2. Program Services Section Director
	3. Hospital Services Section Director
Division for Prevention and Preparedness Services, Assistant Commissioner	1. Community Preparedness Section Director
	2. Disease Prevention & Intervention Section Director
	3. Laboratory Services Section Director
Division for Regional and Local Health Services, Assistant Commissioner	1. Regional Medical Director
	2. Senior Public Health Liaison
	3. Operations Officer
Division for Regulatory Services, Assistant Commissioner	1. Environmental & Consumer Safety, Section Director
	2. Health Care Quality, Section Director
	3. Enforcement Unit, Manager
Centers for Communication and Government Affairs (CCEA), Director	1. Government Affairs Unit Manager
	2. Communications Unit Manager
	3. Consumer Affairs Unit Manager
Center for Program Coordination, Policy and Innovation (CPCPI), Director	1. Director I
	2. Program Specialist VII
	3. Program Specialist VII

The personnel who principally serve in senior agency offices are responsible for establishing, promulgating, and maintaining orders of succession for their office. Personnel in positions designated as successor to the office are provided the necessary information to perform the duties of office including guidelines for implementation. The table below presents the implementation guidelines. (Details found in BCPForum Public Folders.)

Table 4: Implementation Guidelines for “Unplanned” Orders of Succession

Major Steps	Activities	Responsible Party
<b>Training Successors</b>	Designated Successors will be provided a copy of the Implementation Guidelines.  Principles for the office may meet with successors to review the duties of the office, critical issues, limits of authority, and the resources needed to perform the duties.	Principle, Successors, and Staff supporting “Orders of Succession”
<b>Activation Triggers</b>	The determination that the principle is unavailable or unable to perform the requirements of his or her position, regardless of the cause.	Principle’s supervisor or nearest available supervisor
<b>Notification</b>	Send written notification activating the orders of succession to the successor, the next available supervisor, the principle’s direct report staff and the division head. (In urgent circumstances, send notification by the most efficient means possible.)  Notification includes the name of the position that activated OOS; the successor’s position and contact information; and the beginning date of the succession period.	Principle’s supervisor or nearest available supervisor
<b>Resource “Hand Off”</b>	Upon activation, provide resources to designated successor as soon as possible. Resources may include “OOS Implementation Guidelines,” keys, passwords and contact information.	Person pre-identified to hold resources
<b>Successor Assumes Duties of Office</b>	Review the implementation guidelines, duties of the office, limits of authority and assume duties of the office.  If the successor cannot assume the duties of the office, the process to activate orders of succession begins again.	Successors
<b>Duties of Office Restored to Principle</b>	Once the principle is determined to be able to resume his or her duties. Written notification that the Orders of Succession has terminated will be sent to the position’s supervisor, direct reports and division head.	Principle’s supervisor or nearest available supervisor

**4. DELEGATIONS OF AUTHORITY**

Delegations of Authority specify who is authorized to act on behalf of senior agency officials for specific purposes. It documents the legal authority (and its limits) for officials to make key policy decisions during a COOP activation. Duties that require delegation of authority are more specific and limited than duties that require orders of succession. Examples of duties that may require plans to delegate authority include approving emergency policy changes; making medical decision on behalf of the agency; approving commitment of resources; and signing contracts.

Where feasible, the DSHS delegations of authority reach a depth of three positions and are geographically dispersed. The following table identifies DSHS Central Office authorities that may be delegated and provides the following information.

- *Official*: the position that may delegate a legal authority to a successor
- *Summary of Responsibilities*: the authority and/or responsibility being delegated
- *Designated Successors*: the position that may assume the authority
- *Requirements of Successor*: the certifications and other requirements the successor must have to assume the legal authority that being delegated

**Table 6: Delegation of Authority for DSHS Key Positions**

Official	Responsibilities	Designated Successors	Requirements of Successor
<b>Office of the Commissioner</b>			
State Health Officer, DSHS Commissioner	Medical decisions for the agency	State Epidemiologist Division of Prevention & Preparedness Svcs Asst Commissioner	License to practice medicine in Texas
<b>Chief Financial Officer (CFO)</b>			
Chief Financial Officer	<ul style="list-style-type: none"> <li>• Approve commitment of agency resources</li> <li>• Signature Authority on fiscal notes; fiscal policies/procedures; LBB recs</li> <li>• Signature Authority (with CSCU Director) on proprietary/sole source contracts &gt;\$25k; emergency contracts &gt;\$25k; and all retroactive contracts</li> <li>• Approves/provides financial information to the LBB, Governor’s Office of Budget, Policy and Planning, Legislative House Committees &amp; Senate Finance Committee</li> </ul>	Assistant CFO	N/A

Accounting Section Director	<ul style="list-style-type: none"> <li>• Budget Approval for Accounting Section</li> <li>• Security Approval for Accounting Section</li> <li>• Federal Emergency Management Act Signature Authority</li> <li>• Approval request for professional memberships</li> <li>• Approval applications for Procard</li> </ul>	General Ledger Manager	N/A
Budget Section Director	<ul style="list-style-type: none"> <li>• Signature authority on grant requests; administrative rules; cash memorandums; newly created DSHS positions; IT purchases on behalf of HHSC MH hospitals via HHSC's GX Group.</li> <li>• Approval authority for security access to HHSAA Financials module; and for access to DSHS data warehouse.</li> </ul>	Branch Manager, Budget, Forecasting, and Reporting Unit	
Client Services Contracting (CSCU) Director	<ul style="list-style-type: none"> <li>• Signature authority on contracts from zero dollars to \$1 million dollars.</li> <li>• Sole signature authority on proprietary/sole source contracts &lt; \$25k; and emergency contracts &lt; \$25k.</li> <li>• Joint signature authority with the CFO on Proprietary/sole source contracts &gt; \$25k; emergency contracts &gt; \$25k; and all retroactive contracts.</li> <li>• 5 signature stamps strategically located in CSCU with Branch Managers for multiple copies of contracts. Signature stamps may only be used after CSCU Director has penned original signature on first contract.</li> </ul>	Branch Manager	CTPM
<b>Chief Operating Officer (COO)</b>			
Chief Operating Officer	Sign use of DSHS facilities by public health related and public employee organizations	Executive & Staff Ops Director	Signature Authority
		Mgr of Hospital Construction	
		Agency Asset Mgr	
General Counsel	<ul style="list-style-type: none"> <li>• Respond to subpoenas and signs as custodian of records for DSHS</li> <li>• Request OAG to sue for civil penalties and to bring appropriate relief under any program statute</li> <li>• Sign waiver to DSHS's right to subrogation under any program statute</li> <li>• Accept service of a lawsuit filed against DSHS or against any DSHS employee in the employee's official capacity</li> </ul>	Deputy General Counsel	Must have Doctor of Jurisprudence (JD) and passed Texas Bar Exam

