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# COVEOP SUPPORT PLAN FOR DBHDS

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MAY 1, 2025

# Table of Contents

<b>Table of Contents.....</b>	<b>0</b>
<b>1. Overview.....</b>	<b>1</b>
<b>Promulgation Document/Statement .....</b>	<b>1</b>
<b>Approval and Implementation Page .....</b>	<b>2</b>
<b>Record of Changes.....</b>	<b>3</b>
<b>Record of Distribution.....</b>	<b>3</b>
<b>2. Purpose.....</b>	<b>3-4</b>
<b>3. Scope &amp; Situation Overview.....</b>	<b>4-12</b>
<b>4. Concept of Operations (CONOPS).....</b>	<b>13-14</b>
<b>5. Organization and Assignment of Responsibilities.....</b>	<b>15-17</b>
<b>6. Direction, Control and Coordination.....</b>	<b>17</b>
<b>7. Information Collection Analysis and Dissemination.....</b>	<b>17-18</b>
<b>8. Communications.....</b>	<b>18</b>
<b>9. Administration, Finance and Logistics.....</b>	<b>18</b>
<b>10. Plan Development and Maintenance .....</b>	<b>19</b>
<b>11. Diversity, Opportunity, and Inclusion .....</b>	<b>19</b>
<b>12. Authorities and References.....</b>	<b>19-20</b>

## 1. Overview

### **Promulgation Document/Statement**

This document provides planning and program guidance for implementing Department of Behavioral Health & Developmental Service (DBHDS) support for the Commonwealth of Virginia Emergency Operations Plan (COVEOP) to meet agency obligations outlined in the COVEOP and other associated documents.

This plan has been distributed to appropriate personnel within the DBHDS. Upon plan activation, key personnel will be notified and assume responsibility for implementing the plan in accordance with the guidance provided by the Office of Strategic Planning & Execution.

## Approval and Implementation Page

I hereby appoint the Director of Strategic Planning & Execution or his/her designee, in conjunction with the agency's Emergency Coordinating Officer, to officially represent the agency in the capacity of the scope outlined in this plan. This promulgation shall also serve as official approval of the assumptions, concept of operations, and roles and responsibilities for agency and participating non-agency outlined herein.



Nelson Smith, Commissioner  
Department of Behavioral Health and Developmental  
Services May 2025

## Record of Changes

Table 1

Change Number	Section and Page Number	Description of Change	Date of Change	Posted By
1	Various	<i>Updated to include DEI information, remove references to VA COPES, and other various language changes.</i>	1 May 2022	Phil Miskovic
2	Various	Grammatical changes and edits; added statement regarding AFN workgroup participation	1 May 2023	Phil Miskovic
3	Sec 12	<b>Updated DOI section as requested</b>	1 May 2024	Craig Camidge

## Record of Distribution

Table 2

Name	Title	Agency or Organization	Record of receipt of plan	Number of Copies
IMT	Command and General Staff	DBHDS	29 April 2022	1
Glenda Stone	Operational Coordination Division Support	VDEM	29 April 2022	1
IMT	Command and General Staff	DBHDS	29 April 2023	1
ELT+	Command and General Staff	DBHDS	30 April 2024	Electronic
ELT	Command and General Staff	DBHDS	30 April 2025	Electronic

## 2. Purpose

The purpose of this document is to provide planning and program guidance for implementing Department of Behavioral Health and Developmental Service (DBHDS) support for the Commonwealth of Virginia Emergency Operations Plan (COVEOP) in

order to meet agency obligations outlined in the COVEOP and other associated documents.

The Commonwealth of Virginia Emergency Operations Plan (COVEOP) identifies the role of state government, coordinating NGOs, and private sector partners before, during, and after a disaster, large-scale emergency, or event affecting the Commonwealth of Virginia. It establishes the concepts and policies under which all elements will operate during emergencies and provides the framework for more detailed emergency plans or procedures to be developed and maintained. The COVEOP is promulgated through Executive Order 42 (2019) by the Governor and Director of Emergency Management and provides for state government's response to emergencies and disaster wherein assistance is need by affect state, tribal, and local governments in order to save lives, protect public health, safety, and property, restore essential services, and enable and assist with economic recovery. To ensure the Commonwealth's ability to implement this Plan, each state agency that is tasked with a responsibility in the COVEOP or supporting plans and annexes shall develop, maintain, and ensure their ability to implement response plans in support of the COVEOP, as required by Code of Virginia §§ 2.2-222.1(E) and (F). In addition, executive branch agencies and institutions of higher education (IHEs) are required to develop, maintain, and ensure their ability to implement an all-hazards continuity plan as required by Executive Order 41 (2019).

These continuity plans must include alternate operating capabilities and identify the functions, applications, and processes of the agency or IHE that are critical, time-sensitive, and essential to restore and continue in an emergency or disaster. Agency functions critical to state emergency response and recovery operations shall have restoration priority. Top priorities for incident management are to:

- Save lives and protect the health and safety of the public, responders, and recovery workers;
- Protect property and mitigate damages and impacts to individuals, communities, and the environment;
- Protect and restore critical infrastructure and key resources; and
- Facilitate recovery of individuals, businesses, communities, governments, and the environment.

