



**Preparedness Coordinating
Council Review of Agency
Responsibilities during the
Texas COVID-19 Response**

**As Required by
Senate Bill 968, Section 18, 87th
Legislature, Regular Session,
2021**

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Table of Contents

Table of Contents	2
Executive Summary	3
1. Introduction	4
2. State of Texas Emergency Plan.....	6
State of Texas Emergency Plan.....	6
3. TDEM, DSHS, and HHSC Agency Roles	8
TDEM, DSHS, and HHSC Roles in the State Emergency Plan	8
TDEM, DSHS, and HHSC Roles During the COVID-19 Response.....	9
4. PCC Feedback on Roles in the COVID-19 Response	12
PCC Feedback on Agency Roles	12
PCC Member Recommendations	13
5. Conclusion	15
List of Acronyms	16

Executive Summary

The Preparedness Coordinating Council (PCC), established in accordance with [Texas Health and Safety Code, Section 1001.035](#), is charged by the Legislature under [Senate Bill 968, Section 18](#), 87th Legislature, Regular Session, 2021, to conduct a study of the state's response to the 2019 novel Coronavirus (COVID-19) disease in coordination with the emergency management council, established by the Governor pursuant to Texas Government Code, [Section 418.013](#). The PCC shall examine the roles of the Texas Division of Emergency Management (TDEM), the Department of State Health Services (DSHS), and the Health and Human Services Commission (HHSC) relating to public health disasters and emergency planning and response efforts and determine the efficacy of the state emergency operations plan in appropriately identifying agency responsibilities.

DSHS prepared the attached report based on feedback from the PCC. This report outlines TDEM, DSHS, and HHSC state emergency operations plan roles and responsibilities related to the COVID-19 response. The report reviews and includes the efficacy of the state operations plan in appropriately identifying TDEM, DSHS, and HHSC responsibilities in response to the pandemic. Finally, this document provides an update on PCC recommendations for public health disaster and emergency response and preparedness.

1. Introduction

Texas emergency management is designed to enhance the state's preparedness for any disaster through planning, training, communications, and exercises for state agencies, local officials, and the emergency management community. Through this comprehensive process, Texas emergency management supports regional and local jurisdictions in planning for and responding to disasters that may be manmade, natural, or accidental.

Under the direction of the Texas Division of Emergency Management (TDEM), state agencies are assigned responsibilities for disaster planning and response. The Department of State Health Services (DSHS) is assigned as the primary agency in meeting public health and medical resource needs that exceed local capacity and capabilities. This role is referred to as Emergency Support Function 8: Public Health and Medical Services (ESF 8).

Preparedness relies on continuous improvements to planning, training, and exercises. Following a disaster response event, DSHS conducts a systematic after-action review (AAR) with partners to evaluate the response. The DSHS AAR evaluates only ESF 8 response tied specifically to DSHS functions. TDEM and other emergency management entities similarly conduct reviews within their purviews following a response, and ESF 8 entities participate in those efforts as appropriate. The DSHS AAR seeks to identify response strengths and challenges and advises on strategies to preserve those strengths and mitigate and improve on identified challenges.

The Preparedness Coordinating Council (PCC), established under Texas Health and Safety Code, [Section 1001.035](#), is an ongoing partner in DSHS efforts to continuously improve public health and medical emergency preparedness and response. The PCC assists DSHS on topics related to state and regional preparedness, response, recovery, and mitigation activities specific to ESF-8: Public Health and Medical Services, and the PCC membership is composed of individuals with experience in this specific portion of emergency management. The PCC assists DSHS by providing strategic guidance to promote consensus and coordination of state and local public health and medical preparedness efforts.

DSHS is currently engaged in its AAR process for the COVID-19 pandemic as of this report's publication date. DSHS review efforts feed into other statewide evaluation

efforts. The feedback provided by the PCC both under this report and through ongoing collaboration will inform DSHS efforts to identify ongoing strategies to maintain the strengths of the COVID-19 pandemic response and improve on future infectious disease responses.

