Department of Behavioral Health and Developmental Services

DISASTER BEHAVIORAL HEALTH EMERGENCY OPERATIONS PLAN

Daryl Washington, Commissioner

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AUTHORITY AND RESPONSIBLITY

DBHDS has a legal responsibility to provide disaster behavioral health services to state entities following a disaster; and to supplement the disaster resources of local governments to the extent possible when local resources are expended. The legal responsibility of DBHDS is determined, in part, through the Code of Virginia § 44-146.18 (B) (5); Code of Virginia § 2.2-222.1 (E); and Executive Order 42 (2019). Specifically, DBHDS has the legal responsibility to:

- Develop and maintain rigorously developed response plans in support of the Commonwealth of Virginia Emergency Operations Plan (COVEOP)
- Coordinate the provision of mental health services to include crisis counseling in emergencies
- Provide subject matter expertise and guidance in matters relating to the needs of citizens with mental health, developmental disabilities, and/or substance abuse issues; and
- Coordinate with VDEM and other appropriate state agencies as well as local jurisdictions regarding emergency preparedness, response, and recovery plans

All policies, procedures, and teams established by this plan, including the Virginia Behavioral Health Medical Reserve Corps (VBH-MRC), are established with the specific intent of fulfilling these responsibilities.

BASIC PLAN

PURPOSE

The Commonwealth of Virginia Disaster Behavioral Health Plan addresses a specific subset of behavioral healthcare before, during and immediately following disaster for incidents of any cause. The plan provides guidance for statewide disaster preparedness, response and recovery efforts as they relate to the provision of disaster behavioral healthcare. It also serves as guidance to local jurisdictions, healthcare coalitions, and Community Services Boards (CSBs) to assist with planning efforts that will ensure proper integration of local/regional plans with the statewide effort.

SCOPE

The behavioral health implications of disaster incidents are highly variable depending on social and community support, coping skills and previous experiences with high stress events. They range from low-level stress responses that require little or no structured intervention to the initiation or exacerbation of significant behavioral health challenges among affected citizens.

This plan applies to all disasters, regardless of size and cause. Disasters are most appropriately handled by the most local response unit possible. State-level support and local level guidance are included for all phases of emergency management.

The Scope of Disaster Behavioral Health

Disaster behavioral health, for the purposes of this plan, includes the effort to increase adaptive functioning in individuals and groups who have been impacted, directly or indirectly, by disaster incidents. This is to be distinguished from therapeutic treatment interventions or case management. While therapeutic treatment interventions and case management are important following a disaster, they are best handled by local public and private behavioral health treatment entities as part of the recovery process.

Appropriate *referral* to these more intensive, long-term interventions is included in disaster behavioral health response but the *delivery* of intensive interventions is beyond the scope of this plan.

Of note are the lexicon distinctions between stakeholder groups which intersect in disaster behavioral health. Words such as *emergency* and *crisis* require care as they carry alternate connotation among various stakeholders. For example, in Emergency Management, a *crisis* is another name for a disaster situation. For a Community Services Board, a *crisis* is a distinct and acute mental health event which requires stabilization. For victims' assistance organizations, a *crisis* is better defined as a personal upheaval resultant from a criminal event.

The Scope of Service Delivery Models

Several disaster behavioral health service delivery models have support of empirical literature. This plan does not dictate which service delivery model should be used in any particular case. Instead, it aims to take a model-agnostic approach: assimilating the broad spectrum of disaster behavioral health interventions with the all-hazards emergency management paradigm. Disaster behavioral health interventions are determined by Community Services Boards based upon the scope and nature of the disaster. For this reason, service delivery models vary depending on the nature of the event and the responding CSB.

The Scope of DBHDS Command and Control

Upon activation of this plan, the Department of Behavioral Health and Developmental Services assumes command and control only of the behavioral health assets it directly deploys. Command and control for the entire response to an event continues to reside with the entity having jurisdiction.

Situation Overview

Disaster behavioral health response and recovery are complex issues, highly dependent on individual and community exposure and resiliency.

Both short and long-term psychological impacts of disasters are well documented. Among populations exposed to disasters and other traumatic events, most will report some form of post-event psychological distress. Fortunately, two-thirds of adverse response will be transient and are not likely to cause long-term impairments.

Evidence suggests factors such as pre-disaster health status, social support levels, pre-existing PTSD and even income are related to the development of chronic psychological distress following disaster. Evidence also exists demonstrating an increase in non-psychological medical issues in populations exposed to disaster beyond simple environmental exposure.

Finally, first responders, volunteers, and medical and behavioral health professionals may also experience a high rate of stress response resulting from their experiences.

Planning Assumptions

1) Behavioral healthcare is an integral part of the broader healthcare industry and, as such, is fully integrated as a function of the health and medical emergency support function (ESF#8).
2) According to the National Alliance on Mental illness, as of 2025, 2,300,00 Virginians live in a community without enough mental health professionals. An already taxed behavioral health system will become increasingly overwhelmed by disaster.
3) Disaster behavioral health should not be an isolated activity in response to a disaster, but rather an integrated effort that is considered in all phases of emergency management for which health and medical concerns are relevant.
4) Local jurisdictions maintain primary responsibility to coordinate emergency response to include disaster behavioral health services and thus should be included in planning and exercise activities.
5) Existing systems that provide behavioral health services may be damaged, disrupted, or overwhelmed during an emergency.
6) Local disaster behavioral response resources will vary from one locality to another.
7) Localities should promote community and individual resilience before disasters occur.
8) The Commonwealth carries out response activities in support of and in coordination with local response activities.
9) Interventions during disaster response and recovery should be delivered by licensed mental health professionals, trained volunteers, and paraprofessionals

that have received the appropriate training and credentialing per local/regional emergency operations plans.

10) Disaster behavioral health responders will triage, assess, provide intervention or make referrals within the scope of their training and practice.
11) Delivery of disaster behavioral health services should be based on current, evidence-based models and widely accepted national guidelines.
12) All disaster incidents have the potential to impact the behavioral health of citizens. The prevalence of social media and the 24-hour news cycle provide a means for widespread and repeat exposure to traumatic events.
13) Many individuals will recover from a disaster with little or no assistance.
14) Individuals impacted by disasters requiring disaster behavioral health assistance can broadly be categorized as survivors, non-injured survivors, and those vicariously impacted by the disaster.
15) Individual behavioral health responses to disasters can occur immediately, years after the event, or at any time in between. Effects can be temporary, last years, or be lifelong.

CONCEPT OF OPERATIONS

PRE-DISASTER MITIGATION

The Department of Behavioral Health & Developmental Services endorses the enhancement of community-based mitigation and resiliency efforts when planning for, responding to and recovering from a disaster. Cross agency collaboration at the community level is a cornerstone of effective emergency management. Collaboration across public, private, non-profit, faith-based, emergency and non-emergency agencies will not only increase the likelihood that individuals and families will be better prepared but also educate local leaders on how to best provide messaging and resources during disaster response.

Mitigation efforts involve the identification of potential hazards and taking steps to lessen the impact of those hazards, should they occur. Disaster behavioral health mitigation includes strategies to build individual and community resilience. This may include, but is not limited to the following considerations:

1. Identifying and including local behavioral health partners in planning and exercising emergency operations.
2. Identifying population and infrastructure factors such as language barriers, transportation availability, disability, broadband internet, socioeconomic factors, healthcare, etc. when planning for, responding to and recovering from a disaster.

PREPAREDNESS

Activities done prior to an emergency to ensure the ability to respond in an efficient and effective manner. Preparedness as it relates to behavioral health ensures that planning partners have an understanding of the scope and scale of disaster behavioral health support services.

Planning

Effective planning for disaster behavioral health response will follow the same general scheme irrespective of the organizational level (agency, local jurisdiction, state support) at which it is conducted:

1. Assemble stakeholders, assess jurisdictional capabilities and gaps
2. Work to resolve gaps by increasing resources or, more commonly, increasing the relationships necessary to ensure adequate resources are available.
3. Local behavioral health agencies should provide local planning partners annex specific essential elements of information that may include agency point of contact and lead time required to deploy resources.
4. Ensure continual process improvement through annual review and post-incident after-action review.

Training and Exercises

Training, tests and exercises are essential to ensure disaster behavioral health personnel, public officials, emergency response personnel and the public are operationally ready. These activities can range from facilitated discussions to full-scale exercises. Community Services Boards (CSBs) serve as primary behavioral health first responders for both state and local events as DBHDS does not employ a cadre of first responders.

Whenever possible, disaster behavioral health (DBH) systems should be tested and exercised as a component of larger, multidisciplinary exercises. Exercises involving shelters, family assistance centers, or mass-casualty incidents represent meaningful opportunities to exercise local and regional plans.

