

Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT Emergency and Disaster Plan for Continuity of Operations		
POLICY NUMBER DBH Policy # 651.2	DATE MAR 11 2014	TL# 238

Purpose. To provide guidance to the Department of Behavioral Health (DBH) certified providers and licensed mental health community residents facilities in developing internal emergency and disaster policy and procedures to ensure continuity of consumer care and timely operational recovery in response to any internal or public emergency. This new policy applies to all certified providers of the new Department of Behavioral Health, in accordance with the DBH Establishment Act of 2013.

Applicability. All DBH licensed community mental health resident facilities and certified providers.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority offices.

Implementation Plans. Templates have been provided for community behavioral health service agencies and behavioral residential facilities. Each template type presents a sample verbiage that may be helpful in developing the Continuity of Operations Plan (COOP). The sample language provided in the template should be expanded or modified as necessary to fit the needs of the agency. Each COOP shall have customized appropriate logos or seals of the organization. The name of the organization shall appear in each page of the document. Each DBH certified provider shall be in compliance with this policy. Each provider agency's COOP shall have the required elements found in the applicable template.

DBH certified provider agencies must submit their completed COOP plans electronically to the DBH Office of Accountability according to the following schedule:

- Mental Health Community Residents Facilities - due 90 days after approval of this policy
- Mental Health Rehabilitative Services Providers- due 140 days after approval of this DBH policy
- Substance Use Disorder Treatment Service Providers - due 180 days after approval of this DBH policy

The Director of DBH Disaster Behavioral Health Services as well as DBH Risk Manager will be available for any questions or technical assistance relevant to adapting the template to a DBH certified provider and/or community mental health resident facilities. Please contact Kevin.Obrien@dc.gov or telephone number (202)671-0347 for initial inquiries.

Policy Dissemination and Filing Instructions. Managers/supervisors must ensure that staff is informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in the Policy and Procedures Manual.

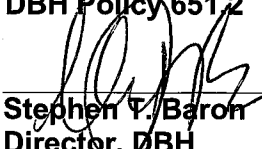
ACTION

REMOVE AND DESTROY

None

INSERT

DBH Policy 651.2


Stephen T. Baron
Director, DBH


Date


**DEPARTMENT OF
BEHAVIORAL HEALTH**
Policy No.
651.2
Date
MAR 11 2014
Page 1
Supersedes
None
Subject: Emergency and Disaster Plan for Continuity of Operations

1. **Purpose.** To provide guidance to the Department of Behavioral Health (DBH) certified providers and licensed mental health community residents facilities in developing internal emergency and disaster policy and procedures to ensure continuity of consumer care and timely operational recovery in response to any internal or public emergency. This new policy applies to all certified providers of the new Department of Behavioral Health, in accordance with the DBH Establishment Act of 2013.

2. **Applicability.** All DBH certified providers and licensed mental health community residential facilities (MHCRRFs).

3. **Authority.** Department of Behavioral Health Establishment Act of 2013; the District Response Plan 2008 (DC Code 7-2301); and DBH Continuity of Operations Plan (COOP).

4. **Policy.** All DBH certified providers and licensed mental health community residential facilities (MHCRRFs) shall have internal policies and procedures to prepare, respond to emergencies, and present a proactive plan to ensure that all essential operations are continued in the event of an emergency or threat of an emergency. The priorities for emergency response are life, safety, property protection, and preservation of service delivery.

5. **Definitions.**

5a. **DBH Continuity of Operations Plan (COOP).** The organizational plan that addresses the resuming and sustaining of essential functions, and the fulfillment of the DBH mission, as soon as possible, after a localized, District-wide, or catastrophic emergency affecting DBH. Activation of COOP enables DBH to resume essential functions as soon as possible after the emergency event and to sustain them for up to thirty (30) days.

5b. **DBH Disaster Behavioral Health Services.** The unit responsible for DBH's response in times of emergency and disaster. This unit and DBH Risk Manager will assist providers in developing their COOP, as necessary.

5c. **All-Hazards Approach.** In this policy, refers to all-hazards planning and response to all emergencies as defined below.

5d. **Emergency.** Events both internal and external which can be characterized as natural, unintentional or intentional incidents that significantly disrupt the environment of care and treatment (e.g. loss of utilities such as power, water or telephones due to accidents or disturbances within the provider organization, neighborhood, or District-wide) or results in sudden, significantly changed or increased demand for provider services.

5e. **Incident Command System (ICS).** A system that involves a predetermined chain of command for overseeing an emergency response in a comprehensive manner. The ICS has five major components: command, planning, operations, logistics and finance/administration.

5f. Mitigation. Steps the provider takes to attempt to lessen the severity and impact on a potential disaster or emergency.

5g. Preparedness. Steps the provider takes to build capacity and identify resources that may be used, should an emergency occur. These activities may include: an inventory of resources, on-going planning process, staff orientation and drills.

5h. Recovery. Steps the provider takes for restoration of services following a disaster.

5i. Response. Steps the provider takes during an actual emergency. This can include treating or assisting victims, reducing secondary impact and controlling negative effects.

5j. Consumers. In this policy, also refer to patients of the Methadone Clinic operated by the Assessment and Referral Center (ARC).

6. **Procedures**. Mitigation plans and procedures shall include the following (see Exhibits 1 & 2 – Continuity of Operations Plan Templates):

6a. Basic format prior to content:

- (1) A signature page to assure readers that the plan is official;
- (2) A dated title page with a record of changes. It will assure readers that they are reviewing the current version;
- (3) A record of the plan's distribution to ensure that those who need to review and access the plan has done so;
- (4) A table of contents; and
- (5) An optional executive summary.

