

State Emergency Response Team
Standard Operating Guidelines

NEBRASKA

State Behavioral Health Emergency Response Team

FEBRUARY 2024

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

DIVISION OF BEHAVIORAL HEALTH

NEBRASKA

EMERGENCY MANAGEMENT AGENCY

 **NEBRASKA STATE BEHAVIORAL HEALTH
EMERGENCY RESPONSE TEAM (BHERT)****Standard Operating Guidelines:**

NOTICE:

This guidance manual does not constitute a rule making by Nebraska BHERT. The policies set forth are intended solely as guidance. They are not intended, nor can they be relied upon, to create any substantive or procedural right enforceable by any party in litigation within the United States. Nebraska BHERT officials may decide to follow the guidance policies and procedures based on an analysis of specific circumstances. The Nebraska BHERT also reserves the right to change these guidelines at any time without public notice. Mention of trade names or commercial products does not constitute endorsement or recommendation for use.

NEBRASKA STATE BEHAVIORAL HEALTH EMERGENCY RESPONSE TEAM (BHERT)

Standard Operating Guidelines:

APPROVED BY:

Director, Nebraska Division of Behavioral Health

Date

Assistant Director, Nebraska Emergency Management Agency
(Governor's Authorized Representative – GAR)

Date

FEBRUARY 2024:

This manual provides an overview of Nebraska BHERT functions.

Specific procedures and protocols for use with and by Nebraska BHERT members are included in the appendices. All protocols are subject to an ongoing review by Nebraska DHHS Division of Behavioral Health and Nebraska Emergency Management Agency to ensure compatibility with agency values and ICS principles.

These Standard Operating Guidelines comply with Title VI of the Civil Rights Acts of 1964 (P.L. 88-352) in that it was developed and actions described will be carried out without discrimination against anyone due to color, race, national origin, religion, sex, age, or handicap.

This manual was developed as part of a coordinated effort on behalf of the U.S. Federal Government and the State of Nebraska under the direction of the Nebraska Department of Health and Human Services Division of Public Health.

NEBRASKA STATE BEHAVIORAL HEALTH EMERGENCY RESPONSE TEAM (BHERT)

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INTRODUCTION:

A. Purpose

The primary purpose of the Nebraska Behavioral Health Emergency Response Team (BHERT) is to provide support and consultation to state personnel/teams or local response agencies relevant to behavioral health needs that arise following a disaster.

B. Authorization

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 (BHERT) 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, and 11.

CONCEPT OF OPERATIONS

A. Scope of Services

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

Nebraska BHERT is a mechanism for organizing and deploying state disaster behavioral health resources. Nebraska BHERT may provide:

- Rapid deployment to local areas of behavioral health personnel who are experienced in disaster-related community needs assessment, coordination of resources, training, addressing behavioral health needs of staff or survivors, assisting in recovery activities, and related assigned tasks.
- A resource for state-run facilities or operations impacted by disaster (such as Regional Centers or Correctional facilities).
- A resource of the governor if behavioral health expertise is requested by another state's governor through the Emergency Management Assistance Compact (EMAC).

Every disaster is unique. The exact nature of the services rendered by Nebraska BHERT is dependent upon local area needs.

B. Requests for Deployment

Requests for deployment must go through the State Emergency Management System to properly activate the team. Requests for Nebraska BHERT not meeting the threshold for activation via the Emergency Management Act may be made by Regional Behavioral Health Authorities directly to the Division of Behavioral Health. Deployment of teams for work related to an event that does not meet the threshold of a disaster declaration will be considered on a case-by-case basis.

- The Division of Behavioral Health will work with Nebraska Department of Health and Human Services officials and the Nebraska Emergency Management Agency (NEMA) in considering the request to activate Nebraska BHERT to respond to undeclared disasters, emergency situations, or for recovery consultation if appropriate to the situation.
 - ♦ Approval of these requests should be documented by the Director of the Division of Behavioral Health.

- Individual members of BHERT may be called upon to provide training or consultation to local areas or state-run facilities during recovery periods. This will generally be handled on a case-by-case basis through the Division of Behavioral Health or its designee.
- The governor or lieutenant governor of Nebraska may activate Nebraska BHERT for intra-state or inter-state deployment.

C. Guiding Principles

The following principles govern the provision of BHERT services:

- BHERT functions in accordance with the Nebraska State Emergency Operations Plan (SEOP) and the Nebraska All-Hazards Behavioral Health Response and Recovery Plan.
- BHERT maintains liaison communication with the state ESF-8 Coordinator and the State Behavioral Health All-Hazards Coordinator during deployment.
- BHERT members preserve privacy and confidentiality for all people served pursuant to state and federal laws, and the laws of the jurisdiction in which the response takes place.
- BHERT members function within local and state incident command structures when deployed.

ADMINISTRATION

A. Organizational Structure

The Nebraska Department of Health and Human Services, Division of Behavioral Health possesses the authority to form, organize, maintain, or disband the BHERT.

Deployment of Nebraska BHERT shifts its organizational structure and lines of authority to the incident command system. In this system, the BHERT team continues to report to the Division of Behavioral Health State Disaster Behavioral Health Coordinator who may be operating as part of the Nebraska Department of Health and Human Services (NDHHS) Emergency Coordination Center (ECC). Overall coordination of the health and medical response to disaster is the responsibility of the NDHHS ESF#8 Coordinator in the operations arm of the State Emergency Operations Center.