All drills and exercises should have a "hot wash" immediately afterwards. After action reports should include disaster behavioral health components, including successes and challenges of the disaster behavioral health response and the identification of needed improvements.

Additional Activities

1. Establish most efficient Mutual Aid response system, taking into consideration:
    a. CSBs within each region, especially those nearest state-managed shelters
    b. Distance from each responding CSB to potential requesting CSB
    c. Capacity of each CSB—number of personnel, resource availability, and personnel trained/experienced in DBH service delivery as it relates to the scope and nature of the event
    d. Experience CSBs have in providing DBH services and mutual aid
2. Create and have on file a MOA template for CSB response. Template should comply with FEMA requirements (see Appendix 3)
3. Recruit, screen, and continually train VBH-MRC members (see Appendix 4)

RESPONSE

Disaster Behavioral Health response occurs through three separate and overlapping elements:

- **Local-managed events** where localities may exhaust resources, DBHDS coordinates and executes a Mutual Aid Plan among CSBs
    - For these events, a mutual-aid relationship exists between CSBs and DBHDS serves as a coordinating entity. Mutual aid can and often occurs without DBHDS coordination
- **State-responsible events**, such as opening a state-managed shelter or Family Assistance Center, DBHDS executes Memoranda of Agreements (MOAs) with CSBs

    - For these events, a contractual relationship exists between DBHDS and CSBs, whereby CSBs are a vendor providing a service to DBHDS during emergency response operations
- A DBHDS-led unit of volunteers, the Virginia Behavioral Health Medical Reserve Corps (VBH-MRC), supplements resources in the field
    - The VBH-MRC is a volunteer unit housed under the Virginia Medical Reserve Corps program for which DBHDS provides recruitment, selection, training and coordination.
    - VBH-MRC volunteers may deploy at the request of the CSB and the discretion of the Disaster Behavioral Health Coordinator when resources and mutual aid among CSBs is unable to meet the need of the affected community.

Table 1 outlines the differences in response. Figure 1 illustrates the process for each element.

Table 1: DBH response by event type

	Mutual Aid	MOAs	VBH-MRC
Event type	Local-managed	State-responsible events	Any
Relationship	Mutual-aid relationship between CSBs, DBHDS serves as a coordinating entity	Contractual relationship exists between DBHDS and CSBs	DBHDS is responsible for team
Documentation	Mutual aid agreements between CSBs established pre-event	MOAs signed with DBHDS and CSBs as needed	MRC registration and tracking
Process trigger	Added to local response or MOA as needed	Executed for state-managed or state-requested events	Added to supplement Mutual Aid
Appendix	2	3	4

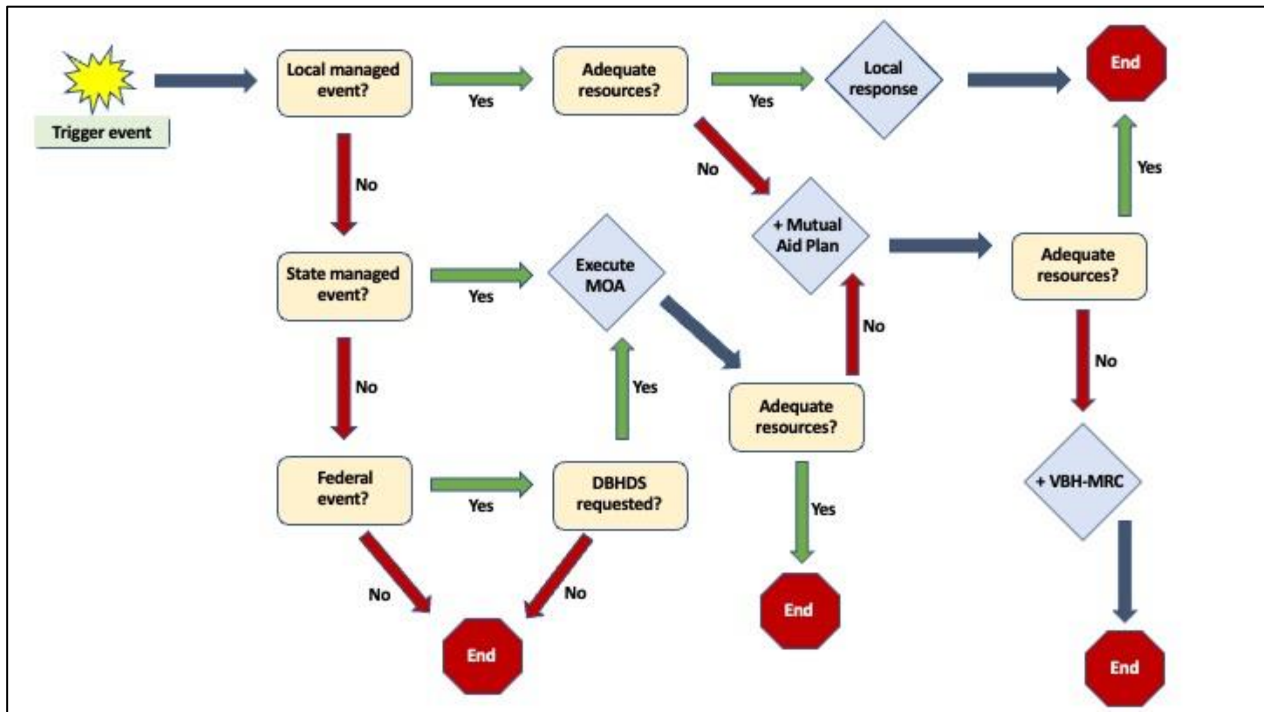

Figure 1: Decision process for DBH response

Activation and Notification

DBHDS assets will not self-deploy. System activation and subsequent team deployment only occurs upon request by:

1. A local jurisdiction through VDEM and the Virginia EOC
2. A CSB in direct support of their operations
3. The governor's office in support of a state sheltering effort

Activation Guidance: Local Jurisdictions

When local jurisdictions are made aware of the need for behavioral health support beyond what they can provide, either through their own recognition or via alert from a local agency, they should consider disaster behavioral health resources as any other emergency support resource and reach out through established channels to the Virginia Department of Emergency Management. The VDEM Regional Coordination Center and the Virginia Emergency Operations Center can coordinate requests for ESF #6 or ESF #8 response.

Activation Guidance: Community Services Boards

When local behavioral health agencies believe they are facing an incident that may exceed their ability to respond, they should notify local and/or state agencies in

accordance with statutory and regulatory requirements and their own policies and procedures. This may include mutual aid assistance from CSBs in the region. Should CSBs require assistance with coordinating mutual aid, direct activation of this plan may be achieved by a CSB by contacting DBHDS.

Activation Guidance: Governor's Office/State Supported Incident

The plan may be activated by the activation of state-managed disaster response efforts by the Governor's office. Whenever possible, disasters should be managed locally with state support upon local request. DBHDS will work with the CSB in the impacted jurisdiction to determine their ability to provide disaster behavioral health services as part of the overall state response. As noted previously, activation of CSB support during state emergency operations will be reimbursed via contract with DBHDS. This includes but may not be limited to state managed shelters, state family assistance centers and repatriation operations.

Notification

It is the responsibility of the locality to provide notification to citizens within their jurisdiction regarding disaster events. VDEM and DBHDS can support the content of these notifications upon request.

If an incident has a significant potential mental/behavioral health impact, the local jurisdiction should engage the local Community Services Board as part of the overall response.

Proper activation and notification of the COVDBH plan relies on timely and accurate information sharing between local jurisdictions, local behavioral health agencies, and the emergency management community.

Command and Control

Upon activation of this plan, the Department of Behavioral Health and Developmental Services assumes command and control only of the behavioral health assets it directly deploys. Command and control for the overall response to an event continues to reside with the entity with jurisdiction.

Asset Deployment and Coordination

Upon activation of the COVDBH plan by either the VDEM or a Community Services Board, DBHDS may coordinate response and/or deploy assets. Disaster Behavioral Health response occurs through three separate and overlapping elements:

Mutual Aid

Mutual Aid response occurs in local-managed events where localities may exhaust resources. For these events, a mutual-aid relationship exists between CSBs and DBHDS serves as a coordinating entity.

DBHDS coordinates and executes a CSB Mutual Aid Plan (CSB-MAP) among CSBs through the following process:

Activation

The CSB-MAP is activated by the DBHDS Disaster Behavioral Health Coordinator (DBHC) upon request for assistance from a Participating Organization. The DBHC will proactively communicate with the CSB(s) in the impacted area to do an initial needs assessment. However, due to the chaos inherent in the early disaster response phase, CSBs should be prepared to contact the DBHDS to discuss or request plan activation.

