

Nebraska Disaster Behavioral Health: Tabletop Exercise 2024

Situation Manual

July 25, 2024

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 necessary to their performance. All exercise participants may view this SitMan.

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EXERCISE OVERVIEW

Exercise Name	Nebraska Disaster Behavioral Health Tabletop Exercise 2024	
Exercise Date	July 25, 2024	
Scope	This exercise is a workshop planned for 2.0 hours. Exercise play will include facilitated participant discussion.	
Mission Area(s)	Response and Recovery	
Core Capabilities	ASPR Capabilities	HSEEP Capabilities
	Incident Management and Coordination	Operational Coordination; Planning
	Resources	Health and Social Services (Recovery)
Objectives	<ol style="list-style-type: none"> 1. Review how Region disaster behavioral health response coordinates with other agencies. 2. Discuss plans and procedures to activate and deploy short-term and long-term behavioral health support. 3. Identify future discussions needed to coordinate plans and procedures with other organizations. 	
Threat or Hazard	Tornado	
Scenario	A tornado that has affected the community infrastructure, including schools, businesses, and residences.	
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 Behavioral Health Regions, Nebraska Voluntary Agencies Active in Disaster, Nebraska Department of Education, local Nebraska health departments, local Nebraska emergency management agencies, schools, Educational Service Units, 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 Objectives	Core Capability ASPR / HSEEP
Review how Region disaster behavioral health response coordinates with other agencies.	Incident Management and Coordination / Operational Coordination
Discuss plans and procedures to activate and deploy short-term and long-term behavioral health support.	Resources / Health and Social Services (Recovery)
Identify future discussions needed to coordinate plans and procedures with other organizations.	Incident Management and Coordination / 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.
- **Observers:** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **Facilitators:** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members may also 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 multimedia, facilitated activity that can be conducted via Zoom. Players will participate in the following scenarios:

- Scenario: A tornado that has affected the broader community infrastructure and has long-term implications.

Participants review the situation and engage in group discussions. After these 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 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 impact their participation negatively.

- 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, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs 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 inform any After-Action Reports (AAR).

Module 1

Event

It is an early afternoon on a Wednesday in early March. The humidity is high, and the temperature will hit the mid-90s for most of the state, which is rare this time of year. The Storm Prediction Center has notified people across the state for days about the potential for supercell activity. This is a dangerous system. The National Weather Service offices in Cheyenne, North Platte, Hastings, and Valley have issued tornado watches for virtually all of Nebraska.

A tornado, an EF-3 touches down miles from the community right next to a feedlot. It cuts a swath of destruction, damaging several farmsteads before hitting the community. The downtown area is severely impacted, destroying businesses, leveling homes, churches, the community center, and the middle school with students still inside. The local hospital and neighboring senior center experience significant damage. The grain elevator in the middle of town has three bins erupt, spilling much of last year's harvest. In the aftermath, a fire ignites downtown. The high school campus is relatively unscathed. Hail following the tornado does minor damage to several buildings, cars, and machinery.

Immediate Aftermath

Because the tornado touched down far outside the community, there was ample warning for citizens to take shelter. As a result, casualties are at a minimum, but several people are missing. The feedlot lost many cattle, and farms and ranches had their livestock perish; wheat that had been planted was considered a loss from hail damage. The local car dealership had nearly every car on the lot damaged by hail.

The coordinated response is quick, and the incident command structure is in place within 90 minutes. The Standard Reunification Method was initiated at the high school gym, and the Red Cross will be setting up a shelter in a neighboring school building per a request from emergency management. Parents are showing up at the high school demanding to get their children. Some parents cannot reach the high school because of downed power lines, causing anxiety for parents. School personnel are worried about their family members. Non-school behavioral health resources cannot assist for at least a day because of weather-related incidents across the county.

One Week After the Tornado

The tornado caused significant damage to the town, including destroying several homes, the water tower, downtown businesses, and two churches. The high school and elementary schools in different parts of town were untouched. The middle school had several windows blown out, the football field was damaged substantially, and several sheds housing sports equipment and lawn tractors are now gone.

The community has been undergoing clean-up, and businesses are starting to reopen. The middle school was closed this past week for repairs and inspection, but is now ready to open and get students back to a routine. Parents are eager for this routine to start and hope the school reopens soon. Both students and staff hesitate to return to the school as they recall sights, sounds, and feelings from a week ago. The community is upbeat about recovery, but there is much to do. Local behavioral health providers have offered help to the school district as they plan for the return of teachers, staff, and students to the middle school.

Key Issues Module 1

- Substantial damage to multiple businesses, schools, and infrastructure
- Middle school closed for at least one week

Questions Module 1

Overarching: As you discuss the following questions, also please identify future discussions needed to coordinate plans and procedures across organizations.

