



AFTER-ACTION REPORT

TABLETOP EXERCISE ON OPIOID CRISIS RESPONSE AND RESILIENCE

Penn State Center for Security Research and Education partnering with
Penn State Harrisburg/Penn State Homeland Security Programs, Pennsylvania Emergency Management
Agency (PEMA), Governor's Office of Homeland Security, and Pennsylvania Department of Health



PennState

Exercise held on September 24, 2019
PEMA Headquarters
1310 Elmerton Ave, Harrisburg, PA 17110



PennState
Harrisburg

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This is the After-Action Report for the *Tabletop Exercise (TTX) on Opioid Crisis Response and Resilience*. This report also includes the original Situation Manual, with some obvious clerical errors corrected.

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This TTX program could not have been possible without the participation and assistance of the TTX scenario development team and the TTX situation manual drafting team. Members of those teams include:

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This After-Action report is based on a template adapted from a Tabletop Exercise kit made available by the U.S. Department of Homeland Security – Office of Academic Engagement.

AGENDA

Tabletop Exercise (TTX) on Opioid Crisis Response and Resilience

Tuesday, September 24, 2019

Pennsylvania Emergency Management Agency (PEMA) Headquarters

1310 Elmerton Ave, Harrisburg, PA 17110

Activity	Presenter/Facilitator	Time
Registration		8:30 AM
Welcome and Opening Remarks		9:00 AM
Agency Briefings	Department of Health, Bureau of Public Health Preparedness Department of Drug and Alcohol Programs Community Life Team (EMS) Susquehanna Township EMS York Wellspan Hospital Department of Health, Bureau of Emergency Medical Services Pennsylvania State Police Department of Corrections Department of Health, Opioid Command Center Harrisburg Fire Department	9:15 AM
Tabletop Exercise Module I	Facilitator: Andrew Pickett, Director, Bureau of Public Health Preparedness, Pennsylvania Department of Health	10:45 AM
Lunch		11:45 AM
Tabletop Exercise Module II	Facilitator: Andrew Pickett, Director, Bureau of Public Health Preparedness, Pennsylvania Department of Health	12:30 PM
Break		1:30 PM
Tabletop Exercise Module III	Facilitator: Andrew Pickett, Director, Bureau of Public Health Preparedness, Pennsylvania Department of Health	1:45 PM

Commonwealth Coordination Center Tour		2:45 PM
Exercise Hot Wash and Preparation for After Action Report	<p>Includes Academic Response Panel</p> <p>Convener: Alexander Siedschlag, Ph.D., Chair of Penn State Homeland Security Programs & Interim Director, Penn State Harrisburg School of Public Affairs</p> <p>Panelists:</p> <p>Amy C. Gaudion, J.D., Associate Dean for Academic Affairs, Penn State Dickinson Law</p> <p>Weston Kensinger, Ph.D., Director, Douglas W. Pollock Center for Addiction Outreach and Research, Penn State Harrisburg</p> <p>Lewis Sweigart, M.P.A., Deputy Chief, Central District Commander, Penn State Harrisburg</p> <p>George Schwartz, Ed.D., Brigadier General (Retired), U.S. Army, Director of Protection & Resilience Programs at Immaculata University</p> <p>Herb Wolfe, Ph.D., Associate Director, Penn State Center for Security Research and Education</p>	3:30 PM
Closing Remarks/Adjourn		4:20 PM

End of program: 4:30 PM

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PARTICIPANT INFORMATION AND GUIDANCE

Nature of the Challenge

The challenge of response and resilience to the Pennsylvania opioid crisis includes but is not limited to the following:

- What is the operational definition or reference of the problem for policy-makers both in the short and long-term?
- Opioid Command Center with 17 Pennsylvania state agencies to coordinate crisis response that really requires the whole community for a comprehensive response and synthesizing different responder groups: health and human services, law enforcement, fire; etc.
- How are disparate groups working together and collaborating for both incident response as well as long-term recovery efforts?
- What infrastructure will be needed for sustained joint incident response success by non-traditional partners? (2017-18: 18% decrease in fatal overdoses in Pennsylvania)
- How to assess the effect of resilience-enhancing interventions in a setting where many different methods are applied at once and individual effects vs. collective effects (totality of interventions) are difficult to determine.
- How to deal with an incident that is not going away?
- How or when to terminate a crisis that has no foreseeable end?
- How to deal with an existing disaster declaration for a potentially never-ending crisis?
- What is the socially acceptable level of overdose fatalities and investment in response?

Event Objectives

This Tabletop Exercise (TTX) integrates the scenario-based format that is informed and guided by exercise objectives. The modules and discussion questions support achievement of the exercise objectives by initiating discussions, facilitating decision-making, and examining appropriate response outcomes based on the exercise scenario. The key objectives are:

- To identify the current processes, procedures, gaps and potential improvements in:
 - State and local whole-community responders' preparedness for, response to, and resilience against sudden increase in opioid overdoses within a geographic region.
 - State and local medium-term response to a sudden increase in opioid overdoses, including access to treatment (handoff) and management of fatal overdoses (mass fatality).
 - Addressing the psychological effects to responders and the medical/behavioral health treatment community (responder health and safety).
- To identify existing relevant Penn State research to address challenges.
- To further understand the need to enhance/build cultures of preparedness that can foster resilience in responder communities, in particular related to burnout, secondary traumatic stress, self-care techniques, and/or family involvement.
- To identify next steps to promulgate education and training around best practices.
- To identify and prioritize research gaps for Penn State consideration and/or action.