During a disaster, only the Executive Director or his/her designee has the authority to request or offer assistance through the CSB-MAP. Requests for behavioral health support received from partner agencies will be routed to the appropriate CSB by the DBHC.

Notification of MAP activation will be made to the CSB Executive Director listserv maintained by the Department and via the DBHDS Emergency Alerting System. CSBs should provide any designee(s) contact information for the duration of the response.

Communication of Request

Impacted organizations must communicate staffing needs to the DBHDS DBHC as explicitly as possible. Any requirements with regard to capability, credentialing, licensing, etc. must be communicated. It is understood that, particularly in the hours immediately following a disaster, information is difficult to ascertain and may change suddenly. Impacted organizations must communicate any and all available information with regard to resource needs to DBHDS as soon as possible and advise DBHDS as these needs change. CSBs should review available resources and event specific responses during the planning phase. The DBHC can assist with this process.

Following receipt of a detailed request for assistance from an Impacted Organization, the DBHDS DBHC will coordinate the propagation of this request throughout the Virginia CSB system via all appropriate communication channels.

DBHDS will request the needed resources on behalf of the Impacted Organization and will receive offers of assistance from Assisting Organizations.

The Impacted Organization has the right to reject any and all offered staff at any time for any reason.

The CSB-MAP does not compel any Participating Organization's assistance in any incident. A Participating Organization may refuse assistance as they deem necessary.

Communication of Assistance

Participating Organizations with the ability and willingness to partially or fully satisfy the staffing request made by DBHDS on behalf of the Impacted Organization will communicate their offer of assistance with DBHDS as soon as possible.

Assisting Organizations must provide the Essential Elements of Information ("EEI's") contained in the request for assistance. These will, at minimum, include name, title, and contact information for any staff who could assist. Incident specific details may alter these EEIs' and all EEI's must be communicated.

DBHDS DBHC will compile all offers of assistance and confirm acceptance of assistance, in writing, to the individual from the Assisting Organization who made the offer.

Documentation

Impacted Organizations should clearly document hours worked by responding staff by a sign-in and sign-out sheet. This may involve the official check-in procedures in a Family Assistance Center ("FAC"), shelter or other response location. In lieu of another solution, the Impacted Organization is responsible for documenting hours worked by responding staff.

Supervision

Each responding staff member shall have an assigned Point of Contact ("POC") at the Impacted Organization or other location of work (such as a shelter or FAC). This POC is responsible for adequately orienting the responding staff member and periodically ensuring his/her performance is adequate.

Scheduling

Scheduling needs must be accurately communicated to the DBHDS by the Impacted Organization. The DBHDS DBHC will consider scheduling when identifying and confirming available resources to fill the request.

Demobilization Procedures

Demobilization of staff will involve communication between the Impacted Organization, DBHDS, and the responding staff. Follow-up communication with the Assisting Organization will be made by the DBHDS DBHC.

Costs Incurred

The Impacted Organization will be responsible for all costs incurred by the Assisting Organizations. Assisting Organizations will maintain adequate documentation of costs incurred. Assisting Organizations may consider costs incurred as in-kind donations if mutually agreed upon in writing. For planning purposes, Impacted Organizations should consider the costs of behavioral health support when planning the overall response with local partners.

Logistic Needs

The Impacted Organization shall be responsible for all logistic needs of responding staff and volunteers including food, transportation and lodging as required unless otherwise agreed upon. Assisting Organizations may consider costs incurred as in-kind donations if mutually agreed upon in writing. Copies of such signed agreements should be given to DBHDS.

Memoranda of Agreements

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.** Consequently, DBH services for state-responsible (such as the opening of a state-managed shelter or FAC), must be provided through agreements with CSBs. Federal events whereby state support is requested (such as emergency repatriation), may also require MOA response.

For each of these events, a contractual relationship exists between DBHDS and CSBs, whereby CSBs are a vendor providing a service to DBHDS.

Virginia Behavioral Health Medical Reserve Corps

A DBHDS-led unit of volunteers, the Virginia Behavioral Health Medical Reserve Corps (VBH-MRC) supplements resources in the field. The VBH-MRC is a volunteer entity for which DBHDS is responsible. The VBH-MRC is added to supplement and/or supplant Mutual Aid.

The VBH-MRC Unit is a group of volunteers who have been vetted and trained in the delivery of disaster behavioral health services. Each team consists of a Team Leader and Team Members:

- <u>VBH-MRC Leader:</u> Responsible for direction of other VBH-MRC personnel and the integration of the VBH-MRC into the overall incident response.
- <u>VBH-MRC Team Member:</u> Responsible for providing front-line disaster behavioral health intervention at the direction of, or in coordination with, the team leader.
- <u>BH Specialist (optional):</u> Serves as the behavioral health subject matter expert. This position will interface with other healthcare workers and support their operations as necessary regarding behavioral health and support first-line providers in escalation of individuals for more thorough evaluation. Evaluate (not diagnose) individuals' current or future mental health concerns and make appropriate referral or connection to more intensive services. Assist with any mental health triage needs. Lead force protection efforts for all responders.

VBH-MRC Muster and Deployment Process:

1. DBHDS Disaster Behavioral Health Coordinator (DBHC) receives request of COVDBH Plan activation.
2. DBHC discusses need with requesting agency.
3. The requesting agency should provide available lodging details for those volunteers that travel 200 miles or more from the deployment location. While volunteers are not reimbursed for services, requesting agencies or jurisdictions should consider these expenses as part of the planning.
4. DBHDS initiates request for deployable VBH-MRC personnel with availability to meet the needs of the requesting agency.
    a. DBHDS Internal Requests for members of the VBH-MRC Unit. Unit members do not self-deploy.
    b. Community Services Boards requests for deployable volunteers
5. Upon identification of resources adequate to meet the need of the requesting agency, the DBHDS VBH-MRC Unit Coordinator will coordinate the following:
    a. Incident specific briefing
    b. Reception at deployment site and assignment of duties
6. Throughout the duration of the deployment, the VBH-MRC Unit Coordinator will communicate with team leaders and work to resolve logistical issues to support incident response.
7. DBHDS will communicate with the impacted agency to determine the duration of the response and the need for additional teams for sustained disaster behavioral health support.
8. Upon decommissioning by the Incident Commander or his/her designee, the requesting agency will coordinate with DBHDS for demobilization

instructions inclusive of incident specific demobilization procedures and debriefing.

9. Demobilization will be considered complete when all reimbursement requests have been received and processed.

Details not specifically addressed above will be handled by application of the NIMS paradigm.

VBH-MRC Unit Authority and Responsibilities

DBHDS maintains ultimate authority and responsibility over VBH-MRC Unit members during periods of normal operations. Once deployed, VBH-MRC members shall report to the Incident Commander or designee of the jurisdiction overseeing the response and recovery operations. This will likely be the impacted or requesting agency/CSB.

The DBHC will maintain situational awareness with VBH-MRC Unit Team Leaders throughout the response period. DBHDS Unit Coordinator maintains the authority and discretion to demobilize members of the VBH Unit at any time.

Recovery

Behavioral Health Recovery

The recovery phase, as it relates to disaster behavioral health, is complex. The long-term effects of psychological trauma can continue for months or years depending on the circumstances of the event. Alternately, new psychological impacts may not manifest until several weeks or months post event.

As noted above, the scope of this plan includes disaster behavioral health support from a state agency, particularly in times in which local or regional resources are overwhelmed. It is assumed that as non-behavioral health related recovery operations continue, local behavioral health delivery systems such as Community Services Boards, private mental health providers, and others will come back online.

Long term recovery for citizens impacted by disaster is best handled by local behavioral health resources. The DBHDS can offer resource support (educational materials, public information campaigns, etc.) for localities with a protracted recovery, upon request, but the human resources required for recovery should be available at the local unit and are thus outside the scope of the DBHDS capability.

Localities should be cognizant of the opportunity for repeat trauma of impacted citizens brought about by social media posts and the 24-hour news cycle. In particular, activities and events surrounding the anniversary of highly impactful or high-profile events can induce psychological responses and may cause an

increase in service needs. For events of high impact, localities should plan for the anniversary event as a separate response, assembling all necessary resources to handle anticipated impacts. Should these planning efforts require state-level support, DBHDS is ready to assist.

Financial Recovery

Financial reimbursement processes and policies are dependent on event type, responsible entity, and state or federal disaster declarations. Responsible entities should maintain full and accurate records of damages and resources and assets utilize in an event. DBHDS can provide assistance to responsible entities in reimbursement processes.

