

STATE EMERGENCY RESPONSE TEAM
STANDARD OPERATING GUIDELINES

NEBRASKA

STATE BEHAVIORAL HEALTH EMERGENCY RESPONSE TEAM

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH**



NEBRASKA EMERGENCY MANAGEMENT AGENCY



October 2013

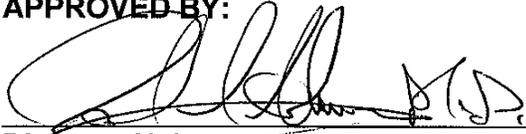
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NOTICE

This guidance manual does not constitute a rule making by Nebraska BHERT. The policies set forth are intended solely as guidance. They are not intended, nor can they be relied upon, to create any substantive or procedural right enforceable by any party in litigation within the United States. Nebraska BHERT officials may decide to follow the guidance policies, and procedures in this guideline, on the basis of an analysis of specific circumstances. The Nebraska BHERT also reserves the right to change this guideline at any time without public notice. Mention of trade names or commercial products does not constitute endorsement or recommendation for use.

**NEBRASKA BEHAVIORAL HEALTH
EMERGENCY RESPONSE TEAM
STANDARD OPERATING GUIDELINES**

APPROVED BY:



Director, Nebraska Division of Behavioral Health

10/17/2013
Date



**Assistant Director, Nebraska Emergency Management Agency
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31 July 13
Date

August 2013

THIS MANUAL PROVIDES AN OVERVIEW OF NEBRASKA BHERT FUNCTIONS

SPECIFIC PROCEDURES AND PROTOCOLS FOR USE WITH AND BY NEBRASKA BHERT MEMBERS ARE INCLUDED IN THE APPENDICES. ALL PROTOCOLS ARE SUBJECT TO ONGOING REVIEW BY NEBRASKA DHHS DIVISION OF BEHAVIORAL HEALTH AND NEBRASKA EMERGENCY MANAGEMENT AGENCY TO ENSURE COMPATIBILITY WITH AGENCY VALUES AND ICS PRINCIPLES.

These Standard Operating Guidelines comply with Title VI of the Civil Rights Acts of 1964 (P.L. 88-352) in that it was developed and actions described will be carried out without discrimination against anyone due to color, race, national origin, religion, sex, age, or handicap.

This manual was developed as 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.

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INTRODUCTION

A. Purpose

The primary purpose of the Nebraska Behavioral Health Emergency Response Team (BHERT) is to provide support and consultation to state personnel/teams or local response agencies relevant to behavioral health needs that arise following a disaster.

B. Authorization

The Nebraska Emergency Management Act (Neb. Rev. Stat. 81-829.36 to 81-829.75) provides statutory authorization for the formation and use of State Emergency Response Teams. The formation of a behavioral health emergency response team in Nebraska was approved by the Governor's Homeland Security Policy Group on August 7, 2008. The Nebraska Behavioral Health Emergency Response Team (BHERT) is a state resource. The team generally supports behavioral health functions referenced in the Nebraska State Emergency Operations Plan under Emergency Support Functions (ESF) 6, 8 and 11.

CONCEPT OF OPERATIONS

A. Scope of Services

Nebraska BHERT operations are consistent with the emergency management concept that disaster response is always a local responsibility first.

Nebraska BHERT is a mechanism for organizing and deploying State disaster behavioral health resources. Nebraska BHERT provides:

- Rapid deployment to local areas of behavioral health personnel who are experienced in disaster-related community needs assessment, coordination of resources, training, addressing behavioral health needs of staff or consumers, assisting in recovery activities, and related assigned tasks.
- A resource for state-run facilities or operations impacted by disaster (such as Regional Centers or Correctional facilities).
- A resource of the Governor in the event that behavioral health expertise is requested by another State's Governor through the Emergency Management Assistance Compact (EMAC). Team members must opt in before EMAC deployment.
- Training or consultation to local areas or state-run facilities during preparedness, response, or recovery periods. This will generally be handled on a case-by-case basis and can be authorized by the Director of the Division of Behavioral Health.

Every disaster is unique. The exact nature of the services rendered by Nebraska BHERT is dependent upon local area needs that arising as a result of disaster. The

following list is representative of activities that team members may be requested to engage in following a disaster:

- Conduct community psycho-social impact/needs assessments
- Provide support for state operations affected by disaster (such as Regional Centers or Correctional facilities)
- Other duties as assigned by the Nebraska Emergency Management Agency (NEMA)

Requests for deployment must go through the State Emergency Management System to properly activate the team. Requests for Nebraska BHERT not meeting the threshold for activation via the Emergency Management Act may be made by Regional Behavioral Health Authorities directly to the Division of Behavioral Health. Deployment of teams for work related to an event that does not meet the threshold of a disaster declaration will be considered on a case by case basis.

- The Division of Behavioral Health will work with Nebraska Department of Health and Human Services (NDHHS) officials and the Nebraska Emergency Management Agency (NEMA) in considering the request to activate Nebraska BHERT to respond to non-declared disasters, emergency situations, or for recovery consultation if appropriate to the situation.
 - Such request must be approved in writing by the Director of the Division of Behavioral Health.
- Individual members of BHERT may be called upon to provide training or consultation to local areas or state run facilities during recovery periods. This will generally be handled on a case by case basis through the Division of Behavioral Health or its designee.
- The Governor or Lieutenant Governor of Nebraska may activate Nebraska BHERT for intra-state or inter-state deployment.

B. Guiding principles

The following principles govern the provision of BHERT services:

- BHERT functions in accordance with the Nebraska State Emergency Operations Plan (SEOP) and the Nebraska All-Hazards Behavioral Health Response and Recovery Plan.
- BHERT maintains liaison communication with the state ESF-8 Coordinator and the State Behavioral Health All-Hazards Coordinator during deployment.
- BHERT members preserve privacy and confidentiality for all people served pursuant to State and Federal Laws, and the laws of the jurisdiction in which the response takes place.
- BHERT members function within local and state incident command structures when deployed.

ADMINISTRATION

A. Organizational Structure

The Nebraska Department of Health and Human Services, Division of Behavioral Health possesses the authority to form, organize, maintain, or disband the BHERT.

Deployment of Nebraska BHERT shifts its organizational structure and lines of authority to the incident command system. In this system, the BHERT team continues to report to the Division of Behavioral Health All-Hazards Coordinator who is operating as part of the Nebraska Department of Health and Human Services (NDHHS) Emergency Coordinating Center (ECC). Overall coordination of the health and medical response to disaster is the responsibility of the NDHHS ESF#8 Coordinator in the operations arm of the State Emergency Operations Center.

The Incident Command System is a standardized approach to managing and coordinating an overall response to an emergency or disaster. It assumes there is a command structure with functions to coordinate planning, logistics, operations, and finance/administration. Resource typing for the team will be consistent with the National Incident Management System – Disaster Medical Assistance Team (NIMS-DMAT) classification system (see Appendix 3). The Nebraska Behavioral Health Response Team is conceptualized as a branch of Operations but could also be part of other branches. Figure 1 illustrates the chain of command that most frequently governs the deployment of Nebraska BHERT.