Participant Structure

TTX tables and observing audience will be “diverse,” that is for the purpose of the exercise, populated with a mix of participants from the following different categories:

- Penn State faculty experts and other invited experts from institutions of higher education
- Penn State student experts (e.g., Ph.D. students)
- Invited federal government participants
- State governmental participants/Unified Coordination Group entities
- Local government participants
- Private sector participants
- Experts seconded by sponsoring agencies and organizations

Exercise Approach

A preparatory session was held on August 15, 2019 at Penn State Harrisburg where the scenario writing team included selected students, mission-space and Penn State experts to develop the scenario narrative as well as a set of discussion questions to be used during the TTX. Scenario development followed Federal Emergency Management Agency (FEMA) Strategic Foresight Initiative guidelines.

The TTX will be opened by a session with agency/mission-space experts and question-and-answer opportunity to provide participants with additional knowledge for use in the exercise.

The TTX consists of three modules of facilitated discussions focused on the current national opioid crisis in the context of responder safety and resilience:

- The scenario will be presented progressively, in three subsequent modules.
- In each module, participants, at their group tables, will discuss provided questions and then each group will provide a common answer to each question, with discussion structured and summarized by the moderator; the scribe team will document the discourse and also take note of any additional relevant discussion points for use in the After-Action Report, to be completed by Penn State and delivered to the Opioid Command Center for review subsequent to the event.
- The discussion framework was developed by Penn State’s Center for Security Research and Education and its public and private partners, with input from the Opioid Command Center.

The TTX will end in a structured Hot Wash Session followed by a written After-Action Report (to be compiled by Penn State students under expert guidance).

The Hot Wash will include and Academic Response Panel discussing and summarizing immediate exercise outcomes along the following set of questions:

- How prepared are research and academic programs at Penn State and partner institutions to address challenges identified during the exercise? Where are the strengths, where are gaps and weaknesses?
- What are priorities for research and higher education to support Opioid Crisis Response and Resilience in Pennsylvania?
- How can exercise outcomes inform Penn State’s and partner institutions’ research agendas and degree program evolution?

Exercise Scope

The scenario will focus on a “whole-community” response to a sudden increase of opioid overdoses (with approx. 150 people affected) within the lower Susquehanna valley over a compressed timeframe (one weekend). Each module will focus on a particular phase of this hypothetical future event and particular resilience-related challenges for individual and communities in the opioid response, including:

Module 1: Immediate life sustainment efforts during the weekend (Days 1-2)

- Highly increased frequency of emergency calls
- Coordination and communication between agencies
- Delivery of immediate healthcare services/management of surge
- Impacts to the first responder community
- Media attention and stress on responders

Module 2: Mid-term response efforts within the community (Days 3-14)

- Access to treatment for impacted individuals
- Investigatory and law enforcement actions
- Fatality management surge
- Impacts to the first responder community
- Public and political attention, and effects on responders

Module 3: Longer-term response efforts within the community (Days 15+)

- Impacts to the first responder community
- Impacts to the community at large
- Looking down the horizon: new normal, crisis termination

Exercise Deliverables (Post Event)

Following this event, Penn State will develop an After-Action Report to evaluate exercise objectives and document strengths and areas for improvement in Pennsylvania’s Opioid Crisis Response and Resilience.

AGENCY BRIEFINGS

The opioid overdose epidemic has been characterized as the worst public health crisis in Pennsylvania, and the nation. Not only practitioners but also institutions of higher education with high research capacity, such as Penn State, are applying existing and developing new instruments to address opioid the crisis. Identifying best practices of preventing, protecting from, mitigating against, responding to, and recovering from opioid overdose outbreak is necessary for public health and safety and important for the overall homeland security enterprise, in consistency with the objectives of the Quadrennial Homeland Security Reviews (QHSR), the National Preparedness Goal (NPG), and the annual National Preparedness Reports.

The Role of Agencies and Communities

Pennsylvania local, county, and state-level agencies presented on their current practices of handling the opioid overdose epidemic. Local agencies identified their capacity of dispatching response personnel and the delivery of medications. The Harrisburg Fire Department highlighted that most firefighters also are Emergency Medical Technicians (EMTs).

State and local law enforcement agencies, medical professionals, and community participants agreed that the challenge is the handling of multiple-time overdoses. That challenge is both procedural and technical. Opioid overdose victims represent a clientele that no agency prefers to deal with. Hospitals lack personnel trained for drug addiction. Being the only criminalized disease, opioid overdose calls for more people to address its incidents. From the technical perspective, there are no emergency responder detox units for substance abuse.

At the state level, several task forces exist to fight the opioid problem. The Pennsylvania State Police command team coordinates with local law enforcement agencies. State and local agencies have regular calls and meetings for information sharing. Information sharing is based on county-level data with no personally identifiable information (PII). Thus, state agencies are unable pinpoint each case.

The Profile of Opioid Overdose Victims

Agencies as well as responder communities noted that there is no typical profile of opioid overdose victims/patients. Experts from a wide array of professions and organizational affiliations shared anecdotes of repeated opioid overdose victims from all backgrounds. Hence, the impact of the opioid crisis is not on particular social classes or groups but on the general public. The opioid crisis behoove a whole-community approach to identifying vulnerable populations, preventing overdoses, protecting victims, and mitigating current outbreaks.

The Need for Joint Action

Local and state law enforcement, and other agencies shared their experience of responding the opioid overdose epidemic. While each responder group has demonstrated considerable efforts, capacities, and some cross-agency collaboration, there still is room for closer coordination. Meanwhile, information shared from medical professionals has provided additional insight and shed new light on the opioid problem. From the healthcare perspective, the first step to handle opioid overdose is to identify whether the overdose is intentional or accidental, because that distinction will lead to different handling procedures. The contact hazard has been found to be low so that based on current knowledge, there seems to be no strong need for an increased HAZMAT (hazardous materials) dimension in the opioid crisis response. However, there is a strong need for diverse stakeholders to share information, enhance learning, and jointly work towards a higher counter-opioid capacity.

