

**Homeland Security  
In Indiana**

**Recommendations for District Planning Councils**

**January 2005**

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## Executive Summary

The events of September 11, 2001, created a new way of thinking about how communities and states prepare for emergencies. In response, federal and state officials have created new organizational structures that cross disciplines, cross agencies and departments, and cross traditional governmental jurisdictions. It is this effort to “connect the dots” that has created Indiana’s response to form District Planning Councils.

The purpose of the District Planning Councils is to provide a consistent district-wide forum for communities and organizational entities within each district to plan for maximum preparedness and ensure adequate resources. The District Planning councils will enable planning for multi-jurisdictional, multi-discipline exercises and training and will facilitate strategies that will increase interoperability between counties and between disciplines. This effort is expected to complement existing planning efforts. Additionally, it can not be said often enough that these entities are not response organizations. They are planning and coordinating bodies that will ensure coordination should an emergency occur that requires mutual support and effort between disciplines, agencies, and communities.

There are various ways to structure these entities. The evaluation of options has led to the recommendation that they initially be structured as coalitions. This less formal but organized view will allow the state to begin with the most flexible means of accomplishing the defined goals. The changes that occur over time and the demands from the various federal funding sources may create an incentive to change to a more formal structure in the future.

The membership will necessarily represent the major stakeholders in each community. Having elected officials aware and involved is also viewed to be critical. Because each of the districts is different in terms of size, population mix and risk, it is recommended that each district have a minimum standard to follow. They will, however, have the ability to make decisions above that minimum both in terms of numbers of members and the disciplines to be represented.

The financial support for the Districts will be provided by both the Indiana State Department of Health and the State Emergency Management Agency. The support will be used to hire dedicated staff or contractors who will be charged with implementing the work plan. Oversight of the District Planning Councils will be shared by the funding agencies and the state’s Counter Terrorism and Security Council chaired by the Lt. Governor.

These District Planning Councils are an important part of Indiana’s response to homeland security. They will provide essential planning, local input and local coordination of valuable resources.

# Introduction

## Background:

Since September 11, 2001 and the subsequent formation of the federal Department of Homeland Security, all fifty states have focused considerable time and resources on their respective emergency preparedness efforts. In Indiana, the Counter Terrorism and Security Council (CTASC) was formed in 2001 to provide interagency coordination and coordination with the Department of Justice including the FBI and the Secret Service. CTASC members represent 15 different state agencies and is chaired by the Lieutenant Governor.

In addition, the federal government through the Centers for Disease Control (CDC), the Health Resources and Services Administration (HRSA) and the Department of Homeland Security and its Office for Domestic Preparedness (ODP) has encouraged states to develop regional or district planning for both public health and emergency management as a means to maximize resources and avoid duplication of both services and resources.

Indiana has taken steps to comply by creating the uniform district boundaries for both public health through the Indiana State Department of Health (ISDH) and emergency management through the Indiana State Emergency Management Agency (SEMA). These ten districts (see Attachment A) are defined geographically and a general overview of their purpose, function and operation is addressed in this document.

In order to further the objective of developing District Planning Councils, ten District Informational Meetings were held between September 1 and October 27, 2004. The purpose of the meetings was to first, discuss Indiana's homeland security efforts as represented by CTASC, SEMA and ISDH, second, to introduce the district planning concept and third, to learn what local representatives were doing to foster multi-county approaches to planning. The summary of the meetings is included as Attachment B.

Feedback from the ten informational meetings was reviewed by an interagency coordination group made up of CTASC, ISDH and SEMA staff. Subsequent meetings have been held with Public Health District Coordinators and local EMA directors to review and provide feedback on drafts of the statement of purpose, structure, membership, and oversight. Their input has been considered and where there was consensus on major points, it is included in this document.

## Purpose of District Planning Councils

As an elected official or an appointed official, consider the following:

*“Imagine that you were somehow able to watch, from a distance, a major disaster unfold. You would see suffering and devastation, but that would only be part of the story. You also would see many people move into action – people from government agencies, people from private organizations, people from businesses and people from volunteer groups. You would see them working as a team to clear debris, rebuild homes and businesses, and prevent the disaster from happening again. They would be working to keep essential services operating and to provide first aid, food and water.*

*Over time you would begin to see a pattern to the activity. You would see how people work together when disasters occur. You would see ‘first responders’ risking their lives to help others. You would see the results of planning and coordination in the execution of an effective response. And you would learn that communities and individuals can lessen the damage that disasters cause, and sometimes avoid it altogether.”<sup>d</sup>*

Planning and coordination **will** assist in executing an effective response in the event of a crisis. No disaster will ever limit itself to a city, a county, a state or even a national boundary.

Just as all emergencies are local, so are response capabilities. When dealing with preparedness for threats that are multi-jurisdictional, the vision is to first, build and sustain interoperable capabilities at the local level and second, to build and sustain the ability to move the capabilities from where they are to where they are needed. The purpose of the District Planning Councils is to build and sustain these capabilities.