Cntr for Health Statistics Director	Serves as Director of Health Care Information Council (HCIC)	THCIC, Team Lead  Health Info. Resources Manager	Chapter 108 of Texas Health and Safety Code
State Registrar	Administers and enforces the provisions of the Model State Vital Statistics Act that provides for a uniform vital statistics system that produces records to satisfy the legal requirements of individuals and statistical data needs for public health indicators.	Deputy State Registrar	Texas Health & Safety Code, Sec. 191-195 and Texas Administrative Code, Sec. 181.
Information Resources Manager, IRM	Sign Internet Application Signature Form for publishing on the World Wide Web	Application Development Unit Director	Signature Authority
		IT Mgmt Services Unit Director	
<b>Division of Family and Community Health Services</b>			
State WIC Nutrition Coordinator	Oversees nutrition component of the WIC Program. Is USDA and National WIC Association contact for WIC nutrition-related issues	Texas WIC Breastfeeding Coordinator	Registered dietician (RD) or eligible for RD per Federal regs (7 CFR 246.4)
		Branch Mgr Clinic Services	
State Dental Director	Oversees Oral Health Program and TX Health Steps Dental svcs - HRSA and CDC grant activities. Works with HHSC to set dental policy for Medicaid and CHIP.	Regional Dentist, HSR 6/5S	License to practice dentistry in Texas.
		Regional Dentist, HSR 4/5N	
Children with Special Health Care Needs (CSHCN) Medical Director	<ul style="list-style-type: none"> <li>Oversight of health care benefits policy, determination of client urgent medical need, and specific medical review of client coverage issues as required by rule.</li> <li>Title V CSHCN Director in TX - provides oversight/mgmt of health care systems development for CSHCN and families.</li> </ul>	Purchased Health Services Unit - Policy & Program Dev. Branch, Mgr	License to practice medicine in Texas
		No 2nd backup available.	
<b>Division of Mental Health and Substance Abuse</b>			
Mental Health and Substance Abuse Asst Commissioner	<ul style="list-style-type: none"> <li>Designated State Authority for Mental Health</li> <li>Designated State Authority for Substance Abuse</li> </ul>	Program Services Section Director	DSHS Commissioner writes a letter indicating a replacement.
		Contract Services Section Director	
<b>Division for Prevention and Preparedness Services</b>			
Zoonosis Control Branch Mgr	Responsible for the statewide Zoonosis control program. Coordinates with Leadership in each HSR on operations of the Regional Zoonosis Control Programs.	Oral Rabies Vaccination Program Manager	License to practice veterinary medicine in TX

Oral Rabies Vaccination Program (ORVP) Mgr	Responsible for the statewide operations of ORVP and its associated active disease surveillance. Coordinates as necessary with Leadership in HSRs.	Zoonosis Control Branch Manager	License to practice veterinary medicine in TX
Infectious Disease Control Unit Manager	Coordinates with leadership in each HSR on the prevention and control of infectious diseases. TB Controller and Commissioner designee for Isolation and quarantine concurrence.	Infectious Disease Surveillance and Epidemiology Branch Manager	License to practice medicine in Texas. Knowledge of infectious disease
Pharmacy Branch - Branch Manager	Oversight/coordination of distribution of pharmaceuticals and medical supplies per orders from DSHS medication programs/drugs and medical supplies for preparedness including natural or man made disasters.	Senior Pharmacist Consultant Pharmacist	Registered with the Texas State Board of Pharmacy
Laboratory Director	CLIA Qualified Lab Director	Laboratory Operations Unit Manager	Meets CLIA Requirements
Quality Assurance Unit Manager	Select Agent Responsible Official	Laboratory Services Section Director	Authorization by CDC
STL Branch Manager	Technical Director for EPA Microbiological Approved Testing for STL in Harlingen, TX. Select Agent Responsible Official for the STL	Water Dept. Tech. Director Micro III	Meets NELAC requirements CDC Authorization
Environmental Sciences Branch Manager	Technical Director for EPA Environmental Chemistry Approved Testing	Inorganic & Nuclear Chemistry Group Manager Organic Chemistry Group Manager Metals Analysis Group Manager	Meets NELAC Requirements
Consumer Microbiological, Team Lead	Technical Director for EPA Microbiological Approved Testing	Senior Technician	Meets NELAC Requirements
<b>Division for Regional and Local Health Services</b>			
Regional and Local Health Services Asst Commissioner	Decisions or coordination of activities that require a Medical Doctor.	Region 4/5, Medical Director Region 11, Medical Director	License to practice medicine in Texas

<b>Division of Regulatory Services</b>			
Division for Regulatory Services Asst Commissioner	<ul style="list-style-type: none"> <li>• Signature authority from \$25K to \$10M.</li> <li>• Delegated authority as the Commissioner's representative for Radiation response.</li> <li>• Signs enforcement orders.</li> </ul>	Environmental and Consumer Safety Section Director	Reg. programs & stakeholders' issues knowledge - Admin, budget, and leadership skills
Environmental and Consumer Safety Section Director	<ul style="list-style-type: none"> <li>• Oversees units handling policy, standards and quality assurance; inspections and complaint investigations; and meat safety.</li> <li>• Oversees radiation safety; manufactured and retail food and meat safety; drugs and medical device safety; and environmental and consumer product safety programs.</li> <li>• Authorizes the closing of bays and other waterways to shellfish harvesting.</li> <li>• Signature authority &lt; \$25K</li> </ul>	PSQA Unit Manager	Specific knowledge needed RE: Meat Safety, Radiation and Seafood programs. Requires administrative, budgetary and leadership skills.
Health Care Quality Section Director	<ul style="list-style-type: none"> <li>• Oversees licensure/certification of all individuals/entities regulated by DSHS; compliance monitoring of health care facilities; EMS providers; substance abuse treatment facilities; and coordination of EMS/Trauma Care Systems incl. distribution of grant funds.</li> <li>• Directs activities re: establishing policy-standards, issuing licenses-credentials, conducting inspections &amp; complaint investigations and QA.</li> <li>• Signature authority &lt; \$25K</li> </ul>	Regulatory Licensing Unit Manager	Specific knowledge needed RE: EMS/Trauma and Health care facility licensing and inspections. Requires administrative, budgetary and leadership skills.
Enforcement Unit Manager	<ul style="list-style-type: none"> <li>• Directs activities to enforce rules and statutes for all regulatory programs.</li> <li>• Establishes enforcement policies and procedures. Identifies violations and processes enforcement actions.</li> <li>• Coordinates with licensing and inspection units for identification of violations.</li> <li>• Coordinates settlement conferences.</li> <li>• Oversees preparation of enforcement cases, incl. administrative cases at SOAH and civil/criminal enforcement actions.</li> <li>• Works with General Council to initiate referrals to OAG for enforcement actions.</li> </ul>	Consumer Safety Enforcement Group Manager	Specific knowledge needed RE: Enforcement rules and statutes for a broad range of regulatory activities. Requires management and, budgetary skills.

## **5. DEVOLUTION**

The need to address catastrophic possibilities and the concept of devolution is critical to ensure the continuation of essential functions. Devolution planning addresses how DSHS Central Office will identify and conduct its essential functions in the aftermath of a worst-case scenario, one in which the majority of the agency's Austin-based leadership, facilities and systems are incapacitated.

The DSHS Central Office devolution plan will address how the agency will select and transfer essential functions and leadership authorities away from its primary facilities to a safe and secure location in the aftermath of a catastrophic incident or event. The devolution plan will, at a minimum, include:

- Identified, prioritized critical functions for devolution and tasks that support those functions;
- A roster that identifies fully equipped and trained personnel who will be stationed at the designated devolution site, and who will have the authority to perform critical functions;
- Likely triggers that will activate the devolution option, and procedures for transferring operations to the devolution site;
- Triggers and procedures for rotating operations geographically as applicable;
- Lists of needed resources to facilitate operations of critical functions at the devolution site;
- Plans to restore or reconstitute operations to pre-event status upon termination of devolution; and
- Testing and training of devolution staff to ensure devolution capabilities are prepared and able to perform the agency's essential functions.

The DSHS Health Services Regions were chosen as a devolution sites for Central Office. DSHS will work with these offices to ensure they have the personnel and resources to support selected essential functions.