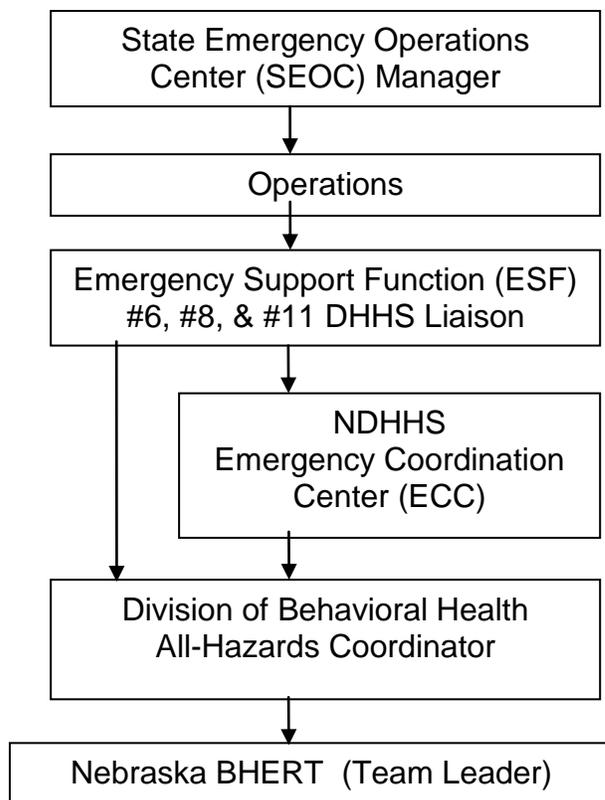


Figure 1.
Chain of command for a State-declared disaster/emergency.

B. Roles & Responsibilities

Nebraska Department of Health and Human Services (NDHHS) and Division of Behavioral Health

- NDHHS designates persons that function as the Coordinator for the Nebraska Emergency Management Agency Health and Medical ESF #8 section of the State Emergency Operations Plan.
- NDHHS Division of Behavioral Health designates a State Disaster Behavioral Health Coordinator and back-ups to serve as the point of contact for State behavioral health all-hazards resources.
- NDHHS serves as the lead agency for Nebraska All-Hazards Behavioral Health Disaster Response and Recovery.
- NDHHS will communicate opportunities for education and training exercises to individuals formally identified as part of the Behavioral Health Emergency Response Team Pool.

NDHHS State Disaster Behavioral Health Coordinator

Functions as the state administrative lead relative to disaster behavioral health operations, including Nebraska BHERT. Duties relating to BHERT include:

- Coordinate recruitment & retention activities for BHERT pool
- Maintain record of active pool members and their skills
- Coordinate training and exercises
- Liaison with NEMA, NDHHS ECC, and SEOP ESF-8 coordinators
- Provide consultation and assessment of potential deployment situations when requested
- Construct roster of team members (starting with the Team Leader) for deployment when requested by NEMA
- Work with team leaders during deployments
- Decide when to end deployment of BHERT in consultation with emergency management, team leader and local behavioral health response representatives
- Other duties as assigned by Director of the Division of Behavioral Health or State incident commander (during deployment period)

Team Leader

Team leaders are active BHERT members identified as team leader for each deployment according to the qualifications and experience needed to complete the mission as assigned. Responsibilities include:

- Maintain responsibility for all team activity and assignments during deployment
- Communicate with the NDHHS State Disaster Behavioral Health Coordinator during deployment
- Assist NDHHS State Disaster Behavioral Health Coordinator with team member selection and notification
- Communicate and coordinate with local behavioral health response representatives

- Serve as the primary incident command contact for BHERT during deployment
- Transition responsibilities to local officials as soon as possible
- Maintain documentation for team deployment

Team Member

Team members are identified and screened prior to being eligible for deployment. Deployed team members represent clinical and administrative specialty areas required to meet mission objectives. Responsibilities include:

- Carry out duties related to specialty area as assigned by team leader during deployment
- Document deployment activities
- Coordinate deployment activities with local behavioral health response representatives
- Participate in readiness activities including training, exercises and team meetings
- Participate in post-deployment activities including operational debriefings and after-action reporting
- Attend demobilization services for team members returning from deployment as requested by the NDHHS State Disaster Behavioral Health Coordinator or his/her designee
- Serve as a team leader if requested

The following positions are largely non-deployment roles that may be filled by team members:

Training Coordinator

An active pool member may be designated as the training coordinator and shall be responsible identifying training opportunities.

Equipment Coordinator

An active pool member may be designated as the equipment coordinator and shall be responsible for obtaining and maintaining equipment.

Personnel Coordinator

An active pool member may function as personnel coordinator and shall be responsible for maintaining updated personnel records.

Records Coordinator

One active pool member may be designated as responsible for maintaining records of team response, separate from any agency records.

PREPAREDNESS ACTIVITIES

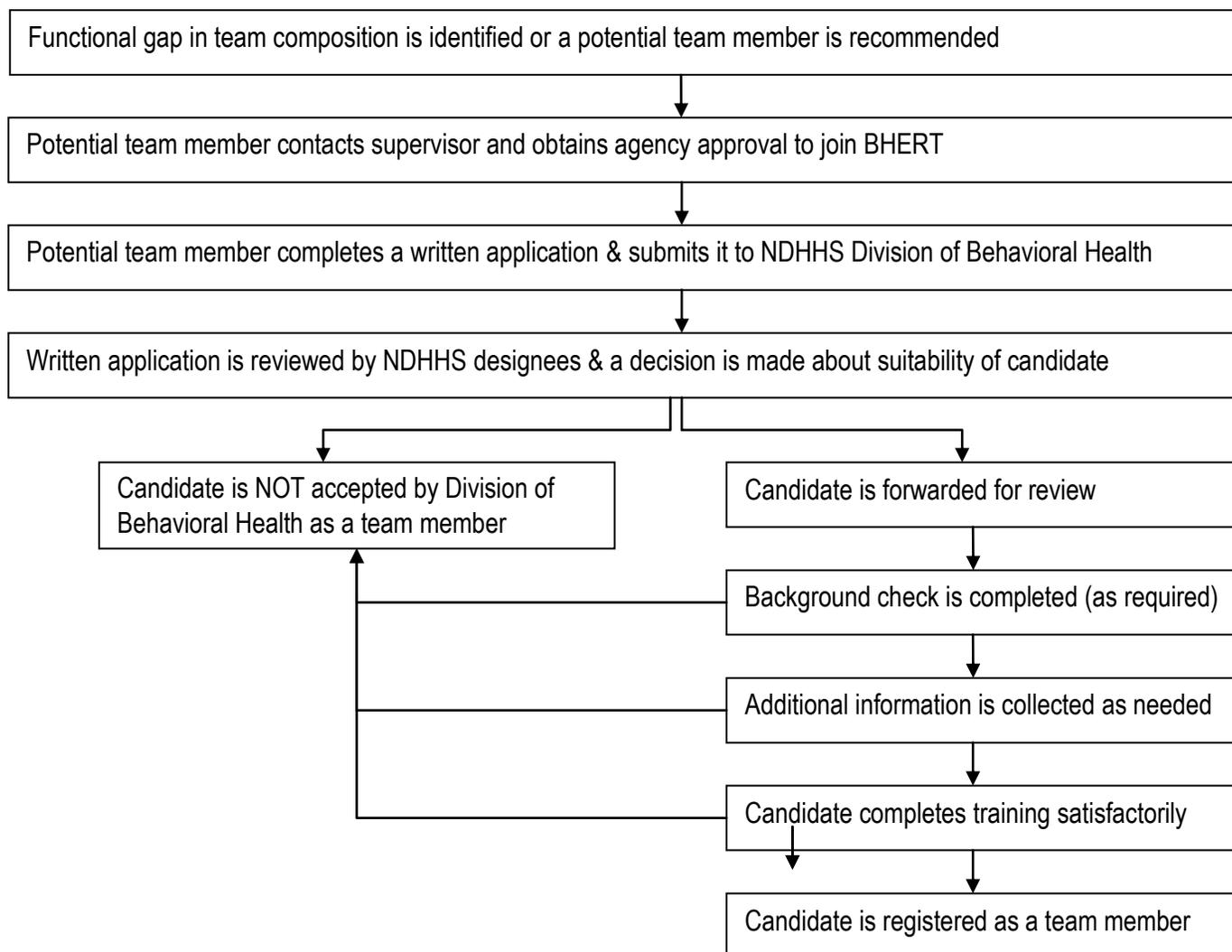
BHERT pool members are recruited, approved for deployment eligibility, and registered by the NDHHS Division of Behavioral Health.

