



Commonwealth of Virginia

Subcommittee #1 – Government and Regulatory Systems

Observations, Recommendations, and Legislative Policy Options

Introduction

In response to the magnitude and length of the Coronavirus Disease 2019 (COVID-19) response, the Joint Subcommittee to Study Pandemic Response and Preparedness was established by the Virginia General Assembly with the passage of Senate Joint Resolution 10 (SJR10) during the 2022 session to assess and evaluate the Commonwealth's overall pandemic preparedness and response capabilities. To assist it in its goals, the Joint Subcommittee established three workgroups: 1) Government and Regulatory Systems; 2) Health Care Systems and Emergency Management; and 3) Education.

Tidal Basin was contracted to create an After-Action Report (AAR) outlining the COVID-19 pandemic and actions taken by the Commonwealth. The full AAR organizes observations into specific themes derived from document analysis, surveys, and interviews. These observations have been systematically organized into focus areas. Each focus area highlights critical insights that are important for achieving response goals, identifying opportunities for improvement, and enhancing overall effectiveness and preparedness for future emergencies.

After Tidal Basin formulated operational recommendations, the Commonwealth's Division of Legislative Services developed a range of legislative policy options for the Joint Subcommittee's consideration.

The following details observations, recommendations, and legislative policy options specifically for the Government and Regulatory Systems Subcommittee. For insights related to other subcommittees, please refer to the accompanying documents.





Government and Regulatory Systems Subcommittee – Recommendations Overview



Business Continuity and Continuity of Operations

- 1.2.1 Develop a centralized Continuity of Operations framework for state agencies.
- 1.2.2 Enhance digital infrastructure and automation.
- 1.3.1 Establish consistent statewide telework policies for all state agencies.



Communications

- 2.1.3 Improve coordination with executive offices.



Financial Management

- 4.1.1 Establish stable and diversified funding streams.



Judicial / Policy / Regulatory

- 5.1.1 Develop a pre-approved legal and regulatory framework for emergencies.
- 5.1.2 Create a rapid response legal and regulatory task force.
- 5.2.1 Solicit input on judicial processes.
- 5.2.2 Enhance virtual engagement and transparency mechanisms.
- 5.3.1 Review statewide technology standards and protocols.
- 5.3.2 Develop and implement consistent policies and procedures to ensure uniformity and efficiency.



Logistics

- 6.1.1 Establish a dynamic stockpile strategy.
- 6.1.2 Implement a Centralized Resource Management (CRM) system.
- 6.2.1 Strengthen public-private partnerships.
- 6.2.2 Establish a flexible and inclusive procurement strategy.



Technology

- 10.1.1 Expand and sustain broadband infrastructure investments.
- 10.1.2 Consider implementing technology access programs.
- 10.1.3 Support innovative connectivity solutions for immediate needs.
- 10.2.1 Develop comprehensive technology training and support programs.
- 10.2.2 Enhance digital infrastructure and access during emergencies.
- 10.2.3 Establish consistent protocols for remote voting and decision-making.





Business Continuity and Continuity of Operations

The Business Continuity focus area investigates the impact of COVID-19 on essential services, administrative functions, and government operations, emphasizing factors that facilitated successful adaptation strategies. It also explores enhancements to continuity of operations plans for future disruptions, including financial strategies such as managing cash flow, accessing government programs, and mitigating economic losses resulting from the pandemic.

Areas for Improvement

Observation 1.2: The pandemic uncovered unrecognized challenges for continuity of operations.

The COVID-19 pandemic exposed significant challenges in maintaining operational continuity across state agencies. The sudden shift to telework highlighted gaps in digital infrastructure, including limited access to reliable technology and broadband connectivity, particularly in rural areas. Many agencies were unprepared for the rapid transition, resulting in inconsistent telework policies, reduced productivity, and difficulties in managing remote teams, in the early days of the response. The lack of a unified approach to teleworking also created disparities between departments, with some employees facing greater challenges in adapting to the new work environment.

Moreover, there was a significant lack of autonomy and flexibility in some agencies to shift processes and procedures to a remote format, hampering the ability to adapt quickly and efficiently. Many operational functions and records remained manual, further straining efforts to maintain continuity. The lack of digital infrastructure, particularly in areas with limited broadband access, compounded these challenges. The combined effects of these factors severely compromised the ability of staff to sustain consistent and effective operations during the pandemic.

Recommendations

- 1.2.1 **Develop a centralized Continuity of Operations framework for state agencies.** Establish a centralized framework for continuity of operations across all state agencies, mandating the creation and regular updating of agency-specific continuity plans. This framework should include standardized guidelines for digital infrastructure upgrades, remote work capabilities, and staff training on emergency procedures. Additionally, it should ensure regular drills and interagency coordination exercises to test and refine these plans, ensuring that state agencies can maintain essential functions and services during any disruption.

Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia establishes the powers and duties of the Department of Emergency Management. This section could be amended to add a provision requiring the Department to establish a centralized framework for continuity of operations across all state agencies, mandating the creation and regular updating of agency-specific



continuity plans. The framework would include all other components of this recommendation.

Alternatively, legislation could be introduced directing the Secretary of Public Safety and Homeland Security to convene a work group consisting of relevant stakeholders to develop a centralized Continuity of Operations framework for state agencies. The legislation could either authorize the framework to be implemented by the Department of Emergency Management or provide for the work group to make recommendations to the General Assembly for implementation.

- 1.2.2 **Enhance digital infrastructure and automation.** Invest in expanding broadband access, especially in underserved areas, and upgrading state digital infrastructure to support the automation of operational functions and records for state agencies. This will enable a seamless transition to remote work and improve overall efficiency, reducing the strain on staff and enhancing the state's ability to maintain operational continuity during future crises.

Legislative Policy Option(s)

Section 2.2-205.2 of the Code of Virginia establishes the Commonwealth Broadband Chief Advisor within the office of the Secretary of Commerce and Trade to serve as the state's single point of contact and integration for broadband issues, efforts, and initiatives. This section could be amended to direct the Commonwealth Broadband Chief Advisor to develop, in consultation with the Broadband Advisory Council, the Virginia Information Technologies Agency, and the Department of Housing and Community Development, a strategic broadband investment plan for (i) expanding broadband access in underserved areas and (ii) upgrading the state's digital infrastructure investment. The legislation would require the strategic plan to include specific funding initiatives consisting of state budget requests as well as private sources.

Section 56-585.1:9 of the Code of Virginia requires the State Corporation Commission to establish pilot programs under which Dominion Energy and Appalachian Power may submit a petition to provide or make available broadband capacity to nongovernmental Internet service providers in areas of the Commonwealth that are unserved by broadband. The General Assembly made the pilot program permanent in 2021. This section could be amended to require the Commission to review the program and recommend incentives to the General Assembly to increase the number of utilities that submit petitions to provide or make available broadband capacity in areas of the Commonwealth unserved by broadband.

Alternatively, the Joint Subcommittee may wish to consider budget language to support long-term investment in expanding broadband access and upgrading state digital infrastructure.

Observation 1.3: Challenges arose during the transition back to in-person work including limited guidance, inequities, and safety concerns.

The transition back to in-person work after the COVID-19 pandemic revealed significant challenges, including gaps in state guidance, inequities in telework policies, and safety concerns. While remote



work had proven effective and productive for many, the return to the office was difficult for those who had adapted to telework, leading to frustration and resistance. Inequities arose as some roles required a return to the office sooner than others, with inconsistent policies across state agencies exacerbating these disparities. Safety concerns, due to varied application of protocols, further heightened anxiety among employees during the transition.

Recommendations

- 1.3.1 **Establish consistent statewide telework policies for all state agencies.** Develop and implement consistent telework policies across all agencies to ensure equitable treatment of employees. These policies should include clear criteria for determining which roles require in-person work, guidelines for hybrid work arrangements, and transparent communication to reduce confusion and frustration among employees.

Legislative Policy Option(s)

Section 2.2-203.1 of the Code of Virginia provides for the Secretary of Administration to establish a comprehensive statewide telecommuting and alternative work schedule policy and to update such policy as necessary. This section could be amended to require review of the policies to ensure that they include (i) clear criteria for determining which roles require in-person work, (ii) guidelines for hybrid work arrangements, and (iii) transparent communication to reduce confusion.

The section could also be amended to encourage the use of the model guidelines, rules, and procedures for telecommuting and participating in alternative work schedules and to provide for identification of the broad categories of positions determined to be ineligible to participate in telecommuting by agencies in the legislative and judicial branches.

Alternatively, legislation could be introduced to require the Secretary to study or establish a work group consisting of stakeholders to study the use of telecommuting and alternative work schedules across state government and recommend changes to the statewide telecommuting and alternative work schedule policy to ensure equitable treatment of state employees across all agencies.





Communications

The Communications focus area refers to the Commonwealth's ability to deliver timely and accurate communications in support of COVID-19 response, including general situational awareness for state employees. This focus area also encompasses interoperability among local, state and federal partners, and any communications-centric resource and capability gaps.

Areas for Improvement

Observation 2.1: Barriers to internal communication impacted public information dissemination.

Despite having ample Public Information Officers (PIOs) participating in the Joint Information Center (JIC), there was a lack of Subject Matter Experts (SMEs) assigned to the JIC to address specific public health-related questions, often causing significant delays as JIC personnel had to seek out answers in a rapidly changing environment. Additionally, the lack of coordination between the JIC and the Governor's communications team meant that information was sometimes relayed by the Governor's office without prior notification to operational staff, including those in the JIC, leaving personnel scrambling to respond to public inquiries. This may have impacted the opportunity to anticipate questions, research accurate answers, or correct information before it was released, further complicating effective communication efforts.