**Table 7: DSHS Central Office Devolution Sequence**

Devolution Sequence for DSHS Central Office Essential Functions
DSHS Central Office (Austin)
Health Service Region 8
Health Service Region 6/5 South
Health Service Region 2/3
Health Service Region 4/5 North
Health Service Region 1
Health Service Region 11
Health Service Region 9/10
Health Service Region 7

**B. Alternate Facility Operations (Phase II)**

DSHS personnel may be required to relocate to an alternate work-site if access to the agency’s primary facility(ies) is not possible for an indeterminate period of time due to contamination, severe structural damage or other limiting factors. If the incident reduces the resources available to the agency, DSHS may not be able to initially resume/continue all of its normal operations. Therefore, it is essential that DSHS prioritize the order of urgency in resuming its functions. This information is provided in the section “Mission Critical Systems.”

Based on this information, decisions will be made to appropriately resource these critical functions so they may operate in a COOP environment. These resources include, but are not limited to, essential personnel, inter-operable communications, alternate worksites with adequate equipment and supplies, and critical records and databases.

**1. MISSION CRITICAL SYSTEMS**

DSHS has established priorities for resuming mission critical activities that facilitate its ability to provide essential health services as rapidly and efficiently as possible during an emergency relocation. Any task not deemed essential must be deferred until additional personnel and resources become available.

To establish these priorities, DSHS first identified the key business functions in each of its program and business areas. These areas then assessed the broad impacts of the loss of each function over a period of zero to 30 days, and identified the maximum amount of time the function could be inoperative before jeopardizing the delivery of essential health services. This information allowed DSHS to identify and prioritize the order of resumption of over 400 key agency functions.

Further refinement identified a subset of functions most critical to the immediate mission of the agency should operations be disrupted for an extended period. The program and business areas responsible for these functions provided specific information to facilitate the restoration of each critical function smoothly and quickly in the event of a disaster. The following types of information were collected for DSHS Tier I functions.

- *Overview of Critical Functions:* Includes description and core activities; general staffing needs; the function’s organizational and physical location; and critical operating periods
- *Stakeholder Impact:* Provides contact information of external stakeholders severely affected by the loss of the critical function and assesses level and type of impact
- *Call Tree:* Includes work and emergency contact information for the function’s personnel
- *Human Capital:* Identifies the minimum positions needed to operate the function’s core activities and two backup positions that can fulfill the same responsibilities
- *Telecommunications:* Identifies resources needed to maintain communications, including main telephone numbers that should have incoming calls rerouted
- *Information Resource Needs:* Describes the critical records, datasets and computer applications needs of the function
- *Interdependencies:* Provides contact information of internal and external entities that the critical function must interact with to operate; and describes the interaction needs
- *Alternate Facility Needs:* Identifies the requirements of the critical function to operate in a physical environment, including potential warm sites, equipment and supply items

This information is integrated into individual COOP plans for the Tier I functions presented in the following table.

**Table 8: DSHS Mission Critical Systems and Activities**

<b>Executive Office</b>
<ul style="list-style-type: none"> <li>• Governs COOP process from initial response to restoration of normal operations; and works with state and federal leadership to ensure COOP</li> </ul>
<p><b>Center for Consumer and External Affairs</b></p> <ul style="list-style-type: none"> <li>• Manages news media operations; provides and coordinates language services; and manages emergency public information</li> <li>• Coordinates legislative session activities; provides policy consultation; and liaisons with state and federal elected officials</li> <li>• Manages executive communications and correspondence; and responds to consumer complaints and inquiries</li> </ul>

**Chief Financial Officer**

- Processes and distributes payments to vendors and employees; processes purchase and travel vouchers; and performs daily federal cash draws
- Manages HRMS, personnel and payroll activities; and classifies and codes planned expenditures
- Assists programs and contract management units with locating and finalizing contracts with emergency contractors

**Chief Operating Officer**

- Provides legal advice and counsel to all programs and facilities
- Disseminates health data; and manages population data system
- Provide Department-wide Infrastructure and email services; telecom services; and applications support
- Provide IT Support for Regional Offices; Hospitals and Austin-area

**Family and Community Health Services Division**

- Coordinates oversight functions for WIC and FMNP
- Provides case management and follow-up for newborn screening
- Administers Children and Pregnant Women's case management program

**Mental Health and Substance Abuse Services Division**

- Ensures consumer rights are observed; and provides technical assistance on BHIPS system
- Provides inpatient psychiatric services for nine state hospitals, including adult and adolescent forensic services in a max security environment
- Administers inpatient and outpatient infectious disease care and treatment
- Provides adolescent psychiatric residential treatment services
- Administers primary and secondary physical health services
- Administers health services for persons who are developmentally delayed

**Table 8: DSHS Mission Critical Systems and Activities (Continued)**

<p><b>Prevention and Preparedness Division</b></p> <ul style="list-style-type: none"><li>• Supports and maintains Public Health Information Network (PHIN); hosts NEDSS base system; and supports local and regional public health departments emergency communication</li><li>• Activates health and medical emergency responses to non-routine public health emergencies</li><li>• Maintains full functionality of Epidemiological and scientific surveillance responses to public health threats</li><li>• Maintains IMMTRAC; implements Texas Vaccines for Children; and administers Texas HIV Medication program</li><li>• Management/supervision of Pharmacy Branch including maintenance of PICS; and ensures departmental compliance with ordering/distribution of medications for preventing/treating communicable disease through the public health system (including repacking/re-labeling drugs and medical supplies)</li><li>• Test response for biological and chemical terrorism and for potential biological and chemical threat agents</li><li>• Provides Newborn Screening Testing; microbiological testing; and environmental-chemical testing of drinking water systems</li><li>• Monitors tests of nuclear power plants and PanTex plant</li><li>• Provides specimen acquisition services for lab testing; and Provides reporting services for lab testing</li><li>• Assures lab tests are compliant with federal regulations for human specimens</li><li>• Laboratory testing services in support of RDSC, STHCS, TCID and Women’s Health</li></ul>
<p><b>Regional and Local Health Services Division</b></p> <ul style="list-style-type: none"><li>• Ensures Regional COOP by working with Federal, State, DSHS Leadership and Programs</li></ul>
<p><b>Regulatory Services Division</b></p> <ul style="list-style-type: none"><li>• Monitors safety status at nuclear power plants and the U.S. Department of Energy Pantex facility and responds to nuclear emergencies and radioactive materials incidents</li><li>• Responds to disasters and citizens complaints regarding food issues; and to disasters and citizens complaints regarding radiation issues</li><li>• Investigates potential immediate jeopardy complaints against health care facilities; and potential immediate jeopardy complaints against professionals</li></ul>

## 2. HUMAN CAPITAL

DSHS has identified the key positions needed to continue its critical functions. The agency has also identified the primary personnel and two back-up personnel to fulfill the responsibilities of each key position. In addition, the roles and responsibilities of these positions as well as the skill sets, education and experience needed by these positions have been delineated. This information will assist in locating appropriate staff from other areas within the agency should the primary and backup personnel for a key position be unavailable.

DSHS shall ensure that the personnel needed to perform those critical functions will receive appropriate training. Training and cross training are key in staffing critical positions. Substitute or back up staff may be pre-identified from personnel least likely to be exposed and perhaps least experienced, requiring more training ahead of time to fill those roles.

*Note:* Human Capital Plans specific to COOP implementation during an influenza pandemic are located in the Pandemic Influenza Annex to the DSHS COOP Plan for All-Hazards.

## 3. INTEROPERABLE COMMUNICATIONS

The success of COOP implementation depends on the availability of critical communications systems to support connectivity internal and external to the agency, including but not limited to, state hospitals, other agencies, contractors and the public. DSHS periodically reviews the communication system requirements to support its essential functions and evaluates potential communications systems that satisfy these requirements. DSHS' interoperable communications objectives are to provide:

- Capability commensurate with DSHS' essential functions and activities including the quantity per the COOP staffing plan;
- Ability to communicate with agency personnel, including those in regional offices and state hospitals; and to obtain critical data and to access other organizational components;
- Ability to communicate with other agencies and emergency personnel;
- Access to data, systems and services necessary to support essential functions; and
- Redundant communications systems for use in COOP implementation.