A. Pool Member Recruitment

Recommendations for potential members are accepted from Regional Behavioral Health Authorities, the State Critical Incident Stress Management (CISM) program, the State Risk Communication Cadre, and current BHERT members. Pool members are primarily State employees working in behavioral health roles who meet minimum competency, education, and training requirements, and possess skills required to perform team functions. Non-State employees may be considered for membership if they have specific expertise or knowledge that would be a valuable disaster behavioral health asset to the State.

Recruitment is targeted to fill team functional gaps. BHERT recruits should notify their supervisors that they intend to apply for membership, the membership expectations and estimated time commitment, and expectations regarding potential deployment. Approval from the potential team member's agency is required to join BHERT. The steps in recruitment are detailed in Figure 2.

Figure 2.



After Division personnel have reviewed the written application a review will be conducted by individuals designated by the Nebraska Division of Behavioral Health. A candidate is forwarded for review at the discretion of the Division. Once forwarded, it is the responsibility of designated reviewer to:

- Review written applications
- Determine if a background check is required
- Contact applicants and/or their supervisors to discuss additional information, if needed
- Send recommendations regarding BHERT membership to the Division of Behavioral Health for review and final approval by the Director of the Division of Behavioral Health or his/her designee within the Division

B. Expected Competencies

Basic physical requirements ensure that all team members are able to navigate disaster sites, rapidly gather and communicate information as part of a community needs assessment, and contend with hardship conditions that often accompany deployment in response to a disaster. Members should be able to walk unaided, lift thirty (30) pounds, see and hear within a normal range (vision/hearing correction to normal range is acceptable), and have no medical restrictions on everyday activities.

Applicants must also be at least twenty-one (21) years old, willing to travel across the state, and possess a valid Nebraska Drivers' License. They should possess knowledge of Nebraska behavioral health systems and have experience related to disaster behavioral health. Background checks may be required for non-state employees.

To serve as a clinical expert during a response, a team member must have experience in the provision of disaster behavioral health services. They must also possess full Nebraska licensure (not provisional) in their clinical specialty. Further requirements related to the team member specialty roles are detailed in Appendix 1.

C. Required Training & Participation

All BHERT pool members must complete Nebraska Psychological First Aid training before they can be deployed.

Completion of NIMS ICS 100, 200, 700, and 800 are also required prior to deployment.

Participation in BHERT activities is required to be considered an active member. These activities include training endorsed by the Division of Behavioral Health for BHERT participation, meetings, exercises, or deployment on a BHERT team. It is the member's responsibility to notify the personnel coordinator of their participation in any relevant training/exercise and to forward any copies of certificates of participation/completion.

D. Registration

Team members with a professional license in Nebraska must register through the NDHHS sponsored registry of volunteer health professionals (ESAR-VHP).

E. Orientation & Operations Training

Orientation to BHERT practices, behavioral health needs assessment and response coordination will be made available to team members following inclusion in the BHERT pool.

The Division can endorse trainings as either optional or required training for members. Endorsement does not mean that financial resources are available to sponsor member participation. It is the responsibility of each member to make arrangements to participate in training and exercise opportunities.

F. Deployment Eligibility

Team members are eligible for deployment by virtue of their inclusion in the team pool. Decisions regarding which team members to deploy are guided by local needs and requirements. Active members who have participated in training, exercises, or previous deployments will be given preference for deployment over inactive members.

Deployment is voluntary. Members may turn down any deployment request and not be penalized for their decision. It is the member's responsibility to make arrangements with their employer for absences due to deployments.

G. Termination of Membership

BHERT membership is not a right; it is a privilege. Membership may be voluntarily terminated by the member. A member may be involuntarily removed from the team pool by the Division of Behavioral Health. Examples of cause for removal include performance or participation that is not satisfactory, pending criminal charges or action against a professional license, or the member's employment status changes causing them to no longer be in a position to serve as a State asset.

Team members may be dismissed during deployment at the discretion of the designated BHERT Team Leader in consultation with the Division of Behavioral Health Disaster Coordinator. The team leader is responsible for the overall functioning of the team during deployment and is empowered to make an on-site decision about dismissal when the team member appears to be unable to perform required services in the context of response operations, appears to be incapacitated, or appears to be experiencing stress reactions which inhibit the ability to perform required services. The Team Leader must consult with the NDHHS State Disaster Behavioral Health Coordinator to develop a plan for follow-up support and referral for dismissed team members. This plan should include the standard after-action review and operational debriefing that all team members are expected to participate in, any stress management sessions deemed appropriate, and possibly referral to the Rural Response Hotline or other counseling hotlines or professionals. Ongoing membership with BHERT will be reviewed by the Division of Behavioral Health or its designee(s) following dismissal from deployment.

EQUIPMENT

It is anticipated that minimal equipment is needed by BHERT members during deployment. Communications and personal protective equipment for team members will be obtained on-site through the Nebraska Emergency Management Agency and/or the Nebraska Department of Health and Human Services as required. Minimal equipment and supplies needed for rapid deployment will be furnished for team members as funding is available. Any needed items not provided will be the responsibility of the team member or the state agency they represent. (See Appendix 2 for a complete list of recommended supplies & equipment.) Any equipment purchased for the team member shall belong to BHERT and be returned if the team member discontinues service as part of the team. This does not apply to any perishable supplies that may be furnished for deployment.

Transportation to and from incident sites will generally be arranged using state or agency vehicles from one of the agencies team members represent. Private vehicles may be used in the event a state or agency vehicle is not available. Transportation to and from training and exercises is the responsibility of the individual member. Reimbursement for expenses needs to follow State of Nebraska policy for allowable travel costs.

Computer use and record keeping equipment will generally be considered an in-kind contribution of the agencies represented by the team members. Nebraska BHERT deployment may result in use of this equipment on a short term basis. Efforts to reimburse agencies for use of equipment will be made when it is appropriate and possible.

RESPONSE ACTIVITIES

A. Notification and Deployment

Under the State Emergency Operations Plan, there are 15 ESFs. NDHHS-Behavioral Health has specific roles in ESF-6 - Mass Care, Housing, and Human Services, ESF-8 - Public Health & Medical Service, and ESF-11 - Agriculture & Natural Resources. Thus, it is most likely that Nebraska BHERT may be deployed under these emergency support functions.

Requests for Nebraska BHERT originate at the local level and are made through emergency management. The Governor or his/her designee may also make a direct request for mobilization of Nebraska BHERT through the Nebraska Emergency Management Agency or NDHHS.

A designated representative of NDHHS serving as a liaison with NEMA (generally the ESF-8 Coordinator) will receive notification from NEMA that Nebraska BHERT is requested.

1. The NDHHS liaison will notify the State Disaster Behavioral Health Coordinator of requests for services. The NDHHS liaison will obtain the following information to relay to the Disaster Behavioral Health Coordinator with the request:
 - Staging area location
 - Local conditions (weather, safety, food, water, shelter, hazards, supplies needed for deployment)
 - Contact information for local incident command and on-site behavioral health personnel
 - Timeline, requested services/mission, and logistical support available to the team
2. The Disaster Behavioral Health Coordinator will determine, in consultation with the ESF-8 Coordinator and local command staff, the most appropriate utilization of Nebraska BHERT resources.
3. The Disaster Behavioral Health Coordinator will create a team roster beginning with designation of the team leader. The team leader will assist with identification and notification of team members.
4. Selection of team members will be guided by two principles:
 - a) Expertise needed for the mission, including ability to perform ICS-related within-team functions (see Appendix 3 – Response Materials)
 - b) Call down order based on the BHERT member's employer:
 - i. State code agency
 - ii. State university or state college
 - iii. Other government entity (county agency, city agency, etc.)
 - iv. Other entity
5. Team members contacted for deployment should:
 - a) Consider the time commitment required and whether they are able to deploy at this time.
 - b) Respond to the Disaster Behavioral Health Coordinator or team leader with a yes or no decision on whether they are able to deploy.
 - i. If yes, prepare home and personal items for travel. Report to the orientation location provided by the Disaster Behavioral Health Coordinator or team leader. Additional instructions will be provided.
 - ii. If no, members may be asked to support the BHERT team or other responders in ways that do not require travel, or contacted again if another BHERT team is needed to respond to the same incident at a later time.
6. The Disaster Behavioral Health Coordinator will submit the completed team roster to NEMA through the NDHHS ESF-8 Coordinator. It is the responsibility of BHERT members to notify their agency they are being deployed.