MODULE 1 (Days 1-2 = Day of Impact and Day After)

Scenario

Background of the Hypothetical Situation

The Lower Susquehanna Valley is experiencing a crisis developed from the belief a new opioid being exposed to the region known as carfentanyl. Carfentanyl is an opioid roughly 100 times stronger than fentanyl and roughly 1,000 times stronger than heroin. The determination of this exact drug proclaimed as the drug causing the outbreak is unknown, as it has not been analyzed in the laboratory. While first responders are not sure of the drug, a public outbreak has occurred, and administrators must identify how to control the outbreak.

Friday, March 20, 2020

It is 11:00 p.m. EST on Friday, March 20, 2020. A recent snowstorm passed over the Lower Susquehanna valley, resulting in an inch of accumulation and icy road conditions. Over the next 24 hours, an unknown crisis begins to develop within the Lower Susquehanna Valley area. In the first eight hours, over 100 calls for over dosages and five fatalities were reported in the area.

Saturday, March 21, 2020

By 1:00 a.m., two fatalities are reported at York Hospital, and two healthcare workers are contained and being treated for symptoms after having been in contact with the fatalities; the emergency department has implemented a divert status.

As first responders continue to respond to the overdose, they find the crisis to be too dangerous. Between 3:00 a.m. and 3:30 a.m., 15-20 more calls are reported as an overdose. In addition, two first responders were killed by victims after reviving them. One of the first responders is an Emergency Medical Technician (EMT) from Shrewsbury, and the other first responder is an officer of Harrisburg Police department. First responders begin to not enter scenes and request HAZMAT (hazardous materials) teams to respond.

By 5:45 a.m., 20 more bodies are found across the region. This is a total of 57 deaths. First responders have not been able to determine the drug that is causing this havoc. It is becoming a growing community concern that the unknown drug is viral and can be contracted through skin to skin contact.

By 6 a.m., a Penn Live story of the EMT and LEO (law-enforcement officers) fatalities has led to the news media exploding with stories about the overdose fatalities. The issue is now public, and concern grows amongst first responders and civilians in the region.

The South-Central Task Force is asked to provide resources to respond to the evolving crisis. Between 8:00 a.m. and 12:00 p.m., there are 45 fatal ODs (overdosed individuals) located throughout lower Susquehanna Valley and fatal 20 ODs in the York metropolitan area; 10 in Lancaster county; 10 in Carlisle; and 5 in the Harrisburg capital region. During this time, police throughout the area get a lot of phone calls requesting wellness checks of loved ones. York County activates an Emergency Operations Center in a monitoring capacity and makes a declaration of emergency.

From 12:00 p.m. to 3:00 p.m., 10 fatal ODs are reported. From 3:00 p.m. to 11:00 p.m., there are 20 more fatal OD's. By the evening, the crisis has gained national media attention.

Sunday, March 22, 2020

Dauphin, Cumberland, and Lancaster counties activate EOCs (Emergency Operation Centers) as 20 more fatalities were discovered and 150 non-fatal OD calls are made. Additionally, more hospitals are putting their emergency departments on divert status as they are unable to handle this massive workload.

The issue continues to escalate as the deaths have rippling effects. Across the lower Susquehanna Valley, 15 children have lost both their parents to the crisis and are under supervised custody. By the evening, several local humane societies and veterinarians have contacted authorities regarding deceased pets. The crisis continues to escalate as both humans and animals are being affected.

Discussion Questions

Operational Coordination

1. What is your institution's protocol for coordinating the **operational commands** during an opioid crisis?
2. How does your institution improve coordination with community healthcare providers in a way that promotes **long-term recovery** from opioid addiction for **community resilience**?

Situational Awareness

1. What processes and mechanisms do you use to establish and maintain a sound **situational awareness** during an opioid crisis?

Non-traditional Partners

1. How does your institution identify **non-traditional partners** to combat the opioid crisis?
2. How do you maintain a coordinated, community-wide effort between non-traditional partners to address the **immediate crisis** as well as the **root causes**?

Academic Partners

1. To what extent/how have the above questions been addressed in prior research? What is applicable state of the art?
2. Where are research gaps that may inform Penn State's applied security research agenda?

Key Results from Discussion

The discussion in particular included the following considerations and identified action items and challenges:

Operational Coordination

- The crisis has been discussed for years. There is no one simple protocol that is in place. So far, multiple protocols co-exist for different aspects for of the opioid crisis.

- The opioid crisis should be considered in larger scope and utilize services that are available to help with the coordination of care and management.
- Multiple response agencies will begin attending all 911 calls as the scenario situation unfolds.
- All agencies bring supplies, but no one acts decisively integrating everyone.
- PEMA organizes agencies' response but still needs operational decisiveness.
- From the point of view of volunteer-based fire departments, it was highlighted that towns might experience a response and coordination lag in the first day or two because the uptick in overdoses may not be especially distinguishable.
- The Health Department will begin organizing emergency logistical response.
- The response team will have to address the increased demand in personnel. Counties, private sector and volunteer partners as well as institutions of higher education may activate their crisis management/emergency response centers.
- The National Guard may be deployed.
- The Pennsylvania State Coroners Association could provide additional personnel to the scene.
- The Southcentral Task Force has trailers that can carry up to 15 people.
- Medical departments need to produce protocols that correspond to protocols in place in corrections.
- Hospitals will also distribute personal protective equipment (PPE).
- Naloxone is available through the county governments. However, there is limited information known about whether there are agreements between counties in order to get medical supplies.
- More personnel are needed to address the diversion of patients.
- Institutions of higher education can open up some of their facilities and provide on-campus healthcare.

