



Disaster-related Child and Adolescent Mental Health (CAMH) Surveillance Situation Manual

Tabletop Exercise (TTX) Injects

June 2026

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

Tabletop Name	Discussion-based Tabletop Exercise (TTX): Disaster-related CAMH Surveillance
Exercise Dates	[insert date]
Scope	This TTX is designed for a run time of four hours. It is focused on CAMH surveillance before, during, and after a natural disaster.
Focus Area(s)	Preparedness, response, extended response, and recovery
Core Capabilities¹	Community preparedness; Emergency operations coordination; Information sharing; Public health surveillance and epidemiological investigation; Community recovery
Objectives	1. Gain experiential learning in using discussion-based exercises to explore disaster-related CAMH surveillance. 2. Assess how jurisdictions coordinate disaster-related CAMH surveillance with internal and external partners. 3. Identify gaps and issues in state, tribal, local, and territorial (STLT) agency disaster-related CAMH surveillance plans. 4. Discuss the ability to deliver coordinated, reliable, and actionable CAMH information to communities.
Threat or Hazard	[insert type of natural disaster]
Scenario Resources	[insert high-level scenario] Natural disaster TTX scenarios are available: • Ready.gov • FEMA Exercises and Preparedness Tools • FEMA Preparedness Toolkit • FEMA How to Request Exercise Support
Participants	State/local public health department [See “Disaster-related Child and Adolescent Mental Health (CAMH) Surveillance Framework”² for other possible participants in your local community]
Point of Contact	[Insert the name and contact details of the primary exercise point of contact (POC)]

¹ Centers for Disease Control and Prevention. [Public health emergency preparedness and response capabilities](#). (2019)

² Public Health Informatics Institute. [Disaster-related Child and Adolescent Mental Health \(CAMH\) Surveillance Framework: A Primer for Public Health Agencies](#). (2026)

Preface

The integration of CAMH surveillance into disaster preparedness and response is essential for safeguarding the well-being of children and adolescents. This Situation Manual (SITMAN) is part of a comprehensive initiative to build state, tribal, local, and territorial (STLT) agencies' capacity to identify key CAMH indicators, access relevant data, and use these data to inform the development and implementation of effective disaster response strategies. Public health agencies can take proactive steps to formalize surveillance practices, establish sustainable partnerships, and prioritize mental health in emergency planning.

Exercises are a critical component of disaster preparedness because they help improve the preparedness program's overall strength and the team members' ability to perform their roles and carry out their responsibilities. Several types of exercises can be conducted to evaluate a preparedness program, identify planning or procedural deficiencies, clarify roles and responsibilities, and improve coordination between internal and external teams, organizations, and entities.

Tabletop exercises (TTXs) are a common type of exercise used in disaster preparedness training. They are discussion-based sessions where team members meet in an informal classroom setting to discuss their roles during an emergency and their responses to a particular emergency situation. In a TTX, participants do not use equipment, deploy resources, or have time pressures. TTXs are designed to elicit constructive discussion as participants examine and resolve problems based on existing operational plans and identify where those plans need to be refined.

TTXs can be made more specific by including an "inject." In a disaster preparedness TTX, an inject is a piece of information or scenario update provided to participants during the exercise. Organizers design the inject to advance the storyline and challenge participants to respond to evolving events, essentially simulating real-time updates that would occur during a crisis. It can be a phone call, email, or other form of communication delivering new details about the unfolding scenario. Therefore, it is beneficial for TTXs related to CAMH before, during, and/or after a natural disaster to use a CAMH surveillance-specific inject to identify CAMH surveillance needs and opportunities, building capacity for specific emergency responses.

For more information about TTXs, refer to the following resources:

- [Ready.gov](https://www.ready.gov)
- [FEMA Exercises and Preparedness Tools](#)
- [FEMA Preparedness Toolkit](#)
- [FEMA How to Request Exercise Support](#)
- [FEMA Homeland Security Exercise and Evaluation Program \(HSEEP\)](#)

Introduction

Background

The mental health of children and adolescents is an increasingly critical public health issue, particularly in the context of natural disasters. Disruptions caused by hurricanes, earthquakes, wildfires, and other emergencies can lead to significant psychological distress, interrupt access to mental health services, and exacerbate existing conditions. Recognizing these challenges, PHII developed a [Framework](#)³ to support state, tribal, local, and territorial (STLT) public health agencies in leveraging and strategically using surveillance data to identify and monitor child and adolescent mental health (CAMH) needs before, during, and after disasters and inform public health decision-making, preparedness efforts, and response strategies.