6b. Content:

- (1) General purpose of the plan;
- (2) General situations and assumptions inherent in the plan, including the following:
 - a. Basic assumptions and provider/contractor responsibilities that will be addressed;
 - b. Basic framework for activation and response designed for incidents of all types and sizes. Identify methods and procedures for notifying staff, consumers and/or significant others/legal guardians, visitors, and others, as appropriate;
 - c. Standard operating procedures (SOPs) for implementing a disaster response shall incorporate the ICS, including sending staff home, holding staff in place, recall of staff who are off duty, and evacuating facilities;
 - d. Chain of command – with cascade of authority and responsibilities;
 - e. Pre-identified action steps and strategies addressing the following, as applicable:
 - Sheltering In Place
 - Communications Plan – includes internal and external communications. Providers shall notify the Office of Accountability for any event that affects consumer care.

- Staff Rotations and Shortages for essential services;
 - Evacuation and/or relocation of consumers and staff from facilities;
 - Identification of alternate site(s) for services and organizational management;
 - Transportation to alternate site(s);
 - Identification and prioritization of vital functions:
 - Administration and Governance;
 - Human Resources;
 - Call Center / Phone and Electronic Communication
 - Quality Management / Improvement;
 - Care Management;
 - Residential Services;
 - Consumer Records and Information Management;
 - Business Management, Billing and/or Operations;
 - Identification of mutual aid agreements and community partnerships;
 - Establishing contingencies, policies and legal liabilities;
 - Replacement/repair of damaged/destroyed essential equipment;
 - Assessing, testing and evaluating Emergency and Disaster Plan;
 - Medication and methadone security measures (if applicable) that follow local and federal regulations, including but not limited to:
 - Methadone take-homes and dosing procedures,
 - Dosing computer back-up plans,
 - Security measures concerning access to methadone at all times, especially, during a power failure;
 - Consumers' personal medication release plans;
 - Security of facilities (alarm systems and response), and
 - Medical emergencies.
- f. Process for initiating, developing, maintaining, and retiring plan;
- g. Procedures shall address the All-Hazards approach listed as emergencies and hazards in the following:
- DC Code 7-2301, a disaster, catastrophe, or emergency situation where the health, safety or welfare of persons in the District of Columbia is threatened by actual or imminent consequences within the District of Columbia: enemy attack, sabotage, or other hostile action; severe and unanticipated resource shortage: fire; flood; earthquake, or other serious act of nature; serious civil disorder; any serious industrial, nuclear or transportation accident; and explosion, conflagration, power failure: or Injurious environmental contamination.*
- h. Preparedness Plan and Evacuation Drills (e.g., ensure lighted exit signs);
- i. Preparedness Staff Training; and
- j. Communication plan inclusive of situation assumptions, alternative communication methods, and equipment needed (e.g., emergency telephone numbers or alternative ways to communicate, as needed);

6c. Identified personnel to be responsible for coordination of Emergency, Disaster, and COOP activities including:

- (1) Monitor internal and external factors that affect DBH services and consumer populations;
- (2) Report initiation of Plan and status of emergency/disaster that affect consumer care to the DBH Office of Accountability;
- (3) Provide leadership on behalf of the organization in community emergency and disaster events;
- (4) Identify risk management strategies to prepare for and adapt to disruptive events;
- (5) Coordinate disaster management activities and partnerships for the agency.
- (6) Conduct periodic evacuation and emergency drills; and

6d. Annual evaluation/review of the effectiveness of the emergency and hazard preparedness plan and improvement strategies in consult with the DBH Director of Disaster Behavioral Health Services, as necessary.

7. **Support and Guidance.** The DBH Disaster Behavioral Health Services and Risk Manager will be available for support and guidance, as needed.

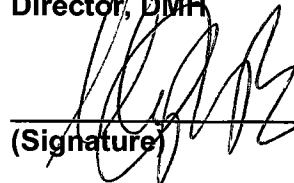
8. **Compliance.** Provider/contractor emergency and disaster plan are subject to the compliance review of the DBH Office of Accountability.

9. **Exhibit.**

- Exhibit 1 Continuity of Operations Plan Template for community service agencies; and
Exhibit 2 Continuity of Operations Plan Template for residential settings

Approved By:

Stephen T. Baron
Director, DMH


(Signature)

3/11/14
(Date)



CONTINUITY OF OPERATIONS (COOP) PLAN

for

**Mental Health Rehabilitative Services and
Substance Use Disorder Treatment Providers**

(Insert Name of Organization)

Template Prepared by

**DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH (DBH)
DISASTER BEHAVIORAL HEALTH SERVICES
February 2014**

Continuity of Operations (COOP) – Community Behavioral Service Agency

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(Insert Name of Organization)

Continuity of Operations (COOP) – Community Behavioral Service Agency

APPROVALS

This Continuity of Operations (COOP) plan was prepared by *[insert name of agency]* to develop, implement and maintain a viable COOP capability. This COOP plan complies with applicable internal agency policies, District of Columbia, and supports recommendations provided in the Federal Emergency Management Agency's Federal Preparedness Circular 65. This COOP plan has been distributed internally within the *[insert name of agency]* and with external agencies that may be affected by its implementation.

The *[insert name of agency]* has operations that must be performed, or rapidly and efficiently resumed, in an emergency. While the impact of an emergency cannot be predicted, planning for operations under such conditions can mitigate the impact of the emergency on our people, our facilities and our mission. To that end, the *[insert name of agency]* has prepared a Continuity of Operations (COOP) plan.