Situational Awareness

- Everyone has their own perspective, but there is no cohesive worldview perspective. This can be of particular relevance in the case of the opioid crisis.
- A command center can be activated to help create awareness among agencies. The structure of the situation is the same as in the case of emergencies that are more traditional but the stress volume is higher. Though people are prepared for the situation, it would put a strain on the system.
- It will be important to create situational awareness of the character of these particular emergencies in the different involved groups of responders so they can inform their personnel what to expect.
- Rural parts of the state may be concerned about preparedness: for example, no methadone clinics exist in the northern quadrant of the central part of the state.
- Community-level first responders would have to deal with the fear present in the affected communities.
- Family members of first-responders may be among the victims of the incident.
- The Pennsylvania Department of Transportation (PennDOT) will be using cameras, social media, and other sources to visualize the traffic issues. Traffic reports can be issued every two hours, county radio rooms produce reports for the Incident Command Center (ICC).
- Institutions of higher education can help passing the information to facilitate crisis communication.

Non-traditional Partners

- The Medical Corps has the personnel but lacks the authority to take charge of the situation.
- Stakeholders can reach out to private partners but do not know exactly whom to contract for the situation.
- Privately owned hospitals are potential partners to stop patient diversion.
- There is a lack of standard mental illness treatment as part of the response.
- Dickinson Law Children’s advocacy clinic can deal with the legal issues that may potentially emerge as the crisis escalated.
- Institutions of higher education work well with community partners and are able to facilitate their engagement in response efforts.
- There are citizens who carry naloxone, an opioid antagonist. It is possible to train citizens to be a part of the crisis response team.

Academic Partners

- Many nationally ranked universities can contribute to fostering the research agenda on the opioid crisis.
- Institutions of higher education can help meet the need of engaging public health professionals. However, discussion participants are unaware of existing research on this matter. Hence, institutions of higher education should effectuate/focus their dissemination strategies for relevant research projects, findings, and recommendations.
- The field lacks verified data about Narcan® nasal spray (a naloxone brand that is indicated for emergency treatment because it is known to block the effects of opioids) deployment/usage among the Emergency Medical Services and law enforcement communities.
- Other research topics of particular interest to practitioners include: whether the responders have been trained, practiced, and equipped with the capabilities, and how state agencies are prepared for an opioid crisis.

MODULE 2 (Days 3-4)

Scenario

Monday, March 23

By Monday morning, DEA (Drug Enforcement Administration) field agents have arrived. Governor Wolf makes a public statement on Pennsylvania's response to the crisis. With 150 deceased, there is a pending request from the state to the federal government for a DMORT (Disaster Mortuary Operational Response Team). Overdose patients in emergency rooms are being discharged, as hospitals are struggling to coordinate warm handoffs to treatment centers. Three York county schools are closed, and counseling is being offered after several school students were identified among the fatal casualties. Volunteers are beginning to be operationally integrated as a part of the state's response to the crisis.

Wednesday, March 25

By Wednesday, the substance has been confirmed as carfentanyl, and police departments begin coordinating how to track down its distribution. President Trump visits Harrisburg and York, which further strains police force and EMT capacities. Several non-traditional partners are offering help, including local churches and Penn State student communities. CISDs (Critical Incident Stress Debriefings) are conducted for first responders throughout the area. Multiple CYS (Children and Youth Services) agencies continue efforts around reunification, counseling services, alternative placement, educational considerations, and visitations.

Discussion Questions

Declarations and Authorities

1. What would response look like under the parameters of the existing disaster declaration?
2. How could resources be pooled among responders of all jurisdictions?

Operational Coordination

1. Identify opportunities where non-traditional partners – both those mentioned as well as others – could mitigate potential gaps in incident management.
2. How can NIMS (National Incident Management System) principles be applied in a situation like this?

Public Information Management

1. What are some strategies for monitoring and controlling the proliferation of rumors, misinformation and media influence?
2. How might the toll of physical and emotional fatigue at this stage impact the ongoing efforts of incident management personnel?

Academic Partners

1. To what extent/how have the above questions been addressed in prior research? What is applicable state of the art?
2. Where are research gaps that may inform Penn State's applied security research agenda?

Key Results from Discussion

This module addressed the mid-term response efforts within the communities. Key discussion aspects included access to treatment for impacted individuals, investigatory and law enforcement actions, fatality management, impacts to the first responder community, and public and political attention. Specifically, participants highlighted the healthcare coalition and the practice of the National Incident Management System (NIMS) principles. At this stage of the opioid crisis response, it is particularly vital to address the physical and emotional fatigue of the incident management personnel and the possible support from neighbor jurisdictions. Adequately managing and disseminating information is another key area to address public concerns.

The discussion in particular included the following considerations and identified action items and challenges:

Declarations and Authorities

- PEMA is the agency that gives the Governor's Office the request to declare a disaster.
- The emergency response partners already know their individual responsibilities; they just need to learn how to cooperate and coordinate.
- It is important to identify the jurisdictions that were hit the hardest.
- Then, it will be the priority to gather resources to support those most affected jurisdictions.
- The Opioid Command Center would be coordinating pooling of resources among responders of all jurisdictions but they would need to have a request made from the bottom up.

Operational Coordination

- Principles of the National Incident Management System (NIMS) are already in effect in dealing with the current actual state of the opioid crisis. The hierarchical model and tiered approach already have outcomes that are also applicable to responding to the hypothetical situation of the scenario.
- However, scalability and adaptability of NIMS for unprecedented events can be a challenge.
- The balance should be maintained between exercising National Incident Management (NIMS) principles and making immediate decisions.
- Nine task forces in Pennsylvania were established to facilitate regional coordination, although each task force varies in their roles.
- The South Central Task Force would be available to help coordinate resources.
- It is crucial to have a legal mechanism for sharing resources statewide.
- It is important to distribute medical supplies in the south central and mountain regions.
- External organizational capacity can be utilized to focus agency efforts on response and treatment.
- Participating agencies and organizations should be informed about their available resources and options.
- There are challenges of including federal assets and private practitioners onboard.
- It is better to have overlapping efforts than a lack of efforts.
- A post-treatment facility for the affected people should be developed.
- Children and Youth Services, Salvation Army, and the Red Cross could provide safe places.

