



# NE Disaster Behavioral Health Table Top Exercise

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## Situation Manual

July 19, 2018

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.

This activity is 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, and supported by Grant No. NU90TP921891 under a sub-grant from the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Nebraska Department of Health and Human Services.

## EXERCISE OVERVIEW

<b>Exercise Name</b>	NE Disaster Behavioral Health Table Top Exercise
<b>Exercise Date</b>	July 19, 2018
<b>Scope</b>	This exercise is a Table Top, planned for 4 hours at the Hilton Garden Inn Omaha 1005 Dodge St, Omaha, NE 68102 Exercise play is limited to participant discussion.
<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>	Evaluate operations staff from initial incident through a tactics meeting
<b>Threat or Hazard</b>	Tornado, Downed power lines, blocked main roads, HAZ-MAT
<b>Scenario</b>	It was a Dark and Stormy Day in the State of Nebraska, when numerous EF-4 and 5 tornados entered the State of Nebraska on the southwest corner of the panhandle and proceeded to produce multiple tornadoes as it crossed the State of Nebraska.
<b>Sponsor</b>	Nebraska Emergency Management Agency; Nebraska Department of Health and Human Services; University of Nebraska Public Policy Center
<b>Participating Organizations</b>	Nebraska Department of Health and Human Services, Nebraska Emergency Management Agency, Nebraska Behavioral Health Regions, 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
Respond to deployment notification in accordance with plan	Planning, Operational Coordination and Operational Communications
Receive an Incident Briefing and integrate into the Incident Command System	Planning, Operational Coordination, Operational Communications and Situational Assessment
Establish internal organizational structure and operational plan and schedule based on operational periods	Planning, Operational Coordination, Operational Communications and Situational Assessment
Develop the plan for ongoing operations post incident	Planning, Operational Coordination, Operational Communications and Situational Assessment

**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 facilitated Table Top Exercise. Players will participate in the following Three modules:

- Module 1: Initial Notification and Response
- Module 2: Post Incident (Two Weeks)
- Module 3: Post Incident (Two Months)

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: INITIAL NOTIFICATION AND RESPONSE

### July 18, 2018: 1430 hrs CST

On the afternoon of July 18<sup>th</sup> the storm prediction center in Norman, Oklahoma issues a notification for a heightened risk of severe thunderstorms with supercells impacting Northern Kansas and the entire state of Nebraska.

### July 19, 2018: 0930 hrs CST

As the storms begin in the late morning of July 19<sup>th</sup> the National Weather Service Offices in North Platte, Hastings and Valley issue Tornado Watches for 80 of the 93 counties in Nebraska.

### July 19, 2018: 1630 hrs CST

Throughout the day numerous wide spread severe thunderstorms begin to build into supercells and become tornadic. Several large tornados are reported to have impacted the communities of Sydney, Sutherland, Broken Bow, O'Neill, Geneva and Blair. The NWS survey teams have determined all of the tornados were EF 3, 4 and 5 in strength.

There is widespread damage in all communities hit by these storms including damage to Residences, Local Business', Farms and Ranches, Nursing Homes, Hospitals, and Schools.

There are wide spread injuries in these communities ranging from minor to fatal. In some areas entire families have been lost.

### July 19, 2018: 2000 hrs CST

Incident Commanders are receiving reports from shelters and community support agencies that crisis counseling resources in the communities are overwhelmed by the sheer numbers of persons dealing with the impact of these storms.

### Key Issues

- State wide severe thunderstorms and large tornados.
- Wide spread and large scale damage to several communities.
- Local Crisis Councilors in communities are overwhelmed.

## 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. Who is in charge of your team?
  - a. Is it a group or an individual?
2. How is Disaster Behavioral Health organized?
  - a. Who (what groups) is included in the organization?
3. What is your Behavioral Health Regional notification and activation system?
  - a. Who initiates this notification?
4. What is your plan for deployment?
  - a. Who would determine personnel for deployment?
5. Who would you report to in the Incident Command Post or Staging Area?
  - a. Who will be in charge of your group?
  - b. Where do you fit into the ICS/IMT structure?
6. What are your Operational Objectives?
7. Who would request any additional resources if needed?
  - a. To whom would that request go?

## **MODULE 2**

**DO NOT TURN THE PAGE UNTIL TOLD TO DO SO BY THE  
FACILITATOR!**

## MODULE 2: POST INCIDENT (TWO WEEKS)

### August 2, 2018: 0800 hrs CST

All communities are in recovery operations. The ICS structure has changed to address recovery operations.

Several businesses that were severely damaged by the storms have decided not to rebuild and reopen. This is causing anxiety and concern in the communities that depended on these business for jobs and revenue.

Responders from all sectors are showing signs of stress from the response efforts that lasted several days in their communities.

Many services have not yet been restored to include electricity, drinking water, natural gas and sewage treatment.

Many persons are still living in shelters established immediately after the storms. There is no temporary housing available in most of these communities.

