

XI. Emergency Preparedness

A. Introduction

Emergency planning and preparedness are critical for all citizens, and individuals with disabilities often have more complex planning needs. Historically, emergency preparedness planning for persons with disabilities has focused on those residing in congregate settings such as Medicaid waiver homes, state hospitals, training centers and community intermediate care facilities for persons with mental retardation (ICFs-MR), assisted-living facilities, and nursing facilities. In accordance with the *Americans with Disabilities Act* (ADA, 42 USC 12101 *et seq.*) and the U.S. Supreme Court's decision in *Olmstead v. L.C.*, referenced in earlier chapters, increasing attention is now being paid to the needs of individuals with disabilities who live in the community and who may need extra assistance or reasonable accommodations, either to find safe shelter where they are or to evacuate.

The U.S. Department of Homeland Security's **Federal Emergency Management Agency (FEMA)** defines key terms in its National Response Framework (www.fema.gov/emergency/nrf/aboutNRF.htm):

- **Emergency:** “Any incident, whether natural or manmade, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.”
- **Emergency Management:** “A subset of incident management, the coordination and integration of all activities necessary to build, sustain, and improve the capability to prepare for, protect against, respond to, recover from, or mitigate against threatened or actual natural disasters, acts of terrorism, or other manmade disasters.”
- **Preparedness:** “Actions that involve a combination of planning, resources, training, exercising, and organizing to build, sustain, and improve operational capabilities. Preparedness is the process of identifying the personnel, training, and equipment needed for a wide range of potential incidents, and developing jurisdiction-specific plans for delivering capabilities when needed for an incident.”

Since the terrorist attacks of September 11, 2001, emergency management and preparedness have been at the forefront of public awareness. This heightened awareness has caused federal, state, and local governments to examine more regularly their ability to prepare for, respond to, recover from, and mitigate natural and manmade disasters for all citizens. A leader in this area, Virginia is one of 25 states that have received full accreditation by the **Emergency Management Accreditation Program (EMAP)**. Virginia renewed its

accreditation in April 2010 by qualifying for expanded standards (increased to 63 from 54 in 2005). EMAP accreditation indicates that an emergency management program meets rigorous national standards for documented compliance in 15 functional areas that include planning and procedures, resource management, training exercises, evaluations and corrective actions, and communications and warning. Although EMAP accreditation is voluntary, it fosters benchmarking and continuous improvement in local and state government emergency management.

Federal efforts are designed to enhance national, state, and local preparedness, and progress has been made at all levels to better prepare for the needs of individuals with disabilities, particularly with respect to sheltering and planning. The 2008 *National Response Framework (NRF)* emphasizes that improving community partnerships strengthens community resilience. It recognizes that better response capabilities are realized when representation by non-governmental organizations (NGOs) and individuals with disabilities in planning is expanded and that better preparation for sheltering and evacuation requires inclusion of NGOs and cooperation across multiple governmental levels.

While some people prefer not to use the term “special needs,” it has a particular meaning to emergency planners. The NRF uses it broadly to refer to:

“Populations whose members may have additional needs before, during, and after an incident in five functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, medical care. Individuals in need of additional response assistance may include those who have disabilities, who live in institutionalized settings, who are elderly, who are children, who are from diverse cultures, who have limited English proficiency or are non-English speaking, or who are transportation disadvantaged.”

In December 2009, two documents published by the U.S. Department of Health and Human Services also emphasized that, where communities are strong at all levels of government and where individuals, families, and the private sector, NGOs, and the academic and research sections are interconnected, their overall health and preparedness for emergency planning and response is stronger. The *National Health Security Strategy of the United States of America* and its companion, the *Interim Implementation Guide for the National Health Security Strategy*, provide the ground work for communities to develop goals and objectives for a more coordinated local, regional, and statewide emergency response strategy. It is anticipated that the full implementation guide will be released soon.

To increase its compliance implementation technical assistance to states, FEMA has established Community Integration Coordinators in each of its regional offices across the country with a central **Office of Disability Integration and Coordination** at its headquarters in Washington, D.C. In June 2010, the office’s director, Marcie Ross, reported to the Subcommittee on Emergency Communications, Preparedness, and Response of the U.S. House of Representatives’ Committee on Homeland Security on the status of general population

shelters and the lack of progress for supporting individuals with disabilities. Her remarks noted that the *Post-Katrina Emergency Management Reform Act* of 2006 (Title VI of PL 109-295) provided a much-needed mandate to integrate the needs of people with disabilities and those with access and functional needs into general emergency management planning, response, and recovery. This statute, enacted to address the shortcomings identified in the preparation for and response to Hurricane Katrina, enhanced FEMA's responsibilities and its autonomy within the Department of Homeland Security. Despite its new requirements to plan for and meet the disaster needs of children and adults with disabilities, the director's review found that many of the same problems were seen during Hurricane Gustav. Individuals were still turned away from shelters, information was inaccessible to persons who were deaf or blind, services required under disability rights laws were not being provided, and catastrophic, but preventable, health impacts were felt by previously stable and independent evacuees with disabilities.

In September 2010, "**Getting Real**"—**The 2010 Inclusive Emergency Management National Capacity Building Training Conference** in Baltimore, Maryland, called attention to a significant effort at the federal level over the last several years to publish materials supporting inclusive emergency management practices. The conference featured intensive, participatory cross-training and bridge-building activities focusing on three FEMA publications: *Emergency Management Under Title II of the Americans with Disabilities Act (ADA)* and its two addenda, *The ADA and Emergency Shelters: Access for All in Emergencies and Disasters* and *ADA Accessibility Survey Forms and Instructions*. Title II of the ADA requires shelters to provide access to their many benefits, including "safety, food, services, comfort, information, a place to sleep until it is safe to return home, and [the ability] to obtain the support and assistance of family, friends, and neighbors." Together, these documents serve as a toolkit (www.ada.gov/pcatoolkit/chap7emergencymgmt.htm) that local and state governments can use to facilitate ADA compliance, including a checklist that enables states to monitor compliance and document policies and procedures maintained regarding shelter accessibility.

Virginia has formed an emergency preparedness team within the Health and Human Resources Secretariat, led by the **Virginia Department of Health (VDH)**, with the support of the **Virginia Department of Emergency Management (VDEM)**, agencies that plan or provide services for people with disabilities, and other agencies concerned with the health and wellbeing of all citizens in the event of an emergency. This team has worked to increase awareness and preparedness activities and conducting "gap analyses" of state preparedness efforts on an ongoing basis. It is currently examining ways to improve the involvement of individuals with disabilities in emergency planning and to improve communications and accessibility features of shelters operated by the state and municipalities.

Since the 2008 edition of this assessment, a number of the agencies on this team have taken steps to improve their emergency planning and preparedness, including providing access to related information on their websites and in other forums, and all state agencies are now required to include a goal "to strengthen the culture of preparedness across state agencies, their

employees, and customers” in their state agency strategic plans. Descriptions of some of those efforts appear below.