Appendix 1: Disaster Behavioral Health Support Services

Resources At-a-Glance

- 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
    - Virginia Behavioral Health MRC Unit 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
- The specific DBH resources that can be accessed in response and recovery operations are outlined in Table 1
- DBHDS utilizes two DBH Service Delivery Models (SDM):
    - SDM 1, whereby DBHDS supplements CSB response by coordinating mutual aid agreements between CSBs and, if necessary,
    - SDM 2 VBH-MRC deployment

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.
- 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.

Level	Resource	Owner/ Coordinator	Role/Description	Contact
Local	Community Services Board (CSB)	Locality	Local providers of behavioral health services	vacsb.org
State	DBHDS	DBHDS	To supplement local DBH resources through VBH-MRC and/or CSB Mutual Aid Coordination	Dbhds.virginia.gov
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

Table 1: DBH Resources

Local Resources

Community Services Boards (CSB)

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. CSBs provide pre-admission screening services 24-hours per day, 7 days per week. The Code of Virginia requires that every city or county establish or, with other cities or counties, establish a CSB. 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).

CSBs are responsible for assuring, with resources, the delivery of community-based mental health, developmental, and substance abuse services to individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders. 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 Disaster Behavioral Health Coordinator will supplement local resources through the state-level Virginia Behavioral Health MRC Unit and by coordinating execution of mutual aid agreements with other CSBs.

State Resources

Department of Behavioral Health and Developmental Services

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. Figure 1 illustrates the relationship among local and state behavioral health service system components. Solid lines depict a direct operational relationship between the entities involved. Broken lines represent non-operational relationships, such as policy direction and contract or affiliation agreement.

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

DBHDS also provides oversight over local and statewide Crisis Counselor Programs funded by FEMA when appropriate.

Virginia Behavioral Health Medical Reserve Corps (VBH-MRC)

The mission of the VBH-MRC is to provide a rapid and high quality behavioral health response to communities that experience disasters in order to prevent and mitigate harmful behavioral health consequences from the disaster and to facilitate recovery.

The VBH-MRC is comprised of individuals specially trained to deploy to disasters to supplement local resources. The VBH-MRC never self-deploys, responding only when and where requested by the local Incident Command or at the CSB's request, through consultation with DBHDS, and upon analysis of behavioral health services available on-scene.

<u>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.</u>***

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.

In general, care must be authorized in advance. Employees or their eligible dependent will speak to an EAP specialist who will assess their problem and coordinate assistance. Should an employee's problem require mental health or substance abuse care, the employee will be referred to a provider, under their mental health and substance abuse benefit. An employee's EAP specialist or care manager will arrange a referral according to their specific needs. Employees should contact their plan's Member Services department for more information.

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. It is charged with improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses. SAMHSA provides communities and responders with behavioral health resources that help them prepare, respond, and recover from disasters.

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 also supports collaboration among mental health and substance abuse authorities, federal agencies, and nongovernmental organizations and facilitates in the sharing of information and best practices with the disaster behavioral health field.

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.

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.

Appendix 2: Mutual Aid Plan MOU

Virginia Community Services Board Mutual Aid Plan
Memorandum of Understanding

This **Memorandum of Understanding** ("MOU") is made and entered into as of the Effective Date by and among Community Services Board ("CSB" or "Participating Organization") that have agreed to support one another following an event in which a Participating Organization's needs outweigh its resources ("disaster").

WHEREAS, Sections 37.2-508 and 37.2-608 of the Code of Virginia and State Board Policy 4018 establishes the Performance Agreement between the Virginia Department of Behavioral Health and Developmental Services ("Department" or "DBHDS") and each CSB; and,

WHEREAS, CSBs are required to develop protocols and procedures for providing behavioral health services and supports during disasters; and,

WHEREAS, in furtherance of the Department's goal to enhance the preparedness and response capability of Virginia's public behavioral health system, the DBHDS has created the Virginia Community Services Board Mutual Aid Plan ("CSB-MAP") to facilitate mutual support among CSBs; and,

WHEREAS, this MOU is intended to augment, not replace, each organization's Emergency Preparedness Plan and Continuity of Operations Plan; and,

WHEREAS, this MOU provides the framework for CSBs to coordinate with the Department and each other; and,

WHEREAS, this MOU does not replace, but rather supplements, the rules and procedures governing interaction with other response partners during an incident (e.g. public health, emergency management, local emergency medical services, fire departments); and

WHEREAS, by signing this MOU each Participating Organization is indicating its intent to comply with the terms of the MOU by providing support in the event of a local, regional, or statewide disaster that exceeds the effective response capabilities of an impacted Participating Organization that has activated its Emergency Preparedness Plan and the CSB-MAP in the manner set forth in this MOU;

NOW, THEREFORE, in consideration of their respective undertakings, the Participating Organizations hereby agree as follows:

Article I Definitions

1.1 Disaster: An incident in which any Participating Organization's needs outweigh its resources.

1.2 Impacted Organization: A CSB in need of resources beyond its current capability to provide.

1.3 Assisting Organization: A CSB willing and able to provide resources needed by an Impacted Organization.

1.4 Participating Organization: A CSB that is a signatory on the Virginia CSB-MAP.

1.5 Demobilization: The orderly, safe, and efficient return of deployed or staged resources to their normal location and status.

1.6 Emergency Operations Center (EOC) – Local or State: A governmental function that provides planning, communications, coordination, and oversight of disaster response on a local, regional, or state level.

Article II Organization Responsibilities

2.1 Virginia Department of Behavioral Health and Developmental Services ("DBHDS")
DBHDS is the primary state agency in representation of Virginia's public behavioral health system in state emergency operations. Its responsibilities include ensuring the provision of disaster behavioral health services to citizens of the Commonwealth following disaster, as well as preparedness activities to ensure system continuity during local, regional, or statewide incidents.

2.2 Community Services Board/Behavioral Health Authority
Virginia's Community Services Boards and Behavioral Health Authority ("CSBs") are responsible for the provision of mental and behavioral health services to the public. With regard to disaster response, CSBs are responsible for planning, training, exercising and otherwise collaborating with local emergency officials and response partners to ensure mental and behavioral needs of Virginia's communities are met during disaster.

2.3 Participating Organization
2.3.1 Activities and Exercises: Participating Organizations are responsible for the implementation of the CSB-MAP within their respective organization. Participating Organizations agree to participate in system exercises and drills to test the CSB-MAP's effectiveness.
2.3.2 Information Update: Participating Organizations shall designate emergency contacts to coordinate CSB-MAP initiatives and to regularly update this information with DBHDS.
2.3.3 Implementation of CSB-MAP MOU: To be considered a Participating Organization the CSB must have a signed MOU on file with DBHDS.
2.3.4 Communications: To receive support, Impacted Organizations are responsible for notifying emergency agencies and DBHDS of their situation and defining needs that cannot be accommodated by the Impacted Organization itself.
2.3.5 Public Relations: Participating Organizations are responsible for developing family and media responses and coordinating with other entities for the family and media response for the disaster.
2.3.6 Regional Planning: Participating Organizations shall work with their regional partners to ensure adherence with any regional procedures, policies, plans or initiatives.
2.3.7 Emergency Preparedness Plan: The terms of this MOU shall be incorporated into each Participating Organization's Emergency Preparedness Plan.

Article III Activation of CSB-MAP

The CSB-MAP is activated by the DBHDS Disaster Behavioral Health Coordinator upon request for assistance from a Participating Organization. DBHDS will attempt to proactively communicate with CSBs if it is aware of a crisis or disaster impacting that organization to discuss CSB-MAP activation. However, due to the chaos inherent in the early disaster response phase, CSBs should be prepared to contact DBHDS to discuss or request plan activation.

3.1 Participating Organization
During a disaster, only the Executive Director or his/her designee as indicated by page ** of this MOU has the authority to request or offer assistance through the CSB-MAP.

3.2 DBHDS Disaster Behavioral Health Coordinator (DBHC)
Upon request from a participating organization, the DBHDS DBHC will evaluate the need and activate the CSB-MAP if appropriate. Notification of MAP activation will be made to the CSB Executive Director listserv maintained by the Department.

3.3 Pre-Existing Agreements
Participating Organizations should seek to obtain needed resources through existing agreements and contracts with local and regional partners prior to seeking resources through the CSB-MAP.

3.4 Supplanting of Existing Relationships
This MOU and the CSB-MAP are not designed to supplant any existing relationships with local or regional emergency response partners. Participating Organizations should maintain any ongoing relationships with their emergency response partners.

