Simulation Training and Opioid Response Plan Improvement (STORPI) Lewis & Clark County

2024 Montana Opioid Abatement Trust Grants - 4th Quarter

Simulation in Motion Montana

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Application Form

Region Selection

To collaborate with someone else on this request, click the blue "Collaborate" button in the top-right corner.

Project Name*

Simulation Training and Opioid Response Plan Improvement (STORPI) Lewis & Clark County

Select Abatement Region and/or Metro Region*

Select the Multi-County Abatement Region **and/or** the Metro Region you are requesting grant funds from. Select all regions that apply, for example if you are collaborating with multiple Counties **and/or** Abatement Regions select each region the program/project will serve. Click HERE for a detailed map of Multi-County Abatement Regions and Metro Abatement Regions

Lewis & Clark County Metro Region

Application Overview

About the Organization/Program*

Give a brief description of the Organization/Program/Project. Include the mission statement and the services provided.

Opioid abatement begins with training first responders to respond correctly as overdoses occur, saving lives. High-fidelity simulation training is the gold standard in healthcare training, proven to reduce medical errors and improve patient outcomes, while allowing entire medical teams to train together. High-fidelity simulation training is unique, using lifelike manikins to simulate medical events in a safe environment so clinicians can practice skills and make errors without risking a life. This project proposes to bring simulation training to underserved facilities in high risk areas who are unable to access it due to lack of funds and rurality, to train on and address the opioid epidemic in their communities.
Simulation in Motion Montana (SIM-MT), as the premier mobile healthcare simulation training organization in the state, is well positioned for this project. Established in 2017 in partnership with the state of Montana (Department of Public Health and Human Services) and the Helmsley Charitable Trust, SIM-MT has traveled to the most rural areas of Montana, training medical teams on a variety of topics, including opioid response. The heart of this program is a customized simulation training day for each participating facility. After medical teams participate in skills training, this project proposes to bring together regional stakeholders to build After Action Reports based on the simulation experience and specific gaps identified during debriefing. These reports will address spike response strategies, identify regional resource needs, outline a plan to obtain missing pieces, and provide a comprehensive opioid response plan for an entire region to follow.
The STORPI project also provides a year of online support for participants to network with one another, access experts and resources, share successes, and receive the support they need to fully form a regional response plan and to serve on the front line. It will be driven by data and analytics throughout.

What category does the program fit into*

Check the category/categories the program fits into. You may select more than one option.

Click **HERE** for a list of approved opioid remediation uses

Prevention
Treatment
Recovery

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

A. NALOXENE/OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES
B. "MAT" DISTRIBUTION & OTHER OPIOID-RELATED TREATMENT
C. PREGNANT & POSTPARTUM WOMEN
E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES
G. PREVENTION PROGRAMS
I. EVIDENCE-BASED DATA COLLECTION & RESEARCH ANALYZING EFFECTIVNESS OF ABATEMENT STRATEGIES

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

A. TREAT OPIOID USE DISORDER "OUD"
B. SUPPORT PEOPLE IN TREATMENT & RECOVERY
C. CONNECTIONS TO CARE
D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS
E. NEEDS OF PREGNANT/PARENTING WOMEN, BABIES W/ NEONATAL ABSTINENCE SYNDROME
G. PREVENT MISUSE OF OPIOIDS
H. PREVENT OVERDOSE DEATHS & OTHER HARMS (HARMS REDUCTION)
I. FIRST RESPONDERS
J. LEADERSHIP, PLANNING, & COORDINATION
K. TRAINING

How does the program meet the Opioid Remediation Guidelines*

In detail, describe how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

Please be specific

The five pieces of this project include:
1. Customized simulation training for first responders, law enforcement, and other stakeholders on safe opioid overdose responses (skills check and debrief to include: safe prescribing of opioids, screening for OUD in ERs, expanding the use of Naloxone and other medically assisted treatments (MAT), treatment of OB patients, identification of polypharmacy events, harm reduction strategies, warm hand-offs, etc) in underserved areas located in high-risk areas of the state.

2. Following participation in the simulation, facilitation of a tabletop discussion with key stakeholders to create a regional After Action Report to: address improvements in medical responses, build warm hand off processes, identify missing resources and additional training needs, uncover needed connections, detail sources of support for OUD community members, build systems of care from onset through recovery, form "Naloxone Plus" and co-responder strategies, and identify root causes in their community.
3. Monthly online check-ins to identify continuing challenges and resource gaps, access resources needed to fully formulate a successful and coordinated regional response plan, participate in Q & As with experts in the field, and to network with other providers in their abatement region. This online platform could also provide continuing education on a variety of related topics as needs arise from feedback from participating regional teams. It will provide both a learning and a support section, effectively building a network of medical providers and key stakeholders across the state who can share frustrations and successes with one another.
5. Data collection and analysis at all stages of all project pieces to determine, assess, and adjust abatement strategies according to data collected to shape future interventions and methods of support.

New Program or Existing*

Is the funding intended for a new program or to expand an existing program?

A new program for your region.

Fiscal Information

Requested Amount*

$75,000.00

Program Budget*

How will the funds be allocated? Attach a detailed line item budget breakdown for the program. If the funds are intended for a multi-year program please specify the amount budgeted for each year.

Lewis and Clark Abatement Region Opioid Simulation budget.xlsx - Budget.pdf

Multi-Region funding

If funding is being requested from multiple abatement regions attach a detailed breakdown of amount requested from each region.

Multi-Region approval/denial

Does the application need to be approved by all regions to effectively accomplish it's goals?

No

Source of Funding*

Does the program currently receive funding from another source? If yes, please explain in detail. (i.e. amount, funding source, etc.)

Grant funding is intended for the creation or expansion of opioid prevention, treatment, and recovery projects. The money is **NOT** meant to replace or supplant existing funding.