In its *2010-2012 Strategic Plan* (<http://vaperforms.virginia.gov/agencylevel/src/ViewAgency.cfm?agencycode=702>), the **Virginia Department for the Blind and Vision Impaired (DBVI)** notes that it will be prepared to act in the interests of the citizens of the Commonwealth during and after an emergency, and that its Emergency Coordination Officer will stay in regular communication with VDEM and other Commonwealth Preparedness Working Group agencies

The *2010-2012 Strategic Plan* (<http://vaperforms.virginia.gov/agencylevel/src/ViewAgency.cfm?agencycode=751>) for the **Virginia Department for the Deaf and Hard Hearing (DDHH)** contains specific information on its recent efforts to make the lead agencies responsible for emergency preparedness planning sensitive to the communications needs of its constituents. This includes outreach activities to improve access to information in formats accessible to the hearing impaired.

Consistent with the emergency preparedness goal in its *2010-2012 Strategic Plan* (<http://vaperforms.virginia.gov/agencylevel/src/ViewAgency.cfm?agencycode=262>), the **Department of Rehabilitative Services (DRS)** now conducts an all-hazards Agency Preparedness Assessment to measure compliance with requirements and best practices. The assessment’s components include physical security, continuity of operations, information security, vital records, fire safety, human resources, risk management, and internal controls, as well as the National Incident Management System for Virginia Emergency Response Team (VERT) agencies. As with the other Disability Services Agencies (DSAs) listed in this section, DRS plans to stay in continuous communications with VDEM and other Commonwealth Preparedness Working Group agencies.

In *Across the Continuum—Across the Commonwealth, Virginia’s Four-Year Plan for Aging Services* (www.vda.virginia.gov/pdfdocs/FourYearPlanForAgingServices-RD461-2009.pdf), the **Virginia Department for the Aging (VDA)** acknowledges the importance of emergency planning for seniors, emphasizing “that Virginia ensure that older adults with disabilities are adequately represented in statewide and community-level disaster preparedness planning and testing.” The plan notes VDA’s interest in improving accessibility of shelters and recommends that the state leverage its “No Wrong Door” system (www.vda.virginia.gov/nowrongdoor.asp) to create a statewide emergency response registry through which older adults can consent to identify physical, cognitive, or sensory disabilities that may influence preparedness response and recovery plans. Specific actions to accomplish this, however, have not yet been developed.

Virginia’s **Community Integration Advisory Commission** (www.olmsteadva.com) has also played an important role in interagency coordination and emergency planning for individuals with disabilities in recent years. Commission recommendations were cited in the 2008 edition of this assessment and have influenced planning by state agencies. It is

undetermined, however, at the time of this assessment whether this will continue to be a focus of its work.

The heightened national, state, and local attention on emergency preparedness described in this introduction and further explored in the following sections has been greatly influenced by recent natural disasters and other emergencies that have tested response systems. Additional significant changes, as a result of both past and future events, should be expected, and regular monitoring of the resources listed throughout this chapter and in the reference section at its conclusion is encouraged.

B. Eligibility for Emergency Services

Virginians with and without disabilities and their families are largely responsible for educating themselves about emergency and disaster preparedness, resources, and training in their communities. Local police, fire, and other emergency services, as well as the **Virginia Citizen Corps** (www.vaemergency.com/citcorps/index.cfm) are sources of information and training, typically provided at no cost.

Following a natural disaster or other emergency, victims may be eligible for financial or other assistance from **Disaster Assistance Programs**. Following an emergency declaration by the President of the United States, federally funded assistance is typically distributed through state and local agencies to affected individuals and businesses within specifically designated areas. The federal **Individuals and Households Program** is jointly administered by the **Federal Emergency Management Agency (FEMA)** and the **Virginia Department of Emergency Management (VDEM)**. Additional information appears in this chapter's available services section or can be obtained from these agencies online (www.disasterassistance.gov and www.vaemergency.com, respectively). Applications for assistance can be submitted online or by telephone (800-621-3362 or 800-462-7585 for the speech or hearing impaired). Losses covered by insurance are not eligible for assistance, and submission of an application does not guarantee that assistance will be approved.

C. Access to and Delivery of Emergency Services

Federal, state, and local governments share responsibility for emergency services and preparedness, and this section provides an overview of how those responsibilities are carried out. The draft **National Response Framework**, previously called the *National Response Plan*, describes the key operational components at each level that may be activated when a local emergency occurs.

FEDERAL RESPONSIBILITIES: National leadership in emergency preparedness is provided by the **Department of Homeland Security (DHS)** and the **Federal Emergency Management Agency (FEMA)**. When a disaster strikes, affected states can request and receive assistance from other states through the **Emergency Management Assistance Compact**. This

congressionally ratified organization provides a formal structure to interstate mutual aid, allowing member states to increase their response capabilities by sharing resources.

Following a governor's declaration of a state of emergency and request for federal assistance, federal entities can respond with immediate assistance and subsequent damage assessments during the recovery phase. These entities include the National Response Coordination Center, Regional Response Coordination Centers, and DHS Joint Field Offices and Disaster Recovery Centers. A discussion of their complex responsibilities is beyond the scope of this assessment, and additional information can be obtained online from DHS (www.dhs.gov/files/prepresprecovery.shtm) and FEMA (www.fema.gov/rebuild/index.shtm).

STATE RESPONSIBILITIES: The *Code of Virginia* (44-146.13 through 60) requires interagency cooperation and specifies that the “Governor, the heads of state agencies, and the local directors and governing bodies of the political subdivisions of the Commonwealth are directed to utilize the services, equipment, supplies and facilities of existing departments, offices, and agencies of the Commonwealth and the political subdivisions thereof to the maximum extent practicable consistent with state and local emergency operation plans.”

Through 2010, the Office of Commonwealth Preparedness (OCP) advised the Governor at the cabinet level (VAC 2.2-304 and 305). In this role, OCP served as a liaison between the Governor and the federal Department of Homeland Security (DHS); pursued strategies to secure DHS funding for emergency planning, response, and recovery; and evaluated the outcomes of local, regional, and state agency and private sector efforts in those areas. Other specified duties for OCP included:

- Providing oversight, coordination, and review of all disaster, emergency management, and terrorism management plans for the state and its agencies;
- Serving as the Governor's representative on regional efforts to develop a coordinated security and preparedness strategy;
- Serving as a direct liaison between the Governor and local governments and first responders on issues of emergency prevention, preparedness, response, and recovery; and
- Educating the public on homeland security and overall preparedness issues.

In the spring of 2011, in compliance with House Bill 1773, passed by that year's General Assembly, Governor McDonnell established the new Office of Veterans Affairs and Homeland Security (OVAHS) headed by a cabinet level Secretary to replace the Office of Commonwealth Preparedness. OVAHS is charged to “work with and through others—including federal, state, and local officials, as well as the private sector—to develop a seamless, coordinated security and preparedness strategy and implementation plan. OVAHS also serves as the liaison between the Governor and the federal Department of Homeland Security.” With the creation of this new office, the OCP was eliminated, and at the time of this assessment, Virginia's interoperability efforts were being reorganized. While it appears that OVAHS will maintain key responsibilities related to preparedness, and two of the key initiatives under the OCP, the Secure Virginia Panel

and the State Interoperability Executive Committee, will remain within OVAHS, the actual structure and assignment of responsibilities within key agencies is not yet known. Therefore, since *Code of Virginia* citations, strategic and interoperability plans, and other documents have not yet been changed to reflect this new organizational structure, some references to the OCP remain throughout this chapter with annotations where appropriate.

