



Photo: Darlington Wisconsin, March 14, 2019 (Dave Kettering/ Telegraph Herald/ AP).

# NE Disaster Behavioral Health Table Top Exercise 2019

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## Situation Manual

July 25, 2019

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

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## EXERCISE OVERVIEW

|                          |   |
|--------------------------|---|
| <b>Exercise Name</b>     | NE Disaster Behavioral Health Table Top Exercise with some functional components  |
| <b>Exercise Date</b>     | July 25, 2019   |
| <b>Scope</b>             | This exercise is a Table Top, planned for 4 hours at the Embassy Suites Downtown, Omaha, NE 68102<br><br>Exercise play will include participant discussion and brief role play.   |
| <b>Mission Area(s)</b>   | Response and Recovery   |
| <b>Core Capabilities</b> | Planning, Operational Communications, Operational Coordination, Public Health, Healthcare and Emergency Medical Services  |
| <b>Objectives</b>        | <ul style="list-style-type: none"> <li>• Simulate conducting a behavioral health needs assessment. (Functional component)</li> <li>• Based on needs assessment, and available responders, issue behavioral health responder assignments. (Functional component)</li> <li>• Establish supervision of behavioral health responders.</li> <li>• Develop a plan for ongoing behavioral health operations as circumstances and needs evolve.</li> </ul>  |
| <b>Threat or Hazard</b>  | Severe flooding on several rivers, damaged main roads, destroyed bridges  |
| <b>Scenario</b>          | Major flooding in all river basins in Nebraska has necessitated activation of lifelines involving Safety and Security, Food, Water, Sheltering for evacuees, health and medical treatment within shelters, utilities and energy systems, communication, transportation and hazardous waste. ESF #8 Public Health and ESF #6 Mass Care have been activated at the State Emergency Operations Center (SEOC). Behavioral Health staff and volunteers are being activated to respond to shelters operated by numerous Nebraska Volunteer Organizations and local health departments across the state. Local Emergency Operation Plans (LEOPs) are in effect to assess needs and determine procedures, protocols, and authorities to be put in place to facilitate the effective management and treatment of mental and behavioral health needs during the event, particularly LEOP Annex G Health and Human Services and Annex I Mass Care. |
| <b>Sponsor</b>           | Nebraska Department of Health and Human Services; University of Nebraska Public Policy Center   |

**Participating  
Organizations**

Nebraska Department of Health and Human Services, Nebraska  
Emergency Management Agency, Nebraska Behavioral Health Regions,  
Nebraska Voluntary Agencies Active in Disaster, local Nebraska health  
departments, local Nebraska emergency management agencies, University  
of Nebraska Public Policy Center

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## GENERAL INFORMATION

### Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

| Exercise Objective   | Core Capability   |
|--|---|
| Simulate conducting a behavioral health needs assessment   | Planning, Operational Coordination and Operational Communications                         |
| Based on needs assessment, and available responders, issue behavioral health responder assignments | Planning, Operational Coordination, Operational Communications and Situational Assessment |
| Establish supervision of behavioral health responders  | Operational Coordination, Operational Communications and Situational Assessment           |
| Develop the plan for ongoing behavioral health operations as circumstances and needs evolve        | Planning  |

**Table 1. Exercise Objectives and Associated Core Capabilities**

### Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

**Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.

**Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.

**Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, polices, and procedures.

## Exercise Structure

This exercise will be a facilitated Table Top Exercise with some functional components. Players will participate in the following Three modules:

Module 1: Behavioral Health Needs Assessment

Module 2: Spontaneous Volunteers

Module 3: Behavioral Health Operations in Shelters

Each module begins with a multimedia update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in functional group discussions of appropriate response and recovery issues. For this exercise, the functional groups are as follows:

State agency representatives and Behavioral Health Emergency Response Team  
Behavioral Health Regional Teams

After these functional group discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario.

## Exercise Guidelines

This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.

Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.

Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.

