

# SITUATION MANUAL (SitMan)

“Who’ll Stop the Rain”

Behavioral Health Tabletop Exercise



July 15, 2010  
Omaha, Nebraska

## PREFACE

“Who'll Stop the Rain” is sponsored by the University of Nebraska-Lincoln Public Policy Center. This Situation Manual (SitMan) was produced with input, advice, and assistance from the “Who'll Stop the Rain” Exercise Design Team (EDT), which followed the guidance set forth in the Federal Emergency Management Agency (FEMA), Homeland Security Exercise and Evaluation Program (HSEEP).

The “Who'll Stop the Rain” Tabletop Exercise (TTX) Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. This SitMan was developed with the advice and assistance of the members of the “Who'll Stop the Rain” EDT. It is tangible evidence of the state of Nebraska's commitment to ensure public safety through collaborative partnerships that will prepare it to respond to any emergency.

The “Who'll Stop the Rain” is an unclassified exercise. The control of information is based more on public sensitivity regarding the nature of the exercise than on the actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials deemed necessary to their performance. The SitMan may be viewed by all exercise participants.

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4. For more information, please consult the following points of contact (POCs):

State POC:

Aaron Alward  
Exercise Training Officer  
NEMA  
1300 Military Road  
Lincoln, NE 68508  
Phone: 402-471-7175 (office)  
Email: [aaron.alward@nebraska.gov](mailto:aaron.alward@nebraska.gov)

Public Policy Center:

Stacey J. Hoffman, Ph.D  
University of Nebraska Public Policy Center  
215 Centennial Mall South, Suite 401  
Lincoln, NE 68588-0228  
Phone: 402-472-4673  
Fax: 402-472-5679  
Email: [shoffman@nebraska.edu](mailto:shoffman@nebraska.edu)

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# INTRODUCTION

## Background

### Purpose

The purpose of this exercise is to provide participants an opportunity to evaluate current response concepts and plans, as well as identify the state and local capabilities and gaps when responding to an event in the state.

### Scope

This tabletop exercise will involve members of the Nebraska Behavioral Health Emergency Response Team, local behavioral health providers, state behavioral health professionals, public health professionals, and hospital representatives. Participants will discuss resource activation, allocation and management for a major incident in the state.

### Target Capabilities

The National Planning Scenarios and the establishment of the National Preparedness Priorities have steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on planning under uncertainty, since the next danger or disaster can never be forecast with complete accuracy. Therefore, capabilities-based planning takes an all-hazards approach to planning and preparation which builds capabilities that can be applied to a wide variety of incidents. States and Urban Areas use capabilities-based planning to identify a baseline assessment of their homeland security efforts by comparing their current capabilities against the Target Capabilities List (TCL) and the critical tasks of the Universal Task List (UTL). This approach identifies gaps in current capabilities and focuses efforts on identifying and developing priority capabilities and tasks for the jurisdiction. These priority capabilities are articulated in the jurisdiction's homeland security strategy and Multi-Year Training and Exercise Plan.

The capabilities listed below have been selected by the exercise design team. These capabilities provide the foundation for development of the exercise objectives and scenario, as the purpose of this exercise is to measure and validate performance of these capabilities and their associated critical tasks.

- Medical Surge

### Exercise Objectives

Exercise design objectives are focused on improving understanding of a response concept, identifying opportunities or problems, and/or achieving a change in attitude. The exercise will focus on the following overarching design objectives selected by the exercise design team:

1. Explain the roles of the behavioral health resources in the region, and activation protocols for each.

2. Identify resources available through the state Division of Behavioral Health and the process for requesting them.
3. Assess the ability to collect and disseminate information
4. Assess the capability to assist other state entities as needed

## Participants

- *Players* respond to the situation presented based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.
  - Local behavioral health personnel
  - State behavioral health personnel
  - Public Health
  - Behavioral Health Emergency Response Team Members
  - Hospitals and healthcare entities
- *Facilitators* provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Planning committee members may also assist with facilitation as subject matter experts (SMEs) during the TTX.

## Exercise Structure

This will be a multimedia, facilitated TTX. Players will participate in the following three distinct modules:

- Module 1: Initial Response
- Module 2: Recovery
- Module 3: Long Term Recovery

Each module begins with a multimedia update that summarizes the key events occurring within that time period. Following the updates, participants review the situation and will discuss appropriate actions according to their plans.

