## Local guide to use of the Nebraska Behavioral Health Emergency Response Team

The primary purpose of the Nebraska Behavioral Heath Emergency Response Team (NBHERT) is to provide support and consultation to local response personnel relevant to behavioral health needs that arise following a disaster.

The Nebraska Emergency Management Act (Neb. Rev. Stat. 81-829.36 to 81-829.75) provides statutory authorization for the formation and use of State Emergency Response Teams. The formation of a behavioral health emergency response team in Nebraska was approved by the Governor's Homeland Security Policy Group on August 7, 2008. The Nebraska Behavioral Health Emergency Response Team (NBHERT) is a state resource. The team generally supports behavioral health functions referenced in the Nebraska State Emergency Operations Plan under Emergency Support Functions (ESF 6, 8 & 11).

NBHERT operations are consistent with the emergency management concept that disaster response is always a local responsibility first.

NBHERT is a mechanism for organizing and deploying state disaster behavioral health resources. The primary value of the team to local areas is rapid deployment of behavioral health personnel experienced in disaster-related community needs assessment, coordination of resources, or training.

NBHERT is also a resource for state-run facilities or operations and can assist with assessing or coordinating resources to address behavioral health needs of staff or consumers that arise as a result of disaster. It is anticipated that NBHERT will be available as a resource of the Governor in the event that behavioral health expertise is requested by another State's Governor through the Emergency Management Assistance Compact (EMAC).

The exact nature of the services rendered by NBHERT is dependent upon local area needs, however the following list is representative of activities that team members may be requested to engage in following a disaster:

- Conduct behavioral health needs assessments following a disaster
- Assist Regional Behavioral Health Authorities to coordinate an all-hazards behavioral health response in their geographic areas
- Organize a response to meet behavioral health needs of state agencies following a disaster
- Provide behavioral health consultation for state-run hotlines
- Organize or provide orientation training for disaster behavioral health responders or disaster behavioral health response activities
- Assist local behavioral health response personnel with post-disaster response activities (e.g., evaluation, after-action reports, etc.)
- Brief and prepare next NBHERT during transition between teams



Once a disaster occurs, Local emergency management activates health/behavioral health response according to local plans.

In most cases, the local behavioral health response will adequately address existing and emerging needs of affected individuals, responders and the community as a whole

Sometimes, the local behavioral health response may require additional support or expert assistance. The local response capabilities may also be temporarily overwhelmed. There are two options to consider if this occurs:

Option 1: A local area, represented by a Regional Behavioral Health Authority, may wish to mobilize mutual aid from another Regional Behavioral Health Authority. This should be requested via emergency management channels. It requires mutual aid agreements to be in place prior to the emergency – these agreements spell out conditions which affect payment of expenses for human resources and equipment loaned from one Region to another as part of the response effort. (The Division will provide a template for a mutual aid compact that Regions can work through as part of their continuity of operations planning for use after a disaster or catastrophe.)

Option 2: The NBHERT may be mobilized and deployed to assist in the local area. This requires deployment via emergency management mechanisms. Local areas should identify the mission they require assistance with to help guide team member selection.