The Incident Command System is a standardized approach to managing and coordinating an overall response to an emergency or disaster. It assumes there is a command structure with functions to coordinate planning, logistics, operations, and finance/administration. Resource typing for the team will be consistent with the National Incident Management System – Disaster Medical Assistance Team (NIMS-DMAT) classification system (see Appendix 3). The Nebraska Behavioral Health Response Team is conceptualized as a branch of Operations but could also be part of other branches. Figure 1 illustrates the chain of command that most frequently governs the deployment of Nebraska BHERT.

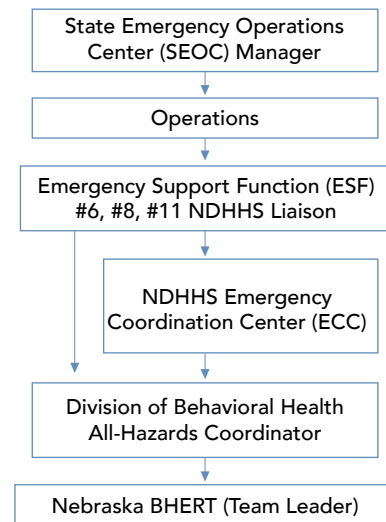


Figure 1. Chain of command for a State-declared disaster.

B. Roles & Responsibilities

Nebraska Department of Health and Human Services (NDHHS) and Division of Behavioral Health

- NDHHS designates persons who functions as the Coordinator for the Nebraska Emergency Management Agency Health and Medical ESF #8 section of the State Emergency Operations Plan.
- NDHHS Division of Behavioral Health designates a State Disaster Behavioral Health Coordinator and back-ups to serve as the point of contact for state behavioral health all-hazards resources.
- NDHHS serves as the lead agency for Nebraska All-Hazards Behavioral Health Disaster Response and Recovery.
- NDHHS will communicate opportunities for education and training exercises to individuals formally identified as part of the Behavioral Health Emergency Response Team pool.

State Disaster Behavioral Health Coordinator

Functions as the state administrative lead relative to disaster behavioral health operations, including Nebraska BHERT. Duties relating to BHERT include:

- Coordinate recruitment & retention activities for BHERT pool.
- Ensure there is a record of active pool members.
- Coordinate training and exercises.
- Liaison with NEMA, NDHHS ECC, and SEOP ESF-8 coordinators.
- Provide consultation and assessment of potential deployment situations when requested.
- Construct roster of team members (starting with the Team Leader) for deployment when requested by NEMA.
- Work with team leaders during deployments.
- Decide when to end deployment of BHERT in consultation with emergency management, team leader, and local behavioral health response representatives.
- Other duties as assigned by director of the Division of Behavioral Health or state incident commander (during deployment period).

Team Leader

Team Leaders are active BHERT members designated as a Team Leader for a specific deployment according to the qualifications and experience needed to complete the mission as assigned.

Responsibilities include:

- Maintain responsibility for all team activity and assignments during deployment.
- Communicate with the State Disaster Behavioral Health Coordinator during deployment.
- Assist State Disaster Behavioral Health Coordinator with team member selection and notification as needed.
- Communicate and coordinate with local behavioral health response representatives.
- Serve as the primary incident command contact for BHERT during deployment.
- Transition responsibilities to local officials as soon as possible.
- Maintain documentation for team deployment.

Team Member

Team members are identified and screened prior to being eligible for deployment. Deployed team members represent clinical and administrative specialty areas required to meet mission objectives. Responsibilities include:

- Carry out duties as assigned by Team Leader during deployment.
- Document deployment activities.
- Coordinate deployment activities with local behavioral health response representatives.
- Participate in readiness activities including training, exercises, and team meetings.
- Participate in post-deployment activities including operational debriefings and after-action reporting.
- Attend demobilization services for team members returning from deployment as requested by the State Disaster Behavioral Health Coordinator or their designee. This may include speaking with a non-deployed team member assigned to assess stress levels post-deployment.
- Serve as a Team Leader if requested and appropriate.

PREPAREDNESS ACTIVITIES

BHERT pool members are recruited, approved for deployment eligibility, and registered by the NDHHS Division of Behavioral Health. (See Figure 2.)

A. Pool Member Recruitment

Pool members are state employees working in behavioral health roles who meet minimum competency, education, and training requirements, and possess skills required to perform team functions. Non-state employees may be considered for membership if they have specific expertise or knowledge that would be a valuable disaster behavioral health asset to the state.

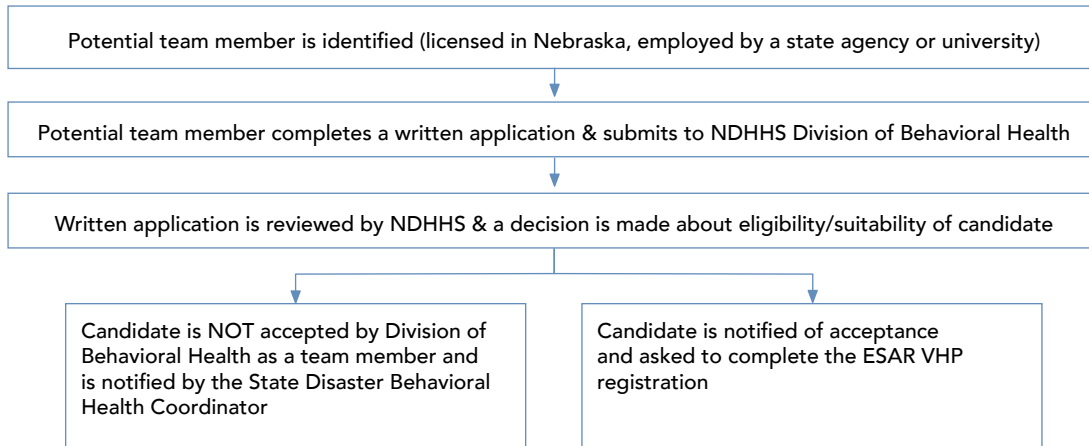


Figure 2. Pool member recruitment process.