Purpose

The purpose of these injects is to provide a learning environment for participants to exercise/discuss emergency response plans, policies, and procedures for conducting disaster-related CAMH surveillance in preparation for, response to, and recovery from a natural disaster.

Scope

Focus on your field assignment role in the response to CAMH surveillance in the context of a specified natural disaster and the coordination of internal and external partners at both the local and state levels.

Core capabilities

These injects can help state and local public health agencies and their partners test and refine core capabilities for disaster CAMH surveillance preparedness, response, and recovery. The following specific Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response (PHEP) capabilities⁴ are exercised here.

NOTE: Completion of a TTX using the injects outlined below can support your efforts to meet PHEP requirements.

Community preparedness – Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives. Other community preparedness activities include:

- Engage communities with CAMH information before, during, and after disasters.
- Identify and address planning gaps.
- Strengthen readiness through exercise-based learning.

³ Public Health Informatics Institute. [Disaster-related Child and Adolescent Mental Health \(CAMH\) Surveillance Framework: A Primer for Public Health Agencies](#). (2026)

⁴ Centers for Disease Control and Prevention. [Public health emergency preparedness and response capabilities](#). (2019)

Emergency operations coordination – Provide lifesaving medical treatment via Emergency Medical Services and related operations, and avoid additional disease and injury by providing targeted public health, medical, and behavioral health support, and products to all affected populations. Other emergency operations coordination activities include:

- Focus on inter- and intra-agency coordination mechanisms.
- Reinforce coordination practice in a controlled environment.

Information sharing – Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard and, as appropriate, the actions being taken, and the assistance being made available. Provide all decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the status of the response. Other information sharing activities include:

- Emphasize surveillance data and communication across partners.
- Support coordination and data exchange between agencies.
- Ensure accurate, accessible communication to the public.

Community recovery – Strengthen resilience by integrating mental health surveillance into recovery planning. Restore and improve health and social services networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community. Stabilize critical infrastructure functions, minimize health and safety threats, and efficiently restore and revitalize systems and services to support a viable, resilient community.

Public health surveillance and epidemiological investigation – Strengthen the capacity to rapidly conduct epidemiological investigations. This includes exposure and disease (both deliberate release and naturally occurring) detection, rapid implementation of active surveillance, maintenance of ongoing surveillance activities, epidemiological investigation, analysis, and communication with the public and providers about case definitions, disease risk and mitigation, and recommendations for the implementation of control measures. Public health surveillance and epidemiological activities related to CAMH include:

- Focus on capacity gaps in CAMH data collection/analysis.
- Monitor and analyze CAMH indicators.

More information is available from:

- [CDC Public Health Emergency Preparedness and Response Capabilities](#)
- [FEMA Mission Areas and Core Capabilities](#)
- [Core Capability Development Sheets](#)

Participants

- **Facilitator.** The facilitator provides situation updates and moderates discussions. They also provide additional subject matter information or resolve questions or conflicts as required.
 - **Lead Facilitator.** The Lead Facilitator conducts the exercise and interfaces with players.
 - **Subject Matter Experts (SMEs).** Subject matter experts may be available to provide technical and scientific information, as needed.

- **Players.** Players respond to the situation presented, based on their knowledge of response procedures, current plans and procedures, and insights derived from training.
- **Observers (Optional).** Observers may support the group in developing responses to the situation during the discussion.
- **Evaluator(s)/Notetaker.** The Evaluator or Notetaker documents the discussion of the players without interrupting the flow of the exercise (i.e., not a participant).

Inject objectives

The following exercise objectives were created so the exercise players can develop an effective response based on the scenario and identify opportunities for future improvements related to it.

1. Gain experiential learning in using discussion-based exercises to explore disaster-related CAMH surveillance.
2. Assess how jurisdictions coordinate disaster-related CAMH surveillance with internal and external partners.
3. Identify gaps and issues in STLT (state, tribal, local, and territorial) agency disaster-related CAMH surveillance plans.
4. Discuss the ability to deliver coordinated, reliable, and actionable CAMH information to communities.

Inject structure

This set of TTX injects is designed to be inserted into a natural disaster-focused TTX to assess CAMH surveillance-specific system readiness to conduct disaster-related CAMH surveillance, identify gaps in surveillance data, and allow participants to discuss CAMH data collection, interpretation, and dissemination in a simulated, risk-free response setting.

Injects are designed to be flexible and disaster agnostic, that is, able to be used in the context of any natural disaster-related TTX. Users of these injects have the flexibility to adapt these materials to be [Homeland Security Exercise and Evaluation Program](#) (HSEEP) consistent, or consistent with other exercise structures. Injects can be used individually or together, depending on the time allotted for the training and the emergency response phase of focus (i.e., preparedness, response, and/or recovery).