The **Virginia Department of Emergency Management (VDEM)** is required to provide the Governor, General Assembly, and OVAHS with an annual statewide assessment of the state's progress in preparing for emergencies and, previously, in concert with OCP, has been responsible for managing seven **Regional Preparedness Advisory Committees** focused on "regional initiatives in training, equipment, and strategy to ensure ready access to response teams in times of emergency and facilitate testing and training exercises for emergencies and mass casualty preparedness". Each committee is comprised of representatives from the law enforcement, fire, and health agencies in the jurisdictions covered by one of the seven Virginia State Police regions.

Two additional teams, the **State Interoperability Executive Committee (SIEC)** and the **State Interoperability Advisory Group**, work with the **Commonwealth Interoperability Coordinator's Office**, now within OVAHS, to refine and improve the **Statewide Communication Interoperability Plan (SCIP)**. "Inoperability" occurs when normal operations cease and existing infrastructure becomes ineffectual. Additional information on this plan to ensure "interoperability" of government at all levels when inoperability occurs appears in the monitoring and evaluation section of this chapter.

When the SEIC was codified in 2008, its membership was expanded and now includes the Secretaries of Public Safety and Technology and representatives from VDEM, the Virginia Office of Emergency Medical Services, and the Departments of Transportation, Military Affairs, and Criminal Justice Services, as well as representatives from the Virginia Association of Governmental Emergency Medical Services Administrators, Statewide Agencies Radio System, Virginia Emergency Managers Association; Virginia Professional Fire Fighters, Virginia State Firefighter's Association, and one member of each of the seven Regional Preparedness Advisory Committees. The SIEC's primary responsibilities are to approve changes in direction of Virginia's strategy, coordinate protocols with the Coordinator of Interoperability, make formal recommendations to the Commonwealth Preparedness Working Group and the Secure Commonwealth Panel concerning DHS interoperability grant funds, and develop minimum requirement recommendations for interoperability communications.

The Benchmarking and Accountability Office within Commonwealth Interoperability Coordinator's Office has the important function of ensuring establishment of the statewide interoperability plan and coordinating other major interoperability plans across the Commonwealth. As part of these efforts, the **Virginia Interoperability Picture for Emergency Response (VIPER)** was developed and is being implemented for use by emergency managers and first responders. VIPER provides an interactive, GIS-based common operating tool that enhances both planning and response capabilities. It is part of an ongoing data interoperability

effort supported by the SIEC and implemented by VDEM in concert with other state and local agencies. VIPER is a part of the DHS-sponsored VirtualUSA project and has been nationally recognized.

All Virginia executive branch agencies have statutory and regulatory authority to plan for emergencies, and certain cooperative strategies are authorized should populations need to evacuate, relocate, and cooperate to improve the likelihood of human and animal survival. Services provided by the Virginia Departments of Emergency Management (VDEM), Social Services (DSS), Health (VDH), and Behavioral Health and Developmental Services (DBHDS) are of primary interest to persons with disabilities. In fulfilling their responsibilities, DSS and VDH collaborate closely with local social services and health departments, respectively. Other state agencies involved in evacuations include the Departments of Housing and Community Development (DHCD), Agriculture and Consumer Services (VDACS), and Transportation (VDOT).

Virginia Department of Emergency Management (VDEM): In its capacity as the designated lead state agency for emergency planning and response, VDEM's September 2009 *Commonwealth of Virginia Emergency Operations Plan (COVEOP)* provides localities with information on state requirements and support related to their emergency preparedness and response activities. Localities are advised to have a shelter plan as a part of their emergency operations plan (EOP) and are directed to initiate those functions necessary to protect life and property in accordance with that plan. They are directed to provide relevant information to the state in the event that state-managed shelters need to be opened, and they are further advised, but not mandated, to identify their populations with special needs.

COVEOP also outlines protocols to be followed by other state agencies in coordination with local agencies and organizations. Those agencies include, but are not limited to the Departments of Social Services (DSS), Behavioral Health and Developmental Services (DBHDS), Agriculture and Consumer Services (VDACS), Education (VDOE), Military Affairs (DMA), Corrections (VADOC), and General Services (DGS). Appropriate communications devices to ensure that people with disabilities are properly accommodated to understand the circumstances of the emergency are included in COVEOP as well.

During both normal and emergency operations, VDEM's field coordinators maintain a dialog between VDEM and the localities in their assigned regions to ensure that state and federal programs support and enhance the development of comprehensive local emergency management capabilities. VDEM also synchronizes capabilities and threat assessments, conducts state planning, and coordinates federal funding and incident management activities between state agencies and localities. When major emergencies or disasters do affect communities, the regional coordinators provide critical coordination of information and resources for those communities to alleviate problems and promote a return to normalcy.

Specifics of VDEM program are covered in the next section of this chapter and in greater detail on its website (www.vaemergency.com). Since the 2008 edition of this assessment, its

emergency preparedness documents have expanded their content to note the important role that state agencies serving individuals with disabilities have in emergency preparedness, including the Departments for the Deaf and Hard of Hearing (DDHH), Blind and Vision Impaired (DBVI), and Aging (VDA), and the Departments of Behavioral Health and Developmental Services (DBHDS), Rehabilitative Services (DRS), and Housing and Community Development (DHCD). These materials emphasize the universal need for access to supports during and after an emergency with specific references to individuals who are deafblind, use a wheelchair or service animal, do not speak English, or have other needs for additional assistance.

Virginia Department of Social Services (DSS): The 2009 COVEOP identifies DSS as the lead agency for **Emergency Support Function (ESF) 6: Mass Care, Emergency Assistance, and Housing and Human Services**. ESF 6 addressed the need for shelter and other human needs, including the needs of vulnerable populations, and numerous state agencies and volunteer organizations provide support to DSS in this effort. Local governments are encouraged to partner with volunteer groups for emergency augmentation as well. COVEOP recommends that local departments of social services establish a memorandum of understanding between the jurisdiction and its American Red Cross chapters to ensure that mass feeding, overnight sleeping accommodations, back-up power, augmented communication including radio backup, a medical aid station, security, traffic control, and fire inspections are provided at shelter operations.

DSS is also responsible for oversight of the **State-Managed Shelter (SMS) Program**. This program is administered and operated by the state to support mass evacuations across jurisdictional boundaries, when ordered by the Governor. SMS facilities are opened only in response to catastrophic events, and when appropriate, messages regarding those sites are communicated by various media to the public. They are designed to keep family units together by providing rapid registration, tracking, and reunification of individuals and families and by co-locating persons with special medical needs, who are elderly, or have disabilities within general population shelters. If SMS sites are activated, ESF 6 assumes that localities will have an understanding of local special needs populations and be able to make this information available to the state when requested. DSS is then responsible for tracking the movement of individuals into and out of shelter services and reporting the details to the Virginia Emergency Operations Center operated by VDEM, which carries the ultimate responsibility for the receipt of this information.

SMS sites have been identified at 19 locations across the Commonwealth. Most are on campuses of public institutions of higher education; however, a few are on private nonprofit properties. Sites are assessed by a multi-disciplinary team with representatives from the SMS facility itself, local government, State Police, DSS, VDH, DRS, VDACS, and the Red Cross. DRS assesses the site for compliance with the *Americans with Disabilities Act (ADA)*, and those areas needing modification are addressed as funding is available. VDACS acts as the lead agency for sheltering pets in an emergency, and in response to occurrences during Hurricane Katrina and other events, local and state plans are being developed to shelter pets and service animals in proximity to their owners.