Recommendations

- 2.1.3 Improve coordination with executive offices.** Develop protocols to ensure that information from the Governor's office and other executive branches is communicated to operational staff, including the JIC, in advance. Implement a system for pre-briefings or notifications about upcoming announcements to allow JIC personnel to prepare responses and anticipate public inquiries, ensuring a more coordinated and informed public communication strategy.

Legislative Policy Option(s)

Section 2.2-221 of the Code of Virginia establishes the powers and duties of the Secretary of Public Safety and Homeland Security. This section could be amended to provide for the Secretary, with the approval of the Governor, to establish protocols to ensure that information from the Governor's office and other executive branch entities is communicated to operational staff. The legislation could also provide for pre-briefing or notifications to ensure a more coordinated public communication strategy.





Financial Management

The Financial Management focus area explores novel approaches, successes, and challenges in procurement during the COVID-19 response. It investigates government assistance programs that provided financial aid to individuals, businesses, and impacted communities.

Areas for Improvement

Observation 4.1: Inadequate funding and heavy reliance on grants during calm periods impede preparedness and sustainability efforts crucial for supporting response capabilities during incidents.

Reliance on grants for core emergency management functions risks operational capacity, as demonstrated by FEMA's 10% cut in preparedness grants this year. Essential systems like WebEOC and Crisis Track, funded by these grants, could face severe challenges if funding decreases. This dependence on fluctuating grant funding threatens the consistent maintenance of crucial emergency management capabilities.

The educational sector within the Commonwealth also faces severe financial challenges. Many school facilities require updates to meet modern health and safety standards, an issue temporarily alleviated by initial pandemic-related funding, such as the DOE's HVAC upgrade grant. However, a sustainable, long-term funding solution is essential, especially given that the state ranks 42nd in the nation for education funding. This chronic underfunding not only affects infrastructure but also leads to staffing shortages, further exacerbating the difficulties in maintaining robust emergency management capabilities.

Additionally, inconsistencies in regional and central office public health capabilities, including the state pharmacy, underscore the need for significant investment. The Medical Reserve Corps (MRC) has been invaluable, particularly for vaccination clinics, yet only half of the MRC coordinators across the state are funded, and the reduction in the state-level team impacts the volunteer registration system.

Finally, the logistical capacity built during the COVID response is threatened by funding constraints. The creation of a central Logistics Coordination Operations Center (LCOS) significantly enhanced the Commonwealth's capacity to manage resource requests, handling up to 400 of them daily during the peak of the COVID-19 response. This year's proposed budget includes two years of funding for the continuation of this vital facility, which has now proven its worth through multiple activations. Institutionalizing this support is crucial.

Recommendations

- 4.1.1 **Establish stable and diversified funding streams.** Institute dedicated, stable funding mechanisms at the state and local levels to reduce reliance on variable grant funding. This could involve legislative efforts to secure a portion of the state budget specifically for emergency management and public health preparedness efforts.



Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia, which establishes the powers and duties of the Department of Emergency Management, could be amended or, alternatively, a separate section could be created **within Chapter 3.2 of Title 44** of the Code of Virginia to require the Department of Emergency Management, with the assistance of the Secure and Resilient Commonwealth Panel, to conduct a comprehensive study of the state's reliance on grants for core emergency management functions and make specific recommendations to the General Assembly for securing adequate funding in the state budget for emergency management and public health preparedness efforts.

Alternatively, legislation amending **Chapter 15 of Title 2.2** of the Code of Virginia could require the Governor to provide in the Budget Bill, submitted pursuant to § 2.2-1509 of the Code of Virginia, adequate funding for emergency management and public health preparedness efforts.

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Judicial/Policy/Regulatory

The Judicial/Policy/Regulatory focus area examines the impact of COVID-19 on judicial systems, including court operations, case backlog management, and access to justice. It assesses the resilience and adaptability of these systems in responding to public health emergencies and the lessons learned for future preparedness. Additionally, it addresses the technology investments and infrastructure improvements needed to enhance judicial capacity, the effectiveness of remote court proceedings, virtual hearings, and electronic filings, while maintaining fairness, transparency, and due process.

Areas for Improvement

Observation 5.1: Failure to plan for the legal and regulatory changes necessary for effective pandemic response caused delays and complications.

The absence of pre-established frameworks for swiftly adapting regulations, such as those related to public health orders, workforce protections, and emergency procurement, hindered the ability of state agencies to respond promptly to the evolving situation. One major issue was the speed at which regulatory changes were enacted. Emergency standards required legal and regulatory justification, creating a need for a balanced and expedited response, which proved challenging. The impact of executive orders on businesses in the Commonwealth highlighted complexities in authority, as seen when an order directed the adoption of safety and health regulations, raising questions about the roles of the Commissioner versus the Safety and Health Codes Board. Additionally, a significant amount of time was spent crafting and modifying temporary waivers during the pandemic. Codifying these processes in advance would streamline the response in future emergencies, ensuring that necessary legal and regulatory adjustments can be implemented more efficiently.

Recommendations

- 5.1.1 **Develop a pre-approved legal and regulatory framework for emergencies.** Establish a comprehensive, pre-approved legal and regulatory framework that outlines specific emergency standards and processes. This framework should include pre-drafted executive orders, temporary waivers, and other necessary regulatory adjustments that can be quickly enacted during a crisis. Such a framework may consist of various levels or phases that can reflect the length, impact, and type of incident.

Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia, which establishes the powers and duties of the Department of Emergency Management, could be amended or, alternatively, a separate section could be created within **Chapter 3.2 of Title 44** of the Code of Virginia to establish an interdepartmental advisory board composed of representatives of the relevant departments and agencies of state government, including from the legislative and judicial branches of state government, for the purpose of recommending a comprehensive legal and regulatory framework outlining specific emergency standards and processes that would take effect in the event of an emergency. The framework would include the components



outlined in this recommendation. The advisory board would periodically review the framework for changes.

Alternatively, legislation could be introduced directing the Department of Emergency Management to convene a work group to recommend a comprehensive legal and regulatory framework to take effect in event of an emergency.

- 5.1.2 **Create a rapid response legal and regulatory task force.** Form a dedicated task force composed of legal, regulatory, emergency management, and public health experts to oversee and expedite the creation and implementation of necessary emergency regulations that are not previously established. This task force should be activated during emergencies to ensure that all essential legal adjustments are made promptly and can be used to deconflict questions about roles and responsibilities related to this issue.

Legislative Policy Option(s)

Legislation could be introduced creating a new section within **Chapter 3.2 of Title 44** of the Code of Virginia to establish a Rapid Response Legal and Regulatory Task Force to be activated by the Governor during emergencies. The legislation would establish the membership and lay out the powers and duties of the Task Force.

Observation 5.2: Judicial system staff made significant efforts to maintain transparency during social distancing periods but felt there was room for improvement.

To enhance communication and ensure that the pandemic response plan was followed, local judicial authorities directed the public to their websites and prioritized judicial emergency orders. The bench book and online resources provided valuable guidance to the courts, reflecting a commitment to maintaining operational continuity and clarity. However, the shift to virtual meetings posed challenges, such as ensuring adequate participation and upholding transparency in proceedings. While the system did not directly solicit public input on solving problems or participating in the process, it provided alternative avenues for engagement through email, phone, and publicly posted information. This approach helped maintain some level of transparency and communication but indicated areas where more proactive strategies could be developed to better engage the public and address transparency concerns during such crises.

Recommendations

- 5.2.1 **Solicit input on judicial processes.** Solicit input on methods for implementing judicial processes when public participation is not possible, utilizing surveys, feedback forms, and public comment periods. Ensure that these opportunities for providing input are widely publicized and easily accessible through multiple channels.

Legislative Policy Option(s)



Legislation could be introduced requiring the Office of the Executive Secretary of the Supreme Court to establish a process in line with this recommendation. The process would be designed to develop input from the public on methods for implementing judicial processes in instances when public participation is not possible due to an emergency declaration. Such process would include utilization of (i) surveys, (ii) feedback forms, and (iii) virtual, in-person, and written public comment periods.

Alternatively, legislation could be introduced requiring the Office of the Executive Secretary to convene a work group to establish this process. The Judicial Council, the Committee on District Courts, and the Virginia Court Clerks' Association could have representation on the work group.

- 5.2.2 **Enhance virtual engagement and transparency mechanisms.** Implement robust virtual engagement platforms that allow for real-time public participation and input during judicial proceedings. This should include ideas gathered during the public input process and could consist of interactive webinars, live Q&A sessions, and virtual town halls specifically designed for judicial matters.

Legislative Policy Option(s)

Legislation could be introduced directing the Executive Secretary of the Supreme Court to convene a work group or task force consisting of relevant stakeholders to review the judicial process and opportunities for virtual engagement and transparency mechanisms, including the costs and benefits related to any increased use of these mechanisms. The study entity would make recommendations the Executive Secretary for further action.

Alternatively or in conjunction with the study, legislation could be introduced to authorize the establishment of a pilot program providing for an enhanced virtual engagement and transparency mechanism.

Observation 5.3: Acceptance of technology varied across the judicial system, resulting in inconsistent use of platforms and policies among courts.

The lack of uniformity in adopting many technological advancements, such as remote hearings, electronic filing systems, electronic signatures, and online scheduling systems resulted in inefficiencies and inconsistencies across the judicial system.

Recommendations

- 5.3.1 **Review statewide technology standards and protocols.** Conduct review of available technologies, including electronic filing systems, remote hearings, electronic signatures, and online scheduling systems, to determine how their adoption may ease ongoing administrative burdens of the judicial system while enhancing transparency and participation.