1. What does a coordinated response between the behavioral health Region and the school district look like? What resources can behavioral health Regions make available to schools?
2. What type of behavioral health support do you recommend the school district have at the reunification site?
3. What information would the local emergency manager and/or public health official need from the school district to activate a behavioral health response?
4. What is the Region's process for contacting behavioral health responders, especially those who are licensed?
5. How many Regional behavioral health responders (staff or volunteers) do you estimate can respond within the first day? Within the first week? Where do you anticipate they will be needed?
6. What other agencies also have a behavioral response to coordinate with?
7. The DHHS Division of Behavioral Health is reaching out to the Region to find out what the Region needs. What does your Region need from DHHS at this point in the scenario?
8. DHHS: What are you doing right now? What processes are in place to put members of the Nebraska Behavioral Health Emergency Response Team (BHERT) on standby if needed?

Module 2

One Month After the Tornado

Community has been completed, and businesses that can have reopened. The middle school is operating, but reports are that both students and staff are “uncomfortable” being in the same building where they sheltered during the tornado. Schools are approaching the end of the school year.

Disillusionment is beginning to set in during the recovery process. Numerous people are starting to feel pessimism and distress. The cattle losses and damage to infrastructure have forced the feedlot to sell off all remaining cattle and abandon operations that had employed several people. In addition to crop loss, area farmers experienced damage to a lot of farm equipment. Inspections of many downtown business buildings reveal that they must be demolished for safety reasons. Roofing scammers are starting to show up “inviting” people for a free inspection and quote on their homes. Convenience store clerks notice an uptick in alcohol sales. To alleviate some of the distress and educate citizens about scam operations, local leaders are holding a town hall meeting. There is a sizable Spanish-speaking population in the community, and officials plan to have interpreters present. The behavioral health Region has been invited to be present at this town hall.

The state has declared a disaster in multiple counties impacted by the tornado and storms and has asked for and received a Presidential Declaration of Disaster, making public entities and individual households eligible for recovery services. As part of this effort, NEMA has applied for and received a Crisis Counseling Program Grant which is operated in your area by the Regional Behavioral Health Authority.

Key Issues Module 2

- Business closures and loss of employment
- School recovery and end of school year transition
- Anger, distress, suspicion, and resentment due to the slow rebuilding process and scammers

Questions Module 2

Overarching: As you discuss the following questions, also please identify future discussions needed to coordinate plans and procedures across organizations.

1. At this stage of the disaster, how are the Region and other organizations coordinating regarding disaster behavioral health?
2. What is your plan for outreach at the town hall meeting?
3. How will you ensure behavioral health responders at this meeting have up-to-date training?
4. What materials are needed or need to be developed for distribution at the town hall meeting?
5. What is the plan for long-term behavioral health outreach to this community?
6. How do the school or school district's plan and policies influence decisions about collaboration between schools and the Crisis Counseling Program outreach team?
7. What might behavioral health Region coordination with the schools/school district look like:
 - a. At this stage, while school is still in session?
 - b. Over the summer?
 - c. When school starts in the fall?

APPENDIX A: EXERCISE SCHEDULE

Time	Activity
10:00 am Central / 9:00 am Mountain	Welcome and Opening Remarks
10:10 Central / 9:10 Mountain	Exercise Overview and Module 1 Introduction
10:15 Central / 9:15 Mountain	Module 1 Small Group Discussion
10:45 Central / 9:45 Mountain	Module 1 Report Out
11:00 Central / 10:00 Mountain	BREAK
11:10 Central / 10:10 Mountain	Module 2 Introduction
11:15 Central / 10:15 Mountain	Module 2 Small Group Discussion
11:35 Central / 10:35 Mountain	Module 2 Report Out
11:50 Central / 10:50 Mountain	Hotwash and Exercise Evaluation
12:00 noon Central / 11:00 Mountain	Closing Comments and Adjourn

APPENDIX B: COMMON ACRONYMS

Acronym	Term
AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
ASPR	Administration for Strategic Preparedness and Response
COOP	Continuity of Operations Plan
CCP	Crisis Counseling Program
DHHS	Department of Health and Human Services
DHS	U.S. Department of Homeland Security
EMS	Emergency Medical Services
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FOUO	For Official Use Only
ICS	Incident Command Structure
HCC	Health Care Coalition
HSEEP	Homeland Security Exercise and Evaluation Program
ISP	Immediate Services Program
JIC	Joint Information Center
JOC	Joint Operations Center
MAA	Mutual aid agreement
MOU	Memorandum of understanding
NDE	Nebraska Department of Education
NE DHHS	Nebraska Department of Health and Human Services
NEMA	Nebraska Emergency Management Agency
NIMS	National Incident Management System
NSP	Nebraska State Patrol
PET	Planning, Exercise and Training Region
PFA	Psychological First Aid
RSP	Regular Services Program
SitMan	Situation Manual
SME	Subject Matter Expert
SRM	Standard Reunification Method
SRP	Standard Response Protocol