

SITUATION MANUAL
(SITMAN)

Orientation to the
Behavioral Health All-Hazards
Disaster Response and Recovery Plan



Behavioral Health Workshop
July 12, 2012

PREFACE

This workshop on the Behavioral Health All-Hazards Disaster Response and Recovery Plan is sponsored by the Nebraska Department of Health and Human Services, and conducted by the University of Nebraska-Lincoln Public Policy Center and the Nebraska Emergency Management Agency. This Situation Manual (SitMan) was produced with input and assistance from the 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 workshop Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. 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 workshop 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.

All exercise participants should use appropriate guidelines to ensure the proper control of information within their areas of expertise and to protect this material in accordance with current jurisdictional directives. Public release of exercise materials to third parties is at the discretion of University of Nebraska-Lincoln Public Policy Center and the EDT.

HANDLING INSTRUCTIONS

1. The title of this document is Orientation to the Behavioral Health All-Hazards Disaster Response and Recovery Plan Situation Manual.
2. The information gathered in this SitMan is *For Official Use Only (FOUO)*.
3. For more information, please consult the following points of contact (POCs):

Roger A Conrad
Exercise Training Officer – NEMA
1300 Military Road
Lincoln, NE 68508-1090
Phone: (402) 471-7175
Fax: (402) 471-7433
Email: Roger.Conrad@Nebraska.gov

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

INTRODUCTION

Purpose

This workshop was developed as an exercise in conjunction with the 2012 Nebraska Disaster Behavioral Health Conference. The Workshop was designed to provide behavioral health personnel with an orientation to the newly revised Behavioral Health All-Hazards Disaster Response and Recovery Plan, and an opportunity to inform the development of regional response templates for incidents under the new State plan. This workshop will use discussion based problem solving to aggregate the information to form a behavioral health response working template for the Regional Behavioral Health Authorities.

Scope

This workshop will involve representatives from the Nebraska DHHS Division of Behavioral Health, Regional Behavioral Health Authorities including their disaster coordinators, and related state and local partners. Participants will review the revised Behavioral Health All-Hazards Disaster Response and Recovery Plan, apply this revised plan to their concept of operations and aggregate their observations. Discussions will cover: current concept of operations in existing plans and any Memoranda of Understanding (MOUs), procedures for volunteer requests, services in mass fatality incidents such as grief counseling, services for individuals sheltered-in-place or in congregate care locations, and operating within ICS structure, including interoperable communications.

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.

There are 15 public health preparedness capabilities and eight aligned health care preparedness capabilities that augment national planning scenarios and preparedness priorities by specifically addressing the Healthcare Systems and their role in the disaster cycle.

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. This exercise will focus on the following overarching design objectives selected by the exercise design team:

Objective 1: Orient participants to the revised Nebraska Behavioral Health All-Hazards Disaster

Response and Recovery Plan.

Objective 2: Ensure and reinforce comprehension of the new Behavioral Health All-Hazards Disaster Response and Recovery Plan through group discussion.

Objective 3: Review current local and state capabilities. Identify gaps within current capabilities for correction.

Objective 4: Record and collect feedback from the workshop discussion based on state, regional and community needs in order to develop local emergency response plan templates.

Participants

- Attendees provide discussion and feedback information based on the information presented and utilize their expert knowledge of response procedures, current plans and procedures, and insights derived from training to assist in the development of the regional response template.
- Presenters provide all pertinent information to the attendees and facilitate discussions. They also provide additional information or resolve questions as required.
- Evaluators provide feedback to the Exercise Design Team about the effectiveness of the information provided and provide recommendations for future exercise designs.

Exercise Structure

This will be a multimedia, lecture and discussion facilitated workshop. Players will participate in discussions with small group report-outs. All feedback will be captured.

Exercise Guidelines

This is an open, low-stress, no-fault environment. Varying viewpoints are expected and accepted. Respond based on your knowledge of the Incident Command System (ICS), the Behavioral Health All-Hazards Disaster Response and Recovery Plan, and insights derived from training and/or deployment.

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. Problem-solving efforts should be the focus. Issue identification is not as valuable as suggestions and recommended actions that could improve response and preparedness efforts.

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:

- All participants are viewed as experts.
- Deployment plans will assume all team members are capable of responding and that mobilization conditions are ideal.

DISCUSSION / PLANNING SESSION #1

What are the disaster behavioral health planning and response capabilities in your area?

- 1) How does the concept of operations work in your area?
(i.e., How is the behavioral health workforce activated? Who do you coordinate with? What Memoranda of Understanding (MOUs) are in place or are needed for behavioral health response?)

- 2) How does your concept of operations and identify where, how, and when you need additional resources or expertise?

- 3) Does your concept of operations provide for persons housed in congregate care locations or sheltered-in-place?

- 4) What gaps need to be filled for your concept of operations for the different sizes of incidents?
 - a) What can you do in the next year to fill these gaps?

DISCUSSION / PLANNING SESSION #2

How does use of the Incident Command System (ICS) affect your concept of operations?

1) What do you need to ensure you have personnel prepared to fill these functions within your disaster behavioral health response team?
(Identify current strengths and needs.)

a) Command

I. Liaison with Incident Command

II. Public information liaison (Risk Communication)

III. Safety (Psychological safety & Responder stress management)

b) Planning (Behavioral health needs assessment & Incident Action Plan development)

c) Operations (Team leadership in the field)

d) Logistics (Identify behavioral health resources and support needs)

e) Finance/Administration (Record keeping/administrative duties)

