Mass Care Annex (ESF-6)

State of Texas Emergency Management Plan

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Introduction

This document is an annex to the *State of Texas Emergency Management Plan*, which responds to state and federal laws, policies, doctrine and guidelines as described below.

In responding to federal emergency response doctrine and, specifically, the National Response Framework (NRF), the *State of Texas Emergency Management Plan* (State Plan) takes into account the needs of the whole community likely to be affected by an incident or event that requires a state-level coordinated response.

The State Plan complies with Homeland Security Presidential Directive 5 (HSPD-5) "Management of Domestic Incidents" and Presidential Policy Directive 8 (PPD-8) "National Preparedness," the "National Preparedness Goal," and Texas Executive Order RP40, which mandates the adoption of the National Incident Management System (NIMS) as the "declared State standard for incident management."

The State Plan is composed of a Basic Plan, functional annexes, and hazard annexes. The State Plan responds to **Texas Government Code, Section 418.042**, which directs the Texas Division of Emergency Management (TDEM) to "prepare and keep current a comprehensive state emergency plan." The plan outlines the "coordination of federal, state, and local emergency management activities."

Further, this annex sets forth cross-agency coordination responsibilities as agreed to by Emergency Management Council (EMC) agency representatives in response to their mandate, **Texas Government Code, Section 418.013**, to "assist the division [TDEM] in identifying, mobilizing, and deploying state resources to respond to major emergencies and disasters throughout the state." The State Plan is designed to integrate with other state agency or entity plans and annexes when they are included as subordinate appendices or attachments to the State Plan.

All sections of the plan contain links to related information. For an explanation of the acronyms, abbreviations, and terms in this document, refer to the State of Texas Acronyms and Terms (STAT) Book, which can be found online at [unformatted url].

This document is intended to provide guidance and is not prescriptive or comprehensive. Use judgment and discretion to determine the most appropriate actions at the time of an incident.

Overview and Purpose

Successful response operations assist with the rapid restoration of essential functions while protecting residents from disaster hazards. This planning document defines a standardized statewide approach to mass care operations for disasters.

Goal

Provide emergency managers with a comprehensive mechanism to provide for the mass care needs of the population.

Objectives

- Provide information to all stakeholders on the decision-making process used to support mass care activities.
- Define the core strategies and components of mass care operations, which include sheltering, feeding and household pet care.
- Explain how different levels of government and nongovernmental partners coordinate during mass care operations.
- Provide information about state response capabilities to local and regional decision makers and Voluntary Organizations Active in Disaster (VOAD's).

Audience

- Texas Emergency Management Council representatives
- State Operations Center personnel
- Disaster District Committee chairs
- Emergency response field personnel
- Local emergency operations center staff
- Jurisdictional emergency management directors and coordinators
- Voluntary organization representatives
- Federal Emergency Management Administration representatives

Planning Assumptions

- A jurisdiction may request additional assistance from Disaster District Committees (DDC) when the jurisdiction anticipates a depletion of resources and identifies gaps in resources or exhausts resources.
- If resources or information cannot be provided by the Disaster District Committee (DDC), the DDC Chairperson will send a State of Texas Assistance Request (STAR) to the State Operations Center (SOC) for resolution.
- Assistance may be sought from VOADs and other state.

General Mass Care

- Plans are in place at the local and regional level to support the basic food, water and shelter needs of evacuees, regardless the cause for the evacuation.
- Policy and procedures for reception centers, when used, for reception centers are determined by the host jurisdiction.

- Limited mass care resources (e.g., shelters) are maximized when timely dissemination of warnings allow preventive measures (e.g., sandbagging around homes) to occur.
- The state calls upon public and private-sector partners and volunteer organizations to fulfill mass care resource requirements including functional need support services.
- Facilities planned for mass care use may not be available when needed.
- Delivery of supplies to individuals affected by the disaster may be delayed by debris blocking roads and access to sites, lack of signage and other external factors.
- Support for mass care operations from outside a jurisdiction may take multiple days to arrive.
- If a jurisdiction or region is responding to multiple incidents, there may be a severe shortage of resources.
- Due to Texas' geographic location, mass migration into the state is a possibility in extreme situations; this could result in Texas needing to provide mass care services to citizens of other states or nations.
- State mass care resources may be depleted with a mass migration, especially if the state is concurrently managing and responding to a widespread disaster.
- Tribal government partners may request assistance from the state as needed.
- Faith-based organizations are integrated into local jurisdictional mass care plans.

Sheltering

- Local emergency management plans pre-identify accessible facilities that may be used as shelters.
- Shelter managers collaborate with local jurisdictions to ensure shelters meet the requirements of the Americans with Disabilities Act (ADA) including support for children and people with disabilities or other access and functional needs. Additional information for supporting physical and programmatic accessibility can be found in the Texas Functional Needs Support Services Functional Needs Support Services (FNSS) Toolkit.
- Although local jurisdictions are responsible for sheltering individuals during localized events, the state may be requested to assist during larger disasters. This type of request applies to disasters affecting vast geographical areas or that require a large number of shelters.
- Local, independent shelters may be operated by local organizations within the jurisdiction.
- When evacuation is recommended or ordered by local government officials, the majority of those in the impact area will comply, some of these evacuees will require public shelter.
- As an increasing number of areas evacuate, the demand for public shelter outside of the evacuation zone increases.
- When hazards are highly visible or extensively discussed in the media, some people who are not at risk may evacuate and seek public shelter.
- The facilities most commonly used as shelters may include schools, community centers and churches.

- Local shelter plans might include the use of sanitarians from a local health department or health service region (HSR) to ensure proper food handling, water safety and general sanitary conditions within the shelter.
- Shelter assistance is provided by a combination of government and voluntary organization resources.
- Some people who require shelter may need temporary or ongoing behavioral health support services.
- When appropriate and possible, shelters closest to the impact areas are opened to assist evacuees whose homes were damaged or destroyed.
- Some disaster survivors may be unable to find alternate housing and may require assistance in finding such accommodations.
- Some people who require shelter may not arrive at the shelter with a 72-hour supply of essential life-sustaining items.
- All state-supported shelters maintain a plan for assuring that the facility provides for physical and programmatic access for people with disabilities and others with access and functional needs.

Feeding

- The Texas Multi-Agency Feeding Task Force has developed statewide operational feeding plans.
- Some jurisdictions have plans for feeding operations at all levels of disaster incidents.
- When a local jurisdiction's feeding capacity is exceeded, its DPS Disaster District Committee (DDC) may assist in sourcing resources.
- In large-scale disasters, feeding needs may exceed the resources and capability of any one agency; instead, fulfillment may occur from a combination of local, state, and federal agencies.
- Voluntary agencies have planned purchasing agreements to procure food from local and national vendors.
- Participating feeding agencies may have different resources that they bring to the operation. Variances on menus and food suppliers or other necessary items for production are considered to support people with disabilities and others with access and functional needs.
- Voluntary agencies and school districts may request that USDA foods be made available for mass feeding operations.
- When the need for USDA foods exceeds available state inventories, the Texas Department of Agriculture (TDA), as the state distributing agency, may coordinate with USDA's Food and Nutrition Service (FNS) regional office to identify and obtain additional foods.
- When USDA infant formula and foods are needed, TDA may coordinate with USDA's FNS regional office to identify and obtain infant formula and foods.
- Shelf-stable meals, if available, may be used to supplement initial feeding requirements.
- Food vendor orders may be placed in advance to expedite delivery.
- When public utilities are inoperable this can cause an increased demand for prepared meals and may impact how food is used and stored at feeding preparation sites. Refrigeration and freezer capability is usually needed at key feeding and staging sites.

- Feeding support from out of state may take multiple days to arrive.
- A sequential series of disasters inside and outside of the state may severely deplete resources to support mass care operations.
- Local health departments have a responsibility to inspect operating mobile and fixed-site kitchens and food supplies for cleanliness, freshness and proper preparation.
- The Texas Health and Human Services Commission (HHSC) may initiate procedures to request approval from USDA's FNS to operate Disaster Supplemental Nutrition Assistance Program (D-SNAP) when the infrastructure has been restored for jurisdictions that have received a presidential disaster declaration that includes individual assistance (IA).

Animal Care

- Communities designated to receive evacuees have plans in place to triage and accommodate evacuees arriving with household pets.
- The safety and security of household pets during a disaster frequently affects the decision-making and response of pet owners.
- The local jurisdiction has community animal response plans.
- Mass care only addresses household pets and service animals and does not address livestock or large animals.

Concept of Operations

Mass Care activities in the state of Texas vary widely in type, size and complexity. This section outlines the general concept of operations for the state's planned response in support of mass care operations.

Counties and municipalities hold the authority for mass care operations during disasters. When requested, the state provides assistance to local jurisdictions and can coordinate mass care operations. Without an effective statewide mass care strategy, response and recovery may be delayed and the public may be at risk of hazard impacts in affected areas.

When an incident occurs prompting the activation of mass care functions, the attempt is always first made to respond at the lowest jurisdictional level using available mass care resources and capabilities. Local EOCs and shelter managers coordinate and monitor shelters and other mass care activities. If an incident expands beyond the local jurisdiction’s management capabilities, local mutual aid agreements with neighboring jurisdictions are activated. These local mutual aid agreements may allow locals to manage without state assistance.

As mandated by Texas Government Code 418, the Texas Division of Emergency Management (TDEM) is responsible for preparing and maintaining the State of Texas Emergency Management Plan (State Plan). TDEM designates a primary entity to support the planning process for each functional or hazard annex that comprises the State Plan. A primary entity has significant responsibility, resources and capability for this function. The Texas Division of Emergency Management (TDEM) is designated the primary entity to assist in this planning effort. Additional support entities are included in the planning effort and provide their knowledge about capabilities, coordination and resources for the annex.