- The transportation system (railroads and buses) can be used to mobilize patients during a mass casualty incident.
- There are possibilities of opening up logistics operations to USPS, UPS, FedEx, etc.
- Non-traditional partners are needed in order to obtain logistics supplies, but managing the non-traditional partners can also increase crisis management complexity.

Public Information Management

- Information should come from an official source in a timely manner.
- Public Information Officers need to discern what information to disseminate.
- Public Information Officers should issue joint statements as frequently as possible to deliver the updated status of the incident.
- Political leaders need to contribute their input to address public concerns.
- The governor’s press office should be involved.
- The Joint Information Centers (JIC) will control the messages through the county commissioners.
- Social media accounts managed by government agencies should release information in a timely manner.
- There should be specific personnel with social media presence and camera experience.
- The back-channel information directly goes to community agencies so that agencies can stay informed.
- Physical and emotional fatigue of responders can be addressed by bringing in additional reinforcements from the surrounding areas, but information management helps responders manage their expectations before entering the scenario’s scene(s).

Academic Partners

- A future research agenda may include planning and operations, in particular as they would differ from traditional disasters.
- Further research opportunities include comparative case studies on incident management.
- Research should also address scalability and adaptability of NIMS for unprecedented events.
- Research is also needed on public information and media coverage challenges.

MODULE 3 (Days 15+)

Scenario

State authorities start to address infrastructure needed for sustained joint incident response of the whole community, including non-traditional partners, drug treatment centers, and homeless shelters. As provision of outreach to those who have overdosed with the intent of getting them into long-term treatment programs is being discussed, the lack of capacity becomes apparent. The unfortunate need for multiple funerals of first responders has also further put a strain on available resources. The size of the economic impact of the incident becomes obviously overwhelming to cater for unforeseen expenses such as overtime for EMS personnel, bills for bringing in resources from outside the area, medical supplies bills, amongst other recurrent expenses.

The situation has generated heated public debate about resources put into opioid response. As a result, Commonwealth legislators have started to discuss potential legislative actions in the outcome of the mass fatalities to mitigate against future occurrence. Attribution efforts regarding the source of the carfentanyl are also being considered. Meanwhile, there is high demand for testing kits and protective equipment in the responder communities.

Several members of the whole community continue to express an interest in being involved in the long-term response, raising the need for a coordinative approach. In the responder community, discussion emerges on psychological health and resilience programs, and what needs must be better addressed.

Discussion Questions

Resource Sharing among Responders

1. What resources do you have? What don't you have?
2. How will you bridge the gap?

Non-traditional Partners

1. Who else is involved in the opioid epidemic
2. How could the identified non-traditional partners be of help
3. How can you partner with the larger health community to reduce opioid use and overdose?

Crisis Termination/Back to Normal

1. How can you use the media to inform and educate people moving forward?
2. How do you reduce demand/restrict access to substances?

Longer-Term Impact on Responder Communities and Level of Resilience

1. What psychological risks to the responder and whole community need to be addressed based on potentially traumatic incidents during response to the crisis?
2. What self-help resources are present for first responders?
3. How can the intervention process be made more efficient and effective to reduce workload on responders?

4. What community resilience work best for the scenario? Where are the gaps and what new programs should be developed?
5. How do institutions involved determine the financial impact and define a way towards resolution?

Academic Partners & Future Research Focus

1. To what extent/how have the above questions been addressed in prior research? What is applicable state of the art?
2. Where are research gaps that may inform Penn State's applied security research agenda?
3. What education-related challenges are involved, e.g., public risk awareness, suspicious activity reporting (SAR), etc.
4. How can we build on the existing relevant knowledge base on opioid crisis?
5. What are the challenges and opportunities for research in extended opioid crisis management?

Key Results from Discussion

This module focused on the long-term recovery of the opioid crisis. The opioid crisis opens the policy window for decision-makers to advance the opioid issue agendas. During the policy-window period, it is important to think about the mission and capacity building of the emergency response agencies. Participants called for anti-drug campaigns, managing substance addiction, and the identification of non-traditional partners and volunteers. In sum, participants agreed that the whole community should take a holistic approach to fighting drug abuse. While immediate actions by the first responders are critical, attention should also be given to long-term efforts, such as legislative action, education, social capital building, etc.

The discussion in particular included the following considerations and identified action items and challenges:

Resource Sharing among Responders

- The damage to the Health Department, hospitals, among other affected entities, is both physical (attending funerals) and psychological. The Department's day-to-day operations will be affected.
- There would be a lack of EMS personnel due to funeral attendance.
- The Commonwealth of Pennsylvania has a statute for interstate transfer of municipal resources. If municipalities want to send aid, they do not need state approval.
- Putting the educational program of addictive drugs into the standardized training curriculum is a challenge. It requires time commitment.
- There should be more access to medication assisted treatment, particularly for the affected people who need treatment for extended periods of time.
- Funding sources to cover the medical expenses incurred by the opioid crisis should be determined.
- A smooth request/approval procedure through the township/county will help bridge the gap in resource sharing.
- Big universities, such as Penn State, have relevant personnel resources. The Penn State Hershey Medical Center and the university's nursing programs can provide medical care and aid. Penn State also has ambulances.