7. The team leader will inform team members of the specific information related to deployment (Item 1, above). Team members are responsible for ensuring preparation for deployment (see Appendix 2)

B. On-Scene Operations

1. The BHERT Team Leader for the incident will report to the Incident Commander at the command post and receive an update on the incident.
2. During the incident, the Incident Commander will have complete control over deployed personnel at the scene. It is recommended that the BHERT Team Leader assume a position in the operations branch of the command system. **In no instance will the Team Leader assume the position of Incident Commander.**
3. Team members will generally be required to work no more than twelve (12) hours per day and no more than fourteen (14) consecutive days. This policy may be altered on a case-by-case basis as determined by the team leader in consultation with the Disaster Behavioral Health Coordinator and NDHHS Chief Clinical Officer.
4. There are a number of potential activities BHERT may engage in as part of a response. The Team Leader is responsible for assigning duties to each team member according to their area of expertise and competency. Examples of these activities include the following:
 - Conduct assessments related to community behavioral health needs resulting from a disaster
 - Assist Regional Behavioral Health Authorities to coordinate a behavioral health all-hazards response
 - Support state agencies following a disaster
 - Provide behavioral health consultation for state-run hotlines
 - Organize or provide orientation training for behavioral health all-hazards responders or all-hazards response activities
 - Provide clinical or other supervision for behavioral health responders
 - Assist behavioral health and other responders with stress management
 - Assist local behavioral health response personnel with post-disaster response activities (e.g., evaluation, after-action reports, etc.)
 - Other activities to fill Incident Command System (ICS) roles within the team (communications, safety, liaison, operations, planning, logistics, administration, and recordkeeping).

C. Demobilization

Generally, the team is demobilized when the objectives of the deployment are met or state behavioral health resources are no longer needed. The Nebraska

Emergency Management Agency or Division of Behavioral Health Director may request that the Team Leader terminate response once a team has been activated, but the Team Leader, in consultation with the Incident Commander, is responsible for terminating a response once the team is on-site.

1. The Team Leader shall make sure proper notifications have been made prior to the team's departure, and coordinate with local agencies to transition team activities as needed.
2. An activity report will be completed by each BHERT member.
3. Prior to leaving the scene, an after-action review of BHERT activities should be conducted with the Incident Commander or designee when possible.
4. Stress management sessions appropriate to the experience will be available for BHERT members upon return from deployment. Participation in stress management services is voluntary.
5. Demobilized BHERT members will participate in an operational debriefing with the State Disaster Behavioral Health Coordinator following the conclusion of their work. BHERT members are expected to participate in incident after action meetings.
6. The team leader and State Disaster Behavioral Health Coordinator will prepare a written After-Action Report (see Appendix 4 for post-deployment forms).

D. Funding

Funding for BHERT training, equipment, and personnel is derived from State, Federal, and private funds made available for that purpose.

Membership on BHERT is considered voluntary, however when additional funding is available, team members' employers may be eligible to receive a reimbursement for their time. Reimbursement for personal costs of BHERT members may or may not be available. Generally, state employees will be asked to make arrangements with their employer to attend training and exercises as part of their regular employment.

Institutional reimbursement for deployment costs of a State-employed member of BHERT is associated with the type of disaster, level of deployment, and amount of funds made available after a qualifying disaster declaration.

When a team is activated for deployment under the Nebraska Emergency Management Act, non-state employees may be made temporary state employees so they are eligible for state liability and workman's compensation coverage (Neb. Rev. Stat. 81-829.36 to 81-829.75). This should be clearly articulated to non-state employee team members at the time of deployment and arranged by the NDHHS liaison handling initial deployment of the team. When deployed by mechanisms other than the Emergency Management Act, care should be exercised in forming the team composition. All team members should be made aware of the circumstances of their deployment and the level of

exposure they may have if they are volunteering outside of their regular employment for deployment activities.

E. Documentation during deployment

Team members are required to maintain documentation of their time and activities (see Appendix 3 for forms).

The team leader or designee is responsible for completing an after-action report within thirty (30) days after deployment. The State Disaster Behavioral Health Coordinator will review all after-action reports from deployed teams and will use this information to revise disaster behavioral health plans and protocols as needed.

Appendix 1

Recruitment materials

- Team membership criteria
 - Key characteristics and abilities
 - Expectations of BHERT members
 - List of team member specialty areas
 - Application form
 - Interviewer checklist
-

Team Membership Criteria

Potential team members will be required to submit application materials and receive approval from their agency prior to being approved for team membership.

Team members must:

- Be at least twenty-one (21) years old
- Be willing to travel across the state as needed
- Possess a valid Nebraska Driver's license
- Authorized to drive a State of Nebraska vehicle
- Demonstrate knowledge of Nebraska behavioral health systems
- Meet minimum physical requirements:
 - Walk unaided
 - Lift thirty (30) pounds
 - See and hear within a normal range (vision/hearing correction to normal range is acceptable)
- Be willing to complete all required trainings:
 - ICS-100, 200, 700, and 800
 - Nebraska model Psychological First Aid Training
 - Future required trainings as announced

Some team members may, at times, serve as clinical supervisors during a disaster response. Those serving as clinical supervisors must also:

- Possess full Nebraska licensure (not provisional) as a psychiatrist, psychologist, Licensed Independent Mental Health Practitioner (LIMHP), or Licensed Mental Health Practitioner (LMHP).
- A Medical Doctor (MD), Advanced Practice Registered Nurse (APRN), Registered Nurse (RN), or Licensed Alcohol and Drug Addition Counselor (LADC) may be considered based on applicable experience.

A background check may be required.

Key Characteristics & Abilities

Disaster behavioral health work is not a vocation suited to all people. Also, individuals who have qualities that make them thrive as responders immediately after a disaster may not possess qualities and skills required when providing services during the long term recovery stage. Once the community begins the long process of recovery, response personnel need different qualities and skills than were needed during the immediate response.

Overall, the key personal characteristics and abilities needed for disaster work are:¹

- Mature
- Knowledgeable about how systems work
- Tolerates ambiguity well
- Empathetic
- Shows positive regard for others
- Sociable
- Flexible
- Calm
- Genuine
- Good listener

Immediate Response Phase²

In the immediate response phase of disaster, an “**action orientation**” is important. Workers who do well with crisis intervention do well in this phase. Personnel who have worked in emergency services in a local mental health center or a hospital emergency room are frequently well-suited to this phase of disaster work.

Long-term Response Phase

Long-term behavioral health disaster programs, covering the period from about one month to one year post-disaster, are different in nature and pace from the immediate response. During this phase, immediate services are beginning to shut down and locating disaster survivors becomes more difficult and thus mental health workers need to be adept and creative with outreach in the community.

Additional qualities required by staff during this phase include:

- Patience
- Perseverance
- Tolerance for slow, non-immediate results of one’s work

¹Adapted from: National Institute of Mental Health (2002). *Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices*. NIH Publication No. 02-5138, Washington, D.C.: U.S. Government Printing Office.