Strategies

This section describes the state's strategies for mass care response in Texas which include:

Strategy 1: Coordinate Mass Care Operations

Strategy 2: Provide Support to Local Sheltering Operations

Strategy 3: Provide Support to Local Medical Shelter Operations

Strategy 4: Provide Support to Local Animal Care Operations

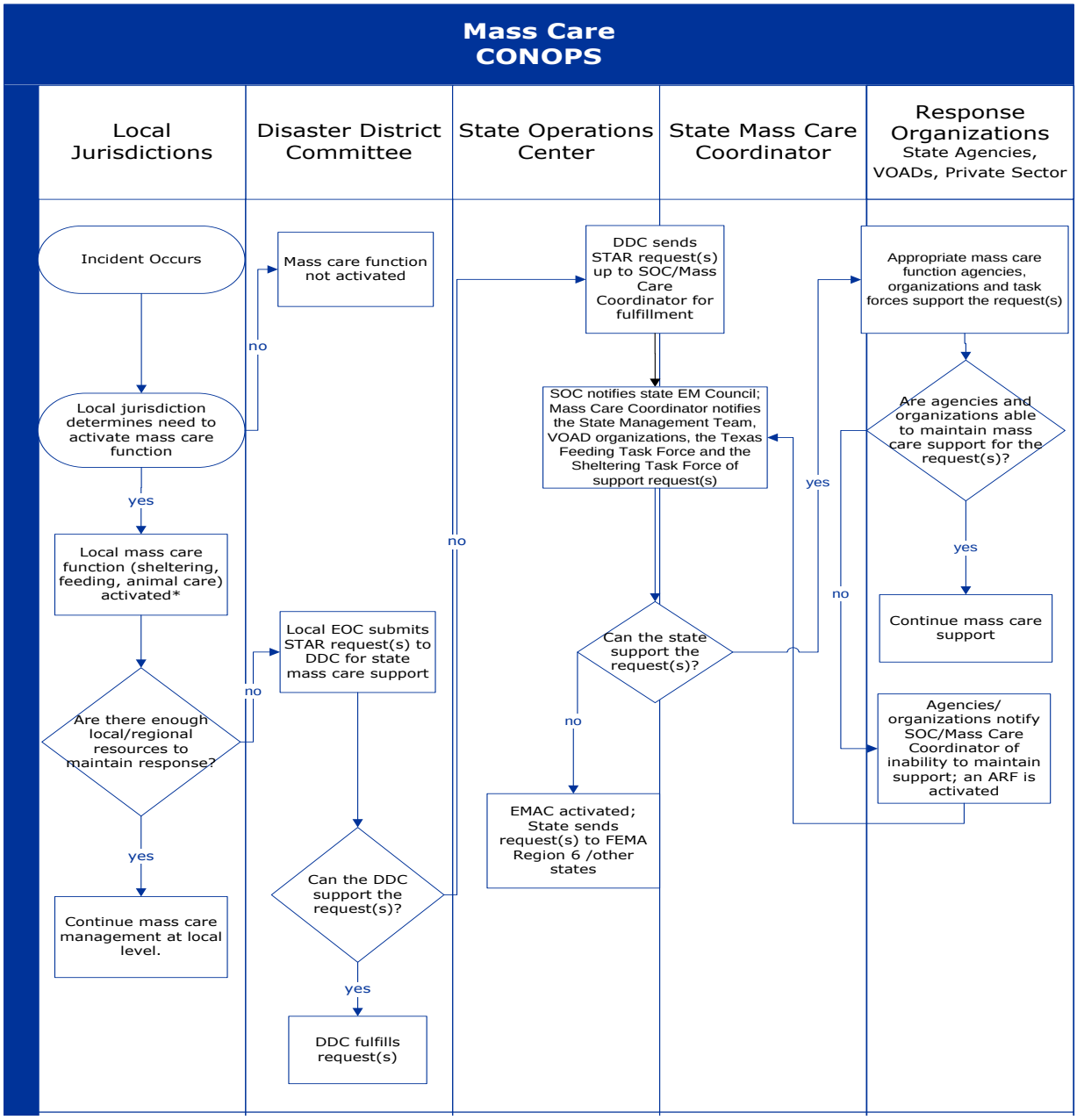
Strategy 5: Provide Support to Local Feeding Operations

Strategy 6: Provide Support to Texas Host State Shelter Operations

Strategy 7: Provide Response Resources

Each strategy describes an important piece of the state-level mass care response in Texas. Additionally, the table on the following page provides an overview of decisions made at the local level and at the state level by the Chief of TDEM in coordination with the state mass care coordinator and executive partners during mass care activations of the SOC.

Although not required by the state, it is helpful if the local jurisdiction notifies the state through the DDC that they have opened a shelter. This allows the state ample time to gather potential resources if the jurisdiction runs low on necessary resources.



Strategy 1: Coordinate Mass Care Operations

The mass care response organization originates at the local level and can expand all the way to the federal government. This section outlines coordination mechanisms used to support emergency mass care operations.

Coordination and support occurs through the State of Texas Mass Care Emergency Support Function (ESF), TDEM and the State Mass Care Coordinator.

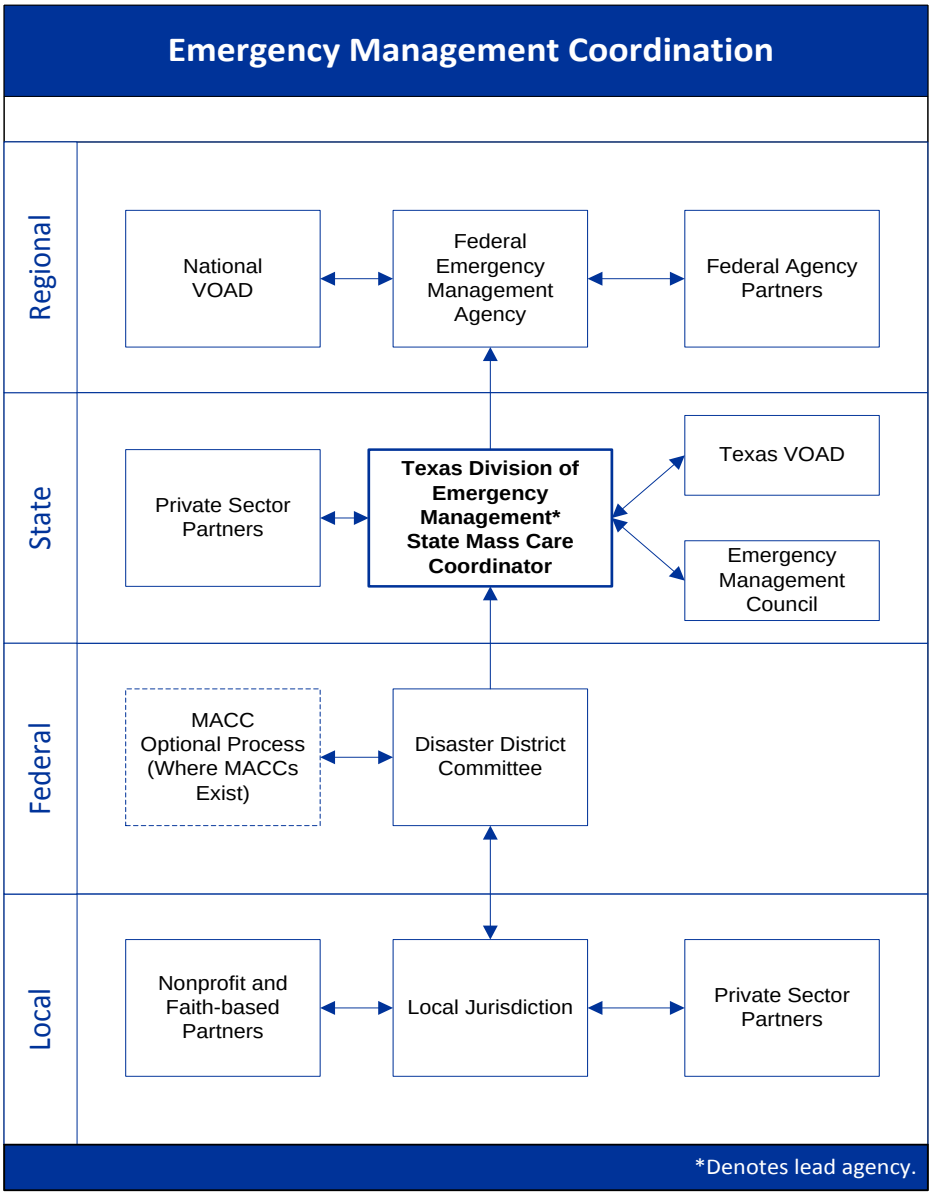
The State Mass Care Coordinator assesses the overall mass care needs created by the incident and coordinates the activation of feeding task forces. Local jurisdictions can request additional assistance from Disaster District Committees (DDC) when they anticipate a depletion of resources, identify a gap in resources or exhaust resources.

The Salvation Army (TSA), American Red Cross (ARC), Texas Baptist Men (TBM), Southern Baptists of Texas Convention (SBTC) and Texas Food Bank Network (TFBN) traditionally deliver mass care support in disasters with available resources in accordance with the requirements of each agency's internal policies and in coordination with local and state emergency management officials. In large-scale disasters, the state mass care coordinator might activate the Texas Multiagency Feeding Task Force to improve coordination and communication between the VOADs responsible for feeding activities.

Under a Presidential disaster declaration and when conditions warrant, feeding support may be provided under Public Assistance Section 403 of the Stafford Act. The state may request this support through FEMA Region VI. This support may include the purchase of food and feeding supplies, commonly used shelter items including FNSS and animal care support when state and voluntary organizations' purchasing resources are insufficient to meet the demand in disaster-impacted areas. It may also include assistance through the USDA Disaster Supplemental Nutrition Assistance Program (D-SNAP).

The processes discussed in this section do not require a Governor's Emergency Proclamation or a Presidential Declaration. Feeding operations can be implemented by the state with no federal assistance. If federal assistance is requested, the plan becomes a critical component of the governor's request for a Presidential Declaration.

The state uses numerous methods to coordinate and disseminate information critical to mass care operations. Three key tools are outlined in the next section.



Conference Calls and Coordination Tools

Conference calls are the primary coordination mechanism used during mass care operations. Conference call schedules are subject to frequent change and are disseminated by email from the scheduling entity.

Information regarding mass care operations is summarized into status and situation reports and submitted to the SOC daily. The SOC uses a number of tools to gather and analyze data and reports. Together these help provide a common operating picture, allowing responders at all levels to make effective, consistent and timely decisions. These tools and calls are summarized in the table below.