Simulation in Motion-Montana (SIM-MT) is not receiving funding from any other source at this time.
That said, the organization has significant experience in providing opioid training to first responders in affected areas of the state. For example, in 2021 SIM-MT partnered with RCORP to provide simulation training on medical topics related to opioid use along the Hi-line. So while SIM-MT has firsthand experience of the importance and need for opioid response training in medical facilities in the state, we do not currently have funding to meet the demand for opioid training in rural facilities. SIM-MT also does not have enough funding for a project of this scope, with this much potential to make an impact on a medical issue affecting so many Montana citizens.
Yet, we know the need is great. SIM-MT has served facilities in all 56 counties and over 108 facilities, returning to many multiple times. We are one of few vendors who touch nearly every critical access hospital and EMS agency in the state. Our network allows us to assess and track patterns affecting every medical facility, and the opioid crisis is one of them. Given our mission to partner with rural agencies, addressing all their training needs, additional funding sources will be investigated to meet the needs of the State of Montana's Opioid Crisis response.
It is expected that as this program is implemented, more stakeholders will be identified and included (i.e. schools, civic organizations, mental health services and local government services), and/or that services will be expanded and additional funding needs will arise.

Do you have a Fiscal Agent*

No

Multi-Region request funding additional information

Regional Funding

Please explain in detail the effectiveness of the program, for each region, if not every region approves the application.

Program Abstract

Program Description*

Describe the objectives of this project. Provide a detailed overview of the program, including its purpose, priorities & objectives, and intended results.

The Montana opioid crisis is a multifaceted issue, exhibiting regional variations that demand a nuanced approach for effective intervention. A comprehensive program is required, capable of adapting to the specific needs of each community while incorporating universally applicable medical training to combat overdoses. Recognizing the intricacies and hyper-local nature of the opioid crisis, SIM-MT's proposed STORPI project is designed to address these complexities effectively.

The program's core involves providing training to all medical facilities and the relevant stakeholders (law enforcement, EMS, etc) in the abatement region, using high-fidelity manikins in a real life simulation scenario to assess their response to overdosing patients. This skills check will be followed by community stakeholder gatherings to create, assess, discuss, and adjust spike response plans.
A complex problem requires a multi-faceted solution. As such, the STORPI project includes a variety of components:
1. First training day morning: First responders, clinicians, and stakeholders participate in an overdose simulation scenario to practice skills. Each practice session includes a debrief session for learning, collaboration and improvement.
2. First training day afternoon: An afternoon regional stakeholder meeting will follow to discuss participants' simulation experiences, identify response gaps, and to create a community-approved After Action Report. This time will include a presentation by our partner, the Opioid Response Strategy (ORS) team, on spike response tools and resources available to communities.
3. Monthly online check-ins for a full year to identify continuing challenges and resource gaps, access resources needed to fully formulate a successful and coordinated regional response plan, participate in Q & As with experts in the field, and to network with other providers in their abatement region. This online support could include webinars, training opportunities, and community support and interaction depending on the needs of the region and participants.
4. Data collection: Rigorous data collection and analysis are undertaken to quantify the project's impact. This empirical approach enables informed decision-making and ensures the continual refinement of intervention strategies.
Recognizing the varied impact of the opioid crisis on Montana communities, SIM-MT emphasizes a localized approach tailored to each community's unique challenges. Collaboration with partners like the Attorney General's office, Department of Public Health and Human Services, the Overdose Response Strategy team, and others ensures a comprehensive understanding of the crisis and ongoing support for affected communities. The varied partners involved in this project ensure support for regional responders far beyond an initial training day and allow for a comprehensive construction and evaluation of an effective regional opioid response plan.

Program Reach

If you are requesting funds from multiple Abatement Regions please specify how your program serves each region. **Be specific.**

SIM-MT has many partners in the execution of this project. In collaboration with the ORS team, specific high risk areas in the abatement region will be identified as key communities to target for the first year of the project.
Since 2018, SIM-MT has trained over 15,000 first responders, health care clinicians, public health personnel, university students and more in all 56 of Montana's counties and added them all to a database. SIM-MT has built relationships with training coordinators, CEOs, city and county leaders, and other key personnel in the process. SIM-MT's vast reach will help recruit participants, and will be instrumental in bringing the right stakeholders to the training table to build a comprehensive After Action Report to counter the effects of opioid use in each participating community.
Specifically, SIM-MT has previously trained most of the three major medical facilities and the majority of EMS agencies included in Abatement Region: Lewis and Clark County. Over the last six years, with repeated visits, SIM-MT has built trusting relationships with personnel at each location, and will leverage this network to ensure participation in this program to maximize its impact.
Through a customized simulation experience, responders can test their current overdose response and refresh skills. The following tabletop discussion with regional stakeholders allows participants in a region to work together to build a comprehensive regional opioid spike response, using the simulation exercise to uncover areas that operate smoothly and areas that need updating to be more effective. As a result, entire, multi-agency systems will be improved in each community, reaching key partners: Fire/EMS, law enforcement, public health, poison control, EDs/trauma systems, treatment centers, mental health professions, schools, churches and more.

Once the training day is complete and stakeholders have built the base of a regional After Action Plan to address opioid response in their region, participants in the program will build on that base over the course of the year with access to monthly online support. Here, they can connect with their local ORS agent, access resources, request continuing education, interact with experts, follow data on a topic that changes frequently, and network with others in their abatement region.

Specific Goals*

What are the specific goals of the program? List several goals the program hopes to accomplish and how the program intends to meet these goals.