Issue identification is not as valuable as suggestions and recommended actions that could improve response and recovery efforts. Problem-solving efforts should be the focus.

## Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.

The exercise scenario is plausible, and events occur as they are presented.

All players receive information at the same time.

## **Exercise Evaluation**

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks. Evaluators will evaluate the exercise based on participant discussions for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

## MODULE 1: BEHAVIORAL HEALTH NEEDS ASSESSMENT

### July 24, 2019: 0930 hrs CST

On July 23, 2019, the Nebraska State Emergency Operations Center opened in anticipation of flooding statewide. An unusual spring blizzard followed by rapid melting sent large ice blocks down Nebraska rivers, destroying bridges, levees, and one major dam. As a result, 81 of 93 Nebraska counties issued emergency declarations.

### July 25, 2019: 1330 hrs CST

During the past 24 hours, at least three Nebraskans have died, two responders have been seriously injured during response and rescue, infrastructure damage is extensive, and several thousands of Nebraskans have been displaced by flooding. Shelters have been set up in at least one county in your Behavioral Health Region.

Behavioral health assistance is requested at several sites in your Region. One school in your Region closed temporarily, and has called your Region directly to request behavioral health assistance when they re-open on Monday, July 29<sup>th</sup>. Elected officials and emergency managers are beginning to schedule town hall meetings to inform people about local plans for recovery. People are asking when they can return to their homes and farms to begin cleaning up.

Incident Commanders have received a request from a VOAD-run shelter in your Region for crisis counseling resources to assist persons dealing with the emotional impact of flooding.

### Key Issues

- State wide flood damage to agricultural and residential areas.
- Wide spread and large scale damage to several communities.
- Request for local crisis counselors in shelters.



## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

### Group Questions

1. Based on your recent call down drill, how many people can respond right now? What other agencies also have a behavioral health response that you will be able to coordinate with?
  
2. Identify from the scenario the sites where behavioral health is needed to serve people.
  - a. What agencies do you need to coordinate with to activate a response to each site? Are there existing or needed memoranda of understanding or letters of agreement for coordination of behavioral health resources?
  
  - b. What is your plan to develop communication with local emergency managers to enable operations?
  
  - c. What does the local emergency manager need to justify the activation of a behavioral health team?



3. What is your plan to supervise responders at their assigned response locations?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
4. What instructions will you give your responders for what they need to do when they reach their assignments?
  - a. What is their task list?
  
  
  
  
  
  
  
  - b. What do they need to do to check in?
  
  
  
  
  
  
  
  - c. What supplies do they need?
  
  
  
  
  
  
  
  - d. What other information do they need?
  
  
  
  
  
  
  
  - e. Do they need just-in-time training?

## MODULE 2: SPONTANEOUS VOLUNTEERS

**July 27, 2019: 0800 hrs CST**

All communities are waiting for floodwaters to recede before entering recovery operations. Some areas still have active search and rescue operations. Many services need to be restored, including electricity, drinking water, natural gas and sewage treatment. Ranchers have lost hundreds of livestock. Farms, crops and outbuildings have been destroyed. Shelters are still housing hundreds of displaced persons who cannot return home yet.

There is much uncertainty among people in these communities. They are anxious about the state of their property, and the safety and comfort of themselves and their families. They are beginning to get frustrated waiting for answers from government officials that are not forthcoming.

Spontaneous volunteers are beginning to show up, including appearing at shelters without going through official registration and checks to allow them to assist the local behavioral health response.

### Key Issues

- People are not yet able to return to evacuated areas.
- Citizens are anxious.
- Spontaneous volunteers are showing up wanting to help.

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

### Group Questions

Note: There will be a live role play during the small group discussion period.

