Action Items

I. Legislation

1. Legislation requiring the Virginia Department of Emergency Management (VDEM), in cooperation with the Department of Behavioral Health and Developmental Services, to develop standardized guidelines for mental health support during extended incident. The legislation will include a requirement to establish a definition and designation of a period for "extended incident response."
Observation 1.1: Despite efforts to support mental health, individuals still experienced challenges and could have benefited from more support.
Recommendation 1.1.2: Develop comprehensive mental health support Guidelines

2. Legislation requiring the DEM to develop a training program on National Incident Management System principles, the Incident Command System, and the role of the Emergency Operations Center. Agency heads would be required to attend the training within six months of appointment with additional training required at regular intervals.
Observation 7.1: A lack of understanding of National Incident Management System (NIMS) principles, including the role of the Emergency Operations Center (EOC), the use of the Incident Command System (ICS), and resource management negatively impacted response operations.
Recommendation 7.1.1: Conduct comprehensive NIMS and ICS training.

3. Legislation directing state agencies to develop a document for their agency briefly outlining the Incident Command System and the role of the Virginia Emergency Support Team in the event of a declared emergency. This document is to be reviewed and submitted to the General Assembly every two years.
Observation 7.1
Recommendation 7.1.2: Establish clear role definitions.

4. Legislation directing the Chief Information Officer and the Virginia Information Technologies Agency, with the cooperation of the VDEM, to develop an emergency resource management system. The system should be capable of integrating information from multiple sources, including contractors and temporary staff, to provide real-time updates on operational status.
Observation 7.1:
Recommendation 7.1.3: Enhance tracking and resource management systems.

5. Legislation directing the VDEM and the Department of Health (DOH) to study the existing emergency management regions and local health districts and recommend a mutually beneficial alignment to the General Assembly for implementation.

VDEM and DOH will report findings and recommendations to the General Assembly by November 1, 2025.
Observation 8.2: A lack of interagency preparedness and response coordination hindered response operations
Recommendation 8.2.1: Review alignment of emergency management and public health regions.

6. Legislation directing the VDEM to (i) offer health and safety training to volunteer organizations that are incorporated into the Virginia Emergency Support Team (VEST) and (ii) develop a health monitoring system for all volunteers incorporated into the VEST during times of emergency.
   Observation 11.1: Before the vaccine was available, it was difficult to obtain volunteer support due to concerns about contracting the virus.
   Recommendation 11.1.1: Provide comprehensive health and safety training.
   Recommendation 11.1.2: Establish a health monitoring and support system.

II. Joint Subcommittee Letters

1. Letter from the Joint Subcommittee to the Commonwealth Broadband Chief Advisor and the Broadband Advisory Council to requesting the Chief Advisor and Council to study **Observation 2.1**: Barriers to internal communication impacted public information dissemination and **Recommendation 2.1.2**: Implement a centralized information management system (policy options 1, 2, and 3). Any findings and recommendations to be provided to the General Assembly by November 1, 2025.

2. Letter from the Joint Subcommittee to the VDEM requesting the agency to review the following item from the Final After Action Report:

   a. **Observation 2.2**: An oversized working group was established to support health equity, hindering effective public messaging and **Recommendation 2.2.1**: Streamline the health equity working group structure.

   b. **Observation 7.2**: The pandemic response placed a significant strain on personnel resources and **Recommendation 7.2.3**: Expand and diversify the staffing pool.

   c. **Observation 8.1**: Existing agency or pandemic plans were insufficient in their scope and approach to the COVID-19 pandemic and **Recommendation 8.1.3**: Prioritize continuous plan evaluation.

   d. **Observation 8.2**: A lack of interagency preparedness and response coordination hindered response operations and **Recommendation 8.2.2**: Integration of key internal and external partners (policy options 1, 2, 3, and 4).

   e. **Observation 9.3**: Key external partners were integrated into response late, resulting in redundancy, confusion, and frustration for health care partners-
   Recommendation 9.3.2: Establish clear communication channels and protocols.
   Recommendation 9.3.3: Strengthen and formalize partnerships before crises.

Any findings and recommendations to be provided to the General Assembly by November 1, 2025.

III. Budget Language

1. Budget language directing VDEM Management and the DOH to study the development and implementation of a data collection framework for health care and other external partners, including local emergency management, involved in emergency responses that integrates essential elements of information across all reporting tools and stakeholders. This framework should establish consistent data requirements, streamline reporting processes, and provide clear guidelines to ensure cohesive and efficient data gathering and analysis during emergencies. Prioritize the integration of existing data collection systems and establish robust coordination mechanisms among all relevant partners, including those responsible for housing and managing data systems.
   Observation 9.4: The existing data gathering systems for health care lacked cohesion due to the changing information needs of multiple stakeholders and the utilization of multiple reporting tools.
   Recommendation 9.4.1: Establish a standardized data collection framework.

2. Budget language providing funding for VDEM to establish and educational outreach campaign.
   Observation 11.1: Before the vaccine was available, it was difficult to obtain volunteer support due to concerns about contracting the virus and
   Recommendation 11.1.3: Engage a more diverse demographic).

3.