B. Expected Competencies

Basic physical requirements ensure that all team members can navigate disaster sites, rapidly gather, and communicate information as part of a community needs assessment and contend with hardship conditions that often accompany deployment in response to a disaster. Members should be able to walk unaided, lift thirty (30) pounds, see, and hear within a normal range (vision/hearing correction to normal range qualifies), and have no medical restrictions on everyday activities.

Applicants must also be at least twenty-one (21) years old, willing to travel across the state, and possess a valid Nebraska drivers' license. They would ideally possess knowledge of Nebraska behavioral health systems and have experience related to disaster behavioral health.

To serve as a clinical expert during a response, a team member must possess a Nebraska licensure in their clinical specialty. Further requirements related to the team member specialty roles are detailed in Appendix 1.

C. Recommended Training

All BHERT pool members are encouraged to complete Nebraska Psychological First Aid training before deployment. Just in time training may be made available as part of orientation prior to deployment.

Completion of NIMS ICS 100, 200, 700, and 800 are also highly suggested prior to deployment.

D. Registration

Team members with a professional license in Nebraska must register through the NDHHS sponsored registry of volunteer health professionals (ESAR-VHP).

Annual verification of continued employment with the state will be required to remain in the BHERT pool.

E. Orientation

BHERT pool members will be provided the BHERT manual and are expected to be familiar with the guidelines and procedures contained therein. A brief orientation to Psychological First Aid may be provided via an online video. Upon deployment, just-in-time training and other information will be provided as appropriate to the situational context.

F. Deployment Eligibility

Team members are eligible for deployment by virtue of their inclusion in the team pool. Decisions regarding which team members to deploy are guided by local needs and requirements.

Deployment is voluntary. Members may turn down any deployment request and not be penalized for their decision. If selected for deployment the member may be temporarily re-assigned from their regular employment duties to the BHERT team by the governor and should coordinate any transition of current duties with their supervisor.

G. Termination of Membership

A person may be involuntarily removed from the team pool by the Division of Behavioral Health. Examples of cause for removal include performance or participation that is not satisfactory, pending criminal charges or action against a professional license, or the member's employment status changes causing them to no longer be in a position to serve as a state asset (i.e., no longer being a state employee).

Team members may be dismissed during deployment at the discretion of the designated BHERT Team Leader in consultation with the Division of Behavioral Health Disaster Coordinator. The Team Leader is responsible for the overall functioning of the team during deployment and is empowered to make an on-site decision about dismissal when a team member appears to be unable to perform required services in the context of response operations, appears to be incapacitated, or appears to be experiencing stress reactions which inhibit their ability to perform required services. The Team Leader must consult with the State Disaster Behavioral Health Coordinator to develop a plan for follow-up support and referral for dismissed team members. This plan should include the standard after-action review and operational debriefing that all team members are expected to participate in, any stress management sessions deemed appropriate, and possible referral to counseling hotlines or professionals. Ongoing membership with BHERT will be reviewed by the Division of Behavioral Health or its designee(s) following dismissal from deployment.

EQUIPMENT

It is anticipated that minimal equipment will be needed by BHERT members during deployment. Communications and personal protective equipment for team members will be obtained through the Nebraska Emergency Management Agency and/or the Nebraska Department of Health and Human Services as required. Minimal equipment and supplies needed for rapid deployment will be furnished for team members if funding is available. Any needed items not provided will be the responsibility of the team member or the state agency they represent (See Appendix 2 for a list of recommended supplies & equipment.). Any equipment purchased for the team member shall belong to BHERT and be returned if the team member discontinues service as part of the team. This does not apply to any perishable supplies that may be furnished for deployment.

Transportation to and from incident sites will generally be arranged using state or agency vehicles from one of the agencies team members represent. Private vehicles may be used in the event a state or agency vehicle is not available. Transportation to and from training and exercises is the responsibility of the individual member. Reimbursement for expenses follows State of Nebraska policy for allowable travel costs.

Computer use and record keeping equipment will generally be considered an in-kind contribution of the agencies represented by the team members. Nebraska BHERT deployment may result in use of this equipment on a short-term basis. Efforts to reimburse agencies for use of equipment will be made when it is appropriate and possible.

RESPONSE ACTIVITIES

A. Notification and Deployment

Under the State Emergency Operations Plan, there are 15 ESFs. NDHHS-Behavioral Health has specific roles in ESF-6 - Mass Care, Housing, and Human Services, ESF-8 - Public Health & Medical Services, and ESF-11 - Agriculture & Natural Resources. Thus, it is most likely that Nebraska BHERT will be deployed under these emergency support functions.

Requests for Nebraska BHERT originate at the local level and are made through emergency management. The governor or his/her designee may also make a direct request for mobilization of Nebraska BHERT through the Nebraska Emergency Management Agency or NDHHS.