Information Coordination Tools

Coordination Tool	Facilitated By	Description
American Red Cross	National Shelter System (NSS)	Agencies and voluntary organizations included in mass care sheltering response: ▪ Provide shelter data (heads-in-beds counts). ▪ Assess and address current mass care sheltering concerns.
State Mass Care Coordinator Feeding Task Force call	Feeding Task Force Call	Agencies and voluntary organizations included in mass care feeding response: ▪ Gather feeding data. ▪ Assess and address mass care feeding concerns.
State Operations Center	Internet-based Tools	EM Council members activated during a mass care response ▪ An internet-based communication and documentation tool that captures State of Texas Assistance Requests (STAR). ▪ Displays the SOC H-Hour Clock, which provides a countdown to the onset of hurricane hazards. ▪ Is available to partner organizations. ▪ Log into internet-based tool at: http://www.soc.state.tx.us/eoc7/
	Statewide Call	Impacted jurisdictions and agencies statewide: ▪ Disseminate gathered information to state and local partners.
State Operations Center/Situation Unit	Situational Reports (SITREPS)	Emergency management stakeholders statewide: ▪ The SOC publishes a daily SITREP that summarizes key action taken in response to identified threats, as well as a SITREP dedicated to current actions occurring during a major disaster. ▪ Find State SITREPs on the Texas Department of Public Safety's (DPS) website.

Strategy 2: Provide Support to Local Sheltering Operations

People moving out of harm's way need a safe and comfortable place to stay. This section describes the sheltering and care of evacuees before, during and after an incident that activates the mass care function.

The state works closely with local jurisdictions to pre-identify enough shelters to provide short-term emergency shelter to the maximum estimated number of evacuees.

The state has developed procedures to support local jurisdictions' mass shelter operations using all available air, ambulance, para-transit and bus transportation resources. During prior-notice incidents such as hurricanes the state uses planning factors developed from behavioral surveys to estimate the number of potential evacuees who may require shelter. Behavioral surveys generally estimate that between 3-8 percent of the population within an evacuated hazard area plan to seek public shelter. An estimated 3.7 million people evacuated the Houston area and Texas coast between Corpus Christi and Beaumont prior to Hurricane Rita.[1]

During widespread disasters when local jurisdictions request assistance with sheltering, the state may reach out for federal assistance under the federal Emergency Support Function (ESF 6): Mass Care, Emergency Assistance, Housing and Human Services.

Overall sheltering operations are executed through the activation and operation of multiple components. These components include embarkation centers, reception centers, resource staging areas, shelter hubs, shelters and shelter resources (people and supplies). Shelter operations also involve shelter coordination, communication, the health and safety of evacuees, and transitional housing considerations after shelters close. Each component and activity is addressed in this section.

Sheltering Activity Overview

Mass care sheltering involves many activities and components as noted below.

Shelter Hub System

Within the state of Texas, there are numerous shelter hub systems that have the resources needed to provide basic shelter and support to evacuees. Together, these systems are designed to meet the sheltering demand from disasters and incidents such as hurricanes, improvised nuclear devices, etc. The shelter hub system may include pre-identified shelters and reception centers that are strategically located in

[1] Evacuation Planning in Texas: Before and After Hurricane Rita.

areas that possess adequate infrastructure and resources to support mass evacuations[2].

Reception Centers

A reception center is a pre-identified location that may open when a shelter hub is activated and evacuees need to be received in one central location before being directed to a specific shelter. Not all shelter hubs use reception centers. For example, the city of Austin does not use reception centers; instead, highway signage directs evacuees to shelters.

Upon arriving at the reception center, usually by bus or personal vehicle, the evacuee and their household pets are triaged, registered and assigned to a shelter.

Reception centers are managed at the local level. Reception centers work with the local emergency operations center (EOC) to track the daily operational status of shelters, occupancy of each shelter, and number of evacuees and animals processed by the reception center. The information is forwarded to the Disaster District Committee (DDC). DDCs compile shelter reports from within the Disaster District to forward to the State Operations Center (SOC).

At the SOC, TDEM works to provide shelter and reception center resource support as needed. The Department of State Health Services (DSHS) provides provide medical triage and contracts with vendors to provide medical shelters. Texas Military Department (TMD) may deploy staff to assist with registering and banding evacuees traveling to shelters. And the Texas Department of Transportation (TxDOT) may provide signage directing people to the centers. Various Texas VOAD organizations also provide assistance as requested such as comfort kits and spiritual and emotional care.

Shelters

Within the shelter hub system are different types of shelters, as described in the table below.

Shelter Type	Function	Considerations
Co-Located Pet	House assistive animals and household pets in an adjacent or adjoining facility to that of the evacuated animal owner.	N/A
Custodial Care Facility	Provide shelter to prisoners and other offenders	Prisoners and other offenders must be evacuated to suitable criminal justice facilities – not to general population or medical shelters.
General	Provide temporary shelter to all	Provide functional needs support

[2] Find shelter hub locations in the SOC SOG.

Shelter Type	Function	Considerations
Population	individuals seeking shelter in an evacuation. Not intended for individuals who require active monitoring, oversight or intervention by a medical professional to monitor their medical condition.	services to people with disabilities and others who have access or functional needs whether or not they are accompanied by personal attendants or family members. Service animals are required to stay with individuals in general population shelters. Although guidance on sheltering policies is still under development, the Disability Task Force highly recommends that emotional support animals, animals that provide therapeutic benefit to a person with a mental disability, also be permitted.
Large-Animal	Provide shelter for livestock, poultry, exotic animals and animals for which proper care cannot usually be received in a pet shelter↗.	N/A
Medical	Provide shelter to individuals who require active monitoring, oversight or intervention by a medical professional to address their medical condition.	▪ There are no co-located household pets within medical shelters under any circumstances. If a person arrives at a medical shelter with a household pet, the facility coordinates the sheltering of the pet offsite. Service animals are required to stay with individuals in general population shelters. ▪ Operators of specialized care facilities such as hospitals, nursing homes and group homes have the legal responsibility to evacuate and track individuals in their care to equivalent care facilities. Evacuating medical care facilities are required to bring specialized equipment,

↗ For more information on shelter for livestock, poultry, exotic animals and others, please refer to the **State Agriculture and Natural Resources Annex (O)**.

Shelter Type	Function	Considerations
		staffing and caregivers. Evacuating caregivers may bring their families with them.
Point-to-Point (PTP)	Reserved for evacuees traveling with service and assistive animals and household pets on government transportation from pre-designated jurisdiction with agreements between jurisdictions to shelter.	PTP shelters are not announced to the general public. PTP Memoranda of Understanding (MOUs) are established between evacuating cities and the host cities.
Shelter of Last Resort	Provide short-term protection from a hazard for people who did not or could not evacuate the area before the hazard (e.g., a hurricane) or no-notice incident (e.g., wildfire, terrorist attack, or earthquake). These shelters may have little or no water or food.	▪ Accommodations are needed to support people who arrive with service and assistive animals, household pets, and livestock. ▪ Provisions are to be made for functional needs support services to people with and without disabilities and others who have access or functional needs whether or not they are accompanied by personal attendants or family members.
Spontaneous	Unplanned or unidentified congregate facilities established by groups who historically have not participated in community disaster congregate care planning and/or who have not previously held a traditional disaster sheltering role. These shelters may provide surge capacity for large-scale disasters.	Although these shelters may not meet accessibility requirements, if they are supported by local or state government, they are required to meet physical and programmatic accessibility standards.

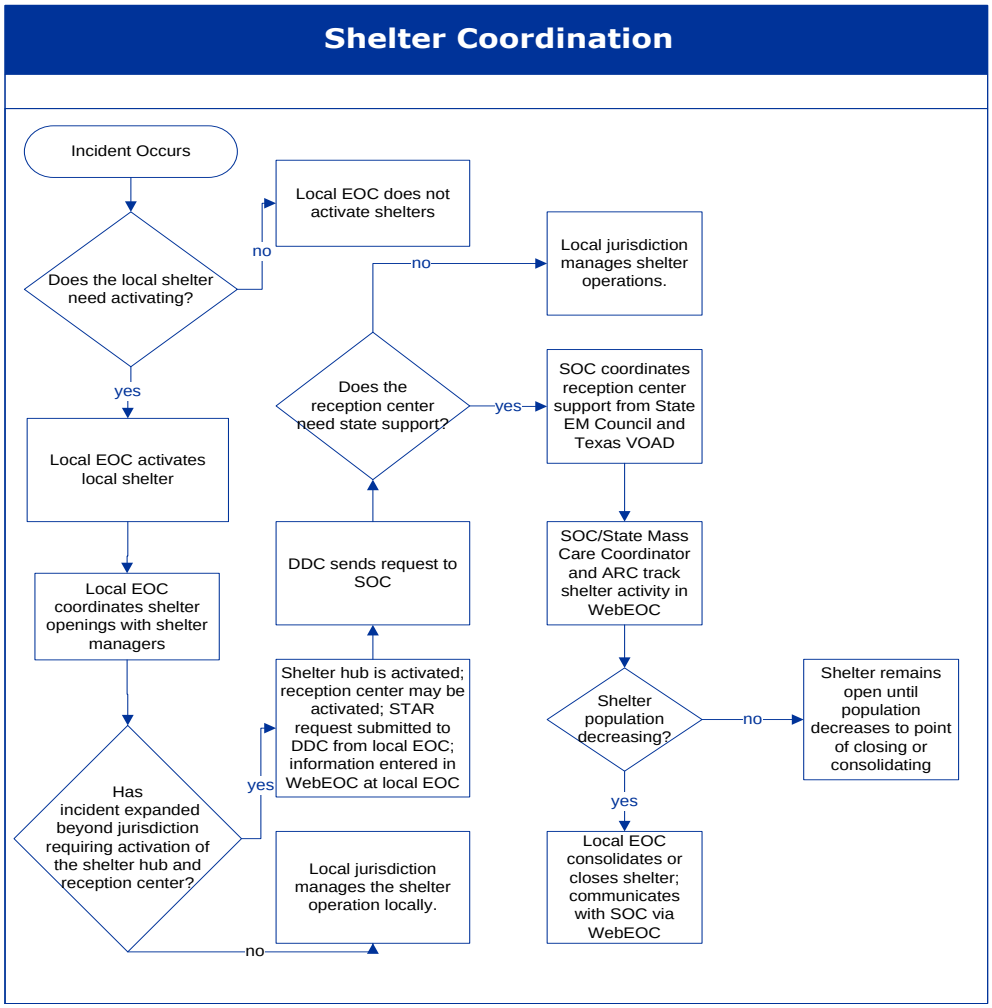
Shelter Coordination

Shelter management and coordination start at the local level. Local shelter management can be provided by numerous entities including local jurisdictions, local governments, private contractors and the American Red Cross. If a local jurisdiction determines that adequate shelter resources are not available, they may activate previously established MOUs with neighboring jurisdictions, so that sheltering may be provided outside the impacted jurisdiction. The state, upon receipt of a State of Texas Assistance Request (STAR) form from the impacted area, coordinates evacuation and sheltering operations. The state has an

agreement in place with the state of Louisiana to provide shelter assistance in the event Orleans Parish has to evacuate.

