

# Disaster Behavioral Health Responder Coordination & Supervision Seminar/Discussion 2017

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## Situation Manual

July 27, 2017

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

<b>Exercise Name</b>	Disaster Behavioral Health Responder Coordination & Supervision Seminar/Discussion 2017	
<b>Exercise Dates</b>	July 27, 2017	
<b>Scope</b>	This exercise is a combination seminar and discussion exercise, planned for 4 hours at the Embassy Suites Downtown Omaha, 555 South 10 <sup>th</sup> Street, Omaha, NE. Exercise play is limited to discussion of response plans and procedures.	
<b>Mission Area(s)</b>	Planning, and Response	
<b>Core Capabilities</b>	Planning, Operational Coordination, Information Sharing	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Review the current process in the volunteer reception center for different types of behavioral health responders.</li> <li>2. Determine needed revisions to current plans and procedures.</li> <li>3. Demonstrate coordination of behavioral health response among multiple behavioral health response organizations.</li> <li>4. Initiate development of a standard for tracking behavioral health responders during deployments.</li> </ol>	
<b>Threat or Hazard</b>	This exercise addresses responder coordination and supervision, and is therefore applicable to all threats/hazards.	
<b>Scenario</b>	There is no specific scenario. The exercise presents an example of coordination/supervision for a hypothetical clean-up volunteer, and compares/contrasts this with the coordination/supervision for behavioral health responders deployed by various sources.	
<b>Sponsor</b>	Nebraska Department of Health and Human Services	
<b>Participating Organizations</b>	Nebraska Department of Health and Human Services, Nebraska Emergency Management Agency, Nebraska Voluntary Organizations Active in Disaster (NEVOAD), 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 the current process in the volunteer reception center for different types of behavioral health responders.	Planning
Determine needed revisions to current plans and procedures.	Planning
Demonstrate coordination of behavioral health response among multiple behavioral health response organizations.	Emergency Operations Coordination
Initiate development of a standard for tracking behavioral health responders during deployments.	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 seminar followed by a facilitated discussion exercise. Players will participate in the following four modules:

- Module 1: Demonstration of Responder Coordination
- Module 2: Coordination and Processing
- Module 3: Credentialing and Supervision
- Module 4: Incident Command Structure (ICS) Implications

Module 1 is a seminar style demonstration of responder coordination. The presentation will review coordination through a Volunteer Reception Center (VRC) for a hypothetical clean-up volunteer, and compare/contrast this with the coordination for behavioral health responders.

Modules 2 through 4 each focus on the discussion of key issues for behavioral health responder coordination and supervision. Participants engage in group discussions in response to questions related to these issues. Discussion groups are defined geographically by Behavioral Health Region, plus a State discussion group made up of state agency representatives. The exercise will end in a moderated plenary discussion of issues identified during the exercise.

## **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: DEMONSTRATION OF RESPONDER COORDINATION

This is a presentation reviewing responder coordination through a Volunteer Reception Center (VRC). The presentation will compare/contrast the process for a hypothetical clean-up volunteer with the process for behavioral health responders from various sources. Table 2 summarized the process described in the presentation.

**Table 2. Summary of Process for Different Types of Responders**

Reception Center Process/Station	Type of Responder				
	Clean-Up Volunteer	Spiritual Care	Spontaneous BH	Affiliated BH	CISM
				IF Reception Center:	
Intake / Interviews	✓	Sometimes	✓	Sometimes	
Agency Coordination / Assignment	✓	Sometimes	What agency??	Deployed directly by their agency	
Safety Briefing	✓	✓	✓	✓	
ID / Badging	✓	✓	✓	✓	
Job Training	✓	Sometimes	✓	Sometimes	
Transportation	✓	✓	✓	Sometimes	
				No Reception Center:	
Staging Area				Sometimes	
Incident Scene or other deployment location				✓	
Report directly to requesting agency					✓

### Questions

Modules 2 through 4 pose questions based on the information provided in Module 1.