DSS is also responsible for ensuring compliance with rules and regulations for the operation of assisted-living facilities (ALFs) that house the elderly or persons with disabilities. *Virginia Emergency Preparedness and Response Plan* regulations (22 VAC 40-72-930, <http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+22VAC40-72-930>) describe compliance standards are detailed further in the monitoring and evaluation section of this chapter. Licensed adult daycare centers, children's residential facilities, and child day centers must meet regulatory requirements for emergency response planning as well.

Virginia Department of Health (VDH): The *Code of Virginia* (32.1-19) establishes the duties the Commissioner of Health's responsibilities, in cooperation with state, regional, and local partners, for coordinating the Commonwealth's preparedness and response efforts with respect to bioterrorism, infectious disease outbreaks, and other public health emergencies. VDH consults with fire departments, ambulance services, paramedics, and other local emergency service providers and offers them training and technical assistance that enables them to better prepare to provide the highest quality emergency medical care to those in need in the event of a health emergency. It has also developed emergency preparation and response guidelines for adult daycare centers, assisted-living facilities, and other services licensed by DSS.

The long-standing VDH **Office of Emergency Medical Services (OEMS)** has the mission "to reduce death and disability resulting from sudden or serious injury and illness in the Commonwealth through planning and development of a comprehensive, coordinated statewide emergency medical services system and provision of other technical assistance and support to enable the EMS community to provide the highest quality emergency medical care possible to those in need."

In fall 2010, VDH restructured its emergency preparedness functions, establishing the new **Office of Emergency Preparedness (OEP)** and **Office of Risk Communications and Education (ORCE)**. OEP regional teams coordinate with federal, state, and local partners to prepare for and respond to chemical, biological, radiological, nuclear, explosion, and natural disasters, infectious disease outbreaks, and other emergencies requiring rapid reaction. Team members include experts in hospital preparedness, continuity of operations, and medical countermeasures, a physician consultant, an industrial hygienist, planners, exercise coordinators, and volunteers. ORCE public information officers and educational trainers engage in emergency preparedness and response training and communications, using distance learning, events, and other outreach tools.

Virginia Department of Health Professions (DHP): With the mission to "ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public," DHP's role in emergency preparedness is largely in support of VDH, VDEM, and other lead agencies. State statute provides that its Director, in consultation with those agencies, may adopt regulations requiring health professionals to report to specified authorities in the event of a public health or animal health emergency. In addition, VDH's *2010-2012 Strategic Plan* notes that it has developed an enhanced "electronic content management" system consistent with *Code of Virginia*

requirements (54.1-2506.1) for the collection and use of emergency contact information, which has improved its ability to provide information on specified health professionals and strengthen preparedness across state agencies, their employees, and customers. Professions required to submit information to the system and other details about it are available from DHP online (www.dhp.virginia.gov) along with links to state emergency preparedness websites including the Ready Virginia site described later in this chapter.

Virginia Department of Behavioral Health and Developmental Services (DBHDS): With respect to emergency preparedness, DBHDS is responsible for ensuring that the mental health and intellectual disability residential facilities that it operates and the public and private services that it licenses and oversees comply with all relevant state and federal laws, regulations, and policies. Information on those facilities and services can be found in the Community Supports and Institutional Services chapters of this assessment.

DBHDS Policy 1043(SYS) 08-1: *Disaster and Terrorism Preparedness* requires that: “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” (www.dbhds.virginia.gov/documents/Adm/adm-SBPolicies1043.pdf). The policy manual covers specific action steps for educating policy makers, establishing liaisons between service staff, ensuring participation in state and local emergency services planning, and advocating for more funding and human resources to respond to and recover from emergencies.

LOCAL RESPONSIBILITIES: The *Code of Virginia* (44-146.19) states that: “Each political subdivision within the Commonwealth shall be within the jurisdiction of and served by the Department of Emergency Management and be responsible for local disaster mitigation, preparedness, response and recovery.” As such, each political subdivision is required to maintain an agency of emergency management, consistent with requirements of state disaster plans, that has jurisdiction over that political subdivision. The agency’s powers and duties include, but are not limited to, appointment of a director and coordinator of emergency management, establishment of a local emergency preparedness office, and distribution of food, fuel, clothing, goods, and services within the boundaries of that political subdivision. To do so in times of emergency, according to information provided by VDEM, localities may proceed without regard to time-consuming procedures and formalities prescribed by law (except mandatory constitutional requirements) related to performance of public works, entering into contracts, incurring obligations, employing temporary workers, renting equipment, purchasing supplies and materials, levying taxes, and appropriating and expending public funds.

Local jurisdictions are further required to maintain an emergency operations plan (EOP) that they must comprehensively review and update every four years. As part of its technical assistance, VDEM provides localities with an EOP template, which is currently under review to fully incorporate special needs considerations. As described elsewhere in this chapter, there are

also regulations and guidelines for local oversight of emergency planning for residents of congregate facilities such as nursing homes, assisted-living facilities, and adult daycare centers.

Political subdivisions also have the authority to enter into mutual aid agreements with other jurisdictions, inside or outside the state, and with private firms for reciprocal assistance when a disaster exceeds local capabilities. The **Virginia Statewide Mutual Aid (SMA)** program provides a formal structure for these arrangements. SMA “member” localities impacted by an event can request and receive assistance and resources from other members, increasing their capability to respond to that event.

Planning processes vary by locality, and an analysis of each local planning process is beyond the scope of this assessment. For more information, localities themselves as well as the agencies and organizations described in this chapter should be consulted directly. In localities where they exist, Centers for Independent Living (CILs) are also a good starting point for individuals with disabilities to become involved in emergency planning and learn more about what to expect in an emergency and afterward. Other useful agencies include local health departments, Community Services Boards (CSBs), Area Agencies on Aging (AAAs), and faith-based organizations. The Community Supports chapter contains detailed information on CILs and AAAs.

D. Available Emergency Preparedness Programs and Services

An all-inclusive description of the varied and ever-changing programs offered at the local level are beyond the scope of this assessment. Descriptions of major, state-wide efforts appear below. Individuals are encouraged to contact their local departments of social services and health or Red Cross chapters to find out more about emergency preparedness and disaster relief programs in their communities.

Virginia Department of Social Services (DSS): Once the Governor has requested and the President has approved a federal disaster declaration for Virginia, DSS and the Federal Emergency Management Agency (FEMA) jointly administer the **Individuals and Households Program (IHP)**. IHP’s two components, **Housing Assistance** and **Other Needs Assistance**, can be used by individuals and households within the disaster area for necessary disaster-related expenses and serious needs that cannot be met through other means. IHP funds are not intended to cover disaster losses or to purchase items of services that may be considered nonessential, luxury, decorative, or improvements. The current maximum for all forms of assistance under IHP is \$30,100.

FEMA Housing Assistance is 100 percent federally funded and is available to applicants displaced from their primary residences. It can be used to cover the cost of temporary housing or for permanent housing construction, repair, or replacement in situations where pre-disaster housing has been deemed uninhabitable and no insurance is available to cover those expenses.