If a situation arises where the state sees the need to request that a local jurisdiction open a shelter, the SOC creates a STAR request, prints, scans and e-mails it to the DDC and possibly the local jurisdiction if requested to do so by the DDC.

The shelter-coordination process is depicted in the chart, below.



Local jurisdictions input shelter information into internet-based tool once a day. Each DDC reviews shelter information pertaining to their respective Disaster District and, based on that information, reports the Disaster District's status to the SOC. The State Mass Care Coordinator at the SOC works with the American Red Cross (ARC) State Program Manager to review this information and track shelter activity. These reports are used, in part, to determine the need to open additional shelters throughout the state.

When medical shelters are needed, DSHS activates the State Medical Operations Center (SMOC) and coordinates with the SOC to provide public health and medical

service. The SMOC facilitates coordination among regional health and medical operation centers to assist with the response. For more information on medical sheltering, refer to Strategy 3 to this annex.↗

Shelter Populations that Require Law Enforcement Support

If shelter accommodations are needed for evacuees from domestic violence shelters, jails or prisons, the state may, upon receipt of a STAR request, help find appropriate shelter facilities. This would primarily be a law enforcement matter.↗

People with Disabilities and Others with Access and Functional Needs

People with disabilities and others with access and functional needs have the same right as all other individuals to access services during emergency operations, such as mass care support.

People with disabilities and others with access and functional needs are not routinely transported to health care facilities simply because they have disabilities. Informed triage decisions include an understanding that there is a difference between living with a disability and individuals needing acute medical care in a medical shelter or health care facility.

Many people with disabilities and others with access and functional needs live independently in the community, with some individuals needing only support services. The support services they receive assist with access and functional needs and generally are not provided by medical professionals, but by individuals from the community. It is important to integrate the resources necessary to allow for people with disabilities and others with access and functional needs to maintain their independence and dignity during disasters. Texas is committed to supporting individuals with disabilities and others with access and functional needs in all emergency activities including physical and programmatic support in all mass care operations. If necessary, local jurisdictions may submit a STAR to request additional resources necessary to provide functional needs support services (FNSS) to individuals in the shelter.

Efforts are made to keep children and people with disabilities with their caregivers, mobility devices, other DME, or service animals during an evacuation.↗

Evacuee Tracking

During evacuations requiring the use of state assets, it is important to exchange registration and tracking information among the evacuating jurisdiction, the receiving jurisdiction(s). Evacuees on state assets are tracked until they arrive at

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↗ For more information on state-assisted evacuations, refer to the **State Evacuation and Population Protection Annex (E)**.
↗ For more information on local and state law enforcement, refer to the **State Law Enforcement Annex (G)**.
↗ For more information on evacuations, refer to the **State Evacuation and Population Protection Annex (E)**.

their designated shelter via the Emergency Tracking Network (ETN)↗. This tracking commences at the designated pick-up point or at an embarkation center. Once an individual is in a shelter, state tracking ends until the evacuee is transported back to their home jurisdiction on state assets. Information obtained by the state tracking tool systems is not made public. Some local shelters may track shelters within their own system for internal awareness only. Information is not made public.

Communication for Evacuees in Shelters

To help evacuees inform family members and friends of their status during disasters, ARC created the Safe and Well site, which allows evacuees to voluntarily enter their information and status. Individuals register as safe under a designated disaster by entering their name, telephone number and address. Anyone may search for individuals registered in Safe and Well but must have the individual's name and either their telephone number or address. Telephone vendors also offer apps to assist family members to stay connected when communication systems may be disrupted. An evacuee does not have to stay in a shelter in order to register.

ARC automatically activates a disaster event in the Safe and Well system for disasters that meet an ARC spending threshold. The incident may also be activated at TDEM's request. If an individual has no internet access, ARC may also designate a telephone call line to assist in registering and locating individuals. ARC teams can assist in locating individuals at the request of an individual's family members. Child and Family Protective Services assumes responsibility for family reunification.

Evacuee Health and Safety Shelters

Basic medical and behavioral health services in shelters are coordinated by the shelter managers.

Medical Operations Centers (MOCs) coordinate behavioral health services through the local mental health authority with appropriate input from stakeholders including shelter managers, Texas VOAD, critical incident stress management teams, and others who provide disaster behavioral health services. These services range from psychological first aid to crisis intervention and professional behavioral health services. Shelter managers may follow the standard STAR process to obtain additional resources.↗

In cases of potential infectious disease outbreak within a shelter, shelter managers coordinate with the local public health department or DSHS HSR for assistance with disease control activities.↗

↗ For more information on tracking, refer to the **State Emergency Tracking Network (ETN) Annex** or the **State Evacuation and Population Protection Annex (E)**.
↗ For more information on disaster behavioral health services, refer to the **State Public Health and Medical Services Annex (H)**.
↗ For more information on disease control, refer to the **State Public Health and Medical Services Annex (H)**.

In situations that may involve radioactive contamination, large, single-point reception centers may be established to provide a location for screening, triaging, and decontamination. When fully screened and cleared, individuals may be placed on a bus to a non-public-access shelter.

In situations where evacuees may have been exposed to hazards such as infectious waste, polluted flood waters or chemicals, local jurisdictions handle decontamination and assessing hazardous exposures.↗

If a situation arises where a shelter is found to be at risk for terrorism or receives a terrorist threat, local and state or federal law enforcement step in to manage the situation.↗

Unaccompanied Minors in Shelters

If an unaccompanied minor arrives at an ARC shelter, staff members first attempt to reach the parent or legal guardian by phone. If a parent or legal guardian cannot be reached, the staff member contacts state or local law enforcement authorities. ARC does not take custody of a child but coordinates with local or state law enforcement authorities until the unaccompanied minor is transferred to the custody of the local or state authority. When requested, the Department of Family Protective Services (DFPS) can: assign case worker(s) to respond to the shelter; take necessary action to provide for the needs of the child until the parent(s) or guardian(s) can be located; and assume responsibility for the unaccompanied minor.

In the event of a catastrophic disaster that creates an unmanageable number of unaccompanied minors, the state might move those identified minors to an unaccompanied minor shelter where they are cared for until they are reunited with their parent or legal guardian. A joint decision between the state mass care coordinator and ARC may determine the most suitable shelter for such a purpose.

Support for Children in Shelters

To assist parents/guardians as they navigate the recovery process, shelter managers may provide safe child play areas within the shelters.

Shelter management may request assistance from Texas VOAD organizations whose mission provides child care and safe child play spaces in shelters and recovery centers.

DFPS, when requested, provides consultation and assistance to an emergency shelter should the shelter manager determine that a temporary childcare facility is needed. DFPS does not provide these facilities with a license since most are exempt from licensure due to the duration of their operation.

↗ For more information on contamination, refer to the **State Radiological Response Annex (D)**.
↗ For more information on a terrorist risk or threat, refer to the **State Terrorism Annex (U)** or the **State Law Enforcement Annex (G)**.

Shelter Closing

Evacuees who were evacuated via state assets may not be returned to their home communities until officials from their home communities say that infrastructure is in place to support their return. As this often takes quite some time, many evacuees choose to find alternate places to stay in the sheltering community, thus decreasing shelter populations and leading to the consolidation and closure of shelters. The state and mass care coordinator monitor shelter occupancy to maintain awareness of potential support requests and to assess cost share and potential reimbursement from the federal government if there was a federal disaster declaration.

Repopulation

After local jurisdictions make preparations to receive returning evacuees, support may be relocated from existing shelters to new shelters established in the damaged area to encourage a more efficient recovery for the affected community. At this time, mass care support services usually migrate from the host area to the affected area.↗

Short-to-Intermediate-Term Housing

In cases of widespread disaster where available permanent housing is limited or non-existent, temporary housing may be established for disaster survivors. Temporary housing may include direct housing such as mobile homes, hotels and motels, cruise ships, and tents.↗

↗ For more information on repopulation, refer to the **State Evacuation and Population Protection Annex (E)**.
↗ For more information on long-term, permanent housing under the National Disaster Recovery Framework, refer to the **State Recovery Annex (J)**.

Strategy 3: Provide Support to Local Medical Shelter Operations

Sometimes individuals require active monitoring, oversight or intervention by a medical professional to address their medical condition. This section describes the coordination of shelter for persons with medical needs.

Persons with medical needs during a disaster may find support in medical shelters. Providing for the care of persons with medical needs not requiring hospitalization in a shelter environment reduces the chance of a potential surge at local healthcare facilities.

The state categorizes medical shelter support into these areas:

- Medical Shelter Coordination
- Medical Materiel Management and Distribution
- Medical Personnel Support

Assessment

DSHS assists in the identification of medical needs at evacuation points and arrangement of medical transportation. For patients in the state medical shelters, DSHS provides care, custody and control until they are returned to their home jurisdiction. Generally, nursing home residents are provided for through agreements between nursing home facilities. However, if necessary, nursing home residents may go to a medical shelter.

Examples of individuals typically placed in medical shelters include:

- Hospice patients.
- Ventilator patients.
- People with wounds requiring a sterile environment or suctioning.
- People requiring isolation due to infectious disease.
- People receiving skilled nursing care at home.

Coordination of Medical Shelters

The responsibility to conduct medical sheltering operations may be required for any response that involves the displacement of persons with medical needs. DSHS supports local medical shelter operations by supplementing local resources, coordinating resources across multiple jurisdictions and facilitating information sharing.

When necessary, DSHS activates the state medical shelter plan, which includes opening a medical shelter hub in San Antonio and secondary medical shelter

locations throughout the state. If state medical shelter resources are exhausted, DSHS coordinates with federal entities to open Federal Medical Station resources.[3]

Medical Materiel Management and Distribution

Medical materiel management and distribution includes the acquisition and distribution of durable medical equipment (DME), consumable medical supplies (CMS), pharmaceuticals and other equipment. The state medical shelter plan includes the provision of medical materiel to individuals who have been displaced to a medical shelter.

DSHS augments local capacity to provide medical materiel by procuring and distributing acquired resources through contracts or existing supplies. DSHS has limited caches of medical materiel strategically located throughout the state. DSHS supports local and regional response efforts through standard STAR requests.

Medical Personnel

Medical staffing includes activating and deploying medical professionals required to deliver services at locations that provide medical services during disaster response. DSHS provides medical personnel for state-coordinated medical response operations such as state medical shelter operations or state-supported evacuations.

