

Disaster Behavioral Health Mass Violence Tabletop 2016

Situation Manual

July 28, 2016

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. U90TP000533 under a sub-grant from the Department of Health and Human Services and the Nebraska Department of Health and Human Services.

EXERCISE OVERVIEW

Exercise Name	Disaster Behavioral Health Mass Violence Tabletop 2016	
Exercise Dates	July 28, 2016	
Scope	This exercise is a tabletop exercise, planned for 4 hours at the Hilton Downtown Omaha, 1001 Cass Street, Omaha, NE. Exercise play is limited to discussion of response plans and procedures.	
Mission Area(s)	Response, and Recovery	
Core Capabilities	Planning, Operational Coordination, Fatality Management (Mental/behavioral health support), Information Sharing	
Objectives	<ol style="list-style-type: none"> 1. Review current plans and procedures and determine needed revisions to meet the needs of the community 2. Demonstrate coordinated and sustained behavioral health response with emphasis on evolving behavioral health needs over time 3. Demonstrate the ability to collect information for a behavioral health needs assessment 	
Threat or Hazard	Attack on government facility resulting in multiple fatalities and injuries.	
Scenario	An attack on a public health department results in 30% of employees dead and 20% injured, with psychological impacts to all staff. Clients of the health department are also affected by psychological impacts and impaired ability of the health department to provide usual services.	
Sponsor	Nebraska Department of Health and Human Services	
Participating Organizations	Nebraska Department of Health and Human Services, Nebraska Emergency Management Agency, Nebraska State Patrol, 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.

Table 1. Exercise Objectives and Associated Core Capabilities

Exercise Objective	Core Capability
Review current plans and procedures and determine needed revisions to meet the needs of the community.	Planning
Demonstrate coordinated and sustained behavioral health response with emphasis on evolving behavioral health needs over time.	Emergency Operations Coordination Also: Fatality Management (Mental/behavioral health support)
Demonstrate the ability to collect information for a behavioral health needs assessment.	Information Sharing

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 also may assist with facilitation as subject matter experts (SMEs) during the exercise.

Exercise Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in the following four modules:

- Module 1: Behavioral Health Emergency – Review
- Module 2: Initial Event & Activation
- Module 3: One Month Later

- Module 4: Two Months Later

Module 1 is a review of the declaration of a Behavioral Health Emergency and how the role of behavioral health under ICS with a Behavioral Health Emergency differs from other events such as natural disasters. Modules 2 through 4 each begins with a multimedia update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in group discussions of appropriate response and recovery issues. Discussion groups are defined geographically by Behavioral Health Region, plus a State discussion group made up of state agency representatives.

After these 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. Notes from table discussions and a hotwash will be used to evaluate achievement of exercise objectives. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

MODULE 1: BEHAVIORAL HEALTH EMERGENCY – REVIEW

This will be a review of information about Behavioral Health Emergencies.

Key Issues

- Declaration of a Behavioral Health Emergency
- Behavioral Health Region or Division of Behavioral Health as the lead agency
- Behavioral Health within Incident Command Structure
- Coordinating with victim’s assistance and advocacy organizations (e.g., Nebraska Crime Commission, Nebraska Coalition for Victims of Crime, Nebraska Attorney General, County Attorney’s offices, and non-profit victim support organizations)

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.

MODULE 2: INITIAL EVENT & ACTIVATION

July 28, 2016: 10:00 am

The entire public health workforce for your jurisdiction was at a mandatory training event being held in a building which also houses areas where public health services are delivered to the public. The morning of July 28, 2016, a health department employee and his spouse arrived at this training event and fired on participants with automatic rifles. After the shooting the couple fled in an SUV and were later killed during police attempts to apprehend them.

30% of the public health workforce was killed in the attack, and another 20% were injured. The remaining members of the public health workforce were on site and witnessed the event. All present were interviewed by law enforcement after being escorted out of the building with their hands in the air. They had to step over dead and seriously injured co-workers to exit the building.