This COOP plan establishes policy and guidance to ensure the execution of the critical functions for the *[insert name of agency]* in the event that an emergency at the agency or in its service area threatens or incapacitates operations, and/or requires the relocation of selected personnel and functions.

Approved: _____ Date _____

[Title]

Approved: _____ Date _____

[Title]

Approved: _____ Date _____

[Title]

Approved: _____ Date _____

Continuity of Operations (COOP) – Community Behavioral Service Agency**Points of Contact**

Name	Title	Phone	Email/Website
Jane Doe (<i>SINGLE POINT OF CONTACT FOR DC DMH</i>)	Director, Customer Services (and Disaster Coordinator)	(o)202/555-5555 (c)202/XXX-XXXX	janedoe@DCMHS.org
John Doe (<i>At Least one Alternate SINGLE POINT OF CONTACT</i>)	Deputy Director of Communications (and alternate Disaster Coordinator)	(o)202/555-5555 (c)202-XXX-XXXX	johndoe@DCMHS.org
	<i>2nd Alternate POC</i>		
	<i>3rd Alternate POC</i>		

Record of Changes to this COOP Plan

Previous Date	Date of Change	Change made by (name, title):

(Insert Name of Organization)

Continuity of Operations (COOP) – Community Behavioral Service Agency**Overview of Agency**

Example: Center for Behavioral Health Services is a nonprofit organization created to provide Behavioral health services in the District of Columbia and Prince Georges County, Maryland. The Center serves 250 consumers from all Wards of DC with a majority of current residents coming from Wards six (6).

This agency was originally created in 1991 to provide community based Behavioral health services to the general public. Since 2010 this agency was a direct provider of Behavioral health services through contracts with DC Department of Behavioral Health. This agency is responsible for ensuring quality services, including business continuity and disaster planning, through contractual arrangements with the District of Columbia. The Center is located at XXXX 24th Street NE Washington, DC. We have satellite community locations at (list any).

Purpose

The purpose of this Continuity of Operations Plan (COOP) is to provide a framework for assessing emergency preparedness, develop guidelines for response to emergencies and natural disasters, and ensure timely provision of services in the event normal operations are compromised. This agency's disaster and emergency response is ready to be potentially coordinated with DC and federal government behavioral authorities/agencies as well as external community providers. This agency has designated a disaster coordinator that will:

- Monitor internal and external factors that affect our services and client populations;
- Provides leadership on behalf of the organization in community emergency and disaster events;
- Identifies risk management strategies to prepare for and adapt to disruptive events;
- Coordinates disaster management activities and partnerships for the agency.

This agency annually reviews and updates this Continuity of Operations and Emergency Preparedness Plan. By July 1st of each year the Disaster Coordinator will develop and update a coordinated plan reflecting the current responsibilities of the agency for its staff, facilities, supplies, infrastructure, consumers and partners.

Continuity of Operations: Overview

The essential functions and personnel required for the maintenance of daily operations under normal, non-emergency conditions, remain the requirements for operations under emergency and disaster conditions. Preparations must be made in advance of emergencies to ensure that during and immediately after an emergency/disaster occurs that this agency maintains operational stability on behalf of its consumers. Several objectives must be addressed in continuity of operations planning, including:

- Ensure the safety of employees, partners and volunteers;
- Ensure the continuous performance of an agency's essential functions during an emergency;

Continuity of Operations (COOP) – Community Behavioral Service Agency

- Minimize damage and losses;
- Identify relocation sites and ensure operational and managerial requirements are met to the greatest extent possible before an emergency occurs;
- Reduce disruptions to operations and services;
- Protect essential equipment, supplies, client and staff records and other assets;
- Achieve an orderly recovery from emergency operations and response;
- General situations and assumptions inherent in the plan, including the framework for activation and response and chain of command – with cascade of authority and responsibilities.

The following elements should be included, as appropriate, for planning for the continuity of operations:

- Sheltering In Place;
- Communications;
- Staff Rotations and Shortages;
- Evacuation of Consumers and Staff from Facilities (*Including Fire Evacuation Plan);
- Identification of Alternate Site(s) for Services and Organizational Management;
- Transportation to Alternate Site(s);
- Identification and Prioritization of Vital Functions (from most critical to least);
- Identification of Mutual Aid Agreements and Community Partnerships;
- Establishing Contingencies, Policies and Legal Liabilities;
- Replacement/Repair of Damaged/Destroyed Essential Equipment;
- Assessing, Testing and Evaluating COOP Plans

Sheltering In Place

This section describes how several aspects of operations will be addressed during a crisis. This includes methods for communication with and between staff and consumers and their families, methods for dealing with infrastructure challenges such as utilities, and other disaster preparations. While a plan should inform staff of at least three places where consumers and staff are most likely to go in case of evacuation and a breakdown in communications infrastructure (e.g., phone, email, pagers), for many disasters and emergencies, organizations will be instructed to shelter in place if it is safer to stay indoors than to move to another location. This is called sheltering-in-place and will occur if remaining at the facility is the best choice for staff and client safety. Sheltering-in-place can mean going to a small, interior room, with no or few windows but can also simply refer to remaining at the facility and continuing with operations as normally as possible.

What will you do if your facility loses utilities during a disaster?

Type of Utility	Emergency Contact	Policy/Procedure for Response
Power		
Water/Sewer		
Telephone		

Continuity of Operations (COOP) – Community Behavioral Service Agency

Gas		

What supplies must be included in your Disaster Kit? Your disaster kit should include supplies that you can't afford to be without if a disaster disrupts your normal supply lines.