2. State of Texas Emergency Plan

State of Texas Emergency Plan

Under [Texas Government Code, Section 418.042](#), Texas Division of Emergency Management is charged with the responsibility to “prepare and maintain a comprehensive state emergency plan.” There are four components to the State Plan, which can be found on the [TDEM website](#):

- Basic Plan
- Emergency Support Function Annexes
- Support Annexes
- Hazard Annexes

State Plan Components	Description
Basic Plan	The Basic Plan describes the state’s emergency management organization and a statewide system of coordination. This is the base guidance document for state-level actions and is not meant to be comprehensive.
Emergency Support Function (ESF) Annexes	13 ESF Annex plans outline the objectives, policies, concepts of operations and responsibilities of individual state agencies relative to their unique functions and expertise. The Annexes include responsibilities before, during, and after disaster incidents.
Support Annexes	Five Support Annexes have been developed to outline essential operational aspects common to all incidents.
Hazard Annexes	Five Hazard Annexes address how Texas responds to specific types of incidents like hurricanes or wildfire and are complementary to the ESF and Support Annexes.

The State Plan describes the high-level responsibilities of state agencies on the [Texas Emergency Management Council \(EMC\)](#), which is composed of 39 state agencies, higher education institutions, and disaster relief organizations. The EMC is

established by the Governor under Texas Government Code, [Section 418.013](#), and is required to “assist the division in identifying, mobilizing, and deploying state resources to respond to major emergencies and disasters throughout the state.” The state chief of emergency management serves as the chair of the EMC.

3. TDEM, DSHS, and HHSC Agency Roles

[Senate Bill 968, Section 18, 87th Legislature, Regular Session, 2021](#) charged the PCC to conduct a study in concert with the Texas Emergency Management Council. TDEM, DSHS, and HHSC each participate in the PCC and each operate as members of the Texas EMC. The statute directs the PCC to review TDEM, DSHS, and HHSC roles in responding to the pandemic and the efficacy of the state emergency operations plan in identifying agency roles in a public health disaster response.

The COVID-19 pandemic response was unique to other disaster responses given the statewide scope, massive scale, multifaceted portfolio of response activities, and length of emergency activation. During the COVID-19 response, EMC agencies including TDEM, DSHS, and HHSC acted within the scope of their predefined Emergency Support Functions and under the guidance of the State Emergency Plan.

TDEM, DSHS, and HHSC Roles in the State Emergency Plan

TDEM coordinates and manages the state's all-hazards emergency management plan for the state, which is intended to ensure the state and its local governments mitigate, prepare for, respond to, and recover from emergencies and disasters. TDEM manages day-to-day statewide emergency management activities, operating the state operations center (SOC) and coordinating of statewide resources during disaster response and recovery operations. TDEM ensures coordination among state agencies and among emergency support functions.

While TDEM is responsible for the overall state plan, DSHS, and HHSC are each responsible for or support specific aspects of the State Emergency Plan and Emergency Support Function (ESF) Annexes. An EMC agency serves either as the Primary or in Support of ESF Annexes. A full crosswalk of EMC agency roles and responsibilities may be found in the [Basic Plan](#).

The table below denotes the TDEM, DSHS, and HHSC roles in each annex. An agency can serve as Primary (P) or Support (S) for multiple ESF annexes. In all state declared disasters, TDEM serves to provide overarching management of the SOC and the state’s execution of the disaster response under the State Plan’s guidance.

Table 1. Primary or Support role function for Selected ESF Annexes by Agency

Agency	ESF 1: Transportation	ESF 2: Communications	ESF 3: Public Works and Engineering	ESF 4: Firefighting	ESF 5: Emergency Management	ESF 6: Mass Care	ESF 7: Logistics and Resource Management	ESF 8: Public Health and Medical Response	ESF 9: Search and Rescue	ESF 10: Oil and Hazardous Material Response	ESF 11: Agriculture and Natural Resources	ESF 12: Energy	ESF 13: Public Safety and Security	ESF 15: Public Information
TDEM	S	P	S	S	P	P	P	S	S	S	S	S	S	S
DSHS		S			S	S	S	P	S	S	S			S
HHSC	S	S			S	S	S	S						

Depending on the nature of an emergency response, the combination of Emergency Support Function impacted will vary. Some emergency responses have limited impact to specific communities. By contrast, the COVID-19 pandemic had far-reaching impacts to every sector of life and health; the response thus included a vast array of emergency response functions.

TDEM, DSHS, and HHSC Roles During the COVID-19 Response

During the response to the COVID-19 pandemic, multiple Emergency Support Functions (ESFs) were engaged. These included:

- ESF 2: Communications

- ESF 5: Emergency Management
- ESF 7: Logistics and Resource Management
- ESF 8: Public Health and Medical Response
- ESF 15: Public Information

TDEM, DSHS, and HHSC functions during the pandemic were aligned with their overarching roles and specific ESF functions, in accordance with the State Plan.