²Adapted from: Myers, D. (1994). *Disaster response and recovery: A handbook for mental Health Professionals*. Rockville, Maryland: Center for Mental Health Services.

Expectations of BHERT Members

BHERT pool members are identified and screened prior to being eligible for deployment. Team members will be deployed to meet mission objectives, and will be briefed on the mission and objectives prior to deployment.

Team members are expected to:

- Participate in readiness activities including training, exercises, and team meetings
- Submit to a pre-deployment health screening when required prior to deployment
- Carry out duties related as assigned by team leader during deployment
- Document deployment activities on team-member activity report
- Participate in post-deployment activities including operational debriefings and after-action reporting

The mission of any team will vary according to the disaster event(s). The details will be up to the Nebraska Emergency Management Agency (NEMA) as well as the Division of Behavioral Health Director or designee(s) [such as the Chief Clinical Officer and/or Disaster Coordinator]. For example:

It is possible one may be deployed in the field for up to fourteen (14) consecutive days, and required to work twelve (12) hours per day.

BHERT Team Specialty Areas**Behavioral Health Risk Communication Specialist****Description**

Behavioral health and public information professionals with competency in risk communication

Qualifications

- Considerable knowledge of risk communication principles
- Experience functioning in a consultative role
- Excellent oral and written communication skills
- Extensive knowledge and experience creating disaster messages

Primary Roles/Responsibilities

- Prepare, review and comment on prepared messages with mental health content
- Consult at the request of public information officers, public officials, or hotline coordinators on message development or delivery before, during, or following a disaster
- Provide consultation to public officials as requested
- Work closely with the rest of the BHERT team to monitor information from behavioral health responders in the field, with a goal of quickly identifying trends and concerns that can be brought to the attention of public information officers
- Provide consultation to officials responsible for state-run hotlines related to disaster

Disaster Behavioral Health Trainer**Description**

This is a person who can either present or prepare local resources to present educational material related to disaster behavioral health. Typically educational content will be for hotline workers, behavioral health responders, or affected community members.

Qualifications

- In-depth knowledge of disaster behavioral health concepts
- Ability to train diverse audiences in psychosocial aspects of disasters/emergencies
- Excellent oral and written communication skills
- Competency in content of training areas

Primary Roles/Responsibilities

- Provide just-in-time training to disaster behavioral health responders
- Provide disaster behavioral health training for hotline workers
- Prepare local personnel to present relevant training
- Facilitate educational community forums related to stress management, coping or disaster reactions

Administrative Specialist**Description**

The administrative specialist may perform a variety of administrative functions. Team members in this function may be called upon to consult regarding management issues in behavioral health organizations, create or acquire documents, to assist with set up of operations, or track deployment of disaster behavioral health response activities.

Qualifications

- Knowledge of Nebraska behavioral health infrastructure
- Knowledge and expertise related to administrative processes required to coordinate disaster behavioral health response.
- Demonstrated knowledge of administrative processes related to Nebraska behavioral health systems or facilities licensed or operated by the state of Nebraska
- Excellent oral and written communication skills
- Knowledge and expertise in administrative forms and procedures
- Knowledge of federal emergency management agency crisis counseling program requirements
- Detail-oriented

Primary Roles/Responsibilities

- Work closely with other BHERT members to track activities, compile information and transmit information to state disaster coordinators
- Work closely with managers of behavioral health agencies to assess organizational needs related to the disaster

Clinical Expert**Description**

Clinical experts consult regarding specific services needed by special populations. They may also assist with the design of services or programs for specific populations.

Clinical experts may represent one or more of the following specialty areas:

- Substance Abuse
- Mental Health
- Spiritual Care

Specialty areas may include sub-specialty populations such as children, elderly, racial/ethnic groups, developmentally disabled, methadone consumers, etc.

Qualifications

- Current license/certification (not provisional), as recorded by the Nebraska Department of Health and Human Services
- Knowledge of Nebraska behavioral health infrastructure
- General knowledge of disaster behavioral health structures in Nebraska
- Experience and knowledge of clinical interventions and strategies required as part of a disaster behavioral health response
- Excellent oral and written communication skills

Primary Roles/Responsibilities

- Provide clinical consultation as needed after a disaster

**Joint Information / Application form for Nebraska’s Risk Communication Cadre
And Nebraska’s Behavioral Health Emergency Response Team**

Are you registering for:

- Behavioral Health Emergency Response Team
- Risk Communication Cadre
- Both

Please provide the following personal contact information:

First Name

Last Name

Home Address

Address 2

City

Zip Code

Email Address

Home phone

Cell phone

The following contact information for your employer is needed in the event you are mobilized as a state Asset in response to a disaster or large-scale emergency. Your employer will not be contacted unless you are asked to be part of a mobilized team.

Employer (Dept or Agency)

Division (if applicable)

Address of work site

Address 2

City

Zip Code

Your position or role

Name of Immediate Supervisor

Email of Immediate Supervisor

What is your employment setting?
(e.g., inpatient, corrections, etc.)

Please provide the name of someone you wish to be contacted if an emergency arises while you are being trained or deployed as part of the risk communication cadre or the behavioral health emergency response team.

Emergency contact phone number

Please tell us of your general area(s) of expertise (check all that apply)

- Risk communication (Please indicate if you are a PIO)

- Clinical skills (list general areas of competence, e.g., children, elderly, substance abuse, etc)

- Administrative skills (list general areas of competence, e.g., FEMA Crisis Counseling Program, facility management, etc.)

- Training (list general areas of competence as a trainer, e.g., Psychological First Aid (PFA), hotline, etc)

Please list any Professional Licenses or Certifications you currently hold in Nebraska

NIMS courses completed (check all that apply)

- 100
- 200
- 700
- 800
- Other

Have you completed the Nebraska Psychological First Aid Course?

- Yes
- No

Thank you! Nebraska Risk Communication Cadre and Nebraska Behavioral Health Emergency Response Team (BHERT) members with current Nebraska professional licensure should also register with the Department of Health and Human Services Medical and Health Volunteer Site:

<https://volunteers.ne.gov/ESAR-VHP/faces/jsp/login.jsp>

Application Checklist

Applicant has submitted the following materials:

- Completed application form
- Photocopy of official ID (driver's license or passport)
- Copy of Nebraska Psychological First Aid Training certificate
- Copies of certificates from required FEMA courses
- Copy of current licensure (if a licensed behavioral health professional)

Demonstrated knowledge of Nebraska behavioral health systems:

- Acceptable
- Unacceptable

Experience related to disaster behavioral health:

- Acceptable
- Unacceptable

Prior disaster behavioral health service provision experience (if a licensed behavioral health professional):

- Acceptable
- Unacceptable

Appendix 2

Preparedness materials

Personal Preparedness Expectations & Personal Pre-Departure Checklist

Recommended Packing List

Required and Recommended Training for BHERT Members

Personal Preparedness Expectations

BHERT personnel should be prepared to respond to a mission on **short notice** (such as within 12–24 hours of receiving an assignment). Once on duty, BHERT personnel could be on an assignment for time periods lasting **up to fourteen (14) days**.

BHERT personnel should have a deployment pack containing necessary personal clothing, equipment, and supplies readily available for immediate mobilization. This should include appropriate clothing for the environment, personal hygiene items, medications, and protective items such as sunscreen and insect repellent. It should be contained in 1 or 2 personal packs at most. It is advantageous to be able to split the personal gear so that a small carrying pack of personal necessities can remain with the member at all times, while the gear not needed during transport or at the areas of operation can be left at a central location.

It is recommended that for space reasons, Team members pack seven days of clothing and underclothes. Laundry service or field washing may be necessary to complete the remainder of the time deployed.

Although not required, up-to-date tetanus and hepatitis B vaccination is recommended due to common disaster hazards encountered during disaster response.