Legislative Policy Option(s)

Legislation could be introduced directing the Executive Secretary of the Supreme Court, in conjunction with the Virginia Information Technologies Agency, to conduct a comprehensive, statewide review of technology standards and protocols currently used throughout the judicial system as well as available technology to make recommendations regarding improvements.

- 5.3.2 **Develop and implement consistent policies and procedures to ensure uniformity and efficiency.** Establish clear guidelines for the use of technology, including electronic filing systems, remote hearings, electronic signatures, and online scheduling systems. Standardize these practices across all courts to minimize discrepancies, enhance operational efficiency, and ensure equitable access to judicial processes. Regularly review and update these policies to adapt to technological advancements and address emerging needs, ensuring that all courts operate under the same framework and standards.

Legislative Policy Option(s)

Legislation could be introduced directing the Executive Secretary of the Supreme Court, in conjunction with the Virginia Information Technologies Agency, to establish a group or task force consisting of relevant stakeholders to develop statewide guidelines for the use of technology to standardize practices statewide (**See Recommendation 5.3.1**).





Logistics

The Logistics focus area addresses the identification of pre-existing logistics plans for procuring, storing, and distributing essential supplies, as well as the establishment of roles and responsibilities before and during the pandemic. It highlights the challenges faced in coordinating logistics during the response. By examining these aspects, the focus area aims to improve future logistical preparedness and response efforts.

Areas for Improvement

Observation 6.1: Resource uncertainty resulted in widespread challenges in accessing and distributing essential supplies, such as Personal Protective Equipment (PPE) and testing kits, impacting frontline workers across several sectors.

Emergency purchasing and stockpiling exacerbated supply chain disruptions, especially for PPE, as all facets of the market—public, private, and individual—rushed to secure limited resources. Local entities struggled to project accurate burn rates for PPE, leading to excessive initial purchases and resulting in massive stockpiles that now need to be liquidated.

Recommendations

- 6.1.1 **Establish a dynamic stockpile strategy.** Design a dynamic stockpile strategy that includes maintaining flexible reserves of essential supplies and implementing regular inventory assessments. This strategy should involve periodic reviews of stockpile levels, anticipated needs, and expiration dates to ensure that reserves are appropriate and actionable. Additionally, establish protocols for rotating, redistributing, and repurposing stockpiles to prevent waste and address emerging needs effectively.

Legislative Policy Option(s)

Article 3 of Chapter 11 of Title 2.2 of the Code of Virginia establishes the Division of Purchases and Supply within the Department of General Services. Legislation could be introduced directing the Division to design the dynamic stockpile strategy contemplated by this recommendation.

- 6.1.2 **Implement a Centralized Resource Management (CRM) system.** Develop and deploy a CRM system that tracks and forecasts demand for critical supplies such as PPE and testing kits. This system should be capable of collecting and analyzing data from various sources to anticipate needs more accurately, reduce panic buying, and streamline distribution. Information gathered during the COVID response can provide assumptions to support informed forecasting.



Legislative Policy Option(s)

Legislation could be introduced directing the Division of Purchases and Supply within the Department of General Services, the Virginia Technologies Agency, and the Department of Emergency Management to develop a CRM system for use in times of emergency

Observation 6.2: The Commonwealth lacked the necessary resources to support local governments and healthcare organizations.

Frontline workers, including healthcare and judicial staff, faced significant difficulties in accessing PPE and testing kits, with some agencies eventually sourcing masks from international suppliers. Despite their critical infrastructure status, a prevailing bias that private healthcare entities could manage their supplies left hospitals with little state support. Additionally, the procurement of testing kits was problematic, as state agencies were restricted to certain suppliers and specific types of tests, which were not always suitable or acceptable for the diverse populations served. For example, many individuals would not consent to a nasal swab and preferred blood tests or saliva samples, which were not able to be used. These challenges were further compounded when Executive Directive 18 mandated vaccination or testing for returning to work.

Recommendations

- 6.2.1 **Strengthen public-private partnerships.** Establish robust partnerships with both public and private sector entities to enhance resource availability and support. This includes creating policies and/or agreements with private healthcare organizations to collaborate on resource sharing and ensuring that expectations are clear for all involved parties when it comes to resources needed to maintain essential service delivery.

Legislative Policy Option(s)

From an aspirational standpoint, partnerships are typically developed at the individual agency level. VITA to study or develop a work group

- 6.2.2 **Establish a flexible and inclusive procurement strategy.** Develop a procurement strategy that allows state agencies to utilize a broader range of suppliers and types of tests during emergencies. This strategy should include supplier diversity (creating a vetted list of diverse suppliers, both domestic and international, for essential supplies such as PPE and testing kits and test variety) and test variety (including a variety of testing options in state procurement contracts, such as nasal swabs, blood tests, and saliva samples, to accommodate the preferences and needs of diverse populations).

Legislative Policy Option(s)

Subdivisions 22 of Section 2.2-4343 exempts from the Public Procurement Act the purchase of personal protective equipment for private, nongovernmental entities by the



Governor pursuant to subdivision **(11) of § 44-146.17** during a disaster caused by a communicable disease of public health threat for which a state of emergency has been declared. Legislation could be introduced to expand this exemption to include suppliers and types of tests.

In addition, legislation could be introduced to require the Department of General Services to develop a procurement strategy allowing public bodies to utilize a broader range of suppliers and types of tests during emergencies.

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Technology

The Technology focus area encompasses critical technology topics such as the use of data analytics and modeling to inform decision-making and resource allocation. It also explores improvements in leveraging data for future public health purposes, ensuring more effective responses. Additionally, it addresses the scalability, sustainability, and resilience of the technology infrastructure used in public health emergencies.

Areas for Improvement

Observation 10.1: Inequities arose due to disparities in access to technology, such as broadband connectivity

There are still a number of communities and residents in the Commonwealth who do not have access to reliable, low-cost, high speed, broadband access, although this is improving with federal grants recently secured. While the transition to virtual services has been noted as beneficial in many ways, innovative, but not sustainable solutions, needed to be employed, such as temporary solar-powered mobile hot spots in strategic locations in the communities, to assist during those living in areas without widespread broadband connectivity. Technology was seen as helpful in facilitating remote participation in educational and government services purposes, but also posed challenges related to accessibility, especially for populations with limited access to broadband or digital devices.

Recommendations

10.1.1 Expand and sustain broadband infrastructure investments. Prioritize the expansion of reliable, high-speed broadband infrastructure, especially in underserved and rural areas. This includes continuing to leverage federal grants and funding to accelerate deployment and ensuring that investments are made in sustainable solutions that address long-term connectivity needs, reducing disparities in access to technology.

Legislative Policy Option(s)

(See Recommendation 1.2.2). The directive for the Commonwealth Broadband Chief Advisor to develop a strategic broadband investment plan could specify inclusion of methods for expanding and sustaining broadband infrastructure investments in line with this recommendation.

10.1.2 Consider implementing technology access programs. Research the feasibility of establishing programs to provide equitable access to digital devices and internet services for underserved populations. This could include initiatives such as subsidized internet plans, technology lending libraries, and targeted outreach to ensure that all residents can benefit from virtual services and digital resources.



Legislative Policy Option(s)

(See Recommendations 1.2.2). The directive for the Commonwealth Broadband Chief Advisor to develop a strategic broadband investment plan could specify reviewing the feasibility of establishing programs to provide equitable access to digital devices and internet services for underserved populations making recommendations to bring forth findings.

- 10.1.3 **Support innovative connectivity solutions for immediate needs.** Integrate innovative solutions to address technology gaps during emergencies, such as strategically placing mobile hotspots in areas with poor connectivity, into emergency plans, to bridge digital divides and ensure effective communication and coordination during emergencies.

Legislative Policy Option(s)

Legislation could be introduced establishing a work group consisting of the Department of Emergency Management, the Virginia Information Technologies Agency, and other relevant agencies and stakeholders review technology service gaps that exist during emergencies and develop recommendations for solutions to address such gaps.

Observation 10.2: The implementation of technology to facilitate social distancing resulted in certain challenges.

To maintain continuity of services during periods of social distancing for health and safety, technology was utilized extensively. Although this approach proved beneficial, it also presented challenges for sectors such as education, the judicial system, and regulatory boards.

Instructional staff faced a steep learning curve due to a lack of prior experience in delivering instruction in this format. Student engagement proved challenging, particularly because students were not physically present during instruction. Meeting instructional objectives, especially in early literacy, presented significant difficulties.

Remote voting for regulatory boards and other elected boards during the COVID-19 pandemic contributed to a sense of distrust among stakeholders. The shift from traditional in-person voting to virtual platforms raised concerns about transparency, security, and the integrity of the decision-making process, despite measures taken to ensure accountability such as requiring members to be on camera and not allowing proxy voting.

Recommendations

- 10.2.1 **Develop comprehensive technology training and support programs.** Provide training and support programs for sectors such as education, the judicial system, and regulatory boards to ensure effective use of technology during emergencies. This training should address the transition to virtual formats, enhance digital literacy, and provide ongoing technical support to address challenges related to remote instruction and virtual meetings, ensuring continuity of services while maintaining high standards of engagement and effectiveness.



Legislative Policy Option(s)

Legislation could be introduced directing the Virginia Information Technologies Agency or other entity to develop and establish a comprehensive technology training program and support structure to ensure a baseline training regime in line with this recommendation.

