

AGENDA
Joint Subcommittee Informational Hearing
ON
EMERGENCY PREPAREDNESS,
HOMELAND SECURITY & PUBLIC HEALTH

Assemblymember Hector De La Torre, Chair
Assemblymember Rudy Bermudez, Chair
Assemblymember Pedro Nava, Chair

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STATE CAPITOL, ROOM 126

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Discussion Items

ISSUE 2: STATEWIDE GOVERNANCE AND COORDINATION

Unprepared for Catastrophe

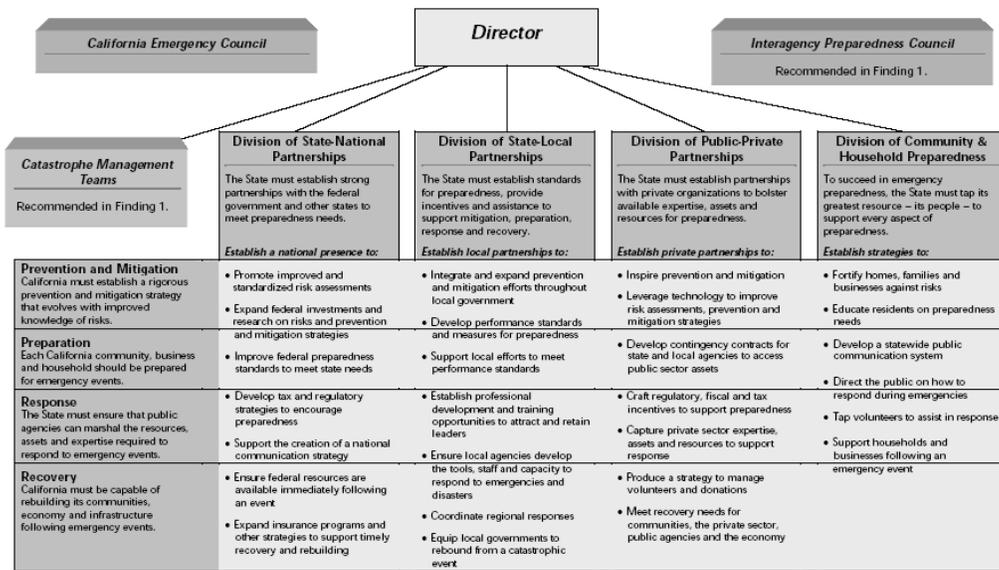
On Thursday, April 26, 2006, the Little Hoover Commission adopted a report entitled "Safeguarding the Golden State: Preparing for Catastrophic Events." In the report, the Little Hoover Commission call on California's elected officials to develop a comprehensive strategy for responding to an emergency of catastrophic proportions.

The Commission's review of emergency preparedness found that the State's emergency preparedness system would be overwhelmed during a catastrophic event. Yet the State has not put in place the plans and strategies or designed and deployed the tools needed to respond to a large-scale catastrophe. Yet, the Commission affirmed that California may have the most advanced emergency response system in the nation, but the State's preparedness needs have changed dramatically since that system was developed.

The Commission's report outlines essential steps relating to leadership and planning for catastrophes, including the involvement of the private sector and the public. The Commission recommended that the Governor and the Legislature pursue the following reforms. Most notably for this discussion, the commission called for the identification of a clear chain of command for catastrophic response, under the direction of the Governor; fortification and restructuring of the California Emergency Council to advise the governor and Legislature on preparedness needs and oversee preparedness efforts; and Consolidate the Office of Emergency Services and the Office of Homeland Security into a cabinet-level Governor's Office of Emergency Services and Homeland Security, led by an experienced leader appointed by the governor.

Proposed Organizational Design for Governor's Office of Emergency Services and Homeland Security

California must consolidate its lead emergency management and homeland security offices and focus those resources on building the partnerships and strategies needed for each element of emergency preparedness – prevention and mitigation, preparation, response, and recovery.