July 29, 2016: 8:00 am

Behavioral health support has been requested for a Survivor/Family Assistance Center that is being set up and staffed by volunteers from the Red Cross. There are not enough Red Cross mental health volunteers in the immediate area to staff the center, so the Regional Behavioral Health Authority and state have been contacted by public health and emergency management to arrange that support.

Key Issues

- A mass violence event has occurred in your jurisdiction.
- There are confirmed fatalities.
- Some public health employees are in the hospital.
- Many public health employees are in shock.
- All surviving staff have experienced a traumatic event.
- A Survivor/Family Assistance Center is being set up.

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.

1. What is your organization's role in this incident?
2. What are the roles and potential places of deployment for behavioral health?
3. How is the behavioral health function activated?

4. What is the procedure for assembling local/regional/state behavioral health responders?
5. How are behavioral health responders organized using the incident command system? (Who organizes the teams and ensures they have adequate leadership, just-in-time training, and resources for deployment?)
6. Who are the partners/collaborators behavioral health needs to work with to make this deployment work?
7. How will you know if additional behavioral health resources are needed and how do you activate them?

MODULE 3: ONE MONTH LATER

August 1, 2016: 8:00 am

It has been a month since the shooting. The public health building re-opens today, and staff are returning to work for the first time. In the past month, some employees have quit, stating they could no longer work for public health after the shooting. Some employees are still recovering from physical injuries and cannot yet return to work.

In the previous month, public health has hired some new staff to fill the jobs of those who were killed, quit, or are still recovering. About 10% of remaining employees have called to say they won't be at work today.

Key Issues

- Response operations on-scene have ended.
- Many employees are not returning to work when public health re-opens.
- Staff who are returning are working in the same building where the event occurred.
- Closure of the building stopped provision of services and there is an elevated risk to public health.

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.

1. What behavioral health needs are emerging among public health employees and the general public at this time?
2. What is the role of behavioral health at this point in the event? How has it changed, if at all?
3. How are behavioral health resources activated and maintained for this phase of the response?
4. How will behavioral health coordinate/integrate with response/recovery partners?

MODULE 4: TWO MONTHS LATER

September 5, 2016: 8:00 am

In the one month after the re-opening of the health department, the traumatic impact on staff is being realized. The director and assistant director of the department, and all other management staff, were present at the event, and are having difficulty managing the day-to-day needs of the department along with their trauma and that of their staff.

A majority of staff are not returning to work, and those who are returning are working limited schedules. Some staff have resigned, and new staff hired to fill their positions (as well as the positions of staff who died). At this point, approximately 50% of staff are new employees.

Also, noticeably fewer people have been visiting the health department for services. Customers, like employees, have expressed discomfort at coming for services to the same building in which the event occurred.

Key Issues

- Management and other staff who experienced the event are traumatized.
- The health department is barely functioning, and public health is affected.
- New employees are being hired.
- Additional assistance has been requested for behavioral health.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 4. 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.

1. What behavioral health needs are emerging among public health employees and the general public at this time?
2. What local and state resources will be required to support behavioral health operations during long term recovery to meet the needs identified in question 1? (Be specific about number of people needed and the timeframe of deployment from each resource.)
3. How has the role of behavioral health changed from Day 1 to Day 60? Discuss the long-term role of behavioral health in response to this event (weeks, months, and years).

APPENDIX A: EXERCISE SCHEDULE

Time	Activity
July 28, 2016	
1230	Registration
1300	Welcome, Introductions, and Opening Remarks
1315	Module 1: Behavioral Health Emergency – Review
1330	Module 2: Initial Event & Activation
1420	Break
1435	Module 3: One Month Later
1525	Module 4: Two Months Later
1615	Participant Feedback Documentation
1625	Hot Wash, Review, and Conclusion
1645	Closing Comments

APPENDIX B: ACRONYMS

Acronym	Term
AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
BHERT	Behavioral Health Emergency Response Team
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
NE VOAD	Nebraska Volunteer Organizations Active in Disaster
NIMS	National Incident Management System
NSP	Nebraska State Patrol
PFA	Psychological First Aid
SitMan	Situation Manual
SME	Subject Matter Expert
SOP	Standard Operating Procedure
TTX	Tabletop Exercise