Federal funds cover 75 percent of Other Needs Assistance, matched by 25 percent from the state and is most commonly used by eligible individuals to cover loss of essential and necessary personal property. It can also help meet expenses for medical and dental services, funerals, and transportation. Other potentially covered expenses include moving and storage, group flood insurance, and miscellaneous post-incident expenses.

In addition to the IHP financial grants above, DSS may also administer the **Supplemental Nutrition Assistance Program** in response to some disasters, and the Virginia Employment Commission (VEC) may offer **Disaster Unemployment Assistance**. A **Crisis Counseling** grant program may administered by the Department of Behavioral Health and Developmental Services (DBHDS), and the Young Lawyer's sections of both the Virginia State Bar Association and Virginia chapter of the American Bar Association may provide limited free legal services.

Virginia Department of Emergency Management (VDEM): To help ensure that the Commonwealth is prepared for a disaster and to coordinate and administer disaster relief programs, VDEM works with the Federal Emergency Management Agency (FEMA) to develop and maintain state emergency plans. These state-level plans serve as blueprints for response to a variety of scenarios and assist communities in designing effective, long-range mitigation and emergency operations plans addressing hazards specific to their communities. When emergencies occur, VDEM coordinates state and local response efforts with federal agencies and updates the Governor on existing conditions. Resources and programs offered by VDEM and its collaborators include:

- Training exercises and drills across the Commonwealth in emergency management, search and rescue, and hazardous materials response to provide local responders with opportunities to practice those skills in controlled settings so that they can more effectively deal with disasters and their aftermath.
- Intensive annual public awareness campaigns, in conjunction with the National Weather Service and local emergency managers, to promote tornado, hurricane, and winter weather safety.
- **Ready Virginia** (www.readyvirginia.gov) and other online resources with emergency preparedness information on how to prepare a personal plan, create a disaster supply kit, and stay informed, as well as specialized content for older residents, individuals with disabilities, and pet owners.
- A tool-kit for small business emergency preparation, available at www.vaemergency.com, which provides specific guidance regarding employees with disabilities and recommends including them in the development of emergency plans to ensure accommodation of vision, hearing, cognitive, and mobility impairments.

The Community Emergency Response Teams (CERT) program, adopted by VDEM as a best practice in 2004, continues to expand. These teams receive special training to enhance their ability to recognize, respond to, and recover from a major emergency or disaster. The program is

available through community agencies designated by local governments and typically involves fire, police, health officials, and other emergency responders; local programs such as those described below in which VDEM is involved to varying degrees; and other government agencies and community partners. Citizens can contact their local government to learn where training is provided and how to become involved. Statewide, as of 2010, there were approximately 50 local emergency management teams, and 5,800 Virginians have been trained through the CERT program.

The **Medical Reserve Corps (MRC)** prepares health professionals, volunteers, and other individuals to respond to health-related emergencies. It is comprised of physicians, registered nurses, certified nursing assistants, and others with education and training in a medical field who have registered to assist in an emergency, and like CERT, it is locally based.

Neighborhood Watch programs, sponsored by the National Sheriff's Association and its local affiliates, have been bringing citizens, law enforcement, and local officials together successfully to protect their communities for 30 years. An estimated 316,404 households and 803,666 individual volunteers, 12 percent of Virginia's population, participate in 4,794 Neighborhood Watch programs involving more than 187 law enforcement agencies representing 119 entities across the Commonwealth. Although Neighborhood Watch originated as a crime prevention program, VDEM interfaces with it and the Virginia Crime Prevention Association to build community capacity and provides CERT training to its participants.

Volunteers in Public Service (VIPS) is another program operated by local law enforcement officials across Virginia involved with the CERT program. In a 2010 presentation, VDEM noted that 1,777 VIPS participants in 48 programs have contributed 246,221 hours of service to Virginia law enforcement since 2002, at an estimated value of \$5,281,440.45 (based on Virginia's hourly rate of \$21.45 for the value of volunteer service).

Virginia Voluntary Organizations Active in Disasters (VA VOAD) is a collaboration of faith-based and nonprofit organizations formed to enhance and support the response of nongovernmental agencies to emergency events in the Commonwealth (<http://vavoad.org/about-va-voad.htm>). It works to improve communications between its participants, the state's Emergency Operations Center, VDEM, and FEMA to better coordinate and manage their assets and resources.

There are also 36 active registered **Fire Corps** programs in Virginia, according to the **Virginia Department of Fire Programs**. The Fire Corps program is a partnership of the International Association of Fire Chiefs' Volunteer and Combination Officers Section, the International Association of Fire Fighters, and the national Volunteer Fire Council, and its National Advisory Committee includes representatives from nearly every national fire services organization. The program's main goal is to provide non-operational support for resource-constrained volunteer, professional, and combination fire departments through community volunteerism, allowing them to dedicate more of their time to their core mission of preparing for and responding to emergencies. Some examples of this volunteer, non-operational support

include marketing, placement of smoke alarms in homes, child safety checks, and administrative assistance. Fire Corps activities complement those of the programs described above.

Virginia Department of Health (VDH): The VDH Office of Emergency Preparedness provides a variety of resources to assist with emergency planning and response. The **Disaster Supply Kit Checklist**, developed in collaboration with VDEM and the American Red Cross, describes items to have on hand to ensure that adequate sanitation supplies, clothing, bedding, first-aid items, food, and survival tools are set aside and rotated on an ongoing basis. VDH's **Pandemic Flu Resources** include checklists for individual and family planning as well as information on medical conditions needing particular attention during pandemic flu, bioterrorism planning and response, and related websites for additional resources. VDH's emergency preparedness and response website (www.vdh.virginia.gov/EPR/) links to social networking sites, pod casts, and sources of recently developed and updated information on specific events, materials for teaching and working with children, hazard-specific learning modules for terrorism, and hurricane and tornado planning materials. Specific information for individuals with disabilities and their families regarding emergency preparation and response, including sheltering in place, have been posted online by VDH, along with links to resources maintained by VDEM related to special needs supports.

Virginia Department of Behavioral Health and Developmental Services (DBHDS): Contact information listings for **Disaster Coordinators** at local Community Services Boards (CSBs), links to emergency preparedness information by FEMA, VDEM, and VDH, and a variety of other related resources for people with disabilities, their families, and professionals can be found on the DBHDS website (www.dbhds.virginia.gov). In particular, the **Public Information and Education Template for Disaster Mental Health** (www.dbhds.virginia.gov/CWD-default.htm), developed by DBHDS in 2005, can be used as a training guide by individuals working in behavioral health and developmental services and contains sample documents for many different scenarios that be duplicated for use in home, workplace, or community emergency planning and disaster response.

DBHDS publications increasingly focus on public education related to preparing for emergencies and target senior citizens, children, teenagers, and others who have special needs during and following an emergency. Other resources available online from DBHDS, some of which are listed below, include guides for caregivers, how to deal with crises and grief, and tips for coping with potential behavioral reactions to emergencies.