### 3. Scope & Situation Overview

The COVEOP establishes interagency, multi-jurisdictional, and public/private mechanisms for state agency involvement in domestic incident management operations. These mechanisms include coordinating structures and processes for incidents requiring:

- Local-to-local support through Statewide Mutual Aid (SMA);

- State support to cities, counties, and towns;
- State-to-state support through the Emergency Management Assistance Compact (EMAC) or other appropriate instruments; and
- Public and private sector incident management integration.

This Plan is applicable to all agencies of the Commonwealth and coordinating NGOs and private sector partners that may be requested to provide assistance or conduct operations in

response to an incident or event. This Plan also provides the foundation for the organization and coordination of short-term recovery.

## ASP Scope

The role of DBHDS as outlined in the COVEOP is outlined in Table 3.

*Table 3*

Role Num.	Emergency Support Function	Responsibilities	COVEOP Reference
<b>Response Phase</b>			
I	ESF 6: Mass Care	Provide support as directed and as outlined in the Commonwealth family assistance plan.	7.1.4.7.1
II	ESF 6: Mass Care	Provide subject matter expertise and guidance in matters relating to the needs of citizens with mental and behavioral health, developmental disabilities, and substance abuse issues.	7.1.4.7.1
III	ESF 6: Mass Care	Ensure all agency activities comply with state and federal non-discrimination laws.	7.1.4.7.1
IV	ESF 8: Public Health and Medical	Coordinate the provision of mental health services including crisis counseling in emergencies.	7.1.4.7.1
V	ESF 15: External Affairs	Coordinate emergency-related public information with the Joint Information Center using the Joint Information System.	7.1.4.7.1
VI	ESF 15: External Affairs	Provide staff to the Joint Information Center when requested.	7.1.4.7.1
VII	ESF 15: External Affairs	Public Information Officers will distribute any disaster-related information to their partners, the public, and external audience when received.	7.1.4.7.1
<b>Recovery Phase</b>			
VIII		Coordinate with VDEM, Virginia Voluntary Organizations Active in Disaster, and other ESF-14 agencies as required, to help provide services to assist people whose lives and behavioral health have been negatively impacted from events.	1.7.2

Each of the above roles are fulfilled through specific tasks developed and executed by DBHDS. The scope of DBHDS support to the COVEOP is outlined in the Table 4 below.

*Table 4*

Task	Role Ref	Lead	Resources
<b>Pre-Disaster</b>			
Maintain and exercise virtual-based Incident Management Team	IV	DBHDS ECO	Microsoft Teams, redundant communication capabilities
Implement and maintain mutual aid agreements between the 40 CSBs	I, IV, VIII	DBH Coordinator	Up-to-date contact lists

Maintain communication with local CSBs and BHAs about disaster planning	I, IV	DBH Coordinator	Up-to-date contact lists
Maintain strategies for determining CCP grant need and standing up CCP program	IV, VIII	DBH Coordinator	SAMHSA CCP documents, contact lists
Ensure AFN and Human Rights leaders are knowledgeable and prepared to operate in disaster.	III	DBH Coordinator	Up-to-date training modules
Ensure DBHDS staff maintain up-to-date training	II, IV	DBH Coordinator	Up-to-date training modules
Ensure volunteers maintain up-to-date training	IV	DBH Coordinator	Up-to-date training modules
Ensure communications and alert systems are up-to-date for rapid response	IV	DBHDS ECO	Up-to-date contact lists, Mass Notification System
Maintain regular communication with volunteers and partner organizations	IV	DBH Coordinator	Up-to-date contact lists
Maintain plans and templates	I, II, III, IV, V, VI, VII, VIII	DBH Coordinator	State plans and templates
Participate in statewide planning groups to integrate DBHDS plans into statewide plans and annexes to include State Sheltering Annex, Mass Fatality Annex, State Family Assistance Center Annex, Statewide and the Recovery Annex	I, II, III, IV, V, VI, VII, VIII	DBH Coordinator	Ongoing coordination with VDH, VDSS, VDEM & other relevant partners
<b>Short-term</b>			
Supplement local DBH and crisis counseling services at state shelters	IV, VIII	DBH Coordinator	CSB MOAs, VABH MRC Unit
Supplement local DBH and crisis counseling services at state-managed Family Assistance Centers (FACs)	I	DBH Coordinator	CSB MOAs, VABH MRC Unit
Conduct outreach to local and tribal governments to ensure they are aware of resources and support available from the state	VII	DBH Coordinator	Up-to-date contact lists
Support outreach efforts to and through providers	VII	DBH Coordinator	Up-to-date contact lists
Determine if need is sufficient for, and if so, manage the acquisition and implementation of Substance Abuse and Mental Health Services (SAMHSA) grants	IV, VIII	DBH Coordinator	Plans and strategies for determining CCP grant need and standing up CCP program; data
Provide information on the National Suicide Hotline	V	DBH Coordinator	
Authorize and supervise all personnel assigned to the FAC behavioral health group	I	DBH Coordinator	
Provide consultation as requested by PIO on behavioral health impacts of public announcements	I, II, V, VI	DBH Coordinator	Trained SMEs
Respond to requests from VSP or other FAC security for consultation and/or intervention of disruptive behavior within FAC	I	DBH Coordinator	Agency/CSB SMEs
Provide BH SME support to statewide and interagency emergency response and recovery working groups as appropriate	II, III	DBH Coordinator	Trained SMEs
<b>Intermediate</b>			
Consult with VDEM, VDSS, and DCJS for the provision of services for additional	I	DBH Coordinator	