A designated representative of NDHHS serving as a liaison with NEMA (generally the ESF-8 Coordinator) will receive notification from NEMA that Nebraska BHERT is requested.

1. The ESF-8 Coordinator will notify the State Disaster Behavioral Health Coordinator of requests for services. The ESF-8 Coordinator will obtain the following information to relay to the Disaster Behavioral Health Coordinator with the request:
 - Staging area location.
 - Local conditions (weather, safety, food, water, shelter, hazards, supplies needed for deployment).
 - Contact information for local incident command and on-site behavioral health leads.
 - Timeline, requested services/mission, and logistical support available to the team.
2. The Disaster Behavioral Health Coordinator will determine, in consultation with the ESF-8 Coordinator and local command staff, the most appropriate utilization of Nebraska BHERT resources.
3. The Disaster Behavioral Health Coordinator will create a team roster beginning with the designation of Team Leader. The Team Leader will assist with identification and notification of other team members.
4. Selection of team members will be guided by two principles:
 - a. Expertise needed for the mission, including ability to perform ICS-related within-team functions (see Appendix 3 – Response Materials)
 - b. Call down order based on the BHERT member's employer:
 - i. State code agency
 - ii. State university or state college
 - iii. Other government entity (non-code agency, county agency, city agency, etc.)
 - iv. Other entity
5. Team members contacted for deployment should:
 - a. Consider the time commitment required and whether they can deploy at this time.
 - b. Respond to the Disaster Behavioral Health Coordinator or Team Leader with a yes or no decision on whether they can deploy.
 - i. If yes, prepare home and personal items for travel. Report to the orientation location provided by the Disaster Behavioral Health Coordinator or Team Leader. Additional instructions will be provided.
 - ii. If no, members may be asked to support the BHERT team or other responders in ways that do not require travel, or contacted again if another BHERT team is needed to respond to the same incident later.
6. The Disaster Behavioral Health Coordinator will submit the completed team roster to NEMA through the NDHHS ESF-8 Coordinator. It is the responsibility of BHERT members to notify their agency they are being deployed.
7. The Team Leader will inform team members of the specific information related to deployment (see Item 1, above). Team members are responsible for ensuring their personal preparation for deployment (see Appendix 2).

B. On-Scene Operations

1. The BHERT Team Leader for the incident will report to the Incident Commander at the command post and receive an update on the incident.
2. During the incident, the Incident Commander will oversee activities of deployed personnel. It is recommended that the BHERT Team Leader assume a position in the operations branch of the command system. **In no instance will the Team Leader assume the position of Incident Commander.**
3. Team members will generally be required to work no more than twelve (12) hours per day and no more than fourteen (14) consecutive days. This policy may be altered on a case-by-case basis as determined by the Team Leader in consultation with the Disaster Behavioral Health Coordinator and NDHHS Chief Clinical Officer.
4. There are several potential activities BHERT may engage in as part of a response. The Team Leader is responsible for assigning duties to each team member according to their area of expertise and competency. Examples of these activities include the following:
 - Conduct assessments related to community behavioral health needs resulting from a disaster.
 - Assist Regional Behavioral Health Authorities to coordinate a behavioral health all-hazards response.
 - Support state agencies following a disaster.
 - Provide behavioral health consultation for state-run hotlines.
 - Organize or provide orientation training for behavioral health all-hazards responders or all-hazards response activities.
 - Provide clinical or other supervision for behavioral health responders.
 - Assist responders with stress management.
 - Assist local behavioral health response personnel with post-disaster response activities (e.g., evaluation, after-action reports, etc.).

C. Demobilization

Generally, the team is demobilized when the objectives of the deployment are met or state behavioral health resources are no longer needed. The Nebraska Emergency Management Agency or Division of Behavioral Health Director may request that the Team Leader terminate response once a team has been activated, but the Team Leader, in consultation with the Incident Commander, is responsible for terminating a response once the team is on-site.

1. The Team Leader shall make sure proper notifications have been made prior to the team's departure and coordinate with local agencies to transition team activities as needed.
2. An activity report will be completed by each BHERT member.
3. Prior to leaving the scene, an after-action review of BHERT activities should be conducted with the Incident Commander or designee when possible.
4. Stress management sessions appropriate to the experience will be available for BHERT members upon return from deployment. Participation in stress management services is voluntary.
5. Demobilized BHERT members will participate in an operational debriefing with the State Disaster Behavioral Health Coordinator following the conclusion of their work. BHERT members are expected to participate in incident after action meetings.
6. The Team Leader and State Disaster Behavioral Health Coordinator will document lessons learned from the deployment experience.

D. Funding

Funding for BHERT training, equipment, and personnel is derived from state, federal, and private funds made available for that purpose.

Membership on BHERT is considered voluntary; however when additional funding is available, team members' employers may be eligible to receive a reimbursement for their time. Reimbursement for personal costs of BHERT members may or may not be available. Generally, state employees will be asked to make arrangements with their employer to attend training and exercises as part of their regular employment.

Institutional reimbursement for deployment costs of a state-employed member of BHERT is associated with the type of disaster, level of deployment, and amount of funds made available after a qualifying disaster declaration.

When a team is activated for deployment under the Nebraska Emergency Management Act, non-state employees may be made temporary state employees so they are eligible for state liability and workman's compensation coverage (Neb. Rev. Stat. 81-829.36 to 81-829.75). This should be clearly articulated to non-state employee team members at the time of deployment and arranged by the NDHHS liaison handling initial deployment of the team. When deployed by mechanisms other than the Emergency Management Act, care should be exercised in forming the team composition.