Emergency Services Governance Problems in California

The Office of Emergency Services (OES) has no strategy to assume control during a catastrophic event:

In its federal grant application, the State recognized that “[o]ne of the most common mistakes in an emergency preparedness program is poor management structure. Not knowing who is in charge and under what circumstances, and who has what responsibility inevitably creates chaos. Lines of succession are critical.”

- *Little Hoover Commission, “Safeguarding the Golden State” pg. 20*

The current funding process is impractical:

“State and local emergency management leaders confide that [The Office of Homeland Security (OHS)] controls most of the funding for emergency preparedness, but OES has the staff and expertise needed to guide its use.”

- *Little Hoover Commission, “Safeguarding the Golden State” pg. 32*

“Although OHS is currently budgeted within OES, the two entities largely have been operating independently of one another. Although homeland security and emergency services can be distinguished from one another in some respects, the activities tend to overlap. For instance, although OHS administers the federal homeland security grants, many grant activities are related to overall emergency planning and response (overseen by OES). Given the current structure, it is likely that federal grant funds allocated by OHS have been used for narrower homeland security purposes than if OES allocated the grants. The OES would be more likely to integrate the federal funds with existing emergency preparedness activities.”

- *LAO: “The 2006-2007 Budget: Perspectives and Issues” pg. 163*

Clarification of the roles and responsibilities of OHS and OES would be beneficial:

The authority provided to OES under the act and the authority provided to OHS by the governor's February 2003 executive order appears to have the potential to overlap. Moreover, the directors of the two offices appear to have differing views on their roles and responsibilities. A lack of clarity in their respective roles and responsibilities could adversely affect the State's ability to respond to emergencies, such as a terrorist event.

- *Bureau of State Audits: “Terrorism Readiness”*

“Local officials testified that OHS and OES have established conflicting and duplicative reporting requirements. The departments fail to coordinate training and planning sessions, grant applications or conferences. As a result, the costs of complying with state requirements increase, local staff are unable to take advantage of training and planning opportunities, and agencies with limited staff are overtaxed”

- *Little Hoover Commission, “Safeguarding the Golden State” pg. 32*

State agencies need to work more closely with local jurisdictions:

“We need greater coordination between the regions and the state. Most counties are operating more locally than regionally, and smaller agencies often lack quality liaison and coordination between emergency disciplines.”

- *William Brown, California Police Chiefs' Association. Joint Legislative Committee on Emergency Service and Homeland Security Hearing.*

ISSUE 3: PUBLIC HEALTH AND EMERGENCY PREPAREDNESS

Creating a New Department on Public Health

On April 18, 2006, the Governor called for the legislature to pass a bill to create a new California Department of Public Health (CDPH). He also issued an executive order to expedite the delivery of services during an emergency and to create a new work group to coordinate emergency response between public and private sectors.

The creation of a state public health department was included in the California Performance Review and recommended by the Little Hoover Commission. Legislative action would be needed to reorganize the current California Department of Health Services (CDHS) and create the CDPH. The Administration has been working closely with Senator Deborah Ortiz, Sacramento, and Senate President Pro Tempore Don Perata, Oakland, to reach agreement on SB 162 (Ortiz), which is currently pending in the Assembly Health Committee. The new department, headed by the State Public Health Officer, would be responsible for programs addressing chronic disease, communicable disease, drinking water, emergency preparedness and the safety of food and drugs. The proposed reorganization would occur through existing resources and impact approximately 5,700 employees who work in 240 programs in the current CDHS. If approved by the Legislature, the reorganization would take effect on July 1, 2007.

The Governor's executive order creates a work group - composed of representatives from over 20 state emergency service, natural resource, public health, military, and law enforcement entities-to provide information to state leaders, consolidate budget and administrative actions, and assist the Directors of the Office of Emergency Services (OES) and Office of Homeland Security (OHS) in emergency preparedness, response, recovery, and mitigation management. In addition, the executive order calls for the state to work with key vendors to secure critical vital resources during a time of crisis.