Type	Location	Person Responsible (who has it, who maintains it?)
Food		
Basic Disaster Kit (flashlights, first aid, organization contacts, etc.)		
Critical supplies for consumers — including those with access and functional needs (medications, equipment, etc.)		
Critical records, including lists of emergency contacts for your consumers and staff, information on partners, etc.		

Communications

The following questions should be addressed:

1. How do you plan communicate with staff (on duty and off-duty) regarding an activation of the COOP Plan? How will you communicate if telephone service is disrupted?
2. How do you plan for on-duty staff to communicate with their families if telephone service is disrupted?
3. How do you plan to communicate with your consumers (and their families) if telephone service is disrupted?
4. How do you plan to communicate with public safety officials if telephone service is disrupted?
5. How do you plan to communicate with the Department of Behavioral Health if telephone service is disrupted?

Continuity of Operations (COOP) – Community Behavioral Service Agency

This is how we plan to communicate with our consumers and their families if we have to evacuate our facility or shelter-in-place:

(Write your plan)

This is who we will communicate with if we have problems en route while we are evacuating (include DC Dept. of Behavioral Health contacts):

Contact Name/Title	Agency	Phone/Pager	email

In an emergency, we will keep the following individuals informed of our whereabouts (This is someone who is in a different geographic area or state to reduce the chances that they will also be affected by the disaster):

Contact Name/Title	Agency	Phone/Pager	email

Staff Rotations and Shortages

The following questions should be addressed:

1. What will you do if your staff can't get to work (snow, traffic, no public transit, etc.)?
2. What will you do if a portion of your staff isn't able to show up for work (e.g. pandemic, illness, caring for family, etc.)?
3. If you are understaffed, what resources can you tap to bridge the gap – especially during long rotations?

Community Partners (public and private)

A Memorandum of Understanding (MOU) is a document that you sign with another organization to agree to help each other when disasters occur. Since another facility can help you only if they are not also affected by the disaster, you

Continuity of Operations (COOP) – Community Behavioral Service Agency

should have MOUs with organizations outside of your community for disasters that affect the whole community (this should include organizations outside of the District). MOUs with organizations in your community are good for disasters that only affect one facility, such as a fire in your building. If you don't have any MOUs now, you should develop such arrangements.

Write below the MOUs you have with other organizations which might be able to provide appropriately licensed and credentialed staff to supplement shortages you might experience:

Community Partner	Contact Name/Title	Phone/Pager	Staff Responsibilities

Volunteers (Where will your volunteers come from, if any and what will they do in a disaster?)

Community Partner	Contact Name/Title	Phone/Pager	Staff Responsibilities

Evacuation of Consumers and Staff from Facilities

Fire Evacuation Plan

The evacuation of agency building(s) ensures the safety of all staff, consumers and visitors. Evacuation routes are posted throughout each building. All exits are clearly marked.

The following personnel have the authority to evacuate the building by order of importance:

1. On-Site Director / Executive Director
2. Disaster Coordinator/Director
3. Management Team Members

The evacuation plan includes:

- When the alarm is sounded, employees are to exit the building immediately following the safest and nearest evacuation route from where they are located at the time;
- Department Directors are to assist and monitor the evacuation of employees in their department;
- When exiting the building, employees are to go to (DESCRIBE).

Department Directors shall:

- Account for each of their staff members to determine if they have safely evacuated the building.
- Provide the Disaster Coordinator with a status of their staff members. For example:
 - "All accounted for" or;
 - "All accounted for with the exception of.... (Name(s) of those not accounted for)".

Continuity of Operations (COOP) – Community Behavioral Service Agency

The Communications or Call Center Director or designee will forward the incoming line to the designated number as they currently do for after hour calls.

Trained staff members are to render first aid as necessary.

The Disaster Coordinator will:

- Notify and keep the On-site Director informed.
- Consult with the On-scene Emergency Response Personnel if necessary to determine if the building is safe for staff members to return.
- Ensure that no one is to re-enter the building until on-scene Emergency Response personnel give the all-clear.

Evacuation Involving Relocation of Staff and Consumers to Another Site

This is how we plan to communicate with the families of our staff if we have to evacuate our facility or shelter-in-place:

This is who we will communicate with (and how) if we have problems en route while we are evacuating

Contact Name/Title	Agency	Phone/Pager	email

These are (at least) three sites we've identified where we will likely go if we have to evacuate (and cannot communicate with staff our intentions during and after evacuation):

Evacuation Site	Contact/Title	Phone/Page	Location/Address

Continuity of Operations (COOP) – Community Behavioral Service Agency**Identification of Alternate Site(s) for Services and Organizational Management**

The identification of potential alternate agency sites ensures there is an appropriate and viable alternative location for this agency to continue essential operations during an emergency/disaster – whether or not a full evacuation of all staff and consumers is warranted.

The following are the identified alternate sites for this agency:

Alternate Site	Contact Name/Title	Phone/Pager	Location / Address

Community Partners (public and private):

Since another facility can help you only if they are not also affected by the disaster, you should have MOUs with organizations both inside and outside of your community for local emergencies as well as disasters that affect the whole community (this should include evacuation outside of the District). A Memorandum of Understanding (MOU) is a document that you sign with another organization to agree to help each other when disasters occur. MOUs with organizations in your community are good for disasters that only affect one facility, such as a fire in your building. If you don't have any MOUs now, you should develop such arrangements.