E. Documentation during deployment

Team members are required to maintain documentation of their time and activities (see Appendix 3 for forms).

The Team Leader or designee is responsible for completing an after-action review within thirty (30) days after deployment. The State Disaster Behavioral Health Coordinator will review all after-action reports from deployed teams and will use this information to revise disaster behavioral health plans and protocols as needed.

Appendix 1

Recruitment Materials

- Team membership criteria
- Key characteristics and abilities
- Expectations of BHERT members
- List of team member specialty areas
- Application form

Membership Criteria

Potential members will be required to submit application materials and receive approval from their agency prior to being approved for membership.

Members must:

- Be at least twenty-one (21) years old.
- Be willing to travel across the state as needed.
- Possess a valid Nebraska Driver's license.
- Be authorized to drive a State of Nebraska vehicle.
- Meet minimum physical requirements:
 - ♦ Walk unaided.
 - ♦ Lift thirty (30) pounds.
 - ♦ See and hear within a normal range (vision/hearing correction to normal range qualifies).
- Be willing to complete all recommended trainings:
 - ♦ ICS-100, 200, 700, and 800.
 - ♦ Nebraska Disaster Psychological First Aid Training.

Some team members may, at times, serve as clinical supervisors during a disaster response. Those serving as clinical supervisors:

- Should possess full Nebraska licensure (not provisional) as a psychiatrist, psychologist, Licensed Independent Mental Health Practitioner (LIMHP), or Licensed Mental Health Practitioner (LMHP).

Based on applicable experience, the following may also serve as clinical supervisors: A Medical Doctor (MD), Advanced Practice Registered Nurse (APRN), Registered Nurse (RN), or Licensed Alcohol and Drug Addition Counselor (LADC).

- A background check may be required.

Key Characteristics & Abilities

Disaster behavioral health work is not a vocation suited to all people. Also, individuals who have qualities that make them thrive as responders immediately after a disaster may not possess qualities and skills required when providing services during the long-term recovery stage. Once the community begins the long process of recovery, response personnel need different qualities and skills than were needed during the immediate response.

Overall, these are key personal characteristics and abilities needed for disaster work.¹

- Mature.
- Tolerate ambiguity.
- Empathetic.
- Show positive regard for others.
- Sociable.
- Flexible.
- Calm.
- Genuine.
- Good listener.

Immediate Response Phase²

In the immediate response phase of disaster, an “**action orientation**” is important. Workers who do well with crisis intervention do well in this phase. Personnel who have worked in emergency services in a local mental health center or a hospital emergency room are frequently well-suited to this phase of disaster work.

Long-term Response Phase

Long-term behavioral health disaster programs, covering the period from about one month to one year post-disaster, are different in nature and pace from the immediate response. During this phase, immediate services are beginning to shut down and locating disaster survivors becomes more difficult and thus mental health workers need to be adept and creative with outreach in the community.

Additional qualities required by staff during this phase include:

- Patience.
- Perseverance.
- Tolerance for slow, non-immediate results of one’s work.

¹ Adapted from: National Institute of Mental Health (2002). Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices. NIH Publication No. 02-5138, Washington, D.C.: U.S. Government Printing Office.

² Adapted from: Myers, D. (1994). Disaster response and recovery: A handbook for mental Health Professionals. Rockville, Maryland: Center for Mental Health Services.

Expectations of BHERT Members

BHERT pool members are identified and screened prior to being eligible for deployment. Team members will be deployed to meet mission objectives and will be briefed on the mission and objectives prior to deployment.

Team members are expected to:

- Participate in readiness activities including training, exercises, and team meetings.
- Submit to a pre-deployment health screening when required prior to deployment.
- Carry out duties related as assigned by Team Leader during deployment.
- Document deployment activities on team-member activity report.
- Participate in post-deployment activities including operational debriefings and after-action reporting.

The mission of any team will vary according to the disaster event(s). The details will be up to the Nebraska Emergency Management Agency (NEMA) as well as the Division of Behavioral Health Director or designee(s) (such as the Chief Clinical Officer and/or Disaster Coordinator). It is possible one may be deployed in the field for up to fourteen (14) consecutive days and required to work twelve (12) hours per day.

BHERT Team Specialty Areas**BEHAVIORAL HEALTH RISK COMMUNICATION SPECIALIST:****Description**

Behavioral health and public information professionals with competency in risk communication

Qualifications

- Considerable knowledge of risk communication principles.
- Experience functioning in a consultative role.
- Excellent oral and written communication skills.
- Extensive knowledge and experience creating disaster messages.

Primary Roles/Responsibilities

- Prepare, review, and comment on prepared messages with mental health content.
- Consult, at the request of public information officers, public officials, or hotline coordinators, on message development or delivery before, during, or following a disaster.
- Provide consultation to public officials as requested.
- Work closely with the rest of the BHERT team to monitor information from behavioral health responders in the field, with a goal of quickly identifying trends and concerns that can be brought to the attention of public information officers.
- Provide consultation to officials responsible for state-run hotlines related to disaster.

BHERT Team Specialty Areas

DISASTER BEHAVIORAL HEALTH TRAINER:

Description

This is a person who can either present or prepare local resources to present educational material related to disaster behavioral health. Typically, educational content will be for hotline workers, behavioral health responders, or affected community members.

