

NE Disaster Behavioral Health Exercise 2025

Situation Manual

July 23, 2025

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 this SitMan.

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EXERCISE OVERVIEW

| | | |
|------------------------------------|--|--|
| Exercise Name | Nebraska Disaster Behavioral Health Exercise 2025 | |
| Exercise Date | July 23, 2025 | |
| Scope | This exercise is a seminar planned for 2.0 hours. Exercise play will include facilitated participant discussion. | |
| Mission Area(s) | FEMA: Response; Recovery | |
| Core Capabilities | FEMA: Planning; Operational Coordination ASPR: Community Preparedness; Emergency Operations Coordination | |
| Objectives | <ul style="list-style-type: none"> • Orient participants to updated Behavioral Health All-Hazards Disaster Response and Recovery Plan relevant for their jurisdiction. • Discuss intersections across agency plans covering the same jurisdiction, to review interoperability processes and identify areas for clarification needed in one or more plans. | |
| Threat or Hazard | Heavy rains and flooding. | |
| Scenario | Severe flooding across several counties leads to the evacuation of 3,000 residents and initiates a regional behavioral health response. As communities transition to recovery, ongoing displacement and provider burnout highlight behavioral health challenges requiring long-term support. | |
| Sponsor | 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 Department of Education, Nebraska Behavioral Health Regions, Nebraska Voluntary Agencies Active in Disaster, local Nebraska health departments, local Nebraska emergency management agencies, Educational Service Units and school districts, 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 ASPR/HSEEP |
|--|---|
| Orient participants to updated Behavioral Health All-Hazards Disaster Response and Recovery Plan relevant for their jurisdiction. | FEMA: Planning ASPR: Community Preparedness |
| Discuss intersections across agency plans covering the same jurisdiction, to review interoperability processes and identify areas for clarification needed in one or more plans. | FEMA: Operational Coordination ASPR: Emergency Operations Coordination |

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, policies, and procedures.

Exercise Structure

This exercise will be a Seminar with discussion. Players will participate in the following two discussion modules:

For discussion, participants will break into functional groups as follows:

- State agency representatives and Behavioral Health Emergency Response Team
- Behavioral Health Region and their local response partners – up to six groups

Since emergency management, public health, and behavioral health regions do not perfectly overlap, please join the Behavioral Health Region with which you share the most counties.

Exercise Overview

This seminar is designed to support collaboration across local agencies in understanding how their plans interact in the context of newly updated Disaster Behavioral Health Response and Recovery Plans. Through two interactive modules, participants will be oriented to current plans and identify needs for additional coordination and possible revision of plans across agencies to achieve alignment.

Exercise Guidelines

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

Respond to the information 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: DISASTER BEHAVIORAL HEALTH PLAN ORIENTATION

Background

Behavioral Health Regions across Nebraska recently revised their Disaster Behavioral Health Response and Recovery Plans following the state plan revision (2022-2026). This included updates to resources, information, equipment, and training. In this module, response partners will be oriented to a Region plan covering counties in their jurisdiction. Some Regions have formally adopted their plans through board approval; this is an opportunity to reflect on regional assets and let partners know about these plans.

Discussion will include identifying how partner plans coordinate with the Region plan, and where gaps exist in alignment of the Region plan with partner plans.

Key Issues

- Nebraska Behavioral Health Regions and Nebraska Department of Health and Human Services Division of Behavioral Health have reviewed and revised their respective Behavioral Health Disaster Response and Recovery Plans.
- Partners will identify areas of opportunity and needs within their plans and explore regional coordination.

Questions

Note: State representatives should discuss these questions as they apply to state response plans and the Division of Behavioral Health's Emergency Response Team.

1. How does your organization's response plan align with the Region plan?
 - a. Are there aspects of coordination missing from either the Region plan, your organization's plan, or both?
 - b. How are roles and responsibilities defined between partners in the plans?
 - c. What roles and responsibilities are absent or poorly defined?
2. After orientation to the plan, consider:
 - a. What do response partners expect from the Behavioral Health Region?
 - b. Are these expectations described in the plan?
 - i. What needs to be added or revised in the plan?
 - c. Discuss whether response partner expectations can be met.
 - i. Are expectations within the scope of disaster behavioral health?
 - ii. What resources are needed to ensure they can be met?
3. Who else should be briefed on the Region's plan?
 - a. How can Region response partners here today pass their knowledge of the Plan among agencies that will need to know (i.e. invite coordinators to speak at HCC meetings, etc.)?