## Exercise Guidelines

- This is an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond based on your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This 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 preparedness efforts. Problem-solving efforts should be the focus.

## **Assumptions and Artificialities**

In any exercise a number of assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:

- The scenario is plausible, and events occur as they are presented.
- There is no “hidden agenda”, nor any trick questions.
- All players receive information at the same time.

# Module 1: Incident Response

Ash Falls, a city in your region with 15,000 residents, is located in a valley along the Ash River about 40 miles from your Regional Behavioral Health Office.

In the early morning darkness on July 15, a flash flood swept through town. Areas of town are now being evacuated, including a nursing home, a group home that is in your Region's public behavioral health network, and a state correctional facility. The correctional facility is moving prisoners to other state facilities; staff is also being moved to other facilities.

One of the hardest hit areas is Ash Falls State Park, where many campers were still sleeping as waters quickly flooded the campgrounds. The local Boy Scout troop was camping in the State Park, and many are missing.

People being evacuated are scattered. The Red Cross has set up shelters, but few people have gone to the shelters.

There are several deaths and injuries. About 10 people have been transported by local emergency services to several area hospitals. The hospitals report they are overwhelmed with the number of people showing up in emergency rooms, and that their staff is stressed. Hospitals have sent requests to the local emergency manager for behavioral health resources and for medical volunteers to supplement their own.

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any additional requirements, critical issues, decisions, and/or questions that should be addressed at this time.

How will you be notified? Does your local emergency management agency know the procedures for activating you?

Upon notification of this incident, what actions do you take/notifications do you make?

What assets are available in your region?

What state resources may be needed?

Who will take the lead of the behavioral health response for this incident?

How would you begin to identify the psychosocial needs that will need to be addressed?

What plans/policies would be utilized in this incident?

What is your personal readiness level? (Go Kit if necessary)

## Module 2: Recovery

It has been one week since the event. Response operations have shifted to recovery.

Floodwaters have receded. Residents are returning to assess damage to their homes and businesses. NEMA is starting to assemble state/federal damage assessment teams.

There have been thirty fatalities confirmed, including seventeen children. Twelve people have been reported missing, including two local volunteer firefighters and five children. Funerals are starting to be held.

Responders are tired and stressed. They are still recovering bodies, including children.

Due to the size of the incident, a federal disaster declaration is being considered. Local public health is busy monitoring water quality and potential disease, so local emergency management has asked for medical volunteers from the MRC to provide tetanus shots and medical support to clean up volunteers, for 12 hours per day for the next 14 days. They have also activated the behavioral health Region “to assess and provide for community needs”.

### Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any additional requirements, critical issues, decisions, and/or questions that should be addressed at this time.

How will you gather the needs assessment data for the FEMA Crisis Counseling Grant, and what data is required?

Who is your workforce?

Who is your second in command in case you are unable to fulfill your assigned function?

How are you going to activate and coordinate your workers?

What tasks are you going to assign to your workers?

Where are you going to place your workers?

What do your workers need in order to do their job effectively?

How will you coordinate/integrate other responders – Red Cross, MRC, spontaneous volunteers?

## Module 3: Long Term Recovery

It has been 30 days since the flash flood. A FEMA Crisis Counseling Program (CCP) Grant has been submitted by the state, and the Region has been asked to staff it. The staffing plan includes: one program supervisor, one data entry person, two licensed clinicians, and twelve outreach workers. In order to have workers ready when the grant is approved, the Region should be ready to hire these workers within the next 10 days, and have training set up and have outreach materials ready.

The state correctional facility in Ash Falls is being rebuilt. During the construction, other facilities are housing the prisoners. Inmates are overcrowded at these other prisons, and staff is stressed.

### Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any additional requirements, critical issues, decisions, and/or questions that should be addressed at this time.

How has the behavioral health role changed from Day 7 to Day 30?

What is your staffing plan for the FEMA CCP?

Where will you find the workers? (They need to be available for 90 days and near the impacted area.)

Does your Region have the administrative structure to hire them quickly?

Where will the workers' "home base" be? What does this require logistically?

How will you support the outreach and clinical workers when they are in the field?

What is the state's plan for supporting correctional facilities and workers?

Is there a role for the MRCs or ESAR-VHP in the behavioral health response?

What are the longer term psycho-social issues that need to be anticipated by the Region/State, and planned for?

How will you complete the response – is there transfer necessary?