Qualifications

- In-depth knowledge of disaster behavioral health concepts.
- Ability to train diverse audiences in psychosocial aspects of disasters/ emergencies.
- Excellent oral and written communication skills.
- Competency in content of training areas.

Primary Roles/Responsibilities

- Provide just-in-time training to disaster behavioral health responders.
- Provide disaster behavioral health training for hotline workers.
- Prepare local personnel to present relevant training.
- Facilitate educational community forums related to stress management, coping or disaster reactions.

BHERT Team Specialty Areas

ADMINISTRATIVE SPECIALIST:

Description

The administrative specialist may perform a variety of administrative functions. Team members in this function may be called upon to consult regarding management issues in behavioral health organizations, create or acquire documents, to assist with set up of operations, or track deployment of disaster behavioral health response activities.

Qualifications

- Knowledge of Nebraska behavioral health infrastructure.
- Knowledge and expertise related to administrative processes required to coordinate disaster behavioral health response.
- Demonstrated knowledge of administrative processes related to Nebraska behavioral health systems or facilities licensed or operated by the State of Nebraska.
- Excellent oral and written communication skills.
- Knowledge and expertise in administrative forms and procedures.
- Knowledge of federal emergency management agency crisis counseling program requirements.
- Detail-oriented.

Primary Roles/Responsibilities

- Work closely with other BHERT members to track activities, compile information and transmit information to state disaster coordinators.
- Work closely with managers of behavioral health agencies to assess organizational needs related to disaster.

BHERT Team Specialty Areas**CLINICAL EXPERT:****Description**

Clinical experts consult regarding services needed. They may also assist with the design of services or programs.

Qualifications

- Current license/certification (not provisional), as recorded by the Nebraska Department of Health and Human Services.
- Knowledge of Nebraska behavioral health infrastructure.
- General knowledge of disaster behavioral health structures in Nebraska.
- Experience and knowledge of clinical interventions and strategies required as part of a disaster behavioral health response.
- Excellent oral and written communication skills.

Primary Roles/Responsibilities

- Provide clinical consultation as needed after a disaster.

Information/Application Form: Behavioral Health Emergency Response Team

Please provide the following personal contact information:

First Name

Last Name

Home Address

Address 2

City

Zip Code

Email Address

Home phone

Cell phone

The following contact information for your employer is needed in the event you are mobilized as a State Asset in response to a disaster or large-scale emergency. Your employer will not be contacted unless you are asked to be part of a mobilized team.

Employer (Dept or Agency)

Division (if applicable)

Address of work site

Address 2

City

Zip Code

Your position or role

Work phone

Work email

What is your employment setting? (e.g., in-patient, corrections, etc.)

Please tell us of your general area(s) of expertise (check all that apply)

Clinical skills (list general areas of competence, e.g., children, elderly, substance use, etc.)

Administrative skills (list general areas of competence, e.g., FEMA Crisis Counseling Program, facility management, etc.)

Training (list general areas of competence as a trainer, e.g., Psychological First Aid (PFA), hotline, etc.)

Apply online at: go.unl.edu/bhertapp

Information/Application Form: Behavioral Health Emergency Response Team

Please list any Professional Licenses or Certifications you currently hold in Nebraska.

NIMS courses completed (check all that apply)

100

200

700

800

Other

Have you completed the Nebraska Disaster Psychological First Aid Course?

Yes

No

Thank you!

Nebraska Behavioral Health Emergency Response Team (BHERT) members with current Nebraska professional licensure should also register with the Department of Health and Human Services Medical and Health Volunteer Site: volunteers.ne.gov/ESAR-VHP/faces/jsp/login.jsp

Appendix 2

Preparedness materials

- Personal Preparedness Expectations & Personal Pre-Departure Checklist
- Recommended Packing List
- Recommended Training for BHERT Members

Personal Preparedness Expectations

BHERT personnel should be prepared to respond to a mission on short notice (such as within 12–24 hours of receiving an assignment). Once on duty, BHERT personnel could be on an assignment for time periods lasting **up to fourteen (14) days**.

BHERT personnel should have a deployment pack containing necessary personal clothing, equipment, and supplies readily available for immediate mobilization. This should include appropriate clothing for the environment, personal hygiene items, medications, and protective items such as sunscreen and insect repellent. It should be contained in one or two personal packs at most. It is advantageous to be able to split the personal gear so that a small carrying pack of personal necessities can always remain with the member, while the gear not needed during transport or at the areas of operation can be left at a central location.

Although not required, up-to-date tetanus and hepatitis B vaccination is recommended due to common disaster hazards encountered during disaster response.

Be prepared with cash and credit cards for expenses. Maintain records needed for State of Nebraska expense reimbursement.

Personal Pre-Departure Checklist

Before departing for deployment, make sure to take care of personal business and family matters before reporting:

- Arrange caretakers for children/other dependents.
- Cancel meetings and appointments (work, school, church, etc.).
- Provide emergency contact info to work and family.
- Get current prescription medication(s).
- Gather current identification/credentials.
- Inventory supplies prior to deployment.

Recommended Packing List

The following list suggests minimum requirements to provide the self-sufficiency necessary during mission operations. This list may be modified by Team management based on deployment location and weather conditions. Team members should adjust this minimum inventory for the specific requirements of the mission.