The following communications options have been developed to allow DSHS to take maximum advantage of the communications media likely to be available in any emergency situation. These services may include, but are not limited to, the following:

- *Satellite Phone Communications:* Satellite phones can usually work anywhere in the northern hemispheres and are ideal for Texas' remote locations. DSHS satellite phones can also provide data access so the when attached to a laptop or other computer, the satellite phones can act as modems. The DSHS Commissioner and COO each have a dedicated satellite phone. In addition, all DSHS Regions have a minimum of eight satellite phones with several regions maintaining much larger inventories.

- *High Frequency Radio Communications (HF Radio)*: High Frequency radios do not require service providers and do not require repeater or radio network permission to work. All DSHS Regions and the Austin campus have a high frequency radio equipped with an antenna that is designed to ensure coverage of Texas when atmospheric conditions allow.
- *2-Way Radio Communications Analog/Digital 800 MHz and VHF Radios*: 800 MHz is the most widely used frequency by emergency responders (e.g. polices, fire, EMS) in Texas. VHF is used by most federal agencies. DSHS central campus and all DSHS Regions have a minimum of six 800 MHz and three VHF Handheld 2-Way radios.

Based on these options, DSHS has developed the following redundant communications priorities.

- *Primary Communications*: land based phone, cellular phone, email
- *Secondary Communications*: satellite phone
- *Tertiary Communications*: 2-way radio, high frequency radio

To assist communications, Government Emergency Telecommunications Service (GETS) cards have been assigned to DSHS key personnel. GETS is an emergency service that may increase the probability of call completion if an emergency situation cause congestion or network outages.

DSHS may use the following options to notify personnel of pertinent information related to the incident; its impact on agency operations; and their roles in the COOP implementation.

- *DSHS Call Tree*: DSHS supervisors maintain their direct reports' current emergency contact information. Managers may use this "call tree" information to communicate pertinent information to their employees especially when staff are away from the worksite and/or during non-business hours.
- *Blast Communications via the PHIN Portal*: The Public Health Information Network (PHIN) Portal System is capable of making 3,000 phones calls and emails per minute. The blast calling and email capabilities are provided by a vendor allowing the system to functions when the core network is inoperable. Most functions of the system can be activated by phone or via the internet.
- *Scripted Messages on 1-888-TEX-RING*: Employees at DSHS central campus and regions may call this HHS toll-free number to hear recorded messages. This media may be used by all HHS agencies.

Finally, DSHS may provide media messages about the incident and its impact on agency services to the general public, government officials, and the news media through direct contact, media briefings, news releases and advisories, and responses to public and news media queries. The DSHS Press Office (or designee) has primary responsibility to coordinate information intended for the media during event operations.

#### 4. ALTERNATE LOCATION

DSHS personnel may be required to relocate to an alternate work site if access to the agency's primary facility(ies) is not possible for an indeterminate period of time due to contamination, severe structural damage or other limiting factors. To fulfill its mission in the event of diminished resources, the agency leadership has identified the subset of functions most critical to the immediate mission of the agency and the minimum staff required to operate those functions that would be given space in the initial 24 to 72 hours.

To ensure that alternate work sites can be adequately resourced and to support the critical functions, program and business areas with Tier 1 functions have pre-identified the needs of the critical function to operate in a physical environment. These needs include seating, electrical requirements, equipment and supply items. Based on these needs, DSHS will utilize one or more of the follow option to acquire alternate work-sites to accommodate staff supporting critical agency functions.

##### Use Existing Agency-Controlled Space

The main campus at 1100 West 49<sup>th</sup> Street, Austin Texas, has four large buildings. Each building's functions may be able to be absorbed either vertically, horizontally or both. Essential personnel may be distributed to other functioning DSHS owned space (e.g. Exchange Building) should the event require the relocation of the campus.

The Office of the Commissioner and the DSHS COOP Emergency Operating Center has pre-identified alternate work-sites at the Austin State Hospital Campus, the Exchange Building, and the San Antonio State Hospital Campus. In addition, DSHS state hospitals have pre-identified other DSHS state hospitals that would fulfill the JHACO required "Environment of Care" should an evacuation of the primary site be necessary.

##### Co-Locate with another Agency or Entity

Facility space in DSHS controlled buildings is limited and some of the agency's critical functions have operational requirements that can only be met by a specialized environment. In these cases, DSHS may make arrangement for pre-identified critical functions to share space with another agency or co-locate at one or more laboratories. DSHS will work with prospective agencies or entities to develop a written agreement such as a Memorandum of Understanding (MOU), where critical functions could have a certain number of workstations or space at the unaffected agency.

##### Obtain Workspace through the State Leasing Entity

If appropriate, DSHS will work with Health and Human Services Facilities Management and Leasing (HHS FML) to obtain emergency work space through the Texas Facilities Commission (TFC). Requests for emergency work space for state-leased and owned facilities under the Commission's control shall be made in writing by DSHS. The requests will include a statement of justification; identification of the services (and their facility requirements) to which the request applies; the term of application (brief or extended);

requested effective date; and DSHS contact information. TFC will respond to each request within 24 hours of its submission, and will grant or deny each request in writing.

#### Use Virtual Office Technologies

If appropriate, DSHS will direct appropriate personnel performing essential services to utilize virtual office technologies in order to continue DSHS critical functions in a safe environment. DSHS has identified the components and key positions of its critical functions that can be operated by staff. DSHS policies, HHS Enterprise policies, and Texas state policies and procedures related to telecommuting as well as information resources requirements, tools, and resources necessary to support telework.

DSHS is developing a “Virtual Office” plan that will address the infrastructure needed to support this capability and remote administration needs of essential support systems such the provision of help-desk support. It will also include policies and procedures to ensure employee accountability, and outline a testing program that allows supervisors to experience managing employees without face-to-face contact during normal operations.

*Note:* Alternate Work Environment plans specific to COOP implementation during an influenza pandemic are located in the Pandemic Influenza Annex to the DSHS COOP Plan for All-Hazards.

### **5. VITAL FILES, RECORDS, AND DATABASES**

DSHS has identified the vital files, records, and databases needed to support its critical functions under the full spectrum of all-hazards emergencies. This information includes records critical to carrying out the agency’s essential legal and financial functions; and those essential to the continued functioning and/or the reconstitution of the agency if a COOP activation is declared.

The [DSHS Records Management Policy](#) states that “Vital records must be backed up with the duplicate record stored off-site so that in the case of a disaster, the back-up version can be used to resume normal business.” DSHS currently has files and servers that can be accessed remotely. This information is being updated in the DSHS IT Disaster Response plan.

DSHS will determine whether systems, databases and files can be accessed electronically from a remote location (e.g., an employee’s home or alternate workplaces) and establish reliable access and security protocols. DSHS will identify and plan for periodic maintenance of vital systems and databases that require direct physical intervention by employees. This information is being updated in the DSHS IT Disaster Response plan.

The following table lists the vital files, records and databases needed to perform DSHS essential functions and to return to normal operations following an event.