Write below the MOUs you have with other organizations in which you agree to use your sites in case of evacuation (stipulate the disaster affects only one of you):

Community Partner	Contact Name/Title	Phone/Pager	Describe the use and capacity of the site (Attach MOU and/or procedures)

Transportation to Alternate Site(s)

If an alternate site is needed for operations, the Disaster Coordinator will need to coordinate a plan for transportation depending on:

- Ability of consumers to transport themselves.
- Availability of staff to do the transporting.
- Availability of vehicles for the transporting.
- Distance and routes available for transporting.

(Insert Name of Organization)

Continuity of Operations (COOP) – Community Behavioral Service Agency

- Parking availability at alternate site and ability of staff to get to alternate site (site could be blocked off or otherwise inaccessible).
- Arrangements needed with other agencies (e.g. transportation company or county safety/access personnel).

The following plans and resources accommodate the transportation of our client populations:

Plan/Resource	Capacity (vans, cars, buses, etc.)	# transported and to what location	Contact information (name, phone, email, pager)

Identification and Prioritization of Vital Functions (from most critical to least):

As stated earlier in this plan, this agency is responsible for (from overview). This agency is organized into several functional areas of responsibility. They are (EXAMPLES):

- Customer Services;
- Administration and Governance;
- Human Resources;
- Call Center;
- Quality Management;
- Care Management;
- Residential Services;
- Consumer Records/Information Management;
- Business Management

Essential Services: List the things your agency normally does that must be continued during an emergency. This should be an exhaustive list addressing how you will use staff and other resources to make sure that your essential services continue.

Essential Function	Timeliness (urgency)	Staffing Required /Responsible	Mission Critical Data	Infrastructure /Equipment /Systems Needed	Vital Records	Supporting Activities
EX: Screening, triage and referral	Immediate	Clinicians and	Crisis Services	Telephone and computer	Client records	Can be done by paper and phone

(Insert Name of Organization)

Continuity of Operations (COOP) – Community Behavioral Service Agency

What functional needs must you provide for your consumers even in a disaster (e.g., meds, counseling, etc.)? Medication and methadone security measures that follow local and federal regulations, including but not limited to:

- Methadone take-homes and dosing procedures,
- Dosing computer back-up plans,
- Security measures concerning access to methadone at all times, especially, during a power failure;
- Consumers' personal medication release plans;
- Security of facilities (alarm systems and response), and
- Medical emergencies.

Functional Needs (defined by client population needs)	Description of Critical Need/Services	How is need served (include #s of supplies where appropriate)?	Party Responsible

Non-essential Services: List the things your agency normally does that may not be important enough to continue during an emergency. This does not have to be an exhaustive list but it should address how you will use the staff and other resources that are normally assigned to these tasks to make sure that your essential services continue.

Non-Essential Services	Description of Non-Critical Services	How would resources be re-allocated to more critical needs?	Party Responsible

Identification of Mutual Aid Agreements and Community Partnerships

This area is covered in specific topical sections elsewhere in this plan but there may be additional ways in which partners will be of assistance to your organization and/or your consumers and their families through Mutual Aid Agreements. Please list them here:

Community Partner	Contact Name/Title	Phone/Pager	Describe the use and capacity of the site (Attach MAA and/or MOU)

(Insert Name of Organization)

Continuity of Operations (COOP) – Community Behavioral Service Agency

Establishing Contingencies, Policies and Legal Liabilities

This agency maintains and annually reviews all business continuity and disaster planning policies and procedures. This includes:

- Determination of essential personnel during an emergency/disaster based on essential functions;
- Establishing lines of succession to essential positions and delegations of authority;
- Pre-designation of emergency authorities and other partners;
- Determination of how staff and others will be notified of operational changes and evacuation;
- Established policies to meet the staff health, family, psychological needs.

In the event that the Executive Director is physically absent and unable to contact, the following have the authority to act in his/her place by order of priority (EXAMPLES):

- Care Management Director;
- Medical Director;
- Quality Management Director;
- Customer Services Director;
- Information Management Director;
- Finance Officer

This agency ensures the following in order to minimize the liability of this agency in an emergency/disaster (EXAMPLES):

- Ensure that the professional liability insurance covers emergency/disaster situations.
- Ensure that all individuals, including staff and volunteers that serve in the community behavioral health response have been appropriately trained in disaster behavioral health.
- Specify in Memorandums of Understanding and/or Collaboration Letters with other partners what each party is liable for.
- Ensure there are written policies for any changes in services offered or consumers served in the event of an emergency/disaster.
- Provide the Office of Accountability, Department of Behavioral Health, notification of evacuation or movement of consumers.

Replacement/Repair of Damaged/Destroyed Essential Equipment

Considerations for replacing/repairing damaged/destroyed essential equipment include:

- Agreements with current vendors that may result in the replacement or repair of the equipment.

(Insert Name of Organization)

Continuity of Operations (COOP) – Community Behavioral Service Agency

- How quickly equipment can be made available either through purchase or repair and how that fits the timeline for the agency.

Critical Equipment	Equipment Supplier /Repair Service	Phone/website	Cost and logistical considerations

Assessing, Testing and Evaluating COOP Plans

SAMPLE: This agency conducts an annual risk assessment, annual review of the Disaster Plan and participates in annual drill exercises compliant with the Homeland Security Exercise and Evaluation Program (HSEEP). In addition, there is a bi-annual testing of continuity of operation. When risk areas are identified, strategies are developed.