The specific goals of the STORPI program align with the priorities of Exhibit E (list of Opioid remediation uses). This project is perfectly positioned to address the following provisions:
1. Expand training for first responders on the use of naloxone and other FDA approved drugs to reverse Opioid overdoses. (SIM-MT's high-fidelity simulation training will specifically allow practitioners to practice this skill).
2. Expand the use of warm hand-off programs and recovery services. (Participants will address this in the tabletop discussion, and have access to an online platform with expert webinars and other resources to help with this stage of the opioid crisis).
3. Connect people who need help to the help they need and track their progress. (By educating and supporting providers, they can, in turn, help their patients receive the help they need).
4. Provide training on post-discharge planning, including community referrals and support services. (By bringing regional stakeholders together in afternoon discussions, regions can build an after action plan that includes these pieces).
5. Prevent overdose deaths and provide reporting on our successes. (Simulation training is the gold standard for medical skills improvement and data collection along the way will inform further training).
6. Provide up-to-date and evidence-based education to a wide variety of community members. (By creating customized scenarios, SIM-MT ensures up-to-date and best practice training).
7. Support first responders, through training and online support. (The program includes both training and online support for first responders).
8. Support efforts to provide leadership, planning, coordination, facilities, training and technical assistance to abate the Opioid epidemic. (Included throughout the project).
9. SIM-MT will conduct evidence-based data collection and research, highlighting gaps in overdose patient care skills, and the overall effectiveness of this project in the communities served.
10. Support treatment of Opioid Use Disorder (“OUD”) and any co-occurring Substance Use Disorder or Mental Health (“SUD/MH”) conditions through evidence-based or evidence informed programs or strategies that may include, but are not limited to, those that: Support treatment of Opioid Use Disorder (“OUD”) and any co-occurring Substance Use.

Evaluation Method*

Describe how you plan to evaluate the effectiveness of the program and what the method for evaluation will be.

A key feature of STORPI is its strategic use of analytics to identify the areas most affected by the opioid crisis, directing resources and training to where they are needed most. This data-driven method ensures that the program's efforts are focused and adaptable, meeting the specific needs of each community while maintaining the core objective of improving each community’s overdose response capabilities.
By integrating analytics into our operations, the STORPI project addresses the immediate challenges of the opioid crisis and lays the groundwork for ongoing adaptation, guaranteeing Montanans are better equipped to manage the complexities of the opioid epidemic.
Data collection related to program pieces:
Initial Simulation Training and Tabletop Day: Start with a pre-assessment of each community's specific needs through data analysis, focusing on overdose trends and the availability of medical training and resources.

During our training event, real-time data collection on participant performance and team dynamics will provide feedback. Our table top session will then leverage data to pinpoint areas for improvement and tailor discussions to address them.
Online Follow-up: Utilize analytics to review the progress of each community's After Action Report (AAR) implementation, comparing initial data points to current statistics to quantify improvements and identify persisting challenges. This analytical review will guide conversations, ensuring a focus on what's working and what needs further attention.
Online Support and Community: In collaboration with our project partners, provide participants with access to an analytics dashboard offering real-time data on opioid crisis trends across the state. In addition to that tool, the project encourages communities to share their data and insights, fostering a data-informed discussion forum where participants can learn from each other's experiences and adapt strategies accordingly.

Data Source*

What information are you going to collect or use to demonstrate you have accomplished your goals?

There are many tools Simulation In Motion Montana can use to measure success but this project will utilize specific interfaces to meet and report on success but also to inform future work. Inherently, simulation training is iterative. The first tool for measurement is survey of learner, both pre and post training. Typically, SIM-MT sees learner-identified improvements in their own confidence and comfortability within a matter of hours. Our simulation packages always include an "after action report" that is left with facilities post-training. This reporting identifies agreed upon gaps in processes and procedures but also contains a plan to address those issues moving forward. What is different with this simulation offering, specific to the opioid crisis, is SIM-MT's direct work with both the Montana Department of Justice and also the Centers for Disease Control and Prevention. These agencies have their fingers on the pulse of the latest information on opioid entry, use and hot spots in our state. Simulation In Motion Montana will serve as both messenger from providers in every corner of our state but also connector between agencies with information and resources and rural hospitals who so desperately need support.

Awareness*

How do you plan to create awareness of this program? Briefly describe what action the program plans to take to create awareness in the community.

Because of the localized nature of these events, working with each community to create a complete participation roster and high rate of attendance is a key component of successful execution. Since 2017, SIM-MT has trained in all 56 counties and in over 108 Montana communities, returning multiple times to each. As a result, our network is one of the most well-connected and engaged in the state.
SIM-MT has over 7,000 Montana contacts in their database, including state, county, and city stakeholders. We communicate regularly with first responders, hospital personnel, association directors, city and county administrators, public health personnel, etc. Using that database to target key players will launch the awareness and engagement portion of this project. By engaging our contacts at EMS, law enforcement, fire departments, public health, and hospitals who are directly involved in responding to calls, we can ensure key partners are at the table, increasing the impact of the project.
To that end, SIM-MT will create a community-specific informational marketing piece to spread accurate information about this training, its components and objectives, and its impact with a goal of maximizing participation.
In addition, our partners with the Montana Department of Justice and the Montana Department of Public Health and Human Services will utilize their channels to promote and educate in tandem with our efforts. SIM-MT also has an established relationship with press across the state, and will invite them to attend in order to increase awareness, while highlighting a community's effort to safeguard and help their citizens.

SIM-MT (and its project partners) will use social media platforms such as LinkedIn, Facebook, Instagram, and Twitter (X) to share information with other communities, teams, providers, and stakeholders to compound the impact of the project and to inspire broader reach and additional traction.
SIM-MT will include information about the project in its monthly newsletter, sent to over 4500 providers across the state. The newsletter will allow SIM-MT to promote the training bundle, share facts regarding the opioid crisis specific to the State of Montana, highlight recent events and press, and provide links to resources to support those fighting on the front lines of the crisis.
Finally, SIM-MT will update our website to include information on the Localized Community Response Plan Simulation Training and Support program.

Additional Documents

Tax Exempt Organization*

By clicking this box you are confirming the applying organization is a tax exempt organization.