**Table 9: DSHS Vital Files, Records and Databases**

Vital File, Record, or Database
Microsoft Operating Systems and Office Products (including email)
DSHS Public website
Health and Human Services Administrative System (HHSAS) (Metaframe/Citrix)
Uniform Statewide Accounting System (USAS)
Electronic Voucher System / Remittance
ISAS (Interdepartmental Application System)
SABRE Travel
SOURCE
CBS (Centralized Billing System)
Phoenix (TMHP software application - CBS Interface)
BHIPS - Behavioral Health Integrated Provider System
CRS - (Client Registration System) CARE (Client Database for Mental Health)
WORx (Hospital Pharmacy Application)
REMEDY - Remedy-database for MHSA Consumer Complaints
Pharmacy Inventory Control System (PICS)
ImmTrac Web Application / VACMAN - Immunization Tracking Application
Kidney Health (ASKIT)
TB Case Registry - TB Information Management System
CSHCN Systems (CMIS) - (Children with Special Health Care Needs)
HIV2000 Software Program
HIV Prevention Counseling Partner Elicitation (PCPE) database
HIV/STD Contractor Information System (CIS and Pre-CIS) database
HIV-AIDS Reporting System (HARS) database
Electronic Laboratory Reporting (ELR) System database
Adult Spectrum of HIV Disease (ASD) database
Aids Regional Information Evaluation (ARIES) database
Infertility Prevention Project Data System (IPP) database
Pediatric Spectrum of Disease (PSD) database
Sexually Transmitted Disease Mgmt Information System (STD*MIS)
Supplement to HIV/AIDS Surveillance (SHAS) database
Syphilis Registry (SHARES) database
NEDSS Based System Databases
Cancer Registry (Sandcrab) - Encryption/Compression Software (WinZIP)
PHIN (Public Health Information Network Portal)
EPI Info
eTrac
Cohort (Legacy PHLIMS data tracking)
Orchard Harvest (LIMS Software)

**Table 9(continued): DSHS Vital Files, Records and Databases**

Vital File, Record, or Database
Newborn Genetic Screening System (NBS)
DNA sequencing software (operating system/genetic analysis/Digital Imaging)
MSMS Instrument software -- MassLynx and NeoLynx;
Perkin Elmer Labworks Data Storage
Texas Electronic Registry (TER) database - Vital Statistics (Birth/Death etc)
Texas-Wide Integrated Client Encounter System (TWICES) database
Texas WIC Information Network (TXWIN) database (Includes EBT)
RAS (Regulatory Automation System) Licensing Database

### **C. Reconstitution (Phase III)**

A planned reconstitution effort facilitates an effective and orderly return to normal operations following a COOP implementation with the goal of attaining full operational capability without interruption of essential functions. The objectives of a reconstitution plan include:

- Identifying and addressing internal and external stakeholder issues related to reconstitution;
- Identifying systems at the reconstitution site(s) requiring vendor/contract support;
- Forming a reconstitution team; and
- Coordinating reconstitution needs and requirements.

Reconstitution procedures commence when DSHS Senior Leadership determines the emergency situation has ended and it is unlikely to recur. Once this determination has been made, one or a combination of the following options may be implemented.

- Continue to operate from the alternate site location with support, if necessary.
- Begin an orderly return to headquarters and reconstitute from remaining or other resources.
- Begin to establish a reconstituted office in another facility.

Upon a decision by the IC or other authorized person that the original facility can be reoccupied, or that a different facility will be established as a new location:

- The facility manager will oversee the orderly transition of all functions, personnel, equipment, and records from the alternate site location to a new or restored facility.
- Prior to relocating to the current headquarters or another building, facility management personnel will conduct appropriate security, safety, and health assessments for suitability for occupancy.
- When the necessary equipment and documents are in place at the new or restored facility, the staff remaining at the alternate site location will transfer mission critical activities and begin to resume normal operations.

## **VII. COOP PLANNING RESPONSIBILITIES**

All persons employed by DSHS have some level of COOP planning responsibility. These responsibilities may include, but are not limited to, providing information as appropriate to COOP plans; and participating in training and/or exercises as needed to ensure the agency's ability to implement continuity of operations. In addition, the following positions and groups have specific sets of expectations related to the agency's COOP planning process.

### **DSHS Senior Leadership**

Supports agency-wide COOP planning via the following actions.

- Advocates for and provides strategic direction for agency COOP program
- Reviews and approves high-level COOP deliverables.
- Resolves issues escalated by the DSHS COOP Executive Sponsor, and makes decisions on recommendations.
- Provides information and participates in events that further DSHS' ability to implement continuity of operations.

### **DSHS COOP Executive Sponsor (DSHS Chief Operating Officer, COO)**

Assures DSHS COOP goals and objectives are consistent with DSHS and HHS goals, objectives and policy; and COOP objectives, deliverables and schedules are met on time and within scope via the following actions.

- Advocates for, secures resources, and provide strategic direction to DSHS COOP Coordinator.
- Reviews and approves COOP deliverables and submits to DSHS Commissioner as needed.
- Resolves issues escalated by the DSHS COOP Coordinator and makes decisions on recommendations.

### **DSHS COOP Coordinator**

Assures the purpose, objectives and deliverables of DSHS COOP planning are completed on time and within scope of agency goals via the following actions.

- Coordinates assignments that contribute to completion of COOP objectives and plans and submits deliverables for approval.
- Convenes meetings of the DSHS Continuity Planning Team (CPT) and creates ad hoc workgroups as necessary to meet COOP planning objectives.
- Identifies issues, risks and opportunities that may impact COOP planning and escalates as necessary to the DSHS COOP Executive Sponsor for resolution.
- Liaisons with entities internal and external to the agency to meet agency COOP objectives.
- Advocates for the DSHS Business Continuity Management program and seeks appropriate resources.

### **DSHS Continuity Planning Team (CPT)**

Assure a more in depth and direct level of department-wide involvement in developing the DSHS COOP strategies and plans via the following actions.

- Participates in weekly CPT planning meetings.
- Collaborates in the development of agency COOP processes and plan components.
- Reviews COOP deliverables, and provides recommendations to program leadership.
- Identifies issues, risks and opportunities that may impact COOP planning.
- Completes other assignments within the scope of COOP planning.

### **DSHS Information Resources Manager (IRM)**

- Oversees and coordinates the development, maintenance and distribution of DSHS Disaster Recovery Plans (DRPs) as appropriate.
- Coordinates actions with DSHS COOP program so that the DRPs support the DSHS COOP in the event that recovery from a significant disruptive event is necessary.

### **DSHS Program and Business Areas**

- Provides and maintains up-to-date and complete information relevant to the agency-wide COOP development and function-specific COOP plans.
- Participates in training and exercises as needed to ensure the agency's ability to implement continuity of operations.

### **HHS Emergency Management Council (EMC)**

Members include the HHS agency COOs, Health and Human Services Commission (HHSC) Director of Communications; Associate Commissioner for Business and Regional Services; Director of HHS Enterprise Risk Management and Safety; Director of HHS Legal Services; Director of DSHS Community Preparedness Section; and any individuals designated by the HHSC Executive Commissioner.

The HHS EMC meets regularly to share information and processes in order to address cross-cutting agency issues related to the HHS Enterprise emergency response in general and continuity of operations.

### **HHS Business Continuity Program (BCP) Workgroup**

Workgroup members represent each HHS agency's BCP program in a collaborative effort to support HHS inter-agency continuity planning objectives and coordination via the following activities in an emergency event.

- Attends HHS EMC meetings and participates in HHS BCP meetings to identify issues, risks and opportunities that may impact inter-agency COOP objectives.
- Coordinates and completes assignments from HHS EMC and HHS BCP Workgroup.
- Maintains a dialogue with their agency's COO to discuss issues, activities and deliverables from the workgroup meetings, and potential impacts on their respective agencies.

## VIII. TEST, TRAINING, AND EXERCISES

Testing, training, and exercising are essential to assessing, demonstrating, and improving the ability of DSHS to continue its essential functions. Training familiarizes personnel with their roles and responsibilities during a COOP activation. Tests and exercises serve to assess, validate or identify for subsequent correction components of COOP plans and systems.