## MODULE 2: COORDINATION AND PROCESSING

### Key Issues

- Behavioral health responders from different agencies go through different processes when checking in for deployment.
- There is currently a lack of coordination between behavioral health response and spiritual care.

### Questions

Based on the information provided in Module 1, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed.

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. How should coordination of behavioral health responders on scene take place (**please create a flowchart** of how your choices would work):
  - a. Separate coordination (current structure)
  - b. Central coordination (as with clean-up volunteers)
  - c. Some other coordination structure (if so, what?)
2. How should behavioral health coordinate with spiritual care response groups?
3. Please describe any additional critical issues, decisions, or requirements that you identify.

## MODULE 3: CREDENTIALING AND SUPERVISION

### Key Issues

- There is a question of what organization is responsible for coordinating spontaneous behavioral health volunteers.
- It is unclear how behavioral health volunteers are supervised.

### Questions

Based on the information provided in Module 1, participate in the discussion concerning the issues raised in Module 3. Identify any critical issues, decisions, requirements, or questions that should be addressed.

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. Regarding spontaneous behavioral health volunteers – those who show up without having been deployed by an official response organization (add to your flowchart as necessary):
  - a. How can they be identified?
  - b. How should they be credentialed? (PFA-trained may or may not be licensed, licensed may or may not be PFA-trained, etc.)
  - c. What organization, if any, will coordinate them?
2. What structure should be in place to supervise behavioral health responders and volunteers?
  - a. Who will they report to?
3. Please describe any additional critical issues, decisions, or requirements that you identify.

## MODULE 4: INCIDENT COMMAND STRUCTURE IMPLICATIONS

### Key Issues

- Operating within the Incident Command Structure (ICS) is expected of behavioral health response.
- It is unclear what position in ICS coordinates and supervises behavioral health responders, and how they do this in coordination with the organizations that provide behavioral health responders.

### Questions

Based on the information provided in Module 1, participate in the discussion concerning the issues raised in Module 4. Identify any critical issues, decisions, requirements, or questions that should be addressed.

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. How are you going to use the ICS structure to coordinate and supervise behavioral health volunteers? (i.e., who coordinates and supervises, which organizations do they supervise responders from, how do they coordinate with these agencies, do they direct spontaneous volunteers, etc.) (add to your flowchart as necessary).
  - a. Who coordinates and supervises the behavioral health responders?
  - b. From which organizations do they supervise behavioral health responders (e.g., NE VOAD partners)?
    - i. How do they coordinate with these agencies?
  - c. How are spontaneous volunteers managed?
2. Are there agencies that would be exceptions to the coordination you describe in Q1?
3. Please describe any additional critical issues, decisions, or requirements that you identify.



## PLENARY DISCUSSION

### Key Issues

- There may be different versions of behavioral health operations across the State.
- Issues raised point to a need to make changes to one or more Plans.

### Questions

Based on the information discussed throughout the exercise, identify concerning the issues raised. Identify any critical issues, decisions, requirements, or questions that should be addressed.

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. Do all of the small group plans look the same?
  - a. What are the barriers to having the same process statewide?
2. What are the next steps for planning to manage behavioral health volunteers?
  - a. State (DHHS Division of Behavioral Health and other divisions/agencies)
  - b. Regions (multi-county Behavioral Health Regions and partner agencies)

## APPENDIX A: EXERCISE SCHEDULE

Time	Activity
<b>July 27, 2017</b>	
1230	Registration
1300	Welcome, Introductions, and Opening Remarks
1315	Module 1: Demonstration of Responder Coordination
1330	Module 2: Coordination and Processing
1400	Report out
1415	Break
1430	Module 3: Credentialing and Supervision
1500	Report out
1515	Module 4: Incident Command Structure Implications
1530	Report out
1545	Plenary Discussion
1630	Hot Wash, Review, Conclusion, and Participant Feedback Documentation
1645	Adjourn

## 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