Tax Exempt Determination Letter*

Please upload a copy of the Organization 501(C)(3) Tax Exempt Determination Letter.

501(C)(3) IRS 2021SIMMT.pdf

Use this section to upload or explain any additional information regarding the program/organization. ie. a detailed budget projection, program/organization history, etc.

Upload #1

Opioid Funding Strategy (Abatement Regions) - Lewis and Clark.pdf

Upload #2

ORS Response Strategy Sitman.docx.pdf

Upload #3

Images and Testimonials from the Field.pdf

Additional Information

STORPI is a comprehensive program designed to address a complex problem in a hyper-local way. The opioid crisis has impacted each Montana community differently. To effectively support each of these communities, localization of approach is paramount.
SIM-MT's specialty is providing training and support to a specific community, meeting them exactly where they are relative to geography and their unique challenges and experiences. We understand that a solution that works for one community simply doesn't work for another for a variety of reasons such as equipment,

staffing, access to EMS/hospitals, transport distances and times, resources available, quality of community relationships. The list is long and SIM-MT trains and facilitates localized change in these communities every day.

Yet, an issue as complex as opioid abatement cannot be addressed by one organization alone. It requires collaboration to ensure that all pieces (prevention, treatment, and recovery) are addressed adequately, taking the nuances of each community into consideration.

As such, SIM-MT has been collaborating with multiple partners to fully understand the pain points related to the opioid crisis specific to Montana. This collaboration has been ongoing for years and will continue, adapting as data is collected and the state's needs change. Specific partners include: the Attorney General's office, Montana Department of Justice, Department of Public Health and Human Services, the Overdose Response Strategy team, the Montana Opioid Task Force and the Montana Public Health Institute.

Individually, each organization already works to address the opioid crisis, applying their skills to tackle a specific area of the epidemic. Together, the partners involved in the STORPI project can affect greater change, unifying their collective efforts to help communities respond to overdoses as they occur and to build and implement comprehensive regional plans to better serve their citizens. For communities in high-risk areas with fewer resources, working with experts who have the connections, skills, and expertise they need in a comprehensive and systematic way can make an oversized impact.

No program like STORPI exists in the state. Its collaborative and comprehensive approach is unique and challenging. It is SIM-MT's connections, mobile program model, high-fidelity simulation training equipment, and reputation in rural communities across the state that make it possible to pull together key stakeholders to address so many pieces of the opioid abatement puzzle in one program.

Through SIM-MT's work in the field, we hear over and over again how overwhelmed and helpless healthcare providers feel as they tackle rising overdose calls in their areas. How challenging it is to unify care in their area, to find support and resources for patients, or to respond adequately to spikes in their areas. They feel as though they are fighting a tide they cannot shift, with few tools in their tool belts to make a difference.

We want to help. In the best and most comprehensive way we can.

We have taken the feedback about providers' daily challenges on the front line, our experience in building effective regional responses to an issue, our knowledge about how to debrief and collaborate to find answers to complex challenges, and our connections to partners with necessary resources and blended them together to create the STORPI project. We know it will make a difference in the opioid response in underserved areas of the state.

We simply need the funding to make it happen.

Most importantly, this project's impact on the communities inside Abatement Region: Lewis and Clark County is significant. Three major healthcare facilities and sixteen EMS services are working each day to prevent, respond and treat those affected by opioid use. Between 2020 and 2023, 434 Montanans have died due to opioid overdose, 20 of those were in Lewis and Clark County alone. Hundreds of other residents remain in the grip of opioid use each day. Simulation In Motion Montana strives to make our communities healthier, safer and more supported by training on the most current skills and strategies for response while facilitating collaborative conversations between agencies serving your county.

File Attachment Summary

Applicant File Uploads

- Lewis and Clark Abatement Region Opioid Simulation budget.xlsx - Budget.pdf
- 501(C)(3) IRS 2021SIMMT.pdf
- Opioid Funding Strategy (Abatement Regions) - Lewis and Clark.pdf
- ORS Response Strategy Sitman.docx.pdf
- Images and Testimonials from the Field.pdf

LINE ITEM BUDGET

Organization Name	Simulation in Motion Montana
Project Duration:	One year

1. Year One

	Sites	Amount	Total Cost	NOTES
1.1	Site one visit A	$15,000	$ 15,000.00	
1.2	Site one visit B	$15,000	$ 15,000.00	Price includes a custom simulation training and tabletop discussion with regional stakeholders.
1.3	Site two visit A	$15,000	$ 15,000.00	St. Peters and Benefis will each have two visits - these can be simultaneous to allow more participants to participate in the simulation, or the second
1.4	Site two visit B	$15,000	$ 15,000.00	one can be a return visit to test the response plan generated during the first visit. Parker Medical Center in Lincoln will have one site visit.
1.5	Site three	$15,000	$ 15,000.00	Price also includes one year of online access to experts, resources, webinars, etc for all participants at each site.
			$ 75,000.00	

3. Total Cost for one year program

	$ 75,000.00

Attachment 8

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 27 2018

Employer Identification Number:
82-1236014
DLN:
17053194314008
Contact Person:
DEL TRIMBLE ID# 31309
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
March 21, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

SIMULATION IN MOTION MONTANA INC
2021 ELEVENTH AVE STE 1
HELENA, MT 59601

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

This supersedes our letter dated August 3, 2018, which we issued with an incorrect effective date of exemption. We updated our records to show your correct effective date as listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities,