Each inject is designed to advance the overall TTX storyline and provides a CAMH surveillance-specific scenario that might be encountered during a natural disaster. After the presentation of the inject, participants review the situation and engage in a group discussion of appropriate issues based on their general understanding of their jurisdictions' disaster plans.

Because TTX activities are time-limited, there will be a set period of time for discussion of injects. Once the allotted discussion time has been used, participants will move on to the next TTX-related activity.

Once the TTX has concluded, the Facilitator will lead a hot wash (discussion of successes, challenges, and opportunities to improve response activities) with respective participants to address any ideas or issues that emerged during the exercise discussions.

The run-of-show for a 4-hour TTX with three CAMH surveillance-focused injects might be as follows:

20 minutes	Welcome, introductions, and pre-exercise survey
20 minutes	Child and adolescent mental health (CAMH) overview and discussion of terms
15 minutes	Scenario overview
40 minutes	Inject 1 – Preparedness to conduct CAMH surveillance
15 minutes	Break
40 minutes	Inject 2 – Conducting CAMH surveillance during disaster response
50 minutes	Inject 3 – CAMH surveillance during extended response and recovery
30 minutes	Hot wash and post-exercise survey
10 minutes	Closing remarks

Inject guidelines

- These injects are designed to be added to a natural disaster-related TTX and to engage participants in a no-fault, hazard-specific environment. Varying viewpoints are expected, and differences of opinion may occur.
- Participants are expected to respond based on their knowledge of current plans and capabilities, as well as insights derived from their training.
- Decisions are not precedent-setting and may not reflect your final position on a given issue. These injects are an opportunity to discuss and present multiple options and possible solutions to CAMH surveillance in the context of preparedness for, response to, and recovery from a natural disaster.
- Issue identification is not as valuable as suggestions and recommended actions that could improve CAMH surveillance response and preparedness efforts. Problem-solving efforts should be the focus.
- During inject discussions, if a player states they are going to ask for or provide mutual aid, they need to state specifically under which plan, and to which agency, they will do so.
- In any exercise, 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, and there are no trick questions.
 - All players receive information at the same time.

Exercise scenario

The TTX facilitator will provide an overview of the selected natural disaster TTX scenario. This scenario will be the context for the inject-specific discussions.

This area is intentionally left blank.

Inject 1: CAMH Surveillance Preparedness

Inject scenario

[The National Weather Service/other applicable agency] is predicting a high likelihood of a severe [TTX scenario disaster] affecting your area in the next 7-10 days. Preparations are being made for the evacuation of residents, and substantial damage to property and essential infrastructure is anticipated (e.g., school and business closures, medical services limited to emergent issues, extended power and cell service outages).

State-level data from recent national surveys indicate that overall mental health among children ages 5-17 in your area is declining. There is concern that a natural disaster could exacerbate these declines, particularly if students face displacement, critical disruption to school functions, and interruptions in mental health services.

Key issues

- A significant [TTX natural disaster focus] event is predicted for your area in the next 7-10 days.
- Baseline rates of mental health and emotional well-being among children and adolescents in your state are declining.
- Disruptions due to a natural disaster event may increase psychological distress among children and adolescents.

Questions

The following questions are provided as suggested general subjects that you may wish to address as the discussion progresses. Feel free to identify any additional requirements, critical issues, decisions, or questions that should be addressed.

Data

1. Does your public health agency have a plan for disaster-related CAMH surveillance (i.e., an emergency response plan that includes an approach for collecting CAMH data during a disaster)?
 - a. Does your STLT public health department have an emergency response plan that includes an approach and guidance for collecting CAMH surveillance data during a disaster?
 - i. If yes, where does it exist, who “owns” or manages the plan, and is it accessible?
 - ii. If not, what information would be useful to include in such a plan? Perhaps reflect on previous experiences with natural disasters—what did you need, what types of questions were asked, did you have the data you needed, do you have the needed data now?
 - iii. Would the collection of CAMH surveillance data during a disaster be a better fit as part of an attachment to an Emergency Support Function (ESF) #8 plan? If so, what partnerships and actions are needed by your agency to develop a CAMH attachment to

the ESF #8 plan? (Note: When responding to these questions, participants might want to refer to the [FEMA National Response Framework](#).)