- *Helping to Heal* (www.dbhds.virginia.gov/CWD-HelpingToHeal.htm):
 - *A Training on Mental Health Response to Terrorism*
 - *Behavioral Health for Public Health Emergencies*
 - *Behavioral Health Planning and Response to Natural Disasters*
 - *Family Preparedness Kit*
 - *Family Emergency Preparedness Plan*

- *The Community Resilience Project* (www.dbhds.virginia.gov/OMH-DeafCommunityResilienceProject.htm)
- *Tips for Teachers* and *Tips for Students* (www.dbhds.virginia.gov/CWD-EducationTemplate.htm)

Virginia Department of Fire Programs (VDFP): In addition to the Fire Corps program previously described, VDFP provides training and technical support, including approximately 50 accredited and non-accredited fire training programs that are updated every five years. Through partnerships with 23 institutions of higher education, 22 of these training programs are eligible for college credit. Information on other important emergency planning and response projects, such as the **Virginia Dry Hydrant Grant Program, Get Alarmed, Virginia**, and the **Burn Building Grant Program**, is available online (www.vafire.com) and in the department's *2010 Annual Report*, also available on its website.

E. Cost and Payment for Emergency Preparedness

Virginia Office of Veterans Affairs and Homeland Security (OVAHS): This new cabinet-level office's revised website provides a link to the following expenditures for its predecessor, the **Office of Community Preparedness (OCP)**, for state fiscal years (SFY) 2005 through 2010.

OFFICE OF COMMUNITY PREPAREDNESS EXPENDITURES

<u>State Fiscal Year</u>	<u>Expenditures</u>
2005	\$765,926
2006	842,415
2007	1,003,795
2008	1,116,105
2009	977,955
2010	\$963,949

Source: Commonwealth Data Point.

A strategic plan and base budget for OVAHS for the next biennium were not yet available at the time of this assessment; however, according to OCP's 2010-2012 Strategic Plan, which is still posted to the Virginia Performs website, its base budget for both SFY 2011 and 2012 included \$1,033,299 in state General Funds and \$65,000 in other funds.

Virginia Department of Emergency Management (VDEM): According to the agency's 2010-2012 Strategic Plan, 79 percent of its budget comes from federal sources. The remainder consists of state General Funds (12 percent), Commonwealth transportation dollars (2 percent), funding from Dominion Power for state and local government radiological emergency preparedness (6 percent), and other sources (one percent) such as support for hazardous materials disaster responses and related training for fire programs that comes from billings for "hazmat" responses. VDEM funding of \$87,258,571 for the 2010-2012 biennium was a reduction of less

than one percent from \$87,969,780 received in 2008-2010 and a reduction of more than five percent from \$92,587,440 received in 2006-2008. To accommodate these reductions, the agency reduced the frequency of some training programs, decreased travel costs, and eliminated non-crucial positions.

The Office of Veterans Affairs and Homeland Security (OVAHS) works in coordination with the VDEM to administer preparedness grant funding to Virginia localities and state agencies. These grants, released annually by the U.S. Department of Homeland Security (DHS) through the **Homeland Security Grant Program (HSGP)**, are used to enhance state and local capabilities in law enforcement, critical infrastructure protection, statewide sheltering, incident management, and anti-terrorism training. Improvements to chemical, biological, radiological, nuclear, explosive, and other hazmat capabilities, homeland security exercises, and an evaluation program are also supported, along with citizen and community preparedness, interoperable communications, information sharing, and health and medical readiness. Once DHS has released its annual grant guidance, regional meetings are held to explain the competitive process, any changes in the federal guidelines, and the preferred focus of project plans with respect to federal and state strategic goals and objectives.

Virginia received awards through four DHS grant programs in 2010. Its **State Homeland Security Program (SHSP)** received \$18 million, and \$282,000 was received to support Virginia's **Citizen Corps** program. Two **Urban Areas Security Initiative (UASI)** grants were received in the amounts of \$7.3 million for Hampton Roads and \$2.6 million for central Virginia. The National Capital Region, which includes Northern Virginia as well as the District of Columbia and parts of Maryland, received \$1.9 million to support a **Metropolitan Medical Response System (MMRS)**.

Virginia Department of Social Services (DSS): As noted earlier in this chapter, DSS is responsible for determining eligibility for disaster relief under the **Individuals and Households Program (IHP)**. This funding, 75 percent federal plus 25 percent required state match, becomes available when a disaster occurs and varies with the severity of the event. There is no cap on its total amount; however, as also noted previously, there is a maximum possible award per household.

Virginia Department of Health (VDH): Funding is received from multiple federal sources, including the U.S. Centers for Disease Control (CDC), Health Resources Services Administration (HRSA), and Department of Homeland Security (DHS) to support VDH disaster and emergency preparedness efforts. The VDH 2010-2012 *Strategic Plan* reports that its health care emergency preparedness and response activities are 100 percent federally funded through two separate but interrelated cooperative agreements with the CDC and the Office of the Assistant Secretary for Preparedness and Response (ASPR) of the U.S. Department of Health and Human Services. VDH received \$25,437,696 in core funding from CDC and ASPR, plus one-time special funding for H1N1 influenza response activities. In total, \$34,958,274 was received to support state, regional, and local public health jurisdictions' preparations, including

collaborations with hospitals and other health care systems, to respond to disasters, bioterrorism, and other public health emergencies.

The strategic plan also notes that federal funding has remained level or decreased and that it may be subject to changing requirements under the newly formulated National Health Security Strategy. These factors may impede service delivery and VDH's ability to respond to future emergencies.

F. Monitoring and Evaluation of Emergency Preparedness

Office of Veterans Affairs and Homeland Security (OVAHS): As noted earlier in this chapter, OVAHS, which replaced the **Office of Commonwealth Preparedness (OCP)**, now serves as the liaison between the Governor and **U.S. Department of Homeland Security (DHS)** and oversees, coordinates, and reviews all disaster, emergency, and terrorism management plans for the state, its agencies, and its political subdivisions. Its work is performed through the **Secure Commonwealth Panel** and its subpanels, the **Commonwealth Preparedness Working Group** and the **Regional Preparedness Advisory Committees**. The Virginia Military Advisory Council and the Virginia Commission on Military and National Security Facilities, which provide oversight and policy guidance on related matters, are also now part of OVAHS.

Several years ago, the DHS charged each state with developing a list of its critical infrastructure and key resources. In response, OCP worked with the Virginia Department of Transportation (VDOT), the Virginia State Police, and other federal, state, local, and private partners to identify, assess, and prioritize Virginia's critical infrastructure and develop plans to protect it.

Complementing this effort, OCP helped to create and implement Governor Tim Kaine's *Executive Order 44* directing all executive branch agencies to prepare or update their emergency response plans. Those **continuity of operations (COOP) plans** address how critical operations will be maintained and the security of customers and employees will be ensured in the event of a disaster or other emergency. The order further directed that COOP plans be submitted to OCP yearly and be part of annual preparedness assessments. COOP plans follow a template designed by the **Virginia Department of Emergency Management (VDEM)** that has been noted as a best practice, and OCP's 2010-2012 *Strategic Plan* reports that Virginia has been recognized nationally as a leader in preparedness planning and that DHS touts its **Statewide Communications Interoperability Plan (SCIP)** as a national model. The strategic plan also notes that the state has made significant progress in preparedness for hurricanes and an influenza pandemic.