SIMULATION IN MOTION MONTANA INC

which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen a. Martin

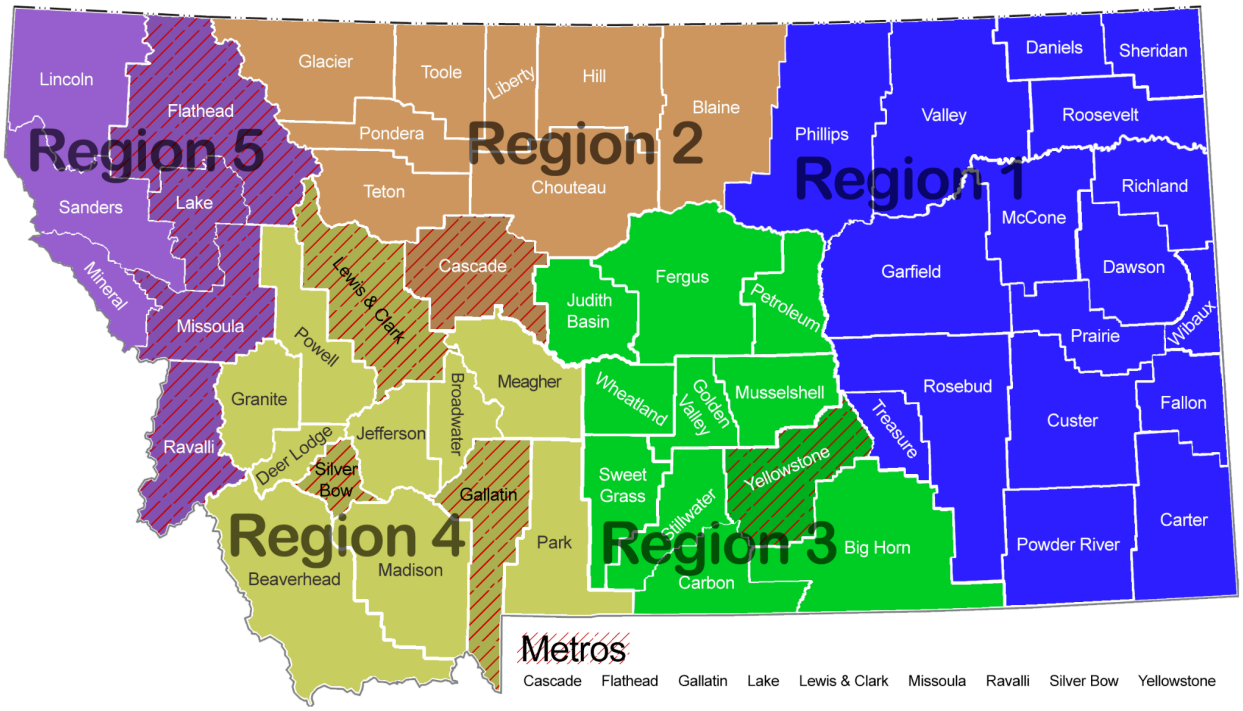
Director, Exempt Organizations
Rulings and Agreements

LEWIS & CLARK COUNTY			
Site Type	**Name**	**Major City / Town**	
Hospital	St. Peter's Health	Helena	X 2
Hospital	Parker Medical Center	Lincoln	1
Hospital	Benefis	Helena	X 2
EMS	Montana Medical Transport		
EMS	Augusta Volunteer Ambulance Service	Augusta	
EMS	Lincoln Volunteer Ambulance Service	Lincoln	
EMS	St. Peter's Hospital Ambulance	Helena	
EMS	Baxendale QRU		
EMS	Birdseye QRU		
EMS	Canyon Creek QRU		
EMS	East Helena Volunteer Fire Department	East Helena	
EMS	East Valley Rural Fire Department	Helena	
EMS	Eastgate Volunteer Fire Department and Fire Rescue		
EMS	Helena Fire Department	Helena	
EMS	Lincoln Volunteer Fire & Rescue	Lincoln	
EMS	Tri-Lakes Volunteer Fire Department		
EMS	West Helena Valley Fire Department	Helena	
EMS	Wolf Creek Volunteer Company & QRU	Wolf Creek	
EMS	York Fire Rescue EMS	York	
NOTE: Total Events - 5			

SIM-MT

Overdose Response Strategy

Opioid Overdose and Tabletop Situation Manual



Exercise Overview

Exercise Name	Opioid Spike and Response
Exercise Date	Multiple dates scheduled
Scope	This exercise includes simulations and a tabletop exercise, planned for six to eight hours in person. Exercise play is limited to activities in fulfillment of stated objectives.
Mission Area(s)	Response
Core Capabilities	Public Health, Law Enforcement Partners, Other Public Safety, Hospital, and Emergency Medical Services, Mental Health, Dispatch, Local Government
Objectives	1. Identify and apply most appropriate interventions for suspected opioid overdose in the Montana pediatric population. 2. Rule out other mimics of overdose such as altered mental status, stroke, polypharmacy, trauma,.... 3. Identify best practice updates per local case review of overdose and outcomes. 4. Identify gaps in inter-agency communications, alert protocols, incident command system, intelligence sharing, and coordination in response to an opioid spike in their region. 5. If appropriate, identify changes that need to be made in the interagency opioid spike mobilization strategy. 6. Identify effectiveness of state-supplied response toolkit and Overdose Detection Mapping Application Program (ODMAP). 7. Identify local networks for emergency/urgent substance abuse, mental health care, and social services.
Threat or Hazard	Opioid spike in rural Montana.
Scenario	Over the course of one week, rural hospitals and clinics in Montana report an unprecedented increase in emergency department visits by children and adolescents with symptoms of drug overdose. The patients' ages range from 6 to 17 years old, and preliminary information points to the ingestion of counterfeit prescription opioids. As the number of cases rises, there is increasing public concern and media scrutiny. The affected areas are characterized by limited healthcare facilities, a lack of specialized treatment options, and minimal resources to address this emerging crisis. Key players include public health departments, law enforcement agencies, emergency medical services, hospitals, schools, community leaders, and non-governmental organizations, and media. Overdose Response Strategy (ORS) partners assemble to begin mobilization and intervention efforts in response to an opioid spike in the region.