The District Planning Councils are **not** the providers of service or emergency response. Specifically, the purpose or charter of each District Planning Council is to provide a consistent district-wide forum for communities and organizational entities within the district boundaries to:

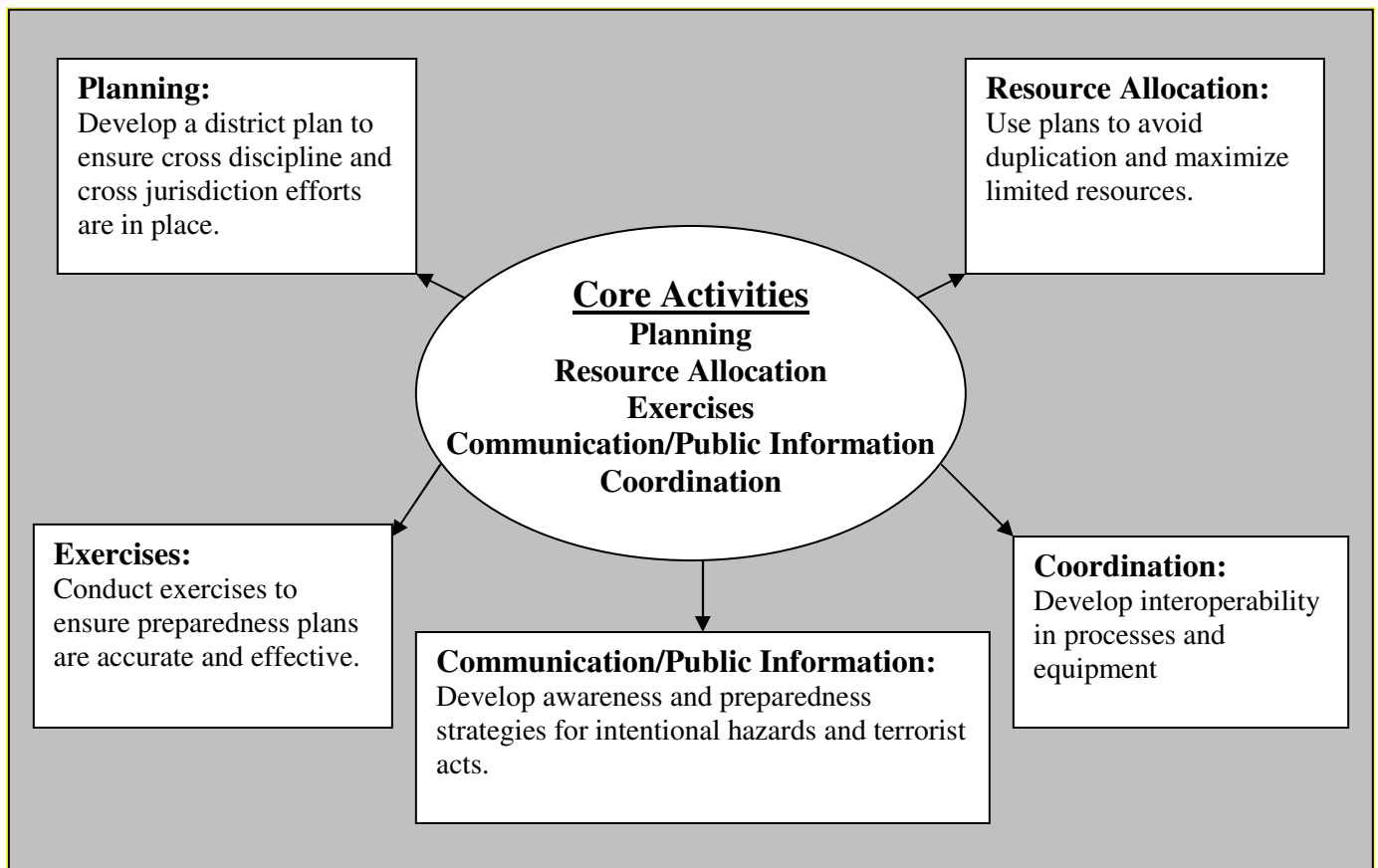
- Plan to maximize limited preparedness resources
- Plan for multi-jurisdictional, multi-discipline exercises and training
- Plan strategies that will increase multi-jurisdictional and multi-discipline interoperability

The District Planning Councils will provide a formal framework for multiple jurisdictions to come together and to develop district wide strategic preparedness, response and recovery plans for all domestic incidents regardless of cause, size, or complexity. Current rules prohibit funding from the Office of Domestic Preparedness going to all hazards programs, but it is expected that this will change in future funding cycles.

This effort should complement (and not duplicate) existing multi-jurisdictional planning efforts such as those already in place for law enforcement agencies, fire departments and emergency

medical services at the state and local level. There are numerous mutual aid agreements (MAA) between local fire departments, various law enforcement agencies and diversion agreements between hospitals. Future efforts must focus on developing cross discipline efforts to overcome the “silos” that often exist in current programs. It is also important to build on the county based, cross-discipline activities that exist to develop the Comprehensive Emergency Management Plan (CEMP), the Local Emergency Planning Council (LEPC) efforts and the public health planning and assessment activities.