The SCIP, mentioned briefly in the access and delivery section, is developed annually by the **Commonwealth Interoperability Coordinator's Office (CICO)** and the **Virginia State Interoperability Executive Committee (SIEC)**, now under OVAHS. It does not specifically reference individuals with disabilities, but as a part of evaluating where the Commonwealth

stands, it assesses municipal, regional, and statewide progress in interoperability planning. The SCIP vision is stated as follows:

“By 2015, agencies and their representatives at the local, regional, state, and federal levels will be able to communicate using compatible systems, in real time, across disciplines and jurisdictions, to respond more effectively during day-to-day operations and major emergency situations.”

The latest version of SCIP, released by CICO in January 2010, lists accomplishments for 2009 and details the distribution of funds, exercises undertaken, and successfully implemented practices. Many of the activities listed indicate improvements in collateral communications systems. For example, the state has been complimented on building upon the **Commonwealth’s Link to Interoperable Communications (COMLINC)** in several regions. COMLINC connects jurisdictions with one another and with the **Virginia State Police Statewide Agency Radio System (STARS)**.

The January 2010 SCIP also mentions development and release of a 2009 baseline survey of municipal governments to assess the state’s true interoperable communications capabilities. The plan states that “the survey will catalog communications equipment, and measure the state’s level of interoperability against the SAFECOM Interoperability Continuum”; however, it does not provide any details about the survey’s contents, the data collected, or specific findings. Without this information, an assessment of the survey’s outcome is not possible.

Earlier, under “Local Responsibilities” in the access and delivery section, it was pointed out that Virginia law requires political subdivisions to maintain their own local emergency management agencies. Their plans must be consistent with state plans, including SCIP, and they are empowered to review and suggest amendments to the emergency plans of nursing homes, assisted-living facilities, adult daycare centers, and child daycare centers within their jurisdiction. Obtaining and assessing these reviews is beyond the scope of this document.

Virginia Department of Emergency Management (VDEM): Each year, the *Code of Virginia* (44-146.18) requires VDEM to submit an executive summary and report on the status of local emergency operations planning to the Governor and General Assembly. VDEM is also required by statute (2.2-305) to conduct an annual statewide assessment of both public and private entities vital to emergency response planning that includes an examination of equipment, personnel, training, response times, and other factors.

To meet these requirements, VDEM has administered a self-assessment survey of local emergency preparedness programs each year since 2003, using a uniform format referred to as the **Local Capability Assessment of Readiness (LCAR)**. This survey has been refined each year and is used to assess local funding needs. It contains questions regarding individuals with disabilities and how municipalities address issues related to special needs populations as well as animal care and control. Detailed information gathered through the survey is confidential;

however, information that is available indicates that the status of local municipal emergency preparedness response and recovery activities varies widely.

VDEM works with local emergency planners to help them draft and improve their local **Emergency Operations Plans (EOPs)**, and a plan is deemed to be “current” when the governing body of the jurisdiction that it covers comprehensively reviews and adopts it every four years. At the close of 2010, VDEM noted that 109 of 139 Virginia jurisdictions (78 percent) had local EOPs that were current. This was a slight increase from 2007, when 107 plans were current, due to the adoption of plans by some localities while plans lapsed or were still under review for others. Some jurisdictions across the state have small emergency management staffs and do not have the ability to focus efforts on plan development, even when VDEM supports their efforts through training and other resources.

Each year, VDEM conducts the **Virginia Emergency Response Team Exercise (VERTEX)** to assess the Commonwealth’s response to emergencies. Exercise scenarios change from year to year, but always include a significant power outage. Disability services agencies are included as exercise participants and evaluators to provide feedback and make recommendations for improvement, including how to better communicate with individuals with disabilities and involve them in exercise planning and as exercise participants.

Virginia Department of Health (VDH): The **VDH Office of Licensure and Certification (OLC)** administers licensing programs for hospitals, outpatient surgical hospitals, nursing facilities, home care organizations, and hospice programs. To be licensed, each type of facility must comply with specific state regulations, including those regarding emergency preparedness.

Each licensed nursing facility is required to have a written plan for the protection and possible evacuation of its residents during disasters and other emergencies (12 VAC 5-371-190), and their residents must be protected to the extent possible by proper implementation of those plans. VDH guidelines that address evacuation planning, how to harden a facility, and a year-round disaster planning time line are available online to assist with the development of facility-specific emergency preparations.

From September through October 2009, VDH held **Emergency Planning for Congregate Care Facilities** sessions in Abingdon, Roanoke, Bridgewater, Fredericksburg, Norfolk, Newport News, Petersburg, Richmond, and Fairfax. Over 1,100 staff and management attendees represented 450 assisted-living, adult and children’s residential, child daycare, correctional, and other group-care facilities. Sessions covered:

- Discussion of influenza, norovirus, and other common communicable disease threats in congregate care settings and methods of prevention;
- The planning process, including what to include in the plan, how to identify threats, and continuity of operations during a crisis;
- Effective communications with clients, staff, and families during a time of crisis; and

- A hands-on exercise using a planning template to write an emergency response plan.

Federal grant processes covering VDH emergency preparedness activities are rigorous and performance-based, and following all emergency drills or exercises and actual emergency responses, VDH publishes After Action Reports and Improvement Plans. VDH also participates in several national emergency preparedness certification or recognition programs, including:

- The **Read or Not Report (Protecting the Public's Health from Disease, Disasters, and Bioterrorism)** by the Trust for America's Health, featuring state-by-state health preparedness scores based on annually changing key readiness indicators.
- **Project Public Health Ready** by the National Association of County and City Health Officials, a competency-based training and recognition program that assesses preparedness and assists local health departments or groups of local health departments working collaboratively as a region in responding to emergencies. All of Virginia's local health districts are participating or have participated in this process, and VDH will be initiating a similar state-based process with the Association of State and Territorial Health Officials within the year.
- The **State and Local Strategic National Stockpile Technical Assistance Review** by the U.S. Centers for Disease Control (CDC), an annual review of VDH and local capabilities and capacities to implement Medical Countermeasure Distribution and Dispensing Plans.

Virginia Department of Behavioral Health and Developmental Services (DBHDS) and Virginia Department of Social Services (DSS): Both agencies have regulations which address emergency preparedness and response requirements for all the service providers that they license. While DSS regulations (22 VAC 40) are more detailed and specific to individual types of facilities and services than those for DBHDS (12 VAC 35), the key provisions of both are consistent and their core language regarding emergency preparedness and planning is nearly identical. Key provisions for providers of DSS and DBHDS licensed services are listed below as part of this brief discussion of their separate, but similar, activities related to oversight and training.

DBHDS licenses providers of services such as community intermediate care facilities for persons with mental retardation (ICFs/MR), group homes, and other residential programs for persons with intellectual disabilities, mental illness, or substance abuse disorders. Links to licensing requirements related to emergency preparedness for non-children's residential facilities can be found at www.dbhds.virginia.gov/OL-Application.htm#Regulations. Legislation passed by the 2008 General Assembly amended the *Code of Virginia* to authorize the DBHDS Office of Licensing as the sole agency responsible for licensing residential programs that provide treatment or services onsite for children and adolescents who have an emotional disturbance, intellectual disability, substance abuse disorder, or brain injury. New regulations reflecting this statutory change went into effect on January 1, 2009, and can be found at www.dbhds.virginia.gov/OL-ApplicationChild.htm. Previously, these facilities were governed both by the *Standards of Interdepartmental Regulation of Children's Residential Facilities*

issued on December 28, 2007, and the DHBDS *Regulations for Providers of Mental Health, Mental Retardation, and Residential Services for Children*.