Article IV Staffing Coordination

4.1 Communication of Request: Impacted Organization to DBHDS
Impacted organizations must communicate staffing needs to DBHDS as explicitly as possible. Any requirements with regard to capability, credentialing, licensing, etc. must be communicated. It is understood that, particularly in the hours immediately following a disaster, information is difficult to ascertain and may change suddenly. Impacted organizations must communicate any and all available information with regard to resource needs to DBHDS as soon as possible and advise DBHDS as these needs change.

4.2 Communication of Request: DBHDS to Participating Facilities
Following receipt of a detailed request for assistance from an Impacted Organization, DBHDS will coordinate the propagation of this request throughout the Virginia CSB system via all appropriate communication channels.

DBHDS will request the needed resources on behalf of the Impacted Organization and will receive offers of assistance from Assisting Organizations.

4.3 Right of Refusal: Impacted Organization
The Impacted Organization has the right to reject any and all offered staff at any time for any reason.

4.4 Right of Refusal: Participating Organization
This MOU and the CSB-MAP does not compel any Participating Organization's assistance in any incident. A participating Organization may refuse assistance as they deem necessary.

4.5 Communication of Assistance: Assisting Organization to DBHDS
Participating Organizations with the ability and willingness to partially or fully satisfy the staffing request made by DBHDS on behalf of the Impacted Organization will communicate their offer of assistance with DBHDS as soon as possible.
Assisting Organizations must provide the Essential Elements of Information ("EEI's") contained in the request for assistance. These will, at minimum, include name, title, and contact information for any staff who could assist. Incident specific details may alter these EEIs' and all EEI's must be communicated.

4.6 Communication of Assistance: DBHDS to Assisting Organization
DBHDS Office will compile all offers of assistance and confirm acceptance of assistance, in writing, to the individual from the Assisting Organization who made the offer.

4.7 Documentation
Impacted Organizations should clearly document hours worked by responding staff by a sign-in and sign-out sheet. This may involve the official check-in procedures in a Family Assistance Center ("FAC") or other response location. In lieu of another solution, the Impacted Organization is responsible for documenting hours worked by responding staff.
4.8 Supervision
Each responding staff member shall have an assigned Point of Contact ("POC") at the Impacted Organization or other location of work (such as a shelter or FAC). This POC is responsible for adequately orienting the responding staff member and periodically ensuring his/her performance is adequate.

4.9 Scheduling
Scheduling needs must be accurately communicated to DBHDS by the Impacted Organization. The DBHDS will consider scheduling when identifying and confirming available resources to fill the request.

4.10 Demobilization Procedures
Demobilization of staff will involve communication between the Impacted Organization, DBHDS, and the responding staff. Follow-up communication with the Assisting Organization will be made by DBHDS.

4.11 Costs Incurred
The Impacted Organization will be responsible for all costs incurred by the Assisting Organizations. Assisting Organizations will maintain adequate documentation of costs incurred. Assisting Organizations may consider costs incurred as in-kind donations if mutually agreed upon in writing. Copies of such signed agreements should be given to DBHDS.

4.12 Logistic Needs
The Impacted Organization shall be responsible for all logistic needs of responding staff including food, transportation and lodging as required unless otherwise agreed upon. Assisting Organizations may consider costs incurred as in-kind donations if mutually agreed upon in writing.

Article V Non-Staff Resource Coordination

Impacted Organizations must seek to meet non-staff resource needs through normal emergency operations channels before activating the CSB-MAP. This includes seeking resources through local Emergency Operations Centers and local or regional interagency Mutual Aid Agreements.

5.1 Communication of Request: Impacted Organization to DBHDS
Impacted Organizations must communicate resource needs to DBHDS as explicitly as possible. It is understood that, particularly in the hours immediately following a disaster, information is difficult to ascertain and may change suddenly. Impacted Organizations must communicate any and all available information with regard to resource needs to DBHDS as soon as possible and advise DBHDS as these needs change.

5.2 Communication of Request: DBHDS to Participating Organizations
Following receipt of a detailed request for assistance from an Impacted Organization, DBHDS will coordinate the propagation of this request throughout the Virginia CSB system via all appropriate communication channels.
DBHDS will request the needed resource on behalf of the Impacted Organization and will receive offers of assistance from Assisting Organizations.

5.3 Right of Refusal: Impacted Organization
The Impacted Organization has the right to reject any and all offered resources at any time and for any reason.
5.4 Right of Refusal: Participating Organization
This MOU and the CSB-MAP does not legally compel any participating organization's assistance in any individual incident. A participating Organization may refuse assistance as they deem necessary.

5.5 Communication of Assistance: Assisting Organization to DBHDS
Upon receipt of a sufficient offer of assistance, DBHDS will connect the Assisting Organization with the Impacted Organization for all further coordination.

5.6 Demobilization Procedures
Demobilization of resources will be coordinated between the Impacted Organization and the Assisting Organization.

5.7 Costs Incurred
An Impacted Organization, upon acceptance of a resource from an Assisting Organization agrees to fund all transportation, staging, operational, and demobilization costs for the resource either during the response or via reimbursement to the Assisting Organization. Assisting Organizations will maintain adequate documentation of costs incurred. Assisting Organizations may consider costs incurred as in-kind donations if mutually agreed upon in writing. Copies of such signed agreements should be given to DBHDS.

Article VI Term and Termination

6.1 Term
This MOU is effective as of the Effective Date set forth on the signature page below and shall expire on December 31, 202X. A renewal MOU must be signed prior to the expiration of this MOU to continue participation in the CSB-MAP. Any CSB with an expired MOU may, at any time, request to sign a new MOU to participate in the CSB-MAP.

6.2 Termination
A Participating Organization may at any time terminate its participation in the MOU by written notice to DBHDS. Termination is effective upon DBHDS written acknowledgement of receipt of notice to terminate. Any terminating Participating Organization shall remain liable for all obligations incurred during its period of participation, until the obligation is satisfied.
Participating Organizations who are not in compliance with this MOU may be given thirty (30) days to meet compliance. After thirty (30) days, DBHDS may terminate a Participating Organization's participation in the CSB-MAP due to non-compliance with the terms of this MOU. This decision will be communicated in writing to respective Participating Organization Executive Director within ten (10) days of the decision.

Article VII Miscellaneous

7.1 Credentialing
The Assisting Organization is responsible for appropriate credentialing of staff and for the safety and integrity of other resources provided to an Impacted Organization.

7.2 Hold Harmless
An Impacted Organization agrees to hold harmless DBHDS and any Assisting Organization for omissions on the part of the Assisting Organization in good faith response for assistance during a disaster.

7.3 Independent Contractor
Each Participating Organization acts as an independent contractor with respect to the other parties to this MOU. Participating Organization may not act on behalf of other Participating Organizations and have no rights to any assets except for assets under their own control. Nothing in this MOU alters in any way control of the management, assets, or affairs of any party. Nothing in this MOU shall be construed to give a Participating Organization any right of ownership, possession, use, or control of the facilities or assets of another Participating Organization. No party by virtue of this MOU assumes any liability for any debts or obligations of any kind incurred by another party to this MOU. Nothing in this MOU shall be construed as limiting the rights of any party to contract with any other party on a limited or general basis.

7.4 Mediation and Arbitration

If a dispute arises out of or relating to this MOU, and if said dispute cannot be settled through direct discussions, the parties agree to first endeavor to settle the dispute in an amicable manner by mediation. Thereafter, any unresolved controversy or claim arising out of or relating to this MOU, or breach thereof, may be settled by arbitration, if the parties agree to do so, and judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. The parties to this MOU may seek to resolve disputes pursuant to mediation or arbitration but are not required to do so.

7.5 Worker's Compensation and Employee Claims
Employees of a Participating Organization remain employees of that Participating Organization and all costs associated with the employee are the responsibility of the employer. Employers shall provide worker's compensation coverage as required by law.

7.6 Modifications
The terms of this MOU may not be modified except by DBHDS. Amendments to this MOU must be in writing and signed by Participating Organizations.

7.7 Entire Agreement
This MOU and any attached exhibits constitute the entire agreement amongst the Participating Organizations. No other terms are agreed to unless in writing and signed by the Participating Organizations.

7.8 Non-Exclusiveness and Prior Agreements
This MOU shall not supersede any existing mutual aid agreement, transfer agreements, or any other agreements between two or more Participating Organizations. Assistance requested by a party to a mutual aid agreement other than this MOU shall be governed by the terms of that mutual aid agreement, not by this MOU.