Establishing the training regime and support structure will require additional funding. The Joint Subcommittee may wish to consider a budget amendment sufficient to cover such costs

- 10.2.2 **Enhance digital infrastructure and access during emergencies.** Invest in strengthening digital infrastructure and ensuring equitable access to technology for all sectors during emergencies. This includes expanding broadband connectivity, providing necessary digital tools and resources, and creating contingency plans to address technology-related challenges that arise during emergencies, ensuring that all sectors can effectively maintain operations and service continuity.

Legislative Policy Option(s)

(See Recommendation 1.2.2). The directive for the Commonwealth Broadband Chief Advisor to develop a strategic broadband investment plan could specify the development of recommendations regarding investments to strengthen digital infrastructure with the objective of expanding broadband connectivity.

- 10.2.3 **Establish consistent protocols for remote voting and decision-making.** Develop and comprehensive protocols for remote voting and decision-making processes for public-facing boards and other elected bodies to enhance transparency and trust. These protocols should include secure and verifiable systems for remote voting, clear guidelines for ensuring integrity, and mechanisms for stakeholder oversight to address concerns about transparency and security during virtual meetings and decision-making.

Legislative Policy Option(s)

Legislation could be introduced establishing a task force or work group consisting of the Virginia Information Technologies Agency, Virginia Association of Counties, the Virginia Municipal League, the Department of Professional and Occupational Regulation, The Department of Health Professions, and other effected entities to develop best practices and protocols for remote voting and decision making.

If the Joint Subcommittee determined that the best practices and protocols developed by the task force or work group should be the statewide standard, the legislation could require the entity to make its recommendations to the Governor and General Assembly for possible legislative action.





Commonwealth of Virginia Subcommittee #2 – Health Care Systems and Emergency Management

Observations, Recommendations, and Legislative
Policy Options

Introduction

In response to the magnitude and length of the Coronavirus Disease 2019 (COVID-19) response, the Joint Subcommittee to Study Pandemic Response and Preparedness was established by the Virginia General Assembly with the passage of Senate Joint Resolution 10 (SJR10) during the 2022 session to assess and evaluate the Commonwealth's overall pandemic preparedness and response capabilities. To assist it in its goals, the Joint Subcommittee established three workgroups: 1) Government and Regulatory Systems; 2) Health Care Systems and Emergency Management; and 3) Education.

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After Tidal Basin formulated operational recommendations, the Commonwealth's Division of Legislative Services developed a range of legislative policy options for the Joint Subcommittee's consideration.

The following details observations, recommendations, and legislative policy options specifically for the Health Care Systems and Emergency Management Subcommittee. For insights related to other subcommittees, please refer to the accompanying documents.





Health Care Systems and Emergency Management Subcommittee - Recommendations Overview



Business Continuity and Continuity of Operations

- 1.1.1 Expand access to mental health resources.
- 1.1.2 Develop comprehensive mental health support guidelines.



Communications

- 2.1.1 Establish a dedicated SME pool.
- 2.1.2 Implement a centralized information management system (CIMS).
- 2.2.1 Streamline the health equity working group structure.
- 2.2.2 Implement clear decision-making protocols.
- 2.2.3 Establish a rapid response framework.
- 2.3.1 Enhance ongoing public engagement and education.



Operations

- 7.1.1 Conduct comprehensive NIMS and ICS training.
- 7.1.2 Establish clear role definitions.
- 7.1.3 Enhance tracking and resource management systems.
- 7.2.1 Centralize administrative tasks.
- 7.2.2 Implement rotational staffing.
- 7.2.3 Expand and diversify the staffing pool.



Planning

- 8.1.1 Review and update pandemic and emergency operations plans.
- 8.1.2 Integrate inclusivity and support for vulnerable populations.
- 8.1.3 Prioritize continuous plan evaluation.
- 8.2.1 Review alignment of emergency management and public health regions.
- 8.2.2 Integration of key internal and external partners.



Public Health / Local Health Districts

- 9.1.2 Enhance regional coordination and support.
- 9.1.3 Centralize public health guidance and oversight during emergencies.
- 9.2.1 Inclusion of vaccination policies and definitions in pandemic plans.
- 9.2.2 Enhance data collection and coordination for vaccine distribution.
- 9.3.1 Incorporate external partners early in the response planning.
- 9.3.2 Establish clear communication channels and protocols.
- 9.3.3 Strengthen and formalize partnerships before crises.
- 9.4.1 Establish standardized data collection framework.
- 9.4.2 Provide training and support for data reporting.



Volunteer and Donation Coordination

- 11.1.1 Provide comprehensive health and safety training.
- 11.1.2 Establish a health monitoring and support system.
- 11.1.3 Engage a more diverse demographic.





Business Continuity and Continuity of Operations

The Business Continuity focus area investigates the impact of COVID-19 on essential services, administrative functions, and government operations, emphasizing factors that facilitated successful adaptation strategies. It also explores enhancements to continuity of operations plans for future disruptions, including financial strategies such as managing cash flow, accessing government programs, and mitigating economic losses resulting from the pandemic.

Areas for Improvement

Observation 1.1: Despite efforts to support mental health, individuals still experienced challenges and could have benefited from more support.

Although efforts were made to support mental health, additional mental health and other resources, such as childcare, were needed. Interviewees noted that the pandemic exacerbated fatigue and strain on employees, leading to increased turnover. There was also insufficient guidance on mental health support, leaving staff, particularly those dealing with the deaths of loved ones, without adequate opportunities to process their experiences.

Recommendations

1.1.1 **Expand Access to Mental Health Resources.** Allocate additional funding and resources to expand mental health services, including counseling, therapy, and support groups, particularly for employees in high-stress roles such as healthcare workers and educators. This could include partnerships with local mental health organizations or providers that specialize in incident response and critical incident stress debriefing to offer accessible, confidential support tailored to the needs of those affected by the pandemic.

Legislative Policy Option(s)

Increased funding for mental health services will likely be required to carry forward this recommendation, necessitating a budget amendment.

1. Legislation could be introduced directing the Commissioner of Behavioral Health and Developmental Services or the Department of Behavioral Health and Developmental Services to conduct a review of the mental health services and funding needs and report back to the General Assembly.
2. Legislation could be introduced to expand existing programs coupled with budget amendments sufficient to fund such program expansions. Examples of existing programs include:

Section 54.1-2516 of the Code of Virginia, which establishes the Virginia Department of Health Professions' Health Practitioners' Monitoring Program. This program provides for the Director of the Department to maintain a health practitioners'



monitoring program providing an alternative to disciplinary action for impaired health practitioners.

Subdivision 53 of § 9.1-102 of the Code of Virginia, which requires the Director of the Department of Criminal Justice Services to, in consultation with the Department of Behavioral Health and Developmental Services, develop a model addiction recovery program that may be administered by sheriffs, deputy sheriffs, jail officers, administrators, or superintendents in any local or regional jail.

- 2.1.1 **Develop Comprehensive Mental Health Support Guidelines.** Create and implement clear, standardized guidelines for mental health support during extended incident response across all state agencies. These guidelines should include protocols for identifying and addressing mental health concerns, provide access to mental health professionals, and incorporate flexible options like childcare and paid time off to alleviate stress and prevent burnout.

Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia establishes the powers and duties of the Department of Emergency Management. This section could be amended to add a provision requiring the Department, in cooperation with the Department of Behavioral Health and Developmental Services, to develop standardized guidelines for mental health support during extended incident response across all state agencies. The legislation could include a requirement to establish a definition and designation of a time period for "extended incident response."

Alternatively, a resolution could also be introduced directing the Department or a selected group of relevant agencies to study the development of comprehensive mental health support guidelines and report back to the General Assembly with recommendations for implementation.





Communications

The Communications focus area refers to the Commonwealth's ability to deliver timely and accurate communications in support of COVID-19 response, including general situational awareness for state employees. This focus area also encompasses interoperability among local, state and federal partners, and any communications-centric resource and capability gaps.

Areas for Improvement

Observation 2.1: Barriers to internal communication impacted public information dissemination.

Despite having ample Public Information Officers (PIOs) participating in the Joint Information Center (JIC), there was a lack of Subject Matter Experts (SMEs) assigned to the JIC to address specific public health-related questions, often causing significant delays as JIC personnel had to seek out answers in a rapidly changing environment. Additionally, the lack of coordination between the JIC and the Governor's communications team meant that information was sometimes relayed by the Governor's office without prior notification to operational staff, including those in the JIC, leaving personnel scrambling to respond to public inquiries. This may have impacted the opportunity to anticipate questions, research accurate answers, or correct information before it was released, further complicating effective communication efforts.

Recommendations

- 2.1.1 **Establish a dedicated SME pool.** Create a roster of SMEs for key agencies to be trained and readily available during emergencies. Ensure that SMEs are integrated into the JIC from the outset to provide timely and accurate responses to specific questions related to the emergency. This will reduce delays caused by the need to seek answers externally and enhance the JIC's capacity to handle complex inquiries efficiently.

Legislative Policy Option(s)

Chapter 3.2 of Title 44 of the Code of Virginia could be amended to establish a Public Safety Communications Response Council during times of emergency. This council would provide subject matter-specific support from agencies to a centralized communication platform. Such legislation could direct relevant agencies to appoint a representative whose duty it is to respond to inquiries related to that agency's subject matter.



- 2.1.2 **Implement a Centralized Information Management System (CIMS).** Deploy a centralized platform for managing and disseminating information during a crisis. This system should include real-time updates, FAQs, and guidance from SMEs. It would streamline the flow of information, enabling JIC staff to access accurate and up-to-date content quickly and reducing the time spent searching for answers.

Legislative Policy Option(s)

Section 44-146.18:5 of the Code of Virginia establishes the Division of Public Safety Communications. This section could be amended to direct the Division to establish a centralized messaging platform during times of emergency.