Sponsor	Montana DPHHS, MT Department of Criminal Investigation, CDC Foundation
Participating Organizations	Local Law Enforcement Local public health EMS and fire agencies Local hospital ED or clinic Mental health and social service Local government leadership
Points of Contact	Lee Roberts Simulation in Motion, MT Inc. lee@simmt.org Will Janisch MT DCI, RMHIDTA, william.janisch@mt.gov Jordan Friend CDC Foundation jfriend@cdcfoundation.org

General Information

Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by CDC and medical best practices, local and state EMS protocols, local public health policy, and local law enforcement policies.

Exercise Objective	Core Capability
1.Identify and apply most appropriate interventions for suspected opioid overdose and or polypharmacy OD in the pediatric population.	Public Safety and Medical Services
2. Rule out other mimics of overdose such as altered mental status, stroke, polypharmacy, trauma,....	Medical Services, Public Health Local Public Health Epidemiologist
3. Identify best practice updates per local case review of overdose and outcomes.	Medical Services, Public Health, Health Epidemiologist, Public Safety
4. Identify gaps in inter-agency communications, intelligence sharing, ICS and coordination in response to an opioid spike in their region.	Public Health, Hospital ED, Public Safety, Local Gov't leadership, Law Enforcement
5. If appropriate, identify changes that need to be made in the interagency opioid spike mobilization strategy.	Public Health, Hospital ED, Public Safety, Local Gov't leadership, Law Enforcement
6. Identify effectiveness of state-supplied response toolkit and Overdose Detection Mapping Application Program (ODMAP).	Public Health, Law Enforcement, and Public Safety
7. Identify local networks for emergency/urgent substance abuse, mental health care, and social services.	Public Health, Mental Health, Social Services

Table 1. Exercise Objectives and Associated Core Capabilities

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.

- **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. SIM-MT Simulation team members also may assist with facilitation during the exercise. SIM-MT staff will also debrief each exercise and simulation.
- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.

Exercise Structure

This exercise will be a multi environmental, facilitated exercise. Players will participate in the following two modules via simulation and table top exercises:

- Module 1: EMS/ED Simulation-Pediatric PolySubstance Overdose
- Module 2: Local OD Spike Response Team Tabletop Exercise

Each module begins with a scenario review, handoff, or regional update that summarizes key events occurring prior to the scenario. After the updates, participants review the situation and engage in simulations and/or functional group discussions of appropriate response and recovery issues. For the above modules, the functional groups are as follows:

- Public Health Administration
- Hospital administration and ED Staff
- EMS response teams
- Local law enforcement staff and administration
- NGOs
- Mental Health and Social Services
- Local government leadership
- Emergency Management

After these modules, participants will engage in a facilitated debriefing in which each group will perform a call review with successes and failures, gaps identified, new perspectives, needed adjustments to protocols, ODMAP utilization, and take home lessons based on the debriefing.

Exercise Guidelines

- These modules will be held in an open, safe, respectful, and no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities and insights derived from your training. Utilize your currently existing OD spike plans if available.

- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response and recovery efforts. Problem-solving efforts should be the focus.

Exercise Assumptions and Artificialities

In any simulation or exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- All players receive information at the same time.

Exercise Debriefing

Debriefing of the exercise is based on the exercise learning objectives and aligned capabilities, capability targets, and critical tasks. Players will be asked to complete participant evaluation and feedback forms. These documents, coupled with facilitator observations and notes, and debriefing pearls will be used by the local OD spike response team and each participating facility/agency/department to evaluate the exercise and they may compile an interagency After-Action Report (AAR).

Module 1: EMS Simulation-Pediatric PolySubstance Overdose

Date: This Evening

The hospital is at lower staffing due to early “flu/covid” season, normal supply levels, and patient levels are elevated. The local EMS/Fire agency and law enforcement agencies are seeing an uptick in call volume due to the overdoses and covid-like illness.

In this first stage, a local community experiences a rash of pediatric opioid overdoses throughout the week. EMS is called to 19 locations over the course of a few days for children experiencing overdose symptoms such as: altered mental status, lethargy, loss of consciousness, respiratory compromise and failure, and cardiac arrest. Medical responders and local law enforcement are identifying blue unlabeled pills that resemble hydrocodone/oxycodone. All patients are transported to the local ED for stabilization and evaluation.

This simulation is for a 7 year old male patient who is experiencing overdose-like symptoms after ingesting blue pills 40 minutes prior to the 911 call from his mother. He will require multiple narcan administrations, cardio-pulmonary resuscitation, post-resuscitation stabilization, as well as transport to the local ER.

Simulation scenario as follows:

All Hands 20221224 FlightBridge Peds Opioid OD.docx

Timeline:

ORS Opioid Response Strategy Tabletop timeline

Date: Today at 19:00

EMS arrives at the local residence and initiates patient contact. Simulator is moved to a hosting facility’s ambulance.

Date: Today at 19:10

Transport initiated.

Date: Today at 19:15

EMS report call-in to ER

Date: Today at 19:25

Patient delivery and hand-off to ER staff.

Date: Today at 19:45

EMS back in service and responding for a second patient.

Key Issues

- An OD pediatric patient requires Naloxone administration and resuscitation.
- Patient relapses into overdose after the first dose of Naloxone.
- Patient response stubborn to Naloxone admin. Potential for polysubstance.
- Potential ems/fire exhausting Naloxone supplies.
- Potential for patient surge for EMS and ED as EMS responds again.
- Potential need for the patient to access mental health and social service networks.

Questions

Based on the simulation provided, participate in the debriefing concerning the issues raised in Module 1. The initial portion of the debrief will focus on emotional response in an effort to further recall of new ideas and takeaways. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the debrief progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. What are your initial interventions after assessing the patient?
2. How much Naloxone can you give a patient and by what route? What do you do if the Narcan is ineffective? What is the best practice for polypharmacy?
3. What are your rule-outs with an overdose patient?
4. Do you have an overdose spike plan?
5. What supplies do you have on hand to manage a surge of these patients?
6. What staff do you have on-hand to manage a surge of OD patients?

