



Presentation to the House County Affairs Committee

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Disaster Response & Recovery: Major Roles and Responsibilities

- HHS Services, including water and ice
- Administration of FEMA grants
 - Other Needs Assistance (ONA)
 - Critical Needs Assistance (CNA)
- Disaster Case Management (DCM)
- Food Assistance, including Disaster SNAP (D-SNAP)
- Other Recovery Activities
 - Medicaid-CHIP
 - Women, Infants, & Children (WIC)
- Behavioral Health Services
- Regulatory Oversight
 - Long-term Care (LTC)
 - Child Care Licensing
 - Health Care Quality

HHS Disaster Response Activities

- Water and Ice
 - HHSC provides water and ice to impacted communities.
 - HHSC fulfilled this role during Hurricane Harvey Response, providing about \$11 million of water and ice distribution to impacted counties.
- HHSC Emergency and Risk Management Staff help support the State of Texas Emergency Operations Center.
- HHSC 2-1-1 Call Centers help coordinate emergency messaging and refer clients to federal, state, and local assistance.



Federal Emergency Management Assistance (FEMA) Grants

Other Needs Assistance (ONA)

- HHSC processes grant applications from Texans affected by federally declared disasters.
- FEMA determines eligibility and award amounts.
- FEMA pays 75 percent of costs, and the state is responsible for providing the 25 percent match.
- ONA helps pay for disaster-related costs such as personal property, transportation, moving and storage, medical and dental needs, funeral needs, and child care.



FEMA Grants

Critical Needs Assistance (CNA)

- CNA is awarded by FEMA under the Other Needs Assistance provision of the federal Individuals and Households Program administered by HHSC.
- It is a one-time, \$500 payment per household.
- Helps individuals and households who have immediate or critical needs because they are displaced from their home during a disaster.

HHSC Role

- Maintains and operates the Texas ONA disaster assistance hotline and mailbox
- Assists Texas citizens with questions and issues regarding ONA (including CNA)
- Works with FEMA to maintain program integrity
- HHSC projects it will process more than 514,000 grant applications during Harvey Recovery, totaling about \$440 million in All Funds and \$110 million in General Revenue.



Disaster Case Management (DCM)

- The Disaster Case Management (DCM) Program is a federally-funded program.
- HHSC is the Texas state agency designated to receive and spend federal DCM funding.
- DCM helps qualified clients develop a disaster recovery plan.
- With the help of a case manager, clients work through the steps of recovering from a disaster.
- During Hurricane Harvey, the National Voluntary Organizations Active in Disaster (NVOAD) expressed interest in also providing DCM services. Accordingly, the federal government allowed HHSC and NVOAD to share this responsibility during Harvey recovery.
- On February 20, 2018, HHSC was awarded \$45.1 M for DCM for Harvey recovery.



Food Assistance: Initial Disaster Response

- During major disasters such as Harvey, HHSC works to secure federal waivers to ensure that current Supplemental Nutrition Assistance (SNAP) recipients continue to receive assistance as they recover from the disaster including:
 - Ability to purchase hot foods
 - Early benefit issuance
 - Automatic benefit replacement
 - Extended certification periods
 - Supplements to bring current recipients to maximum allotment
- During Harvey, HHSC issued replacement benefits to an estimated 693,000 households, totaling \$91 million.



Food Assistance: Disaster-SNAP (D-SNAP)

- D-SNAP is available in counties with a Presidential Declaration of Individual Assistance.
- HHSC may secure a federal waiver to provide a one-time food assistance benefit to eligible families recovering in the wake of a disaster.
- During Harvey, the federal government approved HHSC's request for a waiver to operate D-SNAP on September 9, 2017.
- The benefit is based on the maximum SNAP allotment for the household.
- Individuals currently receiving SNAP do not qualify for D-SNAP.
- 1.6 million individuals have been served and approximately \$550 million total benefits used.



Other Disaster Recovery Activities

Medicaid and CHIP

- HHSC works with CMS to receive flexibility that would allow displaced individuals to access out-of-network services and expedite the enrollment process for out of state providers.

Women, Infants & Children (WIC)

- HHSC works with USDA to help individuals replace their lost WIC card, receive food and formula, and partner with grocery stores.





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Disaster Behavioral Health Services

Roles and Responsibilities

- HHSC coordinates behavioral health disaster preparedness, response, and recovery efforts before, during, and after a disaster or critical incident.
- Facilitates and coordinates services through the Texas Critical Incident Stress Management Network.
- Administers FEMA-funded Crisis Counseling Assistance and Training Program Grants.
- Serves as liaison to Hurricane Harvey FEMA Joint Field Office.