psychological support for families, survivors, and victims once the FAC has been closed			
Coordinate execution of MOAs between the 40 CSBs	I, IV, VIII	DBH Coordinator	CSB MOAs
Provide information to 2-1-1 Virginia addressing available disaster behavioral health services	V	DBH Coordinator	Up-to-date contact lists
Oversee a Crisis Counselor Program when Individual Assistance is awarded	IV, VIII	DBH Coordinator	CCP Plan
Oversee small Disaster Behavioral Health Team comprised of specially-trained volunteers	I, VI, VIII	DBH Coordinator	VA BH MRC Unit
Seek reimbursement from FEMA disaster funding when applicable	I, IV, VIII	DBH Coordinator	VDEM & FEMA Region 3 Liaison
<b>Long-term</b>			
Support local and tribal governments with long-term needs including planning for memorials and anniversaries	VIII	DBH Coordinator	CSBs. Local and regional emergency managers

## Situation Overview

### Assumptions

- A disaster is any event that exhausts the resources of a government.
- The first response to a disaster always occurs locally. The capacity to respond to the psychological effects of disaster must also be organized and implemented at the local level first. Local planners understand the cultural, social, and psychological needs of people in their area. State efforts build on the strengths of our communities.
- DBHDS has developed and will maintain the necessary plans, standard operating procedures, mutual aid agreements, and model contracts to successfully accomplish assigned tasks
- DBHDS is prepared to fulfill responsibilities assigned to them in the COVEOP, supporting plans, and joint operational or regional plans
- DBHDS's abilities to execute assigned response and recovery tasks are enhanced through the development, maintenance, and exercising of agency continuity plans
- Incidents, including large-scale emergencies or events, require full coordination of operations and resources, and may:
  - Occur at any time with little or no warning;

- Require significant information sharing across multiple jurisdictions and between the public and private sectors;
- Involve single or multiple jurisdictions and/or geographic areas;
- Have significant statewide and/or national impact requiring significant intergovernmental coordination;
- Involve multiple, highly varied hazards or threats on a local, regional, statewide or national scale;
- Result in mass casualties, displaced persons, property loss, environmental damage, and/or disruption of the economy and normal life support systems, essential public services, and basic infrastructure;
- These effects may be minimized by the proactive notification and deployment of state resources in anticipation of or in response to major incidents in coordination and collaboration with local, private, and federal entities;
- Require resources to assist individuals with access and functional needs;
- Impact critical infrastructures across sectors;
- Exceed the capabilities of state agencies, local governments, NGOs, and private sector partners;
- Attract a sizeable influx of public, private, and voluntary resources, including independent and spontaneous volunteers;
- Require short-notice state asset coordination and response; and/or
- Require prolonged, sustained incident management operations and support activities for long-term community recovery and mitigation

- State level involvement in the behavioral health response to disaster builds upon the structure and organization of the local and regional response. Human resources mobilized by the state will support and build upon the structured response identified by the local and regional entities responding first to the disaster. The state will augment, not replace, community structures already in place to deliver disaster behavioral health services.
- Disaster behavioral health is usually (but not always) part of a larger, multi-layer, multi-disciplinary disaster response. Disaster behavioral health responders typically work in concert with health care providers, public health, emergency management, first responders, and Voluntary Organizations Active in Disasters (VOAD).
- Disaster behavioral health interventions may be systemic and long-term, with the early goal of stabilizing the psychosocial reactions of survivors, and the later goal of restoring or rebuilding the social fabric of a community.
- Virginia's 40 Community Services Boards (CSB) are the local providers of behavioral health services. Disaster Behavioral Health (DBH) response begins with the local CSB

- DBHDS's role in the delivery of disaster behavioral health is to supplement local resources through:
  - Coordinating the execution of mutual aid agreements between the 40 CSBs
  - Overseeing a Crisis Counselor Program when Individual Assistance is awarded
  - A small Disaster Behavioral Health Team comprised of specially-trained volunteers
- Federal entities' role in the delivery of DBH services is to:
  - Provide technical support through SAMHSA DTAC
  - Provide funding, especially through CCP grants
- Limitations of DBH services in Virginia:
  - DBHDS consists of 12 facilities who care for mentally ill and/or intellectually and developmentally disabled individuals; and administrative oversight over the public behavioral health system.
  - DBHDS does not employ a cadre of counselors available for deployment.
  - Federal support is limited to technical assistance and funding. There is no federal-level strike team or response force to supplement state or local DBH response
- DBHDS and our local, state, federal, and private/non-profit partners serve diverse populations across the Commonwealth. These populations include socio-economically underserved communities. Pursuant to our agency mission statement—"supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life"—we must ensure our planning efforts give specific, equitable attention to individuals and communities with less access to resources, subject matter expertise, knowledge, and/or human capital.