7. What is included in your patient handoff?
8. What poisoning exposure training does your EMS/Fire agency staff have?
9. What history do you need to acquire based on the scenario presentation?
10. What are your next steps as a result of potential exposure to a toxic substance?
11. Who will your agency notify about this spike situation?
12. What resource management or shortages do you foresee? How will you address them?
13. How will you/your agency maintain situational awareness of the spike as it evolves?
14. Will your responders require CISD as a result of multiple pediatric ODs or deaths?
15. How will you determine if the patient needs access to your mental health and social services network and how do you go about gaining access for them?

Module 2: OD Spike Response Team Tabletop Exercise-OD Spike

Date: Tonight at 22:30

10-15 Minute Prep and Response Time

The ED has admitted 19 patients this week exhibiting the same symptomatology. One patient in critical care.

Two patients declared DOA on scene.

Counterfeit prescription opioids are responsible for overdoses across the county. Local media has been reporting on the uptick of EMS responses.

Specific substance is suspected to be counterfeit oxycodone laced with fentanyl.

Simulation scenario as follows:

Check Point One:

1. Each group summarizes what they are currently working on.
2. Confirm spike per ODMAP and deviation from local OD statistics.
3. Identify what meetings they would schedule or phone calls needed to be made and returned.
4. If a group seems to not have a current role, get other groups to provide feedback on what would be helpful to them at this point.
5. Set up ICS and assign roles if needed.
6. Get a sample to the lab if not already identified by LE.
7. Enact local Overdose response plans
   Overdose Spike Response Plan (LE).docx
   Overdose Spike Response Plan.docx
8. Prepare press release
   Overdose Spike Local Alert Press Release Template.docx

Date: Today at 22:45

10-15 minute work time

Build ICS.

Interjections:

1. Distribution point potential is local Middle/High School.
2. Media reporting inaccurate information but focusing on children and lack of response from PH and Public Safety.
3. 911 calls continue for OD potential
4. ER and Dept of Health receiving many calls from public

Continue to work.

Date: Today at 23:00

30 minute work time

Interjections:

1. Local Public Safety exhausted Narcan supplies
2. Local spike occurring in adjacent city.

Key Issues

- Obvious OD spike in community with case load 2 standard deviations beyond normal.
- What resources are needed by ED, EMS, and Fire in order to provide patient care, transport, and care for increased call volume.
- Set up an incident command team.
- Unknown amount of opioid distribution
- Assumption of fentanyl with polysubstance potential
- How should the public be notified?
- What community resources can be used to mobilize response?
- Public is receiving incorrect information and guidance.
- Local mental health and social service networks may be overwhelmed.

Questions for Debrief/Hotwash

1-2 hours

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

The following questions are provided as suggested subjects that you may wish to address as the debrief progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. What steps must be taken to prevent further overdoses?
2. Are your spike triggers appropriate or are you getting spike notifications from ODMAP?
3. Does the ED facility have enough staff and resources to care for the patients?
4. How long can you care for patients within the region before lack of resupply on equipment, supplies, employees becomes an issue?
5. What community resources can support your mobilization efforts?
6. What type of assistance (staff, space, resources, systems) could the DPHHS, DCI, and their partners provide? Are there other partners that you should coordinate with?
7. When would you notify and request assistance from emergency management (if at all)?
8. How would the ODMAP be a resource for this event?
9. When do you reach out for State resources?
10. Was a local response kit available to guide the decision making process? Did you bring it with you and what needs to be adjusted in it?
11. Who will your agency notify about this situation and what are you asking for?
12. Were interagency communications effective and efficient?

13. How will you/your agency maintain situational awareness of the incident as it evolves?
14. What are the roles and responsibilities identified when setting up an ICS ?
15. Were there any issues with or barriers to intelligence sharing?
16. When would you cancel the spike alert?
17. Who are your cross-county partners for mental health and social services networks?

Notes:

Resources:

Montana Overdose Response Strategy

https://dphhs.mt.gov/opioid/getinvolved

Federal Overdose Response Strategy

https://www.hidtaprogram.org/ors.php

Overdose Spike Response Framework for Communities and Local Health Departments

https://urldefense.com/v3/__https:/www.naccho.org/uploads/downloadable-resources/OVERDOSE-SPIKE-RESPONSE-FRAMEWORK-FOR-COMMUNITIES-LHDS.pdf__;!!GaaboA!pRA3YZ0YUxKSl9iC-QybO5804_ebXHleaGbblilXc2osq3KbdyD4p62D2PNgCmdceMzcxlns2OKZ4JlAviU6swG-AAI$

Appendix A: Exercise Schedule

Time	Activity
09:00	Module 1: Medical Simulation: Prebrief, Simulation, Debrief
10:30	Module 1: Medical Simulation: Prebrief, Simulation, Debrief
13:00	Module 2: Tabletop: OD Response Team
14:00	Hot Wash