Observation 2.2: An oversized working group was established to support health equity, hindering effective public messaging.

The group, which expanded to over 100 participants, encountered numerous internal conflicts, such as disagreements over translation specifics (e.g., which type of Spanish to use), which slowed down the decision-making process. Although the intention was to incorporate diverse perspectives to ensure equitable messaging, the number of participants led to delays in disseminating critical information and clinical guidance. This delay forced individual organizations to make independent decisions, impacting service continuity.

Recommendations

- 2.2.1 **Streamline the health equity working group structure.** Reduce the size of the working group to a more manageable number of participants. Focus on including key representatives who can provide diverse perspectives without overwhelming the decision-making process. Establish smaller, specialized subcommittees for specific tasks such as translation or cultural considerations to enhance efficiency and effectiveness.

Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia could be amended or, alternatively, a separate section could be created within **Chapter 3.2 of Title 44** of the Code of Virginia to require the Department of Emergency Management to establish a work group on health communications and equity during a statewide public health emergency. The legislation would seek to establish a clear upper limit on the number of participants in the work group and include required subject matter-specific subgroups to facilitate efficiency and focus.

- 2.2.2 **Implement clear decision-making protocols.** Develop and enforce clear protocols for decision-making within the working group. Establish criteria for resolving conflicts and making decisions swiftly to avoid delays. This could include predefined guidelines for translation and other critical aspects to streamline the process and ensure timely dissemination of information.



Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia could be amended or, alternatively, a separate section could be created within **Chapter 3.2 of Title 44** of the Code of Virginia, directing the Department of Emergency Management to require the establishment of the previously mentioned work group that would contain language requiring the work group to develop a framework for decision-making at its first meeting. Additionally, the statute could contain a requirement that a quorum of members be present in order for decisions to be effectual.

Alternatively, legislation could be introduced directing the Secretary of Public Safety and Homeland Security or the Department of Emergency Management to convene a work group to pre-establish the health equity work group's structure, protocols for decision-making within the group, and a rapid response framework that could be implemented in times of emergency.

- 2.2.3 **Establish a rapid response framework.** Develop a framework for rapid response to public health needs that includes pre-established protocols for equitable messaging and translations. This framework should allow for quick adaptation to emerging needs and ensure that critical information can be disseminated efficiently, even when the working group is focused on health equity.

Legislative Policy Option(s)

Chapter 3.2 of Title 44 of the Code of Virginia could be amended to require the establishment of the previously mentioned work group with the responsibility to develop health messaging protocols and policies to support rapid response to changing public health needs.

Observation 2.3: Rapidly changing and often conflicting messaging at federal, state, and local levels made implementation of public health guidance difficult and contributed to public mistrust.

Interviewees noted that there were frustrations as guidance from researchers and scientists fluctuated, conflicting directives emerged from federal and state entities, and states varied in their responses, such as differing timelines for resuming normal operations in state programs. Hospitals faced difficulties interpreting and reconciling conflicting guidance from federal and state agencies, while long-term care facilities struggled with inconsistent regulations from multiple state agencies including Virginia Department of Social Services (VDSS), VDH, and the Department of Health Professions (DHP). This inconsistency led some to doubt the scientific community, resulting in decreased adherence to public health recommendations.

Recommendations

- 2.3.1 **Enhance ongoing public engagement and education.** Engage trusted community leaders and experts to help communicate complex information and foster understanding, including the



reasons for guidance changes can help build trust and encourage adherence to recommendations.

Legislative Policy Option(s)

Chapter 3.2 of Title 44 of the Code of Virginia could be amended to require that any work group created or established during a declared time of emergency include the appointment of non-governmental community leaders in advisory roles.

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Operations

The Operations focus area addresses the coordinated strategies used during the COVID-19 response, highlighting the importance of clear communication of roles and responsibilities across multiple agencies and sectors. It also underscores the lessons learned regarding the safety of frontline workers and the need for scalable and flexible operations, including surge capacity and resource allocation.

Areas for Improvement

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.

Some agency heads exhibited a limited understanding of incident command, resulting in the absence of a cohesive incident command structure. This gap left these agencies to operate independently, hindering effective cross-collaboration and exacerbating delays. Additionally, many state agencies and partners lacked clarity on the role of the VEST, leading to territorial disputes and reduced collaboration when the EOC was activated. This confusion was compounded using a U.S. Forest Service Incident Management Team (IMT) that struggled with the role of the EOC in the ICS framework, further complicating coordination efforts. Moreover, some members of the Secretariat were overly involved in operational tasks rather than focusing on policy and strategic oversight, while an increased staffing footprint made it difficult to track roles and responsibilities, especially with the introduction of contractors.

Recommendations

- 7.1.1 **Conduct comprehensive NIMS and ICS training.** Implement mandatory, comprehensive training programs for all policymakers, agency heads, and key personnel on NIMS principles, the ICS, and the role of the EOC. These training sessions should cover the fundamentals of incident command, resource management, and the specific responsibilities and interactions of various roles within the EOC. Regular refresher courses should be included to ensure ongoing familiarity and effectiveness.

Legislative Policy Option(s)

Section 2.2-1209 of the Code of Virginia requires the Department of Human Resource Management to develop training programs to familiarize the director of each agency in the executive branch of state government with state human resources policies. Each agency director is required to attend the training within six months after appointment.

Legislation could be introduced that would similarly require the Department of Emergency Management to develop a training program on NIMS principles, the ICS, and the role of the EOC. Agency heads would be required to attend the training within six months of appointment with additional training required at regular intervals. The legislation could



establish other policy makers and key personnel who would be required to attend the training.

- 7.1.2 **Establish clear role definitions.** Develop and distribute clear documentation outlining the roles and responsibilities of all policymakers, agency heads, and key personnel within the ICS framework. Ensure that all participants understand the purpose and functions of the VEST and the EOC. This documentation should include protocols for communication, decision-making, and collaboration to prevent territorial disputes and improve overall coordination.

Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia establishes the powers and duties of the Department of Emergency Management. This section could be amended to direct the Department to develop and distribute a document (i) outlining the roles and responsibilities of all policymakers, agency heads, and key personnel within the Incident Command System framework and (ii) protocols for communication, decision-making, and collaboration with the objective of improving overall coordination.

Alternatively, legislation could be introduced directing all state agencies to develop a document for their individual agency briefly outlining the Incident Command System and the role of the Virginia Emergency Support Team in the event of a declared emergency.

- 7.1.3 **Enhance tracking and resource management systems.** Implement robust systems for tracking roles, responsibilities, and resource allocation during emergencies. These systems should be capable of integrating information from multiple sources, including contractors and temporary staff, to provide real-time updates on operational status. Improved tracking will help manage the increased staffing footprint and ensure that everyone's responsibilities are clearly defined and monitored.

Legislative Policy Option(s)

Section 2.2-2007 of the Code of Virginia establishes the powers and duties of the state's Chief Information Officer (CIO) relating to the development of policies, standards, and guidelines for information technology for executive branch agencies. Legislation could be introduced amending this section or adding a section directing the CIO and the Virginia Information Technologies Agency, with the cooperation of the Department of Emergency Management, to develop an emergency resource management system that integrates the recommended information.

Observation 7.2: The pandemic response placed a significant strain on personnel resources.

Many VEST supporting agencies faced limitations due to lean staffing numbers, which restricted their ability to provide substantial support during this long-term event. Additionally, the administrative burden



on individual agencies was overwhelming; for example, staff trained in epidemiology had to divert their attention to administrative tasks, such as managing contracts for over 1500 temporary contact tracing staff from 15 different staffing agencies, which could have been handled more efficiently with centralized coordination. Staffing shortages significantly impacted the ability to deliver necessary support, underscoring the need for clear guidance on managing capacity issues. Moreover, relying on a single team within the VEST led to burnout, as the team members were overextended and took on multiple responsibilities. Finally, the need for more specialized personnel became evident as the response progressed, particularly in managing the complex nature of occupational safety and health law.

Recommendations

- 7.2.1 **Centralize administrative tasks.** Establish a centralized administrative support team to handle non-technical tasks such as managing contracts and logistics for temporary staff. This would allow specialized personnel, like epidemiologists, to focus on their core responsibilities, improving efficiency and effectiveness.

Legislative Policy Option(s)

Pursuant to the authority granted in **§ 44-146.18** of the Code of Virginia, the Department of Emergency Management has established a project management office, a human resource department, and disaster services planning functions. The Joint Subcommittee may wish to consider legislation, with an accompanying budget amendment, providing that during a declared emergency additional funding is directed to the Department for expanding these functions to support an increase in temporary staff.

- 7.2.2 **Implement rotational staffing.** Develop a rotational staffing plan for VEST personnel to ensure that personnel are not overextended. This plan should include regular shifts, mandatory rest periods, and cross-training to enable staff to take on multiple roles, ensuring continuity while preventing burnout.

Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia could be amended or, alternatively, a separate section could be created within **Chapter 3.2 of Title 44** of the Code of Virginia, directing the Department of Emergency Management to establish a system of rotational staffing to be implemented in times of emergency.

Since the rotational staffing for VEST during times of emergency would likely require funding to hire additional staffing, the Joint Subcommittee may wish to consider a budget amendment clearly providing for the transfer of balances or other means in times of emergency to cover the costs of this staffing.

- 7.2.3 **Expand and diversify the staffing pool.** Create a robust staffing strategy that includes recruiting and training additional specialized personnel in key areas such as occupational safety, health law, and mental health services. This can be achieved through partnerships with



academic institutions, professional associations, and temporary staffing agencies to build a larger, more diverse pool of qualified individuals ready to respond during emergencies.