FEMA's Federal Preparedness Circular (FPC) 65 recommends that agencies to test, train and exercise their COOP plans to assess and improve the agencies' ability to execute their COOP plans. The objectives testing, training and exercising COOP plans include:

- Assessing and validating COOP plans, policies and procedures.
- Ensuring that agency personnel are familiar with COOP procedures, and that designated staff are able to carry out essential functions in a COOP situation.
- Testing and validating equipment to ensure both internal and external interoperability.

### Training

Training DSHS staff is essential for the agency to effectively activate and carry out a COOP implementation. Personnel must be trained so they have the necessary skills and knowledge to carry out their responsibilities. The two types of training described below are orientation and hands-on training.

#### Orientation Training

Orientation training introduces general concepts and procedures of the COOP plan and describes staff assignments and roles. The DSHS COOP Coordinator and Subject Matter Experts in COOP related areas have provided ad hoc orientation training to DSHS leadership and to specific DSHS program and business areas. This training often includes a slideshow presentation and/or handouts. An overview of DSHS COOP processes, resources, strategies and deliverables is also offered on the DSHS Business Continuity Management website.

In addition, the DSHS COOP Coordinator offers training to the DSHS Continuity Planning Team (CPT) via weekly presentations and discussions. In turn, members of the CPT have offered orientation to leadership and subject matter experts in their program and business areas in order to complete specific COOP assignments. The CPT will coordinate with the DSHS COOP Coordinator to develop a specific training plan and schedule to systematically provide orientation to both personnel with specific roles in a COOP activation and to all personnel that would be impacted by a COOP activation.

If a COOP is activated, a refresher orientation will be made available to personnel arriving at an alternate operating facility. The orientation will cover the support and services available at the facility, and administrative matters such as supervision, security and personnel policies.

### Hands-on Training

This training provides practice in specialized skills such as notification procedures. It is generally provided by subject matter experts to personnel with specific roles in a COOP activation. Hands-on training will be provided to members of the Incident Response Team and to DSHS personnel responsible for maintaining communications during a COOP activation. It may include the use of satellite telephones, GETS cards, and teleconferencing bridges.

Hands-on training will also be part of the agency's "virtual office" plan to allow personnel and managers in critical functions to develop skills and knowledge in communicating and managing core operations remotely.

### **Tests and Exercises**

Testing and exercising COOP plans and systems produce results that may be measured and evaluated. These results, in combination with participant feedback, provide opportunity to improve the outcome of a COOP implementation following a disruptive event. All affected DSHS program areas will participate in the agency's COOP testing and exercise program

With any type of exercise, participants' observations and comments are gathered either during the exercise (to record a specific issue) or as soon as possible upon completion of the exercise. An After Action Report will be completed and made available to the exercise participants within thirty days of test completion. Issues presented in the After Action Report will form the basis of a Corrective Action Plan to improve the efficacy of DSHS COOP implementation.

A solid, progressive exercise program is developed over time and with careful planning. Types of COOP exercises include tabletop, functional, full-scale. The DSHS COOP Exercise program begins with implementing tabletop tests and moves over time toward more complex, encompassing types of exercises.

This section outlines the types of exercises that DSHS has and will conduct. Details such as planned exercise schedules are located in the BCPForum Public Folders.

### Tabletop Exercise

In this exercise, participants are presented a scenario in a written/oral format and respond as if the scenario was really happening and then debrief afterwards. This type of exercise is particularly useful for new or newly revised plans. It allows decision-makers "walk through" an incident and afterwards discuss and resolve issues that became apparent during the exercise.

The DSHS Program Areas are coordinating with the DSHS COOP Coordinator to develop a program plan for facilitating tabletop exercises for program area COOP plans. The plan will include identifying exercise objectives, implementation schedule, participant roles, and after action responsibilities.

To ensure consistency of the testing process throughout the agency, one or more staff will be designated and trained to coordinate the testing process for this DSHS program area's COOP

plan. They will work with the DSHS COOP Coordinator to ensure that the plan is tested regularly according to pre-identified rules and objectives. Personnel responsible for implementing this DSHS program area's COOP plan will participate in the exercises.

#### Functional Exercise

This type of exercise involves the simulation of a single part of COOP implementation such as notification procedures or using specific systems and equipment.

The DSHS Continuity Planning Team (CPT) and Program Recovery Teams (PRTs) will coordinate with the DSHS COOP Coordinator to develop functional exercises that test the agency's ability to communicate and work at an alternate work-site during a COOP activation.

Areas that will be exercised include activation of the agency program's call trees, and use of communication equipment such as satellite phones. In addition, the COOP program will advocate for the implementation of agency disaster recovery plans to ensure that information technology needs can be met during a COOP activation.

#### Full-scale Exercise:

This type of exercise tests the agency's total response capability for COOP situations in a simulated event that is as close to reality as possible, with personnel being deployed and systems and equipment being implemented. Full-scale exercises have a cost component associated with the full activation of alternate facilities and systems.

DSHS leadership will review when and how the agency will conduct a full-scale exercise for a COOP implementation. In addition, the HHS Enterprise may lead a full-scale COOP exercise for all HHS agencies.

Note: Testing, training and exercises specific to COOP implementation during an influenza pandemic are located in the Pandemic Influenza Annex to the DSHS COOP Plan for All-Hazards.

## IX. MULTI-YEAR STRATEGY AND PROGRAM MANAGEMENT PLAN

Per [Federal Preparedness Circular \(FPC 65\)](#) guidance, viable COOP programs must include the development, maintenance, and annual review of COOP capabilities using a Multi-Year Strategy and Program Management Plan (MYSPMP). The DSHS MYSPMP outlines the process the agency will follow to:

- Designate and review agency essential functions and resources,
- Define short and long-term COOP goals and objectives,
- Forecast COOP budgetary requirements,
- Identify COOP program issues, concerns, potential obstacles, and the strategy for addressing them, as appropriate, and
- Establish COOP planning, training, and exercise activities and milestones for these activities.

The DSHS COOP MYSPMP contains planning guidance to ensure and improve the agency's COOP capability over five years. The personnel and groups responsible for DSHS's COOP program are presented in the "COOP Planning Responsibilities" section of this document. COOP plan activities will also be coordinated with the IT disaster recovery process; critical infrastructure protection and risk management activities; DSHS Regions and State Hospitals; and the HHS Emergency Management Council.

Objectives of the MYSPMP include, but are not limited to, the following activities.

- *Periodically review and update COOP Information:* For DSHS Essential Functions; their resource requirements and availability; and COOP policy, plans and procedures to ensure accuracy and applicability to DSHS COOP objectives; and ensure access to this information at alternate work-sites.
- *Ensure readiness of information resources and communications systems:* Includes maintaining effective, redundant and interoperable communications; developing a COOP vital records and databases management plan; and developing an infrastructure to facilitate off-premise storage of vital records and databases to ensure accessibility at the COOP alternate facility.
- *Implement a COOP Testing, Training and Exercise Program:* Includes conducting periodic testing of COOP alert, notification, and activation procedures; testing of COOP communication capabilities; exercises of COOP plans. All tests and exercises include comprehensive debriefings, to help identify areas requiring revisions.

## **X. COOP PLAN MAINTENANCE**

The level of complexity contained within the DSHS COOP plan requires a long-term maintenance program. The DSHS COOP MYSPMP includes an annual review of the plan elements for accuracy and applicability. Plan reviews may involve agency leadership for resolution of issues, and formal change controls will be implemented to cover major revisions of the document.