2. What CAMH indicators/data elements are available to track the ongoing CAMH needs of the local population? (Note: Ask participants to refer to the [Disaster-related CAMH Surveillance Framework](#) appendix for a list of indicators and data sources.)
 - a. Does your agency have access to systems that count/estimate the number or percentage of the impact compared to the overall population from which descriptive statistics could be pulled?
3. Who are the major partners within your area that have access to this data? (Note: Ask participants to refer to the examples of potential partners in the [Disaster-related CAMH Surveillance Framework](#).)
 - a. What methods could be used to gather data?
 - b. How frequently are the data/data systems updated?
 - c. What data use/data sharing agreements need to be in place to quickly mobilize to collect CAMH surveillance data?
 - d. What additional partnerships should be established to enhance response efforts and serve as data sources for accessing data elements related to CAMH indicators?
 - e. What will each partner's role be? What additional support is available to reduce data fatigue?
4. Are there other CAMH indicators/data elements or sources that are needed to understand the potential impact of a natural disaster on CAMH?
 - a. What additional methods could be used to gather this data?
 - b. What role, if any, could social media play in assessing CAMH prior to a natural disaster?
 - c. Who will take ownership of hosting the data collected?
 - d. Are there sufficient data staff available to address surge needs?
5. Who/which agency or organization can conduct data analyses and assist with interpreting findings to inform public health action?
 - a. When do data need to be provided to the agency/organization to be analyzed?

Communication

6. How will you share the information with your communities/jurisdictions?
 - a. How can communication be established between partners before a natural disaster event?
 - b. How/what will you do to ensure specific at-risk and vulnerable populations are reached?

Inject 2: CAMH Surveillance During Response

Inject scenario

It has been 96 hours since [\[natural disaster\]](#) occurred. Schools and businesses are closed, hospitals are open for trauma patients only, families are displaced to emergency shelters or have evacuated to lesser/unaffected areas. Entire neighborhoods have significant structural damage; roads are impassable.

State and regional response efforts have ramped up and there is substantial media coverage of the event and damage caused by [\[natural disaster\]](#). There has been an outpouring of national support for the affected communities in the form of messages of hope and donations of goods and money.

Anecdotal reports suggest that children and adolescents may be experiencing trauma from the experience of losing their homes/possessions and the disruption to their daily routines. Local news media are reporting police presence at emergency shelters to respond to domestic issues among families and behavioral issues among displaced youth. Media interviews with shelter staff suggest sleep disturbances, emotional distress, and anxiety among displaced children. However, it is unclear whether behavioral and emotional changes among children and adolescents indicate increased disaster-related CAMH needs or reflect typical behavior.

Key issues

- Significant damage to familiar structures including homes, schools, and community centers.
- Families are displaced and there have been significant disruptions to routine activities for children and adolescents.
- Information on behavioral and emotional changes is needed to understand whether distress is normative or reflects increased disaster-related CAMH needs.

Questions

The following questions are provided to stimulate local discussions. Feel free to identify any additional requirements, critical issues, decisions, or questions that should be addressed at this time.

Data

1. Which CAMH indicators/data elements should be prioritized to track and determine the immediate impact of the natural disaster event? (*Note: Ask participants to refer to the [Disaster-related CAMH Surveillance Framework](#) appendix for a list of indicators and data sources.*)
2. Does your agency have the data you need to monitor possible changes in the mental health and well-being of displaced children and adolescents?
 - a. What additional methods could be used to gather data?

3. Who/which agency(ies) or organization(s) has the capacity to conduct data analyses and interpret findings?

Communication

4. How will channels of communication be maintained between partners in order to inform public health action, given infrastructure challenges resulting from the natural disaster event?
5. How can you ensure that the messaging is accessible and reaches all segments of the community, including those with infrastructure challenges and/or limited access to technology?
6. What role can social media and other digital platforms play, if any, in disseminating and sharing information during the response to a natural disaster?

For further discussion, consider the phases of reactions and behavioral health symptoms in disasters. Participants may reference Washington State Department of Health's Analysis of Forecasted Behavioral Health Impacts from COVID-19 found here:

<https://doh.wa.gov/sites/default/files/legacy/Documents/1600/coronavirus//821-103-BHForecastSummary-20200515.pdf>

Inject 3: CAMH Surveillance During Extended Response/Recovery

Inject scenario

Ninety days post-[[natural disaster](#)]. National and regional organizations that came in to assist with the immediate response have stood down. Local recovery efforts continue, but the pace of recovery has slowed.

Schools that were able to reopen have done so with limited after-school/extracurricular activities available. Schools that were unable to reopen have distributed students to the closest possible school, resulting in significant transportation and social changes for these students and school spaces that are more crowded than before the event.

Most students seem to be adjusting well. However, local media are reporting conduct problems and increased absenteeism in schools. A recent report also suggested that emergency departments have been overwhelmed with children and families seeking mental health care for new or worsening problems.