- Incident response ID card with lanyard (issued at deployment briefing).
- Drivers' license.
- Hat.
- Sunglasses.
- Appropriate clothing (for seven (7) days).
- Cell phone & charger.
- Small flashlight with spare batteries / wind-up flashlight.
- Small first aid kit.
- Rain gear.
- Two (2) weeks of prescription medications.
- Toiletries/personal hygiene items.
- Health alert bracelet/chain or laminated card with allergies, medications.
- Spare glasses/contact supplies.
- Surgical gloves/heavy work gloves.
- Incident management references.
- BHERT manual (electronic and/or hardcopy versions).

Recommended Training for BHERT Members

Recommended

- ICS-100, 200, 700, and 800
- Nebraska Disaster Psychological First Aid Training
- Team Operations & Deployment Orientation

Optional

- American Red Cross Psychological First Aid
- American Red Cross Disaster Mental Health 101
- Disaster Cognitive Behavioral Therapy – for licensed mental health professionals only

Appendix 3

Response materials

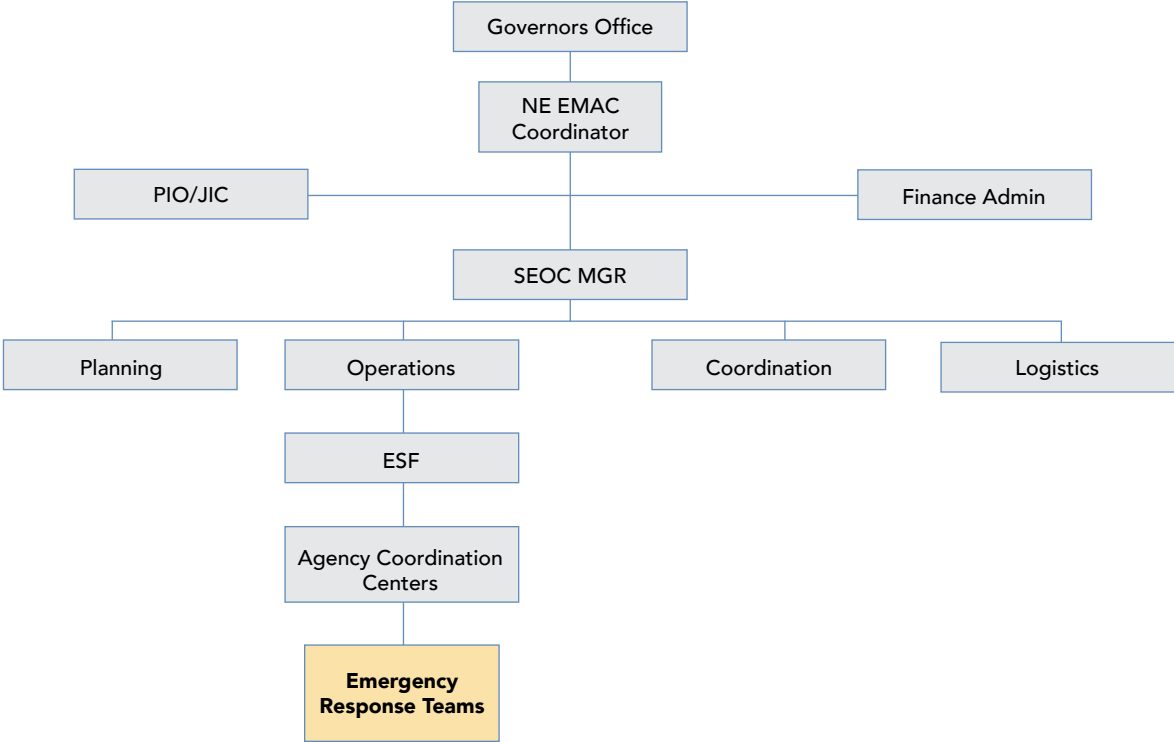
- Nebraska BHERT in response structure

Team-member activity report

- Daily Unit Log – ICS Form 214
- Sample Activities
- Services in the Field
- Risk Communication Guidelines
- Disaster Medical Assistance Team (DMAT)
 - ♦ Mental/Behavioral Health Specialty Resource Typing

**Emergency Response Teams in the
Nebraska Emergency Management Structure**

Below is a simplified organizational chart representing placement of deployed emergency response teams in the Nebraska emergency management structure.



ICS 214 Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Name	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	ICS Position	Enter the name and ICS position of the individual in charge of the unit.
5	Home Agency (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	Resources Assigned <ul style="list-style-type: none"> • Name • ICS Position • Home Agency (and Unit) 	Enter the following information for resources assigned:
		Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
		Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
		Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	Activity Log <ul style="list-style-type: none"> • Date/Time • Notable Activities 	<ul style="list-style-type: none"> • Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.
8	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