Non-traditional Partners

- Educational entities are potential partners. There should be campaigns to prevent youth from opioid abuse.
- Employee assistance programs, the counseling services, and family units are useful resources.
- Healthcare professionals may attend community groups to help reduce stigma.
- Churches and schools would join in the long-term recovery process, such as disseminating the knowledge about addictive drugs.
- Non-profit organizations such as Boys/Girls Scouts may be effective in educating kids about the danger of drug abuses.
- The hospice community can help by providing grief counseling and services.
- Courts will get involved when necessary.

Crisis Termination/Back to Normal

- The root cause of the opioid problem needs to be identified.
- There is the supply chain of addictive drugs. With the demand and supply, it is challenging to stop 100% of opioid overdoses.
- It is helpful to control the prescriptions that doctors write. Information sharing among doctors will help prevent duplicated prescriptions.
- It is important to eliminate common misconceptions about addictive dimensions of opioids.
- Society as a whole has to reflect on the propensity for overmedicating.
- Hospitals should have regulated pain-management protocols in place.
- Campaigns should target the right audience. Current campaigns against drug abuse (e.g. “say no to drugs”) are only received by people who are not at-risk.
- Social media can be utilized to inform and educate people.
- Though the public information office may have concluded their tasks at this stage, government agencies can continue issue information to the public.

Longer-Term Impact on Responder Communities and Level of Resilience

- It is traumatic for the community at large, as this is likely unprecedented.
- There is the need to generate a culture of “taking care of themselves” for people.
- Employee assistance and counseling are important self-help resources.
- “Doctor-shoppers” were to seek duplicate prescriptions from numerous providers; but now this can be identified and prevented by using the information-sharing database.
- Both traditional and social media should play a positive role in anti-drug campaigns.
- First responders may suffer from post-traumatic stress disorder (PTSD).

Academic Partners & Future Research Focus

- How big of a catastrophe needs to occur before substantive policy adjustments are levied?
- Are we making emotional/reactive policy decisions or ones based on research and best practices?
- Does “patient satisfaction” in pain management significantly correlate with the opioid crisis?
- We need to create categories of information to compare incidents of the same category.
- It is useful to conduct comparative case studies in order to examine what is unique, and how this might be applicable to this a particular scenario.

EXERCISE HOT WASH

Speakers on the academic experts' panel that opened the hot wash session reiterated the importance of having proper legislation over the opioid overdose problem. It also is essential that the academic contributions be made in a way that can immediately inform practitioners. Academic expert participants overall addressed the challenges, gaps, weakness, and priorities for research. While they pointed out the many opportunities for interdisciplinary work in further studying opioid crisis response and resilience, they agreed challenges continue to exist in connecting research and practice.

Specifically, panelists highlighted the following issues: Collaborative efforts within and across government agencies are vital. Collaborations require agencies and departments to step out their silos and coordinate both vertically and horizontally. Also, all three branches of government should perform their functions in the opioid crisis and other crises alike. For example, it is important to consider the legal issues involved, as well as the role of law and lawyers. Legislative action may structurally improve governance of drug overdose problems. Some argued that a more adequate legal framework is needed. Defense support of civil authorities, including law enforcement activities, is another legislative issue that was referred to. Panelists further emphasized the need for more predictive analytics that could, for example, help anticipate and prepare for overdose incident hotspots. Considering the extended time frame of the opioid crisis, panelists also pointed out the need to apply principles of strategic crisis management to the practice of opioid crisis response and resilience, to educating future emergency managers, as well as to related research endeavors.

Moving on to general discussion, from the practical side it was seen as the key question how to improve interagency data sharing and synergize and use fusion center to ensure smooth flow of information. There are jurisdictional barriers and different management systems across government components. Collaboration is the key and should also include the whole community. At the same time, criteria should be discussed in order to determine if/when a crisis such as the opioid crisis becomes a national security issue. As well, criteria are needed to determine when the crisis will be sufficiently managed and when it will be over (crisis termination). Those topics can also inform a related research agenda. Another priority topic for research identified during the discussion was to identify common factors in people who are overdosing.

Participants further stressed that the opioid crisis may also represent some broader homeland security and social concerns. They highlighted that foreign rivals might be responsible for the presence of prohibited drugs. Fighting the opioid crisis can fit into the broader counter-drug battle of the homeland security enterprise. The sources of opioid can be traced back to certain countries. Since the opioid crisis is part of the homeland security and public safety domain, the relation between security and civil liberties is of high relevance in determining strategies and defining action. Panelists noted that we have known since the founding fathers' times that in order to gain safety and security, individuals need to exchange some degree of liberty for a fair share in the greater good. The key question always is where to strike the balance.

During the hot wash discourse, experts from a wide array of professions and organizations provided multi-facet insights and perspectives on the opioid crisis. Through this exchange, new ideas started to emerge about how comprehensively manage the opioid crisis. Non-traditional partners have the potential to provide new or improved solutions. However, before non-traditional partners from the whole community can make an effective contribution, facilitating conditions must be created. At the very least, their contribution to managing the opioid crisis should not bring risks or adverse factors to their profession.

For example, medical doctors give out opioids to patients through prescriptions. The information-sharing system of medical doctors make it possible to identify individuals who repeatedly re-fill their prescriptions just to obtain more opioid. Those medical doctors should be provided with facilitating conditions for them to cooperate with the counter-drug enterprise: The medical doctor evaluation system relies on patient satisfaction; If a doctor's performance assessment is linked to patient satisfaction and patient satisfaction is linked to whether the doctor prescribes opioids, then the evaluation system could encourage the issuing of prescriptions to an extent that undermines the efforts of countering the opioid crisis.

Overall, participants found the exercise to have provided a valuable platform for gathering stakeholders from different government components, academia, business and industry, as well as the further whole community. The platform enabled experts to share their perspectives and build connections. It supported information exchange and thematic discussion to enhance knowledge around the opioid crisis and to inspire more effective counter-drug outcomes based on broader whole community-based collaboration.