The general citizenry is struggling to cope with the losses from these storms. Ranchers have lost hundreds of livestock. Farms, crops and outbuildings have been destroyed. Some of the residents are living with family and friends where available and there is still much uncertainty in these communities. Some families have lost everything they own and did not have homeowners' insurance.

People are growing anxious and upset waiting for answers from government officials that are not forthcoming.

These communities are reaching out for crisis counseling to try and calm the population.

### Key Issues

- Communities are struggling to recover from the storms.
- Citizens are anxious, scared and angry.
- Ongoing counseling is needed to calm the population.

## 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

1. How does this activation process differ from the initial response?
2. How have your organizational objectives changed?
3. To whom do you report to in these communities now that the ICS structure has changed?
  - a. Does your structure and leadership within the ICS/IMT also change?
4. Where would you find the resources needed for the for counseling the displaced people?
  - a. What does that process look like?
5. What financial assistance is available for the funding of the Crisis counseling teams?
  - a. What is the process for that request?
  - b. What needs to be in place before you request financial assistance?
  - c. Where can you access that information?

## MODULE 3: POST INCIDENT (TWO MONTHS)

**September 19, 2018**

The communities have been working to help find temporary and permanent housing for their displaced residents. There are still some residents in shelters, most services have been restored, but, some living quarters and business are still in disrepair and not able to be occupied.

Those businesses that have decided to not reopen are in the finishing stages of leaving the communities. The people that longer have jobs and no permanent home are very upset. Most lack the resources to relocate and/or rebuild.

Local elected and appointed government officials are extremely distressed trying to determine a recovery course for their communities.

Many members of all communities are struggling with grief and stress from the aftermath of these incidents.

### Key Issues

- Communities are continuing to struggle with recovery efforts.
- Whole communities are anxious, scared and angry.
- Ongoing counseling is needed to calm the population.

### 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.

### Group Questions

- What is the Behavioral Health Plan to help the residents in the long term?
- Who is now in charge your incident?
- What does the ICS Structure look like at this point in the incident?
- How has it changed?
- Has the Communications improved.

## APPENDIX A: EXERCISE SCHEDULE

**Note:** Because this information is updated throughout the exercise planning process, appendices may be developed as stand-alone documents rather than part of the SitMan.

Time	Activity
<b>[Month Day, Year]</b>	
1300	Opening Remarks and ICS Overview
1330	Module 1: Briefing, Caucus Discussion, and Brief-Back Initial Incident
1415	Break
1425	Module 2: What does the ICS structure look like (Who's in charge) 2 Weeks into the Incident
1525	Module 3: What does the ICS structure look like (Who's in charge) 2 Months into the incident
1555	Break
1600	Hot Wash
1630	Closing Comments

## APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
<b>Federal</b>	
None	
<b>State</b>	
NEMA	DHHS Behavioral Health
UNL Public Policy Center	CISM
<b>NE Behavioral Health Regions</b>	
Region 1 Behavioral Health Authority	Region 4 Behavioral Health System
Region II Human Services	Region V Systems
Region 3 Behavioral Health Services	Region 6 Behavioral Healthcare
<b>Health Care</b>	
Panhandle Public Health District	Bryan LGH
West Central District Health Department	York General Hospital
SW Nebraska Public Health Department	Red Cross
Douglas County Health Department	Southeast District Health Department
Sarpy/Cass Dept of Health and Wellness	Three Rivers Health Department
Omaha Metropolitan Medical Response System	Public Health Solutions
Panhandle Region Medical Response System	Lancaster County Health Department
Nebraska Plains Healthcare Coalition	Noah's Crisis Response
Rural Region One Medical Response System	Four Corners Health Department
Southeast Nebraska Healthcare Coalition	Lancaster MRC
Local Emergency Planning Committee (Lincoln)	
<b>Emergency Management Agencies</b>	
Sarpy County EMA	Lincoln County EMA
Douglas County EMA	Seward/York EMA
Johnson County EMA	Thayer County EMA
Richardson County EMA	Otoe County EMA
Jefferson County EMA	Fillmore County EMA
Saunders County EMA	Lancaster County EMA
Nemaha County EMA	Butler County EMA
Saunders County EMA	

## APPENDIX C: RELEVANT PLANS

- Nebraska Behavioral Health All-Hazards Disaster Response and Recovery Plan
- Nebraska State Emergency Operations Plan
- Nebraska Emergency Management Act

## APPENDIX D: ACRONYMS

Acronym	Term
DHS	U.S. Department of Homeland Security
HSEEP	Homeland Security Exercise and Evaluation Program
SitMan	Situation Manual
SME	Subject Matter Expert
TTX	Tabletop Exercise
NWS	National Weather Service
VRC	Volunteer Reception Center
ICS	Incident Command System
NIMS	National Incident Management System
PET	Planning, Exercise and Training Region
CCP	Crisis Counseling Program
CISM	Critical Incident Stress Management
ARC	American Red Cross
NEMA	Nebraska Emergency Management Agency
DHHS	Department of Health and Human Services
MRC	Medical Reserve Corps
HCC	Health Care Coalition