MODULE 2: RISING WATERS: A RESPONSE TO FLOODING

In this module, exercise participants will use an example disaster to continue identifying and discussing coordination across agencies, expectations of behavioral health Regions (or the Division of Behavioral Health), how response plans from different agencies interact, and whether revisions are needed to plans.

Scenario

In mid-May, right after the end of the school year, unprecedented heavy rains result in severe flooding across multiple counties in your jurisdiction. County emergency managers declare disasters in those affected counties. A week later, more than 3,000 residents have been evacuated from the affected areas. Many residents are displaced from their homes and are temporarily sheltered in community facilities or are staying with friends/relatives nearby. There are concerns about access to medications, ongoing therapy, and emotional/behavioral support. Emergency Management asks the Behavioral Health Region for behavioral health support. As a result, the Region responds to the request in accordance with their Disaster Behavioral Health Response and Recovery Plan to coordinate behavioral health support and resources.

June: The flood waters have receded, communities are moving into the recovery phase, and summer activities are in full swing. Many residents have returned home, although there are still around 100 people displaced because of structural damage, mold, or general housing shortages. The Region recognizes that behavioral health support is typically the “last in, last out”; community behavioral health needs can remain for several months or longer after a disaster. The Emergency Operations Center closed and the initial mission from Emergency Management is over. There are no mandates to serve the area, but the Behavioral Health Region is concerned about the stress residents are experiencing.

Key Issues

- Ongoing behavioral health support is needed for all populations (those who are still displaced, those with damaged homes, those who lost pets, children, older adults, those with functional needs).
- Ensure response alignment with Region plan and agencies and organizations in the area.

Questions

Note: State representatives should adapt these questions as they apply to state response plans and the Division of Behavioral Health's Emergency Response Team.

Activation

1. What is the process of activating the Region for disaster behavioral health needs?
 - a. Discuss any changes needed across agency plans to ensure they are consistent.
 - b. How will Region assets be activated during recovery when the EOC is not active?

Deployment

2. What communications between response partners are necessary to determine where to deploy Region Behavioral Health Responders?
3. What does the Region need from partners to help plan for deployment? (e.g., logistics support)

Communication/Coordination

4. What other agencies have a role in disaster behavioral health?
 - a. How are Region operations coordinated with these agencies?

Onsite Supervision of Behavioral Health

5. How does the Region maintain supervision of its behavioral health responders in the context of Incident Command Structures in place early in the response?
 - b. How does this change in recovery?

Deactivation

6. How is deactivation of the Region's behavioral health response determined? (timing, process, etc.)
 - c. Which agencies are involved in determining deactivation of the response?
7. How does or can the Region disaster behavioral health response assist with deactivation of other types of responders (e.g., following up with responders to assess/discuss emotional/psychological impact of responding)?

APPENDIX A: EXERCISE SCHEDULE

| Time | Activity |
|---|-------------------------------------|
| July 23, 2025 | |
| 1000-1005 Central 0900-0905 Mountain | Opening Remarks |
| 1005-1010 Central 0905-0910 Mountain | Exercise Briefing and Introductions |
| 1010-1040 Central 0910-0940 Mountain | Module 1 Break Out Groups |
| 1040-1055 Central 0940-0955 Mountain | Module 1 Report Out |
| 1055-1105 Central 0955-1005 Mountain | Break |
| 1105-1135 Central 1005-1035 Mountain | Module 2 Break Out Groups |
| 1135-1150 Central 1035-1050 Mountain | Module 2 Report Out |
| 1150-1155 Central 1050-1055 Mountain | Hotwash and Evaluation Form |
| 1155-1200 Central 1055-1100 Mountain | Closing Comments |
| 1200 Central 1100 Mountain | Adjourn |

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 |