Be prepared with cash and credit cards for expenses. Maintain records needed for State of Nebraska expense reimbursement.

Personal Pre-Departure Checklist

Before departing for deployment, make sure to take care of personal business and family matters before reporting:

- Arrange caretakers for children/other dependents
- Stop the mail/newspaper
- Board pets
- Cancel meetings and appointments (work, school, church, etc.)
- Ensure access to home voice mail
- Forward office phone and/or email
- Notify family
- Provide emergency contact info to work and family
- Get current prescription medication(s)
- Copy current immunization record
- Gather current identification/credentials
- Inventory supplies prior to deployment
- Secure your home

Recommended Packing List

The following list suggests minimum requirements to provide the self-sufficiency necessary during mission operations. This list may be modified by Team management based on deployment location and weather conditions. Team members should adjust this minimum inventory for the specific requirements of the mission.

- Incident Response ID card with Lanyard (issued at deployment briefing)
- Drivers' License
- Large Back Pack
- Hat
- Sunglasses
- Laundry Bag
- Appropriate clothing (for seven (7) days)
- Cell Phone & Charger
- Clock (Manual Alarm)
- Watch
- Multi-tool / pocket knife
- Small Flashlight with Spare Batteries / Wind-up flashlight
- Small First Aid Kit
- Rain Gear
- Two (2) Weeks of Prescription Medications
- Toiletries/personal hygiene:
 - Tooth Brush, Tooth Paste, Travel Shampoo, Soap, Wash Cloth, Towel
 - Aspirin, Roloids, Tylenol, Etc.
 - Razor & Shaving Cream, Deodorant, Sunscreen, Baby Wipes, Detergent, two (2) Rolls of Toilet Paper, Q-Tips, Insect Repellant, Hand Sanitizer, Foot and Baby Powder
 - Several large plastic zipper bags to put these items in to keep dry
- Copy of immunization record
- Health alert bracelet/chain or laminated card with allergies, medications
- Spare Glasses/ Contact supplies
- Ear plugs
- Surgical Gloves/Heavy work gloves
- Incident management references
- BHERT Manual (electronic and/or hardcopy versions)

Team members may also be expected to bring twenty-four (24) hours' worth of food and water. This will be stated along with other expectations at the time a member is notified for deployment. Food should be of a type that can be easily carried in your pack and is resistant to spoilage.

Required and Recommended Training for BHERT Members

Required

- ICS-100, 200, 700, and 800
- Nebraska-model Psychological First Aid Training
- Team Operations & Deployment Orientation

Optional

- American Red Cross Psychological First Aid
- American Red Cross Disaster Mental Health 101
- Disaster Cognitive Behavioral Therapy – for licensed mental health professionals only

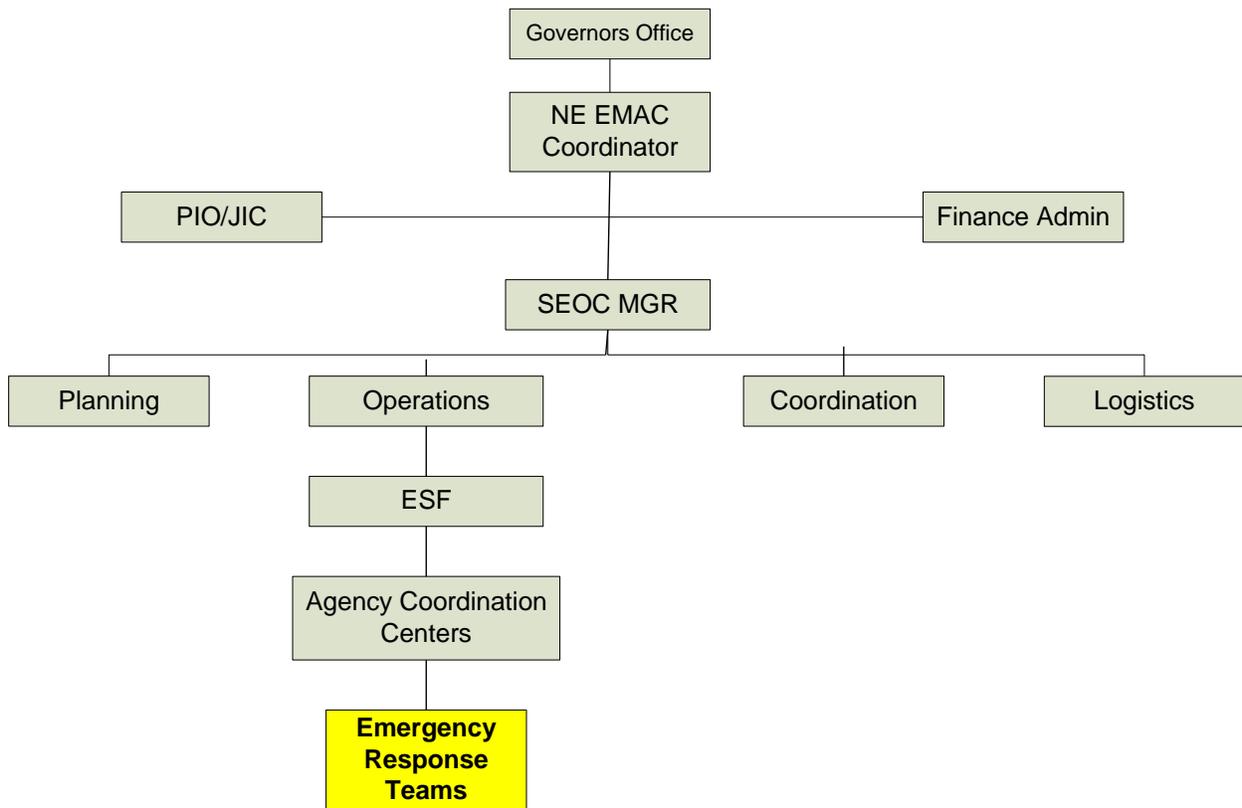
Appendix 3

Response materials

- Nebraska BHERT in response structure
 - Incident Command System (ICS) Within-Team Functions
 - Team-member activity report
 - Daily Unit Log – ICS Form 214
 - Sample Activities
 - Field Response Guidelines
 - Rapid Needs Assessment Tool
 - Risk Communication Guidelines
 - Special Circumstances:
 - Agricultural Emergency
 - Disaster Medical Assistance Team (DMAT)
 - Mental/Behavioral Health Specialty Resource Typing
-

Emergency Response Teams in the Nebraska Emergency Management Structure

Below is a simplified organizational chart representing placement of deployed emergency response teams in the Nebraska emergency management structure.



Incident Command System (ICS) Within-Team Functions

When assigning team member tasks, the State Disaster Behavioral Health Coordinator should ensure the following functions are performed:

- Liaison from team to Incident Command
 - Will usually be the responsibility of the Team Leader
- Operations
 - Direct team operations to complete the mission:
 - Issue team member assignments, set up shifts, monitor effectiveness of team activities, monitor logistical needs, etc.
 - Coordinate with all other team functions
 - Will usually be the responsibility of the Team Leader
- Planning
 - Responsible for monitoring team response operations and incident status in order to determine if team mission needs to be changed to meet arising needs, and working with Team Leader and the Planning Section on any needed changes
 - Will often be the responsibility of the Team Leader
- Finance/Administration
 - Responsible for communicating with the Finance/Administration Section to obtain the necessary tracking forms, ensuring these records are kept by team members, collecting these records, and submitting them to the Finance/Administration Section
- Logistics
 - Responsible for coordinating team member travel and lodging with the Logistics Section, and ensuring team members are informed of these and other details
 - May be asked by the Team Leader to help with activities such as: identifying a location for a team staging area; providing team members directions to work locations assigned by team leader; etc.
 - Assist in securing additional resources
- Safety
 - Responsible for monitoring the stress level and other reactions of team members, and possibly of other responders including implementation of a plan for stress management (for example: set up shifts; enforce breaks/mealtimes/sleep times)
 - Assigned to a team member who is a licensed behavioral health professional
 - Identifies and communicates any potential threats to personnel.