Local jurisdictions may need additional medical personnel at locations including local medical shelters, general population shelters, staging and reception areas, or other locations where medical services are provided. DSHS supports local medical staffing needs by activating staffing contracts or deploying existing medical response teams.

[3] For more information, refer to the DSHS Response Operating Guidelines for Medical Sheltering.

Strategy 4: Provide Support to Local Animal Care Operations

People may refuse to evacuate due to fear of being denied available transportation if they try to bring their household pet(s). This section describes the care of animals in an evacuation and sheltering situation.

Animals play a major role in the lives of many residents. During an emergency, it is important to help assistive animals and household pets and their owners to remain as close to each other as possible. According to the Pets Evacuation and Transportation Standards Act of 2006, a part of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, operations involving the evacuation and sheltering of people from evacuation zones must involve the evacuation and sheltering of their household pets and service animals. Service animals must accompany their owners at all times during evacuation and while in public shelters and mass care support processes. The Disability Task Force highly recommends that emotional support animals, animals that provide therapeutic benefit to a person with a mental disability, also be permitted. With the exception of service animals, the American Red Cross (ARC) does not allow animals into their shelters. However, animals may be co-located at these shelters near their owners.

Household pet owners are expected to plan in advance where they may go with their pets if they are told to evacuate. Household pet shelter locating, inspecting, maintenance, security, pet sheltering resources and supplies are considerations that are addressed by local communities. Local jurisdictions make plans to assist evacuees with service and assistive animals and household pets in disasters and make notifications during disasters about where the public may take their animals. These notifications include reminders about what should be brought with their animals. TAHC provides support/guidance through contacts with appropriate organizations upon request. For additional information on animal issues committees, please check out Texas Animal Health Commission's (TAHC) local planning resources page.

Communities designated to receive evacuees are expected to have plans in place to triage and accommodate evacuees arriving with service and assistive animals and household pets. If a community unexpectedly becomes a receiving community for sheltering and has no plans or resources to fully support people evacuating with their service and assistive animals and household pets, support should be sought first from surrounding jurisdictions through the DDC, and as a last resort, state resources may be coordinated through the SOC, where TAHC posts representatives during an activation requiring animal care assistance. TAHC helps coordinate animal care agencies and organizations to provide animal sheltering assistance to local communities.

Household Pet and Service Animal Evacuation, Registration and Tracking

Prior to embarkation on state resources, each animal is identified, tagged, provided the same tracking number as its owner and entered into ETN.↗

Sheltering Eligible Pets

All animal sheltering planning from initial setup to maintenance to closure is managed at the local level. Plans are in place to appropriately triage animals by type such as cats with cats, dogs with dogs, and separating exotic or aggressive species. TAHC or its designee may provide assistance to local planners in determining eligible pets during the planning process.

Sheltering Non-Eligible Pets

When non-eligible animals are brought to a shelter and local responders are overwhelmed, TAHC may be requested to assist. TAHC may work with the United States Department of Agriculture (USDA), state wildlife services, or other local resources.

Feeding Household Pets and Service Animals

During disaster operations there are often donations of pet food from the community. These donations are often coordinated at the state-level through the Voluntary Organizations Active in Disaster (VOAD). The VOAD only accepts bags of new food as open bags may quickly go rancid, causing gastrointestinal (GI) upset among the animals. Please review Strategy 5 for additional information regarding feeding operations.

Animal Attacks and Disease Control in Shelters

Local planning efforts describe actions to be taken if someone is injured by an animal in the shelter. If a situation arises concerning an infectious animal disease in a shelter, shelter managers may refer to their local animal issues committee, local veterinarian, TAHC, the local jurisdiction mass care plan, or relevant section of the State of Texas Emergency Management Plan.↗

Local jurisdictions are responsible for developing procedures for: flea, tick, and other pest control; methods for segregating household pets to prevent disease transmission; household pet waste; deceased household pets; and relocation of household pets due to illness, injury or aggression. If zoonotic animal diseases such as rabies are involved, DSHS may become involved if requested. Deceased livestock are handled by TAHC.

↗ For general information on household pet evacuations, refer to the **State Evacuation and Population Protection Annex (E)**.
↗ For more information, refer to the **State Animals, Agriculture, Food and Feed Safety Annex (O).**

State assistance may be requested for support in all of these issues via a STAR request.

Household Pets in a Mass Migration

In a situation involving mass migration, the Center for Disease Control (CDC) governs regulations on dogs and cats entering the U.S. from foreign countries. Texas law states that all dogs and cats three months of age or older must be vaccinated against rabies and be accompanied by a rabies vaccination certificate dated and signed by the veterinarian who administered the immunization. For entry purposes only, dogs and cats traveling into the state from another country may be inoculated against rabies with killed, modified live, or recombinant vaccine.

The CDC, during a mass migration:

- Ensures animals entering the United States have a valid certificate showing a current rabies vaccination.
- Requires animals without a health certificate to receive rabies vaccinations within four days, if their age is at least three months upon arrival in the U.S.
- Makes notification to DSHS Infectious Disease Control Unit that animals have been inoculated successfully.
- Performs medical screening.
- Manages the disposition of all dogs and cats.

Shelter Closing

As shelter populations decrease, shelters begin consolidating and closing. Local jurisdictions have plans and procedures in place to help evacuees and their household pets transition to another shelter or other housing options if it is not yet safe to return to their homes or home communities. Upon request, the state may also assist with the transition and request assistance from the federal government if the incident is a federally declared disaster. Many evacuees may need assistance with mass care services including veterinarian care, pet food, or other needed supplies as they transition out of the shelters or back to their home communities.[4]

Reunification, Unclaimed Pets, Long-term Care

If a pet becomes separated from its owner during the evacuation or sheltering process, the state can use a tracking system that assists with the reunification process. Local nongovernmental organizations may be called in to assist with unclaimed pets and the long-term care of these pets. When requested, TAHC may assist and call upon state and national partners to assist.

[4] For more information on local plans, refer to local mass care plans and local evacuation and population protection plans.

Strategy 5: Provide Support to Local Feeding Operations

People displaced from their homes require food for care and comfort. This section provides an overview of the state feeding strategy during a sheltering event.

State-level mass care feeding support involves multiagency coordination via TDEM's state mass care coordinator and multiple nongovernmental, faith- and community-based organizations.

In widespread catastrophic incidents, local resources for feeding disaster survivors are usually exceeded, requiring additional support from regional, state and, in federally declared disasters, federal agencies to supplement those resources. Nongovernmental organizations (NGOs) such as ARC and The Salvation Army (TSA) traditionally respond to disasters by delivering mass feeding with available resources in accordance with the requirements of their charter; and they coordinate, facilitate and work with emergency management officials.

The process of mass care feeding includes situation assessment, coordination, governmental resources, resource management reporting and coordinating food support for people with disabilities and others with access and functional needs.

The following list is the current Multiagency Feeding Task Force Members.

- American Red Cross (ARC)
- FEMA Region VI
- H-E-B
- Mercy Chef
- The Salvation Army (TSA)
- Southern Baptist of Texas Convention (SBTC)
- Sysco Foods
- Texas Baptist Men (TBM)
- Texas Department of Agriculture (TDA)
- Texas Food Bank Network (TFBN)
- Texas Health and Human Services Commission (HHSC)
- Texas Department of Public Safety (TxDPS) - Texas Division of Emergency Management (TDEM)
- United States Department of Agriculture (USDA)
- US Foods

Mass Care Feeding Phases and Timeline

The three phases of mass care feeding – immediate, sustained, and long term – are outlined in the table below.

Phase	Beginning/End	Key Players
Immediate	Begins with or in anticipation of an incident. Snacks, shelf-stable meals and/or light meals are obtained from various sources. Ends when a mass care infrastructure has been established.	Local nongovernmental organizations. Local emergency management.
Sustained	Begins when a mass care infrastructure and logistical support are in place and producing meals. Ends when sustained disaster feeding is no longer required.	Local- and national-level nongovernmental organizations. Local, state and federal (in a federally declared disaster) emergency management.
Long Term	Begins when the restoration of utilities allows residents to cook meals in their homes and purchase food in stores. Sometimes food and/or financial assistance to purchase food are made available to those who need assistance.	Local and national-level nongovernmental organizations. Local, state and federal (in a federally declared disaster) emergency management.

Multiagency Feeding Task Force Report

The Multiagency Feeding Task Force Report provides a daily collection of meals prepared, snacks served, food boxes distributed and total volunteer hours information from responding organizations and agencies. This information helps the state assess potential resource needs, trends in the feeding operation and provides information that could be used to request reimbursement from the federal government if there is a presidential disaster declaration. Additional information collected is a list of issues and unmet needs.

Household Pets and Service Animal Feeding

Dietary issues are a major concern when providing food for household pets and service animals being housed in emergency shelters. It is nearly impossible to prevent gastrointestinal (GI) upset among dogs, cats and other animals in a shelter, but providing a consistent nutrient-rich diet may aid in limiting GI issues.

Mass care and emergency assistance feeding plans for household pets may consider providing food through points of distribution in addition to feeding animals in emergency household pet shelters. This consideration may also make use of

donated pet food, which could be distributed to help disaster survivors who need assistance feeding their own pets.

Local shelters that need assistance with providing pet food may coordinate with community partners. If the resources are not available locally or through mutual aid agreements, the state may assist with sourcing pet food upon receipt of a STAR.

Consolidating and Closing Feeding Operations

As feeding operations slow, organizations and agencies may begin scaling back their operations, consolidating and shutting down.

The SOC and the State Mass Care Coordinator request a 72-hour notice from all organizations providing feeding support that they will be consolidating or closing their operations.

Detailed information regarding consolidation and closure of feeding operations can be found in the Texas Multiagency Feeding Task Force Standard Operating Guide.

Strategy 6: Provide Support to Texas Host State Shelter Operations

Texans have long been known for their warm hospitality. Helping our neighbors is second nature. Post Hurricane Katrina, the state entered an agreement with the State of Louisiana to host evacuees from Orleans Parish in the event of future mandatory evacuations.

Under a mandatory evacuation order of Orleans Parish, up to 10,000 critical transportation needs (CTN) evacuees may be transported to Texas via motor coach to be received at the state's reception center in the Dallas, Texas region. At this point, they are assigned to shelters within the North Central Texas Shelter Hub.

Careful coordination between Texas and Louisiana helps ensure each state can properly support the other state's operations and that public information and messaging are sufficient.

Many of the state agencies and organizations that provide support during in-state disasters may be called upon to assist at the reception center and in the operation of the North Central Texas Shelter Hub.