## Resources

The specific DBH resources that can be accessed in response and recovery operations are outlined in Table 5 below.

*Table 5*

Level	Resource	Owner/Coordinator	Role/Description	Contact
Local	Community Services Board (CSB)	Locality	Local providers of behavioral health services	<a href="http://vacsb.org">vacsb.org</a>
State	DBHDS	DBHDS	To supplement local DBH resources through DBH Team and/or CSB Mutual Aid Coordination	<a href="http://Dbhds.virginia.gov">Dbhds.virginia.gov</a>

State	VA VOAD	VDEM	Volunteer organizations available to supplement public resources during disasters	vavoad.org
State	Employee Assistance Program (EAP)	DHRM	Counseling support to state employees available through insurance provider	dhrm.virginia.gov
Federal	SAMHSA DTAC	SAMHSA	Technical support for DBH services	samhsa.gov/dtac
Federal	CCP	SAMHSA	IA funding for state-level behavioral health programs for up to a year following a disaster	samhsa.gov/dtac/ccp

## Local Resources

### Community Services Boards (CSB)

*[vacsb.org/csb-bha-directory](http://vacsb.org/csb-bha-directory)*

A Community Services Board (CSB) is the point of entry into the publicly-funded system of services for mental health, intellectual disability, and substance abuse. Virginia's 40 CSBs may be a division of one or more local governments, or an autonomous entity created through partnerships with local government(s).

CSB services are funded by DBHDS, the Department of Medical Assistance Services (DMAS), and other human services agencies. Services are delivered through a network of CSBs, private providers, and other public providers, licensed by DBHDS.

The local CSB is the first responder for disaster behavioral health services. If a CSB has exhausted its capabilities, the CSB may request support from the state. DBHDS Office of Emergency Management will supplement local resources through the state-level Disaster Behavioral Health Team and by coordinating execution of mutual aid agreements with other CSBs.

## State Resources

### Department of Behavioral Health and Developmental Services

*[dbhds.virginia.gov](http://dbhds.virginia.gov)*

The public behavioral health and developmental services system in Virginia includes the agency's central office, a state policy board appointed by the Governor, and twelve facilities operated by DBHDS: nine state hospitals, one training center, a medical center, and a behavioral rehabilitation center for sexually violent predators.

When disaster behavioral health resources are requested by a locality, DBHDS will supplement local resources through the state-level VA Behavioral Health Medical Reserve Corps Unit and by coordinating execution of mutual aid agreements with other CSBs. As CSBs have the experience and specific knowledge of neighboring localities, the preferred method of DBHDS to supplement DBH resources is through coordinating mutual aid.

**VA Behavioral Health Medical Reserve Corps Unit (VA-BH Unit)**

The mission of the VA-BH Unit is to provide a rapid and high-quality behavioral health response to communities that experience disasters to prevent and mitigate harmful behavioral health consequences from the disaster and to facilitate recovery. Members of this Unit are volunteers of the Virginia Medical Reserve Corps (MRC), a branch of Virginia Department of Health. Unit members are selected, recruited and trained by the DBHDS Disaster Behavioral Health Coordinator.

The Unit comprised of individuals specially trained to deploy to disasters to supplement local resources. The Unit never self-deploys, responding at the discretion of the DBHDS Disaster Behavioral Health Coordinator at the CSB's request, upon analysis of behavioral health resources available on-scene.

**\*\*\*Important to note: DBHDS consists of 12 facilities who care for mentally ill and/or intellectually and developmentally disabled individuals; and administrative oversight over the public behavioral health system. DBHDS does not employ a cadre of counselors available for deployment.**

**Virginia Volunteer Organizations Active in Disasters (VAVOAD)**

<https://vavoad.org>

VA VOAD was formed in order to enhance and support the response of non-governmental agencies during an event within the Commonwealth of Virginia. VOAD connects faith-based and non-profit agencies that respond during disasters and emergencies with the Department of Emergency Management, the EOC and FEMA in order to better coordinate response and recovery during an event. This coordination allows agencies to better communicate as well as manage assets and resources.

Virginia VOAD actions are coordinated through the VDEM ESF-17 Liaison.

**Employee Assistance Program (EAP)**

<https://www.dhrm.virginia.gov/employeebenefits/employee-assistance>

An EAP provides counseling support to employees of an organization through their insurance provider. Employees of the Commonwealth of Virginia have an EAP available to them. All health plans offered to state employees, and their dependents have employee assistance programs. Included are up to four sessions at no charge for such services as mental health, alcohol or drug abuse assessment, child or elder care, grief counseling and legal or financial services.