Defining Public Health Programs

There is no one, universally accepted, definition of what constitutes public health programs. For the purposes of discussion, staff has identified several distinct categories of public health programs. The definition of what constitutes a public health program varies from state to state, but typically includes programs within some or all of the following four categories:

- **Primary Care Services.** These include general services that provide direct patient care and ongoing responsibility for maintaining the health of patients and treating their illnesses, such as Medicaid services (Medi-Cal in California).
- **Clinical/Categorical Health Programs.** As compared to primary care services, these programs provide specific health services to specified populations and are not considered to be comprehensive health care. Examples include: family planning services, breast and cervical cancer screening, immunizations, and HIV prescription drug assistance.

- **Enhanced Public Health Services.** These programs generally center on health promotion and outreach activities. They are often targeted toward a particular group of individuals, address a major health problem in the community, and may assist individuals in accessing health care. Examples of these programs and services include: tobacco prevention, injury prevention, lead-poisoning prevention, and HIV/AIDS education and prevention.
- **Core Public Health Services.** These services fall into three categories: environmental health services, control of communicable and reportable diseases, and community health planning. Environmental health services protect the community from environmental health risks in the areas of food, housing, sewage, and water sanitation as well as disease outbreaks. Activities pertaining to the control of communicable and reportable diseases include not only the monitoring and identification of these illnesses but also the development of prevention strategies, education, training, and research to guide the formation of public health policy. Community health planning activities center on the assessment and prioritization of community health needs and strategies to meet those needs.

How State Public Health Programs Are Organized and Funded

The state's main public health programs are administered primarily by the Department of Health Services (DHS), the Office of Statewide Health Planning and Development (OSHPD), and the Emergency Medical Services Authority (EMSA). Below are general descriptions of the main public health activities.

DEPARTMENT OF HEALTH SERVICES' PUBLIC HEALTH PROGRAMS

The DHS delivers a broad range of public health programs, including all four of the categories of services discussed earlier in this letter. However, in line with the commission's recommendations, our analysis focused on what is described earlier as enhanced and core public health services. Some of these programs complement and support the activities of local health agencies in controlling environmental hazards, preventing and controlling disease, preparing for emergencies, and providing health services to indigent populations and populations with special needs. Additionally, the department coordinates and oversees the collection, management, and dissemination of public health and vital statistics data in conjunction with other state agencies, local government agencies, and other customers.

The more traditional public health activities within DHS are primarily located in the divisions of Prevention Services, Health Information and Strategic Planning, and Primary Care and Family Health. Additional support of public health activities are provided by various administrative positions and the Licensing and Certification Division.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

This office administers a number of activities focused on promoting health care access in California including: the award of scholarship and educational loan repayment grants for health care professionals; the review of hospital seismic evaluations and plans; the collection and provision of utilization data from health facilities; and the award of grants and low-interest loans to certain health care providers.

EMERGENCY MEDICAL SERVICES AUTHORITY

The EMSA's primary responsibilities include the development and review of local emergency medical services plans; coordination of medical and hospital disaster preparedness; establishment of standards for the education, training, and licensing of emergency medical services personnel; and the allocation of state funding for the support of trauma care centers.

PUBLIC HEALTH ACTIVITIES IN OTHER STATE DEPARTMENTS

A number of public health related programs are administered by other state departments. These include public health insurance programs for special populations administered by the Managed Risk Medical Insurance Board; environmental risk assessment activities under the Office of Environmental Health Hazard Assessment (OEHHA) within the California Environmental Protection Agency (Cal-EPA); the regulation of hazard waste management by the Department of Toxic Substances Control (DTSC) within Cal-EPA; oversight of statewide emergency response by the Office of Emergency Services; and the licensing of health professionals by the Department of Consumer Affairs.

ISSUE 4: STATEWIDE COMMUNICATION & INTEROPERABILITY

Communication during Emergencies

Immediate and reliable access to information is fundamental to public safety agencies' ability to respond to emergencies and disasters. To effectively manage such incidents, communication systems must allow officers from one public safety agency to communicate with officers from other agencies—known as “interoperability.” Achieving interoperability statewide has been an ongoing effort that has been hindered by both technical and policy considerations. For instance, limited radio frequencies available to public safety agencies have hampered progress. In addition, some safety agencies have been reluctant to cede control over purchasing decisions.