Appendix B: Exercise Participants

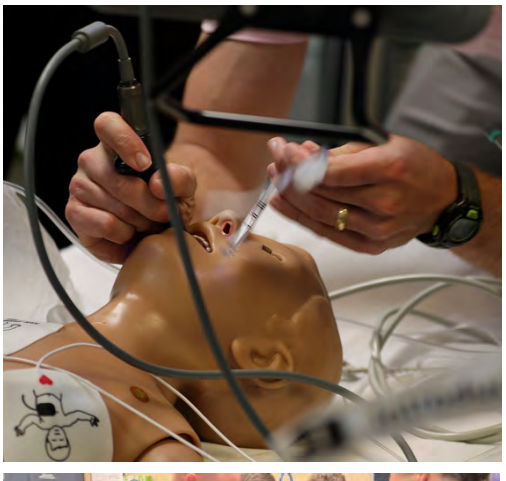
Participating Organizations
#1
#2
#3

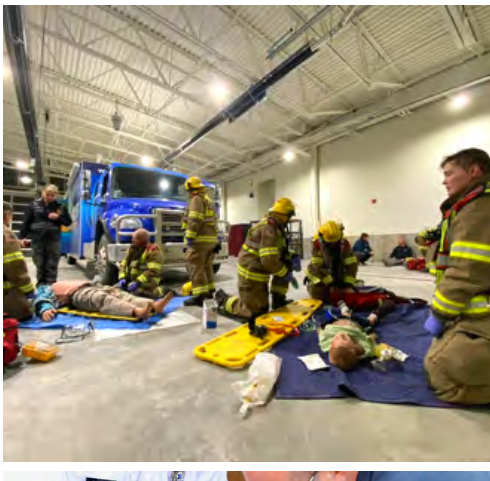
APPENDIX C: ACRONYMS

Acronym	Term
AAR-IP	After Action Report and Improvement Plan
CISD	Critical Incident Stress Debriefing
DPHHS	Department of Public Health and Human Services
EAP	Employee Assistance Program
ED	Emergency Department
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
EMSC	Emergency Medical Services for Children
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
CDC	Center for Disease Control and Prevention
CDCF	Center for Disease Control and Prevention Foundation
MCI	Mass Casualty Incident
MT DCI	Montana Department of Criminal Investigation
ODMAP	Overdose Detection Mapping Application Program
ORS	Overdose Response Strategy
SitMan	Situation Manual
SME	Subject Matter Expert
TTX	Tabletop Exercise

SIM-MT In Action


BACK TO BACK
STATE
CHAMPIONS



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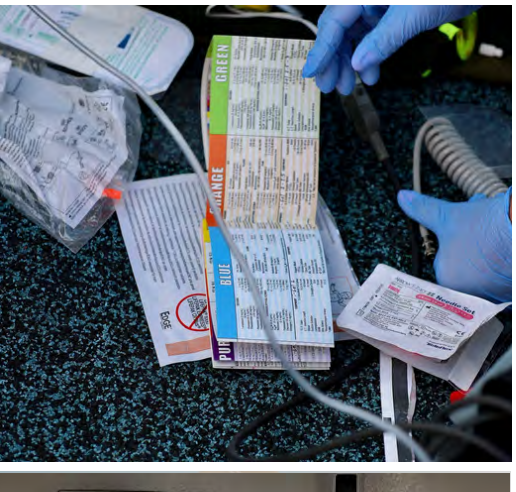
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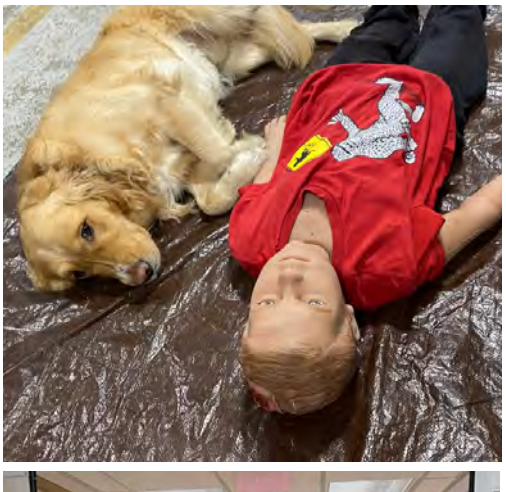
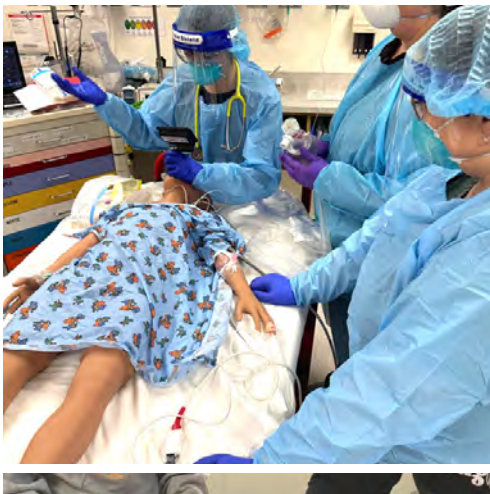
BLUE






EMT


SIMMT


STOP
STOP

WHAT OUR CLIENTS ARE SAYING

Testimonials

As close to a real life experience as you can get. I would recommend this simulation to both new and experienced providers both.

Nick, Miles City, MT

Excellent training. The best sim based training I have ever seen. Love that you you tailored sims to meet our needs and mission!

Chuck, Flathead County

Excellent course! I loved being in a small learning group, and having the opportunity to debrief afterwards. Would love to do this again, invaluable experience.

Britany, Nursing Student

WHEN TRAINING SAVES LIVES

I serve as an EMT for the Hinsdale Volunteer Ambulance Service. I have participated in at least two trainings led by the SIM-MT team. Both of those trainings included "Hal" and the scenario of a child in an ATV accident.

Friends, the scenario became real for us on Sunday afternoon.

When the dust finally settled, I told our crew that we had trained for this TWICE!

I am so grateful for your training expertise and debriefing sessions following the scenarios. Your knowledge and guidance is so appreciated! I knew this scenario could be very real for us in rural Montana, but really hoped it wouldn't materialize. Unfortunately, it did.

I guess I just want to say, "Thank you." Thank you for the experience so we could be our best selves when our community needed it. Bless you all!

~Heidi McColly, EMT, Hinsdale Ambulance Service

For More Testimonials

SIM-MT surveys all participants in every training to ensure quality and impact.
For more testimonials from students served in the field, visit our website:
www.simmt.org/testimonials