## Federal Resources

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

<https://www.samhsa.gov/dtac>

The Substance Abuse and Mental Health Services Administration (SAMHSA) is a branch of the U.S. Department of Health and Human Services. SAMHSA provides communities and responders with behavioral health resources that help them prepare, respond, and recover from disasters under the Disaster Technical Assistance (DTAC) section.

SAMHSA DTAC assists states, territories, tribes, and local entities with all-hazards disaster behavioral health response planning that allows them to prepare for and respond to both natural and human-caused disasters. SAMHSA DTAC supports the SAMHSA Center for Mental Health Services in the provision of disaster behavioral health technical assistance grants, which are available to eligible states, territories, and federally recognized tribes, through the Federal Emergency Management Agency's (FEMA) Crisis Counseling Assistance and Training Program.

**\*\*\* Important to note: federal support is limited to technical assistance and funding. There is no federal-level strike team or response force to supplement state or local DBH response**

### **Crisis Counselor Assistance and Training Program (CCP)**

<https://www.samhsa.gov/dtac/ccp>

The CCP is a short-term disaster relief grant for states, U.S. territories, and federally recognized tribes. CCP grants are awarded after a presidential disaster declaration. CCP funding supports community-based outreach, counseling, and other mental health services to survivors of natural and human-caused disasters.

The Federal Emergency Management Agency (FEMA) funds and implements the CCP as a supplemental assistance program to support mental health assistance and training activities in presidentially declared major disaster areas. Through an interagency agreement, the Emergency Mental Health and Traumatic Stress Services Branch of the SAMHSA Center for Mental Health Services (CMHS) works with FEMA to provide technical assistance, consultation, and training for state and local mental health personnel. CMHS also is responsible for CPP grant administration and program oversight.

The CCP provides supplemental funding to state, territory, or tribal mental health authorities through two grant programs. The Immediate Services Program (ISP) grant provides funding for up to 60 days after a presidential disaster declaration, and the Regular Services Program (RSP) grant provides funding for up to nine months after a presidential disaster declaration.

## 4. Concept of Operations (CONOPS)

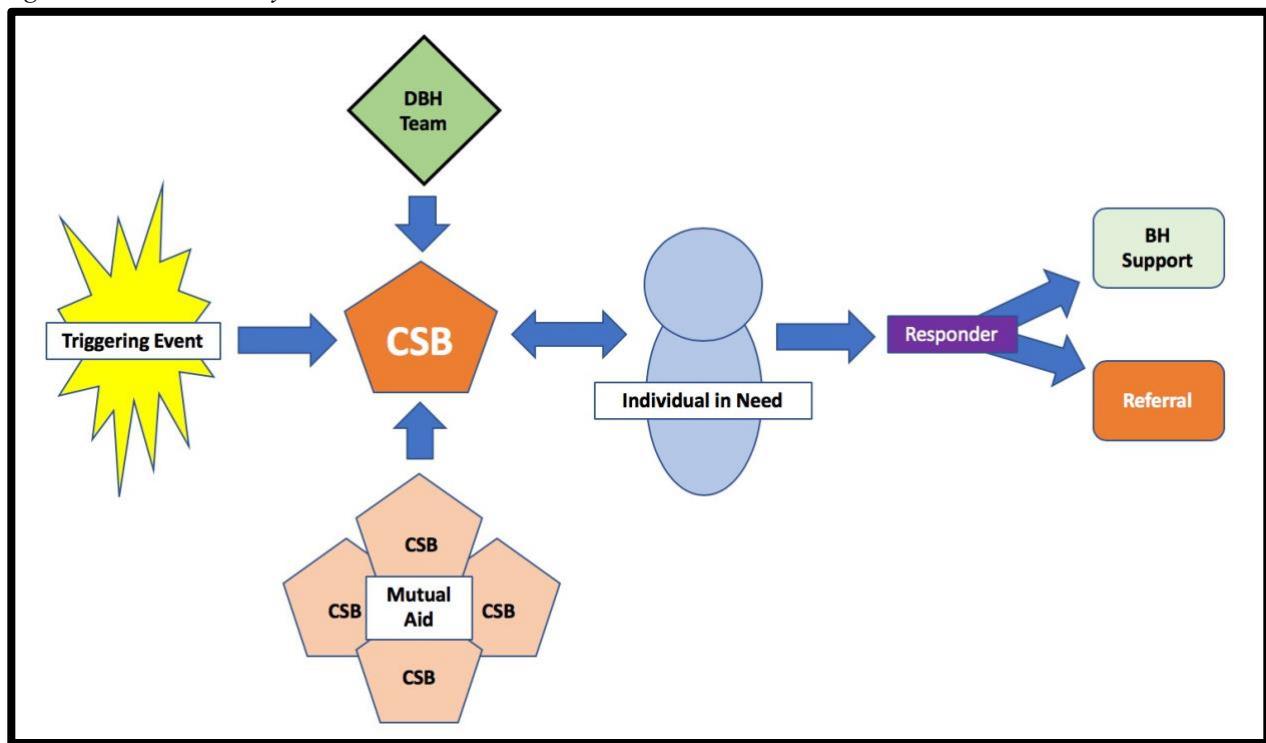
The COVEOP CONOPS allows the audience to visualize the sequence and scope of the planned emergency response. It integrates the efforts of federal, state, tribal, local, NGOs and private sector partners into a comprehensive, statewide approach to incident management. Coordination of emergency response will be accomplished using the National Incident Management System, allowing for the incorporation of local, state, and federal agencies, and other responsible parties. All cabinet members, state elected officials, and department heads are authorized to transfer the directions, job assignments, personnel, and functions of their departments for the purpose of performing or facilitating emergency response and recovery, as necessary.