In addition to regular reviews of COOP plans and processes, COOP tests and exercises may produce information that result in changes to the COOP plan and systems. DSHS COOP plans may also be updated and revised based on major issues identified by the following sources of information.

- Presidential Directive, and State and local ordinances or directives
- Direction from DSHS or HHS leadership
- Changes in the Texas state, HHS Enterprise and DSHS mission and/or policies
- Changes in technology including information management systems
- Changes in stakeholder needs

DSHS personnel will work with the DSHS COOP Coordinator to update and maintain the agency COOP plan. The business and program areas will be responsible for keeping the information in their Function-Specific COOP plans current at all times. This includes ensuring that all emergency contact numbers for essential personnel are current. DSHS leadership and key personnel for the agency's COOP program such as the DSHS Continuity Planning Team and the HHS Emergency Management Council will be kept fully informed regarding any major changes to the plan.

## **APPENDIX A: AUTHORITIES AND REFERENCES**

### **Authorities:**

- [National Security and Homeland Security Presidential Directive 51 and National Security and Homeland Security Presidential Directive 20](#)
- [Federal Preparedness Circular \(FPC 65\)](#)
- [TAC, Title 1, Part 10, Chapter 202, Subchapter B, Rule § 202.24](#)
- [The Texas Disaster Act of 1965, Government Code, Chapter 418, Section 418.176](#)

### **References:**

- [The Texas Homeland Security Strategic Plan 2005-2010, November 1, 2005](#)
- [FEMA Continuity of Operations \(COOP\) Plan Template Instructions](#)
- [DSHS Crisis and Emergency Risk Communication \(CERC\) Guidelines](#)

## APPENDIX B: OVERVIEW OF COOP ACTIVATION PHASES

DSHS has developed a decision process to facilitate determining the best course of action for response and recovery both agency-wide and at the program level. COOP activities will occur in the following phases: activation and relocation, alternate facility operations, and reconstitution.

An overview of the steps taken during each phase is presented in the following table. In the DSHS COOP Plan for Program Areas, these steps are expanded into checklists that facilitate a program area's ability to continue operations if there is a significant disruptive event.

Table 10: Overview of COOP Activation Phases

<b>Phase I: Activation And Relocation</b>
Alert and notify key staff, non-essential personnel and critical stakeholders that activation of a COOP is imminent.
Terminate primary operations and activate key staff, communications links, and alternate facility.
Transition communications, direction and control, vital records and databases, equipment and resources, and personnel to alternate facility.
Activate alternate operations and procedures for communication, direction and control and if needed, partial pre-deployment of critical functions while an alternate facility becomes operational.
<b>Phase II: Alternate Facility Operations</b>
Perform functions determined critical to operations.
Re-establish normal lines of communication to critical stakeholders.
Assign responsibilities to key staff to perform critical functions and activate additional staff as necessary.
Provide guidance to all personnel in regard to duration of alternate operations and include pertinent information on payroll, time and attendance, duty assignments and other pertinent areas.
<b>Phase III: Return to Normal Operations (Reconstitution)</b>
Prepare procedures to transfer back to primary facility.
Transition communications, direction and control, vital records and databases, equipment and resources, and personnel to alternate facility.
Return to non-emergency status and end alternate operations-procedures.
Once primary operations are re-established, assess phases and elements of alternate operations to correct any areas of concern

## **APPENDIX C: MAPS AND EVACUATION ROUTES**

The central campus for DSHS is located at 1100 West 49th Street, Austin, TX 78756. A map of the central campus, which provides information on wheelchair-accessible parking and building entrances, may be viewed at the following website:

<http://www.dshs.state.tx.us/visitor/complex.shtm>.

A map of other DSHS facility locations in Austin may be viewed at the following website:

<http://www.dshs.state.tx.us/visitor/facility.shtm>.

## APPENDIX D: DEFINITIONS AND ACRONYMS

Term	Definition
Activation	The implementation of COOP capabilities, procedures, activities, and plans in response to an emergency or disaster declaration; the execution of the plan.
Agency	A division of government with a specific function offering a particular kind of assistance.
Alert	The notification to key staff, contractors and stakeholders that a disaster situation has occurred and they should stand by for possible activation of COOP plan.
Alternate Facility	A recovery environment complete with necessary office infrastructure (desk, telephone, workstation, and associated hardware, communications, etc.); to be used to conduct critical functions in the event the primary site is not available.
Asset	An item of property or component of a business process owned by an organization. Assets may be physical (e.g. buildings and equipment); financial (e.g. grant monies) and non-tangible (e.g. goodwill, reputation)
Audit	An independent review, examination of the records, and activities to assess the adequacy of system controls to ensure compliance with established policies and operational procedures.
Backup	Either procedures or standby equipment that are available for use in the event of a failure or inaccessibility of normal operations.
Backup (Data)	A process to copy electronic or paper based data in some form to be available if the original data is lost, destroyed or corrupted.
Business Continuity Plan (BCP)	A set of procedures that define how the agency and/or areas of the agency will continue or recover operations after the occurrence of a significant disruptive event that interrupts provision of agency services and normal operations,
Business Impact Analysis (BIA)	A process of systematically assessing the potential impacts of a loss of business functionality that addresses the maximum tolerable downtime to time-critical support services and resources.
Call Tree	A document that graphically depicts the calling responsibilities and the calling order used in the event of a disaster to contact key personnel and stakeholders.
Cold Site	An alternate site that contains physical space and building infrastructure that must be provisioned at time of disaster to support recovery operations.
Contact List	A list of team members and/or key players to be contacted including their backups. The list includes necessary contact information (i.e. home phone, pager, cell, etc.) and in most cases be considered confidential.

Continuity of Operations Planning	The process of developing advance arrangements and procedures that enable an organization to respond to unforeseen circumstance and address how to keep the agency's critical functions operating in the event of an extended disruption.
Continuity of Operations (COOP) Plan	A plan that outlines the actions and resources needed to continue essential agency functions during a variety of crisis situations, specifically when the primary facilities are either threatened or inaccessible.
Continuity Planning Team (CPT)	Designated individuals from each of the agency's Central Office divisions. The team meets regularly to assure a more in depth and direct level of department-wide involvement in developing the DSHS COOP strategies and plans.
Crisis	An unexpected actual or impending situation that may cause injury, loss of life, destruction of property or cause the loss or disruption of an agency's normal operations to such an extent that it poses a threat. See Emergency.
Crisis Management	The overall coordination of an agency's response to a crisis in an effective, timely manner to avoid or minimize damage to the agency's ability to operate.
Critical Function	A collection of related activities or tasks performed together that produce a distinct, clearly defined deliverable or outcome, often a specific service for a particular group, that are essential to supporting the DSHS mission.
Damage Assessment	The process of assessing damage following a disaster to computer hardware, vital records, office facilities, etc., and determining what can be salvaged or restored and what must be replaced.
Data Recovery	The restoration of computer files from backup media to restore programs and production data to the state that existed at the time of the last safe backup.
Declaration	A formal announcement by pre-authorized personnel that a disaster or severe outage is predicted or has occurred and that triggers pre-arranged mitigating actions.
Delegations of Authority	To identify, by position, the authorities for making policy determinations and decisions that take effect when normal channels of direction are disrupted. They often address specific competency requirements related to one or more essential functions.
Dependency	The reliance, directly or indirectly, of one activity or process upon another.
Devolution	To address how an agency will conduct its essential functions in the aftermath of a worst-case scenario where its leadership is incapacitated and it must transfer all of its essential functions and responsibilities to personnel to a different location.
Disaster	An event that creates an inability on an agency's part to provide essential functions for some predetermined period of time. Often this signifies the beginning of a move from a primary to an alternate location.