1. Who does your plan identify as a position or point of contact to vet and coordinate spontaneous volunteers?
  
2. What policies / procedures do you have in place to register, credential, and track spontaneous volunteers?
  
3. What policies / procedures would you recommend to handle spontaneous volunteers showing up at a site serving disaster survivors (such as a shelter, feeding station, information fair, or town hall meeting)?
  - a. Define your local ICS structure for reporting mechanisms for spontaneous volunteers. (If at the State group – is it ESF8 Coordinator?)
  
  - b. Is there a designated Volunteer Reception Center?
  
  - c. Are other volunteer organizations involved (i.e., Red Cross, Salvation Army, churches – to run shelters, feeding stations, etc.)

## MODULE 3: BEHAVIORAL HEALTH OPERATIONS IN SHELTERS

**July 27, 2019: 1100 hrs CST**

While working in a shelter, your behavioral health responders have encountered a variety of situations they have been asked to handle. They call their supervisor for advice about what to do in these situations. Situations encountered include:

- A. There has been a changeover in shelter management, specifically from local Red Cross to national Red Cross. The new shelter manager approaches the behavioral health workers from the Behavioral Health Region and asks what they are doing at the shelter.
- B. A child has been rescued and brought to the shelter. The child is not accompanied by a parent or guardian.
- C. A behavioral health worker has been asked to help move benches.
- D. A behavioral health worker has been asked to set up and oversee a “children’s corner” at the shelter.

### Key Issues

- Behavioral health responders are calling supervisors to ask for advice about specific situations they encounter in a shelter.

### Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.



## APPENDIX A: EXERCISE SCHEDULE

| Time                 | Activity   |
|----------------------|--|
| <b>July 25, 2019</b> |  |
| 1300                 | Opening Remarks                                    |
| 1310                 | Exercise Briefing and Introductions                |
| 1320                 | Module 1: Behavioral Health Needs Assessment       |
| 1400                 | Module 1 Small Group Report Out                    |
| 1415                 | Break  |
| 1430                 | Module 2: Spontaneous Volunteers                   |
| 1510                 | Module 2 Small Group Report Out                    |
| 1530                 | Module 3: Behavioral Health Operations in Shelters |
| 1400                 | Module 3 Small Group Report Out                    |
| 1620                 | Hot Wash   |
| 1630                 | Closing Comments                                   |

## APPENDIX B: ACRONYMS

| Acronym | Term  |
|---------|---|
| AAR     | After Action Report                               |
| AAR/IP  | After Action Report/Improvement Plan              |
| ARC     | American Red Cross                                |
| BHERT   | Behavioral Health Emergency Response Team         |
| CCP     | Crisis Counseling Program                         |
| CISM    | Critical Incident Stress Management               |
| DHHS    | Department of Health and Human Services           |
| DHS     | U.S. Department of Homeland Security              |
| EMS     | Emergency Medical Services                        |
| EOC     | Emergency Operations Center                       |
| ESF     | Emergency Support Function                        |
| FOUO    | For Official Use Only                             |
| ICS     | Incident Command Structure                        |
| HCC     | Health Care Coalition                             |
| HSEEP   | Homeland Security Exercise and Evaluation Program |
| JIC     | Joint Information Center                          |
| JOC     | Joint Operations Center                           |
| MAA     | Mutual aid agreement                              |
| MCIP    | Mass Casualty Incident Plan                       |
| MOU     | Memorandum of understanding                       |
| MRC     | Medical Reserve Corps                             |
| NE DHHS | Nebraska Department of Health and Human Services  |
| NEMA    | Nebraska Emergency Management Agency              |
| NIMS    | National Incident Management System               |
| NSP     | Nebraska State Patrol                             |
| NWS     | National Weather Service                          |
| PET     | Planning, Exercise and Training Region            |
| PFA     | Psychological First Aid                           |
| SitMan  | Situation Manual                                  |
| SME     | Subject Matter Expert                             |
| SOP     | Standard Operating Procedure                      |
| TTX     | Tabletop Exercise                                 |
| VOAD    | Voluntary Organizations Active in Disaster        |
| VRC     | Volunteer Reception Center                        |
|         |   |