It is estimated that 15% of the local population has opted to relocate to other communities rather than rebuild. Community leaders and organizations are working to establish a “new normal” for residents.

Key issues

- Daily routines are being re-established.
- Children and adolescents are facing a “new normal.”
- Some children and adolescents are experiencing new or worsening mental health concerns.
- Response activities are being evaluated, and transition planning for recovery surveillance is underway.

Questions

The following questions are provided as suggested general subjects that you may wish to address as the discussion progresses. Feel free to identify any additional requirements, critical issues, decisions, or questions that should be addressed at this time.

Data

1. Did your agency have the data needed to monitor possible changes in the mental health and well-being of displaced children and adolescents to track and determine immediate impacts of the natural disaster event?
 - a. What data sources could be accessed to improve the monitoring and surveillance of CAMH during the next natural disaster event?

- i. *Prompt, as needed: Participants can refer to the [Disaster-related CAMH Surveillance Framework](#) appendix for a list of indicators and data sources.*
 - b. Who/which agency(ies) or organization(s) has or might have the capacity to conduct data analyses and interpret findings?
2. What data elements/indicators will you use to understand trends in CAMH during and after the natural disaster event?
 - i. *Prompt, as needed: Participants can refer to the [Disaster-related CAMH Surveillance Framework](#) appendix for a list of indicators and data sources.*
3. What long-term strategies can be implemented to increase capacity to build an ongoing, sustainable surveillance system to collect CAMH data during a natural disaster?
 - a. What additional methods could be used to gather data?
 - b. Who/which agency(ies) or organization(s) has the capacity to conduct ongoing data analyses and interpret findings?
4. What feedback mechanisms can be implemented continuously to improve CAMH monitoring and recovery efforts?

Communication

5. How can agencies, organizations, or staff improve collaboration to share data and information effectively during and after the disaster response?
6. What role can social media and other digital platforms play in disseminating information and providing support during the extended response/recovery period?
7. How will your team facilitate the sharing of data and information related to CAMH after a natural disaster?

Quality improvement and sustainability

8. How can lessons learned from this incident be documented and used to improve future disaster preparedness and response plans for CAMH?
9. How can your organization work with STLT agencies to obtain funding and resources for these initiatives?
10. How will you evaluate the effectiveness of the data in monitoring CAMH during this incident?

Best practices and information sharing

11. Considering the preparedness, initial response, and recovery phases discussed as part of these injects, are there any elements of your organization's operations that could be considered a best practice? If so, describe.
 - a. Are there strategic, operational, or tactical elements of your response that could benefit others? If so, describe.

Evaluation and hot wash

The purpose of the hot wash is to debrief the exercise and provide participants with the opportunity to discuss their general observations. The following discussion prompts can be used during the hot wash:

- Are there any other issues you would like to discuss that were not raised?
- What strengths did you observe in relation to meeting exercise objectives?
- What areas should be examined further or need additional work (areas for improvement)?
- Was the exercise beneficial?
- What did you gain from the exercise?
- How can we improve future exercises and tests?

Pre- and Post-exercise Evaluation (Likert scale: 1 = Strongly disagree, 5 = Strongly agree)

1. I understand my role in collecting surveillance data about CAMH before, during, and after a natural disaster.
2. I can describe the roles and responsibilities of key agencies involved in supporting CAMH surveillance before, during, and after a natural disaster.
3. I can describe the initial actions required to gather data needed to identify and monitor indicators of CAMH before, during, and after a natural disaster.
4. I can identify indicators that are available in my agency/organization for monitoring CAMH before, during, and after a natural disaster.
5. I am familiar with the data sources that are available in my agency/organization and can be used to monitor CAMH before, during, and after a natural disaster.
6. I am familiar with the resources that are available in my agency/organization to support CAMH surveillance before, during, and after a natural disaster and how to access them.
7. I understand how to facilitate the sharing of data and information related to CAMH before, during, and after a natural disaster.
8. I am confident in my ability to use data to improve the monitoring and surveillance of CAMH before, during, and after a natural disaster.
9. I am confident in my ability to collaborate with other professionals to ensure that data systems are effectively used to support CAMH before, during, and after a natural disaster.

Appendix A: Acronyms

Acronym	Term
CAMH	Child and adolescent mental health
CDC	Centers for Disease Control and Prevention
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
HSEEP	Homeland Security Exercise and Evaluation Program
PHII	Public Health Informatics Institute
SAMHSA	Substance Abuse and Mental Health Services Administration
SITMAN	Situation Manual
SME	Subject matter expert
STLT	State, tribal, local, and territorial
TTX	Tabletop exercise