Upon activation of the COVEOP and/or state support plan, DBHDS will receive briefing from ESF-6 and/or ESF-8 and will brief the DBHDS Senior Leadership Team (SLT) as required. If appropriate, the DBHDS Commissioner will activate the DBHDS Emergency Operations Plan (EOP), thus activating the DBHDS Incident Management Team. Upon IMT activation, the DBHDS Chief of Staff will assume the role of DBHDS Incident Commander (IC). As requested, appropriate staff will be assigned to ESF-6 and ESF-8 in the Emergency Operations Center (EOC), and to the JIC. Subject matter experts will be provided as requested and available. Duties of staff in these roles include providing information on the National Suicide Hotline; providing consultation as requested by PIO on behavioral health impacts of public announcements; providing information to 2-1-1 Virginia addressing available disaster behavioral health services; and providing BH SME support to statewide and interagency emergency response and recovery working groups as appropriate.

The DBHDS DBHC will establish contact with the CSB(s) in which the state shelter or FAC is located, and/or in which the event occurred in an effort to conduct outreach to local and tribal governments to ensure they are aware of resources and support available from the state. If the local CSB has or is expected to exhaust its resources, the IMT will support outreach efforts to and through providers and coordinate execution of MOAs with the 40 CSBs. The IC will notify all CSBs of a resource request pursuant to the pre-established MOA. In accordance with the DBH Plan, the Disaster Behavioral Health Coordinator will receive offers of assistance from partner CSBs and coordinate all logistics necessary for ensuring a timely and robust response. At any time, the DBH Coordinator may also activate the VA-BH Unit comprised of specially-trained volunteers, to supplement response resources.

Figure 1 outlines disaster behavioral health service (DBH) delivery under normal situations. Following a triggering event, DBHDS a CSB will request additional DBH resources from DBHDS. DBHDS will request other CSBs to execute pre-established mutual aid agreements. The host CSB will coordinate service delivery to individuals. Responders will connect individuals in need with immediate behavioral health support and, if necessary, referrals for additional services.

Figure 1: Service Delivery Model



If the State Managed Shelter (SMS) Plan is activated, DBHDS DBHC will supplement local DBH and crisis counseling services at the SMS. If the state Family Assistance Center plan is activated, DBHDS will supplement local DBH and crisis counseling services at state-managed Family Assistance Centers (FACs); authorize and supervise all personnel assigned to the FAC behavioral health group and consult with VDEM, VDSS, and DCJS for the provision of services for additional psychological support for families, survivors, and victims once the FAC has been closed.

Following the implementation of the service delivery model above, the DBHC will determine if need is sufficient for, and if so, manage the acquisition and implementation of Substance Abuse and Mental Health Services (SAMHSA) CCP grant. This decision to pursue a CCP grant will be made by the IC, in collaboration with the DBH Coordinator, the local CSBs, and other stakeholders and be based, in part, on the expected duration of the event, the expectation that Individual Assistance will be awarded, the overall

impact, the existing resources available, the benefits to survivors, and the cost to localities and DBHDS. If a decision to apply is made, and if DBHDS receives the CCP grant, the DBH Coordinator will oversee a Crisis Counselor Program when Individual Assistance is awarded and as outlined in the DBHDS CCP.

## 5. Organization and Assignment of Responsibilities

The Virginia Emergency Support Team (VEST) Organization provides the structure for coordinating state emergency operations and support of affected local governments and businesses. Each Emergency Support Function (ESF) section identifies the lead and supporting agencies, NGOs, and private sector partners for that ESF and explains in general terms how the Commonwealth will organize and implement the ESF's responsibilities. Agencies, NGOs, or private sector partners are assigned to lead or support roles in ESFs based upon applicable authorities and the organization's or agency's resources and capabilities.

Administratively, DBHDS has incorporated emergency preparedness in its strategic planning and performance management process, and codified agency-wide emergency preparedness expectations through Departmental Instruction (DI) 607. The standard emergency preparedness and assistance statement found in DHRM's website has been included in the EWP of all state employees. Assigned agency personnel are expected to participate in monthly VEST training and exercises.