CONTINUITY OF OPERATIONS (COOP) PLAN

for

Mental Health Community Residents Facilities

(Insert Name of Organization)

COOP Template Prepared by

**DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH (DBH)
DISASTER BEHAVIORAL HEALTH SERVICES**

February 2014

CONTINUITY OF OPERATIONS (COOP) PLAN - Residential

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CONTINUITY OF OPERATIONS (COOP) PLAN - Residential**APPROVALS**

This Continuity of Operations (COOP) plan was prepared by [insert name of agency] to develop, implement and maintain a viable COOP capability. This COOP plan complies with applicable internal agency policies, District of Columbia, and supports recommendations provided in the Federal Emergency Management Agency's Federal Preparedness Circular 65. This COOP plan has been distributed internally within the [insert name of agency] and with external agencies that may be affected by its implementation.

The [insert name of agency] has operations that must be performed, or rapidly and efficiently resumed, in an emergency. While the impact of an emergency cannot be predicted, planning for operations under such conditions can mitigate the impact of the emergency on our people, our facilities and our mission. To that end, the [insert name of agency] has prepared a Continuity of Operations (COOP) plan.

This COOP plan establishes policy and guidance to ensure the execution of the critical functions for the [insert name of agency] in the event that an emergency at the agency or in its service area threatens or incapacitates operations, and/or requires the relocation of selected personnel and functions.

Approved: _____ Date _____

[Title]

Approved: _____ Date _____

[Title]

Approved: _____ Date _____

[Title]

Approved: _____ Date _____

[Title]

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Points of Contact

Name	Title	Phone	Email/Website
Jane Doe (Main POINT OF CONTACT FOR Any questions or issues related to emergency operations)	Owner, Director, House Manager, and /or Disaster/Emergency Coordinator	(o)202/555-5555 (c)202/XXX-XXXX (24 hour contact number)	janedoe@DCMHS.org
John Doe (At Least one Alternate SINGLE POINT OF CONTACT)	1st Alternate POC Deputy Director of Communications (and alternate Disaster Coordinator)	(o)202/555-5555 (c)202-XXX-XXXX (24 hour contact number)	johndoe@DCMHS.org
	2nd Alternate POC		
	3rd Alternate POC		

Record of Changes to this COOP Plan

Previous Date	Date of Change	Change Made By (name, title):

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Overview of Agency

Example: Center for Mental Health and Residential Care is a nonprofit organization created to provide a mental health community residential facility for consumers of the District of Columbia Department of Behavioral/Mental Health. The facility provides residential mental health services in the District of Columbia and serves 12 consumers from all Wards of DC with a majority of current residents coming from Wards six (6).

This agency was originally created in 1991 to provide community based mental health services to the general public. Since 2010 this agency has been a provider of community residential mental health services through the DC Department of Behavioral/Mental Health. This agency is responsible for ensuring quality services, including business continuity and disaster planning, through contractual arrangements with the District of Columbia. The Center is located at XXXX 24th Street NE Washington, DC. We have satellite community locations at (list any).

Purpose:

A behavioral health community residence facility (BHCRF) is a publicly or privately owned residence that houses individuals, eighteen (18) or older, with a principal diagnosis of mental illness and who require twenty-four hour (24 hr.) on site supervision, personal assistance, lodging, and meals and who are not in the custody of the District of Columbia Department of Corrections. All BHCRF are required to meet the requirements of TITLE 22, PUBLIC HEALTH AND MEDICINE, CHAPTER 38, COMMUNITY RESIDENCE FACILITIES FOR MENTALLY ILL PERSONS, and CDCR 22-3800 (2007) in order to be licensed.

The purpose of this Continuity of Operations Plan (COOP) is to provide a framework for assessing emergency preparedness, develop guidelines for response to emergencies and natural disasters, and ensure timely provision of services in the event normal operations are compromised. This agency's disaster and emergency response is ready to be potentially coordinated with DC and federal governmental authorities/agencies as well as external community providers. This agency has designated a disaster coordinator that will:

- Monitor internal and external factors that affect services, facilities, employees, and resident's safety;
- Provides leadership on behalf of the organization in community emergency and disaster events;
- Identifies risk management strategies to prepare for and adapt to disruptive events;
- Coordinates disaster management activities and partnerships for the agency.

This agency annually reviews and updates this Continuity of Operations and Emergency Preparedness Plan.

Continuity of Operations: Overview

The essential functions and personnel required for the maintenance of daily operations under normal, non-emergency conditions (as cited above in TITLE 22, PUBLIC HEALTH AND MEDICINE, CHAPTER 38, COMMUNITY RESIDENCE FACILITIES FOR MENTALLY ILL

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PERSONS, CDCR 22-3800), remain the requirements for operations under emergency and disaster conditions. Preparations must be made in advance of emergencies to ensure that during and immediately after an emergency/disaster occurs that this agency maintains operational stability on behalf of its clients. Several objectives must be addressed in continuity of operations planning, including:

- Ensure the safety of residents, employees, partners and volunteers;
- Ensure the continuous performance of an agency's essential functions during an emergency;
- Minimize damage and losses;
- Identify relocation sites and ensure operational and managerial requirements are met to the greatest extent possible before an emergency occurs;
- Reduce disruptions to operations and services;
- Protect essential equipment, supplies, client and staff records and other assets;
- Achieve an orderly recovery from emergency operations and response.