Methodologically, the plan was to have mixed tables, where players at each table would represent different sectors of the response community and/or different domains. The planning team assigned participants to tables accordingly. However, in the course of the exercise, some players requested to switch tables as at a table with peers, they would be able to develop better responses to the module questions. In addition, this spontaneously flexibilized table discussion process was able to engage some original observers to the extent that they requested seats at a table and to become actual exercise players. We also accommodated those particular requests as they added expertise and critical perspectives to the table floor. As a result, at the end of the exercise, some mixed tables had transformed into functional tables (e.g., a table of fire departments from different counties formed). While this helped extend the conversation and facilitated making of contacts and exchange of information across jurisdictions, it also challenged the workshop methodology. This was, however, well accommodated by the moderator's approach of not only querying responses from tables as a whole but also from functional teams, and encouraging cross-table dialogue as well as contributions from observers (– reflecting this, the After-Action Report does not report out discussion results per table but comprehensively). This made the exercise experience more comprehensive and added to the program's overall objectives.

State agencies in particular valued the successful effort of Penn State, as a land-grant university, to involve local agencies and stakeholders in the program, thus facilitating new state-local connections.

Participants recommended that the Tabletop Exercise be replicated for different thematic issues in different regions so that homeland and civil security researchers, practitioners, and whole-community partners can routinely exchange their perspectives for better social learning and collaborative outcomes.

Further, participants recommended considering a follow-up on the one-day Tabletop Exercise that could provide continuity of deliberation while also expanding the audience. It may be worth exploring the format of a structured dialogue process to extend the program over time and further broaden its scope as the opioid crisis, unfortunately, is likely to persist. In follow-ups, scenario-related questions should be formulated more from a whole community approach and less from institutions' point of view.

While this After-Action report was compiled, outcomes from the Tabletop Exercise were shared in at the 12th Annual Homeland Defense and Security Education Summit, October 30 - November 1, 2019, in Monterey, CA. The summit was organized by the Naval Postgraduate School Center for Homeland Defense and Security in partnership with the U.S. Department of Homeland Security and the Federal Emergency Management Agency (FEMA) National Preparedness Directorate. The exercise model has led to an interest in FEMA Region I to learn more about and possibly use it in their own programming. This conversation is ongoing.

SUMMARY OF SECURITY RESEARCH TOPICS

The following is a summary of topics to inform Penn State’s and other institutions’ of higher education security research agenda, as identified in this After-Action Report. The focus is on identified capability challenges and research topics that address first-responder needs as articulated during the exercise.

Planning and Preparedness

- Predictive analytics to anticipate and prepare for overdose incident hotspots.
- Account of how response planning and operations would differ from traditional disasters.
- Scalability and adaptability of the National Incident Management System (NIMS) for unprecedented events.
- Survey of state agencies’ levels of preparedness.
- Inventory of common factors in people who are overdosing.
- Account of education-related challenges involved, e.g., public risk awareness or suspicious activity reporting (SAR).

Crisis Management

- Inventory of the existing relevant knowledge base on opioid crisis.
- Interagency data sharing.
- Strategic crisis management principles in application to the practice of opioid crisis response and resilience.
- Comparative case studies on incident management.
- Extended opioid crisis management (over time and space).
- Managing physical and emotional fatigue of the incident management personnel.

Operational Crisis Response

- Collection and verification of data about Narcan® nasal spray, a naloxone brand that is indicated for emergency treatment because it is known to block the effects of opioids)
- Narcan® deployment/usage among the Emergency Medical Services (EMS) and law enforcement communities.
- Survey of responder training, practice, and response capabilities.
- Public information and media coverage challenges.

APPENDIX A: REPRESENTED ORGANIZATIONS

The following organizations were represented through exercise participants and/or observers:

- Alpha Fire Company
- Bureau of Fire, Harrisburg City
- Cocciardi and Associates
- Community Life Team (Emergency Medical Services)
- Conception Design, LLC
- Geisinger Emergency Medical Services
- Harrisburg Fire Department
- Immaculata University
- Latitude Services, LLC
- Lebanon County Department of Emergency Services
- Lifeteam Emergency Medical Services
- Millersville University
- Pennsylvania Department of Corrections
- Pennsylvania Department of Drug and Alcohol Programs
- Pennsylvania Department of Health, Bureau of Emergency Medical Services
- Pennsylvania Department of Health, Bureau of Public Health Preparedness
- Pennsylvania Department of Health, Opioid Command Center
- Pennsylvania Department of Health, Bureau of Emergency Medical Services
- Pennsylvania Department of Transportation
- Pennsylvania Emergency Management Agency (PEMA)
- Pennsylvania Governor’s Office of Homeland Security
- Pennsylvania State Police
- South Central Task Force Medical Reserves Corps
- Susquehanna Township Emergency Medical Services
- Syracuse University
- The Pennsylvania State University (Penn State) – Center for Security Research and Education
- The Pennsylvania State University (Penn State) – College of Medicine
- The Pennsylvania State University (Penn State) – College of Nursing
- The Pennsylvania State University (Penn State) – Dickinson Law
- The Pennsylvania State University (Penn State) – Homeland Security Programs
- The Pennsylvania State University (Penn State) – Penn State Harrisburg
- The Pennsylvania State University (Penn State) – Douglas W. Pollock Center for Addiction Outreach and Research (at Penn State Harrisburg)
- U.S. Army War College
- U.S. Department of Health and Human Services
- U.S. Department of Homeland Security (DHS), Chief Medical Officer
- U.S. Secret Service
- WSP
- York Wellspan Hospital

APPENDIX B: RESOURCES

From Recent Research

Drug Enforcement Administration (DEA) Intelligence Report: Opioid Threat in Pennsylvania. DEA-PHL-DIR-036-18. September 2018. <https://www.hsdl.org/?view&did=818567>

“Crafting initiatives and strategies to address opioid supply, demand, and misuse requires timely and actionable information and data, which this report endeavors to provide. Previously published PFD [Philadelphia Field Division] reports have assessed specific aspects of opioid supply and the associated impact of abuse. This report presents a comprehensive assessment of the opioid crisis in Pennsylvania, through collection and analysis of supply and demand indicators and intelligence, as well as detailed county level analysis of multiple opioid misuse data sources.”