DBHDS acknowledges responsibility for several annexes and plans in as part of the COVEOP. As such agency will participate in planning, exercising and the operationalization of the following annexes and plans.

- Family Assistance Center Annex
- Statewide Recovery Annex
- Special Pathogens Plan
- Radiological Emergency Response
- Emergency Repatriation Plan

### DBHDS Commissioner

- Promulgate this plan
- Activate the DBHDS Emergency Operations Plan

### DBHDS Director of Strategic Planning & Execution

- Serve as Incident Commander when IMT is activated
- Maintain communication with local CSBs and BHAs about disaster planning
- Train AFN and Human Rights SMEs on emergency management and response activities
- Ensure DBHDS staff maintain up-to-date training

- Conduct outreach to local and tribal governments to ensure they are aware of resources and support available from the state
- Support outreach efforts to and through providers
- Determine if need is sufficient for, and if so, manage the acquisition and implementation of Substance Abuse and Mental Health Services (SAMHSA) grants
- Provide consultation as requested by PIO on behavioral health impacts of public announcements
- Provide BH SME support to statewide and interagency emergency response and recovery working groups as appropriate

#### DBHDS ECO

- Maintain and exercise virtual-based Incident Management Team
- Ensure communications and alert systems are up-to-date for rapid response

#### DBH Coordinator

- Maintain plans and strategies for determining CCP grant need and standing up CCP program
- Ensure volunteers maintain up-to-date training
- Maintain regular communication with volunteers and partner organizations
- Supplement local DBH and crisis counseling services at state shelters
- Supplement local DBH and crisis counseling services at state-managed Family Assistance Centers (FACs)
- Provide information on the National Suicide Hotline
- Authorize and supervise all personnel assigned to the FAC behavioral health group
- Consult with VDEM, VDSS, and DCJS for the provision of services for additional psychological support for families, survivors, and victims once the FAC has been closed
- Coordinate execution of MOAs between the 40 CSBs
- Provide information to 2-1-1 Virginia addressing available disaster behavioral health services
- Oversee a Crisis Counselor Program when Individual Assistance is awarded
- Oversee a statewide MRC Unit comprised of specially-trained volunteers
- Support local and tribal governments with long-term needs including planning for memorials and anniversaries
- Maintain mutual aid agreements between the 40 CSBs
- Maintain plans and templates
- Participate in statewide planning groups to integrate DBHDS plans into statewide plans
- Seek reimbursement from FEMA disaster funding when applicable
- Ensure inclusive planning best practices are incorporated into all planning efforts

#### Finance Section

- Document all costs associated with response and recovery

#### Community Services Boards

- Participate in CSB Mutual Aid Plan as resources and capabilities allow
- Make DBHDS Disaster Behavioral Health Coordinator aware of any resource needs as they relate to disaster behavioral health following a disaster

#### VA Behavioral Health MRC Unit

- Maintain up-to-date training
- Be prepared to deploy when requested by DBH Coordinator

## 6. Direction, Control and Coordination

When support or assistance from the Commonwealth is or will likely be necessary, the Governor, in consultation with the State Coordinator, or the State Coordinator, as appropriate, may activate the VEST to coordinate the state's response activities.

#### Agency-Designated Virginia Emergency Support Team (VEST) Liaison Officer

The VEST is the interagency coordinating group that operates the Virginia Emergency Operations Center (VEOC) to carry out emergency response and recovery activities. In order to fulfill the mission of the Commonwealth's emergency management program, it is essential that all State Agencies have adequate representation on the VEST. Therefore, each executive branch agency shall appoint a VEST Liaison Officer and at least one alternate to serve as the primary point of contact for all disaster preparedness, response and recovery matters. VEST Liaison Officers shall have subject matter expertise to staff relevant Emergency Support Functions, the authority to dedicate resources, and the ability to fulfill other assignments upon activation of the VEST. VEST Liaison Officers shall also participate in monthly exercises in the VEOC and follow a training program as determined by the Virginia Department of Emergency Management (VDEM). The primary and alternate VEST Liaison Officers shall have direct access to the head of his or her agency.

DBHDS staff will be assigned to ESF-6, ESF-8, and ESF-15 by the IC following a COVEOP activation. Personnel will be assigned to support shifts of up to 13 hours, depending on the nature, size, and scope of the incident.

The Director of Strategic Planning & Execution is authorized to serve as the DBHDS point of contact to approve the use of resources.

Agency staff will follow VEST guidelines to track expenses on behalf of the responding agency

## 7. Information Collection Analysis and Dissemination

During response operations, all VEST agencies and organizations are responsible for maintaining situational awareness through the collection, analysis, and dissemination of information and intelligence data. As part of an effective response, the VEST must

continuously refine its situational assessment of an incident as it unfolds in order to provide accurate information to decisionmakers. Maintaining situational awareness and an accurate common operating picture requires prompt and correct information from affected localities and other state and federal agencies using established reporting mechanisms.