The following elements should be included, as appropriate, for planning for the continuity of operations:

- Sheltering In Place;
- Communications;
- Staff Rotations and Shortages;
- Evacuation of Clients and Staff from Facilities (*Including Fire Evacuation Plan);
- Identification of Alternate Site(s) for Services and Organizational Management;
- Transportation to Alternate Site(s);
- Identification and Prioritization of Vital Functions (from most critical to least);
- Identification of Mutual Aid Agreements and Community Partnerships;
- Establishing Contingencies, Policies and Legal Liabilities;
- Replacement/Repair of Damaged/Destroyed Essential Equipment;
- Assessing, Testing and Evaluating COOP Plans

Sheltering In Place

This section describes how several aspects of operations will be addressed during a crisis. This includes methods for communication with and between staff and clients and their families, methods for dealing with infrastructure challenges such as utilities, and other disaster preparations. While a plan should inform staff of at least three places where clients and staff are most likely to go in case of evacuation and a breakdown in communications infrastructure (e.g. phone, email, pagers), for many disasters and emergencies, organizations will be instructed to shelter in place if it is safer to stay indoors than to move to another location. This is called sheltering-in-place and will occur if remaining at the facility is the best choice for staff and client safety. Sheltering-in-place can mean going to a small, interior room, with no or few windows but can also simply refer to remaining at the facility and continuing with operations as normally as possible.

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What will you do if your facility loses utilities during a disaster?

Type of Utility	Emergency Contact	Policy/Procedure for Response
Power		
Water/Sewer		
Telephone		
Gas		

What supplies must be included in your Disaster Kit? Your disaster kit should include supplies that you can't afford to be without if a disaster disrupts your normal supply lines.

Type	Location	Person Responsible (who has it, who maintains it?)
Food / Water		
Basic Disaster Kit (flashlights, first aid, organization contacts, etc.)		
Critical supplies for residents – including those with access and functional needs (medications, equipment, etc.)		
Critical records, including lists of emergency contacts for your residents and staff, information on partners, etc.		

Communications

The following questions should be addressed:

1. How do you plan to communicate with staff (on duty and off-duty) if telephone service is disrupted?
2. How do you plan for on-duty staff to communicate with their families if telephone service is disrupted?
3. How do you plan to communicate with your residents (and their families) if telephone service is disrupted?
4. How do you plan to communicate with public safety officials if telephone service is disrupted?

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5. How do you plan to communicate with the Department of Mental Health if telephone service is disrupted?

This is how we plan to communicate with the families of our residents if we have to evacuate our facility or shelter-in-place:

(Write your plan)

This is who we will communicate with if we have problems en route while we are evacuating (include DC Dept. of Mental Health contacts):

Contact Name/Title	Agency	Phone/Pager	email

In an emergency, we will keep the following individuals informed of our whereabouts (This is someone who is in a different geographic area or state to reduce the chances that they will also be affected by the disaster):

Contact Name/Title	Relationship to Agency	Phone/Pager	email

Staff Rotations and Shortages

The following questions should be addressed:

1. What will you do if your staff can't get to work (snow, traffic, no public transit, etc.)?
2. What will you do if a portion of your staff isn't able to show up for work (e.g. pandemic, illness, caring for family, etc.)?
3. If you are understaffed, what resources can you tap to bridge the gap – especially during long rotations?

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Community Partners (public and private)

A Memorandum of Understanding (MOU) is a document that you sign with another organization to agree to help each other when disasters occur. Since another facility can help you only if they are not also affected by the disaster, you should have MOUs with organizations outside of your community for disasters that affect the whole community (this should include organizations outside of the District). MOUs with organizations in your community are good for disasters that only affect one facility, such as a fire in your building. If you don't have any MOUs now, you should develop such arrangements.

Write below the MOUs you have with other organizations which might be able to provide appropriately licensed and credentialed staff to supplement shortages you might experience:

Community Partner	Contact Name/Title	Phone/Pager	Staff Responsibilities

Volunteers: [Where will your volunteers come from (if any) and what they will do in a disaster?]

Community Partner	Contact Name/Title	Phone/Pager	Volunteer Responsibilities

Evacuation of Consumers and Staff from Facilities

Fire Evacuation Plan

The evacuation of agency building(s) ensures the safety of all staff, clients and visitors. Evacuation routes are posted throughout each building. All exits are clearly marked.

The following personnel have the authority to evacuate the building by order of importance:

1. On-Site Director / Executive Director
2. Disaster Coordinator/Director
3. Management Team Members

The evacuation plan includes:

- When the alarm is sounded, employees are to exit the building immediately following the safest and nearest evacuation route from where they are located at the time;

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- Department Directors are to assist and monitor the evacuation of employees in their department;
- When exiting the building, employees are to go to (DESCRIBE).

Department Directors shall:

- Account for each of their staff members to determine if they have safely evacuated the building.
- Provide the Disaster Coordinator with a status of their staff members. For example:
 - "All accounted for" or;
 - "All accounted for with the exception of.... (Name(s) of those not accounted for)".

The Communications or Call Center Director or designee will forward the incoming line to the designated number as they currently do for after hour calls.

Trained staff members are to render first aid as necessary.

The Disaster Coordinator will:

- Notify and keep the On-site Director informed.
- Consult with the On-scene Emergency Response Personnel if necessary to determine if the building is safe for staff members to return.
- Ensure that no one is to re-enter the building until on-scene Emergency Response personnel give the all-clear.

Evacuation Involving Relocation of Staff and Consumers to Another Site

This is how we plan to communicate with the families of our staff if we have to evacuate our facility or shelter-in-place:

This is who we will communicate with (and how) if we have problems en route while we are evacuating:

Contact Name/Title	Agency	Phone/Pager	email

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These are (at least) three sites we've identified where we will likely go if we have to evacuate (and cannot communicate with staff our intentions during/after evacuation):

Evacuation Site	Contact Name/Title	Phone/Pager	Location/Address

Identification of Alternate Site(s) for Services and Organizational Management

The identification of potential alternate agency sites ensures there is an appropriate and viable alternative location for this agency to continue essential operations during an emergency/disaster – whether or not a full evacuation of all staff and clients is warranted.