7.9 Governmental Authority and Venue
This MOU shall be interpreted, construed, and enforced in accordance with the laws of the Commonwealth of Virginia. Any legal action that may arise out of this MOU shall be brought in the Commonwealth of Virginia

7.10 No Partnership
This MOU shall not be interpreted or construed to create an association, joint venture, or partnership among the Participating Organizations or to impose any partnership obligation or liability upon any Participating Organization. Further, no Participating Organization shall have any undertaking for or on behalf of, or to act as or be an agent or representative of, or to otherwise bind any other Participating Organization.

7.11 No Third-Party Beneficiary
Nothing in this MOU shall be construed to create any rights in or duties to any third party, nor any liability to or standard of care with reference to any third party. This MOU shall not confer any right or remedy upon any person other than the Participating Organizations. This MOU shall not release or discharge any obligation or liability of any third party to any Participating Organizations.

7.12 Successors and Assigns
This MOU is not transferable or assignable, in whole or in part, by any Participating Organization.

7.13 Waiver of Rights
Any waiver at any time by any Participating Organization of its rights with respect to a default under this MOU, or with respect to any other matter arising in connection with this MOU, shall not constitute or be

deemed a waiver with respect to any subsequent default or other matter arising in connection with this MOU. Any delay short of the statutory period of limitations, in asserting or enforcing any right, shall not constitute or be deemed a waiver.

7.14 Invalid Provision

The invalidity or unenforceability of any particular provision thereof shall not affect the other provisions hereof, and this MOU shall be construed in all respects as if such invalid or unenforceable provision had been omitted.

7.15 Notices

All notices, requests, approvals, demands and other communications required or permitted to be given under this MOU shall be in writing and shall be deemed to have been duly given and to be effective when delivered personally (including delivery by express or courier service) or, if mailed, four (4) business days after being deposited in the United States mail as a registered or certified matter, postage prepaid, return receipt requested, addressed as follows:

If to DBHDS :

Stephanie Waite, Disaster Behavioral Health Coordinator
Virginia Department of Behavioral Health and Developmental Services
1220 Bank Street - 13th Floor
Richmond, Virginia 23219

Virginia Community Services Board Mutual Aid Plan

Memorandum of Understanding

IN WITNESS WHEREOF, the Participating Organization named below has signed this MOU as of _________ __, 202X ("Effective Date").

Organization Name:

Address:
City / State / Zip:
Phone:
Signature:
Printed Name:
Title:
Date:

Executed MOUs will be retained at DBHDS. Please retain one executed copy for your records and mail or e-mail this signed page to:

Appendix 3: Draft Memorandum of Agreement Template

This Mutual Aid Agreement (this "Agreement") is made as of the **[enter date]** day of **[enter month and year]** by and between

1. the Virginia Department of Behavioral Health and Developmental Services, ("DBHDS") headquartered at 1220 Bank Street, Richmond, VA, 23218 ("DBHDS"); and

2. **[enter CSB name]** ("CSB") a Community Services Board located at [**enter CSB administrative headquarters address].**

DBHDS and CSB may each be referred to in this Agreement individually as a "Party" and collectively as the "Parties."

This written Agreement shall be executed at any time the Governor of Virginia signals his intent to open a State Managed Shelter ("SMS") in preparing for and/or responding to the impact of a major disaster (the "Disaster").

The Parties agree as follows:

1. **Description of Work.** CSB shall perform the following described work at SMS, in accordance with the Commonwealth of Virginia Emergency Operations Plan and the Commonwealth of Virginia State Coordinated Regional Shelter Plan:
   a. Organize and oversee the provision of any and all Disaster Behavioral Health services within the Shelter, which may include, but shall not be limited to, crisis counseling, Psychological First Aid, and other appropriate mental health services;
   b. Provide staff support for the provision of Disaster Behavioral Health services from within the CSB existing staff;
   c. Coordinate additional staff support from trusted partners from within the community as necessary and appropriate

   The described work noted in this section may be referred to in this Agreement individually or collectively as the "Work".

2. **Contract Price and Payments.**
   a. DBHDS agrees to pay the CSB the total amount of **[enter amount]** (the "Contract Price").
   b. Payment of this amount is subject to additions or deductions in accordance with any mutually agreed to changes and/or modifications in the Work.
   c. Payment will be made by check by DBHDS no later than 120 days upon completion of Work.
   d. The potential for full or partial reimbursement to DBHDS by the Federal Emergency Management Agency ("FEMA") as the result of potential federal declarations resulting from the Disaster shall have no bearing on the Contract Price.
   e. The cost of any change, modification, change order, or constructive change must be allowable, allocable, within the scope of the Agreement, and reasonable for the completion of project scope.

3. **Timeframe.** Work under this Agreement shall begin no later than when preparations begin to open the SMS and shall be completed no earlier than when the Governor of Virginia orders the SMS closed.

4. **Subcontracts.** The CSB shall furnish to DBHDS a list of names of subcontractors proposed to perform principal portions of the Work. A subcontractor, for the purposes of this Agreement, shall be a person with whom the CSB has a direct contract for work at the Shelter. All contracts between the CSB and subcontractor shall be in accordance with the terms of this Agreement and the Contract Documents.

5. **Right to Stop Work.** If the CSB fails to perform Work in accordance with the Agreement, DBHDS shall have the right to order the CSB to stop performing the Work, or any portion thereof, until the cause for such order is eliminated.

6. **Termination for convenience or cause.** DBHDS shall terminate contracts for convenience or cause only by a written notice to the CSB. The notice of termination may be expedited by means of electronic communication capable of providing confirmation of receipt by the CSB. When the notice is mailed, it shall be sent by certified mail, return receipt requested. When DBHDS arranges for hand delivery of the notice, a written acknowledgement shall be obtained from the CSB.
    a. *Elements of notice*. The notice shall state:
        i. That the contract is being terminated for the convenience of DBHDS (or for cause) under the Agreement clause authorizing the termination;
        ii. The effective date of termination;
        iii. The extent of termination;
        iv. Any special instructions; and
        v. The steps the CSB should take to minimize the impact on personnel if the termination, together with all other outstanding terminations, will result in a significant reduction in the CSB's work force. If the termination notice is by telegram, include these "steps" in the confirming letter or modification.
    b. *Distribution of copies.* DBHDS shall simultaneously send the termination notice to the CSB, and a copy to and to any known assignee, guarantor, or surety of the CSB.
    c. *Amendment of termination notice.* DBHDS may amend a termination notice to:
        i. Correct nonsubstantive mistakes in the notice;
        ii. Add supplemental data or instructions; or
        iii. Rescind the notice if it is determined that items terminated had been completed or shipped before the CSB's receipt of the notice.
    d. *Reinstatement of terminated contracts.* Upon written consent of the CSB, DBHDS may reinstate the terminated portion of a contract in whole or in part by amending the notice of termination if it has been determined in writing that:
        i. Circumstances clearly indicate a requirement for the terminated items; and
        ii. Reinstatement is advantageous to DBHDS.

7. **Methods of Settlement**. Settlement of terminated contracts terminated for convenience may be effected by negotiated agreement.

8. **Duties of Prime Contractor After Receipt of Notice of Termination.** After receipt of the notice of termination, the CSB shall comply with the notice and the termination clause of the Agreement. The notice and clause applicable to convenience terminations generally require that the CSB:
    a. Stop work immediately on the terminated portion of the Agreement and stop placing subcontracts thereunder;
    b. Terminate all subcontracts related to the terminated portion of the Agreement;
    c. Immediately advise DBHDS of any special circumstances precluding the stoppage of work;
    d. Perform the continued portion of the Agreement and submit promptly any request for an equitable adjustment of price for the continued portion, supported by evidence of any increase in the cost, if the termination is partial;
    e. Take necessary or directed action to protect and preserve property in DBHDS's possession in which DBHDS has or may acquire an interest.
    f. Promptly notify DBHDS in writing of any legal proceedings growing out of any subcontract or other commitment related to the terminated portion of the Agreement;
    g. Settle outstanding liabilities and proposals arising out of termination of subcontracts, obtaining any approvals or ratifications required by DBHDS;
    h. Promptly submit the CSB's own settlement proposal, supported by appropriate schedules; and

9. **Duties of DBHDS After Issuance of Notice of Termination.** Consistent with the termination clause and the notice of termination, DBHDS shall:
    a. Direct the action required of the CSB;
    b. Examine the settlement proposal of the Agreement and, when appropriate, the settlement proposals of subcontractors;
    c. Promptly negotiate settlement with the CSB and enter into a settlement agreement; and
    d. Promptly settle the CSB's settlement proposal by determination for the elements that cannot be agreed on, if unable to negotiate a complete settlement.
    e. To expedite settlement, DBHDS may request specially qualified personnel to:
        i. Assist in dealings with the CSB;
        ii. Advise on legal and contractual matters;
        iii. Conduct accounting reviews and advise and assist on accounting matters; and