During a disaster response, DBHDS has the ability to collect essential elements of information relevant to the nature and scope of the during response operations. DBHDS oversees administrative and licensure with community services boards (CSBs) and residential facilities. CSB's and facilities have regular and ongoing reporting processes and information sharing. DBHDS employs designated liaisons to maintain situational awareness and consult with VDEM to determine, prepare and provide essential elements of data. This is done by engagement in the following ways.

- Attending VEST incident briefings
- Regularly review WebEOC for requests for assistance
- Attend ESF Lead briefings
- Develop a schedule of operational period updates with facilities and CSBs

DBHDS maintains ongoing relationships and communication with ESF lead agencies that it supports during emergency operations. During response operations, DBHDS will work with lead agencies to provide essential information in the agreed upon format and cadence.

## 8. Communications

DBHDS's has multiple, redundant communication modalities and an incident-proven ability to communicate with all internal and external stakeholders during disaster. Additional information about DBHDS's communication capabilities is available upon request to [lauren.cunningham@dbhds.virginia.gov](mailto:lauren.cunningham@dbhds.virginia.gov).

## 9. Administration, Finance and Logistics

The DBHDS Recovery SOP outlines an effective, efficient, streamlined approach for seeking reimbursement from FEMA for declared disasters impacting DBHDS with the following goals in mind: (1) to lessen the burden on disaster-struck facilities by having a pre-planned, easily understood process to be followed for recovery; and (2) to ensure all documentation is collected and submitted to meet FEMA guidance and requirements; and to ensure DBHDS facilities recoup all available funds following disaster.

DBHDS personnel collect PDA data as it's provided by facilities; submits PDA data to VDEM; assists facility in coordinating VDEM/FEMA site visit for damage verification; schedule and serve as the DBHDS lead on the Exploratory Call; schedules and serve as

an advisor to facilities during the Recovery Scoping Meeting; uploads damages and EEI's into FEMA database; sign-off on final reimbursement request; conducts After-Action Review (AAR); and serves as the primary point of contact with FEMA and VDEM.

Community Services Boards ensure necessary MOUs and contracts are in place and up-to-date; provide damage information to locality; and provide any DBHDS-funded damage information to DBHDS.

## 10. Plan Development and Maintenance

This Support Plan will be updated annually by OEM. The Disaster Behavioral Health Coordinator (DBHC) will attend VDEM planning meetings in preparation for the May 1<sup>st</sup> deadline to learn of any additions or exceptions required for the ASP. The DBHC will edit the ASP in accordance with VDEM requirements and forward to the Director of Strategic Planning & Execution who will then summarize edits for final signature by the Commissioner.

## 11. Diversity, Opportunity, and Inclusion (DOI)

As a Virginia agency with an oversight role for a publicly funded system of care dedicated to vulnerable Virginians, DBHDS makes every effort to ensure all plans and communications are appropriately accessible and inclusive. Related to COV Emergency Operations, DBHDS endeavors to undertake:

1. Inclusive Planning to ensure equitable access to information and resources for all communities. Much of this is achieved by our partnership with local Community Services Boards who sit on the front-lines, embedded in and in service to these communities.
2. Effective Communication Access to ensure that messages are appropriately accessible to their target audiences. Accessible websites, plain language resources, and more are developed when communication with the public at large is required.
3. Language Access is achieved utilizing translation contracts and, in collaboration with other state agencies, contractual arrangements to ensure appropriate translation of published materials.

## 12. Authorities and References

Authorities identify the legal basis for the plan, which includes the list of laws, statutes, regulations, and formal agreements relevant to emergencies, including:

- [Title 44 of the Code of Virginia](#) provides general and specific statutory authority for the development, maintenance, and implementation of the COVEOP.
- [§2.2-222.1 of the Code of Virginia](#) requires the preparation and maintenance of a written internal agency plan to fulfill the

responsibilities designated in the COVEOP and to be compliant with the VDEM provided Agency Support Plan template annually by May 1.

- [Executive Order Number Forty-One \(2021\)](#) describes the overarching strategic preparedness initiatives for State Agencies and requires each executive state agency to accomplish specific tasks in support of the Commonwealth of Virginia's emergency management program.
- [Executive Order Number Forty-Two \(2021\)](#) promulgates the COVEOP and, during a declared state of emergency, delegates the authority to issue waivers or exemptions for registration, licensing, or permitting requirements to the authorizing executive branch agency heads in coordination with their respective cabinet secretary.
- DBHDS DI 607 (2020): Facility Emergency Management
- CSB Mutual Aid agreements

**References** include the sources used to develop the template and ultimately the agency response plan, including:

- Commonwealth of Virginia Emergency Operations Plan (COVEOP), October 2021
- Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide, (CPG) 101, V2
- DBHDS Emergency Operations Plan
- DBHDS Disaster Behavioral Health Plan
- DBHDS VA-BH MRC Unit SOP
- DBHDS CCP Procedure
- CSB Mutual Aid Plan (draft)
- DBHDS COOP Plan
- DBHDS Communications Plan (draft)