Depending on the make-up of the team, any or all of these functions may be performed by the Team Leader.

Sample Activities

Day 1	Day 2	Day 3	Day 4-10	Day 11	Day 12
<ul style="list-style-type: none"> ➤Travel to staging area ➤Processing/ logistics ➤Pick up supplies, rental car, maps, directions to operations site ➤TL make contact with: ESF 8 rep., IC, JIC/PIO, unified command, local/ regional BH reps ➤Orientation to: Operations ➤Orientation to: Communications ➤Incoming teams will check in, attend DBH am and pm briefings, track work hours 	<ul style="list-style-type: none"> ➤TL attends morning / evening EOC briefing ➤TL conducts DBH team briefing and outline day's objectives and activities ➤Conduct recon of disaster area for an overall assessment ➤Identify local operationally functional behavioral health services/needs (what/how many) ➤Formulate recommendations for ESF-8 rep ➤TL conduct end of day briefing/ what was completed and what is needed ➤Determine and request additional NBHER team members as needed 	<ul style="list-style-type: none"> ➤TL attends morning / evening EOC briefing ➤TL conducts DBH team briefing and outlines day's objectives/ activities ➤Coordinate with local BH ➤Deliver just-in time training as needed ➤Consult with JIC/PIOs as needed ➤Assist local BH in formal needs assessment/ ➤TL conduct end of day briefing 	<ul style="list-style-type: none"> ➤TL attends morning / evening EOC briefing ➤TL conduct DBH team briefing and outline days objectives/ activities ➤Coordinate with local BH ➤Carry out team specialty tasks ➤TL conduct end of day briefing 	<ul style="list-style-type: none"> ➤Outgoing NBHER Team meets with incoming NBHER Team to conduct a briefing OR ➤If no more services are needed then begin to close out event and prepare for team demobilization 	<ul style="list-style-type: none"> ➤Travel to staging area for out briefing ➤ESF-8 demobilization (complete any necessary paperwork for OPS, reports, turn in equipment) ➤Schedule date for a hot wash and team debriefing; complete after action report within thirty (30) days

TL = Team Leader

IC = Incident Commander

DBH = Division of Behavioral Health

Services in the Field

Teams may be assigned missions that involve working directly with the impacted public or with responders (fire, police, search and rescue, etc.). It is important to remember you are not “treating” the people you come into contact with in the field. You are providing a range of basic services designed to support normal functioning after a disaster or major event. The most common basic services you will be expected to deliver include the following:

Triage

Triage refers quick identification of individual needs related to emotional and psychological functioning. Survivors or responders in need of behavioral health support are identified through observation of behavior, requests for support, statements of intent to harm self or others, and the behavior of the survivor and reactions of others nearby.

Basic Support

Most survivors’ psychosocial needs are basic and driven by survival issues, such as a need for shelter, food, water, medical care, etc. Behavioral health responders should be aware resources to meet basic needs for the areas they are in. In some cases they may even provide that support (for example handing out water).

Psychological First Aid

Psychological First Aid is designed to assist survivors by reducing initial distress, listening supportively, and providing information about coping and sources of practical assistance.

Referral

Most people will need only reassurance and information to navigate recovery, some may need additional support from family and friends, and a few may require more specialized support accessed via referral to local resources. Refer people with pre-existing mental illness, substance abuse issues to their current provider if possible. Other appropriate resources for referral can be obtained by working with the Regional Behavioral Health Authority that serves the disaster area.

Assessment & Screening

Two types of assessments are used in disaster behavioral health: Community Assessment and Individual Screening. Individual Screening may be done without formal assessment tools during Psychological First Aid.

Community Assessment is a continuous process after a disaster focusing on identification of supports or services a community has after a disaster and what they need to supplement these services. A tool for Community Assessment is provided in this appendix, under **Rapid Assessment of Community Behavioral Health Needs**.

Adapted from: Colorado Crisis Education and Response Network (CoCERN): A Disaster Behavioral Partnership - Protocols and Guidelines (2009).

Rapid Assessment of Community Behavioral Health Needs - DRAFT

Date completed: _____

The data indicated below are needed for an effective assessment. This table is to be used by the team leader to maintain an overall picture of which information was obtained by team members. Numbers/ estimates and other similar information must be described and reported with great caution to avoid over interpretations and misunderstandings.

Affected Population

Statistics are not always available during a crisis. Therefore data collected on these aspects can be simple estimates that should later be confirmed through official sources.

Est. Number of people affected <i>by the event</i> in the following categories:		Information from:
-	Dead	
-	Hospitalized	
-	Non-hospitalized injured	
-	Missing persons	
-	Displaced persons	
-	Unemployed (due to event)	

Information for the above table may be available from Emergency Management.

Est. Number of people <i>in the affected population</i> in the following categories:		Information from:
-	Widowed persons (due to event)	
-	Orphans (due to event)	
-	Children/Youth	
-	Elderly	
-	Single mothers	
-	People with serious mental illness	
-	People with substance abuse/dependency problems	
-	Methadone clients	
-	Developmentally disabled	
-	Physically disabled	
-	Homeless (pre-event estimate)	
-	Immigrants (note refugee status if known)	
-	Members of the military with war experience	
-	Farm/Ranch families	
-	Emergency responders deployed (est. number of individuals)	
-	-	Emergency Management
-	-	Fire
-	-	EMS
-	-	Law Enforcement
-	-	Military
-	-	Utility workers
-	-	Health workers
-	-	Mental Health workers
-	-	Other (Please specify)

Please note which departments/towns responded:

Information for the above table may be available from Emergency Management.

How many persons are in each exposure group?		Information from:
Number of persons:		
	Injured survivors & bereaved immediate family members	
	Non-injured survivors with high exposure; and first responders	
	Bereaved extended family, friends, coworkers	
	People in community with pre-existing trauma; and other responders (Red Cross; dispatchers; clergy; media)	
	Affected community at large (population estimate)	

Critical Infrastructure

Number of:	Information from:
Homes destroyed	
Homes with major damage	
Homes with minor damage	
Schools damaged	

Information for the above table may be available from Emergency Management.

Which occupations did most people depend on before the disaster?	Information from:
Agriculture	
Fisheries / Forestry	
Manufacturing / Industry	
Trade / Commerce	
Transportation / Services	

Which occupations were most affected by the disaster?	Information from:
Agriculture	
Fisheries / Forestry	
Manufacturing / Industry	
Trade / Commerce	
Transportation / Services	

Number & type of animals killed		Information from:
	Cattle	
	Swine	
	Poultry	
	Other farm/ranch animal (specify)	
	Pets	

Information for the above table may be available from Emergency Management or the Dept. of Agriculture.

How were animals killed?		Information from:
	By disaster	
	By authorities	
	Other (specify)	

Information for the above table may be available from Emergency Management or the Dept. of Agriculture.

Number & type of animals missing		Information from:
	Cattle	
	Swine	
	Poultry	
	Other farm/ranch animal (specify)	
	Pets	

Information for the above table may be available from Emergency Management or the Dept. of Agriculture.

What critical community infrastructures have been most affected by the disaster? Please describe how.	
	Economic
	Agricultural
	Health
	Education
	Administration
	Communication
	Transportation
	Socio-cultural

Other than the disaster itself, what other factors have worsened the impact of the disaster? Please describe how.	
	Physical structures (housing, businesses, etc.)
	Government leadership and programs
	Economic health of community (livelihood, savings, unemployment)
	Knowledge of danger, warnings
	Natural disaster vs. accident vs. intentional act
	Other (Specify)

Current Situation

Is the emergency/disaster site a crime scene?	
	Yes
	No
	Unknown

Adequacy of sanitation at general disaster site:	
	Site is clean/sanitation good
	Site is not clean/ sanitation is an issue (Please describe):

_____ Number of shelters (ARC/FEMA/other)

Location of Shelter	Shelter sponsor (e.g., ARC)	Est. # people in shelter

Information for the above table may be available from Emergency Management.