10. **Termination conference**. DBHDS should promptly hold a conference with the CSB to develop a definite program for effecting the settlement. When appropriate in the judgment of DBHDS, after consulting with the CSB, principal subcontractors should be requested to attend. Topics that should be discussed at the conference and documented include:
    a. General principles relating to the settlement of any settlement proposal, including obligations of the CSB under the termination clause of the contract;
    b. Extent of the termination, point at which work is stopped, and status of any plans, and information that would have been delivered had the Agreement been completed;
    c. Status of any continuing work;
    d. Obligation of the CSB to terminate subcontracts and general principles to be followed in settling subcontractor settlement proposals;
    e. Names of subcontractors involved and the dates termination notices were issued to them;

f. CSB personnel handling review and settlement of subcontractor settlement proposals and the methods being used;
g. Form in which to submit settlement proposals;
h. Accounting review of settlement proposals;
i. Tentative time schedule for negotiation of the settlement, including submission by the CSB and subcontractors of settlement proposals, termination inventory schedules, and accounting information schedules;
j. Actions taken by the CSB to minimize impact upon employees affected adversely by the termination

11. **Other Contractors.** DBHDS reserves the right to enter into other contracts in connection with the Work. The CSB shall cooperate with all other contractors so that their work shall not be impeded, and shall give them access to the Shelter as necessary to perform their contracts.

12. **Equal Employment Opportunity.** During the performance of this contract, the contractor agrees as follows:
    a. The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action shall include, but not be limited to the following: Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.
    b. The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.
    c. The contractor will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the contractor's legal duty to furnish information.
    d. The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

e. The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
f. The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
g. In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
h. The contractor will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (8) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance:

   Provided, however, that in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the administering agency, the contractor may request the United States to enter into such litigation to protect the interests of the United States.

   The applicant further agrees that it will be bound by the above equal opportunity clause with respect to its own employment practices when it participates in federally assisted construction work: *Provided,* That if the applicant so participating is a State or local government, the above equal opportunity clause is not applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the contract.

   The applicant agrees that it will assist and cooperate actively with the administering agency and the Secretary of Labor in obtaining the compliance of contractors and subcontractors with the equal opportunity clause and the rules, regulations, and relevant orders of the Secretary of Labor, that it will furnish the administering agency and the Secretary of Labor such information as they may require for the supervision of such compliance, and that it will otherwise assist the administering agency in the discharge of the agency's primary responsibility for securing compliance.

   The applicant further agrees that it will refrain from entering into any contract or contract modification subject to Executive Order 11246 of September 24, 1965, with a

contractor debarred from, or who has not demonstrated eligibility for, Government contracts and federally assisted construction contracts pursuant to the Executive Order and will carry out such sanctions and penalties for violation of the equal opportunity clause as may be imposed upon contractors and subcontractors by the administering agency or the Secretary of Labor pursuant to Part II, Subpart D of the Executive Order.

In addition, the applicant agrees that if it fails or refuses to comply with these undertakings, the administering agency may take any or all of the following actions: Cancel, terminate, or suspend in whole or in part this grant (contract, loan, insurance, guarantee); refrain from extending any further assistance to the applicant under the program with respect to which the failure or refund occurred until satisfactory assurance of future compliance has been received from such applicant; and refer the case to the Department of Justice for appropriate legal proceedings.

13. Compliance with the Contract Work Hours and Safety Standards Act.

- **a.** *Overtime requirements.* No contractor or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.
- **b.** *Violation; liability for unpaid wages; liquidated damages.* In the event of any violation of the clause set forth in paragraph (b)(1) of this section the contractor and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such contractor and subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (b)(1) of this section, in the sum of $27 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (b)(1) of this section.
- **c.** *Withholding for unpaid wages and liquidated damages.* FEMA shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the contractor or subcontractor under any such contract or any other Federal contract with the same prime contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime contractor, such sums as may be determined to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid wages and liquidated damages as provided in the clause set forth in paragraph (b)(2) of this section.
- **d.** *Subcontracts.* The contractor or subcontractor shall insert in any subcontracts the clauses set forth in paragraph (b)(1) through (4) of this section and also a clause

requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (b)(1) through (4) of this section.

14. Clean Air Act

a. The contractor agrees to comply with all applicable standards orders, or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
b. The contractor agrees to report each violation to the DBHDS and understands and agrees that DBHDS will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
c. The contractor agrees to include these requirements in each subcontract exceeding $150,000 financed in whole or in part with Federal assistance provided by FEMA.

15. Federal Water Pollution Control Act

a. The contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
b. The contractor agrees to report each violation to DBHDS and understands and agrees that DBHDS will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
c. The contractor agrees to include these requirements in each subcontract exceeding $150,000 financed in whole or in part with Federal assistance provided by FEMA.

16. **Suspension and Debarment**.

a. This Agreement is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000. As such the CSB is required to verify that none of the contractor, its principals (defined at 2 C.F.R. § 180.995), or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).
b. The contractor must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.
c. This certification is a material representation of fact relied upon by DBHDS. If it is later determined that the CSB did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to DBHDS, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.
d. The bidder or proposer agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder

or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions."

17. **Byrd Anti-Lobbying Amendment**, Contractors who apply or bid for an award of $100,000 or more shall file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, officer or employee of Congress, or an employee of a Member of Congress in connection with obtaining any Federal contract, grant, or any other award covered by 31 U.S.C. § 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the recipient who in turn will forward the certification(s) to the awarding agency.

18. **Procurement of recovered materials**. In the performance of this Agreement, the CSB shall make maximum use of products containing recovered materials that are EPA-designated items unless the product cannot be acquired:
    a. Competitively within a timeframe providing for compliance with the contract performance schedule;
    b. Meeting Agreement performance requirements; or
    c. At a reasonable price.

19. **Access to Records**. The following access to records requirements apply to this Agreement:
    a. The CSB agrees to provide the Virginia Department of Emergency Management, DBHDS, the FEMA Administrator, the Comptroller General of the United States, or any of their authorized representatives access to any books, documents, papers, and records of the Agreement which are directly pertinent to this Agreement for the purposes of making audits, examinations, excerpts, and transcriptions.
    b. The CSB agrees to permit any of the foregoing parties to reproduce by any means whatsoever or to copy excerpts and transcriptions as reasonably needed.
    c. The CSB agrees to provide the FEMA Administrator or his authorized representatives access to construction or other work sites pertaining to the work being completed under the Agreement.

20. **DHS Seal, Logo, and Flags**. The CSB shall not use the DHS seal(s), logos, crests, or reproductions of flags or likenesses of DHS agency officials without specific FEMA pre-approval.

21. **Compliance with Federal Law, Regulations, and Executive Orders**. This is an acknowledgement that FEMA financial assistance, when applicable, will be used to fund

this Agreement only. The CSB will comply will all applicable federal law, regulations, executive orders, FEMA policies, procedures, and directives.

22. **No Obligation by Federal Government**. The Federal Government is not a party to this Agreement and is not subject to any obligations or liabilities to the non-Federal entity, contractor, or any other party pertaining to any matter resulting from the Agreement.

23. **Program Fraud and False or Fraudulent Statements or Related Acts**. The CSB acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the CSB's actions pertaining to this contract.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date first written above.

DBHDS

________________________________ ________________________________

[name] Date

CSB

________________________________ ________________________________

[name] Date

Appendix 4: VBH-MRC Standard Operating Procedure

I. Purpose

The purpose of this document is to outline the Standard Operating Procedure for the Virginia Behavioral Health Medical Reserve Corps (VBH-MRC) so that DBHDS can:

1. Take actions necessary and appropriate to develop meaningful opportunities for VBH-MRC volunteers;
2. Develop written rules governing the recruitment, screening, training, responsibility, utilization and supervision of volunteers;
3. Take actions necessary to ensure that volunteers and paid staff understand their respective duties and responsibilities, their relationship to each other, and their respective roles in fulfilling the objectives of their department;
4. Take actions necessary and appropriate to ensure a receptive climate for citizen volunteers;
5. Provide for the recognition of volunteers who have offered exceptional service to the Commonwealth; and
6. Recognize prior volunteer service as partial fulfillment of state employment requirements for training and experience established by the Department of Human Resource Management.