Disaster Recovery	Activities and programs designed to respond to an interruption in operations and to restore an agency's critical business functions.
Emergency Procedures	A plan of action to commence immediately to prevent the loss of life and minimize injury and property damage.
Emergency Operations Center (EOC)	A centrally located facility used to coordination information and resources to begin recovery operations, often a temporary site used until alternate facilities are functional.
Exercise	An announced or unannounced execution of COOP plans intended to implement existing plans and/or highlight the need for additional plan development. An activity that is performed for the purpose of training and conditioning team members, improving their performance, and validating the COOP plan.
Emergency	An unexpected actual or impending situation that may cause injury, loss of life, destruction of property or cause the loss or disruption of an agency's normal operations to such an extent that it poses a threat. See Crisis.
Extended Outage	A lengthy, unplanned interruption in system availability due to computer hardware or software problems, or communication failures.
Emergency Procedures	A plan of action to commence immediately to prevent the loss of life and minimize injury and property damage.
Evacuation	The movement of employees and guests from a building to a safe place (assembly area) in a controlled and monitored manner at time of an emergency.
Exposure	The potential susceptibility to loss; the vulnerability to a particular risk.
Escalation	The process by which emergency related information is communicated upwards through an agency's reporting process.
Facility	A location containing the equipment, supplies, voice and data communication lines, to conduct transactions required to conduct business under normal conditions.
Functions Unit Recovery	The component which deals specifically with the relocation of a key function or unit in the event of a disaster, including personnel, essential records, equipment supplies, work space, communication facilities, work station capability, etc.
HHS Business Continuity Workgroup	Representatives from each HHS agency's BCP program in a collaborative effort to support HHS inter-agency continuity planning objectives and coordination via the following activities in an emergency event..
HHS Emergency Management Council (EMC)	Comprised of HHS agency Chief Operating Officers and members of HHS leadership. The Council meets regularly to share information and processes in order to address cross-cutting agency issues related to the HHS Enterprise emergency response in general and continuity of operations.

Hot site	An alternate facility that has in place the computer, telecommunications, and environmental infrastructure required to immediately recover critical business functions or information systems.
Incident Command System (ICS)	A combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure with responsibility for management of assigned resources to effectively direct and control the response to an incident (emergency).
Incident Commander (IC)	The individual responsible for leading recovery activities in response to an emergency or crisis event that may significantly impact the agency. The IC reports up to senior leadership on the recovery progress.
Incident Response	The response of an agency to a emergency or crisis that may significantly impact the agency's ability to function. An incident response may include evacuation of a facility, initiating a COOP plan, performing damage assessment, and any other measures necessary to bring the agency to a more stable status.
Incident Response Team (IRT)	A group of individuals who report to the Incident Commander and who are responsible for performing recovery activities so that an agency may continue its essential functions. Recovery activities may include attending to operational, planning, logistic and administrative needs.
Information System	The organized collection, processing, transmission, and dissemination of information according to defined procedures, whether automated or manual.
Key Tasks	Priority procedures and actions that must be executed within the first few minutes/hours of the plan invocation.
Lead Time	The time it takes for a supplier to make equipment services or supplies available after receiving an order.
Loss	The unrecoverable resources that are redirected or removed as a result of a disaster.
Mock Disaster	One method of exercising teams in which participants are challenged to determine the actions they would take in the event of a specific disaster scenario.
Off-Site Storage	Any place physically located a significant distance away from the primary site, where duplicated and vital records (hard copy or electronic and/or equipment) may be stored for use during recovery.
Orders of Succession	A predetermined plan for ensuring the continuity of authority, decision-making, and communication in the event that leadership suddenly become incapacitated, or in the event that a crisis occurs while leadership is unavailable.
Physical Safeguards	Physical measures taken to prevent a disaster. The measures may include fire suppression systems, alarm systems, power backup and conditioning systems, and access control systems.

Plan Maintenance	The management process of keeping an agency's COOP plans current and effective. This process includes the review and update of COOP plans on a defined schedule.
Procedural Safeguards	Measures taken to prevent a disaster that may include safety inspections, fire drills, security awareness programs, and records retention programs.
Reciprocal Agreement	An agreement between organizations or internal groups with similar equipment and/or environments that allow one to utilize the other's excess processing capacity in the event of a disaster.
Recovery	Implementing the prioritized actions required to return processes and support functions to operational stability following an interruption or disaster.
Program Recovery Team (PRT)	A group of individuals responsible for performing recovery activities to continue operations for a specific program area within the agency.
Recovery Period	The time period between a disaster and a return to normal functions, during which the disaster recovery plan is employed.
Recovery Services Agreement	A contract with an external organization guaranteeing the provision of specified equipment, facilities, or services, usually within a specified time period, in the event of a interruption to operations.
Recovery Process / Timeline	The chronological sequence of recovery activities, or critical path followed to resume an acceptable level of operations following an interruption to operations.
Resilience	The ability of an agency to absorb the impact of an interruption to essential operations, and continue to provide a minimum acceptable level of service.
Response	The reaction to an emergency to assess the damage or impact and to ascertain the level response activity required. Response addresses life safety, evacuation and the policies, procedures and actions to be followed in the event of an emergency.
Reconstitution	Process of planning for and implementing procedures for returning to normal operations at the permanent operational location. It may include the repair of hardware and facilities, and relocation of personnel to the primary site.
Risk	A combination of the probability that a threat will occur, that a threat occurrence will result in an adverse impact, and the severity of the resulting adverse impact.
Salvage and Restoration	The process of reclaiming or refurbishing vital infrastructure needs such as computer hardware, vital records and office facilities following a disaster.
Satellite Communication	Data communications via satellite, which may be used as an alternative to ground-based communications in the event of a disaster.

Significant Disruptive Event	Any incident that causes an unplanned, extended disruption of or impairment to normal operations that may bring serious risks to delivery of essential agency services, including major natural disasters, equipment failures and man-made disasters.
Skills Inventory	A listing of employees that lists their skills that apply to recovery.
System Outage	An unplanned interruption in system availability as a result of computer hardware or software problems, or operational problems.
Table Top Exercise	A method of the COOP plan where participants review and discuss the actions they would take per their plans, but do not perform any of these actions.
Temporary Operating Procedures	Predetermined procedures, which streamline operations while maintaining an acceptable level of control and auditability during a disaster situation, so the agency may continue its essential functions.
Test	An activity that is performed to evaluate the effectiveness or capabilities of a plan relative to specified objectives or measurement criteria.
Test Coordinators	Staff with access to details of the whole test of exercise of a COOP and ensure that it proceeds to plan. They are responsible for the mechanics of running a test.
Test Auditor	Staff assess whether the test/exercise objective(s) are being met and to measure whether activities are occurring at the right time and involve the correct people to facilitate their achievement.
Threat	Any circumstance or event with the potential to cause harm to a system in the destruction, disclosure, modification of data, and/or denial of service.
Vital Records	Records that are essential to resume or continue as a departmental entity in the event of a disaster.
Vulnerability	A weakness in a system or component such as susceptibility to physical dangers (fire, water etc.) that could be exploited, attacked or fail.
Walk-Through Test	A method of testing a specific component of a plan. Often a recovery team member makes a detailed presentation of the component to other team members in order to identify and correct weaknesses.
Warm Site	An alternate facility which is partially equipped with some hardware, and communications interfaces, electrical and environmental conditioning which is only capable of providing backup after additional provisioning, software or customization is performed.
Workaround Procedures	Interim procedures that may be used by a business or program area to enable it to continue to perform its critical functions during temporary unavailability of information systems, communication systems, specialized equipment, office facilities, personnel or external services.