_____ Number of assistance centers (ARC/FEMA/other)

Location of center	Center sponsor (e.g., ARC)	Est. # people served

Information for the above table may be available from Emergency Management.

_____ Number of feeding stations (ARC/Salvation Army/other)

Location of station	Station sponsor (e.g., ARC)	Est. # people served

Information for the above table may be available from Emergency Management.

Is a mobile morgue operating?

___ Yes ___ No

Current Resources

What are the existing psychological support structures (example: family, church, Community)?

Local behavioral health professionals still active in the community	Number (estimated)	Names / Agencies
Psychiatrists/APRNs/PAs		
Psychologists/LIMHPs/LMHPs		
SA Professionals		
Other		

What mental health training activities are available? By whom?

Which relief agencies are on site with mental health workers (e.g., American Red Cross)?

Conclusions and Recommendations for behavioral health response

Recommendations for immediate care	
	Of the most vulnerable (who are they; what do they need; who should provide it)
	Of the most serious mental health problems of the overall population
	Of the substance abuse population (e.g. detoxification; methadone)
	Of institutional populations (Corrections; Jails; Long-term care facilities)
	For immediate capacity building (type & location of BH needed)

CISM services needed by emergency workers	
	Information about accessing CISM in the future
	Unobtrusive CISM presence in respite center, gathering places, or on site (e.g., hospitals or event site)
	Defusing (CISM at site for immediate use or CISM on standby?)
	Individual or group stress management sessions (CISM at site for immediate use or CISM on standby?)
	CISM should follow-up with command staff for future needs

What is being done to ensure people's participation in the recovery process?

What else needs to be done to strengthen people's participation in the recovery process?

Describe major obstacles – constraints, risks, assets for implementation (i.e., spontaneous volunteers; barriers to resource integration; barriers to social/cultural traditions or rituals, such as or mourning):

Types of workers and anticipated length of deployment needed to meet immediate needs:

Risk Communication Guidelines

The BHERT membership database contains people with expertise in risk communication. Depending on the event, they may or may not be part of a deployed team. If, as a team leader or team member you find yourself in a position to be asked questions, and your team does not contain a risk communication specialist, the following are some guidelines to follow. To streamline the information process, the team leader should select a spokesperson for the team to coordinate with local Public Information Officers (PIOs) and to whom all questions about team operations will be referred.

- ALWAYS refer media to the local Public Information Officer (PIO) FIRST.
- When making a statement to the public or press, build trust and credibility by:
 - Starting with a statement of personal concern
 - Mentioning organizational commitment/intent
 - Describing what BHERT team is doing and what response activities are taking place

Key Messages should fit within the following format:

- A maximum of three talking points
- Information to support the key messages
- Conclusion
- A summarizing statement

Tips when communicating to the public and media:

- Do no harm. Your words have consequences – select them carefully.
- Use empathy and care — focus more on informing than impressing them.
- Use everyday language.
- Do not over-reassure.
- Say only those things you would be comfortable reading on the front page.
- Don't use "No Comment." It will look like you have something to hide.
- Don't get angry. When you argue with the media, you always lose...publicly.
- Acknowledge people's fears.
- Don't speculate, guess or assume. If you don't know something, say so.
- Advise survivors on media interaction.

Special Circumstances

Special Circumstances: Animal Disease Response Protocol – Response under ESF-11

Under ESF-11 – Agriculture & Natural Resources, the Division of Behavioral Health has responsibility to deploy behavioral health responders to monitor and address the behavioral health needs of responders, producers, and the community-at-large. A response to an animal disease outbreak differs from most responses in that the lead agency is not emergency management, but the Nebraska Department of Agriculture (NDA). Behavioral Health will work closely with NDA in determining services for NDA responders, producers, and the greater community.

BHERT team members trained in animal disease response will help supervise deployed behavioral health responders. Supervision should consist of at least one clinical services expert and one administrative specialist. At least one of these two BHERT members should have received emergency responder training in animal disease response (this is a training for non-NDA agencies that would be asked to help with the NDA response – maintaining quarantine checkpoints, diverting traffic, monitoring health and well-being of the human population if needed, etc.).

Summary:

- Nebraska Department of Agriculture is the lead agency
- BHERT supervises behavioral health responders
 - At least one clinical services specialist and one administrative specialist
- Behavioral health responders deployed in teams of two along with NDA depopulation and surveillance teams
 - Behavioral health role is to serve producers and their families and monitor NDA teams
 - Watch especially for signs of despair and suicidal thoughts
 - Suicide risk increases dramatically among farm owners with depopulated herds/flocks
- Utilize Rural Response Hotline run by Interchurch Ministries of Nebraska

**Disaster Medical Assistance Team (DMAT)³
Mental/Behavioral Health Specialty
Resource Typing**

Category: Health & Medical (ESF #8)

Kind: Team

Definition

A Mental/Behavioral Health Specialty DMAT is a volunteer group of medical and nonmedical individuals, usually from the same State or region of a State, who have formed a response team under the guidance of the National Disaster Medical System (NDMS), or State or local auspices, and whose personnel have specific training/skills in the management of psychiatric patients. A multidisciplinary staff of specially trained and licensed mental/behavioral health professionals provides emergency mental/behavioral health assessment and crisis intervention services.

A team includes a variable number of deploying personnel. Deployment rosters are usually constituted on an ad hoc basis, depending on situational need.

Type I

- **Team.** Can deploy to site within 24 hours of notification, with all necessary staff and equipment. Staff can function for 72 hours in austere locations without resupply.
- **Equipment.** Full complement of equipment.

Type II

- **Team.** Can deploy to site within 24 hours of notification, with all necessary staff. Function in existing fixed facility using facility's equipment and supplies.
- **Equipment.** Limited or none.
- **Note.** Current NDMS mental/behavioral health teams are Type II.

Type III

- **Team.** Personnel roster only. May be less than full complement.
- **Equipment.** None.

³ [www.fema.gov/doc/nims/508-5 health medical resources.doc](http://www.fema.gov/doc/nims/508-5_health_medical_resources.doc)

Appendix 4

Post-deployment materials

Post-deployment Protocol

Team Operational Debriefing Form

After-action report template

NEBRASKA BHERT POST DEPLOYMENT PROTOCOL

Briefing completed with incoming team or
operations are discontinued



BHERT returns to staging area to complete paperwork and return any equipment
belonging to the state and rental car drop information.



BHERT members complete appropriate documentation for pay/travel reimbursement



BHERT Team Leader to set up time for team hot wash and possibly a post-deployment
stress management session. These will be conducted within thirty (30) days from the
date of return from deployment. An experienced, licensed mental health counselor not
directly involved in the deployment will lead any stress management session.

Team Operational Debriefing Form

Prior to leaving the field, a post-action review of the incident should be conducted with the Team leader and all BHERT members, the Incident Commander if possible, and personnel from other response agencies.

Discuss:

List Mission Objectives from Daily Activity Log (Team Leader):	Was objective met?	
_____	Yes	No

What went well?

What didn't go well?

How might we do things better in the future?

After-action Report Template

TABLE OF CONTENTS

Executive Summary

Introduction

Situational Overview

Analysis

Next Steps.....

Contact Information

Attachment(s)

[INSERT PAGE BREAK]

Executive Summary

Overview

Strengths

Areas for Improvement

Introduction

Situational Overview

Description of disaster/emergency event – dates, locations, details of event, general description of population affected, etc.

Number NBERT members deployed