II. Recruitment

1. Volunteers shall be recruited on a pro-active basis, with the intent of broadening and expanding the volunteer involvement of the VBH-MRC. The sole qualification for volunteer recruitment shall be suitability to successfully carry out the mission of the VBH-MRC. Volunteers may be recruited through a variety of means including, but not limited to, advertisement within state, local, and private, and nonprofit entities, social and traditional media, word-of-mouth, and recommendation by other VBH-MRC members. VBH-MRC members must be at least 18 years of age at the time of application.

2. DBHDS is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, gender identity, sexual orientation, national origin, political affiliation, disability, genetic information, age, retaliation, parental status, pregnancy, military service/status, or other non-merit factor. We commit to a diverse and inclusive workforce that is reflective of the Commonwealth of Virginia. Reasonable accommodations are available to persons with disabilities during application and/or interview processes per the Americans with Disabilities Act.

III. Screening

Screening will be conducted in a three-step process: online to the Virginia Medical Reserve Corps , in-person interview, and background investigation.

1. Online application:
    i. Applications are initiated through receipt of online application to the Virginia MRC at https://www.vdh.virginia.gov/mrc/apply-to-volunteer/

ii. Failure to complete any portion of the application may be grounds for disqualification for further consideration.
iii. Any false information or misrepresentation provided on the application may be grounds for disqualification for further consideration or, if discovered after being accepted onto the VBH-MRC, grounds for removal from the unit

2. In-person interview:
    i. Upon review of the application, selected candidates will be invited for an interview
    ii. Interviews may be conducted in-person or remotely
    iii. Interviewers may include, but are not limited to, the DBH Coordinator, VBH-MRC leaders, VBH-MRC members, and VBH-MRC Behavioral Health Specialists.

3. Background investigation:
    i. When deployed, members of the VBH-MRC are considered in "direct are positions" as defined by Code of Virginia § 37.2 – 416. As such, background investigations are required for all volunteers.
    ii. DBHDS conducts background investigations that include criminal history record, sex offender registry, and crimes against minors. Other background investigations may be conducted. Disqualifying convictions may include, but are not limited to, the following: sexual offenses, violent activity, HIPAA violations, inappropriate relationships with patients (healthcare workers), and any barrier crime listed in Code of Virginia § 19.2-392.02. At their own discretion, the DBH Coordinator will evaluate convictions on a case-by-case basis.
    iii. Background checks will be initiated using the Background Investigation Form or SP-167
    iv. The cost of the background shall be the responsibility of DBHDS

IV. Existing Medical Reserve Corps (MRC) Volunteers

1. Individuals who are already MRC Volunteers with a local MRC Unit are not required to complete a new MRC application. Such volunteers may continue to serve in both their local MRC unit and the VBH-MRC Unit or request a Unit Transfer to move to the VBH-MRC Unit.
2. Volunteers who remain in their local unit will continue to get alerts and communications from their Local MRC Unit Coordinator for local volunteer, training, and exercise opportunities.
    i. These individuals should contact the DBH Coordinator directly
    ii. Their MRC profile will be coded for the BH Response Team Role, allowing them to also receive alerts and notifications from the VBH-MRC Unit Coordinator
3. Volunteers wishing to transfer to the VBH-MRC Unit should contact their Local MRC Unit Coordinator and request to be transferred to the VBH-MRC Unit.
    i. Once the unit transfer is complete, they will no longer get notifications and alerts from their local MRC Unit. They will only receive notifications and alerts from the VBH-MRC Unit Coordinator from that point on

V. Training

1. Specific training must be complete before VBH-MRC volunteer can be deployed to an event, including:

   i. Initial orientation
   ii. Cybersecurity/HIPPA training
   iii. All required training as determined by the DBH Coordinator
2. Additional training may be conducted in formal classroom settings, through activities can range from facilitated discussions to full-scale exercises, and/or through actual event settings.
3. Knowledge, skills, and abilities obtained in each training or exercise will be documented.
4. Participation in each training by VBH-MRC members will be recorded by the DBH Coordinator.
5. The DBH Coordinator will establish and maintain a training schedule based on the needs of the VBH-MRC as identified by the DBHDS and through exercise and event After Action Reports.

VI. Utilization

1. Upon activation of the Disaster Behavioral Health plan, DBHDS may coordinate the deployment of the VBH-MRC.
2. The VBH-MRC is a group of volunteers who have been pre-credentialed and trained in the delivery of disaster behavioral health services.
   i. <u>VBH-MRC Leader:</u> Responsible for direction of other VBH-MRC personnel and the integration of the VBH-MRC into the overall incident response.
   ii. <u>VBH-MRC Member:</u> Responsible for providing front-line disaster behavioral health intervention at the direction of, or in coordination with, the team leader.
   iii. <u>BH Specialist (optional):</u> Serves as the behavioral health subject matter expert. This position will interface with other healthcare workers and support their operations as necessary regarding behavioral health. Support first-line providers in escalation of individuals for more thorough evaluation. Evaluate (not diagnose) individuals' current or future mental health concerns and make appropriate referral or connection to more intensive services. Assist with any mental health triage needs. Lead force protection efforts for all responders.
3. VBH-MRC Muster and Deployment Process:
   i. DBHDS receives request of DBH Plan activation.
   ii. DBHDS discusses need with requesting agency.
   iii. DBHDS initiates request for deployable VBH-MRC personnel with availability to meet the needs of the requesting agency.
      1. DBHDS Internal Requests for members of the VBH-MRC
      2. Community Services Boards requests for deployable volunteers
   iv. Upon identification of resources adequate to meet the need of the requesting agency, the DBH Coordinator coordinates the following:
      1. Travel arrangements, including lodging and per diem
      2. Incident specific briefing
      3. Reception at deployment site and assignment of duties
   v. Throughout the duration of the deployment, the DBH Coordinator will communicate with team leaders and work to resolve logistical issues to support incident response.

vi. DBH Coordinator will communicate with requesting agency to determine the duration of the response and the need for additional teams for sustained disaster behavioral health support.
vii. Upon decommissioning by the Incident Commander or his/her designee, the VBH-MRC will coordinate with DBH Coordinator for demobilization instructions inclusive of incident specific demobilization procedures and debriefing.
viii. Demobilization will be considered complete when all reimbursement requests have been received and processed.

4. Details not specifically addressed above will be handled by application of the NIMS paradigm

VII. Supervision

1. Upon activation of the DBH Plan, DBH assumes command and control only of the behavioral health assets it directly deploys. Command and control for the overall response to an event continues to reside with the agency, county, city, etc. with jurisdiction.
2. Team members and BH Specialists in the field are supervised by Team Leader
3. The Team Leader is supervised by the DBH Coordinator
4. The DBH Coordinator is supervised by the Director or Strategic Planning and Execution

VIII. Roles and Responsibilities

1. DBH Coordinator
   i. Recruit VBH-MRC members
   ii. Review VBH-MRC candidate applications
   iii. Organize and conduct VBH-MRC interviews
   iv. Conduct background checks
   v. Have general administrative oversight over VBH-MRC
   vi. Identify, plan, execute, and document training and exercises as needed
   vii. Establish and maintain a training schedule based on the needs of the VBH-MRC as identified by the DBHDS DBHC and through exercise and event After Action Reports.
   viii. Coordinate travel arrangements, including lodging and per diem; incident specific briefings; reception at deployment site; and assignment of duties for VBH-MRC members
   ix. Communicate with team leaders and work to resolve logistical issues to support incident response
   x. Communicate with requesting agency to determine the duration of the response and the need for additional teams for sustained disaster behavioral health support
   xi. Coordinate with VBH-MRC Team Leader for demobilization instructions inclusive of incident specific demobilization procedures and debriefing
   xii. Supervise VBH-MRC Team Leader

2. VBH-MRC Unit Leader
   i. Receive and maintain required training

ii. Respond to incidents when requested
iii. Supervise VBH-MRC Members and BH Specialists
iv. Coordinate with DBH Coordinator for demobilization instructions inclusive of incident specific demobilization procedures and debriefing

3. VBH-MRC Unit Members
   i. Receive and maintain required training
   ii. Respond to incidents when requested

4. BH Specialists (optional)
   i. Serves as the behavioral health subject matter expert
   ii. Interface with other healthcare workers and support their operations as necessary regarding behavioral health
   iii. Support first-line providers in escalation of individuals for more thorough evaluation
   iv. Evaluate (not diagnose) individuals' current or future mental health concerns and make appropriate referral or connection to more intensive services
   v. Assist with any mental health triage needs
   vi. Lead force protection efforts for all responders.

IX. Recognition

DBHDS will recognize volunteers who have offered exceptional service to the Commonwealth through any of the following:

1. Letter of gratitude from the Commissioner, or other officials
2. Promotion from VBH-MRC Unit Member to VBH-MRC Team Leader
3. Special events
4. Public recognition