At the time of the creation of this document, there were no plans to shelter self-evacuees with CTN evacuees from Louisiana.

Overall mass care operations that occur in a typical widespread disaster would also occur in this scenario.

Strategy 7: Provide Response Resources

Based on needs and operational capabilities state assistance may consist of technical guidance, on-scene needs assessment, administrative support, and deployment of personnel and equipment engaged in mass care operations. The following table shows some of the resources the state may use.

Agency/Organization	Resource	Use
American Red Cross (ARC)	Shelter management teams	To assist local jurisdiction with managing and staffing shelters.
	First aid	To aid disaster survivors in shelters.
	Mobile and fixed feeding	To feed disaster survivors and first responders.
	Safe and Well Website and Reunification personnel	Reunite families and provide voluntarily shared information regarding displaced persons' safety.
	Disaster Mental Health Teams	Provide comfort and mental health services.
	Disaster Assessment Teams	Provide data on location and number of damaged residences
Disaster District Committee (DDC)	DDC Chair may dispatch any state resources in his/her district	To support local jurisdictions with an all-hazard response after local mutual aid has been exhausted.
Private Partners	Mutual aid agreements/contracts	To assist with mass care operations.
The Salvation Army (TSA)	Mobile and fixed feeding	To support disaster survivors and first responders.
	Shelters	To shelter disaster survivors.
	Personnel	To provide emotional and spiritual care.
Texas A&M Forest Service (TFS)	Incident Management Teams	To support and facilitate shelter operation logistics.

Agency/Organization	Resource	Use
Texas Animal Health Commission (TAHC)	Animal-care resources	To assist local communities with local animal sheltering.
Texas Department of Aging and Disability Services (DADS)	Support personnel	To support public health, medical, and human services responsibilities during disaster response and recovery.
Texas Department of Agriculture (TDA)	USDA commodity food coordination	To assist voluntary agencies with mass feeding operations.
Texas Department of Criminal Justice (TDCJ)	Transportation	To assist with disaster evacuations.
	Trustee labor	To provide disaster support.
Texas Department of Family and Protective Services (DFPS)	Subject matter experts	To assist local shelter operations with child care/day care safety.
	Law enforcement support	To assist with the temporary placement of children whose parents/guardians are incapacitated or absent due to the disaster.
Texas Department of Public Safety (DPS) – Driver License Division (DLD)	Mobile driver license and identification	To assist evacuees needing temporary DPS driver licenses or ID cards.
Texas Department of Public Safety (DPS) – Public Information Office (PIO)	Public information	To provide information to the general public regarding disaster response and recovery.
Texas Department of Public Safety (DPS)- Texas Division of Emergency Management (TDEM)	Coordination personnel	To coordinate with state agencies, NGOs, private sector, and federal partners for disaster support to local jurisdictions.
Texas Department of State Health Services (DSHS)	Public health and medical personnel	▪ To pair evacuees with appropriate vehicles, based upon medical, functional or access needs. ▪ To coordinate disaster

Agency/Organization	Resource	Use
		behavioral health services to support disaster survivors and first responders. ▪ To coordinate medical equipment, supplies, and personnel. ▪ To establish medical shelters to support local jurisdictions.
	Public health and medical supplies and equipment	To support shelter operations.
Texas Food Bank Network (TFBN)	Food	To coordinate delivery of food supplies from regional food banks to NGOs providing disaster feeding operations.
Texas Health and Human Services Commission (HHSC)	Water, ice	To support mass care operations in impacted communities.
Texas Health and Human Services Commission (HHSC) 2-1-1 Texas Information and Referral Network (2-1-1 TIRN)	Information and referral staff	To provide emergency information to general public.
Texas Military Department (TMD)	Evacuee tracking teams	To support emergency tracking of evacuees on state-supported transportation.
	Shelter support teams	To assist with shelter operations.
Texas Multiagency Feeding Task Force (TMFTF)	Food	To provide feeding support to disaster survivors and first responders.
Texas Parks and Wildlife Department (TPWD)	Parking and lodging	To support disaster survivors and their vehicles.
	Personnel	To provide law enforcement support.
Texas Voluntary	Disaster volunteers	To assist with disaster

Agency/Organization	Resource	Use
Organizations Active in Disaster (Texas VOAD)		support services requested by the state.

Shelter Resources

Shelter resources are handled at the local level. Shelters managed by the American Red Cross (ARC) are supplied by the organization and via memoranda of understanding (MOUs) with local partners to help ensure there are no unmet needs. This includes meeting basic health care needs, securing durable medical equipment (DME), medicines, baby supplies, and staff to assist. If needed, STAR requests are submitted up through the disaster district committee (DDC) to the state to fill any gaps. If the state is unable to supply the needed resources it may request resources from FEMA from the Commonly Used Shelter Items list.

Pet Resources

Pet resources may include cages, food, water, medicine, and medical equipment. These resources are managed at the local level with coordination between local emergency management, shelter coordinators, veterinarians, local animal care and support organizations. When resources are lacking or running low, STAR requests are submitted up through the DDC to the state to fill gaps. At the state level, resource acquisition and coordination are typically handled by TAHC or their animal-support partners.

Feeding Resources

Feeding resources range from food and water, the facilities and teams to prepare meals, to the vehicles needed to transport. The Salvation Army, American Red Cross, and Texas Baptist Men are among the many organizations that may assist local jurisdictions via MOUs. These resources are initially handled at the local level until the demand exceeds local supplies. STAR requests may be submitted to the DDC up to the SOC for state support.↗

↗ For more information on state resource support, refer to the **State Resource Support Annex (M)**.

Summary of Responsibilities

This section specifies the responsibilities of stakeholders with capabilities during mass care preparedness, response and recovery.

All State Emergency Management Council (EMC) agencies and organizations that support mass care response are responsible for the tasks listed below.

Common Stakeholder Responsibilities

Use the following checklist to ensure all EMC responsibilities are addressed.

Phase	Task
Preparedness	▪ Determine staff requirements. ▪ Identify specific personnel who can fill extended emergency duty positions in the state operations center (SOC), agency emergency operation centers (EOCs), state medical operations center (SMOC), Disaster District emergency operations center, multi-agency coordination centers (MACCs), the Joint Field Office (JFO), field command posts, traffic control and/or reentry points. Ensure that the number of personnel identified is adequate. ▪ Train representatives in accordance with National Incident Management System (NIMS) requirements and ensure that these representatives are made aware of the capabilities of their parent organization to provide assistance and support and be prepared to provide recommendations. ▪ Ensure appropriate action guides and standard operating guides are developed and maintained. ▪ Develop and maintain contact lists and notification procedures. ▪ Develop and maintain procedures for identifying, locating, committing, deploying and accounting for agency emergency support resources.
Response	▪ Assist with fulfilling intrastate and interstate mutual aid when possible. ▪ Provide situational and operational status reports in accordance with existing procedures and/or as requested by the primary agency. ▪ Support and coordinate accessibility and functional needs support services.

Stakeholder-specific Responsibilities

Some agencies provide personnel and/or equipment, while other agencies offer knowledge and expertise in working with response agencies, the vendor community, commercial organizations or associations that supply or restore services.

The following tables show stakeholder responsibilities organized by function. Stakeholders are listed in alphabetical order.

Primary Agency: Texas Department of Public Safety (DPS) - Texas Division of Emergency Management (TDEM)

Phase	TxDPS-TDEM Responsibilities
Preparedness	▪ Plan and coordinate with state agencies, NGOs, private sector and federal partners via FEMA Region VI. ▪ Develop, maintain and distribute this annex and appropriate standard operating guidelines (SOGs).
Preparedness Mitigation	▪ Develop planning and state support for functional needs support services (FNSS) and basic first-aid services for shelter operations. ▪ Make recommendations, as necessary, to meet current state requirements for mass care.
Preparedness Mitigation Recovery	Develop recommendations to the designated coordination and control authority for federal mass care mission assignment(s) as needed.
Preparedness Response	▪ Identify and request mass care support agency staffing in the SOC. ▪ Coordinate FNSS support.
Response	▪ Collect information and data via SOC internet-based tool, ARC National Shelter System (NSS), Emergency Tracking Network (ETN) from NGOs, state agencies, field response personnel and local emergency management officials for reporting, assessment and mass care planning. ▪ Assess mass care needs, coordinate the activation and deployment of volunteer resources, and coordinate the assignment of state resources to provide disaster assistance to evacuees. ▪ Provide up-to-date mass care information to the Operations Section Chief for inclusion in the state situation report (SITREP). ▪ Coordinate with local emergency management coordinators to fill initial shelters to capacity prior to opening additional shelter hubs. ▪ Coordinate to provide information on Texas Military Department (TMD) mission and potential deployment location. ▪ Coordinate FNSS requests for resources or information with appropriate volunteer organizations, private partners or state agencies.

Phase	TxDPS-TDEM Responsibilities
Response **Recovery**	Coordinate the closing of large initial shelters when they are no longer needed.

American Red Cross (ARC)

Phase	ARC Responsibilities
Preparedness	▪ Pre-stage disaster-related supplies in the state. ▪ Provide preparedness training and classes for individuals and communities. ▪ Provide shelter operations training to local volunteers and Texas Military Forces. ▪ Assist in developing and maintaining state emergency plans. ▪ Participate in disaster response exercises and post-event AARs. ▪ Collaborate with local jurisdictions to identify shelter facilities and feeding vendors. ▪ Collaborate with HHSC agencies and voluntary organizations to ensure communications and plans stay current, accurate and responsive to SOC needs.
Preparedness **Response**	▪ Support FNSS in shelters, as needed, with local partnerships. ▪ Work with various community organizations to provide partner or spontaneous volunteers, as needed.
Response	▪ Process welfare inquiries using the Safe and Well website. ▪ Provide public information about shelter locations. ▪ Monitor social media sources at the Red Cross Digital Operations Center. ▪ Distribute emergency personal care items. ▪ Operate or support general population shelters in collaboration with local jurisdictions. ▪ Provide basic first aid (or up to the limit of the provider's licensure). ▪ Provide mobile and fixed feeding capabilities. ▪ Provide canteen services for first responders. ▪ Provide liaisons to local, county and state government. ▪ Provide disaster mental health service. ▪ Conduct residential damage assessments.
Recovery	▪ Convene Joint Assistance Centers for displaced residents in collaboration with local, state and VOAD organizations. ▪ Provide individual recovery planning casework services. ▪ Assist communities in recovery and resiliency planning.