Statewide Efforts

Chapter 1091, Statutes of 2002 (AB 2018, Nakano), assigns the Public Safety Radio Strategic Planning Committee primary responsibility for developing and implementing a statewide radio system that facilitates interoperability among all of the state's public safety departments. The committee is also responsible for assessing the need for new or upgraded equipment and establishing a program for equipment purchase. The California State Interoperability Executive Committee, originally established to meet federal communication guidelines, plays a similar role for the state as it relates to communicating between state, local, and federal agencies.

Buying More Equipment, But Still No Statewide Plan

It is unclear that the state needs two committees working on similar efforts to establish interoperability plans. Moreover, neither committee has significant authority to direct agencies in their purchasing decisions. While the committees continue their work, public agencies across the state are already using allocations from the homeland security grants and other funds to invest in new communication systems without a statewide plan.

Overview of Existing Communication Systems

Federal, state, regional and local agency-specific communications are operating on four different radio frequency bands which consist of low-band Very High Frequency (VHF), high band VHF, Ultra High Frequency (UHF), and 700/800 MHz frequencies. Each radio frequency band presents unique challenges for radio interoperability.

Each frequency operating band has both pro and con propagation characteristics. One operating frequency band will not suit the needs of every public safety agency in the state because of geographical and mission operations differences. The low-band VHF will propagate the best in rural areas where the foliage is flush and the topography is mountainous. However, the low-band VHF spectrum is not the best solution for metropolitan areas and in-building penetration. Essentially, the low-band VHF signal will not propagate into building.

The high-band VHF spectrum is the best overall spectrum for a statewide radio system for the type of topography in California. However, the high-band VHF frequency resources are not available in California. The UHF is an ideal spectrum for metropolitan areas for in-building penetration and useable for most of the topographies in California. However, the frequency resources are not available in the metropolitan areas of California.

The 800 MHz spectrum is neither suitable nor cost-effective for the flush foliage and mountainous areas in California. The 800 MHz spectrum is very suitable for metropolitan areas and in-building coverage. However, the frequency resources are not available and the Federal Communications Commission (FCC) has mandated that no frequencies be allocated and/or licensed until the rebanding efforts in this spectrum are completed.

The FCC has reallocated 24 MHz of the 700 MHz spectrum (television channels 60-69) from the commercial broadcast industry to public safety. However, the public safety agencies cannot use this spectrum until the commercial broadcast stations have migrated to their newly assigned digital modulation broadcast channels. The FCC has extended the mandatory compliance date for the commercial broadcast industry to 2009. The new allocated 700 MHz spectrum has the same propagation characteristics as the 800 MHz band and is not suitable as a statewide radio communication system.

Radio Operability versus Interoperability

Communication operability is the ability to communicate effectively on one's own radio communication system. Before interoperability can be achieved, agencies must have a system which can support and maintain operability. Ensuring the availability of radio systems during major disasters, or at least creating alternate plans that guide first responders when radio communication fail, is imperative. In the event of a large incident, insufficient frequencies plague public safety communications. With no means of communicating, it is difficult to dispense commands and coordinate response if a system does not have the capacity to operate with all the additional users.

At the technical level, interoperability is defined as the ability to interconnect disparate systems so that they function as one. This may involve an interface between the disparate systems that convert one or more voice or data streams to a format that can be understood by the receiving system. When communications systems are interoperable, police and firefighter responding to a routine incident can talk to each other to coordinate efforts. Communications interoperability also makes it possible for public safety agencies responding to catastrophic accidents or disasters to work effectively together. Finally, it allows public safety personnel to maximize resources in planning for major predictable events or for disaster relief and recovery efforts.

At the procedural level, interoperability is defined as the ability of public safety officials to share information on demand, in real time, and **as authorized**. Voice radio interoperability is the successful passing of critical communication between public safety agencies operating on different radio frequency bands and utilizing various technologies at the same emergency incident. In some cases, interconnecting multiple radio systems, at the operational level, could be detrimental to the success of the emergency incident. In order to be effective, **governance and protocol** must be in place to avoid radio system overload caused by too many users trying to communicate at the same time.