A cross-discipline, multi-county effort will result in a stronger and more efficient response capability for the district. In addition, the results from District Planning Council efforts will yield more coordination and better resource allocation. For example, not every county needs a full-scale mobile command center. A comprehensive district plan would identify appropriate resources, identify the most appropriate entity to support the center and finally identify the scope of service capability of the center as well as any agreements necessary to support it.



The outputs from the core activities identified in the chart above, including review and comment actions on County Emergency Management Plans (CEMP), will strengthen the District’s effort to develop a multi-county plan. It is expected that state and federal support and continued focus on coordination will result in greater sophistication and contribute to statewide preparedness.

In summary, the goals of the District Planning Councils include:

- Incorporate local input and decision making
- Promote formal inter-jurisdictional mutual aid agreements with non-jurisdictional partners
- Improve the ability to respond to new classes of emergencies
- Develop interoperability in processes and equipment
- Develop cross-disciplinary strategies
- Develop awareness and preparedness strategies for intentional hazards and terrorist acts
- Avoid duplication and maximize limited resources

## Structure

Defining the structure of District Planning Councils is important and requires first, determining the legal basis for the organizational activities, and second, determining the method by which the organization accomplishes its goals. At issue is the form and structure of District Planning Councils. This is important because they will be responsible for planning and coordinating the different functions for multiple jurisdictions and these responsibilities may be enhanced or limited by the structure that is selected.

## Options

There are a number of options that might be considered. The four most likely options are:

- Create quasi-governmental entities through legislation
- Create not-for-profit entities for the purposes stated in the previous section
- Use existing structures such as the Local Emergency Planning Councils
- Form the District Planning Councils as coalitions

Each of the options has both positive and negative attributes.

1. Quasi-governmental entities: Creating quasi-governmental entities would allow the DPC to become units of state government and therefore they could be more directly involved in the distribution of funding from the Office for Domestic Preparedness (ODP), the Centers for Disease Control (CDC) and the Health Resources Services Administration (HRSA).

The negatives in creating these entities is first and perhaps most important that it would be perceived by many local officials as an additional layer to the activities and organizations that currently exist to support similar activities. For example, LEPC's are currently charged with county planning and preparedness efforts. Second, it could also be viewed as expanding state government as opposed to the intended purpose of developing local coordination. Third, this option would require legislative action that could take months to secure, resulting in a delay of the establishment of the organizational infrastructure.

2. Not-for-profit entities: This effort would allow for local and regional control over the organization including its operation, financing, and staffing.

Creating not-for-profit entities would, however, require time and effort by both state and local leadership. Creating a not-for-profit organization would also require developing an infrastructure that may not be proportional to the purpose and function of the organization.

3. Using an existing structure such as Local Emergency Planning Councils: This option allows for ease in start-up and keeps the ownership and control of the District Planning Councils at the local/district level. It is also familiar to local officials.

The negative aspect in using an existing organization is that, because there is not currently a "*district-wide*" entity, one organization would have to be selected in each district. Additionally,



not every county has a LEPC. The level of planning capabilities in many of the existing organizations is varied and inconsistent, making it difficult for the state to determine which entity might best serve in fulfilling the stated purpose of the Councils. And finally, because there are not currently local organizations formed specifically to deal with district needs, the local or county based entity would have to modify its focus to become multi-county which would also take time and require the development of an infrastructure.

4. Form the District Planning Councils as coalitions: This option allows for the greatest flexibility in start-up. With guidance from the state, the membership, operating procedures and infrastructure can be easily defined and implemented. This model also allows for local control and adaptation.

The negatives associated with this option include the need for District Planning Councils to secure an entity to serve as the fiscal agent to support staffing and any other organizational costs. (Note: it is assumed that the only funding received by the District Planning Councils will be to support staff and some organizational expenses. The funding from the Office of Domestic Preparedness, CDC and HRSA will be guided by the district plans and will continue to go directly to the local jurisdiction from SEMA.)

#### Recommendation:

The recommendation is to form the District Planning Councils as coalitions. The ease in startup and flexibility in operation outweigh any negatives in the short-term. In addition, the coalition model is less likely to be viewed as an additional layer of government or a loss of local control.

# Membership

The membership of the District Planning Councils is critical to their overall credibility and success. The members must have the interest, the expertise and/or decision making authority over resource allocation and priority setting. The members must also be representative of the district in terms of geography, population and discipline. Additionally, it is important that there be at least minimal uniformity between the Districts in order for the State coordinating entity to be assured that the outputs of each Council can be managed as a statewide effort.

Determining the membership of the District Planning Councils must take into account the following:

1. Size of the District Planning Council
2. Representation by discipline and geography
3. Method of selection
4. Oversight

1. **Size of the District Planning Councils:** In most of the District Informational meetings (see attachment B) and in subsequent meetings with county Emergency Management officials and Public Health District Coordinators, the preference was to begin with a smaller number of members, most often considered to be two representatives from each county.