Disaster District Committee (DDC)

Phase	DDC Responsibilities
Response	▪ Provide the state operations center (SOC) with shelter status reports and other reports as required. ▪ Provide resources to local jurisdictions as requested and if available. ▪ Submit resource request to the SOC if the resource is not available at the DDC level.

Private Partners

Phase	Private Partners Responsibilities
Response **Recovery**	Stand up state mutual aid agreements or contracted services for mass care operations.

The Salvation Army (TSA)

Phase	TSA Responsibilities
Response	Provide emergency shelters in The Salvation Army facilities.
Response **Recovery**	▪ Provide emotional and spiritual care. ▪ Provide emergency radio communications to support health and welfare messaging. ▪ Distribute basic commodities. ▪ Establish and operate distribution centers to assist management of solicited and unsolicited donations. ▪ Offer financial assistance to disaster survivors. ▪ Provide case management through individual administration and coordination of services and financial aid to disaster survivors. ▪ Provide advocacy through professional staff and social workers assisting individuals with referrals to public, private and nonprofit assistance programs. ▪ Establish hydration stations through mobile or fixed sites to provide hydration drinks. ▪ Establish comfort stations at designated rehab locations for disaster survivors and volunteers working in or near an impact area. ▪ Set up mobile feeding units providing drinks, snacks and meals in or near an impact area. ▪ Provide mass care feeding operations through large-scale, congregate food services conducted on Type I mobile kitchens, at TSA facilities, or by contracted food vendors.

Texas A&M Forest Service (TFS)

Phase	TFS Responsibilities
Response	▪ Provide all-hazard incident management teams (IMTs) to support and facilitate shelter operation logistics. ▪ Coordinate the delivery of supplies to each shelter facility.
Recovery	Work with state logistics coordinator and local emergency management directors to implement the shelter resource recovery process.

Texas Animal Health Commission (TAHC)

Phase	TAHC Responsibilities
Preparedness	▪ Assist with developing and coordinating state plans and annexes to address the sheltering needs of individuals with service and assistive animals and household pets. ▪ Assist with developing local jurisdictional plans to address the sheltering needs of individuals with service and assistive animals and household pets.
Response	▪ Assist with locating supplies, food and/or carriers for evacuees with service and assistive animals. ▪ Coordinate the identification of animal care organizations that may provide animal sheltering assistance to local jurisdictions.

Texas Department of Aging and Disability Services (DADS)

Phase	DADS Responsibilities
Response	▪ Maintain communication with evacuated nursing homes and assisted living facilities to provide direction including space availability and tracking. ▪ Support DSHS in shelters. ▪ Work cooperatively to provide staff, facilities, and other resources to fulfill public health, medical and human services Emergency Support Function responsibilities, including staffing the State Medical Operations Center (SMOC), during disaster response and recovery as appropriate.
Response **Recovery**	Attempt to connect and reconnect clients and consumers to providers including streamlining the eligibility process.

Texas Department of Agriculture (TDA)

Phase	TDA Responsibilities
Response	Upon federal authorization, provide and/or coordinate USDA commodity food to assist voluntary agencies in mass feeding operations.

Texas Department of Criminal Justice (TDCJ)

Phase	TDCJ Responsibilities
Response	▪ Assist with the transportation of resources. ▪ Provide TDCJ resources including sheets, blankets, food, etc. as requested and available. ▪ Coordinate TDCJ trustee labor.
Response **Recovery**	Access and provide food as described in the State Food and Water Annex.

Texas Department of Family and Protective Services (DFPS)

Phase	DFPS Responsibilities
Preparedness **Response**	Provide subject matter expertise on sheltering operations in the area of child care/day care safety.
Response	▪ Respond to shelters to investigate allegations of abuse/neglect of children, older adults and persons with functional or access needs. ▪ Assume the lead for family reunification ▪ Assist local law enforcement with the temporary placement of children whose parents/guardians are incapacitated or absent due to the disaster. ▪ Activate appropriate personnel to assist with shelter locations as needed and assume responsibility for placing unaccompanied minors into safe environments. ▪ Provide consultation and assistance to temporary emergency shelters upon request should the shelter manager determine that a temporary childcare facility is warranted.

Texas Department of Public Safety (TxDPS) - Driver's License Division (DLD)

Phase	TxDPS-DLD Responsibilities
Preparedness	Develop and maintain standard operating guidelines (SOGs) for the operational deployment of mobile driver license stations to mass care shelters, shelter hubs, incident command posts or a similar site.
Response	Within capabilities, provide a liaison to coordinate with the SOC and state mass care coordinator during mass care operations.

Phase	TxDPS-DLD Responsibilities
Response Recovery	▪ Provide mobile driver license and identification assistance to cardholders evacuated to shelter facilities. ▪ Issue a temporary DPS driver license or identification card to evacuees meeting issuance requirements and/or who lost their driver license or identification card during the evacuation.

Texas Department of Public Safety (TxDPS) - Public Information Office (PIO)

Phase	TxDPS-PIO Responsibilities
Preparedness Response	Provide accessible public information to prepare people to evacuate, enhance evacuation and shelter operations, and contribute to the comfort and health of evacuees staying in shelters.
Response	Establish a joint information center (JIC) to monitor traditional and social media, and coordinate consistent messaging with partner organizations.

Texas Education Agency (TEA)

Phase	Responsibilities
Preparedness	Coordinate with schools in acquiring school facilities as shelters.
Preparedness Response	Coordinate with schools to provide personnel to assist with school shelter facility operations.

Texas Food Bank Network (TFBN)

Phase	TFBN Responsibilities
Preparedness Response	Coordinate with TMFTF.
Preparedness Response Recovery	▪ Coordinate the delivery of food supplies from regional food banks to NGOs providing feeding operations in impacted communities. ▪ Work with regional food banks to ensure adequate food supplies are available for distribution from local food pantries. ▪ Store and distribute commodities.
Response Recovery	▪ Assemble and distribute food boxes to NGOs for distribution. ▪ Assist in tracking serviceable food pantries following a disaster and arranging extended hours of operation to meet the food demands of impacted populations. ▪ Provide a mobile food pantry with shelf-stable food products to isolated impact areas. ▪ Assist feeding operations by cooperating with NGOs in repackaging and distributing donated food, providing temporary storage of frozen foods, or assisting with bulk food preparation.

Texas Health and Human Services Commission (HHSC)

Phase	HHSC Responsibilities
Preparedness	▪ Share information about emergency preparedness education and training opportunities with staff and stakeholders. ▪ Encourage those who may need assistance during a disaster to register in the State of Texas Emergency Assistance Registry, by calling 2-1-1. ▪ Assist in developing, maintaining and implementing comprehensive emergency management programs and planning materials to address Functional Needs Support Service (FNSS). ▪ Provide subject matter expertise and coordination with stakeholder groups to support integration of disability issues and access or functional needs into the emergency management cycle. ▪ Maintain business continuity plans supporting agency essential functions.
Response	▪ In accordance with the existing HHS MOA, HHS agencies work cooperatively to provide staff, facilities and other resources to fulfill public health, medical and human services Emergency Support Function responsibilities during disaster response and recovery. ▪ Coordinate contract services for sign language interpreters. ▪ Respond, to the information needs of the SOC and SMOC to maintain constant and consistent communication. ▪ Work with regional and local staff to ensure continuity of agency essential functions.
Recovery	▪ Facilitate response and recovery-related information between DARS internal and external partners to ensure timely and accurate information is shared. ▪ Continue community outreach and education to consumers. ▪ Restore agency essential functions to pre-disaster levels and support community recovery efforts.

Texas Health and Human Services Commission (HHSC) 2-1-1 Texas Information and Referral Network (2-1-1 TIRN)

Phase	HHSC-2-1-1 TIRN Responsibilities
Response	▪ Assist with information referrals for services. ▪ Refer welfare inquiries to American Red Cross' Safe and Well website. ▪ Provide information to evacuees regarding refueling points. ▪ Provide information to evacuees on shelter locations, hotel availability and evacuation routes. ▪ Provide information to evacuees regarding feeding sites.

Texas Military Department (TMD)

Phase	TMD Responsibilities
Preparedness **Response**	▪ Provide trained personnel to support the state's tracking system. ▪ Provide trained shelter teams to assist in shelter operations. (Operational responsibility resides with the organization that initially opened the shelter.)
Preparedness **Response** **Recovery**	Identify additional resource requirements needed to carry out assigned shelter support missions to the SOC.
Response	▪ If required, assist mass care in collecting daily shelter utilization reports. ▪ Maintain records of supplies received and expended.

Texas Multiagency Feeding Task Force (TMFTF)

Phase	TMFTF Responsibilities
Preparedness	▪ Provide training for all volunteers in feeding operations. ▪ Help guide the decision-making process for the deployment of assets during disasters.
Preparedness **Response**	▪ Work with vendors for an efficient delivery plan. ▪ Coordinate menus.

Texas Parks and Wildlife Department (TPWD)

Phase	TPWD Responsibilities
Response **Recovery**	▪ Provide law enforcement support, if requested. ▪ Provide parking and lodging in state parks and on state lands for disaster survivors and their vehicles.

Texas Voluntary Organizations Active in Disasters (Texas VOAD)

Phase	Texas VOAD Responsibilities
Preparedness	Assist in developing cooperative agreements with voluntary organizations to facilitate adequate staffing of mass care facilities.
Preparedness **Response**	Assist with identifying mass care resources and support services, as requested from the state mass care coordinator and coordinated through the state voluntary agency liaison.

Authority

Strategic planning guidance and authorities governing the enactment and implementation of this annex are summarized below.

The following table presents specific sources, their relevance to this document, and hyperlinks to their online location.

Source	Relevance	Link
Constitution of the State of Texas	Describes the basic principles and laws for the State of Texas, the powers and duties of state government, and guarantee of certain rights to Texas residents.	http://www.constitution.legis.state.tx.us
RP57-Relating to implementing recommendations from the Governor's Task Force on Evacuation, Transportation and Logistics	Directs TDEM to develop a statewide hurricane evacuation and shelter plan for persons with critical transportation needs including medical patients and those with access and functional needs.	https://www.fhwa.dot.gov/reports/hurricanevacuation/appendixg.htm
State of Texas Functional Needs Support Services Tool Kit	Provides planning guidance to local emergency management and shelter planners to meet access and functional needs in general population shelters.	https://www.preparingtexas.org/preparedness.aspx?page=32137bc8-eed7-42bb-ad7e-2765fd8abdb9
Texas Administrative Code Title 37	Defines the administrative duties of multiple state agencies as they relate to public safety and corrections in Texas.	https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=2&ti=37
Texas Education Code Section 37.108	Defines the parameters for multi-hazard emergency operations planning, auditing and reporting.	http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.37.htm#37.108
Texas Education Code Chapter 88	Describes The Texas A & M University System and the agencies and services of that system, including the Texas A & M Forest Service's incident management teams.	http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.88.htm
Texas Government Code Chapter 411	Defines the Texas Department of Public Safety.	http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.

