

Background
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demonstrated that in a crisis, early mental health intervention activities assist individuals and communities to respond with resiliency and positive coping mechanisms. Studies have also found that the disaster mental health needs of individuals with preexisting mental illnesses, intellectual disability, or substance use disorders will be similar to those of the general population.

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

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

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

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

Purpose

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

Policy

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

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

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

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

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

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

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