

POLICY MANUAL
Behavioral Health and Developmental Services Board
Department of Behavioral Health and Developmental Services

POLICY 1043(SYS) 08-1 Disaster and Terrorism Preparedness

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References § 37.2-312.1, §37.2-500, and §37.2-602 of the *Code of Virginia* (1950), as amended
 § 416 of The Stafford Act, PL 93-288.
 Commonwealth of Virginia Emergency Operations Plan, 2012
 Commonwealth of Virginia, Office of the Governor, Executive Order No. 41 (2011), *Continuing Preparedness Initiatives In State Government and Affirmation of the Commonwealth of Virginia*
 Current Community Services Performance Contract.
Comprehensive State Plan 2014-2020, 2013.
 Core Services Taxonomy 7.2, CSB Service Definitions, Virginia Department of Behavioral Health and Developmental Services,
<http://www.dbhds.virginia.gov/documents/reports/OCC-2010-CoreServicesTaxonomy7-2v2.pdf>
 Emergency Operations Plan Importance,
http://www.longwood.edu/assets/safety/EO_41.pdf
Manual for Mental Health and Human Service Workers in Major Disasters Training
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Background Virginia is vulnerable to a variety of hazards such as flooding, hurricanes, tropical and winter storms, earthquakes, hazardous materials incidents, acts of terrorism, and is the fifth most likely place for a disaster to occur in the United States. The threat of natural and human-caused disasters have made it clear that Virginia’s public behavioral health, intellectual disability, and substance abuse services system must be ready to respond. It is also evident that planning for disasters must encompass strategies for service delivery during the immediate aftermath as

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well as the longer recovery process and must address the needs of individuals receiving services in the system as well as care givers, who are affected by the disaster.

The aftermath of tragedies has demonstrated that behavioral health is a critical and vital component for all aspects of emergency mitigation, preparedness, response, and recovery. National research studies have demonstrated that in a crisis, early behavioral health intervention activities assist individuals in the community who have behavioral health service needs caused or aggravated by the disaster to respond with positive coping mechanisms and resiliency. Studies have also found that the disaster behavioral health needs of individuals with preexisting behavioral health illnesses, intellectual disability, or substance use disorders will be similar to those of the general population.

The Governor of Virginia has established the Secretariat of Veterans Affairs and Homeland Security to advise him on the status of the emergency planning and continuation of operations procedures established by executive branch agencies. In addition, § 44-146.13 through § 44-146.28 of the *Code of Virginia* require that the Virginia Department of Emergency Management Services (VDEM) develop and administer the Commonwealth of Virginia Emergency Operations Plan (COVEOP). This plan provides for state-level emergency operations in response to any type of disaster or large-scale emergency affecting Virginia and is the framework within which more detailed emergency plans and procedures can be developed and maintained by state agencies, local governments, and other organizations. This Plan designates the Department of Behavioral Health and Developmental Services (hereinafter referred to as the Department) as a key support agency in a significant crisis or disaster.

During a disaster situation, the Department, state hospitals and training centers (hereinafter referred to as state facilities), community services boards and behavioral health authorities (hereafter referred to as CSBs) are expected to respond and coordinate with other state agencies to provide coordination of behavioral health supports, crisis-counseling programs and other behavioral health response initiatives. The Department would be active in preparing federal grants to secure federal emergency response funding, and assure the provision of accurate, timely, and instructive information to the public and services system constituents.

State Facility Preparedness: The Joint Commission's environment of care emergency management standards require hospitals and other health care facilities to engage in cooperative planning with other health care organizations (e.g. other hospitals providing services to a contiguous geographic area) to facilitate the timely sharing of information, resources, and assets in an emergency response. Several state facilities have partnered with other entities on regional emergency planning efforts to increase regional hospital surge and response capability for service system consumers and other members of the public.

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Background *Community Services Board Preparedness:* The community services performance contract requires all CSBs to develop and maintain All-Hazards Disaster Response Plans that include attention to each stage of an emergency event. These plans will assure CSBs are prepared to respond to all types of disasters that may occur in their service areas. Additionally, CSBs have undertaken efforts to develop collaborative relationships with local public health departments and emergency management agencies.

Purpose To articulate policy on the critical importance of behavioral health services in disaster and emergency planning, preparedness, recovery, and response activities and the continuation of services for consumers in the public behavioral health, intellectual disability, and substance abuse services system during disaster or emergency conditions and following a disaster.

Policy It is the policy of the Board to promote and support the inclusion of ~~mental~~ behavioral health services in all disaster and emergency planning, preparedness, response, recovery and post-disaster follow-up activities for the general community. Consistent with this policy, the Department, state facilities, and CSBs shall, to the greatest extent possible, assure that emergency preparedness, response, recovery, and post disaster planning undertaken by state agencies, local governments, and other organizations integrate behavioral health into physical health and medical support functions. This shall be accomplished through:

- Educating policymakers and decision makers regarding the importance of including behavioral health services in disaster planning, preparedness, response, and recovery activities;
- Informing policymakers and decision makers about the interdependent relationship between behavioral health services and public health services;
- Establishing necessary and appropriate liaisons with, and participating in, state and local emergency services planning activities that outline specific responsibilities and interagency relationships in the event of a major disaster; and
- Advocating for fiscal and human resources for behavioral health services in disaster planning, preparedness, recovery, and response activities.

It is also the policy of the Board that the Department, state facilities, and CSBs shall ensure, to the greatest extent possible, that needed services continue to be provided to individuals in the public behavioral health, intellectual disability, and substance abuse services system during disaster or emergency conditions and following a disaster. The resources of the Department, CSBs, and state facilities shall first be made available to respond to the needs of individuals receiving services in the public system and to address the needs of state facility and CSB staff in a crisis situation and during the follow-up period.

Policy Consistent with this policy, the formal planning for disasters and emergency

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(continued) response efforts undertaken by the Department, CSBs, and state facilities shall include specific means for restoring routine operations as rapidly as possible and strategies for maintaining consumer services following any large-scale incident. This includes having necessary plans and procedures in place for responding to major disasters and provisions for safely and appropriately relocating individuals receiving services as required, and provisions for appropriate post disaster services. Additionally, because these individuals are likely to require special or non-routine intervention as a result of the disaster or emergency situation, the Department, CSBs, and state facilities shall identify and develop specific interventions required to address these specific needs.

Consistent with this policy, the Department shall fulfill its responsibility to coordinate the provision of crisis counseling and emergency behavioral health services following a major disaster in accordance with the Stafford Act. Crisis counseling services shall be provided, to the greatest extent possible, by the CSB or CSBs in the area affected by the disaster. However, staff from CSBs and state facilities in unaffected areas also may be needed to provide supplemental crisis counseling.

Further, it is the policy of the Board that CSB and state facility clinical staff in-service training shall include information about their organization's continuity of operations plans and procedures, crisis counseling techniques, and the recognition of "normal" disaster-related responses in people with a preexisting behavioral health, substance use disorder or intellectual disability.

Finally, it is the policy of the Board that the Department, state facilities, and CSBs shall offer, to the greatest extent possible, education opportunities to individuals receiving services and their family members about preparation, survival, and post-disaster services, including appropriate follow-up. This training may be adapted to different service programs and may include topics such as the behaviors individuals and staff may display what they are likely to experience during different types of disasters, and resources that are available during recovery. The Board believes that such education programs are empowering and can enable individuals receiving services and their families to become valuable contributors to the response and recovery process in an actual disaster.