

# NE Disaster Behavioral Health Exercise 2020

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Situation Manual

July 21, 2020

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.

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## EXERCISE OVERVIEW

<b>Exercise Name</b>	Nebraska Disaster Behavioral Health Exercise 2020
<b>Exercise Dates</b>	July 21, 2020, 9:00 am – 12:00 pm (CDT)
<b>Scope</b>	This exercise is a workshop, planned for 3 hours. Exercise play will include facilitated participant discussion.
<b>Mission Area(s)</b>	Response, and/or Recovery
<b>Core Capabilities</b>	ASPR: Health Care & Medical Response Coordination; Continuity of Health Care Service Delivery; Medical Surge FEMA: Planning; Operational Coordination; Public Health, Healthcare & Emergency Medical Services
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Review current behavioral health region disaster response and recovery plans and identify gaps based on current events</li> <li>• Discuss how to address gaps in disaster response and recovery plans</li> <li>• Develop a draft plan revision based on gaps identified</li> </ul>
<b>Threat or Hazard</b>	Severe flooding across the state; COVID-19 (novel coronavirus) pandemic
<b>Scenario</b>	Major flooding throughout Nebraska’s river basins in 2019 necessitated the activation of the State Emergency Operations Center (SEOC) where ESF #8 Public Health and ESF #6 Mass Care were activated. Behavioral Health staff and volunteers were activated to respond to shelters. Local Emergency Operations Plans (LEOPs) were in effect to assess needs, and determine procedures, protocols, and authorities to facilitate the effective management and treatment of mental and behavioral health needs; particularly LEOP Annex G Health and Human Services and Annex I Mass Care. Behavioral Health regions received training and funding for crisis counselors to be deployed to affected communities to support recovery. In spring 2020, a global pandemic (COVID-19) began affecting communities throughout the state, causing all schools and many businesses to close for several months’ businesses which remained open were directed to follow distancing measures contained in public health. An increase in unemployment has occurred as businesses laid off workers; at the same time, emergency and healthcare workers continue to work with additional infection control measures in place. Face-to-face behavioral health contacts were greatly curtailed

<b>Exercise Name</b>	Nebraska Disaster Behavioral Health Exercise 2020
<b>Sponsor</b>	Nebraska Department of Health and Human Services; University of Nebraska Public Policy Center
<b>Participating Organizations</b>	Nebraska Department of Health and Human Services; University of Nebraska Public Policy Center; Nebraska Emergency Management Agency; Nebraska Behavioral Health Regions; Nebraska Voluntary Agencies Active in Disaster; Nebraska Citizen Corps; Nebraska Health Care Coalitions; local Nebraska health departments; local Nebraska emergency management agencies
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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
Identify gaps in current behavioral health region disaster response and recovery plans	<b>ASPR:</b> Foundation for Health Care and Medical Readiness <b>FEMA:</b> Planning; Operational Coordination
Address gaps in disaster response and recovery plans	<b>ASPR:</b> Health Care & Medical Response Coordination; Continuity of Health Care Service Delivery; Medical Surge <b>FEMA:</b> Planning; Operational Coordination; Public Health, Healthcare & Emergency Medical Services
Develop a draft plan revision based on gaps identified	<b>ASPR:</b> Foundations for Health Care and Medical Readiness <b>FEMA:</b> Planning; Operational 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.
- **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.
- **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 exercise conducted through a web-based platform (Zoom). Players will participate in the following two modules:

- Module 1: Disaster Behavioral Health Gap Analysis
- Module 2: Update Behavioral Health Plan Draft

Each module begins with a multimedia update. 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 (BHERT), and 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, 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 compile the After-Action Report (AAR).

## MODULE 1: BEHAVIORAL HEALTH GAP ANALYSIS

### Scenario

The Nebraska Department of Health and Human Services Division of Behavioral Health and all Nebraska Behavioral Health Regions activated their Behavioral Health Disaster Response and Recovery Plans in whole or in part over the last 18 month due to flooding and/or COVID-19 pandemic response. As part of the ongoing effort to maintain disaster response plans, stakeholders reviewed the content of the plans for gaps in areas such as resources, information, equipment, training, and MOUs. In this module, stakeholders will discuss where these gaps exist in the plans, and obtain input from response partners about additional parts of their plan needing revision.

### Key Issues

- Nebraska Behavioral Health Regions and Nebraska Department of Health and Human Services Division of Behavioral Health reviewed their respective Behavioral Health Disaster Response and Recovery Plans
- Plan elements were reviewed for gaps following the flooding response in 2019/2020 and the COVID-19 pandemic response in 2020
- Stakeholders will discuss where gaps exist within their regional plans or the state plan

### Questions

- 1. After review, which elements of your Behavioral Health Disaster Response and Recovery plan were found to have gaps in them?**  
(For reference, plan elements include: Purpose, Assumptions & Situation, Concept of Operations, Legal Authorities, NIMS & Behavioral Health, Plan Development & Maintenance, Coordination with Local LEOP & LEOP Annexes, Resource Management, Special Situations, Appendices, Additional Guidance & Reference Material)
- 2. Discuss what type of situation exposed gaps in your plan (i.e. flood waters made it difficult to provide face-to-face services, highlighting a gap in telehealth capabilities to reach population).**
- 3. What strategies were used to overcome those gaps in the moment, and may be solutions to be incorporated into your plan?**

## MODULE 2: UPDATE BEHAVIORAL HEALTH PLAN DRAFT

### Scenario

Once gaps have been identified in state and regional Behavioral Health Disaster Response and Recovery plans, stakeholders will discuss how to update their plans. Each Region and the State will begin the process of updating their plan based on the gap analysis conducted prior to today's workshop and using information from Module 1.

### Key Issues

- The State and Behavioral Health Regions will begin the process of updating their Behavioral Health Disaster Response and Recovery Plans
- Plan updates will be informed by the gap analysis conducted prior to today's workshop as well as information gained from Module 1

### Questions

1. **Which elements of your Behavioral Health Disaster Response and Recovery plan can be updated with the stakeholders in your group today?** (use this time to update those elements that can be updated with the stakeholders in your group)
2. **Which elements of your Behavioral Health Disaster Response and Recovery plan need additional input from stakeholders not in attendance today in order to be updated? What input is needed and from whom?**
3. **What is your plan/timeline to update the elements of your plan that you are not able to complete during today's workshop?**

## 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>July 21, 2020</b>	
9:00 – 9:15	Welcome and Opening Remarks
9:15 – 10:15	Module 1: Briefing, Caucus Discussion, and Brief-Back
10:15 -10:30	Break
10:30 – 11:30	Module 2: Briefing, Caucus Discussion, and Brief-Back
11:30 – 11:45	Hotwash
11:45 – 12:00	Closing Comments

**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
VOAD	Voluntary Organizations Active in Disaster