Although this preference was considered, it was also recognized that each district is unique in size (the number of counties in the district) and the population of the counties within the district may vary significantly. Therefore, it is recommended that the following guidance be used:

- Each county will have a minimum of two representatives per county
- No county will have a majority of representatives
- The size of the District Planning Councils will be determined by the leadership in each district

For example in District 1, there are five counties and there is also a significant variation in population between counties. Using the guidance that each county have two representatives per county, the District would have ten representatives. If the local leadership determined there should be twenty five members, Lake County, the largest county in the district, could not have more than twelve members.

It is also assumed the District Planning Councils will utilize additional input by having interested parties participate on Task Forces and/or subcommittees charged with providing specific input to the District Planning Councils. The number, the focus and the membership will be determined by the local leadership.

2. **Representation by discipline and geography:** In addition to geographic balance, it is also important to have categorical (or discipline) representation. It is recommended that the Districts have one or two representatives from each of the following categories:

- Sheriff
- Municipal police chief
- Volunteer fire chief
- Career fire chief
- EMS provider
- Emergency management director
- County public health officer
- Red Cross and/or other volunteer organizations
- Hospitals
- Mental health
- Cooperative Extension

The District Planning Councils should be encouraged to engage additional representatives from the following categories to serve on the Council or on Task Forces:

- Community health/primary health providers
- Public Works (including energy and water supplies)
- Federal, State, and local law enforcement (including campus security where appropriate)
- Environmental management
- Transportation representatives
- Private Sector representatives from critical infrastructure entities
- School/University Representatives
- Additional elected officials

**3. Method of Selection:** There are numerous methods by which the membership could be selected. Because of this, each district may choose its own method for selecting members. As guidance, however, it is suggested that the following principles be used to guide the process:

1. The categories listed above must be included in the categorical selection process
2. Each county must be represented on the Council
3. No single county shall have a majority of the membership
4. No discipline shall have a majority on the Council
5. The initial selection process must be impartial and fair

**4. Oversight::** Oversight of the selection process and approval of the work plan outputs shall be managed by a District Planning Oversight Committee (DPOC).

The purpose of the DPOC is to:

- Provide oversight of the selection process of the original District Planning Council Members
- Review and approve resource allocation plans that are developed by the District Planning Councils
- Review, approve and support other work plan activities

The membership of the District Planning Oversight Committee shall include the president of the county commissioners in each county in the district and the mayor or town board

president of the largest city or town in each county in the district. Additional elected officials may be added and again, no county will have a majority of representatives.

Additionally, to fulfill the responsibilities, the DPOC should meet at least once a year to review the state of readiness within the district including but not limited to the resource allocation plan, mutual aid agreements and the success of any exercises held during the year, etc. In addition, the DPOC shall review the membership roster and make any changes in composition or number that it believes necessary. (the original selection process shall be used to fill any vacancies or make any additions to the DPC)

The DPOC members should be invited to serve as the district oversight entity by the Lieutenant Governor who serves as the chair of CTASC. Once appointed, they should be self governing which includes selecting a Chair and Vice Chair, and determining meeting frequency beyond the minimum of once per year, and any other operating procedures believed necessary to their purpose. With the exception of overseeing the membership selection process and approving the resource allocation plan, the DPOC may choose to delegate functions to the District Planning Council. The operating procedures will specify that elected officials may not appoint proxies.

<p><b>District Planning Oversight Committee</b></p>	<p><b>Purpose:</b></p> <p><b>Representatives:</b></p> <p><b>Meeting Frequency:</b></p> <p><b>Selection:</b></p> <p><b>Number:</b></p>	<p>To oversee the membership selection of the District Planning Councils and to approve resource allocation plans.</p> <p>The President of the County Commissioners and the Mayor or Town Board President of the largest city or town in each county.</p> <p>A minimum of once per year to approve the District Plan or more often if needed.</p> <p>Invited by the Lt. Governor</p> <p>At least two representatives per county.</p>
<p><b>District Planning Councils</b></p>	<p><b>Purpose:</b></p> <p><b>Representatives:</b></p> <p><b>Meeting Frequency:</b></p> <p><b>Selection:</b></p>	<p>To develop district plans, conduct exercises, ensure resource allocation, coordinate resources and support the communication and public information activities.</p> <p>Representatives from the categories listed on pages 8 and 9.</p> <p>At least bimonthly or as often as required to accomplish the work plan.</p> <p>Selection of DPC members will be</p>

	<b>Number:</b>	determined by each district but will be approved by each District Planning Oversight Committee.  At least two per county with no county having a majority.
<b>Task Forces</b>	<b>Purpose:</b>	Determined on an as necessary basis
	<b>Representatives:</b>	Determined by each district
	<b>Meeting Frequency:</b>	As determined to be needed
	<b>Selection:</b>	Determined by each district

## Financial Support

The basic support for the District Planning Councils will be provided by the Indiana State Department of Health and the State Emergency Management Agency. The State Department of Health has allocated \$100,000 per district in CDC grant funds for the District Planning Councils and the State Emergency Management has also committed \$50,000 of its ODP state allocation. This will be used to hire or contract with a District Director and potentially an Administrative Assistant. It will also support any office, meeting expenses and other budget items determined to be necessary.