Legislative Policy Option(s)

From an aspirational standpoint, partnerships are typically developed at the individual agency level. As for staffing temporary positions during a declared state of emergency, **§ 44-146.18** of the Code of Virginia could be amended or, alternatively, a separate section could be created within **Chapter 3.2 of Title 44** of the Code of Virginia to require the Department of Emergency Management to establish a work group on health communications and equity during a statewide public health emergency (**See Recommendation 2.2.1**). That work group could be directed to include targeted messaging on the need for skilled professionals to fill temporary positions.

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Planning

The Planning focus area integrates insights from the COVID-19 response, emphasizing the importance of preexisting pandemic preparedness plans and the inclusion of vulnerable populations. Future initiatives will prioritize equity and inclusivity, ensuring comprehensive support for all community segments.

Areas for Improvement

Observation 8.1: Existing agency or pandemic plans were insufficient in their scope and approach to the COVID-19 pandemic.

The COVID-19 pandemic revealed significant limitations in the existing pandemic and emergency operations plans across agencies as they were not designed to handle the scale, persistence, and complexity of the COVID-19 pandemic. While the plans provided a starting point for managing emergency situations, they were insufficiently equipped to address the extensive and evolving demands of a global health crisis. The pandemic's magnitude—characterized by widespread illness, overwhelming healthcare systems, and prolonged disruptions to daily life—was beyond the scope of the plans' original design. Additionally, existing plans generally lacked a focus on inclusivity, particularly concerning vulnerable populations such as residents in state residential facilities. These groups faced unique challenges during the pandemic, including heightened health risks and limited access to resources.

Despite these shortcomings, the existing pandemic and emergency operations plans offered a foundational structure that could be adapted and expanded upon to address the specific challenges posed by COVID-19. Agencies were able to use these plans as a starting point for developing more targeted responses and strategies, learning from initial shortcomings to improve their approach as the pandemic evolved.

Recommendations

- 8.1.1 **Review and update pandemic and emergency operations plans.** Conduct comprehensive review and revision of all agency pandemic and emergency operations plans to ensure they are equipped to handle the scale and complexity of future global health crises. This includes incorporating lessons learned such as flexible, scalable strategies that can adapt to prolonged disruptions and widespread impacts, ensuring that plans are robust enough to manage extensive and evolving demands.

Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia could be amended to require the Department of Emergency Management to prepare and maintain a comprehensive pandemic response plan that assigns primary and support responsibilities for basic emergency services functions to state agencies, organizations, and personnel as appropriate. The legislation



could also require the Department to establish a model pandemic response plan for use by individual state agencies and local governing bodies.

In addition, **Chapter 6 of Title 2.2** of the Code of Virginia could be amended to require all state agencies to develop and maintain individual pandemic response plans to be updated periodically.

- 8.1.2 **Integrate inclusivity and support for vulnerable populations.** Ensure integration of diverse stakeholders into plan updates to address the needs of vulnerable populations. This includes ensuring access to essential resources, healthcare, and tailored support during a crisis, with a focus on inclusivity and equitable treatment.

Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia could be amended to require the Department of Emergency Management to prepare and maintain a comprehensive pandemic response plan (**See Recommendation 8.1.1**) that includes a component requiring the inclusion of community stakeholders and representatives who represent populations in an agency's service area or who are likely to be affected by the actions of the agency. The requirement for inclusion of community stakeholders and representatives would also be included in the model pandemic response plan for use by individual state agencies and local governing bodies.

- 8.1.3 **Prioritize continuous plan evaluation.** Implement a continuous evaluation and adaptation process for all emergency operations plans, enabling agencies to regularly assess their effectiveness and make necessary adjustments based on lessons learned from ongoing or past crises. This proactive approach will help ensure that plans remain relevant, responsive, and capable of addressing emerging challenges.

Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia could be amended to require the Department of Emergency Management to prepare and maintain a comprehensive pandemic response plan (**See Recommendation 8.1.1**) that includes a component requiring a proactive and continuous evaluation and adaptation process for the pandemic response plans, enabling the Department to regularly assess their effectiveness and make necessary adjustments based on lessons learned from ongoing or past crises. The model pandemic response plan would also include the same component to also enable agencies to regularly assess effectiveness and make necessary adjustments. The legislation could require the review and update of such plans at regular intervals.



Observation 8.2: A lack of interagency preparedness and response coordination hindered response operations.

The COVID-19 pandemic revealed several shortcomings in interagency preparedness and response coordination, which hindered the effectiveness of operations. Key issues included misalignment between public health and emergency management regions, leading to confusion and inefficiencies. Existing pandemic and operational plans were not widely shared across agencies, resulting in a disjointed response as agencies worked in silos, especially early in the response. Existing programs and regional healthcare coalitions were underutilized due to unclear roles and capabilities. Additionally, key partners and vulnerable populations were not involved early enough in the planning process, leading to further challenges in managing the crisis effectively for those most affected by the virus.

Recommendations

- 8.2.1 **Review alignment of emergency management and public health regions.** Conduct comprehensive review of the current alignment between emergency management regions and public health regions. This review should assess potential overlaps, gaps, and misalignments that could hinder coordinated response efforts. Explore opportunities for better alignment or integration of these regions to ensure more cohesive and efficient collaboration during emergencies, ultimately enhancing the effectiveness of statewide response operations.

Legislative Policy Option(s)

Legislation could be introduced requiring the Department of Emergency Management to update its emergency management regions to align with the Department of Health's 35 local health districts. The legislation could also specify that no individual local health district be included in more than one emergency management region.

Alternatively, legislation could be introduced directing the Department of Emergency Management and the Department of Health to study the existing emergency management regions and local health districts and recommend a mutually beneficial alignment to the General Assembly for implementation.

- 8.2.2 **Integration of key internal and external partners.** Identify partners' resources, expertise, and potential contributions to response efforts. Understanding these capabilities will help ensure that roles are clearly defined and that partners are effectively integrated into the overall emergency response strategy, enhancing coordination and operational efficiency during emergencies.

Legislative Policy Option(s)

Legislation to encourage review of agency partnerships is likely unnecessary.





Public Health / Local Health Districts

The Public Health / Local Health Districts focus area examines the efficacy and coordination of public health plans and protocols for disease surveillance, contact tracing, and vaccine distribution. It addresses the challenges in scaling up testing and contact tracing capacity, as well as the effectiveness of public health campaigns and community outreach. Additionally, it explores coordination with healthcare providers, logistical challenges in vaccine distribution, and issues related to vaccine hesitancy.

Areas for Improvement

Observation 9.1: Decentralization of public health authority led to inconsistent guidance and enforcement across the Commonwealth.

The decentralization of the public health regions across the Commonwealth, each with varying capabilities and capacities, responded unevenly to the COVID-19 pandemic. This fragmentation not only created confusion but also resulted in conflicting guidance and disparities in the effectiveness of measures implemented. This impacted facilities across the healthcare system, including acute care hospitals, long term care facilities, and other residential care facilities.

Recommendations

- 9.1.2 **Enhance regional coordination and support.** Establish mechanisms to improve coordination and support among decentralized public health regions. This could include regular inter-regional meetings, shared resources, and centralized training programs to align regional responses with statewide objectives.

Legislative Policy Option(s)

Article 3 of Chapter 1 of Title 32.1 of the Code of Virginia could be amended to require the Department of Health to conduct periodic (e.g. annual, biannual) meetings with representatives from each of the local health districts to review each district's pandemic response plan.

- 9.1.3 **Centralize public health guidance and oversight during emergencies.** Centralizing public health guidance and oversight under VDH during state- or national-declared public health emergencies would ensure that all regions adhere to uniform protocols, enhancing coordination and reducing inconsistencies in response measures. This centralizing oversight allows for the swift dissemination of updated guidelines, efficient allocation of resources, and a unified strategy that can more effectively address statewide challenges, minimizing confusion, ensuring equitable enforcement of policies, and improving the overall effectiveness of the public health response.



Legislative Policy Option(s)

Article 3 of Chapter 1 of Title 32.1 of the Code of Virginia could be amended to authorize the Department of Health to provide centralized oversight to ensure that all regions adhere to uniform protocols, enhance coordination, and reduce inconsistencies in response measures. The legislation would also authorize the Department to disseminate official communications during an emergency.

Observation 9.2: Differences of opinion on vaccination distribution, both in policy and operations, led to conflict and hindered efficient implementation.

A combination of unclear policies, administrative delays, data collection challenges, and logistical friction collectively hindered the efficient implementation of vaccination efforts, exacerbating tensions and slowing overall response efforts in the early days. As the Commonwealth rolled out the vaccination efforts in early 2021, there was a lack of a clear and consistent definition of “front line staff” to be prioritized to receive the vaccine and be provided scarce PPE. This lack of consistent definition created different interpretations and inconsistencies across regions. The decision to prioritize vaccination based on occupation and underlying health conditions introduced additional complexity as the Commonwealth struggled to collect accurate data to determine who fell into these priority groups. As the Commonwealth came under scrutiny for reporting low vaccination rates, there was a tension created, with debates over whether to vaccinate large numbers of people quickly in central locations or to ensure equitable access across diverse communities.

Recommendations

- 9.2.1 **Inclusion of vaccination policies and definitions in pandemic plans.** Establish vaccination policies within state pandemic plans with provisions for review and adaptation upon plan activation, and during the response, based on the nature of the virus to be eradicated. Policies should address the designation of priority groups such as “front line staff” and those with underlying health conditions.

Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia could be amended to require the Department of Emergency Management to prepare and maintain a comprehensive pandemic response plan (See Recommendation 8.1.1). The legislation could include the requirement that the Department's plan and agency plans must directly address vaccination policies, including timelines for obtaining necessary vaccinations based on position.

- 9.2.2 **Enhance data collection and coordination for vaccine distribution.** Invest in robust data collection systems and streamline coordination processes to accurately identify and track individuals within priority groups. This includes addressing data collection challenges and improving communication between agencies involved in vaccination efforts to ensure timely and equitable distribution of vaccines.



Legislative Policy Option(s)

Investment in data collection systems for tracking vaccine distribution would require additional funding. The Joint Subcommittee may wish to consider legislation, with an accompanying budget amendment, providing that during a declared emergency additional funding is directed to the Department for the purpose of expanding these functions to support an increase in temporary staff.

Observation 9.3: Key external partners were integrated into response late, resulting in redundancy, confusion, and frustration for healthcare partners.

A key pre-established relationship between the VHHA and the Commonwealth's hospitals was not utilized at the onset of the response, leading to redundancy, confusion, and frustration among healthcare partners. The delayed coordination hindered the efficiency of the response, as overlapping efforts and miscommunication strained resources and relationships. Incorporating external partners earlier in the process would likely have enhanced collaboration, streamlined operations, and ensured a more effective and unified approach to managing crises with the hospital across the Commonwealth.

Recommendations

9.3.1 **Incorporate external partners early in the response planning.** Integrate key external partners, such as the VHHA, regional healthcare coalitions, healthcare organizations and support agencies, into the emergency response planning process from the outset. This early involvement will facilitate better coordination, reduce redundancy, and minimize confusion, leading to more efficient and effective crisis management.

Legislative Policy Option(s)

Similar to Recommendation 2.3.1, any legislation establishing work groups could require the inclusion of a representative from relevant community stakeholders and organizations. Inclusion of community stakeholders could also be addressed by legislation requiring the establishment of pandemic response plans contemplated by Recommendation 8.1.1.

9.3.2 **Establish clear communication channels and protocols.** Develop and implement clear communication channels and protocols for engaging external partners during emergencies. This will ensure timely information sharing, reduce miscommunication, and streamline collaborative efforts, enhancing overall response efficiency and reducing frustration among partners.

Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia could be amended to require the Department of Emergency Management or the State Coordinator of Emergency Management to establish a centralized office for communications with external partners during periods of declared emergency. The office would have the mission of implementing clear communication channels and protocols for engaging external partners during emergencies.



- 9.3.3 **Strengthen and formalize partnerships before crises.** Establish and formalize relationships with key external partners prior to emergencies, including regular coordination meetings and joint planning, training, and exercises.

Legislative Policy Option(s)

The same legislation recommended in Recommendation 9.3.2 could expand the requirement for the office to be established during times of declared emergencies and instead authorize the Department of Emergency Management or the State Coordinator of Emergency Management to maintain an office for communication with external partners on a permanent basis.

It is likely that this permanent establishment would require ongoing funding. The Joint Subcommittee may wish to consider budget language to fund the permanent establishment and staffing of the office.

Observation 9.4: The existing data gathering systems for healthcare lacked cohesion due to the changing information needs of multiple stakeholders and the utilization of multiple reporting tools.

The existing data gathering systems for healthcare during the COVID-19 pandemic were characterized by a lack of cohesion, driven by the changing information needs of multiple stakeholders and the use of various reporting tools. The absence of a standardized set of essential elements of information, frequent changes in data requirements, and the delayed involvement of partners such as the VHHA which houses the data collection system that hospitals and VHA used prior to the pandemic across the Commonwealth all contributed to a fragmented and inefficient data collection process. Additionally, the inexperience of many healthcare facilities, including long-term care and assisted living facilities in regular data reporting further exacerbated these challenges.

Recommendations

- 9.4.1 **Establish standardized data collection framework.** Develop a standardized data collection framework for healthcare 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.

Legislative Policy Option(s)

Legislation could be introduced directing Department of Emergency Management and the Department of Health to study the development and implementation of a data collection framework as contemplated by this recommendation. The Departments would be required to make recommendations to the General Assembly for implementation.



- 9.4.2 **Provide training and support for data reporting.** Conduct training and support to healthcare and other external partners to improve their data reporting capabilities. This support should focus on familiarizing these partners with standardized reporting requirements and tools, helping to ensure consistent and accurate data submission across the Commonwealth during emergencies.

Legislative Policy Option(s)

The study on the development and implementation of a data collection framework, mentioned previously under Recommendation 9.4.1, could also include the requirement that the Department of Emergency Management and the Department of Health jointly develop a training program for any data collection framework produced by the study.

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Volunteer and Donation Coordination

The Volunteer and Donation Coordination focus area explores the recruitment, training, and utilization of volunteers in the COVID-19 response, emphasizing their critical role. It also addresses coordination with local non-profits and community organizations, focusing on the impact of donated goods and services. Additionally, it examines the effectiveness and equity of systems for accepting, organizing, and distributing these resources across the entire Commonwealth.

Areas for Improvement

Observation 11.1: Before the vaccine was available, it was difficult to obtain volunteer support due to concerns about contracting the virus.

The virus posed a significant risk to everyone, but particularly to older individuals, who are more vulnerable to severe outcomes. This was a concern as many potential volunteers were retirees, who generally had more time to contribute but also fell into the higher-risk category. The fear of exposure and the potential health consequences for themselves or their loved ones made many retirees hesitant to engage in volunteer activities. This reluctance was compounded by the uncertainty and high transmission rates associated with the virus, leading to a notable decline in volunteer participation during a critical time when additional support was urgently needed.

Recommendations

- 11.1.1 **Provide comprehensive health and safety training.** Offer thorough health and safety training for volunteers, including proper use of PPE, hygiene practices, and safe interaction protocols. This training should aim to build confidence in volunteers by ensuring they understand how to protect themselves and others effectively.

Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia could be amended or, alternatively, a separate section could be created within **Chapter 3.2 of Title 44** of the Code of Virginia to direct the Department of Emergency Management to offer health and safety training to volunteer organizations that are incorporated into the VEST system.

It is likely that this expanded training requirement would require ongoing funding. The Joint Subcommittee may wish to consider budget language to fund the expanded training requirement.

- 11.1.2 **Establish a health monitoring and support system.** Create a health monitoring system for volunteers that includes regular health screenings, access to disease testing, and mental health support services. Providing volunteers with health support and monitoring can alleviate fears and ensure early detection and management of potential health issues.



Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia could be amended or, alternatively, a separate section could be created within **Chapter 3.2 of Title 44** of the Code of Virginia to direct the Department of Emergency Management to develop a health monitoring system for all volunteers incorporated into the VEST during times of emergency.

- 11.1.3 **Engage a more diverse demographic.** Target and recruit younger demographics, such as college students and young professionals, who may be less vulnerable to severe outcomes from a public health threat. Collaborate with educational institutions and professional organizations to mobilize these groups effectively.

Legislative Policy Option(s)

Section 44-146.18 of the Code of Virginia could be amended or, alternatively, a separate section could be created within **Chapter 3.2 of Title 44** of the Code of Virginia to add a provision encouraging the Department of Emergency Management to focus recruiting efforts on younger demographics.

It is likely that the contemplated recruiting efforts would require additional resources. The Joint Subcommittee may wish to consider budget language to support efforts to target and recruit younger demographics for the expanded training requirement.





Commonwealth of Virginia

Subcommittee #3 – Education

Observations, Recommendations, and Legislative Policy Options

Introduction

In response to the magnitude and length of the Coronavirus Disease 2019 (COVID-19) response, the Joint Subcommittee to Study Pandemic Response and Preparedness was established by the Virginia General Assembly with the passage of Senate Joint Resolution 10 (SJR10) during the 2022 session to assess and evaluate the Commonwealth's overall pandemic preparedness and response capabilities. To assist it in its goals, the Joint Subcommittee established three workgroups: 1) Government and Regulatory Systems; 2) Health Care Systems and Emergency Management; and 3) Education.

Tidal Basin was contracted to create an After-Action Report (AAR) outlining the COVID-19 pandemic and actions taken by the Commonwealth. The full AAR organizes observations into specific themes derived from document analysis, surveys, and interviews. These observations have been systematically organized into focus areas. Each focus area highlights critical insights that are important for achieving response goals, identifying opportunities for improvement, and enhancing overall effectiveness and preparedness for future emergencies.

After Tidal Basin formulated operational recommendations, the Commonwealth's Division of Legislative Services developed a range of legislative policy options for the Joint Subcommittee's consideration.

The following details observations, recommendations, and legislative policy options specifically for the Education Subcommittee. For insights related to other subcommittees, please refer to the accompanying documents.





Education Subcommittee – Recommendations Overview



- 3.1.1** Enhance mental health support systems available for students and educational professionals.
- 3.1.2** Establish community advisory boards and engage local leaders.
- 3.1.3** Propose strategies for hybrid learning models and mental health initiatives.
- 3.2.1** Strengthen communication and public information strategies.
- 3.2.2** Create and maintain legal guidance and support networks.
- 3.2.3** Develop comprehensive plans for school closures.

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Education

The Education focus area examines the impact of COVID-19 on educational systems, including the transition to remote learning and the challenges faced by students, educators, and parents. It highlights the adaptations made to ensure continuity of education and the disparities in access to technology and resources. This focus area also explores lessons learned and strategies for enhancing the resilience of educational institutions for future emergencies.

Areas for Improvement

Observation 3.1: The pandemic had a profound impact on students' and educators' well-being.