Sample Activities

Day 1	Day 2	Day 3	Day 4-10	Day 11	Day 12
<ul style="list-style-type: none"> ▶Travel to staging area ▶Processing/ logistics ▶Pick up supplies, rental car, maps, directions to operations site ▶TL make contact with: ESF 8 rep., IC, JIC/PIO, unified command, local/regional BH reps ▶Orientation to: Operations ▶Orientation to: Communications ▶Incoming teams will check in, attend BHERT am and pm briefings, track work hours 	<ul style="list-style-type: none"> ▶TL attends morning / evening EOC briefing ▶TL conducts BHERT briefing and outline day’s objectives and activities ▶Conduct recon of disaster area for an overall assessment ▶Identify local operationally functional behavioral health services/ needs (what/ how many) ▶Formulate recommendations for ESF-8 rep ▶TL conduct end of day briefing/ what was completed and what is needed ▶Determine and request additional BHERT members as needed 	<ul style="list-style-type: none"> ▶TL attends morning / evening EOC briefing ▶TL conducts BHERT briefing and outlines day’s objectives/ activities ▶Coordinate with local BH ▶Deliver just-in time training as needed ▶Consult with JIC/PIOs as needed ▶Assist local BH in formal needs assessment ▶TL conduct end of day briefing/ 	<ul style="list-style-type: none"> ▶TL attends morning / evening EOC briefing ▶TL conducts BHERT briefing and outline days objectives/ activities ▶Coordinate with local BH ▶Carry out team tasks ▶TL conduct end of day briefing 	<ul style="list-style-type: none"> ▶Outgoing BHERT team meets with incoming BHERT team to conduct a briefing <li style="text-align: center;">OR ▶If no more services are needed, then begin to close out event and prepare for team demobilization 	<ul style="list-style-type: none"> ▶Travel to staging area for out briefing ▶ESF-8 demobilization (complete any necessary paperwork for OPS, reports, turn in equipment) ▶Schedule date for a hot wash and team debriefing; complete after-action report within thirty (30) days

KEY:

TL = Team Leader

IC = Incident Commander

DBH = Division of Behavioral Health

Services in the Field

Teams may be assigned missions that involve working directly with the impacted public or with responders (fire, police, search and rescue, etc.). It is important to remember you are not “treating” the people you come into contact with. You are providing a range of basic services designed to support normal functioning after a disaster or major event. The most common basic services you will be expected to deliver include the following:

Triage

Triage refers to quick identification of individual needs related to emotional and psychological functioning. Survivors or responders in need of behavioral health support are identified through observation of behavior, requests for support, statements of intent to harm self or others, and the behavior of the survivor and reactions of others nearby.

Basic Support

Most survivors’ psychosocial needs are basic and driven by survival issues, such as a need for shelter, food, water, medical care, etc. Behavioral health responders should be aware of resources to meet basic needs for the areas they are in. In some cases, they may even provide that support (for example, handing out water).

Psychological First Aid

Psychological First Aid is designed to assist survivors by reducing initial distress, listening supportively, and providing information about coping and sources of practical assistance.

Referral

Most people will need only reassurance and information to navigate recovery, some may need additional support from family and friends, and a few may require more specialized support accessed via referral to local resources. Refer people with pre-existing mental illness or substance abuse issues to their current provider if possible. Other appropriate resources for referral can be obtained by working with the Regional Behavioral Health Authority that serves the disaster area.

Assessment & Screening

Two types of assessments are used in disaster behavioral health: Community Assessment and Individual Screening. Individual Screening may be done without formal assessment tools during Psychological First Aid.

Community Assessment is a continuous process after a disaster focusing on identification of supports or services a community has after a disaster and what they need to supplement these services. Community Assessment is typically the responsibility of the Regional Behavioral Health Authority covering the area.

Adapted from: Colorado Crisis Education and Response Network (CoCERN): A Disaster Behavioral Partnership - Protocols and Guidelines (2009).

Risk Communication Guidelines

- ALWAYS refer media to the local Public Information Officer (PIO) FIRST.
- If you are directed to make a statement to the public or press, build trust and credibility by:
 - ♦ Starting with a statement of personal concern.
 - ♦ Mentioning organizational commitment/intent.
 - ♦ Describing briefly what BHERT team is doing and what response activities are taking place.

Key Messages should fit within the following format:

- A maximum of three talking points.
- Information to support the key messages.
- Conclusion.
- A summarizing statement.

Tips when communicating to the public and media:

- Do no harm. Your words have consequences – select them carefully.
- Use empathy and care — focus more on informing than impressing them.
- Use everyday language.
- Do not over-reassure.
- Say only those things you would be comfortable reading on the front page.
- Don't use "No Comment." It will look like you have something to hide.
- Don't get angry. When you argue with the media, you always lose...publicly.
- Acknowledge people's fears.
- Don't speculate, guess, or assume. If you don't know something, say so.

Disaster Medical Assistance Team (DMAT)³
Mental/Behavioral Health Specialty
Resource Typing

Category: Health & Medical (ESF #8)

Kind: Team

Definition

A Mental/Behavioral Health Specialty DMAT is a volunteer group of medical and non-medical individuals, usually from the same state or region of a state, who have formed a response team under the guidance of the National Disaster Medical System (NDMS), or state or local auspices, and whose personnel have specific training/skills in the management of psychiatric patients. A multidisciplinary staff of specially trained and licensed mental/behavioral health professionals provides emergency mental/behavioral health assessment and crisis intervention services.

A team includes a variable number of deploying personnel. Deployment rosters are usually constituted on an ad hoc basis, depending on situational need.

Type I

- **Team.** Can deploy to site within 24 hours of notification, with all necessary staff and equipment. Staff can function for 72 hours in austere locations without resupply.
- **Equipment.** Full complement of equipment.

Type II

- **Team.** Can deploy to site within 24 hours of notification, with all necessary staff. Function in existing fixed facility using facility's equipment and supplies.
- **Equipment.** Limited or none.
- **Note.** Current NDMS mental/behavioral health teams are Type II.

Type III

- **Team.** Personnel roster only. May be less than full complement.
- **Equipment.** None.

³ www.fema.gov/doc/nims/508-5_health_medical_resources.doc