The District Director will be responsible for ensuring completion of the work plan and will be responsible for coordinating with the state and with other districts. They will also be responsible for ensuring the effective operation of the District Planning Councils. A boilerplate job description will be provided to assist the District Planning Councils in hiring staff.

The work plans of the District Planning Councils may also be supported by the Public Health District Coordinators and the State Emergency Management District Coordinators charged with working with individual counties in their respective Districts.

The District Planning Councils may choose to pursue additional grant funding opportunities. This will be encouraged to the extent it supports the outcomes that are required by the state funding sources.

If the Districts are formed as Coalitions as recommended in a previous section, it will be necessary to obtain the services of a fiscal agent to support the associated expenses of staff and District meetings. Each District should determine the best opportunity for fiscal agent services within the rules and restrictions of the funding source. As already noted, the ODP funding has certain restrictions including the requirement that the funding can only be granted to a governmental entity.

## State Oversight

State coordination and state oversight of the District Planning Councils will be critical to ensure accountability and to maximize input into the state's preparedness effort. Currently the state's preparedness efforts are coordinated through several agencies:

- The State Emergency Management Agency is the recipient of federal funding from the Office of Domestic Preparedness,
- The Indiana State Department of Health is the recipient of federal funding from the Centers for Disease Control and the Health Resources Services Administration, and
- The Counter Terrorism and Security Council was created to develop and implement a comprehensive state strategy to address terrorism in Indiana. CTASC works with federal, public safety departments and agencies as well as state and local governments and private entities and serves as Indiana's liaison to the Department of Homeland Security

All three agencies have an interest in the formation, development and activities of the District Planning Councils. The Councils will have funding support from both the Indiana State Department of Health and the Indiana State Emergency Management Agency and will be accountable to both agencies for accomplishing specific objectives and achieving required benchmarks dictated by their respective funding sources.

Administratively, the Councils will be responsible to fulfill the requirements of their respective funding sources. They will also be responsible to CTASC to provide information, to support CTASC goals and to coordinate statewide preparedness efforts.

Note: Currently federal policy dictates that funding from the Office of Domestic Preparedness be spent only on threats that have a WMD justification. The discussion is to broaden the opportunity to include all hazards preparedness in the future.

## Conclusion

The formation of District Planning Councils is generally accepted as an appropriate response to the state's preparedness efforts. The recognition that threats do not stop at county borders nor do threats distinguish between counties, cities or other legal or practical boundaries requires that planning efforts also support cross-border, cross-discipline activities.

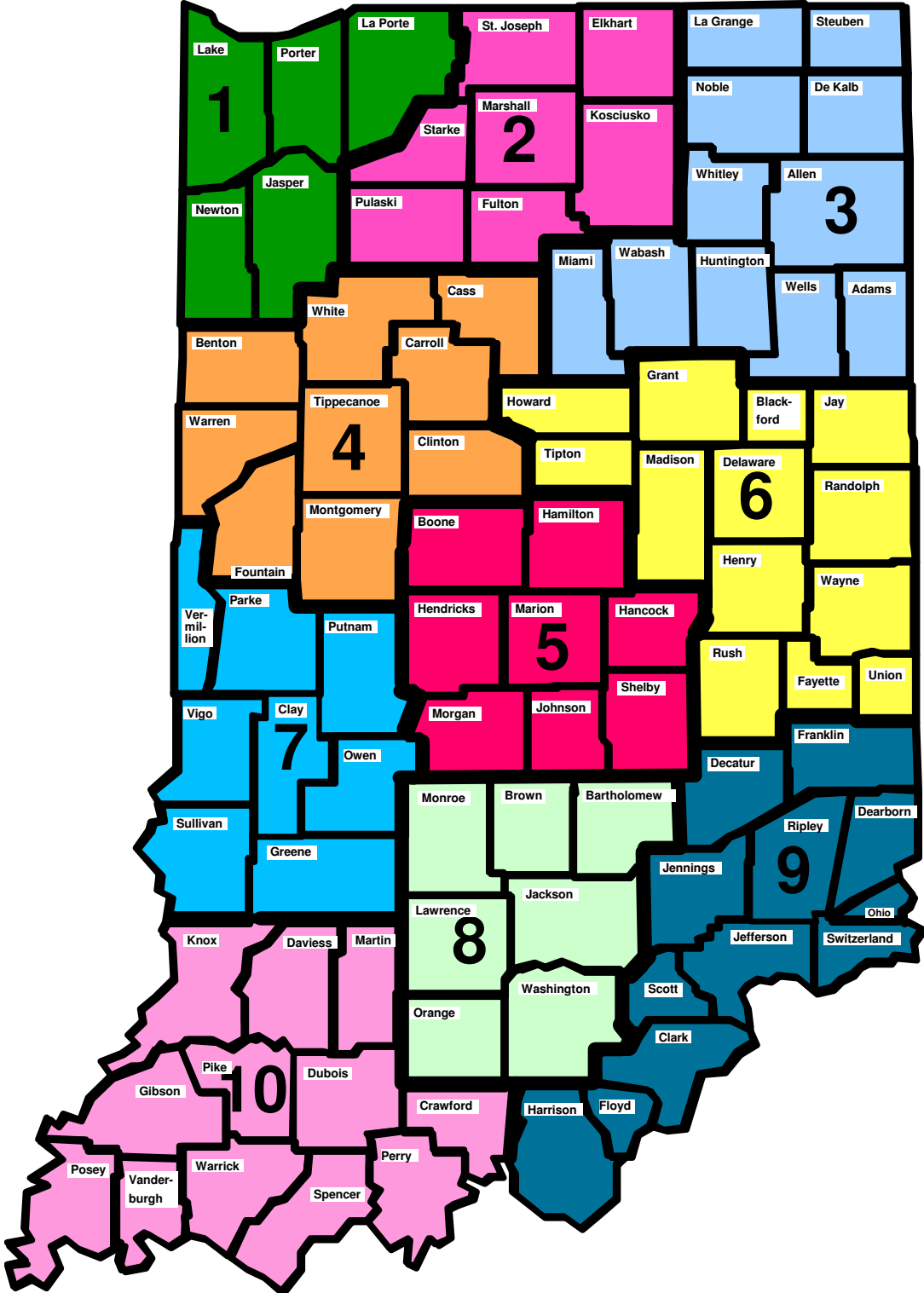
What is more challenging is the need to provide an appropriate level of guidance to the district leadership to ensure uniformity in effort, consistency in output and accountability in product. It will also be challenging to secure the attention and commitment of elected officials who are in most cases the ultimate decision makers in the application and distribution of resources.