The following are the identified alternate sites for this agency:

Alternate Site	Contact Name/Title	Phone/Pager	Location / Address

Community Partners (public and private)

Since another facility can help you only if they are not also affected by the disaster, you should have MOUs with organizations both inside and outside of your community for local emergencies as well as disasters that affect the whole community (this should include evacuation outside of the District). A Memorandum of Understanding (MOU) is a document that you sign with another organization to agree to help each other when disasters occur. MOUs with organizations in your community are good for disasters that only affect one facility, such as a fire in your building. If you don't have any MOUs now, you should develop such arrangements.

Write below the MOUs you have with other organizations in which you agree to use your sites in case of evacuation (stipulate the disaster affects only one of you):

Community Partner	Contact Name/Title	Phone/Pager	Describe the use and capacity of the site (Attach MOU and/or procedures)

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Transportation to Alternate Site(s)

If an alternate site is needed for operations, the Disaster Coordinator will need to coordinate a plan for transportation depending on:

- Availability of staff to do the transporting.
- Availability of vehicles for the transporting.
- Distance and routes available for transporting.
- Parking availability at alternate site and ability of staff to get to alternate office site (site could be blocked off or otherwise inaccessible).
- Arrangements needed with other agencies (e.g. transportation company or county safety/access personnel).

The following plans and resources accommodate the transportation of our client populations:

Plan/Resource	Capacity (vans, cars, buses, etc.)	# transported and to what location	Contact information (name, phone, email, pager)

Identification and Prioritization of Vital Functions (from most critical to least)

As stated earlier in this plan, this agency is responsible for _____ (from overview).

This agency is organized into several functional areas of responsibility. They are (EXAMPLES):

- Customer Services;
- Administration and Governance;
- Human Resources;
- Call Center;
- Quality Management;
- Care Management;
- Residential Services;
- Client Records/Information Management;
- Business Management

Essential Services: List the things your agency normally does that must be continued during an emergency. This should be an exhaustive list addressing how you will use staff and other resources to make sure that your essential services continue.

Essential Function	Timeliness (urgency)	Staffing Required /Responsible	Mission Critical Data	Infrastructure /Equipment /Systems Needed	Vital Records	Supporting Activities
EX:	Immediate	Clinicians	Crisis	Telephone	Client	Can be

(Insert Name of Organization)

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Screening, triage and referral		and	Services	and computer	records	done by paper and phone

What functional needs must you provide for your residents even in a disaster (e.g., meds, food, ventilators or oxygen, etc.)?

Functional Needs (defined by client population needs)	Description of Critical Need/Services	How is need served (include #s of supplies where appropriate)?	Party Responsible

Non-essential Services: List the things your agency normally does that may not be important enough to continue during an emergency. This does not have to be an exhaustive list but it should address how you will use the staff and other resources that are normally assigned to these tasks to make sure that your essential services continue.

Non-Essential Services	Description of Non-Critical Services	How would resources be re-allocated to more critical needs?	Party Responsible

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Identification of Mutual Aid Agreements and Community Partnerships

This area is covered in specific topical sections elsewhere in this plan but there may be additional ways in which partners will be of assistance to your organization and/or your clients and their families through Mutual Aid Agreements. Please list them here:

Community Partner	Contact Name/Title	Phone/Pager	Describe the use and capacity of the site (Attach MAA and/or MOU)

Establishing Contingencies, Policies and Legal Liabilities

This agency maintains and annually reviews all business continuity and disaster planning policies and procedures. This includes:

- Determination of essential personnel during an emergency/disaster based on essential functions;
- Establishing lines of succession to essential positions and delegations of authority;
- Pre-designation of emergency authorities and other partners;
- Determination of how staff and others will be notified of operational changes and evacuation;
- Established policies to meet the staff health, family, psychological needs.

In the event that the Executive Director is physically absent and unable to contact, the following have the authority to act in his/her place by order of priority (EXAMPLES):

- Care Management Director;
- Medical Director;
- Quality Management Director;
- Residential Services Director;
- Customer Services Director;
- Information Management Director;
- Finance Officer

This agency ensures the following in order to minimize the liability of this agency in an emergency/disaster (EXAMPLES):

- Ensure that the professional liability insurance covers emergency/disaster situations.

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- Ensure that all individuals, including staff and volunteers that serve in the community behavioral health response have been appropriately trained in disaster behavioral health.
- Specify in Memorandums of Understanding and/or Collaboration Letters with other partners what each party is liable for.
- Ensure there are written policies for any changes in services offered or clients served in the event of an emergency/disaster.
- Provide the Office of Accountability, Department of Behavioral Health, notification of evacuation or movement of clients.

Replacement/Repair of Damaged/Destroyed Essential Equipment

Considerations for replacing/repairing damaged/destroyed essential equipment include:

- Agreements with current vendors that may result in the replacement or repair of the equipment.
- How quickly equipment can be made available either through purchase or repair and how that fits the timeline for the agency.

Critical Equipment	Equipment Supplier /Repair Service	Phone/website	Cost and logistical considerations

Assessing, Testing and Evaluating COOP Plans

This agency conducts an annual risk assessment, annual review of the Emergency and Disaster Plan and participates in annual drill exercises compliant with the Homeland Security Exercise and Evaluation Program (HSEEP). In addition, there is a bi-annual testing of continuity of operation. When risk areas are identified, strategies are developed.