As noted in previous sections of this chapter, DSS licenses assisted-living facilities, adult and child daycare centers, and a variety of other residential and non-residential service providers. DSS is also responsible for oversight of the State-Managed Shelter (SMS) Program. For the details of its licensing requirements, visit its homepage at www.dss.virginia.gov, then use its search engine or menus to find information on the specific type of facility or service.

Service providers licensed by both DSS and DBHDS are required to assess the various risks that would disrupt the normal course of their operations and must ensure that they have undertaken emergency preparedness and response planning. Regulations cover requirements for review, revision, and communication of their plans, related training, reporting of emergencies, and actions that must be taken to ensure the safety of individuals being served. Plans must be in writing and must include the following, as appropriate to the type of facility or service:

- Documentation of contact with the local emergency coordinator to determine local disaster risks and community-wide plans to address different disasters and emergencies and any assistance that the local emergency management office will provide to the facility in an emergency.
- Analysis of the provider's capabilities and potential hazards, including natural disasters, severe weather, fire, flooding, work place violence or terrorism, missing persons, severe injuries, or other emergencies, that would disrupt the normal course of service delivery.
- Written policies outlining specific responsibilities for:
 - Provision of administrative direction, situation assessment, management of response activities, and coordination of logistics during the emergency;
 - Communications and community outreach;
 - Ensuring the safety of employees, contractors, students, volunteers, visitors and individuals receiving services;
 - Protection, recovery, and restoration of property and vital records; and
 - Restoration of services.
- Emergency procedures addressing:
 - Communication with employees, contractors, and community responders;
 - Warning and notification of individuals receiving services;
 - Providing emergency access to secure areas and opening locked doors;
 - Conducting evacuations to emergency shelters or alternative sites and accounting for all individuals receiving services;
 - Relocating individuals receiving residential or inpatient services, if necessary;
 - Notifying family members and legal guardians;
 - Alerting emergency personnel and sounding alarms; and

- Locating and shutting off utilities when necessary.
- Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, designated escape routes, and lists of major resources such as local emergency shelters.
- Schedule for testing the implementation of the plan and conducting emergency preparedness drills.

The DBHDS *Comprehensive State Plan (2010-2016)*, its most recent, notes that numerous training sessions were held between 2007 and 2010 that addressed refinement of existing emergency preparedness plans, ensuring that recommendations by Community Services Boards (CSBs) are considered, and involvement of the Virginia Hospital and Healthcare Association's regional hospital emergency preparedness councils and the Medical Reserve Corps. Subsequently, several CSBs have adapted the DBHDS training curriculum to their needs and assumed responsibility for follow-up at their level.

Facilities licensed by DSS are required to review and update their plans, if necessary, on an annual basis, and DSS provides training for its licensed providers independently and in collaboration with the Virginia Department of Emergency Management (VDEM). DSS licensing inspectors determine whether a facility has an appropriate plan, either during routine licensing visits or in response to a complaint. There is limited coordination of this process with VDEM, which has the authority to review plans at the request of local emergency managers. As a part of its training and oversight, DSS encourages facilities to refer to the Special Facilities Emergency Operations Plan Review Matrix developed jointly by DSS, VDEM, VDH, DBHDS, and the Virginia Emergency Management Association (VEMA), which represents professionals working in emergency management and related fields such as firefighting, law enforcement, and risk management.

Virginia Office for Protection and Advocacy (VOPA): As the state agency responsible for addressing abuse, neglect, and discrimination affecting individuals with disabilities, VOPA has established the following objectives related to emergency preparedness in its listing of goals for federal fiscal year (FFY) 2011:

VOPA Goal: People with Disabilities are Free from Abuse and Neglect

Focus Area #1: Adequate System for Protection from Harm in Institutions

By April 1, 2011, investigate the implementation of a newly revised DBHDS instruction on emergency planning at one DBHDS-operated ICF-MR and one DBHDS-operated mental health facility. Publish the results.

Focus Area #2: Adequate System for Protection from Harm in Licensed Community Residential Settings

By April 1, 2011, review the newly revised emergency planning matrix for local community planners to ensure that concerns of persons with disabilities are adequately addressed. Make recommendations as appropriate.

G. Emergency Services Sources Referenced in This Chapter

Links to websites and online documents reflect their Internet addresses in March 2011. Some documents retrieved and utilized do not have a date of publication.

Websites:

U. S. Department of Homeland Security (DHS):

www.dhs.gov/files/prepresprecovery.shtm

Federal Emergency Management Agency (FEMA):

www.fema.gov/rebuild/index.shtm

National Response Framework:

www.fema.gov/emergency/nrf/

Links for Citizens:

www.dhs.gov/xcitizens/

Virginia Department for the Aging (VDA):

www.vda.virginia.gov

No Wrong Door:

www.vda.virginia.gov/nowrongdoor.asp

Virginia Department of Behavioral Health and Developmental Services (DBHDS):

www.dbhds.virginia.gov

Community Resilience Project:

www.dbhds.virginia.gov/OMH-DeafCommunityResilienceProject.htm

Helping to Heal:

www.dbhds.virginia.gov/CWD-HelpingToHeal.htm

Licensing All Other Services Except Children's Residential Services:

www.dbhds.virginia.gov/OL-Application.htm#Regulations

Licensing Children's Residential Services:

www.dbhds.virginia.gov/OL-ApplicationChild.htm

Tips for Teachers and Tips for Students:

www.dbhds.virginia.gov/CWD-EducationTemplate.htm

Virginia Department of Emergency Management (VDEM):

www.vaemergency.com

Virginia Citizen Corps:

www.vaemergency.com/citcorps/index.cfm

Virginia Department of Fire Programs (DFP):

www.VAFire.com

Virginia Department of Health (VDH):

www.vdh.virginia.gov

Emergency Preparedness and Response Programs:

www.vdh.virginia.gov/EPR/

Virginia Department of Health Professions (DHP):

www.dhp.virginia.gov

Virginia Department of Planning and Budget (DPB):

2010-2012 Biennium Budget:

<http://dpb.virginia.gov/budget/budget.cfm>

Virginia Department of Social Services (DSS):

www.dss.virginia.gov

Virginia Office for Protection and Advocacy (VOPA):

www.vopa.virginia.gov

Virginia Office of Veterans Affairs and Homeland Security (OVAHS):

www.commonwealthpreparedness.virginia.gov

Secretariat's Expenditures:

http://datapoint.apa.virginia.gov/exp/exp_checkbook_agency.cfm?agycode=454

State Inoperability Executive Committee (SIEC):

www.interoperability.virginia.gov

Virginia Olmstead Initiative:

www.olmsteava.com

Virginia Voluntary Organizations Active in Disasters (VA VOAD):

<http://vavoad.org/index.html>

Documents:

Roth, Marcie, Director, Office of Disability Integration and Coordination, Federal Emergency Management Agency, U.S. Department of Homeland Security. (June 15, 2010). *Caring for Special Needs during Disasters: What's being done for Vulnerable Populations?* Testimony before the U.S. House of Representatives, Committee on Homeland Security, Subcommittee on Emergency Communications, Preparedness, and Response. Retrieved from: www.fema.gov/pdf/about/odic/written_statement_roth.pdf.

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