District Planning Councils are not intended to replace or duplicate any existing structures. Nor are District Planning Councils expected to serve as response entities. They are intended to bring together district resources with a focus on cross functional capabilities.

This effort will require leadership and vision from state leaders. It will also require that the state provide support to developing the local leadership, the membership and the consensus necessary to ensure that Indiana has well defined plans that have been tested through exercises at the local and district level and that resources are allocated in a manner that is consistent with all measures of preparedness defined by the federal government.



# Homeland Security Districts



## **District Informational Meetings**

### **Background:**

Between September 1 and October 27, 2004, ten District Informational Meetings were held. The purpose of the meeting was first, to discuss Indiana's homeland security efforts as represented by CTASC, SEMA, and ISDH, second, to introduce Indiana's Homeland Security Districts and third, to begin a discussion with local representatives on coordination in their districts.

These sessions were sponsored by CTASC, ISDH, and SEMA. A wide variety of stakeholders were invited including local EMA directors, local public health officials, hospitals, EMS providers, local first responders, law enforcement, elected officials and representatives from volunteer groups like the Red Cross.

The format was generally the same in each district. Presentations were given by CTASC, SEMA, and ISDH officials with each describing their respective roles and responsibilities. The district planning initiative was introduced and the audience was invited to comment or ask questions. There was also time for the local representatives to discuss what they are doing in their respective counties and the districts.

### **Dates and participation:**

For the most part, there was balanced representation from each of the counties in the district and from EMA directors, public health officials, and first responders. There was also some representation from mental health, the Red Cross, hospitals and other stakeholders. There was an under-representation from elected officials in all of the meetings.

The following is a summary of the participation in each district. With the exception of Districts 4 and 9, the attendance increased significantly. While this might be attributed to the lead time for people to adjust their schedules, it could also be a result of communication between the stakeholder groups in the districts.

September 1 – District 2 – 33 representatives  
September 8 – District 10 – 58 representatives  
September 15 – District 3 – 57 representatives  
September 20 – District 4 – 36 representatives  
September 27 – District 6 – 64 representatives  
October 5 – District 1 – 51 representatives  
October 7 – District 5 – 64 representatives  
October 8 – District 9 – 30 representatives  
October 20 – District 8 – 78 representatives  
October 27 – District 7 – 74 representatives

## Themes:

The input was varied and somewhat dependent on the leadership represented at each meeting. The audiences were diverse with most of the stakeholders represented. The exception was local elected officials with few attending the meetings.

Some themes that emerged from each meeting include:

1. *Start small, get bigger versus bring everyone to the table:*  
There was no consensus with this issue. Some districts were explicit in their interest in starting with a core group and adding additional stakeholders to join once the organization was developed. Others were open to beginning with all stakeholder groups at the table.
2. *Decision makers versus those close to the front line:*  
There were varying opinions on who should participate. Some who attended believed that the district councils needed to represent first responders and others who were knowledgeable about the subject. Others recognized that they would benefit by having elected officials and other decision makers informed, engaged and actively participating in the effort.
3. *Begin with the Local Emergency Planning Councils:*  
There was strong consensus in most of the sessions to begin by using the LEPC structure as a foundation for the efforts. It was unclear whether everyone in the meetings fully understood this structure and how it might apply, however. In other words, were they silent because they did not have enough information to dissent or offer alternatives.