TDEM Roles During the COVID-19 Response

As the lead agency for the state's all hazards emergency management plan, TDEM has an overarching role in state declared disasters to ensure a coordinated and managed state response, including activation and administration of the state operations center (SOC). The SOC has been continuously activated for the COVID-19 response for over two years and remains activated as of the publication of this report.

Given TDEM's broad leadership role, TDEM also ensured there were no gaps in the state response by supporting and filling roles as needed per the State Plan's flexibility. TDEM directed a multitude of functions in the COVID-19 response including, but not limited to:

- Logistics and acquisition of medical and health supplies, including personal protective equipment, testing supplies, and durable medical equipment. (ESF 5; ESF 7; ESF 8)
- Oversight of numerous vaccine teams, testing teams and associated sites to offer services for Texans. (ESF 5; ESF 7; ESF 8)
- Administration of Regional Staging Areas (RSAs) for storage and management of emergency response supplies, including vaccine, therapeutics, testing supplies. (ESF 5; ESF 7; ESF 8)
- Interface and coordination with federal, state, and local leadership and emergency management on all facets of the COVID-19 response. (ESF 2; ESF 5; ESF 15).

DSHS Roles During the COVID-19 Response

As the state's public health state agency, DSHS is tasked in the State Plan with coordinating mitigation, preparedness, response, and recovery, for public health threats and disasters. DSHS collaborates with a variety of public health and healthcare preparedness and response partners, including public health regions (PHRs), trauma service areas (TSAs), regional advisory councils (RACs), local

health agencies, hospitals, the Emergency Medical Task Force (EMTF), and emergency management agencies. DSHS's primary responsibility during the COVID-19 pandemic was related to ESF 8. These response activities included, but were not limited to:

- Oversight of vaccine and therapeutics allocations to medical providers and health departments. (ESF 8)
- Administration of surge medical staffing during four waves of hospital surges. (ESF 8)
- Administration of regional infusion centers, mobile infusion teams, and alternative care sites for hospital overflow. (ESF 8)
- Distribution and tracking of durable medical equipment and medical supplies, in coordination with and with the support of TDEM. (ESF 8)
- Deployment of fatality management and ambulance assets to affected jurisdictions. (ESF 8)
- Surveillance of disease, hospital, and vaccination trends and communication of related analyses to the public and decision-makers. (ESF 8)

HHSC Roles During the COVID-19 Response

HHSC provides multiple levels of support to agencies and entities with Primary roles in carrying out State Plan ESF roles. HHSC serves as a member of the EMC assisting TDEM in identifying, mobilizing, and deploying HHSC resources in response to major emergencies and disasters. During the COVID-19 response, HHSC was integral to interfacing with facilities and entities under its regulatory umbrella.

- 2-1-1 Texas serves as a front door for connecting Texans with state and local health and human services programs. 2-1-1 Option 6 provides COVID-19 specific information and resources.
- Provision of behavioral health support to SOC/SMOC staff via HHSC's Disaster Behavioral Health team
- Evaluation and fulfillment of State of Texas Assistance Requests (STARs) from long-term care facilities, including nursing facilities assisted living facilities, and intermediate care facilities. Support was also provided to state facilities, including State Hospitals and State Supported Living Centers. (ESF 8)
- Requests for health care associated infection team consultation and disinfection teams. (ESF 8)
- Coordination of COVID-19 vaccine clinics and therapeutics requests for long term care facilities. (ESF 8)

4. PCC Feedback on Roles in the COVID-19 Response

The 87th Legislature charged the PCC with conducting a study of DSHS, HHSC, and TDEM roles and responsibilities in the 2019 novel coronavirus (COVID-19) disease response. The PCC, which advises DSHS related to Emergency Support Function 8: Public Health and Medical Services, reviewed the efficacy of the state emergency operations plan in identifying and assigning TDEM, DSHS, and HHSC responsibilities. TDEM, DSHS, and HHSC all participate on the PCC and are sitting members of the EMC, and the TDEM Chief is chair of the EMC.

Working with PCC members, DSHS surveyed PCC members on the effectiveness of the State Plan. The PCC discussed the report requirements and process at several meetings, and mechanisms for completing the report given resource and staff limitations amidst the COVID-19 pandemic. DSHS constructed a survey in conjunction with a workgroup of PCC members to solicit opinions from the PCC members, and those survey results are provided below.