As schools are essential providers of structure, support, and social interaction within the community, both students and educational professionals faced unprecedented stress and challenges due to disruptions in their routines and environments. This strain underscored the need for enhanced mental health resources and support systems to address the emotional and psychological effects of the pandemic. Additionally, the closure of schools resulted in the loss of a social “safety net” for many vulnerable populations, including students with chronic health conditions, disabilities, food insecurity, and neglect/abuse situations.

Recommendations

3.1.1 Enhance mental health support systems available for students and educational professionals.

- (a) Expand the availability of mental health counselors and social workers, both physically in schools and having telehealth options.

Legislative Policy Option(s)

Section 22.1-272.2 of the Code of Virginia provides for the Department of Education to develop, adopt, and distribute to each school board a model memorandum of understanding between a school board and either a public or private community mental health services provider or a nationally recognized school-based telehealth provider that sets forth parameters for the provision of mental health services to public school students enrolled in the local school division by such provider. This section could be amended to include a provision requiring each school board to (i) adopt a memorandum of understanding with a telehealth provider or develop policies and procedures for providing the option for students to receive counseling from school counselors via telehealth and (ii) provide mental health teletherapy to any student that may request it, either in lieu of or in addition to in-person teletherapy.



- (b) Provide training for teachers and staff on recognizing mental health concerns in students and themselves, including trauma-informed care and psychological first aid.

Legislative Policy Option(s)

Section 22.1-298.6 of the Code of Virginia requires each school board to adopt and implement policies that require each teacher and other relevant personnel employed on a full-time basis to complete a mental health awareness training or similar program "at least once." This section could be amended to include specifications as to the type of mental health awareness training or the subjects and topics that such training must cover, such as signs and symptoms that a student may be struggling or special mental health concerns during emergencies, etc.

Section 22.1-272.1 of the Code of Virginia requires the Board of Education, in cooperation with the Department of Behavioral Health and Developmental Services and the Department of Health, to develop guidelines relating to any person licensed as administrative or instructional personnel by the Board and employed by a local school board contacting the parents of any student believed to be at imminent risk of suicide. This section could be amended to also require the implementation of a training module or the provision of certain resources for all teachers and staff relating to identifying and addressing these particularly high-risk mental health issues.

- (c) Create school-based peer-to-peer support networks for students and educators to create a sense of community and shared resilience.

Legislative Policy Option(s)

Section 22.1-16.6 of the Code of Virginia permits the Board of Education to include in its guidelines for alternatives to suspension peer-to-peer counseling that could serve as a model for expanding the option of peer-to-peer counseling beyond the disciplinary context. This section could be amended or a new section could be added immediately after it in the Code directing the Board to establish model policies providing for the provision of peer-to-peer mental health counseling and requiring each school board to adopt and implement policies in accordance with such model policies.

Section 22.1-305.1 of the Code of Virginia requires the Board of Education to establish mentor teacher programs to utilize "specially trained public school teachers as mentors to provide assistance and professional support to teachers entering the profession." This section could be amended in a manner that, similar to the above recommendation, expands the mentor teacher program to include an ongoing mental health support program or system for teachers.

- 3.1.2 **Establish community advisory boards and engage local leaders.** Engaging local leaders, parents and community members through advisory boards and/or community meetings has proven successful in a variety of initiatives. These platforms can be an effective way to ensure that public health measures are developed in an inclusive manner and communicated in a holistic way to the community.



Legislative Policy Option(s)

1. Any of the following sections of the Code of Virginia could be used as a basis to expand collaboration, consultation, and cooperation between various stakeholders in order to expand the accessibility and availability of mental health information, supports, and resources in education.

Section 22.1-298.6 permits each school board, in providing the mental health awareness training required of all teachers and other relevant personnel pursuant to the section, to "contract with other entities to provide such training."

Section 22.1-199.7, which relates to community schools, requires the Department of Education to establish a task force for the purpose of "developing a program for the establishment of community schools whereby public elementary and secondary schools serve as centers for the provision of such community programs and services to students and their families.

Section 22.1-211.1 establishes the Community Builders Pilot Program for the purpose of reducing youth involvement in behaviors that lead to gun violence and increasing community engagement among public school students in Roanoke City Public Schools and Petersburg City Public Schools.

2. **Section 22.1-275.1** of the Code of Virginia permits each school board to establish a school health advisory board of no more than 20 members and consisting of broad-based community representation. This section could serve as a model to add a provision requiring each school board to establish a school mental health advisory board. In addition, this provision could be amended to be mandatory rather than permissive and expanded to include representation from mental health professionals and mental health resources.

- 3.1.3 **Propose strategies for hybrid learning models and mental health initiatives.** Explore strategies such as hybrid learning models, mental health initiatives within schools, and community-based programs that can be quickly implemented in response to school closures or similar disruptions. These models allow for flexibility and continuity in education while minimizing risk of infection. Highlight successful programs that were implemented during the pandemic as examples.

Legislative Policy Option(s)

1. Several provisions of the Code of Virginia currently address, partially or fully, virtual education and mental health services, including the following:

Section 22.1-272.2 provides for the Department of Education to develop, adopt, and distribute to each school board a model memorandum of understanding between a school board and either a public or private community mental health services provider or a nationally recognized school-based telehealth provider that sets forth parameters for the provision of mental health services to public school students enrolled in the local school division by such provider.



Article 1.4 (§ 22.1-212.23 et seq.) of Chapter 13 of Title 22.1 provides for the establishment of virtual school programs.

Section 22.1-212.2 requires the Department of Education to establish and make available to every public high school in Virginia a "statewide electronic classroom to be known as the Virtual Virginia Program."

2. Absent additional specification, one approach to this recommendation could be legislation directing the Department of Education or Board of Education to draft, make available to each school board and parent, and post on its website guidelines and information relating to virtual learning, including (i) statewide policies relating to virtual learning, (ii) the availability of online or virtual learning options and pertinent information on such options, and (iii) guidelines for educators and schools relating to online or virtual learning policies and best practices.

Observation 3.2: School districts encountered challenges in managing public information and operations due to legal restrictions, information needs, and capacity limitations.

These challenges included navigating legal restrictions, managing complex and evolving information needs, and dealing with capacity constraints. Legal restrictions often limited the ability to rapidly implement changes or communicate effectively. Meanwhile, the need for accurate and timely information placed a strain on existing resources, complicating efforts to provide clear guidance and support.

Recommendations

- 3.2.1 **Strengthen communication and public information strategies.** Create a centralized, statewide resource hub that provides communication strategies and guidance for public information, available to school districts and higher education institutions. The information provided should be appropriated tailored for both emergency situations as well as routine, ongoing pertinent communications.

Legislative Policy Option(s)

Legislation from the 2024 Regular Session of the General Assembly, SB 220 (Favola) and HB 1089 (Coyner), is relevant in this area. These bills established the Virginia IEP, an individualized education program (IEP) writing, facilitation, tracking, and transfer system that is available to each school board and "includes, at a minimum, an IEP template component and a data system component." This program could serve as an example for the creation of a statewide or school division-wide information system. SB 220 and HB 1089 could serve as a basis for legislation requiring the development, implementation, and maintenance of such a statewide information system. A budget amendment may be necessary to cover the cost of establishing such an information system.

The following are examples of relevant legislation from other states that could help more specifically tailor such an information system:



Maryland's HB 1276 (Attar, 2022) established the Baltimore City Youth Data Hub as an "integrated, electronic data management system" to link data about youth from any provider for "the purpose of promoting well-being of youth."

California's 2020 \$10 million budget amendment allocated funds for the creation of an integrated education data system.

- 3.2.2 **Create and maintain legal guidance and support networks.** Establish a legal advisory network specifically for school districts, offering real-time legal guidance during emergencies. This network should include legal experts who can help districts navigate complex regulations and implement necessary changes swiftly.

Legislative Policy Option(s)

The lack of existing legislation, either introduced in the Commonwealth or other states, highlights the difficulties of developing, implementing, and maintaining such a complex, costly legal advisory network on such a wide scale and an ongoing, real-time and on-demand basis. The development and maintenance costs of such a network would require large amounts of funding, and the recommendation's suggestion that such network include the provision of "real-time" and swift legal guidance from legal experts to any school board would require additional, ongoing funding. All of these factors make it difficult to provide any more concrete recommendations or suggestions beyond speculation about difficulties and costs.

- 3.2.3 **Develop comprehensive plans for school closures.** Comprehensive plans that outline clear thresholds for school closures and transitions to remote learning are essential to maintaining educational continuity during emergencies. Communicating these policies to parents and other stakeholders during non-emergency periods can help manage expectations and build and maintain trust.

Legislative Policy Option(s)

Section 22.1-98 of the Code of Virginia provides certain criteria under which the amount paid to any school division by the Commonwealth from the Basic School Aid Fund shall not be reduced "in any case in which severe weather conditions or other emergency situations result in the closing of a school or the schools in a school division or in an unscheduled remote learning day for a school or the schools in a school division."

Section 22.1-2.1 of the Code of Virginia includes provisions relating to the requirement of in-person instruction.

Legislation could be introduced directing the Department of Education to develop, make available to each school board, and post on its website in a publicly accessible location comprehensive and uniform guidelines relating to school closures due to severe weather, public health emergencies, etc. Such legislation could be similar to SB 431(Dunnavant,



2022), which required the Department of Education, in collaboration with the Department of Health, to (i) recommend options for isolation and quarantine for students and employees at public schools who contract or are exposed to COVID-19 and (ii) develop guidelines for such schools and recommend such guidelines for use as an alternative to quarantine

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