In addition, when the LEPC structure was used as a model, there was no follow-up discussion on how to turn a county based structure into a district structure. For example, would each LEPC have representatives on the District "LEPC" and if so, how those slots would be apportioned to ensure stakeholder representation or population representation. (Would larger counties have more representatives, how smaller counties would be assured that their interests were adequately represented, etc.) A representative in District 8 said specifically, "we don't want the big counties to push the little counties out".

4. *"Tell us" versus "let us":*  
Again, this emerged as an issue but there was little consensus. Some Districts seemed to want the state to provide guidance on structure, purpose, work plan and funding. Where there was activity currently underway, there was not as much interest in changing to some standard format. There was interest in understanding who would be the executive decision maker and how this authority would be established.

5. *Developing coordination between districts:*

There was interest expressed in several sessions that they would benefit from knowing what was being developed in other districts and asked specifically if the state would get district leadership together perhaps two times per year.

6. *Counties versus cities:*

In several of the districts there were questions about how the money for equipment would “trickle down” to the cities and towns. In addition, there were questions in District 1 on how the city health departments would be included.

Other miscellaneous comments or questions include:

*“The district is only as strong as the weakest county plan. We need every county plan to be as strong as possible.”*

*“Police and fire are accustomed to mutual aid. Hospitals and schools are not.”*

*“What are the cross border activities? Should the districts go one county deep into the adjoining state?”*

*“Staff needs to be local and accepted.”*

*“Don’t add another layer of bureaucracy.”*

**Conclusion:**

Most of the districts are at different stages in their thinking and their discussions about how to work together. It was clear that where there are efforts currently underway, the state would benefit by incorporating that effort into the guidance and district planning development. There was also clarity about the counties not wanting the districts to become another layer of bureaucracy.

**District Planning Structures of Key States**

**Attachment C**

	<b>Florida</b>	<b>New Jersey</b>	<b>Georgia</b>	<b>Iowa</b>
<b>Organization</b>	<p>7 Regional Planning Groups</p> <p>Meeting monthly/quarterly</p> <p>Subcommittees around key topic areas. Health Committee has several subgroups (trauma, burn, public health, etc). It is co-chaired by one of the local Directors of Health</p>	<p>One Statewide Committee composed of approximately 100+ persons.</p> <p>Executive Council-comprised of State Agency Heads and key Staff</p> <p>Meets Quarterly</p> <p>Subcommittee Structure</p>	<p>Eight All Hazard Councils</p> <p>The Councils correspond to the eight existing Georgia EMA Field Coordinator areas</p>	<p>Six regional boards</p>
<b>Membership</b>	<p>Co-Chaired by Sheriff/Dept. of Law Enforcement</p> <p>Representatives from key agencies: law, public health, fire, rescue, emergency management, emergency transport, etc.</p> <p>Primarily State/Local Government Staff w/representation from private where appropriate (medical, etc). Representation from HRSA/CDC Advisory Groups (external stakeholders)</p>	<p>Both external and internal representatives representing broad sectors hospitals, emergency transportation (air/ground), hospitals, FQHCs, Public Health, FBI, Environmental Health, etc.</p> <p>Appointed By Governor</p> <p>Representatives from State and local government, academics, private providers. CDC/HRSA requirements.</p> <p>Geographic diversity not an issue. Small state.</p>	<p>A minimum of two members from: Sheriffs, Police Chiefs, Public Health Directors, Fire Chiefs, EMS Directors, Medical Examiners, 911 Center Directors, EMA Directors, Mayors, County Commissioners.</p> <p>The Councils add ad hoc members as they see fit.</p> <p>Members are selected by their professional organizations. The 911 Directors and EMA Directors are assigned.</p>	<p>Each Local Emergency Management Commission within each region will appoint one rep and one alternate to serve on the /Regional Homeland Security Board</p>

<b>Financial</b>	Supported by State/Federal Grants	Supported by State/Federal Grants	Not available	\$10,000 from the State Homeland Security and Emergency Management Each uses a self fiscal agent.
<b>Purpose/Functions</b>	Responsible for developing the State's Domestic Security Plan/Process	Responsible for developing the State's Domestic Security Plan/Process	Communication and planning. Support the ODP grants process by reviewing and prioritizing the grant applications.	Determining funding priorities and allocations; Training; meeting attendance and facilitation; financial management
<b>Process</b>	No formal by-laws Voting by Roberts Rules of Order	No formal by-laws at this time.  Consensus Driven Process	No formal bylaws	Each council has the same structure and rules to ensure consistency in decision making. Bylaws are in administrative code
<b>Coordination</b>	Regional representation from local entities on 7 Regional Groups.  State Level	Driven by Executive Council, which chairs subcommittees.	Staffed by the GEMA Area Field Coordinators.	Reviewed by the six Regional Homeland Security Boards through roundtable discussions and reporting back to the Iowa Homeland Security Advisor, the State Administrative Agent and the First Responder Advisory Council
<b>Work Plan</b>	Annual Strategic Planning Meeting  7 Planning Groups Vote on Work plan & Issues  Work plan sent to Oversight Board for review/approval, and then sent to Legislature as needed	No formal strategic plan. Following other federal plans.  Each committee is given a directive/timeline.	State and intraregional information sharing, threat assessment, developing regional response plans, facilitating mutual aid among cities and counties, identifying capacity needs, conducting training and exercises and implementing a Citizen Corps	Planning and grant funding recommendations; Requirements for bylaws are in code.
<b>State Oversight</b>	Oversight Committee composed of Secretary of Key Agencies (Health, Environment, etc)	Executive Council, 28 members. Key State Agency Chairs of Subcommittees are members of Executive Council.	Managed by the Georgia Emergency Management Agency.	Homeland Security and Emergency Management Agency