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Disaster Behavioral Health Services

Harvey Response & Recovery Activities

- Coordinated and deployed:
 - Local mental health authority (LMHA) disaster response teams to shelters to assist with the behavioral health response;
 - Behavioral health resources to Harris County shelters for bilingual behavioral health professionals, prescribers, and psychiatrists; and
 - State resources to Fort Bend and Aransas counties for Critical Incident and Stress Management for first responders.
- Implemented a plan to provide daily medications to substance use disorder clients on Medication Assisted Therapy.
- Deployed 13 staff to accompany federal HHS for staff on-site visits in affected areas to assess and evaluate local recovery needs.
- Administered Crisis Counseling Assistance and Training Grants.

Recovery Activities: Crisis Counseling Assistance and Training Program Grants

Immediate Services Program Grant \$2.8 Million Funded 9/2017 to 1/31/2018	Regular Services Program Grant \$11.1 Million Funded 2/1/2018 to 10/31/2018
<ul style="list-style-type: none"> Program provided disaster relief assistance to help individuals and communities recover from Hurricane Harvey through community outreach and access to behavioral health services. 	<ul style="list-style-type: none"> Collaboration will strengthen relationships between LMHAs, schools, and communities and build upon infrastructure of trauma-informed approaches to disaster response and recovery.
<ul style="list-style-type: none"> Funded five LMHAs and one Education Service Center 	<ul style="list-style-type: none"> Funds three LMHAs and four Education Service Centers
<ul style="list-style-type: none"> Census population: 3,971,485 	<ul style="list-style-type: none"> Census Population: 7,202,515
<ul style="list-style-type: none"> Estimated population served in program's initial 60 days: 28,474 	<ul style="list-style-type: none"> Estimated population to be served: 43,258
<ul style="list-style-type: none"> Total crisis counselors in field as of Jan. 31, 2018: 65 	<ul style="list-style-type: none"> Total crisis counselors: 110
<ul style="list-style-type: none"> Total survivor encounters as of Jan. 31, 2018: 83,915 	<ul style="list-style-type: none"> Total survivor encounters as of April 27, 2018: 62,821





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Disaster Response: Regulatory Services Oversight

- Before, during and after a disaster, HHSC staff remain in close communication with affected providers. Provider types include:
 - Long-term care providers such as nursing and assisted living facilities
 - Health care facilities such as hospitals and dialysis centers
 - Child care operations
- Before allowing facilities that suffer damage to resume operations, HHSC teams conduct on-site inspections to ensure they can safely serve residents, patients, or children.
- HHSC obtains federal and state exceptions to standard rules to help providers respond to the crisis. Example: allowing long-term care providers to temporarily exceed licensed capacity to take in evacuees from other facilities.

Disaster Response: Long-Term Care

- Long-term care facilities are required to have written emergency plans.
- HHSC confirms that LTC facilities have an emergency evacuation plan that contains the required core elements and that facility staff is trained on how to carry out the plan. HHSC does not approve or deny an individual facility's plan.
- HHSC cannot direct facilities to evacuate. Rather, they must follow their own evacuation plans, comply with local evacuation orders whenever possible, and evacuate residents, if needed to protect health and safety.
- For facilities that sheltered in place during Harvey, HHSC staff closely monitored their status to ensure they had the necessary resources to serve residents safely, including electricity, water, food, and medications.



Disaster Response: Healthcare Facility Inspections

- Throughout a disaster, HHSC Regulatory staff track all impacted facilities, particularly hospitals and dialysis centers, focusing on facilities that had to close, partially close, or evacuate patients.
- HHSC coordinates closely with the State Medical Operations Center (SMOC) to get facilities any immediate assistance they require.
- As conditions allow after disasters, regulatory staff are deployed to conduct on-site inspections of hospitals and dialysis centers, assessing damage and focusing on core functions needed to ensure patient health and safety.
- To minimize disruption to hospitals struggling to resume operations, these teams focus on core functions required to safely serve patients. For example:
 - Air conditioning
 - Electrical systems
 - Generator services
 - Sufficient clinical and pharmacy staff





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Disaster Response: Child Care Providers

- HHSC regulatory staff is in continual contact with child care providers before, during, and after major disasters such as Harvey and work closely with state and federal partners to assist them.
- HHSC also streamlines regulatory processes for any providers that might need to temporarily or permanently relocate.
- Any operations that suffer damage and are reopened are inspected.