PCC Feedback on Agency Roles

When asked to examine the roles of TDEM, DSHS, and HHSC in a public health disaster or emergency planning effort, PCC members generally demonstrated familiarity with the state emergency operations plan (State Plan) and the roles the agencies played in the COVID-19 response.

The members overwhelmingly agreed that all three agency roles in the State emergency operations plan are assigned appropriately. When asked about the TDEM role, all PCC members unanimously agreed that TDEM's role is appropriate. Likewise, thirteen (13) members deemed DSHS' role appropriate, with one member dissenting. Finally, 13 members agreed that HHSC's role is assigned appropriately, with one member uncertain.

Similarly, PCC members agreed that the State emergency operations plan clearly defines all three agencies' roles. When asked about TDEM role, the members unanimously agreed that TDEM's role is clear. Thirteen (13) members agreed that DSHS's role is clear, with one member uncertain. Twelve (12) members reported that HHSC's role is well-defined, with two members unsure.

When asked about overlapping roles, six (6) PCC members concluded there was no duplication of roles and responsibilities. Three (3) members did report duplication of roles, and five (5) members said they were not sure. Most members (9) agreed

that the agencies' roles were sufficient, and five (5) members reported they were unsure.

Finally, five (5) PCC members believed the agencies maintained their emergency support function assignments throughout the Texas response to COVID-19. Two (2) of the PCC members responding suggested the agencies did not maintain assigned roles, and six (6) members were uncertain.

PCC Member Recommendations

The PCC membership as a whole did not provide specific legislative proposals or actions related to the State Plan. Individual members did provide general recommendations related to preparedness. This member feedback provided both under this report and through ongoing collaboration will inform DSHS efforts to identify ongoing strategies to maintain the strengths of the COVID-19 pandemic response and improve on future infectious disease responses.

Individual committee members provided feedback related to ESF 8: Public Health and Medical Response in the following areas:

- Earlier communication with the public about developing disease trends.
- Earlier coordination with partners like Regional Advisory Councils (RACs) on unfolding infectious disease situations that may require response.
- Support of the incident command structure and active partnership between public health and emergency management at the local level.
- Consideration of a statewide patient transfer system beyond what exists today, particularly with a focus on assistance to rural facilities.

Individual committee members also provided feedback on other aspects of the State Plan related to infectious disease response.

- Consideration of stakeholder organization representation at the state operations center for infectious disease.
- Support for the incident command structure and use of emergency operations plans to the extent possible.
- Consideration of whether HHSC should continue to be a Support agency for ESF 1: Transportation.
- Review of opportunities to streamline the TDEM and HHSC roles in critical evacuation for the medically fragile and for long-term care facilities.
- More targeted coordination of the behavioral health workforce through telehealth or other means during a pandemic disaster.

As of the writing of this report, DSHS is engaged in its After Action Review (AAR) review process. Members of the PCC are participants in this process within their emergency management and public health roles during the response. The feedback received through this process will be augmented during the AAR process as DSHS identifies ways to mitigate challenges posed by the COVID-19 response and ways to sustain strengths demonstrated during the response. The AAR is an intensive process that ensures ongoing improvement of public health preparedness for future emergency responses.

DSHS is also ensuring that emergency planning partners at both TDEM and HHSC have this feedback from the PCC to help inform broader reviews of the State Plans and supporting preparedness documents.

5. Conclusion

The Preparedness Coordinating Council members believe the State Plan identifies and appropriately assigns the three agencies' roles in a public health response. PCC members do not view these roles as overlapping. Overall, the members believed that agencies followed their prescribed roles during the Texas COVID-19 response. Individual PCC members offered feedback related to Emergency Support Function 8: Public Health and Medical Response and the overarching State Plan. These insights are being funneled into the agency After Action Review and planning efforts to inform ongoing improvements to the state's public health preparedness planning.

List of Acronyms

Acronym	Full Name
DSHS	Department of State Health Services
EMC	Emergency Management Council
ESF	Emergency Support Function
HHS	Health and Human Services
HHSC	Health and Human Services Commission
PCC	Preparedness Coordinating Council
RLHO	Regional and Local Health Operations
SOC	State Operations Center
TDEM	Texas Division of Emergency Management