[Source: Homeland Security Digital Library]

“There is not a robust pool of evidence for [resilience-related] interventions, and the research varies in terms of the types of effects studied and outcomes measured.”

[Carrie M. Farmer, Katie Whipkey, and Margaret Chamberlin: Programs Addressing Psychological Health and Resilience in the U.S. Department of Homeland Security. Santa Monica, CA: RAND, 2019. https://www.rand.org/pubs/research_reports/RR1952.html]

Selected Definitions of Resilience

Resilience as Defined in the 2010 Quadrennial Homeland Security Review (QHSR)

The first QHSR defined resilience as a key concept essential to a comprehensive approach to homeland security:

The goal of resilience is to “foster individual, community, and system robustness, adaptability, and capacity for rapid recovery”

[Quadrennial Homeland Security Review Report: A Strategic Framework for a Secure Homeland, 2010: https://www.dhs.gov/xlibrary/assets/qhsr_report.pdf, p. ix]

Individual Resilience

“Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences.”

[American Psychological Association (APA): <https://www.apa.org/helpcenter/road-resilience>]

First Responder Resilience

“First responders handle an accumulation of daily stressors, traumatic events and major disasters. Resilient first responders are relaxed, engaged, flexible and happy, and able to tackle these stressors without suffering serious psychological damage.”

[911 Training Institute, Pinnacle precursor webinar, 2019, <https://www.ems1.com/mental-health/articles/394213048-Quick-Take-Building-First-Responder-Resilience>]

Whole-Community Resilience in Responding to the Opioid Crisis

“[P]re-disaster coordination and communication among partners is critical to improving response and recovery outcomes. Equally important are mitigation and actions that we can take to enhance the resilience of our communities before disasters occur. In order to be resilient, communities must make efforts to protect lives and property before disasters occurs. In every phase of emergency management, success requires the cooperative contributions of the whole community.”

[FEMA Strategic Plan 2018-22, https://www.fema.gov/media-library-data/1533052524696-b5137201a4614ade5e0129ef01cbf661/strat_plan.pdf, p. 8]

The Penn State Consortium to Combat Substance Abuse (CCSA)

Website: <https://combatsubstanceabuse.ssri.psu.edu>

“Motivated by the opioid epidemic that is deeply affecting communities across the nation, Penn State is consolidating its resources to address the opioid crisis and the larger problems of substance abuse in Pennsylvania and beyond via its newly launched Consortium to Combat Substance Abuse (CCSA). CCSA will draw on the expertise of researchers, educators, and practitioners from Penn State campuses across the state to develop and implement effective programs, policies, and practices aimed at preventing and treating addiction and its spillover effects on children, families, and communities.

Pennsylvania has been hit especially hard by the opioid epidemic, particularly its rural communities: Our state has consistently been among the top 10 in the nation in overdose deaths; in 2017, we lost 5,456 Pennsylvanians. At Penn State, we are working to inform discussions at the local, state and national levels and to develop the most effective and efficient ways forward. Here we outline distinctive, interdisciplinary, and translational strengths and resources that Penn State faculty, staff and students are bringing to bear in research, education, and outreach efforts to combat substance abuse.

Opportunities

The rapid growth and spread of the opioid epidemic and its tragic consequences demand Penn State’s best efforts. The University has a strong foundation on which to build an interdisciplinary and translational initiative to address opioid and other substance abuse, and such an agenda is in keeping with our land grant mission. The Penn State Consortium to Combat Substance Abuse is leveraging the University’s research, education, and outreach capacities toward a world free from addiction. To advance this mission Penn State has provided funds for a range of new activities.”

[CCSA website, <https://combatsubstanceabuse.ssri.psu.edu>]

The Douglas W. Pollock Center for Addiction Outreach and Research

Website: <https://harrisburg.psu.edu/pollock-center>

“Substance abuse has been among the most serious healthcare challenges facing communities across the nation. As a strategic priority, Penn State is committed to combating substance abuse and as a result has established the Consortium to Combat Substance Abuse. Our goal is to tackle the problem at multiple interdisciplinary levels to study and combat the effects of substance abuse within Pennsylvania communities. The Douglas W. Pollock Center for Addiction Outreach and Research will play a key part in the Consortium, helping further connect to the community and veteran populations while drawing on the expertise of researchers, educators and practitioners from across the University.

The goal of the Pollock Center will not solely be to end deaths; it will also facilitate the opportunity to recover to safe, healthy, and productive lives. The Center plans to develop and implement effective programs, policies and practices aimed at preventing and treating addiction and its spillover effects on children, families and communities.

The Pollock Center will specifically address two areas of the substance abuse problem within our region, while serving as a catalyst to enhance communications and align numerous agencies and organizations in efforts to combat substance abuse:

- **Veterans:** Providing targeted assistance to veterans of the U.S. Military and their families who are facing addiction-related challenges.
- **Community organizations:** Helping bolster community organizations in their efforts to more effectively combat substance abuse across the state of Pennsylvania, as well as nationally.”

[Douglas W. Pollock Center website, <https://harrisburg.psu.edu/pollock-center>]