Source	Relevance	Link
		411.htm
Texas Government Code Chapter 418	Provides authority and mechanisms to clarify and strengthen key roles, as well as authorize and provide for cooperation and coordination of an emergency management system embodying all aspects of pre-disaster preparedness and post-disaster response.	http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.418.htm
Texas Government Code Section 418.042	Describes provisions to be kept current by TDEM in the comprehensive state emergency management plan.	http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.418.htm#418.042
Texas Government Code Section 418.050	Provides guidelines for reentry of areas previously evacuated because of a disaster or threat of disaster.	http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.418.htm#418.050
Texas Government Code Section 418.11	Describes the Texas Statewide Mutual Aid System.	http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.418.htm#418.018
Texas Government Code Chapter 421	Describes the governor's role and responsibilities in state homeland security.	http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.421.htm
Texas Government Code Chapter 433	Describes the circumstances under which the governor may proclaim a state of emergency and designate the area involved.	http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.433.htm
Texas Government Code Chapter 469	Describes the Texas accessibility standards for elimination of architectural barriers.	http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.469.htm
Texas Government Code Chapter 791	Authorizes Inter-local Cooperation Contracts.	http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.791.htm
Texas Health and Safety Code Chapter 81	Describes the Communicable Disease Prevention and Control Act.	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.

Source	Relevance	Link
		81.htm
Texas Health and Safety Code Chapter 97	Authorizes the control of communicable diseases.	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.97.htm
Texas Health and Safety Code Chapter 161	Outlines first responder immunization registry.	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.161.htm
Texas Health and Safety Code Section 161.00705	Describes recording administration of immunization and medication for disasters and emergencies.	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.161.htm#161.00705
Texas Health and Safety Code Section 431.081	Defines adulterated food.	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.431.htm#431.081
Texas Health and Safety Code Chapter 508	Authorizes the commissioner of public health or a health authority to respond to the introduction of an environmental or toxic agent into the environment in a manner similar to that authorized for responding to an outbreak of a communicable disease, as provided in Section 81.085.	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.508.htm
Texas Health and Safety Code Section 531.002	Defines the local mental health authority and its responsibility within a specified region for planning, policy development, coordination, and resource development and allocation to help ensure the provision of mental health services in the most appropriate and available setting.	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.531.htm
Texas Health and Safety Code Chapter 778	Describes the Emergency Management Assistance Compact.	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.778.htm
Public Law 93-288 Robert T. Stafford Disaster	Grants statutory authority to the Federal Emergency Management Agency to provide disaster-relief assistance to states following a	http://www.fema.gov/robert-t-stafford-disaster-

Source	Relevance	Link
Relief and Emergency Assistance Act, as amended	presidential disaster declaration.	relief-and-emergency-assistance-act-public-law-93-288-amended
Public Law 104-321 Emergency Management Assistance Compact	Describes the establishment of EMACs by the U.S. Congress in 1996. Lays the groundwork for all states to adopt agreements to provide and receive mutual aid assistance during disasters.	http://www.gpo.gov/fdsys/pkg/PLAW-104publ321/pdf/PLAW-104publ321.pdf
Public Law 109-308 Pets Evacuation and Transportation Standards Act (PETS Act) of 2006	Amends the Robert T. Stafford Disaster Relief and Emergency Assistance Act to ensure that state and local emergency preparedness operational plans address the needs of individuals with household pets and service animals following a major disaster or emergency.	http://www.animallaw.info/statutes/stusfd2006pl109_308.htm
Executive Order 13347 Individuals with Disabilities in Emergency Preparedness	Ensures the federal government supports the safety and security of individuals with disabilities in situations involving disasters.	https://www2.ed.gov/rschstat/research/pubs/guide-emergency-management-pwd.pdf
Federal Emergency Management Agency (FEMA)	Coordinates the federal government's role in preparing for, preventing, mitigating the effects of, responding to and recovering from natural and man-made domestic disasters including terrorism.	https://www.fema.gov/
FEMA Comprehensive Preparedness Guide 101: Developing and Maintaining Emergency Operations Plans Version 2, November 2010	Provides guidance on planning and developing emergency operations plans.	http://www.fema.gov/library/viewRecord.do?=&id=5697
FEMA Guidance on Planning for Integration of Functional Needs Support Services	Provides planning guidance that can be incorporated into existing shelter plans to state emergency managers and shelter planners to meet access and functional needs in general population shelters.	http://www.fema.gov/pdf/about/odic/fnss_guidance.pdf

Source	Relevance	Link
in General Population Shelters November 2010		

Record of Changes

This section describes changes made to this document: when they were made, what they were and who authorized them.

TDEM authorizes and issues changes to this document until such time as it is superseded. This document and all attachments are living documents. Council member representatives are responsible for participating in plan reviews and are required to provide information concerning capability changes that impact their emergency management responsibilities. TDEM coordinates the plan updating process and maintains the plan after receiving feedback and updates from partner agencies.

Primary and support agencies must ensure all records necessary for emergency management operations are obtainable and that duplicate records are held at alternate locations.

Use this table to record the following information:

- Change number, in sequence, beginning with 1
- Date change was made to the document
- Description of change and rationale if applicable
- Initials of person who made the change

Number	Date	Description	Initials
1	12/19/16	Updated cover, removed the "Using this Document" section, removed the preface page, added new introduction page, added new paragraph into CONOPS, added new language to "exhausted all resources" references, removed the Maintenance Page, removed the Reference Page and move appendices to the end of the document.	DA
2	12/19/16	Removed Dept. of Assistive and Rehabilitative Services (DARS) references and updated Health and Human Services Commission (HHSC) roles and responsibilities.	WP
3	01/29/17	Updated template style (color, title page, bullets).	WP
4	04/20/17	Replaced "Goal," with "Provide emergency managers with a comprehensive mechanism to provide for the mass care needs of the population.	DA
5	04/20/17	Objectives Deleted "basic medical services"	DA
6	04/20/17	Assumption Added "VOADs" to last bullet	DA

7	04/20/17	Assumptions Changed last bullet to ," Assistance may be sought from VOADs and other states.	DA
8	04/20/14	In General Changed last bullet to, "Policy and procedures for reception centers, when used, are.	DA
9	04/20/17	In Sheltering Deleted from bullet #3, " "actual or expected"	DA
10	04/20/17	In Sheltering Added "events" between geographical areas or events that require	DA
11	04/20/17	In Feeding Changed bullet #1 to, "The Texas Multi-Agency Feeding Task Force has developed statewide operational feeding plans."	DA
13	04/20/17	Page 11 Para 2, deleted "deployment of the volunteer sheltering"	DA
14	04/20/17	Page 14 Changed behavioral study estimates to 3-5 percent	DA
15	04/20/17	Page 14 Last paragraph Strategy #2 Added, These components "may," include	DA
16	04/20/17	Page 14 Shelter Hub System, changed ten shelter hubs to "numerous,"	DA
17	04/20/17	Page 15 Reception Centers-last para. Changed to, "provide medical triage and contracts with vendors to provide medical shelters."	DA
18	04/20/17	Added to last sentence, "assistance as requested such as comfort kits and spiritual and emotional care."	DA
19	04/20/17	Changed PTP description to, "pre-designated jurisdiction with agreements between jurisdictions to shelter	DA
20	04/20/17	Shelter of Last Resort, deleted bullet #3.	DA
21	04/20/17	Page 20 Evacuee Tracking, deleted "and the jurisdictions that evacuee will pass through."	DA

22	04/20/17	Page 20 Communication for Evacuees in Shelters- added to first paragraph, "Telephone vendors also offer apps to assist family members to stay connected when communication systems may be disrupted."	DA
23	04/20/17	Deleted last two sentences, replace with, "Child and Family Protective Services assumes responsibility for family reunification.	DA
24	04/20/17	Page 23 Coordination of Medical Shelters; deleted, "medical sheltering lies primarily with the local jurisdiction.	DA
25	04/20/17	Page 25 Deleted all references to AIC and CARPs	DA
26	04/20/17	Page 27 Shelter Closing, Deleted "and their AICs"	DA
27	04/20/17	Page 31 Deleted Mesquite and replace with the "Dallas Region."	DA
28	04/20/17	Page 41 DFPS, added bullet "Assume the lead for family reunification."	DA

Contributors

This section provides a list of organizations and individuals who contributed to the development of this document.

This Mass Care Annex could not have been developed without the participation and collaboration of representatives from multiple organizations.

American Red Cross
Julia Dailey
Neil McGurk

Department of Aging and Disability Services
David Featherston

Department of Family Protective Services
Randy Templeton

Department of State Health Services
Rick Bays
Priscilla Boston
Keri Cain
Liza Chigos
Chance Freeman
Jeff Hoogheem
Katie Sanches

Federal Emergency Management Agency
Justin Breeding
Wes Ireland
Dave Lebsack

Harris County Office of Emergency Management
Kristina Clark
Ammy Gierzak

Health and Human Services Commission
John Jackson
Gina-Marie Muniz
Ryan Ward
Beth Wick

The Salvation Army
Alvin Migues

Southern Baptists of Texas Convention
Jim Richardson

Texas A&M Forest Service
Cynthia Foster

Texas Animal Health Commission
Amanda Bernhard
Susan Culp
Holly Hughes-Garza
Jeff Turner

Texas Baptist Men
Terry Henderson

Texas Department of Agriculture
Chris Sims
Lance Williams

Texas Department of Insurance
Jack Evins

Texas Division of Emergency Management
Mario Chapa
Kiran Dhanji
Clarisa Marcee
Mike Miller
Phillip Mongeau
Chris Moore
Rex Ogle
Chuck Phinney
Tom Polonis
Dede Powell
Gisela Ryan-Bunger
Larry Shine
Anna Tangredi
Miles Tollison

Texas Education Agency
Candace Stoltz

Texas Military Department
Ruben Alonzo
Tim Hanrahan
Tory House

Texas Parks and Wildlife Department
Keith Gerth

Texas School Safety Center
Jo Schweikhard
MossWilliam O'Neill

Produced by the Texas Division of Emergency Management
Preparedness Section, Plans Team
www.txdps.state.tx.us/dem