## **INDIANA STATE DEPARTMENT OF HEALTH – TITLE 16**

### **IC 16-19-3-1**

Supervision of health and life of citizens; necessary powers

Sec. 1. The state department shall supervise the health and life of the citizens of Indiana and shall possess all powers necessary to fulfill the duties prescribed in the statutes and to bring action in the courts for the enforcement of health laws and health rules.

As added by P.L.2-1993, SEC.2.

HRSA guidance provides:

"The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188) enacts section 319C-1 of the Public Health Service Act (42 U.S.C. 247d-3a) which supports activities related to countering potential terrorist threats to civilian populations. [Continuation] Funding is provided under the Consolidated Appropriations Act, 2004 (Public Law 108-199). ... The distribution of funds will be to the health departments of all 50 states, the District of Columbia, the nation's three largest municipalities (New York City, Chicago, and Los Angeles County), the Commonwealth of Puerto Rico and the Northern Mariana Islands, the territories of American Samoa, Guam and the U.S. Virgin Islands, the Federated States of Micronesia, and the Republics of Palau and the Marshall Islands."

## **COUNTER TERRORISM AND SECURITY COUNCIL – TITLE 4**

### **IC 4-3-20-2 Council established**

Sec. 2. The counterterrorism and security council is established.

As added by P.L.123-2002, SEC.1.

### **IC 4-3-20-3 Council membership**

Sec. 3. (a) The council consists of the following members:

- (1) The lieutenant governor.
- (2) The superintendent of the state police department.
- (3) The adjutant general.
- (4) The director of the state emergency management agency.
- (5) The state fire marshal.
- (6) The state health commissioner.
- (7) The commissioner of the department of environmental management.
- (8) The assistant commissioner of agriculture.
- (9) The chairman of the Indiana utility regulatory commission.
- (10) The commissioner of the Indiana department of transportation.
- (11) The executive director of the Indiana criminal justice institute.

(12) A local law enforcement officer or a member of the law enforcement training academy appointed by the governor.

(13) The speaker of the house of representatives.

(14) The president pro tempore of the senate.

(15) The chief justice of the supreme court.

(b) The members of the council under subsection (a)(13), (a)(14), and (a)(15) are nonvoting members.

(c) Representatives of the United States Department of Justice may serve as members of the council as the council and the Department of Justice may determine. Any representatives of the Department of Justice serve as nonvoting members of the council.

*As added by P.L.123-2002, SEC.1.*

#### **IC 4-3-20-4 Council chair**

Sec. 4. The lieutenant governor shall serve as the chair of the council and in this capacity, report directly to the governor.

*As added by P.L.123-2002, SEC.1.*

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#### **IC 4-3-20-5 Council duties**

Sec. 5. (a) The council shall do the following:

(1) Develop a strategy to enhance the state's capacity to prevent and respond to terrorism.

(2) Develop a counterterrorism plan in conjunction with relevant state agencies, including a comprehensive needs assessment.

(3) Review each year and update when necessary the plan developed under subdivision (2).

(4) Develop in concert with the law enforcement training academy a counterterrorism curriculum for use in basic police training and for advanced in-service training of veteran law enforcement officers.

(5) Develop an affiliate of the council in each county to coordinate local efforts and serve as the community point of contact for the council and the United States Office of Homeland Security.

(b) The council shall report periodically its findings and recommendations to the governor.

*As added by P.L.123-2002, SEC.1*

#### **Additional sections of the CTASC Code include:**

IC 4-3-20-6 Council executive director; duties

IC 4-3-20-7 Council expenses and revenues; appropriation

IC 4-3-20-8 Payment of council member salary per diem and expenses

IC 4-3-20-10 Receipt of confidential information

IC 4-3-20-11 Cooperation of state agencies with council and executive director

### **State Emergency Management Agency - Title 10**

#### **IC 10-14-2-4**

#### **Powers and duties**



Sec. 4. The agency shall do the following:

- (1) Coordinate the state's emergency plans.
- (2) Serve as the coordinating agency for all state efforts for preparedness for, response to, mitigation of, and recovery from emergencies and disasters.
- (3) Administer this article and IC 16-31.
- (4) Perform duties assigned to the agency by the governor.

*As added by P.L.2-2003, SEC.5.*